Midterm Report

Submitted by:

Los Angeles County College of Nursing and Allied Health

1237 North Mission Road

Los Angeles, CA 90033

Submitted to:

Accrediting Commission for Community and Junior Colleges

Western Association of Schools and Colleges

March 15, 2016

Los Angeles County
COLLEGE OF NURSING AND ALLIED HEALTH
► School of Nursing
► Education & Consulting Services
► Allied Health Continuing Education

1237 North Mission Road, Los Angeles, California 90033

(323) 226-4911/6511

March 15, 2016

To: Barbara A. Beno, Ph.D., President
        Accrediting Commission for Community and Junior Colleges
        Western Association of Schools and Colleges
        10 Commercial Boulevard, Suite 204
        Novato, CA 94949

From: Barbara Collier M.Ed, RN, Interim Provost
        Los Angeles County College of Nursing and Allied Health
        1237 North Mission Road
        Los Angeles, CA 90033

The Los Angeles County College of Nursing and Allied Health Midterm Report due March 15, 2016 is attached.

The College is fully committed to ongoing compliance with all accreditation requirements and standards and we value the support of the ACCJC officers.

If you have any questions or need additional information, please let me know.

Sincerely,

Barbara Collier Interim Provost

Barbara Collier, M.Ed, RN   Interim Provost, Los Angeles County College of Nursing
                                   and Allied Health

cc: College Board of Trustees
     Maria Caballero, Accreditation Liaison Officer

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Los Angeles County College of Nursing and Allied Health
1237 North Mission Road, Los Angeles, CA 90033

This Midterm Report was prepared by College Administration in collaboration with governing committees, faculty, staff, and students.

We certify that we have read the Report and that it accurately reflects the College's compliance with the specified standards.

DATE: 02/25/16

Vivian Branchick, MS, RN
President, Board of Trustees
Chief Nursing Officer, Los Angeles County Department of Health Services, Office of Nursing Affairs

DATE: 2/24/16

Isabel Milan, MBA, RN
Vice President, Board of Trustees
Chief Nursing Officer, Los Angeles County + University of Southern California Medical Center

DATE: 2/25/16

Barbara Collier, M.Ed, RN
Secretary, Board of Trustees
Interim Provost, Los Angeles County College of Nursing and Allied Health
Dean, School of Nursing

DATE: 2/25/16

Jeffrey Anderson, MSN, RN
Director, Educational Resource Center

DATE: 2/25/16

Tammy Blass, EdD, RN
Dean, Education and Consulting Services

DATE: 2/25/16

Maria Caballero, BSN, RN
Dean, Administrative and Student Services

DATE: 2/25/16

Doris DeHart, BSN, RN
Administrator, Office of Financial Aid

DATE: 2/25/16

Herminia Honda, MSN, RN
Director, Research

DATE: 2/25/16

Margaret Nazarey, MSN, RN
Director, Allied Health

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Report Preparation

In July 2015, the Los Angeles County College of Nursing and Allied Health (College) Administrative Committee initiated the planning process for the 2016 Midterm Report (Report) and engaged all stakeholders. Faculty, staff, and administrators contributed to the organization and development of the Report. Students also contributed through their College, School of Nursing (SON), and Associated Student Body (ASB) committee membership.

College and divisional governing and standing committee chairs met to analyze progress in addressing Recommendations One: Planning and Decision-Making Process and Two: Planning and Communication.

The Institutional Effectiveness (IE) Committee, College Information Officer (CIO), and the Educational Resource Center (ERC) director collaborated with the Administrative Committee to evaluate the progress toward meeting Recommendation Five: Technology.

All College and divisional governing and standing committees, as well as the CIO, ERC and Allied Health directors, and Administrative and Student Services dean contributed to the Report, which includes the responses to the External Evaluation Team Report and the status of the 2013 Self Evaluation Improvement Plans.

The Administrative Committee encouraged individual involvement by forwarding proposed changes to all faculty, staff, and students for review and comment. The Planning Committee and the Board of Trustees (Board) reviewed, discussed, and approved the final Report.

STATUS OF RECOMMENDATION #1: PLANNING AND DECISION-MAKING PROCESSES

To increase effectiveness, the team recommends that the College document its planning, governance, and decision-making processes to provide improved clarity about its structure, function, and linkages; and produce written policies to delineate the roles of faculty, staff, administrators, and students participating in the decision-making process (Standards I.B.3, I.B.4, I.B.6, IV.A.2, IV.A.3).

Description:
Following the March 2013 comprehensive visit, the College reviewed, clarified, and restructured the existing governance, planning, and decision-making processes in collaboration with faculty, staff, administrators, and students. The documents assessed during this evaluation process included the College and divisional committee organizational charts, governing and standing committee bylaws, and policies related to governance, planning, and decision-making. The findings were addressed in the March 2014 Follow-up Report.

The College governing committees are the Board, Planning Committee and Administrative Committee. The SON Faculty Organization and Education and Consulting Services (EDCOS) Shared Governance Committees govern the instructional divisions. The Administrative and Student Services Committee governs the College Support Services. College standing committees, including IE, Credentials, and Faculty Development support operational activities of the College. All faculty, staff, and students are voting members of their respective governing committees.

In March 2014, Planning Committee membership was expanded to be fully representative of College stakeholders by adding support staff and student representatives. Planning Committee continues to provide leadership that supports a fully-integrated institutional structure and processes to achieve the College mission, vision, and values.

The College Governing and Standing Committees' Organizational Chart outlines the institutional committee structure and delineates the major communication routes for planning, governance, and decision-making. The College and divisional governing and standing committees evaluated the committee organizational structure and made several revisions to simplify and clarify the decision-making process and communication flow. The Administrative Committee was identified as the steering committee for integrating College and divisional committee communications to and from Planning Committee. The Administrative Committee absorbed Operations Committee functions in January 2014, which eliminated redundancy and clarified its purpose in governance and decision-making.

The SON semester, course and Curriculum Committee reporting relationships were also clarified and simplified. Course committees were deleted and functions/members integrated into the two SON standing committees: Admissions/Promotions and Curriculum.

As an integral component of updating the organizational structure, the Administrative Committee constructed a matrix for comparing committee purposes, functions, report flow, and membership. The functions were subcategorized to identify committee responsibilities related to assessment and planning, implementation, resources and budget, policies, regulatory compliance, and communication and collaboration. The committees reviewed and refined their functions and developed bylaws matrices that clearly and concisely specify their unique roles and responsibilities as well as their reporting relationships. All committee bylaws were updated to reflect these refinements.

The Administrative and Student Services Committee bylaws were developed to outline its functions in support of the academic programs and to promote student success. The bylaws describe support staff participation in governance and decision-making through collaboration and communication with faculty and staff regarding program support needs and outcomes.

The EDCOS standing committee is the Critical Care/Specialty Services Council, which functions as the divisional curriculum committee. Bylaws were developed to delineate its purpose and functions related to collaborative planning and decision-making.

SON standing committee bylaws were updated to reflect the organizational structure changes.

The College has written policies and processes that delineate faculty, staff, administrator, and student roles in decision-making. These policies were reviewed and updated to correlate with the revised organizational structure and committee bylaws. Policy # 120: College Committee Structure and Rules was revised to define the College and divisional governing and standing committees in alignment with the changes to the organizational structure and to reflect updated committee linkages. Policy # 100: College Policy Development, Review, and Approval formalized the decision-making pathways depicted in the committee organizational structure. Policy # 340: Program Review Process establishes the quality improvement process and specifies roles and responsibilities in program review. The final approved policies improve clarity and reflect an organized, systematic approach to decision-making.

As a component of assessing the governance and decision-making process, the College determined that it needed to describe the pathways and processes for identifying, prioritizing, and requesting needed resources. All stakeholders provide input into College resource needs and resources are requested and approved through recognized routes. The Administrative Committee drafted the new policy # 730: College Resource Request and Allocation to ensure that critical aspects of the decision-making process were documented. The draft was circulated to faculty and staff for review and comment. Planning Committee approved the new policy at the December 2013 meeting. The policy compliments the Services, Supplies, and Equipment: Ordering and Tracking policy and delineates the decision-making process and roles in requesting and allocating resources. Creating the policy validated and documented a shared understanding of the resource request process within the College community.

The divisional governing committees approve divisional policies. The divisional governing committees also recommend changes to College wide policies and practices to the College

Administrative Committee. The Administrative Committee aggregates, refines, and prioritizes these recommendations and submits them to Planning Committee for discussion and approval vote. Planning Committee distributes all proposed and revised policies to faculty and staff for review and comment prior to final approval. Student related policies are distributed to the ASB for review and comment. SON students provide input both directly as College and SON standing committee members and through the ASB faculty liaisons to the SON Faculty Organization. Planning Committee submits policies to the Board for approval in accordance with regulatory agency requirements. Approved policies are posted and distributed to all faculty and staff and to students as applicable.

The revisions to the committee organizational structure, bylaws, and policies were drafted by the Administrative Committee in collaboration with the governing and standing committee chairs. The proposed revisions were forwarded to all faculty, staff, and students for review and comment. Planning Committee and the Board discussed and approved the recommended revisions as indicated.

Analysis of Progress
The College effectively planned, implemented, and documented revisions to its planning, governance, and decision-making processes to improve understanding of its structure, function, and linkages. The updated organizational charts clearly and accurately depict the committee reporting structure at the college and divisional levels. The updated bylaws specify the unique purpose, functions, reporting structure, membership, and meeting frequency of each committee within a standardized framework. The committee purpose and functions establish the College planning, governance, and decision-making pathways. Revision to the committee structure and bylaws eliminated areas of redundancy and overlap, clarified roles, delineated reporting lines, and resulted in a useful, understandable, and comprehensive design.

All Committees utilized the Decision-Making and Evaluation tool to analyze the effectiveness of the changes in structure and functions related to decision making. Findings from the 2014 and 2015 College Planning Decision-Making Evaluation meeting are summarized below:

The Planning Committee's expanded membership led to:
- Increased focus on student concerns, needs and interests
- More timely and direct communication with the student body
- Improved communication between the Planning Committee and support staff
- Improved inclusion of support staff perspective in decision making.

The restructured Administrative Committee identified the following improvements:
- Better communication flow
- Additional time to plan and implement decisions
- Streamlined functions
- Elimination of redundancies
- More timely review of policies.

The restructuring of the SON standing committees led to:
- Renewed focus on faculty and student priorities
- More timely review of policies
- Addition of ASB faculty liaison report to the standing agenda
- Elimination of redundancies
- More direct and effective communication.

The development of the EDCOS Critical Care and Specialty bylaws resulted in:
- Clarification of committee roles and functions
- Improved program planning and collaborative decision-making.

The review of existing policies and the creation of the Resource Request and Allocation policy led to:
- Correlation with the revised committee structure and functions
- Defined role of faculty, staff, administrators and students in the decision-making process
- More organized and systematic approach to governance and decision-making
- Validated and documented shared understanding of the governance and the decision-making processes within the College community.

The comprehensive review of the college governance, planning, and decision-making processes improved understanding of the structure and resulted in a more efficient, effective, and clearly documented governance structure and decision-making process. Administrators, faculty, staff, and students have defined roles in governance and in promoting institutional excellence, which are codified in written policies and procedures. The College community as a whole directly contributes to planning and decision-making by setting goals; developing policies, processes, practices; and by evaluating programs and institutional effectiveness to achieve the college mission.

Supportive Evidence
Addendum A: Committee Organizational Charts
- College Governing and Standing Committees – 2015
- School of Nursing Committees 2015
Addendum B: Bylaws Matrices
- College Governing and Standing Committees
- School of Nursing Committees
- Education and Consulting Services, Associated Student Body, and Administrative and Student Services Committees
Addendum C: College Policies:
- #100:   Policy Development, Review, and Approval
- #120:   College Committee Structure and Rules
- #340:   Program Review Process
- #730:   Resource Request and Allocation

Improvement Plans
None

STATUS OF RECOMMENDATION #2: PLANNING AND COMMUNICATION

To increase effectiveness, the team recommends that the College conduct regular analyses and evaluation of its planning, governance, and decision-making processes in order to assess the efficacy of these systems and ensure their effectiveness. Results of these analyses and findings should be documented, broadly communicated across the institution, and used as a basis for improvement, as appropriate (Standards I.B.6, I.B.7, IV.A.5).

Description

The College has established methods for conducting regular analyses and evaluation of its planning, governance, and decision-making processes. The evaluation findings are communicated to all stakeholders and used to plan improvements. These methods are in alignment with the College Strategic Plans and Annual Goals.

Methods for evaluating all aspects of institutional effectiveness including planning, governance, and decision-making are guided by the College Institutional Effectiveness (IE) Plan. The IE Plan describes the continuous improvement process, which is based on analysis of data and is used to measure the degree to which the College is effective in meeting its mission. The IE Program Review Plan details specific items monitored to evaluate institutional effectiveness.

The College Planning and IE Committees worked collaboratively to develop various proposals for strengthening and formalizing the processes for evaluating the effectiveness of college planning, governance, and decision-making. The committees approved piloting a Governance and Decision Making Evaluation Tool for evaluating each College committee's role and effectiveness in the governance structure and decision-making process.

On March 13 2014, the Planning Committee convened a meeting of all College governing and standing committee chairs, including the ASB and Board presidents. The committee chairs presented their committees' response to each item on the Governance and Decision-Making Evaluation Tool. Planning Committee led the participants in dialoguing about their committee's role and the effectiveness of the governance structure and planning/decision-making process. Several themes and recommended changes emerged from this dialogue.

Themes that emerged from the discussion included:
- Slow approval of policies due to multiple committees with overlapping functions
- Redundancy of committee functions
- Need to prioritize and reorganize agenda items
- Ineffective use of committee time
- Need to review committee membership to ensure sufficient committee representation from key constituencies.

Changes that were implemented as a result of the meeting:
- Absorbed School of Nursing (SON) Nursing Theory and Clinical Practice Committees into Curriculum Committee
- Expanded and reprioritized SON Faculty Organization agenda
- Restructured Administrative Committee meeting agenda and schedule.

On October 8 2015, a follow-up Planning meeting, including representatives from the previous meeting, was convened to evaluate the effectiveness of the changes made to the governance and decision-making structure and processes. Planning Committee determined that the restructured committees were functioning effectively in accordance with the revised policy and bylaws. They further agreed that this assessment and analysis will be conducted annually.

The College uses additional methods to further evaluate the efficacy of its planning, decision-making, and governance structure. These include the Board Self-Appraisal, SON pregraduation Program Evaluation Survey, Employee Survey, and Employee Self Evaluation. These tools were also reviewed as part of the governance evaluation process.
- Board Self-Appraisal: In 2012, the Board identified the need to change an item on the questionnaire in order to more accurately reflect its role in governance and better evaluate its effectiveness. The item was revised from "The Board sets and evaluates goals for its own functioning" to "The Board sets and evaluates its functions as outlined in the Bylaws." The revised triennial Self-Appraisal was conducted in August 2015.
- SON pregraduation Program Evaluation Survey: IE Committee reviewed the survey and recommended no items be changed related to governance. Planning Committee concurred with the recommendation.
- Employee Survey: IE Committee reviewed the survey and recommended no items be changed related to governance. However, the frequency of the survey was changed from annual to biennial per IE Committee recommendation and with Planning Committee's approval. The longer time frame will allow sufficient time for improvement plan implementation prior to re-evaluation.
- Employee Self Evaluation: In addition to the biennial Employee Survey, all employees complete an annual self-assessment as part of their performance evaluation. Employees have the opportunity to reflect on their individual contributions to the Strategic Plan, College and divisional goals, committee work, and Student Learning Outcomes and to dialogue with their supervisor regarding their role in planning and decision-making.

The IE Committee reviewed and updated the College Institutional Effectiveness Plan to reflect the changes in structure, functions, and policies related to governance and decision making process. Monitoring items M, N, and O were added to the plan as components of measuring College effectiveness and items B, D, and E were added for monitoring Research. The added items focus review on the efficacy of the planning, governance and decision-making structure and processes.

Monitoring Items Added to the Institutional Effectiveness Plan

Item Measured	Monitoring Tool	Tracking Source	Expectation (Threshold)
I. College			
M. Budget/Resource Allocation	• Budget Request • Request for Program Needs • College Reports	Administrative Committee	Allocation ≥ 70% of requested resources
N. Board Efficacy	Self-Appraisal Record & Summary	Research Director	≥ 3.5 on each item (scale 1-5, 5 highest)
O. Governance Structure & Process	• Planning Committee agenda/minutes • Governance & Decision-Making Evaluation tool	Planning Committee Chair	• Participation by all committees • Implementation of approved interventions
VIII. Research			
B. Resource Needs	Program Resource Needs	Research Director	Compiled & presented annually
D. Technology Plan	2012-2017 Five-Year IT Action Plan Timeline	College Information Officer	Annual Update
E. Current Technology Resources	• Technology Maintenance & Replacement Plan • Survey findings	College Information Officer	≥ 3.5 on each item (scale 1-5, 5 highest)

Source: College of Nursing & Allied Health: 2015 Institutional Effectiveness Program Review Plan

Analysis of Progress
The College analyzed the structure, functions, and policy changes initiated in 2013 and found an overall improvement in the College governance and decision-making processes as described below:

Analysis from the 2015 College governance and decision-making meeting identified the following improvements resulting from committee restructuring:
- Shortened the decision-making time lines
- Reduced redundancy and streamlined committee functions
- Improved communication among committees and divisions
- Increased participation by students and support staff
- Enhanced satisfaction with the decision-making process.

Consensus among the participants at the meeting was that the changes were effective and no major concerns were identified. The committee will continue to review outcomes annually and pursue further opportunities to improve governance and decision-making.

Board member, employee, and student survey results support the analysis of the governance and decision-making meeting members.

The revision to the Board Self-Appraisal item 5c enabled the Board to more accurately reflect its role in governance and better evaluate its effectiveness as evidenced by the most recent survey results.

Board of Trustees Self-Appraisal Responses

Item #	Item	Average Rating		
		2009	2012	2015
1	**Board Organization and Dynamics**			
1a	Roles of officers and chair are clear	3.8	3.9	4.0
1b	Board functions are understood	3.9	3.9	4.0
1c	Meetings purposes are achieved	3.9	3.8	4.0
2	**Decision-Making Process**			
2a	Members respect each other's opinion	4.0	4.0	4.0
2b	Members have opportunity to contribute to decisions	4.0	4.0	4.0
2c	Members receive adequate background information	4.0	3.8	4.0
5	**Goals**			
5a	Board encourages and promotes long-range planning	3.8	3.8	3.9
5b	Board activities and priorities are tied to the mission and goals	3.9	3.7	4.0
5c	**The Board sets and evaluates goals for its own functioning*	*3.4*	*3.4*	
5c	The Board sets and evaluates its functions as outlined in the Bylaws			3.7
6	**Member Participation the Past Year**			
6a	Mission Statement review and approval	3.8	3.8	3.8
6b	Establishment of Strategic Directions	3.4	3.8	3.7
6c	College budget preparation/review/analysis	3.6	3.7	3.7

* Prior item
Source: Board of Trustees Self-Appraisal – Summary

Employee Satisfaction Survey: In the past three rating periods, administrators, faculty, and staff rated survey items pertaining to leadership, governance, and decision-making higher than the established 3.5 threshold for action (scale 1 to 5, 5-highest).

Employee Responses Related to Governance, and Decision-Making

Item #	Item	Average Rating		
		AY 09-10	AY 10-11	AY 13-14
1.2	I uphold the values of the college and contribute to meeting its mission	4.57	4.63	4.66
1.4	I get to share my ideas with others and participate in decision-making through membership in committee	3.86	4.08	4.21
1.5	I have opportunities to give input in matters affecting the college	3.69	3.96	3.91

Item #	Item	Average Rating		
		AY 09-10	AY 10-11	AY 13-14
1.13	My supervisor keeps me updated regarding changes that will impact my assignments and responsibilities	4.29	4.43	4.41
1.17	Team work is encouraged and practiced within my division and between division	3.72	3.76	4.13

Source: Employee Survey Findings – Summary

SON pregraduation Program Evaluation Survey findings reflect increased student engagement in governance. Student ratings of items pertaining to leadership, governance, and decision-making indicate a steady increase in the percentage of students participating in governance. Student voting increased significantly from 36% for the class of 2012-I to 61% for the class of 2015-I and student awareness of their right to participate in governance increased from 93% to 100%. Participation in governance and satisfaction with decision-making has improved since changes were implemented.

Student Responses Related to Participation in Governance and Decision-Making

Item #	Item	Average Rating						
		2012-I	2012-II	2013-I	2013-II	2014-I	2014-II	2015-I
14.16	I am aware that students participate in the governance of the school – Yes	93%	98%	98%	100%	95%	100%	100%
14.17	I participated in the school governance (Select all that apply):							
	ASB Member	11%	18%	22%	13%	14%	23%	2%
	Class Officer	25%	16%	29%	18%	21%	22%	25%
	School committee member	4%	5%	14%	15%	9%	20%	5%
	Voting	36%	48%	59%	75%	72%	64%	61%
	Attending ASB meetings	11%	16%	22%	13%	16%	22%	12%
	Class activities	61%	34%	51%	58%	46%	73%	56%
	Discussing issues with class representative	50%	27%	28%	38%	26%	43%	44%

Source: SON Program Evaluation Survey Findings - Summary

The College maintained broad and open communication with its stakeholders throughout the assessment, planning, intervention, and evaluation process to ensure information flow to support institutional improvements.

The College will continue to track effectiveness indicators, analyze improvement plan results, and report outcomes and plans for ongoing improvement in accordance with the revised Institutional Effectiveness Plan.

Supportive Evidence
Addendum D: 2015 College Institutional Effectiveness Program Review Plan

Addendum E: Governance and Decision-Making Evaluation Tool

Addendum F: College Planning Minutes
- March 13, 2014
- October 8, 2015

Addendum G: Survey Questionnaires
- Board Self-Appraisal
- SON pregraduation Program Evaluation Survey
- Employee Survey

Improvement Plans
Schedule and plan 2016 Governance and Decision-Making Evaluation follow-up meeting by spring 2016

Increase faculty representation on Planning Committee by fall 2016

STATUS OF RECOMMENDATION #5: TECHNOLOGY

To meet the standards, the team recommends that the College develop and implement a technology plan that includes the regular and ongoing assessment of technology equipment, software, and training needs; the evaluation of whether technology needs are being met; and an equipment replacement plan (Standards II.C.1.a, II.C.1.b, II.C.1.c, III.C.1.b, III.C.1.c, III.C.1.d, III.C.2).

Description

The Los Angeles County College of Nursing and Allied Health (College), with the guidance of the College Information Officer (CIO), continues to make essential technology improvements to meet evolving student support and instructional needs.

In 2012, the CIO led the Administrative Committee in creating the 2012-2017 Five-Year Information Technology Action Plan and Timeline (IT Plan), which was reviewed and approved by the Planning Committee and the Board. The IT Plan identified and prioritized instructional and student support needs.

The IT Plan included an overall assessment and analysis of:
- Existing processes for acquiring, accessing, and upgrading technology
- Hardware and software inventories and maintenance agreements
- Technology needs including instructional and support services
- Faculty, staff, and student survey findings
- Annual Program Evaluation Report findings
- Projected future needs and anticipated technology innovations.

In addition to the Five-Year IT Plan, the Administrative Committee created a Hardware/Software Technology Maintenance/Replacement Plan. The plan includes inventory, acquisition, maintenance, and targeted renewal/replacement dates and was adopted for College wide use. Planning Committee added annual review of the Technology Maintenance/Replacement Plan to its standing agenda items to coincide with the budget request preparation process. Planning Committee, which has College wide representation, evaluates the status of technology progress as part of the annual Strategic Plan evaluation.

Technology accomplishments to date include improved technical support coordination for resolving network problems, upgraded hardware/software, reinstated maintenance agreements, updated Internet and intranet sites, upgraded student information database, enhanced multimedia instructional materials and equipment, and ongoing training.

The IT Plan and Hardware/Software Technology Maintenance/Replacement Plan are aligned with the 2010-2015 College Strategic Plan Goals 1.A, 2.A, and 5.D.

Strategic Plan Goal 1.A: Maintain current educational equipment and materials to support student learning.

Accomplishments towards meeting this goal included:

Hardware/Software Upgrades

The College Hardware and Software Technology Maintenance/Replacement Plan is reviewed annually and the CIO worked with the Administrative staff to coordinate the following hardware and software upgrades:

- Replaced 134 new computers for faculty, staff and students
- Upgraded student computer lab from Thin Client terminals to fully functional workstations
- Installed computer workstations in 6 of 8 classrooms to reduce resource requests, enhance IT security/network integrity and improve operational convenience
- Replaced all laptops and the majority (66%) of LCDs. Obtained wireless microphone audio system
- Installed new scanners for financial aid and student support offices
- Ensured computers were secured in all computer labs
- Purchased and installed new testing scanner
- Provided USB encrypted flash drives to faculty and staff to ensure document security in accordance with Los Angeles County Department of Health Services (DHS) requirements
- Received approval for purchasing 25 new printers as part of the DHS wide replacement plan
- Upgraded Class Climate software and hardware for generating surveys
- Obtained approval to purchase/upgrade ParScore/ParTest software for generating test questions and analyzing data
- Initiated the process to upgrade network and bandwidth to improve access and connectivity
- Upgraded to Microsoft Office 2013 including Microsoft Outlook 365 cloud as part of the Los Angeles County+University of Southern California Medical Center (Medical Center)/DHS IT plan
- Created College document backup and assigned individual and group folders on shared drive to eliminate faculty and staff data loss. Provided access to shared folder for document sharing
- Updated applications used by Financial Aid for processing and managing Title IV student financial aid records.

Maintenance Agreements

The Planning Committee reviewed and updated the Hardware and Software Technology Maintenance/Replacement Plan annually, to ensure that maintenance agreements were current. The College worked with vendors and Medical Center Supply Chain Operations to maintain current contracts.

Technical Support Coordination

The CIO collaborated with DHS and Medical Center IT divisions as well as with various hardware and software vendors to facilitate College technology functions and expedite resolution of user problems.

Student Information Database Upgrade
The Comprehensive Academic Management System (CAMS) Committee, chaired by the dean of Administrative and Student Services and including the Office Manager and CIO, made progress towards the College ongoing annual goal to fully implement CAMS in order to establish an integrated web-based student information database:

- Developed and implemented a guide for data entry
- Standardized the applicant/student data entry process
- Activated the Student Admission Module
- Initiated new student data entry
- Began development of the Faculty Portal.

Strategic Plan Goal 2.A: Explore use of alternate teaching/learning models/methods and integrate technology in teaching and learning.

Accomplishments in meeting this goal included:
Multimedia Instructional Materials and Equipment Updates
The Educational Resource Center (ERC) continued to make technologic improvements in relation to instructional and supplemental materials, equipment, and skills lab space with input from faculty, staff, and students:

- The Simulation Lab was opened in spring 2015 and is used by all semesters for simulation clinical experience.
    - The Simulation Ad Hoc Committee, with SON representation from each semester, was created in fall 2014
    - A second high fidelity METIman simulation manikin was acquired
    - Additional simulation scenarios were purchased to increase the number of students able to participate in the simulation experience
- Faculty and students were surveyed and supplied with links to evaluate e-learning resources for purchase
- E-learning resources were expanded to include:
    - Nursing Reference Center Plus - student reference for disease process, nursing skills, medications, patient teaching, and management topics
    - Alexander Street Press video database - nursing videos to demonstrate and review nursing assessments
    - Nursing News database - current nursing topics in the news media
    - Shadow Health Virtual Patient database - customized interactive experience with patients that includes assessment, nursing interventions, planning, teaching, and clinical communication with the healthcare team
    - Clinical healthcare/nursing e-book database - expanded from 44 to 1,500 resource titles.

Strategic Plan Goal 5.D: Implement College information systems.

Accomplishments in meeting this goal included:
<u>Internet and Intranet Improvements:</u>
Prior to fall 2013, the College websites were managed by the DHS and local Medical Center IT webmasters rather than by the College. This led to delays in web content updates. In fall 2013, the College CIO was granted full control of the College intranet and Internet design and content.

- Designated three webmasters (CIO, OES Manager, and Research Director) to manage the website to ensure relevant and updated documents that are accessible to faculty, staff, students, and stakeholders
- Initiated biannual meetings of the webmasters and Dean of Administrative and Student Services to review website content for currency and accuracy
- Redesigned and updated the College intranet (team services) and Internet website
- Established system for updating information on the website and intranet
- Implemented online capability for improving the dissemination of information
- Improved student access to forms and documents
- Maintained currency of intranet/Internet site information with input from faculty, staff and students.

<u>Technology Training</u>
The College conducted ongoing assessment of technology training needs.

County-wide software training, such as Microsoft Office and electronic health care records, was provided through the County Learning Net system.

College specific training for faculty/staff/students users was provided as applicable when hardware/software was acquired or upgraded. Recent formal and informal training was conducted for:

- Nursing Resource Center and eBook databases
- High-fidelity METIman simulation manikin and scenarios
- Student Computer Lab software shortcuts
- ParSystem, testing scanner, and Class Climate
- CAMS Enterprise initial and end user
- College Internet and intranet navigation and functions
- Classroom work stations.

Prior to spring 2016, the ERC offered electronic database classes to introduce students to available resources for completing program assignments and for research. These classes were not required and were poorly attended. However, many students requested individualized computer instruction, which was time consuming for library staff and lacked standardization. In spring 2016, a comprehensive mandatory electronic database class was incorporated into new student orientation.

The College uses various assessment methods/sources to obtain data to evaluate technology effectiveness and the need for hardware/software/instructional material replacement. These assessments include faculty, staff, and student survey findings; Student Learning Outcome Assessments; and Annual Program Evaluation Reports. Items regarding technology were added to the SON pregraduation Program Evaluation, the EDCOS Basic Adult Critical Care Program, and the Employee Satisfaction surveys.

The College Institutional Effectiveness (IE) Committee added technology effectiveness monitoring items to the 2015 IE Program Review Plan and to the annual IE Reporting Schedule. In addition, two items were added to the Employee survey related to adequacy of technology resources and training as well as recommendations for additional technology and training. An item was also added to the pregraduation Program Evaluation Survey related to effectiveness of technology in meeting student learning needs. This will support regular assessment of faculty, staff, and student perceptions of technology; planning for technology improvements; evaluation of the effectiveness of those improvements; and reassessment as indicated.

Analysis of Progress
Analysis of the Five-Year IT Plan identified and prioritized instructional and student support needs.
Technology accomplishments to date include improved technical support coordination for resolving network problems, upgraded hardware/software, reinstated maintenance agreements, upgraded Internet and intranet sites, upgraded student information database, enhanced multimedia instructional materials and equipment, and training sessions.

Technical Support Coordination
The CIO's ability to analyze and identify specific technological issues and interventions resulted in more timely responses and effective resolutions. For example, the time frame for resolving problems with accessing test data applications/network (ParSystem, Class Climate) and data corruption improved from weeks to days.

Hardware/Software Upgrades
Employee and student surveys and anecdotal feedback indicated:
- Increased satisfaction with upgraded technology resources
- Decreased complaints and need for maintenance/repair
- Enhanced access to and use of multimedia teaching tools
- Improved streaming of educational materials.

Maintenance Agreement Updates
During the annual review of the Hardware and Software Technology Maintenance/ Replacement plan, Planning Committee determined that the plan required integration of all maintenance agreements and equipment inventories into one comprehensive document.

Student Information Database Upgrade
Implementation of student and faculty CAMS access was rescheduled due to a twenty percent reduction in clerical staff and an increase in mandated reports for US Department of Education and California Student Aid Commission.

Projected timeline for piloting access to Faculty portal is spring 2016 with student access to CAMS portal projected for fall 2016.

Multimedia Instructional Materials and Equipment Updates
The ERC evaluated the upgraded instructional media materials including the Simulation Lab and electronic databases using student and faculty survey findings, usage statistics, and anecdotal feedback. The overall findings were very positive:
- Initiated Simulation Clinical Experience survey and students rated all items above threshold
- Expanded use of simulation throughout the SON program including the Student Success Workshops
- Increased use of newly acquired electronic databases.

Internet and Intranet Improvements
The onsite control of the College Internet and intranet by the College webmasters resulted in more timely update of website content and improved access to course materials and consumer information. Changes to the website are now available within hours versus weeks.

Technology Training
Items related to technology resources and training were added to College surveys in fall 2013 and results demonstrated employee and student satisfaction.

Employee survey findings:
- Item 1.8 "Technology hardware, software and training met my needs".
  Employees rated this item as satisfactory and above the threshold for action as determined by the IE Committee
- Item 1.27 "Any recommendations for hardware, software or training? Please specify".
  Employee recommendations were reviewed and found to be mostly related to Microsoft Office software training, which is provided through the County Learning Net system. Information regarding available training was disseminated to faculty and staff via Planning Committee representatives.

SON pregraduation Program Evaluation Survey-
- Item 8.14 "Available technology enhanced my learning".
  The average student ratings for specific semesters were: spring 2014: 4.12, fall 2014: 4.18, spring 2015: 4.29, and fall 2015: 4.33. Findings were above threshold and showed consistent improvement.

Based on survey findings and comments, faculty, staff, and students voiced satisfaction regarding technology improvements/changes to support student success.

The implementation of the Five-Year IT and the Hardware/Software Technology Maintenance/Replacement plans provided a dynamic framework for integrating technology planning with institutional planning. Adding these plans to the IE Program Review Plan and to the Planning Committee standing agenda facilitated systematic assessment, planning, acquisition, maintenance, and upgrades of the technology infrastructure and equipment.

The CIO's active representation and input on behalf of the College, as part of the Medical Center/DHS IT team, allowed College priority needs to be met and future plans/ to be addressed as part of resource and budget planning. This collaborative team approach to technological requirements ensures that long term College needs will continue to be met.

The College developed and implemented technology plans that include equipment, software, and training needs. These plans were incorporated into scheduled institutional effectiveness assessments, planning, and evaluation.

Supportive Evidence
Addendum H: 2012-2017 Five-Year Information Technology Action Plan and Timeline

Addendum I: College Hardware and Software Technology Maintenance/Replacement Plan

Addendum G: Survey Questionnaires
- SON pregraduation Program Evaluation Survey
- Employee Survey

Improvement Plans
Review and revise items on the SON pregraduation Program Evaluation Survey related to multimedia instructional materials by fall 2016

Develop a proposal for acquisition and implementation of an electronic card catalog by fall 2017

Implement upgraded media system in priority classrooms by fall 2017

Revise the College Hardware and Software Technology Maintenance /Replacement Plan to integrate all maintenance agreements and equipment inventories by fall 2016

STATUS OF IMPROVEMENT RECOMMENDATION #3:
ALLIED HEALTH DIVISION

To increase effectiveness, the team recommends, now that the College has hired an Allied Health Director, the College move ahead with its plans for the development of the Allied Health division and its offerings, which has been in abeyance awaiting the appointment of a director (Standard II.A.1).

Team Recommendation #6 (2007, same as 2001 Recommendation 3)
Resources (2001) – Address the specific needs of the Allied Health Division in program development and leadership to assist this division to become more fully integrated and unified within the College to enhance institutional effectiveness and student success (2002 Standards III.A.1, III.A.2, III.A.6, III.B.1.a, and III.C.1.a).

Status to Date
The division of Allied Health exists to provide continuing education to LA County Department of Health Services (DHS) allied health employees in order to support DHS strategic goals.

In 2013, the Allied Health director conducted an environmental scan which included a review of drivers of health care reform and trends in the health care industry that will impact the need for and roles of allied health employees. The scan also included an overview of the Allied Health field and the workforce membership.

The most current DHS Strategic Plan was reviewed and priorities for Allied Health continuing education were identified. The Institute of Medicine 2011 report on Allied Health workforce and services was also appraised in the context of health care reform. The trend for health care to migrate to team based care in both inpatient and outpatient settings was identified.

The Allied Health Director, in consultation with the Board president and College administration, determined that the focus for allied health would be to develop and educate allied health workers to assume their role in a team based model. Planning for the Allied Health Division will be coordinated with the DHS strategic plan, driven by DHS data and experiences, proceed with reasonable expectations and developed in the context of the scope of work and resources of the College of Nursing.

The Director of Allied Health worked with College administration to identify local colleges with Allied Health divisions that might be interested in a potential partnership with the College and Medical Center to offer specific allied health workforce development programs.

In fall 2015, the College submitted a budget request for the Allied Health division that included funding for an instructor and staff assistant to provide and support training of allied health employees.

STATUS OF IMPROVEMENT RECOMMENDATION #4: CATALOG

To increase effectiveness, the team recommends that the College review its print and online Continuing Education and Allied Health Catalog to determine the purpose of the document and then ensure it contains all required elements of either a catalog or a schedule as appropriate, and that its information is current and accurate (Standards II.B.2.a, II.B.2.b).

Status to Date
The College reviewed both the School of Nursing and the Continuing Education and Allied Health catalogs. One combined catalog that incorporates all divisional information including policies and procedures was created in 2013. The class schedules are separate documents. All information is available in print and online. The College webmaster maintains the currency and accuracy of the information. All students also have access to a hard copy of both the catalog and class schedules.

Improvement Plans
Evaluate the combined catalog to determine if stakeholder needs are being met by fall 2017

2013 SELF IDENTIFIED IMPROVEMENT PLANS STATUS REPORT

Item Number	Standard	Plan	Responsible Person(s)	Due Date	Status	Comments
Standard I. A. Mission						
1	I.A	By the next scheduled review date, the Administrative/Planning Committee will explore methods for optimizing student involvement in review and update of the Mission, Vision and Values	Admin/ Planning Committee	Spring 2014	Done	ASB President added to Planning Committee in January 2014 and ASB Report added as standing agenda item. Student representative communicates College issues to ASB and student concerns to Planning Committee. The Mission, Vision and Values are scheduled for review fall 2016 and students will participate in the review.
Standard I. B. Institutional Effectiveness						
2	I.B.	Add discussion of student membership to College Planning agenda	Planning Committee	Spring 2014	Done	ASB President was added as a voting member to the Planning Committee in January 2014
Standard II. A. Instructional Programs						
3	II.A	Implement the College Academic Managements System (CAMS) Enterprise student information data base by fall 2013	CAMS Committee	Spring 2017	In progress	CAMS committee meets weekly. Accomplishments include: - Migrated student data from CAMS clients/server to CAMS Enterprise - Standardized data entry - Developed data entry guide - Initiated use of Admissions Module for new student applications beginning spring 2015 - Transferred data from Applicant to Enrolled Student status - Implemented document tracking - Tested and validated Student portal - Identified and oriented faculty member to validate Faculty portal Timeline rescheduled due to an unexpected twenty percent reduction in clerical staff and increased mandated reports for US Department of Education and California Student Aid Commission: - Spring 2016 - pilot Faculty portal - Fall 2016 - pilot Student portal
4	II.A	Conduct a follow up study of student selection process, including Test of Essential Academic Skills, Version V (TEAS V) and the point system, by fall 2013	Admissions & Promotions Committee; Dean, Administrative &	Fall 2016	Pending	College will conduct formal correlation study once tool is available from Assessment Technologies Institute (ATI). ATI is developing tools to enable correlation of TEAS V scores with point system, program completion and NCLEX pass rates.

Item Number	Standard	Plan	Responsible Person(s)	Due Date	Status	Comments
			Student Services			The committee conducted scheduled reviewed and update of SON Policy #800: Admissions which includes content related to the point system.
Standard II. B. Student Support Services						
5	II.B.	Implement the College Academic Management System student information data base by fall 2013	CAMS Committee	Spring 2017	In progress	CAMS committee meets weekly. Accomplishments include: • Migrated student data from CAMS clients/server to CAMS Enterprise • Standardized data entry • Developed data entry guide • Initiated use of Admissions Module for new student applications beginning spring 2015 ▪ Transferred data from Applicant to Enrolled Student status ▪ Implemented document tracking • Tested and validated Student portal • Identified and oriented faculty member to validate Faculty portal Timeline rescheduled due to an unexpected twenty percent reduction in clerical staff and increased mandated reports for US Department of Education and California Student Aid Commission: • Spring 2016 - pilot Faculty portal • Fall 2016 - pilot Student portal
Standard III.A. Human Resources						
6	III.A	Review and update all class/program surveys. Standardize items if applicable	Research Director	Fall 2015	Done	College uses comprehensive surveys throughout all programs. Survey items related to faculty and staff effectiveness were reviewed and updated as indicated to ensure students, faculty, and staff were able to effectively evaluate the quality of educational and support services. The review dates were as follows: • Basic Adult Critical Care Program: 11/27/13 and 8/6/15 • EDCOS Educational Events Survey: 5/20/15 • Employer Survey: 10/26/15 • SON Didactic Course Evaluation: 5/28/15 and 10/22/15 • SON pregraduation Program Evaluation Survey: 11/27/15 • Graduate Survey: 11/27/13

Item Number	Standard	Plan	Responsible Person(s)	Due Date	Status	Comments
						Survey respondents consistently rated College faculty and staff above threshold for action indicating that education/support service personnel are qualified and effective. Surveys will continue to be evaluated as a component of program review.
Standard III.B. Physical Resources						
7	III.B	Include item regarding safety on the SON pregraduation Program Evaluation Survey by fall 2013	Research Director	Spring 2016	Done	In the academic year 2015-2016, an item on safety was added on the SON pregraduation Program Evaluation Survey to be implemented spring 2016.
8	III.B	Request faculty to provide specific information regarding physical plant concerns when entering comments on the Employee Satisfaction Survey	Administrative Planning College Planning	Spring 2014	Done	Effective with the 2013-2014 employee survey, faculty and staff were instructed to add comments related to positive and negative ratings regarding physical plant issues in order for the Administrative team to identify and prioritize specific areas of concern. Mainly, comments were related to temperature and campus appearance. Issues are addressed on an ongoing basis and included as a standing item as part of operations issues on both Administrative and Planning agendas. The next survey is scheduled for May 2016.
Standard III.C. Technology Resources						
9	III.C	Develop technology assessment and improvement timeline by summer 2013	College Planning College Information Officer	Fall 2013	Done	In 2012, the 2012-2017 Five-Year Technology action plan and timeline was developed.
10	III.C	Implement upgraded student information data base by summer 2013	CAMS Committee	Spring 2017	In progress	Accomplishments include preparing hardware, software, and staff for the new processes: • Student data from CAMS clients/server has been migrated to CAMS enterprise system • Admissions module has been utilized for new student applications beginning spring 2015
Standard IV. B. Board and Administrative Organization						
11	IV.B	Draft a formal policy for selection of the Provost by fall 2013	Board	Spring 2013	Done	Policy # 500: Provost Selection was developed and approved by the Board on May 24, 2013.

Item Number	Standard	Plan	Responsible Person(s)	Due Date	Status	Comments
						Policy was utilized to initiate the hiring process and will be utilized in selecting the Provost.
12	IV.B	Draft a formal policy for conducting the Board self-appraisal by fall 2013	Board	Spring 2013	Done	Policy # 300: Board of Trustees Self-Appraisal was developed and approved by the Board on May 24, 2013. The policy was utilized in conducting the self-appraisal on August 20, 2015.
13	IV.B	Revise tool prior to next scheduled self-appraisal by fall 2014	Board	Spring 2015	Done	A revised Board self-appraisal survey tool was sent to Board members on 8/11/15.
Item 5c was revised to more accurately reflect the Board's role in governance and better evaluate its effectiveness as evidenced by the most recent survey results.

Addendum A

COMMITTEE ORGANIZATIONAL CHARTS

College Governing and Standing Committees 2015

School of Nursing Committees 2015

Los Angeles County
COLLEGE OF NURSING
AND ALLIED HEALTH

**College Governing and
Standing Committees
2015**

Board of Trustees

College Planning

College
Administrative

Institutional
Effectiveness

Credentials

EDCOS Shared
Governance

Faculty
Development

School of Nursing
Faculty Organization

Administrative &
Student Services

Critical Care/
Specialty Services
(curriculum)

Admissions/
Promotions

ASB

Curriculum

Courses

Semesters
1, 2, 3, & 4

1/08, 2/10, 9/10, 11/12, 1/14, 12/14
Coll Plan:HH
CollAdmin:OrgCharts

Los Angeles County
COLLEGE OF NURSING
AND ALLIED HEALTH

School of Nursing Committees
2015

Shool of Nursing
Faculty Organization

Admissions/Promotion

Associated Student Body

Curriculum

Semester 1

Semester 2

Semester 3

Semester 4
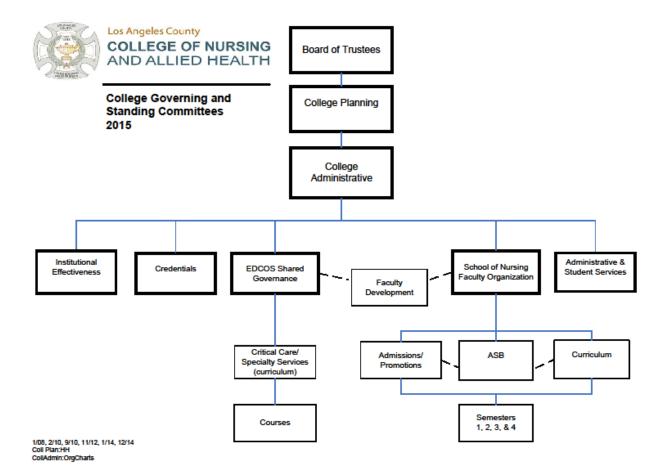
Coll Plan:HH
CollAdmin:OrgCharts
4/25/14

Addendum B

BYLAWS MATRICES

College Governing and Standing Committees

School of Nursing Committees

Education and Consulting Services, Associated Student Body, and

Administrative and Student Services Committees

College Governing and Standing Committees

NAME	Board of Trustees	Planning	Administrative	Institutional Effectiveness	Credentials	Faculty Development
PURPOSE	Establish policies and procedures that are consistent with the College mission, vision, and values; assure the quality, integrity, and effectiveness of student learning programs and services; and oversee the financial stability of the College	Provide leadership and ensure a fully-integrated institutional structure and process to achieve the College mission, vision, and values	Serve as a steering committee for integrating communication between College and divisional governing and standing committees. Direct programs and operations to support the College mission, vision, and values	Improve institutional effectiveness by directing the application of College wide research methods in order to evaluate program outcomes, student success, and faculty effectiveness	Provide a framework and process for evaluating the qualifications and effectiveness of faculty and staff	Promote the development of knowledge, skills, and abilities in order to enhance faculty effectiveness
FUNCTIONS						
Assess/Plan Monitor/Evaluate	1. Review & approve the strategic plan & annual goals & monitor outcomes Monitor educational quality & effectiveness through performance measurements of the academic & student support service programs Conduct scheduled self evaluation of Board performance & productivity	1. Review, recommend approval, & direct the implementation of the strategic plan & annual goals. Evaluate progress towards institutional outcomes & approve alternate strategies	1. Develop the annual goals & strategic plan through integration of College & divisional committee recommendations. Summarize & report progress towards achieving annual goals & strategic plan objectives	1. Integrate divisional resource needs from assessment data to develop the strategic plan Analyze data & outcomes by comparison to thresholds. Utilize findings to recommend program improvements Track action plans for unmet outcomes to resolution	1. Establish standards to identify & maintain qualified faculty & staff to implement the strategic plan & promote program success Monitor & evaluate effectiveness of the selection process & tools	1. Identify professional development needs of faculty & staff to implement the strategic plan & promote program success Recommend methods/ resources to meet professional development needs & evaluate their effectiveness
Implement	2. Provide guidance in the development & improvement of educational & student support service programs Delegate to the provost, & through the provost to the faculty, the authority to establish & regulate courses of instruction & to implement & administer policies without Board interference Review legal matters & recommend courses of action Approve the selection of the provost & evaluate his/her performance	2. Review, recommend approval, & direct implementation of College academic & support service programs	2. Aggregate & prioritize recommendations from programs & committees Identify & coordinate responses to issues impacting the College Address plant management & security issues	2. Direct the collection & measurement of program review data & recommend plans for improvement	2. Facilitate development and implementation of tools for faculty selection and to measure faculty effectiveness	2. Facilitate implementation of workshops, panels, seminars, & other professional development methods
Resources/Budget	3. Monitor the financial status of the College, review/approve budget requests & funding proposals, & advocate for resources	3. Review & recommend approval of budget requests & resource allocation to meet strategic planning goals	3. Assimilate & prioritize needs, prepare budget requests, & develop plans for resource allocation Monitor & track	3. Aggregate data identified in program reports & communicate resource needs	3. Investigate, evaluate, & recommend incorporation of community standards related to staffing & employee qualifications	3. Evaluate & recommend professional development programs & materials

NAME	Board of Trustees	Planning	Administrative	Institutional Effectiveness	Credentials	Faculty Development
			expenditures & purchase orders			
Policies	4. Recommend, monitor, & approve the policies, rules & regulations under which programs operate	4. Review & approve/recommend approval of College policies & procedures	4. Draft, update, recommend approval, guide implementation, & evaluate policies & procedures	4. Design, review, & update the Program Review Plan & related policies, documents, & forms	4. Develop, evaluate, & revise College policies, procedures, guidelines, & forms related to hiring, orientation, & promotion of faculty & staff	4. Develop, evaluate, & revise College policies, procedures, guidelines, & forms related to professional development of faculty & staff
Regulatory Compliance	5. Monitor compliance, approve reports, & direct participation in the accreditation processes of the WASC:ACCJC, the California BRN, & other allied health & accrediting/regulatory agencies	5. Verify, monitor, & facilitate institutional processes to maintain compliance with regulatory agency requirements. Review & approve regulatory agency reports	5. Plan, delegate, develop, & review regulatory agency & mandatory reports. Implement measures to ensure compliance with standards. Verify compliance with mandatory requirements	5. Incorporate regulatory standards into the Program Review Plan	5. Review College hiring & orientation policies and procedures for compliance with those of regulatory agencies, LA County, & DHS. Recommend revisions as indicated	5. Review College education & training policies and procedures for compliance with those of regulatory agencies, LA County, & DHS. Recommend revisions as indicated
Communication/ Collaboration	6. Uphold decisions made by the Board, advocate for the institution, & protect it from undue influence or pressure 7. Communicate & collaborate with College Planning Committee. Initiate & approve recommendations Adhere to the Board of Trustees' Membership Agreement & Code of Ethics	6. Collaborate & communicate with all governing & standing committees. Disseminate information to faculty, staff, & students 7. Make recommendations to the Board of Trustees	6. Collaborate & communicate with DHS, Medical Center, & College committees; integrate information & reports; & disseminate information 7. Make recommendations to College Planning Committee	6. Provide consultation & guidance to College committees, faculty & staff. Disseminate report findings 7. Make recommendations to the College Administrative Committee	6. Collaborate with faculty to determine effectiveness of selection & peer review processes 7. Provide policy & procedure recommendations to the College Administrative Committee	6. Collaborate with faculty to identify professional development needs 7. Provide policy & procedure recommendations to the divisional governing & College Administrative committees
MEMBERSHIP	Elected & nonelected members	Provost, divisional deans, directors, faculty, staff, & student representatives	Provost, & designated deans & directors	Research director, administration, faculty, & staff	Faculty members from all divisions	Faculty members from all divisions
REPORTS TO	DHS	Board of Trustees	Planning Committee	Administrative Committee	Administrative Committee	EDCOS Shared Governance & SON Faculty Organization Committees
MEETINGS	Four times/year	Monthly	Four times/month	Monthly	Quarterly	Quarterly

Orig: 9/11/13
11/26/13, 12/12/13, 1/16/14

Rev'd: 9/24/13, 10/8/13, 10/22/13, 11/12/13,

School of Nursing Committees

NAME	Faculty Organization	Admissions/Promotions	Curriculum	Nursing Theory	Clinical Practice	Semester Committees
PURPOSE	Assure the quality, integrity, and effectiveness of School of Nursing (SON) courses. Provide a means whereby faculty share in SON governance	Develop, implement, and evaluate admission, progression, and graduation processes to optimize student preparation to complete the course of study	Serve as a steering committee that provides oversight to the course committees on matters pertaining to curriculum development, evaluation, and revision to maintain its integrity	Provide guidance in the planning, implementation, and evaluation of all nursing theory courses in order to achieve student learning outcomes (SLOs)	Provide guidance in the planning, implementation, and evaluation of all clinical courses in order to achieve SLOs	Plan, implement, and evaluate the courses within the semester
FUNCTIONS						
Assess/Plan Monitor/Evaluate	1. Review, approve, & direct implementation of the SON annual goals Evaluate progress towards outcomes & approve alternate strategies	1. Assess, plan, monitor, & evaluate student admission, progression, & graduation: • Admission criteria/process • On time completion/attrition • Graduation/completion • Admission/progression policy waivers Ensure the catalog provides accurate & current information as required by regulatory agencies: • Contact information; Board member, administrator, & faculty names • Admissions requirements • Course, program, & degree offerings • Academic calendar, program length • Financial aid • Learning resources • Major policies such as academic freedom, academic honesty, nondiscrimination, transfer credits, grievances /complaints, sexual harassment, & refund of fees	1. Assess, plan, monitor, & evaluate nursing program: • Curriculum concepts, course descriptions, & SLOs for alignment with College mission, vision, values; philosophy; goals; & SLOs • Conceptual framework for identification & congruency of related concepts, sub- concepts, & theories across all levels of the curriculum • Curriculum progression from simple to complex • Adherence with ACCJC & BRN standards & guidelines	1. Assess, plan, monitor, & evaluate nursing theory courses for: • Consistency, continuity, & progression of curriculum concepts from simple to complex across the curriculum • Alignment with the mission, vision, values; philosophies, conceptual framework, curriculum threads, & course objectives • Consistent & effective use of teaching methodologies, assessment/grading tools, & other course requirements • Consistent & effective use of the test blueprints, grading methods, & content placement in achieving SLOs • Need for revisions based on SLO assessment & committee/program review findings	1. Assess, plan, monitor, & evaluate clinical courses for: • Consistency, continuity, & progression of clinical application of theory concepts from simple to complex across the curriculum • Consistent & effective use of teaching methodologies, tools, clinical experiences, competency assessment, & other course requirements • Effectiveness of clinical placement & learning experiences in achieving theory & clinical course SLOs • SLO assessment & committee/program review data for patterns that may indicate program improvement opportunities	1. Assess, plan, monitor, & evaluate theory & clinical courses within the semester for: • Effectiveness of theory & clinical course teaching methodologies & tools in achieving SLOs • Consistent application of teaching/testing materials, assessment rubrics, & grading methodologies • Need for revisions based on SLO assessment findings • Effective communication between courses, semesters, & committees • Correlation between theory & clinical courses
Implement	2. Oversee implementation of the curriculum, direct standing & course committees, & review & approve committee recommendations	2. Oversee implementation of admissions & promotions policies; recommend revisions as indicated	2. Provide guidance to course committees on matters pertaining to curriculum development, evaluation, & revision	2. Provide guidance to semester committees on matters pertaining to nursing theory course development, evaluation, & revision based on SLO achievement & changes in education & healthcare	2. Provide guidance to semester committees on matters pertaining to clinical course development, evaluation, & revision	2. Apply teaching methodologies, tools, & clinical experiences to assist students to achieve SLOs

NAME	Faculty Organization	Admissions/Promotions	Curriculum	Nursing Theory	Clinical Practice	Semester Committees
		Verify that the admission process test instruments are valid, reliable, & minimize cultural bias	Identify & propose curriculum revisions based on SLO achievement & changes in education & healthcare		Identify & propose clinical course content revisions based on SLO achievement & changes in education & healthcare	Maintain consistent use of grading methods, course objectives, syllabi, test blueprints, & schedules
Resources/Budget	3. Prioritize resource needs & submit requests to College Administrative Committee	3. Recommend testing tools & educational materials to support student admission & progression	3. Recommend educational materials/resources that support the curriculum & align with community practice/standards	3. Recommend educational materials/resources to support the theory course content & align with community practice/standards	3. Recommend educational materials/resources to support the clinical course content & align with community practice/standards Assess & request skills/computer lab resources to support student learning	3. Recommend resources identified in course SLO assessment to support student learning
Policies	4. Review, revise, & approve SON policies & submit to College Administrative Committee for review & approval	4. Develop, evaluate, & revise policies, procedures, guidelines, & forms related to student admission & promotion: • Admissions, transfer of credit • Criminal background check • Nursing course exemptions/challenges • High risk student • Curriculum plan • Transition course • Make up examination • Grading systems • Academic status/warning • Academic withdrawal, dismissal, failure Ensure policies & procedures related to admission, progression, & graduation are applied fairly & equitably regardless of age, sex, race, creed, nationality, disability, color, marital status, or sexual orientation	4. Develop, evaluate, & revise policies, procedures, guidelines, & forms related to the curriculum: • Philosophy, conceptual framework • Program purpose, objectives • Curriculum changes • Textbook approval • Intercommittee Communication	4. Develop, evaluate, & revise policies, procedures, guidelines, & forms related to theory courses: • Testing • Syllabi • Textbooks • Educational media	4. Develop, evaluate, & revise policies, procedures, guidelines, & forms related to clinical courses: • Grading for clinical courses • Skills & drug dosage calculation competency • Clinical remediation • Textbooks	4. Consistently implement relevant DHS, College, & SON policies. Recommend revisions as indicated
Regulatory Compliance	5. Establish, monitor, & facilitate SON processes to maintain compliance with regulatory agency requirements Develop, review, & approve regulatory agency reports	5. Validate, monitor, & facilitate compliance with regulatory agency requirements related to admission, progression, & graduation	5. Ensure the curriculum maintains compliance with regulatory agency requirements	5. Ensure theory course content maintains compliance with regulatory agency requirements	5. Ensure clinical course content maintains compliance with regulatory agency requirements	5. Ensure semester course content adheres to regulatory agency requirements

NAME	Faculty Organization	Admissions/Promotions	Curriculum	Nursing Theory	Clinical Practice	Semester Committees
Communication/ Collaboration	6. Communicate & collaborate with standing, course, & semester committees. Disseminate information from DHS, Medical Center, & College committees. Maintain formal & informal communication between local, state, regional agencies and affiliating institutions. 7. Make recommendations to the College Administrative Committee	6. Communicate & collaborate with College & SON committees regarding admissions & progression matters 7. Make recommendations to the SON Faculty Organization	6. Communicate & collaborate with College & SON committees regarding curriculum matters. Disseminate information related to educational/nursing practice trends, curriculum revisions, & regulatory agency changes to all stakeholders 7. Make recommendations to the SON Faculty Organization	6. Communicate & collaborate with standing & semester committees regarding nursing theory course matters; review semester reports & proposals 7. Make recommendations to SON Curriculum Committee	6. Communicate & collaborate with standing & semester committees regarding clinical course matters; review semester reports & proposals 7. Make recommendations to SON Curriculum Committee	6. Communicate & collaborate with standing & course committees regarding teaching, clinical site, & student issues 7. Make recommendations to SON course committees
MEMBERSHIP	SON dean, provost, Administrative & Student Services dean, research director, ERC director, assistant directors/semester coordinators, skills lab coordinator, faculty	• Minimum of one faculty member from each semester • One student representative from each class	• Minimum of one faculty member from each semester • One student representative from each class	Minimum of one faculty member from each semester	• Minimum of one faculty member from each semester • Skills lab coordinator	Teaching faculty assigned to each semester
REPORTS TO	College Administrative Committee	SON Faculty Organization	SON Faculty Organization	SON Curriculum	SON Curriculum	SON Nursing Theory & Clinical Practice
MEETINGS	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly

Orig: 9/4/13
1/16/14, 1/28/14

Rev'd: 9/24/13, 10/22/13, 11/12/13, 11/26/13,

Education and Consulting Services, Associated Student Body, and Administrative and Student Services Committee

NAME	EDCOS Shared Governance	EDCOS Critical Care/Specialty Service	Administrative and Student Services	SON Associated Student Body
PURPOSE	Oversee long term planning, implementation, evaluation, and revision of courses and goals	Develop, implement, evaluate, and revise courses to achieve the strategic plan and annual goals, and meet the educational needs of LAC+USC Medical Center	Support the academic programs and promote student success	Enhance understanding and provide an effective means of expression between the School of Nursing (SON) and students
FUNCTIONS				
Assess/Plan Monitor/Evaluate	1. Review, approve, & direct implementation of EDCOS annual goals. Evaluate progress towards outcomes & approve alternative strategies Identify LAC+USC Medical Center nursing education needs through committee meetings & consultation with administration, faculty, & staff Prioritize recommendations from faculty & committees Identify & coordinate responses to issues impacting EDCOS	1. Develop EDCOS annual goals to meet County, DHS, & College strategic plans Evaluate course & instructor effectiveness through the program review process Develop Annual Program Evaluation Report to summarize & report progress towards outcomes Make recommendations regarding revising course offerings based on program review findings to Shared Governance Council	1. Assess the effectiveness of student support services & recommend policies, procedures, & program improvements	1. Identify & define student issues that affect the educational experience & the status of the individual student by expressing the concerned opinion of the Associated Student Body (ASB)
Implement	2. Oversee & guide EDCOS courses/committees	2. Develop, implement, & revise courses to achieve annual goals & meet identified educational needs	2. Develop annual goals & plans based on College strategic plan & goals Oversee, guide, & direct student support services including applications, program admissions, registration, orientation, & progression Manage & maintain employee & student records	2. Integrate all ASB activities
Resources/Budget	3. Prioritize resource needs & submit requests to College Administrative Committee	3. Identify resource needs based on program review findings & submit requests to Shared Governance Council	3. Recommend resources to support student success & to achieve annual goals to the College Administrative Committee	3. Participate in program related surveys and make recommendations for improvements
Policies	4. Review, revise, & approve policies. Submit policies to College Administrative Committee for review & approval	4. Draft & revise policies. Submit policies to Shared Governance Council for review & approval	4. Draft, update, & recommend revision to divisional & College policies related to student support	4. Recommend revision to student related policies: • Nursing Student Bill of Rights • Student Responsibilities • Student Dress Code
Regulatory Compliance	5. Establish, monitor, & facilitate divisional processes to maintain compliance with regulatory agency requirements Develop, review, & approve regulatory agency reports	5. Develop & revise courses to maintain compliance with regulatory agency requirements Implement measures to ensure compliance with standards	5. Ensure compliance with regulatory agency standards	5. Participate in regulatory agency site visits
Communication/ Collaboration	6. Promote faculty communication & collaboration regarding issues impacting nursing education & practice Communicate & collaborate with DHS, Medical Center, & College committees & disseminate information	6. Collaborate with all faculty to identify strategies to meet educational needs & improve course effectiveness in ensuring student success	6. Collaborate & communicate with faculty & staff regarding program outcomes. Disseminate information from College committees to support staff members	6. Collaborate with College & SON committees & faculty liaisons regarding student issues & concerns affecting their educational experience

NAME	EDCOS Shared Governance	EDCOS Critical Care/Specialty Service	Administrative and Student Services	SON Associated Student Body
	7. Make recommendations to College Administrative Committee	7. Make recommendations to EDCOS Shared Governance Council	7. Make recommendations to College Administrative Committee	7. Make recommendations to SON Faculty Organization
MEMBERSHIP	Dean, provost, assistant director, all EDCOS faculty	Dean, all EDCOS faculty	Administrative & Student Services dean, office manager, all support service staff	ASB president, vice-president, treasurer, secretary, president of each class, Special Projects Committee representative One representative from each of the following organizations: • Newman Club/Nurses' Christian Fellowship • NSNA/CNSA (California Nursing Student Association)
REPORTS TO	College Administrative Committee	EDCOS Shared Governance Council	College Administrative Committee	SON Faculty Organization
MEETINGS	Monthly	Quarterly	Monthly	Monthly during the School Year

Orig: 9/24/13   Rev'd:
WASC.2014FollowUpRprt.Recomm1&2

Addendum C

COLLEGE POLICIES

Policy # 100: Policy Development, Review, and Approval

Policy # 120: College Committee Structure and Rules

Policy # 340: Program Review Process

Policy # 730: Resource Request and Allocation

Policy # 800: Admissions

#100: Policy Development, Review, and Approval

PURPOSE:

To establish the process for developing, revising, approving, and communicating College policies.

POLICY:

New or revised policies may originate from any recognized College committee or group, or from individual(s) with specific expertise.

Draft policies are formulated after:
- Consultation with individuals having experience and work responsibilities in the area
- Review of related DHS, LAC+USC Medical Center, College, and divisional policies.

Policies are developed and approved through appropriate divisions and established committees:
- College policies are approved by College Planning committee
- Divisional policies are approved by divisional governing committee/administration.

Format will include:
- Purpose
  - Definition if needed
- Policy
- Procedure
- Procedure Documentation, if any
- References
- Revision Dates.

All new policies and revisions to existing policies are distributed to faculty and staff for review prior to final approval.

Policies mandated by regulatory agencies are submitted to the Board of Trustees for approval.

Approved policies are posted and distributed to:
- Faculty and staff
- Students as applicable.

Existing policies are reviewed for continued relevance, accuracy of information, and compliance with applicable standards, laws, and regulations, a minimum of every three years and as necessary.

College and divisional policies are maintained in the College Policy Manual and on the intranet.

The College Catalog and School of Nursing Student Handbook are reviewed/revised annually.

<u>Policy Approval Exceptions:</u>

Clerical or technical changes, made to a policy that do not affect the content or meaning, do not require faculty and/or staff approval.

> Examples: The name Associated Student Body is changed to read Associated Students' Assembly; or there is a renaming of policy that takes place to aid in indexing the manual.

<u>PROCEDURE:</u>

Originating committee/individual submits recommendations for policy development/revisions in writing according to the chain of command.

Committee Chairperson or Administration contacts appropriate committee/staff to initiate development/revision.

Assigned committee/individual ensures that policy development involves:
- Collaboration with internal & external experts as well as areas/divisions impacted by the policy
- Review of related DHS, LAC+USC Medical Center, College, and divisional policies
- Circulation of final draft to contributors and individuals/committees impacted by policy.

Authoring committee/individual:
- Writes "DRAFT", draft version, and date of draft on policy
- Indicates recommended changes (additions/deletions) on a copy of the current policy
- Documents draft policy approval status in committee minutes if drafted by committee
- Submits final draft to College/divisional governing committee.

Policy reviewers submit recommendations in writing.

College/divisional governing committee:
- Adds draft/revised policy to committee meeting agenda
- Reviews final drafts and distributes to faculty and staff for a minimum of five working days prior to final approval
- Determines policy number and documents number on policy (new policy only)
- Documents approval status in the committee minutes

- Submits policies to the Board of Trustees for approval, if indicated
- Indicates new effective date on the policy.

OES staff/designee updates catalogs and student handbooks, as indicated.

Divisions provide final, approved, electronic copies of divisional policies to Provost

Provost/provost's secretary:
- Posts policies on the College intranet
- Notifies faculty and staff of policy approval
- Files originals of approved policies in College Policy and Procedure Manual
- Updates Policy Tracking Log.

PROCEDURE DOCUMENTATION:

Policy Tracking Log

REFERENCES:

LAC+USC Medical Center Policy #135: Network Policy Development

REVISION DATES:

November 25, 2002
June 8, 2006
October 25, 2007
November 19, 2010
February 28, 2014

#120 College Committee Structure and Rules

PURPOSE:

To establish the structure and rules for College and divisional committees

POLICY:

Committee Structure:

The College Governing and Standing Committee Organizational Chart depicts the planning, governance, and decision-making pathways.

The College governing committees are the Board of Trustees (Board), Planning, and Administrative Committee.

The College standing committees are the Institutional Effectiveness, Credentials, and Faculty Development committees.

The divisional governing committees are the Education and Consulting Services (EDCOS) Shared Governance Council, School of Nursing (SON) Faculty Organization, and the Administrative and Student Services Committee.

Divisional committees include:
- EDCOS standing committee:
  - Critical Care/Specialty Services

- SON committees:
  - Standing: Admissions/Promotions and Curriculum
  - Semester: one each for semesters one, two, three, and four.

The Associated Student Body (ASB) is the student governing committee.

College governing, standing, and ad hoc committees are established by the Provost in collaboration with Planning Committee.
    EXCEPTION: Board of Trustees is established in collaboration with the Los Angeles County Department of Health Services

Divisional governing, standing, and ad hoc committees are established by the divisional Deans/ Directors.

Faculty, staff and students participate in the College governance and decision making process
- All divisional faculty/staff are members of their respective governing committees
- SON students are members of specified College and divisional committees as elected by the ASB
- All divisions and ASB are represented on Planning Committee.

Committee Rules:

All committees have bylaws, which:
- Specify committee name, purpose, function, membership, and meeting frequency
- Are reviewed/updated a minimum of every three years and as needed.

Membership is assigned every two years:
- College governing/standing committee membership is assigned by the provost in collaboration with the Planning Committee
- Divisional standing committee membership is assigned by the divisional dean(s)/director(s)
- All faculty are members of their divisional governing committee.

Students elect ASB and class officers and select College and SON divisional committee representatives in accordance with ASB bylaws.

Faculty and staff may request to join or be removed from committees.
- Requests must be approved by committee chair and divisional dean/Provost
- A new representative must be appointed prior to member withdrawing from assigned committee.

Committees meet a minimum of quarterly and as often as needed to complete College business/assignments.

Minutes are:
- Recorded at all committee meetings
- Posted on the intranet including supporting documents and are accessible to all faculty, staff, and students
- Kept for seven years and then archived.

Committees may establish ad hoc committees to meet specific needs or purposes.

Committees evaluate their effectiveness annually.

PROCEDURE:

Provost/Dean/Director:
- Appoints faculty/staff to specific committees every two years in collaboration with current committee chair and Planning Committee/administrative staff
- Creates, distributes, and posts membership list.

Chairperson:
- Facilitates active participation by all members in the decision making process
- Develops annual meeting schedule and distributes to members and administration

- Creates meeting agenda
- Distributes agenda and previous meeting minutes to members prior to meeting
- Assigns member to record minutes
- Reviews minutes for accuracy
- Leads the meeting including review/approval of minutes, follow up action status reports, and discussion of agenda items
- Follows up on assignments, pending items, and recommendations from other committees/individuals
- Submits approved minutes and supporting documents for electronic posting to the designated person
- Leads the completion of the annual report.
- Submits committee reports as scheduled/requested.

Committee members:
- Attend all meetings
  - Notify chairperson and alternate of schedule conflicts that prohibit attendance
- Review minutes prior to meeting and provide input as requested
- Actively participate, contribute to decision making and vote on all motions
- Communicate committee decisions and activities at divisional governing committee meetings
- Request changes in committee assignments in writing to committee chair and divisional dean.

Recorder:
- Includes the following in meeting minutes:
  - Meeting date, time, and place
  - Individuals in attendance and members excused/absent
  - Committee activities using the topic, discussion, action format
  - Follow-up actions including:
    - Tasks to be completed
    - Time frame
    - Responsible person(s)
- Submits minutes to chairperson for review prior to distribution
- Finalizes and distributes minutes.

Designated persons post minutes on the intranet and maintain committee files for seven years.

PROCEDURE DOCUMENTATION:

Committee Membership Roster
Committee Meeting Schedule
Minute Template

REFERENCES:

College Governing and Standing Committee Organizational Chart

College/Divisional Committee Bylaws
College Policy #431: File Maintenance

<u>REVISION DATES:</u>

May 1998
August 12, 2004
June 28, 2005
September 11, 2008
March 10, 2011
December 12, 2013
December 10, 2015

#340: Program Review Process

PURPOSE:

To provide a data-driven quality improvement process that guides the College to effectively meet its mission

Definition:

Outcomes Evaluation Report (OER) is used to record data gathered, analyzed, and compared to threshold expectation for compliance. It identifies unmet outcomes and specifies the plans for improvement.

Student Learning Outcomes (SLOs) are the specified knowledge, skills, abilities, and attitudes that students are expected to attain at the end (or as a result) of engagement in a particular set of collegiate experiences.

Annual Program Evaluation Report (APER) is a detailed annual assessment of program outcomes related to established measures or expected results to determine if the program achieved its goals and objectives.

POLICY:

Institutional Effectiveness Committee (IE) guides the implementation and evaluation of the program review process.

The College and all divisions adhere to the IE Program Review Plan.

The program review process involves cycles of assessment, data collection, aggregation, analysis, trending, planning, implementation, reassessment, and reporting.

The College Strategic Plan is developed every five years and evaluated annually.

The College and academic division goals are developed and evaluated annually.

Annual Program Evaluation Reports (APERs) are completed by all programs.

Annual Committee Evaluation Reports (ACERs) are complete by School of Nursing (SON) standing, semester, and course committees.

SLOs are created at the College, program, and course level and are evaluated according to specified time frames.

OERs are used to document and report course/program and non course/program assessment findings and plans for improvement.

- Course/Program/Instructor OERs are used to report evaluation survey findings and recommendations for improvement. Evaluation surveys are required for all degree granting and continuing education (CE) courses.
- Non Course/Program OERs are used to report outcomes findings for all other quality assessment items.

APER, SLO, and OER findings are reported to the IE Committee.
ACERs are submitted to the Research Director.

The College complies with requirements of accreditation/approval agencies:
- WASC/ACCJC Institutional Self Evaluation reports are generated by WASC Standards Committees
- BRN Self Study reports are generated by the SON Administrative Committee.

PROCEDURE:

Research Director:
- Guides research activities related to program review
- Leads the review and revision of all program review documents every three years
- Maintains electronic copies of all program review forms on the intranet
- Maintains copies of all program review reports for a period of seven years
- Leads IE Committee in the review of program review report presentations
- Maintains summary documentation of program review findings
- Communicates identified needs to College Planning committee:
  - Reports on program findings during Planning meetings
  - Completes and submits Program Resource Needs annually.

Outcomes Evaluation Reports

Course/Program/Instructor OER

Coordinator/designee:
- Submits request for evaluation survey to divisional designee prior to the date needed:
  - Ongoing/prescheduled courses: minimum of four weeks
  - One time classes: minimum of two weeks or as soon as class date and enrollment is determined

- Distributes evaluation survey forms to designated course instructor one week prior to the end of the course
  School of Nursing
  - Courses
    — Distributes electronic surveys to students
    — Closes survey by designated deadline
  - One Day Classes
    — Instructs designated student to distribute, collect, and return the course surveys to Office of Educational Services (OES)

EDCOS
- Administers evaluation surveys
- Collects and returns the completed surveys to the OES

- Reviews survey report findings:
  - Course findings with designated course committees/faculty
  - Faculty findings with the individual faculty member

- Compares with previous findings and develops action plan as applicable
- Completes OER as applicable
- Presents report to IE committee
- Submits report electronically to Research Director.

Research Director/designee:
- Processes completed surveys within four weeks of receipt
- Emails survey report to applicable persons
  - Faculty receive their individual survey reports
  - Coordinators receive comprehensive survey reports

- Maintains summary evaluation data for a minimum of seven years
- Maintains individual student response forms until:
  - SON class graduates
  - EDCOS course/program completion.

Non Course/Program Outcomes Evaluation Report

Accountable person/committee representative aggregates, analyzes and reports findings and recommendations for improvement in accordance with IE Program Review Plan.

<u>Student Learning Outcomes Report</u>

Dean/Director/Coordinator:
- Evaluates SLOs using the College, program, and course specific Student Learning Outcomes Assessment Report in consultation with divisional faculty and staff
- Completes SLO Assessment and reports findings and recommendations within specified time frames:
  - SON courses: Biannually
  - EDCOS courses: Annually
  - Academic & Student Support Service programs: Annually, using the APER SLO section
  - College: Every three years
- Submits report electronically to the Research Director
- Presents report to the IE Committee.

Research Director/designee:
- Reviews completed reports and makes recommendations for change, as applicable

- Tracks improvement plan implementation and evaluation
- Posts SLO Assessment Reports
- Maintains report records for a minimum of seven years.

Annual Program Evaluation Report

Provost, Divisional Dean/Director, SON Committee Chair:
- Develops the report in consultation with divisional faculty and staff and documents findings and plans for improvement:
  - Programs: APER
  - SON committees: ACER. SON Dean incorporates ACER content into SON APER.
- Submits report electronically to the Research Director
- Presents report to:
  - Divisional faculty/staff
  - IE Committee (programs only)
  - Board of Trustees (programs only).

Research Director:
- Reviews and evaluates completed reports for clarity, accuracy, and completeness
- Makes recommendations for change in reports as applicable
- Tracks follow up of improvement plans
- Posts reports
- Maintains report records for a minimum of seven years.

College and Divisional Goals

Provost and Divisional Deans and Directors:
- Evaluate goal accomplishments of the preceding year annually
- Develop new goals annually.

Strategic Plan

Provost/College Planning Committee:
- Leads the creation of Strategic Plan every five years
- Presents plan to Board of Trustees for input and approval
- Evaluates accomplishments to the Plan annually
- Compiles final evaluation of the Plan
- Uses evaluation findings to develop subsequent Strategic Plan.

PROCEDURE DOCUMENTATION:

Outcomes Evaluation Report: Course/Program/Instructor
Outcomes Evaluation Report: Non-Course/Program Items
Student Learning Outcomes Assessment Report
Annual Committee Evaluation Report
Annual Program Evaluation Report
Program Resource Needs

REFERENCES:

ACCJC Accreditation Reference Handbook
ACCJC Guide to Evaluating Institutions
 California Code of Regulations: Title 16, Division 14, Article 3: Schools of Nursing, Section 1424 (b) (1)
County of Los Angeles Strategic Plan
LAC+USC Medical Center Strategic Plan
College Strategic Plan
College Mission, Vision, and Values
College Annual Goals
Institutional Effectiveness Program Review Plan Narrative
Institutional Effectiveness Program Review Plan
Student Learning Outcomes – College, General Education, Program, and Course
Request for Consideration of Program Needs

REVISION DATES:

1996
February 12, 2004
August 10, 2006
March 13, 2008
January 21, 2010
August 15, 2013

#730: Resource Request and Allocation

PURPOSE:

To establish the process for resource request and allocation

POLICY:

All stakeholders provide input into College resource needs. Resources are requested through multiple routes:

- Divisional Dean/Director: Faculty/staff request resources through the program/semester coordinators or committee chair
- Administrative Committee: Deans/Directors present divisional needs
- Planning Committee: Program resource needs identified from program review reports are compiled, reviewed, and prioritized during the planning, budgeting, and resource allocation cycle
- Board of Trustees: Planning Committee presents budget and capital projects/fixed asset requests

PROCEDURE:

Faculty and staff:
- Identify routine and emergent resource needs through:
    - Observation and assessment
    - Semester/course committee meetings
    - Employee and student survey findings
    - Student Learning Outcome Assessment reports
- Notify divisional Dean/Director of resource needs through established routes.

Semester/course coordinator/committee chair:
- Identifies resource needs through semester meetings and Student Learning Outcome (SLO) Assessment and Annual Committee Evaluation reports (ACERs)
- Presents urgent requests for resources to divisional dean/director/governing committee.

Dean/Director/designee:
- Orders routine and emergent resources through established routes. These are approved by designated divisional Deans/Directors and the Provost as indicated
- Obtains approval to order preview items for committee/individual evaluation
- Reports request status to Administrative Committee
- Incorporates resource needs into Annual Program Evaluation Report (APER) including requests for personnel, space, and equipment
- Presents budget/capital project requests to Administrative Committee.

Research Director:
- Compiles requested resources from survey findings and from ACER, APER, and SLO Assessment Reports using Program Resource Needs form

- Presents Program Resource Needs Report to Planning Committee annually
- Guides Planning Committee in the annual review and evaluation of the status of the preceding year's Program Resource Needs Report.

Provost:
- Reviews and approves divisional resource requests, such as On Line Requisitions (OLRs)
- Leads Planning Committee in annual:
  - Review of Program Resource Needs
  - Evaluation of the preceding year's Program Resource Needs Report
  - Establishment and approval of Budget and Capital Resource Requests
- Presents Budget Request and Expenditure/Revenue Report to the Board of Trustees (Board) annually on behalf of Planning Committee
- Evaluates effectiveness of the resource request process in the triennial College Report.

Administrative Committee:
- Monitors and tracks expenditures and purchase orders
- Assimilates and prioritizes needs and prepares the annual Budget Request for Planning Committee approval
- Plans resource allocation and makes recommendations to Planning Committee.

Planning Committee:
- Reviews annual Program Resource Needs and determines follow up actions
- Evaluates the status of the preceding year's Program Resource Needs and effectiveness of resource allocation
- Reviews and recommends approval of budget requests and resource allocation to meet strategic planning goals
- Forwards approved recommendations regarding resource requests to the Board if indicated.

Board of Trustees:
- Monitors the financial status of the College
- Reviews/approves the annual Expenditures and Revenue Report, Budget Request, and other funding proposals
- Makes recommendations/advocates for resources through Medical Center/Department of Health Services.

PROCEDURE DOCUMENTATION:

On Line Requisition
On Line Requisition Tracking Log
Program Resource Needs
Program Resource Needs Report
Annual Budget Requests
Budget Allocation and Expenditure Summary

Expenditure Management: Statement of Expenditures and Revenues Report

REFERENCES:

Department of Health Services Budget Request Process
College Policy #720: Services, Supplies, and Equipment: Ordering and Tracking
College Policy #722: Preview/Purchase of Instructional Media

REVISION DATES:

December 12, 2013

#800: Admission

<u>PURPOSE:</u>

To identify the School of Nursing (SON) admissions requirements and to standardize the student selection process

<u>POLICY:</u>

<u>Minimum Admission Requirements</u>

Los Angeles County Residency

- Resident of Los Angeles County for one year immediately prior to admission
- Residency requirement will be waived for veterans or their dependents.

Education

- U.S. high school graduate or equivalent
- Minimum overall grade point average (GPA) of 2.0 in college academic courses, from a U.S. accredited college or university
- Minimum grade of "C" in required prerequisite college courses (X = required course):

	Semester Units		Basic RN	LVN-RN Option I	LVN-RN Option II
	Theory	Lab			
Human Anatomy *	3	1	X	X	
Human Physiology *	3	1	X	X	X
Microbiology *	3	1	X	X	X
College English Composition	3		X	X	
Life Span Psychology (infancy through old age)	3		X	X	
Sociology	3			X	

* Science courses must be completed within 7 years prior to nursing program admission.
  Licensed Vocational Nurse (LVN) Option II – No recency requirement

Test for Essential Academic Skills version V (TEAS V)

Total score of 64.7% or above
   TEAS V may be repeated once to achieve the minimum required score.

LVN Option II: results are used for advisement only

Clearance

Final acceptance into the nursing program is contingent upon:
- Satisfactory health status, as validated by a physician. Forms will be provided

- Completion of all clearances: criminal background and health
- Evidence of a current Basic Life Support (BLS) card for Healthcare Providers issued by the American Heart Association (AHA).

Advanced Placement

LVN Option I – Career Mobility
- Individuals who successfully complete this option are:
  - Graduates of the School of Nursing
  - Awarded the Associate of Science degree in Nursing from the College
  - Eligible to apply to take the National Council Licensure Examination – Registered Nurse (NCLEX-RN).

LVN Option II – 30 Unit Option
Required by California Code of Regulations, Title 16, Division 14: Board of Registered Nursing (BRN)
- Individuals who successfully complete the nursing program are:
  - Not considered graduates of the School of Nursing
  - Not awarded an Associate degree from the College
  - Eligible to apply to take the NCLEX-RN for licensure in California.

LVNs are eligible to apply for Advanced Placement Options.
- Advanced placement LVNs enter the nursing program in the 3rd semester following successful completion of the Nursing Transition course (N125).

Admission Requirements: LVN Option I

Completion of minimum admission requirements
Graduate of an accredited vocational nursing program
Current, valid, California LVN license

Admission Requirements: LVN Option II (30 Unit Option)

Completion of minimum admission requirements
- No recency requirement for science courses
- TEAS V test results are used for advisement only
Current, valid, California LVN license
Third semester pharmacology course (N231) is NOT required

Other Applicants

Foreign graduate nurses are admitted, based on space availability, to nursing courses required to meet California educational requirements for the NCLEX-RN examination.

International students on F1 Visas are not eligible for acceptance.

<u>Student Selection</u>

Admissions/Promotions Committee reviews and approves the student selection process.

Students must satisfactorily complete all admission requirements to be eligible for selection.

A point system will be used to select qualified applicants.

Basic (generic, two-year) program and LVN Option I point system:
- Total Possible Points = 93
  - TEAS V   Total Possible Points = 20
    - ✓ 20 points   75% or above on first attempt
    - ✓ 15 points   64.7% or above on first attempt
    - ✓ 10 points   64.7% or above on second attempt
    - ✓ 0 points   Any further attempts

  - College Academic Courses   Total Possible Points = 70

	Points for Grade		
	A	B	C
Anatomy 1	15	10	5
Physiology 1	15	10	5
Microbiology 20	15	10	5
English 101	10	8	6
Psychology 41	3	2	1
Sociology 1	3	2	1
Speech 101	3	2	1
Humanities requirement	3	2	1
U.S. Political Science or U.S. History	3	2	1

  - Bonus Points   Total Possible Points = 5
    1 point each is awarded to applicants who:
    - ✓ Met all admissions requirements for the previous class but were not accepted
    - ✓ Are employed by the County of Los Angeles
    - ✓ Basic program applicants – 1 point for having been employed a minimum of 3 months in a health care facility or minimum of 100 hours of volunteer work (direct patient care) within the last five years
    - ✓ LVN Option I applicants – 1 point for having been employed a minimum of 6 months providing direct patient care.
    - ✓ Veterans or their dependents

LVN Option II point system:
- Total Possible Points = 32
  - College Academic Courses   Total Possible Points = 30

	Points for Grade		
	A	B	C
Physiology 1	15	10	5
Microbiology 20	15	10	5

  - Bonus Points   Total Possible Points = 3
    1 point each is awarded to applicants who:
    - ✓ Are employed by the County of Los Angeles
    - ✓ Have been employed a minimum of 6 months providing direct patient care.
    - ✓ Veterans or their dependents

Applications and Time Frames

Applications are accepted:
- July 1st – Sept 1st   Two year program   Spring entry
- Nov 15th – Feb 15th   Two year program   Fall entry
- Nov 15th – Feb 15th   LVN to RN advanced placement   Summer entry

Pre-enrollment information sessions are given by the Office of Educational Services (OES).

Official transcripts for high school and all college work must be mailed directly from the schools attended.

Applications and transcripts are the permanent property of the College and will not be released to the applicant or any other person or institution.

Applicants who fail to provide accurate information:
- May not be considered for admission
- May not be allowed to remain in the program if discrepancies are discovered after enrollment.

Deliberate falsification of information is basis for dismissal.

Admissions Notification

Notifications of program acceptance are mailed by:
- May 15th for the Fall semester entry – two year program
- December 1st for the Spring semester – two year program
- April 30th for Summer entry – LVN to RN advanced placement

PROCEDURE:

Admission

Incomplete applications will not be reviewed and applicants will have to reapply.

Applicant:
- Requests transcripts to be mailed directly to the OES. The following must be received by application deadline:
  - Official transcript from each college attended
  - Official U.S. high school transcript with graduation date or equivalent documentation
    - ✓ Contact OES for options that meet the equivalent
    - ✓ Applicants who have an associates or bachelors degree from an accredited U.S. educational institution do not have to submit a high school transcript
  - Official transcript from vocational nursing program

- Completes.
  - All prerequisite science courses by the application deadline
  - All other prerequisite courses by the time of admission
  - Pre-entrance test: TEAS V by designated dates
    - ✓ Applicants who completed the TEAS V at another location must request ATI to send test results directly to the OES

- Submits the following by the application deadline:
  - Official application via US mail, with non refundable fee of $5.00
  - Copy of applicant's current schedule of classes
  - Supervisor verification of LA County/health/acute care facility employment/volunteer work on official letterhead stationary to be eligible for bonus points. No copies will be accepted or considered

- Communicates with OES to verify that all admissions requirements have been met by published application deadlines.

Designated OES staff:
- Creates individual applicant file
- Notifies applicants if proof of residency is required
- Confirms that all transcripts and bonus point verifications have been received
- Evaluates transcripts to ensure submitted course work meets prerequisite criteria
- Mails TEAS V registration information to applicants when all application components received
- Files TEAS V scores/reports as received
- Enters applicant points on Point System Scoring Sheet and calculates total points earned in collaboration with Admissions/Promotions Committee

- Creates ranked list of all eligible applicants using point system in collaboration with Admissions/Promotions Committee
- Provides Admissions/Promotions Committee Chair and Research Director with entire candidate list and application spread sheets.

Admissions/Promotions Committee:
- Reviews applicant files and calculates total points earned
- Enters applicant points on Point System Scoring Sheet
- Creates ranked list of all eligible applicants using point system
- Establishes cut off score in collaboration with Deans Administrative & Student Services and School of Nursing
- Fills available slots according to ranked list until slots filled.

Acceptance

Designated OES staff:
- Notifies applicants of acceptance status and deadline for returning Acceptance Postcard
- Sends preregistration session dates to accepted applicants.

Accepted applicant:
- Returns Acceptance Postcard indicating intent to enroll
- Attends preregistration session
- Submits the following to OES:
  - Completed health forms from LAC + USC Medical Center employee health services
  - Current AHA BLS card for Healthcare Providers.

PROCEDURE DOCUMENTATION:

Application
Point System Scoring Sheet
Applicant Point Breakdown Database
Acceptance Postcard

REFERENCES:

California Code of Regulations, Title 16, Division 14: Board of Registered Nursing
SON Policy #710: Nursing Course Exemptions/Challenges
College Catalog
School of Nursing Handbook

REVISION DATES:
March 8, 2012
February 12, 2015
May 14, 2015

Addendum D

2015 COLLEGE INSTITUTIONAL EFFECTIVENESS PROGRAM REVIEW PLAN

COLLEGE INSTITUTIONAL EFFECTIVENESS PROGRAM REVIEW PLAN

ITEM MEASURED	STANDARD	MONITORING TOOL	TRACKING SOURCE/PERSON	EXPECTATION (THRESHOLD)	ACCOUNTABLE PERSON/COMMITTEE	FREQUENCY OF REVIEW	
						College Committee	IE Committee
I. COLLEGE							
A. Employee Performance	Department of Health Services WASC Std lll.A	Employee Performance Evaluation Tracking log	Administrative Support	100% of employee PEs completed on time	College Operations Provost	Monthly	Annual
B. Employee Competency	Network Joint Commission BRN Std 1422,1424,1425 WASC Std lll.A	Employee Mandatory Requirements Data Base Employee File	OES Manager	100% of mandatory job requirements completed	Admin Dean College Operations	Annual	Annual
C. Employee Satisfaction	Institutional Values WASC Std I. A	Employee Satisfaction survey	Research Director Administrative Support	≥ 3.5 on each item (Scale 5-1)	Provost College Planning	Biennial	Biennial (Send out May 2016 for AY 2015-2016)
D. Employee Turnover Rate	BRN Std 1422,1424(d),1425 1427(4) WASC Std lll.A	Off service Employees/Cont. Service Employees record	OES Manager	10% or less/year	Provost College Planning	Annual	Annual
E. Employee Exit Interview	WASC Std lll.A	Exit Interview form	Research Director	≥ 3.5 on each item (Scale 5-1)	Provost College Planning	Annual	Annual
F. Articulation Agreements with colleges	WASC Std I.B BRN Std 1427I	Articulation Agreement file	Admin Dean	Attain/Maintain 3 agreements/year	Admin Dean College Planning	Annual	Annual

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G. Program Enrollment	WASC Std I. A	Student Roster	Admin Dean OES Office Manager	New Enrollment capacity: LVN-RN 90% 2yr basic 95%	Divisional Deans Provost College Planning	Annual	Annual
H. Institutional Student Learning Outcome	WASC Std II.	Annual Program Review Tracking Log	Provost Deans/Directors	100% completed	Provost	Triennial	Triennial
I. Integration of Mission Statement	WASC Std I.A	Annual Program Review Tracking Log	Provost Deans/Directors	Full integration into all divisions of the College	Provost	Triennial	Triennial
J. Strategic Plan	WASC Std I,II, III, IV	Annual Program Review Tracking Log	Research Director Deans/Directors	80% Meet Outcomes by due dates	College Planning Provost	Annual	Annual
K. Affiliate Schools	LAC+USC Expectation	Nursing Clinical Affiliation Rotations	Clinical Coordinator Affiliations	Number and types of programs (For tracking purposes only)	Clinical Affiliations Coordinator	Annual	Annual
L. Drug Free Campus Environment	US Department of ED Federal Regulations	Clery Act compliance checklist	Admin Dean Director Operations	100% compliance with required elements	Admin Dean Director Operations	Biennially	Biennially
M. Budget/Resource Allocation	SP.IV.A; V.B.1; I.D.5 DHS Initiative # 3	Budget Request Request for Program needs College Reports	Admin Committee	Allocation of >70% of resources requested	Provost College Planning	Annually	NA
N. Board of Trustee Efficacy	WASC Std IV SP.V.A & B	BOT Self-Appraisal Record & Summary	Research Director	$\geq$ 3.0 on each item (Scale 1-4)	Provost	Triennial (Survey to send out August 2018)	NA

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O. Governance Structure and Process	WASC STD 1,IV	Planning meeting Agenda/Minutes Governance and Decision-Making Evaluation Tool	Planning Committee Chair	Participation by all committees Implementation of approved changes	Provost	Annual	Annual
II. SCHOOL OF NURSING							
A. Annual Program Evaluation Reports	BRN Sect 1424 (b)(1) WASC Std I,II, III, IV	Committee Evaluation Reports	Semester Coordinators	100% of required elements are evaluated	SON Dean Faculty Organization	Annual	Annual
B. Nursing Courses Pass Rate	WASC Std IIA	Course Grade Sheets Student status log	Research Director	Semester I: 85% Semester II: 90% Semester III: 90% Semester IV: 95% N125: 85%	Course Committees Semester Coordinators	Biannual	Annual
C. NCLEX-RN Pass Rate	BRN Sect 1424 (b)(1) WASC Std IIA	BRN Education Program Summary Report. NCLEX Tracking log	SON Assistant Dean Provost	85% - 1ST attempt	SON Dean Semester Coordinators	Biannual	Biannual
D. Student On-time Completion Rate	BRN Survey WASC Std IIA	Original Cohort Tracking	Dean Admin OES Manager	80% complete for: Basic-within 2 yrs Basic WF- 2.5 yrs LVN Sum/Fall entry-1 yr LVN Sum/Spring Entry– 1.5 years.	SON Dean Semester Coordinators Ad & Prom	Biannual	Biannual
E. Student Attrition Rate/Class	BRN Sect 1424 (b)(1) WASC Std IIA	Original Cohort Tracking	Dean Admin Research Director	15%	SON Dean Semester Coordinators Ad & Prom	Biannual	Biannual

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F. Attrition Reason 1. Academic Failure 2. Professional Misconduct 3. Career Change 4. Personal (Illness, Family) 5. Financial 6. Clinical	BRN Sect 1424 (b)(1) WASC Std II	Exit Interview Student File Front Sheet	Office Manager Research Director	1. <10% 2. *<5%* 3. *<5%* 4. *<5%* 5. *<5%* 6. *<10%*	SON Dean Semester Coordinators Ad & Prom	Biannual	Annual
G. Point System effectiveness	WASC Std IB	Original Cohort Tracking Applicant point breakdown Spreadsheet	Office Manager Dean Admin.	Correlation with program Completion and NCLEX pass rate	Admin Dean SON Dean Ad & Prom	Annual	Annual
H. DHS Student/ Graduate Hiring Rate	CONAH Strategic Plan WASC Std IA	LAC Employment Rates for Students and Graduates	Provost	50%	Provost NRRC College Planning	Biannual	Biannual
I. Employer Satisfaction Score	BRN Sect 1424 (b)(1) WASC Std IA	Employer Survey	Research Director	> 3.0(5-1 scale)	SON Dean Semester Coordinators	Annual	Annual
J. Graduate Professional Education	WASC Std IB	Graduate survey	Research Director	30% of graduates	SON Dean	Annual	Annual
K. Course Evaluations	BRN Sect 1458 (a) WASC Std IIA	Outcomes Evaluation Report: Course /Programs	Course Committee Chair(s) Semester Coordinators	> 3.5 on each item (Scale 5-1)	SON Dean Semester Coordinators	Biannual	Annual
L. Instructor Evaluations	BRN Sect 1458 (a) WASC Std IIA	Outcomes Evaluation Report: Course /Programs	Semester Coordinators	> 3.5 on each item (Scale 5-1)	SON Dean Semester Coordinators	Biannual	Annual

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M. Program Evaluation	BRN Sect 1458 (a) WASC Std II	Program Evaluation Survey	OES Research Director	>3.5 on rated items (5-1 scale), >1.5 (1-2 Scale), >80% positive responses on non rated items	SON Dean Provost Faculty Org	Biannual	Annual
N. Clinical Exit Interview Tracking	BRN Sect.1427 I WASC Std IIA	Clinical Exit minutes, Clinical Affiliation Evaluation Tool	Semester Coordinators	100% completed summary	SON Dean Semester Coordinators Clinical Practice	Biannual	Annual
O. Ward/Unit Evaluation Student	BRN Sect.1427 I BRN Sect 1458 (a) WASC Std IIA	Ward/Unit Evaluation Student Survey	Semester Coordinators Administrative Support	≥ 3.5 on each item (Scale 5-1)	SON Dean Semester Coordinators Clinical Practice	Biannual	Annual
P. SON Petitions, Grievances, Written Student Complaints	BRN Sect 1424 (k) & 1427 (b) WASC Std IB	Grievance Summary	Research Director	<5% of student body	SON Dean Semester Coordinators Faculty Organization	Annual	Annual
Q. SON Graduate Survey/Evaluations	BRN Sect 1426 (b) WASC Std IB	Graduate follow-up survey	Research Director	≥30% response rate >3.5 (5-1 scale) on Program Effectiveness	SON Dean Semester Coordinators	Annual	Annual
R. Program Student Learning Outcome	WASC Std I, II, II, IV BRN Sect 1427(b)	SLO Assessment Form	Research Director	100% completed	SON Dean	Annual	Annual
S. Course Student Learning Outcome	WASC Std I, II, III, IV	SLO Assessment Form	Research Director	100% completed	SON Dean Semester Coordinators	Biannual	Annual
T. Student Exit Interview	WASC Std II	Exit Interview Form / Survey	Research Director Admin Dean	For tracking purposes only	SON Dean Admin Dean	Annual	Annual

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						College Committee	IE Committee
III. EDUCATION AND CONSULTING SERVICES							
A. Employer Satisfaction Score	College Vision WASC I	Phase1 & Post DEM Program follow-up Survey	Program Coordinators	>3.0 (5-1 scale)	EDCOS Dean Program Coordinators	4 months post program	Annual
B. Class/Program Documentation Completion Rate	BRN Sect 1458 (b) WASC Std I, II	Program Log	OES Manager	100% within 30 days of class/program completion	EDCOS Dean Program Coordinators	Two times Annually	Annual
C. Lesson Plan/Course Review	EDCOS Standard WASC Std II.A	Program SLO	Class/Program Coordinator	95% reviewed every three years	EDCOS Dean Program Coordinators	Annual	Triennial
D. Home Study Review	EDCOS Standard WASC Std II.A.C	Course SLO	ERC Director	95% reviewed every 3 years	ERC Director Program Coordinators	Every 3 years	Annual
E. Course Pass Rate	EDCOS Standard WASC Std II.A	Course SLO	Class/Program Coordinator	80% of class passes on 1st attempt	EDCOS Dean Program Coordinators	Annual	Annual
F. Instructor Evaluations Score	BRN CEP Instructions WASC Std II.A	Course SLO Course Evaluation Survey	Class/Program Coordinator	≥ 3.5 on each item (Scale 5-1)	EDCOS Dean Program Coordinators	Quarterly	Annual
G. Course Evaluations Score	BRN CEP WASC Std IIA	Student Evaluation Form	Class/Program Coordinator	≥ 3.5 on each item (Scale 5-1)	EDCOS Dean Program Coordinators	Quarterly	Annual
H. Program Student Learning Outcome	WASC I, II, III, IV	SLO Assessment Form	Research Director	100% completed Identify areas for improvement. Develop improvement plan (as applicable)	EDCOS Dean	Annual	Annual
I. Course Student Learning Outcome	WASC Std I, II, III, IV	SLO Assessment Form	Research Director	100% completed	EDCOS Dean Program Coordinators	Annual	Annual

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						College Committee	IE Committee
J. Annual Program Evaluation Reports	BRN Sect 1424 (b)(1) WASC Std 1,II, III, IV	Program Evaluation Reports	Program Coordinators	100% of required elements are evaluated	EDCOS Dean Program Coordinators	Annual	Annual
IV. ALLIED HEALTH							
A. Employer Satisfaction Score	WASC Std I	Graduate follow up survey- Employers	Program Coordinators	≥3.5 (5-1 scale)	AH Dean Program Coordinators	4 months post program	Annual
B. Class/Program Documentation Completion Rate	WASC Std I, II	Program Log	CES Manager	100% within 30 days of class/program completion	AH Dean Program Coordinators	Biannual	Annual
C. Lesson Plan/Course Review	Allied Health Standard (To be developed) WASC Std II.A	Course SLO (To be developed)	Class/Program Coordinator	95% reviewed every triennial	AH Dean Program Coordinators	Annual	Annual
D. Course Pass Rate	Allied Health Standard To be developed WASC Std IIA	Course SLO (To be developed)	Class/Program Coordinator	90% of class passes on 1st attempt	AH Dean Program Coordinators	Annual	Annual
E. Class/Instructor Evaluations Score	Allied Health Standard (To be developed) WASC Std II.A	Course SLO (To be developed)	Class/Program Coordinator	≥ 3.5 on each item (Scale 5-1)	AH Dean Program Coordinator	Quarterly	Annual

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						College Committee	IE Committee
F. Annual Program Evaluation Reports	WASC Std I,II, III, IV	Program Evaluation Reports	Class/Program Coordinator	100% of required elements are evaluated	AH Dean Program Coordinators	Annual	Annual
V. OFFICE OF EDUCATIONAL SERVICES							
A. On Time SON Student Registration Completion Rate	College Policy #802: Enrollment & Progression WASC Std II.B	Student Roster Registration Checklist	Student Clerk	New students:100% by Week 2 Returning Students: 100% by end of 1st week	Admin Dean OES Manager	Biannual	Biannual
B. SON New Student Academic File Creation Rate	OES Policy WASC Std II.B	File Creation Roster	Student Clerk	100% completion by end of 2nd week of semester	Admin Dean OES Manager	Biannual	Annual
C. EDCOS/AH Class/Program File Completion Rate	BRN CEP Instructions WASC Std II.B	Class Program Completion Log	OES Designee	100% file completion by 3 months post program	Admin Dean OES Manager	Quarterly	Annual
D. SON Applicant Test Results	Application file creation procedure WASC Std II.B	Test of Essential Academic Skills Tracking Log	Admissions Clerk	100% filed within 1 week of receipt	Admin Dean OES Manager	Biannual	Annual
E. EDCOS Certificate Distribution Rate	BRN Sect 1458 (b) WASC Std II.B	Class/ Program Log	OES Designee	100% within 90 days	Admin Dean OES Manager	Monthly	Annual
F. SON Student Corequisite Completion Rate	Curriculum Plan WASC Std II.A.B	Curriculum Plan Form	OES Designee Student Clerk	100% completion at time of registration for each semester enrollment	Admin Dean OES Manager	Biannual	Annual

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G. SON Graduate Documentation for BRN 1. Candidate Rosters	BRN Requirement WASC Std II.B	BRN Graduate Candidate Roster. (Summary)	Student Clerk	100% of eligible individual candidate rosters mailed as per BRN guideline (No sooner than 4 weeks prior to graduation or completion of nursing requirements)	Admin Dean OES Manager	Biannual	Annual
2. Final Transcript	BRN Requirement WASC Std II.B	BRN Checklist	Student Clerk	100% of eligible student transcripts mailed 30 days post graduation	Admin Dean OES Manager	Biannual	Annual
H. SON Student Demographics Tracking	BRN Survey WASC Std I	Enrollment Information Log	Admissions Clerk	Reflects demographics of LA county. Ethnic Minorities within 90%	Admin Dean OES Manager Ad & Prom	Biannual	Annual
I. Curriculum Plan Completion	SON Policy #230: Curriculum Plan Agreement WASC Std II.A.B	Curriculum Plan New Student Requirement checklist	Admin Dean	100% signed by student by 9th week of 1st semester	Admin Dean OES Manager Ad & Prom	Biannual	Annual
J. Program Student Learning Outcome	WASC Std I, II, III, IV	Annual Program Evaluation Report Tracking Log	Research Director	100% completed	Admin Dean	Annual	Annual
K. Annual Program Evaluation Report	BRN Sect 1424 (b)(1) WASC Std I,II, III, IV	Annual Program Evaluation Report Tracking Log	Admin Dean OES Manager	100% of required elements are evaluated	Admin Dean OES Manager	Annual	Annual
VI. EDUCATIONAL RESOURCE CENTER							
A. Skills Lab Use	BRN Sect. 1424 (d) WASC Std II.B.C	Nursing Skills Lab sign in sheet & Appointment Book	Skills Lab Coordinator	≥800 sign-ins/year	Skills Lab Coordinator ERC Director	Biannual	Annual

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						College Committee	IE Committee
B. Skills Lab Satisfaction Score	BRN Sect. 1424 (d) WASC Std II.B.C	Program Evaluation Survey	ERC Director	>3.5 on each item (Scale 5-1)	ERC Director	Biannual	Annual
C. Computer Lab Use	BRN Sect. 1424 (d) WASC Std II.B.C	Computer lab sign in sheet	ERC Director	>800 sign-ins/year	ERC Director	Biannual	Annual
D. Computer Lab Satisfaction Score	BRN Sect. 1424 (d) WASC Std II.B.C	Program Evaluation Survey	ERC Director	> 3.5 on each item (Scale 5-1)	ERC Director	Biannual	Annual
E. Library Use	BRN Sect. 1424 (d) WASC Std II.B.C	ERC sign in Sheet	ERC Director Library Assistant	>3,500 sign-ins/year	ERC Director	Biannual	Annual
F. Library Satisfaction Score	BRN Sect. 1424 (d) WASC Std II.B.C	Program Evaluation Survey	ERC Director Library Assistant	> 3.5 on each item (Scale 5-1)	ERC Director	Biannual	Annual
G. Home Study Use Rate	BRN Sect. 1424 (d) WASC Std II.C	Rosters	ERC Director	NA	ERC Director	Every 3 years	Every 3 years
H. Program Student Learning Outcome	WASC Std I, II, III, IV	SLO Assessment Form	ERC Director	100% completed	ERC Director	Annual	Annual
I. Annual Program Evaluation Report	BRN Sect 1424 (b)(1) WASC Std I,II, III, IV	Program Evaluation Reports	ERC Director	100% of required elements are evaluated	ERC Director	Annual	Annual
VII. FINANCIAL AID							
A. Loan Default Rate	Fed. Reg. Title IV Participation. Contract Agreement WASC Std II.B	Depart. Of Education Report letter	FA Coordinator	< 10% Cohort Default Rate	FA Administrator	Annual	Annual

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						College Committee	IE Committee
B. Student Satisfaction	WASC Std II.B	Program Evaluation Survey	FA Coordinator	>3.5 on rated items(5-1 scale), >1.5 (1-2 Scale), >80% positive responses on non rated items	FA Administrator	Biannual	Annual
C. Program Student Learning Outcome	WASC Std I, II, III, IV	Annual Program Evaluation Report Tracking Log	FA Administrator	100% completed	FA Administrator	Annual	Annual
D. Annual Program Evaluation Report	BRN Sect 1424 (b)(1) WASC Std I,II, III, IV	Annual Program Evaluation Report Tracking Log	FA Coordinator FA Administrator	100% of required elements are evaluated	FA Administrator	Annual	Annual
VIII. RESEARCH DEPARTMENT							
A. College Program report completion	WASC Std I, II, III, IV	Program Report Tracking logs	Research Director	Submission by all divisions	Research Director	Annual	Annual
B. Resource Needs	WASC Std III SP.I;II.B.2; IV	Program Resource Needs	Research Director	Compiled and presented annually	Research Director	Annual	N/A
C. SON Student Research Activities	WASC Std I, II SP.V.5	Intranet section on Research Activities	Research Director	Studies within 1-2 years of enrollment.	Research Director	Annual	Annual
D. Technology Plan	WASC Std III SP.I.A.6	Five-Year IT Action Plan Timeline	College Information Officer	Annual update	Research Director	Annual	Annual

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E. Current Technology Resources	WASC Std II, III SP.I.A.3,4, BRN DHS	Hardware and Software Technology Maintenance / Replacement Plan Survey Findings	College Information Officer	≥3.5 on rated items(1-5 scale),	Research Director	Annual	Annual
F. User Satisfaction with Technology	WASC Std I, II, III SP.I.A.3,4	Employee survey Program Evaluation survey BACCP Survey	Research Director	≥3.5 on rated items(5-1 scale)	Research Director	Annual	Annual
G. Currency of Websites	WASC Std I, III SP.V.	Website Document Tracking Log	College Information Officer	85% updated	Research Director	Quarterly	Annual
H. Technology Training Needs	WASC Std II, III BRN DHS	Technology Training Log Employee Survey	Research Director	≥3.5 on rated items(5-1 scale),	Research Director	Annual	Annual

REVISIONS TO THE PROGRAM REVIEW PLAN

DATE	ITEM	CURRENT / SUGGESTED REVISION	REQUESTED BY	APPROVAL Y/N	DATE CORRECTED
4/3/08	III E	90% threshold too high due to class size/ change threshold to 80%	T. Blass	Y	4/3/08
4/9/08	III D	Home study course is monitored by ERC/ Delete item from the grid	T. Blass	Y	4/9/08
4/9/08	III A	Threshold 3.5, competent on evaluation is 3.0/change threshold to 3.0	T. Blass	Y	4/9/08
4/9/08	III B	Item already monitored by EOS/Delete from form	T. Blass	Y	4/9/08
4/9/08	III G	Survey on a Likert scale, threshold of sat/ change to 3.5 to match scale	T. Blass	Y	4/9/08
9/2/08	I.G	Program enrollment threshold # of students to fit our capacity/ change to 90% of capacity for LVN- RN and 95% for Basic students.	Z. Reyes& M. Caballero	Y	9/2/08
6/4/09	I.B	Include College Ops under accountable persons. Delete OES Manager	I E Committee	Y	8/6/09
6/4/09	I.C	Add Employee to monitoring tool. Delete Faculty	I E Committee	Y	8/6/09

Los Angeles County College of Nursing & Allied Health
Midterm Report – March 15, 2016

DATE	ITEM	CURRENT / SUGGESTED REVISION	REQUESTED BY	APPROVAL Y/N	DATE CORRECTED
6/4/09	I.D	Add OES Manager to tracking source	I E Committee	Y	8/6/09
6/4/09	I.F	Under item measures add "with colleges after articulation agreement. Add Admin Dean under accountable person and remove provost	I E Committee	Y	8/6/09
6/4/09	I.G	Include the word enrollment after capacity under expectation	I E Committee	Y	8/6/09
6/4/09	I.H & I.I	Change IE committee frequency of review to every 2 years	I E Committee	Y	8/6/09
6/4/09	I.J	Under expectation, add 80% to meet outcomes by due dates	I E Committee	Y	8/6/09
6/4/09	II.E	Under tracking source, include Research Director	I E Committee	Y	8/6/09
6/4/09	II.F	Under tracking source include Office manager and Research Director. Change threshold #2 from NA to 0, #3&4 from NA to 5%, #5 from 0 to 5%	I E Committee	Y	8/6/09
6/4/09	II.G	Under item measured delete student & per class replace with Review of Admission criteria. Under tracking source, add Office manager and SON Dean. Change frequency from fall 2008 to annual	I E Committee	Y	8/6/09
6/4/09	II.I	Remove network & community from item measured & nurse manager from monitoring tool. Change threshold from 4.0 to 3.5	I E Committee	Y	8/6/09
6/4/09	II.J	Remove 4-yr institutions from item measured. Changed frequency from ongoing to every triennial. Replace increasing # of graduate response with 30%	I E Committee	Y	8/6/09
6/4/09	II.K & L	Delete score from item measured. Change IE report frequency from annual to X2/yr	I E Committee	Y	8/6/09
6/4/09	II.M	Remove score (4th Semester) from item measured.	I E Committee	Y	8/6/09
6/4/09	II. N & O	Include Clinical Practice to accountable persons.	I E Committee	Y	8/6/09
9/3/09	I.K	(New) Affiliate school item added to college	College Planning	y	9/3/09
9/3/09	I.L	(New) Drug Free Campus Compliance item added to college	College Planning	y	9/3/09
9/3/09	III.G	Remove clinical under monitoring tool and replace with student	I E Committee	y	9/3/09
9/3/09	V.C	Remove learning net, replace with Class/Program completion log under monitoring tool	I E Committee	y	9/3/09
9/3/09	V. D	Replace student with applicant under monitoring tool	I E Committee	y	9/3/09
9/3/09	V.H	Under monitoring tool change CAM to CAMS and add student information systems	I E Committee	y	9/3/09
11/5/09	I.A	Change 95% under Threshold to 100%	I E Committee	y	9/3/09
11/5/09	I.H &I.I	Change annual under frequency of review to every triennial	I E Committee	y	12/23/09
11/5/09	II.S, II.B & II.C	Change every semester under frequency of review to 2X /yr	I E Committee	y	12/23/09
11/5/09	V.G	G.1-Include "submit" after student under threshold G.2-Include Eligible after 100% under threshold	I E Committee	y	12/23/09
11/5/09	V.H	Under monitoring tools replace cams with new student & continuing student roster Under threshold, delete 100% info. Entered within 30 days of enrollment. Replace with "Reflects demographics of LA county.	I E Committee	y	12/23/09
11/5/09	VI.G	Delete item	I E Committee	y	12/23/09
11/5/09	VII.A	Under threshold add Cohort default rate	I E Committee	y	12/23/09
11/5/09	VII.B	Under frequency delete annual, replace with 2X/yr. Under threshold, delete >80%. Insert ">3.5 on rated items (5-1 scale), >1.5 (1-2 Scale) and ≥80% positive responses on none rated items.	I E Committee	y	12/23/09

DATE	ITEM	CURRENT / SUGGESTED REVISION	REQUESTED BY	APPROVAL Y/N	DATE CORRECTED
1/7/10	II.O	Delete item. Evaluation method changed, now included in ll.N	I E Committee	y	12/23/09
1/7/10	II.N	Change monitoring tools from Clinical Exit interview file to Clinical exit minutes, Clinical Affiliation Evaluation Tool.	Clinical Practice	Y	1/20/10
1/7/10	VII.C	Change FA Coordinator to FA Administrator under tracking person	FAA	Y	1/20/10
1/7/10	VII.D	Change FA Coordinator to FA Administrator under Accountable person and include under tracking source	FAA	Y	1/20/10
10/18/10	Whole document	Committee general revisions to all sections approved at 10/7/10 meeting were effected.	I E Committee	Y	10/18/10
11/4/10	II.D	Committee revisions under tracking delete RD include Dean Admin. Under threshold include Basic-within 2 yrs, Basic WF- 2.5 yrs, LVN Sum/Fall entry-1 yr LVN Sum/Spring Entry–1.5 years. Under IE frequency change to 2X /year	I E Committee	Y	11/8/10
11/4/10	II.E	Under IE frequency change to 2X /year	I E Committee	Y	11/8/10
		Multiple changes to all sections	I E Committee	Y	12/28/2011
12/5/12	Whole document	Committee general revisions to all sections approved at various meetings through 2012.	I E Committee	Y	12/5/12
6/6/13	I.C	Under IE frequency of review change to every 2 years	I E Committee	Y	12/5/13
12/5/13	II.B	N125 Pass Rate to 85% and change frequency of review to annually	I E Committee	Y	12/5/13
12/5/13	II. Q.	Add Program Effectiveness on the expectation of the rated scale	I E Committee	Y	12/5/13
12/5/13	I.C.	Change frequency of survey from annually to biennial	N. Miller	Y	12/5/13
12/5/13	I.M.N.	Additions of items to College section	I E Committee	Y	12/5/13
12/5/13	VIII. A-H	Addition of Research Department	I E Committee	Y	12/5/13
2/6/14	V. D.	Delete item	I E Committee	Y	2/18/14
3/4/14	I.C.	Change College Committee Review to Biennial	Admin Committee	Y	3/4/14
3/13/14	I.O	Add Governance Structure and Process	Planning Committee	Y	3/13/14
11/6/14	V. G.	Change expectation to comply with BRN guideline	I E Committee	Y	11/6/14
12/4/14	II. I.	Change Employer Satisfaction Threshold to >3.0	I E Committee	Y	12/4/14
12/4/14	II. T.	Under threshold indicate "For tracking purposes only"	I E Committee	Y	12/4/14
3/5/15	I.B.	Add Employee File to Monitoring Tool and change Threshold to: "100% of mandatory job requirements completed"	IE Committee	Y	3/9/15
3/5/15	V. B.	Delete item	IE Committee	Y	3/9/15
9/3/15	II.F.	Add Clinical to the attrition reason	IE Committee	Y	9/3/15

IEComm:mi 2/27/08
Rev. 08, 09, 10, 11, 12

Addendum E

GOVERNANCE AND DECISION MAKING EVALUATION TOOL

College Planning Committee
Governance and Decision-Making Evaluation

Committee: _____   Chair: _____

The Planning Committee requests your attendance at the meeting scheduled for Date:
to participate in a collaborative evaluation of the College governance structure and decision-making processes. Your committee is an essential component of governance and decision-making and Planning Committee would like your input.
Please lead discussion of the following topics with your committee members and bring a brief written summary of the responses to the meeting.

1. **Functions**: Clarity of committee purpose and functions.

   Purpose:

   Functions:

2. **Redundancy**: Overlap of functions with other committees

3. **Communication/information flow**: Efficiency of information flow between your committee and your governing/reporting committee and with other College/divisional committees

4. **Resources**: Committee processes for identifying, requesting, and allocating resources

5. **Decision-making process**: Membership participation. Factors that facilitated and/or inhibited decision making. Recommended changes for improvement

6. **Role in governance**: Effectiveness of your committee's role in planning and decision making. Effectiveness of overall College committee structure and decision making process

7. **Structure and Process**:

   What do you like?

   What don't you like?

8. **Recommendations**: Suggestions for changes to governance structure, planning, and decision-making processes and to this questionnaire

Addendum F

COLLEGE PLANNING MINUTES

March 13, 2014
October 8, 2015

COLLEGE PLANNING MEETING MINUTES – MARCH 13, 2014

PRESENT	Members Present: Nancy Miller, Chairperson, Recorder Jeffrey Anderson Tammy Blass Maria Caballero Barbara Collier Doris DeHart Mimie Honda	Visna Kieng Joan Kohl Ruth McFee Leonece Myers Maria Sanchez Jutara Srivali-Teal Lorraine Vigil	Guests: Vivian Branchick Grace Escudero Sarah Granger Tricia Imanaka Gong Kim Magsayo Leslie Martinez Beverly McLawyer Roslyn Nott Judi Sherman	Excused/Absent: Peggy Nazarey

Topic	Discussion/Conclusions/Recommendations	Actions	Follow-Up
CALL TO ORDER	1:00 p.m.		
APPROVAL OF MINUTES	1. Minutes of February 13, 2014	1. Correct and post on Team Services	1. N. Miller
MINUTES FOLLOW-UP	1. College Organizational Chart – distributed and posted on Team Services 2. Interim Provost – notification that B. Collier will serve as interim Provost was forwarded to the Board of Trustees, faculty, staff, and students, and the Medical Center Senior and Nursing Executive Committees 3. College Committee Membership – revised copy distributed to members and will be posted on the updated Team Services. 4. 2013 Evaluation of the 2010-2015 Strategic Plan – all information received. Report approved by the Board of Trustees, distributed to faculty and staff, and posted on Team Services 5. Parking – hang tag information received and distributed to faculty and staff. Students will continue to park in Lot 10.	1. Information 2. Information 3. Information 4. Information 5. Information	1. None 2. None 3. None 4. None 5. None
ANNOUNCEMENTS	1. ACCJC Follow Up Report – four hard copies, two CDs, and a flash drive containing the MS Word version and appendices were mailed to the accrediting Commission last week. In addition, the report is available for the Commission to download from dropbox through the end of the month. The Commission will review the report and vote on approval at its June meeting. The Action Letter should be received by mid-July.	1. Information	1. None
POLICY/PROCEDURE/ PROCESS APPROVAL	Governance and Decision-Making Evaluation – N. Miller welcomed everyone and reviewed the purpose of the meeting: "to participate in collaborative evaluation of the College governance structure and decision making processes". N. Miller distributed the following as references: • Roster of participants and the committees they represent • College Organizational Chart • College and School of Nursing (SON) Committee organizational charts • College Governing and Standing Committee Bylaws		

Topic	Discussion/Conclusions/Recommendations	Actions	Follow-Up

	• SON Committee Bylaws
	• Education and Consulting Services (EDCOS), Administrative and Student Services, and Associated Student Body (ASB) Bylaws
	
	1. Background: ACCJC:WASC accreditation follow up recommendations related to the governance structure and decision-making process:
	  a. Recommendation #1: *"To increase effectiveness, the team recommends that the College document its planning, governance, and decision-making processes to provide improved clarity about its structure, function, and linkages; and produce written policies to delineate the roles of faculty, staff, administrators, and students participating in the decision-making process (Standards I.B.3, I.B.4, I.B.6, IV.A.2, IV.A.3)."*
	    1) The Committee Organizational Charts outline the committee structure and the major communication routes for planning, governance, and decision-making. The Administrative Committee reviewed the existing structure and processes and recommended restructuring to simplify and clarify the decision-making process and communication flow. These were approved by Planning Committee and the Board of Trustees.
	    2) The Administrative Committee was identified as the steering committee for integrating committee communications to and from Planning Committee. The Operations Committee was eliminated and its functions were incorporated into those of the Administrative Committee. The College standing and divisional governing committee reporting line to Administrative Committee was clarified. The SON semester, course, and Curriculum Committee reporting relationships were also simplified. The SON ASB was formally added to the committee organizational chart.
	    3) The College governing committees are the Board of Trustees and the Planning and Administrative Committees. The SON Faculty Organization and EDCOS Shared Governance Committees govern the instructional divisions. The Administrative and Student Services Committee governs the College Support Services. All divisional faculty and staff are voting members of their respective governing committees.
	    4) The College standing committees are the Institutional Effectiveness (IE), Credentials, and Faculty Development Committees. The EDCOS standing committee is the Critical Care/Specialty Services Council, which functions as the divisional curriculum committee. The SON Faculty Organization has two standing committees: Admissions/ Promotions and Curriculum. These provide recommendations directly to Faculty Organization for discussion and approval vote.
	    5) The SON committee structure also includes the Nursing Theory and Clinical Practice course committees and the four semester committees. The course committees report directly to the Curriculum Committee and make recommendations to the Faculty Organization through the Curriculum Committee. The semester committees make recommendations to Nursing Theory Committee for theory course issues and to Clinical Practice Committee for clinical course concerns.
		1. Information	1. None

Topic	Discussion/Conclusions/Recommendations	Actions	Follow-Up
	6) SON students participate in governance through the ASB and elect ASB and class officers. The ASB collaborates with College and SON committees regarding student issues affecting their educational experience. Faculty representatives serve as liaisons to the ASB. 7) As a component of updating the organizational structure, the governing and standing committees and the ASB reviewed and updated all committee bylaws. The committees revised and refined their purpose and functions to clearly and concisely specify their unique roles and responsibilities and their reporting relationships. b. Recommendation #2: *"To increase effectiveness, the team recommends that the College conduct regular analyses and evaluation of its planning, governance, and decision-making processes in order to assess the efficacy of these systems and ensure their effectiveness. Results of these analyses and findings should be documented, broadly communicated across the institution, and used as a basis for improvement, as appropriate. (Standards I.B.6, I.B.7, IV.A.5)"* 1) College Administrative Committee drafted and Planning Committee approved a questionnaire regarding the College governance and decision-making structure and processes. 2) College and divisional committee chairs were asked to lead discussion of the topics with their committee members and bring a brief written summary of the responses to today's meeting. 3) Planning Committee recommended that each committee present its findings followed by discussion.		
	Each committee chair/representative distributed and presented their committee's response to each item. The committee recommendations are summarized as follows: 2. College Planning and Administrative Committee recommends: Give the design time. Assess again and plan improvements next year. Determine the frequency of ongoing evaluation.	2. Information	2. None
	3. College Institutional Effectiveness Committee – recommends: Evaluate the meeting schedules as they relate to the needed work and College timeline. Planning Committee and IE members present agree that due to the amount of material covered in each meeting, the committee must continue to meet monthly. The reporting schedules are adjusted to optimize time frames for analysis, planning, and intervention prior to presenting the report to IE.	3. Information	3. None
	4. College Credentials Committee recommends that they continue to be provided feedback for changes to work produced. For example changes to Committee Bylaws. They also suggest removing question number 7, which is redundant and unnecessary. All of the questions already ask for satisfaction. Participants discussed communication, membership, and support staff roles. Members	4. Discuss further in Planning Committee meeting	4. B. Collier

Topic	Discussion/Conclusions/Recommendations	Actions	Follow-Up
	recommended that a support staff contact person be identified.		

	5. College Faculty Development Committee
	   a. SON Subcommittee – J. Srivali-Teal distributed the College Mission, Vision, and Values along with the completed evaluation form to remind the participants of the College focus. The subcommittee recommends:
	     1) The committee provide a service to support faculty who self identify a need for professional development, course/program development, teaching methodology to improve learning centered education
	     2) Programs should stem from themes that are identified by performance indicators, SLOs and program evaluations
	     3) Resources should be made available for Faculty Development Programs by the Office of the Provost
	     4) Implement a Faculty Mentoring Program that promotes professional growth.
	   b. EDCOS Subcommittee had no recommendations
	Participants discussed the advantages and disadvantages of maintaining the two subcommittees and the importance of considering support staff needs as well as those of faculty. J. Teal recommended that the Committee be methodical in selecting topics: based on documented need; that will expand knowledge, skills and abilities; and will support program improvement. Possible needs assessment sources such as program and course evaluations, and faculty satisfaction surveys were also discussed.
		5. Discuss again in Planning Committee meeting	5. B. Collier

	6. Administrative and Student Services Committee recommends that the College create an Administrative and Student Support committee that includes at least the ERC Director, Financial Aid Administrator, and the Dean of Administrative and Support Services. The Support Services division would have then two committees: One would be an umbrella committee including the support services divisional directors. The other would include the Office of Educational Services staff and would focus on day-to-day operational issues.	6. Bring plans to Planning Committee for discussion and approval vote	6. M. Caballero

	7. EDCOS Shared Governance and Critical Care/Specialty Services Committee recommends:
	   a. EDCOS and the Educational Resource Center (ERC) have equal decision-making status on concerns that affect both divisions within the College
	   b. Issues involving EDCOS should not be discussed nor finalized without adequate EDCOS representation and agreement
	   c. Availability of educational resources to all College students (EDCOS and SON)
		7. Discuss in Administrative Committee	7. T. Blass

	8. EDCOS Critical Care/Specialty Service Council – recommends that the College create a survey pertaining to services provided by the library to better determine the needs/concerns of LAC+USC employees	8. Discuss in Planning Committee	8. H. Honda
	9. SON Faculty Organization Committee – B. Collier stated that the Faculty Organization was not	9. Review and discuss SON reports	9. B. Collier

Topic	Discussion/Conclusions/Recommendations	Actions	Follow-Up
	able to meet last month due to an emergency meeting at a clinical site. The committee will review the SON committee reports and recommendations at the March Faculty Org meeting.	at March Faculty Organization meeting	
	10. SON ASB Committee – Has no recommendations at this time since there is not enough experience by ASB with governance and decision-making.	10. Information	10. None
	11. SON Admissions/Promotions Committee recommends streamlining the process of achieving change and follow policies in a consistent manner.	11. Discuss further at Faculty Organization meeting	11. B. Collier
	12. SON Curriculum Committee recommended combining SON committees and utilizing ad hoc committees to complete special projects.	12. Discuss further at Faculty Organization meeting	12. B. Collier
	13. SON Nursing Theory Committee recommended creating several small committees subdivided into working groups and then meet quarterly as a large committee. Example: take members of Curriculum committee and divide them into Nursing Theory and Clinical Practice to meet monthly and then meet as a large Curriculum Committee quarterly to bring together what each subcommittee was working on.	13. Discuss further at Faculty Organization meeting	13. B. Collier
	14. SON Clinical Practice Committee recommendations: a. Committee does not like the slow movement of new ideas due to road blocks. The system can be cumbersome as in approving policies. Faculty Org movement can be slow b. If the majority of the faculty have identified a change is necessary, it should be implemented as a pilot. During the pilot process, data can be gathered pro and con. Evidence-based decision-making would be helpful c. Hot topics for discussion should be placed on the agenda at the beginning of the meeting, as there are times that the meeting runs late and faculty are tired and no decision is made. (e.g.: Policy reviews should be priority in the agenda)	14. Discuss further at Faculty Organization meeting	14. B. Collier
	15. SON Semester 1 Committee recommendations: a. Decrease redundancy of the items in this questionnaire. They tend to overlap b. Broaden reporting chain to facilitate more efficient and realistic reporting and decision-making. Example: Semester Committee report to Faculty Org and then if needed the item can be discussed further at the course committee level. c. Strategize to interface with other departments to ensure the needs of the institution are being met in a timely fashion. Example: HR	15. Discuss further at Faculty Organization and Planning meetings	15. B. Collier
	16. SON Semester 2 Committee recommendations: a. Meeting schedule: second week – semester meetings, third week – standing committees, and fourth week – Faculty Org b. Obtain a grant writer	16. Discuss further at Faculty Organization and Planning meetings	16. B. Collier

Topic	Discussion/Conclusions/Recommendations	Actions	Follow-Up

	17. SON Semester 3 Committee recommendations:
	   a. Implement a Faculty Satisfaction Survey to identify themes
	   b. Implement a Faculty Mentoring Program that promotes professional growth that would not affect performance evaluation
	   c. Conduct a College wide convocation to review the Mission, Vision, and Values of the organization
	
	18. SON Semester 4 Committee recommends that the SON have only three committees:
	   a. Curriculum – combine Nursing Theory, Clinical Practice, and Curriculum into one committee
	   b. Admission/Promotions
	   c. Semester committees
		17. Discuss further at Faculty Organization meeting
		
		18. Discuss further at Faculty Organization meeting
			17. B. Collier
			
			18. B. Collier

ACCREDITATION STATUS REPORT	1. Accreditation Visit Follow up – discussed in announcements 2. Information Technology: Carry over	1. Information 2. Carry over	1. None 2. None

STRATEGIC PLAN	1. Divisional Reports:
	   a. Administrative & Student Services:
	   b. Allied Health
	   c. Education & Consulting Services
	   d. Educational Resource Center
	   e. Operations
	   f. Research
	   g. School of Nursing
	2. Strategic Plan Review and Update
		1. Carry over
		
		2. Carry over
			1. None
			
			2. None

COMMITTEE REPORTS	1. College Standing Committees
	   a. Associated Student Body
	   b. Credentials
	   c. Institutional Effectiveness
	   d. Faculty Development
	
	2. Resources/Budget
	   a. Program Needs Summary – next due in July
	
	3. Administrative/Operational Issues
		1. Carry over
		
		2. Carry over
		
		3. Carry over
			1. None
			
			2. None
			
			3. None

BOARD OF TRUSTEES REPORTS/ COMMUNICAITON	1. Report at April meeting	1. Report at April meeting	1. B. Collier

Los Angeles County College of Nursing & Allied Health
Midterm Report – March 15, 2016

Topic	Discussion/Conclusions/Recommendations	Actions	Follow-Up
OFF AGENDA	None	None	None
NEXT PLANNING COMMITTEE MEETING	Date: April 10, 2014 Time: 1300-1500 Place: Tower Hall, Room 105 Minutes: T. Blass	Information only	
ADJOURNMENT	3:25 pm		

Approved by: **Barbara Collier** (signature on file)
     Prepared by: N. Miller (signature on file)

COLLEGE PLANNING MEETING MINUTES – OCTOBER 8, 2015

PRESENT:	Barbara Collier, Chairperson	Herminia Honda	Leonece Myers	Excused/Absent:
	Jeffrey Anderson	Tricia Imanaka-Gong	Peggy Nazarey, Recorder	Lorraine Vigil
	Tammy Blass	Joan Kohl	Lilbeth Patricio	
	Maria Caballero	Visna Kieng	Lydia Thompson	
	Doris DeHart	Ruth McFee	Kevin Velis, ASB	
	Mildred Gonzales	Beverly McLawyer		

Topic	Discussion/Conclusions/Recommendations	Actions	Follow-Up
CALL TO ORDER	1:00 p.m.		
APPROVAL OF MINUTES	Minutes of September 10, 2015 approved with minor changes.	Post on Team Services	H. Honda & M. Caballero
ANNOUNCEMENTS	1. T. Blass reported routine Competency review is finished all members of the College passed.	Information	None
	2. The Orchid system is being implemented at Olive View on November 1st. Students will not be allowed to chart or give medications in November and December.	Information	None
	3. Union negotiations are complete. There will be a 10% pay increase for RNS over the next 3 years.	Information	None
	4. B. Collier recently participated in an executive leadership activity at the Medical Center observing and tracking on an individual patient's experience. The goals of this program are 1. To improve on the patient's experience, 2. To improve patient transitions, 3.To improve patient privacy. B. Collier spent about 4-5 hours with a patient and identified several points of breakdown of communication amongst the patient's providers. This feedback will be reviewed at the senior executive meetings with the goal of improving care based on direct observation.	Information	None
	5. Dr. Habidian from the USC Dental School contacted B. Collier. She would like to arrange a time to teach our nursing students about the importance of pediatric dental care.	B. Collier requested the Coordinators to get back to her regarding the best time for the dental school to teach our students.	Coordinators & B. Collier
GOVERNANCE AND DECISION-MAKING EVALUATION	B. Collier reminded everyone that the Planning Committee is the governing body for the College. Everyone has received the **Governance and Decision Making Evaluation Summary from March 13, 2014** and a **Governance and Decision Making Evaluation tool.** Each Committee chair was to review the 9 components of the evaluation tool with their committee and report to the planning committee today as to the success of the process and structures that has been put in place. The group recommended that number 7 on the evaluation tool be change to Structures and Processes instead of "satisfaction."	Information	None
		H. Honda to make change on evaluation tool.	H.Honda
	B. Collier asked if the group felt this review was beneficial and if we should continue it. Today is the first evaluation following implementation. The group agreed the evaluation was helpful and we should continue the process annually. The summary will continue to be sent out to committee chairs for review.	Information	None

Topic	Discussion/Conclusions/Recommendations	Actions	Follow-Up
	COMMITTEES: 1. **ASB** See evaluation tool submitted by K.Velis. #1, 2, 3,4,5,6, were all positive. There was one negative in # 7. "There is no assessable information regarding college committee meetings other than ASB that the student body can attend." **Suggestion: Should evaluate the planning tool in conjunction with the ASB bylaws.** D. DeHart reminded all that students can attend the BOT meetings. The next meeting is November 20, 2015. Students also have membership with the School of Nursing Curriculum and Admission & Promotion Committees.	Information	None
	2. **ADMINISTRATIVE AND STUDENT SERVICES** See evaluation comments submitted by M. Caballero. . *One issue OES has is the difficulty in meeting with all staff at one time due to office coverage. *Communication from faculty and administration needs some improvement. For example, ORCHID classes were offered this summer to students but the information was not communicated to OES so when students had questions they were not able to assist the student. **Suggestion: there should be further discussion about including ERC and Financial Aid.**	Information.	M. Caballero & B. Collier
	3. **FACULTY ORG** B. Collier reminded everyone that the "Faculty Org wanted to combine committees. for efficiency. Clinical Practice and Nursing Theory were combined into Curriculum Committee. The School of Nursing now has two committees: Curriculum and Admissions and Promotions. Faculty membership was equally divided between Curriculum and Admission & Promotion. Everyone felt this seems to be working well and decreased redundancy.	Information	None
	4. **FACULTY DEVELOPMENT**	Report Deferred	
	5. **EDCOS** Internal communication in EDCOS is good. They function with two committees, **Shared Governance and Critical Care.** There had been an issue that decisions were being made that affected EDCOS and they were not involved. EDCOS has adapted to that particular decision and there have been no further issues.	J. Anderson, T. Blass and R. McFee to meet to discuss what kind of survey is needed.	J. Anderson, T. Blass, R, McFee

Topic	Discussion/Conclusions/Recommendations	Actions	Follow-Up
	There was considerable discussion about the need to do a survey of the nursing staff of the med center regarding their library needs. J. Anderson's concern was that the cost for the nursing reference center is based on 300 nursing staff using it. If this number goes up so would the cost. 6. **INSTITUTIONAL EFFECTIVENESS** H. Honda reported that The IE committee is satisfied with their role in planning and decision making. **Recommendations:** • **Evaluate the meeting schedules as they relate to the needed work and college timeline.** The IE committee agrees that given the volume of work the committee needs to continue to meet monthly except for July. 7. **SON SEMESTER 1** M. Gonzales reported: • **Decrease redundancy of the items in the questionnaire**. They tend to overlap. No comment or additional input from Semester 1 faulty. • **Broaden reporting chain**: The clustering of committees has facilitated more efficient communication, decision-making, and achievement of timeline on recommendations, revisions, and/.or approval needed for policies and procedures. In addition, semester's issues and concerns are presented to Faculty Org consistently; thus input, recommendations and resolutions from other faculty members, deans of SON and Student Services are discussed and evaluated. • **Strategize to interface with other departments**: Interface and collaboration with HR are continuous work in progress, For the past academic year, students Live Scan (finger print) clearance was efficiently attained prior to clinical. This fall semester, few students did not get the clearance and had to be withdrawn from the semester at week 6. Withdrawal at week 6 is considered late as students have invested their time in exams and clinical preparation. To avoid late withdrawal in the future, a "Student Clearance Timeline" has been established to enhance student success. 8. **Admission and Promotion** T. Imanaka- Gong reported: • The greatest issue for the committee is the amount of time it takes to get policies approved. Posted policies need to be reviewed by all faculty prior to Fac Org meeting to be finalized.	Information B. Collier will discuss with Faculty Org. how policies will be approved.	None B. Collier

Topic	Discussion/Conclusions/Recommendations	Actions	Follow-Up
	• She also reported the information discrepancy between the College Catalog and the Student Handbook. There was a discussion on having the committee create an AdHoc Committee to review the College Catalog and Student Handbook for currency. • Discussion also ensued whether the Catalog and Handbook should be available as a hardcopy or online.	Admission and Promotion Committee to pull together a group to explore this issue. .	T. Imanaka-Gong
	9. **SON SEMESTER 2** J. Kohl reported that Semester 2 does feel a part of the decision making and they feel things have improved and are now more streamlined.	Information	None
	10. **CURRICULUM COMMITTEE** L. Patricio reported: (See report). Committee feels the new structure has improved decision making and planning. Want to make the date for annual report later. B. Collier recommended that initial preparation for annual report should start before the end of each semester with full membership participation.	Information	None
	11. **SON SEMESTER 4** L. Myers reported her semester is happy with the changes. **SUMMARY** 1. Restructuring of Committees has improved time line for decision making and has reduced redundancy. 2. The reports today have not identified any major concerns regarding the governance or decision making process in the college. 3. The interface with other departments has improved. 4. Students have become more involved in the governance and decision making and that has improved College processes. We will continue to review outcomes next year and identify any opportunities to improve decision making in the College.	Information	None
ADJOURNMENT	3:20 P.M.		
NEXT PLANNING COMMITTEE MEETING	Date: April 10, 2014 Time: 1300-1500 Place: Tower Hall, Room 105 Minutes: T. Blass	Information only	

Approved by: Barbara Collier (signature on file)   **Prepared by: P. Nazarey** (signature on file)

Addendum G

SURVEY QUESTIONNAIRES

Board Self-Appraisal
SON Pregraduation Program Evaluation Survey
Employee Survey

Class Climate	Board of Trustees Self Appraisal	SCANTRON

Mark as shown: ☐ ☒ ☐ ☐ ☐ Please use a ball-point pen or a thin felt tip. This form will be processed automatically.

Correction: ☐ ■ ☐ ☒ ☐ Please follow the examples shown on the left hand side to help optimize the reading results.

1. Board Organization and Dynamics

Please rate your level of agreement with each of the following:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1.1 The roles of the Board officers and chair are clear.	☐	☐	☐	☐
1.2 The functions of the Board are understood.	☐	☐	☐	☐
1.3 Meetings are conducted in such a manner that purposes are achieved.	☐	☐	☐	☐

1.4 Comments:

2. Decision Making Processes

	Strongly Agree	Agree	Disagree	Strongly Disagree
2.1 Board members respect each other's opinion.	☐	☐	☐	☐
2.2 Discussions are structured so that all members have an opportunity to contribute to the decision.	☐	☐	☐	☐
2.3 Board members receive adequate background information upon which to base a decision.	☐	☐	☐	☐	☐

2.4 Comments:

3. Trustee orientation and development.

Class Climate	Board of Trustees Self Appraisal	SCANTRON

3. Trustee orientation and development. [Continue]

	Strongly Agree	Agree	Disagree	Strongly Disagree
3.1 New members receive an orientation to the roles and responsibilities of the Board.	☐	☐	☐	☐
3.2 Board members possess understanding of the College and County issues.	☐	☐	☐	☐
3.3 Board members keep informed regarding developments in associate degree nursing & healthcare education porgrams.	☐	☐	☐	☐

3.4 Comments:

4. Board relationships to program

	Strongly Agree	Agree	Disagree	Strongly Disagree
4.1 The Board keeps abreast of new developments in the educational program through attendance at meetings, reading of informational materials, and involvement with the College.	☐	☐	☐	☐
4.2 The Board establishes written policies, which provide guidance for the administration of the educational program and efficient use of resources.	☐	☐	☐	☐
4.3 Board decisions reflect sensitivity to the needs of the community that the College serves.	☐	☐	☐	☐

4.4 Comments:

| Class Climate | Board of Trustees Self Appraisal | SCANTRON |

5. Goals

		Strongly Agree	Agree	Disagree	Strongly Disagree
5.1	The Board encourages and promotes long-range planning consistent with program needs.	☐	☐	☐	☐
5.2	The Board activities and priorities are closely tied to the mission and goals of the institution.	☐	☐	☐	☐
5.3	The Board sets and evaluates its functions as outlined in the Bylaws.	☐	☐	☐	☐

5.4 Comments:

6. As a Board member I have participated in the following activities in the past year:

		Strongly Agree	Agree	Disagree	Strongly Disagree
6.1	Review and approval of the Mission statement.	☐	☐	☐	☐
6.2	Establishment of strategic directions.	☐	☐	☐	☐
6.3	College budget preparation/review/analysis.	☐	☐	☐	☐
6.4	Review/analysis of partnership proposals.	☐	☐	☐	☐
6.5	Graduation ceremony.	☐	☐	☐	☐

6.6 Comments:

Class Climate	Board of Trustees Self Appraisal	SCANTRON

7. I regularly gain information concerning the College by:

	Strongly Agree	Agree	Disagree	Strongly Disagree
7.1 Attending Board meetings.	☐	☐	☐	☐
7.2 Reviewing the Board bylaws, policies, and related documents.	☐	☐	☐	☐
7.3 Reviewing Board meeting minutes.	☐	☐	☐	☐

7.4 Comments:

Class Climate	SON PROGRAM EVALUATION SURVEY 2	SCANTRON

Los Angeles County College of Nursing and Allied Health

School of Nursing

Mark as shown: ☐ ☒ ☐ ☐ ☐ Please mark an X in the selected box using a ball point pen as shown.
Correction: ☐ ■ ☐ ☒ ☐ In case of error, please shade box as shown, and place an X in the correct box.

In order to respond to the educational needs of our students, we invite you to participate in evaluating our program. Your participation is very valuable to our ongoing institutional effectiveness efforts.

1. Program Objective #1:
Demonstrates awareness and respect for diverse values and beliefs

I was given sufficient information to allow me to demonstrate awareness and respect for diverse values and beliefs

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.1	Semester 1	☐	☐	☐	☐	☐
1.2	Semester 2	☐	☐	☐	☐	☐
1.3	Semester 3	☐	☐	☐	☐	☐
1.4	Semester 4	☐	☐	☐	☐	☐

2. Program Objective #2:
Formulates patient care decisions using critical thinking skills based upon pattern recognition with innovative, appropriate responses for effective planning, delivery, and evaluation of care.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2.1	The concepts of environment and stressors were presented throughout all semesters.	☐	☐	☐	☐	☐
2.2	I can assess patients' physiological, psychological, sociocultural, developmental and spiritual needs.	☐	☐	☐	☐	☐
2.3	I can analyze patients' response to environmental stressors.	☐	☐	☐	☐	☐
2.4	I can analyze patients' response pattern to common health problems.	☐	☐	☐	☐	☐
2.5	I can analyze patients' response patterns to acute health problems.	☐	☐	☐	☐	☐
2.6	I can analyze patients' response to complex and chronic health problems.	☐	☐	☐	☐	☐

3. Program Objective #3:
Applies the nursing process for patients with simple to complex health problems to achieve optimal wellness in health care settings.

| Class Climate | SON PROGRAM EVALUATION SURVEY 2 | SCANTRON |

3. Program Objective #3:
Applies the nursing process for patients with simple to complex health problems to achieve optimal wellness in health care settings. [Continue]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3.1 I can set priorities and problem-solve using patient assessment data.	☐	☐	☐	☐	☐
3.2 I can develop a nursing care plan.	☐	☐	☐	☐	☐
3.3 I can implement my nursing care plans.	☐	☐	☐	☐	☐
3.4 I can evaluate the effectiveness of my nursing care plans.	☐	☐	☐	☐	☐

4. Program Objective #4:
Collaborates with individuals, families, groups, community, colleages and members of other health care disciplines to achieve cost effective and quality outcomes.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.1 I interact therapeutically with patients and their significant others.	☐	☐	☐	☐	☐
4.2 I interact therapeutically with patients from a variety of cultural groups.	☐	☐	☐	☐	☐
4.3 I can teach patients and their significant others about health care in acute, chronic and community settings.	☐	☐	☐	☐	☐
4.4 I can report information about patients and their care.	☐	☐	☐	☐	☐
4.5 I can accurately record information about patients and their care.	☐	☐	☐	☐	☐
4.6 I work effectively with all levels of nursing staff.	☐	☐	☐	☐	☐
4.7 I work effectively with other healthcare professionals.	☐	☐	☐	☐	☐

5. Program Objective #5:
Demonstrates accountability as a member of a discipline for practicing nursing within legal, ethical, and professional standards and as a contributing member of society.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5.1 The concepts of nursing and the nurse's role were presented in all semesters.	☐	☐	☐	☐	☐
5.2 I have sufficient knowledge to practice safe nursing within legal and ethical constraints.	☐	☐	☐	☐	☐
5.3 I integrate principles of patient care management into my nursing practice.	☐	☐	☐	☐	☐

Class Climate	SON PROGRAM EVALUATION SURVEY 2	SCANTRON

5. Program Objective #5:
Demonstrates accountability as a member of a discipline for practicing nursing within legal, ethical, and professional standards and as a contributing member of society. [Continue]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5.4 I have knowledge of the regulatory requirements of the nursing profession.	□	□	□	□	□
5.5 I have knowledge of and can discuss sociopolitical trends in the nursing profession.	□	□	□	□	□
5.6 I am a patient advocate and can protect the rights of patients.	□	□	□	□	□

6. Program Objective #6:
Utilizes patient education as a primary, secondary, and/or tertiary actitiviy to promote self-managed health care.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6.1 I can identify the health education needs of individuals with various health problems in a variety of healthcare settings.	□	□	□	□	□
6.2 I can develop suitable health education that addresses community health problems.	□	□	□	□	□
6.3 I can implement educational strategies to promote health for individuals of all age groups, groups with special needs, and families.	□	□	□	□	□

7. Program Objective #7:
Communicates effectively and appropriately when interacting with individuals, families, groups and communities in the practice of nursing.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7.1 I use communication skills to assess, promote and maintain health for individuals, children, groups and communities.	□	□	□	□	□
7.2 I use therapeutic communication skills for patients with various health problems.	□	□	□	□	□
7.3 I communicate effectively in leadership and management situations.	□	□	□	□	□
7.4 I have knowledge of communication strategies utilized to influence community health.	□	□	□	□	□

8. Evaluation of the learning environment

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Class Climate	SON PROGRAM EVALUATION SURVEY 2	SCANTRON

8. Evaluation of the learning environment
   [Continue]

8.1   The program provided me with a sufficient knowledge base
to provide safe, effective, and efficient patient care.   □ □ □ □ □

8.2   The nusing courses provided logical progression of
knowledge and skills without undue repetition. (Use space
below for comments)   □ □ □ □ □

8.3

8.4   I was encouraged to ask questions, look for evidence, seek
alternatives and was allowed to be critical of ideas
throughout the program. (Use space below for comments)   □ □ □ □ □

8.5

8.6   I was treated with respect for using independent judgement.
(Use space below for comment)   □ □ □ □ □

8.7

8.8   I was encouraged to assess situations from different cultural
points of view.   □ □ □ □ □

8.9   The assigned textbooks provided me with essential
information and were relevant to the course.   □ □ □ □ □

8.10   The physical environment of the school was conducive to my
learning to my learning. (Use space below for comments)   □ □ □ □ □

8.11

Class Climate	SON PROGRAM EVALUATION SURVEY 2	SCANTRON

8. Evaluation of the learning environment
[Continue]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8.12 Classroom presentations allowed opportunities for questions and answers.	☐	☐	☐	☐	☐
8.13 Clinical teaching provided adequate opportunities to practice technical skills.	☐	☐	☐	☐	☐
8.14 Available technology enhanced my learning.	☐	☐	☐	☐	☐
8.15 Quizzes, exams, and assignments were related to the course objectives.	☐	☐	☐	☐	☐
8.16 Test questions covered important topics related to course and clinical concepts.	☐	☐	☐	☐	☐
8.17 Course syllabi were consistent in format.	☐	☐	☐	☐	☐
8.18 Grading practices were consistent throughout the program.	☐	☐	☐	☐	☐
8.19 Interaction with teaching faculty were positive and helpful.	☐	☐	☐	☐	☐

8.20 I found the following teaching/learning methods helpful in enhancing my learning. (Select all that apply)

☐ Audiovisuals   ☐ Supplemental Reading   ☐ Computer Assignments
☐ Case Studies   ☐ Conferences   ☐ Presentations
☐ Group Projects   ☐ Instructor Generated Handouts   ☐ Lectures

8.21 Comments on teaching/learning methods.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8.22 Clinical teaching was effective overall.	☐	☐	☐	☐	☐
8.23 As a result of completing the program, I am competent and confident of my clinical nursing skills.	☐	☐	☐	☐	☐
8.24 I plan to apply to a higher degree program in nursing.	☐	☐	☐	☐	☐

9. Incorporation of General Education course content in curriculum

The nursing courses incorporated and built on the knowledge base gained from the following General Education courses.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9.1 Anatomy and physiology - the interrelationship of the organs, structure, and functions of the human body.	☐	☐	☐	☐	☐
9.2 Microbiology - the nature of infection and immunity.	☐	☐	☐	☐	☐
9.3 Life Span Psychology - the concepts and phases of human development and mental health.	☐	☐	☐	☐	☐
9.4 Sociology - the uniqueness and wholism of man and his interelationship with society.	☐	☐	☐	☐	☐

Class Climate	SON PROGRAM EVALUATION SURVEY 2	SCANTRON

9. Incorporation of General Education course content in curriculum   [Continue]

9.5 U.S History, Political Science, and Humanities - the nature of human relationships and appreciation of diversity. ☐ ☐ ☐ ☐ ☐

9.6 Speech and English - the methods of communication and critical thinking. ☐ ☐ ☐ ☐ ☐

9.7 Physical Education - the concepts of health and wellness. ☐ ☐ ☐ ☐ ☐

10. Financial Aid Services

10.1 I was informed of the criteria for financial aid eligibility. Yes ☐ ☐ No

10.2 I was notified of available financial aid programs. Yes ☐ ☐ No

10.3 I received financial aid (If yes, complete all questions in this section. If no, proceed to section 11. Library Services) Yes ☐ ☐ No

10.4 I was a recipient of the following financial aid program(s). (Select all that apply)
☐ Pell Grant   ☐ SEOG   ☐ Stafford Loan(s)
☐ SDS Scholarship   ☐ Cal Grant   ☐ Tuition Deferment Contract
☐ Perkins Loan

10.5 Please rate the services of the financial aid office. (Select one)
☐ Outstanding   ☐ Adequate   ☐ Very Poor
☐ Good   ☐ Poor

10.6 Please share your comments regarding your experiences with the Financial Aid Office.

11. Library Services

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
11.1 The library hours met my needs most of the time.	☐	☐	☐	☐	☐
11.2 The library environment assisted my learning. (adequate seating, well lit and organized)	☐	☐	☐	☐	☐
11.3 The library's collection of books, journals, videos, and reserve materials enhanced my learning and reinforced curriculum content.	☐	☐	☐	☐	☐

11.4 What additonal books/journals/videos would you recommend be included in the collection?

11.5 The library staff were professional and helpful in assisting me to locate library materials or information. ☐ ☐ ☐ ☐ ☐

Class Climate	SON PROGRAM EVALUATION SURVEY 2	SCANTRON

11. Library Services [Continue]

11.6 Are there other ways the library staff could have assisted you?

12. Skills Laboratory Services

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
12.1 The skills lab hours met my needs most of the time.	☐	☐	☐	☐	☐
12.2 The use of skills lab equipment and supplies enchanced my learning and reinforced curriculum content.	☐	☐	☐	☐	☐
12.3 Having a skills kit bag and supplies was helpful to me.	☐	☐	☐	☐	☐
12.4 The skills lab environment assisted my learning. (functional equipment, clean, well lit, adequate supplies)	☐	☐	☐	☐	☐

12.5 I used the skills lab: (Select all that apply)
☐ Frequently   ☐ Occasionally   ☐ When referred
☐ In preparation for competency testing   ☐ Never

12.6 What additional laboratory equipment would have assisted your learning?

13. Computer Laboratory Services

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
13.1 The computer lab hours met my needs most of the time.	☐	☐	☐	☐	☐
13.2 The computer lab environment assisted my learning. (adequate seating, lighting, functional computers)	☐	☐	☐	☐	☐
13.3 Computer lab assistance was provided when I asked for it.	☐	☐	☐	☐	☐

13.4 Computer lab programs enhanced my learning and reinforced curriculum content. (Select all that apply)
☐ NCLEX-RN   ☐ Nursing Concepts   ☐ Affinity
☐ Drug Dosage Calculation   ☐ Internet Access   ☐ Intranet Access

13.5 I used the computer lab:
☐ More than once/week   ☐ About once a week   ☐ 1 to 3 times a month
☐ Only to complete assignments   ☐ Never

13.6 I plan to utilize the NCLEX-RN computer program to help prepare for the RN board examination.   Yes ☐   ☐ No

Class Climate	SON PROGRAM EVALUATION SURVEY 2	SCANTRON

13. Computer Laboratory Services   [Continue]

13.7 What other computer programs would have assisted your learning?

14. Administrative Services and Participation in Governance

14.1 I used my student handbook.   Yes ☐ ☐ No

14.2 There has been consistent and fair application of School policies   Yes ☐ ☐ No

14.3 I was given information about receiving credit for previous college education and work experience in the healthcare field.   Yes ☐ ☐ No

14.4 I have used the following option(s) for credit:
☐ Challenge Examination   ☐ Course Exemption   ☐ Partial Course Exemption
☐ Transfer from another school   ☐ LVN Option I   ☐ LVN Option II
☐ Not Applicable

14.5 I was aware of which courses I needed to complete within specified time frame (Curriculum Plan).   Yes ☐ ☐ No

14.6 I received my course syllabi a week before the semester started.   Yes ☐ ☐ No

14.7 I was aware that counseling was available (academic and personal).   Yes ☐ ☐ No

14.8 My requests for information, letters, transcripts, and verification of enrollment were processed within ten working days.   Yes ☐ ☐ No

14.9 I found the Office of Educational Services staff to be professional and helpful.
☐ Outstanding   ☐ Adequate   ☐ Very Poor
☐ Good   ☐ Poor

14.10 I am aware that emergency healthservice are provided to students by Employee Health.   Yes ☐ ☐ No

14.11 I am aware that Employee Health renders TB clearance, CXR clearance, and flu vaccines to students free of charge.   Yes ☐ ☐ No

14.12 I have used the following employee health services (Select all that apply)
☐ Flu vaccine   ☐ TB clearance   ☐ Chest X-ray
☐ Emergency service   ☐ Accessed LAC Directory of Health Services   ☐ None

14.13 I am aware that I can have access to the Los Angeles County Directory of Health services located in the library and the Office of Educational Services.   Yes ☐ ☐ No

14.14 I am aware that the College offers student referrals to mental health services.   Yes ☐ ☐ No
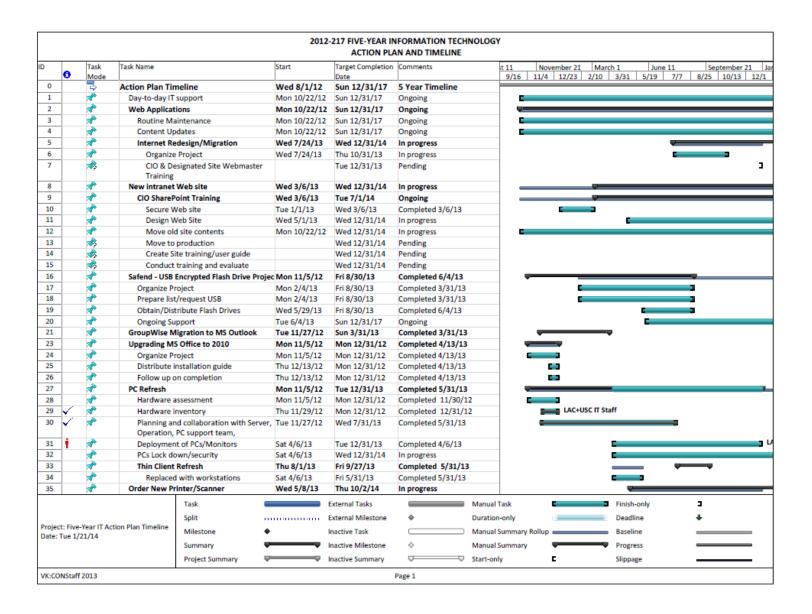
Class Climate	SON PROGRAM EVALUATION SURVEY 2	SCANTRON

14. Administrative Services and Participation in Governance [Continue]

14.15 Please share your comments regarding your experiences with administrative services.

14.16 I am aware that students participate in the governance of the school.

Yes ☐   ☐ No

14.17 I participated in the school governance as/by: (Select all that apply)
☐ ASB member   ☐ Class officer   ☐ School committee member
☐ Voting   ☐ Attending ASB meetings   ☐ Class activities
☐ Discussing issues with class
   representative

15. Recommendation and Comments

15.1 What did you like about your educational experience?

15.2 What would you like to see improved?

Thank you for completing this survey
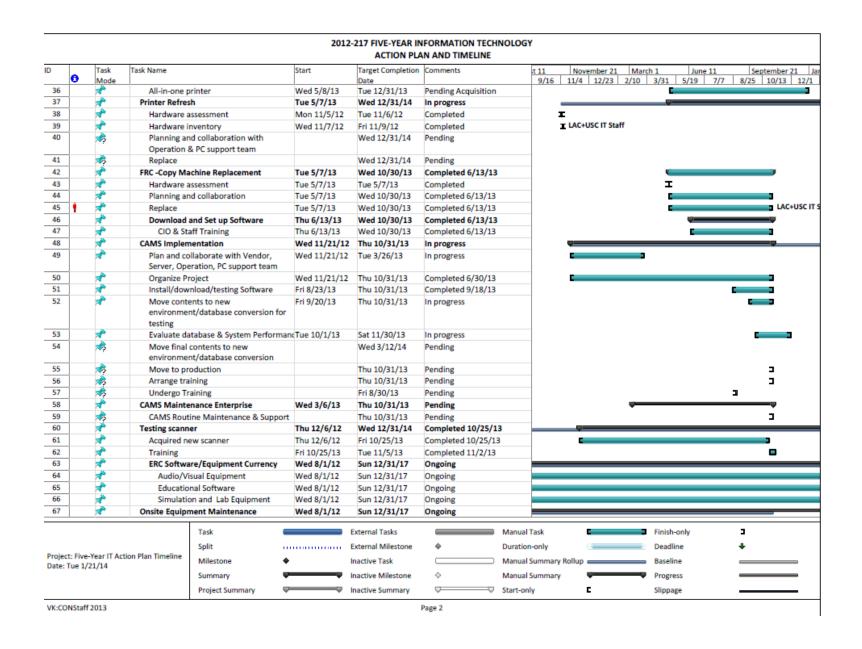
Class Climate	EMPLOYEE SURVEY 2	SCANTRON

Mark as shown: ☐ ☒ ☐ ☐ ☐ Please use a ball-point pen or a thin felt tip. This form will be processed automatically.

Correction: ☐ ■ ☐ ☒ ☐ Please follow the examples shown on the left hand side to help optimize the reading results.

1. EMPLOYEE SATISFACTION

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.1	I feel safe from harm in my work environment.	☐	☐	☐	☐	☐
1.2	I uphold the values of the college and contribute to meeting its mission	☐	☐	☐	☐	☐
1.3	I have the necessary skills and training to perform my job	☐	☐	☐	☐	☐
1.4	I get to share my ideas with others and participate in decision making through membership in committees	☐	☐	☐	☐	☐
1.5	I have opportunities to give input in matters affecting the college	☐	☐	☐	☐	☐
1.6	I can access supplies and equipment needed to adequately perform my duties	☐	☐	☐	☐	☐
1.7	Availability of classrooms is adequate to meet my needs	☐	☐	☐	☐	☐
1.8	Technology hardware, software, and training met my needs.	☐	☐	☐	☐	☐
1.9	I was able to attain >75% of my annual goals	☐	☐	☐	☐	☐
1.10	Peer review assisted in improving my teaching effectiveness	☐	☐	☐	☐	☐
1.11	My peers have current knowledge in the materials they teach	☐	☐	☐	☐	☐
1.12	My assignment is in alignment with my qualifications, ability, and interest	☐	☐	☐	☐	☐
1.13	My job performance has been fairly evaluated within the last 12 months	☐	☐	☐	☐	☐
1.14	My supervisor keeps me updated regarding changes that will impact my assignments and responsibilities	☐	☐	☐	☐	☐
1.15	My supervisor gives me constructive feedback regarding my work	☐	☐	☐	☐	☐
1.16	My immediate supervisor has good leadership qualities	☐	☐	☐	☐	☐

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.17	The college has sufficient number of qualified employees	☐	☐	☐	☐	☐
1.18	Team work is encouraged and practiced within my division and between divisions	☐	☐	☐	☐	☐
1.19	The college provides opportunities for professional growth	☐	☐	☐	☐	☐
1.20	College grounds and facilities are well maintained	☐	☐	☐	☐	☐
1.21	Our admissions requirement provides the college with qualified students	☐	☐	☐	☐	☐
	Please rate your satisfaction with the following:					
1.22	Salary	☐	☐	☐	☐	☐
1.23	Benefits	☐	☐	☐	☐	☐

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Class Climate	EMPLOYEE SURVEY 2	SCANTRON

1. EMPLOYEE SATISFACTION   [Continue]

1.24 Workload ☐ ☐ ☐ ☐ ☐

1.25 Work Schedule ☐ ☐ ☐ ☐ ☐

1.26 Overall I am satisfied with my job ☐ ☐ ☐ ☐ ☐

1.27 Any recommendations for hardware, software or training? Please specify.

1.28 Additional comments

1.29 Students are provided with quality education ☐ ☐ ☐ ☐ ☐

1.30 How can we make our students more successful?

1.31 What would you like to see changed?

Addendum H

2012-2017 FIVE-YEAR INFORMATION TECHNOLOGY ACTION PLAN AND
TIMELINE

2012-217 FIVE-YEAR INFORMATION TECHNOLOGY ACTION PLAN AND TIMELINE

ID		Task Mode	Task Name	Start	Target Completion Date	Comments
0			**Action Plan Timeline**	**Wed 8/1/12**	**Sun 12/31/17**	**5 Year Timeline**
1			Day-to-day IT support	Mon 10/22/12	Sun 12/31/17	Ongoing
2			**Web Applications**	**Mon 10/22/12**	**Sun 12/31/17**	**Ongoing**
3			Routine Maintenance	Mon 10/22/12	Sun 12/31/17	Ongoing
4			Content Updates	Mon 10/22/12	Sun 12/31/17	Ongoing
5			**Internet Redesign/Migration**	**Wed 7/24/13**	**Wed 12/31/14**	**In progress**
6			Organize Project	Wed 7/24/13	Thu 10/31/13	In progress
7			CIO & Designated Site Webmaster Training		Tue 12/31/13	Pending
8			**New intranet Web site**	**Wed 3/6/13**	**Wed 12/31/14**	**In progress**
9			**CIO SharePoint Training**	**Wed 3/6/13**	**Tue 7/1/14**	**Ongoing**
10			Secure Web site	Tue 1/1/13	Wed 3/6/13	Completed 3/6/13
11			Design Web Site	Wed 5/1/13	Wed 12/31/14	In progress
12			Move old site contents	Mon 10/22/12	Wed 12/31/14	In progress
13			Move to production		Wed 12/31/14	Pending
14			Create Site training/user guide		Wed 12/31/14	Pending
15			Conduct training and evaluate		Wed 12/31/14	Pending
16			**Safend - USB Encrypted Flash Drive Projec**	**Mon 11/5/12**	**Fri 8/30/13**	**Completed 6/4/13**
17			Organize Project	Mon 2/4/13	Fri 8/30/13	Completed 3/31/13
18			Prepare list/request USB	Mon 2/4/13	Fri 8/30/13	Completed 3/31/13
19			Obtain/Distribute Flash Drives	Wed 5/29/13	Fri 8/30/13	Completed 6/4/13
20			Ongoing Support	Tue 6/4/13	Sun 12/31/17	Ongoing
21			**GroupWise Migration to MS Outlook**	**Tue 11/27/12**	**Sun 3/31/13**	**Completed 3/31/13**
23			**Upgrading MS Office to 2010**	**Mon 11/5/12**	**Mon 12/31/12**	**Completed 4/13/13**
24			Organize Project	Mon 11/5/12	Mon 12/31/12	Completed 4/13/13
25			Distribute installation guide	Thu 12/13/12	Mon 12/31/12	Completed 4/13/13
26			Follow up on completion	Thu 12/13/12	Mon 12/31/12	Completed 4/13/13
27			**PC Refresh**	**Mon 11/5/12**	**Tue 12/31/13**	**Completed 5/31/13**
28			Hardware assessment	Mon 11/5/12	Mon 12/31/12	Completed 11/30/12
29	✓		Hardware inventory	Thu 11/29/12	Mon 12/31/12	Completed 12/31/12
30	✓		Planning and collaboration with Server, Operation, PC support team,	Tue 11/27/12	Wed 7/31/13	Completed 5/31/13
31			Deployment of PCs/Monitors	Sat 4/6/13	Tue 12/31/13	Completed 4/6/13
32			PCs Lock down/security	Sat 4/6/13	Wed 12/31/14	In progress
33			**Thin Client Refresh**	**Thu 8/1/13**	**Fri 9/27/13**	**Completed 5/31/13**
34			Replaced with workstations	Sat 4/6/13	Fri 5/31/13	Completed 5/31/13
35			**Order New Printer/Scanner**	**Wed 5/8/13**	**Thu 10/2/14**	**In progress**

Legend:

Task		External Tasks		Manual Task	Finish-only
Split		External Milestone	◆	Duration-only	Deadline
Milestone	◆	Inactive Task		Manual Summary Rollup	Baseline
Summary		Inactive Milestone	◇	Manual Summary	Progress
Project Summary		Inactive Summary		Start-only	Slippage

Project: Five-Year IT Action Plan Timeline
Date: Tue 1/21/14

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2012-217 FIVE-YEAR INFORMATION TECHNOLOGY
ACTION PLAN AND TIMELINE

ID	Task Mode	Task Name	Start	Target Completion Date	Comments
36		All-in-one printer	Wed 5/8/13	Tue 12/31/13	Pending Acquisition
37		**Printer Refresh**	**Tue 5/7/13**	**Wed 12/31/14**	**In progress**
38		Hardware assessment	Mon 11/5/12	Tue 11/6/12	Completed
39		Hardware inventory	Wed 11/7/12	Fri 11/9/12	Completed
40		Planning and collaboration with Operation & PC support team		Wed 12/31/14	Pending
41		Replace		Wed 12/31/14	Pending
42		**FRC -Copy Machine Replacement**	**Tue 5/7/13**	**Wed 10/30/13**	**Completed 6/13/13**
43		Hardware assessment	Tue 5/7/13	Tue 5/7/13	Completed
44		Planning and collaboration	Tue 5/7/13	Wed 10/30/13	Completed 6/13/13
45		Replace	Tue 5/7/13	Wed 10/30/13	Completed 6/13/13
46		**Download and Set up Software**	**Thu 6/13/13**	**Wed 10/30/13**	**Completed 6/13/13**
47		CIO & Staff Training	Thu 6/13/13	Wed 10/30/13	Completed 6/13/13
48		**CAMS Implementation**	**Wed 11/21/12**	**Thu 10/31/13**	**In progress**
49		Plan and collaborate with Vendor, Server, Operation, PC support team	Wed 11/21/12	Tue 3/26/13	In progress
50		Organize Project	Wed 11/21/12	Thu 10/31/13	Completed 6/30/13
51		Install/download/testing Software	Fri 8/23/13	Thu 10/31/13	Completed 9/18/13
52		Move contents to new environment/database conversion for testing	Fri 9/20/13	Thu 10/31/13	In progress
53		Evaluate database & System Performance	Tue 10/1/13	Sat 11/30/13	In progress
54		Move final contents to new environment/database conversion		Wed 3/12/14	Pending
55		Move to production		Thu 10/31/13	Pending
56		Arrange training		Thu 10/31/13	Pending
57		Undergo Training		Fri 8/30/13	Pending
58		**CAMS Maintenance Enterprise**	**Wed 3/6/13**	**Thu 10/31/13**	**Pending**
59		CAMS Routine Maintenance & Support		Thu 10/31/13	Pending
60		**Testing scanner**	**Thu 12/6/12**	**Wed 12/31/14**	**Completed 10/25/13**
61		Acquired new scanner	Thu 12/6/12	Fri 10/25/13	Completed 10/25/13
62		Training	Fri 10/25/13	Tue 11/5/13	Completed 11/2/13
63		**ERC Software/Equipment Currency**	**Wed 8/1/12**	**Sun 12/31/17**	**Ongoing**
64		Audio/Visual Equipment	Wed 8/1/12	Sun 12/31/17	Ongoing
65		Educational Software	Wed 8/1/12	Sun 12/31/17	Ongoing
66		Simulation and Lab Equipment	Wed 8/1/12	Sun 12/31/17	Ongoing
67		**Onsite Equipment Maintenance**	**Wed 8/1/12**	**Sun 12/31/17**	**Ongoing**

Project: Five-Year IT Action Plan Timeline
Date: Tue 1/21/14

Task		External Tasks		Manual Task	Finish-only	
Split		External Milestone	◆	Duration-only	Deadline	↓
Milestone	◆	Inactive Task		Manual Summary Rollup	Baseline	
Summary		Inactive Milestone	◇	Manual Summary	Progress	
Project Summary		Inactive Summary		Start-only	Slippage	

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2012-217 FIVE-YEAR INFORMATION TECHNOLOGY
ACTION PLAN AND TIMELINE

ID	Task Mode	Task Name	Start	Target Completion Date	Comments	t 11 9/16	11/4	November 21 12/23	2/10	March 1 3/31	5/19	June 11 7/7	8/25	September 21 10/13	Jar 12/1
68		Survey Scanner Hardware Onsite Maintenance	Annually	Wed 11/7/12	Expires: 11/06/2013	⅃									
69		Survey software Contract (Classs Climate	Annually	Wed 8/1/12	Expires: 07/31/2013										
70		Renewal Contract for ParTest/ParScore	Annually	Sat 9/1/12	Expires: 08/31/2013										
71		CAMS Windows Application	Annually	Thu 10/31/13										⅃	

	Task	▬▬▬	External Tasks	▬▬▬	Manual Task	▭▬▬▬⅃	Finish-only	⅃
	Split	....	External Milestone	◆	Duration-only	▬▬	Deadline	⬇
Project: Five-Year IT Action Plan Timeline Date: Tue 1/21/14	Milestone	◆	Inactive Task	▭▭▭	Manual Summary Rollup	▬▬▬▬	Baseline	▬▬▬
	Summary	▬▬▬	Inactive Milestone	◇	Manual Summary	▬▬▬	Progress	▬▬▬
	Project Summary	▭▭▭	Inactive Summary	▭▭▭	Start-only	⊏	Slippage	▬▬▬

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Addendum I

COLLEGE HARDWARE AND SOFTWARE
TECHNOLOGY MAINTENANCE/REPLACEMENT PLAN

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

HARDWARE AND SOFTWARE TECHNOLOGY MAINTENANCE / REPLACEMENT PLAN OVERVIEW

FISCAL YEAR 2015-2016

	Item	Quantity	Acquisition Date	Target Replacement/ Renewal Update	Maintenance Date	Actual Replacement/ Renewal Date	Comments
	HARDWARE INVENTORY						
1	Computers	128	05/06/13	5 years	Ongoing		2018 (20% replacement annually)
2	Printers	25	Unknown	5 years	Ongoing		Under DHS timeline
3	Scanner	1	Unknown	5 years	Ongoing		
4	HP All in one Printer	3	2014	5 years	Ongoing		
5	Copy Machine	3	Unknown	5 years	Ongoing		Under DHS timeline
6	Laptops	4	2014	5 years	Annually		
7	Hi Fidelity PC	2	2011	5 years	Annually		
8	Class Climate Scanner	1	2009	Due 11/6/15	06/06/15		V.Kieng will research on Scanner for compatibility
9	ParScore Scanner	2	2004, 2013	Due 10/30/15	Ongoing		
10	CAMS Servers	3	2012	5 years	Ongoing		Managed by LAC+USC IT
11	Class Climate Server	2	2011	5 years	Ongoing		Managed by LAC+USC IT
	SOFTWARE INVENTORY						
1	Class Climate	1	2009	Due 02/02/16	Annually	2015 (Upgrade)	
2	ParScore/ParTest	1	2004	Due 08/31/16	Annually		V. Kieng completed OLR for upgrade 7/16/14
3	Transcript Data Base	1	07/16/08		Ongoing		
4	CAMS Enterprise	1	2012	Due 08/31/16			
5	CAMS (Window Server)	1	07/04/05		None		Decommissioned
6	Ed Express (FA)	1		Upgraded 2014	Annually		Federal software
7	DL Tools (FA)	1	07/03/05	Upgraded 2014	As needed		Federal utility tool
8	Ed Connect (FA)	1		Upgrade 2015	Annually		Federal application
9	SSCR (FA)	1		Upgrade 2016	As needed		

Orig: 4/6/13

Rev'd: 11/5/13, 11/19/13, 12/3/13, 12/17/13

Computers/printers are tracked in PC inventory

1/22/14, 6/26/15

CAMS: Comprehensive Academic Management System
DL Tools: Direct Loan Tools
SSCR: Student Status Confirmation Report

Addendum J

PLANNING COMMITTEE AGENDA TEMPLATE

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
College Planning Committee

DATE:
TIME: 1:00 – 3:00 p.m.
PLACE: Tower Hall, Room 105
MINUTES:

Agenda

I.   Minutes of:

II.   Minutes Follow Up   B. Collier

III.   Announcements   B. Collier

IV.   Policy/Procedure/Process Approval

V.   Accreditation Status Report
   A. Accreditation
      1. ACCJC / 2016 Midterm Report   M. Caballero, H. Honda
      2. BRN: Attrition/Retention and Tutoring   B. Collier
   B. Information Technology:
      1. CAMS   M. Caballero, V. Kieng, L. Vigil
      2. Website, Team Services, IT Action Plan   V. Kieng
      3. Technology Maintenance & Replacement Plans (July)   J. Anderson, V. Kieng

VI.   Strategic Plan
   A. Divisional Reports
      1. Administrative & Student Services   M. Caballero
      2. Allied Health   P. Nazarey
      3. Education & Consulting Services   T. Blass
      4. Educational Resource Center   J. Anderson
      5. Operations   D. DeHart
      6. Research   H. Honda
      7. School of Nursing   B. Collier

   B. Strategic Plan Review and Update

VII.   Administrative Committee Reports
   A. College Standing Committees
      1. Associated Student Body   K. Velis
      2. Credentials   B. Collier
      3. Institutional Effectiveness   H. Honda
      4. Faculty Development   B. Collier /T. Blass

   B. Resources/Budget
      1. Program Needs Summary (July)   H. Honda
   C. Administrative/Operational Issues   B. Collier

VIII.   **Board of Trustees Reports/Communication**   B. Collier

IX.   **Off Agenda**

V.   **Next Meeting:**

                          1:00 – 3:00

                          Tower Hall, Room 105

         Minutes:

BC:hh
1/12/16

Addendum K

BOARD POLICIES

Policy # 500: Provost Selection
Policy # 300: Board of Trustees Self-Appraisal

Policy # 500: Provost Selection

PURPOSE:

To delineate the process for selection of the provost

POLICY:

The College adheres to Los Angeles County (LAC) civil service rules and Department of Health Services (DHS), LAC+USC Medical Center, and College policies and standards for employee selection, hiring, and evaluation.

The provost job description is developed and reviewed by the College, approved by the Board of Trustees, and submitted to LAC Human Resources (HR) for posting on the employment opportunities website.

Applicants submit their resumes to HR and undergo a civil service screening exam.

Qualified provost candidates are interviewed by Board officers, selection is recommended by the Board president, and the final candidate is submitted to the Board for confirmation.

PROCEDURE:

The Board of Trustees:
- Approves the selection of the provost and evaluates his/her performance
- Delegate to the provost, and through the provost to the faculty, the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference.

PROCEDURE DOCUMENTATION:

County of Los Angeles Employment Application

REFERENCES:

ACCJC:WASC Standard IV.B. Leadership and Governance: Board and Administrative Organization
Board of Trustees Bylaws

REVISION DATES:

May 24, 2013

Policy # 300: Board of Trustees Self-Appraisal

PURPOSE:

To delineate the process for conducting periodic appraisal of Board of Trustees effectiveness in performing designated functions

POLICY:

The Board conducts a triennial/scheduled self appraisal of its performance and productivity

PROCEDURE:

The Board:
- Completes a scheduled self appraisal
- Assesses their performance and productivity by functional categories:
  - Organization and dynamics
  - Decision making process
  - Orientation and development
  - Relationship to the program
  - Goals, objectives, priorities
  - Member participation
  - Method for gaining information about the College
- Reviews the findings and develops improvement plans as indicated
- Evaluates the policy, procedure, and effectiveness of improvement plans.

The Research Director facilitates the Board self appraisal:
- Distributes Self Appraisal according to schedule
- Aggregates, tracks and trends findings
- Submits report to the Board
- Revises process and form as needed.

PROCEDURE DOCUMENTATION:

Self Appraisal Form
Board of Trustees Self Appraisal Record Summary

REFERENCES:

ACCJC:WASC Standard IV.B. Leadership and Governance: Board and Administrative Organization
Board of Trustees Bylaws

REVISION DATES:

May 24, 2013