Los Angeles County

# COLLEGE OF NURSING AND ALLIED HEALTH

1237 North Mission Road, Los Angeles, California 90033

## Self Evaluation Report of Educational Quality and Institutional Effectiveness

Submitted in Support of Reaffirmation of Accreditation

January 4
2013

**Prepared for the**
**Accrediting Commission for Community and Junior Colleges**
**Western Association of Schools and Colleges**

Accrediting Commission for Community and Junior Colleges
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Submitted by:
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1237 North Mission Road
Los Angeles, CA 90033

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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

January 4, 2013

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

This Self Evaluation Report of Educational Quality and Institutional Effectiveness is submitted to the ACCJC for the purpose of assisting in the determination of the institution's accreditation status.

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

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

Nancy Miller

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

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We certify that we read the final Institutional Self Evaluation Report ant that we were involved in the self evaluation process.

Vivian Branchick — DATE: 12/6/12
Vivian Branchick, MS, RN
President, Board of Trustees
Chief Nursing Officer, Los Angeles County Department of Health Services
Office of Nursing Affairs

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Accreditation Liaison Officer (ALO)
Deputy ALO (DALO)
Steering Committee Liaison *

NWM:nm
4/14/11, 12/20/11

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# INTRODUCTION

## HISTORY AND BACKGROUND

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

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

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

The College achieves its mission by graduating 100 to 150 students with an Associate of Science degree in Nursing every year. Over 98% of these SON graduates pass the national licensing exam. Surveys of 2010 SON graduates indicated that approximately 40% of the respondents were working for the DHS and over 90% were employed in healthcare facilities within Los Angeles County. EDCOS offers professional development classes and courses to nursing staff throughout DHS. Nurses from DHS acute care facilities receive critical care, emergency, and pediatric education and specialty certifications through EDCOS division courses. In the past year, EDCOS offered almost 400 classes and courses to approximately 7,000 participants.

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

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

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

## STUDENT ENROLLMENT AND DEMOGRAPHIC DATA

The SON enrolls new students in the Fall and Spring semesters. New students are admitted to the first semester and Licensed Vocational Nurses enter as advanced placement students in the third semester.

Student enrollment progressively increased through 2009 to meet LAC DHS workforce demands for new nurses. After 2009, in response to economic/budgetary constraints, faculty who retired or resigned were not replaced. As a result, student enrollment was curtailed in order to maintain sufficient faculty supervision to promote student learning and ensure patient safety in the clinical areas.

SON New Student Enrollment per Academic Year

| Academic Year | 2008-2009 | | 2009-2010 | | 2010-2011 | | 2011-2012 | |
|---|---|---|---|---|---|---|---|---|
| Semester | Fall | Spring | Fall | Spring | Fall | Spring | Fall | Spring |
| New Enrollment | 94 | 60 | 76 | 45 | 67 | 44 | 44 | 42 |

Source: BOT & IE Reports

SON Total Student Enrollment per Academic Year

| Academic Year | 2008-2009 | | 2009-2010 | | 2010-2011 | | 2011-2012 | |
|---|---|---|---|---|---|---|---|---|
| Semester | Fall | Spring | Fall | Spring | Fall | Spring | Fall | Spring |
| Total Enrollment | 308 | 309 | 333 | 276 | 274 | 242 | 231 | 205 |

Source: BOT & IE Reports

EDCOS CE and Non CE Classes Offered and Number of Students per Academic Year

| Academic Year | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 |
|---|---|---|---|---|
| Classes Offered | 393 | 394 | 390 | 344 |
| Students | 9238 | 7837 | 7384 | 6459 |

Source: EDCOS Program Review Reports

The County of Los Angeles is a complex and diverse urban area of 4,060 square miles with a diverse population of almost 9.9 million, which represents 27% of California residents. Applicants for the SON program must reside in or work for the County of Los Angeles and the ethnicity of the student body reflects the diversity of the County population. For the last several years, at least 90% of the student population accessed financial resources available through the College.

SON Student Body Demographics per Academic Year

| Academic Year | 2008-2009 | | 2009-2010 | | 2010-2011 | | 2011-2012 | |
|---|---|---|---|---|---|---|---|---|
| Semester | Fall | Spring | Fall | Spring | Fall | Spring | Fall | Spring |
| Female | | 78% | 77% | 77% | 73% | 73% | 77% | 76% |
| Male | | 22% | 23% | 23% | 27% | 27% | 23% | 24% |
| Age Range | | | | 20-59 | 21-61 | 20-60 | 20-64 | 20-60 |
| Ethnicity | | | | | | | | |
| Minorities | | 67% | 77% | 75% | 79% | 76% | 72% | 70% |
| Caucasian | | 26% | 23% | 20% | 21% | 24% | 28% | 29% |
| Black | | 8% | 10% | 8% | 9% | 7% | 7% | 3% |
| Hispanic | | 35% | 39% | 39% | 39% | 36% | 35% | 34% |
| Native American | | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Asian | | 10% | 11% | 12% | 15% | 14% | 15% | 20% |
| Filipino | | 17% | 17% | 16% | 16% | 16% | 13% | 10% |
| Other/Undeclared | | 4% | 0% | 1% | 0% | — | — | — |
| 2+ Races | — | — | — | — | — | 1% | 2% | 3% |

Source: Board of Trustees & Institutional Effectiveness Committee Reports

Comparison of SON Demographics with the Los Angeles County population and California and national nursing programs

| | **CONAH Fall 2012** | **L.A. County** | **CA ADN Programs** | **National ADN Programs** |
|---|---|---|---|---|
| Female | 80% | 50% | 80% | 85% |
| Male | 20% | 50% | 20% | 15% |
| Age Range | 20-60 | | 26-60 | |
| Ethnicity | | | | |
| Minorities | 73% | 72% | 61% | 25% |
| Caucasian | 27% | 28% | 39% | 75% |
| Black | 4% | 9% | 7% | 9% |
| Hispanic | 35% | 48% | 22% | 6% |
| Native American | 1% | 1.5% | <1% | 1% |
| Asian | 18% | 14% | 16% | 4% |
| Filipino | 13% | | 12% | |
| 2+ Races | 2% | 2.8% | 4% | 7% |

Source: Board of Trustees Report-2012; U.S. Census Bureau: State & County Quick Facts: LA County 2011; 2010-2011 BRN Annual School Report; NLN 2012 Annual Survey of Schools of Nursing 2011

## MAJOR DEVELOPMENTS SINCE THE 2007 EDUCATIONAL QUALITY AND INSTITUTIONAL EFFECTIVENESS REVIEW

The College focused energy and resources on addressing the 2007 Accrediting Commission Evaluation Team recommendations, which included active and productive involvement of our stakeholders. DHS expedited the College efforts by providing the means and guidance to navigate complex logistics related to obtaining resources. The recommendations and subsequent Progress, Midterm, and Special Reports, and the visits helped define, prioritize,

and address an array of problems that resulted in an improved learning environment consistent with the mission, vision, and values.

The improvements that directly resulted from the commission recommendations include 1) change in the College reporting structure; 2) development, implementation, and refinement of the Student Learning Outcome (SLO) Assessment and Program Review process; 3) significant advancements in information technology (IT) resources; and 4) change in Allied Health focus.

In addition, the College submitted a substantive change proposal to open an extended campus, grant-funded SON program at Olive View-University of California Los Angeles (OV-UCLA) Medical Center.

**Reporting Structure**

In 2007, in order to facilitate long-range planning and access to resources, the College reporting structure was elevated from the local LAC Healthcare Network (Network) to the LAC DHS executive management level. The Board of Trustees (Board) determined that this would facilitate long term, integrated planning and resource allocation for the College and approved the change in reporting structure. The result has been an elevation of the College status and awareness of resource needs to a higher level.

The Board chair is the Director of Nursing Affairs for all of DHS and she reports directly to the DHS Deputy Director for Strategic Planning. In collaboration with the provost and College Administration, the new chair focused on, prioritized, and pursued specific solutions to College issues. She effectively obtained approval to allocate positions for the research and allied health directors. The research director position was filled in 2008. In response to College program needs and requests, the Board chair continued to advocate for funding for administrative, faculty, and support staff positions. She worked with College leadership to coordinate ongoing meetings with DHS and Network IT departments to assess technology needs and prioritize immediate and long-range interventions. She facilitated approval of funding which led to upgraded survey software to address urgent research needs.

**Student Learning Outcomes/Program Review Process**

The College has well defined and publicized institutional, general education, program, and course SLOs that are congruent with its mission, vision, and values. Faculty and staff demonstrate competency at completing SLO Assessment Reports to evaluate course/program effectiveness in achieving SLOs. SLO assessment provided faculty and staff with opportunities to discuss course and program performance and to plan, implement, and evaluate improvements.

The program review process is ongoing, systematic, and used to assess and improve student learning and achievement. All active divisions participated in program review since the new

process was implemented in 2008. These divisions achieved the sustainable, continuous, quality improvement level of SLO implementation. A significant and related achievement is the prevalent use of data in program review and SLO assessment reports and improvement plans. These reports show a coordinated effort towards achieving student learning outcomes. The program review process is regularly reviewed and refined to improve institutional effectiveness.

## Information Technology

The College was persistent in fully addressing IT deficiencies and is committed to ongoing improvement of technology resources. In 2008, the College presented required IT resource needs to the DHS and Network Chief Information Officers and DHS CNO, which resulted in the development of a comprehensive Statement of Work. The following year, College management, DHS administration, and the DHS IT special projects director assessed the progress and determined that priority had to be given to addressing the College's immediate IT requirements. The resulting improvements included:

- Resolving Network firewall issues
- Replacing malfunctioning servers
- Hiring a Senior Information Systems Analyst for onsite IT support
- Redesigning/updating the Internet and intranet websites
- Installing College wide WiFi
- Purchasing and providing access to electronic journal subscriptions/databases for the Library.

As a result, the College made technological improvements that positively impacted information dissemination and student learning and increased student and faculty access to learning materials. The College continues to receive ongoing support from DHS and Network IT.

## Allied Health

The College Board and College and DHS administration discussed options for the future of the Allied Health division in consideration of projected costs and healthcare demands. Budgetary restrictions prevented funding of the division at the certificate granting level. However, the DHS, College Board, faculty, and staff recognized the ongoing critical shortage of key allied health professionals and remained committed to allied health education.

In 2008, the Board approved modifying the scope to a specialized continuing education division led by an Allied Health Director. Students who successfully completed classes offered through Allied Health Continuing Education would receive evidence of completion/continuing education units.

In 2009, the College submitted a substantive change proposal to modify the mission of the Allied Health division, which was approved by the Committee on Substantive Change. In

collaboration with DHS administration, a job bulletin for the allied health director was developed and posted, applicants were screened and interviewed in accordance with civil service regulations, and a candidate was selected; however, he did not successfully complete the DHS hiring process. DHS Human Resources (HR) subsequently initiated a County wide revision of the civil service selection process to include justification of critical needs to fill selected high level administrative vacancies such as the allied health director position, which further delayed the selection process. The job bulletin was again reviewed, updated, and posted in accordance with civil service regulations. DHS HR worked with the College to develop screening and interview questions to better identify director candidates with the qualifications to lead an allied health education division.

Ongoing financial constraints have slowed the hiring process throughout the DHS. The Board is monitoring the progress and continues to make sure that funding for this position is preserved until approval to hire is restored.

**School of Nursing Satellite Campus at Harbor-UCLA Olive View Medical Center**

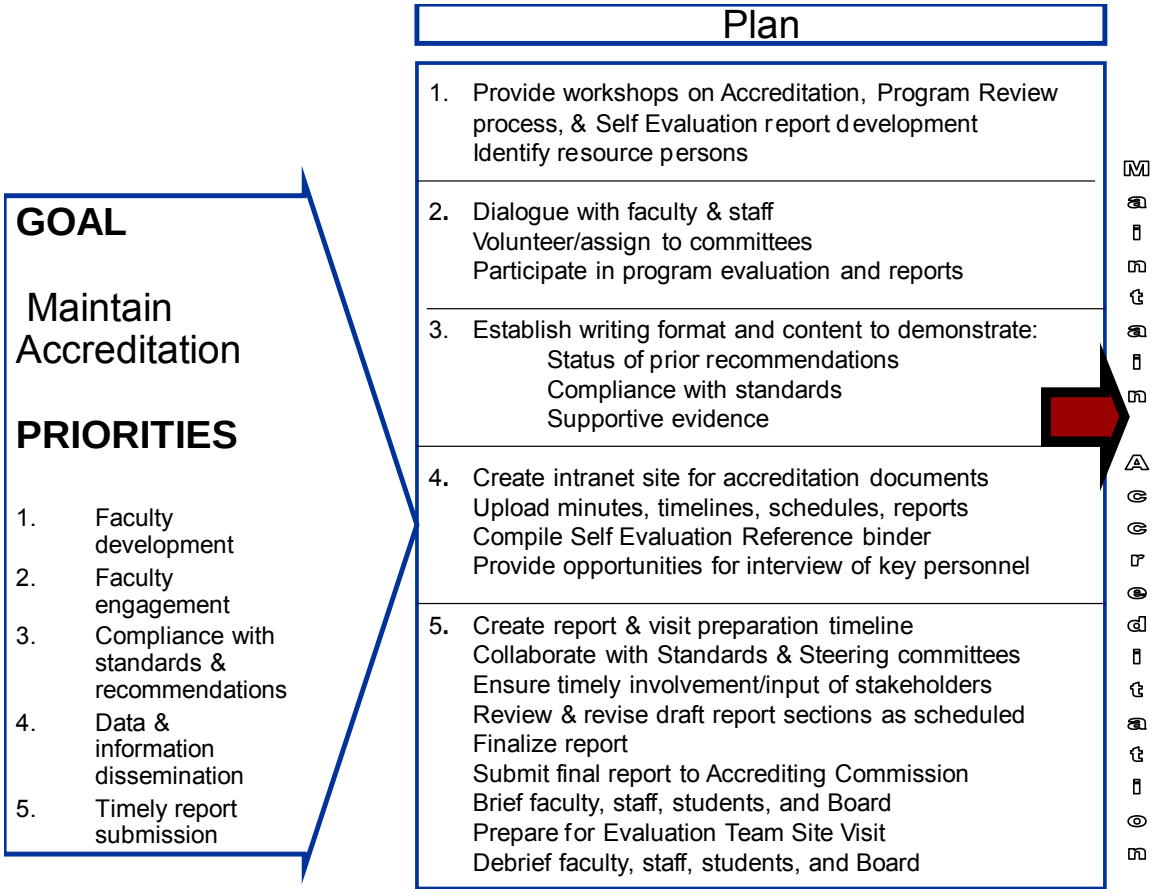
In 2009, the College submitted a substantive change proposal to open an extended campus, grant funded SON program at OV-UCLA Medical Center. The Accrediting Commission held approval pending California Board of Registered Nursing approval. In response to BRN concerns regarding program stability, the LA County Department of Health Services verified commitment to ongoing allocation of financial resources for the operation of the satellite campus after grant expiration. However, the BRN required that OV-UCLA provide sufficient space, equipment and supplies to support ongoing enrollment. The majority of BRN stipulated improvements were made but OV-UCLA was not able to allocate sufficient skills lab or computer lab space or to complete classroom upgrades. The BRN would not approve the satellite campus without these resources and the request was withdrawn. OV-UCLA remains a clinical site.

# ORGANIZATION OF THE SELF EVALUATION PROCESS

Faculty, staff, and administrative personnel contributed to organizing and preparing the Institutional Self Evaluation Report. The College accreditation history created an impetus to maintain our current status. College and divisional committees agreed that the goal and focus was to demonstrate compliance with all standards and to maintain full accreditation.

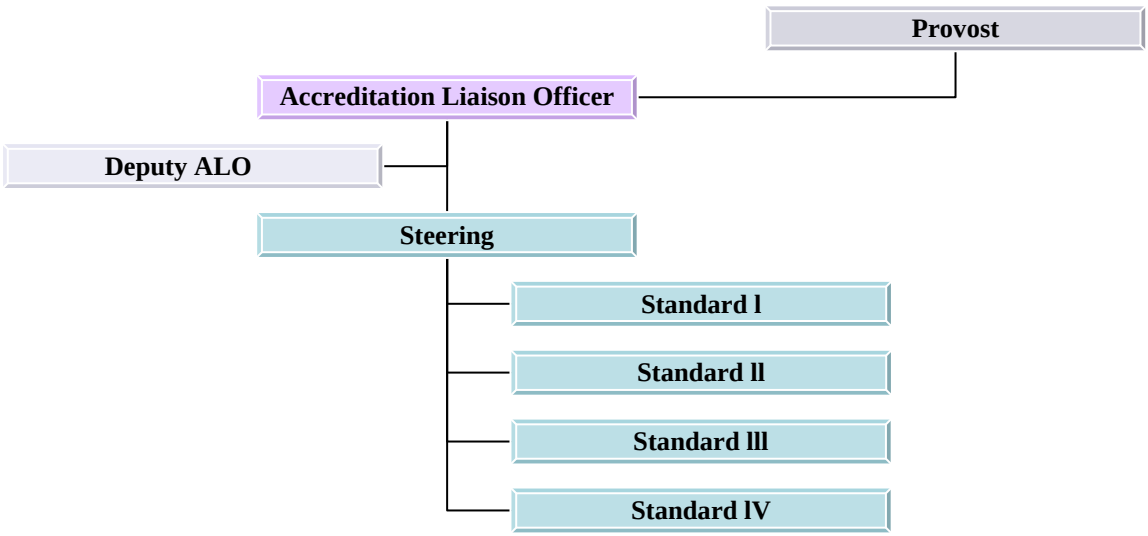
Since 2008, the College diligently engaged employees in program review. Faculty actively participated in this process, which provided them with a greater understanding of the assessment, planning, implementation, and evaluation cycle and enabled them to contribute significantly and effectively to a quality Self Evaluation Report.

The Administrative Committee consulted and collaborated with faculty governing committees to establish priorities for the self evaluation process, which were presented to the Planning Committee.



The Operations Committee determined that members had the institutional knowledge, skills, and authority to constitute the Steering Committee. The Steering Committee designed the organization structure for conducting the Self Evaluation and approved the appointment of a trained deputy to assist the Accreditation Liaison Officer (ALO) as additional resource person. Functions were designated to each position on the chart.

**Self Evaluation Committee Organization Chart**




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

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

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

I. Phase 1 – Pre Study
- Faculty Development: Program Review Workshop presentation
- Dialogue with faculty and staff regarding accreditation and self evaluation process
- Creation of Self Evaluation Report committee structure
- Self selection of Standards Committee preference
- Membership assignment to Standards Committee
- Data availability and dissemination of information
  - Creation of 2013 ACCJC Self Evaluation Reference binder
  - Creation of Accreditation page on intranet
  - Upload accreditation documents
- Creation of Committee rules and processes

II. Phase 2 – Committee Initiation and Orientation
- Formation of Committees
  - Steering Committee
  - Standards Committees l through lV
- Meeting of Steering and Standards Committee chairs
- Distribution of 2013 ACCJC Self Evaluation Reference binder
- Initial individual Standards Committee meetings
  - Review of process and expectations
  - Setting timelines and meeting dates
  - Section assignments
- ACCJC training workshop attendance
  - Standards Committee chairpersons/designee
  - Steering Committee members
- Report writing guidelines

III. Phase 3 – Report Generation and Review

- Standards Committee presentation of draft reports to Steering Committee
- Steering Committee provides other report section drafts to Standards Committees
- Distribution of drafts and upload to intranet

IV. Phase 4 – Report Compilation and Revisions

- Final Standards Committee reports to Steering Committee
- Steering Committee review and revision of all reports
- Reformatting of reports

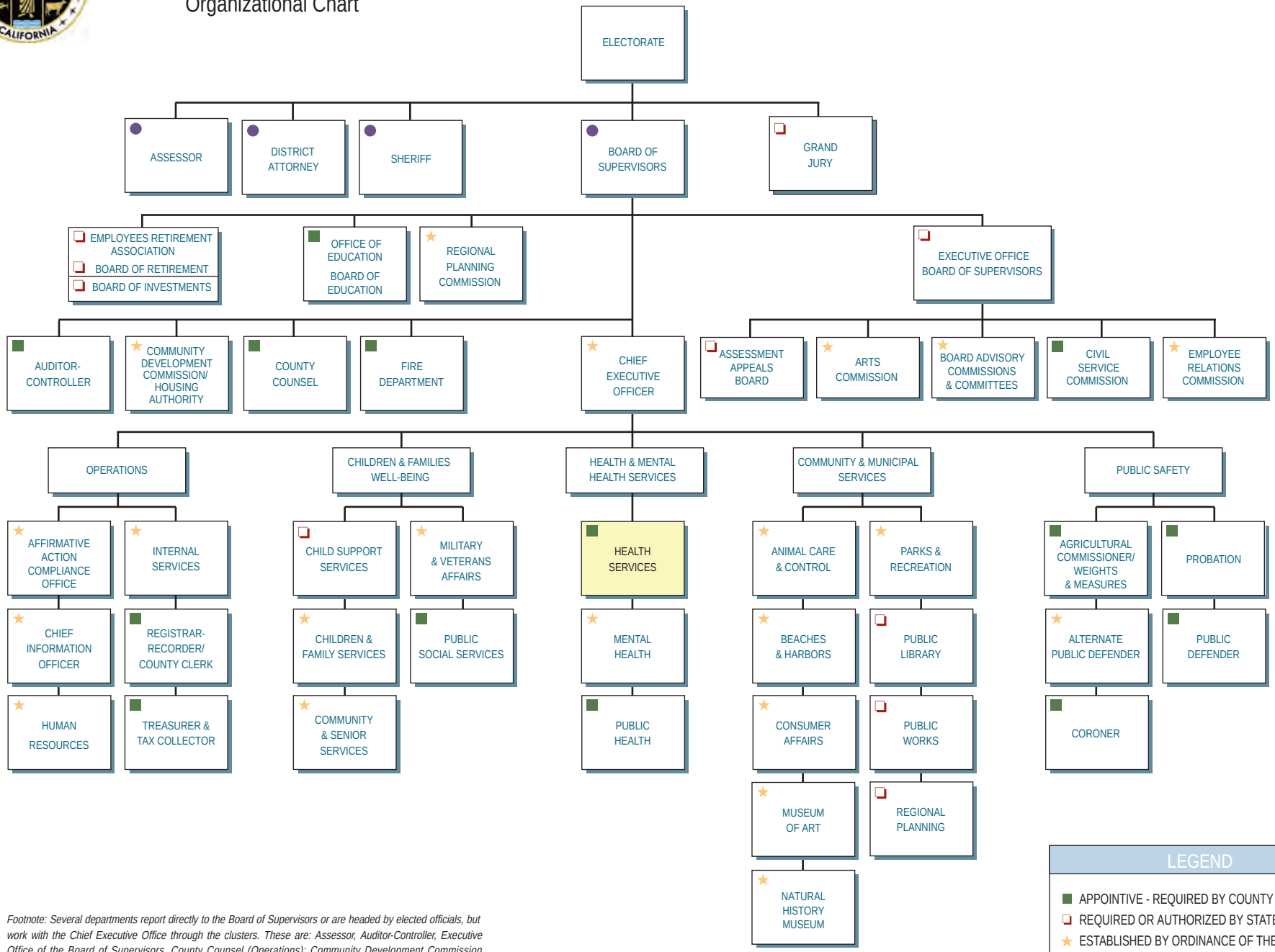
V. Phase 5 – Final Report Distribution

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

Return to T.O.C.

# COUNTY OF LOS ANGELES

## Organizational Chart



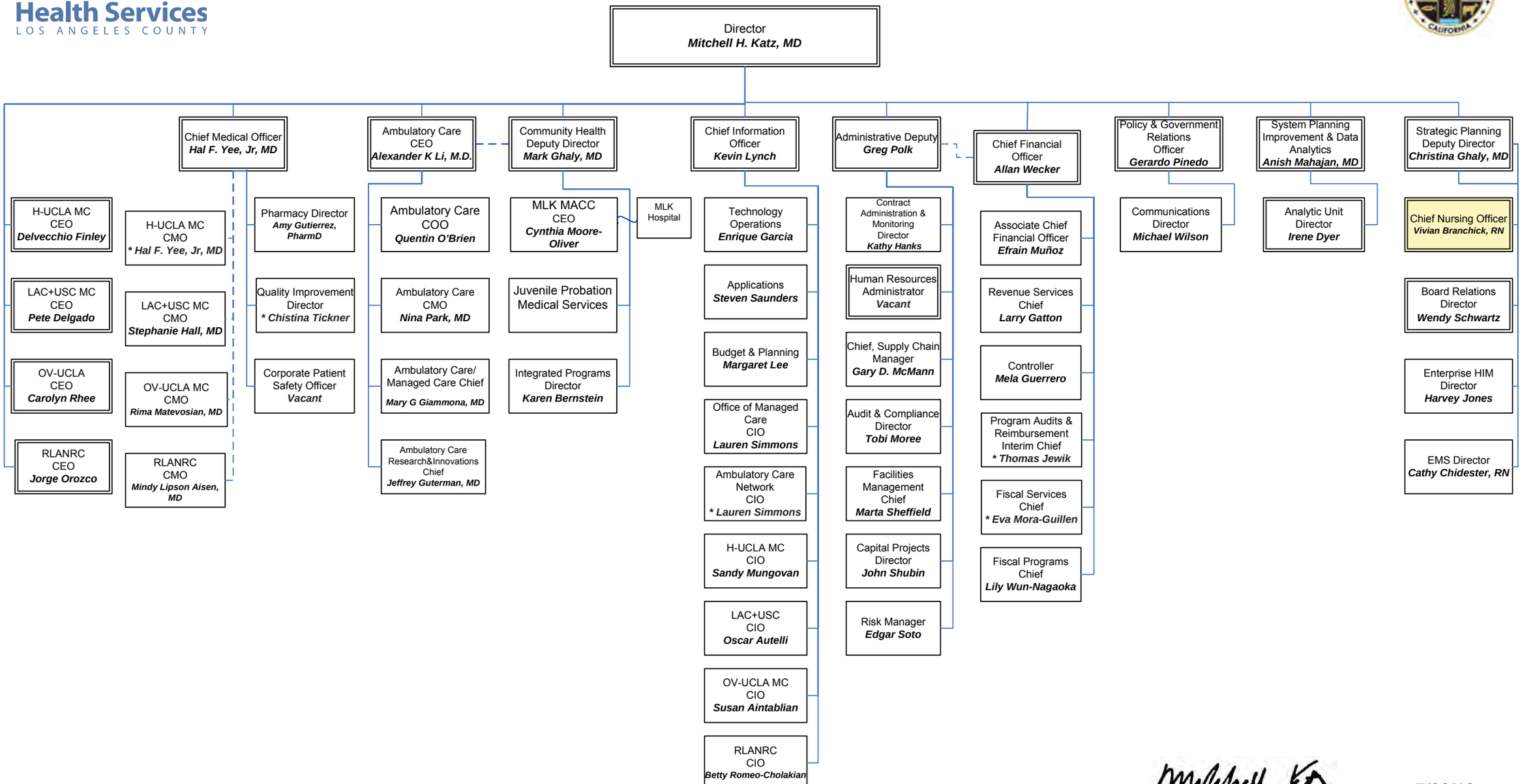

*Footnote: Several departments report directly to the Board of Supervisors or are headed by elected officials, but work with the Chief Executive Office through the clusters. These are: Assessor, Auditor-Controller, Executive Office of the Board of Supervisors, County Counsel (Operations); Community Development Commission (Community and Municipal Services); Sheriff, District Attorney, Fire (Public Safety).*

REV. 03/10LC

Return to T.O.C.

Health Services
LOS ANGELES COUNTY

# DEPARTMENT OF HEALTH SERVICES
## Organizational Chart



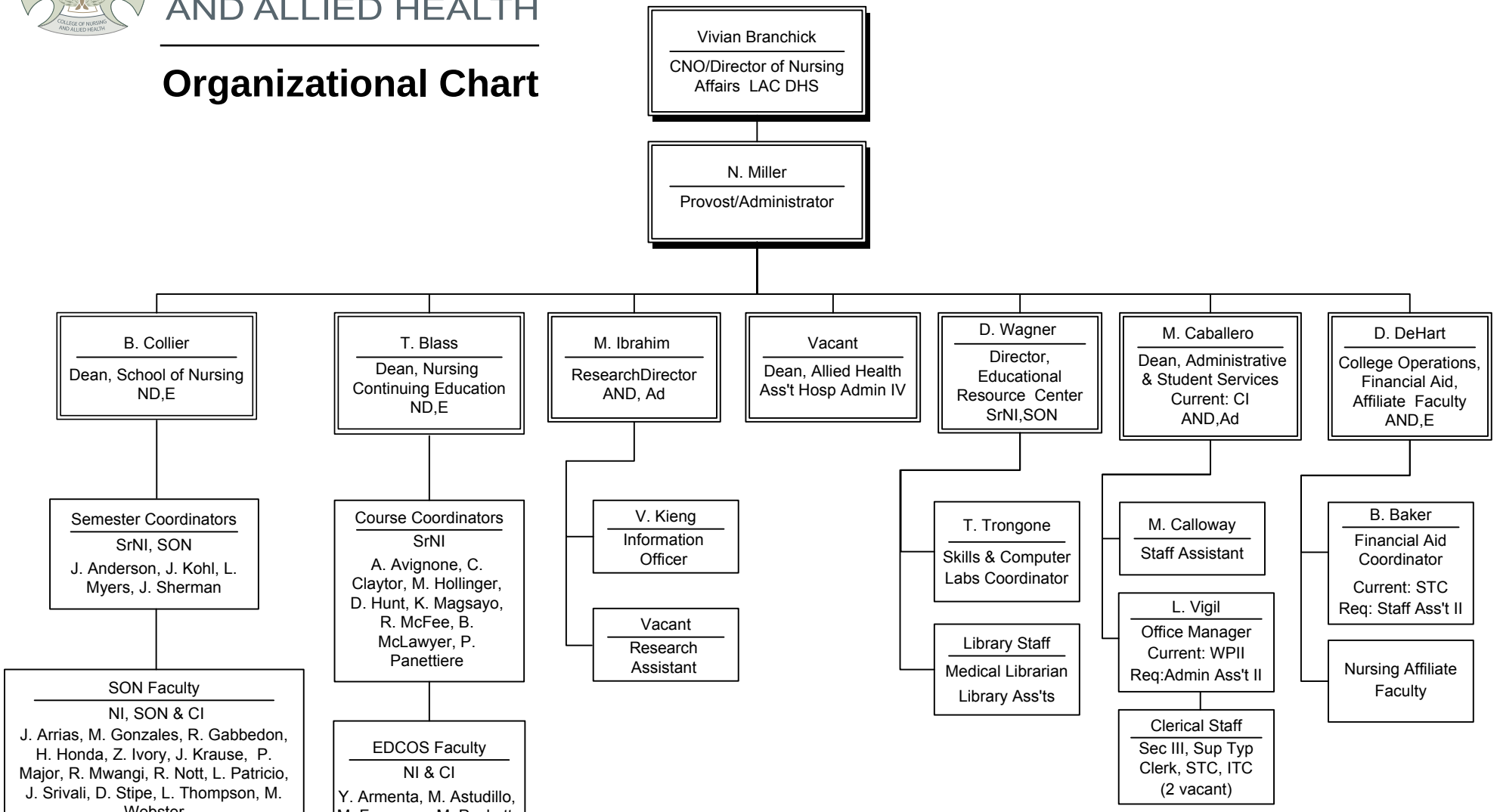

** Interim*

Mitchell H. Katz, MD
Director

7/26/12
Date

Los Angeles County
COLLEGE OF NURSING AND ALLIED HEALTH

# Organizational Chart

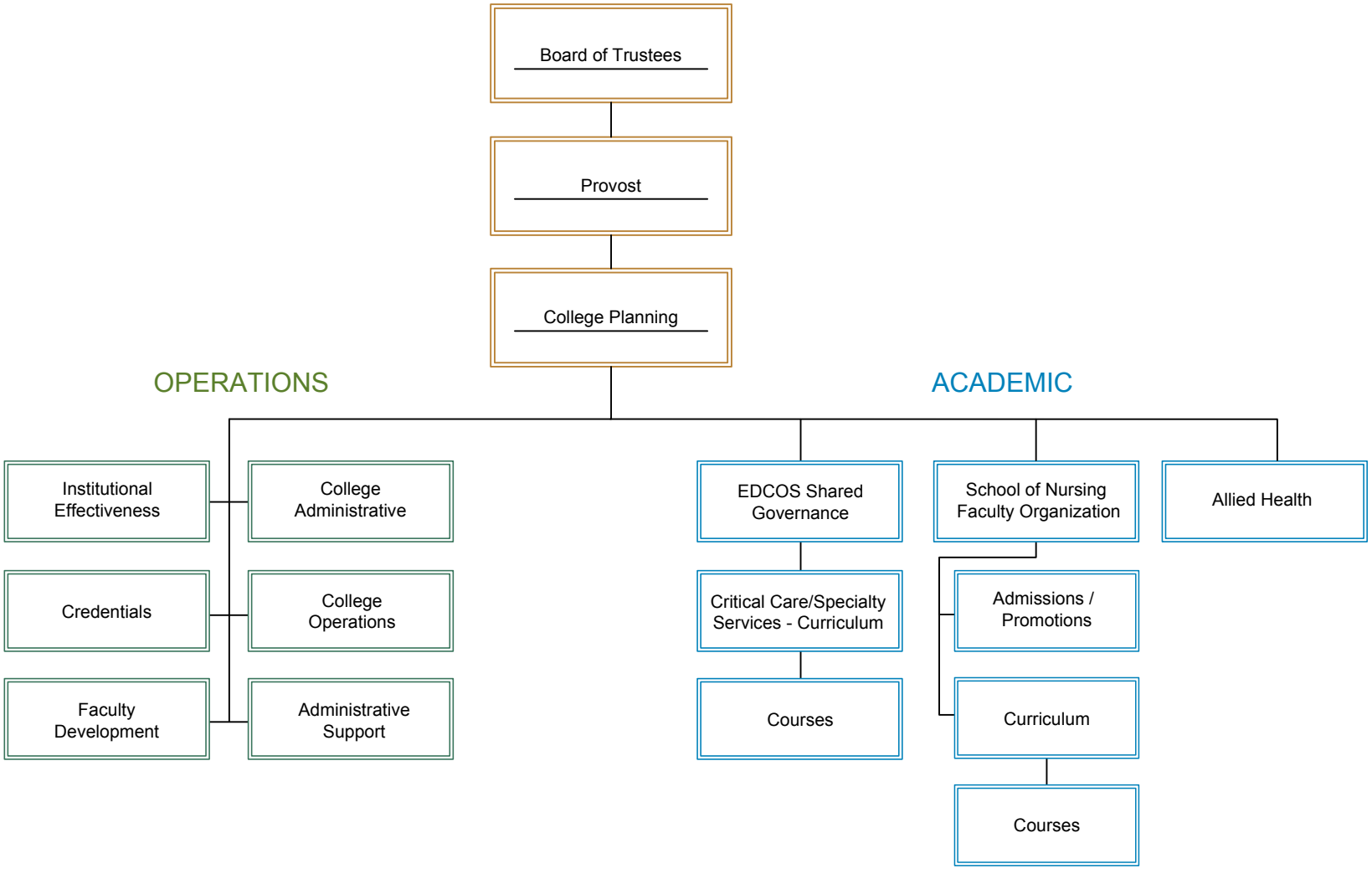



| | | |
|---|---|---|
| ND,E | (5288) | Nursing Director, Education (R12) |
| AND,E | (5287) | Assistant Nursing Director, Education |
| AND,A | (5295) | Assistant Nursing Director, Administration |
| Sr NI, SON | (5212) | Senior Nursing Instructor, School of Nursing |
| NI, SON | (5210) | Nursing Instructor, School of Nursing |
| Sr NI | (5216) | Senior Nursing Instructor |
| NI | (5214) | Nursing Instructor |
| CI | (5208) | Clinical Instructor |

| | | |
|---|---|---|
| AdAss't II | (0888) | Administrative Assistant II |
| Med Lib I | (8381) | Medical Librarian I |
| WPII | (2235) | Word Processor II |
| Sec III | (2096) | Secretary III |
| STC | (2216) | Senior Typist Clerk |
| ITC | (22214) | Intermediate Typist Clerk |
| IC | (1138) | Intermediate Clerk |

Los Angeles County
COLLEGE OF NURSING
AND ALLIED HEALTH

# College Governing and Standing Committees



# CERTIFICATION OF CONTINUED INSTITUTIONAL COMPLIANCE WITH ELGIBILITY REQUIREMENTS

## 1. Authority

*The institution is authorized or licensed to operate as an educational institution and to award degrees by an appropriate governmental organization or agency as required by each of the jurisdictions or regions in which it operates.*
*Private institutions, if required by the appropriate statutory regulatory body, must submit evidence of authorization, licensure, or approval by that body. If incorporated, the institution shall submit a copy of its articles of incorporation.*

The College is a public institution operated and funded by the County of Los Angeles. The College's authority to operate as a degree-granting institution is based on the granting of accreditation status by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges. The School of Nursing (SON) prelicensure program and the Education and Consulting Services (EDCOS) nursing continuing education post licensure program are approved by the California Board of Registered Nursing (BRN).

## 2. Mission

*The institution's educational mission is clearly defined, adopted, and published by its governing board consistent with its legal authorization, and is appropriate to a degree-granting institution of higher education and the constituency it seeks to serve. The mission statement defines institutional commitment to achieving student learning.*

The mission is reviewed every three years and was last revised and approved by the Board of Trustees in February 2010. The mission statement includes the vision and values for the institution and is published in the catalog and on the website.

In 2009, the College submitted a substantive change proposal to modify the mission of the Allied Health division to change its scope from a certificate-awarding division to one that provides continuing education in support of the DHS. This change in focus remained in keeping with the mission "to provide learning centered educational programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services" and maintains alignment with the vision and values of the College. The Committee on Substantive Change approved the allied health change in focus at its February 2009 meeting. College publications were changed from "Allied Health" to "Allied Health Continuing Education" to reflect the change and facilitate clear communication of purpose.

The Planning Committee and the Board reviewed the Mission with any substantive change that could impact the educational purpose. In 2009, the focus of Allied Health was changed from a certificate granting to a continuing education division. This prompted Planning

Committee and the Board to review the Mission. Both groups determined that this change in focus was in keeping with the mission and maintained alignment with the vision and values. No change to the Mission was required.

## 3. Governing Board

*The institution has a functioning governing board responsible for the quality, integrity, and financial stability of the institution and for ensuring that the institution's mission is being carried out. This board is ultimately responsible for ensuring that the financial resources of the institution are used to provide a sound educational program. Its membership is sufficient in size and composition to fulfill all board responsibilities.*
*The governing board is an independent policy-making body capable of reflecting constituent and public interest in board activities and decisions. A majority of the board members has no employment, family, ownership, or other personal financial interest in the institution. The board adheres to a conflict of interest policy that assures that those interests are disclosed and that they do not interfere with the impartiality of governing body members or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution.*

The Board of Trustees (Board) is responsible for ensuring high quality educational programs consistent with the mission. The Board meets quarterly, has adopted a five-year 2010-2015 strategic plan, and is committed to fulfilling all of its responsibilities as a governing body.

The College is owned by the County of Los Angeles. The Board of Supervisors is the elected governing body for Los Angeles County and establishes/approves overall policy, funding, roles and responsibilities for the various County divisions. The Department of Health Services (DHS) is one of many Los Angeles County divisions. The College is operated under the auspices of the DHS. The Board of Trustees has been delegated the role of the independent governing body for the College to establish policies and procedures to assure the quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the College. The Board of Supervisors has no role in the academic affairs of the College.

The Board of Trustees consists of eleven members divided into two categories. The first is "non-elected members" of which there are three: the DHS Chief Nursing Officer (Board President), the LAC+USC Medical Center Chief Nursing Officer (Board Vice President), and the provost (Board Secretary). The second category consists of "elected members" and these individuals are representative of eight Los Angeles County constituency groups:

- Department of Health Services
- Medical staff of the LAC+USC Healthcare Network
- Local community college
- Local university
- School district with a feeder high school
- Alumni, School of Nursing

- Community healthcare facility (nursing representative)
- Community.

Board member biographic information is published on the College website.

The College is fully integrated into the DHS and the LAC+USC Healthcare Network. Department of Health Services and Network executive leaders are officers and members of the Board of Trustees. These leaders are committed to the College and to ensuring that its needs are considered in long-range DHS and Network planning and resource allocation. Board members sign a Membership Agreement and Code of Ethics that defines member responsibilities and expected behaviors in decision making and conflict of interest.

## 4. Chief Executive Officer

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

The Board of Trustees selects and evaluates the provost (Chief Executive Officer/Administrator). In accordance with the Bylaws, the Board delegates to the provost the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference.

The provost, reports to the president of the Board. The divisional deans and directors report to the provost. The current provost has been in the position since 2004.

## 5. Administrative Capacity

*The institution has sufficient staff, with appropriate preparation and experience to provide the administrative services necessary to support its mission and purpose.*

The institution has administrative and support staff with sufficient preparation and experience for the duties required to uphold the mission. These administrative, support, and clerical staff possess the knowledge, skills, and experience required to support the College. Administrative staff titles, academic preparation, degrees, and certificates are published on the website.

## 6. Operational Status

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

The College has been in continuous operation since 1895 and was first accredited by the Accrediting Commission in 1995. Approximately 300 students are enrolled annually in the Associate of Science degree in Nursing program. In addition, approximately 7000 participants enroll annually in the EDCOS classes, seminars, and programs.

## 7. Degrees

*A substantial portion of the institution's educational offerings are programs that lead to degrees, and a significant proportion of its students are enrolled in them.*

The College is a specialized public college that offers one degree, an Associate of Science degree in Nursing, through the School of Nursing. EDCOS offers continuing education/professional development courses and classes in support of the Los Angeles County Department of Health Services.

## 8. Educational Programs

*The institution's principal degree programs are congruent with its mission, are based on recognized higher education field(s) of study, are of sufficient content and length, are conducted at levels of quality and rigor appropriate to the degrees offered, and culminate in identified student outcomes. At least one degree program must be of two academic years in length.*

The College offers a two-year Associate of Science degree in Nursing. The program integrates a general education component with the major focus in nursing, which is consistent with the mission. This prelicensure program prepares graduates to successfully pass the National Council Licensing Exam for Registered Nurses (NCLEX-RN) and become competent, professional, entry level nurses. The program is approved by the California Board of Registered Nursing.

## 9. Academic Credit

*The institution awards academic credits based on generally accepted practices in degree-granting institutions of higher education. Public institutions governed by statutory or system regulatory requirements provide appropriate information about the awarding of academic credit.*

The College awards academic credit based on both accepted practices in degree-granting institutions and on established College policies and procedures. The College operates an 18 week semester. One credit/unit is one hour of theory per week for one semester and three hours of lab/clinical experience per week for one semester. The College has a Nursing Course Exemptions and Challenges policy, which is reviewed and approved by the Board of Trustees. The policy, course schedules, and associated credits are published on the website and in the catalog and course syllabi.

## 10.Student Learning and Achievement

*The institution defines and publishes for each program the program's expected student learning and achievement outcomes. Through regular and systematic assessment, it demonstrates that students who complete programs, no matter where or how they are offered, achieve these outcomes.*

The College has clearly defined College and General Education (GE) Student Learning Outcomes (SLOs), which are derived from the mission, vision, and values. The instructional program, course, and support service SLOs cascade from the College SLOs. The program SLOs are published on the website and in the catalogs, course outlines, and course syllabi.

An ongoing process exists for measuring, assessing, and tracking SLOs and is described in the Institutional Effectiveness Program Review Plan. The research director leads the Institutional Effectiveness Committee in implementing and evaluating program review and SLOs at the College, program, and course level.

Course coordinators guide completion of annual SLO Assessment Reports and course Outcomes Evaluation Reports. SLO evaluation findings and action plans to address items that do not meet specified thresholds are presented to divisional curriculum committees for review and approval and to the IE Committee per reporting schedule. Student achievement findings consistently exceed established College thresholds as well as state and national averages. All students who complete the program achieve the stated learning outcomes.

## 11.General Education

*The institution defines and incorporates into all of its degree programs a substantial component of general education designed to ensure breadth of knowledge and promote intellectual inquiry. The general education component includes demonstrated competence in writing and computational skills and an introduction to some of the major areas of knowledge.*
*General education has comprehensive learning outcomes for the students who complete it. Degree credit for general education programs must be consistent with levels of quality and*

*rigor appropriate to higher education. See Accreditation Standards, II.A.3, for areas of study for general education.*

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

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

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

The College has a Philosophy of General Education and has defined GE SLOs. College and GE SLOs cascade from the mission, vision, and values. The College and GE SLOs, as well as the program and course SLOs, incorporate the general education elements:

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

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

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

## 12.Academic Freedom

*The institution's faculty and students are free to examine and test all knowledge appropriate to their discipline or area of major study as judged by the academic/educational community in general. Regardless of institutional affiliation or sponsorship, the institution maintains an atmosphere in which intellectual freedom and independence exist.*

The College has an academic freedom policy that is periodically updated and reviewed by faculty and approved by the Planning Committee and the Board. The policy is due for ongoing review and approval in February 2013.

Faculty members' rights are respected and protected. Faculty members have the right to develop curriculum/courses, teach, communicate, research, and publish within the constraints of the DHS, College, and regulatory agency policies, procedures, and guidelines. Faculty also have the obligation to teach content and use teaching methodologies that are relevant and consistent with the curriculum program framework and course/program objectives. They are free to express their opinions in matters relevant to course content in an objective manner and may not use their position to indoctrinate students with personal, political, and/or religious views.

The faculty fosters an educational environment, which encourages student inquiry and intellectual freedom.

## 13.Faculty

*The institution has a substantial core of qualified faculty with full-time responsibility to the institution. The core is sufficient in size and experience to support all of the institution's educational programs. A clear statement of faculty responsibilities must include development and review of curriculum as well as assessment of learning.*

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

## 14.Student Services

*The institution provides for all of its students appropriate student services that support student learning and development within the context of the institutional mission.*

In alignment with the mission, the College provides services to assist students to meet their educational goals. Financial, academic, and personal resources are adequate in quantity, currency, variety, and depth to support student learning. Each support service program assesses student needs and evaluates the adequacy of their services in meeting those needs.

## 15.Admissions

*The institution has adopted and adheres to admission policies consistent with its mission that specify the qualifications of students appropriate for its programs.*

College admissions policies and procedures are consistent with the mission and are designed to admit qualified students likely to succeed in the program. These processes and procedures are described in the catalog and admissions packet and are also available on the website. The School of Nursing Admissions/Promotions Committee and Administrative and Student Services dean reviewed and updated the admissions information and process coincident with implementation of the Test of Essential Academic Skills, Version V (TEAS V) as an admissions requirement.

## 16.Information and Learning Resources

*The institution provides, through ownership or contractual agreement, specific long-term access to sufficient information and learning resources and services to support its mission and instructional programs in whatever format and wherever they are offered.*

Information and learning resources are available to faculty and students to support all College programs. Educational Resource Center holdings include print, video, and electronic resources. These holdings are updated and subscriptions are renewed annually. Faculty, staff, and students are notified of additions to the collections. Students can also access Medical Center and University of Southern California, Norris Library resources. Skills Lab equipment is sufficient to meet student learning needs.

## 17.Financial Resources

*The institution documents a funding base, financial resources, and plans for financial development adequate to support student learning programs and services, to improve institutional effectiveness, and to assure financial stability.*

The Board of Supervisors is the elected governing body for LA County and establishes/approves overall funding for the various County divisions. The Department of Health Services (DHS) is one of many LA County divisions. The College is operated under the auspices of the LAC+USC Medical Center, which is one of five DHS hospitals.

The County of Los Angeles allocates funding for the College as part of the overall budgetary process. The College budget is included in the budget of the Medical Center. The County allocates funds based on program priorities.

The College submits annual budget requests based on needs identified through program review and strategic plan priorities. The Medical Center Expenditure Management department tracks all funds received and allocated to the College. Financial planning is based on the annual College budgetary allotment. Programs are implemented when a funding source has been secured and approved.

## 18.Financial Accountability

*The institution annually undergoes and makes available an external financial audit by a certified public accountant or an audit by an appropriate public agency. The institution shall submit with its eligibility application a copy of the budget and institutional financial audits and management letters prepared by an outside certified public accountant or by an appropriate public agency, who has no other relationship to the institution, for its two most recent fiscal years, including the fiscal year ending immediately prior to the date of the submission of the application. The audits must be certified and any exceptions explained. It is recommended that the auditor employ as a guide, Audits of Colleges and Universities, published by the American Institute of Certified Public Accountants. An applicant institution must not show an annual or cumulative operating deficit at any time during the eligibility application process.*

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

The Medical Center Expenditure Management Division, and ultimately the County, incurs responsibility for the College's long-term stability and risk management plan. Expenditure Management also participates on behalf of the College, in both external audits and actuarial studies required by the State of California. In the event of financial emergencies and unforeseen events, the Medical Center, DHS, and County support the College.

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

Monthly and quarterly financial reporting is the responsibility of the Medical Center CFO. College Administration participates in budget and expenditure review with the Medical Center CEO, CFO, and Expenditure Management. The Board of Trustees regularly reviews a budgetary summary of College expenditures and revenues.

## 19.Institutional Planning and Evaluation

*The institution systematically evaluates and makes public how well and in what ways it is accomplishing its purposes, including assessment of student learning outcomes. The institution provides evidence of planning for improvement of institutional structures and processes, student achievement of educational goals, and student learning. The institution assesses progress toward achieving its stated goals and makes decisions regarding improvement through an ongoing and systematic cycle of evaluation, integrated planning, resource allocation, implementation, and re-evaluation.*

The 2010-2015 strategic plan cascades from the College mission, vision, and values as well as from those of the Los Angeles County, DHS, and Healthcare Network. The strategic plan program review includes goals, objectives, methods of assessment, measures of success, and status. College goals, which also cascade from those of LA County and the DHS, are developed and evaluated annually. The strategic plan and annual College goals are reviewed by faculty and staff, approved by Planning Committee and the Board, and published on the website.

The College is fully integrated into DHS and the Medical Center. DHS and Medical Center executive leaders are officers and members of the Board. These leaders are committed to the College and to ensuring that its needs are considered in long-range DHS and Medical Center planning and resource allocation.

The Institutional Effectiveness (IE) Committee guides the implementation and evaluation of the program review process. An IE Program Review Plan, which incorporates a clearly defined and detailed program review process, is in place as are college, program, and course Student Learning Outcomes. The college and all divisions adhere to the IE Program Review Plan and reporting schedule. The program review process involves cycles of assessment, data collection, aggregation, analysis, trending, planning, implementation, reassessment, and reporting. Student Learning Outcomes are created and evaluated at college, program, and course levels. Findings from program review are used in assessing, planning, implementing, and evaluating program improvements. Planning Committee uses these finding to determine program priorities, request funding, and allocate resources.

## 20.Public Information

*The institution provides a catalog for its constituencies with precise, accurate, and current information concerning the following:*
*General Information*

- *Official Name, Address(es), Telephone Number(s), and Web Site Address of the Institution*
- *Educational Mission*
- *Course, Program, and Degree Offerings*
- *Academic Calendar and Program Length*
- *Academic Freedom Statement*
- *Available Student Financial Aid*
- *Available Learning Resources*
- *Names and Degrees of Administrators and Faculty*
- *Names of Governing Board Members*

*Requirements*

- *Admissions*
- *Student Fees and Other Financial Obligations*
- *Degree, Certificates, Graduation and Transfer*

*Major Policies Affecting Students*

- *Academic Regulations, including Academic Honesty*
- *Nondiscrimination*
- *Acceptance of Transfer Credits*
- *Grievance and Complaint Procedures*
- *Sexual Harassment*
- *Refund of Fees*

*Locations or Publications Where Other Policies may be Found*

The College publishes information about its programs, admission requirements, costs, financial aid programs, refund policies, grievance policies, and faculty credentials on the website and in its catalogs and admissions information. The College Internet was redesigned to allow student access to academic policies.

## 21.Relations with the Accrediting Commission

*The institution must provide assurance that it adheres to the eligibility requirements and accreditation standards and policies of the Commission, describes itself in identical terms to all its accrediting agencies, communicates any changes in its accredited status, and agrees to disclose information required by the Commission to carry out its accrediting responsibilities. The institution must comply with Commission requests, directives, decisions and policies, and must make complete, accurate, and honest disclosure. Failure to do so is sufficient*

*reason, in and of itself, for the Commission to impose a sanction, or to deny or revoke candidacy or accreditation.*

The College is committed to continuing ACCJC:WASC membership and adherence to related standards, policies, and requirements as well as to keeping the Accrediting Commission informed of any institutional changes. Accreditation is a standing item on the College Board of Trustees, Planning, and Administrative Committee agendas. In addition, the California Board of Registered Nursing approved the School of Nursing as a prelicensure program and EDCOS as a continuing education provider.

# CERTIFICATION OF CONTINUED INSTITUTIONAL COMPLIANCE WITH COMMISSION POLICIES

## I. Policy on Distance Education and on Correspondence Education

The College does not offer courses via distance education or correspondence.

## II. Policy on Institutional Compliance with Title IV

The College participates in Title IV programs under the Higher Education Act. The College complies with program responsibilities as defined by the U.S. Department of Education and has had no negative actions taken against it. The College loan default rate is monitored by the Financial Aid Office with a threshold for action of ten percent or higher. Since 1995, the loan default rate has been under threshold and was 0% for Academic Years (AY) 2007-2008 and 2008-2009 and 2.5% for AY 2009-2010. The loan default rate is included in the Financial Aid Annual Program Evaluation Report to the Institutional Effectiveness Committee and divisional report to the Board of Trustees.
The Financial Aid Office provides a mandatory financial aid literacy class for all incoming students. Students participating in Federal and campus-based loans also complete mandatory entrance and exit sessions to review student responsibilities and rights.

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

The College provides students and prospective students with clear and accurate information about the institution. This information is published on the website and in the catalog, Student Handbook, application packet, and course/program flyers. These publications include all elements stipulated in the Commission policy and provide Commission contact information. The catalog includes Board of Registered Nursing (BRN) requirements related to eligibility for licensure.

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

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

The publications further clarify that the BRN approved the School of Nursing (SON) as a prelicensure program and the Education and Consulting Services (EDCOS) as a Continuing Education provider.

The SON has a policy on Recruitment Activities. This policy specifies that the dean of Administrative and Student Services directs and oversees recruitment events and that faculty and students represent the College. No independent contractors are used. Recent venues include elementary and high schools and community health fairs.

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

## IV. Policy on Award of Credit

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

The College instructional program and course student learning outcomes (SLOs) cascade from the College and General Education SLOs. The course/program SLOs, class objectives, course completion requirements, and rubrics are published in the course/program syllabi and are accessible to students via the intranet.

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

The College academic divisions have grading system policies specific to their programs. In addition, the SON also has policies for Grading for Clinical Courses and Nursing Course Exemptions and Challenges. These policies are reviewed and approved by the divisional governing committees, Planning Committee, and the Board of Trustees.
Grades are based on student performance and are assigned using established criteria, which are published in the course syllabi. Faculty assess and evaluate student mastery of theoretical content and achievement of clinical competence in accordance with the published SLOs, course/program objectives, and rubrics.

A Curriculum Plan is developed with each student that will lead to program completion and degree attainment. Degrees are awarded upon successful completion of all program requirements. Information regarding course completion verification is provided to students via the College catalog, course/program flyers, as well as the website.

## V. Policy on Institutional Integrity and Ethics

The College Mission, Vision, and Values include the statement: "To aid us in achieving our mission and vision we believe integrity, professionalism, and respect are inherent to our

relationships with each other, our students, our partners and the community." The College exhibits integrity and acts in accordance with ethical standards in all of its activities and relationships. Students and employees are provided the opportunity to petition/file grievances in case of dispute.

The College strives to ensure that all documents related to applicant and student policies and procedures are clear, accurate, published, and accessible. Policies related to the Board of Trustees, academic honesty, student grievances, and faculty selection are regularly reviewed, updated, approved, distributed, and posted. Ethics and integrity are essential elements of all of these policies and all College processes and practices. The College maintains transparency in all dealings and remains committed to the accreditation process.

## VI. Policy on Contractual Relationships with Non-Regionally Accredited Organizations

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

# RESPONSE TO RECOMMENDATIONS FROM 2007 EDUCATIONAL QUALITY AND INSTITUTIONAL EFFECTIVENESS REVIEW

## I. Compliance with Eligibility Requirement #10: Student Learning And Achievement

*The institution defines and publishes for each program the program's expected student learning and achievement outcomes. Through regular and systematic assessment, it demonstrates that students, who complete programs, no matter where or how they are offered, achieve these outcomes.*

The College successfully defined and published College, GE, program, and course SLOs. The instructional divisions and support services are at the sustainable, continuous quality improvement level for institutional effectiveness related to SLOs. SLO assessments and program evaluations are conducted and evaluated according to established schedules. Findings are reported to governing committees and program improvements are planned, implemented, and reassessed.

The instructional divisions, which include the School of Nursing (SON) and Education and Consulting Services (EDCOS) completed several cycles of SLO assessment and program review and evaluation. Terminal indicators of student achievement of program outcomes include:

- National Council Licensing Exam-Registered Nursing (NCLEX-RN) pass rate
- Employer satisfaction
- Graduate satisfaction
- SON Program Evaluation Survey
- Program attrition
- Course pass rates
- Course evaluations.

Support Services conducted routine, systematic evaluations of student use of services, needs, and satisfaction. Support services coordinated with academic programs to act on identified needs and to improve student knowledge of services as well as how to access those services.

## II. Compliance with Eligibility Requirement #11: General Education

*The institution defines and incorporates into all of its degree programs a substantial component of general education designed to ensure breadth of knowledge and promote intellectual inquiry. The general education component includes demonstrated competence in writing and computational skills and an introduction to some of the major areas of knowledge. General education has comprehensive learning outcomes for the students who complete it. Degree credit for general education programs must be consistent with levels of quality and rigor appropriate to higher education. See Accreditation Standard, II.A.3, for areas of study for general education.*

The College requires general education (GE) courses as an essential foundation for its nursing degree program, in line with its philosophical belief that "the nurse prepared with a

broad-based general education is better able to synthesize empirical knowledge, make critical judgments, and generate wise decisions".

The College requires GE prerequisites and co requisites. The College evaluates adequacy of GE courses for equivalence and credit based on course descriptions, course outlines, and congruence with the College GE SLOs. The College has a course equivalency grid, which is reviewed by the Admissions/Promotions Committee and is used to identify courses approved for transfer credit. In addition, the GE components are evaluated for adherence with California Board of Registered Nursing standards and for correlation with current trends in nursing education.

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

Integration of GE components into the curriculum ensures that students achieve a comprehensive education that encompasses both the nursing major and the higher education knowledge and skills essential for professional success. Students are provided the opportunity to evaluate the effectiveness of integrated GE components in achieving comprehensive learning outcomes.

## III. Compliance with Eligibility Requirement #21: Relations with the Accrediting Commission

*The institution provides assurance that it adheres to the eligibility requirements and accreditation standards and policies of the Commission, describes itself in identical terms to all its accrediting agencies, communicates any changes in its accredited status, and agrees to disclose information required by the Commission to carry out its accrediting responsibilities. The institution will comply with Commission requests, directives, decisions and policies, and will make complete, accurate, and honest disclosure. Failure to do so is sufficient reason, in and of itself, for the Commission to impose a sanction, or to deny or revoke candidacy or accreditation.*

The College and the Los Angeles County (LAC) Department of Health Services (DHS) are committed to continuing ACCJC:WASC membership and adherence to related standards, policies, and requirements. Priority was assigned to immediate resolution of the accreditation issues identified by the Commission. Accreditation was reaffirmed in 2008. Accreditation recommendations are standing items on the College governing committee agendas.

The 2005-2010 Strategic Plan was updated to include measures of success and ongoing evaluation of objectives and goals. The 2010-2015 Strategic Plan was restructured to include strategies, related regulatory standards, accountability, and annual evaluation of progress.

The planning agenda items identified in the 2007 ACCJC Self Evaluation have been accomplished. All reports and proposals have been submitted on time. The College responds immediately to Commission requests for information and contacts the ACCJC whenever issues or questions arise.

## IV. Status of Recommendation #1 (2001) Institutional Mission and Effectiveness

*Devote additional resources to the collection and analysis of data so that College-wide research findings can be used in assessing, planning, implementation, and evaluation (Standards I.A & I.B)*

In 2007, in order to facilitate long range planning and access to resources, the College reporting structure was elevated from the local LAC Healthcare Network (Network) to the LAC DHS executive management level. The Board of Trustees (Board) determined that this would facilitate long term, integrated planning and resource allocation for the College and approved the change in reporting structure. The result has been an elevation of the College status and awareness of resource needs to a higher level.

The Board chair, in collaboration with the provost and College administration, focused on, prioritized, and pursued specific solutions to College resource and research issues. She obtained approval to allocate a position for the research director, which was filled in 2008. She worked with College leadership to coordinate ongoing meetings with DHS and Medical Center IT departments to assess technology needs and prioritize immediate and long-range interventions. She facilitated approval of funding, which led to upgraded hardware/software and addressed urgent research needs.

The new survey generation and statistical analysis software, coupled with the resolution of firewall issues, enabled generation of surveys and aggregation/summary of responses, and significantly improved data collection and analysis. Course coordinators and faculty used findings from student, graduate, and employer surveys to evaluate programs and to plan and implement improvements. Faculty shifted their focus from assessment of individual instructor lecture and clinical performance to monitoring course progress and outcomes.

The data provided by the research director, using the supportive hardware and software resources, enabled faculty to effectively complete the student learning outcome/program assessment, planning, implementation, evaluation, and improvement cycle.

## V. Status of Recommendation #2 (2001) And #1 (2007) Evaluation, Planning, and Improvement

*Develop and implement a college-wide plan that integrates all aspects of planning, evaluation, and resource allocation. The plan needs to be driven by the college mission,*

*vision, and values. The plan should guide the college in both long and short-term decision-making. (Standards I.A & I.B)*

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

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

The 2005-2010 Strategic Plan was based on an environmental scan/SWOT analysis and cascaded from the College mission, vision, and values as well as from those of the Los Angeles County, DHS, and Network. To improve long term operational and program planning, the College aligned its strategic goals with those of the DHS and the Network.

The 2010-2015 Strategic Plan was reformatted to more clearly delineate goals, objectives, and strategies and to link them to regulatory standards, DHS/Network strategic plans, and College goals. The Planning Committee ensured that the strategic plan objectives were aligned with the mission and vision, that all values were incorporated into the strategic plan, and that student learning and institutional effectiveness were demonstrable priorities. A section was added to specify accountability; evaluation and documentation of annual progress was formalized.

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

The Planning Committee develops the annual College goals based on the objectives and strategies included in the strategic plan. Annual divisional goals cascade from College goals.

To ensure compliance with timelines and recommendations, the Board, Planning and Administrative Committees include accreditation and strategic plan status as standing agenda items.

## VI. Status of Recommendation #3 (2001) Resources

*Address the specific needs of the Allied Health Division in program development and leadership to assist this division to become more fully integrated and unified within the College to enhance institutional effectiveness and student success (2002 Standards III.A.1, III.A.2, III.A.6, III.B.1.a, & III.C.1.a)*

The College Board and College and DHS administration discussed options for the future of the Allied Health division in consideration of projected costs and healthcare demands. Budgetary restrictions prevented funding of the division at the certificate granting level. However, the DHS, College Board, faculty, and staff recognized the ongoing critical shortage of key allied health professionals and remained committed to allied health education.

In 2008, the Board approved modifying the scope to a specialized continuing education division led by an Allied Health Director. Students who successfully completed classes offered through Allied Health Continuing Education would receive evidence of completion/continuing education units.

In 2009, the College submitted a substantive change proposal to modify the mission of the Allied Health division, which was approved by the Committee on Substantive Change. In collaboration with DHS administration, a job bulletin for the allied health director was developed and posted, applicants were screened and interviewed in accordance with civil service regulations, and a candidate was selected; however, he did not successfully complete the DHS hiring process. DHS Human Resources (HR) subsequently initiated a County wide revision of the civil service selection process to include justification of critical needs to fill selected high level administrative vacancies such as the allied health director position, which further delayed the selection process. The job bulletin was again reviewed, updated, and posted in accordance with civil service regulations. DHS HR worked with the College to develop screening and interview questions to better identify director candidates with the qualifications to lead an allied health education division.

Ongoing financial constraints have slowed the hiring process throughout the DHS. The Board is monitoring the progress and continues to make sure that funding for this position is preserved until approval to hire is restored.

## VII. Status of Recommendation #2 (2007) Evaluation, Planning, and Improvement

*Develop and implement a program review process, which includes timelines, responsibilities, and expected outcomes to systematically assess:*

a. *Instructional programs to assure currency, improve teaching and learning strategies as needed, and achieve student learning outcomes (Standard II.A)*
b. *Student support services to provide evidence that the services support student access, progress, learning and success (Standard II.B.4)*

c. *Library and learning support services to assure adequacy in meeting student needs identified through the program review process (Standard II.C.2)*
d. *The level of training of and professional development opportunities for faculty and staff in the area of program review (Standard III.A.5).*

The College has a well-established formal process and structure for monitoring and evaluating institutional, instructional, library, and support service program effectiveness.

The Institutional Effectiveness (IE) Committee leads implementation and oversees the program review process. Following the 2008 visit, the IE Committee re-evaluated and updated the IE Program Review Plan and policy to more clearly describe the assessment, planning, implementation, evaluation, and improvement cycle. Since the new process was implemented, all active divisions participated in program review, including SLO assessment.

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

College faculty and staff received initial and ongoing professional development classes related to accreditation, program review, student learning outcomes, and culture of evidence. These were constructive in providing an educational foundation for understanding and effectively implementing SLO assessment; program review; and the planning, implementation, evaluation, and improvement cycle.

As a result, faculty requests for data increased and faculty are effectively documenting, reporting, and tracking course/program outcomes and action plans for improvements. Academic and Student Support Service division reports to the IE Committee demonstrate effective use of data, identification of findings that fall outside of expected outcomes, comparison with previous findings, analysis of possible contributing factors, development and implementation of improvement plans, and re-evaluation of their effectiveness. These reports show a coordinated effort in the program review process towards achieving established student learning outcomes.

## VIII. Status of Recommendation #3 (2007) Student Learning Outcomes

*Develop and implement student-learning outcomes across the college by:*

a. *Distinguishing between course/program objectives and student learning outcomes and assessing the achievement of outcomes regularly (Standards II.A.1 & II.A.2)*
b. *Identifying student learning outcomes for each of the student support services and library, skills labs, and computer labs (Standards II.A.2, II.B.3, II.B.4, & II.C.2)*

c. *Defining and instituting research procedures for measuring, assessing, and tracking learning outcomes (Standards I.B, II.A.1.c, II.A.2.a, II.A.2.f, II.B.4, & II.C.2)*
d. *Creating and implementing a staff development program for all faculty and staff members in the identification, assessment, and evaluation of student learning outcomes (Standard III.A.5).*

The College has well defined and publicized institutional and GE Student Learning Outcomes (SLOs) that are congruent with its mission, vision, and values. The College also has objectives for each course/program. Faculty and staff can distinguish between SLOs and objectives and can describe and implement the assessment process for each.

The IE Committee implemented, evaluated, and reorganized the process for measuring, assessing, and tracking SLOs at the institutional, program, and course levels. Definition of the SLO process provided a structure that supports on time data collection and aggregation; faculty and staff participation in review and dialogue regarding contributing factors; and evidence-based information for planning, implementing, and evaluating quality improvement strategies. This framework includes reporting timelines so that timely program modifications can be accomplished.

All College divisions effectively created and implemented SLOs, completed SLO assessment cycles, and reported findings and recommendations to the IE Committee. This gives the IE Committee an opportunity to provide input into improving SLOs and assists in tracking improvement plan progress.

As a result of the faculty development workshops and training, faculty created and implemented the SLO assessment process and completed reporting cycles. Faculty are proficient in evaluating findings and recommending data-driven plans for course/program improvements. The College supports and encourages faculty development activities that are designed to improve acquisition of learning consistent with educational objectives and goals. In addition to SLO and Program Review workshops previously cited, faculty members also attended other workshops/seminars related to student learning and achievement and incorporated the knowledge gained into their practice.

## IX. Status of Recommendation #4 (2007) Organization

*Improve access and training for students to assure library and learning support services are used effectively and efficiently by:*

a. *Providing technology and instruction for users of the library to develop students' information competency skills (Standard II.C.1.b)*
b. *Matching the hours of operation of the library and skills lab so that it does not conflict with the students' class schedules (Standards II.A.1.b, II.A.2.d, & II.C.1.c).*

Beginning with the spring 2008 semester, the Educational Resource Center (ERC) staff provided incoming students with a one-hour orientation to the Library and Computer and Skills Labs. The orientation consists of a tour of the facilities, oral presentation, and information about ERC resources and access. Students are provided with information on hours of operation, how to access the library's electronic information resources, and a tutorial on locating library books and journals. In addition, students are provided instruction on access and use of the Library and its on- and off-site electronic resources. The tutorial is provided to incoming students as a component of ERC orientation and on a point-of-contact basis.

The ERC director meets annually with the SON coordinators and other interested faculty to review student assignments, evaluate adequacy of existing ERC resources, plan methods/interventions to address any identified gaps, and establish timelines for implementation.

Saturday library hours were piloted for two years and usage was tracked and evaluated. Students were notified of the expanded hours via postings and mailings. Student use remained low with most using the Library as a place to study rather than using specific library learning materials. These results were presented to the Planning Committee in 2009. The committee approved the recommendation to discontinue the Saturday hours effective with the fall 2009 semester. Also effective in fall 2009, access was provided to the Administration building for those students who needed a place for group or individual study.

In 2007, skills lab hours were expanded to include Thursday evenings and an additional Friday prior to each semester's skills competency testing. In addition, a new skills lab coordinator was hired in 2008 to fill a vacancy and the skills lab hours were permanently expanded to include every other Friday. The computer lab hours were adjusted to coincide with extended library hours. This allowed student access to both resource areas, which are in close proximity to each other.

In 2008, an item regarding skills lab hours of operation was added to the SON Program Evaluation Survey. Satisfaction with hours of operation is tracked, trended, and evaluated as part of the ERC annual program review process. Student survey responses indicate that library and skills lab hours meet student needs.

## X. Status of Recommendation #5 (2007) Organization

*Address the technology needs to support student learning and improve institutional effectiveness by:*

a. *Subscribing to electronic databases to improve the access to learning materials (i.e., reference books and journals) for students (Standards II.A.1, II.A.2, II.C.1)*
b. *Assuring an efficient and effective conversion to the new administrative management software (Standards II.C.1, III.C.1.d, & III.C.2).*

c. *Improving the quality of the information contained on the institution's website and ensuring that the information is up-t- date (Standards II.C.1 & III.C.1).*

The College was persistent in fully addressing IT deficiencies and is committed to ongoing improvement of technology resources. In 2008, the College presented required IT resource needs to the DHS and Network Chief Information Officers and DHS CNO, which resulted in the development of a comprehensive Statement of Work. In 2009, College management, DHS Administration, and the DHS IT Special Projects Director assessed the progress and determined that priority be given to addressing the College's immediate IT requirements. The resulting improvements included:

- Resolving Network firewall issues
- Replacing malfunctioning servers
- Hiring/assigning onsite IT staff
- Redesigning/updating the Internet and intranet
- Installing College wide WiFi.

The DHS IT Department investigated costs, resources, and ongoing time commitments associated with converting, installing, and maintaining an electronic card catalog from a paper-based format. Due to the current fiscal environment and limited funding sources, the College decided to focus resources on purchase of electronic journal subscriptions.

In 2008, the College purchased an electronic database subscription to the Cumulative Index to Nursing and Allied Health Literature (CINAHL). In 2009, the College purchased a subscription to EBSCO A-to-Z, which provides full text, on line access to the library's electronic journal subscriptions and is also accessible to students and faculty from on- and off-campus. Both databases include search engine capabilities. In 2012, budget requests to obtain a Senior Information Systems Analyst were approved and funded. In November 2012, the College successfully selected and hired an individual for this position, who will function as the College information officer (CIO).

The Internet underwent several improvements that made information regarding College programs and graduate NCLEX-RN pass rates more readily available to the public. Prospective students now have on line access to enrollment requirements, program information session schedules, financial aid information, curriculum plan, and catalog. The College collaborates with the DHS-assigned web master to ensure currency of website information and adherence to government and accreditation regulations regarding public information.

The technological improvements positively impacted information dissemination and student learning and increased student and faculty access to learning materials. The College continues to receive ongoing support from DHS and Network IT.

# STANDARD 1: INSTITUTIONAL MISSION AND EFFECTIVENESS

*The institution demonstrates strong commitment to a mission that emphasizes achievement of student learning and to communicating the mission internally and externally. The institution uses analyses of quantitative and qualitative data in an ongoing and systematic cycle of evaluation, integrated planning, implementation, and re-evaluation to verify and improve the effectiveness by which the mission is accomplished.*

## A. Mission

*The institution has a statement of mission that defines the institution's broad educational purposes, its intended student population, and its commitment to achieving student learning.*

1. *The institution establishes student learning programs and services aligned with its purposes, its character, and its student population.*

**Descriptive Summary**

The mission of the Los Angeles County College of Nursing and Allied Health (College) is "to provide learning centered educational programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services". This statement describes the College purpose and intended student population and demonstrates a commitment to student learning.

The College's degree program is the two-year nursing program offered by the School of Nursing (SON). The program integrates a general education component with the major focus in nursing. This prelicensure program culminates in an Associate of Science degree and prepares graduates to successfully pass the National Council Licensing Exam for Registered Nurses (NCLEX-RN) and to become competent, professional, entry level nurses. In accordance with the California laws and Board of Registered Nursing (BRN) regulations, Licensed Vocational Nurses (LVNs) who successfully complete the advanced placement, 30 unit option are eligible to apply to take the NCLEX-RN in California. LVN's who successfully complete this option are not graduates of the College**.**

The Education and Consulting Services (EDCOS) division offers specialty services and professional development classes and programs to support the educational needs of Los Angeles County (LAC) Department of Health Services (DHS) nursing staff. EDCOS provides classes offering continuing education units towards RN license renewal and specialty programs that develop knowledge and skills for specific patient care areas.

The College academic programs are congruent with the College mission and culminate in defined student learning outcomes. The SON's Associate Degree Nursing (ADN) program is a recognized higher education field of study. The ADN program curriculum is of sufficient content and length, is conducted at levels of quality and rigor appropriate to the degree offered, and complies with BRN requirements.

The County of Los Angeles is a complex and diverse urban area of 4,060 square miles with a diverse population of almost 9.9 million, which represents 27% of California residents.

Applicants for the SON program must reside in or work for L.A. County and the ethnicity of the student body reflects the diversity of the County population. The EDCOS program students are primarily employees of the Los Angeles County DHS and the majority of them work at the LAC+USC Medical Center.

The College Mission, Vision, and Values demonstrate a college-wide commitment to student learning. The College Vision "to be a model learning centered educational system providing a continuum and breadth of education and professional development to promote health in the Los Angeles Community" further emphasizes the College dedication to student achievement.

The College Values are in alignment with the mission and vision. The value statements demonstrate faculty and staff commitment to the purpose, population served, and student learning. To aid in achieving our mission and vision we believe:

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

The College commitment to student learning is expressed through the College's continuous improvement process, which is guided by the Institutional Effectiveness and Program Review Plan.

**Self Evaluation**

The mission, vision, and values define the College purpose, intended population, and focus on student achievement. The educational programs and student services are aligned with the mission. The Program Approval policy requires that the decision to initiate a program must include consideration of alignment with the College mission and goals.

Los Angeles County College of Nursing & Allied Health
Self Evaluation Report – January 4, 2013
Standard I.A. Mission

The College achieved its mission by graduating 100 to 130 students with an Associate of Science degree in Nursing annually. Over 95% of these SON graduates passed the national licensing exam. In keeping with the mission, the majority of graduates found employment as RNs in L.A. County and up to 70% of the graduating classes were hired by the DHS.

Number of SON Graduates and NCLEX-RN Pass Rate

| Academic Year | 2007-2008 | | 2008-2009 | | 2009-2010 | | 2010-2011 | |
|---|---|---|---|---|---|---|---|---|
| | Fall | Spring | Fall | Spring | Fall | Spring | Fall | Spring |
| Graduates (#) | 56 | 73 | 40 | 62 | 78 | 51 | 47 | 63 |
| Attempting (#) | 56 | 73 | 40 | 61 | 78 | 50 | 44 | 53 |
| 1st Time Pass (#) | 51 | 69 | 39 | 60 | 76 | 47 | 44 | 51 |
| 1st Time Pass (%) | 91% | 95% | 98% | 98% | 97% | 94% | 100% | 96% |
| 1st Time Fail (#) | 5 | 4 | 1 | 1 | 2 | 3 | 0 | 2 |
| Repeat Attempts Pass (#) | 56 | 73 | 39 | 61 | 77 | 48 | 44 | 51 |
| Repeat Attempts Pass (%) | 100% | 100% | 98% | 100% | 99% | 96% | 100% | 96% |
| Repeat Fail or No Attempt (#) | 0 | 0 | 1 | 1 | 1 | 3 | 3 | 12 |

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

| Academic Year | 2007-2008 | | 2008-2009 | | 2009-2010 | | 2010-2011 | |
|---|---|---|---|---|---|---|---|---|
| | Fall | Spring | Fall | Spring | Fall | Spring | Fall | Spring |
| CONAH | 91% | 95% | 98% | 98% | 97% | 94% | 100% | 96% |
| California | 87% | 83% | 89% | 88% | 89% | 89% | 88% | 88% |
| National | 86% | 88% | 92% | 90% | 89% | 83% | 90% | 89% |

Source: NCLEX-RN Pass Rate Reports AY 07-08, 08-09, 09-10, 10-11

SON Graduate Hiring Rate by DHS

| | 2007-II | 2008-1 | 2008-II | 2009-I | 2009-II | 2010-I | 2010-II | 2011-I |
|---|---|---|---|---|---|---|---|---|
| Graduates (#) | 56 | 74 | 40 | 61 | 76 | 49 | 47 | 62 |
| LAC RNs (#) Hired | 38 | 45 | 10 | 19 | 25 | 17 | 19 | 8 |
| LAC RNs (%) | 68% | 61% | 25% | 31% | 33% | 35% | 40% | 13% |

Source: CWTAPPS 5/16/12, LAC+USC NRC Rosters, CONAH SON DHS Hiring: 2003-I to 2011-2

The College further achieved its mission by providing professional development and continuing education to DHS nursing staff and other health care providers. In support of the DHS and LAC+USC Medical Center nursing service, EDCOS coordinated almost 400 classes annually to approximately 7000 health care professionals.

EDCOS Classes Offered and Number of Students per Academic Year

| Academic Year | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 |
|---|---|---|---|---|
| Classes Offered | 393 | 394 | 390 | 344 |
| Students | 9238 | 7837 | 7384 | 6549 |

Source: EDCOS Program Review Reports AY 07-08, 08-09, 09-10, 10-11

College enrollment meets the mission of supporting the County of Los Angeles and the DHS. SON student body demographics are representative of the diverse Los Angeles County population. The Board of Trustees (Board) reviews the demographic data twice annually.

Comparison of SON Demographics with the Los Angeles County population and California and national nursing program enrollment

| | **CONAH** | **L.A. County** | **State** | **National** |
|---|---|---|---|---|
| Female | 73% | 50% | 83% | 87% |
| Male | 27% | 50% | 17% | 13% |
| Age Range | 20-60 | | 26-60 | |
| Ethnicity | | | | |
| Minorities | 76% | 72% | 54% | 18% |
| Caucasian | 24% | 28% | 41% | |
| Black | 7% | 9% | 7% | |
| Hispanic | 36% | 48% | 21% | |
| Native American | 0% | <1% | <1% | |
| Asian | 14% | 14% | 13% | |
| Filipino | 16% | | 14% | |
| Other/Undeclared | — | | 4% | |
| 2+ Races | 1% | 5% | | |

Source: Board of Trustees Report May 2011; U.S. Census Bureau – 2010 State & County Quick Facts: LA County; 2009-2010 BRN Annual School Report; 2008-2009 NLN Report of Minority Students Enrolled in Nursing Programs

EDCOS enrollment demonstrates the College support of nursing service at the LAC+USC Medical Center as well as supporting other DHS health care facilities and health care professionals.

EDCOS Student Facilities per Academic Year

| **Academic Year** | **2007-2008** | **2008-2009** | **2009-2010** | **2010-2011** |
|---|---|---|---|---|
| LAC+USC Medical Center | 6650 | 3848 | 4195 | 3075 |
| Network CHCs & Clinics | 256 | 95 | 205 | 100 |
| High Desert Hospital | 7 | 1 | 5 | 0 |
| Harbor-UCLA Medical Center | 85 | 32 | 58 | 12 |
| Martin Luther King Medical Center | 16 | 6 | 12 | 8 |
| Olive View Medical Center | 36 | 9 | 22 | 47 |

| Academic Year | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 |
|---|---|---|---|---|
| Rancho Los Amigos Medical Center | 7 | 14 | 19 | 27 |
| Non County | 251 | 232 | 105 | 394 |
| **Total** | 7308 | 4237 | 4621 | 3663 |

Source: EDCOS Annual Reports AY 07-08, 08-09, 09-10, 10-11

EDCOS Student Categories per Academic Year

| Academic Year | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 |
|---|---|---|---|---|
| Registered Nurse | 5041 | 3059 | 3411 | 2434 |
| Licensed Vocational Nurse | 229 | 104 | 24 | 102 |
| Nurse Attendant | 944 | 554 | 98 | 730 |
| Physician | 64 | 21 | 0 | 20 |
| Respiratory Therapist | 19 | 30 | 7 | 26 |
| Other | 1011 | 471 | 117 | 351 |

Source: EDCOS Annual Reports AY 07-08, 08-09, 09-10, 10-11

The College Institutional Effectiveness and Program Review Plans were effective in measuring the degree to which the College was successful in meeting its mission.

2. *The mission statement is approved by the governing board and published.*
3. *Using the institution's governance and decision-making processes, the institution reviews its mission statement on a regular basis and revises it as necessary.*

The College Mission, Vision, and Values are reviewed every three years and as needed guided by the College Administrative and Planning Committees. The Board last reviewed and approved the Mission at its February 2010 meeting.

The College Administrative Committee's purpose is to provide process guidelines to support the institutional structure. Functions of the committee include drafting, approving, implementing, evaluating, and updating College policies and procedures and providing recommendations regarding College management. Towards this end, the Administrative Committee initiates the Mission, Vision, and Values review process by assessing alignment with the DHS and LAC+USC Medical Center Mission, Vision, and Values. Based on analysis of assessment findings, the Administrative Committee proposes updates and circulates suggested revisions to faculty and staff for recommendation and comment.

The College Planning Committee's purpose is to provide a fully integrated institutional structure to achieve the College mission, vision, and values. Functions include developing and implementing the strategic plan; overseeing, guiding, and directing the College academic and operational divisions and committees; tracking progress toward institutional outcomes; reviewing and approving College policies; and monitoring and facilitating institutional processes to maintain compliance with regulatory agency requirements. This committee

consists of members from all divisions of the College, thus incorporating the interests of the institution's stakeholders.

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

The Board Secretary distributes the approved document to faculty and staff and posts it on the College website and intranet. Administrative and Student Services includes the Mission in the Catalog, Student Handbook, and other official publications.

**Self Evaluation**

The Administrative and Planning Committees and the Board conducted routine review, update, and approval of the Mission, Vision, and Values as scheduled. College faculty and staff participated in the review of the Mission and to submitted recommendations, questions, and comments to the Planning Committee.

The Planning Committee and the Board reviewed the Mission with any substantive change that could impact the educational purpose. In 2009, the focus of Allied Health was changed from a certificate granting to a continuing education division. This prompted Planning Committee and the Board to review the Mission. Both groups determined that this change in focus was in keeping with the mission and maintained alignment with the vision and values. No change to the Mission was required.

The 2010 review was effective in validating the Mission. Although several of the value statements were revised to clarify their intent, faculty and staff determined that the mission accurately reflected the College's educational purpose, student population, and commitment to student learning. The review and update of the College Mission was consistent and responsive to the needs of the institution.

*4. The institution's mission is central to institutional planning and decision-making.*

**Descriptive Summary**

The College mission guides the continuous improvement process through implementation of the College Institutional Effectiveness Plan (IEP). The IEP is based on analysis of data and is used to measure the degree to which the College is effective in meeting its mission. The college and all divisions adhere to the IEP. The Program Review policy guides the implementation and evaluation of the process.

Institutional effectiveness is evaluated through:

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

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

- Directing data collection and measurement relating to program review and student learning outcomes
- Analyzing data and outcomes by comparison to thresholds
- Recommending plans for improvement
- Tracking action plans for unmet outcomes to their resolution
- Ensuring the utilization of results for program improvements
- Designing, reviewing, and updating the Program Review Plan
- Reporting findings and recommendations to the Planning Committee.

**Self-Evaluation**

The mission is central to College decision making processes. The annual goals, IEP, and the strategic plan cascade from the mission.

The mission drives decisions to optimize student achievement. In accordance with the IE and Program Review Plans, faculty conducted SLO assessments and compiled Outcomes Evaluation Reports, which were reviewed and approved by the faculty governing committees and divisional deans. The deans and directors compiled and presented the Annual Program Evaluation Reports, which the IE Committee and provost discussed and approved. Administrative and Planning Committees reviewed goal status and approved annual goals, which were consistent with the mission. The Board discussed governing committee recommendations and approved/acted upon annual goals and goal status reports, needs assessment reports, and budget requests.

The College is fully integrated into the DHS and the Medical Center. DHS and Medical Center executive leaders are officers and members of the College Board and are committed to ensuring that College needs are considered in long-range DHS and Medical Center planning and resource allocation. The provost is a member of Network and Nursing Executive Councils. College administration and faculty are members and chairs of DHS, Medical Center, and Nursing division committees. This relationship between education and service provided an exchange of information that facilitated College planning, decision-making, and program improvements. These relationships also provided a foundation that promoted support and approval for resource allocation.

The 2010-2015 Strategic Plan was reformatted to more clearly delineate goals, objectives, and strategies and to link them to regulatory standards, DHS/Medical Center strategic plans, and College goals. The Planning Committee ensured that the strategic plan objectives were aligned with the mission and vision, that all values were incorporated into the strategic plan, and that student learning and institutional effectiveness were demonstrable priorities. The Committee approved adding sections to specify accountability and to formalize evaluation and documentation of annual progress.

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

To ensure compliance with timelines and recommendations, the Board and the Planning and Administrative Committees include accreditation and strategic plan status as standing meeting agenda items.

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

**Supportive Evidence**
Organizational Charts

- Los Angeles County
- Department of Health Services
- Los Angeles County College of Nursing and Allied Health
- College Governing and Standing Committees

Addendum A: Mission, Vision, Values
Addendum B: Program Review Process Policy
Addendum C: Institutional Effectiveness Plan
Addendum D: Institutional Effectiveness Program Review Plan
Addendum E: 2005-2010 Strategic Plan Evaluation
Addendum F: 2010-2015 Strategic Plan

**Improvement Plans**
By the next scheduled review date, the Administrative/Planning Committee will explore methods for optimizing student involvement in review and update of the Mission, Vision, and Values.

# STANDARD 1: INSTITUTIONAL MISSION AND EFFECTIVENESS

## B. Improving Institutional Effectiveness

*The institution demonstrates a conscious effort to produce and support student learning, measures that learning, assesses how well learning is occurring, and makes changes to improve student learning. The institution also organizes its key processes and allocates its resources to effectively support student learning. The institution demonstrates its effectiveness by providing 1) evidence of the achievement of student learning outcomes and 2) evidence of institution and program performance. The institution uses ongoing and systematic evaluation and planning to refine its key processes and improve student learning.*

1. *The institution maintains an ongoing, collegial, self-reflective dialogue about the continuous improvement of student learning and institutional processes.*

**Descriptive Summary**

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

The College committee structure consists of governing, operational, and academic committees, and encourages optimal faculty and staff participation at all levels. The structure ensures ongoing relevant dialogue in all aspects of academics, operations and governance and facilitates input to support student learning and to ensure divisional issues are addressed. A preponderance of dialogue occurs in these committee meetings where members individually, and ultimately as a collective, contribute to decision making through a majority vote.

The provost and divisional deans and directors assign faculty and staff to College and divisional committees as well as to LAC+USC Medical Center and Department of Health Services (DHS) committees. Committee membership provides faculty and staff with the opportunity to participate in ongoing dialogue regarding issues impacting program effectiveness and to contribute to planning and implementing methods for maintaining excellence in meeting the mission.

College committees operate according to bylaws which describe the committee's purpose, functions, membership, and meeting frequency. These bylaws provide a collective

understanding of the work of the committee and a framework for evaluating committee effectiveness in achieving program outcomes.

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

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

Committees use the Intercommittee Communication form for formal communication between committees. Faculty use this form to make inquiries, provide information, and recommend changes. Committee representatives present reports of committee activities to their governing committees: School of Nursing (SON) Faculty Organization and Education and Consulting Services (EDCOS) Shared Governance. All faculty are members of their divisional governing committees. Committees also assign ad hoc work groups to address specific concerns.

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

To facilitate communication, the College provides all employees with individual email accounts, telephone numbers, and access to the College Internet and intranet websites. Students access the Internet and the intranet, both of which include essential documents such as the student handbook, policies, forms, program information, and divisional offerings. Newly admitted students attend orientation where they learn about the College and engage in dialogue with faculty, administrative and student services dean, SON dean, financial aid coordinator, and the provost. New students also interact with the Educational Resource Center (ERC) staff and get information regarding the computer labs, library, and how to locate learning materials.

The College provides opportunities for faculty and staff to engage in policy and procedure creation, review, and revision. Designated committees/individuals regularly review policies and procedures and recommend revisions to the Planning Committee as needed to maintain relevance to practice. These policies and procedures direct implementation and guide decision making in a way that promotes a shared understanding and minimizes subjectivity.

Employees access these and other documents that stimulate dialogue such as committee minutes, program reports, and research findings on the intranet.

Operational, academic, governing committees, the ASB, and the Board of Trustees (Board) establish and publish meeting schedules. Planning Committee members represent each division of the College and adhere to an established communication system. The committee ensures participation and dialogue between all stakeholders in the process of assessment, evaluation, improvement, planning, budgeting, and resource allocation. Vertical and horizontal communication among committees, divisions, and stakeholders allows for free flow of information. This ongoing dialogue ensures that issues with potential and actual impact on the College are assessed and that action plans are developed and implemented as needed.

The Institutional Effectiveness (IE) committee maintains ongoing dialogue with faculty and staff regarding survey findings and outcomes assessments of program quality and effectiveness. The committee maintains a reporting schedule for all divisions and revises it annually. The committee initiates the schedule based on the IE Program Review Plan (IEPRP) which delineates quality assessment monitoring items for the College and for each division.

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

The annual SON Program Review Workshop provides faculty with the opportunity for in-depth dialogue regarding curriculum; evaluation of student learning; student progression; policy changes; ongoing issues; and changes in healthcare, education, and nursing practices. Faculty generate improvement plans and time lines related to assessment findings.

The College adopted the new program review process in 2008, which provided opportunities to improve dialogue about student learning and achievement. All faculty participated in creating essential documents to guide program review. Faculty conduct formative and summative evaluations of student learning at the course level and evaluation of student learning and achievement at the semester and program levels. Faculty and staff agree that program review is a collective effort and established a mechanism for identifying individuals who contribute to the reports. Faculty demonstrate understanding of the meaning of data which is evidenced by the analyses contained in written reports, discussions transcribed in

committee minutes, improvement plans developed from analyzed data, and in the ongoing requests for data.

**Self-Evaluation**

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

The effectiveness of dialogue can be noted in the creation of the SON Student Success Strategies ad hoc committee. Faculty formed this committee to respond to student needs for supplemental education. The committee developed and offered a variety of workshops to support student learning. Students rated these supplemental workshops as effective in meeting their learning needs. In addition, SON survey reports and dialogue between faculty and students, also indicated a disconnect between specific theoretical concepts and related clinical experiences which resulted in students not demonstrating essential intravenous catheter care skills when transitioning from semester one to two. Faculty evaluated the learning gap and recommended and implemented a curriculum revision to shift content to align theory concepts with clinical practice. Faculty and students noted improved student clinical performance, which was documented in student survey reports and committee meeting minutes. EDCOS implemented additional learning and study opportunities to improve student success in specialty programs as a result of dialogue between students, faculty, and nursing management and input from student survey responses. Faculty revised the Basic Adult Critical Care Program (BACCP) clinical workshop format to be more interactive and student driven resulting in improved student performance and mastery of content.

The College tracked the review, update, and approval of all policies and procedures to ensure currency. Planning and divisional governing committees assigned the initial policy review and update to consulting committees, who are designated on the policy based on their committee functions. This ensured that committee/content experts updated the policies to reflect current practice. Operational and governing committee minutes revealed multiple examples of excellent faculty contributions to policy development and revision that resulted in improvements in the teaching, learning, and practice environments. SON Admissions/Promotions Committee clarified and revised academic policies in response to increasing time required for students to complete the program. In response to student survey comments regarding test questions and grading, various academic committees reviewed the test item analysis reports and related College policies and community education standards, and recommended revision to the testing and grading policies.

The EDCOS division provided expert educational and nursing theory contributions to the DHS Nursing Core Competency Program Committee, which was founded in 2009. As essential committee members, EDCOS faculty developed competency study and testing materials, skills practice guidelines, written test and skills validation stations, preceptor and proctor training, and policies and procedures to guide the DHS wide process. EDCOS led all DHS facilities in piloting this successful project, which is intended to validate nursing personnel competency in providing safe and effective patient care. As a result of this project other health care disciplines followed suit and implemented competency validation programs for their provider groups. In addition, EDCOS faculty contributed to DHS and Medical Center committees such as Nursing Professional Practice, Critical Care Best Practices, and Nursing Quality Improvement to promote excellence in nursing practice.

Restructuring the College intranet site improved dissemination of information and availability of essential documents to promote dialogue. The redesign included pages for research findings, APERs, committee memberships, meeting minutes, and accreditation/approval documents.

Committee participation effectively engaged faculty and staff in ongoing program improvement and was instrumental in creating and assigning membership to ACCJC accreditation and BRN approval preparation committees. As experts in program delivery, evaluation, and improvement planning, faculty were best positioned to conduct the self evaluation of College success in meeting its mission. The College is proud of faculty accomplishments in rising to the challenge as a team.

2. *The institution sets goals to improve its effectiveness consistent with its stated purposes. The institution articulates its goals and states the objectives derived from them in measurable terms so that the degree to which they are achieved can be determined and widely discussed. The institutional members understand these goals and work collaboratively toward their achievement.*

**Descriptive Summary**

The College's focus is to maintain and improve program quality by establishing long and short term goals in support of the mission. Goals are derived through the formalized program review process that generates informative data about program needs; solicits stakeholder contributions; and maintains awareness of trends in education, nursing practice, health care, and accreditation that may impact College programs. Findings from these multiple approaches guide creation of the five year strategic plan. The plan consists of broad goals that encompass focused objectives and clearly articulated strategies that guide implementation and measure achievement. The strategic plan also serves as a tool to promote a broad understanding of the unique needs of the College. Plan goals flow into divisional and College goals and program evaluation findings are used to prioritize these goals.

The Planning Committee guides creation of the strategic plan, which is developed through a cooperative effort involving all stakeholders with the final approval by the Board. APERs demonstrate and document College commitment to attaining strategic plan goals. The APERs provide for evaluation of annual goal attainment, contribution to achievement of the strategic plan, and creation of new goals for the coming year. All divisions focus on achieving plan goals through assessment, planning, implementation, evaluation, and reassessment of various aspects of their programs and services.

The College monitors annual progress towards goal attainment. Strategic plan and annual goals not attained carry forward to a new plan period. Plan goals that are considered essential for ongoing progress of the program are also forwarded to the new plan. The provost, program deans, and directors engage faculty and staff in evaluating progress towards goals. Faculty and staff participation is evident by their contributions to course, program and divisional reports. In addition, the annual self evaluation of performance asks employees to evaluate their achievement of professional goals from the previous year, identify goals for the next year, and to describe their contributions to the strategic plan, College/divisional goals, and to student learning outcomes.

Committees and divisions also establish goals based on program review priorities to maintain/improve program quality, develop implementation plans to achieve goals, evaluate goal attainment, and document the process in the APERs.

**Self Evaluation**

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

Based on adverse accreditation history, the Planning Committee included “maintain accreditation readiness” on the 2010-2015 Strategic Plan. In line with the plan and in preparation for the 2013 Educational Quality and Institutional Effectiveness Review, the College and all divisions prioritized accreditation in their 2011-2012 and 2012-2013 Annual Goals. This focused priority supported full faculty participation in drafting the Institutional Self Evaluation Report and in preparing for the Site Visit.

All College evaluations assessed the degree of goal attainment. The IEPRP provided quantitative and qualitative measures with established thresholds for action. These thresholds provided faculty and staff with quality measures for determining the degree to which goals were achieved. Faculty demonstrated knowledge of College and divisional goals, broad based understanding of achievement strategies, and commitment to goal success through their formalized assessment of SLOs.

The 2010-2015 strategic plan includes Goal II: to "promote student success" that cascades to Objective IIF: to "improve the educational process and student success through SLO assessments" and correlates with the strategy: to "attain a proficient level on assessment of SLOs". The 2009-2010 College Goals led to the establishment of the SLO assessment process. The IE committee used the IEPRP to monitor College and divisional SLO assessments. All teaching faculty participated in assessing, discussing, and evaluating findings and in planning program improvements as indicated. The accountable person/committee representative designated on the IEPRP reported the SLO assessment findings and recommendations, using course specific forms in accordance with established guidelines. These SLO Assessment Reports also tracked and trended effectiveness of improvement plans over time. The assessment, planning, implementation, reporting, evaluation, and re-evaluation cycle applied to all reports at course, division, and institutional levels. All divisions contributed to the outcomes evaluation of the 2005-2010 strategic plan goals.

3. *The institution assesses progress toward achieving its stated goals and makes decisions regarding the improvement of institutional effectiveness in an ongoing and systematic cycle of evaluation, integrated planning, resource allocation, implementation, and re-evaluation. Evaluation is based on analyses of both quantitative and qualitative data.*

**Descriptive Summary**

The College takes pride in the involvement of all stakeholders in achieving its goals. Through the formalized program review process, the College measures effectiveness at meeting the mission to provide learning centered educational programs for health care students in support of the DHS.

The College supports faculty awareness and involvement in the assessment, planning, implementation, and evaluation/re-evaluation process. The Faculty Development Committee coordinated initial extensive education on SLO assessment, program review, and planning, and offers follow up workshops as educational needs are identified. Divisional deans encourage faculty to participate in SLO assessment, program review, and College and divisional committees. Any faculty or staff member can propose changes to the program review process and to related policies, procedures, and forms. Program review includes identification of course/program needs, which are presented to the Planning Committee for follow up action as indicated.

The five year strategic plan identifies broad goals that support the mission, objectives related to projected needs, and strategies to guide planning. The plan cascades from the College mission, vision, and values, and from the LA County, DHS, and Medical Center strategic plans. The Planning Committee annually evaluates accomplishments towards achievement of objectives and effectiveness of strategies. The strategic plan was reformatted in 2009 to more clearly delineate goals, objectives, and strategies and to link them to regulatory standards, DHS/Network strategic plans, and College goals. A section was added to specify individual

accountability. Evaluation and documentation of annual progress was also formalized. The new plan improved integration of assessment findings, planning and interventions/strategies based on those findings, and evaluation of improvement effectiveness in achieving goals and objectives.

To simplify planning, each division reports attainment of strategic plan goals using the APER process. Planning Committee uses the assessment findings, needs assessments, and recommendations from the APERs to plan, implement, and evaluate follow up actions. Findings from these reports are used in the annual overall evaluation of the strategic plan. In addition, the provost and divisional deans and directors develop annual goals and strategies that address specific portions of the strategic plan and target immediate planning needs.

Program review precedes formalized College planning. The Program Review policy and the IEPRP guide the program review process. The IE Committee administers the IEPRP and oversees program review. The IEPRP specifies the item monitored, related regulatory agency standard/policy, monitoring tool, tracking source/person, threshold for action, accountable person/committee, and frequency of review. For example, the IEPRP specifies that the SON semester coordinators conduct assessments and report student learning outcomes biannually. The SON dean incorporates the program SLO assessments into the APER and reports annually. The provost compiles and reports College SLO assessments every three years as a component of College program review.

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

Under the guidance of the Planning Committee, the Operations Committee prepares budget requests, plans resource allocation, and monitors and tracks expenditures. College Planning and the Board review the annual budget requests and plans that involve large expenditures.

**Self Evaluation**

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

The expansion of the intranet website simplified and improved data access and dissemination, which facilitated analysis and evidence-based planning. For example, the

research director compiled student course completion data at the end of each semester and uploaded the reports to the intranet website. The IE Committee standardized definitions for data collection/reporting and provided example documents to assist faculty with structuring reports. Faculty also requested data needed for reports directly from the research director and other divisional deans and directors.

Faculty and divisional deans and directors identified course/program needs in their SLO Assessment Reports and APERs. The research director compiled the identified needs and presented them to Planning Committee for discussion, prioritization, and follow up assignment. In June 2012, the Planning Committee reviewed the 2010-2011 Request for Program Needs and evaluated the status of the 2008-2009 Request, which showed that over 90% of all needs were addressed and resolved. For example, the Research Department acquired computer hardware and software, which was essential for processing student tests and surveys and for generating vital data. Planning Committee also evaluated the ongoing plans to mitigate persistent needs/requests such as plumbing and air conditioning problems related to the aging buildings. These problems were reported immediately and addressed with each occurrence. All governing committees were involved in ensuring that resources were available for meeting program needs.

In 2011, the College responded to the Medical Center need for additional intensive care unit (ICU) nurses. The EDCOS division expanded BACCP enrollment, restructured clinical course schedules, and reassigned qualified faculty to additional teaching responsibilities. This accommodated the influx of new nurses needing critical care education and to promote successful and timely student completion of the program. EDCOS accomplished this program restructuring in a way that maximized the use of instructors without overburdening financial resources or diminishing the quality of student learning.

In 2010, SON students evaluated their clinical experience at Rancho Los Amigos National Rehabilitation Center as insufficient to meet their subcutaneous injection and basic intravenous (IV) catheter care/fluid administration learning needs. As a result, the SON dean, in collaboration with nursing management, secured a two week clinical rotation at LAC+USC Medical Center which provided students with sufficient clinical practice opportunities. Student surveys reflected no further complaints related to injections or IVs.

At the June 2012 SON annual Program Review Workshop, faculty evaluated student learning and achievement measures. The workshop focused on data assessment to identify strategies and guide planning to support student learning and progression. It also included an evaluation of the preceding year's goal achievement. The faculty assessed student class/cohort data, petitions and grievances, number of semesters to program completion, program attrition, and on time program completion in comparison to state and national averages. Faculty also reviewed and discussed qualitative and quantitative findings from graduate and exit interview surveys. In addition, faculty evaluated assessment, intervention, and evaluation findings for three student cohort groups that experienced high failure rates. Findings showed that the majority of these high risk students were successfully remediated and graduated from the program. Faculty discussed contributing factors, evaluated successful outcomes, and decided

that curriculum revision should be explored. They also agreed to identify methods and opportunities for improving faculty/student interactions, evaluate the need for and request supplemental student learning resources, and to continue to review test item analysis reports and revise items as indicated. The workshop ended with a summary of goals for the upcoming academic year.

Faculty dialogue resulted in curriculum modification, course delivery changes, and revision to policies and procedures. Individual faculty members and committees used data to conduct course, semester, and College level review of program effectiveness. As a result of data analysis, faculty and committees recommended various program improvements such as curriculum modifications, course SLO revisions, new teaching strategies, and creation of new learning opportunities.

Students evaluated each course at its completion. These evaluations contained questions that pertained to course preparation, delivery, and effectiveness in supporting student learning. Course survey reports were distributed to all teaching faculty for discussion, analysis, and inclusion in SLO assessments and APERs. Identified improvement plans were implemented in the subsequent course offerings and reevaluated at course completion. In Fall 2010, semester four revised its medical-surgical course lecture schedule to achieve a balanced difficulty level for all four course examinations. Student survey findings reflected improvement in the following semester. Semester two experienced a decline in the availability of obstetric (OB) patients for student clinical learning. To improve student clinical experiences, the SON initiated an OB rotation at Olive View Medical Center. EDCOS faculty analyzed factors impacting the 2010 BACCP course pass rate, which was below expected threshold. They determined that the deficit was due to student lack of preparedness for the program. Faculty collaborated with nursing management to develop a preprogram essential basic nursing skills checklist to assist managers/preceptors to assess student readiness and optimize student success.

Fourth semester SON students evaluated the entire program by completing the pre graduation Program Evaluation Survey (PES). The survey assessed student perceptions regarding whether program objectives were met and program effectiveness in preparing them for the licensure examination and for future practice. The dean and semester coordinators reviewed the findings, shared them with their respective faculty, and used the data as a basis for evaluation of interventions and for planning program improvements. Committees also accessed relevant data from the PES. The SON also surveyed graduates and their employers one year after graduation. Survey responses provided essential data for measuring program success and for identifying areas for improvement. Responsible individuals/committees presented survey findings and consequent recommendations to governing committees for approval and action. In addition, Planning Committee used the Employee Satisfaction Survey report as another source of data to identify student learning/support issues. For example, faculty identified the need for additional large capacity classrooms. The College continued its efforts to secure additional space. Meanwhile, academic division representatives collaborated with the office manager and divisional deans to optimize class schedules to avoid classroom conflicts.

*4. The institution provides evidence that the planning process is broad-based, offers opportunities for input by appropriate constituencies, allocates necessary resources, and leads to improvement of institutional effectiveness.*

**Descriptive Summary**

College Planning Committee's purpose is to provide fully-integrated institutional structure and leadership to achieve the College mission, vision, and values. The Committee functions related to planning are to:

- Develop and implement the strategic plan
- Evaluate progress towards achievement of annual goals and strategic plan objectives
- Review and approve budget requests and resource allocation to meet strategic planning goals
- Track progress towards institutional outcomes
- Review and approve alternative strategies towards meeting goals.

The provost chairs the Planning Committee and reports issues and decisions to the Board of Trustees. Committee members represent all College divisions. This College wide representation ensures broad-based decision making by allowing each division to have a voice, present different perspectives, and gain deeper understanding of each other's processes and issues. Divisional deans assign members and alternates to Planning Committee and all have voting rights. These representatives present divisional topics of concern to the Committee and report Committee progress and decisions to their constituency groups. In addition to committee reports, all faculty and staff receive notifications of upcoming Planning Committee topics and have the opportunity to give individual input into policy update and annual goal and strategic plan development.

All committees directly and indirectly participate in planning. Bylaws specify each committee's unique function in relationship to the assessment, planning, implementation, evaluation, and re-evaluation cycle. The College Committee Rules and Structure policy guides committee establishment, membership assignment, meeting documentation, and member roles and responsibilities. College and divisional committee members represent all stakeholder divisions. Whenever planning involves non represented perspectives, the Chair/designee requests input/representation from that area.

Divisional committees ensure effective and efficient course coordination, identify needed student learning resources, and communicate needs to College level committees for action. College level committees diligently follow up on these requests and explore cost effective methods to acquire and obtain resources.

The College budget remains integrated within the LAC+USC Medical Center budget. The County of Los Angeles allocates funding for the Medical Center and the College as part of the overall budgetary process based on program priorities. The College obtains the majority

of student support resources through established channels. The College obtains Board and DHS approval for obtaining high cost items and submits requests through routes including DHS CEO approval, capital gains projects, and grant funding. The College reports the status of such items to the Board.

**Self Evaluation**

The planning process was broad-based and consistently provided opportunities for all faculty and staff to participate. The Planning Committee met regularly and the minutes reflect that divisions were represented and that constituency opinions and issues were presented, discussed, and incorporated into final decisions and plans. The proposed annual College goals were distributed to faculty and staff for comment and approved by Planning Committee and the Board. Planning Committee and the Board also reviewed the status report on achievement of the previous year's goals.

The deans distributed the draft instructional division goals for the upcoming academic year to faculty for comment prior to approval by divisional governing and Planning committees and the Board. The SON standing and course committees also developed annual goals and reported on the status of previous year's goals. Divisional and committee goals aligned with the College goals, mission, and strategic plan.

The APERs demonstrated that divisional and committee goals effectively provided focus and direction towards achieving strategic plan goals and objectives. The 2010-2015 strategic plan goals include: enhance the learning environment, promote student success, develop coalitions and partnerships, improve financial standing, and enhance institutional reputation and capabilities.

The College Operations Committee initiated the annual fiscal planning process by evaluating the previous year's unmet needs and by projecting and prioritizing needs to meet the institutional short- and long-range goals. The Planning Committee and the Board reviewed, discussed, and approved proposed annual budget requests. The provost submitted the formal budget request to the Medical Center CEO for review and approval. The Medical Center CEO is an ex-officio voting member of the Board. The CEO forwards the budget request to the DHS CEO and the Board of Supervisors for final approval of funds.

Planning Committee and the Board identified and approved budget requests for resources to address information technology needs. The College successfully requested and obtained a new position for a Senior Information Systems Analyst (SISA) to implement the student information data base (CAMS). The College also obtained approval for funding to upgrade CAMS to a web-based, enterprise system.

In addition, the College obtained resources through alternative funding sources. For example, a high fidelity, simulation manikin was purchased with grant funds. Grants also funded tutoring services and NCLEX-RN preparation classes to support SON student learning and graduate achievement.

5. *The institution uses documented assessment results to communicate matters of quality assurance to appropriate constituencies.*

**Descriptive Summary**

The College uses qualitative and quantitative data to evaluate its programs and services and to communicate and validate quality information to its stakeholders. In 2007, the DHS allocated an Assistant Nursing Director position for the research director. The College hired the incumbent in early 2008. She successfully designed and implemented systems to collect, aggregate, report, and disseminate data to measure quality indicators and to drive program review. Her efforts in collaboration with the IE Committee resulted in a data driven program review process that is well understood by faculty and staff.

The IE Committee implements, monitors, and updates the College IE Plan, which guides the College and all divisions in assessing quality indicators and reporting findings and plans. College and instructional division indicators include measures of employee competency, performance, and satisfaction; student learning, progress, achievement, and concerns; program/course SLOs; support services; and attainment of mission and goals. The IE plan determines frequency of assessment for each item and the annual Reporting Schedule specifies evaluation report dates. All reports identify data sources and include analysis of findings and comparison to predetermined thresholds and to previous years' outcomes. Data and reports are posted.

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

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

The College posts accreditation documents such as ACCJC and BRN approval letters and an accreditation history outlining accreditation reports and Commission recommendations and actions. The College provides opportunities for public input regarding its programs through open Board meetings and a website link for contacting the College. The Office of

Educational Services (OES) reviews messages received and coordinates responses. The College also maintains College and divisional bulletin boards and encourages posting of quality indicators, which are visible to the public.

**Self Evaluation**

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

In 2011, the Board added divisional reports to its master agenda and heard, discussed, and recommended action based on assessment findings. Board standing agenda items included quality indicators and achievement measures such as accreditation report status; research, program review, and planning reports; unresolved planning issues such as information systems and allied health; divisional program review reports; NCLEX-RN pass rates; student enrollment projections, demographics, and post-graduation hiring rates; policy approvals; and budget request/revenue and expenditure summaries.

The College intranet site underwent ongoing redesign to ensure timely data access for faculty and staff. In 2009, the research director began uploading course statistical data, which faculty accessed to compile course and program reports. Additional data related to student learning was aggregated, tracked, trended, and posted for faculty analysis and was used in program and course reports. In preparation for the 2013 Self Evaluation Report and Site Visit, web pages were added to accommodate past accreditation reports, the accreditation preparation timeline, supportive quality indicator data, and related resource materials. The OES routinely compiled and updated student academic and demographic data which was available to faculty and reported to the Board.

In 2008 and 2009, the research director collaborated with instructional program deans and course coordinators to review and revise all course and program surveys in order to improve the quality of program review data. The College also requested and acquired new survey software, which enabled timely generation, distribution, and data compilation. Faculty progressively increased their demand for and effective use of data.

6. *The institution assures the effectiveness of its ongoing planning and resource allocation processes by systematically reviewing and modifying, as appropriate, all parts of the cycle, including institutional and other research efforts.*

**Descriptive Summary**

The College assures the effectiveness of ongoing planning and resource allocation through the five year strategic plan, which projects institutional needs and fosters program improvements in consideration of health, education, nursing, and regulatory trends. The

Administrative and Planning Committees collaborated with the research director to develop the plan, which is based on data collected from surveys, outcomes and program evaluation reports, and research findings with contribution from stakeholders. The plan structure and content undergoes review and update as needed to address situations that impact the goals, objectives, and/or strategies. The plan incorporates quality improvement measures essential for attaining the mission: enhancing the learning environment, promoting student success, developing coalitions and partnerships, improving financial standing, and enhancing institutional reputation and capabilities.

The College evaluates effectiveness of the plan through an established structured process. Divisional faculty participate in evaluating their components of the program review system and recommend improvements to clarify and streamline the process and to improve program outcomes. Faculty recommend structure and process changes to their program coordinator/divisional dean, who reports their recommendations to the IE Committee.

The research director chairs the IE Committee and guides the committee in evaluating recommendations and approving minor modifications to the IE Program Review Plan and process. Major proposals for change in the process or to the strategic plan are brought to Planning Committee for evaluation and approval.

The provost and divisional deans and directors draft College and divisional goals in alignment with the plan and based on assessment of previous year's goal achievement and outcomes assessment/program evaluation and re-evaluation findings.

The IE and Planning Committees regularly review the effectiveness of the process and recommend and approve revisions as necessary to foster improvements. The College is adept at ensuring a full cycle of program review, assessing relevant data findings, developing improvement plans as indicated, implementing plans, and evaluating/re-evaluating outcomes. Outcomes evaluations guide the planning and budgeting process to ensure that resources are available to support planned improvements and to meet the short and long term goals.

**Self Evaluation**

The College continually reviewed and revised its evaluation, integrated planning, resource allocation, implementation, and re-evaluation processes to ensure effectiveness in attaining institutional improvements.

In the 2008 review of its processes, the IE committee recognized that the assessment/planning cycle needed to more clearly link assessment findings with recommendations for improvement. As a result, the committee revised the IEPRP to identify and include quality measures for the College and each division. Designated individuals collect and aggregate the data and committees/accountable persons analyze findings and report improvement plans. This expansion of measures highlighted and strengthened the interdivisional connections and the integrated planning and resource allocation process.

In 2009, the research director completed aggregation of several years of data integral to the program review process and posted the data for faculty access. She compiled and trended instructional program quality measures including attrition, cohort/class completions, petitions/grievances, course performance, and student survey findings. These reports assisted faculty to conduct data driven analysis of student learning outcomes and to recommend improvements in program reports. Availability and use of raw and aggregated data caused the College to insist on objective program evaluation and well informed determination of effectiveness.

In 2010, the College experienced difficulty in conducting the evaluation of the 2005-2010 strategic plan. The Planning Committee recommended and approved significant formatting modifications, which were incorporated into the 2010-2015 plan. The plan was reformatted to more clearly delineate goals, objectives, and strategies and to link them to regulatory standards, DHS/Network strategic plans, and College goals. A section was added to specify accountability. Evaluation and documentation of annual progress was also formalized. The new plan improved integration of assessment findings, planning and implementation of interventions/strategies based on those findings, and evaluation of improvement effectiveness in achieving goals and objectives. The College used the strategic plan evaluation findings to further identify performance improvement needs, set academic priorities, determine resource allocation, and prioritize budget/funding requests.

In 2011, the Planning Committee updated the College Committee Rules and Structure policy to clarify governing committee responsibilities and reporting structures. In addition, Planning Committee approved updates to the governing and operational committee bylaws. Review and discussion improved member and faculty/staff understanding of committee roles in planning, program review, accreditation, budget requests, and resource allocation.

In 2011, in response to committee and faculty recommendations, the IE Committee revised all SLOs and annual program evaluation reporting documents. Updates to these documents eliminated redundancies, clarified reporting components, and facilitated report completion.

Effectiveness of ongoing planning, resource allocation, implementation, and evaluation was also evident at the course level. The College offered initial and ongoing technology related education, integrated technology into teaching/learning methodologies, acquired survey and statistical software, and obtained approval for the upgraded data base. All of these supported the strategic plan goal and related objective to “promote student success” by “exploring the use of alternative teaching/learning models/methods and integrating technology in teaching and learning.”

7. *The institution assesses its evaluation mechanisms through a systematic review of their effectiveness in improving instructional programs, student support services, and library and other learning support services.*

Descriptive Summary

The College has a well defined system for assessing the effectiveness of its instructional programs and student support services including the library and computer and skills laboratories. The IE Committee guides the established program review process, which is well documented in meeting minutes and evidenced in program review reports. The successful program review process is the result of assessment, data collection, aggregation, analysis, improvement planning, implementation, reassessment, and reporting cycles.

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

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

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

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

**Self Evaluation**

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

SON faculty evaluated findings from student surveys, program review reports and committee analysis, and determined that medical-surgical content was fragmented between semester one

and two. This separation of theory and skills content resulted in students failing to correlate classroom concepts in the clinical practice environment. To support student learning and progression, faculty reviewed the relevant curriculum and developed and implemented plans to shift curricular content between semesters. Subsequent program review evaluations indicated improved student ability to apply theory to practice and to provide care to patients as they progressed from the first to the second semester.

Another example of effective evaluation leading to improved instructional programs was the creation of the EDCOS Neonatal Pediatric Update in 2011. Previously, the Advanced Neonatal Pediatric Critical Care Program was jointly sponsored and offered DHS wide. However, changes in administrative faculty assignments and facility logistics, caused program offering and attendance to diminish. To ensure that Medical Center nursing staff who worked in neonatal/pediatric areas were provided with a quality instructional program sufficient to support their educational needs, EDCOS developed and implemented the Neonatal Pediatric update class. EDCOS realized the need for this class through the division's informal program evaluation process including faculty meetings and meetings with nursing administration. The class supported neonatal/critical care nurses in staying current with pediatric critical care practice and trends. Survey findings indicated that students perceived "the class is of benefit", "learned new information", "lots of important information provided", and "wealth of knowledge presented".

The ERC also made data-driven changes that contributed to the division's success in planning effective improvements to support student learning**.** Analysis of PES findings indicated that students perceived the Library hours as not meeting their needs. The College hired an additional Library Assistant and extended the Library hours of operation. The ERC director also conducted a pilot study extending Library hours to include Saturday. Her findings revealed that very few students used the Library on Saturday and those that did, used it for studying not for accessing resource materials. She presented her findings and recommendations to the Planning Committee, who approved making other College space available to students for weekend study. No further student complaints related to ERC access were noted.

Faculty and student survey findings also reflected the need for additional technology to support student learning. The ERC director worked with the Medical Center Information Technology department to extend Wi-Fi access to all College buildings. In addition, the College acquired a simulation manikin with grant funds. Using the manikin and computerized scenarios, faculty assisted students to apply classroom lecture content to simulated patient situations. Students had the opportunity to perform specific nursing roles and critique performances. Faculty noted that student communication, collaboration, and documentation skills improved. Student satisfaction with use of the manikin was evident by their positive comments.

Through discussion and evaluation of annual goal and strategic plan achievement, the OES remained acutely cognizant of the need for an integrated student information data base. The OES, with Board approval, proposed to upgrade the existing comprehensive academic

management system (CAMS) to a web-based enterprise system. The DHS approved the upgrade and allocated funding. The upgraded CAMS will improve application processing; communication with students regarding program changes; student access to grades, course materials, and other information; administrative access to student demographic, enrollment, and progress information; and access to student data for tracking, trending, planning, and evaluation.

In alignment with the strategic plan and Employee Satisfaction Survey findings, the OES in collaboration with the Workforce Development Program (WDP), secured access to tutoring for all semesters. To accommodate student time and distance limitations, tutoring was offered in person and online and students took advantage of both methodologies. The College also successfully collaborated with the WDP in a joint grant writing venture to offer an NCLEX-RN preparation course. Students who completed the program were eligible for the course. Since the course's inception in 2006, the NCLEX-RN first attempt pass rate remained above 90%.

The Board reviewed evidence of student achievement, including NCLEX-RN first-time pass rates and DHS hiring rates, a minimum of twice a year. The recent economic difficulties caused healthcare facilities to curtail hiring, which delayed graduates securing employment. As a result, some graduates, who signed Tuition Agreement Contracts (TACs), were unable to fulfill the conditions of their tuition deferment. Financial Aid negotiated a time extension, which granted permission to extend the four month grace period. The waiver was initially applied to classes that graduated in December 2008 and May 2009. The waiver was extended to subsequent graduating classes and will continue until DHS hiring improves. The College, in collaboration with the Nurse Recruitment Center, also sent job announcements to SON graduates to support hiring.

The College routinely reviewed and refined its processes for evaluating the effectiveness of program quality and improvements. Overall the mechanisms were effective in achieving improved student access, learning, and services in the attainment of its mission.

**Supportive Evidence**

Organizational Charts

- College Governing and Standing Committees

Addendum B: Program Review Process Policy
Addendum C: Institutional Effectiveness Plan
Addendum D: Institutional Effectiveness Program Review Plan
Addendum F: 2010-2015 Strategic Plan
Addendum G: Annual Goals
Addendum H: Outcomes Evaluation Reports
Addendum I: Student Learning Outcomes
Addendum J: Annual Program Evaluation Reports
Addendum K: Institutional Effectiveness Committee Reporting Schedule

Addendum L: Program Needs Request
Addendum M: School of Nursing Pregraduation Program Evaluation Survey

**Improvement Plans**

Add discussion of student membership to College Planning Committee agenda

# STANDARD II: STUDENT LEARNING PROGRAMS AND SERVICES

*The institution offers high-quality instructional programs, student support services, and library and learning support services that facilitate and demonstrate the achievement of stated student learning outcomes. The institution provides an environment that supports learning, enhances student understanding and appreciation of diversity and encourages personal and civic responsibility as well as intellectual, aesthetic, and personal development for all of its students.*

## A. Instructional Programs

*The institution offers high-quality instructional programs in recognized and emerging fields of study that culminate in identified student outcomes leading to degrees, certificates, employment, or transfer to other higher education institutions or programs consistent with its mission. Instructional programs are systematically assessed in order to assure currency, improve teaching and learning strategies, and achieve stated student learning outcomes. The provisions of this standard are broadly applicable to all instructional activities offered in the name of the institution.*

1. *The institution demonstrates that all instructional programs, regardless of location or means of delivery, address and meet the mission of the institution and uphold its integrity*[1].

### Descriptive Summary

The College mission is "to provide learning centered programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services". The School of Nursing (SON) and Education and Consulting Services (EDCOS) comprise the instructional divisions of the College.

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

EDCOS provides post licensure specialty service and professional development courses for LAC+USC Medical Center and Los Angeles County Department of Health Services (DHS) RNs, nursing staff, and other healthcare providers. EDCOS offers continuing education classes towards nursing license renewal, specialty courses that develop knowledge and skills

for specific patient care areas, professional advancement courses, and credit and noncredit classes for healthcare personnel. Faculty design and update courses as changes in healthcare occur and in accordance with national standards such as those provided by the American Association of Critical Care Nurses and the Emergency Nurses Association. Students who complete specialty classes such as 12-Lead ECG or Pathophysiology are eligible for upper division credit through California State University Los Angeles.

**Self Evaluation**

The instructional programs met the mission of the College, upheld its integrity, were current and were of sufficient quality and rigor for an institution of higher education.

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

SON students in the third and fourth semester demonstrated concept mastery via the clinical competency examinations. EDCOS students in the Advanced Critical Care Program also exhibited competency in applying theoretical concepts to individual patient care situations. Students provided in depth analysis of a variety of patient scenarios and validated sound comprehension of pathophysiology, nursing interventions, medical treatments, and patient psychosocial needs.

Students who successfully completed the instructional programs achieved the learning outcomes. Over 90% of SON graduates passed the NCLEX-RN exam on their first attempt, over 98% passed on repeat attempts, and the pass rates were higher than state and national averages. In 2012, the College surveyed the SON graduates from the two classes that completed in 2010 regarding program effectiveness. The majority of respondents were working in Los Angeles County and over one third were functioning in leadership roles. The respondents perceived themselves to be well prepared for their new RN roles. Overall they rated the program effectiveness as 4.39 (scale 1-5, 5-highest). The threshold for action (TFA) is 3.5.

Employers rated EDCOS program graduates as competent: 3.06 (scale 1-5, 5-highest, and 3-competent) on the Employer Satisfaction Survey. Their most frequent response to the survey item: "The Phase I nurse needs the most assistance with…" was "prioritization." New ICU nurses, as well as new nurses in general, commonly have difficulty with prioritizing care. The critical care instructors spend a significant amount of time assisting students with developing their organization and prioritization skills during the clinical portion of the program. However, mastery of these skills comes with time and experience. Although no

action was required, the instructors continued to emphasize time management and prioritization strategies during clinical.

***a.*** *The institution identifies and seeks to meet the varied educational needs of its students through programs consistent with their educational preparation and the diversity, demographics, and economy of its communities. The institution relies upon research and analysis to identify student learning needs and to assess progress toward achieving stated learning outcomes.*

**Descriptive Summary**

The College uses data to identify student educational needs and to assess progress towards student learning (SLO) outcome achievement. The research director chairs the College Institutional Effectiveness (IE) Committee and directs research, program improvement, and quality assurance activities. The research director also guides faculty in evaluating and refining systems to assess program effectiveness, achievement of student learning outcomes, and evaluation of program improvements.

The College identifies student educational needs through a variety of methods including new student, course/program, pregraduation program evaluation, graduate, and employer surveys; student exit interviews; and SLO assessment reports. Course coordinators and faculty discuss assessment findings, develop improvement plans, and recommend changes to faculty committees as indicated. The instructional program deans incorporate findings, plans for improvement, and follow up evaluation plans into their Annual Program Evaluation Reports (APERs). The IE Committee and the Board of Trustees (Board) evaluate the APER findings.

**Self Evaluation**

The IE Committee implemented, evaluated, and reorganized the system for measuring, assessing, and tracking SLOs at the institutional, program, and course levels.

The IE Committee re-evaluated and updated the College IE Plan to more clearly describe the assessment, planning, implementation, evaluation, and improvement cycle. The narrative description includes monitoring methods, documents used to guide the process, reporting methods, and faculty and staff participation. In addition, the IE Committee:

- Reorganized the IE Program Review Plan (IEPRP) to more clearly reflect divisional program review including SLOs
- Expanded the outcomes tracking documents to include all items monitored and not just those that fell outside of predetermined thresholds for action
- Created forms for divisional outcomes reporting in comparison to thresholds for action
- Updated the Program Review Process policy to reflect the revisions to the outcomes evaluation process

- Created and modified the IE Reporting Schedule, which includes divisional SLO and APERs.

Course coordinators and faculty evaluated program and course SLOs at the end of each semester and reported to the IE committee as scheduled. Reporting of SLO assessment findings presented the IE Committee with an opportunity to provide input into improving SLOs and assisted in tracking improvement plan progress.

The IE committee simplified and clarified the SON graduate and employer surveys to improve the data available to evaluate program effectiveness. The research director worked with the DHS and LAC+USC Medical Center Information Systems (IS) divisions to overcome obstacles to the distribution process. These efforts resulted in a significant increase in response rates and in the quality of data. In the 2012 SON annual Program Review Workshop faculty used the data gleaned from the graduate responses to plan changes to improve student learning outcomes.

***b.*** *The institution utilizes delivery systems and modes of instruction compatible with the objectives of the curriculum and appropriate to the current and future needs of its students*[1].

**Descriptive Summary**

The College uses traditional, instructor-led, in-person, on-campus educational delivery systems. The syllabi specify the various student learning activities required to meet the objectives and support the content of each course. Faculty provide instruction using a variety of methods to accommodate different learning styles. These instructional modes include interactive lectures, skills/return demonstrations, patient care simulations, role playing, panel discussions, debates, and video/audio recordings. Faculty also use instructional delivery systems such as other audio-visual aids, and required/recommended readings. Faculty regularly assess these methodologies and systems to ensure compatibility with curriculum objectives and student learning needs. Assessments include systematic review and discussion of student learning outcomes in relation to course objectives, course evaluations, verbal and written feedback from students, and faculty peer evaluations. Faculty plan and implement changes in instructional modes to improve student learning and achievement.

**Self Evaluation**

The instructional program teaching methodologies supported the course objectives and were routinely evaluated and updated.

SON and EDCOS course surveys included student perceptions regarding the effectiveness of teaching methods in meeting course objectives. Students consistently evaluated the majority of theory courses as meeting or exceeding identified expectations. Instructors also evaluated

student clinical performance and those evaluations indicated that students, who successfully completed the courses, mastered the theoretical concepts and applied that knowledge to the clinical setting.

SON faculty implemented various teaching methods to improve student retention and on-time program completion. Strategies included clinical remediation, clinical course concept maps, skills videos, mock patient care scenarios, and simulation manikins. Several workshops were initiated to supplement student learning and improve learning outcomes. The workshops included Test-Taking Strategies, Critical Thinking, Laboratory Interpretation, Medical Spanish, Learning Styles, and American Psychology Association Writing Format. Extended skills lab hours before clinical competency examinations, a new skills video on central line care, and additional tutoring sessions also improved student success in the program.

In spring and fall 2010, SON fourth semester students experienced a higher than expected course attrition rate. The majority of the students who dropped or failed were eligible to continue in the program the next semester. Faculty planned and implemented intensive clinical remediation during summer and winter sessions to support retention of these students. Faculty designed the remediation to reinforce correlation of medical-surgical theoretical concepts with patient assessment findings, pathophysiology and related care management. Faculty implemented instructional modes to strengthen assessment and psychomotor skills, clinical reasoning, nursing diagnoses, care planning, and patient care management and reassessment. The remediation plan was successful and the majority of the remediated students successfully completed the course, graduated from the nursing program, and obtained national licensure. In addition, third semester clinical courses adopted aspects of this remediation plan to improve student success.

In response to nursing service need to retain nursing staff, EDCOS expanded the number of Role Transition classes offered for new graduates. Faculty members also collaborated with the Medical Center Nurse Recruitment Office to design and implement the Clinical Teaching Program. Faculty assisted preceptors in learning how to plan individualized unit orientations, effectively communicate orientee strengths and weaknesses, and to develop goals and plans for improvement. Tracking of SON graduates hired by DHS indicated that the retention rate improved.

***c.*** *The institution identifies student learning outcomes for courses, programs, certificates, and degrees; assesses student achievement of those outcomes; and uses assessment results to make improvements*

**Descriptive Summary**

The instructional program, course, and support service SLOs cascade from the College and General Education (GE) SLOs, which are derived from the College mission, vision, and

values. The SLOs are published on the College website and in the catalogs, course outlines, and course syllabi.

An ongoing process exists for measuring, assessing, and tracking SLOs and is described in the Institutional Effectiveness (IE) Plan. The College IE Committee implements and evaluates program review and SLOs at the College, program, and course level.

Course coordinators complete annual SLO Assessment and Outcomes Evaluation Reports. SLO Assessment Reports include:

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

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

- Evaluation/Improvement/Re-evaluation of Outcomes:
  - Evaluation of findings
  - Plans for improvement
  - Re-evaluation due date
  - Suggestions for SLO revision and rationale

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

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

**Self Evaluation**

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

- Pass, attrition, and on-time completion rates
- Theory and clinical course survey findings

- Exam item analysis results
- Lesson plan/syllabi review findings
- Employer satisfaction results
- Challenges/student issues encountered in planning and conducting courses.

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

For example, since 2008 the SON course and program attrition exceeded threshold. Faculty analysis of the data determined that:

- 79% of attrition was related to academic performance
- 20% of attrition was related to personal issues
- Students enrolled through the Workforce Development Program (WDP) had higher attrition rates
- Fourth semester attrition was increasing.

Faculty planned and implemented the following program improvements to promote program retention and successful completion:

- Family Day in the first few weeks of each semester to promote family understanding of curriculum rigor and requirements for success
- Associated Student Body representatives provided incoming students with tips for success
- Student Success Workshops during Orientation week, which include Learning Styles, Test Taking Strategies, and Critical Thinking
- Extended office hours to include individual instructor/group/live tutoring and WDP-sponsored on-line tutoring
- Test item performance tracking and trending and revision of individual items as indicated
- Mandatory clinical remediation for failing or withdrawn fourth semester students prior to course re-enrollment.

In spring of 2010, 60% (55 of 91) of enrolled students (threshold 90%) successfully completed the fourth semester. Twenty five of the students who withdrew or failed were eligible to return to the program. Prior to the students repeating the failed/dropped courses, the fourth semester faculty implemented many of the measures listed above including the workshops, individual coaching, and clinical remediation. In fall 2010, 84% of the remediated students went on to successfully complete the nursing program. In the annual program review workshops faculty continued to review and discuss course and program attrition; identify contributing factors; and plan, implement, and evaluate evidence-based remedies.

During academic year (AY) 2011-2012, the faculty proposed additional interventions to support student success and promote program completion:

- Add Introduction to Nursing course
- Implement previously successful interventions with high risk students prior to withdrawal/failure
- Pilot entrance screening interviews beginning with Advanced Placement LVNs.

EDCOS SLO assessment reports indicated that students evaluated the critical care and emergency nursing programs significantly above threshold of 3.5 (scale 1-5, 5-highest). However, the critical care course coordinator determined based on trends in student comments that exams questions could be clarified by reformatting. The coordinator also noted student complaints that AV aids were difficult to read. She asked faculty to make relevant improvements to their learning materials and AV aids, which the College also incorporated into the teaching guidelines provided to all new instructors. There have been no further complaints about audiovisual materials.

EDCOS course pass rates also exceeded established thresholds with one exception. During AY 2009-2010, the basic critical care program clinical component did not meet the 80% pass rate threshold. Course faculty assessed possible contributing factors and determined that the unsuccessful participants met the academic entrance criteria for the program, but did not have necessary clinical skills and experience. The dean and faculty met with the ICU managers, Clinical Nursing Director, and Assistant Nursing Director to discuss clinical expectations. All agreed on the specific patient care skills essential for entry level ICU nurses. EDCOS collaborated with nursing management to develop and implement a pre-program checklist to assist managers and preceptors in assessing and improving student readiness for the program. This intervention was effective as evidenced by improvement in clinical pass rates from an average of 78.3% for AY 2009-2010 to 91.7% in 2010-2011.

The SLO measuring, assessing, and tracking process was well-defined and provided faculty and staff with a structure that supported on-time data collection and aggregation. Faculty and staff participated in review and dialogue regarding contributing factors and evidence-based information for planning, implementing, and evaluating quality improvement strategies. This framework included reporting timelines so that program modifications could be accomplished in a timely manner.

2. *The institution assures the quality and improvement of all instructional courses and programs offered in the name of the institution, including collegiate, developmental, and pre-collegiate courses and programs, continuing and community education, study abroad, short-term training courses and programs, programs for international students, and contract or other special programs, regardless of type of credit awarded, delivery mode, or location.*[1, 2]

   ***a.*** *The institution uses established procedures to design, identify learning outcomes for, approve, administer, deliver, and evaluate courses and programs. The institution*

*recognizes the central role of its faculty for establishing quality and improving instructional courses and programs.*

***b.*** *The institution relies on faculty expertise and the assistance of advisory committees when appropriate to identify competency levels and measurable student learning outcomes for courses, certificates, programs including general and vocational education, and degrees. The institution regularly assesses student progress towards achieving those outcomes.*

***c.*** *High-quality instruction and appropriate breadth, depth, rigor, sequencing, time to completion, and synthesis of learning characterize all programs.*

***d.*** *The institution uses delivery modes and teaching methodologies that reflect the diverse needs and learning styles of its students.*[1]

**Descriptive Summary**

The College assures the quality and improvement of its degree-granting and continuing education courses and programs. The instructional programs focus on pre and post licensure nursing courses. The SON pre licensure program offers the nursing major leading to an Associate of Science Degree in Nursing. EDCOS provides post licensure specialty service and professional development classes and courses to LAC+USC Medical Center and DHS nursing staff and other healthcare providers.

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

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

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

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

The SON Course Committee Bylaws describe the committee functions, which are to:

- Monitor the consistent and appropriate use of curriculum concepts, principles and course objectives from simple to complex across all levels of the curriculum
- Evaluate the consistent and appropriate use of teaching methodologies, tools, clinical experiences and course requirements following established format
- Evaluate the consistent and appropriate use of the test blueprint, grading methods, and content placement to achieve Student Learning Outcomes
- Evaluate the need for course revisions/changes and make recommendations to the appropriate committees
- Ensure the consistent and appropriate use of SON policies utilized within nursing courses.

The SON Curriculum Committee Bylaws state that the committee purpose is to provide oversight to course and semester committees on matters pertaining to curriculum development, evaluation, and revision to maintain integrity of the curriculum. The SON Curriculum Committee membership includes students. Committee functions include evaluating:

- Program philosophy is congruent with the DHS and College Mission and Goals and the needs of society
- Nursing curriculum concepts to ensure correlation with the established program philosophy and to meet the required standard of the regulatory agencies

- Program Student Learning Outcomes support the School's Philosophy, reflect the Student Learning Outcomes, and contain elements required by regulatory agencies
- Conceptual framework identifies relating concepts, sub concepts, and theories congruent with the program philosophy and Student Learning Outcomes for Programs (SLOPs)
- Curriculum content progresses from simple to complex
- Course descriptions reflect the philosophy, conceptual framework, and the SLOPs
- Recommendations brought to the Curriculum Committee and proposed curriculum changes and rationale to the Faculty Organization.

The SON Admissions/Promotions Committee oversees educational standards for the admission, progression, promotion, and graduation of students. The functions of the committee related to student progression include to:

- Maintain grading policies and their implementation throughout the program and ensure that all students admitted to the program receive a curriculum plan
- Review and monitor information regarding the School's philosophy, conceptual framework, program objectives, curriculum requirements, admissions criteria, transfer credit, re-entry, challenge examinations, leave of absence, progression, promotion, and graduation requirements
- Evaluate test instruments used in the admission process are valid, reliable, and minimize cultural bias.

The purposes of the SON Semester Committees are to plan, implement, and evaluate courses within the semester and ensure that there is open on-going communication maintained within a semester course and all other committees. The Semester Committees achieve these goals by:

- Maintaining and implementing the consistent and appropriate use of SON policies within the semester
- Conducting a review of teaching methodologies, tools, and clinical experiences to assist the student in achieving the SLOs
- Maintaining effective communication with the College and clinical affiliations
- Evaluating the progress and adequacy of clinical areas for identification of completion of course objectives and achieving SLOs
- Maintaining consistent use of grading methods, course objectives, syllabi, test blueprint, and schedules utilized within the semester
- Making recommendations for changes as needed by semester to achieve SLOs
- Accomplishing the tasks essential to the planning, implementation, and evaluation of the semester courses
- Evaluating the consistent and appropriate use of format in the development of materials within a semester
- Accomplishing the tasks essential to the planning, implementation, and evaluation of the semester courses.

The EDCOS Critical Care/Specialty Service Council designs curriculum and oversees nursing continuing education student learning outcomes, competencies, and course

completion requirements. The EDCOS Shared Governance Committee oversees long term planning, implementation, evaluation, and revision of EDCOS programs and goals. All EDCOS faculty are members of both committees. Course coordinators form ad hoc committees as needed to address course-specific issues.

The instructional division governing committees, EDCOS Shared Governance and SON Faculty Organization, assure program quality necessary to maintain and/or exceed standards for accreditation and program approval. The Board provides guidance in the development and improvement of the educational programs and monitors educational quality and effectiveness through the APERs.

**Self Evaluation**

The College assured the quality and improvement of its continuing education courses as well as its degree-granting program. College and divisional processes were effective in developing courses, objectives, and student learning outcomes. All instructional courses were of high quality and met the mission.

Faculty participated in drafting, reviewing, and updating College policies related to courses and programs. The Program Approval policy was last approved in January 2010, SON Program Admissions was approved in March 2012, divisional testing policies were approved in February and November 2011, grading policies in November 2011, and Program Review Process policy in January 2010. Every three years, policies and procedures were distributed to identified comittees as well as to faculty and staff for review, comment, and recommendation. College Planning Committee reviewed faculty recommendations, incorporated them into the policies as needed, voted on ongoing approval and forwarded them to the Board for final approval.

Faculty effectively identified required competency levels and measured student learning outcome attainment using assessment methods and evaluation tools delineated on the SLO Assessment Reports. Course coordinators presented SLO Assessment Reports according to the IE Reporting Schedule. The biannual/annual course SLO Assessment Reports included analysis of data, evaluation findings, and plans for improvement such as modifications in teaching methodology.

The course and curriculum committees monitored the breadth, depth, rigor, sequencing, and synthesis of learning and presented recommendations for change to the governing committees. In AY 2010-2011, SON survey reports and faculty-student dialogue indicated a gap between specific theoretical concepts and related clinical experiences. This resulted in students not demonstrating essential intravenous catheter care skills when transitioning from semester one to semester two. Faculty evaluated the learning disparity and implemented a curriculum revision to shift content to align theory with clinical practice. Faculty and students noted improved clinical skills performance, which was documented in student survey reports and committee meeting minutes.

EDCOS faculty also used established procedures to design, modify, and evaluate courses in support of the Medical Center and DHS nursing services. In AY 2011-2012, EDCOS modified the Emergency Nursing program to accommodate nursing service needs for additional entry level Emergency Room RNs to meet staffing and regulatory agency requirements. Faculty redesigned the curriculum, implemented the program, assessed student competency, and evaluated student learning and program effectiveness using SLO assessment criteria.

SON courses requested content experts to review components of the curriculum and make recommendations to the semester committees. Content experts advised the faculty of current trends or requirements that impacted the educational programs. SON content experts, in collaboration with the faculty, reviewed course outlines and identified content, which needed to be updated or revised per established guidelines such as the NCLEX-RN test grid. All course syllabi were reviewed prior to the beginning of each semester.

The faculty applied a variety of measures to assess student learning. These included multiple choice/short answer examinations, return skills demonstrations, clinical competencies, evaluation of student performance in the clinical area, and patient assessment/nursing care simulation. In 2011, faculty began using a simulation manikin to replicate realistic human physical responses to a wide variety of illnesses and interventions. Students had the opportunity to see, hear, and feel physical abnormalities and to compare those abnormal findings with normal assessment findings. The manikin improved student preparation for the clinical setting by providing immediate, real-time feedback and promoted communication, collaboration, and documentation skills.

***e.*** *The institution evaluates all courses and programs through an on-going systematic review of their relevance, appropriateness, achievement of learning outcomes, currency, and future needs and plans.*

***f.*** *The institution engages in ongoing, systematic evaluation and integrated planning to assure currency and measure achievement of its stated student learning outcomes for courses, certificates, programs including general and vocational education, and degrees. The institution systematically strives to improve those outcomes and makes the results available to appropriate constituencies.*

**Descriptive Summary**

The College Program Review Process policy establishes the ongoing, systematic course/program assessment and improvement process. The policy provides a data-driven quality improvement process that guides the College in effectively meeting its mission. The policy also establishes the frequency of program and SLO evaluation, which is specified in the annual IE Reporting Schedule.

The Institutional Effectiveness (IE) Committee guides the implementation and evaluation of the program review process, which involves cycles of assessment, data collection, aggregation, analysis, trending, planning, implementation, reassessment, and reporting. The instructional divisions create and revise SLOs, conduct course SLO assessments according to the IE schedule, and evaluate program SLOs annually. The SLO Assessment Report forms guide the assessment, analysis, planning, evaluation, and re-evaluation cycle for the individual courses.

The instructional course coordinators/divisional deans report outcomes evaluations, student learning outcome assessments, and annual program evaluations to the IE Committee. The IE Committee chair reports program findings, communicates identified needs, and submits a Request for Consideration of Program Needs annually to College Planning Committee. The Administrative Committee develops the annual divisional and College goals, which are then approved by Planning Committee and Board. The Strategic Plan is developed every five years and progress is evaluated annually.

**Self Evaluation**

The College engaged in systematic, ongoing SLO assessment, program evaluation, and integrated planning to ensure program currency and achievement of learning outcomes. The divisions and courses adhered to the APER and SLO reporting schedule. IE Committee modified report dates to optimize timing for data collection, aggregation, analysis, planning, and implementation in time to make improvements for subsequent courses. Planning Committee and the Board reviewed instructional program performance data and recommended/approved plans for improvement.

SLO assessment provided faculty and staff with opportunities to discuss course and program performance and to plan, implement, and evaluate improvements. Faculty tracked and trended current SLO assessment data in comparison to prior performance in order to develop, evaluate, and modify plans for improvement. Designated deans, directors, faculty, and staff reported SLO assessment findings, recommendations for improvement, and time frames for evaluation and re-evaluation to the IE Committee.

The IE Committee discussed APER/SLO report findings and proposed plans for improvement with the divisional representatives and recommended modifications as indicated. The IE Committee also evaluated the effectiveness of the program review forms and the SLO assessment process as divisions reported their program outcomes. The Planning Committee reviewed, prioritized, requested, and allocated resources based on needs identified in the APERs and SLO reports.

In fall 2009, 88% of the SON third semester pharmacology class successfully completed the course (threshold 90%). Faculty analysis of the data determined that all of the students who failed were advanced placement Licensed Vocational Nurses (LVNs). These LVNs received the equivalent of SON first and second semester pharmacology content during their

vocational nurse program. Faculty investigation revealed that the unsuccessful LVNs had not worked with acutely ill patients prior to enrollment in the SON and were therefore less likely to be familiar with medications. In addition, the majority of these LVNs were enrolled in the SON through the WDP.

Faculty developed and implemented plans for improvement, which included adding pharmacology content to the advanced placement LVN to RN transition course, collaborating with the WDP coordinator to maximize tutoring opportunities, and modifying the exam question format. The IE Committee approved the plans for improvement and further recommended providing advanced placement LVN to RN students with first and second semester pharmacology course syllabi and a pharmacology self assessment examination prior to the start of the course. The course pass rates improved for subsequent semesters.

The IE Committee provided input into course plans for improvement and tracked their evaluation and re-evaluation findings. The Committee also clarified and standardized the SLO measuring, assessing, and tracking process. The updated SLO process improved on-time data collection and aggregation; the quality of faculty dialogue regarding contributing factors; and evidence-based planning, implementation, and evaluation of improvement strategies. The framework included reporting timelines so that program modifications could be accomplished in a timely manner.

Faculty routinely reviewed academic programs in comparison to state and national standards and planned and implemented curriculum revisions if indicated. The SON dean is a member of the Southern California Association Associate Degree Nursing Program Directors committee. She monitored, reported, and guided evaluation and implementation of program revisions based on trends in nursing practice and education. The EDCOS division monitored curriculum guidelines published by national nursing organizations such as the American Association of Critical Care Nurses and the Emergency Nursing Association. Faculty revised specialty program content to ensure concurrence with current practice and trends.

- ***g.*** *If an institution uses departmental course and/or program examinations, it validates their effectiveness in measuring student learning and minimizes test biases.*
- ***h.*** *The institution awards credit based on student achievement of the course's stated learning outcomes. Units of credit awarded are consistent with institutional policies that reflect generally accepted norms or equivalencies in higher education.*[3]
- ***i.*** *The institution awards degrees and certificates based on student achievement of a program's stated learning outcomes.*

**Descriptive Summary**

The College validates course examination effectiveness in measuring student learning. The College awards course credit and degrees based on student achievement of learning outcomes. Courses use various methods to measure learning such as written tests, projects,

reports, written assignments, oral presentations, return demonstrations, clinical application of theory course content, and computer assisted learning.

Faculty develop individual test items to correlate with course objectives and student learning outcomes. Faculty conduct item analysis of each examination and course coordinators oversee the process in accordance with divisional policies. After each test is administered, the course faculty evaluate individual test item difficulty and discrimination, identify items that do not meet specified criteria, and discuss possible contributing factors. Faculty may choose to revise or eliminate test items and may also determine the need to change course emphasis or methodology. Content experts are consulted as needed. The course coordinator tracks item performance over time and recommends item revision as indicated.

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

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

The College operates an 18-week semester. One credit/unit is one hour (50 minutes) of theory per week for one semester and three hours of lab/clinical experience per week for one semester. Continuing education awards one contact hour for each 50 minutes of actual theory course instruction. Three hours of course-related clinical practice equals one continuing education contact hour. The College awards credit based on student achievement of learning outcomes and in compliance with regulatory requirements.

The College is a single-purpose, public college that offers only one degree, an Associate of Science degree in Nursing, through the School of Nursing. EDCOS provides proof of completion of specialty nursing courses and classes in support of the DHS.

**Self Evaluation**

Course faculty adhered to divisional policies for validating examination effectiveness in measuring student learning. The College awarded course credits and the A.S. degree in Nursing based on student achievement of learning outcomes.

In spring 2012, the fourth semester medical-surgical course (N243) experienced a high failure rate on the neurologic-gerontologic examination. This caused faculty to request content expert evaluation in addition to the routine item analysis. Administration and faculty

also conducted an item-by-item assessment, which resulted in revision and elimination of some test items. This test review resulted in the reinstatement of seven students, all of whom successfully completed the nursing program. Six of the seven have attempted and successfully completed the NCLEX-RN licensure examination.

As a result of dialog between faculty, content experts, and administration, the dean initiated review and clarification of the Test Item Analysis policy. She presented recommended revisions to the Faculty Organization for discussion with further discussion and approval vote in fall 2012. Content experts also reviewed the tests of semesters one, two, and three for item difficulty, discrimination, and validity specific to the semester's content and objectives.

Student achievement findings consistently exceeded established College thresholds as well as state and national averages. All students who completed the programs/courses achieved the stated learning outcomes. Students who earned the A.S. degree in nursing met all curriculum requirements.

3. *The institution requires of all academic and vocational degree programs a component of general education based on a carefully considered philosophy that is clearly stated in its catalog. The institution, relying on the expertise of its faculty, determines the appropriateness of each course for inclusion in the general education curriculum by examining the stated learning outcomes for the course.*

   *General education has comprehensive learning outcomes for the students who complete it, including the following:*
   a. *An understanding of the basic content and methodology of the major areas of knowledge: areas include the humanities and fine arts, the natural sciences, and the social sciences.*
   b. *A capability to be a productive individual and life-long learner: skills include oral and written communication, information competency, computer literacy, scientific and quantitative reasoning, critical analysis/logical thinking, and the ability to acquire knowledge through a variety of means.*
   c. *A recognition of what it means to be an ethical human being and effective citizen: qualities include an appreciation of ethical principles; civility and interpersonal skills; respect for cultural diversity; historical and aesthetic sensitivity; and the willingness to assume civic, political, and social responsibilities locally, nationally, and globally.*

**Descriptive Summary**

The College offers a two-year Associate of Science degree in Nursing. The program integrates a general education component with the major focus in nursing, which is consistent with the College mission. The BRN requires broad categories as well as specific GE courses for prelicensure nursing programs.

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

The College evaluates adequacy of GE courses for equivalence and credit based on course descriptions, course outlines, Assist.org, and congruence with the College GE SLOs. All required GE courses must be completed at an accredited community college or university, with a minimum grade of "C". Review of transcripts indicates that the majority of the GE courses are completed through the Los Angeles (LA) Community College District: East LA, West LA, LA Valley, Pierce, LA City, LA Trade Technical, and LA Mission colleges.

The College has a Philosophy of General Education and has defined GE SLOs. College and GE SLOs cascade from the mission, vision, and values of the College. The College and GE SLOs, as well as the program and course SLOs, incorporate the general education elements of critical thinking, communication, collaboration, accountability, socio-cultural sensitivity, and education.

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

Integration of GE components into the curriculum ensures that students achieve a comprehensive education that encompasses both the nursing major and the higher education knowledge and skills essential for professional success. The College defines and incorporates into its programs a substantial component of general education to ensure knowledge, freedom of inquiry, self discovery, critical thinking, and sharing of ideals that are conducive to professional and individual growth.

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

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

GE course requirements are regularly reviewed and evaluated for relevance to the program, placement within the curriculum, and congruence with the GE Philosophy.

In addition to the courses that provide an introduction to the nursing major and establish an educational foundation, students must demonstrate competence in writing and computational skills. Students accepted into the program have successfully completed the Test of Essential Academic Skills, Version Five (TEAS V), which assesses basic academic knowledge of reading, mathematics, science, and English and language usage.

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

Computational skills are required throughout the curriculum. Math computation review sessions are given prior to and during the first week of each semester. Students demonstrate ongoing proficiency by successfully completing a drug dosage calculation competency test at the beginning of each semester. Instructors validate math computation competency in the clinical area prior to allowing students to administer medications.

**Self Evaluation**

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

Integration of GE components into the curriculum ensured that students achieved a comprehensive education that encompassed both the nursing major and the higher education knowledge and skills essential for professional success.
Students demonstrated GE mastery through successful completion of:

- Pharmacology, medical-surgical theory and clinical courses which require a sound foundation in anatomy, physiology, and microbiology. These courses advance in academic rigor as the student progresses through the curriculum.
- Psychiatric, pediatric, obstetric, and gerontologic components of nursing theory and clinical courses. These courses build on concepts learned in Life Span Psychology, Sociology, and Humanities.
- Written assignments including clinical preparation papers, patient assessments, case studies, care plans, and other papers and reports that demonstrate specific content knowledge, integration of concepts, and critical thinking, as well as English competency and written communication skills.

- Communication assignments such as group presentations, patient teaching, delegation and team leading, which demonstrate integration of Sociology and Humanities concepts along with English 101 and Speech skills. These interactive communication processes also stimulate critical thinking and discussion, allowing opportunities to share ideas and engage in intellectual inquiry.
- Multicultural clinical experiences with individuals, groups, and communities, which provide students with opportunities to demonstrate:
  - Integration of theoretical concepts with actual clinical situations while delivering supervised care to patients
  - Performance mastery of learned skills while providing individualized patient care
  - Effective interactions and collaboration with various healthcare disciplines
  - Sociocultural sensitivity and appreciation for diverse values and beliefs
  - Application of ethical and professional standards in interactions and decision making
  - Prioritization, critical thinking, and professionalism.

The pregraduation SON Program Evaluation Survey includes student perceptions of the effective incorporation of GE content into the curriculum. Students consistently rated GE items above the 3.5 threshold (scale 1-5, 5-highest). The four classes that completed the program between fall 2010 and spring 2012 gave an overall rating of 4.1 for effective incorporation of GE content. As expected for a nursing program, the highest ratings were for natural sciences. Incorporation of Anatomy and Physiology content received the top rating: 4.6 with Microbiology rated second highest: 4.3. The lowest rankings went to Physical Education: 3.8 and the grouping of U.S. History, Political Science, and Humanities, which was rated 3.5.

The Curriculum Committee last reviewed the GE course requirements in 2011. Their assessment findings indicated that the GE courses continued to be effective in providing a foundation for the nursing major and no changes were recommended.

Computational skills are required for student progression in all clinical courses and are validated at the beginning of each semester through competency testing. In addition, students must demonstrate computational skills when administering medications and fluids in the clinical setting. Inability to demonstrate competency in dosage calculation results in failure of a critical course objective. Students must remediate and successfully demonstrate competency prior to continuing in the course. Students consistently demonstrated computational competency. The overall attrition rate due to drug dosage calculation failure remained low.

Students demonstrated verbal and written communication skills throughout the program as required. All semesters required written assignments. For example, the fourth semester Professional Role course summative paper: *Political-Societal Issues Related to the Elderly,* required students to conduct a literature review, state a hypothesis, and argue the pros and cons of their position based on supportive evidence. In spring and fall 2009 students had difficulty with many components of this paper including grammar, punctuation, progression

of ideas, construction of arguments, and American Psychological Association (APA) formatting. As a result, faculty provided students with APA format guidelines, Library staff assisted with literature searches, and instructors provided individual student counseling and remediation. Fourth semester student writing skills improved and students completing the program between fall 2010 and spring 2012 rated "incorporation of Speech and English into the program: 4.2 (scale 1-5, 5-highest). In addition, Admissions/Promotions Committee reviewed prerequisite English 101 course content from selected Los Angeles County colleges and verified intended course outcomes in comparison to nursing program expectations. The Professional Role course committee reviewed written assignments throughout the program to evaluate continuous application of knowledge and skills.

4. *All degree programs include focused study in at least one area of inquiry or in an established interdisciplinary core.*
5. *Students completing vocational and occupational certificates and degrees demonstrate technical and professional competencies that meet employment and other applicable standards and are prepared for external licensure and certification.*

**Descriptive Summary**

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

**EDCOS** provides post licensure specialty service and professional development courses for LAC+USC Medical Center and Los Angeles County Department of Health Services (DHS) RNs, nursing staff, and other healthcare providers. EDCOS offers continuing education classes towards nursing license renewal, specialty courses that develop knowledge and skills for specific patient care areas, professional advancement courses, and credit and noncredit classes for healthcare personnel.

EDCOS specialty programs reflect educational guidelines provided by national professional organizations. The basic and advanced critical care courses are reviewed and updated in accordance with the American Association of Critical Care Nurse Core Curriculum Blueprint and the Emergency Nurse Training program exceeds the standards of the Trauma Nurse Core Curriculum.

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

**Self Evaluation**

SON graduates were well prepared for the NCLEX-RN. Ninety-six percent of the graduates from spring 2006 through fall 2011 passed the NCLEX-RN on the first attempt. The pass rate increased to 99% after repeat attempts. The first time pass rate remained above state and national averages since 2006.

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

DHS hiring of SON graduates reached a peak in 2007 when 66% of the graduating class was hired. Hiring declined since then reflecting the national, state, and local economic crises. In 2008, hiring dropped to 25% but gradually improved. DHS hired 40% of the class of December 2010. Once hired, approximately 80% of the graduates remained with DHS for at least two years. While the majority of graduates who were hired by DHS work at the Medical Center, they also work at OVMC, H-UCLA, and Rancho Los Amigos Medical Centers. These DHS hiring locations reflect SON clinical sites.

Surveys of 2010 SON graduates indicated that over 90% of the respondents were working as RNs and were employed in healthcare facilities within Los Angeles County. These graduates perceived the program as effective in preparing them for employment as entry level RNs and gave the program an overall rating of 4.30 (scale 1-5, 5-highest).

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

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

6. *The institution assures that students and prospective students receive clear and accurate information about educational courses and programs and transfer policies.*[3] *The*

*institution describes its degrees and certificates in terms of their purpose, content, course requirements, and expected student learning outcomes. In every class section students receive a course syllabus that specifies learning outcomes consistent with those in the institution's officially approved course outline.*

- ***a.*** *The institution makes available to its students clearly stated transfer-of-credit policies in order to facilitate the mobility of students without penalty. In accepting transfer credits to fulfill degree requirements, the institution certifies that the expected learning outcomes for transferred courses are comparable to the learning outcomes of its own courses. Where patterns of student enrollment between institutions are identified, the institution develops articulation agreements as appropriate to its mission.*[3]
- ***b.*** *When programs are eliminated or program requirements are significantly changed, the institution makes appropriate arrangements so that enrolled students may complete their education in a timely manner with a minimum of disruption.*[4]
- ***c.*** *The institution represents itself clearly, accurately, and consistently to prospective and current students, the public, and its personnel through its catalogs, statements, and publications, including those presented in electronic formats. It regularly reviews institutional policies, procedures, and publications to assure integrity in all representations about its mission, programs, and services.*[5]

**Descriptive Summary**

The College provides clear and accurate information about its programs, courses, and transfer policies to its students and to the public. The College publications describe the instructional programs/courses, program admission and completion requirements, student support services, financial aid programs, educational resources, and student-related policies. The publications include the College catalog, Student Handbook, monthly continuing education calendars, and class/program applications. The public can access this information via the Internet while current students and staff can access information via the intranet.

The College, GE, and program SLOs are published on the College website, in the Catalog, and on College bulletin boards to ensure transparency and to express institutional commitment towards their attainment. The instructional program SLOs were incorporated into the syllabi beginning in summer 2008. Course pass rate trending and comparison with thresholds are a component of all instructional course SLO assessments. All SLOs stipulate methods of assessment to define requirements for SLO achievement. These criteria are also published in each course syllabus. Syllabi are distributed on or before the first day of the course. SON students sign for receipt of the course syllabus.

The SON Nursing Course Exemptions and Challenges policy provides guidelines for granting credit for previous education or other acquired knowledge in the field of nursing. The policy defines the LVN advanced placement options and outlines the options and procedure for course exemption. The SON Admissions/Promotions and Faculty Organization, College Administrative and Planning Committees, and the Board review,

update, and approve the policy every three years and more often if indicated. The policy is published in the College catalog and posted on the Internet and intranet.

The 2010-2015 Strategic Plan includes the objective to "Maintain articulation (transfer credit) agreements with community colleges and BSN programs". The strategies to achieve this objective include maintaining articulation agreements with other community colleges and with BSN programs. The IE Committee receives articulation agreement reports as a component of the IE Program Review Plan.

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

The College Policy Development, Review, and Approval Process policy establishes the process for developing, revising, approving, and communicating College policies. Existing policies are reviewed for continued relevance, accuracy of information, and compliance with applicable standards, laws, and regulations, a minimum of every three years and as necessary. All new and revised policies are distributed for faculty and staff review prior to final approval. The Board approves all policies mandated by regulatory agencies. Approved policies are posted and distributed to all faculty and staff and to students if applicable.

The College publications including those posted in the Internet and intranet are clear, accurate, consistent and regularly reviewed and updated. All publications are updated as changes are made. The catalogs and Student Handbook are distributed annually and students are provided with written notifications of updates. SON applicants are provided with retention data and NCLEX-RN pass rates during the information sessions and prior to taking the entrance exam.

The College website is reviewed regularly and changes are made as needed**.** The website includes sections for current and prospective students. The prospective student section includes admissions requirements and other student information such as application procedure and deadlines, pre entrance examination, curriculum, tuition and fees, financial aid/scholarship opportunities, and student selection. Current students can access information related to the SON program and related support services. This includes the academic calendar; schedule of classes; curriculum; semester textbook list; catalog, handbook, and syllabi; graduation information; and web pages for each support service division. In addition, the Internet site provides the latest College news and event information. The College ensures that the information on the website is current.

Self Evaluation

The College published information about its programs, admission requirements, costs, financial aid programs, refund policies, grievance policies, and faculty credentials on the website and in its catalogs and admissions information.

The College committees recommended and the Board approved significant updates to the Nursing Course Exemptions/Challenges policy in May 2011. The policy was revised to include definitions of the LVN advanced placement options; clarify and expand the course exemptions, partial course exemptions, and exemption by examination sections; specify the semester coordinator's role in evaluating course equivalency; and delineate associated regulatory agency standards. The approved policy was distributed to faculty and staff and posted.

The dean of Administrative and Student Services presents Articulation Agreement Outcomes Evaluation Report annually to the IE Committee. The report was last presented in July of 2012. The College has an existing agreement with California State University, Los Angeles. The dean is in the process of initiating agreements with East Los Angeles and El Camino Colleges. An initial meeting with the University of Phoenix regarding the RN to BSN program took place in 2011. In addition, articulation agreements with Charles Drew University and Chamberlain College of Nursing are in the planning stage.

The College Administrative Committee drafted and the College Planning Committee and Board approved the Program Closure policy in December 2009. They reviewed and approved the recommended updates to the policy in August 2012.

The College adhered to its policy of reviewing and updating policies every three years. The Provost and divisional deans and directors tracked policy review dates, review status, and posting requirements. Planning Committee reviewed the Policy Tracking Log and assigned policies to College/divisional committees/individuals for review on an annual basis.

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

The catalog and Student Handbook are clearly written, reviewed annually, and updated. General information for admission/articulation was clearly identified within the College catalog. The information included pre-enrollment counseling, curriculum, and student requirements for program completion.

The College made improvements to the Internet site in 2008 and again in 2010 to make information regarding its programs more readily available to the public. The intranet site was restructured for easy accessibility to program review reports, accreditation reports/ documents, strategic plan and annual goals, minutes, forms, and policies/procedures. The Internet site was redesigned to ensure that information was easily disseminated to all

stakeholders and applicants. Prospective students have online access to enrollment requirements, program information session schedules, curriculum plan, and catalog. Prospective students also have the option to use the website Request for Information section to send inquiries to the College.

EDCOS faculty and staff ensured that the monthly continuing education calendars were updated and published. EDCOS offered three upper division courses with transferable credit to the California State University Los Angeles Extended Education Program: Pathophysiology (Nursing 350), 12 Lead ECG (Nursing 402B), and the Advanced Adult Critical Care Program (Nursing 404). Students received CSULA credit for successfully completing the courses at the College.

7. *In order to assure the academic integrity of the teaching-learning process, the institution uses and makes public governing board-adopted policies on academic freedom and responsibility, student academic honesty, and specific institutional beliefs or world views. These policies make clear the institution's commitment to the free pursuit and dissemination of knowledge.*
   a. *Faculty distinguishes between personal conviction and professionally accepted views in a discipline. They present data and information fairly and objectively.*
   b. *The institution establishes and publishes clear expectations concerning student academic honesty and the consequences for dishonesty.*
   c. *Institutions that require conformity to specific codes of conduct of staff, faculty, administrators, or students, or that seek to instill specific beliefs or world views, give clear prior notice of such policies, including statements in the catalog and/or appropriate faculty or student handbooks.*

**Descriptive Summary**

The College is committed to the free pursuit and dissemination of knowledge. The College value statements include "To aid us in achieving our mission and vision we believe:

- Learning activities that provide for freedom of inquiry, self-discovery, and sharing of ideas are conducive to individual growth
- Integrity, professionalism, and respect are inherent to our relationships with each other, our students, our partners and the community."

The College Academic Freedom and Academic Honesty and Professional Conduct policies help assure the academic integrity of the teaching-learning process. Faculty regularly review these policies and College Planning Committee and the Board discuss recommended changes and vote on ongoing approval. Approved policies are posted.

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

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

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

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

The College does not seek to instill specific beliefs or world views.

**Self Evaluation**

The Planning Committee and Board reviewed and approved updates to the Academic Freedom and Academic Honesty and Professional Conduct policies every three years as scheduled. The policies were most recently reviewed and updated in 2010 and the approved versions were distributed and posted.

The Academic Freedom policy was significantly expanded to include faculty freedoms, transparency in faculty monitoring, clarification of College responsibilities in relation to regulatory agency content frameworks, and faculty teaching responsibilities.

College faculty fostered an educational environment, which stimulated the spirit of inquiry. Faculty used teaching methodologies that were consistent with the curriculum framework and course/program objectives; presented course/class material clearly, objectively and free from bias; and identified personal viewpoints as separate from those of the College.

The Academic Honesty and Professional Conduct – Student Agreement form was signed by all new SON students. EDCOS students signed it as part of the course orientation. Faculty completed the Academic Dishonesty/Professional Misconduct report for any students suspected or observed to be in violation of the Academic Honesty policy. Students have been disciplined and dismissed for academic dishonesty and professional misconduct.

*8. Institutions offering curricula in foreign locations to students other than U.S. nationals operate in conformity with Standards and applicable Commission policies.*[2]

The institution's curricula are not offered in foreign locations.

**Supportive Evidence**

Organizational Charts

- Los Angeles County
- Department of Health Services
- Los Angeles County College of Nursing and Allied Health
- College Governing and Standing Committees

Addendum A: Mission, Vision, Values

Addendum B: College Policies

- Academic Freedom
- Academic Honesty and Professional Conduct
- Nursing Course Exemptions/Challenges
- Program Approval
- Program Closure
- Program Review Process

Addendum C: Institutional Effectiveness Plan
Addendum F: 2010-2015 Strategic Plan
Addendum H: Outcomes Evaluation Reports
Addendum I: Student Learning Outcomes
Addendum J: Annual Program Evaluation Reports
Addendum K: Institutional Effectiveness Committee Reporting Schedule
Addendum M: School of Nursing Pregraduation Program Evaluation Survey
Employer Satisfaction Survey
School of Nursing Graduate Satisfaction Survey
Addendum N: National Council Licensure Examination – Registered Nursing Pass Rate
Los Angeles County Student/Graduate Employment Rate

**Improvement Plans**

Implement the College Academic Management System student information data base enterprise system by fall 2013.
Conduct follow up study of student selection process, including TEAS V and the point system, by fall 2013.

## B. Student Support Services

*The institution recruits and admits diverse students who are able to benefit from its programs, consistent with its mission. Student support services address the identified needs of students and enhance a supportive learning environment. The entire student pathway through the institutional experience is characterized by a concern for student access, progress, learning, and success. The institution systematically assesses student support services using student learning outcomes, faculty and staff input, and other appropriate measures in order to improve the effectiveness of these services.*

***1.*** *The institution assures the quality of student support services and demonstrates that these services, regardless of location or means of delivery, support student learning and enhance achievement of the mission of the institution.* [1, 2]

**Descriptive Summary**

The Student Support Service divisions provide student support to promote successful educational goal attainment and enable the College to meet its mission. Services are provided by the Office of Educational Services (OES), Educational Resource Center (ERC), and Financial Aid Office. The College sustains the adequacy of its services by:

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

The dean of Administrative and Student Services supervised the OES division, which is responsible for student enrollment, registration, and record keeping. The OES conducts recruitment and admission of applicants in accordance with the School of Nursing (SON) Admissions policy. The policy provides guidelines for applicant selection and for verification that admitted students possess the minimum qualifications to succeed in the program.

The OES provides information about student support services and how to access those services. The division also offers applicant and student advisement and provides referrals outside of the College as indicated. Students are informed about the curriculum, academic progression requirements, time commitment required for success, and potential obstacles and remedies. The OES also coordinates SON student tutoring, which is funded by a grant secured in collaboration with the Workforce Development Program (WDP).

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

The OES identifies its major expected program student learning outcomes as "Students:

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

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

The Financial Aid Office identifies its expected program student learning outcomes as "Students:

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

The Educational Resource Center (ERC) includes the library, computer labs, and skills labs. The division monitors use of its services, evaluates its effectiveness, and implements changes to provide adequate learning resources in support of the College nursing programs. The support services provided by the ERC are described and evaluated in section II. C: Library.

The Library and Computer Lab program SLO is that students:

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

The program SLO for the Computer Lab is that students demonstrate:

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

In conjunction with the Student Support Services divisions, the academic division faculty are also dedicated to ensuring availability and adequacy of student support. Faculty conduct ongoing formative and summative student evaluations and intervene as needed. Faculty provide individual and group tutoring and post office hours for student advisement. Faculty

also refer students to other services as applicable. In addition, faculty conduct assessments of student learning outcomes at the completion of each course. Assessment findings facilitate faculty dialogue regarding student success and provide a mechanism for identifying action plans to improve student learning. Student progress is also a focus of discourse in various committee meetings and results in recommendations and plans for improvement.

**Self Evaluation**

The College maintained a well-integrated system for identifying student needs and through the efforts of faculty, staff, and stakeholders was successful in addressing the majority.

The Program Review policy established the data-driven quality improvement process. It guided the College and its academic and support service divisions in the cycles of assessment; data collection, aggregation, analysis, and trending; planning; implementation; evaluation; reporting; and reassessment. The process measured the degree to which the College was effective in establishing and sustaining improvements to support student learning and meet the mission. The support service divisions conducted scheduled SLO assessments and program evaluations and reported their findings.

Spring 2010 to summer 2011 surveys of new SON students indicated that their major concerns upon entry into the program were balancing school and family life, time management, program costs, and acquisition of essential knowledge and skills. These students also identified support resources that they perceived would help them to succeed. These included faculty support and guidance, quality educational experiences, tutoring, and financial aid. In 2010, the College instituted a family event to inform new student families about the program rigor and time commitment and to provide them with suggestions for how they can assist students with time management. Current students and alumni shared examples of challenges and their successful methods for accomplishing their immediate and long term goals. The faculty advisor to the Associated Student Body (ASB) reported to the SON Faculty Organization governing committee that students perceived the event to be successful in assisting their families to understand their support needs.

Preregistration and new student orientation events provided information about services and resources to promote student success. In response to increased need for student academic support, a faculty ad hoc group created the Student Success Strategies workshops. Faculty and staff presented topics to promote student success and program completion. These workshops included topics such as Learning Styles, Test Taking, and Critical Thinking. In addition, faculty offered supplemental workshops on key areas such as Lab Values and Fluid and Electrolytes each semester. Students highly rated these workshops for accomplishing objectives such as “promoting understanding of the topic, gaining useful knowledge, and using effective teaching methodologies”.

Students took advantage of the grant-funded tutoring services coordinated by the OES. Each semester was assigned a tutor based on relevant knowledge and skills. The semesters selected

tutoring dates that were convenient for the majority of students. Online tutoring sessions were also provided to second year students who could not attend in person.

In addition to the support networks, tutoring/counseling, and workshops, faculty conducted individualized clinical remediation. In 2010, SON fourth semester students experienced a higher than expected course attrition rate. Faculty planned and implemented intensive clinical remediation to support retention of these students. The remediation plan was successful and the majority of the remediated students successfully completed the course, graduated from the nursing program, and obtained national licensure.

The fourth semester pregraduation SON Program Evaluation Survey included items related to student awareness of OES services. Students in the three classes graduating between May 2010 and May 2011, indicated that on average 93% felt they were aware of course completion requirements. Seventy percent indicated they were aware of available counseling and emergency services, 61% were aware of the Health Services Directory, and 47% knew that mental health referrals were available.

Program Evaluation Survey findings also indicated that student needs in respect to financial aid were consistently well addressed. Program Evaluation Surveys for 2009 through 2011 showed that over 90% of students indicated knowledge of financial aid availability. The College complied with all regulations governing financial aid and updated its processes to coincide with changes in governmental requirements. For the last several years, at least 90% of the student population accessed financial resources available through the College.

The College continued to evaluate student learning and attainment and based on those findings, made decisions to implement action plans to improve student success. Students met the learning outcomes established by the offices of Educational Services and Financial Aid. Students accessed available resources to successfully complete their chosen programs and demonstrated personal responsibility and accountability by attaining a balance between school and personal responsibilities.

***2.*** *The institution provides a catalog for its constituencies with precise, accurate, and current information concerning the following:*

*a. General Information*

- *Official Name, Address(es), Telephone Number(s), and Web Site Address of the Institution*
- *Educational Mission*
- *Course, Program, and Degree Offerings*
- *Academic Calendar and Program Length*
- *Academic Freedom Statement*
- *Available Student Financial Aid*
- *Available Learning Resources*
- *Names and Degrees of Administrators and Faculty*

- *Names of Governing Board Members*

***b.*** *Requirements*
- *Admissions*
- *Student Fees and Other Financial Obligations*
- *Degree, Certificates, Graduation and Transfer*

*c. Major Policies Affecting Students*
- *Academic Regulations, including Academic Honesty*
- *Nondiscrimination*
- *Acceptance of Transfer Credits*
- *Grievance and Complaint Procedures*
- *Sexual Harassment*
- *Refund of Fees*

*d. Locations or Publication Where Other Policies may be Found*

**Descriptive Summary**

The College catalogs contain accurate and current information and include an accuracy statement on the first page. All information specified by the accreditation standard is included in the catalog.

The College maintains separate catalogs for its academic divisions: the SON catalog for the degree granting prelicensure nursing program and the Education and Consulting Service (EDCOS) catalog for the post licensure continuing education students. Both catalogs are well-constructed with clear information and well-organized with a table of contents for easy navigation. In addition, the catalog contents are arranged by sections that further increase the ease of use.

The catalogs are updated annually and reviewed by the divisional deans, with input from the SON Faculty Organization and Admissions/Promotions Committees and from the EDCOS Shared Governance Council. All catalogs are available on the College Internet website, which is accessible to the public and also on the intranet website accessible to faculty and students. Information on essential SON student policies such as those for admissions, enrollment, and academics are provided in the SON catalog and Student Handbook. In addition, policies and procedures are available on the intranet which can be accessed from any College computer including those in the student computer labs.

The College tracks all student petitions and grievances with data trended by academic year. Data are tracked by semester and include petitioner, date filed, reason for petition, petition hearings, progression to grievance, and outcome. Petition and grievance reports are available to faculty and staff on the intranet. Student names are not included in the reports. Faculty review petitions and grievances each semester and address associated student issues. Faculty analyze petition data as part of the SLO assessment and in the annual program evaluation reports. Faculty also review and discuss petition/grievance trends at the annual SON Program Review Workshop.

EDCOS students adhere to the Los Angeles County (LAC) Department of Health Services (DHS) and the LAC+USC Healthcare Network grievance policies. No EDCOS student grievance was filed since the last accreditation period.

**Self Evaluation**

The catalogs were last revised and updated in 2012. Many changes were implemented such as revisions to College values and to policies on grading, grievances, Americans with Disabilities Act, and student confidentiality. Changes were also made to all related publications such as the Student Handbook and the admissions packet. Current versions of the SON and EDCOS catalogs were sent to faculty and placed on the Internet and intranet.

The number of student petitions remained below the five percent threshold for action. Few student petitions progressed to grievance.

SON Student Petitions, Preliminary Grievance Hearing, and Grievance Hearings per Academic Year

| Academic Year | Enrolled Students (#) | Petitions (# and %) | | Preliminary Hearings (# and %) | | Grievance Hearings (# and %) | |
|---|---|---|---|---|---|---|---|
| 2006-2007 | 366 | 5 | 1.4% | 2 | 0.5% | 1 | 0.2% |
| 2007-2008 | 381 | 4 | 1.0% | 1 | 0.26% | 1 | 0.2% |
| 2008-2009 | 422 | 12 | 2.8% | 2 | 0.5% | 0 | 0.0% |
| 2009-2010 | 394 | 13 | 3.3% | 3 | 0.76% | 1 | 0.25% |
| 2010-2011 | 354 | 8 | 2.3% | 1 | 0.3% | 0 | 0.0% |
| 2011-2012 | 298 | 15 | 5.0% | 3 | 1.0% | 0 | 0.0% |
| **Total** | **2215** | **57** | **2.5%** | **12** | **0.5%** | **3** | **0.13%** |

The College attributes the low petition and grievance incidents to faculty success in resolving student concerns at the informal level whenever possible. Faculty consistently adhere to the grievance policy and process.

***3.*** *The institution researches and identifies the learning support needs of its student population and provides appropriate services and programs to address those needs.*

*a. The institution assures equitable access to all of its students by providing appropriate, comprehensive, and reliable services to students regardless of service location or delivery method.*[1]

*b. The institution provides an environment that encourages personal and civic responsibility, as well as intellectual, aesthetic, and personal development for all of its students.*

c. *The institution designs, maintains, and evaluates counseling and/or academic advising programs to support student development and success and prepares faculty and other personnel responsible for the advising function.*
d. *The institution designs and maintains appropriate programs, practices, and services that support and enhance student understanding and appreciation of diversity.*
e. *The institution regularly evaluates admissions and placement instruments and practices to validate their effectiveness while minimizing biases.*
f. *The institution maintains student records permanently, securely, and confidentially, with provision for secure backup of all files, regardless of the form in which those files are maintained. The institution publishes and follows established policies for release of student records.*

**Descriptive Summary**

The College is dedicated to student achievement and implements various strategies that provide a cycle of ongoing assessment, planning, implementation and reassessment to ensure that student support needs are identified and addressed. This is accomplished through the engagement of stakeholders, which allows for the inclusion of many perspectives that encompass a broad view in addressing student needs.

The College promotes a culture of evidence in which there is extensive use of data to assess student needs. The College promotes an environment for stakeholders to collaboratively explore methods for addressing issues that impact student learning and achievement. Through the committee structure, regular meeting schedules, program review process, and strategic planning, the College identifies interventions to improve student support, tracks progress, and evaluates the effectiveness of these interventions.

Each division conducts ongoing evaluation of its services and compares findings to identified thresholds. Faculty conduct ongoing discussions regarding student needs and collaborate with support service divisions to meet those needs. Students evaluate the adequacy of support services formally through surveys, to which the majority (80%-100%) respond. Students also provide input informally through committee participation and through faculty and staff interactions. The SON dean also assigns faculty advisors to each student cohort and student organization. These advisors represent student interests at the Faculty Organization and other committee meetings. Each class elects a student representative to the Curriculum and Admission/Promotions Committees to speak for student viewpoints. In addition, all College committees focus on direct and indirect student needs. The Operations Committee oversees the process of requesting and obtaining resource materials essential for student success.

The College appreciates diversity and offers learning activities that encourage freedom of inquiry, self-discovery and sharing of ideas conducive to individual growth. The College is true to its value and belief that education is a dynamic, life long process that promotes and maximizes both personal and professional development by integrating learning activities to

ensure student participation and to instill a sense of civic responsibility, and intellectual and personal development. These values are incorporated into the curriculum throughout the academic programs.

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

The College continues to provide students with a supportive environment through counseling services and academic advisement. All students receive initial academic advisement and sign a curriculum plan. Information regarding available services is provided at new student orientations. Students also qualify for and are referred to other LA County community services. Students can self refer or can be referred by faculty. The dean of Administrative Student Services coordinates these referrals and is an experienced advisor with a background in psychiatric nursing.

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

Faculty, as experts in academic preparation, provide academic advisement. They also develop, implement, and evaluate student remediation plans to support student progression. Faculty refer students in need of non advisement to the Administrative Student Services dean. Faculty and administration maintain an “open door policy” and are always available to provide student support.

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

The College ensures the security of student records. The Student Records-Confidentiality policy is posted on the intranet and is readily accessible to students. This policy outlines student rights to access their records. Student records are maintained and secured in the OES. An electronic database of student records is also maintained and backed up on a server. Student files and other records remain within the OES at all times. Course grade sheets are

also secured. Students must consent to disclosures of personally identifiable information contained within their records and must be notified of access/release of records, which are outside the course of normal College business. Only College officials with legitimate educational interest may access student records to fulfill their professional responsibilities. The College also has a Student Academic File Creation and Maintenance policy to ensure accurate and standardized record keeping. Student academic files are maintained indefinitely. Student records prior to 1990 are maintained on microfiche.

The College does not offer on-line or off-site services.

**Self Evaluation**

The College identified student learning support needs and provided corresponding services and programs. The student support services divisions outlined their achievements in evaluating and addressing student needs in their Annual Program Evaluation Reports.

During the 2009 Annual Program Evaluation Workshop, faculty noted the need to improve student success rates as evidenced by poor performance on tests and competencies, increased attrition rates, and low course survey ratings. This led to the appointment of an Ad Hoc Committee tasked with developing additional student learning opportunities. The committee was successful in implementing various workshops which included: Critical Thinking, Physical Assessment, APA guidelines, Interpretation of Laboratory Values, Study and Test Taking Strategies, Basic Spanish, EKG Practice, and Learning Styles. In 2012 the committee added a Nursing Process Workshop. Student evaluations of the workshops were positive; survey items pertaining to better understanding of the content and knowledge gained were highly rated. Students commented that the workshops were very informative.

The College continued to provide an environment conducive to learning. The nursing curriculum incorporated sociocultural content throughout the program. Students were provided with clinical rotations that ensured the opportunity to care for diverse patient populations. In keeping with College, Medical Center, and DHS values, faculty and staff attended diversity training. Both faculty and students appreciate diversity and participated in activities that promoted individual growth, and instilled a sense of civic responsibility and pride. The College in conjunction with the ASB held the annual International Night event attended by faculty, staff, students, families, and friends. The festive event honored the cultural heritage of the attendees. Another event held is the Spring BBQ that is well attended by faculty, staff, and students.

The College also took pride in its faculty for being responsible role models. Faculty cultivated student volunteer spirit by engaging students in community service both locally and internationally. College faculty, staff, and students regularly participated in community events such as fund raising for charitable causes: American Heart Association run in 2011 and 2012, LA County Commission for Women 5K Run in 2010, and Stair Climb in 2011. Faculty and students also volunteered at community centers. As part of the nursing program,

students participated in health fairs working with a cross section of the population: children, adults, and the elderly. Student volunteers also accompanied a faculty member to Kenya to provide services to patients diagnosed with AIDS in selected communities. An EDCOS faculty member continued to volunteer annually at a Pediatric Health Fair and taught helmet safety, car seat safety, poison control, and fire safety. Another faculty member presented disaster preparedness for Los Angeles County DHS annually. The safety officer participated in active shooter drills for a local university.

The students who completed the pregraduation Program Evaluation Surveys between 2010 and 2012 highly rated the counseling and advisement services. Over 75% of students indicated awareness of academic and personal counseling. The majority of students (89% to 95%) were aware of the availability of physical clearances, TB tests, and immunizations offered to students at no cost, and 89%-100% were aware of their curriculum plans. Almost 100% of students positively rated services provided by Financial Aid.

As a component of their committee functions, the Admissions/Promotions Committee evaluated the effectiveness of the pre-entrance screening tool. They determined that the previous tool would soon become outdated and the test administrator would no longer be available. They surveyed the nursing community practice and evaluated various testing instruments. Faculty verified that prospective tests, including the Test for Essential Academic Skills, version V (TEAS V), were reviewed for validity, reliability, and cultural bias. Faculty also evaluated the content and test plan for merit and relevance to the program. The committee recommended and the SON Faculty Organization approved the selection of the TEAS V. This entrance examination, which measures the entry level skills and abilities of the nursing program applicants, was adopted in spring semester, 2010. The committee also conducted a study to determine the minimum entrance score of 64.7%. The committee will conduct a follow up study to evaluate the effectiveness of the selection point system, including the test score, in predicting student success.

The College effectively maintained confidentiality of students in line with its policies and procedures. With the mounting volume of documents, the College is exploring alternate methods for document storage and security such as document imaging. The College has moved towards electronic records.

***4.*** *The institution evaluates student support services to assure their adequacy in meeting identified student needs. Evaluation of these services provides evidence that they contribute to the achievement of student learning outcomes. The institution uses the results of these evaluations as the basis for improvement.*

**Descriptive Summary**

Evaluation of student support services is conducted through the program review process which involves cycles of assessment, planning, implementation, and reassessment. Each

support service division completes an annual program review, which consists of evaluation of achievement of divisional goals for improvement from the prior year, identification and resolution of student problems relating to services, effectiveness of interventions undertaken to improve student learning, and student survey responses related to service effectiveness. In addition to the formal review system, episodic problems and issues identified at point of contact are addressed. Another avenue for review is through recommendations from other divisions or faculty and staff. Faculty and staff from all divisions do not hesitate to bring support service concerns to the attention of administration.

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

**Self Evaluation**

Annual Program Evaluation and the Student Learning Outcome Assessment Reports indicated the degree of support service effectiveness in meeting student learning needs. Planning Committee reviewed these reports and the related improvement plans and resource requests.

The OES continually assessed its services in meeting student needs. The SON dean, in collaboration with the dean, Administrative and Student Services and the provost, determined the number of new student admissions in consideration of available services. The OES also maintained an ongoing relationship with the Workforce Development Program to provide additional student support as indicated.

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

| | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|
| **Cohort Default Rating** | 0% | 0% | 6.5% | 1.3% |
| **Students Defaulting (#)** | 0 | 0 | 5 | 1 |
| **Students Entering Repayment (#)** | 82 | 64 | 76 | 74 |
| **Defaulted ($)** | $0 | $0 | $53,678 | $9,218 |
| **In Repayment ($)** | | $175,083 | $510,198 | $755,676 |
| Threshold for action: ≥ 25% results in sanctions and may lead to provisional certification of the school when applying for recertification to participate in the Student Financial Aid Assistance Programs. | | | | |

**Supportive Evidence**

Organizational Charts

- Los Angeles County College of Nursing and Allied Health

Addendum B: Program Review Process Policy
Addendum I: Student Learning Outcomes
Addendum J: Annual Program Evaluation Reports
Addendum M: Office of Educational Services – New Student Survey
School of Nursing Pregraduation Program Evaluation Survey

**Improvement Plans**

Implement the College Academic Management System student information data base by fall 2013.

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## C. **Library And Learning Support Services**

*Library and other learning support services for students are sufficient to support the institution's instructional programs and intellectual, aesthetic, and cultural activities in whatever format and wherever they are offered. Such services include library services and collections, tutoring, learning centers, computer laboratories, and learning technology development and training. The institution provides access and training to students so that library and other learning support services may be used effectively and efficiently. The institution systematically assesses these services using student learning outcomes, faculty input, and other appropriate measures in order to improve the effectiveness of the services.*

1. *The institution supports the quality of its instructional programs by providing library and other learning support services that are sufficient in quantity, currency, depth, and variety to facilitate educational offerings, regardless of location or means of delivery.*[1]
   a. *Relying on appropriate expertise of faculty, including librarians and other learning support services professionals, the institution selects and maintains educational equipment and materials to support student learning and enhance the achievement of the mission of the institution.*
   b. *The institution provides ongoing instruction for users of library and other learning support services so that students are able to develop skills in information competency.*
   c. *The institution provides students and personnel responsible for student learning programs and services adequate access to the library and other learning support services, regardless of their location or means of delivery.*[1]
   d. *The institution provides effective maintenance and security for its library and other learning support services.*
   e. *When the institution relies on or collaborates with other institutions or other sources for library and other learning support services for its instructional programs, it documents that formal agreements exist and that such resources and service are adequate for the institution's intended purposes, are easily accessible, and utilized. The performance of these services is evaluated on a regular basis. The institution takes responsibility for and assures the reliability of all services provided either directly or through contractual arrangement.*

2. *The institution evaluates library and other learning support services to assure their adequacy in meeting identified student needs. Evaluation of these services provides evidence that they contribute to the achievement of student learning outcomes. The institution uses the results of these evaluations as the basis for improvement.*

**Descriptive Summary**

The Educational Resource Center (ERC) division manages the library, two computer labs, and four skills labs. The division monitors use of its services, evaluates its effectiveness, and implements changes to provide adequate learning resources in support of the College nursing programs. The College also has two additional computer labs used by other DHS and Medical Center departments.

The ERC is sufficiently staffed by full-time employees: the ERC director, two library assistants, and the skills and computer lab coordinator. The director is a Masters prepared Registered Nurse with a background in library science and is a member of the DHS librarian group. The skills and computer lab coordinator is also a Masters prepared RN. Because the College is part of the LA County DHS, its students are granted free access to two additional libraries all within close proximity: the LAC+USC Medical Center Library and the Kenneth Norris Library on the University of Southern California Health Sciences campus. Students are permitted to use these libraries and may schedule study rooms. Although no contract exists between the College and the libraries, the College has an informal agreement with the LAC+USC Medical Center Library for interlibrary loans. All library learning support services are provided by College.

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

The Library provides an extensive collection of nursing specific materials in support of College programs. The ERC director provides faculty and students with a monthly list of books added to the Library collection. In addition, students can access two electronic databases from on and off campus and through a link on the College website. Library holdings consist of approximately 4,000 books, over 100 print and electronic journal subscriptions, and approximately 300 videos. The collection is regularly evaluated for currency and to ensure that it meets student learning needs. In addition, the Library has study space for 20 students plus 5 computer stations with Internet and intranet access. A photocopy machine and printer are also available for student use.

The SON student Computer Lab has a total of 25 stations with 2 printers. All computer stations have Internet and intranet access. Computer software consists of programs recommended by faculty to assist student learning such as drug/dosage calculation, National Council Licensure Examination for Registered Nurses (NCLEX-RN) preparation, interactive case studies in medical-surgical nursing, obstetrics and pediatrics. Students also have access to the Medical Center's computerized patient charting system which enables faculty to provide classes in computerized patient charting to prepare students for clinical rotations. Students access the computer programs via individual password accounts. The ERC

collaborates with the Medical Center Information Systems department to maintain the Computer Lab in working order and for assistance in troubleshooting system problems.

The Skills Labs include simulation manikins and other equipment and supplies that enable students to practice essential nursing skills to meet course objectives and maintain patient safety. First semester students are provided with skills kits containing needed supplies for practicing procedures prior to actual patient care. Faculty use the labs to assist students with skills practice. Students can also sign up for individual tutoring with the skills lab coordinator.

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

The Library and Computer Labs are open on weekdays: Monday-Thursday 6:30-5:00 and on Friday from 7:30-4:00. The Skills Lab is open Monday-Thursday from 7:00-4:00 and every other Friday from 7:00-3:00. Hours of operation are posted at the sites and on the website. Hours are also provided in the Student Handbook. The ERC is closed weekends and holidays.

In line with its services, the ERC created SLOs for each of its areas. The Library and Computer Lab SLO is:
"Students demonstrate knowledge of available learning resources both in print and electronic form and effectively access, retrieve and analyze information for personal and professional growth:.
The SLOs for the Skills Lab are that students demonstrate:

- "Knowledge of skills development resources by accessing the lab and using resources to enhance learning
- Psychomotor skills, critical thinking, and communication skills to be used in providing safe patient care".

The ERC conducts ongoing evaluation of its services.

The College ensures the security of all its support services. The College Security policy provides direction for promoting the safety and security of persons and property. This is achieved by control of access to buildings, security lights, and security patrols. The College parking lot is equipped with emergency telephones and cameras. Designated rooms and offices throughout the campus have emergency response alarms.

Campus security is provided by the Los Angeles Sheriff's Department (LASD). LASD is vested with the authority and responsibility to enforce all applicable local, state and federal laws and is charged with security responsibilities for buildings owned and leased by the

County. The deputies are duly sworn peace officers, authorized to carry firearms, and have full authority and duty to conduct criminal investigations, arrest violators and suppress crime on the campus and on all properties owned and operated by the County of Los Angeles.

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

The law requires the reporting of violent crime, burglary, and motor vehicle theft, as well as a summary of arrests and referrals for liquor law, drug abuse and weapon violations. The geographic area for this 2012 annual report is the College campus buildings and the surrounding streets that include Griffin Ave, Mission Road, Sichel St. and the railroad tracks. LASD receive reports of incidents occurring on campus and are responsible for investigating all campus crime.

Public access to the College is through the parking lot. All County employees wear visible ID badges. Guests entering the building sign in if they do not have a County identification badge. The main gate from the parking lot and all building doors (Administration, Library, and Tower Hall) automatically unlock at 6 AM Monday through Friday and lock at 6 PM. Buildings are not open on weekends. Faculty and staff use card keys to access the campus after hours. The College entrance on Mission Road is only accessible via card key and is locked to the public at all times.

New students attend a mandatory New Employee Safety Orientation which includes safety precautions. In addition, ERC personnel adhere to the Library and Computer Lab Closing policy that specifies security precautions. All College employees and students complete an annual employee safety orientation which includes safety and security measures. The College crime statistics can be obtained at http://nces.ed.gov/IPEDS/COOL.

The College ensures electronic security. Prior to being granted computer access, each employee and student completes and signs the Agreement for Acceptable Use and Confidentiality of County's Information Technology Assets, Computers, Networks, Systems and Data form which includes the California Penal Code 502(c) Comprehensive Computer Data Access And Fraud Act.

**Self Evaluation**

ERC personnel and faculty collaborated to maintain student access to sufficient, current, and various learning materials. The Medical Center Information Systems department provided necessary repairs to computer equipment and resolved access issues. The College also carried maintenance agreement contracts for some of its equipment.

As a result of routine meetings, the ERC director and the SON semester coordinators identified changes in health care trends and the need to acquire resource materials to support specialty content areas. An example is the current regulatory agency focus on assessment of patients at risk for suicide and the ensuing need for more therapeutic patient interaction. This new healthcare focus led to increased course emphasis on the topic and the purchase of additional learning materials on the subject. The ERC director's nursing expertise and diligence ensured the currency of learning resource materials.

The ERC met student learning support needs. In collaboration with faculty, skills lab hours were extended to meet student learning needs prior to skills competency testing. More than 95% of students referred to the Skills Lab were successfully remediated. As a result of student and faculty input, the ERC acquired learning equipment, materials, and supplies in support of student learning needs. The ERC acquired electronic resources such as skills DVDs, a high fidelity simulation manikin, electronic databases, and WiFi access throughout the College. Computers, available in the Library and Computer Lab, provided students with intranet access to Medical Center Nursing Service division patient care videos, new equipment tutorials, patient teaching booklets, nursing standards, and clinical protocols. Students used the high fidelity simulation manikin to enhance their acquisition and understanding of patient assessment and clinical skills.

The ERC director kept faculty and students apprised of newly acquired learning materials through monthly newsletters which included additions to the book collection and the ERC calendar. The Calendar is also posted on the website as is a list of books added to the library collection.

The ERC tracked student use of the Library, Computer Lab, and Skills Labs. The 2009 through 2012 pregraduation Program Evaluation Surveys included items regarding adequacy of services and student recommendations for improvement. Findings indicated that students were satisfied with ERC learning resources. Students rated all ERC items significantly higher than the 3.5 threshold (scale 1-5, 5-highest). The majority (88-98%) rated hours of operation, environment of service, knowledge and helpfulness of personnel, learning materials, supplies, and equipment at 4.0 or higher. The number of students that accessed the Skills and Computer Labs exceeded the annual threshold of 800. Patrons that accessed library services exceeded the 3,500 threshold.

The ERC evaluated student learning outcomes annually. Evaluation of service effectiveness indicated that students acknowledged awareness of available learning resources and effectively accessed and used resources to obtain information. The majority of students that presented for skills lab remediation were successfully remediated. The ERC also ensured the availability of NCLEX-RN software for fourth semester students to prepare for the national licensure exam. Approximately 99% of the graduates passed the NCLEX-RN examination, thereby meeting the program student learning outcome. Classes provided by library personnel were effective in developing student competencies in using technology, learning software programs, accessing information, and applying technology skills. Skills remediation

and use of the simulation manikin developed student competencies in providing safe patient care, applying ethics, thinking critically, communicating effectively, collaborating with the health care team, problem solving, and demonstrating accountability. Essential learning materials and assistance with research techniques supported student inquiry and self discovery.

As part of the ongoing quality improvement efforts to increase access to electronic resources, the ERC director proposed and the Board approved exploring the purchase of an e-book collection. This is expected to be more cost effective than converting from a paper to electronic card catalog system.

The College worked diligently to maintain a safe and secure environment. In the past three years there were no major on-campus crimes and only two burglaries, which occurred in 2010.

In March 2007, a computer tower-receiver was stolen from the computer lab and in December 2007 a laptop and LCD were stolen from a locked audio-visual storage room. As a result of these incidents, LASD conducted a security assessment, which led to the installation of metal plates around all library building interior door locks.

In August 2010, there was an attempted break-in to the library building audio-visual storage room. The break-in was not successful due to dead bolts and metal plates which were installed after the 2007 break-in. No further audio-visual storage room break-ins have occurred.

In September 2010, a Library burglary/vandalism resulted in broken windows and one computer hard drive, monitor, keyboard, and mouse were stolen. The broken window was not the entry point and since the method of entry could not be determined, all external door locks were changed.

In June 2012, a bullet penetrated Skills Lab room 4 and shattered a television monitor. LASD determined that it was most likely a “random” act. The television was replaced.

LASD prepared Crime Statistics report by gathering data from local and/or state law enforcement agencies combined with statistics collected by campus security authorities.

Crime Statistics Report

| | Total criminal offenses on campus | | | Total criminal offenses on public property | | |
|---|---|---|---|---|---|---|
| Criminal Offenses | 2009 | 2010 | 2011 | 2009 | 2010 | 2011 |
| a. Murder/Non-negligent manslaughter | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Negligent manslaughter | 0 | 0 | 0 | 0 | 0 | 0 |
| c. Sex offenses - forcible | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Sex offenses – Non-forcible (Include only incest and statutory rape) | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Robbery | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Aggravated Assault | 0 | 0 | 0 | 0 | 0 | 0 |
| g. Burglary | 0 | 2 | 0 | 0 | 0 | 0 |
| h. Motor vehicle theft | 0 | 0 | 0 | 0 | 0 | 0 |
| i. Arson | 0 | 0 | 0 | 0 | 0 | 0 |

No occurrences of hate crimes based on race, religion, sexual orientation, gender, disability, and ethnicity/national origin.

**Number of Arrests and Disciplinary Actions**

| | On Campus | | | Public property | | |
|---|---|---|---|---|---|---|
| Crime | 2009 | 2010 | 2011 | 2009 | 2010 | 2011 |
| Weapons: carrying, possessing, etc. | | | | | | |
| • Arrests | 0 | 0 | 0 | 0 | 0 | 0 |
| • Disciplinary actions | 0 | 0 | 0 | 0 | 0 | 0 |
| Drug abuse violations | | | | | | |
| • Arrests | 0 | 0 | 0 | 0 | 0 | 0 |
| • Disciplinary actions | 0 | 0 | 0 | 0 | 0 | 0 |
| Liquor law violations | | | | | | |
| • Arrests | 0 | 0 | 0 | 0 | 0 | 0 |
| • Disciplinary actions | 0 | 0 | 0 | 0 | 0 | 0 |

**Supportive Evidence**

Organizational Charts

- Los Angeles County College of Nursing and Allied Health

Addendum I: Student Learning Outcomes

- Educational Resource Center: Library/Computer Laboratory

Addendum J: Annual Program Evaluation Report: Educational Resource Center

Addendum M: School of Nursing Pregraduation Program Evaluation Survey

**Improvement Plans**

None

# STANDARD III: RESOURCES

*The institution effectively uses its human, physical, technology, and financial resources to achieve its broad educational purposes, including stated student learning outcomes, and to improve institutional effectiveness. Accredited colleges in multi-college systems may be organized such that responsibility for resources, allocation of resources and planning rests with the system. In such cases, the system is responsible for meeting standards on behalf of the accredited colleges.*

## A. Human Resources

*The institution employs qualified personnel to support student learning programs and services wherever offered and by whatever means delivered, and to improve institutional effectiveness. Personnel are treated equitably, are evaluated regularly and systematically, and are provided opportunities for professional development. Consistent with its mission, the institution demonstrates its commitment to the significant educational role played by persons of diverse backgrounds by making positive efforts to encourage such diversity. Human resource planning is integrated with institutional planning.*

1. *The institution assures the integrity and quality of its programs and services by employing personnel who are qualified by appropriate education, training, and experience to provide and support these programs and services. Criteria, qualifications, and procedures for selection of personnel are clearly and publicly stated. Job descriptions are directly related to institutional mission and goals and accurately reflect position duties, responsibilities, and authority.*
   a. *Criteria for selection of faculty include knowledge of the subject matter or service to be performed (as determined by individuals with discipline expertise), effective teaching, scholarly activities, and potential to contribute to the mission of the institution. Institutional faculty play a significant role in selection of new faculty. Degrees held by faculty and administrators are from institutions accredited by recognized U.S. accrediting agencies. Degrees from non-U.S. institutions are recognized only if equivalence has been established.*[3]

**Descriptive Summary**

The College assures the integrity and quality of its programs by employing well qualified personnel from diverse backgrounds whose expertise supports student learning and assists the College to meet its mission: "To provide learning centered educational programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services".

The College Credentials Committee, which consists of faculty appointed annually from academic programs by the provost, maintains and evaluates the quality of the employee selection process. The committee assesses, implements, and evaluates standardized guidelines and processes for the selection and orientation of qualified employees. The committee process provides safeguards to ensure the consistent application of hiring

procedures. The committee also reviews and revises the Interview Process policy in collaboration with the Medical Center Nurse Recruitment and Retention Center (NRRC) and the College Administrative and Planning Committees.

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

To be eligible for hire, applicants for College positions must meet or exceed established requirements. These requirements are based on College and Department of Health Services (DHS) Human Resources (HR) specifications and California Board of Registered Nursing (BRN) and other state and federal regulations as applicable. Each position has its own unique specifications. Job bulletins regarding vacant positions are made available to the public through postings on the DHS HR Internet website in accordance with established civil service regulations. These job bulletins specify essential information including the position title, compensation, benefit, job functions, selection requirements, eligibility determination, and application submission process. Selection criteria specify level of education, licensure, and nursing/teaching experience requirements. DHS HR adheres to all applicable employment laws and provides information regarding pertinent laws on its website and on the job bulletin.

All applicants complete the application process with DHS HR and are placed on a certification list. The Medical Center NRRC screens applicants for nurse specific positions such as faculty and nursing administration positions to ensure they meet minimum qualifications. All applicants must provide copies of their degrees, certifications, and practice licenses which the NRRC verifies as part of the screening process. Only degrees from accredited Colleges are accepted. The recruiter schedules applicant interviews in collaboration with the College.

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

Candidates for clinical and nursing instructor positions must demonstrate teaching and writing ability as a component of the interview process. The interview panel also evaluates

and discusses the candidate's curriculum vitae including their level of scholarship judged by clinical practice, teaching experience, research/other special projects, committee work, and professional organization membership. Panel members use standardized scoring tools to ensure fairness and consistency among the interview panel members. New hires undergo an in-depth orientation to the College, its divisions, and their roles and responsibilities. New faculty are also oriented to their assigned clinical areas.

**Self Evaluation**

The Credentials Committee's efforts in monitoring and evaluating the quality of faculty selection resulted in improvements to the process. In 2010, the committee added a writing exercise and a teaching presentation to the faculty selection criteria. These additions provided more information about essential communication skills and about the applicant's knowledge of the subject matter and their potential to effectively organize and present learning materials. The Committee also significantly revised the interview scoring tool, which rates applicant's responses in the following categories: Written and Verbal Communication, Teaching Presentation, Clinical/Professional Experience, Leadership, Problem Solving, Professional Goals, Teaching Philosophy, and Flexibility/Interpersonal Skills. In 2011, the expanded interview process and revised scoring tool were used effectively to select a new Education and Consulting Services (EDCOS) faculty member. The panel members agreed that the revised tool improved inter-rater reliability and that the writing and teaching exercises provided useful information for determining the most qualified candidate.

During the routine review of the New Employee Orientation policy the Administrative Committee realized the need to expand and clarify the orientation process for all College personnel. The committee developed and implemented an orientation process for new College administrators/supervisors. The committee also added specific content area for student services divisions, program review and data collection, College safety, and mandatory education.

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

**Descriptive Summary**

The College conducts probationary and annual performance evaluations to ensure employee competency and effectiveness in fulfilling position functions and duties. The designated roles and responsibilities are aligned with the mission and contribute to creating an environment focused on student learning and achievement. Employees are assigned responsibilities

congruent with their positions and are expected to participate in College activities. For example nursing instructors participate in College and divisional committees; give input into College policies, annual goals, and the strategic plan; support and promote the philosophy of the College; and contribute to and participate in College events.

The College adheres to Los Angeles County (LAC) HR, Medical Center, and College performance evaluation policies and standards. Supervisors complete performance evaluations in accordance with the DHS: Employee Evaluation and Discipline Guidelines. The College Faculty Competency and Peer Review policies also include components that address validation of faculty knowledge and skills.

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

Employees also submit an annual self evaluation a minimum of one month prior to their performance evaluation. The self evaluation provides employees with the opportunity to describe accomplishments; describe contributions to the College goals, strategic plan, committee work, and student learning outcomes; list professional development activities and plans; evaluate achievement of employee's annual goals; and set new individual goals for the coming year.

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

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

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

The College Operations Committee tracks performance evaluation due dates and completion dates using the Performance Evaluation Tracking form. The committee also tracks peer review completion, Registered Nurse license renewal, and other mandatory requirements. Performance evaluations are maintained in the DHS HR and College personnel files.

**Self Evaluation**

The College ensured continued effectiveness of its employees through a defined process of performance evaluation. The College adhered to established dates and evaluation frequency specified in the Performance Evaluation Completion and Processing policy. College Operations Committee tracked on time completion, which met the 100% threshold.

The performance management/disciplinary process was effectively administered. Employees found to be noncompliant with job expectations were provided with plans and timelines for improvement. Employee performance subsequently improved or the College worked with HR to impart progressive disciplinary action.

The Administrative committee revised the Self Evaluation forms for all College positions in 2011. The items were expanded to include the employee's description of their contributions to the strategic plan, College/divisional goals, committee work, and/or SLOs.

In 2012, the Credentials Committee led the review and update of the Peer Review policy and process. Planning Committee requested the review as a result of the Employee Satisfaction Survey item related to peer review falling below threshold. The Credentials Committee surveyed faculty and the Southern California Association of Associate Degree Nursing Program Directors. They also inquired about the Medical Center physician peer review process. The Credentials Committee concluded that faculty wanted a more meaningful process to optimize their teaching skills and recommended policy and procedural changes to increase objectivity in evaluating teaching effectiveness. The Planning Committee approved the revisions, which included having faculty from another division, program, or semester conduct the peer review.

The adoption of a more formalized program review process in 2008, led to the recognition of need for employee feedback regarding the performance evaluation process. The revised Employee Satisfaction Survey adopted in 2009 included questions regarding evaluation of leadership, ability to perform assigned job duties in line with qualifications, and fairness of the performance evaluation process.

Faculty rated the survey item: "My job performance has been fairly evaluated within the last 12 months" 4.6 (scale 1-5, 5-highest) during the last rating period. This rating has steadily improved over the last three rating periods. Faculty also rated the item: "I have the necessary skills and training to perform my job" at 4.6 and rated the item "My peers have current knowledge in the materials they teach" at 4.0. The College retained well qualified employees, which was essential to continued College effectiveness in meeting its mission. Another

Employee Satisfaction Survey item: "I uphold the values of the College and contribute to meeting its mission" continued to score at over 4.6 for the past three academic years.

The College encouraged employees to pursue higher education in line with its value of education as an indispensable component of quality healthcare and a dynamic, life long process that promotes and maximizes both personal and professional development. Of the 47 faculty and administrators, 33 (70%) obtained master's degrees and 2 (4%) obtained their doctorate degrees during their tenure as College faculty. Currently about seven faculty and administrators are pursuing Nurse Practitioner licenses and doctorate degrees. Having such diversity in expertise contributed to currency and continuous quality improvement of College programs. Another item on the Employee Satisfaction Survey: "my assignment is in line with my qualifications, ability, and interest" consistently scored over 4.1.

c. *Faculty and others directly responsible for student progress toward achieving stated student learning outcomes have, as a component of their evaluation, effectiveness in producing those learning outcomes.*

**Descriptive Summary**

Faculty, administration, and the Institutional Effectiveness (IE) Committee collaborated to design and implement the SLOs and SLO assessment process. A consultant conducted the initial training in September 2007. Additional trainings were provided in December 2007, February 2008, and March 2008. SLOs were incorporated into program and course syllabi as of June 2008.

As part of their functions, the teaching faculty conduct periodic evaluation of SLOs for each course: biannually for the School of Nursing (SON) courses and annually for EDCOS. Faculty assignment to various committees ensures ongoing discussion regarding student learning and achievement. Faculty hold discussions regarding student learning in semester, course, program and College committee meetings. Review of SLO assessment indicates faculty have become experts in evaluating SLOs.

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

In addition, faculty describe their contribution to the SLOs as part of their self evaluation, which precedes their annual performance evaluation.

**Self Evaluation**

Faculty participated in program review workshops which incorporated SLOs. The most recent workshop was held in January 2011. The majority (76%) of faculty attended and gave the event a positive rating: 3.8 (scale 1-5, 5-highest). Faculty participated in group exercises regarding how the College can better serve its clients. Suggestions for student support included assign smaller clinical groups, re-evaluate SON admission criteria, offer additional study space, and provide faculty tutors. EDCOS also proposed recommendations for increasing faculty visibility in the Medical Center. Various committees and support services addressed these proposals.

SLO assessments yielded meaningful findings that led to course changes and improved student learning:

- 2009: Revised SON fourth semester student clinical remediation. Faculty formalized a 64-hour remediation plan consisting of clinical experience, skills practice, and a critical thinking workshop. Students were successfully remediated. In 2012, semester III faculty adapted the plan for their student clinical remediation.
- 2009-2010: Exchanged theory and clinical course content between SON semesters I and II. Course sequencing improved and students were better able to correlate theory course content with clinical experience.
- 2010-2011: Redistributed SON Nursing Transition course units and increased the number of hours students spent in the clinical and skills lab settings. This assisted students to apply nursing concepts to direct patient care and to improve their critical analysis of information.
- 2011: Faculty introduced concept mapping and adopted it for use in the SON clinical courses. This also assisted students to better correlate theory to clinical practice.
- 2011: Faculty revised the EDCOS revised the Critical Care and Emergency Nurse programs' clinical evaluation tools to reflect evidence-based learning.

From 2008 to 2011, faculty also adopted new teaching/learning methodologies to improve student learning outcomes:

- Rubrics for grading/assessing competency in clinical and didactic courses
- Interactive computer case studies
- Simulated NCLEX computerized testing
- Writing assignments incorporating Internet sources and Library electronic data bases
- Hands on orientation to Medical Center computerized documentation system
- On line educational modules and videos for nursing continuing education
- High fidelity simulation manikin with computerized scenarios
- Alternate learning formats such as game-show style activities
- Clinical workshops to enhance student learning.

Faculty demonstrated dedication to high quality education and to designing and implementing continuous improvement strategies to optimize student learning. For the past

three years, faculty gave a rating of 4.2 for the Employee Satisfaction Survey item: "Students are provided with quality education" (scale 1-5, 5-highest).

d. *The institution upholds a written code of professional ethics for all of its personnel.*

**Descriptive Summary**

The College promotes ethical practices true to its value that "integrity, professionalism, and respect are inherent to our relationships with each other, our students, our partners and the community". The College belief is congruent with the DHS Code of Conduct, which provides guidance in conducting business in a manner that facilitates quality, efficiency, honesty, integrity, respect and full compliance with all applicable laws and regulations. The College also abides by its Academic Honesty and Professional Conduct policy.

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

**Self Evaluation**

College employees abided by the Code of Conduct as DHS workforce members. The Code of Conduct and related policies were reviewed with individual employees within the past year. Employees last completed Code of Conduct training in 2012.

The Academic Honesty and Professional Conduct policy was last updated and approved in 2010.

2. *The institution maintains a sufficient number of qualified faculty with full-time responsibility to the institution. The institution has a sufficient number of staff and administrators with appropriate preparation and experience to provide the administrative services necessary to support the institution's mission and purposes.*

**Descriptive Summary**

The College is composed of three student support service and two active academic divisions and a research department. These divisions are staffed by 7 administrators, 41 faculty members, and 11 support service staff. The College organization chart was last updated in 2012.

The College pursues all avenues in ensuring adequate number of qualified teaching faculty. The College has been fortunate in securing highly qualified faculty and administrators who

have diverse experiences in their areas of expertise in line with their program subject matter. All faculty are full time employees.

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

The College regularly evaluates staffing to ensure an adequate number of employees to support the mission. Over the past five years, with assistance from the Board of Trustees (Board), the College has successfully stabilized its administrative and faculty positions. However, the current economic crisis impacted the College's ability to secure needed faculty and clerical staff as the positions become vacant. The Operations Committee continues to submit budget requests for vacant positions. In the meantime, the College has implemented plans to ensure sufficient number of employees to effectively meet the mission.

Divisional deans assign faculty teaching responsibilities based on student needs and course and program objectives. Faculty assignments are determined by the number of students, course/program needs, and faculty qualifications and experience.

In 2009, the Accrediting Commission approved the substantive change proposal to modify the scope of the Allied Health division from a certificate-awarding division to one that provides continuing education in support of the DHS. The College experienced a setback when the selected Allied Health Director was unsuccessful in completing the hiring process. As a result, DHS HR is revising the application tools.

**Self Evaluation**

The College ensured an adequate number of qualified faculty to support program needs. The SON maintained a ratio of 10-12 students per faculty member in the clinical area. EDCOS maintained a ratio of 3 students per faculty member in the intensive care units. Emergency Nursing program course coordinators and faculty determined clinical supervision requirements in collaboration with nursing service. EDCOS also collaborated with Medical Center nursing management to conduct train the preceptor sessions to provide needed instructors for staff competency validation.

The College anticipated employee shortages and responded to prevent interruptions in essential College functions. Program modifications to ensure adequate number of employees with sufficient preparation and experience included the following:

- SON remediated faculty to specialty nursing areas to ensure flexibility in assigning supervision of students in the clinical area. Faculty were expected to competently

supervise students in at least two clinical specialty areas. In the last four years, 25% of the faculty were remediated to specialty areas including psychiatry, obstetrics, and pediatrics
- Since 2011, SON new enrollment was reduced to 50 students to maintain the clinical area ratio of 10-12 students per faculty member
- EDCOS implemented train the proctor sessions to provide adequate number of supervising staff to conduct the annual competency validation for all Medical Center nursing staff
- Clerical staff were cross-trained to assume additional roles and responsibilities
- The College, with Board support, is acquiring the updated student information database that will reduce clerical workload and streamline the admissions and enrollment process. Plans are in place for system installation and faculty/staff training
- The newly hired Senior Information Systems Analyst will conduct an assessment of College technology needs and develop an implementation plan
- Several faculty members demonstrated scholarship and professionalism by assuming additional roles while waiting for promotional opportunities.

The College explored the possibility of securing a qualified employee from another department to head the Allied Health division. The Board and College are in discussions regarding other possibilities for the division; meanwhile the College continues to search alternative routes for identifying qualified candidates.

As evidence of dedication to ensuring sufficient human resources to meet the mission, the College identified the following goal in its 2010-2015 Strategic Plan: "Recruit, promote and retain qualified leadership, faculty, and support staff". The College evaluated progress towards this goal annually.

3. *The institution systematically develops personnel policies and procedures that are available for information and review. Such policies and procedures are equitably and consistently administered.*
   a. *The institution establishes and adheres to written policies ensuring fairness in all employment procedures.*
   b. *The institution makes provision for the security and confidentiality of personnel records. Each employee has access to his/her personnel records in accordance with law.*

**Descriptive Summary**

The College abides by all DHS and Medical Center HR personnel policies/procedures. These policies direct recruitment, orientation, promotion, discipline, benefits, code of conduct, licensure/certification, and health/criminal background screening.

In addition, the College has its own policies specific to human resources. College policies are formulated after consultation with subject matter experts and after review of related DHS,

Network, College, and divisional policies and regulatory agency rules and regulations. Planning Committee distributes all new and revised policies to faculty and staff for review and recommendation prior to final approval. College policy examples include Interview Process, New Employee Orientation, Faculty Competency, Performance Evaluation Processing, Nondiscrimination, Employee Time Reporting, and Sexual Harassment Reporting. These policies and procedures are easily accessible on the DHS Internet and the Medical Center and College intranet.

To ensure consistent administration of personnel policies/procedures all supervising personnel undergo mandatory training on fair administration of policies. Training includes classes on Employee Evaluation and Discipline Guidelines, Supervision and Management, Reasonable Suspicion, Fair Labor Standards Act and Family Medical Leave Act. The College incorporates management training into orientation for new, transferred, and promoted supervisory personnel. The Planning Committee, which includes administrators and faculty, directs timely triennial review of policies. College management collaborates with Medical Center HR to ensure fair and equitable administration of personnel policies.

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

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

**Self Evaluation**

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

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

Faculty and staff gave a rating of 4.3 to the annual Employee Satisfaction Survey item: "my job performance has been fairly evaluated within the last 12 months". This high score indicates that employees perceived that selected personnel policies are applied equitably.

Personnel records were confidential, secure, and maintained in a locked cabinet.

4. *The institution demonstrates through policies and practices an appropriate understanding of and concern for issues of equity and diversity.*
   a. *The institution creates and maintains appropriate programs, practices, and services that support its diverse personnel.*
   b. *The institution regularly assesses its record in employment equity and diversity is consistent with its mission.*
   c. *The institution subscribes to, advocates, and demonstrates integrity in the treatment of its administration, faculty, staff and students.*

**Descriptive Summary**

The College models its value that "the climate of learning is enhanced when the dignity and worth of individuals with different abilities, learning styles, support systems and cultural and ethnic backgrounds are recognized". The College developed many policies and practices that demonstrate and support appreciation of diversity, employment equity, and fair treatment. These include Nondiscrimination, Academic Freedom, Peer Review, Academic Honesty and Professional Conduct, Performance Evaluations, and New Employee Orientation. The College ensures that employees adhere to DHS and College policies that address behavior related to civility, fairness, and equity. All employees may access these policies and procedures through the DHS intranet. Faculty, staff, and students can also easily access College specific policies through the intranet. The 2010-2015 Strategic Plan also upholds diversity; Goal I.1.E. is to "Recruit and maintain a diverse student body, faculty, and staff". The OES compiles annual data on College diversity and disseminates reports to specified committees and to the Board.

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

- Requires mandatory training for all employees on topics including Americans with Disabilities Act (ADA) Awareness, Cultural and Linguistic Competence, Sexual Harassment Prevention, Code of Conduct Compliance, Employee Discrimination Prevention, Legal Exposure Reduction, and Diversity and Unlearning Prejudice. These trainings enable employees to promote a harmonious work environment.
- Offers employee assistance services that address personal needs: Return to Work program for employees who sustain injuries, Smoking Cessation classes, and the Employee Assistance Program (EAP) that provides professional consultation and referral

services for job related issues. The EAP addresses stress and anger management, effective communication, grief and loss intervention, coping with change, and mediation.
- Conducts surveys of students, faculty, staff, graduates, employers and other stakeholders on key issues including those pertaining to diversity and equity. Administrators follow up on findings and address relevant issues.
- Provides opportunities for engagement of faculty and staff in supporting equity and diversity by affording access to College reports, program performance data, and survey findings
- Monitors adherence to policies and procedures and acts on digressions.

The College responds to student needs and advocates for enhancement of the teaching and learning climate by:
- Publishing and distributing student handbooks. Contents include policies and regulations regarding conduct, academics, grading, safety, student governance, and student rights and responsibilities.
- Publishing and distributing student catalogs. Contents include policies related to fairness and equity; SON application, admissions, and enrollment guidelines; student rights and responsibilities; and information regarding programs and curriculum.
- Engaging students in governance through participation in SON committees, assignment of faculty advisers to student groups, and by encouraging them to respond to surveys.
- Establishing a rigorous program review process that evaluates student learning and is followed by continuous program improvement plans.
- Providing policies such as Academic Status Notification, Grading System, Attendance, and Academic Warning. These support a system that identifies and guides interventions to improve student learning. Remediation efforts are a collaborative undertaking between faculty and students to develop and implement plans for success.

The College provides prompt and equitable mechanisms for resolving employees and student grievances. The grievance process is open to any student or employee who believes they have been subject to willful and unreasonable actions without consideration and in disregard of facts or circumstances. The grievance process is guided by policies and procedures that define the steps, timeframes, and responsible persons. The College Grievance policy guides student grievances and employees adhere to DHS grievance policies.

The College Student Grievance policy defines grievable acts are those believed to be arbitrary, capricious, prejudiced, or biased. Arbitrary/capricious actions are willful and unreasonable actions, without consideration, and in disregard of facts or circumstances. Grievable acts may include:
- Alleged assignment of grades by mistake, fraud, bad faith, or incompetence. In the absence of these, grades are not grievable
- Alleged violations of the “Bill of Rights” for School of Nursing (SON) students
- Financial aid disputes
- Alleged violations of Title IX of the Higher Education Amendments of 1998 pertaining to discrimination.

Course faculty respond to and track student petitions and grievances and report findings on SLO Assessment and Annual Program Evaluation Reports. Faculty must promptly and equitably address student petitions without discrimination, coercion, or reprisals. Students may continue in their courses pending petition resolution. Students who are unsatisfied with the petition outcome may request a grievance hearing. The Grievance Panel, which is comprised of student and faculty representatives appointed by the divisional dean, hears these grievances and decides the outcome.

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

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

**Self Evaluation**

The College has been successful in promoting diversity. Faculty, staff, administrators, students, and the Board comprise racial and ethnic groups reflective of the community.

College Diversity

| Diversity | LA County | Employees | Students | Board |
|---|---|---|---|---|
| White | 28% | 39% | 24% | 33% |
| Afro-American/Black | 9% | 20% | 7% | 8% |
| Hispanic | 48% | 20% | 36% | 42% |
| Native American | <1% | 2% | 0% | 0% |
| Asian | 14% | 8% | 14% | 8% |
| Filipino | | 11% | 16% | 8% |
| Other/Undeclared | 0% | 0% | 0% | 0% |
| Two or More Races | 0.5% | 0% | 1% | 0% |

Source: U.S. Census Bureau – 2010 State & County Quick Facts: LA County, College 2009-2010 BRN Annual School Report, Board of Trustees Report

Faculty and staff provided input into revisions of policies either individually or through committee participation. In 2008, the College noted the lack of a student specific ADA policy. To ensure fair access and treatment for applicants and students with disabilities, the College appointed a committee that effectively developed and implemented an ADA Compliance policy. The Committee also developed Essential Function Standards that describe the essential skills and behaviors required for nursing students to be successful in

the program. Planning Committee adopted the ADA policy and Functions with input from faculty and staff. Since its adoption, the ADA Committee deliberated several cases and ensured that reasonable accommodations were provided.

The IE Committee tracked student petitions and grievances and disseminated summary information to faculty. Faculty addressed issues contributing to petitions and grievances in the course and program SLO Assessment reports.

Relatively few students petitioned and the majority of petitions were resolved without progressing to grievance. For the academic years 2006 to 2012, only 5 of 57 petitions proceeded to grievance (threshold 5%). Equal participation in the grievance committee by faculty and students ensured the fairness of the process.

Student Petitions and Grievances AY 2006-2007 to 2011-2012

| Academic Year | Enrollment | Petitions | Petitions (%) | Preliminary Hearings | Grievances |
|---|---|---|---|---|---|
| 2006-2007 | 366 | 5 | 1.4% | 2 | 1 |
| 2007-2008 | 381 | 4 | 1.0% | 1 | 1 |
| 2008-2009 | 422 | 12 | 2.8% | 2 | 0 |
| 2009-2010 | 394 | 13 | 3.3% | 3 | 1 |
| 2010-2011 | 354 | 8 | 2.3% | 1 | 0 |
| 2011-2012 | 298 | 15 | 5.0% | 3 | 0 |
| Total | | 57 | | 12 | 3 |

In the past five years only four College employees grieved. Supervisors and administration investigated the grievances in collaboration with HR. All were found to be without basis and the grievance requests were denied. As part of this process, College administration consolidated, outlined and refined existing HR directives and created instructional guidelines with timelines and expectations.

The College implemented effective measures that maintained an equitable and diverse environment for all. Faculty and staff responded to the Employee Satisfaction Survey item "Overall I am satisfied with my job", by continuing to rate it over 4.0 (scale 1-5, 5-highest) for the past three consecutive academic years.

5. *The institution provides all personnel with appropriate opportunities for continued professional development, consistent with the institutional mission and based on identified teaching and learning needs.*
   a. *The institution plans professional development activities to meet the needs of its personnel.*
   b. *With the assistance of the participants, the institution systematically evaluates professional development programs and uses the results of these evaluations as the basis for improvement.*

**Descriptive Summary**

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

All categories of personnel are encouraged to attend educational activities on and off campus to enhance their understanding of trends and issues related to their job/specialty area. The provost and program deans forward relevant professional development event notifications to faculty/staff. Faculty attend seminars/events related to teaching, nursing, research, publishing, and other community health related activities.
The Faculty Development Committee promotes professional growth by identifying faculty educational needs, accessing professional development resources, and coordinating educational offerings. The committee follows nursing and academic community trends when selecting relevant topics. They present subject recommendations to the academic divisional governing committees and ensuing discussions provide an avenue for selection and approval of workshop topics.

Faculty Development committee membership comprises faculty from College academic divisions. The SON reserved every fifth week of the month for professional development activities and EDCOS selects the most convenient time for faculty attendance due to faculty schedule variations. All events are open to faculty and staff. The committee conducts a survey at the end of each event to assess workshop effectiveness. The Faculty Development Committee reviews the survey data and reports summary findings at governing committee meetings. Any resulting plans are addressed in divisional Annual Program Evaluation Reports.

Faculty also complete mandatory classes and training programs offered by the Medical Center to stay current with nursing practice and accreditation requirements. These include classes related to patient safety such as Code Green and inservices related to new equipment such as infusion pumps. EDCOS classes and events such as Nursing Care at End of Life, Trauma Day, Perinatal Update, Palliative Nursing Care, and the annual Autumn Forum are open to all College faculty. In addition, faculty and staff attend off campus classes and programs to stay current with health care and specialty area trends and practices. The College tracks employee education and all faculty identify their professional development activities annually as a component of their self evaluation.

**Self Evaluation**

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

Professional Development Activities: 2008 to 2011

| Educational Event | Rationale/Purpose | Outcome |
|---|---|---|
| **2008** | | |
| Student Learning Outcomes (SLOs) | Create College, program, & course SLOs | Created & implemented course, program, College, & GE SLOs |
| Program Review Workshop | Introduce the new program review process to address ACCJC: WASC recommendations | Program review process was successfully implemented. It led to continued dialogue & quality improvement plans at all College levels. College retained full accreditation |
| **2009** | | |
| Student Learning Outcomes (SLOs) | Continued dialogue on SLO & SLO assessment | Faculty are proficient in evaluating course SLOs |
| **2010** | | |
| Reasonable Suspicion Determination | Mandatory safety class | Improved supervisor management of workers under the influence |
| Legal Aspects of Nursing | Changing health policies | Faculty maintained current practice information, which is reflected in their teaching |
| ATI Test Writing Seminar | Student survey responses related to test clarity were persistently below threshold. Review of test item writing. | Implemented plan for improving test item clarity. Revised test items in the databank and planned for ongoing revision |
| Code Green Roles/Responsibilities | Change in practice requirement | Maintained current patient safety information for student clinical rotations |
| **2011** | | |
| Program Review in Nursing Education | Continue dialogue to support quality improvement | Participated in update related to the Program Review process in preparation for writing the Self Evaluation Report |
| Health Care Reform Waiver | Change in health policy | Readiness for healthcare changes that will impact practice and education |
| Campus Violence Prevention through Observation and Early Intervention | Increase awareness & prevention of school violence in response to national events | Readiness in the event of school violence; learned to identify potential threats. Employee sign in board relocated to a nonpublic area |
| Generational Differences | Multiple generations of students/faculty present communication challenges. Noted rise in student incivility | Provided an understanding of the uniqueness of each generation. Faculty applied knowledge in looking for more effective ways to improve the learning environment. |

| Educational Event | Rationale/Purpose | Outcome |
|---|---|---|
| Simulation Manikin Training | Orientation to high fidelity manikin for use as new teaching strategy | Incorporated the manikin & scenarios as an effective teaching/learning tool |

Survey findings indicated that faculty highly rated these educational events. The events met the desired outcomes and led to course/program improvements. For example, the 2011 Program Review in Nursing Education Workshop continued the institutional effectiveness dialogue and faculty and staff participation in the process. The workshop included an exercise that encouraged faculty groups to propose strategies for improving divisional effectiveness. All attendees fully participated in the exercise. Faculty recommended teaching and learning improvements to benefit students, employees, and the public. Suggestions included multidisciplinary projects, internships, additional off-hour study areas, and re-evaluation of SON admission criteria. Staff also recommended improvements including methods for increasing student awareness of support services. Forty employees attended the workshop; 32 (76%) were faculty members and the remaining participants were support staff. The majority of participants (85%) responded to the workshop survey. Written comments were positive.

Faculty, staff, and administrators participated in lifelong learning, which positively impacted their teaching effectiveness and assisted the College to meet its mission. This dedication to professional development is noted in their education records.

6. *Human resource planning is integrated with institutional planning. The institution systematically assesses the effective use of human resources and uses the results of the evaluation as the basis for improvement.*

**Descriptive Summary**

The College regularly evaluates adequacy and effectiveness of faculty and staff allocation in support of program needs and uses the results for planning. The 2010-2015 Strategic Plan ensures ongoing focus on maintaining an adequate number of employees. Goal #1, Objective D. addresses human resources: "To recruit, promote & retain qualified leadership, faculty, and support staff". The plan identifies related strategies, which include 1) stabilizing leadership positions, 2) acquiring items/resolving classification/compensation issues, 3) hiring needed support staff, 4) evaluating related HR policies, and 5) submitting budget requests to fund needed items.

Discussions regarding staffing begin at the divisional governing committee level. Instructional program semester/course coordinators discuss staffing issues with the divisional deans. The divisions routinely assess faculty needs prior to implementation of major programs. The SON dean projects faculty staffing needs based on ongoing estimated enrollment prior to determining number of new admissions. EDCOS evaluates faculty availability and qualifications prior to setting enrollment numbers for the specialty area

nursing programs. EDCOS also adjusts course scheduling and/or expands programs based on Medical Center nursing area critical needs.

The Operations Committee, composed of administrators from all divisions, addresses human resource needs as part of planning for the annual budget request. The Planning Committee and the Board Chair review and approve the final draft budget request prior to submission to Medical Center and DHS Chief Executive Officers for approval and allocation of funds. The College diligently submits annual budget requests to fund faculty and staff positions.

The College also pursues approval for eligible faculty and staff promotions to retain qualified personnel. The ongoing national, state, and local financial crises and ensuing cost cutting measures has delayed faculty and staff replacement. This proved challenging to the College in ensuring the adequacy of human resources. Fortunately, employee turnover remained low at less than 7% since 2008.

College New Hires and Promotions

| **Calendar Year** | **2007** | **2008** | **2009** | **2010** | **2011** | **2012** |
|---|---|---|---|---|---|---|
| **New Hires** | | | | | | |
| Faculty | 3 | 9 | 1 | | | 1 |
| Staff | 1 | | 2 | | | 1 |
| **Promotions** | | | | | | |
| Staff | | | | | | 1 |
| Faculty | 6 | 4 | | | | 3 |
| Administrator | 2 | 1 | | 1 | | |

Employee Turnover

| **Academic & Fiscal Year** | **07-08** | **08-09** | **09-10** | **10-11** | **11-12** |
|---|---|---|---|---|---|
| Average Number of Employees | 61 | 67 | 69 | 65 | 60 |
| Administration | 2 | | | | |
| Education and Consulting Service | | | | 1 | |
| Educational Resource Center | 1 | | 1 | | |
| School of Nursing | 1 | 2 | 2 | 3 | 1 |
| Total Turn Over | 4 | 2 | 3 | 4 | 1 |
| Turn Over Rate | 6.5% | 2.9% | 4.3% | 6.1% | 1.6% |

Source: CONAH Employee Continuous Service Date, Off Service Date, & Turnover Rate Tracking Log

The minutes of various College and divisional level committees show the College's dedication in ensuring adequate workforce to meet the mission. Course SLO Assessment and Annual Program Evaluation Reports address course/program concerns including those related to sufficient staff.

**Self Evaluation**

- College Planning Committee and the Board Chair approved the fiscal year 2013-2014 Budget Request to fund 14 positions: 10 faculty, 1 director, and 3 support staff. These

items were included in previous budget requests. The 2012-2013 budget request for Senior

- Information Systems Analyst was approved.

DHS budgetary constraints restricted College ability to replace faculty and staff. The College implemented effective interventions to ensure sufficient faculty and staff to support the instructional programs. The SON limited new student admission to maintain a faculty to student clinical ratio of 1:10. This enrollment decrease was implemented in spring 2009 and resulted in a progressive decrease in the unduplicated student count from an average of 400 in academic year (AY) 2008-2009 to 300 in AY 2011-2012.

SON New Student Admissions per Academic Year

| **Academic Year** | **2007-2008** | | **2008-2009** | | **2009-2010** | | **2010-2011** | |
|---|---|---|---|---|---|---|---|---|
| Semester | Fall | Spring | Fall | Spring | Fall | Spring | Fall | Spring |
| New Admissions | 97 | 71 | 94 | 60 | 76 | 45 | 67 | 44 |
| Total | 168 | | 154 | | 121 | | 111 | |

This ratio provided sufficient faculty supervision to support students in meeting their clinical objectives and also ensured patient safety. The NCLEX-RN first time pass rate remained above 95%.

EDCOS also experienced a faculty shortage and adjusted class/course schedules and faculty assignments to ensure sufficient staff to meet student learning needs. The dean and course coordinator collaborated with Nursing Service to prioritize student selection for critical care program enrollment until faculty positions were filled. Faculty also provided additional clinical rotations to meet Nursing Service needs for new critical care nurses. Other class offerings were prioritized during these expanded critical care programs.

DHS initiated mandatory competency testing for all healthcare staff, which resulted in the need for more instructors to conduct training and testing for Medical Center employees. EDCOS created a Train-the-Trainer course to prepare Medical Center nursing leadership personnel to assist with practice and testing for about 4000 nursing staff. The plan was effective; 240 associate nursing directors, nurse managers, assistant nurse managers, and clinical nurse specialists were trained as competency validation proctors. The project was successful and is currently in its fifth year.

The OES cross-trained employees, reassigned duties, and prioritized functions that ensured its ability to meet student needs. The newly hired Senior Information Systems Analyst will develop and implement plans for expediting some OES functions by transitioning from paper to computerized data bases/records and by linking existing electronic systems.

In addition, IE Committee revised the annual Employee Satisfaction Survey to include the item: "The College has sufficient number of qualified employees". Faculty and staff rated this item 3.0 in AY 2008-2009, 3.5 in AY 2009-2010, and 3.4 in 2010-2011 (scale 1-5, 5-highest). This was slightly below the established 3.5 threshold. The College continued to submit budget requests and advocate for support positions. In 2010, IE Committee developed and implemented an employee exit interview/survey to identify factors that contribute to faculty and staff retention and attrition. To date, few employees completed the survey and no common themes/trends were identified.

Effective use of human resources enabled the College to meet its mission with the current number of full-time, qualified, and experienced faculty, staff, and administrators. The College continued its efforts to fund and obtain positions and looks forward to increasing student enrollment.

**Supportive Evidence**

Organizational Charts

- Los Angeles County College of Nursing and Allied Health

Addendum A: Mission, Vision, Values
Addendum B: College Policies

- Academic Honesty and Professional Conduct
- Interview Process
- Peer Review
- Performance Evaluation Completion and Processing
- Faculty and Staff Annual Self Evaluation

Addendum F: 2010-2015 Strategic Plan
Addendum I: Student Learning Outcomes

**Improvement Plans**

Review and update all class/program surveys. Standardize items if applicable.

## B. Physical Resources

*Physical resources, which include facilities, equipment, land, and other assets, support student learning programs and services and improve institutional effectiveness. Physical resource planning is integrated with institutional planning.*

1. *The institution provides safe and sufficient physical resources that support and assure the integrity and quality of its programs and services, regardless of location or means of delivery.*
   a. *The institution plans, builds, maintains, and upgrades or replaces its physical resources in a manner that assures effective utilization and the continuing quality necessary to support its programs and services.*
   b. *The institution assures that physical resources at all locations where it offers courses, programs, and services are constructed and maintained to assure access, safety, security, and a healthful learning and working environment.*

**Descriptive Summary**

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

2010-2015 Strategic Plan includes goals, objectives, and strategies related to acquisition and maintenance of physical resources. The plan was developed through the formalized program review process, which generates data to determine resources essential to support program effectiveness. The College identified Strategic Plan Goal #I: "to enhance the learning environment". The College also isolated specific objectives and strategies to achieve this goal:

I.A. Maintain current educational equipment and materials to support student learning
- 1.A.1 Identify and obtain up to date learning materials
- I.A.2 Implement the College Academic Management System (CAMS) and upgrade to enterprise system
- I.A.3 Upgrade educational software
- I.A.4 Identify and replace any outdated equipment
- I.A.6 Develop and maintain plan for ongoing equipment maintenance
- I.A.7 Renew service contracts on equipment
- I.A.8 Acquire additional electronic resources

I.B. Promote and enhance maintenance of operational systems and campus
- 1.B.1 Develop and implement maintenance plans for Plant Management in collaboration with the LAC+USC Medical Center
- I.B.2 Improve the aesthetic environment

- I.C. Seek acquisition of additional building space to accommodate students, staff, faculty and Los Angeles County (LAC) Department of Health Services (DHS) training
  - 1.C.1 Acquire additional classroom and office space
  - I.C.2 Remodel acquired space to meet College needs.

In addition, the College identified Strategic Plan Goal #IV: "to improve financial standing, objective A: strengthen link between planning and resource allocation". The College further delineated the strategies to achieve this objective and goal. Strategy 1: "increase participation of all divisions in identifying needed resources" and 2: "prioritize needs for allocation of resources and optimize use of funds in a cost effective manner".

The College assesses the effectiveness of these strategies in attaining goals and objectives and uses evaluation findings for ongoing planning.

Program needs are informally identified though discussions in course and divisional meetings. Instructional divisions formally identify needed physical resources as a component of course Student Learning Outcome (SLO) Assessment Reports. Support service divisions use Outcomes Evaluation Reports to identify and document components of the needs assessment process. Instructional and support service divisional deans and directors summarize these needs in their Annual Program Evaluation Reports. Needs are reported at divisional governance, Institutional Effectiveness (IE) and Planning Committee meetings, and to the Board of Trustees (Board) if indicated.

Planning Committee assesses and prioritizes resource requests and assigns follow up. Short-term, immediate needs are resolved through routine channels. These include Facilities Management Repair Requests for physical plant maintenance and repairs and On-Line Requisitions for equipment, supplies, and services. Requests for resources that are beyond usual budget allocation are requested through the Fiscal Year Budget Request process or through capital project requests.

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

- Environmental Safety Inspection
- Maintenance and Repair
- No Smoking
- Safety Education
- Disaster Management
- Fire Response
- Active Shooter
- Security
- Identification Badges.

The College safety officer guides the Operations Committee in developing, reviewing and updating policies, procedures, and guidelines. He drives safety practices by keeping the

College updated on current safety trends, coordinating fire and disaster drills, maintaining the disaster manual, and overseeing employee safety education. The safety officer periodically attends the Operations Committee meetings to guide the review of safety policies and Disaster Manual contents.

DHS, Medical Center and College safety policies are available to employees and students on the intranet. The SON Student Handbook also includes safety policies and procedures.

The College conducts routine facilities evaluation to determine the safety and adequacy of physical resources in meeting program/service needs as part of its planning process. Assigned administrative staff members conduct routine environmental rounds in all College buildings to ensure a safe work/learning environment. Operations Committee reviews these Administrative Rounds Environmental Safety Inspection Reports and directs follow up action as indicated.

In addition, all College employees are responsible for maintaining a safe work environment. Faculty and staff identify and correct hazards immediately if reasonable and safe to do so. Otherwise, hazards are reported to the Office of Educational Services (OES). The OES staff reports identified hazards to the appropriate Medical Center service and tracks repair status. College faculty, students, and staff are informed of work place hazards.

Employees and students are provided with comprehensive safety education.

New employees and students attend New Employee Safety Orientation as part of orientation to the Medical Center and the College. In addition, the College safety officer orients all new employees to the College and Network Disaster Plans, the Fire Response Procedure, the Hazard Surveillance policy, security precautions including alarms and exit doors, medical emergency management, and mandatory employee and patient safety education requirements.

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

Each division conducts ongoing safety education for all personnel. Education consists of DHS Patient Safety and Network Employee Safety programs. Topics include cardiac arrest management, infection control, injury prevention, hazardous materials, fire safety, disaster management, security awareness, and workplace violence. All employees read the mandatory training module and complete a post test.

Employees also attend emergency preparedness after the first year and every 5 years thereafter. All employees and students participate in periodic fire drills.

The College also has a policy that describes the system for managing disasters that involve the College and/or the Medical Center. The Disaster Plan Manual includes guidelines that delineate specific roles and responsibilities. The OES houses the manual, a megaphone, and a disaster/medical supply box.

In addition to safety education and preparedness, the College ensures the security of faculty, staff, students and property. Safeguards are in place to maintain College security. These include:

- Limited access to buildings via a cardkey system
- Security cameras in parking lots and other strategic areas
- Security lights at entrances and in outdoor corridors
- Private security stationed in Administration building lobby and patrol the grounds
- Los Angeles Sheriff's Department (LASD) conducts routine campus patrols and is available 24 hours/day
- Emergency response alarms in classrooms and other key locations throughout the College
- Burglar alarms in all buildings.

The College also adheres to the Medical Center Photo Identification Badges policy. All employees and students wear an LA County photo ID badge while on the premises of the College and any DHS facility. Guests sign in at the security desk as they enter the Administration Building.

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

Campus security is provided by the Los Angeles Sheriff's Department (LASD). LASD is vested with the authority and responsibility to enforce all applicable local, state and federal laws and is charged with security responsibilities for buildings owned and leased by the County. The deputies are duly sworn peace officers, authorized to carry firearms, and have full authority and duty to conduct criminal investigations, arrest violators and suppress crime on the campus and on all properties owned and operated by the County of Los Angeles.

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

The law requires the reporting of violent crime, burglary, and motor vehicle theft, as well as a summary of arrests and referrals for liquor law, drug abuse and weapon violations. The geographic area for this 2012 annual report is the College campus buildings and the surrounding streets that include Griffin Ave, Mission Road, Sichel St. and the railroad tracks. LASD receive reports of incidents occurring on campus and are responsible for investigating all campus crime.

The College has an established system for maintaining a clean and healthy learning and working environment. The Medical Center Facilities Management division assigns two custodians through an environmental services vendor. They adhere to a schedule for cleaning all buildings and respond quickly to emergency requests for environmental supplies or cleaning.

All faculty and staff are responsible for reporting malfunctioning building systems or equipment. These are frequently associated with the age of the building such as issues involving plumbing, heating and air conditioning, ceiling leaks, and pest control problems. Employees report problems to OES staff who follow up with Facilities Management through the on line repair request process. Ongoing, costly repairs are brought to the attention of administration and Planning Committee by the College operations officer. Plant Management is a standing item on Operations and Planning Committee agendas.

Sufficient classroom and office space has been an ongoing concern and is included in the strategic plan. The College has attempted a variety of routes to acquire additional space. In 2006, the College acquired two classrooms and faculty offices in space immediately adjacent to the Administration Building. The demand for space decreased in recent years as the School of Nursing (SON) enrolled fewer students and restrictions on faculty replacement limit the demand for classroom and office space.

In 2007, Planning Committee adopted the Room Request policy and Room Reservation form. The policy delineates the process for reserving College classrooms, conference rooms, skills labs, and computer labs. The form lists all College rooms and labs and their seating capacity. The policy also specifies employees responsible for room scheduling. Instructional division faculty collaborate with the OES office manager to allocate space for courses/classes and meetings. Implementation of the policy and procedure resulted in the efficient use of classroom space.

The College does not have off-campus sites.

**Self Evaluation**

College administration, faculty, and staff worked together to ensure a safe working environment. The safety officer led the review and update of all safety related policies in 2011. The environmental rounds policy and form were also updated in 2011. The safety officer ensured that the Disaster Manual was updated to reflect revisions to the policy and that emergency supplies and equipment were present and functional.

Employees completed mandatory safety education and verification was filed in their personnel/education records. The safety officer recommended and Planning Committee approved tracking mandatory patient/employee safety education on an annual vs. monthly basis. Faculty Development Committee coordinated the class: Campus Violence Prevention through Observation and Early Intervention in response to the recent reports of national campus violence. The class was well attended and survey comments included: "the class was very much needed", "useful information", and "I will share the information and discuss with my kids".

Faculty gave an average rating of 3.5 (scale of 1-5, 5-highest, threshold 3.5) to the 2010-2011 annual Employee Satisfaction Survey item: "I feel safe from harm in my work environment". The overall rating for the past three years remained 3.5. In its review of the Employee Survey findings, Planning Committee noted the comment: "Keep instructors safer by removing the sign in board to a place that is not so public". The comment referred to the requirement that all employees sign in and out in the OES when they arrive and when they leave campus. Faculty were concerned that public notification of their whereabouts presented a safety issue amidst the news stories of violence against teachers and in response to the Faculty Development-sponsored course. In contrast, support service staff were concerned about efficiently and effectively responding to student, nursing service, and public needs to contact faculty. This generated much dialogue between faculty and administration. Planning Committee reviewed the issues and concerns and approved moving the sign-in board out of the public view but still accessible to OES staff.

The support services staff assistant conducted environmental rounds as scheduled. He reported to Operations Committee that the revised Administrative Rounds: Environmental Safety Inspection form simplified building assessment and clarified the status of follow up items. To minimize interruption of support staff regular workload, he recommended that rounds be conducted in one area per week vs. monthly for the entire campus.

Requests for maintenance and repair were followed up and persistent concerns were pursued. Ongoing problems continue to be related to temperature, plumbing, odors, and pest control. The College was diligent in addressing issues that were often related to the age of the buildings.

In 2008, students rated the pregraduation Program Evaluation Survey (PES) item: "The physical environment of the school was conducive to my learning" at 3.5. This is comparable to the average Employee Satisfaction Survey rating of 2.6 to the item: "College grounds and facilities are well maintained". The revised environmental rounds process and concerted effort by all employees has improved the identification and reporting process. The operations officer and Medical Center Facilities Management worked hard to develop and implement plans to resolve ongoing problems. The student PES response improved to a range of 3.5 - 4.0, and remained consistently above threshold.

For the last three years, faculty consistently rated the Employee Satisfaction Survey item: "Availability of classrooms is adequate to meet my needs" at 3.3 (scale of 1-5, 5-highest, threshold 3.5). However, the collaborative room reservation efforts between the office manager and academic division representatives was effective in ensuring room assignments appropriate to class size and in preventing schedule conflicts.

The College worked diligently to maintain a safe and secure environment. In the past three years there were no major on-campus crimes and only two burglaries, which occurred in 2010.

In March 2007, a computer tower-receiver was stolen from the computer lab and in December 2007 a laptop and LCD were stolen from a locked audio-visual storage room. As a result of these incidents, LASD conducted a security assessment, which led to the installation of metal plates around all Library building interior door locks.

In August 2010, there was an attempted break-in to the Library building audio-visual storage room. The break-in was not successful due to dead bolts and metal plates which were installed after the 2007 break-in. No further audio-visual storage room break-ins have occurred.

In September 2010, a Library burglary/vandalism resulted in broken windows and one computer hard drive, monitor, keyboard, and mouse were stolen. The broken window was not the entry point and since the method of entry could not be determined, all external door locks were changed.

In June 2012, a bullet penetrated Skills Lab room 4 and shattered a television monitor. LASD determined that it was most likely a "random" act. The television was replaced.

Crime Statistics Report

| | **Total criminal offenses on campus** | | | **Total criminal offenses on public property** | | |
|---|---|---|---|---|---|---|
| Criminal Offenses | 2009 | 2010 | 2011 | 2009 | 2010 | 2011 |
| a. Murder/Non-negligent manslaughter | 0 | 0 | 0 | 0 | 0 | 0 |
| j. Negligent manslaughter | 0 | 0 | 0 | 0 | 0 | 0 |
| k. Sex offenses - forcible | 0 | 0 | 0 | 0 | 0 | 0 |
| l. Sex offenses – Non-forcible (Include only incest and statutory rape) | 0 | 0 | 0 | 0 | 0 | 0 |
| m. Robbery | 0 | 0 | 0 | 0 | 0 | 0 |
| n. Aggravated Assault | 0 | 0 | 0 | 0 | 0 | 0 |
| o. Burglary | 0 | 2 | 0 | 0 | 0 | 0 |
| p. Motor vehicle theft | 0 | 0 | 0 | 0 | 0 | 0 |

| | Total criminal offenses on campus | | | Total criminal offenses on public property | | |
|---|---|---|---|---|---|---|
| Criminal Offenses | 2009 | 2010 | 2011 | 2009 | 2010 | 2011 |
| q. Arson | 0 | 0 | 0 | 0 | 0 | 0 |

Number of Arrests and Disciplinary Actions

| | On Campus | | | Public property | | |
|---|---|---|---|---|---|---|
| Crime | 2009 | 2010 | 2011 | 2009 | 2010 | 2011 |
| Weapons: carrying, possessing, etc.<br>• Arrests<br>• Disciplinary actions | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 |
| Drug abuse violations<br>• Arrests<br>• Disciplinary actions | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 |
| Liquor law violations<br>• Arrests<br>• Disciplinary actions | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 | <br>0<br>0 |

No occurrences of hate crimes based on race, religion, sexual orientation, gender, disability, and ethnicity/national origin.

2. *To assure the feasibility and effectiveness of physical resources in supporting institutional programs and services, the institution plans and evaluates its facilities and equipment on a regular basis, taking utilization and other relevant data into account.*
   a. *Long-range capital plans support institutional improvement goals and reflect projections of the total cost of ownership of new facilities and equipment.*
   b. *Physical resources planning is integrated with institutional planning. The institution systematically assesses the effective use of physical resources and uses the results of the evaluation as the basis for improvement.*

**Descriptive Summary**

The College is owned by the County of Los Angeles (County). The Board of Supervisors is the elected governing body for the County and establishes/approves overall policy, funding, roles and responsibilities for the various County divisions. The DHS is one of many County divisions. The College is operated under the auspices of the DHS. The Board of Trustees is the governing body for the College and establishes policies and procedures to assure the quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the College.

The County allocates funds as part of the overall budgetary process based on program priorities. The College submits annual budget requests based on strategic plan priorities and needs identified through program review. The Medical Center Expenditure Management department coordinates the annual budget and capital projects request process. The College competes with other Medical Center and DHS departments for resource allocation.

As the College governing body, the Board reviews/approves budget requests and capital projects. DHS and Medical Center executive leaders are Board officers and members. The Medical Center Chief Executive Officer is an ex officio member of the Board. These leaders are committed to the College and to ensuring that its needs are considered in DHS and Medical Center long-range planning and resource allocation.

The Operations Committee functions include planning resource allocation, preparing budget requests, and monitoring and tracking expenditures. The committee also reviews and validates personnel, service, and equipment/supplies expenditure reports and periodically meets with Medical Center/DHS leadership to justify expenditures to meet ongoing resource needs and projected goals. The committee develops and submits the annual budget request to Planning Committee for review and approval. Budget requests are based on needs identified through the formal program review process and reflect divisional and College resource needs. The Board reviews/approves financial and budget request summaries.

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

The 2010-2015 Strategic Plan was developed through the formalized program review process. The plan includes goals, objectives, and strategies for acquiring and maintaining physical resources:

Goal I: To enhance the learning environment
- I.A. Maintain current educational equipment and materials to support student learning
- I.B. Promote and enhance maintenance of operational systems and campus
- I.C. Seek acquisition of additional building space to accommodate students, staff, and faculty and to support Medical Center/DHS training

Goal IV: To improve financial standing
- IV.A. Strengthen the link between planning and resource allocation
  - IV.A.1 Increase participation of all divisions in identifying needed resources
  - IV.A.2 Prioritize needs for allocation of resources and optimize use of funds in a cost effective manner.

The revised program review process adopted in 2008 established the current, formal system for documentation of program evaluation and for information dissemination. The revised Program Review policy describes program review documents and specifies essential course, committee, and program reports. Resource assessment data is obtained at the course/divisional levels and is included in the semester, program, and committee SLO Assessment and Annual Program Evaluation Reports. This system effectively informs program review and provides the basis for resource planning.

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

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

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

**Self Evaluation**

The College conducted effective program review that involved participation of all its constituents. Data analysis was used to prioritize, make decisions, plan, and allocate

resources to meet student learning and program needs and to achieve strategic plan goals and objectives.

As previously described, the buildings and infrastructure were routinely assessed according to established policies and procedures. Significant findings were reported to College Operations Committee for follow up action and to Planning Committee for resource requests as indicated. Designated instructional division faculty and the office manager assessed space use and sufficiency, resolved issues, and recommended improvements. Although faculty survey comments reflected the need for additional classrooms, no classes were canceled as a result of space issues. Faculty and the divisional deans and directors assessed the need for support service and teaching/learning equipment. Requests for these resources were submitted and approved through established channels.

The planning process was broad-based and consistently provided opportunities for all faculty and staff to participate. SLO Assessment Reports and APERs were reviewed by the IE Committee and needed resources were identified and compiled. Planning Committee reviewed, discussed, and assigned resource requests for follow up action.

The College Operations Committee initiated the annual fiscal planning process by evaluating the previous year's unmet needs and by projecting and prioritizing needs to meet the annual and strategic plan goals. The Planning Committee and the Board reviewed, discussed, and approved proposed annual budget requests. The provost submitted the formal budget request to the Medical Center CEO for review and approval. The Medical Center CEO is an ex-officio voting member of the Board. The CEO forwarded the budget request to the DHS CEO and the Board of Supervisors for final approval of funds.

Planning Committee and the Board identified and approved budget requests for resources to address information technology equipment needs. These included servers, a scanner, and additional site licenses. The College obtained approval for funding to upgrade CAMS to a web-based, enterprise system. New online survey software and a processing scanner were approved and purchased.

The large capacity classroom in the Library building was renovated. In addition, major plumbing repairs were made, two sump pumps were replaced, and plans exist to replace outdated fixtures. Skills lab equipment was replaced to coincide with Medical Center equipment upgrades. The College also obtained resources through alternative funding sources. For example, a high fidelity, simulation manikin was purchased with grant funds.

Another learning environment improvement was the purchase of more comfortable desks and chairs for the Library building classroom in 2008 through collaboration with the Workforce Development Program. The Library seating capacity was also increased. In 2011, the College seized a partnership opportunity with the Violence Intervention Program (VIP) to paint and install new carpeting and window blinds in the largest classroom: Library room 122. In exchange for VIP funding the refurbishment, the College allows them to use the room for special events.

All requests for physical resources essential for support of the programs were approved and obtained. The College ensured that projected plans were known and approved by the Board and communicated to the DHS.

**Supportive Evidence**

Organizational Charts

- Department of Health Services
- Los Angeles County College of Nursing and Allied Health
- College Governing and Standing Committees

Addendum B: Program Review Process Policy
Addendum D: Institutional Effectiveness Program Review Plan
Addendum F: 2010-2015 Strategic Plan
Addendum H: Outcomes Evaluation Reports
Addendum I: Student Learning Outcomes
Addendum J: Annual Program Evaluation Reports
Addendum M: College Employee Satisfaction Survey

**Improvement Plans**

- Include item regarding safety on the SON pregraduation Program Evaluation Survey by fall 2013.
- Request faculty to provide specific information regarding physical plant concerns when entering comments on the Employee Satisfaction Survey.

## C. Technology Resources

*Technology resources are used to support student learning programs and services and to improve institutional effectiveness. Technology planning is integrated with institutional planning.*

1. *The institution assures that any technology support it provides is designed to meet the needs of learning, teaching, college-wide communications, research, and operational systems.*
   - *a. Technology services, professional support, facilities, hardware, and software are designed to enhance the operation and effectiveness of the institution.*
   - *b. The institution provides quality training in the effective application of information technology to students and personnel.*
   - *c. The institution systematically plans, acquires, maintains, and upgrades or replaces technology infrastructure and equipment to meet institutional needs.*
   - *d. The distribution and utilization of technology resources support the development, maintenance and enhancement of its programs and services.*
2. *Technology planning is integrated with institutional planning. The institution systematically assesses the effective use of technology resources and uses the results of evaluation as the basis for improvement.*

**Descriptive Summary**

The College responds to the technology needs of its students and personnel. Healthcare technology use is increasing, the student population is more computer savvy, teaching methodologies incorporate advanced technologies, and human resources are scarcer. All of these changes created a need for the College to move towards incorporating more technologic resources.

Technology resources are included in the College planning and budget request process. To ensure continued focus on technology, the College addresses its needs through three of the 2010-2015 Strategic Plan goals and annually evaluates progress.

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 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 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 strategic plan specifies the accountable divisional dean/director for each strategy. For strategies related to technologic resources, this accountability coincides with where the technology is mainly housed and used. For example, obtaining up to date learning materials is primarily the responsibility of the Education Resource Center (ERC) director. She oversees the areas where the majority of learning materials are kept. This includes the Library and the Computer and Skills Laboratories. Another example is that the Administrative and Student Services dean is responsible for the implementation and upgrade of the College Academic Management System (CAMS). This is because the majority of student academic data base work will occur in the Office of Educational Services, which she manages.

In 2008, subsequent to the External Evaluation Report, the College conducted an extensive evaluation of its technology resource needs in collaboration with Department of Health Services (DHS) and LAC + USC Medical Center Information Technology (IT) personnel. DHS assigned a Special Projects Director to conduct a needs assessment and develop a comprehensive Statement of Work (SOW) to identify resources to support College technology needs including the research functions. The SOW cited the accreditation recommendations, specified the major technology objectives by division/area of work, described background technologic requirements/workload for each area, and listed the tasks necessary to accomplish objectives.

In 2009, College administration collaborated with DHS IT to develop a Project Initiation Request, to focus technology resource efforts on immediate needs, which included funding for IT support staff and resolution of survey software challenges. Operations Committee developed a data base to track progress of each ACCJC:WASC recommendation related to technology. This tracking log specified actions, responsible persons, due dates, progress, and comments. Committee members discussed the status and developed/modified strategies for achieving objectives.

Technology resource needs are identified through the program review process, which includes Student Learning Outcomes Assessments, Annual Program Evaluation Reports, and student/employee survey findings. Resource needs identified through this process are aggregated and documented on the Request for Consideration of Program Needs form. Planning Committee discusses and prioritizes needs for budgeting consideration and assignment. Discussions regarding resource request and allocation include projected use/purpose, expected benefits, frequency of use, how it might meet regulatory agency/DHS/Medical Center standards/requirements, cost benefit/savings, quantity/quality of current equipment, and impact of not obtaining the equipment/service. Items that are related

to meeting essential student learning needs receive first consideration. Planning Committee consults with the Board of Trustees (Board) on more costly resources and develops strategies for attaining those resources.

Once technology resources are acquired, the College ensures employees are trained in effective use and maintenance. In some cases, faculty members are designated as experts and are placed in charge of equipment/software use and training. In addition, the College purchases hardware and software maintenance contracts, which may include upgrades. Evaluation of technology resource effectiveness can be found in program reports, committee meeting minutes, and survey reports. In 2010, the ERC began notifying faculty and students of newly acquired resources and training classes through monthly newsletters.

The College is committed to ongoing technology infrastructure evaluation, obtaining systems upgrades, and technology acquisition to meet the strategic plan goals and objectives.

Liaison with DHS and the Medical Center provides IT support including maintenance and repairs. College servers are housed in the Medical Center and overseen by the Medical Center IT department which makes provisions for back up of College records such as financial, admissions, enrollment, grades, and statistics. The Medical Center Information Technology Contingency Plan policy ensures the security of this confidential information in the event of any disruption, disaster, or other emergency. The policy guides system emergency responses to ensure continuity of operations during emergencies and disaster recovery. It applies to all technology assets including hardware, software, and applications.

Individual faculty and staff documents reside on their hard drives. To ensure retention of critical documents, IT recommended file back up on external devices.

The College diligently pursued hiring of an individual with expertise in diverse areas of technology. College administration collaborated with DHS IT to acquire a Senior Information Systems Analyst (SISA) position and to initiate the selection and hiring process. Identified job duties include:

- Provide information systems analysis, design, and implementation support for all College information systems
- Coordinate implementation, maintenance, and update of information systems including programing systems to meet federal reporting requirements.
  Immediate focus will be the upgrade and implementation of CAMS
- Evaluate user requirements and initiate efficiencies to improve student/program outcomes tracking and summary
- Establish systems for summarizing data and generating reports
- Conduct needs assessment, feasibility, and return on investment studies
- Research products and evaluate/identify alternative software/hardware purchases
- Coordinate maintenance/upgrades to the College website, intranet site, and hardware/ software
- Maintain a collaborative relationship with DHS and Medical Center IT staff and with software/hardware vendors.

The DHS assigned a webmaster to collaborate with the College to update the website. In 2009, the College Internet website underwent several improvements that made program information more readily available to the public. Prospective students access enrollment requirements, program information session schedules, the curriculum plan, and the catalog. In addition, prospective students have the option to use the Request for Information page to send inquiries to the College.

Further Internet and intranet redesign were conducted, which include additional webpages for the Financial Aid Office and the Office of Educational Services divisions. A link was added from the DHS Welcome page to the College website. The OES office manager collaborated with the DHS IT webmaster to maintain current information on the website.

The College also designated personnel to significantly redesign the intranet site. Additions include pages for Accreditation, Calendars/Memberships, and Clinical Affiliation pages.

**Self Evaluation**

Since the 2007 Evaluation Team Visit, the College made substantial progress in developing technological capabilities. These improvements resulted from the program review process and associated reporting documents that established clear expectations regarding data use for decision making, identifying required resources/needs, planning and implementing improvements, and evaluating their effectiveness and contributions to strategic plan goals. The 2005-2010 Strategic Plan summary evaluation and the 2010-2015 Strategic Plan annual evaluation outlined these improvements to technologic resources and capabilities.

Goal 1.A: Maintain current educational equipment and materials to support student learning. Progress towards accomplishment of this goal included:

1.A.2. Implement the College Academic Management System and upgrade to enterprise system
The College requested and received approval to upgrade to a web based enterprise system. Implementation of this student information data base will be the first priority of the newly hired College information systems officer.

1.A.3. & 4. Upgrade educational software and identify and replace any outdated equipment. Acquire additional electronic resources.
The College continued to receive prompt assistance from the Medical Center IT department to ensure functioning hardware and software. The IT department server division updated the College testing, grading, and survey software. They also replaced the computers used to access the testing, grading, and survey software; provided additional servers; and maintained the integrity of existing servers.

1.A.5.6. & 7. Obtain IT personnel to maintain ongoing technology support.
In 2012, repeated budget requests to obtain a Senior Information Systems Analyst were approved and funded. In November 2012, the College successfully selected and hired an

individual for this position, who will function as the College information officer (CIO). After review of College technology assets, the CIO developed priorities, which include:

- Conduct an assessment of all technology assets and ensure they meet regulatory requirements
- Coordinate training, implementation, maintenance, and update information systems
- Liaison with DHS and Medical Center IT departments in directing technology business process improvements and application development
- Provide leadership in IT strategic planning and policy development
- Ensure efficient operation of hardware and software
- Develop specifications for enabling data generation for statistical reports
- Stay current with emerging technology trends
- Evaluate and recommend hardware and software purchases
- Propose and implement emergency backup plans for individual faculty documents.

1.A.9. Convert card catalog to electronic database.
The Board approved the ERC and Planning Committee recommendation to explore the costs and benefits of obtaining an electronic book collection as a better use of funds to improve student access to learning resources.

Goal 2.A: Explore use of alternate teaching/learning models/methods and integrate technology in teaching and learning. Accomplishments towards of Goal 2.A. included the following examples.

In 2009, the College acquired distance learning equipment through a grant funded project. Faculty piloted the equipment and process in two School of Nursing (SON) courses. Student and faculty evaluations of the pilot were negative. There were many challenges regarding equipment use, reliability, function, and timely availability of IT support to troubleshoot problems. The project was discontinued with the grantor and Board consent. Unused grant funds were redirected for purchase of a high fidelity simulation manikin and computerized clinical scenarios.

In 2010, in addition to CINAHL, the College acquired the EBSCO A-to-Z electronic database, which provided access to the Library's electronic journal subscriptions. The College also purchased the Ovid Nursing Plus journal package, which included the Ovid search engine and is housed on the A-to-Z site. In the same year, based on student and faculty surveys, the College pursued installation of campus wide WiFi access. This access enabled faculty to use Internet sites to present teaching/learning material and provided students with free access to the Internet on their tablet and personal computers.

An employee comment on the 2010 Employee Satisfaction Survey highlighted the need for technology to support teaching/learning methodologies: "a state of the art simulation lab would be helpful especially for students requiring remediation and additional clinical help". In 2011, a high fidelity simulation manikin and computerized scenarios were acquired. This enabled faculty to incorporate simulation in preparation for the student clinical experience. Students rated initial simulation experiences as 4.7 (scale 1-5, 5-highest). Comments

included "It helped me identify where I need to improve and what I need to reinforce/review/relearn" and "I feel this helped me identify my weaknesses and allowed me to work/improve on them". In the past year, all four SON semesters incorporated simulation into their student clinical laboratory experiences.

Goal 5.D: Implement College information systems: Redesign and update team services (intranet website) and Internet website. Progress towards Goal 5. D. included significant redesign of the Internet site. Improvements included:

- Webpage for each department
- Posting of all necessary accreditation documents and information required by regulatory agencies such as the U.S. Department of Education and the California Board of Registered Nursing (BRN)
- Student links to information such as financial aid, course syllabi, and forms
- Alumni page updates
- Picture gallery that includes pictures of faculty/staff/student participation in College and community events.

The College continued to evaluate user ability to access and navigate the redesigned web site and initiated improvements as indicated. The research director and DHS webmaster collaborated to improve usability, eliminate redundancy, provide additional essential information, and improve ease of navigation. The DHS Communications Director was successfully lobbied to improve the College visibility on the DHS home page. Revisions were made to strengthen the divisional web page content.

The College intranet site was also successfully maintained and updated. Improvements included:

- Expanded the Public section to include:
  - Accreditation page. Posted ACCJC:WASC and BRN letters and reports as well as other important College documents
  - Separate pages for Mission, Vision, and Values; annual goals; and strategic plans
  - College and divisional policies pages
  - Program review reports/tracking pages including divisional Annual Program Evaluation, SLO, and research tracking reports
  - SON student pages – posted Catalog and Handbook, student-related policies, SLOs, course objectives, and course rubrics
  - EDCOS catalogs, SLOs, grading policies and flyers.
- Created accreditation site for posting Standards-Steering Committee minutes and draft reports
- Developed a calendars/memberships section for posting and accessing schedules and committee membership
- Reformatted the minutes pages to allow posting by year.

The College also created an accessible, shared site for housing mandatory documents and established access privileges in collaboration with Network IT.

The College used technology to support instructional and student service divisions. Technology resources were an integral component of planning to promote institutional effectiveness.

**Supportive Evidence**

Addendum F: 2010-2015 Strategic Plan
Addendum P: Information Technology

- Statement of Work
- Project Initiation Request

**Improvement Plans**

Develop technology assessment and improvement timeline by summer 2013
Implement upgraded student information data base by summer 2013

## D. Financial Resources

*Financial resources are sufficient to support student learning programs and services and to improve institutional effectiveness. The distribution of resources supports the development, maintenance, and enhancement of programs and services. The institution plans and manages its financial affairs with integrity and in a manner that ensures financial stability. The level of financial resources provides a reasonable expectation of both short-term and long-term financial solvency. Financial resources planning is integrated with institutional planning at both college and district/system levels in multi-college systems.*

1. *The institution's mission and goals are the foundation for financial planning.*
   a. *Financial planning is integrated with and supports all institutional planning.*
   b. *Institutional planning reflects realistic assessment of financial resource availability, development of financial resources, partnerships, and expenditure requirements.*
   c. *When making short-range financial plans, the institution considers its long-range financial priorities to assure financial stability. The institution clearly identifies, plans, and allocates resources for payment of liabilities and future obligations.*
   d. *The institution clearly defines and follows its guidelines and processes for financial planning and budget developmen, with all constituencies having appropriate opportunities to participate in the development of institutional plans and budgets.*

**Descriptive Summary**

The College is owned by the County of Los Angeles (LA). The Board of Supervisors is the elected governing body for LA County and establishes/approves overall policy, funding, and roles and responsibilities for the various County divisions. The Department of Health Services (DHS) is one of many LA County divisions. The College is operated under the auspices of the LAC+USC Medical Center, which is one of five DHS hospitals. The Board of Trustees has been delegated the role of the independent governing body for the College to establish policies and procedures to assure the quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the College.

The College is fully integrated into DHS and the Medical Center. DHS and Medical Center executive leaders are officers and members of the Board of Trustees (Board). These leaders are committed to the College and to ensuring that its needs are considered in long-range DHS and Medical Center planning and resource allocation.

The County of Los Angeles allocates funding for the College as part of the overall budgetary process. The County allocates funds based on program priorities. The College budget is included in the budget of the Medical Center. The Medical Center Expenditure Management department tracks all funds received and allocated to the College. Financial planning is based on the annual College budgetary allotment.

College revenues include SON tuition, state and federal grants, and Medicare Education Pass Through Funds (federal funds allocated to hospitals who incur operational costs for a school of nursing). SON student tuition accounts for eight percent of College revenue.

Expenditure Management provides the College with ongoing budget allocation and expenditure reports for the fiscal year (FY). These reports include annual and monthly allocation and expenses for salaries and employee benefits, and for services and supplies. Allocation and expenses are provided for the entire College and by divisional cost centers. The Operations Committee reviews the reports and reconciles discrepancies with the Expenditure Management or Supply Chain Operations divisions as indicated.

Divisions request routine services, supplies, and equipment through the On Line Requisition (OLR) process as outlined in the College Request for Service/Supplies policy. Designated divisional directors/staff submit requests, which the provost reviews/approves. Requests include detailed justifications:

- Cost benefit/savings
- Frequency of use/number of people who will benefit from the service/supplies/equipment
- How purchase will meet regulatory agency/DHS/Medical Center standards/requirements
- Impact of not obtaining the service/supplies/equipment
- Adequacy of current equipment (quantity/quality).

A designated administrative staff member tracks the request status and intervenes if indicated. Operations Committee includes OLR Tracking Reports as a monthly standing agenda item.

The 2010-2015 Strategic Plan Goal IV is to "Improve Financial Standing" with Objective IV. A. to "Strengthen link between planning and resource allocation". The strategies to achieve this objective and goal are to:

- Increase participation of all divisions in identifying needed resources
- Prioritize needs for allocation of resources and optimize use of funds in a cost effective manner
- Submit annual budget requests
- Review expenditure management report quarterly
- Track and benchmark College costs to increase efficiency in allocation and management of funds.

During each budgetary cycle/fiscal year, the College assesses the effectiveness of strategic plan strategies in attaining goals and objectives and uses these evaluation findings for ongoing resource planning to support the mission. Program needs are informally identified though discussions in course and divisional meetings. All divisions formally identify needed resources as a component of Student Learning Outcome (SLO) Assessment Reports. Instructional and support service divisional deans and directors summarize these needs in their Annual Program Evaluation Reports. Needs are reported at divisional governance, Institutional Effectiveness (IE), Planning Committee, and Board meetings.

The annual fiscal planning process involves prioritization to meet immediate and long-range resource needs. Planning Committee assesses and prioritizes resource requests and assigns follow up. Immediate and customary resource requests are resolved through routine channels.

These include the OLRs for equipment, supplies, and services, and Facilities Management Repair Requests for physical plant maintenance and repairs.

Resources that are beyond usual budget allocation are requested through the Fiscal Year Budget Request process or through capital project requests. These requests adhere to DHS/Medical Center defined processes and procedures. The required components are a narrative description of the request, analysis of the department's current situation and goals, how funding will improve the situation, and performance measures.

The College submits annual budget requests based on needs identified through program review and annual goal and strategic plan priorities. The Operations Committee drafts budget requests based on this assessment of projected needs as well as on previous year's unmet needs. Planning Committee, which includes representatives from all divisions, and the Board review and approve the budget requests. The Board also reviews the Statement of Expenditures and Revenues Report generated by Expenditure Management.

The College is funded by Los Angeles County and has no liabilities or future obligations independent of the County.

**Self Evaluation**

The DHS/Medical Center provided the College with sufficient resources to support student learning programs and services and to improve institutional effectiveness. The total annual budget allocation for FY 2011-2012 was just under $8.5 million. Salaries and employee benefits accounted for ninety-five percent of the annual allotment and services and supplies accounted for five percent.

Tuition revenues decreased due to a College decision to decrease student enrollment. Beginning in 2009 coincident with DHS/Medical Center financial constraints, the College was not able to fill vacant faculty positions. In order to maintain optimal student learning and patient safety, the College schedules one SON faculty member to supervise ten to twelve prelicensure students in the clinical courses. In response to the restrictions on faculty hiring, the College decreased student enrollment. The subsequent reduction in tuition revenue was offset by the decrease in salary expenditures. The budgetary allotments remained sufficient to support student learning programs and services.

Operations Committee regularly reviewed and discussed the Expenditure Management reports of College and divisional salaries and employee benefits and services and supplies. Members diligently investigated and obtained explanations for costs that were not immediately apparent. For example, Operations Committee investigation of a substantial upturn in employee salary in fiscal year 2009-2010, determined that the increase resulted from employee retirement pay outs. The committee also identified that supply costs that were reimbursed for grant-funded students were listed as expenditures on the monthly reports without notation of cost offset. Members brought this concern to the attention of Expenditure

Management who clarified that the offsets would be reflected in the fiscal year summary report.

As part of a Medical Center budget process for ensuring fiscal responsibility, Operations Committee members met with the Medical Center Chief Executive Officer, Chief Financial Officer, and Expenditure Management personnel to discuss aspects of the expenditure reports. The Medical Center officers expressed satisfaction with College administration's understanding of the financial reports and compliance with the budgetary allocation.

All requests submitted through the OLR system were approved and requested services/supplies were received. In 2012, the College revised the Service/Supply Request policy to reflect the Medical Center transition from a paper based system to an on line requisition process. The Operations Committee also approved updates to the tracking system to coincide with this change in Medical Center procedure.

The College assessed the effectiveness of the strategic plan strategies in attaining goals and objectives and used evaluation findings for ongoing planning. The IE Committee compiled resource requests to meet program needs from the divisional SLO Assessment and Annual Program Evaluation Reports. Planning Committee reviewed and prioritized the requests and assigned them for follow up action. For example, faculty requested an additional laptop for classroom presentation. The ERC director followed up through the OLR process and successfully acquired a new laptop.

Operations Committee developed the annual budget requests and submitted them to Planning Committee and the Board for approval. Capital project requests, such as for a new server, were also submitted in accordance with DHS/Medical Center procedures.

Fiscal planning was aligned with the mission and goals and was based on realistic assessment of needs, funding allocations, and budgetary constraints.

2. *To assure the financial integrity of the institution and responsible use of its financial resources, the internal control structure has appropriate control mechanisms and widely disseminates dependable and timely information for sound financial decision making.*
   a. *Financial documents, including the budget and independent audit, have a high degree of credibility and accuracy, and reflect appropriate allocation and use of financial resources to support student learning programs and services.*
   b. *Institutional responses to external audit findings are comprehensive, timely and communicated appropriately.*
   c. *Appropriate financial information is provided throughout the institution in a timely manner.*
   d. *All financial resources, including short and long term debt instruments (such as bonds and Certificates of Participation), auxiliary activities, fund raising efforts, and grants are used with integrity in a manner consistent with the intended purpose of the funding source.*

*e. The institution's internal control systems are evaluated and assessed for validity and effectiveness and the results of this assessment are used for improvement.*

*3. The institution systematically assesses the effective use of financial resources and uses the results of the evaluation as the basis for improvement.*
*a. The institution has sufficient cash flow and reserves to maintain stability, strategies for appropriate risk management, and develops contingency plans to meet financial emergencies and unforeseen occurrences.*
*b. The institution practices effective oversight of finances, including management of financial aid, grants, externally funding program, contractual relationships, auxiliary organizations or foundations, and institutional investments and assets.*
*c. The institution plans for and allocates appropriate resources for the payment of liabilities and future obligations, including Other Post-Employment Benefits (OPEB), compensated absences, and other employee related obligations.*
*d. The actuarial plan to determine Other Post-Employment Benefits (OPEB) is prepared, as required by appropriate accounting standards.*
*e. On an annual basis, the institution assesses and allocates resources for the repayment of nay locally incurred debt instruments that can affect the financial condition of the institution.*
*f. Institutions monitor and manage student loan default rates, revenue streams, and assts to ensure compliance with federal requirements.*
*g. Contractual agreements with external entities are consistent with the mission and goals of the institution, governed by institutional policies and contain appropriate provisions to maintain the integrity of the institution.*[6]

**Descriptive Summary**

The County of Los Angeles undergoes an annual, external, financial audit, which is available for review on the County's Auditor-Controller website. The College follows the Los Angeles County (LAC) internal control processes for expenditure and cash management. Financial controls are in accordance with County accounting and record keeping practices established by the Auditor-Controller. These control processes are evaluated by the LAC Audit and Compliance Department. The College is included in the County's annual audited financial statement. Variances in excess of the annual budget are absorbed by the LAC+USC Medical Center.

The County, which a political sub-division of the State, is authorized to self insure for its liability, in accordance with California Government and County Code and the Los Angeles County Charter. This self insurance includes coverage for legal liability and defense costs for claims asserted by third parties for bodily injury and property damage. This includes general and professional liability (malpractice).

The Medical Center Expenditure Management department is responsible for monthly and annual financial reporting. Operations Committee analyzes these reports, which include College and divisional salaries and employee benefits and services and supplies. Expenditure

Management also provides an annual summary Statement of Expenditures and Revenues, which is reviewed and discussed by the Board.

Financial information is disseminated throughout the College in several ways. Planning Committee members represent each division and report committee activities at their governing committee meetings. Planning Committee assigns budget request development to Operations Committee and votes on final approval. Planning Committee also prioritizes and follows up on Requests for Program Needs presented by IE Committee. The strategic plan is evaluated annually and includes effectiveness of the link between planning and resource allocation. Meeting minutes, Requests for Program Needs, and Strategic Plan Evaluation are accessible on the intranet.

The Medical Center Expenditure Management Division, and ultimately the County, incurs responsibility for the College's long-term stability and risk management plan. Expenditure Management also participates on behalf of the College, in both external audits and actuarial studies required by the State of California. In the event of financial emergencies and unforeseen events, the Medical Center, DHS, and County support the College.

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

The College has established policies that guide collection and disbursement of funds in accordance with those of the Medical Center and the County. College policies and procedures ensure effective financial oversight and cash control:

- College: Collection, Disbursement, and Security of Fees
- ERC: Collection, Disbursement, and Security of Fees
- Financial Aid: Cash Control – Disbursement of Student Financial Aid Loans
- Office of Educational Services (OES): Cash Control – Collection and Deposit
- OES: Cash Control – Disbursement of SON Associated Student Body Funds
- EDCOS: Summary of Fees
- SON: Costs and Fees
- College: Fund-Raising Activities
- College: Refunds of Student Charges.

These policies describe the system for tracking and monitoring funds deposited and withdrawn from College accounts. Due to separation of duties, no one person has access to funds or resources without a co-signature and review by administration.

Expenditure Management collaborates with the Financial Aid Office to monitor and track student financial aid.

The SON Alumni Association is a separate non-profit organization that supports the College through services such as campus beautification and student scholarships to further education.

The College ensures that financial resources are used in a manner that supports the mission and goals.

The College maintains a tracking log of grants received, their purpose, and status. This information is presented annually at the SON Program Review Workshop and at Board meetings.

In alliance with Strategic Plan Goal III, which focuses on developing coalitions and partnerships and Goal IV to "improve financial standing", the College maintains a relationship with the LA Healthcare Workforce Development Program (WDP). The WDP is a non-profit organization that partners with SEIU 721 and the County of Los Angeles to promote employee training and development. This WDP partnership enabled the College to secure additional resources and engage in grant seeking activities.

The LAC+USC Medical Center regulates and evaluates financial management processes. The Expenditure Management division is audited by the DHS Controller's Office and submits reports for the College. Operations Committee participates in budget and expenditure review with Medical Center and Expenditure Management personnel. The Board of Trustees reviews the annual summary of College revenues and expenditures.

The 2010-2015 Strategic Plan Goal IV is to "Improve Financial Standing".
Objective A is to "Strengthen the link between planning and resource allocation".
The strategies to achieve this objective and goal are to:

- Increase participation of all divisions in identifying needed resources
- Prioritize needs for allocation of resources and optimize use of funds in a cost effective manner
- Submit annual budget requests
- Review expenditure management reports quarterly
- Track and benchmark costs to increase efficiency in allocation and management of funds.

Objective IV. B. is to "Seek additional funding sources and other measures to decrease reliance on County General Funds". The strategies are to:

- Conduct regular review and analysis of financial condition
- Increase participation in grant seeking activities
- Continue to seek Alumni support.

The College evaluates strategic plan progress annually.

**Self Evaluation**

The College adhered to established control mechanisms and disseminated reliable and timely information to allow for financial planning and to ensure sufficient resources to support program needs and meet the mission.

LA County, the DHS, and the Medical Center allocated sufficient funds to support programs and student learning. The annual budget allotment was based on previous year's expenditures and the College was conscientious about adhering to budgetary limits.

Expenditure Management provided budgetary allocations and expenditure reports, which Operations Committee analyzed for accuracy and status of requested resources. Expenditure Management also provided forms and directions for submitting annual budget and capital project requests. Operations Committee tracked and adhered to due dates to ensure timely submission of requests. Planning Committee and the Board reviewed and approved budget requests and Summary Revenue and Expenditure reports. College administration added the topic: Budget and Budget Requests to the New Supervisor Orientation class series to facilitate understanding of financial support systems and processes.

Operations and Planning Committees and the Board provided effective oversight of finances. For example, the Board monitored the status of grant funded programs such as the distance learning pilot project, which was implemented through funds obtained in collaboration with the WDP. The project was intended to provide a distance learning alternative for students who lived far from campus. Technical and access problems led the Board to be concerned about the resources required to implement the project in relation to student learning benefits. Members agreed that the equipment and methodology might be beneficial and in line with the College mission, but questioned the cost:benefit findings. The Board requested an assessment report including:

- Grant Background – Purpose, amount awarded, award period and extensions, outcome criteria/performance indicators
- Costs – Faculty, IT/support staff salaries, equipment purchase/installation/education, maintenance agreements
- Reporting requirements and impact of negative report.

Due to ongoing difficulties, the Board approved discontinuation of grant participation prior to final compilation of the assessment report. The College requested and obtained a high fidelity simulation manikin with the unused grant funds.

In addition to the annual Budget Request, the Board monitored other financial matters. For example in February 2012, the members reviewed the EDCOS and SON costs and fees. They assessed local community college transcript fees and discussed the implications of increasing SON transcript fees. The members approved Planning Committee's recommendation to approve EDCOS class/course fee schedule and to increase the SON transcript fees. Planning Committee led the triennial review, update, and approval of College and divisional cash control policies.

The relationship with the SON Alumni Association contributed to improvements such as repair of the grandfather clock in the College Lobby, restoration of historical photos, and funding for student text books and scholarships.

Grant status was tracked and reported to the Board. As depicted in the following table, all grant funded programs are intended to enhance student learning:

| GRANTOR | GRANT RECEIVED | AMOUNT | PURPOSE OF AWARD | AWARD PERIOD | STATUS/ OUTCOME |
|---|---|---|---|---|---|
| OSHPD | Song Brown Program | $100,000 | Special Projects – NCLEX-RN Review Course | Jul-12 - Aug-14 | Contract awarded |
| OSHPD | Song Brown Program | $160,000 | WDP program – Supports 8 SON students | Jul-11 - Jun-13 | Contract awarded |
| OSHPD | Song Brown Program | $160,000 | WDP program – Supports 10 SON students | Jul-10 - Jun-12 | 8/11/11 Progress report sent **CLOSED** |
| | | $124,107 | Special Projects – NCLEX-RN Review Course | Jul-10 - Jun-12 | **CLOSED** |
| OSHPD | Song Brown Program | $124,028 | RN prelicensure clinical educator training | Jul-09 - Jun-11 | 8/1/11 Confirmation received **CLOSED** |
| | | $200,000 | WDP program – Supports 10 SON students | Jul-09 - Jun-11 | 8/1/11 Final report sent **CLOSED** |
| CA Workforce Development Agency | Public-Private Partnership Pilot Program | $200,000 | Provide distance education to expand enrollment capacity | Mar-09 - Mar-10 & Mar-10 - Mar-11 | Grant participation discontinued **CLOSED** |
| OSHPD | Song Brown Program | $200,000 | WDP program – Supports 10 SON students | Jul-08 - Jun-10 | **CLOSED** |
| | | $87,500 | Special Projects – NCLEX-RN Review Course | Jul-08 - Jun-10 | 9/23/10 Final report **CLOSED** |
| LA Care Health Plan Community Health Investment Fund | OVMC Satellite Campus: SON | $3,000,000 | To open a satellite SON Campus at OVMC to increase RN enrollment | 2007-2010 | 1/15/09 Grant report 4/29/10 Terms not fulfilled **CLOSED** |
| OSHPD | Song Brown Program | $124,856 | Special Projects – NCLEX-RN Review Course | Jul-06 - Jun-08 | 248 completed course 90% passed NCLEX 78% work in areas of need **CLOSED** |

NCLEX-RN: National Council Licensing Exam for Registered Nurses
OSHPD: Office of Statewide Health Planning and Development
OVMC Olive View Medical Center
WDP: Workforce Development Program

The LA Care Health Plan Community Health Investment Fund grant was secured by Olive View Medical Center (OVMC). The grant was discontinued due to OVMC's lack of sufficient long term funding and resources to fully implement the program and meet grant

terms. The College proposals for use of the remaining funds were not accepted. Instead, the College is pending receipt of two high fidelity simulation manikins from the unused funds.

Operations and Planning Committees evaluated needs and resources and to prioritize budget requests in accordance with the annual and strategic plan goals. Operations Committee evaluated expenditures in relation to resource needs/requests. Evaluation tools included the Request for Consideration of Program Needs status report, On Line Requisition Tracking log, Expenditure Management Reports, and the Statement of Expenditures and Revenues.

In academic year 2008-2009, employees gave an average rating of 2.6 (scale 1-5, 5-highest) to the Employee Satisfaction Survey item "I can access supplies and equipment needed to adequately perform my duties". This is below the threshold for action of 3.5. Planning Committee investigated contributing factors and determined that the probable cause for the low rating was a critical paper shortage at a time of high need. In response, the OES developed a plan to ensure sufficient paper. The plan included steps for increasing supply and decreasing demand:

- Estimate needs several months in advance based on anticipated program use
- Request faculty to submit photocopy requests at least two weeks in advance
- Require faculty to sign out reams of paper and other supplies so that use can be tracked and anticipated
- Submit requisitions for supplies based on tracked use.

The OES also proposed methods for decreasing use, which included:

- Set photocopy machine default setting to two-sided
- Develop Internet site accessible to students to increase access to course documents
- Post syllabi, handouts, policies on Internet to decrease printing needs.

Employee satisfaction with this survey item increased over the subsequent two academic years to 3.11 and 3.14.

Although financial resources are provided by the Medical Center and the County, a consistent and collaborative process for financial management has been established and is continually evaluated and improved. The College has received no negative reports related to financial management or audit findings.

**Supportive Evidence**

Organizational Charts

- Department of Health Services
- Los Angeles County College of Nursing and Allied Health

Addendum F: 2010-2015 Strategic Plan
Addendum I: Student Learning Outcomes
Addendum J: Annual Program Evaluation Reports
Addendum L: Program Needs Request
Addendum O: Fiscal Year 2012-2013 Budget Request

Addendum Q: Expenditure Management

- Budget Allocation and Expenditure Summary Report
- Statement of Expenditures and Revenues

**Improvement Plans**

None

# STANDARD IV: LEADERSHIP AND GOVERNANCE

*The institution recognizes and utilizes the contributions of leadership throughout the organization for continuous improvement of the institution. Governance roles are designed to facilitate decisions that support student learning programs and services and improve institutional effectiveness, while acknowledging the designated responsibilities of the governing board and the chief administrator.*

## A. Decision-Making Roles and Processes

*The institution recognizes that ethical and effective leadership throughout the organization enables the institution to identify institutional values, set and achieve goals, learn, and improve.*

1. *Institutional leaders create an environment for empowerment, innovation, and institutional excellence. They encourage staff, faculty, administrators, and students, no matter what their official titles to take initiative in improving the practices, programs and services in which they are involved. When ideas for improvement have policy or significant institution wide implications, systematic participative processes are used to assure effective discussion, planning, and implementation.*
2. *The institution establishes and implements a written policy providing for faculty, staff, administrator, and student participation in decision-making processes. The policy specifies the manner in which individuals bring forward ideas from their constituencies and work together on appropriate policy, planning, and special-purpose bodies.*
   a. *Faculty and administrators have a substantive and clearly defined role in institutional governance and exercise a substantial voice in institutional policies, planning, and budget that relate to their areas of responsibility and expertise. Students and staff also have established mechanisms or organizations for providing input into institutional decisions.*
   b. *The institution relies on faculty, its academic senate or other appropriate faculty structures, the curriculum committee, and academic administrators for recommendations about student learning programs and services.*
3. *Through established governance structures, processes, and practices, the governing board, administrators, faculty, staff, and students work together for the good of the institution. These processes facilitate discussion of ideas and effective communication among the institution's constituencies.*

### Descriptive Summary

The leadership and governance process ensures active involvement by faculty, staff, and students in developing and revising educational programs and policies to enhance the learning environment as set forth by the strategic plan. The Board of Trustees (Board), along with administrators, faculty, staff, and students work together to ensure high quality education.

The 2010-2015 Strategic Plan establishes the College commitment to excellence. The strategic plan goals are to 1) enhance the learning environment, 2) promote student success, 3) develop coalitions and partnerships, 4) improve financial standing, and 5) enhance institutional reputation and capabilities. The vision statement: "To be a model learning centered educational system providing a continuum and breadth of education and professional development to promote health in the Los Angeles community" provides motivation in support of efforts to enhance student learning.

The College values also empower faculty and staff to create an environment conducive to educational excellence and ethical behaviors. "To aid us in achieving our mission and vision we believe:

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

College administration creates an environment for empowerment, innovation, and institutional excellence.

The major avenue for faculty and staff participation in governance is through the College committee structure, which is delineated in the College Governing and Standing Committee Organizational Chart (Addendum). The College governing committees are the Board of Trustees and the Planning Committee. College operations are directed by the Administrative, Operations, Administrative Support, Institutional Effectiveness (IE), Credentials, and Faculty Development Committees. Faculty and staff are assigned to College committees and may request to join or be removed from committees. Faculty members chair the Credentials and Faculty Development Committees and members represent both academic divisions. Faculty and staff also sit on the IE and Planning Committees.

The Education and Consulting Services (EDCOS) Shared Governance and School of Nursing (SON) Faculty Organization Committees govern the instructional divisions. All divisional faculty are voting members of their respective governing committees. SON students participate in governance through the Associated Student Body (ASB) and elect ASB and class officers. Faculty representatives serve as liaisons to the ASB.

Each instructional division also has course and curriculum committees: EDCOS Critical Care/Specialty Services Council and SON Curriculum Committee. All EDCOS faculty are members of the Critical Care/Specialty Services Council. One faculty member represents each semester on the SON Curriculum Committee.

Additional SON committees include the Admissions/Promotions standing committee and the Nursing Practice and Clinical Practice course committees. Faculty chair each of these committees and each semester has at least one faculty representative. Students elect representatives to the SON Admissions/ Promotions and Curriculum Committees. Faculty are also members of their assigned semester committees.

The Committee Rules and Structure policy defines the College operational and academic committees, establishes the committee reporting structure, describes the process for determining membership, designates expectations for bylaws and minutes, and delineates duties of the chairperson, recorder, and members. The bylaws state the committee name, function, membership, and meeting frequency.

The SON Faculty Organization Bylaws empower faculty to be creative and autonomous in pursuit of excellence. The Bylaws state that the purpose of the Faculty Organization is to:

- Provide a means whereby faculty can share in the governance of the SON
- Promote free expression and exchange of opinions and information among faculty and between faculty and students
- Provide for the participation of faculty and students in academic decision-making
- Promote coordination and cooperation among all individuals associated with the School
- Promote the development of leadership within faculty and student groups
- Assure program quality necessary to maintain and/or exceed standards for accreditation and program approval
- Operate and maintain collaborative relationships within the administrative structure of the College.

The EDCOS Shared Governance Council Bylaws demonstrate a similar commitment to faculty involvement in ongoing program evaluation and improvement. The committee purpose is to oversee long term planning, implementation, evaluation, and revision of EDCOS programs and goals. Functions in support of this purpose are to:

- Oversee, guide, and direct EDCOS committees
- Review and approve EDCOS policies
- Monitor compliance with regulatory agency requirements

- Promote faculty communication regarding:
  - DHS/Network/Nursing committee activities that impact nursing continuing education
  - DHS/Network policies and procedures
  - College/divisional committee activities
  - Educational programs
  - Trends/changes in healthcare/nursing practice.

The College Policy Development, Review, and Approval Process policy describes the mechanism for establishing new or revising existing policies. Any College committee, group, or individual with specific expertise may draft policies or recommend revisions to existing policies.

All committees contribute to program improvement and decision making processes. The course, standing, and curriculum committees may recommend changes in policy, procedure, or practice to divisional governing committees. The divisional governing committee/administration approves divisional policies. SON students express the viewpoint and perspective of the associated student body (ASB) both directly as committee members or through the faculty liaisons.

The governing committees recommend changes that impact College wide policies and practices. These recommendations are referred to a relevant College operations committee. Planning Committee distributes all new and revised policies to faculty and staff for review prior to final approval. The Board approves policies in accordance with regulatory agency requirements. Approved policies are posted and distributed to faculty and staff and to students as applicable.

EDCOS faculty also serve as chairs and members of DHS, Medical Center, and Nursing Service committees. These roles allow faculty to establish and contribute to healthcare policy and procedure, disseminate relevant information to College faculty and staff, and remain current with changes in practice.

In addition to recommending changes in policy/procedure, personnel participate in the data-driven quality improvement process that guides the College in program review and evaluation of institutional effectiveness. All faculty and staff contribute to program planning, implementation, and evaluation through their divisional committees. These committees assess quality indicators, evaluate effectiveness, and recommend program improvements to their divisional curriculum committees. The Board also monitors educational quality and effectiveness through the Annual Program Evaluation Reports.

The faculty have clearly defined roles in institutional excellence and governance. Faculty, staff, and students contribute to setting goals and developing policies, processes, and practices in support of student learning and program improvement.

**Self Evaluation**

College faculty participated in governance and contributed to College policies, practices, and processes to support student learning and achievement. Faculty reviewed and approved their divisional goals. Planning Committee sent the annual divisional and College goals to faculty and staff for review and recommendation prior to discussion and approval by Planning Committee and the Board. All faculty and staff participated in review and update of the Mission, Vision, and Values and to the development of the 2012-2015 Strategic Plan.

College faculty and staff regularly reviewed the Committee Rules and Structures policy and the Committee Organizational Chart. The College operations committees reviewed and revised their bylaws as scheduled. Planning Committee last approved the Committee policy, Organizational Chart, and governing and operations committee bylaws in March of 2011. The Policy Development, Review, and Approval Process policy underwent the same process and was last approved in 2010.

Faculty-chaired College and divisional committees effected significant policy changes to improve program processes. In 2012, the College Credentials Committee led the review and update of the Peer Review policy and process. Planning Committee requested the review as a result of the Employee Satisfaction Survey item related to peer review falling below threshold. The Credentials Committee surveyed faculty and the Associate Degree Nursing Directors group, and inquired about the Medical Center physician peer review process. The Credentials Committee concluded that faculty wanted a more meaningful process to optimize their teaching skills. The committee recommended policy and procedural changes to increase objectivity in evaluating teaching effectiveness. The Planning Committee approved the revisions, which included having faculty from another division, program, or semester conduct the peer review.

The SON Admissions/Promotions Committee led the selection and implementation of a new preadmissions testing tool to assess the entry level skills and abilities of the nursing program applicants. The committee determined that the previous tool would soon become outdated and the test administrator would no longer be available. They surveyed the nursing education community; evaluated various testing instruments; verified validity, reliability, and absence of cultural bias; and evaluated the content and test plan for merit and relevance to the program. The committee recommended selection of the Test for Essential Academic Skills version V (TEAS V). Faculty Organization approved the TEAS V for adoption in spring semester 2010. The committee also conducted a study to determine the minimum entrance score and will conduct a follow up study to evaluate the effectiveness of the selection point system, including the test score, in predicting student success.

Student comments on course/program evaluations indicated a need for College wide WiFi access. The ERC Director brought this request for information technology support to the attention of the College Planning Committee. As a result, the ERC Director convened an adhoc committee of instructional division faculty with technology expertise. The committee

assessed student and faculty needs, identified required resources, and collaborated with Medical Center Information Systems to implement the technology. As of June 2010, all faculty and students have free WiFi access on the College campus. Course survey comments also indicated that SON students wanted the opportunity to attend the Workforce Development intercession courses to minimize their semester course load. As a result intercession courses were opened to all students.

The SON facilitated student participation in governance by providing student representatives with SON committee meeting schedules at the beginning of each academic year, scheduling meetings to avoid class schedule conflicts, and ensuring assigned faculty members participated in ASB meetings. In academic year (AY) 2010-2011, student representatives attended the majority (73%) of Admissions/Promotions and Curriculum Committee meetings. In AY 2012-2013, the dean added ASB reports to the Faculty Organization standing agenda topics. The ASB faculty representatives served as effective liaisons between the faculty and ASB and facilitated understanding of issues and concerns.

Each semester, SON faculty conducted clinical exit interviews to evaluate the effectiveness of the clinical experience in meeting student learning objectives. These interviews included students and hospital nursing staff assigned to the clinical area. Faculty stated that hospital staff participation in the interview process interrupted patient care and therefore created obstacles to obtaining needed information. Clinical Practice Committee explored alternate possibilities for assessing clinical experience effectiveness. The Committee developed an assessment tool to replace the in-person interview, which faculty piloted for two semesters. The Faculty Organization approved the Clinical Affiliation Evaluation Tool in 2009 for implementation in all four semesters. The tool improved the quality of student, hospital staff, and faculty feedback regarding the clinical area teaching/learning experience.

Support staff contributed to defining operational policies and procedures for their divisions. The Educational Resource Center (ERC) library assistants wrote draft policies for Journal Processing, Receiving and Filing Examination Applications, and Opening and Closing the Library. The Office of Educational Services (OES) staff drafted new policies for Student Academic File Creation, Student Change of Name, and Mail Duties. These draft policies were circulated to all faculty and staff for review and comment and were approved by the Planning Committee.

In accordance with the College Program Review policy faculty assessed all components of student learning outcomes (SLOs) each semester, reported findings, and recommended program improvements as indicated. SON semester, course, and standing committees and divisional deans/directors completed Annual Program Evaluation Reports (APERs) and presented findings to IE Committee and other College and divisional committees as indicated. Involvement of all College constituencies supports an environment of institutional excellence.

4. *The institution advocates and demonstrates honesty and integrity in its relationships with external agencies. It agrees to comply with Accrediting Commission Standards, policies, and guidelines, and Commission requirements for public disclosure, self study and other reports, team visits and prior approval of substantive changes. The institution moves expeditiously to respond to recommendations made by the Commission.*

**Descriptive Summary**

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

The College is committed to continuing ACCJC:WASC membership and adherence to related standards, policies, and requirements as well as to keeping the Commission informed of any institutional changes. Priority was assigned to immediate resolution of the 2007 accreditation issues identified by the Commission. Accreditation is a standing item on the College Board, Planning, and Administrative Committee agendas.

**Self Evaluation**

The College demonstrated compliance with the Commission's standards, policies, guidelines, public disclosure, and procedures and maintained a consistent and honest relationship with the Commission. The College responded to the 2007 External Evaluation Report recommendations. The College:

- Elevated its reporting structure from the local Los Angeles County (LAC) Healthcare Network to the LAC DHS executive management level to facilitate long-range planning and access to resources
- Updated the 2005-2010 Strategic Plan to include measures of success and ongoing evaluation of objectives and goals. Restructured the 2010-2015 Strategic Plan to include strategies, related regulatory standards, accountability, and annual evaluation of progress
- Established a formal process and structure for monitoring and evaluating institutional, instructional, library, and learning support service program effectiveness
- Defined and published College, GE, program, and course SLOs, congruent with the mission, vision, and values. The instructional divisions and support services are at the sustainable, continuous quality improvement level for institutional effectiveness related to SLOs
- Evaluated adequacy of transferred GE courses for equivalence and credit based on course descriptions, course outlines, and congruence with the College GE SLOs
- Obtained approval to change the focus of allied health from certificate granting to continuing education. Budgetary restrictions prevented funding of the division at the certificate-granting level. However, the DHS, Board, faculty, and staff recognized the

ongoing critical shortage of key allied health professionals and remained committed to allied health education.
- Expanded Library and Skills and Computer Lab hours to ensure student access
- Hired a Senior Information Systems Analyst to address technology needs, obtained approval for funding to upgrade the student information data base, and developed technology training materials.
- Accomplished 2007 Self Evaluation planning agenda items.

The College responded immediately to Accrediting Commission requests for information and contacted the ACCJC whenever issues or questions arise. The College completed and submitted all U.S. Department of Education, Accrediting Commission, BRN, and other required reports and proposals.

For example, in January 2009, the College submitted a substantive change proposal to modify the mission of the Allied Health division to change its scope from a certificate-awarding division to one that provides continuing education in support of the DHS. The Committee on Substantive Change approved the change in mission at its February 2009 meeting.

In 2009, the College also submitted a substantive change proposal to open an extended campus, grant-funded SON program at Olive View-University of California Los Angeles (OV-UCLA) Medical Center. The Accrediting Commission held approval pending California Board of Registered Nursing approval. In response to BRN concerns regarding program stability, the L.A. County Department of Health Services verified commitment to ongoing allocation of financial resources for the operation of the satellite campus after grant expiration. However, the BRN required that OV-UCLA provide sufficient space, equipment and supplies to support ongoing enrollment. The majority of BRN stipulated improvements were made but OV-UCLA was not able to allocate sufficient skills lab or computer lab space or to complete classroom upgrades. The BRN would not approve the satellite campus without these resources and the request was withdrawn. OV-UCLA continued as a clinical site.

In response to a 2010 Commission inquiry regarding College governance, the Administrative Committee, under the direction of the Planning Committee, drafted and submitted a Special Report describing the College governance structure and relationships of the Board of Trustees and the Los Angeles County Board of Supervisors. The College also underwent a site visit to validate the Special Report and to evaluate the extent to which the College met the Eligibility Requirement and Governance Standards cited. The Evaluation Team found the College to be in compliance with the Requirements and Standards.

The College also responded to a BRN inquiry regarding EDCOS compliance with requirements for timely distribution of class/program completion verifications. The College immediately investigated and identified problems with the distribution process. The EDCOS dean, in collaboration with Administrative and Student Services, developed and implemented a plan for improvement. The dean and faculty conducted follow up audits to assess

improvements and determined that the situation was resolved. The findings were reported to IE and Planning Committees and to the BRN. The dean scheduled ongoing audits to ensure retention of improvements. The College also responds immediately to any inquiries regarding the SON.

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

5. *The role of leadership and the institution's governance and decision-making structures and processes are regularly evaluated to assure their integrity and effectiveness. The institution widely communicates the results of these evaluations and uses them as the basis for improvement.*

**Descriptive Summary**

The College has established methods for evaluating leadership, governance, and the decision making processes. The evaluation findings are communicated and used to plan improvements.

The governance structure is outlined in the College Committee organizational charts and described in the committee bylaws. Planning committee leads review of the Mission, Vision, Values and all College committees review their bylaws every three years. Planning Committee distributes proposed revisions to faculty and staff for comment, discusses recommendations, and votes on ongoing approval. College and divisional policies and procedures establish and describe decision making processes and undergo review and update every three years and more often as indicated. The strategic plan is revised every five years and progress is evaluated annually. College decision making processes are reflected in committee minutes.

All College employees evaluate their role in decision making and governance. Every year faculty and staff respond to the Employee Satisfaction Survey. The survey includes items pertaining to their perceptions of leadership, governance, and their participation in the decision making process. The evaluation findings are aggregated, summarized, distributed, and discussed. In addition, faculty and staff complete a self evaluation prior to the annual performance review. The self evaluation asks employees to describe their contributions to the strategic plan, College/divisional goals, committee work, and/or student learning outcomes.

The Board also conducts an evaluation of its effectiveness every three years. The Self Appraisal includes items related to the Board: organization and dynamics; decision making processes; goals, objectives, and priorities; and member participation. The Board reviews summary findings and acts on those findings as indicated.

**Self Evaluation**

The College leadership, governance, and decision making structures and processes were regularly evaluated. Findings were summarized, distributed, and discussed, and action plans were developed and implemented as indicated.

In response to the 2007 External Evaluation Report recommendations, the Board, provost, and administrative team determined that the College needed to improve long-range planning and access to resources. The Board approved elevating the College reporting structure from the local LAC Healthcare Network to the LAC DHS executive management level. The Board determined that this would facilitate long term, integrated planning and resource allocation for the College. The result has been an elevation of the College status and awareness of resource needs to a higher level.

College governing committees held their meetings as scheduled and posted minutes on the intranet. The committees reviewed their bylaws every three years and updated them as needed. College committee bylaws were last reviewed/updated in 2011.

At the 2012 SON Program Review Workshop, the faculty identified that the roles and functions of the Professional Practice and Nursing Practice Committees overlapped. The faculty approved combining the committees and revising the bylaws to reflect the merger. In 2012, the College Faculty Development Committee determined that it would more effectively meet scheduling needs by creating instructional division subcommittees. As a result more classes were held and were open to all faculty and staff.

The Board conducted its triennial self appraisal and rated the majority of items pertaining to governance, leadership, and decision making higher than the 3.5 threshold. At the August 2012 meeting, the members reviewed the most recent trended results and were concerned about the item that consistently fell below threshold: “the Board sets and evaluates goals for its own functioning”. They speculated that the functions outlined in their bylaws might establish their goals and added the topic to a future agenda for review and discussion prior to the next 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

The College conducted the annual Employee Satisfaction Survey and Planning Committee reviewed the summary findings, trends and individual comments. Faculty and staff rated their perceptions of 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: 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 |
| 1.15 | My immediate supervisor has good leadership qualities | 4.17 | 4.09 | 4.06 |
| 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

As a result of AY 2009-2010 Employee Satisfaction survey findings and comments, the SON Admissions/Promotions Committee assumed a larger role in the student selection, progression, and retention process. Committee members now review applicant files, score and rank candidates, and make decisions regarding student petitions for policy waivers.

In AY 2009-2010, College Administration assessed that SON semester coordinators needed information to support transition to their new management/leadership roles. The provost and divisional deans identified essential topics, designed an orientation checklist, and implemented relevant classes. The semester coordinators effectively perform their supervisory roles and responsibilities.

The College effectively evaluated leadership and governance at all levels and acted on findings to promote program improvement.

**Supportive Evidence**

Organizational Charts

- Los Angeles County College of Nursing and Allied Health
- College Governing and Standing Committees

Addendum A: Mission, Vision, Values
Addendum B: Policy Development, Review, and Approval Process Policy
Addendum F: 2010-2015 Strategic Plan
Addendum M: College Employee Satisfaction Survey
Addendum S: Board of Trustees Self Appraisal

**Improvement Plans**

None

# STANDARD IV: LEADERSHIP AND GOVERNANCE

## B. Board and Administrative Organization

*In addition to the leadership of individuals and constituencies, institutions recognize the designated responsibilities of the governing board for setting policies and of the chief administrator for the effective operation of the institution. Multi-college districts/systems clearly define the organizational roles of the district/system and the colleges.*[7]

1. *The institution has a governing board that is responsible for establishing policies to assure the quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the institution. The governing board adheres to a clearly defined policy for selecting and evaluating the chief administrator for the college or the district/system.*

**Descriptive Summary**

The College Board of Trustees (Board) functions in accordance with established bylaws and policies. The Board Bylaws (Addendum) describe the Board's purpose, functions, membership, duties, meetings, committees, amendments, and dissolution procedure. The Board reviews and updates the bylaws, policies, and related forms every three years and more often as needed.

The Board conducts scheduled reviews of the Mission, Vision, and Values; annual goals; and strategic plan. This ongoing evaluation reflects the Board and the College focus on student learning and program quality.

The Board maintains a handbook, which includes membership directories and contact information; meeting schedules; bylaws; policies and guidelines; meeting agendas and minutes; mission, vision, and values; annual goals; strategic plan; financial/budget request summaries; and progress/accreditation reports. A handbook is provided to all new members.

The Board's purpose, as outlined in the Bylaws, is "to establish policies and procedures that are consistent with the College Mission, assure the quality, integrity, and effectiveness of student learning programs and services, and oversee the financial stability of the College".

In addition, Article I. Section 3: Functions states:

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

Specific statements delineate the Board role in support of program quality, integrity, and effectiveness of student learning. These functions are to:

- Provide guidance in the development and improvement of the educational and student support service programs

- Monitor educational quality and effectiveness through performance measurements of the academic and student support service programs
- Recommend, monitor, and approve the policies, rules and regulations under which programs operate
- Participate in the accreditation processes of the Western Association of Schools and Colleges: Accrediting Commission for Community and Junior Colleges, the California Board of Registered Nursing, and other allied health and accrediting/regulatory agencies
- Monitor the financial status of the College and review/approve budget requests and funding proposals
- Review legal matters and recommend courses of action
- Adhere to the Board's Membership Agreement and Code of Ethics
- Conduct triennial/scheduled self evaluation of Board performance and productivity.

The Bylaws also describe Board functions in relation to selection of the chief administrator (provost). These functions are to:

- Approve the selection of the provost and evaluate his/her performance
- Delegate to the provost, and through the provost to the faculty, the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference.

All employees of the College, including the provost, are hired in accordance with Los Angeles County (LAC) civil service rules. The provost job description is developed and reviewed by the College, approved by the Board, and submitted to LAC Human Resources (HR) for posting on the employment opportunities website. Applicants submit their resumes to HR and undergo a civil service screening exam. Qualified provost candidates are interviewed by Board officers, selection is recommended by the Board president, and the final candidate is submitted to the Board for confirmation.

**Self Evaluation**

The Board reviewed and updated its bylaws and policies every three years as scheduled. The Bylaws were last revised in May 2012 and revisions are reflected in the meeting minutes:

- Description – Clarified the governance vs. ownership of the College
- Purpose – Simplified the purpose and moved the detail into the Functions section
- Functions – Incorporated language from the Purpose and from ACCJC Standard IV: Governance. Clarified language related to the Board's role in monitoring College financial status and provost selection and evaluation
- Membership – Revised to widen selection opportunities
- Orientation – Expanded to include Board Development
- All sections – Standardized language.

The Board also reviewed and approved the content of the Handbook. The 2010-2015 Strategic Plan and the Mission, Vision, and Values were approved at the February 2010

meeting. The Board approved the College and divisional goals. Annual meeting schedules were distributed and approved in November of the previous year and membership information was regularly updated.

The Board monitored the quality, integrity, and effectiveness of the College programs and made recommendations for improvement. The Board approved adding divisional reports to the meeting agenda items. The divisional deans reported their program evaluations annually. For example, the School of Nursing (SON) dean reported student cohort on time completion, attrition, and retention rates and faculty interventions that successfully decreased attrition. Board members made several recommendations for improving student retention such as incorporating interviews into the student selection process.

The Board monitored the College financial stability. The Board also reviewed annual expenditures and revenues, monitored grant spending, and made recommendations regarding capital expenditures. For example, the Board approved the ERC Director's exploring the purchase of an electronic book collection. The Board reviewed and the chair approved the annual Budget Request.

The current provost has been in the role since 2004. She was selected in accordance with the process described above.

*a. The governing board is an independent policy-making body that reflects the public interest in board activities and decisions. Once the board reaches a decision, it acts as a whole. It advocates for and defends the institution and protects it from undue influence or pressure.*

**Descriptive Summary**

The College is owned by the County of Los Angeles. The Board of Supervisors is the elected governing body for Los Angeles County and establishes/approves overall policy, funding, roles and responsibilities for the various County divisions. The Department of Health Services (DHS) is one of many Los Angeles County divisions. The College is operated under the auspices of the DHS. The Board of Trustees has been delegated the role of the independent governing body for the College to establish policies and procedures to assure the quality, integrity, and effectiveness of the student learning programs and services and the financial stability of the College. The Board of Supervisors has no role in the academic affairs of the College.

The Board of Trustees provides governance to the College that reflects the public interests of the County. The Board reflects the public interest through its members who represent constituency groups from the Los Angeles (LA) community. These members represent various educational and healthcare groups, stakeholders, and the community at large.

The Board consists of eleven members divided into two categories. The first is "non-elected members" of which there are three: LAC Department of Health Services (DHS) Director of Nursing Affairs (Board President), the Chief Nursing Officer of the LAC+USC Healthcare Network (Board Vice President), and the provost (Board Secretary). The second category consists of eight "elected members" and these individuals are representative of eight LA County constituency groups:

- Department of Health Services
- Medical staff of the LAC+USC Healthcare Network
- Local community college
- Local university
- School district with a feeder high school
- Alumni, School of Nursing
- Community healthcare facility (nursing representative)
- Community.

The CEO of the LAC+USC Medical Center is an ex officio, voting member of the Board.

The Board independently recommends and monitors policies, rules, and regulations under which academic programs operate. The Board Membership Agreement and Code of Ethics define member responsibilities and expected behaviors in relation to policy and independent decision making that reflect the public interest. Members agree to:

- Contribute to developing consensus in decision making
- Make decisions and act upon what is in the best interest of the College and student learning
- Base decisions upon all available facts; vote their honest convictions, unswayed by partisan bias and outside pressure
- Notify the Board President of potential conflicts of interest and decline to participate in decisions where conflicts exist
- Abide by and uphold the final majority decision of the Board
- Advocate for and represent the College fairly, accurately, and supportively to the public and other agencies/constituencies.

Meetings are open to the public and individuals may appear before the Board to address agenda items or make public comment. Bylaws Article IV. Section 3 states "A vote of a majority of the members present at the time of a vote, if a quorum is present at that time, is the act of the Los Angeles County College of Nursing and Allied Health Board of Trustees".

**Self Evaluation**

None of the College Board of Trustees are members of the Los Angeles County Board of Supervisors and the majority is not County employees. Only the provost is an employee of the College. The elected and nonelected members represent the Los Angeles community; they are not "owners of the institution" and have no financial interest in the College.

Each Board member signed the Membership Agreement and Code of Ethics upon joining the Board and triennially. The meetings were open to the public and agendas and minutes were posted on the website. Upon the recommendation of the 2010 Special Report Evaluation Team, the College added "public comment" to the standing agenda in keeping with the Brown Act.

The members consistently reached consensus, acted as a whole, and advocated for the College.

*b. The governing board establishes policies consistent with the mission statement to ensure the quality, integrity, and improvement of student learning programs and services and the resources necessary to support them.*
*c. The governing board has ultimate responsibility for educational quality, legal matters, and financial integrity.*

**Descriptive Summary**

The Board and the College are committed to student learning and program quality. As stated previously, the Board's purpose is to establish policies and procedures that are consistent with the mission, assure the quality, integrity, and effectiveness of student learning programs and services, and oversee the financial stability of the College.

The Board's primary function is "to review the academic and financial affairs of the College for the quality and integrity of its educational program and to provide guidance to its administration in carrying out the educational mission and goals of the institution". Specific functions that support program quality, integrity, and effectiveness of student learning are to:

- Provide guidance in the development and improvement of the educational and student support service programs
- Monitor educational quality and effectiveness through performance measurements of the academic and student support service programs
- Recommend, monitor, and approve the policies, rules and regulations under which programs operate
- Participate in the accreditation processes of the Western Association of Schools and Colleges: Accrediting Commission for Community and Junior Colleges, the California Board of Registered Nursing, and other allied health and accrediting/regulatory agencies
- Monitor the financial status of the College and review/approve budget requests and funding proposals
- Review legal matters and recommend courses of action
- Adhere to the Board's Membership Agreement and Code of Ethics
- Conduct triennial/scheduled self evaluation of Board performance and productivity.

As stated in the Bylaws, the Board independently recommends, monitors, and approves policies, rules, and regulations under which programs operate. The Planning Committee

submits policies related to governance, academic integrity, program approval, and student services to the Board for discussion and final approval:

- #100 Policy Development
- #200 Academic Freedom
- #201 Academic Honesty and Professional Conduct
- #430 Student Records – Confidentiality
- #507 Nondiscrimination
- #541 Sexual Harassment Reporting
- #710 Program Approval
- #711 Program Closure
- #810 Refunds of Student Charges
- #803 Satisfactory Academic Progress
- #830 Student Grievances.

The Board also reviews and approves the instructional division course challenge/exemption and grading policies:

- EDCOS #300: Grading System
- SON #300: Grading System
- SON # 301 Grading for Clinical Courses
- SON #710 Nursing Course Exemptions/Challenges

Research, Program Review, and Planning are standing Board agenda items. Plans for improvement, progress, findings, and outcomes evaluation are presented and discussed/approved at each meeting.

The Board monitors the College financial status and requests information, such as cost/benefit assessments, to make informed decisions regarding program feasibility and grant continuation. College administration submits annual budget requests to the Board for approval and the Board monitors the annual Statement of Expenditures and Revenues Report generated by Expenditure Management.

A majority vote by the Board is final. As stated in the Bylaws, Article IV. Section 4: "A vote of a majority of the members present at the time of a vote, if a quorum is present at that time, shall be the act of the Los Angeles County College of Nursing and Allied Health Board of Trustees".

**Self Evaluation**

The Board conducted scheduled review of the Mission, Vision, and Values; annual goals; and Strategic Plan. The Board also completed review and approval of policies as scheduled. In addition, the Board reviewed and approved the reformatted Satisfactory Academic Progress policy and added it to the list of policies requiring Board approval.

The Board reviewed and approved divisional grading policies. Members discussed proposed updates to the SON Grading System policy and recommended adding a statement related to quality measures such as benchmarks/rubrics. They also requested clarification of the terms: "credit/no credit". The policy was returned to the SON Faculty Organization and College Administrative and Planning Committees who clarified the intent of the terms, which the Board approved.

Measures of student learning and achievement such as the National Council Licensure Examination for Registered Nurses (NCLEX-RN) pass rates and graduate hiring rates were regularly reported to the Board. In response to the decreased hiring rate related to the economic crisis, the Board chair and the financial aid administrator successfully obtained a tuition agreement contract waiver. In addition, members proposed methods for justifying and implementing DHS preferential hiring of SON graduates.

To ensure that the Board was apprised of the quality of the instructional and support service programs, the secretary added annual divisional reports to the standing agenda topics. Divisional deans and directors presented program evaluation reports and the Board made recommendations accordingly. For example, the Board made suggestions for improving SON student retention, which were discussed at Faculty Organization meetings and incorporated into program improvement planning.

In addition to the annual Budget Request, the Board monitored other financial matters. For example in February 2012, the members reviewed the Education and Consulting Services (EDCOS) and SON cost/fee schedules. They reviewed local community college transcript fees and discussed the implications of increasing SON fees. The members approved Planning Committee's recommendation to approve the EDCOS class/course fee schedule and to increase the SON transcript fees.

The Board also monitored the status of grant-funded programs such as the distance learning pilot project, which was implemented through funds obtained in collaboration with the Workforce Development Program. The project was intended to provide a distance learning alternative for students who lived in the San Fernando Valley. However, many problems were identified with audio, video, connectivity, technical support, and room access. The Board discussed the resources required to implement this project in relationship to the benefits to student learning. Members agreed that the equipment and methodology might be beneficial and in line with the College mission, but questioned the cost:benefit findings. The Board requested an assessment report including:

- Grant Background – Purpose, amount awarded, award period and extensions, outcome criteria/performance indicators
- Costs – Faculty, IT/support staff salaries, equipment purchase/installation/education, maintenance agreements
- Reporting requirements and impact of negative report.

Due to ongoing difficulties, the Board approved discontinuation of grant participation prior to final compilation of the assessment report. The College requested and obtained a high fidelity simulation manikin with the unused grant funds.

*d. The institution or the governing board publishes the board bylaws and policies specifying the board's size, duties, responsibilities, structure, and operating procedures.*
*e. The governing board acts in a manner consistent with its policies and bylaws. The board regularly evaluates its policies and practices and revises them as necessary.*

**Descriptive Summary**

The Bylaws describe the Board's purpose and functions; nonelected officer and elected member constituent groups; terms of membership; duties and responsibilities; processes for member election, vacancy replacement, orientation; and operating procedures. The Bylaws and related policies are included in the member handbook and published on the College Internet and intranet websites.

The Bylaws and related Board and College policies are reviewed and approved a minimum of every three years. The provost, who is the Board secretary, maintains a tracking system for ensuring that policies, procedures, and forms are presented to the Board for review and ongoing approval as scheduled.

**Self Evaluation**

As described previously the Board reviewed and updated its bylaws and policies every three years as scheduled. The Board secretary distributed and posted the updated Bylaws and policies and entered the next review date on the Policy Review Date tracking log.

The Bylaws were last revised in May 2012 and revisions are reflected in the meeting minutes. The Board last reviewed and approved its policies in November 2012.

The LAC civil service rules and DHS policies delineate employee selection and hiring processes. However, the Standard IV Self Evaluation Report Committee recommended that the Board draft a formal policy for selecting the provost to ensure compliance with accreditation standards.

The Standard IV Self Evaluation Report Committee also assessed that the Board adheres to an established self appraisal process, which is specified in the Board functions. They further recommended that the Board develop formal policy and procedure for conducting the self appraisal. The Board agreed with the recommendations and will draft policies for their functions of provost selection and self appraisal.

Meeting minutes reflect that the Board acted in accordance with its Bylaws, policies, and policy approval procedure.

*f. The governing board has a program for board development and new member orientation. It has a mechanism for providing for continuity of board membership and staggered terms of office.*

**Descriptive Summary**

The Board New Member Orientation policy states that "new members to the Board of Trustees are oriented to the Board and to the College". The policy also states that the president/designee provides the new member with:

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

The President/designee reviews the Handbook with new members. This includes:

- Membership: directory, contact information
- Meeting schedule
- Bylaws and policies including member functions and Board processes
- Membership Agreement and Code of Ethics
- Meeting agendas and minutes
- Mission and goals: Mission, Vision, Values; annual goals; Strategic Plan; description of the College; organizational charts
- Budget/financial information: fiscal year budget request summary
- Accreditation reports and status of the College
- Reference information.

The new member reviews and signs the Membership Agreement and Code of Ethics.

The members are actively involved in accreditation processes. ACCJC:WASC accreditation is a standing Board agenda item. Components include status of reports and progress towards addressing recommendations. Meeting minutes reflect the topics presented and follow up discussion/action.

The Bylaws describe the terms of membership and election processes. Elected members serve for a three-year term and hold office until a qualified successor, who is a representative of the same constituency, is elected. The terms of service are staggered so that no more than

one third of the members are elected annually. In the case of a membership vacancy, the members elect qualified individuals to fulfill the remaining term.

**Self Evaluation**

Since spring 2007, five new members joined the Board. The average tenure for nonelected Board representatives is twelve years. Two are founding members and have served for over twenty years. The secretary provided all new members with a Board Handbook, reviewed the Handbook contents and Board functions and processes, and conducted tours of the College. All new members signed the Membership Agreement and Code of Ethics and were provided with a copy. In addition, the divisional deans and directors oriented DHS nursing service representatives, such as the Medical Center Chief Nursing Officer, to College programs offered in support of the new member's nursing division.

Members were kept apprised of accreditation and regulatory agency standards, expectations, and recommendations. They were provided with information as needed to perform their duties and functions. For example, in response to the Special Report Evaluation Team recommendation, Board members were provided with background information on the Brown Act. Based on this presentation and the ensuing discussion, the Board added a standing agenda item for "Public Comment". At a 2012 meeting, the dean Administrative and Student Services distributed and discussed the Accrediting Commission for Community and Junior Colleges (ACCJC) Guide to Accreditation for Governing Boards.

*g. The governing board's self-evaluation processes for assessing board performance are clearly defined, implemented, and published in its policies or bylaws.*

**Descriptive Summary**

In accordance with the Bylaws, one of the Board functions is to conduct a triennial/scheduled self evaluation of performance and productivity. In addition, the Membership Agreement states that members will "evaluate the Board's performance and productivity".

The College research director facilitates the Board self evaluation using the Self Appraisal form. Board performance and productivity categories assessed include:

- Organization and dynamics
- Decision making process
- Orientation and development
- Relationship to the program
- Goals, objectives, priorities
- Member participation
- Method for gaining information about the College.

The research director aggregates the findings in comparison to those of previous years and presents the results to the Board for evaluation and recommendations for improvement. The Board reviews and updates the Self Appraisal form every three years.

**Self Evaluation**

The Board conducted its triennial self appraisal and rated the majority of items higher than the 3.5 threshold (scale 1-4, 4-highest). At the August 2012 meeting, the members reviewed the survey items and the trended results.

Board Self Appraisal Summary 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 |
| 3 | **Trustee Orientation and Development** | 3.6 | 3.3 | 3.6 |
| 3a | New members receive orientation | 3.6 | 3.3 | 3.6 |
| 3b | Members understand College and County issues | 3.6 | 3.4 | 3.6 |
| 3c | Members keep informed of A.D.N. and healthcare programs | 3.5 | 3.3 | 3.5 |
| 4 | **Board Relationships to the Program** | 3.5 | 3.5 | 3.6 |
| 4a | Board keeps abreast of new program developments | 3.4 | 3.3 | 3.5 |
| 4b | Board establishes written policies | 3.6 | 3.7 | 3.9 |
| 4c | Board is aware of community attitudes and interest groups | 3.4 | 3.6 | 3.4 |
| 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

Ten of the eleven members (91%) returned the survey. The overall rating was 3.6.

- Board Organization and Dynamics and Decision Making Process – received the highest ratings: 3.9 overall for both categories. This reflects their long term positive working relationships, collegiality, and consensus building

- Trustee Orientation and Development – all three items improved. Members speculated that improvement may be attributed to new board members, who were recently oriented; expansion of meeting agenda to include annual departmental presentations; and ongoing discussions of healthcare trends and A.D.N. program changes
- Board Relationships to the Program – improved for two of the three items. The third survey item "Board is aware of community attitudes and interest groups" was rated 3.4, which is below threshold. Members discussed the intent of the item and recommended revision: "Board decisions reflect sensitivity to the needs of the community that the College serves"
- Goals, Objectives and Priorities – ratings were above threshold with the exception of "Board sets and evaluates goals for its own functioning". Members discussed the feasibility and necessity for goals apart from the functions specified in the Bylaws. They agreed to review the Bylaws to determine if goals need to be established separate from their specified functions.
- Member participation in the past year – had the lowest scores, which were for participation in campus events such as graduation/tours/meeting students. Members recommended that the Board be formally invited to attend College events such as graduation and offered the opportunity to tour the College annually.

The Self Appraisal tool was last reviewed and approved in May 2010.

*h. The governing board has a code of ethics that includes a clearly defined policy for dealing with behavior that violates its code.*

**Descriptive Summary**

The Bylaws state that one of the Board functions is to adhere to its Code of Ethics. All new members sign the Membership Agreement and Code of Ethics during orientation. Continuing members sign the agreement every three years. The Board reviews and updates this form every three years.

The Code of Ethics stipulates that members agree to resign from the Board should it be determined that they are unable to meet any of the required criteria.

**Self Evaluation**

All new and continuing members signed the Membership Agreement and Code of Ethics. The Board last reviewed and approved the form in May 2010.

There have been no known violations of the Code to date and no member has been asked to resign from the Board.

*i. The governing board is informed about and involved in the accreditation process.*

**Descriptive Summary**

The Board is committed to the principles and values reflected by accreditation. This commitment is documented in its Bylaws.

Article I. Section 3 of the Bylaws state the Board's Functions include participating "in the accreditation processes of the Western Association of Schools and Colleges: Accrediting Commission for Community and Junior Colleges, the California Board of Registered Nursing, and other allied health and accrediting/regulatory agencies". The Board reviews and updates the Bylaws every three years. As an essential component of updating the Bylaws, the Board reviews ACCJC:WASC standards to ensure compliance with accreditation expectations.

Accreditation is a component of Board member orientation. Individual accreditation eligibility requirements and standards are reviewed in order to assist members to understand Evaluation Team findings and action letter recommendations. All new and continuing Board members sign the Membership Agreement, which formalizes their commitment to "participate in preparing for accrediting agency surveys and visits". All continuing members are familiar with accreditation standards and processes. Several members have first-hand experience from their own educational institutions and readily share their knowledge and expertise.

The Board participates in discussion, recommendation, and approval of the College accreditation Self Evaluation. Board officers review and sign the Self Evaluation prior to submission to the Accrediting Commission. Board members participate in Site Visits and Evaluation Team interviews.

Research, program review, and planning are permanent Board agenda items. Members review status reports, identify required resources, and determine course of action. The Board recently reviewed the College progress towards achieving strategic objectives and approved the 2010-2015 Strategic Plan. The Board also approves the College's annual goals. The goals for academic year 2012-2013 reflect commitment to improvements identified through the accreditation process:

- Complete 2013 Self Evaluation and successfully undergo the accreditation Site Visit
- Address technology requirements to support student learning and improve institutional effectiveness to address accreditation recommendations
- Establish Allied Health Continuing Education division to address accreditation recommendations.

The provost submits accreditation Progress, Midterm, Special, and Self Evaluation Reports to Board members for review and comment. The status of these reports and progress towards addressing recommendations for improvement are reported at Board meetings and are

reflected in the minutes. Board officers review and sign all reports prior to submission to the Accrediting Commission.

**Self Evaluation**

The Board last reviewed, revised, and approved the Bylaws in May 2012. The review included consideration of Accrediting Commission standards pertaining to Board and administrative organization. The purpose and functions were updated to reflect understanding of and adherence to Standard IV: Governance.

New Board members were oriented to the College and divisional accrediting and regulatory agencies and to the College's status and history with the Accrediting Commission. They also signed the membership agreement, which includes participation in preparing for accreditation.

In 2007, the Board added "Accreditation" as a standing agenda item in response to the External Evaluation Report findings. At each meeting members reviewed College progress reports on accreditation recommendations including research, program review, technology, and allied health.

The College and divisional annual goals for academic years 2007-2008 through 2012-2013 included achieving compliance with recommendations cited by the Accrediting Commission, completing Institutional Self Evaluation Reports, and preparing for Evaluation Team Site Visits. The Board approved the goals prior to implementation and reviewed the status reports at the end of the academic year.

The Board closely monitored the status of pending Self Evaluation Reports, which is reflected in meeting minutes. In February 2011, the Board initiated ongoing review of the detailed timeline of actions, responsible persons, due dates, and status of all activities required to prepare for the Accreditation Evaluation.

Accreditation reports were distributed to the Board for review prior to final approval. The Board President, Vice President, and Secretary approved and signed the Midterm and Special Reports on behalf of the Board. The Special Report Evaluation Team attended the November 2010 Board meeting.

*j. The governing board has the responsibility for selecting and evaluating the district/system chief administrator (most often known as the chancellor) in a multi-college district/system or the college chief administrator (most often known as the president) in the case of a single college. The governing board delegates full responsibility and authority to him/her to implement and administer board policies without board interference and holds him/her accountable for the operation of the district/system or college, respectively.*

*In multi-college districts/systems, the governing board establishes a clearly defined policy for selecting and evaluating the presidents of the colleges.*

**Descriptive Summary**

In accordance with the Bylaws, the Board selects and evaluates the College chief administrator (provost), and delegates to the provost the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference.

All employees of the College, including the provost, are hired in accordance with LA County civil service regulations. The job description, including educational, teaching, and management requirements, is developed by College administration, approved by the Board, and submitted to LAC HR for posting on the employment opportunities website. Applicants submit their resumes to HR and undergo a civil service screening exam. Qualified candidates are interviewed by Board officers and the final candidate is submitted to the Board for confirmation. The current provost was selected in accordance with this process.

Article I. Section 3 of the Bylaws states that the Board has the authority to review the academic and financial affairs of the College in order to ensure the quality and integrity of its educational programs and to provide guidance to its administration in carrying out the educational mission and goals. Board functions towards this end are to:

a. Provide guidance in the development and improvement of the educational and student support service programs
b. Monitor educational quality and effectiveness through performance measurements of the academic and student support service programs
c. Recommend, monitor, and approve the policies, rules and regulations under which programs operate.

In addition, the Bylaws specify that the Board functions are to:

d. Delegate to the provost and through the provost to the faculty, the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference
e. Approve the selection of the provost and evaluate his/her performance.

As reflected in the College Organizational Chart, the provost is the chief administrator of the College. The LA County class specification (job description) states that the Administrator, College of Nursing and Allied Health "plans, organizes, directs and controls all administrative, management, and academic functions for the College of Nursing and Allied Health…"

**Self Evaluation**

The Board remained focused at the policy level and did not interfere with institutional operations.

The selection process was effective in selecting the current provost who has been in her role since 2004. Prior to her selection, in the six years between 1998 and 2004, four individuals functioned as provost. They were administratively reassigned to the position by DHS and were not selected by the Board.

The provost reported to and was evaluated annually by the Board president in accordance with civil service regulations. The provost drafted annual goals in collaboration with College administration. These goals were approved by the Planning Committee and the Board. The Board president evaluated the provost based on goal achievement.

The Board adhered to an established agenda that incorporated performance measures. The provost ensured that the following reports indicative of outcome evaluation, program review, and institutional effectiveness, in addition to accreditation updates, were routinely presented to the Board:

- SON projected enrollment
- SON incoming and total student body demographics
- SON Program Evaluation Survey results
- National Council Licensure Examination – Registered Nurse pass rates
- SON graduate hiring rate
- Employer and graduate satisfaction survey findings
- Fiscal and budget request summaries.

2. *The president has primary responsibility for the quality of the institution he/she leads. He/she provides effective leadership in planning, organizing, budgeting, selecting, and developing personnel, and assessing institutional effectiveness.*
   a. *The president plans, oversees, and evaluates an administrative structure organized and staffed to reflect the institution's purposes, size, and complexity. He/she delegates authority to administrators and others consistent with their responsibilities, as appropriate.*

**Descriptive Summary**

The College president, referred to as the provost, provides overall leadership in the management and direction of the College.

The leadership structure is delineated in the College Organizational Chart. The provost ensures that the organizational structure and staffing is adequate to the purpose, size and complexity of the College. The provost delegates authority to the divisional deans and directors who have direct responsibility for the supervision of the programs, operations, and learning environment. The course/semester coordinators are responsible for the effectiveness of the academic programs and student outcomes. For example, the SON dean provides overall oversight for the academic and operational functions of the School while the four

semester coordinators supervise day-to-day operations of their semester faculty and curriculum.

The job description of the provost clearly delineates the roles and responsibilities of the position. Leadership, faculty, and staff roles and responsibilities are outlined in their job descriptions/performance evaluations and in College and divisional policies, procedures, and guidelines.

The provost chairs the College Planning Committee, whose functions include:

- Developing and implementing the strategic plan
- Evaluating progress towards achievement of annual goals and strategic plan objectives
- Reviewing and approving budget requests and resource allocation to meet strategic planning goals
- Tracking progress towards institutional outcomes
- Reviewing and approving alternative strategies towards meeting goals
- Overseeing, guiding, and directing College academic and operational divisions and committees
- Reviewing and approving College policies and procedures
- Monitoring and facilitating institutional processes to maintain compliance with regulatory agency requirements
- Reviewing and approving regulatory agency reports.

The provost also chairs the Administrative and Operations Committees and is a member of the Institutional Effectiveness (IE) Committee.

**Self Evaluation**

The Board, including the provost, monitors institutional quality, organizational goals, and status of plans to provide effective leadership strategies.

Planning Committee last updated and approved the College Organizational Chart in March 2011. The Planning Committee agenda and minutes reflect adherence to its functions.

The College administrative team developed and reviewed the Mission, Vision, and Value statements; annual goals; and Strategic Plan and submitted recommendations to Planning Committee for discussion and approval. The deans and directors directed planning, implementation, and evaluation/re-evaluation of the educational and support service divisions to ensure program quality.

The provost met weekly with the deans/directors and monthly with faculty and staff to discuss developments and responsibilities to ensure the effectiveness of the academic programs. During the weekly meetings, the provost and deans/directors assessed, planned, and evaluated outcomes related to governance. The deans/directors set objectives, evaluated outcomes, and planned program revisions in collaboration with management and faculty.

The provost and divisional deans and directors were evaluated annually on their performance of job functions, which included their leadership/management responsibilities.

*b. The president guides institutional improvement of the teaching and learning environment by the following:*
- *establishing a collegial process that sets values, goals, and priorities;*
- *ensuring that evaluation and planning rely on high quality research and analysis on external and internal conditions;*
- *ensuring that educational planning is integrated with resource planning and distribution to achieve student learning outcomes; and*
- *establishing procedures to evaluate overall institutional planning and implementation efforts.*

*c. The president assures the implementation of statutes, regulations, and governing board policies and assures that institutional practices are consistent with institutional mission and policies.*

**Descriptive Summary**

The College has a well-established formal process and structure for monitoring effectiveness of the teaching/learning environment. The provost ensures that the College structures and divisional functions support collegial dialogue regarding assessment, planning, and evaluation/re-evaluation of institutional effectiveness.

The provost chairs the College governing committees which include Planning, Administrative, and Operations Committees. She monitors and directs College committee structure and function to ensure that activities are aligned with the mission, goals, and strategic plan. The committee reporting structure, roles, and responsibilities are described in the College:

- Organizational Chart: College Governing and Standing Committees
- Policy #120: College Committee Rules and Structure
- Policy #100: Policy Development
- College governing committee bylaws.

As chair, the provost leads the Administrative Committee in drafting the annual goals and strategic plan as well as updates to the Mission, Vision, and Values. These drafts are based on data from faculty/staff assessment findings including Student Learning Outcome Assessment and Annual Program Evaluation Reports as well as evaluation of previous strategic plan goals and objectives. The provost distributes the drafts to all faculty and staff for comment/recommendation. The provost brings these recommendations to Planning Committee for review and approval.

The Planning Committee, which includes representation from all divisions, approves and establishes the strategic plan and annual goals. As chair, the provost collaborates with all educational divisions to validate priorities, refine goals and strategies, ensure relevant measures of success, and evaluate progress. The provost ensures that the educational goals and planning strategies are linked to budget requests and resources allocation.

The provost presents the annual goals, strategic plan, updates to the Mission, Vision, and Values, policies, program proposals, and budget requests, which have been approved by the Planning Committee, to the Board for final approval.

Once approved, the Mission, Vision, and Values; annual goals; and strategic plan are distributed to faculty and staff and posted on the College Internet and intranet. All program review reports, including Student Learning Outcome Assessment reports and related data, are also posted on the intranet for faculty access.

The IE Committee, which is composed of faculty and staff from all divisions, leads implementation and oversees the program review process. IE Committee responsibilities include:

- Directing the collection and measurement of data related to program review and student learning outcomes
- Analyzing data and outcomes by comparison to thresholds
- Recommending plans for improvement
- Tracking action plans for unmet outcomes to their resolution
- Ensuring the utilization of program improvement results
- Designing, reviewing, and updating the Program Review Plan
- Reporting findings and recommendations to the College Planning Committee.

The provost is a member of the IE Committee. In this role, she participates in monitoring, evaluating, and reporting outcome indicators measured in accordance with the Institutional Effectiveness Program Review Plan. The IE Committee is also responsible for implementing and evaluating the Program Review Process policy.

In addition to data and analysis of institutional performance obtained through IE Committee, the provost receives summaries of SON program, graduate and employer, and faculty/staff satisfaction surveys and instructional course/program evaluations. Relevant findings are also presented at governing and divisional committee meetings which the provost attends.

The College Research Office reports directly to the provost. The research director chairs the IE Committee and has delegated authority to:

- Lead the IE Committee in evaluating and revising the Institutional Effectiveness Program Review Plan
- Direct research, performance improvement, and quality assurance activities
- Evaluate and refine systems to assess program effectiveness, achievement of student learning outcomes, and evaluation of program improvements

- Monitor, evaluate, and revise policies, procedures, and guidelines to meet regulatory agency requirements.

The provost assigned the research director to the College administrative team as well as membership on all governance committees. The research director is also a permanent presenter at Board meetings.

The provost ensures that the statutes, regulations, and policies are implemented throughout academic and support service programs. The provost delegates responsibilities for implementing policies through designated committees, faculty, and staff. She monitors that policies are implemented and reviewed on a regular basis.

**Self Evaluation**

The provost guided improvement of the teaching learning environment, facilitated a collegial process for establishing goals and priorities, and ensured adherence to the Institutional Effectiveness Program Review Plan.

The provost led the evaluation of the governing committee structure and function according to the established schedule to ensure alignment with the mission, goals, and strategic plan. The Committee Rules and Structure policy was last approved in 2011, Policy Development in 2010, and the College and divisional goals and strategic plan achievement were evaluated annually. As Planning Committee chair, the provost ensured proposed revisions/drafts were distributed to faculty and staff for review and comment, and led the Planning Committee in discussion and final approval. In this capacity, she also ensured that annual budget requests reflected resource planning and that other identified needs were assigned for follow up.

As a member of the IE Committee, the provost participated in data review and analysis of divisional and institutional performance. The research director continued to chair the IE Committee and to report program review findings to the governing committees of which she is a permanent member. She also remained a permanent guest at the Board meetings and reported on the Board standing meeting agenda items: Research, Program Review, and Planning.

The Program Review policy was last updated and approved in 2010. College reports demonstrate data-driven planning and evidence-based decision making.

The provost ensured adherence to all College policies, procedures, and regulatory agency requirements.

*d. The president effectively controls budget and expenditures.*

Descriptive Summary

The County of Los Angeles allocates funding for the College as part of the overall budgetary process. The County allocates funds based on program priorities. The College budget is included in the budget of the LAC+USC Medical Center. The provost identifies priorities, manages resources, and monitors and controls the budget and expenditures.

The provost encourages faculty and staff to provide input into the budgetary planning process by soliciting their ideas for improving College instruction and operations. Faculty and staff formally identify resource needs through SLO Assessment and Annual Program Evaluation Reports, which are presented to the IE Committee. The research director brings IE Committee findings and recommendations to the Planning Committee for review, resource planning, and action. Planning Committee delegates budget proposal development to the Operations Committee.

The provost chairs the Operations Committee whose membership is composed of the divisional deans and directors. The Operations Committee functions include preparing budget requests, planning resource allocation, and monitoring and tracking expenditures and purchase orders. The provost, in conjunction with the Operations Committee, develops and submits an annual budget request based on needs identified through the formal program review process. Planning Committee reviews budget proposals to ensure needs are prioritized and planning is integrated with resource allocation.

The provost also reviews and validates personnel and equipment/supplies expenditure reports with the deans and directors during Operations Committee meetings. The provost and Operations Committee members periodically meet with Medical Center and DHS leadership to review and monitor salary, equipment, and supply expenditures outlined in these reports.

Financial and Budget Request summaries are reviewed by the Board. The minutes of the Board, Planning, and Operations Committees reflect review of the revenues and expenditures reports and budgetary requests.

**Self Evaluation**

The provost led the Planning Committee in reviewing, prioritizing, and assigning the annual needs requests submitted by the IE Committee. The provost had final College approval for services and supply requests. The provost led Operations Committee in developing the annual budget requests for the following fiscal year. She chaired Planning Committee, which reviewed and approved the requests and forwarded them to the Board for discussion and final approval. The College stayed within the annual budget as allocated by the DHS/Medical Center, which indicated the provost's effectiveness in controlling the budget and expenditures.

*e. The president works and communicates effectively with the communities served by the institution.*

## Descriptive Summary

The provost ensures that there is ongoing communication with the communities served by the College. The provost is a member of various committees and organizations such as the Board of Trustees, Network Executive Council, Network Nursing Executive Council, and the Southern California Association of Associate Degree Nursing Program Directors. The College also holds membership in the Hispanic Association of Colleges and Universities and the American Association of Community Colleges. College participation in community organizations provides access to timely information related to student issues, educational practices, and current trends, which are communicated to faculty and staff. The provost encourages College representation at educational meetings and events through formal faculty presentations and committee participation.

Under the provost's direction, the College works closely with other DHS hospitals and clinics, as well as with private, community, and state colleges and high schools to provide clinical experiences. The clinical nursing affiliation coordinator attends advisory meetings with affiliate schools and is consulted on current trends, practices, and regulations that may impact student clinical experience and placement.

The provost supports faculty and student community involvement by participation in activities such as health fairs, career days, and community wellness promotion and education events. The College has an ongoing affiliation with a local high school wherein faculty share information with students regarding the nursing profession as well as health promotion and disease prevention.

Participation in community events and committees assists the College to communicate its mission and meet its goals and the needs of its constituency.

## Self Evaluation

The provost, deans, and directors remained members of committees and organizations and reported relevant information at College and divisional committee meetings. College faculty served as guest lecturers for local Colleges and universities.

The College retained and built relationships with other DHS facilities through committee work and student clinical rotations. For example, the instructional division deans collaborated with DHS/facility education directors to standardize the nursing instructor job descriptions. The SON dean met with DHS facility affiliation coordinators to plan and evaluate effective student clinical rotations. The EDCOS dean collaborated with DHS directors and educators to develop and implement a system wide competency assessment program. They were recognized by the Board of Supervisors and honored with two awards for their achievement. The clinical nursing affiliation coordinator was recognized for her service to a local community college. The dean of administrative and student services met

regularly with the LA County Commission for Women to promote scholarships for nursing students.

College faculty, staff, and students regularly participated in community events such as fund raising for charitable causes: American Heart Association run in 2011 and 2012, LA County Commission for Women 5K Run in 2010 and Stair Climb in 2011. Faculty and students also volunteered at community centers. As part of the SON program, students participated in health fairs working with a cross section of the population: children, adults, and the elderly. Student volunteers also accompanied a faculty member to Kenya to provide services to patients diagnosed with AIDS in selected communities. An EDCOS faculty member continued to volunteer annually at a Pediatric Health Fair and taught helmet safety, car seat safety, poison control, and fire safety. Another faculty member presented disaster preparedness for LA County DHS annually. The safety officer participated in active shooter drills for a local university.

Through community interaction, the College stayed current with community needs, and professional, educational and practice trends, which positively impacted the educational program and student learning outcomes and achievement.

**Supportive Evidence**

Organizational Charts

- Los Angeles County
- Department of Health Services
- Los Angeles County College of Nursing and Allied Health
- College Governing and Standing Committees

Addendum F: 2010-2015 Strategic Plan
Addendum G: Annual Goals
Addendum R: Board of Trustees Bylaws
Addendum S: Board of Trustees Self Appraisal
Addendum T: Board of Trustees Membership Agreement and Code of Ethics
Addendum U: Board of Trustees Orientation Policy
Addendum V: Board of Trustees Master Agenda
Addendum W: Provost Class Specification/Job Description

**Improvement Plans**

Draft a formal policy for selection of the provost by fall 2013.
Draft a formal policy for conducting the Board self appraisal by fall 2013.
Revise tool prior to next scheduled self appraisal by fall 2014.

# SELF EVALUATION IMPROVEMENT PLAN STATUS REPORTS

2007 SELF STUDY

2008 PROGRESS REPORT

2010 MIDTERM REPORT

Return to T.O.C.

## College Planning Committee

## 2007 Self Study Planning Agenda Status Report

| Item Number | Standard | Plan | Responsible Person(s) | Due Date | Status | Comments |
|---|---|---|---|---|---|---|
| **Standard I.B. Improving Institutional Effectiveness** | | | | | | |
| 1 | I.B.2. | Develop a College fact book for faculty, staff, students and the public that includes information about the college, its programs, and divisions | Planning Committee | | Done | Information included on website |
| 2 | I.B.3. & IV.A.5. | Draft a policy and procedure for divisional and committee annual reports | IE Committee | Spring 2008 | Done | Policy #340: Program Review approved & posted |
| 3 | I.B.5,6,7 | Finalize the Outcomes Assessment Plan | IE Committee | Fall 2007 | Done | |
| 4 | I.B.5,6,7 | Develop strategies to improve response rate for employer and SON graduate surveys | Research Director | | Done | Initiated on-line surveys. Firewall issues resolved. Response rate increased to an average of 22%. New strategies were implemented for the class of 2010 |
| **Standard II.A. Student Learning: Instructional Programs** | | | | | | |
| 5 | II.A.1. | Develop and operationalize a formal schedule for divisional and Institutional Effectiveness Committee outcomes reporting | IE Committee | Dec-07 | Done | Institutional Effectiveness Program Review Plan |
| 6 | II.A.1. | Design a research project to compare and analyze WDP preadmission predictors of success with those of selected basic program cohorts | Research Director | Dec-07 | Done | Study completed. Continue to track and analyze preadmission predictors and student outcomes |
| 7 | II.A.1. | Explore alternatives for obtaining and compiling employer and graduate program outcome satisfaction surveys | Research Director | | Done | Initiated on-line surveys. Firewall issues resolved. Response rate increased to an average of 22%. New strategies were implemented for the class of 2010 |
| 8 | II.A.2. | Develop an educational program approval policy | Admin Comm | Dec-07 | Done | Policy #710: Program Approval approved & posted |
| 9 | II.A.3. | Review the general education requirements | SON Curr Comm | May-08 | Done | Reviewed by Curriculum Committee. No changes recommended |
| 10 | II.A.3. | Evaluate the five-year recency requirement for science courses | Ad-Prom Committee | May-08 | Done | Continue to adhere to admissions policy |
| 11 | II.A.4. | Determine the focus of Allied Health, in consultation with the Board of Trustees | College Planning | 2009 | Done | Proposal to modify mission of AH approved by the Committee on Substantive Change (2/20/09) and ratified by the Commission (6/09) |
| 12 | II.A.6. | Beginning in 2007, establish three articulation agreements with RN-BSN programs annually | Dean, Admin & Stud Svc | Dec-08 | In progress | Identified BSN programs based on graduate requests for transcripts. Contacted local university articulation officers (public, private, not for profit) |
| 13 | II.A.6. | Draft a policy for program closure | Admin Comm | | Done | Policy #711: Program Closure approved & posted |
| **Standard II.B. Student Learning: Student Support Services** | | | | | | |
| 14 | II.B.1. | Conduct an assessment to identify student learning needs and priority services | OES | Spring 2008 | Done | Included in new student orientation |
| 15 | II.B.1. | Develop a program review plan for student services based on the assessment results and student learning outcomes | OES | Fall 2008 | Done | Included in graduating student Program Evaluation Survey |
| 16 | II.B.2. | Place catalogs on College website | Dean, Admin & Stud Svc | May-07 | Done | EDCOS & SON catalogs posted. |

Return to T.O.C.

## College Planning Committee

## 2007 Self Study Planning Agenda Status Report

| Item Number | Standard | Plan | Responsible Person(s) | Due Date | Status | Comments |
|---|---|---|---|---|---|---|
| 17 | II.B.3. | Present findings related to assessment tests to SON faculty | Ad-Prom Committee | Fall 2007 | Done | ATI:TEAS V recommended & approved. Implemented for Spring 2011 admissions |
| 18 | II.B.3. | Review and recommend revisions for SON program evaluation survey | SON 4th Semester & IE Comm | Spring 2008 | Done | |
| **Standard II.C Student Learning: Library and Learning Support Services** | | | | | | |
| 19 | II.C. | Develop and implement a library use satisfaction survey | ERC Director | Spring 2008 | Done | Library use satisfaction questions developed and in effect with Spring 2008 Program Evaluation Survey |
| 20 | II.C. | Establish a collection development assessment method | ERC Director | Spring 2008 | Done | Collection assessed annually. Methods include student/faculty input at point-of-contact & library satisfaction comments on Program Evaluation Survey |
| 21 | II.C. | Interview, select, and hire another Library Assistant (LA) and expand library hours | ERC Director | Dec-07 | Done | LA hired July 2007. Library hours expanded beginning Fall 2007 |
| **Standard III.A. Human Resources** | | | | | | |
| 22 | III.A.1.c. | Review faculty job descriptions/performance criteria related to effectiveness in achieving student learning outcomes and update as indicated | Credentials Committee | Dec-08 | Done | Reviewed & updated selection/hiring and peer review policies; revised clinical instructor selection processes & criteria; revision of nursing instructor selection process in progress. Students evaluate instructors and courses via Class/Program surveys |
| **Standard III.C. Technology Resources** | | | | | | |
| 23 | III.C.2. | Appoint a committee and develop a technology plan that identifies the resources required for faculty, staff and students | DHS/Network IT, Ops Comm | Fall 2009 | Done | Developed Statement of Work & Prioritized Implementation Request in collaboration with DHS IT & DHS/CONAH Administration |
| **Standard III.D. Financial Resources** | | | | | | |
| 24 | III.D.1. | Continue to work closely with the BOT to identify and resolve financial needs of the College and pursue additional funding | Provost & Planning Committee | In progress | Ongoing | |
| **Standard IV.A. Leadership & Governance: Decision Making** | | | | | | |
| 25 | IV.A.4. | Establish and adhere to a process for ensuring timely submission of all reports to the Accreditation Commission | Planning Committee | Jun-07 | Done | Planning developed Accreditation Preparation Timeline 5/07; BOT approved; distributed, & posted on intranet. Accreditation is standing item for BOT, Planning, & Admin agendas |

| | | | |
|---|---|---|---|
| Ad-Prom | Admissions-Promotions Committee | IE Comm | Institutional Effectiveness Committee |
| Admin Comm | Administrative Committee | IT | Information Technology |
| BOT | Board of Trustees | OES | Office of Educational Services |
| DHS | Department of Health Services | Ops Comm | Operations Committee |
| Curr Comm | Curriculum Committee | SON | School of Nursing |
| ERC | Educational Resource Center | WDP | Workforce Development Program |

rev'd: 2/08,1/09, 9/09, 10/09, 12/09, 1/10, 2/16/10, 2/23/10, 8/16/11, 8/23/11, 11/15/12

Admin&Planning:nm
orig: 5/10/2007

Return to T.O.C.

## College Planning Committee

## 2008 Progress Report Additional Plans Status Report

| Item Number | Standard | Plan | Responsible Person(s) | Due Date | Status | Comments |
|---|---|---|---|---|---|---|
| | **Standard I.B. Improving Institutional Effectiveness** | | | | | |
| 1 | I.B | Evaluate effectiveness of additional resources in supporting College-wide research process and initiate improvements as indicated | Planning Committee | | Done | Obtained hardware & software upgrades including SPSS, Class Climate, PARTEST, PARSCORE, and scanner. Data obtained through upgraded resources are essential components of Program Review |
| 2 | I.B | Revise strategic plan to align with those of the Network and DHS | Planning Committee | | Done | 2010-2015 extensively revised & reformatted by Administrative Committee. References LA County strategic plan goals. Approved by Planning Committee & approved by the BOT in 2/2010 |
| | **Standard II.A. Student Learning: Instructional Programs** | | | | | |
| 3 | II.A | Coordinate ongoing education related to program review and SLOs | Faculty Dev Comm | | Ongoing | See 2010 Midterm Plan |
| | **Standard II.B. Student Learning: Student Support Services** | | | | | |
| 4 | II.B | Evaluate effectiveness of the Allied Health division in facilitating professional development programs. | Planning Committee | | Pending | See 2010 Midterm Plan |
| 5 | II.B | Incorporate course SLOs into the syllabi | Dean, SON | Summer 2008 | Done | Incorporated in all academic course/programs |
| | **Standard II.C Student Learning: Library and Learning Support Services** | | | | | |
| 6 | II.C | Develop and implement the following modules and survey users regarding the effectiveness of the modules: | ERC Director | Fall 2008 | In progress | See 2010 Midterm Plan |
| | | • Basics of internet information searches | | | | |
| | | • How to cite sources and avoid plagiarism | | | | |
| | | • Guidelines for formatting papers/assignments | | | | |
| 7 | II.C | Meet with SON semester coordinators to review student assignments, evaluate adequacy of existing ERC resources, plan methods/interventions to address any identified gaps, and establish timelines for implementation | ERC Director | Annually | Ongoing | ERC Director meets with SON semester coordinators to ensure Library resources support students. Based on findings, the Director identified "gaps" in the Library collection (ethics, aging and society) & ordered books to strengthen these areas. Director ensures Library has copies of all required & recommended textbooks and orders updated editions as needed |
| 8 | II.C | Work with IT to explore the requirements and process for developing a library web page. The site will include tutorials, which may be mandatory prerequisites for all new students | ERC Director | Fall 2008 | Done | ERC Director collaborated with Research Director to develop Library page on College website. Will add information tutorials, updated book titles, and consider listing print and electronic journal titles |
| 9 | II.C | Continue to evaluate the effectiveness of expanded Library and Skills Lab hours in meeting student access needs. | Planning Committee | | Done | See 2010 Midterm Plan |

Return to T.O.C.

## College Planning Committee

## 2008 Progress Report Additional Plans Status Report

| Item Number | Standard | Plan | Responsible Person(s) | Due Date | Status | Comments |
|---|---|---|---|---|---|---|
| 10 | | Investigate the costs, resources, and ongoing time commitments associated with installing and maintaining an electronic card catalog | Network & DHS IT | | Ongoing | Obtained access to online journal subscription data base (CINAHL & EBSCO A-to-Z). BOT approved investigating pros/cons/costs of purchase of ebook collection as a feasible alternative to conversion of paper based card catalog to electronic format. |
| | **Standard III.C. Technology Resources** | | | | | |
| 11 | III.C | Coordinate conversion & loading of student data into CAMS and: | Dean, Admin & Stud Svc | | Carry over | See 2010 Midterm Report Plans |
| | | • Coordinate initial vendor training of faculty & staff | | | | |
| | | • Assign staff responsibilities for data entry, tracking, & other system functions | | | | |
| | | • Determine faculty/staff access & security levels | | | | |
| | | • Coordinate loading system on faculty computers | | | | |
| 12 | III.C | Complete upgrade of the website to include links to College divisional pages & other student resources | Research Director | Dec-08 | Done | |

| | | | |
|---|---|---|---|
| Ad-Prom | Admissions-Promotions Committee | IE Comm | Institutional Effectiveness Committee |
| Admin Comm | Administrative Committee | IT | Information Technology |
| BOT | Board of Trustees | OES | Office of Educational Services |
| DHS | Department of Health Services | Ops Comm | Operations Committee |
| Curr Comm | Curriculum Committee | SON | School of Nursing |
| ERC | Educational Resource Center | WDP | Workforce Development Program |

Admin&Planning:nm
orig: 3/15/08

rev'd: 8/16/11, 8/23/11, 11/15/12

Return to T.O.C.

## College Planning Committee

## 2010 Midterm Report Additional Plans Status Report

| Item Number | Standard | Plan | Responsible Person(s) | Due Date | Status | Comments |
|---|---|---|---|---|---|---|
| | **Eligibility Requirement #11: General Education** | | | | | |
| 1 | E.R. 11 | Review prerequisite (Eng 101) course content from feeder colleges to verify intended course outcomes in comparison to nursing program expectations | Ad-Prom | Spring 2011 | Done | Admissions-Promotions reviewed and verified adequacy of content to facilitate student success |
| 2 | E.R. 11 | Review written assignments throughout the program to evaluate application of knowledge & skills | Prof Role | Spring 2011 | Done | |
| | **Standard I.B. Improving Institutional Effectiveness** | | | | | |
| 3 | I.B | Attend classes on the statistical analysis software to improve data aggregation, summary, & tracking | Research Director | Fall 2010 | Done | Continues to attend classes and apply knowledge |
| 4 | I.B | Implement & evaluate progress of 2010-2015 Strategic Plan in achieving short & long term goals & objectives | Planning Committee | Annually | Done | Implemented Strategic Plan. Annual evaluation in progress. |
| 5 | I.B | Complete one cycle of institutional review | Provost | 2012 | Done | |
| | **Standard II.A. Student Learning: Instructional Programs** | | | | | |
| 6 | II.A | Continue to review and revise SLOs | Fac & Staff | | Done | Established review schedule. SLOs reviewed with each SLO assessment period. Last revised 7/2011 |
| 7 | II.A | Continue to coordinate ongoing education related to program review & SLOs | Faculty Dev Comm | | Done | Last provided 1/2011. Topics included Program Review, SLOs, strategic plan & annual goals |
| 8 | II.A | Assess training needs & plan, implement, & evaluate AH courses & programs | AH Director | | Pending | Pending selection & hire of AH Director. Candidate selected 9/08 did not pass pre-employment screening. DHS HR determining qualification screening criteria with focus on educational skill set |
| 9 | II.A | Develop AH SLOs in collaboration with specialty area content experts | AH Director | | Pending | Pending selection & hire of AH Director |
| | **Standard II.C Student Learning: Library and Learning Support Services** | | | | | |
| 10 | II.C | Include information on accessing and using EBSCO A-to-Z & electronic journal subscriptions as part of the CINAHL classes & ERC incoming student orientation. | ERC Director | Summer 2010 | Done | Access information also included in Library information letter sent to all new students |
| 11 | II.C | Continue to track & evaluate student use & satisfaction | ERC Director | | Done | Status reported as component of Program Review process to SON Faculty Organization, College Planning, & BOT annually. Use & satisfaction ratings exceed threshold |
| 12 | II.C | Complete & upload Library information literacy tutorials to the website. | ERC Director | Fall 2010 | Done | |
| 14 | II.C | Maintain & continue to evaluate current Library, Skills Lab, & Computer Lab hours of operation | ERC Director | | Done | Status reported as component of Program Review process to SON Faculty Organization, College Planning, & BOT annually. Library expanded hours curtailed by Planning Committee in Fall 2009 due to minimal usage. Satisfaction with hours of operation continues to exceed threshold for all 3 areas |

Return to T.O.C.

Return to T.O.C.

| Item Number | Standard | Plan | Responsible Person(s) | Due Date | Status | Comments |
|---|---|---|---|---|---|---|
| | **Eligibility Requirement #11: General Education** | | | | | |
| 1 | E.R. 11 | Review prerequisite (Eng 101) course content from feeder colleges to verify intended course outcomes in comparison to nursing program expectations | Ad-Prom | Spring 2011 | Done | Admissions-Promotions reviewed and verified adequacy of content to facilitate student success |
| 2 | E.R. 11 | Review written assignments throughout the program to evaluate application of knowledge & skills | Prof Role | Spring 2011 | Done | |
| | **Standard I.B. Improving Institutional Effectiveness** | | | | | |
| 3 | I.B | Attend classes on the statistical analysis software to improve data aggregation, summary, & tracking | Research Director | Fall 2010 | Done | Continues to attend classes and apply knowledge |
| 4 | I.B | Implement & evaluate progress of 2010-2015 Strategic Plan in achieving short & long term goals & objectives | Planning Committee | Annually | Done | Implemented Strategic Plan. Annual evaluation in progress. |
| 5 | I.B | Complete one cycle of institutional review | Provost | 2012 | Done | |
| | **Standard II.A. Student Learning: Instructional Programs** | | | | | |
| 6 | II.A | Continue to review and revise SLOs | Fac & Staff | | Done | Established review schedule. SLOs reviewed with each SLO assessment period. Last revised 7/2011 |
| 7 | II.A | Continue to coordinate ongoing education related to program review & SLOs | Faculty Dev Comm | | Done | Last provided 1/2011. Topics included Program Review, SLOs, strategic plan & annual goals |
| 8 | II.A | Assess training needs & plan, implement, & evaluate AH courses & programs | AH Director | | Pending | Pending selection & hire of AH Director. Candidate selected 9/08 did not pass pre-employment screening. DHS HR determining qualification screening criteria with focus on educational skill set |
| 9 | II.A | Develop AH SLOs in collaboration with specialty area content experts | AH Director | | Pending | Pending selection & hire of AH Director |
| | **Standard II.C Student Learning: Library and Learning Support Services** | | | | | |
| 10 | II.C | Include information on accessing and using EBSCO A-to-Z & electronic journal subscriptions as part of the CINAHL classes & ERC incoming student orientation. | ERC Director | Summer 2010 | Done | Access information also included in Library information letter sent to all new students |
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| 12 | II.C | Complete & upload Library information literacy tutorials to the website. | ERC Director | Fall 2010 | Done | |
| 14 | II.C | Maintain & continue to evaluate current Library, Skills Lab, & Computer Lab hours of operation | ERC Director | | Done | Status reported as component of Program Review process to SON Faculty Organization, College Planning, & BOT annually. Library expanded hours curtailed by Planning Committee in Fall 2009 due to minimal usage. Satisfaction with hours of operation continues to exceed threshold for all 3 areas |

Return to T.O.C.

## College Planning Committee

## 2010 Midterm Report Additional Plans Status Report

| Item Number | Standard | Plan | Responsible Person(s) | Due Date | Status | Comments |
|---|---|---|---|---|---|---|
| | **Standard III.A. Human Resources** | | | | | |
| | III.A | Interview & select Allied Health Director pending completion of the selection & hiring process | | Dec-10 | Pending | DHS HR in process of determining qualification screening criteria with focus on education skill set |
| | III.A | Hire IT personnel pending budget approval | | Spring 2011 | Done | Budget request for Information Systems Analyst II submitted & approved. Item allocated. SISA hired |
| | **Standard III.C. Technology Resources** | | | | | |
| 15 | III.C | Explore upgrade of archiving system | Dean, Admin & Stud Svc | Fall 2010 | Pending | Explore alternatives within DHS |
| 16 | III.C | Coordinate implementation of CAMS & staff training | Dean, Admin & Stud Svc | Fall 2010 | Pending | Revised completion date - Summer 2013 |
| 17 | III.C | Complete & launch updated internet website | Research Director | Fall 2010 | Done | Redesign in the process of completion; launch pending |
| 18 | III.C | Create & launch College DHS intranet website including student portal | Research Director | Spring 2011 | Not needed | College intranet (Team Services) extensively reformatted & expanded. Internet/intranet redesigned |
| 19 | III.C | Continue to monitor use & effectiveness of Library electronic data base | ERC Director | Annually | Done | Monitored as component of Program Evaluation Survey. Summary ratings continue to exceed threshold |

| | |
|---|---|
| Ad-Prom | Admissions-Promotions Committee |
| Admin Comm | Administrative Committee |
| BOT | Board of Trustees |
| DHS | Department of Health Services |
| Curr Comm | Curriculum Committee |
| ERC | Educational Resource Center |
| IE Comm | Institutional Effectiveness Committee |
| IT | Information Technology |
| OES | Office of Educational Services |
| Ops Comm | Operations Committee |
| SON | School of Nursing |
| WDP | Workforce Development Program |

Admin&Planning:nm
orig: 3/15/10

rev'd: 8/16/11, 8/23/11, 11/15/12

# Addendum A

MISSION, VISION, VALUES

Philosophy of Education

Philosophy of General Education

Philosophy of Learning

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

## Mission

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

## Vision

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

## Values

To aid us in achieving our mission and vision we believe:

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

***Motto***

***"There is no education like it in the world"***

Los Angeles County
COLLEGE OF NURSING AND ALLIED HEALTH
▶ School of Nursing
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## PHILOSOPHY OF EDUCATION

Education is a dynamic, life long process that promotes personal and professional development. Education provides a formal system for the intellectual, emotional and social growth of individuals. The individual engages in an interactive communication process to acquire knowledge, develop potentials and capabilities, enhance and modify attitudes, and foster a spirit of inquiry. The educational system provides the learner a foundation upon which to build understanding of our culturally and ethnically diverse society.

## PHILOSOPHY OF GENERAL EDUCATION

Students with a broad-based general education foundation are better able to synthesize empirical knowledge, make critical judgments, and generate sound decisions. The broadly educated student is prepared to participate in various roles that are necessary to meet the health care needs of individuals in a rapidly changing society at local, national, and global levels. Selection of prerequisite and co requisite courses from the natural and social sciences, humanities, and communication contribute to and support the student's ability to analyze, understand, and modify experiences.

## PHILOSOPHY OF LEARNING

Learning is goal-oriented and fostered in an open climate that encourages decision-making based on knowledge and critical thinking. Learning is a process requiring multiple stimuli and active student-teacher involvement. Learning activities that provide for freedom of inquiry, self-discovery and sharing of ideas are conducive to individual growth. The teaching-learning process is a reciprocal relationship between student and teacher, which maximizes student autonomy. Teaching is effective when the learner demonstrates goal achievement. The climate of learning is enhanced when the dignity and worth of individuals with different abilities, learning styles and support systems are recognized. Each student learns and develops as a whole person, with his/her own unique style, abilities, and personal learning goals. Past experiences, cultural and ethnic backgrounds must be appreciated in order to assist and motivate the learner. Students are responsible for participating in activities, which promote mastery of learning tasks and achievement of goals.

# Addendum B

COLLEGE POLICIES

Program Review Process
Academic Freedom
Academic Honesty and Professional Conduct
Interview Process
Nursing Course Exemptions/Challenges
Peer Review
Performance Evaluation Completion and Processing
Faculty and Staff Annual Self Evaluation
Policy Development, Review, and Approval Process
Program Approval
Program Closure

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



| Subject: **PROGRAM REVIEW PROCESS** | Original 1996 | Policy #: **340** |
|---|---|---|
| | Supersedes: March 13, 2008 | Effective Date: January 21, 2010 |

| Committees Consulted: | Reviewed & Approved by: | Approved by: |
|---|---|---|
| College Administration<br>College Institutional Effectiveness | College Planning | (Signature on File)<br>Provost, College of Nursing & Allied Health |

**PURPOSE:**

To provide a data-driven quality improvement process that guides the college in effectively meeting its mission

**POLICY:**

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

The college and all divisions adhere to IE Program Review Plan.

Program Review process involves cycles of assessment, data collection, aggregation, analysis, trending, planning, implementation, reassessment, and reporting.

Evaluation surveys are required for all degree/certificate granting and continuing education (CE) courses. Survey findings and action plans are documented on the Outcomes Evaluation Report (OER).

Student Learning Outcomes (SLO) are created and evaluated at college, program, and course levels.
Degree/certificate granting course SLOs are evaluated:

- School of Nursing (SON): biannually
- Education and Consulting Services (EDCOS): annually

Program SLOs are evaluated annually
College and General Education SLOs are evaluated every three years.

Annual Program Evaluation Report (APER) is completed by all programs, and SON Semester, Curriculum, and Admissions-Promotions committees.

SON course committees complete Course Committee Reports annually.

APER, SLO and OER findings are reported to the IE committee.

College Goals are developed and evaluated annually.

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

Subject:
**PROGRAM REVIEW PROCESS**

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

**PROCEDURE:**

Research Director will:
- Guide research activities relating to program review
- Lead the review and revision of all program review documents every three years
- Maintain electronic copies of all program review forms on the intranet
- Maintain copies of all program review reports for a period of seven years
- Lead IE Committee in the review of program review report presentations
- Maintain summary documentation of program review findings
- Communicate college needs to College Planning committee:
  - Report on program findings during Planning meetings
  - Complete and submit Request for Consideration of Program Needs annually
  - Present the Program Review Outcomes Tracking Log annually.

**Outcomes Evaluation Report**

Coordinator/designee will:
- Submit request for survey/evaluation to Research Director/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 known
- Distribute survey/evaluation forms to designated course instructor one week prior to the end of the course
  School of Nursing
  - Designate a student to administer surveys/evaluations
  - Instruct student to distribute, collect and return the course surveys to Office of Educational Services

  EDCOS
  - Administer course survey
  - Collect and return the completed surveys to the Research Director
- Review survey report findings and share:
  - Course findings with designated course committees/faculty
  - Faculty findings with the individual faculty
- Compare findings with previous findings and develop action plan as applicable
- Complete OER as applicable
- Submit report electronically to Research Director
- Present report to IE committee.

Research Director/designee will:
- Generate surveys and deliver to Coordinator/designee:
  - Ongoing/prescheduled courses: minimum of two weeks prior to class completion
  - One time classes: before first day of class
- Process survey within four weeks of receipt

- Email survey report to applicable persons
  - Faculty receive their individual survey reports
  - Coordinators receive comprehensive survey reports
- Enter survey summary score on the Program Review Outcomes Tracking log
- Maintain summary evaluation data for a minimum of seven years
- Maintain individual student response forms until:
  - SON class graduates
  - EDCOS course/program completion.

**Annual Program Evaluation Report**

Accountable person will:
- Consult with members to create report using the APER form
  - Programs: APER-Program form
  - Committees: APER-Committee form
- Electronically submit report to the Research Director
- Present report to:
  - Divisional faculty/staff
  - IE Committee (Programs only).

Research Director will:
- Review and evaluate accuracy of completed reports
- Make recommendations for change in reports as applicable
- Track follow up of improvement plans
- Submit completed reports to the Office of Educational Services for formatting and distribution
- Document completion of report on the Program Review Outcomes Tracking Log
- Maintain record of reports for a minimum of seven years.

**Student Learning Outcomes**

Dean/Director/Designee will:
- Consult with members to evaluate the SLO using appropriate Student Learning Outcomes Assessment form within specified time frames:
  - SON courses biannually
  - EDCOS courses annually
  - Programs evaluate the SLO section of the APER annually
  - College every three years
- Electronically submit report to the Research Director
- Present report to IE Committee.

Research Director/designee will:
- Review completed reports and make recommendations for change as applicable
- Track implementation and evaluation of improvement plans
- Document completion of report on the Program Review Outcomes Tracking Log
- Maintain record of reports for a minimum of seven years.

Subject:
**PROGRAM REVIEW PROCESS**

## College Goals

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

## Strategic Plan

Provost/College Planning Committee will:
- Lead the creation of Strategic Plan every five years
- Present plan to Board of Trustees for input and approval
- Evaluate accomplishments to the Plan annually
- Compile final evaluation of the Plan.

## PROCEDURE DOCUMENTATION:

Outcomes Evaluation Report: Course/Program/Instructor
Outcomes Evaluation Report: Non-Course/Program Items
Institutional Effectiveness Program Review Outcomes Tracking Log
Request for Consideration of Program Needs
Request for Survey/Evaluation form
Student Learning Outcomes Assessment
Annual Program Evaluation – Program
Annual Program Evaluation – Committee

## REFERENCES:

ACCJC Accreditation Reference Handbook
ACCJC Guide to Evaluating Institutions
Balanced Score Card /LACUSC Strategy Map
California Board of Registered Nursing Regulations
CONAH Goals
CONAH Mission, Vision, and Values
County of Los Angeles Strategic Plan
Los Angeles County + USC Strategic Plan
CONAH Strategic Plan
Institutional Effectiveness Assessment Plan
Institutional Effectiveness Assessment Plan: Addendum B – Program Review Summary
Request for Consideration of Program Needs
Student Learning Outcomes – College, General Education, Program, and Course

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



| Subject: **ACADEMIC FREEDOM – FACULTY** | Original Issue Date: June, 2002 | Policy #: **200** |
|---|---|---|
| | Supersedes: June 6, 2006 | Effective Date: February 26, 2010 |

| Committees Consulted: | Reviewed & Approved by: | Approved by: |
|---|---|---|
| Academic Freedom Ad Hoc<br>College Administration | College Planning<br>Board of Trustees | (Signature on File)<br>Provost, College of Nursing & Allied Health |

**PURPOSE:**

To ensure College and individual faculty members' academic freedom is respected and protected.

**POLICY:**

Faculty have the:

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

Faculty monitoring and observation, such as peer review, is done openly with the full knowledge of the faculty member being reviewed.

The College adheres to content frameworks provided by accreditation and regulatory agencies/standards

Divisional deans, in collaboration with faculty, determine course/program content in accordance with established frameworks

Faculty:

- Present course/class material clearly, objectively and free from bias
- Use teaching methodologies that are consistent with the curriculum framework and course/program objectives
- Identify personal viewpoints as separate from those of the College
- Foster an educational environment, which stimulates the spirit of inquiry.

**PROCEDURE:**

**PROCEDURE DOCUMENTATION:**



**REFERENCES:**

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



| Subject: **ACADEMIC HONESTY & PROFESSIONAL CONDUCT** | Original Issue Date: January 28, 2003 | Policy #: 201 |
|---|---|---|
| | Supersedes: August 10, 2006 | Effective Date: May 28, 2010 |

| Committees Consulted: | Reviewed & Approved by: | Approved by: |
|---|---|---|
| College Administration<br>Academic Honesty Taskforce | College Planning<br>Board of Trustees | (Signature on File)<br>Provost, College of Nursing & Allied Health |

**PURPOSE:**

To define, promote, and uphold academic honesty and professional conduct.

**Definition:**

The faculty believes that academic honesty is essential for an effective educational process in both the clinical and the classroom setting.

Academic honesty and professional conduct include fidelity, justice, moral courage, and veracity.

> Fidelity requires faithfulness in fulfilling all duties, agreements, and promises. Justice requires fair treatment and respect for the rights of all. Moral courage requires that all individuals act according to their best ethical judgements, arrived at after careful consideration of the facts of the situation, application of pertinent moral and ethical principles, and irrespective of their personal interests. Veracity requires accuracy and truthfulness regarding causes, intentions, and what actually occurred.

**POLICY:**

Academic honesty is essential to ensure due process and fair and equal treatment for all faculty, staff, and students.

Academic honesty and professional conduct are a mutual responsibility of faculty, staff, and students.

All faculty, staff, and students have an obligation to report behaviors that compromise academic honesty or professional conduct, which include but are not limited to:

- Cheating during examination
- Fabrication/lying/misrepresentation
- Plagiarism/copyright violations
- Forgery
- Failure to return exam/Scantron
- Copying exam questions
- Removal of exam from testing or review area
- Assisting in acts of dishonesty
- Misrepresentation of the completion of clinical skills
- Falsification of documents
- Misuse/stealing of supplies and/or medications
- Illegal or unethical act that endangers patient safety
- Rudeness, tardiness, unnecessary absences

- Disorderly conduct
- Act or threat of verbal or physical abuse to any person.

Academic dishonesty will result in a grade of "F" and/or immediate dismissal from the class/program.

**PROCEDURE:**

Faculty, staff, and students will be oriented to the definition of academic honesty and consequences of academic dishonesty/professional misconduct.

Faculty will review and obtain student signature on Student Agreement form upon admission to School of Nursing (SON) or orientation to Education and Consulting Services/Allied Health programs.

Faculty will observe the following guidelines, where applicable, if academic dishonesty/ professional misconduct is suspected or observed:

1. Direct students to stop suspicious behavior e.g.: "Keep your eyes on your own test"
2. Obtain witness or verify with second opinion, if possible
3. Separate students and mark test to indicate questions completed prior to separation
4. Remove test if confident cheating is occurring
5. Discreetly remove student from clinical/classroom setting, if applicable
6. Obtain written student statement regarding behavior immediately after incident
7. Document behavior and event:
   - Use Academic Dishonesty/Professional Misconduct Report form
   - Complete Patient Safety Net/facility Event Notification form if indicated:
     - Therapeutic mishap occurs
     - Patient, visitor, or non-county employee sustains an injury
     - Patient or relative seems unhappy or dissatisfied about treatment or results of treatment
     - Unforeseen result occurs whether or not the treatment was proper.
8. Inform course coordinator, College divisional administration, and nurse manager, if applicable
9. Attempt to prevent future occurrences. For example: seating change, alternate test, specific assignment guidelines.

**PROCEDURE DOCUMENTATION:**

Academic Honesty and Professional Conduct – Student Agreement
Academic Dishonesty/Professional Misconduct Report
Faculty Orientation

**REFERENCES:**

College of Nursing Catalog
EDCOS Course Descriptions
SON Policy #630: Testing Procedure
SON Policy # 220: Test Review
SON Student Handbook

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

| | | | |
|---|---|---|---|
| | | Page 1 | Of 3 |
| Subject:<br>**INTERVIEW PROCESS** | Original<br>Issue Date: December 14, 2006 | Policy #:<br>**505** | |
| | Supersedes:<br>September 11, 2008 | Effective Date:<br>July 8, 2010 | |

| Committees Consulted: | Reviewed & Approved by: | Approved by: |
|---|---|---|
| College Credentials<br>LAC+USC Healthcare Network<br>Nurse Recruitment Office | College Administrative<br>College Planning | (Signature on File)<br>Provost, College of Nursing & Allied Health |

**PURPOSE:**

To standardize the process for conducting faculty and staff interviews for positions within the College

**Definition**:

Interview Panel Coordinator is the College faculty or staff member designated by the divisional Dean to coordinate the interview process.

**POLICY:**

Applicants must meet DHS and College divisional job specifications for the position for which they are interviewing.

School of Nursing (SON) applicants must meet Board of Registered Nursing requirements.

The College adheres to all laws, regulations, and guidelines of the County of Los Angeles.

Interview questions are standardized and related to specific job duties and responsibilities.

**PROCEDURE:**

**Pre-Interview**

Divisional Dean:
- Ensures vacant item
- Identifies the qualifications for the interview panel based on the position to be filled e.g.: item level, specialty area
- Informs Interview Panel Coordinator of position title, item number, and panel requirements.

Interview Panel Coordinator:
- Notifies Human Resources (HR)/Nurse Recruitment of intent to interview
- Provides HR/Nurse Recruitment with the following information as indicated:
  - Required education/experience/skills
  - Position title and item number
  - Available dates for interview

- Assists HR/Nurse Recruitment with the development of a position announcement/bulletin
  - Class specifications are available on LAC HR website

- Obtains the following applicant information from HR/Nurse Recruitment:
  - List of qualified applicants/certification list
  - Applicant names and phone numbers
  - Curriculum vitaes (CVs)/resumes
    - Ask administrative support/clerical applicant(s) to bring resume to interview
- Selects interview panel members
  - Schedules interview dates and times
  - Requests room reservations
  - Maintains same panel members for all interviews, if possible
  - Confirms time and location with panel members, HR/Nurse Recruitment, and applicant
- Provides applicant(s) with Teaching Presentation Guidelines at time interview date is scheduled (Nursing faculty applicants only)
  - Clinical Instructor – Procedure demonstration
  - Nursing Instructor – Lecture demonstration
- Distributes to interview panel members:
  - Applicants' CVs/resumes and job description
  - Teaching presentation topic (nursing faculty applicants only)
- Designates a chairperson for the interview panel
- Reviews each applicant's CV/resume
  - Scores nursing faculty applicants' CVs/resumes
  - Reviews scores and concerns, if any, with chairperson.
- Orients chairperson to interview process and packet:
  - Interview Questions and Scoring Tool (includes Instructions to Panel)
  - Nurse Recruitment forms:
    - Interview form (applicant will bring form to interview)
    - Post-interview summary
  - Nursing faculty applicants only
    - Teaching Presentation Guidelines
    - Written Communication Guidelines
  - Word processing test and scoring (office management staff applicants only)

Interview Panel Chairperson:
- Orients panel members to interview packet and process
- Reviews CVs/resumes, scores, and concerns, if any, with panel
- Assigns each member questions to ask during the interview.

**Conducting the Interview:**

Interview Panel Chairperson:
- Obtains supplies applicant will need for the teaching presentation (nursing faculty applicants)
- Sets up interview room
- Meets applicant at designated meeting place

- Gives Written Communication Guidelines form to nursing faculty applicant and allows 15 minutes to complete
  - Provides dictionary
  - Candidate must hand write/print on form provided

- Explains interview process to applicant
- Introduces applicant to interview panel.

Interview Panel:
- Conducts interviews using the interview packet
- Completes Nurse Recruitment Interview form (nursing faculty only – applicant will bring form to interview)
  - Completes and sign Part II: Interviewer
    - Interview panel members & date of interview
    - Service
    - Shift of need
    - Other commitments (Workforce, extended campus, emergency room, etc)
  - Obtains applicant's signature on form
  - Directs applicant to return form to Nurse Recruitment

- Scores the interview summary sheet using the point system
- Documents comments, as specified, on the interview summary sheet.

**Post-Interview**

Interview Panel:
- Discusses applicant scores and comments
- Comes to a consensus regarding individual applicant scores
- Completes:
  - Summary Interview Scoring tool
  - Nurse Recruitment post-interview summary form.

Interview Panel Chairperson:
- Collects packets and forms from each panel member
- Submits all packets and forms to the Interview Panel Coordinator.

Interview Panel Coordinator:
- Submits recommendations from the interview panel to the divisional Dean/College Provost
- Notifies HR/Nurse Recruitment of applicant selection
- Confirms that HR/Nurse Recruitment will:
  - Notify all applicants of selection status
  - Confirm candidate acceptance of employment offer
  - Obtain release/hire date for selected applicant.
- Maintains interview summary forms for a minimum of five years.

College Provost/Divisional Dean:
- Reviews interview summary and recommendation information
- Approves hiring of selected applicant

- Generates Personnel Action Request (PAR) and obtains certification list from HR/Nurse Recruitment
- Submits the selected applicant's name, position title, item number, PAR number, and requested hire date to HR/Nurse Recruitment.

**PROCEDURE DOCUMENTATION:**

Clinical/Nursing Instructor Interview Questions and Scoring Tool
CV/Resume Scoring Tool
Written Communication Guidelines
Nurse Recruitment: Interview form
Nurse Recruitment: Post – Interview Summary

**REFERENCES:**

Network Nursing Policy #515: Employee Hiring – Termination Process
College Policy #515: Faculty Competency
Interview – Clinical/Nursing Instructor Teaching Presentation Guidelines
Interview – Clinical/Nursing Instructor Written Communication Guidelines

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



| Subject: | Original Issue Date: | Policy #: |
|---|---|---|
| **NURSING COURSE EXEMPTIONS/CHALLENGES** | 2001 | **710** |
| | Supersedes: February 17, 2007 | Effective Date: May 27, 2011 |

| Committees Consulted: | Reviewed & Approved by: | Approved by: |
|---|---|---|
| Dean, Administrative & Student Services<br>Admissions/Promotions<br>Nursing Practice | Faculty Organization<br>Semester Coordinators<br>College Administration<br>Board of Trustees | Dean, School of Nursing<br>(Signature on File) |

## PURPOSE:

To provide guidelines for granting credit for previous education or other acquired knowledge in the field of nursing

## DEFINITION:

LVN Option I – Career Mobility

- Admission requirements:
  - Graduate of an accredited vocational nursing program
  - Satisfactory achievement on pre-entrance examination
  - Minimum overall grade point average (GPA) of 2.0 in College academic courses
  - Minimum grade of "C" in required prerequisite College courses:
    - Human Anatomy (Anatomy 1)
    - Human Physiology (Physiology 1)
    - General Microbiology (Microbiology 20)
    - College English Composition (English 101)
    - Introduction to Sociology (Sociology 1)
    - Life Span Psychology (Psychology 41)
  - Science courses must be completed within 5 years prior to admission to the nursing program
- Individuals who successfully complete the nursing program are:
  - Graduates of the School of Nursing (SON)
  - Awarded the Associate of Science degree in Nursing from the College
  - Eligible to apply to take the National Council Licensure Examination – Registered Nurse (NCLEX-RN).

LVN Option II – 30 Unit Option (required by California Code of Regulations, Title 16, Division 14: Board of Registered Nursing)

- Admission requirements:
  - Minimum grade of "C" in required prerequisite College courses:
    - Human Physiology (Physiology 1)
    - General Microbiology (Microbiology 20)
  - No recency requirement for science courses
- Exempt from 3rd semester pharmacology course (N231)
- Individuals who successfully complete the nursing program are:
  - Not considered graduates of the School of Nursing
  - Not awarded an Associate degree from the College
  - Eligible to apply to take the NCLEX-RN for licensure in California.

Subject:
**NURSING COURSE EXEMPTIONS/CHALLENGES**

**POLICY:**

Advanced Placement for LVNs

Advanced placement LVNs enter the nursing program in the 3rd semester following successful completion of the Nursing Transition course (N125).

LVN Option I students are awarded 21 units of credit for vocational nursing education.
LVN Option II students do not receive units for vocational nursing education.

Course Exemption

Students must petition for nursing course/partial course exemption.

Review of previous nursing education or health care experience for credit is coordinated by the Office of Educational Services (OES).

To be eligible for course exemption, the applicant must have completed a nursing course:
- Which was awarded credit by a U.S. community college, senior college, or university
- Which had unit value, hours, and content corresponding to the course for which exemption is sought as described in the SON curriculum
- With an earned minimum grade of "C" in the course
- Within the past three years.

Credit for previous course work may be obtained through:
- Course exemption
- Partial course exemption
- Exemption by challenge examination
- Transfer from another nursing program.

The College transcript will designate credit using non-evaluative symbols:
- "EX" Credit by exemption
- "EXE" Credit by challenge examination.

Requests for exemption/challenge are brought to Admissions and Promotions Committee for review and approval.

Accepted candidates who believe they are eligible for further exemption may petition.

Students, who successfully complete all curriculum requirements within a semester, either by course exemptions or challenge examinations, advance to the next semester provided all requirements for promotion have been met and space is available.

Information regarding credit for previous education is available in the SON Catalog and online.

Partial Course Exemption

Students may petition for partial course exemption provided they can show evidence of prior education or other acquired knowledge in the field of nursing related to one or more of the course objectives.

Students granted partial course exemption are:
- Not required to attend classroom and clinical learning activities related to exempted objective(s)
- Evaluated on non-exempted theoretical and/or clinical objectives.

Exemption by Challenge Examination

Students who do not qualify for nursing course exemption may apply for credit by challenge examination.

Exemption by challenge examination is not permitted when the student has an earned grade for that course.

Challenge examinations will consist of a written examination for theory courses and a performance evaluation for clinical nursing courses.
- Nursing theory courses must be challenged successfully prior to challenging the clinical nursing course
- A minimum of two days will be allotted for evaluation of clinical performance
- Challenge examinations may be taken only once
  - Students who do not pass the challenge exam will be placed in the course.

A fee is charged for each written examination and per day of clinical evaluation.

**PROCEDURE:**

Course/Partial Course Exemption

Students petitioning for course exemption must submit the following to the OES a minimum of three months prior to the beginning of the course:
- Completed petition form
- Official transcript which shows satisfactory completion of the course
- Other evidence of prior education or knowledge.

Dean, Administrative and Student Services:
- Reviews the petition for course exemption with the applicant/student
- Asks the appropriate Semester Coordinator to evaluate the transcript and syllabi, and complete the Course Equivalency Review form
- Submits student petition and completed Course Equivalency Review forms to Admissions and Promotions Committee for approval
- Informs the applicant/student of the response.

Semester Coordinator:
- Evaluates the submitted transcript and syllabi
- May offer partial course exemption or exemption by challenge examination if the course content does not meet the requirements for course exemption
- Completes the Course Equivalency Review form
- Submits petition and Course Equivalency Review form to Admissions and Promotions Committee for approval.

Admissions and Promotions Committee:
- Votes on approval
- Notifies Dean, Administrative and Student Services and returns completed petition form.

Exemption by Challenge Examination

Student petitions for credit by challenge examination through the OES.

Dean, Administrative and Student Services informs the student of the examination fees.

Semester coordinator/designee provides the student with guidelines and/or study materials to prepare for the challenge examination(s).

**PROCEDURE DOCUMENTATION:**

Petition
Course Equivalency Review

**REFERENCES:**

Accreditation Commission for Community and Junior Colleges: Guide to Evaluating Institutions, Standard II: Student Learning Programs and Services

California Code of Regulations, Title 16, Division 14: Board of Registered Nursing, Article 3: Prelicensure Nursing Programs
- Section 1429: Licensed Vocational Nurses, 30 Semester or 45 Quarter Unit Option
- Section 1430: Previous Education Credit

Board of Registered Nursing: Transfer and Challenge Policies

School of Nursing Fee Schedule
College Catalog: Credit for Previous Education/Work Experience (double check)

**REVISION DATES:**

2001
November 6, 2003
December 16, 2006
February 17, 2007
May 27, 2011

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



| Subject: **PEER REVIEW** | Original Issue Date: February 1999 | Policy #: **220** |
|---|---|---|
| | Supersedes: April 8, 2010 | Effective Date: September 13, 2012 |

| Committees Consulted: | Reviewed & Approved by: | Approved by: |
|---|---|---|
| School of Nursing Faculty Organization<br>EDCOS Shared Governance<br>College Credentials Committee | College Administration<br>College Planning | Provost, College of Nursing & Allied Health<br>(Signature on File) |

## PURPOSE:

To provide confidential, constructive feedback to teaching faculty members by colleagues

To assist in the development and/or improvement of classroom teaching/presentation skills and promote professional growth

## POLICY:

Each faculty member undergoes one peer review every 2 years.

Peer review findings are **not** a part of the annual performance evaluation.

## PROCEDURE:

Faculty undergoing peer review:
- Selects one college faculty reviewer from a different division/semester/program
- Provides the reviewer with date, time, and location prior to the class
- Provides the reviewer with the objectives and class outline at the start of the class.

The reviewer:
- Is present for a minimum of one hour of the presentation. (It is preferred that the reviewer attend the entire presentation)
- Completes and signs the “Faculty Peer Review”
- Discusses the peer review findings and recommendations with the faculty undergoing peer review
- Submits the Faculty Peer Review as follows:
  - Divisional dean/designee: Cover sheet (page 1)
  - Office of Educational Services (OES): Cover sheet (page 2)
  - Faculty being reviewed: Comment and recommendation sections (page 3-5) within three days of the review
- Maintains confidentiality of peer review.

OES files cover sheet in employee personnel file and updates the tracking log.

## PROCEDURE DOCUMENTATION:

- Faculty Peer Review (form)
- Employee License, Peer Evaluation, and TB Tracking (form)

Subject:
**PEER REVIEW**

**REFERENCES:**

College Policy #515: Faculty Competency

**REVISION DATES:**

February 1999
August 21, 2002
April 10, 2006
April 8, 2010
September 13, 2012

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



| Subject: **PERFORMANCE EVALUATION COMPLETION & PROCESSING** | Original Issue Date: August 1983 | Policy #: **520** |
|---|---|---|
| | Supersedes: November 12, 2009 | Effective Date: March 23, 2010 |

| Committees Consulted: | Reviewed & Approved by: | Approved by: |
|---|---|---|
| College Program Coordinators<br>College Operations | College Planning | (Signature on File)<br>Provost, College of Nursing & Allied Health |

**PURPOSE:**

To establish guidelines for completing and processing employee performance evaluations.

**POLICY:**

The College adheres to Los Angeles County (LAC), LAC+USC Healthcare Network, and College performance evaluation (PE) policies and standards.

PEs are completed in accordance with the Department of Health Services (DHS): Employee Evaluation and Discipline Guidelines.

Employees complete an annual self-evaluation.

PEs are maintained in the College personnel files.

PE due dates are tracked on the PE Tracking form.

Annual PE due dates are based on the last digit of the employee number:

| Last Digit of Employee # | PE Ending Date | HR Submission Date |
|---|---|---|
| 0 | March 31st | 4/30 |
| 1 | April 30th | 5/30 |
| 2 | May 31st | 6/30 |
| 3 | July 31st | 8/30 |
| 4 | August 31st | 9/30 |
| 5 | September 30th | 10/30 |
| 6 | October 31st | 11/30 |
| 7 | November 30th | 12/30 |
| 8 | January 31st | 2/28 |
| 9 | February 28th | 3/30 |

Probationary evaluation due dates are six months after the date of hire/promotion

- New hire/promotional date should be confirmed with Human Resources (HR) – may not be the same as 1st day at CONAH.
- Example:
  - Employee, whose employee number ends in 8, is promoted effective May 15, 2009
  - Rating period is 5/15 to 11/14/09
  - Probationary PE must be reviewed and signed by the employee by the last day of the rating period

- If the PE is not completed before the rating period is over, the employee is automatically designated administratively competent and probation is approved.

Interim Evaluation – Must be completed for the interim time before and after the probationary evaluation, unless probation was completed less than one month prior to annual PE due date

- Example:
  - Above employee's annual rating period is 2/1/09 to 1/31/10
  - Probationary PE period is 5/15 to 11/14/09
  - Interim evaluation is completed for the period before probation: 2/1 – 5/14/09 and for the remaining time in the annual rating period after completion of probation: 11/15/09 – 1/31/10 EXCEPTION: If above employee's probation ended in January, no second interim evaluation is due

**PROCEDURE:**

**Six Weeks Prior to End of Rating Period**

The Office of Educational Services (OES)/employee's supervisor will distribute to employee:

- Self Evaluation form
- Emergency Contact Packet (ECP) acknowledgement forms.

**Four Weeks Prior to End of Rating Period**

The employee will:

- Complete the ECP acknowledgement forms and annual Self Evaluation form
- Return completed forms to supervisor

The OES/employee's supervisor will obtain/prepare:

- PE cover sheet & rating form
- Employee job description
- License verification, if applicable, from BRN website.

**Two Weeks Prior to End of Rating Period**

The employee's supervisor will:

- Review employee's completed Self Evaluation and ECP
- Verify current licensure if applicable, health examination, and peer review completion
- Complete PE cover sheet & rating form
- Sign and initial PE and ECP forms as indicated
- Submit completed PE to Reviewer/Department Head for signature
- Schedule meeting with employee to review PE.

**Probation Failure**

Supervisor of employee who may be at risk of failing probationary period must:

- Discuss situation with DHS HR Performance Management division and divisional Dean/Provost at least three months prior to end of probationary period
- Complete PE and obtain employee signature prior to end of probationary period
- Submit PE to HR by the last day of the rating period.

Subject:
**PERFORMANCE EVALUATION COMPLETION AND PROCESSING**

## Evaluation Meeting

The employee's supervisor will:
- Review PE with employee
- Obtain employee signature and initials on PE forms, job description, and ECP as indicated.

## Evaluation Distribution

The OES/employee's supervisor will:
- Make three copies of:
  - PE (2-sided)
  - Job description (2-sided)
  - ECP acknowledgement forms (1-sided)
  - License verification (1-sided)

- Distribute original PE packet to designated HR address
  - Write "Confidential" on envelope
  - Place HR address/label in upper left hand corner

- File one copy of PE packet in employee personnel file according to HR Personnel File Guidelines
- Seal second copy in envelope
  - Write employee's name and "Confidential" on envelope
  - Deliver to employee

- Distribute third copy to employee's supervisor in envelope marked "Confidential"

## Evaluation Tracking

The OES/employee's supervisor will provide information to update PE Tracking Log at College Operations meeting.

## PROCEDURE DOCUMENTATION:

Employee Self Evaluation
Performance Evaluation Tracking form
Performance Evaluation Cover Sheet & Rating forms
Personnel File Guidelines

## REFERENCES:

DHS: Employee Evaluation and Discipline Guidelines
DHS Policy #780: Performance Evaluations
Network Policy #550: Performance Evaluations
College Policy #220: Peer Review
College Policy #510: New Employee Orientation
College Policy #515: Faculty Competency

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
FACULTY AND STAFF ANNUAL SELF EVALUATION

NAME: _____ EVALUATION PERIOD: _____

SUPERVISOR: _____ DUE DATE: _____

The following information is requested to help prepare for your performance evaluation. Please respond based on your job experience during the evaluation period listed above and return the completed form to your supervisor on or before the due date.

List Previous Year's Goals and Evaluate Achievement of Each Goal:

Goals for Next Rating Period:

What Support/Resources Do You Need To Meet Your Goals?

Other Accomplishments:

Professional Development Courses Attended:

| Date Attended | Class/Course | Application to Assignment |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

– OVER –

Describe Your Contributions to the College Strategic Plan, College/Divisional Goals, Committee Work, and/or Student Learning Outcomes (see Team Services/CONAH/Public):

Strengths:

Plans for Professional Growth:

Long-Term Career Goals:

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

| | | | |
|---|---|---|---|
| | | Page 1 | Of 3 |
| Subject:<br>**POLICY DEVELOPMENT, REVIEW, & APPROVAL PROCESS** | Original<br>Issue Date: November 25, 2002 | Policy #:<br>**100** | |
| | Supersedes:<br>October 25, 2007 | Effective Date:<br>November 19, 2010 | |
| Committees Consulted:<br>School of Nursing Faculty Organization<br>EDCOS Shared Governance<br>College Administration | Reviewed & Approved by:<br>College Planning<br>Board of Trustees | Approved by:<br><br>(Signature on File)<br>Provost, College of Nursing & Allied Health | |

**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, Network, 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.

Subject:
**POLICY DEVELOPMENT, REVIEW, AND APPROVAL PROCESS**

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

Student handbooks and catalogs are reviewed/revised annually and as needed to reflect changes in policy.

**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.

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, Network, College, and divisional policies
- Circulation of final draft to contributors and individuals/committees impacted by policy.

Authoring committee/individual:
- Provides a cover memo when submitting drafts to College/divisional committee. This memo includes:
  - Name of individual(s)/group(s) authoring the draft
  - Reason(s) for this new or revised policy
  - Name of the responsible individual/committee
    EXCEPTION: School of Nursing (SON) uses the SON Policy Approval form
- Writes "DRAFT", draft version, and date 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 administrative committee.

Policy reviewers submit recommendations in writing.

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

SON only: Faculty Organization Chair:
- Completes SON Policy Approval form
- Gives original form to Office Management and copy to originating committee chair
- Ensures information for update of catalog/student handbook is provided to Office of Educational Services (OES).

Subject:
**POLICY DEVELOPMENT, REVIEW, AND APPROVAL PROCESS**

OES staff/designee:
- Maintains College and divisional Policy and Procedure Manuals
- Updates catalogs and student handbooks, as indicated
- Files SON Policy Approval form with Faculty Organization minutes.

Divisions provide final, approved, electronic copies of divisional policies to:
- Provost
- Office of Educational Services.

Provost/provost's secretary:
- Posts policies on Team Services
- Notifies faculty and staff of policy approval
- Files originals of approved policies in College Policy and Procedure Manual.

**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.

Example: 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 DOCUMENTATION:**

School of Nursing: Policy Approval form

**REFERENCES:**

LAC+USC Healthcare Network Policy #135: Network Policy Development

**REVISION DATES:**

November 25, 2002
June 8, 2006
October 25, 2007
November 19, 2010

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



| Subject: **PROGRAM APPROVAL** | Original Issue Date: January 21, 2010 | Policy #: **710** |
|---|---|---|
| | Supersedes: | Effective Date: January 21, 2010 |

| Committees Consulted: | Reviewed & Approved by: | Approved by: |
|---|---|---|
| College Administration | College Planning | (Signature on File) Provost, College of Nursing & Allied Health |

## PURPOSE:

To provide guidelines for approving a new academic or nonacademic program

Definition:

**Academic Programs:** Degree or certificate granting programs whose primary function is to deliver instruction or directly enhance student learning. This includes library services and other programs that support student academic growth.

**Nonacademic Programs:** Programs that indirectly support student learning but do not deliver instruction. These include Financial Aid, Clinical Affiliate Administration, and Office of Educational Services.

## POLICY:

The decision to initiate a program shall include consideration of criteria such as:

- Community needs assessment and support
- Department of Health Services (DHS)/LAC+USC Healthcare Network/student need for program services
- Alignment with mission and goals
- Sufficient resources to establish and maintain service
- Impact on faculty and staff
- Accreditation or credentialing requirements
- Level of approval required

The College adheres to regulatory agency requirements and submits proposals within specified time frames.

## PROCEDURE:

College administration will meet to discuss the recommendation, rationale, impact, and plans for program initiation.

Program director/designee will develop program proposal including:

- Description and rationale for proposed program
- Evaluation of alignment with College mission
- Community/DHS/Network needs assessment (workforce demand)
- Projected initial and ongoing enrollment
- Estimated resource needs and costs:
  - Administrative, faculty, and support staff – number needed and qualifications
  - Classroom, office, and laboratory space

- Clinical placement
- Equipment and supplies
- Library and other learning resources

- Curriculum
  - Course content outline and units/hours
  - Admission criteria/prerequisites
  - Criteria for progression/completion

- Performance assessment measures
  - SLOs – developed in consultation with content experts

Provost/Divisional Dean/designee will:

- Notify/obtain approval from the following as indicated:
  - Divisional Dean/Director
  - College Administrative and Planning committees
  - College administration, faculty, and staff
  - College Board of Trustees
  - Network/DHS administration
  - Los Angeles County Board of Supervisors
  - U.S. Department of Education
  - Accrediting Commission of Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges (WASC)
  - California Board of Registered Nursing (BRN)
  - Other regulatory agencies
  - Other interested stakeholders, DHS facilities, Alumni
- Submit Substantive Change Proposal to the Committee on Substantive Change of the ACCJC no later than two months prior to next scheduled committee meeting, as directed
- Submit proposal to BRN a minimum of three to six months prior to date of intended program initiation, as directed. (School of Nursing only). Proposal will include:
  - Description of proposed program/curriculum change
  - Reason for program initiation
  - How the program will improve education of nursing students
  - How the program will affect clinical facilities utilized.

**PROCEDURE DOCUMENTATION:**

ACCJC:WASC Substantive Change Proposal
BRN Curriculum Revision Proposal

**REFERENCES:**

ACCJC:WASC Substantive Change Manual
BRN: Curriculum Revision Guidelines
BRN: Guidelines for Closure and/or Re-Opening of a Board-Approved Nursing Program

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



| Subject: **PROGRAM CLOSURE** | Original Issue Date: December 10, 2009 | Policy #: **711** |
|---|---|---|
| | Supersedes: December 10, 2009 | Effective Date: August 24, 2012 |

| Committees Consulted: | Reviewed & Approved by: | Approved by: |
|---|---|---|
| College Administration | College Planning<br>Board of Trustees | Provost, College of Nursing & Allied Health<br>(Signature on File) |

## PURPOSE:

To provide guidelines for the closure of academic and nonacademic programs
To make provisions for student completion of academic programs

Definition:

**Academic Programs:** Degree, certificate granting, or other programs whose primary function is to deliver instruction or directly enhance student learning. This includes the School of Nursing, Education and Consulting Services, Allied Health, the Educational Resource Center and other programs that support student academic growth.

**Nonacademic Programs:** Programs that indirectly support student learning but do not deliver instruction. These include Financial Aid, Clinical Affiliate Administration, and Office of Educational Services.

## POLICY:

The decision to close a program shall include consideration of critical criteria such as:

- Impact on mission and goals
- Demand for program services
- Efficiency and effectiveness in delivering services
- Resources to support service
- Impact on faculty and staff
- Impact on community
- Accreditation or credentialing requirements
- Level of approval required
  - Classes/courses within a program can be discontinued at the divisional level pending approval of divisional Dean and Provost
  - Programs initially approved at the Board of Trustees level require Board approval for closure.

The College adheres to regulatory agency requirements and provides notification of the plan to close the program within specified time frames.

Students enrolled in degree or certificate granting programs shall be provided with a plan for program completion.

Student records for degree-granting programs will be maintained indefinitely.

Civil Service rules will apply to faculty and staff impacted by program closure.

Subject:
**PROGRAM CLOSURE**

**PROCEDURE:**

College administration will meet to discuss the recommendation, rationale, impact, and plans for program closure.

Provost/Divisional Dean will notify/obtain approval from the following as indicated:
- Divisional Dean/Director
- College Administrative and Planning committees
- College administration, faculty, staff, and students
- College Board of Trustees
- Network/Department of Health Services (DHS) Administration
- Los Angeles County (LAC) Board of Supervisors
- LAC/DHS Human Resources
- U.S. Department of Education, California Student Aid Commission
- Accrediting Commission of Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges (WASC)
- California Board of Registered Nursing (BRN)
- Other regulatory agencies
- Other interested stakeholders, DHS facilities, Alumni Association

Provost/Divisional Dean/designee will complete and submit as indicated:
- Substantive Change Proposal to the Committee on Substantive Change of the ACCJC no later than two months prior to next scheduled committee meeting.

Dean, School of Nursing/designee will complete and submit to the BRN:
- Plan for closing the program no later than six months prior to date of intended program closure. Plan will include:
  - Statement of intent to close program
  - Summary of contributing factors
  - Plan for students currently enrolled in program
  - Plan for maintenance of student records
  - Agency/contact persons for obtaining student transcripts/records

- Notification of official closing date following graduation of program's last class

Dean, Administrative and Student Services will identify and communicate plan for student records to regulatory agencies, DHS/Network, and alumni as indicated

**PROCEDURE DOCUMENTATION:**

Substantive Change Proposal to the ACCJC Committee on Substantive Change
BRN Notification/Plan

**REFERENCES:**

ACCJC:WASC Substantive Change Manual
BRN: Guidelines for Closure and/or Re-Opening of a Board-Approved Nursing Program

**REVISION DATES:**

December 10, 2009
August 24, 2012

# Addendum C

INSTITUTIONAL EFFECTIVENESS PLAN

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

# INSTITUTIONAL EFFECTIVENESS PLAN

## I. PURPOSE

The Institutional Effectiveness Plan (IEP) is a continuous improvement process, based on analysis of data, used to measure the degree to which the College is effective in meeting its mission: "To provide learning centered educational programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services*".* The Program Review policy guides the implementation and evaluation of the process. Institutional effectiveness is evaluated through:

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

The College strives for excellence in the governance, management, and administration of all services as it pursues its vision: "To be a model learning-centered educational system providing a continuum and breadth of education and professional development to promote health in the Los Angeles County Community". In our quest to achieve excellence, the Institutional Effectiveness (IE) Committee reviews the following processes:

- Collecting and measuring of data relating to program performance of the college
- Analyzing of data by comparison to thresholds
- Recommending plans for improvement
- Reporting findings to accountable person/committee
- Tracking action plans for completion and program improvements
- Designing, reviewing, and updating the outcomes assessment monitoring process
- Making recommendations for revision of the IEP to the College Planning Committee.

## II. MONITORING METHOD

Steps in monitoring that allow for program review include:

- Data collection, aggregation, and analysis of the item being measured
- Comparison of findings to expected outcomes
- Planning and implementing improvements/corrective actions if needed
- Re-evaluation of outcomes post implementation of corrective actions.

The College uses the following documents to guide the institutional effectiveness process:

- Institutional Effectiveness Program Review Plan identifies the items measured, the standards guiding the performance of the item, monitoring tools for each item, threshold for compliance, frequency of reporting/IE review and accountability for item tracking and improvement.
- Institutional Effectiveness Reporting Schedule is a calendar for reporting program review assessment monitoring findings including areas of academic study, administrative, and support services.
- Outcomes Evaluation Report is used to record data gathered, analyzed and compared to threshold expectations for compliance. It identifies unmet outcomes and creation of the plan for improvement.

- Institutional Effectiveness Outcomes Tracking is a tracking document used to report outcomes and to follow up to resolution all quality improvement plans for items that fall outside expected threshold.

### A. Institutional Effectiveness Program Review Plan

| | |
|---|---|
| Item Measured | College/divisional outcome to be measured and monitored |
| Standard | Regulatory body, division, or policy, if any, that requires the item to be monitored/tracked/reported |
| Monitoring Tool | Information-collecting instrument, database, or other document(s) used to track and report data |
| Tracking Source/ Person | Individual(s) responsible for gathering data |
| Threshold for Action | Preset/established/expected level of compliance, set by accountable person(s)/committees to provide a benchmark for identifying problems and improvements |
| Accountable Person/Committee | Individual(s) responsible for the outcome |
| Frequency of Review | How often the College committee/responsible person formally reviews the data and how often the IE committee schedules the data presentation |

### B. Institutional Effectiveness Outcomes Tracking

| | |
|---|---|
| Evaluation Period | Time period during which item was measured |
| Item Measured | Transcribed from Addendum A |
| Findings | Indicates whether goal/outcome was met or not met |
| Action Plan | Delineates the status of action plan for improvement |
| Follow-Up Date | Indicates the date for presentation of follow-up findings to IE Committee |
| Outcome/Resolution | Describes final outcome and completes the cycle of program review |

## III. REPORTING

Items that fall outside the expected threshold are documented on the Outcomes Evaluation Report form and the accountable divisional committee develops a plan for improvement which is presented to the IE Committee. Upon approval, the plan is implemented and reevaluated; this cycle is repeated until the desired outcome is achieved.
In addition to the IE Committee, item performance is also tracked and documented through college, divisional, and committee reports.

## IV. FACULTY AND STAFF MEMBERSHIP

Faculty and staff hold membership in one or more of the College committees that analyze or receive analyzed data collected for assessment purposes. These include Governing, College, School of Nursing, Education and Consulting Service, Allied Health, and Office of Educational Services committees.

# Addendum D

INSTITUTIONAL EFFECTIVENESS PROGRAM REVIEW PLAN

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
INSTITUTIONAL EFFECTIVENESS COMMITTEE

# INSTITUTIONAL EFFECTIVENESS PROGRAM REVIEW PLAN

| ITEM MEASURED | STANDARD | MONITORING TOOL | TRACKING SOURCE/PERSON | EXPECTATION (THRESHOLD) | ACCOUNTABLE PERSON/COMMITTEE | FREQUENCY OF REVIEW | |
|---|---|---|---|---|---|---|---|
| | | | | | | College Committee | IE Committee |
| **I. COLLEGE** | | | | | | | |
| A. Employee Performance | Department of Health Services<br>WASC Std 111.A | Employee Performance Evaluation | Administrative Support | 100% of employee PEs completed on time | College Operations | Monthly | Annual |
| B. Employee Competency | Network Joint Commission<br>BRN Std 1422,1424,1425<br>WASC Std 111.A | Employee Mandatory Requirements Data Base | OES Manager | 100% of required elements included in employee file | Admin Dean<br>College Operations | Annual | Annual |
| C. Employee Satisfaction | Institutional Values<br>WASC Std 1.A | Employee Satisfaction survey | Research Director<br>Administrative Support | ≥ 3.5 on each item (Scale 5-1) | Provost<br>College Planning | Annual | Annual |
| D. Employee Turnover Rate | BRN Std 1422,1424(d),1425<br>1427(4)<br>WASC Std 111.A | Off service Employees/Cont. Service Employees record | Research Director<br>OES Manager | 10% or less/year | Provost<br>College Planning | Annual | Annual |
| E. Employee Exit Interview | WASC Std 111.A | Exit Interview form | Research Director | ≥ 3.5 on each item (Scale 5-1) | Provost<br>College Planning | Annual | Annual |
| F. Articulation Agreements with colleges | WASC Std 1.B<br>BRN Std 1427(c) | Articulation Agreement file | Admin Dean | Attain/Maintain<br>3 agreements/year | Admin Dean<br>College Planning | Annual | Annual |

**LEGEND:**

Admin: Administration & Support Services
Ad & Prom: Admissions & Promotions Committee
AH: Allied Health
BRN: Board of Registered Nursing
CEP: Continuing Education Provider
CONAH: College of Nursing & Allied Health
Cont: Continuous
DHS: Department of Health Services
EDCOS: Education & Consulting Service
ERC: Educational Resource Center
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IE: Institutional Effectiveness
LAC+USC: Los Angeles County + University of Southern California
LVN: Licensed Vocational Nurse
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| | | | | | | College Committee | IE Committee |
| G. Program Enrollment | WASC Std 1.A | Student Roster | Admin Dean<br>OES Office Manager | New Enrollment capacity:<br>LVN-RN 90%<br>2yr basic 95% | Divisional Deans<br>Provost<br>College Planning | Annual | Annual |
| H. Institutional Student Learning Outcome | WASC Std IIA. | SLO Assessment Form | Provost | 100% completed | Provost | 3 years | 3 years |
| I. Integration of Mission Statement | WASC Std 1.A | SLO Assessment Form | Provost | Full integration into all divisions of the College | Provost | 3 years | 3 years |
| J. Strategic Plan | WASC Std 1,II, III, IV | Program Review | Research Director | 80% Meet Outcomes by due dates | College Planning | Annual | Annual |
| K. Affiliate Schools | LAC+USC Expectation | Clinical affiliation rotation summary | Affiliate Coordinator | Number and types of programs (For tracking purposes only) | Clinical Affiliations Coordinator | Annual | Annual |
| L. Drug Free Campus Environment | Federal Compliance Act | Clery Act compliance checklist | Admin Dean<br>Director Operations | 100% compliance with required elements | Admin Dean<br>Director Operations | Biennially | Biennially |
| **II. SCHOOL OF NURSING** | | | | | | | |

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| | | | | | | College Committee | IE Committee |
| A. Annual Program Evaluation Reports | BRN Sect 1424 (b)(1)<br>WASC Std 1,II, III, IV | Committee Evaluation Reports | Semester Coordinators | 100% of required elements are evaluated | SON Dean<br>Faculty Organization | Annual | Annual |
| B. Nursing Courses Pass Rate | WASC Std IIA | Course Grade Sheets<br>Student status log | Research Director | Semester I: 85%<br>Semester II: 90%<br>Semester III: 90%<br>Semester IV: 95% | Course Committees<br>Semester Coordinators | 2x/year | 2x/year |
| C. NCLEX-RN Pass Rate | BRN Sect 1424 (b)(1)<br>WASC Std IIA | BRN Education Program Summary Report.<br>NCLEX Tracking log | SON Assistant Dean<br>Provost | 85% - 1$^{ST}$ attempt | SON Dean<br>Semester Coordinators | 2x/year | 2x/year |
| D. Student On-time Completion Rate | BRN Survey<br>WASC Std IIA | Original Cohort Tracking | Dean Admin<br>OES Manager | 80% complete for:<br>Basic-within 2 yrs<br>Basic WF- 2.5 yrs<br>LVN Sum/Fall entry-1 yr<br>LVN Sum/Spring Entry–1.5 years. | SON Dean<br>Semester Coordinators<br>Ad & Prom | 2x/year | 2x/year |
| E. Student Attrition Rate/Class | BRN Sect 1424 (b)(1)<br>WASC Std IIA | Original Cohort Tracking | Dean Admin<br>Research Director | 15% | SON Dean<br>Semester Coordinators<br>Ad & Prom | 2x/year | 2x/year |

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|---|---|---|---|---|---|---|---|
| | | | | | | College Committee | IE Committee |
| F. Attrition Reason<br>1. Academic Failure<br>2. Professional Misconduct<br>3. Career Change<br>4. Personal (Illness, Family)<br>5. Financial | BRN Sect 1424 (b)(1)<br>WASC Std II | Exit Interview<br>Student File Front Sheet | Office Manager<br>Research Director | 1. <10%<br>2. <5%<br>3. <5%<br>4. <5%<br>5. <5% | SON Dean<br>Semester Coordinators<br>Ad & Prom | 2x/year | Annual |
| G. Point System effectiveness | WASC Std IB | Original Cohort Tracking<br>Applicant point breakdown Spreadsheet | Office Manager<br>Dean Admin. | Correlation with program Completion and NCLEX pass rate | Admin Dean<br>SON Dean<br>Ad & Prom | Annual | Annual |
| H. DHS Student/ Graduate Hiring Rate | CONAH Strategic Plan<br>WASC Std IA | LAC Employment Rates for Students and Graduates | Provost | 50% | Provost<br>NRRC<br>College Planning | 2x/year | 2x/year |
| I. Employer Satisfaction Score | BRN Sect 1424 (b)(1)<br>WASC Std IA | Employer Survey | Research Director | 3.5(5-1 scale) | SON Dean<br>Semester Coordinators | Annual | Annual |
| J. Graduate Professional Education | WASC Std IB | Graduate survey | Research Director | 30% of graduates | SON Dean | Annual | Annual |

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| | | | | | | College Committee | IE Committee |
| K. Course Evaluations | BRN Sect 1458 (a)<br>WASC Std IIA | Outcomes Evaluation Report: Course /Programs | Course Committee Chair(s)<br>Semester Coordinators | ≥ 3.5 on each item (Scale 5-1) | SON Dean<br>Semester Coordinators | 2x/year | Annual |
| L. Instructor Evaluations | BRN Sect 1458 (a)<br>WASC Std IIA | Outcomes Evaluation Report: Course /Programs | Semester Coordinators | ≥ 3.5 on each item (Scale 5-1) | SON Dean<br>Semester Coordinators | 2x/year | Annual |
| M. Program Evaluation | BRN Sect 1458 (a)<br>WASC Std II | Program Evaluation Survey | OES<br>Research Director | >3.5 on rated items (5-1 scale),<br>>1.5 (1-2 Scale),<br>≥80% positive responses on non rated items | SON Dean<br>Provost<br>Faculty Org | 2x/year | Annual |
| N. Clinical Exit Interview Tracking | BRN Sect.1427 (C)<br>WASC Std IIA | Clinical Exit minutes,<br>Clinical Affiliation Evaluation Tool | Semester Coordinators | 100% completed summary | SON Dean<br>Semester Coordinators<br>Clinical Practice | 2x/year | Annual |
| O. Ward/Unit Evaluation Student | BRN Sect.1427 (C)<br>BRN Sect.1458 (a)<br>WASC Std IIA | Ward/Unit Evaluation Student Survey | Semester Coordinators<br>Administrative Support | ≥ 3.5 on each item (Scale 5-1) | SON Dean<br>Semester Coordinators<br>***Clinical Practice*** | 2x/year | Annual |
| P. SON Petitions, Grievances, Written Student Complaints | BRN Sect 1424 (k) & 1427 (b)<br>WASC Std IB | Grievance Summary | Research Director | > 5% of student body | SON Dean<br>Semester Coordinators<br>Faculty Organization | Annual | Annual |

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| | | | | | | College Committee | IE Committee |
| Q. SON Graduate Survey/Evaluations | BRN Sect 1426 (b)<br>WASC Std IB | Graduate follow-up survey | Research Director | ≥30% response rate<br><br>3.5 (5-1 scale) | SON Dean<br>Semester Coordinators | Annual | Annual |
| R. Program Student Learning Outcome | WASC Std I, II, II, IV<br>BRN Sect 1427(b) | SLO Assessment Form | Research Director | 100% completed | SON Dean | Annual | Annual |
| S. Course Student Learning Outcome | WASC Std I, II, III, IV | SLO Assessment Form | Research Director | 100% completed | SON Dean<br>Semester Coordinators | 2x/year | Annual |
| T. Program Exit Interview | WASC Std I, II, III | Student Exit interview form and Tracking log | Research Director | Capture 75% of requested Interviews | SON Dean<br>Admin. Dean | 2X/year | Annual |
| **III. EDUCATION AND CONSULTING SERVICES** | | | | | | | |
| A. Employer Satisfaction Score | College Vision<br>WASC I | Phase1 & Post DEM Program follow-up Survey | Program Coordinators | 3.0 (5-1 scale) | EDCOS Dean<br>Program Coordinators | 4 months post program | Annual |
| B. Class/Program Documentation Completion Rate | BRN Sect 1458 (b)<br>WASC Std I, II | Program Log | OES Manager | 100% within 30 days of class/program completion | EDCOS Dean<br>Program Coordinators | Two times Annually | Annual |
| C. Lesson Plan/Course Review | EDCOS Standard<br>WASC Std II.A | Program SLO | Class/Program Coordinator | 95% reviewed every 3 years | EDCOS Dean<br>Program Coordinators | Annual | Annula |
| D. Home Study Review | EDCOS Standard<br>WASC Std II.A.C | Course SLO | ERC Director | 95% reviewed every 3 years | ERC Director<br>Program Coordinators | Every 3 years | Annual |

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| | | | | | | College Committee | IE Committee |
| E. Course Pass Rate | EDCOS Standard<br>WASC Std II.A | Course SLO | Class/Program Coordinator | 80% of class passes on 1st attempt | EDCOS Dean<br>Program Coordinators | Annual | Annual |
| F. Instructor Evaluations Score | BRN CEP Instructions<br>WASC Std II.A | Course SLO<br>Course Evaluation Survey | Class/Program Coordinator | ≥ 3.5 on each item (Scale 5-1) | EDCOS Dean<br>Program Coordinators | Quarterly | Annual |
| G. Course Evaluations Score | BRN CEP<br>WASC Std IIA | Student Evaluation Form | Class/Program Coordinator | ≥ 3.5 on each item (Scale 5-1) | EDCOS Dean<br>Program Coordinators | Quarterly | Annual |
| H. Program Student Learning Outcome | WASC I, II, III, IV | SLO Assessment Form | Research Director | 100% completed<br>Identify areas for improvement.<br>Develop improvement plan (as applicable) | EDCOS Dean | Annual | Annual |
| I. Course Student Learning Outcome | WASC Std I, II, III, IV | SLO Assessment Form | Research Director | 100% completed | EDCOS Dean<br>Program Coordinators | Annual | Annual |
| J. Annual Program Evaluation Reports | BRN Sect 1424 (b)(1)<br>WASC Std 1,II, III, IV | Program Evaluation Reports | Program Coordinators | 100% of required elements are evaluated | EDCOS Dean<br>Program Coordinators | Annual | Annual |
| **IV. ALLIED HEALTH** | | | | | | | |

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| | | | | | | College Committee | IE Committee |
| A. Employer Satisfaction Score | WASC Std I | Graduate follow up survey-Employers | Program Coordinators | ≥3.5 (5-1 scale) | AH Dean<br>Program Coordinators | 4 months post program | Annual |
| B. Class/Program Documentation Completion Rate | WASC Std I, II | Program Log | CES Manager | 100% within 30 days of class/program completion | AH Dean<br>Program Coordinators | 2x/year | Annual |
| C. Lesson Plan/Course Review | Allied Health Standard (To be developed)<br>WASC Std II.A | Course SLO (To be developed) | Class/Program Coordinator | 95% reviewed every 3 years | AH Dean<br>Program Coordinators | Annual | Annual |
| D. Course Pass Rate | Allied Health Standard<br>To be developed<br>WASC Std IIA | Course SLO (To be developed) | Class/Program Coordinator | 90% of class passes on 1st attempt | AH Dean<br>Program Coordinators | Annual | Annual |
| E. Class/Instructor Evaluations Score | Allied Health Standard (To be developed)<br>WASC Std II.A | Course SLO (To be developed) | Class/Program Coordinator | ≥ 3.5 on each item (Scale 5-1) | AH Dean<br>Program Coordinator | Quarterly | Annual |

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| | | | | | | College Committee | IE Committee |
| F. Annual Program Evaluation Reports | WASC Std 1,II, III, IV | Program Evaluation Reports | Class/Program Coordinator | 100% of required elements are evaluated | AH Dean<br>Program Coordinators | Annual | Annual |
| **V. OFFICE OF EDUCATIONAL SERVICES** | | | | | | | |
| A. On Time SON Student Registration Completion Rate | College Policy #802: Enrollment & Progression<br>WASC Std II.B | Student Roster<br>Registration Checklist | Student Clerk | New students:100% by Week 2<br>Returning Students: 100% by end of 1st week | Admin Dean<br>OES Manager | 2x/year | 2x/year |
| B. SON New Student Academic File Creation Rate | OES Expectation<br>WASC Std II.B | Student Roster | Student Clerk | 100% completion by end of 2nd week of semester | Admin Dean<br>OES Manager | 2x/year | Annual |
| C. EDCOS/AH Class/Program File Completion Rate | BRN CEP Instructions<br>WASC Std II.B | Class Program Completion Log | OES Designee | 100% file completion by 3 months post program | Admin Dean<br>OES Manager | Quarterly | Annual |
| D. SON Applicant Test Results | Student/Application file creation proceedure<br>WASC Std II.B | Applicant file | Admissions Clerk | 100% filed within 1 week of receipt<br>Accepted applicants' scores within cut off range. | Admin Dean<br>OES Manager | 2x/year | Annual |

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|---|---|---|---|---|---|---|---|
| | | | | | | College Committee | IE Committee |
| E. EDCOS Certificate Completion Rate | BRN Sect 1458 (b)<br>WASC Std II.B | Class/ Program Log | OES Designee | 100% within 90 days | Admin Dean<br>OES Manager | Monthly | Annual |
| F. SON Student Corequisite Completion Rate | Curriculum Plan<br>WASC Std II.A.B | Curriculum Plan Form | OES Designee<br>Student Clerk | 100% completion at time of registration for each semester enrollment | Admin Dean<br>OES Manager | 2x/year | Annual |
| G. SON Graduate Documentation for BRN<br>1. Candidate Rosters | BRN Requirement<br>WASC Std II.B | BRN Graduate Candidate Roster. (Summary) | Student Clerk | 100% of eligible individual candidate rosters mailed 30 days prior to graduation | Admin Dean<br>OES Manager | 2x/year | Annual |
| 2. Final Transcript | BRN Requirement<br>WASC Std II.B | BRN Checklist | Student Clerk | 100% of eligible student transcripts mailed 30 days post graduation | Admin Dean<br>OES Manager | 2x/year | Annual |
| H. SON Student Demographics Tracking | BRN Survey<br>WASC Std I | Enrollment Information Log | Admissions Clerk | Reflects demographics of LA county | Admin Dean<br>OES Manager<br>Ad & Prom | 2x/year | Annual |
| I. Curriculum Plan Completion | SON Policy #230: Curriculum Plan Agreement<br>WASC Std II.A.B | Curriculum Plan New Student Requirement checklist | Admin Dean | 100% signed by student by 9th week of 1st semester | Admin Dean<br>OES Manager<br>Ad & Prom | 2x/year | Annual |

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| ITEM MEASURED | STANDARD | MONITORING TOOL | TRACKING SOURCE/PERSON | EXPECTATION (THRESHOLD) | ACCOUNTABLE PERSON/COMMITTEE | FREQUENCY OF REVIEW | |
|---|---|---|---|---|---|---|---|
| | | | | | | College Committee | IE Committee |
| J. Program Student Learning Outcome | WASC Std I, II, III, IV | SLO Assessment Form and Log | Research Director | 100% completed | Admin Dean | Annual | Annual |
| K. Annual Program Evaluation Report | BRN Sect 1424 (b)(1) WASC Std 1,II, III, IV | Program Evaluation Reports | Admin Dean OES Manager | 100% of required elements are evaluated | Admin Dean OES Manager | Annual | Annual |
| **VI. EDUCATIONAL RESOURCE CENTER** | | | | | | | |
| A. Skills Lab Use | BRN Sect. 1424 (d) WASC Std II.B.C | Nursing skills lab sign in sheet Appointment log | Skills Lab Coordinator | ≥800 sign-ins/year | Skills Lab Coordinator ERC Director | 2x/year | Annual |
| B. Skills Lab Satisfaction Score | BRN Sect. 1424 (d) WASC Std II.B.C | Program Evaluation Survey | ERC Director | ≥3.5 on each item (Scale 5-1) | ERC Director | 2x/year | Annual |
| C. Computer Lab Use | BRN Sect. 1424 (d) WASC Std II.B.C | Computer lab sign in logs | ERC Director | ≥800 sign-ins/year | ERC Director | 2x/year | Annual |
| D. Computer Lab Satisfaction Score | BRN Sect. 1424 (d) WASC Std II.B.C | Program Evaluation Survey | ERC Director | ≥ 3.5 on each item (Scale 5-1) | ERC Director | 2x/year | Annual |
| E. Library Use | BRN Sect. 1424 (d) WASC Std II.B.C | ERC sign in Sheet | ERC Director Library Assistant | ≥3,500 sign-ins/year | ERC Director | 2x/year | Annual |

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| ITEM MEASURED | STANDARD | MONITORING TOOL | TRACKING SOURCE/PERSON | EXPECTATION (THRESHOLD) | ACCOUNTABLE PERSON/COMMITTEE | FREQUENCY OF REVIEW | |
|---|---|---|---|---|---|---|---|
| | | | | | | College Committee | IE Committee |
| F. Library Satisfaction Score | BRN Sect. 1424 (d)<br>WASC Std II.B.C | Program Evaluation Survey | ERC Director<br>Library Assistant | ≥ 3.5 on each item (Scale 5-1) | ERC Director | 2x/year | Annual |
| G. Home Study Use Rate | BRN Sect. 1424 (d)<br>WASC Std II.C | Rosters | ERC Director | NA | ERC Director | Every 6 years | Every 6 years |
| H. Program Student Learning Outcome | WASC Std I, II, III, IV | SLO Assessment Form | Research Director | 100% completed | ERC Director | Annual | Annual |
| I. Annual Program Evaluation Report | BRN Sect 1424 (b)(1)<br>WASC Std 1,II, III, IV | Program Evaluation Reports | ERC Director | 100% of required elements are evaluated | ERC Director | Annual | Annual |
| **VII. FINANCIAL AID** | | | | | | | |
| A. Loan Default Rate | Fed. Reg. Title IV Participation. Contract Agreement<br>WASC Std II.B | Depart. Of Education Report letter | FA Coordinator | < 10% Cohort Default Rate | FA Administrator | Annual | Annual |
| B. Student Satisfaction | WASC Std II.B | Program Evaluation Survey | FA Coordinator | ≥3.5 on rated items(5-1 scale),<br>≥1.5 (1-2 Scale),<br>≥80% positive responses on non rated items | FA Administrator | 2x/year | Annual |
| C. Program Student Learning Outcome | WASC Std I, II, III, IV | SLO Assessment Form | FA Administrator | 100% completed | FA Administrator | Annual | Annual |

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| ITEM MEASURED | STANDARD | MONITORING TOOL | TRACKING SOURCE/PERSON | EXPECTATION (THRESHOLD) | ACCOUNTABLE PERSON/COMMITTEE | FREQUENCY OF REVIEW | |
|---|---|---|---|---|---|---|---|
| | | | | | | College Committee | IE Committee |
| D. Annual Program Evaluation Report | BRN Sect 1424 (b)(1)<br>WASC Std 1,II, III, IV | Committee Evaluation Reports | FA Coordinator<br>FA Administrator | 100% of required elements are evaluated | FA Administrator | Annual | Annual |

REVISIONS TO THE PROGRAM REVIEW PLAN

| DATE | ITEM | CURRENT / SUGGESTED REVISION | REQUESTED BY | APPROVAL Y/N | DATE CORRECTED |
|---|---|---|---|---|---|
| 4/3/08 | III E | 90% threshold too high due to class size/ change threshold to 80% | T. Blass | Y | 4/3/08 |
| 4/9/08 | III D | Home study course is monitored by ERC/ Delete item from the grid | T. Blass | Y | 4/9/08 |
| 4/9/08 | III A | Threshold 3.5, competent on evaluation is 3.0/change threshold to 3.0 | T. Blass | Y | 4/9/08 |
| 4/9/08 | III B | Item already monitored by EOS/Delete from form | T. Blass | Y | 4/9/08 |
| 4/9/08 | III G | Survey on a likert scale, threshold of sat/ change to 3.5 to match scale | T. Blass | Y | 4/9/08 |
| 9/2/08 | I.G | Program enrollment threshold # of students to fit our capacity/ change to 90% of capacity for LVN- RN and 95% for Basic students. | Z. Reyes& M. Caballero | Y | 9/2/08 |
| 6/4/09 | I.B | Include College Ops under accountable persons. Delete OES Manager | I E Committee | Y | 8/6/09 |
| 6/4/09 | I.C | Add Employee to monitoring tool. Delete Faculty | I E Committee | Y | 8/6/09 |
| 6/4/09 | I.D | Add OES Manager to tracking source | I E Committee | Y | 8/6/09 |
| 6/4/09 | I.F | Under item measures add “with colleges after articulation agreement. Add Admin Dean under accountable person and remove provost | I E Committee | Y | 8/6/09 |
| 6/4/09 | I.G | Include the word enrollment after capacity under expectation | I E Committee | Y | 8/6/09 |
| 6/4/09 | I.H & I.I | Change IE committee frequency of review to every 2 years | I E Committee | Y | 8/6/09 |
| 6/4/09 | I.J | Under expectation, add 80% to met outcomes by due dates | I E Committee | Y | 8/6/09 |
| 6/4/09 | II.E | Under tracking source, include Research Director | I E Committee | Y | 8/6/09 |
| 6/4/09 | II.F | Under tracking source include Ofice manager and Research Director. Change threshold #2 from NA to 0, #3&4 from NA to 5%, #5 from 0 to 5% | I E Committee | Y | 8/6/09 |

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| | | | | | |
|---|---|---|---|---|---|
| 6/4/09 | II.G | Under item measured delete student & per class replace with Review of Admission criteria. Under tracking source, add Office manager and SON Dean. Change frequency from fall 2008 to annual | I E Committee | Y | 8/6/09 |
| 6/4/09 | II.I | Remove network & community from item measured & nurse manager from monitoring tool. Change threshold from 4.0 to 3.5 | I E Committee | Y | 8/6/09 |
| 6/4/09 | II.J | Remove 4-yr institutions from item measured. Changed frequency from ongoing to every 3 years. Replace increasing # of graduate response with 30% | I E Committee | Y | 8/6/09 |
| 6/4/09 | II.K & L | Delete score from item measured. Change IE report frequency from annual to X2/yr | I E Committee | Y | 8/6/09 |
| 6/4/09 | II.M | Remove score(4th Semester) from item measured. | I E Committee | Y | 8/6/09 |
| 6/4/09 | II. N & O | Include Clinical Practice to accountable persons. | I E Committee | Y | 8/6/09 |
| 9/3/09 | I.K | (New) Affiliate school item added to college | College Planning | y | 9/3/09 |
| 9/3/09 | I.L | (New) Drug Free Campus Compliance item added to college | College Planning | y | 9/3/09 |
| 9/3/09 | III.G | Remove clinical under monitoring tool and replace with student | I E Committee | y | 9/3/09 |
| 9/3/09 | V.C | Remove learning net, replace with Class/Program completion log under monitoring tool | I E Committee | y | 9/3/09 |
| 9/3/09 | V. D | Replace student with applicant under monitoring tool | I E Committee | y | 9/3/09 |
| 9/3/09 | V.H | Under monitoring tool change CAM to CAMS and add student information systems | I E Committee | y | 9/3/09 |
| 11/5/09 | I.A | Change 95% under Threshold to 100% | I E Committee | y | 9/3/09 |
| 11/5/09 | I.H &I.I | Change annual under frequency of review to every 3 years | I E Committee | y | 12/23/09 |
| 11/5/09 | II.S, II.B & II.C | Change every semester undr frequency of review to 2X /yr | I E Committee | y | 12/23/09 |
| 11/5/09 | V.G | G.1-Include "submit" after student under threshold<br>G.2-Include Eligible after 100% under threshold | I E Committee | y | 12/23/09 |
| 11/5/09 | V.H | Under monitoring tools replace cams with new student & continuing student roster Under threshold, delete 100% info. Entered within 30 days of enrollment. Replace with "Reflects demographics of LA county. | I E Committee | y | 12/23/09 |
| 11/5/09 | VI.G | Delete item | I E Committee | y | 12/23/09 |
| 11/5/09 | VII.A | Under threshold add Cohort default rate | I E Committee | y | 12/23/09 |
| 11/5/09 | VII.B | Under frequency delete annual, replace with 2X/yr. Under threshold, delete >80% . Insert ">3.5 on rated items(5-1 scale), >1.5 (1-2 Scale) and ≥80% positive responses on none rated items. | I E Committee | y | 12/23/09 |
| 1/7/10 | II.O | Delete item. Evaluation method changed, now included in II.N | I E Committee | y | 12/23/09 |
| 1/7/10 | II.N | Change monitoring tools from Clinical Exit interview file to Clinical exit minutes, Clinicl Affiliation Evaluation Tool. | Clinical Practice | Y | 1/20/10 |

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| | | | | | |
|---|---|---|---|---|---|
| 1/7/10 | VII.C | Change FA Coordinator to FA Administrator under tracking person | FAA | Y | 1/20/10 |
| 1/7/10 | VII.D | Change FA Coordinator to FA Administrator under Accountable person and include under tracking source | FAA | Y | 1/20/10 |
| 10/18/10 | Whole document | Committee general revisions to all sections approved at 10/7/10 meeting were effected. | I E Committee | Y | 10/18/10 |
| 11/4/10 | II.D | Committee revisions under tracking delete RD include Dean Admin. Under threshold include Basic-within 2 yrs, Basic WF- 2.5 yrs, LVN Sum/Fall entry-1 yr LVN Sum/Spring Entry–1.5 years. Under IE frequency change to 2X /year | I E Committee | Y | 11/8/10 |
| 11/4/10 | II.E | Under IE frequency change to 2X /year | I E Committee | Y | 11/8/10 |
| | | Multiple changes to all sections | I E Committee | Y | 12/28/2011 |

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

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# Addendum E

2005-2012 STRATEGIC PLAN EVALUATION

# Los Angeles County College of Nursing and Allied Health
# Program Review Process

## EVALUATION OF COLLEGE STRATEGIC PLAN 2005 - 2010

**Report Date:** August 25, 2009

**Goal I: Enhance the Learning Environment**

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| I.A. Upgrade & maintain currency of educational equipment & materials required to support student learning | I.A.1. Identify & replace outdated equipment.<br>E.g.: multiuse projectors | EDCOS<br>ERC<br>FA<br>OES<br>SON | Annual purchase of new learning resource materials:<br>2005:<br>All faculty, staff, & student computer lab computers replaced with newer models<br>2006:<br>• Replaced Skills Lab simulation manikins with new technologically advanced models<br>• Purchased TV/DVD/VHS combination units for classrooms<br>• Purchased CAMS (Comprehensive Academic Management System)<br>• Submitted budget request for IT (Information Technology) position for the College, request denied.<br>2007:<br>• Replaced shared outdated faculty printers<br>• Replaced 6 computers: 2 for SON, 2 to FA, 1 to ERC, 1 to Central Orientation<br>• Purchased 2 scanners for student support services<br>• Installed CAMS on College server & OES desktops<br>• Purchased advanced training manikin & replaced defibrillators for employee skills competency validation<br>• Submitted budget request for IT position for the College, request denied.<br>2008:<br>• Purchased updated survey, grading, & testing software & maintenance contract<br>• Purchased and installed 3 computers for the testing area<br>• Purchased 1 new LCD & 1 replacement<br>• Submitted budget request for IT position for the College, request denied. |

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| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| | | | • Developed IT statement of work and Project Initiation Request in collaboration with DHS & Network IT departments<br>• IT provided ongoing support in maintaining & replacing electronic devices |
| | I.A.2. Obtain staff with IT skills to support computerized learning | Provost RD | 2009<br>• Developed and approved Prioritized Project Implementation Request in collaboration with DHS IT and Chief Nursing Officer (CNO)<br>• Submitted budget request for IT position for the College |
| **I**.B. Explore & develop alternative teaching/learning models/method methodologies | I.B.1. Identify funding sources for alternative learning methods such as distance/computer learning options, learning management systems | | SON teaching/learning methods:<br>• Increased number of computer assignments<br>• Implemented grading rubrics in both clinical and didactic courses.<br>• Implemented interactive computer case studies<br>• Implemented mock NCLEX testing assignment with required scoring for validation of competency<br>• Initiated use of Internet sources for reading assignments<br>• Implemented computerized documentation & access to electronic resources<br>EDCOS teaching/learning methods:<br>• Implemented on line educational modules for nursing continuing education<br>• Converted all lecture slide presentations to PowerPoint<br>• Implemented alternate learning activities such as game-show style activities<br>• Revised the Basic Adult Critical Care and Emergency Nursing student evaluation tools to reflect evidence based learning |

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| | | | • Implemented role-playing/scenarios/hands on practice that maximized learner opportunity to master content.<br>• Revised and expanded the Intensive Care Unit clinical workshop content that markedly improved students clinical performance in the Critical Care program<br>ERC<br>• Developed tutorial on locating library materials for incoming students<br>• Implemented technology class for students/faculty on use of Cumulative Index to Nursing and Allied Health Literature (CINAHL) and basic search techniques<br>2009<br>Secured a grant in collaboration with the WDP that will enable the College to provide distance education to SON nursing students and professional development clients. |
| I.C. Expand & enhance classroom, conference room, office, & student study space to meet student enrollment capacities | I.C.1. Develop plans to expand/upgrade facilities, obtain pediatric clinic facility, & acquire conference room space in new hospital | College Operations | 2006<br>• Obtained office space on the 2nd floor of the pediatric building for WDP faculty<br>2008<br>• Submitted budget request to acquire and remodel the pediatric building. Request denied.<br>• Replaced student desks, in large classroom, with more comfortable models<br>• Increased library seating capacity<br>2009<br>• Utilized Women's and Children's auditorium as additional large classroom for Spring 2009 |

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| | I.C.2. Improve study areas & aesthetic environment including courtyard & student lounge. | College Operations | 2005<br>• Obtained new patio furniture for the outside sitting/rest area<br>2006<br>• Painted the interior of the College<br>2007<br>• Alumni hung class and other historic pictures from 1897 to 1990<br>2008<br>• Upgraded bathroom facilities throughout the College<br>2009<br>• Implemented policies to maintain a safe and clean environment<br>• Implemented College Safety Rounds, placed safety signs on various locations and updated emergency phone number cards |

**Final Evaluation of Goal I:**

Many accomplishments were made towards the goal. In an attempt to improve operational capacity and address accreditation deficiencies related to technology, a Project Initiation Request was developed in collaboration with Health Services Administration (HSA) IT staff. The revised and prioritized request addresses technological needs of the College including full implementation of the student information system (CAMS) and the Class Climate software, redesign of the Intranet and Internet including support issues. The College purchased a new Class Climate survey system, which improved efficiency and effectiveness of the reporting system thereby allowing for timely evaluations and implementation of accreditation corrective actions. Implementation of the Learning Management Systems and library electronic database are on hold pending DHS HR, IT and financial resources.

The acquisition, repair, and replacement of technological and clinical equipment supported student learning and improved program effectiveness. Implementation of new teaching and learning strategies was instrumental in attaining an evidence based perspective and up to date student preparation. Beautification of the interior of the College and upgrades to the facilities improved the learning environment.

In addition to the accomplishments, there are areas of technology needs that will continue to be addressed in the upcoming Strategic Plan 2010-2015 and in Annual College Goals.

**Goal II: Promote Student Success**

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| II. A. Increase on-time course/program completion | II.A.1. Improve availability of clinical remediation, tutoring, & student support services, & consider alternate hours | EDCOS<br>ERC<br>FA<br>OES<br>SON | ERC<br>• Scheduled Skills Lab Coordinator to enable her to assist students in clinical area as directed by clinical faculty<br>• Expanded library, skills lab and computer hours to accommodate student learning needs<br>• Purchased & installed CINAHL electronic data base<br>EDCOS/SON<br>• Cross trained faculty to broaden scope of expertise<br>• Revised existing policies & implemented new policies to improve student attainment of objectives<br>• Cross trained SON faculty in specialty areas to broaden their scope of expertise<br>• Added EDCOS tutoring sessions to assist students with understanding advanced clinical concepts<br>• Provided tutoring & coaching services to SON WDP students through WDP grants<br>• Improved access to information through increased use of technology assisted methods<br>• Created remediation plans and review sessions that improved SON student successes in continuing in clinical courses<br>FA<br>• Improved Student Services information dissemination methods through fliers and email<br>• Redeveloped tuition agreement contract for basic students to absorb the increase in tuition cost to prevent attrition due to financial hardship.<br>• Developed and implemented tuition agreement contracts for 30 unit option students |

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| **STRATEGIC PLAN OBJECTIVES** | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| | | | • Implemented Tuition Agreement Contracts with WDP students<br>• Decreased Cohort Default rate to 0 |
| | II.A.2. Explore possibilities for funding & implementing standardized testing | OES<br>SON | SON/OES<br>• Researched standardized admissions tests for Nursing Programs.<br>• Selected ATI testing and scheduled piloting for 2010 and determination of the cut off score.<br>• Conducted faculty peer evaluation of SON test questions from each semester<br>• Developed and implemented test construction guidelines |
| II.B. Develop articulation (transfer credit) agreements with community Colleges & BSN programs | II.B. Develop three agreements annually | OES | Maintained 3 articulation agreements with 2 Community Colleges and one university that will renew. |

**Final Evaluation of Goal II:**

Goal attained. Scheduling changes provided increased student access to the library, computer and skills labs. Faculty cross training and implementation of student centered learning opportunities provided for student success and growth.

The SON division of the College voted to update its admissions requirements to incorporate new pre-admission standardized testing (ATI) used by other community Colleges. A study manual and access to online practice assessment are provided to students. The testing service also provides individualized student assessments and academic course remediation.

**Goal III: Expand Educational Programs**

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| III.A. Increase student enrollment in College programs | III.A.1. Recruit, promote & retain qualified leadership, faculty, & support staff | Provost | Ongoing<br>• Developed & implemented semester projections for faculty staffing aimed to achieve faculty:student ratio of 1:10<br>• Hired faculty to staff Olive View satellite campus, WDP programs, and replacement for resignations/retirements. Faculty & staff hired:<br>o 2005: 6 faculty & 2 staff<br>o 2006: 4 faculty & 2 staff<br>o 2007: 3 faculty& 1 staff<br>o 2008: 9 faculty<br>o 2009: 1 faculty & 2 staff<br>Promoted faculty & staff<br>o 2005: 2 faculty<br>o 2006: 6 faculty & 1 staff<br>o 2007: 6 faculty<br>o 2008: 5 faculty<br>• Revised orientation policy and process<br>• Revised employee interviewing documents and process<br>• Implemented tracking logs for employee credentials, licenses, health clearances, and performance evaluation<br>• Developed New Administrator Orientation Checklist |

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| | III.A.2. Participate in career days & health fairs. Develop programs with feeder high schools to provide learning opportunities in the skills & computer labs. | EDCOS<br>OES<br>SON | • Participated in nursing career promotional events:<br>o Local high schools<br>o Annual career day at Harbor University of California Los Angeles Medical Center (HUCLA)<br>o Annual Kidz Health fair<br>o Volunteer activities<br>• Initiated meeting between Board Of Trustee (BOT) member and LAUSD Director of School Nurses to plan recruitment from school district<br>• Initiated group information sessions in addition to individual appointments |
| | III.A.3. Expand specialized staff development training courses to other DHS facilities | | • Implemented employee enrollment in SON basic RN program and WDP LVN-RN program through WDP. Graduated 2 cohorts of each program with a third cohort in progress.<br>• Provided professional development classes for DHS facilities:<br>o Adult and pediatric emergency nursing<br>o Basic & advanced adult critical care<br>o Pathophysiology<br>o Advanced Neonatal Pediatric Critical Care<br>o Chemotherapy<br>• Increased the number of Basic Adult Critical Care clinical rotations to accommodate the training needs of LAC+USC to adequately staff the new facility Intensive Care Units<br>• Conducted RNII and RNIII Program Development Workshops on role transition and communication techniques<br>• Led development of Palliative Care Nurse Extender role/training program and coordinated monthly support sessions. |

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| | | | • Conducted Pediatric Emergency Assessment, Resuscitation, and Stabilization (PEARS) courses as part of the American Heart Association research project<br>• Revised and implemented the Behavioral Response Team (BRT) training as a response to AB 508 and Joint Commission expectations<br>• Developed and implemented Pediatric Chemotherapy course<br>• Participated in DHS disaster drills |
| | III.B. Develop proposals for Central Service Technician & Medical Lab Technician programs. Implement & graduate 1 class each from the Radiologic & MRI Technologist programs | Provost | • Modified the scope of the Allied Health division to provide continuing education to Allied Health employees in support of DHS<br>• Interviewed and selected Allied Health Director, candidate did not pass Human Resources screening<br>• Reimplemented selection process |

**Final Evaluation of Goal III:**

The College developed programs geared to meet the training needs of DHS, its employees, and the Community as well as to the changing health care delivery and accreditation expectations. Both academic programs of the College were effective in developing the nursing workforce for DHS.

The SON added two nursing cohorts in collaboration with WDP. EDCOS expanded its specialty programs to include other DHS facilities. The creation and expansion of programs led to an increase in graduates, resulted in faculty and staff hiring, and provided professional growth through promotional opportunities. Allied Health division implementation is pending DHS Human Resources finalization of the selection process and implementation of the hiring process for the Director.

**Goal IV: Develop Coalitions & Partnerships**

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| IV.A. Partner with local College(s), to provide additional learning opportunities | IV.A. Collaborate with local colleges to provide didactic & clinical learning opportunities. Develop clinical affiliations with colleges | EDCOS<br>OES<br>College Operations | • Managed 15 nursing educational affiliations for clinical placement that produced thousands of graduates<br>• Collaborated with California State University – Los Angeles in granting university credits to staff development clients<br>• EDCOS faculty served as mentors to BSN & MSN students during their clinical rotations |
| IV.B. Partner with WDP, Health Research Association, & other organizations | IV.B. Collaborate with funding agencies to enable access to funds to support the College infrastructure | OES<br>College Operations | • Partnered with WDP to obtain funds to purchase equipment for computer and skills labs<br>• Received grant funds in collaboration with WDP that funded NCLEX preparation courses open to all graduating students<br>• Provided tutoring and coaching to both WDP students and student workers in the generic program. |
| IV.C. Explore potential for expanding clinical sites within DHS | IV.C. Establish clinical rotations at other LAC facilities to meet student-learning needs e.g.: H-UCLA | SON | • Established clinical rotations at HUCLA<br>• Established clinical rotations at Rancho Los Amigos Medical Center (RLAMC)<br>• Increased number of rotations at Ingleside & Olive View Medical Center (OVMC) clinical sites |
| IV.D. Promote DHS as an employer for degree program graduates & identify opportunities to improve retention | IV.D.1. Collect data, aggregate, track, & report student feedback related to plans & reasons for hiring/retention into DHS | SON<br>College Operations | • Participated in LAC+USC and DHS job fairs for SON students<br>• Participated in LAC+USC recruitment luncheons for graduating classes<br>• Provided a designated area in the College lobby for biweekly nurse recruitment activities<br>• Included questions in the clinical area surveys regarding students' intent to accept positions with DHS after graduating and presented findings at Nurse executive & manager meetings |

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| | | | • Appointed Ad Hoc committee that identified and reported on steps and obstacles to RN hiring process. |
| | IV.D.2. Offer career mobility training for staff development client to improve DHS retention rates | EDCOS | • Developed and piloted new graduate and preceptor training program in collaboration with nurse retention coordinator<br>• Provided cross training programs to RN staff development clients to improve mobility within the organization<br>• Offered professional development courses to improve promotional opportunities<br>• Lectured in management development workshops for LAC+USC Women's nursing services<br>• Planned management/leadership classes for network front line, middle and executive management staff<br>• Developed a standardized comprehensive study guide, tests, and performance criteria in collaboration with DHS educators for DHS wide nursing skills competency validation<br>• Conducted skills competency validation training and check off for 3,500 nursing staff in collaboration with DHS, Network CNOs and designees |
| | Collaborate with Network administration to facilitate move to new facility | EDCOS | • Appointed designated "ambassador" & faculty to Network move planning committees who maintained ongoing communication with College staff & faculty regarding the plans for the move<br>• Participated in planning for move to new facility in consultation with Network managers and staff:<br>o Implemented cross training programs for nurses to function in new/merged patient care areas<br>o Designed effective patient flow for Department of Emergency Medicine & pediatric areas<br>o Specified equipment parameters for new facility patient care areas |

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|

- Identified & planned for resolution of issues related to the physical movement of patients
- Ensured faculty and SON students toured new facility to facilitate clinical assignments, planning, and student orientation
- Developed and implemented classes and participated in focus groups specifically geared towards the move

**Final Evaluation of Goal IV:**

The College contributed to the successful move to the new facility and to developing staff competencies needed to function within the new facility by participating in move teams and providing staff training.

The College built alliances within DHS through cooperative working relationship that fostered group commitment in working towards mutual goal accomplishments. In collaboration with DHS CNOs and Educators, EDCOS participated in creating standardized DHS wide comprehensive competency validation testing which was implemented for LAC+USC nursing staff.

Expansion of SON student clinical rotations to other DHS facilities along with improved recruitment and hiring efforts, led to more graduate hiring in DHS facilities. The College secured and drafted contracts for radiology affiliates and managed nursing program affiliates, which increased DHS ability to recruit and retain graduates.

**Goal V: Improve Financial Standing**

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| V.A. Develop ability to project staffing, equipment, & supply costs related to program expansion | V.A. Provide for regular financial review & analysis of the budget & financial condition. Track & benchmark College costs | College Provost EDCOS ERC FA OES SON | • Obtained elevated reporting structure from the Network to DHS level, to facilitate long term integrated planning and resource allocation<br>• Prepared & submitted annual budget requests based on program evaluation of current & projected needs<br>• Monitored Expenditure Management and other financial reports<br>• Projected need for equipment and supplies through usage tracking and Student Learning Outcome (SLO) monitoring |
| V.B. Develop additional funding sources & approaches to decrease reliance on County General Funds | V.B. Explore possible funding sources e.g.: giving campaign & develop grant-writing expertise | College Provost FA OES | • Secured funding for needed resources for student learning opportunities in partnership with WDP<br>2006<br>• Received $124,000 Song Brown grant which funded NCLEX preparation courses for nursing students<br>2007<br>• Received $3,000,000 LA Care Health Plan grant in partnership with OVMC to open an extended campus at the Center to increase nursing enrollment.<br>2008<br>• Received $200,000 Song Brown Health Workforce training program grant which funded RN Clinical Educator Training<br>• Received $87,000 Song Brown grant which funded NCLEX preparation courses for nursing students |

EDCOS : Education & Consulting Services
ERC: Educational Resource Center
FA: Financial Aid
IE: Institutional Effectiveness
OES Office of Educational Services
RD: Research Director
SON: School of Nursing
WDP: Workforce Development Program

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| | | | 2009<br>• Received $200,000 Song Brown Health Workforce training program grant which funded RN Clinical Educator Training<br>• Received $124,000 Song Brown grant which funded NCLEX preparation courses for nursing students<br>• Received $200,000 CA Workforce Development Agency grant to fund Distance Education |

**Final Evaluation of Goal V:**

The College reporting structure was elevated to DHS level. This move has greatly benefited the College by increasing its ability to more readily resolve its accreditation issues and providing direct access to essential services. Revised monitoring systems and budget submission provided a means of being fiscally responsive and improving internal operations in an efficient and cost effective manner.
Collaboration with WDP has provided an alternative funding method through joint grant ventures that has greatly benefited the College and the SON students. It has enabled the College to directly improve services to students. Implementation of the OVMC extended Campus is pending resolution of accreditation issues involving OVMC ability to meet Board of Registered Nursing expectations.

**Goal VI: Enhance Institutional Reputation & Capabilities**

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| VI.A. Maximize involvement & participation of the Board of Trustees | VI.A.1. Determine process for & implement BOT review of College budget, & oversight of College policies & procedures | Provost | • Established accreditation, budget, and specified policy review as BOT meetings standing agenda items<br>• Implemented BOT recommendation to develop a grant tracking matrix<br>• BOT member Mr. S. Doughty initiated planning for SON participation with LAUSD school nurses in recruitment activities |
| | VI.A.2. Complete evaluation & merger of divisional policies. | Provost | • Reviewed, revised, and merged College/divisional policies as applicable<br>• Updated BOT Bylaws<br>• Drafted BOT orientation, meeting policies, membership agreement, and code of ethics<br>• Obtained BOT approval of specified College policies |
| VI.B. Stabilize leadership & support staff structure | VI.B. Identify & fill items. Initiate succession planning. Track turnover rate; implement & track exit interview findings. | Provost | 2007<br>• Obtained & filled the Provost & academic Dean positions<br>2008<br>• Filled the Research Director position<br>• Obtained approval for Allied Health Director position<br>• Planned for IE committee review of exit interview process & documentation, pending completion<br>• Tracked faculty and staff turnover<br>• Designated IT staff upgraded and reformatted website and added links to divisional pages and linkages to the Network and DHS<br>• Submitted budget requests for administrative support positions |

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| VI.C. Develop marketing tools & strategies. | VI.C.1. Identify support staff to upgrade Website & develop/improve linkages to DHS, LAC, & other websites. | Provost<br>OES<br>RD | 2009<br>• Designated DHS IT staff to update/redesign website and develop a DHS intranet site for the College |
| | VI.C.2. Develop marketing tools for the College. Market minority institution status to the community | Provost<br>RD<br>OES<br>SON | • Increased visibility & access to minority students through participation in recruitment drives and high school career day events in minority areas<br>• Redesigned College website to improve community access to College information |
| VI.D. Participate in educational organizations | VI.D. Attend conferences & meetings to develop skills necessary to further the objectives of the College. Access services of professional organizations e.g.: Hispanic Association of Colleges & Universities & those available to Hispanic Serving Institutions | EDCOS<br>ERC<br>FA<br>OES<br>SON<br>College | • Participated in professional organizations: Hispanic Association of Colleges and Universities, Southern California Associate Degree Nursing, California Association of Financial Aid Administrators, American Association of Collegiate Registrars and Admissions Officers<br>• SON management faculty attended Board of Registered Nursing new directors training<br>• College Leadership attended & participated in strategic discussion on increasing career opportunities in nursing & allied health, presented by the LA Health Collaborative Career Ladders Subcommittee. In attendance were local community College deans, a member from the board of supervisors, & DHS director of nursing affairs<br>• Management and faculty members actively participated in practice & educational organization meetings and presented information to faculty as indicated<br>• Maintained membership in multiple DHS, LAC+USC Network, & Nursing department committees & fully participated in decision- |

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| | | | making<br>• Attended professional conferences to stay current with theoretical and practice trends in content areas, management and student services<br>• Maintained certifications of excellence from various credentialing agencies<br>• Coordinated student participation and attendance in California Nursing Student Association meetings and seminars |
| VI.E. Finalize & implement a College Institutional Assessment/Program Review plan | VI.E. Develop & distribute a comprehensive planning & evaluation document based on work done by the Planning & Institutional Effectiveness Committees. Analyze outcomes, methods, strategies & results | RD | • Implemented College wide student learning outcomes & general education outcomes; all faculty participated in the process<br>• Developed & completed assessment reports of student learning outcomes for all courses & programs<br>• Finalized the College committee reporting process including areas of responsibility<br>• Finalized and implement program review documents, process, and plan<br>• Developed tracking for:<br>o Cohort completions<br>o Petition/grievances<br>o Course performance<br>o Grant funding<br>• Held faculty and staff development workshop on accreditation, SLOs and program evaluation. |

| STRATEGIC PLAN OBJECTIVES | METHOD OF ASSESSMENT | REPORTING PERSONS/ PROGRAM | STATUS |
|---|---|---|---|
| VI.F. Select & implement a College Information (database) system | VI.F. Develop a RFP/RFI for an electronic, campus, & information-management system | OES<br>RD | • Purchased and installed student information database system (CAMS). A statement of work was created to guide data conversion for transition into the system. Data migration awaiting DHS IT to "go live" |
| VI.G. Increase alumni involvement & support | VI.G. Encourage faculty & graduate involvement in Alumni Association & increase involvement of younger alumni. Encourage implementation of Giving Campaign | College Operations | • Alumni actively supported the College in their beatification efforts and special events such as the 2005 reunion that included presentations by dignitaries and a College and hospital tour<br>• Alumni participated as members of the scholarship selection committee: Berne, Nienstedt, Carol Kelly, Annie Yates and semester one book scholarships.<br>• Alumni provided funding for a book scholarship and Annie Yates award<br>• Received book scholarship donations from the classes of 2006-1 and 2006-2 cohorts<br>• Received annual contributions from members of the College towards book scholarships<br>• Received a $5000 single endowment from McNeary fund |

**Final Evaluation of Goal VI:**

The College has greatly benefited from various contributors towards its effort in attaining its mission: the Office of Nursing Affairs collaborated with HSA IT in working towards a resolution of IT support issues, revitalizing the College website, and supporting resolution of accreditation issues; the BOT provided insight, guidance, and recommendations for improvement; the Alumni participated in aesthetic beautification projects which have brought to life the rich heritage of the College; and contributions from both faculty and alumni provided other means of student assistance.

The College program review process is approaching the ACCJC: WASC designated “proficiency level”. All divisions have participated in its implementation. The use of data is evident in written reports and improvement plans. Monitoring systems have been created for tracking and trending. The College is looking into acquiring software to conduct research and analysis. Both CAMS and LMS databases are pending implementation and require IT assistance.

The revision of the College organizational chart and determination of needed Leadership positions has led to the stabilization of the College structure and provided a guide in securing needed positions. The College is currently working on stabilizing all college items.

**Contributors:**

Tammy Blass, Dean EDCOS
Maria Caballero, Dean Administrative and Student Services
Barbara Collier, Dean SON
Doris Dehart, FA Administrator & Director of Operations
Maryam Ibrahim, Research Director
Ruth McFee, EDCOS faculty
Nancy Miller, Provost
Zenaida Reyes, Dean SON (Retired July, 2009)
Judy Sherman, SON faculty
Diana Wagner, Director ERC
Juliana Yap, SON faculty

**Data Sources:**

- Ad Hoc Committee report on recruitment process
- Annual reports for academic years 2005 & 2006
- Annual Program Evaluation Reports 2007-2009
- College, program, & course committee minutes from 2005 to 2009
- DHS website, http://www.ladhs.org/wps/portal/
- Faculty & student projections
- Institutional Effectiveness Program Evaluation Review Plan
- Institutional Effectiveness Program Evaluation Tracking Log
- LAC+USC Department of Nursing Clinical Affiliations Calendar
- Outcomes Evaluation Reports Non Course
- Personnel Action Request Tracking Log
- Policy Tracking Log
- Student Learning Outcomes Assessment Reports for 2007-2009

# Addendum F

2010-2015 STRATEGIC PLAN

# Los Angeles County College of Nursing and Allied Health
# Program Review Process
# COLLEGE STRATEGIC PLAN 2010-2015

| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| **GOAL I: Enhance the Learning Environment** | | | | |
| **OBJECTIVES:** | | ACCJC: 2, 3, 4<br>BRN: 1424 | Dean SON<br>Director ERC<br>Director Ops | **EVALUATION** |
| **I.A.** Maintain current educational equipment & materials to support student learning | 1. Identify and obtain up to date learning materials | C-09: 2 | Director ERC | New books and videos purchased<br>Created video on PICC care |
| | 2. Implement the College Academic Management System (CAMS) and upgrade to enterprise system | | Dean SSS-A | |
| | 3. Upgrade educational software | | Dean SSS-A<br>Director ERC | • Acquired high technology manikin<br>• Upgraded Survey, testing and Scoring software. |
| | 4. Identify and replace any outdated equipment | | Dean SSS-A<br>Director ERC<br>Director Ops | Replaced:<br>• Stolen computer,<br>• LCD lamp,<br>• 2 monitors<br>• Skills manikin "parts.<br>• Maintained electronic databases.<br>• Evaluated card catalog and book collection,<br>• Research office computer and printer<br>• Testing room Printer<br>• Replaced 2 Testing Rm. |

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FAA: Financial Aid Administrator
IT: Information Technology
LAUSD: Los Angeles Unified School District
LMS: Learning Management System
NPA: Nursing Practice Act
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SON: School Of Nursing
SSS-A: Student Support Services Administration
WDP: Workforce Development Program

| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| | | | | computers |
| | 5. Obtain IT personnel to maintain ongoing technology support | | Provost | |
| | 6. Develop and maintain plan for ongoing equipment maintenance | | Dean SSS-A | |
| | 7. Renew service contracts on equipment | | Dean SSS-A | |
| | 8. Acquire additional electronic resources | | Director ERC | Maintained electronic databases. |
| | 9. Convert card catalog to electronic database | | Director ERC | No funding to acquire. Evaluated card catalog and book collection and maintained |
| **I.B.** Promote and enhance maintenance of operational systems and campus | 1. Develop and implement maintenance plans for Plant Management in collaboration with LAC+USC Medical Center | | Director Ops | |
| | 2. Improve the aesthetic environment | | Provost | |
| **I.C.** Seek acquisition of additional building space to accommodate students, staff, faculty and DHS training | 1. Acquire additional Classroom and office space | | Provost<br>Director Ops | |

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| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| | 2. Remodel acquired space to meet college needs | | | |
| **I.D.** Recruit, promote & retain qualified leadership, faculty, and support staff | 1. Stabilize college leadership positions | BSC: L1, L2, L3<br>BRN: 1425 | Provost<br>Director Ops | |
| | 2. Acquire items/resolve issues of classification/compensation to meet college workload needs | **DHS:G5S4-O4** | Provost<br>Director Ops | |
| | 3. Hire needed support staff | | Divisional Deans<br>Directors | |
| | 4. Evaluate the revised hiring, orientation, competency, peer review, employee education, and training policies. | COLA-09: 1.4<br>**DHS:G3-S8** | Divisional Deans | • Revised supervisor orientation effective |
| | 5. Submit budget requests to fund ordinance only items | | Provost | |
| **I.E.** Recruit and maintain a diverse student body, faculty, and staff | 1. Continue to attend student recruitment activities in elementary, secondary academic institutions and health facilities | CV: 6, 9 | Dean SSS-A<br>Dean SON | Revised the internet website, made more visible on DHS homepage to attract prospective students<br>**SON**<br>• Attend student recruitment activities **( List)**<br>**EDCOS**<br>• Participated in Annual Kidz Health fair nursing event. |

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| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| | 2. Target efforts towards faculty hiring and student enrollments reflective of Los Angeles Community demographics | | Dean SSS-A | |
| | 3. Participate in Nursing Career Awareness Project through LAUSD | | Dean SSS-A | |
| **GOAL II: Promote Student Success** | | | | |
| **OBJECTIVES** | | ACCJC: 2<br>COLA-09: 2.1 | | |
| **II.A.** Explore use of alternative teaching/learning models/ methods and integrate technology in teaching and learning | 1. Implement increased use of technology in teaching and learning | C-09: 4<br>BSC: C4, P4<br>CV: 3<br>BRN: CCR 1426A | Dean SON<br>Dean EDCOS | **SON**<br>• Program experimented with distance learning equipment for student convenience<br>• Filmed skills video on PICC care made available to students<br>• Faculty use of animation in teaching.<br>**EDCOS**<br>online modules implemented effective:<br>• BRT training<br>• End of Life<br>• DHS Skill Competency videos<br>• Suggestions implemented- "Journal club and patient follow-up/customer service calls to |

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|---|---|---|---|---|
| | | | | nursing management.<br>New staff development courses created and implemented:<br>• RNII and RNIII<br>• Assistant Nurse Manager & Assistant Program Development Workshops<br>• ICU Bridge Program<br>• Pediatric Chemotherapy Course |
| | 2. Implement online teaching/learning through the use of LMS | | Divisional Deans | Faculty mandatory courses taken via LMS; Sexual harassment, Disaster Preparation…. |
| | 3. Implement and incorporate audio/ visual conferencing | | Dean SON | **SON**<br>Implemented use of distance learning equipment for student convenience |
| **II.B.** Increase student retention in college programs | 1. Increase the availability of clinical remediation | BSC: C4, P7-10<br>CV: 4 | Dean SON | **SON**<br>Implemented A four-part clinical remediation in the Summer 2010 and Winter 2010 to assist senior students. |
| | 2. Provide student tutoring | | Divisional Deans | **SON**<br>• Obtained a Workforce Task Force part-time tutor<br>• Increased tutoring by faculty per individual and in groups.<br>• Continued use of roving tutor during clinicals<br>• |

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| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| | 3. Review and implement high risk student identification process and intervention | | Divisional Dean | **FA**<br>• No student withdrawal due to Tuition/Fee hardship. |
| | 4. Implement methods to improve student on time program completion | | Dean SON | **Research**<br>Conducted tracking studies that allow for comparisons and inform program review<br>**SON**<br>Reviewed college courses, incorporated Assessment into M/S, converting 2 courses into 1.<br>**EDCOS**<br>Incorporated additional learning experiences into Basic Critical Care program to improve student attainment of objectives<br>• Added Alarm Workshop<br>• Revised Clinical Workshop for increased understanding of advanced clinical concepts |
| | 5. Revise SON admission criteria | | Dean SON | |
| | 6. Continue to assist students in obtaining financial aid | | FAA | |

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| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| | 7. Continue with assistance to students in need that are not eligible for financial aid | | FAA | |
| **II.C.** Maintain articulation (transfer credit) agreements with community colleges and BSN programs | 1. Maintain articulation agreements with other community colleges | | Dean SSS-A | |
| | 2. Maintain articulation agreements with BSN programs | | Dean SSS-A | **SON**<br>Sort Articulation agreement with University of Phoenix, outcome pending. |
| **II.D.** Promote DHS as an employer for degree program graduates and identify opportunities to improve retention | 1. Maintain clinical affiliation placement for nursing and other health care programs | C-09: 3 | Director AH<br>Director Clinical Affiliation. | |
| | 2. Participate in career day events | | Dean SSS-A<br>Dean SON | |
| | 3. Participate in planned DHS job fairs and established recruitment activities | | Dean SON<br>Dean SSS-A | |
| | 4. Continue with student and graduate tracking in regards to hiring and retention in DHS | | Provost, Dean SON | **Research**<br>Conducted surveys of graduates of 2008 through 2010<br>**SON**<br>Graduate surveys 2008-2009 22% response. 90% respondents work in LA county |

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| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| | 5. Collaborate with Nursing Recruitment to develop and implement retention strategies | | Dean SON, Dean EDCOS<br>Dean SSS-A | |
| **II.E.** Improve opportunities for career advancement and professional development for DHS nursing workforce | 1. Implement LMS to track professional development data | COLA-09: 3.1.a.1<br>CV: 2 | Dean SSS<br>Dean EDCOS | |
| | 2. Implement new professional development courses and adapt existing courses to meet workforce needs | | Divisional Deans | |
| **II.F.** Improve the educational process and student success through SLO assessments | Attain a proficient level on assessment of student learning outcomes | CV: 1, 5 | Research Director | **Research**<br>Provided input to all division on improvement of SLO Assessment. |
| **GOAL III: Develop Coalitions & Partnerships** | | | | |
| **OBJECTIVES:** | | ACCJC: 2, 3<br>COLA-09: 2.4 | | |
| **III.A.** Optimize the use of DHS facilities for clinical placements | 1. Expand clinical rotations to DHS facilities | C-09: 6<br>BRN: CCR 1427 | Dean SON | **SON**<br>Acquisition of new clinical site, OB rotation in OVMC 2011 |
| | 2. Increase the number of semester levels at DHS facilities | | Dean SON | |

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LAUSD: Los Angeles Unified School District
LMS: Learning Management System
NPA: Nursing Practice Act
Ops: Operations
SON: School Of Nursing
SSS-A: Student Support Services Administration
WDP: Workforce Development Program

| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| **III.B.** Partner with local colleges to provide additional learning opportunities | Identify potential partnerships | BSC: P2, P5<br>**DHS:G5-S6,S7** | Dean SSS-A<br>Dean SON<br>Dean EDCOS<br>AHA | **SON**<br>Dean as member of the COADN<br>• Participated in projects; on the student scholarship committee.<br>• Assess to list serv a process used by the committee to generate information and share knowledge. |
| **III.C.** Maintain partnerships with WDP and other organizations | Retrain DHS employees to fill critical vacancies in health professions within Los Angeles County | CV: 8 | Provost<br>Dean SSS-A<br>Dean SON<br>AHA | **SON**<br>WDP students enrolled in program; Generic RN and LVN-RN option 1 and 2. |
| **III.D.** Develop and implement classes and programs in support of the Network and DHS | Respond to the training needs of DHS and the Network | C-09: 7 | Dean EDCOS<br>AHA | **EDCOS**<br>Co-coordinated County-Wide disaster drill and moulaged "bombing" victim<br>Offered professional development classes for DHS facilities:<br>• Emergency nursing<br>• Basic & advanced adult critical care<br>• Pathophysiology |
| **GOAL IV: Improve Financial Standing** | | | | |
| **OBJECTIVES:** | | ACCJC: 3 | | |
| **IV.A.** Strengthen link between planning and resource allocation | 1. Increase participation of all divisions in identifying needed resources | C: 1<br>BSC: F3, F4<br>CV: 10 | Provost<br>Deans and Directors | **Research**<br>Resource needs identified in program reports submitted to Planning |

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| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| | 2. Prioritize needs for allocation of resources and optimize use of funds in a cost effective manner | COLA-09: 2.3 | Provost<br>Deans and Directors | |
| | 3. Submit annual budget requests | | Provost | |
| | 4. Review expenditure management report quarterly | | Provost | |
| | 5. Track and benchmark college costs to increase efficiency in allocation and management of funds | COLA-09:2.5 | Provost | |
| **IV.B.** Seek additional funding sources and other measures to decrease reliance on County General Funds | 1. Conduct regular review and analysis of financial condition | BSC: F2<br>**DHS:G4-S8** | Provost<br>Dean SSS-A | |
| | 2. Increase participation in grant seeking activities | | Dean SSS-A<br>Research Director | |
| | 3. Continue to seek Alumni support | | Director Ops | |
| **GOAL V: Enhance Institutional Reputation & Capabilities** | | | | |
| **OBJECTIVES:** | | ACCJC:1, 4<br>COLA-09: 1.2 | | |
| **V.A.** Maximize participation of the Board of Trustees | 1. Provide opportunities for BOT to advocate for college | C-09: 5, 6 | Provost | |
| | 2. Consult BOT members in area of expertise | | Provost | |

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LAC College of Nursing & Allied Health
Program Review
Strategic Plan 2010-2015

| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| **V.B.** Strengthen leadership and support staff structure | Conduct regular review of leadership and support staff structures and develop improvement plans as applicable | ACCJC: 4 | Provost | |
| **V.C.** Participate in professional, academic, and community organizations | 1. Attend conferences to develop skills necessary to further the objectives of the College | | Faculty<br>Divisional Deans<br>Provost | **EDCOS**<br>Participated actively in practice & educational org. meetings:<br>• DHS, LAC+USC network, & nursing department committees<br>• Professional conferences<br>• Maintained certifications from various credentialing agencies<br>**FA**<br>Admin& Coordinator attend Dept.Ed. annual conference on HEOA. Are members of CSSFAA and attend conferences on updates.<br>**SON**<br>Exposure to global nursing perspective. 2 faculty members attended the International Nursing Conference in South Africa. |
| | 2. Access benchmarks including state and national databases to improve institutional effectiveness | | Divisional Deans<br>Provost | **Research**<br>State and national averages used in comparison to SON student status and Achievement |
| | 3. Identify and utilize accessible governmental and private institutional services in support of the college | | Divisional Deans<br>Directors | |

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LAC College of Nursing & Allied Health
Program Review
Strategic Plan 2010-2015

| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| **V.D.** Implement College information systems | 1. Redesign and update team services | | Research Director | Ongoing, maintaining currency of documents. |
| | 2. Establish system for updating Information on the website and intranet | | Dean SSS-A | |
| | 3. Implement online capability for improving the dissemination of information. | COLA-09: 2.2.6 | Dean SSS-A<br>Research Director | |
| | 4. Enable student access to forms and documents. | | Dean SSS-A<br>Research Director | **Research**<br>Provided student forms on the website for easier student access. |
| | 5. Track, trend, and evaluate student data for comparative studies | | Divisional Deans<br>Directors | **SON**<br>Student data tracked and used for program improvement:<br>• Petition/grievances<br>• Course completion<br>• Academic status<br>• Retention and attrition rates. |
| **V.F.** Maintain accreditation readiness | 1. Attain a proficient level of implementation for program review through continuous quality improvement | C-09: 5<br>BSC: P12<br>CV:7<br>BRN: NPA 2788,CCR1421<br>WASC: 1 | Provost<br>Research Director | **EDCOS**<br>• Conducted third cycle of program review<br>• On schedule with SLO assessment for programs. |
| | 2. Attain and sustain continuous quality improvement level of implementation for student learning outcomes | | Provost | |
| | 3. Access and follow up with ACCJC changes in accreditation | | Research Director<br>Divisional | • 2013 Self study upcoming.<br>• Created steering/ standards |

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| OBJECTIVE | STRATEGIES | STANDARD | ACCOUNTABILITY | ANNUAL PROGRESS 2011 |
|---|---|---|---|---|
| | expectations | | DeansDirectors | committees.<br>• Attendance of WASC workshop (List) |
| | 4. Promote a college wide culture of evidence through data utilization for programmatic evaluation and improvements | | Research Director<br>Dean SSS-A | **Research**<br>Provided suggestion and data to faculty for program reports and improvement |
| | 5. Address all deficiencies and recommendations identified by accrediting agencies | | Provost | |

**DATA SOURCES:**

ACCJC Accreditation Reference Handbook
ACCJC Guide to Evaluating Institutions
Annual Program Evaluation Reports
Balance Score Card /LACUSC Strategy Map
California Board of Registered Nursing Regulations
CONAH Annual Goals
CONAH Mission, Vision, and Values
College Committee Minutes
County of Los Angeles Strategic Plan 2010
**Department of Health Services Strategic Plan 2011**
LACCNAH Midterm Report, 2008
Los Angeles County + USC Strategic Plan 2010
Program Student Learning Outcome Assessments
Request for Program Needs
School of Nursing Annual Reports
Strategic Plan 2005-2010 Evaluation

Orig: 8/26/09 Reviewed: 6/2/10

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# Addendum G

ANNUAL GOALS

College
Education and Consulting Services
School of Nursing

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

## 2012-2013 GOALS

1. By January 15, 2013, complete College 2013 Self Evaluation for the Accrediting Commission of Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges. Elements include:
   - Complete final edits of all Self Evaluation components including Introduction, Eligibility Requirements, Historical Perspective, Certification of Compliance with Commission Policies, Response to Recommendations and Status of Planning Agenda
   - Complete final edits/standardization Standards Committees' Self Evaluation of College compliance with Accreditation Standards I through IV
   - Compile all components of the Self Evaluation including supportive evidence
   - Submit final draft to Board of Trustees, faculty, and staff for review, revision, and approval prior to submission to Accreditating Commission.
2. By June 30, 2013, successfully complete the ACCJC accreditation site visit. Elements include:
   - Prepare for and undergo site visit
   - Provide accurate and complete evidence of compliance with standards
   - Complete preparation of the facility to include obtaining support from plant management, environmental services, and information systems
   - Notify, schedule, and prepare individuals who may participate in interviews.
3. By June 30, 2013, complete report and successfully undergo site visit for Board of Registered Nursing ongoing approval of the School of Nursing (SON) program. Elements include:
   - Implement action plan steps to complete and submit the Self Study Report on time
   - Prepare for and undergo site visit
   - Provide accurate and complete evidence of compliance with standards
   - Complete post visit documentation and related requirements including SON representation at the Education and Licensing Committee
4. By June 30, 2013, address technology requirements to support student learning and improve institutional effectiveness to address accreditation recommendation. Elements include:
   - Hire and orient the Senior Information Systems Analyst
   - Implement student information system database (Comprehensive Academic Management System) including transitioning existing records and faculty/staff training
   - Develop and implement College information systems plan.
5. By June 30, 2013, participate in the development of the 2013 DHS core competency program and create, implement, and revise educational offerings to meet Network nursing service staffing, competency, and professional development needs. Elements include:
   - Develop competency program materials and establish the implementation process in collaboration with DHS CNO and Education Directors. Coordinate implementation for LAC+USC
   - Create professional development programs/classes to meet educational expectations in relation to healthcare, licensing, and regulatory requirements.

STRETCH GOAL

6. By June 30, 2013, establish Allied Health Continuing Education division to address accreditation recommendations. Elements include:
   - Interview, select, and initiate process to hire Allied Health Director
   - Develop plan to provide student learning support to Allied Health education division
   - Develop SLOs for Allied Health in collaboration with academic content experts.

Los Angeles County
COLLEGE OF NURSING AND ALLIED HEALTH
▶ School of Nursing
▶ Education & Consulting Services
▶ Allied Health Continuing Education
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EDUCATION AND CONSULTING SERVICES
**2012-2013 GOALS**

1. By June 30, 2013, complete and submit College 2013 Self Evaluation report to Accrediting Commission of Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges and participate in site visit to approve ongoing accreditation.
   Elements include:
   - Complete final edits of all Self Evaluation components including Introduction, Eligibility Requirements, Historical Perspective, Certification of Compliance with Commission Policies, Response to Recommendations and Status of Planning Agenda
   - Complete final edits/standardization of Standards Committees' Self Evaluation of College compliance with Accreditation Standards I through IV
   - Compile all components of the Self Evaluation including supportive evidence
   - Submit final draft to Board of Trustees, faculty, and staff for review, revision, and approval prior to submission to Accreditation Commission.
   - Prepare faculty and students for site visit
   - Participate in accreditation site visit

   County Goal: 1 DHS Goal: 5

2. By June 30, 2013, participate in the development of the 2013 DHS core competency program in consideration of Patient Safety Net findings, regulatory agency standards, and other patient safety-related sources and coordinate implementation and evaluation for all LAC+USC Medical Center nursing staff.
   Elements include:
   - Develop program materials and establish the process of implementation in collaboration with DHS Education Directors and educators
   - Coordinate implementation of DHS core competency validation process for all LAC+USC nursing staff
     - Plan and conduct nurse manager and assistant nurse manager training for their roles as testing proctors and RNII and RNIII training as practice station proctors
     - Create competency videos to enhance learning and place on the intranet for easy accessibility to nursing staff in preparing for competency validation
   - Incorporate 2013 DHS standardized competencies into all LAC+USC Medical Center orientation programs as of April 1, 2013

   County Goal: 1 DHS Goal: 5

STRETCH GOAL

3. By June 30, 2013, create/redesign professional development programs/classes to meet educational expectations in relation to new healthcare, licensing, and regulatory requirements.
   Elements include:
   - Create new courses/modules addressing age/population-specific competencies
   - Offer customer service focused courses to enhance patient experience
   - Provide education to assist in achieving 1115 Sepsis Waiver milestone: Improve Severe Sepsis Detection and Management
   - Develop courses to meet Joint Commission standard related to patient centered communication
   - Redesign annual Nursing Skills Validation program to meet competency validation and mandatory educational requirements and accommodate staffing needs

   County Goal: 1 DHS Goal: 5

TB:tb 07/12/12, 8/24/12

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

SCHOOL OF NURSING
**2012-2013 GOALS**

1. By June 30, 2013, complete College 2013 Self Evaluation for the Accrediting Commission of Community and Junior Colleges of the Western Association of Schools and Colleges.
   Elements include:
   - Complete final edits of all Self Evaluation components including Introduction, Eligibility Requirements, Historical Perspective, Certification of Compliance with Commission Policies, Response to Recommendations and Status of Planning Agenda
   - Complete final edits/standardization Standards Committees' Self Evaluation of College compliance with Accreditation Standards I through IV
   - Compile all components of the Self Evaluation including supportive evididence
   - Submit final draft to Board of Trustees, faculty, and staff for review, revision, and approval prior to submission to Accreditation Commission
   - Prepare faculty and students for site visit
   - Participate in accreditation site visit.

   L.A. County Goal: 1 DHS Goal: 5

2. By June 30, 2013, complete report and successfully undergo site visit for Board of Registered Nursing ongoing approval of the School of Nursing program. Elements include:
   - Implement action plan steps to complete and submit the Self Study Report
   - Complete final edits/standardization of Self Study reports and forms
   - Prepare clinical area personnel, faculty, and students for visit
   - Prepare for and undergo site visit
   - Provide accurate and complete evidence of compliance with standards
   - Complete post visit documentation and related requirements including representation at the Education and Licensing Committee.

   L.A. County Goal: 1 DHS Goal: 5

3. By June 30, 2013, implement plans for curriculum revision. Elements include:
   - Assign content areas to related committees
   - Lead the Faculty Organization in review, revision, and final approval
   - Submit curriculum change proposal to the BRN for approval
   - Initiate implementation of the approved curriculum.

   L.A. County Goal: 1 DHS Goal: 5

STRETCH GOAL

4. By June 30, 2013, remediate identified faculty to BRN-designated content areas to facilitate flexibility in assignments to meet program needs. Elements include:
   - Identify preceptors to conduct remediation
   - Implement remediation plans for assigned content areas
   - Evaluate faculty completion of remediation plans
   - Submit faculty approval forms to the BRN
   - Reassign faculty to semesters with multiple courses as indicated.

   L.A. County Goal: 1 DHS Goal: 5

BC:bc 6/28/12, 7/3/12, 7/12/12, 8/24/12

# Addendum H

OUTCOMES EVALUATION REPORTS

Course/Program/Instructor
Non Course/Program Items

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

**OUTCOMES EVALUATION REPORT: COURSE/PROGRAM/INSTRUCTOR**

**Section 1.**

Course/Program Title: _____ Course/Program Dates _____

Number of Participants: _____ Number of Responders: _____ Response Rate: _____% **

Participant Pass Number: _____ Pass Rate: _____% ** Threshold for Action: _____%

Overall Rating: _____** Threshold for Action: _____

Average Course/Program Rating: _____ Average Instructor Rating: _____

| Course/Program Rating Scale | Number of Items at this Rating Scale | Percent of Items at this Rating Scale** |
|---|---|---|
| 4.5 – 5.0 | | |
| 4.0 – 4.4 | | |
| 3.5 – 3.9 | | |
| 3.0 – 3.4 | | |
| 2.0 – 2.9 | | |
| 1.0 – 1.9 | | |
| Total # Items | | Total = 100% |

**** Do not round up numbers**

**Section 2A.**

**All Items Met Threshold for Action:** ☐ **Yes** ☐ **No (Complete Section 2B)**

**Section 2B.**

**Identify items requiring action (threshold not met), possible cause and action plan**

| Item Number | Discussion of Possible Cause | Action Plan (Include remedy, responsible person, time frame) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Section 3.**

**Identify student evaluation comments requiring attention:** ☐ **None identified**

Comment:

| Discussion of possible Cause | Action Plan |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

Course/Program Coordinator: _____ Date This Form Completed: _____

Date Findings Presented to IE Committee: _____ Date Reviewed by IE Committee: _____

Date Electronic Copy Sent to Research Director: _____

**Section 4A. Evaluation of action plan(s) outcome**:

**Action plan(s) effective:** ☐ **Yes** ☐ **No – (Complete Section 4B and readdress issue in OER Action Plan for next time period).**

**Section 4B.**

**Identify items requiring further action**

| Item Number/Comment | Status |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

Course/Program Coordinator: _____ Date Section 4 Completed: _____
Date Findings Presented to IE Committee: _____ Date Reviewed by IE Committee: _____
Date Sent to Research Director: _____

## COURSE/PROGRAM COORDINATOR NOTES:

*Submit form with post implementation OER of next survey period.*

IE:dw
Orig: 8/10/06

IE.SummEvalRprts
Rev: 04/07, 06/07,07/07, 12/07, 11/09, 05/10

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

# OUTCOMES EVALUATION REPORT: NON-COURSE/PROGRAM ITEMS

**Section 1.**

Item Measured: _____ Evaluation Period:_____

Threshold for Action: _____

Finding: _____

**Section 2A.**

**All Items Met Threshold for Action:** ☐ **Yes (Proceed to Section 3)**
☐ **No (For rated items proceed to Section 2B and 3 as applicable)**

**Section 2B. (For rated items)**

**Identify items requiring action (threshold not met), possible cause and action plan**

| Item Measured | Discussion of Possible Cause | Action Plan (Include remedy, responsible person, time frame) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Section 3.**

**Identify evaluation comments/findings requiring attention:** ☐**None identified**

Comment(s)/Finding(s):

| Discussion of Possible Cause: | Action Plan |
|---|---|
| | |
| | |
| | |
| | |

Completed by: _____ Date: _____
Date Findings Presented to IE Committee:_____ Date Reviewed by IE Committee: _____
Date Sent to Research Director: _____

**Section 4A. Evaluation of action plan(s) outcome**:

**Action plan(s) effective:** ☐ **Yes** ☐ **No – (Complete Section 4B and readdress issue in OER action plan for next time period).**

**Section 4B.**

**Identify items requiring further action**

| Item Number/Comment | Status |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

## COURSE/PROGRAM COORDINATOR NOTES:

*Submit form with post implementation OER of next survey period.*

Course/Program Coordinator: _____ Date Section 4 Completed: _____
Date Findings Presented to IE Committee: _____ Date Reviewed by IE Committee: _____
Date Sent to Research Director: _____

IE:dw IE.SummEvalRprts
Orig: 8/10/06 Rev: 04/07, 06/07,07/07, 12/07, 11/09

# Addendum I

STUDENT LEARNING OUTCOMES

College
General Education
Education and Consulting Services
School of Nursing
Educational Resource Center:  Library and Computer Laboratory

## Los Angeles County College of Nursing and Allied Health

# STUDENT LEARNING OUTCOMES ASSESSMENT REPORT COLLEGE

DATE:_____

REPORT SUBMITTED BY:_____ TITLE:_____

**Section One:** SLO and Assessment Method

| | |
|---|---|
| **Student Learning Outcomes: College (SLOC)** | Students:<br>**SLOC1:** Possess knowledge and life skills necessary to provide safe, effective and efficient care, which enables them to adapt to living and working in a multicultural environment and provide health maintenance and promotion in a global context.<br>**SLOC 2:** Utilize critical thinking, problem-solving skills, and evidence-based strategies in effectively communicating and collaborating with others to promote and maintain optimal health in their area of practice.<br>**SLOC 3:** Pursue life long learning to enrich personal and professional development; enjoy the benefits of inquiry and self-discovery; and embrace change in the fast-paced world of technological advances and health innovations. |
| **Incorporation of Student Learning Outcomes: General Education (SLOGE)** | Students:<br>**SLOGE 1:** Apply critical thinking to communicate effectively, collaborate with others, show comprehension, and research subject matter through reading, speech, demonstration, and writing.<br><br>**SLOGE 2:** Demonstrate knowledge of the human mind, body, behavior and responses to internal and external stressors through interactions with others and the provision of care. Demonstrate accountability in the application of this knowledge and skill in an ethical and professional manner.<br><br>**SLOGE 3:** Incorporate a legal/ethical approach in dealing with the community through the acceptance of diverse philosophical, cultural, and religious beliefs, and the application of cultural sensitivity, which prepares the students to live and work in a multicultural and global environment.<br><br>**SLOGE 4:** Incorporate fundamental mathematical processes and reasoning and demonstrate competency in applying mathematical formulas, conveying knowledge, evaluating mathematical information, and problem solving.<br><br>**SLOGE 5:** Develop competency in the application of technological skills to access information online, create and organize data, communicate information, use learning software programs, and operate basic technological equipment. |
| **Method Of Assessment** | Graduates/Staff development clients successfully attain the student learning outcomes as indicated by the following institutional effectiveness indicators meeting or exceeding the established criteria/thresholds as applicable:<br>• Attainment of Strategic Plan objectives |

**Los Angeles County College of Nursing and Allied Health**

**STUDENT LEARNING OUTCOMES ASSESSMENT REPORT**
**COLLEGE**

| | |
|---|---|
| | • Accomplishment of the college vision and goals<br>• Inclusion of all SLOGEs into all programs of the college<br>• Inclusion of SLOCs into all course and program SLOs<br>• Synthesis of all Program Review findings meet the thresholds<br>• Evaluation of student success rate determinants:<br>❑ Number of Registered Nursing graduates meets projected annual goal of the college.<br>❑ Upward trend of NCLEX-RN success rates<br>❑ Ability to accommodate all students through the EDCOS programs - 90 to 100%<br>❑ Enrollment trends<br>❑ Attrition rate below the state/national level<br>• Student demographics reflective of the community<br>• Program Graduation within the state/national averages<br>• Certificate completion rates<br>• DHS Student/Graduate hiring rate 50% or greater<br>• Employee Performance and Competency<br>❑ ≥90% of employees receive a satisfactory rating on their performance evaluations<br>❑ Employee competency maintained through continuing education activities, updates in areas of expertise, and renewal of all required licenses<br>• Employee satisfaction surveys meet or exceed threshold of 3.5<br>• Faculty and staff turnover rate remains at or below 10%<br>• Analysis of faculty and staff exit interview findings<br>• Employer satisfaction survey findings meet or exceed threshold of 4.0 for:<br>❑ LAC+USC Healthcare Network<br>❑ Community<br>• Graduates continuing on to at 4-year institutions.<br>• Graduates continuing in professional development courses<br>• Faculty development budget inclusion in resource allocation. |
| **Data Collection Schedule** | Annual<br>Period: _____ _ _____Academic year |
| **Required Resources** | • All resources identified in all college programs<br>• Director of Research for the college<br>• Director of Allied Health division<br>• Additional classrooms to accommodate the growing number of students and programs<br>• Additional office spaces to accommodate the growing faculty population due to program expansion<br>• Allocation for computer and building upgrades<br>• College-wide technology support to:<br>o Maintain college technological equipment in good working order<br>o Carry out the design, improvement, and maintenance of the college website<br>• Nursing Instructor, Clinical Instructor, and Management position items to support program expansion |

## Los Angeles County College of Nursing and Allied Health

## STUDENT LEARNING OUTCOMES ASSESSMENT REPORT
## COLLEGE

**Section Two**: Analysis of Assessment Results

| | |
|---|---|
| **Outcomes Evaluation Method** | Check all that apply:<br>1. ☒ Formative Evaluation ☒ Summative<br>2. ☒ Direct Evidence ☒ Indirect Evidence<br>3. ☒ Quantitative ☒ Qualitative<br>4. ☒ One time ☒ Multiple steps |
| **Evaluation Tools** | College Mission<br>College Student Learning Outcomes<br>General Education Student Learning Outcomes<br>College strategic Plan 2006-2010<br>Program Review Process documents<br>Institutional Effectiveness Assessment Plan: Program Review<br>Institutional Effectiveness Program Review Summary<br>Request for Consideration of Program Needs<br>Annual divisional Program Review and College trends<br>Program Student Learning Outcomes<br>Faculty and staff Exit Interviews |
| **Analysis of Data Report** | |
| **Additional Comments** | |

**Section Three**: Evaluation/Improvement/Re-evaluation of Outcomes Cycle

| | |
|---|---|
| **Evaluation Findings** | Quality improvement needs: |
| **Plans For Improvement** | |
| **Revaluation Due Date** | |
| **Suggestions For Change In SLO And Rationale** | |
| **Additional Comments** | |

# Los Angeles County College of Nursing and Allied Health

## STUDENT LEARNING OUTCOMES ASSESSMENT REPORT
## GENERAL EDUCATION

DATE:____1/27/10_____

REPORT SUBMITTED BY:_____M. Ibrahim_____ TITLE:____Research Director_____

**Section One:** SLO and Assessment Method

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|---|---|
| **Incorporation of Student Learning Outcomes: General Education (SLOGE)** | Students:<br>**SLOGE 1:** Apply critical thinking to communicate effectively, collaborate with others, show comprehension, and research subject matter through reading, speech, demonstration, and writing.<br><br>**SLOGE 2:** Demonstrate knowledge of the human mind, body, behavior and responses to internal and external stressors through interactions with others and the provision of care. Demonstrate accountability in the application of this knowledge and skill in an ethical and professional manner.<br><br>**SLOGE 3:** Incorporate a legal/ethical approach in dealing with the community through the acceptance of diverse philosophical, cultural, and religious beliefs, and the application of cultural sensitivity, which prepares the students to live and work in a multicultural and global environment.<br><br>**SLOGE 4:** Incorporate fundamental mathematical processes and reasoning and demonstrate competency in applying mathematical formulas, conveying knowledge, evaluating mathematical information, and problem solving.<br><br>**SLOGE 5:** Develop competency in the application of technological skills to access information online, create and organize data, communicate information, use learning software programs, and operate basic technological equipment. |
| **Correlated Student Learning Outcomes: College (SLOC)** | Students:<br>**SLOC1:** Possess knowledge and life skills necessary to provide safe, effective and efficient care, which enables them to adapt to living and working in a multicultural environment and provide health maintenance and promotion in a global context.<br>**SLOC 2:** Utilize critical thinking, problem-solving skills, and evidence-based strategies in effectively communicating and collaborating with others to promote and maintain optimal health in their area of practice.<br>**SLOC 3:** Pursue life long learning to enrich personal and professional development; enjoy the benefits of inquiry and self-discovery; and embrace change in the fast-paced world of technological advances and health innovations. |
| **Correlated Student Learning Outcomes: SON Program** | Students:<br>**SLOC 1:** Develop essential competencies of a beginning practitioner in the provision and management of care for professional licensure. |

## Los Angeles County College of Nursing and Allied Health

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| | **SLOC 2:** Successfully complete all required courses of the program in the specified time period and are eligible to take the NCLEX-RN examination.<br>**SLOC 3:** Receive a passing score on their NCLEX-RN examination. |
| **Correlated Student Learning Outcomes: EDCOS Program** | Students demonstrate ongoing professional development through application of academic, technical, collaborative, communication and critical thinking skills in the safe care of culturally diverse patients in a variety of settings. |
| **Method Of Assessment** | Graduates/Staff development clients successfully attain the student learning outcomes as indicated by the following institutional effectiveness indicators meeting or exceeding the established criteria/thresholds as applicable:<br>• Attainment of Strategic Plan objectives<br>• Accomplishment of the college vision and goals<br>• Inclusion of all SLOGEs into all programs of the college<br>• Inclusion of SLOCs into all course and program SLOs<br>• Synthesis of all Program Review findings meet the thresholds<br>• Evaluation of student success rate determinants:<br>❑ Number of Registered Nursing graduates meets projected annual goal of the college.<br>❑ Upward trend of NCLEX-RN success rates<br>❑ Ability to accommodate all students through the EDCOS programs - 90 to 100%<br>❑ Enrollment trends<br>❑ Attrition rate below the state/national level<br>• Student demographics reflective of the community<br>• Program Graduation within the state/national averages<br>• Certificate completion rates<br>• DHS Student/Graduate hiring rate 50% or greater<br>• Employee Performance and Competency<br>❑ ≥90% of employees receive a satisfactory rating on their performance evaluations<br>❑ Employee competency maintained through continuing education activities, updates in areas of expertise, and renewal of all required licenses<br>• Employee satisfaction surveys meet or exceed threshold of 3.5<br>• Faculty and staff turnover rate remains at or below 10%<br>• Analysis of faculty and staff exit interview findings<br>• Employer satisfaction survey findings meet or exceed threshold of 4.0 for:<br>❑ LAC+USC Healthcare Network<br>❑ Community<br>• Graduates continuing on to at 4-year institutions.<br>• Graduates continuing in professional development courses<br>• Faculty development budget inclusion in resource allocation. |
| **Data Collection Schedule** | Annual<br>Period: _____ _____Academic year |
| **Required Resources** | • Clerical support person<br>• Class Climate Software<br>• Program and College reports |

## Los Angeles County College of Nursing and Allied Health

## STUDENT LEARNING OUTCOMES ASSESSMENT REPORT
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| | • Student surveys<br>• Class Climate Software<br>• Faculty evaluation of students<br>• Allocation for computer and building upgrades<br>• College-wide technology support to:<br>  o Maintain college technological equipment in good working order<br>  o Carry out the design, improvement, and maintenance of the college website<br>• Nursing Instructor, Clinical Instructor, and Management position items to support program expansion |

**Section Two**: Analysis of Assessment Results

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| **Outcomes Evaluation Method** | Check all that apply:<br>1. ☒ Formative Evaluation ☒ Summative<br>2. ☒ Direct Evidence ☒ Indirect Evidence<br>3. ☒ Quantitative ☒ Qualitative<br>4. ☐ One time ☒ Multiple steps |
| **Evaluation Tools** | College Mission, and Values<br>College strategic Plan 2006-2010<br>Student Course Survey report<br>School of Nursing Curriculum<br>School of Nursing Educational Philosophy<br>School of Nursing Program Review Survey report<br>School of Nursing Annual Program Evaluation Report |
| **Analysis of Data Report** | |
| **Additional Comments** | |

**Section Three**: Evaluation/Improvement/Re-evaluation of Outcomes Cycle

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| **Evaluation Findings** | Quality improvement needs: |
| **Plans For Improvement** | |
| **Revaluation Due Date** | |
| **Suggestions For Change In SLO And Rationale** | |
| **Additional Comments** | |

## Los Angeles County College of Nursing and Allied Health

# STUDENT LEARNING OUTCOMES ASSESSMENT REPORT
# EDUCATION AND CONSULTING SERVICES: BASIC ADULT CRITICAL CARE

DATE: January 20, 2012

REPORT SUBMITTED BY: Ruth McFee and Beverly McLawyer

TITLE: Program Coordinators

**Section One**: SLO and Assessment Method

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|---|---|
| **Course(s)** | Basic Adult Critical Care<br>• Didactic component<br>• Clinical component<br>• Clinical Follow-up component (preceptorship) |
| **Student Learning Outcomes** | The registered nurse applies academic, technical, collaborative, communication, and critical thinking skills in the safe care of culturally diverse patients in a critical care setting. |
| **Incorporation Of Student Learning Outcomes: General Education (SLOGE)** | Students:<br>**SLOGE 1:** Apply critical thinking to communicate effectively, collaborate with others, show comprehension, and research subject matter through reading, speech, demonstration, and writing.<br>**SLOGE 2:** Demonstrate knowledge of the human mind, body, behavior and responses to internal and external stressors through interactions with others and the provision of care. Demonstrate accountability in the application of this knowledge and skill in an ethical and professional manner.<br>**SLOGE 3:** Incorporate a legal/ethical approach in dealing with the community through the acceptance of diverse philosophical, cultural, and religious beliefs, and the application of cultural sensitivity, which prepares the students to live and work in a multicultural and global environment.<br>**SLOGE 4:** Incorporate fundamental mathematical processes and reasoning and demonstrate competency in applying mathematical formulas, conveying knowledge, evaluating mathematical information, and problem solving.<br>**SLOGE 5:** Develop competency in the application of technological skills to access information online, create and organize data, communicate information, use learning software programs, and operate basic technological equipment. |
| **Correlated Student Learning Outcomes: College (SLOC)** | Students:<br>**SLOC1:** Possess knowledge and life skills necessary to provide safe, effective and efficient care, which enables them to adapt to living and working in a multicultural environment and provide health maintenance and promotion in a global context.<br>**SLOC 2:** Utilize critical thinking, problem-solving skills, and evidence-based strategies in effectively communicating and collaborating with others to promote and maintain optimal health in their area of practice.<br>**SLOC 3:** Pursue life long learning to enrich personal and professional development; enjoy the benefits of inquiry and self-discovery; and |

**Los Angeles County College of Nursing and Allied Health**

**STUDENT LEARNING OUTCOMES ASSESSMENT REPORT**
**EDUCATION AND CONSULTING SERVICES: BASIC ADULT CRITICAL CARE**

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| | embrace change in the fast-paced world of technological advances and health innovations. |
| **Correlated Student Learning Outcomes: Program (SLOP)** | **SLOP:** Students will demonstrate ongoing professional development through application of academic, technical, collaborative, communication and critical thinking skills in the safe care of culturally diverse patients in a variety of settings. |
| **Method of Assessment** | • 2 quizzes each worth 20% of grade<br>• Final exam worth 60% of grade, must have a minimum grade of 75% to pass<br>• Overall score of 75% or greater.<br>• Score a Pass on assessment project.<br>• Satisfactory performance on each criteria included on Clinical Competency Evaluation form.<br>• Completion of a 72-hour preceptorship with satisfactory performance on each criteria included on preceptorship form.<br>Course Performance:<br>• Institutional effectiveness indicator III.E: Course pass rate of 80%.<br>• Institutional effectiveness indicator III.F: Student evaluations of Instructors meet or exceed threshold of 3.5.<br>• Institutional effectiveness indicator III.G: Student evaluations of Program meet or exceed threshold of 3.5.<br>• Institutional effectiveness indicator III.A: Employer Satisfaction survey meets or exceed threshold of 3.0 (competent). |
| **Data Collection Schedule** | Annual<br>Period: July 2010 – June 2011 Academic year |
| **Required Resources** | Clerical support, photocopier, course syllabi, tests, scantrons, test grading machine, classroom and audiovisual equipment, critical care supplies and equipment, critical care clinical sites, skills lab with life support equipment, e.g. defibrillator monitors defibrillator manikin, airway equipment. |

**Section Two**: Analysis of Assessment Results

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| **Outcomes Evaluation Method** | Select all that apply:<br>1. ☒ Formative Evaluation ☒ Summative<br>2. ☒ Direct Evidence ☒ Indirect Evidence<br>3. ☒ Quantitative ☒ Qualitative |
| **Evaluation Tools** | • Student gradebook<br>• Clinical competencies<br>• Skills Inventory checklists<br>• Student program and instructor evaluation<br>• Employer surveys |

**Los Angeles County College of Nursing and Allied Health**

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**EDUCATION AND CONSULTING SERVICES: BASIC ADULT CRITICAL CARE**

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| | • Outcomes Evaluation Reports |
| **Analysis of Data Report** | **Didactic:**<br>Time Period: July 2010 / Time Period: September 2010 **cancelled**<br>10 / ____ students enrolled<br>0 / ____ student withdrew<br>0 / ____ students failed<br>0 / ____ students attrited<br>10 / ____ students completed<br>100% / ____ % of those that completed passed.<br>4.92 / ____ average overall course rating<br><br>Time Period: January 2011 / Time Period: April 2011<br>9 / 9 students enrolled<br>0 / 0 student withdrew<br>0 / 1 students failed<br>0 / 1 students attrited<br>9 / 9 students completed<br>100 / 88.9 % of those that completed passed.<br>4.96 / 4.49 average overall course rating<br><br>**Clinical:**<br>Time Period: July 2010 / Time Period: September 2010 cancelled<br>8 / ____ students enrolled<br>2 / ____ student withdrew<br>1 / ____ students failed<br>3 / ____ students attrited<br>5 / ____ students completed<br>83 / ____ % of those that completed passed.<br>4.79 / ____ average overall course rating<br><br>Time Period: January 2011 / Time Period: April 2011<br>2 / 4 students enrolled<br>0 / 0 student withdrew<br>0 / 0 students failed<br>0 / 0 students attrited<br>2 / 4 students completed<br>100 / 100 % of those that completed passed.<br>5 / 4.66 average overall course rating<br><br>**Preceptorship:**<br>Time Period: July 2010 / Time Period: September 2010 cancelled<br>5 / ____ students enrolled<br>0 / ____ student withdrew<br>0 / ____ students failed |

**Los Angeles County College of Nursing and Allied Health**

**STUDENT LEARNING OUTCOMES ASSESSMENT REPORT**
**EDUCATION AND CONSULTING SERVICES: BASIC ADULT CRITICAL CARE**

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| | 0 _____ students attrited<br>5 _____ students completed<br>100 _____ % of those that completed passed.<br>NA _____ average overall course rating<br><br>Time Period: January 2011<br>2 _____ students enrolled<br>0 _____ student withdrew<br>0 _____ students failed<br>0 _____ students attrited<br>2 _____ students completed<br>100 _____ % of those that completed passed.<br>NA _____ average overall course rating<br><br>Time Period: April 2011<br>4 _____ students enrolled<br>0 _____ student withdrew<br>0 _____ students failed<br>0 _____ students attrited<br>4 _____ students completed<br>100 _____ % of those that completed passed.<br>NA _____ average overall course rating |
| **Additional Comments** | |

**Section Three**: Evaluation/Improvement/Re-evaluation of Outcomes Cycle

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| **Evaluation Findings** | Student Performance:<br><br>Overall 2010-2011 course pass rates for 3 programs:<br>• Didactic pass rate was 27 out of 28* (96.4%) with a range of 88.9%-100%<br>• Clinical pass rate was 11 out of 12* (91.7%) with a range of 83.3%-100%.<br>• Preceptorship pass rate was 11 out of 11(100%).<br><br>*Didactic and clinical enrollment may vary because participants from other DHS facilities attend the didactic component only, and also some of the participants in clinical are retaking the clinical component. The pass rate for all Didactic, Clinical and Preceptorship exceeded threshold.<br><br>During the previous academic year, Clinical pass rate was below threshold. The clinical instructors identified many of the nurses who failed as clearly not ready for the ICU. These nurses were sent back to work in the ward setting. Subsequently, after being evaluated by their nurse managers, the majority of them were found to be not ready for the ICU, and therefore did not come back to complete the program.<br><br>As a result of the issue, we assisted nursing management in developing a pre phase I checklist to assist the managers and preceptors in assessing the readiness of the students for the program. We also met with the Nurse Managers, the ICU Clinical Nursing Director, and Assistant Nursing Director to discuss the clinical expectations. They were all in agreement that the expectations were appropriate. |

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| | We believe that these interventions have helped to make an improvement in this issue. This year the nurse managers have done a much better job in assessing and identifying nurses who are ready to work in the ICU setting.<br><br>Employer Satisfaction Survey results exceeded threshold of 3.0. Average was 3.06 The most frequent answer to the statement, "The Phase I nurse needs the most assistance with was "prioritization." Prioritization is a common difficulty for new ICU nurses (as well as for new nurses). There is a lot of focus on this in the clinical portion of the program, but mastery of these skills comes with time and experience. Although no action was required, the instructors continue to emphasize time management and prioritization strategies during clinical.<br><br><u>Course performance:</u><br><br>Student evaluations of program and all instructors exceeded threshold of 3.5.<br>• Didactic Overall (average): 4.79<br>• Didactic Course (average): 4.63<br>• Didactic Instructor (average): 4.8<br>• Clinical Overall (average): 4.82<br>• Clinical Course (average): 4.79<br>• Clinical Instructor (average): 4.94<br><br>Two student comments on the didactic component evaluations required follow up. During the January 2011 program, one student wrote that there were too many "except" questions on the exam. There were 21 "except" questions on the exam- only one was a "high miss" question. Since then, the exams were revised and many of the except questions were changed. We will look at the "high miss" trend for the except questions and change them as necessary. As we update test questions in the future, we will minimize the "except" questions. No high miss questions were "except" questions in subsequent programs.<br><br>During the April 2011 program, one student commented that some of the PowerPoint style handouts were hard to read. The instructors were asked to review their PowerPoint handouts, enlarge the font (to 24 or greater), and put diagrams on a full page. The majority of handouts were revised during the Summer and Fall of 2011. There have been no more comments regarding this in subsequent program<br><br>There were no student comments requiring attention for the Clinical component, but the instructors identified an issue. One student was very weak, and so the other student in that clinical group did not get as much attention as would be ideal. The instructors decided that if this happens again, or for whatever reason a student is not getting the attention or experience he or she needs, the instructors would change the make up of the clinical groups. |

**Los Angeles County College of Nursing and Allied Health**

**STUDENT LEARNING OUTCOMES ASSESSMENT REPORT**
**EDUCATION AND CONSULTING SERVICES: BASIC ADULT CRITICAL CARE**

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| | Quality improvement needs:<br><br>The instructors will continue to work with the nurse managers in helping them to assess readiness for the program. |
| **Plans For Improvement** | During 2012 we will need to train over 70 nurses for the ICU. These nurses will need to be trained as quickly as possible because they were hired as the result of a Board of Supervisors mandate to staff the ICUs to reduce closure of ICU beds. Many of these nurses graduated from nursing school over one year ago and have no acute care experience. We anticipate that nurses who are not ready for the ICU will be sent to the program. The coordinator will keep open communication with the Nurse Managers and ICU Clinical Nursing Director in order to ensure, as much as possible, that potential program participants are ready to work in the ICU.<br><br>The coordinator and instructors will also continue to encourage the Nurse Managers, ICU Clinical Nursing Director and Assistant Nursing Directors to allow the students at least two to four weeks time in the ICU setting, with a preceptor, prior to attending the program. |
| **Revaluation Due Date** | Fall 2012 |
| **Suggestions For Change In SLO And Rationale** | Under analysis of data, divided up the data for the 3 components (didactic, clinical and preceptorship) Also, under method of assessment, more clearly described the requirement for passing the preceptorship component of the program. |
| **Additional Comments** | |

**Contributors:**
Ruth McFee
Beverly McLawyer
Tammy Blass

**Los Angeles County College of Nursing and Allied Health**

# STUDENT LEARNING OUTCOMES ASSESSMENT REPORT
# SCHOOL OF NURSING: N243L

DATE: 12/20/11

REPORT SUBMITTED BY: L. Myers TITLE: Coordinator 4th Semester

SEMESTER 4

**Section One**: SLO and Assessment Method

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| **COURSE (S)** | Nursing 243L: Advanced Medical Surgical and Gerontological Nursing Clinical |
| **Student Learning Outcomes** | Students incorporate sound leadership principles according to the standards of competent performance in planning, managing, and delivering health care using a collaborative interdisciplinary approach including delegation and supervision of nursing care being delivered by others in a diverse healthcare setting. |
| **Incorporation Of General Education Student Learning Outcomes (SLOGE)** | Students:<br>**SLOGE 1:** Apply critical thinking to communicate effectively, collaborate with others, show comprehension, and research subject matter through reading, speech, demonstration, and writing.<br>**SLOGE 2:** Demonstrate knowledge of the human mind, body, behavior and responses to internal and external stressors through interactions with others and the provision of care. Demonstrate accountability in the application of this knowledge and skill in an ethical and professional manner.<br>**SLOGE 3:** Incorporate a legal/ethical approach in dealing with the community through the acceptance of diverse philosophical, cultural, and religious beliefs, and the application of cultural sensitivity, which prepares the students to live and work in a multicultural and global environment.<br>**SLOGE 4:** Incorporate fundamental mathematical processes and reasoning and demonstrate competency in applying mathematical formulas, conveying knowledge, evaluating mathematical information, and problem solving.<br>**SLOGE 5:** Develop competency in the application of technological skills to access information online, create and organize data, communicate information, use learning |
| **Correlated Student Learning Outcomes: College (SLOC)** | Students:<br>**SLOC1:** Possess knowledge and life skills necessary to provide safe, effective and efficient care, which enables them to adapt to living and working in a multicultural environment and provide health maintenance and promotion in a global context.<br>**SLOC 2:** Utilize critical thinking, problem-solving skills, and evidence-based strategies in effectively communicating and collaborating with others to promote and maintain optimal health in their area of practice. |
| **Correlated Student Learning Outcomes: Program (SLOP)** | Students:<br>**SLOP 1:** Develop essential competencies of a beginning practitioner in the provision and management of care for professional licensure. |

**Los Angeles County College of Nursing and Allied Health**

**STUDENT LEARNING OUTCOMES ASSESSMENT REPORT**
**SCHOOL OF NURSING: N243L**

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| | **SLOP 2:** Successfully complete all required courses of the program in the specified time period and are eligible to take the NCLEX-RN examination. |
| **Method of Assessment** | Student achievement of all clinical Performance Evaluation criteria listed below indicates attainment of the student learning outcome:<br>• Satisfactory grade on:<br>o 2 Nursing Care Plans<br>o Resume and cover letter<br>o Assignment Making Sheet<br>o Conflict and Advocacy<br>o Geriatric Care Plan on well elderly person and windshield survey<br>o Participation at Alzheimer's care centers<br>o Written documentation of Operating Room experience<br>o Leadership Audits and evaluation<br>o Written documentation of participation in Health fair<br>o Windshield Survey<br>• Participation in all case studies.<br>• Participation in cognitive/psychomotor skills:<br>o Mock code<br>o Ventilator<br>• Presentation of Political-societal issue among the geriatric population<br>• Satisfactory care of 3 to 5 patients in the clinical setting<br>• Score of 70% or greater in the Clinical Competency examination<br>• Score of 80% or greater on NCLEX 3500<br>• Satisfactory completion of Clinical Preparation Sheet<br>• Score of 85% or greater in the Drug Dosage Calculation Competency<br>• Absence no greater than 10% of clinical hours<br><u>Course Performance:</u><br>• The student course survey threshold average score of 3.5 or higher.<br>• Institutional effectiveness indicator II.B: Nursing course pass rate of 95%.<br>• Institutional effectiveness indicator II.E: Student Attrition/class less than 15%.<br>• Institutional effectiveness indicator II.P: SON Petition and Grievances less than 5%. |
| **Data Collection Schedule** | Spring and Fall Semesters<br>Period: <u>____8/16/11-12/15/11_____</u> |
| **Required Resources** | Testing, grading, and survey software, OMR Scanner, Large classrooms, Conference rooms, Computer labs, Photocopier, Clerical support, IT support. Technological equipment; Computers, LCD, Laptops, Projectors, portable microphone. ERC Educational software. Clinical sites, Skill laboratory, Crash cart. |

**Los Angeles County College of Nursing and Allied Health**

**STUDENT LEARNING OUTCOMES ASSESSMENT REPORT**
**SCHOOL OF NURSING: N243L**

**Section Two**: Analysis of Assessment Results

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| **Outcomes Evaluation Method** | Check all that apply:<br>1. ☒ Formative Evaluation ☒ Summative<br>2. ☒ Direct Evidence ☒ Indirect Evidence<br>3. ☒ Quantitative ☒ Qualitative |
| **Evaluation Tools** | • Student grade sheet<br>• Student course evaluation results<br>• Attendance Sheet<br>• Outcomes Evaluation Report<br>• Student status report |
| **Analysis Of Data Report** | 50 students enrolled<br>6 student withdrew<br>0 students failed<br>6 students attrited<br>44 students completed<br>100 % of those that completed passed.<br>0 students filed a petition<br>0 petition advanced to grievance<br>4.22 average overall course rating |
| **Additional Comments** | |

**Section Three**: Evaluation/Improvement/Revaluation of Outcomes Cycle

**Los Angeles County College of Nursing and Allied Health**

**STUDENT LEARNING OUTCOMES ASSESSMENT REPORT**
**SCHOOL OF NURSING: N243L**

| **Evaluation Findings** | |
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Student Performance:

Fifty students were initially enrolled in N243L

- One student withdrew during the first week due to personal issues.
- One student withdrew during the second week due to family and work issues.
- One student withdrew and was given medical leave.
- Three students withdrew at midterm due to poor clinical performance. A three part remediation plan was implemented to assist the students in successfully meeting their clinical objectives. The plan is to be completed by 1/4/12 prior to readmittance to N243L.
- Twelve students were placed on academic warning for violation of clinical objectives. Plans for success were developed and implemented. The students were able to meet the terms of their plans and succeed.
- All students passed the DD&C exam at the first attempt.
- All students passed the clinical competency exam on first attempt. Scores on the medical-surgical portion ranged from 77-92%. Score covering the leadership-management portion were lower from 70-86%.

Course performance:

Course evaluation 4.22
Instructor evaluations 4.31
Student Learning 4.55
Overall course average 4.33
Attrition Rate 12.0%

- During N243L 2-hour lab, the endocrine conent was presented in a senario format in which students competed for prizes. This format was a interactive method to engage students in critical thinking exercise. It assisted the students in understanding the main concepts and interventions of the disease processes covered in lecture and the modules. Students exam scores covering acute neurological and endocrine content improved comapared to the spring 2011.

- A 4 hour clinical lab to correlate N242 concepts learned to the clinical setting was held. The lab assisted students in applying the concepts of prioritization and delegation in medical-surgical senarios. During this lab session, students were given senarios and approximately 15-20 questions in this format and are discussed. Students were encouraged to contact the lecturer or their clinical instructor to assist and clarify any questions they may have.

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| | **Implementation of Plans for Improvement from Spring 2011**<br>To capture the bulk of the class to complete evaluations for the course, the evaluations are given on the last clinical lab prior to the competency examination. The issue of the fesability of survey item 1.6, " Written competencies were clearly worded and based on course objectives", to be added to the exit program evaluation survey for fall 2011 was discussed. When reviewing the program evaluation survey report, it was identified that there is no clear objective where this item could be placed that was soely reflective of the 4th semester. It is a possibility that it could be placed on Program objective # 8 :Evaluation of the learning environment.<br>Will submit concerns to research director or faculty organization program review workshop.<br><br>Survey item 1.6 regarding the written competencies was improved. The item increased to 3.94 exceeding the TFA of 3.5. There was also an increase in item 1.7, " Skills competencies were evaluated in a standardized manner", it received a 4.11 rating. This is an interesting phenomenon since we do not conduct skills competency in semester 4.<br><br><u>Quality improvement needs:</u><br>Access to Pyxis and supplies, and glucometer.<br>The following problems have been identified as system problems and have been referred to the Medical Centers School Affiliation Liaisons.<br><br>LAC+USC Medical Center<br><br>Staff have expressed that they want students to have their own Pyxis codes and keys to access supply areas. Assisting 10-12 students can be disrupting. If students need access to the keys and Pyxis there needs to be more organization in which the nurse can attend to a group of students at one time instead of a student one-by-one requesting access at different times. This has been reported to the nurse managers and educational liaison.<br><br>Olive View Medical Center<br>The majority of staff enjoyed working with students, a few expressed that they preferred not to work with students because they can get their patient care task done quicker without students. The staff felt that all students acted in a professional manner and students asked relevant questions. The staff expressed a desire for students to have their own Pyxis access codes. In the fall 2011, the staff was directed not to "give" students medications from the Pyxis. The clinical instructor was given an access key to the Pyxis and keypad access to the supply room to assist the students in patient care. This change has impacted the instructor availability to students. Students are directed to go find the instructor especially when she is accessing the Pyxis and a student not giving medication need assistance. Student assignments were change to accommodate students being on time in the administration of medications.<br><br>Harbor-UCLA Medical Center<br>Students do not have access to the Affinity System in which they can |

**Los Angeles County College of Nursing and Allied Health**

**STUDENT LEARNING OUTCOMES ASSESSMENT REPORT**
**SCHOOL OF NURSING: N243L**

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| | research/look up labs. The hospital remains on a paper charting system so student are able to document their assessment finding and any other narrative of summative charting information needed in the care of a patient.<br>Students are unable to use the glucometer to attain "fingersticks" or glucose results because they are not given individual codes.<br>Students are still able to gain access to the information needed for the treatment of their assigned patients. |
| **Plans For Improvement** | Implementation of upgraded "MOCK CODE" in which scenarios and EKG interpretation is added.<br>Incorporation of the " METI man" with scenarios in small groups (8-10 students) |
| **Revaluation Due Date** | Fall 2012 |
| **Suggestions For Change in SLO and Rationale** | None |
| **Additional Comments** | |

**Contributors:**

**Los Angeles County College of Nursing and Allied Health**

# STUDENT LEARNING OUTCOMES ASSESSMENT REPORT
# EDUCATIONAL RESOURCE CENTER: LIBRARY AND COMPUTER LABS

DATE: September 30, 2011

REPORT SUBMITTED BY: Diana Wagner, MSN, RN, CCRN, CNRN TITLE: Director, Educational Resource Center

**Section One**: SLO and Assessment Method

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|---|---|
| **Program** | VI.H. Student Services – Educational Resource Center<br>• Library and Computer Labs |
| **Student Learning Outcomes: Program (SLOP)** | Students demonstrate knowledge of available learning resources both in print and electronic form and effectively access, retrieve and analyze information. They utilize these resources for personal and professional growth. |
| **Incorporation of Student Learning Outcomes: General Education (SLOGE)** | Students:<br>**SLOGE 5:** Develop competency in the application of technological skills to access information online, create and organize data, communicate information, use learning software programs, and operate basic technological equipment. |
| **Correlated Student Learning Outcomes: College (SLOC)** | Students:<br>**SLOC 3:** Pursue life long learning to enrich personal and professional development; enjoy the benefits of inquiry and self-discovery; and embrace change in the fast-paced world of technological advances and health innovations. |
| **Method of Assessment** | Students successfully attain the student learning outcome as indicated by the following program effectiveness indicators meeting or exceeding the established criteria/thresholds as applicable:<br>• Students attend a library services information class.<br>• Students correctly:<br>- Access needed library services<br>- Retrieve print and electronic information<br>• Students successfully complete course/computer assignments<br>Service Performance:<br>• Institutional effectiveness indicator VI.C: The student Computer Lab Survey Questions on Program Evaluation Survey meet or exceed a threshold of 3.5 (on a 5-1 scale) and average ≥ 75% positive responses.<br>• Institutional effectiveness indicator VI.C: ≥ 800 sign ins annually to the computer lab<br>• Institutional effectiveness indicator VI.F: The student Library Survey Questions on Program Evaluation Survey meet or exceed a threshold of 3.5 (on a 5-1 scale)<br>• Institutional effectiveness indicator VI.E: ≥3,500 sign ins annually to the library<br>• Institutional effectiveness indicator VI.K: Annual Program Evaluation findings. |
| **Data Collection Schedule** | Annual<br>Period: 2010-2011 Academic year |

**Los Angeles County College of Nursing and Allied Health**

**STUDENT LEARNING OUTCOMES ASSESSMENT REPORT**
**EDUCATIONAL RESOURCE CENTER: LIBRARY AND COMPUTER LABS**

| | |
|---|---|
| **Required Resources** | Clerical support, survey software, photocopier, library print and electronic information (books, journals, electronic database), computers, software programs, IT support. |

**Section Two**: Analysis of Assessment Results

| | |
|---|---|
| **Outcomes Evaluation Method** | Select all that apply:<br><br>1. ☒ Formative Evaluation ☒ Summative<br><br>2. ☒ Direct Evidence ☒ Indirect Evidence<br><br>3. ☒ Quantitative ☒ Qualitative |
| **Evaluation Tools** | • Library & computer lab questions on Program Evaluation Survey<br>• Library and Computer lab sign in sheets<br>• Outcomes Evaluation Report |
| **Analysis of Data Report** | <u>Library:</u><br><br>• Satisfaction with Library resources and service is reflected in the ranking of responses to questions on the Program Evaluation Survey. For both the class of 2010-II (N=46) and 2011-I (N=63) rankings on the responses to questions regarding the Library exceeded threshold and ranked 4.54 overall.<br>• The ranking for the question regarding Library hours meeting needs most of the time exceeded threshold. For the class of 2010-II, the question regarding Library hours meeting needs ranked 4.38 (95.6% agreed or strongly agreed) and for 2011-I ranked 4.31 (83.8% agreed or strongly agreed).<br>• The ranking for the question regarding the Library collection meeting needs exceeded threshold. For the class of 2010-II, the ranking was 4.47 (91.2% agreed or strongly agreed) and for the class of 2011-I the ranking was 4.5 (92% agreed or strongly agreed).<br>• The ranking for the question regarding satisfaction with the Library environment exceeded threshold. For the class of 2010-II, the ranking was 4.51 (93.4% agreed or strongly agreed) and for the class of 2011-I the ranking was 4.48 (92% agreed or strongly agreed).<br>• The ranking for the question regarding professionalism and helpfulness of Library staff exceeded threshold. For the class of 2010-II, the ranking was 4.80 (97.7% agreed or strongly agreed) and for the class of 2011-I the ranking was 4.87 (98.4% agreed or strongly agreed).<br>• Library usage statistics, which demonstrate student access of this learning resource, exceeded threshold with 5,520 sign-ins.<br><br><u>Computer Lab:</u><br><br>• Satisfaction with Computer Lab resources and service is reflected in the ranking of responses to questions on the Program Evaluation |

| | |
|---|---|
| | Survey and overall rankings exceeded threshold. For the class of 2010-II (N=46) Computer Lab service questions overall ranked 4.40 and for 2011-I (N=63) ranked 4.33 overall.<br>• The ranking for the question regarding satisfaction with Computer Lab hours exceeded threshold. For the class of 2010-II, the question regarding Computer Lab hours meeting needs most of the time ranked 4.34 (90.9% agreed or strongly agreed) and for 2011-I ranked 4.28 (85.2% agreed or strongly agreed).<br>• The ranking for the question regarding satisfaction with the Computer Lab environment exceeded threshold. For the class of 2010-II, the ranking was 4.40 (93.4% agreed or strongly agreed) and for the class of 2011-I the ranking was 4.31 (85.2% agreed or strongly agreed).<br>• The ranking for the question regarding assistance provided when needed exceeded threshold. For the class of 2010-II, the ranking was 4.44 (93.3% agreed or strongly agreed), and for the class of 2011-I the ranking was 4.39 (90.2% agreed or strongly agreed).<br>• Computer Lab usage statistics, which demonstrate student access of this learning resource, exceeded threshold with 1,611 sign-ins. |
| **Additional Comments** | • Rankings on all Library and Computer Lab questions on the Program Evaluation Survey have exceeded threshold for the last three academic years demonstrating sustained improvement since 2007.<br>• Usage statistics for the electronic databases continue to demonstrate peaks and valleys which appear to correlate with semester breaks and when writing assignments are due. Classes on access and use of these resources continue to be offered each semester as well as at a student's point of need.<br>• Expanded Educational Resource Center orientation continues to be provided to incoming students. |

**Section Three**: Evaluation/Improvement/Re-evaluation of Outcomes Cycle

| | |
|---|---|
| **Evaluation Findings** | Usage statistics, rankings, and percent of students who agree/strongly agree with each survey question, continue to exceed threshold indicating that the SLO is being met. |
| **Plans For Improvement** | Quality improvement needs:<br><br>• Ongoing tracking and trending of survey questions and comments<br>• Plan for information regarding CINAHL and EBSCO A-to-Z journal site to be available on College website – in progress<br>• Plan for additional Library information to be available on College website (monthly new book list, Library loan policy) – in progress<br>• Development of powerpoint tutorials on how to locate Library materials, internet search techniques, citing resources to be completed and available on College website – in progress<br>• Continue book/media purchases to strengthen Library collection in support of nursing curriculum and student learning resources – ongoing<br>• Explore pros and cons regarding purchase of small ebook collection – in progress |

**Los Angeles County College of Nursing and Allied Health**

# STUDENT LEARNING OUTCOMES ASSESSMENT REPORT
# EDUCATIONAL RESOURCE CENTER: LIBRARY AND COMPUTER LABS

| | |
|---|---|
| **Revaluation Due Date** | Fall 2012 |
| **Suggestions for Change in SLO and Rationale** | None at this time |
| **Additional Comments** | None at this time |

**Contributors:**
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Director, Educational Resource Center

# Addendum J

ANNUAL PROGRAM EVALUATION REPORT

Programs
Committees

# LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

## ANNUAL PROGRAM EVALUATION REPORT

## ACADEMIC YEAR: 2010-2011

**REPORTING COMMITTEE: Semester One**

## PART I: EVALUATION OF ANNUAL GOALS AND COLLEGE ASSIGNMENTS AS APPLICABLE

**Evaluation of annual goals from the preceding academic year:**

- Implement the recommendations from the Faculty Development Workshop 2010 as assigned.

Goal met. All semesters were assigned to articulate what the expectations are of students at the beginning and end of each semester. Semester One and Semester Two faculty met to discuss their views of these expectations. Semester One faculty) shared in the development of the expectations and they were presented to the SON faculty during the June 2011 Faculty Workshop. Feedback from the faculty resulted in some minor revisions to the expectations.

- Continue to monitor and evaluate content transfer status.
  Goal met. Response under Part IV: PROGRAM/COMMITTEE STATUS/ RECOMMENDATIONS- "Status to Date")

- Continue to utilize and evaluate the effectiveness of Par Test system as test bank, in generating examinations, and for incorporating the rationales for answer key.
  Goal met. (Response under Part IV: PROGRAM/COMMITTEE STATUS/ RECOMMENDATIONS - "Status to Date")

**Implementation of recommendation to and from Committees/other Programs including status**

None

## PART II: STUDENT PERFORMANCE EVALUATION

**Student related problems:**

| | Fall 2010 | Spring 2011 |
|---|---|---|
| Complaints | See Below | See Below |
| Petitions 0 | | 0 |
| Grievances | 0 | 0 |
| Withdrawals | **6**<br>• 3 admin WD | **7**<br>• 4 Admin WD |

| | Fall 2010 | Spring 2011 |
|---|---|---|
| | • 3 personal reasons | • 3 personal reason |
| Dismissals | **1**<br>(see below for explanation) | 0 |
| Failures | **7**<br>• 3 (one course failure)<br>• 4 (2 failures-out of program | **6**<br>• 4 (one course failure)<br>• 2 (second failure- out of program) |

In the Fall, 2010 semester, dismissal was due to violation of HIPPA regulations that was repeated by the student after warning issued. The Academic Withdrawal policy regarding concurrency was strictly enforced to comply with the BRN regulation. When a student failed N113L or N113, they were administratively withdrawn from the corresponding co requisite course.

**Faculty /staff intervention to improve student learning**

- Students who were placed on Academic Warning status were all given academic guidance by their instructors. Remediation plans were created in collaboration with the students and implemented. The students who chose to withdraw for personal reasons from the program and those with course/program failures were referred to the Dean of Administrative and Student Services for follow-up. These students were regarded as high risk and given every opportunity to demonstrate progress, but unfortunately, some of them did not succeed. Much time and effort on the part of the faculty was devoted to student conferences covering such areas as test review, content clarification, and review of nursing care plans. Instructors were rated consistently above threshold in student course surveys. Any questions regarding areas of concern (Example: an exam item) were addressed by the instructors in an open-minded and fair manner.

- Several of the strategies utilized during the 2009-2010 Academic Year were continued that promoted student learning. These strategies included:

    - Provision of opportunities for practice the Head to Toe Assessment and writing Nursing Care Plans. In addition, time was set aside to practice documentation of the Head to Toe Assessment in the Affinity Patient Charting. These activities facilitated student transfer of skills to the clinical area.
    - During the Spring, 2011 semester, Workforce students continued to have two six-hour days instead of one 12 hour clinical day, which promoted learning and reinforcement of skills learned. (Example: medication administration.)
    - Concept maps continued to be utilized in N113L in addition to or instead of the clinical worksheets towards the end of each semester.

Positive feedback continued from students as the mapping assisted them in connecting the different aspects of the patient's status and care.
- In addition to a skills lab demonstration and video about IV therapy by the Skills Lab Co-coordinator, students were also given additional opportunities to show their skills prior to performing them in the patient care area with instructor supervision.

- Other strategies were added based on student and faculty input to include:

  - In Fall, 2010, rotation through General Hospital for Students assigned to Rancho clinical facility was increased from one to two weeks, so students obtained more repeated experiences in IV Therapy skills, Affinity Charting, and injections. This strategy was a result of student/faculty feedback.
  - Introduction of the IV Skills was presented earlier in the semester (12th week), thus providing more time for the students to apply those skills in the clinical area. This strategy assisted in an increased preparation for students prior to advancing to the second semester.
  - Use of Ward 904/905 in Rancho in the Spring, 2011 generic rotation, provided students with a wider variety of patient care experiences than sole use of 902/903.
  - In the Nursing 111 course, the Vitamin and Mineral Module was distributed to the students the first day of the course, to give them more time to review this required content in a concise format, which focused on the main concepts required.
  - The SBAR form was also introduced to students in N113L to enhance their ability to prioritize and summarize essential aspects of care for their assigned patients.
  - Adjustment of clinical hours at the OV clinical site beginning at 0630 instead of 0700 was made, allowing students the additional time needed to adhere to the OV medication administration schedule.

- Student Statistical Data: 2010-2011 for each course:

| **N110:** | **FALL 2010** | **SPRING 2011** |
|---|---|---|
| **Enrolled** | **59** | **41** |
| **Withdrawals** | **3** | **3** |
| **Admin WD** | **0** | **0** |
| **Failures** | **2** | **0** |
| **Passed** | **54** | **38** |
| **Attrition** | **8.5%** | **7%** |
| **Pass Rate** | **96.4%** | **100%** |

Semester One APER
2010-2011

| N111: | FALL 2010 | SPRING 2011 |
|---|---|---|
| Enrolled | 56 | 45 |
| Withdrawals | 2 | 2 |
| Admin WD | 0 | 1 |
| Failures | 3 | 2 |
| Passed | 51 | 40 |
| Attrition | 9% | 11% |
| Pass Rate | 94.4% | 95% |

| N112: | FALL 2010 | SPRING 2011 |
|---|---|---|
| Enrolled | 48 | 53 |
| Withdrawals | 2 | 1 |
| Admin WD | 0 | 0 |
| Failures | 3 | 0 |
| Passed | 43 | 52 |
| Attrition | 9.6% | 2% |
| Pass Rate | 93% | 100% |

| N113: | FALL 2010 | SPRING 2011 |
|---|---|---|
| Enrolled | 48 | 55 |
| Withdrawals | 3 | 3 |
| Admin WD | 2 | 4 |
| Failures | 3 | 4 |
| Passed | 40 | 44 |
| Attrition | 16.7% | 20% |
| Pass Rate | 93% | 97.7% |

| N113L: | FALL 2010 | SPRING 2011 |
|---|---|---|
| Enrolled | 50 | 56 |
| Withdrawals | 3 | 5 |
| Admin WD | 3 | 4 |
| Failures | 3 | 2 |
| Passed | 41 | 45 |
| Attrition | 18% | 19.6% |
| Pass Rate | 93% | 95.7% |

- Pass rates were consistently above the 85% pass rate
- Attrition rates were below the 15% threshold for N110, N111, and N112.
- Attrition rates were above the 15% threshold for N113 and N113L. High course attrition rates were due to students being academically withdrawn from a co-requisite course in the event of student failure or withdrawal from a course. N113 and N113L are co-requisites.

## PART III: PROGRAM / COMMITTEE PERFORMANCE EVALUATION

### Problems experienced/changes relating to courses/service /structure/process

**Overview:** Overall, the courses ran smoothly during this academic year. Course and Instructor ratings were consistently high (see tables below under Effectiveness of curriculum/services)**.** Any issues were dealt within a timely fashion with focus on fairness and adherence to policies as appropriate. Open lines of communication between faculty and students contributed to the smooth functioning of the courses. Administration Building, Room 105 remained the main classroom for this academic year. Although there were sufficient desks for the number of students in the classroom, the space was small and the seating arrangement between students was very close. Faculty was mindful of temperature issues, and utilized fans for cross ventilation as needed. No major equipment problems were reported. For Fall, 2011, Semester One will request use of the Library Building Room 122 for our larger class population on Mondays, which should prove to be more comfortable.

**Specific Problems are as follows:**

- Although most of the student health and life scan clearances were completed prior to the students attending the clinical areas, problems of delay continue to arise every semester specifically for the Rancho and Olive View students. Instructors are put in the position of facilitating communication between the student and whichever department the origin of delay occurs, so as to prevent students missing any clinical time. This problem of delay is being addressed by the SON Dean.

- OV students are required to take Mandatory Fire and Safety class before clinical rotation begins. At times there is a delay in scheduling students for these classes which result in having to rearrange lab time. The Semester Coordinator has resorted to sending timely reminder and has addressed this issue with Dean SON and Dean, Administrative Student Services.

- List of students assigned to Rancho clinical group is not finalized by the first week of school. Late student assignment to Rancho causes stress among students when they are asked to change/or asked to volunteer to change sites. The Coordinator discussed the issue with Dean SON and the Dean of Student Services regarding the need to have a complete Rancho student by the first week of class.

- A student was dismissed from the nursing program, due to a violation of the HIPPA regulations. Although HIPPA is highly emphasized during all semesters, particular emphasis is placed with incoming students, who are new to the professional role. Intentional and unintentional violations are reiterated and the possible consequences for violation are reviewed. A check off strategy prior to students leaving clinical was enforced to ensure

compliance. (Example: instructors make sure that students return all the Medication Administration Records to the nursing staff prior to going off duty.)

- The 8th edition of the Lewis Medical Surgical textbook was to be utilized starting in Spring, 2011 semester. A majority of the students obtained the correct edition, however, due to error on the booklist given to students, some students only had the 7th edition. Chapter readings for both 7th and 8th editions were made available to student to ensure they have the correct reading assignments and prevent confusion.

- Instructors found that the medication card assignment in N111 did not enhance student learning and was not conducive to application of theory content to the clinical area. They found that some students would often email the cards to each other instead of each student creating their own cards to enhance learning. For the Spring, 2011 semester, the instructors decided to discontinue this assignment. The grading scale will be modified to provide greater emphasis on the importance of the quizzes in evaluating student learning outcomes.

- The 7th edition of the Kee Pharmacology text was found to have numerous errors that instructors addressed with the students as needed. All errors discovered were relayed to the SON book representative, who contacted the publisher regarding the errors with the suggestion that the company provides an addendum with all the errors corrected or a replacement text with the errors corrected. As of the date of this report, we are awaiting feedback from the publisher. Faculty will continue to provide students with the accurate information until such time as the book publisher corrects the problem.

- Several students in the OV clinical site expressed their dissatisfaction with the rude approach and attitude of some of the nurses towards them, which surfaced intermittently throughout the semester. The OV clinical instructor gave input on the dissatisfaction expressed by some of the nursing staff related to changes in hospital policies and procedures making their job more demanding given limited time to complete their work. Some of their frustrations may have been displaced onto the students. The clinical instructor will continue to maintain an open and positive line of communication with the staff, especially regarding the clinical objectives and expectations of Semester 1 students to avoid tension between the staff nurses and students that could affect student learning outcomes.

**Implemented Changes/Changes for Fall, 2011**

- Beginning in the Spring, 2011 semester, the Nursing Process content in N112 was transferred to N113. This transfer was done because the nursing process content correlates closer with the Medical Surgical content in N113. In addition, if a student failed or withdrew from N112, they could continue in

N113/N113L. This transition went smoothly and resulted in more allotted time for the remaining N112 content, utilized well for student engagement in class discussion of the content.

- Beginning in the Fall, 2011 semester, Workforce students will take N111 and N112 and then continue in the Spring, 2012 semester taking N113/N113L. Since N110 will be integrated into the N113 course, congruency of content will be maintained by this sequencing.

- Starting in Fall, 2011, N110 content will be integrated into N113, making N113 a 4 credit course instead of 3 credits. The content hours for N110 will be added to N113, and lecturers will remain the same. **(Please see "Accomplishments of the Program" section below)**

**Effectiveness of curriculum/services rendered**

**See table below**: Ratings were consistently above threshold for all courses in 2010-2011:

| NURSING 110 | FALL 2010 | SPRING 2011 |
|---|---|---|
| Overall Average | 4.54 | 4.5 |
| Course Average | 4.57 | 4.47 |
| Instructor Average | 4.46 | 4.51 |

| NURSING 111 | FALL 2010 | SPRING 2011 |
|---|---|---|
| Overall Average | 4.1 | 4.34 |
| Course Average | 4.11 | 4.32 |
| Instructor Average | 4.09 | 4.35 |

| NURSING 112 | FALL 2010 | SPRING 2011 |
|---|---|---|
| Overall Average | 4.44 | 4.4 |
| Course Average | 4.33 | 4.44 |
| Instructor Average | 4.45 | 4.39 |

| NURSING 113 | FALL 2010 | SPRING 2011 |
|---|---|---|
| Overall Average | 4.45 | 4.5 |
| Course Average | 4.36 | 4.47 |
| Instructor Average | 4.47 | 4.5 |

| N113L | FALL, 2010 | SPRING 2011 |
|---|---|---|
| Overall Average | 4.7 | 4.59 |
| Course Average | 4.6 | 4.62 |
| Instructor Average | 4.74 | 4.57 |

The consistent high ratings of the courses and the instructors can be attributed to several factors as follows:

- Continual updating and revising by instructors of their presentations. Use of varied teaching strategies to reinforce content.
- Open communication with students which tends to increase student engagement
- Increased familiarization with content.
- Ability of coordinator to supervise was increased due to increased time allowed to attend to coordinator's duties.

## PART IV: PROGRAM STATUS AND RECOMMENDATION

### Accomplishments of the Program:

- Expedited integration of N110 content into the N113 course. After the approval by the SON faculty at the Faculty Workshop in June 2011, Semester One faculty was able to integrate the content from N110 into N113 in time for the BRN review/approval so that the course would be ready for the Fall, 2011 semester. The rationale for integration was deemed important because it enhanced student comprehensive learning by integrating assessment skills/findings with medical/surgical fundamentals. The assessment portion of the course was placed in the first several weeks of the course, to facilitate its application in the clinical area. By sequencing the content as such, students could fully focus on the simple to the complex by gaining experience in normal assessment findings prior to gaining knowledge on medical surgical conditions.

  In addition to sequencing the content, exams percentages were revised to address the added content. Semester 1 faculty decided that the System Assessment homework assignments from the N110 course did not seem to enhance assessment skills, so they were removed from the integrated N113 course as of the Fall, 2011 semester. Some other changes were instituted: the written assignment was removed from N113 and placed in the N112 Professional Role course, to address a professional issue in nursing. A new rubric was created for the new written assignment by one of the faculty with other faculty reviewing it as well. The faculty felt that the amount of exams in N113 was sufficient to address the SLO for that course.

- Effective integration of Workforce students with the Generic students in the Fall, 2010 and Spring, 2011 semesters. When the Workforce students began

their clinical course in Spring, 2011, the Semester 1 coordinator requested of the Workforce coordinator to arrange for the students to have the skills demonstration day on Tuesday instead of Friday, the usual day for Workforce students. As a result, the Workforce students attended the skills session on Tuesdays rather than Fridays for the first four weeks, and worked on Fridays This suggestion was made to eliminate duplicity of skill demonstration and to maintain optimal consistency among all the students. This strategy worked well, with an additional advantage of having students from both groups spending time with each other.

- Expedient problem solving indicated in the **"Specific Problem"** section of this report.

- Two faculty members attended the orientation to use the newly acquired high fidelity manikin, Mediman, for clinical simulation scenarios.

**Status to date:** The goals for the Academic Year 2010-2011 were all met as Semester One faculty consistently worked towards the accomplishment of these goals. An "open door" policy of the Dean of the SON was supportive in addressing issues when the need arose.

- The content transfers implemented 2009 continued to be monitored by faculty. Faculty continued to revise presentations to maintain their currency and optimize for clarity. Course evaluations were maintained well above the 3.5 threshold.

- Semester 1 Faculty continues to increase their ability to develop test items that test application of content, rather than just pure knowledge questions. They continue to utilize the Par test system, and clarify any questions regarding the operation of the ParTest as needed. Faculty inputs the rationales for answers to exam items in the ParTest database.

**Quality improvement plans (If applicable):**

- Continue to monitor course performance and course evaluations

- Continue to follow-up on on-going problem areas (Example: Textbook errors)

- Have the SLO sections updated as needed due to changes in courses (Example: percentage breakdown for exams)

**Goals for upcoming academic year:**

- Implement the recommendations from the Faculty Development Workshop 2011 as assigned.

- Develop and implement plan to ensure that all clinical groups are completely assigned by the first week of the semester.

- Monitor and evaluate the integrated N113 course starting in Fall, 2011

- Continue to utilize and evaluate the effectiveness of the ParTest system as test bank, in generating examinations and incorporating the rationales for answer key.

- Implement the use of the Mediman clinical scenarios as deemed appropriate by Semester One faculty.

## PART V: ACCOMPLISHMENTS TO THE STRATEGIC PLAN

The following portions of the Strategic Plan 2010-2015 have been addressed as follows:

### Goal 2: Promote Student Success

**Objective 11.A.** Explore use of alternative teaching/learning models/methods and integrate technology in teaching and learning

**Strategy:** Implement increased use of technology in teaching and learning.

**Example:** Use of video and audio clips for assessment of breath sounds**.**

### Goal 3: Develop Coalitions & Partnerships

**Objective 111.A.** Optimize the use of DHS facilities for clinical placements

**Strategy:** Expand clinical rotations to DHS facilities.

**Example:** Semester One has continued to have first semester students utilize OVMC and Rancho Los Amigos for the clinical rotations. Rancho is used for generic as well as WF students.

### Goal 5: Enhance Institutional Reputation & Capabilities

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

**Strategy:** Attend conferences to develop skills necessary to further the objectives of the College**.**

**Example:** Faculty attendance at the WASC Self Study Workshop in April, 2011

## PART VI: CONTRIBUTORS TO REPORT:

Mildred Gonzales, MSN, RN, OCN
Sarah Granger, MSN, RN
James Krause, MSN, RN
Eufracia Milan, MSN, RN
Roslyn Nott, MSN, RN
Judith Sherman, MN, RN

## PART VII: DATA SOURCES

Annual Program Evaluation Report, Academic Year 2009-2010
Outcome Evaluation Reports (2010-2011)
SLO Reports (2010-2011)
Student Status Reports (2010-2011)
Course Evaluations (2010-2011)
Strategic Plans (2010-2015)

**LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH**

**ANNUAL PROGRAM EVALUATION REPORT**

**ACADEMIC YEAR: 2009-2010**

**REPORTING PROGRAM/COMMITTEE: Curriculum Committee**

## PART I: EVALUATION OF ANNUAL GOALS

**Evaluation of annual goals from the preceding academic year**

Goal One: Complete the Curriculum Change policy revision and present to Faculty Organization for approval.

Policy # 700 titled Curriculum Changes was revised. The second draft was sent out for review by the faculty February 2010, and was approved by the Faculty Org. Committee on March 15, 2010.

Goal Two: Monitor progress of Semester 1 and 2 content transfers

According to the report in the faculty Org. minutes, as well as the semester one and two annual reports, the transfer of Fluid and Electrolytes, and Respiratory medications to semester one was well accepted and correlated well with the current theory taught in N 113. The transfer of Hematological pharmacology to the second semester was also well accepted and coincided well with the theory content taught in the N 123 Medical Surgical course.

Goal Three: Review and make recommendations as necessary regarding the SON Educational Philosophy Conceptual Framework per recommendations from Admissions and Promotions Committee

The Committee was able to follow up on the original inter-committee communication from Admissions and Promotions committee sent in September 2009. After a careful review of the SON Philosophy and Conceptual Framework the Committee unanimously agreed that they were congruent and that there were no changes required of the policy at that time.

Goal Four: Address issues related to curriculum involving faculty such as exploration of a tri-semester versus quarter system, correlation of content with clinical and compression of summer and winter session.

This goal was addressed as evidenced by the following:

- The committee responded to an inter-committee communication from the Admissions and Promotions Committee regarding students correlating their

theory courses with clinical. According to the Business and Profession Code # 1426; theory and clinical courses are co-requisites and must be taken together.

- Information gathered from the various committee activities and course evaluation in the 2009-2010 did not demonstrate data to support a need for any change in the current academic schedule.

**Implementation of recommendation from Committees/other Programs**

- The Research Director, recommended the review of the General Education Requirements. The committee completed an extensive evaluation of the General Education Requirements and concluded that the 2009-2010 requirements as presented in the 2007-2008 review were consistent, and that there was no need for any changes.

- The Nursing Practice committee, requested the committee to recommend the use of Carnegie hours for all lectures. Curriculum Committee gathered information from the Business and Professions Code that supported their recommendations.

- The Admissions and Promotions Committee inquired about a Curriculum change or incorporating a co-requisite component for concurrency for Medical Surgical theory and clinical. The Committee utilized information from the BRN to support our input regarding the CONAH policy that supports concurrency of theory and clinical.

## Part II: STUDENT PERFORMANCE EVALUATION

**Student related problems as applicable:**

During the June 2010 Program Review Workshop, the following graphs were presented by M. Ibrahim, Research Director which represents the number of Petitions/Grievances, Withdrawals/Failures, and Dismissals for the 2009-2010 academic year.

| Academic year | Petitions | Hearings | Grievances |
|---|---|---|---|
| 2009-2010 13 | | 3 | 1 |

The report from the Research Director provided the cumulative rationale for the petitions and grievances to be 48% Academics, 7% Professional Conduct, 10% Attendance, and 34% reentry to the program.

| Semester | # Students enrolled | # Student Withdrawals | # Student Failures | % of W/F per Semester |
|---|---|---|---|---|
| One 58 | | 5 | 3 | 14% |
| Two 57 | | 2 | 3 | 9% |
| Three | 73 3 10 | | | 18% |
| Four | 91 8 28 | | | 40% |
| Total 279 | | 18 | 44 | 22% |

Faculty has identified that there is an increase in the amount of students struggling with both academics and clinical performance as evidenced by an increase in students placed on warning, course failures and withdrawals. It was identified that there were multiple cohorts in both semesters three and four. Historically having multiple cohorts in any semester attributes to the increase in attrition rates.

**Faculty/Staff intervention to improve student learning:**

The following changes were made to improve student learning:

- Standardized syllabi format was adopted for all semesters.
- Rubrics were developed and used in grading of clinical and theory courses
- Remediation plans were individualized for clinical courses to meet very specific semester criteria for returning student.
- Skills content were redistributed between semester one and two. Clinical courses content map was revised by Clinical Practice Committee after the change.
- Theory content was redistributed between semester one and two. Content map was reviewed and revised by Nursing Practice Committee.
- Several student workshops were implemented by the faculty to assist the students' success in meeting the SLO's, for example lab interpretation, APA writing, test taking strategies, and a nursing care plan work shop.

## PART III: PROGRAM/COMMITTEE PERFORMANCE EVALUATION

**Findings from Surveys:**

The Clinical Practice Committees Performance Evaluation revealed that semester three fell below threshold of 90% and it was believed that it was due to the number of students that received an incomplete for course work. It is the recommendation of the Curriculum Committee for the Clinical Practice Committee to review Policy 300 Grading System so that they can submit recommendations to the Faculty Organization committee changes that would tighten the policy regarding course work.

The Nurse practice Committee identified several items in their courses performance evaluations that fell below the 3.5 thresholds. Question 1.6 on the survey fell below the threshold for all semesters consistently. The Curriculum Committee supports the decision of the Nursing Practice Committee to change the survey question to establish a question that addresses the theme after receiving content from the courses in the different semesters.

The Professional Practice Committee surveys did not identify any area that fell below the threshold.

**Problems experienced relating to courses/service/structure/process**

There were several problems identified within the clinical practice course that included but was not limited to, the students meeting required expectations of the previous completed semester.

There was a recommendation from administration during the faculty workshop for each semester to identify what expectation each semester has of students' entering their semester.

Semester III implemented new rubrics for all assignments that are due for each course to prevent students from having to take an incomplete for not completing assignments in a timely manner.

After evaluating the student population the Nursing practice Committee identified that there were too many cohorts of students in level two (semester four) which ultimately skewed the evaluation criteria, including the pass rate.

**Course pass rates:** Data regarding individual course pass rates was provided by the research director at the June 2010 Program Review Workshop. Refer to the graph below:

| Course | # of Students Enrolled | # of Students Passed |
|---|---|---|
| N 110 | 45 | 42 |
| N 111 | 46 | 44 |
| N 112 | 60 | 57 |
| N 113 | 53 | 49 |
| N113L | 57 | 49 |
| DDCC 57 | | 57 |
| | | |

| Course | # of Students Enrolled | # of Students Passed |
|---|---|---|
| N 121 | 49 | 45 |
| N 122 | 44 | 44 |
| N 123 | 57 | 51 |
| N 123L | 48 | 45 |
| N 124 | 44 | 42 |
| N 124L | 45 | 45 |
| | | |

| Course | # of Students Enrolled | # of Students Passed |
|---|---|---|
| N 231 | 56 | 55 |
| N 232 | 10 | 10 |
| N 233 | 60 | 52 |
| N 233L | 70 | 64 |
| | | |

| Course | # of Students Enrolled | # of Students Passed |
|---|---|---|
| N 242 | 19 | 16 |
| N 243 | 76 | 49 |
| N 243L | 77 | 45 |
| DDCC | 77 | 4 |
| | | |

## PART IV: PROGRAM /COMMITTEE STATUS AND RECOMMENDATION

**Accomplishments of the Program/Committee:**

- The Curriculum Committee members adopted the minute format from a college committee and an administration committees' format. There was a format whereby the agenda and minutes could be combined, thus providing the minute taker the ability to adequately transcribe the meeting details while participating in the discussion. The committee was informed that the LAC-USC network utilizes the adopted minute format for all of their committees, as it provides consistency with follow up and accountability for the recorder to maintain focus on agenda items during committee meetings**.** Based on the recommendations of the Curriculum Committee the Faculty Organization voted to accept the Minute Format, as the standard format for minutes for all college committees.
- The committee was able to accomplish the goals of reviewing all of the policies for the 2009-2010 academic years. One of the policies that was reviewed and changed was policy number # 700: Curriculum Changes. The policy was reviewed per the request of the Admissions and Promotion Committee. The changes made to the policy demonstrate congruency and the language changes are consistent with the current language being used. Policy # 750 Course Syllabus: was also revised so as to attain compliance with language changes and to ensure the procedures were placed in the appropriate order. Revisions were made to policies # 321 Test Item Analysis, and # 300 Grading System, after receiving an intercommitte communication request from the Admissions and Promotions committee. Lastly, during the tri annual review of the SON Philosophy of General Education was reviewed without any revisions.

**Goals for upcoming academic year:**

1. Review and update policies and procedures for the SON
2. Ensure that all courses maintain a threshold of 3.5
3. Restructure course evaluation item 1.6.
4. Maintain course outcomes for the following academic year.

## PART V: ACCOMPLISHMENTS TO THE STRATEGIC PLAN (Programs only)

## PART VI: COMMITTEE MEMBERSHIP/CONTRIBUTORS TO REPORT

A. Cinco MSN, CNS, RN
R. Griggs-Gabbedon MSN, RN (Chairperson)
H. Honda MSN, PNP, RN
J. Krause MSN, CNS, RN
F. Milan BSN, RN
L. Myers MSN, FNP, CCRN, RN
L. Patricio MSN, ANP, RN
G. Person MSN, RN

**Student Representatives:**
M. Gilo - Second Semester
S. Tom - Third Semester
M. Ulit - Fourth Semester

## PART VII: DATA SOURCES

Intercommittee Communications 2009-2010
Annual Program Evaluation Report: Academic Year 2009-10
Semesters One and Semester two Reports to Curriculum Committee re: Content Transfers.
Curriculum Committee Minutes 10/09-05/10
Faculty Workshop, June, 2010 presentations
Course Performance Evaluations 2009-2010
Class Climate Reports 2009-2010
Nursing Practice Annual Report 2009-2010

# Addendum K

INSTITUTIONAL EFFECTIVENESS COMMITTEE REPORTING SCHEDULE

| 5-Jan | 2-Feb | 1-Mar | 5-Apr |
|---|---|---|---|
| I.D. Emp Turnover Rate | II.B. SON Nursing Course Pass Rate | Semesters 1 & 4 February SON reports | V.F. SON Student Corequisite Completion |
| II.G. Point System & Student Success Correlation | II.K.L. SON Course & Instructor Eval Scores | VII.A.B. Financial Aid Loan Default Rate & Student Sat Score | II.D. SON Student On-time Completion Rate |
| III.B. EDCOS Class/Program Documentation Completion Rate | II.N. SON Clinical Post Interview | VII.C. FA Program SLO | V.E. Certs Completion |
| V.J. OES Program SLO | II.O. Ward/Unit Evaluation Student Survey | VII.D. FA Annual Program Review | III.E.F.G.I. EDCOS 12-Lead |
| V.K. OES Annual Program Review | II.S. SON Course SLOs | III.A.E.F.G.I. EDCOS Phase II | Semesters 2 & 3 February SON reports -RS |
| III.E.F.G.I. EDCOS Patho | II.E. SON Student Attrition Rate/Class | | II.S. N125 SON Course SLOs-RS |
| V.I. SON Curriculum Plan Completion | II.S. N125 SON Course SLOs | | |

Meeting Cancelled

| 3-May | 7-Jun | 5-Jul | 2-Aug |
|---|---|---|---|
| III.C. Lesson Plan/Course Review Due 2014 | II.C. NCLEX Pass Rate | II.E. SON Student Attrition Rate/Class | I.E. Emp Exit Interviews MOVED TO DEC. |
| I. H. College SLO (Every 3 yrs-2012) - MOVED TO JULY | II.H. DHS Student/Grad Hiring Rate | II.F. SON Student Attrition Reason | II. I. SON Employer Satisfaction Score MOVED TO DEC. |
| I.I Mission Integration (Every 3yrs - 2012) -MOVED TO JULY | I.C. Emp Satisfaction-RS | I.F. Articulation Agreements | IV.C.AH Lesson Plan/Course Review |
| I.J. Strategic Plan Program Review - MOVED TO JULY | II.P. SON Petitions, Grievances, Written Student Complaints | III.E.F.G.I. EDCOS DEM -MOVED TO SEPT | IV.D. AH Course Pass Rate |
| II.J. Graduate Continued Education | I.K. Affilliate MOVED TO SEPT | I.L. Drug Free-RS | IV.E. AH Class/Instructor Evaluation Score |
| II.Q. SON Graduate Survey Evaluations | III.E.F.G.I. EDCOS Phase 1 | I. H. College SLO (Every 3 yrs-2012) | IV.A.B.C.D.E.F. AH Course SLOs |
| | | I.I Mission Integration (Every 3yrs - 2012) | IV.B.AH class Documentation completion rate |
| | | I.J. Strategic Plan Program Review | IV.A.AH Course SLOs |
| | | III.J. EDCOS Annual Program Review | IV.E. AH Class/Instructor Evaluation Score |

CANCELLED

| 6-Sep | 4-Oct | 1-Nov | 6-Dec |
|---|---|---|---|
| I.A. Emp Performance Evals | V.G. SON Graduate Documentation for BRN | II.S. N125 SON Course SLOs MOVED TO FEB 2013 | II.C. NCLEX Pass Rate |
| I.B. Emp Competency - File Completion | V. H. SON Student Demographics | II.M. SON Program Evaluation Survey MOVED TO DECEMBER | II.H. DHS Student/Grad Hiring Rate |
| I.G. Program Enrollment | V.I. SON Curriculum Plan Completion MOVED TO DEC | V.J. OES Program SLO MOVED TO DECEMBER | II.A. SON Annual Program Review |
| V.A. On Time SON Student Registration | V.D. SON Applicant Admission Test Results in File | V.K. OES Annual Program Review MOVED TO DECEMBER | II.R. SON Program SLO |
| V.B. SON Enrolled Student Acad File Creation | V.E. Certificate Completion Rate | VII.A.B. Financial Aid Loan Default Rate & Student Sat Score | II.J. Graduate Continued Education MOVED TO MAY |
| V.C. Class/Program File Completion Rate MOVED TO OCTOBER | VI.A.B. Skills Lab Use & Sat Score MOVED TO NOV. | VII.C. FA Program SLO | II.Q. SON Graduate Survey Evaluations MOVED TO MAY |
| II.D. SON Student On-time Completion Rate | VI.C.D. Computer Lab Use & Sat Score MOVED TO NOV. | VII.D. FA Annual Program Review | I.E. Emp Exit Interviews- RS |
| III.E.F.G.I. EDCOS DEM- RS MOVED TO OCT | VI.E.F. Library Use & Sat Score MOVED TO NOV | III.E.F.G.I. EDCOS Patho | II. I. SON Employer Satisfaction Score-RS |
| I.K. Affilliate-RS | VI.H. ERC Program SLO MOVED TO NOV. | VI.A.B. Skills Lab Use & Sat Score | V.J. OES Program SLO |
| | VI.I. ERC Annual Program Review MOVED TO NOV. | VI.C.D. Computer Lab Use & Sat Score | V.K. OES Annual Program Review |
| | III.E.F.G.I. EDCOS DEM- RS | VI.E.F. Library Use & Sat Score | II.M. SON Program Evaluation Survey |
| | | VI.H. ERC Program SLO | V.C. Class/Program File Completion Rate |
| IE. 2012 | | VI.I. ERC Annual Program Review | V.I. SON Curriculum Plan Completion |

# Addendum L

PROGRAM NEEDS REQUEST

# Los Angeles County College of Nursing and Allied Health

## REQUEST FOR CONSIDERATION OF PROGRAM NEEDS

**FROM:** Research Director

**To:** College Planning Committee

**EVALUATION PERIOD:** Academic year 2010 - 2011

**REQUEST FROM PROGRAM REVIEW REPORTS**

☒ SLO ☒ APER ☒ COURSE COMMITTEE ☒ Program Evaluation Survey ☒ Employee Survey

| STRATEGIC PLAN SECTION | SPECIFIC REQUEST | ORIGINATING SOURCE(S) |
|---|---|---|
| **SP.1.A EDUCATIONAL EQUIPMENT& MATERIALS** | **MATERIALS** | |
| | Purchase E Book collection | ERC APER |
| | Purchase Interactive learning software | ERC APER |
| | Unblock internet access | Sem. 3 N233L SLO Spr. 2010. |
| | Replace old skills lab dummy parts | 2010-2 PES, |
| | **TECHNOLOGICAL EQUIPMENT** | |
| | Increase number of Laptops | Sem. 3 APER, ERC APER, Sem.2 N122 SLO F10, 2010-2011 Employee Survey |
| | Increase number of LCDs | Sem. 3 APER, ERC APER, 2010-2011 Employee Survey |
| | Provide Microphones in the classroom | Sem. 3 APER |
| | Have larger lecture podiums | Sem. 3 N233 SLO Spr. 2010 |
| | Upgrade Computer lab | ERC APER, 2010-2011 Employee Survey |
| | Provide Reliable Copy machines | 2010-2011 Employee Survey |
| | Purchase online learning software | 2010-2011 Employee Survey |
| | Increase IT support to address problems with aging computers | Sem. 3 APER, 2010-2011 Employee Survey |
| **SP. I.B. MAINTENANCE, OPERATIONAL SYSTEMS AND CAMPUS** | Thermostat not functioning properly | Sem. 2 N122 SLO F10, 2011-1 PES, 2010-2011 Employee Survey |
| | Old Toilets (Plumbing) malfunctioning | 2011-1 PES, |
| | Smells | 2010-2011 Employee Survey |
| | Skills Lab physical environment upgrade | Skills Lab SLO 2010-2011 |

APER: Annual Program Evaluation Report
CAMS: Comprehensive Academic Management System
EDCOS: Education & Consulting Services
ERC: Educational Resource Center
F: Fall semester
FA: Financial Aid Department
NCLEX: National Council Licensing Exam
PES: Program Evaluation Survey
Sem: Semester
SON: School of Nursing
SP: Strategic Plan
Spr: Spring semester
SSS: Student Support Services

## Los Angeles County College of Nursing and Allied Health

## REQUEST FOR CONSIDERATION OF PROGRAM NEEDS

| STRATEGIC PLAN SECTION | SPECIFIC REQUEST | ORIGINATING SOURCE(S) |
|---|---|---|
| **SP.1.C BUILDING SPACE** | **ENVIRONMENTAL** | |
| | Provide study rooms | 2010-2 PES, 2010-2011 Employee Survey |
| **SP.I.D. Retain qualified faculty, and support staff** | Promote faculty and support staff | 2010-2011 Employee Survey, |
| | Provide faculty development | 2010-2011 Employee Survey |
| **SP. II.B. INCREASE STUDENT RETENTION IN COLLEGE PROGRAMS** | Increase available tutors | Sem. 3 APER, SLO Sem.3 N233 F10, 2010-2 PES, 2011-1 PES, Sem. 4 SLO N243 |
| | Increase available counselors | Sem. 3 APER, SLO Sem.3 N233 F10, 2011-1 PES, |
| **SP.V.F. ACCREDITATION READINESS** | Secure CAMS | FA APER |
| | | |

Submitted by: M. Ibrahim MSN, RN. CNE,CCRN Date Presented to committee: 4/12/12
Research Director

APER: Annual Program Evaluation Report
CAMS: Comprehensive Academic Management System
EDCOS: Education & Consulting Services
ERC: Educational Resource Center
F: Fall semester
FA: Financial Aid Department
NCLEX: National Council Licensing Exam
PES: Program Evaluation Survey
Sem: Semester
SON: School of Nursing
SP: Strategic Plan
Spr: Spring semester
SSS: Student Support Services

# Addendum M

SURVEYS

Office of Educational Services – New Student
School of Nursing – Pregraduation Program Evaluation
Employer Satisfaction
School of Nursing – Graduate Satisfaction
College Employee Satisfaction

| Class Climate | New Student Survey (Basic) | SCANTRON |
|---|---|---|

Mark as shown: ☐ ☒ ☐ ☐ ☐ Please use a ball-point pen or a thin felt tip. This form will be processed automatically.
Correction: ☐ ■ ☐ ☒ ☐ Please follow the examples shown on the left hand side to help optimize the reading results.

## 1. New Student Survey

Please enter your responses in the boxes provided only

1.1 Name:

1.2 Email address

1.3 Clinical Site (Select) ☐ LA Clinical ☐ Olive View Clinical

1.4 Select Program: ☐ Basic - Regular ☐ Basic - Workforce

1.5 My primary strength as a student is:

## 1. **New Student Survey** [Continue]

1.6 To become a successful RN, I am most concerned about:

1.7 What can the College do to help you succeed?

1.8 The primary reason I chose to attend this program is: (Check all that apply)

- ☐ The excellent clinical experience
- ☐ I applied to other schools, but only accepted here
- ☐ The Program's overall reputation
- ☐ I was accepted at another school, but chose this program
- ☐ I only applied to this program

LACCNAH

Dear Mr./Dear Ms Program Evaluation Survey (as private and confidential)

# Course Evaluation Results

This email contains evaluation results for Program Evaluation Survey / Program Evaluation Survey / School of Nursing Program

The question categories are listed first, followed by the individual question values, consisting of the following topics:

- Program Objective #1: Demonstrates awareness and respect for diverse values and beliefs
- Program Objective #2: Formulates patient care decisions using critical thinking skills based upon pattern recognition with innovative, appropriate responses for effective planning, delivery, and evaluation of care.
- Program Objective #3: Applies the nursing process for patients with simple to complex health problems to achieve optimal wellness in health care settings.
- Program Objective #4: Collaborates with individuals, families, groups, community, colleages and members of other health care disciplines to achieve cost effective and quality outcomes.
- Program Objective #5: Demonstrates accountability as a member of a discipline for practicing nursing within legal, ethical, and professional standards and as a contributing member of society.
- Program Objective #6: Utilizes patient education as a primary, secondary, and/or tertiary actitiviy to promote self-managed health care.
- Program Objective #7: Communicates effectively and appropriately when interacting with individuals, families, groups and communities in the practice of nursing.
- Evaluation of the learning environment
- Incorporation of General Education course content in curriculum
- Library Services
- Skills Laboratory Services
- Computer Laboratory Services
- Administrative Services and Participation in Governance

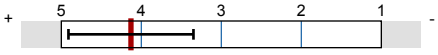
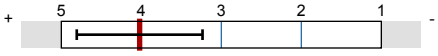
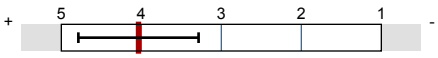
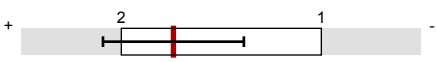
The remainder of the reports include:
Line Profiles
Comments
Detailed Analysis

Your Class Climate Administrator

# Program Evaluation Survey

2012-1
Program Evaluation Survey (PE)
No. of responses = 28

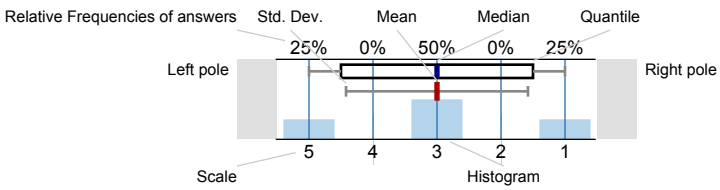
## Overall indicators

| | | |
|---|---|---|
| Global Index | | av.=4.25<br>dev.=0.72 |
| 1. Program Objective #1: Demonstrates awareness and respect for diverse values and beliefs (α = 0.88) |  | av.=4.13<br>dev.=0.78 |
| 2. Program Objective #2: Formulates patient care decisions using critical thinking skills based upon pattern recognition with innovative, appropriate responses for effective planning, delivery, and evaluation of care. (α = 0.93) | | av.=4.34<br>dev.=0.66 |
| 3. Program Objective #3: Applies the nursing process for patients with simple to complex health problems to achieve optimal wellness in health care settings. (α = 0.96) | | av.=4.5<br>dev.=0.66 |
| 4. Program Objective #4: Collaborates with individuals, families, groups, community, colleages and members of other health care disciplines to achieve cost effective and quality outcomes. (α = 0.94) | | av.=4.57<br>dev.=0.62 |
| 5. Program Objective #5: Demonstrates accountability as a member of a discipline for practicing nursing within legal, ethical, and professional standards and as a contributing member of society. (α = 0.9) | | av.=4.53<br>dev.=0.61 |
| 6. Program Objective #6: Utilizes patient education as a primary, secondary, and/or tertiary actitiviy to promote self-managed health care. (α = 0.92) | | av.=4.36<br>dev.=0.59 |
| 7. Program Objective #7: Communicates effectively and appropriately when interacting with individuals, families, groups and communities in the practice of nursing. (α = 0.9) | | av.=4.44<br>dev.=0.66 |
| 8. Evaluation of the learning environment (α = 0.91) |  | av.=4.02<br>dev.=0.79 |
| 9. Incorporation of General Education course content in curriculum (α = 0.81) | | av.=3.88<br>dev.=0.85 |
| 11. Library Services (α = 0.73) | | av.=4.26<br>dev.=0.71 |
| 12. Skills Laboratory Services (α = 0.81) | | av.=4.24<br>dev.=0.8 |
| 13. Computer Laboratory Services (α = 0.81) |  | av.=4.04<br>dev.=0.75 |
| 14. Administrative Services and Participation in Governance (α = 0.77) |  | av.=1.74<br>dev.=0.35 |

# Survey Results

## Legend

Question text

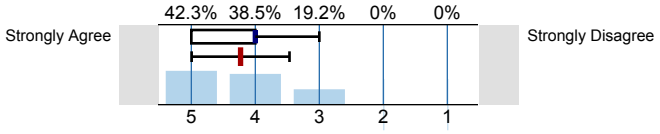



n=No. of responses
av.=Mean
md=Median
dev.=Std. Dev.
ab.=Abstention

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

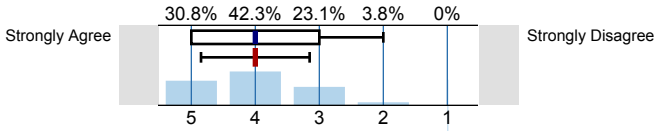
I was given sufficient information to allow me to demonstrate awareness and respect for diverse values and beliefs

1.1) Semester 1



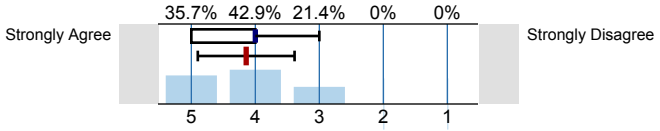

n=26
av.=4.23
md=4
dev.=0.76

1.2) Semester 2



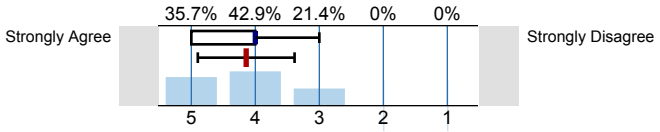

n=26
av.=4
md=4
dev.=0.85

1.3) Semester 3




n=28
av.=4.14
md=4
dev.=0.76

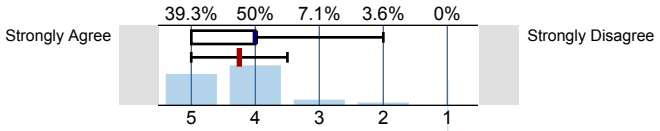
1.4) Semester 4




n=28
av.=4.14
md=4
dev.=0.76

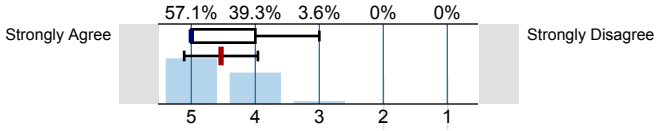
## 2. Program Objective #2: Formulates patient care decisions using critical thinking skills based upon pattern recognition with innovative, appropriate responses for effective planning, delivery, and evaluation of care.

2.1) The concepts of environment and stressors were presented throughout all semesters.



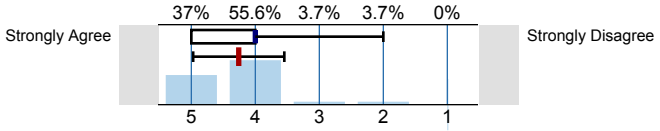

n=28
av.=4.25
md=4
dev.=0.75

2.2) I can assess patients' physiological, psychological, sociocultural, developmental and spiritual needs.



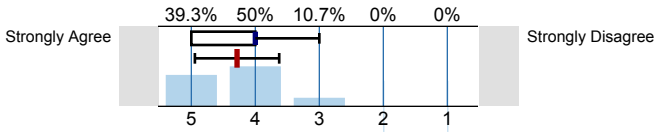

n=28
av.=4.54
md=5
dev.=0.58

2.3) I can analyze patients' response to environmental stressors.



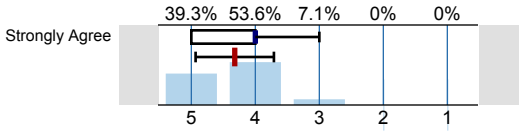

n=27
av.=4.26
md=4
dev.=0.71

2.4) I can analyze patients' response pattern to common health problems.



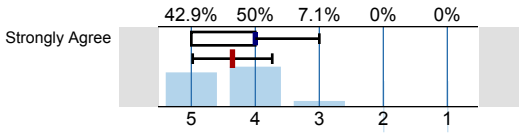

n=28
av.=4.29
md=4
dev.=0.66

2.5) I can analyze patients' response patterns to acute health problems.




n=28
av.=4.32
md=4
dev.=0.61

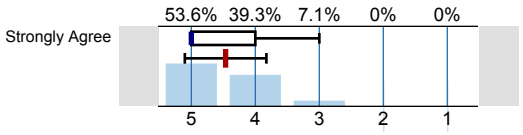
2.6) I can analyze patients' response to complex and chronic health problems.




n=28
av.=4.36
md=4
dev.=0.62

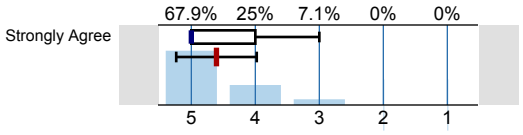
## 3. Program Objective #3:
Applies the nursing process for patients with simple to complex health problems to achieve optimal wellness in health care settings.

3.1) I can set priorities and problem-solve using patient assessment data.



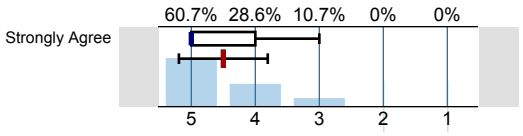

n=28
av.=4.46
md=5
dev.=0.64

3.2) I can develop a nursing care plan.




n=28
av.=4.61
md=5
dev.=0.63

3.3) I can implement my nursing care plans.




n=28
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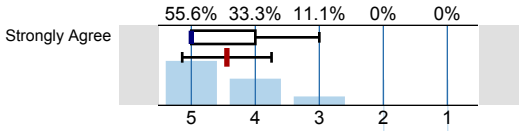
md=5
dev.=0.69

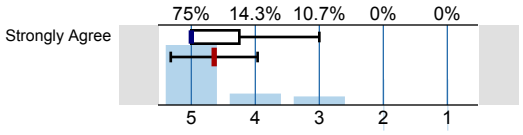
3.4) I can evaluate the effectiveness of my nursing care plans.




n=27
av.=4.44
md=5
dev.=0.7

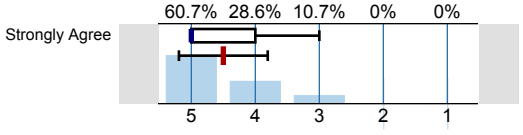
## 4. Program Objective #4:
Collaborates with individuals, families, groups, community, colleagues and members of other health care disciplines to achieve cost effective and quality outcomes.

4.1) I interact therapeutically with patients and their significant others.



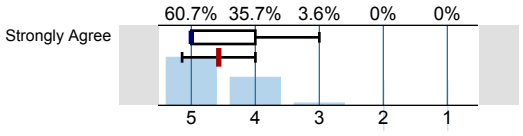

n=28
av.=4.64
md=5
dev.=0.68

4.2) I interact therapeutically with patients from a variety of cultural groups.




n=28
av.=4.5
md=5
dev.=0.69

4.3) I can teach patients and their significant others about health care in acute, chronic and community settings.




n=28
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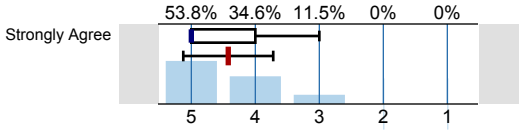
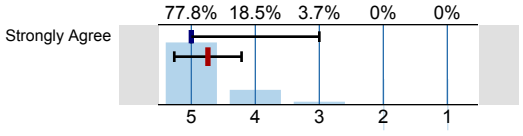
md=5
dev.=0.57

4.4) I can report information about patients and their care.



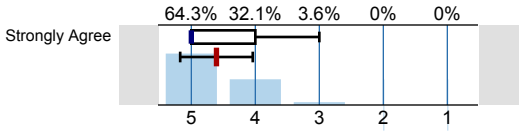

n=26
av.=4.42
md=5
dev.=0.7

4.5) I can accurately record information about patients and their care.



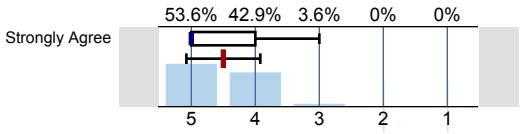

n=27
av.=4.74
md=5
dev.=0.53

4.6) I work effectively with all levels of nursing staff.




n=28
av.=4.61
md=5
dev.=0.57

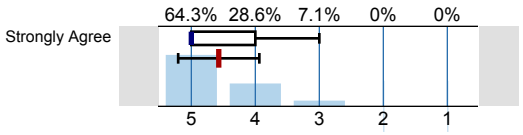
4.7) I work effectively with other healthcare professionals.




n=28
av.=4.5
md=5
dev.=0.58

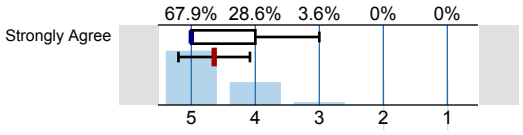
## 5. Program Objective #5:
Demonstrates accountability as a member of a discipline for practicing nursing within legal, ethical, and professional standards and as a contributing member of society.

5.1) The concepts of nursing and the nurse's role were presented in all semesters.




n=28
av.=4.57
md=5
dev.=0.63

5.2) I have sufficient knowledge to practice safe nursing within legal and ethical constraints.

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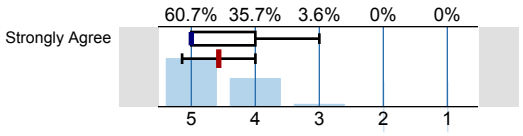
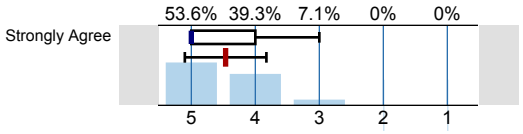
md=5
dev.=0.56

5.3) I integrate principles of patient care management into my nursing practice.



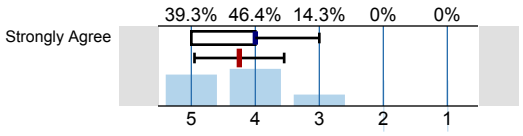

n=28
av.=4.57
md=5
dev.=0.57

5.4) I have knowledge of the regulatory requirements of the nursing profession.



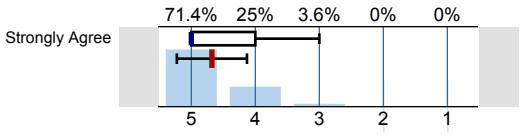

n=28
av.=4.46
md=5
dev.=0.64

5.5) I have knowledge of and can discuss sociopolitical trends in the nursing profession.




n=28
av.=4.25
md=4
dev.=0.7

5.6) I am a patient advocate and can protect the rights of patients.

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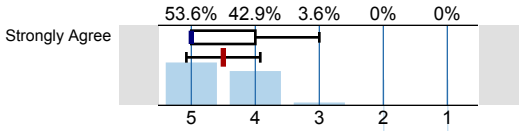
av.=4.68
md=5
dev.=0.55

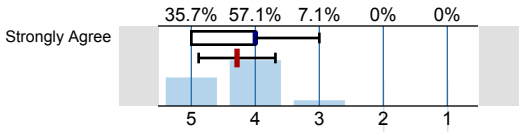
## 6. Program Objective #6:
Utilizes patient education as a primary, secondary, and/or tertiary actitiviy to promote self-managed health care.

6.1) I can identify the health education needs of individuals with various health problems in a variety of healthcare settings.



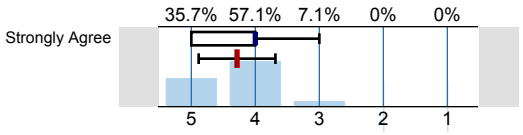

n=28
av.=4.5
md=5
dev.=0.58

6.2) I can develop suitable health education that addresses community health problems.




n=28
av.=4.29
md=4
dev.=0.6

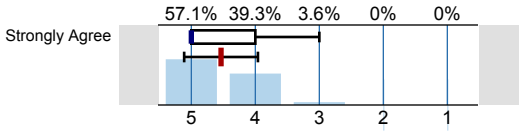
6.3) I can implement educational strategies to promote health for individuals of all age groups, groups with special needs, and families.




n=28
av.=4.29
md=4
dev.=0.6

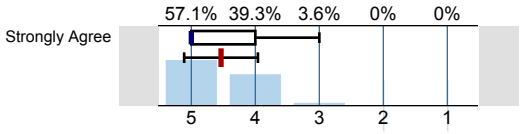
## 7. Program Objective #7: Communicates effectively and appropriately when interacting with individuals, families, groups and communities in the practice of nursing.

7.1) I use communication skills to assess, promote and maintain health for individuals, children, groups and communities.



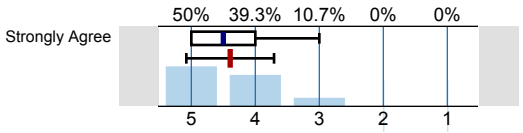

n=28
av.=4.54
md=5
dev.=0.58

7.2) I use therapeutic communication skills for patients with various health problems.




n=28
av.=4.54
md=5
dev.=0.58

7.3) I communicate effectively in leadership and management situations.

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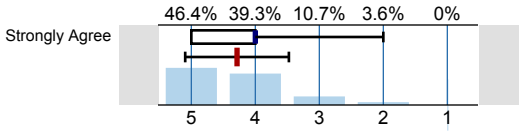
av.=4.39
md=4.5
dev.=0.69

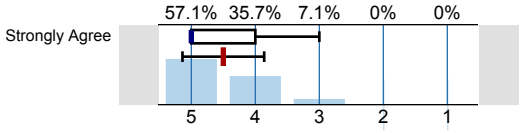
7.4) I have knowledge of communication strategies utilized to influence community health.




n=28
av.=4.29
md=4
dev.=0.81

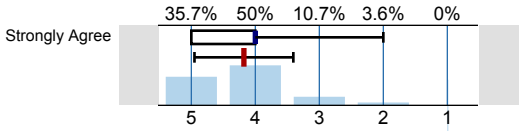
## 8. Evaluation of the learning environment

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



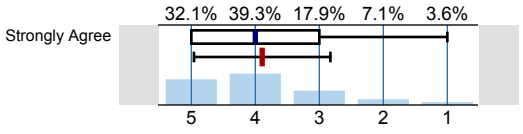

n=28
av.=4.5
md=5
dev.=0.64

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



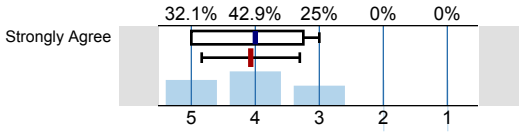

n=28
av.=4.18
md=4
dev.=0.77

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



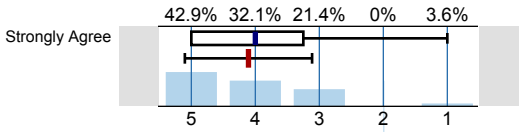

n=28
av.=3.89
md=4
dev.=1.07

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



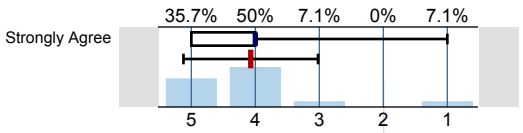

n=28
av.=4.07
md=4
dev.=0.77

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




n=28
av.=4.11
md=4
dev.=0.99

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

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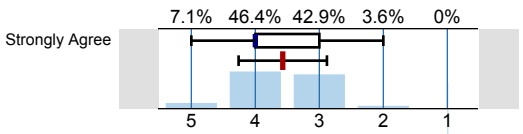
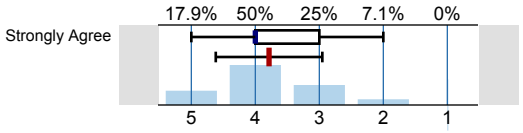
av.=4.07
md=4
dev.=1.05

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




n=28
av.=3.57
md=4
dev.=0.69

8.12) Classroom presentations allowed opportunities for questions and answers.




n=28
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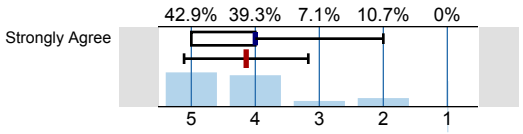
md=4
dev.=0.83

8.13) Clinical teaching provided adequate opportunities to practice technical skills.




n=28
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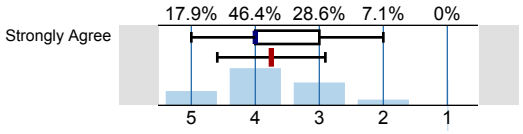
md=4
dev.=0.97

8.14) Quizzes, exams, and assignments were related to the course objectives.

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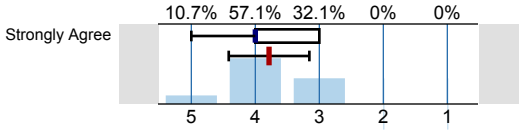
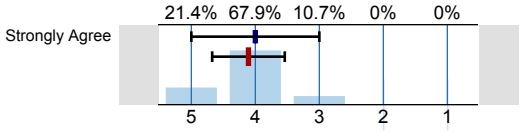
av.=3.75
md=4
dev.=0.84

8.15) Test questions covered important topics related to course and clinical concepts.



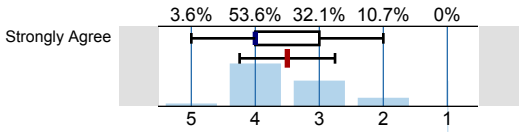

n=28
av.=3.79
md=4
dev.=0.63

8.16) Course syllabi were consistent in format.



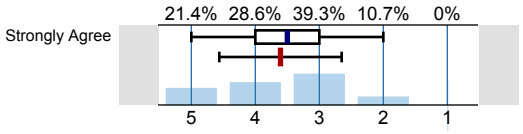

n=28
av.=4.11
md=4
dev.=0.57

8.17) Grading practices were consistent throughout the program.




n=28
av.=3.5
md=4
dev.=0.75

8.18) Interaction with teaching faculty were positive and helpful.

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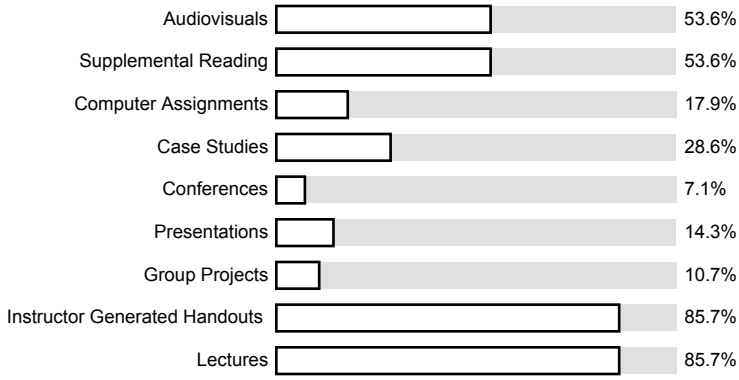
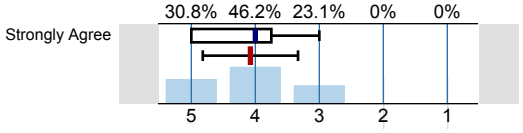
av.=3.61
md=3.5
dev.=0.96

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



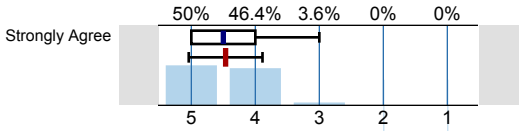

n=28

8.21) Clinical teaching was effective overall.



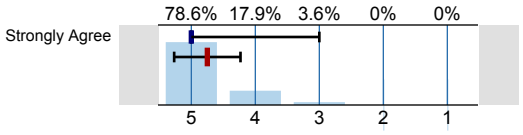

n=26
av.=4.08
md=4
dev.=0.74

8.22) As a result of completing the program, I am competent and confident of my clinical nursing skills.




n=28
av.=4.46
md=4.5
dev.=0.58

8.23) I plan to apply to a higher degree program in nursing.

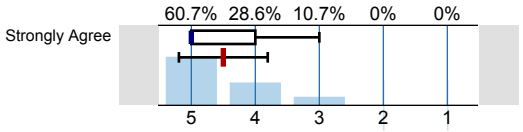



n=28
av.=4.75
md=5
dev.=0.52

## 9. Incorporation of General Education course content in curriculum

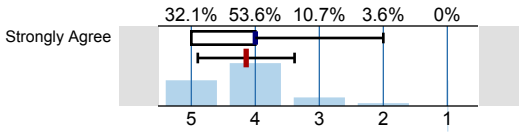
The nursing courses incorporated and built on the knowledge base gained from the following General Education courses.

9.1) Anatomy and physiology - the interrelationship of the organs, structure, and functions of the human body.



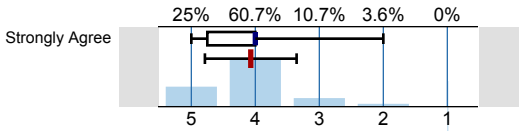

n=28
av.=4.5
md=5
dev.=0.69

9.2) Microbiology - the nature of infection and immunity.




n=28
av.=4.14
md=4
dev.=0.76

9.3) Life Span Psychology - the concepts and phases of human development and mental health.




n=28
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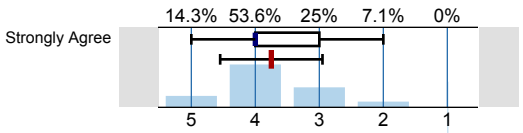
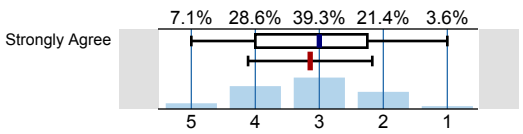
md=4
dev.=0.72

9.4) Sociology - the uniqueness and wholism of man and his interelationship with society.



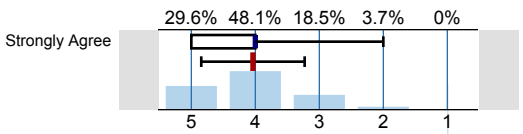

n=28
av.=3.75
md=4
dev.=0.8

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




n=28
av.=3.14
md=3
dev.=0.97

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

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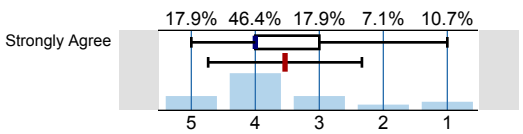
av.=4.04
md=4
dev.=0.81

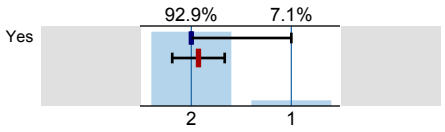
9.7) Physical Education - the concepts of health and wellness.




n=28
av.=3.54
md=4
dev.=1.2

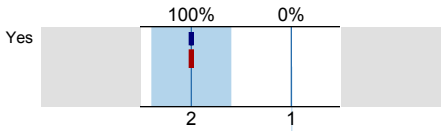
## 10. Financial Aid Services

10.1) I was informed of the criteria for financial aid eligibility.



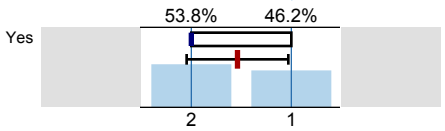

n=28
av.=1.93
md=2
dev.=0.26

10.2) I was notified of available financial aid programs.



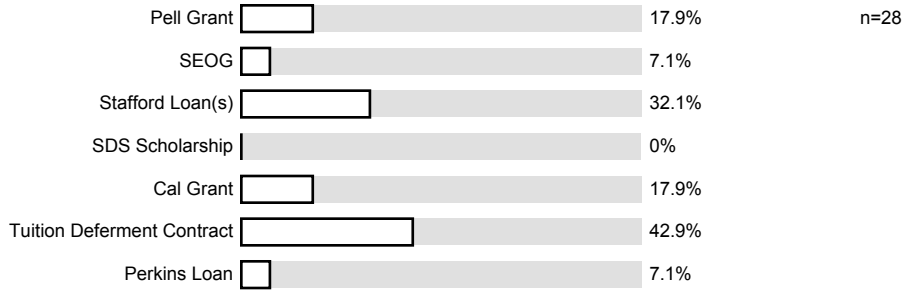

n=28
av.=2
md=2
dev.=0

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

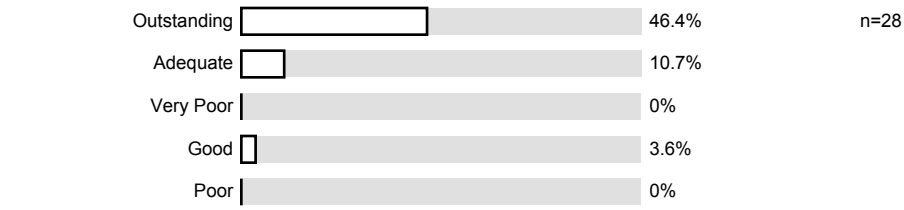



n=26
av.=1.54
md=2
dev.=0.51

10.4) I was a recipient of the following financial aid program(s). (Select all that apply)

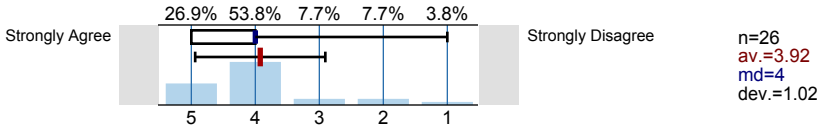



10.5) Please rate the services of the financial aid office. (Select one)

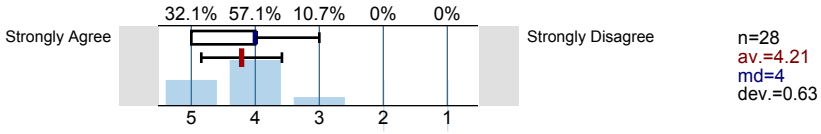



## 11. Library Services

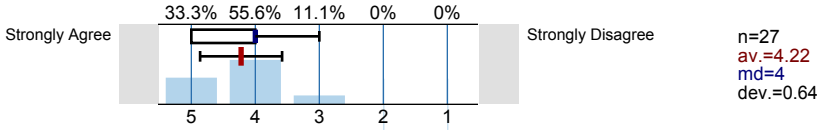
11.1) The library hours met my needs most of the time.



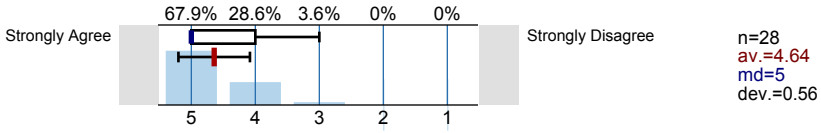

11.2) The library environment assisted my learning. (adequate seating, well lit and organized)




11.3) The library's collection of books, journals, videos, and reserve materials enhanced my learning and reinforced curriculum content.

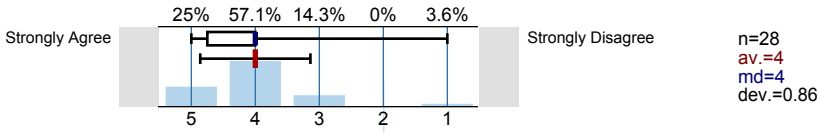



11.5) The library staff were professional and helpful in assisting me to locate library materials or information.

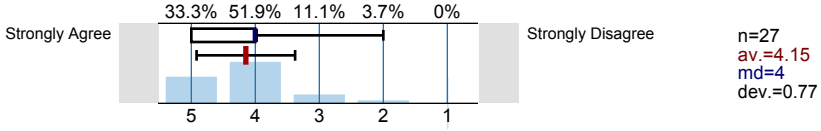



## 12. Skills Laboratory Services

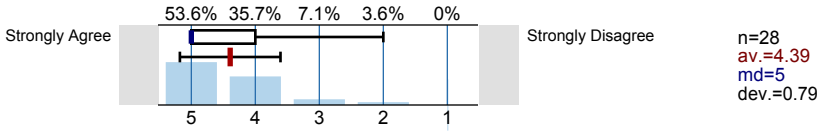
12.1) The skills lab hours met my needs most of the time.



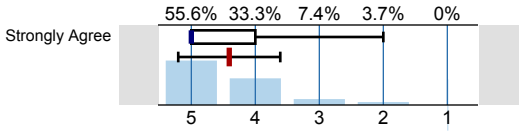

12.2) The use of skills lab equipment and supplies enchanced my learning and reinforced curriculum content.




12.3) Having a skills kit bag and supplies was helpful to me.

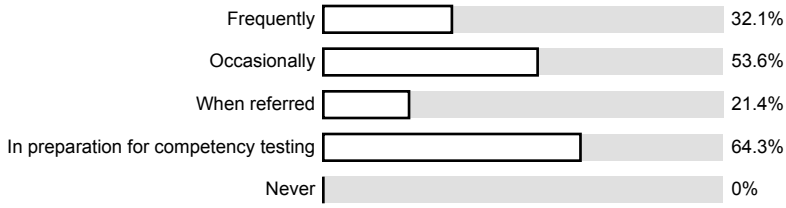


12.4) The skills lab environment assisted my learning. (functional equipment, clean, well lit, adequate supplies)




n=27
av.=4.41
md=5
dev.=0.8

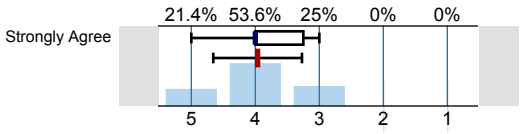
12.5) I used the skills lab: (Select all that apply)




n=28

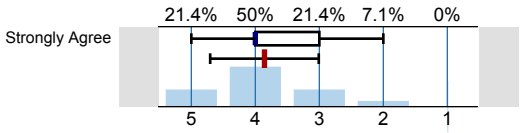
## 13. Computer Laboratory Services

13.1) The computer lab hours met my needs most of the time.



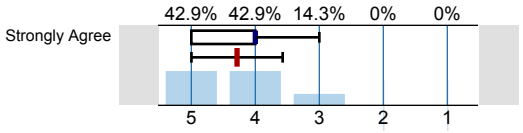

n=28
av.=3.96
md=4
dev.=0.69

13.2) The computer lab environment assisted my learning. (adequate seating, lighting, functional computers)



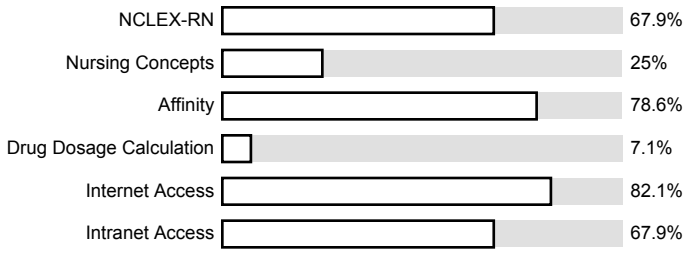

n=28
av.=3.86
md=4
dev.=0.85

13.3) Computer lab assistance was provided when I asked for it.



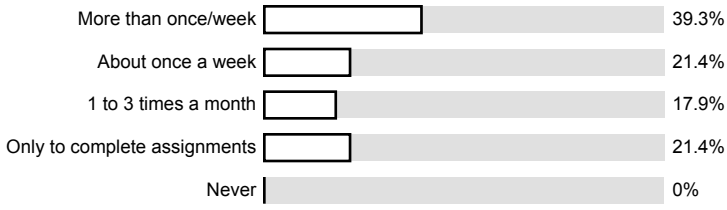

n=28
av.=4.29
md=4
dev.=0.71

13.4) Computer lab programs enhanced my learning and reinforced curriculum content. (Select all that apply)



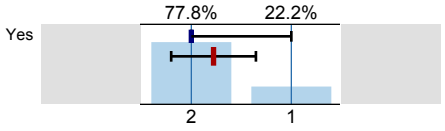

n=28

13.5) I used the computer lab:




n=28

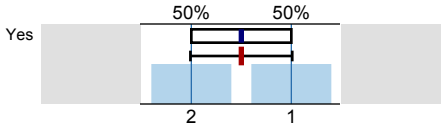
13.6) I plan to utilize the NCLEX-RN computer program to help prepare for the RN board examination.




n=27
av.=1.78
md=2
dev.=0.42

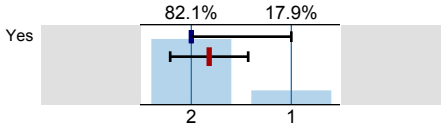
## 14. Administrative Services and Participation in Governance

14.1) I used my student handbook.



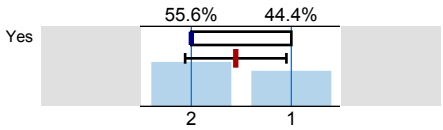

n=28
av.=1.5
md=1.5
dev.=0.51

14.2) There has been consistent and fair application of School policies



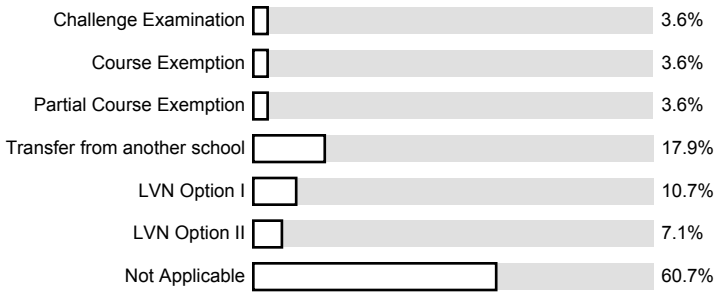

n=28
av.=1.82
md=2
dev.=0.39

14.3) I was given information about receiving credit for previous college education and work experience in the healthcare field.



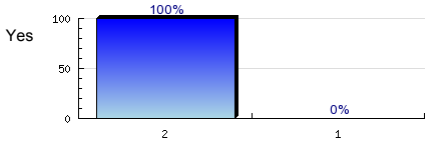

n=27
av.=1.56
md=2
dev.=0.51

14.4) I have used the following option(s) for credit:



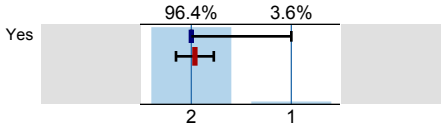

n=28

14.5) I was aware of which courses I needed to complete within specified time frame (Curriculum Plan).



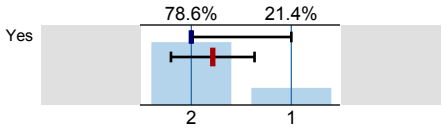

n=28
av.=2
md=2
dev.=0

14.6) I received my course syllabi a week before the semester started.



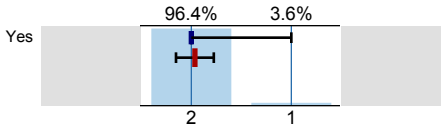

n=28
av.=1.96
md=2
dev.=0.19

14.7) I was aware that counseling was available (academic and personal).



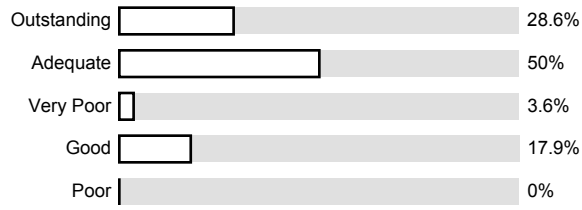

n=28
av.=1.79
md=2
dev.=0.42

14.8) My requests for information, letters, transcripts, and verification of enrollment were processed within ten working days.



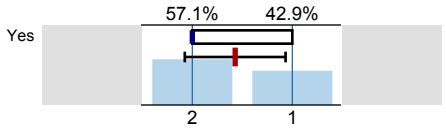

n=28
av.=1.96
md=2
dev.=0.19

14.9) I found the Office of Educational Services staff to be professional and helpful.



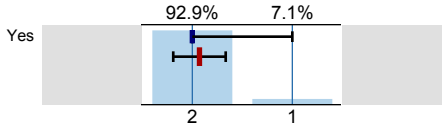

n=28

14.10) I am aware that emergency healthservice are provided to students by Employee Health.



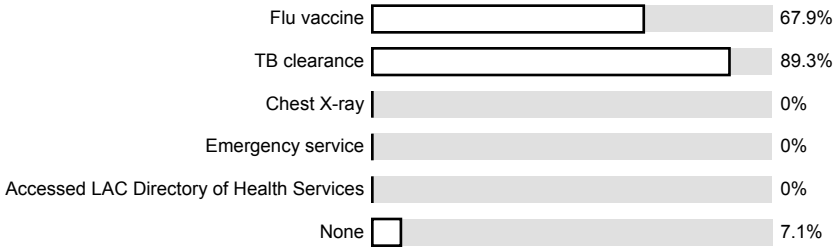

n=28
av.=1.57
md=2
dev.=0.5

14.11) I am aware that Employee Health renders TB clearance, CXR clearance, and flu vaccines to students free of charge.



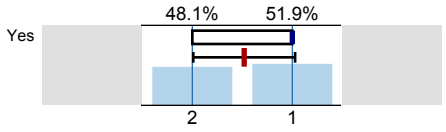

n=28
av.=1.93
md=2
dev.=0.26

14.12) I have used the following employee health services (Select all that apply)



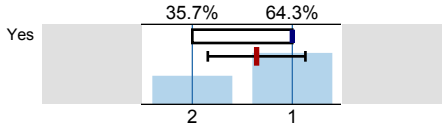

n=28

14.13) I am aware that I can have access to the Los Angeles County Directory of Health services located in the library and the Office of Educational Services.



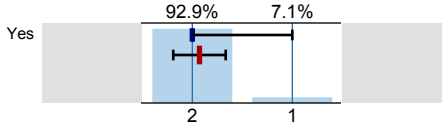

n=27
av.=1.48
md=1
dev.=0.51

14.14) I am aware that the College offers student referrals to mental health services.



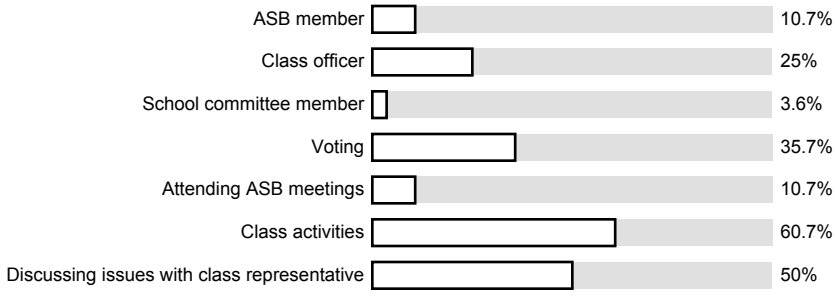

n=28
av.=1.36
md=1
dev.=0.49

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




n=28
av.=1.93
md=2
dev.=0.26

14.17) I participated in the school governance as/by: (Select all that apply)



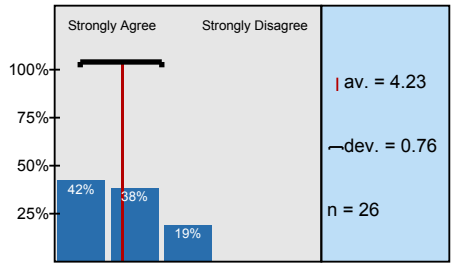

n=28

## 15. Recommendation and Comments

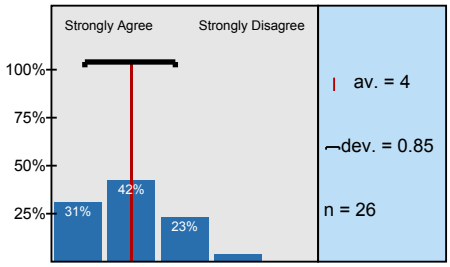
Thank you for completing this survey

## Histogram for scaled questions

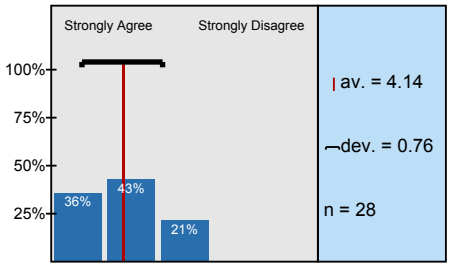
Semester 1



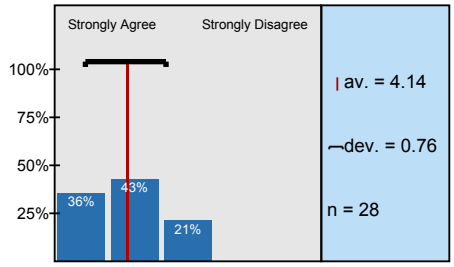

Semester 2



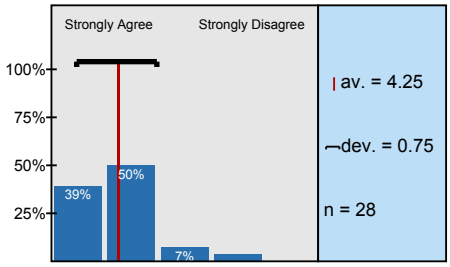

Semester 3



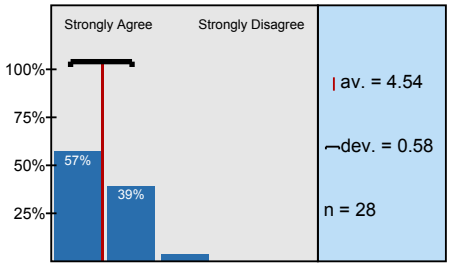

Semester 4



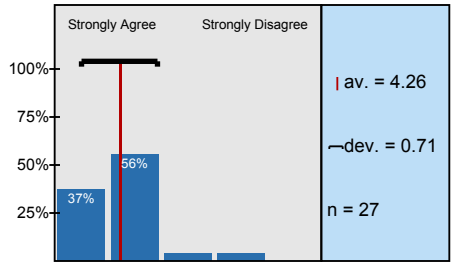

The concepts of environment and stressors were presented throughout all semesters.



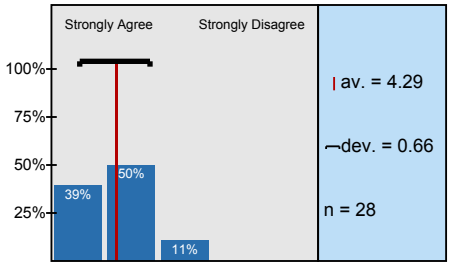

I can assess patients' physiological, psychological, sociocultural, developmental and spiritual needs.



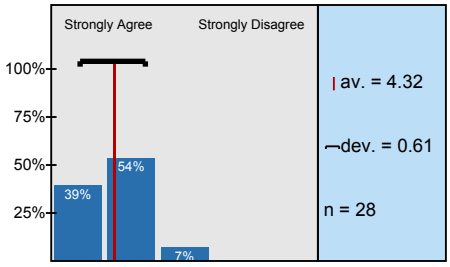

I can analyze patients' response to environmental stressors.



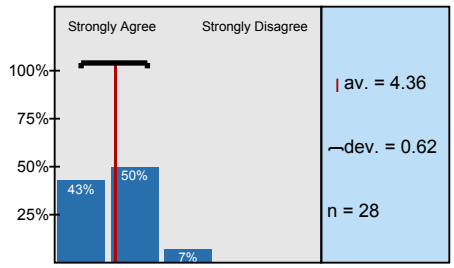

I can analyze patients' response pattern to common health problems.



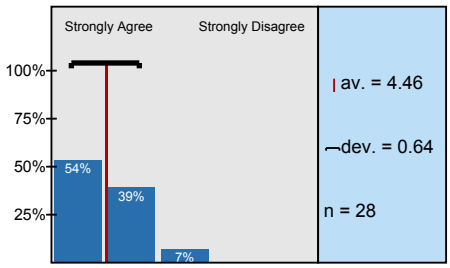

I can analyze patients' response patterns to acute health problems.



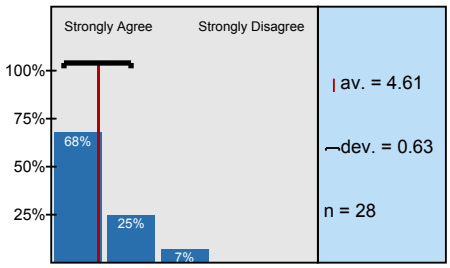

I can analyze patients' response to complex and chronic health problems.



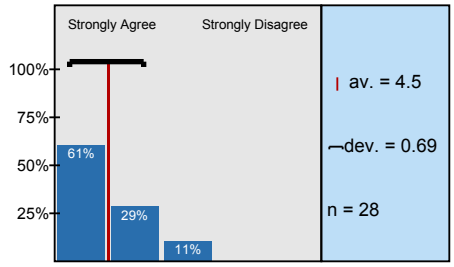

I can set priorities and problem-solve using patient assessment data.



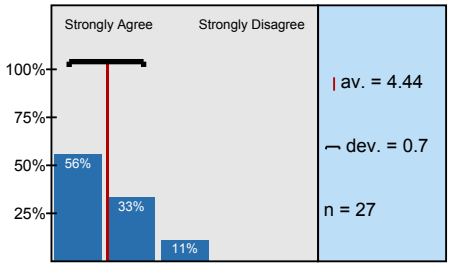

I can develop a nursing care plan.



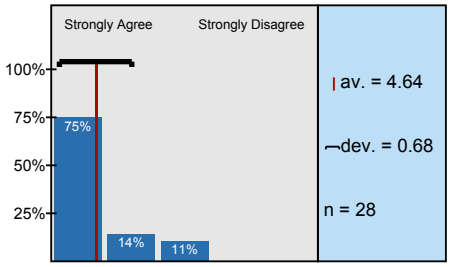

I can implement my nursing care plans.



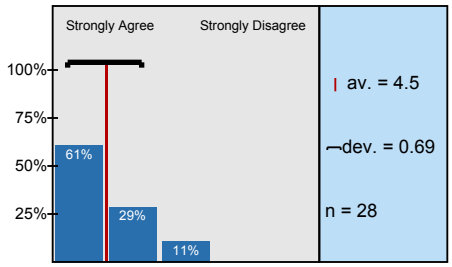

I can evaluate the effectiveness of my nursing care plans.



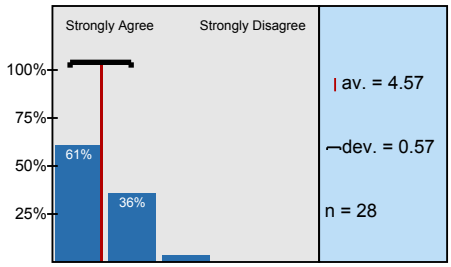

I interact therapeutically with patients and their significant others.



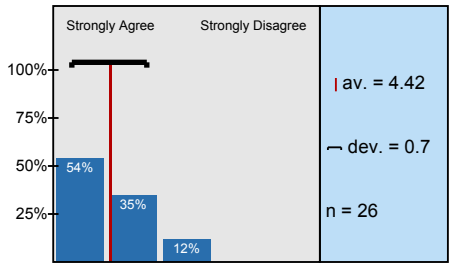
I interact therapeutically with patients from a variety of cultural groups.



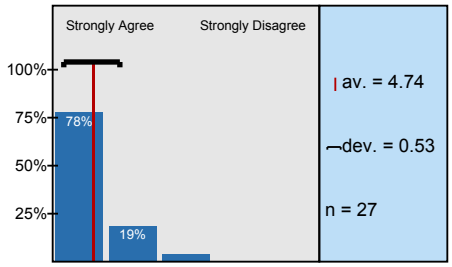

I can teach patients and their significant others about health care in acute, chronic and community settings.



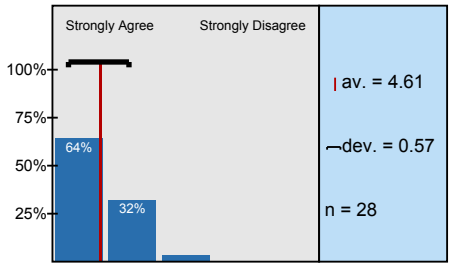

I can report information about patients and their care.



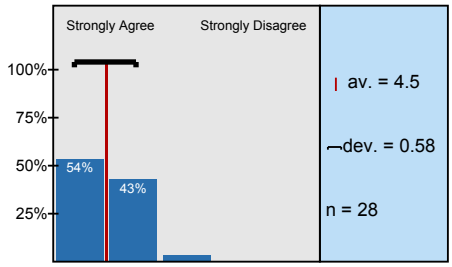

I can accurately record information about patients and their care.



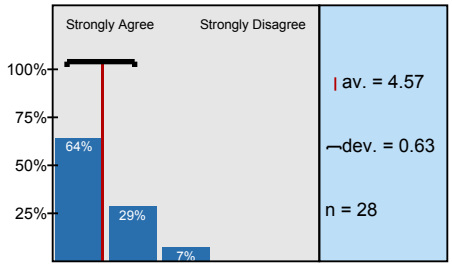

I work effectively with all levels of nursing staff.



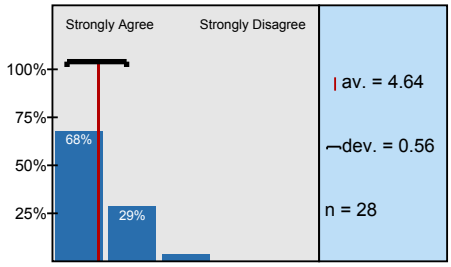

I work effectively with other healthcare professionals.



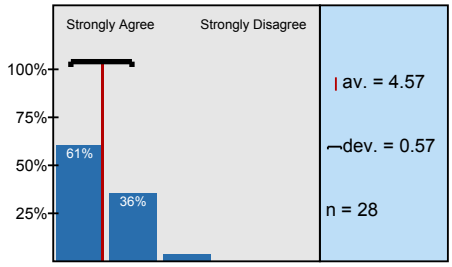

The concepts of nursing and the nurse's role were presented in all semesters.



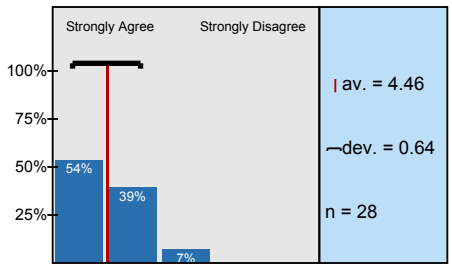

I have sufficient knowledge to practice safe nursing within legal and ethical constraints.



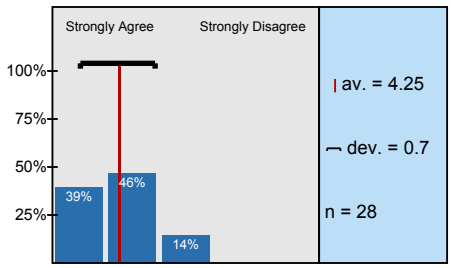

I integrate principles of patient care management into my nursing practice.



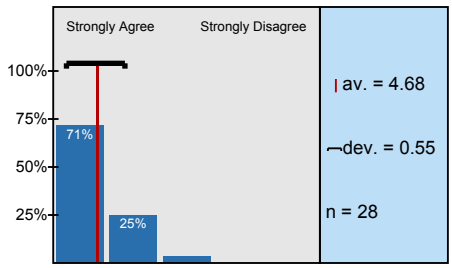

I have knowledge of the regulatory requirements of the nursing profession.



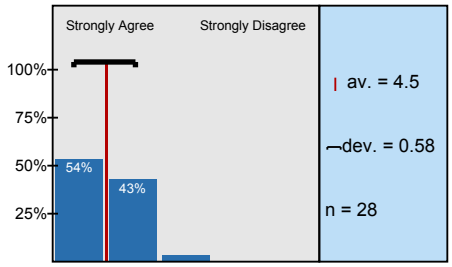

I have knowledge of and can discuss sociopolitical trends in the nursing profession.



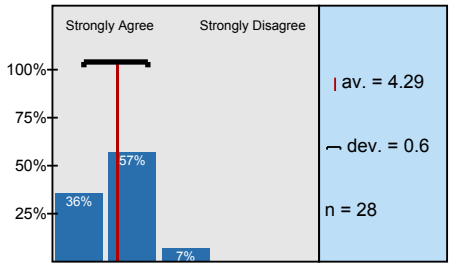

I am a patient advocate and can protect the rights of patients.



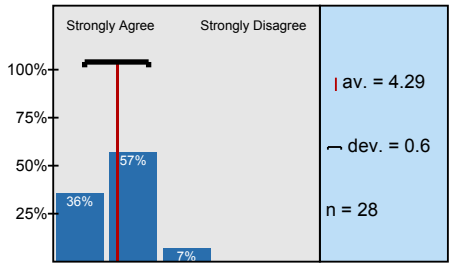

I can identify the health education needs of individuals with various health problems in a variety of healthcare



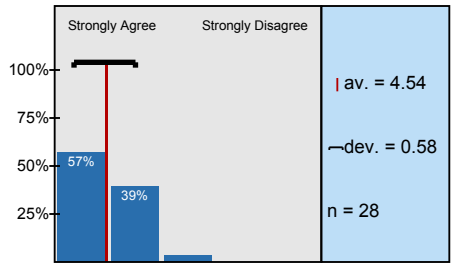

I can develop suitable health education that addresses community health problems.



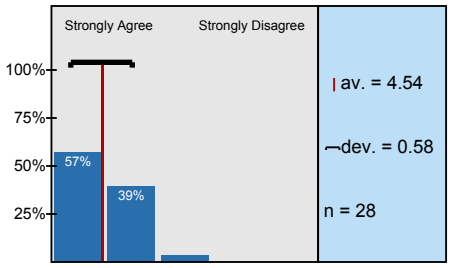

I can implement educational strategies to promote health for individuals of all age groups, groups with



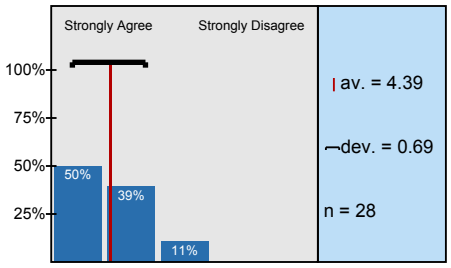
I use communication skills to assess, promote and maintain health for individuals, children, groups and



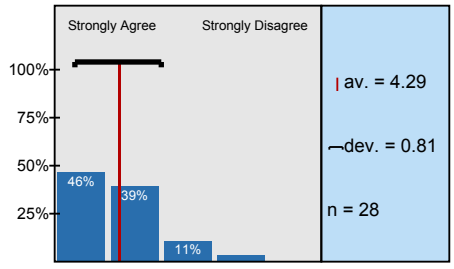

I use therapeutic communication skills for patients with various health problems.



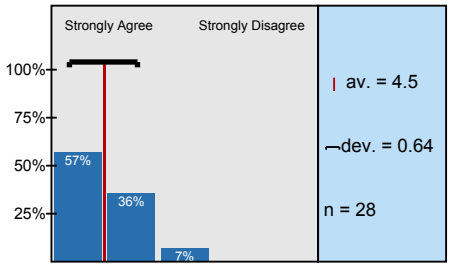

I communicate effectively in leadership and management situations.



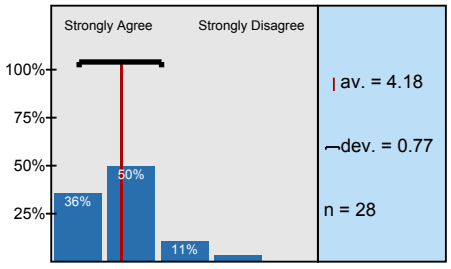

I have knowledge of communication strategies utilized to influence community health.



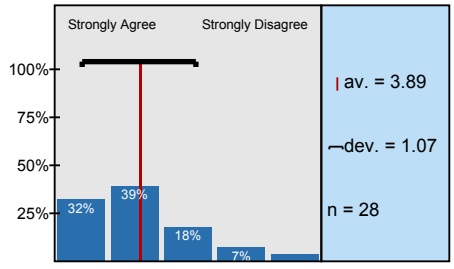

The program provided me with a sufficient knowledge base to provide safe, effective, and efficient patient



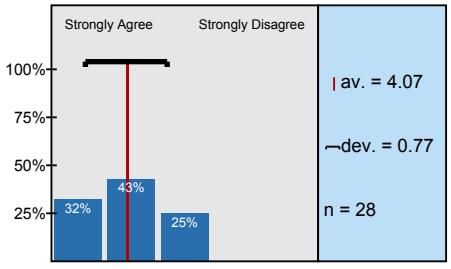

The nusing courses provided logical progression of knowledge and skills without undue repetition. (Use



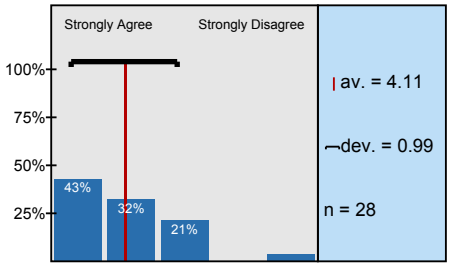

I was encouraged to ask questions, look for evidence, seek alternatives and was allowed to be critical of



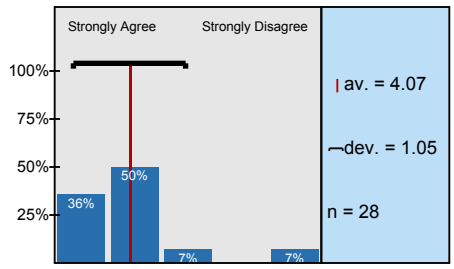

I was treated with respect for using independent judgement. (Use space below for comment)



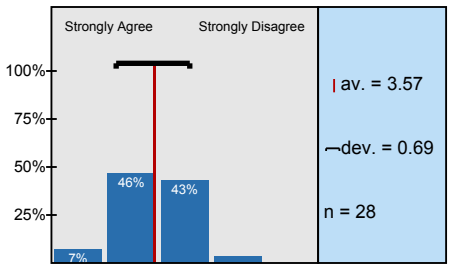

I was encouraged to assess situations from different cultural points of view.



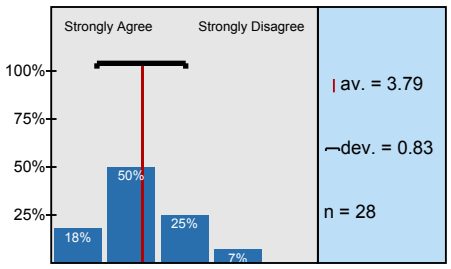

The assigned textbooks provided me with essential information and were relevant to the course.



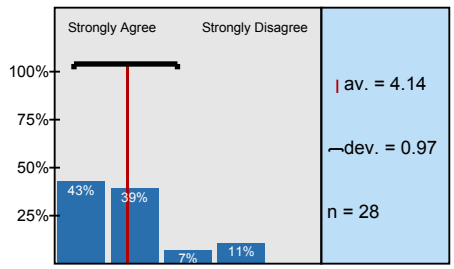

The physical environment of the school was conducive to my learning to my learning. (Use space below for



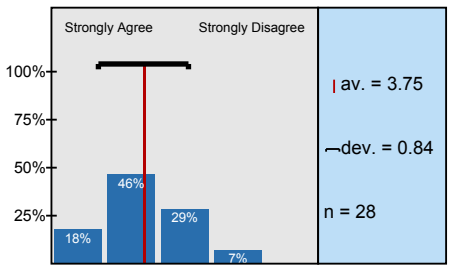

Classroom presentations allowed opportunities for questions and answers.



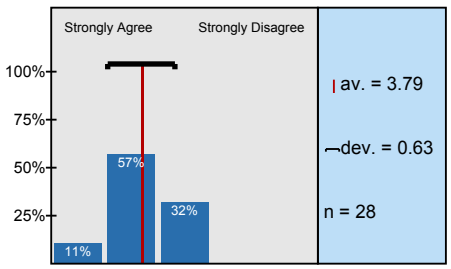

Clinical teaching provided adequate opportunities to practice technical skills.



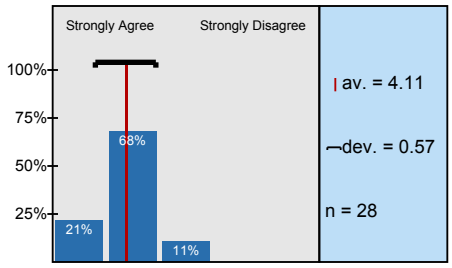

Quizzes, exams, and assignments were related to the course objectives.



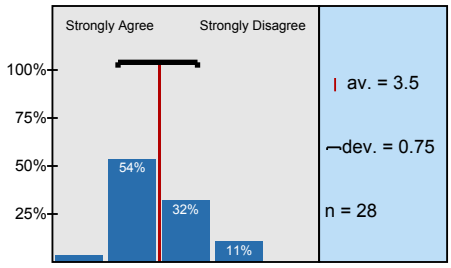

Test questions covered important topics related to course and clinical concepts.



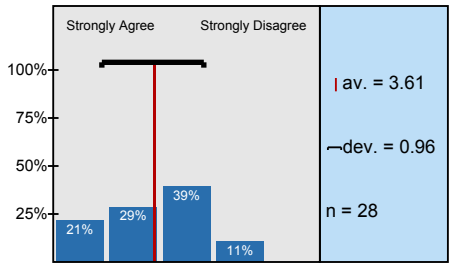
Course syllabi were consistent in format.



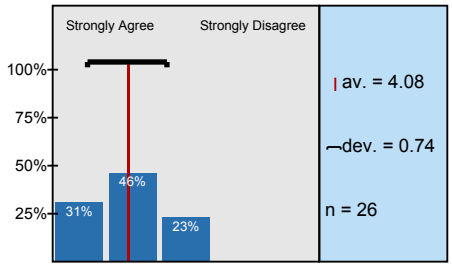

Grading practices were consistent throughout the program.



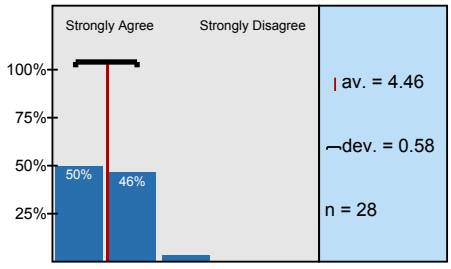

Interaction with teaching faculty were positive and helpful.



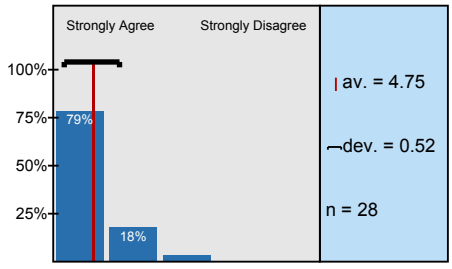

Clinical teaching was effective overall.



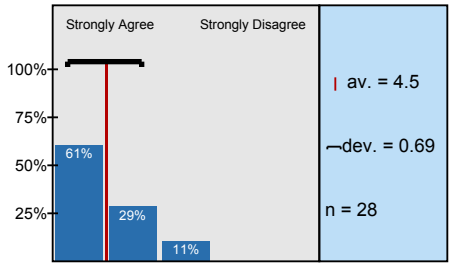

As a result of completing the program, I am competent and confident of my clinical nursing skills.



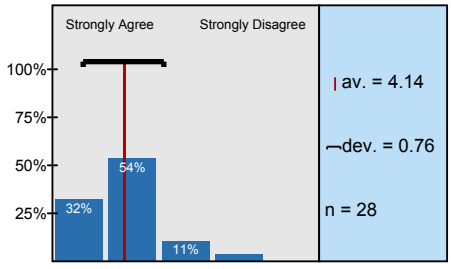

I plan to apply to a higher degree program in nursing.



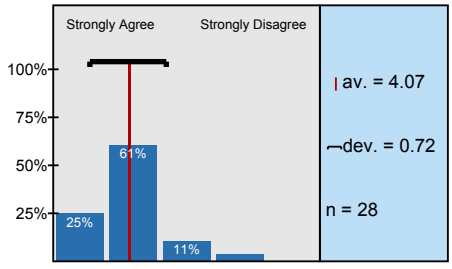

Anatomy and physiology - the interrelationship of the organs, structure, and functions of the human body.



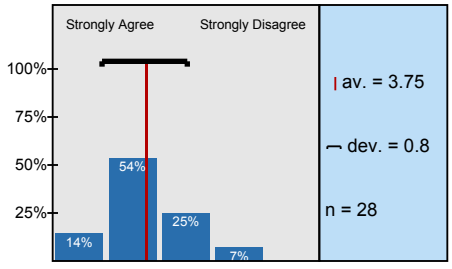

Microbiology - the nature of infection and immunity.



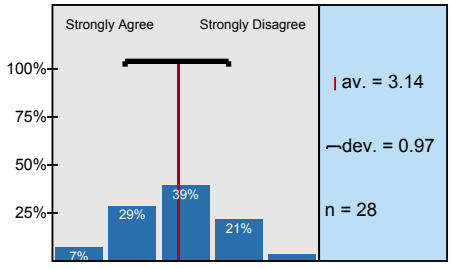

Life Span Psychology - the concepts and phases of human development and mental health.



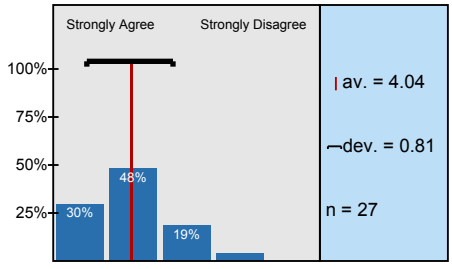

Sociology - the uniqueness and wholism of man and his interelationship with society.



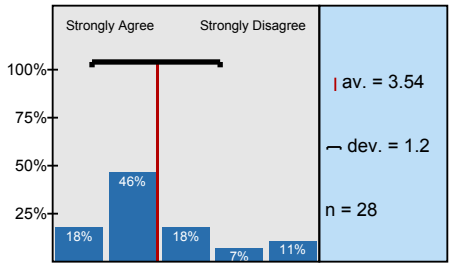

U.S History, Political Science, and Humanities - the nature of human relationships and appreciation of



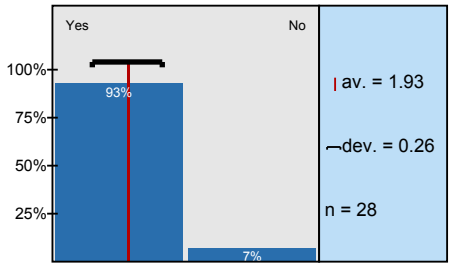

Speech and English - the methods of communication and critical thinking.



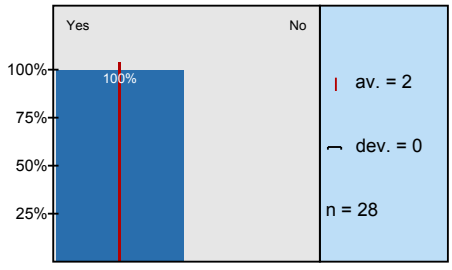

Physical Education - the concepts of health and wellness.



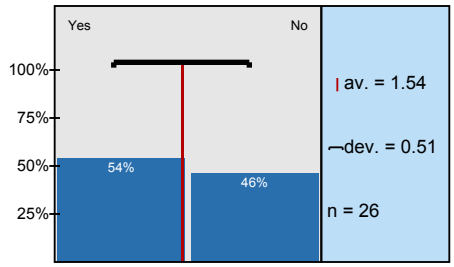

I was informed of the criteria for financial aid eligibility.



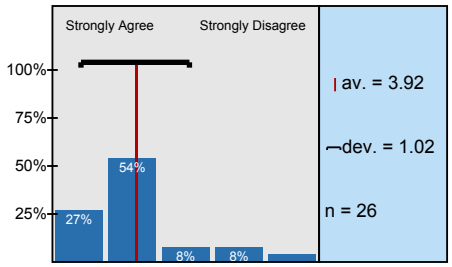

I was notified of available financial aid programs.



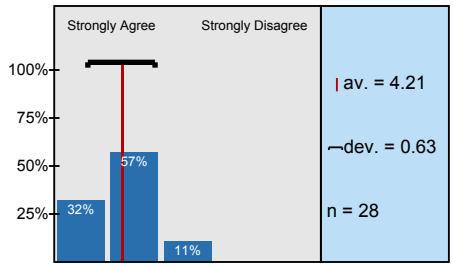
I received financial aid (If yes, complete all questions in this section. If no, proceed to section 11. Library



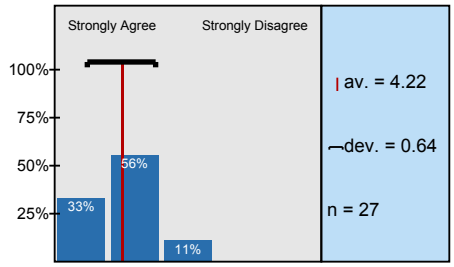

The library hours met my needs most of the time.



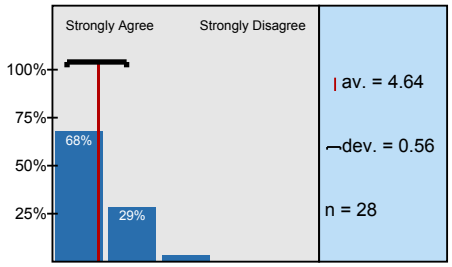

The library environment assisted my learning. (adequate seating, well lit and organized)



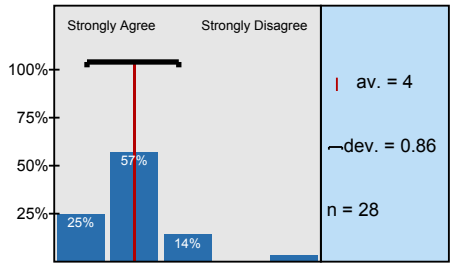

The library's collection of books, journals, videos, and reserve materials enhanced my learning and reinforced



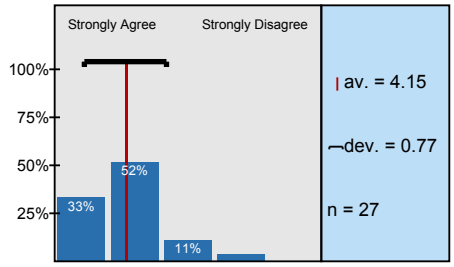

The library staff were professional and helpful in assisting me to locate library materials or information.



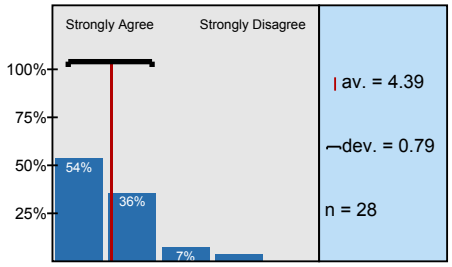

The skills lab hours met my needs most of the time.



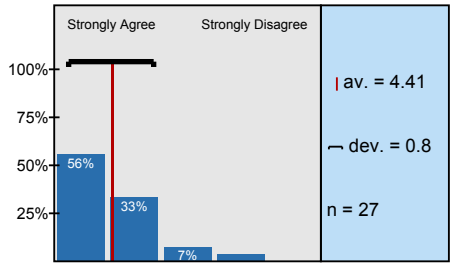

The use of skills lab equipment and supplies enchanced my learning and reinforced curriculum



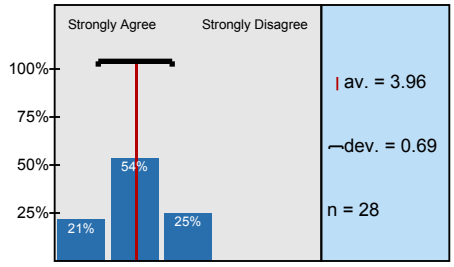

Having a skills kit bag and supplies was helpful to me.



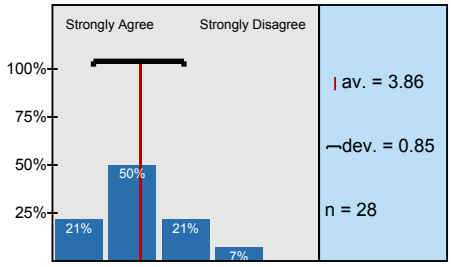

The skills lab environment assisted my learning. (functional equipment, clean, well lit, adequate



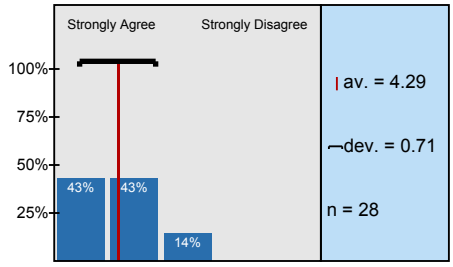

The computer lab hours met my needs most of the time.



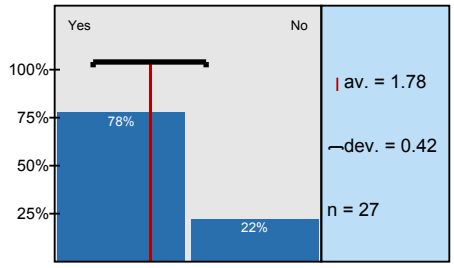

The computer lab environment assisted my learning. (adequate seating, lighting, functional computers)



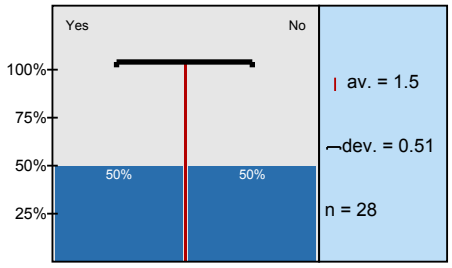

Computer lab assistance was provided when I asked for it.



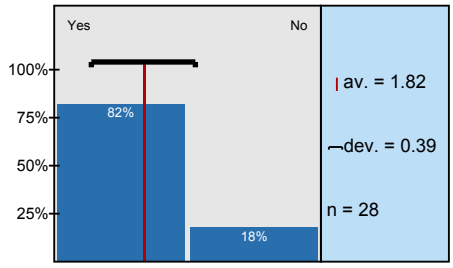

I plan to utilize the NCLEX-RN computer program to help prepare for the RN board examination.



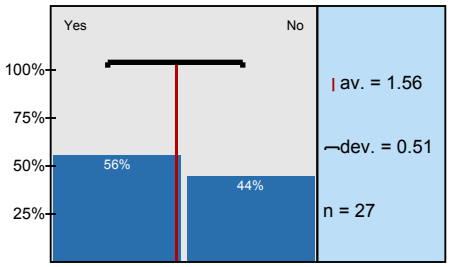

I used my student handbook.



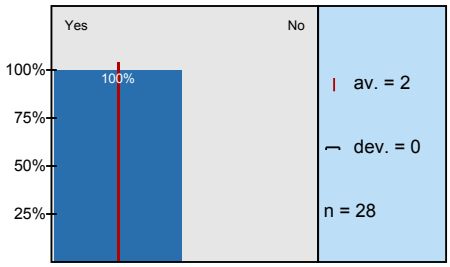

There has been consistent and fair application of School policies



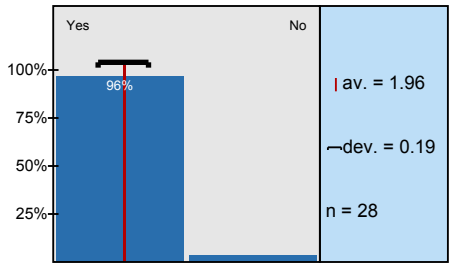
I was given information about receiving credit for previous college education and work experience in the



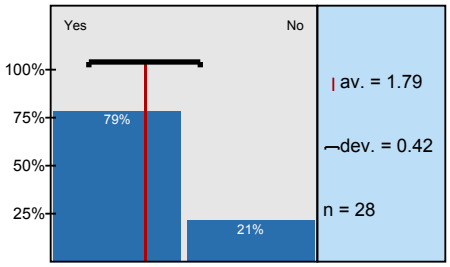

I was aware of which courses I needed to complete within specified time frame (Curriculum Plan).



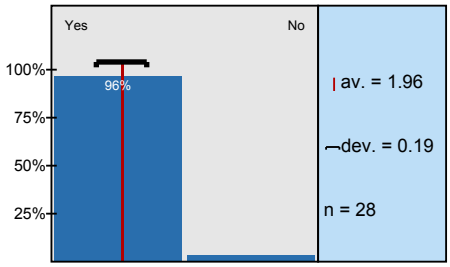

I received my course syllabi a week before the semester started.



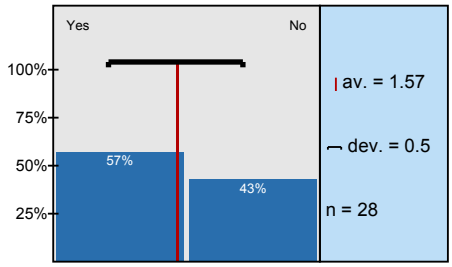

I was aware that counseling was available (academic and personal).



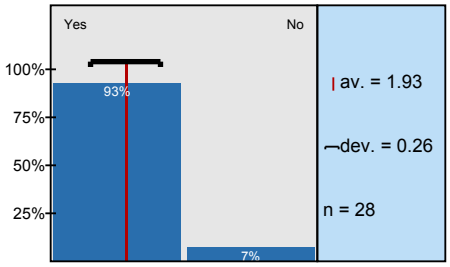

My requests for information, letters, transcripts, and verification of enrollment were processed within ten



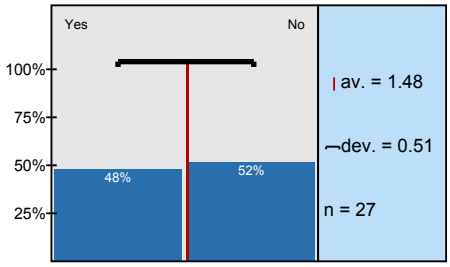

I am aware that emergency healthservice are provided to students by Employee Health.



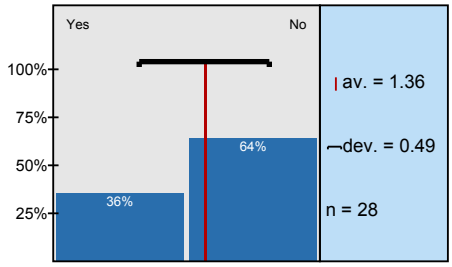

I am aware that Employee Health renders TB clearance, CXR clearance, and flu vaccines to



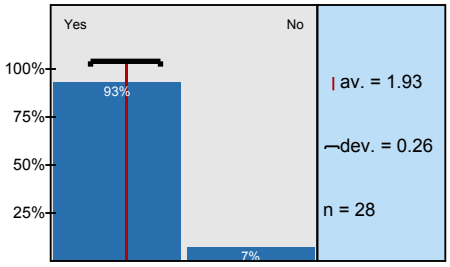

I am aware that I can have access to the Los Angeles County Directory of Health services




I am aware that the College offers student referrals to mental health services.

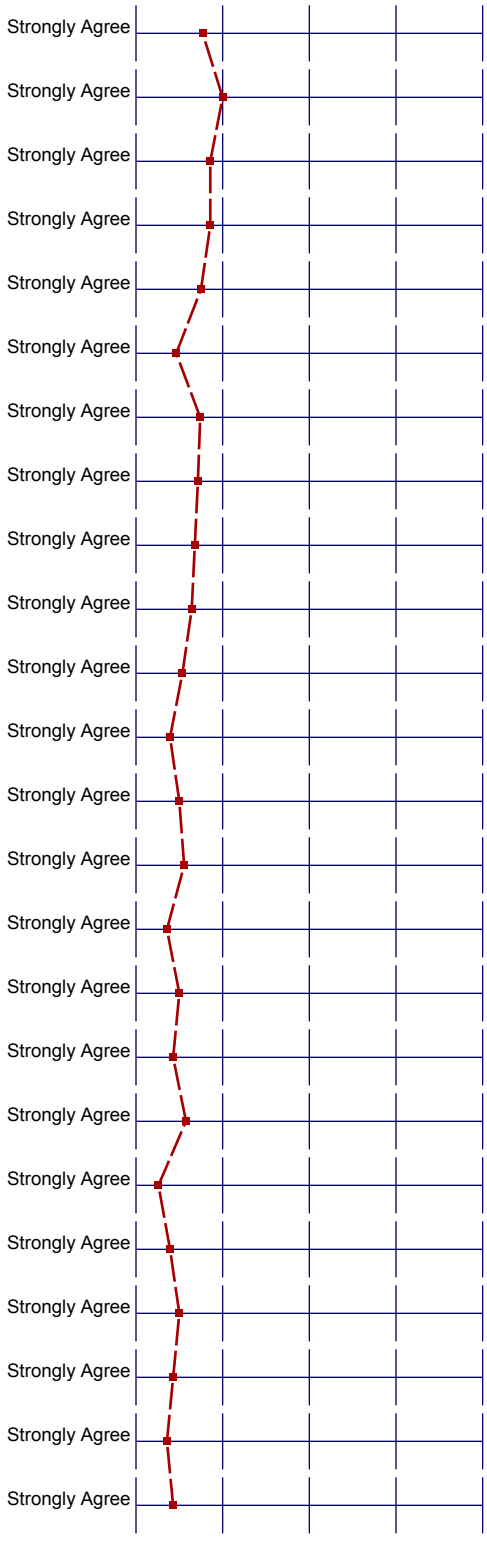



I am aware that students participate in the governance of the school.



# Profile

Subunit: School of Nursing Program
Name of the instructor: Program Evaluation Survey
Name of the course: (Name of the survey) Program Evaluation Survey



| | | | | |
|---|---|---|---|---|
| 1.1) | Semester 1 | Strongly Agree | Strongly Disagree | n=26 av.=4.23 |
| 1.2) | Semester 2 | Strongly Agree | Strongly Disagree | n=26 av.=4 |
| 1.3) | Semester 3 | Strongly Agree | Strongly Disagree | n=28 av.=4.14 |
| 1.4) | Semester 4 | Strongly Agree | Strongly Disagree | n=28 av.=4.14 |
| 2.1) | The concepts of environment and stressors were presented throughout all semesters. | Strongly Agree | Strongly Disagree | n=28 av.=4.25 |
| 2.2) | I can assess patients' physiological, psychological, sociocultural, developmental and spiritual needs. | Strongly Agree | Strongly Disagree | n=28 av.=4.54 |
| 2.3) | I can analyze patients' response to environmental stressors. | Strongly Agree | Strongly Disagree | n=27 av.=4.26 |
| 2.4) | I can analyze patients' response pattern to common health problems. | Strongly Agree | Strongly Disagree | n=28 av.=4.29 |
| 2.5) | I can analyze patients' response patterns to acute health problems. | Strongly Agree | Strongly Disagree | n=28 av.=4.32 |
| 2.6) | I can analyze patients' response to complex and chronic health problems. | Strongly Agree | Strongly Disagree | n=28 av.=4.36 |
| 3.1) | I can set priorities and problem-solve using patient assessment data. | Strongly Agree | Strongly Disagree | n=28 av.=4.46 |
| 3.2) | I can develop a nursing care plan. | Strongly Agree | Strongly Disagree | n=28 av.=4.61 |
| 3.3) | I can implement my nursing care plans. | Strongly Agree | Strongly Disagree | n=28 av.=4.5 |
| 3.4) | I can evaluate the effectiveness of my nursing care plans. | Strongly Agree | Strongly Disagree | n=27 av.=4.44 |
| 4.1) | I interact therapeutically with patients and their significant others. | Strongly Agree | Strongly Disagree | n=28 av.=4.64 |
| 4.2) | I interact therapeutically with patients from a variety of cultural groups. | Strongly Agree | Strongly Disagree | n=28 av.=4.5 |
| 4.3) | I can teach patients and their significant others about health care in acute, chronic and community settings. | Strongly Agree | Strongly Disagree | n=28 av.=4.57 |
| 4.4) | I can report information about patients and their care. | Strongly Agree | Strongly Disagree | n=26 av.=4.42 |
| 4.5) | I can accurately record information about patients and their care. | Strongly Agree | Strongly Disagree | n=27 av.=4.74 |
| 4.6) | I work effectively with all levels of nursing staff. | Strongly Agree | Strongly Disagree | n=28 av.=4.61 |
| 4.7) | I work effectively with other healthcare professionals. | Strongly Agree | Strongly Disagree | n=28 av.=4.5 |
| 5.1) | The concepts of nursing and the nurse's role were presented in all semesters. | Strongly Agree | Strongly Disagree | n=28 av.=4.57 |
| 5.2) | I have sufficient knowledge to practice safe nursing within legal and ethical constraints. | Strongly Agree | Strongly Disagree | n=28 av.=4.64 |
| 5.3) | I integrate principles of patient care management into my nursing practice. | Strongly Agree | Strongly Disagree | n=28 av.=4.57 |

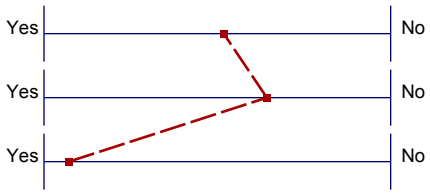
| | | | | |
|---|---|---|---|---|
| 5.4) | I have knowledge of the regulatory requirements of the nursing profession. | Strongly Agree | Strongly Disagree | n=28 av.=4.46 |
| 5.5) | I have knowledge of and can discuss sociopolitical trends in the nursing profession. | Strongly Agree | Strongly Disagree | n=28 av.=4.25 |
| 5.6) | I am a patient advocate and can protect the rights of patients. | Strongly Agree | Strongly Disagree | n=28 av.=4.68 |
| 6.1) | I can identify the health education needs of individuals with various health problems in a variety of healthcare settings. | Strongly Agree | Strongly Disagree | n=28 av.=4.5 |
| 6.2) | I can develop suitable health education that addresses community health problems. | Strongly Agree | Strongly Disagree | n=28 av.=4.29 |
| 6.3) | I can implement educational strategies to promote health for individuals of all age groups, groups with special needs, and families. | Strongly Agree | Strongly Disagree | n=28 av.=4.29 |
| 7.1) | I use communication skills to assess, promote and maintain health for individuals, children, groups and communities. | Strongly Agree | Strongly Disagree | n=28 av.=4.54 |
| 7.2) | I use therapeutic communication skills for patients with various health problems. | Strongly Agree | Strongly Disagree | n=28 av.=4.54 |
| 7.3) | I communicate effectively in leadership and management situations. | Strongly Agree | Strongly Disagree | n=28 av.=4.39 |
| 7.4) | I have knowledge of communication strategies utilized to influence community health. | Strongly Agree | Strongly Disagree | n=28 av.=4.29 |
| 8.1) | The program provided me with a sufficient knowledge base to provide safe, effective, and efficient patient care. | Strongly Agree | Strongly Disagree | n=28 av.=4.5 |
| 8.2) | The nusing courses provided logical progression of knowledge and skills without undue repetition. (Use space below for comments) | Strongly Agree | Strongly Disagree | n=28 av.=4.18 |
| 8.4) | I was encouraged to ask questions, look for evidence, seek alternatives and was allowed to be critical of ideas throughout the program. (Use space below for comments) | Strongly Agree | Strongly Disagree | n=28 av.=3.89 |
| 8.6) | I was treated with respect for using independent judgement. (Use space below for comment) | Strongly Agree | Strongly Disagree | n=28 av.=4.07 |
| 8.8) | I was encouraged to assess situations from different cultural points of view. | Strongly Agree | Strongly Disagree | n=28 av.=4.11 |
| 8.9) | The assigned textbooks provided me with essential information and were relevant to the course. | Strongly Agree | Strongly Disagree | n=28 av.=4.07 |
| 8.10) | The physical environment of the school was conducive to my learning to my learning. (Use space below for comments) | Strongly Agree | Strongly Disagree | n=28 av.=3.57 |
| 8.12) | Classroom presentations allowed opportunities for questions and answers. | Strongly Agree | Strongly Disagree | n=28 av.=3.79 |
| 8.13) | Clinical teaching provided adequate opportunities to practice technical skills. | Strongly Agree | Strongly Disagree | n=28 av.=4.14 |
| 8.14) | Quizzes, exams, and assignments were related to the course objectives. | Strongly Agree | Strongly Disagree | n=28 av.=3.75 |
| 8.15) | Test questions covered important topics related to course and clinical concepts. | Strongly Agree | Strongly Disagree | n=28 av.=3.79 |
| 8.16) | Course syllabi were consistent in format. | Strongly Agree | Strongly Disagree | n=28 av.=4.11 |
| 8.17) | Grading practices were consistent throughout the program. | Strongly Agree | Strongly Disagree | n=28 av.=3.5 |
| 8.18) | Interaction with teaching faculty were positive and helpful. | Strongly Agree | Strongly Disagree | n=28 av.=3.61 |
| 8.21) | Clinical teaching was effective overall. | Strongly Agree | Strongly Disagree | n=26 av.=4.08 |
| 8.22) | As a result of completing the program, I am competent and confident of my clinical nursing skills. | Strongly Agree | Strongly Disagree | n=28 av.=4.46 |
| 8.23) | I plan to apply to a higher degree program in nursing. | Strongly Agree | Strongly Disagree | n=28 av.=4.75 |
| 9.1) | Anatomy and physiology - the interrelationship of the organs, structure, and functions of the human body. | Strongly Agree | Strongly Disagree | n=28 av.=4.5 |
| 9.2) | Microbiology - the nature of infection and immunity. | Strongly Agree | Strongly Disagree | n=28 av.=4.14 |

| | | | | |
|---|---|---|---|---|
| 9.3) | Life Span Psychology - the concepts and phases of human development and mental health. | Strongly Agree | Strongly Disagree | n=28 av.=4.07 |
| 9.4) | Sociology - the uniqueness and wholism of man and his interelationship with society. | Strongly Agree | Strongly Disagree | n=28 av.=3.75 |
| 9.5) | U.S History, Political Science, and Humanities - the nature of human relationships and appreciation of diversity. | Strongly Agree | Strongly Disagree | n=28 av.=3.14 |
| 9.6) | Speech and English - the methods of communication and critical thinking. | Strongly Agree | Strongly Disagree | n=27 av.=4.04 |
| 9.7) | Physical Education - the concepts of health and wellness. | Strongly Agree | Strongly Disagree | n=28 av.=3.54 |
| 10.1) | I was informed of the criteria for financial aid eligibility. | Yes | No | n=28 av.=1.93 |
| 10.2) | I was notified of available financial aid programs. | Yes | No | n=28 av.=2 |
| 10.3) | I received financial aid (If yes, complete all questions in this section. If no, proceed to section 11. Library Services) | Yes | No | n=26 av.=1.54 |
| 11.1) | The library hours met my needs most of the time. | Strongly Agree | Strongly Disagree | n=26 av.=3.92 |
| 11.2) | The library environment assisted my learning. (adequate seating, well lit and organized) | Strongly Agree | Strongly Disagree | n=28 av.=4.21 |
| 11.3) | The library's collection of books, journals, videos, and reserve materials enhanced my learning and reinforced curriculum content. | Strongly Agree | Strongly Disagree | n=27 av.=4.22 |
| 11.5) | The library staff were professional and helpful in assisting me to locate library materials or information. | Strongly Agree | Strongly Disagree | n=28 av.=4.64 |
| 12.1) | The skills lab hours met my needs most of the time. | Strongly Agree | Strongly Disagree | n=28 av.=4 |
| 12.2) | The use of skills lab equipment and supplies enchanced my learning and reinforced curriculum content. | Strongly Agree | Strongly Disagree | n=27 av.=4.15 |
| 12.3) | Having a skills kit bag and supplies was helpful to me. | Strongly Agree | Strongly Disagree | n=28 av.=4.39 |
| 12.4) | The skills lab environment assisted my learning. (functional equipment, clean, well lit, adequate supplies) | Strongly Agree | Strongly Disagree | n=27 av.=4.41 |
| 13.1) | The computer lab hours met my needs most of the time. | Strongly Agree | Strongly Disagree | n=28 av.=3.96 |
| 13.2) | The computer lab environment assisted my learning. (adequate seating, lighting, functional computers) | Strongly Agree | Strongly Disagree | n=28 av.=3.86 |
| 13.3) | Computer lab assistance was provided when I asked for it. | Strongly Agree | Strongly Disagree | n=28 av.=4.29 |
| 13.6) | I plan to utilize the NCLEX-RN computer program to help prepare for the RN board examination. | Yes | No | n=27 av.=1.78 |
| 14.1) | I used my student handbook. | Yes | No | n=28 av.=1.5 |
| 14.2) | There has been consistent and fair application of School policies | Yes | No | n=28 av.=1.82 |
| 14.3) | I was given information about receiving credit for previous college education and work experience in the healthcare field. | Yes | No | n=27 av.=1.56 |
| 14.5) | I was aware of which courses I needed to complete within specified time frame (Curriculum Plan). | Yes | No | n=28 av.=2 |
| 14.6) | I received my course syllabi a week before the semester started. | Yes | No | n=28 av.=1.96 |
| 14.7) | I was aware that counseling was available (academic and personal). | Yes | No | n=28 av.=1.79 |
| 14.8) | My requests for information, letters, transcripts, and verification of enrollment were processed within ten working days. | Yes | No | n=28 av.=1.96 |
| 14.10) | I am aware that emergency healthservice are provided to students by Employee Health. | Yes | No | n=28 av.=1.57 |
| 14.11) | I am aware that Employee Health renders TB clearance, CXR clearance, and flu vaccines to students free of charge. | Yes | No | n=28 av.=1.93 |

14.13) I am aware that I can have access to the Los Angeles County Directory of Health services located in the library and the Office of Educational

14.14) I am aware that the College offers student referrals to mental health services.

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



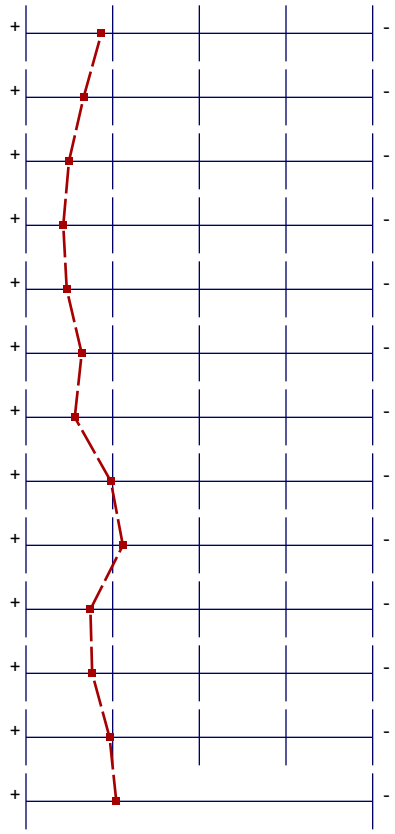

n=27
av.=1.48

n=28
av.=1.36

n=28
av.=1.93

# Profile

Subunit: School of Nursing Program
Name of the instructor: Program Evaluation Survey
Name of the course: (Name of the survey) Program Evaluation Survey



1. Program Objective #1: Demonstrates awareness and respect for diverse values and beliefs — av.=4.13
2. Program Objective #2: Formulates patient care decisions using critical thinking skills based upon pattern recognition — av.=4.34
3. Program Objective #3: Applies the nursing process for patients with simple to complex health problems to achieve optimal — av.=4.5
4. Program Objective #4: Collaborates with individuals, families, groups, community, colleages and members of — av.=4.57
5. Program Objective #5: Demonstrates accountability as a member of a discipline for practicing nursing within legal, ethical, — av.=4.53
6. Program Objective #6: Utilizes patient education as a primary, secondary, and/or tertiary actitiviy to promote — av.=4.36
7. Program Objective #7: Communicates effectively and appropriately when interacting with individuals, families, groups and communities in the practice of nursing. — av.=4.44
8. Evaluation of the learning environment — av.=4.02
9. Incorporation of General Education course content in curriculum — av.=3.88
11. Library Services — av.=4.26
12. Skills Laboratory Services — av.=4.24
13. Computer Laboratory Services — av.=4.04
14. Administrative Services and Participation in Governance — av.=1.74

Comments Report

## 8. Evaluation of the learning environment

8.3)

- Doctor's orders, delivery care systems, conflict, and community based nursing should have been taught in first semester, not fourth
- I did not feel that 2nd prepared me for the 3rd semester and 3rd semester did not prepare me well for 4th.
- Program has very high expectations. I respect this school as well as the nursing profession

8.5)

- Mrs. Grace Escudero did an excellent jobencouraging her clinical group in this area.
- Never once as a student did I feel comfortable asking a clinical instructor questions. I always felt as though I was being judged and was scared that if I asked a "dumb question" they would see me unfit and not pass me.
- We were encouraged to ask questions, but very rarely did we receive answers or even any direction to the question.
- being "critical" or questioning of ideas invited repercussions.
- certain instructors encouraged questions, while many others did not and did not appear to welcome other ideas.
- needs to utilize more in 1 and 2nd semester.

8.7)

- For the most part I would say yes.. But there were times when I was just looked down on for not saying something correctly.
- Some clinical teachers gave you the answer before you had time to think and others gave you time to come up with the answer on your own. Those who gave you time to come up with a solution on your own either a) didn't agree with you and preferred their personal belief or b) didn't give you appropriate feed back to if you made the right decision or not
- Some of the instructors "talk down" to students at times
- mainly seen in 4th sem and 3rd (depending on instructors)

8.11)

- I wished that the instructors or school would have been more informative about study options on campus. It was more by word of mouth when I found out that the rooms in tower hall were availble for study groups, or that the lobby area closes at 9pm, or that Norris Library was available as well. Also, the school needs to communicate better with Norris Library about LACCON students and the access we have there such as use of their internet or study rooms. There was definetely a few issues there throughout the semesters.
- In first semester the classrooms were either freezing or too hot
- Library hours and skills lab should be extended to weekends.
- Skils lab equipment is too old and outdated-except for the 1 new manniken we received. This is what i disliked the most about this school as the skills lab is CRUCIAL for learning new skills.
- The classroom temperature varied from extremely hot to extremely cold. Many times the class room was too small to accommodate the class. Clinical at LAC-USC was extremely beneficial. Clinical at UCLA Harbor was very limited on what we could actually do. We were not able to work on allowing all of our skills to grow.
- You could get through any of the classes without buying any of the books. I think more instructors need to base their lectures from the book and refrain from getting their information for Internet sources. I enjoyed when teachers lectures would follow the book exactly because it gave you a reference point and could follow along in class and gain extra knowlegde from the book if needed.
- it can be stinky!!!!
- textbooks may be relevant to the course however exams often had questions that were not, it was most often notable when questions seemed made up by the teacher. as far as the environment of the school, the toilets were often plugged and the air conditioner/heater were often mismatched to the environment.

8.20) Comments on teaching/learning methods.

- For 2 topics in 4th semester, there were modules provided that really helped me understand the topics covered in class compared to the traditional handout/lecture method.
- I felt that at times that the instructor would not provide proper information. Instructor responded as if we were asking for an answer but if we don't know how to make assignments most efficiently, we want to understand instead of just telling us to figure it out. I still don't know that area well enough. We were here to learn and we want to feel comfortable asking questions when it comes to the safety of the patients. It seems depending on which clinical instructor and facility we get to attend makes a huge different in our skills. I personally felt that I lacked opportunities to start IV's compared to others who got to start over 10 a day @ LAC-USC.
- Some instructors encouraged students to ask questions but never gave a straight answer.
- Some instructors were very well prepared, knowledgeable and professional. Other were not prepared and did teach as if they knew the material and very unprofessional.
- Some of the lecture handouts were inconsistent with materials from text. I understand that texts are quickly outdated so the information that instructors have are more up to date, however it sometimes made it confusing. Most of the inconsistencies stemmed from semester to semester. For example one instructor may say one thing about a topic, however another instructor may say that was incorrect. It ended up that I took the test and studied based on which instructor was testing, not so much as what I knew to be safe or correct. It was almost as if I had to unlearn materials taught to learn new materials.
- Teachers format bullets wrong and make the handouts confusing. Also, teachers who only put one word on the slide and expect you to write everything down and dont allow you to record their lectures are ridiculous. You are not helping anyone by doing that. The students start to feel frantic during the lecture and give up because they can't write everything down. I think it would be helpful if handouts were given prior to the lecture. Like a week before. That way students can read up on the subject and have questions ready. Giving just page numbers to the lecture doesn't work because we can read it but we don't have an outline to go by so we can't prepare for the way the lecture is going to flow.
- case studies were not helpful and felt more like busy work than anything else. more focus should be placed on the instructor handouts and the actual lectures themselves.
- group activities can be helpful if we know what we're doing. teach first and introduce the idea/concept before putting people into groups to do brainstorming. some of the group activities in labs were a waste of time.
- if it's not on the syllabus it will not be tested on is what we are told, however some teachers make their objectives on the syllabus so broad that anything can be covered to get around that, then why have a syllabus?
- some of the slide presentation really helped, loved Mrs.Myers lectures. Ms. Davis is such and awesome clinical instructor.

## 10. Financial Aid Services

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

- Barbara Baker goes out of her ways to help students and give us reminders to help us. LAC College of Nursing is very lucky to have someone like her.
- Barbara is great and is willing to help students out whenever she can.
- Barbara was outstanding; a very approachable person and answered all my financial aid questions thoroughly. Her aids were helpful as well. Great department overall.
- I felt that coordinator for Financial Aid was very organized and completed smoothly.
- Ms. Baker is always available to students to answer questions or suggest scholarships that a student may qualify for.
- This office always provided student with information about loans and scholarships available.
- there's not enough finanical aid/scholarships for those who do not qualified for federal grants d/t bachelor degree. please be aware that there're more people entering nursing school with a college degree disqualifying them for federal financial assistance except loans. don't want to leave nursing school with add'l student loans...some financial assistance for merit and finacial based would have been great.

## 11. Library Services

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

- Computers tend to be slow but it was helpful that we were able to print our school materials.
- N/A
- Nursing journals (hard copy); not just referred to on-line

- not enough books or journals. difficult to access articles. just because USC library has it, it doesn't mean nursing students can have access to it. system requires USC student ID access!

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

- Computers are sooooo slow
- Library staff were very knowledgeable and professional.
- No
- Patricia and Yolanda are great staff that helped me with what I needed in school materials.
- The library staff are very kind and helpful. There were times I wished the library was open later and/or on weekends
- The library staff named Patrica was very helpful and professional. She tries her best to recommend books to students all the time.
- The library staff would give some people free copies and handouts and make others pay
- appreciated the sharing and caring moments but i really didn't have time for a 20-30min chat as a student while tryin to rush out of the door.

## 12. Skills Laboratory Services

12.6) What additional laboratory equipment would have assisted your learning?

- Better and more up to date mannequins.
- Other schools have the life-like "sim-man", which we just got one last semester, but never really had a chance to practice with it. From what I hear at some other schools they have several that they've used throughout the program.
- PLEASE UPDATE THE EQUIPMENT!! Having the newest equipment and mannikens are necessary for the students to learn on. It was difficult when all the manniken parts were switched!
- Up to date suction set up, and tracheostomy site.
- more beds with more mannequins

## 13. Computer Laboratory Services

13.7) What other computer programs would have assisted your learning?

- N/A
- Olive abuse students were not given proper access and it would have been helpful if those students could get proper access
- good to extend hours during testing time

## 14. Administrative Services and Participation in Governance

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

- Administration was very poorly controlled and disorganized. The front desk couldn't help with questions, Maria Cabiarro was usually unavailable and unresponsive to emails. Things that should have been explained to the students were not and a lot of us felt lost when we had a problem. One thing specifically that the administration was lacking was informing students about the NCLEX process and expectations. The only way we learned the process was from former students.
- Most of the staff are pretty helpful and always warm to students assisting their needs in everything they can. The blonde older staff that smokes all the time is usually very rude to the students. Every time a student ask help or questions, she is usually almost always insulting the student instead of helping.
- N/A
- The one time I did need to meet with the "counselor" regarding withdrawal from a class, I didn't feel she was very helpful or compassionate and felt like all of the information and opinions I gave about the instructor were brushed off.
- please discuss and provide instruction how to access such benefits. i wasn't aware and when trying to access such resources...only found

out that i didn't qualify.

## 15. Recommendation and Comments

15.1) What did you like about your educational experience?

- I like about the program when they give you the opportunities to access affinity and chart regarding patient care. I also like the fact that students are given the opportunity to learn and access almost everything in the LACUSC hospital such as IV pumps, and pretty much students are given higher responsibilities more than other schools.
  Instructors are also doing test reviews with the students and that really helps. The lecture handouts are also very helpful.
  The 3rd semesters instructors are excellent. They are very supportive and always extends their self just to help out students. Miss Honda is very nice, kind, and cares for the students. Miss Major is excellent, she gives the students the opportunity to explore and learned on their own. She does not micro manage, and I am more comfortable and did better the way she gives me the independence in my patient care as long as I am following the protocol of the hospital. Miss Mesa is very caring and nurturing to all the students. She is always very approachable and willing to help out to make the students successful. Although it is very high stressful clinical experience, but I did learned a lot. The 4rth semester instructors are also excellent. Miss Imanaka is very kind, supportive and always make sure every student is on the top of everything. Miss Escudero is also very supportive to students and pushes you extra hard to work hard in the clinical and make sure you deliver the best care the patient can have.
- Clinical experience.
- Compared to other nursing programs in the area, we had 'dibs' on our clinical days and times for LAC-USC. I appreciated how consistent our schedule was for each semester. This made the already difficult program easier to plan out a study schedule.
- I feel like I learned a lot.. I feel that I have more knowledge and experience then other students from other schools
- I feel that I received a well rounded, comprehensive nursing education and am very well prepared clinically. There were always well defined expectations laid out.
- I liked the clinical experience that was offered by the school. I liked the variety of patient background and the hospital services.
- I loved all the teachers! The clinical instructors are awesome, and with their knowledge and willingness to help, I became a competent and confident nurse.
- It was very challenging and rewarding experience. Without the challenge, I may not be the best I could be. I felt the theory class and clinicals properly prepared me.
- The clinical rotation, the number of patients we provided care, really prepared me for the day that i obtain a job as an RN.
- The clinicals were great in terms of everything we received exposure to and were given the opportunity to practice.
- The expectations were very high especially in the upper semesters. This forced me to think critically and use the nursing process efficiently. Clinicals were amazing as I had the honor to take care of the sickest patients only at LAC+USC.
- many instructors were incredible, helpful, and a great influence. they were very involved with the students and offered to help in any way they could. the clinical experience was amazing and the opportunities given to us at this hospital were priceless. many of the clinical instructors did an excellent job in promoting confidence and forcing us to think past the basics. written comps, while very stressful, is a great way of forcing the students to bring all the information learned in the past together and make sense of it all. it is an effective tool to see how much we have learned and to assess how we are able to critically think. i feel that i learned a great deal from this program and that i am more than competent to pass the NCLEX and start working as new grad. regardless of all the good and all the bad, i am very proud to be a county graduate.
- there are some wonderful teachers that really care and know how to teach and grasp the students attention and take their critical thinking to new levels, (without degrading the student) sherman, gonzales, knott, thompson, kohl, trongone, meza, honda, davis, caballero (she's a dean and so very helpful with students) these instructors truly have a gift for teaching.

15.2) What would you like to see improved?

- Clinical experience at UCLA Harbar needs to be changed so the students are able to experience more and not be limited. Clinical experience at all DHS facility should be equal.
- Fairness across the board when enforcing policies. Recording of lectures to be allowed so that when test review is conducted, instructors can be held accountable for things that were said in lecture that do not match what is on an exam
- I feel that 4th semester tests days should be on Fridays. It is nearly impossible to be rested and prepared for tests on Thursday mornings after a full clinical day on Wednesday.
- I understand that the school wants to have a high NCLEX pass rate and "weed out" students who may not succeed, however, I also feel that they go too far, both in classroom and clinical. Many students who were former A and B students struggled just to get through, when we hear other school's students getting As and Bs. It makes us look less adequate on paper and therefore not competitive in the job market. I can understand if we were placed right into a position with LA County upon graduating, but we are not, there are no jobs. From what I understand, graduates are becoming desperate and ending up taking whatever they can get. One of the reasons I chose this school

was due to the clinical experience, but now I see graduates from other schools, who may have only cared for 2 patients in 4th semester, and got higher grades, getting jobs before us. In hindsight, I would have not gone to this school, but rather paid thousands of dollars and gotten my BS. (This is what hospitals are wanting now). In addition, many of the instructors expect you to be a perfect nurse by 4th semester, and we are not. We are still students learning, that's why we are there. It's unfortunate that I feel this way about the school, when I should be very proud and excited at this time. I am planning to get my BS and maybe MSN, so hopefully I can have a successful future in nursing.

- I wish they could help more with NCLEX-RN testing preparation. I have no idea how the test will be like and what to do. Although the instructors have confidence in us, I would have like a little more support. Ultimately I do have to pass the boards to get licensed. I also would like to have seen more consistencies from semester to semester. I especially felt second semester did not adequately prepare me for third semester. Also the rotations at certain sites are not all equal so some had more opportunities to practice skills. For example, I did my ambulatory rotation at H. Claude Hudson where there were little opportunities to practice skills. Students that did ambulatory care at LAC+USC Medical Center had opportunities to practice more skills relevant to that semester. I just would like to see more consistencies in opportunities for students.

- I would like to see the learning environment be a helpful, enjoyable experience and feel like I am in a safe place when I am there.
I think giving tests the day after a week of clinical is a poor idea. This provides anxiety to the student when on the floor (or makes them call out sick) which puts the patient at risk. I think better test grades, and less absences would result from having tests given on Friday. Students are drained from that weeks clinicals and then are expected to perform their best during a test.

- If possible, the school may provide stress reduction assistance or program because stress was a common issue during schooling.

- Instructors should have alternate Friday office hours. Thursdays were difficult to see instructors in their office espcially before class ( b/c of exams, quizzes) and after (no one wanted to see the instructors after a 5 hour lecture day). Mondays were for clinical worksheets; Tues and Wed all instructors were in clinicals.

  The graduation ceremony was very 'generic'. For a school who has been around for so long I wish that there was more emphasis on the class pinning ceremony or a capping ceremony. I attended the ELAC Nursing Dept. Graduation ceremony and it was, sorry to say, nicer than ours. The students were dressed in traditional nursing uniforms for the graduation and were pinnned in front of their families. The students shouldn't have to 'figure out' how a pinning ceremony should be. This school has the reputation as being one of the toughest in the southland and one of the best to graduate from; we should have had a nicer (more formal) grad ceremony for the work that we put into these past years.

- Reduce the number of patients we are responsible for in clinicals each semester. Having students care for a full load of patients is incredibly unsafe! I also feel the tests were unreasonably difficult and lacked clarity. I believe the distribution of grades in any class should follow a bell-shaped curve, with a few students receiving A's, a few more receiving B's, and most receiving C's. For the amount of effort I put out while in this program, I would have received an A or B at any other school. I am irritated that I didn't achieve a 3.0 GPA while in this program because I know that I will be competing for jobs against new grad RNs from other community colleges who received high GPAs from their schools (but are, in reality, well-prepared than we are). I am also concerned that the C average I earned at this school will affect my chances for furthering my education as most decent nurse practitioner programs insist all applicants have a minimum 3.0 GPA in undergraduate coursework to even apply. I am also irritated that there were 10 good students (out of 32 total in our class) who were failed from Med-Surg after the final test. This is a ridiculously high number and an example of the unreasonable testing/grading system in place at this school. I am happy to see that these students were eventually (after several weeks) allowed to graduate, but what is the school going to differently in the future to prevent this from happening again? Also, since it is within the capabilities of faculty to reverse admittedly unfair grading decisions, perhaps the entire grading system here needs to be overhauled to allow the top students in our class to receive due credit for their hard work by retroactively altering the grades on their transcripts to show A's and B's instead of low B's and high C's.

- The interaction between instructors and students. We're students, we are trying to learn. It is very hard to learn when you have an instructor that looks down on you or tells you "I wouldn't want you to be my nurse"

- This program is really hard core for most of the students. There must be a way where students will succeed both clinicals and theoritical. I understand that they are providing almost everything to the students such as tutoring and the like, but there must be a way to do where there will be more students who are going to be successful in this program. Maybe a group study session facilitated by an instructor to answer questions that was lecture so students can pass on their exams.

- skills lab as i mentioned above and implementing more "modules" for learning. Sometimes the lecture handouts are not sufficient, and I will be honest, not many students have time to read ahead, so the modules really helped!

- stop providing loopholes...if it's being used, it needs to be applicable to all students in similar situations. it wasn't fair for others.

  some instructors need to stop having power trips. they're very knowledgeable but please be fair and objective when evaluating students... not personal feeling towards the students.

  nursing school was not as difficult academically or clinically but instructors made it MUCH more difficult mentally and emotionally. this became more of a mental challenge for personal growth than pursuit of nursing career.

- the attitude of the teachers who are maybe fed up with teaching (AEB there attitude toward students in theory and clinicals, Ms. Ivory only had 1 student left by the end of the semester!) this isn't fair to students and it isn't fair to the patients.

- while i do not believe any part of this program was easy, i feel that 1st and 2nd semester did not adequately prepare us for what was expected in 3rd and 4th. expectations were much higher and quite a few instructors were not as helpful in lecture - which reflected on our exams/quizzes. the 3rd semester instructor who teaches psych nursing should NOT be allowed to teach a lecture as complex as cardiac. it was confusing and most of us were left having to teach ourselves this topic - one that is so crucial. some of the instructors, especially in 4th semester, instilled fear rather than confidence - especially in clinical. this added more stress than necessary, causing us to constantly feel "unsafe" on the floor. even in 4th semester, we are still nursing STUDENTS and it felt like we were not allowed to make any mistakes

without fear of a write-up or being dismissed entirely. write-ups are given away much too freely at this school. and the quality of the exams, especially in 3rd and 4th, were often unreasonable - some questions did not have anything to do with the material focused on in lecture. it is made clear to us that we should expect and be "content" with C's in this program, but then we are expected to continue our education and seek bachelor's and master's degrees - how are we supposed to do that with a suffering GPA? in addition, that makes receiving any academic awards nearly impossible. the fact that only one person in this graduating class made lifetime dean's list is incredibly disappointing. furthermore, the fact that the class originated with approximately 60 students in 1st semester and that only about 1/4 of them actually graduated on time speaks volumes about the type of stress and often unreasonable demands this program put on its students. the research paper assigned for 4th semester nursing role requires a clearer explanation of the expectations and the grading of this paper is completely unfair. depending on the instructor assigned to grade it, many students received grades that were not merited. either one instructor should be designated the task to grade ALL papers, or ALL instructors should grade it as done with written comps.

| Class Climate | New Student Survey (Basic) | SCANTRON |
|---|---|---|

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

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

## 1. New Student Survey

Please enter your responses in the boxes provided only

1.1 Name:

1.2 Email address

1.3 Clinical Site (Select) ☐ LA Clinical ☐ Olive View Clinical

1.4 Select Program: ☐ Basic - Regular ☐ Basic - Workforce

1.5 My primary strength as a student is:

## 2. Graduate Observation [Continue]

| | | Outstanding | Very Good | Competent | Improvement Needed | Unsatisfactory |
|---|---|---|---|---|---|---|
| 2.6 | Uses critical thinking, including recognition of assessment data, to plan, deliver, and evaluate patient care. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2.7 | Applies the nursing process in caring for patients with simple to complex health problems. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2.8 | Interacts therapeutically with patients and their significant others. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2.9 | Utilizes patient education to promote self care in collaboration with the health care team. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2.10 | Applies knowledge, skill, and sociocultural sensitivity to promote and maintain optimal health. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2.11 | Participates in quality improvement activities. | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Please rate the graduate's skill level in the following areas: | | | | | |
| 2.12 | Work performance | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2.13 | Technical skills | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2.14 | Time management | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2.15 | Delegation | ☐ | ☐ | ☐ | ☐ | ☐ |

2.16 Please indicate graduate's stage of clinical competency by selecting one of the following:

- ☐ Novice - Very limited, needs instructions on how to perform duties.
- ☐ Advanced beginner - Has some experience, needs some guidance in performing duties.
- ☐ Competent - Experienced, organized and performs duties in a satisfactory manner.
- ☐ Proficient - Is intuitive and efficient. Has a deep understanding and sees all aspects of a situation.

## 3. Program Effectiveness

How does our graduate compare to graduates from other schools in regards to:

| | | Superior | Better than most | About the same | Less than most | Inferior |
|---|---|---|---|---|---|---|
| 3.1 | Skill performance | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3.2 | Adapting to the work environment | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3.3 | Work performance | ☐ | ☐ | ☐ | ☐ | ☐ |

## 3. Program Effectiveness [Continue]

3.4 Promotability ☐ ☐ ☐ ☐ ☐

3.5 Comments regarding graduate.

Thank you for completing this survey.

Los Angeles County College of Nursing and Allied Health
**School of Nursing Graduate Surveys**

## Classes of 2010-I and 2010-II

Surveys were sent on January 6, 2012. Nine reminders were sent an average of every 2 weeks to non-respondents.

**Findings:**

| GRADUATING CLASS | 2010-I | 2010-II | Overall |
|---|---|---|---|
| **Graduates** (n) | 61 | 46 | 107 |
| **Respondents** (n, %) | 16 (25%) | 20 (43%) | 36 (33.6%) |
| Out of those that responded: | | | |
| **Graduates working as RNs** | 15 (94%) | 18 (90%) | 33 (92%) |
| **Unemployed** (n, %) | 1 (6%) | 2 (10%) | 3 (8%) |
| **Employed by DHS** (n, %) | 5 (31%) | 6 (33%) | 11 (33%) |
| **Continuing in Ed.** (n, %) | 6 (38%) | 7 (35%) | 13 (36%) |
| **Total Working in LAC** (n, %) | 13 (87%) | 18 (90%) | 31 (91%) |

DHS Graduate Hiring Sites: LAC+USC = 5 (15%), Rancho = 5 (15%), HUCLA = 1 (3%)
LAC+USC RN database shows 21 graduates from 2010-I & II were hired (20% of 107 graduates)

### I. List of Employers

1. American Red Cross, Pomona (LAC)
2. Centinela Hospital (LAC)
3. Centinela Hospital Medical, Inglewood (LAC)
4. Chino Valley Medical Center (LAC)
5. Covina Rehabilitation Center (LAC)
6. Garfield Medical Center (LAC)
7. Harbor-UCLA Medical Center (LAC)
8. Huntington Hospital, Pasadena (LAC)
9. Inova Alezandria Hospital, Alexandria (Virginia)
10. K & A Care
11. Kaiser Permanente Baldwin Park (LAC)
12. LA Huntington Health Care (LAC)
13. LAC+USC Healthcare Network (LAC)
14. LASD, LA
15. Mercy Hospital, Bakersfield (Kern County)
16. Methodist Hospital, Arcadia (LAC)
17. Rancho Los Amigos (LAC)
18. West Hills Hospital & Medical Center (LAC)
19. White Memorial Medical Center (LAC)

### II. Nursing Specialty Areas

- Acute Care 18 (56%)
- Rehabilitation 6 (17%)
- Home Health 2 (6%)
- Nursing Entrepreneur
- Other Areas 9 (28%): American Red Cross Blood Services, Correctional Nursing, Group Home, Sub Acute, Nursing Home, Environmental Lab, Self Employed

### III. Leadership Role: 19 (35%)

- Charge Nurse 5 (14%)
- Team Leader 5 (14%)
- Preceptor 3 (8%)
- Supervisor 2 (5.6%)

Educator 1 (3%)

1

### IV. Graduate Comments

**Program Effectiveness Score: 4.39 Threshold: 3.5**

| Positives | Negatives |
|---|---|
| ▪ Excellent program proud to be a part of it<br>▪ First 3 semesters were very helpful<br>▪ Secured employment based on my work performance<br>▪ Experiences prepared me well for stressful situations<br>▪ Received commendation in my job | ▪ RN position for an ADN grad is not available ****<br>▪ Poorly prepared for getting a job was told to concentrate on passing NCLEX than looking for a job ****<br>▪ School care less about grads getting jobs as long as they have high NCLEX pass rates ****<br>▪ Complete breakdown in teaching philosophy in final Sem **<br>▪ Final semester was destructive**<br>▪ Disappointed in Semester 4 instruction constant reminders students will be failed for any mistakes. **<br>▪ Instructor inhumane even nursing staff disapproved **<br>▪ Definitely will not recommend this Institution to others<br>▪ Improve how students in admitting and discharging pts |

Los Angeles County College of Nursing and Allied Health
**School of Nursing Graduate Surveys**

## V. Analysis/Identified Problems/Action Plan

1. Survey Response Rate: Improved response rate noted with implementation of action plan from 2011.
   - Pre notification sent
   - Given deadline for survey which was extended
   - B. Baker sent out a warm letter of invitation to take survey
   - Posted flyer on the internet webpage and also sent to Alumni for posting on face book.
   - Sent out nine reminders to complete the survey.
   - Had less incidences of survey software and hardware issues after 2011 upgrades

   **Action Plan**
   - Pre notification to graduating students to expect a survey one year after graduation
   - Continue with current efforts to increase graduate response rates.

2. Graduate Employment ****
   - Graduates encountered difficulties in finding jobs. 28% of responders have found jobs in non-acute nursing areas that were traditionally for technical nurses and NAs.
   - Students unsatisfied with College efforts in addressing the job issue. Due to the hiring freezes, many of the efforts and emphasis of recruitment were curtailed such as graduate breakfast, DHS Job Fairs held on campus and at the Medical Center, recruitment table in the lobby, and student worker programs.
   - Administration expressed concern regarding graduate hiring to the Network CNO and DHS CNO DHS on an ongoing basis, last at the February 2012 BOT meeting.
     - Student issue regarding lack of being prepared by the school to secure a job is understandable. Students continue to receive assistance in resume writing and also training on interviewing including preparation questions. The college also accommodates graduates who want to maintain their skills with skills lab services until they pass NCLEX/get jobs.
     - Faculty assist students by providing them with letters of recommendation, calling students regarding job openings, and contacting nurse managers. Dean reviews communications from students' inquiry regarding job openings.
     - Graduates that are unsuccessful in passing the NCLEX are accommodated in skills lab to keep their skills. All graduates have access to the library. Computer lab access is granted to them for 6 months.
     - Notifications sent to recent graduating classes regarding the LAC+USC hiring open to fill 99 positions.
     - Graduates encourage getting on hiring list and keeping up to date.

   **Action Plan**
   - Follow up on talks regarding plan to streamline college graduate hiring into RN 1 positions. Both CNOs are looking into the possibility.
   - A suggested plan was to give points to our graduates attending our college.

3. Student dissatisfaction with final semester in the program:**
   Implemented confidential student exit interviews in addition to routine exit interview and exit survey

   **Action Plan**
   - Report on graduate survey finding was given to Dean and 4th semester committee to follow up.
   - Present data from exit interviews to IE committee and Faculty Org. committees.
   - Create a college climate survey and administer to all students
   - Use findings from exit interview and college climate survey to guide program improvement.

Return to T.O.C.

| ITEM # | ITEM | AVERAGE RATING | | |
|---|---|---|---|---|
| | | AY 08-09 | AY 09-10 | AY 10-11 |
| 1.1 | I feel safe from harm in my work environment. | 3.52 | 3.46 | 3.46 |
| 1.2 | I uphold the values of the college and contribute to meeting its mission | 4.62 | 4.57 | 4.63 |
| 1.3 | I have the necessary skills and training to perform my job | 4.52 | 4.52 | 4.60 |
| 1.4 | I get to share my ideas with others and participate in decision making through membership in committees | 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 |
| 1.6 | I can access supplies and equipment needed to adequately perform my duties | **2.64** | **3.11** | **3.14** |
| 1.7 | Availability of classrooms is adequate to meet my needs | **3.25** | **3.32** | **3.29** |
| 1.8 | I was able to attain >75% of my annual goals | 4.08 | 3.89 | 4.18 |
| 1.9 | Peer review assisted in improving my teaching effectiveness | 3.62 | **3.43** | 3.50 |
| 1.10. | My peers have current knowledge in the materials they teach | 4.26 | 4.05 | 4.04 |
| 1.11 | My assignment is in alignment with my qualifications, ability, and interest | 4.35 | 4.11 | 4.34 |
| 1.12 | My job performance has been fairly evaluated within the last 12 months | 4.17 | 4.28 | 4.56 |
| 1.13 | My supervisor keeps me updated regarding changes that will impact my assignments and responsibilities | 4.25 | 4.29 | 4.43 |
| 1.14 | My supervisor gives me constructive feedback regarding my work | 4.21 | 4.22 | 4.47 |
| 1.15 | My immediate supervisor has good leadership qualities | 4.17 | 4.09 | 4.06 |
| 1.16 | The college has sufficient number of qualified employees | **3.00** | 3.46 | **3.37** |
| 1.17 | Team work is encouraged and practiced within my division and between divisions | 3.75 | 3.72 | 3.76 |
| 1.18 | The college provides opportunities for professional growth | 3.61 | **3.37** | **3.40** |
| 1.19 | College grounds and facilities are well maintained | **2.40** | **2.65** | **2.66** |
| 1.2 | Our admissions requirement provides the college with qualified students | 3.64 | **3.43** | 3.60 |
| | Please rate your satisfaction with the following: | | | |
| 1.21 | Salary | 3.90 | 3.89 | 3.88 |
| 1.22 | Benefits | 4.24 | 4.35 | 4.55 |
| 1.23 | Workload | 3.55 | 3.57 | 3.55 |
| 1.24 | Work Schedule | 4.12 | 4.33 | 4.35 |
| 1.25 | Overall I am satisfied with my job | 4.10 | 4.22 | 4.20 |
| 1.27 | Students are provided with quality education | 4.35 | 4.24 | 4.35 |
| | **Overall Rating:** | **3.85** | **3.85** | **3.94** |

MI,NM:nm
5/26/2011
IE.OER.OrgCult

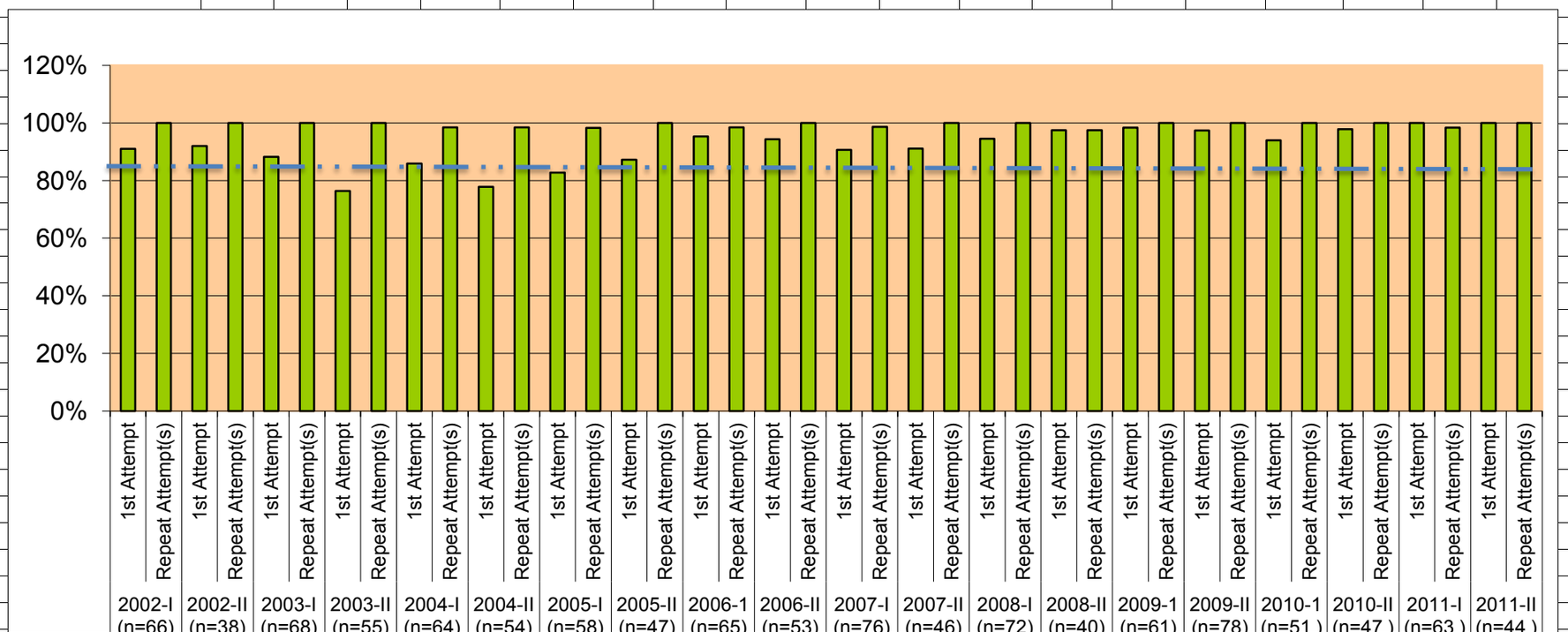
# Addendum N

GRADUATE ACHIEVEMENT MEASURES

National Council Licensure Examination – Registered Nursing Pass Rate
Los Angeles County Student/Graduate Hiring Rate

# NCLEX PASS RATE BY CLASS

| | 2002-I | 2002- | 2003-I | 2003-II | 2004-I | 2004-II | 2005-I | 2005-II | 2006-I | 2006-II | 2007-I | 2007-II | 2008-I | 2008-II | 2009-I | 2009-II | 2010-I | 2010-II | 2011-I | 2011-II |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # Graduates | 66 | 38 | 68 | 55 | 64 | 54 | 58 | 47 | 65 | 53 | 76 | 56 | 73 | 40 | 62 | 78 | 51 | 47 | 63 | 44 |
| # Attempting | 66 | 38 | 68 | 55 | 64 | 54 | 58 | 47 | 64 | 53 | 75 | 56 | 73 | 40 | 61 | 78 | 50 | 46 | 61 | 44 |
| # Pass (1st Time) | 60 | 35 | 60 | 42 | 55 | 42 | 48 | 41 | 61 | 50 | 68 | 51 | 69 | 39 | 60 | 76 | 47 | 45 | 61 | 44 |
| % Pass (1st Time) | 91% | 92% | 88% | 76% | 86% | 78% | 83% | 87% | 95% | 94% | 91% | 91% | 95% | 98% | 98% | 97% | 94% | 98% | 100% | 100% |
| # Failed (1st Time) | 6 | 3 | 8 | 13 | 9 | 12 | 10 | 7 | 4 | 3 | 7 | 5 | 4 | 1 | 1 | 2 | 3 | 0 | 2 | 0 |
| # Pass (Repeat Attempts) | 66 | 38 | 68 | 55 | 63 | 54 | 57 | 47 | 63 | 53 | 74 | 56 | 73 | 39 | 61 | 78 | 50 | 46 | 60 | 44 |
| % Pass (Repeat Attempts) | 100% | 100% | 100% | 100% | 98% | 100% | 98% | 100% | 98% | 100% | 99% | 100% | 100% | 98% | 100% | 100% | 100% | 100% | 98% | 100% |
| # Repeat Fail or Not Attempted | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 3 | 0 |
| **Average (1st Time)** | **92%** | | | | | | | | | | | | | | | | | | | |
| **Average(Repeat Attempts)** | **100%** | | | | | | | | | | | | | | | | | | | |



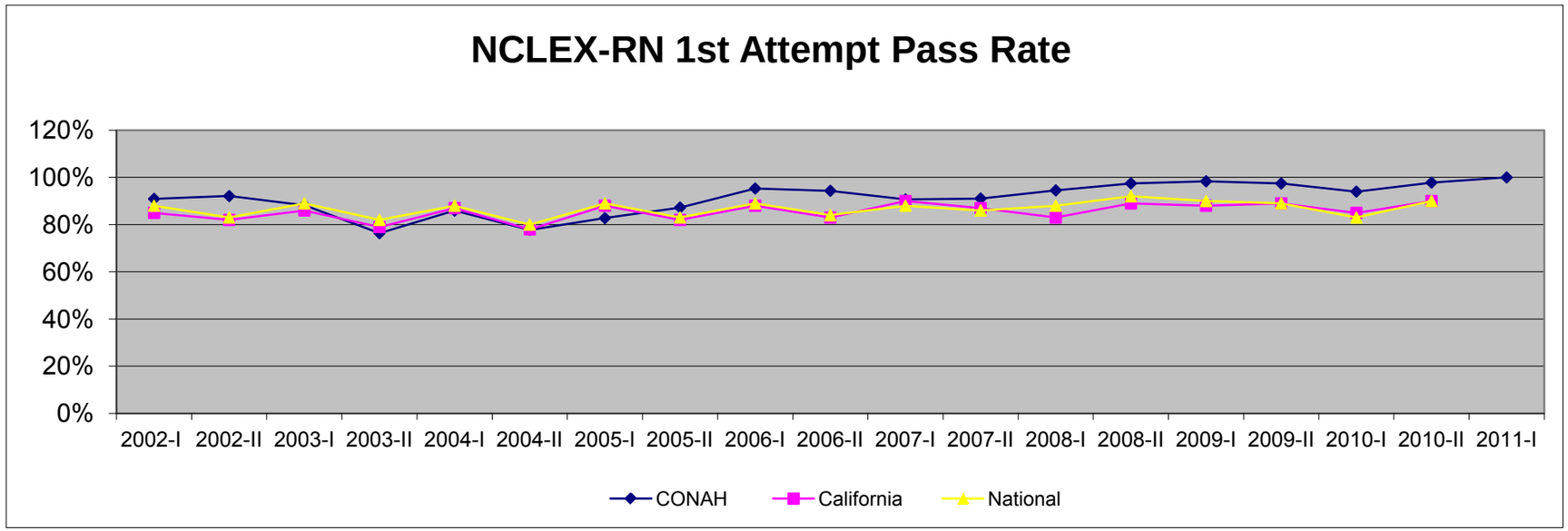

| | |
|---|---|
| Action Threshold: 85% | |
| 1st Time avg since 2006-I | 92% |

Los Angeles County College of Nursing Allied Health
School of Nursing

## NCLEX PASS RATE BY CLASS (cont.)

| | | |
|---|---|---|
| | 2004-I | S1 - failed 2x. (#2 3/08) |
| | 2005-I | S2 - failed 1x 7/06. No further record |
| | 2006-I | S3 - failed x4 (#4 7/2012) |
| | 2006-I | S4 - no record of taking |
| | 2007-I | S5 - failed >1 |
| | 2007-I | S6 - failed x1 |
| | 2008-II | S7 - failed x1. No record of repeat |
| | 2009-I | S8 - no record of taking |
| | 2010-I | S9 - failed x1. No record of repeat |
| | 2010-II | S10 - no record of taking (needs GE class) |
| | 2011-I | S11 - failed x1 (10/28/11). No record of repeat |
| | 2011-I | S12 - has not completed CONAH checkout |
| | 2011-I | S13 - no record of taking |

| 1st TimePass (%) | 2002-I | 2002-II | 2003-I | 2003-II | 2004-I | 2004-II | 2005-I | 2005-II | 2006-I | 2006-II | 2007-I | 2007-II | 2008-I | 2008-II | 2009-I | 2009-II | 2010-I | 2010-II | 2011-I |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CONAH | 91% | 92% | 88% | 76% | 86% | 78% | 83% | 87% | 95% | 94% | 91% | 91% | 95% | 98% | 98% | 97% | 94% | 98% | 100% |
| California | 85% | 82% | 86% | 79% | 87% | 78% | 88% | 82% | 88% | 83% | 90% | 87% | 83% | 89% | 88% | 89% | 85% | 90% | |
| National | 88% | 83% | 89% | 82% | 88% | 80% | 89% | 83% | 89% | 84% | 88% | 86% | 88% | 92% | 90% | 89% | 83% | 90% | |




Comparison Data:
California RN program averages obtained From NCSBN Exam Statistics
National ADN averages obtained from NCSBN Fact Sheet
- Value for class of dash two (-II) calculated from 1st and 2nd quarter average
- Values for class of dash one (-I) calculated from 3rd and 4th quarter average

NCSBN: National Council State Boards of Nursing

5/25/2012

MI,NM:nm

Return to T.O.C.

**GRADUATING CLASS**

| | Avg | 2003-I | 2003-II | 2004-I | 2004-II | 2005-I | 2005-II | 2006-1 | 2006-II | 2007-I | 2007-II | 2008-1 | 2008-II | 2009-I | 2009-II | 2010-I | 2010-II | 2011-I |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Graduates (#) | | 68 | 58 | 65 | 53 | 58 | 47 | 66 | 53 | 77 | 56 | 74 | 40 | 61 | 76 | 49 | 47 | 62 |
| LAC RNs (#) Hired | | 43 | 22 | 20 | 26 | 32 | 23 | 32 | 24 | 51 | 38 | 45 | 10 | 19 | 25 | 17 | 19 | 8 |
| LAC RNs (%) | | 63% | 38% | 31% | 49% | 55% | 49% | 48% | 45% | 66% | 68% | 61% | 25% | 31% | 33% | 35% | 40% | 13% |
| **Hiring Rate** | **44%** | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Retained > 2years (#) | | 33 | 15 | 15 | 20 | 28 | 18 | 23 | 17 | 44 | 33 | 42 | 7 | 16 | 24 | 14 | 10 | 8 |
| Retained > 2 years (%) | | 77% | 68% | 75% | 77% | 88% | 78% | 72% | 71% | 86% | 87% | 93% | 70% | 84% | 96% | 82% | 53% | 100% |
| **Retention Rate** | **80%** | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| SNWs (#) | | 31 | 23 | 27 | 23 | 28 | 14 | 23 | 19 | 22 | 20 | 27 | 15 | 15 | 19 | 4 | 5 | 2 |
| SNWs (%) | | 46% | 40% | 42% | 43% | 48% | 30% | 35% | 36% | 29% | 80% | 36% | 38% | 25% | 25% | 8% | 11% | 3% |
| **SNW Rate** | **34%** | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| SNW to LAC RN (#) | | 28 | 12 | 11 | 17 | 19 | 11 | 16 | 14 | 17 | 16 | 18 | 5 | 6 | 8 | 2 | 3 | 1 |
| SNW to LAC RN (%) | | 65% | 52% | 41% | 74% | 68% | 79% | 70% | 74% | 77% | 80% | 67% | 33% | 40% | 42% | 50% | 60% | 50% |
| **SNW to LAC RN Rate** | **60%** | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| **Employment Location** | | | | | | | | | | | | | | | | | | |
| LAC+USC MC | 80% | 33 | 19 | 15 | 24 | 30 | 18 | 26 | 21 | 45 | 29 | 32 | 10 | 13 | 20 | 12 | 15 | 2 |
| OVMC | 7% | 6 | 1 | 1 | 0 | 2 | 3 | 1 | 1 | 0 | 5 | 5 | 0 | 1 | 0 | 2 | 0 | 4 |
| H-UCLA MC | 7% | 0 | 2 | 2 | 2 | 0 | 2 | 4 | 2 | 4 | 1 | 4 | 0 | 2 | 1 | 1 | 1 | 2 |
| KDMC | 1% | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| High Desert | 1% | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RLA-MC | 3% | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 3 | 2 | 2 | 3 | 0 |
| Public Health | 1% | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 1% | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 |

SNW: Student Nurse Worker

Source: CWTAPPS 5/16/12

- LAC+USC NRC Rosters

MI,NWM,LV:nm

SON.Surveys,Stats.DHSHiring

5/17/12

# Addendum O

FISCAL YEAR 2012-2013 BUDGET REQUEST

Accreditation – Items
Accreditation – Information Technology

LAC+USC Healthcare Network and Juvenile Court Health Services
FY 2012-13 Budget Request Summary Form

| | | | |
|---|---|---|---|
| Budget Unit: | LAC+USC Healthcare Network | Contact Person: | Nancy Miller |
| Admin. Area: | LAC College of Nursing & Allied Health | Telephone Number: | 323-226-4911/6511 |
| Request Title: | CONAH-2 Accreditation Items | Request Category: | Other: To meet accreditation requirements |

**Section 1 - Background**

1. Narrative Description of Request:

To fund existing ordinance items in line with DHS goal to implement eHR roll out in 2012 and add budgeted items to correct accreditation deficiencies, maintain workforce training programs, lead DHS & Network competency training, and address projected nursing shortages. The Accrediting Commission for Community and Jr Colleges of Western Association of Schools & Colleges (WASC) resolved the College's (CON) probationary status resulting from ongoing failure to link planning with budget and resource allocation. This included failure to stabilize critical leadership positions and student support needs. WASC will conduct an accreditation site visit by early 2013. The existing ordinance Nsg Dir, Ed item is an essential position that is in overhire status and requires funding to be reflected in the CON budget and to correct overhire status. The CON has 10 nonbudgeted, ordinance nursing instructor positions. 5 CON instructors are in the Nursing division budget & 1 more is on an expired grant-funded item; 2 support staff are in other Med Center cost centers. Funding these positions will demonstrate to the accrediting agency that the CON has the resource support needed to complete the corrective actions and meet the mission of the College.

2. Departmental Analysis and Department Goals:

In line with DHS goal to assure sufficient hospital service capacity and to meet the need for new and E.R. trained RNs to fill critical shortage positions to address staffing mandates, break coverage, and ER overcrowding, the CON provides entry level RNs as well as DHS-wide ICU, ER, Neonatal-Pediatric, & specialty training programs. The CON has the capacity to fill 100-150 DHS RN vacancies per year. The number of students enrolled in the CON is limited by the number of faculty & staff. Funding support staff and existing faculty positions is essential to providing educational resources necessary to produce qualified RNs to meet DHS staffing needs, reduce reliance on registry, and meet regulatory agency mandates.

3. How This Improves or Corrects Current Situation:

DHS will continue to have the opportunity to hire 100-150 qualified RN graduates annually, to fill critical ICU/ER/specialty area nsg vacancies, and reduce reliance on registry nursing staff and OT. DHS nursing vacancy rate is projected to remain critical through 2030. Support positions will allow data collection and analysis to maintain newly restored accreditation. Ongoing accreditation means the CON will continue to be able to grant the AS degree to program graduates and meet DHS needs for RNs, competency validation, and specialty area education to meet Joint Commission requirements.

4. Performance Measures:

DHS hiring rate; Student enrollment in SON & specialty programs; Prelicensure student graduation and National Licensure Exam-RN (NCLEX-RN) pass rates; DHS-wide critical care, emergency, & other specialty program competency validation & completion rates; ACCJC/WASC acceptance of Self Evaluation Report & site visit findings

**Section 2 - Resources Requested**

1. Staffing (Must provide Duty Statements and Organization Charts for review by CEO Classification and Compensation):

| Item # and Subletter | Item Description (Please Enter if Look-up Description is not Correct) | Number of Items | Budget Code if Number of Items is Negative |
|---|---|---|---|
| 5288A | NURSING DIRECTOR,EDUCATION | 1 | |
| 5210A | NRSNG INSTR,COL NRSNG ALLIED HLT | 10 | |
| 0888A | ADMINISTRATIVE ASSISTANT II | 1 | |
| 0913A | STAFF ASSISTANT II | 1 | |
| 2102A | SENIOR SECRETARY III | 1 | |
| Total Positions | | 14 | |

2. Services and Supplies (Must provide supporting information which identifies how each amount was developed - include assumptions and calculations):

| Object Code | Object Name or Contract Vendor/Service | Amount |
|---|---|---|
| | | $ |
| Total Services and Supplies | | $ 14 |

3. Revenues (Must provide supporting information which identifies how each amount was developed - include assumptions and calculations):

| Revenue Source | Revenue Source Name | Amount |
|---|---|---|
| | | $ |
| Total Revenues | | $ 0 |

4. Capital Assets (Must provide supporting information which identifies how the Unit Cost and Space Renovation Cost were developed):

| Quantity | Item Description | Unit Cost | Total Cost | Space Renovation Required (Yes or No) (If Yes, must provide explanation) |
|---|---|---|---|---|
| | | $ | $ 0 | |
| | | $ | 0 | |
| | | $ | 0 | |
| | | $ | 0 | |
| Total Capital Assets | | | $ 0 | |

LAC+USC Healthcare Network and Juvenile Court Health Services
FY 2012-13 Budget Request Summary Form

| | | | |
|---|---|---|---|
| Budget Unit: | LAC+USC Healthcare Network | Contact Person: | Nancy Miller |
| Admin. Area: | LAC College of Nursing & Allied Health | Telephone Number: | 323-226-4911/6511 |
| Request Title: | CONAH-1 IT hardware/software | Request Category: | Other: To meet accreditation requirements |

**Section 1 - Background**

1. Narrative Description of Request:

To fund IT hardware and software to correct accreditation deficiencies related to research, planning, and resources. The Accrediting Commission for Community and Jr Colleges of Western Association of Schools & Colleges (WASC) resolved the College's (CON) probationary status resulting from ongoing failure to link planning with budget and resource allocation. This included failure to provide for information technology and student support needs. WASC will conduct an accreditation site visit by early 2013. The CON requests a file server to house/back up student records and other essential documents; scanner to replace 10-year-old, outdated, failing equipment needed to process high volumes of data and required regulatory reports required for accreditation. Funding the IT hardware and software will complete the corrective actions and demonstrate compliance with recommendations.

2. Departmental Analysis and Department Goals:

IT hardware supports data collection and report generation needed to comply with outcome reporting requirements, reduce OT costs associated with manual entry, and address accreditation requirements. This is in alignment with the DHS goal to modernize IT systems.

3. How This Improves or Corrects Current Situation:

IT hardware and software will allow data collection and analysis to maintain newly restored accreditation. Ongoing accreditation means the CON will continue to be able to grant the AS degree to program graduates and meet DHS needs for competency validation and specialty area education to meet joint commission requirements.

4. Performance Measures:

DHS hiring rate; Student enrollment in SON & specialty programs; Prelicensure student graduation and National Licensure Exam-RN (NCLEX-RN) pass rates; DHS-wide critical care, emergency, & other specialty program competency validation & completion rates; ACCJC/WASC acceptance of Self Evaluation Report & site visit findings

**Section 2 - Resources Requested**

1. Staffing (Must provide Duty Statements and Organization Charts for review by CEO Classification and Compensation):

| Item # and Subletter | Item Description (Please Enter if Look-up Description is not Correct) | Number of Items | Budget Code if Number of Items is Negative |
|---|---|---|---|
| Total Positions | | 0 | |

2. Services and Supplies (Must provide supporting information which identifies how each amount was developed - include assumptions and calculations):

| Object Code | Object Name or Contract Vendor/Service | Amount |
|---|---|---|
| 4030 | Servers, Departmental-Noncapital | $ 6,477 |
| 4025 | Printers/Peripherals, Departmental-Noncapital (Scanne | 7,881 |
| 4025 | Printers/Peripherals, Departmental-Noncapital (Site Lic | 10,892 |
| Total Services and Supplies | | $ 25,250 |

3. Revenues (Must provide supporting information which identifies how each amount was developed - include assumptions and calculations):

| Revenue Source | Revenue Source Name | Amount |
|---|---|---|
| | | $ |
| Total Revenues | | $ 0 |

4. Capital Assets (Must provide supporting information which identifies how the Unit Cost and Space Renovation Cost were developed):

| Quantity | Item Description | Unit Cost | Total Cost | Space Renovation Required (Yes or No) (If Yes, must provide explanation) |
|---|---|---|---|---|
| | | $ | $ 0 | |
| | | $ | 0 | |
| | | $ | 0 | |
| | | $ | 0 | |
| Total Capital Assets | | | $ 0 | |

# Addendum P

INFORMATION TECHNOLOGY SUPPORT

Statement of Work
Project Initiation Request

# Los Angeles County
# College of Nursing and Allied Health

# STATEMENT OF WORK

Los Angeles County

COLLEGE of NURSING and ALLIED HEALTH (The College)

# STATEMENT OF WORK

## 1.0 GENERAL INFORMATION [1]

The School of Nursing, a two year hospital-based training program, founded in 1895, was known as the College Training School under the direction of the County Hospitals and the College of Medicine of the University of Southern California.

Approved by the County Board of Supervisor on October 1998, the institution adopted its current name: College of Nursing and Allied Health.

The College is located on the premises of the Los Angeles County and University of Southern California Medical Center. The College has two academic divisions: (1) Nursing Programs, including the School of Nursing and Continuing Education, and (2) Allied Health. The College offers nursing courses which qualify a student to take the National Council Licensure Examination for Registered Nurses.

The Accrediting Commission for Community and Junior College of the Western Association of Schools and Colleges (ACCJC/WASC) has issued recommendations and the College has conducted self-assessment. The scope of this work order is to implement and complete resolutions in accordance with such recommendations and self-assessment.

ACCJC/WASC Recommendations:

2001 #1: Devote additional resources to the collection and analysis of data.

2001 #2: Further campus-wide comprehensive, integrated planning with measurable student outcomes

2007 #4: Provide technology and instruction for library users to develop students' information competency skills

2007 #5: Address technology needs to support student learning and improve institutional effectiveness by:

- Subscribing to electronic databases to improve access to learning materials
- Assuring the efficient and effective conversion to the new administrative management software (student information database)
- Improving the quality of information contained on the College website and ensuring that the information is up to date

# STATEMENT OF WORK

Specifically, this Statement of Work highlights information technology tasks to be completed by qualified contractor. Tasks and deliverables will include but not be limited to the following:

## 2.0 STUDENT INFORMATION SYSTEM DATA BASE REVIEW AND CONVERSION

Background:

The College operates multiple disparate databases in Revelation PICK Database Management Systems and Excel/Access/Word profiles.

Revelation PICK Database Management Systems

The PICK databases contain enrolled students' demographic information from 1992 to 2000. This database includes student records, admissions, student status, activity status, alumni development, financial aid and accounting records.

In 2006, the College purchased Comprehensive Academic Management Solutions (CAMS) for Higher Education from Three Riva System.

Student Enrollment Status Database

The student enrollment status database tracks full, three quarters, half, and less than half-time enrollment, and credits/courses taken.

Student Health Status Database

The student health status records contain required mandatory immunization records (Hepatitis, TB, Rubella, chicken pox, etc.) and health assessment records.

Admissions Database

The admissions database contains all College applicants' information on admission, pre-entrance examination status and outcome.

Transcript Database

The transcript database contains students' grade sheets at the College and transcripts from outside institutions. Since 2000, students' transcripts with specific student

identification number were kept on Word Perfect files, Access program files and Microfiche.

Tasks:

2.1. Contractor shall review, assess, consolidate; merge and convert the above existing disparate databases onto the new Comprehensive Academic Management Solutions (CAMS) for Higher Education.

2.2. Contractor shall complete and validate database conversions from Legacy PICK Management Systems to CAMS. All transcript database records, except those stored on Microfiche, are to be converted onto the CAMS systems.

2.3. Contractor shall ensure all student records are created, modified, updated, retrieved, and archived in accordance to Department of Education regulations, guidelines and applicable College policies and procedures.

2.4. Contractor shall review, and validate the converted CAMS data records to ensure the accuracy of the data elements contained in the transcript, enrollment, health status, and admissions databases.

2.5. Contractor shall ensure the integrity of the new databases with all the appropriate controls for accessing, viewing, adding, changing, and deleting and to protect the privacy and security of student records.

2.6. In the conversion and migration from various disparate databases onto the CAMS, Contractor shall take a comprehensive integrated approach in adapting the CAMS applications/modules to the College's implementation and creation of the relational data structures.

2.7. Upon the completion of all student information system databases, Contractor shall jointly validate the completeness of the conversion with College-designated personnel, subject to College acceptance.

2.8. Contractor shall work with The Three Piveal to coordinate all training for administrative and support staff, faculty and instructors in CAMS implementation.

2.9. Contractor shall complete full documentation on procedures for system back-up, disaster recovery, implementation of end-user profiles and access levels, maintenance, and system updates.

2.10. Contractor shall develop various data reports, statistical profiles, and ad hoc reports on a monthly, quarterly and annual basis. Contractor shall be flexible to various data specifications that will be added to the report generation manual.

2.11. Contractor shall coordinate the transition and implementation of CAMS Enterprise web-based campus-wide system (including the Nursing, Continuing Education, and Allied Health divisions) to provide for: student information systems, fiscal management with HR/PR/Financial Aid, course management with PAR Score, PAR Evaluation, document management with transcripts, self-service portals, interfaces with Federal Department of Education Program and Learning Management System (LMS).

2.12. Contractor shall propose how CAMS application will be implemented to satisfy College technology resource needs on data collection, analysis, and evaluation in using the latest technology.

2.13. Contractor shall complete procedures for access, security, database analysis and reporting, user training, and back-up.

2.14. Contractor shall complete resource requirement analysis and recommendations for on-going maintenance and support services.

## 3.0 STUDENT FINANCIAL AID DATA BASE

Background:

The student financial aid ledger contains the following data elements: class graduation year; attendance status; FAFSA application date; tuition agreement contract; Pell grant; award; disbursement; distribution; supplemental Educational Opportunity Grant; Perkins; subsidized Stafford loans; unsubsidized Stafford loans; cost of attending; actual tuition cost; estimated family contribution; deferred amount; scholarship (Berne Wilshire, Nienstedt, NIEN, MWR, MJR, scholarship for disadvantaged students); status (veteran status, dependency status, previous bachelor degree, enrollment, public assistance, various income sources); and automated calculations on total resource, need and award amount.

# STATEMENT OF WORK

Tasks:

3.1. Contractor shall review and assess all databases to automatically populate the College financial aid ledger with financial aid loan/grant profile specifications.

3.2. Contractor shall link the College financial aid ledger with Federal Department of Education for Ed Express software uploads and downloads for reconciliation analysis.

3.3. Contractor shall automate all monthly, semester and annual financial reports; perform reconciliation analysis of student aid profiles with Federal and State Department of Education; and provide institutional adjustment, variance analysis, and self assessment financial audit compliance.

## 4.0 UPGRADE FROM ELISTEN TO CLASS CLIMATE

In order to gain measurable feedback on program/course/instruction effectiveness, learning outcome, attendance, level of interest and Instructor performance, the College will upgrade from Elisten to Class Climate.

4.1 Contractor shall implement Class Climate at the College to streamline processing of online surveys and questionnaires.

4.2 Contractor shall ensure that Class Climate will include scanning technology to collect data and upload survey results with data extracts onto SPSS for statistical analysis, reports, and content analysis.

## 5.0 FACULTY/INSTRUCTOR/PERSONAL QUALIFICATION AND COMPETENCE DATA BASE

5.1 Contractor shall automate Faculty/Instructor qualifications and competence profiles with a database structure for compliance, updates, modifications and changes.

5.2 Contractor shall provide appropriate safeguards on protecting individual privacy and security.

5.3 Mandatory performance evaluations and competency records shall be maintained and updated with appropriate signatures, approval; and notifications.

Los Angeles County

COLLEGE of NURSING and ALLIED HEALTH (The College)

# STATEMENT OF WORK

## 6.0 COLLEGE LIBRARY SYSTEM

Background:

The College Nursing Library contains over 4000 books in clinical medicine, basic sciences, and nursing health. The College subscribes to about 100 journals and maintains a journal collection of about 200-300 periodical bound volumes. Approximately 600 of the newer titles in book collection are in Marcive. The College uses a paper-based card catalog.

Tasks:

6.1 Contractor shall work with LAC+USE IT team to extend the County General Hospital Medical Library System for the College use.

6.2 Contractor shall include Nursing Information in the new system.

6.3 Contractor shall assist the College to expand subscriptions to electronic databases to improve access to learning material (i.e. reference books and journals) for students, faculty, and staff.

6.4 Contractor shall convert the existing paper-based card catalog to an electronic catalog with the new research database (CINAHL). The new electronic online systems will provide library automation with knowledgeable management solutions.

6.5 Since part of the Nursing Library is in Marcive, Contractor will convert Marcive's output Nursing Library's bibliographies to electronic online systems. Contractor shall work with College personnel to maximize SQL Server Solution to satisfy College database requirements.

6.6 Contractor shall assist College library staff in the conversion process to: barcode books; verify, adjust and clean up data transfer from the electronic online systems; search the libraries and manually enter catalog information into the new system for those catalog information not in Marcive. In this conversion task, Contractor shall recommend temporary resource staff support needed for the conversion.

# STATEMENT OF WORK

6.7 Contractor shall install and maintain the electronic card catalog and bar code system to achieve a modern nursing healthcare information library learning center.

6.8 Contractor shall work with the College and the Library System Vendor to implement training for administrative and support staff.

6.9 Contractor will work with College administrative, library and instructor personnel to maximize the use of the bibliographic CINAHL database for original and full-text versions of all materials including: nursing, allied health, newsletters, standards of practice, government publications, education materials and research instruments.

6.10 Contractor shall create instruction manuals on access, library system policies and database link usages.

## 7.0 COLLEGE WEBSITE

7.1 Contractor shall design, upgrade and implement College websites: (1) internet and (2) intranet with the following minimum content requirements:

- About the College
- ACCJC/WASC status
- Admission
- Faculty and administration, program information, preceptor information
- Associate student body
- Programs' expected student learning and achievement outcomes
- Academic and Clinics
- Student handbook
- Course catalog with expected student learning outcomes
- Student support services
- Financial Aid Office
- Resources
- Calendar/Schedules
- Bulletin Board

- o News and Special Events

7.2 Contractor shall complete integrated electronic access and security requirements with related links to information and research using personal laptops.

7.3 Contractor shall work with the College to determine methods for facilitating website postings.

7.4 Contract shall complete a redesign of the College website to accommodate a suite of learning tools linked to the learning academy.

7.5 Contractor shall develop website maintenance and support protocols with the College.

## 8.0 ALLIED HEALTH AND CONTINUING EDUCATION SERVICES

The College provides continuing professional and staff development, career enhancement development. It is the beta test site to implement LMS-e-Learning Net.

8.1 Contractor shall support the transitioning of existing data base into the new LMS.

8.2 Contractor shall facilitate software training for administrative and clerical support staff.

8.3 Contractor shall work with the College director to monitor faculty and staff access/security levels, and provide specifications on procedures for data entry, tracking and system responsibilities.

## 9.0 ROOM RESERVATION, SCHEDULING, RESOURCE UTILIZATION ADMINISTRATIVE SUPPORT SERVICE AUTOMATION

9.1 Contractor shall develop automated resource utilization, reservation and scheduling for College conference rooms and support service resources including but not limited to the following:

- o 4 computer labs (2 dedicated for student use, 2 for classroom computer lab use)
- o 2 100-seat-capacity classrooms

- o 3 45-55-seat-capacity classrooms
- o 3 25-seat-capacity classrooms
- o 5 skills labs

## 10.0 ASSESSMENT, RESEARCH, DATA COLLECTION, ANALYSIS AND REPORTING

The College will use IT technology to support and document student learning; continuously assess program outcomes; student learning outcomes; and advance College excellence and improvement in ongoing self-assessment and evaluation.

10.1 Contractor shall review, consolidate and automate all evaluation tools surveys and questionnaires for the entire College to gather and aggregate data to measure student learning outcomes, program/course objectives, PAR scores, PAR evaluations, mandatory course evaluations, Allied Heath Assessments, Support Services Program evaluations, and faculty/staff professional development on identifying, assessing and evaluating student outcomes.

10.2 Contractor shall design and generate routine assessment reports with summary data and qualitative content analysis comments.

## 11.0 STAFF/FACULTY/STUDENT IT SUPPORT ASSESSMENT AND RECOMMENDATIONS

10.1 Contractor shall complete gap-analysis and resource requirement analysis for the College for on-going IT resources and maintenance.

10.2 Contractor shall work with the College to specify and recommend IT staffing requirements and dedicated College IT support configurations for:

- o Ongoing maintenance and support
- o Faculty/staff/student end-user support
- o Basic refresh of systems with return on investment analysis
- o Systems architecture and application upgrades
- o Systems data extracts for analysis and reporting
- o Systems back-up and disaster recovery

- Database management
- Website maintenance and updates
- Access, security and privacy controls
- End user training
- Administrative support for all College automatic processes, use of technology, and multi-media presentation
- IT operation policy and procedures

## 12.0 PROJECT MANAGEMENT PLAN AND TIMELINE

12.1 Contractor shall deliver a project management plan for the completion of all tasks in this Statement of Work, with associated timeline, three weeks after the initiation of this work order.

12.2 Contractor shall obtain College and LAC+USC IT coordinator approval of the work plan and timeline.

12.3 Contractor shall secure acceptance and approval for all documentations and deliverables.

1. Source: Los Angeles County College of Nursing and Allied Health, School of Nursing Catalog 2007, and Nancy Miller, RN< EdD communication.

# LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
# ENTERPRISE PROJECT INITIATION REQUEST

**PROJECT NAME** **REQUEST DATE**

## PROJECT IDENTIFICATION

Initiating Facility: LAC College of Nursing & Allied Health (CONAH) Requestor's Priority:

Department: CONAH Requestor's Name: Vivian Branchick

Requestor's Phone: (213) 240-7702 Email: vbranchick@dhs.lacounty.gov

PIR Funded, If YES then Source(s)

Affected Facilities: CONAH (main & satellite campus) Affected Departments Within Facility: CONAH

Affected Departments Outside Of DHS:

## EXECUTIVE SUMMARY:

CONAH must correct accreditation deficiencies and meet regulatory agency standards and is seeking ongoing:

1) IT support to go live on Three Rivers Systems' Comprehensive Academic Management System (CAMS) for Higher Education.
2) IT support to upgrade CAMS to web-based Enterprise CAMS.
3) IT support to upgrade College financial aid ledger and linkages to ensure compliance with Federal and State Department of Education regulations and standards
4) IT coordinated efforts for CONAH's participation in County-LMS.
5) IT support to automate CONAH faculty and staff database structure for compliance, updates, modifications, and changes
6) IT support for Class Climate Software implementation to automate the gathering and processing of research data required by accrediting agencies such as surveys, and replace paper questionnaires and evaluation tools.
7) IT support to review, consolidate, and automate all evaluations, surveys, and questionnaires to gather and aggregate data; and to design and generate routine and mandatory reports with summary data.
8) IT support of CONAH website and intranet site for functional enhancement, content organization, updates, and student access.
9) IT acquisition and implementation strategy and continued technical guidance for CONAH's college library automated Card Catalog System.
10) IT coordinated efforts to implement and maintain access to technological resources such as CINAHL, EBSCO A-Z and other electronic databases.
11) IT design and implementation of processes for systems backup, educational records archiving, and disaster recovery.
12) IT development and upgrade of automated resource utilization, reservation and scheduling for College conference rooms and support service resources
13) IT support for basic systems refresh; upgrade of systems architecture and applications, data extracts for analysis and reporting; and end user support

## ANTICIPATED BENEFITS:

- The continued good standing of CONAH's accredited status by fulfilling the commitments made in early 2008 to comply with ACCJC/WASC standards.
- The continued ability of CONAH to validate employee training and competencies to meet Joint Commission standards.
- The continued ability to confer the Associate of Science degree to graduates of the School of Nursing
- CONAH's readiness to meet promised improvements for the of upcoming 2009 accreditation visit.
- CONAH's readiness for its comprehensive accreditation survey in 2013.

**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES**
**ENTERPRISE PROJECT INITIATION REQUEST**

**PROJECT NAME** **REQUEST DATE**

**PROJECT OBJECTIVES:**

- Go live on CAMS
- Improve content structure and functionality of CONAH Internet and intranet websites as well as maintain/update.
- Complete Class Climate Software implementation and functionality.
- Coordinate CONAH participation in County-LMS.
- Implement systems backup and disaster recovery plan
- Future migration of CAMS to web-based Enterprise CAMS.
- Future implementation of CONAH Library Electronic Card Catalog.

**RISKS:**

- Lack of IT support will jeopardize CONAH's fully accredited status. CONAH must correct deficiencies and meet minimum standards as promised.
- Non-compliance with ACCJC/WASC standards will return CONAH to probationary status and immediately jeopardize accreditation
- Lack of systems backup/disaster recovery risks loss of all student records/vital data required by accrediting and regulatory agencies.

**ORGANIZATIONAL IMPACT:**

- Maintain accreditation
- Increase the operational efficiency of CONAH
- Ensure an annual yield of 150 graduate nurses eligible to service the Los Angeles County Nursing field
- Improve the overall supply of nurses in County networks of care
- Support research functions to provide data driven assessments for program improvements
- Improve applicant, community, student, faculty, and staff access to information

**CONSTRAINTS:**

- Lack of dedicated, sustainable, consistent IT staff for CONAH.
- Funding gap of $120,000 one-time cost of CAMS upgrade to Enterprise CAMS with annual maintenance support of $11,000.
- Funding gap for CONAH Electronic Card Catalog one-time system estimate of $85,000, one-time conversion service estimate of $70,000, ongoing annual maintenance fee of $7,500, and CONAH Library staff additions of 2.0 FTE.

**STAKEHOLDERS** List all resources and their contact information who would be assigned to the project. Indicate durations of time that the resources will be available to the project. Indicate shortfalls in resource requirements for the project.

- Facility CIO (IT Owner) Phone/Email
- Business Owner (By Facility) Phone/Email
- Executive Sponsor Phone/Email

## LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
## ENTERPRISE PROJECT INITIATION REQUEST

**PROJECT NAME** **REQUEST DATE**

**Requestor Approvals** Enter the facility approvals and forward to the HSA-IT Associate CIO. If disapproved, file for future reference.

**Note: These approvals sanction a requested level of effort to evaluate the feasibility of starting a project, but the final development and implementation is only considered after the impact to DHS Enterprise, individual facilities, and HSA-IT staffing availability has been reviewed and approved.**

| | | | | |
|---|---|---|---|---|
| **Facility CIO** | | _____ | | **Date** _____ |
| **Action** | Approve | Approve w/comments | Reject/comments | |
| **Business Owner** | | _____ | | **Date** _____ |
| **Action** | Approve | Approve w/comments | Reject/comments | |
| **Executive Sponsor** | | _____ | | **Date** _____ |
| **Action** | Approve | Approve w/comments | Reject/comments | |
| **Comments** | | | | |

## LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
## ENTERPRISE PROJECT INITIATION REQUEST

**PROJECT NAME** **REQUEST DATE**

**FOR HSA-IT USE ONLY**

**ANALYSIS/RECOMMENDATION** **PRIORITY**

This should include a description of the activities to initiate a project. Consideration should be level of effort, complexity of project, resources required, length of the project, HW, SW and licenses. This information should result in a projected cost for the project, to include the total cost of ownership if possible. The final comment should be a recommendation to proceed or not with the project based on the analysis performed.

**Associate CIO** _____ **Date** _____

**Action** Approve Approve w/comments Reject/comments
**Comments**

**Division Manager** _____ **Date** _____

**Action** Approve Approve w/comments Reject/comments
**Comments**

**NOTED AND APPROVED**

**DHS CIO** _____ **Date** _____

**Action** Approve Approve w/comments Reject/comments
**Comments**

# Addendum Q

EXPENDITURE MANAGEMENT

Budget Allocation and Expenditure Summary Report
Statement of Expenditures and Revenues

# Key Performance Indicators.net



**Year:** 2011/2012 **Location:** College of Nursing and Allied Health **Setting:** College of Nursing and Allied Health **Services:** College of Nursing and Allied Health Reset Filter

Detail Summary

By Months Annual Total

| Description | YTD Actual | YTD Budget | Annual Budget | Variance |
|---|---|---|---|---|
| **EXPENSES:** | | | | |
| **Salaries & Employee Benefits (EBs):** | | | | |
| **Salaries** | | | | |
| - Salary | $4,716,491.76 | $5,041,378.06 | $5,041,378.06 | **$324,886.30** |
| - Overtime | $3,460.58 | $5,419.53 | $5,419.53 | **$1,958.95** |
| - Overtime - Sec 170 | $0.00 | $0.00 | $0.00 | **$0.00** |
| - Bonus | $1,761.75 | $0.00 | $0.00 | **($1,761.75)** |
| - Other | $11,628.12 | $33,672.77 | $33,672.77 | **$22,044.65** |
| **Total Salaries** | $4,733,342.21 | $5,080,470.36 | $5,080,470.36 | **$347,128.15** |
| **Employee Benefits (EBs)** | | | | |
| - Variable EBs | $1,582,897.44 | $1,697,783.54 | $1,697,783.54 | **$114,886.10** |
| - Fixed EBs | $0.00 | $0.00 | $0.00 | **$0.00** |
| **Total EBs** | $1,582,897.44 | $1,697,783.54 | $1,697,783.54 | **$114,886.10** |
| **Net Total Salaries & EBs** | **$6,316,239.65** | **$6,778,253.90** | **$6,778,253.90** | **$462,014.25** |
| **Full Time Equivalent (FTE)** | | | | |
| - Productive FTE | 39.98 | 0.00 | 0.00 | **(39.98)** |
| - Non - Productive FTE | 8.89 | 0.00 | 0.00 | **(8.89)** |
| **Services & Supplies:** | | | | |
| **Contracts** | | | | |
| - Received | $0.00 | $0.00 | $0.00 | **$0.00** |
| - Paid | $0.00 | $0.00 | $0.00 | **$0.00** |
| **Total Contracts** | $0.00 | $0.00 | $0.00 | **$0.00** |
| **Inter-Departmental Purchases** | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | **$0.00** |
| **Total Inter-Departmental Purchases** | $0.00 | $0.00 | $0.00 | **$0.00** |
| **Supply Chain Purchases** | | | | |
| - Requested | $0.00 | $0.00 | $0.00 | **$0.00** |
| - Ordered | $733.62 | $0.00 | $0.00 | **($733.62)** |
| - Received | $0.00 | $0.00 | $0.00 | **$0.00** |
| - Paid | $131,027.70 | $168,832.00 | $168,832.00 | **$37,804.30** |
| **Total Supply Chain Purchases** | $131,761.32 | $168,832.00 | $168,832.00 | **$37,070.68** |
| **Distributions** | | | | |
| - Consolidated Billings | $0.00 | $0.00 | $0.00 | **$0.00** |
| - Warehouse Issues | $0.00 | $0.00 | $0.00 | **$0.00** |
| **Total Distributions** | $0.00 | $0.00 | $0.00 | **$0.00** |
| **Departmental Expenditure** | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | **$0.00** |
| **Total Departmental Expenditure** | $0.00 | $0.00 | $0.00 | **$0.00** |
| **Misc. Expenditure** | | | | |
| - Paid | $282,561.75 | $0.00 | $0.00 | **($282,561.75)** |
| **Total Misc. Expenditure** | $282,561.75 | $0.00 | $0.00 | **($282,561.75)** |
| **Unidentified Expenditures** | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | **$0.00** |
| **Total Undentified Expenditure** | $0.00 | $0.00 | $0.00 | **$0.00** |

| | | | | |
|---|---|---|---|---|
| Gross Total Services and Supplies | $414,323.07 | $168,832.00 | $168,832.00 | ($245,491.07) |
| S&S Expenditure Distribution | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | $0.00 |
| Total S&S Expenditures Distribution | $0.00 | $0.00 | $0.00 | $0.00 |
| Net Total Services & Supplies | $414,323.07 | $168,832.00 | $168,832.00 | ($245,491.07) |
| Others : | | | | |
| Other Charges (Include LAC-CAL) | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | $0.00 |
| Total Other Charges (Include LAC-CAL) | $0.00 | $0.00 | $0.00 | $0.00 |
| Capital Assets | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | $0.00 |
| Total Capital Assets | $0.00 | $0.00 | $0.00 | $0.00 |
| Other Financing Uses | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | $0.00 |
| Total Other Financing Uses | $0.00 | $0.00 | $0.00 | $0.00 |
| Gross Total Expenditures | $6,730,562.72 | $6,947,085.90 | $6,947,085.90 | $216,523.18 |
| Intrafund Transfers | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | $0.00 |
| Total Intrafund Transfers | $0.00 | $0.00 | $0.00 | $0.00 |
| Net Total Expenditures | $6,730,562.72 | $6,947,085.90 | $6,947,085.90 | $216,523.18 |
| WORKLOAD: | | | | |
| Days | 0 | 0 | 0 | 0 |
| Visits | 0 | 0 | 0 | 0 |
| RVUs | 0.0 | 0.0 | 0.0 | 0.0 |

# Key Performance Indicators.net

Nancy Miller

**Year:** 2011/2012 **Location:** College of Nursing and Allied Health **Setting:** Education Consultant Services **Services:**
Select

Detail Summary

By Months Annual Total

| Description | YTD Actual | YTD Budget | Annual Budget | Variance |
|---|---|---|---|---|
| **EXPENSES:** | | | | |
| **Salaries & Employee Benefits (EBs):** | | | | |
| **Salaries** | | | | |
| - Salary | $1,343,375.79 | $1,366,398.19 | $1,366,398.19 | $23,022.40 |
| - Overtime | $7,508.40 | $15,904.50 | $15,904.50 | $8,396.10 |
| - Overtime - Sec 170 | $0.00 | $0.00 | $0.00 | $0.00 |
| - Bonus | $563.95 | $369.64 | $369.64 | ($194.31) |
| - Other | $9,925.17 | $18,517.61 | $18,517.61 | $8,592.44 |
| Total Salaries | $1,361,373.31 | $1,401,189.94 | $1,401,189.94 | $39,816.63 |
| **Employee Benefits (EBs)** | | | | |
| - Variable EBs | $371,724.50 | $380,479.59 | $380,479.59 | $8,755.09 |
| - Fixed EBs | $0.00 | $0.00 | $0.00 | $0.00 |
| Total EBs | $371,724.50 | $380,479.59 | $380,479.59 | $8,755.09 |
| **Net Total Salaries & EBs** | **$1,733,097.81** | **$1,781,669.53** | **$1,781,669.53** | **$48,571.72** |
| **Full Time Equivalent (FTE)** | | | | |
| - Productive FTE | 10.63 | 0.00 | 0.00 | (10.63) |
| - Non - Productive FTE | 1.82 | 0.00 | 0.00 | (1.82) |
| **Services & Supplies:** | | | | |
| **Contracts** | | | | |
| - Received | $0.00 | $0.00 | $0.00 | $0.00 |
| - Paid | $0.00 | $0.00 | $0.00 | $0.00 |
| Total Contracts | $0.00 | $0.00 | $0.00 | $0.00 |
| **Inter-Departmental Purchases** | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | $0.00 |
| Total Inter-Departmental Purchases | $0.00 | $0.00 | $0.00 | $0.00 |
| **Supply Chain Purchases** | | | | |
| - Requested | $0.00 | $0.00 | $0.00 | $0.00 |
| - Ordered | $195.00 | $0.00 | $0.00 | ($195.00) |
| - Received | $0.00 | $0.00 | $0.00 | $0.00 |
| - Paid | $9,479.99 | $10,945.00 | $10,945.00 | $1,465.01 |
| Total Supply Chain Purchases | $9,674.99 | $10,945.00 | $10,945.00 | $1,270.01 |
| **Distributions** | | | | |
| - Consolidated Billings | $0.00 | $0.00 | $0.00 | $0.00 |
| - Warehouse Issues | $0.00 | $0.00 | $0.00 | $0.00 |
| Total Distributions | $0.00 | $0.00 | $0.00 | $0.00 |
| **Departmental Expenditure** | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | $0.00 |
| Total Departmental Expenditure | $0.00 | $0.00 | $0.00 | $0.00 |
| **Misc. Expenditure** | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | $0.00 |
| Total Misc. Expenditure | $0.00 | $0.00 | $0.00 | $0.00 |
| **Unidentified Expenditures** | | | | |
| - Paid | $0.00 | $0.00 | $0.00 | $0.00 |
| Total Undentified Expenditure | $0.00 | $0.00 | $0.00 | $0.00 |

| | | | | | |
|---|---|---|---|---|---|
| | **Gross Total Services and Supplies** | **$9,674.99** | **$10,945.00** | **$10,945.00** | **$1,270.01** |
| | **S&S Expenditure Distribution** | | | | |
| | **- Paid** | $0.00 | $0.00 | $0.00 | **$0.00** |
| | **Total S&S Expenditures Distribution** | $0.00 | $0.00 | $0.00 | **$0.00** |
| | **Net Total Services & Supplies** | **$9,674.99** | **$10,945.00** | **$10,945.00** | **$1,270.01** |
| | **Others :** | | | | |
| | **Other Charges (Include LAC-CAL)** | | | | |
| | **- Paid** | $0.00 | $0.00 | $0.00 | **$0.00** |
| | **Total Other Charges (Include LAC-CAL)** | $0.00 | $0.00 | $0.00 | **$0.00** |
| | **Capital Assets** | | | | |
| | **- Paid** | $0.00 | $0.00 | $0.00 | **$0.00** |
| | **Total Capital Assets** | $0.00 | $0.00 | $0.00 | **$0.00** |
| | **Other Financing Uses** | | | | |
| | **- Paid** | $0.00 | $0.00 | $0.00 | **$0.00** |
| | **Total Other Financing Uses** | $0.00 | $0.00 | $0.00 | **$0.00** |
| | **Gross Total Expenditures** | **$1,742,772.80** | **$1,792,614.53** | **$1,792,614.53** | **$49,841.73** |
| | **Intrafund Transfers** | | | | |
| | **- Paid** | $0.00 | $0.00 | $0.00 | **$0.00** |
| | **Total Intrafund Transfers** | $0.00 | $0.00 | $0.00 | **$0.00** |
| | **Net Total Expenditures** | **$1,742,772.80** | **$1,792,614.53** | **$1,792,614.53** | **$49,841.73** |
| | **WORKLOAD:** | | | | |
| | **Days** | 0 | 0 | 0 | **0** |
| | **Visits** | 0 | 0 | 0 | **0** |
| | **RVUs** | 0.0 | 0.0 | 0.0 | **0.0** |

LOS ANGELES COUNTY COLLEGE OF NURSING & ALLIED HEALTH
STATEMENT OF EXPENDITURES AND REVENUES
FY 2010-11

**College of Nursing & Allied Health** [1]

| **Expenditures:** [2] | | 10-11 ACTUAL |
|---|---|---|
| Salaries and Employee Benefits | | |
| Salaries | $ | 6,377,313 |
| Variable Employee Benefits | | 1,816,837 |
| Total Salaries and Employee Benefits | $ | 8,194,150 |
| Services and Supplies | | |
| Office and Administrative Supplies | $ | 29,416 |
| Other Med Care Materials & Supplies | | 3,760 |
| Other Non-Medical Supplies | | 30,569 |
| Employee Wearing Apparel | | 3,952 |
| Instruments, Minor Medical and Other Equip | | 34 |
| Licenses & Taxes | | 200 |
| Repairs & Maintenance | | 2,298 |
| Rent / Lease Cost - Equip / Photocopier | | 13,990 |
| Dues and Subscriptions | | 37,149 |
| Travel / Other | | 1,077 |
| Other Exp / Postage, Special Departmental | | 258,967 |
| Total Services and Supplies | $ | 381,414 |
| **Total Expenditures** | **$** | **8,575,564** |
| **Revenues:** | | |
| Reimbursement - Unaudited Medicare Pass Through Cost [3] | $ | 665,037 |
| Tuition Payments | | 676,951 |
| Grant Revenue | | 140,620 |
| Miscellaneous Revenue | | 78,357 |
| **Total Revenues** | **$** | **1,560,965** |

Notes:

(1) College of Nursing & Allied Health includes the following Unit Codes:
- 82211 - School of Nrs /1/ CONAH SON
- 82212 - School of Nrs /2/CONAH Admin
- 82213 - School of Nrs /3/CONAH ERN
- 82214 - School of Nrs /4/OV
- 87411 - IE Nrs /1/CONAH EDCOS

(2) Source: eCAPS General Ledger thru August 29, 2011.

(3) Source: Filed FY 2010-11 Medicare Cost Report.

# Addendum R

BOARD OF TRUSTEES BYLAWS

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

# BOARD OF TRUSTEES
# BYLAWS

## ARTICLE I Title and Description, Purpose and Functions

### Section 1: Description

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

### Section 2: Purpose

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

### Section 3: Functions

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

a. Provide guidance in the development and improvement of the educational and student support service programs

b. Monitor educational quality and effectiveness through performance measurements of the academic and student support service programs

c. Recommend, monitor, and approve the policies, rules and regulations under which programs operate

d. Delegate to the provost, and through the provost to the faculty, the authority to establish and regulate courses of instruction and to implement and administer policies without Board interference

e. Approve the selection of the provost and evaluates his/her performance

f. Participate in the accreditation processes of the Western Association of Schools and Colleges: Accrediting Commission for Community and Junior Colleges, the California Board of Registered Nursing, and other allied health and accrediting/regulatory agencies

g. Monitor the financial status of the College and review/approve budget requests and funding proposals

h. Review legal matters and recommend courses of action

i. Adhere to the Board's Membership Agreement and Code of Ethics

j. Uphold decisions made by the Board, advocate for the institution, and protect it from undue influence or pressure

k. Conduct triennial/scheduled self evaluation of Board performance and productivity

## ARTICLE II Membership

### Section 1: Members

The membership of the Board of Trustees consists of not less than eleven persons divided in two classes. A class denominated "non-elected members", three in number, are members employed by the Los Angeles County as follows:

a. Director of Nursing Affairs, Department of Health Services

b. Chief Nursing Officer, LAC+USC Healthcare Network

c. Provost, or designated administrator, College of Nursing and Allied Health

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

a. One representative from the Community

b. One representative at large from the Department of Health Services

c. One representative of the Medical Staff of the LAC+USC Healthcare Network

d. One representative from a local community college

e. One representative from a local university

f. One representative from a school district with a feeder high school

g. One representative from the Alumni, School of Nursing

h. One nursing representative from a community health care facility.

Non-elected members and elected-members together constitute and are referred to as the Board of Trustees. The Executive Director, LAC+USC Healthcare Network is an ex-officio member.

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

Each elected trustees member is elected to serve for a three-year term and holds office until his or her respective successor representative of the same constituency is elected and qualifies.

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

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

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

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

Ex-officio members are former Board officers and have voting privileges.

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

Emeritus members serve as nonvoting consultants to the Board. Emeriti are invited to attend meetings, serve on committees, receive information and attend College programs and events that allow them to be engaged with the College and its leadership.

**Section 3: Election**

Non-elected members select nominees for elected-members.

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

**Section 4: Vacancies**

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

**Section 5: Orientation and Board Development**

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

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

## ARTICLE III Officers and Duty of Officers

**Section 1: Designation**

The officers of the Board of Trustees are the President, Vice-President, Secretary, and any such other officers, as the members deem appropriate.

The President is the Department of Health Services, Director of Nursing Affairs

The Vice President is the Chief Nursing Officer and Deputy Executive Director, Nursing and Patient Care Services, LAC+USC Healthcare Network

The Secretary is the provost of the College of Nursing

The Executive Director of the LAC+USC Healthcare Network is an ex-officio member

**Section 2: Duties of Officers**

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

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

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

## ARTICLE IV Meetings

### Section I: Regular Meetings

Regular meetings of the Board of Trustees are held in accordance with Board Policy.

### Section 2: Special Meetings

Special meetings of the Board of Trustees may be called at any time by a majority of the Board of Trustees or by the President. At least three days prior notice is given each Board of Trustees member either personally or by telephone or memo. Such notice states the purposes for which the meeting is called. No business other than that specified in the notice of a Special meeting will be transacted.

### Section 3: Quorum

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

### Section 4: Open Meetings

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

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

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

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

## ARTICLE V Committees

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

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

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

### Section 2 Deactivation of Committees

The members of the Board of Trustees may at any time determine that the affairs of the Board of Trustees do not require the functions of a standing committee or other committees and deactivate a committee. The President may at any time dissolve ad hoc and other committees that were created by the President.

## ARTICLE VI Amendments

### Section 1: Amendments

These Bylaws are reviewed and approved a minimum of every three years and whenever there is a significant change in the authority, purpose, or function of the Board.
These Bylaws may be amended at any meeting by a two-third vote of the Board of Trustees members, or without a meeting if all members consent in writing to the adoption of the amendment.

### Section 2: Notice

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

## ARTICLE VII Dissolution

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

Signed: Vivian Branchick Dated: 5/25/12
President, Board of Trustees
(signature on file)

# Addendum S

BOARD OF TRUSTEES SELF APPRAISAL

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

Member Name: _____ Date: _____

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| c. The Board is aware of community attitudes and special interest groups, which seek to influence the educational program. | | | | | |
| 5. Goals, Objectives, and Priorities | Strongly Agree 4 | Agree 3 | Disagree 2 | Strongly Disagree 1 | Comments |
| a. The Board encourages and promotes long-range planning consistent with program needs. | | | | | |
| b. The Board activities and priorities are closely tied to the mission and goals of the institution. | | | | | |
| c. The Board sets and evaluates goals for its own functioning. | | | | | |
| 6. As a Board member I have participated in the following activities in the past year: | Strongly Agree 4 | Agree 3 | Disagree 2 | Strongly Disagree 1 | Comments |
| a. Review and approval of the Mission statement. | | | | | |
| b. Establishment of strategic directions. | | | | | |
| c. College budget preparation/ review/analysis. | | | | | |
| d. Review/analysis of partnership proposals. | | | | | |
| e. Tour of campus facilities. | | | | | |
| f. Graduation ceremony. | | | | | |
| 6. I regularly gain information concerning the College by: | Strongly Agree 4 | Agree 3 | Disagree 2 | Strongly Disagree 1 | Comments |
| a. Attending Board meetings. | | | | | |
| b. Reviewing the Board bylaws, policies, and related documents. | | | | | |
| c. Reviewing Board meeting minutes. | | | | | |
| d. Visiting the campus, meeting with administration, faculty, and students. | | | | | |

# Addendum T

BOARD OF TRUSTEES MEMBERSHIP AGREEMENT AND CODE OF ETHICS

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

# MEMBERSHIP AGREEMENT AND CODE OF ETHICS

Member Name: _____

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

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

_____ _____

Member Signature Date

Orig: 3/22/95 Reviewed: 8/06, 5/28/10

# Addendum U

BOARD OF TRUSTEES ORIENTATION POLICY

# LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH
# BOARD OF TRUSTEES
# POLICY & PROCEDURE



| Subject: **NEW MEMBER ORIENTATION** | Original Issue Date: February 18, 2005 | Policy #: **510** |
|---|---|---|
| | Supersedes: August 28, 2009 | Effective Date: November 16, 2012 |

| Committees Consulted: | Reviewed & Approved by: | Approved by: |
|---|---|---|
| Bylaws Task Force | Board of Trustees | President, Board of Trustees (Signature on File) |

**PURPOSE:**

To delineate new member orientation

**POLICY:**

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

**PROCEDURE:**

The President or designee will provide the new member with:

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

The new member:

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

**REFERENCES:**

Board of Trustees' Handbook

**REVISION DATES:**

February 18, 2005
August 28, 2009
November 16, 2012

# Addendum V

BOARD OF TRUSTEES MASTER AGENDA

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

## Board of Trustees

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

# Agenda

**I Minutes of** V. Branchick

**II Announcements**

**III Public Comments**

**IV Old Business**

A ACCJC: WASC Accreditation
- 1 Pending Reports/Visits — Provost
- 2 Research/Program Review/Planning — Research Director
- 3 IT Support/College Information Systems — Dean, Ad & Stud Svcs
- 4 Allied Health — Affiliate School Director

B Divisional Reports (1x/year)
- 1 Administrative & Student Services (Feb) — Dean, Ad & Stud Svcs
- 2 Educational Resource Center (May) — ERC Director
- 3 Education & Consulting Services (Nov) — Dean, EDCOS
- 4 Financial Aid (Feb) — F.A. Director
- 5 School of Nursing (Aug) — Dean, SON

C NCLEX-RN Pass Rate (May & Nov) — Provost

D Recruitment
- 1 SON Student Demographics (Aug & Feb) — Dean, Ad & Stud Svcs
- 2 SON Student Projections (May & Nov) — Dean, Ad & Stud Svcs
- 3 DHS Hiring Rate (May & Nov) — Provost

**V New Business**

A Policy Approval — Provost/designee
B Budget Request/Revenue & Expenditure Summary — Provost
C Board Development Activity — Provost/designee

**VI Next Meeting:** Date
8:00 – 10:00
College of Nursing & Allied Health
Tower Hall, Room 105

VB,NM:nm 2/4/11

# Addendum W

PROVOST CLASS SPECIFICATION/JOB DESCRIPTION

Los Angeles County
Chief Executive Office

# *Class Specification:* ADMINISTRATOR, COLLEGE OF NURSING AND ALLIED HEALTH

**ITEM NUMBER:** 4630

**APPROVAL DATE:** 01/16/2007

**DEFINITION:**
Plans, organizes, directs, and controls all administrative, management, and academic functions for the College of Nursing and Allied Health, LAC+USC Medical Center.

**CLASSIFICATION STANDARDS:**
Under administrative direction of the Executive Director at LAC+USC Medical Center, the one position allocable to this class serves as administrator for College of Nursing and Allied Health. Within guidelines established by the Department of Health Services and the College Board of Trustees, the incumbent develops the policies and goals of the College, plans and implements strategies for achieving program objectives, plans and directs academic programs, including curriculum development, manages budgetary and personnel functions, supervises College faculty and staff and establishes and maintains relationships with academic institutions, administrative officials and representatives of the community to promote the educational and public service objectives of the College. The incumbent serves as a member of the Board of Trustees and as liaison with accrediting agencies which evaluate academic programs. The position requires knowledge of management principles and practices, governing laws, regulations, academic accreditation standards, and proficiency in academic instruction.

*EXAMPLES OF DUTIES:*
Directs, develops and implements plans and programs designed to achieve the objectives established by the Board of Trustees for the College.

Develops and recommends academic and administrative polices related to the internal operations of the College.

Develops and administers the College annual budget covering personnel, equipment and facility needs and incorporating the allocation of external funding.
Supervises Deans and Program Directors and is responsible for staffing and management direction for all College employees.
Evaluates and initiates academic and operational compliance with licensure, accreditation, and regulatory standards.
Oversees student financial aid programs; directs the periodic reviews of the program for compliance with applicable laws, program standards and fiscal requirements.
Establishes and leads advisory committees; directs College Planning Committee, participates in Faculty and Administrative Committees, such as the Curriculum Committee, Credentialing Committee.

Establishes and maintains external relationships with accrediting body leadership, local

College Administrators, and other academic representatives.

Ensures College compliance with Federal, State, local laws and regulations and County policies and procedures.
Represents the College at public affairs and events.
Develops educational partnerships and agreements with other institutions of higher learning in support of the academic missions of the College.
Participates in County and Health Services committees, task forces and projects as directed.

*MINIMUM REQUIREMENTS:*

**TRAINING AND EXPERIENCE:**
An earned doctorate degree from an accredited college in Health Sciences related field and fours years experience teaching in an accredited college and three years in management experience, including supervision of a professional level staff in an accredited college. Two years professional level clinical or administrative experience in a health care related occupation may substitute for two of the four years of teaching experience.

-OR-

Any earned doctorate degree from an accredited college and fours experience teaching in an accredited college and three years management experience, including supervision of professional level staff, in a health services environment or in a Health Sciences related department in an accredited college. Two years professional level clinical or administrative experience in a health care related occupation may substitute for two of the four years of teaching experience. A Master's degree from an accredited college and one additional year of management experience may be substituted for an earned doctorate degree.
-OR-
A Master's degree from an accredited college in a Health Sciences related field and four years experience teaching in an accredited college and four years management experience, including supervision of professional level staff in a health services environment or in a health sciences related department in an accredited college. Two years professional level clinical or administrative experience in a health care related occupation may substitute for two of the four years of teaching experience.

**LICENSE:**
A valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions.

**PHYSICAL CLASS:**
2 - Light.