

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

ANNUAL PROGRAM EVALUATION REPORT

2016-2017 ACADEMIC YEAR

EDUCATION AND CONSULTING SERVICES

PART I: EVALUATION OF ANNUAL GOALS

Evaluation of annual goals from the preceding academic year

1. By June 30, 2017, participate in the development of the annual DHS core competency program in consideration of Patient Safety Net findings, regulatory agency standards, and other patient safety-related sources and coordinate implementation and evaluation for all LAC+USC Medical Center nursing staff.

2016-2017 Milestones include:

- Evaluate current process of implementation in collaboration with DHS Education Directors and educators and revise as necessary to optimize efficiency and equity by September 30, 2016
- Coordinate implementation of 2016 DHS core competency validation process for all LAC+USC nursing staff by December 31, 2016
- Develop 2017 DHS nursing core competency materials for DHS inpatient licensed and unlicensed nursing staff and certified medical assistants by December 31, 2016
- Present proposed 2017 DHS Nursing Inpatient Competency program content and implementation plan to DHS Office of Nursing Affairs Education Compliance Unit, DHS nursing administrators, union representatives, and DHS human resources by January 30, 2017
- Coordinate implementation of 2017 DHS core competency validation process for all LAC+USC nursing staff
 - Plan and conduct nurse manager and assistant nurse manager training for their roles as testing proctors and RNII and RNIII training as practice station proctors
 - Create competency videos to enhance learning and place on the intranet for easy accessibility to nursing staff in preparing for competency validation
- Incorporate 2017 DHS standardized competencies into all LAC+USC Medical Center orientation programs as of June 30, 2017.

Evaluation of Goal #1:

- Collaborated with DHS Nursing Education Compliance Program (ECP) Director, education directors and educators from all DHS facilities, and HR performance management to plan and implement 2017 DHS Standardized Core Competency program in consideration of patient safety concerns and

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- regulatory agency standards. Content included 2017 national patient safety goals, event and near miss notification, hand-off communication, safe patient handling, prevention of pressure ulcers, injury prevention, fall prevention, and hand hygiene, all intended to improve patient safety/experience
- Chaired Nursing Inpatient Core Competency Subcommittee and led the development of study guide content, tests, skills station performance criteria, instructor tips and other related materials
 - Presented 2017 Nursing Inpatient Core Competency Program content and implementation plan to Union representatives, DHS ECU director and staff, DHS HR, and LAC+USC nursing administrators and educators
 - Met frequently with ECP Director, LAC+USC Nursing Administration and IT staff, DHS HR, and Learning Net team to determine resources needed to implement online testing at LAC+USC and to design the testing flow for over 3500 nursing staff
 - Participated in Lead Proctor Training conducted by DHS ECP Director and ECP educator
 - Participated in Testing Monitor and Learning Net Registrar/Score Administrator Training conducted by HR, Learning Net team, and ECP Director
 - Coordinated 2016 competency validation for remaining nursing staff who did not complete 2016 competencies in May 2016
 - Developed practice pictures and instructor tips for each skills station to help RNIIIs/RNIIIIs prepare for their roles as Practice Assistants and nursing staff prepare to complete competency testing
 - Conducted NM/SSN/AND training for their roles as Testing Monitors. Guided, monitored, and evaluated them throughout the competencies to ensure validity and equity of the testing process
 - Coordinated 2017 competency validation via the Learning Net (for the first time) for over 3500 LAC+USC nursing staff during May and June 2017
 - Incorporated 2017 DHS standardized competencies into all LAC+USC Medical Center orientation programs as of May 16, 2017
2. By June 30, 2017, create/redesign professional development programs/classes to meet educational expectations in relation to new healthcare, licensing, and regulatory requirements.

2016-2017 Milestones include:

- Restructure current management of assaultive behavior/violence prevention training format to meet SB 1299 requirements by June 30, 2017
- Incorporate stroke education into nursing orientation and skills validation programs in support of LAC+USC Medical Center becoming a Primary Stroke Center by June 30, 2017

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Evaluation of Goal #2:

- Offered almost 400 CE and non-CE classes and programs to over 6600 DHS participants
- Collaborated with LAC+USC nursing leadership and Stroke Coordinator to provide required education for nursing staff to meet Primary Stroke Center certification requirements. Added stroke education to RN/LVN Central Orientation and to Critical Care and Emergency Nursing program curriculum. Also included stroke education in the Nursing Attendant (NA) Development Program
- Developed and implemented Stroke Recognition and Management skills station for Annual Nursing Skills Validation Program
- Provided education on stroke recognition, Stroke Team activation, and documentation of stroke core measures for 200 registered nurses, NAs, clerks, PT/OT, social work and security personnel
- Collaborated with Stroke Team Coordinator, ED educator, and pharmacist to develop Stroke Team activation nursing protocol and Swallow Test procedure
- Increased number of Non-Violent Crisis Intervention Initial and Refresher courses by 100% to meet SB 1299 requirements for injury prevention education Added Code Gold training into Annual Nursing Skills Validation Program to help meet requirement for all nursing staff to receive annual training related to injury prevention and personal protection
- Provided mock Code Golds for psychiatric and ED staff and held debriefings to review staff response and identify improvement strategies
- Continued to offer additional "Trauma Update" programs to comply with American College of Surgeons' nursing trauma education requirements. Class is open to participants from all DHS hospitals, to assist in meeting their trauma education requirements
- Coordinated CEs for many Medical Center nursing programs, including RNII/RNIII and SSN professional development workshops, Quality Toolbox Workshop, CRRT classes, NICU Conference, Critical Care Symposium, and Medical-Surgical Update
- Provided two NA Development Programs, which included a variety of clinically relevant topics
- Collaborated with LAC+USC CNO, ED Clinical Nursing Director, and ED Program Coordinator to address urgent need for ED nurses by restructuring program and expanding enrollment in September 2016 and April 2017 ED programs
- Assisted ICU CND in planning a pre-critical care class to better prepare participants for ICU program
- Met with CONAH Provost, Corrections Health Director and CEU educators and toured Men's Central Jail and Twin Towers to assess nursing education needs. The Director plans to create an Emergency Response Team, consisting of 120 nurses. EDCOS ED educator developed 8-hour training program, which he will provide for all 120 nurses

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- Collaborated with LAC+USC Burn Center to provide two American Burn Association (ABA) Burn Life Support Courses, as required by ABA and American College of Surgeons for the LAC+USC Burn Center to maintain status as a verified "Center of Burn Care Excellence"
 - Collaborated with ED educators to provide a 3-day Resuscitation program
 - EDCOS educator participated in Health Agency Community Outreach Effort by going door-to-door to local households to gather information about health concerns and provide educational materials
 - Coordinated "Death and Dying: Nursing Care at the End of Life", an all-day seminar, with Palliative Care Consult Service
 - Assisted in maintaining sufficient number of IABP trained nurses by collaborating with IABP representative to provide IABP training
3. By June 30, 2017, lead the standardization of critical care and emergency nursing training programs throughout DHS.

Milestones include:

- Collaborate with DHS Central Education Unit, DHS CNOs, nursing education directors, and DHS educators to develop a plan for standardizing ICU and ED training programs by September 30, 2016
- Create ICU and ED standardized training subcommittees by September 30, 2016
- Review current DHS ICU and ED nursing training programs and develop a DHS system-wide standardized ICU training program based on AACN Core curriculum guidelines and ED training program based on Emergency Nursing Association Core curriculum guidelines by January 1, 2017
- Implement revised ICU and ED training programs in collaboration with the other DHS facilities by January 31, 2017
- Conduct ongoing evaluation of ICU and ED program outcomes and revise as necessary by June 30, 2017

Evaluation of Goal #3:

- Collaborated with DHS Central Education Unit (CEU), DHS CNOs, Nursing Education directors, and DHS educators to develop a plan for standardizing DHS ICU and ED training programs by September 8, 2016
- Created ICU and ED Standardized Training Subcommittees led by EDCOS ICU Program Coordinator and ED Program Coordinator with representation from all DHS facilities' nursing education departments
- Met regularly with Leadership Committee, which included CONAH Provost, CEU educators, and CNOs, CNDs from all DHS facilities in order to report Educator Subcommittee progress
- Subcommittees evaluated current DHS ICU and ED nursing training programs and developed a standardized ICU training program based on AACN Essentials of Critical Care Orientation guidelines and a standardized ED training program based on Emergency Nursing

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- Association Emergency Nursing Core Curriculum guidelines. The programs included standardized:
- Didactic and clinical time frames
 - Pre- and Co-requisites
 - Course objectives
 - Skills workshop content
 - Clinical competencies
 - Test questions
- Implemented partially standardized ICU and ED training programs in collaboration with the other DHS facilities in January, 2017 with the plan to implement fully standardized programs, effective June 1, 2017
 - Evaluated January, 2017 ICU and ED programs and made revisions based on feedback from CEU and DHS educators, participants, and management
 - Met with LAC+USC CNO, ICU CND, and ICU nurse managers to continue discussing plan to prepare Clinical Coaches for their new role
 - Scheduled ICU preceptors to shadow EDCOS instructors during January and April 2017 ICU clinical rotations to prepare them for their new role as Clinical Coaches
 - Developed and implemented two 8-hour ICU Clinical Coach training programs to prepare the Clinical Coaches for their clinical teaching role in the DHS standardized “Core Critical Care Program” Clinical Coaches were also invited to attend CCCP lectures, and all of the handouts were placed on the medical center intranet for their reference.
 - Assisted the College Provost CEU ANDA, and ICU and ED Standardization Coordinators in conducting a cost analysis of the ICU and ED standardized training programs as requested by the ONA CNO
 - Reviewed and revised DHS Specialty Unit Training Program policy and ICU and ED Program Descriptions drafted by the CEU ANDA
 - Implemented fully standardized ED and ICU training programs, effective for all ICU and ED programs beginning as of June 1, 2017

PART II: STUDENT PERFORMANCE EVALUATION

Refer to Part III, Categories of Participants and Class Completion status tables. Strategies to improve student learning were developed and specified below and in course SLO Assessment reports.

Assessment of Student Learning Outcomes

EDCOS completed a tenth full cycle of program review. The process included reviewing student learning outcomes (SLOs) and SLO Assessment Reports for basic and advanced critical care, pathophysiology, and emergency nursing programs.

Faculty designed and implemented methods for assessing student learning needs and evaluating course/program effectiveness in meeting identified needs. Course

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coordinators completed annual SLO Assessment Reports and course Outcomes Evaluation Reports and presented findings, including action plans to address items that did not meet specified thresholds to the Institutional Effectiveness and Critical Care/Specialty Service committees for approval.

The pass rate for the Basic Adult Critical Care (Phase I), Pathophysiology, and Emergency Nursing programs exceeded the 80% threshold.

PART III: PROGRAM / COMMITTEE PERFORMANCE EVALUATION

Employer Survey Findings

Employer Satisfaction Survey results exceeded threshold of 3.0. The most frequent answer to the statement: “The Phase I nurse needs the most assistance with...” was “prioritization.” Prioritization is a common difficulty for new ICU and ED nurses, as well as for new nurses in general. The critical care and emergency nursing instructors spend a significant amount of time assisting program participants in developing their organization and prioritization skills during the clinical portion of the programs. However, mastery of these skills comes with time and experience. Although no action was required, the instructors continue to emphasize time management and prioritization strategies during clinical. Organization/prioritization is also being addressed in the Pre- and Post-Phase I programs.

Course Pass Rates

Course pass rates for the Emergency Nursing, Basic Adult Critical Care, and Pathophysiology programs exceeded threshold of 80%.

Course/Instructor Evaluations

Student program/instructor evaluations for critical care and emergency nursing programs significantly exceeded the threshold of 3.5 and indicated student satisfaction. Most student comments for critical care and emergency nursing programs were very positive. There were no comments on the emergency nursing evaluations that required follow up.

For critical care, one instructor changed the handout based on comments that it was too repetitive and confusing. Another made the font larger on the PowerPoint presentation based on students' comments. A post-conference on one day of clinical was added based on student comments. One student commented that the nutrition lecture was too long. A plan was already in place to shorten that lecture with the next program.

Quality improvement needs

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The major quality improvement plan, now that the Core Critical Care Program has been standardized, is to develop and implement a DHS-wide standardized Advanced Critical Care Program this year. Our current 10-week Advanced Critical Care program has been cancelled for the past several years due to low enrollment secondary to staffing issues. The plan is to collaborate with educators from the other DHS facilities to reassess Pathophysiology and Advanced Critical Care Program content, eliminate any redundancies, and create one advanced critical care program. Because there will be one program rather than two, the impact on staffing will hopefully be minimized.

Class cancellations and rationale

The following classes were cancelled for the following reasons:

Pediatric Hematology/Oncology, Chemotherapy - Renewal Program	Instructor on LOA	07/15/16
Pediatric Advanced Life Support (PALS)	Low Enrollment	01/09/17 & 01/10/17
Trauma Update Winter 2017	Low Enrollment	02/15/17
Intra-Aortic Balloon Pump Update	Low Enrollment	03/21/17
Pediatric Advanced Life Support (PALS)-Recertification	Low Enrollment	04/06/17
Basic Arrhythmia Management & Interpretation	Low Enrollment	06/06/17 & 06/27/17
Arrhythmia: Interpretation & Management	No Enrollment	06/20/17

EDCOS Classes-Total Continuing Education (CE) & Non-CE classes

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Classes Offered	106	89	67	103	365
Participants (#)	1093	3285	638	1634	6650

EDCOS Classes Offered for Continuing Education Hours

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Classes Offered	51	59	47	62	219
Participants (#)	967	982	618	1561	4128

Participant Categories

	RN	LVN	NA	MD	RT	Other
Total	3014	150	444	55	2	463

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Class Completion Status						
	Pass	Fail	Drop	No Show	Incomplete	Audit
Total (%)	3604 (99.4%)	22 (0.6%)	56	410	12	24

*Does not include drops, no shows, or audits

Participant Facilities			
	LAC+USC + CHCs/Clinics	Other DHS Facilities	Non County
Total	3793	198	137

EDCOS Non-CE classes/Inservices/Modules/Skills Validation

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total
Classes Offered	55	30*	20	41	146
Participants (#)	126	2303*	20	73	2522*

*Includes Skills Validation

Categories of Participants						
	RN	LVN	NA	MD	RT	Other
Total	1586	157	710	22	0	47

EDCOS 2016-2017 Faculty Consultations

Topic	Number
Competency Validation	43
Nursing Orientation	8
Nursing Policies, Protocols, Procedures	101
Patient/Staff Safety	21
Supplies/Equipment	9
Medication Administration	24
Specialty Education	100
Staff Development	60
Nursing Forms	10
Nursing Documentation	38
Staff Evaluation/Recognition	17
Public Relations	3
Accreditation	1
TOTAL	435

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Policies/Protocols/Procedures/Modules/Forms

<u>Title</u>	<u>Policy/Protocol/Procedure/Form Revisions</u>	<u>Number Revised/ Approved</u>
EDCOS Policies	<ol style="list-style-type: none"> 1. Policy #200: Continuing Education Approval 2. Policy #414: Class/Program Completion – Continuing Education 3. Policy #410: Class/Program Registration- Continuing Education 4. EDCOS Planning Committee Bylaws 5. EDCOS Curriculum Committee Bylaws 6. Policy #412: Class/Program Roster Generation –CE 7. Policy #416: Class/Program Certificates of Completion and Card Distribution – CE 8. Policy #414-Class/Program Completion – CE 9. Policy #700: Request for Educational Services 10. Policy #701: Seminar/Workshop Planning and Implementation 11. Seminar/Workshop Implementation Procedure 	11
EDCOS Forms	<ol style="list-style-type: none"> 1. Nursing Attendant Orientation Packet 2. Clerical Orientation to Standards Based Practice 3. CMA Orientation to Standards Based Practice 4. LVN Orientation to Standards Based Practice 5. NA Orientation to Standards Based Practice 6. RN Orientation to Standards Based Practice 7. Continuing Education Approval Worksheet 8. Request for Educational Services Form 	8
EDCOS Modules	<p>Intravenous Therapy Module Medication Policies and Procedures Module</p>	
Nursing Clinical Protocols	<ol style="list-style-type: none"> 1. Cardiac Telemetry Monitoring 2. Central Venous Catheter 3. Hyperthermia/ Fever Management 4. Hypoglycemia Management for the Newborn 5. Transport of Critically Ill Patients to Testing Areas 6. Restraints/Seclusion: Violent or Self Destructive Behavior 7. Restraints Nonviolent or Self Destructive Behavior 8. Blood and Blood products 9. Vaccine Administration: Influenza & Pneumococcal Inpatient 10. Insulin Management-Subcutaneous 11. Artificial Airway - ICU 12. Indwelling Bladder Catheter 13. End Tidal CO2 Monitoring used with PCA/Opioids 14. Skeletal Traction 	50

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<u>Title</u>	<u>Policy/Protocol/Procedure/Form Revisions</u>	<u>Number Revised/ Approved</u>
	15. N-Acetylcysteine for Acetaminophen Overdose IV-ICU/ED 16. Compressive Medical Device 17. Intravenous Therapy 18. Physiologic Monitoring/Hygiene/Comfort – ICU 19. Supportive Care 20. CPAP/BiPAP 21. Propofol Continuous Infusion during Mechanical Ventilation 22. Sedation and Analgesia IV - ICU 23. Ketamine for Continuous Sedation/Analgesia During Mechanical Ventilation (Adults) – ED/ICU 24. Leech Therapy 25. Intracranial Pressure Monitoring 26. Pressure Ulcer Prevention & Management 27. Continuous Renal Replacement Therapy - ICU 28. Oxygen Therapy 29. Nasogastric Tube for Decompression and Lavage 30. Post Taser Use Management 31. Pericardiocentesis and Pericardial Drains/Catheters - ICU 32. Antepartum Patient Management 33. Perinatal loss 34. Verbal Communication, Impaired 35. Transvenous/Transthoracic (Epicardial) Pacemaker - ICU 36. Transcutaneous Pacemaker 37. Fall Injury Prevention 38. Suicidal Patient 39. Pediatric Neonatal Bereavement 40. Patient Controlled Analgesia 41. Total Parenteral Nutrition 42. Pregnancy in Trauma/Critical Illness - ICU 43. Diltiazem Continuous Infusion - ICU 44. Hypothermia, Management of 45. Therapeutic Hypothermia after Cardiac Arrest –Cath Lab, ICU, ED 46. Pain Management 47. Pulmonary Artery Catheter – ICU 48. On Q Pain Management System 49. Enteral Feeding & Medication Administration 50. Seizure Activity	
Nursing	1. Central Venous Care, Maintenance, Troubleshooting and	7

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<u>Title</u>	<u>Policy/Protocol/Procedure/Form Revisions</u>	<u>Number Revised/ Approved</u>
Procedures	Removal 2. Midline Catheter Insertion 3. Bladder Scan 4. Swallow 5. PICC Insertion 6. Chemotherapy Continuous Ambulatory Delivery Device 7. Chlorhexidine Bathing	

PART IV: PROGRAM STATUS AND RECOMMENDATIONS

During 2016-2017, EDCOS offered **365** CE & Non-CE classes/programs/modules for **6650** workforce members to meet the College mission of providing learning centered educational programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services. EDCOS faculty prepared **139** DHS nursing workforce members to safely care for critically ill patients in the emergency department (**56**) and critical care areas (**83**).

EDCOS 2017-2018 Annual Goals:

Priority #1:

Collaborate with members of the ACCJC Steering Committee to oversee development of the initial draft of the ACCJC Institutional Self-Evaluation Report.

Milestones include:

1. Attend the ACCJC Institutional Self-Evaluation Report Training
2. Draft applicable sections of the College Self-Evaluation Report
3. Review and revise all submitted drafts by the standards committees, in collaboration with Steering Committee members
4. Develop Student Learning Outcomes for all EDCOS classes which provide continuing education units

Priority #2

Participate in Health Agency planning and Implementation of Just Culture training

Milestones include:

1. Assign two EDCOS instructors to attend 2-day Health Agency Just Culture Train-the-Trainer program and to assist with training LAC+USC staff on the use of the Just Culture System
2. Attend 4-hour Health Agency Just Culture Summit for Supervisors
3. Assist LAC+USC in educating workforce members on the Just Culture System

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Priority #3

Assist Correctional Health nursing in developing an Emergency Response Team

Milestones include:

1. Collaborate with DHS Central Education Unit, CONAH Provost and Allied Health Director, and ED Program Coordinator, to conduct a needs assessment to determine educational needs
2. Develop an 8-hour training program for the Correctional Health Emergency Response Team
3. Train Correctional Health nurses for their role as members of the Emergency Response Team

PART V: ACCOMPLISHMENTS TO THE STRATEGIC PLAN

II.A. Explore use of alternative teaching/learning models/methods and integrate technology in teaching and learning

1. Implement increased use of technology in teaching and learning
 - Assisted with planning and implementing the County-wide and Statewide disaster drills, including moulaging of disaster victims
 - Incorporated new teaching strategies, such as computer games and youtube
 - Placed all Phase I and Pathophysiology lectures on youtube

II.B. Increase student retention in college programs

1. Implement methods to improve student on time program completion
 - Revised existing programs & developed new programs to improve student attainment of objectives
 - Individualized Basic Critical Care program workshops to enhance effectiveness in meeting student learning needs based on instructor evaluation of student skills and student perception of need/interest

II.D. Promote DHS as an employer for degree program graduates and identify opportunities to improve retention

2. Collaborate with Nursing Recruitment to develop and implement retention strategies
 - Participated in the interview and selection of LAC+USC RN and LVN Nurse of the Year Candidates and DHS Nurse of the Year

II.E. Improve opportunities for career advancement and professional

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development for DHS nursing workforce

2. Implement new professional development courses and adapt existing courses to meet workforce needs

- Created and implemented a Basic Arrhythmias Review class to supplement the current basic arrhythmia module and better prepare RNs working in the telemetry unit and those preparing to take the basic arrhythmia test in order to enter the Core Critical Care Program. Tutored nurses throughout the rating period on basic arrhythmia recognition and interpretation
- Collaborated with ED and Harbor educators to plan and implement the MICN program, taught ED residents and MICNs to competently answer paramedic radio calls, and provided lectures radio simulations in completion of their MICN licenses. This program serves multiple hospitals, including Henry Mayo, Harbor, LAC+USC and St. Francis
- Offered professional development classes for DHS facilities:
 - Emergency Nurse Training Program
 - Core Critical Care Program
 - Pathophysiology
- Modified RN/LVN, NA/Clerical/SNW, and traveler orientation programs to incorporate 2017 DHS competencies
- Developed and implemented a one-day Advanced Critical Care Review
- Collaborated with the ED educator to plan and implement a 3-day Resuscitation program

II.F. Improve the educational process and student success through SLO assessments

1. Obtain a proficient level on assessment of student learning outcomes

- Developed and completed assessment reports of student learning outcomes for EDCOS program and all critical care and emergency nursing courses and presented findings at Critical Care/Specialty Service Council and Institutional Effectiveness Committee meetings.
- Developed and implemented strategies to improve SLO attainment when areas for improvement were identified

III.D. Develop and implement classes and programs in support of the Network and DHS

2. Respond to the training needs of DHS and the Network

- As chairs of the LAC+USC Nursing Protocols and Procedures committees, EDCOS faculty drafted, reviewed, revised, approved,

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and tracked nursing protocols and procedures based on needs/changes in practice and communicated changes to administration, management, and College faculty

- Led the standardization of critical care and emergency nursing training programs throughout DHS
- Coordinated skills validation and again extended program length by one day to increase participation and improve flow. Almost 2300 RNs, LVNs, and NAs attended the 4-day program
- Planned and implemented DHS 2017 Core Competencies for over 3500+ LAC+USC nursing staff. Coordinated the flow, conducted testing stations, guided and evaluated managers participating in skills testing, and helped to maintain the integrity of the testing process
- Collaborated with LAC+USC nursing leadership and Stroke Coordinator to address nursing educational needs to meet Primary Stroke Center certification requirements
- Coordinated "Death and Dying: Nursing Care at the End of Life", an all day seminar, with Palliative Care Consult Service
- Coordinated Continuing Education units for multiple Medical Center nursing programs, including RNII/RNIII Workshop and Assistant Nursing Manager professional development workshops, the annual LAC+USC Collaborative NICU Conference and Neurotrauma Symposium
- Implemented mock Code Golds for psychiatric nursing staff and held debriefings after each to evaluate staff response and identify strategies for improvement
- Collaborated with LAC+USC Burn Center to provide two American Burn Association Burn Life Support Courses, as required by the American Burn Association and American College of Surgeons for the LAC+USC Burn Center to retain its status as a verified "Center of Burn Care Excellence". Assisted with program coordination and moulaging burn victims
- Participated in the Annual Countywide Sidewalk CPR event, in which hundreds of lay people were trained to perform infant and adult hands-only CPR
- Provided consultation to DHS/Network/Nursing services regarding nursing/educational issues/questions/policies, such as trauma nursing education, medication administration and nursing documentation
- Reviewed multiple critical care registry exams used to qualify contract nurses to work in the medical center's critical care units. Provided feedback to agencies whose exams were not approved to assist them in revising their exams to meet competency standards

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IV.A. Strengthen link between planning and resource allocation

3. Prioritize needs for allocation of resources and optimize use of funds in a cost effective manner
 - Participated in developing the College annual Budget Request
 - Rearranged schedules and streamlined competency process to eliminate instructor overtime even during DHS competency program coordination

V.C. Participate in professional, academic, and community organizations

- Presented at the multi-disciplinary 24th Annual USC National Trauma, Emergency Surgery and Surgical Critical Care Symposium on the topic of Organ Donation: The RN Perspective before an audience of over 400
- Maintained membership on multiple DHS, LAC+USC network, & nursing department committees & fully participated in decision-making
- Attended professional conferences to stay current with theoretical and practice trends in their content areas
- Maintained certifications of excellence from various credentialing agencies
- Provided tactical medicine/active shooting medical care training for Secret Service, DEA, CHP, sheriff's dept., LAPD, Homeland Security/ICE, Burbank Airport Police, FBI, and Burbank Police
- Assisted Pepperdine University in planning and implementing an active shooter drill on campus

V.F. Maintain accreditation readiness

1. Attain a proficient level of implementation for program review through continuous quality improvement
 - Compiled EDCOS course/program reports and attendance/completion data, prepared annual report, and presented findings at College Institutional Effectiveness Committee and Board of Trustees meetings
 - Participated in hospital accreditation survey preparation and site visits
 - Participated on the Planning Committee for Statewide disaster drill and incorporated a bomb incident into the scenario
2. Attain and sustain continuous quality improvement level of implementation for student learning outcomes
 - Conducted tenth annual program review of EDCOS program and

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- critical care and emergency nursing courses. Completed SLO assessment reports and Outcomes Evaluation Reports and presented results to divisional staff meeting, and College Institutional Effectiveness committee
- Completed EDCOS Annual Program Review and presented findings to divisional staff meeting and Institutional Effectiveness committee
3. Promote a college wide culture of evidence through data utilization for programmatic evaluation and improvements
- Monitored, tracked, and reported compliance with action plan to maintain on time CE certificate distribution
 - Conducted review of DEM charts to identify and correct charting problems/errors. Worked closely with DEM administration to identify and prevent medication errors
4. Address all deficiencies and recommendations identified by accrediting agencies
- Provided consultation regarding medication policy and procedure content provided during orientation as part of a medication error root cause analysis being conducted by Patient Safety

PART VI: COMMITTEE MEMBERSHIP/CONTRIBUTORS TO REPORT

Tammy Blass, EdD, MSN, RN
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PART VII: DATA SOURCES

College mission, vision, and values
EDCOS Class/Program quarterly reports - 2016-2017
EDCOS faculty quarterly reports - 2016-2017
College Strategic Plan 2016-2017
EDCOS Annual SLO Assessment Reports - 2016-2017
Outcomes Evaluation Reports: Course/Program/Instructor - 2016-2017
Outcomes Evaluation Reports: Non-Course/Program Items - 2016-2017
Employer program surveys - 2016-2017
Class/Program paperwork completion rates - 2016-2017
Lesson plan/course review - 2016-2017
Written quizzes and exams - 2016-2017
Course pass rates - 2016-2017
Course/instructor evaluation scores - 2016-2017
Clinical evaluation scores - 2016-2017
Preceptorship evaluation scores - 2016-2017