

BOARD MEETING AGENDA

Board of Registered Nursing
1747 N. Market Blvd.
HQ-2 Hearing Room, Ste. 186
Sacramento, CA 95834
(916) 574-7600

February 19-20, 2020

Wednesday, February 19, 2020– 8:00 am Open Session; 9:00 am Board Meeting

1.0 8:00 am Open Session: Staff Presentation to Public (Board Members will not be present):

- 1.1 Overview of the Board's licensure process and process related to applicants reporting convictions.
- 1.2 Questions and Answers.

2.0 9:00 am Call to Order, Roll Call, and Establishment of a Quorum

Members: Michael Jackson, RN, MSN, President
Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Trande Phillips, RN
Imelda Ceja-Butkiewicz
Kenneth Malbrough
Dolores Y. Trujillo, RN
Karen Skelton

Executive Officer: Dr. Joseph Morris, PhD, MSN, RN

3.0 Disciplinary Matters. Hearings on Petitions for:

Early Termination/Modification of Probation

- Euvy Abo
- Steffany Ahn
- Ann Bakarich
- Dale Henderson
- Julie Orchard

4.0 Closed Session

4.1 Disciplinary Matters

The Board will convene in closed session pursuant to Government Code Section 11126(c)(3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

4.2 Pending Litigation

The Board will convene in closed session pursuant to Government Code Section 11126(e) (1), (2) to confer with and receive advice from legal counsel regarding the following matters:

- *American Career College v. The California Board of Registered Nursing*, Los Angeles Superior Court Case No. 19STCP01383;
- *The People of the State of California v. Purdue Pharma, L.P.*, Orange County Superior Court Case No. 2014-00725287; and
- *Marsha A. Johnson v. Board of Registered Nursing*, Los Angeles Superior Court Case No. 19SMCP00408

5.0 Public Comment for Items Not on the Agenda; Items for Future Agenda

Note: The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code Section 11125 and 11125.7(a)).

6.0 Reconvene in Open Session – Recess until February 20, 2020 at 9:00 a.m.

Thursday, February 20, 2020 – 9:00 am

Notice: This meeting will be Webcast, provided there are no unforeseen technical difficulties or limitations. To view the Webcast, please visit <https://thedcapage.wordpress.com/webcasts/>

1.0 Call to Order/ Roll Call and Establishment of a Quorum

Members: Michael D. Jackson, MSN, RN, President
Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Trande Phillips, RN
Imelda Ceja-Butkiewicz
Kenneth Malbrough
Dolores Y. Trujillo, RN
Karen Skelton

Executive Officer: Dr. Joseph Morris, PhD, MSN, RN

2.0 Review and Vote on Whether to Approve Minutes:

2.1 October 17, 2019

2.2 November 13-14, 2019

2.3 December 5, 2019

2.4 December 20, 2019

2.5 January 17, 2020

3.0 Report on Board Members' Activities

4.0 Executive Officer Report

6.0 Report of the Administrative Committee
Michael Jackson, RN, MSN, President, Chairperson

6.1 Discussion and Possible Action Regarding New Board of Registered Nursing Logo

7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson

7.1 Discussion and Possible Action Regarding Education/Licensing Committee Recommendation to Ratify Minor Curriculum Revisions And Acknowledge Receipt Of Program Progress Reports (16 CCR 1426) (Consent)

- University of California, Irvine Master's Entry Program in Nursing
- University of San Diego Entry Level Master's Degree Nursing Program
- National University Baccalaureate Degree Nursing Program
- Unitek College-Bakersfield Baccalaureate Degree Nursing Program
- Unitek-Fremont Baccalaureate Degree Nursing Program
- East Los Angeles College Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Mount Saint Mary's University Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- San Bernardino Valley College Associate Degree Nursing Program
- Santa Rosa Junior College Associate Degree Nursing Program
- Shasta College Associate Degree Nursing Program
- Solano Community College Associate Degree Nursing Program
- Ventura College Associate Degree Nursing Program
- Weimar Institute Associate Degree Nursing Program
- California State University Fresno, Nurse Practitioner Program
- University of Phoenix Nurse Practitioner Program Costa Mesa

Acknowledge Receipt of Program Progress Report:

- Simpson University Baccalaureate Degree Nursing Program
- Mount Saint Mary's University Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- The Marsha Fuerst School of Nursing Associate Degree Nursing Program (GCC-SD)

7.2 Discussion and Possible Action Regarding Education/Licensing Committee Recommendations

7.2.1 Recommend Ratification Of Applications For Prelicensure Programs

Continuing Approval (BPC 2788; CCR 1421, 1423) (Consent)

- Charles Drew University Entry Level Master's Program
- Loma Linda University Baccalaureate Degree Nursing Program
- Western Governors University Baccalaureate Degree Nursing Program
- Bakersfield College Associate Degree Nursing Program
- Chaffey College Associate Degree Nursing Program
- Cuesta College Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Los Angeles Valley College Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- Riverside City College Associate Degree Nursing Program

- 7.2.2 **Recommend Ratification of Approval of a Prelicensure Program Unit Adjustment or Other Changes (CCR 1426, 1432) (Major Curriculum Revision) (No Enrollment Increase) (Consent)**
 - College of the Sequoias Associate Degree Nursing Program
- 7.2.3 **Recommend Ratification Of Applications For Advanced Practice Programs Continuing Approval (CCR 1480) (Consent)**
 - Loma Linda University Advanced Practice Nurse Practitioner Program
- 7.2.4 **Recommend Acceptance Of Program Progress Report From Prelicensure Nursing Program. (16 CCR 1423) (Consent)**
 - Compton College Associate Degree Nursing Program

7.3 Recommend Acceptance Of Program Progress Report From Prelicensure Nursing Program, East Los Angeles College Associate Degree Nursing Program. (16 CCR 1423) (Present)

7.4 Recommendation To Change Status Of Prelicensure Nursing Program, Los Angeles City College Associate Degree Nursing Program To Warning Status With Intent To Revoke Approval. (16 CCR 1423.2) (Present)

7.5 Recommend Continuing Approval for Approved Nursing Programs (Prelicensure), Holy Names University Baccalaureate Degree Nursing Program (BPC 2788, CCR 1421, 1423) (Present)

7.6 Recommend Continuing Approval for Approved Advanced Practice Program, Holy Names University FNP-MSN Nurse Practitioner and Post Master’s Certificate FNP Nursing Programs Continuing Reapproval (CCR 1480) (Present)

7.7 NCLEX Updates

7.8 Licensing Program Update

8.0 Report of the Legislative Committee
Donna Gerber, Chairperson

8.1 Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Action Regarding Adoption or Modification of Positions on Bills Introduced During the 2019-2020 Legislative Session:

- [AB 329](#) (Rodriguez) Hospitals: assaults and batteries
- [AB 362](#) (Eggman) Controlled substances: overdose prevention program
- [AB 613](#) (Low) Professions and vocations: regulatory fees
- [AB 732](#) (Bonta) County jails: pregnant inmates
- [AB 890](#) (Wood) Nurse practitioners
- [AB 1145](#) (Cristina Garcia) Child abuse: reportable conduct
- [AB 1444](#) (Flora) Physicians and surgeons and registered nurses: loan repayment grants
- [AB 1544](#) (Gipson) Community Paramedicine or Triage to Alternate Destination Act
- [SB 207](#) (Hurtado) Medi-Cal: asthma preventive services
- [SB 700](#) (Roth) Business and professions: noncompliance with support orders and tax delinquencies

9.0 Report of the Intervention/Discipline Committee

Imelda Ceja-Butkiewicz, Chairperson

9.1 Information Only: Complaint Intake and Intervention/Cite & Fine/Legal Support Update

9.1.1 Discussion and Possible Action Regarding Appointment of Intervention Evaluation Committee Member

- Ashley Schenkel, Public Member, IEC 7

9.2 Information Only: Investigations Update

9.3 Information Only: Discipline and Probation Program Update

9.4 Information Only: Enforcement and Intervention Statistics

10.0 Report of the Nursing Practice Committee

Elizabeth Woods, RN, Chairperson

10.1 Information Only: New Law Regarding Physician Assistant Supervision and Other Changes (SB 697)

11.0 Adjournment

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call Brazil Smith at (916) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297.) Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.



BOARD OF REGISTERED NURSING
Executive Officer's Report

Agenda Item: 4.0
Date: February 20, 2020

4.0 The Resignation of Executive Officer, Dr. Joseph Morris

Dr. Joseph Morris resigned as the Executive Officer (EO) of the Board of Registered Nursing effective February 14, 2020. The Administrative Committee is working with the Department of Consumer Affairs to recruit our next EO.

California Board of Registered Nursing | Logo Color Options



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BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.1
DATE: February 20, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding Education/Licensing Committee Recommendation to Ratify Minor Curriculum Revisions And Acknowledge Receipt Of Program Progress Reports (16 CCR 1426) (Consent)

REQUESTED BY: Michael D. Jackson, RN, MSN
Chair, Education/Licensing Committee

BACKGROUND: According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- University of California, Irvine Master's Entry Program in Nursing
- University of San Diego Entry Level Master's Degree Nursing Program
- National University Baccalaureate Degree Nursing Program
- Unitek College-Bakersfield Baccalaureate Degree Nursing Program
- Unitek-Fremont Baccalaureate Degree Nursing Program
- East Los Angeles College Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Mount Saint Mary's University Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- San Bernardino Valley College Associate Degree Nursing Program
- Santa Rosa Junior College Associate Degree Nursing Program
- Shasta College Associate Degree Nursing Program
- Solano Community College Associate Degree Nursing Program
- Ventura College Associate Degree Nursing Program
- Weimar Institute Associate Degree Nursing Program
- California State University Fresno, Nurse Practitioner Program
- University of Phoenix Nurse Practitioner Program Costa Mesa

Acknowledge Receipt of Program Progress Report:

- Simpson University Baccalaureate Degree Nursing Program
- Mount Saint Mary's University Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- The Marsha Fuerst School of Nursing Associate Degree Nursing Program (GCC-SD)

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant
Education and Licensing Committee Liaison

MINOR CURRICULUM REVISIONS

**Board Meeting
February 20, 2020**

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
ELM			
University of California, Irvine Master's Entry Program in Nursing	D. Schutte	12/09/2019	Revision to the program's EDP-P-06 Content Required for Licensure to more clearly differentiate between pre-entry course requirements and program courses with total units required for licensure at 72 and total units required for graduation at 87. EDP-P-05a Total Curriculum Plan revised to be consistent with course clinical areas.
University of San Diego Entry Level Master's Degree Nursing Program	MA. McCarthy	11/18/2019	Move course MSNC 512 from the fall semester to the spring semester in year #2. Move course APNC 520 from spring semester to fall semester in year #2. No change in nursing units or total units for graduation.
BSN			
National University Baccalaureate Degree Nursing Program	C. Velas	10/25/2019	Mathematical corrections to units on EDP-P-06 from approved curriculum at November 2019 Board meeting. No change in nursing units or total units for graduation
Unitek College-Bakersfield Baccalaureate Degree Nursing Program	C. Velas	10/14/2019	Delay in first cohort of students for this new program. The first cohort will be admitted April 20, 2020, the second August 12, 2020, and the third cohort will be admitted December 14, 2020.
Unitek-Fremont Baccalaureate Degree Nursing Program	C. Velas	11/12/2019	Four students finishing the A.D.N. curriculum failed the RNSG244/RNSG245 (Advanced Med/Surg Theory/clinical). To complete their curriculum for licensure, they will take the BSN curriculum comparable courses RN404 Complex Adult Health (theory and clinical and RN400 Leadership & Management in Healthcare (theory and clinical). This will conclude the teach-out of the A.D.N. curriculum.
ADN			
East Los Angeles College Associate Degree Nursing Program	MA. McCarthy	10/18/2019	Move Pharmacology I and II from Winter or Summer Semester to Semester 2. Lengthen from 2.5 weeks to each being taught over 8 weeks. Move N265 Fundamentals from Semester 2 to Winter or Summer session to be taught with Intro to Nursing Process and Health Assessment all are 5-week classes. Fundamentals taught over 5 weeks instead of 8. N266 MSI taught over 16 weeks instead of 8 N267 MSII taught over 16 weeks instead of 8

MINOR CURRICULUM REVISIONS

**Board Meeting
February 20, 2020**

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
			N268 Psych/ Mental Health taught over 16 weeks instead of 8 N269 MSIII taught over 16 weeks instead of 8 N271 Obstetrics taught over 16 weeks instead of 8 N270 Pediatrics taught over 16 weeks instead of 8 No change to units, content, length of semester, objectives, or outcomes.
Fresno City College Associate Degree Nursing Program	S. Ward	10/23/2019	Edited the BRN curriculum forms (EDP-P-05a and EDP-P-06) for Pharmacology A and B, Transcultural Health Care, and RN 65 and RN 66 – Nursing Care of the Client with Behavioral and Emotional Disorders courses to more clearly reflect course content.
Mount Saint Mary’s University Associate Degree Nursing Program	C. Velas	11/15/2019	Dr. Carol DeLilly resigned and retreated to a faculty position. Dr. Brownwell was appointed the Program Director and Michael La Chance the Assistant Director.
Pacific College Associate Degree Nursing Program	C. Velas	11/21/2019	Admission criteria for new program has been changed to a multicriteria screening process including essay and interview. ATI, SafeMedicate, and Shadow Health have been added as supplemental instruction to support the current curriculum.
San Bernardino Valley College Associate Degree Nursing Program	D. Schutte	12/11/2019	As requested by community members, a Psychiatric Technician to RN track has been established with first enrollments Fall 2020. NURS 130 Psychiatric Technician to Professional Nurse Transition to be offered beginning Spring 2020. Registration limited to those psychiatric technicians who have completed program prerequisites and accepted as advanced placement. A first semester challenge exam will determine eligibility for placement within the first semester of the program. Students will also have option to challenge NURS 260 Psychiatric Mental Health Nursing. Overall program enrollment numbers will remain consistent as previously approved.
Santa Rosa Junior College Associate Degree Nursing Program	J. Wackerly	12/09/2019	Reduction of end of program outcomes from 11 to 4 outcomes as approved by faculty September 2019. The end of program outcomes reflects the curriculum: Readiness for Practice Framework
Shasta College Associate Degree Nursing	K. Daugherty	10/29/2019	Updated CRL/TCP forms accurately reflect changes in the fourth semester course series (N48/48P) updated course number/course titling changes

MINOR CURRICULUM REVISIONS

**Board Meeting
February 20, 2020**

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
Program			including those required LVN to RN non-degree 30-unit option(26-28 units) and the revised course descriptions for these courses. REGN 15, 25, 35 now re-named Health & Illness I, II, III; REGN 15P, 25P, 35P now called Professional Nursing Practicum I, II, III. REGN 36 Maternal Child & Pediatric Nursing; REGN 36P Professional Nursing Practicum: MCH and Pediatric Nursing; REGN 48 Health & Illness IV Community, Mental Health, & Medical-Surgical Nursing; REGN 48P Professional Nursing Practicum IV: Community, Mental Health, & Medical Surgical Nursing. Total nursing units for the AD degree option remain at 48 units; Nursing theory 26.5 and nursing clinical 21.5 remain unchanged since 2018. Total CRL remain at 72-76 units and total degree unit requirements remain at 84-88. Communication, sciences and other degree courses and units are unchanged. Program reports necessary catalog and other program publications are in the process of being updated to reflect these changes.
Solano Community College Associate Degree Nursing Program	S. Engle	9/27/2019	Five students plan to re-enter the program in 2020 to complete coursework using the previously approved curriculum. Board approved a major curriculum revision February 2018. These five students need to complete coursework using the old curriculum. Faculty has worked on a plan to support the students to complete the required curriculum.
Ventura College Associate Degree Nursing Program	C. Velas	11/21/2019	Sandra Melton, current Program Director, will take a Sabbatical for Spring 2020, Assistant Directors Cynthia Wentzel and Lynette Taylor will assume the Program Director role in her absence.
Weimar Institute Associate Degree Nursing Program	K. Daugherty	10/18/2019 12/04/2019	The physical street address remains unchanged. The program's mailing address is PO Box 486, Weimar, CA 95736. Summer session N301 Pediatrics course was previously made 5 weeks instead of 4 weeks course without any other or unit course changes made. CRL/TCP forms updated to reflect this change and to remove eliminated N305 Health Promotion II listing from forms.

MINOR CURRICULUM REVISIONS

**Board Meeting
February 20, 2020**

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
APRN			
California State University Fresno, Nurse Practitioner Program	S. Ward	10/24/2019	A BRN Interim Visit was conducted on October 8 & 9, 2019 at the CSU Fresno SON. The focused visit was to determine progress on implementation of action plans as related to CCNE accreditation status previously reported to the BRN. Additionally, the visit was to determine the perspective of faculty, and of students enrolled in the program options. The CCNE site visit was conducted September 9-11, 2019. The written visit report had not been received at the time of the BRN visit. Understanding was that one FNP student did not to return in Fall 2019. Faculty commented on improved processes and resources that have assisted them. Some students relayed their interpretation of options based on future accreditation decision outcomes and provided suggestions for ongoing communication. Administration representatives provided information on process improvement initiatives. Feedback from the BRN meetings was provided to program and University administration. NECs clarified the BRN's involvement as related to CCNE accreditation status and overall with the various parties. The program is implementing action plans to address resolution of the situation.
University of Phoenix Nurse Practitioner Program Costa Mesa	H. Sands	12/19/19	Changes in the FNP version 8 to version 10 were programmatic rather than at course level. The only exception was the addition of Opioid Management to the NRP 507 Advanced Pharmacology course, and TeleHealth content for sustaining current practices to the NRP 566 course. Additionally, clinical hours were better matched to provide needed clinical content/experiences that students do not typically obtain (alone) in clinical preceptorships. Overall preceptorship clinical hours have decreased by 75 hours, but simulation and lab has increased resulting in a total of 732 hours of combined practicum, lab and simulation (using Standardized Patients). These programmatic changes were based on CON Advisory Board, NONPF and CCNE guidelines, industry standards, Student and Faculty End of Course Feedback as well as consistency with other FNP programs. Total course number was reduced from 14→11: (1) NRP 504- intro to graduate study was discontinued; (2) NUR 550 & NUR 505 integrated under NRP 508: Health Policy & Role of the advanced practice

MINOR CURRICULUM REVISIONS

**Board Meeting
February 20, 2020**

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
			<p>nurse; (3) NURS 513 & NUR 518 integrated under NRP 513: Clinical Applications of Theory and Research. Total face to face preceptorship clinical hours were reduced to 600 hours (still exceeds BRN requirement). While the overall clinical hours have decreased by 75 hours, simulation and lab has increased resulting in a total of 732 hours of combined practicum, lab and simulation. Considerations for version 10 changes included: currency of content, relevance, mapping to NONPF, CCNE, industry standards, additional ethics content has been added throughout the program, and national certification criteria. Specifically, the addition of 20 hours were added to the Clinical Procedures course subsumed under new course number NRP 571: Advanced Health Assessment II & Clinical Procedures (including a 5 day clinical residency) and 24 hours of Lab/Simulation in each of the clinical management courses (NRP 555, 556, 563, 543). The total number of Lab/Simulation hours throughout the program = 84 hours. This brings the total of face to face clinical hours + lab/simulation to 684. A projected (48) additional simulation hours will bring the total clinical hours + lab/simulation to 732. Anticipated implementation date: May 2020. No enrollment changes.</p>

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
February 20, 2020

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
ELM			
BSN			
Simpson University Baccalaureate Degree Nursing Program	K. Daugherty	12/5/19	Required progress report received. Total program enrollment 101 students. Misty Smith, former program AD was appointed PD/Interim Dean in October 2019. New AD approved. Former PD accepted a promotional job opportunity with the VA in Redding. Program continues to admit up to 27 each Fall and Spring semesters. No areas of non-compliance identified. Program reports it has sufficient resources for implementation of the program. NCLEX-RN pass rates remain excellent. July-September quarter pass rate is 100% (3/3). No issues with institutional financial sustainability reported by SU.
ADN			
Mount Saint Mary's University Associate Degree Nursing Program	C. Velas	12/05/2019	Progress report received from Dr. Brownell, new Program Director after Dr. DeLilly resigned and retreated to faculty position. Progress report delineates the assessment and action plan for CCR 1431. Licensing Examination Pass Rate Standard. School visit scheduled for March 24, 2020.
Pacific College Associate Degree Nursing Program	C. Velas	12/05/2019	November and December Progress Report received. Enrollment for first cohort continues. Faculty hiring continues with one full-time faculty hired for M/S content and three part-time faculty for various clinical courses. Full report at ELC meeting.
The Marsha Fuerst School of Nursing Associate Degree Nursing Program (GCC-SD)	C. Velas	10/05/2019	<p>October 2019- Update Report for GCC-San Diego Teach-out Program</p> <p>On September 30, 2019 twenty-two students completed the program. This brings the total number of graduates to 59. All April graduates have taken the NCLEX with a pass rate of 89.4%. The July graduates have a pass rate of 86.7% with five still waiting for eligibility to test. The average HESI Exit exam continues to increase. The April cohort had an average of 949, July cohort had an average of 1044 and the September cohort had an average of 1022, while the national average was 864.</p> <p>Student Breakdown by cohort and terms:</p>

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
February 20, 2020

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
			<p>Current student count is 76. Two students were allowed to repeat one nursing course. These students remain in the program. There were 6 drops this last quarter; one due to personal reasons, 5 due to academic failure.</p> <p>Term 8- 17 students (14 generic and 3 Advanced Placement) These students will graduate December 16, 2019</p> <p>Term 7- 8 generic students in Peds and OB. These students are schedule to graduate on March 16, 2019</p> <p>Term 6- 25 students (15 generic/10 Adv Placement)</p> <p>Term 5- 26 students (15 generic/11 Adv Placement)</p>

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2
DATE: February 20, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding Education/Licensing Committee Recommendations

REQUESTED BY: Michael D. Jackson, MSN, RN
Chair, Education/Licensing Committee

BACKGROUND: The Education/Licensing Committee met on January 9, 2020 and makes the following recommendations:

7.2.1 Recommend Ratification Of Applications For Prelicensure Program Continuing

Approval (BPC 2788; CCR 1421, 1423) (Consent)

- Charles Drew University Entry Level Master's Program
- Loma Linda University Baccalaureate Degree Nursing Program
- Western Governors University Baccalaureate Degree Nursing Program
- Bakersfield College Associate Degree Nursing Program
- Chaffey College Associate Degree Nursing Program
- Cuesta College Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Los Angeles Valley College Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- Riverside City College Associate Degree Nursing Program

7.2.2 Recommend Ratification Of Approval of a Prelicensure Program Unit Adjustment Or Other Changes (16 CCR 1426, 1432) (Major Curriculum – no enrollment increase) (Consent)

- College of the Sequoias Associate Degree Nursing Program

7.2.3 Recommend Ratification Of Applications For Advanced Practice Programs Continuing Approval (CCR 1480) (Consent)

- Loma Linda University Advanced Practice Nurse Practitioner Program

7.2.4 Recommend Acceptance Of Program Progress Report From Prelicensure Nursing Program. (16 CCR 1423) (Consent)

- Compton College Associate Degree Nursing Program

NEXT STEP: Notify Programs of Board Action.

PERSON TO CONTACT: Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant
Education and Licensing Committee Liaison

The Education/Licensing Committee met on January 9, 2020 and makes the following recommendations:

7.2.1 RATIFICATION OF PRELICENSURE NURSING PROGRAM APPLICATIONS FOR CONTINUING APPROVAL (BPC 2788, CCR 1421, 1423)

- **Charles Drew University Entry Level Master's Program**

Dr. Diane Breckenridge, Dean and Professor has served as Program Director, ELM since April 16, 2018 and Dr. Delia Santana Assistant Director and Director of Clinical Coordination (NP and ELM), Assistant Professor, ELM has served as Assistant Director since April 2019. A regularly scheduled continuing approval visit was conducted on November 19-20, 2019 by Nursing Education Consultants Loretta Melby and Dr. Donna Schutte. The program was found to be in noncompliance in one area and had no areas of recommendations.

1424 (e) The director and the assistant director shall dedicate sufficient time for the administration of the program. NON-COMPLIANCE: The current Role designation and organizational design for Dean/ DON and ADON for the ELM program does not allow for adequate release time for administration of the program without the utilization of additional hours outside of the expected 40 hours per work week. See the consultant approval report for additional information.

CDU currently has 120 students and is approved to enroll 40 students two times a year but is currently enrolling 30 students two times a year due to being placed on warning status from June 2015 to November 2017. NCLEX outcomes are consistently improving and is now at 86.67% up from the lowest in 2015-2016 of 45.95%.

The school has good administrative support and changes to correct the non-compliance was immediate. I have received the new organization chart with the new changes.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Reapproval, Charles Drew University Entry Level Master's Program.

- **Loma Linda University Baccalaureate Degree Nursing Program**

Elizabeth Bossert, PhD, RN was appointed Dean of the Loma Linda University School of Nursing and Program Director on January 1, 2015. Dr. Bossert has 100% release time to administer the nursing program. Barbara Ninan, EdD, RN. Was appointed Associate Dean, Program Director June 28, 2015. Dr. Ninan has 100% release time to administer the nursing program.

A regularly scheduled continuing approval visit was conducted by Supervising Nursing Education Consultant Badrieh Caraway, and Nursing Education Consultants Dr. Carol Velas, and Dr. Heather Sands, on November 4, 5, 6 and 7, 2019. This visit was conducted concurrently with a continuing approval review of the LLU NPP program, the results of which are presented in a separate report. The LLU BSN program was found to be in non-compliance with BRN rules and regulations in the areas of CCR Section 1424 (b) (1) Program Evaluation, CCR Section 1424(g) and 1425.1(a) Faculty Responsibilities and CCR Section 1428 Student Participation.

Further details regarding the areas of non-compliance are provided in the Consultant Approval Report and in the summary Report of Findings.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Reapproval, Loma Linda University Baccalaureate Degree Nursing Program.

- **Western Governors University Baccalaureate Degree Nursing Program**

A continuing approval visit was conducted at the Western Governors University Baccalaureate Degree Nursing Program on July 10 and 11, 2019, by Wayne Boyer, NEC and Loretta Melby,

NEC. The program was found to be in non-compliance with CCR Sections 1425.1 (d) - Faculty Clinical Competence, 1427 (c) – Clinical Facilities Contract Execution, CCR 1428 - Student Involvement. Two (2) recommendations were rendered. These are identified on the Consultant Approval Report. Due to Committee scheduling and program administration changes, the program is being brought to committee at this time. The program submitted a progress report to address the areas of non-compliance and the recommendations to bring the program into compliance

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Reapproval, Western Governors University Baccalaureate Degree Nursing Program.

- **Bakersfield College Associate Degree Nursing Program**

Carla Gard, RN, MSN, CCRN, ACNP has been the Program Director since 2015. Debra Kennedy, BSN, MBA, RN is her Assistant Director. Alicia Loken, MSN, RN is the Department Chair and also participates in the administration of the program. Bakersfield College is approved to admit 90 generic students twice a year and 40 LVN Advanced Placement students (20 LVN Advanced Placement students fall and spring semesters) for a total annual enrollment of 220 students. BC provides credit to nurses and military veterans with prior knowledge and experience by challenge exam and clinical competency assessment (att1).

A regularly scheduled continuing approval visit was conducted on October 9-11, 2019 by Dr. Carol Velas. The program was found to be in full compliance with all BRN rules and regulations (att2). After visiting with all levels of students and faculty, the feedback was positive for the administration and the program leadership team. Clinical site visits verified a conducive learning environment where course objectives were being met. NCLEX pass rates for the past 5 years for first-time testers has remained above 75%

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Reapproval, Bakersfield College Associate Degree Nursing Program.

- **Chaffey College Associate Degree Nursing Program**

A regularly scheduled continuing approval visit (CAV) was conducted on October 23-24, 2019 by Nursing Education Consultants Dr. Donna Schutte and Dr. Alexandra Duke. The program was found in compliance with BRN rules and regulations. Suggestions for program improvement were given regarding 1424-Administration and Organization of the Nursing Program. These suggestions are detailed in the Consultant's Approval Report.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Reapproval, Chaffey College Associate Degree Nursing Program.

- **Cuesta College Associate Degree Nursing Program**

A regular scheduled continuing approval visit was completed on September 24-25, 2019 by Dr. Carol Velas. The program was found to have one area of noncompliance with one related area. During the course of the visit and in speaking with faculty, students, and administrators as well as verifying all aspects of the Self Study sent prior to the visit, it was determined the program has a lack of student resources; counseling services [CCR 1426(d)] with related noncompliance in [CCR 1424(h)], adequate faculty to support the development, implementation and evaluation of the program (att2).

The program provided a response to the findings of this visit on November 30, 2019 (att3). In response to the noncompliance in CCR 1424(d); fulltime faculty loads have been decreased with the approval and hiring of part-time faculty qualified to teach in the clinical setting. Also, a curriculum revision and

reduction of theory courses is anticipated to be in place beginning with the fall 2020 semester. This revision will decrease the full-time faculty load. These changes will provide time for the faculty to develop, implement, plan, and evaluate the program. The program will continue to attend College-wide faculty prioritization processes for 2020/2021 and request full-time faculty.

In response to the noncompliance in CCR 1424(h); A counselor will be embedded in the Nursing and Allied Health Division to provide ease of access for students and faculty within the nursing department. The embedded counselor will provide essential academic and career counseling for students interested in Nursing and Allied Health programs, review student transcripts to ensure equivalency and completion of required nursing program courses needed to qualify for the RN program, and ultimately licensure exams. Both of these changes bring the program into full compliance.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Reapproval, Cuesta College Associate Degree Nursing Program.

- **Fresno City College Associate Degree Nursing Program**

A regularly scheduled continuing approval visit was conducted at the Fresno City College A.D.N. program on September 16-18, 2019. The program was found to be in non-compliance to include CCR Sections 1424 (b)(1), 1424 (c), 1424 (d), 1424 (e), and 1425. Four of the findings were related to Administration and Organization of the Nursing Program, and one was in the area of Faculty - Qualifications and Changes, which are detailed on the attached Report of Findings. The program and College have taken a variety of actions subsequent to the approval visit to address the areas of non-compliance, that are detailed in the progress report submitted and attached. Actions include but are not limited to changes in the organizational structure of the A.D.N. program, the approach for sustainability of program leadership positions and for the enhancement of resources; including a letter of commitment and support from the College President. The program is currently in compliance with the statute and regulations that govern prelicensure registered nursing education programs in California. A letter submitted January 23, 2020 has been added to a file of information not included in the original ELC packet.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Reapproval, Fresno City College Associate Degree Nursing Program.

- **Los Angeles Valley College Associate Degree Nursing Program**

A regularly scheduled continuing approval visit was conducted on October 28-29, 2019 by Dr. Mary Ann McCarthy and Dr. Wayne Boyer, Nursing Education Consultants. During the visit, meetings with the director, assistant director, administration, faculty, students, support staff, and select clinical facilities were held. An assessment of the self-study submitted by the program, the student handbook, faculty handbook, college catalog, online information about the program including military information. The program was found to be in compliance with Article 3 Prelicensure Nursing Program. Please refer to the attached reports.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Reapproval, Los Angeles Valley College Associate Degree Nursing Program.

- **Pacific College Associate Degree Nursing Program**

PC was brought before the ELC on October 17, 2019 for several concerns related to regulation after speaking with the prior program director, Ms. Bobbie-Ann Murphy. At that time the new program was to admit their first cohort of 45 students in October 2019. Subsequent to that meeting

and working very closely with Dr. McLeod, all concerns were resolved and a request for a delay in admission was received. ELC recommendation to the Board in October was to defer continuing approval with the submission of monthly progress reports, which, the Board adopted on November 14, 2019.

Since the ELC and November Board meeting, PC has continued to send progress reports that includes updates on faculty hiring practices, admission of students, and continued preparation for the first admission of students February 24, 2020. Weekly meetings are held between the program director and assistant director and the program director and administration. Following is the most current progress report:

Admission of students-Currently, PC has 35 students admitted for the February start. Of the 35, 32 are also enrolled in the RN to BSN track. There are also 12 students currently enrolled in prerequisite courses and will qualify to join the first cohort if they meet the admission requirements and interview. There are an additional 67 students currently enrolled in prerequisite courses that will qualify to start the second cohort admission in August 2020 if they meet the admission requirements and interview.

Orientation of the first cohort of students will occur on February 17-19 with ATI providing a student orientation on February 18. Uniform fitting is scheduled for January 10, 2020.

Faculty hiring-Currently, PC has hired 5 full-time and eight part-time faculty that will cover Medical/surgical, geriatrics, pediatrics, and obstetrics. There is a current search for a psych/mental health faculty. PC has also hired a faculty for the Skills and Simulation lab and Academic Success Coordinator. Faculty professional development for ATI is scheduled for January 22 & 23, 2020 and high and mid fidelity orientation by Laerdal in January and February 2020.

Physical site-The simulation and skills lab are being prepared with equipment and supplies. Two high-fidelity mannequins are in place with several mid-fidelity mannequins available for the skills lab. Clinical sites- as reported at the October ELC and November Board meetings, all facilities have confirmed the ability to accommodate the ADN students with the change in start date.

Dr. McLeod, Ms. Brown, and the administrative team has worked diligently to resolve all prior concerns and the program is ready to start the first cohort of students in February 2020.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Reapproval, Pacific College Associate Degree Nursing Program.

- **Riverside City College Associate Degree Nursing Program**

A regularly scheduled continuing approval visit was conducted November 5-6, 2019 by Nursing Education Consultants Loretta Melby and Dr. Wayne Boyer. The program was found to be operating in full compliance with BRN regulations. There were no findings of noncompliance and no recommendations.

RCC currently has 340 students and is approved to enroll 80 traditional students two times a year and 10 advanced placement students 2 times a year with an annual enrollment number of 180 students. This is a mature prelicensure program with experienced program and college leadership, expert faculty, and contemporary instructional and student support resources. Although some of the current student and curriculum support services and faculty are financed with grant funds, college administration recognizes the need to continue to provide program resources at current levels from the general fund if grant funds become unavailable. Students express a high degree of satisfaction with all program elements and actively participate in program governance. NCLEX outcomes are consistently well above the minimum required performance threshold and employment of program graduates within the first year following program completion is 91% - 96% over the past five years.

ACTION: Recommend Ratification of Application for Prelicensure Program Continuing Reapproval, Riverside City College Associate Degree Nursing Program.

**7.2.2 RATIFICATION OF APPROVAL OF A PRELICENSURE PROGRAM UNIT
ADJUSTMENT OR OTHER CHANGES (CCR 1426, 1432) (Major Curriculum Revision) (No Enrollment Increase) (Consent)**

- **College of the Sequoias Associate Degree Nursing Program**
College of the Sequoias program director Belen Kirsten, MSN, RN and the faculty submitted a major curriculum proposal. The program made substantive changes to the vision, mission, philosophy, definition of nursing, unifying theme, framework, curriculum threads and concepts, leveled program learning outcomes, terminal objectives and competencies, course descriptions, units, and integration of simulation. This concept-based curriculum revision is in response to the recommendation made during the 2017 continuing approval visit conducted by Susan C. Engle, Nursing Education Consultant. The last major curriculum revision was done in 2002. The changes will continue to meet 16 CCR 1426 Required Curriculum and will maintain the rigor of the program where students receive an education that will transcend the changes in healthcare, meet the regulations in the Nursing Practice Act, and to support current evidenced-based trends in healthcare to practice safely in a variety of settings. These revisions were completed in consultation with a consultant. The EDP-P-05a Total Curriculum Plan and EDP-P-06 Required Curriculum: Content Required for Licensure have been revised to reflect the changes to the curriculum (attached).
- **ACTION: Recommend Ratification of Approval of a Prelicensure Program Unit Adjustment or Other Changes, College of the Sequoias Associate Degree Nursing Program**

**7.2.3 RATIFICATION OF APPLICATIONS FOR ADVANCED PRACTICE PROGRAMS
CONTINUING REAPPROVAL (CCR 1480) (Consent)**

- **Loma Linda University Advanced Practice Nurse Practitioner Program**
A regularly schedule continuing approval visit was conducted on November 4-7, 2019 by Badrieh Caraway, SNEC and Drs. Carol Velas and Heather Sands, NECs.
The program was found to be in full compliance with all BRN rules and regulations (see att2). LLU is a Seventh-day Adventist co-educational Health Science University offering a School of Nursing, Medicine, and Dentistry among other programs. The University was founded in 1905 and nursing was one of the original schools (att3).
ACTION: Recommend Ratification Of Applications For Advanced Practice Programs Continuing Reapproval, Loma Linda University Advanced Practice Nurse Practitioner Program

7.2.4 Recommend Acceptance Of Program Progress Report From Prelicensure Nursing Program. (16 CCR 1423) (Consent)

- **Compton College Associate Degree Nursing Program**
BACKGROUND: The BRN approved the separation of El Camino-Compton Education Center from El Camino College nursing program on May 9, 2019 along with an Action Plan requiring Quarterly Progress Reports from Compton College to address the following ongoing areas of concern: Administration and Organization of the Nursing Program including Leadership Development/Mentoring of the Program Director and Assistant Director and Program

Administration/Faculty Qualifications; Implementation of the recently approved Concept-Based Curriculum; and NCLEX Pass Rates.

Quarterly Report Summary

The second Quarterly Progress Report was submitted on December 20, 2019. See Attachment – Quarterly Progress Report. Monthly conference calls continued during the period at the request of Dr. Keith Curry with the Compton College Administrative and Nursing Administrative Teams, Badrieh Caraway, Supervising NEC, and Dr. Donna Schutte, NEC. Continued progress in each of the areas identified in the BRN Approved Action Plan was noted.

CCR Section 1424 (a-h) Administration & Organization of the Nursing Program. With the planned mid-December retirement of Acting Associate Dean/Program Director Zenaida Mitu, MA Nursing, RN, Assistant Program Director, Shirley Thomas, EdD, RNC-OB, MSN-FNP, CPN, PM was named Interim Associate Dean/Program Director. She will serve in this position through June 20, 2020. Recruitment for the permanent Associate Dean of Nursing/Program Director position will begin on February 1, 2020 with a start date of July 1, 2020. The Administrative Teams are aware of the need for stability in the administration of the program during this time. They continue to meet biweekly for program and student success. There is ongoing work on program infrastructure development in the areas of leadership development/mentoring of the Program Director and Assistant Director along with implementation of total program evaluation and committee processes/communication in the department. In addition, a timeline has been implemented for the planned November 2020, BRN Continuing Approval Visit. See Attachment- Quarterly Progress Report-Fall 2020 BRN Visit Timeline.

CCR Section 1425 (a-d). Program Administration and Faculty Qualifications. The last two full-time faculty positions are expected to be filled by February 3, 2020. Position assignments will begin spring semester for a total of four new full-time faculty hired in the 2019-2020 academic year and consistent with the BRN Approved Action Plan. The job descriptions for the Assistant Director, Skills Lab Coordinator, Simulation Lab Coordinator, Student Success Coordinator, and Student Success Facilitator positions were approved November 19, 2019 by the Compton Community District Board and will be fully implemented spring semester 2020. See Attachment Quarterly Progress Report - Compton College Nursing Program Job Descriptions.

CCR 1426 (a-b). Required Curriculum. No major issues have been identified regarding the implementation of the BRN approved concept-based curriculum in the first semester. Student feedback was reported as positive. Faculty participated in Lippincott webinars with face-to-face presentations on September 16, October 7, and October 21 to continue building on concepts and exemplars for Spring 2020 courses. A workshop with Lippincott representatives was held on December 9th to close out the first semester course and finalize the roll-out of Spring 2020 courses. Nursing Education Consultant, Dr. Linda Caputi, will host a two-day “Curriculum Revision Toolkit” training/workshop at Compton College for nursing faculty on January 27 and 28. All full time and six part time faculty with 20% and 15% release time respectively, have developed their individualized professional growth plans with goals, timelines, and expected outcomes.

CCR 1431 NCLEX Pass Rate. Following the approval of the job descriptions for the Student Success Coordinator and Student Success Facilitators by the Compton Community College District Board of Trustees (November 19, 2019), a written plan to improve and sustain the program’s NCLEX pass rate was developed. See Quarterly Progress Report-Raising and Sustaining the Pass Rate of Compton College Nursing Graduates on NCLEX RN. The Nursing Student Success Coordinator works closely with nursing course faculty and assigns academically underperforming students to an appropriate Nursing Student Success Facilitator to provide support activities, tutoring, and mentorship for the nursing students. A plan for use and staffing of the

Simulation Lab has begun implementation to enhance learning presented in the classroom and clinical setting. Beginning spring semester 2020, the Simulation Laboratory Coordinator will be a full-time nursing faculty. With the support of part-time faculty, there will be scheduled instruction along with open lab sessions for practice and remediation. See Quarterly Progress Report-Compton College Simulation Plan. Fourth semester students continue to complete the ATI Capstone Course and the ATI Capstone Predictor Exam to aid in assessing for individual area(s) of deficiency and provide a focused area for study. A personal coach from ATI serves as a resource for students through assisting in remediation of identified area(s) of deficit. Kaplan Review is also available to students at a subsidized cost. The nursing program has subscribed to NCSBN Program Reports/Mountain Measures and are awaiting the first report.

ACTION: Recommend Ratification of Acceptance Of Program Progress Report From Prelicensure Nursing Program, Compton College Associate Degree Nursing Program

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3
DATE: February 20, 2020

ACTION REQUESTED: Recommend Acceptance Of Program Progress Report From Prelicensure Nursing Program, East Los Angeles College Associate Degree Nursing Program. (16 CCR 1423) (Present)

REQUESTED BY: Michael D. Jackson, MSN, RN
Chair, Education and Licensing Committee

BACKGROUND: At the November 2019 Board Meeting the BRN Changed Continue Approval Status of East Los Angeles College Associate Degree Nursing Program to Warning Status with Intent to Close the Program. Monthly Progress Reports to Nursing Education Consultant, Present at All ELC Meetings During Period Of Warning Status (October 2020). College Shall Conduct a Comprehensive Program Assessment to Identify Variables Contributing to the Substandard Pass Rate and Shall Submit a Written Report to the Board. The Report Shall Include the Findings of the Assessment and a Plan for Increasing the Pass Rate Including Specific Corrective Measures to be Taken, Resources, and Timeframe.

NON-COMPLIANCE:

1. 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.

The Director and the Assistant Directors do not have sufficient release time for the administration of the program. (2019)

Current Response

- ❖ The Director of the Nursing program is actively engaged in her role at 100% release time to administer the ELAC Nursing program.
- ❖ Two new Assistant Directors will have 40% release time each, This is 14 hours per week. This is an increase from the January report.

2. 1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.

Related section 1424(e) The Assistant Directors do not have sufficient release time to become knowledgeable and current regarding the process and procedures by which the program is administered. (2019)

Current Response

- ❖ As of 1 January 2020 Assistant Directors, Martha Garcia, MSN, FNP, and Assistant Director Kimberly Knight, MSN, FNP received release time at 0.4 based on the 35- hour work week which is fourteen (14) hours per week. Both Assistant Directors have met with the outside consultant Ms. Cathy McJannet to get individual assignments to address immediate needs in the department.
- ❖ Both Assistant Directors will be working up to 60%.

- ❖ Ms. Knight, Assistant Director will be attending the COADN in the spring with the Director, however both Assistant Directors will be attending the COADN meeting in the fall. It's important that both individuals spend as much time as possible to become acquainted with their roles as succession planning is a reality.

3. 1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

Total Program Evaluation Plan is not consistently being implemented. Process needed for analysis, utilization, and reporting of program evaluation data; specifically, enrollment, attrition, and completion data. (2012,2013, 2017, 2019)

Current Response

- ❖ Assistant Director, Martha Garcia has agreed to be the lead for the Total Program Evaluation plan. Ms. Garcia has begun to work on a template for setting up a program evaluation plan that is a living document that provides real time data and analysis to facilitate program improvement that is data driven.
- ❖ The evaluation plan will include a minimum of the following: NCLEX pass rate, attrition/completion, employment, curriculum outcomes, Kaplan outcomes, and Mountain Measurement outcomes.
- ❖ Ms. Garcia will have the faculty complete end of semester reports to include information at the end of each semester that will include information about courses taught; recommendations for improvement; clinical experiences with recommendations related to facility, objectives met R/T course SLOs, etc.; list of scholarly activities for each semester including CEs, conferences attended, etc. and how clinical competency is maintained. The first report will be completed by faculty May 2020.

4. 1431. Licensing Examination Pass Rate Standard

The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

NCLEX pass rate <75%. Eight out of the Ten last academic years (2010, 2011, 2013, 2014, 2015, 2016, 2017, 2019)

Current Response

Working on curriculum, changing structure, identifying faculty who sincerely want to be successful, utilizing Mountain Measurements, Kaplan and other tools that lead to success should bring faculty together to get the job done.

The message to students in preparation for the NCLEX is that they must be prepared to sit for the NCLEX within thirty (30) days of completing the program.

- ❖ The department has reinstated Mountain Measurement Reports in order to provide an in-depth analysis of curriculum R/T student performance on the NCLEX.
- ❖ The entrance program GPA has been changed to 2.5 and is posted on the ELAC website.
- ❖ The State California Community College State Chancellor's Multicriteria Points Formula became effective 31 December 2019 so that the program will no longer utilize random selection nor maintain a wait list for entry into the program. This information is posted on the website. (see attachment)
- ❖ Kaplan consultant Ms. Schou will be meeting with Assistant Director Kimberly Knight within this month to ensure maximum support and utilization of learning/testing resources for students. Ms. Knight will track and document outcome data with a goal of providing interventions and remediation in identified areas of weakness for the individual

students. Ms. Knight will ensure the program follows the policy related to use of Kaplan within the program.

5. 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.

The program does not have sufficient faculty, staff and support services, and equipment to achieve the program's objectives. The lab space lacks sufficient supplies and has several pieces of equipment and mannikins in need of repairs and maintenance.(2012, 2013, 2017, 2019)

Current Response

Ms. Wynne, the Lab. Coordinator welcomed the New Nursing Instructional Aid, Ms. Bradley on 13 January and it appeared to be a good fit for both of them instantly. Ms. Wynne is orienting Ms. Bradley to the environment and the department. Ms. Bradley is energetic and excited to be a part of ELAC, she has previous experience working in a Nursing Learning Laboratory that she brings with her from LA Trade Technical College (a LACCD sister college).

- ❖ There are now two RNs in the Nursing Learning Laboratory to keep the Lab. open days, evening, and weekends as a result of the new hire for the full-time
- ❖ The Lab. is waiting for the delivery of items that were ordered 13 January (see attachment).
- ❖ In preparation for future simulation equipment faculty attended a simulation demonstration on campus 28 January along with Vice President Ornelas. The program will continue to review need for more equipment that will enhance student learning.
- ❖ Administrative approval given for the program to hire a full-time Psychiatric Mental Health faculty position, hopefully to be filled for fall 2020. The position for the spring closes on 14 February, hopefully the pool will be adequate for interviews. Adding one new full-time position in the spring and one full-time faculty in the fall would increase full-time faculty number to eleven (11).

6. 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

The program lacks a sufficient number of qualified full-time faculty to achieve program objectives, one Nursing faculty member and DON whose teaching responsibilities include subject matter directly related to the practice of nursing are not able to prove recent clinical competency in the areas to which they are approved, and one Nursing faculty member whose teaching responsibilities include subject matter content expert directly related to the practice of nursing does not meet regulatory requirements. (2013, 2019)

Current Response

Current Number of Nursing Faculty and Content Experts

Number of Instructors		Number of Assistant Instructors		Number of Clinical Teaching Assistants	
Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
9	5	0	1	0	0

Content Experts:					
Medical Surgery	Obstetrics	Pediatrics	Mental Health/Psych	Geriatric	
*Kimberly Knight	Martha Garcia	*Jade Valmonte	Jack Duncan	Rachel Plotkin Olemuse	
*Content Expert as of 28 January 2020					

7. 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.

The current curriculum as taught does not provide the structure and content to ensure that students have the knowledge, skills and abilities necessary to function and to meet the minimum competency standards of a registered nurse. (2013, 2019)

Current Response

The curriculum has been reviewed by Mary Cox she has met with Assistant Director Kimberly Knight to set up a meeting with faculty to do the in-depth review of the current curriculum structure. Due to a lack of responsiveness to the request for a meeting before the spring semester begins, I am setting up a mandatory faculty meeting that will be conducted by Ms. Mary Cox so that there all faculty will be required to attend on 10 February 2020.

The goal is to immediately and aggressively create a curriculum that will be ready for implementation fall 2020.

- ❖ All faculty must come prepared to openly and honestly share what they're really teaching to reflect leveling and eliminate redundant presentations/delivery so that students feel more prepared as they move through the curriculum. Ultimately this process helps to build confidence and readiness to take and pass the NCLEX on first attempt.
- ❖ Faculty who lecture will be required to bring documentation of the content that they are actually teaching.
- ❖ Ms. Cox will help faculty see how what is currently in use can be revised to reflect an enhancement of content, leveling, and delivery.

RECOMMENDATIONS:

1. 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

Related Section 1425.1(a) Refer to the section. Kaplan Test Prep not administered by faculty as written. (2012, 2017, 2019)

Current Response

All students have received the addendum to the Student Handbook December 2019 reflecting changes that have been implemented.

Kaplan Remediation tool created for faculty use to enhance student academic and clinical performance. (See attachments)

2. 1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program

and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

Please update the org chart to reflect the current process (2019)

Current Response The organizational chart has been completed and approved.

3. 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:

related to 1424(h) Nursing administration needs to ensure through a record keeping process that Nursing faculty members whose teaching responsibilities include subject matter Content Experts maintain clinical competency in the areas to which they are assigned. (2013, 2017, 2019)

Current Response - See faculty table above. NEC requesting a living table reflecting all faculty

4. 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

Faculty need to continue to integrate Kaplan Test Prep across the curriculum. Students need to know why Kaplan Test Prep is important starting in the first semester. Faculty need to believe in the NCLEX test prep product the College is using and promote this enthusiasm to the students. Faculty need to work collaboratively to ensure consistency between courses (2012, 2017, 2019)

Current Response

Kimberly Knight, Assistant Director is the lead person working with Kaplan consultant Ms.

Schou to ensure maximum support and utilization of learning/testing. (See attachments Ms. Knight has established and discussed with Ms. Schou).

- ❖ Kaplan recommendation 10% of course grade be assigned to Kaplan (which was previously done) which Kaplan identifies as common practice and motivation of student performance.
- ❖ Kaplan to provide a faculty item writing workshop later spring 2020.
- ❖ Ms. Knight to ensure (with support) the program follows the policy related to use of Kaplan within the program.

5. 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.

DON is able to prove clinical competence for her faculty after a rigorous documentation process. Discussed developing a process of record keeping and using a 'living document' that faculty keep current and update with their CEUs as they are obtained, any work history, and current theory and teaching assignments.

College Administration Report

Plan for Increasing the Pass Rate from the College Level

The College is currently waiting for Ms. McJannet's final comprehensive program assessment report which we anticipate will be completed shortly after her February 18-20 visit. In the meantime, the College is planning on the following measures:

- Improving admissions criterion
- Hiring of at least two new faculty
- Implementation of Kaplan test-taking tools/strategies

- Nursing director dedicated to program at 100% (no teaching)
- Dedicate two assistant directors effective January 2020, each with 40% reassignment. The College will add additional reassignments to assistant directors and to other faculty members to work on the curriculum they decide on and the implementation of that curriculum.
- Invest in fully functional equipment and supplies for the nursing lab
- Consistently engage faculty in the program evaluation plan at the end of each semester

Specific Corrective Measures to be Taken

- The entrance GPA has been increased to 2.5.
(<https://www.elac.edu/Academics/Departments/Nursing/Application-Procedure>)
- The multi-criteria point system has already been agreed to and posted on the college website (<http://elac.edu/ELAC/media/ELAC-Assets/Documents/Academics/Departments-Disciplines/Nursing/ELAC-multicriteria-points-formula.pdf>).
- The College has already eliminated the previously existing waitlist.
- One of our assistant directors, Ms. Kimberly Knight has been identified as the lead faculty member responsible for integrating Kaplan tools/strategies into the curriculum.
- Effective January 1, 2020, the nursing director dedicated to program at 100% (no teaching).
- Effective January 1, 2020, the college has dedicated two assistant directors, each with 40% reassignment. The College will add additional reassignments to assistant directors and to other faculty members to work on the curriculum they decide on and the implementation of that curriculum.
- Lab equipment and supplies have already been ordered for the nursing lab.
- One of our assistant directors, Ms. Martha Garcia has been identified as the lead to consistently engage faculty in the program evaluation plan at the end of each semester. The evaluation plan will include a minimum of the following: NCLEX pass rate, attrition/completion, employment, curriculum outcomes, Kaplan outcomes and Mountain Measurement outcomes.

Continuing Education & Workforce Development Report

NEC has been provided the following lists that will be updated monthly regarding NCLEX, including current students, graduates, and alumni. This contact is to help and engage students through the licensing exam. Due to confidentiality, the actual reports will not be shared.

Current Students Contacted = 140	18 Responded to date
Recent Graduates October and December 2019, Contacted = 29	4 have not responded
Alumni since 2009, Contacted = 291	58 have passed the NCLEX

NEXT STEP: Notify program of Board Action.

PERSON TO CONTACT: Mary Ann McCarthy, EdD, MSN, RN, PHN
Nursing Education Consultant

EAST LOS ANGELES COLLEGE DEPARTMENT OF NURSING

Monthly Report to the Board of Registered Nursing

Areas of Non-Compliance

February 2020

1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program

The Director of the Nursing program is actively engaged in her role at 100% release time to administer the ELAC Nursing program.

1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.

As of 1 January 2020 Assistant Directors, Martha Garcia, MSN, FNP, and Assistant Director Kimberly Knight, MSN, FNP received release time at 0.4 based on the 35- hour work week which is fourteen (14) hours per week. Both Assistant Directors have met with the outside consultant Ms. Cathy McJannet to get individual assignments to address immediate needs in the department.

Both Assistant Directors will be working up to 60%.

Ms. Knight, Assistant Director will be attending the COADN in the spring with the Director, however both Assistant Directors will be attending the COADN meeting in the fall. It's important that both individuals spend as much time as possible to become acquainted with their roles as succession planning is a reality.

1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

Assistant Director, Martha Garcia has agreed to be the lead for the Total Program Evaluation plan. Ms. Garcia has begun to work on a template for setting up a program evaluation plan that is a living document that provides real time data and analysis to facilitate program improvement that is data driven.

- The evaluation plan will include a minimum of the following: NCLEX pass rate, attrition/completion, employment, curriculum outcomes, Kaplan outcomes, and Mountain Measurement outcomes.
- Ms. Garcia will have the faculty complete end of semester reports to include information at the end of each semester that will include information about courses taught; recommendations for improvement; clinical experiences with recommendations related to facility, objectives met R/T course SLOs, etc.; list of scholarly activities for each semester including CEs, conferences attended, etc. and how clinical competency is maintained. The first report will be completed by faculty May 2020.

1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

To promote successful passing of the NCLEX the following immediate interventions have been instituted:

- The department has reinstated Mountain Measurement Reports in order to provide an in-depth analysis of curriculum R/T student performance on the NCLEX.
- The entrance program GPA has been changed to 2.5 and is posted on the ELAC website.
- The State California Community College State Chancellor's Multicriteria Points Formula became effective 31 December 2019 so that the program will no longer utilize random selection nor maintain a wait list for entry into the program. This information is posted on the website. **(see attachment)**
- Kaplan consultant Ms. Schou will be meeting with Assistant Director Kimberly Knight within this month to ensure maximum support and utilization of learning/testing resources for students. Ms. Knight will track and document outcome data with a goal of providing interventions and remediation in identified areas of weakness for the individual students. Ms. Knight will ensure the program follows the policy related to use of Kaplan within the program.

1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.

Ms. Wynne, the Lab. Coordinator welcomed the New Nursing Instructional Aid, Ms. Bradley on 13 January and it appeared to be a good fit for both of them instantly. Ms. Wynne is orienting Ms. Bradley to the environment and the department. Ms. Bradley is energetic and excited to be a part of ELAC, she has previous experience working in a Nursing Learning Laboratory that she brings with her from LA Trade Technical College (a LACCD sister college).

- There are now two RNs in the Nursing Learning Laboratory to keep the Lab. open days, evening, and weekends as a result of the new hire for the full-time
- The Lab. is waiting for the delivery of items that were ordered 13 January (see attachment).
- In preparation for future simulation equipment faculty attended a simulation demonstration on campus 28 January along with Vice President Ornelas. The program will continue to review need for more equipment that will enhance student learning.
- Administrative approval given for the program to hire a full-time Psychiatric Mental Health faculty position, hopefully to be filled for fall 2020. The position for the spring closes on 14 February, hopefully the pool will be adequate for interviews. Adding one new full-time position in the spring and one full-time faculty in the fall would increase full-time faculty number to eleven (11).

1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

Current Number of Nursing Faculty and Content Experts

Number of Instructors		Number of Assistant Instructors		Number of Clinical Teaching Assistants	
Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
9	5	0	1	0	0
Content Experts:					
Medical Surgery	Obstetrics	Pediatrics	Mental Health/Psych	Geriatric	
*Kimberly Knight	Martha Garcia	*Jade Valmonte	Jack Duncan	Rachel Plotkin Olemuse	
*Content Expert as of 28 January 2020					

1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.

The curriculum has been reviewed by Mary Cox she has met with Assistant Director Kimberly Knight to set up a meeting with faculty to do the in-depth review of the current curriculum structure. Due to a lack of responsiveness to the request for a meeting before the spring semester begins, I am setting up a mandatory faculty meeting that will be conducted by Ms. Mary Cox so that there all faculty will be required to attend on 10 February 2020.

The goal is to immediately and aggressively create a curriculum that will be ready for implementation fall 2020.

- All faculty must come prepared to openly and honestly share what they're really teaching to reflect leveling and eliminate redundant presentations/delivery so that students feel more prepared as they move through the curriculum. Ultimately this process helps to build confidence and readiness to take and pass the NCLEX on first attempt.
- Faculty who lecture will be required to bring documentation of the content that they are actually teaching.
- Ms. Cox will help faculty see how what is currently in use can be revised to reflect an enhancement of content, leveling, and delivery.

Recommendations

1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

Related Section 1425.1(a) Refer to the section. Kaplan Test Prep not administered by faculty as written. (2012, 2017, 2019)

All students have received the addendum to the Student Handbook December 2019 reflecting changes that have been implemented.

Kaplan Remediation tool created for faculty use to enhance student academic and clinical performance. (See attachment)

1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

The organizational chart has been completed and approved.

1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:

Related to 1424(h)

Current Number of Nursing Faculty and Content Experts

Number of Instructors		Number of Assistant Instructors		Number of Clinical Teaching Assistants	
Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
9	5	0	1	0	
Content Experts:					
Medical Surgery	Obstetrics	Pediatrics	Mental Health/Psych	Geriatric	
*Kimberly Knight	Martha Garcia	*Jade Valmonte	Jack Duncan	Rachel Plotkin Olemuse	
*Content Expert as of 28 January 2020					

A review of Report on Faculty continuing education, the faculty in the table of Content Experts Report is current as of January and has been reviewed by Ms. McJannet.

1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

Kimberly Knight, Assistant Director is the lead person working with Kaplan consultant Ms. Schou to ensure maximum support and utilization of learning/testing. **(See attachments Ms. Knight has established and discussed with Ms. Schou).**

- Kaplan recommendation 10% of course grade be assigned to Kaplan (which was previously done) which Kaplan identifies as common practice and motivation of student performance.
- Kaplan to provide a faculty item writing workshop later spring 2020.
- Ms. Knight to ensure (with support) the program follows the policy related to use of Kaplan within the program.

1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

Working on curriculum, changing structure, identifying faculty who sincerely want to be successful, utilizing Mountain Measurements, Kaplan and other tools that lead to success should bring faculty together to get the job done.

The message to students in preparation for the NCLEX is that they must be prepared to sit for the NCLEX within thirty (30) days of completing the program.

Based on the work being done by the Nursing Administrative team along with President Rodriguez, Vice President Ornelas support, the help of Ms. McJannet/Ms. Cox, and the support of Dr. Mary Ann McCarthy, ELAC, NEC we're moving rapidly to achieve successful outcomes by June 2020. Solidarity of this group has to remain in place to move aggressively to change the program status!

**CHANCELLOR'S OFFICE
CALIFORNIA COMMUNITY COLLEGE IN COORDINATION WITH
NURSING ADVISORY COMMITTEE (3 CNAC) – MULTICRITERIA POINTS FORMULA**

	CRITERIA	POSSIBLE POINTS FOR THE CATEGORY	EXAMPLE OF POSSIBLE POINT DISTRIBUTION
1	Academic degrees or diplomas, or relevant certificates held by an applicant.	20 points Maximum	<p>AA/AS/BS/BA/MS/MA = 5 points (No Foreign Degrees). Must provide proof of degree with application to receive points.</p> <p>VN license or California CNA Certification = 15 points (Must have obtained or renewed CNA certification within last two years)</p>
2	Grade Point Average in relevant course work	40 points Maximum	<p>a. Minimum 2.5 GPA in: Anatomy, Physiology, and Microbiology. May repeat only <u>one</u> course, one time. Physiology and Microbiology must be within the last 7 years, Anatomy within last 10 years.</p> <p>GPA = 4.0 30 pts GPA = 3.5 – 3.99 25 pts GPA = 3.0 – 3.49 20 pts GPA = 2.5 – 2.99 15 pts</p> <p>b. "Fixed Set" GPA (English, Intermediate Algebra, Psychology, Speech/Communication, Lifespa or Child Development). *May retake each of these courses one time and the higher grade will be used to calculate GPA. (*Effective 8/2019).</p> <p>GPA = 4.0 10 pts GPA = 3.5 – 3.99 8 pts GPA = 3.0 – 3.49 6 pts GPA = 2.5 – 2.99 4 pts GPA = 2.0 – 2.49 2 pts</p>

**CHANCELLOR'S OFFICE
CALIFORNIA COMMUNITY COLLEGE IN COORDINATION WITH
NURSING ADVISORY COMMITTEE (3 CNAC) – MULTICRITERIA POINTS FORMULA**

	CRITERIA	POSSIBLE POINTS	EXAMPLE OF POSSIBLE POINT DISTRIBUTION
3	<p>Life experience or special circumstances including but not limited to the following:</p> <ul style="list-style-type: none"> a. Disabilities = 1 point b. Low Family Income – Documented eligibility for financial aid, California College Promise (formerly BOGW), CalWorks, EOPS, etc. = 1 point c. First generation of family to attend college = 1 point d. Need to Work during prerequisite courses = 1 point e. Disadvantages - social or educational environment = 1 points f. Difficult personal and family situations or circumstances = 1 point g. Refugee = 1 point h. Veteran or active duty = 1 point i. Spouse of veteran = 1 point 	<p>10 points Maximum</p>	<p>Criteria/Application question:</p> <ul style="list-style-type: none"> a. Documentation of disability. Do you have a disability? Yes or No. If yes, must provide proof. b. Documentation of financial need. Yes or No. If yes, must provide proof. c. Are you the first generation of family to attend college? Yes or No. If yes, must write a brief statement. d. Documentation of Employment during prerequisite course work. Yes or No. If yes, must provide proof. e. Disadvantages - social or educational environment? Yes or No. If yes, must write a brief statement. f. Any recent difficulty family or personal circumstances? Yes or No. If yes, must write a brief statement describing situation. (Single parent, Deployed spouse, Family caregiver, Death of family member within 6 months, Medical problem, financial issue). g. Refugee? Yes or No. If yes, must provide proof. h. Veteran or active duty? Yes or No. If yes, must provide proof. i. Spouse of a veteran? Yes or No. If yes, must provide proof.
4	<p>Documented <i>*proficiency</i> OR Advanced level of course work in languages other than English. Credit for languages other than English shall be received for languages that are identified by the Chancellor's Office.</p>	<p>5 points Total</p>	<p><i>*See ELAC Verification of Language Proficiency Form</i> on the Nursing Programs website. Form must be submitted with program application to receive points.</p> <p>Ability to communicate fluently in a health care setting in: American Sign, Spanish, Tagalog, Arabic, Chinese, Farsi, Russian, various languages of Indian Subcontinent and Southeast Asia.</p>
5	<p>TEST of ESSENTIAL ACADEMIC SKILLS (TEAS) Version 6 Results - <i>Passing score is 65</i></p>	<p>25 points Maximum</p>	<p>85 – 100 = 22 pts 70 – 84 = 15 pts 65 – 69 = 10 pts 64 or less = 0 pts</p> <p><i>(TEAS composite score will not be rounded up)</i></p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>If first TEAS test score is 64% or less, remediation is required. Refer to TEAS Remediation by going to the ATI website to review and be prepared to retest in 3 months to earn a passing score.</p> </div>

Total: ___/100



**ASSOCIATE DEGREE IN NURSING (A.D.N.) Nursing Program
Verification of Language Proficiency Form**

Documentation using at least one of the items below for foreign language proficiency (ability to speak, read, understand, and write) is required in order for the student to receive points.

Student's Name

ELAC SID#

Please check all that apply and attach document(s):

- Proficiency in a Language other than English must be met by official transcripts from a U.S. regionally accredited college or university verifying (3) semesters of the same foreign language as identified by the Chancellor's office.
- Proficiency in a Language other than English for Native/Bilingual speakers must be met by official transcripts from a U.S. regionally accredited college or university verifying one or more courses in the same language.
- Advanced Placement Test for Language result verifying passing score of 3 or higher.
- Foreign language spoken in the home: attestation by a person who is fluent in that language, has known the applicant and observed the applicant's language skills in the past year (e.g. can be a work or volunteer supervisor, faculty member, counselor). Individual signing may not be a spouse, fiancé, significant other, relative, co-worker, friend, or classmate. It is recommended student bring language material.

VERIFICATION by person who has observed applicant's language skills in _____ (language).

Contact information for individual verifying language proficiency:

NAME (PRINT): _____	TITLE: _____
ORGANIZATION: _____	PHONE: _____
ADDRESS: _____	EMAIL: _____
CITY, STATE, ZIP _____	

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____
3. Is the applicant proficient in reading this language? Yes No
(able to read standard newspaper items addressed to the general reader, routine correspondence, reports, and technical materials in the individual's special field)
4. Is the applicant proficient in speaking this language? Yes No
(able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics).

Note: At any time it is uncovered that the applicant is not able to speak the proclaimed language during the course of the program the student will be dismissed from the program.

I am proficient in the language listed above and I am not related to the applicant. To the best of my knowledge, the above information is true and correct.

SIGNATURE _____ **DATE** _____

For more information please contact: email: gaineslb@elac.edu or phone: 323.265.8896

**East Los Angeles College
Department of Nursing
Integrated Kaplan Remediation Action Plan**

Student Name: _____ Date: _____

Course Name/#: M/S 2: N267 Faculty: _____ Course to Enroll: _____

Kaplan Integrated Taken: _____ Score: <65% _____ Kaplan Cohort _____

All remediation must be done in the learning lab. Student is required to check in and complete remediation assignments. Learning lab **will not** be available during week 8 for each quarter. **A total of 18 hours are required for Kaplan remediation.** These hours must be signed off by a designated ELAC nursing staff/faculty. Student must make an appointment with the Learning Lab staff for Kaplan remediation. A score of 85% must be obtained on all remediation assignments. Failure to complete all remediation requirements will delay in progression in the program.

Kaplan Focus/ Integrated	Score Rec'd	PDS Scenarios	Score Rec'd	Kaplan Retest Date/Time/Room
<input type="checkbox"/> Respiratory A	_____	<input type="checkbox"/> Respiratory health problems (3)	(1)____(2)____(3)____	<input type="checkbox"/> M/S 241 Integrated Exam Date: _____ Time: _____ Room #: _____
<input type="checkbox"/> Respiratory B	_____	<input type="checkbox"/> Endocrine health problems (3)	(1)____(2)____(3)____	
<input type="checkbox"/> Cardiovascular A	_____	<input type="checkbox"/> Perioperative care (2)	(1)____(2)____	
<input type="checkbox"/> Cardiovascular B	_____	<input type="checkbox"/>		
<input type="checkbox"/> Endocrine	_____	<input type="checkbox"/>		
<input type="checkbox"/> M/S 241 integrated exam (remediate only)	_____	<input type="checkbox"/>		
<input type="checkbox"/> Client Sim. Adult health/Type 2 diabetes	_____	<input type="checkbox"/>		

Additional Comments:

- Review topics and complete the NCLEX-RN practice questions related to the course.
- Remediate 3-5 minutes for each incorrect questions on the integrated Kaplan exams.

Student Signature Date

Faculty Signature Date

On the day of the Integrated Kaplan Exam Retest, submit signed Integrated Kaplan Remediation Action Plan & Integrated Kaplan Remediation Hours Log to the designated staff/faculty. A copy will be placed in the student's file.



PURCHASE REQUEST FORM

(Rev. 04/17)

Fiscal Yr: 2019-2020

* Account #: 18202 642300 E1203
Fund / Program Object Code WBS / Cost Center

If using multiple account assignments, indicate in "Description" area below for each line item (by quantity or percent).

***For All Purchases, Please Check One* (Required)**

I have verified that the product(s) I am ordering are from a vendor on the LACCD Master Agreement List*

***PLEASE NOTE: Not All SAP Approved Vendors are on the Master Agreement List. Please check the list before selecting this box.**

I am not using a vendor on the Master Agreement List. (Please Provide Explanation on the Line Below):

(Note: If using a non master agreement vendor, please attach at least three (3) informal quotes (if the requisition is \$2,500 or more) or three (3) formal quotes (if the requisition is \$5000 or more)

Vendor: Pocket Nurse Enterprises, Inc.
 SAP Vendor #: 40471
 Address: _____
 City, State, Zip _____
 Contact Person: Michael Anderson
 Phone #: _____ Fax #: _____
 Email address: manderson@pocketnurse.com
 Contract # (if applicable): _____

Date: January 13, 2020
 Requestor: Lurelean B. Gaines
 Department: Nursing
 Phone #: x8896
 Approval: _____
Vice President and/or Authorized Designee
 Approval: _____
Facilities Manager (for electrical items and furniture)

Material Number (catalog items only)	Description	Qty.	Unit	Price	Extension
(02-24-5000)	Filac 3000 AD Mode Oral/Axillary Thermometer	2	EA	\$240.00	\$480.00
(05-46-3824)	Kangaroo ePump Enteral Pump	1	EA	\$625.00	\$625.00
(06-44-9500)	Crash Cart Drawer Refill Kit for Stimulation	1	EA	\$399.00	\$399.00
(06-21-2255)	Veinlite LED PIlus	2	EA	\$450.00	\$900.00
(07-71-1002)	Spectro2 10 Pulse Oximeter w/ Adult Finger Sensor	1	EA	\$350.00	\$350.00
(02-40-4151-8MHZ)	Pro Doppler	2	EA	\$229.63	\$459.26
(02-24-4200)	SPOT Vital Sign w/ NIBP, Nellcor Pulse, Oximeter & Temp	1	EA	\$2,509.40	\$2,509.40
(02-24-2012)	Mobile Cart (SPOT Vital Sign)	1	EA	\$384.00	\$384.00
(02-24-670)	6700 Connex Vital Signs Monitor	1	EA	\$4,725.00	\$4,725.00
	Shipping & Handling	1		\$126.50	\$126.50

For additional items, continue on the next page.

FOR OFFICE USE ONLY:
 SAP Doc. #: _____
 Notes: _____

All computer -related items must be approved before purchasing.

Approval: _____
Information Technology

Subtotal	\$10,958.16
Tax	\$1,041.03
eWaste	\$0.00
Freight	
TOTAL	\$11,999.19

ELAC College Administration Monthly Progress Report
Board Meeting - February 20, 2020.
Submitted On January 30, 2020

Board Action Letter January 2020:

“Change Continue Approval Status to Warning Status with Intent to Close Program, East Los Angeles College, Associate Degree Nursing Program. Monthly Progress Reports to Nursing Education Consultant, Present at All ELC Meetings During Period Of Warning Status (October 2020). College Shall Conduct a Comprehensive Program Assessment to Identify Variables Contributing to the Substandard Pass Rate and Shall Submit a Written Report to the Board. The Report Shall Include the Findings of the Assessment and a Plan for Increasing the Pass Rate Including Specific Corrective Measures to be Taken, Resources, and Timeframe.”

Areas to be addressed:

1. Comprehensive Program Assessment

East Los Angeles College (ELAC) successfully secured a contract with consultant Ms. Cathy McJannet, RN to conduct a comprehensive assessment of our Nursing Program. Ms. McJannet visited the college on January 13-15, 2020. She will return on February 18-20, 2020 to conclude her assessment of the Nursing Program.

2. Findings of the Comprehensive Program Assessment

While Ms. McJannet will conclude her assessment in February 18-20, 2020, her initial findings are delineated below:

- Program required a minimum 2.0 GPA
- Program maintained a waitlist that was at least two years old
- Program used an admissions process that relied 100% on a lottery system
- Determined that the Curriculum currently in place will need to be completely replaced with a new curriculum

3. Variables Identified Contributing to the Substandard Pass Rate

During the initial visit, Ms. McJannet identified the following variables that are contributing to the substandard NCLEX pass rate:

- Low standards in our admissions criterion
- Significant gaps in current curriculum
- Lack of integration of Kaplan tools
- Nursing director was teaching prior to January 2020
- Inefficient reassignment for assistant directors
- Lack of fully functional equipment and supplies in the nursing lab
- Lack of regular end-of-semester program evaluations completed by faculty

ELAC College Administration Monthly Progress Report
Board Meeting - February 20, 2020.
Submitted On January 30, 2020

4. Plan for Increasing the Pass Rate from the College Level

The College is currently waiting for Ms. McJannet's final comprehensive program assessment report which we anticipate will be completed shortly after her February 18-20 visit. In the meantime, the College is planning on the following measures:

- Improving admissions criterion
- Hiring of at least two new faculty
- Implementation of Kaplan test-taking tools/strategies
- Nursing director dedicated to program at 100% (no teaching)
- Dedicate two assistant directors effective January 2020, each with 40% reassignment. The College will add additional reassignments to assistant directors and to other faculty members to work on the curriculum they decide on and the implementation of that curriculum.
- Invest in fully functional equipment and supplies for the nursing lab
- Consistently engage faculty in the program evaluation plan at the end of each semester

5. Specific Corrective Measures to be Taken

- The entrance GPA has been increased to 2.5.
(<https://www.elac.edu/Academics/Departments/Nursing/Application-Procedure>)
- The multi-criteria point system has already been agreed to and posted on the college website (<http://elac.edu/ELAC/media/ELAC-Assets/Documents/Academics/Departments-Disciplines/Nursing/ELAC-multicriteria-points-formula.pdf>).
- The College has already eliminated the previously existing waitlist.
- One of our assistant directors, Ms. Kimberly Knight has been identified as the lead faculty member responsible for integrating Kaplan tools/strategies into the curriculum.
- Effective January 1, 2020, the nursing director dedicated to program at 100% (no teaching).
- Effective January 1, 2020, the college has dedicated two assistant directors, each with 40% reassignment. The College will add additional reassignments to assistant directors and to other faculty members to work on the curriculum they decide on and the implementation of that curriculum.
- Lab equipment and supplies have already been ordered for the nursing lab.
- One of our assistant directors, Ms. Martha Garcia has been identified as the lead to consistently engage faculty in the program evaluation plan at the end of each semester. The evaluation plan will include a minimum of the following: NCLEX pass rate, attrition/completion, employment, curriculum outcomes, Kaplan outcomes and Mountain Measurement outcomes.

ELAC College Administration Monthly Progress Report
Board Meeting - February 20, 2020.
Submitted On January 30, 2020

6. Resources for Specific Corrective Measures to be Taken

- The College has already purchased Mountain Measurement Reports on January 15, 2020 to provide semi-annual NCLEX-RN program reports beginning with the 2019-2020 data.
- A second lab assistant was hired on January 13, 2020 to cover the lab through the weekends and ensure that the nursing lab is open seven days a week.
- College will hire at least two new faculty members and go through the hiring process in the Spring 2020 semester.
- The College has purchased lab equipment and supplies for the nursing lab.

7. Timeframe for Specific Corrective Measures to be Taken

- The College is committed to implementing the corrective measures cited in item #5 by the end of the Spring 2020 semester.

Work Notes
 ELAC Nursing Program
 Continuing Education & Workforce Development
 Weeks of December 23- January 27

Week of:	Notes:
December 23	<ul style="list-style-type: none"> - Supported NCLEX boot camp - Continued contacting alumni over the phone/ updating master list - HOLIDAY BREAK
December 30	<ul style="list-style-type: none"> - HOLIDAY BREAK - Continued contacting alumni over the phone/ updating master list - Obtained 30- day free access to Hurst Qbank, from Guy Ashley (Hurst rep) - Shared access code with graduating cohort and those alumni who attended boot camp - Requested extended Kaplan access for students through Professor Plotkin
January 6	<ul style="list-style-type: none"> - Continued contacting alumni over the phone/ updating master list - Contacted recent grads to follow up about status of ATT along with projected NCLEX test date - Requested extended Kaplan access for students through Professor Plotkin
January 13	<ul style="list-style-type: none"> - Completed initial contact/ outreach to alumni on master list - Continued communication with current grads regarding status of ATT along with projected NCLEX dates - Communications with ELAC foundation and student re: students financial hardship and available funds - Requested extended Kaplan access for students through Professor Plotkin - Check-in meeting with Dr. Ornelas to discuss priorities moving forward
January 20	<ul style="list-style-type: none"> - Requested current list of nursing program students

Bianca Enedina Martinez

Work Notes
ELAC Nursing Program
Continuing Education & Workforce Development
Weeks of December 23- January 27

	<ul style="list-style-type: none">- Continued communication with current grads regarding status of ATT along with projected NCLEX dates- Connected with Dr. Knight to inquire about program action plan for recent grads and alumni while they prepare for the NCLEX- Updating case notes for alumni who have expressed interest in taking/ retaking NCLEX- Requested extended Kaplan access for students through Professor Plotkin- Followed up with student who contacted ELAC foundation re: funds for financial hardship
January 27	<ul style="list-style-type: none">- Correspondence with current students re: case worker role regarding student support- Updating list of current students with case notes- Meeting with Dr. Ornelas to discuss progress and strategies moving forward

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.4
DATE: February 20, 2020

ACTION REQUESTED: Recommendation To Change Status Of Prelicensure Nursing Program, Los Angeles City College Associate Degree Nursing Program To Warning Status With Intent To Revoke Approval. (16 CCR 1423.2) (Present)

REQUESTED BY: Michael D. Jackson, MSN, RN
Chair, Education and Licensing Committee

BACKGROUND: Dr. Christiana Baskaran, Director of Nursing has served as Program Director, ADN since 2015 after LACC had a consultant serving as DON during an extensive and lengthy search. Laura Berry Assistant Director and faculty member has served as Assistant Director since January 2016 and faculty since 2009. The Nursing Department has undergone multiple changes in the last 5 years with frequent turnovers of the campus President (x2), Vice President (x2) and Dean (x6 with 4 in the last 2 years). A regularly scheduled continuing approval visit was conducted on October 22, 23, and 24, 2019 by Nursing Education Consultants Loretta Melby and Dr. Heather Sands. During the visit, meetings were held with the program director, assistant director, students, faculty, support staff, administration, and visits to clinical facilities. A comprehensive review was completed of the self-study submitted by the program and the program provided additional materials for review including but not limited to faculty meeting minutes.

LACC currently has 143 students and is approved to enroll 50 students two times a year but is currently enrolling 40 students two times a year due to clinical impaction.

The program was found to be in non-compliance in four (4) areas (with one being a related section) at the time of this visit:

1. CCR Section 1424(d) Resources
2. (Related to section 1424(d)) CCR Section 1424 (d) In selecting a new clinical agency or facility for student placements
3. CCR 1424 (e) The director and the assistant director shall dedicate sufficient time for the administration of the program
4. CCR Section 1424(h) Faculty type and number

All as stated in the attached Report of Findings and detailed in the Consultant Approval Report.

Six (6) recommendations (with two being related sections) were given for:

1. (related to 1424 (h)) CCR Section 1425(f) – Faculty Qualifications and Changes-Content Expert
2. CCR Section 1425.1(a) Faculty Responsibility – Planning and implementing curriculum content

3. (related to 1425.1 (a)) CCR Section 1424(b) –Policies and Procedures
4. CCR Section 1425.1 (b) Each faculty member shall participate in an orientation program
5. CCR Section 1425.1(d) Faculty Responsibilities – Clinical Competency.
6. CCR 1427 (b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities and shall assign students only to facilities that can provide the experience necessary to meet those objectives.

All as stated in the attached Report of Findings and detailed in the Consultant Approval Report.

The above areas of non-compliance are all related to lack of adequate resources, release time and support services needed to achieve the program's outcomes and support the student through their educational journey. It is important to note that the previous continuing approval visit in 2015 also had a noncompliance in section 3: sufficiency of resources. At that visit the DON did not teach on an overload assignment, ADON had a 50% release time (now 0.2% (1 day a week)) and had 3 more FT faculty with the same enrollment pattern of 40 x 2 annually.

The areas of recommendation are similarly related to the areas of noncompliance. These areas of recommendations are all programmatic responsibilities that have suffered due to lack of time and attention paid to them. The nursing administration, faculty, and support staff have had to divert their attention from other faculty responsibilities defined in regulation to covering theory and clinical times on an overload assignment and to serving the student by ensuring that their education is not affected by the program's lack of resources. The nursing program, through teamwork and dedication, has managed to meet the needs of the students and continue to improve the NCLEX pass rates with the latest at 96.72% . However, this is not sustainable with only 4 full-time faculty, not including the Director of Nursing, and 22 part time faculty. The stress of this workload is starting to show. There were reports of incivility between some faculty, a complaint to the BRN, and there have been 10 formal student grievances in last 5 years.

LACC faculty and staff have voiced the need for more faculty, a sim tech or sim coordinator, a clinical placement coordinator (CPC), increasing their Counselor/recruiter from a PT to a FT position and someone to assist with student success. During this visit the consultant discussed the need for replacing and filling all open or recently vacated positions and adding additional FT faculty positions with the Dean, the VP, and the President. We stressed the importance of not waiting for the normal college hiring process and stated that these positions need to be filled prior to January 2020 if possible.

A progress note was received by LACC that was formulated by the Dean in consultation with the VP, President and DON that showed an action plan to address the 4 areas of noncompliance. **(1) Sufficiency of resource:** They have hired an FT instructional assistant that will manage the skills lab and will increase open lab from 16 hours a week to 40 hours a week. In lieu of hiring a student success coordinator and increase the Counselor/recruiter position from PT to FT, the school has suggested that the DON will work their counseling department to develop strategies for student success and attrition and will have nursing faculty post their office hours. **(2) Clinical placement needs:** The school stated that they will increase the release time of the ADON from 0.2 to 0.4 and assign the 0.2 (1 day a week) to the management of clinical placement coordination needs and will not be hiring a Clinical placement coordinator **(3) Adequate release**

time of DON and ADON: They will increase the release time of the ADON from 0.2 to 0.4. The additional 0.2 has been allotted to address the need of the clinical placement coordinator role and in no way addresses the need to increase the release time of the ADON to facilitate the coordination of faculty responsibilities, curriculum revision, program evaluation, accreditation preparation, faculty onboarding and mentoring, or to ensure adequate succession planning. They have removed the overload teaching assignment from the DON. Therefore, there has been no suggested change to address this noncompliance, the DON will remain at 100% release time to manage the needs of the program with the ADON also remaining at 0.2 (1 day a week) to assist in these responsibilities. **(4) Faculty**: The school administration ensured the BRN that they evaluate the number of full-time faculty and the impact on the program through a Program Review and Effectiveness yearly. They will hire ONE faculty member for Mental Health in Spring to start in Fall 2020. Also stating that during the fall (2020), they will evaluate the impact of this new faculty member in the department for efficiency, reevaluate the need, and then decide future FT hiring needs. Note that the Mental Health position was a failed search last year and if hired, will only increase the FT faculty from 4 to 5 and the last CAV in 2015 with the same enrollment pattern at 7 FT faculty.

Of additional important please understand that when the school addressed the other non-compliances above that they took away instructional time and reassigned that to address these areas of non compliance. They did this by removing the overload teaching assignment from the DON, who taught Advanced Med Surg theory and oversaw the Clinical aspect of the preceptorship making site visits etc., they asked the 4 FT faculty to ensure that they are available for their posted office hours for Student Success instead of hiring a Student Success Coordinator or increasing the PT Counselor/Recruiter to a FT position, and they removed a 0.2 from the ADON's teaching assignment to cover the 0.2 they allotted for the CPC duties instead of hiring additional support services.

NEXT STEP: Notify program of Board Action.

PERSON TO CONTACT: Loretta Melby RNC MSN
Nursing Education Consultant

**CONSULTANT APPROVAL REPORT
FOR INITIAL/CONTINUING PROGRAM APPROVAL REVIEW**

WORK COPY

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DATE OF VISIT: October 22-24, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
CALIFORNIA CODE OF REGULATIONS ARTICLE 2. REGISTRATION AND EXAMINATION			
<p>1418. Eligibility for Licensure of Applicants Who Have Military Education and Experience.</p> <p>An applicant who presents with relevant military education and experience, and who presents documentation from a board-approved registered prelicensure nursing program of equivalency credit evaluation that provides evidence of meeting, in whole or in part, the minimum standards for competency set forth in Section 1443.5 and minimum education requirements of licensure listed pursuant to Sections 1426(c)(1) to (3), utilizing challenge examination or other evaluative methods, will be considered to meet, in whole or in part, the education requirements for licensure.</p>	X		<p>Military Transfer Credit Policies are described in the College Catalog, pg. 14 and on the nursing website under "Military Personnel Advanced Placement Policy".</p>
CALIFORNIA CODE OF REGULATIONS ARTICLE 3. PRELICENSURE NURSING PROGRAMS			
1420. Definitions. (a) - (q)			<p>Located at www.rn.ca.gov : Nursing Practice Act/California Code of Regulations/Article 3. Prelicensure Nursing Programs</p>
<p>1421. Application for Approval.</p> <p>1421(a) An institution of higher education or affiliated institution applying for approval of a new prelicensure registered nursing program (program applicant) shall be in the state and shall comply with the requirements specified in the board's document entitled, "Instructions for Institutions Seeking Approval of a New Prelicensure Registered Nursing Program", (EDP-I-01Rev 03/10), ("Instructions"), which is hereby incorporated by reference, including:</p> <p>(1) Notify the board in writing of its intent to offer a new program that complies with board requirements;</p> <p>(2) Submit a feasibility study in accordance with the requirements specified in the "Instructions";</p>	N/A		N/A

(REVIEWED 09/19, Rev 09/2019)

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<p>(3) Appoint a director who meets the requirements of section 1425(a). Such appointment shall be made upon board acceptance of the feasibility study for the proposed program.</p> <p>(4) After acceptance of the feasibility study by the board, and no later than six (6) months prior to the proposed date for enrollment of students, submit a self-study to the board in accordance with the requirements specified in the "Instructions" demonstrating how the program will meet the requirements of sections 1424 through 1432 of this article and sections 2786.6(a) and (b) of the code.</p> <p>(5) Have a representative at public meetings of the board and board committee pursuant to the "Instructions" when the feasibility study and self-study are considered.</p> <p>1421(b) The board shall consider the feasibility study and accept, reject, or defer action on the study to permit the program applicant time to provide additional information to be considered, based upon the following criteria:</p> <p>(1) Evidence of initial and sustainable budgetary provisions for the proposed program;</p> <p>(2) Institution of higher education's authority to grant an associate of arts, baccalaureate, or higher degree;</p> <p>(3) For an affiliated institution, an agreement with an institution of higher education in the same general location authorized to grant an associate of arts, baccalaureate, or higher degree to students successfully completing the nursing program;</p> <p>(4) Evidence of availability of clinical placements for students of the proposed program;</p> <p>(5) Plans for administrative and faculty recruitment to staff the proposed program.</p> <p>1421(c) The board's designee shall review the self-study, conduct a site visit of the proposed program, and submit a written report to the board that contains findings as to whether the application and supporting</p>			

(REVIEWED 09/19, Rev 09/2019)

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DATE OF VISIT: October 22-24, 2019

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<p>documentation for the proposed program comply with the requirements set forth in (a)(4). 1421(d) The board shall consider the application along with the written report and may thereafter grant or deny approval, or defer action on the application. The board's decision is based on the applicant's demonstration that it meets the requirements of sections 1424 through 1432 and sections 2786.6(a) and (b) of the code</p>			
<p>1422. Certificate of Approval.</p> <p>1422(a) A certificate of approval shall be issued to each nursing program when it is initially approved by the board.</p> <p>1422(b) The board shall revoke a nursing program's approval, and the program shall return the certificate of approval to the board under the following conditions: (1) The institution of higher education cannot grant degrees; or (2) The board determines that the nursing program is in non-compliance with the requirements set forth in this article or sections 2786 through 2788 of the code.</p>	N/A		N/A
<p>1423. Approval Requirements.</p> <p>1423(a) In order for a program to be approved by the board or to retain its approval, it shall comply with all requirements set forth in this article and in sections 2786 through 2788 of the code.</p> <p>1423(b) A material misrepresentation of fact by a program applicant or an approved nursing program in any information required to be submitted to the board is grounds for denial of approval or revocation of the program's approval.</p>	N/A		N/A

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<p>1423.1. Grounds for Denial or Removal of Board Approval.</p> <p>The board shall deny approval and shall remove approval of a prelicensure nursing program that:</p> <p>1423.1(a) Fails to provide evidence of granting credit, in the field of nursing, for previous education, including military education and experience, through an established policy and procedure, to evaluate and grant credit.</p> <p>(1) Each prelicensure program shall have a policy and procedures that describe the process to award credits for specific course(s), including the prior military education and experience, through challenge examinations or other methods of evaluation for meeting academic credits and licensure requirements.</p> <p>(2) Each program shall make information regarding evaluation of and granting credit in the field of nursing for previous education, including military education and experience, for purpose of establishing equivalency or granting credit, available to applicants in published documents, such as college catalog or student handbook and online, so that it is available to the public and to the board.</p> <p>(3) Each program shall maintain a record that shows applicants and results of transferred/challenged credits, including applicants who applied for transfer of military education and experience.</p> <p>1423.1(b) Fails to provide opportunity for applicants with military education and experience for equivalent academic credit through challenge examination or other method of evaluation.</p>	X		<p>See 1418</p> <p>Military Transfer Credit Policies are described in the College Catalog, pg. 14 and on the nursing website under "Military Personnel Advanced Placement Policy".</p> <p>Currently, no military personal have utilized this opportunity for equivalent credits.</p>
<p>1423.2. Denial or Revocation of Approval of a Nursing Program.</p> <p>1423.2(a) Upon presenting evidence of noncompliance with Article 3 and lack of demonstrated corrective actions to remove noncompliance, the board may take actions to:</p> <p>(1) Deny approval of a nursing program; or</p> <p>(2) Revoke approval from a nursing program; or</p>			<p>In process. ELC meeting will be held January 2020.</p>

(REVIEWED 09/19, Rev 09/2019)

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<p>(3) Place a nursing program on a warning status with intent to revoke approval; or (4) Revoke approval when a program has been on a warning status for one year and the program fails to show substantive corrective changes.</p> <p>1423.2(b) The board shall provide specific requirements for correction of noncompliance findings and a return date for review of the program's approval status.</p>			
<p>1424. Administration and Organization of the Nursing Program.</p> <p>1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines</p>	X		<p>The program's written philosophy, conceptual framework, and objectives address all required curriculum elements. See CCR Section 1426 (b)</p>
<p>1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.</p> <p>1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.</p> <p>1424(b)(2) The program shall have a procedure for resolving student grievances.</p>	<p>X</p> <p>X</p> <p>X</p>		<p>P&Ps are present in the LACC catalogue, online on their website, and in the Nursing Student Handbook Recommendation: Related Section: 1425.1(a) Refer to the section. ATI Test Prep not administered by faculty as written.</p> <p>There is a plan in place for the total evaluation of the program that addresses BRN requirements. The program does acknowledge there have been challenges incorporating the processes due to lack of faculty and leadership changes within the college.</p> <p>Nursing program college's grievance process is present in the College Catalogue and in the SON student handbook. Over the</p>

(REVIEWED 09/19, Rev 09/2019)

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<p>1424(b)(3) The program shall have policies and procedures regarding the granting of credit for military education and acquired knowledge by providing opportunity to obtain credit by the following methods, including but not limited to the listed methods: (A) the use of challenge examinations; or (B) the use of evaluative methods to validate achievement of course objectives and competencies.</p> <p>1424(b)(4) The program shall make available the policies and procedures, including the acceptance of military coursework and experience, on the school's website.</p>	<p>X</p> <p>X</p>		<p>past five years there have been 10 formal student grievances with 2 from one student that is still in process.</p> <p>P&P and "Military Personnel Advanced Placement Policy" are available on the school's website</p>
<p>1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.</p>	<p>X</p>		<p>LACC Program Organizational chart clearly identifies relationships, lines of authority and channels of communication within the program, college administration, and affiliated clinical agencies.</p>
<p>1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.</p>		<p>X</p>	<p>Current students are 143. ADN is approved to enroll 50 x 2 annually but due to clinical impaction they have had to decrease their enrollment to 40 x 2 annually</p>

(REVIEWED 09/19, Rev 09/2019)

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			<p>The Nursing Department –The building that the nursing program uses has adequate instructional spaces for theory, simulation, and lab. FT faculty have private offices and adjunct faculty have designated cubicles that they can use when they are on campus. There are private spaces for counseling students, faculty kitchen and student lounge areas. They have limited support staff available for the nursing student success, faculty administrative work, and they do not have a clinical placement specialist. That role is covered by the ADON and DON with support from the faculty. They have a Counselor/Assessment and Recruitment Specialist/Outreach Specialist that plays a key role in reviewing and evaluating all prospective nursing student applications, works with current students in the role of a general success coordinator, and makes sure that all students are eligible and prepared for the RN-BSN and ADN Collaborative Programs. Students had a lot of positive things to share about him and request that he be more available to them during the week as his time available to students in the nursing department is limited.</p> <p>Campus Resources: <u>Library</u> - Program students, staff, and faculty have extensive nursing related library resources available in digital online formats. Digital resources can be accessed on and off campus 24/7/365, Textbooks in the library were outdated. Talked to the DON regarding having the library take outdated books off of the shelf. <u>Student services</u> - include financial aid, counseling, disabled student service, veteran services, tutoring, and more. Student Health Center and Psychological Services are available for students.</p>

(REVIEWED 09/19, Rev 09/2019)

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			<p>Learning Resources: Contemporary technology (hardware, software, services, resources) is in place for all aspects of program delivery and support services.</p> <p>Skills/Simulation Lab: The lab is equipped with low and high fidelity mannequins, standard hospital equipment, automated medication dispensing units and computers for electronic medical record documentation. Students stated that they would like more open lab hours to cover more days of the week, longer times open during the day and longer open lab hours on the weekends. They also requested more robust simulation. The lab hours for Fall 2019 is Tuesday 9a-1p, Thursday 9a-5p, and Friday 9a-12p. Currently there is no Simulation Technician or Simulation Coordinator on staff.</p> <p>Faculty: see 1424(h) There are (4) full-time and (22) part-time faculty excluding the director position, which is designated as a 100% administrative position. The program director is assigned to teach theory courses in on overload assignment. MOST faculty and the DON continue to teach on an overload assignment. The Nursing Department has undergone multiple changes in the last 5 years with frequent turnovers of the campus President (x2), Vice President (x2) and Dean (x 6 with 4 in the last 2 years). Currently all FT faculty are counseling, tutoring, and mentoring students who are struggling. Discussion around early identification, proactive intervention and support with a student success coordinator was discussed as a means to achieve greater student success. This is an area that has not had the emphasis that is needed so that the faculty can properly evaluate student success</p>

(REVIEWED 09/19, Rev 09/2019)

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APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
			<p>and student attrition. This is seen as a need among faculty and was brought up and discussed during this regularly scheduled continuing approval visit. Faculty have also stated that they need time for more professional development that is robust and can meet the needs of experienced and new faculty. They are struggling with onboarding and supporting new staff and are having difficulty maintaining their currency in their nursing specialty areas</p> <p>NON-COMPLIANCE: The program does not have sufficient faculty, staff and support services, to achieve the program's objectives.</p>
<p>1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.</p>		<p>X</p>	<p>Dr. Christiana Baskaran, RN, MSN, PhD Nursing Department Chair is a 100% administration position. The director continues to teach theory courses in the ADN program on overload assignment.</p> <p>Laura Berry, RN, MSN Assistant Director has a 0.2% release time (7 hours per week). It is noted that the last continuing approval visit in 2015 the ADON had a 50% release time.</p> <p>Consultants advised that the program increase ADON release time to facilitate the coordination of faculty responsibilities for curriculum revision, program evaluation, accreditation preparation, faculty onboarding and mentoring. There is not adequate release time for the ADON to learn, practice, or serve in the DON role.</p>

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			<p>Due to the limited release time of the ADON and DONs teaching on an overload teaching assignment they do not have adequate release times for the administration of the program.</p> <p>NON-COMPLIANCE: The Director and the Assistant Directors do not have sufficient release time for the administration of the program.</p>
<p>1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.</p>	<p>X</p>		<p>Laura Berry RN, MSN has served as the Assistant Director since 2016. She has been a part of Nursing Faculty since 2009. She is knowledgeable and current regarding the Nursing program and its Policies & Procedures (P&Ps). The current organizational chart depicts the chain of command and delegation of authority.</p>
<p>1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.</p>	<p>X</p>		<p>As stated in P&P and Job descriptions, full time and part time faculty members have primary responsibility in P&P development, planning, organizing, implementing and evaluating the program. Faculty participate in a committee structure with the curriculum committee and the total faculty committees meeting on a regular basis. It is noted that adjuncts do not participate as the full time faculty do.</p> <p>Suggested utilizing a webinar based structure to allow for adjuncts to attend with the use of technology. Faculty need to conduct course level meetings in a more consistent and organized manner. All faculty are expected to attend faculty and committee meetings however part-time faculty have difficulty in participating due to conflicting work/life constraints. Lead faculty communicate with course faculty via email and telephone as needed.</p>

(REVIEWED 09/19, Rev 09/2019)

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<p>1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.</p>		<p>X</p>	<p>Total Faculty = 27 FT = 4 + DON PT = 22 I = 18 AI = 9 CTA = 0</p> <p>They have at least one qualified instructor and Content Expert in each of the areas of nursing. All faculty stay current through CEUs, concurrent practice, instruction, and clinicals. Clinical recency, CEU's in approved content areas, and Content Expert qualifications are not being tracked effectively. In addition, the Program Director maintains a teaching assignment.</p> <p>143 of the approved enrollment of 200 students are enrolled at the time of the visit. There are (4) full-time and (22) part-time faculty excluding the director position, which is designated as a 100% administrative position. The program director is assigned to Advanced Med Surg theory course and assists in the preceptor course in on overload assignment. Also, most FT faculty continue to teach on an overload assignment. In 2015 there were a total of 29 faculty (excluding director) 7 FT and 22 PT for an approved enrollment of 160 students.</p> <p>4 FT faculty and they continue to work on overload assignments with various program improvement needs not being met. Discussion with Dean, VP and DON regarding the need for replacing and filling all open or recently vacated positions prior to January 2020 and adding additional FT faculty positions. Stressed importance of not waiting for the normal college hiring process</p>

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			<p>and stated that these positions need to be filled prior to January 2020 if possible. Consultants met with the Dean, Vice President and President and shared the importance of hiring in adequate faculty and support staff.</p> <p>NON-COMPLIANCE: The program lacks a sufficient number of qualified full-time faculty to achieve program objectives.</p>
<p>1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.</p>	X		See 1426.1
<p>1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.</p>	X		Nursing organization chart, Job descriptions, and Nursing policies reflect the chain of command and a supervisory relationship.
<p>1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency.</p>	X		Student to Teacher ratio varies between 8:1 to 12:1 in clinical courses. Assignments are based on all required criteria and clinical facility request.

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<p>1425. Faculty - Qualifications and Changes. 1425 All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 09/2012), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 09/2012) and Director or Assistant Director Approval form (EDP-P-03, Rev 09/2012), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:</p>	X		Signed and approved EDP-P-02 for all Faculty members and EDP-P-03 for the ADON and DON are on file. Changes have been reported to the board prior to employment; change in assignments, and after termination. The DON tracks and ensures that each faculty member's license is clear and active.
<p>1425(a) The director of the program shall meet the following minimum qualifications:</p> <p>(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;</p> <p>(2) One (1) years' experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);</p> <p>(3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and</p> <p>(4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or</p> <p>(5) Equivalent experience and/or education, as determined by the board.</p>			Dr. Christiana Baskaran, RN, MSN, PhD Director of Nursing (Nursing Department Chair), 2015 – Present and faculty since 2015. EDP-P-03 approved and on file.

(REVIEWED 09/19, Rev 09/2019)

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1425(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.	X		Laura Berry, RN, MSN Assistant Director, ADN Program January, 2016 - Present. She has served as faculty since 2009 EDP-P-03 on file
1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); and (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and (3) Completion of at least one (1) years' experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		Signed and approved EDP-P-02 for all Instructors are on file
1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or	X		Signed and approved EDP-P-02 for all Assistant Instructors are on file

(REVIEWED 09/19, Rev 09/2019)

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(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.			
1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.	N/A		N/A
<p>1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:</p> <p>(1) A master's degree in the designated nursing area; or</p> <p>(2) A master's degree that is not in the designated nursing area and shall:</p> <p>(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and</p> <p>(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.</p>	X		<p>MS – Adriana Portugal OB -- Laura Berry C -- Jocelyn Simpson-Turk P/MH -- Adrienne Maltese Gero -- Adriana Portugal</p> <p>Content Experts meet qualifications that are specified by regulation in all areas. P/MH is a part time faculty member covering this role out of retirement so that the program can be in compliance.</p> <p>RECOMMENDATION: related to 1424(h) Nursing administration needs to develop a record keeping process that tracks the clinical competency for subject matter Content Experts. Nursing faculty with Content Expert designation will be responsible to keep this up to date.</p>

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<p>1425.1. Faculty Responsibilities 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.</p>	X		<p>See 1424(g)</p> <p>The program is using ATI learning resources to augment faculty developed curriculum elements in nursing courses. Students universally reported that they do not find the ATI learning resources have been incorporated into the curriculum consistently between faculty and from semester to semester</p> <p>Recommendation: Faculty need to continue to integrate ATI across the curriculum. Students need to know why ATI is important starting in the first semester. Faculty need to believe in the NCLEX test prep product the College is using and promote this enthusiasm to the students. Faculty need to work collaboratively to ensure consistency between courses.</p>
<p>1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.</p>	X		<p>The Nursing Program does not have an established orientation procedure that meets requirements. The newest faculty member mentioned that she had minimal onboarding and was only successful because of her previous teaching experience. With the need to hire new faculty this process needs to be updated and a structured orientation/onboarding process needs to be implemented to include training in CANVAS.</p> <p>Recommendation: The college has a formalized onboarding process and the nursing department has just updated their faculty handbook and added more resources for new hires.</p>

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			Please continue to revise and update as new faculty is hired and onboarded.
1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		Stated in P&P and clinical facility agreements.
1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.	X		Clinical competence is maintained through current clinical practice and/or instruction. This is monitored and tracked by the DON documented on the Report on Faculty in the self-study. The DON is aware of the importance of clinical competency and recency. A plan was discussed regarding tracking this for all faculty to ensure that they stay current in CEUs in their approved specialties and take a clinical teaching role in addition to their Theory assignment. RECOMMENDATION: DON is able to prove clinical competence for her faculty after a rigorous documentation process. Discussed developing a process of record keeping and using a ‘living document’ that faculty keep current and update with their CEUs as they are obtained, any work history, and current theory and teaching assignments.
1426. Required Curriculum. 1426(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.	X		See 1432.

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<p>1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.</p>	X		<p>The philosophy defines nursing and the practice of nursing. A unifying theme is integrated throughout the program. The curriculum progresses in complexity and is reflected within the student learning outcomes</p>
<p>1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:</p> <p>(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.</p> <p>(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication.</p> <p>(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.</p>	X		<p>The BRN approved curriculum meets all requirements</p> <p>ADN 18-week semester = 2 semesters per academic year + pre requisites</p> <p>Nursing: 39 Units (18.5 Theory, 20.5 Clinical) Total Units for Licensure: 66 Units Other Degree Requirements: 12 Units Total Units for Graduation: 78 Units</p> <p>Communication: 6 Units Science: 21 Units</p> <p>Correct EDP P 06 in self-study</p>

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<p>1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.</p> <p>(1) Theory and clinical practice requirements of the curriculum will be adjusted in recognition of military education and experiences of the student, when applicable, through an individualized process for evaluating and granting equivalency credit for military education and experience that results in meeting the same course objectives and competency standards.</p>	X		The approved BRN curriculum has all 5 required nursing areas with concurrent theory and clinical practice
<p>1426(e) The following shall be integrated throughout the entire nursing curriculum:</p> <p>(1) The nursing process;</p> <p>(2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;</p> <p>(3) Physical, behavioral, and social aspects of human development from birth through all age levels;</p> <p>(4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines;</p> <p>(5) Communication skills including principles of oral, written, and group communications;</p> <p>(6) Natural science, including human anatomy, physiology, and microbiology; and</p>	X		All required content elements are present in the program curriculum

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(7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.			
1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		This program has tools for evaluation of the student's academic progression for each course and is specific to the stated learning/performance objectives.
1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X		The program is implemented in a Semester format and is compliant in this regulation's formula for units/instructional hours.
<p>1426.1 Preceptorship.</p> <p>1426.1. A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:</p> <p>1426.1(a) The course shall be approved by the board prior to its implementation.</p>	X		This program has established P&P and supporting documentation related to student preceptorships. BRN approved Faculty oversee and coordinate all preceptor experiences. Suggested that they consider using a databank or an excel document to track this information so that it can be reviewed routinely and updated each semester.

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<p>1426.1(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following:</p> <ul style="list-style-type: none"> (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities; (3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements: <ul style="list-style-type: none"> (A) An active, clear license issued by the board; (B) Clinically competent, and meet the minimum qualifications specified in section 1425(e); (C) Employed by the health care agency for a minimum of one (1) year; and (D) Completed a preceptor orientation program prior to serving as a preceptor. (E) A relief preceptor, who is similarly qualified to be the preceptor is present and available on the primary preceptor's days off. (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses: <ul style="list-style-type: none"> (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience; <ul style="list-style-type: none"> 1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship. 2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity. (5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities: <ul style="list-style-type: none"> (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor; 			

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<p>(6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and (7) Plan for an ongoing evaluation regarding the continued use of preceptors. 1426.1(c) Faculty/student ratio for preceptorship shall be based on the following criteria: (1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements</p>			
<p>1427. Clinical Facilities. 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.</p>	X		<p>The program continues to use a limited number of different clinical facilities during the semester (5-6). There is an approved EDP-P-08 on file for each clinical site and a current clinical facility agreement is maintained that meets all specified requirements</p>
<p>1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.</p>	X		<p>Clinical objectives are provided to the facility prior to students arriving. Daily objectives are posted per each clinical group in each clinical area. Discussed adding Current Theory topics to this form and providing course objectives to the unit educator with a calendar prior to starting the rotation.</p> <p>Recommendation: Increase communication between faculty and the facility to ensure that everyone knows what the student's objectives are. Team/level meetings need to be held regularly so that the clinical faculty are aware of topics and student needs on a weekly basis.</p>

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<p>1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program.</p>	X		<p>The Clinical Contract Template meets all required elements</p>
<p>1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.</p>		X	<p>The DON and ADON oversee all clinical placement. LACC utilized a Centralized Clinical Placement System as well as several other hospital or site run clinical request programs. New clinical sites are procured through DON/ADON and faculty interaction. Other clinical sites are maintained due to longevity. The Department would benefit from a permanent position for a clinical placement coordinator as this process is complex and changing daily. Completion of the clinical placement request, the various requirements for documentation, scheduling, training, onboarding to the facility, co-ordination of student follow up is imperative to the success of this program and their students. This has not been a consistent process due to lack of staff and time which has affected the students and teachers by not allowing them to start their clinical rotations on time and if they do start on time they may not have had</p>

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			<p>access to electronic charting and medication dispensing units because training requirements and documentation is not completed in a timely manner.</p> <p>NON compliance: Related section 1424(d) The program does not have sufficient faculty, staff and support services, to achieve the program's objectives. A Clinical Placement Coordinator is part of the non-compliance in 1424(d) staff and support services.</p>
<p>SECTION 7: STUDENT PARTICIPATION</p> <p>1428 Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:</p> <p>(a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.</p>	X		<p>Student representatives are selected. Students attend faculty meetings. The nursing department maintains an open-door policy for informal communication. Students provide feedback through evaluations of courses, clinical and other surveys. Students are involved with several student organizations such as NSNA, SNO. Faculty meeting minutes reflected students' participation. The student representatives are invited to attend monthly faculty meetings. If the students cannot attend, they can provide their feedback or concern by email or phone.</p> <p>Evidence provided in the self-study and confirmed during the visit confirms multiple opportunities to share in their program review, P&P, and delivery</p>
<p>1428.6. Policies Relating to Establishing Eligibility for Examination.</p> <p>(a) At least four (4) weeks prior to its established graduation date, the nursing program shall submit to the board a roster of names of those students and their expected date to successfully complete required course work. Except as provided below such a student shall be deemed</p>	X		<p>This is routinely completed with the assistance of the school's counseling department. The program is in compliance.</p>

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<p>eligible to take the examination after the date on which the student successfully completed the required course work.</p> <p>(b) The nursing program shall notify the board immediately by telephone, facsimile, or e-mail of any student who fails to maintain eligibility and such individuals shall be deemed ineligible to take the examination.</p>							
<p>1429. Licensed Vocational Nurses, Thirty (30) Semester or Forty-Five (45) Quarter Unit Option.</p> <p>1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.</p>	X		<p>The 30-unit option is delineated in the program's BRN approved Required Curriculum EDP-P-06 and totals 29 semester units. Required content is consistent with that identified by regulation and includes instructional content to prepare graduates for competent performance in section 1443.5.</p>				
<p>1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.</p>	X		<p>The DON provides objective counseling and evaluation for prospective students who inquire about this option. No students have taken this option since the last CAV.</p>				
<p>1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-</p>	X		<p>Students complete prerequisites:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Intro to Human Physiology</td> <td style="text-align: right;">4 units</td> </tr> <tr> <td>General Microbiology</td> <td style="text-align: right;">4 units</td> </tr> </table>	Intro to Human Physiology	4 units	General Microbiology	4 units
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<p>five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement.</p> <p>Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.</p>			<p>Nursing Courses:</p> <table border="0"> <tr> <td>RN110 Adv Med-Surg Nursing</td> <td>5 units</td> </tr> <tr> <td>RN329 Transition to Professional Nsg</td> <td>2 units</td> </tr> <tr> <td>RN117 Nsg Skills Competency III</td> <td>1 unit</td> </tr> <tr> <td>RN108 Nsg Care of the Client w/ Psy-Soc Needs</td> <td>4 units</td> </tr> <tr> <td>RN109 Intermediate Med-Surg NSG</td> <td>5 units</td> </tr> <tr> <td>RN111 Nursing leadership and management</td> <td>4 units</td> </tr> <tr> <td>TOTAL UNITS</td> <td>29 units</td> </tr> </table> <p>Updated EDP-P-06 with minor curriculum revision during CAV to address LVN 30-unit option.</p>	RN110 Adv Med-Surg Nursing	5 units	RN329 Transition to Professional Nsg	2 units	RN117 Nsg Skills Competency III	1 unit	RN108 Nsg Care of the Client w/ Psy-Soc Needs	4 units	RN109 Intermediate Med-Surg NSG	5 units	RN111 Nursing leadership and management	4 units	TOTAL UNITS	29 units
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<p>1430. Previous Education Credit.</p> <p>An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing, including military education and experience, through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.</p>	X		<p>P&P for previous credit evaluation is presented in the college catalogue. This is available in print and on-line</p>														
<p>1431. Licensing Examination Pass Rate Standard.</p> <p>The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.</p> <p>1431(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to</p>	X		<p>NCLEX-RN pass rates are maintained above the minimum pass rate.</p> <table border="0"> <tr> <td>2014 – 2015</td> <td>80.56%</td> </tr> <tr> <td>2015 – 2016</td> <td>83.33%</td> </tr> <tr> <td>2016 – 2017</td> <td>94.03%</td> </tr> <tr> <td>2017 – 2018</td> <td>86.49%</td> </tr> </table>	2014 – 2015	80.56%	2015 – 2016	83.33%	2016 – 2017	94.03%	2017 – 2018	86.49%						
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<p>the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.</p> <p>1431(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.</p> <p>1431(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.</p>			<p>2018 – 2019 96.72%</p>
<p>1432. Changes to an Approved Program.</p> <p>1432(a) Each nursing program holding a certificate of approval shall:</p> <p>(1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.</p> <p>(2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.</p>	<p>X</p>		<p>The BRN has been appropriately notified regarding changes as required per regulation</p>

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DATE OF VISIT: October 22-24, 2019

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1432(b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.			

REPORT OF FINDINGS

LOS ANGELES CITY COLLEGE
ASSOCIATE DEGREE NURSING
CONTINUING APPROVAL VISIT
October 22-24, 2019

NON-COMPLIANCE:

1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.

The program does not have sufficient faculty, staff and support services, to achieve the program's objectives.

related to 1424 (d): 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.

The program does not have sufficient faculty, staff and support services, to achieve the program's objectives. A Clinical Placement Coordinator is part of the non-compliance in 1424(d) staff and support services.

1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.

The Director and the Assistant Directors do not have sufficient release time for the administration of the program.

1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

The program lacks a sufficient number of qualified full-time faculty to achieve program objectives.

RECOMMENDATIONS:

related to 1424(h): 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:

Nursing administration needs to develop a record keeping process that tracks the clinical competency for subject matter Content Experts. Nursing faculty with Content Expert designation will be responsible to keep this up to date.

1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

Faculty need to continue to integrate ATI across the curriculum. Students need to know why ATI is important starting in the first semester. Faculty need to believe in the NCLEX test prep product the College is using and promote this enthusiasm to the students. Faculty need to work collaboratively to ensure consistency between courses.

related to 1425.1(a): 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.

ATI Test Prep not administered by faculty as written.

1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

The college has a formalized onboarding process and the nursing department has just updated their faculty handbook and added more resources for new hires. Please continue to revise and update as new faculty is hired and onboarded.

1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.

DON is able to prove clinical competence for her faculty after a rigorous documentation process. Discussed developing a process of record keeping and using a "living document" that faculty keep current and update with their CEUs as they are obtained, any work history, and current theory and teaching assignments.

1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.

Increase communication between faculty and the facility to ensure that everyone knows what the student's objectives are. Team/level meetings need to be held regularly so that the clinical faculty are aware of topics and student needs on a weekly basis.

BRN LACC Responses

Approval Criteria	Non-Compliance Comment	Non-Compliance Response
<p>1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.</p>	<p>The Nursing Department: The building that the nursing program uses has adequate instructional spaces for theory, simulation, and lab. FT faculty have private offices and adjunct faculty have designated cubicles that they can use when they are on campus. There are private spaces for counseling students, faculty kitchen and student lounge areas. They have limited support staff available for the nursing student success, faculty administrative work, and they do not have a clinical placement specialist. That role is covered by the ADON and DON with support from the faculty. They have a Counselor/Assessment and Recruitment Specialist/Outreach Specialist that plays a key role in reviewing and evaluating all prospective nursing student applications, works with current students in the role of a general success coordinator, and makes sure that all students are eligible and prepared for the RN-BSN and ADN Collaborative Programs. Students had a lot of positive things to share about him and request that he be more available to them during the week as his time available to students in the nursing department is limited.</p>	<p>Clinical Placement Coordinator: The role of Clinical Placement Coordinator has been assigned to an adjunct faculty to carry during non-teaching months, to prepare nursing students for their clinical experience. This assignment has been 20 hours a week during the month before classes start and the first month of classes, for a total of 4 months during the year.</p> <p>Moving forward, we will use a model similar to one at other colleges. The ADON release time would be increased to 0.4 D-basis (12 months) and will include the role of Clinical Placement Coordinator.</p>
	<p>Skills/Simulation Lab: The lab is equipped with low and high-fidelity mannequins, standard hospital equipment, automated medication dispensing units and computers for electronic medical record documentation. Students stated that they would like more open lab hours to cover more days of the week, longer times open during the day and longer open lab hours on the weekends. They also requested more robust simulation. The lab hours for Fall 2019 is Tuesday 9a-1p, Thursday 9a-5p, and Friday 9a-12p.</p> <p>Currently there is no Simulation Technician or Simulation Coordinator on staff.</p>	<p>Skills lab: An Instructional Assistant (IA) to manage the skills lab has been hired full-time. The IA is scheduled to start in January 2020. This will allow the lab to open Monday through Friday 9:00 a.m. to 5:30 p.m.</p> <p>Simulation lab: The college is in the process of hiring a Simulation Technician. The request has been sent to LACC District, and it is awaiting review and approval from Personnel Commission to fill the position.</p>
	<p>Faculty: see 1424(h) There are (4) full-time and (22) part-time faculty excluding the director position, which is designated as a 100% administrative position. The program director is assigned to teach theory courses in on overload assignment. MOST faculty and the DON continue to teach on an overload assignment. The Nursing Department has undergone multiple changes in the last 5 years with frequent turnovers of the campus President (x2), Vice President (x2) and Dean (x 6 with 4 in the last 2 years).</p>	<p>Overload: The DON will be assigned to direct the program 100% during the scheduled hours Monday through Friday 8:00 a.m. to 4:00 p.m. No overload assignment will be given during these hours, so DON can focus on and have the ample time for the program. Faculty overload assignments will be provided</p>

	<p>Currently all FT faculty are counseling, tutoring, and mentoring students who are struggling. Discussion around early identification, proactive intervention and support with a student success coordinator was discussed as a means to achieve greater student success. This is an area that has not had the emphasis that is needed so that the faculty can properly evaluate student success and student attrition. This is seen as a need among faculty and was brought up and discussed during this regularly scheduled continuing approval visit. Faculty have also stated that they need time for more professional development that is robust and can meet the needs of experienced and new faculty. They are struggling with onboarding and supporting new staff and are having difficulty maintaining their currency in their nursing specialty areas.</p>	<p>as indicated by their union contract. Faculty delivery and expectations will be closely monitored to continue to ensure the program's success.</p> <p>Success Coordinator: The DON will be working with the Counseling Department to develop and implement specific strategies around student success and attrition. Furthermore, collaboratively they will define intrusive student success response protocols for the nursing department to ensure their timely and effective interventions. The DON will ensure that all faculty have posted office hours. This will also help to ensure student success.</p>
	<p>Summary: The program does not have sufficient faculty, staff and support services, to achieve the program's objectives.</p>	<p>LACC is posting a full-time faculty position to be hired by Summer 2020 for a Fall 2020 start. A re-evaluation of full-time faculty assignments will be conducted during Fall 2020 to determine specific faculty needs.</p>
<p>1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.</p>	<p>Dr. Christiana Baskaran, RN, MSN, PhD Nursing Department Chair is a 100% administration position. The director continues to teach theory courses in the ADN program on overload assignment.</p> <p>Laura Berry, RN, MSN Assistant Director has a 0.2% release time (7 hours per week). It is noted that the last continuing approval visit in 2015 the ADON had a 50% release time.</p> <p>Consultants advised that the program increase ADON release time to facilitate the coordination of faculty responsibilities for curriculum revision, program evaluation, accreditation preparation, faculty onboarding and mentoring. There is not adequate release time for the ADON to learn, practice, or serve in the DON role.</p> <p>Due to the limited release time of the ADON and DONs teaching on an overload teaching assignment they do not have adequate release times for the administration of the program.</p>	<p>Director: The college administration will ensure the DON 100% release time by enforcing administrative duties to be carried out Monday through Friday 8:00 a.m. to 4:00 p.m., to ensure adequate time for the program's success.</p> <p>Assistant Director: The ADON release will be increased to 0.4 D-basis (12 months) and will include the role of Clinical Placement Coordinator.</p> <p>For purposes of overload teaching assignments, according to the faculty contract, hourly assignments have to be offered to all faculty on the seniority list, and it is the</p>

		faculty's right to accept or decline the offer as they see fit.
	Summary: The Director and the Assistant Directors do not have sufficient release time for the administration of the program.	
1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	<p>4 FT faculty and they continue to work on overload assignments with various program improvement needs not being met. Discussion with Dean, VP and DON regarding the need for replacing and filling all open or recently vacated positions prior to January 2020 and adding additional FT faculty positions. Stressed importance of not waiting for the normal college hiring process and stated that these positions need to be filled prior to January 2020 if possible. Consultants met with the Dean, Vice President and President and shared the importance of hiring in adequate faculty and support staff.</p> <p>Summary: The program lacks a sufficient number of qualified full-time faculty to achieve program objectives.</p>	<p>Although this evaluation criterion does not prescribe that faculty must be full-time and all of our program objectives are continuously achieved, as an educational institution we understand that full-time faculty is beneficial for student and program success.</p> <p>LACC will be hiring a Mental Health Nursing faculty in Spring 2020, to start in Fall 2020. During Fall, we will evaluate the impact of this new faculty in the department efficiency, reevaluate the need, and then decide future FT hiring needs.</p> <p>The number of full-time faculty and impact on program objectives is regularly evaluated at the college through the Program Review and Effectiveness yearly process.</p>
1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	The DON and ADON oversee all clinical placement. LACC utilized a Centralized Clinical Placement System as well as several other hospital or site run clinical request programs. New clinical sites are procured through DON/ADON and faculty interaction. Other clinical sites are maintained due to longevity. The Department would benefit from a permanent position for a clinical placement coordinator as this process is complex and changing daily. Completion of the clinical placement request, the various requirements for documentation, scheduling, training, onboarding to the facility, co-ordination of student follow up is imperative to the success of this program and their students. This has not been a consistent process due to lack of staff and time which has affected the students and teachers by not allowing them to start their clinical rotations on time and if they do start on time they may not have had access to electronic charting and medication dispensing units because training requirements and documentation is not completed in a timely manner.	Clinical Placement Coordinator: Similar to what is described in the criterion above, the ADON release time will be increased to 0.4 D-basis (12 months) and will include the role of Clinical Placement Coordinator.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.5
DATE: February 20, 2020

ACTION REQUESTED: Recommend Continuing Approval for Approved Nursing Programs (Prelicensure), Holy Names University Baccalaureate Degree Nursing Program (BPC 2788, CCR 1421,1423) (Present)

REQUESTED BY: Michael D. Jackson, MSN, RN
Chair, Education and Licensing Committee

BACKGROUND: Edith Jenkins-Weinrub, Ed.D, RN has been at HNU for the last 19 years. She became the LVN-BSN Program Director (PD) and then Chair for the Department of Nursing in June 2014 when the previous PD/Chair (2012-2014) accepted a promotional opportunity in another state. In 2018, the Department of Nursing became the School of Nursing(SoN). Dr. Jenkins-Weinrub served as Dean for the Math, Science and Nursing division for a year. As of 2019, Dr. Jenkins-Weinrub is the Dean for the School of Nursing (SoN) and the Math and Science is now its own separate division. HNU is CCNE accredited through 2022; the generic BSN degree option became CCNE accredited via the CCNE substantive change process in 2019. HNU is WASC accredited through 2024 as elaborated on later in the agenda item summary.

In November 2016 the BRN approved HNU's voluntary closure of the LVN to BSN degree option effective December 2016. This degree option was voluntarily eliminated by HNU when graduates failed to achieve the necessary annual NCLEX pass rates per CCR 1431 as described in previous HNU related ELC and Board documents. Key among those factors was a persistent pattern of program graduate delays in NCLEX first time testing, less rigorous program admission criteria, plus a series of leadership and faculty changes early in the implementation of the program of study 2012-2014. The November 2016 program closure Board action letter also approved HNU's identified intent to seek Board approval to establish a small generic BSN degree program via the Board's major curriculum change processes within five years of the date when the LVN to BSN degree program closed in December 2016.

Subsequently, HNU PD, Dr. Jenkins-Weinrub achieved BRN approval of the HNU generic BSN degree nursing program in November 2017. HNU obtained approval to offer an eight semesters year-round generic BSN degree nursing program beginning in Summer 2018 with an enrollment pattern for admission of up to 20 students once a year each Summer.

As designed and BRN approved, the program of study for the generic BSN degree option's first few program cohorts are made up of transfer students or other eligible applicants who had successfully completed the required pre-requisite and general education coursework for nursing program admission and met HNU's more rigorous admission/GPA requirements, that made it possible for eligible program applicants to be admitted to the last four semesters in the generic BSN degree nursing major beginning in Summer 2018.

In Summer 2018, the first cohort of program students (N=12) entered the courses in the nursing major. As approved and anticipated, the first and second cohorts are made up of largely transfer students rather than students who have taken all the pre-requisite coursework at HNU. A total of ten students (N=10) completed all four semesters in the nursing major and graduated with a BSN degree in August 2019. One student in the first cohort originally, re-entered the program as part of the second program cohort of 15 students in Summer 2019.

By Summer 2020, HNU anticipates it will have up to 20 students admitted into the third program cohort that starts in the nursing major course series in Summer 2020 and graduates in August 2021.

HNU participates in the Bay Area CCPS Clinical Placement System but also works with non-participating Kaiser and Washington Hospital Systems individually to secure those clinical placements. No clinical placement/displacement issues have been identified/reported by the program or the clinical sites visited in July 2019.

Overall, the program estimates about 12% of clinical course hours are spent in simulation-based learning activities. Estimated total cost of the eight semesters program of study is \$158,304. The estimated costs, if only taking the four semesters in the nursing major, is \$79,152.

As of submission of this January 2020 ELC report, all 10 of the program's first generic BSN degree cohort graduates have taken the NCLEX RN exam and passed on first attempt. This means HNU's annual pass rate for the annual period July 1, 2019-June 30, 2020, will be 100% as there are no other generic BSN degree graduates that will take the NCLEX exam through June 30, 2020. The second cohort (15 students) is slated to graduate in August 2020. This cohort will most likely take the NCLEX exam in the October-December 2020 or January-March 2021 NCLEX quarters.

In Spring/Summer 2019 HNU was scheduled for the routine continuing approval visit of its pre-licensure and NP program options. A continuing approval visit of the newly established (Summer 2018) generic BSN degree option was conducted July 11-13, 2019 by Katie Daugherty, MN, RN, NEC. One area of non-compliance relative to CCR 1425, and 1425.1 Faculty/Faculty Qualifications was identified. Suggested areas to strengthen the program included CCR 1420 Definitions/CCR 1424 Program Administration/CCR 1425 Faculty; CCR 1426 Curriculum; and CCR 1428 Student Participation as described in the CAV consultant's report as attached.

During the CAV in July 2019 and as well as post visit, HNU was asked to provide written evidence/materials related to HNU's WASC/WSCUC accreditation status and any pertinent Department of Education (DOE) action letters. These documents are attached and summarized below.

- HNU's WASC/WSCUC July 2016 action letter acknowledged receipt of the March 2016 accreditation site visit report; reaffirmed HNU accreditation for **eight years**; scheduled a Special Visit for Spring 2019 to verify operationalization of a comprehensive retention plan; implementation of developed processes to generate report and analyze data relative to student retention and reasons students leave HNU after a second year of study;

coordination of academic and student service programs to improve educational effectiveness; results of student success assessments; assessment of core competencies, general education and program level learning outcomes; evidence of improved and stable financial base reflected in part in the achievement of strategic enrollment goals; and regular evaluation of the president and succession plans for all key university leaders. Please refer to the attached WASC/WSCUC letter dated July 8, 2016.

- From April 21, 2017 until July 31, 2018, HNU was placed on Department of Education (DOE) Heightened Cash Monitoring 1 payment method/Zone reporting requirements when HNU's Financial Ratio Composite score was calculated by DOE to be 1.1 instead of the minimum score of 1.5 as required by regulations 34 C.F.R. 668.171 (b) (1). DOE identified the lower than required composite score was based on audit of the financial statements provided by HNU for FYE June 30, 2016. HNU's reporting deficiency (incorrect reporting of tuition revenue and deferred revenue) for FYE June 30, 2016 was identified by DOE in April 2017 (see attached documents). Effective July 31, 2018, DOE Federal Student Aid Office had reviewed HNU's June 30, 2017 financial statements and released HNU from the HCM1 Monitoring payment method and the Zone reporting requirements when HNU 2017 financial statement documents evidenced/yielded a composite score of 2.4 out of a possible 3.0. Since then, HNU has maintained a composite score of 1.5 or higher. In HNU's attached CAV November 2019 response, HNU reports its FY 18/19 composite score is 1.8. According to HNU report documents this score indicates HNU's financially viable according to the requirements set by the Federal Student Aid Office of the Department of Education. Please refer to the attached DOE letters dated April 21, 2017 and July 31, 2018 and the HNU's September WASC progress report and the November 2019 CAV Response documents.
- A pre-scheduled WASC/WSCUC Special Visit occurred in February 2019 to verify progress in the areas mentioned in the 2016 commission action letter. In July 2019 HNU received the WASC commission action letter confirming receipt of 2019 February Special Visit team report; reaffirming WASC/WSCUC for another six years through 2024. WASC action also outlined the evidence to be included in HNU's September 30, 2019 progress report that was to include evidence of HNU's secured 30-years loan amount; HNU successfully attained \$49,000,0000 of California Municipal Financial Authority (CMFA), Revenue Bonds Series 2019 as fully executed on September 27, 2019. HNU has possession of the monies to pay off HNU's current line of credit and have an operating reserve to fund the HNU strategic institutional, enrollment and business plans as accepted by WASC. Please refer to the attached HNU's September 2019 WASC Progress Report documents.
- As of submission of this agenda item document packet, HNU has maintained its full WASC/WSCUC accreditation status through 2024 with the previously established reviews to occur according to the following schedule: Mid-cycle Review Spring 2020, Offsite Review Fall 2023 and Accreditation Visit Spring 2024. Please refer to the WASC website page printed on 12/18/19 as attached.

HNU has provided a written response to the CAV findings and submitted the required evidence correcting the area of non-compliance along with written documentation related to HNU's current WASC/WSCUC status/reports including HNU's institutional and program specific budgets evidencing financial viability for the next five years.

Presentation of HNU's CAV findings and submitted evidence of compliance is being made to provide BRN ELC committee members and the full Board ample opportunity to review HNU's submitted evidence in support of continuing approval for the next five years. The presentation today is the opportunity for Board members to speak directly with university representatives in relation to HNU's stable senior institutional leadership, sufficiency of resources as evidenced in the attached five years institutional and program specific budgets and compliance evidence documents.

NEXT STEP: Notify program of Board Action.

PERSON TO CONTACT: Katie Daugherty, MN, RN
Nursing Education Consultant

Report of Findings
Holy Names University Generic BSN Degree Nursing Program
July 11-13, 2019

Non-compliance:

CCR 1425 and 1425.1 Faculty Qualifications and Changes and Faculty Responsibilities

- There was at least one faculty teaching coursework that included Medical Surgical and Geriatric content without the required faculty approval in both Medical Surgical and Geriatrics.

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
<p>SECTION 1: PROGRAM DIRECTOR/ASSISTANT DIRECTOR</p> <p>1425(a) The director of the program shall meet the following minimum qualifications:</p> <p>(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;</p> <p>(2) One (1) years' experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);</p> <p>(3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and</p> <p>(4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or</p> <p>(5) Equivalent experience and/or education, as determined by the board.</p>	<p>X</p>		<p>Holy Names University is a non-profit academic institution located in Oakland California. According to the WASC Senior College and University Commission (WSCUC) website statement; HNU was first accredited in 1949. Undergraduate FTE is listed as 566; graduate FTE 217. HNU provides federal student aid.</p> <p>HNU graduate degree nursing programs are CCNE accredited as was the now closed LVN to BSN undergraduate degree pre-licensure nursing program.</p> <p>HNU is in the process of obtaining CCNE approval for the generic BSN degree option through CCNE's substantive change processes. HNU anticipates CCNE will grant accreditation approval for the generic BSN degree option in Fall 2019 and will notify the BRN when CCNE provides written notification of the substantive change approval and accreditation of the generic BSN degree option. BRN approval for the generic BSN degree option occurred in 2017. The first cohort (12) in this degree option was admitted in Summer 2018 and (10) graduated in August 2019.</p> <p>Edith Jenkins-Weinrub, Ed.D., MSN, BSN, RN was appointed the Program Director (PD) for the LVN to BSN degree program from 2014 until HNU voluntarily closed that degree option in December 2016 due to annual NCLEX pass rates not in compliance with CCR 1431. Dr. Jenkins-Weinrub has remained in the program director position since 2014.</p> <p>Before becoming the pre-licensure nursing program director, Dr. Jenkins-Weinrub served as the Director of the HNU RN to BSN</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
	X		<p>degree and the graduate MSN degree options from March 2011 to the present, with the exception of the FNP-MSN. Dr. Aimee Paulson, FNP is the current FNP Program Director and FNP faculty member.</p> <p>Dr. Jenkins-Weinrub completed an Ed.D., at Nova Southeastern University in 2000. She served as the now closed LVN to BSN program Assistant Director from 2012 to 2014 and Program Director until its “teach out” in December 2016. She has worked at HNU since 2001. She was an RN nurse manager from 1988-1997.</p> <p><u>Summary of the now closed LVN to BSN degree option:</u> HNU previously had a Board approved LVN to BSN degree program (2011-2016) but voluntarily suspended all enrollment in that degree option in January 2014 to address an annual (July 1-June 30) NCLEX pass rates <75%. From inception through closure, HNU was unable to demonstrate the required annual rate per CCR 1431, therefore, HNU voluntarily did a teach out and closed the LVN to BSN degree option in December 2016.</p> <p><u>Summary of the currently approved generic BSN degree option:</u> HNU received approval for the eight semesters generic BSN degree program in 2017. HNU’s generic BSN degree option is a year-round program with 4 semesters of prerequisite coursework and 4 semesters of coursework in the nursing major. HNU is approved to admit up to 20 students once a year in the Summer term. The generic BSN degree option admitted its first cohort of (12) students in Summer 2018. The first cohort was made up of transfer students who were directly admitted into the four</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
	X		<p>semesters of the nursing major with transferred pre-requisite and general education courses from other academic institutions. At the time of the visit, 11 students remained in the program with program graduation anticipated in August 2019.</p> <p>A second cohort of 15 students was admitted to the nursing major in Summer 2019. Both cohorts of students were interviewed during the July 2019 site visit with overall consistent and positive comments about the program of study and the educational preparation provided by the program.</p>
<p>1425(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.</p>	X		<p>Assistant Director, Dr. Pamela Stanley completed a DNP in Executive Leadership at USF in 2014 and an MSN/MBA at HNU in 2007. She was appointed the generic BSN degree program's Assistant Director (AD) in August 2017 when HNU was preparing for approval of the generic degree program option. Dr. Stanley has over a decade of previous experience as a direct care RN and house supervisor in Medical-Surgical and Maternal Child Health clinical settings.</p> <p>Dr. Stanley has been a faculty member/professor at HNU since 2014, teaching a variety of courses in HNU's undergraduate BSN degree program options (RN to BSN, now closed LVN to BSN, and currently approved generic BSN degree option).</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		<p>Dr. Jenkins-Weinrub serves as Dean of the School of Nursing and Health Sciences. She has 60% assigned time to administer the generic BSN degree option and 40% to administer the other undergraduate and graduate nursing degree programs while serving as the HNU Math and Sciences division Dean. She has a 12 months administrative position with no teaching responsibilities.</p> <p>Dr. Stanley has 60% assigned time as the generic BSN degree program's AD and 40% assigned time teaching in the generic BSN degree option. Written job descriptions are in place for both the PD and AD positions.</p>
1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	X		<p>Dr. Stanley demonstrates an excellent working knowledge of the program and increasing familiarity with the Board regulations and compliance requirements.</p>
<p>SECTION 2: TOTAL PROGRAM EVALUATION</p> <p>1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.</p>	X		<p>Written policies and procedures are in place as evidenced in faculty and student handbooks consistent with the college catalog.</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
	X		
1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		<p>HNU, as an institution, is in the process of implementation and outcome measurement related to a number of specific strategic plans including Management and Recruitment, Retention, Academic Affairs Assessment, Five Year Strategic Business, etc. HNU is reviewing institutional, program, division processes to achieve improved organizational infrastructure effectiveness and the ability to meet both external and internal institutional research and analysis requirements according to WASC/WSCUC standards.</p> <p>HNU is now generating more complete data sets through surveys on enrollment and retention, financial data, national trends, peer comparisons and initial program learning outcome assessment. There is a five-year Strategic Business Plan. HNU has adopted the VALUE rubrics of the Association of American Colleges and Universities for assessment of student learning in GE and core competencies. Assessments using these rubrics are in their infancy of implementation and measuring student learning outcomes across all academic programs in the institution. According to the WSCUC February 2019 special visit report, HNU's key plans, goals and targeted outcomes include areas such as academic scholarship, multicultural competency, educational practices and technology, community and global engagement, institutional identity, and student enrollment for financial viability.</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
	X		<p>The HNU Department of Nursing has a comprehensive evaluation plan (CEP) in place. The HNU Nursing Content Expert, Curriculum, and Quality Committees are responsible for ongoing program evaluation and action planning related to any identified areas of needed improvement.</p> <p>The first cohort started with 12 students; 11 remained in the program at the time of the visit. Enrollment in the second cohort totals 15.</p>
<p>1424(b)(2) The program shall have a procedure for resolving student grievances.</p>	X		<p>Requisite policies and procedures evidenced in the college catalog and nursing handbooks. There have been no formal grievances to date. The Board has not received any student complaints since inception of the generic BSN degree program.</p>
<p>1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.</p>	X		<p>Institutional and School of Nursing and Health Sciences charts/schemas evidence compliance. PD Dr. Jenkins-Weinrub reports to HNU's newly appointed Provost and Dean of Academic Affairs, Dr. Sheila Smith-McKoy. Dr. Smith-McKoy just recently assumed her position as the HNU Provost. Dr. Smith-McKoy reports to the HNU President.</p> <p>At the institutional level, there is an institutional planning council that includes the president's cabinet, faculty and staff senate representatives, and students.</p> <p>The School of Nursing (SoN) has a community of interest advisory committee in place.</p>
<p>1430. Previous Education Credit An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge</p>	X		<p>The first cohort of generic BSN degree students included transfer students who entered HNU and the nursing major in Summer 2018. This enabled HNU to begin the generic BSN degree option</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
<p>in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.</p>	X		<p>with a less than 20 eligible applicants in its first generic BSN degree cycle.</p> <p>Catalog and nursing program application information includes institutional and program credit, credit by exam and evaluation processes including interested parties, applicants with military background, education and experience.</p>
<p>1431. Licensing Examination Pass Rate Standard The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.</p> <p>(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.</p> <p>(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.</p>	<p>No test results for the first cohort of generic BSN students at time of the July 2019 visit. By November 2019 first time pass rate at 100%</p> <p style="text-align: center;">X</p>		<p>HNU is currently using the complete ATI predictive test package. ATI reading is embedded in class reading. At the time of the visit, the program leadership reported students are consistently passing ATI predictive tests at level 2.</p> <p>On the ATI comprehensive predictor: 8 of 10 graduating students scored a 99% probability of passing the NCLEX-RN exam on first attempt; 1 of 10 scored at 98% probability and 1 of 10 scored a 96-97% probability.</p> <p>In 6 of the 8 major content areas HNU testers rank comparable to national group percentiles; in the other two content areas (management of care and psychosocial integrity) HNU is only one percentile less than (90/91 and 97/98) the national group percentile.</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
<p>(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.</p>	X		<p>The first cohort of graduating students is slated to graduate in August 2019. First time test results will most likely be available for the Oct-Dec 2019 quarter.</p> <p>By Mid-November 2019, the program reported the ten graduates in the first cohort passed on first attempt. Thus, the annual pass rate for the annual period July 1, 2019-June 30, 2020 will be 100% as the second program cohort is not scheduled to graduate until August 2020.</p>
<p>1432. Changes to an Approved Program (a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location.</p>	X		<p>Since program inception HNU's PD has consistently provided timely notification of program/institutional changes with the exception of the two post visit letters as requested by the NEC (2017/2018) related to USDOE/HNU communications-letters dated April 21, 2017 (initiation of HCM1 monitoring due to FYE 6/30/16 cut score of 1.1 out of possible 3.0-minimum required 1.5) and the July 31, 2018 USDOE letter (removal of HCM1).</p> <p>According to USDOE letter dated July 31, 2018, HNU demonstrated a composite score 2.4 out of a possible 3.0. When the NEC contacted the PD regarding the HCM1 matter, the PD reported she was not familiar with the info being requested. Moreover, the PD reported she had not received this info from her former HNU senior leadership supervisor at the time HNU received these letters. The PD immediately contacted the current senior administration and subsequently provided the NEC the requested information in a timely manner.</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
<p>(4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.</p>	<p>X</p>		<p>At the time of this CAV visit, HNU reported it was WASC/WSCUC accredited until 2024 as evidenced by a WASC/WSCUC 2016 action letter provided during the visit.</p> <p>When interviewing the HNU President and Provost during the visit, it was reported that WSCUC had recently been to HNU for a special visit associated with a focus on the six items listed below, a number of senior leadership changes and need to demonstrate financial sustainability to WSCUC moving forward. HNU provided the NEC a copy of the WSCUC February 2019 special visit report of findings and the HNU written response to the February 26-28, 2019 special visit report in a HNU letter dated May 7, 2019. After the BRN CAV, the PD provided the 2019 WASC/WSCUC action letter dated July 12, 2019. The July 12, 2019 WASC action letter stated the four following WSCUC major actions in relation to the February 2019 special visit report and the May 2019 HNU response letter:</p> <ol style="list-style-type: none"> 1. WASC received the Special Visit Report that focused on HNU (1) operationalizing a comprehensive retention plan; (2) generating, reporting and analyzing data, and using those data to inform plans and decisions; (3) coordinating academic and student services programs; (4) assessing core competencies; (5) achieving strategic enrollment goals to achieve a stable financial base; and (6) regularly evaluating the president and formulating succession plans for key university leaders. 2. Defer action in order to complete consideration of outstanding issues. WASC's most recent 7/12/19 action letter action #2, to

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
	X		<p>“defer action” is not a final WASC decision. It authorizes time for HNU to correct specified deficiencies, provide additional information, or make progress in defined areas before a decision can be made regarding accreditation.</p> <p>3. Schedule a Progress report to be submitted by HNU to WSCUC as soon as the 30-year tax exempt loan with Preston Hollow Capital is secured, but no later than September 30, 2019 (this was submitted to WSCUC) to address: a. The status of the loan including the loan amount, expecting that the loan amount will at least exceed the current 20,000, 000 line of credit and allow for an operating cushion (even if not the full anticipated \$45,000, 000 b. A variance analysis of the institution’s enrollment projections to identify the required break-even point and enrollment levels to be financially viable.</p> <p>Additionally, per the July 2019 WASC Action letter, HNU was required to post the WASC specified materials on the HNU website. HNU’s website has the required information posted and the website is accessible to the general public. The schedule of WSCUC reviews is as follows:</p> <ul style="list-style-type: none"> • Special Visit Spring 2019 (completed February 2019); • Mid-Cycle Review Spring 2020; • Offsite Review: Fall 2023; • Accreditation visit: Spring 2024; <p>No additional WSCUC commission actions received by HNU since the July 12, 2019 as of the end of October 2019. The</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
	X		<p>informed it could continue to participate in Title IV Federal Student Aid with the provision that HNU but would be placed on U.S. Department of Education’s federal Heightened Cash Monitoring (HCM1) as HNU, at a composite score of 1.1, was below the required score of 1.5 out of a possible 3.0 in fiscal year ending June 30, 2016. HNU remained on the HCM1 status until removed on July 31, 2018. HNU addressed the financial responsibility reporting issue by providing evidence of a \$7M unrestricted gift and demonstrating by FYE June 30, 2017 HNU had fully corrected the reporting deficiency evident in the June 30, 2016 financial statements. By July 31, 2018, HNU demonstrated correct use of the “straight line method to report tuition revenue and deferred revenue as set forth in regulations at 34 C.F.R 668.171. HNU has not been on HCM1 at any time after July 31, 2018.</p>
	X		<p>HNU is currently working on submission of needed evidence to demonstrate the institution’s sustained financial viability for the next 30 years. According to the WSCUC February 2019 special visit report, at the institutional level, the current HNU senior leadership team reportedly discovered the previous senior administrative team had over-estimated enrollment numbers by approximately 50% resulting in the need for the new administrative team to develop new Strategic and Five Year Strategic Business Plans to address the over inflated enrollment goals and overall poor budget planning that resulted in HNU having repeated extensive losses and as of June 30, 2019 a total negative “operations” unrestricted fund balance <\$8.4M>. HNU reports it is working with a full-service banking and bond trading</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
	X		<p>firm to locate lenders and acquire financing for a long-term loan for 30 years. By September 30, 2019 HNU submitted the required report/evidence to WASC/WSCUC evidencing that HNU had secured the necessary loan/financing.</p> <p>HNU intends to provide a five years institutional and five years budgets for the generic BSN and FNP program options as part of the program's response to the CAV findings.</p>
<p>SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS:</p> <p>1425All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty</p>	X	See next page	<p>PD Dr. Jenkins-Weinrub continues to work closely with HNU senior administrative leadership to ensure all the necessary support services and pre-nursing and prerequisite and degree courses for the nursing major are adequate in number, type and appropriately scheduled to support the generic BSN degree and other School of Nursing degree programs. PD will provide a five-year budget for each of the BRN approved nursing programs as part of the continuing approval visit response to evidence sufficient resources for each of the BRN approved nursing programs.</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
<p>Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/2012), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 09/2012 and Director or Assistant Director Approval form (EDP-P-03, Rev 09/2012), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:</p>		X	<p><u>Non-compliance:</u> <u>CCR 1425 and 1425.1 Faculty Qualifications and Changes and Faculty Responsibilities</u></p> <ul style="list-style-type: none"> • There was at least one faculty teaching coursework that included Medical Surgical and Geriatric content without the required faculty approval in both Medical Surgical and Geriatrics. <p>Program reports it will act to correct this area of non-compliance as quickly as possible.</p> <p>Suggested recommendations to strengthen the program: CCR 1420 Definitions (f) Content Experts, (h) Program Director, CCR 1424 (b), (g), (h) Program Administration and Organization Policies and Procedures, CCR 1425 Faculty</p> <ul style="list-style-type: none"> • Continue to refine faculty content expert review processes, reporting, and documentation procedures as planned. • Continue to provide the program director ample opportunities for ongoing timely input related to any potential institutional changes in science, GE, CRL, and graduation course/degree requirements affecting students in pre-nursing and the nursing major courses prior to implementation of changes per CCR 1426 Curriculum regulations per visit discussions. • Continue to refine new student institutional and nursing program orientation including program requirements, scheduling and notification/communication processes as planned.

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
		See page 14 of this report	<ul style="list-style-type: none"> Ensure institutional and program information related to granting credit for military education and acquired knowledge per CCR 1423.1(a) and CCR 1426 is kept current in the catalog, institutional and nursing program websites. No military issues identified in association with the first cohort.
1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	X		Normal tenure/tenure track faculty teaching loads are 24 units per academic year. The CAV self-study states average workload in the SoN is 32 units. Faculty teaching loads may be adjusted to take into consideration factors such as instructional assistance, team-teaching, special assignments etc. Faculty annual workload teaching assignments are decided using a collaborative process with the Dean of SoN, Provost and faculty members.
1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.	X		Faculty roster includes eighteen teaching faculty for the generic BSN degree program. PD plans to routinely submit reclassifications for instructor level approvals when faculty eligible for reclassification.
1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the	X		AD Dr. Pamela Stanley works closely with program faculty to ensure consistent implementation of the curriculum and ATI predictive testing materials.

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
<p>1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.</p>	X		Seabury
<p>1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.</p>	X		CTAs include: Allen, Coates, Damato, Ford, Holmes, Lopez, Siosun
<p>1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or</p>	X		<p><u>Content Experts:</u></p> <ul style="list-style-type: none"> • Geriatrics: Koomson • Med.Surg: Stanley • OB: Stanley • Peds: Halloran • Psych/MH: Lawski

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
<p>(2) A master's degree that is not in the designated nursing area and shall:</p> <p>(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and</p> <p>(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.</p>	X		
<p>SECTION 5: CURRICULUM</p> <p>1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.</p>	X		<p>HNU seeks to provided students with multiple opportunities to develop their highest potential as professional nurses. The BSN program adheres to the <i>American Association of Colleges of Nursing Baccalaureate Essentials (2009)</i> <i>American Nurses Association (ANA) Scope and Standards of Practice (2015)</i>, <i>Quality and Safety Educations for Nurses (QSEN) Competencies</i>. HNU's BSN program has nine expected core learning outcomes: Caring, Social Justice, Clinical Reasoning, Communication, Collaborate with Diverse Cultures, Safety and Quality, Global Health and Leadership.</p> <p>Faculty believe the following: Nursing is an evolving profession, Nursing is governed by a rigorous body of knowledge;</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
	X		<p>Encompasses the practice of compassion and caring; Advocates for the practice of social justice; Engages life-long learners to facilitate the pursuit of excellence; Fosters scholarship.</p> <p>Suggested recommendations to strengthen the program:: CCR 1426 Curriculum and 1426.1 Preceptorship and CCR 1427: Continue progress in refining the following aspects of the curriculum as planned:</p> <ul style="list-style-type: none"> • Leveling nursing courses clinical evaluation tools (Levels I, II, III) and the preceptor evaluation tools; • Integrating ATI across the curriculum; • Pursuing additional student clinical opportunities for venipuncture in the direct care clinical sites used by the program; • Integrating additional learning activities related to RN use of Standardized Procedures per BPC 2725, CCR 1443.5 and 1470-1474; • Acquiring additional community-based/ambulatory clinical sites to meet program objectives/SLOs.
1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Evidence indicates program faculty are working in a cohesive effective manner to meet program objectives and student learning needs including remediation needs.

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.	X		Interviewed faculty report faculty orientation and mentoring very effective.
1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.		Refer to pg. 14 of this report for the area of NC	No evidence of required approval/remediation in medical-surgical and geriatrics for one faculty member.
1426(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.	X		HNU does not have nor plans to seek approval for a BRN work-study course as described in the BRN Directors' Handbook.
1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.	X		

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
<p>1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:</p> <p>(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.</p> <p>(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication.</p> <p>(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>		<p>Total degree units: 120; total CRL is 87 units; other degree units totals: 33 units.</p> <p>(Nursing courses include CRL and other degree nursing courses: N1, 31, 31L, N9, 9L, 100, 101/101L, 102, 102L, 110, 110L, 112, 120, 120L, 130, 130L, 140, 141W, 142W, 142L, 151W, 151L, 152 172). Total CRL nursing: 51 units; 31 units of nursing theory and 20 nursing clinical units.</p> <p>9 units (Comm1, Eng 1 A, 1B)</p> <p>27 units (Bio 17, 11, 11L, 20, 20L, Chem 7, Nutri 1, Psych 1, Soc1).</p> <p>PD and faculty are working continuously to update general education and degree course options to accommodate transfer students who may have taken required coursework elsewhere before transferring to HNU to complete the required courses in the nursing major and the other BSN degree courses at HNU.</p>
<p>1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working</p>	<p>X</p>		<p>Evidenced in course syllabi. Required PHN certification form and syllabi have been submitted and will be forwarded to the BRN PHN certification desk. HNU does not offer a Board approved work-study program per section 6 of the 2019 BRN Directors' Handbook.</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.	X		
1426(e) The following shall be integrated throughout the entire nursing curriculum: (1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written, and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		Evidenced in course syllabi.
1426.1. Preceptorship A preceptorship is a course, or component of a course, presented at			

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
<p>(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.</p>	X		
<p>SECTION 6: CLINICAL FACILITIES 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.</p>	X		
<p>1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.</p> <p>1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.</p>	X X		
<p>1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in</p>	X		<p>Twelve clinical agencies are currently used by the program including acute, long term care, ambulatory and select community-based settings. Students and faculty validated the</p>

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
<p>such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.</p>	X		<p>program provides a rich and valuable cadre clinical experiences to meet program and SLO outcomes. One of the community-based clinical learning experiences provided at a diabetic youth and families non-acute setting was reported to be a new and exceptional learning experience.</p> <p>Clinical Site Visits:</p> <ul style="list-style-type: none"> • Kaiser Oakland (PEDS, Leadership) • Washington Hospital (OB, M/S, Gero); • Previously visited the psych/mental health placements associated with the approval of the generic program. <p>Clinical agency representatives interviewed reported satisfaction with HNU communication, coordination, student preparedness/professionalism, and faculty competence and supervision and follow up as needed.</p>
<p>1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program</p>	X		

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		
1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency.	X		1:11 in first cohort; 1:7-8 in second cohort.
1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		Refer to previous curriculum recommendation related to refining leveling of clinical evaluation tools.
1428 Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (a) Philosophy and objectives; (b) Learning experience; and (c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.	X		HNU has established a shared governance structure to promote student feedback and compliance. HNU is working on increased improved communication relative to admission/immunization documentation, schedules/schedule changes. Suggested recommendation to strengthen the program: CCR 1428 (a-c) Student Participation

**CONSULTANT APPROVAL REPORT
FOR CONTINUING APPROVAL REVIEW**

PROGRAM NAME: Holy Names University Generic BSN Degree Nursing Program

DATE OF VISIT: July 11-13, 2019

APPROVAL CRITERIA	Compliance	Non Compliance	COMMENTS
	X		<ul style="list-style-type: none"> Provide first semester nursing program students ample shared governance student participation opportunities earlier.
<p>Section 7: LVN 30 UNIT AND 45 QUARTER UNIT OPTIONS</p> <p>1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.</p>	X		
<p>1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each</p>	X		

Generic BSN Program

(Program response to recommendation and non-compliance)



HOLY NAMES
UNIVERSITY

Since 1868

Katie Daugherty MN, RN
Nursing Educational Consultant
Board of Registered Nursing
PO Box 944210
Sacramento, CA 94143

Ms. Daugherty

Enclosed you will find Holy Names University's response to the July 2019 BRN survey findings from Continuing Approval Visit pertaining to non-compliance and recommendations. See included zip files and attachments.

1425 All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/2012), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 09/2012 and Director or Assistant Director Approval form (EDP-P-03, Rev 09/2012), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following

1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.

Non-compliance:

CCR 1425 and 1425.1 Faculty Qualifications and Changes and Faculty Responsibilities

- There was at least one faculty teaching coursework that included Medical Surgical and Geriatric content without the required faculty approval in both Medical Surgical and Geriatrics.
- No evidence of required approval/remediation in medical-surgical and geriatrics for one faculty member

Program Response:

On October 31, 2019, HNU submitted to the BRN the geriatric remediation plan for Dr. Pamela Stanley. On November 1, 2019 Dr. Stanley was approved by the BRN for geriatric nursing (See Remediation Plan & Approval). To ensure compliance with this requirement, the future hiring of medical-surgical faculty will include geriatric approval as well. A process for monitoring and evaluating compliance has been discussed and approved in the Curriculum & Quality Committee.

Recommendations

CCR 1420 Definitions (f) Content Experts, (h) Program Director, CCR 1424 (b), (g), (h) Program Administration and Organization Policies and Procedures, CCR 1425 Faculty

1. Continue to refine faculty content expert review processes, reporting, and documentation procedures as planned.

Program Response

The Program Director and Assistant Director has ongoing, regularly scheduled faculty content expert meetings held, at a minimum, once each semester.

2. Continue to provide the program director ample opportunities for ongoing timely input related to any potential institutional changes in science, GE, CRL, and graduation course/degree requirements affecting students in pre-nursing and the nursing major courses prior to implementation of changes per CCR 1426 Curriculum regulations per visit discussions.

Program Response

The Generic Program Director is a member of the Undergraduate Curriculum Committee and as a committee member has input in curriculum changes for the undergraduate program that effects nursing.

3. Continue to refine new student institutional and nursing program orientation including program requirements, scheduling and notification/communication processes as planned.

Program Response

New student orientation process is reviewed annually for areas of improvement.

4. Ensure institutional and program information related to granting credit for military education and acquired knowledge per CCR 1423.1(a) and CCR 1426 is kept current in the catalog, institutional and nursing program websites. No military issues identified in association with the first cohort.

Program Response

Currently, Holy Names University website and catalog has the required information granting credit for military education per CCR 1423.1(a) and CCR 1426. This

information will be shared with military students

SECTION 5: CURRICULUM

1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

Recommendations:

CCR 1426 Curriculum and 1426.1 Preceptorship and CCR 1427:

Continue progress in refining the following aspects of the curriculum as planned:

1. Leveling nursing courses clinical evaluation tools (Levels I, II, III) and the preceptor evaluation tools;

Program Response

The Community Health course lab evaluation tool was corrected. The Curriculum & Quality Committee will continue to monitor the leveling of all GBSN courses.

2. Integrating ATI across the curriculum;

Program Response

Plan to continue and monitor integration of ATI throughout the GBSN curriculum.

3. Pursuing additional student clinical opportunities for venipuncture in the direct care clinical sites used by the program;

Program Response

Continue to pursue additional student clinical opportunities to enhance their learning experience. i.e. venipuncture.

4. Integrating additional learning activities related to RN use of Standardized Procedures per BPC 2725, CCR 1443.5 and 1470-1474;

Program Response

Continue to integrate additional learning opportunities to enhance student learning experience. i.e. use of Standardized Procedures per BPC 2725, CCR 1443.5 and 1470-1474

5. Acquiring additional community-based/ambulatory clinical sites to meet program objectives/SLOs.

Program Response

Continue to provide community-based/ambulatory learning experiences at clinical sites

6. The program plans to continue to meet CCR 1426 Curriculum and 1426.1 Preceptorship and CCR 1427 requirements

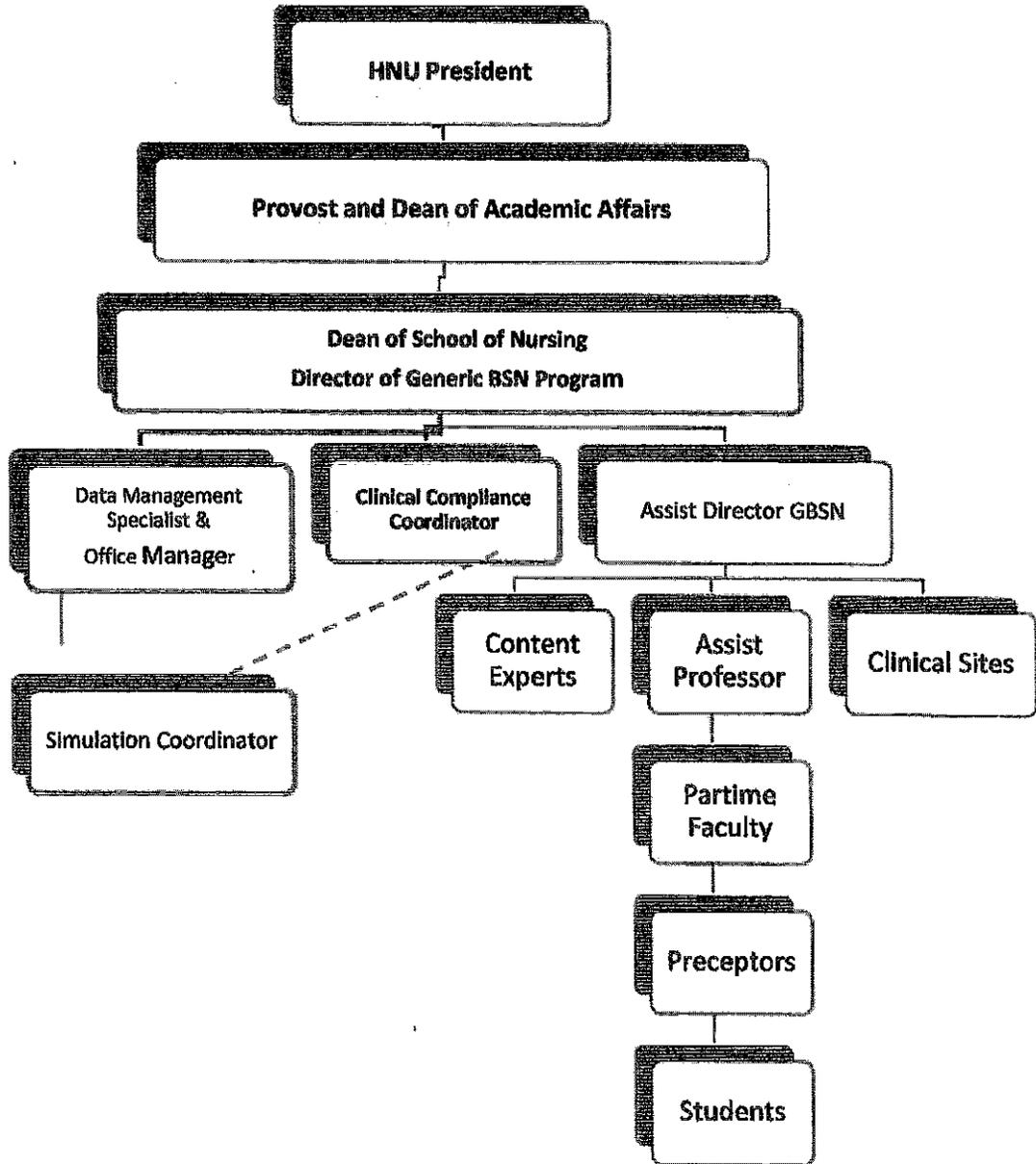
Program Response

The program plans to continue to meet CCR 1426 Curriculum and 1426.1 Preceptorship and CCR 1427 requirements

Generic BSN

Position/Hire Date	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Program Asst. Director 1 FTE/Jan 2017	102,000	104,040	106,121	108,243	110,408
Medical-Surgical Nursing 1 FTE/Aug 2018	93,000	94,860	96,757	98,692	100,666
Psych/Community Health 1 FTE/Aug 2018	93,000	94,860	96,757	98,692	100,666
Maternal/Child Health 1 FTE/Aug 2019	93,000	94,860	96,757	98,692	100,666
Pedi Nurse 1 FTE/August 2021			93,000	94,860	96,757
Clinical Coordinator 1 FTE	93,000	94,860	96,757	98,692	100,666
PT Faculty Salary	84,000	84,000	84,000	84,000	84,000
Administrative Assistant 1 FTE	60,000	61,200	62,424	63,672	64,946
Salary Total	\$ 618,000	\$ 628,680	\$ 732,574	\$ 745,545	\$ 758,776
FT Fringe Benefits @ 24%	128,160	130,723	155,658	158,771	161,946
PT Fringe Benefits @ 13%	10,920	10,920	10,920	10,920	10,920
Salary & Benefits Total	\$ 757,080	\$ 770,323	\$ 899,151	\$ 915,236	\$ 931,642
Operating Expenses					
Professional fees	40,000	42,000	44,100	46,305	48,620
Memberships	4,500	4,725	4,961	5,209	5,470
Equipment Maintenance	49,644	52,126	54,733	57,469	60,343
Travel & Convention	3,400	3,570	3,749	3,936	4,133
Total Operating Expenses	\$ 97,544	\$ 102,421	\$ 107,542	\$ 112,919	\$ 118,565
Grand Total	\$ 854,624	\$ 872,744	\$ 1,006,694	\$ 1,028,155	\$ 1,050,208

Generic BSN Organizational Chart





HOLY NAMES
UNIVERSITY
Since 1868

November 15, 2019

Ms. Katie Daughtery, NEC
Board of Registered Nursing
1747 North Market Blvd., Suite 150
Sacramento, CA 95834

Dear Ms. Daughtery,

In response to your questions regarding the BRN review for the Nursing program at Holy Names University, please accept this letter in response to your questions in reference to the following:

- The HNU five-year budget
- Evidence of our financial stability and sustainability
- Our Composite Score and HCM
- Reporting to Bureau of Private Post-secondary Education (BPPE)
- Presidents and Vice Presidents for Finance and Administration, 2015 – Present
- HNU Organizational Chart

HNU Five-Year Budget

Holy Names University is committed to ensuring the financial viability of our university and all of our academic programs. You are in receipt of the Holy Names University Commission Action Letter Progress Report that we submitted to WSCUC on September 30, 2019. The five-year budget is included in Appendix B on p. 8 of the report. For your convenience, you will find the complete report is included in the Appendix. While we do not yet have a response from WSCUC regarding the report, we have received notification from Maureen Maloney at WSCUC acknowledging our “good work,” and noting that she will connect with us she once completes her review of the report (see Appendix).

Financial Stability and Sustainability

In addition, the Holy Names University Commission Action Letter Progress Report responds to the two issues cited in the Commission Actions Letter of July 12, 2019 regarding the university loan that was in-progress and the enrollment levels needed to assure that Holy Names remains financially viable. As the report notes, Holy Names University finalized the loan on September 27, 2019. In addition, the enrollments projected for the university to be profitable are noted in this report and detailed in the Appendix, “Table 1: Enrollment.” Please see p. 4 of the Holy Names University Commission Action Letter Progress Report for detailed information about our enrollment trends. Note that our enrollments have increased each year since 2016. We have made strategic adjustments in our enrollment office in order to maximize our ability to assure that we exceed our projected enrollment needs.

Composite Score and HCM

Our Composite Score is another indicator of the financial viability and sustainability of our university. The Holy Names University Composite Score for FY18/19 is 1.80. Our Composite Score indicates that

we are financially viable according to the requirements set by the Federal Student Aid Office of the U.S. Department of Education. Holy Names University also reviews our Composite Score annually.

Holy Names University's Composite Financial Score (CFI) has fluctuated over the past three years. HNU's unrestricted net assets decreased and expendable net assets reached a low of \$396,000 as the institution's bond debt was paid off through 2016. This resulted in a primary reserve ratio calculation to be 1%, causing HNU to be placed under heightened cash monitoring during the 16/17 fiscal year (i.e. the institution's overall composite score fell below the threshold of 1.5). The following fiscal year saw HNU increase its temporary restricted net assets by ~70% and obtain a line of credit to both pay off remaining bond debt and to have operating cash flow. These actions resulted in HNU's composite score to rise to 2.53 in 2017, which released the institution from cash monitoring by the U.S. Department of Education.

Bureau of Private Post-secondary Education (BPPE)

In reference to reporting to the Bureau of Private and Post-Secondary Education [BPPE], Holy Names University has an agreement with BPPE, but we do not report to the agency. We are not required to submit annual reports to the BPPE. In keeping with Section 94874.9 of the California Education Code, we contract with the BPPE who monitor oversight for private institutions in California. There are no complaints against the university, and we are fully compliant with our contractual obligations with the BPPE.

Presidents and Vice Presidents for Finance and Administration, 2015 - Present

Holy Names University has maintained sustainable leadership in both the positions of university president and chief financial officer. In the years under review by the BRN, the presidents and chief financial officers have and are serving the institution:

Presidents

William Hynes, PhD	8/1/10 -- 7/31/16
Jeanie Watson, PhD (Interim)	8/1/16 -- 10/30/17
Michael Groener, MBA	11/1/17 -- Present

Vice Presidents for Finance and Administration

Stuart Koop	4/17/06 -- 6/30/15
Karl Solibakke	7/01/15 -- 5/15/16
Thomas Hamon (Interim)	5/16/16 -- 8/31/16
Michael Groener	7/15/16 -- 10/31/17
Rob Kinnard	11/1/17 -- Current

The university's commitment to financial stability is also underscored by the presidency of Michael Groener, who previously served as our Vice President for Finance and Administration.

HNU Organizational Chart

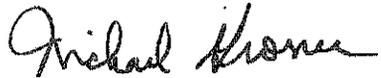
The Organizational Chart for the university is attached (see Appendix D).

Recently, Holy Names University was ranked #17 out of all of the over 5300 colleges and universities for Social Mobility and Ethnic Diversity in the U.S. News and World Report Rankings. We not only value this designation, and we take seriously the tremendous impact that our university is making in the lives of our students and those they will serve as graduates. We are committed to the ongoing financial stability of the institution, as well as our support of the Holy Names University Nursing Program. This support and

the commitment of our faculty in the School of Nursing has resulted in a significant increase in the NCLEX pass rates. With only one student who has yet to take the NCCLEX, our current students have a 90% pass rate.

Thank you for giving us the opportunity to provide the requested information. We look forward to working with the Board of Nursing to ensure that our School of Nursing program continues to be sustained financially and administratively.

Sincerely,

A handwritten signature in black ink that reads "Michael Groener". The signature is written in a cursive style with a large initial "M".

Mike Groener
President

Appendices

- A. Holy Names University Commission Action Letter Progress Report**
- B. Email from Maureen Maloney, Vice President, WASC Senior College and University Commission**
- C. Table 1: Enrollment and Enrollment Projections, Holy Names University, 2016- 2022**
- D. Current HNU Org Chart**

HOLY NAMES UNIVERSITY

COMMISSION ACTION LETTER PROGRESS REPORT

WASC Senior College and University Commission
Submitted: September 30, 2019



Submitted by:
Dr. Kevin Gin, Accreditation Liaison Officer
Holy Names University
Kgin@hnu.edu

Introduction

Holy Names University (HNU) received a Commission Action Letter (CAL) on July 12, 2019 addressing the visiting team recommendations from a spring 2019 Special Visit. The WSCUC noted in the CAL that they were deferring action until more information was submitted to complete consideration of outstanding issues. The Commission requested a progress report be submitted once two issues were resolved. These two issues as cited in the CAL included addressing:

- The status of the loan (with Preston Hollow Capital) including the loan amount, expecting that the loan amount will at least exceed the current \$20,000,000 line of credit and allow for an operating cushion (even if not the full anticipated \$49,000,000).
- A variance analysis of the institution's enrollment projections to identify the required enrollment break-even point and enrollment levels required to be financially viable.

The ALO worked with the President and members of the President's Cabinet to provide the documentation requested in this progress report. A brief narrative describing HNU's actions and corresponding evidence pertaining to the two issues was authored by the ALO and approved by the President before being sent to WSCUC Vice President Maureen Maloney for both her and Commission review.

A summary of HNU's progress in addressing these two issues following in this report and are summarized in the following narrative.

Institutional Responses to Issues

ISSUE ONE: STATUS OF LOAN WITH PRESTON HOLLOW

HNU has been working with the financial firm of Prager and Co. to secure funding that would pay off a current \$20 million line of credit, and offer operating expenses to ensure implementation of the current strategic business plan. A lender was identified for HNU, and the University executed documents on Friday, September 27, 2019 for \$49,000,000 of California Municipal Finance Authority (CMFA) Revenue Bonds (Holy Names University) Series 2019 that were purchased by Preston Hollow Capital.

Funding to cover the \$20 million line of credit with Presidio Bank, as well as to cover operating expenses anticipated in the strategic business plan are now secured. The bonds are repaid over 30 years with interest for the first five years at \$3,430,000 per year. The remaining principal and interest payments after the fifth year range from \$4,139,125 to \$4,164,250 per year.

Details of the loan are included in the President's letter (**Appendix A**) attesting that Holy Names University is in possession of the funds necessary to pay off the current line of credit and make the necessary investments to ensure success of the strategic business plan.

Institutional Responses to Issues

ISSUE TWO: VARIANCE ANALYSIS OF ENROLLMENTS

Institutional enrollment goals and actual enrollment figures since fall 2016 are detailed in Table 1. Enrollment totals for fall 2016, 2017, 2018, and 2019 are sourced from official census data. The largest gap between enrollment goal and actual enrollment was in fall 2016 when Holy Names experienced its lowest student headcount. This 14% enrollment deficit was due to the lack of a clear enrollment strategy and absence of contingency plans to address a pattern of declining headcount. These previous deficiencies have been addressed, as evidenced in the enrollment growth observed the past three years.

Table 1's identification of predictive goals (i.e. target), stretch goals (i.e. 2% above goal) and worst case scenarios (5% under goal) reflect the variance that is tolerable under the strategic business plan. Enrollment goals for fall 2020 and beyond reflect the headcounts necessary for institutional success defined in the strategic business plan.

The enrollments necessary for the institution to break-even and turn a profit occurs in year five of the strategic business plan (FY '22 - '23), which is summarized in **Appendix B**. Year five of the strategic business plan corresponds to a fall 2022 enrollment goal of 1,565 students, which is noted in Table 1.

	Fall 2016 Actual	Fall 2017 Actual	Fall 2018 Actual	Fall 2019 Actual	Fall 2020 Goal	Fall 2021 Goal	Fall 2022 Goal
Enrollment Stretch Goal	1,027	896	913	993	1,138	1,355	1,596
Enrollment Target Goal	1,007	879	896	974	1,116	1,329	1,565
Enrollment Worst Case	957	836	852	926	1,061	1,263	1,487
Final Census Enrollment	866	882	957	966	<i>TBA</i>	<i>TBA</i>	<i>TBA</i>

Table 1

Total enrollment at HNU has increased each year subsequent to 2016. The increased headcount since 2016 is attributed to institutional strategies that have been implemented over the past three fall enrollment cycles that include:

- The initiation of an ongoing student search process that was not conducted prior to 2016. The student search process has increased the number of applicants and student prospects to create a more robust applicant pool, leading to an increased number of student admits and enrollments since 2016.
- HNU established a comprehensive marketing and enrollment strategy (that was previously non-existent) to conduct outreach to a broader population of potential students. Specific marketing strategies were developed and implemented between marketing and enrollment with the outcome of engaging individuals to enroll at HNU.
- HNU has increased its emphasis on establishing a financial aid packaging strategy that identifies a student that is a best fit for the institution based on family EFC and academic preparation. A consistent financial aid strategy was lacking prior to 2016.

The previously mentioned strategies resulted in enrollment goals being met or exceeded in both the 2017 and 2018 cycles. The current fall 2019 enrollment prediction was short by .9% of goal (i.e. 8 students). Analysis

of fall 2019 applicant data revealed that first-year melt was approximately 20% greater than expected compared to the previous three years. HNU is engaging in the contingency practices below to address this unexpected occurrence and ensure enrollment growth continues to be met in upcoming cycles:

- HNU previously did not have a fully established CRM for the fall 2019 class, but has now implemented Slate for future recruitment cycles. A large portion of the student melt that was observed in fall 2019 was attributed to the lack of consistent follow-up by enrollment counselors with student inquiries. The full implementation of Slate will enable the institution to better monitor how enrollment counselors engage students in a timely and high touch manner to increase yield.
- Analysis of 2019 applicant data indicated that HNU did not efficiently follow up with a significant number of potential students early enough in the admissions cycle. This resulted in HNU losing applicants who were likely to enroll at the institution if they had been engaged earlier in the year. Enrollment is revising its admissions timeframe for the 2020 cycle by moving up both its recruitment and financial aid application schedules by 3 months (to November) compared to the historical schedule used for the class of fall 2019. Moving this cycle earlier in the academic year will lengthen HNU's timeframe to secure the increased enrollments defined in the strategic business plan.
- HNU recently operationalized a transfer strategy (a collaboration between Enrollment Management and Student Affairs) that is designed to boost transfer student enrollments. This strategy included the creation of two transfer enrollment counselor positions that were filled in spring 2019. Initial success of the transfer initiative was evidenced by a fall 2019 transfer class of 82 new students, which is the largest incoming class of transfer students to ever enroll at HNU.
- HNU is in the process of finalizing MOUs with local community colleges and multiple organizations that will develop a pipeline of transfer and graduate students to the institution. Agreements with community colleges are in development, and HNU is nearing the finalization of an agreement with the Bay Area Teacher Training Institution that is scheduled to bring approximately 40 new graduate students to the School of Education each year starting in summer 2020.

In addition to enrollment strategies, the institution has come together to advance initiatives designed to increase student headcount and financial viability at HNU. Evidence of HNU's progress designed to support enrollment goals within the strategic business plan include:

- HNU is entering the next phase of the timeline defined in its marketing strategy. This phase of the strategy (launching in November 2019) includes implementation of a campus-wide branding strategy, and the creation of a new institutional website. Additional deliverables that will aid in increasing enrollments include new marketing materials, view books, and online presence. Students, faculty, and staff have been regularly engaged in the marketing strategies and these constituencies will play a critical role in growing HNU's institutional visibility.
- HNU's new Provost/VP for Academic Affairs is leading an academic strategic planning taskforce that includes faculty, staff, and students. This academic strategic plan is scheduled to be completed by January 2020 and includes the proposal of new academic programs to accommodate the strategic business plan's enrollment growth, and a definition of HNU's academic differentiator that will be integrated in to the institution's marketing campaign.
- HNU has recently hired a new VP of Advancement whose start date is September 30, 2019. This VP will lead an expanding advancement team to engage alumni in philanthropic efforts that are partly aimed at increasing student success, and expanding institutional initiatives for scholarships that will support enrollment goals.

APPENDIX A



September 27, 2019

WSCUC Senior College and University Commission
985 Atlantic Avenue, Ste. 100
Alameda, CA 94501

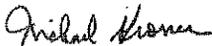
Vice President Maloney,

Please find the details of Holy Names University's \$49 million bond offering on the next page of this letter confirming that Holy Names has secured funding to both pay off its current line of credit and have an operating reserve to successfully fund the strategic business plan.

Documents for \$49,000,000 of California Municipal Finance Authority (CMFA) Revenue Bonds (Holy Names University) Series 2019 were fully executed on Friday, September 27, 2019, and the institution is in possession of the monies identified on the following page.

Holy Names University is now poised for the next chapter of its history, and I look forward to overseeing its growth.

Best Regards,



Michael Groener
President

**THE CALIFORNIA MUNICIPAL FINANCE AUTHORITY (CMFA)
Revenue Bonds (Holy Names University), Series 2019**

Sources of Funds:

- Principal Amount of Series 2019 Bonds \$49,000,000.00
- Original Issue Discount (1,780,660.00)
- Total Sources of Funds \$47,219,340.00

Uses of Funds:

- Repayment of Presidio Bank Loan \$19,522,642.66
- Deposit to Expenditure Fund \$13,474,274.75
- Deposit to Reserve Fund \$ 4,164,250.00
- Deposit to Interest Account (first 2 years of interest) \$ 6,898,111.11
- Costs of Issuance \$ 3,160,061.48
- Total Uses of Funds \$47,219,340.00

Debt Service Schedule:

The following sets forth the debt service requirements in each Fiscal Year on the Series 2019 Bonds:

Fiscal Year ended June 30

Series 2019 Bonds

<u>Principal</u>	<u>Interest</u>	<u>Total Debt Service*</u>	
2020 -		\$ 1,753,111	\$ 1,753,111
2021 -		3,430,000	3,430,000
2022 -		3,430,000	3,430,000
2023 -		3,430,000	3,430,000
2024 -		3,430,000	3,430,000
2025 -		3,430,000	3,430,000
2026	\$ 750,000	3,403,750	4,153,750
2027	800,000	3,349,500	4,149,500
2028	850,000	3,291,750	4,141,750
2029	925,000	3,229,625	4,154,625
2030	1,000,000	3,162,250	4,162,250
2031	1,050,000	3,090,500	4,140,500
2032	1,150,000	3,013,500	4,163,500
2033	1,225,000	2,930,375	4,155,375
2034	1,300,000	2,842,000	4,142,000
2035	1,400,000	2,747,500	4,147,500
2036	1,500,000	2,646,000	4,146,000
2037	1,625,000	2,536,625	4,161,625
2038	1,725,000	2,419,375	4,144,375
2039	1,850,000	2,294,250	4,144,250
2040	2,000,000	2,159,500	4,159,500
2041	2,150,000	2,014,250	4,164,250
2042	2,300,000	1,858,500	4,158,500
2043	2,450,000	1,692,250	4,142,250
2044	2,625,000	1,514,625	4,139,625
2045	2,825,000	1,323,875	4,148,875
2046	3,025,000	1,119,125	4,144,125
2047	3,250,000	899,500	4,149,500
2048	3,475,000	664,125	4,139,125
2049	3,750,000	411,250	4,161,250
2050	4,000,000	140,000	4,140,000
Total	\$49,000,000	\$73,657,111	\$122,657,111

APPENDIX B

5-YEAR SBP PLAN FINANCIAL SUMMARY (\$1,000s)

	Yr-1 <u>FY19</u>	Yr-2 <u>FY20</u>	Yr-3 <u>FY21</u>	Yr-4 <u>FY22</u>	Yr-5 <u>FY23</u>
Net Tuition	\$13,942	\$13,956	\$16,035	\$18,992	\$21,963
Student Room/Board and Fees	\$5,658	\$5,842	\$6,059	\$6,322	\$6,606
Event Revenue	\$181	\$191	\$200	\$210	\$221
Gifts	\$650	\$1,000	\$1,250	\$1,500	\$1,500
Grants	\$2,263	\$1,690	\$1,723	\$1,758	\$1,793
Raskob Revenue	\$1,900	\$1,995	\$2,095	\$2,199	\$2,309
Endowment Allocation	\$1,702	\$2,189	\$2,386	\$2,527	\$2,550
Total Operating Revenue	\$26,297	\$26,863	\$29,748	\$33,508	\$36,942
<i>% Change from Prior Year</i>	-	2.15%	10.74%	12.64%	10.25%
Operating Expense (including debt service*)	\$29,219	\$31,787	\$32,696	\$32,995	\$34,096
Investments Needed	\$1,800	\$2,750	\$1,650	\$1,700	\$1,750
Operating Reserve/Contingency	0	\$100	\$200	\$550	\$550
Total Expense	\$31,019	\$34,637	\$34,546	\$35,245	\$36,396
<i>% Change from Prior Year</i>	-	11.66%	-0.26%	2.02%	3.27%
Net Operating Cash Generated (Used)	(\$4,722)	(\$7,774)	(\$4,798)	(\$1,737)	\$546
Capital Expense	(\$900)	(\$900)	(\$400)	(\$400)	(\$400)
Total Cash Generated (Used)	(\$5,622)	(\$8,674)	(\$5,198)	(\$2,137)	\$146

* \$49MM borrowed June 30, 2019, repaid interest only at 7% for Yr-2, 3, 4 and 5.

Table 1: Enrollment and Enrollment Projections, Holy Names University, 2016- 2022

	Fall 2016 Actual	Fall 2017 Actual	Fall 2018 Actual	Fall 2019 Actual	Fall 2020 Goal	Fall 2021 Goal	Fall 2022 Goal
Enrollment Stretch Goal	1027	896	913	993	1,138	1,255	1,596
Enrollment Target Goal	1007	879	896	974	1,116	1,329	1,565
Final Census Enrollment	866	882	957	966	TBA	TBA	TBA

Holy Names University Organization Chart

Employee Headcount

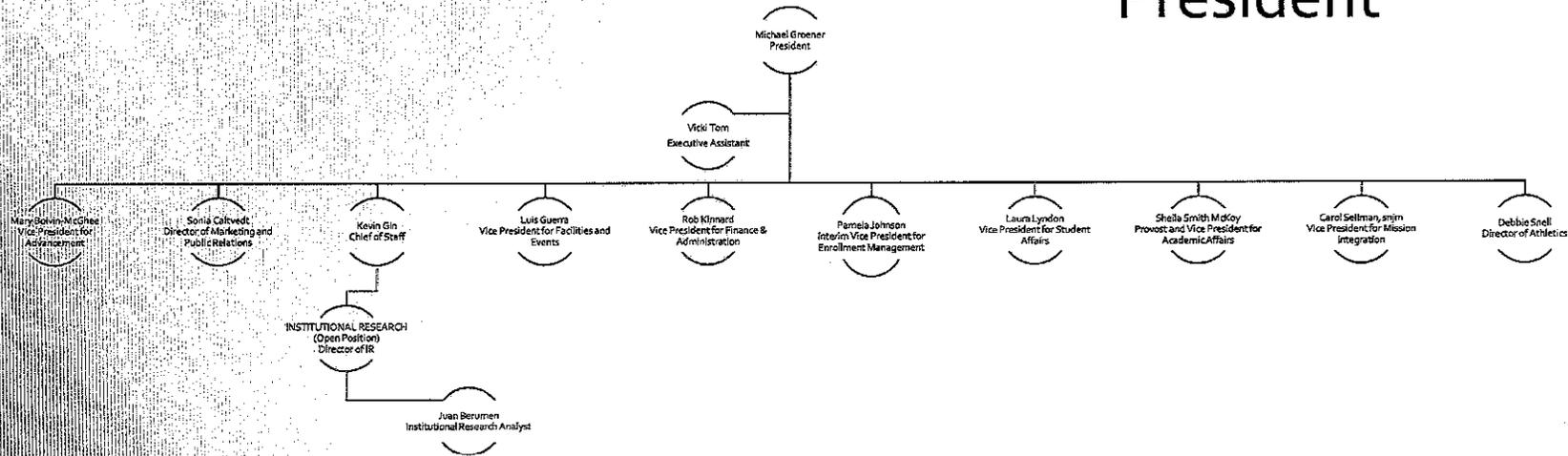
Regular Faculty—Approx. 44

Regular Staff—Approx. 159

Adjunct Faculty—Approx. 126

Please send corrections to hr@hnu.edu

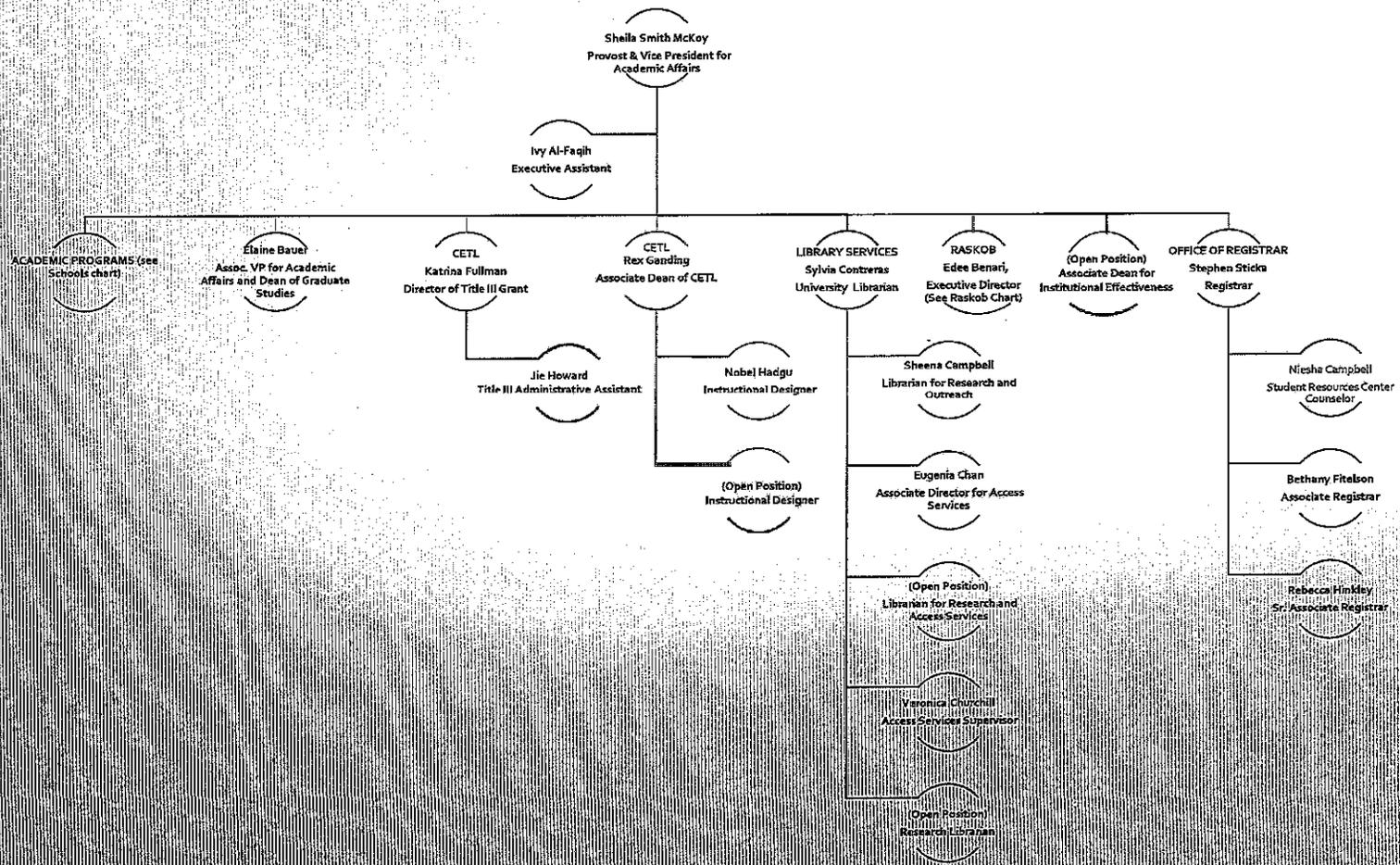
President



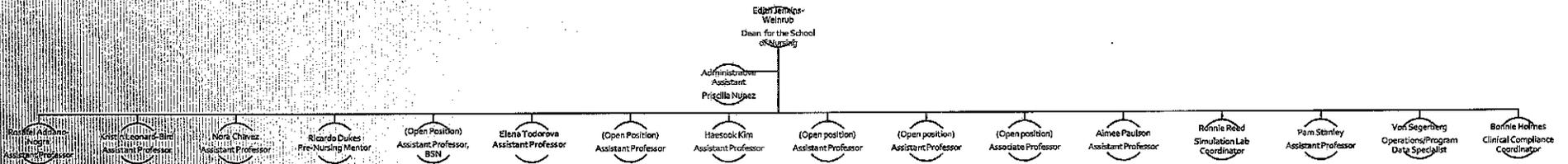
President's Cabinet

- Mary Borvin-McGhee
- Kevin Gin
- Luis Guerra
- Rob Kinnard
- Laura Lyndon
- Sheila Smith McKay
- Carol Sellman, snjm
- William Wanker

Provost and Academic Affairs



School of Nursing





May 7, 2019

WSCUC Senior College and University Commission
985 Atlantic Avenue, Ste. 100
Alameda, CA 94501

Dear WSCUC Commissioners,

On behalf of Holy Names University (HNU), I want to thank you for the opportunity to work with the WASC Senior College and University Commission. We are especially grateful to team chair Dr. Maggie Bailey and the WSCUC Visiting team for their time, dedication, and expertise as they worked to evaluate our institution over the past six months. We are in receipt of their team report and appreciate their guidance for further growth and development. Toward this end, HNU has already started to address aspects of the visiting team's recommendations since the special visit concluded in the following ways:

- **Promote shared governance:** Institutional leadership has taken initiative to engage faculty, staff, and student leadership to convey the financial urgency facing HNU. The Chair of the Board of Trustees along with the Cabinet have met with both Faculty Senate and Staff Senate leadership to help identify how effective communication and collaboration can more efficiently take place among stakeholders. Additional meetings with constituency groups are scheduled to occur through the institution's shared governance entity, the Institutional Planning Council (CFRs 1.7, 1.8, 3.4, 3.10).
- **Contingency financing & monitoring financial KPIs:** Since the WSCUC visiting team's departure in February, Holy Names University has signed a term sheet with Preston Hollow Capital for a 30-year tax-exempt loan that includes securing the loan with the campus real property. The loan is under two financial covenants designed to provide the University with financial flexibility to effect a turn-around while maintaining fiscal discipline. The loan will include funds to pay off the current line of credit and fund the University's 5-year Strategic Business Plan's initiatives (CFRs 3.4, 4.2, 4.3, 4.5, 4.6).

The institution's Data Governance Committee has also established official university dashboards for the Board of Trustees and Cabinet to monitor, including metrics related to finances, enrollment, and advancement. These dashboards and their corresponding KPIs will be presented at the May 2019 Trustee meeting (CFRs 3.4, 4.2, 4.3, 4.5, 4.6).

- **Operationalize and assess Marketing and Recruitment Plan:** The institution continues to implement the strategies outlined in the marketing plan designed to meet its enrollment growth goals. This includes partnering with a full-service marketing agency, 160over90 who have provided market research to support the development of a brand strategy and brand concept. These will be utilized in our new print and digital marketing collateral and will be the framework for a renewed marketing campaign. In addition, we have partnered with a national student recruitment services firm, Capture Higher Ed, who is providing support for our student outreach and digital communication strategies for both the graduate and undergraduate student audiences.

The implementation of our current strategies has led to a third year of projected enrollment increases based on current progress toward meeting the inquiry, application, and deposit benchmarks outlined in the plan. Continued development of new academic programs appealing to adult and graduate student populations has also commenced with substantive change proposals on track to be submitted by early spring 2020 to meet future enrollment goals in the Strategic Business Plan (CFRs 3.4, 3.7, 4.5, 4.7).

- **Structure a Board of Trustees to reflect broad experience and diversity:** The Chair of the Board of Trustees and the University President are taking the lead on rebuilding the Board to include both needed expertise and diversity. Recognizing that identifying, vetting and adding new Board members is a very careful and deliberate process, the goal is to have at least 12 new members added by the end of fiscal year 2019-20. The Board Chair and President will also be engaging appropriate consultants to advise on Board best practices. A preliminary list of potential Trustees with diverse backgrounds and competencies has been produced and individuals have been in contact with the Board Chair and President (CFRs 3.9, 4.3, 4.6, 4.7).
- **Development of institution-wide assessment plan and process:** Implementation of data governance policies and the development of the institutional dashboard have been further operationalized, which provides a framework for an overall assessment plan that integrates data from multiple functional areas across the institution including Academic Affairs, Student Affairs, Enrollment, Alumni Affairs, and Institutional Research. A framework of how this plan informs the university dashboard and tracking of the 5-year Strategic Business Plan is to be presented at the May 2019 Board of Trustees meeting (CFRs 2.2, 2.3, 2.6, 2.7, 2.11, 4.1).
- **Administrative, staff, and faculty turnover:** The University named Interim President Mike Groener as permanent President shortly after the special visit. Two new Deans have also been hired by the School of Liberal Arts and the School of Business and Applied Social Sciences to succeed the current founding Interim Deans. A full-time Chief Technology Officer and a Dean of Students have also been hired since the special visit. Finally, the search for a permanent Provost/Vice President for Academic Affairs concluded in May 2019 with a successful hire who will start June 2019. Given these positive searches, the President is now working with the Director of Human Resources and the Vice President of Finance and Administration to address the team recommendation regarding how to reduce staff and faculty turnover (CFRs 3.2, 3.4, 3.8, 4.6).
- **Empower the new academic leadership:** Cabinet members have engaged faculty senate leadership to help to identify emerging leaders within academic affairs who will be crucial in executing the Strategic Business Plan. For instance, conversations have initiated between cabinet and academic leadership that have focused on ways that faculty can become involved with budgeting and successful implementation of the business plan. The current Provost/Vice President for Academic Affairs is also working with faculty Senate leadership to recognize and encourage rising faculty leaders through existing structures, which will continue to be a priority for the incoming Provost. The presence of new deans who bring experience from outside the institution is also expected to promote faculty engagement (CFRs 3.4, 3.6, 3.10, 4.6).

I am excited about the improvements we have already made, and I am encouraged by the enthusiasm of our faculty and staff as we work together to implement the recommendations by the team after the Special Visit. I look forward to discussing the above-mentioned efforts and more with you in June at the Commission Meeting.

Best regards,



Michael Groener
President



WASC Senior College and University Commission

Statement of Accreditation Status Holy Names University

Print

3500 Mountain Blvd
Oakland, CA 94619-1699
United States
Telephone: 510-436-1000
URL: <http://www.hnu.edu>

Staff Liaison : Maureen Maloney
OPEID : 001183
Student Achievement URL :
https://www.hnu.edu/sites/default/files/hnu_campus_profile_2017-18.pdf

Current Accreditation Status : Accredited
Most Recent Commission Action: Friday, June 28, 2019
First Accredited : 1949

Undergraduate FTE: 566
Graduate FTE: 217
Financial Structure Type : Non-Profit
Sponsorship : No Related Entity
Academic Calendar : Semester
Distributes Federal Financial Aid: Yes

1

Commission Actions

Filename

Commission Action Letter, Accreditation Visit, June 2016 action

Commission Action Letter, Special Visit, June 2019 action

Team Report, Accreditation Visit, June 2016 action

Team Report, Special Visit, June 2019 action

Personnel

[Report Change of Personnel](#)

Role ▲	Name	Title	E-mail
Accreditation Liaison Officer	Kevin Gin	Chief of Staff to the President, & Associate Dean for Institutional Effectiveness	kgin@hnu.edu
Board of Directors Chair	Steve Borg	Chairperson of the Board	steven.borg@calbt.com
Chief Academic Officer	Sheila Smith McKoy	Provost, Vice President for Academic Affairs	smithmckoy@hnu.edu
Chief Executive Officer	Michael Groener	President	groener@hnu.edu
Chief Financial Officer	Rob Kinnard	Vice President for Finance and Administration	kinnard@hnu.edu
Director Institutional Research	Juan Berumen	Director of Institutional Research	jberumen@hnu.edu

Locations

[Change Mailing Address](#) | [Change Location Address](#) | [Report New Location](#)

OPEID	Location Name ▲	City	Location Type	Status
00118300	Holy Names University	Oakland	Main Campus	Active

Degrees

[Report New Degree Program](#)

Degree ▲	Degree Level	Year Implemented	Modality
Accelerated Educational Therapy Certificate	Non-degree	2009	On-Site
Accounting	Bachelors	2011	On-Site

Degree▲	Degree Level	Year Implemented	Modality
Administration/Management Certificate (Nursing)	Non-degree	2004	On-Site
Bilingual Authorization Credential	Non-degree	2011	On-Site
Biological Science	Bachelors	1920	On-Site
Business	Bachelors	2017	Distance Education
Business	Bachelors	1930	On-Site
Business Administration	Masters	1983	On-Site
Communications Studies	Bachelors	2014	On-Site
Community Health Sciences	Bachelors	2019	On-Site
Counseling Psychology	Masters	1987	On-Site
Criminology	Bachelors	2006	On-Site
Culture and Spirituality	Non-degree	1983	On-Site
Culture and Spirituality	Masters	1983	On-Site
Education	Masters	1968	On-Site
Education Specialist Mild/Moderate Disabilities Credential	Non-degree	1998	On-Site
Educational Therapy	Masters	2015	On-Site
Educational Therapy Certificate	Non-degree	1998	On-Site
English	Bachelors	1920	On-Site
Family Nurse Practitioner Certificate	Non-degree	2004	On-Site
Forensic Psychology	Masters	2006	On-Site
History	Bachelors	1920	On-Site

Degree ▲	Degree Level	Year Implemented	Modality
Integrated Science Program	Non-degree	2017	On-Site
Interdisciplinary Studies major	Bachelors	2019	On-Site
International Relations	Bachelors	1979	On-Site
Kinesiology	Bachelors	2010	On-Site
Kodaly Specialist Certificate	Non-degree	1998	On-Site
Kodaly Summer Certificate	Non-degree	1998	On-Site
Liberal Studies	Bachelors	1979	On-Site
Master of Science in Nursing (MSN)	Masters	2017	Distance Education
Multimedia Arts and Communications	Bachelors	2007	On-Site
Multiple Subject Credential	Non-degree	1974	On-Site
Music	Bachelors	1920	On-Site
Music	Masters	1956	On-Site
Nurse Educator Certificate	Non-degree	2013	On-Site
Nursing	Masters	2017	Distance Education
Nursing	Bachelors	1995	Distance Education
Nursing	Bachelors	1937	On-Site
Nursing	Masters	1998	On-Site
Pastoral Counseling	Non-degree	1990	On-Site
Pastoral Ministries	Non-degree	2008	On-Site

Degree ▲	Degree Level	Year Implemented	Modality
Pastoral Ministries	Masters	2008	Distance Education
Pastoral Ministries	Masters	2001	On-Site
Piano Pedagogy with Suzuki Emphasis Certificate	Non-degree	1987	On-Site
Psychobiology	Bachelors	2006	On-Site
Psychology	Bachelors	1939	On-Site
Public Health Nurse Certificate	Non-degree	2001	On-Site
Single Subject Credentials	Non-degree	1974	On-Site
Sociology	Bachelors	1930	On-Site
Traumatology and Treatment Certificate	Non-degree	2011	On-Site
Vocal Pedagogy Certificate	Non-degree	2011	On-Site

Upcoming Reviews

Season	Year	Review Type
Spring	2020	Mid-Cycle Review
Fall	2023	Offsite Review
Spring	2024	Accreditation Visit

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[Contact us](#)


July 12, 2019

Mr. Michael Groener
President
Holy Names University
3500 Mountain Blvd.
Oakland, CA 94619-1699

Dear President Groener:

This letter serves as formal notification and official record of action taken concerning Holy Names University (HNU) by the WASC Senior College and University Commission (WSCUC) at its meeting June 28, 2019. This action was taken after consideration of the report of the review team that conducted the Special Visit to HNU February 26-28, 2019. The Commission also reviewed the institutional report and exhibits submitted by HNU prior to the Special Visit and the institution's May 7, 2019 response to the team report. The Commission appreciated the opportunity to discuss the visit with you and your colleagues Shelia Smith McKoy, Provost and Vice President for Academic Affairs, and Kevin Gin, Chief of Staff to the President, Associate Dean for Institutional Effectiveness, and Accreditation Liaison Officer (ALO). Your comments were very helpful in informing the Commission's deliberations. The date of this action constitutes the effective date of the institution's new status with WSCUC.

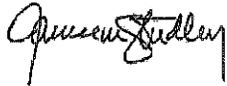
Actions

1. Receive the Special Visit team report that focused on: (1) operationalizing a comprehensive retention plan; (2) generating, reporting and analyzing data, and using those data to inform plans and decisions; (3) coordinating academic and student services programs; (4) assessing core competencies, general education, and program learning outcomes; (5) achieving strategic enrollment goals to contribute to a stable financial base; and (6) regularly evaluating the president and formulating succession plans for key university leaders
2. Defer Action in order to complete consideration of outstanding issues
3. Schedule a Progress Report to be submitted as soon as the 30-year tax-exempt loan with Preston Hollow Capital is secure, but no later than September 30, 2019 to address
 - a. The status of the loan including the loan amount, expecting that the loan amount will at least exceed the current \$20,000,000 line of credit and allow for an operating cushion (even if not the full anticipated \$45,000,000).
 - b. A variance analysis of the institution's enrollment projections to identify the required enrollment break-even point and enrollment levels required to be financially viable.

In accordance with Commission policy, a copy of this letter will be sent to the chair of HNU's governing board. The Commission expects that this action letter will be posted in a readily accessible location on the HNU's website and widely distributed throughout the institution to promote further engagement and improvement. The Commission's action letter will also be posted on the WSCUC website. If the institution wishes to respond to the Commission action on its own website, WSCUC will post a link to that response on the WSCUC website.

Please contact me if you have any questions about this letter or the action of the Commission.

Sincerely,



Jamiene S. Studley
President

JSS/mam

Cc: Reed Dasenbrock, Commission Chair
Kevin Gin, ALO
Steve Borg, Board Chair
Members of the Special Visit team
Maureen A Maloney, Vice President

June 2019 ACTIONS

During the month of June, the WASC Senior College and University Commission (WSCUC) took action on the following institutions. Copies of Commission action letters and visiting team reports are available on the WSCUC website at www.wscuc.org, with the exception of Substantive Change reports and Interim Reports, which are not made public.

Grant Candidacy

- California University of Science and Medicine
- Stanton University

Grant Initial Accreditation

- New York Film Academy
- Stockton Christian Life College
- SUM Bible College & Theological Seminary

Reaffirm Accreditation for 10 Years

- CSU Los Angeles
- CSU Monterey Bay

Reaffirm Accreditation for 8 Years

- Chaminade University of Honolulu
- CSU Chico
- CSU Maritime Academy
- CSU Stanislaus
- Fuller Theological Seminary
- Pitzer College
- The Wright Institute
- University of St. Augustine for Health Sciences
- University of the Pacific

Reaffirm Accreditation for 6 Years

- Ashford University
- California Baptist University
- Dominican School of Philosophy & Theology
- Golden Gate University

Following a Special Visit – Continue the previously scheduled reaffirmation review

- Abu Dhabi University
- Southern California University of Health Sciences
- Universidad de Las Americas

Following a Special Visit – Defer Action

- Holy Names University

Following a Special Visit – Remove the Formal Notice of Concern

- Sofia University

Following a Special Visit – Impose Probation

- San Diego Christian College

Structural Change

Ashford University

Approved a Change of Control and Legal Status

University of Redlands

Approved the institution's Merger with San Francisco Theological Seminary

Substantive Changes

California State University, Monterey Bay

Speech Language Pathology

New Degree program

University of Guam

Bachelor of Science in Civil Engineering

New Degree program

University of the Pacific

Master of Science in Law (MSL)

Distance Education program

University of the Pacific

Master of Laws (LLM)

Distance Education program

Trident University International

Associate of Science in Homeland Security

Distance Education program

California State University, Dominguez Hills

Master of Science in Systems Engineering

Distance Education program

Interim Reports

None

CHAIR
William A. Ludusaw
University of California, Santa Cruz

VICE CHAIR
Margaret Kasimatis
Loyola Marymount University

Jeffrey Armstrong
California Polytechnic State
University, San Luis Obispo

Janna Bersi
California State University,
Dominguez Hills

Richard Bray
Accrediting Commission
for Schools WASC

Linda Buckley
University of the Pacific

Ronald L. Carter
Loma Linda University

William Covino
California State University,
Los Angeles

Christopher T. Cross
Public Member

Reed Dascenbrock
University of Hawaii at Manoa

Phillip Duolittle
Brandsman University

John Etchemendy
Stanford University

Margaret Gaston
Public Member

Erin Gore
Public Member

Dianne E. Harrison
California State University,
Northridge

Barbara Karlin
Golden Gate University

Linda Katchl
University of California, Davis

Adrianna Kezar
University of Southern California

Fernando Leon-Garcia
CETYS University

Devorah Lieberman
University of La Verne

Key Llovio
William Jessup University

Stephen Privett, S.J.
University of San Francisco

Barry Ryan
United States University

Sharon Salinger
University of California, Irvine

Sandra Serrano
Accrediting Commission for
Community and Junior Colleges

Tomoko Takahashi
Soka University of America

Ramon Torrecilha
California State University,
Dominguez Hills

Jane Wellman
Public Member

Leah Williams
Public Member

PRESIDENT
Mary Ellen Petrisko

July 08, 2016

Dr. William Hynes
President
Holy Names University
3500 Mountain Blvd
Oakland, CA 94619-1699

Dear President Hynes:

This letter serves as formal notification and official record of action taken concerning Holy Names University (HNU) by the WASC Senior College and University Commission (WSCUC) at its meeting June 22-24, 2016. This action was taken after consideration of the report of the review team that conducted the Accreditation Visit to HNU March 22-24, 2016. The Commission also reviewed the institutional report and exhibits submitted by the university prior to the Offsite Review (OSR) and the supplemental materials requested by the team following the OSR. The Commission appreciated the opportunity to discuss the review with you and your colleagues: Lizbeth Martin, Vice President for Academic Affairs and Dean of Faculty, and Annette Tommerdahl, Associate Dean for Institutional Effectiveness and Accreditation Liaison Officer (ALO). Your comments were very helpful in informing the Commission's deliberations. The date of this action constitutes the effective date of the institution's reaffirmation with WSCUC.

Actions

1. Receive the Accreditation Visit team report
2. Reaffirm the accreditation of Holy Names University for eight years
3. Schedule the next reaffirmation review with the Offsite Review in fall 2023 and the Accreditation Visit in spring 2024
4. Schedule the Mid-Cycle Review in spring 2020
5. Schedule a Special Visit in spring 2019 to address:
 - a. The development of a comprehensive retention plan. HNU should provide evidence that the plan is being operationalized and include enrollment data from 2016 through 2019.
 - b. The development and implementation of processes to generate, report and analyze data. HNU should provide evidence of decisions and plans made, particularly by leadership, that were informed by lessons learned from the implementation of these processes including why students leave HNU, particularly in or after the second year of study.
 - c. The coordination of academic and student service programs to improve educational effectiveness, including the results of the assessment of student success efforts.

- d. The assessment of core competencies, general education, and program-level learning outcomes.
- e. Evidence of an improved and stable financial base reflected, in part, in the achievement of strategic enrollment goals.
- f. The regular evaluation of the president and succession plans for all key university leaders.

Commendations

The Commission commends HNU in particular for the following:

1. The guidance and support of the Sisters of the Holy Names of Jesus and Mary to help maintain and advance HNU's faith-based tradition, particularly including social justice and outreach to the local community. HNU is also commended for its commitment to providing equitable access to high-quality education for a richly diverse student body.
2. The application of institutional learning outcomes across academic and co-curricular programs and the establishment of the Center for Excellence in Teaching and Learning (CETL) as an important resource to align curriculum development, instructional design, and assessment of student learning.

The development and revision of the annual assessment of student learning outcomes, the program review process, and services and programs to support student success.

3. The use of solar energy and exploration of other environmentally- responsible and cost-effective energy sources.
4. The strong commitment of faculty and staff to the values and mission of the university and the support of students in and out of the classroom.
5. Transparency regarding the institution's financial standing and efforts to promote frequent and open communication from the administration to the HNU community.

Recommendations

The Commission identifies the following areas for further development:

1. Appropriate structures and processes to ensure the generation, reporting, and analysis of meaningful data to inform decision-making and lead to planning that is effective in anticipating and responding to rapid changes in the external environment (CFR 4.1, 4.3, 4.7).
2. Clear and sustainable methods of assessing student achievement with respect to the core competencies, general education, and program-level learning outcomes (CFR 2.2a, 2.2b, 2.3, 2.4).
3. Continued coordination of efforts across HNU's academic departments and student service divisions to improve the educational effectiveness of the university's academic and co-curricular programs and to assess the impact of student success strategies designed to maximize learning (CFR 2.3, 2.4, 2.6, 2.7, 2.11).
4. A comprehensive retention plan that defines student success and articulates the means by which to evaluate the effectiveness of its various retention strategies (CFR 2.10, 3.4).

5. A stable financial base, including clear, strategic enrollment goals that will sustain HNU well into the future (CFR 3.4).
6. Regular evaluation of the university president and succession planning for key university leaders by the Board of Trustees to ensure continuity of operations in keeping with the university's mission and vision (CFR 3.9).

In taking this action to reaffirm accreditation, the Commission confirms that Holy Names University has addressed the three Core Commitments and has successfully completed the two-stage institutional review process conducted under the 2013 Standards of Accreditation. Between this action and the time of the next review for reaffirmation, the institution is encouraged to continue its progress, particularly with respect to student learning and success.

In accordance with Commission policy, a copy of this letter will be sent to the chair of the Holy Names University Board of Trustees in one week. The Commission expects that the team report and this action letter will be posted in a readily accessible location on the HNU website and widely disseminated throughout the institution to promote further engagement and improvement and to support the institution's response to the specific issues identified in these documents. The team report and the Commission's action letter will also be posted on the WSCUC website. If the institution wishes to respond to the Commission action on its own website, WSCUC will post a link to that response on the WSCUC website.

Finally, the Commission wishes to express its appreciation for the extensive work that Holy Names University undertook in preparing for and supporting this accreditation review. WSCUC is committed to an accreditation process that adds value to institutions while contributing to public accountability, and we thank you for your continued support of this process. Please contact me if you have any questions about this letter or the action of the Commission.

Sincerely,



Mary Ellen Petrisko
President

CC: William Ladusaw, Commission Chair
Annette Tommerdahl, ALO
Barbara Hood, Board Chair
Members of the Accreditation Visit team
Maureen Maloney, WSCUC Staff Liaison



April 21, 2017

Dr. Jeanie Watson, Interim President
Holy Names University
3500 Mountain Boulevard
Oakland, California 94619 -1699

UPS 2nd Day Delivery
Tracking #: 1Z A87 964 02 9185 2768

RE: Zone/LOC Alternative
OPE ID: 00118300

Dear Dr. Watson:

The San Francisco/Seattle School Participation Division (SPD) has completed its review of the fiscal year ended (FYE) June 30, 2016 audited financial statements of Holy Names University (HNU).

Although HNU's submission is considered complete, we noted the existence of a reporting deficiency in the financial statements. Specifically, the straight-line method must be used to report tuition revenue and deferred revenue. The notes to the financial statements must explain that a straight-line method is used to report tuition revenue and deferred revenue. At the end of the fiscal year, the part of the billing period that has been completed is to be calculated and tuition revenue is to be recognized accordingly. The part of the billing period that has not been completed must be reported on the balance sheet as deferred revenue.

During the analysis of the FYE June 30, 2016 financial statements, Mr. Murray Kephart of HNU said that if the straight-line method of recognizing tuition revenue was used, tuition revenue would have been \$750,000 more and deferred revenue would have been \$750,000 less. This adjustment changed the FYE June 30, 2016 composite score for HNU to 1.1.

To facilitate a more thorough review of future financial statements, it is important that the straight-line method of tuition revenue recognition is used, and that the notes provide the required information.

In assessing the financial strength of HNU, our financial analyst reviewed the financial statements using the indicators that are set forth in regulations at 34 C.F.R. §668.171.

Financial Ratios 34 C.F.R. § 668.171(b)(1)

These statements yield a composite score of 1.1 out of a possible 3.0. A minimum score of 1.5 is necessary to meet the requirement of the financial standards. Accordingly, HNU fails to meet the standards of financial responsibility as described in 34 C.F.R. § 668.172, Financial Ratios.

Student

50 United Nations Plaza, Mailbox 1200, Suite 1273, San Francisco, CA 94102
StudentAid.gov

In view of its failure to meet the financial responsibility standards, HNU may continue to participate in the Title IV, HEA programs by choosing one of two alternatives:

1. Zone Alternative (34 C.F.R. § 668.175(d)(2))

(1a) Method of Payment – Under the Zone Alternative, HNU is required to make disbursements to eligible students and parents under either the cash monitoring or reimbursement payment method.

Under the Heightened Cash Monitoring 1 (HCM1) payment method, as stated in 668.162(d), HNU must first make disbursements to eligible students and parents before it requests or receives funds for the amount of those disbursements from the Department. This “Records First” requirement is fully described in the 2016-2017 Funding Authorization and Disbursement Information eAnnouncement. The funding request may not exceed the amount of the actual disbursements that were made to the students and parents included in the funding request. Provided the student accounts are credited before the funding requests are initiated, the institution is permitted to draw down funds through the Department’s electronic system for grants management and payments, G5, for the amount of disbursements it made to eligible students and parents. All credit balances must be paid prior to draw downs of funds, even if the student/parent signed a credit balance authorization in the past. Authorization forms issued prior to July 1, 2016 are no longer valid. The use of credit balance authorization forms is prohibited.

The Records First requirement also means that institutions on HCM1 that are participating in the Direct Loan (DL) program will have their Current Funding Level (CFL) reduced to the greater of Net Approved and Posted Disbursements (NAPD) or Net Draws (processed payments less all refunds, returns, offsets, and drawdown adjustments). In the event of returning to the Advanced Funded status, the institution will be expected to continue processing DL awards as Records First until the next DL global funding increase is processed.

For additional information about the Records First requirement, please refer to the following e-Announcement,
<http://ifap.ed.gov/eannouncements/attachments/ImportantRemindersand1617FundingAuthandDisbursInfo.pdf>.

(1b) Notification Requirements - Under the Zone Alternative, HNU is required to provide information to the SPD by certified mail, e-mail, or facsimile no later than 10 days after any of the oversight or financial events, as described below, occur. HNU must also include with the information it submits, written notice that details the circumstances surrounding the event(s) and, if necessary, what steps it has taken or plans to take, to resolve the issue.

- Any adverse action, including probation or similar action, taken against HNU by its accrediting agency, the State of California or other Federal agency;
- Any event that causes HNU, or related entity as defined in the Statement of Financial Accounting Standards (SFAS) 57, (ASC 850), to realize any liability that was noted as a contingent liability in HNU’s or related entity’s most recent audited financial statements;
- Any violation by HNU of any loan agreement;

- Any failure of HNU to make a payment in accordance with its debt obligations that results in a creditor filing suit to recover funds under those obligations;
- Any withdrawal of owner's equity/net assets from HNU by any means, including by declaring a dividend;
- Any extraordinary losses as defined in accordance with Accounting Principles Board (APB) Opinion No. 30; (ASC 225); or
- Any filing of a petition by HNU for relief in bankruptcy court.

2. Letter of Credit Alternative (34 C.F.R. § 668.175(c))

Under this alternative, HNU is required to submit an irrevocable letter of credit in the amount of \$6,452,909. This amount represents 50% of the Title IV, HEA program funds received by HNU during its most recently completed fiscal year. By choosing this option, HNU qualifies as a financially responsible institution.

The irrevocable letter of credit must be made payable to the Secretary, U.S. Department of Education. The letter of credit is necessary in the event that HNU would close or terminate classes at other than the end of an academic period. It assures the Secretary that funds would be available from which to make refunds, provide teach-out facilities, and meet institutional obligations to the Department.

A sample irrevocable letter of credit is enclosed. HNU's letter of credit must be issued by a United States bank. Your lending institution must use this format on its letterhead with no deviation in the language contained therein. The letter of credit must provide coverage for at least one year from the date of issuance. The irrevocable letter of credit must be received prior to the close of business 75 calendar days from the date of this letter.

Please mail the irrevocable letter of credit (LOC) to the following address:

Veronica Pickett, Director
Performance Improvement and Procedures Service Group
U.S. Department of Education
Federal Student Aid/Program Compliance
830 First Street, NE, UCP3, MS 5435
Washington, DC 20202-8019

HNU is required to notify the SPD within 3 calendar days, in the event the LOC issuing institution should fail, resulting in financial transactions and operations being administered by the Federal Deposit Insurance Corporation. HNU will also be required to submit a new replacement LOC issued by a different and non-failed U.S. bank, within 75 calendar days.

HNU must notify the Department of their selection of one of these two alternatives in writing to this office within 14 days of receipt of this letter. Please note that if HNU elects to provide the irrevocable letter of credit and fails to provide the LOC within 75 calendar days, HNU may be referred to the Department's Administrative Actions and Appeals Service Group (AAASG) for initiation of termination proceedings under 34 C.F.R. § 668.86 and/or other adverse actions.

Also, note that information regarding the financial analysis score, results, and the LOC is subject to Freedom of Information Act (FOIA) of 1966, as amended.

U.S. Department of Education
San Francisco/Seattle School Participation Division
915 Second Avenue, Suite 390
Seattle, WA 98174
ATTN: Michael Fuller, Financial Analyst

E-mail address: Michael.Fuller@ed.gov
Fax Number: (206) 607-1664

If HNU selects the Zone Alternative, all requirements of that alternative as listed above will be effective the date the Department receives notification of your selection.

Promptly contact Hyun Jhong Yi, Payment Analyst, at (415) 486-5511 with any questions regarding HNU's **current DL award authorization level or the Records First requirements.**

If you have any questions regarding **the financial responsibility determination**, or disagree with the reason or methodology used for this determination, please contact Michael Fuller, Financial Analyst, within 30 calendar days at (206) 615-3686.

Sincerely,



Martina Fernandez-Rosario
Division Director
San Francisco/Seattle School Participation Division

Enclosure: Sample Irrevocable Letter of Credit

cc: Western Association of Schools and Colleges - Senior Colleges & Universities
California Commission on Teacher Credentialing
California Board of Registered Nursing
California Bureau for Private Postsecondary Education



July 31, 2018

Mr. Michael Groener, President
Holy Names University
3500 Mountain Boulevard
Oakland, CA 94619-1699

RE: Release from Zone Alternative
OPE ID: 00118300

Dear Mr. Groener:

The San Francisco/Seattle School Participation Division (SPD) has completed its review of the fiscal year ended June 30, 2017 audited financial statements of Holy Names University (HNU).

In assessing the financial strength of HNU, our financial analyst reviewed the financial statements using the indicators that are set forth in regulations at 34 C.F.R. §668.171. These statements yield a composite score of 2.4 out of a possible 3.0. Therefore, effective the date of this letter, HNU is no longer required to comply with the Zone reporting requirements, or the Heightened Cash Monitoring 1 payment method, previously imposed on HNU by our letter dated April 21, 2017.

If you have any questions regarding this matter, please contact Marla Y. Green, Sr. Financial Analyst, at (202) 377-4251.

Sincerely,

A handwritten signature in black ink, appearing to read "Martina Fernandez-Rosario", with a long horizontal line extending to the right.

Martina Fernandez-Rosario
Division Director
San Francisco/Seattle School Participation Division

cc: Western Association of Schools and Colleges- Sr. Colleges & Universities
CA Commission on Teacher Credentialing
CA Board of Registered Nursing
CA Bureau for Private Postsecondary Education (Complaint Agreements)

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BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.6
DATE: February 20, 2020

ACTION REQUESTED: Recommend Continuing Approval for Approved Advanced Practice Program, Holy Names University FNP-MSN Nurse Practitioner and Post Master's Certificate FNP Nursing Programs Continuing Reapproval (CCR 1480) (Present)

REQUESTED BY: Michael D. Jackson, MSN, RN
Chair, Education and Licensing Committee

BACKGROUND: Aimee Paulson, DNP, FNP-BC, RN, has been the HNU FNP Program Director since Fall 2018. Dr. Paulson has been teaching at HNU since 2015. She replaced now retired former program director, Dr. Maria Mangini, FNP, RN, PhD. Dr. Edith Jenkins-Weinrub is the Dean of the HNU School of Nursing(SoN) and works collaboratively with the FNP program director to ensure compliance with Board, CCNE and WASC/WSCUC regulations, standards, and reporting requirements.

The FNP Program was first BRN approved in 1997. The MSN degree option is a six-seven semesters program of study and the Post Master's FNP Certificate program of study is six semesters since only select courses are offered in certain terms. Current program enrollment is 41 enrolled in the program. There are 27 in the first year and 14 second semester program students. Of the 41 enrolled in these two program options, (37) are FNP-MSN option students and (4) are Post Master's FNP Certificate students. The approved program enrollment pattern is twice a year admission of up to 35 students, Fall and Spring terms. Approved total program enrollment is up to 70 students at any one time. HNU is CCNE accredited through Spring 2022 and WASC/WSCUC accredited until 2024. Please refer to the latter part of this agenda item summary for further detail regarding WASC/WSCUC and Department of Education actions between 2016-2019.

On time program/degree completion rates for the last three years (24/29), (20/24), (15/17) have ranged from 82-88%. Program students are required to take the standardized national certification exams in preparation for taking the FNP national certification exam after graduation. Program national certification pass rates indicate the program has increased the number of graduates taking either the AANP or ANCC national FNP certification exams and pass rates have ranged from 75%-100% for those electing to take the national certification exam soon after program completion. HNU voluntarily subscribes to the national benchmarking program evaluation data collection, analysis, and reporting through EBI/Skyfactor and uses reported data for program improvement actions. The estimated cost of the FNP-MSN program option is \$50,592. The estimated cost of the Post Master's FNP Certificate option is \$34,782.

FNP program students and clinical agencies report satisfaction with the educational preparation and performance of program students and graduates, program orientation, and clinical preceptor

orientation and precepted experiences. The program enjoys an excellent reputation in the communities it serves. Graduates have no difficulty finding FNP employment.

A continuing approval visit was conducted by K. Daugherty, NEC July 11-13, 2019. One area of non-compliance, CCR 1484 (d) (9) Curriculum was made. Three areas of suggested recommendations to strengthen the program (CCR 1484 (b) (3) Administration, CCR 1484 (c) Faculty, and CCR 1484 (d) (12) (P) Curriculum-Legal Aspects were identified as described in the attached agenda materials. The program corrected the one area of non-compliance immediately as described in the program's written response as attached.

During the CAV in July 2019 and as well as post visit, HNU was asked to provide written evidence/materials related to HNU's WASC/WSCUC accreditation status and any pertinent Department of Education (DOE) action letters. These documents are attached and summarized below.

- HNU's WASC/WSCUC July 2016 action letter acknowledged receipt of the March 2016 accreditation site visit report; reaffirmed HNU accreditation for **eight years**; scheduled a Special Visit for Spring 2019 to verify operationalization of a comprehensive retention plan; implementation of developed processes to generate report and analyze data relative to student retention and reasons students leave HNU after a second year of study; coordination of academic and student service programs to improve educational effectiveness; results of student success assessments; assessment of core competencies, general education and program level learning outcomes; evidence of improved and stable financial base reflected in part in the achievement of strategic enrollment goals; and regular evaluation of the president and succession plans for all key university leaders. Please refer to the attached WASC/WSCUC letter dated July 8, 2016.
- From April 21, 2017 until July 31, 2018, HNU was placed on Department of Education (DOE) Heightened Cash Monitoring 1 payment method/Zone reporting requirements when HNU's Financial Ratio Composite score was calculated by DOE to be 1.1 instead of the minimum score of 1.5 as required by regulations 34 C.F.R. 668.171 (b) (1). DOE identified the lower than required composite score was based on audit of the financial statements provided by HNU for FYE June 30, 2016. HNU's reporting deficiency (incorrect reporting of tuition revenue and deferred revenue) for FYE June 30, 2016 was identified by DOE in April 2017 (see attached documents). Effective July 31, 2018, DOE Federal Student Aid Office had reviewed HNU's June 30, 2017 financial statements and released HNU from the HCM1 Monitoring payment method and the Zone reporting requirements when HNU 2017 financial statement documents evidenced/yielded a composite score of 2.4 out of a possible 3.0. Since then, HNU has maintained a composite score of 1.5 or higher. In HNU's attached CAV November 2019 response, HNU reports its FY 18/19 composite score is 1.8. According to HNU report documents this score indicates HNU's financially viable according to the requirements set by the Federal Student Aid Office of the Department of Education. Please refer to the attached DOE letters dated April 21, 2017 and July 31, 2018 and the HNU's September WASC progress report and the November 2019 CAV Response documents.
- A pre-scheduled WASC/WSCUC Special Visit occurred in February 2019 to verify progress in the areas mentioned in the 2016 commission action letter. In July 2019 HNU

received the WASC commission action letter confirming receipt of 2019 February Special Visit team report; reaffirming WASC/WSCUC for another six years through 2024. WASC action also outlined the evidence to be included in HNU's September 30, 2019 progress report that was to include evidence of HNU's secured 30-years loan amount; HNU successfully attained \$49,000,0000 of California Municipal Financial Authority (CMFA), Revenue Bonds Series 2019 as fully executed on September 27, 2019. HNU has possession of the monies to pay off HNU's current line of credit and have an operating reserve to fund the HNU strategic institutional, enrollment and business plans as accepted by WASC. Please refer to the attached HNU's September 2019 WASC Progress Report documents.

- As of submission of this agenda item document packet, HNU has maintained its full WASC/WSCUC accreditation status through 2024 with the previously established reviews to occur according to the following schedule: Mid-cycle Review Spring 2020, Offsite Review Fall 2023 and Accreditation Visit Spring 2024. Please refer to the WASC website page printed on 12/18/19 as attached.

HNU has provided a written response to the CAV findings and submitted the required evidence correcting the area of non-compliance along with written documentation related to HNU's current WASC/WSCUC status/reports including HNU's institutional and program specific budgets evidencing financial viability for the next five years.

Presentation of HNU's CAV findings and submitted evidence of compliance is being made to provide BRN ELC committee members and the full Board ample opportunity to review HNU's submitted evidence in support of continuing approval for the next five years. The presentation today is the opportunity for Board members to speak directly with university representatives in relation to HNU's stable senior institutional leadership, sufficiency of resources as evidenced in the attached five year institutional and program specific budgets and compliance evidence documents.

NEXT STEP:

Notify program of Board Action.

PERSON TO CONTACT:

Katie Daugherty, MN, RN
Nursing Education Consultant

Report of Findings
Holy Names University MSN Family Nurse Practitioner Program
and Post Master's Certificate FNP Nursing Program
July 11-13, 2019

Non-compliance:

CCR 1484 (d) (9) Curriculum

- Advanced pathophysiology course sequencing for a small number of current Spring 2019 admitted students (N=5) does not meet requirements as listed on the currently approved TCP forms and approved/submitted curriculum sequence.

**BOARD OF REGISTERED NURSING
CONSULTANT APPROVAL REPORT
NURSE PRACTITIONER PROGRAM**

**PROGRAM: Holy Names University (HNU)
FNP-MSN Degree & Post Master's Certificate FNP options**

VISIT

DATES: July 11-13, 2019

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
<p>Section 1484. Standards of Education.</p> <p>The program of study preparing a nurse practitioner shall meet the following criteria:</p> <p>SECTION 1484(a) Purpose, Philosophy and Objectives</p> <p>(1) have as its primary purpose the preparation of registered nurses who can provide primary health care;</p>	X		<p>HNU has offered the FNP-MSN and post Master's FNP certificate program since 1997. The program's current capped enrollment of 35 students per cohort for Fall and Spring terms and a total of enrollment capacity not to exceed 70 students at any one time based on available resources including clinical preceptors and faculty. There is currently a total of 27 first year FNP students and 14 second year students enrolled in the program. This means there are a total of 41 FNP students at the time of the CAV site visit.</p> <p>HNU is WASC accredited through 2024. The FNP program degree option is accredited by CCNE through Spring 2022.</p> <p>According to the FNP program self-study the program prepares competent Advanced Practice Family Nurse Practitioners/APRNs who build on competencies of RNs by demonstrating a greater depth and breadth of knowledge, a greater capacity to synthesize data, increased complexity of skills and interventions, and greater role autonomy to provide patient-centered primary health care. Program's primary purpose is to produce graduates who possess advanced skills of physical diagnosis, psycho-social assessment and management of health-illness needs in primary health care.</p>
<p>(2) have a clearly defined philosophy available in written form;</p>	X		<p>Available to students and faculty. HNU prepares a graduate able to:</p>

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
<p>(3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate.</p>			<p>Provide culturally sensitive care to individuals of diverse backgrounds; Use critical thinking skills as necessary to deliver quality care; Assume transformational leadership styles when necessary and appropriate; Promote social justice.</p>
	X		<p>FNP objectives/outcomes encompass: Caring, Social Justice, Clinical Reasoning, Communication, Collaborative, Safety and Quality Care, Leadership, and Knowledgeable of the Healthcare Environment & Global Health KSAs and the California Nursing Practice Act.</p>
<p>SECTION 1484(b) Administration</p> <p>(1) be conducted in conjunction with one of the following:</p> <p>(A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine or public health.</p>	X		<p>At the time of this CAV visit, HNU reported it was WASC/WSCUC accredited until 2024 as evidenced by a WASC/WSCUC 2016 action letter provided during the visit. HNU also reported a WASC/WSCUC special visit occurred February 26-28, 2019 and HNU was awaiting the WASC/WSCUC action letter.</p> <p>The special visit focused on the six areas listed below and was associated with a number of HNU senior leadership changes and HNU's need to demonstrate financial sustainability to WSCUC moving forward. HNU provided WSCUC a written response to the February 26-28, 2019 special visit report in a letter dated May 7, 2019. A WASC/WSCUC Commission action letter following the February 2019 special visit was received by HNU dated July 12, 2019. This letter stated four major WASC/WSCUC actions:</p> <p>1. WASC/WSCUC received the Special Visit Report that focused on HNU</p> <p>(1) operationalizing a comprehensive retention plan; (2) generating, reporting and analyzing data, and using those data to inform plans and decisions; (3) coordinating academic and student services programs; (4) assessing core competencies; (5) achieving strategic enrollment goals to</p>

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
	X		<p>achieve a stable financial base; and (6) regularly evaluating the president and formulating succession plans for key university leaders.</p> <p>2. Defer action in order to complete consideration of outstanding issues. WASC's most recent 7/12/19 action letter action #2, to "defer action" is not a final WASC decision. It authorizes time for HNU to correct specified deficiencies, provide additional information, or make progress in defined areas before a decision can be made regarding accreditation or accreditation status changes.</p> <p>3. Schedule a Progress report to be submitted by HNU to WSCUC as soon as the 30-year tax exempt loan with Preston Hollow Capital is secured, but no later than September 30, 2019 to address: (this was submitted to WSCUC)</p> <p>a. The status of the loan including the loan amount, expecting that the loan amount will at least exceed the current 20,000, 000 line of credit and allow for an operating cushion (even if not the full anticipated \$45,000, 000</p> <p>b. A variance analysis of the institution's enrollment projections to identify the required break-even point and enrollment levels to be financially viable.</p> <p>Additionally, per the July 2019 WASC/WSCUC Action letter, HNU was required to post the WASC/WSCUC specified materials on the HNU website. HNU's website has the required information posted and the website is accessible to the general public. The schedule of WSCUC reviews moving forward is as follows:</p> <ul style="list-style-type: none"> • Special Visit Spring 2019 (completed February 2019); • Mid-Cycle Review Spring 2020;

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
	X		<ul style="list-style-type: none"> • Offsite Review: Fall 2023; • Accreditation visit: Spring 2024; <p>No additional WSCUC commission actions received by HNU since the July 12, 2019, as of the end of October 2019. The WSCUC website states HNU is Accredited.</p> <p>The USDOE related financial aid/financial responsibility FYE 2016 HNU reporting issue that required HCM1 monitoring from April 21, 2017 to July 31, 2018 due to a June 30, 2016 financial statement deficiency was corrected promptly by HNU. The HCM1 was removed effective July 31, 2018. At that time, HNU's achieved a composite score of 2.4 out of a possible 3.0. HNU demonstrated correct use of the straight-line method to report tuition revenue and deferred revenue as set forth in the federal regulations at 34 C.F.R 668.171 and has not been on HCM1 monitoring since July 31, 2018.</p> <p>The HNU FNP program is a CCNE accredited program through 2022 as mentioned earlier in this report.</p>
(B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department.	N/A		
(2) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.	X		<p>https://hnu.edu/academics/graduate-programs/master-science-nursing-msn/msnmsn-option-preparation-family-nurse-practitioner-fnp</p> <p>Comprehensive written policies and procedures are in place covering admission, withdrawal, dismissal and re-admission.</p>
(3) Have written policies for clearly informing applicants of the academic status of the program.	X		<p>Suggested recommendation to strengthen the program:</p> <ul style="list-style-type: none"> • Continue to refine program orientation processes for new students including development of a webinar as

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
			<p>discussed.</p> <ul style="list-style-type: none"> • Refine diagnostic national certification testing processes and scheduling policies.
<p>(4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program.</p>	<p>X</p>		<p>Assigned clinical site evaluator reviews, grades as posted on the HNU Hawk's Edge student portal; graduation check by HNU registrar and official transcript with FNP-MSN degree or Post Master's Certificate stated on official HNU transcript provide official HNU evidence for students. Theory courses a letter grade is stated on transcript and for clinical courses, Pass is stated on the transcript.</p> <p>The E Value clinical tracking/log system ensures all students demonstrated required clinical competence as elaborated upon in course syllabi. Upon program completion the HNU transcript accurately reflects the FNP-MSN degree or Post Master's FNP certificate completion that makes the graduate/program completer eligible for NP certification in CA by Method #1-graduation from a CA approved FNP program.</p> <p>For the past couple of years, the program faculty have been working on improving national certification pass rates, particularly pass rates on first attempt. The program is now requiring program students to take the diagnostic national certification examination predictive tests for program completion in an effort to strengthen program national certification participation of graduates and pass rates for program graduates on first attempt. Pass rates for ANCC and AANP exams show current program policies better prepare graduates for national certification upon graduation.</p> <p>National FNP certification exam statistics provided by HNU:</p> <ul style="list-style-type: none"> • 2016 18/29 took exam (ANCC/AANP); 4 achieved

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
	X		<p>81% on ANCC exam; 14 of 18 achieved a 82% pass rate;</p> <ul style="list-style-type: none"> • 2017 12/24 took exam: 4 of 12 achieved 100% on ANCC exam; 8 of 12 achieved 75% on the AANP exam. • 2018 12/15 graduates took a certification exam and achieved 100%.
(5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval.	X		<p>Student records are retained in School of Nursing division files, the HNU registrar's office/vault and university archives house and provide for later retrieval beyond ten years.</p>
(6) Provide for program evaluation by faculty and students during and following the program and make results available for public review.	X		<p>For Graduation year 2016 24 of 29 graduated on time (82%); For Graduation year 2017 20 of 24 completed on time (83%); For Graduation year 2018 15 of 17 completed on time (88%).</p> <p>Program evaluation metrics identified, data collected and analyzed, and action planning implemented. EBI/Skyfactor national benchmarking data collection results indicate strong overall program satisfaction, satisfaction with the quality of faculty and instruction and steady improvement in a number of areas in the last two cycles of results (2016-17 and 2017-2018). EBI documented opportunities to strengthen the curriculum include greater integration of sciences and humanities, health policy and advocacy development skills, and pharm knowledge of pharmacokinetics/understanding drug side effects, ordering and performing diagnostic procedures, coding, business practices, content areas such as genetics, immunology.</p> <p>Site visit review indicates continuous program evaluation is done by faculty and students. Students are also required to</p>

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
			take the standardized national certification predictor exam in preparation for seeking national certification upon graduation.
SECTION 1484(c) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.	X		<p>Since AY 2014-15 to 2017-2018 full time faculty have ranged from 3-4; regular part time faculty from ~ 2-2.5, ~2 FTE; total faculty ~5 to 6. 6 in numbers and a ratio 1 faculty member for every 5-7 students as depicted in the faculty. HNU is currently working on recruitment and retention strategies with senior institutional leadership.</p> <p>The program also keeps a list of substitute adjunct faculty. The program is currently working with the institution's new senior leadership to team to refine recruitment and retention strategies and program faculty workloads moving forward.</p> <p>Faculty site evaluators are recruited locally are FNPs/APRNs, RN with an MSN degree and three years of experience as an FNP.</p> <p>Suggested recommendation to strengthen the program:</p> <ul style="list-style-type: none"> • Continue to refine faculty orientation processes. • Fill faculty vacancies in a timely manner to ensure adequate faculty resources and realistic faculty workload assignments.
(1) Each faculty person shall demonstrate current competence in the area in which he/she teaches.	X		<p>The FNP faculty is actively working the HNU's Center for Excellence in Teaching and Learning (CETL) to use more active student engagement learning strategies. Students improved overall satisfaction with instruction is associated with increased use of case-based learning, flipped classrooms, and integration of Shadow Health (digital simulator).</p> <p>Reflected by the Report of Faculty forms.</p>
(2) The director or co-director of the program shall:	X		Dr. Aimee Paulson, DNP, FNP-BC, RN is the current FNP program director. Dr. Paulson replaced retiring program director Dr. Mangini in Fall 2018. Dr. Mangini has been

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
(A) be a registered nurse;			orienting Dr. Paulson to the PD role during the 2018-2019 academic year. Dr. Paulson reports to the Dean of the School of Nursing (SON), Dr. Edith Jenkins-Weinrub. Dr. Jenkins-Weinrub has served in various leadership and faculty roles at HNU for the past 18 years.
(B) hold a Master's or higher degree in nursing or a related health field from an accredited college or university;	X		Dr. Paulson completed her MSN in 2007 at Metropolitan State University, St. Paul, Minnesota. Her DNP in Health Innovations Leadership in 2014 at University of Minnesota, Twin Cities Campus.
(C) Have had one academic year's experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.	X		Dr. Paulson has been an FNP faculty member at HNU since 2015.
(3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.	X		<p>Faculty profiles reflect appropriate teaching assignments based on each faculty's educational preparation and clinical practice experience.</p> <p>FT faculty at the time of the visit include Rosafel Adriano-Nogra, DNP-FNPF, RN; Kristin Leonard DNP, FNPF, RN; Maria Mangini, PhD, FNPF, RN and Aimee Paulson, DNP, FNPF, RN. Dr. Mangini plans to retire in 2019 but may return on a part time basis in the future.</p> <p>Part Time faculty include: Paulina Lopez, FNP, RN; Haesook Kim, FNPF, RN; Blessing Lawski, FNPF, RN;</p>
(4) A clinical instructor shall hold active licensure to practice his/her respective profession and demonstrate current clinical competence.	X		
(5) A clinical instructor shall participate in teaching, supervising and evaluating students, and shall be appropriately matched with the content and skills being taught to the students.	X		Student interviews and program evaluation data reflects the consistent knowledge and competency of faculty. Faculty clinical site visitors must be an NP for at least three years and have the ability to coach students and preceptors during site visits as needed.

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
<p>(8) The course of instruction shall be calculated according to the following formula:</p> <p>(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.</p> <p>(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.</p> <p>(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.</p>	X		Didactic coursework is block scheduled with one four days-weekend (Th, F, Sat, Sun.) once a month that allows the students to continue to work in their respective home communities.
	X		Compliance evidenced.
	X		The three terms of instruction each academic year consisting of series of 15, 16, and 17 weeks terms and a total of 6 semesters of coursework. Curriculum and TCP forms for both the Fall and Spring enrollment cycles accurately reflect instructional hours for each course.
<p>(9) Supervised clinical practice shall consist of two phases:</p> <p>(A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.</p>		X	<p><u>Non-compliance:</u></p> <ul style="list-style-type: none"> Advanced pathophysiology course sequencing for a small number of current Spring 2019 admitted students (N=5) does not meet requirements as listed on the currently approved TCP forms and approved/submitted curriculum sequence. <p>This incorrect sequencing issue was immediately corrected during the visit to comply with CCR 1484 (h) (4) (a) that became effective January 15, 2019.</p> <p>Clinical site visits are conducted by HNU faculty each semester or more often as needed when students are enrolled in the FNP N251, 252 and 253 supervised clinical practice course series.</p> <p>The program's E*Value Clinical Evaluation Log System effectively tracks students' clinical performance. The Clinical Coordinator and course faculty of record ensure all program competencies are demonstrated.</p>

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.		Refer to page 6 related to this area of NC.	<p>Overall, the majority of current first and second year students reported satisfaction with course content and sequencing with the exception listed below. Clinical faculty site evaluators work in collaboration with the course faculty of record who reviews student performance, conducts monthly seminars, addresses student performance issues and assigns course grades.</p> <p>During the site visit, it was identified that a few (N=5) student's program of study and course sequencing was not following the approved TCP that ensures all program students complete the three "Ps": advanced health assessment, advanced pharm and the advanced pathophysiology course before taking the supervised/precepted course series. The program took immediate action to correct this sequencing problem for the students affected by this course sequencing variance.</p>
(C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.	X		<p>Note: the total clinical hours in both FNP options totals 641 clinical hours (13 units of clinical) ; this exceeds the requirement as specified in CCR 1484 (h) (5) Curriculum requirements that became effective January 1, 2019.</p> <p>At some point in the future the program will explore the possibility of developing a DNP-FNP option in the next five years.</p>
(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared.	X		<p>Program students and interviewed preceptors expressed satisfaction with the clinical experiences provided by the program, student preparation, faculty site visits and program communication with clinical preceptorships each term.</p>

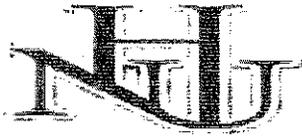
APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
			<p>Site Visits: Three interviews; all preceptors reported consistent satisfaction with student performance and clinical faculty oversight and clinical site visit experiences in relation to the students precepted at the sites.</p> <ul style="list-style-type: none"> • Roots Clinic Oakland-FNP/former HNU graduate interviewed; see recommendation in CCR 1484 (12) (P); • Azame Moore, FNP Women's Health, Fremont, CA; preceptor past 10 years; telephone interview; • Andrew Solkovits, D.O., FAAFP; Redding, CA; telephone interview. <p>The full time FNP faculty/Clinical Coordinator performs audits of students' clinical encounter logs to assure each student has adequate clinical experiences in each area and is placed in clinically appropriate settings to meets course/program requirements.</p>
(11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.	X		<p>Compliance evidenced. The Director of Student Experience and the Clinical Coordinator and faculty of record work collaboratively with the student and preceptor to ensure the appropriate clinical experiences are completed in a timely manner. The clinical coordinator acts as HNU liaison to clinical sites and preceptors. Clinical sites and preceptors are evaluated by the Clinical Coordinator and course faculty after every placement for adequacy and experiences. Well-developed student and clinical preceptor handbooks are in place. Two SoN office staff and a half time assistant clinical coordinator support clinical placements and participate in documentation audits.</p> <p>Program reports there are no delays in students starting or finishing clinical course requirements in any program courses at the time of the site visit.</p>

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
(12) The curriculum shall include, but is not limited to: (A) Normal growth and development	X		
(B) Pathophysiology	X		
(C) Interviewing and communication skills	X		
(D) Eliciting, recording and maintaining a developmental health history	X		
(E) Comprehensive physical examination	X		
(F) Psycho-social assessment	X		
(G) Interpretation of laboratory findings	X		
(H) Evaluation of assessment data to define health and developmental problems	X		
(I) Pharmacology	X		
(J) Nutrition			
(K) Disease management	X		
(L) Principles of health maintenance	X		
(M) Assessment of community resources	X		
(N) Initiating and providing emergency treatments	X		
(O) Nurse practitioner role development	X		
(P) Legal implications of advanced practice	X		<p>Suggested recommendation to strengthen the program:</p> <ul style="list-style-type: none"> • Ensure current and complete signed approved versions of NP standardized procedures available/accessible to program students at preceptor/clinical sites at all times.

APPROVAL CRITERIA	COMP	NON-COMP	COMMENTS
(Q) Health care delivery systems	X		
(13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.	N/A		

Family Nurse Practitioner Program

(Program response to recommendation and non-compliance)



**HOLY NAMES
UNIVERSITY**
Since 1868

FNP Program Director Response

Re: July 2019 BRN survey findings

Regulation 1484 (B-3) Have written policies for clearly informing applicants of the academic status of the program

Recommendation:

- Continue to refine program orientation process for new students including development of a webinar as discussed
- Refine diagnostic national certification testing processes and scheduling policies

Program Response

Plan to continue refining program orientation process for new students

Continue to monitor FNP national certification passing rate

1484 (c) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.

Recommendation:

- Continue to refine faculty orientation processes
- Fill faculty vacancies in a timely manner to ensure adequate faculty resources and realistic faculty workload assignments

Program Response

Plan to continue refining program orientation process for new faculty

Plan to fill vacancies in a timely manner to ensure adequate faculty for the program

Section 1484 (d) Curriculum

Supervised clinical practice shall consist of two phases:

Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.

Non-compliance

- Advanced pathophysiology course sequencing for a small number of current Spring 2019 admitted students (N=5) does not meet requirements as listed on the currently approved TCP forms and approved/submitted curriculum sequence. This incorrect sequencing issue was immediately corrected during the visit to comply with CCR 1484 (h) (4) (a) that became effective January 15, 2019.

Clinical site visits are conducted by HNU faculty each semester or more often as needed when students are enrolled in the FNP N251, 252 and 253 supervised clinical practice course series. The program's E*Value Clinical Evaluation Log System effectively tracks students' clinical performance. The Clinical Coordinator and course faculty of record ensure all program competencies are demonstrated.

Overall, the majority of current first and second year students reported satisfaction with course content and sequencing with the exception listed below. Clinical faculty site evaluators work in collaboration with the course faculty of record who reviews student performance, conducts monthly seminars, addresses student performance issues and assigns course grades. During the site visit, it was identified that a few (N=5) student's program of study and course sequencing was not following the approved TCP that ensures all program students complete the three "Ps": advanced health assessment, advanced pharm and the advanced pathophysiology course before taking the supervised/precepted course series. The program took immediate action to correct this sequencing problem for the students affected by this course sequencing variance.

Program Response

The sequencing of courses was corrected immediately to comply with CCR 1484 (h). Upon learning of the regulations effective earlier in the year, the Dean of the School of Nursing and FNP Program Director informed the students of the compliance concern and developed a plan of action prior to completion of the BRN survey visit. In order to ensure immediate compliance, students admitted in the spring were informed their first clinical rotation would be delayed a semester. In order to provide these students with formal instruction of advanced pathophysiology prior to starting clinicals, an additional faculty member was hired to teach separate sections of courses not traditionally offered in the upcoming semester. These

students are currently enrolled in separate sections of their spring courses as well as advanced pathophysiology and will complete their 3P exam prior to completion of the current semester. If satisfactory scores on the 3P exam are earned, these students will begin their first clinical rotation in the spring of 2020, in compliance with Regulation 1484 (4) A.

Recommendation:

Syllabi for all FNP courses did not reflect the most current source for nurse practitioner core competencies content (NONPF 2017) as the foundation for course objectives and related student learning outcomes.

Program Response:

All FNP course syllabi have been updated and evaluated for inclusion of NONPF 2017 nurse practitioner core competency content. Prior to notification of this area of non-compliance, FNP course syllabi cited an earlier version of NONPF's nurse practitioner core competency content, which demonstrated congruence with course objectives and student learning outcomes for the version cited. As the 2017 document maintained content from earlier versions, and added seven additional core competencies, the FNP student curriculum throughout the program was evaluated for congruence with the new core competencies.

The new NP core competencies not previously reflected that are now overtly addressed in the FNP course syllabi include:

Policy competencies (7): Advocates for policies for safe and healthy practice environments,

Independent Practice Competencies (4e): Develops strategies to prevent one's own personal biases from interfering with delivery of quality care,

Independent Practice Competencies (4f): Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers,

Independent Practice Competencies (5): Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care,

Independent Practice Competencies (6): Collaborates with both professional and other caregivers to achieve optimal care outcomes,

Independent Practice Competencies (7): Coordinates transitional care services in and across care settings,

Independent Practice Competencies (8): Participates in the development, use, and evaluation of professional standards and evidence-based care

Syllabi for FNP courses will be provided as addenda to demonstrate compliance with the associated regulation. Fortunately, no new assignment development was required in order to address the new NP core competencies per NONPF 2017 and these were already integrated into the FNP Program curriculum.

Master FNP Program

Position	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Program Director 1 FTE	102,000	104,040	106,121	108,243	110,408
Director of Student Experience FTE	100,000	102,000	104,040	106,121	108,243
FNP Faculty 1 FTE	98,000	99,960	101,959	103,998	106,078
Clinical Coordinator 1 FTE	104,000	106,080	108,202	110,366	112,573
PT Faculty Salary	21,528	21,528	21,528	21,528	21,528
Administrative Assistant 1 FTE	49,200	50,184	51,188	52,211	53,256
Salary Total	\$ 474,728	\$ 483,792	\$ 493,037	\$ 502,467	\$ 512,086
FT Fringe Benefits @ 24%	108,768	110,943	113,162	115,425	117,734
P/T Fringe Benefits @ 13%	2,799	2,799	2,799	2,799	2,799
Salary & Benefits Total	\$ 586,295	\$ 597,534	\$ 608,998	\$ 620,692	\$ 632,619
Operating Expenses					
Professional fees	25,753	27,041	28,393	29,812	31,303
Memberships	5,500	5,775	6,064	6,367	6,685
Travel & Convention	3,400	3,570	3,749	3,936	4,133
Total Operating Expenses	\$ 34,653	\$ 36,386	\$ 38,205	\$ 40,115	\$ 42,121
Grand Total	\$ 620,948	\$ 633,920	\$ 647,203	\$ 660,807	\$ 674,740



HOLY NAMES
UNIVERSITY
Since 1868

November 15, 2019

Ms. Katie Daughtery, NEC
Board of Registered Nursing
1747 North Market Blvd., Suite 150
Sacramento, CA 95834

Dear Ms. Daughtery,

In response to your questions regarding the BRN review for the Nursing program at Holy Names University, please accept this letter in response to your questions in reference to the following:

- The HNU five-year budget
- Evidence of our financial stability and sustainability
- Our Composite Score and HCM
- Reporting to Bureau of Private Post-secondary Education (BPPE)
- Presidents and Vice Presidents for Finance and Administration, 2015 – Present
- HNU Organizational Chart

HNU Five-Year Budget

Holy Names University is committed to ensuring the financial viability of our university and all of our academic programs. You are in receipt of the Holy Names University Commission Action Letter Progress Report that we submitted to WSCUC on September 30, 2019. The five-year budget is included in Appendix B on p. 8 of the report. For your convenience, you will find the complete report is included in the Appendix. While we do not yet have a response from WSCUC regarding the report, we have received notification from Maureen Maloney at WSCUC acknowledging our “good work,” and noting that she will connect with us she once completes her review of the report (see Appendix).

Financial Stability and Sustainability

In addition, the Holy Names University Commission Action Letter Progress Report responds to the two issues cited in the Commission Actions Letter of July 12, 2019 regarding the university loan that was in-progress and the enrollment levels needed to assure that Holy Names remains financially viable. As the report notes, Holy Names University finalized the loan on September 27, 2019. In addition, the enrollments projected for the university to be profitable are noted in this report and detailed in the Appendix, “Table 1: Enrollment.” Please see p. 4 of the Holy Names University Commission Action Letter Progress Report for detailed information about our enrollment trends. Note that our enrollments have increased each year since 2016. We have made strategic adjustments in our enrollment office in order to maximize our ability to assure that we exceed our projected enrollment needs.

Composite Score and HCM

Our Composite Score is another indicator of the financial viability and sustainability of our university. The Holy Names University Composite Score for FY18/19 is 1.80. Our Composite Score indicates that

we are financially viable according to the requirements set by the Federal Student Aid Office of the U.S. Department of Education. Holy Names University also reviews our Composite Score annually.

Holy Names University's Composite Financial Score (CFI) has fluctuated over the past three years. HNU's unrestricted net assets decreased and expendable net assets reached a low of \$396,000 as the institution's bond debt was paid off through 2016. This resulted in a primary reserve ratio calculation to be 1%, causing HNU to be placed under heightened cash monitoring during the 16/17 fiscal year (i.e. the institution's overall composite score fell below the threshold of 1.5). The following fiscal year saw HNU increase its temporary restricted net assets by ~70% and obtain a line of credit to both pay off remaining bond debt and to have operating cash flow. These actions resulted in HNU's composite score to rise to 2.53 in 2017, which released the institution from cash monitoring by the U.S. Department of Education.

Bureau of Private Post-secondary Education (BPPE)

In reference to reporting to the Bureau of Private and Post-Secondary Education [BPPE], Holy Names University has an agreement with BPPE, but we do not report to the agency. We are not required to submit annual reports to the BPPE. In keeping with Section 94874.9 of the California Education Code, we contract with the BPPE who monitor oversight for private institutions in California. There are no complaints against the university, and we are fully compliant with our contractual obligations with the BPPE.

Presidents and Vice Presidents for Finance and Administration, 2015 - Present

Holy Names University has maintained sustainable leadership in both the positions of university president and chief financial officer. In the years under review by the BRN, the presidents and chief financial officers have and are serving the institution:

Presidents

William Hynes, PhD	8/1/10 -- 7/31/16
Jeanie Watson, PhD (Interim)	8/1/16 -- 10/30/17
Michael Groener, MBA	11/1/17 -- Present

Vice Presidents for Finance and Administration

Stuart Koop	4/17/06 -- 6/30/15
Karl Solibakke	7/01/15 -- 5/15/16
Thomas Hannon (Interim)	5/16/16 -- 8/31/16
Michael Groener	7/15/16 -- 10/31/17
Rob Kinnard	11/1/17 -- Current

The university's commitment to financial stability is also underscored by the presidency of Michael Groener, who previously served as our Vice President for Finance and Administration.

HNU Organizational Chart

The Organizational Chart for the university is attached (see Appendix D).

Recently, Holy Names University was ranked #17 out of all of the over 5300 colleges and universities for Social Mobility and Ethnic Diversity in the U.S. News and World Report Rankings. We not only value this designation, and we take seriously the tremendous impact that our university is making in the lives of our students and those they will serve as graduates. We are committed to the ongoing financial stability of the institution, as well as our support of the Holy Names University Nursing Program. This support and

the commitment of our faculty in the School of Nursing has resulted in a significant increase in the NCLEX pass rates. With only one student who has yet to take the NCCLEX, our current students have a 90% pass rate.

Thank you for giving us the opportunity to provide the requested information. We look forward to working with the Board of Nursing to ensure that our School of Nursing program continues to be sustained financially and administratively.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael Groener".

Mike Groener
President

Appendices

- A. Holy Names University Commission Action Letter Progress Report**
- B. Email from Maureen Maloney, Vice President, WASC Senior College and University Commission**
- C. Table 1: Enrollment and Enrollment Projections, Holy Names University, 2016- 2022**
- D. Current HNU Org Chart**

HOLY NAMES UNIVERSITY

COMMISSION ACTION LETTER PROGRESS REPORT

WASC Senior College and University Commission
Submitted: September 30, 2019



Submitted by:
Dr. Kevin Gin, Accreditation Liaison Officer
Holy Names University
Kgin@hnu.edu

Introduction

Holy Names University (HNU) received a Commission Action Letter (CAL) on July 12, 2019 addressing the visiting team recommendations from a spring 2019 Special Visit. The WSCUC noted in the CAL that they were deferring action until more information was submitted to complete consideration of outstanding issues. The Commission requested a progress report be submitted once two issues were resolved. These two issues as cited in the CAL included addressing:

- The status of the loan (with Preston Hollow Capital) including the loan amount, expecting that the loan amount will at least exceed the current \$20,000,000 line of credit and allow for an operating cushion (even if not the full anticipated \$49,000,000).
- A variance analysis of the institution's enrollment projections to identify the required enrollment break-even point and enrollment levels required to be financially viable.

The ALO worked with the President and members of the President's Cabinet to provide the documentation requested in this progress report. A brief narrative describing HNU's actions and corresponding evidence pertaining to the two issues was authored by the ALO and approved by the President before being sent to WSCUC Vice President Maureen Maloney for both her and Commission review.

A summary of HNU's progress in addressing these two issues following in this report and are summarized in the following narrative.

Institutional Responses to Issues

ISSUE ONE: STATUS OF LOAN WITH PRESTON HOLLOW

HNU has been working with the financial firm of Prager and Co. to secure funding that would pay off a current \$20 million line of credit, and offer operating expenses to ensure implementation of the current strategic business plan. A lender was identified for HNU, and the University executed documents on Friday, September 27, 2019 for \$49,000,000 of California Municipal Finance Authority (CMFA) Revenue Bonds (Holy Names University) Series 2019 that were purchased by Preston Hollow Capital.

Funding to cover the \$20 million line of credit with Presidio Bank, as well as to cover operating expenses anticipated in the strategic business plan are now secured. The bonds are repaid over 30 years with interest for the first five years at \$3,430,000 per year. The remaining principal and interest payments after the fifth year range from \$4,139,125 to \$4,164,250 per year.

Details of the loan are included in the President's letter (**Appendix A**) attesting that Holy Names University is in possession of the funds necessary to pay off the current line of credit and make the necessary investments to ensure success of the strategic business plan.

Institutional Responses to Issues

ISSUE TWO: VARIANCE ANALYSIS OF ENROLLMENTS

Institutional enrollment goals and actual enrollment figures since fall 2016 are detailed in Table 1. Enrollment totals for fall 2016, 2017, 2018, and 2019 are sourced from official census data. The largest gap between enrollment goal and actual enrollment was in fall 2016 when Holy Names experienced its lowest student headcount. This 14% enrollment deficit was due to the lack of a clear enrollment strategy and absence of contingency plans to address a pattern of declining headcount. These previous deficiencies have been addressed, as evidenced in the enrollment growth observed the past three years.

Table 1's identification of predictive goals (i.e. target), stretch goals (i.e. 2% above goal) and worst case scenarios (5% under goal) reflect the variance that is tolerable under the strategic business plan. Enrollment goals for fall 2020 and beyond reflect the headcounts necessary for institutional success defined in the strategic business plan.

The enrollments necessary for the institution to break-even and turn a profit occurs in year five of the strategic business plan (FY '22 - '23), which is summarized in **Appendix B**. Year five of the strategic business plan corresponds to a fall 2022 enrollment goal of 1,565 students, which is noted in Table 1.

	Fall 2016 Actual	Fall 2017 Actual	Fall 2018 Actual	Fall 2019 Actual	Fall 2020 Goal	Fall 2021 Goal	Fall 2022 Goal
Enrollment Stretch Goal	1,027	896	913	993	1,138	1,355	1,596
Enrollment Target Goal	1,007	879	896	974	1,116	1,329	1,565
Enrollment Worst Case	957	836	852	926	1,061	1,263	1,487
Final Census Enrollment	866	882	957	966	TBA	TBA	TBA

Table 1

Total enrollment at HNU has increased each year subsequent to 2016. The increased headcount since 2016 is attributed to institutional strategies that have been implemented over the past three fall enrollment cycles that include:

- The initiation of an ongoing student search process that was not conducted prior to 2016. The student search process has increased the number of applicants and student prospects to create a more robust applicant pool, leading to an increased number of student admits and enrollments since 2016.
- HNU established a comprehensive marketing and enrollment strategy (that was previously non-existent) to conduct outreach to a broader population of potential students. Specific marketing strategies were developed and implemented between marketing and enrollment with the outcome of engaging individuals to enroll at HNU.
- HNU has increased its emphasis on establishing a financial aid packaging strategy that identifies a student that is a best fit for the institution based on family EFC and academic preparation. A consistent financial aid strategy was lacking prior to 2016.

The previously mentioned strategies resulted in enrollment goals being met or exceeded in both the 2017 and 2018 cycles. The current fall 2019 enrollment prediction was short by .9% of goal (i.e. 8 students). Analysis

of fall 2019 applicant data revealed that first-year melt was approximately 20% greater than expected compared to the previous three years. HNU is engaging in the contingency practices below to address this unexpected occurrence and ensure enrollment growth continues to be met in upcoming cycles:

- HNU previously did not have a fully established CRM for the fall 2019 class, but has now implemented Slate for future recruitment cycles. A large portion of the student melt that was observed in fall 2019 was attributed to the lack of consistent follow-up by enrollment counselors with student inquiries. The full implementation of Slate will enable the institution to better monitor how enrollment counselors engage students in a timely and high touch manner to increase yield.
- Analysis of 2019 applicant data indicated that HNU did not efficiently follow up with a significant number of potential students early enough in the admissions cycle. This resulted in HNU losing applicants who were likely to enroll at the institution if they had been engaged earlier in the year. Enrollment is revising its admissions timeframe for the 2020 cycle by moving up both its recruitment and financial aid application schedules by 3 months (to November) compared to the historical schedule used for the class of fall 2019. Moving this cycle earlier in the academic year will lengthen HNU's timeframe to secure the increased enrollments defined in the strategic business plan.
- HNU recently operationalized a transfer strategy (a collaboration between Enrollment Management and Student Affairs) that is designed to boost transfer student enrollments. This strategy included the creation of two transfer enrollment counselor positions that were filled in spring 2019. Initial success of the transfer initiative was evidenced by a fall 2019 transfer class of 82 new students, which is the largest incoming class of transfer students to ever enroll at HNU.
- HNU is in the process of finalizing MOUs with local community colleges and multiple organizations that will develop a pipeline of transfer and graduate students to the institution. Agreements with community colleges are in development, and HNU is nearing the finalization of an agreement with the Bay Area Teacher Training Institution that is scheduled to bring approximately 40 new graduate students to the School of Education each year starting in summer 2020.

In addition to enrollment strategies, the institution has come together to advance initiatives designed to increase student headcount and financial viability at HNU. Evidence of HNU's progress designed to support enrollment goals within the strategic business plan include:

- HNU is entering the next phase of the timeline defined in its marketing strategy. This phase of the strategy (launching in November 2019) includes implementation of a campus-wide branding strategy, and the creation of a new institutional website. Additional deliverables that will aid in increasing enrollments include new marketing materials, view books, and online presence. Students, faculty, and staff have been regularly engaged in the marketing strategies and these constituencies will play a critical role in growing HNU's institutional visibility.
- HNU's new Provost/VP for Academic Affairs is leading an academic strategic planning taskforce that includes faculty, staff, and students. This academic strategic plan is scheduled to be completed by January 2020 and includes the proposal of new academic programs to accommodate the strategic business plan's enrollment growth, and a definition of HNU's academic differentiator that will be integrated in to the institution's marketing campaign.
- HNU has recently hired a new VP of Advancement whose start date is September 30, 2019. This VP will lead an expanding advancement team to engage alumni in philanthropic efforts that are partly aimed at increasing student success, and expanding institutional initiatives for scholarships that will support enrollment goals.

APPENDIX A



September 27, 2019

WSCUC Senior College and University Commission
985 Atlantic Avenue, Ste. 100
Alameda, CA 94501

Vice President Maloney,

Please find the details of Holy Names University's \$49 million bond offering on the next page of this letter confirming that Holy Names has secured funding to both pay off its current line of credit and have an operating reserve to successfully fund the strategic business plan.

Documents for \$49,000,000 of California Municipal Finance Authority (CMFA) Revenue Bonds (Holy Names University) Series 2019 were fully executed on Friday, September 27, 2019, and the institution is in possession of the monies identified on the following page.

Holy Names University is now poised for the next chapter of its history, and I look forward to overseeing its growth.

Best Regards,



Michael Groener
President

**THE CALIFORNIA MUNICIPAL FINANCE AUTHORITY (CMFA)
Revenue Bonds (Holy Names University), Series 2019**

Sources of Funds:

- Principal Amount of Series 2019 Bonds \$49,000,000.00
- Original Issue Discount (1,780,660.00)
- Total Sources of Funds \$47,219,340.00

Uses of Funds:

- Repayment of Presidio Bank Loan \$19,522,642.66
- Deposit to Expenditure Fund \$13,474,274.75
- Deposit to Reserve Fund \$ 4,164,250.00
- Deposit to Interest Account (first 2 years of interest) \$ 6,898,111.11
- Costs of Issuance \$ 3,160,061.48
- Total Uses of Funds \$47,219,340.00

Debt Service Schedule:

The following sets forth the debt service requirements in each Fiscal Year on the Series 2019 Bonds:
Fiscal Year ended June 30

Series 2019 Bonds

<u>Principal</u>	<u>Interest</u>	<u>Total Debt Service*</u>	
2020 -		\$ 1,753,111	\$ 1,753,111
2021 -		3,430,000	3,430,000
2022 -		3,430,000	3,430,000
2023 -		3,430,000	3,430,000
2024 -		3,430,000	3,430,000
2025 -		3,430,000	3,430,000
2026	\$ 750,000	3,403,750	4,153,750
2027	800,000	3,349,500	4,149,500
2028	850,000	3,291,750	4,141,750
2029	925,000	3,229,625	4,154,625
2030	1,000,000	3,162,250	4,162,250
2031	1,050,000	3,090,500	4,140,500
2032	1,150,000	3,013,500	4,163,500
2033	1,225,000	2,930,375	4,155,375
2034	1,300,000	2,842,000	4,142,000
2035	1,400,000	2,747,500	4,147,500
2036	1,500,000	2,646,000	4,146,000
2037	1,625,000	2,536,625	4,161,625
2038	1,725,000	2,419,375	4,144,375
2039	1,850,000	2,294,250	4,144,250
2040	2,000,000	2,159,500	4,159,500
2041	2,150,000	2,014,250	4,164,250
2042	2,300,000	1,858,500	4,158,500
2043	2,450,000	1,692,250	4,142,250
2044	2,625,000	1,514,625	4,139,625
2045	2,825,000	1,323,875	4,148,875
2046	3,025,000	1,119,125	4,144,125
2047	3,250,000	899,500	4,149,500
2048	3,475,000	664,125	4,139,125
2049	3,750,000	411,250	4,161,250
2050	4,000,000	140,000	4,140,000
Total	\$49,000,000	\$73,657,111	\$122,657,111

APPENDIX B

5-YEAR SBP PLAN FINANCIAL SUMMARY (\$1,000s)

	Yr-1 <u>FY19</u>	Yr-2 <u>FY20</u>	Yr-3 <u>FY21</u>	Yr-4 <u>FY22</u>	Yr-5 <u>FY23</u>
Net Tuition	\$13,942	\$13,956	\$16,035	\$18,992	\$21,963
Student Room/Board and Fees	\$5,658	\$5,842	\$6,059	\$6,322	\$6,606
Event Revenue	\$181	\$191	\$200	\$210	\$221
Gifts	\$650	\$1,000	\$1,250	\$1,500	\$1,500
Grants	\$2,263	\$1,690	\$1,723	\$1,758	\$1,793
Raskob Revenue	\$1,900	\$1,995	\$2,095	\$2,199	\$2,309
Endowment Allocation	\$1,702	\$2,189	\$2,386	\$2,527	\$2,550
Total Operating Revenue	\$26,297	\$26,863	\$29,748	\$33,508	\$36,942
<i>% Change from Prior Year</i>	-	2.15%	10.74%	12.64%	10.25%
Operating Expense (including debt service*)	\$29,219	\$31,787	\$32,696	\$32,995	\$34,096
Investments Needed	\$1,800	\$2,750	\$1,650	\$1,700	\$1,750
Operating Reserve/Contingency	0	\$100	\$200	\$550	\$550
Total Expense	\$31,019	\$34,637	\$34,546	\$35,245	\$36,396
<i>% Change from Prior Year</i>	-	11.66%	-0.26%	2.02%	3.27%
Net Operating Cash Generated (Used)	(\$4,722)	(\$7,774)	(\$4,798)	(\$1,737)	\$546
Capital Expense	(\$900)	(\$900)	(\$400)	(\$400)	(\$400)
Total Cash Generated (Used)	(\$5,622)	(\$8,674)	(\$5,198)	(\$2,137)	\$146

* \$49MM borrowed June 30, 2019, repaid interest only at 7% for Yr-2, 3, 4 and 5.

Table 1: Enrollment and Enrollment Projections, Holy Names University, 2016- 2022

	Fall 2016 Actual	Fall 2017 Actual	Fall 2018 Actual	Fall 2019 Actual	Fall 2020 Goal	Fall 2021 Goal	Fall 2022 Goal
Enrollment Stretch Goal	1027	896	913	993	1,138	1,255	1,596
Enrollment Target Goal	1007	879	896	974	1,116	1,329	1,565
Final Census Enrollment	866	882	957	966	TBA	TBA	TBA

Holy Names University Organization Chart

Employee Headcount

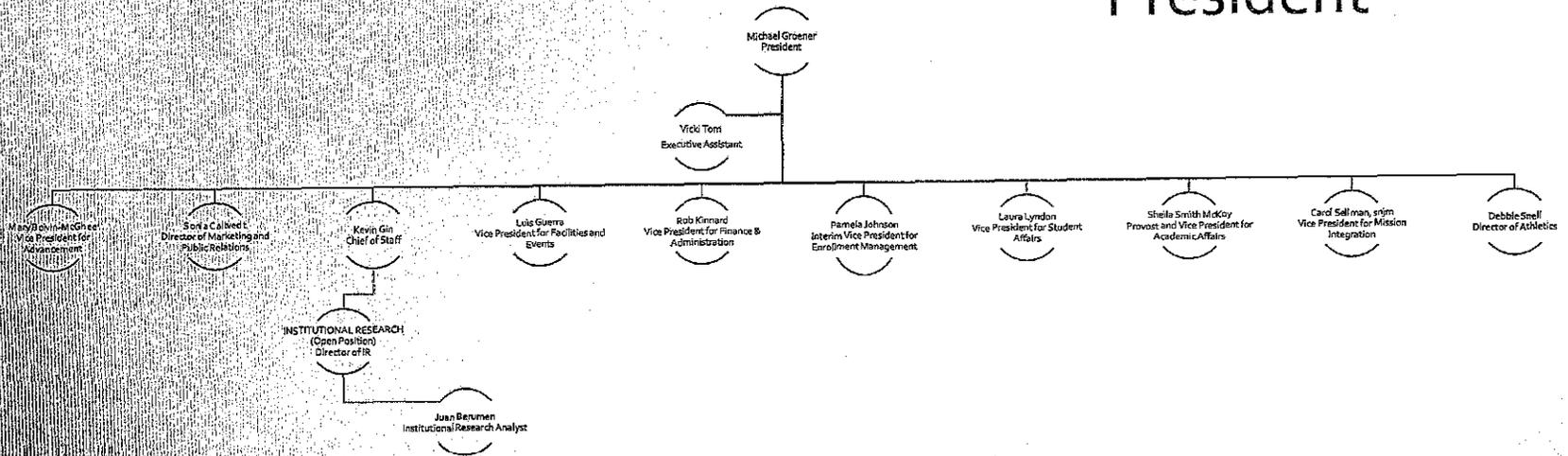
Regular Faculty - Approx. 144

Regular Staff - Approx. 159

Adjunct Faculty - Approx. 120

Please send corrections to hr@hnu.edu

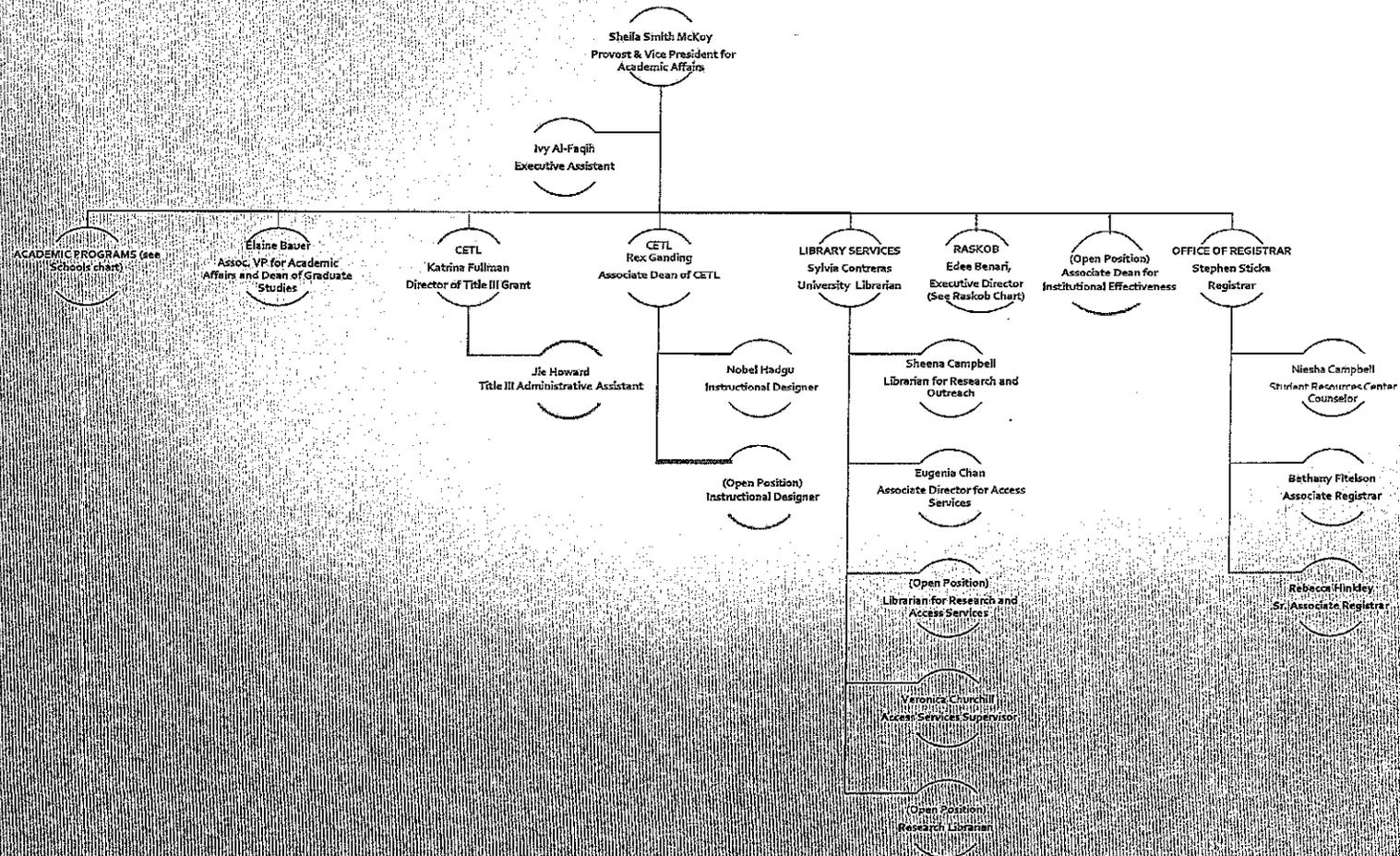
President



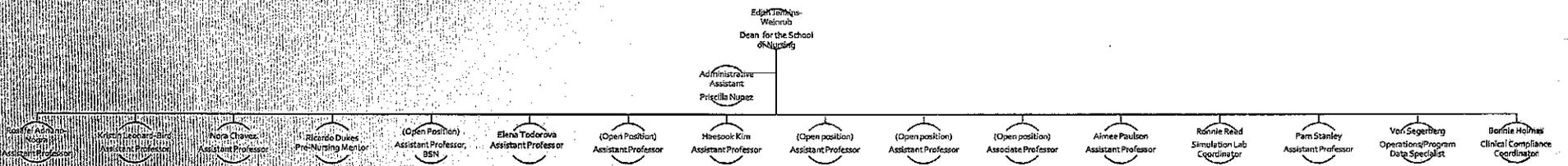
President's Cabinet

Mary Boivin-McGhee
Kevin Gin
Luis Guerra
Rob Kinnard
Laura Lyndon
Sheila Smith McKoy
Carol Sellman, snjm
William Wanker

Provost and Academic Affairs



School of Nursing





May 7, 2019

WSCUC Senior College and University Commission
985 Atlantic Avenue, Ste. 100
Alameda, CA 94501

Dear WSCUC Commissioners,

On behalf of Holy Names University (HNU), I want to thank you for the opportunity to work with the WASC Senior College and University Commission. We are especially grateful to team chair Dr. Maggie Bailey and the WSCUC Visiting team for their time, dedication, and expertise as they worked to evaluate our institution over the past six months. We are in receipt of their team report and appreciate their guidance for further growth and development. Toward this end, HNU has already started to address aspects of the visiting team's recommendations since the special visit concluded in the following ways:

- **Promote shared governance:** Institutional leadership has taken initiative to engage faculty, staff, and student leadership to convey the financial urgency facing HNU. The Chair of the Board of Trustees along with the Cabinet have met with both Faculty Senate and Staff Senate leadership to help identify how effective communication and collaboration can more efficiently take place among stakeholders. Additional meetings with constituency groups are scheduled to occur through the institution's shared governance entity, the Institutional Planning Council (CFRs 1.7, 1.8, 3.4, 3.10).
- **Contingency financing & monitoring financial KPIs:** Since the WSCUC visiting team's departure in February, Holy Names University has signed a term sheet with Preston Hollow Capital for a 30-year tax-exempt loan that includes securing the loan with the campus real property. The loan is under two financial covenants designed to provide the University with financial flexibility to effect a turn-around while maintaining fiscal discipline. The loan will include funds to pay off the current line of credit and fund the University's 5-year Strategic Business Plan's initiatives (CFRs 3.4, 4.2, 4.3, 4.5, 4.6).

The institution's Data Governance Committee has also established official university dashboards for the Board of Trustees and Cabinet to monitor, including metrics related to finances, enrollment, and advancement. These dashboards and their corresponding KPIs will be presented at the May 2019 Trustee meeting (CFRs 3.4, 4.2, 4.3, 4.5, 4.6).

- **Operationalize and assess Marketing and Recruitment Plan:** The institution continues to implement the strategies outlined in the marketing plan designed to meet its enrollment growth goals. This includes partnering with a full-service marketing agency, 160over90 who have provided market research to support the development of a brand strategy and brand concept. These will be utilized in our new print and digital marketing collateral and will be the framework for a renewed marketing campaign. In addition, we have partnered with a national student recruitment services firm, Capture Higher Ed, who is providing support for our student outreach and digital communication strategies for both the graduate and undergraduate student audiences.

The implementation of our current strategies has led to a third year of projected enrollment increases based on current progress toward meeting the inquiry, application, and deposit benchmarks outlined in the plan. Continued development of new academic programs appealing to adult and graduate student populations has also commenced with substantive change proposals on track to be submitted by early spring 2020 to meet future enrollment goals in the Strategic Business Plan (CFRs 3.4, 3.7, 4.5, 4.7).

- ***Structure a Board of Trustees to reflect broad experience and diversity:*** The Chair of the Board of Trustees and the University President are taking the lead on rebuilding the Board to include both needed expertise and diversity. Recognizing that identifying, vetting and adding new Board members is a very careful and deliberate process, the goal is to have at least 12 new members added by the end of fiscal year 2019-20. The Board Chair and President will also be engaging appropriate consultants to advise on Board best practices. A preliminary list of potential Trustees with diverse backgrounds and competencies has been produced and individuals have been in contact with the Board Chair and President (CFRs 3.9, 4.3, 4.6, 4.7).
- ***Development of institution-wide assessment plan and process:*** Implementation of data governance policies and the development of the institutional dashboard have been further operationalized, which provides a framework for an overall assessment plan that integrates data from multiple functional areas across the institution including Academic Affairs, Student Affairs, Enrollment, Alumni Affairs, and Institutional Research. A framework of how this plan informs the university dashboard and tracking of the 5-year Strategic Business Plan is to be presented at the May 2019 Board of Trustees meeting (CFRs 2.2, 2.3, 2.6, 2.7, 2.11, 4.1).
- ***Administrative, staff, and faculty turnover:*** The University named Interim President Mike Groener as permanent President shortly after the special visit. Two new Deans have also been hired by the School of Liberal Arts and the School of Business and Applied Social Sciences to succeed the current founding Interim Deans. A full-time Chief Technology Officer and a Dean of Students have also been hired since the special visit. Finally, the search for a permanent Provost/Vice President for Academic Affairs concluded in May 2019 with a successful hire who will start June 2019. Given these positive searches, the President is now working with the Director of Human Resources and the Vice President of Finance and Administration to address the team recommendation regarding how to reduce staff and faculty turnover (CFRs 3.2, 3.4, 3.8, 4.6).
- ***Empower the new academic leadership:*** Cabinet members have engaged faculty senate leadership to help to identify emerging leaders within academic affairs who will be crucial in executing the Strategic Business Plan. For instance, conversations have initiated between cabinet and academic leadership that have focused on ways that faculty can become involved with budgeting and successful implementation of the business plan. The current Provost/Vice President for Academic Affairs is also working with faculty Senate leadership to recognize and encourage rising faculty leaders through existing structures, which will continue to be a priority for the incoming Provost. The presence of new deans who bring experience from outside the institution is also expected to promote faculty engagement (CFRs 3.4, 3.6, 3.10, 4.6).

I am excited about the improvements we have already made, and I am encouraged by the enthusiasm of our faculty and staff as we work together to implement the recommendations by the team after the Special Visit. I look forward to discussing the above-mentioned efforts and more with you in June at the Commission Meeting.

Best regards,



Michael Groener
President



WASC Senior College and University Commission

Statement of Accreditation Status Holy Names University

Print

3500 Mountain Blvd
Oakland, CA 94619-1699
United States
Telephone: 510-436-1000
URL: <http://www.hnu.edu>

Staff Liaison : Maureen Maloney
OPEID : 001183
Student Achievement URL :
https://www.hnu.edu/sites/default/files/hnu_campus_profile_2017-18.pdf

Current Accreditation Status : Accredited
Most Recent Commission Action: Friday, June 28, 2019
First Accredited : 1949

Undergraduate FTE: 566
Graduate FTE: 217
Financial Structure Type : Non-Profit
Sponsorship : No Related Entity
Academic Calendar : Semester
Distributes Federal Financial Aid: Yes
1

Commission Actions

Filename

Commission Action Letter, Accreditation Visit, June 2016 action

Commission Action Letter, Special Visit, June 2019 action

Team Report, Accreditation Visit, June 2016 action

Team Report, Special Visit, June 2019 action

Personnel

[Report Change of Personnel](#)

Role ▲	Name	Title	E-mail
Accreditation Liaison Officer	Kevin Gin	Chief of Staff to the President, & Associate Dean for Institutional Effectiveness	kgin@hnu.edu
Board of Directors Chair	Steve Borg	Chairperson of the Board	steven.borg@calbt.com
Chief Academic Officer	Sheila Smith McKoy	Provost, Vice President for Academic Affairs	smithmckoy@hnu.edu
Chief Executive Officer	Michael Groener	President	groener@hnu.edu
Chief Financial Officer	Rob Kinnard	Vice President for Finance and Administration	kinnard@hnu.edu
Director Institutional Research	Juan Berumen	Director of Institutional Research	jberumen@hnu.edu

Locations

[Change Mailing Address](#) | [Change Location Address](#) | [Report New Location](#)

OPEID	Location Name ▲	City	Location Type	Status
00118300	Holy Names University	Oakland	Main Campus	Active

Degrees

[Report New Degree Program](#)

Degree ▲	Degree Level	Year Implemented	Modality
Accelerated Educational Therapy Certificate	Non-degree	2009	On-Site
Accounting	Bachelors	2011	On-Site

Degree	Degree Level	Year Implemented	Modality
Administration/Management Certificate (Nursing)	Non-degree	2004	On-Site
Bilingual Authorization Credential	Non-degree	2011	On-Site
Biological Science	Bachelors	1920	On-Site
Business	Bachelors	2017	Distance Education
Business	Bachelors	1930	On-Site
Business Administration	Masters	1983	On-Site
Communications Studies	Bachelors	2014	On-Site
Community Health Sciences	Bachelors	2019	On-Site
Counseling Psychology	Masters	1987	On-Site
Criminology	Bachelors	2006	On-Site
Culture and Spirituality	Non-degree	1983	On-Site
Culture and Spirituality	Masters	1983	On-Site
Education	Masters	1968	On-Site
Education Specialist Mild/Moderate Disabilities Credential	Non-degree	1998	On-Site
Educational Therapy	Masters	2015	On-Site
Educational Therapy Certificate	Non-degree	1998	On-Site
English	Bachelors	1920	On-Site
Family Nurse Practitioner Certificate	Non-degree	2004	On-Site
Forensic Psychology	Masters	2006	On-Site
History	Bachelors	1920	On-Site

Degree ▲	Degree Level	Year Implemented	Modality
Integrated Science Program	Non-degree	2017	On-Site
Interdisciplinary Studies major	Bachelors	2019	On-Site
International Relations	Bachelors	1979	On-Site
Kinesiology	Bachelors	2010	On-Site
Kodaly Specialist Certificate	Non-degree	1998	On-Site
Kodaly Summer Certificate	Non-degree	1998	On-Site
Liberal Studies	Bachelors	1979	On-Site
Master of Science in Nursing (MSN)	Masters	2017	Distance Education
Multimedia Arts and Communications	Bachelors	2007	On-Site
Multiple Subject Credential	Non-degree	1974	On-Site
Music	Bachelors	1920	On-Site
Music	Masters	1956	On-Site
Nurse Educator Certificate	Non-degree	2013	On-Site
Nursing	Masters	2017	Distance Education
Nursing	Bachelors	1995	Distance Education
Nursing	Bachelors	1937	On-Site
Nursing	Masters	1998	On-Site
Pastoral Counseling	Non-degree	1990	On-Site
Pastoral Ministries	Non-degree	2008	On-Site

Degree 	Degree Level	Year Implemented	Modality
Pastoral Ministries	Masters	2008	Distance Education
Pastoral Ministries	Masters	2001	On-Site
Piano Pedagogy with Suzuki Emphasis Certificate	Non-degree	1987	On-Site
Psychobiology	Bachelors	2006	On-Site
Psychology	Bachelors	1939	On-Site
Public Health Nurse Certificate	Non-degree	2001	On-Site
Single Subject Credentials	Non-degree	1974	On-Site
Sociology	Bachelors	1930	On-Site
Traumatology and Treatment Certificate	Non-degree	2011	On-Site
Vocal Pedagogy Certificate	Non-degree	2011	On-Site

Upcoming Reviews

Season	Year	Review Type
Spring	2020	Mid-Cycle Review
Fall	2023	Offsite Review
Spring	2024	Accreditation Visit

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July 12, 2019

Mr. Michael Groener
President
Holy Names University
3500 Mountain Blvd.
Oakland, CA 94619-1699

Dear President Groener:

This letter serves as formal notification and official record of action taken concerning Holy Names University (HNU) by the WASC Senior College and University Commission (WSCUC) at its meeting June 28, 2019. This action was taken after consideration of the report of the review team that conducted the Special Visit to HNU February 26-28, 2019. The Commission also reviewed the institutional report and exhibits submitted by HNU prior to the Special Visit and the institution's May 7, 2019 response to the team report. The Commission appreciated the opportunity to discuss the visit with you and your colleagues Shelia Smith McKoy, Provost and Vice President for Academic Affairs, and Kevin Gin, Chief of Staff to the President, Associate Dean for Institutional Effectiveness, and Accreditation Liaison Officer (ALO). Your comments were very helpful in informing the Commission's deliberations. The date of this action constitutes the effective date of the institution's new status with WSCUC.

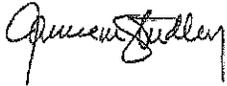
Actions

1. Receive the Special Visit team report that focused on: (1) operationalizing a comprehensive retention plan; (2) generating, reporting and analyzing data, and using those data to inform plans and decisions; (3) coordinating academic and student services programs; (4) assessing core competencies, general education, and program learning outcomes; (5) achieving strategic enrollment goals to contribute to a stable financial base; and (6) regularly evaluating the president and formulating succession plans for key university leaders
2. Defer Action in order to complete consideration of outstanding issues
3. Schedule a Progress Report to be submitted as soon as the 30-year tax-exempt loan with Preston Hollow Capital is secure, but no later than September 30, 2019 to address
 - a. The status of the loan including the loan amount, expecting that the loan amount will at least exceed the current \$20,000,000 line of credit and allow for an operating cushion (even if not the full anticipated \$45,000,000).
 - b. A variance analysis of the institution's enrollment projections to identify the required enrollment break-even point and enrollment levels required to be financially viable.

In accordance with Commission policy, a copy of this letter will be sent to the chair of HNU's governing board. The Commission expects that this action letter will be posted in a readily accessible location on the HNU's website and widely distributed throughout the institution to promote further engagement and improvement. The Commission's action letter will also be posted on the WSCUC website. If the institution wishes to respond to the Commission action on its own website, WSCUC will post a link to that response on the WSCUC website.

Please contact me if you have any questions about this letter or the action of the Commission.

Sincerely,



Jamiene S. Studley
President

JSS/mam

Cc: Reed Dasenbrock, Commission Chair
Kevin Gin, ALO
Steve Borg, Board Chair
Members of the Special Visit team
Maureen A Maloney, Vice President

June 2019 ACTIONS

During the month of June, the WASC Senior College and University Commission (WSCUC) took action on the following institutions. Copies of Commission action letters and visiting team reports are available on the WSCUC website at www.wscuc.org, with the exception of Substantive Change reports and Interim Reports, which are not made public.

Grant Candidacy

- California University of Science and Medicine
- Stanton University

Grant Initial Accreditation

- New York Film Academy
- Stockton Christian Life College
- SUM Bible College & Theological Seminary

Reaffirm Accreditation for 10 Years

- CSU Los Angeles
- CSU Monterey Bay

Reaffirm Accreditation for 8 Years

- Chaminade University of Honolulu
- CSU Chico
- CSU Maritime Academy
- CSU Stanislaus
- Fuller Theological Seminary
- Pitzer College
- The Wright Institute
- University of St. Augustine for Health Sciences
- University of the Pacific

Reaffirm Accreditation for 6 Years

- Ashford University
- California Baptist University
- Dominican School of Philosophy & Theology
- Golden Gate University

Following a Special Visit – Continue the previously scheduled reaffirmation review

- Abu Dhabi University
- Southern California University of Health Sciences
- Universidad de Las Americas

Following a Special Visit – Defer Action

- Holy Names University

Following a Special Visit – Remove the Formal Notice of Concern

- Sofia University

Following a Special Visit – Impose Probation

- San Diego Christian College

Structural Change

Ashford University

Approved a Change of Control and Legal Status

University of Redlands

Approved the institution's Merger with San Francisco Theological Seminary

Substantive Changes

California State University, Monterey Bay

Speech Language Pathology

New Degree program

University of Guam

Bachelor of Science in Civil Engineering

New Degree program

University of the Pacific

Master of Science in Law (MSL)

Distance Education program

University of the Pacific

Master of Laws (LLM)

Distance Education program

Trident University International

Associate of Science in Homeland Security

Distance Education program

California State University, Dominguez Hills

Master of Science in Systems Engineering

Distance Education program

Interim Reports

None



CHAIR
William A. Ladusaw
University of California, Santa Cruz

VICE CHAIR
Margaret Kasimatis
Loyola Marymount University

Jeffrey Armstrong
California Polytechnic State
University, San Luis Obispo

Jenna Bersi
California State University,
Dominguez Hills

Richard Bray
Accrediting Commission
for Schools WASC

Linda Buckley
University of the Pacific

Ronald L. Carter
Loma Linda University

William Covino
California State University,
Los Angeles

Christopher T. Cross
Public Member

Reed Dassenbrock
University of Hawaii at Manoa

Phillip Doolittle
Braidman University

John Etchemendy
Stanford University

Margaret Gaston
Public Member

Erin Gore
Public Member

Dianne F. Harrison
California State University,
Northridge

Barbara Karlin
Golden Gate University

Linda Katohi
University of California, Davis

Adrianna Kezar
University of Southern California

Fernando Leon-Garcia
CETYS University

Deborah Lieberman
University of La Verne

Key Llovio
William Jessup University

Stephen Priveit, S.J.
University of San Francisco

Barry Ryan
United States University

Sharon Sallinger
University of California, Irvine

Sandra Serrano
Accrediting Commission for
Community and Junior Colleges

Tsuneo Takahashi
Soka University of America

Ramon Torrecilla
California State University,
Dominguez Hills

Jane Wellman
Public Member

Leah Williams
Public Member

PRESIDENT
Mary Ellen Petricola

July 08, 2016

Dr. William Hynes
President
Holy Names University
3500 Mountain Blvd
Oakland, CA 94619-1699

Dear President Hynes:

This letter serves as formal notification and official record of action taken concerning Holy Names University (HNU) by the WASC Senior College and University Commission (WSCUC) at its meeting June 22-24, 2016. This action was taken after consideration of the report of the review team that conducted the Accreditation Visit to HNU March 22-24, 2016. The Commission also reviewed the institutional report and exhibits submitted by the university prior to the Offsite Review (OSR) and the supplemental materials requested by the team following the OSR. The Commission appreciated the opportunity to discuss the review with you and your colleagues: Lizbeth Martin, Vice President for Academic Affairs and Dean of Faculty, and Annette Tommerdahl, Associate Dean for Institutional Effectiveness and Accreditation Liaison Officer (ALO). Your comments were very helpful in informing the Commission's deliberations. The date of this action constitutes the effective date of the institution's reaffirmation with WSCUC.

Actions

1. Receive the Accreditation Visit team report
2. Reaffirm the accreditation of Holy Names University for eight years
3. Schedule the next reaffirmation review with the Offsite Review in fall 2023 and the Accreditation Visit in spring 2024
4. Schedule the Mid-Cycle Review in spring 2020
5. Schedule a Special Visit in spring 2019 to address:
 - a. The development of a comprehensive retention plan. HNU should provide evidence that the plan is being operationalized and include enrollment data from 2016 through 2019.
 - b. The development and implementation of processes to generate, report and analyze data. HNU should provide evidence of decisions and plans made, particularly by leadership, that were informed by lessons learned from the implementation of these processes including why students leave HNU, particularly in or after the second year of study.
 - c. The coordination of academic and student service programs to improve educational effectiveness, including the results of the assessment of student success efforts.

- d. The assessment of core competencies, general education, and program-level learning outcomes.
- e. Evidence of an improved and stable financial base reflected, in part, in the achievement of strategic enrollment goals.
- f. The regular evaluation of the president and succession plans for all key university leaders.

Commendations

The Commission commends HNU in particular for the following:

1. The guidance and support of the Sisters of the Holy Names of Jesus and Mary to help maintain and advance HNU's faith-based tradition, particularly including social justice and outreach to the local community. HNU is also commended for its commitment to providing equitable access to high-quality education for a richly diverse student body.
2. The application of institutional learning outcomes across academic and co-curricular programs and the establishment of the Center for Excellence in Teaching and Learning (CETL) as an important resource to align curriculum development, instructional design, and assessment of student learning.

The development and revision of the annual assessment of student learning outcomes, the program review process, and services and programs to support student success.

3. The use of solar energy and exploration of other environmentally- responsible and cost-effective energy sources.
4. The strong commitment of faculty and staff to the values and mission of the university and the support of students in and out of the classroom.
5. Transparency regarding the institution's financial standing and efforts to promote frequent and open communication from the administration to the HNU community.

Recommendations

The Commission identifies the following areas for further development:

1. Appropriate structures and processes to ensure the generation, reporting, and analysis of meaningful data to inform decision-making and lead to planning that is effective in anticipating and responding to rapid changes in the external environment (CFR 4.1, 4.3, 4.7).
2. Clear and sustainable methods of assessing student achievement with respect to the core competencies, general education, and program-level learning outcomes (CFR 2.2a, 2.2b, 2.3, 2.4).
3. Continued coordination of efforts across HNU's academic departments and student service divisions to improve the educational effectiveness of the university's academic and co-curricular programs and to assess the impact of student success strategies designed to maximize learning (CFR 2.3, 2.4, 2.6, 2.7, 2.11).
4. A comprehensive retention plan that defines student success and articulates the means by which to evaluate the effectiveness of its various retention strategies (CFR 2.10, 3.4).

5. A stable financial base, including clear, strategic enrollment goals that will sustain HNU well into the future (CFR 3.4).
6. Regular evaluation of the university president and succession planning for key university leaders by the Board of Trustees to ensure continuity of operations in keeping with the university's mission and vision (CFR 3.9).

In taking this action to reaffirm accreditation, the Commission confirms that Holy Names University has addressed the three Core Commitments and has successfully completed the two-stage institutional review process conducted under the 2013 Standards of Accreditation. Between this action and the time of the next review for reaffirmation, the institution is encouraged to continue its progress, particularly with respect to student learning and success.

In accordance with Commission policy, a copy of this letter will be sent to the chair of the Holy Names University Board of Trustees in one week. The Commission expects that the team report and this action letter will be posted in a readily accessible location on the HNU website and widely disseminated throughout the institution to promote further engagement and improvement and to support the institution's response to the specific issues identified in these documents. The team report and the Commission's action letter will also be posted on the WSCUC website. If the institution wishes to respond to the Commission action on its own website, WSCUC will post a link to that response on the WSCUC website.

Finally, the Commission wishes to express its appreciation for the extensive work that Holy Names University undertook in preparing for and supporting this accreditation review. WSCUC is committed to an accreditation process that adds value to institutions while contributing to public accountability, and we thank you for your continued support of this process. Please contact me if you have any questions about this letter or the action of the Commission.

Sincerely,



Mary Ellen Petrisko
President

CC: William Ladusaw, Commission Chair
Annette Tommerdahl, ALO
Barbara Hood, Board Chair
Members of the Accreditation Visit team
Maureen Maloney, WSCUC Staff Liaison



April 21, 2017

Dr. Jeanie Watson, Interim President
Holy Names University
3500 Mountain Boulevard
Oakland, California 94619 -1699

UPS 2nd Day Delivery
Tracking #: 1Z A87 964 02 9185 2768

RE: Zone/LOC Alternative
OPE ID: 00118300

Dear Dr. Watson:

The San Francisco/Seattle School Participation Division (SPD) has completed its review of the fiscal year ended (FYE) June 30, 2016 audited financial statements of Holy Names University (HNU).

Although HNU's submission is considered complete, we noted the existence of a reporting deficiency in the financial statements. Specifically, the straight-line method must be used to report tuition revenue and deferred revenue. The notes to the financial statements must explain that a straight-line method is used to report tuition revenue and deferred revenue. At the end of the fiscal year, the part of the billing period that has been completed is to be calculated and tuition revenue is to be recognized accordingly. The part of the billing period that has not been completed must be reported on the balance sheet as deferred revenue.

During the analysis of the FYE June 30, 2016 financial statements, Mr. Murray Kephart of HNU said that if the straight-line method of recognizing tuition revenue was used, tuition revenue would have been \$750,000 more and deferred revenue would have been \$750,000 less. This adjustment changed the FYE June 30, 2016 composite score for HNU to 1.1.

To facilitate a more thorough review of future financial statements, it is important that the straight-line method of tuition revenue recognition is used, and that the notes provide the required information.

In assessing the financial strength of HNU, our financial analyst reviewed the financial statements using the indicators that are set forth in regulations at 34 C.F.R. §668.171.

Financial Ratios 34 C.F.R. § 668.171(b)(1)

These statements yield a composite score of 1.1 out of a possible 3.0. A minimum score of 1.5 is necessary to meet the requirement of the financial standards. Accordingly, HNU fails to meet the standards of financial responsibility as described in 34 C.F.R. § 668.172, Financial Ratios.

Student

50 United Nations Plaza, Mailbox 1200, Suite 1273, San Francisco, CA 94102
StudentAid.gov

In view of its failure to meet the financial responsibility standards, HNU may continue to participate in the Title IV, HEA programs by choosing one of two alternatives:

1. Zone Alternative (34 C.F.R. § 668.175(d)(2))

(1a) Method of Payment – Under the Zone Alternative, HNU is required to make disbursements to eligible students and parents under either the cash monitoring or reimbursement payment method.

Under the Heightened Cash Monitoring 1 (HCM1) payment method, as stated in 668.162(d), HNU must first make disbursements to eligible students and parents before it requests or receives funds for the amount of those disbursements from the Department. This “Records First” requirement is fully described in the 2016-2017 Funding Authorization and Disbursement Information eAnnouncement. The funding request may not exceed the amount of the actual disbursements that were made to the students and parents included in the funding request. Provided the student accounts are credited before the funding requests are initiated, the institution is permitted to draw down funds through the Department’s electronic system for grants management and payments, G5, for the amount of disbursements it made to eligible students and parents. All credit balances must be paid prior to draw downs of funds, even if the student/parent signed a credit balance authorization in the past. Authorization forms issued prior to July 1, 2016 are no longer valid. The use of credit balance authorization forms is prohibited.

The Records First requirement also means that institutions on HCM1 that are participating in the Direct Loan (DL) program will have their Current Funding Level (CFL) reduced to the greater of Net Approved and Posted Disbursements (NAPD) or Net Draws (processed payments less all refunds, returns, offsets, and drawdown adjustments). In the event of returning to the Advanced Funded status, the institution will be expected to continue processing DL awards as Records First until the next DL global funding increase is processed.

For additional information about the Records First requirement, please refer to the following e-Announcement,

<http://ifap.ed.gov/eannouncements/attachments/ImportantRemindersand1617FundingAuthandDisbursInfo.pdf>.

(1b) Notification Requirements - Under the Zone Alternative, HNU is required to provide information to the SPD by certified mail, e-mail, or facsimile no later than 10 days after any of the oversight or financial events, as described below, occur. HNU must also include with the information it submits, written notice that details the circumstances surrounding the event(s) and, if necessary, what steps it has taken or plans to take, to resolve the issue.

- Any adverse action, including probation or similar action, taken against HNU by its accrediting agency, the State of California or other Federal agency;
- Any event that causes HNU, or related entity as defined in the Statement of Financial Accounting Standards (SFAS) 57, (ASC 850), to realize any liability that was noted as a contingent liability in HNU’s or related entity’s most recent audited financial statements;
- Any violation by HNU of any loan agreement;

- Any failure of HNU to make a payment in accordance with its debt obligations that results in a creditor filing suit to recover funds under those obligations;
- Any withdrawal of owner's equity/net assets from HNU by any means, including by declaring a dividend;
- Any extraordinary losses as defined in accordance with Accounting Principles Board (APB) Opinion No. 30; (ASC 225); or
- Any filing of a petition by HNU for relief in bankruptcy court.

2. Letter of Credit Alternative (34 C.F.R. § 668.175(c))

Under this alternative, HNU is required to submit an irrevocable letter of credit in the amount of \$6,452,909. This amount represents 50% of the Title IV, HEA program funds received by HNU during its most recently completed fiscal year. By choosing this option, HNU qualifies as a financially responsible institution.

The irrevocable letter of credit must be made payable to the Secretary, U.S. Department of Education. The letter of credit is necessary in the event that HNU would close or terminate classes at other than the end of an academic period. It assures the Secretary that funds would be available from which to make refunds, provide teach-out facilities, and meet institutional obligations to the Department.

A sample irrevocable letter of credit is enclosed. HNU's letter of credit must be issued by a United States bank. Your lending institution must use this format on its letterhead with no deviation in the language contained therein. The letter of credit must provide coverage for at least one year from the date of issuance. The irrevocable letter of credit must be received prior to the close of business 75 calendar days from the date of this letter.

Please mail the irrevocable letter of credit (LOC) to the following address:

Veronica Pickett, Director
Performance Improvement and Procedures Service Group
U.S. Department of Education
Federal Student Aid/Program Compliance
830 First Street, NE, UCP3, MS 5435
Washington, DC 20202-8019

HNU is required to notify the SPD within 3 calendar days, in the event the LOC issuing institution should fail, resulting in financial transactions and operations being administered by the Federal Deposit Insurance Corporation. HNU will also be required to submit a new replacement LOC issued by a different and non-failed U.S. bank, within 75 calendar days.

HNU must notify the Department of their selection of one of these two alternatives in writing to this office within 14 days of receipt of this letter. Please note that if HNU elects to provide the irrevocable letter of credit and fails to provide the LOC within 75 calendar days, HNU may be referred to the Department's Administrative Actions and Appeals Service Group (AAASG) for initiation of termination proceedings under 34 C.F.R. § 668.86 and/or other adverse actions.

Also, note that information regarding the financial analysis score, results, and the LOC is subject to Freedom of Information Act (FOIA) of 1966, as amended.

U.S. Department of Education
San Francisco/Seattle School Participation Division
915 Second Avenue, Suite 390
Seattle, WA 98174
ATTN: Michael Fuller, Financial Analyst

E-mail address: Michael.Fuller@ed.gov
Fax Number: (206) 607-1664

If HNU selects the Zone Alternative, all requirements of that alternative as listed above will be effective the date the Department receives notification of your selection.

Promptly contact Hyun Jhong Yi, Payment Analyst, at (415) 486-5511 with any questions regarding HNU's **current DL award authorization level or the Records First requirements.**

If you have any questions regarding the **financial responsibility determination**, or disagree with the reason or methodology used for this determination, please contact Michael Fuller, Financial Analyst, within 30 calendar days at (206) 615-3686.

Sincerely,



Martina Fernandez-Rosario
Division Director
San Francisco/Seattle School Participation Division

Enclosure: Sample Irrevocable Letter of Credit

cc: Western Association of Schools and Colleges - Senior Colleges & Universities
California Commission on Teacher Credentialing
California Board of Registered Nursing
California Bureau for Private Postsecondary Education



July 31, 2018

Mr. Michael Groener, President
Holy Names University
3500 Mountain Boulevard
Oakland, CA 94619-1699

RE: Release from Zone Alternative
OPE ID: 00118300

Dear Mr. Groener:

The San Francisco/Seattle School Participation Division (SPD) has completed its review of the fiscal year ended June 30, 2017 audited financial statements of Holy Names University (HNU).

In assessing the financial strength of HNU, our financial analyst reviewed the financial statements using the indicators that are set forth in regulations at 34 C.F.R. §668.171. These statements yield a composite score of 2.4 out of a possible 3.0. Therefore, effective the date of this letter, HNU is no longer required to comply with the Zone reporting requirements, or the Heightened Cash Monitoring 1 payment method, previously imposed on HNU by our letter dated April 21, 2017.

If you have any questions regarding this matter, please contact Marla Y. Green, Sr. Financial Analyst, at (202) 377-4251.

Sincerely,

A handwritten signature in black ink, appearing to read "Martina Fernandez-Rosario", with a large, stylized flourish extending to the left.

Martina Fernandez-Rosario
Division Director
San Francisco/Seattle School Participation Division

cc: Western Association of Schools and Colleges- Sr. Colleges & Universities
CA Commission on Teacher Credentialing
CA Board of Registered Nursing
CA Bureau for Private Postsecondary Education (Complaint Agreements)

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**BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary**

**AGENDA ITEM: 7.7
DATE: February 20, 2020**

ACTION REQUESTED: *Information Only:* NCLEX Pass Rate Updates

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

**NCLEX RESULTS—FIRST TIME CANDIDATES
January 1, 2019-December 31, 2019**/****

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California*	12,502	91.72
United States and Territories	171,374	88.18

**CALIFORNIA NCLEX RESULTS—FIRST TIME CANDIDATES
By Quarters and Year January 1, 2019-December 31, 2019**/****

1/01/19- 3/31/19*		4/01/19- 6/30/19**		7/01/19- 9/30/19**		10/01/19- 12/31/19**		1/01/19- 12/31/19**/**	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
3,733	93.52	1,835	88.94	5,288	93.32	1,646	85.60	12,502	91.72

***/**Includes (3),(0),(1) and (1) “re-entry” candidates; reflects 2016 NCLEX-RN Test Plan & Passing Standard effective April 1, 2016-March 31, 2019 and the 2019 Test Plan and Passing Standard effective April 1, 2019-March 31, 2022. Data Source: NCSBN/Pearson VUE reports as of 1/31/20. Note, NCSBN Pearson VUE report numbers reflect the most up-to-date and accurate numbers at the time the report is generated. Numbers in subsequent reports may vary/change based on NCSBN/Pearson VUE and or member board submitted corrections and the time the report is generated.*

*****2019 NCLEX-RN Test Plan and Passing Standard:*** *The detailed version of the 2019 NCLEX-RN Test Plan is now available on the NCSBN website at www.ncsbn.org. The 2019 NCLEX-RN Test Plan is effective April 1, 2019 through March 31, 2022. The NCLEX-RN Passing Standard will remain at the current level of 0.00 logit that was instituted effective April 1, 2013. This passing standard will remain effective through 3.31.2022. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties. The Next Generation NCLEX Project/FAQs/Resources/Talks & Videos/Webinars information is available at www.ncsbn.org/next-generation-nclex.htm.*

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. When a program's annual first-time candidate pass rate is below 75% for the academic year (July 1-June 30), the NEC sends the program written notice of non-compliance (per CCR 1431). The program submits a detailed written assessment of the factors contributing to the annual substandard pass rate along with a corrective action plan to improve the annual rate. The NEC summarizes the program's NCLEX assessment and improvement action plans in the ELC/Board meeting materials per the 3/16 revision of the Licensing Examination Passing Standard EDP-I-29 document. If a second consecutive year of annual substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC's continuing approval visit findings reported to ELC with program representatives in attendance per EDP-I-29 as included in the Program Directors' Handbook Section 8.

NEXT STEP:

Continue to monitor results

PERSON TO CONTACT:

Katie Daugherty, MN, RN
Nursing Education Consultant

California Board of Registered Nursing

**NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type
Academic Year July 1, 2019-June 30, 2020^**

Academic Year July 1-June 30^	July-Sept #Tested % Pass	Oct-Dec #Tested % Pass	Jan-Mar #Tested % Pass	April-June #Tested %Pass
National/US Educated; All degree types *	54,444 (88.2)	15,961 (79.1)		
CA Educated; All degree types*	5,288 (93.3)	1,646 (85.6)		
National-Associate Degree rates**	26,080 (85.6)	7,831 (72.4)		
CA-Associate Degree rates**	2,764 (93.0)	541 (82.8)		
National-BSN+ELM rates**/**	27,587 (90.6)	7,790 (85.7)		
CA-BSN+ELM rates**/**	2,523 (93.6)	1,104 (86.9)		

*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight-year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

**National and CA rates reported by specific degree type include only the specific results for the AD or the combined BSN+ELM categories.

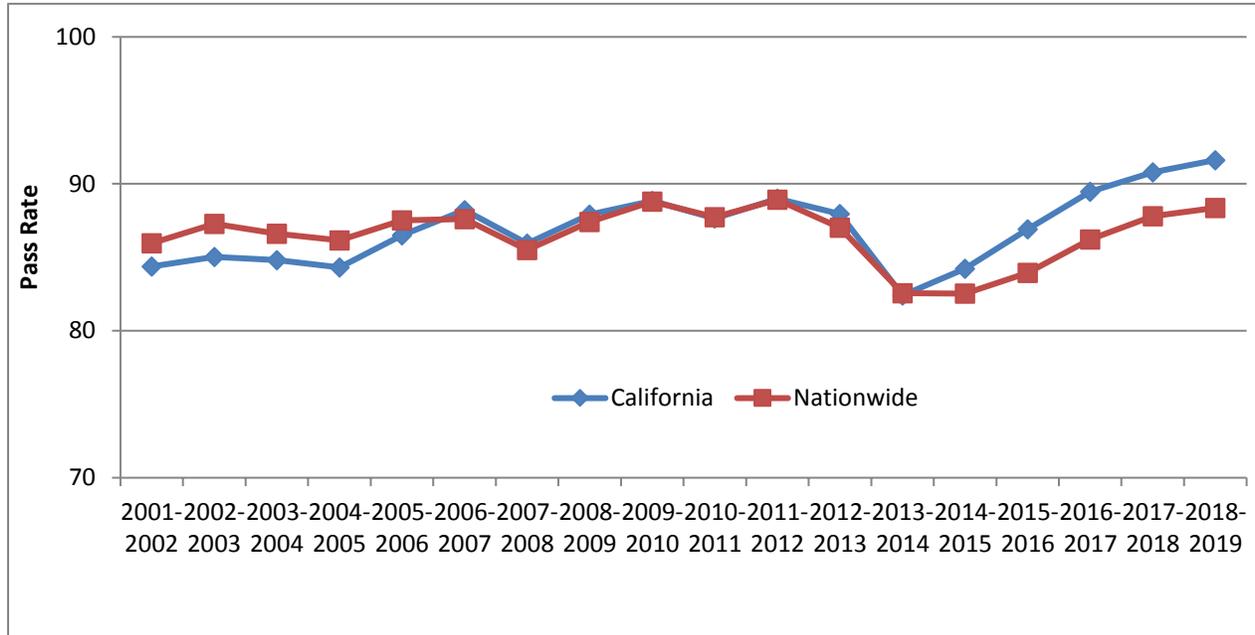
***ELM program rates are included in the BSN degree category by NCSBN.

^Note: Numbers included in quarter to quarter reports reflect the most up-to-date and accurate numbers at the time the report was generated. Typically, the numbers/corrections have not significantly changed the previously reported quarterly pass rate. The data reflects pass rate results based on the 2019 NCLEX-RN Test Plan and Passing standard effective from 4/1/19-3/31/2022. The 2019 NCLEX RN Passing Standard for 4/1/19-3/31/22 remains at 0.00 logit.

Source: National Council of State Boards/PearsonVUE Pass Rate Reports

California Board of Registered Nursing Comparison of Trended California and Nationwide NCLEX-RN Pass Rates

July 1, 2001–June 30, 2019
U.S. Educated First-Time Candidates

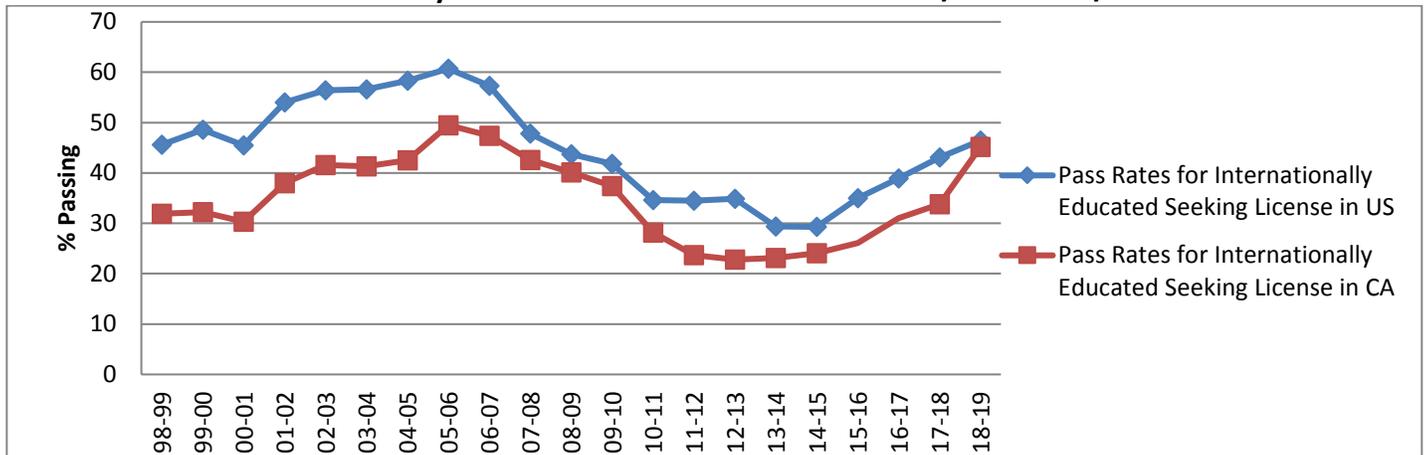


Year July1-June 30	California		Nationwide	
	# candidates	% Pass	# candidates	% Pass
2001-2002	5,018	84.38	67,120	85.96
2002-2003	5,666	85.03	79,635	87.29
2003-2004	6,011	84.81	82,743	86.62
2004-2005	6,327	84.31	94,056	86.15
2005-2006	7,237	86.50	105,427	87.52
2006-2007	8,330	88.21	114,762	87.61
2007-2008	9,151	85.93	123,133	85.51
2008-2009	10,499	87.90	133,788	87.42
2009-2010	11,141	88.83	143,702	88.80
2010-2011	11,183	87.64	145,613	87.73
2011-2012	10,733	88.99	151,133	88.92
2012-2013*	10,873	87.97	152,237	87.03
2013-2014	10,373	82.41	155,327	82.56
2014-2015	10,980	84.22	159,530	82.54
2015-2016**	11,166	86.92	161,154	83.94
2016-2017	11,444	89.47	159,408	86.21
2017-2018	11,655	90.79	156,966	87.80
2018-2019***	12,142	91.62	168,279	88.36

*4/1/2013 NCLEX-RN Test Plan & Passing Standard of 0.00 logit effective until 3/31/16; **/2016 NCLEX-RN Test Plan & Passing Standard of 0.00 logit effective 4/1/16 until 3/31/19; *** 2019 NCLEX RN Test Plan & Passing Standard of 0.00 logit effective 4/1/19 until 3/31/22.

Data Source: NCSBN Pearson VUE NCLEX reports. Numbers reflect most up-to-date and accurate numbers at the time this report was generated for 2018-2019 reporting.

**California Board of Registered Nursing
Comparison of Trended National and California NCLEX Pass Rates
Internationally Educated First Time Candidates 1998/1999-2018/2019**



Year	National Rate-Intl.Edu. Seeking Licensure in U.S Jurisdictions		CA Rate-Intl. Edu. Seeking Licensure in California	
	# Tested	% Pass	# Tested	%Pass
98-99	5,931	45.6	1,867	31.9
99-00	7,051	48.6	2,067	32.2
00-01	7,355	45.5	2,546	30.3
01-02	9,339	54.0	3,611	38.0
02-03	14,766	56.4	4,844	41.6
03-04	17,773	56.6	5,901	41.3
04-05	17,584	58.3	5,500	42.5
05-06	20,691	60.7	6,726	49.5
06-07	31,059	57.3	11,444	47.4
07-08	32,420	47.8	14,385	42.6
08-09	26,517	43.7	14,740	40.1
09-10	18,122	41.8	10,195	37.4
10-11	11,397	34.6	5,854	28.2
11-12	8,577	34.5	3,040	23.7
12-13	7,717	34.9	1,547	22.8
13-14	7,765	29.4	reliable data unavailable	reliable data unavailable
14-15	7,978	29.3	reliable data unavailable	reliable data unavailable
15-16	9,968	35.0	1,134	26.1
16-17*	13,103	38.9	1,384	31.0
17-18*/^	14,762	43.1	1,358	33.8
18-19**	19,287	46.4	1,137	45.2

Data Source: NCSBN/Pearson VUE & CA BreEZE/QBIRT reports; prior trend reports used NCSBN & CA BRN ATS data thru 10/2013) at the time of reporting. ***/^Note:** 2017/2018 national figures listed above reflect a February 2020 correction as a result of the 2020 review & analysis of trend data for the last three annual cycles and NCSBN J-D calendar year to year reports. * 2016 Test Plan & Passing Standard of 0.00 logit effective until 3/31/19. */ **Reflects data based on the 2016 Test Plan & Passing Standard & the 2019 RN Test Plan and Passing Standard of 0.00 logit effective 4/1/19 until 3/31/2022.

Year to Year pass rate variability likely related to one or more factors, including, but not limited to:

- Global economic and RN labor market supply/demand changes (retirements/turnover etc.) in the U.S.
- Retrogression (limitations in visa availability); variable recruitment patterns of internationally educated RNs by U.S. employers
- BRN 2010 Social Security number requirements modified in April 2016 to accept either a SS# or ITIN for licensure applicants
- Differences in international nursing education as compared with the U.S.; English language proficiency
- Differences in other countries nursing regulations and scope of practice as compared to the U.S.
- Differences in health care delivery systems as compared with the U.S.
- Differences in candidate preparation for the NCLEX examination as compared with the U.S.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.8
DATE: February 20, 2019

ACTION REQUESTED: Licensing Program Update, Information only.

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson Education/Licensing Committee

LICENSING UPDATE: The Licensing Program evaluators are currently processing the initial review of CA/US exam and endorsement applications received in late December. The Licensing Program is finalizing completion of the California fall 2019 graduation season. We continue to utilize the CloudDrive to receive electronic transcripts from all California programs with 100% participation from the California programs. The Fall 2019 California graduation applications were processed within 1-2 days of receiving electronic transcripts from schools. Additionally, out of state applicants can submit electronic transcripts, to the board, via third-party vendors. The board consistently receives US electronic transcripts daily and this significantly cuts down on application processing time.

The board continues to use Quality Business Interactive Report Tool (QBIRT) and can create and run various reports upon request. The board utilizes custom reports to find areas of improvement in our processes, as well as better predict workflow fluctuations. The Licensing management team has been reviewing processing times statistics and have provided a comparison of average application processing times for the past three fiscal years and current fiscal year to date. During this past fiscal year, the Licensing Program was able to achieve a decrease in processing times of over 30 days for each application type. This is a direct result of the Board's continuous business process improvements, increased use of various technological advancements, modernization efforts, additional staffing and ongoing training.

The Average Processing Time statistics capture the processing time for Exam and Endorsement applications.

- Exam applications: Receipt of an application to approval of the applicant to exam
- Endorsement applications: Receipt of an application to licensure.

Licensing Average Processing Time Statistics				
Application Type	Fiscal Year 2016-2017	Fiscal Year 2017-2018	Fiscal Year 2018-2019	Fiscal Year 2019-2020
Exam	60.2	64.6	29.4	25.3
Endorsement	45.8	60.2	18.4	26.8

A new report we have created provides the average time from Exam to Licensure. In FY 18/19 on average 90% of the applicants who took and passed the exam were issued an RN license within 3 days of taking the exam.

Number of days from Exam Date to Licensure (Applicants Licensed by Exam)			
Number of Days	Fiscal Year 2016/2017 Total: 11,080	Fiscal Year 2017/2018 Total: 11,868	Fiscal Year 2018/2019 Total: 12,878
1	886	1261	5448
2	7036	7723	3931
3	1494	1089	2242
4	1375	1559	769
5	172	194	187
6	62	31	241
7	54	11	60

Licensing Applications Received table provides the total number of applications the board has received by fiscal year:

Licensing Applications Received				
Application Type	Fiscal Year 2016-2017	Fiscal Year 2017-2018	Fiscal Year 2018-2019	Fiscal Year 2019-2020
Exams	16,879	15,571	15,425	8,232
Endorsement	20,040	15,326	15,161	10,549
Repeat/Reapply	7,043	5,792	5,085	3,398
Advanced Practice	9,774	8,408	6,913	4,905
Total	53,736	45,097	42,584	27,084

The Licensing Unit and the Renewals Unit has been consolidated into one program, the Licensing Division. A total of two Program Technician IIs and one Program Technician I was moved over from the previous Renewals Unit and all renewals-related duties have been absorbed into the new Licensing Division.

Outgoing license verification requests, previously a renewals unit duty, are now a Licensing Division task. One of our top priorities upon the unit consolidation was improving the timeframe and process for outgoing license verifications. In November 2019, there were a total of over 3,000 open verification requests to be processed. As of today, there are approximately 1,000 requests to be processed. We have been able to reduce the timeframe by training additional staff to assist with the workload, as well as streamlining the process itself. Verifications are now being processed within 4-6 weeks of receipt and we will further improve this timeframe in the coming weeks. Due to the streamlined process, verifications will be able to be maintained by the originally assigned staff. In addition, the Licensing Division is currently recruiting for two additional Program Technician IIs, one of which will be assigned to assist with this workload.

Staffing Updates:

Currently the Licensing Division has three (3) vacancies due to newly established positions and staff movement.

As part of the reorganization of the Board and approval of BCP positions we established an additional US Evaluations unit. I would like to welcome Jessica Massello as the new Supervising Program Technician II of that new US Evaluations unit. Jessica has been with the Board since October 2018 working in the Licensing support unit. Welcome to the team Jessica.

NEXT STEPS:

Continue to monitor business processes, timeframe improvement and staff hiring.

PERSON TO CONTACT:

Christina Sprigg
Deputy Chief, Licensing Division
(916) 574-7614

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.1
DATE: February 20, 2020

ACTION REQUESTED: **Discussion of Bills of Interest to the Board of Registered Nursing (Board) and Possible Vote to Recommend that the Board Adopt or Modify Positions on Bills Introduced during the 2019-2020 Legislative Session:**

REQUESTED BY: Donna Gerber, Chair, Legislative Committee

BACKGROUND: Bills of interest for the 2019-2020 legislative session are listed on the attached tables.

Bold denotes a new bill for Committee or Board consideration, is one that has been amended since the last Committee or Board meeting, or is one about which the Board has taken a position and may wish to discuss further and restate or modify its position.

An analysis of and the bill text for these bills are included for further review.

NEXT STEPS: Present recommendations to the Board

FINANCIAL IMPLICATIONS, IF ANY: As reflected by the proposed legislation

PERSON TO CONTACT: Thelma Harris, RN, PHN, MSN
Chief of Legislation
(916) 574-7600

2020 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-18-19

DEADLINES

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 6** Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 17** Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 20** Martin Luther King, Jr. Day.
- Jan. 24** Last day for any committee to hear and report to the **floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)). Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).

JANUARY							
	S	M	T	W	TH	F	S
				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30	31	

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 4							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	29

MARCH							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28
Wk. 1	29	30	31				

APRIL							
	S	M	T	W	TH	F	S
Wk. 1				1	2	3	4
Spring Recess	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30		

MAY							
	S	M	T	W	TH	F	S
Wk. 4						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
No Hrgs.	24	25	26	27	28	29	30
Wk. 4	31						

- Feb. 17** Presidents' Day.
- Feb. 21** Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).

Mar. 27 Cesar Chavez Day observed.

- Apr. 2** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Apr. 13** Legislature reconvenes from Spring Recess (J.R. 51(b)(1)).
- Apr. 24** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).
- May 1** Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 8** Last day for **policy committees** to meet prior to June 1 (J.R. 61(b)(7)).
- May 15** Last day for **fiscal committees** to hear and report to the **floor** bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to June 1 (J.R. 61 (b)(9)).
- May 25** Memorial Day.
- May 26-29** **Floor session only.** No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).
- May 29** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

*Holiday schedule subject to final approval by Rules Committee.

2020 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-18-19

JUNE							
	S	M	T	W	TH	F	S
Wk. 4		1	2	3	4	5	6
Wk. 1	7	8	9	10	11	12	13
Wk. 2	14	15	16	17	18	19	20
Wk. 3	21	22	23	24	25	26	27
Wk. 4	28	29	30				

- June 1** Committee meetings may resume (J.R. 61(b)(12)).
- June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).
- June 25** Last day for a legislative measure to qualify for the Nov. 3 General Election ballot (Elections Code Sec. 9040).
- June 26** Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

JULY							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Summer Recess	5	6	7	8	9	10	11
Summer Recess	12	13	14	15	16	17	18
Summer Recess	19	20	21	22	23	24	25
Summer Recess	26	27	28	29	30	31	

- July 2** Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)).
Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).
- July 3** Independence Day observed.

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
No Hrgs.	16	17	18	19	20	21	22
No Hrgs.	23	24	25	26	27	28	29
No Hrgs.	30	31					

- Aug. 3** Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).
- Aug. 14** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).
- Aug. 17 – 31** **Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).
- Aug. 21** Last day to **amend** bills on the floor (J.R. 61(b)(17)).
- Aug. 31** Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(18)).
Final Recess begins upon adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2020

- Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- Oct. 1 Bills enacted on or before this date take effect January 1, 2021. (Art. IV, Sec. 8(c)).
- Nov. 3 General Election.
- Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 7 2021-22 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

2021

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

*Holiday schedule subject to final approval by Rules Committee.

BOARD OF REGISTERED NURSING
Assembly Bills 2019-2020
Status Update
February 20, 2020

BILL #	AUTHOR/ BILL SPONSOR	SUBJECT	COM POSITION/ date	BOARD POSITION/ date	BILL STATUS as of Dec 27, 2019
AB 329	Rodriguez/ CENA	Hospitals: assaults and batteries	Watch 3/14/19	Watch 4/11/19	Senate PubSafety
AB 362	Eggman/ DPA; HRC	Controlled substances: overdose prevention program	Information 5/9/19	Watch 4/11/19	Senate Health
AB 613	Low	Professions and vocations: regulatory fees	Watch 3/14/19	Watch 4/11/19	Senate BP&ED
AB 732	Bonta	County jails: prisons: incarcerated pregnant persons	Watch 3/14/19	Watch 4/11/19	Assembly APPR
AB 890	Wood	Nurse practitioners: scope of practice: unsupervised practice	Oppose unless amended 5/9/19	Oppose unless amended 6/13/19	Assembly APPR
AB 1145	Cristina Garcia	Child abuse: reportable conduct	Watch 3/14/19	Watch 4/11/19	Assembly APPR
AB 1444	Flora	Physicians and surgeons and registered nurses: loan repayment grants.	Information 5/9/19		Assembly Health

BOARD OF REGISTERED NURSING
Senate Bills 2019-2020
Status Update

February 20, 2020

BILL #	AUTHOR/ BILL SPONSOR	SUBJECT	COM POSITION/ date	BOARD POSITION/ date	BILL STATUS as of Dec 27, 2019
SB 207	Hurtado/ Children Now, et al	Medi-Cal: asthma preventive services	Watch 3/14/19	Watch 4/11/19	Assembly APPR
SB 700	Roth	Business and professions: noncompliance with support orders and tax delinquencies	Watch 8/15/19	Watch 4/11/19	Senate Rules

BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary

AGENDA ITEM: 9.1
DATE: February 20, 2020

ACTION REQUESTED: **Information Only:** Complaint Intake, Intervention, Citation and Legal Desk

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

GENERAL UPDATE

BRN - DOI CASE PRIORITIZATION PILOT PROJECT

Beginning in September, the BRN and DCA's Division of Investigation (DOI) initiated a one-year pilot project to adjust case referral guidelines for Quality of Care complaints alleging patient harm and/or patient death. Previously, these urgent priority complaints were referred only to DOI. The new pilot directs nearly all direct patient care complaints to the BRN Investigation Unit.

Since September, twenty-two (22) investigation cases have met the criteria for this pilot project.

The second phase of the pilot where BRN staff obtain limited records in a small number of special circumstances will be implemented in January.

COMPLAINT INTAKE UNIT UPDATE:

GENERAL UPDATE

I would like to introduce Jessica Perry as the new manager in the expanded Complaint Intake Unit. Jessica has an exemplary service record in the Complaint Intake Unit where she worked as an analyst since 2011. With Jessica's appointment, the BCP plan to expand from one to two Complaint Intake Units is now complete.

Complaint Intake is enjoying continued success with processing incoming complaints. Initial processing of complaints has averaged 2-to-3 days for the last six months. Complaint Intake staff are also moving new complaints to their respective investigation units very timely. On average, In-house desk investigations are moved to the investigation desk within two days; DOI referrals within 3 days, BRN Investigations within 6 days.

Sonya Wilson, Complaint Intake Manager, is a participating member of the DCA Expert Witness Program workgroup. This workgroup is designing a new training program for use with experts throughout DCA's enforcement programs.

COMPLAINT INTAKE UNIT STAFFING

Complaint Intake has two (2) OT vacancies. The recruitment is ongoing with plans to conduct interviews in January and February. There is one (1) AGPA vacancy due to a promotion. Interviews to fill the AGPA vacancy are scheduled for mid-January.

INTERVENTION, CITATION, AND LEGAL SUPPORT UPDATE:

GENERAL UPDATE

Maximus has been awarded the new contract for the administration of DCA's alternative to discipline recovery programs, including the BRN Intervention Program. Maximus was the prior contractor for the BRN Intervention Program, and the transition has been seamless. Maximus has clearly communicated their plans to implement all contract deliverables and data reporting requirements by the January 1, 2020 start date.

Lorraine Clarke, Unit Manager, has initiated plans to recruit Intervention Evaluation Committee (IEC) Members and Nurse Support Group (NSG) Facilitators via the renewal application. Renewal applicants will be asked if they are interested in IEC or NSG service. Interested RN's will then be contacted by Intervention Unit staff. The hope is to better identify licensees interested in these critical positions. Changes to Breeze take a significant amount of time, and we expect changes to the application in late-spring to summer 2020.

INTERVENTION, CITATION AND LEGAL SUPPORT STAFFING

The unit has one AGPA position vacancy within the Intervention Program. Interviews are scheduled in early January and the position should be filled by February 2020.

PERSON TO CONTACT:

Joseph Pacheco, Deputy Chief
Complaint Intake, Intervention, Citations and Legal
(916) 515-5268

BOARD OF REGISTERED NURSING
Enforcement Intervention Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.1.1
DATE: February 20, 2020

ACTION REQUESTED: Discussion and Possible Action Regarding Appointment of Intervention Evaluation Committee Member

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

BACKGROUND:

In accordance with Business and Professions Code § [2770.2](#), Board of Registered Nursing is responsible for appointing persons to serve on an Intervention Evaluation Committee (IEC). Each IEC is composed of three registered nurses, one physician and one public member who possess knowledge and expertise in substance use disorder or mental health.

APPOINTMENT/REAPPOINTMENT:

Below are the names of the candidates being considered for appointment or reappointment to their respective IEC. Their applications and curriculum vitae are attached for the Board's consideration. If approved, their terms will expire as noted below.

Name	Title	IEC Location	Appointment Type	Term Expiration
Ashley Schenkel	Public Member	7/San Jose	New Appointment	June 30, 2021

NEXT STEP: Continue recruiting efforts

PERSON TO CONTACT: Joseph Pacheco, Deputy Chief
Complaint Intake, Intervention, Legal Support Desk
(916) 515-5265

**BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary**

AGENDA ITEM: 9.2
DATE: February 20, 2020

ACTION REQUESTED: **Information Only:** Investigations Update

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

INVESTIGATION PROGRAM UPDATE:

The Investigation Unit Supervisors continue to work very closely to coordinate policy and procedure updates, so cases continue to move smoothly to meet the unit goals of completion within 240 days.

As the senior BRN Investigation Supervisor, Scarlett Treviso has been designated as the lead supervisor who will serve as the main liaison between BRN and DOI until the selection of a Supervising Special Investigator II is made.

STAFFING UPDATE

The BRN Investigation Unit has the following vacancies:

1 Supervising Special Investigator II position to oversee all BRN Investigations. The recruitment process was initiated in July 2019 and first interviews were held in August 2019. Second level executive interviews were held in October 2019. It was decided that a second statewide recruitment would be initiated. Recruitment efforts continue. It is unknown when this position will be filled.

1 Special Investigator position vacant in our Northern CA Unit. The recruitment process has been initiated to fill the position. The position should be filled by February.

BRN DOI CASE PRIORITIZATION PILOT PROJECT

BRN and DCA's Division of Investigation (DOI) continue to follow the one-year Pilot Program initiated in September 2019 that changed case referral guidelines for urgent priority Quality of Care complaints alleging significant patient harm and/or patient death.

Since September, approximately 22 cases that meet the new case referral guidelines have been referred to BRN Investigations.

The Pilot Program includes case tracking accountability measures so that BRN and DCA can closely monitor this critical caseload.

SUMMARY INVESTIGATION STATISTICS

As of December 16, 2019, the BRN Investigations staff have been assigned approximately 69% of all formal investigation case referrals while DOI are referred 31%. Specific information can be found in agenda item 9.4.

As of December 31, 2019, BRN has 12 and DOI has 128 open investigation cases over one year old.

NEXT STEP:

Continue monitoring workload and investigative timeframes.

PERSON TO CONTACT:

Stacie Berumen
Enforcement Chief
(916) 574-7678

BOARD OF REGISTERED NURSING
Enforcement Intervention Committee
Agenda Item Summary

AGENDA ITEM: 9.4
DATE: February 20, 2020

ACTION REQUESTED: **Information Only:** Enforcement and Intervention Statistics

REQUESTED BY: Imelda Ceja-Butkiewicz, Chairperson

BACKGROUND:

Attached you will find data representing the entire enforcement process to include intake, intervention, investigation, citation and fine, discipline and probation.

Staff is prepared to answer any questions you may have.

PERSON TO CONTACT:

Stacie Berumen
Enforcement Chief
(916) 574-7678

Joseph Pacheco, Deputy Chief
Complaint Intake, Intervention, Citations and Legal
(916) 515-5268

Shannon Johnson, Deputy Chief
Discipline and Probation
(916) 515-5265

Board of Registered Nursing
Enforcement Process Statistics
Fiscal Year 19/20
July 1, 2019 – December 16, 2019

<i>Complaint Intake</i>	Complaints Received	1965
	Convictions/Arrest	617
	Applicants	1429
	Total Complaints Received	4011
	Desk Investigations Pending	779
	Over 1 year	97
	Applications Pending	270
	Over 1 year	7
	Expert Review Pending	44
<i>Intervention</i>	Referrals – Fiscal Year to date	478
	Referrals – Last full month referrals (Nov)	71
	Referrals – Since Program Effective Date (1/1/1985)	17,895
<i>Investigations</i>	Non-Sworn Cases Initiated	415
	Rejected	11
	Sworn Cases Initiated	188
	Rejected	5
	Cases Initiated Percentage Breakout	
	Non-Sworn	69%
	Sworn	31%
	Non-Sworn Cases Pending	531
	Sworn Cases Pending	450
<i>Citation and Fine</i>	Citations Issued	145
	Dollar Amount Ordered	\$392,813.50
	Dollar Amount Received	\$314,375.00
<i>Discipline</i>	AG Referrals - Individuals	557
	AG Referrals - Cases	627
	Cases Pending	1027
	Pending 1-2 Years	178
	Pending More Than 2 Years	26
	Cases Pending More Than 1 Year Without Pleading Filed	10
	Cases Awaiting Hearing	136
	Number of Days to Process Discipline Cases (DCA Goal 540 Days)	618

Board of Registered Nursing
Enforcement Process Statistics
Fiscal Year 19/20
July 1, 2019 – December 16, 2019

Legal Support

> 540 Days	54%
< 540 Days	46%
Average Days at AG	347
*Fiscal Year to Date	
Pleadings Served	474
Petitions to Revoke Probation	37
Stipulated Surrenders Signed by EO	132
Withdrawals of Statement of Issues	3
Decisions Adopted	631
Average Days from Default to Board Vote	23
*Last Calendar Month (Nov)	
Pleadings Served	53
Petitions to Revoke Probation	6
Stipulated Surrenders Signed by EO	21
Withdrawals of Statement of Issues	0
Decisions Adopted	101
Average Days from Default to Board Vote	17

Disciplinary Actions Summary	Public Repeval	Probation	Suspension, Probation	Revocation	Surrender	Voluntary Surrender	Total Fiscal Year 19/20
Registered Nurse	88	127	10	109	157	19	510
Public Health Nurse	12	13		11	12	3	51
Psych/Mental Health							0
Nurse Practitioner	5	6		8	4	1	24
NP-Furnishing	5	5		6	4	1	21
Nurse-Midwife		2		1			3

Board of Registered Nursing
 Enforcement Process Statistics
 Fiscal Year 19/20
 July 1, 2019 – December 16, 2019

NM-Furnishing		1		1			2
Nurse Anesthetist	1			3	1		5
Clinical Nurse Specialist	1			1	1		3

*Specialty certifications are a subset of the Registered Nurse license. When enforcement action is taken on an RN license, all advanced certifications a nurse holds is also included in the action. More than one enforcement action may be taken (thus counted here) against an RN during the time period.

Probation Stats as of 12/27/2019

Probation Data	Numbers	% of Active
Male	259	31%
Female	586	69%
Chemical Dependency	442	52.3%
Required Drug-Screening	381	45.1%
Practice	281	33.3%
Mental Health	8	0.9%
Conviction - excluding chemical dependency/alcohol use	105	12.4%
Advanced Certificates	57	7%
Southern California	461	55%
Northern California	374	44%
Tolled Probationers	6	1%
Pending AG	79	9%
License Revoked Fiscal YTD	6	
License Surrendered Fiscal YTD	8	
Deceased Fiscal YTD	1	
Terminated Fiscal YTD	27	
Successfully Completed Fiscal YTD	37	
Active In-State Probationers	845	
Completed/Revoked/Terminated/Surrendered YTD	79	
Tolled Probationers	413	
Active and Tolled Probationers	1258	

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.1
DATE: February 20, 2020

ACTION REQUESTED: **Information About Physician Assistant: Practice Agreement:** Supervision and changes, authorized by Senate Bill No 697, Chapter 707.

REQUESTED BY: Elizabeth Woods, FNP, RN, Chairperson

BACKGROUND:
Physician Assistant: Practice Agreement: Supervision
2018-2019 Legislative Session

Senate Bill 697, Chapter 707 (Caballero) Physician Assistant:
Practice agreement: Supervision.

An act to amend Sections 3500, 3501, 3502, 3502.1, 3502.3, 3509, 3516, 3518, 3527, and 3528 of, and to repeal Sections 3516.5, 3521, and 3522 of, the Business and Professions Code, relating to healing arts.

[Approved by Governor October 9, 2019. Filed with Secretary of State October 9, 2019.]

THIS NEW LAW:

- Removes the requirement that the physician Assistant and Board make recommendations to the Medical Board of California concerning the formulation of guidelines for consideration and approval of applications by licensed physicians and surgeons to supervise physician assistants.
- Remove the requirement that the medical record identify the responsible supervising physician and surgeon and that those written guidelines for adequate supervision be established.
- Authorizes a Physician Assistant to perform medical services authorized by the Act as amended by Senate Bill No. 697, Chapter 707; if requirements are met, including that the medical services are rendered pursuant to a practice agreement as defined, and the Physician Assistant is competent to perform the medical services.
- The Act requires a practice agreement between a physician assistant and a physician and Surgeon to meet specified requirements and would require a practice agreement to establish policies and procedures to identify a physician and surgeon supervising a physician assistant rendering services in a general acute care hospital.
- The Act authorizes a physician assistant, under supervision of a physician and surgeon, to administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may be lawfully furnish the medication or medical device, subject to specified requirements.

- The Act revises and authorizes a physician assistant to furnish or order a drug or device subject to specified requirements, including that the furnishing or ordering be in accordance with the practice agreement and consistent with the physician assistant’s education preparations for which clinical carpeting has been established and maintained, and the physician and surgeon be available by the telephone or other electronic communication method at the time the physician assistant examines the patient.
- The Act authorizes the physician assistant to furnish or order schedule II and III controlled substances in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician and surgeon.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 3500 of the Business and Professions Code is amended to read:

3500.

In its concern with the growing shortage and geographic maldistribution of health care services in California, the Legislature intends to establish in this chapter a framework for another category of health manpower—the physician assistant.

The purpose of this chapter is to encourage the effective utilization of the skills of physicians and surgeons, and physicians and surgeons and podiatrists practicing in the same medical group practice, by enabling them to work with qualified physician assistants to provide quality care.

This chapter is established to encourage the coordinated care between physician assistants, physicians and surgeons, podiatrists, and other qualified health care providers practicing in the same medical group, and to provide health care services. It is also the purpose of this chapter to allow for innovative development of programs for the education, training, and utilization of physician assistants.

SEC. 2.

Section 3501 of the Business and Professions Code is amended to read:

3501.

As used in this chapter:

- (a) “Board” means the Physician Assistant Board.
- (b) “Approved program” means a program for the education of physician assistants that has been formally approved by the board.
- (c) “Trainee” means a person who is currently enrolled in an approved program.
- (d) “Physician assistant” or “PA” means a person who meets the requirements of this chapter and is licensed by the board.
- (e) “Supervising physician” or “supervising physician and surgeon” means a physician and surgeon licensed by the Medical Board of California or by the Osteopathic Medical Board of California who supervises one or more physician assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation prohibiting the employment or supervision of a physician assistant.
- (f) (1) “Supervision” means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant. Supervision, as defined in this subdivision, shall not be construed to require the physical presence of the physician and surgeon, but does require the following:
 - (A) Adherence to adequate supervision as agreed to in the practice agreement.

(B) The physician and surgeon being available by telephone or other electronic communication method at the time the PA examines the patient.

(2) Nothing in this subdivision shall be construed as prohibiting the board from requiring the physical presence of a physician and surgeon as a term or condition of a PA's reinstatement, probation, or imposing discipline.

(g) "Regulations" means the rules and regulations as set forth in Division 13.8 (commencing with Section 1399.500) of Title 16 of the California Code of Regulations.

(h) "Routine visual screening" means noninvasive, nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception.

(i) "Program manager" means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

(j) "Organized health care system" includes a licensed clinic as described in Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code, an outpatient setting as described in Chapter 1.3 (commencing with Section 1248) of Division 2 of the Health and Safety Code, a health facility as described in Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, a county medical facility as described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code, an accountable care organization, a home health agency, a physician's office, a professional medical corporation, a medical partnership, a medical foundation, and any other entity that lawfully provides medical services and is in compliance with Article 18 (commencing with Section 2400) of Chapter 5.

(k) "Practice agreement" means the writing, developed through collaboration among one or more physicians and surgeons and one or more physician assistants, that defines the medical services the physician assistant is authorized to perform pursuant to Section 3502 and that grants approval for physicians and surgeons on the staff of an organized health care system to supervise one or more physician assistants in the organized health care system. Any reference to a delegation of services agreement relating to physician assistants in any other law shall have the same meaning as a practice agreement.

(l) "Other specified medical services" means tests or examinations performed or ordered by a PA practicing in compliance with this chapter or regulations of the board or the Medical Board of California promulgated under this chapter.

SEC. 3.

Section 3502 of the Business and Professions Code is amended to read:

3502.

(a) Notwithstanding any other law, a PA may perform medical services as authorized by this chapter if the following requirements are met:

(1) The PA renders the services under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California or by the Osteopathic Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.

(2) The PA renders the services pursuant to a practice agreement that meets the requirements of Section 3502.3.

(3) The PA is competent to perform the services.

(4) The PA's education, training, and experience have prepared the PA to render the services.

(b) (1) Notwithstanding any other law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant to this

subdivision shall do so only according to patient-specific orders from a supervising physician and surgeon.

(2) A supervising physician and surgeon shall be available to the physician assistant for consultation when assistance is rendered pursuant to this subdivision. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

(c) Nothing in regulations shall require that a physician and surgeon review or countersign a medical record of a patient treated by a physician assistant, unless required by the practice agreement. The board may, as a condition of probation or reinstatement of a licensee, require the review or countersignature of records of patients treated by a physician assistant for a specified duration.

(d) This chapter does not authorize the performance of medical services in any of the following areas:

(1) The determination of the refractive states of the human eye, or the fitting or adaptation of lenses or frames for the aid thereof.

(2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, or orthoptics.

(3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.

(4) The practice of dentistry or dental hygiene or the work of a dental auxiliary as defined in Chapter 4 (commencing with Section 1600).

(e) This section shall not be construed in a manner that shall preclude the performance of routine visual screening as defined in Section 3501.

(f) Notwithstanding any other law, a PA rendering services in a general acute care hospital as defined in Section 1250 of the Health and Safety Code shall be supervised by a physician and surgeon with privileges to practice in that hospital. Within a general acute care hospital, the practice agreement shall establish policies and procedures to identify a physician and surgeon who is supervising the PA.

SEC. 4.

Section 3502.1 of the Business and Professions Code is amended to read:

3502.1.

In addition to the medical services authorized in the regulations adopted pursuant to Section 3502, and except as prohibited by Section 3502, a PA may furnish or order a drug or device subject to all of the following:

(a) The PA shall furnish or order a drug or device in accordance with the practice agreement and consistent with the PA's educational preparation or for which clinical competency has been established and maintained.

(b) (1) A practice agreement authorizing a PA to order or furnish a drug or device shall specify which PA or PAs may furnish or order a drug or device, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the PA's competence, including peer review, and review of the practice agreement.

(2) In addition to the requirements in paragraph (1), if the practice agreement authorizes the PA to furnish a Schedule II controlled substance, the practice agreement shall address the diagnosis of the illness, injury, or condition for which the PA may furnish the Schedule II controlled substance.

(c) The PA shall furnish or order drugs or devices under physician and surgeon supervision. This subdivision shall not be construed to require the physical presence of the physician and surgeon, but does require the following:

- (1) Adherence to adequate supervision as agreed to in the practice agreement.
- (2) The physician and surgeon be available by telephone or other electronic communication method at the time the PA examines the patient.
- (d) (1) Except as provided in paragraph (2), the PA may furnish or order only those Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) that have been agreed upon in the practice agreement.
- (2) The PA may furnish or order Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician and surgeon.
- (e) (1) The PA has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section or has completed a program for instruction of PAs that meet the requirements of Section 1399.530 of Title 16 of the California Code of Regulations, as that provision read on June 7, 2019.
- (2) A physician and surgeon through a practice agreement may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.
- (3) PAs who hold an active license, who are authorized through a practice agreement to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, and who have not successfully completed a one-time course in compliance with Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall complete, as part of their continuing education requirements, a course that covers Schedule II controlled substances, and the risks of addiction associated with their use, based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision. Evidence of completion of a course meeting the standards, including pharmacological content, established in Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall be deemed to meet the requirements of this section.
- (f) For purposes of this section:
- (1) "Furnishing" or "ordering" shall include the following:
- (A) Ordering a drug or device in accordance with the practice agreement.
- (B) Transmitting an order of a supervising physician and surgeon.
- (C) Dispensing a medication pursuant to Section 4170.
- (2) "Drug order" or "order" means an order for medication that is dispensed to or for an ultimate user, issued by a PA as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.
- (g) Notwithstanding any other law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of a supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants; and (3) the signature of a PA on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

SEC. 5.

Section 3502.3 of the Business and Professions Code is amended to read:

3502.3.

(a) (1) A practice agreement shall include provisions that address the following:

(A) The types of medical services a physician assistant is authorized to perform.

(B) Policies and procedures to ensure adequate supervision of the physician assistant, including, but not limited to, appropriate communication, availability, consultations, and referrals between a physician and surgeon and the physician assistant in the provision of medical services.

(C) The methods for the continuing evaluation of the competency and qualifications of the physician assistant.

(D) The furnishing or ordering of drugs or devices by a physician assistant pursuant to Section 3502.1.

(E) Any additional provisions agreed to by the physician assistant and physician and surgeon.

(2) A practice agreement shall be signed by both of the following:

(A) The physician assistant.

(B) One or more physicians and surgeons or a physician and surgeon who is authorized to approve the practice agreement on behalf of the staff of the physicians and surgeons on the staff of an organized health care system.

(3) A delegation of services agreement in effect prior to January 1, 2020, shall be deemed to meet the requirements of this subdivision.

(4) A practice agreement may designate a PA as an agent of a supervising physician and surgeon.

(5) Nothing in this section shall be construed to require approval of a practice agreement by the board.

(b) Notwithstanding any other law, in addition to any other practices that meet the general criteria set forth in this chapter or regulations adopted by the board or the Medical Board of California, a practice agreement may authorize a PA to do any of the following:

(1) Order durable medical equipment, subject to any limitations set forth in Section 3502 or the practice agreement. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.

(2) For individuals receiving home health services or personal care services, after consultation with a supervising physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.

(3) After performance of a physical examination by the PA under the supervision of a physician and surgeon consistent with this chapter, certify disability pursuant to Section 2708 of the Unemployment Insurance Code. The Employment Development Department shall implement this paragraph on or before January 1, 2017.

(c) This section shall not be construed to affect the validity of any practice agreement in effect prior to the effective date of this section or those adopted subsequent to the effective date of this section.

SEC. 6.

Section 3509 of the Business and Professions Code is amended to read:

3509.

It shall be the duty of the board to:

(a) Establish standards and issue licenses of approval for programs for the education and training of physician assistants.

(b) Make recommendations to the Medical Board of California concerning the scope of practice for physician assistants.

(c) Require the examination of applicants for licensure as a physician assistant who meet the requirements of this chapter.

SEC. 7.

Section 3516 of the Business and Professions Code is amended to read:

3516.

(a) Notwithstanding any other provision of law, a physician assistant licensed by the board shall be eligible for employment or supervision by a physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that employment or supervision.

(b) Except as provided in Section 3502.5, a physician and surgeon shall not supervise more than four physician assistants at any one time.

(c) The Medical Board of California may restrict a physician and surgeon to supervising specific types of physician assistants including, but not limited to, restricting a physician and surgeon from supervising physician assistants outside of the field of specialty of the physician and surgeon.

SEC. 8.

Section 3516.5 of the Business and Professions Code is repealed.

SEC. 9.

Section 3518 of the Business and Professions Code is amended to read:

3518.

The board shall keep a current register for licensed PAs, if applicable. The register shall show the name of each licensee, the licensee's last known address of record, and the date of the licensee's licensure. Any interested person is entitled to obtain a copy of the register in accordance with the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code) upon application to the board together with a sum as may be fixed by the board, which amount shall not exceed the cost of this list so furnished.

SEC. 10.

Section 3521 of the Business and Professions Code is repealed.

SEC. 11.

Section 3522 of the Business and Professions Code is repealed.

SEC. 12.

Section 3527 of the Business and Professions Code is amended to read:

3527.

(a) The board may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a PA license after a hearing as required in Section 3528 for unprofessional conduct that includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

(b) The board may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, an approved program after a hearing as required in Section 3528 for a violation of this chapter or the regulations adopted pursuant thereto.

(c) The Medical Board of California may order the imposition of probationary conditions upon a physician and surgeon's authority to supervise a PA, after a hearing as required in Section 3528, for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

(d) The board may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, a PA license, after a hearing as required in Section 3528 for unprofessional conduct that includes, except for good cause, the knowing failure of a licensee to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other bloodborne pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the Osteopathic Medical Board of California, the Podiatric Medical Board of California, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that licensees are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of bloodborne infectious diseases.

(e) The board may order the licensee to pay the costs of monitoring the probationary conditions imposed on the license.

(f) The expiration, cancellation, forfeiture, or suspension of a PA license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

SEC. 13.

Section 3528 of the Business and Professions Code is amended to read:

3528.

Any proceedings involving the denial, suspension, or revocation of the application for licensure or the license of a PA or the application for approval or the approval of an approved program under this chapter shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 14.

The provisions of this measure are severable. If any provision of this measure or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

SEC. 15.

No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

RESOURCES:

NEXT STEPS:

Board

FISCAL IMPACT, IF ANY:

None

PERSON(S) TO CONTACT:

Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov

Information Bulletin

SB 697 – Frequently Asked Questions

Overview

SB 697 (Chapter 707, Statutes of 2018) became effective on January 1, 2020 and made numerous changes to the Physician Assistant Practice Act (Act), which provides for licensure and regulation of physician assistants by the Physician Assistant Board (Board). Generally, the new law removes requirements that the medical record identify the responsible supervising physician and surgeon, removes requirements that the physician be physically available to the physician assistant for consultation, removes requirements for review and countersignature of patient medical records, and removes requirements that written guidelines for adequate supervision be established. The new law instead authorizes a physician assistant to perform medical services authorized by the Act if certain requirements are met, including that the medical services are rendered pursuant to a practice agreement, as defined, and the physician assistant is competent to perform the medical services.

The Act now requires that a practice agreement between a physician assistant and a physician and surgeon meet specified requirements, including that the agreement have policies and procedures to ensure adequate supervision of the physician assistant, including, but not limited to, appropriate communication, availability, consultations, and referrals between a physician and surgeon and the physician assistant in the provision of medical services. In addition, a practice agreement must establish policies and procedures to identify a physician and surgeon (with privileges to practice in that hospital) who is supervising a physician assistant rendering services in a general acute care hospital.

The prior law authorized a physician assistant, under the supervision of a physician and surgeon, to administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device, subject to specified requirements. The new law authorizes a physician assistant to furnish or order a drug or device subject to specified requirements, including that the furnishing or ordering be in accordance with the practice agreement and consistent with the physician assistant's educational preparation or for which clinical competency has been established and maintained, and that the physician and surgeon be available by telephone or other electronic communication method at the time the physician assistant examines the patient.

The Act now authorizes the physician assistant to furnish or order Schedule II or III controlled substances in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician and surgeon and requires completion of a controlled substances course by the PA's next renewal if the PA is

authorized by a practice agreement to furnish Schedule II controlled substances and if the PA has a DEA registration.

In addition, the new law provides that any reference to a “delegation of services agreement” in any other law means “practice agreement,” as defined. The Act now provides that supervision does not require the supervising physician and surgeon to be physically present, but does require adequate supervision as agreed to in the practice agreement and does require that the physician and surgeon be available by telephone or other electronic communication method at the time the physician assistant examines the patient. However, the Act also prohibits this provision from being construed as prohibiting the Board from requiring the physical presence of a physician and surgeon as a term or condition of a PA’s reinstatement, probation, or imposing discipline.

For more detailed information and to review the exact text of this new legislation, a copy of SB 697 is included with this information bulletin at:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB697.

The Board is providing the following information in response to questions received:

Practice Agreement

1. **What is a practice agreement?**

The practice agreement replaces the delegation of services agreement. The practice agreement is a written agreement developed through collaboration among one or more physicians and surgeons (“physician”) and one or more physician assistants (PA). The practice agreement defines the medical services the PA is authorized to perform pursuant to Business and Professions Code (BPC) section 3502 and grants approval for the physicians and surgeons on the staff of an “organized health care system”¹ to supervise one or more PAs in an organized health care system. (See BPC, § 3501, subd. (k).).

The practice agreement must include provisions that address the following:

- (1) The types of medical services a physician assistant is authorized to perform,
- (2) Policies and procedure to ensure adequate supervision of the PA,
- (3) The methods for continuing evaluation of the competency and qualifications of the PA,

¹ Under the new law, an “organized health care system” includes a licensed clinic, an outpatient setting, a health facility, an accountable care organization, a home health agency, a physician’s office, a professional medical corporation, a medical partnership, a medical foundation, and any other entity that lawfully provides medical services (see BPC, § 3501, subd. (j)).

- (4) The furnishing or ordering of drugs or devices by a PA pursuant to Section 3502.1 (see answer to Question No. 5); and,
- (5) Any additional provisions agreed to by the PA and the supervising physician. (See BPC, § 3502.3, subd. (a)(1).)

The practice agreement must be signed by the PA and one or more physicians or a physician who is authorized to approve the practice agreement on behalf of the staff of the physicians on the staff of an organized health care system. (See BPC, § 3502.3, subd. (a)(2).)

2. Will the Board be publishing a sample/template practice agreement on its website?

No, not at this time. Further, the law does not require the Board to approve practice agreements. (BPC, § 3502.3, subd. (a)(5).)

3. Can an existing delegation of services agreement be used instead of a practice agreement?

Yes. Any delegation of services agreement in effect prior to January 1, 2020 shall be deemed to meet the requirements of BPC Section 3502.3. (See BPC, § 3502.3, subd. (a)(3).)

4. What Medical Services is a PA authorized to perform?

A PA is authorized to perform those medical services described in the practice agreement. The PA must also have the competency to perform the medical services, and the PA's education, training, and experience must have prepared the PA to render the services. (See BPC, § 3502, subd. (a).)

Finally, in addition to any other practices that meet the criteria set forth in the Act or the Board's or the Medical Board of California's regulations, a practice agreement may authorize a PA to do any of the following:

(1) Order durable medical equipment, subject to any limitations set forth in Section 3502 of the Act (particularly competency, education training, and experience), or the practice agreement.

(2) For individuals receiving home health services or personal care services, after consultation with a supervising physician, approve, sign, modify, or add to a plan of treatment or plan of care.

(3) After performance of a physical examination by the PA under the supervision of a physician, certify disability pursuant to Section 2708 of the Unemployment Insurance Code. (See BPC, § 3502.3, subd. (b).)

Prescriptions

5. Are protocols and formularies for controlled substances required?

No. However, there are still criteria that need to be met to authorize a PA to furnish a controlled substance. A PA may furnish or order only those Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act that have been agreed upon in the practice agreement, and consistent with the PA's educational preparation or for which clinical competency has been established and maintained. With respect to Schedules II or III controlled substances, the practice agreement or a patient-specific order approved by the treating or supervising physician can authorize the PA to furnish a Schedule II or III controlled substance. (See BPC, § 3502.1, subds. (a), (d)(1), and (d)(2).)

A practice agreement authorizing a PA to order or furnish a drug or device shall specify all of the following:

- (1) which PA or PAs may furnish or order a drug or device,
- (2) which drugs or devices may be furnished or ordered,
- (3) under what circumstances a drug or device will be furnished,
- (4) the extent of physician supervision,
- (5) the method of periodic review of the PA's competence, including peer review,
- (6) review of the practice agreement (BPC, § 3502.1, subd. (b)(1); and,
- (7) if the practice agreement authorizes the PA to furnish a Schedule II controlled substance, the practice agreement shall address the diagnosis of the illness, injury, or condition for which the PA may furnish the Schedule II controlled substance. (See BPC, § 3502.1, subd. (b)(2).)

To furnish any drug or device, the PA must have also completed a course in pharmacology that meets the requirements contained in section 1399.530 of Title 16 of the California Code of Regulations as that provision read on June 7, 2019. (See BPC, § 3502.1, subd. (e)(1).) For PAs that are authorized through a practice agreement to furnish Schedule II controlled substances, completion of a controlled substance education course is now mandatory, as described below.

6. Is the Controlled Substance Education Course required?

Yes. A PA who holds an active license, who is authorized through a practice agreement to furnish Schedule II controlled substances, who is registered with the U.S. Drug Enforcement Administration (DEA), and who has not completed a one-time course in compliance with sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations as those provisions read on June 7, 2019, shall complete, as part of their continuing education requirements, a course that

covers Schedule II controlled substances and the risks of addiction associated with their use, based on standards developed by the Board. Therefore, if a PA who holds an active license has not yet completed the required course, the PA needs to complete the course before renewing their license. (See BPC, § 3502.1, subd. (e)(3).)

7. Can a PA furnish or order Schedule II or III controlled substances?

Yes. A PA may furnish or order Schedule II or III controlled substances in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician. (See BPC, § 3502.1, subd. (d)(2).) However, continuing education and practice agreement requirements also need to be met to maintain compliance with the Act (see answers to Question Nos. 5 and 6 above).

8. Is supervising physician contact information required on PA prescriptions?

No. PA prescription pads are no longer required to list the name, address, and telephone number of their supervising physician. Further, a PA's drug order that is authorized to be issued under the Act must be treated in the same manner as a prescription of a supervising physician, and the signature of a PA on a drug order issued in accordance with the Act is deemed to be the signature of a prescriber for purposes of the Business and Professions Code and the Health and Safety Code. (See BPC, § 3502.1, subd. (g).)

Supervision

9. Are PAs required to identify their supervising physician for each episode of care in the patient's medical record?

Not anymore. The legislation removed the requirement that each episode of care for a patient identify the physician responsible for the supervision of the physician assistant. (See BPC, § 3502, as amended.)

10. Does the supervising physician still need to review or countersign my charts?

No. Unless the practice agreement requires it, the supervising physician no longer must review or countersign the medical records of a patient treated by a PA. The Board may, as a condition of probation or reinstatement of a licensee, require the review or countersignature of records of patients treated by a PA for a specified duration. (See BPC, § 3502, subd. (c).)

11. What are the Responsibilities of a Supervising Physician?

Under the new law, a supervising physician must provide adequate supervision of a PA as agreed to in the practice agreement. A supervising physician need not be physically present while the PA provides medical services but must be available by telephone or other electronic communication method at the time the PA examines the patient. (See BPC, § 3501, subd. (f)(1)(A)-(B).) However, the Board may require the physical presence of the supervising physician as a term or condition of a PA's reinstatement, probation, or imposing discipline. (See BPC, § 3501, subd. (f)(2).)

Supervision means that a physician oversees and accepts responsibility for the medical services provided by the PA. (See BPC, § 3501, subd. (f)(1).) While the PA is also no longer an agent of the supervising physician, the PA and the supervising physician can agree via practice agreement, that the PA is designated as an agent of the supervising physician. (See BPC, § 3502.3, subd. (a)(4).)

If rendering services in a general acute care hospital as defined in Health and Safety Code section 1250, the PA must be supervised by a physician who has privileges to practice in that hospital. Within a general acute hospital, the practice agreement shall establish policies and procedures to identify a physician who is supervising the PA. (See BPC, § 3502, subd. (f).)

However, amendments to the new law did not change the following requirements for physician supervision:

- (a) a physician assistant licensed by the board shall be eligible for employment or supervision by a physician who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that employment or supervision.
- (b) Except as provided in Business and Professions Code section 3502.5 (state of war or emergency), a physician shall not supervise more than four physician assistants at any one time.
- (c) The Medical Board of California may restrict a physician and surgeon to supervising specific types of physician assistants including, but not limited to, restricting a physician and surgeon from supervising physician assistants outside of the field of specialty of the physician and surgeon. (See BPC, § 3516.)

Miscellaneous

12. Can a PA now own a majority share in a medical practice?

No. The new law did not change the Moscone-Knox Professional Corporation Act's ban on the owning of a majority of shares of a professional medical corporation. Under this prohibition a PA cannot own more than 49% of a professional medical corporation. (See Corp. Code, § 13401.5, subd. (a)(7).)

Form: PAB SB 697 FAQ Sheet .docx
Version: January 6, 2020

CAPA Sponsored Legislation

CAPA's Sponsored Bill – SB 697

Bill Information: [Click here](#)

October 9, 2019 – Governor Newsom signs SB 697! This bill is self-executing and will take effect on January 1, 2020.

September 11, 2019 – SB 697 made it out of the Senate (40 Ayes, 0 Noes) and is now on its way to the Governor's desk for signature.

September 9, 2019 – SB 697 made its way through the Assembly (68 Ayes, 0 Noes) and will be back in the Senate for concurrence on September 10, 2019.

August 30, 2019 – SB 697 made it out of the Assembly Appropriations Committee with a vote of 18 yeas and 0 noes. The next stop for the bill is the Assembly Floor.

July 9, 2019 – SB 697 made it out of the Assembly Business and Professions (B & P) Committee with a vote of 19 yeas and 0 noes. The next stop for the bill is the Assembly Appropriations Committee.

May 23, 2019 – SB 697 made it off the Senate floor with 37 Ayes and 0 Noes.

CAPA Sponsored Legislation

The bill now moves to the Assembly. Each step of the way the number of no votes has been zero. This is NOT because the bill is non-controversial or isn't powerful in its purpose to strengthen PA practice in California. This is because CAPA has diligently met with Senators, their staff and worked with stakeholders to address their concerns. It is a lot of work going into a committee or on to the floor of the Senate or Assembly. We are working now to meet with Assembly members, their staff and stakeholders. This constant attention throughout the legislative process makes a huge difference.

May 23, 2019 – SB 697 made it off the Senate floor with 37 Ayes and 0 Noes.

May 16, 2019 – SB 697 successfully passed out of the Senate Standing Committee on Appropriations without any "Noe" votes.

April 23, 2019 – CAPA presented testimony in support of CAPA's sponsored bill, SB 697 (Caballero) to the Senate Business, Professions and Economic Development Committee. We are proud to report that the bill passed out of the Committee with 8 Ayes and 0 Noes. This is just the first of many Committee and floor votes needed before SB 697 makes its way to the Governor's desk for signature.

February 22, 2019 – CAPA Introduces SB 697 Physician assistants: practice agreement: supervision (Caballero)

CAPA Sponsored Legislation

SB 697 will:

- Eliminate delegated services to PAs. Instead each practice will outline the PA's professional services through an agreement developed in collaboration with a PA and a representative physician of the practice.
- Eliminate the chart co-signature and chart review as defined in statute.
- Help to equalize PAs and NPs in the job market and at the practice level

CAPA members who have questions about SB 697 should feel free to contact CAPA at capa@capanet.org.



Department of Consumer Affairs

Physician Assistant Board

<https://pab.ca.gov/>



Alerts

- SB 697

Implementation of SB 697, effective January 1, 2020, amends the California Physician Assistant Practice Act. To view SB 697 visit <http://leginfo.legislature.ca.gov/>. Please submit questions regarding SB 697 by emailing the [PA Board](#).



...through licensing,
education and...



...objective enforcement
of laws and regulations.