



Los Angeles County

COLLEGE OF NURSING AND ALLIED HEALTH

1237 North Mission Road, Los Angeles, California 90033

► School of Nursing
► Allied Health Continuing Education

(323) 409-5911

collegeofnursing@dhs.lacounty.gov

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Board of Trustees Membership

Year 2024

Category	Board Member	Member Since	3 Yr. Term Expires
President	Rosa Maria Hernandez*	Fall 1992	Fall 2024
Vice-President	Nancy Blake, RN	Spring 2022	Spring 2025
Secretary	Vivian Branchick, RN	Spring 2006	Fall 2024
SON Feeder High School District	1. Rosa Maria Hernandez*	Fall 1992	Fall 2024
Local Community College	2. Ernest Moreno*	Fall 1992	Fall 2023
Rep. Local University	3. Charles Anthony Flores	Spring 2022	Spring 2025
Alumni, SON	4. Tonia Jones, RN	Fall 2021	Fall 2024
Community	5. Nancy Miller, RN	Spring 2014	Fall 2023
LAC+USC Med Center CEO	6. Jorge Orozco	Ex-Officio	
ASB President	7. Madison Criollo	Fall 2024	N/A

* Founding Member



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BOARD OF TRUSTEES

2024 MEETING SCHEDULE

The College Board of Trustees will meet in Tower Hall, Room 105 from
8:00 – 10:00 on the following dates:

February 8, 2024

May 9, 2024

August 8, 2024

November 7, 2024

Los Angeles County College of Nursing and Allied Health

College Governing and Standing Committee Bylaws

NAME	Board of Trustees	College Governance	Institutional Effectiveness	Faculty and Staff 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.	Improve institutional effectiveness by directing the application of college wide research methods in order to evaluate program outcomes, student success, and faculty effectiveness.	<p>To promote faculty development of knowledge, and skills using the following three major domains:</p> <p>Professional development – an orientation to the academia that includes faculty roles and responsibilities and the values, norms, and expectations of the college.</p> <p>Instructional development- basic and advanced faculty development through mentoring, advocacy and professional development, faculty development workshops and consultations.</p> <p>Leadership development – orientation to leadership roles; preparation of effective leaders who understand formal and informal leadership styles.</p>
FUNCTIONS				
Assess/Plan Monitor/Evaluate	<p>1. Review & approve the strategic plan & annual goals & monitor outcomes.</p> <p>Monitor educational quality & effectiveness through performance measurements of the academic & student support service programs.</p> <p>Conduct scheduled self-evaluation of Board performance & productivity.</p>	<p>1. Review, recommend approval, & direct the implementation of the strategic plan & annual goals. Evaluate progress towards institutional outcomes & approve alternate strategies.</p>	<p>1. Integrate divisional resource needs from assessment data to develop the strategic plan.</p> <p>Analyze data & outcomes by comparison to thresholds. Utilize findings to recommend program improvements.</p>	<p>1. Identify professional development needs of faculty & staff to implement a strategic plan & to promote program success</p> <p>Recommend methods and /or resources to meet professional development needs & evaluate their effectiveness.</p>
Implement	<p>2. Provide guidance in the development & improvement of educational & student support service programs.</p>	<p>2. Review, recommend approval, & direct implementation of college academic & support service programs.</p>	<p>2. Direct the collection & measurement of program review data & recommend plans for improvement.</p>	<p>2. Facilitate implementation of workshops, panels, seminars, & other professional development activities.</p>

NAME	Board of Trustees	College Governance	Institutional Effectiveness	Faculty and Staff Development
	<p>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.</p> <p>Review matters with legal implications and approve as recommended by the Provost.</p> <p>Approve the selection of the provost & evaluate his/her performance.</p>			
<i>Resources/Budget</i>	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. Aggregate data identified in program reports & communicate resource needs.	3. Evaluate & recommend professional development programs & materials. Identify funding resources for faculty development programs.
<i>Policies</i>	4. Approve the policies, rules & regulations under which programs operate.	4. Review & approve/recommend approval of college 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 professional development of faculty & staff.
<i>Regulatory Compliance</i>	5. Monitor compliance, approve reports, & direct participation in the accreditation processes of the WASC:ACCJC, ACEN, the California BRN, & other allied health & accrediting/regulatory agencies.	5. Oversee compliance with regulatory agency requirements. Review & approve regulatory agency reports.	5. Incorporate regulatory standards into the Program Review Plan. Verify, monitor, & facilitate institutional processes to maintain compliance with regulatory agency requirements.	5. Review College education & training policies and procedures for compliance with those of regulatory agencies, LA County, & DHS.
<i>Communication/ Collaboration</i>	6. Uphold decisions made by the Board, advocate for the institution, & protect it from undue influence or pressure.	6. Collaborate & communicate with all governing & standing committees. Disseminate information to faculty, staff, & students. 7. Make recommendations to the Board of Trustees.	6. Provide consultation & guidance to college committees, faculty & staff. Disseminate report findings. 7. Make recommendations to the College Governance Committee.	6. Collaborate with faculty to identify professional development needs. 7. Provide policy & procedure recommendations to the College Governance committee.

NAME	Board of Trustees	College Governance	Institutional Effectiveness	Faculty and Staff Development
	7. Communicate & collaborate with College Governance Committee. Approve recommendations Adhere to the Board of Trustees' Membership Agreement & Code of Ethics			
COMMITTEE RESPONSIBILITIES	<ul style="list-style-type: none">Reviews and approve policies and procedures.Review the academic and operations of the College.Participate in graduation,Participate accreditation and continuing approval	<ul style="list-style-type: none">Review and approve policies and procedureReview and recommend approval of the budgetOversee compliance with regulatory agency requirements.	<ul style="list-style-type: none">Direct policy reviewReview policy related to institutional effectivenessRegulatory ComplianceReview policy related to faculty and staff hiring, orientation, and promotion	<ul style="list-style-type: none">Conduct needs assessment of staff and faculty in regard to professional developmentProvide professional development classes
MEMBERSHIP	Elected & nonelected members	<ul style="list-style-type: none">ProvostDivisional DeansDirectorsStaffStudent representative	<ul style="list-style-type: none">Dean, IERPCIOFacultyStaff	Faculty members from all divisions
REPORTS TO	DHS	Board of Trustees	College Governance Committee	Governance Committee
MEETINGS	Four times/year	Every other month	Every other month	Quarterly

Orig
: 9/11/13
WASC.2014FollowUpRprt.Recomm1&2

Rev'd: 10/8/13, 10/22/13, 11/12/13, 11/26/13, 12/12/13, 1/16/14, 9/28/17, 6/27/19

Los Angeles County College of Nursing and Allied Health

School of Nursing Committee Bylaws

NAME	Faculty Organization Planning	Curriculum	Semester Committees
PURPOSE	Assure the quality, integrity, and effectiveness of School of Nursing (SON) courses. Provide a means whereby faculty share in SON governance.	Serve as a steering committee that provides oversight 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 and clinical courses in order to achieve student learning outcomes (SLOs).	Plan, implement, and evaluate the courses within the semester.
FUNCTIONS			
<i>Assess/Plan Monitor/Evaluate</i>	<ol style="list-style-type: none"> Review, approve, & direct implementation of the SON annual goals. Evaluate progress towards outcomes & approve alternate strategies. 	<ol style="list-style-type: none"> Assess, plan, monitor, & evaluate nursing program for: <ul style="list-style-type: none"> Curriculum concepts, course descriptions, & Program SLOs for alignment with college mission, vision, values; philosophy; goals; & Course SLOs Conceptual framework for identification & congruency of related concepts, sub- concepts, & theories across all levels of the curriculum Curriculum progression from simple to complex Consistent & effective use of teaching methodologies, assessment/grading tools, & other course requirements SLO assessment & committee/program review data for patterns that may indicate program improvement opportunities 	<ol style="list-style-type: none"> Assess, plan, monitor, & evaluate theory & clinical courses within the semester for: <ul style="list-style-type: none"> 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
<i>Implement</i>	<ol style="list-style-type: none"> Oversee implementation of the curriculum, direct standing & course committees, & review & approve committee recommendations. 	<ol style="list-style-type: none"> Provide guidance to semester committees on matters pertaining to curriculum development, evaluation, & revision Identify & propose curriculum revisions based on SLO achievement & changes in education & healthcare. 	<ol style="list-style-type: none"> Apply teaching methodologies, tools, & clinical experiences to assist students to achieve SLOs. Maintain consistent use of grading methods, course objectives, syllabi, test blueprints, & schedules.
<i>Resources/Budget</i>	<ol style="list-style-type: none"> Prioritize resource needs & submit requests to Governance Committee. 	<ol style="list-style-type: none"> Recommend educational materials and resources that support the curriculum & student learning to align with community practice/standards. 	<ol style="list-style-type: none"> Recommend resources identified in course SLO assessment to support student learning.

NAME	Faculty Organization Planning	Curriculum	Semester Committees
<i>Policies</i>	4. Review, revise, & approve SON policies & submit to Governance Committee for review & approval.	4. Develop, evaluate, & revise policies, procedures, guidelines, & forms related to the curriculum: <ul style="list-style-type: none"> • Philosophy, conceptual framework • Program purpose, objectives • Curriculum changes • Textbook approval • Intercommittee Communication • Testing • Syllabi • Educational media • Grading for clinical courses • Skills & drug dosage calculation competency • Clinical remediation 	4. Consistently implement relevant DHS, College, & SON policies. Recommend revisions as indicated.
<i>Regulatory Compliance</i>	5. Establish, monitor, & facilitate SON processes to maintain compliance with regulatory and accrediting agency requirements. Develop, review, & approve regulatory agency reports.	5. Ensure the curriculum maintains compliance with regulatory and accrediting agency requirements.	5. Ensure semester course content adheres to regulatory and accrediting agency requirements
<i>Communication/ Collaboration</i>	6. Communicate & collaborate with standing, course, & semester committees. Disseminate information from DHS, Los Angeles General Medical Center, & College committees. 7. Maintain formal & informal communication between local, state, regional agencies and affiliating institutions. 8. Present recommendations to the	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. Review semester reports & Proposals. 8. Present recommendations for	6. Communicate & collaborate with standing & course committees regarding teaching, clinical site, & student issues. 7. Present recommendations to SON committees.

NAME	Faculty Organization Planning	Curriculum	Semester Committees
	Governance Committee	discussion and approval to the SON Faculty Organization.	
COMMITTEE RESPONSIBILTIES	<ul style="list-style-type: none">• Present and discuss updates on semester courses, student status and progression, ADA accommodations, etc.• Discuss issues in the clinical sites, courses, student performance, etc. Provide recommendations to manage the issues.• Present and discuss information, updates and issues encountered by student support services. Provide recommendations to improve procedures and services as needed.• Review policies and procedures. Provide recommendations for approval.• Discuss regulatory and accreditation agencies' new standards, updates, and requirements	<ul style="list-style-type: none">• Develops, evaluates, and revises policies, procedures, guidelines, and forms related to the curriculum.• Evaluates curriculum concepts, course descriptions and program SLOs for alignment with college goals and course SLOs.• Ensures curriculum progress from simple to complex.• Evaluates SLO assessment and committee/program review data for patterns that may indicate program improvement opportunities.• Identify and propose curriculum revisions based on SLO achievement and changes in education and healthcare.• Recommend educational materials and resources that support the curriculum and student learning to align with community practice/standards.• Ensures the curriculum maintains compliance with regulatory and accrediting agency requirements.• Communicates and collaborates with College and SON committees regarding curriculum matters. Disseminates information related to educational/nursing practice trends, curriculum revisions and regulatory agency changes to all stakeholders.• Presents recommendations for discussion and approval to the SON Faculty Organization.• Reviews all content areas every two years and as needed.• Performs test grid analysis every Spring academic year and implements changes as needed to align with current NCLEX test plan.• Reviews NCLEX test plan and applies changes as needed to curriculum.• Tracks Lippincott PassPoint data to ensure and report on EOPSLOs.• Reviews curriculum representative student input from each semester and makes changes as needed to curriculum to ensure student success.	<ul style="list-style-type: none">• Monitor and evaluate courses and student status.• Track enrollment and number of current students per course.• Provide recommendations and feedback on policies specific to curriculum, SON, and CONAH as needed.• Provide recommendations on procedures for student support services, i.e., skills lab, tutoring, counseling, and OES.• Review and present semester report including SLO at Program Review Workshop.• Present summary of ACER to IE Committee.• Review, revise, and submit class schedules, booklist, ward requests, room reservations, proctor schedules, and clinical hours.

NAME	Faculty Organization Planning	Curriculum	Semester Committees
MEMBERSHIP	Program Director, SON Semester Coordinators, Curriculum Chair, Director, Tutoring and Mentoring, Director, Advisement and Counselling, ADA Committee Chair, Skills and Sim Lab Coordinator, , ASB Advisory Committee, All Faculty	<ul style="list-style-type: none">• Minimum of one faculty member from each semester• Director, Tutoring and Mentoring• Content Experts• One student representative from each class	Teaching faculty assigned to each semester
REPORTS TO	Governance Committee	SON Faculty Organization	SON Faculty Planning Committee, IE Committee
MEETINGS	Every other month	Every other month	Monthly

Orig: 9/4/13

Rev'd: 7/11/17, 8/15/17,9/28/17,6/27/19,6/7/21, 7/20/23, 5/30/24

Los Angeles County College of Nursing and Allied Health

Administrative and Student Services, Allied Health, and Associated Student Body Committee Bylaws

NAME	Student Support Services	Allied Health Division	SON Associated Student Body
PURPOSE	Support the academic programs and promote student success.	Develop, implement, evaluate, and revise courses to achieve the strategic plan and annual goals, and meet the educational needs of Allied Health WFM's in LA County- DHS.	Enhance understanding and provide an effective means of expression between the School of Nursing (SON) and Students.
FUNCTIONS			
<i>Assess/Plan Monitor/Evaluate</i>	1. Assess the effectiveness of student support services & recommend policies, procedures, & program improvements.	1. Develop Continuing Education and Certification training program annual goals to meet County and DHS strategic plans through: <ul style="list-style-type: none"> Evaluation of course & instructor effectiveness through the program review process Development of Annual Program Evaluation Report to summarize & report progress towards outcomes. Making recommendations regarding revising course offerings based on program review findings to College Governance Committee 	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).
<i>Implement</i>	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. Develop, implement, & revise courses to achieve annual goals & meet identified educational needs.	2. Integrate all ASB activities.
<i>Resources/Budget</i>	3. Recommend resources to support student success & to achieve annual goals to the College Governance Committee.	3. Identify resource needs based on program review findings & submit requests to College Governance Committee.	3. Participate in program related surveys and make recommendations for improvements.
<i>Policies</i>	4. Draft, update, & recommend revision to divisional & College policies related to student support.	4. Draft & revise policies. Submit policies to College Governance Committee for review & approval.	4. Recommend revision to student related policies: <ul style="list-style-type: none"> Nursing Student Bill of Rights Student Responsibilities Student Dress Code
<i>Regulatory Compliance</i>	5. Ensure compliance with regulatory and accrediting agency standards.	5. Ensure compliance with regulatory and accrediting agency standards.	5. Participate in regulatory and accrediting agency site visits.
<i>Communication/ Collaboration</i>	6. Collaborate & communicate with faculty & staff regarding program outcomes. Disseminate information from college committees to support staff members.	6. Collaborate with College Governance Committee.	6. Collaborate with College & SON committees & faculty liaisons regarding student issues & concerns affecting their educational experience.

NAME	Student Support Services	Allied Health Division	SON Associated Student Body
	7. Present recommendations to College Governance Committee.	7. Present recommendations to College Governance Committee.	7. Present recommendations to SON Faculty Organization.
COMMITTEE RESPONSIBILITIES	<ul style="list-style-type: none">Review policy related to: OES, ERC, and OFADiscuss student support issues, identify trends, and propose solutionsCollaborate and coordinate plans with other college committees	<ul style="list-style-type: none">Review policies pertaining to AH DivisionDiscuss student support issues, identify trends, and propose solutionsDiscuss implementation of training programs, identify challenges and, propose solutionsCollaborate and coordinate plans with other college committees	<ul style="list-style-type: none">Review policies pertaining to ASBDiscuss student support issues, identify trends, and propose solutionsCollaborate and coordinate plans with other SON and college committees
MEMBERSHIP	<ul style="list-style-type: none">Director, Tutoring and MentoringDirector, Advisement and CounselingDirector, ERCSkills and Sim Lab CoordinatorDirector, OESCollege CIOFA CoordinatorLibrarian	<ul style="list-style-type: none">AH FacultyOES clerical staff representativeDirector, ERCSkills Lab CoordinatorCollege CIOCollege Librarian	<ul style="list-style-type: none">ASB presidentVice-president,TreasurerSecretary,President of each classSpecial Projects Committee representative
REPORTS TO	College Governance Committee	College Governance Committee	SON Faculty Organization
MEETINGS	Every other month	Quarterly	Monthly during the School Year



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BOARD OF TRUSTEES BYLAWS

ARTICLE I Title and Description, Purpose, and Functions

Section 1: Description

The Name of this Board of Trustees is the Los Angeles County College of Nursing and Allied Health Board of Trustees. The Board of Trustees (Board) is the governing body for the College.

The College is owned by the County of Los Angeles. The Board of Supervisors is the elected governing body for Los Angeles County (LAC) and establishes/approves policy, funding, roles, and responsibilities for the various County divisions. The College is operated under the auspices of the LAC Department of Health Services (DHS) and LAC+USC Medical Center.

Section 2: Purpose

The Board establishes policies and procedures that are consistent with the College Mission, Vision, and Values; assures the quality, integrity, and effectiveness of student learning programs and services; and oversees the financial stability of the College.

Section 3: Functions

The Board has the authority to review the academic and financial affairs of the College in order to ensure the quality and integrity of its educational programs and to provide guidance to its administration in carrying out the educational mission and goals. The Board functions are to:

- a. Provide guidance in the development and improvement of the educational and student support service programs
- b. Review and approve the strategic plan and annual goals and monitor outcomes
- c. Monitor educational quality and effectiveness through performance measurements of the academic and student support service programs
- d. Recommend, monitor, and approve the policies, rules and regulations under which programs operate
- e. 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, programs, and operations without Board interference

- f. Approve the selection of the provost and evaluate his/her performance
- g. Monitor compliance, approve reports, and direct participation in the accreditation processes of the Western Association of Schools and Colleges: Accrediting Commission for Community and Junior Colleges, the California Board of Registered Nursing, and other allied health and accrediting/regulatory agencies
- h. Monitor the financial status of the College, review/approve budget requests and funding proposals, and advocate for resources
- i. Review legal matters and recommend courses of action
- j. Adhere to the Board's Membership Agreement and Code of Ethics
- k. Uphold decisions made by the Board, advocate for the institution, and protect it from undue influence or pressure
- l. Conduct scheduled self-evaluation of Board performance and productivity.

ARTICLE II Membership

Section 1: Members

The membership of the Board consists of no less than nine persons divided in two categories. One category consists of "non-elected members", as follows:

- a. Chief Executive Officer, LAC + USC Medical Center
- b. Chief Nursing Officer, LAC+USC Medical Center
- c. Provost, or designated administrator, College of Nursing and Allied Health
- d. Student, ASB President, College of Nursing and Allied Health

Five other members constitute a category of "elected members". Elected members are representative of eight constituency groups within the County of Los Angeles as follows:

- a. One representative from the Community

- b. One representative from a local community college
- c. One representative from a local university
- d. One representative from a school district with a feeder high school
- e. One representative from the Alumni, School of Nursing

Non-elected members and elected-members together constitute and are referred to as the Board of Trustees.

Section 2: Terms of Elected Membership, Resignation and Removal of Elected Members

Each elected Board member serves a three-year term and holds office until a successor representative of the same constituency is elected.

The terms of service of elected Board members are staggered so that no more than one third of the members are elected annually.

Non-elected trustee members serve for a term ending on the date their successors qualify for Board membership.

Forfeiture of Board membership is necessary if the individual representative changes position and is no longer a representative of the constituency section.

An elected member may resign by submitting a written resignation to the Secretary of the Board at least fifteen days prior to the effective date of resignation. An elected member may be removed from membership by vote of two thirds of all Board members. However, before any member may be removed, the member shall be given information for the basis for the proposed removal and an opportunity to be heard by the Board.

Emeritus membership may be offered to elected members in good standing whose active service has ended.

Ex-officio and emeritus members serve as nonvoting consultants to the Board.

Section 3: Election

Non-elected members select nominees for elected-members.

Persons are elected to membership by receiving a majority vote of the members then in office.

Section 4: Vacancies

If any vacancies in the elected membership of the Board occur for any reason, including the enlargement of the total membership, the members elect persons to fill such vacancies. Such members will fulfill the remaining term of office of the member replaced.

Section 5: Orientation and Board Development

New members are oriented to the purpose and function of the Board in accordance with Board policy.

Members are informed of accreditation and regulatory agency standards, expectations, and recommendations. Board members are provided with information to assist them in performing their duties and functions.

ARTICLE III Officers and Duty of Officers

Section 1: Designation

The officers of the Board are the President, Vice-President, Secretary, and any other officers, as the Board deems appropriate.

The President is elected from current Board membership. This is a rotating presidency with a term of three years

The Vice President is the Chief Nursing Officer, LAC+USC Medical Center

The Secretary is the provost of the College of Nursing

Section 2: Duties of Officers

The President calls and presides over the Board meetings and is a voting member of all committees.

The Vice-President performs such duties as may be assigned by the President. In case of absence of the President, or of his/her inability from any cause to act, the Vice-President performs the duties of the President.

The Secretary prepares an agenda for all meetings of the Board, notifies members of meetings, and is responsible for keeping and recording adequate records and proceedings of all meetings.

ARTICLE IV Meetings

Section I: Regular Meetings

Regular meetings of the Board are held in accordance with Board policy.

Section 2: Special Meetings

Special meetings of the Board may be called at any time by a majority of the Board members or by the President. Written or verbal notification will be provided to each Board member a minimum of three working days prior to the scheduled meeting. Such notice states the purpose for which the meeting is called. No business other than that specified in the notice of the Special meeting will be transacted.

Section 3: Quorum

A quorum will constitute six Board members, one of whom must be an officer of the Board. A vote of a majority of the members present at the time of a vote, if a quorum is present, is the act of the Los Angeles County College of Nursing and Allied Health Board of Trustees, except as noted in Article II, Section 3 of these Bylaws.

Section 4: Open Meetings

Meetings of the Board are open to the public as required by law.

Individuals, who want to appear before the Board to address an agenda item or make public comment, must provide written notice to the Secretary/provost two working days prior to the meeting, stating the reason for the appearance.

The President determines and announces any reasonable restrictions upon such presentations and the time allotted for public comment.

The President determines and announces whether to recognize individuals who want to appear who have not submitted advance notice prior to the meeting.

ARTICLE V Committees

Section 1: Standing Committees, Ad Hoc and Other Committee Appointments

The Board of Trustees may create and impanel standing committees, ad hoc and other committees, as it may deem necessary to promote the purposes and carry out the work of the Los Angeles County College of Nursing and Allied Health.

Under special circumstances, the President has the power to create special, ad hoc, and other committees and appoint their members. The chairperson of each standing committee presents a plan of action to the Board for approval. Any committee action requires approval of the Board.

Section 2 Deactivation of Committees

The Board may at any time determine that the functions of a Board committee previously established by the Board are no longer required and may deactivate said committee. The President may at any time dissolve ad hoc and other committees that were created by the President.

ARTICLE VI Amendments

Section 1: Amendments

These Bylaws are reviewed and approved a minimum of every three years and whenever there is a significant change in the authority, purpose, or function of the Board.

These Bylaws may be amended at any meeting by a two-third vote of the Board members, or without a meeting if all members consent in writing to the adoption of the amendment.

Section 2: Notice

Proposed amendments are sent to all members at least one month prior to the vote.

ARTICLE VII Dissolution

In the event of the closure of the Los Angeles County College of Nursing and Allied Health, the Board of Trustees will be dissolved.

Signed: _____

President, Board of Trustees
(Signature on file)

Dated: _____

Originating date: 12/94

Revised date: 2/05, 2/07, 8/08, 5/12, 3/7/14, 3/17, 8/18, 5/19, 1/23

BOT:nm
BOT.Bylaws

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

BOARD OF TRUSTEES

POLICY & PROCEDURE

		Page 1	Of 2
Subject: MEETINGS	Original Issue Date: February 18, 2005	Policy #: 120	
	Supersedes: November 18, 2016	Effective Date: August 12, 2021	
Individuals / Committees Consulted: Administrative Team	Reviewed & Approved by: Board of Trustees	Approved by: President, Board of Trustees (Signature on File)	

PURPOSE:

To describe the process for scheduling meetings and setting agenda topics.

POLICY:

Regular meetings of the Board of Trustees shall be held no fewer than four times during the academic year.

- Meetings are held on the second Thursday of August, November, February, and May.

The agenda shall:

- Be set based on items of ongoing discussion, carry over business, and new business pertaining to the College
- Be posted at least 72 hours prior to a regular meeting in location readily accessible to the public
- Include the date, time, and location of the meeting and each item of business to be transacted or discussed
- Allot time for new business.

PROCEDURE:

The Secretary or designee:

- Provides members with an annual meeting schedule
- Sends written notification of meetings to all members at least one week prior to the date of the meeting
- Develops and distributes the agenda for each meeting in collaboration with the President
- Ensures the agenda is posted
- Reviews the draft minutes with the President and distributes the minutes.

Members may add new agenda topics by submitting a request to the President and/or Secretary a minimum of one week prior to the meeting.

REFERENCES:

Board of Trustees' Handbook

Ralph M. Brown Act: California Government Code Sections 54950-54960.5

REVISION DATES:

February 18, 2005

Subject:
MEETINGS

August 28, 2009
November 16, 2012
November 18, 2016
August 12, 2021

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

BOARD OF TRUSTEES

POLICY & PROCEDURE

		Page 1	Of 1
Subject: NEW MEMBER ORIENTATION	Original Issue Date: February 18, 2005	Policy #: 510	
	Supersedes: November 12, 2020	Effective Date: August 10, 2023	
Individuals / Committees Consulted: Administrative Team	Reviewed & Approved by: Board of Trustees	Approved by: President, Board of Trustees (Signature on File)	

PURPOSE:

To delineate new member orientation.

POLICY:

New members to the Board of Trustees are oriented to the Board and to the College.

PROCEDURE:

The President or designee will provide the new member with:

- Board Members' Handbook
- Review of Board functions and processes including:
 - Member Roles and Responsibilities
 - Status of the College including financial issues
 - Future directions, strategic plan
 - Meeting schedules and procedures
- Tour of the College.

The new member:

- Reviews and signs the Board Code of Ethics and Professional Ethical Responsibilities form
- Reads the Board of Trustees' Handbook
- Familiarizes themselves with College operations.

REFERENCES:

ACCJC Guidelines

Board of Trustees' Handbook

REVISION DATES:

February 18, 2005

August 28, 2009

November 16, 2012

November 18, 2016

November 12, 2020

August 10, 2023

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

BOARD OF TRUSTEES

POLICY & PROCEDURE MANUAL

		Page 1	Of 2
Subject: PROVOST SELECTION	Original Issue Date: May 24, 2013	Policy #: 500	
	Supersedes: August 16, 2019	Effective Date: November 10, 2022	
Individuals / Committees Consulted: Administrative Team	Reviewed & Approved by: Board of Trustees	Approved by: President, Board of Trustees (signature on file)	

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, and the final candidate is submitted to the Board for confirmation.

PROCEDURE:

The Board of Trustees:

- Interviews and approves the selection of the provost
- Evaluates his/her performance annually.
- Delegates 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.C. Leadership and Governance: Governing Board
Board of Trustees Bylaws

REVISION DATES:

May 24, 2013
August 19, 2016

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

BOARD OF TRUSTEES

POLICY & PROCEDURE MANUAL

		Page 1	Of 2
Subject: SELF APPRAISAL	Original Issue Date: May 24, 2013	Policy #: 300	
	Supersedes: August 16, 2019	Effective Date: February 2, 2023	
Individuals / Committees Consulted: Administrative Team	Reviewed & Approved by: Board of Trustees	Approved by: President, Board of Trustees (signature on file)	

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 Dean, Institutional Effectiveness, Research and Planning 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.C. Leadership and Governance: Governing Board
Board of Trustees Bylaws

Subject:

SELF APPRAISAL

REVISION DATES:

May 24, 2013

August 19, 2016

August 16, 2019

February 2, 2023

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES

MEMBERSHIP AGREEMENT AND CODE OF ETHICS

Member Name: _____

As a member of the Los Angeles County College of Nursing and Allied Health Board of Trustees, I agree to:

1. Support the College's mission, vision, values, strategic plan, and the development and improvement of the educational programs
2. Attend and participate in Board meetings
3. Review agendas, minutes, bylaws, policies, financial/budget information, and other documents distributed for discussion and/or approval
4. Participate in:
 - Selecting and approving the Provost and elected Board members
 - Monitoring educational quality and effectiveness through performance measurements of the academic and student support service programs
 - Preparing for accrediting agency surveys and visits and reviewing reports
 - Recommending, monitoring, and approving the policies, rules and regulations under which programs operate
 - Reviewing petitions and legal matters and recommending courses of action
 - Monitoring the College financial status and reviewing/approving budget requests and funding proposals
5. 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
6. Contribute to developing consensus in decision making while respecting diversity and exchange of ideas
7. Uphold decisions made by the Board, advocate for the institution, and protect it from undue influence or pressure
8. Base decisions upon all available facts; vote my honest conviction, unswayed by partisan bias and outside pressure
9. Maintain the confidentiality of Board decisions made in closed session or whenever so specified
10. Notify the Board President of potential conflicts of interest and decline to participate in decisions where conflicts exist
11. Abide by and uphold the final majority decision of the board
12. Advocate for and represent the College fairly, accurately, and supportively to the public and other agencies/constituencies
13. Evaluate the Board's performance and productivity
14. Resign from the Board should it be determined that I am unable to meet these agreements.

Member Signature

Orig: 3/22/95
NWM:nm

Date

Reviewed: 8/06, 5/10, 11/22/13, 8/31/18
BOT.BOTHndBk/PolS

**LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
BOARD OF TRUSTEES
SELF APPRAISAL**

Member Name: _____ Date: _____

Please rate your level of agreement with each of the following statements.

1. Board Organization and Dynamics	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. The roles of the Board officers and chair are clear.					
b. The functions of the Board are understood.					
c. Meetings are conducted in such a manner that purposes are achieved.					
2. Decision – making processes	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. Board members respect each other's opinion.					
b. Discussions are structured so that all members have an opportunity to contribute to the decision					
c. Board members receive adequate background information upon which to base a decision.					
3. Trustee orientation and development	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. New members receive an orientation to the roles and responsibilities of the Board.					
b. Board members possess understanding of the College and County issues.					
c. Board members keep informed regarding developments in associate degree nursing & healthcare education programs.					
4. Board relationships to program	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. The Board keeps abreast of new developments in the educational program through attendance at meetings, reading of informational materials, and involvement with the College.					
b. The Board establishes written policies, which provide guidance for the administration of the educational program and efficient use of resources.					
c. Board decisions reflect sensitivity to the needs of the community that the College serves.					

Please rate your level of agreement with each of the following statements.

5. Goals	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. The Board encourages and promotes long-range planning consistent with program needs.					
b. The Board activities and priorities are closely tied to the mission and goals of institution.					
c. The Board sets and evaluates its functions as outlined in the Bylaws.					
6. As a Board member I have participated in the following activities in the past year:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. Review and approval of the Mission statement.					
b. Establishment of strategic directions.					
c. College budget preparation/ review/analysis.					
d. Review/analysis of partnership proposals.					
e. Graduation ceremony					
7. I regularly gain information concerning the College by:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	Comments
a. Attending Board meetings.					
b. Reviewing the Board bylaws, policies, and related documents.					
c. Reviewing Board meeting minutes.					

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

Board of Trustees

DATE:
TIME: 8:00 – 10:00
PLACE: College of Nursing & Allied Health
Tower Hall, Room 105

Agenda

- I Minutes of** BOT Chair
- II Announcements**
- III Public Comments**
- IV Old Business**
 - A ACCJC: WASC Accreditation
 - 1 Pending Reports/Visits Provost
 - 2 Research/Program Review/Planning (Feb/May: Graduate and Employer Survey) Dean, IERP
 - 3 IT Support/College Information Systems Dean, Ad & Stud Svcs
 - B Divisional Reports (1x/year)
 - 1 Office of Educational Services (Nov) Director, OES
 - 2 Educational Resource Center (May) ERC Director
 - 3 CSULA Collaborative Report (Nov) Director, OES
 - 4 Financial Aid (May) F.A. Director
 - 5 School of Nursing (Feb) Dean, SON
 - 6 Allied Health (Aug)
 - C NCLEX-RN Pass Rate (Feb) SON, Dean
 - D Recruitment
 - 1 SON Student Demographics (Aug & Feb) Director, OES
 - 2 SON Student Projections (May & Nov) Director, OES
 - 3 DHS Hiring Rate (Feb) SON, Dean
 - 4 EOPSLOs/SPE (Feb & Nov) SON, Dean
- V New Business**
 - A Policy Approval Provost/designee
 - B Budget Request/Revenue & Expenditure Summary (Nov) Provost
 - C Board Development Activity Provost/designee
- VI Next Meeting:** Date
8:00 – 10:00
College of Nursing & Allied Health
Tower Hall, Room 105

BOARD OF TRUSTEES MINUTES

August 8, 2024

In Person/ Microsoft Teams Meeting

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP
PRESENT:	Vivian Branchick, RN Nancy Blake, RN Ernest Moreno Jorge Orozco	ADMIN STAFF: Irene dela Torre, RN Ruby Gabbedon, RN Mildred Gonzales Herminia Honda, RN Trina Trongone, RN	PUBLIC:
EXCUSED/ ABSENT:	Tonia Jones, RN Anthony Flores Nancy Miller, RN		
CALL TO ORDER & INTRODUCTIONS	R. Hernandez called the meeting to order at 0805 and welcomed everyone for the in-person meeting.	Information	None
APPROVAL OF MINUTES	Minutes of February 8, 2024, were reviewed and approved with four members voting for approval.	Post on website	H. Honda
MINUTES FOLLOW-UP	➤ Minutes of November 9, 2023 = posted on the internet ➤ Will report actual numbers and percentage of hiring for each class instead of the averages for more accurate data.	Information	None
ANNOUNCEMENTS	Thank you Dr. Hernandez for attending the ACCJC conference in May and representing the CONAH BOT.	Information	None
PUBLIC COMMENT	None	Information	None
OLD BUSINESS			
ACCREDITATION	<p>1. <u>ACCJC Report</u>: H. Honda reported on the following: ➤ At the Program Review Workshop in June, the committee membership was distributed. The new standards were also discussed. The first draft will be due in October. N. Shaw, the college's ACCJC liaison met with the leadership team on 8/7/24 to discuss ISER preparation. The focus of the 2024 standards is on continuous improvement and the effective utilization of data for improvement. She will meet with the faculty and staff on 9/5/24 to discuss the ISER and site visit. The ACCJC liaisons have been actively providing to colleges undergoing accreditation.</p> <p><u>ACEN Report</u>: M. Gonzales reported on the following: ➤ The 2023 Standards have been implemented, with a change from 6 to 5 standards. Standard 5: Resources have been added to Standard 1: Administrative Capacity.</p> <p>2. <u>BRN</u>: M. Gonzales reported on the following: ➤ Roybal Comprehensive Health Center will be utilized as a clinical site for Fall 2024. The request for a new clinical placement has been submitted to the BRN and is pending approval.</p>	<p>1. Information</p> <p>2. Information</p>	<p>1. None</p> <p>2. None</p>

TOPIC	DISCUSSION/CONCLUSIONS/RECOMMENDATIONS	ACTIONS	FOLLOW-UP																																																
DIVISIONAL REPORTS	<p>1. Financial Aid (FA) – T. Trongone reported on the FA 2022-2023 annual report:</p> <p><u>Evaluation of 2022-2023 Goals</u></p> <ul style="list-style-type: none"> ➤ Training for the FA and billing portals on CAMS is in progress and a pilot group was created in spring 2023. ➤ Electronic records of all student FA disbursements were streamlined for efficiency. ➤ A master financial aid spreadsheet was created to collect data for all required annual reporting and other requirements from regulatory agencies. <p><u>Evaluation of Student Learning Outcomes</u></p> <ul style="list-style-type: none"> ➤ The most recent Cohort Default Rate for 2020 is 0% as there is a student loan payment pause until June 30, 2023. ➤ Students positively provided positive comments on the FA office. ➤ There were no student withdrawals in 2022-2023 due to financial hardship. ➤ At least 84% of students signed the Tuition Agreement Contract (TAC). Students pay \$700 per semester with \$1,700 as deferred payment. ➤ The office informally tracked the hiring of graduates. CONAH is working with DHS recruiters to assist graduates in getting hired within DHS. LA General has started hiring fairs. <table border="1"> <thead> <tr> <th colspan="4">CASH MANAGEMENT TOTALS: 2022-2023 Academic Award Year</th></tr> <tr> <th>TYPE OF AID</th><th># AWARDED</th><th>AMOUNT AWARDED</th><th>COMMENTS</th></tr> </thead> <tbody> <tr> <td>PELL GRANT</td><td>88</td><td>\$281,922.00</td><td></td></tr> <tr> <td>FSEOG</td><td>88</td><td>\$10,336.00</td><td></td></tr> <tr> <td>CAL GRANTS</td><td>18</td><td>\$9,577.00</td><td>STIPENDS & BOOKS & SUPPLIES</td></tr> <tr> <td>SUB LOANS</td><td>62</td><td>\$227,692.00</td><td></td></tr> <tr> <td>UNSUB LOANS</td><td>41</td><td>\$206,167.00</td><td></td></tr> <tr> <td>PLUS, LOANS</td><td>0</td><td>\$0.0</td><td></td></tr> <tr> <td>ALT. LOANS</td><td>8</td><td>\$77,189.00</td><td></td></tr> <tr> <td>BW SCHOLARSHIP</td><td>10</td><td>\$3,725.00</td><td></td></tr> <tr> <td>NIENSTEDT SCHOLARSH</td><td>6</td><td>\$2,100.00</td><td></td></tr> <tr> <td>MW RICHARDS</td><td>19</td><td>\$10,000.00</td><td></td></tr> </tbody> </table>	CASH MANAGEMENT TOTALS: 2022-2023 Academic Award Year				TYPE OF AID	# AWARDED	AMOUNT AWARDED	COMMENTS	PELL GRANT	88	\$281,922.00		FSEOG	88	\$10,336.00		CAL GRANTS	18	\$9,577.00	STIPENDS & BOOKS & SUPPLIES	SUB LOANS	62	\$227,692.00		UNSUB LOANS	41	\$206,167.00		PLUS, LOANS	0	\$0.0		ALT. LOANS	8	\$77,189.00		BW SCHOLARSHIP	10	\$3,725.00		NIENSTEDT SCHOLARSH	6	\$2,100.00		MW RICHARDS	19	\$10,000.00		1. Information	1. None
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	<p>➤ Additional Funding received from the Higher Education Emergency Relief Fund due to the COVID-19 pandemic was awarded to 195 students in Spring 2023 for a total of \$78,454.00. This is the last disbursement of the relief fund.</p> <p>2. Educational Resource Center (ERC) – R. Gabbedon reported on the ERC 2022-2023 annual report:</p> <p>➤ There is an increase in the electronic database maintenance cost compared to the last academic year.</p> <p>➤ The increase in cost for 2022-2023 included the cost of the Pyxis machine with funding from the CARES grant.</p> <p>➤ The laptop loan program has been utilized to support student learning.</p> <p><u>Goals:</u></p> <p>➤ Incorporate the use of the Pyxis machines for medication administration and storage.</p> <p>➤ Incorporate the use of Avkin Wearable Simulators to enhance student learning outcomes.</p> <p>➤ Explore the use of movable cameras during the simulation experience to enhance communication.</p> <p>➤ Explore the conversion of the library to a Digital library.</p> <p><u>ERC Usage Trends</u></p> <p>➤ There is an increased in-person visit to the library and use of Skills Lab:</p> <table><tr><th>ERC Usage Academic Year</th><th>2021-2022</th><th>2022-2023</th></tr><tr><td>CINAHL</td><td>13353</td><td>16349</td></tr><tr><td>Nursing Reference</td><td>4109</td><td>645</td></tr><tr><td>eBOOK Database</td><td>13032</td><td>8467</td></tr><tr><td>Circulation</td><td></td><td></td></tr><tr><td>Books</td><td>214</td><td>857</td></tr><tr><td>Laptops</td><td>N/A</td><td>102</td></tr><tr><td>Patrons</td><td></td><td></td></tr><tr><td>Library</td><td>2840</td><td>2889</td></tr><tr><td>Computer Labs</td><td>1406</td><td>1259</td></tr><tr><td>Skills Lab</td><td>1721</td><td>1945</td></tr></table>	ERC Usage Academic Year	2021-2022	2022-2023	CINAHL	13353	16349	Nursing Reference	4109	645	eBOOK Database	13032	8467	Circulation			Books	214	857	Laptops	N/A	102	Patrons			Library	2840	2889	Computer Labs	1406	1259	Skills Lab	1721	1945			2. Information	2. None
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Los Angeles County

COLLEGE OF NURSING AND ALLIED HEALTH

1237 North Mission Road, Los Angeles, California 90033

► School of Nursing
► Education & Consulting Services
► Allied Health Continuing Education

(323) 226-4911/6511

Mission

To provide learning centered educational programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services.

Vision

To be a model learning centered educational system providing a continuum and breadth of education and professional development to promote health in the Los Angeles community.

Values

To guide us in achieving our mission and vision, we believe:

- Education is an indispensable component of high quality and safe patient centered care.
- Education is a dynamic, life long process that promotes and maximizes both personal and professional development.
- Our priority is to respond to the educational needs of our students, the LAC+USC Medical Center, Department of Health Services, and the community.
- Learning activities that provide for freedom of inquiry, self-discovery and sharing of ideas are conducive to individual growth.
- The teaching-learning process is a reciprocal relationship between learner and teacher, which maximizes learner autonomy, and is effective when achievement of learning outcomes is demonstrated.
- The climate of learning is enhanced when the dignity and worth of individuals with different abilities, learning styles, support systems' needs, and cultural and ethnic backgrounds are recognized.
- Ongoing evaluation of our performance and openness to change is essential as programs grow, technology improves, student needs change, and learning methods evolve.
- Teamwork promotes flexibility, collaboration, innovation, and networking.
- Integrity, professionalism, and respect are inherent to our relationships with each other, our students, our partners, and the community.
- Fiscal responsibility is vital to ensuring the maximum benefit from DHS resources.

Motto

“There is no education like it in the world”

**Los Angeles County College of Nursing and Allied Health
STRATEGIC PLAN 2020-2024**

OBJECTIVES & STRATEGIES	STANDARD	ACCOUN- TABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				FY 2020 -2021	FY 2021 - 2022	FY 2022 - 2023	FY 2023 - 2024
GOAL I: Promote Student Success							
I A: Improve resource availability							
I A.1: Develop and implement a long-term plan for Information Technology to support college operations	ACCJC Std. I. AB, II.ABC, III.C.2 BRN Sect 1424(d)	CIO; Dean, IERP Provost	OES Program SLO/APER, SON Program SLO/APER	All IT projects completed for Strategic Plan 2016-2019 Goals for 2020-2021: Implement 2019 ACCJC Survey recommendation to develop a long- term plan for Information Technology Action Plan: Provost discussed ACCJC recommendation with LAC+USC CEO and CFO who were both present at the 2019 accreditation survey briefing CONAH conducted a needs assessment that included additional resources to support Allied Health Program Expansion Update: IT Plan for FY 2018 through 2023 developed and approved by IT management Additional resources including computers, laptops, and Skills lab equipment and supplies were purchased for SON and Allied Health	Goals for 2021-2022: Ensure IT needs are incorporated into the budget process Action Plan: Collaborated with LACUSC finance department to ensure IT needs are incorporated into the budget process Update: Reviewed the progress of 2018-2023 IT Plan with IT management team IT Dept.very responsive to the needs of students, faculty, and administration Laptops were purchased for faculty and staff to assist with remote learning during the pandemic	Goals for 2022-2023 Conduct assessment of long- term IT needs to transition the college from an ADN to a BSN program Action Plan: Develop a comprehensive IT budget to support BSN project Budget will include the plan to purchase an academic management system database to replace an aging CAMS system and the purchase of a new testing system Update: Ongoing progress review of 2018-2023 IT Plan. Goals and action plans are proceeding according to established timeline Purchased laptops for students who do not have the financial resources to buy their own. Laptops are available for checkout from the library.	Goals for 2023-2024; Submit budget request to purchase a new academic management system to replace CAMS database and a new testing system Will sunset this strategic initiative upon budget approval

STRATEGIC PLAN 2020-2024

OBJECTIVES & STRATEGIES	STANDARD	ACCOUN- TABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				FY 2020 -2021	FY 2021 - 2022	FY 2022 - 2023	FY 2023 - 2024
GOAL I: Promote Student Success (continued)							
I A.2: Implement remaining components of CAMS database	ACCJC Std. I. AB, II. ABC III.C BRN Sect 1424(d)	OES, IT	ERC Program SLO/APER, IEPRP (IT)	Goals for 2016-2019 completed Goals for 2020-2021: Complete implementation of financial aid database Update: Implementation placed on hold due to Covid-19 pandemic	Goals for 2021-2022: Resume implementation of Financial Aid and Billing Portal components Update: Training with vendor resumed after it was placed on hold due to Covid- 19 pandemic. Training was focused on financial aid component. Student information loaded into database	Goals for 2022-2023: Continue with staff training Update: CAMS database needs to be updated to a more current version. Upgrade is scheduled for implementation Spring, 2023 CAMS database needs to be updated to a more current version. Upgrade completed on Fall 2022. Financial Aid module training is ongoing.	Goals for 2023-2024: Develop a process to move forward with replacement of CAMs database Will sunset this strategic initiative upon budget approval of request to purchase a new academic management system
I A.3: Increase electronic educational resources	ACCJC Std. I. AB, II.ABC, III.C BRN Sect 1424(d)	ERC, IT	ERC Program SLO/APER, IEPRP (IT)	Goals for 2016-2019 completed Goals for 2020-2021: Implement digital resources to support student learning Update: New Lippincott textbooks and digital resources, i.e. adaptive learning assignments and vSIM were implemented by Semester 1 in Fall 2018; Semester 2 in Spring 2019; Semester 3 in Fall 2019 and Semester 4 in Spring 2020	Goals for 2021-2022: Expand availability of digital materials as appropriate based on faculty and student needs Update: Utilize PassPoint to prepare students for Next Gen NCLEX Exam.	Goals for 2022-2023: Assess expansion and effectiveness of digital materials and make changes as appropriate Update: Continue with implementation of PassPoint; Incorporate PassPoint in clinical courses for Semester 3 and 4 to enable students to get up to the mastery level to pass the course. Goal: Achieve end of program student learning outcomes	Will sunset this strategic initiative but will continue to purchase electronic resources as the need arises

STRATEGIC PLAN 2020-2024

OBJECTIVES & STRATEGIES	STANDARD	ACCOUN- TABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				FY 2020 -2021	FY 2021 - 2022	FY 2022 - 2023	FY 2023 - 2024
I B: Provide supportive learning environment for students and faculty							
I B.1 Ensure high risk students are assessed and provided support services (e.g. tutoring, remediation, counselling, clinical enhancement)	ACCJC Std. I. AB, II.ABC, III.C BRN Sect 1424(a), 1425.1(a, c), 1426(f)	Semester Coordinators, Faculty Dean, SON	Remediation Plan for High- Risk Students, Semester Course SLOs/ACER, Tutoring attendance	Goals for 2016-2019 completed Goals for 2020-2021: Develop a tracking report to monitor student progress between semesters Update: At-risk students identified early, and appropriate referrals are made by faculty. Tracking and monitoring of high-risk students successfully implemented.	Goals for 2021-2022: Continue to monitor at-risk students and make referrals for advisement, tutoring, or counseling Update: Referrals for advisement and or tutoring/mentoring well utilized by faculty; Referrals and action plan are reviewed with the Dean	Goals for 2022-2023: Track student outcomes to determine what interventions work best Monitor progress between semesters and report outcomes and trends to Governance Committee Update: Attrition rate remained constant even during the pandemic; Records indicated more students are making self-referrals	Goals for 2023-2024 Continue to track at risk students and outcomes Monitor effectiveness of interventions on the following outcomes: -academic withdrawals -failures -absences -clinical competency
	CG	IE Committee; Dean, SON; OES	No. of students who pass the interview and accepted to the SON	Goals for 2020-2021: Incorporate applicant interview as part of admission process Update: Interview process conducted by IE committee members for applicants starting Fall 2019. IE committee members reported good student participation and outcomes	Goals for 2021-2022 Assess effectiveness of interview process on the quality of applicants accepted to the School of Nursing Update: Data is not sufficient because some students did not go through the interview due to Covid-19 pandemic	Goals for 2022-2023 Track, trend and compare results against student outcomes as determined by IE committee Update: Based on preliminary data, students who did not do well in the interview did not do well in the program.	Goals for 2023-24: Explore the possibility of using the interview result as a condition of acceptance to the program instead of the current allocation of 5 points

STRATEGIC PLAN 2020-2024

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				FY 2020 -2021	FY 2021 - 2022	FY 2022 - 2023	FY 2023 - 2024
I B: Provide supportive learning environment for students and faculty							
IB.3 Provide ongoing faculty development through educational programs at CONAH or sending faculty to attend seminars and conferences	ACCJC Std. I.C. II.A., III.A BRN Sect. 1425.1 (d)	Faculty Development Committee Dean, SON	Faculty Development meeting minutes: classes provided; College Governance meeting minutes; Faculty CEUs	Goals for 2016-2019 completed Goals for 2020-2021: Conduct annual faculty educational needs assessment Update: Faculty Development needs assessment completed. Additional resources needed to allow more faculty to attend outside educational programs	Goals for 2021-2022: Provide faculty with resources to attend outside educational programs Update: A training budget was developed and designated for faculty development During the pandemic, virtual conferences from RNCC/HWI (Regional Nursing Curriculum Consortium/ Healthcare Workforce Initiatives) and webinars from academic organizations were provided to faculty on concept-based teaching, strategies to conduct effective distance learning, virtual simulations, etc. Faculty and administrative team attended the ACEN 2022 Workshops and Forums to prepare for the accreditation visit in Spring 2023.	Goals for 2022-2023: Allocate resources for new faculty members to attend outside professional development programs Update: A virtual conference attended by faculty on the topic of next generation NCLEX	Goals for 2023-2024: Increase budget for faculty development

STRATEGIC PLAN 2020-2024

OBJECTIVES & STRATEGIES	STANDARD	ACCOUN- TABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				FY 2020 -2021	FY 2021 - 2022	FY 2022 - 2023	FY 2023 - 2024
GOAL II: Enhance Physical Infrastructure							
II A.1 Develop a long-range plan for cost of maintaining operations as it relates to facility	ACCJC Std. I. AB, II.ABC, III B.4, III.	Provost LAC+USC CFO LAC+USC Facility Director	Program Resource Needs Form & Resource Request & Allocation Policy SLO's APER, ACER, and Surveys	Goals for 2016-2019 completed Goals for 2020-2021: During the 2019 ACCJC survey visit, there was a recommendation that facility management needs to develop a long term plan for cost of maintaining operations to address current and future facility upgrades and maintenance Facility management update will be included in the Midterm report for submission in 2023 Update: Maintenance work and repairs were done at regular intervals. However, due to the age of the building heating and air conditioning continues to be a problem	Goals for 2021-2022: Ensure facility rounds are conducted on a regular basis by facility director There has been good response from facility management. Maintenance work and repairs were done at regular intervals. However, due to the age of the building heating and air conditioning continues to be a problem Update: Work completed for heating and cooling towers but remains a problem; A new HVAC system will be included in the budget for installation in FY 2024-2025 budget cycle	Goals for 2022-2023: Prepare a midterm report for submission to ACCJC Update: Midterm report being completed for submission on March 15, 2023	Sunset this strategic initiative but will continue to work with facility management to ensure maintenance and repair work are done in a timely manner
II A.2 Sim LAB – install a portable camera with audio to improve communication and enhance student and faculty interaction	ACCJC Std. III B & C BRN Sect 1424(d)	Provost ERC SIM Lab Coordinator	Program Resource Needs Form & Resource Request & Allocation Policy. SLO's APER, ACER, and Surveys	Goals for 2016-2019 completed Goals for 2020-2021: Relocate SIM Lab to building 10 to have extra space for students to practice their skills Install CAE replay for audio and video communication Update: Relocation of SIM Lab completed Installation of CAE placed on hold due to relocation of services to building 10	Goals for 2021-2022: Install CAE replay Update: CAE installation completed Faculty and student training delayed due to Covid-19 pandemic	Goals for 2022-2023: Schedule faculty and staff training with vendor Monitor effectiveness of CAE replay on student learning outcomes Update: Purchased Gaumard high fidelity Mettiman manikin and implemented in Fall 2022	Goals for 2023-2024: Monitor effectiveness of Gaumard high fidelity manikin on how students apply concepts as demonstrated during debriefing and as evidenced by class climate evaluation

STRATEGIC PLAN 2020-2024

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				FY 2020 -2021	FY 2021 - 2022	FY 2022 - 2023	FY 2023 - 2024
II A.3 Relocate Skills Lab to ensure availability of additional rooms for students to practice clinical skills	ACCJC Std III; B & C BRN Sect 1424(d)	Provost ERC SIM Lab Coordinator	Program Resource Needs Form & Resource Request & Allocation Policy. SLO's APER, ACER, and Surveys	Goals for 2016-2019 completed Update: Skills Lab relocation to building 10 completed	Goals for 2021-2022 Apply for funding from CARES Act to purchase additional equipment and supplies Update: CONAH applied and was approved for funding from CARES Act to purchase equipment and supplies as well as allocation of dollars to students.	Goals for 2022-2023: Continue to evaluate the need for resources to support student learning and enhance faculty and staff satisfaction Update: Purchased additional desks and chairs for use by faculty and students High definition OB manikin with birthing component purchased to enhance skills practice since the OB patient population is quite low Pediatric manikin also purchased to enhance skills practice Various equipment and supplies purchased for Skills and SIM Labs	Goals for 2023-2024: Explore grants and donations to help with purchase of additional equipment and supplies for Skills Lab

STRATEGIC PLAN 2020-2024

OBJECTIVES & STRATEGIES	STANDARD	ACCOUN- TABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				FY 2020 -2021	FY 2021 - 2022	FY 2022 - 2023	FY 2023 - 2024
GOAL III: Promote Collaboration and Partnership with academic institutions							
Goal III A: Pursue partnership with academic institutions							
III A.1 Transition SON from an Associate Degree program to a Baccalaureate program	ACCJC Std 1B: 6	Provost Dean, SON Admin Team Faculty	BRN Approval ACCJC-WASC Approval	Goals for 2016-2019 completed Completed faculty meeting with HMA consultant on March 18, 2019 Focus Group interviews with students and faculty completed Presentation to executive leadership teams of hospitals, ambulatory care network, and corrections health completed Goals for 2020-2021: Engage a consultant to assist with implementation phase Update: Awaiting approval for consultant engagement. Approval for use of consultant was temporarily placed on hold for a long period of time due to Covid pandemic	Goals for 2016-2019 completed Goals for 2021-2022: Communicate with BRN regarding plan for BSN transition Update: SON Dean communicated with the BRN and NEC Consultant regarding CONAH's plan to transition the College from an ADN to a BSN program. She joined as a member of the Regional Nursing Curriculum Consortium (RNCC) and is an active participant of the Core Curriculum Workgroup along with four SON faculty. The workgroup drafted the theoretical model, ADN-BSN Collaborative Program pathway, learning outcomes. Currently, the group is in the process of completing other requirements including concept analysis, presentations, and course syllabi for the Concept Based Curriculum in the ADN-BSN Collaborative Program pathway. This project was placed on hiatus due to Covid-19 pandemic.	Goals for 2022-2023: Gather documents for submission to BRN for a curriculum change Plan to move ahead with engagement of consultant to work on implementation phase Update: The College representatives for the RNCC workgroups - Core Curriculum, Accreditation, and General Education Prerequisite are continuously working and actively participating in group assignments for the ADN-BSN Collaborative program. Update: Post pandemic, CONAH received approval to move forward with the BSN project. Engaged a FUSE Fellow to work with administration and faculty to move the plan forward. Fellow met with key stakeholders and prospective academic partners and will present a final recommendation to CONAH administration	Goals for 2023-2024: Finalize BSN program recommendations and budget proposal

STRATEGIC PLAN 2020-2024

OBJECTIVES & STRATEGIES	STANDARD	ACCOUN- TABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				FY 2020 -2021	FY 2021 - 2022	FY 2022 - 2023	FY 2023 - 2024
Goal III B: Strengthen community partnership							
III B.1 Provide educational training and support for hospitals, ambulatory care network, and correctional health nurses	ACCJC Standards III A, B, &C	Director, Allied Health	Number of courses that meet requirements for awarding of CEU recertification for NAs and LVNs	Goals for 2016-2019 completed Completed continuing education classes and training for hospital-based CNAs and LVNs, and Correction Health CNAs	Goals for 2021-2022: Continue with providing continuing education classes for CNAs and LVNs because of continued demand from facilities. Majority of current NAs have let their certification lapse or do not have certification at all. Minimal classes were offered due to Covid pandemic and some of the classes were cancelled.	Goals for 2022-2023: Continue to provide continuing education classes for DHS facilities and clinics	Will sunset this strategic initiative but will continue to monitor continuing education needs
III B.2 Develop Allied Health into a fully functioning division of CONAH	ACCJC Standards III A, B, &C	Provost Director, Allied Health	Number of certifications granted	Goals for 2016-2019 completed Goals for 2020-2021: Create a budget for Allied Health Update: Budget allocation for AH staffing completed Hiring of AH Director completed Hiring of nursing instructors and ITC delayed due to lack of qualified candidates	Goals for 2021-2022: Submit a proposal to ACCJC-WASC for AH to develop technical programs and grant a degree upon graduation Update: Obtained CE Provider approval number from BRN for RN Continuing Education classes and courses Developed curriculum for Central Service Technician	Goals for 2022-2023: Continue development of Central Service Technician (CST) curriculum Update: CST program placed on hold to meet a priority need that was identified to support DHS and LAC+USC staffing. Priority is a NA training program in response to a critical staffing shortage of NAs at LAC+USC and throughout DHS. Program was approved by CDPH and will start on October 31, 2022	Goals for 2023-2024: Resume development of CST training program

STRATEGIC PLAN 2020-2024

OBJECTIVES & STRATEGIES	STANDARD	ACCOUNTABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				FY 2020 -2021	FY 2021 - 2022	FY 2022 - 2023	FY 2023 - 2024
GOAL IV: Enhance Institutional Effectiveness Through Continuous Quality Improvement							
IV A: Maintain continuous quality improvement activities related to institutional effectiveness and student learning outcomes							
IV.A.1 Develop stretch goals for all Institutional Goals	ACCJC Std. I.B.3	Provost Dean, IERP	Quality, significance, and applicability of stretch goals	Goals for 2016-2019 completed Goals for 2020-2021: Ensure all institutional goals have stretch goals Dean, IERP will work with college and SON committees to develop stretch goals Update: Stretch goals were incorporated into CONAH’s Annual Report to ACCJC in April,2019	Goals for 2021-2022: Evaluate outcome of stretch goals and make revisions as appropriate Continue to track, trend, and monitor outcomes Update: Rates for course completion, job placement, and licensure examination pass rate have exceeded the institutional set standards (ISS) and CONAH’s stretch goals.	Goals for 2022-2023: Continue to review and monitor stretch goals and make revisions as appropriate Update: Midterm report for ACCJC to be submitted on March 15, 2023, will include stretch goals and possible revision of the ISS.	Goals for 2023-2024 Continue to review stretch goals and institutional goals and revise as needed to meet ACCJC standards
IV A.2 Track, trend and evaluate student data for comparative studies	ACCJC Std 1B: 5 BRN Sect: 1424 (b) (1) 1431	Deans of SON; IE; Student Services	Course Pass rates Attrition rates On- Time Completion rates NCLEX Pass rates; Faculty/committee meeting minutes; Surveys, e. g. students; graduates; employers, and/or other methods used for measuring the performance of graduates meeting the community need	Goals for 2016-2019 completed Goals 2020-2022: Create a report to track and trend number of students referred for counseling, and tutoring/ mentoring Update: Report created. Data reported to SON Planning and Governance Committee	Goals for 2021-2022 Demonstrate the correlation between tutoring and mentoring support to student success as evidenced by the following indicators: <ul style="list-style-type: none">o Academic withdrawalo Program withdrawalo Clinical Skills Update: SLO reports for N111 and N113 indicated that five students who were on academic warning and were referred to tutoring and mentoring successfully passed their respective courses.	Goals for 2022-2023 Continue to track, trend, and monitor outcomes Report on impact of tutoring and mentoring support to student success as evidenced by the following indicators: <ul style="list-style-type: none">o Academic withdrawalo Program withdrawalo Course completion Update: Pending data for Fall 2022 and Spring 2023	Goals for 2023-2024 Report on impact of tutoring and mentoring support to student success as evidenced by the following indicators: <ul style="list-style-type: none">o Course completiono Program completion

STRATEGIC PLAN 2020-2024

OBJECTIVES & STRATEGIES	STANDARD	ACCOUN- TABILITY	KEY PERFORMANCE INDICATOR/ METRIC	ANNUAL PROGRESS			
				FY 2020 -2021	FY 2021 - 2022	FY 2022 - 2023	FY 2023 - 2024
GOAL IV: Enhance Institutional Effectiveness Through Continuous Quality Improvement							
IV A.3 Maintain accreditation readiness	ACCJC Std 1B: 9 BRN Sect 1431	Provost; Deans; Faculty; OES; ERC; FA	BRN & WASC Self Study report; supporting documents: Faculty committee minutes/reports etc.	Goals for 2016-2019 completed Completed BRN survey in 2018 with no areas of improvement identified Completed ACCJC accreditation visit in 2019 with no areas of non-compliance identified by peer reviewers. Goals for 2020-2021: Start preparation for ACCJC midterm report	Goals for 2021-2022: Continue preparation for ACCJC midterm report to ensure survey recommendations are addressed Update: Review of standards completed	Goals for 2022-2023: Continue preparation for ACCJC midterm report Update: Documents ready for submission to ACCJC in Spring, 2023	Goals for 2023-2024: Create steering committee to review new ACCJC standards that will be implemented in 2024
Goal IV: Enhance Institutional Effectiveness Through Continuous Quality Improvement							
IV A.4 Explore obtaining national certification	ACCJC Std 1B: 6	Provost, Dean of SON	Explore national certification through CCNE	Goas for 2020-2021: Evaluate requirements for national certification Update: CONAH Administration in consultation with Provost decided to go with ACEN certification instead of CCNE.	Goals for 2021-2022: Proceed with goal of obtaining national certification through ACEN. Assemble a team headed by Dean, IERP to start collecting and reviewing documents for submission to ACEN. Update: IERP worked with ACEN leadership to submit documents as part of the application process for obtaining national certification. On July 07/12/21, CONAH's application for candidacy was granted. The candidacy status is valid for 2 years. Additional documents will be submitted in preparation for a site visit within the next two years.	Goals for 2022-2023: Continue to work on gathering documents for submission to ACEN in preparation for the site visit. Update: Site visit for ACEN certification scheduled for March 2023. The visit is coordinated with the BRN team for a joint review	Goals for 2023-2024 Celebrate a successful ACEN certification and BRN survey

STRATEGIC PLAN 2020-2024

LEGEND:

ACCJC: Accrediting Commission for Community & Junior Colleges	CONAH: College of Nursing & Allied Health	LAUSD: Los Angeles Unified School District
ACER: Annual Committee Report	CV: CONAH Values	LMS: Learning Management System
APER: Annual Program Report	SULA: California State University, Los Angeles	NPA: Nursing Practice Act
AH: Allied Health	DHS: Department of Health Services	OES: Office of Educational Services
BOT: Board of Trustees	ERC: Education Resource Center	OPS: Operations
BSC: Balance Score Card/LAC+USC Strategy Map	FAA: Financial	SON: School of Nursing
BSN: Bachelor of Science in Nursing	FAA: Financial Aid Administrator	SSS-A: Student Support Services
BRN: Board of Registered Nursing	ERP: Institutional Effectiveness, Research and Planning	
CG-Yr. College Goals – Year and Goal number	IT: Information Technology	
CCR: California Code of Regulations		

DATA Sources:

ACCJC Accreditation Reference Handbook
California Board of Registered Nursing Regulations
CONAH Annual Goals
CONAH Mission, Vision, Values
LACCNAH Midterm Report 2016

Original: 08/26/09
Revisions: 10/11/16; 05/13/17; 06/19/17; 03/26/19; 05/29/19; 01/07/20; 02/16/21; 11/01/22

Reviewed: 10/11/16; 05/31/17; 06/19/17; 03/26/19; 05/29/19; 01/07/20; 02/16/21; 08/01/21; 11/01/22

COLLEGE DESCRIPTION

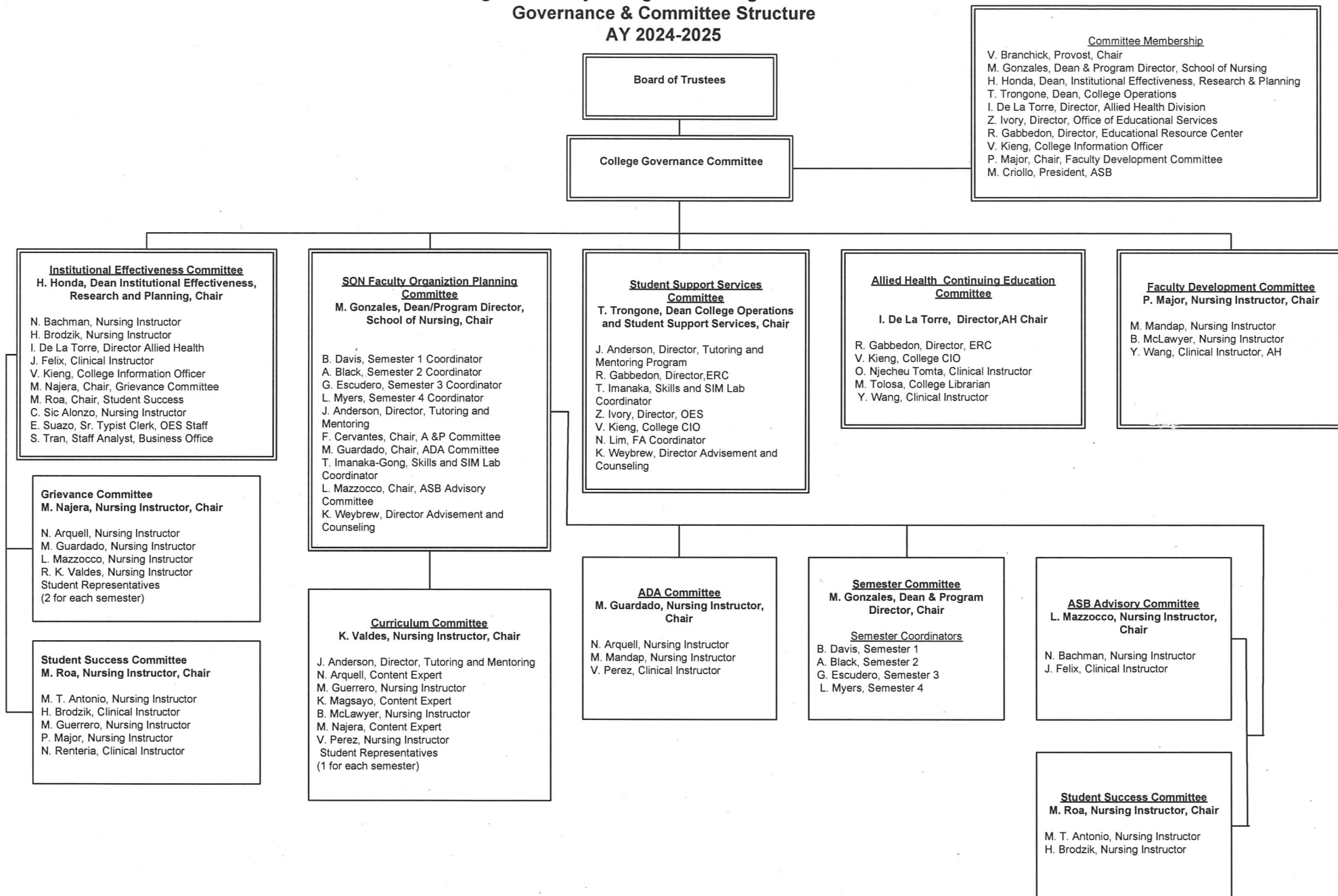
The Los Angeles County College of Nursing and Allied Health (CONAH) is a public community college operated by Los Angeles County (LAC). The college is divided into two academic divisions: the School of Nursing (SON) and Allied Health. It serves the educational needs of the LAC Department of Health Services (DHS) and the broader LAC healthcare community by offering learning-centered educational programs and career development opportunities for aspiring healthcare professionals.

The college was originally established in 1895 as the College Training School for Nurses, under the direction of the LAC Hospital and the USC College of Medicine. The LAC Board of Supervisors officially approved the school in 1901. In 1968, it was renamed the LAC Medical Center School of Nursing to align with the hospital's name change to LAC+USC. In 2000, the college relocated to its current address at 1237 North Mission Road, situated northeast of the Los Angeles General Medical Center campus.

The college received initial accreditation as a community college from the ACCJC of the Western Association of Schools and Colleges in June 1995. The SON held accreditation from the National League of Nursing (NLN) as a diploma nursing program from 1952 to 1995. The SON's pre-licensure program is approved by the California Board of Registered Nursing (BRN) and achieved national accreditation from the Accreditation Commission for Education in Nursing (ACEN) in 2023. The Allied Health division is authorized to provide certification and continuing education programs.

The College's mission is to provide learning-centered educational programs and career development opportunities for healthcare students in support of Los Angeles County. This mission is fulfilled by graduating between 85 to 100 students annually with an Associate of Science degree in Nursing (ADN). The average first-time pass rate for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) is 95% for the ten classes that graduated between December 2014 and May 2024. Since 2014, this first-time pass rate has consistently surpassed both state and national averages. In alignment with the College's mission, at least 99% of graduates have found employment as Registered Nurses (RNs) in LAC with up to 64% of those graduates being hired by the DHS.

**Los Angeles County College of Nursing and Allied Health
Governance & Committee Structure
AY 2024-2025**



10-15-2024

Date

V. Branchick

Vivian Branchick
Provost / Administrator

ACCREDITATION AND APPROVAL

The College is accredited as a community college by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges (ACCJC:WASC). The Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges is an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education. The College offers an Associate of Science Degree in nursing (ADN) to graduates of the School of Nursing.

The California Board of Registered Nursing (BRN) approves the School of Nursing as a prelicensure nursing program. Education and Consulting Services is approved by the BRN as a nursing continuing education provider.

College accreditation and program approval status and documents are posted on the College website: <http://ladhs.lacounty.gov/wps/portal/CollegeOfNursing> Paper copies are available upon request.

ACCJC:WASC

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California Board of Registered Nursing.

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**ACCREDITATION COMMISSION FOR
EDUCATION IN NURSING (ACEN)**

The Associate Degree Nursing Program at Los Angeles County College of Nursing and Allied Health located in 1237 N. Mission Rd. Los Angeles, CA 90033 is accredited by the Commission for Education in Nursing. (ACEN)

Accreditation Commission for Education in Nursing (ACEN)

3390 Peachtree Road NE, Suite 1400

Atlanta, GA 30326

(404) 975-5000

[ACEN website](#)

The most recent accreditation decision made by the ACEN Board of Commissioners for the Associate Degree nursing program [ACEN CONAH Accreditation Letter](#).