Los Angeles County
COLLEGE OF NURSING AND ALLIED HEALTH
▶ School of Nursing
▶ Education & Consulting Services
▶ Allied Health Continuing Education
1237 North Mission Road, Los Angeles, California 90033
(323) 409-5911

Institutional Self Evaluation Report

In Support of an Application for Reaffirmation of Accreditation

Submitted by:

Los Angeles County College of Nursing and Allied Health

1237 North Mission Road

Los Angeles, CA 90033

To:

Accrediting Commission for Community and Junior Colleges

Western Association of Schools and Colleges

January 7, 2019

DRAFT

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January 7, 2019

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

From: Vivian Branchick MS, RN, Provost
Los Angeles County College of Nursing and Allied Health
1237 North Mission Road
Los Angeles, CA 90033

This Institutional Self Evaluation Report (ISER) is submitted to the Accrediting Commission for Community and Junior Colleges (ACCJC)for the purpose of assisting in the determination of the Institution's accreditation status.

This report was prepared by the Accreditation Steering and Standards committees in collaboration with the Board of Trustees (Board), governing and divisional committees, faculty, staff, and students.

I certify there was effective participation by the campus community and I believe the Self Evaluation Report accurately reflects the nature and substance of this institution.

_____

Vivian Branchick MS, RN Provost, Los Angeles County College of Nursing and Allied Health

DRAFT

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From: Vivian Branchick MS, RN, Provost
Los Angeles County College of Nursing and Allied Health
1237 North Mission Road
Los Angeles, CA 90033

This ISER is submitted to ACCJC for the purpose of assisting in the determination of the Los Angeles County College of Nursing and Allied Health (CONAH)'s accreditation status.

We certify that we read the final ISER and that we were involved in the self evaluation process.

	DATE:
Rosa Maria Hernandez, EdD	President, Board of Trustees Coach and Consultant Linked Learning
	DATE:
Isabel Milan, MBA, RN	Vice President, Board of Trustees Chief Nursing Officer, Los Angeles County +University of Southern California Medical Center
	DATE:
Vivian Branchick, MS, RN	Provost, Los Angeles County College of Nursing and Allied Health
	DATE:
Herminia Honda, MSN, RN	Dean, Institutional Effectiveness, Research and Planning

DRAFT

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	DATE:
Joan Kohl, MSN, RN	Dean, School of Nursing
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	DATE:
Frances Cervantes, MSN, RN	Director, Office of Educational Services
	DATE:
Maria Caballero, BSN, RN	Director, Office of Advisement and Counseling Accreditation Liaison Officer (ALO)
	DATE:
Ruby Gabbedon, DNP, RN	Director, Educational Resource Center
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Caitlin Cutter	ASB, President

DRAFT

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Quality Focused Essay

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INTRODUCTION

HISTORY AND BACKGROUND

CONAH is a public community college that is owned and operated by the Los Angeles County (LAC). CONAH supports the educational needs of Los Angeles County + University of Southern California Medical Center (LAC+USC), LAC Department of Health Services (DHS), and LAC healthcare community by providing learning centered educational programs and career development opportunities for healthcare students.

In 1895, the College Training School for Nurses was founded under the direction of the LAC Hospital and the USC College of Medicine. The LAC Board of Supervisors approved the School in 1901. The School was renamed LAC Medical Center School of Nursing in 1968 to coincide with the hospital name change to LAC+USC. The Education and Consulting Services (EDCOS) nursing professional development division of LAC+USC and the LAC Medical Center School of Nursing (SON) merged in 1998 to form CONAH. In 2000, CONAH moved to its current location at 1237 North Mission Road, which is situated on the northeast section of the LAC+USC campus.

CONAH was initially accredited by ACCJC of the Western Association of Schools and Colleges in June 1995. The SON prelicensure program is approved by the California Board of Registered Nursing (BRN). EDCOS is approved by the BRN to provide continuing education units.

CONAH achieves its Mission by graduating 85 to 100 students with an Associate of Science degree in Nursing (ADN) annually. The average first time National Council Licensure Examination for RNs (NCLEX-RN) pass rate was 95.7 percent for the eight classes that graduated between December 2013 and May 2017. Since 2012, the first time pass rate has remained above 95 percent, which is above both state and national averages. No class fell below the 85 percent Institution-set standard for the NCLEX-RN pass rate. In keeping with the CONAH Mission, at least 97 percent of graduates found employment as RNs in LAC with up to 54 percent of the graduating classes being hired by DHS.

CONAH uses DHS clinical facilities, which include LAC+USC, Olive View-UCLA (Olive View), Harbor-UCLA (Harbor), and Rancho Los Amigos (Rancho) Medical Centers, Augustus Hawkins psychiatric facility, Comprehensive Health Centers (CHCs), and outpatient departments. The students learn to think critically, creatively, and resourcefully while becoming skilled at managing a variety of diseases and complex patient care situations. Graduates are encouraged to continue their professional development and to go on to earn their Bachelor's and Master's degrees.

Ninety percent of the faculty have Master's degrees or higher and over one third obtained their initial, prelicensure education at the SON. The majority worked in DHS hospitals and have experience as critical care, emergency, or medical-surgical specialty area nurses and

managers. The student support staff are qualified, knowledgeable, and dedicated to student success.

STUDENT ACHIEVEMENT DATA AND INSTITUTION-SET STANDARDS

STUDENT ENROLLMENT AND DEMOGRAPHIC DATA

The SON enrolls new students in the fall and spring semesters. New students are admitted to the first semester and Licensed Vocational Nurses (LVNs) enter as advanced placement students in the third semester.

SON New Student Enrollment per (AY)Trend

AY	2013-2014		2014-2015		2015-2016		2016-2017		2017-2018	
Semester	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
New Enrollment	37	41	41	43	39	46	44	46	53	50
LVN-RN (Summer Entry)		30		23		19		24		24

Source: Board and IE Reports

SON Total Student Enrollment per AY Trend

AY	2013-2014		2014-2015		2015-2016		2016-2017		2017-2018	
Semester	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
Total Enrollment	185	192	204	200	196	203	200	199	201	218

Source: Board and IE Reports

EDCOS offers professional development classes and courses to nursing staff throughout DHS. Nurses from DHS acute care facilities receive critical care, emergency, and pediatric education and specialty certifications through EDCOS courses. In the past five AYs, EDCOS offered an average of 400+ classes and courses to approximately 6,600 participants annually.

EDCOS CE and Non CE Classes Offered and Number of Students per AY Trend

AY	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Classes Offered	459	423	402	365	
Students	6886	6483	6656	6650	

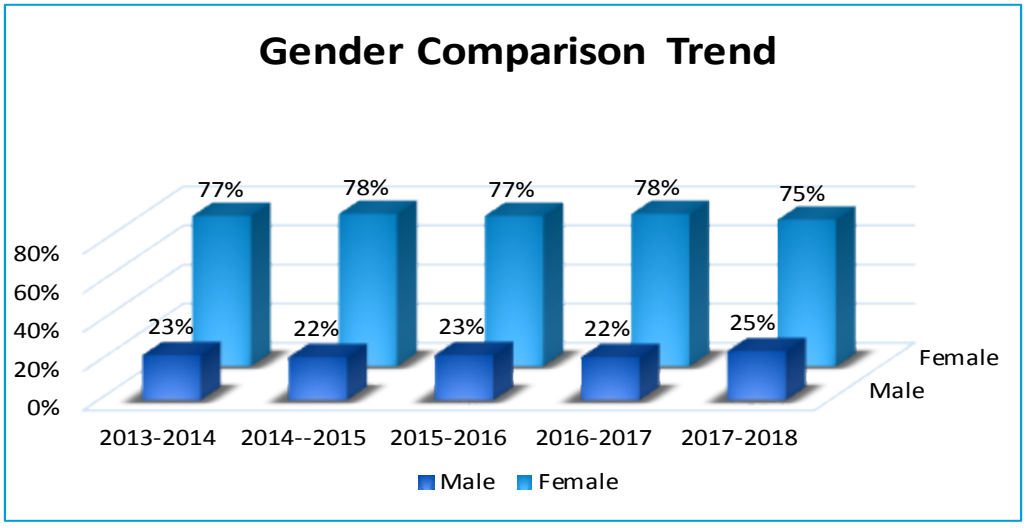
Source: EDCOS Program Review Reports

LAC is a complex and diverse urban area of 4,060 square miles with a diverse population of about ten million, which represents 26 percent of California residents. Applicants for the SON program must reside in or work for LAC. The ethnicity of the student body reflects the diversity of the LAC population. For the last several years, at least 90 percent of the student population accessed financial resources available through CONAH.

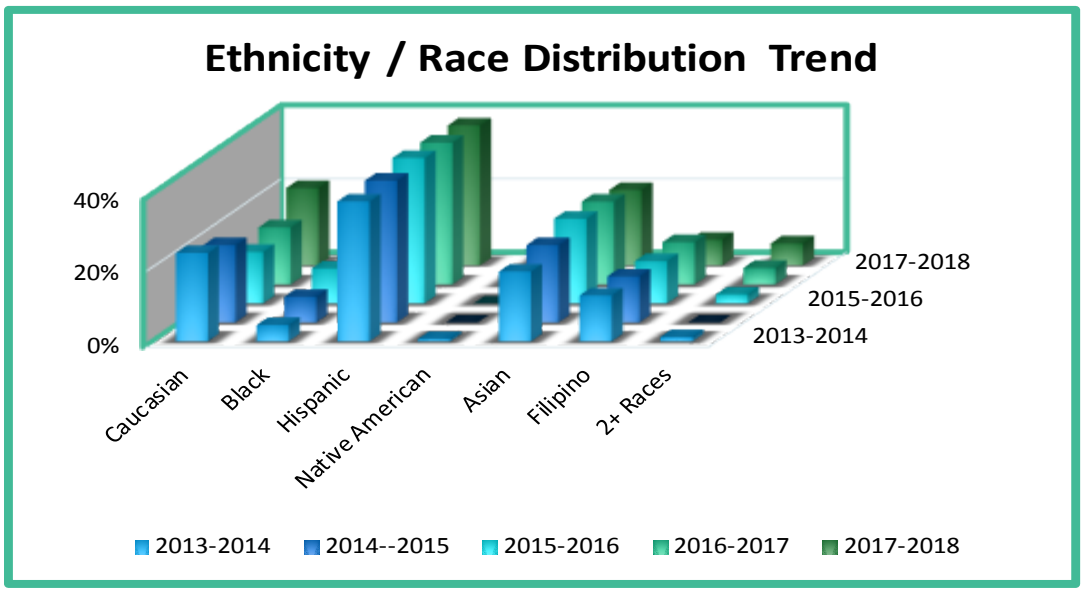
SON Student Body Demographics per AY Trend

AY	2013-2014		2014-2015		2015-2016		2016-2017		2017-2018	
Semester	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
Female	78%	76%	78%	77%	77%	77%	77%	79%	76%	73%
Male	22%	24%	22%	23%	23%	23%	23%	21%	24%	27%
Age Range	21-59	20-57	21-57	20-59	21-44	20-56	20-60	19-57	19-60	20-51
Ethnicity										
Minorities	75%	77%	78%	80%	87%	85%	85%	84%	80%	81%
Caucasian	25%	23%	22%	20%	13%	15%	15%	16%	20%	19%
African-American	4%	5%	5%	9%	9%	10%	10%	8%	7%	8%
Hispanic	38%	38%	39%	38%	40%	38%	38%	39%	36%	39%
Native American	1%	0.5%	0%	0%	0%	0%	0%	0%	0%	0.5%
Asian	19%	19%	20%	22%	21%	24%	23%	22%	22%	19%
Filipino	11%	14%	14%	11%	14%	9%	12%	11%	7%	6%
Other/Undeclared	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
2+ Races	2%	0.5%	0%	0%	3%	2%	4%	5%	7%	5.5%

Source: Board of Trustees (Board) and Institutional Effectiveness (IE) Committee Reports



Although females make up the majority of the student body, the percentage of CONAH male students has ranged from 22-25 percent in recent years, which is much higher than the California Nursing Schools' average of 18 percent and the national average of 14 percent.



The student ethnicity/race data reveal that CONAH serves an ethnically and racially diverse student population reflecting LAC's diversity.

Comparison of SON Demographics with the LAC population

	CONAH Fall 2017	**LAC**
Female	80%	50%
Male	20%	50%
Age Range	20-60	
Ethnicity		
Minorities	73%	73.5%
Caucasian	27%	26.5%
Black	4%	9.1%
Hispanic	35%	48.5%
Native American	1%	1.5%
Asian	18%	15.5%
Filipino	13%	
2+ Races	2%	3.0%

Source: Board Report-2017; U.S. Census Bureau: State and County Quick Facts: LAC 2016

STUDENT ACHIEVEMENT DATA

Data Element	Definition of the Measure	Institution-Set Standard	Most Recent AY's Performance 2016-2017	Previous AY 2015-2016	Multi-year Average (4 years) 2013-2014 to 2016-2017
Course Completion Rate	Percentage of students who do not withdraw from class and who receive a valid grade.	85%	95%	91%	94%
Course Success Rate	Percentage of students who receive a passing/satis-factory grade	85%	92%	92%	92%
Course Attrition Rate	Percentage of students withdrawn or failed from a course	15%	12%	16%	14%
Degree Completion Rate • On-time • 150%	Percentage of students from the original cohort that completed the program	68% 75%	63% 84%	64% 76%	62% 80%
NCLEX Pass Rate	Percentage of students who passed the NCLEX exam for the first time	85%	95%	98%	96%
Job Placement Rate	Percentage of graduates who are employed 12 months after graduation	70%	61%	69%	73%
DHS Hiring Rate	Percentage of graduates who are employed by DHS after graduation	50%	52%	52%	55%
Employer Satisfaction Survey	Rating of Graduate Performance	>3.0	2015 4.25	2014 3.81	2012-2015 3.98

CONAH has established Institution-set standards for assessing various measures of student success and institutional effectiveness. The data are analyzed and utilized for institutional improvement.

ORGANIZATION OF THE SELF EVALUATION PROCESS

The Accreditation Self Evaluation Process at CONAH has evolved into an increasingly collaborative and comprehensive process involving students, faculty, the Board, and community partners. With the arrival of a new provost in 2017, a comprehensive assessment and evaluation was conducted of internal systems and processes, infrastructure, and the effectiveness of student learning outcomes (SLOs). Meetings were conducted with faculty, students, administrative personnel, and line staff to assess not only their involvement with CONAH operations, but to gauge their feelings about the programs and services offered as well as solicit suggestions on opportunities for improvement.

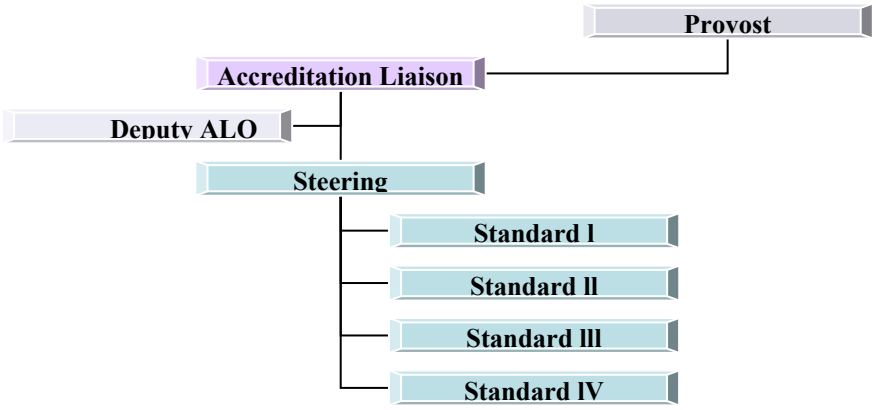
In preparation for the Accreditation survey, the administrative team attended the ACCJC: Partners in Excellence conference in April 2017. Information gleaned from the conference was then shared with faculty and the Board.

As part of the Self Evaluation Process, five key committees were convened: The Accreditation Steering Committee and the four Accreditation Standards committees. These committees engaged in a thorough review of critical CONAH documents that guide the planning processes. These included: Annual Program Review reports (APERs), annual Institutional Effectiveness (IE) Report, Annual Committee Evaluation reports (ACERs), the College Governance Committee report, and other significant statistics related to pass rates, completion rates, and course evaluation surveys. In addition, faculty and administration held a Program Review Workshop to evaluate the impact of organizational changes on student success and institutional effectiveness. Faculty, staff, and administrative personnel contributed to organizing and preparing the ISER.

The Accreditation Steering Committee provided oversight for the data collection and preparation of the report. The Accreditation Standards Committees reviewed the Standards and collected documents, minutes, and other materials that served as supportive evidence for the ISER. CONAH and divisional committees agreed that the goal was to demonstrate compliance with all Standards and to maintain full accreditation. The various faculty governing committees met and collaborated to establish priorities for the Self Evaluation Process, which were presented to the College Governance Committee.

Faculty actively participated in this process, which gave them a greater understanding of the assessment, planning, implementation, and evaluation cycle. Their involvement in this process enabled them to contribute significantly and effectively to a quality ISER.

Self Evaluation Committee Organization Chart



Designated Functions	
Provost	▯ Oversees the Self Evaluation Process
Accreditation Liaison Officer	▯ Advises committees and individuals ▯ Directs the ISER Preparation Process ▯ Arranges for final report delivery to ACCJC ▯ Makes arrangements for Evaluation Team
Deputy Accreditation Liaison Officer	▯ Advises committees and individuals ▯ Directs the process in collaboration with ALO ▯ Maintains the accreditation webpage
Accreditation Steering Committee	▯ Provides oversight to Accreditation Standards committees ▯ Establishes writing format ▯ Directs the writing process ▯ Maintains timelines ▯ Develops other report sections e.g.: history, demographics ▯ Reviews and revises final committee reports; ensures consistent language ▯ Compiles all sections of the report into a single document

Accreditation Standards Committees	Chair ▯ Assigns report sections in collaboration with members ▯ Plans timelines in alignment with Accreditation Steering Committee and Standards target dates ▯ Directs the process of writing, reviewing, revising, and compiling report ▯ Presents reports to Accreditation Steering Committee ▯ Communicates Accreditation Steering Committee recommendations to Accreditation Standards Committee members Members ▯ Review standard questions and previous responses ▯ Identify essential components of report ▯ Gather information, consults content experts, review relevant minutes and related reports ▯ Collaborate with other members to draft report on assigned section(s) ▯ Revise report as directed by committee chair within specified timelines

The Self Evaluation process was planned in five phases, each phase designed and prioritized to achieve specific goals:

I. Phase 1 – Pre Study
- Dialogue with faculty and staff regarding accreditation and self evaluation process
- Creation of ISER committee structure
- Selection of Accreditation Standards Committees
- Membership assignment to Accreditation Standards Committee
- Data availability and dissemination of information
  - ▯ Creation of 2019 ACCJC Self Evaluation Reference binder
  - ▯ Creation of Accreditation page on computer site (CONAH Share)
  - ▯ Upload accreditation documents

II. Phase 2 – Committee Initiation and Orientation
- Formation of Committees
  - ▯ Accreditation Steering Committee
  - ▯ Accreditation Standards Committees l through lV
- Meeting of Steering and Standards Committee chairs
- Distribution of 2019 ACCJC Self Evaluation Reference binder
- Initial individual Accreditation Standards Committee meetings
  - ▯ Review of process and expectations

- Setting timelines and meeting dates
- Section assignments

- ACCJC training/guidance provided by Deputy ALO
- Report writing guidelines

III. Phase 3 – Report Generation and Review

- Accreditation Standards Committee-submits draft to the Steering Committee
- Accreditation Steering Committee reviews draft
- Distribution of drafts and upload to intranet

IV. Phase 4 – Report Compilation and Revisions

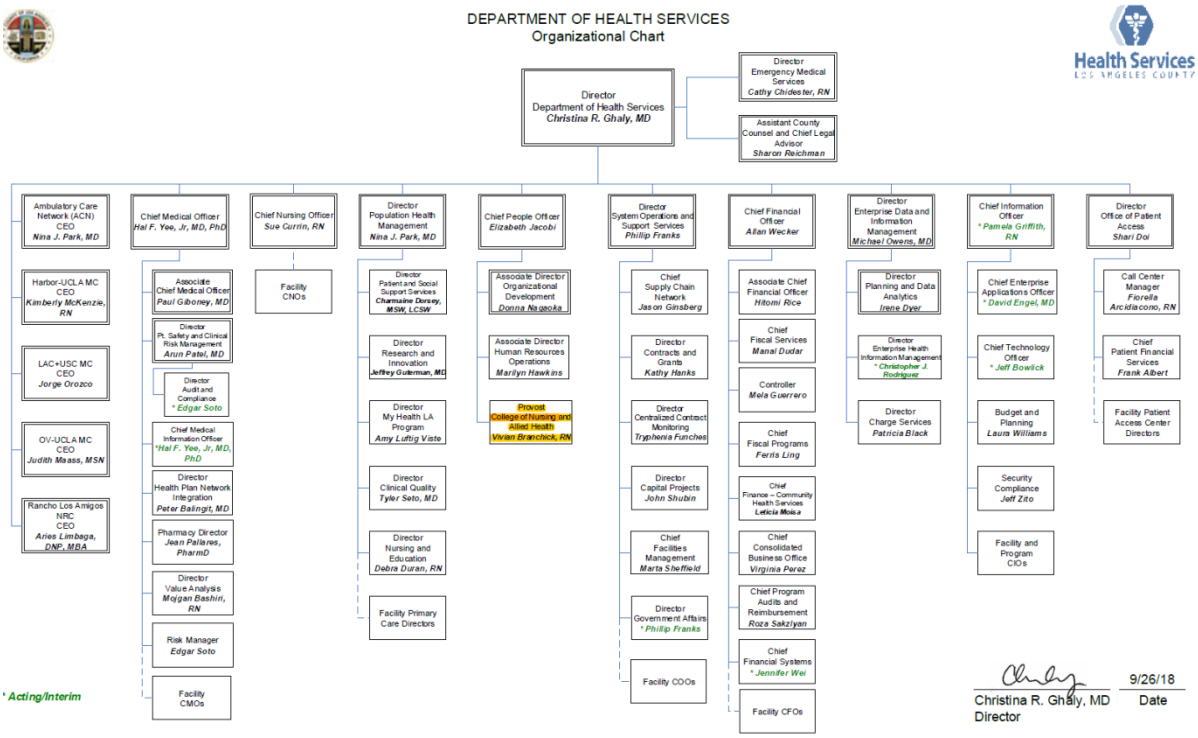
- Accreditation Steering Committee reviews and revises all reports
- Reformatting of reports

V. Phase 5 – Final Report Distribution

- Finalize report
- Submit reports
- Brief faculty and staff
- Prepare for Visit Team

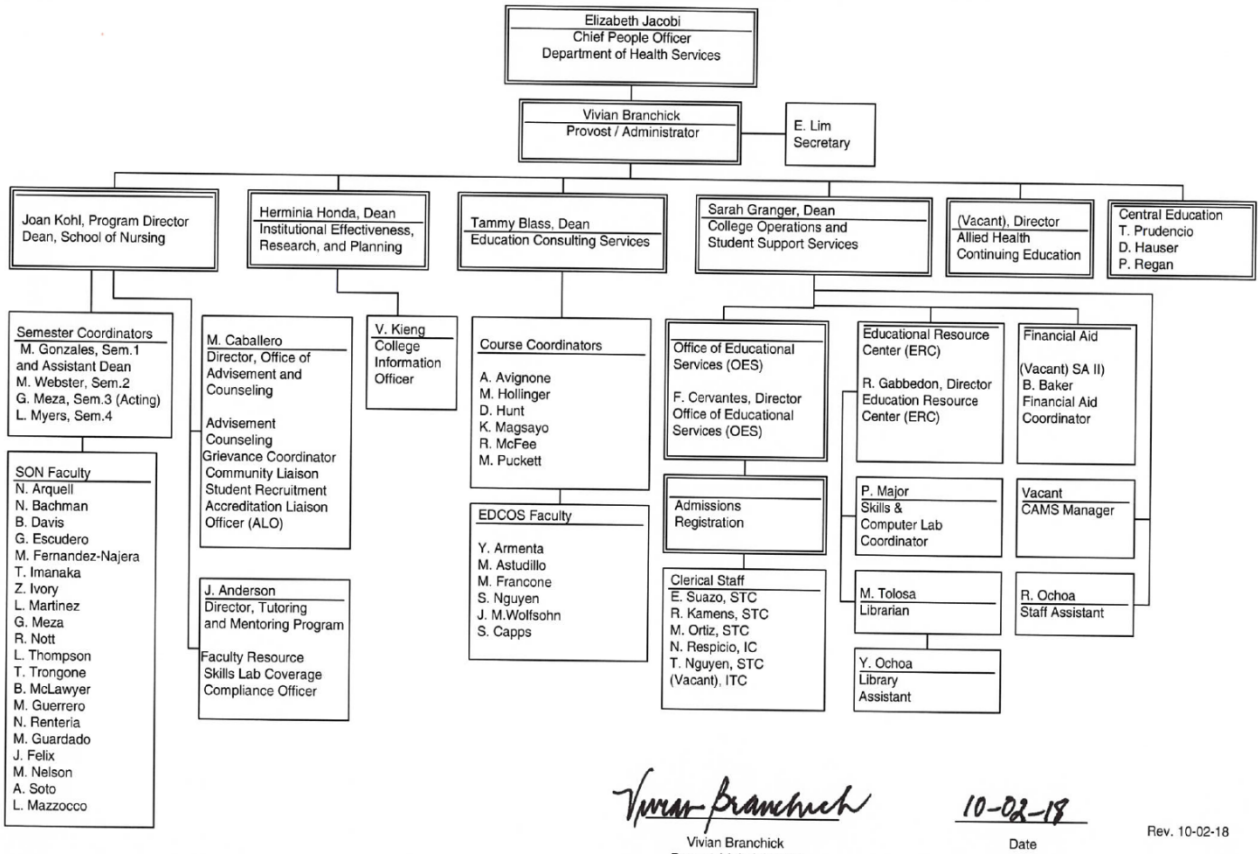
ORGANIZATIONAL INFORMATION

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES



LOS ANGELES COUNTY
COLLEGE OF NURSING AND ALLIED HEALTH

Los Angeles County College of Nursing and Allied Health
Organizational Chart

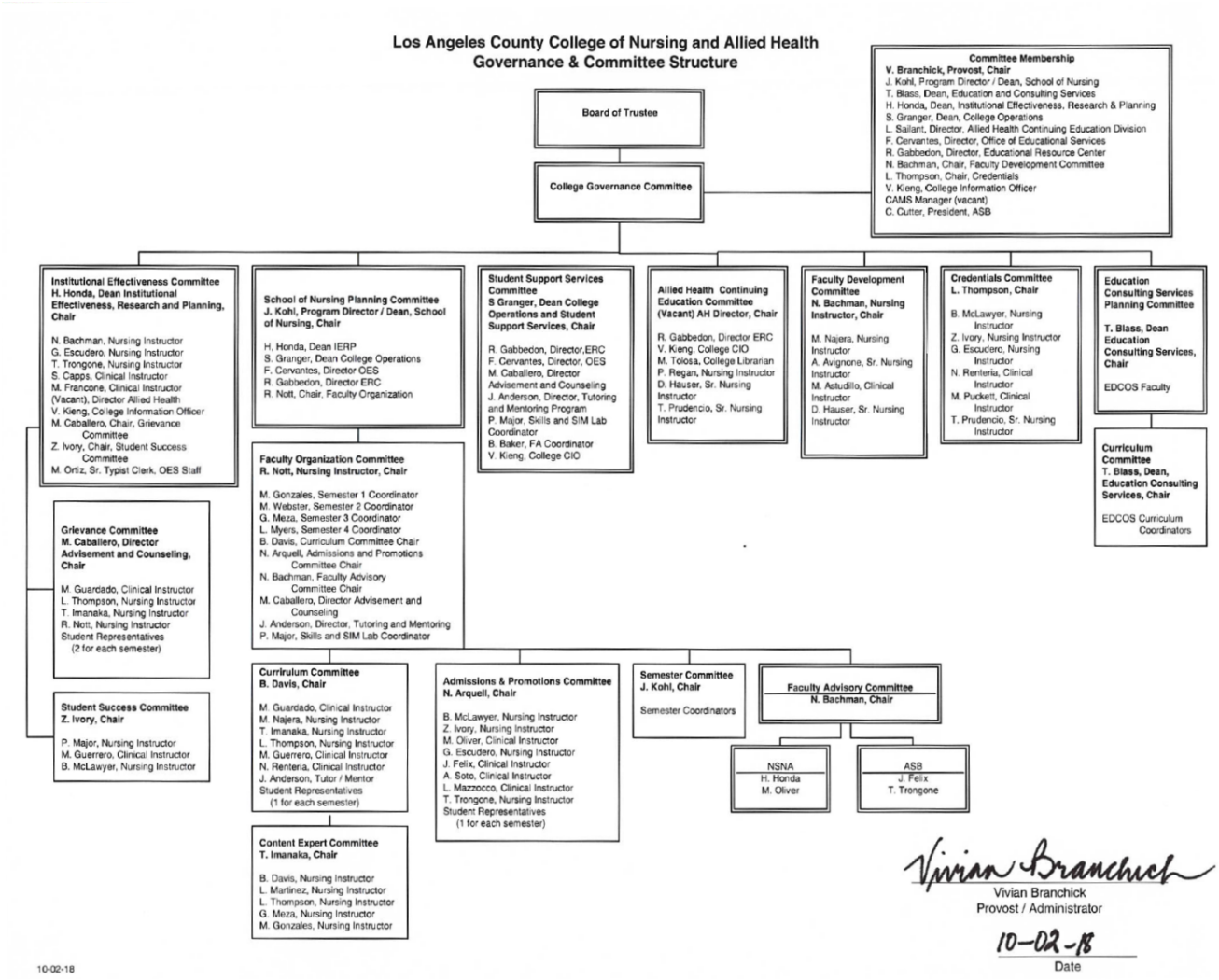


Vivian Branchick
Provost / Administrator

10-02-18
Date

Rev. 10-02-18

LOS ANGELES COUNTY
COLLEGE OF NURSING AND ALLIED HEALTH



CERTIFICATION OF CONTINUED INSTUTIONAL COMPLIANCE WITH ELEGIBILITY REQUIREMENTS

1. Authority

The institution is authorized or licensed to operate as a post-secondary educational institution and to award degrees by an appropriate governmental organization or agency as required by each of the jurisdictions or regions in which it operates

CONAH is a public institution operated and funded by LAC. CONAH's authority to operate as a degree-granting institution is based on the granting of Accreditation status by the ACCJC in 1995, which was last reaffirmed in 2013. (ER1)The BRN approves the SON prelicensure program and the EDCOS nursing continuing education post licensure program. (ER2)

2. OPERATIONAL STATUS

The institution is operational, with students actively pursuing its degree programs.

Students are enrolled in the nursing program leading to the ADN and the LVN-RN 30 unit option. (ER3), (ER4), (ER5), (ER6) EDCOS had ____ participants during the 17-18 Fiscal Year (FY).

SON Total Student Enrollment per AY Trend

AY	2013-2014		2014-2015		2015-2016		2016-2017		2017-2018	
Semester	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
Total Enrollment	185	192	204	200	196	203	200	199	201	218

Source: Board and IE Reports

Number of SON Graduates and NCLEX-RN Pass Rate

AY	2013-2014		2014-2015		2015-2016		2016-2017	
	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
Graduates (#)	40	43	51	43	45	44	46	44
Attempting (#)	40	42	51	43	45	43	46	44
1st Time Pass (#)	37	38	48	43	43	43	44	41

3. DEGREES – SON

A substantial portion of the institution's educational offerings are programs that lead to degrees, and a significant proportion of its students are enrolled in them. At least one degree program must be of two academic years in length.

CONAH is a single purpose college that, through the SON division, offers a two-year ADN. The two-year basic degree program is comprised of thirty-one units of general education and forty-two units of nursing. The GE courses, including the prerequisite courses, are completed and transferred from regionally accredited colleges. (ER7), (ER8), (ER9), (ER10)

4. Chief Executive Officer

The institution must have a chief executive officer appointed by the governing board, whose full-time responsibility is to the institution, and who possesses the requisite authority to administer board policies. Neither the district/system chief administrator nor the college chief administrator may serve as the chair of the governing board.

The Board selects and evaluates the provost (chief executive officer/administrator). (ER11) In accordance with the bylaws, the Board delegates to the provost the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference. (ER12)

The provost reports to the president of the Board. (ER13) The divisional deans and directors report to the provost. The current provost has been in the position since November 2016. (ER14) ACCJC was informed in April 2014 about the retirement of the provost and appointment of an interim provost. The provost is not the Board chairperson.

5. Financial Accountability

The institution annually undergoes and makes available an external financial audit by a certified public accountant or an audit by an appropriate public agency. Institutions that are already Title IV eligible must demonstrate compliance with federal requirements.
Additional financial accountability for eligibility applicants: *The institution shall submit with its eligibility application a copy of the budget and institutional financial audits and management letters prepared by an outside certified public accountant or by an appropriate public agency, who has no other relationship to the institution, for its two most recent fiscal years, including the fiscal year ending immediately prior to the date of the submission of the application. It is recommended that the auditor employ as a guide Audits of Colleges and Universities published by the American Institute of Certificated Public Accountants. An applicant institution must now show an annual or cumulative Operating deficit at any time during the eligibility process.*

LAC undergoes an annual, external, financial audit, which is available for review on LAC's Auditor/Controller website and is forwarded to ACCJC annually. CONAH follows LAC internal control processes for expenditure and cash management. Financial controls are in accordance with County accounting and record-keeping practices established by LAC Auditor/Controller. Those control processes are evaluated by LAC's Audit and Compliance Department. CONAH is included in LAC's annual audited financial statement. Variances in excess of the annual budget are absorbed by LAC+USC.

The LAC+USC Expenditure Management Division, and ultimately LAC, incur responsibility for CONAH's long term stability and risk management plan. Expenditure Management also participates on behalf of CONAH in both external audits and actuarial studies required by the State of California. In the event of financial emergencies and unforeseen events, LAC+USC, DHS and LAC support CONAH.

Contractual relationships, outside of LAC's existing negotiated contracts, are reviewed by the provost, Board, and DHS Contracts and Grants, and are approved by LAC Board of Supervisors.

Monthly and quarterly financial reporting is the responsibility of the LAC+USC CFO. CONAH Administration participates in budget and expenditure review with LAC+USC CEO, CFO, and Expenditure Management. The Board regularly reviews a budgetary summary of College expenditures and revenues. (ER15)

CONAH is a Title IV participant and has maintained compliance with all requirements.

Cohort Default Rating

	2011-2012	**2012-2013**	**FY 2014**	**FY 2015**
Cohort Default Rating	1.4%	1.6%	5.1%	3.5%
Students Defaulting (#)	1	1	3	2
Students Entering Repayment (#)	71	60	58	57
Defaulted ($)	$3,654	$12,679	$43,921	$5,053
In Repayment ($)	$837,928	$681,061	$746,147	$718,977
Threshold for action: ≥ 25% results in sanctions and may lead to provisional certification of the school when applying for recertification to participate in the Student Financial Aid Assistance Programs.				

ELIGIBILITY REQUIREMENTS: EVIDENCE LIST

ER1 2013 Certificate of Accreditation
ER2 2018 BRN Approval
ER3 Fall 2018 Semester 1
ER4 Fall 2018 Semester 2
ER5 Fall 2018 Semester 3
ER6 Fall 2018 Semester 4
ER7 Curriculum Plan Catalog
ER8 Total Curriculum Plan BRN
ER9 CONAH Website -Transition Course Curriculum Plan
ER10 CONAH Website - Generic Curriculum Plan
ER11 BOT Mins 2016-11-18
ER12 CONAH Board Bylaws
ER13 Provost Job Duties
ER14 Resume V. Branchick
ER15 CONAH Budget

CERTIFICATION OF CONTINUED INSTITUTIONAL COMPLIANCE WITH COMMISSION POLICIES

I. Policy on Rights and Responsibilities of the Commission and Member Institutions

CONAH maintains information regarding Accreditation status on the CONAH internet homepage, including a direct link to the Accreditation webpage. (CCCP1)In addition, this information is posted on campus in public view. CONAH completed its Self Evaluation in relation to the Commission's Eligibility Requirements and Accreditation Standards.

II. Policy on Institutional Degrees and Credit

Course credits are assigned based on CONAH's grading system policies and adhere to BRN and other regulatory agency guidelines. Credits are appropriate for higher education and applicable to the awarding certificate/degree program.

CONAH's instructional program and course SLOs cascade from CONAH and GE SLOs. The course/program SLOs, class objectives, course completion requirements, and rubrics are published in the course/program syllabi and are accessible to students via the intranet.(CCCP2)

Program and degree/certificate course SLOs are evaluated a minimum of annually against established thresholds and previous performance. SLO Assessment Reports are presented to the IE Committee. These reports include assessment of program quality, comparison to previous outcomes, recommended plans for improvement, and evaluation of effectiveness of prior interventions.

CONAH academic divisions have grading system policies specific to their programs. In addition, the SON has policies for Grading for Clinical Courses and Nursing Course Exemptions and Challenges. (CCCP3), (CCCP4), (CCCP5)These policies are reviewed and approved by the divisional governing committees, Governance Committee, and the Board every three years or more frequently if policy changes occur.

Grades are based on student performance and are assigned using established criteria, which are published in the course syllabi. Faculty assess and evaluate student mastery of theoretical content and achievement of clinical competence in accordance with the published SLOs, course/program objectives, and rubrics.

A Curriculum Plan is developed with each SON student that is designed to lead to program completion and degree attainment. (CCCP6) Degrees are awarded upon successful completion of all program requirements. Information regarding course completion verification is provided to students via the CONAH Catalog, course/program flyers, as well as the website.(CCCP7)

III. Policy on Transfer of Credit

Transfer Students policy (#860) details the eligibility requirements, evaluation process, and necessary procedural steps students must complete in order to be considered for transfer. (CCCP8) Transferring students are required to complete the admission application procedure,

submit transcripts and course syllabi for nursing courses completed, and provide a letter indicating good academic standing from the director of the previous nursing program. All information submitted is reviewed by the Admissions and Promotions Committee, director of the Office of Educational Services (OES), dean of SON, and Semester coordinators for equivalency.

IV. Policy on Distance Education and on Correspondence Education

CONAH does not offer courses via distance education or correspondence.

V. Policy on Representation of Accredited Status

CONAH posts on its website the names of the associations, agencies and governmental bodies that accredit, approve, or license the institutional programs.
CONAH's Accreditation status is published in the CONAH Catalog and on the website: (CCCP9), (CCCP10) CONAH is accredited by the ACCJC of the Western Association of Schools and Colleges (WASC), 10 Commercial Blvd., Suite 204, Novato, CA 94949, (415) 506-0234, an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education.

The SON is approved by the California Board of Registered Nursing (BRN) as a prelicensure program. EDCOS is approved by the BRN as a continuing education provider.

VI. Policy on Student and Public Complaints against Institutions

CONAH's student grievance process is articulated in the Student Grievance policy (#830) and time frames are published in the online CONAH Catalog and website.(CCCP11), (CCCP10) Forms specific to the grievance process are located in the OES and on the CONAH intranet. (CCCP12)The policy outlines the procedure in place to address specific concerns and steps a student or applicant should take in resolving a grievance. CONAH maintains records of student complaints/grievances for a seven year period. (CCCP13) Records of formal complaints concerning harassment or discrimination are maintained in the DHS Human Resources (HR) Office. CONAH adheres to the Accreditation policy for public complaints. Direct links are available on the CONAH website for the public to view the Accreditation policy and file a complaint against the Institution.(CCCP14) To date, CONAH has not received a public complaint against the Institution.

VII. Policy on Institutional Advertising, Student Recruitment, and Representation of Accredited Status

CONAH provides current and prospective students with clear and accurate information about the Institution. This information is published on the website and in the Catalog, Student Handbook, application packet, and course/program flyers. (CCCP15), (CCCP10), (CCCP16) These publications include all required elements stipulated in the Commission policy and provide Commission contact information. The Catalog includes BRN requirements related to eligibility for licensure.

Accreditation status is posted in the Administration building hallway within public view. It is also published on the Internet and includes ACCJC Accreditation and BRN program approval letters as well as an Accreditation history document. College publications state,

"The College is accredited by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges, an institutional accrediting body recognized by the Council for Higher Education Accreditation of the U.S. Department of Education."

The publications further clarify that the BRN approved SON is a prelicensure program and EDCOS is a continuing education provider.

Allied Health continuing education classes are approved by the California Department of Public Health (CDPH). (CCCP17)

The SON has a policy regarding recruitment activities. This policy specifies that the director, OES directs and oversees recruitment events and that faculty and students represent CONAH. (CCCP18) No independent contractors are used. Recent venues include elementary and high schools and community health fairs.

Employment/job placement is not guaranteed upon program completion. Financial aid is also not guaranteed and is awarded according to specified criteria.

VIII. Policy on Contractual Relationships with Non-Regionally Accredited Organizations

CONAH does not offer courses or programs under contract with non-accredited organizations.

IX. Policy on Institutional Compliance with Title IV

CONAH participates in Title IV programs under the Higher Education Act. CONAH complies with program responsibilities as defined by the U.S. Department of Education and has had no negative actions taken against it. The CONAH loan default rate is monitored by the Financial Aid Office with a threshold for action of ten percent or higher. Since 1995, the loan default rate has been under threshold and was 1.6 percent for 2013 5.1 percent for 2014. And 3.5 for 2015. (CCCP19)The loan default rate is included in the Financial Aid APER and is presented to the IE Committee and the Board.(CCCP20), (CCCP21)

The Financial Aid Office provides a mandatory financial aid literacy class for all incoming students. Students participating in federal and campus-based loan programs also complete mandatory entrance and exit sessions to review student responsibilities and rights.

CERTIFICATION OF COMPLIANCE WITH COMMISSION POLICIES: EVIDENCE LIST

CCCP1	CONAH Website
CCCP2	SLO Statements
CCCP3	Policy # 300 Grading System
CCCP4	Policy # 310 Grading for Clinical Courses
CCCP5	Policy # 710 Nursing Course Exemptions

CCCP6	Curriculum Plan
CCCP7	Policy # 230 Curriculum Plan
CCCP8	Policy # 860 Transfer Policy
CCCP9	Accreditation and Approval
CCCP10	CONAH Catalog 2018-2019
CCCP11	Policy # 830 Student Grievance
CCCP12	Student Grievance Forms
CCCP13	Petition Grievance Tracking
CCCP14	Complaint Policy Website
CCCP15	CONAH Website-School of Nursing
CCCP16	Student Handbook 2018-2019
CCCP17	Allied Health Approval
CCCP18	Policy # 730 Recruitment Activities
CCCP19	Cohort Default Rate (NSLDS)
CCCP20	2016-2017 FA Annual Program Evaluation Report
CCCP21	Board Mins 2018-02-23

STANDARD 1: MISSION, ACADEMIC QUALITY AND INSTITUTIONAL EFFECTIVENESS AND INTEGRITY

The institution demonstrates strong commitment to a mission that emphasizes student learning and student achievement. Using analysis of quantitative and qualitative data, the institution continuously and systematically evaluates, plans, implements, and improves the quality of its educational programs and services. The institution demonstrates integrity in all policies, actions, and communication. The administration, faculty, staff, and governing board members act honestly, ethically, and fairly in the performance of their duties.

A. Mission

IA.1.The mission describes the institution's broad educational purposes, its intended student population, the types of degrees and other credentials it offers, and its commitment to student learning and student achievement.

Evidence of meeting the standard

CONAH's Mission is "to provide learning centered educational programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services". This statement describes CONAH's purpose and intended student population and demonstrates a commitment to student learning. (IA1)

CONAH's degree program is a two-year nursing program offered by the SON. The program integrates GE courses with required nursing courses. This prelicensure program culminates in an ADN and prepares graduates to successfully pass the NCLEX-RN and become competent, professional, entry level nurses. In accordance with California laws and BRN regulations, LVNs who successfully complete the advanced placement, 30 unit option are eligible to apply to take the NCLEX-RN in California. LVNs who successfully complete this option are not graduates of CONAH.

EDCOS offers professional development courses to support the educational needs of DHS nursing staff, provide continuing education units towards RN license renewal, and develop knowledge and skills for specific patient care areas.

Allied Health provides continuing education in support of the Mission.

Analysis and Evaluation

The Mission, Vision, and Values define CONAH's purpose, intended population, and focus on student achievement. The educational programs and student services are aligned with the Mission. The Program Approval policy requires that the decision to initiate a program must include consideration of alignment with the CONAH Mission and goals.

CONAH Values are in alignment with the Mission and Vision. The Value statements demonstrate faculty and staff commitment to the purpose, population served, and student learning. To aid in achieving our Mission and Vision we believe:

- Education is an indispensable component of quality healthcare

- 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, LAC+USC, DHS, 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 system's needs, and cultural and ethnic backgrounds are recognized
- Ongoing evaluation of our performance and openness to change are essential as programs grow, technology changes, 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.

CONAH academic programs are congruent with CONAH's Mission and culminate in defined SLOs. (IA2)The SON's ADN program is a recognized higher education field of study. The ADN program curriculum is of sufficient content and length, is conducted at levels of quality and rigor appropriate to the degree offered, and complies with BRN requirements.

CONAH's Mission, Vision, and Values demonstrate a College wide commitment to student learning. CONAH's 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" further emphasizes CONAH's dedication to student achievement. (IA3)

CONAH's commitment to student learning is expressed through CONAH's continuous improvement process, which is guided by the Institutional Effectiveness and Program Review Plan (IEPRP). (IA4)

IA. 2 The institution uses data to determine how effectively it is accomplishing its mission, and whether the mission directs institutional priorities in meeting the educational needs of students.

Evidence of Meeting the Standards
CONAH's Mission guides the continuous improvement process through implementation of CONAH's Institutional Effectiveness Plan (IEP). (IA5) The IEP is regularly reviewed and revised based on analysis of data and used to measure the degree to which CONAH is effective in meeting its Mission. CONAH and all divisions adhere to the IEP.

The IE Committee collects and analyzes data related to institutional effectiveness in order to improve CONAH's programs and reports findings to the College Governance Committee. In the quest to achieve excellence, the IE Committee reviews the following processes:

- Directing data collection and measurement relating to program review and student learning outcomes
- Analyzing data and outcomes by comparison to thresholds
- Recommending plans for improvement
- Tracking action plans for unmet outcomes to their resolution
- Ensuring the utilization of results for program improvements
- Designing, reviewing, and updating the IEPRP

Analysis and Evaluation

The Mission is central to CONAH's decision-making processes. The IEP and the Strategic Plan cascade from the Mission. The Mission drives decisions to optimize student achievement.

CONAH enrollment meets the Mission of supporting LAC and DHS. SON student body demographics are representative of the diverse LAC population. The Board reviews the demographic data biannually.

Comparison of SON Demographics with the LAC population

	CONAH Fall 2017	**L.A. County**
Female	80%	50%
Male	20%	50%
Age Range	20-60	
Ethnicity		
Minorities	73%	72%
Caucasian	27%	28%
Black	4%	9%
Hispanic	35%	48%
Native American	1%	1.5%
Asian	18%	14%
Filipino	13%	
2+ Races	2%	2.8%

Source: Board Report-2017; U.S. Census Bureau: State and County Quick Facts: LA County 2016

CONAH achieves its Mission by graduating 85 to 100 students with an ADN annually. The average first-time NCLEX-RN pass rate was 95.7 percent for the eight classes that graduated from December 2013 through May 2017. The first-time pass rate has remained above 95 percent and above state and national averages since 2012. No class fell below the 85 percent Institution-set standard for the NCLEX-RN pass rate.

In keeping with the Mission, at least 97 percent of graduates found employment as RNs in LAC and up to 54 percent of the graduating classes were hired by DHS.

Number of SON Graduates and NCLEX-RN Pass Rate

AY	2013-2014		2014-2015		2015-2016		2016-2017	
	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
Graduates (#)	40	43	51	43	45	44	46	44
Attempting (#)	40	42	51	43	45	43	46	44
1st Time Pass (#)	37	38	48	43	43	43	44	41
1st Time Pass (%)	93%	90%	94%	100%	96%	100%	96%	93%
1st Time Fail (#)	3	4	3	0	2	0	2	3
Repeat Attempts Pass (#)	3	3	3	0	2	0	1	1
Repeat Attempts Pass (%)	100 %	75%	100%	0%	100%	0%	50%	33%
Repeat Fail (#)	0	1	0	0	0	0	1	N/A
Not attempted (#)	0	1	0	0	0	1	0	0

N/A: Not available

CONAH, State, and National NCLEX-RN First Attempt Pass Rate

AY	2013-2014		2014-2015		2015-2016		2016-2017	
	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
CONAH	93%	90%	90%	100%	96%	100%	96%	96%
California	88%	83%	83%	86%	86%	87%	%	%
National	85%	83%	74%	79%	83%	80%	85%	85%

Source: NCLEX-RN Pass Rate Reports
N/A: Not available

SON Graduate Hiring Rate by DHS

	2013-II	2014-1	2014-II	2015-I	2015-II	2016-I	2016-II	2017-I
Graduates (#)	40	43	51	43	45	44	46	44
LAC RNs (#) Hired	31	13	21	36	16	30	30	17
LAC RNs (%)	78%	30%	41%	84%	36%	68%	65%	39%

Source: DHS Hiring Database

DHS has hired an increasing number of new graduates from this college. CONAH is able to access the DHS employment database to check graduate employment. (IA6) After graduation, surveys are sent out to new graduates to determine LAC employment and employer surveys are sent out to assess graduate effectiveness. (IA7), (IA8), (IA9), (IA10),

CONAH further achieved its Mission by providing professional development and continuing education for DHS nursing staff and other healthcare providers. In support of DHS and LAC+USC nursing service, EDCOS coordinated approximately 400 classes for over 6000 healthcare professionals annually. (IA11)

EDCOS Continuing Education (CE) and Non-CE Classes Offered and Number of Students per AY

AY	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Classes Offered	459	423	402	365	378
Students	6886	6483	6656	6650	7585

Source: EDCOS Program Review Reports AY 2012-2013, 2013-2014, 2014-2015, 2015-2016, 2016-2017, 2017 -2018

EDCOS enrollment demonstrates CONAH's support of LAC+USC nursing service as well as other DHS healthcare facilities and healthcare professionals.

EDCOS Student Facilities per AY (CE Classes)

AY	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
LAC+USC + CHCs and Clinics	3767	3458	3985	3793	4675
Other Facilities	74	108	106	198	210
Non County	270	261	140	137	58
Total	4111	3827	4231	4128	4948

Source: EDCOS Annual Reports AY 2012-2013, 2013-2014, 2014-2015, 2015-2016, 2016-2017, 2017-2018

EDCOS Student Categories per AY (CE Classes)

AY	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Registered Nurse	3005	2763	3161	3014	3659
Licensed Vocational Nurse	180	129	193	150	130
Nurse Attendant	627	491	476	444	479
Physician	15	22	22	55	43
Respiratory Therapist	11	9	1	2	14
Other	356	419	378	463	623
Total	4194	3833	4231	4128	4948

Source: EDCOS Annual Reports AY 2013-2014, 2014-2015, 2015-2016, 2016-2017, 2017-2018

Allied Health has recently been approved by the Licensed Vocational Nursing Board (LVN Board) to provide continuing education units for LVN courses and California Department of Public Health for Certified Nurse Assistant courses.(IA12)

CONAH has implemented a variety of ways to meet the educational needs of students in support of its Mission and Vision. There are opportunities for students to participate in community settings. Examples of these include community immunization programs through local healthcare clinics, American Heart Association (AHA) walk/run in Pasadena, Basic Life Support (BLS), sidewalk CPR, and health fairs held at local junior and high schools.(IA13)

CONAH's IEPRPs were effective in measuring the degree to which CONAH was successful in meeting the educational needs of the students. (IA4)

IA.3 The institution's programs and services are aligned with its Mission. The Mission guides institutional decision-making, planning, and resource allocation and informs institutional goals for student learning and achievement.

Evidence of Meeting the Standards
CONAH's Mission guides the continuous improvement process through implementation of the IEP.

Institutional effectiveness is evaluated through:

- Program review, which encompasses the degree of achievement of established goals, maintaining and improving the quality of college programs, evaluating and improving student learning, and maintaining employee competency
- Feedback from students, faculty, governing bodies, employers of CONAH graduates, the community, and accrediting organizations
- Implementation, monitoring, and evaluation of the annual and Strategic Plan goals.

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CONAH's Mission and Vision guide decision-making in this Institution. Faculty and staff are involved in standing committees, in which they have the opportunity to discuss issues and decide the best way to promote student learning and success. Decisions made by these committees are reviewed by College Governance Committee and approved by the Board.

The Mission drives decisions to optimize student achievement. In accordance with the IEPRPs, faculty conducted SLO assessments and compiled Outcome Evaluation Reports (OERs), which were reviewed and approved by the faculty governing committees and divisional deans. (IA14)The deans and directors compiled and presented the APERs, which the IE Committee and provost discussed and approved. College Governance Committee reviewed goal status and approved annual goals, which were consistent with the Mission. The Board discussed governing committee recommendations and approved/acted upon annual goals and goal status reports, needs assessment reports, and budget requests.

The Board, which includes the provost, met quarterly to monitor institutional quality, organizational goals, and status of plans in order to provide effective leadership. The CONAH administrative team developed and reviewed the Mission, Vision, and Values; and Strategic Plan to direct planning, implementation, and evaluation/re-evaluation of the educational and student support programs. The provost met monthly with the deans and directors and quarterly with faculty and staff to ensure the effectiveness of the academic programs. During these meetings, the provost, deans, and directors, and faculty assessed, planned, and evaluated outcomes related to governance issues.

CONAH is fully integrated into DHS and LAC+USC. DHS and LAC+USC executive leaders are officers and members of CONAH's Board and are committed to ensuring that CONAH's needs are considered in long-range DHS and LAC+USC planning and resource allocation. The provost is a member of the Senior Executive Council. College administration and faculty

are members and chairs of DHS, LAC+USC, and nursing division committees. This relationship between education and service provided an exchange of information that facilitated CONAH's planning, decision-making, and program improvements. These relationships also provided a foundation that promoted support and approval for resource allocation.

Analysis and Evaluation
The Mission is central to CONAH's decision-making processes. The annual goals, IEP, and the Strategic Plan cascade from the Mission.

The 2016-2019 Strategic Plan was reformatted to more clearly delineate goals, objectives, and strategies and to link them to regulatory standards, DHS/LAC+USC Strategic Plans, and CONAH goals. (IA15) The College Governance Committee ensured that the Strategic Plan objectives were aligned with the Mission and Vision, that all Values were incorporated into the Strategic Plan, and that student learning and institutional effectiveness were demonstrable priorities. The College Governance Committee approved adding sections to specify accountability and to formalize evaluation and documentation of annual progress.

The new plan improved integration of assessment findings, planning and implementation of improvement strategies based on those findings, and evaluation of effectiveness of those improvements in achieving goals and objectives. CONAH used the evaluation findings to further identify performance improvement needs, set priorities, determine resource allocation, and prioritize budget/funding requests.

To ensure compliance with timelines and recommendations, the Board and the College Governance Committee include Accreditation and Strategic Plan Status as standing meeting agenda items.

With the hiring of a new provost in November 2016, an organizational restructuring was undertaken and a new college governance structure was created. (IA16), (IA17)The purpose of the restructuring was to streamline the decision-making process of various committees, facilitate faculty and student participation in strategic planning sessions, enhance communication between faculty and administration, and improve accountability, authority, and responsibility of administrative staff and faculty.

IA.4 The institution articulates its mission in a widely published statement approved by the governing board. The mission statement is periodically reviewed and updated as necessary. (ER 6)

Evidence of Meeting the Standards
The Mission statement is periodically reviewed every three years by students, faculty, and staff and approved by the Board. The students are informed of CONAH's Mission, Vision, and Values during orientation and throughout the nursing program. Office of Educational Services (OES) includes the Mission in the Catalog, Student Handbook, and other official publications. (IA18), (IA19)

The CONAH Governance Committee's purpose is to provide a fully integrated institutional structure to achieve CONAH's Mission, Vision, and Values. Functions include developing and implementing the Strategic Plan; overseeing, guiding, and directing CONAH's academic and operational divisions and committees; tracking progress toward institutional outcomes; reviewing and approving CONAH policies; and monitoring and facilitating institutional processes to maintain compliance with regulatory agency requirements. This Committee consists of members from all divisions of CONAH, thus incorporating the interests of the Institution's stakeholders.

Analysis and Evaluation
The College Governance Committee and the Board conducted routine review, update, and approval of the Mission, Vision, and Values as scheduled. College faculty and staff participated in the review of the Mission and submitted recommendations, questions, and comments to the College Governance Committee. (IA20)

The Governance Committee reviews the proposed changes to the Mission, Vision, and Values; discusses faculty and staff input; and submits the final draft to the Board for review and comment prior to the Board's scheduled meeting. The Board, which includes representation from CONAH stakeholder groups, discusses, revises, and votes on final approval.

The 2018 review was effective in validating the Mission. The review and update of CONAH's Mission was consistent and responsive to the needs of the Institution. CONAH's Mission, Vision and Values also include Philosophies of Education, GE and Learning, and are reviewed, updated and posted on the website.(IA21)

Conclusions on Standard I.A. Mission

CONAH meets the standard.

Improvement Plans
None

Evidence List

IA1 Mission Statement
IA2 SLO Statements
IA3 Mission, Vision, Values
IA4 2018-2019 IEPRP
IA5 IE Plan
IA6 LA County Employee Database
IA7 2016-I Graduate Survey
IA8 2016-I and 2016-II SON Graduate Findings
IA9 2014-II SON Employer Surveys
IA10 2015- I and 2015-II Employer Survey Trends
IA11 2016-2017 EDCOS APER

IA12 Allied Health Presentation
IA13 CONAH Community Participation
IA14 2016-2017 OER Student on-time completion
IA15 2016-2019 Strategic Plan
IA16 2016 Committee Structure
IA17 2017 Committee Structure
IA18 2018-2019 CONAH Catalog
IA19 2018-2019 SON Student Handbook
IA20 BOT Mins 2018-02-23
IA21 Website - Mission, Vision, Values

B. Assuring Academic Quality and Institutional Effectiveness

Academic Quality

IB.1 The institution demonstrates a sustained, substantive and collegial dialog about student outcomes, student equity, academic quality, institutional effectiveness, and continuous improvement of student learning and achievement.

Evidence of Meeting the Standards
CONAH's governance framework supports ongoing dialogue as an essential component of the institutional process for attaining a well-informed program evaluation system that positively impacts student learning. All stakeholders engage in dialogue in accordance with CONAH's Value that teamwork promotes flexibility, collaboration, innovation, and networking. There is an established process of effective communication in the ongoing evaluation of the institutional effectiveness and improvement process. Dialogue occurs through various avenues such as meetings, workshops, policies, reports, and e-mail/telephone. Policies, procedures, forms, guidelines, reports, and other informative documents are available to all employees via CONAH's intranet. (IB1) Dialogue is continuous, collegial, and contemplative and is facilitated by the flow of information through collaborative program review and reporting processes.

Committee membership provides faculty and staff with the opportunity to participate in ongoing dialogue regarding issues impacting program effectiveness and to contribute to planning and implementing methods for maintaining excellence in meeting the Mission. (IB2)

College committees operate according to bylaws which describe the committee's purpose, functions, membership, and meeting frequency. These bylaws provide a collective understanding of the committee's work and a framework for evaluating committee effectiveness in achieving program outcomes. (IB3)

Information flows within and between divisional and College committees. Originating committees/individuals present policy/procedure updates, program improvement plans, and other recommendations to the governing committees. Meeting minutes reflect a high degree of faculty dedication and an understanding of the importance of dialogue and collaboration in improving the student learning process. (IB4), (IB5)

Faculty report ongoing assessment of course/program indicators and analysis of findings related to student learning and achievement at these meetings. All data including research reports, survey reports, SLOs, and APERs are available to committees for analysis and improvement planning. (IB6), (IB7) Meeting minutes, reports, and recommendations for improvement reflect faculty understanding of the importance of data.

Committees use the Intercommittee Communication form for formal communication between committees. Faculty use this form to make inquiries, provide information, and

recommend changes.(IB8) Committee representatives present reports of committee activities to their governing committees, which include SON Faculty Organization, EDCOS Planning, and Allied Health Continuing Education Committee. All faculty are members of their divisional governing committees. Committees also assign ad hoc work groups to address specific concerns.

Associated Student Body (ASB) representatives are granted membership on SON Curriculum, Admissions and Promotions, Grievance, and College Governance committees. These students participate in meetings and have the opportunity to engage in dialogue and to advocate for change. Students also voice their opinions via surveys; contact faculty during class time; and access faculty via office hours, telephone, email, and other forms of written communication. In addition, the SON dean assigns faculty advisors to the ASB and to each student class.

To facilitate communication, CONAH provides all employees with individual email accounts, telephone numbers with voicemail, and access to CONAH's Internet and intranet websites. Students access the Internet and the intranet, both of which include essential documents such as the student handbook, policies, forms, program information, and divisional offerings. Students have access to instructors, grades, and lecture handouts via the Comprehensive Management Academic System (CAMS). Newly admitted students attend orientation where they learn about CONAH and engage in dialogue with faculty, Office of Educational Services (OES) director, SON dean, Financial Aid coordinator, and the provost. New students also interact with the Educational Resource Center (ERC) staff and get information regarding the Computer Labs, Library, Skills Lab and how to locate learning materials.

The IE Committee maintains ongoing communication with faculty and staff regarding survey findings and outcomes assessments of program quality and effectiveness. The committee maintains a reporting schedule for all divisions and revises it annually. (IB9) The committee initiates the schedule based on the IEPRP, which delineates quality assessment monitoring items for CONAH and for each division.

CONAH uses student survey findings as a method for promoting dialogue related to program improvement. Students evaluate individual courses and course teaching faculty every semester. (IB10) They evaluate the entire SON program at the end of the fourth semester using the comprehensive Program Evaluation Survey. (IB11) CONAH also regularly administers graduate, employer, faculty, student/faculty exit, and student support services surveys. The survey data are aggregated and reports distributed to corresponding committees, faculty, and staff. The responsible individuals/committees analyze comments and responses that fall below expected thresholds, develop and implement improvement plans, and re-evaluate effectiveness at predetermined intervals. Administration/faculty address significant survey findings in SLO Assessment Reports, APERs, and committee reports.

The annual SON Program Review Workshop provides faculty with the opportunity for in-depth dialogue regarding curriculum; evaluation of student learning; student progression;

policy changes; ongoing issues; and changes in healthcare, education, and nursing practices. Faculty generate improvement plans and timelines related to assessment findings. Faculty conduct formative and summative evaluations of student learning at the course level and evaluation of student learning and achievement at the semester and program levels. Faculty and staff agree that program review is a collective effort. Faculty demonstrate understanding of the meaning of data which is evidenced by the analyses contained in written reports, discussions transcribed in committee minutes, improvement plans developed from analyzed data, and in the ongoing requests for data.

Analysis and Evaluation
Ongoing stakeholder dialogue positively impacted student learning. The Board effectively addressed key issues related to resource allocation and funding sources, which resulted in accessibility of materials essential to promoting student learning and achievement. Faculty maintained ongoing dialogue with key individuals to support student learning and achievement, ensure program effectiveness, and meet the Mission. Through this dialogue, faculty identified areas of need and developed improvement plans to enhance student achievement. The effectiveness of dialogue was enhanced by the restructuring of committees and the reporting process.

CONAH tracked the review, update, and approval of all policies and procedures to ensure currency. Governance and divisional governing committees assigned the initial policy review and update to consulting committees, who are designated on the policy based on their committee functions. This process has been expedited by the committee restructuring. The use of consulting committees for initial policy review helped ensure policies were revised to reflect current practice.

Committee participation effectively engaged faculty and staff in ongoing program improvement and was instrumental in creating and assigning membership to ACCJC Accreditation and BRN approval preparation committees. As experts in program delivery, evaluation, and improvement planning, faculty are best positioned to evaluate CONAH's success in meeting its Mission.

The structure ensures ongoing relevant dialogue in all aspects of academics, operations, and governance and facilitates input to support student learning and to ensure divisional issues are addressed. A preponderance of dialogue occurs in these committee meetings where members individually, and ultimately as a collective group, contribute to decision-making through a majority vote.

IB.2 The institution defines and assesses student learning outcomes for all instructional programs and student and learning support services.

Evidence of Meeting the Standards
CONAH has established SLOs to implement assessment strategies for all its courses, as well as student and learning support services. (IB12) CONAH actively assesses these SLOs on an annual basis and uses the assessments to improve student learning. SLO assessments are posted on the website under Student Consumer Information. (IB13)

- College SLO:
- SON SLOs –
- EDCOS SLO – ER/ICU/Pathology
- ERC SLO
- OES SLO
- Financial Aid SLO

Analysis and Evaluation
CONAH has defined SLOs for all instructional programs and student and learning support services at the course, program, and institutional levels. These SLOs are reviewed annually and used to make improvements.

SLO assessment is a formal, ongoing, systematic, and actionable process. Aligning the SLO assessment process with the annual program review process resulted in more widespread discussion of SLOs and increased use of SLO results for College wide improvements.

SLO reports indicated the need for more efficient computers and LCD projectors for lectures. Students expressed a desire for online handouts. In fall and spring 2014, work stations were installed in the bigger and commonly used classrooms to enhance faculty presentations and facilitate student learning. In fall 2014, faculty voted to post all semester handouts online to enhance student access to course materials. (IB14) SLO Assessment Reports also indicated the need for qualified counselors to assist students with personal stressors, which were negatively affecting their success in the nursing program. (IB15) In fall 2014, a pilot partnership was implemented with a Master of Social Work student who provided individual or group counseling for students.

SLO Assessment Reports for spring and fall 2014 indicated course attrition rates of 14 percent and 12 percent, respectively. These were improved from fall 2012 and spring 2013 of 20 percent and 17 percent. Strategies included in the plans for improvement sections of the SLO Assessment Reports to decrease attrition rates included the following: early intervention strategies for students who are failing early in the semester, increased tutoring sessions offered by faculty, and student success workshops and clinical remediation for students who failed or withdrew from previous semesters. These strategies were implemented by all semesters. In summer 2018, a new full-time counselor and advisor position was created to assist students.

IB. 3 The institution establishes institution-set standards for student achievement, appropriate to its mission, assesses how well it is achieving them in pursuit of continuous improvement, and publishes this information. (ER 11).

Evidence of Meeting the Standards
CONAH utilizes Institution-set standards to correlate with its Mission. The current data for these standards are published on the CONAH website. (IB13) The following table includes Institution-set standards, which are reviewed bi-annually or annually by the IE Committee.

Data Element	Definition of the Measure	Institution–Set Standard
Course Completion Rate	Percentage of students who do not withdraw from class and who receive a valid grade.	85%
Course Success Rate	Percentage of students who receive a passing/satisfactory grade	85%
Attrition Rate	Percentage of students withdrawn or failed from a course	15%
Degree Completion Rate • On-time • 150%	Percentage of students from the original cohort that completed the program	 68% 75%
NCLEX Pass Rate	Percentage of students who passed the NCLEX-RN exam for the first time	85%
Job Placement Rate	Percentage of graduates who are employed 12 months after graduation	70%
DHS Hiring Rate	Percentage of graduates who are employed with DHS after graduation	50%
Employer Satisfaction Survey	Rating of graduate performance	>3.0

Analysis and Evaluation
Data related to compliance with established Institution-set standards are analyzed and evaluated at committee meetings and reported to the College Governance and the Board. Recommended changes are communicated to students and faculty. The Institution-set standards are reviewed and updated annually and published on CONAH's website to ensure transparency.

The CONAH Strategic Plan is a key component of CONAH's operations and serves as a guide in developing short- and long-term goals to ensure student success. The Strategic Plan is reviewed with students, faculty, and staff annually and whenever there are changes in administrative or financial focus. (IB16)

Student evaluations are reviewed after the end of each semester to help identify student needs in order to improve student learning and achievement. The hiring of a full-time tutor and a student counselor and advisor are examples of student services that were implemented to improve student achievement.

IB. 4 The institution uses assessment data and organizes its institutional processes to support student learning and student achievement.

Evidence of Meeting the Standards
CONAH collects data to support student learning at each level of their education. The IE Committee uses the IEPRP to monitor College and divisional SLO assessments. The accountable person or committee representatives designated on the IEPRP report SLO

assessment findings and recommendations, in accordance with established guidelines. These SLO Assessment Reports also track and trend effectiveness of improvement plans over time. The assessment, planning, implementation, reporting, evaluation, and re-evaluation cycle applies to all reports at the course, division, and institutional levels.(IB17)

Analysis and Evaluation
The high program attrition rate of 19 percent in 2012-2013 resulted in implementation of student success workshops and scheduled tutoring for each semester. Students on academic warning or who were failing were required to attend tutoring sessions. Student comments on course surveys indicated the need for additional tutoring. The hiring of a full-time tutor/mentor in spring 2018, along with a full-time counselor/advisor, should help address their concerns and improve student achievement.

CONAH utilizes institutional data on student learning and achievement in its planning and resource allocation.

I.*B. 5 The institution assesses accomplishment of its Mission through program review and evaluation of goals and objectives, student learning outcomes, and student achievement. Quantitative and qualitative data are disaggregated for analysis by program type and mode of delivery.*

Evidence of Meeting the Standard
CONAH's focus is to enhance and sustain program quality through the establishment of both long-term and short-term goals in accordance with CONAH's Mission. The IE Committee guides implementation and evaluation of the program review plan that generates informative data about program needs; solicits stakeholder contributions; and maintains awareness of trends in education, nursing practice, healthcare, and accreditation that may impact College programs. The College Governance Committee guides creation of the Strategic Plan, which is developed through a cooperative effort amongst stakeholders, with final approval by the Board. Contributions from these various sources guide the creation of CONAH's Strategic Plan, which is developed every three years and evaluated on an annual basis. The Plan consists of goals that include measureable objectives and clearly articulated strategies to guide implementation and measure achievement. The Strategic Plan also serves as a tool to promote a broad understanding of the unique needs of CONAH. College and divisional goals cascade from the Strategic Plan goals and are prioritized based on program evaluation findings. (IB16)

The Strategic Plan also serves as a framework to organize and prioritize feedback from annual program and College reports in order to create a comprehensive summary. APERs are completed by each program with evaluation of annual goal attainment, contribution to achievement of the Strategic Plan goals, and creation of new goals for the upcoming year. (IB17) All divisions focus on achieving Plan goals through assessment, planning, implementation, evaluation, and reassessment of various aspects of their programs and services.

CONAH monitors annual progress toward goal attainment with the Outcomes Evaluation Report (OER) with assessment findings that consist of data from program objectives and course and non-course items. (IB18) Once recorded, the data are then analyzed and compared to the threshold expectation for compliance to identify unmet outcomes that guide plans for improvement. Strategic Plan and annual goals that have not met threshold and goals that are essential to CONAH's progress are included in the subsequent year's goals. The provost, program deans, and directors engage faculty and staff in continually evaluating progress toward goals. Faculty and staff participation is evident by their contributions to course, program, and divisional reports. In addition, the annual self evaluation of performance asks employees to evaluate their achievement of professional goals from the previous year, identify goals for the next year, and describe their contributions to the Strategic Plan, CONAH and divisional goals, and to SLO achievement.

Committees and divisions also establish goals based on program review priorities to maintain/improve program quality, develop implementation plans to achieve goals, evaluate goal attainment, and document the process in the APERs. (IB7) Each standing and semester committee completes ACERs, which are submitted to the dean, IERP and findings are reported to the IE Committee. (IB19), (IB20), (IB21)

Quantitative and qualitative data are disaggregated for analysis by program type and mode of delivery. The IEPRP provided quantitative and qualitative measures with established thresholds for action. These thresholds provided faculty and staff with quality measures for determining the degree to which goals were achieved. Faculty demonstrated knowledge of College and divisional goals, broad based understanding of achievement strategies, and commitment to goal success through their formalized assessment of SLOs. The SLOs were created at the College, program, and course level and are evaluated and revised as necessary according to specified time frames.

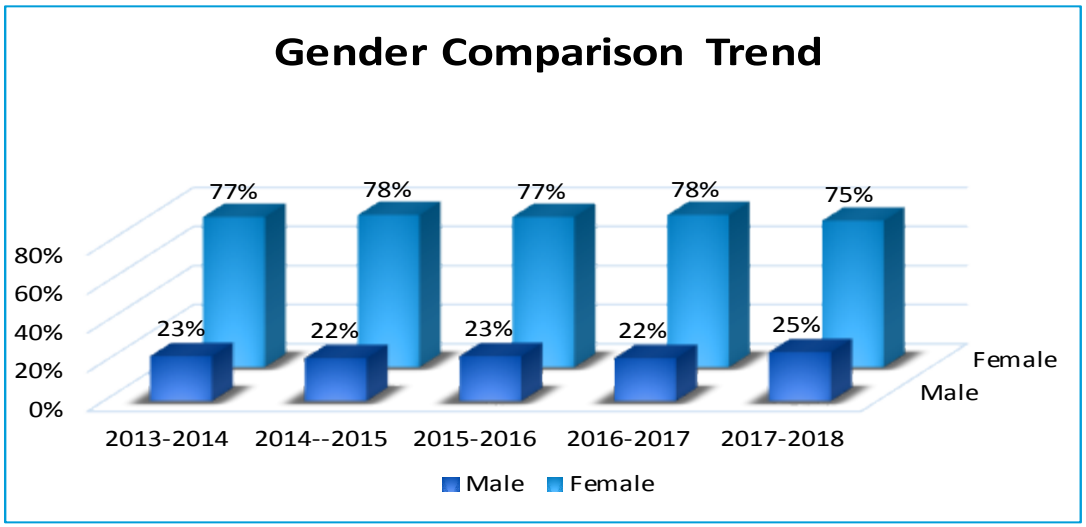
Analysis and Evaluation
Individuals, committees, and programs demonstrated ongoing cooperative effort toward goal attainment at course, program, and College levels by identifying needs and creating improvement plans that were effective in achieving goals. CONAH engaged all divisions in ongoing dialogue regarding program needs and goals. Participation of all divisions in drafting the ISER reflects College wide understanding and attainment of College and divisional goals.

The 2010-2015 Strategic Plan established Goal II: Promote Student Success with the specific objective IIF: to "improve the educational process and student success through SLO assessments", which correlates with the strategy: to "attain a proficient level on assessment of SLOs". (IB22) This goal has been met, but was incorporated into the 2016-2019 Strategic Plan to ensure continued implementation of quality improvement activities related to SLOs. The IE Committee used the IEPRP to monitor CONAH and divisional SLO assessments. All teaching faculty participated in assessing, discussing, and evaluating findings and in planning program improvements as indicated. The accountable person/committee representative designated on the IEPRP reported SLO assessment findings and recommendations, using

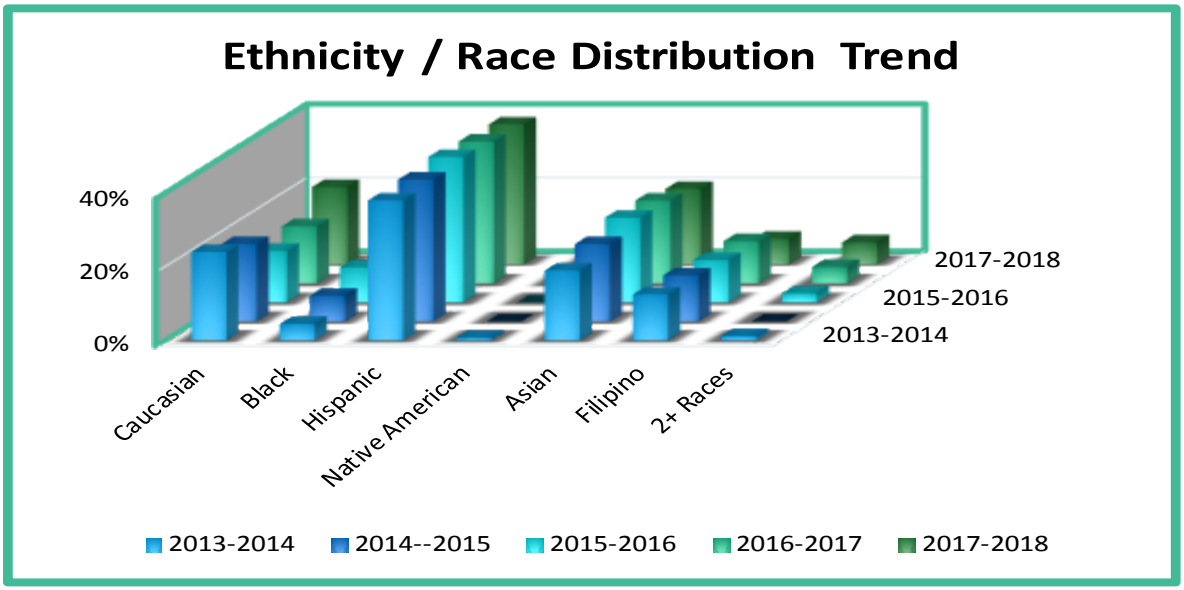
course specific forms in accordance with established guidelines. These SLO Assessment Reports also tracked and trended effectiveness of improvement plans over time.

IB. 6 The institution disaggregates and analyzes learning outcomes and achievement for subpopulations of students. When the institution identifies performance gaps, it implements strategies, which may include allocation or reallocation of human, fiscal and other resources, to mitigate those gaps and evaluates the efficacy of those strategies.

Evidence of Meeting the Standards
CONAH is committed to the success of all its students and demonstrates this commitment by disaggregating data and utilizing the data to implement appropriate strategies. CONAH reviews enrollment, attrition, and graduation data pertaining to gender, ethnicity, and age range.

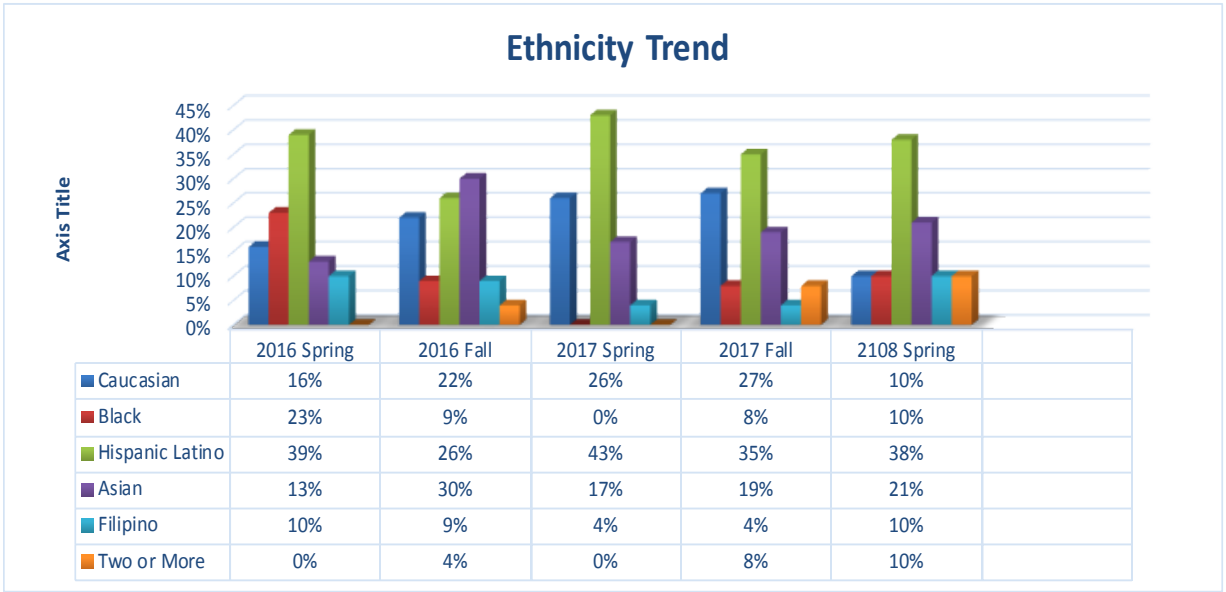


Although females make up the majority of the student body, the number of CONAH male students is much higher than the California Nursing Schools average of 18 percent and the national average of 14 percent.



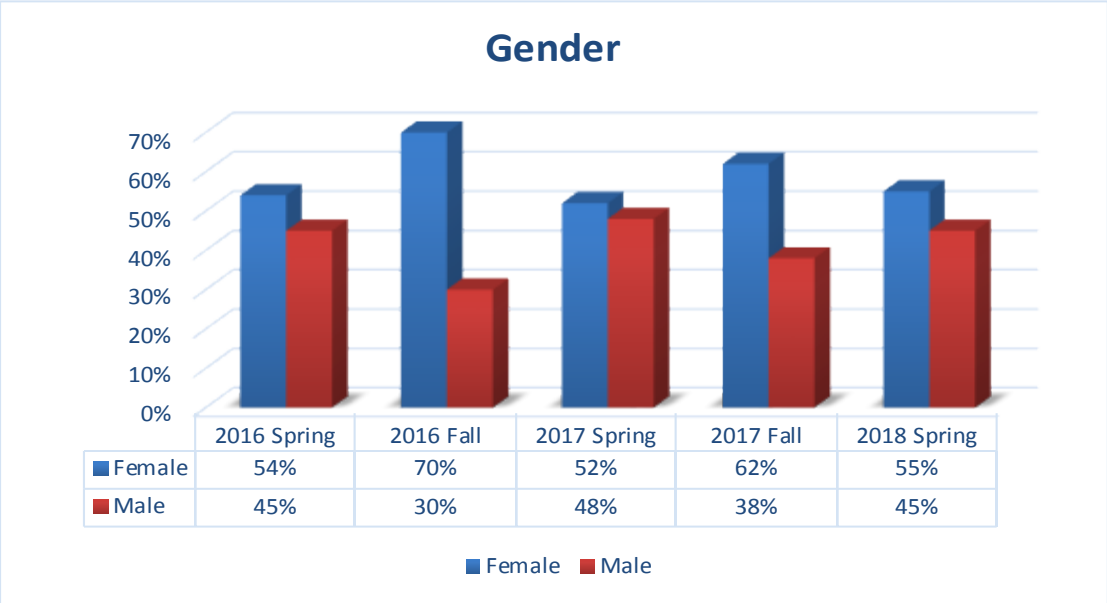
The student ethnicity/race data reveal that CONAH serves an ethnically and racially diverse student population reflecting LAC's diversity.

Disaggregated Data from SLOs reports:
Semester attrition data from SLOs indicates the following trends:

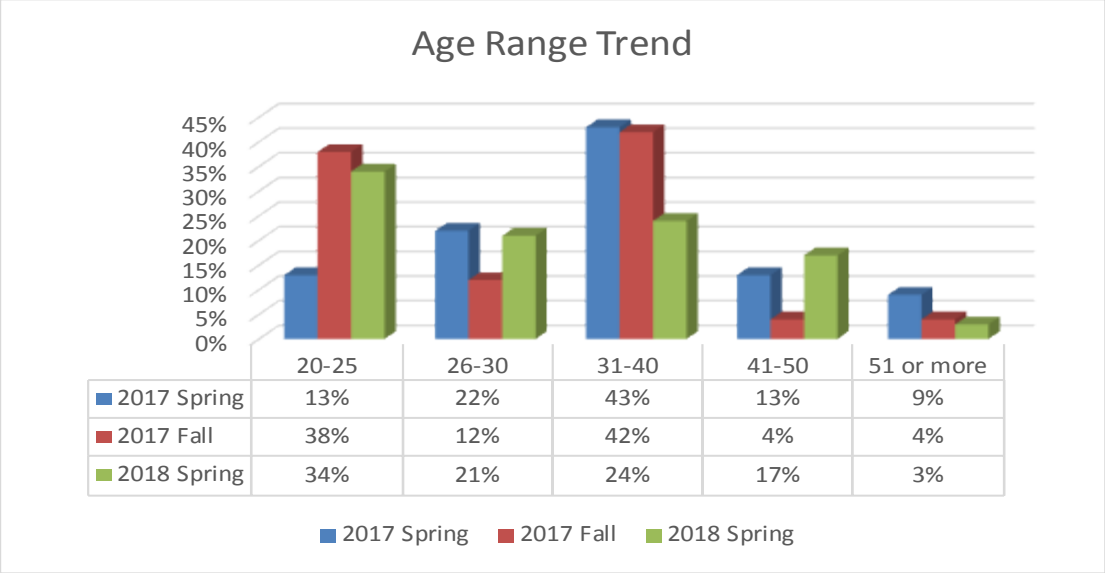


	2016 Spring	2016 Fall	2017 Spring	2017 Fall	2108 Spring
Caucasian	16%	22%	26%	27%	10%
Black	23%	9%	0%	8%	10%
Hispanic Latino	39%	26%	43%	35%	38%
Asian	13%	30%	17%	19%	21%
Filipino	10%	9%	4%	4%	10%
Two or More	0%	4%	0%	8%	10%

The disaggregated data regarding attrition is consistent with the ethnically and racially diverse population of CONAH.



CONAH data indicates that a higher percentage of male students have attrited per semester when compared to CONAH's overall male student population which is about 22 to 25 percent of the total enrollment.



Data indicates that a higher percentage of students in the age range 31-40 have attrited. Because many in this age group are likely to be raising families, they may have a disproportionately higher level of family-, school-, and job-related responsibilities. CONAH monitors disaggregated student learning and achievement performance data. As these examples demonstrate, CONAH has used student equity data, disaggregated by student population, to drive its decision-making processes in order to develop new strategies and allocate the necessary resources to support student success.

Analysis and Evaluation
The CAMS database provides information to track enrollment, attrition and graduation data. It also provides information to track student achievements and identify students with performance gaps or those at risk for not meeting program/course requirements. (IB23) Once identified and assessed, support services including tutoring and counseling are then provided for at risk students. Faculty worked closely with the Skills Lab coordinator to develop clinical scenarios that could be utilized for Simulation Clinical Experiences (SCE). The scenario is formulated to include current skills learning and to provide a safe environment for students to gain insight and develop critical thinking skills in a team setting. CONAH has created new, full-time positions dedicated to tutoring and mentoring students and counseling.

IB. 7 The institution regularly evaluates its policies and practices across all areas of the institution, including instructional programs, student and learning support services, resource management, and governance processes to assure their effectiveness in supporting academic quality and accomplishment of mission

Evidence of Meeting the Standards

The College has a well-defined system for assessing the effectiveness of its instructional programs and student support services, including the Library and Computer and Skills Laboratories. The IE Committee guides the established program review process, which is well documented in meeting minutes and evidenced in IEPRPs. (IB24) The success of the program review process is the result of continuous assessment, data collection, aggregation, analysis, improvement planning, implementation, reassessment, and reporting.

CONAH evaluates the effectiveness of student support services using much of the same information sources as described for the instructional programs. The ERC includes the Library, Skills Labs, and Computer Labs. The ERC generates data regarding student access, effectiveness of services in meeting student needs, currency of Library collections, and student educational needs for accessing information. (IB25)

The OES is responsible for student admission, enrollment, transfer, graduation, transcripts, certificate distribution, and faculty and student record maintenance. OES, in collaboration with the SON dean, also coordinates counseling and tutoring services. Continued evaluation of OES effectiveness in meeting student needs led to proposals that resulted in improved student services. (IB26)

The Office of Financial Aid provides information and assistance to students regarding access to loans, scholarships, and grants. CONAH evaluates the division's effectiveness in meeting student needs through APERs, feedback from individual and group student advisement sessions, and survey findings. (IB27)

New or revised policies may originate from any recognized College committee or group or from individual(s) with specific expertise. Draft policies are formulated after consultation with individuals having experience and work responsibilities in the area. There is a thorough review of related DHS, LAC+USC, College, and divisional policies.

Analysis and Evaluation

The CONAH system and structure for assessing instructional program effectiveness is well documented. There were many examples that demonstrated effectiveness of the evaluation process in improving academic programs and positively impacting student learning.

EDCOS has worked with each of the Medical Centers within DHS to standardize the training of new hire nurses in the areas of Emergency Medicine and Intensive Care. Each program has been revised to meet the standards of their respective professional organizations. The Emergency Nurse Training program has adopted the learning objectives for the didactic content from the Emergency Nurses Association. A test bank has been created and utilized by the program coordinators at LAC+USC and Harbor. The total number of BRN continuing education hours earned in the didactic segment and clinical hours are congruent between the two programs. An Emergency Department DHS Standardization Committee was formed to oversee the process and meets to discuss topics that arise on an ad hoc basis.

The Intensive Care training program, known as the Core Critical Care Program (CCCP), has created objectives based on the American Association of Critical-Care Nurses standards for critical care nurses. LAC+USC serves as the site for CCCP didactic training for all newly hired DHS nurses, including, Harbor, Olive View, and Rancho. In order to meet complex patient needs created by advances in treatment and technology, the Advanced Critical Care Program has been developed to continue training for the seasoned critical care nurse.

Several measures have been implemented by the ERC to enhance student learning, including an upgrade to Cumulative Index to Nursing and Allied Health Literature (CINAHL) Complete Nursing Journal Database to improve access to current research articles and encourage evidence-based practice. Bates Visual Guide, a nursing assessment database to enhance learning, has been added as an additional resource. The Clinical e-book database has been expanded to include 1,500 titles. The ERC collaborated with DHS IT leadership council to obtain and install an electronic card catalog. In an effort to increase and ease access to resources for students and staff, campus wide Wi-Fi access has been expanded to all CONAH buildings.

During summer 2015, the “Clinical Enhancement Session” was opened to students who did not require clinical remediation. A group of five students was placed in the clinical area for a three week, six day experience with intense clinical mentoring. There are future plans to continue this program during semester breaks and collect data to track and evaluate these students.

CONAH utilizes CAMS as its administrative software. This system allows for two points of entry, including a student portal and a faculty portal. The student portal enables the College to disseminate information to students regarding program changes, grades, course materials (lecture handouts and syllabi), and other information. The faculty portal grants administrative access to student demographic, enrollment, and progress information; and access to student data for tracking, trending, planning, and evaluation.

Numerous environmental improvements are underway, including several large tables with chairs that have been arranged in the Administration building lobby to accommodate students and study groups. This area is available to students during regular campus hours and Saturdays between 4:00 PM to 9:00 PM.

Divisional and CONAH committees contribute to ensuring ongoing effectiveness of the process in measuring, maintaining, and improving instructional programs and services. CONAH determines instructional program success through multiple sources of information: course, program, and College SLO assessments; committee, divisional, and College OERs; divisional and College APERs; other mandatory reports on identified quality indicators; aggregated research data; and survey data such as student, employee, employer, graduate, course, and program specific surveys. Each source of information undergoes review and revision through a collaborative process at course, program, and College levels. Findings from any of the sources that fall below expected thresholds are analyzed and improvement plans are developed and implemented. The cycle begins again with evaluation of the plan's effectiveness in achieving expected outcomes.

CONAH's assessment results are used to develop and implement improvement plans that are supported through CONAH's resource allocation process and the Strategic Plan.

Policies are developed and approved through appropriate divisions and established committees. College policies are approved by the College Governance Committee and divisional policies are approved by divisional governing committees/administration. All new policies and revisions to existing policies are distributed to faculty and staff for review prior to final approval. Policies mandated by regulatory agencies are submitted to the Board for approval. (IB28)

Approved policies are posted and distributed to faculty, staff, and students as applicable. Existing policies are reviewed for continued relevance, accuracy of information, and compliance with applicable standards, laws, and regulations a minimum of every three years and as necessary.

IB. 8 The institution broadly communicates the results of all of its assessment and evaluation activities so that the institution has a shared understanding of its strengths and weaknesses and sets appropriate priorities.

Evidence of Meeting the Standards
CONAH uses qualitative and quantitative data to evaluate its programs and services and to communicate and validate quality information to its stakeholders. The IE Committee implements, monitors, and updates the CONAH IEP, which guides CONAH and all divisions in assessing quality indicators and reporting findings and plans. College and instructional division indicators include measures of employee competence, performance, and satisfaction; student learning, progress, achievement, and concerns; program/course SLOs; support services; and attainment of Mission and goals. The IEP determines frequency of assessment for each item and the annual Reporting Schedule specifies evaluation reporting dates. (IB9) All reports identify data sources and include analysis of findings and comparison to

predetermined thresholds and to previous years' outcomes. Data and reports are posted on the intranet.(IB29)

The Board reviewed and discussed divisional APER findings and other measures of institutional effectiveness and student achievement. The instructional program deans and the research director presented program evaluation data such as course/program pass rates, attrition, on time completion, and student concerns. The provost and dean, IERP presented measures of student achievement such as NCLEX-RN pass rates, graduate hiring, and graduate and employer satisfaction findings. Report findings and discussion are reflected in the Board minutes, which are posted on the Internet and available to the public.(IB30), (IB31)

Board standing agenda items included quality indicators and achievement measures such as accreditation report status; research, program review, and planning reports; unresolved planning issues such as information systems and allied health; divisional program review reports; NCLEX-RN pass rates; student enrollment projections, demographics, and post-graduation hiring rates; policy approvals; and budget request/revenue and expenditure summaries.

Analysis and Evaluation

One of the essential College Values states "We believe …integrity, professionalism, and respect are inherent to our relationships with each other, our students, our partners, and the community". CONAH ensured transparency in communicating quality measures and used multiple avenues to ensure data availability to its stakeholders.

In 2014, a new section was added in the CONAH website; Student Consumer Information" which provided information on completion rates, gainful employment, NCLEX-RN pass rates, and SLO Assessment Report findings. (IB13)

Evaluations are conducted on course content, instructors, and student success workshops. The NCLEX-RN pass rates are tracked and graduate and employer survey results are aggregated and evaluated**.** During AY 2016-2017, data findings from student, faculty, and staff surveys were utilized to assure full implementation of CAMS, classroom enhancements, and facility improvements.

Dissemination of assessment results takes place regularly through numerous communication methods, such as committee minutes, intranet, CONAH's website, and APERs.

I.*B. 9 The institution engages in continuous, broad based, systematic evaluation and planning. The institution integrates program review, planning, and resource allocation into a comprehensive process that leads to accomplishment of its Mission and improvement of institutional effectiveness and academic quality. Institutional planning addresses short- and long-range needs for educational programs and services and for human, physical, technology, and financial resources. (ER 19)*

Evidence in Meeting the Standards

CONAH strives to involve all stakeholders in achieving its goals. Through the formalized program review process, CONAH measures effectiveness at meeting the Mission to provide learning centered educational programs for healthcare students in support of DHS.

CONAH supports faculty awareness and involvement in the assessment, planning, implementation, and evaluation/re-evaluation process. Divisional deans encourage faculty to participate in SLO assessment, program review, and College and divisional committees. Any faculty or staff member can propose changes to the program review process and to related policies, procedures, and forms. Program review includes identification of course/program needs, which are presented to the College Governance Committee for follow up action as indicated.(IB32)

The three year Strategic Plan identifies broad goals that support the Mission, objectives related to projected needs, and strategies to guide planning. The Strategic Plan cascades from the CONAH Mission, Vision, and Values, and from the LA County, DHS, and LAC+USC Strategic Plans. The College Governance Committee annually evaluates accomplishments towards achievement of objectives and effectiveness of strategies. To simplify planning, each division reports attainment of Strategic Plan goals using the APER process. The College Governance Committee uses the assessment findings, needs assessments, and recommendations from the APERs to plan, implement, and evaluate follow up actions. Findings from these reports are used in the annual overall evaluation of the Strategic Plan.

Program review precedes formalized College planning. The Program Review policy and the IEPRP guide the program review process. The IE Committee administers the IEPRP and oversees program review. The IEPRP specifies the items monitored, related regulatory agency standard/policy, monitoring tool, tracking source/person, threshold for action, accountable person/committee, and frequency of review. For example, the IEPRP specifies that the SON semester coordinators conduct assessments and create SLO Assessment Reports biannually. The SON dean incorporates the program SLO assessments into the APER and reports annually. (IB15)

The IE Committee also creates an annual reporting calendar for all items monitored on the IEPRP. (IB9) The accountable person/designee reports assessment findings, items that fall out of threshold/identified problems, action plan, timeline for implementation, and re-evaluation to the IE committee. Subsequent reports reflect follow up findings and further actions as indicated. The IE Committee discusses the reports, requests further information, and approves/recommends further action. The dean, IERP uses the final report to compile the annual Requests for Program Needs report. The Governance Committee discusses, prioritizes, and assigns the requests for follow up action as indicated.

The College Governance Committee prepares budget requests, plans resource allocation, and monitors and tracks expenditures. The Board reviews the annual budget requests and plans that involve large expenditures.

Analysis and Evaluation

CONAH used an integrative planning process for program improvement that was cyclical, ongoing, shared with all College divisions, and implemented College wide. The process incorporated systematic assessment of programs and services, improvement planning, implementation of quality improvement recommendations, and re-evaluation of the outcomes from improvement measures. Ongoing planning facilitated quality improvement.

CONAH has implemented the use of Quality and Safety Education for Nurses (QSEN) competencies in all clinical courses. This program has been developed to enhance safety awareness and quality patient-centered care. (IB33)

Scheduled tutoring to clarify concepts prior to examinations was provided to enhance student learning. Instructors encouraged the use of tutoring in conjunction with emailing questions to the lecturers of specific content. Along with scheduled office hours, faculty maintain an 'open door' policy to increase student access to counseling, tutoring, advisement, and guidance.

Lectures have been modified to be interactive and clinical simulations with the Metiman manikin have been developed and utilized with all medical-surgical clinical groups. Students were presented with an obstetric simulation on postpartum hemorrhage.

Technology upgrades to the classrooms included new audiovisual equipment. Smart televisions have been installed in the classrooms to enhance presentations. In addition, each classroom has a dedicated microphone, laser pointer, wireless keyboard and mouse. Committee chairpersons and semester coordinators have been assigned tablet devices.

Aesthetic improvements have been made with floor retiling in all areas of the administration building and larger classrooms. New furniture has been arranged in the main lobby to create a more communal environment where students can meet and study.

Faculty and divisional deans and directors identified course/program needs in their SLO Assessment Reports and APERs. The dean, IERP compiled identified resource needs and presented them to College Governance Committee for discussion, prioritization, and follow up. In May 2018, the College Governance Committee reviewed the 2016-2017 Request for Program Needs and evaluated the status of the previous year's request, which showed that the majority of needs were addressed and resolved. These included full implementation of CAMS in spring 2018 and facility enhancements that were initiated in fall 2017. (IB34), College Governance Committee also evaluated ongoing plans to mitigate persistent needs/requests, such as plumbing and air conditioning problems related to the aging buildings. These problems were reported immediately and addressed with each occurrence.

Decisions regarding resource allocation are driven by the Mission statement, collaborative planning, and assessment. Resource allocation is an important element of CONAH's planning processes.

Conclusions on Standard I.B. Assuring Academic Quality and Institutional Effectiveness

CONAH meets the standard.

Improvement Plans
None

Evidence List

IB1 CONAH Intranet Screenshot
IB2 2018 CONAH Governance and Committee Structure
IB3 CONAH College Committee Bylaws Matrix
IB4 Adm Promotions Mins 2018-04-02
IB5 Agenda 2018-06-28 College Governance
IB6 2017 Spring N113L SLO
IB7 2014-2015 SON APER
IB8 Intercommittee Communication Form
IB9 2017-2018 IE Reporting Schedule
IB10 2017 Fall N113L Comprehensive
IB11 2018-I Program Evaluation Survey
IB12 CONAH SLO Statements
IB13 CONAH Website – Student Consumer Information
IB14 2013 Spring N112 SLO
IB15 2013 Fall N233 SLO
IB16 2016-2019 CONAH Strategic Plan
IB17 2016-2017 SON APER
IB18 2016-2017 Attrition – OER
IB19 2016-2017 Curriculum ACER
IB20 2016-2017 Admin Pro ACER
IB21 2016-2017 Sem 1 ACER
IB22 2010-2015 CONAH Strategic Plan
IB23 CAMS Screenshot
IB24 IE Mins 2017-08-10
IB25 CONAH Website – ERC
IB26 CONAH Website – OES
IB27 CONAH Website – FA
IB28 Policy # 100: Policy development and Review
IB29 Intranet – Program Review Documents Screenshot
IB30 Board Mins 2013-11-22
IB31 Board Mins 2017-11-17
IB32 Policy # 340: Program Review Process

IB33 2016-2017 SON APER
IB34 Governance Mins 2018-05-17

C. INSTITUTIONAL INTEGRITY

I.C.1 The institution assures the clarity, accuracy, and integrity of information provided to students and prospective students, personnel, and all persons or organizations related to its mission statement, learning outcomes, educational programs, and student support services. The institution gives accurate information to students and the public about its accreditation status with all of its accreditors. (ER 20)

Evidence of Meeting the Standards
CONAH uses qualitative and quantitative data to evaluate its programs and services and to communicate and validate quality information to its stakeholders. The dean, IERP, along with the CONAH Chief Information Officer (CIO), implement systems to collect, aggregate, report, and disseminate data to measure quality indicators and drive program review. As the IE Committee chairperson, the dean, IERP creates dialogue that fosters transparency for faculty and staff and ensures a data driven review process guides the decision-making procedure of CONAH.

The Board has continued to give priority to divisional reports on its master agenda by hearing, discussing, and recommending actions based on these assessment findings. Board standing agenda items included quality indicators and achievement measures such as accreditation report status; research, program review, and planning reports; unresolved planning issues such as information systems and allied health; divisional program review reports; NCLEX-RN pass rates; student enrollment projections, demographics, and post-graduation hiring rates; policy approvals; and budget request/revenue and expenditure summaries. (IC1)

The Board reviews and discusses divisional APER findings and other measures of institutional effectiveness and student achievement. (IC2)The provost and dean, IERP presented measures of student achievement such as NCLEX-RN pass rates, graduate hiring, and graduate and employer satisfaction results. Report findings and related discussions are reflected in the Board minutes, which are posted on the Internet and available to the public. (IC3), (IC4), (IC5)

The CONAH website also provides links to websites that validate College quality indicators, including the ACCJC website directory of accredited institutions and the California BRN website which lists approved nursing schools and NCLEX-RN pass rates by school. (IC6) CONAH reports quality measures to the Integrated Postsecondary Education Data System (IPEDS), which are accessible to the public. In addition, the Director, OES informs potential applicants of data pertaining to student success including retention, attrition, and NCLEX-RN pass rates during scheduled program information sessions.

SLOs are posted on the website and CONAH and divisional bulletin boards. (IC7)They are also accessible through the CONAH Catalog.

CONAH posts accreditation documents, such as ACCJC and BRN approval letters and an accreditation history outlining accreditation reports and Commission recommendations and

actions. (IC8) CONAH provides opportunities for public input regarding its programs through open Board meetings and a website link for contacting CONAH. (IC9)The OES reviews messages received and coordinates responses. CONAH also maintains College and divisional bulletin boards and encourages posting of quality indicators, which are visible to the public.

The CONAH intranet site ensures timely data access for faculty and staff. The dean, IERP uploads course statistical data, which is accessible to faculty and staff. Additional data related to student learning is aggregated, tracked, trended, and posted for faculty analysis and is used in program and course reports. (IC10)The OES staff routinely compile and update student academic and demographic data which is available to faculty and reported to the Board.

Analysis and Evaluation
CONAH ensured transparency in communicating quality measures and used multiple avenues to ensure data availability to its stakeholders.

Prior to fall 2013, CONAH internet and intranet sites were managed by DHS and LAC+USC IT webmasters rather than by CONAH. This led to delays in web content updates. In fall 2013, CONAH CIO was granted full control of CONAH intranet and Internet design and content. The onsite control of CONAH Internet and intranet by CONAH webmasters resulted in more timely update of website content and improved access to course materials and consumer information. Changes to the website are now available within hours versus weeks.

The dean, IERP collaborates with instructional program deans and course coordinators to review and revise all course and program surveys in order to improve the quality of program review data. CONAH utilizes survey software, which enables timely generation, distribution, and data compilation. Faculty utilize these data for SLO assessment reporting, improvement of their lecture content and style, enhancement of clinical instruction, and program improvement.

CONAH conducts a regular review of its policies, procedures, practices, and publications to ensure integrity, accuracy, and clarity of the information shared with the general public, prospective and current students, and employees.

IC. 2 The institution provides a print or online catalog for students and prospective students with precise, accurate, and current information on all facts, requirements, policies, and procedures listed in the "Catalog Requirements" (see endnote). (ER 20)

Evidence of Meeting the Standards
The CONAH Catalog (Catalog) contains accurate and current information and includes an accuracy statement on the first page. All information specified by the Accreditation Standard is included in the Catalog. (IC11)Faculty representatives from Admissions and Promotions ensure the information is accurate. The CONAH webmaster maintains currency of its content. All students also have access to a hard copy of both the Catalog and class schedules.

The Catalog is updated annually and reviewed by the divisional deans, with input from SON Faculty Organization and Admissions and Promotions committees and EDCOS Planning Committee. The catalog is available on the CONAH Internet website, which is accessible to the public, faculty, and students. (IC12) Information on essential SON student policies such as those for admissions, enrollment, academics, expected interaction between faculty and students, and accessibility of faculty and staff to students are provided in the Catalog and Student Handbook. In addition, policies and procedures are available on the intranet, which can be accessed from any CONAH computer including those in the student Computer Labs.

Analysis and Evaluation
CONAH reviewed both SON and Continuing Education and Allied Health catalogs. One combined Catalog that incorporates all divisional information, including policies and procedures, was created in 2013. The class schedules are separate documents. All information is available in print and online. The CONAH webmaster maintains currency of the information. All students also have access to a hard copy of both the Catalog and class schedules. The Catalog contains precise, accurate, and current information about CONAH, its Mission, programs, services, and policies.

IC. 3 The institution uses documented assessment of student learning and evaluation of student achievement to communicate matters of academic quality to appropriate constituencies, including current and prospective students and the public. (ER 19)

Evidence of Meeting the Standards
Instructional program, course, and support service SLOs cascade from CONAH and General Education (GE) SLOs, which are derived from the Mission, Vision, and Values. (IC13)
An ongoing process exists for measuring, assessing, and tracking SLOs and is described in the IEP. The CONAH IE Committee implements and evaluates program review and SLOs at the College, program, and course level.

Course coordinators complete annual SLO Assessment Reports.
SLO Assessment Reports include:

- SLO Assessment Method:
  - Specific course/program SLO
  - Related GE and College SLOs
  - Method of assessment
  - Timeline for data collection and aggregation
  - Needed resources

- Analysis of Assessment Results:
  - Outcomes evaluation method
  - Evaluation tools
  - Analysis of data

- Evaluation/Improvement/Re-evaluation of Outcomes:
  - Evaluation of findings
  - Plans for improvement

- Re-evaluation due date
- Suggestions for SLO revision and rationale

Administration and faculty regularly assessed and discussed data related to student achievement of SLOs during course, divisional, and College meetings. Faculty used data such as the following to plan and implement program improvements:

- Pass, attrition, and on-time completion rates
- Theory and clinical course survey findings
- Exam item analysis results
- Lesson plan/syllabi review findings
- Employer satisfaction results
- Challenges/student issues encountered in planning and conducting courses.

Divisional course/semester/curriculum committees review SLO Assessment Reports, evaluate findings, and approve action plans to address items that do not meet specified thresholds. The IE Committee also reviews findings and approves plans in accordance with the annual IE Reporting Schedule.(IC14) The College Governance Committee evaluates program needs, which are identified through this process and prioritizes annual resource requests and allocation.(IC15)

College, GE, and program SLOs are published on the CONAH website, and on CONAH bulletin boards. (IC7) The SLO Assessment Reports are published on the CONAH website under Student Consumer Information, which also includes student achievement data to ensure transparency and to express institutional commitment towards SLO attainment. (IC16)

Analysis and Evaluation

SLO assessment provided faculty and staff with opportunities to discuss course and program performance and to plan, implement, and evaluate improvements. Comparative analysis of previous SLO performance to current performance helped faculty to track and trend these improvements and to modify improvement plans.

In 2014-2015, faculty in all SON semesters utilized the early intervention strategies to assist students. In addition, scheduled tutoring sessions were incorporated into the master schedule by all semesters to assist students in meeting their SLOs.(IC17) Attrition rate for 2014-2015 was 11 percent, which was below the 15 percent threshold. The SLO Assessment Report for the Basic Adult Care Program for 2013-2014 indicated that during the July program, the pass rate fell below threshold. The evaluation findings indicated that students were being sent to the program before they were ready. The program coordinator encouraged the nurse managers and Clinical Nursing Director (CND) to evaluate the nurses' readiness for the program. In 2015, the CND decided to keep nurses in medical-surgical areas for a longer period of time if they were having performance issues to increase their chance of being successful in the program. Overall, pass rates have improved since increasing the length of time nurses spend in medical-surgical areas prior to attending the critical care program. (IC18)

Continuous improvement in attrition rates is attributed to the strategies specified in the SLO Assessment Reports. At the Annual Program Review Workshop these plans for improvement were discussed. These strategies include early intervention for students, scheduled tutoring sessions offered by faculty, and Student Success Workshops. Scheduled tutoring sessions have been incorporated into each semester's master schedule. One specific workshop, "Basic Laboratory Interpretation", was incorporated into the first semester course, N113L in spring 2014. The Semester 1 SLO Assessment Report indicated that integration of "Laboratory Interpretation" into N113L has improved students' understanding of basic laboratory values and better prepared them for their clinical rotation. (IC19) Computer work stations and expanded Wi-Fi were installed to enhance faculty presentations, provide easy access to teaching tools, and address faculty requests for improved technology in the classroom setting. In addition, the ERC has provided current nursing video databases for faculty and students. As a result of ongoing evaluation of the institutional effectiveness and improvement process, significant progress has been made in many areas such as technology.

CONAH collects assessment data on student achievement and learning and uses this data to inform decision-making, planning, and resource allocation processes.

I.C. 4 The institution describes its certificates and degrees in terms of their purpose, content, course requirements, and expected learning outcomes.

Evidence of Meeting the Standards
The SON offers an ADN that meets the BRN prelicensure program requirements. Students enroll in both nursing theory and clinical courses every semester. The core courses include Medical-Surgical Nursing theory and clinical, Nursing Role, and Nursing Pharmacology. The clinical courses require application of theory course content to the patient care setting. Faculty based the course/program SLOs and course competencies on BRN curriculum requirements, the QSEN competencies, and current nursing practice for entry level nurses. Students who complete the program are eligible to apply to take the NCLEX-RN exam. Graduates achieve all program objectives and demonstrate competencies to serve the community as RNs. The SON also offers the BRN required 30-unit, non degree option, which allows LVNs to be eligible to take the NCLEX-RN without earning the ADN degree. (IC20), (IC11)

EDCOS provides post licensure specialty service and professional development courses for LAC+USC and DHS RNs, nursing staff, and other healthcare providers. EDCOS offers continuing education classes towards nursing license renewal, specialty courses that develop knowledge and skills for specific patient care areas, professional advancement courses, and credit and noncredit classes for healthcare personnel.

EDCOS specialty programs reflect educational guidelines provided by national professional organizations. The basic and advanced critical care courses are reviewed and updated in accordance with the American Association of Critical Care Nurse Core Curriculum Blueprint and the Emergency Nurse Training Program content is consistent with the Emergency Nurses Association (ENA) Emergency Nursing Core Curriculum.

Analysis and Evaluation
SON graduates are well prepared to pass the NCLEX-RN. Ninety-five percent of the graduates from spring 2013 through spring 2017 passed the NCLEX-RN on the first attempt. The pass rate increased to 99 percent after repeat attempts. The first-time pass rate has remained above state and national averages since 2006.(IC21)

Graduates of SON and EDCOS programs meet DHS nursing employment competencies. The majority of SON graduates find employment as RNs in LAC. The majority of EDCOS students work for LAC+USC or other facilities within DHS.

DHS hiring of SON graduates reached a peak in 2013 when 78 percent of the graduating class was hired and increased even further in 2015 when 84 percent of the graduating class was hired following implementation of the California RN Staffing Ratio Law. Once hired, approximately 80 percent of the graduates remained with DHS for at least two years. While the majority of graduates who were hired by DHS work at LAC+USC, many also work at Olive View, Harbor, and Rancho. These DHS hiring locations reflect SON clinical sites. (IC22)

The survey of 2015 SON graduates indicated that 98 percent of respondents were working as RNs and were employed in healthcare facilities within LAC. These graduates perceived the program as effective in preparing them for employment as entry level RNs and gave the program an overall rating of 4.75 (scale 1-5, 5-highest). (IC23)

CONAH also surveyed employers of SON and EDCOS specialty program graduates. Survey findings consistently indicated that program graduates demonstrated entry level knowledge and skills and exceeded the competency threshold rating of 3.0. Both instructional programs used student comments on course surveys to identify opportunities for program improvement.

In addition to NCLEX-RN pass rates and graduate and employer survey findings, CONAH acquired information about student competencies from DHS and LAC+USC nursing service. The SON surveyed nursing staff and conducted clinical area exit interviews to obtain information regarding student performance. EDCOS held formal monthly Nurse Manager/Educator meetings to report, discuss, and resolve educational issues. DHS and LAC+USC nursing service value these well-educated employees and strive to increase EDCOS enrollment and SON graduate hiring.

CONAH assures that students and prospective students receive complete and accurate information about the degrees and programs offered, their purpose, course requirements, and student learning outcomes.
I.C. 5 The institution regularly reviews institutional policies, procedures, and publications to assure integrity in all representations of its mission, programs, and services.

Evidence of Meeting the Standards
The CONAH Policy Development, Review, and Approval Process policy establishes the process for developing, revising, approving, and communicating CONAH policies. Existing

policies are reviewed for continued relevance, accuracy of information, and compliance with applicable standards, laws, and regulations a minimum of every three years and as necessary. (IC24) All new and revised policies are distributed for faculty and staff review prior to final approval. The Board approves all policies mandated by regulatory agencies. Approved policies are posted and distributed to all faculty and staff and to students if applicable.

CONAH publications, including those posted on the Internet and intranet, were regularly reviewed and updated. The SON Internet page has a link to the BRN website's current NCLEX-RN pass rate. Thus, prospective students and the public can access CONAH pass rates and other BRN related information. (IC6)

The Catalog and Student Handbook were clearly written, reviewed annually, and updated as needed. General information related to admission/articulation was clearly identified within the Catalog. Information included pre-enrollment counseling, curriculum, and student requirements for program completion. (IC11), (IC25)

Analysis and Evaluation
CONAH adhered to its policy of reviewing and updating policies every three years and as needed. The provost and designated administrative staff tracked policy review dates, review status, and posting requirements. Policies and procedures are reviewed and documented in the minutes of different relevant committee meetings where student representatives are in attendance and are encouraged to participate.(IC26) Examples of committees with student involvement are Admissions and Promotions, Curriculum, and College Governance.

CONAH continuously makes improvements to the Internet site to ensure that its programs are readily available to the public. The intranet site was restructured for easy accessibility to: program review reports, accreditation reports/ documents, Strategic Plan and annual goals, minutes, forms, and policies/procedures. The Internet site was redesigned to ensure that information was easily accessible by all stakeholders and applicants. Prospective students have online access to: enrollment requirements, program information session schedules, curriculum plan, and Catalog. CONAH has established institutional practices for ensuring the regular review of institutional policies, procedures, and publications.

*I.C. 6 The institution accurately informs current and prospective students regarding the total cost of education**,** including tuition, fees, and other required expenses, including textbooks, and other instructional materials.*

Evidence of Meeting the Standards
The CONAH website is reviewed regularly and changes are made as needed**.** The website includes sections for current and prospective students. The prospective student section includes admissions requirements and other student information such as application procedure and deadlines, pre entrance examination, curriculum, tuition and fees, financial aid/scholarship opportunities, and student selection. (IC27) Current students can access information related to the SON program and related support services. This includes the academic calendar; schedule of classes; curriculum; semester textbook list; Catalog, Handbook, and syllabi; graduation information; and web pages for each support service

division. (IC28) In addition, the Internet site provides the latest CONAH news and event information. CONAH ensures that the information on the website is current.

Analysis and Evaluation
The cost of education is communicated to prospective students via the website and information sessions and is also available in the Catalog. (IC29) CONAH publishes accurate and appropriate information on the total cost of education, including tuition, fees, and other required expenses, including textbooks and other instructional materials in a variety of institutional publications as well as on CONAH's website.

I.C.7 In order to assure institutional and academic integrity, the institution uses and publishes governing board policies on academic freedom and responsibility. These policies make clear the institution's commitment to the free pursuit and dissemination of knowledge, and its support for an atmosphere in which intellectual freedom exists for all constituencies, including faculty and students. (ER 13)

Evidence of Meeting the Standards
CONAH models its Value that "the climate of learning is enhanced when the dignity and worth of individuals with different abilities, learning styles, support systems and cultural and ethnic backgrounds are recognized". CONAH developed many policies and practices that demonstrate and support appreciation of diversity, employment equity, and fair treatment. These include Nondiscrimination, Academic Freedom, Peer Review, Academic Honesty and Professional Conduct, Performance Evaluations, and New Employee Orientation. (IC30), (IC31) , (IC32), (IC33) CONAH ensures that employees adhere to DHS and CONAH policies that address behavior related to civility, fairness, and equity. Faculty, staff, and students can easily access CONAH specific policies and procedures through the intranet. (IC34)

Analysis and Evaluation
CONAH Policy #200: Academic Freedom-Faculty, updated on November 30, 2017 is accessible through the Catalog and intranet. (IC11) The Board approves policies related to academic freedom and all policies mandated by regulatory agencies. Approved policies are posted and distributed to all faculty and staff and to students if applicable.

I.C. 8 The institution establishes and publishes clear policies and procedures that promote honesty, responsibility and academic integrity. These policies apply to all constituencies and include specifics relative to each, including student behavior, academic honesty and the consequences for dishonesty

Evidence of Meeting the Standards
The Board and CONAH are committed to student learning and program quality. The Board's purpose is to establish policies and procedures that are consistent with the Mission to assure the quality, integrity, and effectiveness of student learning programs and services.

CONAH developed many policies and practices for academic honesty and student behavior and faculty's responsibility on academic honesty and integrity. These include Academic

Freedom, Peer Review, Academic Honesty and Professional Conduct, and Nursing Student Responsibilities. (IC31) , (IC32), (IC33) , (IC35)

Analysis and Evaluation
Academic Honesty and Professional Conduct are highly valued and upheld in the Institution. The Academic Honesty and Professional Conduct – Student Agreement form is signed by all new SON students. (IC36) EDCOS students sign this agreement at the beginning of nursing orientation and specialty courses. Faculty complete the Academic Dishonesty/Professional Misconduct report for any students suspected or observed to be in violation of the Academic Honesty policy. (IC37) Students have been disciplined for academic dishonesty and professional misconduct. The faculty handbook provides specific policies pertaining to rights and responsibilities of faculty members. (IC38)

Policies are reviewed every three years and as needed:

- Academic Freedom was reviewed and approved on 11/30/17
- Peer Review was reviewed on 06/08/17 and faculty voted that the peer review findings will be a part of the faculty performance evaluation (IC39)
- Academic Honesty and Professional Conduct was reviewed and approved by the Board on 05/19/17. Faculty review and obtain the student's signature on the Student Agreement form upon admission to SON.
- Nursing Student Responsibilities was reviewed and approved on 03/13/17 and is posted on the Student Bulletin Board.

CONAH has adopted clear policies and procedures concerning honesty, integrity, and responsibility of students and employees, including student conduct, academic honesty, and the consequences of dishonesty and professional misconduct. The policies and procedures are readily accessible and available in several locations.

I.C. 9 Faculty distinguish between personal conviction and professionally accepted views in a discipline. They present data and information fairly and objectively

Evidence of Meeting the Standards
CONAH is committed to the free pursuit and dissemination of knowledge. CONAH Value statements include, (IC40) "To aid us in achieving our Mission and Vision we believe:

- Education is an indispensable component of quality healthcare.
- 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, LAC+USC, DHS, 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 CONAH Academic Freedom and Academic Honesty and Professional Conduct policies help assure the academic integrity of the teaching-learning process. Faculty regularly review these policies and College Governance Committee and the Board discuss recommended changes and vote on approval. (IC41), (IC42) Approved policies are posted.

The intent of the Academic Freedom policy is to ensure that individual faculty members' academic freedom is respected and protected. (IC31) The policy states that faculty have the:

- Freedom to develop curriculum/courses, teach, communicate, research, and publish within the constraints of DHS, LAC+USC, CONAH, and other regulatory agency policies, procedures and guidelines
- Obligation to teach content and use teaching methodologies that are relevant and consistent with the curriculum program framework and course/program objectives
- Freedom to express their opinions in matters relevant to course content in an objective manner and shall not use their position to indoctrinate students with their personal, political, and/or religious views.

The Academic Honesty and Professional Conduct policy states that faculty believe academic honesty is essential for an effective educational process in both the clinical and classroom setting. (IC33) Academic honesty is essential to ensure due process and fair and equal treatment for all faculty, staff, and students; and academic honesty and professional conduct are a mutual responsibility of faculty, staff, and students.

Faculty, staff, and students are oriented to the definition of academic honesty and professional conduct and to the consequences of academic dishonesty/professional misconduct. New students sign the Student Agreement form upon SON admission or orientation to EDCOS courses.

CONAH faculty foster an educational environment, which stimulates the spirit of inquiry. Faculty use teaching methodologies that are consistent with the curriculum framework and course/program objectives; present course/class material clearly, objectively, and free from bias; and identify personal viewpoints as separate from those of CONAH.

CONAH does not seek to instill specific beliefs or world views.

Analysis and Evaluation

The College Governance Committee and Board reviewed and approved updates to the Academic Freedom and Academic Honesty and Professional Conduct policies every three years as scheduled. The policies were most recently reviewed and updated in 2017 and the approved versions were distributed and posted.

The Academic Freedom policy was reviewed to ensure faculty freedom, transparency in faculty monitoring, clarification of CONAH responsibilities in relation to regulatory agency content frameworks, and faculty teaching responsibilities. Faculty are free to express their opinions in matters relevant to course content in an objective manner, but must not use their position to indoctrinate students with their personal, political, and/or religious views.

Faculty are expected to adhere to the course curriculum and present information and materials in a fair and objective manner consistent with established professional codes and standards of ethics.

I.C. 10 Institutions that require conformity to specific codes of conduct of staff, faculty, administrators, or students, or that seek to instill specific beliefs or world views, give clear prior notice of such policies, including statements in the catalog and/or appropriate faculty and student handbooks.

Evidence of Meeting the Standards
As a public institution, CONAH does not require conformity to a specific belief or world view. CONAH promotes ethical practices true to its Vision that "integrity, professionalism, and respect are inherent to our relationships with each other, our students, our partners, and the community". CONAH's belief is congruent with the DHS Code of Conduct, which provides guidance in conducting business in a manner that facilitates quality, efficiency, honesty, integrity, respect, and full compliance with all applicable laws and regulations. (IC43) CONAH also abides by its Academic Honesty and Professional Conduct policy. (IC33)

Supervisors are responsible for ensuring that employees validate understanding of Code of Conduct expectations. Employees complete mandatory Code of Conduct training as scheduled and attest to compliance with the agreement of understanding every year as part of their performance evaluation. (IC44) Failure to comply may result in disciplinary action in accordance with the DHS Employee Evaluation and Discipline Guidelines.

Analysis and Evaluation
CONAH employees complete the DHS Code of Conduct training upon hire and attest to compliance annually. There has not been any evidence of non-compliance with the Code of Conduct policy by faculty or staff.

In addition, CONAH adheres to the Academic Honesty and Professional Conduct policy which is reviewed triennially. Faculty, staff and student are informed of academic honesty and consequences of academic dishonesty and professional misconduct.

I.C. 11 Institutions operating in foreign locations operate in conformity with the Standards and applicable Commission policies for all students. Institutions must have authorization from the Commission to operate in a foreign location.

CONAH does not operate in foreign locations.

I. C. 12 The institution agrees to comply with Eligibility Requirements, Accreditation Standards, Commission policies, guidelines, and requirements for public disclosure, institutional reporting, team visits, and prior approval of substantive changes. When directed to act by the Commission, the institution responds to meet requirements within a time period set by the Commission. It discloses information required by the Commission to carry out its accrediting responsibilities. (ER 21)

Evidence of Meeting the Standards
CONAH is committed to continuing ACCJC membership and adhering to related standards, policies, and requirements as well as to keeping the Accrediting Commission informed of any institutional changes. Completed reports on Accreditation compliance are posted on the CONAH website. Accreditation is a standing item on the Board, College Governance, SON Planning, and EDCOS Planning committee agendas.(IC1), (IC45), (IC46), (IC47)

Analysis and Evaluation
In 2018, the California Board of Registered Nursing granted the continued approval of SON as a prelicensure program and EDCOS as a continuing education provider. (IC8)

CONAH submitted a follow-up report in 2014 to reaffirm Accreditation, midterm report in 2016 and annual and fiscal reports. Statement of Accreditation and BRN approval for CONAH are accessible on CONAH's main webpage and in the Catalog. (IC8) CONAH demonstrates that it is in compliance and meets all ACCJC reporting requirements.

I.C. 13 The institution advocates and demonstrates honesty and integrity in its relationships with external agencies, including compliance with regulations and statutes. It describes itself in consistent terms to all of its accrediting agencies and communicates any changes in its accredited status to the Commission, students, and the public.

Evidence of Meeting the Standards
CONAH demonstrates honesty and integrity in its ongoing relationships with the Accrediting Commission, U.S. Department of Education, California Board of Registered Nursing (BRN), other regulatory agencies, and the public. CONAH maintained fully executed and current program participation agreements with the U.S. Department of Education, Title IV Federal Financial Aid programs, California Student Aid Commission, and the Cal Grant program. (IC48), (IC49)

Analysis and Evaluation
CONAH demonstrated compliance with the Commission's Standards, policies, guidelines, public disclosure, and procedures and maintained a consistent and honest relationship with the Commission. CONAH:

- Elevated its reporting structure from LAC+USC to the DHS executive management level to facilitate long-range planning and access to resources
- Revised and streamlined the structure and rules for CONAH and divisional committees (see Organizational Chart) to depict the planning, governance, and decision-making pathways
- Revised the CONAH Strategic Plan (2016-2019) to identify specific goals related to promoting student success, enhancing the physical infrastructure, developing collaborations and partnerships, and enhancing institutional effectiveness through continuous quality improvement. Objectives and strategies were revised to address explicit actions, standards, accountability, and key performance indicators to meet the goals

- Maintained the formal process and structure for monitoring and evaluating institutional, instructional, Library, and learning support service program effectiveness
- Updated and published College, GE, program, and course SLOs, congruent with the Mission, Vision, and Values. The instructional divisions and support services are at the sustainable, continuous quality improvement level for institutional effectiveness related to SLOs
- Evaluated adequacy of transferred GE courses for equivalence and credit based on course descriptions, course outlines, and congruence with GE SLOs
- Continued the focus of allied health from certificate granting to continuing education. DHS, Board, faculty, and staff recognized the ongoing critical shortage of key allied health professionals and remained committed to allied health education
- Broadened use of CAMS to include student information database, registration, tracking, posting of grades, financial aid and faculty portal
- Adopted new textbooks with electronic resources (Lippincott Course Point Plus) to meet the students' needs and efficient access to course resources.

CONAH responded immediately to Accrediting Commission requests for information and contacted ACCJC whenever issues or questions arose. ACCJC was notified in 2014 and 2017 of the appointment of a new CONAH provost. CONAH completed and submitted all U.S. Department of Education, Accrediting Commission, BRN, and other required reports and proposals.

CONAH communicated accurate institutional quality measures to the public. Eligible SON applicants, who were invited to take the preadmission testing examination, were provided with information regarding on-time completion and NCLEX-RN pass rates. To comply with California Student Aid Commission and U. S. Department of Education mandates, CONAH provided a link to the NCLEX-RN pass rates and campus crime statistics on the Internet website. (IC16) CONAH posted information on Accreditation history and a link to ACCJC: WASC on the Internet website. (IC8)

I.C. 14 The institution ensures that its commitments to high quality education, student achievement and student learning are paramount to other objectives such as generating financial returns for investors, contributing to a related or parent organization, or supporting external interests

Evidence of Meeting the Standards
The Board is responsible for ensuring high quality educational programs consistent with the Mission. The Board meets quarterly, has adopted 2016-2019 Strategic Plan, and is committed to fulfilling all of its responsibilities as a governing body.(IC50) Provision of high quality education and achievement of SLOs are depicted in the SON Philosophy, Curriculum Conceptual Framework, and Program Objectives. (IC51), (IC52), (IC53)

CONAH is owned by LAC. The Board of Supervisors is the elected governing body for LAC and establishes/approves overall policy, funding, roles, and responsibilities for the various LAC divisions. The DHS is one of many LAC divisions. CONAH is operated under the auspices of DHS. The Board has been delegated the role of the independent governing body

for CONAH to establish policies and procedures to assure the quality, integrity, and effectiveness of the SLOs and services and the financial stability of CONAH. The Board of Supervisors has no role in the academic affairs of CONAH.

Analysis and Evaluation
CONAH has clear policies and procedures that demonstrate that delivery of high quality education is paramount to other external objectives. As a public, open-access institution funded by LAC, CONAH does not generate financial returns or contributions for investors, a related or parent organization, or support other external interests. CONAH is committed to the delivery of high quality academic programs and services that promote student success and achievement.

Conclusions on Standard I.C. Institutional Integrity

CONAH meets the standard.

Improvement Plans
None

Evidence List

IC1 Board Master Agenda
IC2 Board Mins 2017-08-18
IC3 Board Mins 2016-11-18
IC4 Board Mins 2016-05-20
IC5 CONAH Website – Board Minutes
IC6 CONAH Website
IC7 CONAH Website- SLOs
IC8 CONAH Website – Accreditation and Approval
IC9 CONAH Website – Contact Us
IC10 CONAH Intranet Screenshot
IC11 2018-2019 CONAH Catalog
IC12 CONAH Website - Catalog
IC13 CONAH SLOs Statements
IC14 2017 – 2018 IE Reporting Schedule
IC15 Governance Minutes 2018-05-17
IC16 CONAH Website – Student Consumer Information
IC17 2014-2015 SON Annual Program Evaluation Report
IC18 2013-2014 Phase I SLO
IC19 2014 Fall N113L SLO
IC20 CONAH Website – Degrees and Certificates
IC21 2013-2017 NCLEX Pass Rate
IC22 2012-2017 DHS Hiring Rate
IC23 2015 SON Graduate Survey Findings
IC24 Policy # 100 Development and Review
IC25 2018-2019 SON Student Handbook

IC26 Governance Minutes 2018-01-25
IC27 CONAH Website – Prospective Students
IC28 CONAH Website – Current Students
IC29 SON Fees and Schedule
IC30 Policy # 507 Nondiscrimination
IC31 Policy # 200 Academic Freedom
IC32 Policy # 220 Peer Review
IC33 Policy # 201 Academic Honesty and Professional Misconduct
IC34 Nursing Student Responsibilities
IC35 Nursing Student Responsibilities
IC36 Academic Honesty and Professional Conduct - Student Agreement
IC37 Academic Honesty / Professional Misconduct Report
IC38 SON Faculty Handbook Overview
IC39 Peer Review Memo
IC40 CONAH Website – Values
IC41 Governance Minutes 2017-11-30
IC42 Board Minutes 2017-05-19
IC43 DHS Code of Conduct
IC44 Employee Annual Policy Attestation
IC45 Agenda 2018-01-25 Governance
IC46 Agenda 2018-01-24 SON Planning
IC47 Agenda 2018-09 EDCOS Planning
IC48 Federal Student Aid – Program Participation Agreement
IC49 California Student Aid Commission – Institutional Participation Agreement
IC50 2016-2019 Strategic Plan
IC51 SON Philosophy
IC52 Curriculum Conceptual Framework
IC53 Program Objectives

STANDARD II: STUDENT LEARNING PROGRAMS AND SUPPORT SERVICES

The institution offers instructional programs, library and learning support services, and student support services aligned with its mission. The institution's programs are conducted at levels of quality and rigor appropriate for higher education. The institution assesses its educational quality through methods accepted in higher education, makes the results of its assessments available to the public, and uses the results to improve educational quality and institutional effectiveness. The institution defines and incorporates into all of its degree programs a substantial component of general education designed to ensure breadth of knowledge and to promote intellectual inquiry. The provisions of this standard are broadly applicable to all instructional programs and student and learning support services offered in the name of the institution.

A. Instructional Programs

II. A. 1 All instructional programs, regardless of location or means of delivery, including distance education and correspondence education, are offered in fields of study consistent with the institution's mission, are appropriate to higher education, and culminate in student attainment of identified student learning outcomes, and achievement of degrees, certificates, employment, or transfer to other higher education programs. (ER 9 and ER 11)

Evidence of Meeting the Standards

The CONAH Mission is "to provide learning centered programs and career development opportunities for healthcare students in support of the DHS". SON, EDCOS and AH comprise CONAH's instructional divisions.(IIA1)

SON offers a four-semester, prelicensure nursing program culminating in an ADN. The SON program admits new students to the first semester and LVNs in the third semester as advanced placement students. Courses adhere to BRN curriculum guidelines. (IIA2) Faculty update content in accordance with changes in healthcare science, practice, and trends. Designated content experts review and monitor the program's entire curricular content for the designated specialty areas of medical-surgical, obstetrics, pediatrics, psychiatric-mental health, and geriatric nursing. Students who successfully complete the program are eligible to apply for the NCLEX-RN and to seek employment as an entry level RN.

EDCOS provides post licensure specialty service and professional development courses for LAC+USC and DHS RNs, nursing staff, and other healthcare providers. EDCOS offers continuing education classes towards nursing license renewal, specialty courses that develop knowledge and skills for specific patient care areas, professional advancement courses, and credit and noncredit classes for healthcare personnel. Faculty design and update courses as changes in healthcare occur and in accordance with national standards, such as those provided by the American Association of Critical Care Nurses and the Emergency Nurses Association.

Analysis and Evaluation
The instructional programs met CONAH's Mission, upheld its integrity, reflected current nursing practice, and were of sufficient quality and rigor for an institution of higher education.

All courses emphasized application of theory, reasoning, and critical thinking. Faculty challenged students to apply theoretical concepts to the clinical setting and to use critical reasoning to assess patient signs and symptoms, develop nursing diagnoses, plan and implement interventions, and evaluate their effectiveness. Students progressively learned to analyze and synthesize information in order to anticipate patient outcomes and prevent/resolve potential and actual patient care problems.

SON students in the third and fourth semesters demonstrated concept mastery via the clinical competency examinations. EDCOS students in the basic and advanced critical care and emergency nursing programs also exhibited competency in applying theoretical concepts to individual patient care situations. Students provided in-depth analysis of a variety of patient scenarios and demonstrated sound comprehension of pathophysiology, nursing interventions, medical treatments, and patient psychosocial needs.

Students who successfully completed the instructional programs achieved the SLOs. CONAH achieved its Mission by graduating 85 to 100 students with an and, annually. The average first-time NCLEX-RN pass rate was 95 percent for the eight classes that graduated between May 2013 and May 2017. The first-time pass rate has remained above 95 percent and above state and national averages since 2012. No class fell below the 85 percent Institution-set standard for the NCLEX-RN pass rate. (IIA3)

The survey of 2015 SON graduates indicated that 100 percent of the respondents were working as RNs in healthcare facilities within LAC. These graduates perceived the program as effective in preparing them for employment as entry level RNs and gave the program an overall rating of 4.75 (scale 1-5, 5-highest). (IIA4). Employer performance ratings for the 2015 SON graduates were above threshold at 4.30. Employer Satisfaction Survey findings consistently indicated that program graduates demonstrated entry level knowledge and skills and exceeded the competency threshold of 3.0 (scale of 1-5, 5-highest). The qualitative findings of the survey reflected individual student positive performance. Employer comments correlated with graduate ratings of program effectiveness. (IIA5)

Employers rated EDCOS program graduates as competent 3.56 (scale 1-5, 5-highest, and 3-competent) on the Employer Satisfaction Survey for 2015-2016. Their most frequent response to the survey item: "The Basic Adult Critical Care Program nurse needs the most assistance with…" was "prioritization." New ICU nurses, as well as new nurses in general, commonly have difficulty with prioritization. The critical care instructors spend a significant amount of time assisting students with developing their organization and prioritization skills during the clinical portion of the program. However, mastery of these skills comes with time and experience. Although no action was required, the instructors continued to emphasize time management and prioritization strategies during clinical. (IIA6)

II.A. 2 Faculty, including full time, part time, and adjunct faculty, ensure that the content and methods of instruction meet generally accepted academic and professional standards and expectations. Faculty and others responsible act to continuously improve instructional courses, programs and directly related services through systematic evaluation to assure currency, improve teaching and learning strategies, and promote student success.

Evidence of Meeting the Standards
CONAH teaching faculty conduct ongoing evaluation of SLOs for each course. Faculty hold discussions regarding student learning in semester, course, program, and College committee meetings. (IIA6), (IIA7), (IIA8) Review of SLO Assessment Reports indicates faculty have become experts in evaluating SLOs.

SLO assessment provides faculty with the opportunity to engage in planning and evaluating improvements in course delivery to optimize student learning. At the end of each course, faculty review student survey findings; discuss course content, sequencing, and method of presentation; evaluate evidence of student learning; identify possible areas for improvement; and develop action plans. (IIA9), (IIA10), (IIA11), (IIA12), (IIA13) These plans are implemented for the subsequent course offerings and evaluated during the next SLO assessment cycle. Using this process, faculty adopt new teaching methodologies, revise course content, and develop and offer supplemental education to promote learning.

In addition, faculty describe their contributions to student learning and achievement as part of their annual self evaluation, which precedes their performance evaluation.

Analysis and Evaluation
Faculty participated in annual program review workshops, which included review of SLO assessment findings in order to identify strategies for enhancing student success. (IIA14) Over the past five years, suggestions included assigning smaller clinical groups, offering student success workshops, providing simulation clinical experience, and tutoring by faculty. Various committees and support services addressed these proposals.

EDCOS faculty led the standardization of DHS critical care and emergency nurse training programs as mandated by the Board of Supervisors to optimize education for DHS nurses working in these specialty areas.

From 2013-2018, faculty also adopted new teaching/learning methodologies to improve SLOs:

- Utilization of flipped classrooms
- Use of alternative learning forms
- Simulated NCLEX-RN computerized testing
- Writing assignments incorporating Internet sources and Library electronic databases
- Hands on orientation to LAC+USC computerized documentation system
- Online educational modules and videos for nursing continuing education
- High-fidelity simulation manikin with computerized scenarios
- Alternate learning formats such as game show style activities

- Addition of tutor and counselor
- Clinical workshops to enhance student learning.

II. A. 3 The institution identifies and regularly assesses learning outcomes for courses, programs, certificates and degrees using established institutional procedures. The institution has officially approved and current course outlines that include student learning outcomes. In every class section students receive a course syllabus that includes learning outcomes from the institution's officially approved course outline

Evidence of Meeting the Standards
The instructional program, course, and support service SLOs cascade from the College and GE SLOs, which are derived from the CONAH Mission, Vision, and Values. The SLOs are published on the CONAH website and in the catalogs, and course syllabi. An ongoing process exists for measuring, assessing, and tracking SLOs and is described in the IEP. The CONAH IE Committee implements and evaluates program review and SLOs at the College, program, and course level. Course coordinators complete annual SLO Assessment Reports and OERs. SLO Assessment Reports include:

- SLO Assessment Method
- Specific course/program SLO
- Related GE and College SLOs
- Method of assessment
- Timeline for data collection and aggregation
- Needed resources.

Analysis of Assessment Results:

- Outcomes evaluation method
- Evaluation tools
- Analysis of data.

Evaluation/Improvement/Re-Evaluation of Outcomes:

- Evaluation of findings
- Plans for improvement
- Re-evaluation due date
- Suggestions for SLO revision and rationale.

Divisional course, semester, and curriculum committees review SLO Assessment Reports, evaluation findings, and approve action plans to address items that do not meet specified thresholds. The IE Committee also reviews findings and approves plans in accordance with the annual IE Reporting Schedule. (IIA15) SON Planning Committee evaluates program needs, which are identified through this process and prioritizes annual resource requests and allocation.

To ensure transparency and to express institutional commitment towards their attainment, College, GE, program, and course SLOs are published in course syllabi and on the CONAH

website, and posted on CONAH bulletin boards. (IIA16), (IIA17) Students are given access to the course syllabi via the CAMS student portal upon registration.

Analysis and Evaluation
Administration and faculty regularly assessed and discussed data indicative of student SLO achievement during course, divisional, and CONAH meetings. (IIA6), (IIA7), (IIA8)Faculty used data, such as the following to plan and implement program improvements:

- Pass, attrition, and on-time completion rates
- Theory and clinical course survey findings
- Exam item analysis results
- Lesson plan/syllabi review findings
- Employer satisfaction results
- Challenges/student issues encountered in planning and conducting courses.

SLO assessment provided faculty and staff with opportunities to discuss course and program performance and to plan, implement, and evaluate improvements. Comparative analysis of previous to current SLO performance helped faculty track and trend improvements and modify improvement plans accordingly. (IIA9), (IIA10), (IIA11), (IIA12)For example, on-time completion rates between 2013-2014 and 2015-2016 averaged 62 percent with the Institution-set standard at 80 percent. Admissions and Promotions Committee collaborated with IE Committee to change CONAH's set standard to 68 percent to align with community standard. (IIA18)

In addition, faculty planned and implemented the following program improvements to promote student retention and improve on-time completion rates: (IIA19), (IIA20)

- Expanded availability of tutoring sessions during each semester
- Implemented various teaching tools, such as flipped classrooms, case scenarios, high-fidelity manikins, rubrics, concept maps, and new assessment and skills videos
- Offered Faculty Development workshops on topics such as test construction, student learning, and program review
- Implemented individualized student remediation plan to meet specified criteria for returning students
- Presented student workshops, which included Test-Taking Strategies, Critical Thinking, Laboratory Interpretation, Medical Spanish, Learning Styles, and American Psychology Association Writing Format
- Extended Skills Lab hours before clinical competency examinations
- Reviewed and revised curriculum as applicable to ensure smooth transition through the program and prevent fragmentation of content
- Continued to implement early intervention strategies to identify students at risk academically and develop plans for success
- Provided Family Day during the first few weeks of each semester to promote family understanding of curriculum rigor and requirements for success
- Supported Associated Student Body (ASB) representatives in providing new students with tips for success

- Provided Student Success Workshops during Orientation week, including content on learning styles and test taking strategies
- Tracked and trended performance on individual test items and revised as indicated
- Provided mandatory clinical remediation for all students who have failed or withdrawn prior to course re-enrollment.

EDCOS SLO Assessment Reports indicated that students consistently evaluated critical care and emergency nursing programs significantly above the 3.5 threshold (1-5, 5 highest). Faculty identified the following plans for improvement:

> In 2014, the Emergency Nursing Program coordinator met with Department of Emergency Medicine (DEM) nursing administration to discuss strategies to improve student success. Success rates had deteriorated in recent years because an increasing number of program participants were novices with no prior nursing experience. They decided to require new nurses to spend three to six months on medical-surgical wards before attending the program. This has improved program success rates. (IIA21),
>
> During the 2015-2016 rating period, the Critical Care Program was restructured to address students' repeated comments that there was too much theoretical content covered in too short of a time frame. The course schedule was revised, didactic content was spread over a three-week rather than a two-week period, and the first four days of clinical were integrated with didactic content. This plan allowed students additional time to absorb didactic content as well as provided concurrent hands-on clinical application of theoretical concepts which helped solidify understanding of these concepts. Moreover, because the didactic component was spread over a three-week period, the coordinator was able to schedule each quiz and the final exam following a weekend to allow additional study time. This change has improved student success in both the didactic and clinical components of the course. (IIA22)
>
> In addition, through student feedback, the educators determined that the all-day clinical workshop was not very helpful and that the students would benefit more from an additional day in the clinical area. Beginning in January, an additional day in the clinical area was added in lieu of the workshop.
>
> The EDCOS critical care and emergency nursing program coordinators, in collaboration with education and administration representatives from all DHS hospitals, led the standardization of DHS critical care and emergency nursing training programs, based on American Association of Critical Care Nurses (AACN) Essentials of Critical Care Orientation guidelines and Emergency Nursing Association Core Curriculum guidelines, respectively. They also developed and implemented preceptor training programs to prepare preceptors for their new role in the standardized programs. Student pass rates and program/instructor evaluations for the new programs have exceeded thresholds.

CONAH is committed in utilizing data from SLOs assessment to guide program improvements.

II. A. 4 If the institution offers pre-collegiate level 1 curriculum, it distinguishes that curriculum from college level2 curriculum and directly supports students in learning the knowledge and skills necessary to advance to and succeed in college level curriculum.

Evidence of Meeting the Standards
CONAH assures the quality and improvement of its degree-granting and continuing education courses and programs. The instructional programs focus on pre and post licensure nursing courses. The SON prelicensure program offers the nursing major leading to an ADN. EDCOS provides post licensure specialty service and professional development classes and courses to LAC+USC and DHS nursing staff and other healthcare providers. (IIA23)

CONAH has established procedures for developing, approving, administering, and evaluating courses and programs. The CONAH Program Approval policy provides guidelines for new instructional programs. (IIA24) The decision to initiate a program includes consideration of specific criteria, such as community needs assessment and support; DHS, LAC+USC, and student need for program services; alignment with the Mission and goals; sufficient resources to establish and maintain services; impact on faculty and staff; and accreditation or credentialing requirements. The procedure specifies that the program director/course coordinator develops the program proposal which will include:

- Description and rationale for proposed program
- Administrative, faculty, and support staff – number needed and qualifications
- Evaluation of alignment with CONAH Mission
- Community/DHS needs assessment (workforce demand)
- Projected initial and ongoing enrollment
- Estimated resource needs and costs
- Curriculum: Course content outline and units/hours, admission criteria/prerequisites, criteria for progression/completion
- Performance assessment measures: SLOs – developed in consultation with content experts.

CONAH obtains approval for new programs and notifies stakeholders/regulatory agencies as indicated. CONAH committees and reporting structure are delineated in the CONAH Governing and Standing Committees Organizational Chart. (IIA25) The instructional division course committees recommend program additions/changes to the divisional curriculum committees. The curriculum committees report to the divisional governing committees, who approve the addition/deletion of classes/courses within a program. College Governance Committee and the Board approve the establishment of new programs. Additional policies that govern administration and evaluation of programs include SON Program Admissions, divisional testing and grading policies, and the CONAH Program Review Process policy.

Faculty actively participate in the SLO assessment and program review process. Through their roles on divisional committees, faculty establish required student competencies and SLOs and identify criteria for measuring student achievement. These criteria are delineated in the Method for Assessment section of each course SLO Assessment Report. Faculty assess student progress towards outcomes and evaluate and modify the methods for measuring

outcomes. They also ensure that instructional delivery modes and teaching methodologies support student learning and confirm that instruction is of high quality. The course committees provide guidance to the semester committees in planning, implementing, and evaluating nursing courses to ensure consistency, continuity, and progression. Course committees recommend curriculum revisions to the divisional curriculum/governing committees.

Analysis and Evaluation
CONAH assured the quality and improvement of its continuing education courses as well as its degree-granting program. College and divisional processes were effective in developing courses, objectives, and SLOs. All instructional courses were of high quality and met the Mission.

Faculty participated in drafting, reviewing, and updating CONAH policies related to courses and programs. The Program Approval policy was last approved in March 2018. Every three years, policies and procedures were distributed to identified comittees as well as to faculty and staff for review, comment, and recommendation. Every three years, policies and procedures were distributed to identified comittees as well as to faculty and staff for review, comment, and recommendation. SON Planning Committee reviewed faculty recommendations, incorporated them into policies as needed, voted on ongoing approval, and forwarded them to College Governance Committee and then to the Board for final approval.

The standing committees monitored the breadth, depth, rigor, sequencing, and synthesis of learning and presented recommendations for change to the governing committees. In AY 2016-2017, SON survey reports and faculty-student dialogue indicated a gap between specific theoretical concepts and related clinical experiences. Faculty implemented incorporation of QSEN concepts in the course curriculum objectives. (IIA20)

EDCOS faculty also used established policies and procedures to design, modify, and evaluate courses in support of LAC+USC and DHS nursing service. In AY 2016-2017, EDCOS modified the Core Critical Care Program and Emergency Nurse Training Program to standardize critical care and emergency nurse training across DHS. Faculty redesigned the curriculum, implemented the new programs, assessed student competency, and evaluated student learning and program effectiveness using SLO assessment criteria. (IIA26)

SON courses requested content experts to review components of the curriculum and make recommendations to the semester committees. Content experts advised the faculty of current trends/requirements that impacted the educational programs. SON representatives from each semester collaborated to review and recommend use of electronic textbooks to better meet the technological needs of the student population. All course syllabi were reviewed prior to the beginning of each semester.

II. A. 5 The institution's degrees and programs follow practices common to American higher education, including appropriate length, breadth, depth, rigor, course sequencing, time to completion, and synthesis of learning. The institution ensures that minimum degree requirements are 60 semester credits or equivalent at the associate level, and 120

credits or equivalent at the baccalaureate level. (ER 12)

Evidence of Meeting the Standards
CONAH requires GE courses as an essential foundation for its ADN program, in line with its philosophical belief that "students with a broad-based GE foundation are better able to synthesize empirical knowledge, make critical judgments, and generate sound decisions". CONAH is unique in that it does not provide the GE courses required in its curriculum. Students who are admitted to SON complete their GE course requirements at other accredited institutions.

CONAH evaluates adequacy of GE courses for equivalence and credit based on course descriptions and outlines, the California articulation number system, and congruence with CONAH GE SLOs. CONAH has a course equivalency grid to identify courses approved for transfer credit and contacts transfer colleges for additional information as needed.

CONAH has a Philosophy of GE and defined GE SLOs. (IIA27), (IIA16), College and GE SLOs cascade from the Mission, Vision, and Values. College and GE SLOs, as well as program and course SLOs, incorporate the following elements:

- Critical thinking
- Communication
- Collaboration
- Accountability
- Socio-cultural sensitivity
- Education.

All nursing courses have embedded components from GE courses, which are fully integrated throughout the curriculum and progress from a simple to more complex form as program levels advance. Program outcomes also incorporate these components and students are required to demonstrate competence in order to progress and complete the program. (IIA28)

Analysis and Evaluation

Integration of GE components into the curriculum ensures that students achieve a comprehensive education that encompasses both the nursing major and the higher education knowledge and skills essential for professional success. (IIA29)

All required GE courses must be completed at an accredited community college or university, with a minimum grade of "C". Review of transcripts indicates that the majority of GE courses are completed through the Los Angeles (LA) Community College District: East LA, West LA, LA Valley, Pierce, LA City, LA Trade Technical, and LA Mission colleges.

The Curriculum Committee monitored the breadth, depth, rigor, sequencing, and synthesis of learning and presented recommendations for change to the governing committees.
In 2016-2017, after review of survey reports, faculty evaluated learning disparities and implemented incorporation of QSEN concepts into course curriculum objectives. (IIA20)

II. A. 6 The institution schedules courses in a manner that allows students to complete certificate and degree programs within a period of time consistent with established expectations in higher education.3 (ER 9)

Evidence of Meeting the Standards
CONAH awards academic credit based on both accepted practices in degree-granting institutions and on established CONAH policies and procedures. The College operates an 18-week semester. (IIA30) One credit/unit is equivalent to one hour of theory per week for each semester and three hours of lab/clinical experience per week for each semester., (IIA2) (IIA29) Continuing education awards one contact hour for each 50 minutes of actual theory course instruction. Three hours of course-related clinical practice equals one continuing education contact hour. CONAH awards credit based on student achievement of SLOs and in compliance with regulatory requirements.

CONAH has a Nursing Course Exemptions and Challenges policy, which is reviewed and approved by the Board.(IIA31) The policy, course schedules, and associated credits are published on the website and in the Catalog and course syllabi.

Analysis and Evaluation
CONAH offers a two-year ADN. The program integrates a GE component with the major focus in nursing, which is consistent with the Mission. This prelicensure program prepares graduates to pass the NCLEX-RN and become competent, professional, entry level nurses. The program is approved by the BRN.

II. A. 7 The institution effectively uses delivery modes, teaching methodologies and learning support services that reflect the diverse and changing needs of its students, in support of equity in success for all students.

Evidence of Meeting the Standards
CONAH's diverse student body is a reflection of the diversity in the community and LAC population as a whole. The College is committed to ensuring that educational resources are available to support the needs of all students. Accommodations are provided to those students with special needs. Teaching methodologies are evaluated and adjustments are made as a result of SLO assessment findings, course and program evaluations, and quality improvement data.(IIA32), (IIA33),

Faculty actively participate in the SLO assessment and program review process. Through their roles on divisional committees, faculty establish required student competencies and learning outcomes and identify criteria for measuring student achievement. These criteria are delineated in the Method for Assessment section of each course SLO Assessment Report. (IIA6), (IIA7), (IIA8) Faculty assess student progress towards outcomes and evaluate and modify the methods for measuring outcomes. They also ensure that instructional delivery modes and teaching methodologies support student learning and confirm that instruction is of high quality. The Curriculum Committee provides guidance to the semester committees in planning, implementing, and evaluating nursing courses to ensure consistency, continuity, and progression.

Analysis and Evaluation

SON admission application process includes assessment of student learning styles. An informal assessment of student learning styles is done through individual communication with students. A variety of teaching methodologies are utilized such as lecture, group discussion, modules, concept maps, flipped classrooms, debates, individual and group student presentations, skills demonstrations, and simulations. Course evaluation surveys, employer surveys, and program evaluation surveys reflect effectiveness of the teaching methodologies. Students also regularly utilize the learning support services such as the Library, skills videos, tutoring services, Skills Lab, Simulation Lab, online database for article/topic search, nursing reference center, and Digital Clinical Experience (DCE).

CONAH identifies students by sub-populations and these data are used by faculty as they evaluate student learning. As a result of regular assessment, the Tutoring and Mentoring Program and the Office of Advisement and Counseling were created to provide appropriate resources to enhance student success. (IIA34) Faculty regularly collaborate to share best practices and develop creative and effective teaching methodologies to meet the needs of all students.

II. A. 8 The institution validates the effectiveness of department-wide course and/or program examinations, where used, including direct assessment of prior learning. The institution ensures that processes are in place to reduce test bias and enhance reliability.

Evidence of Meeting the Standards
CONAH validates course examination effectiveness in measuring student learning. CONAH awards course credit and degrees based on student achievement of learning outcomes. Courses use various methods to measure learning such as written tests, projects, reports, written assignments, oral presentations, return demonstrations, clinical application of theory course content, and computer assisted learning.

Faculty develop individual test items to correlate with course objectives and SLOs. (IIA35) Faculty conduct item analysis of each examination, which course coordinators oversee in accordance with divisional policies. After each test is administered, the course faculty evaluate individual test item difficulty and discrimination, identify items that do not meet specified criteria, and discuss possible contributing factors. Faculty may choose to revise or eliminate test items or change course emphasis or methodology. (IIA36) Content experts review test questions on a regular basis. The course coordinator tracks item performance over time and recommends item revisions, as indicated.

Faculty validate student competency in meeting course objectives and SLOs prior to awarding credit and recommending progression. Grades are based on student performance and are assigned using established criteria, which are published in the course syllabi. (IIA37) The course faculty assess and evaluate student mastery of theoretical content and achievement of clinical competence and are responsible for the assignment of grades. Permanent grade records document validation of SLO achievement.

CONAH awards academic credit based on both accepted practices in degree-granting institutions and on established CONAH policies and procedures. Divisional policies standardize methods for assigning student grades. Divisional and CONAH governing committees, including the Board, review and vote on approval of grading policies.

CONAH is a single-purpose, public college that offers one degree, an ADN, through SON. EDCOS provides proof of completion of specialty nursing courses and classes in support of DHS.

Analysis and Evaluation
Course faculty adhered to divisional policies for validating examination effectiveness in measuring student learning. CONAH awarded course credits and an ADN based on student achievement of SLOs.

In spring 2013, the Content Expert Committee began regularly reviewing all test questions on the test bank to ensure adherence to testing policies.(IIA38), (IIA39)

Student achievement findings consistently exceeded established CONAH thresholds as well as state and national averages. All students who completed the programs/courses achieved the stated SLOs. Students who earned an ADN met all curriculum requirements.

II. A. 9 The institution awards course credit, degrees and certificates based on student attainment of learning outcomes. Units of credit awarded are consistent with institutional policies that reflect generally accepted norms or equivalencies in higher education. If the institution offers courses based on clock hours, it follows Federal standards for clock-to credit –hour conversions. (ER 10)

Evidence of Meeting the Standards
CONAH awards academic credit based on both accepted practices in degree-granting institutions and on established CONAH policies and procedures. The SON program semesters are 18 weeks in length. One credit/unit is equivalent to one hour of theory per week for each semester and three hours of lab/clinical experience per week for each semester. (IIA31),

Course credits are assigned based on CONAH grading system policies and adhere to BRN and regulatory agency guidelines. Credits are appropriate for higher education and applicable to the awarding certificate/degree program. (IIA37), (IIA40)

CONAH offers a two-year ADN. The program integrates a GE component with the major focus in nursing, which is consistent with the CONAH Mission. The BRN requires broad categories as well as specific GE courses for prelicensure nursing programs.

Analysis and Evaluation
CONAH awards degrees and certificates based on SLO achievement. CONAH assigns units of credit consistent with norms and equivalencies appropriate for higher education courses.

Admissions and Promotions Committee oversees the educational standards for admission, progression, promotion, and graduation of students. Content Experts Committee reviews materials for congruency with course objectives and curriculum. For example, the Committee reviewed textbooks and digital resources from Elsevier, Lippincott, and Davis and made recommendations to adopt Lippincott textbooks for fundamentals, medical-surgical, and pharmacology nursing. (IIA41) Curriculum Committee oversees curriculum development, implementation, evaluation, and revision. (IIA42)Theory courses award letter grades and clinical courses award credit or no credit based on clinical performance evaluation.

II. A. 10 The institution makes available to its students clearly stated transfer-of-credit policies in order to facilitate the mobility of students without penalty. In accepting transfer credits to fulfill degree requirements, the institution certifies that the expected learning outcomes for transferred courses are comparable to the learning outcomes of its own courses. Where patterns of student enrollment between institutions are identified, the institution develops articulation agreements as appropriate to its mission. (ER 10)

Evidence of Meeting the Standards
CONAH provides accurate information about programs, courses, and transfer policies to students and to the public. CONAH publications describe the instructional programs/courses, program admission and completion requirements, student support services, financial aid programs, educational resources, and student-related policies. (IIA23)

CONAH requires GE prerequisites and co requisites. GE courses are evaluated for equivalence and credit based on course descriptions, course outlines, and congruence with the College GE SLOs. A Course Equivalency Grid is reviewed by the Admissions and Promotions Committee and is used to identify courses approved for transfer credit. In addition, the GE components are evaluated for adherence to California BRN Standards and for correlation with current trends in nursing education. (IIA2),

The Nursing Course Exemptions/Challenges policy outlines the process for obtaining credit for previous work through course exemptions, challenge examinations, transfers from other nursing programs, as well as military healthcare occupation experience. Students must provide official transcripts showing evidence of nursing course completion with an earned minimum grade of "C" or documentation of education and experience qualifying them for the specific Military Healthcare Occupation requirement to be eligible for course exemption. Course credit must be awarded by a U.S. community college, senior college, and/or a university/military training program. The course must have unit value, hours, and content corresponding to the course for which the exemption is sought as described in the curriculum. (IIA31)

The director, OES maintains contact with counselors and course evaluators from feeder institutions to ensure course equivalency for transfer credits. All students requesting credit for previous completed prerequisite or nursing courses are given the opportunity to petition for course credit or request challenge examinations. Students seeking course equivalency are provided information and the Course Equivalency Review Form. The semester coordinator

reviews the form, associated course description and outline, and submits a written report with recommendations to the Director, OES

The IE Committee receives Articulation Agreement Reports as a component of the IEPRP.

Analysis and Evaluation
The director, OES presents Articulation Agreement Outcomes Evaluation Report annually to the IE Committee. In August 2016, CONAH updated its articulation agreements with Glendale Community College and East Los Angeles College. (IIA43)

To support lifelong learning, the SON joined the California State University, Los Angeles (CSULA) ADN- Bachelor of Science degree in Nursing (BSN) Collaborative project in summer 2014. (IIA44) The SON is allocated eight student slots and may also recommend alternative students in case of vacancies. To date, thirteen students have obtained their BSN, twelve students are projected to complete the program in summer 2018. Thirteen students started in summer 2017 and will finish in spring 2019. In addition, colleges/universities offering ADN to BSN options are invited to attend the SON Educational Fairs held biannually. The 2016-2019 CONAH Strategic Plan includes the goal of identifying additional academic institutions for BSN partnership. (IIA45) SON continued to maintain the Collaborative Project with CSULA.

II. A. 11 The institution includes in all of its programs, student learning outcomes, appropriate to the program level, in communication competency, information competency, quantitative competency, analytic inquiry skills, ethical reasoning, the ability to engage diverse perspectives, and other program-specific learning outcomes.

Evidence of Meeting the Standards
College, GE, and program SLOs are published on the CONAH website, in the Catalog, and on CONAH bulletin boards to ensure transparency and to express institutional commitment towards their attainment. (IIA46) The instructional program SLOs are also incorporated in the syllabi. All SLOs were reviewed in fall 2017 and spring 2018. Course success rate trending and comparison with thresholds are included in all instructional course SLO assessments. All SLOs stipulate methods of assessment to define requirements for SLO achievement. These criteria are also published in each course syllabus. Students are given access to course syllabi upon registration to the respective courses.

The IE Committee leads implementation and oversees the program review process. The IE Committee re-evaluates and updates the IEPRP and policy. (IIA47), (IIA48) All active divisions and support services participate in program review, including SLO assessment.

Analysis and Evaluation
Faculty conduct a program review workshop annually and revise program and course SLOs. SON and EDCOS review program SLOs annually and as needed. GE criteria are reviewed and updated by Curriculum Committee. All semesters' Professional Role courses incorporate cultural diversity and ethical reasoning in their student learning outcomes. Programmatic student learning outcomes are in place, regularly assessed, and drive program improvements.

II. A. 12 The institution requires of all of its degree programs a component of general education based on a carefully considered philosophy for both associate and baccalaureate degrees that is clearly stated in its catalog. The institution, relying on faculty expertise, determines the appropriateness of each course for inclusion in the general education curriculum, based upon student learning outcomes and competencies appropriate to the degree level. The learning outcomes include a student's preparation for and acceptance of responsible participation in civil society, skills for lifelong learning and application of learning, and a broad comprehension of the development of knowledge, practice, and interpretive approaches in the arts and humanities, the sciences, mathematics, and social sciences. (ER 12)

Evidence of Meeting the Standards
CONAH requires GE courses as an essential foundation for the SON program, in line with CONAH's philosophical belief that "students with a broad-based GE foundation are better able to synthesize empirical knowledge, make critical judgments, and generate sound decisions". (IIA27) CONAH is unique in that it does not provide the GE courses required in its curriculum. Students who are admitted to SON complete their GE course requirements at other accredited institutions.

CONAH evaluates GE courses for equivalence and credit based on course descriptions and outlines, the California articulation number system, and congruence with CONAH GE SLOs. CONAH has a Course Equivalency Grid to identify courses approved for transfer credit and contacts transfer colleges for additional information as needed.

CONAH has a GE Philosophy and has defined GE SLOs. College and GE SLOs cascade from the Mission, Vision, and Values. College and GE SLOs, as well as the program and course SLOs, incorporate the elements:

- Critical thinking
- Communication
- Collaboration
- Accountability
- Socio-cultural sensitivity
- Education.

All nursing courses have embedded components from GE courses, which are fully integrated throughout the curriculum and progress from a simple to more complex form as program levels advance. Program outcomes also incorporate these components and students are required to demonstrate competence in order to progress and complete the program.

Integration of GE components into the curriculum ensures that students achieve a comprehensive education that encompasses both the nursing major and the higher education knowledge and skills essential for professional success.

The required GE courses provide a foundation for developing nursing knowledge and abilities.

Course	Course Emphasis	Content Integration in the Nursing Curriculum
PREREQUISITE COURSES		
Anatomy and Physiology	The interrelationship of the organs, structure and functions of the human body	Pharmacology, medical-surgical theory and clinical courses: Foundation for disease recognition, treatment modalities, body responses, and nursing interventions
Microbiology	The nature of infection and immunity. Study of infectious and disease processes and control of communicable diseases	Pharmacology, medical-surgical theory and clinical courses: Foundation for disease recognition, treatment modalities, body responses, and nursing interventions
English 101	The ability to understand and communicate ideas in writing	All courses: Various written assignments including reports, patient care documentation, patient care plans, and research papers
Life Span Psychology	Developmental process from birth to old age including psychological theories and physical, social, and cognitive influences	All courses: Developmental factors essential for comprehensive patient assessment, and age-specific care provision
CO REQUISITE COURSES		
History or Political Science	Provides foundation and links between past events, current laws, and issues impacting society	Professional role courses: Impact of history and laws on healthcare and access to services
Sociology	Concepts and patterns of social behavior in society	All courses: Foundation for human relationships that impact patient health and welfare
Humanities	Appreciation of diversity and creativity within society	Prepares students to work in a multicultural and global environment
Speech	Human interaction emphasizing principles and practices of effective speech composition, delivery, and critical thinking	All courses: Class presentations and as a foundation for effective communication and collaboration within the healthcare system
Physical Education	The concepts of health and wellness	Promotes healthy habits for patients and students
ELECTIVE COURSES		
Nutrition	Concepts of nutrition in daily life	Provides additional information to improve understanding of the link between essentials of nutrition and impact on health

GE course requirements are regularly reviewed and evaluated for relevance to the program, placement within the curriculum, and congruence with the GE Philosophy.
In addition to the courses that provide an introduction to the nursing major and establish an educational foundation, students must demonstrate competence in writing and computational

skills. Students accepted into the program have successfully completed the Test of Essential Academic Skills, (TEAS), which assesses basic academic knowledge of reading, mathematics, science, and English and language usage. (IIA49)

Verbal and written communication are critical nursing skills. In addition to successful completion of English 101, Speech, and the pre-entrance TEAS, students must demonstrate proficiency as they progress through the nursing curriculum.

Computational skills are required throughout the curriculum. Math computation review sessions are given prior to and during the first week of each semester. Students demonstrate ongoing proficiency by successfully completing a Drug Dosage Calculation Competency (DDCC) at the beginning of each semester. Instructors validate math computation competency in the clinical area prior to allowing students to administer medications.

Students demonstrated GE mastery through successful completion of:

- Pharmacology and medical-surgical theory and clinical courses, which require a sound foundation in anatomy, physiology, and microbiology. These courses advance in academic rigor as the student progresses through the curriculum.
- Psychiatric, pediatric, obstetric, and gerontologic components of nursing theory and clinical courses. These courses build on concepts learned in Life Span Psychology, Sociology, and Humanities.
- Written assignments including clinical preparation papers, patient assessments, case studies, care plans, and other papers and reports that demonstrate specific content knowledge, integration of concepts, and critical thinking, as well as English competency and written communication skills.
- Communication assignments such as group presentations, patient teaching, delegation and team leading, which demonstrate integration of Sociology and Humanities concepts along with English 101 and Speech skills. These interactive communication processes also stimulate critical thinking and discussion, allowing opportunities to share ideas and engage in intellectual inquiry.
- Multicultural clinical experiences with individuals, groups, and communities, which provide students with opportunities to demonstrate:
  - Integration of theoretical concepts with actual clinical situations while delivering supervised care to patients
  - Performance mastery of learned skills while providing individualized patient care
  - Effective interactions and collaboration with various healthcare disciplines
  - Sociocultural sensitivity and appreciation for diverse values and beliefs
  - Application of ethical and professional standards in interactions and decision-making
  - Prioritization, critical thinking, and professionalism.

Written communication skills include clinical preparation worksheets, case studies, care plans, and process recordings. Electronic Health Record (EHR) documentation is introduced in the first semester and implemented in all semesters. Students complete scholarly written assignments demonstrating specific content knowledge, integration of concepts, and critical thinking. Examples of written assignments include critiquing healthcare related articles, maternal-child healthcare topics, socio-cultural assessments, and geriatric socio-political issues.

Analysis and Evaluation
The SON Admissions and Promotions and Curriculum committees reviewed the GE components to ensure students were provided with adequate foundational knowledge for the nursing major. These committees validated that GE courses provided sufficient background information to promote freedom of inquiry, self discovery, and sharing of ideas conducive to professional and individual growth. In addition, the GE components were evaluated for adherence to BRN Standards and for correlation with current trends in nursing education.

The Curriculum Committee last reviewed the GE course requirements in 2014. Their assessment findings indicated that the GE courses continued to be effective in providing a foundation for the nursing major and no changes were recommended.

The pregraduation SON Program Evaluation Survey includes student perceptions of the effective incorporation of GE content into the curriculum. Students consistently rated GE items above the 3.5 threshold (scale 1-5, 5-highest). The ten classes that completed the program between fall 2013 and spring 2018 gave an overall rating of 4.3 for effective incorporation of GE content. As expected for a nursing program, the highest ratings were for natural sciences; Anatomy and Physiology, and Microbiology. The lowest rankings went to Physical Education: and the grouping of U.S. History, Political Science, and Humanities. (IIA50), (IIA51)

Integration of GE components into the curriculum ensured that students achieved a comprehensive education that encompassed both the nursing major and the higher education knowledge and skills essential for professional success.

II.A. 13 All degree programs include focused study in at least one area of inquiry or in an established interdisciplinary core. The identification of specialized courses in an area of inquiry or interdisciplinary core is based upon student learning outcomes and competencies, and includes mastery, at the appropriate degree level, of key theories and practices within the field of study

Evidence of Meeting the Standards
The SON offers an ADN that meets BRN prelicensure program requirements. Students enroll in both nursing theory and clinical courses every semester. The core courses include Medical-Surgical Nursing theory and clinical, Nursing Role, and Nursing Pharmacology. The clinical courses require application of theory course content to the patient care setting. Faculty developed course and program SLOs and course competencies based on BRN curriculum requirements and current nursing practice for entry level nurses. Students who complete the program are eligible to apply to take the NCLEX-RN exam. Graduates achieve all program objectives and demonstrate competencies to serve the community as RNs. The SON also offers the BRN required 30-unit, non degree option, which allows LVNs to be eligible to take the NCLEX-RN without earning an ADN.

EDCOS provides post licensure specialty service and professional development courses for LAC+USC and DHS nursing staff and other healthcare providers. EDCOS offers continuing

education classes towards nursing license renewal, specialty courses that develop knowledge and skills for specific patient care areas, professional advancement courses, and credit and noncredit classes for healthcare personnel.

EDCOS specialty programs reflect educational guidelines provided by national professional organizations. The basic and advanced critical care courses are reviewed and updated in accordance with the AACN Core Curriculum Blueprint and the Emergency Nurse Training program content is reviewed and revised regularly in accordance with the Emergency Nursing Association Emergency Nursing Core Curriculum.

Graduate competencies such as program SLOs and course objectives are published in course syllabi and posted.

Analysis and Evaluation
SON graduates were well prepared for the NCLEX-RN. Ninety-five percent of the graduates between fall 2013 and spring 2017 passed the NCLEX-RN on the first attempt. The first-time pass rates have remained above state and national averages since 2006. (IIA3)

Graduates of SON and EDCOS programs meet employment competencies. The majority of SON graduates find employment as RNs in LAC. (IIA52) The majority of EDCOS students work for LAC+USC or other DHS facilities.

II.A. 14 Graduates completing career-technical certificates and degrees demonstrate technical and professional competencies that meet employment standards and other applicable standards and preparation for external licensure and certification

Evidence of Meeting the Standards
The SON offers an ADN that meets BRN prelicensure program requirements. EDCOS provides post licensure specialty service and professional development courses for LAC+USC and DHS nursing staff and other healthcare providers. EDCOS offers continuing education classes towards nursing license renewal, specialty courses that develop knowledge and skills for specific patient care areas, professional advancement courses, and credit and noncredit classes for healthcare personnel. (IIA23)

Analysis and Evaluation
DHS hiring of SON graduates reached a high point in 2013 when 78 percent of the graduating class was hired and peaked even further in 2015 when 84 percent of the graduating class was hired. This is likely due to DHS implementation of the California RN Staffing Ratio Law, which required the hiring of additional nursing personnel to meet the staffing requirements. Once hired, approximately 80 percent of the graduates remained with DHS for at least two years. While the majority of graduates hired by DHS work at the LAC+USC, many also work at Olive View, Harbor, and Rancho. These DHS hiring locations also serve as SON clinical sites. (IIA52)

The survey of 2015 SON graduates indicated that 100 percent of the respondents were working as RNs in healthcare facilities within LAC. These graduates perceived the program

as effective in preparing them for employment as entry level RNs and gave the program an overall rating of 4.75 (scale 1-5, 5-highest). (IIA4)

CONAH also surveyed employers of SON and EDCOS specialty program graduates. Survey findings consistently indicated that program graduates demonstrated entry level knowledge and skills and exceeded the competency threshold rating of 3.0. (IIA5) Both instructional programs used student comments on course surveys to identify opportunities for program improvements.

EDCOS held formal monthly Nurse Manager/Educator Committee meetings to report, discuss, and resolve educational issues. DHS and LAC+USC nursing service value these well-educated employees and strive to maximize enrollment in EDCOS programs as well as to hire SON graduates.

II. A. 15 When programs are eliminated or program requirements are significantly changed, the institution makes appropriate arrangements so that enrolled students may complete their education in a timely manner with a minimum of disruption

Evidence of Meeting the Standards
The CONAH Program Closure policy provides guidelines for the closure of academic and nonacademic programs and describes provisions for student completion of academic programs. The policy delineates the critical criteria that must be considered when making a program closure decision and specifies that students enrolled in degree- or certificate-granting programs shall be provided with a plan for program completion. (IIA53)

CONAH assures that students and prospective students receive clear and accurate information about educational courses and programs and transfer policies, including information about major changes to or elimination of programs.

Analysis and Evaluation
CONAH has an established policy procedure governing the elimination of programs and clearly communicates both the procedure and how it will affect students, including the process for students to complete their education in a timely manner.

College Governance and the Board reviewed and approved the recommended updates to the CONAH Program Closure policy in February of 2016.

To date, no CONAH programs have been eliminated.

II.A. 16 The institution regularly evaluates and improves the quality and currency of all instructional programs offered in the name of the institution, including collegiate, precollegiate, career-technical, and continuing and community education courses and programs, regardless of delivery mode or location. The institution systematically strives to improve programs and courses to enhance learning outcomes and achievement for students.

Evidence of Meeting the Standards
CONAH has a well-established formal process and structure for monitoring and evaluating institutional, instructional, library, and support service program effectiveness.

The IE Committee leads implementation and oversees the program review process. The IE Committee re-evaluates and updates the IEPRP and policy to more clearly describe the assessment, planning, implementation, evaluation, and improvement cycle. (IIA47) All divisions participate in program review, including SLO assessment.

Program review is ongoing, systematic, and is used to continually enhance program practices, which has resulted in improvements in student achievement and learning. The revised and expanded IEPRP and policy clarified the essential monitored items, specified monitoring tools, and improved the process for completing the program review cycle. Program review includes multiple interconnected documents and reporting systems. Updates to these tools and systems contributed to quality improvements. The program review process is regularly reviewed and refined to improve institutional effectiveness. (IIA54)

Analysis and Evaluation
CONAH's program review process has been effective in optimizing institutional effectiveness and ensuring student learning and achievement. Academic and student support division reports presented to the IE Committee demonstrate effective use of data. (IIA55), (IIA56) The reports include identification of findings that fall outside of expected outcomes, comparison with previous findings, analysis of possible contributing factors, development and implementation of improvement plans, and re-evaluation of their effectiveness. These reports show a coordinated effort in the program review process towards achieving established SLOs.
CONAH faculty and staff receive ongoing professional development classes related to Accreditation, program review, student learning outcomes, and culture of evidence. These were constructive in providing an educational foundation for understanding and effectively implementing SLO assessment; program review; and the planning, implementation, evaluation, and improvement cycle.

Conclusions on Standard II.A. Instructional Programs
CONAH meets the standard.

Improvement Plans
None

Evidence List
IIA1 CONAH Website- Mission
IIA2 BRN Total Curriculum Plan
IIA3 2013-2017 NCLEX Pass Rate
IIA4 2015 SON Graduate Survey Findings
IIA5 2015 Employer Survey Trends
IIA6 Sem 1 Mins 2018-01-10 SLO

IIA7 IE Mins 2017-08-10 SLO
IIA8 Planning-Governance Mins 2017-11-30 SLO
IIA9 2017 Spring N113L SLO
IIA10 2017 Spring N123 SLO
IIA11 2014 Fall N233L SLO
IIA12 2016 Fall N243L SLO
IIA13 2015-2016 Phase I SLO
IIA14 Faculty Organization Minutes (Program Review Workshop) 2017-06-06
IIA15 2017-2018 IE Reporting Schedule
IIA16 CONAH Website-SLOs
IIA17 CONAH Website- SON
IIA18 IE Mins 2016-01-14
IIA19 2015-2016 SON Annual Evaluation Report
IIA20 2016-2017 SON Annual Evaluation Report
IIA21 2015 Emergency Nursing SLO
IIA22 2015-2016 Phase I SLO
IIA23 CONAH Website- Program Description
IIA24 Policy # 710: Program Approval
IIA25 2018 Governance and Committee Structure
IIA26 2016-2017 EDCOS APER
IIA27 Philosophy of Education, General Education
IIA28 Policy # 230: Curriculum Plan
IIA29 Curriculum Plan
IIA30 CONAH Website-Schedule of Classes
IIA31 Policy # 710: Nursing Course Exemptions
IIA32 2017 Fall N113 Comprehensive
IIA33 2017 Fall N113L Comprehensive
IIA34 CONAH Organizational Chart
IIA35 CONAH Org Chart
IIA36 Policy # 321: Test Item Analysis
IIA37 Policy # 300: Grading System
IIA38 Content Expert Mins 2013-03-28
IIA39 Content Expert Mins 2013-05-30
IIA40 Policy # 301: Grading for Clinical Courses
IIA41 Content Expert Mins 2018-03-08
IIA42 2017 SON Bylaws Matrix
IIA43 2015-2016 Articulation Agreements Outcome Evaluation Report
IIA44 CSULA Website- AND-BSN Collaborative Program
IIA45 2016-2019 Strategic Plan
IIA46 CONAH SLO Statements
IIA47 2018 IE Program Review Plan
IIA48 Policy# 340: Program Review Process
IIA49 CONAH Website-TEAS
IIA50 Class of 2013-II Program Evaluation Survey
IIA51 Class of 2018-I Program Evaluation Survey
IIA52 2012-2017 SON DHS Hiring Rate

IIA53 Policy # 711: Program Closure
IIA54 Revisions to IE Program Review Plan
IIA55 IE Mins 2016-10-06 ERC
IIA56 IE Mins 2017-02-02 OES

B. Library and Learning Support Services

II. B. 1. The institution supports student learning and achievement by providing library, and other learning support services to students and to personnel responsible for student learning and support. These services are sufficient in quantity, currency, depth, and variety to support educational programs, regardless of location or means of delivery, including distance education and correspondence education. Learning support services include, but are not limited to, library collections, tutoring, learning centers, computer laboratories, learning technology, and ongoing instruction for users of library and other learning support services. (ER 17)

Evidence of Meeting the Standards

The student support service divisions provide student support to promote successful educational goal attainment and enable CONAH to meet its Mission. Services are provided by OES, ERC, and Financial Aid Office. (IIB1) CONAH sustains the adequacy of its services by:

- Establishing guiding policies and procedures and ensuring effective implementation
- Encouraging ongoing discussions among stakeholders regarding adequacy of services
- Providing evaluative surveys to students, faculty, and staff regarding services
- Requiring annual divisional reports that include evaluation of services in attaining SLOs
- Revising existing policies and procedures based on survey findings to better support student achievement.

The director, OES supervised the OES division, which is responsible for student enrollment, registration, and record keeping. OES recruits and admits applicants in accordance with SON Admissions policy. The policy provides guidelines for applicant selection and for verification that admitted students possess the minimum qualifications to succeed in the program.

OES provides information about student support services and how to access available services. OES also offers applicant and student advisement and provides outside referrals as indicated. Students are informed about the curriculum, academic progression requirements, time commitment required for success, and potential obstacles and remedies.

OES administers surveys to all new students during orientation. (IIB2)The survey assists students in evaluating their learning support needs and in identifying how CONAH can help them succeed. Student responses help CONAH to identify students in need of support and to anticipate the type of resources needed.

OES identifies its major expected program SLOs as
"Students: (IIB3)

- Access available counseling and academic resources to successfully complete their chosen programs
- Demonstrate personal responsibility and accountability by formulating a plan that promotes a balance between school and personal responsibilities."

The Financial Aid Office provides information to students regarding access and management of available financial resources and assists them in attaining their educational goals. The division also conducts new student information sessions during which students are encouraged to ask questions. Information regarding funding opportunities such as loans, scholarships, grants, and tuition deferment are provided to all students. Individual financial aid advisement and assistance are available to all students. A list of available student loans, grants, and scholarships are also made available in the Catalog and Internet website. In addition, notifications regarding various funding opportunities are offered to eligible students.

The Financial Aid Office identifies its expected program SLOs as "Students: (IIB4)

- Complete the nursing program through the assistance of the Financial Aid Office
- Demonstrate knowledge of available financial resources by accessing available financial aid while adhering to associated rules and regulations of both the Department of Education and CONAH
- Demonstrate personal accountability in managing finances by formulating a financial plan, which promotes a balance between school and other personal responsibilities."

The ERC includes the Library, Computer Labs, and Skills Labs. The division monitors use of its services, evaluates its effectiveness, and implements changes to ensure adequate learning resources are available to support CONAH nursing programs. (IIB5)

The Library and Computer Lab program SLO is that students:

> "Demonstrate knowledge of available learning resources both in print and electronic form and effectively access, retrieve and analyze information. They utilize these resources for personal and professional growth".

The program SLO for the Skills Lab states that students demonstrate:

- Knowledge of skills development resources by accessing the Skills Lab and using these resources to enhance learning.
- Psychomotor skills, critical thinking and communication skills in the Skills Lab setting to be used in the provision of safe care in the clinical setting to diverse patient populations.

In conjunction with the student support service divisions, the academic division faculty are dedicated to ensuring availability and adequacy of student support. Faculty conduct ongoing formative and summative student evaluations and intervene as needed. Faculty provide individual and group tutoring sessions and post office hours for student advisement. Faculty also refer students to other services as applicable. In addition, faculty conduct SLO assessments at the completion of each course. Assessment findings facilitate faculty dialogue regarding student success and provide a mechanism for identifying action plans to improve student learning. Student progress is also a focus of discourse in various committee meetings and results in recommendations and plans for improvement.

Analysis and Evaluation

The Program Review policy established the data-driven quality improvement process. (IIB6) It guided CONAH and its academic and support service divisions in the cycles of assessment;

data collection, aggregation, analysis, and trending; planning; implementation; evaluation; reporting; and reassessment. The process measured the degree to which CONAH was effective in establishing and sustaining improvements to support student learning and meet the Mission. The support service divisions conducted scheduled SLO assessments and program evaluations and reported their findings.

Preregistration and new student orientation events provided information about services and resources to promote student success. In response to increased need for student academic support, a faculty ad hoc group created the Student Success Strategies workshops. Faculty and staff presented topics to promote student success and program completion. These workshops included topics such as Learning Styles, Test Taking, and Critical Thinking. In addition, faculty offered supplemental workshops on key areas such as Simulation, Physical Assessment and Intravenous Administration each semester. Students rated these workshops very high for accomplishing objectives such as "promoting understanding of the topic, gaining useful knowledge, and using effective teaching methodologies".(IIB7), (IIB8), (IIB9)

In addition to the support networks, tutoring/counseling, and workshops, faculty conducted individualized clinical remediation. Faculty planned and implemented intensive clinical remediation to support retention of these students. The remediation plan was successful and the majority of the remediated students successfully completed the course, graduated from the nursing program, and obtained national licensure.
The fourth semester pregraduation SON Program Evaluation Survey included items related to student awareness of OES services. Students in the classes graduating between December 2013 and May 2018 indicated that on average 98 percent felt they were aware of course completion requirements. Eighty-three percent indicated they were aware of available counseling and 76 percent indicated they were aware of the emergency health services provided by Employee Health Services. (IIB10)

Program Evaluation Survey findings also indicated that student needs with respect to financial aid were consistently well addressed. On SON program evaluation surveys between 2013 and 2018, over 95percent of students indicated knowledge of financial aid availability. CONAH complied with all regulations governing financial aid and regularly updated processes based on changes in governmental requirements. (IIB11), (IIB12)

CONAH continued to evaluate student learning and attainment and, based on those findings, made decisions to implement action plans to improve student success. Students achieved SLOs established by OES, ERC, and Financial Aid Office. Students accessed available resources to successfully complete their chosen programs and demonstrated personal responsibility and accountability by attaining a balance between school and personal responsibilities.

II.B 2 Relying on appropriate expertise of faculty, including librarians, and other learning support services professionals, the institution selects and maintains educational equipment and materials to support student learning and enhance the achievement of the mission.

Evidence of Meeting the Standards
ERC manages the Library, two Computer Labs, and four Skills Labs. ERC monitors use of its services, evaluates effectiveness, and implements changes to provide adequate learning resources in support of CONAH nursing programs. CONAH also has two additional Computer Labs used by other DHS and LAC+USC departments.

ERC is sufficiently staffed by full-time employees: ERC director, Medical Librarian, Library Assistant, and the Skills and Computer Lab coordinator. The director is a doctor of Nursing Practice. The Skills and Computer Lab coordinator is a MSN-prepared RN. Because CONAH is part of DHS, its students are granted free access to two additional Libraries all within close proximity: LAC+USC Library and Kenneth Norris Library located on the USC Health Sciences campus. Students are permitted to use these libraries and may schedule study rooms. Although no contract exists between CONAH and the libraries, CONAH has an informal agreement with the LAC+USC Library for interlibrary loans. All library learning support services are provided by CONAH.

ERC routinely collaborates with faculty and students to ensure educational equipment and materials meet student learning needs. The ERC director meets periodically with semester/program coordinators to assess the adequacy and currency of the collection to support the curriculum. Faculty also make recommendations for purchase of learning materials. The SON faculty book representative collaborates with the ERC to ensure currency and availability of textbooks in the Library. The ERC director reviews copies of SON syllabi to ensure that reserve documents specified for each course are available to students. Student input into the adequacy of Library learning resources is obtained through student interactions with ERC personnel and through the pregraduation Program Evaluation Survey of Library services. (IIB13), (IIB14) In addition, the ERC reports to the academic divisions during governing committee meetings. These reports include student use of resources, additions to the collections, and any proposed and implemented changes to services.

The Library provides an extensive collection of nursing specific materials in support of CONAH programs. The ERC director provides faculty and students with a monthly list of books added to the Library collection. In addition, students can access two electronic databases from on and off campus and through a link on the CONAH website. (IIB15) Library holdings consist of approximately 4,000 books and over 100 print and electronic journal subscriptions. The collection is regularly evaluated for currency and to ensure that it meets student learning needs. In addition, the Library has study space for 20 students plus five computer stations with Internet and intranet access. A photocopy machine and printer are also available for student use. All computer stations have Internet and intranet access, which are accessed via individual password accounts. Computer software consists of programs recommended by faculty to assist student learning. Students can also access patient EHRs for clinical preparation by using the Computer Lab and Library computers.

CONAH has four Skills Labs and one Simulation Lab equipped to provide students with opportunities for practicing skills and developing critical thinking in a patient simulated environment. Two of the Skills Labs are equipped with crash carts, monitors, defibrillators,

work stations on wheels (WOWs), and life support manikins that are primarily used for basic and advanced life support training. The other two Labs are equipped with a total of ten hospital beds with nine manikins and WOWs that provide students with opportunities to learn and practice a variety of semester specific skills.

The SON acquired a site and opened a Simulation Lab in January 2015 to expand alternative student learning modalities. The Simulation Lab has two high-fidelity manikins and one high-fidelity maternal fetal manikin. Students engage in hands-on simulation experiences in each semester. The students engage in faculty-guided debriefing sessions of the simulation experience to enhance student learning and facilitate students' understanding and application to clinical use. Development and enhancement of the Simulation Lab continues.

The ERC director and staff provide new students with a tour of the Library and Computer and Skills Labs and orient them to policies, hours, and how to access resources. The ERC staff also offer faculty and students classes on access and use of CINAHL/EBSCO A-to-Z and basic search techniques. More detailed information and instruction is provided by the ERC staff on an individual basis.

The Library and Computer Labs are open on weekdays: Monday-Thursday 6:30-6:00 and on Friday from 7:30-4:00 (closed 1200-1300). The Skills Lab is open Monday-Thursday from 7:00-4:00 and every Friday from 8:00-12:00. Hours of operation are posted at the sites and on the website. Hours are also provided in the Student Handbook. The ERC is closed weekends and holidays.

In order to evaluate effectiveness of all ERC services, the ERC director created SLOs for each of its areas, including the Library, Computer Labs, and Skills Labs. The ERC conducts ongoing evaluation of its services.

Analysis and Evaluation
ERC personnel and faculty collaborated to maintain student access to sufficient, current, and various learning materials. The LAC+USC Information Systems department provided necessary repairs to computer equipment and resolved access issues. CONAH also carried maintenance agreement contracts for applicable equipment. In spring 2013, a Hardware/Software Technology Maintenance/Replacement Plan was created and reviewed annually. (IIB16) The Plan includes inventory, acquisition, maintenance, and targeted renewal/replacement dates and was adopted for College wide use. College Governance Committee, which has College wide representation, evaluates the status of technology progress as part of the annual Strategic Plan evaluation.

The ERC met student learning support needs. In collaboration with faculty, Skills Lab hours were extended to meet student learning needs prior to skills competency testing. More than 95 percent of students referred to the Skills Lab were successfully remediated. Computers, available in the Library and Computer Lab, provided students with intranet access to LAC+USC Nursing Service division patient care videos, new equipment tutorials, patient teaching booklets, nursing standards, and clinical protocols. Students used the high-fidelity

simulation manikin to enhance their acquisition and understanding of patient assessment and clinical skills.

The ERC evaluated SLOs annually. Evaluation of service effectiveness indicated that students acknowledged awareness of available learning resources and effectively accessed and used resources to obtain information.

The ERC director and student support professionals collaborate with administrator, faculty, and program coordinators to acquire relevant materials and equipment to support student learning. Student learning needs are systematically identified and communicated by faculty through curriculum and other regular processes.

II.B. 3 The institution evaluates library and other learning support services to assure their adequacy in meeting identified student needs. Evaluation of these services includes evidence that they contribute to the attainment of student learning outcomes. The institution uses the results of these evaluations as the basis for improvement.

Evidence of Meeting the Standards
Evaluation of student support services is conducted through the program review process which involves cycles of assessment, planning, implementation, and reassessment. Each support service division completes an annual program review, which consists of evaluation of achievement of divisional goals, identification and resolution of student problems related to services, effectiveness of interventions undertaken to improve student learning, and student survey responses related to service effectiveness. (IIB17), (IIB18), (IIB19) In addition to the formal review system, episodic problems and issues identified at point of contact are addressed. Another avenue for review is through recommendations from other divisions' faculty and staff. Faculty and staff from all divisions do not hesitate to bring support service concerns to the attention of administration.

An added component of the program review process is that it identifies quality improvement needs which provide direction for development of goals and plans for the next AY. These improvement goals and plans are reviewed at the IE Committee meetings where all divisional annual reports are presented. Follow up on goal attainment and quality improvement plan effectiveness are presented during the next reporting period. Annual program review includes evaluation of divisional attainment of SLOs.

Analysis and Evaluation
Annual Program Evaluation and the SLO Assessment Reports indicated the degree of support service effectiveness in meeting student learning needs. College Governance Committee reviewed these reports and the related improvement plans and resource requests.

OES continually assessed its effectiveness in meeting student educational support needs. The SON dean, in collaboration with the OES director and the provost, determined the number of new student admissions in consideration of available services.

ERC routinely collaborates with faculty and students to ensure educational equipment and materials meet student learning needs. The ERC director meets periodically with semester/program coordinators to assess the adequacy and currency of the collection to support the curriculum.

The Financial Aid coordinator created an environment that facilitated student interaction and communication of individual financial concerns. Student evaluation of financial aid services indicated that they were aware of available services, accessed those services, and attained funds that assisted them in continuing in the program. At least 90 percent of students received some type of assistance to meet their educational costs and living needs. In addition, students demonstrated their understanding by meeting their post-graduation loan responsibilities as indicated by the U.S. Department of Education Cohort Default Rate (CDR) reports. (IIB20)

	2011-2012	2012-2013	FY 2014	FY 2015
Cohort Default Rating	1.4%	1.6%	5.1%	3.5%
Students Defaulting (#)	1	1	3	2
Students Entering Repayment (#)	71	60	58	57
Defaulted ($)	$3,654	$12,679	$43,921	$5,053
In Repayment ($)	$837,928	$681,061	$746,147	$718,977
Threshold for action: ≥ 25% results in sanctions and may lead to provisional certification of the school when applying for recertification to participate in the Student Financial Aid Assistance Programs.				

Program Evaluation Survey findings also indicated that student needs with respect to financial aid were consistently well addressed. CONAH complied with all regulations governing financial aid and updated its processes to coincide with changes in governmental requirements.

The ERC tracked student use of the Library, Computer Lab, and Skills Labs. The 2013 through 2018 pregraduation Program Evaluation Surveys included items regarding adequacy of services and student recommendations for improvement. Findings indicated that students were satisfied with ERC learning resources. Students rated all ERC items significantly higher than the 3.5 threshold (scale 1-5, 5-highest).

CONAH evaluates Library and other learning support services to assure their adequacy in meeting identified student needs. The evaluation provides the evidence to demonstrate their effectiveness and contribution to the achievement of SLOs.

II. B. 4 When the institution relies on or collaborates with other institutions or other sources for library and other learning support services for its instructional programs, it documents that formal agreements exist and that such resources and services are adequate for the institution's intended purposes, are easily accessible and utilized. The institution takes responsibility for and assures the security, maintenance, and reliability of services provided either directly or through contractual arrangement. The institution regularly

evaluates these services to ensure their effectiveness. (ER 17)

CONAH does not collaborate with other institutions or other sources for library and other learning support services.

Conclusions on Standard II.B Library and Learning Support Services
CONAH meets the standard.

Improvement Plans
None

Evidence List
IIB1 CONAH Website- Student Support Services
IIB2 2017 Spring New Student Survey
IIB3 CONAH Website – Office of Educational Services
IIB4 CONAH Website – Financial Aid Office
IIB5 CONAH Website – Educational Resource Center
IIB6 Policy # 340: Policy Review Process
IIB7 2017 Simulation Survey
IIB8 2016 Physical Assessment Survey
IIB9 2018 Intravenous Fluid Race Survey
IIB10 Program Evaluation Survey – Curriculum Completion and Counseling
IIB11 2013 Program Evaluation Survey-Financial Aid
IIB12 2018 Program Evaluation Survey-Financial Aid
IIB13 2013 Program Evaluation Survey – Library
IIB14 2018 Program Evaluation Survey – Library
IIB15 CONAH Website – Electronic Database Link
IIB16 2018-2019- Hardware and Software Maintenance Plan
IIB17 2015-2016 Office of Educational Services – Annual Program Evaluation Report
IIB18 2015-2016 Educational Resource Center – Annual Program Evaluation Report
IIB19 2016-2017 Financial Aid – Annual Program Evaluation Report
IIB20 Cohort Default Rate (NSLDS)

C. Student Support Services

II. C 1. The institution regularly evaluates the quality of student support services and demonstrates that these services, regardless of location or means of delivery, including distance education and correspondence education, support student learning, and enhance accomplishment of the mission of the institution. (ER 15)

Evidence of Meeting the Standards
CONAH evaluates the effectiveness of student support services using much of the same sources of information as described for the instructional programs. The ERC includes the Library, Skills Labs, and Computer Labs. The ERC generates data regarding student access, effectiveness of services in meeting student needs, currency of library collections, and student educational needs for accessing information.

OES is responsible for student admission, enrollment, transfer, graduation, transcripts, certificate distribution, and faculty and student record maintenance. OES also coordinates counseling and tutoring services. Continued evaluation of OES effectiveness in meeting student needs led to proposals that resulted in improved student services.

The Financial Aid Office provides information and assistance to students regarding access to loans, scholarships, and grants. CONAH evaluates the division's effectiveness in meeting student needs through program review reports, feedback from individual and group student advisement sessions, and survey findings.

In conjunction with the student support services divisions, the academic division faculty are also dedicated to ensuring availability and adequacy of student support. Faculty conduct ongoing formative and summative student evaluations and intervene as needed. Faculty provide individual and group tutoring and student advisement during posted office hours. Faculty also refer students to other services, as applicable. In addition, faculty conduct assessments of SLOs at the completion of each course. Assessment findings facilitate faculty dialogue regarding student success and provide a mechanism for identifying action plans to improve student learning. Student progress is also a focus of discourse in various committee meetings and results in recommendations and plans for improvement.

CONAH does not offer on-line or off-site services.

Evaluation and Analysis
ERC also made data-driven changes that contributed to the division's success in planning effective improvements to support student learning**:**

- DCE web-based assignments were implemented for the first time in fall 2015. During the last three semesters, student comments related to these assignments have been both positive and negative. Some of the positive comments were about reinforcement of learning physical assessment, and cardiovascular and respiratory concept labs. Negative comments included time-consuming, unrealistic, limited vocabulary, requires syntax to get responses, frustrating, and complex navigation. These

comments were presented and addressed in faculty workshop. Strategies that were proposed included provision of clearer information and expectations on DCE assignments during course orientation and modification of the list of assignments for fall 2016. However, this did not resolve the recurring negative student feedback. Semester one instructors did not observe any significant improvement in the assessment skills of students during the past four semesters since implementation of DCE. Faculty Organization approved the decision to discontinue the DCE assignments and delete DCE from Semester one booklist. (IIC1)

- The dedicated Simulation Lab opened in January 2015. ERC continues to assist SON faculty with the integration of the high-fidelity manikin into their curriculum. Currently, all four SON semesters use the high-fidelity manikin as part of their clinical practice. Student surveys and comments regarding the use of manikins as part of clinical practice have consistently been very positive. The ERC director and SON faculty are continuing to upgrade the lab on an ongoing basis. (IIC2)

Through discussion and evaluation of annual goal and Strategic Plan achievement, OES remained acutely cognizant of the need for an integrated student information database. OES, with Board approval, proposed to upgrade the existing CAMS to a web-based enterprise system. In fall 2016, CONAH implemented CAMS Admissions and Registration portals and in spring 2018, fully implemented faculty and student portals. Financial aid implementation is in progress. CAMS has streamlined the admissions and enrollment process, thereby improving student access to relevant information and providing comprehensive access to course information, materials, and student grades.(IIC3)

CONAH routinely reviewed and refined its processes for evaluating program quality and effectiveness of improvements. Overall, the strategies were effective in achieving improved student access, learning, and services in the attainment of its Mission.

II. C. 2 The institution identifies and assesses learning support outcomes for its student population and provides appropriate student support services and programs to achieve those outcomes. The institution uses assessment data to continuously improve student support programs and services.

Evidence in Meeting the Standards
CONAH uses data to identify student educational needs and to assess progress towards SLO achievement. (IIC4) The dean, IERP chairs IE Committee and directs research, program improvement, and quality assurance activities. She guides faculty in evaluating and refining systems to assess program effectiveness, achievement of SLOs, and evaluation of program improvements.

CONAH identifies student educational needs through a variety of methods including new student, course/program, pregraduation program evaluation, graduate, and employer surveys; student exit interviews; and SLO Assessment Reports. Course coordinators and faculty discuss assessment findings, develop improvement plans, and recommend changes to faculty committees as indicated. The instructional program deans incorporate findings, plans for

improvement, and follow up evaluation plans into their APERs. The IE Committee and the Board evaluate APER findings.

The student support service divisions provide student support to promote educational goal attainment and enable CONAH to meet its Mission. Services are provided by OES, ERC, and Financial Aid Office. CONAH sustains the adequacy of its services by:

- Establishing guiding policies and procedures and ensuring effective implementation
- Encouraging ongoing discussions among stakeholders regarding adequacy of services
- Providing evaluative surveys to students, faculty, and staff regarding services
- Requiring annual divisional reports that include evaluation of services in attaining learning outcomes.
- Revising policies and procedures based on survey findings to optimize student achievement

OES identifies its major expected program SLOs as
"Students:

- Access available counseling and academic resources to successfully complete their chosen programs
- Demonstrate personal responsibility and accountability by formulating a plan that promotes a balance between school and personal responsibilities."

The Financial Aid Office identifies expected program SLOs as "Students:

- Complete the nursing program through the assistance of the Financial Aid Office
- Demonstrate knowledge of available financial resources by accessing available financial aid while adhering to associated rules and regulations of both the Department of Education and CONAH
- Demonstrate personal accountability in managing finances by formulating a financial plan, which promotes a balance between school and other personal responsibilities."

The Library and Computer Lab program SLO states students:

> "Demonstrate knowledge of available learning resources both in print and electronic form and effectively access, retrieve and analyze information. They utilize these resources for personal and professional growth".

The program SLO for the Skills Lab states students demonstrate:

- Knowledge of skills development resources by accessing the Skills Lab and using these resources to enhance learning.
- Psychomotor skills, critical thinking and communication skills in the Skills Lab setting to be used in the provision of safe care in the clinical setting to diverse patient populations.

Faculty conduct ongoing formative and summative student evaluations and intervene as needed. Faculty also refer students to other services as applicable. Assessment findings facilitate faculty dialogue and provide a mechanism for identifying action plans to improve student learning.

Analysis and Evaluation
CONAH regularly identifies, evaluates, and assesses its SLOs to ensure student support services and programs are effective in optimizing student achievement. Through comprehensive program review and annual program assessment, CONAH demonstrated systematic assessment methods and practices to determine efficacy of student support services.

The fourth semester pregraduation SON Program Evaluation Survey included items related to student awareness of OES services. Students in classes graduating between December 2013 and May 2018 indicated that on average 98 percent felt they were aware of course completion requirements. Eighty-three percent indicated they were aware of available counseling and 71 percent indicated they were aware of the emergency health services provided by Employee Health Services. (IIC5), (IIC6)

Program Evaluation Survey findings also indicated that student needs with respect to financial aid were consistently well addressed. Program Evaluation Surveys for 2013 through 2018 showed that over 95 percent of students indicated knowledge of financial aid availability. CONAH complied with all regulations governing financial aid and updated its processes to coincide with changes in governmental requirements. (IIC7), (IIC8)

Student support services utilize data to evaluate the effectiveness of services rendered. Evaluation results are used to make immediate improvements to services and programs offered.

II. C. 3 The institution assures equitable access to all of its students by providing appropriate, comprehensive, and reliable services to students regardless of service location or delivery method. (ER 15)

Evidence of Meeting the Standards
CONAH is dedicated to student achievement and implements a cycle of ongoing assessment, planning, implementation, and reassessment to ensure that student support needs are identified and addressed. This is accomplished through the engagement of stakeholders, which allows for inclusion of many perspectives that encompass a broad view in addressing student needs. Through the committee structure, regular meeting schedules, program review process, and strategic planning, CONAH identifies interventions to improve student support, tracks progress, and evaluates effectiveness of these interventions.

Each division conducts ongoing evaluation of services provided and compares findings to identified thresholds. Faculty conduct ongoing discussions regarding student needs and collaborate with support service divisions to meet those needs. Students evaluate the adequacy of support services formally through surveys, to which the majority (90 percent - 100 percent) respond. Students also provide input informally through committee participation and through faculty and staff interactions. The SON dean also assigns faculty advisors to each student cohort and student organization. These advisors represent student interests at the SON Faculty Organization and other committee meetings. Each class elects a student representative to the Curriculum and Admission and Promotions committees to address

student viewpoints. In addition, all CONAH committees focus on directly and indirectly meeting student needs. (IIC9)

The Financial Aid Office provides financial aid advisement. The Financial Aid administrator and coordinator are members of the National Association of Student Financial Aid Administrators and attend regulatory updates such as the Department of Education Federal Student Aid Conference and other locally held education sessions. They also access tools and regulatory resources to stay current.

Faculty, as experts in academic preparation, provide academic advisement. They also develop, implement, and evaluate student remediation plans to support student progression. Faculty and administration maintain an "open door policy" and are always available to provide student support.

Analysis and Evaluation
CONAH identified student learning support needs and provided corresponding services and programs. The student support services divisions outlined their achievements in evaluating and addressing student needs in their APERs.

The Annual Program Needs report from 2013-2014 to 2016-2017 identified the need for a full-time counselor and tutor to provide student support. (IIC10), (IIC11) In fall 2014, a pilot counseling program led by a Master's in Social Work student was created to assist students. Surveys of the experience received positive responses from the students. In addition, mandatory tutoring was implemented in fall 2013 and students indicated that this has facilitated their understanding and learning of course content. (IIC12) In spring 2018, as a result of the hiring of additional staff, two new positions were created; a full-time tutor and mentor and a full-time counselor and advisor to provide student support. The newly appointed counselor and advisor is an experienced advisor with a background in psychiatric nursing.

CONAH provides for all its students appropriate student support services that foster student learning and development within the context of CONAH's Mission.

II. C. 4 Co-curricular programs and athletics programs are suited to the institution's mission and contribute to the social and cultural dimensions of the educational experience of its students. If the institution offers co-curricular or athletic programs, they are conducted with sound educational policy and standards of integrity. The institution has responsibility for the control of these programs, including their finances

Evidence of Meeting the Standards
CONAH appreciates diversity and offers learning activities that encourage freedom of inquiry, self-discovery, and sharing of ideas conducive to individual growth. CONAH believes that education is a dynamic, life long process that promotes and maximizes both personal and professional development by integrating learning activities to ensure student participation and to instill a sense of civic responsibility, and intellectual and personal

development. These beliefs are incorporated into the curriculum throughout the academic programs.

CONAH builds personal and civic responsibility through faculty and student participation in community events. Faculty, student, and family events promote awareness and understanding of cultural diversity and add an aesthetic quality to the learning environment. CONAH maintains a strong relationship with its Alumni Association, which has resulted in an improvement in the physical appearance of CONAH.

CONAH, in conjunction with the ASB, held the annual International Night event which was well attended by faculty, staff, students, families, and friends. The festive event honored the diverse cultural heritage of CONAH students, faculty, and staff. Another annual event held is the spring BBQ that was well attended by faculty, staff, and students. Students have represented CONAH in community health fairs, immunization drives, pediatric patient toy drives, patient clothes drive, and other community events. (IIC13)

CONAH does not offer athletic programs.

Analysis and Evaluation
CONAH continued to provide an environment conducive to learning. The nursing curriculum incorporated sociocultural content throughout the program. Students were provided with clinical rotations that ensured the opportunity to care for diverse patient populations. Both faculty and students appreciate diversity and participate in activities that promote individual growth, instill a sense of civic responsibility and pride, and support LAC and its constituents. CONAH provides co-curricular activities designed to promote understanding and celebration of its cultural diversity and the building of connections beyond the classroom setting.

II. C. 5 The institution provides counseling and/or academic advising programs to support student development and success and prepares faculty and other personnel responsible for the advising function. Counseling and advising programs orient students to ensure they understand the requirements related to their programs of study and receive timely, useful, and accurate information about relevant academic requirements, including graduation and transfer policies.

Evidence of Meeting the Standards
During new student orientation, students are informed about the curriculum, academic progression requirements, time commitment required for success, and potential obstacles and resolutions. OES administers surveys to all new students during orientation. (IIC14) Student responses to the survey help CONAH identify students in need of support, anticipate types of resources needed, and assist in identifying resources/methodologies to help them succeed. In addition, OES offers applicants and students advisement and provides referrals outside of CONAH, as indicated. Faculty also offer individualized advisement to students related to career, academic, personal and professional growth.

The Director, OES maintains contact with counselors and course evaluators from feeder institutions to ensure course equivalency for transfer credits. (IIC15)All students requesting credit for previous prerequisite or nursing courses are given the opportunity to petition for course credit or request challenge examinations. (IIC16) Students seeking course equivalency are provided information and the course equivalency review form. The semester coordinator reviews the form, and associated course description and outline and submits a written report with recommendations to the Director, OES.

Analysis and Evaluation
Students have indicated satisfaction with these services as reflected on the Program Evaluation Surveys. In addition, as a result of multiple surveys, two new positions were created: a full-time tutor and mentor and a full-time counselor and advisor to provide student support in spring 2018. The newly appointed counselor and advisor is experienced advisor with a background in psychiatric nursing.

In response to increased need for student academic support, a faculty ad hoc group created the Student Success Workshops. Faculty and staff present topics to promote student success and program completion. Due to success of the workshops and ongoing student needs, an ad hoc group was formalized and is known as the Student Success Workshop Committee. This Committee meets regularly to assess student needs and workshop outcomes

CONAH's counseling and advising services are designed and maintained to support student success. Information gathered from program review and surveys is used to design strategies to promote student success and development.

II. C. 6 The institution has adopted and adheres to admission policies consistent with its mission that specify the qualifications of students appropriate for its programs. The institution defines and advises students on clear pathways to complete degrees, certificate and transfer goals. (ER 16)

Evidence of Meeting the Standards
CONAH admissions policies and procedures are consistent with the Mission and are designed to admit qualified students likely to succeed in the program. These processes and procedures are described in the Catalog and admissions packet and are also available on the website. (IIC17)

OES conducts recruitment and admission of applicants in accordance with the SON Admissions policy. The policy provides guidelines for applicant selection and verification of the minimum qualifications for admittance. The Admissions and Promotions Committee regularly reviews admissions criteria, policies, and assessment tools.

The SON Nursing Course Exemptions and Challenges policy provides guidelines for granting credit for previous education or other acquired knowledge in the field of nursing. The policy defines the LVN advanced placement options and outlines the options and procedure for course exemption. The policies are published in Catalog and posted on the Internet and intranet. (IIC16)

Fairness and equity is practiced in the selection process and all applicants are subject to the same rules. Qualified applicants, who are identified as at risk academically, are counseled and made aware of services that may enhance the likelihood of their success in the program. During new student orientation, students are informed about the curriculum, academic progression requirements, time commitment required for success, and potential obstacles and resolutions. A Curriculum Plan is developed with each student that will lead to program completion and degree attainment.

Analysis and Evaluation
The SON Admissions and Promotions and Faculty Organization, College Governance Committee, and the Board review, update, and approve the admission-related policies every three years and more often if indicated:

- Policy # 800: Admissions: Revised and approved July 6, 2017 and March 15, 2018
- Policy # 710: Nursing Course Exemptions/Challenges: Revised and approved July 6, 2017

The 2016-2017 Admissions and Promotions Committee ACER noted that the Committee received an Intercommittee Communication inquiry from the dean, OES who recommended that the Committee review the admission requirements and raise the overall GPA admission requirement from 2.0 to 2.5 and science pre-requisite GPA from 2.5 to 3.0 to better identify applicants who are likely to be successful in the program. The Committee agreed with the recommendation and the policy was revised. (IIC18)

CONAH adheres to admission policies consistent with its Mission and approved by the CONAH Board that specify the qualifications of students appropriate for its programs.

II. C. 7 The institution regularly evaluates admissions and placement instruments and practices to validate their effectiveness while minimizing biases.

Evidence of Meeting the Standards
The SON Admissions and Promotions Committee regularly reviews admissions criteria, policies, and assessment tools. The Committee selected the standardized pre-entrance screening examination in part because of its validity and lack of bias. Committee, administrative, and faculty reviews resulted in improvements to the applicant selection process to optimize new student potential for success. Fairness and equity is practiced in the selection process. Qualified applicants, who were identified as at risk when selected, were counseled and made aware of services to enhance their likelihood of program success.

Analysis and Evaluation
As a component of their Committee functions, the Admissions and Promotions Committee evaluated effectiveness of the pre-entrance screening tool. (IIC9) The Committee recommended, and SON Faculty Organization approved, the selection of the TEAS V. This entrance examination, which measures the entry level skills and abilities of nursing program applicants, was adopted with a minimum entrance score of 64.7 percent.

A formal correlation was supposed to be conducted once the tool was available from Assessment Technologies Institute (ATI) to evaluate the effectiveness of the selection point system, including the test score, in predicting student success. ATI is developing tools to enable correlation of TEAS V scores with point system, program completion, and NCLEX-RN pass rates. The study was cancelled due to changes within the company that provides the TEAS test. A cut score was determined based on community standards and voted on in the Faculty Organization meeting. The Admissions and Promotions Committee plans to collaborate with the Director, OES, during the next AY to evaluate TEAS in predicting program completion and NCLEX-RN pass rates. CONAH's admissions instruments are regularly evaluated.

II. C. 8 The institution maintains student records permanently, securely, and confidentially, with provision for secure backup of all files, regardless of the form in which those files are maintained. The institution publishes and follows established policies for release of student records.

Evidence of Meeting the Standards
CONAH ensures the security of student records. The Student Records-Confidentiality policy is posted on the intranet and is readily accessible to students. (IIC19) This policy outlines student rights to access their records. Student records are maintained and secured in the OES. An electronic database of student records is also maintained and backed up on a server. Student files and other records remain within the OES at all times. Course grade sheets are also secured. Students must provide written consent prior to disclosure of personally identifiable information contained within their records and must be notified of access/release of records, which are outside the course of normal CONAH business. Only CONAH officials with legitimate educational interest may access student records to fulfill their professional responsibilities. CONAH also has a Student Academic File Creation and Maintenance policy to ensure accurate and standardized record keeping. (IIC20) Student academic files are maintained indefinitely. Student records prior to 1990 are maintained on microfiche.

Analysis and Evaluation
CONAH effectively maintained confidentiality of students in line with its policies and procedures. These policies have been reviewed and updated:

- Policy # 430: Student Records-Confidentiality = Reviewed and updated February 19, 2016
- OES Policy # 430: Student Academic File = Due for review

CONAH has moved towards electronic records, which are backed up on a server. CONAH maintains student records securely and confidentially. CONAH is committed to preserving the confidentiality and security of all student records.

Conclusions on Standard II.C. Student Support Services
CONAH meets the standard.

Improvement Plans

Standard	Plan	Responsible Parties	Timeline
II.C.5	Schedule professional development class focusing on the faculty role as an advisor. Add a line item budget request for professional development in the 2019 College budget	Provost Faculty Development Committee Provost Dean, College Operations and Student Support Services	Implement Spring 2019 and ongoing Spring 2019
II.C.7	Evaluate tools that correlate to high predictors of student success such as: a. increase in overall GPA from 2.5 to 3.0 for all College Science courses b. increase in TEAS cut score c. incorporation of an interview component into the selection process (Admission and Promotions committee has started collaborating with the Director, OES, in evaluating tools to validate their effectiveness)	Admission and Promotions Committee Director, OES Dean, IERP	AY 2019-2020

Evidence List

IIC1 2016-2017 SON APER
IIC2 2015-2016 ERC APER
IIC3 CAMS Screenshot
IIC4 CONAH SLOs
IIC5 2013 PES- Curriculum Completion and Couseling

IIC6 2018 PES- Employee Health Services
IIC7 2013 PES- Financial Aid
IIC8 2018 PES – Financial Aid
IIC9 2017 SON Bylaws Matrix
IIC10 2013-2014 Program Resource Needs
IIC11 2016-2017 Program Resource Needs
IIC12 Course Survey-Tutoring
IIC13 CONAH Website – Community Events
IIC14 2017 Spring New Student Survey
IIC15 Policy # 860: Transfer Students
IIC16 Policy # 710: Nursing Course Exemptions
IIC17 Policy # 800: Admissions
IIC18 2016-2017 Admissions and Promotions Annual Committee Evaluation Report
IIC19 Policy # 430: Student Records-Confidentiality
IIC20 Policy # 430 OES: Student Academic File

Standard III: Resources
The institution effectively uses its human, physical, technology, and financial resources to achieve its mission and to improve academic quality and institutional effectiveness. Accredited colleges in multi-college systems may be organized so that responsibility for resources, allocation of resources, and planning rests with the district/system. In such cases, the district/system is responsible for meeting the Standards, and an evaluation of its performance is reflected in the accredited status of the institution(s).

A. Human Resources
III. A. 1 The institution assures the integrity and quality of its programs and services by employing administrators, faculty and staff who are qualified by appropriate education, training, and experience to provide and support these programs and services. Criteria, qualifications, and procedures for selection of personnel are clearly and publicly stated and address the needs of the institution in serving its student population. Job descriptions are directly related to institutional mission and goals and accurately reflect position duties, responsibilities, and authority

Evidence of Meeting the Standards
CONAH assures the integrity and quality of its programs by employing well qualified personnel from diverse backgrounds whose expertise supports student learning and assists CONAH in meeting its Mission: "To provide learning centered educational programs and career development opportunities for healthcare students in support of the DHS".

CONAH Credentials Committee, which consists of faculty appointed biannually from both academic programs by the provost, maintains and evaluates the quality of the employee selection process. The Committee assesses, implements, and evaluates standardized guidelines and processes for the selection and orientation of qualified employees. The Committee provides safeguards to ensure the consistent application of hiring procedures. (IIIA1) The Committee also reviews and revises the Interview Process policy in collaboration with the College Governance Committee. (IIIA2)

Job descriptions and duty statements align with identified roles and responsibilities necessary to create an environment conducive to student achievement of SLOs. For example, nursing instructor essential job functions target student preparation for nursing practice such as "plans and develops course content, incorporates effective teaching methodologies, conducts formal didactic training, plans and supervises student performance, conducts student evaluations, and measures effectiveness of methodology". (IIIA3)

To be eligible for hire, applicants for College positions must meet or exceed established requirements. These requirements are based on College and DHS HR specifications and BRN and other state and federal regulations, as applicable. Each position has its own unique specifications. Job bulletins regarding vacant positions are made available to the public through postings on the DHS HR Internet website in accordance with established civil service regulations. (IIIA4) These job bulletins provide essential information including the position title, compensation, benefits, job functions, selection requirements, eligibility determination, and application submission process. Selection criteria specify level of

education, licensure, and nursing/teaching experience requirements. DHS HR adheres to all applicable employment laws and provides information regarding pertinent laws on its website and job bulletin. All applicants must provide copies of their degrees, certifications, and practice licenses as part of the screening process. Only degrees from accredited colleges are accepted.

The Credentials Committee standardized the processes for selecting and orienting qualified employees and updated related policies, guidelines, and forms. Interviews adhere to the established guidelines specified in the policy. The Credentials Committee oversees appointment of interview panels that have knowledge of and experience with the position being filled. Interview panels for nursing instructor positions include faculty with selected clinical experience and supervising program/semester coordinators. Support staff and administrative position interviews are conducted by program directors/deans and higher ranking CONAH/DHS personnel in accordance with civil service rules and in collaboration with DHS HR, if indicated. Interview questions are standardized for each position and relate to specific job duties and responsibilities.

Candidates for clinical and nursing instructor positions must demonstrate teaching and writing ability as a component of the interview process. The interview panel also evaluates and discusses the candidate's curriculum vitae including their level of scholarship judged by clinical practice, teaching experience, research/other special projects, committee work, and professional organization membership. Panel members use standardized scoring tools to ensure fairness and consistency among the interview panel members. New hires undergo an in-depth orientation to CONAH and each division as well as their roles and responsibilities. New faculty are also oriented to their assigned clinical areas.

The faculty and staff are qualified with appropriate education, training, and experience as stated in the BRN requirements section 1425: Faculty- Qualifications and Changes as well as Barclays official California Code of Regulations Title 16, Division 14, Article 3. (IIIA5)

DHS Vacancy Announcements are posted on the LAC website when there is an opened item.

Analysis and Evaluation
CONAH's Credentials Committee, which consists of faculty appointed by the provost from each of the academic programs, evaluates the employee selection process. The Committee assesses, implements, and evaluates standardized guidelines and processes for the selection of qualified employees. The Committee has reviewed and revised the following policies:

- Policy # 505: Interview Process Policy: Reviewed and revised September 28, 2017
- Clinical Instructor Questions: Reviewed and revised May 17, 2018
- Nursing Instructor Questions: Reviewed and revised May 17, 2018

The appointment of the new provost in November 2016 has resulted in DHS approval to fill all vacant administrative, faculty, and support staff positions. The following positions were approved for immediate hire to ensure adequate faculty and support for students:

- Senior Nursing Instructor, SON (2) (filled fall 2017)

- Nursing Instructor, SON (5) (filled fall 2017 and spring 2018)
- Clinical Instructor (2) (filled fall 2017 and spring 2018)
- Intermediate Typist Clerk, Admissions (filled summer 2017)
- Assistant Nursing Director, Administration for Financial Aid Office (filled fall 2017)
- Nursing Director, Education for Dean, SON (filled spring 2018)
- Medical Librarian (filled summer 2018)

CONAH follows policies and procedures for hiring faculty, classified staff, and administrators. CONAH ensures that the hiring process is conducted thoroughly, consistently, and in alignment with applicable regulations.

III. A. 2 Faculty qualifications include knowledge of the subject matter and requisite skills for the service to be performed. Factors of qualification include appropriate degrees, professional experience, discipline expertise, level of assignment, teaching skills, scholarly activities, and potential to contribute to the mission of the institution. Faculty job descriptions include development and review of curriculum as well as assessment of learning. (ER 14)

Evidence of Meeting the Standards
CONAH pursues all available avenues to ensure an adequate number of qualified teaching faculty. CONAH has been fortunate to secure highly qualified faculty and administrators who have diverse experiences in their areas of expertise. All faculty are full-time employees.

CONAH values lifelong learning as evidenced by the academic and professional accomplishment of faculty and administrators. The majority (88 percent) of faculty hold master's degrees, 94 percent of which are in the fields of nursing/education. In addition, many of the faculty hold national certifications in nursing specialty areas such as critical care, emergency, oncology, neurology, public health, pediatrics, family, and obstetrics. Several faculty members are also Nurse Practitioners. College administrators are also accomplished experienced nurses from different specialties with nursing/education backgrounds at the doctorate, master's, and/or bachelor's degree level.

CONAH regularly evaluates staffing to ensure an adequate number of employees to support the Mission. CONAH has sufficient qualified faculty to support the educational programs. All faculty members are full-time and meet the education, experience, and credentialing requirements for their roles and responsibilities. CONAH has written job descriptions that include faculty responsibilities related to curriculum development and evaluation of student learning. Faculty have membership in divisional and college committees. Job descriptions and duty statements align with identified roles and responsibilities necessary to create an environment conducive to student achievement of program SLOs.

Analysis and Evaluation
The BRN requires all SON faculty to complete an EDP-P-10 to ensure faculty competency. On this form, faculty are required to list their date of BRN approval, degrees; professional

experience and continuing education activities for the past five years as well the list of their teaching assignment(s) for the past five years. (IIIA6), (IIIA7)

The job descriptions for the Senior Nursing Instructor, Nursing Instructor, and Clinical Instructor under the heading, "General Duties and Responsibilities" describe the aforementioned instructor roles in the development and review of the curriculum and assessment of student learning. (IIIA3)

CONAH has a consistent process to verify that faculty selected for positions at CONAH have adequate and appropriate knowledge of their subject matter.

III. A. 3 Administrators and other employees responsible for educational programs and services possess qualifications necessary to perform duties required to sustain institutional effectiveness and academic quality.

Evidence of Meeting the Standards
CONAH is composed of three student support services, three active academic divisions, and the office of IEPRP. These divisions are staffed by eight administrators, 36 faculty members, and ten support service staff. The CONAH organization chart was last updated in 2018

The majority (88 percent) of faculty hold master's degrees, 94 percent of which are in the fields of nursing and/or education. In addition, many of the faculty hold national certifications and advanced degrees in nursing. CONAH administrators are also accomplished experienced nurses from different specialties with nursing/education background at the doctorate, master's, and/or bachelor's degree level.

Analysis and Evaluation
The current provost was appointed by the DHS leadership and approved by the Board in November 2016. The provost reports to the DHS chief operations officer to ensure continued direct oversight of CONAH by DHS and provide needed resources. DHS believes that the provost role is critical in ensuring institutional effectiveness and academic quality. (IIIA8)

CONAH has a clearly defined process to determine if administrators and other employees possess the qualifications, knowledge, skills, and abilities necessary to perform the duties of the position.

III. A. 4 Required degrees held by faculty, administrators and other employees are from institutions accredited by recognized U.S. accrediting agencies. Degrees from non-U.S. institutions are recognized only if equivalence has been established.

Evidence of Meeting the Standards
To be eligible for hire, applicants for CONAH positions must meet or exceed established requirements. These requirements are based on CONAH and DHS HR specifications and BRN and other state and federal regulations, as applicable. All applicants must provide copies of their degrees, certifications, and practice licenses as part of the screening process. Only degrees from accredited Colleges are accepted.

In addition, all SON faculty, the SON director, and the SON assistant director must be approved by the BRN pursuant to the document, "Faculty Qualifications and Changes Explanation" of the California Code of Regulations to be hired for the position. (IIIA9), (IIIA10), (IIIA11)

Analysis and Evaluation
With the continuing approval visit by the BRN in spring 2018, SON faculty and administrator qualifications were reviewed to ensure compliance.

CONAH confirms that required degrees held by faculty, administrators, and other employees are from U.S. accredited institutions through a comprehensive verification process. DHS HR and BRN screen for minimum qualifications and verify degree requirements in accordance with applicable laws and regulations.

III. A. 5 The institution assures the effectiveness of its human resources by evaluating all personnel systematically and at stated intervals. The institution establishes written criteria for evaluating all personnel, including performance of assigned duties and participation in institutional responsibilities and other activities appropriate to their expertise. Evaluation processes seek to assess effectiveness of personnel and encourage improvement. Actions taken following evaluations are formal, timely, and documented.

Evidence of Meeting the Standards
CONAH conducts probationary and annual performance evaluations to ensure employee competency and effectiveness in fulfilling position functions and duties. The designated roles and responsibilities are aligned with the Mission and contribute to creating an environment focused on student learning and achievement. Employees are assigned responsibilities congruent with their positions and are expected to participate in CONAH activities. For example, nursing instructors participate in CONAH and divisional committees; give input into CONAH policies, and the Strategic Plan; support and promote the philosophy of CONAH; and contribute to and participate in CONAH events.

CONAH adheres to LAC HR, LAC+USC, and CONAH performance evaluation policies and standards. Supervisors complete performance evaluations in accordance with DHS: Employee Evaluation and Discipline Guidelines. (IIIA12) CONAH Faculty Competency and Peer Review policies also include components that address validation of faculty knowledge and skills. (IIIA13), (IIIA14)

CONAH adheres to established dates and frequencies specified in the Performance Evaluation Completion and Processing policy. (IIIA15) DHS HR established the annual performance evaluation due dates. Supervisors complete probationary performance evaluations six months after hire or promotion.

Employees also submit an annual self-evaluation a minimum of one month prior to their performance evaluation. The self-evaluation provides employees with the opportunity to list accomplishments; describe contributions to CONAH Strategic Plan, committee work, and

SLOs; indicate professional development activities and plans; evaluate achievement of employee's annual goals; and set new individual goals for the coming year.(IIIA16)

The supervisor rates the employee on performance of job specific criteria reflective of their job description. The performance evaluation rates individual performance of all major functions and duties specified for each CONAH position. The supervisor rates each item on a five point scale and must provide supportive evidence for any rating above or below "competent". Supervisors highlight faculty achievement in the areas of student engagement, professional accomplishments, institutional responsibilities such as chairing committees, contributions to policies/procedures, and attainment of CONAH goals. A significant component of faculty evaluations is their contribution to student SLO achievement at course, divisional, and institutional levels. (IIIA17), (IIIA18)

Supervisors keep probationary employees apprised of their status and provide them with written feedback on a monthly basis. Supervisors counsel employees whose performance needs improvement and provide direction and assistance to improve job performance. If needed, plans for improvement are developed in collaboration with HR and ongoing performance is assessed, discussed with the employee, and documented. Performance determined to be unsatisfactory despite counseling and remediation measures results in demotion, transfer, or termination.

All faculty also undergo peer review to assist in the development and/or improvement of classroom teaching/presentation skills and to promote professional growth. In addition, effectiveness of faculty in meeting student learning needs is addressed in SLO Assessment Reports for all courses and by all programs.

The dean, College Operations and Student Support Services tracks performance evaluation due dates and completion dates using the Performance Evaluation Tracking form. (IIIA19) She also tracks peer review completion, RN license renewal, and other mandatory requirements. (IIIA20) Performance evaluations are maintained in DHS HR and CONAH personnel files.

Analysis and Evaluation
CONAH ensured continued effectiveness of its employees through a defined process of performance evaluation.

In 2017, the Credentials Committee led the review and update of the Peer Review policy and process, which resulted in the faculty voting that peer review findings be included in faculty's annual performance evaluations. (IIIA21), (IIIA22) A memorandum was sent by Credentials Committee to notify faculty of the change in procedure. (IIIA23)

Faculty rated the survey item: "My job performance has been fairly evaluated within the last 12 months" at 4.33 (2015-2016) and 4.18 (2017-2018) (scale 1-5, 5-highest) during the last two rating periods. (IIIA24), (IIIA25) CONAH retained well qualified employees, which was essential to continued College effectiveness in meeting its Mission.

CONAH has processes in place to ensure performance evaluations are completed for all faculty, staff and administrators on a regular basis in accordance with LAC HR, LAC+USC, and CONAH performance evaluation policies and standards. CONAH is committed to providing timely and effective performance feedback to all employees to encourage their improvement and success in meeting individual, professional, and College wide goals and objectives.

III. A. 6 The evaluation of faculty, academic administrators, and other personnel directly responsible for student learning includes, as a component of that evaluation, consideration of how these employees use the results of the assessment of learning outcomes to improve teaching and learning.

N/A

III. A. 7 The institution maintains a sufficient number of qualified faculty, which includes full-time faculty and may include part-time and adjunct faculty, to assure the fulfillment of faculty responsibilities essential to the quality of educational programs and services to achieve institutional mission and purposes

Evidence of Meeting the Standards
CONAH pursues all appropriate avenues to ensure an adequate number of qualified teaching faculty. CONAH has been fortunate in securing highly qualified faculty and administrators who have diverse experiences in their areas of expertise in line with their program subject matter. All faculty are full-time employees.

CONAH values life-long learning as evidenced by the academic and professional accomplishment of faculty and administrators. The majority (88 percent) of faculty hold master's degrees, 94 percent of which are in the fields of nursing/education. In addition, many of the faculty hold national certifications in nursing specialty areas such as critical care, emergency, oncology, neurology, public health, pediatrics, family, and obstetrics. Several faculty members are also Nurse Practitioners. CONAH administrators are also accomplished experienced nurses from different specialties with nursing/education background at the doctorate, master's, and/or bachelor's degree level.

CONAH regularly evaluates staffing to ensure an adequate number of employees to support the Mission. Divisional deans assign faculty teaching responsibilities based on student needs and course and program objectives. Faculty assignments are determined by the number of students, course/program needs, and faculty qualifications and experience. (IIIA26)

Analysis and Evaluation
CONAH ensured an adequate number of qualified faculty to support program needs. The SON maintained a ratio of 10-12 students per faculty member in the clinical area. EDCOS Critical Care and Emergency Nursing program course coordinators and faculty determined clinical supervision requirements in collaboration with DHS and LAC+USC nursing service. EDCOS also collaborated with LAC+USC nursing management to educate preceptors for their role in staff competency validation. CONAH maintains a sufficient number of qualified

faculty to ensure the academic quality of CONAH's educational programs and services remains high.

III. A. 8 An institution with part-time and adjunct faculty has employment policies and practices which provide for their orientation, oversight, evaluation, and professional development. The institution provides opportunities for integration of part time and adjunct faculty into the life of the institution.

CONAH does not employ part-time and adjunct faculty.

III. A. 9 The institution has a sufficient number of staff with appropriate qualifications to support the effective educational, technological, physical, and administrative operations of the institution. (ER 8)

Evidence of Meeting the Standards
The institution has administrative and support staff with sufficient preparation and experience for the duties required to uphold the Mission. These administrative, support, and clerical staff possess the knowledge, skills, abilities, and experience required to support CONAH. Administrative staff titles, academic preparation, degrees, and certificates are published on the website.

CONAH has sufficient qualified faculty to support the educational programs. All faculty members are full-time employees who meet the education, experience, and credentialing requirements for their roles and responsibilities. CONAH has written job descriptions that include faculty responsibilities related to curriculum development and evaluation of student learning. Faculty are members of course and curriculum committees.

Analysis and Evaluation
CONAH has ten staff that effectively support the educational, technological, physical, and administrative operations of the College. Staff are evaluated utilizing the program review and planning processes. The 2014-2015 ERC goal included the need to hire a librarian to assist in maintaining and strengthening the library collection. (IIIA27), (IIIA28) CONAH administration worked closely with LAC HR for two years to complete the hiring process. CONAH will further collaborate with LAC HR to create a method to expedite CONAH personnel hiring. The hiring of a Medical Librarian in June 2018 ensured that the Library is staffed with the most qualified personnel to provide support to the students and faculty and to ensure the effective operation of CONAH. CONAH has policies and institutional practices to determine the appropriate number of support personnel to ensure the effective operation of CONAH in meeting its Mission.

III. A. 10 The institution maintains a sufficient number of administrators with appropriate preparation and expertise to provide continuity and effective administrative leadership and services that support the institution's mission and purposes. (ER 8)

Evidence in Meeting the Standards
CONAH maintains an appropriate and sufficient number of administrators to

support effective leadership, organization, and continuity of programs and services
The administrative team consists of

- Provost
- Dean, SON;
- Dean, EDCOS
- Dean, IERP
- Dean, College Operations and Student Support Services
- Director, OES
- Director, Educational Resource Center
- Director, Allied Health Continuing Education

CONAH administrators have the appropriate preparation, education, and expertise necessary to support the Institution's Mission and purposes.

Analysis and Evaluation
CONAH has policies and procedures in place to determine the appropriate number, qualifications, and organization of administrators to ensure effectiveness and continuity of leadership. Five administrators have retired since 2014. These positions were filled from within the CONAH faculty pool and DHS after an extensive interview and selection process to determine the most qualified candidates. CONAH ensures the appropriate education, experience and preparation of administrators through the robust screening process that takes place during the position recruitment and hiring.

III. A. 11 The institution establishes, publishes, and adheres to written personnel policies and procedures that are available for information and review. Such policies and procedures are fair and equitably and consistently administered.

Evidence of Meeting the Standards
CONAH abides by all DHS and LAC+USC HR personnel policies/procedures. These policies direct recruitment, orientation, promotion, discipline, benefits, code of conduct, licensure/certification, and health/criminal background screening.

In addition, CONAH has its own policies specific to human resources. CONAH policies are formulated after consultation with subject matter experts and after review of related DHS, LAC+USC, CONAH, and divisional policies and regulatory agency rules and regulations. College Governance Committee distributes all new and revised policies to faculty and staff for review and recommendations prior to final approval. CONAH policy examples include Interview Process, New Employee Orientation, Faculty Competency, Performance Evaluation Processing, Peer review, Nondiscrimination, Employee Time Reporting, and Sexual Harassment Reporting policies. (IIIA2), (IIIA30), (IIIA13), (IIIA15) , (IIIA14), (IIIA30), (IIIA31), (IIIA32) These policies and procedures are easily accessible on the DHS Internet and the LAC+USC and CONAH intranet.

To ensure consistent administration of personnel policies/procedures, all supervising personnel undergo mandatory training on fair administration of policies. Training includes classes on Employee Evaluation and Discipline Guidelines, Supervision and Management,

Reasonable Suspicion, Fair Labor Standards Act, and Family Medical Leave Act. CONAH incorporates management training into orientation for new, transferred, and promoted supervisory personnel. The College Governance Committee, which includes administrators and faculty, directs timely triennial review of policies. CONAH management collaborates with DHS HR to ensure fair and equitable administration of personnel policies.

Employees review selected DHS policies as a component of their performance evaluation and sign acknowledgement of and agreement to comply with these policies: Attendance, Time Reporting, Protected Health Information, Acceptable Use of Information Technology Resources, Sexual Harassment, and Performance Evaluation. (IIIA33)

CONAH complies with the DHS Personnel Records policy. All personnel records are confidential and secure. Employee permanent records are maintained by DHS HR. Employee area files are maintained by the Director, OES. Access to personnel records is restricted to persons whose duties require them to use the record for LAC business. The employee must provide written consent to allow other individuals access to their personnel records.

Analysis and Evaluation
All employees participated in developing and revising CONAH policies, including those related to personnel. College Governance Committee consistently distributed policies to all employees for input prior to the final approval vote. Faculty and staff suggestions were often incorporated into the final versions. Following discussion and the approval vote, the chair sent follow-up emails notifying employees of policy approval and policy posting on the intranet and recognized and thanked employees who provided input.

CONAH applied all policies equitably and fairly in accordance with civil service regulations. All personnel policies were published and posted. Employees have access to established grievance policies and processes. CONAH has not lost a grievance, which indicates that management adhered to applicable policies and regulations.

Faculty rated the survey item: "My job performance has been fairly evaluated within the last 12 months" at 4.33 (2015-2016) and 4.18 (2017-2018) (scale 1-5, 5-highest) during the last two rating periods. (IIIA24), (IIIA25) CONAH retained well qualified employees, which was essential to continued effectiveness in meeting CONAH's Mission.

CONAH has established processes to promote the consistent, fair, and equitable administration of its personnel policies and procedures. CONAH regularly reviews, and as necessary, revises its policies inclusive of all staff and faculty. The updates and revisions are published with notifications sent electronically to all staff and faculty.

III. A. 12 Through its policies and practices, the institution creates and maintains appropriate programs, practices, and services that support its diverse personnel. The institution regularly assesses its record in employment equity and diversity consistent with its Mission.

Evidence of Meeting the Standards

CONAH models its Value that "the climate of learning is enhanced when the dignity and worth of individuals with different abilities, learning styles, support systems and cultural and ethnic backgrounds are recognized". CONAH developed many policies and practices that demonstrate and support appreciation of diversity, employment equity, and fair treatment. These include Nondiscrimination, Academic Freedom, Peer Review, Academic Honesty and Professional Conduct, Performance Evaluations, and New Employee Orientation policies. CONAH ensures that employees adhere to DHS and CONAH policies that address behavior related to civility, fairness, and equity. Faculty, staff, and students may access these policies and procedures through the DHS intranet. The OES compiles annual data on CONAH diversity and disseminates reports to specified committees and to the Board.

CONAH advocates for its employees by providing an environment conducive to supporting and appreciating diversity as a component of meeting the Mission. Towards this end, CONAH:

- Requires mandatory training for all employees on topics such as Americans with Disabilities Act (ADA) Awareness, Sexual Harassment Prevention, Code of Conduct Compliance, Employee Discrimination Prevention, Legal Exposure Reduction, and Diversity and County Policy of Equity. These trainings help promote a harmonious, non-discriminatory work environment. (IIIA34)
- Offers employee assistance services that address personal needs: Return to Work program for employees who sustain injuries, Smoking Cessation classes, and the Employee Assistance Program (EAP) that provides professional consultation and referral services for job related issues. The EAP addresses stress and anger management, effective communication, grief and loss intervention, coping with change, and mediation. (IIIA35)
- Conducts surveys of students, faculty, staff, graduates, employers and other stakeholders on key issues including those pertaining to diversity and equity. Administrators follow up on findings and address relevant issues.
- Provides opportunities for faculty and staff engagement in supporting equity and diversity by affording access to CONAH reports, program performance data, and survey findings.
- Monitors adherence to policies and procedures and acts on digressions.

CONAH adheres to civil service regulations related to equitable employee treatment and grievance resolution. DHS HR provides direction to CONAH management in investigating, conducting, and resolving employee grievances in accordance with the Employee Evaluation and Discipline Guidelines and related policies, civil service regulations, and related Memoranda of Understanding. The supervisor is expected to promptly and equitably address employee grievances without discrimination, coercion, or reprisal. (IIIA36)

As an added measure to promote equity and fairness, the IE Committee designed, and College Governance Committee approved, an exit interview process which was implemented for all personnel and students exiting CONAH. (IIA37), (IIIA38) IE and governing committees regularly review these interview findings for improvement opportunities.

CONAH provides an environment conducive to supporting and appreciating the diversity of its employees as a component of meeting the Mission.

Analysis and Evaluation
CONAH has been successful in promoting diversity. Faculty, staff, administrators, and the Board comprise racial and ethnic groups reflective of the community.

College Diversity

Diversity	LA County	Employees	Board
White	28%	30%	22%
Afro-American/Black	9%	11%	11%
Hispanic	48%	28%	45%
Native American	1.5%	0%	0%
Asian	14%	21%	22%
Filipino			
Other/Undeclared	0%	7%	0%
Two or More Races	2%	3%	0%

Source: U.S. Census Bureau – 2016 State and County Quick Facts: LA County, College Board Report 2018 Employee Survey

CONAH's policies and practices support its diverse personnel. Faculty and staff provided input into policy revisions either individually or through committee participation. CONAH's policies and procedures are evaluated to determine effectiveness in promoting equity and diversity. Employee professional development classes and training ensure awareness of CONAH's commitment to an educational environment that embraces diversity and inclusion.

III. A. 13 The institution upholds a written code of professional ethics for all of its personnel, including consequences for violation

Evidence of Meeting the Standards
CONAH promotes ethical practices true to its Value that "integrity, professionalism, and respect are inherent to our relationships with each other, our students, our partners and the community". CONAH's Value is congruent with the DHS Code of Conduct, County Policy of Equity which provides guidance in conducting business in a manner that facilitates quality, efficiency, honesty, integrity, respect, and full compliance with all applicable laws and regulations. (IIIA39), (IIIA40) CONAH also abides by its Academic Honesty and Professional Conduct policy.

Supervisors are responsible for ensuring that employees validate understanding of Code of Conduct expectations. Employees complete mandatory Code of Conduct training as scheduled and attest to compliance with the Agreement of Understanding every year as part of their performance evaluation. Failure to comply may result in disciplinary action in accordance with the DHS Employee Evaluation and Discipline Guidelines. (IIIA12)

Analysis and Evaluation
College employees abided by the Code of Conduct as DHS workforce members. The Code of Conduct and related policies were reviewed with individual employees annually as part of

their performance evaluation. (IIIA33) All employees are required to complete the County Policy of Equity classes. In fall 2017, a Just Culture policy was implemented in which errors, near miss events, adverse events, unsafe conditions, and system problems can be easily reported without retaliation and are seen as a means to identify system and behavior changes in order to improve safety and quality of care and services delivered. (IIIA41) The Academic Honesty and Professional Conduct policy was last updated and approved in 2017. (IIIA42)

CONAH has several clearly defined and approved Board policies and administrative procedures related to professional ethics for all of its employees. The policies are published on the CONAH intranet.

III. A. 14 The institution plans for and provides all personnel with appropriate opportunities for continued professional development, consistent with the institutional mission and based on evolving pedagogy, technology, and learning needs. The institution systematically evaluates professional development programs and uses the results of these evaluations as the basis for improvement.

Evidence of Meeting the Standards
CONAH encourages its employees to engage in professional development activities true to its Value that "Education is a dynamic, life long process that promotes and maximizes both personal and professional development". College employees are entitled to attend professional development activities as a component of their employment benefits. Employee requests for paid time to attend these events are usually granted.

All categories of personnel are encouraged to attend educational activities on and off campus to enhance their understanding of trends and issues related to their job/specialty area. The provost and program deans forward relevant professional development event notifications to faculty/staff. Faculty attend seminars/events related to teaching, nursing, research, publishing, and other community health related activities.

The Faculty Development Committee promotes professional growth by identifying faculty educational needs, accessing professional development resources, and coordinating educational offerings. The Committee follows nursing and academic community trends when selecting relevant topics. They present subject recommendations to the academic divisional governing committees; ensuing discussions provide an avenue for selection and approval of workshop topics.

Faculty Development Committee membership comprises faculty from CONAH academic divisions. The Faculty Development Committee meets quarterly with the purpose of promoting the development of knowledge, skills, and abilities to enhance faculty effectiveness. (IIIA1) All events are open to faculty and staff. The Committee conducts a survey at the end of each event to assess workshop effectiveness. The Faculty Development Committee reviews the survey data and reports summary findings at governing committee meetings. (IIIA43), (IIIA44) Any resulting plans are addressed in divisional APERs.

Faculty also complete mandatory classes and training programs offered by LAC+USC to stay current with nursing practice and accreditation requirements. These include classes related to patient safety, such as Code Green: Roles and Responsibilities, and inservices related to new equipment such as infusion pumps. EDCOS classes and events such as Nursing Care at End of Life, Trauma Day, Perinatal Update, Palliative Nursing Care, and the annual Critical Care Symposium are open to all CONAH faculty. In addition, faculty and staff attend off campus classes and programs to stay current with healthcare and specialty area trends and practices. CONAH tracks employee education and all faculty report their professional development activities annually as a component of their self evaluation.

Policy # 532: Mandatory Training- Continuing Education Programs, allows continuing education hours for each RN for the purpose of meeting continuing education requirements, as indicated in the Memorandum of Understanding. (IIIA45)

Faculty, staff, and administrators participated in life-long learning, which positively impacted their teaching effectiveness and assisted CONAH in meeting its Mission. This dedication to professional development is noted in their education records.

Analysis and Evaluation
The Faculty Development Committee identified faculty and staff educational needs, obtained guest speakers, and conducted multiple workshops that were well attended. These workshops supported faculty and staff in initiating/maintaining program improvements.

Professional Development Activities: 2013 to 2018

Educational Event	Rationale/Purpose	Outcome
2013		
Technology In Nursing Classroom	Awareness of available technology	Faculty utilized different technology in the Classroom setting
2014		
Using High-Fidelity Simulation	Incorporation of simulation for clinical experience	Each semester started utilizing simulation clinical experience
2015		
The Roots of Violence	Discussion of rampant incivility in the classroom and clinical setting	Faculty able to obtain strategies in dealing with incivility issues
Item Writing Workshop	Student survey responses related to test clarity were persistently below threshold. Review of test item writing.	Implemented plan for improving test item clarity. Revised test items in the databank and planned for ongoing revision
Language of the Heart	LAC + USC MC refocus on End of Life Care	Provided new practices and laws relating to end of life care
QSEN from the	BRN recommendation of	Incorporated QSEN into all course

Educational Event	Rationale/Purpose	Outcome
Ground Up	incorporating QSEN into the course objectives	objectives
2016		
Human Trafficking	Discussion of Current Issues	Faculty gained valuable information on human trafficking
Stroke Education	Early stroke recognition and management education as required for LAC+USC to maintain certification as a Primary Stroke Center	Faculty learned to recognize early signs of a stroke in order to intervene rapidly and appropriately
Hand Hygiene Update	Review of CDC hand hygiene guidelines	Provided faculty with current CDC guidelines related to hand hygiene to improve infection control practices
2017		
Human Team Communication	Student survey responses related to faculty and student interaction indicate a non-supportive learning environment	Provided faculty an understanding of their own strengths and weaknesses in regard to communication and teamwork.
ISER Preparation Workshop	The CONAH Comprehensive Visit is due March 2019	Faculty and staff were able to participate in the preparation of the visits and actively contributed in the ISER
2018		
Active Shooter	Response to the recent active shooting events in the school setting	Policies and processes were updated relating to active shooter incidents
LGBTQ Education for Nursing Educators	To promote understanding and inclusivity of LGBTQ students, patients, and colleagues	Evaluations were excellent. Faculty and staff expressed understanding of the unique healthcare needs of the LGBTQ community.
NIHSS Stroke Scale Certification module	To objectively quantify impairment caused by a stroke using the NIHSS Stroke Scale	Faculty learned to effectively use the NIHSS stroke scale to assess patients for stroke-related impairment

Survey findings indicated that faculty highly rated the educational events that were offered. However, attendance at these events was sometimes limited to SON faculty due to scheduling conflicts and lack of regular Committee meetings. With the arrival of the new provost in 2016, faculty development became a priority as it was determined that additional faculty development activities were needed to improve teaching and learning. The Committee reviewed and updated its bylaws and identified four major domains in promoting faculty development:

- Professional development
- Instructional development
- Leadership development
- Organizational development

The Committee also sent out a Faculty Development survey in spring 2018 soliciting ideas for faculty development activities. It also included preferred dates and times that faculty and staff would likely attend the activities. The top three activities identified that would likely enhance professional development are: (IIIA46)

- Innovative Teaching Activities
- Technical Skills – Hardware and Software Training
- Teaching Topics

CONAH's priority is to offer a variety of professional development programs and opportunities consistent with its Mission. CONAH is committed to regularly evaluating and measuring the impact and effectiveness of professional development activities in order to improve teaching and learning.

III. A. 15 The institution makes provision for the security and confidentiality of personnel records. Each employee has access to his/her personnel records in accordance with law.

Evidence of Meeting the Standards
CONAH complies with DHS Personnel Records policy. (IIIA47) All personnel records are confidential and secure. Employee permanent records are maintained by DHS HR. Employee area files are maintained by the OES director. Access to personnel records is restricted to persons whose duties require them to use the record for LAC business. The employee must provide written consent to allow other individuals access to their personnel records. Whenever another LAC employee or authorized person accesses the file, an HR/OES staff member must be present to ensure no alteration or removal of file documents. Files are retained permanently while the individual is a CONAH employee and are destroyed five years after termination from LAC service.

Analysis and Evaluation
Personnel records are confidential, secured, and maintained in a locked cabinet. CONAH has provisions for keeping all personnel records secure and confidential through a variety of measures and procedures.

Conclusions on Standard III.A. Human Resources
CONAH meets the standard.

Improvement Plans

Standard	Plan	Responsible Parties	Timeline
	Request additional budget for	Provost	FY 2019-2020

III.A.14	professional development classes.	Dean, College Operations , and Student Support Services	

Evidence List

IIIA1 2017 CONAH Bylaws Matrix
IIIA2 Policy # 505: Interview Process
IIIA3 Job Descriptions, Nursing Instructor
IIIA4 Los Angeles County Job Openings Website
IIIA5 BRN Faculty Qualifications
IIIA6 BRN Report on Faculty – M. Najera
IIIA7 BRN Report On Faculty - M. Gonzales
IIIA8 Nomination of V. Branchick, Provost
IIIA9 BRN Faculty Approval - M. Guerrero
IIIA10 BRN Faculty Approval - N. Bachman
IIIA11 BRN Director Approval - J. Kohl
IIIA12 DHS Discipline Manual and Guidelines
IIIA13 Policy # 515: Faculty Competency
IIIA14 Policy # 220: Peer Review
IIIA15 Policy # 520: Performance Evaluation Completion
IIIA16 Faculty and Staff Annual Self Evaluation Template
IIIA17 Nursing Instructor Performance EvaluationTemplate
IIIA18 ERC Director Performance EvaluationTemplate
IIIA19 CONAH Performance Evaluation Completion Tracking
IIIA20 CONAH Employee Tracking Form
IIIA21 Faculty Peer Review Form
IIIA22 Credential Minutes 2017-08-18
IIIA23 Faculty Peer Review Memo
IIIA24 2015-2016 Employee Survey
IIIA25 2017-2018 Employee Survey
IIIA26 Policy # 130: Faculty Teaching Assignment
IIIA27 2014-2015 ERC APER
IIIA28 2015-2016 ERC APER
IIIA29 Policy # 510: New Employee Orientation
IIIA30 Policy # 507: Nondiscrimination
IIIA31 Policy # 500: Time Reporting-Employee
IIIA32 Policy # 541: Sexual Harassment Reporting
IIIA33 HS-1025 Policies Attestation
IIIA34 Employee Mandatory Training Courses
IIIA35 Employee Assistant Program
IIIA36 DHS Discipline Manual and Guidelines
IIIA37 2017 Employee Exit Survey
IIIA38 2017 Student Exit Survey
IIIA39 DHS Code of Conduct

IIIA40 LA County Policy of Equity
IIIA41 DHS Just Culture Policy
IIIA42 Policy # 201: Academic Honesty and Professional Conduct
IIIA43 2013 Technology in Nursing Classroom Course Report
IIIA44 2018 Active Shooter Training Course Report
IIIA45 Policy NUR # 532 Mandatory Training
IIIA46 2018 Faculty Development Assessment Survey
IIIA47 DHS Personnel Record Policy

B. Physical Resources

III. B. 1 The institution assures safe and sufficient physical resources at all locations where it offers courses, programs, and learning support services. They are constructed and maintained to assure access, safety, security, and a healthful learning and working environment.

Evidence of meeting the Standards
CONAH routinely assesses safety and adequacy of physical resources and integrates findings into short and long-term planning. Components of physical resource assessment and planning include facility safety and security; student and employee access; sufficient classroom, office, and laboratory space; and adequate equipment and supplies.

CONAH ensures the security of faculty, staff, students, and property. Safeguards are in place to maintain College security. These include:

- Limited access to buildings via a card key system
- Security lights in parking lots and other strategic areas
- Private security personnel stationed in Administration building lobby who also patrol the grounds
- Routine campus patrols by Los Angeles Sheriff's Department (LASD) and 24 hour/day availability
- Emergency response alarms in classrooms and other key locations throughout CONAH
- Burglar alarms in all buildings
- Gate requiring card key to access CONAH parking lot

CONAH adheres to LAC+USC Photo Identification Badges policy. (IIIB1)All employees and students wear an LAC photo ID badge while on the premises of CONAH and any DHS facility. Guests sign in at the security desk as they enter the Administration building.

Access to the facility building entrances is controlled via gates and doors that automatically lock and unlock according to an established schedule. Faculty and staff use card keys to access the campus outside of business hours. The CONAH parking lot is equipped with emergency telephones, and cameras. Designated rooms and offices throughout the campus have emergency response alarms. LASD patrols the campus and assigns a security guard to CONAH Monday through Saturday from 6 AM to 10 PM.

Campus security is provided by LASD. LASD is vested with the authority and responsibility to enforce all applicable local, state, and federal laws and is charged with security responsibilities for buildings owned and leased by LAC. Deputies are duly sworn peace officers, authorized to carry firearms, and have full authority and duty to conduct criminal investigations, arrest violators, and suppress crime on the campus and on all properties owned and operated by LAC.

The law requires the reporting of violent crimes, burglary, and motor vehicle theft, as well as a summary of arrests and referrals for liquor law, drug abuse, and weapon violations. CONAH is committed to providing a safe environment for students and employees. Selected crime statistics for CONAH can be obtained through the annual crime report in the CONAH website under Student Consumer Information. (IIIB2)

CONAH has established policies to promote the safety and security of students, employees, and property. The policies that support this educational environment include:

- Policy # 623: Environmental Safety Inspection (IIIB3)
- Policy # 640: Maintenance and Repair (IIIB4)
- Policy # 600: No Smoking (IIIB5)
- Policy # 620: Safety Education (IIIB6)
- Policy # 621: Disaster Management (IIIB7)
- Policy # 622: Fire Response (IIIB8)
- Policy # 624 Active Shooter (IIIB9)
- Policy # 625: Security (IIIB10)
- Policy # 511 Identification Badges. (IIIB1)

The CONAH safety officer guides the College Governance Committee in developing, reviewing and updating policies, procedures, and guidelines. He drives safety practices by keeping CONAH updated on current safety trends, coordinating fire and disaster drills, maintaining the disaster manual, and overseeing employee safety education. The safety officer periodically attends the College Governance Committee meetings to guide the review of safety policies and Disaster Manual contents.

DHS, LAC+USC, and CONAH safety policies are available to employees and students on the intranet. The SON Student Handbook also includes safety policies and procedures.

CONAH conducts routine facility evaluation to determine the safety and adequacy of physical resources in meeting program/service needs as part of its planning process. The facility manager conducts routine environmental rounds in all CONAH buildings to ensure a safe work/learning environment.

In addition, all CONAH employees are responsible for maintaining a safe work environment. Faculty and staff identify and correct hazards immediately if reasonable and safe to do so. All faculty and staff are responsible for reporting malfunctioning building systems or equipment. These are frequently associated with the aging buildings, such as issues involving plumbing, heating and air conditioning, ceiling leaks, and pest control problems.

Unsafe physical facilities are reported through the LAC+USC Facility Management Request System, OES, or the facility manager. (IIIB11) The facility manager tracks repair status and updates the faculty and staff. CONAH faculty, students, and staff are informed of workplace hazards.

Employees and students are provided with comprehensive safety education. New employees and students attend New Employee Safety Orientation as part of orientation to LAC+USC

and CONAH. In addition, the CONAH safety officer orients all new employees to CONAH and LAC+USC Disaster Plans, Fire Response Procedure, Hazard Surveillance policy, security precautions including alarms and exit doors, medical emergency management, and mandatory employee and patient safety education requirements.

All employees and students complete ongoing mandatory safety orientation and education. Students and employees review the Orientation/Reorientation Handbook during orientation and annually. The Orientation/Reorientation Handbook includes a section on the environment of care, which covers security, safety awareness, fire/life safety, and injury/illness prevention. Faculty orient students to hospital unit safety as part of their first clinical day activities. Students assigned to clinical rotations at other DHS facilities also complete safety/security orientation for that facility.

CONAH also has a policy that describes the system for managing disasters that involve CONAH/LAC+USC. The Disaster Plan Manual includes guidelines that delineate specific roles and responsibilities. The OES houses the Disaster Plan Manual, a megaphone, and a disaster/medical supply box.

LASD assigns a security guard to CONAH Monday through Saturday from 6 AM to 10 PM. LASD is available 24 hours a day throughout the year and includes the campus as part of its regular LAC+USC patrol. LASD response to the emergency buttons occurs in less than five minutes.

CONAH has an established system for maintaining a clean and healthy learning and working environment. The LAC+USC Facilities Management division assigns two custodians through an environmental services vendor. They adhere to a schedule for cleaning all buildings and respond quickly to emergency requests for environmental supplies or cleaning.
CONAH does not have off-campus sites.

Analysis and Evaluation
CONAH administration, faculty, and staff worked together to ensure a safe working environment. The safety officer led the review and update of all safety related policies in 2017. Employees completed mandatory safety education. Verification of safety education was filed in their personnel/education records. Faculty Development Committee coordinated the class, “Active Shooter Training” in response to the recent reports of campus shootings.

CONAH provides a supportive learning environment for students and faculty by updating learning resources and upgrading the physical environment. In 2017, CONAH administration replaced aging televisions in the classrooms with new flat screen smart televisions, retiled old flooring, removed carpeting, enhanced lighting, and removed deadbolts from private offices to ensure safety. The CONAH Administration bldg. main lobby and administrative office areas were upgraded with new furniture, tile, paint, and pictures. The supply room is well stocked and accessible to faculty. The majority of SON faculty were provided with Microsoft Surface Pros (portable laptops).

Requests for maintenance and repair were followed up and resolution of persistent concerns were pursued. Ongoing problems continue to be mainly related to temperature and plumbing. CONAH was diligent in addressing issues that were often related to the age of the buildings.

Faculty gave an average rating of 3.79 (scale of 1-5, 5-highest, threshold 3.5) to the 2017-2018 annual Employee Satisfaction Survey item: "I feel safe from harm in my work environment". (IIIB12) The overall rating for the past two surveys remained at 3.8. In spring 2016, a safety-related survey question was added to evaluate campus safety: I consider CONAH campus to be safe (Use space below to describe your safety concerns if any). The overall rating for spring 2018 was 4.1 (scale of 1-5, 5-highest, threshold 3.5). (IIIB13) The overall rating for the past five surveys remained at 4.3. However, in fall 2017, students commented that the current security guard may not be providing a safe environment for the students and staff. (IIIB14) The dean, College Operations and Student Support Services and the facility manager collaborated with LASD to address the student's concern. In spring 2018, a new security was assigned to the campus.

CONAH has strategies in place to assure safe, secure, and sufficient physical resources. CONAH regularly evaluates the effectiveness of its physical resources. The planning for facilities and physical resources is directly connected to CONAH's Strategic Plan goals and to its Mission. The CONAH facility manager works closely with the LAC +USC Facilities Management to address physical resource issues, which are often related to the age of the buildings.

III. B. 2 The institution plans, acquires or builds, maintains, and upgrades or replaces its physical resources, including facilities, equipment, land, and other assets, in a manner that assures effective utilization and the continuing quality necessary to support its programs and services and achieve its mission

Evidence of Meeting the Standards
CONAH routinely assesses the adequacy of physical resources and integrates findings into short- and long-term planning. Program needs are informally identified though discussions in course and divisional meetings. Instructional divisions formally identify needed physical resources as a component of course SLO Assessment Reports. Support service divisions use OERs to identify and document components of the needs assessment process. Instructional and support service divisional deans and directors summarize these needs in their APERs. Needs are reported at divisional governance, IE and College Governance Committee meetings, and to the Board if indicated.

The ERC director provides ongoing evaluation and enhancement of the Skills Labs, Library, and Simulation Lab resources to meet student needs and CONAH's Strategic Plan goals. The director also collaborates with the CIO to maintain the Computer Labs, web based eLearning resources and IT networked media equipment.

College Governance Committee assesses and prioritizes resource requests and assigns follow up. Short-term, immediate needs are resolved through routine channels. These include Facilities Management Repair Requests for physical plant maintenance and repairs and GHX

Requisitions for equipment, supplies, and services. (IIIB11), (IIIB15) Requests for resources that are beyond usual budget allocation are requested through the FY Budget Request process or through capital project requests.

Analysis and Evaluation
In spring 2013, the Administrative Committee created a Hardware/Software Technology Maintenance/Replacement Plan. The plan includes inventory, acquisition, maintenance, and targeted renewal/replacement dates and was adopted for College wide use. College Governance Committee added annual review of the Technology Maintenance/Replacement Plan to its standing agenda items to coincide with the budget request preparation process. (IIIB16) College Governance Committee, which has College wide representation, evaluates the status of technology progress as part of the annual Strategic Plan evaluation.

The SON acquired a site and opened a Simulation Lab in January 2015 to expand alternative student learning modalities. The Simulation Lab has two high-fidelity manikins and one high-fidelity Maternal Fetal manikin. Students engage in hands-on simulation experiences each semester. The students have faculty-guided debriefing sessions of the simulation experience to enhance student learning and facilitate students' understanding and clinical preparation. Development and enhancement of the simulation lab continues.

In fall 2017, CONAH was allocated $350,000 from DHS one-time Capital Budget Request for facility enhancement. In spring 2018, the following were completed/purchased:

- Retiling of all classrooms and faculty offices
- New furniture for the main and administrative office lobbies, admissions office, Library, and Carlson classroom
- New desks for Carlson classroom
- Painting of the lobby and admissions office
- New computer chairs.

CONAH ensures that facility planning is aligned with the CONAH Mission and utilizes the Program Review process in resource allocation and planning.

III. B. 3 To assure the feasibility and effectiveness of physical resources in supporting institutional programs and services, the institution plans and evaluates its facilities and equipment on a regular basis, taking utilization and other relevant data into account.

Evidence of Meeting the Standards
CONAH is owned by LAC. The Board of Supervisors is the elected governing body for LAC and establishes/approves overall policy, funding, and roles and responsibilities for the various LAC divisions. DHS is one of many LAC departments. CONAH is operated under the auspices of DHS. The Board is the governing body for CONAH and as such, establishes policies and procedures to assure the quality, integrity, and effectiveness of the student learning programs and services and the financial stability of CONAH.

LAC allocates funds as part of the overall budgetary process based on program priorities. CONAH submits annual budget requests based on Strategic Plan priorities and needs

identified through program review. The LAC+USC Expenditure Management department coordinates the annual budget and capital projects request process. CONAH competes with other LAC+USC and DHS departments for resource allocation.

CONAH regularly evaluates its adequacy and effectiveness in providing needed resources to meet program and student needs through College and divisional committee meeting discussions, divisional reports, and survey findings. Findings from these sources are used to improve the implementation and effectiveness of programs, better manage limited resources, justify budgetary requests, demonstrate achievement of Strategic Plan goals and objectives, and evaluate adherence to the Mission.

The program review process established the current formal system for documentation of program evaluation and for information dissemination. Resource assessment data are obtained at the course/divisional levels and are included in the semester, program, and committee SLO Assessment and APERs. This system effectively informs program review and provides the basis for resource planning.

All courses complete formal SLO assessments. The SLO Assessment Report includes a section for identification of required resources necessary to support the course. These resources include teaching, learning, testing, and evaluation materials and equipment. The evaluation section of the Report provides for identification of resources needed to improve the course such as teaching/learning materials, audio-visual equipment, clinical/patient care experiences, or classroom space. The evaluation section requires specification of improvement plans, if applicable. (IIIB17), (IIIB18)

All divisions prepare and submit an APER. The APER is a cumulative report of all divisional courses/services, which reliably reflects the effectiveness of facilities and services. (IIIB19) College and divisional committees participate in the program review process through ongoing dialogue and resulting recommendations for improvement. In addition, the SON Admissions and Promotions and Curriculum committees and each semester group submit an ACER at the end of each AY. (IIIB20) The SON conducts an annual Program Review Workshop, which provides faculty with opportunities to discuss key issues that arose during the AY and plan program improvements for the coming AY.

The IE Committee provides oversight and leadership of the program review process by implementing the IEPRP. The IEPRP identifies divisional quality measures, assessment tools, monitoring frequency, and responsible committees/individuals. (IIIB21) IE Committee responsibilities include ensuring that assessment data are analyzed and reported, findings and recommendations are used for program improvement planning, and resource requests based on program evaluation needs assessments are communicated. The Committee chair compiles an annual list of needs from programs reports and submits the formal Request for Program Needs to the Governance Committee for resource planning and budgetary consideration. (IIIB22) College Governance Committee reviews, prioritizes, and assigns requests to individual deans/directors for follow up. The Board and College Governance Committee review/approve budget requests and capital projects. Alternative funding avenues are also explored.

Analysis and Evaluation
CONAH conducted effective program review that involved participation of all its constituents. Data analysis was used to make decisions, prioritize, plan, and allocate resources to meet student learning and program needs and to achieve Strategic Plan goals and objectives.

Employee Satisfaction Survey: During the past three rating periods, administrators, faculty, and staff rated survey items pertaining to evaluation of the facility and equipment as lower than the established 3.5 threshold for action (scale 1 to 5, 5-highest). The survey is administered biennially to ensure adequate time is allotted for improvement projects. (IIIB23), (IIIB24), (IIIB25) The appointment of the new provost in 2016 resulted in process changes for accessing supplies and equipment and facility improvements. The rating improvements on the 2017-2018 survey indicate that these changes were welcomed by faculty and staff.

Employee Responses Related to Facility and Availability of Resources

Item #	Item	Average Rating		
		AY 2013-2014	AY 2015-2016	AY 2017-2018
1.6	I can access supplies and equipment needed to adequately perform my duties	3.30	3.45	4.30
1.7	Availability of classrooms is adequate to meet my needs	3.46	3.25	3.76
1.20	College grounds and facilities are well maintained	2.98	3.00	3.54

The planning process was broad-based and consistently provided opportunities for all faculty and staff to participate. SLO Assessment Reports and APERs were reviewed by IE Committee and needed resources were identified and compiled. College Governance Committee reviewed, discussed, and assigned resource requests for follow up action. CONAH has a number of processes in place to ensure that its facilities and equipment needs are systematically and regularly reviewed and integrated into College wide planning.

III. B. 4 Long-range capital plans support institutional improvement goals and reflect projections of the total cost of ownership of new facilities and equipment

Evidence of Meeting the Standards
To facilitate long-range planning and access to resources, CONAH's reporting structure was elevated from the local LAC Network to the LAC DHS executive management level. CONAH is fully integrated into DHS and LAC+USC. DHS and LAC+USC executive leaders are officers and members of the CONAH Board and are committed to ensuring that CONAH's needs are considered in long-range DHS and LAC+USC planning and resource allocation.

The provost is a member of Senior Executive Council. CONAH administration and faculty are members and chairs of DHS, LAC+USC, and Nursing division committees. This relationship between education and service allows an exchange of information that facilitates CONAH's planning, decision-making, and program improvements. These relationships also provide a foundation that promotes support and approval for resource allocation.

Analysis and Evaluation
In fall 2017, CONAH was allocated $350,000 from a DHS one-time Capital Budget Request for facility enhancement. In spring 2018, retiling of all classrooms and faculty offices were completed and new computer chairs, classroom desks and new furniture of the lobby and admissions office were purchased.

Facilities improvements and equipment needs are systematically identified, prioritized, and resolved through the resource allocation process and as funds permit.

The appointment of the new provost in November of 2016 has resulted in facility improvements and additional resources and equipment. It also resulted in an improved relationship between CONAH and facilities management ensuring that CONAH's needs are met in a timely manner. DHS leadership acknowledges the critical role of CONAH within the DHS system and identifies nurses as key members of the clinical care team in patient care delivery, case management, and population health. (IIIB26)

Conclusions on Standard III.B. Physical Resources
CONAH meets the standard.

Improvement Plans

Standard	Plan	Responsible Parties	Timeline
III. B.2	Schedule quarterly facility rounds with CONAH administration. Focus facility rounds on high priority areas such as heating, cooling and plumbing.	CONAH Facility Manager Facilities Management Team	Implement Spring 2019 and ongoing

Evidence List
IIIB1 Policy # 511: Identification Badge
IIIB2 2018 Annual Security Report
IIIB3 Policy# 623: Environment Safety Inspection

IIIB4 Policy # 640: Maintenance and Repair
IIIB5 Policy # 600: No Smoking
IIIB6 Policy # 620: Safety Education
IIIB7 Policy # 621: Disaster Management
IIIB8 Policy # 622: Fire Response
IIIB9 Policy # 624: Active Shooter
IIIB10 Policy # 625: Security
IIIB11 Facility Management Request Screenshot
IIIB12 2017-2018 Employee Survey Screenshot
IIIB13 2018-I Program Evaluation Survey – Campus Safety
IIIB14 2017-II Program Evaluation Survey – Campus Safety Comments
IIIB15 GHX Procurement Suite
IIIB16 2018-2019 Hardware and Software Maintenace Plan
IIIB17 2017 Spring N113 SLO
IIIB18 2017 Spring N113L SLO
IIIB19 2015-2016 Annual Program Evaluation Report- Educational Resource Center
IIIB20 2016-2017 Annual Committee Evaluation Report – Admissions and Promotions
IIIB21 2018-2019 IE Program Review Plan
IIIB22 2016-2017 Program Resource Needs
IIIB23 2013-2014 Employee Survey
IIIB24 2015-2016 Employee Survey
IIIB25 2017-2018 Employee Survey
IIIB26 Provost Nomination

C. Technology Resources

III. C. 1 Technology services, professional support, facilities, hardware, and software are appropriate and adequate to support the institution's management and operational functions, academic programs, teaching and learning, and support services.

Evidence of Meeting the Standards
CONAH uses the following criteria to determine priorities regarding resource requests and allocation. These include projected use/purpose, expected benefits, frequency of use, congruence with regulatory /DHS/LAC+USC standards and requirements, cost benefit/savings, quantity/quality of current equipment, and impact of not obtaining equipment/service. Items that are related to meeting essential student learning needs receive first consideration. College Governance Committee consults with the Board on costlier resource needs and develops strategies for attaining those resources.

The following outlines the technology and equipment upgraded by CONAH's CIO from 2013 to present: (IIIC1)

- Enhanced IT security/network integrity, and improved operational convenience
- Installed new scanners for financial aid and student support offices
- Purchased and installed new testing scanner
- Provided USB encrypted flash drives to faculty and staff to ensure document security in accordance with DHS requirements
- Replaced five outdated printers with new printers
- Upgraded Class Climate software and hardware for generating surveys
- Upgraded Par Score/ParTest™ software for generating test questions and analyzing data
- Upgraded network and bandwidth to improve access and connectivity
- Created CONAH document backup system and assigned individual and group folders on a shared drive to eliminate faculty and staff data loss. Provided faculty with access to shared folders
- Expanded existing hardware and software inventories to create a Hardware/Software Technology Maintenance and Replacement Plan, which includes acquisition, maintenance, and targeted renewal/replacement dates
- Created student learning application software short cuts in Student Computer Labs to allow desktop connection and developed user guides
- Updated applications used by Financial Aid for processing and managing Title IV student financial aid records
- Linked CONAH computers to the network and provided faculty with direct access to their documents, internet, and intranet
- Redesigned intranet site and completed data migration
- Posted SON semester syllabi and class handouts on the CONAH website
- Replaced all copy machines with newer models
- Designated webmasters (CIO and dean, IERP) managed the website to ensure relevant and updated documents are accessible to faculty, staff, students, and stakeholders

- Cisco VoIP solution integrating Exchange email system to deliver notifications of voicemails
- Implementation of CAMS' portals

Major technological/equipment/supplies improvements in the ERC includes:

- Skills Lab – equipment replaced, upgraded, or added:
  - Arterial puncture arm
  - Advanced venipuncture trainer
  - Injection arm
  - Choking Charlie manikin
  - Baby Anne
  - Vital sign diagnostic stations
  - Geriatric manikin
  - Samsung mobile 50 inch televisions
  - Suction aspirator
  - Horizontal patient service consoles
  - Blankets
  - Bedside cabinet
  - EKG rhythm simulator
  - AEDs
  - Laryngoscopes
  - CPR family
  - Broselow tapes
  - Injection pads
  - Skills Lab chairs
  - Pharmacology supplies

Simulation Lab – equipment added:

- Lucina maternal fetal simulator manikin
- CAE replay A/V system for simulation
- Intravenous injection trainer arm with pump
- METIman warranties
- Slimline wall desks
- Dry erase boards
- Cardkey lab access and upgraded alarm system

Classrooms: presentation equipment added:

- Classroom lecterns with wireless audio and microphone
- Mobile white boards
- Large screen television with network/wireless connections mounted in each classroom– one classroom pending
- Lecture presenters
- Mobile Sharp 43inch television

- LCD projectors
- Mobile wireless microphone/audio system
- Mobile Whiteboards

Library – educational materials/databases upgraded or added:

- BLS manuals and DVDs
- ACLS manuals and DVDs
- Heartsaver manuals and DVDs
  - PALs manuals and DVDs
  - Books – 387 nursing and nursing related topics
  - DVDs – 11 nursing topics
  - Clinical eBook database
  - Upgraded to Nursing Reference Center Plus database
  - Bate's Visual Guide database – 2017
  - Upgraded to CINAHL Complete journal database – 2017
  - Alexander Street Press database – discontinued 2017
  - Shadow Health Digital Clinical Experience (DCD) pilot project – discontinued 2017

Current eLearning resources in the ERC collection include:

- *Nursing Reference Center Plus*. A student reference for disease process, nursing skills, medications, patient teaching, and management topics
- *Nursing News database.* Current nursing topics in the news media
- *Clinical e-book database*. Expanded to 1,500 resource titles
- *CINAHL Complete*. Nursing journal database
- *Bate's Visual Guide*. Nursing assessment database

eLearning resources added/upgraded to or deleted from the ERC collection include:

- *CINAHL Complete nursing journal database*– upgraded 2017; upgrading to CINAHL Complete increased the number of journal titles available and more than doubled the number of full text journals from 711 to 1450 to facilitate student and faculty research
- *Bate's Visual Guide*, nursing assessment video data base – added 2017; this database includes all body systems, plus head-to-toe assessments for infants, children, adults and older adults in a superior format
- *DCE* pilot project – Deleted - 2017; after evaluation by faculty and students over a three semester period it was determined that the database was not meeting student needs and faculty voted to discontinue using DCE
- *Alexander Street Press video database* - Deleted – 2017; database was discontinued due to incomplete body systems review, frequent access issues, and poor customer support. This database will be replaced by *Bate's Visual Guide*

IE Committee compiles a Program Resource Needs document from reviews of program SLO Assessment Reports, APERs, ACERS, and survey reports. The Program Resource Needs are reviewed annually.(IIIC2)

CONAH's CIO collaborates with DHS and LAC+USC to provide IT support including maintenance and repairs. CONAH servers are housed at LAC+USC and overseen by LAC+USC IT department, which makes provisions for back up of CONAH records such as financial, admissions, enrollment, grades, and statistics.

LAC + USC's Information Technology Contingency Plan policy ensures the security of confidential information in the event of any disruption, disaster, or other emergency. The policy guides system emergency responses to ensure continuity of operations during emergencies and disaster recovery. It applies to all technology assets including hardware, software, and applications. (IIIC3)

Analysis and Evaluation
CONAH identified several themes from CONAH's evaluation tools. (IIIC4), (IIIC5) These themes include texts books in the library, NCLEX-RN review database, audio/visual equipment for use in the Simulation Lab, additional supplies and equipment in the Skills Lab, updated educational DVDs and educational videos, media equipment in the classrooms, implementation of the CAMS. CONAH addressed these themes as discussed in the following paragraphs.

The CONAH Library has all SON textbooks currently on reserve in the Library and they are available to students on campus, with older editions being available in the stacks.

CONAH has attempted to address the need for a NCLEX-RN review database. Unfortunately, vendors no longer sell these databases for institutional use, instead requiring students to purchase them individually. However, CONAH does provide graduating students with the NLN NCLEX-RN diagnostic exam, the results of which help guide students in preparing for the NCLEX-RN.

CONAH is addressing the need for audio/visual recording in the Simulation Lab for debriefing purposes by obtaining the Replay System from CAE Healthcare, Inc. This will allow recording of student simulation exercises for educational review.

CONAH has met the need to replace older educational DVDs by posting several College produced educational videos and Taylor's nursing skills videos to LAC's YouTube channel. Nursing Reference Center Plus database, which has more than 100 skills related videos imbedded within, is also available to students and faculty. Additionally, CONAH is in the process of obtaining Bate's Visual Guide assessment video database.

CONAH has upgraded classroom audio/visual equipment. CONAH has mounted large screen televisions with computers in each of the major classrooms and has provided internet and network access in the five most commonly used classrooms, along with new lecterns and wireless microphones.

To improve accessibility, CAMS is being implemented and has met several milestones. CAMS is being used to streamline office and registration processes using the system's application, faculty, and student portals. Faculty can now post course materials and grades

on CAMS, thereby increasing student access to this information. All semesters utilized faculty and student CAMS portals in spring 2018. Full implementation of the Financial Aid portal is pending.

CONAH uses three methods to evaluate and address CONAH's technology needs. These methods are the Employee Survey, Program Evaluation Survey, and the Program Resource Needs Report compiled by the IE Committee. (IIIC4), (IIIC5), (IIIC2)

Review of the 2013-2016 Employee Surveys related to adequacy of technology and training showed an average of 3.54, just above the established threshold of 3.5. Additionally, employee ratings over the same time period related to having the skills and training necessary to perform their job was 4.6, well above threshold.

Review of the students' Program Evaluation Surveys between 2013 – 2017 regarding adequacy of technology and other resources in the Library, Skills and Computer labs demonstrated that the global indexes were all well above threshold with the Library at 4.52, Skills Lab at 4.58, and Computer Lab at 4.52, respectively. Starting with the 2016-II Survey, a question was added regarding the value of the educational database provided by CONAH. The students rated the item at 4.8, again well above the 3.5 threshold. (IIIC5),

CONAH provides appropriate and adequate technology services, professional support, facilities, hardware, and software to support CONAH's operational functions, teaching, learning, and support services. Decisions regarding technology services, facilities, hardware, and software are driven by CONAH's integrated planning, program review, and resource allocation processes. Data are utilized to assess effectiveness of these services.

III. C. 2 The institution continuously plans for, updates and replaces technology to ensure its technological infrastructure, quality and capacity are adequate to support its mission, operations, programs, and services.

Evidence of Meeting the Standards
CONAH initiated a Five-Year Technology Plan in 2013 to systematically update and replace technology to meet CONAH's Mission. (IIIC1) Additionally, a Hardware and Software Technology Maintenance / Replacement Plan was developed in 2016 that included items in both the CIO's and the ERC's purview to provide an overview of CONAH's current technology. (IIIC6)

The IT Plan and Hardware and Software Technology Maintenance/Replacement Plan are aligned with the 2016-2019 Strategic Plan Goal 1 Objectives: 1A: Improve resource availability and I. B: Provide a supportive learning environment for students and faculty. (IIIC7)

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

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

Technical Support Coordination
The CIO collaborated with DHS and LAC+USC IT divisions as well as with various hardware and software vendors to facilitate CONAH technology functions and expedite resolution of user problems.

Student Information Database Upgrade
The CAMS Committee created in spring 2017, led by the dean, IERP and CIO, with OES staff membership, implemented CAMS in spring 2018 in order to establish an integrated web-based student information database. Application process, admissions, registration and faculty and student communication are integrated into the web-based database system. In fall 2018, the plan is to begin utilizing the Financial Aid portal. At which time, full implementation of CAMS will be complete.

Multimedia Instructional Materials and Equipment Updates
ERC continued to make technologic improvements in relation to instructional and supplemental materials, equipment, and Skills Lab space with input from faculty, staff, and students:

- The Simulation Lab was opened in spring 2015 and is used by all SON semesters for simulation clinical experience.
  - The Simulation Ad Hoc Committee, with SON representation from each semester, was created in fall 2014
  - A second high-fidelity METIman simulation manikin was acquired
  - Additional simulation scenarios were purchased to increase the number of students able to participate in the simulation experience

Current eLearning resources in the ERC collection include:

- *Nursing Reference Center Plus*. A student reference for disease process, nursing skills, medications, patient teaching, and management topics
- *Nursing News database.* Current nursing topics in the news media
- *Clinical e-book database*. Expanded to 1,500 resource titles
- *CINAHL Complete*. Nursing journal database
- *Bate's Visual Guide*. Nursing assessment database

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

To maintain a secure infrastructure and to ensure system reliability CONAH's CIO collaborates with DHS/Medical Center IT departments to provide support, including

maintenance and repairs. CONAH servers are housed LAC+USC and overseen by LAC+USC IT department which makes provisions for back up of College records such as financial, admissions, enrollment, grades, and statistics.

Analysis and Evaluation
The implementation of the Five-Year IT and Hardware and /Software Technology Maintenance/Replacement plan provided a dynamic framework for integrating technology planning with institutional planning. Adding these plans to the IEPRP in 2015 and to the College Governance Committee standing agenda facilitated systematic assessment, planning, acquisition, maintenance, and upgrades of the technology infrastructure and equipment. (IIIC8) In addition, two items were added to the Employee Survey related to adequacy of technology resources and training as well as recommendations for additional technology and training. An item was also added to the pregraduation Program Evaluation Survey related to effectiveness of technology in meeting student learning needs. This will support regular assessment of faculty, staff, and student perceptions of technology; planning for technology improvements; evaluation of the effectiveness of those improvements; and reassessment.

Monitoring Items Added to the IEP

VIII. Research			
D. Technology Plan	2012-2017 Five-Year IT Action Plan Timeline	College Information Officer	Annual Update
E. Current Technology Resources	• Technology Maintenance and Replacement Plan • Survey findings	College Information Officer	≥ 3.5 on each item (scale 1-5, 5 highest)

Source: College of Nursing and Allied Health: 2018 IEPRP

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

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

III. C. 3 The institution assures that technology resources at all locations where it offers courses, programs, and services are implemented and maintained to assure reliable access, safety, and security.

Evidence of Meeting the Standards
CONAH has a single campus and all classes and programs are conducted on that one campus. The educational databases provided by CONAH can be accessed at all clinical sites via LAC's intranet and from home via internet links on personal devices. (IIIC9) Students,

faculty, and staff can also access their LAC Outlook email accounts and CAMS via personal devices and campus computers.

Network and computer access, safety, and security are provided and maintained by LAC ISD and DHS IT department. DHS Information Security Officer has direct responsibility for maintaining the safety and security of CONAH's networks. DHS IT department is also responsible for maintaining hardware and network infrastructure for CONAH. CONAH's CIO acts as a liaison between CONAH and LAC ISD and IT department to ensure access, safety, and security of CONAH networks and databases.

CONAH's CIO also collaborates with DHS and LAC+USC to provide IT support, including maintenance and repairs. CONAH servers are housed at LAC+USC and overseen by LAC+USC IT department, which makes provisions for back up of CONAH's records such as financial, admissions, enrollment, grades, and statistics.

LAC + USC Information Technology Contingency Plan policy ensures the security of confidential information in the event of any disruption, disaster, or other emergency. The policy guides system emergency responses to ensure continuity of operations during emergencies and disaster recovery. It applies to all technology assets including hardware, software, and applications. (IIIC3)

Analysis and Evaluation
CONAH ensures that technology resources are accessible, reliable, and secure. Disaster recovery and back up are established through appropriate policies and procedures that outline appropriate use of technology. CONAH allocates appropriate resources to manage and maintain its technology.

III. C. 4 The institution provides appropriate instruction and support for faculty, staff, students, and administrators, in the effective use of technology and technology systems related to its programs, services, and institutional operations

Evidence of Meeting the Standards
CONAH provides technology training for students, faculty, and staff related to use of databases, Simulation/Skills Lab equipment, CAMS, and media equipment.

Students are oriented to CONAH's educational databases during new student orientation and remediated as needed. The faculty and staff were trained on the use of CAMS and the portals were rolled out for use in June 2017. (IIIC10), (IIIC11) The faculty and staff have access to additional software training via the LAC's Learning Net system, such as Microsoft Office. (IIIC12)

ERC staff provide incoming students with a one-hour orientation to the Library and Computer and Skills Labs. The orientation consists of a tour of the facilities, oral presentation, and information about ERC resources and access. Students are provided with information on hours of operation, how to access the Library's electronic resources, and a tutorial on locating Library books and journals. In addition, students are provided instruction

on access to and use of the Library and on- and off-site electronic resources. The tutorial is provided to incoming students as a component of ERC orientation and on a point-of-contact basis.

The ERC director meets annually with the SON coordinators and other interested faculty to review student assignments, evaluate adequacy of existing ERC resources, plan methods/interventions to address any identified gaps, and establish timelines.

Items B, D, and E were added to the IEP in 2015 to evaluate effective use of technology and technology systems. The added items focus on resource allocation and efficacy of technology use.

Monitoring Items Added to the IEP

VIII. Research			
B. Resource Needs	Program Resource Needs	Research Director	Compiled and presented annually
D. Technology Plan	2012-2017 Five-Year IT Action Plan Timeline	College Information Officer	Annual Update
E. Current Technology Resources	• Technology Maintenance and Replacement Plan • Survey findings	College Information Officer	≥ 3.5 on each item (scale 1-5, 5 highest)

Source: College of Nursing and Allied Health: 2018 IEPRP

Analysis and Evaluation
Items related to technology resources and training were added to CONAH Employee Surveys in fall 2013. Results thus far have demonstrated employee and student satisfaction with technology resources.

Employee Survey Findings

Item #	Item	Average Rating	
		2013-2014	2015-2016
1.8	Technology hardware, software and training met my needs	3.66	3.43

- Item 1.8 "Technology hardware, software and training met my needs".

Initially, employees rated this item as above the 3.5 threshold for action. However, the rating fell below threshold for the subsequent survey in 2015-2016. (IIIC4) CONAH ensures that training is provided on newly acquired databases, Simulation/Skills Lab equipment, media equipment and software.

An open-ended question was added to the employee survey regarding training needs.

- Item 1.27 "Any recommendations for hardware, software or training? Please specify". Employee recommendations were reviewed and found to be mostly related to Microsoft Office software training, which is provided through the LAC Learning Net system.

Information regarding available training was disseminated to faculty and staff via College Governance Committee representatives.

SON Pregraduation Program Evaluation Survey-

Item #	Item	Average Rating			
		2013-2014	2014-2015	2015-2016	2016-2017
8.14 8.16	Available technology enhanced my learning".	4.07	4.23	4.46	4.34

Findings were above threshold and showed consistent improvement. (IIIC13), (IIIC14)

Staff were provided two days of CAMS discovery in June 2017 and three days of training in September 2017 by the vendor prior to full implementation. . (IIIC10), (IIIC11) The faculty received a one day CAMS preview prior to the training. CAMS was fully implemented spring 2018.

CONAH offers a variety of ongoing technology training programs to ensure faculty, staff, students, and administrators are able to effectively use technology. CONAH evaluates training and technical support to ensure their efficacy and adequacy.

III. C. 5 The institution has policies and procedures that guide the appropriate use of technology in the teaching and learning processes.

Evidence of Meeting the Standards
Technology is an integral component of CONAH's teaching and learning processes. CONAH adheres to the LAC IT policy and procedure to ensure effective, responsible, and appropriate use of technology. Prior to being granted computer access, each employee and student complete and sign the Agreement for Acceptable Use and Confidentiality of County's Information Technology Assets, Computers, Networks, Systems and Data form, which includes the California Penal Code 502(c) Comprehensive Computer Data Access and Fraud Act.

CONAH adheres to the LAC IT policies: (IIIC15)

- 6.100: Information Technology and Security Policy
- 6.1.01: Use of County Information Technology Resources
- 6.102: County wide Antivirus Security Policy
- 6.103: County wide Computer Security Threat Responses
- 6.104: Electronic Communications
- 6.105: Internet Usage Policy
- 6.106: Physical Security
- 6.107: Information Technology Risk Assessment
- 6.111: Information Security Awareness Training

CONAH policy # 722: Preview/Purchase of Instructional Media provides guidance for obtaining and updating educational media and ensures faculty and student input in the process. (IIIC16)

Analysis and Evaluation
CONAH adheres to LAC policies and procedures on the appropriate and acceptable use of technology in CONAH's teaching and learning processes. (IIIC17)

Conclusions on Standard III.C. Technology
CONAH meets the standard.

Improvement Plans

Standard	Plan	Responsible Parties	Timeline
III.C.4	Conduct a needs assessment to determine proficiency level of faculty with regard to use of instructional technology Provide mentoring support to faculty based on needs assessment. Provide annual refresher classes on use of software tools to enhance classroom instruction.	CIO Dean, IERP	Implement Spring 2019 and ongoing

Evidence List
IIIC1 2012-2017 Five-Year Information Technology Plan
IIIC2 2016-2017 Program Resource Needs
IIIC3 IT Contingency Plan
IIIC4 2015-2016 Employee Survey
IIIC5 2016-II Program Evalution Survey
IIIC6 2018-2019 Hardware and Software Maintenance Plan
IIIC7 2016-2019 CONAH Strategic Plan
IIIC8 College Governance Agenda
IIIC9 Los Angeles County Intranet
IIIC10 LA County CAMS Discovery Workshop
IIIC11 LA County CAMS Onsite Training
IIIC12 LA County Learning Net
IIIC13 2015-II Program Evaluation Survey
IIIC14 2016-I Program Evaluation Survey

IIIC15 LA County IT Policies
IIIC16 Policy # 722: Preview-Purchase of Instructional Media
IIIC17 LA County IT Agreement

D. Financial Resources

III. D. 1 *Financial resources are sufficient to support and sustain student learning programs and services and improve institutional effectiveness. The distribution of resources supports the development, maintenance, allocation and reallocation, and enhancement of programs and services. The institution plans and manages its financial affairs with integrity and in a manner that ensures financial stability. (ER 18)*

Evidence of Meeting the Standards
The College is owned by LAC. The Board of Supervisors is the elected governing body for LAC and, as such, establishes/approves overall policy, funding, and roles and responsibilities for the various LAC departments. DHS operates four hospitals and 19 health centers. Operationally, CONAH reports to the executive leadership team of DHS. Financial oversight and budgetary expenditures are allocated and funded through LAC+USC.

CONAH's Board has been delegated the role of independent governing body which establishes policies and procedures, ensures quality, integrity, and effectiveness of the student learning programs and services, and maintains the financial stability of the College.

CONAH revenues include SON tuition, state and federal grants, and Medicare Education Pass Through Funds (federal funds allocated to hospitals who incur operational costs for a school of nursing). SON student tuition accounts for eight percent of CONAH revenue.

The annual funding of the College enables the SON program to admit new students each academic semester and produce graduates who successfully pass the NCLEX-RN and enter the workforce. The internal controls in the Auditor/Controller and accounting departments provide a check and balance system that ensures financial stability and integrity in the financial affairs of LAC+USC and DHS. (IIID1)

Expenditure Management provides CONAH with ongoing budget allocation and expenditure reports for the FY.(IIID2) These reports include annual and monthly allocation and expenses for salaries and employee benefits and for services and supplies.

During each fiscal year budget cycle, the college administrative team reviews and assesses the effectiveness of Strategic Plan initiatives and uses these evaluations to plan program and service improvements.

Analysis and Evaluation
DHS/LAC+USC provided CONAH with sufficient resources to support student learning programs and services and to improve institutional effectiveness. The total annual budget allocation for FY 2017-2018 about $ 7 million. Salaries and employee benefits accounted for 95 percent of the annual allotment and services and supplies accounted for five percent. For FY 2017-2018, CONAH was allotted a $350,000 one-time capital budget to purchase equipment and supplies needed by the College to support student learning. The following items were purchased/updated to enhance the learning environment and support student learning:

- New Lobby and library furniture
- Courtyard furniture
- New desks for Carlson classroom
- Admissions office furniture
- Bates Visual Guide database
- Lucina Simulation Package (Maternal/fetal and Pediatric)
- CAE Replay audio/visual system for simulation
- AED Trainer

Fiscal planning was aligned with the Mission and goals and was based on realistic needs assessment, funding allocations, and budgetary constraints. CONAH plans and manages its financial affairs with integrity and in a manner that ensures financial stability.

III. D. 2. The institution's mission and goals are the foundation for financial planning, and financial planning is integrated with and supports all institutional planning. The institution has policies and procedures to ensure sound financial practices and financial stability. Appropriate financial information is disseminated throughout the institution in a timely manner.

Evidence of Meeting the Standards
CONAH has established policies that guide collection and disbursement of funds in accordance with those of LAC, DHS, and LAC+USC. College policies and procedures ensure effective financial oversight and cash control:

- College: Policy # 150: Collection, Disbursement, and Security of Fees (IIID3)
- ERC: Policy # 150: Collection, Disbursement, and Security of Fees (IIID4)
- Financial Aid Policy # 160: Cash Control – Disbursement of Student Financial Aid Loans (IIID5)
- OES Policy # 150: Cash Control – Collection and Deposit (IIID6)
- OES Policy # 154: Cash Control – Disbursement of SON Associated Student Body Funds (IIID7)
- EDCOS: Summary of Fees (IIID8)
- SON: Costs and Fees (IIID9)
- College Policy # 840: Fund-Raising Activities (IIID10)
- College Policy # 810: Refunds of Student Charges. (IIID11)

These policies describe the system for tracking and monitoring funds deposited and withdrawn from CONAH accounts. Due to separation of duties, no one person has access to funds or resources without a co-signature and review by administration.

Fiscal planning and budget requests are part of the Board master agenda and are discussed during the November meeting. (IIID12)"Financial Report" is a standing item on the monthly College Governance meeting agenda, which has a College wide representation. (IIID13)

Analysis and Evaluation
CONAH's financial planning is integrated with the Mission and Strategic Goals throughout the program review process. CONAH has policies and procedures in place to ensure sound financial practices that maintain the College's financial stability. Financial information is disseminated throughout the institution in a timely manner through reports, presentations, and meeting minutes.

III. D. 3 The institution clearly defines and follows its guidelines and processes for financial planning and budget development, with all constituencies having appropriate opportunities to participate in the development of institutional plans and budgets.

Evidence of Meeting the Standards
During each fiscal year budget cycle, the College administrative team reviews and assesses the effectiveness of Strategic Plan initiatives and uses these evaluation findings for ongoing resource planning to support the Mission.

The annual funding of CONAH, from both the general fund and non-general fund, is consistent from year to year. An annual needs assessment is completed by the administrative team with input from faculty and students. CONAH submits annual requests based on needs identified through program review and Strategic Plan goals and priorities. The College Governance Committee, which includes representatives from all divisions, and the Board review and approve the needs requests.

Based on the findings, the provost submits an annual needs request to LAC+USC's chief financial officer (CFO) for review, who then forwards the request to the DHS executive team for final approval. At the end of each fiscal year, if a budget surplus is available, additional funding is allocated to departments and programs for capital expenditures. For the FY 2017-2018, CONAH received an additional $350,000 in funds to purchase equipment, technology, and furniture for the classrooms; Skills, Simulation and Computer labs; and Administrative building lobby. All CONAH buildings were retiled, including classrooms and offices, using the supplemental facility improvement funds.

Analysis and Evaluation
CONAH has clearly defined processes for financial planning and addressing annual need requests. Related policies and procedures are followed thoroughly. The annual needs development process incorporates faculty, staff, student, and management perspectives and the Board reviews the requests. CONAH is funded through the annual budget allocation for LAC+USC.

Fiscal Responsibility and Stability

III. D. 4 Institutional planning reflects a realistic assessment of financial resource availability, development of financial resources, partnerships, and expenditure requirements.

Evidence of Meeting the Standard
The CONAH budget is included in the LAC+USC budget. The allocation of funds is based on program priorities. The LAC+USC Expenditure Management department tracks all funds received and allocated to CONAH. Financial planning is based on the annual College budgetary allotment.

CONAH revenues include SON tuition, state and federal grants, and Medicare Education Pass Through Funds (federal funds allocated to hospitals who incur operational costs for a school of nursing). SON student tuition accounts for eight percent of College revenue.

Expenditure Management provides CONAH with ongoing budget allocation and expenditure reports for the FY. These reports include annual and monthly allocation and expenses for salaries and employee benefits, and for services and supplies. (IIID2) Allocation and expenses are provided for the entire College and by divisional cost centers. The College Governance Committee reviews the reports and reconciles discrepancies with the Expenditure Management or Supply Chain Operations divisions as indicated.

Divisions request routine services, supplies, and equipment through the GHX requisition process as outlined in the CONAH Resource Request and Allocation policy. (IIID14), (IIID15) Designated divisional directors/staff submit requests, which the provost reviews and approves. Requests include detailed justifications:

- Cost benefit/savings
- Frequency of use/number of people who will benefit from the service/supplies/equipment
- How purchase will meet regulatory agency/DHS/Medical Center standards and requirements
- Impact of not obtaining the service/supplies/equipment
- Adequacy of current equipment (quantity/quality).

The annual fiscal planning process involves prioritization to meet immediate and long-range resource needs. College Governance Committee assesses and prioritizes resource requests and assigns follow up. Immediate and customary resource requests are resolved through routine channels. These include GHX for equipment, supplies, and services, and Facilities Management Repair Requests for physical plant maintenance and repairs. (IIID16)

Resources that are beyond usual budget allocation are requested through the FY Budget Request process or through capital project requests. These requests adhere to DHS/LAC+USC defined processes and procedures. The required components include a narrative description of the request, analysis of the department's current situation and goals, how funding will improve the situation, and performance measures. CONAH submits annual budget requests based on needs identified through program review and Strategic Plan priorities.

Analysis and Evaluation
CONAH incorporates realistic assessment of its financial resources to meet expenditure requirements. Resource availability information is received from the projected budget of LAC+USC. LAC+USC Expenditure Management department tracks all funds received and

allocated to CONAH. Financial planning is based on the annual CONAH budgetary allotment from LAC+USC and LAC DHS.

III. D. 5 To assure the financial integrity of the institution and responsible use of its financial resources, the internal control structure has appropriate control mechanisms and widely disseminates dependable and timely information for sound financial decision making. The institution regularly evaluates its financial management practices and uses the results to improve internal control systems

Evidence of Meeting the Standards
CONAH follows the LAC internal control processes for expenditure and cash management. Financial controls are in accordance with LAC accounting and record-keeping practices established by the Auditor/Controller. (IIID17) These control processes are evaluated by the LAC Audit and Compliance Department. CONAH is included in LAC's annual audited financial statement. Expenditures which exceed the annual budget are absorbed by LAC+USC.

CONAH and LAC+USC follow standardized processes for procurement methods, controls over encumbrances, capital assets and Departmental Service Orders as detailed in the LAC Fiscal Manual. (IIID18) All requests for equipment and supplies are placed using the newly implemented GHX ordering system. Each request goes through an approval process before proceeding to LAC+USC's procurement department. The Auditor/Controller and accounting divisions regularly evaluate financial management practices and the effectiveness of established checks and balances. Financial information is disseminated throughout the institution in a timely manner through reports, presentations, and meeting minutes.

Analysis and Evaluation
Internal controls are incorporated to assure the financial integrity of CONAH. CONAH fiscal planning adheres to the practices by the Los Angeles County Chief Executive Office. (IIID19) Financial controls are in accordance with LAC accounting and record-keeping practices established by the Auditor/Controller. These control processes are evaluated by the LAC Audit and Compliance Department. CONAH is included in LAC's annual audited financial statement.

III. D. 6 Financial documents, including the budget, have a high degree of credibility and accuracy, and reflect appropriate allocation and use of financial resources to support student learning programs and services.

Evidence of Meeting the Standards
DHS/LAC+USC provided CONAH with sufficient resources to support student learning programs and services and to improve institutional effectiveness. Salaries and employee benefits accounted for 95 percent of the annual allotment and services and supplies accounted for five percent. (IIID2)

CONAH's budget includes full-time employees (FTE), salaries (including regular earnings and overtime), employee benefits, supply chain expenditures, miscellaneous expenditures, and other services (electricity, water, paint, etc.)

Funds are allocated in a manner that will realistically achieve the institution's stated goals for student learning. The institutional budget is an accurate reflection of institutional spending and it has credibility with constituents.

Analysis and Evaluation
Financial controls are in accordance with LAC accounting and record-keeping practices established by the Auditor/Controller. These control processes are evaluated by the LAC Audit and Compliance Department. CONAH is included in the LAC's annual audited financial statement.

CONAH utilizes program review and resource allocation process to ensure appropriate use of financial resources to support student learning programs and services.

III. D. 7 Institutional responses to external audit findings are comprehensive, timely, and communicated appropriately

Evidence of Meeting the Standards
The LAC+USC Expenditure Management Division, and ultimately LAC, incurs responsibility for CONAH's long-term stability and risk management plan. Expenditure Management also participates on behalf of CONAH, in both external audits and actuarial studies required by the State of California. In the event of financial emergencies and unforeseen events, LAC+USC, DHS, and LAC support CONAH.

Any budget or audit findings that impact CONAH are reported to the CONAH provost. Fiscal reporting occurs quarterly at the College Governance Committee meeting and annually at the Board's year-end meeting.

Analysis and Evaluation
Annual audits are conducted by LAC Audit and Compliance Department. (IIID17) Any budget or audit findings that impact CONAH are reported to the CONAH provost and any audit findings are addressed in a timely manner.

III. D. 8 The institution's financial and internal control systems are evaluated and assessed for validity and effectiveness, and the results of this assessment are used for improvement.

Evidence of Meeting the Standards
LAC undergoes an annual, external, financial audit which is available for review on LAC's Auditor/Controller website. (IIID17) CONAH follows the LAC internal control processes for expenditure and cash management. Financial controls are in accordance with LAC accounting and record-keeping practices, which are established by the LAC Auditor/Controller. Those control processes are evaluated by LAC's Audit and Compliance

Department. CONAH is included in LAC's annual audited financial statement. Expenditures that exceed the annual budget are absorbed by LAC+USC.

Monthly and quarterly financial reporting is the responsibility of the LAC+USC CFO. CONAH administration participates in budget and expenditure review with the LAC+USC CEO, CFO, and Expenditure Management. The Board regularly reviews a budgetary summary of CONAH expenditures and revenues. (IIID12)

Analysis and Evaluation
Although financial resources are provided by LAC, DHS, and LAC+USC, a consistent and collaborative process for financial management has been established and is continually evaluated and improved. CONAH has received no negative reports related to financial management or audit findings. LAC routinely evaluates its financial and internal control system and assesses them to ensure security.

III. D. 9 The institution has sufficient cash flow and reserves to maintain stability, support strategies for appropriate risk management, and, when necessary, implement contingency plans to meet financial emergencies and unforeseen occurrences.

Evidence of Meeting the Standards
LAC+USC Expenditure Management Division, and ultimately LAC, incur responsibility for CONAH's long-term stability and risk management plan. Expenditure Management also participates on behalf of CONAH, in both external audits and actuarial studies required by the State of California.

Analysis and Evaluation
In the event of financial emergencies and unforeseen events, LAC+USC, DHS, and LAC support CONAH. LAC has adequate reserves set aside to meet financial emergencies and unforeseen occurrences. (IIID19)

III. D. 10 The institution practices effective oversight of finances, including management of financial aid, grants, externally funded programs, contractual relationships, auxiliary organizations or foundations, and institutional investments and assets.

Evidence of Meeting the Standards
Financial information is disseminated throughout CONAH in several ways. College Governance Committee members represent each division and report Committee activities at their governing committee meetings. College Governance Committee also prioritizes and follows up on program need requests presented by IE Committee. (IIID20) The Strategic Plan, which is evaluated annually, includes evaluation of the effectiveness of the link between planning and resource allocation. Meeting minutes, Requests for Program Needs, and Strategic Plan evaluation are accessible on the intranet. (IIID21)

Contractual relationships, outside of LAC's existing negotiated contracts, are reviewed by the provost, Board, and DHS Contracts and Grants, and are approved by the LAC Board of Supervisors. (IIID22)

CONAH has established policies that guide collection and disbursement of funds in accordance with those of LAC, DHS, and LAC+USC. CONAH policies and procedures ensure effective financial oversight and cash control. These policies describe the system for tracking and monitoring funds deposited and withdrawn from CONAH accounts. Due to separation of duties, no one person has access to funds or resources without a co-signature and review by administration.

Expenditure Management collaborates with the Financial Aid Office to monitor and track student financial aid. Financial Aid Cash Management totals are reported to the Board annually. (IIID23)

CASH MANAGEMENT TOTALS: 2016-2017 Academic Award Year			
TYPE OF AID	**# AWARDED**	**AMOUNT AWARDED**	**COMMENTS**
PELL GRANT	105	$271,564.00	
FSEOG	63	$9,901.00	
CAL GRANTS	134	$195,613.00	**INCLUDES $163,028 IN TUITION**
SUB LOANS	146	$265,211.00	
UNSUB LOANS	109	$295,411.00	
PERKINS LOANS	2	$8,190.00	
PLUS LOANS	1	$4,308.00	
ALT. LOANS	1	$8,500.00	
BW SCHOLARSHIP	3	$2,300.00	
NIENSTEDT SCHOLARSHIP	2	$1,300.00	
MW RICHARDS SCHOLARSHIP	7	$10,000.00	
MJ ROBINSON SCHOLARSHIP	0	$0.00	
BOOK SCHOLARSHIPS	17	$2,550.00	
TUITION PAYMENTS	260	$196,847.00	**CAL GRANTS NOT INCLUDED**
HEALTH PROFESSION FDN	0	$0.00	
HIGHLAND PK EBELL	2	$1,500.00	
QUEENSCARE	0	$0.00	
GRAND TOTAL		**$1,273,195.00**	
ISIR RECEIVED 2016-2017	2,614		

The SON Alumni Association is a separate non-profit organization that supports CONAH through services, such as campus beautification and student scholarships, to further education.

CONAH ensures that financial resources are used in a manner that supports the Mission and goals.

Analysis and Evaluation
Expenditure Management regularly reviews and monitors expenditure of funds, financial statements, and annual year-end reports to ensure expenses are consistent with CONAH's Mission and goals. The provost participates in budget and expenditure review with LAC+USC CEO, CFO, and Expenditure Management.

Liabilities

III. D. 11 The level of financial resources provides a reasonable expectation of both short-term and long-term financial solvency. When making short-range financial plans, the institution considers its long-range financial priorities to assure financial stability. The institution clearly identifies, plans, and allocates resources for payment of liabilities and future obligations.

Evidence of Meeting the Standards
CONAH has no liabilities or future obligations. LAC, DHS, LAC+USC, and CONAH are solvent. DHS annually allocates a specific and consistent financial budget for CONAH.

Analysis and Evaluation
CONAH is funded by LAC and has no liabilities or future obligations independent of LAC.

III. D. 12 The institution plans for and allocates appropriate resources for the payment of liabilities and future obligations, including Other Post-Employment Benefits (OPEB), compensated absences, and other employee related obligations. The actuarial plan to determine Other Post-Employment Benefits (OPEB) is current and prepared as required by appropriate accounting standards.

Evidence of Meeting the Standards
CONAH is funded from the annual budget allocation for the LAC+USC. Expenditure Management provides CONAH with ongoing budget allocation and expenditure reports for the FY. These reports include annual and monthly allocation and expenses for salaries and employee benefits, and for services and supplies.

Analysis and Evaluation
CONAH is funded by LAC and has no liabilities or future obligations independent of LAC.

III. D. 13 On an annual basis, the institution assesses and allocates resources for the repayment of any locally incurred debt instruments that can affect the financial condition of the institution.

Evidence of Meeting the Standards
The Annual Fiscal Report shows that CONAH has no debt. (IIID1)

Analysis and Evaluation
CONAH is funded by LAC and has no liabilities or future obligations independent of LAC.

III. D. 14 All financial resources, including short- and long-term debt instruments (such as bonds and Certificates of Participation), auxiliary activities, fund-raising efforts, and grants, are used with integrity in a manner consistent with the intended purpose of the funding source.

Evidence of Meeting the Standards
Expenditure Management collaborates with the Financial Aid Office to monitor and track student financial aid.

The SON Alumni Association is a separate non-profit organization that supports CONAH through services, such as campus beautification and student scholarships.

CONAH ensures that financial resources are used in a manner that supports the Mission and goals.

Analysis and Evaluation
CONAH ensures that the financial operations of CONAH follow approved LAC internal control processes for expenditure and cash management.

III. D. 15 The institution monitors and manages student loan default rates, revenue streams, and assets to ensure compliance with federal requirements, including Title IV of the Higher Education Act, and comes into compliance when the federal government identifies deficiencies.

Evidence of Meeting the Standards
Expenditure Management collaborates with the Financial Aid Office to monitor and track student financial aid. CONAH has established policies that guide collection and disbursement of funds in accordance with those of LAC, DHS, and LAC+USC. CONAH policies and procedures ensure effective financial oversight and cash control. (IIID5) Financial Aid Cash Management totals are reported to the Board annually.

The Student Loan Default Rate for 2015 is 3.5 percent. (IIID24) For the previous cohort year, the rate was 5.1 percent. The CONAH Financial Aid Office has a system that tracks and records financial aid disbursements. CONAH is in compliance with federal requirements and has no deficiencies.

	2011-2012	2012-2013	FY 2014	FY 2015
Cohort Default Rating	1.4%	1.6%	5.1%	3.5%
Students Defaulting (#)	1	1	3	2
Students Entering Repayment (#)	71	60	58	57
Defaulted ($)	$3,654	$12,679	$43,921	$5,053
In Repayment ($)	$837,928	$681,061	$746,147	$718,977
Threshold for action: ≥ 25% results in sanctions and may lead to provisional certification of the school when applying for recertification to participate in the Student Financial Aid Assistance Programs.				

Analysis and Evaluation
CONAH has set internal controls to ensure integrity and accuracy of student grant disbursements. The Financial Aid coordinator and Expenditure Management representative reconcile students accounts annually to ensure integrity and accuracy.

Contractual Agreements
III. D. 16 Contractual agreements with external entities are consistent with the mission and goals of the institution, governed by institutional policies, and contain appropriate provisions to maintain the integrity of the institution and the quality of its programs, services, and operations

Evidence of Meeting the Standards
Contractual relationships, outside of LAC's existing negotiated contracts, are reviewed by the provost, Board, and DHS Contracts and Grants, and are approved by the LAC Board of Supervisors. (IIID22) Current contractual agreements include:

- CSULA Collaborative: Enables the ADN to RN student to earn a BSN degree in one year after graduating from the community college (IIID25)
- CAMS: An integrated web-based student information database
- Class Climate: Creates, processes, aggregates and trends survey data
- Par Score/ParTest: Par Score scores, process, aggregate and trend test data. ParTest creates a question data bank
- Electronic databases: Provide available resources for completing program assignments and research
- Simulation support: Simulation is a strategy utilized to amplify real life situations to provide students with an experiential learning opportunity.

Analysis and Evaluation
Contracting procedures are in compliance with DHS Contracts and Grants and support CONAH's Mission and goals.

Conclusions on Standard III.D. Financial
CONAH meets the standard.

Improvement Plans
None

Evidence List

IIID1 2016-2017 ACCJC-Fiscal Report
IIID2 2017-2018 CONAH Budget
IIID3 Policy # 150: Cash Control
IIID4 Policy ERC # 150: Cash Control-Collection
IIID5 Policy # 160: Cash Control-Verification and Disbursement
IIID6 Policy OES # 150: Cash Control-Collection
IIID7 Policy # 154: Cash Control Disbursement
IIID8 EDCOS Fees Schedule
IIID9 SON Fee Schedule
IIID10 Policy # 840: Fundraising Activities
IIID11 Policy # 810: Refunds of Student Charges
IIID12 Board Master Agenda
IIID13 2018-01-25 College Governance Agenda
IIID14 GHX Procurement Suite
IIID15 Policy # 730 Resource Request and Allocation
IIID16 Facility Management Request Screenshot
IIID17 Los Angeles County Auditor Controller Screenshot
IIID18 LA County Fiscal Manual
IIID19 LA County CEO Office Screenshot
IIID20 2016-2017 Program Resource Needs
IIID21 LA County Intranet Screenshot
IIID22 LA County Contracts and Grants Screenshot
IIID23 2016-2017 Financial Aid Annual Program Evaluation Report
IIID24 Cohort Default Rate (NSLDS)
IIID25 CSULA - AND Collaborative

Standard IV: Leadership and Governance
The institution recognizes and uses the contributions of leadership throughout the organization for promoting student success, sustaining academic quality, integrity, fiscal stability, and continuous improvement of the institution. Governance roles are defined in policy and are designed to facilitate decisions that support student learning programs and services and improve institutional effectiveness, while acknowledging the designated responsibilities of the governing board and the chief executive officer. Through established governance structures, processes, and practices, the governing board, administrators, faculty, staff, and students work together for the good of the institution. In multi-college districts or systems, the roles within the district/system are clearly delineated. The multi-college district or system has policies for allocation of resources to adequately support and sustain the colleges.

A. Decision-Making Roles and Processes

IV.A. 1 Institutional leaders create and encourage innovation leading to institutional excellence. They support administrators, faculty, staff, and students, no matter what their official titles, in taking initiative for improving the practices, programs, and services in which they are involved. When ideas for improvement have policy or significant institution-wide implications, systematic participative processes are used to assure effective planning and implementation.

Evidence of Meeting the Standards
The leadership and governance process ensures active involvement by faculty, staff, and students in developing and revising educational programs and policies to enhance the learning environment as set forth by the Strategic Plan. The Board, along with administrators, faculty, staff, and students work together to ensure high quality education.

CONAH Values also empower faculty and staff to create an environment conducive to educational excellence and ethical behaviors. “To aid us in achieving our Mission and Vision we believe:

- Education is an indispensable component of quality healthcare
- 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, LAC+USC, DHS, 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 and cultural and ethnic backgrounds are recognized
- Ongoing evaluation of our performance and openness to change are essential as programs grow, technology changes, 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."

The CONAH philosophy was reviewed in December 2017 to ensure CONAH's philosophy and Vision focus on student success and faculty support. (IVA1) SON philosophy was updated in February 2017; the word "Man" was changed to "Client" in the philosophy statement. (IVA2)

Committee restructuring and membership was implemented in July 2017. (IVA3) The provost emphasized that changes and reassignments were being made to ensure best use of faculty and staff time and talents and to promote accountability. The chart of the proposed governance and committee structure was reviewed by all faculty. All committees contribute to program improvement and decision-making processes. Semester and standing committees recommend changes in policy, procedure, or practice to divisional governing committees, who then present requested changes to the College Governance Committee for review and approval. SON students express the ASB viewpoint and perspective both directly as committee members or through faculty liaisons. College Governance Committee distributes all new and revised policies to faculty and staff for review prior to final approval. The Board approves policies in accordance with regulatory agency requirements. Approved policies are posted and distributed to faculty and staff and to students as applicable.

The major avenue for faculty and staff participation in governance is through CONAH committee representation, which is delineated in the CONAH Governing and Standing Committee Organizational Chart. (IVA4) CONAH governing committees are the Board and College Governance Committee. College operations are directed by IE, SON Planning, EDCOS Planning, Student Support Services, Allied Health Continuing Education, Faculty Development, and Credentials committees. Faculty and staff are assigned to all College committees and may request to join or be removed from committees. Faculty members chair Credentials and Faculty Development committees and members represent both academic divisions.

Open communication is valued and encouraged. Attendance of faculty member attendance is required at scheduled monthly committee meetings unless excused by committee chair. The ASB representative/president is a member of the College Governance Committee and attends meetings on monthly basis. All students are encouraged to attend ASB meetings. There is a student representative from each semester on both Curriculum and Admissions and Promotions committees.

Analysis and Evaluation
College faculty participated in governance and contributed to the development and revision of College policies, practices, and processes to support student learning and achievement. The semester and standing committees recommended changes in policy, procedure, and practice to divisional governing committees.

CONAH Governance Committee reviewed, revised, and approved all policy changes. SON students expressed the ASB viewpoint and perspective both directly as committee members and through faculty liaisons. All faculty and staff participated in review and update of the Mission, Vision, and Values and the development of the 2016-2019 Strategic Plan. (IVA5)

CONAH provides a participatory governance system through faculty and committee meetings and through various informal and formal practices that encourage and promote a culture of collaboration and ensure institutional effectiveness.

IV. A. 2 The institution establishes and implements policy and procedures authorizing administrator, faculty, and staff participation in decision-making processes. The policy makes provisions for student participation and consideration of student views in those matters in which students have a direct and reasonable interest. Policy specifies the manner in which individuals bring forward ideas and work together on appropriate policy, planning, and special-purpose committees.

Evidence of Meeting the Standards
The Committee Rules and Structure policy defines CONAH operational and academic committees, establishes the committee reporting structure, describes the process for determining membership, designates expectations for bylaws and minutes, and delineates duties of the chairperson, recorder, and members. (IVA6) The bylaws state the committee name, function, membership, and meeting frequency. (IVA7)

CONAH Policy Development, Review, and Approval Process policy describes the mechanism for establishing new or revising existing policies. Any College committee, group, or individual with specific expertise may draft policies or recommend revisions to existing policies. (IVA8)

All committees contribute to program improvement and decision-making processes. Committees may recommend changes in policy, procedure, or practice to divisional governing committees. The divisional governing committee/administration approves divisional policies. SON students express the viewpoint and perspective of the ASB both directly as committee members or through the faculty liaisons.

The ASB president was added as a member of the College Governance Committee in January 2014 and ASB Report was added as a standing agenda item. (IVA9) The student representative communicates College issues to ASB and student concerns to the College Governance Committee.

The governing committees recommend changes that impact College wide policies and practices. Policies are sent to committee members prior to committee meetings. Members review policies and come to the meeting prepared to discuss polices and respond with comments on policies by email one week prior to planned committee meetings. College Governance Committee distributes all new and revised policies to faculty and staff for review prior to final approval. The Board approves policies in accordance with regulatory agency

requirements. Approved policies are posted and distributed to faculty and staff and to students as applicable.

Analysis and Evaluation
College faculty participated in governance and contributed to College policies, practices, and processes to support student learning and achievement. All faculty, staff, ASB, and the Board participated in review and update of the Mission, Vision, and Values and to the development of the 2016-2019 Strategic Plan.

College faculty and staff regularly reviewed the Committee Rules and Structures policy and the Committee Organizational Chart. Committees reviewed and revised their bylaws as scheduled. The Policy Development, Review, and Approval Process policy underwent the same process and was last approved in 2018.

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

Analysis from the 2016 College governance and decision-making meeting identified the following improvements resulting from committee restructuring: (IVA10)

- Shortened the decision-making time lines
- Reduced redundancy and streamlined committee functions
- Improved communication among committees and divisions
- Increased participation by students and support staff
- Enhanced satisfaction with the decision-making process.

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

With the hiring of a new provost in November 2016, an organizational restructuring was again undertaken and a new College governance structure was created. The purpose of the restructuring was to streamline the committee decision-making process, enhance participation of faculty and students in strategic planning sessions, enhance communication between faculty and administration, and improve accountability, authority, and responsibility of administrative staff and faculty.

At the August 11, 2016 College Planning meeting, the ASB president requested a student lunch hour be held every Thursday between 12:00 and 1:00 pm so an ASB meeting could be held at a time when most students would be able to attend to maximize participation. (IVA11) College Planning Committee approved the request at the November 11, 2016 meeting and implemented the schedule change in spring 2017. (IVA12) In addition, SON facilitated student participation in governance by providing student representatives with SON committee meeting schedules at the beginning of each AY, planning committee meetings around classes, and ensuring assigned faculty members participated in ASB meetings.

CONAH strongly encourages and supports faculty, staff, and student participation in the College's decision-making process. CONAH has policies and procedures in place that describe the administrator, faculty, staff, and student responsibilities pertaining to educational matters.

IV. A. 3 Administrators and faculty, through policy and procedures, have a substantive and clearly defined role in institutional governance and exercise a substantial voice in institutional policies, planning, and budget that relate to their areas of responsibility and expertise.

Evidence of Meeting the Standards
The leadership and governance process promotes active involvement by faculty, staff, and students in developing and revising educational programs and policies to enhance the learning environment as set forth by the Strategic Plan. The Board, along with administrators, faculty, staff, and students work together to ensure high quality education.

CONAH Values also empower faculty and staff to create an environment conducive to educational excellence and ethical behaviors. College administration encourages an environment that leads to empowerment, innovation, and institutional excellence.

CONAH has written policies and processes that delineate faculty, staff, administrator, and student roles in decision-making. These policies were reviewed and updated to correlate with the revised organizational structure and committee bylaws. Policy # 120: College Committee Structure and Rules was revised to define CONAH and divisional governing and standing committees in alignment with the changes to the organizational structure and to reflect updated committee linkages. (IVA6) Policy #100: College Policy Development, Review, and Approval formalized the decision-making pathways depicted in the committee organizational structure. (IVA8) Policy # 340: Program Review Process establishes the quality improvement process and specifies roles and responsibilities in program review. (IVA13) The final approved policies improved clarity and reflect an organized, systematic approach to decision-making.

As a component of assessing the governance and decision-making process, CONAH administration recognized the need to describe pathways and processes for identifying, prioritizing, and requesting needed resources. CONAH stakeholders provide input into identifying College resource needs; resources are then requested and approved through established routes. The Administrative Committee drafted the new policy #730: College Resource Request and Allocation to ensure that critical aspects of the decision-making process were documented. (IVA14) The draft was circulated to faculty and staff for review and comment. College Planning Committee approved the new policy at the December 2013 meeting. The policy compliments the Services, Supplies, and Equipment: Ordering and Tracking policy and delineates the decision-making process and roles in requesting and allocating resources. (IVA15) Creating the policy validated and documented a shared understanding of the resource request process within the College community.

The major avenue for faculty and staff participation in governance is through the CONAH committee structure, which is delineated in the CONAH Governing and Standing Committee Organizational Chart. (IVA4) The CONAH governing committees are the Board and College Governance Committee. College operations are directed by IE, SON Planning, EDCOS Planning, Student Support Services, Allied Health Continuing Education, Faculty Development, and Credentials committees.

The Allied Health Continuing Education, EDCOS Planning, and SON Planning committees govern the instructional divisions. Students participate in governance through the ASB, SON committees, and College Governance committee membership. They participate in strategic planning processes. The student body elects their ASB members and class officers and faculty representatives serve as liaisons to the ASB.

SON and EDCOS instructional divisions have curriculum committees: EDCOS Curriculum and SON Curriculum committees. All EDCOS faculty are members of the EDCOS Curriculum Committee. One faculty member represents each semester on the SON Curriculum Committee.

Additionally, SON has an Admissions and Promotions Committee. Faculty chair each of the committees and each semester has at least one faculty representative. Students elect representatives to the SON Admissions and Promotions and Curriculum committees. Faculty are also members of their assigned semester committees.

The SON Faculty Organization bylaws empower faculty to be creative and autonomous in pursuit of excellence. The bylaws state that the functions of the Faculty Organization is to: (IVA16)

- Review, approve, and direct implementation of SON annual goals.
- Oversee implementation of the curriculum, direct standing committees, and review and approve committee recommendations.
- Prioritize resource needs and submit requests to SON Planning Committee.
- Review, revise, and approve SON policies and submit to SON Planning Committee for review and approval.
- Establish, monitor, and facilitate SON processes to maintain compliance with regulatory and accrediting agency requirements.
- Communicate and collaborate with standing and semester committees.
- Disseminate information from DHS, Medical Center, and College committees.
- Maintain formal and informal communication between local, state, regional agencies, and affiliating institutions.
- Present recommendations to the SON Planning Committee.

The Faculty Organization recommends changes that impact College wide policies and practices. These recommendations are referred to relevant College committees. The College Governance Committee distributes all new and revised policies to faculty and staff for review prior to final approval. The Board approves policies in accordance with regulatory agency requirements. Approved policies are posted and distributed to faculty, staff, and students as applicable.

The EDCOS Planning Committee bylaws demonstrate a similar commitment to faculty involvement in ongoing program evaluation and improvement. The Committee purpose is to oversee long-term planning, implementation, evaluation, and revision of EDCOS programs and goals. Functions in support of this purpose are to: (IVA17)

- Review and approve EDCOS annual goals
- Prioritize resource needs
- Review and revise policies
- Monitor compliance with regulatory agency requirements
- Promote faculty communication regarding:
  - DHS/LAC + USC/Nursing committee activities that impact nursing continuing education
  - DHS/LAC + USC policies and procedures
  - College/divisional committee activities
  - Educational programs
  - Trends/changes in healthcare/nursing practice.

In addition to recommending policy and procedure changes, personnel participate in the data-driven quality improvement process that guides CONAH in program review and evaluation of institutional effectiveness. All faculty and staff contribute to program planning, implementation, and evaluation through their divisional committees. These committees assess quality indicators, evaluate effectiveness, and recommend program improvements to their divisional curriculum committees. The Board also monitors educational quality and effectiveness through the APERs.

Analysis and Evaluation
Faculty have clearly defined roles in institutional excellence and governance. Faculty, staff, and students contribute to setting goals and developing policies, processes, and practices in support of student learning and program improvement.

There are many examples of excellent faculty contributions to policy development and revision that resulted in improvements in the learning environment. For example, CONAH noted the lack of a Transfer Students policy. To ensure fair access and treatment of applicants, Admissions and Promotions worked with OES to develop a Transfer Student policy in 2016. In 2017, faculty integrated the SB 466 requirement to ensure access equality to all applicants into the Nursing Course Exemptions /Challenge policy. (IVA18), (IVA19)

At the end of the 2016-2017 AY, all Faculty Organization members participated in the annual Program Review Workshop, which provided faculty with the opportunity for in depth dialogue related to curriculum, evaluation of student learning, student progression, policy changes, ongoing issues, and changes in healthcare/ education/nursing practices. Faculty discussed key issues that arose during the AY and planned program improvements for the coming year. Data reviewed included: Class/cohort, petitions/grievances, number of semesters to program completion, program attrition, NCLEX-RN pass rates and comparisons to state and national averages. During the program evaluation, faculty discussed proposed curriculum revisions,

agreed on methods and opportunities for improving faculty/student interactions, evaluated the need for supplemental student learning resources, and emphasized the importance of test item analysis and revision if indicated. (IVA20), (IVA21)

In 2017, the Credentials Committee led the review and update of the Peer Review policy and process in which faculty voted that the peer review findings will be part of faculty's annual performance evaluation. A memorandum was sent by Credentials Committee to notify faculty of the change in procedure. (IVA22)

In accordance with the CONAH Program Review policy, faculty assessed all components of SLOs each semester, reported findings, and recommended program improvements as indicated. SON semester, standing committees, and divisional deans/directors completed an APER and presented findings to IE Committee and other College and divisional committees as indicated. Involvement of all College constituencies supports an environment of institutional excellence.

CONAH has policies and procedures in place that describe the administrator, faculty, staff and student role in governance and institutional planning. CONAH has established a participatory governance structure in which collegiality and transparency are encouraged.

IV. A. 4 Faculty and academic administrators, through policy and procedures, and through well defined structures, have responsibility for recommendations about curriculum and student learning programs and services.

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

The Allied Health Continuing Education, EDCOS Planning, and SON Planning committees govern the instructional divisions. Students participate in governance through ASB, SON committee, and College Governance Committee membership. They participate in the strategic planning process and elect their ASB and class officers. Faculty representatives serve as liaisons to the ASB.

SON and EDCOS instructional divisions also have curriculum committees: EDCOS Curriculum and SON Curriculum committees. All EDCOS faculty are members of the

EDCOS Curriculum Committee. One faculty member represents each semester on the SON Curriculum Committee.

The faculty have clearly defined roles in institutional excellence and governance. Faculty, staff, and students contribute to setting goals and developing policies, processes, and practices in support of student learning and program improvement.

Analysis and Evaluation
All committees contribute to program improvement and decision-making processes. Each committee is responsible for reviewing all policies related to its role. The standing and semester committees may recommend changes in policy, procedure, or practice to the Faculty Organization. Each committee includes information in its annual report regarding policies reviewed, revised, or created.

The SON Semester and Curriculum committees monitor the breadth, depth, rigor, sequencing, and synthesis of the curriculum and present recommendations for change to the governing committees. Faculty are responsible for instructing students and evaluating their performance to ensure safe client care. Faculty continually assess learning needs, provide clinical teaching, and update students regarding their progression and how they are performing based upon the clinical course objectives.

The SON Curriculum Committee has made several recommendations over the last several years.

- AY 2016-2017: Curriculum Committee, in collaboration with the entire faculty, revised all course objectives and the Clinical Performance Evaluation Summary to reflect incorporation of QSEN competencies. In spring 2017, semester one incorporated the revised course objectives into N113 and N113L and the Clinical Performance Evaluation Summary. Semester one and two included the revised course objectives in all their courses and the Clinical Performance Evaluation Summaries in fall 2017. The goal is to add the revised objectives to all semesters by fall 2018. Curriculum Committee also completed Content Mapping and sent it to content experts for review to ensure all required content is covered throughout the curriculum and not repeated from semester to semester. The Curriculum Committee revised the Clinical Site Evaluation Tool in spring 2017 to ensure there is communication between students, staff, instructors, and managers in evaluating clinical site experience. (IVA23)
- AY 2015-2016: In response to the need to integrate quality and safety competencies into nursing education, as recommended by the Institute of Medicine (IOM), the Curriculum Committee planned the processes needed to incorporate QSEN into the curriculum. Faculty Development Committee invited a subject matter expert (SME) from Riverside City College to present QSEN to the faculty. The SME provided direction for integrating QSEN language into the course syllabus and clinical evaluation tool. In addition, multiple faculty attended QSEN conferences to enhance

their understanding of QSEN competencies. A timeline was created to guide the process. (IVA24)

  - N125 LVN Transition course changed the days for the course to Tuesday and Wednesday from Monday and Tuesday to facilitate student-teacher interaction and increase preparation time. The change was made to support LVN transition students with their learning needs and provide additional time for tutoring and clinical preparation. Clinical simulation scenarios were also implemented to enhance student learning.

- AY 2013-2014: Curriculum Committee absorbed Clinical Practice and Nursing Theory Committees to streamline the decision-making structure and process. The bylaws were updated and committee members reassigned in June 2014 to reflect the change. The restructuring of the SON standing committees led to: (IVA25)
  - Renewed focus on faculty and student priorities
  - More timely review of policies
  - Addition of ASB faculty liaison to report to the standing committee
  - Elimination of redundancies
  - More direct and effective communication.

In response to student recommendations that handouts be available online prior to lectures, the Curriculum Committee collaborated with IT to implement the students' request. In fall 2013, semester one and two piloted posting handouts on the CONAH website. Students' course evaluation comments reflected a positive response to the pilot project and other semesters implemented the posting of theory and clinical handouts online beginning in 2014.

The Curriculum Committee has been instrumental in integrating SLO, assessment, student success, and curriculum revisions as well as implementing new processes to enhance student success and institutional effectiveness. Faculty participate in the data-driven quality improvement process that guides CONAH in program review and evaluation of institutional effectiveness.

IV. A. 5 Through its system of board and institutional governance, the institution ensures the appropriate consideration of relevant perspectives; decision-making aligned with expertise and responsibility; and timely action on institutional plans, policies, curricular change, and other key considerations.

Evidence of Meeting the Standards
CONAH Governing and Standing Committees' Organizational Chart outlines the institutional committee structure and delineates the major communication routes for planning, governance, and decision-making. (IVA4)

CONAH has written policies and processes that delineate faculty, staff, administrator, and student roles in decision-making. These policies were reviewed and updated to correlate with

the revised organizational structure and committee bylaws. Policy # 120: College Committee Structure and Rules was revised to define CONAH and divisional governing and standing committees in alignment with the changes to the organizational structure and to reflect updated committee linkages. (IVA6)

All faculty, staff, and students contribute to program planning, implementation, and evaluation through their divisional committees. These committees assess quality indicators, evaluate effectiveness, and recommend program improvements to their divisional curriculum committees. The Board also monitors educational quality and effectiveness through the APERs.

Analysis and Evaluation
As an integral component of updating the organizational structure, the administrative team constructed a matrix for comparing committee purposes, functions, reporting flow, and membership. The functions were subcategorized to identify committee responsibilities related to assessment and planning, implementation, resources and budget, policies, regulatory compliance, and communication and collaboration. The committees reviewed and refined their functions and developed bylaw matrices that clearly and concisely specify their unique roles and responsibilities as well as their reporting relationships. All committee bylaws were updated to reflect these refinements in 2014 and reviewed and further refined in 2017. (IVA7), (IVA16), (IVA17)

As a component of assessing the governance and decision-making process, CONAH determined that it needed to describe the pathways and processes for identifying, prioritizing, and requesting needed resources. All stakeholders provide input into identifying CONAH's resource needs; resources are requested and approved through recognized routes. The administrative team drafted the new policy #730: College Resource Request and Allocation, in 2013, to ensure that critical aspects of the decision-making process were documented. Creating the policy validated and documented a shared understanding of CONAH's resource request process. The policy was reviewed in 2017. Changes were made to reflect the current committee structure. (IVA14)

CONAH's written policies and procedures define roles and responsibilities of faculty, staff, and students in the decision-making process and ensure a diverse perspective in institutional planning.

IV. A. 6 The processes for decision-making and the resulting decisions are documented and widely communicated across the institution.

Evidence of Meeting the Standards
The major avenue for faculty and staff participation in governance and decision-making is through the College committee structure, which is delineated in the CONAH Governing and Standing Committee Organizational Chart. CONAH governing committees are the Board and College Governance Committee. CONAH operations are directed by IE, SON and EDCOS Planning, Student Support Services, Allied Health Continuing Education, Faculty Development, and Credentials committees. Faculty and staff are assigned to College

committees and may request to join or be removed from committees. College committees have College wide membership and participation. Faculty members chair the Credentials and Faculty Development committees and members represent both academic divisions. CONAH decision-making processes are reflected in committee minutes.

All faculty and staff contribute to program planning, implementation, and evaluation through their divisional committees. These committees assess quality indicators, evaluate effectiveness, and recommend program improvements to their divisional curriculum committees and are documented on the ACERs. The Board also monitors educational quality and effectiveness through the APERs. These documents ate available to all employees and students via the CONAH intranet. (IVA26)

Analysis and Evaluation
There is an established process of effective communication of decisions and ongoing evaluation of the institutional effectiveness and improvement process. Dialogue occurs through various avenues such as meetings, workshops, policies, reports, and e-mail/telephone. Policies, procedures, forms, guidelines, reports, and other informative documents are available to all employees via the CONAH intranet. Dialogue is continuous, collegial, and contemplative and is facilitated by the flow of information through collaborative program review and reporting processes.

In 2017, the Credentials Committee led the review and update of the Peer Review policy and process and faculty voted that the peer review findings will become a part of faculty's annual performance evaluation. (IVA22), (IVA27) A memorandum was sent by Credentials Committee to notify faculty of the change in procedure. (IVA28) CONAH ensures that the decision-making process and resulting decisions are communicated across the institution.

IV. A. 7 Leadership roles and the institution's governance and decision-making policies, procedures, and processes are regularly evaluated to assure their integrity and effectiveness. The institution widely communicates the results of these evaluations and uses them as the basis for improvement

Evidence of Meeting the Standards
CONAH has established methods for conducting regular analysis and evaluation of its planning, governance, and decision-making processes. The evaluation findings are communicated to all stakeholders and used to plan improvements. These methods are in alignment with CONAH Strategic Plans.

Methods for evaluating all aspects of institutional effectiveness including planning, governance, and decision-making and are guided by the IEPRP. The IEPRP describes the continuous improvement process, which is based on data findings and used to measure CONAH's effectiveness in meeting its Mission. The IEPRP details specific items monitored to evaluate institutional effectiveness. (IVA29)

Monitoring Items Added to the IEPRP

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

Source: College of Nursing and Allied Health: 2017 IEPRP

On March 13 2014, the College Planning Committee convened a meeting of all College governing and standing committee chairs, including the ASB and Board presidents. (IVA30) The committee chairs presented their committees' response to each item on the Governance and Decision-Making Evaluation Tool. Planning Committee led the participants in dialoguing about their committee's role and the effectiveness of the governance structure and planning/decision-making process. Several themes and recommended changes emerged from this dialogue.

Themes that emerged from the discussion included:

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

Changes that were implemented as a result of the meeting:

- Absorbed SON Nursing Theory and Clinical Practice committees into SON Curriculum Committee
- Expanded and reprioritized SON Faculty Organization agenda

- Restructured Administrative Committee meeting agenda and schedule.

On October 8 2015, a follow-up Planning Committee meeting, including representatives from the previous meeting, was convened to evaluate the effectiveness of changes made to the governance and decision-making structure and processes. (IVA31) Planning Committee determined that the restructured committees were functioning effectively in accordance with the revised policy and bylaws. One additional recommendation was to combine ERC, FA and OES under one Student Support Services Committee. Members further agreed that an evaluation of the governance and decision-making structure and processes would be conducted annually.

With the arrival of a new provost in 2016, a comprehensive assessment and evaluation was conducted of CONAH's internal systems and processes, infrastructure, and SLO effectiveness. Since the last Accreditation Visit, CONAH has engaged in significant strategic planning initiatives to achieve the following goals:

- Improve facility infrastructure
- Procure additional technology and resources for classrooms and Library
- Streamline governance and committee meetings to expedite policy approval and decision-making
- Increase faculty and student accountability
- Improve communication between faculty and students
- Hire additional faculty and staff

The goal of the committee restructure was to implement a governance structure that would enhance accountability, ensure faculty and student participation in decision-making, and adhere to streamlined policy approval and decision-making processes.

At the Committee Restructuring meeting held August 10, 2017, the revised committee structure was approved. (IVA3), (IVA32), (IVA33) Committee bylaws, meetings schedules, Policy #120: College Committee, Structures and Rules, Policy #100: Policy Development and Policy #720: Resource Request and Allocation were revised to reflect the changes.

Analysis and Evaluation
All CONAH employees annually evaluate their role in decision-making and governance. Every year faculty and staff complete the Employee Satisfaction Survey. The survey includes items pertaining to their perceptions of leadership, governance, and their participation in the decision-making process. The evaluation findings are aggregated, summarized, distributed, and discussed. In addition, faculty and staff complete a self- evaluation prior to their annual performance review. The self-evaluation asks employees to describe their contributions to the Strategic Plan, College and divisional goals, committee work, and SLO attainment.

The Board also conducts an evaluation of its effectiveness every three years. This self-appraisal includes items related to the Board: organization and dynamics; decision making processes; goals, objectives, and priorities; and member participation. The Board reviews summary findings and acts on those findings as indicated. (IVA34)

The Board conducted its triennial self-appraisal and rated the majority of items pertaining to governance, leadership, and decision-making higher than the 3.5 threshold for action (scale 1 to 5, 5-highest).

The most recent Board self-appraisal was completed in August 2018.

Board Self Appraisal Responses

Item #	Item	Average Rating		
		2012	2015	2018
1	**Board Organization and Dynamics**	**3.9**	**4.0**	**3.8**
1a	Roles of officers and chair are clear	3.9	4.0	3.8
1b	Board functions are understood	3.9	4.0	3.9
1c	Meetings purposes are achieved	3.8	4.0	3.8
2	**Decision-Making Process**	**3.9**	**4.0**	**3.9**
2a	Members respect each other's opinion	4.0	4.0	3.9
2b	Members have opportunity to contribute to decisions	4.0	4.0	3.9
2c	Members receive adequate background information	3.8	3.9	3.9
5	**Goals, Objectives, and Priorities**	**3.6**	**3.8**	**3.7**
5a	Board encourages and promotes long-range planning	3.8	3.9	3.6
5b	Board activities and priorities are tied to the Mission and goals	3.7	4.0	3.8
5c	Board sets and evaluates goals for its own functioning	3.4	3.7	3.8
6	**Member Participation the Past Year**	**3.7**	**3.7**	**3.3**
6a	Mission Statement review and approval	3.8	3.8	3.5
6b	Establishment of Strategic Directions	3.8	3.7	3.6
6c	College budget preparation/review/analysis	3.6	4.0	3.3

Source: Board self-appraisal - Summary

CONAH conducted the biennial Employee Satisfaction Survey and College Governance Committee reviewed the summary findings, trends, and individual comments. On survey items pertaining to leadership, governance, and decision-making, faculty and staff rated their perceptions higher than the established 3.5 threshold for action (scale 1 to 5, 5-highest).

Employee Satisfaction Survey Responses: Leadership, Governance, and Decision-Making

Item #	Item	Average Rating		
		AY 13-14	AY 15-16	AY 17-18
1.2	I uphold the Values of the college and contribute to meeting its Mission	4.66	4.6	4.74
1.4	I get to share my ideas with others and participate in decision making through membership in committee	4.21	4.15	3.98
1.5	I have opportunities to give input in matters affecting the college	3.91	3.88	3.87
1.14/1.12	My supervisor keeps me updated regarding changes that will impact my assignments and responsibilities	4.26	4.18	4.24

Item #	Item	Average Rating		
		AY 13-14	AY 15-16	AY 17-18
1.16/1.14	My immediate supervisor has good leadership qualities	4.23	3.95	4.27
1.18	Team work is encouraged and practiced within my division and between division	4.13	3.7	4.16

Source: Employee Satisfaction Survey Findings - Summary

The comprehensive review of CONAH governance, planning, and decision-making processes improved understanding of the structure and resulted in a more efficient, effective, and clearly documented governance structure and decision-making process. Administrators, faculty, staff, and students have defined roles in governance and in promoting institutional excellence, which are codified in written policies and procedures. The College community as a whole directly contributes to planning and decision-making by setting goals; developing policies, processes, practices; and by evaluating programs and institutional effectiveness to achieve CONAH's Mission. CONAH effectively evaluated leadership and governance at all levels and acted on findings to promote program improvement.

Conclusions on Standard IV.A. Decision Making Roles and Processes
CONAH meets the standard.

Improvement Plans

Standard	Plan	Responsible Parties	Timeline
IV.A.7	Evaluate the new committee structure as a result of faculty reassignments, promotions and hiring of new faculty. Evaluate the effectiveness of two newly created positions to enhance student support: Tutor and Mentor Advisor and Counselor	Provost Dean, IERP	Spring 2019 and ongoing

Evidence List
IVA1 CONAH Philosophy of Education, General Education
IVA2 SON Philosophy
IVA3 Committee Restructure Minutes 2017-08-10
IVA4 2018 Governance and Committee Strcuture

IVA5 2016-2019 Strategic Plan
IVA6 College Committee Structure Policy
IVA7 2017 Bylaws Matrix CONAH Committees
IVA8 Policy Development and Revision Policy
IVA9 2018-01-25 Governance Agenda
IVA10 Planning Minutes 2016-10-13
IVA11 Planning Minutes 2016-08-11
IVA12 Planning Minutes 2016-11-10
IVA13 Program Review Process Policy
IVA14 Resource Request and Allocation Policy
IVA15 Services, Supplies, and Equipment: Ordering and Tracking Policy
IVA16 2017 Bylaws Matrix SON Committees
IVA17 2018 Bylaws Matrix EDCOS, Department of Allied Health and Continuing Education, ASB, Student Support Services
IVA18 Transfer Students Policy
IVA19 Nursing Course Exemptions Policy
IVA20 Fac Org Minutes Program Review Workshop 2017-06-06
IVA21 Fac Org Mins Program Review Workshop 2017-06-07
IVA22 Peer Review Policy
IVA23 2016 -2017 Curriculum Annual Program Evaluation Report
IVA24 2015 -2016 Curriculum Annual Program Evaluation Report
IVA25 2013-2014 Curriculum Annual Program Evaluation Report
IVA26 LA County Intranet
IVA27 Faculty Peer Review Form
IVA28 Peer Review Memo
IVA29 IE Program Review Plan
IVA30 Planning Minutes 2014-03-13
IVA31 Planning Minutes 2015-10-08
IVA32 2016 College Committee Structure
IVA33 2017 College Committee Structure
IVA34 Board Self-Appraisal Policy

B. Chief Executive Officer

IV.B 1 The institutional chief executive officer (CEO) has primary responsibility for the quality of the institution. The CEO provides effective leadership in planning, organizing, budgeting, selecting and developing personnel, and assessing institutional effectiveness

Evidence of Meeting the Standards
The Board selects and evaluates the provost (chief executive officer/administrator). (IVB1) In accordance with the bylaws, the Board delegates to the provost the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference.

All CONAH employees, including the provost, are hired in accordance with LAC civil service rules. The provost job description is developed and reviewed by CONAH, approved by the Board, and submitted to LAC Human Resources (HR) for posting on the employment opportunities website. (IVB2) Applicants submit their resumes to HR and undergo a civil service screening exam. Qualified provost candidates are interviewed by Board officers, selection is recommended by the Board president, and the final candidate is submitted to the Board for confirmation.

The provost ensures the quality of the institution through her collaboration with all CONAH administration, faculty and staff. This has been accomplished through a collaborative effort as shown in the revised organization and committee structure. Quarterly, all College faculty meetings are held to discuss progress pertaining to the Strategic Plan. Monthly, all College divisions are represented at the College Governance Committee meeting, where updates are given on budgeting, selection/development of personnel, and overall institutional effectiveness. Information shared during College Governance Committee meetings is disseminated to all staff.

Selection of personnel is an ongoing process involving the College Credentials Committee, comprised of faculty from all divisions. This Committee's purpose is to provide a framework and process for evaluating faculty qualifications and effectiveness. The provost attends these meetings on a drop in basis and receives monthly reports from the Committee chairperson at the College Governance Committee meeting. The provost takes a lead role in the final hiring decision of all faculty.

The provost also strongly supported the growth of the Faculty Development Committee. She has encouraged and empowered the Faculty Development Committee chairperson to provide frequent status updates and made funds available in order to expand professional development options.

The divisional deans report to the provost. The current provost has been in the position since 2016 and was unanimously approved at the Board meeting on November 18, 2016. The new provost conducted a comprehensive assessment and evaluation of CONAH's internal systems and processes, infrastructure, and SLO effectiveness. The provost directed the review and use of data to evaluate adequacy of faculty, staff, and student resources.

In addition to data analysis of institutional performance obtained through IE Committee, the provost receives summaries of SON program, graduate, employer, and faculty/staff satisfaction surveys and instructional course/program evaluations. Relevant findings are presented at governing and divisional committee meetings which the provost attends. The provost emphasizes the importance of using data such as course survey findings, program survey findings, attrition rates, and completion rates to ensure a supportive student learning environment.

Analysis and Evaluation
CONAH has a well-established formal structure and process for monitoring effectiveness of the teaching/learning environment. The provost ensures CONAH structures and divisional functions support collegial dialogue regarding assessment, planning, and evaluation/re-evaluation of institutional effectiveness.

The provost consistently participates in and assures implementation of all statutes, regulations, and governing board policies. The provost serves as chairperson of the College Governance Committee which meets monthly. The College Governance reporting structure, bylaws, and minutes provide evidence that institutional practices are consistent with CONAH's Mission and policies. The provost also reports on budget and expenditure matters at the College Governance and Board meetings.

Since 2016, the provost has met with all divisions and staff to discuss internal processes, infrastructure, as well as faculty, staff, and student needs. (IVB3) The provost led the review of evaluation reports pertaining to student learning and guided the institution in creating an action plan to address the issues. For example, the full implementation of a student information database base was completed after five years of delayed implementation. The provost assigned new project managers and made sure training and IT support were provided for its full implementation.

Full implementation of CAMS was completed in spring 2018, enabling CONAH to follow a student enrollment cycle from application through admission and registration processes. CAMS also allows students to access grades online, view course documents, and communicate more efficiently with faculty. Faculty post handouts, syllabi, and other documents online to provide easy access for students.

The CONAH provost has been effective in assuring the implementation of statutes, regulations, and governing policies. Her recent experience as director of DHS Nursing Affairs has given her experiences in handling budgetary issues, which has benefited CONAH. Following her initial needs assessment, expenditures were aligned with CONAH's Mission. Through the provost's guidance and direction, CONAH has established a planning and resource allocation process that is linked to institutional research.

IV.B. 2 The CEO plans, oversees, and evaluates an administrative structure organized and staffed to reflect the institution's purposes, size, and complexity. The CEO delegates authority to administrators and others consistent with their responsibilities, as appropriate.

Evidence of Meeting the Standards
The provost evaluated and implemented an administrative structure organized to support CONAH's purpose, size, and vision. (IVB4) Following implementation of the new organization chart, faculty members' abilities and strengths were assessed, which led to both reaffirmation of some existing chairpersons and semester coordinators and appointment of new chairpersons and coordinators. The provost collaborates with each chairperson, semester coordinator, and division director/dean and receives monthly progress reports. The provost holds each leader accountable for achieving goals that reflect the institution's purpose, size, and complexity. In the quarterly College staff meeting, faculty and staff successes are recognized and celebrated.

In April 2017, the provost recommended the name change of Research department to Institutional Effectiveness and Research and Planning department to reflect the department's role within CONAH.(IVB5), (IVB6) College Planning Committee was changed to College Governance Committee and College Administrative Committee was dissolved to decrease redundancy in committee membership. SON Planning, EDCOS Planning, Allied Health Continuing Education, and Student Support Services are the divisional governing committees of CONAH. (IVB7) The continuous evaluation of and changes in the governance structure reflect the provost's commitment to implementing a structure that promotes accountability and ensures faculty and student participation in the decision-making process.

Analysis and Evaluation
The numerous changes made by the provost demonstrate that she is committed to implementing and overseeing an administrative structure that reflects the institution's purpose, size, and complexity. Evidence of the success of these changes are reflected on the student evaluations, faculty surveys, and program evaluation reports. CONAH was ranked the 19th best RN program in California by RegisteredNursing.org. in 2018. The provost delegates authority to a core leadership team and consistently evaluates roles and responsibilities to ensure effective management and staffing. The institution's organizational structures are regularly reviewed and evaluated to assure institutional effectiveness.

IV. B. 3 Through established policies and procedures, the CEO guides institutional improvement of the teaching and learning environment by:

Evidence of Meeting the Standards
The provost oversees and guides institutional improvement to ensure an environment conducive to teaching and learning through established policies and procedures. This is accomplished through monthly College Governance Committee meetings. College Governance Committee approves all policies and procedures which are reviewed/revised every three years or more frequently as needed. Monthly updates are provided on resource allocation and institutional performance.

The provost chairs the College Governance Committee. She monitors and directs College committee structure and function to ensure that activities are aligned with the Mission, goals, and Strategic Plan. The committee reporting structure, roles, and responsibilities are described in the following:

- Organizational Chart: College Governing and Standing Committees
- College Committee Rules and Structure policy
- Policy Development policy
- College Governing Committee bylaws.

As chair, the provost leads CONAH in developing the Strategic Plan as well as in updates to the Mission, Vision, and Values. These are based on data from faculty/staff assessment findings, including SLO Assessment Reports and APERs, as well as evaluation of previous Strategic Plan goals and objectives.

The College Governance Committee, which includes representation from all divisions, establishes and approves the Strategic Plan. As chair, the provost collaborates with all educational divisions to validate priorities, refine goals and strategies, ensure relevant measures of success, and evaluate progress. The provost ensures that the educational goals and planning strategies are linked to budget requests and resource allocation and to data and analysis of institutional performance obtained through IE Committee. (IVB8)

The provost presents the annual goals, Strategic Plan, updates to the Mission, Vision, and Values, policies, program proposals, and budget requests, which have been approved by the College Governance Committee, to the Board for final approval.

In addition, the provost holds quarterly meetings in collaboration with the division heads to discuss and update all faculty and staff on institutional changes and achievements. The purpose of these changes is to improve the learning environment to optimize student achievement. (IVB9), (IVB10)

Analysis and Evaluation
The provost values a collegial process in which all members have input. In addressing the faculty, she often poses the question, "What do you need to do your job?" The fact that the provost listens to faculty requests and responds accordingly is evidenced by the mounting of large LCD televisions in every classroom; purchasing of requested text resources; renovation of the lobby and admissions office; acquisition of new Microsoft Surface Pros for all committee chairpersons and semester coordinators, implementation of CAMS, and hiring of five faculty members including a Simulation Lab coordinator.

These additional resources have played a vital role in improving student success and achievement. This is evidenced in numerous reports such as annual program evaluation reports, annual committee evaluation reports, program resource needs documents, and monthly committee minutes.

The provost delegates responsibility for implementing policies to designated committees, faculty, and staff. She ensures that policies are implemented and reviewed on a regular basis.

IV. B. 4 The CEO has the primary leadership role for accreditation, ensuring that the institution meets or exceeds Eligibility Requirements, Accreditation Standards, and

Commission policies at all times. Faculty, staff, and administrative leaders of the institution also have responsibility for assuring compliance with accreditation requirements.

Evidence of Meeting the Standards
The provost oversees all ACCJC and BRN Accreditation activities to ensure all Eligibility Requirements, Accreditation Standards, and Commission policies are met. Although the provost oversees all Accreditation activities, divisional deans, dean, IERP, and all College faculty and staff actively participate in the Accreditation process. Faculty collect evidence after conducting a gap analysis and work in teams to write the ISER, which is submitted to Standards Committee chairs via CONShare and reviewed by the ACCJC Steering Committee. The ACCJC Steering Committee provides frequent accreditation updates to all faculty.

The provost leads CONAH in its commitment to adhere to accreditation standards, policies, and requirements as well as to keep ACCJC informed of any institutional changes. Accreditation is a standing item on the CONAH Board, College Governance, and divisional committee agendas.

College faculty and staff received initial and ongoing professional development classes related to Accreditation, program review, SLOs, and culture of evidence.

The provost effectively engaged faculty and staff in ongoing program improvement and was instrumental in creating and assigning membership to ACCJC Accreditation and BRN approval preparation committees. As experts in program delivery, evaluation, and improvement planning, faculty were best positioned to conduct the self-evaluation of CONAH's effectiveness in meeting its Mission.

Analysis and Evaluation
The provost presented an ISER preparation workshop with the Deputy, ALO to ensure faculty and staff are updated on the latest Accreditation Standards and policies and to inform them about their important role in the ISER preparation and Accreditation process. Progress and tracking of the Accreditation process was monitored closely on a timeline, led by the Deputy, ALO. Collaboration between the provost and ACCJC Steering Committee ensured deadlines are met.

The provost took the primary leadership role in Accreditation processes and ensured that CONAH met or exceeded the Eligibility Requirements, Accreditation Standards, and Commission policies. CONAH ensured faculty, staff, and students were actively engaged in Accreditation by including it as standing item on the Board, College Governance, and divisional committee agendas. The ACCJC Steering Committee created a participatory structure wherein faculty, staff, administrators, and students were actively engaged in the Accreditation process and ensured all institutional reports were accurate and submitted in a timely manner.

IV. B. 5 The CEO assures the implementation of statutes, regulations, and governing board policies and assures that institutional practices are consistent with institutional mission

and policies, including effective control of budget and expenditures

Evidence of Meeting the Standards
CONAH has a well-established formal process and structure for monitoring effectiveness of the teaching/learning environment. The provost ensures that CONAH structures and divisional functions support collegial dialogue regarding assessment, planning, and evaluation/re-evaluation of institutional effectiveness.

The provost chairs the College Governance Committee. She monitors and directs College committee structure and function to ensure that activities are aligned with the Mission, goals, and Strategic Plan.

The provost delegates responsibilities for implementing policies through designated committees, faculty, and staff. She ensures that policies are implemented and reviewed on a regular basis. Financial and Budget Request summaries are reviewed by the Board. The minutes of the Board and governance committee meetings reflect review of the revenues and expenditures reports and budgetary requests.

The provost presents the Strategic Plan, updates to the Mission, Vision, and Values, policies, program proposals, and budget requests to the Board. Once approved, information is distributed to faculty, staff, and students via email and posted on CONAH Internet and intranet. All program review reports, including SLO Assessment Reports and related data, are also posted on the intranet for faculty and student access.

The provost consistently participates in and assures implementation of all statutes, regulations, and governing board policies. The provost serves as chairperson of the College Governance Committee which meets monthly. The CONAH governance reporting structure, bylaws, and minutes are evidence that institutional practices are consistent with the Mission and policies.

Analysis and Evaluation
The provost guided improvement of the teaching-learning environment, facilitated a collegial process for establishing goals and priorities, and ensured adherence to the IEPRP. As a regular guest of the IE Committee, the provost participated in data review and analysis of divisional and institutional performance.

The provost has been effective in assuring the implementation of statutes, regulations, and governing policies. Her recent experience as director of Nursing Affairs has given her insight on budgetary issues which has benefited CONAH. Following her initial needs assessment, expenditures have been aligned with CONAH's Mission.

IV. B. 6 The CEO works and communicates effectively with the communities served by the institution.

Evidence of Meeting the Standards
The provost ensures that there is ongoing communication with the communities served by CONAH. The provost is a member of various committees and organizations such as the Board and Senior Executive Council. CONAH also holds membership in the Hispanic Association of Colleges and Universities and the California Organization of Associate Degree Nursing Programs-South. College participation in community organizations provides access to timely information related to student issues, educational practices, and current trends, which are communicated to faculty and staff. The provost encourages College representation at educational meetings and events through formal faculty presentations and committee participation. The provost receives monthly reports regarding activities, such as health fairs attended and student body community involvement through the ASB.

Under the provost's direction, CONAH works closely with other DHS hospitals and clinics, as well as with private, community, and state colleges and high schools to provide clinical experiences. The clinical nursing affiliation coordinator attends advisory meetings with affiliate schools and is consulted on current trends, practices, and regulations that may impact student clinical experience and placement.

The provost supports faculty and student community involvement through participation in activities such as health fairs, career days, and community wellness promotion and education events. CONAH has an ongoing affiliation with a local high school wherein faculty share information with students regarding the nursing profession as well as health promotion and disease prevention.

Participation in community events and committees assists CONAH in communicating its Mission and meeting its goals and the needs of its constituency.

Analysis and Evaluation
The provost, deans, and directors remained members of committees and organizations and reported relevant information at College and divisional committee meetings. College faculty served as guest lecturers for local Colleges and universities.

College faculty, staff, and students regularly participated in community events such as fund raising for charitable causes: American Heart Association Annual Walk and LAC March of Dimes campaign. Faculty and students also volunteered at community centers. As part of the SON program, students participated in health fairs, working with a cross section of the population including children, adults, and the elderly. They participated in annual immunization drives and elementary and high school career days. The provost is a frequent attendee of ASB Committee meetings and strongly supports community efforts such as the pediatric toy drive, hurricane relief activities, relief for fire victims, and magazine/ book collection for the psychiatric department.

An EDCOS faculty member continued to volunteer annually at a local Pediatric Health Fair. Another faculty member presented disaster preparedness for LAC DHS annually. The safety officer also participated in active shooter drills for a local university.

Through community interaction, CONAH stayed current with community needs, and professional, educational and practice trends, which positively impacted the educational program and SLO achievement.

Conclusions on Standard IV.B. Chief Executive Officer

CONAH meets the standard.

Improvement Plans
None

Evidence List
IV.B.1 Policy # 500: Board Provost Selection
Meetings with College Provost
Provost Job Duties
IV.B.2 2016 College Committee Organizational Charts
2017 College Committee Structure
CONAH Chart 2018
CONAH Chart April 2017
CONAH Chart March 2017
Policy # 120: College Committee Structure
IV.B.3 2015-2016 Program Resource Needs
2016-2017 Program Resource Needs
Planning-Governance Mins 2018-05-17
IV.B.4 2019 ISER Committee Membership
2019 ISER Preparation Workshop
Agenda 2018-01-25 (College Governance)
Board Agenda 2018-02-23
ISER Preparation Folder Screenshot
IV.B.5 2017 Bylaws Matrix CONAH Committees
2017 College Committee Structure
Board Mins 2015-11-20 Budget Request
Board Mins 2017-08-18 College Projects
Planning Minutes 2018-02-26
Policy # 100: Policy Development, Review and Approval
Policy # 120: College Committee Structure
Program Review Documents Intranet Screenshot
IV.B.6 Community Activities Screenshot
COADN Membership

C. Governing Board

IV. C. 1. The institution has a governing board that has authority over and responsibility for policies to assure the academic quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the institution. (ER 7)

Evidence of Meeting the Standards
The CONAH Board functions in accordance with established bylaws and policies. CONAH has a Board which consists of at least eleven members. Membership includes representatives from DHS, LAC+USC chief nursing officer, and the CONAH provost. The additional eight representatives are elected members, which represent the constituency groups within LAC. These elected members include one representative from each of the following areas: community, DHS, LAC+USC medical staff, a local community college, a local university, a school district with a feeder high school, a SON alumnus, and a community healthcare facility.

The Board's purpose, as outlined in the bylaws, is "to establish policies and procedures that are consistent with the College Mission, assure the quality, integrity, and effectiveness of student learning programs and services, and oversee the financial stability of the College". Pertinent CONAH policies are reviewed and revised every three years and presented to the Board to assure the academic quality, integrity and effectiveness of the student learning programs. During meetings, the board is presented with reports related to program outcomes, institutional effectiveness, curriculum revisions, and the financial stability of CONAH.

In addition, Article I. Section 3: Functions states:

> "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."

Specific statements delineate the Board role in support of program quality, integrity, and effectiveness of student learning. These functions are to:

- Provide guidance in the development and improvement of the educational and student support service programs
- Monitor educational quality and effectiveness through performance measurements of the academic and student support service programs
- Recommend, monitor, and approve the policies, rules and regulations under which programs operate
- Participate in the accreditation processes of the Western Association of Schools and Colleges: ACCJC, BRN, and other allied health and accrediting/regulatory agencies
- Monitor the financial status of CONAH and review/approve budget requests and funding proposals
- Review legal matters and recommend courses of action
- Adhere to the Board's Membership Agreement and Code of Ethics
- Conduct triennial/scheduled self evaluation of Board performance and productivity.

The bylaws also describe Board functions in relation to selection of the chief administrator (provost). These functions are to:

- Approve the selection of the provost and evaluate his/her performance
- Delegate to the provost, and through the provost to the faculty, the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference.

The Board conducts scheduled reviews of the Mission, Vision, and Values; annual goals; and Strategic Plan. This ongoing evaluation reflects the Board and CONAH focus on student learning and program quality.

The Board maintains a handbook, which includes membership directories and contact information; meeting schedules; bylaws; policies and guidelines; meeting agendas and minutes; Mission, Vision, and Values; Strategic Plan; financial/budget request summaries; and progress/accreditation reports. A handbook is provided to all new members and is posted on the CONAH website.

Analysis and Evaluation

The Board reviewed and updated its bylaws and policies every three years as scheduled. The bylaws were last revised in February 2017 and revisions are reflected in the meeting minutes:

- Board President – Elect from the current Board membership
- Presidency will be rotated on a three year term

The 2016-2019 Strategic Plan was approved in November 2017 meeting. The Mission, Vision, and Values was approved in the February 2018 meeting. Annual meeting schedules were distributed and approved in November of the previous year and membership information was regularly updated.

The Board monitored the quality, integrity, and effectiveness of CONAH's programs and made recommendations for improvement. The Board approved adding divisional reports to the meeting agenda items. The divisional deans reported their program evaluations annually. For example, the SON dean reported student cohort on-time completion, attrition, and retention rates and faculty interventions that successfully decreased attrition. Board members made several recommendations for improving student retention, such as ensuring students are provided adequate tutoring and counseling. The Board also monitored CONAH's financial stability.

The CONAH Board establishes clear responsibility for and authority over policies to assure the academic quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the institution.

IV. C. 2 The governing board acts as a collective entity. Once the board reaches a decision, all board members act in support of the decision

Evidence of Meeting the Standards

CONAH is owned by LAC. The Board of Supervisors is the elected governing body for LAC and establishes/approves overall policy, funding, roles, and responsibilities for the various

LAC divisions such as DHS. CONAH is operated under the auspices of DHS. The Board has been delegated the role of the independent governing body for CONAH and as such, establishes policies and procedures to assure the quality, integrity, and effectiveness of the student learning programs and services and CONAH's financial stability. The Board of Supervisors has no role in CONAH's academic affairs.

The Board provides governance to CONAH that reflects the public interests of LAC. The Board reflects the public interest through its members who represent constituency groups from the LAC community. These members represent various educational and healthcare groups, stakeholders, and the community at large.

The Board independently recommends and monitors policies, rules, and regulations under which academic programs operate. The Board Membership Agreement and Code of Ethics defines member responsibilities and expected behaviors in relation to policy and independent decision-making that reflect the public interest. Members agree to:

- Contribute to developing consensus in decision-making
- Make decisions and act upon what is in the best interest of CONAH and student learning
- Base decisions upon all available facts; vote their honest convictions, unswayed by partisan bias and outside pressure
- Notify the Board president of potential conflicts of interest and decline to participate in decisions where conflicts exist
- Abide by and uphold the final majority decision of the Board
- Advocate for and represent CONAH fairly, accurately, and supportively to the public and other agencies/constituencies.

Meetings are open to the public and individuals may appear before the Board to address agenda items or make public comment. Bylaws, Article IV. Section 3 states "A vote of a majority of the members present at the time of a vote, if a quorum is present at that time, is the act of the Los Angeles County College of Nursing and Allied Health Board of Trustees".

Analysis and Evaluation
None of CONAH Board are members of the LAC Board of Supervisors. Only the provost is an employee of CONAH. The elected and nonelected members represent the LAC community; they are not "owners of the institution" and have no financial interest in CONAH.

Each Board member signed the Membership Agreement and Code of Ethics upon joining the Board and triennially. The meetings were open to the public and agendas and minutes were posted on the website. The members consistently reached consensus, acted as a whole, and advocated for CONAH. The CONAH Board is an independent policy-making body that reflects the public interest in its activities and decisions while effectively advocating for CONAH.

IV.C.3 The governing board adheres to a clearly defined policy for selecting and evaluating the CEO of the college and/or the district/system.

Evidence of Meeting the Standards
In accordance with the bylaws, the Board selects and evaluates the CONAH chief administrator (provost) and delegates to the provost the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference.

All CONAH employees, including the provost, are hired in accordance with LAC civil service regulations. The job description, including educational, teaching, and management requirements, is developed by CONAH administration, approved by the Board, and submitted to LAC HR for posting on the employment opportunities website. Applicants submit their resumes to HR and undergo a civil service screening exam. Qualified candidates are interviewed by Board officers and the final candidate is submitted to the Board for confirmation. The current provost, V. Branchick, was nominated by the DHS chief operations officer on October 13, 2016 to take on the role as CONAH provost due to the interim provost's pending retirement on January31, 2017. She was approved by the Board on November 18, 2016.

Bylaws, Article I. Section 3 states that the Board has the authority to review CONAH's academic and financial affairs 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. Board functions towards this end are to:

a. Provide guidance in the development and improvement of the educational and student support service programs
b. Monitor educational quality and effectiveness through performance measurements of the academic and student support service programs
c. Recommend, monitor, and approve the policies, rules and regulations under which programs operate.

In addition, the bylaws specify that the Board functions are to:

d. Delegate to the provost and through the provost to the faculty, the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference
e. Approve the selection of the provost and evaluate his/her performance.

The Board adheres to Policy #500: Board Provost Selection in the selection of the provost. The provost has annual evaluations in accordance with the LAC employee annual review process.

Analysis and Evaluation
The selection process was effective in selecting the current provost who has been in her role since 2017. The provost has been a member of the Board since 2006 and was Board president during her tenure as DHS director of Nursing Affairs. The provost reported to and was evaluated annually by the Board president in accordance with civil service regulations. The CONAH Board has an established Board policy and administrative process for conducting a search and selecting the provost.

IV. C. 4 The governing board is an independent, policy-making body that reflects the public interest in the institution's educational quality. It advocates for and defends the institution and protects it from undue influence or political pressure. (ER 7)

Evidence of Meeting the Standards
The Board independently recommends and monitors policies, rules, and regulations under which academic programs operate. The Board Membership Agreement and Code of Ethics defines member responsibilities and expected behaviors in relation to policy and independent decision-making that reflect the public interest. Members agree to:

- Contribute to developing consensus in decision-making
- Make decisions and act upon what is in the best interest of CONAH and student learning
- Base decisions upon all available facts; vote their honest convictions, unswayed by partisan bias and outside pressure
- Notify the Board President of potential conflicts of interest and decline to participate in decisions where conflicts exist
- Abide by and uphold the final majority decision of the Board
- Advocate for and represent CONAH fairly, accurately, and supportively to the public and other agencies/constituencies.

Meetings are open to the public and individuals may appear before the Board to address agenda items or make public comment. Bylaws, Article IV. Section 3 states "A vote of a majority of the members present at the time of a vote, if a quorum is present at that time, is the act of CONAH Board".

CONAH is owned by LAC. The Board of Supervisors is the elected governing body for LAC and establishes/approves overall policy, funding, roles and responsibilities for the various LAC divisions. CONAH is operated under the auspices of DHS, one of many LAC divisions. The Board has been delegated the role of the independent governing body for CONAH to establish policies and procedures to assure the quality, integrity, and effectiveness of the student learning programs and services and the financial stability of CONAH. The Board of Supervisors has no role in the academic affairs of CONAH.

The Board is responsible for ensuring high quality educational programs consistent with the Mission. The Board meets quarterly, has adopted a five-year 2010-2015 Strategic Plan, and is committed to fulfilling all of its responsibilities as a governing body.

The Board consists of eleven members divided into two categories. The first is "non-elected members" of which there are three: the LAC + USC chief executive officer, the LAC+USC chief nursing officer (Board vice president), and the provost (Board secretary). The second category consists of "elected members" and these individuals are representative of eight LAC constituency groups:

- DHS
- LAC+USC Medical staff
- Local community college
- Local university
- School district with a feeder high school

- Alumnus, School of Nursing
- Community healthcare facility (nursing representative)
- Community.

Board member biographic information is published on the CONAH website.

CONAH is fully integrated into DHS and LAC+USC. Its leaders are committed to CONAH and to ensuring that its needs are considered in long-range DHS and LAC+USC planning and resource allocation. Board members sign a Membership Agreement and Code of Ethics that define member responsibilities and expected behaviors in decision-making and conflicts of interest.

Analysis and Evaluation
The Board is an independent body that reflects the public interest in CONAH's educational quality. There are no political affiliations in the decision-making process.

Currently, there are two vacant positions on the Board due to untimely death and relocation of the two Board members. The Board has been notified of any nominations to fill the vacancies.

The meetings are open to the public and agendas and minutes were posted on the website. The Board is appropriately represented to ensure the public interests are met and lacks conflicts of interest. The public is also provided an opportunity to participate in the governance process and give input through public comment sessions during quarterly Board meetings.

IV. C. 5 The governing board establishes policies consistent with the college/district/system mission to ensure the quality, integrity, and improvement of student learning programs and services and the resources necessary to support them. The governing board has ultimate responsibility for educational quality, legal matters, and financial integrity and stability.

Evidence of Meeting the Standards
The Board and CONAH are committed to student learning and excellent program quality. As stated previously, the Board's purpose is to establish policies and procedures that are consistent with the Mission, assure the quality, integrity, and effectiveness of student learning programs and services, and oversee CONAH's financial stability.

As stated in the bylaws, the Board independently recommends, monitors, and approves policies, rules, and regulations under which programs operate. The College Governance Committee submits policies related to governance, academic integrity, program approval, and student services to the Board for discussion and final approval:
- Policy #100: Policy Development
- Policy #200: Academic Freedom
- Policy #201: Academic Honesty and Professional Conduct
- Policy # #430: Student Records – Confidentiality

- Policy # #507: Nondiscrimination
- Policy #541: Sexual Harassment Reporting
- Policy #710: Program Approval
- Policy #711: Program Closure
- Policy #810: Refunds of Student Charges
- Policy #803: Satisfactory Academic Progress
- Policy#830: Student Grievances.

The Board also reviews and approves the instructional division course challenge/exemption and grading policies:

- EDCOS Policy #300: Grading System
- SON Policy #300: Grading System
- SON Policy# 301: Grading for Clinical Courses
- SON Policy #710: Nursing Course Exemptions/Challenges

Research, Program Review, and Planning are standing Board agenda items.
The dean, IERP presents:

- Collected data and measurement related to program review and student learning outcomes
- Analyzed data and outcomes compared to Institution-set standards
- Action plans for unmet outcomes.

Plans for improvement, progress, findings, and outcomes evaluation are presented and discussed/approved at each meeting.

The Board reviews annual budget requests and monitors the annual Statement of Expenditures and Revenues Report generated by Expenditure Management.

A majority vote by the Board is final. As stated in the Bylaws, Article IV. Section 4: "A vote of a majority of the members present at the time of a vote, if a quorum is present at that time, shall be the act of the Los Angeles County College of Nursing and Allied Health Board of Trustees".

Analysis and Evaluation
The Board conducted scheduled reviews of the Mission, Vision, and Values and the Strategic Plan. The Board also completed review and approval of policies as scheduled.

Measures of student learning and achievement such as NCLEX-RN pass rates and graduate hiring rates were regularly reported to the Board. In response to the decreased hiring rate related to the economic crisis, the Board chair and Financial Aid administrator successfully obtained a tuition agreement contract waiver. In fall 2013, the Board President reported that RN I positions for which CONAH graduates qualify do not require banding, which will expedite the hiring process for graduates who passed their NCLEX-RN examinations. After implementation of the new procedure, the DHS hiring rate for the subsequent Cohort (2013-II) increased to 78 percent from 32 percent for Cohort 2013-I.

The Board utilizes policies consistent with quality education with the objective of continuously improving student learning programs, services, and resources necessary to support them. The Board ensures CONAH has the necessary resources to deliver quality student learning programs and services. In 2017-2018, the provost acquired approval for $350,000 one-time funding to enhance CONAH grounds, classrooms, and electronic resources to improve the educational quality of the programs.

Board decisions support institutional goals, quality, and improvement through its policies, institutional planning, and resource allocation. The Board is aware of Institutional - set standards and analysis of results that have led to improved student achievement and learning.

IV. C. 6 The institution or the governing board publishes the board bylaws and policies specifying the board's size, duties, responsibilities, structure, and operating procedures.

Evidence of Meeting the Standards
The bylaws describe the Board's purpose and functions; nonelected officers and elected member constituent groups; terms of membership; duties and responsibilities; processes for member election, vacancy replacement, orientation; and operating procedures. The bylaws and related policies are included in the member handbook and published on CONAH Internet and intranet websites.

The Board policies address Board size, structure, duties, responsibilities, and operating procedures:

- Policy # 120: Board-Meetings
- Policy # 510: Board- New Member Orientation
- Policy # 300: Board- Self Appraisal
- Policy # 500: Board Provost Selection
- Board Bylaws

The provost, who is the Board secretary, maintains a tracking system for ensuring that policies, procedures, and forms are presented to the Board for review and ongoing approval as scheduled.

Analysis and Evaluation
The Board reviewed and updated its bylaws and policies every three years as scheduled. The Board secretary distributes and posts the updated bylaws and policies and ensures that posted information are accurate and current.

Meeting minutes reflect that the Board acted in accordance with its bylaws, policies, and policy approval procedure. All Board bylaws, policies, and procedures related to size, structure, duties, responsibilities, and operating procedures are published and accessible in print and electronically, and are posted on CONAH's website.

IV. C. 7 The governing board acts in a manner consistent with its policies and bylaws. The board regularly assesses its policies and bylaws for their effectiveness in fulfilling the college/district/system mission and revises them as necessary.

Evidence of Meeting the Standards
The bylaws and related Board and CONAH policies are reviewed and approved a minimum of every three years. The provost, who is the Board secretary, maintains a tracking system for ensuring that policies, procedures, and forms are presented to the Board for review and ongoing approval as scheduled.

Analysis and Evaluation
The bylaws were last revised in May 2017 and revisions are reflected in the meeting minutes. The Board last reviewed and approved its policies in 2016. Meeting minutes reflect that the Board acted in a manner consistent with its bylaws, policies, and policy approval procedure and are posted on the intranet and internet. The Board has a clear policy and procedure for the regular and systematic assessment and review of the Board policies.

IV. C. 8 To ensure the institution is accomplishing its goals for student success, the governing board regularly reviews key indicators of student learning and achievement and institutional plans for improving academic quality.

Evidence of Meeting the Standards
CONAH has a well-established formal process and structure for monitoring effectiveness of the teaching/learning environment. The provost ensures that CONAH structures and divisional functions support collegial dialogue regarding assessment, planning, and evaluation/re-evaluation of institutional effectiveness. The Program Review policy guides the implementation and evaluation of the process.
Institutional effectiveness is evaluated through:

- Program review, which encompasses the degree of achievement of established goals, maintaining and improving the quality of college programs, evaluating and improving student learning, and maintaining employee competency
- Feedback from students, faculty, governing bodies, employers of College graduates, the community, and accrediting organizations
- Implementation, monitoring, and evaluation of the Strategic Plan.

The program annual reports are presented to the Board annually. The Board is informed of key indicators of student success. The data includes course completion rates, course success rates, and attrition rates, NCLEX-RN pass rates, and job placement rates.

Analysis and Evaluation
As stated above, the provost informs the Board of key indicators of student achievement as reported in the program evaluation.

In fall 2013, the President of the Board reported that RN I positions for which CONAH graduates qualify do not require banding, which will expedite the hiring process for the graduates who passed their NCLEX-RN examinations. After implementation of the new

procedure, the DHS hiring rate for the subsequent Cohort (2013-II) increased to 78 percent from 32 percent (Cohort 2013-I).
The Board is regularly informed regarding key performance indicators related to student achievement and learning. The Board has demonstrated commitment to learning and academic quality through effective review of performance indicators and student learning metrics.

IV. C. 9 The governing board has an ongoing training program for board development, including new member orientation. It has a mechanism for providing for continuity of board membership and staggered terms of office

Evidence of Meeting the Standards
The Board New Member Orientation policy states that "new members to the Board of Trustees are oriented to the Board and to the College". The policy also states that the president/designee provides the new member with:

- Board Members' Handbook
- Review of Board functions and processes including:
  - Member roles and responsibilities
  - Status of CONAH including financial issues
  - Future directions, Strategic Plan
  - Meeting schedules and procedures
- Tour of CONAH.

The President/designee reviews the Handbook with new members. This includes:

- Membership: directory
- Meeting schedule
- Bylaws and policies including member functions and Board processes
- Membership Agreement and Code of Ethics
- Meeting agendas and minutes
- Mission and goals: Mission, Vision, Values; Strategic Plan; description of CONAH; organizational charts
- Budget/financial information: FY budget request summary
- Accreditation information
- Reference information.

The new member reviews and signs the Membership Agreement and Code of Ethics.

The members are actively involved in Accreditation processes. ACCJC: WASC Accreditation is a standing Board agenda item. Components include status of reports and progress towards addressing recommendations. Meeting minutes reflect the topics presented and follow up discussion/action.

The bylaws describe the terms of membership and election processes. Elected members serve for a three-year term and may be voted in for another term at the end of their current term. Members may hold office until a qualified successor, who is a representative of the same constituency, is elected. The terms of service are staggered so that no more than one-third of

the members are elected annually. In the case of a membership vacancy, the members elect qualified individuals to fulfill the remaining term.

Analysis and Evaluation
Since spring 2007, five new members joined the Board. The average tenure for nonelected Board representatives is twelve years. Two are founding members and have served for over twenty years. The secretary provided all new members with a Board Handbook, reviewed the Handbook contents and Board functions and processes, and conducted tours of CONAH. All new members signed the Membership Agreement and Code of Ethics and were provided with a copy.

Members were kept apprised of Accreditation and regulatory agency standards, expectations, and recommendations. They are also encouraged to participate during the onsite accreditation visit. They were provided with information as needed to perform their duties and functions. Board members complete a self-appraisal every three years and records are filed.

IV. C. 10 Board policies and/or bylaws clearly establish a process for board evaluation. The evaluation assesses the board's effectiveness in promoting and sustaining academic quality and institutional effectiveness. The governing board regularly evaluates its practices and performance, including full participation in board training, and makes public the results. The results are used to improve board performance, academic quality, and institutional effectiveness.

Evidence of Meeting the Standards
In accordance with the bylaws, one of the Board functions is to conduct a triennial/scheduled self evaluation of performance and productivity. In addition, the Membership Agreement states that members will "evaluate the Board's performance and productivity".

The dean, IERP facilitates the Board self evaluation using the Self Appraisal form. Board performance and productivity categories assessed include:
- Board Organization and Dynamics
- Decision Making Process
- Trustee Orientation and Development
- Board Relationships to the Program
- Goals
- Board Member Participation Activities in Last Year
- Method for Gaining Information Concerning CONAH.

The dean, IERP aggregates the findings in comparison to those of previous years and presents the results to the Board for evaluation and recommendations for improvement. The Board reviews and updates the Self Appraisal form every three years.

Analysis and Evaluation
The Board conducted its triennial Self Appraisal and rated the majority of items higher than the 3.5 threshold (scale 1-4, 4-highest). In 2013, the Board reviewed the Self Appraisal questionnaire and voted that the survey could be completed online or via hard copy. At the

August 2015 meeting, the members reviewed the survey items and the trended results. The next Self Appraisal was completed in August 2018.

Board Self Appraisal Responses

Item #	Item	Average Rating		
		2012	2015	2018
1	**Board Organization and Dynamics**	**3.9**	**4.0**	**3.8**
1a	Roles of officers and chair are clear	3.9	4.0	3.8
1b	Board functions are understood	3.9	4.0	3.9
1c	Meetings purposes are achieved	3.8	4.0	3.8
2	**Decision-Making Process**	**3.9**	**4.0**	**3.9**
2a	Members respect each other's opinion	4.0	4.0	3.9
2b	Members have opportunity to contribute to decisions	4.0	4.0	3.9
2c	Members receive adequate background information	3.8	4.0	3.9
	Trustee Orientation and Development	**3.3**	**3.8**	**3.5**
3a	New members receive orientation	3.3	3.9	3.8
3b	Members understand College and County issues	3.4	3.9	3.4
3c	Members keep informed of A.D.N. and healthcare programs	3.3	3.7	3.4
	Board Relationships to the Program	**3.5**	**3.8**	**3.6**
4a	Board keeps abreast of new program developments	3.3	3.7	3.6
4b	Board establishes written policies	3.7	3.7	3.6
	Board decisions reflect sensitivity to the needs of the community the College serves	3.6	4.0	3.6
5	**Goals, Objectives, and Priorities**	**3.6**	**3.8**	**3.7**
5a	Board encourages and promotes long-range planning	3.8	3.9	3.6
5b	Board activities and priorities are tied to the Mission and goals	3.7	4.0	3.8
5c	Board sets and evaluates goals for its own functioning	3.4	3.7	3.8
6	**Member Participation the Past Year**	**3.7**	**3.7**	**3.3**
6a	Mission Statement review and approval	3.8	3.8	3.5
6b	Establishment of Strategic Directions	3.8	3.7	3.6
6c	College budget preparation/review/analysis	3.7	3.7	3.3

Source: Board Self Appraisal - Summary

The overall rating was 3.82 for 2015 and 3.66 for 2018 Self Appraisals

- Board Organization and Dynamics and Decision Making Process – received the highest ratings: 4.0 overall for both categories. This reflects their long-term positive working relationships, collegiality, and consensus building
- Trustee Orientation and Development – all three items improved. Members speculated that improvement may be attributed to new Board members, who were recently oriented; expansion of meeting agenda to include annual departmental presentations; and ongoing discussions of healthcare trends and ADN program changes
- Board Relationships to the Program – all items are above threshold.
- Goals, Objectives and Priorities – all items are above threshold.
- Member participation in the past year – had the lowest scores, which were for participation in campus events such as graduation/tours/meeting students. Members

recommended that the Board be formally invited to attend College events such as graduation and offered the opportunity to tour the College annually. Board members are formally invited to all College events.

The Board is committed to assessing its performance as a Board in order to evaluate its effectiveness in promoting academic quality and institutional effectiveness.

IV. C. 11 The governing board upholds a code of ethics and conflict of interest policy, and individual board members adhere to the code. The board has a clearly defined policy for dealing with behavior that violates its code and implements it when necessary. A majority of the board members have no employment, family, ownership, or other personal financial interest in the institution. Board member interests are disclosed and do not interfere with the impartiality of governing body members or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution. (ER 7)

Evidence of Meeting the Standards
The bylaws state that one of the Board functions is to adhere to its Code of Ethics. All new members sign the Membership Agreement and Code of Ethics during orientation. Continuing members sign the agreement every three years. The Board reviews and updates this form every three years.

The Code of Ethics stipulates that members agree to resign from the Board should it be determined that they are unable to meet any of the required criteria.

Analysis and Evaluation
All new and continuing members signed the Membership Agreement and Code of Ethics. There have been no known violations of the Code of Ethics to date and no member has been asked to resign from the Board. All members of the Board uphold a Code of Ethics and the majority of the Board members have no employment, family, or ownership of financial interest in the institution.
IV. C 12 The governing board delegates full responsibility and authority to the CEO to implement and administer board policies without board interference and holds the CEO accountable for the operation of the district/system or college, respectively.

Evidence of meeting the Standards
In accordance with the bylaws, the Board selects and evaluates the CONAH chief administrator (provost), and delegates to the provost the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference.

Bylaws, Article I. Section 3 states that the Board has the authority to review the academic and financial affairs of CONAH 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. Board functions towards this end are to:

d. Provide guidance in the development and improvement of the educational and student support service programs

e. Monitor educational quality and effectiveness through performance measurements of the academic and student support service programs
f. Recommend, monitor, and approve the policies, rules and regulations under which programs operate.

In addition, the bylaws specify that the Board functions are to:
d. Delegate to the provost and through the provost to the faculty, the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference
e. Approve the selection of the provost and evaluate his/her performance.

The CONAH president, referred to as the provost, provides overall leadership in the management and direction of CONAH.

The leadership structure is delineated in the CONAH Organizational Chart. The provost ensures that the organizational structure and staffing is adequate to the purpose, size, and complexity of CONAH. All CONAH employees are hired in accordance with BRN requirements and with LAC civil service regulations. The provost delegates authority to the divisional deans and directors, who have direct responsibility for the supervision of the programs, operations, and learning environment.

Analysis and Evaluation
The provost met monthly with the deans/directors to discuss developments and responsibilities to ensure the effectiveness of the academic programs. During the monthly meetings, the provost and deans/directors assessed, planned, and evaluated outcomes related to governance. The deans/directors set objectives, evaluated outcomes, and planned program revisions in collaboration with management and faculty.

The Board delegates full authority and responsibility to the provost and holds the provost accountable for the operation of CONAH.

IV. C. 13 The governing board is informed about the Eligibility Requirements, the Accreditation Standards, Commission policies, accreditation processes, and the college's accredited status, and supports through policy the college's efforts to improve and excel. The board participates in evaluation of governing board roles and functions in the accreditation process.

Evidence in Meeting the Standards
The Board is committed to the principles and values reflected by Accreditation. This commitment is documented in its bylaws.

Bylaws, Article I. Section 3 state the Board's Functions include participating "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". The Board reviews and updates the bylaws every three years. As an essential component of updating the bylaws, the

Board reviews ACCJC: WASC Standards to ensure compliance with accreditation expectations.

Accreditation is a component of Board member orientation. Individual accreditation eligibility requirements and Standards are reviewed in order to assist members to understand Evaluation Team findings and action letter recommendations. All new and continuing Board members sign the Membership Agreement, which formalizes their commitment to "participate in preparing for accrediting agency surveys and visits". All continuing members are familiar with Accreditation Standards and processes. Several members have first-hand experience from their own educational institutions and readily share their knowledge and expertise.

The Board participates in discussion, recommendation, and approval of the CONAH ACCJC ISER. Board officers review and sign the ISER prior to submission to ACCJC. Board members participate in Site Visits and Evaluation Team interviews.

The provost submits Accreditation Progress, Midterm, Special, and Self Evaluation reports to Board members for review and comment. The status of these reports and progress towards addressing recommendations for improvement are reported at Board meetings and are reflected in the minutes. Board officers review and sign all reports prior to submission to ACCJC.

Analysis and Evaluation
New Board members were oriented to CONAH and divisional Accrediting and regulatory agencies and to CONAH's status and history with ACCJC. They also signed the Membership Agreement, which includes participation in preparing for Accreditation. At each meeting, members reviewed CONAH progress reports on Accreditation recommendations, program review, eligibility requirements, and updates on ACCJC policies and Standards. Accreditation Reports were distributed to the Board for review prior to final approval. The Board president, vice president, and secretary approved and signed the Midterm and Special Reports on behalf of the Board.

The Board is knowledgeable about its role in CONAH's Accreditation processes. The Board provides feedback regarding all institutional Accreditation reports submitted to ACCJC and monitors progress related to Accreditation compliance and eligibility requirements.

Conclusions on Standard IV.C. Governing Board
CONAH meets the standard.

Improvement Plans
None

Evidence List
IV.C.1Board Handbook
Board Mins 2017-02-17
Board Mins 2017-08-18

Board Mins 2017-11-17
Board Mins 2018-02-23
Provost Job Duties
IV.C.2 Board Code of Ethics and Membership Agreement
IV.C.3 2014 CONAH Board Bylaws
2018 CONAH Board Bylaws
Board Mins 2016-11-18
Board Membership 2018
Nomination of V. Branchick as Provost
Policy # 500: Board Provost Selection
Provost Job Duties
IV.C.4 2018 CONAH Board Bylaws
Board Code of Ethics and Membership Agreement
Board Meeting Link College Website
Board Members Link College Website
IV.C.5 Board Mins 2013-11-22
Board Mins 2017-11-17
CONAH SON Hiring Stats
Policy #100: Policy Development
Policy #200: Academic Freedom
Policy #201: Academic Honesty and Professional Conduct
Policy # 300: Grading System EDCOS
Policy # 300: Grading System EDCOS
Policy # 310: Grading for Clinical Courses
Policy # 430: Student Records – Confidentiality
Policy # 507: Nondiscrimination
Policy #541: Sexual Harassment Reporting
Policy #710: Program Approval
Policy #710: Nursing Course Exemptions SON
Policy #711: Program Closure
Policy #803: Satisfactory Academic Progress
Policy #810: Refunds of Student Charges
Policy#830: Student Grievances.
IV.C.6 Board Mins 2016-05-20
Board Mins 2017-08-18
2018 CONAH Board Bylaws
Policy # 120: Board-Meetings
Policy # 300: Board- Self Appraisal
Policy # 500: Board Provost Selection
Policy # 510: Board- New Member Orientation
IV.C.7 Board Link College Website
Board Mins 2016-02-19
Board Mins 2016-05-20
Board Mins 2016-08-16
Board Mins 2016-11-18
Board Mins 2017-05-19

IV.C.8 Board Mins 2016-08-19
Board Mins 2017-08-18
Board Mins 2017-11-17
Board Mins 2018-02-23
IV.C.9 Board Handbook
Board Mins 2013-08-23
Board Mins 2015-11-20
Board Mins 2016-02-19
Board Mins 2017-11-17
IV.C.10 Board 2015 Self Appraisal
Board Mins 2013-05-24
Board Mins 2017-05-19
IV.C.112018 CONAH Board Bylaws
K. Hinoki Code of Ethics and Membership
IV.C.12 2018 CONAH Board Bylaws
IV.C.13 Board Mins 2013-08-23
Board Mins 2016-02-19
Board Mins 2016-08-19
Board Mins 2017-02-17
Board Mins 2017-05-19
Board Mins 2017-08-18

D. Multi-College Districts or Systems

In multi-college districts or systems, the district/system CEO provides leadership in setting and communicating expectations of educational excellence and integrity throughout the district/system and assures support for the effective operation of the colleges. Working with the colleges, the district/system CEO establishes clearly defined roles, authority and responsibility between the colleges and the district/system.

CONAH does not belong to a multi-college district or system.

QUALITY FOCUS ESSAY

Introduction
In 2017, the new provost conducted a comprehensive assessment of the College. The assessment included a review of CONAH's internal systems and processes, assessment of needed resources for students and faculty, an evaluation of facility infrastructure, and review of performance outcomes to gauge the effectiveness of the SLO assessment process. She conducted meetings with faculty, students, administrative personnel, and staff to assess not only their involvement with CONAH operations, but to gauge their feelings about the programs and services offered as well as solicit suggestions on opportunities for improvement.

While CONAH does have a long-standing track record of outstanding NCLEX-RN pass rates, the new provost felt that it was also important to evaluate and enhance other measures of institutional effectiveness in order to ensure student success. Since the last accreditation visit, CONAH has engaged in significant strategic planning initiatives with students, faculty, the Board, community partners, and executive leadership to achieve the following goals:

- improve facility infrastructure
- procure additional technology and resources for the classrooms and library
- streamline governance and committee meetings to expedite policy approvals and decision making
- increase faculty and student accountability
- improve communication between faculty and students
- hire additional faculty and staff

This Quality Focus Essay (QFE) will present three areas that are essential to CONAH's long-term success with a focus on continuous improvement and a renewed commitment to enhance student learning and achievement and accomplish CONAH's Mission, Vision, and Values. The QFE begins with a description of the process CONAH engaged in to select the three Action Projects. Each Action Project is described including responsible parties, timeline, measurable goals and outcomes, resources needed, and evaluation plan to assess the impact of the changes on SLO attainment, institutional effectiveness, and quality improvement.

Process for Action Project Selection:
As part of the self-evaluation process, the CONAH leadership team led by the provost engaged in a thorough review of critical College documents that guide the planning processes. These included annual program review reports, IE reports, committee evaluation reports, governance committee reports, and other significant statistical reports related to pass rates, completion rates, and course evaluation surveys. In addition, faculty and administration held a program review workshop to evaluate the impact of organizational changes on student success and institutional effectiveness.

As a result of the review process, several key issues emerged that served as a basis for a more thorough focus on quality improvement initiatives and provided an opportunity for leadership

to realign priorities, improve faculty and student accountability, and create a fair and equitable student learning environment. These issues were shared in a meeting with students to solicit their input and feedback, with faculty during Faculty Organization Committee and College Governance meetings, and with Board members at quarterly Board meetings. These projects align with the Standards and several of the improvement plans identified in the Strategic Plan and ISER.

The first Action Project is Resource Allocation. This project is driven by the need to provide students with an environment that enhances student learning and improves student achievement, focusing on basic learning needs, such as classrooms with proper heating, lighting, comfortable desks and chairs, and access to electronic journals and state of the art technology. As an aging college campus, CONAH needed an infusion of funding from DHS. With the hiring of a new provost, funding was secured and a priority list for the purchase of much needed resources was initiated. The objective of this project is to promote student success by:

1. enhancing the physical infrastructure
2. improving resource availability
3. increasing electronic educational resources
4. providing students and faculty with electronic technology and online databases to manage their workflow.

The second Action Project is Supportive Learning Environment. This project is driven by the need to improve student course and program evaluation surveys, reduce attrition, and increase completion rates. Course evaluation surveys reflect how students view the learning environment based on teaching methodologies and their relationships with faculty. The objective of this project is to foster a supportive learning environment for students and faculty by:

1. utilizing positive approaches when interacting with students
2. promoting respect and accountability in classrooms and clinical settings
3. ensuring at risk students are assessed and provided appropriate resources to promote their success.

The third Action Project is Decision-Making. This project is a result of the need to eliminate a complicated decision-making process that creates redundancy and limits the ability to move forward with approval of key policies and procedures. In evaluating the decision-making process, it was apparent that key policies and documents moved through and between committees in a very complicated and bureaucratic process. It was not uncommon for policies to bounce back and forth between committees for a period of six months to a year. The objective of this project is to implement a governance structure that:

1. promotes accountability
2. ensures faculty and student participation in decision-making
3. adheres to a streamlined committee approval process.

Action Projects for improvement emerging from the self-evaluation process

Action Steps to be Implemented	Timeline	Responsible Parties	Resources
Action Project # 1: Resource Allocation			
Desired Goals / Outcomes: Promote student success by: 1.enhancing the physical infrastructure 2.improving resource availability 3.increasing electronic educational resources 4.providing students and faculty with electronic technology and on-line databases to manage their workflow.			
Standards: I. A.B. II.A.B.C. III.B.C.			
Action Steps to be Implemented	**Timeline**	**Responsible Parties**	**Resources**
I. Classroom renovation to fix the heating and cooling problems. It is important for students to attend lectures in classrooms where there is heat during the winter months and air conditioning during the summer. Having a comfortable temperature and environment will enhance the student's ability to focus on lectures instead of being distracted by being too hot or too cold. This issue has been reported by students on numerous occasions both verbally and on course evaluation surveys. Students state that it is hard to concentrate during lectures when the room temperature is too cold or too hot. Because of budgetary constraints in previous years, facility improvements were placed on hold. Hiring of a new provost in 2017 has enabled CONAH to acquire additional funding to move forward with this project.	Winter 2017 through Summer 2020	Provost Faculty Administration	DHS Funding Facility Management IT Support
Action Projects for improvement emerging from the self- evaluation process			

Action Project # 1: Resource Allocation (continued)			
Action Steps to be Implemented	**Timeline**	**Responsible Parties**	**Resources**
II. As an aging college campus, courtyard and lobby renovations are critical in order to provide students with an environment that is pleasing, quiet, and provides space for them to study alone or in a group setting. The courtyard is the first point of entry for students and visitors who are seeking information about CONAH's nursing program. Having a more appealing environment will serve as a good marketing tool to enhance student recruitment. A plan has been developed to replace the old benches in the courtyard and increase seating availability for students during lunch breaks and group studies. Providing additional seating for students will enhance their ability to study in groups and increase their networking capabilities. The additional seating for faculty will enable students to meet and greet instructors in a neutral environment and will enhance student and faculty interactions. A plan has been developed for a landscaping project to beautify the courtyard through a generous donation from the Alumni Association and the ASB. Additional fundraising activities are in the planning stages to continue with other projects related to courtyard beautification.	Fall 2018 thru Spring 2020	Provost Faculty Administration	DHS Funding Facility Management IT Support
III. Enhance services provided by Educational Resource Center through the implementation of an electronic card catalog and the hiring of a college librarian. This project will enable students to have access to electronic databases and journals. Having a full-time college librarian will provide assistance to students who are seeking reference materials and scientific journals, thus improving SLOs and enhancing institutional effectiveness.	Spring 2018 through Winter 2020	Provost Faculty Administration	DHS Funding Human Resources IT Support
Action Projects for improvement emerging from the self- evaluation process			
Action Project # 1: Resource Allocation (continued)			

Action Steps to be Implemented	Timeline	Responsible Parties	Resources
IV. Full implementation of CAMS to increase student access to key information and documents such as financial aid, course syllabi, course handouts, grades, etc., while reducing the need to print multiple copies of educational materials. This project will enhance students' ability to have information readily available without having to pay for printed copies.	Fall 2018 through Spring 2021	Provost Faculty Administration	IT Support
V. Upgrade of Skills Lab and Simulation Lab. This project is essential to our students' ability to practice skills learned in the classroom and apply them in the clinical setting. Purchase and use of high-fidelity childbirth and pediatric simulator manikins will enhance student skill acquisition related to the care of obstetric and pediatric patients. This is particularly important given the reduction in patient volume in these two specialty areas.	Spring 2018 through Spring 2020	Provost Faculty Administrative Team	DHS Funding IT Support

Assessment and Evaluation: Resource Allocation Action Steps I-V
Facilities management has completed several repairs to the heating and cooling systems resulting in better temperature control. A new roof will be installed in 2019 to fix the ventilation system. The new ventilation system will help equalize the temperature in all the classrooms and faculty offices. We will monitor student satisfaction through the program evaluation survey.

Tables and benches were purchased for the courtyard and is well utilized by students for breaks and study time. We see more students utilizing the courtyard than previous years because there are more seating available. The College Alumni Association is donating funds for courtyard landscaping to enhance the campus environment. Feedback from staff and students will be monitored through program evaluation surveys.

Library hours were expanded to cover Monday through Friday from 6:30 AM – 6:30 PM. A college librarian was hired in 2018. She has since completed the migration of nursing journals and other resources into the electronic database. She has also completed the implementation of the electronic card catalog. New desks with charging capabilities were purchased for the library to give students the ability to charge their laptops without having to get up and look for a charger. Students have expressed great appreciation for all the changes in the library.

Action Projects for improvement emerging from the self –evaluation process

Action Project # 1: Resource Allocation (continued)

Assessment and Evaluation: Resource Allocation Action Steps I-V
Skills Lab supplies and equipment were purchased to ensure availability for students to practice, including the purchase of high fidelity maternity and pediatric manikins. These manikins will provide the students with hands-on practice on the care of maternity and pediatric patients. This is extremely critical to our student's success due to the decrease in volume of maternity and pediatric patients in our DHS hospitals.

Action Projects for improvement emerging from the self -evaluation process

Action Project # 2: Supportive Learning Environment			
Desired Goals / Outcomes: Foster a supportive learning environment for students and faculty			
Standards: I. A.B. II.A.B.C. III.B.C.			
Action Steps to be Implemented	**Timeline**	**Responsible Parties**	**Resources**
I. Create Office of Advisement and Counseling. Currently students do not have access to an administrative staff member whose sole responsibility is to provide advisement and counseling. This task is handled by OES overseen by a dean with multiple other responsibilities. Because our student demographics present us with challenges often requiring one on one counseling and referrals, it is imperative that CONAH allocate a position to be filled by someone who will focus solely on advisement and counselling.	Implement Fall 2018. Progress will be monitored annually and interventions will be instituted based on findings.	Provost Faculty Administration ASB	College Governance IT Support
II. Create Office of Tutoring and Mentoring Program. This position is critical to our goal of reducing course and academic withdrawals, program attrition, and increasing completion and graduation rates.	Implement Fall 2018. Progress will be monitored annually and interventions will be instituted based on findings.	Provost Faculty Administration ASB	College Governance IT Support
Action Projects for improvement emerging from the self- evaluation process			

Action Project # 2: Supportive Learning Environment (continued)			
Action Steps to be Implemented	**Timeline**	**Responsible Parties**	**Resources**
III. Create a database of at-risk students to provide early intervention and support for identified at-risk student population.	Implement Fall 2018. Progress will be monitored annually and interventions will be instituted based on findings.	Provost Faculty Administration ASB	College Governance IT Support
IV. Monitor course evaluation surveys and set faculty expectations for improving scores and increasing respectful treatment of students and other faculty. Faculty course assignments will be aligned based on student and faculty feedback.	Implement Spring 2017. Progress will be monitored annually and interventions will be instituted based on findings.	Provost Faculty Administration ASB	College Governance IT Support

Assessment and Evaluation: Supportive Learning Environment Action Steps I-IV
A Director of Advisement and Counseling was hired in late 2018. The Director is currently meeting with students and ASB to conduct a needs assessment. This position will also chair the grievance committee.

A tutor / mentor was hired in late 2018 and currently meeting with students and faculty and conducting a needs assessment. The goal is to have the tutor / mentor available in the clinical areas for students who need additional skills enhancement.

The category of at risk students was added to the CAMS database to identify students who might need additional help early on in the semester.

Impact of these new additional support structure will be monitored through course and program evaluations.

Action Projects for improvement emerging from the self- evaluation process

Action Project # 3: Decision Making

Desired Goals / Outcomes:
Promote Student Success by implementing a governance structure that:
1. Promotes accountability
2. Ensures faculty and student participation in decision-making
3. Adheres to a streamlined committee approval process

Standards: I. A.B. II.A.B.C. IV. A

Action Steps to be Implemented	Timeline	Responsible Parties	Resources
I. Restructure college governance committees. This project will ensure that various college committees review policies, procedures, and other documents in a timely and efficient manner. Having an expedited process will result in a more accountable and streamlined approach to decision-making.	Implement Spring 2017. Progress will be monitored annually and interventions	Provost Faculty ASB	College Governance
II. Combine all support services under one dean of Student Support Services. Having all student support services under one leader will ensure availability of resources for students and faculty.	Fall 2018 through Spring 2019	Provost Faculty ASB	College Governance
III. Increase student participation in college committees and enhance student leadership skills through participation in strategic planning review.	Spring 2018 and ongoing	Provost Faculty ASB	College Governance

Assessment and Evaluation: Decision Making: Action Steps I-III
New committee structure was implemented in late 2017 and continuing in 2018. There is now a more streamlined process for policy and document approvals which has resulted in an expedited approval process.

Support Services has been consolidated under one Dean who has responsibilities for Office of Educational Services, Financial Aid, and Educational Resource Center. Consolidation started in late 2017 and will continue in 2019. Having one Dean in charge of support services has resulted in timely and accurate implementation of admission and registration processes, an efficient workflow for the OES staff, and a streamlined process that has benefited the students.

Action Projects for improvement emerging from the self- evaluation process

Action Project # 3: Decision Making (continued)

Assessment and Evaluation:
Action Project # 3: Decision Making Action Steps I-III

Implementation of new committee structure has resulted in a streamlined and efficient process for policy and document approval.

There is continued excellent student participation in college committees. The Provost attends ASB meetings to go over the College strategic plan.

Will monitor staff issues and concerns with new committee structure through staff satisfaction survey and student satisfaction through course and program evaluation surveys.