

EVALUATION REPORT

**Los Angeles County College of
Nursing and Allied Health
Los Angeles, California**

A confidential report prepared for
The Accrediting Commission for Community and Junior Colleges
Western Association of Schools and Colleges

This report represents the findings of the evaluation team that
visited Los Angeles County College of Nursing and Allied Health
in Los Angeles from March 4-7, 2013

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Chair

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SUMMARY OF EVALUTATION REPORT

INSTITUTION: Los Angeles County College of Nursing and Allied Health

DATES OF VISIT: March 4-7, 2013

TEAM CHAIR: Dr. Susan L. Lorimer, Vice Chancellor Los Rios CCD

A team of ten professional educators visited the Los Angeles County College of Nursing and Allied Health (College) from March 4-7, 2013, to evaluate the institution for reaffirmation of accreditation according to the Accrediting Commission for Community and Junior Colleges' (Commission) Eligibility Requirements, Accreditation Standards, and Commission policies.

In preparation for the visit, team members attended an all-day training session on February 4, 2013, conducted by Commission personnel and studied Commission materials designed for visiting teams. Team members read the College's Self Evaluation Report, including the recommendations from the 2007 evaluation team, and assessed the various forms of evidence provided by the College. In addition, team members read the College's March 2008 Progress Report, the March 2009 Substantive Change Report, the March 2010 Midterm Report, the October 2010 Special Report and the evaluation team's November 2010 Special Visit Report, as well as other materials submitted to the Commission by the College since its last comprehensive visit.

Prior to the visit, team members completed written assessments of the College's Self Evaluation Report and began identifying areas for further investigation. On the day before the formal beginning of the visit, team members spent the afternoon discussing their views of the written materials and evidence provided by the College as well as other institutional related material provided by the Commission.

During the visit, the team met with approximately 110 College faculty, staff, administrators, and students. Team members also met with the Provost and members of the Board of Trustees. The team attended two open meetings to allow for comments from faculty, staff, students, and interested stakeholders and provided the opportunity to hear confidentially any comments from faculty, staff, students, and interested stakeholders. The College provided logistics support to the team prior to and during the site visit. All members of the College were welcoming, hospitable, and gracious.

The team found that the College's Self Evaluation Report was complete and included responses to all Accreditation Standards. However, the team was disappointed the College did not provide electronic access (by flash drive, CD, online, or other means) to supporting documentation needed by members to fully complete the team's required written assignments prior to the visit. The team suggests the College make supporting evidence available to future teams at the time they mail the College's report to the team.

During the site visit, the team found documents and other evidence to support its findings. The College is actively engaged in the necessary activities required for evaluating

institutional effectiveness through program review, planning, and student learning outcomes. Further, the College has completed more than one cycle of each institutional effectiveness process and is consistently making improvements based on its findings. Therefore, the College meets the Sustainable Continuous Quality Improvement level of the Commission's Rubric for Evaluating Institutional Effectiveness, Parts I, II, and III.

The College sets a variety of "threshold" goals regarding student satisfaction with college courses and services, semester cohort pass rates, and graduates' licensure pass rates. When a threshold is not met, faculty and administrators responsible for monitoring the threshold meet to determine why the threshold was not met and what improvements need to be implemented. The threshold concept aligns with the United States Department of Education's new requirement for institutions to develop standards to demonstrate student success, monitor those standards, make improvements, and make achievements of those standards available to the public. The licensure pass rates are made available on the College's website for students and members of the public.

The team wishes to express its appreciation to the institution. Team members developed a respect for the College's uniquely focused mission and its contribution to the health care of Los Angeles County residents.

Major Findings and Recommendations of the 2013 Visiting Team

Team Recommendations:

As a result of the March 2013 visit, the team made the following five recommendations:

Recommendation #1

Planning and Decision-Making Processes

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

Recommendation #2

Planning and Communication

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

Recommendation #3

Allied Health Division

To increase effectiveness, the team recommends, now that the College has hired an Allied Health Director, the College move ahead with its plans for the development of the Allied

Health division and its offerings, which has been in abeyance awaiting the appointment of a director (Standard II.A.1).

Recommendation #4

Catalog

To increase effectiveness, the team recommends that the College review its print and online Continuing Education and Allied Health Catalog to determine the purpose of the document and then ensure it contains all required elements of either a catalog or a schedule as appropriate, and that its information is current and accurate (Standards II.B.2.a, II.B.2.b).

Recommendation #5

Technology

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

Team Commendations

During the visit, the team also recognized numerous noteworthy aspects of the institution:

Commendation #1

The team commends the Board of Trustees for its persistent engagement in reviewing and approving the College's mission, goals, and processes that affect its learning programs, financial stability, accreditation self evaluation development, and institutional improvement. Further, the team commends the Board's vigorous commitment to the mission of the College by ensuring the College's graduates have a quality education that enables them to become vital contributors to Los Angeles County's health care institutions (Standards I.A, I.B, IV.B).

Commendation #2

The team commends the College for building its research capacity and using data to strongly support its planning and evaluation processes, particularly with regards to student learning outcomes (Standard 1.B, II.A).

Commendation #3

The team commends the College for using its access to extraordinary clinical sites to create a nursing education program that prepares its graduates to immediately function as professional nurses and to take on leadership roles in a very short period of time (Standard II.A).

Commendation #4

The team commends the College for having a dedicated, committed, and responsive faculty and staff. Students consistently reported the positive interactions they had with faculty and the willingness of faculty and student and learning support staff to assist them and meet their needs, in ways that surpass their expectations (Standard II.B, II.C).

Commendation #5

The team commends the College for instilling a sense of institutional pride and tradition for employees, students, and the public, as exemplified by retaining and displaying class graduation photographs dating back to the early 1920s (Standard III.B).

INTRODUCTION

The Los Angeles County College of Nursing and Allied Health (College) is a public community college that is owned and operated by Los Angeles County (LAC). 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 educational programs and career development opportunities for nursing students and allied health professionals.

The College Training School for Nurses was founded in 1895 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 Los Angeles County College of Nursing and Allied Health. In 2000, the College moved to its current location at 1237 North Mission Road, Los Angeles, 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 pre-licensure 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 from its SON with an Associate of Science in Nursing degree every year. Over 98% of the College's graduates pass the national nurse licensing exam. A survey of 2010 graduates indicated that approximately 40% of the respondents worked for Department of Health Services (DHS) and over 90% were employed in healthcare facilities within Los Angeles County. The College offers professional development classes and courses in its EDCOS division to nursing staff throughout the county's 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 for the clinical portions of its nursing courses. The facilities include LAC+USC, Olive View-UCLA, Harbor-UCLA, and Rancho Los Amigos Medical Centers, as well as the Augustus Hawkins psychiatric facility, Comprehensive Health Centers, and outpatient departments.

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

Evaluation of Institutional Responses to Previous Recommendations

Team Recommendation #1 (2007)

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 has established course and program student learning outcomes (SLOs) for both the School of Nursing (SON) and its Education and Consulting Services (EDCOS) division. Student services programs also have SLOs, as does the institution. All SLOs are published in the SON catalog. Each division has completed several cycles of review and assessment and evidence was provided that the results of the assessments are regularly used by the faculty to improve courses and programs.

The team concludes that the College has satisfied this recommendation.

Team Recommendation #2 (2007)

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 student for general education.

The College provided evidence that it requires general education courses for its Associate of Science in Nursing degree. These courses are completed by students at other accredited colleges either prior to or during their time at the College. The College evaluates the adequacy of the general education courses based on course descriptions, course outlines of record, and congruence with the College’s established general education student learning outcomes (SLOs). Computation and verbal/written communication are considered critical nursing skills and are embedded throughout the nursing curriculum.

The team concludes that the College has satisfied this recommendation.

Team Recommendation #3 (2007)

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 to accreditation.

The College provided evidence that it has worked hard to adhere to the accreditation eligibility requirements, standards, and policies. Governing board agendas, the Strategic Plan, committee meeting minutes, and planning and assessment processes frequently reference accreditation requirements. The College completed a comprehensive Self Evaluation Report, as required, and appears to have complied with all Commission requests, directives, decisions, and policies and made complete, accurate, and honest disclosures to the public.

The team concludes that the College has satisfied this recommendation.

Team Recommendation #4 (2007, same as 2001 Recommendation 1)

Institutional Mission and Effectiveness (2001) – 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 and I.B).

The College hired a Director of Research in 2008 to meet the institution's research and data needs. The Director provides survey results along with other data to use in the program review process. The addition of this position has significantly increased the College's capacity to produce and use data in assessing, planning, implementation, and evaluation processes. The Director chairs the Institutional Effectiveness Committee, the body that oversees the program review process and is also a member of all other planning related committees.

The team concludes that the College has satisfied this recommendation.

Team Recommendation #5 (2007, same as 2001 Recommendation 2)

Evaluation, Planning, and Improvement (2001 and 2007) – 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 and I.B).

The College has developed and implemented a process for planning, evaluation, and resource allocation. The College's mission, vision, and values appear to be central to this process. The College uses this process to plan for both short and long-term needs and has in place a Strategic Plan in which there is apparent integration of assessments before and after strategies are implemented. The plan is monitored closely by the Board of Trustees and the College to ensure successful progress on plan components. Implementation of planning processes has been strengthened by elevating the College's reporting structure to the Department of Health Services, rather than the Los Angeles County and University of Southern California Medical Center.

The team concludes that the College has satisfied this recommendation.

Team Recommendation #6 (2007, same as 2001 Recommendation 3)

Resources (2001) – 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, and III.C.1.a).

In 2008, following discussions by the College's Board of Trustees (Board), the College, and the Los Angeles County Department of Health Services regarding the future of the Allied Health Division, the Board approved modifying the Allied Health Division's scope to a specialized continuing education division to be led by an Allied Health Director. The College submitted a Substantive Change Proposal to the Commission's Committee on Substantive Change in 2009 to implement this change and the proposal was approved. However, there was a delay in hiring the Allied Health Director, when a candidate proposed for the position did not complete the hiring process. Finally, in January 2013, just prior to the team's visit, an Allied Health Director was hired. The Director is in the initial steps of reassessing what is currently needed to more fully integrate and unify the division with the College.

Due to the time lapse in hiring the Director, which kept the Allied Health program in abeyance for a number of years, the team concludes that the College has made major progress in hiring the Allied Health Director and this recommendation should be replaced with a new recommendation, 2013 visiting team Recommendation #3.

Team Recommendation #7 (2007)

Evaluation, Planning, and Improvement (2007) – 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 provided evidence that it has developed and implemented a program review process for instruction, student support services, and Library and learning support services. The process includes timelines, responsibilities, and expected outcomes. A systematic assessment of training and professional development opportunities for faculty and staff to implement program review is also in place. The program reviews are systematically and widely used to inform ongoing program improvements.

The team concludes that the College has satisfied this recommendation.

Team Recommendation #8 (2007)

Student Learning Outcomes (2007) – 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 and 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, and 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 and 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 hired a consultant to provide workshops and training to faculty on developing and implementing student learning outcomes (SLOs). When new faculty join the College the orientation includes training on the identification, assessment, and evaluation of SLOs. The team verified there are now well-defined and publicized SLOs for courses and the degree program, general education, student support services, and the institution. Faculty and staff can distinguish between SLOs and objectives and assess, plan, implement, and evaluate achievement on a regular basis. Faculty use various measures to assess student learning such as tests, demonstrations, clinical competencies, student performance, and simulation experiences. Based on results of the assessments, improvements are recommended. The Institutional Effectiveness Program Review Plan specifies items to be measured, monitoring tool, tracking person, expectation, accountable person, and frequency of review. Faculty and administrators were able to provide numerous examples of course and program improvement that resulted from SLO assessments. During two open meetings attended by over 70 students, numerous students stated to team members that they believe their feedback in the SLO assessment process had led to course and program improvements.

The team concludes that the College has satisfied this recommendation.

Team Recommendation #9 (2007)

Organization (2007) – 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, and II.C.1.c).*

The College has successfully worked to improve student access and training for Library and learning support services by providing classes to develop student competencies in using technology, learning software programs, accessing technology, and applying technology skills. Student surveys confirm student satisfaction with these classes. The College website

revealed a quality, comprehensive presentation on How to Locate Books and Journals in the College of Nursing Library. The College has expanded hours and increased access to the Library and skills lab, particularly prior to competency testing. A review of student schedules confirmed that the hours provided do not conflict with student schedules.

The team concludes that the College has satisfied this recommendation.

Team Recommendation #10 (2007)

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 and II.C.1).*
- b. Assuring an efficient and effective conversion to the new administrative management software (Standards II.C.1, III.C.1.d and III.C.2).*
- c. Improving the quality of the information contained on the institution's website and ensuring that the information is up-to-date (Standards II.C.1 and III.C.1).*

The College, with support from the Board of Trustees, has increased the number of electronic databases available to students as well as added appropriate e-books to the collection. The new administrative management software is scheduled to be implemented within the next six months. The College has worked with the Department of Health Services Information Technology (IT) Special Projects Director to assess and respond to the College's IT challenges and improvements have been made. The College website provides more information to the public and the College is able to update the information as needed. Although the College has responded to the 2007 recommendation, more work needs to be done to allow the College to consistently meet Standard III.C regarding technology resources.

The team concludes that the College has satisfied this 2007 recommendation and has created a new 2013 visiting team Recommendation #5 to meet Standard III.C.

Eligibility Requirements

- 1. Authority:** The team verified that the Los Angeles County College of Nursing and Allied Health (College) is a public institution operated and funded by Los Angeles County and accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (Commission). The School of Nursing pre-licensure program and the Education and Consulting Services nursing continuing education post-licensure program are approved by the California Board of Registered Nursing (BRN). In 2009, the Commission's Committee on Substantive Change approved a change in scope from a certificate awarding Allied Health division to one that provides continuing education in support of the Los Angeles County Department of Health Services.
- 2. Mission:** The team verified that the College has a defined mission statement, regularly reviewed and revised according to the College's Board Policy. The Mission Statement is referenced and applied regularly in the planning, evaluation, and decision-making processes of the College.
- 3. Governing Board:** The team verified that the College operates under the direction of an 11 member Board of Trustees which meets quarterly. Because the College is owned and operated by Los Angeles County, the County Board of Supervisors has delegated the role of being an independent governing board to the Los Angeles County College of Nursing and Allied Health's Board of Trustees. The Board is responsible for the establishment and maintenance of policies and procedures to ensure the quality, integrity, and effectiveness of college programs and the financial stability of the College. Three members of the Board are assigned, not elected, and are from the Los Angeles County Department of Health Services, the Los Angeles County + University of Southern California Medical Center, and the College. The College Provost serves as Board Secretary and is a voting member of the Board. Eight members of the Board are elected from health services constituencies within the county. Appropriate documents of policies, bylaws, self assessment, and ethical principles are in place.
- 4. Chief Executive Officer:** The team verified that the College has in place a Provost who was selected by the Board of Trustees and whose full-time responsibility is to the College. In accordance with its 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 current Provost has been in the position since 2004 and also serves as Secretary to the Board.
- 5. Administrative Capacity:** The team verified that the College has a sufficient number of administrators and staff who have the experience and qualifications to provide appropriate oversight to manage the institution's programs and services and to implement its mission.

- 6. Operational Status:** The team verified that the College is fully operational, with students actively taking courses and pursuing nursing programs. The College has adequate facilities and access to clinical sites to support teaching and learning.
- 7. Degrees:** The team verified that the College only offers and grants one degree, an Associate of Science in Nursing, and that it graduates approximately 100 to 150 students each year.
- 8. Educational Programs:** The team verified that the College's sole degree, the Associate of Science in Nursing, is congruent with its mission, is based on a recognized higher education field of study, is of sufficient content and length, and is conducted at levels of quality and rigor appropriate to the offered degree. This pre-licensure degree is also approved by the California Board of Registered Nursing (BRN). The degree requirements are listed in the College Catalog, as well as the College web site, and outline a 73-unit degree program. The College also offers two Advanced Placement options for Licensed Vocational Nurses that prepares these students to pass the required licensure examinations to become Registered Nurses. Only students who successfully complete all the general education requirements, including pre-requisites, are awarded the degree.
- 9. Academic Credit:** The team verified that credit for all coursework is awarded based on the Carnegie unit, the standard generally accepted in degree-granting institutions of higher education. Professional development classes offered by the College's Education and Consulting Services (EDCOS) division are approved by the California Board of Registered Nursing for continuing education units.
- 10. Student Learning and Achievement:** The team verified that the College has developed student learning outcomes for its degree program and credit and continuing education courses. The institution defines and publishes its educational goals for students in the College Catalog, on its website, and in each course syllabi. The institution's degree program is outcome based and undergoes rigorous assessments whose results are used to improve the program and student learning.
- 11. General Education:** The team verified that the College requires general education courses for degree completion. However, the College does not offer the courses, but instead accepts courses transferred from other colleges. Course descriptions, course outlines, Assist.org, and evidence of accreditation are used in deciding acceptance of courses. The College has developed a philosophy of general education and general education student learning outcomes.
- 12. Academic Freedom:** The team verified that the College has an Academic Freedom policy, reviewed and revised as necessary every three years. Faculty confirmed their academic freedom.
- 13. Faculty:** The team verified that the College has sufficient and adequate faculty. Faculty are qualified through their level of education, nursing, and teaching experience, and are approved by the California Board of Registered Nursing. Job descriptions are written and

appropriate for the responsibilities related to curriculum and evaluation of student learning.

- 14. Student Services:** The team verified that the College provides all of its students with appropriate support services and develops programs consistent with their characteristics and College's mission. Services and programs address the needs of the student population. The size and scope of the College's student services programs are adequate to support student learning and success.
- 15. Admissions:** The team verified that the College's published admissions policies are aligned with its mission, appropriate for its programs, and follow practices that are consistent with College policies. The Test of Academic Skills, version V (TEAS V) is consistently used as an admission requirement.
- 16. Information and Learning Resources:** The team verified that the College makes information and learning resources available to faculty and students to support all College programs. The Educational Resource Center includes permanent facilities consisting of a Library, computer labs, and specialty skills labs. Holdings include print, video, and electronic resources, as well as simulation equipment that are sufficient to meet student learning needs. The College provides instruction for users. Students also have access to some Medical Center and University of Southern California Norris Library resources.
- 17. Financial Resources:** The team verified that the Los Angeles County + University of Southern California Medical Center allocates financial resources annually for the College, adequate to the operation of the College to fulfill its mission. The existing funding base and plans for financial development are adequate to support the College's mission and to ensure its financial stability. The team verified that the College complies with United States Department of Education (USDE) regulation 602.19 (a-e), as explained under Standard III.D.
- 18. Financial Accountability:** The team verified that Los Angeles County annually undergoes and makes available an independent external financial audit by a certified public accounting firm. The College complies with United States Department of Education (USDE) regulation 602.19 (a-e), as explained under Standard III.D.
- 19. Institutional Planning and Evaluation:** The team verified that the College has established a process that includes program review, outcomes assessment, improvement planning, and resource allocation. The College publishes on its website its licensure exam pass rates as the primary indicator of its effectiveness. The College is using its planning process for the purpose of improvement. The College diligently tracks its progress in relation to goals at all levels of the institution in order to ensure that a cycle of continuous improvement occurs. Student learning is being evaluated and discussed at the course, program, division, and institution level.
- 20. Public Information:** The team verified that the College provides a catalog for its School of Nursing constituencies with precise, accurate, and current information. The mission

statement is published in the catalog and on its website. Both the catalog and the website include critical information for students and the public regarding its degree and curricular offerings, student fees, financial aid, refund policy, non-discrimination policy, admissions policies, information on transfers, academic credentials of administration and faculty, and the names of the members of the Board of Trustees.

21. Relations with the Accrediting Commission: The team verified that the College appears to have acted ethically and honestly in all its dealing with the Commission and has accurately reported its accreditation status publicly. The College appears to have adhered to all requested information from the Commission and is making a concerted effort to meet all Eligibility Requirements, Accreditation Standards, and Commission policies. The team found no evidence during the visit to the contrary.

STANDARD I

Institutional Mission and Effectiveness

A. Mission

General Observations

The Los Angeles County College of Nursing and Allied Health (College) in its Self Evaluation Report demonstrates a strong commitment to a mission that emphasizes the achievement of student learning. The mission statement of the College, “to provide learning centered educational programs and career development opportunities for healthcare students in support of the Los Angeles County Department of Health Services” defines its broad educational purpose and its intended student population. The College, in keeping with its mission, vision, and values statements, has student learning programs and services that are aligned with its purpose, its character, and its student population. The College, to ensure that it keeps in allegiance to its mission, uses documented analysis of qualitative and quantitative data in an ongoing and systematic cycle of evaluation, integrated planning, implementation, and re-evaluation to verify and improve the effectiveness by which its mission is accomplished.

Findings and Evidence

The College offers a two-year Associate of Science in Nursing degree, as well as continuing education classes and courses for those students and healthcare professionals who reside or work in Los Angeles County. The degree and course offerings are in keeping with the mission of the College which 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.” The Associate of Science in Nursing degree is offered at the School of Nursing (SON) and continuing education classes and courses, open to health care professionals who work for Los Angeles County’s Department of Health Services (DHS), are provided by its Education and Consulting Services (EDCOS) division. Both the Associate of Science in Nursing degree and the EDCOS classes are approved by the California Board of Registered Nursing. The Allied Health component of the College underwent a substantive change in 2009 in part due to the lack of financial support and human resources. The Allied Health division changed from a certificate awarding division to one that provides continuing education in support of DHS. The Director of Allied Health position, which has been vacant for a number of years due to financial constraint, has been recently filled. Short and long term plans for the development of the Allied Health division are in the discussion phase.

The mission of the College is further detailed in its vision and values which contain statements of the institution’s beliefs about education and student-centered learning. The College uses its Institutional Effectiveness Plan, Strategic Plan, Program Review process, Student Learning Outcomes, and annual surveying of key stakeholders such as the health care facilities that are affiliated with Los Angeles County Department of Health to ensure that it is addressing the needs of its student population (I.A.1).

The College has a Board of Trustees (Board) approved mission statement that defines the broad purpose of the institution and its intended student population who are residents of Los Angeles County or health professionals who work for DHS. The current mission statement, which was approved by the Board in 2010, reflects a student population that is interested in health care education. The demographic information provided in the College's Self Evaluation Report supports the College's definition of its intended student population (I.A.2).

The College reviews its mission at least every three years. The College's Institutional Effectiveness Committee reviews mission integration on an annual basis and then forwards its committee report to the College Planning Committee for action which in turn reports to the Provost who submits the report on mission integration to the Board for review, discussion, and revision if needed. Along this transparent pathway, the College's stakeholders, either through the committee process, conducted internal and external surveys, or public presentations before the Board have the opportunity to ensure that their interests are made known. However, after interviews with nursing students, it did not appear that the students had direct input on the development or revision of the mission statement at the College committee level. The Board approved mission statement is widely disseminated on the College's internet and intranet sites, in its publications, and on bulletin boards within its campus. In a similar manner, the College uses its institutional effectiveness process which includes data and input gathered from faculty and staff assessment findings from Student Learning Outcomes, Annual Program Evaluation, Outcomes Evaluation Reports, and alignment with its Strategic Plan to validate the effectiveness of and adherence to its mission statement (I.A.3, I.A.4).

The College's mission is central to institutional planning and decision-making. The College's mission statement is reflected in the development of its Strategic Plan, Institutional Effectiveness Plan, and Annual Goals. The College's integration with the LAC+USC Healthcare Network further facilitates the attainment of the institution's main goal to provide learning-centered educational programs and career development opportunities by ensuring that College needs are considered in long range planning and resource allocation (I.A.4).

Conclusion

The College has a Board approved mission statement that is reviewed on an annual basis by its internal stakeholders. To ensure that it keeps true to its mission, the College uses documented analysis of qualitative and quantitative data in an ongoing and systematic cycle of evaluation, integrated planning, implementation, and re-evaluation to verify and improve the effectiveness by which its mission is accomplished. The College may benefit from more directly involving student representatives in future reviews of its mission statement. The institution meets the requirements of Standard 1.A.

Recommendations

None.

Commendations

Commendation #1

The team commends the Board of Trustees for its persistent engagement in reviewing and approving the College's mission, goals, and processes that affect its learning programs, financial stability, accreditation self evaluation development, and institutional improvement. Further, the team commends the Board's vigorous commitment to the mission of the College by ensuring the College's graduates have a quality education that enables them to become vital contributors to Los Angeles County's health care institutions (Standards I.A, I.B, IV.B).

STANDARD I

Institutional Mission and Effectiveness

B. Improving Institutional Effectiveness

General Observations

To guide their processes to improve institutional effectiveness, the Los Angeles County College of Nursing and Allied Health (College) has a number of committees where faculty and administrators dialogue about institutional effectiveness, strategic planning, resource allocation, and student achievement and learning. The Planning Committee is the College's main recommending body and includes faculty and administrative representatives from across the various divisions and programs. The Planning Committee is primarily responsible for institutional effectiveness and oversees the College's Strategic Plan, considers budget requests, sets the College's annual goals, and tracks progress towards these goals. There are three committees that report to the Planning Committee: Institutional Effectiveness, Administrative, and Operations.

The Institutional Effectiveness (IE) Committee oversees the program review process including managing the schedule of when reports are due, and reviewing all submitted reports to assure appropriate quality. The program review process encompasses the review of student learning outcomes results through the submission of outcomes assessment reports. The process evaluates the College's educational and student services programs, along with College committees. The IE Committee reports the results of the program review process and submits budget requests that arise from the program evaluation reports to the Planning Committee for consideration. This committee also produces the Institutional Effectiveness Program Review Plan (IEPRP), which captures all items from the improvement plans contained in the program evaluation reports. The IE Committee then tracks each item on the IEPRP to ensure that it is addressed by those responsible. The committee meets monthly, is chaired by the Director of Research, and the membership consists of faculty, administrators and staff.

The Administrative Committee is responsible for the general management of the institution. The committee meets twice monthly and the membership consists of the Provost and designated deans and directors. This committee reviews and proposes new policies and procedures and recommends policy changes to the Planning Committee. The committee also works to ensure that the College is in compliance with all external regulations and requirements and serves as a conduit of information to and from the Faculty Development, Credentials, and IE Committees, and the divisions at the College through regular reports of activities and decisions.

The Operations Committee is responsible for addressing the day-to-day needs of the College. This committee meets twice monthly and the membership is the administrators who are responsible for the different divisions and departments at the College. This committee works to address issues that arise related to the physical plant, security, and event planning. Budget requests related to immediate needs are brought to this committee for consideration and then forwarded to the Planning Committee for approval.

Findings and Evidence

In the College's Self Evaluation Report and in interviews with faculty and administrators, it is evident that the College is focused on continuous improvement. The College has multiple processes in place to track progress on improvements. The Planning Committee annually tracks progress on the College's Strategic Plan. The IE Committee tracks each item on the IEPRP to ensure that those responsible report back on whether the item has been addressed. Continuous improvement is also a driver among faculty when they are examining student learning and achievement in their outcomes assessment reports. Faculty are having conversations about what students are and are not learning, have made changes to address deficiencies, and have re-evaluated to determine if the changes made were effective (IB.1).

Policy #340 Program Review Process, created in 2008 and updated in 2010, describes a process which is designed to "provide a data-driven quality improvement process that guides the college in effectively meeting its mission." This policy defines the individuals responsible for the various aspects of program review. The Institutional Effectiveness Committee Reporting Schedule has a list of dates when program review information is reported to the IE Committee. In reviewing sample Annual Program Evaluation Reports (APERs) and from interviews with faculty and administrators, the team found that the program review process has at its foundation the collection and examination of research and data on student achievement and learning. The process includes the analysis of these data along with information from student and employee surveys. The analyses are intended to serve as the basis for improvement plans. Examples provided in the Self Evaluation Report and during interviews with faculty and administrators describe instances where changes resulted in improvement along with cases where the changes were not successful (IB.2, IB.3).

As previously stated, there are three avenues through which items can be forwarded to the Planning Committee for approval: the IE, Administrative, and Operations Committees. In reviewing the College's planning and decision-making process with both the Planning and IE Committees, what remained unclear to the team is how the College determines which items follow which pathway to the Planning Committee. Both faculty and administrators indicate that they have a clear understanding of the criteria that dictates which items take which pathway. However, they were unable to effectively communicate to the team a clear set of criteria or provide any documentation of these criteria (IB.2, IB.3).

It is evident from the Self Evaluation Report that the College is using student achievement and learning data to determine its effectiveness and the fulfillment of its mission. In its Institutional Effectiveness Program Review Plan (IEPRP), the College has set minimum standards for the various objectives it has set. In the Self Evaluation Report, the College does indicate where it has and has not met its intended standards. However, in reviewing the Strategic Plan, the team noted that it does not include measurable objectives (IB.2, IB.3).

Information related to institutional and program level standards for student achievement and learning lives in several places. The team suggests that the College could benefit from having this information in one place that includes all the institution-set standards, the College's performance on the standards, the analysis of this performance, and any plans for

improvement. In addition, the College is not examining student achievement data for student subgroups such as ethnicity and gender. In addition, survey data do not seem to be disaggregated to see if there are differences between groups of students, faculty, and staff; for example, Education and Consulting Services (EDCOS) vs. School of Nursing, ethnicities, gender, classified staff vs. faculty. However, it should be noted that the number of employees and students taking the surveys is often small and therefore separating respondents into certain categories would endanger the College's intent to keep the surveys anonymous.

The College is required to set annual goals by the Department of Health Services (DHS). The Administrative Committee establishes these goals each year that are then vetted by the faculty and finally approved by the Planning Committee, and it is this body that is responsible for tracking whether these goals are met each year. The goals are developed based on the DHS goals, the College's Strategic Plan, and program review results (IB.4).

Students are not full and regular participants in overall evaluation and planning beyond the input they provide on surveys. Students do sit on the Curriculum, Admissions/Promotions, and Grievance Committees, but they are not members of either the Planning or IE Committees. In both the Self Evaluation Report and in interviews with the Planning and IE Committees, the College acknowledged that it needs to increase its efforts to include students at this level of the planning process, but has yet to identify proposed actions to address this issue (IB.4).

There appears to be little recognition on the part of faculty, administrators, or even the staff themselves of the need to include staff as a constituency group that should be represented as such in the College's planning and decision-making process. While there is a small number of staff at the College, approximately 10-12, it was made clear in interviews with about half of this group that they are unaware of how decisions are made at the College. The information flow both to and from staff is completely dependent upon supervisors relaying information to and from their staff, and the amount of information varies by supervisor (IB.4).

Currently, there is one staff member who sits on the IE Committee, but there is no staff representation on the Planning Committee, the College's main participatory governance and decision-making body. The staff reported that they had previously met as a group on a regular basis, but those meetings stopped and no one present knew why. They indicated that they relied on informal communication with each other to transmit and receive information. It is important to note that the staff did not report feeling excluded, and have not felt the need to organize themselves as a group. They expressed an interest in getting more involved, but that they were unclear about how to get started. They shared that they have access to information about decisions being made at the College on the College's intranet site, but without context and guidance, they are unable to determine which meetings they should attend and which documents they need to read on a regular basis. At the end of the meeting with the team, the staff indicated they might consider reinstating the regular meetings among the staff in order to ensure more consistent information flow (IB.4).

In an examination of the College's website, information on students' licensure exam pass rates was found, however, in its current location it is not easy to find for anyone not familiar with the acronyms BRN or NCLEX. The team suggests the College put this information in a more conspicuous place on the website with clear labeling for both those familiar and unfamiliar with nursing vernacular. When asked how the College communicates matters of quality assurance, in addition to the information posted on the college website about the College's licensure exam pass rates, the Director of Research cited the posting of Board of Trustees minutes, which contain annual reports to the Board from the different areas of the College about their achievements and challenges. The Director cited, as an indication that these efforts are adequate, the fact that incoming students are familiar with the College's pass rates, which was verified in interviews with students where they indicated that the pass rates, along with other information on the website, influenced their decision to attend the College (IB.5).

The College has established mechanisms and identified the IE and Planning Committees as responsible for assessing the effectiveness of the College's planning and evaluation processes. Through this review, these committees have identified deficiencies in the processes and moved to address them. The College provided numerous examples in the Self Evaluation Report and in interviews with faculty and administrators of how these processes have led to improvement (IB.6, IB.7).

The review of these processes is scheduled to occur every three years. However, issues related to these processes can be brought to these committees at any time and changes are made to improve the process on an as-needed basis. In interviews with faculty and administrators, both report that the College's planning and evaluation processes are working and lead to improvement. While there appears to be a large number of committees for such a small College, when asked about whether the process was confusing or cumbersome, the response from faculty and administrators was that their process helps to ensure careful consideration and vetting before changes are implemented. When asked how they know the process is working, the faculty cited that they are able to voice their needs, that the administration hears these needs, and attempts to address them. The faculty and administrators report that they rely on the small size of their institution to facilitate interconnectedness across the College and are confident that any issues that are identified in the program evaluation reports, outcomes assessment reports, the work of the faculty committees, or the employee and student surveys will be brought forward and then addressed by the appropriate committee (IB.6, IB.7).

Conclusion

The College is engaged in multiple processes to improve institutional effectiveness. The processes are supported by student achievement and learning data provided by the Director of Research and it is evident these data are used by faculty, administrators, committees and the College as a whole to make improvements. However, the team has identified areas for improvement. Students and staff do not have clearly defined roles in the College's planning process. The College also lacks clear documentation of its planning processes and a systematic way of evaluating those processes for further improvement. There is no document that adequately describes the entire process including (1) all the committees involved and

their roles, responsibilities and relationships, (2) the general flow from one process to the next, (3) the various reports that are produced, (4) how decisions are made and by whom, (5) the criteria for what determines which of the three avenues an item follows, (6) how all the committees, processes, reports and plans work together as parts of an integrated planning process and (7) the evaluation process for the planning and evaluation components within the integrated planning process including how, when and by whom the evaluation occurs, and what criteria and method of assessment are used in this evaluation. There is substantial evidence that the College is achieving its mission, and doing it well. What is lacking is sufficient documentation to publicly and transparently demonstrate how the College is working to meet its mission and achieve institutional effectiveness. This effort will require a well-documented level of self evaluation that is readily available to all constituencies. The College meets the requirements of Standard I.B, but can increase its effectiveness by addressing the concerns noted in this conclusion.

Recommendations

Recommendation #1

Planning and Decision-Making Processes

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

Recommendation #2

Planning and Communication

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

Commendations

See Commendation #1.

Commendation #2

The team commends the College for building its research capacity and using data to strongly support its planning and evaluation processes, particularly with regards to student learning outcomes (Standard I.B, II.A).

STANDARD II

Student Learning Programs and Services

A. Instructional Programs

General Observations

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.” In keeping with its mission, the College offers an Associate of Science in Nursing (ADN) degree for generic students and for Licensed Vocational Nurses (LVNs) through its School of Nursing (SON). The College also provides a 30-unit option as required by the California Board of Registered Nursing (BRN), which is a pathway for LVNs to take courses at the SON, so that they may sit for the National Council Licensure Examination for Registered Nursing (NCLEX-RN). LVNs that choose this pathway do not receive a degree and are not graduates of the SON. The College’s Educational Consulting Services (EDCOS) division provides courses and classes for health care professionals who work for the Los Angeles County Department of Health Services (DHS). EDCOS provides continuing education for the DHS workforce and is authorized to grant continuing education units, one component needed by registered nurses to maintain licensure. The Allied Health division is not currently active. However, a Director for Allied Health was hired in January 2013 and is in the very initial stages of developing and implementing programs for the division.

The College has a diverse student body that closely resembles the community in which the College is located and in which the students reside and work. There are two admissions per year for the nursing program and multiple admissions to EDCOS courses depending on course length. The College admission requirements are made clear and can be found in its publications, including the College Catalog and on its website. A point system, consisting of achieved grades and the Test for Essential Academic Skills version V (TEAS V) scores along with bonus points for previous application submission, working in Los Angeles County, and working or volunteering in a healthcare facility, is utilized to select students for admission. Health status, background check, and certification by the American Heart Association for Basic Life Support as a Healthcare Provider are required upon entrance. The admission process into the SON is intense with only 50 applicants selected from over 700-800 applications each year. The EDCOS division served over 7,000 students during the 2011-2012 academic year. Generic students who apply to the SON also have to have completed a prescribed number of general education courses, which are completed at other accredited colleges, as are required prerequisites before they can be admitted.

Course and program rigor and integrity is ensured by a SON faculty developed curriculum. Faculty develop curriculum using established College processes according to the needs of its internal and external stakeholders that meets BRN requirements. Several of the EDCOS classes are developed in part by using professional standards established by the American Heart Association, the American Association of Critical Care Nurses, and the Emergency Nurses Association. Both SON and EDCOS courses and classes have embedded student learning outcomes (SLOs) that allow for systematic assessment and evaluation of learning

and inform needed revisions to improve teaching and learning. To attest to the quality of its program and classes and its teaching and learning, the College cites 91-98% of its registered nursing students from 2007-2012 passed the NCLEX-RN on the first attempt, with 98-100% of those who were unsuccessful on their first attempt passing on their second attempt. These figures are above state and national averages.

Findings and Supporting Evidence

The programs, courses, and classes offered at the SON and EDCOS meet the spirit of its mission statement. The College has only one campus which is located on the grounds of the Los Angeles County+University of Southern California (LAC+USC) Medical Center and is home to the SON, EDCOS, and Allied Health divisions. SON and EDCOS didactic classes are held on the main campus. As part of their nursing clinical education, students need to complete a number of required clinical hours for course credit and to satisfy BRN requirements. SON students complete their clinical training and obtain the needed clinical hours at the various LAC+USC health care facilities. Through the use of its formal committee process, annual program reviews, surveys of internal and external stakeholders, and program and course SLOs, the College ensures the integrity of the delivery of its course offerings whether delivered on the campus or at clinical sites. There was a previous recommendation regarding the Allied Health division. The recommendation is starting to be addressed with the Allied Health Division leadership vacancy being filled in late January 2013. The scope of Allied Health was changed in 2008 from certificate-awarding to course completion. The Allied Health Division is not currently active. There has been a hiatus of six years. The Board of Trustees (Board) supports the College's vision to develop an action plan with an appropriate budget based on an environmental scan and partnerships related to the needs of the Medical Center, ambulatory care services, and healthcare (II.A.1).

In keeping with its mission, the College offers programs based on the needs of the LAC+USC Healthcare Network. The College's Director of Research leads the Institutional Effectiveness (IE) Committee which is charged with creating and implementing processes to assess instructional program and institutional effectiveness, as well as assessing the effectiveness of student services and learning resources to meet the College's mission. SLO assessment reports, course and program evaluations, student, graduate and employer surveys, which are completed at least annually, are among the ways the College obtains data to assess the currency of the program and the curricula. Instructional program Deans use the assessment findings to develop improvement plans which then are incorporated into their Annual Program Evaluation Reports (APERs). The APERs are shared with the IE Committee and the Board. SON and EDCOS faculty and students are also engaged in the assessment and evaluation process and meet monthly to review and discuss programs and engage in annual curriculum and program review. The Director of Research has created SLO and APERS Tracking Logs to monitor and record the status of each of these two elements (II.A.1.a).

The College faculty engage student learning needs using traditional face-to-face mode of instructional delivery for their courses. The College does not offer any distance or correspondence courses. The course syllabi contain the learning objectives, SLOs, and the instructional methods that will be used by the teaching faculty. Currently faculty are using a

variety of instructional methods including lecture, case studies, role-playing, patient care simulation, clinical skills demonstration/return demonstration, panel discussions, and debates. Audio/visuals aids are also employed by faculty during classroom instruction. The SON and EDCOS conduct course surveys that assess student responses to the effectiveness of instruction received. Students have responded favorably to the methods of instruction, including student representatives who took part in the Curriculum Committee interview with team members. From the Self Evaluation Report and discussion with the SON Dean, the College does use delivery methods and modes of instruction conducive to achieving the course objectives. Systematic assessment and evaluation of instructional effectiveness are also part of faculty peer evaluations and annual program review. Program effectiveness is assessed through various student, graduate, employer surveys, and SLO reviews. The majority of respondents rate the program above the expected threshold. Employers rate students completing EDCOS courses as competent. As a result of these processes and to further enhance the attainment of program and course SLOs as well as aid in student retention and completion, the College developed a number of workshops for its pre-licensure nursing students. These workshops included Test-Taking Strategies, Critical Thinking, Learning Styles, Laboratory Interpretation, Medical Spanish, and writing using APA format. Extended skills laboratory hours were also offered before clinical competency examinations (II.A.1.b, II.A.2.d).

The College has identified SLOs at the course, program, and degree levels. The College's SLOs are published and listed in the College's Catalog, course syllabi, and on its website. As conveyed in the College's 2013 Self Evaluation Report, SLOs are developed in consultation with course content experts. Having course content experts is an accepted educational practice and is also a requirement for program approval by the BRN. Faculty on course, curriculum, and divisional committees establish the required student competencies and learning outcomes and identify criteria for measuring student achievement. Through its established cycle of assessment and evaluation, the College committees review the attainment of its program, course, general education, and institutional SLOs to their established standards, implement changes if needed, and re-evaluate their outcomes. One example of this systematic cycle of assessment, evaluation, implementation, and re-evaluation led to changes made in the EDCOS critical care curriculum when the expected SLO standard of 80% success was not being met by students. Faculty implemented changes to the course which increased the number of successful students from 78.3 to 91.7% (II.A.1.c, II.A.2.a).

The College's SON offers a four-semester, two-year Associate of Science in Nursing degree, as well as continuing education and development classes through its EDCOS division. The pre-licensure and post-licensure coursework are collegiate level for an associate degree and continuing education units. The EDCOS classes are developed and offered according to the needs of the LA County Department of Health Services and the LAC+USC Healthcare Network. Prospective students are made aware of the admission requirements to the SON in the SON Catalog and the College's website. A list of prerequisite general education courses needed to be taken prior to admission, descriptions of SON courses, their SLOs, course sequencing, and credits awarded are also contained in the aforementioned sources. Students who take classes in the EDCOS division can also find information about course and class

offerings online and in the EDCOS Catalog as well as their SLOs. The College's Office of Educational Services assists students in admission, enrollment, and advisement services. The SON Curriculum Committee provides oversight to the Course, Semester, Nursing Practice, and Clinical Practice Committees on matters pertaining to curriculum development, evaluation, and revision to maintain the integrity of the curriculum of both divisions. Faculty have an active role on the aforementioned committees as well as the Faculty Organization Committee, in establishing the quality of course content and delivery as well as the evaluation of the SON and the EDCOS instructional offerings. Student learning is measured using multiple choice/short answer examinations; return skills demonstration, graded performance in the clinical areas, and evaluation of performance in simulated patient scenarios in the simulation laboratory. Grades are based on performance and established criteria. Course completion is evidence of the SLOs being met with degree completion evidence of all curricular requirements being met (II.A.2.b, II.A.2.c, II.A.2.d).

The College uses a variety of methods to evaluate the effectiveness of its courses. The College's Program Review Policy provides guidance to the IE Committee to conduct a systematic annual program review process. Program review includes the cycle of data collection, assessment, analysis, evaluation, planning, implementation, re-evaluation and reporting of results. The SLO achievements are part of the program review process and help to assess course appropriateness and plan for the future (II.A.2.e).

The relevancy of the SON and the EDCOS divisions and their offerings are determined in part by the needs of the LAC+USC Healthcare Network, employer surveys, national and local healthcare trends, information derived from faculty attended conferences and workshops, and BRN regulations. SLOs also contribute to the development of the Strategic Plan, program reviews, and annual program plans. These SLOs also help to facilitate relevancy and currency. The College has a five-year Strategic Plan that provides overall guidance for its divisions. Institutional planning is reflected in the Strategic Plan and is supported by the documented systematic and cyclical conduction of program review, SLOs, development of annual plans (APERs), and College committee work. Budget requests coming out of program review are presented on a Request for Consideration of Program Needs form and go through an understood process of committee vetting before coming to the Provost and being presented to the Board for approval. The College appears to have a culture of assessment that is guided by the College's full-time Director of Research, a position that was filled after the last Evaluation Team's 2007 visit. The Director collects data and makes it accessible for use in various reports, trending, and SLOs. Curriculum and Nursing Practice Committee members who were interviewed during this visit expressed their appreciation of the role of the Director in supporting and guiding faculty with data collection, data interpretation, and evaluation of results (II.2.A.e, II.2.A.f).

The faculty use developed test questions that are aligned with the attainment of student learning toward stated class/course objectives. Test questions are also used as one component to measure SLOs. The test questions are reviewed by course faculty, course coordinators, and course content experts. An item analysis is conducted after every administered test to validate test item difficulty and discrimination. As a result of faculty review, a test question item may

be revised, kept, or eliminated from use. To aid in this process of test item review, the College has a Test Item Analysis Policy (II.2.A.g).

SLOs have been developed for each of the College's courses. Units of credit awarded are consistent with institutional policies that reflect generally accepted higher education norms. One-to-one hour (50 minutes) to unit calculations are used for theory courses in the nursing program. Three-to-one hour unit calculations are used for clinical courses. EDCOS uses one contact hour for each 50 minutes, resulting in proof of completion. Data contained in the Self Evaluation Report indicated that not all students have been successful in the SON. This result means that some of the program/course SLOs fell below their institution-set standards. To remedy this, using its established committee processes, the College has taken strides in the assessment, analysis, evaluation, and implementation of plans to correct the SLO deficiencies such as offering student remediation on a one faculty to one student basis (II.A.2.h, II.A.2.i).

In order to earn the Associate of Science in Nursing (ADN) degree, students must have taken and successfully completed 42 units of general education (GE) classes along with SON nursing major units. The College does not offer GE courses, but instead accepts courses transferred from other schools. Course descriptions, course outlines, Assist.org, and evidence of accreditation are used in deciding acceptance of courses. A GE philosophy and GE SLOs have been developed. Critical thinking, communication, collaboration, accountability, socio-cultural sensitivity, and education are incorporated and met in the program and GE SLOs. A political-societal issues paper related to the elderly is evidence of ethics and effective citizenship. Anatomy, Physiology, Microbiology, English 101, and Life Span Psychology are prerequisites. Five GE courses are co-requisites: History or Political Science, Sociology, Humanities, Speech, and Physical Education. Students may also take Nutrition as an elective. The SON Admissions/Promotions and Curriculum Committees have oversight of GE components review for the ADN degree. The GE classes support the College's mission, and meet accepted educational practices and BRN requirements. The GE course requirements and rationales are made known to prospective students in the College Catalog and on its website. The GE courses provide students with depth, breadth, and a measure of fundamental knowledge needed for the nursing major. Students must obtain a grade of "C" or better in the GE classes as well as courses taken within the SON. This requirement is in keeping with BRN regulations. In addition, nursing students in the clinical settings must earn a grade of pass (P) or credit (CR). The Curriculum Committee last reviewed the GE course requirements in 2011 and found that they continued to provide an effective foundation for the nursing major. Students also reported in the pre-graduation SON Program Evaluation Survey that the content of the GE courses were effectively integrated into the curriculum (II.A.3.a, II.A.3.b).

The College offers one degree with a single focus on registered nursing. Students who earn the ADN are eligible to sit for the NCLEX-RN. The BRN will award successful NCLEX-RN candidates with a license to practice registered nursing in the State of California. Data provided in the 2013 Self Evaluation Report cite that over 91-98% of the SON students who took the NCLEX-RN from 2007-2012 passed the examination on their first attempt. This figure is above the national and state averages for SONs. The Report also cites a passing rate of 98-100% for those students who took the NCLEX-RN on a second attempt. The College's

passing rate on the NCLEX-RN is made available to students, prospective students, and the public on its website. This information is validated by the BRN and is also available to the public on the BRN website (II.A.4, II.A.5).

The College provides clear and accurate information to its students and prospective students about its programs, courses, and transfer policies. The College, GE, and program SLOs are published on the College's website, in its Catalog and on various College bulletin boards. Additional information on programs, courses and transfer policies is made available to the public on the College Website and found in print in the College Catalog, Student Handbook, monthly continuing education calendars, and class/program applications. Students also have this information available to them using the College intranet. The College has a Webmaster who is charged with regularly updating the website to maintain currency. The SON Catalog is available online, as is the EDCOS Catalog. The Student Handbook was issued in Fall 2011. The College evaluates GE courses for equivalence and credit based on course descriptions, course outlines, the California articulation number system, and congruence with the SON GE SLOs. To further address transfer issues, the SON has a Nursing Course Exemptions and Challenge Policy. This policy provides guidelines for granting credit for previous education including that of nursing courses taken in other nursing programs. This policy, last reviewed in May 2011, is updated as needed at least every three years. The College also maintains a College Program Closure policy which gives guidance when making a program closure. The policy also makes for provision that students enrolled in degree or certificate granting programs be provided with a plan for program completion. The updates to this policy were reviewed and approved by the Board in August 2012. The IE Committee receives articulation agreement reports as a component of the Institutional Effectiveness Program Review Plan. Currently the College has an ADN to Bachelor of Science in Nursing (BSN) articulation agreement with the California State University, Los Angeles. Additional articulation agreements with the University of Phoenix, Charles Drew University, and Chamberlain College of Nursing are in the planning stage (II.A.6.a, II.A.6.b, II.A.6.c).

The College has an Academic Honesty and Professional Conduct policy in place. Employees and students of the College are oriented to the components of academic honesty and to the consequences for infractions to the policy. Students sign a Student Agreement form upon admission to the program and EDCOS students during class orientation. Faculty have a policy on Academic Freedom and have fostered an educational environment where they are free to develop curriculum and courses, teach, conduct research and publish within the constraints of the DHS, USC Medical Center, College, and other regulatory agencies' policies, procedures, and guidelines. The faculty identify personal viewpoints as being separate from that of the College. The College does not offer curricula outside of its Los Angeles, California location (II.A.7, II.A.8).

Conclusions

The College offers a single degree, Associate of Science in Nursing (ADN), which is available only to Los Angeles County residents or employees. The EDCOS division provides continuing education classes to health care professionals who work for the LAC+USC Healthcare Network. The offerings align with the mission. The SON meets the approval of

the BRN to offer pre-licensure classes leading to the ADN. The continuing education units offered at EDCOS are also BRN approved. The College's placement within the Los Angeles County Department of Health Services provides exceptional access to clinical sites with acutely ill patients, which is not normally available to nursing students. The faculty use this access to create student learning opportunities that well exceed those that most nursing programs can offer. The Self Evaluation Report, supporting documentation, and team interviews, confirm the College embraces a culture of assessment that supports student learning. There is evidence that SLO assessment data are incorporated into the program review process, annual planning, and used for budgetary requests. The College recently hired a Director of Allied Health to develop and implement a plan to move forward with the development of an Allied Health division. That works needs to be completed. The institution meets the requirements of Standard II.A.

Recommendations

Recommendation #3

Allied Health Division

To increase effectiveness, the team recommends now that the College has hired an Allied Health Director, the College move ahead with its plans for the development of the Allied Health division and its offerings, which has been in abeyance awaiting the appointment of a director (Standard II.A.1).

Commendations

See Commendation #2.

Commendation #3

The team commends the College for using its access to extraordinary clinical sites to create a nursing education program that prepares its graduates to immediately function as professional nurses and to take on leadership roles in a very short period of time (Standard II.A).

STANDARD II

Student Learning Programs and Services

B. Student Support Services

General Observations

The Student Services Division at the Los Angeles County College of Nursing and Allied Health (College) consists of the Office of Educational Services, which includes all admissions and records activities, as well as referrals for counseling and mental health; the Financial Aid/Scholarship Office; and the Educational Resource Center which includes the Library and computer and skills labs. Each of these areas provides support for student learning.

The College is small with limited staff. In order to provide necessary services for students, the student services staff have formed alliances with partners throughout the community. Students in need of psychological counseling are referred to the Los Angeles County Department of Mental Health. Students who would benefit from personal counseling can work with Masters in Social Work interns in the Los Angeles County Health Department. Relationships with East Los Angeles College are strong, allowing the student services staff access to various resources at that college, such as a Learning Specialist who assesses referred students for learning disabilities and recommends accommodations.

In order to stay current on the myriad of laws and regulations applicable to the administration of financial aid, the financial aid coordinator monitors the National Association of Student Financial Aid Administrators list-serve daily and attends financial aid conferences and trainings. The webinar trainings provided by the Department of Education are also accessed.

Findings and Evidence

Admittance to the College for the Associate of Science in Nursing Degree (ADN) Program is merit-based. Students must have a total test score of 64.7% or above on the Test for Essential Academic Skills version V (TEAS V) and have completed prerequisite college courses with at least a 2.0 GPA. Since only 50 applicants are admitted each term, only the top scoring students are admitted. A competitive point system is used which includes a weighted score for cumulative GPA and TEAS V score, and additional points for volunteer activities.

There is regular and persistent dialogue at the College about student access, progress, learning, and success, with a strong focus on preparing students to pass the National Council Licensure Exam – RN. The pass rate for 2007-2012 graduates was 91-98% at first attempt and 98% at second attempt, which indicates that admitted students are able to benefit from the program.

The College assures the quality of student services offered by regularly surveying students about their needs. Conversations with the students during the team visit indicate a high level of satisfaction with the services being provided, as well as praise for the staff within student services.

The College does not offer courses through distance or correspondence education. The College's School of Nursing (SON) publishes a catalog with general information that is easy to understand, easy to use, and contains necessary student information. It provides the address and location of the College; the website; the College's mission; requirements of the ADN program; an academic calendar; a statement about academic freedom; cost of attending the school; information on financial aid; and learning resources. The catalog also includes the names and degrees of administrators and faculty as well as the names of the Governing Board members. Although faculty have a voice in the curricular portion of the catalog, the Dean of Admissions and Student Services is responsible for the accuracy of the catalog.

Major policies affecting students such as Standards of Student Conduct; nondiscrimination; acceptance of transfer credits; grievance procedures; sexual harassment; and refund of fees are also included in the catalog. The SON Catalog is currently available on the College's website as a PDF copy of the paper catalog (II.B.2, II.B.2.a, II.B.2.b, II.B.2.c, II.B.2.d.).

The College's Education and Consulting Services (EDCOS) division publishes a document that is called a Continuing Education and Allied Health Catalog. This document includes a map indicating the address of the College; however, it does not include a telephone number or website. The College mission, vision, and values; affiliations and accreditations; and courses and programs offered are also included. The Academic Calendar is disbursed throughout the catalog accompanying individual course offerings. The names and degrees of faculty and administrators are included; however, the names of the Governing Board members are not included. The following required policies are not included in this catalog: Academic Freedom Statement; Available Student Financial Aid; nondiscrimination; grievance or complaint procedures; sexual harassment; and the location of policies not found in the document. Interviews with College administrators indicated the document is intended to serve more as a schedule than a catalog. The College website has a link to the Continuing Education and Allied Health Division Catalog as a PDF copy of the paper document.

The College researches and identifies the learning needs of its students and provides appropriate services and programs to address those needs. For example, in 2007 the College Library opened on Saturdays for students. Usage did not warrant a continuation of Saturday hours in the Library because most students were using it as a study hall. Recognizing that a number of students needed a quiet place to study, the College opened the main administration building on Saturdays to allow students access to a study hall.

Students are regularly surveyed about their need for services and results of the surveys indicate that the College is providing appropriate, comprehensive, and reliable services to its students. The College has no separate campus sites and does not offer online or correspondence courses (II.B.1, II.B.3.a).

The team found that the College provides an environment that encourages personal and civic responsibility, intellectual, aesthetic, and personal development for all of its students. Interviews with administrators revealed that regular dialogue takes place about providing a good learning environment. In addition, the Associated Student Body (ASB) is a vibrant group devoted to providing extracurricular activities targeted at personal responsibility and

development. Members of the ASB spoke about a toy drive for the pediatrics unit of the hospital and an international night they host to make all students feel welcomed.

Since all SON students do clinical work at Los Angeles County+University of Southern California (LAC+USC) Medical Center, they have the opportunity to learn about personal and civic responsibility in a “real world” environment. Students speak positively about their experiences at LAC+USC Medical Center, not only the nursing education but also the opportunity to learn about the soft skills of helping people. In addition to what is already provided in clinical training, College administrators spoke of the desire to add workshops and to bring in speakers on special topics to enhance the students’ personal development (II.B.3.b).

The College does not employ any counselors. Students who need personal or psychological counseling are referred to outside agencies. Academic advising is provided by the faculty. With a single focus of nursing education, the faculty members are well trained and are providing quality advising. Student surveys administered at the end of each term indicate a high level of satisfaction with the advising students receive from their instructors (II.B.3.c).

The understanding and appreciation of diversity is embedded into the curriculum at the College. From their first semester, students are taught about cultural and ethnic traits and practices of various populations. A thread of diversity education continues through the fourth semester of the nursing program incorporating ethnic and cultural differences, as well as disabilities and sexual preference or sexual identification. Students are tested regularly on their understanding of diversity (II.B.3.d).

The Admissions/Promotions Committee evaluated the effectiveness of the pre-entrance screening tool and determined that the test they were using would no longer be supported. Various testing instruments were evaluated, checking for validity, reliability, and cultural bias, resulting in the adoption of the Test for Essential Academic Skills, version V (TEAS V.) The Admissions/Promotions Committee regularly examines students’ test scores analyzing whether or not the cut off score being used is an appropriate measure of student success. In addition, the group analyzes individual elements within the test to determine if any particular elements are more indicative of student success (II.B.3.e).

The College maintains student records permanently, securely, and confidentially with proper provisions for secure backup of files. Older records are still maintained on microfiche at the College with a backup available at the Los Angeles County Department of Health. The California Board of Registered Nursing also has records for all courses taken through the School of Nursing and/or the Education and Consulting Services.

The Family Educational Rights and Privacy Act (FERPA) provisions are properly applied. Students have an avenue to inspect and review their academic records, to appeal grades, to decline to have directory information disclosed, and to file a complaint with the U.S. Department of Education. Educational records are only given to a student or former student with appropriate identification and a signature. Electronic requests are not currently accepted; however, consideration is being given to use the services of the National Student Loan Data

System to provide transcript information to other educational institutions and to students (II.B.3.f).

The College evaluates student support services to assure that they are meeting students' needs. Student surveys indicate a high level of satisfaction with the availability of services as well as the quality of those services. In addition to the survey, students discuss their needs directly with student services staff. Identified student learning outcomes in student support services are incorporated into program review and are used to improve services. An example may be found in the financial aid program's financial literacy course. All entering students are required to take the financial literacy course, which has been modified to ensure that students clearly understand the consequences of borrowing and the deferments available (II.B.4).

As the team met with students during the visit, it was clear that student support services are meeting their needs. There was high praise for individual staff members for their caring and conscientious service to students and their willingness to go "over and above" to assist students.

Conclusion

The College has in place sufficient student support services to meet the needs of its students. College survey results and team interviews with students indicate a high level of satisfaction with services. While the SON Catalog includes all of the necessary catalog components, the Continuing Education and Allied Health Catalog does not. The Continuing Education and Allied Health Division Catalog either should be amended to include all required general information, requirements, and major policies affecting students, or should be renamed so that students and the public understand its intention. The College meets the requirements of Standard II.B.

Recommendations

Recommendation #4

Catalog

To increase effectiveness, the team recommends that the College review its print and online Continuing Education and Allied Health Catalog to determine the purpose of the document and then ensure it contains all required elements of either a catalog or a schedule as appropriate, and that its information is current and accurate (Standards II.B.2.a, II.B.2.b).

Commendations

Commendation #4

The team commends the College for having a dedicated, committed, and responsive faculty and staff. Students consistently reported the positive interactions they had with faculty and the willingness of faculty and student and learning support staff to assist them and meet their needs, in ways that surpass their expectations (Standards II.B, II.C).

STANDARD II

Student Learning Programs and Services

C. Library and Learning Support Services

General Observations

The Library and learning support services of the Los Angeles County College of Nursing and Allied Health (College) are part of the Educational Resources Center (ERC) and include the Library, Carlson Skills Center, and Computer Center.

The Library holdings consist of approximately 4,000 books in clinical medicine, basic sciences, and nursing health, with approximately 600 of the newer titles in Marcive; over 100 electronic journal subscriptions; 200-300 periodical bound volumes; and approximately 300 videos. The ERC Director is a Master's prepared Registered Nurse with a background in Library science and a member of the Department of Health Services (DHS) librarian group, who applies this professional experience to ensuring Library holdings are well-tailored to the College population. The Library has study space for 20 students, five computer stations with internet and intranet access, photocopier, and printer, all available for student use. Since 2008, the College has made several improvements to the Library space including new furniture, increased seating capacity, and new carpeting and window blinds.

The Carlson Skills Center includes four labs, two of which are used by the School of Nursing (SON) and contain simulation manikins and other equipment and supplies that enable students to practice essential nursing skills. First semester students are provided with skills kits containing needed supplies for practicing procedures. Faculty use the labs to assist students with skills practice. The other two labs are used by Education and Consulting Services (EDCOS) and are likewise equipped for their function. An additional skills lab located in a separate building contains equipment used by the Los Angeles County+University of Southern California (LAC+USC) Medical Center for orienting new nurses and evaluating their skills. The skills labs are furnished with equipment that coincides with equipment encountered during clinical rotations or employment at the Medical Center. The skills and computer labs coordinator is a Masters prepared Registered Nurse.

The College has four computer rooms, but only two of those comprise the Computer Center that is part of the ERC. The Department of Health Services (DHS) and Medical Center use the two additional labs. The two computer labs that are part of the ERC collectively have 25 stations, which were replaced in 2005, with internet and intranet access and two printers. Software consists of faculty-recommended programs such as drug dosage calculation; National Council Licensure Examination for Registered Nurses (NCLEX-RN) preparation; and 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. Through the computers, students also have intranet access to Medical Center Nursing Service division patient care videos, new equipment tutorials, patient teaching booklets, nursing standards, and clinical protocols.

Findings and Evidence

The ERC Director is responsible for selecting and maintaining appropriate Library holdings to meet the College's needs. The Director meets annually with semester/program coordinators; gathers input from faculty, students, and SON book representative; and reviews SON syllabi; all to ensure availability of adequate Library materials. In 2012, the Library purchased an e-book collection. Faculty are responsible for identifying any new skills lab equipment and computer software needs. The College recently purchased a high fidelity simulation manikin and computerized scenarios. Student survey comments indicate other skills lab equipment would benefit from updates as well. While there is no systematically documented ERC acquisition plan, the ERC Director constantly and informally acquires resources as the need arises (II.C.1.a).

Beginning in 2008, 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 policies, hours of operation, how to access the Library's electronic information resources, and a tutorial on locating Library books and journals. Instruction is also provided on a point-of-contact basis. The Library website includes tutorials, which are currently not mandatory prerequisites. Modules include basics of Internet searches, how to cite sources and avoid plagiarism, and guidelines for formatting papers and assignments. ERC staff offer faculty and students classes on access and use of the Cumulative Index to Nursing and Allied Health Literature/EBSCO Industries A-to-Z (CINAHL/EBSCO A-to-Z) databases and basic search techniques approximately nine times per semester. Students can also sign up for individual tutoring with the Skills Lab Coordinator (II.C.1.b).

As a result of a 2007 accreditation recommendation, the College has expanded its Library and skills lab hours. At present, the Library and computer labs are open weekdays: Monday-Thursday 6:30 am - 5:00 pm and on Friday from 7:30 am - 4:00 pm. The Skills Lab is open Monday-Thursday from 7:00 am - 4:00 pm and every other Friday from 7:00 am - 3:00 pm. 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. The ERC is staffed by full-time employees; students have direct access to the ERC director, two Library assistants, and a faculty member who coordinates both the skills and computer labs. The ERC director provides faculty and students with a monthly list of books added to the Library collection and other newly acquired learning materials through monthly newsletters which include the ERC calendar. This information is also posted to the College website (II.C.1.c).

In addition to SON students and faculty accessing ERC services, EDCOS students and DHS personnel may also use the services. A process is in place for users to reserve skills and computer labs as necessary. Recent SON graduates maintain access to services that help prepare them for the NCLEX-RN exam and obtaining jobs. 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, online 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. 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 Wi-Fi access (II.C.1.c).

Because the College is part of the LA County Department of Health Services (DHS), its students are granted 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, but may not check out items (II.C.1.c).

Overall security for the College, including employees and students, is described in Standard III.B and is sufficient. ERC has experienced several security related issues in recent years. In March 2007, a computer tower-receiver was stolen from a 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, Los Angeles Sheriff's Department (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 that 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 the Skills Lab room 4 and shattered a television monitor. LASD determined that this was most likely a "random" act. The television was replaced (II.C.1.d).

Regarding security of electronic information, access to computer programs and the intranet is via individual password accounts. 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. The College has a universal login to College information resources, including the Library databases, patient records, clinical simulation, NCLEX-RN prep, etc. College policies regarding electronic information access or violations are clearly visible each time a user log in (II.C.1.d).

Regarding maintenance, the ERC collaborates with the LAC+USC Medical Center Information Systems department to maintain the computer lab in working order and for assistance in troubleshooting system problems, including repairs to computer equipment and helping resolve access issues. The team did not find any systematically documented maintenance or replacement plans for Library, computer labs, and skills labs (II.C.1.d).

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. Likewise, while there are no formal agreements between the College and LAC+USC Medical

Center and Kenneth Norris Library, access is granted to College students for Library use, study rooms, and internet access, but not check-out privileges (II.C.1.e).

The College employs a variety of methods to evaluate ERC services. 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. The ERC Director also gathers feedback during routine meetings with SON semester coordinators. Feedback for evaluation is also obtained from students through the annual Program Evaluation Survey. The 2012 results of this survey reflect a student population that is predominately satisfied with ERC services. The ERC tracks appointments and log-ins relative to SON semester-specific use. ERC generates data from these sources regarding student access, effectiveness of services in meeting student needs, and currency of Library collections. The ERC evaluation process culminates in the Annual Program Evaluation Report (II.C.2).

The ERC created SLOs for each of its service areas and assesses the SLOs annually. 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” (II.C.2).

Conclusion

The ERC services are sufficient to support the institution’s instructional programs, including the SON and EDCOS. With regular faculty and student input via both formal and informal means, and using professional expertise in the fields of nursing and medical libraries, the ERC Director ensures ERC services that are sufficient in quantity, currency, depth, and variety to facilitate educational offerings. The ERC is vigilant about upgrading equipment and materials to match current practices, and does so when funding is available. The ERC provides a variety of ongoing instruction related to orientation and Library services. The College may benefit from more formalized and regularly scheduled instruction and professional development for faculty on the technical aspects of using the skills lab equipment, along with opportunities to develop pedagogy related to simulation activities.

The ERC has done a thorough job of evaluating and responding to issues of access as it relates to both hours of operation and electronic resources. Along with other technology priorities at the College, the ERC should continue to pursue opportunities for converting the card catalog system to an electronic system. The College has implemented appropriate methods to maintain information technology security. Maintenance of the Library assets is ongoing, but regular maintenance of the Computer Center and Skills Center assets is less obvious, and overall the ERC does not appear to have systematic, proactive maintenance tracking and improvement plan for all assets, including durable equipment and software.

The ERC does not rely on or collaborate with other institutions or other sources for Library and other learning support services.

The ERC systematically assesses services using student learning outcomes, faculty input, and other appropriate measures in order to improve the effectiveness of the services. Based upon current evaluation methods, there are numerous examples of how the ERC contributes to the achievement of student learning outcomes. As the College continues to refine its assessment processes, it may wish to consider administering surveys to a broader audience of people who interact with the ERC, including developing a survey instrument, or modifying the Employee Satisfaction Survey, to more directly assess faculty satisfaction with all ERC services, as well as surveys for EDCOS students. Evaluation activities could also be enhanced by more rigorous documentation of student learning outcome assessments, including: more direct evidence of competencies achieved through ERC instruction; population disaggregated summary data that also includes longitudinal trends; and comprehensive tracking that clearly documents analysis and summation of trends for student-identified reasons for accessing resources. Along with other technology priorities at the College, evaluation of ERC services could be enhanced by the ability to capture and analyze log-related information with an appropriate software application.

The ERC is committed to using the results of evaluation as the basis for improvement and is very responsive when areas needing improvement are identified. Overall, the ERC efforts and service are excellent and universally appreciated by students and faculty. With the exception of the College's lack of a comprehensive technology plan to support ERC and other institutional technology needs, the College meets the requirements of Standard II.C.

Recommendations

Recommendation #5

Technology

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

Commendations

See Commendation #4.

STANDARD III

Resources

A. Human Resources

General Observations

The Los Angeles County College of Nursing and Allied Health (College) is operated and funded by Los Angeles County. Thus, human resource policies and requirements are overseen by the Los Angeles County Department of Health Services (DHS). The three student support services consist of academic advising, financial aid, and the Educational Resource Center. There are two active academic divisions – the Nursing Program and Education and Consulting Services (EDCOS); Allied Health is not currently active. A Director for Allied Health was hired in late January 2013. There is a research department in place. There are adequate numbers of administrators, faculty, and support service staff. All faculty in the School of Nursing (SON) are full-time. Over 85% of the faculty have at least a Master’s degree. Faculty are qualified to teach per the California Board of Registered Nursing (BRN).

Findings and Evidence

There is a Credential Committee, confirmed through interviews, as well as an Interview Process policy, included in the Self Evaluation Report. The job descriptions and duties align with the roles and responsibilities. Public posting of available positions occurs on the DHS Human Resource website. Eligibility is determined by DHS and then the BRN must approve faculty. Selection criteria are level of education, licensure, and experience in nursing and as faculty, if applicable. The Credential Committee screens applicants to confirm the candidates meet qualifications. An interview panel is made up of those faculty with experience in the particular area. The interview consists of standardized questions using a scoring tool and a demonstration of teaching and writing, which is new since the last visit. Scholarship is defined as clinical practice, teaching experience, research, community work, and membership in a professional organization (III.A.1, III.A.1.a).

Evaluation policies exist through the Los Angeles County Human Resources (HR), Medical Center, and College. All have timeframes for evaluation. Evaluation occurs following the first six months of employment and then every year after per the tracking documentation. Through student surveys, students evaluate faculty at the conclusion of each course. Responsibilities are congruent with position and faculty are expected to participate in activities. Effectiveness in meeting student learning needs is part of the evaluation. A self evaluation is required along with peer and supervisor evaluations. If improvement is needed, direction and assistance are given. If deemed unsatisfactory, demotion, transfer, or termination are possible (III.A.1.b).

A consultant was hired to provide training sessions on student learning outcomes (SLOs) to all faculty. Faculty have developed expertise in using and evaluating SLOs. SLOs are evaluated through discussion, in committees, and through program review. Faculty review SLO assessment findings, discuss teaching content and methods, evaluate learning, identify improvements, and create action plans that are evaluated following implementation.

Examples were provided on how SLO and program review processes make a difference in student learning, including concept mapping, swapping first and second semester content, and creating clinical remediation activities. Methods used to evaluate learning include rubrics, case studies, writing, simulation, and clinical simulation. The institution, faculty, and staff respond to student needs. This outcome is seen through the student handbook, catalog, students' involvement in governance through membership on Curriculum and Admission/Promotion Committees, program review, policies on Academic Status and Grading and by student report (III.A.1.c).

All employees have input on policies including Interview, New Employee, Performance Evaluation, Non-discrimination, Employee Time Reporting, and Sexual Harassment Reporting as evidenced by interviews. Ethical behavior is required by the Code of Conduct, Academic Honesty, and Professional Conduct policies for which there is mandatory training. An Academic Freedom policy is in place and is reviewed for possible revision every three years. Faculty express views freely, but are not to indoctrinate students. All policies are fair and equitable and are supported by employee training (III.A.1.d).

Staffing is evaluated to ensure an adequate ratio of faculty to students. As faculty numbers decreased due to budget cuts and not hiring replacements following resignation/retirement, the number of students being admitted decreased proportionately. Strategies were put in place to mitigate the decrease in employees. Faculty were remediated in a second content area when the numbers of faculty decreased. Clerks were cross-trained. The student information database was updated to decrease workload. A system analyst was hired. The Operations Committee submits requests for vacant positions. Faculty are assigned based on student needs and course/program objectives. Faculty numbers are determined by student numbers, needs, and faculty qualifications. The SON has a faculty to student ratio of 1:10-12, which is adequate. The Education Resource Center is directed by a nurse with a Master's degree. Academic advising is done by faculty. The Library is directed by a nurse with Library experience. EDCOS awards certificates for Continuing Education Units and has a faculty to student ratio that varies with an example of 1:3 in the Intensive Care Unit clinical course, which is adequate (III.A.2).

Personnel policies are published by DHS and HR. Records are maintained at the Medical Center and kept confidential. Records are kept for five years following termination. If records of another employee are to be seen, written consent by the employee is required. An employee assistance service is in place. There is a Faculty Development Committee, which identifies education needs, develops workshops, and receives feedback on workshops. Employee diversity is reflective of the community and students (III.A.3, III.A.3.a, III.A.3.b, III.A.4, III.A.5.a, III.A.5.b).

The institution resolves employee and student grievances. There are defined steps, timelines, and responsible persons outlined. The College has a Grievance policy for students; the DHS Grievance policy is for employees. A student can grieve acts that the student thinks are arbitrary, capricious, prejudiced, or biased; an assignment of grade by mistake, fraud, bad faith, or incompetency; violations of the student bill of rights; financial aid disputes; and violations related to discrimination. Employee grievances are resolved through Evaluation

and Discipline Guidelines, civil service regulations, and by Memorandum of Understanding. No employee grievance claims have been found to have merit (III.A.4.c).

HR policies are evaluated as adequate and effective and have been used to stabilize leadership positions, hire support staff, evaluate HR policies, and submit budget requests. Requests for staff begin with the division, faculty, and dean to determine needs. They review enrollment and faculty qualifications and then develop request(s) as needed. Faculty turnover has been less than 7% since 2008. SLO and Program Reviews have a section to identify sufficient staff concerns. Student numbers decreased from 400 to 300 from 2008 to 2012. EDCOS prioritized needs, but had to support new competency testing requirements, which created a demand for more faculty in a very short timeline and with insufficient funding. Therefore, train-the-trainer strategies were put in place and were successful. Faculty were cross-trained, re-assigned, and had functions prioritized to ensure student needs were met. The Employee Satisfaction survey results indicated the institution has sufficient numbers of employees (III.A.6).

Conclusion

There is evidence of sufficient staffing levels to meet the demand of student numbers. The faculty are involved with SLO assessment, improvement, implementation, and evaluation. Extensive training on SLO implementation allowed the College to meet the Sustainable Continuous Quality Improvement level of the Commission's Rubric for Evaluating Institutional Effectiveness on Student Learning Outcomes in a relatively short period of time.

A Credential Committee and Interview Process policy exists. Eligibility for hiring occurs first through DHS and then the BRN for faculty positions. An interview system with standard questions and scoring tool with demonstration of teaching and written work is now in place. Evaluations are per DHS/Medical Center HR policies. Employees are evaluated after each course by students, after the first six months of employment, and annually with self evaluation and peer and supervisor evaluation. Action is taken for employees needing improvement or who are unsatisfactory. The institution meets the requirements of Standard III.A.

Recommendations

None.

Commendations

None.

STANDARD III

Resources

B. Physical Resources

General Observations

The Los Angeles County College of Nursing and Allied Health (College) has a long history dating back to 1895. Four buildings comprise the facility which is located at 1237 North Mission Road, Los Angeles, California. While relatively modern buildings and bungalows comprise part of the campus, an original building remains and houses the Library and several classrooms. This building has been designated a historical landmark and from the street presents a mission style façade. In another campus building, a series of pictures depict individual photos of nursing student graduates dating back to the early 1920s. These pictures provide a constant reminder to students, faculty, staff, and visitors of the College's long and proud history.

While not part of the campus, students and College personnel do have access to an adjacent multi-story parking structure which is part of the Los Angeles County+University of Southern California (LAC+USC) Medical Center. The LAC+USC Medical Center is also the location of one clinical setting for the College and provides students with access to acutely ill patients who are not traditionally available at this level of training. Additional Department of Health Services clinical settings include Olive View-UCLA, Harbor-UCLA, Rancho Los Amigos Medical Centers, Augustus Hawkins psychiatric facility, Comprehensive Health Centers, and outpatient departments.

Findings and Evidence

There are multiple categories of assessment under this standard inclusive of: facility safety and security; student and employee access; sufficient classroom, office, and laboratory space; and adequate equipment and supplies.

As a process, program needs including equipment and supplies related to this standard are identified at the divisional level, which are then developed into formal requests via the Annual Program Evaluation Reports or as standalone items when outside the Annual Program Evaluation Report timeframe.

As part of the governance process, these requests proceed to the Operations Committee, Planning Committee, Provost, and Board of Trustees (Board) depending on the magnitude of cost and impact on the College. This decision-making process appears to be quite organic as there are no readily identifiable criteria governing how the decision is made either to elevate the request to a higher committee in the hierarchy or address at a lower level (e.g. Operations Committee) is made (III.B.1.a).

The Safety Officer did affirm statements in the Self Evaluation Report related to the existence of safety policy and security measures directed toward employee and student safety. Requests that impact campus safety are carried forward by the Safety Officer,

however, all employees are encouraged to report safety related issues and concerns and safety training activities are ongoing (III.B.1.b).

From touring the facility, it was apparent that efforts to maintain the buildings, walkways, infrastructure and landscaping were an ongoing concern and that sufficient space was available to effectively administer the instructional program and provide associated services. The cost of ownership is not a College concern, but rather is shouldered by Los Angeles County. Facility elements include classrooms, skills labs, computer labs, a Library resource center, student support services, and clerical and administrative offices. These elements align with program needs and services. While not all clinical settings were toured by the visiting team, those that were reflected a level of quality conducive to a nursing program. All buildings were well lighted, clean, and in good repair. From a security perspective, the perimeter of the College is fenced and includes barbwire at some points. Access into the facility is controlled via locking gates and a controlled entry exists into the parking lot. Surveillance cameras are used to secure areas adjacent to buildings and there exists campus security personnel as well as a Los Angeles Sheriff's Department presence, as the College is a Los Angeles County entity. Given the age of some of the buildings, security issues appeared to be an ongoing challenge for the Safety Officer and senior management (III.B.2.a, III.B.2.b).

The College does not maintain any off-site locations although there have been efforts in the recent past to expand the College. These efforts were driven by the fiscal strength of the County and nursing needs of the Department of Health Services and the LAC+ USC Medical Center. This aspect of the College, where growth only occurs when the County has sufficient funds and there is demand for additional nurses in the County healthcare system, is unique.

On campus crime is essentially non-existent based on presented Cleary Act crime data and discussions with the Safety Officer. While this finding seems to be at odds with the characteristics of the surrounding community, the reputation of the College appears to deter criminal acts. From conversations with students, given the competitive nature of entering the program, students seem to have a respect for the College and are not inclined to engage in activity that detracts from the College. There was no evidence of graffiti on the exterior walls of the facility nor in any of the restrooms.

Conclusion

The College has appropriate and secure campus facilities and access to essential clinical sites to serve School of Nursing and Educational Consulting Services division students. The College has worked to ensure its long and proud history is embraced by current students, faculty, staff, and visitors. Processes are in place to ensure adequate access to necessary equipment and facility maintenance. The institution meets the requirements of Standard III.B.

Recommendations

None.

Commendations

Commendation #5

The team commends the College for instilling a sense of institutional pride and tradition for employees, students, and the public, as exemplified by retaining and displaying class graduation photographs dating back to the early 1920s (Standard III.B).

STANDARD III

Resources

C. Technology Resources

General Observations

The Los Angeles County College of Nursing and Allied Health (College) has relied on its liaison with the Department of Health Services (DHS) and the Los Angeles County+University of Southern California (LAC+USC) Medical Center to provide technology support. College servers are housed in the LAC+USC Medical Center and overseen by the LAC+USC Medical Center's Information Technology (IT) department, which makes provisions for back-up of College financial, admissions, enrollment, grades, and statistics records. The Medical Center IT Contingency Plan policy ensures the security of confidential information in the event of any disruption, disaster, or other emergency. Individual faculty and staff documents reside on their computer hard drives. The College had been trying for some time to hire a Chief Information Systems Officer (CISO) who would be dedicated to the College and be an expert liaison with DHS and the LAC+USC Medical Center's IT departments, and finally did so in October 2012.

Between 2007 and 2011, the College made several improvements related to technology, including upgrades to the website and establishing wireless internet accessibility (i.e., Wi-Fi) throughout the campus. Students and faculty have access to current and new medical technologies at the clinical sites to ensure students are prepared to work with the technology present in the hospitals. The College plans to implement a new student information system within the next six months.

Findings and Evidence

Significant issues were identified in the last comprehensive visit related to technology resources and it appears that the College has made substantial progress in this area. The College began by developing a Statement of Work that outlined how the College would address the identified issues. After the first request for an IT position was submitted in 2007, a CISO was hired in October 2012. In the past five months, the CISO has conducted a technology needs assessment and is actively pursuing a plan to address the College's most pressing needs (IIC.1.a).

The Self Evaluation Report indicates that the College provides its employees with training as new technology is introduced. In interviews with faculty, team members were provided an example of how faculty received training when electronic charting was introduced. However, the College was unable to provide any evidence of a coordinated effort that includes an assessment of employees' or students' training needs, describes what training is being offered when and for whom, and evaluates whether recipients believe the training is meeting their needs. In speaking with the CISO, there is some confusion about the College's role versus the County's role in providing and evaluating the training its employees receive. The College needs to reach clarity about these roles and then ensure that there is a system in place that will regularly assess technology training needs and evaluate the adequacy of the training being provided (IIC.1.b, IIC.1.d).

The College does not currently have a technology replacement plan. In its Strategic Plan, goals I.A.3 and 4 indicate that equipment will be replaced once it becomes outdated, but these goals do not comprise a hardware and software replacement plan, especially since the recent assessment conducted by the CISO indicates that most of the technology at the College is out of date and needs to be replaced. It appears that the CISO is the person responsible for determining when equipment becomes outdated, but there are no established criteria for this determination. Currently, the CISO has submitted a request to replace 105 desktop and classroom computers at the College because many had not been replaced in more than six years. The CISO expects this request will be approved and that the new computers will arrive within the next 30 days (IIC.1.c).

The College has incorporated technology needs into its program review process. Programs are able to identify technology needs in their Annual Program Evaluation Reports and those needs are forwarded through the Institutional Effectiveness Committee to the Planning Committee for consideration. In addition, several goals within the College's Strategic Plan have been linked to technology. As mentioned above, the College does not currently have a system for assessing whether the technology it has implemented is meeting the needs of employees and students (IIC.2).

Conclusion

The new CISO has been at the College only five months and therefore has not had enough time to establish the systems and structures required for adequate technology resources. The CISO's focus to this point has been on addressing significant and immediate technology needs at the College and the CISO has not yet been able to shift attention to developing structures to examine technology through a cycle of continuous improvement to ensure that needs related to technology equipment and training are being met. The institution is currently not meeting the requirements of Standard III.C.

Recommendations

See Recommendation #5

Commendations

None.

STANDARD III

Resources

D. Financial Resources

General Observations

The Los Angeles County College of Nursing and Allied Health (College) is a small component unit or cost center of the Los Angeles County+University of Southern California (LAC+USC) Medical Center, one of five hospitals of the Department of Health Services (DHS), which is one of the many Los Angeles County (LAC) divisions. As the College is the main source for providing nurses to the county hospitals, the LAC+USC Medical Center, or its Expenditure Management Division, and ultimately the County, assumes responsibility for the College's long-term stability. The College has benefitted from relatively stable funding despite the economic downturn these last four years, and is demonstrating that it has sufficient resources and sound processes to achieve its educational mission. However, the College was not totally insulated from such budget woes. To address the fiscal slump, the College did scale back operations by not filling faculty vacancies and accepting fewer students, which allowed them to maintain the level of quality of their program.

LAC audits reviewed for the last three years have resulted in unqualified opinions with no audit findings, attesting to strong financial controls, accuracy and appropriateness of expenditures in compliance with General Accounting Standards Board (GASB) standards. Financial information is readily accessible and regularly disseminated to College staff with input and oversight from the Medical Center Expenditure Management Offices.

Findings and Evidence

As noted in the General Observations above, the College does enjoy the resources of both its immediate parent, the LAC+USC Medical Center, the DHS, and LAC. It is worth noting that the College has an approximate annual operating budget of \$8.5 million, representing about 2% of the \$4 billion DHS budget, whereas the County's 2012-2013 recommended budget is nearly \$24 billion. DHS's annual Fiscal Year 2013-14 Budget Calendar and Budget Instructions authorize status quo budgets; no reductions or curtailments have been implemented since the mid-1990s. Supplemental to the status quo budget, the College has also submitted requests for additional staffing, computer equipment, and software. The LAC Board of Supervisors approved the 10 nursing faculty positions for ordinance but did not budget them, whereas two management positions were recently funded and recruited, and the equipment request fulfilled by the LAC+USC Medical Center. This has benefitted the College tremendously and over the last four years the College has been receiving their allocations to cover staffing and operating supplies to maintain its operations.

LAC maintains strong fiscal policies and procedures in budget and accounting, purchasing, and position control, further supported by unqualified opinions by independent auditors. Additionally, for the past 30 fiscal years LAC has also been awarded a Certificate of Achievement for Excellence in Financial Reporting for its Comprehensive Annual Financial Report from the Government Finance Officers Association of the United States and Canada (GFOA). One item the County has to address is its unfunded Other Post-Employment

Benefits (OPEB) liability of \$24 billion and in an effort to do so, pursuant to the California Government Code, the County in 2012 established an irrevocable OPEB Trust Fund for the purpose of holding and investing assets to pre-fund the Retiree Healthcare Program, which the Los Angeles County Employee Retirement Association administers. The OPEB Trust is the County's first step to reduce its OPEB unfunded liability. It will provide a framework where the LAC Board of Supervisors can begin making contributions to the trust and transition, over time, from pay-as-you-go to pre-funding. Funding began in January 2013.

Furthermore, the County, which is 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 property and liability as well as malpractice.

As noted earlier, being a sub-division of a large county departments, the College does follow the internal control structure prescribed by LAC and is also governed by the latter's fiscal policies and procedures, including cash management, risk management, addressing future obligations such as OPEB, and fiscal oversight (financial aid and grants).

The College Operations Committee in collaboration with the Medical Center has established a process for financial management, which has translated into the College having received no negative reports related to financial management or audit findings. Financial controls were further enhanced through the introduction of key performance indicators to help understand and assess spending patterns (III.D.2).

Financial information is shared and disseminated at the College Operations Committee meetings, and budget managers are provided access to their respective supply and operational budget information, namely monthly Supply Chain Purchase Details reports. Furthermore, financial oversight, including the College finances, financial aid, grants, externally funded programs, contractual agreements, is provided by the Medical Center Expenditure Management staff. This conservative and sound fiscal planning has strengthened the County's financial position from which DHS, the College's parent the LAC+USC Medical Center, and thus the College benefit. The College's resource allocation is part of the LAC+USC Medical Center, thus DHS budgets, which are part of the County's overall budget process, as noted in the Self Evaluation Report. LAC+USC Medical Center leadership as well as the College's Board of Trustees are committed to the College and to ensuring that its needs are considered in long-range DHS and Medical Center planning and resource allocation (USDE 602.19 a-e; E.R.6, Standards III.D.1.b-c, III.D.2).

The College planning and budget development process is tied to mission and goals, and identifies operational needs, including additional personnel and equipment requests, which are generally fully funded through DHS/Medical Center. As such, the College believes it has adequate resources to support student learning programs and services and to improve institutional effectiveness (III.D.1).

The College's Strategic Plan notes goals to strengthen institutional effectiveness, including broad participation, which the team confirmed in a meeting with faculty. The annual budget

requests also show prioritization and strategies to improve the likelihood the College requests will be approved for funding. For example: Budget requests have to follow County guidelines creating first an ordinance item, approved by the County Board of Supervisors, before such ordinance can/will be funded.

College planning activities are driven by its mission and goals and include comprehensive reviews by Institutional Effectiveness, Operations, Administrative, and Planning Committees. The College provided evidence of outcomes assessment as part of the Annual Program Evaluation Review cycle.

The Provost leads the Planning Committee in reviewing, prioritizing, and assigning the annual needs requests submitted by the Institutional Effectiveness Committee, which are then disseminated to the Operations Committee in developing the budget. Following budget development, the Operations Committee's financial assessments to ensure fiscal responsibility include regular reviews and discussions of expenditure reports of College and divisional salaries, benefits, and services and supplies. Such reports and/or any resultant concerns are also then discussed with representatives of Medical Center Expenditure Management. Site level budget allocations are conducted at the executive level, and were strengthened with the College Provost now sitting on the Medical Center Board and also receiving support through the advocacy of the Chief Nursing Officer (CNO), who sits on the DHS executive Board. The College falls under the auspices of and reports to the CNO.

As part of its ongoing review and oversight of institutional financial planning, the College engages in fiscal scenario planning through college-level committee and Board of Trustees discussions to establish operating budgets. The budget planning and development process includes varying revenue and expenditure projections, agreed-upon enrollment goals, targeted site resource increases, as well as reductions as appropriate. While conservatism is at the fore, the approach has strengthened the institution's financial stability, as evidenced by its level funding (USDE 602-19.a-e; Standards III.D, III.D.1.a-d, III.D.2.b-c, III.D.3; E.R. 17; E.R. 18).

Conclusion

The College has sufficient financial resources to support student learning programs and services and to improve institutional effectiveness. The College in collaboration with the County, DHS, and LAC+USC Medical Center plans and manages its financial affairs with integrity and in a manner that has ensured financial stability. The College has responded to the recent fiscal challenges by downsizing the number of students it admits in order to ensure a quality program by maintaining adequate faculty-to-student ratios. The institution meets the requirements of Standard III.D.

Recommendations

None.

Commendations

None.

STANDARD IV

Leadership and Governance

A. Decision-Making Roles and Processes

General Observations

The Los Angeles County College of Nursing and Allied Health (College) has policies in place to guide employee participation in decision-making. Decision-making is aligned with the College's mission and Strategic Plan and is carried out by the Board of Trustees (Board), a number of committees, and by administrators and faculty at the division level. The College governing committees are the Board and the Planning Committee. College operations are directed by the Operations, Administrative, Institutional Effectiveness (IE), Credentials, and Faculty Development Committees. Faculty and staff are assigned to the committees and may request to join or be removed from committees. Faculty members chair the Credentials and Faculty Development Committees and members represent both the School of Nursing (SON) and the Education Consulting Services (EDCOS) divisions. Faculty are also included on the Planning and IE Committees. EDCOS Shared Governance and SON Faculty Organization Committees govern the instructional divisions. SON students serve through the Associated Student Body (ASB) and elect ASB and class officers. Faculty representatives serve as liaisons to the ASB. Students also serve on divisional curriculum committees and the Admissions/Promotions Committee.

Findings and Evidence

The team verified that the College employs the skills and knowledge of its leadership, faculty, staff, and students throughout the organization in meeting its mission. Student surveys indicate a high level of satisfaction and administrators and faculty point to the high success rate of the SON students as an indication of goal achievement. Faculty and administration have active roles in institutional governance and exercise a substantial voice in institutional policies. However, these roles are not clearly defined and documented. Further, the team noted that staff and students did not have representation on a number of the College's committees. The College does not have a written policy regarding the participation of faculty, clerical staff, administration, and students delineating involvement in decision-making processes (IV.A.1, IV.A.2).

The relationship of the College's committees and processes to the overall College were not clear to the team members. Additionally, insufficient documentation was provided to indicate the effectiveness of the various committees, overall committee architecture, or processes that are in place (IV.A.2.a.).

A review of documents identified focused faculty involvement in the formulation of course objectives, instructional content and methods, as well as student learning outcomes. While the Self Evaluation Report did not make specific reference to the role of administrators in this area, team interviews revealed that the deans are active in academic matters. There is evidence in various committee meeting agendas and minutes that faculty and academic deans are engaged in making recommendations on improving learning programs and services. Interviews indicated there is a collaborative spirit at the College.

Conclusion

The College is using its committees and other decision-making processes to effectively carry out its mission. However, the team is concerned that staff and students may be missing opportunities to participate in some areas that would benefit them and the College. Also, the College's process to regularly assess the effectiveness of its various committees, overall committee architecture, or its governing processes that can be used to improve institutional effectiveness and decision-making processes is not systematic and the results of these analyses are not documented or shared broadly.

Recommendations

See Recommendations #1 and #2.

Commendations

None.

STANDARD IV

Leadership and Governance

B. Board and Administrative Organization

General Observations

The organization of the governing Board of Trustees (Board) of the Los Angeles County College of Nursing and Allied Health (College), its authority to govern, and its composition appear to be well developed, defined, and understood. Board bylaws are in place and define clearly the Board's purpose, function, and membership. A handbook provides Board members with necessary and easily accessible information regarding functions, policies, and guidelines. Clear policy statements delineate the Board's authority and responsibility for the review and delivery of decisions relative to both the academic and financial affairs of the College, including policies, and regulations under which the College and its programs operate, matters of educational effectiveness and performance measurement, budget requests, and legal matters affecting the College. The Board has fulfilled its responsibility to review its policies and bylaws every three years.

The organization of the Board is extraordinary. The College is owned by the County of Los Angeles and operated under the auspices of the Los Angeles County Department of Health Services (DHS). The Los Angeles County Board of Supervisors has delegated the College's Board of Trustees to serve as an independent governing body responsible for establishing policies and procedures that ensure the quality and professional integrity of the College's programs and courses. There are 11 Board members, three of whom are appointed from the DHS and the LAC+USC Healthcare Network and are members by virtue of their positions within the organization (the Board President, Vice President, and Secretary) and eight others who are elected by Board members from representatives from LA County Health constituency groups. The Board President is the DHS Chief Nursing Officer, the Vice President is the LAC+USC Health Network Chief Nursing Officer, and the Secretary is the College Provost. Election to Board positions is staggered, ensuring a level of continuity. Other Board members have served for an average of 12 years. The term is three years and trustees can be reelected. In actuality there is a twelfth member of the Board, the CEO of the LAC+USC Medical Center, who serves presently in an ex officio capacity. The engagement of the Board in this way with the executive levels of DHS and LAC+USC Healthcare Network management is thought to be serving the College quite well by bringing forward more productive and more expedient levels of support.

A Special Report visit was prompted in 2010 by a Commission concern that the Board may not be sufficiently independent to meet the requirements of Accreditation Standards IV.B.1 and IV.B.2, given that the College is owned and operated by the County of Los Angeles, which is governed by the Los Angeles County Board of Supervisors. This distant but innate relationship with the Los Angeles County Board of Supervisors does not appear to be a detriment to the ability of the Board to carry out its duties without interference of any nature by the Los Angeles County Board of Supervisors. The necessary level of independence was verified by the Visiting Team in 2010 and was affirmed by the 2013 team. The Ethics

Statement signed by the members of the Board substantiates the Board members' commitments to Accreditation Standards IV.B.1 and IV.B.2.

The Board has been actively engaged not only in the College's governance processes but in monitoring the effectiveness of programs, giving direction and approval to strategic planning processes, reviewing divisional goals, examining student learning, pass rates, and grading policies. During the economic crisis, for example, the Board looked closely at the hiring rate within the College and other financial matters such as budget requests presented by the CEO and implications of fee increases. The Board's careful attention to budgetary matters is apparent in the analysis it conducted to determine whether an online learning project was cost effective, resulting in the withdrawal from the associated grant opportunity.

The Board has paid some attention to the quality of its own structural and interpersonal processes. New members of the Board are oriented by the Provost to the expectations and requirements of being a Board member, appropriately and according to its written policy on this need. Additionally, the Board, according to policy, implements an instrument designed to bring self assessment into focus. A Code of Ethics is in place and it is apparent that it is a guiding document during the course of the Board's work. Accreditation and attention to the Commission Standards has been a standing agenda item. Ongoing review of the status and progress of fulfilling accreditation recommendations and the development of the new Self Evaluation Report has occurred at every Board meeting since February 2010.

The Provost has served the College since 2004. Bylaws lay out the Board's duty to select and evaluate the Provost (CEO). It is apparent that the Board has delegated the necessary authority for the CEO to take charge without Board interference for the establishment and regulation of all academic programs, and the management of the institution. The Provost chairs the Planning and Administrative Committees, which review and bring forward the Mission, Vision, and Values Statements, the Strategic Plan, and other major elements of institutional planning and policy development. The Provost also regularly sits on other committees where institutional effectiveness is analyzed, reviewed, and discussed. The Provost meets weekly with Deans and Directors and monthly with faculty and staff to discuss developments and outcomes that advance or restrain the effectiveness of programs. Notably the Research Director reports directly to the Provost, providing the Provost opportunity to closely observe and guide the measurement of academic performance and other quality assurance activities.

The evaluation of the Provost is conducted annually by the Board President. No other members of the Board, or members of the College, are involved in that process because of the Civil Service requirement that an evaluation is to be carried out only by the individual supervising the employee.

Findings and Evidence

Board agenda and minutes are online and available. Since 2010, the Board has regularly agendaized, reviewed, and discussed accreditation matters involving the research, reports, and narratives of progress on previous accreditation recommendations and the development of the new Self Evaluation Report. Agenda items also reflect attention and thought given to

program reviews, budgetary requests, College and division goals, and the Strategic Plan. From the agenda items and accompanying minutes, it is apparent that the Provost and the Board are studying together the important matters of planning, fiscal management, program development, and student performance.

The documents that demonstrate the authority, processes, and policy making functions of the Board are all available in the published by laws and policies of the Board. The engagement and efficacy of the Provost are demonstrated in the products of the various planning and policy making committees on which the Provost either sits or chairs. The Provost's role in the planning and evaluation work of the College can be seen in the Institutional Effectiveness Plan, the Strategic Plan, and the evaluation of the Strategic Plan document.

Conclusion

The team found evidence in the Self Evaluation Report narrative, the report's supporting documents, and team interviews with Board members and the CEO that the Board independently conducts its duties of policy making, mission and goals direction, planning, and financial stability. Interviews with Board members and College personnel indicated a high level of Board engagement in the College's governing processes and its advocacy for the College within the DHS and the Los Angeles County health services community. The College meets the requirements of Standard IV.B.

Recommendations

None.

Commendations

See Commendation #1.