

EXTERNAL EVALUATION REPORT

Los Angeles County College of Nursing and Allied Health
1237 North Mission Road
Los Angeles, CA 90033

This report represents the findings of the peer review team that visited
Los Angeles County College of Nursing and Allied Health from March 11-13, 2019

Dr. Debra S. Daniels
Team Chair

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**Los Angeles County College of Nursing and Allied Health
Comprehensive Evaluation Visit**

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Summary of Evaluation Report

INSTITUTION: Los Angeles County College School of Nursing and Allied Health

DATES OF VISIT: March 11-13, 2019

TEAM CHAIR: Dr. Debra S. Daniels

A six member accreditation team visited Los Angeles County College of Nursing and Allied Health (CONAH), March 11-13, 2019 for the purpose of determining whether the College continues to meet Accreditation Standards, Eligibility Requirements, Commission Policies, and USDE regulations. The team evaluated how well the College is achieving its stated purposes, providing recommendations for quality assurance and institutional improvement, and submitting recommendations to the Accrediting Commission for Community and Junior Colleges (ACCJC) regarding the accredited status of the College.

In preparation for the visit, the team chair attended a team chair workshop on December 5, 2018, and conducted a pre-visit conference call on January 22, 2019. During the conference call, the chair talked with campus leadership to plan for the upcoming team visit. The entire external review team received team training provided by staff from ACCJC on February 6, 2019.

The evaluation team received the College's institutional self-evaluation report (ISER) and supporting evidence several weeks prior to the site visit. Team members found the ISER contained appropriate documents or were provided the documents upon request detailing the processes used by the College to address Eligibility Requirements, Commission Standards, and Commission Policies. The team confirmed that the ISER was developed through broad participation by the entire college community including faculty, staff, students, and administration. The team found that the College provided an accurate picture of the College through the ISER which contained several self-identified action plans for institutional improvement. The College also prepared Quality Focus Essays (QFE), which the team has provided comments.

Prior to the visit, team members completed their team assignments, identified areas for further investigation, and provided a list of interview requests. On March 10, team members spent the afternoon discussing their initial observations drawn from the ISER and supporting evidence. CONAH hosted an introduction reception on the morning of March 11, 2019.

During the visit, team members met with approximately 94 students, faculty members, classified staff and administrators in formal meetings, group interviews, and individual interviews. Team members also met with representatives from the CONAH Board of Trustees. An open forum provided College stake holders and community members an opportunity to meet with members of the evaluation team.

The team found the College was well prepared for the team visit and the team felt welcomed by the entire campus community. The outstanding support provided to the team during its visit was acknowledged by the entire team.

The team recognized several items of distinction that are worthy of comment:

- A unique aspect of the school and its programs is the opportunity to take advantage of relationships with hospital and other county facilities for clinical assignments. The various relationships enables the program to establish strong ties to the community and provides a rich opportunity for learning across the curriculum.
- The skills lab and simulation lab are well equipped and provide a learning environment conducive to practicing applied skills. More than just the equipment and supplies and physical furnishing of the labs, the approach to the value of simulation, skills attainment and student success is evident in the way the school incorporates the learning opportunities the labs offer.
- The team members concur that the faculty and staff share a commitment to student learning and success. That commitment is readily seen through a high touch approach to all aspects of the student experience.
- The revised organizational structure has been successful to support an ongoing and consistent collegial dialogue centered on student achievement.
- Students are active in the governance process and active in their student organizations. Students were able to give us examples of how their contributions and suggestions were received and acted upon by faculty and staff. Beyond that, the team was particularly impressed with the comments made by the students during the open forum. The mutual respect between students and faculty & staff was obvious and heartwarming.

The team found that the College satisfies all Standards, except where noted in the recommendations section, Eligibility Requirements, Commission Policies and USDE regulations.

Major Findings and Recommendations of the 2019 External Evaluation Team

Team Recommendations

Recommendations to Improve Quality:

Recommendation 1:

In order to improve institutional effectiveness, the team recommends that CONAH set stretch goals (aspirational) for each of the established institution set standards (I.B.3).

Recommendation 2:

In order to improve institutional effectiveness, the team recommends that CONAH develop a tool for long range planning, including a total cost of ownership analysis (III.B.4).

Recommendation 3:

In order to improve institution effectiveness, the team recommends that CONAH regularly update and monitor their technology plan to ensure that future infrastructure needs are identified to support their programs and services (III.C.2).

Recommendations to Meet Standards:

None

Commendations:

None

Introduction

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

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

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

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

CONAH uses DHS clinical facilities, which include LAC+USC, Olive View-UCLA (Olive View), Harbor-UCLA (Harbor), and Rancho Los Amigos (Rancho) Medical Centers, Augustus Hawkins psychiatric facility, Comprehensive Health Centers (CHCs), and outpatient departments. The students learn to think critically, creatively, and resourcefully while becoming skilled at managing a variety of diseases and complex patient care situations.

Eligibility Requirements

1. Authority

The team confirmed that the Los Angeles County College of Nursing and Allied Health (CONAH) is a public community college, located at a single campus, authorized to operate a nursing pre-licensure program by the California Board of Registered Nursing (BRN) and is approved to award an Associate in Science degree in nursing (ADN) by the state of California. The College has maintained continuous accreditation by ACCJC since 1995.

Conclusion: The College meets ER 1.

2. Operational Status

Institutional records show that CONAH consistently graduates 85 to 100 students annually. NCLEX first time pass rates are consistently well above the national average. Demand for CONAH graduates in the workforce appears to be high, as evidenced by the job placement rate within the region and within the LAC Department of Health medical institutions. A recent restructuring of CONAH's placement with LA County's government infrastructure, ongoing assessment of quality and student satisfaction provide evidence of an ongoing commitment to maintaining educational excellence.

Conclusion: The College meets ER 2.

3. Degrees

CONAH offers a two-year program culminating in an Associate of Science degree in nursing (ADN). A significant proportion of the students at CONAH are enrolled in the program and institutional records show that CONAH consistently graduates 85 to 100 students annually.

Conclusion: The College meets ER 3.

4. Chief Executive Officer

The CONAH CEO is hired with input by the Board of Trustees and has the qualifications to carry out the position. Through board policy the CEO is given the authority to carry out the mission and operations of the institution.

Conclusion: The College meets ER 4.

5. Financial Accountability

CONAH participates in a qualified external audit of all financial records as part of the Los Angeles County Comprehensive Annual Financial Report (CAFR) annual audit. These audits are certified and all

explanations of findings are documented appropriately. Resulting audit reports are made available by Los Angeles County.

Conclusion: The College meets ER 5.

Checklist for Evaluating Compliance with Federal Regulations and Related Commission Policies

The evaluation items detailed in this Checklist are those which fall specifically under federal regulations and related Commission policies, beyond what is articulated in the Accreditation Standards; other evaluation items under ACCJC standards may address the same or similar subject matter. The peer review team evaluated the institution’s compliance with Standards as well as the specific Checklist elements from federal regulations and related Commission policies noted here.

Public Notification of an Evaluation Team Visit and Third Party Comment

Evaluation Items:

<input checked="" type="checkbox"/>	The institution has made an appropriate and timely effort to solicit third party comment in advance of a comprehensive evaluation visit.
<input checked="" type="checkbox"/>	The institution cooperates with the evaluation team in any necessary follow-up related to the third party comment.
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Rights and Responsibilities of the Commission and Member Institutions</i> as to third party comment.

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

The College posted information and a link to the ACCJC third-party comments form on the website in advance of the accreditation site visit. The public was notified of the site visit with the inclusion of the site visit dates on the accreditation webpage. The college emailed external and internal communities to notify the community of the date and time of the open forum.

Standards and Performance with Respect to Student Achievement

Evaluation Items:

<input checked="" type="checkbox"/>	The institution has defined elements of student achievement performance across the institution, and has identified the expected measure of performance within each defined element. Course completion is included as one of these elements of student achievement. Other elements of student achievement performance for measurement have been determined as appropriate to the institution’s mission (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards).
<input checked="" type="checkbox"/>	The institution has defined elements of student achievement performance within each instructional program, and has identified the expected measure of performance within each defined element. The defined elements include, but are not limited to, job placement rates for program completers, and for programs in fields where licensure is required, the licensure examination passage rates for program completers (Standard I.B.3 and Section B. Presentation of Student Achievement Data and Institution-set Standards).
<input checked="" type="checkbox"/>	The institution-set standards for programs and across the institution are relevant to guide self-evaluation and institutional improvement; the defined elements and expected performance levels are appropriate within higher education; the results are reported regularly across the campus; and the definition of elements and results are used in program-level and institution-wide planning to evaluate how well the institution fulfills its mission, to determine needed changes, to allocating resources, and to make improvements (Standard I.B.3, Standard I.B.9).
<input checked="" type="checkbox"/>	The institution analyzes its performance as to the institution-set standards and as to student achievement, and takes appropriate measures in areas where its performance is not at the expected level (Standard I.B.4).

[Regulation citations: 602.16(a)(1)(i); 602.17(f); 602.19 (a-e).]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

The College sets institution-set standards for student performance. These standards are shared and discussed widely through governance committees and the program review process. The team recommends that to improve effectiveness, CONAH set stretch goals (aspirational) for each of

the established institution set standards, as expected by ACCJC. See recommendation for improvement associated with I.B.3.

Credits, Program Length, and Tuition

Evaluation Items:

<input checked="" type="checkbox"/>	Credit hour assignments and degree program lengths are within the range of good practice in higher education (in policy and procedure) (Standard II.A.9).
<input checked="" type="checkbox"/>	The assignment of credit hours and degree program lengths is verified by the institution, and is reliable and accurate across classroom based courses, laboratory classes, distance education classes, and for courses that involve clinical practice (if applicable to the institution) (Standard II.A.9).
<input checked="" type="checkbox"/>	Tuition is consistent across degree programs (or there is a rational basis for any program-specific tuition) (Standard I.C.2).
<input checked="" type="checkbox"/>	Any clock hour conversions to credit hours adhere to the Department of Education’s conversion formula, both in policy and procedure, and in practice (Standard II.A.9).
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Institutional Degrees and Credits</i> .

[Regulation citations: 600.2 (definition of credit hour); 602.16(a)(1)(viii); 602.24(e), (f); 668.2; 668.9.]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

The team has reviewed the established criteria for credits, program length, and tuition. Findings of the team include that the program length is in compliance with the Board of Registered Nursing approved program and curriculum. Tuition fees are consistent. Credit hours are consistent with the Department of Education in both policy and practice.

CONAH provided its curriculum plan, which documents the total number of units in the curriculum which is in compliance with ACCJC policy on Institutional Degrees and Credits.

Transfer Policies

Evaluation Items:

<input checked="" type="checkbox"/>	Transfer policies are appropriately disclosed to students and to the public (Standard II.A.10).
<input checked="" type="checkbox"/>	Policies contain information about the criteria the institution uses to accept credits for transfer (Standard II.A.10).
<input checked="" type="checkbox"/>	The institution complies with the Commission <i>Policy on Transfer of Credit</i> .

[Regulation citations: 602.16(a)(1)(viii); 602.17(a)(3); 602.24(e); 668.43(a)(ii).]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

The CONAH policy on transfer students provides clearly stated policies and for consideration of transfer of credit, including a statement of criteria regarding transfer of credit earned at another institution of higher education. This policy ensures consistency and fairness in CONAH's review of courses that students propose to transfer for credit. The Student Handbook is updated annually and includes information to students and prospective students on transfer policy, requirements, and procedure.

Distance Education and Correspondence Education

Evaluation Items:

For Distance Education:	
<input type="checkbox"/>	The institution demonstrates regular and substantive interaction between students and the instructor.
<input type="checkbox"/>	The institution demonstrates comparable learning support services and student support services for distance education students (Standards II.B.1, II.C.1).
<input type="checkbox"/>	The institution verifies that the student who registers in a distance education program is the same person who participates every time and completes the course or program and receives the academic credit.
For Correspondence Education:	
<input type="checkbox"/>	The institution demonstrates comparable learning support services and student support services for correspondence education students (Standards II.B.1, II.C.1).
<input type="checkbox"/>	The institution verifies that the student who registers in a correspondence education program is the same person who participates every time and completes the course or program and receives the academic credit.
Overall:	
<input type="checkbox"/>	The technology infrastructure is sufficient to maintain and sustain the distance education and correspondence education offerings (Standard III.C.1).
<input type="checkbox"/>	The institution demonstrates compliance with the <i>Commission Policy on Distance Education and Correspondence Education</i> .

[Regulation citations: 602.16(a)(1)(iv), (vi); 602.17(g); 668.38.]

Conclusion Check-Off (mark one):

<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the Institution does not meet the Commission’s requirements.
<input checked="" type="checkbox"/>	The college does not offer Distance Education or Correspondence Education.

Narrative:

Not Applicable. CONAH does not offer Distance Education or Correspondence Education.

Student Complaints

Evaluation Items:

<input checked="" type="checkbox"/>	The institution has clear policies and procedures for handling student complaints, and the current policies and procedures are accessible to students in the college catalog and online.
<input checked="" type="checkbox"/>	The student complaint files for the previous seven years (since the last comprehensive evaluation) are available; the files demonstrate accurate implementation of the complaint policies and procedures.
<input checked="" type="checkbox"/>	The team analysis of the student complaint files identifies any issues that may be indicative of the institution's noncompliance with any Accreditation Standards.
<input checked="" type="checkbox"/>	The institution posts on its website the names of associations, agencies and governmental bodies that accredit, approve, or license the institution and any of its programs, and provides contact information for filing complaints with such entities (Standard I.C.1).
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Representation of Accredited Status</i> and the <i>Policy on Student and Public Complaints Against Institutions</i> .

[Regulation citations: 602.16(a)(1)(ix); 668.43.]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

CONAH has clear procedures for student complaints. The student grievance policy (BP830) is posted online in the college catalog, and referenced in the nursing student handbook. The college maintains appropriate historical records of student complaint files. The names and contact information for accrediting bodies is posted on the college website. Evidence indicates that the college complies with the Policy on Representation of Accredited Status and the Policy on Student and Public Complaints Against Institutions.

Institutional Disclosure and Advertising and Recruitment Materials

Evaluation Items:

<input checked="" type="checkbox"/>	The institution provides accurate, timely (current), and appropriately detailed information to students and the public about its programs, locations, and policies (Standard I.C.2).
<input checked="" type="checkbox"/>	The institution complies with the Commission <i>Policy on Institutional Advertising, Student Recruitment, and Policy on Representation of Accredited Status</i> .
<input checked="" type="checkbox"/>	The institution provides required information concerning its accredited status (Standard I.C.12).

[Regulation citations: 602.16(a)(1)(vii); 668.6.]

Conclusion Check-Off (mark one):

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission's requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission's requirements.

Narrative:

The college, through its catalog and website, undergoes annual review, and provides accurate, timely and appropriately detailed information to students and the public about its programs and policies. The college complies with the Commission Policy on Institutional Advertising, Student Recruitment and Representation of Accredited Status by ensuring all publications and advertising are accurate and the term "accredited" is in compliance with the ACCJC policy. Finally, the college lists all required information and program accreditors as described in the section on Student Complaints.

Title IV Compliance

Evaluation Items:

<input checked="" type="checkbox"/>	The institution has presented evidence on the required components of the Title IV Program, including findings from any audits and program or other review activities by the USDE (Standard III.D.15).
<input checked="" type="checkbox"/>	If applicable, the institution has addressed any issues raised by the USDE as to financial responsibility requirements, program record-keeping, etc. If issues were not timely addressed, the institution demonstrates it has the fiscal and administrative capacity to timely address issues in the future and to retain compliance with Title IV program requirements (Standard III.D.15).
<input checked="" type="checkbox"/>	If applicable, the institution’s student loan default rates are within the acceptable range defined by the USDE. Remedial efforts have been undertaken when default rates near or meet a level outside the acceptable range (Standard III.D.15).
<input checked="" type="checkbox"/>	If applicable, contractual relationships of the institution to offer or receive educational, library, and support services meet the Accreditation Standards and have been approved by the Commission through substantive change if required (Standard III.D.16).
<input checked="" type="checkbox"/>	The institution demonstrates compliance with the Commission <i>Policy on Contractual Relationships with Non-Regionally Accredited Organizations</i> and the <i>Policy on Institutional Compliance with Title IV</i> .

[Regulation citations: 602.16(a)(1)(v); 602.16(a)(1)(x); 602.19(b); 668.5; 668.15; 668.16; 668.71 et seq.]

Conclusion Check-Off:

<input checked="" type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements.
<input type="checkbox"/>	The team has reviewed the elements of this component and has found the institution to meet the Commission’s requirements, but that follow-up is recommended.
<input type="checkbox"/>	The team has reviewed the elements of this component and found the institution does not meet the Commission’s requirements.

Narrative:

CONAH’s federal funds are audited as part of the Los Angeles County audit. No findings of Title IV non-compliance have been identified. The student loan default rate is within acceptable limits. All contractual obligations engaged by the institution are monitored by the CONAH board and the County of Los Angeles.

Standard I

Mission, Academic Quality and Institutional Effectiveness

I.A. Mission

General Observations:

Los Angeles County College of Nursing and Allied Health (CONAH) demonstrates its commitment to its students through its mission, which articulates its educational opportunities available based on identified student and community needs. Through its ongoing program review, planning and resource allocation processes, the college aligns its programs, services and resources toward its mission and the communities it serves. The mission is reviewed on a regular cycle, updated, approved by the board of trustees, and communicated widely.

Findings and Evidence:

CONAH's mission relates the institutional educational purpose "to provide learning centered educational programs and career development opportunities for health care students in support of the Los Angeles County Department of Health Services." The mission supports the intended student population, health care students, in achieving an Associate Degree in Nursing. The college demonstrates its commitment to student learning and achievement through its values statements, and assessment of skills, knowledge and behaviors acquired by students (I.A.1).

CONAH uses institutional data to determine effectiveness in achieving its mission. The college guides continuous improvement processes through the CONAH Institutional Effectiveness Plan (IEP). The college reviews data through annual evaluation reports, including the School of Nursing (SON) program evaluation report. The areas for improvement identified in the evaluation reports include suggested interventions, of which, are tracked in the college strategic plan ensuring that the institutional priorities are meeting the educational needs of students (I.A.2).

CONAH aligns its programs and services with its mission through program review and annual assessment processes. All planning and recommended resource allocation go through the Institutional Effectiveness Committee and then are summarized and reported to the Governance Committee. The template utilized for reporting annual program resources needs connects the resource requests to the college strategic plan. By utilizing the strategic plan, the college is aligning program needs to support students' success and achievement as well as ensuring connection of the requests to the mission (I.A.3).

The mission statement of CONAH is published and available through the college website, catalog, and student handbook. Involving key constituent groups and in collaboration with the college Governance Committee and the board, the college mission is reviewed every three years. Facilitated by the Governance Committee, the current mission, vision and values statements were reviewed and validated in 2018 with board approval on 2/23/18 (I. A.4).

Conclusion: The college meets the standard.

I.B. Assuring Academic Quality and Institutional Effectiveness

General Observations:

LA County College of Nursing and Allied Health (CONAH) is committed to sustained program quality by regular assessment of its mission through program review, evaluation of goals and objectives, SLOs and student achievement. The college demonstrated ongoing dialogue regarding strategies to improve institutional effectiveness and student success.

Findings and Evidence:

Through the college governance structure and criteria established by the Institutional Effectiveness Committee, CONAH demonstrates sustained, substantive and collegial dialog about student outcomes, student equity, academic quality and effectiveness to improve student learning and achievement. Through the Institutional Effectiveness Committee 17/18 reporting schedule, the college showed the structure for ongoing dialog including scheduled reports on Course SLO Assessments and SON annual program evaluation. The templates utilized by the college for reporting includes student achievement and plans for improvement. The documents also include multiple contributors, further showing collegial dialog. The IE Committee then reports key results to the college Governance Committee (I.B.1).

Under CONAH SLOs, the college has defined and published student learning outcomes for the college SLOs, GE SLOs, SON SLOs by course and support services including educational resources, office of educational service, financial aid and Educational Consulting Services (EDCOS). Review of the college website, under the “consumer information” section revealed the annual SLO assessment reports for the nursing courses. The annual course outcomes reports include mapping course SLOs to the program SLOs. For assessment of the program SLOs, the college has established multiple measures to assess achievement of program level SLOs. The team suggests that CONAH include specific reference to program SLOs in annual program review. The college provided evidence of assessing SLOs in student support areas by including survey results. All course SLOs and support services outcomes results are captured in annual program evaluation reports and discussed at the IE committee meetings. The IE meeting minutes from October 4, 2018 revealed the results of the annual program evaluation report, including results from SLO assessment for the education resource center (I.B.2).

The college has established institution set standards (ISS) for student achievement that align to the mission. The ISS table included in the ISER for on-time completion rates, NCLEX pass rates and job placement rates align with the ACCJC annual reports from 2016-2018 available on the college website. In spring 2018, facilitated by the IE committee, the college reviewed the ISS for course completion rates, previously set at 90%. Upon review of college data and comparison from regional nursing programs, the college reviewed course completion rates and determined to reset the ISS at 85%. CONAH adopted the revised ISS at the IE meeting on April 15, 2018. The college has set ISS (representing minimum standards) and annually assesses achievement of the ISS's in the pursuit of continuous improvement; however, the team recommends that CONAH set stretch goals (aspirational) for each of the established ISS, as expected by ACCJC. Although the team acknowledges that CONAH's minimum institutional set standards are outstanding at representing the overall success of students, by establishing stretch goals, the college will

continue to strive for greater improvement. CONAH utilizes the ISS as benchmarks for improvement through its annual assessment processes at the course and program level, including designated improvements implemented that support student achievement of the institutional set standards (I.B.3).

Through the “Program Resource Needs” document, shared annually with the planning Governance Committee, the LA County CONAH uses assessment data and organizes processes to support student learning and achievement. The college utilizes multiple points of assessment and aggregates the results to address program needs directly aligned with the strategic plan. In particular, based on the SON APER (Annual Program Evaluation Report), course SLO assessments and student exit interviews, the college was able to redirect personnel to fill the need of the full-time counselor and hire full-time tutor (I.B.4).

The college is committed to sustained program quality by regular assessment of its mission through program review, evaluation of goals and objectives, SLOs and student achievement. CONAH completes the Outcomes Evaluation Report, programs complete annual program evaluation reports and courses complete SLO assessment. The college strategic plan serves as the framework to organize and prioritize feedback from annual reports to produce a comprehensive summary. The strategic plan is over three years, and the college utilizes data to provide annual progress updates on each of the goals/strategies. The college has the program review process policy and based on the evidence provided, the college follows the activities and timelines outlined in order to assess progress on the mission.

The college’s use of both quantitative (surveys and student achievement metrics) and qualitative data (student open-ended responses through the inter-committee form suggesting improvements to the nursing curriculum), to improve the program was evident in the 2016-2017 SON APER. The SON APER summarized the data and identified interventions and future action plans (I.B.5).

The college disaggregates and analyzes achievement for subpopulations of students. In particular, CONAH shared student attrition data disaggregated by ethnicity, gender and ages. To mitigate the identified achievement gaps, the college utilized the *Resource Request and Allocation* process to allocate human resources by hiring two FTE for tutoring/mentoring and student counseling. The college follows BP815 for at-risk student identification and remediation as well as documentation of individualized remediation plans. To track student success and progress, the college implemented the CAMS student tracking database, which includes student demographic information, in order to monitor students’ progress and interventions over the program. Through the annual outcomes reporting cycle, the college evaluates the effectiveness in improving student achievement as well as the allocated resources (I.B.6).

The college provided evidence of regular evaluation of policies through the Policy Development, Review and Approval Policy (BP100) which outlines the process, constituents and timeline, with all policies reviewed a minimum of every three years. For evaluating practices- instructional programs, and student support services- the college IE Committee establishes the IE Program Review Plan, which includes all evaluation metrics and timeline of evaluation across all functions of the college. The college has a Program Review Policy (BP340) outlining the varied program evaluation processes and timelines. The SON annual program evaluation report provides a summative report annually of program review findings which ensures the college’s

effectiveness in supporting academic quality and accomplishment of its mission. Furthermore, the college utilizes Outcomes Evaluations Reports (OERs) to assess effectiveness of students support services and governance committees (I.B.7).

The college's multi-level assessment strategies and reporting results fosters understanding of strengths and weaknesses allowing the college to establish appropriate priorities which CONAH outlines in its current strategic plan. The college utilizes the intranet for dissemination of assessment results and internal college reporting. The college created a tab titled "student consumer information" to the website which includes required elements for external reporting (completion, employment and NCLEX pass rates). The college provided committee meeting minutes validating the dissemination and discussion of evaluation reports resulting in plans, data discussions and data-driven requests for resources (I.B.8).

The college engages in continuous, systematic evaluation and planning and as a result developed an integrated/comprehensive strategic plan. All planning, including short-term and long-term needs, and recommended resources allocation go through the Institutional Effectiveness Committee and then are summarized and reported to the Governance Committee. The template utilized for reporting annual program resources needs connects the resource requests to the college strategic plan. By utilizing the strategic plan, the college is aligning program needs to support students' success and achievement as well as ensuring connection of the requests to the mission. As a result of the College's systemic evaluation, additional resources were given to the meet the needs by hiring two FTE to support student success and secure funding for facilities improvements. Through the Resource Request and Allocation Policy (BP730) the college clearly outlines the process for resource allocation that is aligned to the college planning processes (I.B.9).

Recommendation Improve Quality:

In order to improve institutional effectiveness, the team recommends that CONAH set stretch goals (aspirational) for each of the established institution set standards (I.B.3).

Conclusion: The college meets the standard.

I.C. Institutional Integrity

General Observations:

CONAH provides accurate and timely information to the public and its students through a variety of print and electronic sources regarding awards, total cost of education, and its commitment to education and learning. The college reviews its policies, procedures and publications on academic freedom, honesty, responsibility and integrity while complying with accreditation standards and external accrediting agencies.

Findings and Evidence:

Through CONAH's robust planning and evaluation processes, the college assures clarity, accuracy and integrity of learning outcomes, programs and services information provided to students, prospective students and persons or organizations related to the mission statement. The

Dean of Institutional Effectiveness Research and Planning (IERP) ensures the accuracy and quality of the information and the college Chief Information Officer (CIO) ensures the accurate reporting and management of the website. The college notes accreditation information on the college homepage, with the available ACCJC and BRN reports one click away. The college accreditation information is also noted in the annual college catalog (I.C.1).

The CONAH catalog is available for students and prospective students online through the “about us” tab on the webpage. The catalog includes all accurate and current information on the facts, requirements, policies and procedures listed in the “catalog requirements” (I.C.2).

Through the college’s documented annual course SLO assessment results, outcomes evaluations reports, and discussions through committee meetings and the program evaluation workshop, CONAH is utilizing assessment of student learning and evaluation of student achievement to communicate matters of academic quality to appropriate constituents. For college constituents, these activities are summarized in the annual SON APER which is reviewed and approved by the IE committee. A summative annual report is shared with the college Governance Committee in order to prioritize annual resource requests. The college provided evidence of student achievement updates to the board of trustees on November 18, 2017, which revealed reports on NCLEX pass rates and employment rates. Under the “Student Consumer Information” tab on the college webpage, CONAH posts NCLEX pass rates, completion rates and SLO assessment reports, making data available to current and prospective students and the public (I.C.3).

In the online catalog and on the webpage, CONAH describes its degree offering of an Associate of Science Degree in Nursing where graduates are eligible to take the NCLEX-RN. CONAH outlines the degrees purpose, content, course and admission requirements as well as expected learning outcomes. CONAH also outlines additional advanced placement opportunities for LVNs (I.C.4).

Through the CONAH Policy Development, Review and Approval Process Policy (BP100), the college establishes the process for developing, revising, approving, and communicating CONAH policies to assure integrity and the representation of the mission, programs and services. As outlined in policy BP100, the college reviews policies a minimum of every three years and the catalog and student handbook are reviewed annually (I.C.5).

Through the college catalog (in the Requirements section) and the “Prospective Student” tab on the webpage, CONAH accurately informs current and prospective students regarding total cost of education including tuition, fees, textbooks and other instructional materials and required expenses (I.C.6).

The college assures institutional and academic integrity by utilizing and publishing governing board policy on academic freedom, BP200. The Academic Freedom Policy (BP200) clearly indicates CONAH’s commitment to free pursuit and dissemination of knowledge and support that intellectual freedom exists for all constituents (I.C.7).

Through the Academic Honesty Professional Conduct Policy (BP201), CONAH establishes clear policies and procedures that promote honesty, responsibility and academic integrity. CONAH BP201 applies to all constituents and includes specifics to student behavior, academic honesty

and consequences of dishonesty. The CONAH policy of Academic Honesty and Professional conduct is published in the annual catalog under the Academic Program Policies. Furthermore, the SON students complete the student agreement form acknowledging review of the Academic Honesty and Professional Conduct policy (I.C.8).

Under the Academic Freedom Policy (BP200), CONAH ensures that faculty distinguish between personal conviction and professionally accepted views on a discipline and present the data objectively (I.C.9).

CONAH employees complete the DHS Code of Conduct training upon hire and attest to compliance annually. The Academic Honesty and Professional Conduct Policy and Procedures are published in the annual catalog under the Academic Programs section (I.C.10).

CONAH does not operate in foreign locations (I.C.11).

CONAH complies with Eligibility Requirements, Accreditation Standards, Commission Policies, guidelines and requirements for public disclosure. CONAH's last comprehensive visit in 2013 lead to three recommendations, that the college fully addressed in the 2014 follow-up report, complying with the time period set by the commission. The college maintained progress as noted in the 2016 Midterm report. All the aforementioned reports as well as ACCJC annual reports are available on the webpage, one click from the home page. The statement of accreditation and BRN approval are noted on the main webpage and the catalog, including the ACCJC 3rd party comment and ACCJC Complaint form (I.C.12).

CONAH demonstrates honesty and integrity with external agencies including ACCJC, US Department of Education, California BRN and the public. The college has a statement of accreditation on the webpage, notifying students and the public of ongoing accreditation status (I.C.13).

CONAH is a public institution funded by Los Angeles County and does not generate financial returns or contributions for inventors or external interests. The governing body is made up of elected board members, elected by the board of trustee membership, who have the role of establishing policies to ensure quality, integrity and effectiveness of the college (I.C.14).

Conclusion:

The college meets the standard.

Standard II

Student Learning Programs and Support Services

II.A. Instructional Programs

General Observation:

The college offers a pre-licensure nursing program that is aligned with its mission. The college's program is conducted at a level and rigor appropriate for higher education. The team reviewed evidence of robust dialogue and engagement of faculty, administration and staff in assessment of the quality of its program, and makes the results of its assessments available to the public. The college uses the results of the assessments to improve educational quality and institutional effectiveness. Through its articulation agreements, the college ensures substantial general education components are included in its curriculum plan. The college has developed curriculum consistent with the Board of Registered Nursing, and regularly engages in evaluation of the curriculum to ensure alignment with current nursing practice. The college also offers a continuing education program through Education and Consulting Services (EDCOS). EDCOS is designed to provide continuing education opportunities to strengthen the skills and professional development of licensed nurses practicing throughout the Los Angeles county Department of Health Services.

Findings and Evidence:

CONAH programs are consistent with the institution's mission, are appropriate to higher education, and culminate in student attainment of identified student learning outcomes, and achievement of degrees, certificates, employment, or transfer to other higher education programs. The team reviewed the ISER and associated evidence, including curriculum plans, employer surveys, NCLEX pass rates, and the CONAH catalogue. CONAH offers a nursing education program as well as providing post licensure continuing education offerings for licensed nurses and professional development programs for allied health workers. These programs are consistent with CONAH's mission, are appropriate to higher education, and culminate in student attainment of identified student learning outcomes, and achievement of an associate's degree, continuing education certificates, employment, and transfer to other higher education programs (II.A.1).

Faculty ensure that the content and methods of instruction meet generally accepted academic and professional standards and expectations. Faculty and others responsible act to continuously improve instructional courses, programs and directly related services through systematic evaluation to assure currency, improve teaching and learning strategies, and promote student success. The team reviewed the ISER and associated evidence, including committee membership, meeting notes, course SLO assessments, the Program Review Process (policy #340), Annual Program Review Reports, and School of Nursing Committee Bylaws, and minutes of semester meetings, program review workshops, and Annual Program Evaluation Reports. The team also interviewed members of the Faculty Organization, Curriculum committee, and Semester Committees. Evidence provided and responses of faculty during interviews reflect that the criteria used in program review include relevancy, appropriateness, level of learning outcomes achievement, currency, and planning for the future. The program review process is consistently followed, and faculty play an active role in the process.

CONAH Faculty are involved in curriculum development for courses, and are included in a variety of committees that participate in assessment of courses and program review. Documentation provided in evidence supports that faculty members ensure that course content and methods of instruction meet generally accepted academic and professional standards of

higher education. Minutes of Semester Meetings and Program Review Workshops show that faculty members regularly review instructional methodologies and student performance (II.A.2).

Student learning outcomes are in place for the institution's courses, programs, and degrees. Faculty members regularly assess learning outcomes in courses and programs. Syllabi contain SLOs, and the institution provides students copies of syllabi using the online CAMS. The team reviewed the ISER & evidence provided, including syllabi samples, and attendance sheets and minutes from Program Review Workshops. The team also interviewed members of a variety of committees, including the Institutional Effectiveness Committee, Faculty Organization, and Semesters Committee. Interview responses and evidence indicates that the institution has developed SLOs at the course and program level and the course SLOs are regularly assessed by faculty at the course level. SLOs are included in course syllabi, the college catalogue and the student handbook.

CONAH has established the following program level SLOs:

- Demonstrate essential competencies when providing client-centered nursing care using the nursing process and evidence-based outcomes to accommodate societal/cultural differences
- Demonstrate professional responsibility and accountability for quality nursing care
- Adhere to ethical and legal standards and promote a positive image of professional nursing

CONAH has also established the following goals as part of its strategic plan:

- Promote Student Success
- Enhance Physical Infrastructure
- Promote Collaborations and Partnerships
- Enhance Institutional Effectiveness Through Continuous Quality Improvement

CONAH has established multiple measures to assess achievement of program level SLOs and engages in robust dialogue surrounding student achievement of outcomes. When achievement gaps are noted, CONAH faculty and staff engage in collaborative efforts to improve student achievement of program outcomes. The Annual Program Evaluation Report and Program Review Workshop minutes reflect evaluation of achievement of annual goals as noted in the strategic plan. The team suggests that CONAH include specific reference to program SLOs when documenting program review (II.A.3).

CONAH does not offer pre-collegiate level courses or programs (II.A.4).

CONAH faculty are actively involved in curriculum development, and uses the Curriculum Plan that is developed for each student that “identifies nursing and general education courses for which the student has been granted credit and courses that are to be completed during each semester of the program in order to meet graduation requirements.”

The team reviewed the ISER and supporting evidence provided, including the Curriculum Plan policy and established curriculum plan, the policy related to curriculum changes, excerpts from

the Board of Registered Nursing documentation, and the program Conceptual Framework. The team also interviewed the Faculty Organization, including members of the Curriculum Committee. The Conceptual Framework states, “The ...threads guide the progression and placement of theoretical content and associated clinical learning experiences...” The diagram provided illustrates how the college philosophy, concepts, SLOs and threads feed into the curriculum design.

The faculty members utilize a variety of criteria to establish curriculum length, breadth, depth and rigor, including criteria established by the Board of Registered Nursing (BRN), input from content experts, current literature review, and the NCLEX-RN test plan (II.A.5).

The established, BRN approved curriculum plan indicates that classes are scheduled in alignment with program pathways and in such a manner as to meet student needs for program completion. The team reviewed the ISER and supporting evidence provided. CONAH implements a curriculum plan that is approved by the BRN, and classes are scheduled in a way to allow program completion in a reasonable time. Review of program review documentation indicates that CONAH uses student achievement data as part of the program review process, but discussions of how this data correlates to scheduling efficacy is not clearly identified. The team suggests that CONAH formalize scheduling practices that includes discussion of course sequencing as part of program review (II.A.6).

CONAH uses a variety of data points to assess the effectiveness of instructional modalities for courses offered. Course evaluations are completed by students regularly, and are reviewed by faculty. These course evaluations include items related to efficacy of instructional modalities.

The team reviewed the ISER and evidence provided, including a sampling of course evaluations, course evaluation documents, and data points used by the college. The team also interviewed members of the Institutional Effectiveness Committee and a variety of faculty including members of the Faculty Organization, Admission and Promotion Committee, and the Semester Committee. Evidence and interviews reflect that courses are regularly evaluated for the effectiveness of instructional modalities through Course Evaluations. Faculty also utilize instructional tools from text publishers and evidence from current research and literature to inform selection of teaching methodologies. Additionally, professional development seminars and activities provide faculty the opportunity to develop inventive and engaging teaching methods. Finally, peer to peer faculty mentoring enables seasoned faculty to share experience and best practices with less experienced faculty members. Faculty track student achievement data and responses on course evaluations to evaluate the effectiveness of new teaching strategies. Course Reports consistently reflect discussions related to evaluating the effectiveness of instructional methods.

The college gathers data related to subpopulations of students, and uses this data to inform interventions to meet the needs of specific student groups. For example, when CONAH identified a high attrition rate in male students, focused efforts were made to recruit male faculty members to serve as role models for male students. Attrition data also indicated higher attrition rates in the 31-40 age group. CONAH assessed a contributing factor to this attrition to be related to personal responsibilities of these students interfering with academic success. A counseling

position was created in Spring of 2018, and this person has actively worked with this student group to identify strategies for improving individual success (II.A.7).

CONAH has a well-established process for the development and analysis of course exams. Admission requirements noted the use of the Test of Essential Academic Skills (TEAS) assessment, with a minimum score required for admission. CONAH also admits advanced placement students into its LVN-RN program. Protocols and processes have been designed to reduce bias and enhance reliability in testing and assessment of prior learning.

The team reviewed the ISER and evidence provided, including policies related to exam development and analysis as well as program admission requirements and documentation related to the TEAS exam. The team also interviewed members of the Admission and Promotion Committee. The faculty engage in item analysis of exams with attention improving the validity of test items. CONAH provided evidence from ATI testing that verifies protocols and practices to ensure the validity and absence of bias in the TEAS assessment. CONAH admission screening processes include procedures and practices to eliminate bias during the process of applicant screening, including application review by a variety of faculty and staff, and utilizing a numbering system that prevents reviewers from identifying applicants by name (II.A.8).

CONAH has established policies for assigning grades and course credit. The team reviewed the ISER and evidence provided, including the college catalog. It is evident that CONAH applies accepted norms in higher education to the award of course credit. The course level SLO assessment provided in evidence shows a link between achievement of SLOs and award of a passing grade in the course. Page 64 of the college catalog includes a policy stating, “The college awards course credit and degrees based on student achievement of specified learning/course/program outcomes.” The team suggests that CONAH document a more clear link of achievement of course SLOs to the Program SLOs to clearly demonstrate how achievement of course and program SLOs lead to the award of a degree (II.A.9).

CONAH has an extensive policy related to course exemptions and advanced placements, as well as a policy for acceptance of transfer students, and has a current articulation agreement with East Los Angeles Community College. The course exemption policy clearly outlines the process by which students can receive credit by exemption and/or exam. CONAH utilizes a course equivalence grid when implementing the policy BP860, Transfer Students. The team reviewed the ISER and evidence included, as well as the student handbook, web site, and the articulation agreement with East Los Angeles Community College dated 2019. The Transfer Students policy is made available to the public through the Student Handbook posted on the Prospective Student page of the CONAH web site (II.A.10).

CONAH has developed general education SLOs and program specific SLOs. The team reviewed the ISER and supporting evidence provided, including documentation of course level and program level SLO evaluations. The sampling of course level SLO reports provided show a link to general education SLOs related to communication, information competency, quantitative competency, analytic inquiry skills, ethical reasoning, and engagement in diverse perspectives. General education SLOs are posted on the SLO Report page on the college web site and include the following SLOs:

- Apply critical thinking to communicate effectively, collaborate with others, and demonstrate ability to research subject matter through reading, speech, demonstration, and writing.
- Demonstrate knowledge of the human mind, body, and behavior through interactions with other and be accountable in the application of this knowledge and skill in an ethical and professional manner.
- Demonstrate cultural sensitivity in interacting with the community through the acceptance of diverse philosophical, cultural and religious beliefs.
- Apply logical reasoning and fundamental mathematical processes and demonstrate competency in the professional setting.
- Apply technological skills to access information, create and organize data, communicate information, use software programs, and operate basic technological equipment.

CONAH does not offer courses in general education; rather, the general education courses are completed at colleges that are not part of CONAH, including East Los Angeles Community College, with whom CONAH has an articulation agreement. General education courses are accepted for transfer according to established policies. Course evaluations map course level SLOs to general education outcomes. Program review documentation identifies areas for program improvement, and provides a plan to achieve that improvement (II.A.11).

CONAH has an established philosophy related to general education: “Students with a broad-based general education foundation are better able to synthesize empirical knowledge, make critical judgments, and generate sound decisions. The broadly educated student is prepared to participate in various roles that are necessary to meet the health care needs of individuals in a rapidly changing society at local, national, and global levels. Selection of prerequisite and co-requisite courses from the natural and social sciences, humanities, and communication contribute to and support the student’s ability to analyze, understand, and modify experiences.”

The team reviewed the ISER and supportive evidence and interviewed faculty and staff at the college. The administrative policy related to the CONAH philosophy on education, general education, and learning is regularly reviewed and published in the college catalog (II.A.12).

CONAH offers a degree in the area of registered nursing at the associate’s degree level and provides continuing education for licensed nurses practicing in a variety of health care facilities for the Los Angeles county Department of Health Services. Both the pre-licensure nursing program and the continuing education program include focused study in the area of registered nursing and includes key theories and practices appropriate for associate’s degree level and professional development for licensed nurses.

The team reviewed the ISER and supportive evidence, including curriculum plans, curriculum approvals, course syllabi samples, program NCLEX pass rates, and continuing education program content. The curriculum offered is approved by the Board of Registered Nurses with core courses addressing all required areas. CONAH also offers LVN to RN transition courses appropriate to meet criteria established by the Board of Registered Nursing. Students who graduate from the CONAH program are eligible to sit for the NCLEX-RN exam, and exam pass rates exceed the minimum established by the Board of Registered Nursing. EDCOS program

content is developed with significant input from the CONAH pre licensure faculty and nursing leadership at the LAC/USC medical center (II.A.13).

CONAH collects data on a variety of external factors affecting the discipline of nursing. Such data includes NCLEX-RN pass rates, employment rates, and employment retention at both 2 and 5 year intervals. CONAH surveys graduates and employers in the area to obtain information related to the quality of the educational program.

The team reviewed the ISER and evidence provided, including NCLEX-RN pass rates and employer and graduate survey results, and minutes of meetings of the board of trustees. CONAH graduates meet entry level competencies established by the Board of Registered Nursing and local employers. Current information of external requirements, employment, and other factors related to the ADN degree are posted on the CONAH web site. The CONAH board of trustees is comprised of a variety of individuals representing the nursing industry and area educational institutions. Minutes of board of trustee meetings reflect discussions of student performance and competence, as well as discussions of program evaluations (II.A.14).

CONAH has an established policy and procedure in case of program closure. The team reviewed ISER and supporting evidence, including the policy and procedure related to program closure. There have been no recent program closures at CONAH (II.A.15).

CONAH has a program review process in place that allows the college to regularly evaluate the effectiveness of its courses and programs. Program review addresses currency and planning for the future. The Institution Effectiveness Program Review Plan includes all areas and programs offered at the college, including its degree and continuing education divisions.

The team reviewed the ISER and supporting evidence provided, including the Institutional Effectiveness Program Review Plan, Institutional Effectiveness Committee meeting minutes, and Annual Program Review documents provided. The team also interviewed members of the Institutional Effectiveness Committee, School of Nursing Planning Committee, members of the Faculty Organization, members of the Curriculum Committee and the Director of EDCOS. The evidence provided through document review and interviews demonstrates that ongoing review of the nursing education and EDCOS programs occurs, including establishment and evaluation of student learning outcomes and annual goals. The established outcomes and goals address effectiveness and currency, and planning for the future.

EDCOS utilizes a variety of data points for evaluation of its courses and programs, including employer surveys and Board of Registered Nursing continuing education surveys and feedback from Nurse Managers at the LAC/USC medical center, designed to assess "... application of academic, technical, collaborative, communication, and critical thinking skills in the safe care of culturally diverse patients in a variety of settings." The unique relationship with the LAC/USC medical center allows EDCOS to design professional development opportunities that are timely and aligned with current nursing practice. The EDCOS director sits on the LAC/USC Nurse Executive Committee, and meets regularly with nurse managers at the medical center. Representatives of EDCOS are members of the CONAH Institutional Effectiveness Committee, Faculty Development Committee and Credentials Committee. This integration of education and practice of nursing informs the decisions made by faculty and staff when developing continuing

education opportunities. EDCOS faculty and staff engage in deep and meaningful dialogue of assessment of attainment of established program learning outcomes. The team suggests that the EDCOS program review documentation reflect this dialogue in its written Annual Program Evaluation Report.

Conclusions: The College meets the standards.

II.B. Library and Learning Support Services

General Observations:

CONAH provides library, computer laboratories, and skills labs that are sufficient in quantity, currency, depth, and variety to support educational programs. CONAH provides instruction for the use of the library, computer labs, and skills labs. The institution consults with faculty on the selection of materials for the library collection and equipment for the skills labs. The institution evaluates skills labs services, library, and other learning support services annually.

Findings and Evidence:

The team reviewed the ISER and associated evidence. The 2015/16, 16/17, and 17/18 Educational Resource Center's Annual Program Evaluation Reports (APER) demonstrated that the institution provided sufficient library, computer labs, and skills lab services. The new student survey showed that the institution endeavors to discover student library and technology needs in order to meet those needs. The pre-graduation program evaluation survey demonstrated that the institution surveys students to determine their opinions on whether library services, computer labs, and skills labs were sufficient in quantity. The APER demonstrated that the institution assesses the number of students who access and use resources in the library, computer labs, and skills labs. Evaluations for student success strategies workshops demonstrated that the institution provided ongoing instruction for users of the skills labs. A calendar for skills labs shows that skills lab workshops are sufficient in quantity, currency, depth, and variety. Evidence that the institution subscribes to CINAHL and Ovid demonstrated that library services are available for off-site users. Instruction for use of the library is provided through a new student orientation, one-on-one access to a medical librarian and library assistant during library open hours, and a monthly newsletter that includes search tips. The team suggests the librarian provide ongoing instruction for students' use of the library through varied methods such as in-person and online workshops and classes (II.B.1).

The team interviewed the medical librarian and discovered that she regularly consults with faculty to select library materials. In addition, she recently completed a subject gap analysis and age of collection evaluation, then weeded older material, as appropriate, and is continually adding new material to improve the collection. The medical librarian reviews student feedback on the exit survey and uses this information to add material to the collection. The institution has written procedures for selection of media and equipment for skills labs, which also rely on faculty expertise (II.B.2).

The ERC APER documents evaluation of usage, number of resources, and student satisfaction with resources. The team reviewed evidence of remediation follow-up from skills labs referrals, indicating that all skills labs services contribute to the attainment of SLOs and evaluation is used

to improve services. The team reviewed evidence describing ERC 2015 student feedback evaluation of Digital Clinical Experience (DCE) web-based assignments. The team reviewed evidence showing that this student feedback was discussed at a faculty workshop in 2016, leading to the removal of the DCE assignments. The team concludes from this example that the institution used results of evaluations to improve computer and skills laboratories. The library uses evaluation of student sign-in counts for access of services and student satisfaction survey data to improve services. There was no evidence to support that the library directly evaluates the ERC SLO “students ... effectively access, retrieve, and analyze information. They utilize these resources for personal and professional growth.” Students complete a research paper each semester, however, the library does not evaluate the results of that assignment to gauge the effectiveness of information literacy instruction. Course instructors regularly assess student’s effective retrieval and use of current and authoritative literature for the research assignment, but this information is not shared with the librarian responsible for information literacy instruction to students. The team suggests that CONAH develop methods to measure the stated ERC SLO: “Students ... effectively access, retrieve, and analyze information. They utilize these resources for personal and professional growth” (II.B.3).

CONAH stated in its ISER that it does not rely on or collaborate with other institutions or sources for library and other learning support services for its instructional programs (II.B.4).

Conclusions: The college meets the standard.

II.C. Student Support Services

General Observations:

CONAH evaluates student support services provided in the Office of Educational Services and Financial Aid office regularly. The institution identifies and assesses learning support outcomes and provides appropriate student support services to achieve those outcomes. The institution uses assessment data to continuously improve student support programs and services. CONAH uses pre-registration sessions, new student orientation week, and printed material to inform all students of the requirements related to their programs of study, relevant academic requirements, graduation, and transfer policies. CONAH provides counseling and academic advising programs to support development and success for students. The institution has adopted and adheres to admission policies that specify the qualifications of students appropriate for its programs. The institution defines and advises students on clear pathways to completion through individual curriculum plans. The institution provided evidence showing that it regularly evaluates admissions and placement instruments to validate their effectiveness while minimizing bias. The institution provided evidence that it publishes and follows established policies for release of student records. The institution provided evidence to demonstrate that it securely backs up files.

Findings and Evidence:

The team reviewed the evidence and found that the college evaluated student support services using an APER in 2015/16 and 2016/17 (OES) and 2016/17 and 2017/18 (Financial Aid). The team reviewed student input on pre-graduation surveys dated 2013, 2018, and 2019, and found that the college surveyed student satisfaction and awareness of student support services. The team reviewed evidence that CONAH tracks the student pass rates and DHS hiring rates for

CONAH graduates. The team reviewed evidence from the financial aid office that showed CONAH tracks student loan defaults for CONAH cohorts and the number of students who withdraw from the college due to financial hardship. The 2016/17 APER shows that the OES regularly evaluates the institution's enrollment goals and adjusts procedures to meet those goals, which demonstrates that the OES enhances the mission of the college. Evidence on the 2016/17 APER demonstrates that OES services support student learning by delivering family orientation sessions, meeting with at-risk students, and requiring students to complete an assignment designed to help them manage their time (II.C.1).

The team reviewed the 2015/16 and 2016/17 OES and the 2016/17 and 2017/18 Financial Aid APERS and found evidence to support that the institution identified and assessed learning support outcomes for each department. Individual interviews with the OES Director further clarified the quantitative data used to evaluate OES SLOs. The reports identified that services were appropriate to achieve those outcomes, and that assessment data from the years of the reports were used to improve student support programs and services (II.C.2).

The institution has no distance education; Standard II.C.3 is not applicable.

The institution has no co-curricular or athletic programs; Standard II.C.4 is not applicable.

The team reviewed evidence of a 2017 intake survey used to evaluate student learning support needs and concluded that CONAH endeavors to learn about student needs regarding counseling and academic advising programs. The team reviewed agendas for 2017, 2018, and 2019 new student orientations and found that this event informed students about time commitments for the program, obstacles, and resolutions. The team reviewed the 2018/19 student handbook and found that students were informed of curriculum and academic requirements, graduation and transfer policies. The team interviewed the OES Director and learned that in Fall 2018 the institution added a full-time counselor position and a full-time tutor/mentor position to provide counseling and academic advising to support student development and success and services to high-risk students. Faculty members responsible for advising have professional training and backgrounds in psychology. The team reviewed the referral form for skills labs, counseling, and tutoring as well as the at-risk student identification policy and remediation plan process and was impressed with the level of interventions for at-risk students and the communication systems put in place to provide ongoing support for students (II.C.5).

The team reviewed the admissions policy provided and found that the college has adopted and adheres to admission policies that specify the qualifications of students appropriate for its programs. The team reviewed the curriculum plan policy document and recent examples of the SON curriculum plan agreement with students and found that students are provided definitions and plans for pathways to completion (II.C.6).

The team examined the 2015/16, 2016/17, and 2017/18 annual performance evaluation reviews from the SON Admissions and Promotions Committee and found that the committee regularly reviews admissions criteria, policies, and assessment tools (II.C.7).

The team reviewed the student records policy on confidentiality and found that the institution publishes and follows established policies for release of student records. The team reviewed the

DHS facility IT contingency plan, which CONAH adheres to, and found that, through DHS, CONAH has documented policies and procedures related to secure backup of files (II.C.8).

Conclusions: The college meets the standard.

Standard III

Resources

III.A. Human Resources

General Observation:

Administration, faculty, and staff of the Los Angeles County College of Nursing and Allied Health (CONAH) are employees of Los Angeles County. CONAH is subject to the human resource policies and procedures of Los Angeles County Department of Human Resources. Minimum qualifications for nursing faculty are outlined by the California Department of Consumer Affairs Board of Registered Nursing. The CONAH Credential Committee is responsible for establishment of standards to identify & maintain qualified faculty to implement the strategic plan & promote program success. CONAH only employs full-time faculty members which promotes continuity between student cohorts and program courses.

The employee evaluation process is outlined by the Los Angeles County Department of Human Resources in conjunction with CONAH. In respects to policies and procedures, CONAH utilizes and conforms to all human resource personnel policies and procedures outlined by Los Angeles County. The employee code of conduct is developed by the Los Angeles County Department of Human Resources and enforced by both County officials and CONAH administration. CONAH provides numerous opportunities for professional development through their internal nursing programs as well as through the County. All personnel files are maintained at Los Angeles County Department of Human Resources.

Findings and Evidence:

To ensure that faculty and staff are qualified to provide and support their educational services, CONAH maintains a credential committee. This committee is responsible for oversight of the employee selection process, application of hiring procedures, and qualification review process evaluation. Position job descriptions are aligned with student achievement needs and student learning outcomes. Position minimum qualifications are determined by both CONAH and the Los Angeles Department of Health and Human Services. Within posted job descriptions, information is publically available concerning the selection process, the needs of the institution, and the position qualifications (III.A.1, III.A.2).

All of the faculty members at CONAH are full-time employees, which simplifies the tracking and monitoring of faculty qualifications and related skills. A significant portion of their faculty population hold advanced degrees and industry certifications. CONAH employs eight administrators and eleven support service staff. CONAH administrators are accomplished experienced nurses from various specialty areas, and a substantial percentage of this group hold advanced degrees in areas of nursing and leadership fields. In order to ensure faculty and administrator degrees are from accredited intuitions, CONAH is required to have their employees complete a faculty approval document through the Department of Consumer Affairs Board of Registered Nursing. Examples of this document were reviewed by the visiting team to

verify that past education is aligned with the California Code of Regulations requirements (III.A.3, III.A.4).

CONAH conducts probationary and annual performance evaluations to ensure employee competency and effectiveness in fulfilling position functions and duties. The evaluations are focused on the designated responsibilities and the alignment of their performance with the institution's mission statement. Supervisors complete performance evaluations in accordance with DHS: Employee Evaluation and Discipline Guidelines. All faculty members undergo a peer review every two years and a performance evaluation annually. Additionally, probationary employees must undergo their first evaluation within six months of hire or promotion. CONAH tracks all employee evaluations together along with responsible rater, evaluation due date and evaluation type (e.g. annual, probationary, and interim) (III.A.5).

CONAH regularly evaluates staffing to ensure an adequate number of employees to support the Mission. Divisional deans assign faculty teaching responsibilities based on student needs and course and program objectives. In the clinical area, a ratio of ten to twelve students per faculty member is maintained. The institution has administrative and support staff with sufficient preparation and experience for the duties required to uphold the Mission. CONAH has sufficient qualified faculty to support the educational programs. CONAH has 11 staff that effectively support the educational, technological, physical, and administrative operations of the college. The institution does not have any part-time faculty (III.A.7, III.A.8, III.A.9, III.A.10).

CONAH, through the Los Angeles Department of Human Resources, upholds many policies and practices that demonstrate and support appreciation of diversity, employment equity, and fair treatment. Numerous trainings are mandated by CONAH as these trainings help promote a harmonious, non-discriminatory work environment. CONAH upholds high expectations of ethical behavior and professional conduct and CONAH's values are congruent with the DHS Code of Conduct, County Policy of Equity which provides guidance in conducting business in a manner that facilitates quality, efficiency, honesty, integrity, respect, and full compliance with all applicable laws and regulations (III.A.11, III.A.12, III.A.13).

CONAH provides their employees with numerous professional development opportunities. The Faculty Development Committee identifies faculty and staff educational needs, obtain guest speakers, and conduct multiple workshops that were well attended. These workshops supported faculty and staff in initiating/maintaining program improvements. Additionally, CONAH complies with DHS Personnel Records policy. All personnel records are confidential and secure (III.A.14, III.A.15).

Conclusion: The college meets the standard.

III.B. Physical Resources

General Observation:

CONAH maintains only one physical campus consisting of several buildings in close proximity to each other. The buildings are well maintained and provide for a clean and safe learning environment. The buildings are owned by the Los Angeles County and maintained by County building and maintenance division. Employees at CONAH will notify the County Department of

Building and Facilities when building repairs or improvements are needed. This notification of facility need is done through the Los Angeles County facility ticket system. CONAH has one dedicated employee onsite in respects to facilities and this individual is responsible for coordination with the county facility workforce. CONAH is consistently seeking feedback from students on facility items through student surveys and verbal feedback. This feedback is considered during the strategic planning process and resource allocation consideration.

Findings and Evidence:

CONAH considers physical resource availability as part of their institutional planning and assessment. Providing safe and secure instructional and non-instruction space for their students, faculty and staff is a priority for CONAH. CONAH has several safeguards in place to ensure the safety of their students, faculty and staff. These safeguards include key access restrictions, security lighting, parking access requirements, and collaboration with Los Angeles Sherriff's Department. Furthermore, photo identification badges are provided and required to be visible at all times per institutional policy. Annual campus safety and crime statistic reports are provided to students, faculty and staff. CONAH has an established system for maintaining a clean and healthy learning and working environment. The county's facilities management division assigns two custodians through an environmental services vendor to ensure a healthful learning environment (III.B.1).

In addition to physical spaces, CONAH also evaluates and assesses physical equipment and instructional supplies. In respects to facility maintenance and repairs, CONAH has implemented a process in which a request can be tracked and monitored by an employee. This process is done through the county provided facility management request system software. The facility manager tracks repair status and updates the faculty and staff. CONAH faculty, students, and staff are informed of workplace hazards. CONAH has an established system for maintaining a clean and healthy learning and working environment. Focusing on facility rounds on high priority areas such as heating, cooling and plumbing was outlined as part of the institutional improvement plan (III.B.2).

CONAH routinely assesses the adequacy of physical resources and integrates findings into short-term and long-term planning. Needs of individual programs are informally identified through discussions held in divisional meetings. Facility needs are formalized and memorialized in source student learning outcome assessment reports. Support service divisions use OERs to identify and document components of the needs assessment process. College Governance Committee assesses and prioritizes resource requests and assigns follow up. Short-term, immediate needs are resolved through routine methods such as the facilities management system. Physical equipment needed that is above and beyond base budget allocations are discussed and prioritized through the budget requests process or capital project requests. CONAH regularly evaluates its adequacy and effectiveness in providing needed resources to meet program and student needs through college and divisional committee meeting discussions, divisional reports, and survey findings (III.B.3).

As CONAH is owned by Los Angeles County, long-rang facilities plans are considered at the county executive level. CONAH does participate in this decision-making process through participation on county-wide committees. To improve institutional effectiveness the Los Angeles

College of Nursing and Allied Health should develop a facilities master plan, including a total cost of ownership analysis. This plan would assist the institution in considering future facility needs and integration of those needs into the strategic planning of the college. A facilities master plan, along with a total cost of ownership analysis, would assist the college in long-range capital planning that support institutional improvement goals and reflects projections of the associated costs of ownership of new facilities and equipment (III.B.4).

Conclusion: The college meets the standard.

Recommendations to Improve Quality:

To improve institutional effectiveness, the team recommends that CONAH develop a tool for long range planning, including a total cost of ownership analysis.

III.C. Technology Resources

General Observation:

The Los Angeles County College of Nursing and Allied Health (CONAH) maintains one physical location for technology equipment. The campus provides adequate technology services through the form of desktop computers and wireless networks. The college has one dedicated technology employee who is responsible for overseeing onsite technology and coordination with the Los Angeles County Department of Technology. The technology resources at the campus are adequate for student and instructional needs. As CONAH operates under the County of Los Angeles, the physical technology resources are under the preview of County safeguarding policies and procedures.

During the planning process, CONAH considers several items in determination of technology priorities with items that are related to meeting essential student learning needs receive first consideration. CONAH has invested significant funds into technology improvements for instructional purposes. Additionally, continuing the improvement of instructional technology has been identified in the strategic plan. The institution gathers technology requests and compiles program resource needs forms, which are reviewed annually. CONAH collaborates with the county to provide IT support including maintenance and repairs. CONAH servers are housed at the county and overseen by the county IT department, which makes provisions for back up of CONAH records such as financial, admissions, enrollment, grades, and statistics.

Findings and Evidence:

CONAH provides appropriate and adequate technology services, professional support, facilities, hardware, and software to support operational functions, teaching, learning, and support services. Decisions regarding technology services, facilities, hardware, and software are driven by CONAH's integrated planning, program review, and resource allocation processes. Technology plans and replacement dates were included as a standing agenda item for the college Governance Committee. This facilitated systematic assessment, planning, acquisition, maintenance, and upgrades of the technology infrastructure and equipment (III.C.1).

The five-year (2012-2017) information technology action plan and timeline was provided and reviewed as part of evidence. Select items were identified from the list of replaced technology equipment and were located on the physical premises. During the site visit, CONAH provided an updated document for a subsequent five-year period. Continuously monitoring this plan will allow CONAH to better integrate future technology needs with strategic planning and resource prioritization and allocation. Furthermore, an updated technology action plan will assist CONAH in continuously planning for technology updates for a sustainable infrastructure to meet its mission, operations, programs, and services. The formal IT contingency plan policy and procedure was reviewed by the visiting team to verify that a disaster recovery process existed. Employee survey results were reviewed and indicated CONAH is providing adequate technology resources. CONAH provided a hardware and software technology maintenance and replacement plan which identified current technology resources and target replacement/renewal dates (III.C.2).

As CONAH is a single campus, it ensures that all technology resources are available at the campus location. The visiting team viewed the available technology resources. The college provides laptop technology options that can be obtained from the onsite IT employee. Students and employees at the physical location are provided secure access to the wireless network maintained by Los Angeles County (III.C.3).

The faculty and staff were trained on the use of CAMS and the portals were rolled out for use in June 2017. Formal IT policies and procedures were reviewed to verify that the institution has policies and procedures that guide the appropriate use of technology in the teaching and learning processes. CONAH offers a variety of ongoing technology training programs to ensure faculty, staff, students, and administrators are able to effectively use technology and evaluates training and technical support to ensure their efficacy and adequacy. All IT policies and procedures are developed and maintained by the county office. CONAH adheres to the Los Angeles County IT policy and procedure to ensure effective, responsible, and appropriate use of technology (III.C.4, III.C.5).

Conclusion: The college meets the standard.

Recommendations to Improve Quality:

In order to improve institution effectiveness, the team recommends that CONAH regularly update and monitor their technology plan to ensure that future infrastructure needs are identified to support their programs and services.

III.D. Financial Resources

General Observation:

CONAH is owned by Los Angeles County (LAC). The LAC establishes financial policy and funding allocations. From a financial standpoint, CONAH leadership reports to the LAC Department of Human Services. Resource requests in excess of their base allocation flows through LAC for consideration. The governing board of CONAH has been delegated the responsibility of reviewing and monitoring the fiscal stability of the college. Financial oversight and budgetary expenditures are allocated and funded through LAC. Revenue streams include

tuition, state and federal grants, and Medicare Education grant funds. The funding levels have remained consistent and have allowed CONAH to admit new students every year. The college's revenue stream has increased each of the last three reported years (2014-15 through 2016-17). College wide revenues have increased approximately 17% since 2014-15. Corresponding expenditures have also increased over the last three reported years. The financial report budgets for an approximate 200 FTES each year. Approximately 95% of the college's operational general fund budget is for employee salaries and benefits. CONAH has matched all ongoing expenditures with ongoing revenue sources and discuss budgeting matters during their board meetings.

Findings and Evidence:

The evaluation team noted that the CONAH's budgeting process is linked to its strategic plans and goals, as well as the program review processes, and decisions for funding requests are derived from data analysis and tied to those priorities. The college's mission and goals drive the budgeting and resource allocation process through development of the financial plans and strategic goals. The processes are well documented, include all funding sources, and are available for review by CONAH stakeholders. The college's budgeting process is well defined through guidelines from Los Angeles County. The budgeting and resource allocation process is transparent, and allows for CONAH stakeholder input, with budget discussions and being held at the committee and board levels (III.D.1, III.D.2, III.D.3).

The college has demonstrated that it uses available resources in a fiscally prudent manner. The financial planning and budget oversight is performed by CONAH through utilization of realistic and responsible assessments. The visiting team reviewed several financial policies and procedures that govern their financial activity. The LA County fiscal manual was also provided and reviewed by the visiting team. The policies are very complete and applicable to entity operations. These policies govern the development of annual budgets and financial reports. CONAH budgets and financial reports were reviewed by the visiting team. These documents were prepared with a high degree of creditability and accuracy (III.D.4, III.D.5, III.D.6).

As CONAH is a cost center of the Los Angeles County, the college does not receive their own specific audit. The audit of CONAH's financial records is performed as part of the County of Los Angeles audit. CONAH has not had any audit findings specific to the college that need to be addressed. The evaluation team confirmed that the college has multiple protocols for internal controls, including dividing authority between various departments and with the Los Angeles County Office, which processes all warrants. The County of Los Angeles maintains reserve balances that could be accessed by CONAH if needed. These cash reserve funds are not controlled or monitored by CONAH. The college monitors their federal loans as their student default rate is 5% (III.D.7, III.D.8, III.D.9, III.D.10, III.D.15).

Short and long-term liabilities are monitored by CONAH through review of financial reports and annual budget documents. The college's primary resource is funding obtained through state and federal grants. The college monitors grant spending to ensure compliance with agency requirements. As CONAH is part of LAC, the college is not directly responsible for funding long-term liabilities or ensuring that the cash reserves are adequate to fund current liabilities. Through the LAC warrant process, CONAH ensures that available resources are earmarked to

ensure contractual obligations are satisfied. Additionally, as CONAH employees are part of the Los Angeles County workforce, employee retirement pensions and OPEB obligations are not the responsibility of the college. Furthermore, the college is not responsible for any current debt instruments (III.D.11, III.D.12, III.D.13, III.D.14, III.D.16).

Conclusion: The college meets the standard.

Standard IV

Leadership and Governance

IV.A. Decision-Making Roles & Processes

General observations:

The college provides a governance process that encourages innovation and continuous improvement. Roles and responsibility of various constituent groups are clearly specified in policies, procedures, and committee bylaws. These policies make provisions for student participation, and ensure faculty have a substantive role in planning, resource allocation, and curriculum decisions. The policies and resulting decisions are documented and readily available on the college intranet. Governance policies and procedures are regularly reviewed, which has led to improvements in the timeliness of decision-making.

Findings and Evidence:

The team found ample evidence that the college promotes innovation and excellence through a robust and inclusive governance process. Through a review of committee minutes and interviews with administration, faculty, staff, and students, the team confirmed a college culture focused on continuous improvement, with examples including the development of Transfer Student policy to ensure fair treatment of applicants, establishing a new Peer Review policy to improve the faculty evaluation process, and incorporating new quality and safety competencies into the curriculum. The college's shared governance process, detailed in the committee bylaws, college committee structures and rules, and policy development procedures documents, provides multiple opportunities for all campus members to bring ideas forward and participate in institutional decision-making processes. On the Employee Satisfaction Survey items pertaining to leadership, governance, and decision-making, faculty and staff rated their perceptions higher than the established 3.5 threshold for action (scale 1 to 5, 5-highest). In particular, the college scored above the threshold for the survey item, "I get to share my ideas with others and participate in decision-making through membership in committee," and for the survey item, "I have opportunities to give input in matters affecting the college" (IV.A.1).

The college defines the role of employee and student participation in its Committee Rules and Structure policy, as well as through individual committee bylaws. The Policy Development, Review, and Approval Process policy describes the mechanism for establishing new or revising existing policies. Students play an active role in the governance process, including serving on key committees such as the college Governance Committee. Through interviews with ASB members, the team confirmed that students feel adequately involved in decision-making on relevant matters. However, the college may need to explore changing some meeting times to accommodate student schedules (IV.A.2).

Administrators and faculty actively participate in planning and resource allocation decisions through the college planning and governance committees as detailed in the college Resource Request and Allocation policy, as well as through program review as detailed in the Program Review Process policy. Faculty also participate in planning through their divisional meetings. Active participation was confirmed through numerous interviews with faculty and staff (IV.A.3).

Faculty and academic administrators are actively involved in curriculum and student learning through program review, divisional meetings, and curriculum committees as defined in the bylaws, the college Committee Structure and Rules policy, and the Policy Development, Review, and Approval policy. All EDCOS faculty are members of the EDCOS Curriculum Committee, and one faculty member represents each semester on the SON Curriculum Committee. The team confirmed through a review of curriculum committee minutes and interviews that faculty play a central role in curriculum development and student learning (IV.A.4).

The college's governance processes, including roles and responsibilities, are clearly outlined in policies and procedures as described above. The evaluation of governance and subsequent restructuring of committees over the past five years has led to improvements in the timeliness of decision-making by shortening timelines, reducing redundancies, and increasing participation by students and staff. The team confirmed through interviews that the issue of lengthy delays in decision-making have largely been resolved (IV.A.5).

The college ensures that processes for decision-making and resulting decisions as documented through committee meeting minutes are readily available to all employees on the intranet, which was confirmed by team members through interviews and a review of the intranet. College leadership ensures supervisors communicate with staff about decisions that could impact their assignments. On the Employee Satisfaction Survey item, "My supervisor keeps me updated regarding changes that will impact my assignments and responsibilities," faculty and staff rated their perceptions higher than the established threshold for action (IV.A.6).

The college regularly reviews its governance policies and processes through surveys and self-evaluation tools, and widely shares those results at well attended annual program review meetings. As a result of the findings from the Governance and Decision-Making Evaluation Tool, the college was able to identify and effectively address issues related to slow approval of policies, redundancy in committee functions, and insufficient committee representation from key constituents. The college's willingness to address these issues in a transparent manner is commendable. Leadership roles are evaluated through surveys and employee self-evaluations. On the Employee Satisfaction Survey item, "My immediate supervisor has good leadership qualities," faculty and staff rated their perceptions higher than the established threshold for action. The board conducts a self-evaluation of its effectiveness every three years. In its most recent evaluation, the board rated the majority of items pertaining to governance, leadership, and decision-making higher than the 3.5 threshold for action (IV.A.7).

Conclusions: The college meets the Standards.

IV.B. Chief Executive Officer

General Observations:

The board selects and evaluates the Provost (CEO) and delegates to the Provost the authority to establish and regulate instruction and to implement and administer board policies and procedures. The college has established administrative and participative governance structure that allows the Provost to provide effective leadership in planning, organizing, budgeting, selecting and developing personnel, and assessing institutional effectiveness.

Findings and Evidence:

The chief executive officer of the institution is the provost. The board delegates authority to the provost to implement and administer policies approved by the board as described in BP500. The provost is selected through a competitive process with board participation and approval of final candidate.

The board delegates the provost the authority to develop and implement an organizational structure with delineated lines of responsibility and duties within the college. The provost chairs the college Governance Committee which oversees the other committees of the college such as budgeting, selection/development of personnel, and overall institutional effectiveness (IV.B.1).

The provost has the authority to plan, oversee and evaluate administrative structure and delegates authority to others as appropriate. The provost was hired in 2016 and undertook an evaluation of staffing and made recommended changes to the administrative structure and added employees as needed and redistributed responsibilities to best serve the institution's purpose, size, and complexity. Various faculty members chair the other committees in the governance structure and report to the provost and the Governance Committee on a regular basis demonstrating that she has delegated appropriately to others (IV.B.2).

The provost is the chair of the Governance Committee and leads CONAH in developing the strategic plan as well as updates to the Mission, Vision, and Values. These are based on data from faculty/staff assessment findings, including SLO Assessment Reports and APERs, as well as evaluation of previous Strategic Plan goals and objectives (IV.B.3).

The provost chairs the ACCJC Steering committee and all faculty and staff participate in the accreditation process by serving on Standard Committees and collecting evidence to support the ISER. Accreditation updates and information is regularly shared as standing agenda items on the CONAH board, college Governance, and divisional committee agendas. Appropriate training took place by ACCJC staff to ensure that all faculty and staff are updated on the accreditation standards and importance of the ISER preparation (IV.B.4).

The board delegates authority to the provost to ensure compliance with laws and regulations by taking the appropriate administrative actions. The provost ensures that the college maintains institutional practices that are consistent with its mission and policies by program evaluation that occurs through its program review process and through self-evaluation of its processes and procedures. Policies and procedures are vetted through the Governance Committee and approved by the board and then disseminated to all employees. Budgetary decisions are made after reviewing need assessments and program review analysis vetted by the Governance Committee (IV.B.5).

The provost ensures that there is ongoing communication with the communities served by CONAH. This is achieved internally by serving as a member of the various committees and as a member of the LAC +USC Senior Executive Council. CONAH also has memberships in appropriate organizations such as California Organization of Associate Degree Nursing Programs-South. Faculty and staff are encouraged to participate in community events (IV.B.6).

Conclusion: The college meets the standard.

IV.C. Governing Board

General Observation:

The board members are elected by the membership of the board. The purpose of the board is to establish policies and procedures that supports the mission and assures program quality and financial responsibility.

Findings and Evidence:

The CONAH board consists of eleven members and functions in accordance with established bylaws and policies. Policies are reviewed every three years and presented to the board for approval to assure the quality, integrity, and effectiveness of the college. The bylaws indicate that the board has the authority to review academic and financial affairs to ensure that the Mission is being upheld (IV.C.1).

The CONAH board members sign the Membership Agreement and Code of Ethics upon joining the board and triennially thereafter. Board meetings are open to the public and agendas and minutes are posted on the website. Each board member is given a handbook that outlines appropriate boardsmanship. Board members engage in robust discussion during board meetings but come together through consensus to support the college as evidenced in board meeting minutes and conversation with board members (IV.C.2).

The CONAH Bylaws clearly specifies that the board approves the selection of the provost and evaluates her performance. The board adheres to the provost Selection policy and the provost is evaluated annually (IV.C.3).

The CONAH Board Membership Agreement and Code of Ethics which is signed by each board member outlines the expected behaviors in relation to policy and independent decision-making that reflects the public interest. The bylaws indicate that there are three nonelected members who are employees of DHS and LAC/USC and the Provost and eight elected members elected by the board (IV.C.4).

The CONAH board has appropriate board policies to demonstrate their commitment to student learning and excellent program quality. The bylaws require the board to act independently monitor how programs operate. The college Governance Committee submits policies to the board for approval. The board reviews annual budget requests and monitors the annual expenditures and revenues (IV.C.5).

The CONAH board has the appropriate bylaws and board polices that specifies the board's size, duties, responsibilities, structure, and operating procedures. It is published in the board members handbook and is available on the CONAH website. The bylaws do not state whether the nonelected members are voting members. In discussion with the Provost, she confirmed that the three nonelected members were also nonvoting. The team strongly suggests that CONAH amend their bylaws to include that nonelected members are also nonvoting members (IV.C.6).

The CONAH board has clear policies pertaining to the regular and systematic assessment and review of the board policies. Policies are reviewed every three years and meeting minutes reflect that the board acts in accordance with their bylaws and policies (IV.C.7).

The board is informed of key indicators and student success through the program review process, feedback from governance committees, students, and faculty. The provost is responsible for making sure the board stays current on key indicator information and board minutes support that contention (IV.C.8).

CONAH has a board new member orientation policy which lists how a new member is oriented which includes a board member handbook. The policy states that the provost or designee reviews the Handbook with the new members. The bylaws describe the term of membership and election processes and board member areas (IV.C.9).

The board conducts a triennial self-appraisal and the board reviews the trends from the evaluation and from the previous evaluation. The team suggests that a best practice is for boards to conduct an annual self-evaluation to make sure that any issues or concerns are identified early (IV.C.10).

The CONAH bylaws indicate that the board members should adhere to the Code of Ethics. All members sign the Membership Agreement and Code of Ethics when they initially are elected to the board and every three years thereafter. The Code of Ethics outlines when and how board members are removed from the board. The list of members indicates that the majority do not have an employment, family, or ownership of financial interest in the institution (IV.C.11).

The CONAH bylaws indicate that the board delegates to the provost authority to establish and regulate courses of instruction and to implement and administer policies without board interference (IV.C.12).

During the new board member orientation process, board members are oriented to the accreditation role and responsibility. Board meeting minutes indicated that accreditation updates are given throughout the year to the board members and the board approves and signs all reports to the accreditation agency (IV.C.13).

Conclusions: The college meets the standard.

Quality Focus Essay

QFE 1:

The institution acknowledges the need to further incorporate facilities needs into institutional planning and resource allocation. The college identifies that facility conditions, such as heating and cooling of classrooms and courtyard and building renovations need to be addressed through the resource allocation process. The college should continue to document these needs within their strategic master plan so institutional stakeholders may engage in prioritization discussions. Subsequently, the college should continue to work with its partners at the County to identify possible funding sources for their needs. The college has also identified the needs for resource allocations to expand instructional materials and enhance their technology platform. The college has made progress on improving the condition of their facilities. Repairs to building heating and cooling system have taken place, as well as upgrades to the skills lab. The college is making progress on identifying their facilities and equipment needs and funding them through resource allocations. The college has enhanced their courtyard through the purchase of tables and benches, which provide the students seating during classroom breaks and study sessions.

QFE 2:

The institution's second action project for the QFE focuses on fostering a supportive learning environment to increase student satisfaction, reduce attrition, and increase completion. Many action steps for this project have already been implemented. In Fall 2018, the college created a new full-time counseling position and a tutoring/mentoring position to provide counseling and academic advising to students. The college uses the CAMS database to identify at-risk students and track interventions for the students. The team reviewed evidence of a referral form widely used by instructors to identify needs and refer students to the skills labs, counseling, or tutoring. Referral procedures require follow-up to the referring instructor, and are repeated, if necessary, until the student shows satisfactory improvement for the identified skill or need. Student status reports identify improvement areas for specific students and are shared between departments to facilitate student success. The college has developed an at-risk student identification and remediation policy and procedure (Policy #815) to facilitate plans for success with high-risk students. These additional supports were initiated in Fall 2018 and the college plans to evaluate student outcome data after the at-risk identification and remediation procedures have been in effect for a full academic year. The plan will provide a robust and high-touch method to address student needs and increase student success, retention, and completion. The plan uses existing resources and has been enhanced by new resources to provide interventions for at-risk students. Communication systems for skills development and remediation have been improved to provide ongoing support for students in various departments and across multiple semesters, utilizing different types of employees in the college to provide well-rounded assistance for students. In addition to utilizing the CAMS database to monitor individual student progress, the team suggests the college use the CAMS database to track outcome data, connect with high-risk groups, and meet the overall goal to evaluate efficacy of targeted strategies aimed to decrease performance gaps for subpopulations of students.

QFE 3:

The third Action Project for the college focuses on streamlining decision-making through restructuring of governance policies and committee structures. This project builds upon other college governance restructuring initiatives in past years, and extends the project to include restructuring student support services. Impact of this project will be measured through staff and student satisfaction surveys. The description of each project includes specific activities to be completed, responsible parties, resources needed, and a timeline for completion. The project is realistic, workable, and should result in a positive impact for students. When evaluating the effectiveness of restructuring, the college may benefit by disaggregating staff satisfaction data by employee groups (e.g. faculty, student services staff, administrative staff, etc.).