

CAROLINAS COLLEGE OF HEALTH SCIENCES

# ANNUAL REPORT 2006

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# JANUARY – DECEMBER 2006 ANNUAL REPORT

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## ***PRESIDENT'S STATE OF THE COLLEGE REPORT***

*"It's like a Rubik's Cube. Just when you get one side lined up perfectly,  
the other side slips out of kilter."*

- Elizabeth Montford, RN

In 2006, the side that lined up perfectly was our graduates' success at certification and licensure testing. This year all students who graduated in 2006 and took a required certification or licensure test in 2006 were successful on the first writing of the exam. This was a first for the college. In past years, some individual programs reached that pinnacle of educational excellence. But never had all programs achieved it simultaneously. The high pass rates proved that faculty clearly focused on what was most important, and that students learned, processed, retained, and applied their newfound knowledge. Truly it was an amazing accomplishment, and one which will be long remembered. (Due to some 2005 graduates unsuccessfully sitting for the NCLEX exam in 2006, the NC Board of Nursing score reports reflect slightly less than 100%, but a careful review of test takers and their graduation dates confirms that all 2006 graduates who tested in 2006 were successful.)

Other notable accomplishments in 2006 included

. Record-breaking success in alumni fundraising, a tribute to the college's success at having created "a culture of giving" through its celebration of scholarships and recognition of donors

...low staff turnover, indicating high job satisfaction. A record number of CCHS employees celebrated "longevity anniversaries" in 2006.

...a positive financial margin at the end of the year, indicating astute managers who carefully monitor and control expenses

...creative utilization of space and monetary resources to create a human patient simulation lab, expected to be fully operational in early 2007

...an unprecedented total spent on faculty training and education, to include a scholarship for graduate studies for two faculty members, budgeted travel and expense money for faculty and staff attending state and national conferences, and on-campus certification courses for selected CCHS nursing faculty to complete UNC's coursework for nursing educators

...job placement rates, always high for CCHS graduates, continued to be very high, with particularly notable success in retaining new graduates within the Carolinas HealthCare System

...the first change in the mission statement was made since 2003, exchanging emphasis on "focusing on students" with "promoting a learning environment that facilitates student success."

...a major management reorganization, approved by the staff and the Board in 2005 was staffed in 2006, adding a college provost and eliminating a dean of allied health and general education.

...the College embarked on a new strategic planning process, to result in a 5-year plan (2008 – 2012) by December, 2007.

...college leaders participated in unprecedented levels of leadership training through formal education, Leadership Development Institutes, and “The Gateway Academy.”

*But what “out of kilter” factors appeared on the other side of our Rubik’s Cube?*

Graduation rates: Though graduation rates had been routinely high since 2003, they began to slip in 2006. Though not yet alarming, and still indicative of a strong commitment to student success, the upward trend of the past three years ended. Often in higher education an inverse relationship is observed between student success as measured by graduation rates, and student success as measured by certification testing. This downward trend in graduation rates will be something to watch carefully.

Enrollment: As more students came to CCHS with prior college, fewer took general education classes here. Changes in the prerequisite structure and in advisement practices at sister school Mercy School of Nursing resulted in fewer of those students taking general education classes at CCHS. As CCHS faculty became more active in the student advising process, students were not as strongly encouraged to take co- and pre-requisite classes at CCHS. Most significantly, the move toward greater nursing student choice in planning a “semester off,” coupled with the elimination of advanced nursing during the summer, resulted in lower student FTE and lower-than-expected tuition revenue for the year.

Those two problematic areas aside, throughout this annual report the reader will see verification of success in many, many areas.

As in 2005, staff and faculty indicated satisfaction with their jobs and with the college by giving record-setting high marks to many aspects of personnel satisfaction. Faculty indicated their satisfaction with most aspects of the college by rating many factors even higher than in 2005, which had show dramatic improvements over 2004, but also by providing a roadmap to continued improvement, with particular attention on technology and the facility.

Though enrollment was down in 2006, staff and faculty still reported feeling squeezed. A change in the scheduling paradigm for nursing classes provided some relief to the strained resources, but resulted in new challenges in scheduling staff meetings.

The college received its third consecutive CAEC grant, providing the means to host a faculty workshop for college and university faculty in the Charlotte area. A nursing student was encouraged to apply, and won a full scholarship to attend a professional conference in California, sponsored by that professional association.

Many surveys were converted to electronic format, providing relief to support staff and encouraging more robust response rates. Employer feedback on graduates was again effusive with praise of their preparation for the workplace. Similarly, anecdotal evidence as well as student satisfaction surveys

pointed to high levels of student satisfaction with most aspects of the college and of their educational programs.

The college began reorganizing electronic files. The vision and dedication of a new institutional resource coordinator brought spark and excitement to what could otherwise have been a tedious process.

The conventional wisdom that something repetitious becomes tedious and even irritating is not always true. When a college routinely experiences excellent outcomes in many benchmarked areas, as CCHS did again in 2006, those outcomes are just a rewarding each successive year. That is particularly true when each of those accomplishments represent students whose lives were changed as a result of attending Carolinas College of Health Sciences, and when the healthcare provided to our communities is improved as a result of contributing to a well educated and caring workforce.

## ***DEPARTMENTAL ACTIVITIES***

<b>FACULTY/ STAFF MEMBER</b>	<b>DESCRIPTION</b>	<b>DATE</b>
CCHS	In 2006, CCHS and Mercy School of Nursing, combined, graduated 101 nursing students, 12 radiologic technology students, 8 surgical technology students, 10 phlebotomists, and 12 paramedics.	12/2006
CCHS	Licensure/certification examination pass rate is 100% for all first time test takers who took graduated from CCHS in 2006 in a field regulated by licensure testing.	12/2006
CHS/CCHS Teamwork	98% of qualified 2006 graduates (to date) have accepted entry level employment in their field of training. 81% of those have been with a CHS facility (including CHS-leased or managed).	12/2006
Employee Satisfaction	Personnel satisfaction as measured by both the annual college survey and the national Morehead Survey indicated excellence in all areas, with satisfaction indicators across the board registering higher than the national healthcare average and higher than the CHS averages.	6/2006
School of Clinical Lab Sciences	The School of Medical Technology Board of Registry's certification scores for January graduates were 125 points above the scaled mean for all hospital and university based programs. Of the 9 Medical Technology graduates in 2006, two scored in the top 3% of the nation, one in the top 4%, and one in the top 6%.	9/2006
School of Clinical Lab Sciences	CCHS Medical Technology program achieved 100% graduation rate as well as 100% Certification pass rate for its 2006 graduates.	9/2006
School of EMS	CCHS's expanded its contract with Medic to include EMT-level education in addition to paramedic training.	12/2006
School of Nursing	The publication of the detailed analysis of 2005 certification testing (released in fall, 2006) revealed that CCHS nursing students scored higher in all areas of the NCLEX-RN than the national average, and that its graduates passed the computer-adaptive test with significantly fewer questions administered than either the state or national averages.	12/2006
School of Nursing	CCHS started its first Nurse Aide II program, primarily serving Carolinas HealthCare System	8/2006
School of Nursing	The nursing clinical elective course, which allows students to focus on an aspect of bedside nursing not generally included in nursing school, such as emergency department or operating room nursing, tripled in size in 2006 since its initial offering in 2005.	8/2006
NA II faculty	The first NA II course was offered	6/2006
School of Rad Tech	This marks the 20th year out of 21 in which graduates of the School of Radiologic achieved 100% pass rate.	7/2006

Becky Cuthbertson and April Davis	Program granted Continuing Accreditation for 10 years following Accreditation Review	7/2006
Rhoda Gallo	Permanent student files purged for students enrolled prior to 1999 to make additional space in the vault	2006
Rhoda Gallo	Admissions and Registrar developed a mailing calendar to improve communication and student satisfaction with the transition (admission, registration, and orientation) process	2006
Mary Muchane; Ellen Sheppard Susan Stricker	Having been awarded a \$316,000 grant to expand its use of technology, Carolinas College of Health Sciences began construction on a human patient simulation lab and purchased digital imaging equipment.	12/2006
Susan Stricker, Lucy Davison, Patty McCrary, Cathey Miller	Wrote and submitted Self-Study Report to JRC/ERT for continuing accreditation of program	2/2006
Susan Stricker, Lucy Davison, Patty McCrary, Cathey Miller	Oversaw instillation of Konica Computed Radiography equipment to enhance Radiology energized lab	12/2006
John Tartt	Lead Judge NC Paramedic Competition	7/2006

## ***FACULTY/STAFF ACCOMPLISHMENTS***

<b>FACULTY/STAFF MEMBER</b>	<b>DESCRIPTION</b>	<b>DATE</b>
Susan Bass, Deborah Blackwell, Cathy Borysewicz, Trish Campbell, Lois Cook, Cathy Holton, Sara Masters, Susan Patterson, Sharlene Plyler, and Brenda Vasquez	Completion of UNC-Chapel Hill Nursing Education Certificate Program	5/2006-8/2006
Deborah Blackwell	Chair, 2006 AWHONN National Meeting	6/2006
Dr. Bill Dailey	Dr. Bill Dailey, CCHS music instructor, led Charlotte's Festival Singers in performing a piece he'd been commissioned by the Arts and Science Council to create in celebration of the Dean Sea Scrolls exhibit.	2/2006
April Davis	Attended AORN Conference, served as delegate for local chapter	3/2006
April Davis	Served as Treasurer, AORN; Chair of Membership Committee, AORN	1/2006
Lucy Davison	Developed and implemented critical thinking projects for curriculum	1/2006
Lucy Davison	Coordinated and planned receptions for candidates for provost position	2/2006
Lucy Davison	Ad hoc committee for revision of Essential Functions section in CCHS catalog	6/2006
Mary Griffin	Acceptance into Nursing Ph.D. Program at UNC-Greensboro	8/2006
Joy Godwin	Recognition of Excellence: a staff member of Carolinas College of Health Sciences plus two of its RN graduates were selected as Pinnacle Winners, the System's most elite program for recognizing excellence.	2/2006
Joy Godwin	Advisor, Student Government Association	2006
Joy Godwin/Ann Keathley	Co-chairs, Arts and Sciences campaign.	2006
Lynn Jordan	Elsevier's Teaching Award for Nursing Excellence Regional-First Place	3/2006
Lynn Jordan	Who's Who Among America's Teachers for 2006	1/2006
Sara Masters	Implementation of a Shadowing Program in Nursing 101	8/2006-12/2006
Sara Masters	Completed course through Duke Divinity School of Bioethics and the Bible - Presented for Stephen's Ministry Group	1/2006-12/2006
Patty McCrary	Maintains 4.0 GPA in Masters Program at UNCC	2006
Jill Powell	Nominated by NCASFAA to run for treasurer position	4/2006
John Tartt	John Tartt, EMS Program Director, was selected by the National Association of EMS Educators as an expert writer for the National EMS Education Standards.	12/2006

Rebecca Troxell	Educator of the Year award receipt	2006
Alumnus Elinor Caddell	Outstanding Alumnus: Ms. Elinor Caddell, RN, MSN, a graduate from Charlotte Memorial's class of 1944 was selected for this honor. Ms. Caddell was an RN at Charlotte Memorial and taught with the program until 1958. She subsequently attended Duke University and was in the first class of graduate nurses, then was recruited by Bonnie Cone to start the School of Nursing at UNC Charlotte. She was the primary founder of the graduate school of nursing at UNCC as well.	5/2006
Alumnus Timothy Ludwig	Timothy Ludwig, a 1994 graduate of the School of Radiologic Technology, was elected to the Board of Directors of JRCERT, the national accrediting body for all medical imaging programs in the US.	7/2006

## ***COMMUNITY INVOLVEMENT***

<b>DEPARTMENT</b>	<b>DESCRIPTION</b>	<b>DATE</b>
Business Office	100% participation in United Way and exceeded dept goal by 154%	11/2006
Business Office	United Way Day of Caring - had 3 members of the dept. participate in the habitat house.	8/2006
EMS	All 16 Paramedic students, 58 nursing students, and 42 faculty participated in the 2005 Christmas Bureau. Each stuffed toy bags, distributed toys, and helped parents load Christmas gifts into the delivery vehicle.	12/2006
Med Tech	Medical Technology students participated in Susan B Komen breast cancer walk.	9/2006
Med Tech	School of Medical Technology collected old cell phones for the battered women shelter and assisted with the National Laboratory Week in the Clinical labs of Clinical Lab Network.	9/2006
Nursing	Nearly 100 student nurses through the year provided health promotion presentations or services to the following community groups: oChildcare Network oAlders Gate Residency oMontagnard Alliance Church oMother's Morning Out, Advent Lutheran oSt Gabriel's Catholic Latin service oHawk Ridge Elementary School oRed Hat society group	12/2006
Students	2 students volunteered as counselors at Muscular Distrophy summer camp	7/2006
PTK	The College's honor society sponsored a blood drives for the Community Blood Center; 30 units of blood were collected.	12/2006
Betty Anderson ; Susan Thomasson; Cyndie Hobson, Cyn thia Bean, Kelly Shirley, Kimberly Yarborough	Assisted in training students to finger stick for the Sister to Sister health event in charlotte in February	2/2006
Deborah Blackwell	Habitat for Humanity-CHS Medical Education Division	7/2006
Deborah Blackwell	Tutoring Program-Cornelius Elementary School	1/2006-6/2006
Deborah Blackwell	Community in Christ Lutheran Church - Preschool Board Member	8/2006-12/2006
Deborah Blackwell	Community in Christ Lutheran Church - Education Committee, Vacation Bible School and Sunday School Teacher	1/2006-12/2006
Becky Cuthbertson, April Davis and ST Students	Gathered resources to Sponsor an Angel and numerous Stockings for CCHS Christmas Community Project	12/2006
Becky Cuthbertson, ST Students	Participated in Communities and Schools Spring Shadowing, providing overview of Surgical Technology program and career for local high school health careers class.	2/2006
April Davis	Bike to the Beach for MS Foundation	9/2006
Lucy Davison	Co-Chair, CMN campaign	3/2006
Hampton Hopkins	Participated in the Innovation in Education activities	2006

	conducted by Olympic High School in an effort to restructure the curriculum to better meet the needs of the community.	
Hampton Hopkins	Served as Treasurer of the Charlotte Area Educational Consortium	2006
Sara Masters	School Leadership Team - South Mecklenburg High School	1/2006-12/2006
Sara Masters	Mecklenburg County Committee for the Prevention of Underage Drinking	1/2006-12/2006
Sara Masters	Secretary for NCNA District 5	1/2006-12/2006
Sara Masters	Delegate for NCNA 2006 State Convention	9/2006
John Tartt	Early Childhood Grant Committee	7/2006, 8/2006, 9/2006
Susan Thomasson	Class participation in Heart of a Woman Health Fair	2/2006
Susan Thomasson	The college was awarded a grant from the Charlotte Area Educational Consortium (CAEC) to develop and present a regional seminar on assessing student learning outcomes.	10/2006

## ***PRESENTATIONS AND PUBLICATIONS***

FACULTY/STAFF MEMBER	DESCRIPTION	DATE
Hampton Hopkins	Article accepted for publication in the Journal of Nursing Education entitled "Early identification of at risk nursing students: A student support model."	2006
John Tartt	UNCC EMS Management Institute	10/2006
Susan Thomasson	Offered Chair Massage for Grand Opening for Live Well Carolinas	11/2006

## *ALUMNI FOCUS*

**“I learned that it was up to me to ... make the most of my time at CCHS”**



Cindy Gilmer, 2006 Nursing Graduate

*In our words...*

If she wasn't going to be a nurse, perhaps Cindy Gilmer might have considered acting. Imagine combining the bright eyed eagerness of Julie Andrews in the 60's "Sound of Music," the resilience of the 80's TV "it girl" Mary Richards, the resourcefulness of Jodie Foster's Claire in "Silence of the Lambs," and the intelligence of 2006's Marilyn vos Savant.

Like many CCHS students, however, Cindy was a mid-life career changer, having left a successful career as a teacher to enter nursing school.

Cindy Gilmer graduated with multiple honors and awards from our nursing program in December 2006. She graduated with Magna Cum Laude honor, which requires an overall GPA of 3.50-3.749. She was the Cynthia Favorite Scholarship recipient, a scholarship given in memory of a nursing alumnus. She also was selected by faculty to receive the Nursing Excellence Award in Behavioral Health Nursing and by the American Psychological Nursing Association as an APNA Janessen Student scholar to attend the 2006 APNA annual conference in Long Beach, Ca.

During her time at CCHS, she touched the lives of many. Ms. Gilmer was actively involved in numerous activities that confirmed that she is an excellent role model. She was a member of NSNA, our SNA vice-president, a member of PTK (our college honor society), while remaining involved with numerous volunteer ministries including youth, refugee, nursing home and dance ministries. In addition to being committed to her nursing studies and ministries she finds time to work with a family who has a hearing impaired child and has learned basic sign language skills. Ms. Gilmer also served as a peer tutor and mentor. She continued with peer tutoring a small group of students the semester after she graduated. Those students graduated the semester following Ms. Gilmer. She has

continued her involvement with CCHS as well. In May, she assisted with the Spring Graduation and provided a guided hospital tour for alumni celebrating their 50<sup>th</sup> reunion.

Ms. Gilmer demonstrates the utmost professionalism and expresses genuine concern not just for the clients under her care but with all she encounters. She has moved into her nursing career eloquently and is currently working in the Neonatal Progressive Care Nursery at Carolinas Medical Center Main. Ms. Gilmer is a person that after a single interaction she has positively impacted the person. She will touch the lives of many and will be a calming presence for the families. She represents the College with excellence as an alumnus and is a true value to the nursing profession.

*In her own words...*

Returning to school at 40, when I should be planning for retirement, was a scary experience, but I knew from the start I had picked a wonderful place to pursue my dream. From the first day I walked into orientation, I realized that the staff and faculty are not just here to do a job day in and day out. They're here to impact lives and to help students realize and reach their potentials. I learned that it was up to me to take hold of that and to make the most of my time at CCHS. I had no idea I was going to learning so much more than just how to be a nurse.

I can honestly say that the instructors here truly care about students individually. One thing I noticed from my first day in class was that faculty members leave their office doors open much of the day. At CCHS, when instructors tell students to come by and see them they truly mean it. Students were made to feel a part of the college. In addition, we were constantly reminded that we were an important part of the bigger CHS system. Because of that, pride in wearing the tree of life on my badge developed early on in my time at CCHS.

During my time in nursing school, I not only gained the skills and knowledge to become a competent nurse, I also learned about myself and gained much confidence in my ability to succeed in life. I also learned the importance of living a life of integrity and that character is reflected in all my words and actions. These qualities were all cultivated as I made my way through school at CCHS. There is balance here between nurturing and pushing students very hard to be their very best.

My experience at CCHS definitely laid a solid foundation for me to become a competent nurse. I feel so positive about my experiences as a student, both academically and personally. I am so proud when I can tell people where I attended nursing school. I am also extremely thankful to the entire faculty, staff and fellow students who helped me realized my dream of becoming a registered nurse.

# ***DEPARTMENTS & PROGRAMS***

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## ADMINISTRATION

**Purpose of Unit:**

The President oversees the daily operations of the College and delegates the powers and duties to administer and supervise academic and budgetary units to their appropriate administrators, including, but not limited to, the authority and responsibility for appointments, removal, reassignments, and other personnel decisions. Appropriate authority is delegated to administrators including, but not limited to, the provost, deans, and program/unit directors.

**Annual Program Budget Summary:**

- **Budget Allocated:** \$235,555
- **Ending Margin:** \$238,346
- **Significant Changes Made or Needed:** Increase to \$245,819 in 2007

<b>HIGHLIGHT #1 – INCREASE COMMUNITY VISIBILITY</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Increase Community Visibility
<b>WHY IS THIS IMPORTANT?</b> Name recognition, credibility for our graduates, recruit high caliber students and staff
<b>WHAT DID WE DO?</b> Developed and worked an ambitious Community Involvement Plan; Reappointed a new chair when last one went on leave, submitted Press Releases and articles to Business Journal, Synapse, New Directions, encouraged staff and faculty to be active in organizations; Gave over 900 hours of staff release time for community benefit and involvement. Hampton became officer in CAEC; Janice became active attendee; provided release time for 3 staff to attend presentation on "Getting involved on a Community Board" and for 5 staff to attend task force meetings at Olympic High School; Provided 45 students for the annual "Sister to Sister" National Heart Week event.
<b>HOW DID WE DO?</b> Moderately.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Further expansion of name recognition and visibility through the following actions: Expand quality of and then distribution of alumni newsletter. Develop quality Fact Book, Annual Report, and "Quick Facts" page, print and distribute widely. Develop a publicity campaign for hiring managers within CHS to tout the quality of our programs and graduates. Invite representatives from the press to visit the campus. Invite regionally prominent graduation speakers. Establish a faculty "speakers bureau"; more consistently write and follow up on submissions to local media to include LaNoticia, Charlotte Observer, etc.

<b>HIGHLIGHT #2 – ACCREDITATION PROCESS</b>
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b> Accredited College; accredited programs.</p>
<p><b>WHY IS THIS IMPORTANT?</b> Credibility for our graduates and staff; professional recognition; pursuit of excellence.</p>
<p><b>WHAT DID WE DO?</b> Restructured the management hierarchy; hired highly qualified Provost and IRC, began work on strategic plan, submitted Rad Tech, Surg Tech, and Phlebotomy Self Studies; hosted Surg Tech accreditation visit; achieved reaffirmation of phlebotomy accreditation, sent one individual to SACS mid year meeting, two to SACS annual meeting, provided release time for two nursing faculty/staff to make NLN-AC visits, financed one nursing faculty member's training to become NLN-AC site visitor.</p>
<p><b>HOW DID WE DO?</b> Extremely well.</p>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Begin preparation for SACS reaffirmation (including self audit); Host JRCERT visiting team; Begin exploration of national accreditation for paramedic program, send multiple educators to various SACS assessment, mid-year, and annual meetings.</p>

<b>LOWLIGHT #1 – EMPLOYEE SATISFACTION</b>
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b> Increase staff and faculty satisfaction with facility.</p>
<p><b>WHY IS THIS IMPORTANT?</b> Employee satisfaction, morale</p>
<p><b>WHAT DID WE DO?</b> Spent approximately \$180,000 on building enhancements, classroom furniture, mag locks on all doors, cameras on all exterior doors, rent for expanded space, rehabbed 4 offices and a faculty work area, provided additional study facility for students, completed the removal of all "flippy top desks" from classrooms, revised scheduling paradigm to relieve crowding of lobby and competition for classrooms, hired a "day porter" to clean mid-morning each day, changed building supervisor 3 times, fired old cleaning team and hired new one, instituted monthly office dusting program, doubled the contract for spot cleaning of carpet, operationalized the food kiosk that had been on trial basis in 2005, approved six requests to change offices, complete with furniture moves and technology transfers, new locker room furniture.</p>
<p><b>HOW DID WE DO?</b> No noticeable improvement in faculty/staff perception of satisfaction with facility.</p>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Same.</p>

**LOWLIGHT #2 – TECHNOLOGY SATISFACTION**

**WHAT DID WE TRY TO ACCOMPLISH?**

Increase faculty satisfaction with technology.

**WHY IS THIS IMPORTANT?**

Excellence in education, employee morale.

**WHAT DID WE DO?**

Approximately \$600,000 spent on technological (\$318K grant funded): Simulation lab, new desktop and student computers, three additional projection systems, two symposia, upgraded student information system, new network with expanded network size, made Mercy SON's student information system accessible to CCHS Business Office staff, installed guest wireless network, installed additional copier and upgraded all networked copiers to provide scanning and emailing capabilities.

**HOW DID WE DO?**

No dramatic increase in satisfaction.

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Same.

## BUSINESS OFFICE

**Purpose of Unit:** The purpose of the Business Office is to provide business and financial services to the college in the areas of accounting and tuition management, financial aid, budgeting, purchasing, debt management, internal auditing, management of the bookstore, and all other cashiering functions.

**Annual Program Budget Summary:**

- **Budget Allocated:** \$431,056.00
- **Ending Margin:** +17.4%
- **Significant Changes Made or Needed:** N/A

<b>HIGHLIGHT #1 – ONLINE BOOKSTORE</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Close the onsite campus bookstore for an online version.
<b>WHY IS THIS IMPORTANT?</b> The closure of the bookstore and relocation of the business office allowed space to be available for the simulation lab. It also allowed for the streamlining of the business office functions in one area. The bookstore clerk was then able to assume more cashiering and student tuition account duties.
<b>WHAT DID WE DO?</b> The business office did several mailings to students, both to their homes and CCHS mailboxes, to inform them of the change to an online bookstore. There were also information and training sessions held for students. The bookstore had a countdown to closure and going out of business sale.
<b>HOW DID WE DO?</b> Logo and textbook merchandise was reduced due to the sales. Textbooks that were left were either returned to the publishers for a refund or sold to MBS. Logo merchandise continues to be available for purchase.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Continue with the online bookstore and improve student perceptions of using an online store.

<b>HIGHLIGHT #2 – SUPPORT MERCY SON</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Supply financial aid and business office functions to Mercy School of Nursing.
<b>WHY IS THIS IMPORTANT?</b> For MSON to benefit from the knowledge and experience attained by the professional staff at CCHS through a service contract. Non-duplication of trained personnel.
<b>WHAT DID WE DO?</b> Contracted with MSON to provide financial aid and business office services to students through the addition of one support staff person.
<b>HOW DID WE DO?</b> By adding one additional support staff member the CCHS business office was able to provide service to MSON while continuing to provide good customer service to CCHS students. Outstanding receivables for year-end 2006 were down 82%.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Continue to provide excellent service to MSON and CCHS students in the areas of financial aid and business affairs and to convert MSON to an automated system.

**HIGHLIGHT #3 – REDUCE FINANCIAL LIABILITIES**

**WHAT DID WE TRY TO ACCOMPLISH?**

Decrease outstanding receivables at CCHS.

**WHY IS THIS IMPORTANT?**

Reduces financial liabilities.

**WHAT DID WE DO?**

Monthly notices to students with an outstanding balance were sent on a regular basis and students were removed from enrollment for non-payment.

**HOW DID WE DO?**

Decreased outstanding receivables in 2006 by 32.5%.

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Continue to decrease outstanding tuition receivables.

**LOWLIGHT #1 – TIMELY LOAN BILLING**

**WHAT DID WE TRY TO ACCOMPLISH?**

Place CHS loans with the billing company, ACS, in a timely manner.

**WHY IS THIS IMPORTANT?**

The earlier students are contacted regarding repayment, the more likely they are to pay.

**WHAT DID WE DO?**

**HOW DID WE DO?**

Only met the goal of placing within 4 weeks during one quarter in 2006.

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Meet the goal of placing accounts within 4 weeks to ACS.

## STUDENT SERVICES

**Purpose of Unit:** The mission of the Student Services department is to facilitate and provide reliable student services through the education process in a caring environment. We are student advocates committed to providing excellent support leading to successful program completion and career placement.

**Annual Program Budget Summary:**

- **Budget Allocated:** \$402,153
- **Ending Margin:** 8.6%
- **Significant Changes Made or Needed:** Positive margin due primarily to unexpected staff departures. No significant changes made to budget request for 2007.

<b>HIGHLIGHT #1 – PLACEMENT PROCESS</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Based on 2005 student surveys, student satisfaction with the placement process was low. For 2006, Student Services had a goal of achieving 70% satisfaction with the placement process which would indicate a significant improvement over 2005.
<b>WHY IS THIS IMPORTANT?</b> The placement process is important for two reasons. First, we have an obligation to our students to assist them in the placement process and help them find employment in their chosen field following graduation. Second, we have an obligation to the healthcare system to encourage our students to choose positions at CHS as a result of our relationship with the system.
<b>WHAT DID WE DO?</b> We worked hard to improve communications with the New Grad Center and to create a calendar of placement events and activities that was publicized in advance. We made some placement sessions "mandatory" by tying them into existing plans (i.e. NUR 202 orientation).
<b>HOW DID WE DO?</b> We achieved 70% satisfaction on end of program surveys with 39% of the students rating their satisfaction as "excellent".
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Continue to improve this process and to create better lines of communication.

## HIGHLIGHT #2 – CLIMATE OF TRUST

### WHAT DID WE TRY TO ACCOMPLISH?

In 2004, the first system-wide employee satisfaction survey was conducted. Based on these scores, the climate of trust indicator for student services was 2.00 (on a 4.00 scale). The goal for 2006, the next implementation of this survey, was to raise this trust score to 3.85 (the 2004 college average).

### WHY IS THIS IMPORTANT?

The climate of trust score indicates the satisfaction employees have in their position and the level of trust and respect they have for the leadership. a low score indicates that leadership is not doing a very good job of engaging employees.

### WHAT DID WE DO?

Specific activities were conducted to address the various questions leading into the trust score. Specifically, leadership and employees met regularly to talk about issues and to open the lines of communication.

### HOW DID WE DO?

The score for 2006 increased to 3.88 exceeding the target goal.

### WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue to maintain a high level of trust within the department.

## HIGHLIGHT #3 – UPGRADE FX

### WHAT DID WE TRY TO ACCOMPLISH?

Upgrade student database system (Fx) to the newest version (from 3.68 to 5.0) and migrate the existing data.

### WHY IS THIS IMPORTANT?

Problems with the database in the past had prevented us from installing several recent upgrades and the service of the version we were using was being eliminated. Furthermore, the features and functionalities of the new version were more in line with what we wanted and the direction we needed to go to continue to expand services to students.

### WHAT DID WE DO?

Contracted with Champlain Software to conduct a review of existing data, scrub old/unused data from the database, migrate the date from the old version to the new, and create new reports.

### HOW DID WE DO?

All of this was accomplished by October 2006 with minimal interruption to service. While there are some lingering issues as we integrate our processes into the new version, many of these are being resolved.

### WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue to utilize the new features of this version and expand to the new updates as they become available - including online capabilities.

**LOWLIGHT #1 – STAFF RETENTION**

**WHAT DID WE TRY TO ACCOMPLISH?**

Maintain 100% retention of staff in 2006

**WHY IS THIS IMPORTANT?**

Continuity of staff is important to maintain positive and excellent work flows, to build upon successes and to continue to implement policies efficiently and effectively.

**WHAT DID WE DO?**

We restructured some responsibilities to provide excellent performers with more responsibility and to align the work flow more efficiently

**HOW DID WE DO?**

Unfortunately, turnover was high in 2006 at 38% (3 / 8). One of the departures was a medical leave of absence where the staff member did not return and another was personal (birth of a new child). The final departure was a change in positions to accommodate more salary.

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Hire to full staffing and maintain 100% retention of employees.

## GENERAL EDUCATION

**Purpose of Unit:** The general education component of the curricula support the purpose of the College by opening doors to a broader understanding of society and self, as students develop into responsible professionals in the health sciences. These courses, coupled with the courses in the major, also help the student develop competencies in reading, writing, oral communication, basic mathematical skills, and the use of the computer.

**Annual Program Budget Summary:**

- **Budget Allocated:** 295, 022
- **Ending Margin:**
- **Significant Changes Made or Needed:**

<b>HIGHLIGHT #1 – UPDATE MICROBIOLOGY LAB</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Improve the Microbiology lab component with regard to adding new, current experiments that also kindle student interest
<b>WHY IS THIS IMPORTANT?</b> DNA technology is a reality in our society. Students are also citizens and may be asked to vote for approval on various DNA technologies. Additionally, DNA technology is now an accepted technology in trials.
<b>WHAT DID WE DO?</b> Added 4 new experiments to help students understand new technologies
<b>HOW DID WE DO?</b> The transformation lab is hugely successful. The DNA extraction lab is also enjoyed by students.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Continue to refine the Micro lab repertoire of experiments

<b>HIGHLIGHT #2 – EXPAND ELECTIVES</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Expand Gen Ed electives
<b>WHY IS THIS IMPORTANT?</b> Students can transfer humanities credit toward a BSN degree. To provide enriching courses for our students
<b>WHAT DID WE DO?</b> Add a Music Appreciation course to the Gen Ed curriculum
<b>HOW DID WE DO?</b> Student evaluations indicate that Music Appriciation was a tremendous success in terms of student satisfaction. Students rate the course as a 5 out of 5.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Continue to offer courses that enrich students and that will transfer for those students continuing in their education.

### HIGHLIGHT #3 - PERMANENT PSYCHOLOGY INSTRUCTOR

**WHAT DID WE TRY TO ACCOMPLISH?**

Secure a competent psychology instructor who will continue in the position

**WHY IS THIS IMPORTANT?**

Recently, psychology instructors have been a "revolving door" phenomenon. Continuity and parity of instruction as well as student satisfaction have been affected.

**WHAT DID WE DO?**

Hire a institutional research person who is also well qualified as a psychology instructor, resulting in a permanent Psychology instructor.

**HOW DID WE DO?**

Time will tell. Anecdotal reports from students indicate success.

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

### LOWLIGHT #1 – MICROBIOLOGY & SURGICAL TECHNOLOGY STUDENTS

**WHAT DID WE TRY TO ACCOMPLISH?**

Improve Surg Tech student success and satisfaction with microbiology

**WHY IS THIS IMPORTANT?**

Surg Tech students must pass Microbiology in order to succeed in their program

**WHAT DID WE DO?**

Weekly lecture review sessions were offered for the Surg Tech students.

**HOW DID WE DO?**

Surg Tech students were successful in the course

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Offer review session for both lecture and lab.

### LOWLIGHT #2 – GENERAL EDUCATION ASSESSMENT

**WHAT DID WE TRY TO ACCOMPLISH?**

Put a new assessment methodology in place for Gen Ed courses

**WHY IS THIS IMPORTANT?**

Assessment is key to evaluating the success of Gen Ed curricula in meeting the departmental learning goals

**WHAT DID WE DO?**

Departmental goals were formulated. Changes in curricula to match the goals are currently taking place. Changes include incorporating short answer questions on tests, written lab homework assignments that demonstrate critical thinking in Anatomy labs and a Microbiology written assignment in the lecture portion of the class

**HOW DID WE DO?**

the jury is still out. So far, the students are handling the essay questions on tests well.

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Continue to refine the Gen Ed curricula to match the learning Goals of the department.

## CLINICAL LABORATORY SCIENCES - MEDICAL TECHNOLOGY PROGRAM

**Purpose of Unit:** In support of the mission of the College, the purpose of the Clinical Laboratory Science programs of study is to prepare graduates to function as providers of service in a laboratory. The medical technologist/clinical laboratory scientist is an allied health professional who is qualified by academic and practical training to provide service in clinical laboratory science. Graduates are prepared to perform entry-level laboratory skills in a variety of settings and to seek continuing education opportunities. The curriculum is designed to develop critical thinking skills by integrating theoretical concepts with clinical laboratory training. The Phlebotomist is qualified to obtain blood samples for diagnostic or therapeutic procedures. Graduates of both programs receive a certificate that is not contingent upon passing a certification or licensure exam.

**Annual Program Budget Summary:**

- **Budget Allocated:** 329,623
- **Ending Margin:** 321,702
- **Significant Changes Made or Needed:** none

<b>HIGHLIGHT #1 – 100% EXAM PASS RATE</b>
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b> 100% passing rate on BOR</p>
<p><b>WHY IS THIS IMPORTANT?</b> Outcomes analysis and program accreditation</p>
<p><b>WHAT DID WE DO?</b> Purchased practice tests from the BOR and bulked up our review.</p>
<p><b>HOW DID WE DO?</b> 3 students scored in the top 5-8% of the nation for their testing quarter</p>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Continue with the pass rates</p>

## HIGHLIGHT #2 – RECRUIT MORE JANUARY STUDENTS

### WHAT DID WE TRY TO ACCOMPLISH?

Tried to increase the number of students from 1 to 4 in the 2006 January Class

### WHY IS THIS IMPORTANT?

Need graduates to fill needed lab vacancies in January.

### WHAT DID WE DO?

Recruited more and the word got around

### HOW DID WE DO?

We had 3 students to start January 2006 and graduate in 2007

### WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

To have 4 students in January 2007 that graduate in January in 2008

## HIGHLIGHT #3 – GRADUATE PLACEMENT

### WHAT DID WE TRY TO ACCOMPLISH?

Place graduates in the CHS system

### WHY IS THIS IMPORTANT?

For lab support

### WHAT DID WE DO?

Encourage students to take jobs here. The loan forgiveness helps.

### HOW DID WE DO?

10 graduated in 2006 and 8 out of 10 stayed in CHS system

### WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

The same.

## LOWLIGHT #1 – IMPROVE MOLECULAR PATHOLOGY

### WHAT DID WE TRY TO ACCOMPLISH?

To improve the molecular pathology section.

### WHY IS THIS IMPORTANT?

All roads will lead to molecular pathology and the PCR instrumentation. Viral and genetic analysis is the way of the future.

### WHAT DID WE DO?

In 2006 we had more molecular and PCR pathology lectures and developed a 5 day rotation in this area.

### HOW DID WE DO?

Worked with the techs and director of that department.

### WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

For 2007 we have merged the molecular pathology rotation into the immunology course to see if the students like this better.

Also microbiology instructor is reworking the Virology and TB portion of the microbiology rotation.

**LOWLIGHT #2 – REPLACE MICROBIOLOGY INSTRUCTOR**

**WHAT DID WE TRY TO ACCOMPLISH?**

To find replacement for microbiology instructor who went on medical leave unexpectedly in Feb. 2006

**WHY IS THIS IMPORTANT?**

We are so specialized that it is difficult to find anyone

**WHAT DID WE DO?**

Went to former microbiology employees

**HOW DID WE DO?**

Called them on the phone and asked if they could split the week. Also asked for assistance from CMC laboratory.

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Hope that we will not have to do that again.

## CLINICAL LABORATORY SCIENCES - PHLEBOTOMY PROGRAM

**Purpose of Unit:** In support of the mission of the College, the purpose of the Clinical Laboratory Science programs of study is to prepare graduates to function as providers of service in a laboratory. The medical technologist/clinical laboratory scientist is an allied health professional who is qualified by academic and practical training to provide service in clinical laboratory science. Graduates are prepared to perform entry-level laboratory skills in a variety of settings and to seek continuing education opportunities. The curriculum is designed to develop critical thinking skills by integrating theoretical concepts with clinical laboratory training. The Phlebotomist is qualified to obtain blood samples for diagnostic or therapeutic procedures. Graduates of both programs receive a certificate that is not contingent upon passing a certification or licensure exam.

<b>HIGHLIGHT #1 – INCREASE CERTIFICATION EXAMS</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Encouraged classes to take ASCP National Certification Exam within a year of program completion
<b>WHY IS THIS IMPORTANT?</b> Professional credibility and personal development
<b>WHAT DID WE DO?</b> 5 students took national boards in 2006
<b>HOW DID WE DO?</b> 5 passed = 100 % for 2006
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> increase the number of students sitting for national boards and passing

<b>HIGHLIGHT #2 – IMPROVE CHS EDUCATIONAL OPPORTUNITIES</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Improve and increase educational opportunities for any staff performing phlebotomy within the Carolinas HealthCare System
<b>WHY IS THIS IMPORTANT?</b> Improve patient care by providing quality laboratory specimens; improve patient and employee satisfaction due to improved techniques and awareness of new standards
<b>WHAT DID WE DO?</b> Offered Phlebotomy Skills Update classes (3-4 hour classes) for CHS and Carolinas Physician Network
<b>HOW DID WE DO?</b> offered classes in January, May, June, and November 2006 for a total of 31 participants
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> For 2007, we have quarterly Phlebotomy Skills Update classes scheduled--- a more regular schedule!

### HIGHLIGHT #3 – PEDIATRIC TRAINING FOR NURSES

**WHAT DID WE TRY TO ACCOMPLISH?**

Collaboration with Pediatric Educators at CMC-Main and the Clinical Laboratory to develop a class or module for training nurses in peds

**WHY IS THIS IMPORTANT?**

Improved patient care, interdisciplinary collaboration, increase knowledge and skills

**WHAT DID WE DO?**

Susan Thomasson worked with CMC-Lab and Pediatrics division at CMC to develop an educational training module to be used for all nurses in the Peds departments at CMC-main

**HOW DID WE DO?**

Had a class in November 2006 for all the Peds. Nurse educators to present the module, and answer laboratory-related questions about phlebotomy, lab testing requirements, and hopefully, began the "train the trainer" concept for this area.

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Offer ongoing support and direction (and updates as needed) with CMC-main; Offer this same train the trainer module/class concept to other CHS hospitals as requested.

### LOWLIGHT #1 – INCREASE COMMUNITY INVOLVEMENT

**WHAT DID WE TRY TO ACCOMPLISH?**

Increased community involvement by Phlebotomy Classes

**WHY IS THIS IMPORTANT?**

Increase awareness of community needs, opportunities, and raise community awareness of CCHS programs

**WHAT DID WE DO?**

Class of Spring 2006 offered the opportunity to participate in the Charlotte area's Heart of a Woman Health Fair in Feb. 06

**HOW DID WE DO?**

Several students took advantage of this opportunity and were able to contribute time and fingersticks for the Health Fair. Great learning/practice for the students.

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Students for Spring 2007 offered the same participation in the national Sister to Sister Heart Health Fair; Plan to contact Corporate Health to see if other health fairs are available for student participation!

## EMERGENCY MEDICAL SCIENCES

**Purpose of Unit:** In support of the mission of the College and Department of Emergency Medicine, this curriculum is designed to prepare graduates to enter the workforce as paramedics. Additionally, the program can provide an Associate Degree for individuals desiring an opportunity for career enhancement. This course of study provides the student an opportunity to acquire basic and advanced life support knowledge and skills by utilizing classroom instruction, practical laboratory sessions, hospital clinical experience, and field internship with emergency medical service agencies. Students progressing through the program become eligible to apply for both state and national credentialing exams. Employment opportunities include ambulance services, fire and rescue agencies, air medical services, specialty areas of hospitals, industry, educational institutions, and government agencies.

**Annual Program Budget Summary:**

- **Budget Allocated:** 169,668
- **Ending Margin:** 0
- **Significant Changes Made or Needed:**

<b>HIGHLIGHT #1 – INCREASE EXAM FIRST TIME PASS RATE</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Increase First Time Pass Rate on Paramedic Exam
<b>WHY IS THIS IMPORTANT?</b> Highest Average Possible and Speaks to Quality of Educational Experience
<b>WHAT DID WE DO?</b> 100% First Time Pass Rate on Paramedic Exam
<b>HOW DID WE DO?</b> Great Teaching and Focus
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Keep the pass rate at 100%

<b>HIGHLIGHT #2 – LAUNCH PART-TIME PROGRAM</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Launch a Part Time Paramedic Program
<b>WHY IS THIS IMPORTANT?</b> Future Funding Depends on Program
<b>WHAT DID WE DO?</b> Started a part Time Diploma Paramedic Program
<b>HOW DID WE DO?</b> Marketing and Modeled the program after the full time diploma program
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Graduates of Program

<b>HIGHLIGHT #3 – TEACH EMT COURSE</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Teach an EMT Course
<b>WHY IS THIS IMPORTANT?</b> Meet the employment needs of MEDIC
<b>WHAT DID WE DO?</b> Taught 2 EMT classes for MEDIC
<b>HOW DID WE DO?</b> Taught the course as part of new employee orientation
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Teach 3 courses annually

<b>LOWLIGHT #1 – TEACH PROGRAM WITHOUT INTERRUPTIONS</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Teach the full time Paramedic program without interruptions
<b>WHY IS THIS IMPORTANT?</b> Contractual agreement with MEDIC and program reputation
<b>WHAT DID WE DO?</b> Had to stop program due to limited staff at MEDIC
<b>HOW DID WE DO?</b> Developed a plan to stop the program at a semester break and restart after employee numbers rose
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Teach program annually without interruptions

## NURSING

**Purpose of Unit:** In support of the College Mission, the nursing program of study prepares graduates to practice entry-level nursing according to the core components of nursing practice as outlined by the National League for Nursing, in a variety of healthcare settings. The core components and competencies include: professional behaviors, communication, assessment, clinical decision making, caring interventions, teaching and learning, collaboration, and managing care.

**Annual Program Budget Summary:**

- **Budget Allocated:** \$1,725,981
- **Ending Margin:** \$7,625 (0.44%)
- **Significant Changes Made or Needed:** Propose separation of NA Program from Nursing Program with a separate cost center. This will allow more accurate representation of NA faculty/staff FTE usage/needs and supply usage/needs.

<b>HIGHLIGHT #1 – PILOT SHADOWING PROGRAM</b>
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b> Pilot study a shadowing program for nursing students at the beginning level in the fall 2006 semester.</p>
<p><b>WHY IS THIS IMPORTANT?</b> To provide students with a realistic picture of the role of the registered nurse.</p>
<p><b>WHAT DID WE DO?</b> Provided each student with an opportunity to shadow a nurse for a one-day experience with an opportunity to reflect on that experience through journaling.</p>
<p><b>HOW DID WE DO?</b> The Associate Dean, Sara Masters, worked in collaboration with the Nursing 101 faculty and CHS facilities to coordinate the shadowing experience. Feedback regarding the experience was very positive with validation of career choice for the majority of the student participants.</p>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> To integrate this shadowing experience as a permanent requirement of the beginning nursing level.</p>

<b>LOWLIGHT #1 – SCHEDULE USAGE OF SKILLS LAB</b>
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b> Schedule of students in multiple programs for usage of the Skills Lab</p>
<p><b>WHY IS THIS IMPORTANT?</b> To maintain optimal access of the Skills Lab by all program students in order to meet program requirements for skill competency</p>
<p><b>WHAT DID WE DO?</b> Worked with LRS, Associate Dean of SON, SON faculty, NA coordinator, and NA faculty to schedule lab usage related to skill demonstration, practice time for students, and competency testing.</p>
<p><b>HOW DID WE DO?</b> Conflict especially between NUR 101 (where the majority of the skills are taught and tested) and the NA Program; Lab access for practice and skill demonstration was difficult to schedule for both programs.</p>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Develop a more efficient and thoughtful mechanism for determining lab usage with incorporation of the Simulation Lab for some experiences by the Nursing Program.</p>

## NURSE AIDE

**Purpose of Unit:** The Nurse Aide program is designed to train health care assistants in basic skills necessary to assist nurses in a variety of health care settings and to be efficient health care team members.

<b>HIGHLIGHT #1 – START NA II COURSE</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Start a Nurse Assistant II course
<b>WHY IS THIS IMPORTANT?</b> CHS had a need for their CNA I to become NA II.
<b>WHAT DID WE DO?</b> In September of 2006, there were 17 students that successfully registered as a certified NA II in North Carolina.
<b>HOW DID WE DO?</b> There were staffing problems and inconsistencies with the student schedule
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> The course will be fully staffed and the students will be more satisfied with the administration of the course.

<b>LOWLIGHT #1 – RUN NA I AND NA II PROGRAMS CONSISTENTLY</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Nursing Assistant department have enough staff and physical resources to run both the NA I and NA II programs.
<b>WHY IS THIS IMPORTANT?</b> We want the clients to be satisfied with their learning experience to become a NA I or NA II. It is hoped that with increased satisfaction that CHS and the Mecklenburg community will be confident that the NA program offered at CCHS is an excellent program. In addition, the pre-nursing students need to be competent nurse assistants to help them succeed in the nursing program.
<b>WHAT DID WE DO?</b> The NA department's current staff was reviewed by the program coordinator. Many staff members were inactive and needed to be terminated. Two of the faculty resigned. This left 5 positions to be filled. Only 4 out of the 5 positions have been filled. The NA II course is currently being reviewed and updated so that the course will run more smoothly. The NA department staff is being assessed to teach NA II. All NA department staff that are qualified and want to teach NA II will submit a form to the North Carolina Board of Nursing to be reviewed to be a NA II educator. If extra staff is needed, then the school of nursing staff will be assessed to help teach the NA II course. There will be a primary instructor for the course. The last time there were several people teaching the lecture, which created some sense of inconsistency and led to some student dissatisfaction.
<b>HOW DID WE DO?</b> The 5 PRN positions were posted. Interviews were conducted and 4 out of the 5 positions have been filled. Interviews are being set up for the last PRN position.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> We want a full staff that is consistent with the students as well as a program that meets the majority of the clients expectations.

## RADIOLOGIC TECHNOLOGY

**Purpose of Unit:** Radiologic science is the study and use of ionizing radiation and other forms of energy to provide technical information and assistance to a physician to diagnose disease and injuries. In support of the purpose of the college, the Radiologic Technology Program of study prepares graduates who have a foundation in the performance of basic diagnostic imaging procedures. Graduates are prepared to practice entry-level diagnostic imaging procedures in a variety of settings and to seek life-long learning opportunities.

**Annual Program Budget Summary:**

- **Budget Allocated:** 280,611
- **Ending Margin:** 1.4% (276,624)
- **Significant Changes Made or Needed:** Request capital for 2008 budget: \$16,581 for a diagnostic work station to enhance Computed Radiography equipment in Radiology energized lab.

<b>HIGHLIGHT #1 - INCREASE EXAM FIRST TIME PASS RATE</b>
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b> 100% of graduates will pass the ARRT certification examination at the first attempt of the examination.</p>
<p><b>WHY IS THIS IMPORTANT?</b> To satisfy two Radiologic Technology Program Goals: Goal 5: The program will base courses on current knowledge and practice. Outcome 1: Student learning outcomes will reflect JRC/ERT standards. Measurement Tool: ARRT Examination Benchmark: 100% of those taking examination will pass at first attempt. Time Frame: Annually in May Person/Group Responsible: Program Faculty</p> <p>Goal 8: Graduates will positively reflect overall program effectiveness. Outcome 1: Graduates will pass the ARRT examination. Measurement Tool: ARRT Examination Benchmark: 100% of those sitting for examination will pass at first attempt Time Frame: Annually in May Person/Group Responsible: Program Faculty</p>
<p><b>WHAT DID WE DO?</b> Provide a curriculum and academic practices which promote the synthesis of theory, use of current technology, competent clinical practice, and professional values.</p>
<p><b>HOW DID WE DO?</b> 100% of graduates for past 20 out of 21 years has passed the ARRT certification examination at the first attempt of the examination.</p>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> 100% of graduates will pass the ARRT certification examination at the first attempt of the examination.</p>

## HIGHLIGHT #2 – INCREASE CRITICAL THINKING SKILLS

### WHAT DID WE TRY TO ACCOMPLISH?

Increase student development of problem solving and critical thinking skill.

### WHY IS THIS IMPORTANT?

JRC/ERT Standard 4.3 states: "Does the program provide a curriculum that promotes professional values, life-long learning, and competency in critical thinking and problem solving skills?"

### WHAT DID WE DO?

Clinical faculty developed and incorporated additional critical thinking "projects" into 2 program specific courses: RAD 111 and RAD 213.

### HOW DID WE DO?

Utilized radiology energized lab to teach students how to develop methods for obtaining radiographic images on mock patients who were not classified as "average" or "normal" (they simulated trauma injuries).

### WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue to increase the development of problem solving and critical thinking skills in our student population.

## HIGHLIGHT #3 – INCREASE SURVEY RESPONSE RATES

### WHAT DID WE TRY TO ACCOMPLISH?

Increase response rate to 50% on the 6-Month Alumni and 6-Month Employer surveys

### WHY IS THIS IMPORTANT?

Provides valuable assessment data for continuous improvement of program

### WHAT DID WE DO?

Provided personal contact to alumni and employers of graduates to stress value of information obtained from surveys.

### HOW DID WE DO?

Alumni response rate = 53%

Employer response rate = 74%

### WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Maintain response rate expectations at a minimum of 50% - but attempt to increase above year 2006 response rate

## LOWLIGHT #1 – INCREASE GRADUATION RATE

### WHAT DID WE TRY TO ACCOMPLISH?

Increase program graduation rate

### WHY IS THIS IMPORTANT?

IE Goal II, Criteria 6

### WHAT DID WE DO?

Submitted recommendation to implement a 3-tiered Acceptance Process in 2007.

### HOW DID WE DO?

Recommendation was approved by college Leadership Team and will be placed into use with students applying for the fall, 2008 class.

### WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Increase graduation rate from 60% in year 2006 to 70% in year following implementation of recommendation.

## SURGICAL TECHNOLOGY

**Purpose of Unit:** In support of the purpose of the College, the Surgical Technology Program prepares graduates to assume valuable functions in a variety of surgical settings, including hospitals (operating rooms, emergency rooms, labor and delivery rooms), doctors' offices, clinics and surgery centers. Graduates are prepared to practice as entry-level surgical technologists and to seek life-long learning opportunities.

**Annual Program Budget Summary:**

- **Budget Allocated:** 161,634
- **Ending Margin:** 14,401
- **Significant Changes Made or Needed:** Budget decreased to 149,723

<b>HIGHLIGHT #1 – 100% GRADUATES TAKE CERTIFICATION EXAM</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Having 100% of graduates take the Certification Exam
<b>WHY IS THIS IMPORTANT?</b> Although not mandatory in this region certification is another tool to gauge student learning
<b>WHAT DID WE DO?</b> Provided review sessions and practice tests. Assisted with application completion, arranged for students to take certification the week of graduation
<b>HOW DID WE DO?</b> 7 of 8, or 88 % took exam
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> 100%

<b>HIGHLIGHT #2 – VISIBILITY THROUGH PLACEMENT</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Increase visibility of program within CHS
<b>WHY IS THIS IMPORTANT?</b> Improve employment opportunities for graduates
<b>WHAT DID WE DO?</b> Added additional clinical site (CMC Pineville)
<b>HOW DID WE DO?</b> Additional clinical site successful in terms of student and clinical site evaluations of students. However, there were not job opportunities available at this site due to no vacancies.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Continue clinical partnership to maintain visibility with hopes of placing graduates as vacancies present.

**LOWLIGHT #1 - 100% EXAM PASS RATE**

**WHAT DID WE TRY TO ACCOMPLISH?**

100% pass rate on first attempt of taking Certification Exam

**WHY IS THIS IMPORTANT?**

Another tool to measure student learning outcomes

**WHAT DID WE DO?**

Provided review sessions and practice exams for students during last semester. Encouraged students to study on own to improve chances of success

**HOW DID WE DO?**

5 of 7 (71% passed on first attempt)

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

100% pass rate on first attempt

***COMMITTEES & FUNCTIONAL  
GROUPS***

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# ADMISSION, PROGRESSION, AND GRADUATION COMMITTEE

Completed by: John Tartt

Significant Committee Accomplishments:

SUMMARY OF COMMITTEE ACTIVITIES
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Fairly and Consistently apply the policies of Carolinas College of Health Sciences to the Admission, Progression and Graduation of all students.
<b>WHY IS THIS IMPORTANT?</b> CCHS wants to admit, retain and graduate the best possible students. With this in mind, it is the responsibility of the APG committee to make sure this is done according to the existing policies and that all students are treated fairly.
<b>WHAT DID WE DO?</b> The APG committee reviewed all admissions, progression issue and graduates in 2006. The committee made sure the policies and procedures of CCHS were followed and we feel confident that we did our best to accomplish all of the tasks that were placed on the agenda in 2006.
<b>HOW DID WE DO?</b> The APG committee feels they were successful in accomplishing the 2006 goal.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Fairly and Consistently apply the policies of Carolinas College of Health Sciences to the Admission, Progression and Graduation of all students.

## COMMUNITY INVOLVEMENT COMMITTEE

Completed by: Kimberley Hollandsworth

**Significant Committee Accomplishments:** Reindeer Raiders this year raised over 240.00 for the Levine Children's Hospital. We had a successful campaign this past December with the CUPS Ministry for gathering coats and food for the homeless. We sponsored over 11 Angels and 14 Silver Bells for the Holiday Cheer Project in conjunction with the Alumni association. We also filled over 35 stockings for the needy children in the area.

<b>SUMMARY OF COMMITTEE ACTIVITIES</b>
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b> To become more involved in the community working with CHS and through CCHS.</p>
<p><b>WHY IS THIS IMPORTANT?</b> Community involvement not only helps the neighbors of the college and sometime the less fortunate but it also allows us to give back to the community and get involved in areas that we may not normally be working in.</p>
<p><b>WHAT DID WE DO?</b></p> <ul style="list-style-type: none"> <li>○ The college exceeded its 2006 fundraising goals for Children’s Miracle Network, United Way and Arts and Sciences council giving.</li> <li>○ Three general education faculty served as judges at the CMS Science Fair.</li> <li>○ Three staff and faculty members served on Olympic High School’s advisory group and task force as the school grappled with the restructuring it committed to upon winning a Bill and Melinda Gates Grant. Olympic recreated itself as 6 “schools within a school.”</li> <li>○ 23 CCHS student and staff completed the CCHS “Walk for the Arts.” A fundraising and awareness-related initiative that introduced participants to public art in uptown Charlotte.</li> <li>○ The college hosted over 60 attendees from CHS and the Charlotte community at its annual Martin Luther King, Jr., tribute</li> <li>○ 60 CCHS nursing students partnered with the Allegro Foundation, an organizations that assists disabled children though movement and dance, in completing their pediatric nursing requirements</li> <li>○ 53 CCHS students and staff assisted with drawing blood, taking vital signs and counseling at the annual “Sister to Sister” day, sponsored y Sanger Heart Clinic</li> <li>○ CCHS alumni., staff, and students collected over 27 grocery bags of school supplies for the Charlotte “School Tools” drive for needy children</li> <li>○ CCHS staff and students collected toys for 39 Christmas “angels” – names provided by the Christmas Bureau</li> <li>○ CCHS “Reindeer Raiders” solicited loose change in the month prior to Christmas, with proceeds going to the Levine Children Hospital</li> <li>○ CCHS alumni stuffed over 50 stockings with small toys for the Salvation Army Christmas project</li> <li>○ 15 Alumni represented CCHS among the Christmas Bureau volunteer staff</li> <li>○ A CCHS collection for CUP’s ministry (for the homeless) netted a huge box of winter coats and men’s and women’s clothing for cold-weather distribution</li> </ul>
<p><b>HOW DID WE DO?</b> The College and Community Involvement Committee were successful in being involved in a variety of community activities during 2006. Alumni, students, faculty and staff were worked with a diverse group of community organizations to be visible and helpful within the community.</p>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Get the community of CCHS more involved with projects for the community as well as attaining more important roles outside of the college itself. These efforts will be undertaken to show the community that CCHS cares and hopes to give back to a community that has long supported CHS and CCHS.</p>

## CURRICULUM COMMITTEE

Completed by: Ellen Sheppard

**Significant Committee Accomplishments:** Evaluated and approved revision to Radiologic Technology curriculum to realign it with SACS requirements.

SUMMARY OF COMMITTEE ACTIVITIES
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b></p> <p>Curriculum committee met monthly throughout the year and considered recommendations as offered and took action as needed. Its objective was consider all recommendations which relate to the academic programs offered, to assure high standards of curriculum excellence and student success. The group is also expected to facilitate continued maintenance of accreditation standards by the program personnel.</p>
<p><b>WHY IS THIS IMPORTANT?</b></p> <p>For excellence in education, for appropriate levels of graduate achievement, and to meet our mission of providing the community with top notch entry level healthcare professionals.</p>
<p><b>WHAT DID WE DO?</b></p> <p>Curriculum committee met monthly throughout the year and considered recommendations as offered and took action as needed.</p> <p>Noteable: A review of the Radiologic Technology program curriculum revealed that the program was short of the 60 hours required by SACS for an AAS degree. Upon recommendation from the program director, an additional general education course was added, bringing the total hours to 60. The was approved by the curriculum committee in June, 2006.</p>
<p><b>HOW DID WE DO?</b></p> <p>Very well.</p>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b></p> <p>The committee did not complete an evaluation of the master curriculum of the nursing program. This will be on the agenda for the April, 2007 Curriculum Committee.</p>

## DEVELOPMENT COMMITTEE

Completed by: Kim Bradshaw

**Significant Committee Accomplishments:** Increase awareness and funding for the Carolinas College of Health Sciences Development Fund

SUMMARY OF COMMITTEE ACTIVITIES
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Increase the development fund through the annual alumni phone-a-thon and faculty/staff campaign.
<b>WHY IS THIS IMPORTANT?</b> To build a fund that will support educational projects and needs of the future.
<b>WHAT DID WE DO?</b> Annual alumni phone-a-thon, faculty/staff campaign, started Susan Stricker scholarship committee and continued to solicit funds for the Elinor Caddell scholarship.
<b>HOW DID WE DO?</b> In 2006 raised \$8100.00 with the phone-a-thon. The goal was \$3500.00. This was the most successful phone-a-thon to date. The faculty/staff "Build-A-Student" campaign raised \$3699.00. The development fund at the Foundation increased by 45% in contributions and 110% in investment income to end the year at \$268,484.00.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Continue to grow the development fund through annual fund raisers and alumni support. In 2007, the Development Committee would like to see the Elinor Caddell scholarship reach the \$10,000.00 endowed level.

## EMPLOYEE RETENTION COMMITTEE

Completed by: Lynn Jordan

**Significant Committee Accomplishments:** The Employee Retention committee strives to help all employees feel appreciated by celebrating all departments once a year. Birthdays are also celebrated each month and on the persons Birthday, a banner is placed outside their door to commemorate the occasion.. ERC has also done some things to help students learn the faculty and staff with the picture board.

SUMMARY OF COMMITTEE ACTIVITIES
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b></p> <p>We worked on an activity for each month to help employees feel appreciated and to allow for people to get together with others outside of their department.</p>
<p><b>WHY IS THIS IMPORTANT?</b></p> <p>Building relationships with those not in our departments leads to a better understanding of each other. When a meal is provided, it makes the day more enjoyable, therefore, helping to retain employees.</p>
<p><b>WHAT DID WE DO?</b></p> <p>Picture Board of all faculty/staff placed in the lobby during times of orientation. Faculty/Staff spotlight Put banner over office of employee with a Birthday. Celebrated Surg/Tech week in September Held Octoberfest in October Celebrated Rad Tech week in November Held the annual Holiday party in December with a fun gift exchange game. Celebrated welcoming back in January Celebrated Valentine's day in February Celebrated St. Patrick's day in March Celebrated secretary's week, EMS week, Med Tech week and BLISS day (Business Officer, Learning resources, Institutional Effectiveness, and all of Student Services) in April Celebrated Nurses week and General Education week in May Celebrated summer in June. Have casual days multiple times during the year.</p>
<p><b>HOW DID WE DO?</b></p> <p>We did an excellent job at providing something each month for all faculty/staff. This committee works hard and is time consuming, but we get very positive feedback saying how much people appreciate all that is done.</p>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b></p> <p>We will be looking at the calendar and continue to celebrate each employee. We would like to have a bulletin board to display information related to faculty/staff (Student Life needed the whole bulletin board outside of Nancy Watkins office). We continue to plan on an activity each month.</p>

## EVALUATION COMMITTEE

Completed by: Trish Campbell

### Significant Committee Accomplishments:

1. Evaluations for all courses, clinical sites, and programs, as well as employer, alumni, and personnel surveys, were reviewed. Significant issues were identified and followed up with the appropriate personnel.
2. Rating categories were standardized across all survey instruments.
3. Questions on survey instruments were changed as needed to more accurately assess issues of concern.
4. Employer and alumni surveys were conducted electronically, with improvement in response percentages noted.
5. Issues of concern with the current honor code and administrative dismissal policies were noted, with actions taken to clarify the process and to address concerns.

### SUMMARY OF COMMITTEE ACTIVITIES

#### WHAT DID WE TRY TO ACCOMPLISH?

1. Reviewed summarized data from student evaluations of courses, clinical sites, and programs to track trends and to identify areas of concern.
2. Reviewed data from employer and alumni surveys to track trends and identify areas of concern.
3. Reviewed data from licensure/certification exam reports to track trends and identify areas of concern.
4. Reviewed data from the personnel comprehensive survey to identify areas of concern.
5. Reviewed the process for evaluation of personnel orientation.

#### WHY IS THIS IMPORTANT?

Data from the evaluations is used in quality improvement activities throughout the college, as well as in maintaining accreditation standards for regulating bodies. This data serves to gauge our progress toward CCHS's stated mission and goals.

#### WHAT DID WE DO?

1. Sent a recommendation to the Institutional Research Coordinator and Provost to explore the need to develop a workload analysis tool, including faculty satisfaction with workload (1/06).
2. Established standard Likert scale categories for all surveys.
3. Changed the alumni and employer surveys to an electronic format.
4. Changed wording on survey questions to more accurately assess individual items and to remove questions that are not pertinent.
5. Identified areas of concern in the policies governing honor code and administrative dismissal and sent a recommendation to the Leadership Team, asking for the development of an algorithm to outline and clarify these procedures.
6. Reviewed evaluation schedules and revised as needed.
7. Reviewed the process for evaluating new employee orientation, developed an evaluation tool and a process for ensuring that the data from this tool are analyzed regularly.

#### HOW DID WE DO?

1. Response rates for the employer and alumni surveys rose from 2.86-8.93% with paper/pencil format to 25-71% for alumni and 56-89% for employer surveys after changing to electronic format.
2. Trends and issues noted from reviewing survey data were noted and follow-up conducted with appropriate personnel.
3. The committee continues to follow up on issues of concern related to the honor code/administrative dismissal policies, with further policy revisions recommended and in process.

#### WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

For 2007, a proposal is in place to reorganize the committee structure with a goal of increasing the effectiveness of the evaluation and institutional effectiveness committees. The proposal involves the formation of one College wide Assessment and Planning committee for all planning and assessment functions

with 4 or more sub-teams (planning, research, accreditation, assessment/evaluation) to deal with and integrate all institutional effectiveness issues and activities. Each sub-team would have a Chair who would be part of the larger committee. The current evaluation committee functions would come under the assessment/evaluation sub-team. This reorganization should help to integrate the evaluation and survey data with the overall college goals and strategic plan. Another related goal is to identify and review more trended data, as opposed to a focus on individual survey reports.

# HIPAA

**Completed by: Trish Campbell**

**Significant Committee Accomplishments:**

1. Quarterly HIPAA audits were performed, with all departments scoring 100%.
2. The Student HIPAA Privacy Sanctions Policy was developed to outline steps to take in response to a HIPAA violation by a student.
3. All misuses/violations of HIPAA were reported to the Corporate Privacy office.
4. HIPAA/Corporate Compliance education was provided to all incoming program students.
5. CCHS was represented at all quarterly Corporate Privacy meetings.
6. The Annual Program Assessment was completed with Corporate Privacy staff, with CCHS scoring 100%.

<b>SUMMARY OF COMMITTEE ACTIVITIES</b>
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b></p> <p>The overall purpose of the Facility Privacy Director is to ensure that measures are in place at CCHS to protect the privacy and security of protected health information for the patients served within CHS facilities. This includes reviewing policies and updating as needed; educating students, staff and faculty; communicating with students, staff and faculty re: privacy issues; conducting quarterly and annual privacy audits and reports; investigating any misuses or violations of HIPAA; and ensuring that sanctions are applied appropriately in the event of misuse or violation of HIPAA.</p>
<p><b>WHY IS THIS IMPORTANT?</b></p> <p>Adherence to HIPAA policies and standards is mandatory for all CHS facilities.</p>
<p><b>WHAT DID WE DO?</b></p> <ol style="list-style-type: none"> <li>1. Quarterly audits were performed for each department: nursing, allied health, administrative, and continuing education.</li> <li>2. Misuses/violations of HIPAA were investigated and reported. For the calendar year 2006, there were three instances of students taking material from the clinical unit containing protected health information, one instance of information being faxed to CCHS by another facility by mistake; and one instance of information found on a copier at CCHS.</li> <li>3. HIPAA/Corporate Compliance education was provided to all incoming program students, as well as all phlebotomy students.</li> <li>4. CCHS was represented at all Corporate Privacy meetings. In addition, an annual program assessment was conducted with Corporate Privacy staff.</li> </ol>
<p><b>HOW DID WE DO?</b></p> <ol style="list-style-type: none"> <li>1. Quarterly audits for all departments scored 100%.</li> <li>2. All students who violated HIPAA were placed on action plans. To ensure consistency with student sanctions for HIPAA violations, a new policy was developed: "Student HIPAA Privacy Sanctions Policy." This policy includes a standardized action plan that was used for all of the students. Investigations were conducted re: the remaining two incidents. All violations were reported to Corporate Privacy as required.</li> <li>3. Records of student education were kept by Student Services to ensure compliance with this requirement.</li> <li>4. CCHS scored 100% on the annual program review that was conducted with Corporate Privacy.</li> </ol>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b></p> <p>Continued compliance with all HIPAA policies, as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Quarterly audits will remain at 100% for all departments.</li> <li>2. Misuses/violations of HIPAA will be kept to a minimum. Any violations by students will be sanctioned according to the CCHS policy. All misuses or violations will be reported to corporate privacy within 48 hours of the occurrence.</li> <li>3. All incoming program students will complete the required HIPAA education.</li> <li>4. CCHS will be represented at all Corporate Privacy meetings.</li> <li>5. The 2007 annual HIPAA program assessment will remain at 100%.</li> </ol>

## INSTITUTIONAL EFFECTIVENESS COMMITTEE

Completed by: Steven White

**Significant Committee Accomplishments:** A task force to study development of a QEP on Critical Thinking, composed of S. White, H. Hopkins, S. Thomasson, P. Nammalwar, and S. Thornton invested considerable time and energy into the discovery process and after careful review and enlightenment on SACS standards, and review of the topic recommended abandonment of this particular subject and initiation of a college wide process to develop a new Strategic Plan, with a new QEP to emerge.

SUMMARY OF COMMITTEE ACTIVITIES
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> The IE Committee accomplished the on-going assessment and evaluation process for the IE Plan, in addition the Committee: participated in the interview and hire of a new IRC, Dr. Lori Lieving who brings a wealth of knowledge and experience to the College; sent three college representatives to the SACS Annual Meeting (Dr. J. Terrell, E. Sheppard, K. Bradshaw); initiated development of a Strategic Plan,
<b>WHY IS THIS IMPORTANT?</b> To maintain the organizations SACS accreditation is the major charge/responsibility of the IE Committee, all of our activities are designed to help accomplish this goal through the systematic quality assurance monitors/reports that we have in place.
<b>WHAT DID WE DO?</b> Gathered a multitude of documents that relate to the IE Plan, have a task force evaluate Critical Thinking as a potential QEP, learned more about SACS expectations/criteria for the QEP, started the organization on re-addressing our compliance for SACS through Strategic Planning, and systematic review of our goals/outcomes.
<b>HOW DID WE DO?</b> Great. Active committee, greatest accomplishment for 2006 was the QEP task force work and recommendation on Critical Thinking
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Close some loops on evaluation versus assessment information, get the Strategic Planning process underway, re-set our organizational and departmental goals as appropriate to keep us in line with our mission/philosophy statements.

# LEADERSHIP TEAM

Completed by: Ellen Sheppard

**Significant Committee Accomplishments:** Instituted quarterly retreats to allow for expanded thoughtful discussion; migrated to committee folder as primary document collection and tracking mechanism for all committee activities; approved numerous new policies and processes; incorporated standards of excellence into organization of agenda, planned thoughtful roll out of leadership develop training to staff and management personnel, began process of leadership training for all college leaders, delegated unaccomplished strategic activities to leaders for study, planning, and accomplishment, made decision to hold all managers accountable for service recovery, rounding, managing up, and thank you notes.

SUMMARY OF COMMITTEE ACTIVITIES
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Quarterly retreats to allow for expanded thoughtful discussion; migration to committee folder as primary document collection and tracking mechanism for all Leadership activities; Thoughtful consideration of all recommendations; incorporation of standards of excellence into organization culture; education staff in our new leadership standards, language, and commitments; targeted accomplishment of "unfinished business" from 2004-2007 strategic plan; improved interdepartmental communication and teamwork.
<b>WHY IS THIS IMPORTANT?</b> To provide the best environment for our students to learn in, and for our staff to work in; to have fair and efficient policies and practices; to provide leaders with resources for personal and professional development.
<b>WHAT DID WE DO?</b> Met monthly; Instituted quarterly retreats to allow for expanded thoughtful discussion; migrated to committee folder as primary document collection and tracking mechanism for all committee activities; approved numerous new policies and processes; incorporated standards of excellence into organization of agenda, planned thoughtful roll out of leadership develop training to staff and management personnel, began process of leadership training for all college leaders, delegated unaccomplished strategic activities to leaders for study, planning, and accomplishment, made decision to hold all managers accountable for service recovery, rounding, managing up, and thank you notes.
<b>HOW DID WE DO?</b> Very well.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Further development of a team of skilled leaders who set common and supporting goals and work together to accomplish those goals. Creation of a team who delight in one another's organizational accomplishments, who seek the assistance and collaboration of teammates, and who have a high degree of accountability for the college's outcomes. Specific goal: increased accountability for follow-up on decisions made; refinement and operationalization of changes made in 2006; completion of strategic plan; shared management decision making; shared responsibility for staff satisfaction and student outcomes.

# LEARNING RESOURCES COMMITTEE

Completed by: Ben Robertson

**Significant Committee Accomplishments:** Significant increase in IRC and AHEC Library use. Guest wireless availability for students and visitors to the system. Web based tracking on Learning Resources Orders was implemented. Additional digital projection systems ordered.

## SUMMARY OF COMMITTEE ACTIVITIES

### WHAT DID WE TRY TO ACCOMPLISH?

- 1) The "IRC and AHEC Library Initiative" headed by Susan Bass set out to increase the use of the library by CCHS Students
- 2) The "Wireless Initiative" pressed forward with trying to provide Internet access at CCHS for students on their own computers. As well as to allow outside speakers to bring in their own computers and access web resources for their presentations.
- 3) In order for faculty to follow the progress of requests made to the committee we wanted to establish a system which would allow them to track purchases to request follow-up on materials which seemed to stall in the purchasing process. The committee set up a web accessible tracking sheet to enable faculty check the progress of requests submitted to the committee
- 4) Plans were made to add new projection systems with "Smart" technology to enhance classroom instruction.
- 5) An attempt was made again to establish courseware for the college.
- 6) Increase the speed at which resources are obtained for instructional use.
- 7) Ensure that the financial resources available to the committee are sufficient to meet the learning resources needs of the college.

### WHY IS THIS IMPORTANT?

Increasingly, higher education instruction is expanding the learning experience through the development of digital learning enhancements both for the classroom and as part of wider, integrated learning structures designed to provide the richest possible instructional environment for students. This new environment facilitates student/Instructor communication as well as making a greater portion of course materials available to students remotely. We at Carolinas College, can either participate in this or, at our peril, fall behind and abandon any hope of being the Institution of Choice for Healthcare Education in our area.

### WHAT DID WE DO?

- 1) The IRC and AHEC Library Initiative encouraged instructors to include assignments which involved the use of the Library to further familiarize students with this resource.
- 2) A second wireless network was implemented in the Rankin Building to allow students and visitors to access the internet from anywhere in the college without having to enter the CHS network.
- 3) The committee set up a web accessible tracking sheet to enable faculty check the progress of requests submitted to the committee
- 4) Two additional projectors were ordered for ceiling mounting in classrooms together with sophisticated podia with integrated control systems which allow faculty to control media from a single location.
- 5) Requests were made and a server was budgeted to hold courseware for college use. A plan was developed to encourage faculty to review the media resources assigned in classes to ensure that media resources continue to be updated.
- 6) Attempts were made to streamline the ordering process and decrease the lag time between request for resources and receipt of resources.
- 7) The budget request for non-capital expenses was increased for the 2007 calendar year to ensure that resources would be sufficient to meet the needs.
- 8) The Orientation Program for students and new employees were continued to ensure that everyone

understands the level of access to library resources which are available.

9) A plan was developed to encourage faculty to review the media resources assigned in classes to ensure that media resources continue to be updated.

10) Met and evaluated requests for learning resources made by faculty and staff.

#### **HOW DID WE DO?**

1) The IRC and AHEC Library Initiative was very successful producing an increase of 47.7% increase in the number of research sessions of the Digital Library and a 65% increase in the number of individual users to take advantage of this resource from the 2005 figures. (See Appendix figures 1 and 2).

2) While the "Guest" network performed flawlessly from the first day of its implementation, it also produced deleterious effects on the college wireless network used for instruction, web tutorials and testing by students. It was initially presumed that these problems would be short.

lived, but they have persisted, seriously detracting from the learning experience for students.

3) Various problems have diminished the usefulness of the web tracking system for orders.

4) While the projectors and podia were ordered, they did not arrive for installation prior to the end of the year.

5) Requests for the installation of the courseware server was refused by IS, this represents a final refusal of this proposal. An alternative solution will have to be developed.

6) The attempts to streamline the ordering process were only marginally successful. Further attempts will have to be made to insure the timely acquisition of materials.

7) The increased budget request was approved.

8) Student and employee orientations to the IRC and AHEC Library were successfully continued.

#### **WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Continue to increase the use of the IRC and AHEC Library by students.

Add two additional Smart classrooms.

Successfully establish a courseware platform for use by the college.

Establish a web portal accessible by faculty and staff so that college information is accessible to them remotely.

Correct the problems with the web tracking system for Learning Resources Requests.

Move equipment orders earlier in the year to insure that equipment is installed in the budget year in which it was ordered.

## NURSING CURRICULUM COMMITTEE

Completed by: Steven White

**Significant Committee Accomplishments:** Revision of all course syllabi and curriculum grids to incorporate the mandates of the NCBON, and to remain in compliance with NLN-AC accreditation standards.

SUMMARY OF COMMITTEE ACTIVITIES
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b></p> <p>The bulk of the work accomplished in this committee is to maintain NLN-AC, and NCBON accreditation mandates, including, philosophy revisions, purpose statements reviews, textbook review, incorporation of practice standards, clinical evaluation tool revisions, testing guidelines and policies, and website/catalog/handbook consistencies.</p>
<p><b>WHY IS THIS IMPORTANT?</b></p> <p>To provide a cohesive structure that produces a competent graduate who can function clinically and attain a passing score on the NCLEX.</p>
<p><b>WHAT DID WE DO?</b></p> <p>We revised our philosophy and purpose statements, added Nursing Practice Standards to all syllabi, updated textbooks, reviewed the standardized testing program, eliminated inconsistencies with the website/catalog/handbook/policies/procedures, and recommended that resources be allocated to increase the available technology in our classrooms, and the college. This committee has student representatives and course representatives. The activity level of the Nursing Curriculum Committee is high, regular monthly meetings, and many sub-committee and task force meetings to support the volume of work and forward movement of the curriculum.</p>
<p><b>HOW DID WE DO?</b></p> <p>We had impact 100% of the May 2006 graduates passed NCLEX on the first attempt!</p>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b></p> <p>Continue to evaluate our policies/procedures/outcomes/philosophy/purpose statements, and be assured we meet NCBON and NLNAC accreditation standards.</p>

## SAFETY COMMITTEE

Completed by: Patty McCrary

### Significant Committee Accomplishments:

- Created new fire plan, passed the fire drill, all students and faculty have been adequately in-serviced on College and system safety policies and procedures (passed ACE modules)
- Injuries have been reduced significantly since the construction near the building has been completed.
- Safety inspection performed by Corporate Safety in March and corrections of any potential hazards completed before year's end.

<b>SUMMARY OF COMMITTEE ACTIVITIES</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Maintain a safe and secure environment for everyone that comes into the Rankin Bldg.
<b>WHY IS THIS IMPORTANT?</b> Personal safety is the most important thing we can provide our employees, students and visitors while they are on our campus.
<b>WHAT DID WE DO?</b> -Annual safety modules and in-services required of all faculty, staff and students. -We were aware of "unauthorized" people in the building and security was called whenever this occurred. -Students were made aware of crime alerts in this area through posters and college newsletter articles. -All exits and hallways in the 200 hall area were monitored for obstructions during SIM LAB construction, which was completed at end of year. -Corrected miscellaneous issues identified during the Safety Inspection conducted with CHS Corporate Safety representatives.
<b>HOW DID WE DO?</b> We reduced the number of construction- related injuries from the beginning to the end of the year. We also reduced the number of "unauthorized" personnel coming into building by limiting access and by reacting quickly and calling security. We corrected safety hazards throughout building before the end of the year as identified by members of the Corporate team in March.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Maintain a safe and secure environment -monitor ROII and compare numbers in 2006 with 2007. Evaluate the clinical and classroom environments for potential safety breeches. Increase staff and faculty awareness of safety issues.

## SCHOLARSHIP COMMITTEE

Completed by: Jill Powell

Significant Committee Accomplishments: Scholarship Reception

SUMMARY OF COMMITTEE ACTIVITIES
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Our purpose is to develop and implement a system for awarding need-based and merit-based scholarships to students.
<b>WHY IS THIS IMPORTANT?</b> It is important to have fair and consistent standards for awarding scholarship funds to students.
<b>WHAT DID WE DO?</b> The committee awarded \$37,850 in need-based funds to 22 students and \$47,525 in merit-based funds to 21 students.
<b>HOW DID WE DO?</b> The committee met twice to make scholarship decisions based on financial information compiled and organized by the Financial Aid Officer.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> The committee goals for next year are to continue awarding scholarship funds according to the established guidelines and to continue seeking additional scholarship opportunities for CCHS students.

## SERVICE EXCELLENCE COMMITTEE

Completed by: Hampton Hopkins and Betty Anderson

**Significant Committee Accomplishments:** The committee met monthly beginning in January 2006. The primary purpose of this committee is to provide a mechanism for disseminating and integrating the key concepts and standards of service excellence into academic and administrative areas of the college. Key accomplishments included:

<b>SUMMARY OF COMMITTEE ACTIVITIES</b>	
<b>WHAT DID WE TRY TO ACCOMPLISH?</b>	The committee met monthly beginning in January 2006. The primary purpose of this committee is to provide a mechanism for disseminating and integrating the key concepts and standards of service excellence into academic and administrative areas of the college. Educate and emphasize the Service Excellence and its importance in making the HealthCare successful system
<b>WHY IS THIS IMPORTANT?</b>	To prepare our students and faculty for CHS's goals.
<b>WHAT DID WE DO?</b>	<ul style="list-style-type: none"> <li>--February 2006 - Caring information distributed to all representatives.               <ul style="list-style-type: none"> <li>- Caught in the Act of Caring Contest - CCHS Winners with Betty Anderson (faculty) and Marc Patterson (student)</li> <li>- Integration suggestion was to use clinical post-conferences to recognize acts of caring</li> <li>- Service Recovery Toolbox was implemented effective February 2006. The toolbox resides in student services.</li> </ul> </li> <li>--April 2006               <ul style="list-style-type: none"> <li>- Commitment information distributed to all representatives.</li> <li>- Commitment buttons provided by CHS distributed to all faculty/staff and students</li> <li>- Integration suggestion was the use of a commitment pledge in the classroom by the faculty and by the students.</li> <li>- R. Troxell presented the commitment pledge concept to all CCHS faculty/staff at the May meeting.</li> <li>- MSON shared a commitment form that will be signed by all new students effective fall 2006</li> </ul> </li> <li>--June 2006               <ul style="list-style-type: none"> <li>- Integrity information was distributed to all representatives.</li> <li>- Packet included quotes, definitions, resources for instructors, and a paper on academic integrity.</li> <li>- Integration suggestion was a series of discussions on academic integrity using the paper included in the packet as the foundation.</li> <li>- Integrity quotes will be put on poster board and placed around the room at the annual meeting in August and there will be a discussion of integrity at this meeting to kick-off the ongoing dialogue.</li> </ul> </li> <li>--October 2006               <ul style="list-style-type: none"> <li>-Team work</li> <li>- Charts that illustrated how different divisions of the college worked with each other were places around the college.</li> <li>- Teamwork quotes were printed on folded pieces of paper that were put in a basket. The basket was placed in the lobby so that it would be accessible so everyone could draw a new teamwork quote weekly.</li> </ul> </li> </ul>
<b>HOW DID WE DO?</b>	See above

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Continue to emphasize the Service Excellence goals in different ways

## STUDENT LIFE COMMITTEE

Completed by: Lynn Jordan

**Significant Committee Accomplishments:** Student Spotlight bulletin board outside of Nancy Watkins office. Student Spotlight put in the student newsletter each month. Thanksgiving celebration-faculty and staff served all students a traditional thansgiving lundh with all the trimmings. We held the annual Spring Fling celebration with games and food for everyone. We partnered with Student Government Association in October and held a festive carnival out in the back parking lot.

SUMMARY OF COMMITTEE ACTIVITIES
<b>WHAT DID WE TRY TO ACCOMPLISH?</b> Fall festival Thanksgiving Celebration We love our Students Day Spring Fling Chill out for Exams
<b>WHY IS THIS IMPORTANT?</b> This committee works hard at providing something at the college other than academics. We feel it is very important for the student to feel a connection with other students as well as all facuty and staff. The student life committee accomplishes this by having fun activities during the day for students to participate in.
<b>WHAT DID WE DO?</b> Fall festival Thanksgiving Celebration We love our Students Day Spring Fling Chill out for Exams
<b>HOW DID WE DO?</b> All activites were well received and had wide ranges of participation. Spring Fling last year was poorly attended so we are going to try and make this a bigger event this year. We will also be able to use the back parking lot which will greatly increase participation.
<b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> We plan on continuing with the same activities with the anticipation of adding on a few more. We plan on hiding plastic eggs filled with candy and prizes around the Easter Holiday.

# ***STUDENT ORGANIZATIONS***

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# PHI THETA KAPPA

Completed by: Sara Masters

SUMMARY OF ORGANIZATIONAL ACTIVITIES
<b>Scholarship/Leadership:</b> Provided scholarship for \$250 for outstanding member of PTK
<b>Fellowship:</b> Held two graduation lunches (May and December) to celebrate graduates accomplishments
<b>Awards:</b> Platinum Pinnacle Award
<b>Presentations:</b> Last lecture series presentations in spring
<b>School Activities:</b> Sponsored 3 Blood Drives (February, May and October) Served as marshals during graduation Held a bake sales to raise money for the scholarship fund Domino's Pizza fundraiser Pizza Days Cancer Awareness ribbons for Awareness month Promoted and had PTK officers at first honors luncheon for honors admits
<b>Community Activities:</b> Decorated Doors at Christmas for Charlotte Town Manor Food drive for food at Thanksgiving Filled stocking for child at Christmas
<b>Regional Activities:</b> None

## HIGHLIGHTS

### WHAT DID WE TRY TO ACCOMPLISH?

The Beta Zeta Sigma Chapter of Phi Theta Kappa has a goal of providing opportunities in scholarship, leadership, service and fellowship for members of this organization.

### WHY IS THIS IMPORTANT?

These are the national goals of Phi Theta Kappa and the purpose of the chapter

### WHAT DID WE DO?

1. Induction on March 24, 2006 with a total of 23 new members
2. Induction on November 2, 2006 with a total of 21 new members
3. Provided scholarship for \$250 for outstanding member of PTK
4. Held two graduation lunches (May and December) to celebrate graduates accomplishments
5. Sponsored 3 Blood Drives (February, May and October)
6. Served as marshals during graduation
7. Held a bake sales to raise money for the scholarship fund
8. Domino's Pizza fundraiser Pizza Days
9. Cancer Awareness ribbons for Awareness month
10. Decorated Doors at Christmas for Charlotte Town Manor
11. Food drive for food at Thanksgiving
12. Filled stocking for child at Christmas
13. Promoted and had PTK officers at first honors luncheon for honors admits
14. Received the Platinum Pinnacle Award for increasing membership in the fall

### HOW DID WE DO?

The organization had significant energy the beginning of the year but lost some energy by the end. We maintained our membership but did not significantly increase membership. We did provide an honor's lunch for incoming students which was new. Bringing a new advisor from the Rad Tech program should help to bridge the members between programs. Also some of the new members are bringing in a renewed energy and spirit. We accomplished our goals but did not have a lot of participation from all of the membership

### WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

One of the goals for this year is to make PTK more visible, encourage more participation in the organization by members, help students understand what PTK is and to plan more fellowship activities where students can get to know each other better.

# STUDENT GOVERNMENT ASSOCIATION

Completed by: John Tartt

SUMMARY OF ORGANIZATIONAL ACTIVITIES
<p><b>Scholarship/Leadership:</b> Ordered Skeleton for Student Use, Lead Fundraisers for Art Express - Books R Fun - Ultrasopes</p>
<p><b>Fellowship:</b> Worked with SNA and Student Life on Oktoberfest</p>
<p><b>Awards:</b> Working on MACE for CCHS as class gift 2006,</p>
<p><b>Presentations:</b> Presented proposal to CCHS president for new picnic tables in courtyard</p>
<p><b>School Activities:</b> Collected Uniforms for Students, Organized and Responded to Suggestion/Complaint Box, Organized Student Reps for CCHS committtees,</p>
<p><b>Community Activities:</b> Participated in Arts and Science Walk a Thon, Purchased and Delivered Thanksgiving Meals to 4 needy families</p>
<p><b>Regional Activities:</b></p>

HIGHLIGHTS
<p><b>WHAT DID WE TRY TO ACCOMPLISH?</b> Facilitate an environment where student leaders can gain experience and actually lead the student body.</p>
<p><b>WHY IS THIS IMPORTANT?</b> Develop leadership skills and helps keep the focus of a student centered environment</p>
<p><b>WHAT DID WE DO?</b> Provided 2 CCHS advisors to actively guide the SGA</p>
<p><b>HOW DID WE DO?</b> We feel comfortable with the results</p>
<p><b>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</b> Continue to provide a learning environment and lead by example</p>

# STUDENT NURSES ASSOCIATION

Completed by: **Brenda Vasquez**

<b>SUMMARY OF ORGANIZATIONAL ACTIVITIES</b>	
<b><i>Scholarship/Leadership:</i></b>	
January 2006- 2006 President: Margaret Langel Secretary: Sonja Koehn Treasurer: Terri Richardson Explorer Scout Troupe: Stephanie Caulder	May 2006- December President: Cindy Gilmer Secretary: Sonja Koehn Treasurer: Terri Richardson Explorer Scout Troupe: S. Caulder
<b><i>Fellowship:</i></b>	
<b><i>Awards:</i></b>	
Cynthia Favorite Scholarship: Awarded \$250.00 to each student: May 2006: Margaret Langel December 2006: Cindy Gilmer	
<b><i>Presentations:</i></b>	
Feburary '06: Mary Lynn Sepkoitz - Role of Nurse Practitioner March '06: Kit Sluder - Palliative Care April '06: Kathy Mercer - Role of Nurse Midwifery Sept. '06: Rick Ellsaesser - Role of Certified Nurse Anesthetist Nov. '06: Voices From the Past - Graduates from our program of nursing provided a panel discussion on the interviewing and hiring process and realities of their first job an RN. Speakers included: Elisa Bassett, Jason Mauney, Michelle Dumas, Jim Luddy, and Rick Griffiths	
<b><i>School Activities:</i></b>	
Panel discussion led by SNA students for 101 students to prepare them for the Intermediate Level in Nursing (Pizza party provided) Sponsored bi-monthly bake sales to raise money for scholarships, etc. Sponsored a booth in the lobby during freshmen orientation to acquaint students with the organization	
<b><i>Community Activities:</i></b>	
Annual Walk for Multiple Sclerosis - donated \$300.00 (April 22, 2006) Finished the Explorer Scout Troupe course May, 2006 26 high School students received 1/2 for attending 80% of the meetings.	
<b><i>Regional Activities:</i></b>	

<b>HIGHLIGHTS</b>
<b>WHAT DID WE TRY TO ACCOMPLISH?</b>
The SNA desires to aid in the development of professional nursing students and to provide programs representative of fundamental and current professional nursing issues.
<b>WHY IS THIS IMPORTANT?</b>
To promote professionalism and a concept of life long learning
<b>WHAT DID WE DO?</b>
We provided speakers who addressed the expanded role of the nurse; we promoted community involvement through participation in the Explorer Scout Troupe; we provided insight into the interviewing and hiring process for graduating students; and we provided a panel discussion for level 1 nursing students to better prepare them for challenges of the Intermediate Level in Nursing.

**HOW DID WE DO?**

Although we assessed students in order to determine the speakers to sponsor, the number of students who attended the programs was between 15 -20 each time (except for the 101 panel presentation which was added to an actual class time for those students). This number is quite small considering that we have 250 nursing students in the school of nursing.

**WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

The organization does not plan to change its goals, but we need to promote the meetings and programs on a larger level so that more students will take advantage of the learning opportunities.

***INSTITUTIONAL EFFECTIVENESS PLAN OUTCOMES***

**Outcomes Met/Not Met by College Goal**

<b>GOAL</b>	<b>OUTCOME MET</b>	<b>OUTCOME NOT MET</b>
I. <u>Maintain a structure that supports the College's mission, guides future development, provides resources, and integrates the College into the community.</u>	72/77 (93.5%)	5/77 (6.5%)
II. <u>Regard students as the focal point of the college.</u>	32/40 (80%)	8/40 (20%)
III. <u>Through excellence in education, prepare entry-level and specialized health care practitioners to be competent in providing client services in a variety of healthcare settings.</u>	50/54 (92.6%)	4/54 (7.4%)
Total	<b>154/171 (90%)</b>	<b>17/171 (10%)</b>

## Institutional Effectiveness Plan Outcomes

<b>GOAL I: MAINTAIN A STRUCTURE THAT SUPPORTS THE COLLEGE'S MISSION, GUIDES FUTURE DEVELOPMENT, PROVIDES RESOURCES, AND INTEGRATES THE COLLEGE INTO THE COMMUNITY.</b>				
Activities	Expected Outcomes	Summary of Results	Met/Not Met	Use of Results
<i>Criteria 1: A regionally accredited college that supports the mission of educating health care providers is maintained.</i>				
a. IE Committee reviews SACS criteria annually or as needed and assures compliance to maintain a regionally accredited college that supports the mission of educating health care providers.	The College is regionally accredited by the Commission on Colleges of the Southern Association of Colleges and Schools.	Activity not completed by the IE Committee in 2006.	Not Met	Will be addressed in the IE Committee in 2007 along with preparation for Strategic Planning, and QEP, bringing into the process updates on the SACS Criteria as applicable to the College.
b. The Board of Directors meets quarterly to establish broad operating policies and to review the finances of the college.	The Board of Directors guides the College in fulfilling the College Mission and by carrying out its duties and responsibilities including approving broad operating policies as evidenced by minutes of quarterly meetings.	Board met 4 times with voting quorum at 3 of the 4. Significant actions: Recommended wording for the Mission statement regarding the Student Focus impasse. Subsequently approved new college- proposed mission. Approved tuition increase. Revised process for president's annual evaluation. Approved realignment of college's management hierarchy; supported all operational decisions and proposals.	Met	Continue with Board functions, membership, and bylaws unchanged.
c. The Board of Directors, Advisory Committee, and all personnel review the Mission Statement, the Vision and the Commitments for accuracy annually and make changes as necessary.	The Mission Statement is clearly defined and provides direction for operations, programs, and activities. Changes to the Mission Statement are evaluated and incorporated annually.	The Board and all personnel reviewed the mission, vision, and commitments. The vision remained unchanged as all groups affirmed its currency and relevance. The mission statement (including commitments) was reviewed by personnel and the Board multiple times in 2006 as it migrated through several sometimes contentious drafts. Personnel finally approved a	Met	The experience in 2006 affirmed the strength of the process, as there was much input, engaging discussion, compromise and consensus building. As the Advisory Committee is - as its name implies - advisory in nature, suggest that this Activity be reworded to clarify that the Advisory Committee does not have the power to "make changes as necessary." Also, though the college - 4 years ago - separated the mission statement into a

		revised mission statement which the Board not only approved, but applauded for its ability to satisfy all factions. Advisory committee reviewed the revision at its fall meeting. .		broad statement followed by specific "commitments," in fact it is the statement and the three commitments which comprise the full mission statement. Suggest that the college consider ways to clarify that these are not separate entities, perhaps by more seamlessly merging.
<i>Criteria 2: College leadership guides the direction of the college and collaborates with Carolinas HealthCare System administration and with the Foundations.</i>				
a. The President meets with the President of the Foundations and CHS Education/Research to assure continued support.	The College receives continued grants from the CHS Foundations and support from CHS.	President met both informally and formally with Michael Rose, president of the Foundation, and Scott Kerr, VP, at least six times during the year, and corresponded by email at least monthly. President met with senior VP of Education and Research at least monthly, and additionally with the cabinet of all Ed and Research VPs of Education and Research monthly plus in quarterly retreats.	Met	Process is excellent. No changes needed. The following changes are needed in the IE activity statement: Change "Foundations" to singular. The Health Services Foundation has been eliminated and its assets distributed. Also add "Senior VP of..." to the Education and Research entity to clarify exactly who the college president reports to.
b. The College develops relationships with grant givers.	The College will submit at least two grant proposals in 2006	One grant was submitted on behalf of the College, by Susan Thomasson, to fund a CAEC consortium.	Met	While this goal was met in 2006, it is suggested that the grant-writing efforts and activities of the college undergo some review. First, the job description and status (i.e., part-time) of the Institutional Research Coordinator (IRC) has changed over time such that the individual in this position is no longer primarily responsible for the submission of grants on behalf of the College. Thus, individual faculty and staff must take on this role. It may be necessary to appoint a staff member (possibly the IRC) to periodically coordinate efforts that will promote active grant-seeking and writing from faculty and staff (such as routinely sending out grant opportunities to staff or making available resources that may aid in grant-seeking and writing). There have also been staff

				changes in the IRC position, which may have prevented a consistent flow in the operations of the Institutional Research Office. While the grant-seeking efforts may have been coordinated by an individual in the past, it may be useful to delegate these efforts to a College committee.
c. The Development Committee will implement the Development Plan as approved by the Board of Directors.	The College development activities, including alumni relations, will begin to generate funds for the college.	The Development Committee coordinated the alumni phone-a-thon and faculty/staff "Build-A-Student" campaign in 2006. Through the third quarter of 2006 giving was up 62% over 2005.	Met	No changes needed
d. The College develops community partnerships.	Community partnerships enhance revenue generation and provide a service that supports the college mission.	The following community partnerships were developed or actively strengthened in 2006: CMS Schools, Communities in Schools, Arts and Science Council, United Way, Communities in Schools, The Busiess Journal's Women's Executives Group, CHS Women's Mentoring, CHS Women's Executives, Muscular Distrophy, Medic, NC Legisature & the House Committee on Health Care, Charlotte Area Education Contorium, particularly UNC, Charlotte, and Queens.	Met	Process works well. Reinvigorated Community Involvement Committee is beginning to track events and outcomes more realiably. Suggest revising outcome to focus less on revenue generation and more on community visibility as a source of expanded name recognition which in turn generates additional potential students, and partnerships for resources.
e. The President annually reviews and renews contracts for CHS Clinical Facilities, Corporate Services, Information Resources Center and Facility Services	Resources and services are provided to the College through contractual agreements with CHS.	All contracts were reviewed. Changes were proposed for the contract with Medic, plus recommendation for the development of a second contract, both to occur in 2007. Contract with CMC Mercy was revised to expand services provided by CCHS. One new	Met	Process is vital, and good. Recommend the IE plan be reworded so that the "Activity" statement is consistent with actual practice. That is, while all contracts are reviewed, they are not technically "renewed" because they are not time limited (i.e. all are open ended with notification of intent to cancel required.) .

		clinical facility contract was initiated: Lifeshare. None were eliminated. .		
f. The Leadership Team develops and reviews a long-term strategic plan for the College.	New innovations and strategies are incorporated into College activities as necessary.	With two years to go on the 2004-2007 strategic plan, the college reviewed all proposed activities and developed list of "Low Lights" - items needing specific focus in remaining years. Assignments made to managers for follow up. Plan in place for the development of a new 2008 - 2011 plan.	Met	2004-2007 strategic plan lacked quantitative elements and reporting deadlines which should be included in 2008 - 2011 plan to ensure its viability and ability to direct the college efforts.
<i>Criteria 3. Internal communication and governance through operational/management practices and techniques is enhanced.</i>				
a. "Everyone" email (electronically distributed messages also posted for part-time faculty and staff), Department meetings, Committee meetings, Open Forum for students, Faculty/Staff meetings.	Data from the annual Personnel Comprehensive Assessment indicates that at least 80% of the respondents indicate organizational/management practices allow for internal communication and input into governance (Threshold=80%, Target=90%).	34/37 (92%) of faculty indicated that organizational/management practices allowing for internal communication and input into governance was adequate or above. 20/20 (100%)of staff indicated that organizational/management practices allowing for internal communication and input into governance was adequate or above.	Met	No changes needed.
<i>Criteria 4: Needs assessments designed to identify additional programs or to modify current programs, majors, and/ or degrees are performed.</i>				
a. Conduct a needs assessment at least every 5 years (2010),or more frequently as necessary, that identifies the demand for current and future educational offerings	Needs assessment data verifies the need for continuation of current programs/courses and serves as the basis for program development.	After a disappointing and very time consuming attempt at a needs assessment in 2000, a needs assessment was not completed.	Not Met	CHS's Workforce Development agreed to partner on this venture. They are provided with the areas that need to be researched, and they conduct the analyses and provide it to us as well as other constituents. To date studies have been completed in RT, ST, & Medical Assisting. Periodical reviews of these data should be conducted, but may require nothing more than probing the CHS agencies and may fall into the responsibilities of the new Research Subcommittee.
<i>Criteria 5: Educational programs and services are improved through systematic planning and evaluations of outcomes.</i>				

a. Conduct evaluations according to procedure; Summarize and distribute evaluation data; Make recommendations for improvement based on evaluative data. Track and evaluate recommended changes	Data from the annual Personnel Comprehensive Assessment indicates: Evaluations of educational programs and services are conducted according to procedure. Summarized evaluation data are readily and promptly available. Changes are implemented based on evaluative data and subsequently tracked (Threshold=80%, Target=90%)	At least 80% of both staff and faculty rated all of the items related to evaluations as good or excellent, with the exception of the faculty ratings of changes being based on evaluative data and being subsequently tracked (only 72% rated this as good or excellent)	Not Met	It will be necessary to follow up on how the faculty rating of the implementation and tracking of changes can be increased. This may involve more effectively communicating with faculty/staff what changes have been made, requesting feedback on those changes, and publicly posting tracking data. This outcome does not meet the threshold or target, but has shown consistent improvement over the last 4 years.
b. Licensure/certification pass rates for all programs and employer evaluations of graduates are compiled to produce a composite report for the College.	1. First time licensure/certification pass rates are at or above 90% per graduating class. 2. Employer evaluations indicate graduate preparedness. Threshold=80%, Target=90%.	1. All programs requiring a licensure exam had first-time pass rates exceeding 90%: Nursing (98%), Radiologic Technology (100%), Medical Technology (100%), and EMS (100%) 2. Evaluations indicate graduates are prepared (Avg rating = 4.41 on a 5.00 point scale): Nursing (3.87), Radiologic Technology (4.60), Surgical Technology (4.50), Medical Technology (4.67), and EMS (no response)	Met	No changes needed.
c. Assess evaluation tools whenever summarized data is available	Assessment tools gather the data needed to demonstrate goal/outcome achievement	Evaluation tools were reviewed on a regular basis as a part of interactions between the Institutional Research Coordinator and Evaluation Committee.	Met	Alumni and employer surveys were converted to electronic format in order to reduce paperwork in possibly increase response rate. A goal for the future may involve converting all interval evaluations (i.e., course evaluations) to electronic format to reduce secretarial paperwork.
<i>Criteria 6: A plan for integrating the College into the community is devised and implemented.</i>				
a. Develop a plan for integrating the College into the community.	Community Integration Plan approved.	Community integration plan was developed by Admissions	Met	Increased vigilance by president to assure action is completed as described in

		Officer, but no formal approval can be demonstrated.		prescribed activities. (i.e. be more able to demonstrate formal approval of plan and assessment of outcomes.
b. Utilize the CCHS web site, Advisory Committee, New Directions, Alumni News, etc. to communicate the accomplishments and achievements of personnel, students, and alumni to internal and external audiences.	The College has increased recognition as evidenced by an increase in inquiries as shown on the End of Year Admissions Report.	The College regularly publishes an alumni newsletter and submit articles to CHS' New Directions and to other media outlets. A limited amount of advertising was done in 2006 in targeted publications (i.e. Pederson's College Guide and the Yellow Pages) and e-postcards were continued to be used in student recruiting. Total inquiries increased 5% in 2006 to 7802 representing continued growth in the inquiries	Met	No changes needed.
c. Offer student organizations opportunities to develop leadership and perform community activities.	Students are involved in community activities.	Students involved in the Student Government Association, Students Nurses Association, or Phi Theta Kappa all participated in a wide variety of community activities.	Met	May be necessary to develop more formal process for tracking those activities that are planned and completed as well as evaluations of the activities by the participants.
<i>Criteria 7: Staff are properly qualified to provide support services necessary to achieve the College mission.</i>				
a. Recruit, hire, orient staff.	Staff rate personnel orientation as satisfactory or above. (Threshold=90%, Target=100%).	Of 8 faculty who completed this question related to an orientation in the last year, all 8 rated orientation "average" or better (100% target reached). The rating average was 4.13 on a 5-point scale (excluding the "N/A" option). Two of the six faculty gave the orientation a mark of "Excellent," five rated it "very good" and 1 rated it "average." Among staff there were also 8 participants polled, garnering an average response of 4.5. The eight responses were split among "excellent" (4) and	Met	No mandate for change. However it was determined that not all adjunct or part time personnel receive a formal orientation to the college. Recommendation made and approved to adopt a Start of Term orientation which all PT and PRN staff are required to attend.

		“very good” (3).		
b. Maintain files of personnel qualifications.	Staff qualifications meet requirements of position description.	On the last day of 2006, three personnel files were missing required documents, but all had been hired within last 30 days. All complete files contain verification that requirements of the position have been met.	Met	Though files are generally complete, there was lack of a simple, consistent process for verification. Have set goal for early 2007 to develop a simple process for monthly verification of file completeness. All active academic leadership and faculty personnel files were reviewed by the Provost during summer months of 2006 to determine compliance with CHS/CCHS and accrediting bodies’ credential requirements. Those files not in compliance were noted and corrective actions were taken to complete all credential and qualification information. Individual credential check sheets were developed and inserted in each file and a comprehensive database was developed for continuous tracking of academic employee credential information.
c. Evaluate staff performance of job summary and reward quality performance	Performance appraisals are completed annually and merits are awarded based on performance.	100% of staff performance appraisals due in 2006 were completed. Merit increases were awarded consistent with performance.	Met	Process is excellent. Moving toward 100% electronic processing in 2007.
<i>Criteria 8: An operating and capital budget is generated with broad-based participation of the employee population.</i>				
a. Project and present an annual budget to be approved by the Board of Directors.	The annual operating and capital budget is sufficient to implement the mission of the college as indicated by personnel survey.	Draft budget presented to board in September after all managers reviewed budget projectionis and discussed needed changes. Final budgets (expense and capital) approved by the Board of Directors in December. Capital budget = \$152,872. Expense budget requested = \$6,404,305. All approved capital items for 2006 were purchased. 2006 personnel surveys indicated 87.5% satisfaction with input into budgeting (meets threshold of 80%). (49 of 56 respondents	Met	Faculty ratings were slightly higher than staff ratings in both categories. Concerns about technology have been addressed with additional mounted projection systems, wireless access. Equipment for “smart classrooms” is waiting for installation in two classrooms.

		rate the opportunity for input into budgeted above midpoint, with an average 4.09 satisfaction factor on a 6-point scale). 89.2% of personnel indicated satisfaction with the adequacy of the budget to accomplish the college's mission (50 of 56 rate the budget as adequate or better to meet the mission, with a 3.76 rating on a 6-point scale).		
b. Gather budgetary requests from all areas.	At least 80% of the personnel indicate they had input into the annual budget.	Scored a 4.09 on 2006 Comprehensive Personnel Survey with 100% indicating they had input and no one rated the process below average	Met	Used input to create \$6,668,907.00 annual budget to meet college's educational needs.
<i>Criteria 9: Internal and external audits are secured to assure that accurate financial accounting occurs. Financial information is disseminated to designated persons.</i>				
a. Provide financial information needed for audits to be conducted.	Internal and external audits of financial records (including students' records) indicate fiscal responsibility and accuracy.	Deloitte and Touche was provided with all data requested for FY 2005 audit. The auditor pulled a random sample of student files and reported no findings. See audit report for 2005	Met	Used in performance appraisal for director of business and finance and reported to the Dept. of Ed.
b. Provide budget information to the Board of Directors quarterly and to the Presidents, Deans, and Program Directors monthly. Deans/Directors submit monthly variance reports.	The Board of Directors and administrative personnel indicate satisfactory financial reports.	Monthly variance reports were submitted from January 2006-November 2006 to the CCHS Business Officer. Reports were indicated as satisfactory by Board of Directors and administrative personnel.	Met	No changes needed.
c. Present annual financial report comparing budgeted resources with actual expenditure.	Allocation of financial resources is reviewed annually.	Presented to the leadership team Feb. 14, 2007.	Met	Reviewed by leadership team and the board.
<i>Criteria 10: Needed resources as requested are purchased within the budget allocations.</i>				
a. Purchase resources as requested.	Personnel surveys indicate that needed resources are available and are received	The Personnel Comprehensive Survey provides information concerning this question,	Met	While meeting our criteria for success this is anything but something to be pleased about. The response is lackluster at best.

	within a reasonable period of time. (Threshold=80%, Target=90%)	providing responses to: “Needed resources are available and received within a reasonable period of time.” The responses indicate that 92% find this average or better, with 60% rating the response good or better. This represents an upturn from the previous year and hopefully reflects efforts to improve the process.		This is a difficult category to influence since much of the time lag in the acquisition of resources can be attributed to purchasing being done by other corporate entities which we have relatively little influence over. Insofar as is possible, we are attempting to have an impact on this. We have begun to log what we deem to be excessive time lags in purchasing so that we can question the offices responsible to try and influence their turn-around time. In addition to this we have added listings on the college Intranet site to which update those who have made requests concerning the status of the order. It is hoped that this combination of efforts will help faculty and staff understand where the bottlenecks in the system are while also helping to reduce these bottlenecks.
<i>11. A physical environment that is adequate, safe, aesthetic, and conducive to learning and work is maintained.</i>				
a. Implement the safety and security measures identified in the Safety Manual.	Data from the student and personnel surveys indicate that at least 80% of the respondents assess the college as a safe environment (Threshold = 80%, Target = 100%).	At least 80% of personnel and students rated the safety of the college positively.	Met	No action needed.
b. Track Fire Drills/Safety/Security reports	Data from Fire Drills/Safety/Security Reports indicate that personnel have received adequate training to deal with emergencies and to operate equipment used in job performance.	The College received a score of 88% on Fire Drill. No other safety hazards were reported.	Met	No action needed.
c. The Safety Committee will administer a safety education program.	Transcripts of safety modules are complete for all personnel.	100% of the personnel have completed their safety training.	Met	No action needed.
d. Maintain	Data from student and	In most cases, survey results	Not Met	Size of the building continues to be an

Housekeeping/Maintenance/ Security contracts.	personnel surveys indicate that at least 80% of the respondents assess the physical environment as adequate in size, safety, aesthetics, and conduciveness to learn and work (Threshold=80%, Target=90%).	indicated a minimum of 80% satisfaction with the adequacy of the building. However, for the End of Program for the Radiologic Technology students and the Faculty rated the adequacy of the building as less than adequate.		issue according to faculty comments on the PCA. This is a difficult issue to address. However, the entire Medical Education Division has placed space planning as a priority for 2007- 2008, with the hopes of significant additional space by 2009. In the meanwhile, the college scheduling committee has been charged with exploring the staggering of class meeting times to allow more effective building utilization.  Comments from staff indicated that the building sometimes seems too crowded and noisy and that students need a space of their own. As noted above, it is hoped that more staggered class scheduling will reduce the perception that the building is crowded at some times and empty at others. Several comments indicated the need for a “real” student lounge. That will be high on our wish list in a new building.
<i>Criteria 12: (General Education) Faculty are properly qualified and possess competencies necessary to implement a dynamic curriculum congruent with the College mission.</i>				
a. Recruit, hire, orient faculty.	Faculty rate personnel orientation as satisfactory or above.	New faculty added to the General Educaiton department in 2006 include Lorren Timberman, Dr. Jim Pruitt, Beth Hickman, Dr. Bill Dailey, and Blaise Raspunti.	Met	Provide instruction for the general Education Curriculum. Ensure a satisfactory orientation fo faculty. A questionnaire is now available to determine employee satisfaction with orientation. All new employees will now fill out the survey with their 90 performance appraisal.
b. General Education courses are taught by qualified personnel.	Verify that all faculty have at least 18 hours of graduate work within the discipline taught.	All Gen Ed faculty have transcripts on file. Theyhve been reviewed by both the Director of Gen Ed and the Provost	Met	Faculty are qualified and met SACS requirements
c. Evaluate faculty performance of job summary (students, Director, self), and reward quality instruction.	Performance appraisals are completed annually and merits are awarded based on performance.	All full and part-time faculty underwent an annual performance appraisal and appropriate merits were awarded.	Met	Instructors receive fiancial incentive to continue employment with CCHS. A plan to reward employees who do not qualify for anannual merit will be developed.

d. Evaluate the integration of the College's mission and goals into the General Education program's philosophy, goals, outcomes, and evaluative materials.	The faculty evaluate that the Mission, Goals, and Outcomes of the General Education Program are consistent with the College Mission.	This was done in Gen Ed meetings. See minutes of meeting in November.	Met	The Gen Ed department goals , and mission remains congruent with those of the College
<i>Criteria 13: (Medical Technology) Faculty are properly qualified and possess competencies necessary to implement a dynamic curriculum congruent with the College mission.</i>				
a. Recruit, hire, orient faculty.	Faculty rate personnel orientation as satisfactory or above.	Faculty oriented to substitute during microbiology instructor's medical leave.	Met	Rated orientation good
b. Medical Technology courses are taught by qualified personnel.	Faculty credentials meet national criteria set by NAACLS and regional criteria set by SACS.	All faculty met NAACLS requirement	Met	Met requirements
c. Evaluate faculty performance of job summary (students, Director, self), and reward quality instruction.	Performance appraisals are completed annually and merits are awarded based on performance.	All performance appraisals were completed and merits awarded appropriately	Met	All faculty who worked over 192 hrs annually were awarded a merit.
d. Evaluate the integration of the College's mission and goals into the Medical Technology program's philosophy, goals, outcomes, and evaluative materials.	The faculty evaluate that the Mission, Goals, and Outcomes of the Medical Technology Program are consistent with the College Mission.	The faculty evaluates both missions annually	Met	No changes were made.
<i>Criteria 14: (Phlebotomy) Faculty are properly qualified and possess competencies necessary to implement a dynamic curriculum congruent with the College mission.</i>				
a. Provide clinical site instructors with clinical objectives at start of rotation.	Clinical site/instructor evaluations indicate 90% of students feel objectives were met.	For all three classes for 2006, all sites except 3 (Fall 2006) had 100% satisfaction/objectives met with scores in Excellent, Good, or Average categories. The three sites rated 90% satisfaction.	Met	Met with supervisor of clinical sites to discuss overall evaluations. Site instructors want instant feedback regarding student/staff issues relating to safety, communication, and procedures. Will establish regular meetings to discuss evaluations.
b. Evaluate faculty performance of job summary (students, Director, self), and reward quality instruction.	Performance appraisals are completed annually and merits are awarded based on performance (completed by Program Director, School of Clinical Laboratory Sciences).	Coordinator had annual review in February 2006.	Met	IDP created; working on annual goals
c. Evaluate the integration of the College's mission and goals into the	The faculty evaluate that the Mission, Goals, and	Noted in CLS Faculty meetings for 2006	Met	No action needed

Medical Technology program's philosophy, goals, outcomes, and evaluative materials.	Outcomes of the Phlebotomy Program are consistent with the College Mission.			
<i>Criteria 15: The philosophy of the School of Nursing is congruent with the mission of the College.</i>				
a. Evaluate the integration of the College's mission and goals into the Nursing program's philosophy, goals, outcomes, and evaluative materials.	The faculty evaluates that the Mission, Goals, and Outcomes are consistent with the College Mission.	Reviewed mission, goals, and outcomes of the Nursing Program in relation to college mission in October Nursing Curriculum Committee and found to be consistent.	Met	Discussion of changes to philosophy, goals, and outcomes were discussed in relation to inclusion of NCBON essential curriculum components. These changes will be made in 2007 after School of Nursing Curriculum Committee review and nursing faculty review.
<i>Criteria 16: The faculty, administrators, and students participate in the governance of CCHS and the School of Nursing.</i>				
a. Faculty, administrators, and students of the School of Nursing are members of the CCHS committees.	Faculty, administrators, and students of the School of Nursing participate in the decision making process of the College.	All full-time faculty and administrators represent the School of Nursing on at least one college committee. Part-time faculty are not required to serve on college committees but if a college committee assignment is requested by part-time faculty, that request is honored. All faculty participate in the nursing faculty organization and course/level meetings. Students are represented on a number of committees within the School of Nursing. Committee representation provides faculty, administrators, and students with the opportunity to actively participate in the decision making process of the College. See CCHS Committee Assignments 2005-2006 on the shared drive for specific committee assignments during the evaluation period.	Met	No changes to the process.
<i>Criteria 17: The Dean of the School of Nursing is academically and experientially qualified and has the authority and responsibility for development and administration of the School of Nursing.</i>				
a. On hire, evaluate qualifications for	The C.V. of the Dean is	Yes	Met	No changes needed

position.	congruent with the job requirements.			
b. Dean functions as administrator of the School of Nursing.	The authority and responsibility for the development and administration of the School of Nursing is clearly stated and carried out.	Yes	Met	No changes needed/
<i>Criteria 18: The faculty members have proper qualifications and competencies to provide dynamic curriculum congruent with the College mission.</i>				
a. Recruit, hire, orient faculty.	Full time faculty have a minimum of a Master's degree in Nursing. Faculty credentials meet the requirements of the NC Board of Nursing. Experiential preparation and background experiences are appropriate to their teaching responsibilities.	Audit of 22/22 Nursing Program permanent faculty files reviewed indicates that credentials meet requirements. One hundred percent of full-time teaching faculty (13/13) have a Master's degree in Nursing. One FT nursing faculty in a clinical faculty position has a BSN and is enrolled in a Master's degree in Nursing program. One FT nursing faculty in the position of Learning Resource Specialist has a BSN but is currently enrolled in a Master's degree in Nursing program. In addition, 4/6 part-time faculty have a Master's degree in Nursing. One part-time faculty who does not have a Master's degree is enrolled in a MSN program and has an educational plan on file in her personnel record. One part-time faculty member who does not have a MSN is not enrolled in graduate study but does have an educational plan on file. All faculty credentials for full-time and part-time faculty meet the requirements of the NCBON. Faculty practice and educational	Met	Continue with current process.

		preparation are appropriate to their teaching responsibilities.		
b. Assess workload for faculty prior to each semester covering all aspects of job expectations.	Workload analysis indicates faculty satisfaction with all aspects of job workload (Threshold = 80%, Target = 90%)	Workload satisfaction was addressed specifically for nursing faculty in the 2006 Personnel Comprehensive Assessment for the first time. Question G (Classroom teaching workload) indicated that 95% of faculty were satisfied with their workload with a mean rating of 4.05/5.0. Question H (Clinical teaching workload) indicated that 89% of faculty were satisfied with their workload with a mean rating of 4.5/5.0. The School of Nursing requires faculty to complete a workload log at least once a year in order to obtain department data regarding faculty workload.	Met	Based on workload data and program enrollment, a request was made for additional PT faculty in the 2007 budget. The Dean and Associate Dean utilize these guidelines in determining faculty workload assignments each semester.
c. Evaluate faculty performance of job summary (students, Director, self), and reward quality instruction.	Performance appraisals are completed annually and merits are awarded based on performance.	Performance appraisals completed annually with average percentage increase of 3.5 percent for reporting period of 01/01/06 to 12/01/06 for 21 out of 32 employees receiving a merit to date.	Met	The benchmark will need to be changed to 3.5% to reflect the change in CHS policy as of April 2006.
<i>Criteria 19: Numbers of both full time and part time nursing faculty meet the needs of the School of Nursing to fulfill its purpose.</i>				
a. Use both full and part time faculty to maintain a ratio of 8:1 in the clinical and to meet the goals of the classroom.	A student to faculty ratio of no more than 8:1 is maintained in clinical and course/content objectives are met in the classroom.	Goal met with the average clinical group size 8:1. Course objectives met.	Met	There is some concern over the percentage of Adjunct faculty used which has grown from 2003 at 4.1% to a high in Spring 2006 of 20%. During this semester there were 2 faculty members on MLOA; however, it is a trend that should be continually monitored.
<i>Criteria 20: Faculty are properly qualified and possess competencies necessary to implement a dynamic curriculum congruent with the College mission.</i>				
a. Recruit, hire, orient staff.	Faculty rate personnel orientation as satisfactory or above. (Threshold=90%,	From September of 2005 to September of 2006 5 people were hired. Only 80.0%	Met	The orientation survey is formatted with questions that only require comments. These comments are assessed. If

	Target-100%).	completed the orientation survey. Each person rated the overall evaluation as adequate, informative, and feel that they have an understanding of the basic functioning of CCHS as well as the NA program.		warranted then a plan is implemented to correct the orientation process.
b. Nurse Aid courses are taught by qualified personnel.	Faculty credentials meet state and national criteria.	Faculty in the NA department holds current, unencumbered RN licenses in the state of North Carolina. Each faculty member has an authorization letter from either the North Carolina Division of Facility Services and/or the North Carolina Board of Nursing to act as a NA I and/or NA II Instructor. The Faculty in the NA department has College transcripts indicating credentials.	Met	In order for a person to teach NA I or NA II this information is required.
c. Assess workload for faculty prior to each semester covering all aspects of job expectations.	Workload analysis indicates faculty satisfaction with all aspects of job workload (Threshold = 80%, Target = 90%).	Faculty is relatively satisfied with all aspects of the workload. 90% of the faculty are working preferred hours and have fit into the needs of the program. The program coordinator continues to work more than position hours to meet the program needs.	Met	A combined position with the SON granting 16 hours a week to the NA program was created and filled in July 2006. PRN positions have been created in August 2006 to enhance program support, (2) have been filled and we are still actively recruiting. Program Coordinator resigned and a interim coordinator started.
d. Evaluate faculty performance of job summary (students, Director, self) and reward quality instruction.	Performance appraisals are completed annually and merits are awarded based on performance,	Performance appraisals were completed annually. Student surveys were done at the end of 2006. Merit raises were given based on performance. Current policy only allows 2 class surveys to be done at the end of the year.	Met	Policy needs to change. A proposal to increase the number of class evaluations per year will be given to the research committee in 2007.

e. Evaluate the integration of the College's mission and goals into the Nurse Aide program's philosophy, goals, outcomes, and evaluative materials.	The faculty evaluate that the Mission, Goals, and Outcomes of the Nurse Aide Program are consistent with the College Mission.	The Nurse Aide program's philosophy, goals, outcomes and evaluative materials were reviewed by the School of Nursing Faculty and were found to be consistent with the College's mission. The nursing faculty reviewed this because at this time there were only nursing faculty teaching the NA I program. The NA II program philosophy, goals, and outcomes, and evaluation materials were reviewed by the NA department and were found to be consistent with the college's mission. The philosophy of the NA II program was submitted to the curriculum committee to review for the college. The NA II goals and outcomes are not located in the student handbook.	Met	The philosophy of the NA II program is being reviewed by the curriculum committee for the college. The NA II program goals and outcomes will be added to the student handbook by the end of the first quarter in 2008.
<i>Criteria 21: Faculty are properly qualified and possess competencies necessary to implement a dynamic curriculum congruent with the College mission.</i>				
a. Recruit, hire, orient faculty.	Faculty rate personnel orientation as satisfactory or above.	NA: Program did not hire new faculty for year 2006	Met	Meet benchmark for Program Goal 4, Outcome 4
b. Radiologic Technology courses are taught by qualified personnel.	Faculty credentials meet national criteria set by JRCERT and regional criteria set by SACS.	The Radiologic Technology Director performed an audit of faculty files and determined that 100% (4/4 faculty, including Director) have satisfied all ARRT certification and Continuing Education requirements for year 2006	Met	Meet benchmark for Program Goal 4, Outcome 1
c. Evaluate faculty performance of job summary (students, Director, self), and reward quality instruction.	Performance appraisals are completed annually and merits are awarded based on performance.	100% (3/3) Performance Appraisals completed, received and approved by HR Operations and entered to People Soft with appropriate percentage of merit raise awarded as documented on	Met	Meet benchmark for Program Goal 4, Outcome 2

		the CHS Performance Appraisal/Annual		
d. Evaluate the integration of the College's mission and goals into the Radiologic Technology program's philosophy, goals, outcomes, and evaluative materials.	The faculty evaluate that the Mission, Goals, and Outcomes of the Radiologic Technology Program are consistent with the College Mission.	100% of the 7/7 full time and designated clinical instructor faculty determined consistency of program mission, goals, and outcomes with college mission, goals, and outcomes	Met	Meet benchmark for Program Goal 5, Outcome 3
<i>Criteria 22: Faculty are properly qualified and possess competencies necessary to implement a dynamic curriculum congruent with the College mission.</i>				
a. Recruit, hire, orient faculty.	Faculty rate personnel orientation as satisfactory or above.	PRN faculty member hired and oriented to college. Faculty member evaluated orientation as satisfactory.	Met	No action required
b. Medical Technology courses are taught by qualified personnel.	Faculty credentials meet national criteria set by CAAHEP and regional criteria set by SACS.	Faculty credentials audited by manager and met criteria for accrediting agencies	Met	No action required
c. Evaluate faculty performance of job summary (students, Director, self), and reward quality instruction.	Performance appraisals are completed annually and merits are awarded based on performance.	Annual performance evaluations were conducted and merits awarded based on evaluative feedback from students and peers as well as employee goals and job description.	Met	No action required
d. Evaluate the integration of the College's mission and goals into the Surgical Technology program's philosophy, goals, outcomes, and evaluative materials.	The faculty evaluate that the Mission, Goals, and Outcomes of the Surgical Technology Program are consistent with the College Mission.	Faculty agree that the Mission, Goals, and Outcomes of the Surgical Technology program are consistent with CCHS Mission	Met	No action required
<i>Criteria 23: Faculty are properly qualified and possess competencies necessary to implement a dynamic curriculum congruent with the College mission.</i>				
a. Recruit, hire, orient faculty.	Faculty rate personnel orientation as satisfactory or above.	No new faculty hired in 2006	Met	Accreditation Requirement
b. Emergency Medical Sciences courses are taught by qualified personnel.	Faculty credentials meet national criteria set by CAAHEP and regional criteria set by SACS.	CCHS Provost requested and received updates credentials and transcripts from EMS faculty. Files were reviewed and found to meet criteria.	Met	Accreditation Requirement, State Requirement and "Best Practice"
c. Evaluate faculty performance of job summary (students, Director,	Performance appraisals are completed annually and	100% of student surveys have been completed and faculty have	Met	Quality of Instruction and moral booster

self), and reward quality instruction.	merits are awarded based on performance.	received the summarized results		
d. Evaluate the integration of the College's mission and goals into the Emergency Medical Sciences program's philosophy, goals, outcomes, and evaluative materials.	The faculty evaluate that the Mission, Goals, and Outcomes of the Emergency Medical Sciences Program are consistent with the College Mission.	Faculty agreed that the Mission, Goals, and Outcomes of the EMS Program are consistent with the College Mission.	Met	Accreditation requirement
<i>Criteria 24: The Institutional Research Office in collaboration with the Evaluation Committee is effective in collecting and analyzing data relevant to the planning and evaluation process of the College.</i>				
a. Use master schedule to track all data collection activities associated with all educational, administrative, and support functions of the college.	Data collection activities are accomplished in a timely manner.	All data collection activities were accomplished in a timely manner from August 2005 to August 2006 following the master task list and evaluation procedures.	Met	Master schedule was updated to ensure all current tasks were included with reasonable deadlines. More quantitative outcomes should be added to objective.
b. Appraise timing of data collection activities to ensure collection of the most relevant data.	Timing of data collection is appropriate for each activity.	The Evaluation Committee tracked all data collection activities through the academic year to ensure timeliness of collection and reminders were sent as necessary.	Met	A survey tracking log was developed and used to track evaluation activities. More quantitative outcomes should be added to objective.
c. Monitor data collection activities to prevent duplication of efforts and over-evaluation of certain area or groups.	Data collection is efficiently conducted.	Evaluation Committee analyzed the evaluation processes and effected many changes as a result.	Met	The following changes were made based on evaluations: Web-based surveys added, testing for General Education eliminated, faculty workload assessment added, Likert-type scales added, and methods of calculation changed. College committees were restructured to ensure streamlined evaluation process.
d. Institutional research data are analyzed for trends, comparison with peer institutions, etc. and data used for the improvement of institutional effectiveness.	Institutional effectiveness is continually improved as evidenced in student assessments, outcomes assessments (graduation rates, alumni/employer surveys), and personnel assessments.	The IR Office in collaboration with the IE committee used the input from previous results of student surveys (End of Program, course and clinical evaluations etc.) and faculty/staff surveys (Personnel Comprehensive Assessment, New Employee Orientation) to make changes to the actual survey tools as necessary and also the method of disseminating	Met	Work is underway to eventually migrate to web based surveys for as many of the college assessments as possible to ensure ease and speed of summarizing the results. The limiting factors right now are the availability of electronic contact information for the audience and also the means of ensuring that students take the assessment on their own time. In the case of smaller classes, this problem could be eliminated by actually scheduling class time in the computer lab and ensuring that all

		the assessments to the required audience.		students present take the assessments. Logistically it will be difficult for the classes with a larger number of students.
<i>Criteria 25: The Institutional Research Office is effective in disseminating results of data collections and analysis to the college community.</i>				
a. Maintain centralized files in the Institutional Research Office.	Centralized files of institutional research data are maintained and updated.	Several filing cabinets are located within the Institutional Research Office that contain hard copies of materials relevant to conducting Institutional Research, completing surveys (both paper format and online), as well as summaries and results from various surveys conducted over the last approximately 10-12 years. A complete inventory of the files located in the office is on the shared drive	Met	Work is underway to purge files that existed prior to 2000 to free some physical space in the filing cabinets. Summaries of surveys and evaluations will be maintained for 10 years, while raw data will be saved for one year. These limits are in accordance with the Data storage policy and procedure. Those files that also exist electronically may be sent to off-site storage.
b. Produce annual Fact Book which provides easy-to-understand college wide data.	Annual Fact Book is produced and distributed.	No record of an Annual Fact book for the year of 2005 could be found.	Not Met	Most academic facilities do produce Fact Books to distribute over the web or to summarize important college-wide information. Some of the information produced in a Fact Book, however, may overlap or repeat information summarized in the Annual Report. Work is underway to outline the contents for a 2007 Annual Fact Book.
c. Create centralized Institutional Research folder on the shared network directory.	Institutional Research data is available to all personnel on the shared network directory.	A shared directory with files pertaining to Institutional Research exists on the college-wide directory. Found in this directory are files about internal and external surveys and reports, college-wide information (e.g., alumni, history), Institutional Effectiveness plans and reports, SACS reports, and Student Services information.	Met	The directory is undergoing reorganization to ensure that Institutional Research files are not only accessible, but <i>easily</i> accessible.
<i>Criteria 26: The Institutional Research process is regularly evaluated and findings used for improvement of the process.</i>				
a. Evaluate the effectiveness of the use of evaluative data in	At least 80% of personnel are satisfied with data collection,	Based on the results from 2006 Personnel Comprehensive	Met	The evaluation process has and will undergo significant changes to further

implementing the Institutional Effectiveness Plan.	analysis, and dissemination by the Institutional Research Office. (Threshold=80%, Target=90%).	Assessment, at least 90% of all faculty staff rated the evaluation process as average or better.		improve the process. This includes a thorough revision of the IE plan as well as combining the IE and Evaluation committees to ensure that the processes of measurement and effectiveness are tied together.
b. Evaluate all institutional research tools on an ongoing basis.	Input from survey responses and data users is used in the improvement of institutional research tools.	The following changes were made based on evaluations: Web-based surveys added, testing for General Education eliminated, faculty workload assessment added, Likert-type scales added, and methods of calculation changed. College committees were restructured to ensure streamlined evaluation process.	Met	The evaluation committee regularly examines all assessment results and makes recommendations to modify evaluations as appropriate. The Evaluation Committee is composed of representatives from all programs and the IE committee.
<i>Criteria 27: The Institutional Research Office collaborates with the IE Committee to ensure that research process relates to College goals.</i>				
a. Evaluate the effectiveness of the use of evaluative data in implementing the Institutional Effectiveness Plan	Reports at Faculty/Staff meetings and Annual Meeting demonstrate the use of evaluative data in meeting the goals of the IE Plan	The Fall 2006 Annual Meeting utilizes reports from multiple departments, divisions, and committees from within the College for the year. Data presented was developed from multiple sources, sources and reviewed and evaluated by the entire College for having attained the goals of the IE Plan for the year. The acceptance vote from the entire College at the Annual Meeting substantiated the effective use of evaluative data in implementing the IE Plan.	Met	No action required.
b. Track and follow up on all committee/individual recommendations made at the college and present regular updates to IE Committee.	The college routinely incorporates recommendations (based on evaluative measures) in order to improve institutional effectiveness.	A database was created to track recommendations made to the college and follow the status of all of those recommendations.	Met	The existence of the database of this nature enables IR Coordinator to periodically confer with the deciding committee chairs and personnel responsible for implementing the recommendations to ensure that updated data is available to the

				College and also ensure that the recommendation loop is closed.
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<b>GOAL II: REGARD STUDENTS AS THE FOCAL POINT OF THE COLLEGE</b>				
<b>Activities</b>	<b>Expected Outcomes</b>	<b>Summary of Results</b>	<b>Met/Not Met</b>	<b>Use of Results</b>
<i>Criteria 1: Students are well-advised of the payment of tuition and fees and billing processes.</i>				
a. Maintain accurate student financial records.	Student survey data indicates that at least 80% of the respondents rate the handling of their financial responsibilities as satisfactory or above (Threshold=80%, Target=90%).	According to End of Program and End of 1st semester student survey's in 2006, This question rated an average response of 4.24 which exceeds the 80% mark.	Met	Currently a yearly evaluation is done of the awarding/distributing process. Improvements are implemented as needed.
b. Distribute bills for tuition/ fees in a timely manner	100% fees collected prior to graduation.	100% of graduate accounts were paid in full prior to graduation as certified on the graduation application.	Met	Billing process improved each term with input from student services.
<i>Criteria 2: Policies are in place for the maintenance, safeguard, and audit of student financial files.</i>				
a. Review/audit sample financial files at least annually.	Policies are currently in place for: financial aid, tuition and loans	Financial Aid policy and procedure handbook in place and maintained according to department of education guidelines. Also, CCHS policies in place governing financial aid. Random files were audited by the Director of Business and Finance for compliance.	Met	Random audit revealed some paper processes to be redesigned. Currently files are being reviewed and papers grouped by year for easier access and review.
<i>Criteria 3: An online bookstore is operated as a service to students and personnel.</i>				
a. Request book orders in a timely fashion.	Data from student and personnel surveys indicate at least 80% are satisfied with online bookstore services. (Threshold=80%, Target=90%)	Student and personnel surveys indicate a 4.01 satisfaction rate with bookstore services which equals 80.5%.	Met	Converted to online system in 2006 and used 2006 as trial to establish processes for setting up ordering.
<i>Criteria 4: Student services is administered by a qualified Dean and support personnel.</i>				
a. On hire, Dean of Student Services and support personnel have the appropriate qualifications and experience for their roles.	Qualifications of individuals responsible for Student Services are appropriate to their role.	Yes	Met	No action needed.
<i>Criteria 5: Students are provided with timely, accurate and effective services for applying to the College, registering for classes, and recording and verifying academic events.</i>				
a. Visit a variety of high schools, 2-year and 4-year (Med Tech) colleges, meet with guidance personnel, update	Annual student demographics report verifies that, traditional and	The 2006 new student demographic report indicates that 14% of new students were	Met	Diversity continues to be a challenge. The hiring of a new Admissions Representative responsible for recruiting may help

web site and distribute literature such that information about the College is available to broad and diverse groups of applicants.	nontraditional individuals were made aware of the opportunities to apply to the College (Threshold=from year to year, static degree of diversity within gender, ethnic, and age groups; maximum attainable=student demographics which mirror the county's distribution among gender, ethnic and age groups.	from a diverse background (down from 17% in 2005). The average age of new students was 27 (down from 28) and there was an increase in male students to 20% (up from 15%).		improve these ratios. More money and time needs to be invested in specific target marketing of minority students, especially African American students with strong academic backgrounds and SAT scores. Specific recruiting strategies for 2007 will include identifying counselors and HOSA advisors in predominately minority high schools to identify minority students interested in healthcare. An open house with tours may be offered if the numbers justify.
b. Publish and distribute timely and accurate recruitment literature, to include a College web site, and provide a process for error free and timely processing of applications.	Annual Admissions Report indicates that information about the College has been distributed through a variety of mechanisms into the community.	The 2006 Admissions Report indicates 5532 packets were distributed to prospective students (down from 7802 in 2005). There was a significant increase in our website activity; 308 students requested information via the internet. Several students referenced our website when calling about information. In addition, the College participated in the annual CACRAO College Fairs, the NACAC College Fair, and various other college and career fairs. We visited every high school in Mecklenburg, Union, and Cabarrus counties and distributed materials on a one-to-one basis with students and guidance counselors. The College also distributes information via the website through various advertising in specific publications, and through CHS and local media.	Met	An increase in admissions requirements contributed to a decrease in requests for information. Also, the admissions office was shortstaffed for part of 2006 with staff on leave.
c. Class schedules are developed and published at least two months in advance; registration opens two	Student surveys indicate that at least 80% of students are satisfied with the registration	Class schedules were distributed and registration opened two months before each new	Met	Future plans include the development of an online registration tool to be in place by Spring 2008 registration.

months prior to a semester start.	and scheduling process. (Threshold=80%, Target=90%)	semester. Students indicated satisfaction (4.48 out of 5.00) down from 2005 (4.69). However, surveys indicate that more than 85% of students were satisfied.		
d. Provide admissions personnel to meet with prospective students individually, in groups, and via phone to assist with program selection and the application process.	Student surveys indicate that 80% of students were satisfied with assistance received for program selection and application. (Threshold=70%, Target=80%)	Students expressed satisfaction with assistance received for program selection and application. 75% of students on the End of Program survey were satisfied with the assistance they received. 77% of students at the End of the First Semester survey indicated they were satisfied with their service.	Not Met	
e. The APG Committee reviews ranked applicants for all programs, makes selections for each credit program and prepares a report on qualifications of admitted applicants.	Admissions statistics (cohort analysis) indicates that qualified applicants are being admitted into each credit program	It is difficult to determine if the outcomes of this goal have been met without further defining what date we are looking for. The APG committee in 2005 and 2006 admitted students to all CCHS programs that met published criteria utilized the ranking systems developed and maintained by CCHS student services.	Not Met	For future reporting the following areas should be addressed: A definition of “qualified applicant” should be developed or the language should be changed in the outcome section. The report mentioned in the activity section should be developed in student services not within the APG committee. The type of data should be further defined. This report should be written and reported by student services with input from the APG chair. A measurement tool should be developed.
f. Students receive grades and notification of academic probation or dismissal per written procedure. Appropriate academic postings are made to student transcripts as they occur.	Registrar’s report indicates 100% compliance with timely mailing of grades, notification of probation/dismissal transcript updates	As required for meeting the objectives outlined in the IE plan, the Registrar has achieved 100% compliance on timely notification of grades, notification of dismissals/withdrawals and has updated transcripts.	Met	
g. Graduation activities recognize program completion.	Graduation ceremonies are planned and implemented thrice a year.	Graduation ceremonies were planned and implemented for programs ending May 2006	Met	This goal needs to change to graduation ceremonies being implemented twice a year as the official graduation dates of the

		(NUR/RAD/SUR) and December 2006 (NUR). Additional end of program ceremonies were held in January (MED), February (EMS), and August (MED).		college are May and December. Programs may complete at other times without a formal ceremony.
<i>Criteria 6: Activities, services, and personnel are provided to orient students to the College, assist with academic and personal advisement and counseling, and encourage supportive interaction among students and between students and personnel to ensure successful program completion.</i>				
a. Conduct a rigorous admission process with minimum qualification requirements.	Graduation rate of 75% of the students admitted to the College completing the program within 150% of normal program length (Threshold=65%, Target=75%).	78% of all those admitted (Nursing/Rad Tech/Med Tech/Surg Tech/EMS) graduated within 150% of normal program length (measured by those completing 150% of program by August 2006). This exceeds the target of 75%.	Met	
b. For each starting group of students, present an appropriate orientation to the College, to include a description of counseling and advisement services.	Student surveys indicate at least 80% found orientation services satisfactory (Threshold=80%, Target=90%)	All new students have been oriented to the College and to CHS including an overview of counseling and advisement services. End of first semester surveys indicate 70% of students were satisfied with orientation.	Not Met	Orientation continues to receive comments that it is too long and that information is duplicated with other orientations students may have attended (i.e. pre-nursing). One change implemented was to reduce the amount of information shared in pre-nursing orientation so as not to repeat it in program orientation.
c. Assign a faculty advisor to all for-credit students. Make tutoring and class reviews available to all students.	Student surveys indicate 80% find faculty advisement and availability of tutoring and/or class reviews satisfactory or better. (Threshold=70%, Target=80%).	Faculty advisors were assigned to each new student in 2006 and entered into the student database (Fx). Student surveys indicate 77% satisfaction with faculty advisors availability meeting the threshold but not the target.	Not Met	Revised faculty advisor training has been implemented to increase the knowledge of faculty and to improve communication.
d. Assure faculty advisors have appropriate resources and support	The annual personnel survey indicates that at least 80% of faculty rate the Advisor's Workshop as providing adequate preparation for their role as a faculty advisor. (Threshold=80%, Target=90%).	The 2006 Comprehensive Personnel Survey (Faculty) indicated 42% of the faculty were dissatisfied with the advisor workshop.	Not Met	To correct this concern, a group of faculty convened by the Dean of Student Services revised the goals and content of this workshop. In addition, the workshop was moved into September away from the start of the term and multiple sessions were held to allow more participation.

e. Coordinate extra curricular programs/activities to broaden students' experience base. Organize a "fun-oriented" student activity each semester to encourage interaction among students and between students and personnel.	End of program surveys indicate that at least 70% of the students find the extra curricular programs and activities to be satisfactory or better. (Threshold=70%. Target=80%)	All of End of Programs indicated at least 72% satisfaction the extracurricular activities, with an average response of 86%.	Met	The Student Life Committee targeted the students in the Rad Tech program specifically to improve the Rad Tech numbers. In the spring of 2006, the committee held events for two days so the Rad Tech student's would feel included. The committee will continue to look at ways to make all students feel included in extra curricular activities.
f. Audit student files upon admission. Audit student academic progress each semester.	Audit reports indicate admissions and curricular requirements are met. To include annual enrollment data.	All new student files were audited according to policy with no one being admitted who did not meet all admissions criteria. There were no exceptions.	Met	
g. Audit student files prior to graduation to assure all required documents are in place.	100% of the students completing programs meet the progression criteria and the degree, diploma, or certificate requirements as monitored by the Admissions, Progression, and Graduation Committee (Threshold=95%, Target=100%).	Student files were reviewed several times over the course of the year for completion of graduation requirements. The students were approved for graduation and the president was notified of their completion.	Met	No action required.
<i>Criteria 7: Effective student support is delivered in the areas of financial aid, security and orientation to parking and ID</i>				
a. All admitted students receive financial aid information.	Financial aid is available for all students enrolled in a declared major.	Student surveys indicate an overall satisfaction rate with financial aid information at a 4.36 which is above the 80% goal.	Met	All applicants are sent financial aid packets.
b. Financial aid personnel provide timely and accurate forms, information, and counseling regarding student loans and grants.	Evaluation by students/ graduates indicates at least 80% of the respondents were satisfied with financial aid services. (Threshold=80%, Target=90%).	Student surveys indicate an overall satisfaction rate with financial aid information at a 4.36 which is above the 80% goal.	Met	No action required.
c. All new students are provided an orientation to CHS and CCHS parking procedures and facilities as well as an ID/ Cardkey.	New student Orientation surveys indicate that at least 80% of students were satisfied with orientation to	The recommendation was made and approved to remove a reference to parking as an IE outcome in 2005 due to the fact	Met	Remove this from the 2007 IE Plan

	ID/cardkey and parking procedures. (Threshold=80%, Target=90%).	that parking is assigned by the health care system outside of the control of the college.		
d. All new students receive an orientation to CHS security services and a statistical report on campus crimes. The report is available to the public upon request	Evaluations by students/ graduates indicate at least 80% of the respondents rate student security as satisfactory or above (Threshold=80%, Target=90%).	All news students are oriented on CHS security procedures and policies during new student orientation prior to each semester (prior to each start date for non-credit programs). Security personnel are brought in to provide an overview. All students received the 2006 Crime Statistics update. Student surveys indicate a 90% (down slightly from 2005 - 91%) satisfaction (Excellent or Good) with "safety and security." This meets the target of 90%.	Met	
<i>Criteria 8: Students are assisted in preparing for their job search and the College serves as a conduit between students and potential employers.</i>				
a. Coordinate placement services	Placement services presented the following: Interview workshop Resume workshop Mock interviews Initial placement meeting Nurse Managers Fair Job/Career Fair	The Tutoring/Placement Coordinator completed initial placement offerings for all graduates. While no metrics are established in this measure, student end of program surveys indicate 67% satisfaction with the placement process (up from 63% in 2005 and 61% in 2004).	Met	Continued communication with the New Grad Center of CHS and more communication of scheduled placement activities has helped increase satisfaction.
b. Maintain a roster of graduates and their place of employment.	6-Month placement report indicates places of employment for at least 80% of the graduates (Threshold=80%, Target=90%).	The Tutoring/Placement Coordinator keeps an updated list of graduates and places of employment. Placement reports indicate 93% of graduates were placed as of 6-months from graduation (down from 98% in 2005).	Met	
<i>Criteria 9: Students are assisted in their search for appropriate additional education.</i>				
a. Sponsor an annual "Continue Your	End of program evaluation	The end of program evaluations	Met	Remove this from the 2007 IE plan

Education Fair”.	indicates that at least 80% of students are aware of opportunities to continue their education (Threshold=80%, Target=90%).	no longer asks this question in 2006. However, the college continues to offer an education fair for those seeking lifelong learning opportunities.		
<i>Criteria 10: Policies are consistently applied, non-discriminatory, and publicly accessible.</i>				
a. All College policies related to students are evaluated on a biannual basis.	College policies are current, publicly accessible, non-discriminatory, and consistently applied throughout the College. (Threshold = 90%; Target = 100%)	All policies affecting the delivery of student services are reviewed annually and updates are made as procedures and processes are changed. A copy of the CCHS Policy and Procedure manual is available in the library for all students to access as needed. Relevant policies affecting student success are printed in the annual Catalog/Handbook with updates printed in the addendum. Student end of program surveys indicate 75% of students believe that college policies meet the outcomes.	Not Met	Multiple comments reflect concern with academic programs not consistently applying policies among students. Continued awareness and tracking of this outcome is advised
<i>Criteria 11: Students are considered the focal point of the Medical Technology program.</i>				
a. Recruit students who will have earned a bachelor’s degree and completed prerequisite courses by the beginning of the program.	Maximum enrollment of qualified students is attained.	For August 2006, 8 were enrolled with 1 drop in August. Jan 2006 enrolled 3 students	Met	Still recruiting harder for January class to build up to 4 students. January class has been most difficult to fill because it is new.
b. Student input is collected on an ongoing basis and considered in the development of Class/Lab/Clinical experiences.	Student surveys will indicate that at least 80% of the students rated the Class/Lab/Clinical experience as satisfactory or better (Threshold=80%, Target=90%).	Student evaluations rated program above 90% which is the target goal.	Met	Average of evaluations continue to be above 4. There are some individual areas in the 3’s. CPI for chemistry, molecular pathology and some areas in microbiology (hard to evaluate since instructor was out on medical leave). Decided no one likes their textbook.
c. Placement/Interview Workshops	At least 80% of the eligible graduates will be employed in entry-level health care settings or enrolled in an	100 percent of the students were placed prior to graduation or within a few weeks afterwards.	Met	The job market is good and CMC is supporting our program by hiring our graduates

	educational program six months after graduation (Threshold=80%, Target=90%).			
<i>Criteria 12: Students are considered the focal point of the Phlebotomy program.</i>				
a. Student input is collected on an ongoing basis and considered in the development of Class/Lab/Clinical experiences.	Student surveys will indicate that at least 80% of the students rated the Class/Lab/Clinical experience as satisfactory or better (Threshold=80%, Target=90%).	100 % thought Classroom portion of class satisfactory. (In Excellent, Good or Adequate categories.)	Met	Will address "Adequate" category comments related to multimedia and handouts by reviewing requirements for class and updating where needed.
<i>Criteria 13: Students are considered the focal point of the Nursing program.</i>				
a. Student input is collected on an ongoing basis and considered in the development of Class/Lab/Clinical experiences.	Student surveys will indicate that at least 80% of the students rated the Class/Lab/Clinical experience as satisfactory or better (Threshold=80%, Target=90%).	Class/lab/clinical evaluation outcome data: Response to End-of-Program question #35: Percent rating class/lab/clinical experience as satisfactory or better: August 2005 100.0 % December 2005 100.0% May 2006 97.9%	Met	Continue use of current clinical resources and evaluate annually.
b. Placement/Interview Workshops	At least 80% of the eligible graduates will be employed in entry-level health care settings six months after graduation (Threshold=80%, Target=90%).	Threshold met and Target almost met. 89.7 percent of the May 2006 nursing graduates qualified for placement (44/49) were employed in entry level healthcare settings six months after graduation. 95 percent of the graduates placed (42/44) are employed by CHS.	Met	Continue to communicate with CHS New Graduate Center and CCHS placement coordinator about opportunities and placement issues.
<i>Criteria 14: Students are considered the focal point of the Nurse Aide program.</i>				

a. Student input is collected on an ongoing basis and considered in the development of Class/Lab/Clinical experiences.	Student surveys will indicate that at least 80% of the students rated the Class/Lab/Clinical experience as satisfactory or better (Threshold = 80%, Target = 90%).	NA I and NA II surveys do not directly ask the student their satisfaction in relation to the class/lab/clinical experiences. The questions are only geared towards the objectives of the course. The NA II course evaluation has to be analyzed. Over 80% of the students rated completion of course objectives as satisfactory or better in the NA I program. On some individual course objectives over 90% of students rated them as satisfactory or better.	Not Met	A course evaluation for NA I and NA II needs to be created to measure the expected outcome for this criteria. New course evaluations will be submitted to the Research committee in the first quarter of 2008.
<i>Criteria 15: Students are considered the focal point of the Radiologic Technology program.</i>				
a. Student input is collected on an ongoing basis and considered in the development of Class/Lab/Clinical experiences.	Student surveys will indicate that at least 80% of the students rated the Class/Lab/Clinical experience as satisfactory or better (Threshold=80%, Target=90%).	Student surveys indicate that 100% of the students rated the Class/Lab/Clinical experience as 3.5 or higher on a scale of 1- 5	Met	Meet benchmark for Program Goal 2, Outcome 1
b. Placement/Interview Workshops	At least 80% of the eligible graduates will be employed in entry-level health care settings or enrolled in an educational program six months after graduation (Threshold=80%, Target=90%).	90.9% of the eligible graduates were employed in entry-level health care settings six months after graduation	Met	Meet benchmark for Program Goal 2, Outcome 2
<i>Criteria 16: Students are considered the focal point of the Surgical Technology program.</i>				
a. Student input is collected on an ongoing basis and considered in the development of Class/Lab/Clinical experiences.	Student surveys will indicate that at least 80% of the students rated the Class/Lab/Clinical experience as satisfactory or better (Threshold=80%, Target=90%).	Utilizing class, clinical and alumni evaluations 100% rate Class/Lab/Clinical as satisfactory or better.	Met	Evaluative feedback reported to faculty and clinical sites.

b. Placement/Interview Workshops	At least 80% of the eligible graduates will be employed in entry-level health care settings or enrolled in an educational program six months after graduation (Threshold=80%, Target=90%).	75% of graduates employed in entry level positions	Not Met	This goal was not reached as 2 students relocated and did not seek employment. Will f/u with relocated students. Will track trends in this area.
<i>Criteria 17: Students are considered the focal point of the Emergency Medical Sciences program.</i>				
a. Student input is collected on an ongoing basis and considered in the development of Class/Lab/Clinical experiences.	Student surveys will indicate that at least 80% of the students rated the Class/Lab/Clinical experience as satisfactory or better (Threshold=80%, Target=90%).	Results exceeded 90% on all surveys.	Met	Are we meeting the students needs
b. Placement/Interview Workshops	At least 80% of the eligible graduates will be employed in entry-level health care settings or enrolled in an educational program six months after graduation (Threshold=80%, Target=90%).	100 percent of graduates employed in field operations division of MEDIC.	Met	Job Placement rates

**GOAL III: THROUGH EXCELLENCE IN EDUCATION, PREPARE ENTRY-LEVEL AND SPECIALIZED HEALTH CARE PRACTITIONERS TO BE COMPETENT IN PROVIDING CLIENT SERVICES IN A VARIETY OF HEALTHCARE SETTINGS**

Activities	Expected Outcomes	Summary of Results	Met/Not Met	Use of Results
<i>Criteria 1: Personnel, physical facilities, maintenance, equipment, and supplies needed to support excellence in education are provided.</i>				
<p>a. Maintain lease. Order supplies. Maintain agreement with CHS for maintenance.</p>	<p>Data from the Annual Personnel Comprehensive Assessment indicates that at least 80% of the respondents rate the provision of human and physical resources as satisfactory to support excellence in education (Threshold=80%, Target=90%).</p>	<p>Lease re-signed in early 2006 with acquisition of additional space. Lease is \$695,328, Corporate dues \$23,136, Purchase agreements and equipment = \$95,2000. Corporate Services fees include maintenance and landscaping. 2006 Personnel Comprehensive Assessment – Faculty (Overall response rate: 61%) 36/37 (97%) indicated that the human and physical resources provided by the college support excellence in education. Threshold met. Target met.</p> <p>34/37 (92%) indicated that needed resources were available and received within a reasonable period of time. Threshold met. Target met.</p> <p>2006 Personnel Comprehensive Assessment – Staff (Overall response rate: 95%) 20/20 (100%) indicated that needed resources were available and received within a reasonable period of time. Threshold met. Target met.</p>	<p>Met</p>	<p>i. Two additional ceiling mounted projectors were added.            ii. The new part time general education faculty office, constructed in late 2005, was utilized for the first time. Two “smart sympodia” were delivered in late December, 2006, for use beginning in 2007.            iii. A \$318,000 simulation lab was constructed. According to the Dean of Nursing, curriculum studies have begun to determine how to best integrate the simulator into the nursing program. The lab coordinator is attending training in January and February to learn how to integrate a simulation lab into existing programs of nursing and allied health.            iv. \$67,000 in digital equipment was acquired to migrate the energized Xray lab to digital imaging technology.            v. College personnel FTE increased from 63.97 in fall of 2005 to 65.07 in fall of 2006. Headcount of personnel increased from 89 on fall of '05 to 103 in fall of '06. Fulltime faculty remained static at 23 with an increase of 1 in part time faculty. PRN faculty (mainly nurse aide faculty) increased dramatically from 8 to 13 as we relied less on full time nursing faculty and the number of adjunct faculty reduced from 8 in fall of '05 to 6 in fall of '06.            vi. In response to concerns about crowded conditions of classes and common areas:            a) the scheduling committee drafted a new schedule rubrick which assures the largest classes do not overlap, thus increasing the number of rooms available at any given</p>

				<p>segment of the day</p> <p>b) new furniture was ordered and installed in room 218, doubling the number of students it can accommodate (will not accommodate a nursing clinical group of up to 32)</p> <p>c) additional tables were acquired for room 219 and “flippy top desks” were removed, allowing a slight increase in seating and an increase in aesthetics and ability to maneuver in the room</p> <p>d) Five new study carrels were built; more appropriate study desks acquired for study room 234.</p>
<p>b. Provide faculty and staff with retention-enhancing elements within their professional performance. Information gained from exit interviews will be utilized for barrier identification and continuous quality improvement efforts.</p>	<p>Turnover rates for the College will not exceed 20% annually. (Threshold=20%, Target=15%).</p>	<p>a. Annual turnover rate, excluding college work study students, PRN and adjunct faculty, was 8.89%. (8/90).</p> <p>b. Three full time and five part time personnel exited. Reasons included: Took research job in field within CHS (1), Relocation with family (1), Terminated (1), Chose to work in family business (1), No classes offered meeting individuals’ expertise (4). Six exit interviews were held. No individuals provided specific rationale for suggestions which bore direct impact on their decision to leave, and most had no suggestions for improvement, but suggestions for improvement were offered.</p> <p>i. Provide AHEC Library &amp; IRC tour for all faculty</p> <p>ii. Less micro-managing; allow more classroom creativity (individual had poor classroom evaluations and mediocre performance reviews)</p>	<p>Met</p>	<p>Each comment above (except ii) was shared with managers or (for iv) with committee chair. Specific developmental goals were set. After discussion with the relevant manager, item ii was determined to result from individual’s mis-match with position and manager; no action was taken.</p> <p>c. Retention enhancing elements included:</p> <p>i. range review and increase for two broad categories of employees with individual adjustments requested as appropriate, and request for makret comparative analysis for two other positions.</p> <p>ii. provision of funds for professional development and education for approximately 52 staff and faculty, with three training opportunities on campus: METI simulation, UNC, Chapel Hill Nursing Education, and classroom interaction/ effectiveness.</p> <p>iii. scholarships for two RN faculty completing masters degrees</p> <p>iv. Seven managers are attending or receiving training in leadership to better facilitate employee satisfaction</p> <p>v. Overall salary and benefits increased by</p>

		<p>iii. Better communication needed from manager regarding college-wide goals and decisions</p> <p>iv. Provide disciplinary consequences to individuals who do not uphold their committee responsibilities for attendance &amp; participation.</p>		<p>24% over previous year</p> <p>vi. Merit increases ranging from 2% to 4.5% were given with the average merit equalling 3.6%. 4.7%.</p> <p>vii. Employee Recognition: 19 Values in Action winners, 1 CHS Pinnacle winner, 5 WOW card recipients.</p>
b. Perform annual Personnel Comprehensive Assessment.	At least 60% of all personnel (full-time and part-time) will participate in the Personnel Comprehensive Assessment. (Threshold=60%, Target=70%).	Threshold met. 68% of all personnel participated; representing 61% of all faculty, and 95% of all staff.	Met	Though target was missed by 2%, it was determined that some individuals included in the base number (and who were sent surveys) were no longer employed by the college. Better oversight of the list of individuals to be surveyed is indicated. IRC will consult with Staff Assistant to verify employment status.
<i>Criteria 2: Opportunities that promote lifelong learning for staff, alumni, and the community are provided.</i>				
a. Offer life support and other continuing education courses.	Number of individuals completing the Life Support classes.	<p>CCHS facilitated 1276 continuing education students completing course objectives during 2006 (a 16% increase over 2005 [176/1100]. Of those, 789 were life support (a 19.7% increase over 2005 [130/659]; 114 were IV Therapy (a 29% increase over 2005 [26/88], and 40 were phlebotomy skills updates (263% increase [29/11] . Others were primarily nurse aid and phlebotomy. A new program was offered: Nurse Aide II, providing an in-house career ladder for NA's desiring to take on additional responsibilities. No patient transport classes were taught in 2006. Specific details on numbers of completers:</p> <p>i. BLS = 477</p>	Met	No change indicated.

		<ul style="list-style-type: none"> <li>ii. ACLS = 105</li> <li>iii. First Aid Instructor = 3</li> <li>iv. PALS = 60</li> <li>v. BLS Instructor = 123</li> <li>vi. ACLS Instructor = 21</li> <li>vii. NA 1 = 280</li> <li>viii. NA II = 17</li> <li>ix. Phlebotomy = 25</li> <li>x. IV Therapy = 114</li> <li>xi. Intro to Health Care = 28</li> </ul>		
b. Provide opportunities for continued education and development of faculty based on identified goals.	All personnel participate in a continuing education activity at least every 2 years as measured by the Continuing Education/ Professional Growth Record.	All personnel participated in at least one continuing education activity during the last 2 years.	Met	No action needed.
<i>Criteria 3. Provide access to and effect use of current technology.</i>				
a. Ensure that equipment (computers, presentation etc.) and software are periodically updated and meet the standards necessary for teaching requirements.	<ul style="list-style-type: none"> <li>i. At least 80% of all personnel (full-time and part-time) rate personal computer hardware and software as adequate for their needs.</li> <li>ii. At least 80% of faculty rate availability of instructional equipment as satisfactory (Threshold=80%, Target=90%).</li> </ul>	At least 78% of personnel rated equipment as adequate or better.	Met	While “adequate” responses were achieved, there is room for improvement. Projects are underway to install “Smart” classroom equipment in a series of classrooms at the college. This will significantly increase the ease with which faculty can expand their use of technology in classroom instruction allowing a wider range of teaching approaches.
b. Provide technology training to personnel	At least 80% of all personnel (full-time and part-time) rate technology training opportunities available to them as satisfactory (Threshold=80%, Target=90%).	The response shows that 99% of faculty felt the opportunities for training are average or better exceeding the threshold and the target. Further, 77% indicate opportunities for training are good or better.	Met	The online software training available through Carolinas Healthcare System has provided a very versatile tool for faculty to use. The ability to access this from either home or work seems to give faculty much more latitude in arranging their schedule to accommodate classroom and clinical schedules. Plans are being formulated to increase training opportunities for faculty as the instructional classroom technology

				becomes available in a variety of classroom contexts.
c. Provide technology support to personnel	At least 80% of all personnel (full-time and part-time) rate assistance in the use of technology and alternative teaching methods as satisfactory (Threshold=80%, Target=90%).	The outcome was met with 94% responding that the availability of technical support was average or better and 86% reporting that is was good or better.	Met	This is an instance of meeting our goal but hoping to improve the response to technical support. Currently users receive a response to a problem call within 24 hours in 99% of cases, with every effort made to respond the same day. Resolutions to issues are not in the same time frame and here is the room for improvement. It is hoped that in 2007 resolution to problems will be faster and all problems which can be handled "in-house" will all be turned around in a single day.
<i>Criteria 4. A contractual agreement with the Charlotte AHEC is maintained for the services of the Information Resource Center to ensure that all students and faculty have access to the primary and secondary materials needed to support the College's purpose and programs.</i>				
a-i Provide an orientation program for the faculty and students on how to access information in a variety of formats. a-ii Ensure accessibility to users by maintaining adequate hours and professional staff. a-iii Provide access to standard indices and bibliographies. a-iv Provide adequate physical facilities with a collection that supports the programs and courses offered by the College, including interlibrary loan opportunities. The collection will be maintained by an organized system of cataloging.	Data from faculty and student surveys indicate that at least 80% of the respondents indicate that (Threshold=80%, Target=90%): i. they were adequately oriented to the IRC ii. the IRC hours are acceptable iii. the IRC provides them access to reference, audiovisual, and bibliographical information that supports the courses of study iv. the IRC offers adequate physical facilities to house, service, and make library collections easily available v. interlibrary loan materials are readily obtained	Surveys indicate satisfaction with resources related to IRC	Met	Over the last 18 months the Learning Resources Committee has embarked on an effort to encourage use of the IRC and Charlotte AHEC by students and faculty as well as to improve the student and faculty awareness of the resources which are available to them. Susan Bass of the LRC chaired a subcommittee to this end. We are currently seeing the beginnings of the positive results of this effort. Further, formal orientations to the Library and Digital Library have been presented to students and new faculty as well as being offered to faculty already in place.

	<p>vi. the IRC collections are adequately catalogued</p> <p>vii. faculty members have sufficient input into the selection of new acquisitions and deletions</p>			
<p>b. The Learning Resource Committee makes recommendations for changes in the services provided by the IRC.</p>	<p>Annual revisions to the IRC contract include changes recommended by the Learning Resources Committee.</p>	<p>No changes in the contractual arrangement are suggested at this time.</p>	<p>Met</p>	<p>Working with the IRC and Charlotte AHEC liaison Laura Leach and through the efforts of Susan Bass chairing a subcommittee of the LRC we have enhanced and expanded the relationship between Carolinas College and the IRC and Charlotte AHEC. A formal Library orientation presented by Library staff has now been added to all student orientations. Links to request forms for inclusion of resources in the Library and links to Inter-library loan forms have been made available to faculty on the college Intranet. Presentations concerning the use of the digital resources available from the IRC and Charlotte AHEC have been made by library staff to faculty and students</p>
<p><i>Criteria 5: Each master curriculum plan, except Medical Technology, will contain a general education component, which serves as a foundation for the specific health care discipline and for employment in an ever-changing society.</i></p>				
<p>a. Conduct End of Program survey. General Education Director meets with Program Directors to review support and integration of General Education courses.</p>	<p>Student evaluations of each general education course and the End of Program Survey will indicate that at least 70% of the respondents rate general education courses satisfactory as a foundation for the discipline and to working within society (Threshold=70%, Target=80%).</p>	<p>End of program surveys indicate that 95% of Nursing students rate Ge Ed courses as satisfactory. 42% of Rad tech students rated Gen Ed courses as satisfactory. Dissatisfaction specifically targeted Critical Thinking. 83% of surg tech students found Gen Ed courses satisfactory. The cumulative rating of satisfactory from all program students was 83%. Data from individual course evaluations indicate that overall, the teaching effectiveness for all</p>	<p>Met</p>	<p>To evaluate student satisfaction with Gen Ed courses. Results are used to assess the perceived effectiveness of courses in order to make improvements in course delivery. The instructor for critical thinking has been changed since the poor student evaluation.</p>

		Gen Ed courses was rated at 4.7 on a 5 point scale.		
b. Curriculum Committee reviews Curricular Master Plans. Compare master curricular plans to SACS criteria for AAS.	Input from the Curriculum Committee is evaluated and incorporated into the Curricular Master Plans. Annual review of program master plans by the Curriculum Committee will show the plans include the necessary foundation for the curriculum as well as a broad general education.	An audit revealed that the program was not compliant with SACS requirements regarding minimum number of semester credit hours.	Met	Radiologic Technology curriculum was revised to include an additional general education class; revised curriculum met SACS requirement of a minimum of 60 credit hours.
<i>Criteria 6: General Education courses will contribute to the student's ability to communicate, think critically, use analytical reasoning, and approach individuals holistically.</i>				
a. The determination of a suitable testing scheme for all degree students with greater than 50% of general education credits taken at CCHS in the last semester is being worked on at this time.	The evaluation method (to be selected) will indicate that at least 75% of the degree graduates have attained a minimum of Level I competency in writing, mathematics, reading, and critical thinking (Threshold=75%, Target=80%).	The effectiveness of Gen Ed courses will be assessed on an individual basis. Learning outcomes for the Gen Ed department have been articulated. Assessment of the success of individual courses in meeting these learning outcomes will be carried out in the present year.	Not Met	To demonstrate the effectiveness of Gen Ed curriculum with regard to student achievement, of learning outcomes. Gen Ed learning outcomes are: The student will 1. demonstrate the ability to communicate clearly in oral and written formats. 2. demonstrate the ability to draw reasonable conclusions from a given data set. 3. demonstrate the ability to problem solve mathematically 4. approach individuals holistically, i.e. demonstrate an awareness for the psychological and sociological influences on the individual. 5. Demonstrate knowledge of age appropriate expectations for individuals.
<i>Criteria 7: Graduates of the Pre-Nursing Program are eligible and prepared to matriculate into the School of Nursing, graduate and accept positions as registered nurses.</i>				
a. Conduct annual review of admissions criteria and completion rates to ensure student success.	As indicated by matriculation rates, at least 50% of those entering Pre-Nursing and seeking admission into the School of Nursing are admitted (Threshold=50%; Target=60%).	Ongoing tracking of pre-nursing students indicates that since the inception of this program in fall 2002 through spring 2006 (the most recent date a student could have earned guaranteed admission) 52% (142 / 271) have earned guaranteed admission. We met the threshold of 50% earning guaranteed	Met	Suggest changing the target to 50% and the threshold to 45% as space in the nursing program is becoming more competitive and we want to limit the number of students admitted via pre-nursing. Likewise, the criteria for earning guaranteed admission has increased so a lower margin would be expected.

		admission but fell short of the target		
b. Conduct annual review of graduates of School of Nursing comparing NCLEX-RN success rates of Pre-Nursing vs. non Pre-Nursing students.	As indicated by NCLEX-RN pass rates, Pre-Nursing students will pass at a rate equal to other nursing students (Threshold=pass rate equals that of non Pre-Nursing students; Target=pass rate exceeds that of non Pre-Nursing students).	Ongoing tracking of pre-nursing students indicates that since the inception of this program in fall 2002 through spring 2004 (the most recent date a student could have graduated and taken the NCLEX), 97% (32 / 33) have passed on the first attempt. This equals the rate of non-pre-nursing nursing students for the same time frame, 97% (graduating 5/05, 8/05, 12/05, 5/06).	Met	No action needed.
<i>Criteria 8: Quality education is provided to students to enable them to be eligible for employment as entry-level medical technologists/ clinical laboratory scientists.</i>				
a. The master curriculum plan assures courses are based on current knowledge and practice.	The alumni and employer survey six months following graduation will indicate that at least 80% of the respondents rate the graduate's ability to perform entry-level expectations in the role of competent medical technologist as satisfactory or above. (Threshold=80%, Target=90%).	August 2005 six month employer and graduate surveys indicate that they are meeting entry level expectations.	Met	
b. Integrate critical thinking, communication skills, analytical reasoning, and independent learning in the curriculum to enable the graduate to perform as a competent entry-level practitioner.	1. Clinical evaluation of student performance by instructors indicate that at least 80% of the students demonstrate adequate critical thinking, communication skills, analytical reasoning, and independent learning (threshold=80%, Target=90%). 2. The employer surveys following graduation will	1. Student performance evaluation by instructors indicated that all students had ability to critical think, communicate, analyze and problem solve. Therefore target of 90% was met.  2. The employers survey indicate graduate could critically think,	Met	Faculty is doing a good job.

	indicate that at least 80% of the respondents rate the graduate's ability to communicate effectively and critically think by using analytical reasoning as satisfactory or better (Threshold=80%; Target=90%)	communicate, etc above the threshold of 80% . target met		
c. Provide students with Certification Exam information and application	At least 80% of the graduates will pass the Board of Registry or the National Certification examination on the first writing of the examination (Threshold=80%, Target=90%).	100% passing rate for all 10 graduates in 2006; therefore target of 90% was met.	Met	Subscribed to the BOR for practice tests for the students. Student can work on the test in the computer lab or at home. Also purchased a student jeopardy game. Both of these were new in 2006 and helped the student with their review. BOR results have indicated that.
<i>Criteria 9: Services and resources which promote lifelong learning are provided.</i>				
a. Provide a variety of dynamic experiences which foster active student involvement in their learning and make students aware of continuing education programs outside CCHS.	As an indication of the graduate's value of life-long learning, at least 15% will have participated in some form of continuing education within six months following graduation (Threshold=15%, Target=20%).	100% will be involved in lifelong learning.	Met	The certification agency as of 1/2004 is requiring 32 hrs of CE over a period of every 3 years to maintain certification. So the student will be well informed of CE requirement.
<i>Criteria 10: The master curriculum plan is reviewed annually to assure courses are based on current knowledge and practice.</i>				
a. Schedule annual review of master curriculum plan.	Master curriculum plan continuously meets professional standards set by NAACLS.	review it annually	Met	Adjusted contact hours due to the incorporation of Molecular Pathology into the immunology course.
b. Maintain criteria for NAACLS Accreditation	Program is continuously accredited by NAACLS.	Program director reviews the website often and processes paper work for annual dues.	Met	Maintains accreditation
<i>Criteria 11: Phlebotomy technicians are prepared for entry-level positions in the health care system.</i>				
a. Implement a program that is based on current knowledge and practice concurrent with clinical practice.	Upon completion of this certificate program, the phlebotomist will demonstrate entry-level	100% of those completing the course in 2006 finished with a 77average ("C") or better, 120 clinical hours and a minimum of	Met	Maintain program requirements consistent with NAACLS guidelines

	competencies as established by the NAACLS.	100 successful venipunctures as established by NAACLS.		
b. Evaluate student competency in entry level skills in the laboratory/clinical sites	At least 60% of the students entering the program will successfully complete the program (Threshold = 60%, Target = 70%)	29 entered 25 completed 25/29 = 86% completing	Met	Continue to offer NAACLS standards, quality program, increased number of guest content experts, and clinical experiences to encourage course completion
c. Assist with placement	At least 60% of successful graduates will be employed as phlebotomists or enrolled in an educational program within six months of graduation (Threshold = 60%, Target = 70%)	18 of 25 entered job market as a phlebotomist, CLA, or entered another educational program = 72%	Met	Continue to include Human Resources speakers, Laboratory speakers, and CCHS opportunities to learn about positions and programs
d. Catalog and report results from national certification examination.	90% of students electing to take the certification examination are successful at first attempt (Threshold = 80%, Target = 90%)	5 students took ASCP national Certification Exam in 2006. 100% pass	Met	Encourage each class to take one of the national exams offered for Phlebotomy
<i>Criteria 12: Criteria as stipulated by NAACLS are maintained.</i>				
a. Perform broad overview each year to maintain program within criteria guidelines.	Phlebotomy Technician program continuously meets NAACLS criteria.	Maintain program approval through NACCLS = to include successful self studies every 4 years. = to include review of any new NAACLS requirements = to keep fees paid and up to date	Met	Annual review of NAACLS Guidelines to ensure compliance
<i>Criteria 13: The master curriculum and organizing framework is developed by the nursing faculty to provide objectives, competencies, and learning activities that flow in a logical progression over the length of the program.</i>				
a. The faculty assures that the master curriculum plan courses are based on current knowledge and practice requirements.	1. The alumni and employer survey six months following graduation will indicate that at least 80% of the respondents rate the graduate's ability to perform entry-level therapeutic nursing interventions safely and effectively as satisfactory or above. (Threshold=80%,	1. Data from May 2005 (18/59 response rate), August 2005 (8/29 response rate), and December 2005 (14/22 response rate) alumni indicated that 100% rated their ability to perform entry level therapeutic nursing interventions safely and effectively as satisfactory/adequate or above.	Met	1. None. Continue to monitor. 2. Incorporate changes required by NCBON by June 2007.

	Target=90%). 2. Nursing Curriculum Committee will review the Master Curriculum Plan at least once a year to ensure courses are based on current knowledge and practice requirements.	Data from May 2005 (35/53 response rate) and December 2005 (14/20 response rate) employers indicated that 100% rated graduate's ability to perform entry level therapeutic nursing interventions safely and effectively as satisfactory/adequate or above. Data from August (15/25 response rate) employers indicated that 87% rated graduate's ability to perform entry level therapeutic nursing interventions safely and effectively as satisfactory or above. 2. Reviewed in October 2006. Changes will be made to incorporate new requirements from NCBON by June 2007.		
<i>Criteria 14: The Class/Lab/Clinical experiences are monitored by the faculty and provide opportunities for a variety of learning options appropriate to contemporary nursing.</i>				
a. The faculty and students evaluate the class, clinical, and laboratory environments each semester.	1. Student surveys indicate that at least 80% of the students were satisfied with the Class/Lab/Clinical experiences. (Threshold=80%, Target=90%). 2. The alumni and employer survey six months following graduation will indicate that at least 80% of the respondents rate the graduate's ability to perform entry-level therapeutic nursing interventions safely and effectively as satisfactory or above. (Threshold=80%, Target=90%). 3. Evaluations of clinical sites by the faculty indicate that	1. Class/lab/clinical evaluation data (End-of-Program #35) August 2005 100.00% December 2005 100.0% May 2006 97.9% 2. See Goal III 13 a 1. 3. The following clinical sites were evaluated in the Fall 2005 semester: 5T, 6T, 9T, and 10A, and 11T for NUR 101. Faculty evaluations rated these aforementioned units as adequate-excellent on providing opportunities for meeting the clinical focus and course objectives. The following clinical sites (NUR 202 and Intermediate level were evaluated in the Spring 2006 and Summer 2006 semesterd: CMC-	Met	1. and 2. Continue to evaluate.  3. Fall 2005: All sites with the exception of 10A were recommended as a site for future clinical rotations. Faculty expressed concern over this unit's lack of sufficient staff available to mentor and assist students. This information was shared with the nurse manager of 10A with dialogue as to how to improve staff accessibility to students. Spring/Summer 2006: Faculty expressed concern over space on 7B for students. This information was shared with the nurse manager of 7B.

	they meet the course objectives and learning needs of the students.	Main: 4B, 5B, 6A, 7A/B, 8 A/B, 8E, 8T, 8TN, 9B, 9T, 10D/E, 10T, 11 A, 11B, 11T, CMC-ED; CMC-Mercy: 2N, ECT; CMC-Randolph: 1N, 1S, 2E, Crisis Stabilization, ED, Medication Clinic, Partial Hospitalization; CMC-University: 5th floor; Myers Park Clinic: OB; Mecklenburg County Substance Abuse. Faculty evaluations rated these aforementioned units as adequate-excellent on providing opportunities for meeting the clinical focus and course objectives. All sites were recommended as a site for future clinical rotations.		
b. Administer a pre-NCLEX assessment, provide NCLEX software, provide students with Licensure Exam information and application.	At least 80% of the graduates will pass the NCLEX-RN on the first writing of the examination as verified by the licensure reports from the Board of Nursing. (Threshold = 80%, Target = 90%)	The National Council of State Boards of Nursing report of 2005 data released in 2006 ranked CCHS SON as 11th out of 61 programs in our jurisdictions (programs in NC), 74th out of all similar programs across every jurisdiction (all 861 ADN programs across the US), and 119th out of all programs across every jurisdiction (all 1,448 nursing programs BSN, ADN, & Diploma). All May 2006 graduates (49/49) who took the NCLEX-RN examination were successful on the first attempt for a 100% pass rate for that cohort. One May graduate has not taken the examination at the time of this report. 70/72 or 97% of the graduates who took the NCLEX-RN examination were	Met	Continue to provide NCLEX-RN support to students and evaluate NCLEX-RN performance.

		successful on the first attempt (NCBON, 12/31/06).		
<i>Criteria 15: The faculty integrate critical thinking, communication skills, analytical reasoning, and independent learning in the curriculum to enable the graduate to perform as a competent entry-level practitioner.</i>				
a. Provide a variety of dynamic experiences which foster active student involvement in learning.	<p>1. Clinical evaluation of student performance by instructors indicate that at least 80% of the students demonstrate adequate critical thinking, communication skills, analytical reasoning, and independent learning (threshold=80%, Target=90%).</p> <p>2. The Alumni and employer surveys will indicate that at least 80% of the respondents rate the ability of the graduate to critically think by using analytical reasoning in making clinical judgments, and the ability of the graduate to effectively communicate as satisfactory or above. (Threshold=80%; Target=90%)</p> <p>3. As an indication of the graduate's value of life-long learning, at least 15% will have participated in some form of continuing education within six months following graduation (Threshold=15%, Target=20%).</p>	<p>1. 100% of students successful in their nursing courses were evaluated as demonstrating adequate critical thinking, communication skills, analytical reasoning, and independent thinking.</p> <p>2. 100 % of May 2005 alumni (19/56 or 32% response rate), 100 % of August 2005 alumni (8/29 or 28% response rate), 100% of December 2005 alumni (14/22 or 64% response rate) rated the ability of the graduate to critically think by using analytical reasoning in making clinical judgments (question #4 of the Alumni Survey). 100 % of May 2005 alumni (19/56 or 32% response rate), 88% August of 2005 alumni (8/29 or 28% response rate), and 100% of December 2005 alumni (14/22 or 64% response rate) rated the ability of the graduate to effectively communicate (question #2 on the Alumni Survey) as satisfactory/adequate or above. 100% (36/36) of May 2005 graduate employers (36/53 or 32% response rate), 86% (12/14) of August 2005 graduate employers (14/25 or 56% response rate), and 93% (13/14) of December 2005 graduate employers (14/20 or</p>	Met	Continue to monitor.

		<p>70% response rate) rated the ability of the graduate to critically think by using analytical reasoning in making clinical judgments (question #4 on the Employer Survey). 100% (35/35 who responded to that question) of May 2005 graduate employers (36/53 or 32% response rate), 85% (11/13 who responded to that question) of August 2005 graduate employers (14/25 or 56% response rate), and 100% (14/14 who responded to that question) of December 2005 graduate employers (14/20 or 70% response rate) rated the ability of the graduate to effectively communicate (question #2 on the Employer Survey) as satisfactory/ adequate or above.</p> <p>3. 47% of May 2005 alumni, 63% of the August 2005 alumni, and 79% of the December 2005 alumni participated in some form of continuing education within six months following graduation (question #15 on the Alumni Survey).</p>		
<i>Criteria 16: The master curriculum plan is reviewed annually to assure courses are based on current knowledge and practice..</i>				
a. Schedule annual review of master curriculum plan.	Master curriculum plan continuously meets professional standards set by NLNAC and NC BON.	Master curriculum was reviewed by NLNAC during reaccreditation visit in February 2002. The Interim Report to the NLNAC, which addressed reaccreditation suggestions regarding the curriculum, was submitted in October 2004. Upon review, the NLNAC supported the recommendation	Met	Incorporate changes required by NC BON by June 2007.

		for reaccreditation to Spring 2010. Master curriculum meets professional standards set by NLNAC and NCBON. Changes will be made to incorporate new requirements from NCBON by June 2007.		
b. Maintain criteria for NLNAC Accreditation and NCBON approval.	Program is continuously accredited by NLNAC and approved by NCBON.	The Interim Report to the NLNAC, which addressed reaccreditation suggestions regarding the curriculum, was submitted in October 2004. Upon review, the NLNAC supported the recommendation for reaccreditation to Spring 2010. Program received reaccreditation from NCBON until 2010.	Met	Continue to meet accreditation criteria.
<i>Criteria 17: Graduate Nurse Aides are prepared for entry level positions in the health care system or enrollment in a nursing program.</i>				
a. Implement a program that is based on current knowledge and practice concurrent with clinical practice.	Upon completion of this certificate program, the nurse aide graduate should demonstrate entry-level competencies as established by the Division of Facility Services.	As of July 1, 2006 the NA I certification tests are administered by the company Promissor who is hired by the North Carolina Division of Facility Services. The coordinator for the program receives a quarterly report from Promissor that includes CCHS student results. Presently there is a 100 % NA I pass rate. The NA II class had a 100 % pass rate for certification.	Met	Recommendations for this criterion will be submitted in 2007. The Methods and Tools need to be updated. The report should be submitted to the Quality Agreement committee in the first quarter of 2008. It takes a student up to 3 months to get evaluated for certification. An assessment needs to be done to see if waiting 3 months is affecting pass rates.
b. Evaluate student competency in entry level skills in the laboratory and clinical sites area.	At least 70% of the students entering the program will successfully complete the program (Threshold = 70%, Target = 80%)	Over 80% of the students that entered the NA program successfully completed the program.	Met	Updates to the NA I curriculum were done several times this report year. The NA II program was started this year. Assessments will need to be made in 2007 to make sure the changes are not causing this outcome to not meet the threshold.
c. Assist with placement.	At least 70% of the	Currently there is no measuring	Not Met	An assessment to see if the criterion has a

	successful graduates will be employed as nurse aides or enrolled in a nursing program within six months of graduation (Threshold = 70%, Target = 80%).	tool to gather the data for NA I or NA II programs.		possibility to be measured will be done in the 3rd quarter of 2007. If this is possible a measuring tool for employment statistics and admission statistics will be developed and submitted for approval in the first quarter of 2008 to the Quality Agreement committee. Recommendation to change the report date to the 3rd quarter of the year will be submitted in 2007 to the Quality Agreement committee.
<i>Criteria 18: Graduates of the Nurse Aide program are assisted in being listed with the Division of Facility Services as a Nurse Aide I.</i>				
a. Maintain approval by DFS.	At least 80% of the graduates will become listed as a Nurse Aide I with the Division of Facility Services (Threshold = 80%, Target = 90%).	There is a 100 % pass rate of graduates being listed as a certified NA I. 100 % of the NA II graduates have been listed as a certified NA II.	Met	As of July 1, 2006 The North Carolina Division of Facility Services has Promissor give the certification exams. The college no longer implements the certification exams. It takes up to 3 months for a student who completed the NA I course successfully to get evaluated for certification. An assessment needs to be made to see if the 3 month wait will effect passing rates to be listed as a certified NA I.
<i>Criteria 19: Criteria as stipulated by the Division of Facility Services are maintained.</i>				
a. Perform broad review each year to maintain program within criteria guidelines.	Nurse Aide program continuously meets Division of Facility Services criteria.	The Nurse Aide department continously meets the criteria of the North Carolina Division of Facility Services and the North Carolina Board of Nursing. A broad review will be done in the 2nd quarter of 2007 for NA I and the first quarter of 2008 for NAII.	Met	The NA I program is up for a review by the North Carolina Division of Facility Services at the end of 2007 or beginning of 2008. Any problems discovered during the yearly review will be changed to meet the criteria.
<i>Criteria 20: Quality education is provided to students to enable them to be eligible for employment as entry-level radiologic technologists.</i>				
a. The master curriculum plan assures courses are based on current knowledge and practice.	The alumni and employer survey six months following graduation will indicate that at least 80% of the respondents rate the graduate's ability to perform entry-level expectations in the role of competent	100% of the respondents to the 6-Month Alumni Survey and the 6-Month Employer Survey rate the graduate's ability to perform entry-level expectations as a radiologic technologist 4.6 or above on a scale of 1- 5	Met	Meet benchmark for Program Goal 2, Outcome 4 and Program Goal 8, Outcome 4

	radiographer as satisfactory or above. (Threshold=80%, Target=90%).			
b. Integrate critical thinking, communication skills, analytical reasoning, and independent learning in the curriculum to enable the graduate to perform as a competent entry-level practitioner.	1. Clinical evaluation of student performance by instructors indicate that at least 80% of the students demonstrate adequate critical thinking, communication skills, analytical reasoning, and independent learning (threshold=80%, Target=90%). 2. The employer surveys following graduation will indicate that at least 80% of the respondents rate the graduate's ability to communicate effectively and critically think by using analytical reasoning as satisfactory or better (Threshold=80%; Target=90%)	100% of students have a mean score of 2.6 or above on a scale of 1 - 3 (instructor surveys)  100% of graduates have a mean score of 4.4 on a scale of 1 - 5 (employer surveys)	Met	Meet benchmark for Program Goal 7, Outcomes 1 and 2
c. Provide students with Certification Exam information and application	At least 80% of the graduates will pass the American Registry for Radiologic Technologist certification examination on the first writing of the examination (Threshold=80%, Target=90%).	100% of the 12/12 graduates passed the ARRT examination at first attempt	Met	Meet benchmark for Program Goal 8, Outcome 1
<i>Criteria 21: Services and resources which promote lifelong learning are provided.</i>				
a. Provide a variety of dynamic experiences which foster active student involvement in their learning and make students aware of continuing education programs outside CCHS. Keep records on the	As an indication of the graduate's value of life-long learning, at least 15% will have participated in some form of continuing education within six months following	60% of returned surveys indicate participation in continuing education	Met	Meet benchmark for Program Goal3, Outcomes 1 and 2

number of graduates enrolling in or completing a baccalaureate degree program within 5 years following graduation.	graduation (Threshold=15%, Target=20%).			
<i>Criteria 22: The master curriculum plan is reviewed annually to assure courses are based on current knowledge and practice.</i>				
a. Schedule annual review of master curriculum plan.	Master curriculum plan continuously meets professional standards set by JRCERT.	100% of the 4 full time faculty and 100% of the 3 designated clinical instructors from clinical sites utilized by the program reviewed the master curriculum and determined that program specific courses are based on current knowledge and practice	Met	Maintain professional standards set by JRC/ERT
b. Maintain criteria for JRCERT Accreditation	Program is continuously accredited by JRCERT.	100% of the criteria to maintain JRC/ERT accreditation was completed	Met	Meet benchmark for Program Goal 5, Outcome 2
<i>Criteria 23: Quality education is provided to students to enable them to be eligible for employment as entry-level surgical technologists.</i>				
a. The master curriculum plan assures courses are based on current knowledge and practice in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.	The alumni and employer survey six months following graduation will indicate that at least 80% of the respondents rate the graduate's ability to perform entry-level expectations in the role of competent surgical technologists as satisfactory or above. (Threshold=80%, Target=90%).	Using a scale of 0-5: Alumni rate ability to perform entry-level expectations as 4-5.  Employers rate graduates ability to perform entry-level expectations as 4.5	Met	No action required
b. Integrate critical thinking, communication skills, analytical reasoning, and independent learning in the curriculum to enable the graduate to perform as a competent entry-level practitioner.	Clinical evaluation of student performance by instructors indicate that at least 80% of the students demonstrate adequate critical thinking, communication skills, analytical reasoning, and independent learning (threshold=80%, Target=90%). The employer surveys	Unable to evaluate this goal. Employer survey does not currently include a statement specifically evaluating this goal	Not Met	Add statement to employer evaluation to evaluate goal

	following graduation will indicate that at least 80% of the respondents rate the graduate's ability to communicate effectively and critically think by using analytical reasoning as satisfactory or better (Threshold=80%; Target=90%)			
c. Provide students with Certification Exam information and application	At least 80% of the graduates will pass ARC-ST program assessment exam. (Threshold=80%, Target=90%).	Students provided Certification Exam information. 100% of students passed AST Program Assessment exam. Mean score = 81%	Met	No action required.
<i>Criteria 24: Services and resources which promote lifelong learning are provided.</i>				
a. Provide a variety of dynamic experiences which foster active student involvement in their learning and make students aware of continuing education programs outside CCHS. Annually assess program resources and make appropriate changes.	As an indication of the graduate's value of life-long learning, at least 15% will have participated in some form of continuing education within six months following graduation (Threshold=15%, Target=20%). Results of resource assessment are the basis for ongoing planning and appropriate changes.	6 month alumni evaluations indicate 40% of graduates have participated in some form of continuing education	Met	No action required
<i>Criteria 25: The master curriculum plan is reviewed annually to assure courses are based on current knowledge and practice.</i>				
a. Schedule annual review of master curriculum plan.	Master curriculum plan continuously meets professional standards set by NAACLS.	Master curriculum plan reviewed 4/06. Master curriculum meets standards established by Association of Surgical Technology and Accreditation Review Committee for Surgical Technology	Met	No action required
b. Maintain criteria for CAAHEP Accreditation	Program is continuously accredited by CAAHEP.	Program visited by accreditation site visitors during July, 06. In early January, 07 Program	Met	No action required

		received official notification of Continuing Accreditation for 10 years.		
<i>Criteria 26: Quality education is provided to students to enable them to be eligible for employment as entry-level emergency medical science professionals.</i>				
a. The master curriculum plan assures courses are based on current knowledge and practice.	The alumni and employer survey six months following graduation will indicate that at least 80% of the respondents rate the graduate's ability to perform entry-level expectations in the role of a competent emergency medical science professional as satisfactory or above. (Threshold=80%, Target=90%).	No data available from survey monkey	Not Met	"Best Practices" and Accreditation requirement
b. Integrate critical thinking, communication skills, analytical reasoning, and independent learning in the curriculum to enable the graduate to perform as a competent entry-level practitioner.	1. Clinical evaluation of student performance by instructors indicate that at least 80% of the students demonstrate adequate critical thinking, communication skills, analytical reasoning, and independent learning (threshold=80%, Target=90%). 2. The employer surveys following graduation will indicate that at least 80% of the respondents rate the graduate's ability to communicate effectively and critically think by using analytical reasoning as satisfactory or better (Threshold=80%; Target=90%)	All clinical evaluations indicate above 90%.	Met	Accreditation requirement and "Best Practice"
c. Provide students with Certification Exam information and application	At least 80% of the graduates will pass EMT-P certification	100% of students registered and took exam.	Met	Customer Service

	exam. (Threshold=80%, Target=90%).			
<i>Criteria 27: Services and resources which promote lifelong learning are provided.</i>				
a. Provide a variety of dynamic experiences which foster active student involvement in their learning and make students aware of continuing education programs outside CCHS.	As an indication of the graduate's value of life-long learning, at least 15% will have participated in some form of continuing education within six months following graduation (Threshold=15%, Target=20%).	100% of graduates participate in continuing education program.	Met	Marketing and "Best Practice"
<i>Criteria 28: The master curriculum plan is reviewed annually to assure courses are based on current knowledge and practice.</i>				
a. Schedule annual review of master curriculum plan.	Master curriculum plan continuously meets professional standards set by CAAHEP.	Curriculum reviewed with faculty and medical director annually.	Met	Accreditation Requirement

***ACTION PLANS FOR UNMET IE PLAN OUTCOMES***

<b>Goal I</b>	<b>Responsible Person/Committee</b>	<b>Discussion</b>	<b>Action Plan</b>
1.a. IE Committee reviews SACS criteria annually or as needed and assures compliance to maintain a regionally accredited college that supports the mission of educating healthcare providers.	IE Committee Chairman	The SACS audit process has been placed into the CPA Committee Functions for 2007.	The SACS audit process is currently being completed with audits due from individual managers on June 1, 2007, to later be reviewed by the Accreditation Subcommittee for compliance.
4.a. Conduct a needs assessment at least every five years (2010) or more frequently as necessary that identifies the demand for current and future educational offerings.	IR Coordinator, Evaluation Committee, and IE Committee	Needs assessment last completed in 2005, the college is in compliance with this action.	While this goal was officially met (needs assessments are only required every 5 years), the 2007 IE Plan was changed so that an assessment is completed in collaboration with CHS Workforce Development.
5.a. Conduct evaluations according to procedure; summarize and distribute evaluation data; make recommendations for improvement based on evaluative data. Track and evaluate recommended changes.	IR Coordinator, Evaluation Committee and Department Secretaries	Utilization of evaluative data to make recommendations and changes has rated consistently below 4.0 over the last 3-4 years regarding using data to document changes, solutions and recommendations	Develop a system to display utilization of evaluative data and changes that are made as a result of this research. Leadership team to be instrumental in this process. After discussion at Annual Faculty/Staff meeting, it was determined low ratings pertaining to using evaluative data to make changes was mostly related to issues with the unmet criterion from Goal I, 11 d.
11.d. Maintain housekeeping /maintenance/security contracts	IR Coordinator	The issues relate to noise and space concerns within the building – a long range plan is being developed, however, what can be done in the short term to address these issues	After discussion at Annual Faculty/Staff meeting, faculty/staff members presented various options for dealing with issues concerning the building. It was decided that a group of faculty/staff would be formed to further discuss this issue and present alternatives and ideas to the Leadership Team for review.
14.a. Student input is collected on an on-going basis and	NA Program Coordinator	Surveys do not currently ask the student about satisfaction with	The NA program course evaluations will be formatted to measure student's satisfaction of

considered in the development of class/lab/clinical experiences.		these experiences.	the course objectives, lecture, lab, and clinical sites. The survey will be submitted to the Research Committee for approval in July of 2007.
25.b. Produce annual Fact Book which provides easy to understand college wide data.	IR Coordinator	Annual Fact Book has not been completed by IR Coordinator since 2001.	The Annual Fact Book for 2006 is currently being developed, and will be complete by the end of June 2007 (in accordance with outcome outlined in 2007 IE Plan).
<b>Goal II</b>			
5.d. Provide admission personnel to meet with prospective students individually, in groups, and via phone to assist with program selection and the application process.	Admission Officer-Recruiter	Student satisfaction with assistance in this process was <80%.	The threshold was met in 2006 with significant improvement over 2005 (61%). In light of this, the plan to improve the service to students is to replace the admissions officer position which was vacant much of 2006 due to family leave and termination.
5.e. The APG Committee reviews ranked applicants for all programs, makes selections for each credit program and prepares a report on qualifications of admitted applicants.	APG Committee Chairman	The issue deals with determining qualified applicants, rank order, and the selection process currently utilized.	The information requested pertaining to admissions has been revised to include the number of students who apply, who are accepted and who are enrolled to determine the College's Admissions Yield. The responsible party for completing this report during 2007 will be
6.b. For each starting group of students, present an appropriate orientation to the College, to include a description of counseling and advisement services.	Admissions Officer-Recruiter	Student evaluation surveys from orientation indicate that 70% of students were satisfied with orientation, comments indicate that the issues are length of orientation and duplication with other orientations students may have participated in.	The action plan is to continue to limit the scope of the pre-nursing program orientation to see if results improve when these students enter the nursing program. Since 2006 was the first year we changed the pre-nursing orientation, we won't see results until 2007 and 2008.
6.c. Assign a faculty advisor to all for credit students, make tutoring and class reviews available to all	Tutorial/placement coordinator and the IR Coordinator	End of program evaluation indicates that the issue is the availability of faculty advisors.	Change the evaluation question to include the student makes an appointment for advising versus assumption the advisor is always

students.			available. 2007 IE Plan changes the responsibility of this criterion to Dr. Hampton Hopkins.
6.d. Assure faculty advisors have appropriate resources and support.	Dean of Student Services	Personnel Comprehensive Survey faculty responses indicate dissatisfaction with the advisor workshop.	Advisor workshop has been reformatted, Dr. Hampton Hopkins to report on results of the 2006 Fall Workshop. Results will be available based on the 2007 results of the Personnel Comprehensive Survey. An evaluation of the reformatted workshop indicated 92% satisfaction with the workshop.
8.a. Coordinate placement services	Dean of Student Services	Tutoring placement coordinator completed initial placement offerings for all graduates, student end of program surveys indicate 67% satisfaction, therefore the goal is not completely attained	Needs a plan of action to correct this need, perhaps separate the questions on the surveys to see if the problem is a CCHS in-house issue, or with HR placement services.
10.a. All College policies related to students are evaluated on a bi-annual basis.	Dean of Student Services/President	Student evaluation surveys indicate a concern with the consistency of policies being applied to the student body.	The Honor Code is currently being revised to address these concerns with the consistency of this policy. Recommend that the policy and procedure manual be made available to student electronically, as well as in the printed form in the library.
12.a. Recruit, hire and orient faculty	General Education Director	Criteria calls for faculty rating personnel orientation as satisfactory or above	More concerted efforts will be made to ensure that all new General Education Personnel complete the new personnel orientation evaluations.
16.b. Placement/interview workshops	Surgical Technology Program Director and Faculty	75% of graduates were employed in entry level positions – due to two students who relocated and did not seek employment	Positions were available for all graduates to apply for. Due to relocation and personal issues 2 graduates did not immediately seek employment. 1 graduate is not working in field. The second graduate recently applied in another

			state. Even though the placement goal was not met for this year, it does not demonstrate a trend as the goal was met with the previous and subsequent graduating classes. No action required.
20.a. Recruit, hire and orient staff – NA program	Dean of Nursing	Orientation survey needs to be formatted to be consistent with the rest of the college, not an instrument that only calls for comments	New faculty hired for the NA Program will be required to complete the college-wide orientation survey.
<b>Goal III</b>			
5.a. Conduct end of program survey. General Education Director meets with program directors to review, support, and integration of general education issues.	General Education Director	Criteria calls for 70% of students responding to rate general education as satisfactory, current results do not indicate this level of satisfaction from the Rad Tech students who indicated a 42% satisfaction rating.	Needs a plan of action to increase the satisfaction scores from the Rad Tech student population for this criterion.
6.a. The determination of a suitable testing scheme for all degree students with greater than 50% of general education credits taken at CCHS in the last semester is being worked on at this time.	General Education Director	The effectiveness of general education courses will be evaluated individually and plans are being developed for the current academic year.	2007 IE Plan places responsibility of this criteria at the course level, data will be submitted to the QI Sub-Committee
17.c. Assist with placement	NA Program Coordinator	The program currently does not have an instrument to measure this data	Due to the nature of the program and the large number of pre nursing students that enter the NA program each year this criterion is not warranted. The Nursing department already fulfills this criterion.

			<p>Recommendation to change the criteria for the 2007 IEP:</p> <p>1. A criteria, expected outcomes, and measuring tool will be created to evaluate how many NA I students become nursing students. The measuring tool will be a survey that will be given to the students at the end of each course. This recommendation will be submitted to the Research Committee by the end of June 2007.</p> <p>2.A criteria, expected outcomes, and measuring tool will be created to evaluate 2 areas of a certified NA II (CNA II) student: 1. Each student's job position as a CNA II 2. Each student's place and type of work area as a CNA II. This recommendation will be submitted to the Research Committee.</p>
23.b. Integrate critical thinking, communication skills, analytical reasoning, and independent learning in the curriculum to enable the graduate to perform as a competent entry level practitioner	Surgical Technology Program Director, and Clinical Instructors	Employer survey does not currently include a statement to measure this criterion.	Current Employer Survey measures specific criteria identified by Accrediting agency and does not specifically address critical thinking, communication skills and analytical reasoning. <u>Plan:</u> Add additional questions to the alumni survey that will address these behaviors but will not be included in the annual report submitted to Accrediting Agency. <u>Implement:</u> With next employer survey (January 2008).
26.a. The master curriculum plan assures courses are based on current knowledge and practice.	Emergency Medical Sciences Program Director, IR Coordinator, Curriculum Committee	Return of alumni and employer surveys at six months has not provided enough data to measure this criterion.	Action Steps: Electronic Survey (Survey Monkey) will be distributed to each Crew Chief where the graduate is working. Each crew chief will receive a phone call from CCHS reminding them of the survey and stressing the importance of data collection. MEDIC will send each crew chief and alumnus a memo asking for their participation in this survey. Phone calls will be placed two weeks following the release of the survey to remind those that have not returned

			the information. MEDIC will be informed of those that do not complete the survey.
26.c. Provide students with certification exam information and application.	Emergency Medical Sciences Program Director	The criteria calls for 80% of graduates to pass the EMT-P exam, information provided as results states all students took the exam .	100 % on EMT and Paramedic Credentialing Exam for First Time Test takers.