Los Angeles County
COLLEGE OF NURSING
AND ALLIED HEALTH
1237 North Mission Road, Los Angeles, California 90033

Accreditation Follow-Up Report

MARCH 15
2014

Prepared for the

Accrediting Commission for Community and Junior Colleges

Western Association of Schools and Colleges

Accrediting Commission for Community and Junior Colleges
10 Commercial Boulevard, Suite 204
Novato, CA 94949

Submitted by:
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Los Angeles County

COLLEGE OF NURSING ▸ School of Nursing
AND ALLIED HEALTH ▸ Education & Consulting Services
▸ Allied Health Continuing Education
1237 North Mission Road, Los Angeles, California 90033   (323) 226-4911/6511

March 15, 2014

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

From: Nancy W. Miller, Ed.D., RN, Provost
        Los Angeles County College of Nursing and Allied Health
        1237 North Mission Road
        Los Angeles, CA 90033

The Los Angeles County College of Nursing and Allied Health Accreditation Follow-Up Report due March 15, 2014 is attached. The report describes the College's compliance with the Accrediting Commission's recommendations to meet standards delineated in the Action Letter, dated July 3, 2013.

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

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

Sincerely,

Nancy Miller, EdD, RN   Provost, Los Angeles County College of Nursing and Allied Health

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

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From: Nancy W. Miller, Ed.D., RN, Provost
Los Angeles County College of Nursing and Allied Health
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This Accreditation Follow-Up Report describes the College's compliance with the Accrediting Commission's recommendations to meet standards delineated in the Action Letter, dated July 3, 2013. This report was prepared by College Administration in collaboration with governing committees, faculty, staff, and students.

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

Vivian Branchick	DATE. 2/16/14	
Vivian Branchick, MS, RN	President, Board of Trustees Chief Nursing Officer, Los Angeles County Department of Health Services, Office of Nursing Affairs	
Isabel Milan	DATE 2/18/14	
Isabel Milan, MBA, RN	Vice President, Board of Trustees Chief Nursing Officer, Los Angeles County+University of Southern California Medical Center	
Nancy W. Miller	DATE: 2/18/2014	
Nancy Miller, EdD, RN	Secretary, Board of Trustees Provost, Los Angeles County College of Nursing and Allied Health	
Jeffrey Anderson	DATE: 2/18/2014	
Jeffrey Anderson, MSN, RN	Director, Educational Resource Center	
Tammy Blass	DATE. 2/18/14	
Tammy Blass, EdD, RN	Dean, Education and Consulting Services	
Maria C. Caballero	DATE. 2/18/14	
Maria Caballero, BSN, RN	Dean, Administrative and Student Services	
Barbara Collier	DATE: 2/18/2014	
Barbara Collier, M.Ed, RN	Dean, School of Nursing	
Doris DeHart	DATE. 2/18/2014	
Doris DeHart, BSN, RN	Administrator, Office of Financial Aid	
Herminia Honda	DATE: 2/18/14	
Herminia Honda, MSN, RN	Director, Research	
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Margaret Nazarey, MSN, RN	Director, Allied Health	

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Report Preparation

Discussion regarding accreditation findings and possible recommendations began immediately after the March 2013 visit in all committees including the Board of Trustees. Upon receipt of the recommendations, the College Planning Committee provided oversight to the Administrative Committee in planning, coordinating, developing, and completing the Follow-Up Report.

The Administrative Committee engaged all stakeholders in the planning stage to address the recommendations. Faculty, staff, and administrative personnel contributed to organizing and developing the Follow-Up Report. Students also contributed to the report through their School of Nursing and Associated Student Body committee membership. The plan for addressing the recommendations was to:

- Review all committee bylaws
- Expand Planning Committee membership to include support staff and students
- Review and update College policies related to governance and decision-making including the Committee Structure and Rules policy
- Create a policy for requesting and allocating resources
- Formalize an evaluation plan for governance, planning, and decision-making processes
- Add quality measures to the Institutional Effectiveness Program Review Plan
- Establish a College Technology Plan including evaluation elements.

Administrative Committee collaborated with the College and divisional governing and standing committee chairs to draft the responses to Recommendations One and Two. Administrative Committee also worked with the Institutional Effectiveness Committee, College Information Officer, and the Educational Resource Center Director to develop the response and obtain supportive evidence for Recommendation Five.

The Administrative Committee encouraged individual involvement by forwarding proposed changes to all faculty, staff, and students for review and comment. Planning Committee and the Board of Trustees discussed and approved all revisions, completed documents, and the final Follow-Up Report.

RECOMMENDATION #1: PLANNING AND DECISION-MAKING PROCESSES

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

Description:

The College reviewed the existing governance, planning, and decision-making structure and processes and restructured them, in collaboration with faculty, staff, administrators, and students, to ensure clarity of structure, function, and linkages. The documents assessed in this evaluation process included the College and divisional committee organizational charts, governing and standing committee bylaws, and policies related to governing, planning, and decision-making.

The College Governing and Standing Committee and School of Nursing (SON) Organizational Charts outline the institutional committee structure and delineate the major communication routes for planning, governance, and decision-making. The College assessed the committee organization and made several recommendations for restructuring to simplify and clarify the decision-making process and communication flow. The Administrative Committee was identified as the steering committee for integrating College and divisional committee communications to and from Planning Committee. The Operations Committee was eliminated and its functions were incorporated into those of the Administrative Committee. The College standing and divisional governing committee reporting line to Administrative Committee was clarified. The SON semester, course, and Curriculum Committee reporting relationships were also simplified. The SON Associated Student Body (ASB) was formally added to the committee organizational chart.

The College governing committees are the Board of Trustees (Board) and the Planning and Administrative Committees. The SON Faculty Organization and EDCOS Shared Governance Committees govern the instructional divisions. The Administrative and Student Services Committee governs the College Support Services. All divisional faculty and staff are voting members of their respective governing committees.

The committee structure also includes College and divisional standing committees whose purposes and functions support specific operations. The College standing committees are the Institutional Effectiveness (IE), Credentials, and Faculty Development Committees.

The EDCOS standing committee is the Critical Care/Specialty Services Council, which functions as the divisional curriculum committee.

The SON Faculty Organization has two standing committees: Admissions/Promotions and Curriculum. These two committees provide recommendations directly to Faculty Organization for discussion and approval vote.

The SON committee structure also includes the Nursing Theory and Clinical Practice course committees and the four semester committees. The course committees report directly to the Curriculum Committee and make recommendations to the Faculty Organization through the Curriculum Committee. The semester committees make recommendations to Nursing Theory Committee for theory course issues and to Clinical Practice Committee for clinical course concerns.

SON students participate in governance through the ASB and elect ASB and class officers. The ASB collaborates with College and SON committees regarding student issues and concerns affecting their educational experience. Faculty representatives serve as liaisons to the ASB.

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

Once the governing and decision-making structure and processes described in the organizational charts and bylaws were clarified, the College assessed existing policies to ensure correlation. These include the Committee Structure and Rules; Policy Development, Review, and Approval; and the Program Review Process policies. As a component of this review, the College identified the need to document the processes for requesting resources and drafted the Resource Request and Allocation policy.

The Committee Structure and Rules policy identifies the College and divisional governing and standing committees, describes the process for determining membership, designates expectations for bylaws and minutes, and delineates the duties of the chairperson, recorder, and members. Administrative Committee recommended significant policy revisions to reflect the changes to the organizational structure and reporting linkages. These revisions included identifying the governing and standing committees, processes for establishing committees, member roles in the decision-making process, membership assignment, and clarification of individual duties. The final document improved clarity and reflected an organized, systematic approach to decision-making. The proposed revisions were distributed to faculty and staff for review and comment prior to Planning committee review and discussion. Planning Committee recommended approval with minor revisions at their December 2013 meeting.

The College Policy Development, Review, and Approval policy describes the mechanism for establishing new policies or revising existing policies. Policy approval follows the pathways described in the College Governing and Standing Committee Organizational Chart. Through the processes outlined in this policy, any College committee, group, or individual may propose new policies or changes to current policies. The authoring individual or committee submits recommendations to the divisional course, standing, or governing committee in accordance with the committee organizational structure.

The divisional governing committees approve divisional policies. The divisional governing committees also recommend changes to College wide policies and practices to the College Administrative Committee. The Administrative Committee aggregates, refines, and prioritizes these recommendations and submits them to Planning Committee for discussion and approval vote. Planning Committee distributes all proposed and revised policies to faculty and staff for review and comment prior to final approval. Planning Committee submits policies to the Board for approval in accordance with regulatory agency requirements. Approved policies are posted and distributed to all faculty and staff and to students as applicable.

Student related policies are distributed to the ASB for review and comment. SON students provide input both directly as College and SON standing committee members and through the ASB faculty liaisons to the SON Faculty Organization.

Administrative Committee recommended revisions to the Policy Development and Approval policy to update, simplify, and clarify the mechanism for establishing new or revising existing policies. Administrative Committee distributed the proposed revisions to faculty and staff and presented their recommendations for review and approval at the December 2013 Planning Committee meeting. The Board approved the Planning Committee's recommendations via e-mail and confirmed approval at the February 2014 meeting.

The Program Review Process policy establishes the quality improvement process that guides the College in effectively meeting its mission. The policy defines the data collection tools, delineates methods for assessing and evaluating institutional effectiveness, and specifies individual roles and responsibilities in the program review process. Planning Committee approved extensive revisions to this policy in August 2013.

As a component of assessing the governance and decision-making process, the College determined that it needed to describe the pathways and processes for identifying, prioritizing, and requesting needed resources. All stakeholders provide input into College resource needs. Resources are requested and approved through recognized routes, which are outlined in the policy. The Administrative Committee drafted the College Resource Request and Allocation policy and circulated it to faculty and staff for review and comment. Planning Committee approved the new policy at the December 2013 meeting.

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

College level changes include:

- Administrative Committee absorbed Operations Committee functions, which eliminated redundancy and clarified its purpose in governance and decision-making. The committee serves as the steering committee for college standing and divisional governing and academic committees. The committee also directs programs and operations to support the College mission, vision, and values. The updated functions elucidate the committee's role in developing goals, aggregating and prioritizing recommendations, and reporting to Planning Committee.
- Planning Committee membership was expanded to be fully representative of College stakeholders by adding support staff and student representatives. Planning Committee will continue to provide leadership and ensure a fully-integrated institutional structure and process to achieve the College mission, vision, and values.
- College standing committees, including IE, Credentials, and Faculty Development, support operational activities of the College. Standing committee bylaws were updated to specify their individual roles in relationship to program review, resources and budget, policy review, regulatory compliance, and communication and collaboration. Reporting relationships were also clarified to streamline the decision-making process.

All faculty, staff, and students are voting members of their respective governing committees. The governing committees support the programs through facilitation of divisional policies and by making recommendations to College committees regarding various aspects of the programs. Committee minutes and reports demonstrate collaboration between committees and member participation in the planning and decision-making process.

Divisional level changes include:

- SON Faculty Organization approved changes to the SON committee structure and bylaws:
  - Nursing Practice course committee was renamed Nursing Theory to emphasize its focus and to differentiate its functions from those of the Clinical Practice course committee.
  - Semester and Course Committee reporting structure was clarified to emphasize the role of the Curriculum Committee in overseeing the course and semester committees on matters pertaining to curriculum development, evaluation, and revision.
  - ASB linkages to SON committees were clarified. ASB liaison reports were added to the Faculty Organization standing agenda.

- EDCOS developed bylaws for the Critical Care/Specialty Service Council to delineate its purpose and functions related to collaborative planning and decision-making to improve student success.
- The Administrative and Student Services Committee bylaws were developed to outline its functions in support of the academic programs and to promote student success. To facilitate support staff participation in governance and decision-making, committee functions include collaborating and communicating with faculty and staff regarding program outcomes and disseminating information from College committees to support staff members.

The College has written policies and processes that delineate faculty, staff, administrator, and student roles in decision-making. Policies were reviewed and updated to reflect correlation with the revised organizational structure and committee bylaws. A new policy was drafted to ensure that critical aspects of the decision-making process were documented.

Follow-Up Report – March 15, 2014

The College Committee Structure and Rules policy revisions defined the College and divisional governing and standing committees in alignment with the organizational structure revisions and reflected committee linkages. The College Policy Development, Review, and Approval policy formalizes the decision-making pathways depicted in the committee organizational structure. The Program Review Process policy 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 newly implemented Resource Request and Allocation policy establishes pathways and processes for identifying, prioritizing, and requesting needed resources. The policy compliments the Services, Supplies, and Equipment: Ordering and Tracking policy and delineates the decision-making process and roles in requesting and allocating resources. Creating the policy validated and documented a shared understanding of the resource request process within the College community.

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

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

Supportive Evidence
Addendum A: Committee Organizational Charts
- College Governing and Standing Committees – 2014 and 2013
- School of Nursing Committees

Addendum B: Bylaws Matrices
- College Governing and Standing Committees
- School of Nursing Committees
- Education and Consulting Services, Associated Student Body, and Administrative and Student Services Committees

Addendum C: College Policies:
- #100: Policy Development, Review, and Approval
- #120: College Committee Structure and Rules
- #340: Program Review Process
- #730: Resource Request and Allocation

Improvement Plans
None

RECOMMENDATION #2: PLANNING AND COMMUNICATION

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

Description
As a result of the focused review of its governance structure and decision-making processes, the College assessed current systems for evaluating efficacy and developed additional methods based on analysis of assessment findings. The College continues to maintain broad and open communication with its stakeholders at all levels to ensure information flow to support institutional improvements.

The existing methods for evaluating all aspects of institutional effectiveness including planning, governance, and decision-making are guided by the College Institutional Effectiveness (IE) Plan. The IE Plan describes the continuous improvement process, which is based on analysis of data and is used to measure the degree to which the College is effective in meeting its mission. The IE Program Review Plan details specific items monitored to evaluate institutional effectiveness. The IE Program Review Plan identifies the items measured, the standards guiding the performance of the item, monitoring tools for assessing each item, compliance threshold, frequency of reporting/IE Committee review, and accountability for item tracking and improvement. The Program Review policy guides the implementation and evaluation of the continuous improvement process.

As a component of this focused review, the College drafted the Committee Bylaws Matrices and circulated it to governing and standing committee chairs for review with their respective committee members. The review provided committees with the opportunity to evaluate the entire governance structure and process and to recommend modifications to clarify and streamline communication flow and outcomes. This dialogue enhanced everyone's understanding of the planning and decision-making process and strengthened the system. Bylaws review and update is scheduled every three years and the Bylaws Matrices will be used to support all future evaluations of committee purpose, functions, and roles.

The College conducts several surveys that include components indicative of the efficacy of the planning, decision-making, and governance structure. These include the Board of Trustees' (Board) Self Appraisal, the Employee Satisfaction Survey, and the School of Nursing (SON) pregraduation Program Evaluation Survey.

Board Self Appraisal: The Board evaluates its effectiveness every three years. In the past three rating periods, the members rated the majority of items pertaining to governance, leadership, and decision-making higher than the 3.5 threshold (scale 1 to 5, 5-highest). At the August 2012 meeting, the members reviewed the most recent trended results and were concerned about item 5c, which consistently fell below threshold: "the Board sets and evaluates goals for its own functioning". The Board analyzed the findings and concluded that their functions as outlined in the bylaws established their goals. They revised the Self-Appraisal item accordingly and will re-evaluate with the next scheduled Self Appraisal.

Board of Trustees Self Appraisal Responses

Item #	Item	Average Rating		
		2006	2009	2012
1	**Board Organization and Dynamics**	3.8	3.9	3.9
1a	Roles of officers and chair are clear	3.8	3.8	3.9
1b	Board functions are understood	3.7	3.9	3.9
1c	Meetings purposes are achieved	3.8	3.9	3.8
2	**Decision-Making Process**	3.7	4.0	3.9
2a	Members respect each other's opinion	3.7	4.0	4.0
2b	Members have opportunity to contribute to decisions	3.7	4.0	4.0
2c	Members receive adequate background information	3.6	4.0	3.8
5	**Goals, Objectives, and Priorities**	3.5	3.7	3.6
5a	Board encourages and promotes long-range planning	3.5	3.8	3.8
5b	Board activities and priorities are tied to the mission and goals	3.8	3.9	3.7
5c	Board sets and evaluates goals for its own functioning	3.1	3.4	3.4
6	**Member Participation the Past Year**			
6a	Mission Statement review and approval	3.6	3.8	3.8
6b	Establishment of Strategic Directions	3.6	3.4	3.8
6c	College budget preparation/review/analysis	3.3	3.6	3.7

Source: Board of Trustees Self Appraisal - Summary

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

Employee Satisfaction Survey Responses related to Leadership, Governance, and Decision-Making

Item #	Item	Average Rating		
		AY 08-09	AY 09-10	AY 10-11
1.2	I uphold the values of the college and contribute to meeting its mission	4.62	4.57	4.63
1.4	I get to share my ideas with others and participate in decision-making through membership in committee	3.96	3.86	4.08
1.5	I have opportunities to give input in matters affecting the college	3.76	3.69	3.96
1.13	My supervisor keeps me updated regarding changes that will impact my assignments and responsibilities	4.25	4.29	4.43
1.17	Team work is encouraged and practiced within my division and between division	3.75	3.72	3.76

Source: Employee Satisfaction Survey Findings - Summary

In addition, employees are required to complete an annual self assessment as part of their performance evaluation. Employees have the opportunity to reflect on their individual contributions to the Strategic Plan, College and divisional goals, committee work, and Student Learning Outcomes and to dialogue with their supervisor regarding their role in planning and decision-making.

SON Pregraduation Program Evaluation Survey: Student ratings of items pertaining to leadership, governance, and decision-making indicate a steady increase in the percentage of students participating in

governance. Student voting increased significantly from 36% for the class of 2012-I to 75% for class of 2013-II and student awareness of their rights to participate in governance increased from 93% to 100%.

SON Program Evaluation Survey Responses: Participation in Governance

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

Source: SON Program Evaluation Survey Findings - Summary

Analysis of these survey findings as well as committee membership and participation revealed that all stakeholders participated in evaluation of the governance, planning, and decision-making process.

The College considered various proposals for strengthening and formalizing the evaluation process. Planning Committee discussed the proposed methods and approved the Administrative Committee's recommendation to pilot a collaborative evaluation process. Planning Committee will lead governing and standing committee chairs, including the Associated Student Body (ASB), in an annual dialogue about the effectiveness of the governance structure and planning/decision-making process. Planning Committee will provide the chairs with a preparatory questionnaire to discuss with their members prior to the meeting. At the meeting, participants will discuss topics such as clarity of committee purpose and functions, redundancy with other committees, factors that supported/inhibited decision-making, communication/collaboration, information flow, satisfaction with the process, and recommendations for change. Participation of all committees in this evaluation process will facilitate a comprehensive review with input from all stakeholders. The Planning Committee approved the draft questionnaire at its January meeting and scheduled the pilot collaborative evaluation meeting for March 2014.

As a result of this focused review of the efficacy of the governance and decision-making process as well as the review of College planning related to technology, IE Committee recommended and Planning Committee approved several additions to the IE Program Review Plan.

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

Source: College of Nursing & Allied Health: 2014 Institutional Effectiveness Program Review Plan

The IE Committee will add all of these items to its annual Reporting Schedule for monitoring and follow up in alignment with the College's assessment, planning, implementation, evaluation, reassessment and improvement cycle. Findings will be used for program improvement as indicated and communicated to all stakeholders.

Analysis of Progress
The College has established methods for conducting regular analysis and evaluation of its planning, governance, and decision-making processes. The evaluation findings are communicated and used to plan improvements.

The new measures are in line with the 2010-2015 Strategic Plan and annual College goals. Planning Committee will assess the need for strategic plan revision in light of implemented changes as a component of the annual evaluation.

The first Planning Committee meeting with all committee chairs to analyze and evaluate the governance structure and processes is scheduled for March 2014. Based on the meeting findings, the committee chairs will participate in developing improvement plans as indicated. Analyses of findings, improvement plans, and subsequent outcomes will be included in the College Program Review Report. The College Information Officer will create a College internet web page section for posting the College Program Review Report to ensure broad communication of findings.

Supportive Evidence

Addendum A: Committee Organizational Charts
- College Governing and Standing Committees – 2014 and 2013
- School of Nursing Committees

Addendum B: Bylaws Matrices
- College Governing and Standing Committees
- School of Nursing Committees
- Education and Consulting Services, Associated Student Body, and Administrative and Student Services Committees

Addendum D: Governance and Decision-Making Evaluation Tool

Improvement Plans

Implement and evaluate the formalized process for evaluating College governance and decision-making.

RECOMMENDATION #5: TECHNOLOGY

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

Description

The Los Angeles County College of Nursing and Allied Health (College) has made significant improvements in technology since the Accreditation Site Visit. The College Information Officer (CIO) guided the administrative team in making essential technology advancements to meet evolving student support and instructional needs. The CIO led the Administrative Committee in creating a five-year technology action plan and timeline that included an overall assessment and analysis of:

- Existing processes for acquiring, accessing, and upgrading technology
- Technology hardware and software inventories and maintenance agreements
- Technology needs including instructional and support services
- Faculty, staff, and student survey findings
- Annual Program Evaluation Report findings
- Projected future needs and anticipated technology innovations.

The resulting comprehensive 2012-2017 College Information Technology Five-Year Action Plan and Timeline (Five-Year IT Plan) align with the 2010-2015 College Strategic Plan. The Strategic Plan goals include a technology focus:

Goal 1.A: Maintain current educational equipment and materials to support student learning. Strategies to accomplish this goal include:

- Implement the College Academic Management System (CAMS) and upgrade to enterprise system. This system is web-based and will provide convenient access to students and faculty
- Upgrade educational software and identify and replace any outdated equipment
- Acquire additional electronic resources
- Convert card catalog to electronic database
- Obtain IT personnel to maintain ongoing technology support.

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

- Use of technology in teaching and learning
- Online teaching/learning through the use of the Learning Management System
- Incorporation of audio/visual conferencing.

Goal 5.D: Implement College information systems. Strategies include:

- Redesign and update team services (intranet website) and Internet website
- Establish system for updating information on the website and intranet
- Implement online capability for improving the dissemination of information
- Enable student access to forms and documents.

The Planning Committee reviewed and revised the Five-Year IT Plan with input from the Board of Trustees (Board) at their August 2013 meeting. The Board approved the plan for implementation at their November 2013 meeting. Major areas addressed in the Five-Year IT Plan include:

- Coordinate ongoing technical support specific to College needs
- Optimize functionality of hardware/software
- Maintain currency of software/maintenance agreements
- Redesign/update College Internet and intranet
- Manage network issues in collaboration with Medical Center IT
- Establish and implement an improved web-based, student information database
- Upgrade multimedia materials, equipment, and workstations
- Identify and address faculty, staff, and student training needs.

In addition to the Five-Year IT Plan, the Administrative Committee initiated expansion of existing hardware and software inventories to create a Hardware/Software Technology Maintenance/Replacement Plan. The plan includes acquisition, maintenance, and targeted renewal/replacement dates and was adopted for College wide use.

The College uses various assessment methods/sources to obtain data to evaluate technology effectiveness and the need for hardware/software/instructional material replacement. These assessments include faculty, staff, and student survey findings; Student Learning Outcome Assessments; and Annual Program Evaluation Reports. Items regarding technology were added to the School of Nursing pregraduation Program Evaluation, the Education and Consulting Services Basic Adult Critical Care Program, and the Employee Satisfaction surveys. The College Institutional Effectiveness (IE) Committee added technology effectiveness monitoring items to the IE Program Review Plan and to the annual IE Reporting Schedule. This will support regular assessment of faculty, staff, and student perceptions of technology; planning for technology improvements; evaluation of the effectiveness of those improvements; and reassessment as indicated.

Planning Committee added annual review of the Technology Maintenance/Replacement Plan to its standing agenda items to coincide with the budget request preparation process. Planning Committee will also evaluate the status of technology progress as part of the annual Strategic Plan evaluation.

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

Technical Support Coordination
The CIO collaborated with Los Angeles County (LAC) Department of Health Services (DHS) and Los Angeles County + University of Southern California Medical Center (Medical Center) IT divisions as well as with various hardware and software vendors. This facilitated coordination of College technology functions and ensured continued progress to complete resolution of user problems.

Hardware/Software Upgrades
The CIO worked with College administrative staff to coordinate the following hardware and software upgrades:
- Installed 131 new computers including the student computer laboratories in collaboration with the Medical Center Regional Field Support staff
- Maintained the integrity of the student computer labs. Provided assistance for user problems. Ensured computers were secured in all computer labs
- Purchased and installed new testing scanner and conducted faculty training
- Installed new computer workstations in three large classrooms to enhance faculty presentations and student learning. The computers are directly linked to the network and provide faculty with direct access to their documents, the Internet, and intranet
- Installed new scanner for financial aid office
- Ordered 4 new laptops for faculty use
- Ordered 25 new printers as part of the DHS wide replacement plan
- Provided USB encrypted flash drives to faculty and staff to ensure document security in line with DHS requirements
- Improved email capabilities for all College employees by installing full version of MS Outlook
- Created student learning application software short cuts in student computer labs to allow remote desktop connection. Developed user guides
- Created College document backup and assigned individual and group folders on shared drive to eliminate faculty and staff data loss. Provided access to shared folder for document sharing
- Updated applications used by Financial Aid for processing and managing Title IV student financial aid records.

Maintenance Agreement Updates
The College worked with vendors and Medical Center Supply Chain Operations to reinstate and enforce maintenance contracts:
- Reinstated maintenance contract for survey scanner hardware and software
- Coordinated test scanner repair
- Obtained installation specifications for CAMS enterprise student information systems software. Maintained progress towards implementing the upgraded system within scheduled timelines
- Collaborated with Scantron to resolve technical issues. Upgraded testing software.

Internet and Intranet Improvements
The College Internet and intranet were updated and plans for future revisions were developed in collaboration with the DHS Web designer:
- Ensured all links were functional
- Updated postings: college documents, publications, site information, and faculty contact information
- Redesigned the College intranet site and completed data migration
- Developed a redesign for the College Internet site
- Designated College webmasters and participated in training.

Student Information Database Upgrade

The College focused on the ongoing goal to upgrade and implement the CAMS enterprise system to establish an integrated, comprehensive, student information database. Accomplishments include preparing hardware, software, and staff for the new processes:

- Established current student database and data dictionary for data conversion
- Installed hardware and software in collaboration with the Medical Center server group, coordinated hardware and software function, and migrated current CAMS data to new database servers.

Multimedia Instructional Materials and Equipment Updates

The Educational Resource Center (ERC) made several technologic improvements in relation to instructional and supplemental materials, equipment, and skills lab space with input from faculty, staff, and students:

- Secured new skills lab space and acquired an additional high-fidelity manikin. Created an action plan to establish a dedicated simulation lab
- Developed and implemented an ERC specific Hardware/Software Technology Maintenance/ Replacement Plan for tracking and triggering updates to skills lab equipment to match current technology and support student learning
- Coordinated review and planned replacement of outdated instructional videos
- Acquired Nursing Resource Center and eBook databases for student learning support and clinical preparation.

Technology Training

Training is provided when hardware/software is acquired/upgraded. Recent training was conducted for:

- Microsoft Outlook
- Microsoft Excel
- Testing scanner
- ParScore
- Class Climate survey software
- Classroom work stations
- Shared folders
- Nursing Resource Center and eBook databases
- High-fidelity manikin and scenarios
- Student Computer Lab software shortcuts
- Webmaster roles and duties
- CAMS Enterprise system.

The College conducts ongoing assessment of technology training needs. The College determined that the upcoming technology training needs are:

- CAMS Enterprise initial and end user training
- Internet and intranet navigation and functions
- Ongoing training related to new/upgraded hardware, software, and processes.

The development and implementation of the Five-Year IT and the Hardware/Software Technology Maintenance/Replacement Plans provide a dynamic framework for integrating technology planning with

institutional planning. Adding these plans to the IE Program Review Plan and to the Planning Committee standing agenda items will facilitate systematic assessment, planning, acquisition, maintenance, and upgrades of the technology infrastructure and equipment. The College will continue to improve its technology resources to support student learning and services and improve institutional effectiveness with input from faculty, staff, and students.

Supportive Evidence

Addendum E: 2012-2017 Five-Year Information Technology Action Plan and Timeline
Addendum F: College Hardware and Software Technology Maintenance/Replacement Plan

Improvement Plans

- Implement the upgraded CAMS enterprise student information database and conduct faculty, staff, and student training by Fall 2014
- Implement a dedicated simulation laboratory by Spring 2015
- Administer and analyze revised employee and student surveys that include technology effectiveness items by Fall 2014
- Complete data migration to new College intranet site by Spring 2014.

Addendum A

COMMITTEE ORGANIZATIONAL CHARTS

College Governing and Standing Committees – 2014 and 2013

School of Nursing Committees

College Governing and Standing Committees 2014

Board of Trustees

College Planning

College Administrative

- Institutional Effectiveness
- Credentials
- EDCOS Shared Governance
- Faculty Development
- School of Nursing Faculty Organization
- Administrative & Student Services

Critical Care/ Specialty Services (curriculum)

Courses

Admissions/ Promotions

ASB

Curriculum

Theory & Clinical Courses

Semesters 1, 2, 3, & 4

College Governing and Standing Committees

Board of Trustees

Provost

College Planning

OPERATIONS

ACADEMIC

Institutional Effectiveness	College Administrative
Credentials	College Operations
Faculty Development	Administrative Support

EDCOS Shared Governance

Critical Care/Specialty Services - Curriculum

Courses

School of Nursing Faculty Organization

Allied Health

Admissions / Promotions

Curriculum

Courses

Los Angeles County
COLLEGE OF NURSING
AND ALLIED HEALTH

School of Nursing Committees
2014

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                    │  School of Nursing  │
                    │ Faculty Organization│
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┌─────────────────┐   ┌─────────────────┐   ┌─────────────────┐
│   Admissions/   │   │    Associated   │   │                 │
│    Promotions   │   │   Student Body  │   │    Curriculum   │
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                     │ Nursing Theory  │                         │Clinical Practice│
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      │  Semester 1  │              │  Semester 2  │  │  Semester 3  │          │  Semester 4  │
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Addendum B

BYLAWS MATRICES

College Governing and Standing Committees

School of Nursing Committees

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

Los Angeles County College of Nursing and Allied Health

College Governing and Standing Committee Bylaws

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

NAME	Board of Trustees	Planning	Administrative	Institutional Effectiveness	Credentials	Faculty Development
	recommend courses of action Approve the selection of the provost & evaluate his/her performance					
Resources/Budget	3. Monitor the financial status of the College, review/approve budget requests & funding proposals, & advocate for resources	3. Review & recommend approval of budget requests & resource allocation to meet strategic planning goals	3. Assimilate & prioritize needs, prepare budget requests, & develop plans for resource allocation Monitor & track expenditures & purchase orders	3. Aggregate data identified in program reports & communicate resource needs	3. Investigate, evaluate, & recommend incorporation of community standards related to staffing & employee qualifications	3. Evaluate & recommend professional development programs & materials
Policies	4. Recommend, monitor, & approve the policies, rules & regulations under which programs operate	4. Review & approve/recommend approval of College policies & procedures	4. Draft, update, recommend approval, guide implementation, & evaluate policies & procedures	4. Design, review, & update the Program Review Plan & related policies, documents, & forms	4. Develop, evaluate, & revise College policies, procedures, guidelines, & forms related to hiring, orientation, & promotion of faculty & staff	4. Develop, evaluate, & revise College policies, procedures, guidelines, & forms related to professional development of faculty & staff
Regulatory Compliance	5. Monitor compliance, approve reports, & direct participation in the accreditation processes of the WASC:ACCJC, the California BRN, & other allied health & accrediting/regulatory agencies	5. Verify, monitor, & facilitate institutional processes to maintain compliance with regulatory agency requirements. Review & approve regulatory agency reports	5. Plan, delegate, develop, & review regulatory agency & mandatory reports. Implement measures to ensure compliance with standards. Verify compliance with mandatory requirements	5. Incorporate regulatory standards into the Program Review Plan	5. Review College hiring & orientation policies and procedures for compliance with those of regulatory agencies, LA County, & DHS. Recommend revisions as indicated	5. Review College education & training policies and procedures for compliance with those of regulatory agencies, LA County, & DHS. Recommend revisions as indicated
Communication/ Collaboration	6. Uphold decisions made by the Board, advocate for the institution, & protect it from undue influence or pressure 7. Communicate & collaborate with College Planning Committee. Initiate & approve recommendations Adhere to the Board of Trustees' Membership Agreement & Code of Ethics	6. Collaborate & communicate with all governing & standing committees. Disseminate information to faculty, staff, & students 7. Make recommendations to the Board of Trustees	6. Collaborate & communicate with DHS, Medical Center, & College committees; integrate information & reports; & disseminate information 7. Make recommendations to College Planning Committee	6. Provide consultation & guidance to College committees, faculty & staff. Disseminate report findings 7. Make recommendations to the College Administrative Committee	6. Collaborate with faculty to determine effectiveness of selection & peer review processes 7. Provide policy & procedure recommendations to the College Administrative Committee	6. Collaborate with faculty to identify professional development needs 7. Provide policy & procedure recommendations to the divisional governing & College Administrative committees

NAME	Board of Trustees	Planning	Administrative	Institutional Effectiveness	Credentials	Faculty Development
MEMBERSHIP	Elected & nonelected members	Provost, divisional deans, directors, faculty, staff, & student representatives	Provost, & designated deans & directors	Research director, administration, faculty, & staff	Faculty members from all divisions	Faculty members from all divisions
REPORTS TO	DHS	Board of Trustees	Planning Committee	Administrative Committee	Administrative Committee	EDCOS Shared Governance & SON Faculty Organization Committees
MEETINGS	Four times/year	Monthly	Four times/month	Monthly	Quarterly	Quarterly

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

Rev'd: 9/24/13, 10/8/13, 10/22/13, 11/12/13, 11/26/13, 12/12/13, 1/16/14

School of Nursing Committee Bylaws

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

NAME	Faculty Organization	Admissions/Promotions	Curriculum	Nursing Theory	Clinical Practice	Semester Committees
	course committees, & review & approve committee recommendations	policies; recommend revisions as indicated Verify that the admission process test instruments are valid, reliable, & minimize cultural bias	pertaining to curriculum development, evaluation, & revision Identify & propose curriculum revisions based on SLO achievement & changes in education & healthcare	pertaining to nursing theory course development, evaluation, & revision based on SLO achievement & changes in education & healthcare	to clinical course development, evaluation, & revision Identify & propose clinical course content revisions based on SLO achievement & changes in education & healthcare	assist students to achieve SLOs Maintain consistent use of grading methods, course objectives, syllabi, test blueprints, & schedules
Resources/Budget	3. Prioritize resource needs & submit requests to College Administrative Committee	3. Recommend testing tools & educational materials to support student admission & progression	3. Recommend educational materials/resources that support the curriculum & align with community practice/standards	3. Recommend educational materials/resources to support the theory course content & align with community practice/standards	3. Recommend educational materials/resources to support the clinical course content & align with community practice/standards Assess & request skills/computer lab resources to support student learning	3. Recommend resources identified in course SLO assessment to support student learning
Policies	4. Review, revise, & approve SON policies & submit to College Administrative Committee for review & approval	4. Develop, evaluate, & revise policies, procedures, guidelines, & forms related to student admission & promotion: • Admissions, transfer of credit • Criminal background check • Nursing course exemptions/challenges • High risk student • Curriculum plan • Transition course • Make up examination • Grading systems • Academic status/warning • Academic withdrawal, dismissal, failure Ensure policies & procedures related to admission, progression, & graduation are	4. Develop, evaluate, & revise policies, procedures, guidelines, & forms related to the curriculum: • Philosophy, conceptual framework • Program purpose, objectives • Curriculum changes • Textbook approval • Intercommittee Communication	4. Develop, evaluate, & revise policies, procedures, guidelines, & forms related to theory courses: • Testing • Syllabi • Textbooks • Educational media	4. Develop, evaluate, & revise policies, procedures, guidelines, & forms related to clinical courses: • Grading for clinical courses • Skills & drug dosage calculation competency • Clinical remediation • Textbooks	4. Consistently implement relevant DHS, College, & SON policies. Recommend revisions as indicated

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NAME	Faculty Organization	Admissions/Promotions	Curriculum	Nursing Theory	Clinical Practice	Semester Committees
		applied fairly & equitably regardless of age, sex, race, creed, nationality, disability, color, marital status, or sexual orientation				
Regulatory Compliance	5. Establish, monitor, & facilitate SON processes to maintain compliance with regulatory agency requirements Develop, review, & approve regulatory agency reports	5. Validate, monitor, & facilitate compliance with regulatory agency requirements related to admission, progression, & graduation	5. Ensure the curriculum maintains compliance with regulatory agency requirements	5. Ensure theory course content maintains compliance with regulatory agency requirements	5. Ensure clinical course content maintains compliance with regulatory agency requirements	5. Ensure semester course content adheres to regulatory agency requirements
Communication/ Collaboration	6. Communicate & collaborate with standing, course, & semester committees. Disseminate information from DHS, Medical Center, & College committees. Maintain formal & informal communication between local, state, & regional agencies & affiliating institutions. 7. Make recommendations to the College Administrative Committee	6. Communicate & collaborate with College & SON committees regarding admissions & progression matters 7. Make recommendations to the SON Faculty Organization	6. Communicate & collaborate with College & SON committees regarding curriculum matters. Disseminate information related to educational/nursing practice trends, curriculum revisions, & regulatory agency changes to all stakeholders 7. Make recommendations to the SON Faculty Organization	6. Communicate & collaborate with standing & semester committees regarding nursing theory course matters; review semester reports & proposals 7. Make recommendations to SON Curriculum Committee	6. Communicate & collaborate with standing & semester committees regarding clinical course matters; review semester reports & proposals 7. Make recommendations to SON Curriculum Committee	6. Communicate & collaborate with standing & course committees regarding teaching, clinical site, & student issues 7. Make recommendations to SON course committees
MEMBERSHIP	SON dean, provost, Administrative & Student Services dean, research director, ERC director, assistant directors/semester coordinators, skills lab coordinator, faculty	• Minimum of one faculty member from each semester • One student representative from each class	• Minimum of one faculty member from each semester • One student representative from each class	Minimum of one faculty member from each semester	• Minimum of one faculty member from each semester • Skills lab coordinator	Teaching faculty assigned to each semester
REPORTS TO	College Administrative Committee	SON Faculty Organization	SON Faculty Organization	SON Curriculum	SON Curriculum	SON Nursing Theory & Clinical Practice
MEETINGS	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly

Page 3 of 3

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

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

NAME	EDCOS Shared Governance	EDCOS Critical Care/Specialty Service	Administrative and Student Services	SON Associated Student Body
Collaboration	regarding issues impacting nursing education & practice Communicate & collaborate with DHS, Medical Center, & College committees & disseminate information 7. Make recommendations to College Administrative Committee	meet educational needs & improve course effectiveness in ensuring student success 7. Make recommendations to EDCOS Shared Governance Council	regarding program outcomes. Disseminate information from College committees to support staff members 7. Make recommendations to College Administrative Committee	liaisons regarding student issues & concerns affecting their educational experience 7. Make recommendations to SON Faculty Organization
MEMBERSHIP	Dean, provost, assistant director, all EDCOS faculty	Dean, all EDCOS faculty	Administrative & Student Services dean, office manager, all support service staff	ASB president, vice-president, treasurer, secretary, president of each class, Special Projects Committee representative One representative from each of the following organizations: • Newman Club/Nurses' Christian Fellowship • NSNA/CNSA (California Nursing Student Association)
REPORTS TO	College Administrative Committee	EDCOS Shared Governance Council	College Administrative Committee	SON Faculty Organization
MEETINGS	Monthly	Quarterly	Monthly	Monthly during the School Year

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

Rev'd: 10/10/13, 10/22/13, 11/12/13, 11/26/13, 12/10/13, 1/16/14

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Addendum C

COLLEGE POLICIES

#100: Policy Development, Review, and Approval

#120: College Committee Structure and Rules

#340: Program Review Process

#730: Resource Request and Allocation

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
POLICY & PROCEDURE MANUAL

Subject: **POLICY DEVELOPMENT, REVIEW, & APPROVAL**	Original Issue Date: November 25, 2002	Policy #: **100**
	Supersedes: November 19, 2010	Effective Date: February 28, 2014

Committees Consulted: School of Nursing Faculty Organization EDCOS Shared Governance College Administration	Reviewed & Approved by: College Planning Board of Trustees	Approved by: *Nancy W. Miller* Provost, College of Nursing & Allied Health (signature on file)

PURPOSE:

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

POLICY:

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

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

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

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

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

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

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

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

DISTRIBUTION: College of Nursing & Allied Health Policy & Procedure Manual

Subject:
POLICY DEVELOPMENT, REVIEW, AND APPROVAL

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

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

Policy Approval Exceptions:

Clerical or technical changes, made to a policy that do not affect the content or meaning, do not require faculty and/or staff approval.
 Examples: The name Associated Student Body is changed to read Associated Students' Assembly; or there is a renaming of policy that takes place to aid in indexing the manual.

PROCEDURE:

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

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

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

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

Policy reviewers submit recommendations in writing.

College/divisional governing committee:
- Adds draft/revised policy to committee meeting agenda
- Reviews final drafts and distributes to faculty and staff for a minimum of five working days prior to final approval
- Determines policy number and documents number on policy (new policy only)
- Documents approval status in the committee minutes
- Submits policies to the Board of Trustees for approval, if indicated
- Indicates new effective date on the policy.

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

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

Provost/provost's secretary:
- Posts policies on the College intranet
- Notifies faculty and staff of policy approval

Subject:
POLICY DEVELOPMENT, REVIEW, AND APPROVAL

- Files originals of approved policies in College Policy and Procedure Manual
- Updates Policy Tracking Log.

PROCEDURE DOCUMENTATION:

Policy Tracking Log

REFERENCES:

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

REVISION DATES:

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

DISTRIBUTION: College of Nursing & Allied Health Policy & Procedure Manual

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
POLICY & PROCEDURE MANUAL

Subject: **COLLEGE COMMITTEE STRUCTURE AND RULES**	Original Issue Date: June 28, 2005	Policy #: **120**
	Supersedes: March 10, 2011	Effective Date: December 12, 2013

Committees Consulted: College Administration	Reviewed & Approved by: College Planning	Approved by: *Nancy W. Miller* Provost, College of Nursing & Allied Health (signature on file)

PURPOSE:

To establish the structure and rules for College and divisional committees

POLICY:

Committee Structure:

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

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

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

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

Divisional committees include:
▪ EDCOS standing committees:
  • Critical Care/Specialty Services
  • Critical Care Nurse Manager/Educator.

▪ SON committees:
  • Standing: Admissions/Promotions and Curriculum
  • Course: Nursing Theory and Clinical Practice
  • Semester: one each for semesters one, two, three, and four.

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

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

DISTRIBUTION: College of Nursing & Allied Health Policy & Procedure Manual

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

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

Committee Rules:

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

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

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

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

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

Minutes are:
- Recorded at all committee meetings
- Posted on the intranet and are accessible to all faculty, staff, and students
- Filed as paper copy and include meeting handouts
-
- Kept for seven years.

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

Committees evaluate their effectiveness every two years

PROCEDURE:

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

Chairperson:
- Develops annual meeting schedule and distributes to members and administration
- Creates meeting agenda
- Distributes agenda and previous meeting minutes to members prior to meeting
- Assigns member to record minutes
- Reviews minutes for accuracy
- Leads the meeting including review/approval of minutes, follow up action status reports, and discussion of agenda items
- Follows up on assignments, pending items, and recommendations from other committees/individuals
- Submits approved minutes for electronic posting
- Files paper copy of minutes and handouts in designated location
- Submits committee reports as scheduled/requested.

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

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

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

PROCEDURE DOCUMENTATION:

Committee Membership Roster
Committee Meeting Schedule

REFERENCES:

College Governing and Standing Committee Organizational Chart
College/Divisional Committee Bylaws
College Policy #431: File Maintenance

Subject:
COLLEGE COMMITTEE STRUCTURE AND RULES

REVISION DATES:

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

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
POLICY & PROCEDURE MANUAL

Subject: **PROGRAM REVIEW PROCESS**	Original 1996	Policy #: **340**
	Supersedes: January 21, 2010	Effective Date: August 15, 2013

Committees Consulted: College Institutional Effectiveness	Reviewed & Approved by: College Administrative Committee College Planning Committee	Approved by: *Nancy W. Miller* Provost, College of Nursing & Allied Health (signature on file)

PURPOSE:

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

Definition:

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

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

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

POLICY:

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

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

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

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

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

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

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

Subject:
PROGRAM REVIEW PROCESS

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

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

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

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

PROCEDURE:

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

Outcomes Evaluation Reports

Course/Program/Instructor OER

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

- Distributes evaluation survey forms to designated course instructor one week prior to the end of the course
  School of Nursing
  - Courses
    — Distributes electronic surveys to students
    — Closes survey by designated deadline
  - One Day Classes

Subject:
PROGRAM REVIEW PROCESS

- — Instructs designated student to distribute, collect, and return the course surveys to Office of Educational Services (OES)

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

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

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

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

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

Non Course/Program Outcomes Evaluation Report

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

Student Learning Outcomes Report

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

- Submits report electronically to the Research Director
- Presents report to the IE Committee.

Research Director/designee:
- Reviews completed reports and makes recommendations for change, as applicable
- Tracks improvement plan implementation and evaluation
- Posts SLO Assessment Reports
- Maintains report records for a minimum of seven years.

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Subject:
PROGRAM REVIEW PROCESS

Annual Program Evaluation Report

Provost, Divisional Dean/Director, SON Committee Chair:
▪ Develops the report in consultation with divisional faculty and staff and documents findings and plans for improvement:
  • Programs: APER
  • SON committees: ACER. SON Dean incorporates ACER content into SON APER.

▪ Submits report electronically to the Research Director
▪ Presents report to:
  • Divisional faculty/staff
  • IE Committee (programs only)
  • Board of Trustees (programs only).

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

College and Divisional Goals

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

Strategic Plan

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

PROCEDURE DOCUMENTATION:

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

REFERENCES:

ACCJC Accreditation Reference Handbook
ACCJC Guide to Evaluating Institutions
California Code of Regulations: Title 16, Division 14, Article 3: Schools of Nursing, Section 1424 (b) (1)

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Subject:
PROGRAM REVIEW PROCESS

County of Los Angeles Strategic Plan
LAC+USC Medical Center Strategic Plan
College Strategic Plan
College Mission, Vision, and Values
College Annual Goals
Institutional Effectiveness Program Review Plan Narrative
Institutional Effectiveness Program Review Plan
Student Learning Outcomes – College, General Education, Program, and Course
Request for Consideration of Program Needs

REVISION DATES:

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

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
POLICY & PROCEDURE MANUAL

Subject: **RESOURCE REQUEST AND ALLOCATION**	Original Issue Date: December 12, 2013	Policy #: **730**
	Supersedes:	Effective Date: December 12, 2013

Committees Consulted: College Administrative	Reviewed & Approved by: College Planning	Approved by: *Nancy W. Miller* Provost, College of Nursing & Allied Health (signature on file)

PURPOSE:

To establish the process for resource request and allocation

POLICY:

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

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

PROCEDURE:

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

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

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

Subject:
RESOURCE REQUEST AND ALLOCATION

Research Director:
- Compiles requested resources from survey findings and from ACER, APER, and SLO Assessment Reports using Program Resource Needs form
- Presents Program Resource Needs Report to Planning Committee annually
- Guides Planning Committee in the annual review and evaluation of the status of the preceding year's Program Resource Needs Report.

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

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

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

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

PROCEDURE DOCUMENTATION:

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

DISTRIBUTION: College of Nursing & Allied Health Policy & Procedure Manual

Subject:
RESOURCE REQUEST AND ALLOCATION

Expenditure Management: Statement of Expenditures and Revenues Report

REFERENCES:

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

REVISION DATES:

December 12, 2013

Addendum D

GOVERNANCE AND DECISION-MAKING EVALUATION TOOL

Los Angeles County

COLLEGE OF NURSING AND ALLIED HEALTH

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

1237 North Mission Road, Los Angeles, California 90033   (323) 226-4911/6511

College Planning Committee

Governance and Decision-Making Evaluation

Committee: _____   Chair: _____

The Planning Committee requests your attendance at the meeting scheduled for Date: March 13, 2014
to participate in a collaborative evaluation of the College governance structure and decision-making processes. Your committee is an essential component of governance and decision-making and Planning Committee would like your input.
Please lead discussion of the following topics with your committee members and bring a brief written summary of the responses to the meeting.
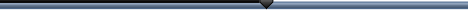
1. **Functions**: Clarity of committee purpose and functions. Membership participation

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

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

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

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

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

7. **Satisfaction**: What do you like about the structure and process? What don't you like?

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

Addendum E

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

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

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

Timeline axis: st 11 | November 21 | March 1 | June 11 | September 21 | Jan
9/16 | 11/4 | 12/23 | 2/10 | 3/31 | 5/19 | 7/7 | 8/25 | 10/13 | 12/1

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

LAC+USC IT Staff

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

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

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

Legend:

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

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

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

Task	▬▬▬	External Tasks	▬▬▬	Manual Task	▬▬⊐	Finish-only	⊐
Split	··············	External Milestone	◆	Duration-only	▬▬	Deadline	⬇
Milestone	◆	Inactive Task	▭▭	Manual Summary Rollup	▬▬	Baseline	▬▬
Summary	▬▬	Inactive Milestone	◇	Manual Summary	▬▬	Progress	▬▬
Project Summary	▭▭	Inactive Summary	▽▽	Start-only	⊏	Slippage	▬▬

Addendum F

COLLEGE HARDWARE AND SOFTWARE
TECHNOLOGY MAINTENANCE/REPLACEMENT PLAN

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
HARDWARE AND SOFTWARE TECHNOLOGY MAINTENANCE / REPLACEMENT PLAN OVERVIEW
FISCAL YEAR 2013-2014

	Item	Quantity	Acquisition Date	Target Replacement/ Renewal Update	Maintenance Date	Actual Replacement/ Renewal Date	Comments
	HARDWARE INVENTORY						
1	Computers	128	05/06/13	5 years	Ongoing		2018 (20% replacement annually)
2	Printers	25	Unknown	5 years	Ongoing		Ordered 06/12/13
3	Scanner	3	Unknown	5 years	Ongoing		Ordered 05/8/13
4	Copy Machine	3	Unknown	5 years	Ongoing		Refurbished Replacement
5	Laptops	4	Unknown	5 years	Annually		Pending Delivery
6	Hi Fidelity PC	2	2011	5 years	Annually		
7	Class Climate Scanner	1	2009	Due 11/6/13	07/18/13	Pending	M. Caballero will check for OLR
8	ParScore Scanner	1	2004	Due 08/31/13	Ongoing	Pending	M. Caballero will check for OLR
9	CAMS Servers	3	2012	5 years	Ongoing		Managed by LAC+USC IT
10	Class Climate Server	2	2011	5 years	Ongoing		Managed by LAC+USC IT
	SOFTWARE INVENTORY						
1	Class Climate	1	2009	Due 07/31/13	Annually	12/06/13	Maintenance Agreement 08/01/13 to 07/01/14
2	ParScore/ParTest	1	2004	Due 08/31/13	Annually	08/21/13	Maintenance Agreement 09/01/13 to 08/31/14
3	Transcript Data Base	1	07/16/08		Ongoing		Waiting for CAMS
4	CAMS (Window Server)	1	07/04/05		None		Migrate to CAMS
5	Ed Express (FA)	1		Upgrade 2014	Annually		Federal software
6	DL Tools (FA)	1	07/03/05	Upgrade 2014	As needed		Federal utility tool
7	Ed Connect (FA)	1		Upgrade 2015	Annually		Federal application
8	SSCR (FA)	1		Upgrade 2016	As needed		

Orig: 4/6/13

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

Computers/printers are tracked in PC inventory

1/22/14

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