



Systems Portfolio

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A Tradition of Excellence
in Nursing Education

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Saint Francis Medical Center College of Nursing
Peoria, Illinois

2017 AQIP Systems Portfolio

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Institutional Overview

Background

Saint Francis Medical Center College of Nursing (the College) is owned by the Sisters of the Third Order of St. Francis and operated through OSF Saint Francis Medical Center (OSF SFMC). The College is a private, non-profit, specialized nursing college offering upper division baccalaureate and graduate nursing programs. In keeping with the Mission of the Sisters, the College of Nursing (CON) has continued a tradition for over 100 years of excellence in nursing education.

St. Francis Hospital School of Nursing (School) was organized in 1905, for Sisters only. The School's diploma program was approved by the State of Illinois in 1915, and opened to lay students in 1918. The School maintained continuous State approval of the diploma program. The College of Nursing was established in November 1985, with approval of the baccalaureate program by the Illinois Department of Professional Regulations. The College enrolled its first students as juniors in August 1986. The first class graduated in May 1988. In 2000, the approvals were obtained to enroll the first MSN class in 2001. The first MSN class graduated in 2004. In 2009, approvals were obtained for the DNP program. The first students enrolled in the DNP program in fall 2009 and graduated in May 2012.

Mission, Values, and Strategic Vision

The Mission of the College is *“to provide nursing education programs at the undergraduate and graduate level.... The College encourages participation of faculty and students in scholarly activities that contribute to learning, nursing, and health care. The College serves the community by providing competent entry level and advanced practitioners responsive to the changing health needs of society and the health care system...”*

Flowing from the Mission Statement, the College adopted the Vision statement:

“While representing a standard of excellence, Saint Francis Medical Center College of Nursing will obtain local, regional, and national recognition by providing the highest quality undergraduate and graduate nursing education programs, as well as the best clinical experiences. This will in turn produce the most prepared nurses and nurse educators capable of administering the highest quality education and/or care.”

The Core Values of the College are:

- Personal and Professional Development (Includes learning, caring, leadership, and personal worth and dignity)
- Service (Includes integrity, responsibility, and accountability)
- Quality (Includes excellence)
- Agility (Includes being future focused and forward thinking).

Numbers and Types of Students, Faculty, and Staff

Spring 2017 data reflect a total College enrollment of 612 students (includes 3 student-at-large). The undergraduate enrollment is 375 students with 338 full-time and 37 part-time. This includes 38 students in the RN to BSN option. Graduate enrollment is 234 students with 201 enrolled in the MSN, 23 in the DNP and 10 in post graduate certificate option. The student population of the College is 89% female and 11% male. Students from a variety of ethnic backgrounds represent 12% of the student population.

The College employs four full-time administrators. There are 36 full-time, 18 part-time, and 10 adjunct/contractual faculty. There are 19 full-time and one part-time staff. The faculty and staff meet the needs of both traditional students and those enrolled in the distance education programs.

Academic Offerings; Distance Delivery Programs

The College offers undergraduate and graduate nursing programs. The undergraduate nursing program is 124 credit hours and leads to a Bachelor's of Science Degree in Nursing (BSN). These hours are divided into 59 semester hours of required pre-nursing courses and 65 hours of courses in the nursing major. The College offers an accelerated option in the baccalaureate program for registered nurses. The RN to BSN option is 123 semester credits.

The Master of Science in Nursing (MSN) program is designed to provide the baccalaureate professional nurse with current advanced knowledge and skills through completion of a variety of program options. The graduate program offers six MSN program options that vary in credit length from 33 to 46 credits. There is an accelerated RN to MSN option for registered nurses who hold a non-nursing baccalaureate degree. The College offers three post-graduate certificate programs. The College offers a Doctor of Nursing Practice (DNP) degree with two options, Clinical or Leadership. The DNP program is a 39 credit post master's doctorate.

The College is approved to offer the RN to BSN, and all graduate degree options via distance education. The College participates as an approved Illinois school within the National Council for State Authorization Reciprocity Agreements (NC-SARA).

Campuses

The College has one campus that is located in Peoria, Illinois. The College of Nursing is housed in an 8 story building with a total of 62,390 square feet. The Nursing Resource Center located is located in the Allied Agencies Building. The College buildings are located on the campus of OSF Saint Francis Medical Center.

Quality Improvement

The College became an AQIP institution in 2004. Since its participation as an AQIP institution, the College has completed two System Portfolios and attended three Strategy Forums. The College completed its first AQIP cycle in 2011 resulting in reaffirmation of accreditation by the Higher Learning Commission until 2017-2018.

The College views its time in AQIP as a journey and recognized the critical need to promote a culture that is focused on quality improvement (QI). As a result of this, the College implemented two AQIP Action Projects that focused on "Enhancement of a Quality Improvement Culture through Improvement of Personnel Buy-In". Outcomes of these projects included: identifying a QI Champion; initiation of the College's annual Quality Luncheon and Program; annual themed activities around QI; incorporation of a module on QI in new employee orientation; and the development of an annual QI day for all faculty and staff. As a component of its AQIP journey, the College also developed a Quality Statement: *"Quality is our commitment to excellence in nursing education, being the very best of the best. It is achieved by applying Quality Improvement initiatives to reach beyond expectations in teaching, learning, and services to students and stakeholders."*

Action Projects have focused on key areas of improvement for the College. The Action Projects are aligned with the College's strategic goals and initiatives. Areas of focus for Action Projects have included: student success on NCLEX-RN licensure examination, development of a nursing advisory committee for external stakeholder feedback, implementation of a Gap Committee to review and use data to close the feedback loop, revision of faculty job descriptions, enrollment management, development of a writing center for students, development of an academic development center for student success, development of a cultural diversity and inclusion plan, development and implementation of a peer evaluation process, and improving the online teaching skills of faculty.

Category 1: Helping Students Learn

Introduction

The College is a private, non-profit, specialized nursing college offering upper division baccalaureate and graduate nursing programs. The design, deployment, and effectiveness of the teaching-learning processes are focused on high quality academic programs that educate students for the professional practice of nursing at either an entry-level or advanced practice level. The teaching-learning processes and academic offerings are aligned with the College Mission to provide undergraduate and graduate nursing education. The College uses the tag line “A Continuing Traditions of Excellence in Nursing Education” to emphasize the over 110 years of nursing education provided at the College.

To meet the needs of the student population, multiple courses delivery methods are used. The College offers traditional in-seat, hybrid and online courses at the BSN level. Classes are typically offered during the week with daytime hours; but, there are evening clinical sections available for students. The RN to BSN option, MSN, and DNP programs are offered online. The College is a member institution of the State Authorization Reciprocity Agreement (SARA-NC) and has students enrolled in its graduate programs from a number of SARA-NC states.

The College has had consistent Action Projects focusing on “helping students learn.” Four of the most recent include: Improving Student Success on NCLEX-RN Licensure Exam, Development of a College Writing Center, Preparing Nursing Faculty to Teach Online, which is in phase II, and Improving Communication among Nurse Faculty across the Curriculum. The College’s next Action Project will focus on development of a College Examination Committee that will work on improvement of faculty developed examinations to assess student learning within courses.

The 2012 Systems Portfolio Appraisal Feedback Report identified multiple strengths for the College in this category. Examples of strengths that the College continues to have in place are: a systematic and agile process for identifying new programs that are aligned with the Mission and Strategic Plan; engagement of a broad set of stakeholders to identify and develop shared outcomes for programs; faculty developed learning outcomes in alignment with the Mission and Vision and professional standards; a defined and implemented ongoing process to monitor program and course currency; and the use of multiple indirect and direct measures to assess student learning in all programs.

The College has a long history of assessing student learning through data collection and analysis. The College has a comprehensive Systematic Assessment and Evaluation Plan (SAEP) that specifies the data collected to assess achievement of program outcomes. The plan also specifies the timeline for collection, who is responsible, the process for review and analysis of data, and expected outcomes. The SAEP provides methods for systematic and comprehensive evaluation of the three degree programs for the purpose of identifying program strengths and areas for improvement. The College publishes its assessment data in an *Annual Report* that is shared with key stakeholders.

The College views its teaching-learning processes and assessment methods as well-developed and strong. Because of this, the College identifies both its stage in systems maturity related to processes and stage in systems maturity related to results as aligned. The College processes are explicit and are evaluated for improvement based on an established schedule. Measures and metrics are established for all programs, data are analyzed, and results are used for program improvement. Results are shared with key stakeholders.

Common Learning Outcomes

1P1 Common Learning Outcomes focuses on the knowledge, skills and abilities expected of graduates from all programs. Describe the processes for determining, communicating and ensuring the stated common learning outcomes and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for:

Aligning common outcomes (institutional or general education goals) to the mission, educational offerings and degree levels of the institution values (3.B.1, 3.E.2)

The College has identified common College Goals that are aligned to the Mission, educational offerings, and degree levels. The College Goals flow from the Mission. All programs are designed to accomplish the College Goals which are:

- 1) Prepare the graduate to practice professional nursing in a variety of health care settings.
- 2) Provide the essential foundation for graduate study in nursing.
- 3) Foster the commitment to personal and professional growth and accountability.

The College has identified common outcomes across all three degree programs. The common outcomes are appropriate and relevant and include communication, therapeutic interventions, and leadership. The College views therapeutic interventions as a component of the nursing process. Therapeutic interventions are based on the body of nursing knowledge, scientific principles, and nursing research. Therapeutic interventions are an integral part of the plan of care and include independent, dependent, and collaborative activities of the nurse. They are used in promotion and maintenance of health, rehabilitative and restorative care, and support of the dying. Therapeutic interventions are individualized and designed to assist the client(s) in reaching optimal status. Therapeutic interventions include assessment, analysis and planning, interventions, and evaluation.

The College has defined communication as the ability to express and exchange ideas or information in speech, writing, or through technology. As evidenced in the College's organizing framework, faculty believe that written and oral communication are essential to the development of the individual as both a contributing member of society and as a practicing professional within the health care system. Communication has both verbal and nonverbal aspects. Inherent in communication abilities are interaction and caring. Interaction is viewed as an interpersonal process requiring knowledge and effective use of communication skills and principles of teaching/learning. Interaction is a process where one person influences another person or groups toward accomplishment of a goal in a specific situation. Caring is the process of developing a helping relationship, which is influenced by cultural and spiritual values and which promotes the growth and self-actualization of the group, client, or nurse. The learning activities to develop communication skills are clinical/practicum experiences with patient/clients, verbal presentations, written papers, poster presentations, clinical paperwork, and Internet activities.

Leadership is defined as the ability to guide and influence others for the achievement of goals in the practice setting. The graduate student demonstrates initiative in identification and analysis of issues/problems and potential solutions in order to improve care in the advance practice setting.

The general education liberal arts and science requirements of the BSN curriculum provide the foundation for the nursing courses. These requirements incorporate both the General Education Core Curriculum adopted by the Illinois Board of Higher Education (IBHE) and the specific courses required to support the nursing major. The Admission and Progression and Curriculum committees review the IBHE requirements and the Rules and Regulations of the Illinois Nurse Practice Act Section of Illinois law, which specify general education content for professional nursing programs. The required general education pre-nursing courses enhance the student's ability to think logically, reason, formulate ideas, communicate effectively, understand people, and analyze and synthesize data. The courses also enhance

the student's natural abilities, stimulate intellectual inquiry and creativity, and encourage a willingness to explore new ideas. When the BSN curriculum was revised, the general education requirements were reviewed and updated to ensure continued alignment with the Mission.

Humanities and fine arts contribute to the art of nursing, which is demonstrated in sensitivity to the human condition, the appreciation of individuality, and the development of creativity. Philosophy contributes to the student's understanding of self and the beliefs and values of others. It gives the student the opportunity to explore value systems and develop critical thinking. Philosophical concepts brought to the upper division courses are the foundation for understanding values, concepts, and standards underlying nursing practice. These concepts provide a basic understanding for the course, Ethics and Health Care Implications and provide the basis for decision-making based on Judeo-Christian tenets in the ethical dilemmas in nursing practice discussed throughout the other various courses in the nursing major.

Written and oral communication and language skill courses are essential to the development of the individual as both a contributing member of society and as a practicing professional within the health care system. Communication skills are used in the implementation of the nursing process; the development of therapeutic nurse-client relationships; the transfer of knowledge; the application of teaching-learning principles in client education; the application of management skills such as decision-making, conflict management, and motivational strategies; the utilization of research; and the process of self-evaluation.

The study of mathematics and statistics enables the student to develop skills, which are necessary for intellectual inquiry, critical analysis, and synthesis of data. These studies are used by the professional nurse to monitor client status, interpret data, understand the research process and findings, and implement therapeutic nursing interventions.

The required social and behavioral sciences introduce the students to the study of human behavior and include topics such as personality, emotions, intelligence, growth and development through the lifespan, cultures, groups, roles, and society. These courses provide the basis for understanding clients as persons, members of families, communities, and society. Concepts and principles from the social and behavioral sciences are integral to the study of nursing, health, person, society, and environment. The understanding of individuals and their interactions in society enables students to begin to develop the art of caring, which is essential to the practice of professional nursing.

The study of the physical and life sciences provides an understanding of the physical aspects of persons, their environment, and their adaptation to internal and external environments. The role of nutrients and dietary requirements of individuals throughout the life cycle is studied as part of the coursework in this category. Knowledge acquired in the physical and life sciences provides the foundation for the study of health-related alterations and the related nursing care.

Determining common outcomes (3.B.2, 4.B.4)

The faculty through the Curriculum (BSN program) and Graduate (MSN and DNP programs) Committees determine the College Goals and common outcomes for the programs. These Goals and common outcomes are congruent with the Mission of the College. The common outcomes are designed to be in agreement with the standards and criteria established by the IBHE, Illinois Nurse Practice Act; our nursing accrediting body, CCNE; as well as the AACN Baccalaureate, Masters and Doctorate Essentials. After the committees have determined the common outcomes, the College Senate and College Board provide approval.

Articulating the purposes, content and level of achievement of the outcomes (3.B.3, 4.B.1)

The purposes, content, and level of achievement of the outcomes is articulated in the College's organizing framework and the Systematic Assessment and Evaluation Plan (SAEP). The organizing framework

clearly lays out the rationale for the liberal arts and science courses as the foundation for the nursing courses. This information is communicated in the *College Catalog* and *Student Handbook*. The faculty has the primary responsibility for the curriculum. The faculty ensures that the liberal arts and science courses are used within nursing courses. For example, the pathophysiology course builds upon knowledge from the required anatomy and physiology, microbiology, and chemistry courses. This foundational knowledge is measured by the HESI Admission Assessment that tests anatomy and physiology knowledge (see 1R1). The SAEP is provided to all faculty and is found in the *Faculty Academic Handbook*.

Incorporating into the curriculum opportunities for all students to achieve the outcomes (3.B.3, 3.B.5)

The BSN curriculum incorporates learning opportunities for students to achieve the outcomes. The upper division nursing program builds upon and incorporates knowledge and skills from the natural and social sciences and the liberal arts. This broad general education foundation provides the understanding of humankind and society necessary for the learner to provide safe, competent nursing care. The nursing courses integrate theories, principles, and knowledge from the general studies with nursing theories, concepts, and experiences. Student have learning opportunities such as writing and speaking assignments required population –focused projects, and clinical practice in a variety of healthcare settings at different levels of the curriculum.

Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)

The Curriculum Committee (BSN) and Graduate Committee (MSN and DNP) ensure that the outcomes remain relevant and are aligned with student, workplace, and societal needs. Curriculum for all degree options offered at the College are developed, implemented, and revised to reflect relevant IBHE, Illinois Nurse Practice Act, and professional nursing standards and guidelines. The professional nursing standards are evident within the program and course outcomes. Each course syllabus lists the student outcomes for the course. The syllabus also shows the crosswalk of the course outcomes with the program outcomes and the AACN Essential that corresponds to the degree option.

Designing, aligning and delivering cocurricular activities to support learning (3.E.1, 4.B.2)

Co-curricular activities at the College are aligned with Mission and College Goals. The activities help students develop leadership skills and develop personally and professionally. Although the College does not have a systematic method to align co-curricular goals with the College goals, the co-curricular activities contribute to the value of the students' educational experience. Student Senate provides students the opportunity to become involved in governance issues, work with each other, volunteer/participate in a variety of community activities, and become leaders. Other activities available for students to become involved in include the Peer Teaching Program, Resident Assistant Program, Students Offering Support (SOS), Student Minority Group, Bible Studies, and other religious groups. These various programs provide opportunities for students to become peer teachers, mentors for incoming students, share values and beliefs, and deepen their faith. The activities contribute to the students' development of both communication and leadership knowledge and skills. The College does not offer formal athletic opportunities. Student organizations on campus are supported through the budgeting process of Student Senate, which uses student activity fees.

Selecting the tools, methods and instruments used to assess attainment of common learning outcomes (4.B.2)

The Evaluation Committee of the College Senate is tasked with coordinating the activities required for the evaluation of the undergraduate and graduate programs. The committee reviews the Systematic Assessment and Evaluation Plan of the programs; reviews, revises, and/or recommends the selection or design of all assessment and evaluation instruments used in the systematic evaluation of the total undergraduate and graduate educational programs; and surveys graduates of the undergraduate and

graduate programs at regular intervals as specified in the Plan. The recommendations from the Evaluation Committee are brought to College Senate for approval.

Assessing common learning outcomes (4.B.1, 4.B.2, 4.B.4)

The College has a comprehensive Systematic Assessment and Evaluation Plan (SAEP) that specifies the data collected to assess achievement of common outcomes. The plan also specifies the timeline for collection, review and analysis of data and outcomes. The standing committees of the College Senate and Institutional Effectiveness/Assessment Specialist are responsible for providing updates to the Plan, quality and improvement measures for data collection, analyses, and reporting of the SAEP data and results to meet the College needs. For more information on SAEP, see IP2 and 1P4.

The College administers the HESI Admissions Assessment Exam, which measures student performance in general education in the areas of English, grammar, math, and anatomy and physiology. The exam also examines learning characteristics which provides useful information to students for selecting strategies and activities that best help them learn according to their learning style. The exam provides the College with assessment data on student attainment of general education outcomes. Remediation in low performing areas is provided through HESI.

Common outcomes across programs are measured using the AACN/Benchworks BSN, MSN and DNP Nursing Education Exit Assessment tools and the final DNP Project. The Doctor of Nursing Practice (DNP) project provides the student with the opportunity to synthesize previous learning in the implementation and evaluation of a system level change designated to immediately improve healthcare outcomes. During the project, the student conducts a change project based on principles of science and evidence-based practice, healthcare quality, and systems leadership, which allows measurement of the three outcomes of communication, therapeutic interventions, and leadership.

1R1 What are the results for determining if students possess the knowledge, skills and abilities that are expected at each degree level?

Summary results of measures

Students enroll in an accredited college or university of their choice to take the required general education courses for the BSN program. The majority of the students enroll in colleges within the state of Illinois. Over half of the students attend the local community college, Illinois Central College. Figure 1R1.1 shows the mean grade point average (GPA) of students entering the College in the BSN, MSN and DNP programs.

Figure 1R1.1 Mean GPA of Entering Students

	2012-2013	2013-2014	2014-2015	2015-2016
BSN Students	3.53/3.31	3.57/3.39	3.42/3.48	3.56/3.40
MSN Students	3.79	3.26	3.38	3.58
DNP Students	3.70	3.78	3.68	3.55

*Fall/Spring enrollees for BSN; MSN and DNP students admitted one time per year

One of the College goals is to “provide the essential foundation for graduate school.” On the NSSE, the BSN students respond to a question asking them if they expect to enroll for an advanced degree after completing their undergraduate degree. Over half of the students indicate that they expect to attend graduate school demonstrating the College does well in achieving this goal (Figure 1R1.2).

Figure 1R1.2 Percentages of Students Planning on Enrolling in Graduate School

2014	2015	2016
83	76	81

Comparison of results with internal targets and external benchmarks

The mean GPA for the BSN students is based on the prenursing general education courses required for entry to the BSN program. The results show that entering students in both programs exceed the minimum GPA for admission of 2.5 for BSN students and 3.0 for MSN students.

BSN HESI Admission Assessment Results

Figure 1R1.3 shows the results of HESI Admission Assessment exam in comparison to the national results. Scores presented are the mean percent correct for the areas measured. The College has set the target score as 77% or above.

Figure 1R1.3 HESI Admission Assessment Results and Comparison Data

	Overall		Anatomy/ Physiology		Math		Reading Comprehension		Grammar	
	CON	Comp	CON	Comp	CON	Comp	CON	Comp	CON	Comp
2014 (n=75)	80.3	76.5	71.4	71.4	80.7	79.0	82.8	81.9	85.1	82.2
2015 (n=82)	79.3	75.9	72.2	80.2	73.0	70.4	83.1	70.5	84.3	70.0
2016 (n=76)	77.6	76.4	68.3	71.1	71.2	78.7	85.0	82.3	82.2	81.2

Common Outcomes Across Programs

Communication

The College measures the common outcome of Communication across all programs. For the BSN program, the expected level of achievement is that 95% of students achieve a passing score (77% or above) on the Conceptual Basis of Nursing IV Clinical Evaluation given in the course 439 Conceptual Basis of Nursing IV Clinical and that the scores on the AACN/Benchworks Undergraduate Nursing Education Exit Assessment are 5.5 or above in the factors of Core Knowledge and Core Competencies. For 2015-2016 and 2016-2017, 100% of the students enrolled in 439 scored 77% or above on the final/summative Clinical Evaluation tool. These are the first cohorts to graduate from the revised BSN curriculum where this clinical evaluation tool is used. Figure 1R1.4 shows the BSN program results for the measures for communication. Figure 1R1.4 shows the AACN/Benchworks scores for the communication outcome for the BSN program. The character in parentheses shows the comparison of the College score to the other colleges in the Carnegie Classification. The character ^ indicates the College scored significantly higher than the comparison group and = shows that the College score was not significantly different than the comparison group.

Figure 1R1.4 AACN/Benchworks Scores for Communication for BSN Program

	2014	2015	2016
Core Knowledge	6.06 (^)	5.73 (^)	5.54 (=)
Core Competencies	6.12 (^)	5.92 (^)	5.66 (=)

The communication outcome for the MSN program is measured by the student scores on the AACN/Benchworks Graduate Nursing Education Exit Assessment. The expected level of achievement is that the score in the factors of Interprofessional Teamwork and Healthcare Technologies will be at or above 5.5 on a 7-point scale. All scores exceeded the set target level. The MSN program began using the

Exit Assessment in 2014-2015 so only two years of data are available. Figure 1R1.5 shows the MSN program results for the measures for communication. The College has exceeded the set level of achievement for the MSN students' achievement of the communication outcome on the AACN/Benchworks Graduate Nursing Education Exit Assessment.

Figure 1R1.5 AACN/Benchworks Scores for Communication for MSN Program

	2015	2016
Interprofessional Teamwork	6.14 (=)	6.19 (=)
Healthcare Technologies	6.00 (=)	6.09 (^)

The student is required to communicate the results of the DNP Project in both a written format and oral presentations. Satisfactory completion of the written and oral components of the DNP project measure the outcome of communication. The expected level of achievement is that 100% of students achieve a passing grade (85% or above on a 100 point scale) for the oral presentation and achieve a passing grade (85% or above on a 330-point scale) for the written document. The results for the communication outcome of passing score on written document and oral presentation are: for 2014, 5 of 5 (100%); for 2016, 7 of 7 (100%); and for 2017, 7 of 7 (100%) achieved the expected outcomes.

Therapeutic Interventions

The College measures the common outcome of therapeutic interventions across all programs. For the BSN program, the expected level of achievement is that 95% of students achieve a passing score (77% or above) on the final/summative Conceptual Basis of Nursing IV Clinical Evaluation given in the course 439 Conceptual Basis of Nursing IV Clinical and that the scores on the AACN/Benchworks Undergraduate Nursing Education Exit Assessment are 5.5 or above in the factors of Core Competencies and Technical Skills. For 2015-2016 and 2016-2017, 100% of the students enrolled in the course 439 scored 77% or above on the final/summative Clinical Evaluation tool. Figure 1R1.6 shows the BSN scores for Therapeutic Interventions.

Figure 1R1.6 AACN/Benchworks Scores for Therapeutic Interventions for BSN Program

	2014	2015	2016
Core Competencies	6.12 (^)	5.92 (^)	5.66 (=)
Technical Skills	6.16 (^)	5.95 (^)	5.83 (=)

Therapeutic interventions outcome for the MSN program is measured by the student scores on the AACN/Benchworks Graduate Nursing Education Exit Assessment. The expected level of achievement is that the score in the factors of Prevention and Population Care, Acute and Chronic Conditions, Prescription Drugs and Patient Care will be at or above 5.5. All scores exceeded the set target level. The MSN program began using the Exit Assessment in 2014-2015, so there are only two years of data available. Figure 1R1.7 shows the MSN program results for the measures for therapeutic interventions.

Figure 1R1.7 AACN/Benchworks Scores for Therapeutic Interventions for MSN Program

	2015	2016
Prevention and Population Care	6.08 (=)	5.97 (=)
Acute and Chronic Conditions	6.16 (=)	6.16 (^)
Prescription Drugs	5.30 (=)	5.58 (=)
Patient Care	5.83 (=)	5.88 (=)

The DNP project measures the student achievement on the outcome of therapeutic interventions as the project requires students to implement and evaluate a system level change designated to immediately improve patient and healthcare outcomes. The expected level of achievement is that 100% of DNP

students complete the DNP project that impacts patient or healthcare outcomes. The results for the therapeutic interventions outcome of a passing score on the DNP project are: for 2013, 4 of 4 (100%); for 2014, 5 of 5 (100%); for 2016, 7 of 7 (100%); and for 2017, 7 of 7 (100%) achieved the expected outcome.

Leadership

The College measure the common outcome of leadership across all programs. For the BSN program the expected level of achievement is that 95% of students achieve a passing score (77% or above) on the final/summative Conceptual Basis of Nursing IV Clinical Evaluation given in the course 439 Conceptual Basis of Nursing IV Clinical and that the scores on the AACN/Benchworks Undergraduate Nursing Education Exit Assessment are 5.5 or above in the factors of Role Development and Professional Values. For 2015-2016 and 2016-2017, 100% of the students enrolled in the course 439 scored 77% or above on the final/summative Clinical Evaluation tool. Figure 1R1.8 shows the scores for the BSN students on the Undergraduate Nursing Education Exit Assessment.

Figure 1R1.8 AACN/Benchworks Scores for Leadership for BSN Program

	2014	2015	2016
Role Development	5.95 (^)	5.77 (^)	5.51 (=)
Professional Values	6.24 (^)	6.03 (=)	6.06 (=)

Leadership outcome for the MSN program is measured by the student scores on the AACN/Benchworks Graduate Nursing Education Exit Assessment. The expected level of achievement is that the score in the factors of Leadership Skills, Policy and Advocacy, Quality Improvement and Safety, and Evidence-based Knowledge will be at or above 5.5. All scores exceeded the set target level. The MSN program began using the Exit Assessment in 2014-2015 so there are only two years of data available. Figure 1R1.9 shows the MSN program results for the measures for leadership.

Figure 1R1.9 AACN/Benchworks Scores for Leadership for MSN Program

	2015	2016
Leadership Skills	6.33 (=)	6.25 (=)
Policy and Advocacy	5.71 (=)	5.74 (=)
Evidence-based Knowledge	6.23 (=)	6.17 (=)
Quality Improvement and Safety	5.85 (=)	5.76 (=)

The DNP project measures the student achievement on the outcome of leadership as the project requires students to demonstrate leadership in the development, implementation, and evaluation of the change project. The expected level of achievement is that 100% of DNP students complete the DNP project that impacts patient or healthcare outcomes. The results for the leadership outcome of passing score on the DNP project are: for 2014, 5 of 5 (100%); for 2016, 7 of 7 (100%); and for 2017, 7 of 7 (100%) achieved the expected outcome.

Interpretation of results and insights gained

The mean GPA for entering students in the BSN program is above 3.0 indicating a high caliber of students entering the program. The GPA for the students entering both the MSN and DNP programs is above the minimum required GPA. Again, the GPA of the MSN and DNP students shows a high caliber of students entering the graduate programs.

The College HESI Admission Assessment scores have been at or above 77% in the overall score and areas of reading comprehension and grammar. In the areas of math and anatomy and physiology, the College scores were consistently below the target except for the 2014 math score. This trend was also

seen when comparing the College scores to the national comparison group. The College is currently analyzing the HESI scores in relation to prenursing GPA and performance in the first semester courses at the College.

Figure 1R1.4 shows that the College has exceeded the established level of achievement for the BSN students' achievement on the communication outcome. For the BSN program, the student responses were significantly higher than other institutions within the Carnegie class for 2014, and 2015. For 2016, there was no significant difference between the College scores and the comparison group. At the MSN level, there was no significant difference in student responses in comparison to the Carnegie class except for Healthcare Technologies for 2016. The College MSN students scored significantly higher than the comparison group. All the DNP student attained the communication outcome. The results indicate that the College prepares students to communicate effectively, which is a key skill needed in the practice of nursing.

The College has exceeded the established level of achievement for the BSN students' achievement of therapeutic interventions on the AACN/Benchworks Undergraduate Nursing Education Exit Assessment for all years. For the BSN program, the student responses were significantly higher than other institutions within the Carnegie class except for 2016. In 2016, there was no significant difference in scores in comparison to the Carnegie Class schools. The College has exceeded the set level of achievement for the MSN students' achievement of therapeutic interventions outcome. At the MSN level, there was no significant difference in student responses in comparison to the Carnegie class except for Acute and Chronic Conditions in 2016. All the DNP student attained the communication outcome. The results show that the College prepares students to implement therapeutic interventions across the programs. This is a critical skill in the practice of professional nursing.

The College has exceeded the established level of achievement for the leadership outcome for BSN students. For the BSN program, the student responses were significantly higher than other institutions within the Carnegie class except in the factor of Professional Values for 2015 and both categories in 2016. The College has exceeded the established level of achievement for the MSN students' achievement of the leadership outcome. At the MSN level, there was no significant difference in student responses in comparison to the Carnegie class. All the DNP student attained the communication outcome. The results indicate that the College prepares the students in all three degree programs to be leaders in the practice of nursing.

III Based on 1R1, what process improvements have been implemented or will be implemented in the next one to three years?
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The Curriculum Committee reviewed the required liberal arts and science courses when undertaking the curriculum redesign. In 2014, the revised liberal arts and science requirements were implemented with the implementation of the revised BSN curriculum. One elective course was eliminated to reduce the required hours to 59 credits from 62 credits. With elimination of the elective course, the College was still in alignment with the IBHE General Education Core Curriculum requirements. The 3 credits were added to the nursing major. The total number of credits required for the BSN degree remained at 124 credits.

The Admission and Progression Committee is in the process of analyzing the data from the HESI Admission Assessment Examination. The committee is taking the HESI results and studying them in relation to students' GPA prenursing liberal arts and science courses and student success in the first semester courses at the College. A desired outcome is to identify students at risk at the College early, intervene, and improve student success.

Program Learning Outcomes

1P2 Program Learning Outcomes focuses on the knowledge, skills and abilities graduates from particular programs are expected to possess. Describe the processes for determining, communicating and ensuring the stated program learning outcomes and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for:

Aligning learning outcomes for programs to the mission, educational offerings and degree levels of the institution (3.E.2)

The program outcomes for each degree option flow from the Mission, Vision, and Philosophy of the College. In addition, the organizing framework guides determination of the specific program learning outcomes for the undergraduate and graduate programs. The program outcomes guide the curricula. The BSN curriculum is designed to prepare students to be professional nurses in today's ever-changing healthcare system. The MSN program outcomes and curricula are designed to provide the baccalaureate prepared professional nurse with current advanced knowledge, analytical abilities, clinical skills and research. The DNP program outcomes are designed to provide courses that prepare the graduate in areas of the scientific underpinnings for practice, organizational and systems leadership, clinical scholarship and analytical methods for evidenced based practice. At each degree level, the successful achievement and completion of the learning activities, projects, discussions, and clinical/practicum experiences prepares the student to achieve the program and course outcomes.

Determining program outcomes (4.B.4)

The faculty, through the Curriculum and Graduate Committees, determine the program outcomes. The outcomes are designed to be in agreement with the standards and criteria established by the Illinois State Nurse Practice Act, CCNE, the nursing accrediting body, and the AACN Baccalaureate, Masters and Doctorate Essentials. For the MSN specialty options, such as FNP, the competencies for the specialties were also used in developing the program outcomes. In addition, the Pew Health Professions Commission *Competencies for 2005* and the *21 Competencies for the Twenty-First Century*, *The Quality Safety Education for Nurses Competencies* and *The Carnegie Foundation for the Advancement of Teaching: Educating Nurses A Call for Radical Transformation 2010* are other sources used when developing program outcomes. These documents outline skills and competencies for nursing programs. The specified outcomes in the accreditation requirements from the Collegiate Commission on Nursing Education (CCNE) are incorporated into student learning outcomes. Furthermore, the faculty study the educational and nursing literature and benchmark with other institutions in planning the program outcomes. The program outcomes are designed to be progressive from one degree level to the other. At the College, the specific outcomes address the following: (1) theory and knowledge of practice; (2) implementation of care and practice inclusive of legal, ethical, professional standards, values, and research; (3) personal and professional role development; (4) leadership for a variety of settings; and (5) evaluation of one's practice. Program outcomes are approved by the College Senate and College Board. Course outcomes and course descriptions are determined by faculty and approved by the Curriculum Committee for BSN courses and the Graduate Committee for graduate courses. The standing committees bring the course outcomes to the College Senate for approval.

Articulating the purposes, content and level of achievement of the outcomes (4.B.1)

The purposes, content and level of achievement of the program outcomes is articulated through the course syllabus. The syllabus shows the alignment of the program outcomes with the course outcomes and the corresponding AACN *Essential* for the degree level. The syllabus also provides the student with information on assessment for outcome achievement and the grading criteria for the course. Annually the faculty complete a course evaluation that analyzes the content and assessment methods within the course to ensure currency and contribution to achievement of the program assessments. Goals are evaluated and

course revisions are made based on the analysis and current literature and requirements by accreditors. Course goals for the upcoming year are established.

Ensuring the outcomes remain relevant and aligned with student, workplace and societal needs (3.B.4)

The Systematic Assessment and Evaluation Plan specifies review of the program outcomes and curriculum at regular intervals. The Curriculum Committee and the Graduate Committee review the program outcomes every three years to ensure the outcomes remain relevant and aligned with student, workplace, and societal needs. In reviewing the outcomes, the literature is reviewed and compared to the College outcomes to ensure that the program outcomes are aligned with current standards in the profession. In 2007, a curriculum redesign committee was formed to evaluate the curriculum that had been in existence for 25 years. One of the first steps was to evaluate the program outcomes. Based on benchmarking and research by the committee, the program outcomes were revised and preparation for a full-scale curriculum revision ensued.

Designing, aligning and delivering cocurricular activities to support learning ((4.B.2))

Co-curricular activities at the College are aligned with Mission, College Goals and program outcomes. These activities help students develop nursing and leadership skills and develop personally and professionally. The Student Nurse Association provides opportunities for students to participate at a local, state, or national organization and develop both personally and professionally. The College has a chapter of Sigma Theta Tau International Honor Society which provides students with an opportunity to develop in their professional role and that of a scholar in nursing. The graduate students have had student representatives to the Illinois Association of Advance Practice Nurses and some have held membership with the National Association of Clinical Nurse Specialists. Both undergraduate and graduate students have been involved in leadership activities at their professional places of employment and communities and have shared their achievements with their peers as appropriate through the course online activities.

Assessing program learning outcomes (4.B.1, 4.B.2, 4.B.4)

The College has a comprehensive Systematic Assessment and Evaluation Plan that specifies the data to be collected to assess achievement of program outcomes. The plan also specifies the timeline for collection, review and analysis of data and outcomes. The Systematic Assessment and Evaluation Plan provides methods for systematic and comprehensive evaluation of the three degree programs for the purpose of identifying program strengths and areas for improvement. The standing committees of the College Senate and Institutional Effectiveness/Assessment Specialist are responsible for providing updates to the Plan, quality and improvement measures for data collection, analyses, and reporting of the Systematic Assessment and Evaluation Plan data and results to meet the College needs. Figure 1P2.1 shows the assessment and evaluation measures used throughout the programs.

The *CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (Amended, 2013) was used to develop and organize the Systematic Assessment and Evaluation Plan. The President and Deans are responsible for the implementation of the Systematic Assessment and Evaluation Plan through the College Senate and its committee structure. The decision making process often starts with the standing committees who develop recommendations based on suggested changes or in areas identified by functions in the Rules and Regulations. The standing committees use data collected from measures identified in the Systematic Assessment and Evaluation Plan. The data is analyzed and compared to the established level of achievement. When data show that the College is below the level of achievement, recommendations for new processes or policies may be developed. The recommendations from the standing committees are then taken to the College Senate. The recommendation is acted on by the voting members of the College Senate. Decisions from the College Senate are then taken to the College Board for final action and approval as identified in the College Board Bylaws. Examples of decisions made with the formal decision making process include curriculum development and approval, student policies, admission standards, and personnel policies.

Figure 1P2.1 Assessment and Evaluation Measures

Formative	Summative	Direct	Indirect
<p>Individual</p> <ul style="list-style-type: none"> • Admission criteria • Course grades • Clinical/practicum feedback • Course Assignments • Student feedback, weekly, midterm, end of semester 	<p>Individual</p> <ul style="list-style-type: none"> • Graduation rates • NSSE • NCLEX-RN pass rate results • Graduate students pass rates on certification examinations (CNS, NNP, FNP, PMHNP) • Cumulative GPA at graduation • Achievement of program outcomes • Completion rates • Employment rates 	<ul style="list-style-type: none"> • HESI RN Exit Exam • Course tests • Lab Proficiencies • Clinical evaluation of paperwork, plans of care/clinical paper work and clinical experience • Course papers • Reflective journals in select courses • Threaded discussion responses in online courses • DNP project • Graduate students formal presentations i.e. Research Day 	<ul style="list-style-type: none"> • NSSE • AACN/Benchworks Education Assessment Exit Surveys • AACN/Benchworks Alumni surveys: one year • Employer surveys: one year • Academic program reviews: State, ACEN, CCNE, HLC • Student evaluation of faculty • Course evaluations • Clinical site evaluations
<p>Group</p> <ul style="list-style-type: none"> • Mean GPA on entry • Mean GPA: course, semester • Mean scores: HESI RN Exit exam • Attrition and retention rates • Student evaluation of course and course faculty each semester 	<p>Group</p> <ul style="list-style-type: none"> • Graduation rates • NCLEX-RN pass rates • HESI RN Exit Exam AACN Essentials scores • Certification pass rates for MSN-CNS, FNP, NNP, NML, PMHNP • Comparative analysis of curriculum every three years 		

1R2 What are the results for determining if students possess the knowledge, skills and abilities that are expected in programs?

Overall levels of deployment of the program assessment processes within the institution:

Program outcomes assessment is deployed across the three degree options at the College. Employment in the major demonstrates that students possess the knowledge, skills and abilities in nursing. The College has a formal collection process for obtaining employment rates from the graduates at all three degree levels. An email from the College is sent at three, six and nine month intervals after graduation requesting information on employment. In addition, the College has the ability to view OSF Healthcare System's directory to determine if the student is an employee of OSF, the largest employer of the College's graduates from the BSN and MSN programs. The employment information is collected and stored in the student information system.

One measure of the BSN program outcomes is analyzing the pass rates of the NCLEX-RN licensure exam for first time test takers. The NCLEX-RN results are published quarterly. The College uses the CCNE established pass rate of 80% as the target. The College also used the HESI RN Exit Exam at the end of the final semester as a measure for students in the nursing program. The exam provides predictive information for students on the likelihood of success on the NCLEX-RN licensure exam. The target level is a mean group score of 850. The College has also set a target that 50% or more of individual students score an 850 or above.

The BSN students also complete the National Survey of Student Engagement (NSSE) at the end of the senior year. The survey provides the College with data on student perceptions of and engagement in the College learning activities. The NSSE perceived gains categories align with the program outcomes for the BSN program. The target level is that 70% of the students will respond "very much" or "quite a bit" to perceived gain in the 10 identified areas that are aligned with the program outcomes.

The achievement of the program outcomes for the MSN program is assessed by analyzing certification rates for the first time test taker by practice specialties. The College target for successful achievement of program outcomes is 80%, which coincides with the expected CCNE pass rate of 80%. The DNP program outcomes are assessed by analyzing the capstone projects. The DNP capstone project measures the student achievement on the program outcomes as the project requires students to demonstrate leadership in the development, implementation, and evaluation of the change project designated to immediately improve patient and healthcare outcomes, and then communicate the project both verbally and in a written document. The expected level of achievement is that 100% of students achieve a passing grade (85% or above on a 100 point scale) for the oral presentation and achieve a passing grade (85% or above on a 330-point scale) for the written document.

The College publishes an Annual Report after each academic year, which includes the report of assessment data and outcomes of the undergraduate and graduate programs. The Annual Report provides a mechanism for distribution of the achievement of student learning and program outcomes to the College stakeholders.

Summary results of assessments

Employment rates

For employment, the College uses the target rate set by CCNE of an employment rate of 70% or higher within 12 months of graduation. The employment rate for three years for all programs is above 70% for each year. Figure 1R2.1 shows the employment rates for graduates for three academic years. Data from the 2015-2016 graduates is still in the process of being collected.

Figure 1R2.1 Employment Rates

	2012-2013			2013-2014			2014-2015		
	# Employed	Total # Grads	%	# Employed	Total # Grads	%	# Employed	Total # Grads	%
BSN	142	172	83	187	193	97	164	184	89
MSN	13	17	76	55	55	100	59	61	97
DNP	2	2	100	4	4	100	5	6	83
PGC*	4	4	100	4	5	80	4	4	100

*Post-master Advanced Practice Registered Nurse certificate option

DNP Capstone Project

The results for the DNP program outcomes assessment of passing score on the Capstone Project written document and oral presentation are: 2013-2014, 4 of 4 students (100%); for 2014-2015, 5 of 5 students (100%); and for 2016-2017, 8 of 8 students (100%) achieved the expected outcome.

Comparison of results with internal targets and external benchmarks

BSN NCLEX-RN Pass Rates

Figure 1R2.2 shows the pass rates of the first-time College students taking the national licensure examination, NCLEX-RN and comparison data. The College uses the CCNE target of NCLEX-RN pass rate of 80% or higher for first-time takers or the pass rate is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged. The College has exceeded this target with a three year pass rate average of 82%. The Illinois Nurse Practice Act requires programs to have a pass rate of 75% or above. The College has exceeded this target. The College was lower than the state and national pass rates in 2014 and 2015 but exceeded those rates in 2016.

Figure 1R2.2 NCLEX-RN Pass Rate for First Time Writers

Year	First Time Writers (n)	Passed (n)	CON Pass Rate	State Pass Rate	National Pass Rate
2014	160	122	76%	84%	82%
2015	160	133	83%	86%	85%
2016	156	135	87%	85%	85%

BSN HESI RN Exit Exam Results

Figure 1R2.3 shows the group mean scores on the HESI RN Exit Exam for the BSN students for three years. The figure shows the College mean score and respective national score for comparison. Figure 1R2.4 shows the percentage of students achieving the target score of 850 or above.

Figure 1R2.3 HESI RN Exit Exam Mean Score and Comparison Data

Term	College Mean Score	National Mean Score
Fall 2014	845	869
Spring 2015	819	859
Fall 2015	831	824
Spring 2016	832	824
Fall 2016	854	845
Spring 2017*	858	845

*First cohort to take HESI RN Exit Exam twice in final semester. Given at midterm with remediation required if not above 850 and then second version given at end of semester.

Figure 1R2.4 HESI RN Exit Exam Score % at or Above Score of 850

Year	Fall	Spring
2014-2015	49%	35%
2015-2016	38%	45%
2016-2017	47%	46%*

*First cohort to take HESI RN Exit Exam twice in final semester. Given at midterm with remediation required if not above 850 and then second version given at end of semester.

BSN NSSE Results

The NSSE measures perceived gains as an indicator of the way the educational experience at the College contributed to the students' knowledge, skills, and personal development. Figure 1R2.5 shows the NSSE results in perceived gains for seniors for three years.

Figure 1R2.5 NSSE Perceived Gains

Perceived Gains	2014	2015	2016
Thinking critically and analytically	100%	94%	93%
Working effectively with others	97%	95%	87%
Acquiring job-or work-related knowledge and skills	99%	91%	93%
Solving complex real-world problems	94%	89%	76%
Understanding people of other backgrounds	82%	84%	69%
Developing or clarifying a personal code of values and ethics	91%	78%	80%
Writing clearly and effectively	80%	69%	47%
Speaking clearly and effectively	79%	66%	58%
Being an informed an active citizen	62%	65%	44%
Analyzing numerical and statistical information	66%	55%	51%

MSN Certification Pass Rate Results

Figure 1R2.6 shows the pass rates of the MSN graduates who have taken national certification examinations for the first time in the specialties of clinical nurse specialist and nurse practitioner. The target pass rates for all program options is 80%, the standard established by CCNE. Overall, the College exceeds the certification rate targets. In 2015, the NNP graduates scored lower than 80% (75%) as did the A-G CNS graduates (66.67%). The number of students writing certification examinations is lower than the total number of students who graduated with an MSN degree. This discrepancy is because students in the nurse educator, clinical nurse leader, and nursing management leadership options do not have national certification examinations required for practice. All of the DNP graduates met the targets for the DNP capstone projects.

Figure 1R2.7 provides the national comparison data for certification pass rates. The data is based on certifications for the specific population focus. The target for the College is to be above the national pass rate.

Figure 1R2.6 MSN Certification Pass Rates

Year	Certification Organization	Certification Exam	Number Taking Exam	Certification Pass Rate
2014	National Certification Corporation	Neonatal Nurse Practitioner	5	100%
2014	American Academy of Nurse Practitioners Certification Program	Family Nurse Practitioner	19	95%
2014	American Nurses Credentialing Center	Adult Gerontology CNS	0	NA
2014	American Nurses Credentialing Center	Family Psychiatric Mental Health NP	0	NA
2015	National Certification Corporation	Neonatal Nurse Practitioner	4	75%
2015	American Academy of Nurse Practitioners Certification Program	Family Nurse Practitioner	35	94%
2015	American Nurses Credentialing Center	Adult Gerontology CNS	3	66.67%
2015	American Nurses Credentialing Center	Family Psychiatric Mental Health NP	1	100%
2016	National Certification Corporation	Neonatal Nurse Practitioner	1	*
2016	American Academy of Nurse Practitioners Certification Program and American Nurses Credentialing Center	Family Nurse Practitioner	49 [^]	88% [^]
2016	American Nurses Credentialing Center	Adult Gerontology CNS	1	100%
2016	American Nurses Credentialing Center	Family Psychiatric Mental Health NP	2	100%

*The NCC does not release the rate if only one person takes the exam in order to protect confidential information.

[^]Two out of 49 were post grad certificate students, and this group had a pass rate of 100%. The pass rate for MSN FNP students was 87% (41/45).

Figure 1R2.7 Three Year Certification Pass Rate Comparison

	College	National
Neonatal Nurse Practitioner	89% (8/9)	85.00%
Family Nurse Practitioner	91% (94/103)	77.25%
Adult Gerontology CNS	75% (3/4)	72.62%
Psych Mental Health NP	100% (3/3)	83.71%

Interpretation of assessment results and insights gained

Overall, the College has performed well compared to external targets and is consistently working to improve and achieve outcomes that exceed expectations. The College receives comparative data on NCLEX-RN licensure pass rates, and did not meet or exceeded the national and state pass rates in 2014 and 2015. However, in 2016 the College exceeded both the state and national pass rate. In 2014, the

College NCLEX-RN pass rate fell to 76%. At this time, the College initiated an AQIP Action Project focusing on improving student success on the NCLEX-RN licensure examination (see 1I2). Since inception of the Action Project, the pass rates have risen in the two subsequent years.

The College mean HESI RN Exit Exam scores are below the target score of 850 except for fall 2016 and spring 2017. The spring 2017 cohort was the first to take the exam twice in the semester. The first group means was 799 and the second test writing was 858, demonstrating that the required remediation for students scoring less than 850 may have contributed to the higher exam scores on the second testing. Along with mean scores below the target, the percentage of students achieving a score of 850 or above is below 50%. The College uses the HESI RN Exit Exam as a component of predicting student success on NCLEX-RN. The Curriculum Committee reviews the HESI RN Exit Results for trends in scores related to a particular area. If found, the Committee discusses this with an individual course for improvement. Individual courses also review questions related to the course content area to determine if improvements are needed. The faculty continually update learning assignments to improve students' knowledge for the NCLEX-RN exam. In 2014, the College implemented a HESI learning package that included adaptive quizzing modules, skills videos, and case studies. These learning activities were incorporated into the nursing courses as required learning and assessment modules to better prepare students and improve student learning.

The results of the perceived gains of students on the NSSE (Figure 1R2.5) shows that the students perceive higher levels of gain in areas that are emphasized in the nursing curriculum. These areas are all above 70%. Nursing requires critical and analytical thinking, problem solving, working effectively with others as a member of the healthcare team, practicing according to the Code of Ethics for Nursing, and the focusing on skills and knowledge related to the profession. These areas are interwoven through all nursing courses and emphasized in the clinical experiences. The College needs to develop areas that promote speaking, writing, and becoming an informed citizen. The certification pass rates for the MSN students was above 80% for each year and exam except for the 2015 Neonatal Nurse Practitioner and Adult Gerontology Clinical Nurse Specialist groups, who fell below the 80% target. The number of students taking the exam was small, so one failure in each category resulted in the lower pass rates. The three year certification pass rates for the MSN program compare favorably to the three year national pass rates in all options. All College rates were higher than the national rates.

1I2 Based on 1R2, what process improvements have been implemented or will be implemented in the next one to three years?

The Improving Student Success on NCLEX-RN AQIP Action Project is one example of using data to improve program effectiveness. When the College's annual pass rate on NCLEX-RN began to fall in 2013 to 83% and then went to 76% in 2014, an AQIP action project, Improving Student Success on NCLEX-RN, was developed. The project focused on development of a comprehensive plan with strategies to raise the NCLEX-RN pass rate. Strategies included in the plan were related to a test development plan with a defined percentage for NCLEX-RN style alternate form test items for each semester; implementation of a course examination policy that requires students to achieve a passing grade (77% or above) on course examinations as well as earn an overall passing grade in the course; a change to HESI learning modules and case studies; use of HESI adaptive quizzing; use of HESI online NCLEX-RN preparation; and provision of a required on-site 3-day HESI NCLEX-RN Review course. In addition, the Academic Development Center and Counselor present programs to the graduating seniors on preparing for the NCLEX-RN licensure exam and reducing anxiety during testing. The Academic Development Center also offers students the opportunity to take a "mock NCLEX-RN Exam" after graduation. The Center closely simulates the process that students must follow when taking the actual NCLEX-RN

examination. After the first year of implementation of the plan, the pass rate increased from 76% to 83%. The 2016 pass rate rose to 87%. This AQIP Action Project is ongoing and in phase II at this time.

In 2016, the faculty made the decision to change the HESI RN Exit Exam testing schedule in an attempt to improve student scores and student preparation for NCLEX-RN licensure exam. Students formerly took the exam at the end of the semester. Currently students take the exam at midterm. If the score is not at the target level, the student is required to complete assigned, required HESI learning modules and remediation. The student then tests again at the end of the course just prior to graduation. The College will analyze the data to determine if the remediation and learning activities improved scores during the second testing.

The Graduate Committee monitors the certification pass rates. Students are encouraged to take certification preparation courses and to study on their own prior to taking the exam. Students are discouraged from taking the exam without taking time for preparation, although some certification bodies allow students to test prior to graduation. The Graduate Committee is investigating options for ensuring student success on the exams such as imbedding test preparation into the curriculum during the final weeks of class.

Based upon AACN suggestions in a White Paper, revisions for the DNP project were delineated. A Task Force was established to review the guidelines and make modification to the College's DNP capstone project guidelines. For example, the final DNP work should be called a DNP project, led by a team, rather than a committee. The task force revised the guidelines and the new DNP project guidelines will be implemented beginning fall 2017.

Academic Program Design

IP3 Academic Program Design focuses on developing and revising programs to meet stakeholders' needs. Describe the processes for ensuring new and current programs meet the needs of the institution and its diverse stakeholders. This includes, but is not limited to, descriptions of key processes for:

Identifying student stakeholder groups and determining their educational needs (1.C.1, 1.C.2)

The College identifies student stakeholder groups and determines their education needs using a variety of measures. The College is a single-purpose nursing College so the needs of the primary stakeholders focus on nursing programs. The College's primary stakeholders are students. The student groups at the College include prospective students, pre-licensure undergraduate nursing students, registered nurses with an associate degree or diploma returning for a BSN, and distance education graduate students in either the MSN or DNP programs. Prior to opening an additional degree option or population focused MSN option, the College conducts a needs assessment and gathers feedback and data on interest and potential attendance of a new program offering at the College. For example, current undergraduate and graduate students were surveyed for feedback and input when the College was conducting a needs assessment prior to developing the Doctor of Nursing Practice options. Student feedback showed there was interest and a sufficient potential applicant pool for the Doctor of Nursing Practice Leadership option which was implemented in fall 2014.

Students' educational needs are identified using several methods such as course evaluations completed each term and surveys to students, alumni, and employers. Additionally, a process is in place to gather information from accepted students to determine if the student has educational needs requiring additional support. Category 2P1 also discusses methods the College uses to identify students' academic and non-academic needs. The Registrar's Office collects information on students' reasons for leaving from students who withdraw from the College. The reasons for leaving are gathered by discussion with the

Dean, academic advisor, Student Finance office, and Registrar. This information is used to determine if additional services are needed to meet educational needs of future student.

Identifying other key stakeholder groups and determining their needs (1.C.1, 1.C.2)

The College has processes in place to identify other key stakeholder groups and determine their needs. This is detailed more in 2P3. As discussed in 1P4, program accreditors are key stakeholders in academic programs. Accreditation standards and requirements and feedback from program accreditors are used to evaluate if the College is meeting stakeholder needs in relation to the academic programs offered and to ensure that academic programs are current.

In addition, a process is in place to obtain feedback from the Nursing Advisory Council twice each semester. The Nursing Advisory Council includes members who provide feedback for both the undergraduate and graduate nursing programs. The Advisory Council members share information on employer expectations and community needs. Additionally, the Advisory Council identifies knowledge and skills that graduates need as they enter the workforce, either as a beginning practitioner or advanced practice nurse. For example, the Advisory Council discussed population focused healthcare and the need for undergraduate students to have a greater clinical focus on population health in the ambulatory care setting. As a result, the College is working with nurses within the OSF Medical Group for student clinical placement in the OSF Nurse Run Clinics to provide clinical experiences in an ambulatory setting.

Developing and improving responsive programming to meet all stakeholders' needs (1.C.1, 1.C.2)

The College designs responsive academic programming by reviewing the literature and then surveying the potential applicants, the employers, faculty, current students and the College Board. For example when the College began both the Masters and Doctorate programs major surveys were conducted. In addition, a task force was formed and focus groups were held with the employers to aid in determining if the College should develop the programs. The surveys contained specific questions related to interest in online classes, interest in in-seat classes, interest in the degree, and the need for the advanced degree. The results of the surveys aided the College in developing programs that met the career needs of future students and assisted the graduate program in planning predominantly online courses. A similar process was followed with the development of the RN-BSN online program. This process continues as each program option is considered. The employer surveys asked for employment projections over the next ten years and this data was instrumental in determining the potential enrollment as well as planning the recruitment strategies.

New programs are developed as the College identifies a need through student, alumni, employer and stakeholder feedback as well as priorities established at a state and national level. Program development is led by the Deans. Feedback received from employers of the graduates, as major College stakeholders, is considered by administration and standing committees when developing new programs and reviewing and revising the curricula. New programs that are developed are consistent with the Mission of the College. A needs assessment is conducted and the feasibility of a program is determined. The College uses consultants from accrediting agencies or other nursing programs to provide assistance in program development. A new program proposal is developed using accrediting and certifying agency criteria, literature review, research, and benchmark data from other colleges and universities. The proposal is submitted to the College Senate and then to the College Board for approval. Examples include the Family Nurse Practitioner, Nursing Management Leadership, and Neonatal Nurse Practitioner Masters options, which were an outgrowth of requests from the regional employers and RNs wishing to obtain the master's degree in nursing with specific functional role.

Selecting the tools, methods and instruments used to assess the currency and effectiveness of academic programs

The selection of tools, methods, and instruments used to assess the currency and effectiveness of the College’s academic programs is led by the Evaluation Committee, working with the Curriculum Committee (BSN) and Graduate Committee (MSN, DNP). The tools are identified on the Systematic Assessment and Evaluation Plan. Assessment of currency and effectiveness is informed by accreditation requirements, licensure and certification examinations, and employer expectations of needed knowledge and skills. The comprehensive assessment and review is on a three-year cycle. Another method used to assess currency and effectiveness of academic programs is the individual course analysis completed by each course annually. These are completed by faculty and submitted to the respective Dean who summarizes the analyses. When reviewing the curricula, the College recognizes that its nursing programs must be responsive to current healthcare needs and graduates must be able to function in a complex and dynamic healthcare environment.

Reviewing the viability of courses and programs and changing or discontinuing when necessary (4.A.1)

The Systematic Assessment and Evaluation Plan details the process and timeline for reviewing programs, curricula and courses. The review is done on a regular cycle during which the viability of courses and programs is undertaken. Along with the programs and courses, admissions to the program are evaluated as a component of the analysis of cost effectiveness of continuing to offer the program option. The Curriculum Committee (BSN) and Graduate Committee (MSN, DNP) conduct the reviews and make recommendations for discontinuation of courses or programs. The recommendation is taken to College Senate for approval. In the case of discontinuation of a degree option or program, the final approval is executed by the College Board. An example of this is the suspension and discontinuation of the Clinical Nurse Leader MSN option which is described in 1I3.

1R3 What are the results for determining if programs are current and meet the needs of the institution’s diverse stakeholders?

Summary results of assessments

The College added three MSN program options in 2012. The three options are Nursing Management Leadership, Family Nurse Practitioner, and Psychiatric Mental Health Nurse Practitioner. The second doctoral option of Doctor of Nursing Practice Leadership option was added in 2013. The enrollment in the programs has been steady over the years. Figure 1R3.1 shows the enrollment in each program option since its inception.

Figure 1R3.1 Enrollment in New Program Options since Implementation

Program	2012	2013	2014	2015	2016
Nursing Management Leadership	13	8	9	5	8
Family Nurse Practitioner	26	30	24	21	23
Psychiatric Mental Health Nurse Practitioner	2	6	8	13	11
Doctor of Nursing Practice Leadership	NA	9	3	3	8

Admission to one MSN program option, Clinical Nurse Leader, has been suspended beginning in fall 2017. Figure 1R3.2 shows the declining and low enrollment in the Clinical Nurse Leader option. The lack of interest and enrollment in the program along with declining job opportunities in the local healthcare environment led to the decision to suspend enrollment and discontinue the program.

Figure 1R3.2 Enrollment Clinical Nurse Leader Option

Program	2012	2013	2014	2015	2016
Clinical Nurse Leader	1	5	0	0	1

Comparison of results with internal targets and external benchmarks

Internally, the College tracks the admissions, completions, and graduations (2R1 and 2R2) from each degree option. The employment rates (1R2) also provide information on the degree graduates.

External benchmarks for the currency and effectiveness of the College’s academic programs are seen in the NCLEX-RN licensure exam and certification pass rates found in 1R2. These data demonstrate the students’ have the needed knowledge and skills for the current practice of nursing.

Interpretation of results and insights gained

The enrollment numbers in Figure 1R3.1 show that the addition of the three programs was a good decision for the College. The Family Nurse Practitioner (FNP) and Psychiatric Mental Health Nurse Practitioner options have had the highest growth in enrollments. The admitted student decline from 2013 to 2016 was the College working to bring FNP enrollment numbers in alignment with the Enrollment Management Plan target admission numbers. Figure 1R3.2 shows the low enrollment numbers in the Clinical Nurse Leader option which was a major factor in the decision to suspend enrollment to the program with subsequent closure after the final student completes courses. Figure 1R2.6 shows that the graduates of these programs are successful on the certification exams and have the knowledge and skills to be successful as nurse practitioners. The graduates are able to obtain employment in their population focus.

I13 Based on 1R3, what improvements have been implemented or will be implemented in the next one to three years?

After analysis of the enrollment data over the last four years and the decrease in employment opportunities for nurses with the Clinical Nurse Leader degree, the College suspended enrollment to the program beginning in fall 2017. The program will be discontinued after the one student currently enrolled has completed the courses. A teach out plan was developed for this student. Once the final student graduates from the program in 2018, the program option will be discontinued.

The College is currently developing a BSN to DNP program. The target for implementation is fall 2018. The program is being developed based on current literature and recommendation from the American Association of Colleges of Nursing for the practice doctorate to be the entry level for advanced practice nurses. Additionally, the College used feedback from students, alumni, employers and the Nursing Advisory Council as impetus to move forward with development of the BSN to DNP curriculum.

The ever changing health care system requires nurses to be able to critically think, set priorities, delegate appropriately and participate as a member of an interprofessional healthcare team. Also, the amount of knowledge required of nurses to competently practice and deliver safe patient care continues to grow. Along with feedback from employers on the needed skill set required by nurses entering the workforce, the College undertook a BSN curriculum revision. A concept-based curriculum was developed that engages the student as an active participant in the learning process. The goals were to teach by concepts and provide the students with improved critical thinking, delegation, and priority setting skills. The curriculum was implemented in fall 2014, and the first cohort graduated in spring 2016.

The College has received feedback from multiple stakeholders including current students, prospective students, alumni, and employers related to the increasing need for advanced practice nurses prepared as psychiatric mental health nurse practitioners. In response to this feedback, and an analysis of the shortage of mental health providers in the healthcare arena, the College will investigate developing a Psychiatric Mental Health Nurse Practitioner post-graduate certificate option. No anticipated start date has been identified at this time.

Academic Program Quality

1.P4 Academic Program Quality focuses on ensuring quality across all programs, modalities and locations. Describe the processes for ensuring quality academic programming. This includes, but is not limited to, descriptions of key processes for:

Determining and communicating the preparation required of students for the specific curricula, programs, courses and learning they will pursue (4.A.4)

The Admission and Progression (A&P) Committee establishes admission and progression requirements for the BSN program. The Graduate Committee establishes admission and progression requirements for the MSN and DNP programs. The Committees used benchmark data from other nursing programs for comparison in establishing admission requirements. Research on successful completion of nursing programs by average and at high risk students is used in establishing admission requirements. Recommendations from the both committees are taken to the College Senate for approval. Student applications are reviewed by the Admissions staff, and students who meet admission criteria are considered for admission. Students transferring from another nursing program, or who have been enrolled in another nursing program, are reviewed and acted on by the A&P or Graduate Committee.

Determining the preparation required of student for courses and subsequent learning are carried out by the Curriculum Committee (BSN program) and Graduate Committee (MSN, DNP programs). The required preparation is determined at the time of development of the program or course and is based upon literature, accrediting body requirements, and benchmark data.

The College communicates expectations for programs and courses with students through a variety of methods including print materials, the college web-site, email, personal communication and planned meeting with an assigned or potential academic advisor. The Admissions Department, Nurse Recruiter, the graduate program Lead faculty, and the Deans may also communicate with the prospective program applicants. Potential BSN students receive information on pre-nursing liberal arts and science courses and potential graduate students are informed about requirements needed prior to enrollment at the College. This communication assists prospective students with decision making. The requirements are communicated to students in the *College Catalog* and on the website. Pre-requisites for specific courses are also outlined on the course syllabus.

Evaluating and ensuring program rigor for all modalities, locations, consortia and dual-credit programs (3.A.1, 3.A.3, 4.A.4)

The College evaluates and ensures program rigor for all modalities in several ways. The College has one location, and does not have consortia or dual-credit programs. Based on the Systematic Assessment and Evaluation Plan, faculty reviews the curricula for all programs and assesses rigor and currency of the courses through the committee structure every three years. The Curriculum Committee has the function and responsibility of monitoring the BSN curriculum, and the Graduate Committee has the same responsibility for the MSN and DNP curricula. The Curriculum Committee sponsors an all day, all faculty meeting, and the BSN curriculum is reviewed and revised as needed. The Graduate Committee schedules half day meetings over four semesters to review courses. Literature review, research findings, current trends in healthcare and nursing are reviewed and serve as the basis for revisions made to the courses and

curriculum. Program accreditation serves as another process, which is used for reviewing the rigor, currency and effectiveness of the curriculum. All recommended revisions and changes in curricula are made by the standing committees and then sent to the College Senate for approval. Final approval is received from the College Board.

For the BSN program, the Curriculum Committee monitors student achievement on the HESI End of Program Exam and NCLEX-RN examinations, and the Graduate Committee monitors certification pass rates as methods to identify strengths and weaknesses in the programs. The Nursing Advisory Council also provides input regarding the rigor of the programs at the semiannual meetings. This council was initiated in the 2015-2016 academic year as an AQIP Project, and has been vital in providing feedback on program rigor and suggestions for improvement.

Awarding prior learning and transfer credits (4.A.2, 4.A.3)

Awarding credit for prior learning is only done in the RN to BSN and RN to MSN options. Graduates of state approved diploma or associate degree nursing programs may receive 33 hours of credit in the nursing major without examination. Upon formal acceptance and satisfactory completion of specified College nursing courses, the registered nurse will be granted the 33 credits. The College also recognizes credit by portfolio and provides a process by which students may translate professional experience and education into academic credit. Students earn credit by developing a portfolio that documents how they have acquired nursing knowledge and skills that meet the learning outcomes for a specific College course, 433 Experiences in Clinical Nursing, This course is required for both RN to BSN and RN to MSN options. Upon approval of the portfolio by course faculty who conduct the review, the course number, title, and credit (with no grade) is applied to the student record. Students are informed that the College does not guarantee that credits given for prior learning by the College will be accepted for transfer by other colleges or universities.

The College has established transfer policies for courses taken as general education prenursing requirements and for transfer of nursing courses from other nursing programs. Specific transfer of courses policies are also established for the graduate programs. Transfer of credits from an institution not holding a status of candidate or regional accreditation are evaluated on an individual basis. Quarter hours submitted for transfer credit are converted to credit hours based on the following formula: one quarter hour equals 2/3 of a semester hour. The transfer policies are published in the *College Catalog* and *Student Handbook*. The review of courses for transfer is completed by the Registrar in consultation with the appropriate Dean, as needed.

Selecting, implementing and maintaining specialized accreditations(s) (4.A.5)

The College, a single purpose nursing institution, has carefully selected, implemented, and maintained program accreditation since its inception and as it has added degree options. After maintaining a longstanding accreditation relationship with Accreditation Commission for Education in Nursing (ACEN), formerly National League for Nursing Accrediting Commission (NLNAC), the College voluntarily chose to pursue accreditation through Commission on Collegiate Nursing Education (CCNE) in 2016. The CCNE is the predominate accreditor of baccalaureate and upper division nursing programs and is an agency of American Association of Colleges of Nursing (AACN) of which the College is a member. Further, seeking accreditation through CCNE allowed the College to seek accreditation of all three programs at one time, placing them on the same accreditation cycle. The College's baccalaureate program accreditation with ACEN is effective through 2020. The College's accreditation with ACEN for the MSN and DNP programs is effective through June 30, 2017. The College received initial accreditation from CCNE, for the three degree programs and the post-master's Advanced Practice RN certificate options through June 30, 2022. This is the maximum number years granted for initial accreditation. The next CCNE accreditation visit is scheduled for fall 2021.

Assessing the level of outcomes attainment by graduates at all levels (3.A.2, 4.A.6)

The College has a comprehensive Systematic Assessment and Evaluation Plan (SAEP) that specifies the data collected to assess achievement of program outcomes. The plan also specifies the timeline for collection, review and analysis of data and outcomes. The CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (Amended, 2013) was used to develop and organize the SAEP. The President and Deans are responsible for the implementation of the SAEP through the College Senate and its committee structure. The decision making process often starts with the standing committees who develop recommendations based on suggested changes or in areas identified by functions in the Rules and Regulations. The standing committees use data collected from measures identified in the SAEP. The data is analyzed and compared to the established level of achievement. When data show that the College is below the level of achievement, recommendations for new processes or policies may be developed. The recommendations from the standing committees are then taken to the College Senate. The recommendation is acted on by the voting members of the College Senate. Decisions from the College Senate are then taken to the College Board for final action and approval as identified in the College Board Bylaws. The SAEP outlines the assessment of outcomes for all degree programs.

The College assess the outcomes required by regulatory and accreditation agencies such as licensure, pass rate, certification pass rates, completion rates and employment rates (see IR2). The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary healthcare environments such as student satisfaction, alumni satisfaction, communication, leadership and therapeutic nursing interventions. The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes consistent with contemporary practice.

Selecting the tools, methods, and instruments used to assess program rigor across all modalities

The Evaluation Committee is responsible to coordinate the activities required for the evaluation of the undergraduate and graduate programs. The committee also reviews, revises, and/or recommends the selection or design of all evaluation and assessment instruments used in the systematic evaluation of the total undergraduate and graduate educational programs. The SAEP shows tools for assessment of program rigor. Included in the assessment measures are the NCLEX-RN licensure pass rate for BSN students and certification pass rates for MSN students in advanced practice.

The AACN/Benchworks Education Exit Assessments for the BSN, MSN and DNP programs are used as a measure of program rigor. The Exit Assessments are given to each graduating class and then aggregated for the academic year. The individual items are grouped into factors. The factors are divided into Satisfaction and Learning. The satisfaction and learning factors are presented in separate tables. The target at each degree level is a score of 5.5, or above, on a 7-point scale.

The HESI RN Exit Exam is used as a measure of the rigor of the BSN program and achievement of knowledge and skills for the practice of professional nursing. The Exit Exam is given each semester to students in the final nursing course just prior to graduation. The MSN program is measured by the certification pass rates for first time test takers. The College chose the DNP Project as a measure of rigor and achieving program outcomes.

The BSN students complete the National Survey of Student Engagement (NSSE) at the end of the senior year. The survey provides the College with data on student perception and engagement in the College learning activities. The Engagement Indicators provide the College with information on the key dimensions of student engagement while at the College. The target for the College is that it performs equivalent to or significantly higher than the Carnegie Class comparison group on the engagement indicators.

The DNP Project provides the student with the opportunity to synthesize previous learning in the implementation and evaluation of a system level change designated to immediately improve healthcare outcomes. During the project, the student conducts a change project based on principles of science and evidence-based practice, healthcare quality, and systems leadership. The final document and oral presentation allow measurement of the three outcomes of therapeutic interventions, communication, and leadership.

The College publishes an *Annual Report* after each academic year, which includes the report of assessment data and outcomes of the undergraduate and graduate programs. The *Annual Report* provides a mechanism for distribution of the achievement of student learning and program outcomes to the College stakeholders.

1R4 What are the results for determining the quality of academic programs??

Summary results of assessments

The results, discussion, and interpretation of the NCLEX-RN licensure pass rates for the BSN program and MSN certification rates are found in 1R2.

DNP Capstone Project

The results for the DNP program outcomes assessment of passing score on written document and oral presentation on the Capstone Project are: 2013-2014, 4 of 4 students (100%); for 2014-2015, 5 of 5 students (100%); and for 2016-2017, 8 of 8 students (100%).

Comparison of results with internal targets and external benchmarks

BSN HESI RN Exit Exam Results

The HESI RN Exit Exam and AACN/Benchworks Education Exit Assessments provide external benchmarks for the College assessments. Figure 1R4.1 shows the BSN student scores on the HESI RN Exit Exam for the AACN Baccalaureate Essential competencies. Three years of data are provided. The exam is taken just prior to graduation each semester. The College uses the target score of 900 or above.

Figure 1R4.1 HESI RN Exit Exam AACN Baccalaureate Essentials

	F14 N=74	S15 N=92	F15 N=74	S16 N=87	F16 N=70	S17 N=78
Scholarship for Evidence Based Practice	852	805	801	838	857	863
Liberal Education for BSN Generalist	844	821	832	820	847	850
Interprofessional Communication	844	871	811	819	904	844
BSN Generalist Nursing Practice	805	821	830	830	856	856
Professionalism & Professional Values	834	813	905	599	755	846
Clinical Prevention & Population Health	864	824	836	821	851	846
Leadership for Quality Care & Patient Safety	801	793	829	821	858	867
Information Management & Patient Care Technology	937	855	906	858	933	827
Health Care Policy	802	772	820	919	852	881
Designer/Manager/Coordinator of Care	787	840	823	849	902	866
Member of a Profession	--	932	876	989	655	887
Provider of Care	846	821	834	825	855	853

BSN AACN/Benchworks Education Exit Assessment Results

The AACN/Benchworks Education Exit Assessments are given to graduating students at each degree level. The target at each degree level is a score of 5.5 or above on a 7-point scale. The character in parentheses shows the comparison of the College score to the other colleges in the Carnegie Classification. The character ^ indicates the College scored significantly higher than the comparison group and = shows that the College score was not significantly different than the comparison group. Figure 1R4.2 provides three years of data on the learning factors for the BSN program. Figure 1R4.3 provides the data on satisfaction related to quality factors impacting education.

Figure 1R4.2 AACN/Benchworks Undergraduate Education Exit Assessment Learning Factors

Factor	2013-2014 N=162	2014-2015 N=162	2015-2016 N=155
Professional Values	6.24 (^)	6.03 (=)	6.06 (=)
Core Competencies	6.16 (^)	5.92 (^)	5.66 (=)
Technical Skills	6.12 (^)	5.95 (^)	5.83 (=)
Core Knowledge	6.06 (^)	5.73 (^)	5.51 (=)
Role Development	5.95 (^)	5.77 (^)	5.51 (=)
Overall Learning	6.42 (^)	6.07 (^)	5.93 (=)
Overall Program Effectiveness	6.12 (^)	5.90 (^)	5.65 (=)

Figure 1R4.3 AACN/Benchworks Undergraduate Education Exit Assessment Satisfaction Factors

Factor	2013-2014 N=162	2014-2015 N=162	2015-2016 N=155
Course Lecture and Interaction	5.95 (^)	5.63 (^)	5.28 (=)
Advisor	5.91 (^)	5.90 (^)	5.88 (^)
Classmates	5.67 (^)	5.47 (=)	5.55 (=)
Quality of Nursing Instructions	5.57 (^)	5.22 (^)	4.85 (=)
Work and Class Size	5.55 (^)	5.13 (=)	4.67 (*)
Facilities and Administration	5.36 (^)	5.02 (^)	4.95 (=)
Overall Satisfaction	6.07 (^)	5.74 (^)	5.44 (=)

* College score significantly lower than Carnegie Class comparison group

BSN NSSE Results

The NSSE results for Engagement Indicators show the students' perceived dimensions of engagement at the College. Figure 1R4.4 shows the NSSE Engagement Indicators for graduating seniors.

Figure 1R4.4 NSSE Engagement Indicators

Engagement Indicators	2014	2015	2016
<i>Academic Challenge</i>			
Higher-Order Learning	**	=	*
Reflective & Integrative Learning	**	**	=
Learning Strategies	=	=	*
Quantitative Reasoning	=	=	*
<i>Learning with Peers</i>			
Collaborative Learning	**	=	=
Discussion with Diverse Others	=	=	*
<i>Experiences with Faculty</i>			
Student-Faculty Interaction	*	=	=
Effective Teaching Practices	=	**	*
<i>Campus Environment</i>			
Quality of Interactions	**	**	=
Supportive Environment	=	=	*

** College scored significantly higher than Carnegie Class comparison group

*College scored significantly lower than Carnegie Class comparison group

MSN AACN/Benchworks Education Exit Assessment Results

Figure 1R4.5 shows the results for the AACN/Benchworks MSN Education Exit Assessment learning factors. Figure 1R4.6 shows the results for the satisfaction factors. Only two years of data are available for the MSN program because the College first started using the survey in 2014-2015.

Figure 1R4.5 AACN/Benchworks MSN Education Exit Assessment Learning Factors

Factor	2014-2015 N=51	2015-2016 N=53
Leadership Skills	6.33 (=)	6.25 (=)
Quality Improvement and Safety	5.85 (=)	5.76 (=)
Research	5.88 (=)	5.88 (=)
Healthcare Technologies	6.00 (=)	6.09 (^)
Policy and Advocacy	5.71 (=)	5.74 (=)
Interprofessional Teamwork	6.14 (=)	6.19 (=)
Prevention and Population Care	6.08 (=)	5.97 (=)
Evidence-Based Knowledge	6.23 (=)	6.17 (=)
Advanced Health Assessment	6.12 (=)	6.34 (^)
Differentiation of Findings	5.60 (=)	6.11 (^)
Acute and Chronic Conditions	6.16 (=)	6.16 (^)
Prescription Drugs	5.30 (=)	5.58 (=)
Patient Care	5.83 (=)	5.88 (=)
Clinical Laboratory Procedures	4.69 (=)	4.79 (=)
Clinical Epidemiological Principles	5.93 (=)	5.90 (=)
Course Work	5.00 (=)	5.37 (^)
Overall Learning	6.25 (=)	6.26 (=)
Overall Program Effectiveness	5.98 (=)	5.89 (=)

Figure 1R4.6 AACN/Benchworks MSN Education Exit Assessment Satisfaction Factors

Factor	2014-2015 N=51	2015-2016 N=53
Quality and Availability of Curriculum	6.17 (=)	6.26 (^)
Quality of Support Services	6.08 (=)	6.12 (^)
Quality of Faculty and Instruction	6.02 (=)	6.15 (^)
Administration and Academic Advising	6.00 (=)	5.79 (^)
Overall Satisfaction	5.75 (=)	5.65 (=)

DNP AACN/Benchworks Education Exit Assessment Results

Figure 1R4.7 shows the results for the AACN/Benchworks Doctor of Nursing Practice Education Exit Assessment for learning factors. Figure 1R4.8 shows the results for the satisfaction factors. Only one year of data is available for the DNP program because the College first started using the survey with the DNP students in 2015-2016.

Figure 1R4.7 AACN/Benchworks DNP Education Exit Assessment Learning Factors

Factor	2015-2016 N=6
Communication Findings	6.50 (=)
APRN Role Development	6.50 (=)
Health Information Technology	6.47 (=)
Research Methods	6.46 (=)
Interprofessional Collaboration	6.46 (=)
Nursing Science	6.43 (=)
Best Practices	6.42 (=)
Science-Based Theories	6.40 (=)
APN Core Knowledge	6.40 (=)
Communication Skills	6.33 (=)
Analyze Data	6.33 (=)
Ethical Dilemmas	6.28 (=)
Health Care Diversity	6.25 (=)
Employ Business Principles	6.25 (=)
Population Health Care	6.25 (=)
Evidence-Based Practice	6.20 (=)
Patient Care Technology	6.20 (=)
Health Care Policy	6.12 (=)
Health Policy Leadership	5.83 (=)
Health Policy Education	5.83 (=)
Overall Learning	6.00 (=)
Overall Program Effectiveness	5.64 (=)

Figure 1R4.8 AACN/Benchworks DNP Education Exit Assessment Satisfaction Factors

Factor	2015-2016 N=6
Quality and Availability of Curriculum	6.03 (=)
Quality of Support Services	5.42 (=)
Quality of Faculty and Instruction	5.52 (=)
Administration and Academic Advising	5.81 (=)
Overall Satisfaction	5.17 (=)

Interpretation of results and insights gained

Achievement of the AACN Essentials for the BSN students at the target of 850 was not consistently met by students in any one category. The faculty annually evaluate the course content to ensure that it is current and relevant to professional nursing and in alignment with the AACN Essentials. In response, the faculty changed the testing policy in spring 2017 semester. The exam is available to be given twice. At midterm of the final semester, the students take the exam the first time, and students that do not achieve an overall score at or above the target are required to complete specific remediation related to the exam. The exam is then taken the second time just prior to competing the final nursing course.

The College scores for the AACN/Benchworks Undergraduate Education Exit Assessment learning factors are at or above the target of 5.5. A decline in both learning and satisfaction scores for 2015-2016 was noted. All scores were either significantly higher or equivalent to the comparison group except for Work and Class Size in 2015-2016. This factor was significantly lower than the comparison group. This is the first time since the College started using the survey 7 years ago, that the College was lower than the comparison group. The 2015-2016 students were in the first cohort to complete the revised BSN curriculum. The College postulates that this impacted the overall scores. Results for 2016-2017 will be compared to 2015-2016 to determine if this trend continues. Overall the scores indicate the College is providing a quality academic program for the BSN students.

The NSSE Engagement Indicators results (Figure 1R4.4) shows that in 2016, the College was significantly lower than the Carnegie Class comparison group in 6 of the 10 engagement indicators. This was the first cohort of students that completed the revised BSN curriculum. The students verbalized that they felt like the “guinea pigs” for the revised curriculum. The responses on all surveys completed by this group declined. The College is waiting for the 2017 results to be tabulated to determine if a trend is starting. The results for all NSSE Engagement Indicators have been analyzed by the Gap Committee and action plans have been developed for low performing areas. For example, one theme that was consistently low in all three NSSE surveys was the interaction between students and faculty. One particularly low performing item in this indicator is related to feedback from instructors. An action plan was developed by the Curriculum Committee to address this issue (see 1I4).

The College scores on the learning factors for the AACN/Benchworks MSN Education Exit Assessment 2014-2015 are at or above the target of 5.5 except for three factors: Prescription Drugs, Clinical Laboratory Procedures and Course Work. For 2015-2016, Prescription Drugs exceeded the target while the other two factors remained below target. In response, the Graduate Committee evaluated how laboratory procedures and pharmacology was taught in the curriculum. To strengthen these two areas, a task forces was created to develop a plan for emphasizing pharmacology across the curriculum to enhance learning additionally an Intensive Experience was developed to bring students on campus for 3 days at the beginning of Family Nurse Practitioner (FNP) practicum courses to further develop knowledge of clinical laboratory procedures. The College scores on the factors related to satisfaction are all above the target of 5.5. All College scores were equivalent to or significantly higher than the comparison group in both the learning and satisfaction factors indicating the College is providing quality education for the MSN students.

The College scores for the AACN/Benchworks DNP Education Exit Assessment are at or above the target of 5.5. The scores for the satisfaction indicators are all at or above the target of 5.5 except for Quality of Support Services and Overall Satisfaction. The DNP program is provided through distance education. The College is reviewing support services for the online students to ensure that they are equivalent to services provided on campus. The Graduate Committee is reviewing the results in an attempt to determine why the overall satisfaction score is so low in comparison to all other satisfaction and learning factors. Individual items will be studied. In both learning and satisfactions factors, the College scores are not significantly

different from the comparison group. This is due in part to the small sample size and the analysis was not being able to detect a significant difference. The DNP program is working towards gathering additional data to evaluate trends.

1I4 Based on 1R4, what process improvements have been implemented or will be implemented in the next one to three years?

Analysis of trend data from NSSE showed that consistently low scores were received on “Feedback from Instructors” item. The Curriculum Committee conducted focus groups with students to determine why this item was low. Students shared their perception of perceived “good feedback”. The results of the Focus Groups were shared with faculty to use for improvement. The Curriculum Committee also sponsored a three-hour workshop for all full- and part-time faculty on “Best Practices in Giving Feedback.” Faculty also changed the word on the student clinical evaluation form from “Comments” to “Feedback” to show students that feedback was being given but may not have been recognized as feedback by students.

The College added the AACN/Benchworks Graduate Nursing and Doctor of Nursing Practice Education Exit Assessment tools in 2015 for the MSN program and 2016 for the DNP program. These assessment tools provided the College with a standardized instrument to measure student achievement of outcomes and provide comparison/benchmark data.

The Graduate Committee is in its final year of a total curriculum and course review for each of its programs. The curricula and courses are being reviewed for currency and alignment with program outcomes and professional standards. Revisions are made by the Graduate Committee to ensure this alignment.

The Curriculum Committee is conducting an ongoing evaluation and assessment of the newly revised concept-based BSN curriculum. Course content and evaluation and assessment methods are being studied to ensure that they are aligned with the program outcomes and professional standards. Several revisions in the placement of concepts and exemplars along with the related course content have been made in the last year based on student feedback and outcome measures. For example, the exemplar rheumatoid arthritis from Conceptual Basis of Nursing III as arthritis was currently being taught in 322 Care of the Older Adult course. The exemplar Acid/Base balance was moved to Conceptual Basis of Nursing IV where the exemplars of end stage renal disease and pneumonia with a focus on ventilator management and ABG interpretation are discussed. The exemplars of vaccinations was changed from Conceptual Basis of Nursing III to Conceptual Basis of Nursing IV because of the focus on population and public health in Conceptual Basis of Nursing IV.

The College changed the HESI RN Exit Exam policy for the final senior nursing course as mechanism to improve student learning. At midterm, the students take the exam the first time, and if the student does not achieve an overall score at the target, they are required to complete specific remediation related to the exam. The exam is then taken the second time by the student just prior to competing the final nursing course.

Academic Integrity

1.P5 Academic Integrity focuses on ethical practices while pursuing knowledge. Describe the processes for supporting ethical scholarly practices by students and faculty. This includes, but is not limited to, descriptions of key processes for:

Ensuring freedom of expression and the integrity of research and scholarly practice (2.D, 2.E.1, 2.E.3)

The College ensures freedom of expression and integrity of research and scholarly practice. The statement on academic freedom formulated by the American Association of University Professors is used as the College policy on academic freedom and is printed in the *Faculty Academic Handbook*. Faculty have freedom in developing courses and execution of instruction as well as freedom in conducting research and publishing results. Integrity of research is enhanced by the requirement that all research conducted by faculty or students is approved by the College Research Committee and/or the OSF SFMC Research Committee, if patients or employees at OSF SFMC are subjects in the study. All research studies are then submitted to the Peoria Community Institutional Review Board for approval. To promote student scholarly practices, the College program outcomes address the integrity of research and scholarly practice in all three academic programs at the College of Nursing.

Ensuring ethical learning and research practices of students (2.E.2, 2.E.3)

The College ensures ethical learning and research practices of students through its Ethical and Professional Conduct Policy. The policy establishes guidelines and expectations related to academic dishonesty, including cheating on tests and plagiarism, and unethical clinical behavior. Incoming students from all degree programs are required to complete the five academic honesty modules and pass a post-test with 77% to verify their understanding of the content. The Academic Honesty Policy is found in the *Student Handbook*. The College has established student Professional Standards that are a code of behavior for students. In addition, all BSN students are required to take the 304 *Nursing and Healthcare Ethics* course. Ethical content is integrated across the MSN program with ethics content covered in each course. Ethics is taught to the DNP students in 740 Impact of Ethics and Law on the Role of the DNP. Overarching ethical principles are derived from the *Ethical and Religious Directives for Catholic Healthcare Services* developed by the U.S. Catholic Bishops Association.

Ensuring ethical teaching and research practices of faculty (2.E.2, 2.E.3)

Ethical practices are ensured through the joint development of the College Core Values. The purposes of the Core Values statements are to support the Mission and Philosophy; provide direction for the day-to-day activities and decision; specify how individuals should behave; and provide meaning to each person's work. The College Research Committee outlined in the Rules and Regulations of the College Senate functions to promote research to advance nursing practice and education, evaluate a proposed study for consistency with the College's mission and values, and assure compliance with ethical standards and protection of human subjects. This function is published in the *Faculty Academic Handbook*. Faculty are invited to attend an annual Ethics workshop sponsored by OSF SFMC. All employees attend the annual Mission Integration program sponsored by OSF. The program consists of a video, self-reflection, and discussion on the focus for the year (See 4P4). The programs have focused on the concepts of being a part of the community of caregivers, culture of respect, and caring for yourself and others.

Selecting the tools, methods and instruments used to evaluate the effectiveness and comprehensiveness of supporting academic integrity

One tool used to measure the effectiveness and comprehensiveness of supporting academic integrity is the posttest students take after reviewing the 5 educational modules on academic integrity. All students are required to view the modules and take the posttest within 30 days initial enrollment at the College. Students are required to achieve 77% on the posttest. Students who fail the posttest are required to review the modules again and retake the posttest.

1R5 What are the results for determining the quality of academic integrity??

Summary results of measures

In the BSN program, students complete the academic honesty exam as part of the Health Assessment course. Therefore, the Health Assessment faculty are responsible for collecting the data. In the Graduate Program, the Dean monitors the incoming students and ensures completion of the posttest. Data is stored in the LMS. Figure 1R5.1 shows the results of the completion of the modules by program. The number in parentheses is the total number of students taking the exam. Students who have not taken the test or have not passed the test are excluded from class

Figure 1R5.1: Completion Rates for Academic Honesty Posttests

	BSN	MSN	DNP
2014-2015	100% (164)	100% (41)	100% (8)
2015-2016	100% (136)	100% (60)	100% (7)
2016-2017	100% (142)	100% (61)	100% (12)

*There is no external comparison data.

Through informal analysis, the most common forms of academic dishonesty over the last three years has been incidences of cheating and plagiarism.

Comparison of results with internal targets and external benchmarks

The College has no external comparison data. Internally the target has been met that 100% of students in each degree program have passed the exam.

Interpretation of results and insights gained

The College is effective in educating students regarding academic honesty. In addition, the College is effective in testing knowledge about academic honesty and ethical clinical behaviors. The College has an opportunity for improvement in maintaining records of instances of academic dishonesty. The College recognizes that individual faculty may be dealing with academic honesty issues without consulting with the Dean. Currently, the Dean maintains an informal record of academic honesty records. The College needs to move towards a more formal tracking process to allow for data analysis for trends within courses and programs.

1I5 Based on 1R5, what process improvements have been implemented or will be implemented in the next one to three years?

The structure is in place for reporting incidences of academic dishonesty to the respective Dean. An opportunity for improvement for the College is related to informing faculty, especially new faculty, of the established Academic Honesty and Ethical Clinical Behavior policy and procedure.

The College recognizes the need to develop a formal process to track records of academic dishonesty. The College needs to promote using the policy and procedure so that each incidence of academic dishonestly is reported to a central person, the appropriate Dean. One aspect of the policy is that consequences are progressive. Therefore, it is essential to know of each and every incidence. This formal tracking process would allow for data analysis for trends within courses and programs.

The Graduate Committee is exploring mechanisms to secure the online testing environment. Currently, the students have 48 hours to complete tests and the tests are not proctored. The Graduate Committee has a task force that is investigating options for safe guarding the integrity of the online tests.

Category 2: Meeting Student and Other Key Stakeholder Needs

Introduction

The Mission of the College states that “the College provides nursing education programs at the undergraduate and graduate level” making students our primary stakeholders. This is reflected in the College’s Strategic Plan that has as one of its primary focuses “Student Experience and Service Excellence”. The culture of the College is to provide student services that promote retention and completion. The College’s retention policy states “The retention program of the College of Nursing begins with the policy of accepting those students for admission who can be expected to successfully complete the nursing major. Thereafter, student retention is facilitated through positive student interactions with faculty members in supportive, caring relationships....Support services foster program completion through contributions to student health and welfare”.

The College was the recipient of a \$1.3 million dollar grant from the Illinois Board of Higher Education Independent Colleges Capital Program in 2010. The grant funds were disbursed in four installments through 2016. The College has used the grant funds for improvements to help meet student and other stakeholder needs. Projects completed over the last four years with the grant funds include: installing a new fire sprinkler system in the College building; installing additional external lighting for student safety; upgrading the wireless technology in the building; remodeling the student recreation room and residence kitchen; remodeling the lobby of the residence; remodeling the student lounges; and upgrading the teaching technology in the classrooms.

The College has also identified other key stakeholder groups and their key requirements and expectations. These key requirements and expectations are kept at the forefront as the College makes decisions related to programs and services. In the last two years, the College recognized the need to have comparison data for benchmark purposes as it collected data on student needs from the MSN and DNP graduates. Because of that, the College decided to use the AACN/Benchworks Graduate and Doctor of Nursing Practice Nursing Program Exit Assessments rather than the previous College developed surveys. Aligned with this decision was to move to using the AACN/Benchworks Nursing Alumni Assessment for BSN, MSN, and DNP alumni. The survey better identifies the needs of this stakeholder group but also provided comparison data. The survey was first deployed in 2016 to one year alumni.

The 2012 Systems Portfolio Appraisal Feedback Report identified that a strength for the College was that the College had a variety of methods in place for determining the changing needs of students and that the data from the surveys was analyzed for improvement opportunities. Also identified as a strength was that the college has robust and well-planned processes to maintain and build relationships with students, some of which begin before students are formally admitted to the programs. These areas continue to be a priority for the College.

Over the last several years, the Student Services areas have worked together to improve communication and streamline processes. This initiative was led by the Associate Dean of Support Services. As a result, communication with students is also improved. The College plans on investigating a new student information and learning management system (LMS) in the next year or two. This decision to change is based on student and employee feedback and the discontinuation of the current LMS. The hope is to provide better services to meet student needs.

The College continues in its work to improve processes that help meet the non-academic needs of its stakeholders. Because of the work in this area and its ongoing priority of student needs, the College is in the early stages of aligned systems maturity for processes. The College is also in the early aligned stage for systems maturity in results.

Current and Prospective Student Need

2P1 Current and Prospective Student Need focuses on determining, understanding and meeting the academic and non-academic needs of current and prospective students. Describe the processes for serving the academic and non-academic needs of current and prospective students. This includes, but is not limited to, descriptions of key processes for:

Identifying underprepared and at-risk students, and determining their academic support needs (3.D.1)

The College has mechanisms in place to identify underprepared and at-risk students, and determine their academic support needs. The process begins with the Admissions Department who discusses strategies with students who are underprepared for the College's programs. This discussion may include advising the individual regarding courses needed for admission and also referring the student to the Admission and Progression Committee for review and advice prior to making an admissions decision. The student who is at risk may be encouraged to attend part time.

All of the College's incoming BSN students enter the College as juniors and have already completed a minimum of 59 credit hours of college level coursework at the college(s) of their choice. The College accepts the students from the applicant pool with the highest college grade point averages. This method of accepting students eliminates the majority of students that may be classified as underprepared/at-risk from entering the BSN program.

In an effort to better identify the students that may possibly be underprepared, the College requires all incoming junior BSN students to take the Health Education Systems, Inc. (HESI) Admission Assessment exam (A2) prior to the start of their first semester at the College. The A2 exam provides assessment of each incoming student's English, math, and pathophysiology knowledge. The exam results provide the College an opportunity to identify any weaknesses each student may have, so the College can intervene early to assist the student in being successful. The A2 exam also provides the student with a Learning Inventory including information on their learning style. The exam has been required by the College since the fall of 2015. The Admissions and Progression Committee is in the process of compiling and comparing student A2 test scores with student academic performance in the BSN program. This analysis may result in providing further assistance or remediation for those students that score below a specified score on the A2 exam.

Course faculty members monitor each enrolled student's progress in their courses. Faculty automatically refer students to the College's Academic Development Center (ADC) (see below) for help if they are not performing well in the course overall and/or are scoring below a specific percentage (77%) on course exams. Academic advisors are also available to provide students with academic assistance.

Deploying academic support services to help students select and successfully complete courses and programs (3.D.2)

The College deploys academic support services to help students select and complete courses and programs. Support begins upon acceptance to the College, when all incoming students are assigned an academic advisor. Registration for the first semester occurs after the student and the advisor meet to discuss personal and educational goals and to develop a plan of study approved by both.

The College developed the Academic Development Center (ADC) as a result of an AQIP Action Project. The ADC provides academic assistance services to both undergraduate and graduate students to increase student success. Services include one-on-one tutoring/remediation, test taking strategies, test anxiety reduction strategies, time management and study skill enhancements. A weekly Study Hour is offered to

provide individualized student assistance. In addition, remediation is tailored to individual student needs through the use of peer-teachers, simulation, and one-on-one meetings with faculty. The ADC is staffed by a doctoral prepared faculty member who works closely with the College Counselor to facilitate student success. Students can either self-refer or be automatically referred to the ADC for assistance by faculty members. The ADC Coordinator attends new student orientation and visits classes to invite students to participate in services offered by the Center. The Peer Teaching program, through the ADC, provides assistance to BSN students with coursework, clinical paperwork, preparation for examinations, or clinical skills. Peer learners are referred by course faculty or may “self-refer.”

In addition, a language specialist is available two hours a week to help students who are English Language Learners to improve their language skills. The College also has a Language Partner Program. The Language Partner Program provides students with a unique opportunity to learn from each other in a social environment, improve the College’s climate of diversity, improve communication and understanding of each other’s beliefs and values and most importantly, create an atmosphere of belonging and inclusion.

The College Writing Center was developed as an AQIP Action Project. The Writing Center strives to help students succeed academically by providing guidance in writing, APA style, and Word formatting. The Center works with students to increase their understanding of the symbiotic relationship between writing and critical thinking, and to promote scholarly writing to communicate ideas and research within the professional nursing community. Services are available for the students on campus and via Skype for distance education students.

Ensuring faculty are available for student inquiry (3.C.5)

Faculty are available for student inquiry. Each full-time faculty member is required to keep five office hours each week during the semester. Faculty post and communicate office hours to students. Faculty teaching in the MSN and DNP distance education programs post online office hours for students. Faculty are also available to communicate through email and telephone for those students that cannot meet during the faculty’s posted office hours. Faculty contact information is available on the website. All courses are currently managed through an electronic Learning Management System (LMS). The LMS platform allows for direct communication between the student and faculty through electronic messaging.

Determining and addressing the learning support needs (tutoring, advising, library, laboratories, research, etc.) of students and faculty (3.D.1, 3.D.3, 3.D.4, 3.D.5)

The College determines the learning support needs of student and faculty using multiple methods. Students are surveyed annually using the Noel Levitz Student Satisfaction Inventory (SSI), the National Survey of Student Engagement (NSSE), and the AACN/Benchworks Nursing Program Exit Assessment for all three degree programs. The surveys are deployed by the Institutional Effectiveness and Assessment Specialist (IEAS) at established times each year. The IEAS reviews the results and prepares a report for the Gap Committee. The Committee reviews the analyzed data and looks for patterns in strengths and areas for improvement based on comparison of scores to established College levels of achievement. Areas for improvement are assigned to one of the standing committees for an action plan.

The learning support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student and faculty needs. A function of the Educational Resources committee is to assess and evaluate educational resources of the College. Learning support is determined and provided to traditional and online students in several ways. Faculty identifies student learning needs and the need for resources to enhance student learning. Faculty also do one-on-one or group tutoring for students.

The Library provides assistance for all faculty and students whether students are taking courses on campus or via distance education. The Library provides support for teaching and for evidence-based

research, evidence-based teaching, and the evidence-based learning of the students, faculty and staff. The Library provides access to and delivery of information resources in the fields of nursing practice and higher education, instruction related to information literacy, information technology and information management as a means to facilitate learning, enhance critical thinking, promote scholarship, and improve institutional outcomes. Direct links to the Library are provided in the learning management system. The Library website supports learning by providing students and faculty with easy access to articles and books.

The Instructional Design and Technology Specialist (IDTS) provides assistance and support to faculty and students in the development of online course and learning activities and with troubleshooting problems with the online course programs. The Library provides support with course development materials, books and other instructional materials to meet course, curricula, and program needs.

Determining new student groups to target for educational offerings and services

The identification of new student groups or stakeholder groups for educational offerings and services is done by the faculty and administration. In the strategic planning sessions, market trends, employer needs, assessment data, SWOT analysis, and input from community groups provide data to identify new students and stakeholders. When a new student group or program need is identified, a Business Plan is developed by the respective Dean. The plan is reviewed by the President and then submitted to the College Board for final approval. Additionally external groups such as the Nursing Advisory Council and OSF System Nursing Council identify needs that may lead to new programs at the College. For example, input from these groups along with alumni and employers was a motivating factor in the College's decision to develop the Family Nurse Practitioner MSN option and the Doctor of Nursing Practice (DNP) program. These programs are aligned with the OSF System needs and needs for advanced practice providers in healthcare today. Another example is the OSF strategic planning process promoting more BSN prepared nurses in all OSF facilities. The desire for more BSN prepared registered nurses at other OSF facilities was recognized as an opportunity for potential new students. A tactic on the College's Strategic Plan focused on recruiting this prospective population.

Meeting changing student needs

The College uses a variety of methods to gather data to identify the changing needs of students. The College surveys undergraduate students annually with the Noel Levitz Student Services Inventory (SSI). Undergraduate students also complete the American Association of Colleges of Nursing (AACN)/Benchworks Undergraduate Nursing Education Exit Assessment and National Survey of Student Engagement (NSSE) at the end of their final semester. The MSN and DNP graduates are surveyed at the end of the program with the respective AACN/Benchworks Graduate Nursing or Doctor of Nursing Practice Education Exit Assessment. The College developed a process flow for administering surveys and assessments and sharing results with appropriate standing programs, committees or departments for use in making improvements via the Gap Committee. The results of surveys are also presented to the College Board and College Senate by the IEAS. The IEAS and President meet with individual student service departments to share results. The results are analyzed and discussed by the faculty and student service departments, opportunities for improvement are identified, and plans for improvement are developed.

To build relationships with students and gather information on student needs, the President meets with students at least once a semester. The President attends Student Senate meetings to communicate with the students and hear student issues as needed. The President shares student concerns with committees, departments, and individuals as appropriate. A course of action is determined by studying the data and plans for improvement are developed.

Understanding changing student needs also occurs with student participation in the shared governance structure of the College. Students have representation on the following standing committees of the

College Senate: Admission and Progression, Curriculum, Educational Resources, Evaluation, and Graduate. Input from the students during meetings provides insight into student needs and areas for improvement at the College. Through participation in the committees, students have input into policy, course, and program development. In 2009, the College Board Bylaws were revised to include a student representative in the membership for the purpose of student participation and input.

Identifying and supporting student subgroups with distinctive needs (e.g., seniors, commuters, distance learners, military veterans) (3.D.1)

The College works to identify and support student subgroups with distinctive needs. Based on the College's small size and that it accepts a new starting cohort each fall and spring term, student subgroups can vary quite a bit each semester. The normal subgroups can be categorized by academic level, graduate or undergraduate program, veteran status, international students, and those students requiring special accommodations. These categories are generally consistent, but the number of students can vary by term. The College's process for supporting student sub-groups occurs through the office of the Associate Dean of Student Support, the academic Deans, and the ADC.

The College meets the needs of students with disabilities through its published Disability Policy. The policy is in compliance with Section 504 of the Rehabilitation Act of 1973, as amended (Section 504). Students who have special needs for accommodations in the classroom or clinical must provide appropriate documentation to the respective Dean along with the request for the accommodation. The Disability Policy is available to students in the *College Catalog* and *Student Handbook*.

The College has a small number of international students and students who are English Language Learners (ELL). Programs through the ADC are offered to assist these students such as the specialist who helps the ELL student needing help with English. The Student Finance Office works with veterans on financial assistance and funding processes. Counseling services are available to all subgroups to help meet their needs.

As distinct needs surface for student subgroups, these needs are examined by administration in conjunction with the appropriate department or student services personnel. The College then develops a plan to meet student subgroup needs. For example, through grant funding the College was able to hire a language specialist for two hours a week to help students who are English Language Learners to improve their language skills. When the grant funds were depleted, the College recognized this as a valuable service and made the decision to keep the service by incorporating the cost into the annual operational budget.

Deploying non-academic support services to help students be successful (3.D.2)

The College provides non-academic support services to help students be successful. The vast majority of students commute to the College but the College does provide limited housing in the Residence for students in need of the service. Financial assistance for students is through institutional scholarships, the early release of financial aid funds and the distribution of emergency funds to students. The Student Finance Office also provides financial literacy information. Counseling services are available to all students through the College's full-time Counselor. Counseling services provided by the counselor include individual and group counseling, peer support, and referral to appropriate resources. The College Health Nurse provides health care for short-term acute illnesses. Referrals are made to the College Counselor for students struggling with real or potential mental health issues. The College Health Nurse presents holds lunchtime learning events throughout the academic year to provide health promotion, injury prevention, and healthcare trivia knowledge to students, faculty, and staff. The Instructional Design and Technology Specialist assists students with computer-related questions and concerns.

Ensuring staff members who provide non-academic student support services are qualified, trained and supported (3.C.6)

Staff members who provide non-academic student support services are qualified, trained, and supported. Staff member qualifications are specified on job descriptions. The qualifications are used as minimal requirements during the screening and hiring process. The College is committed to providing professional development for staff. Staff members are provided development funds annually at a specified level to be used for development and training opportunities. These opportunities include conferences, certifications, and seminars. Staff are encouraged to attend professional meetings and conferences to remain updated in changes in their field and in higher education. All employees have access to online learning (via Healthstream learning modules) and traditional in-seat development sessions offered by the Learning Academy through OSF Saint Francis Medical Center. All programs offered through the Learning Academy are free to employees. Employees are able to select programs that help them develop areas they have chosen.

Communicating the availability of non-academic support services (3.D.2)

The College communicates its available non-academic support services to prospective and currently enrolled students through: the College Catalog, Student Handbook, during new student orientation, the College newsletter distributed to incoming students, presentations made to students throughout the year, the College website (<http://www.sfmcccon.edu/student-life/student-life.html>) and the information contained on the College's LMS. The *College Catalog* and *Student Handbook* are available to students at <http://www.sfmcccon.edu/publications/>. The College communicates to its students via in-person contact, mail, phone calls and email.

Selecting the tools, methods and instruments to assess student needs

The College has a mechanism in place to select tools, methods and instruments to assess student needs. The Evaluation Committee is responsible for assessment and evaluation of students and student needs. One of its functions states, "Review, revise, and/or recommend the selection or design of all evaluation instruments used in the systematic evaluation of the total undergraduate and graduate educational programs." The recommendations from the Evaluation Committee then go to College Senate for final approval.

Assessing the degree to which student needs are met

The College regularly assesses the degree to which student needs are met. The College uses multiple measures such as the Noel Levitz Student Satisfaction Inventory (SSI) and the National Survey of Student Engagement (NSSE), which are administered annually to undergraduate students. Other measures such as course evaluations provide feedback for improvement. The AACN/Benchworks Nursing Program Exit Assessment is administered to graduating BSN, MSN and DNP students to measure program satisfaction.

The SSI, NSSE, and AACN surveys provide external comparison data for the College. Target levels of achievement have been established for each survey. The College assesses whether its student needs are met by using benchmarked tools such as SSI, NSSE, and AACN surveys. The Gap Committee (see 6P.1) reviews the data and deploys the data to respective departments and standing committees for action. The Curriculum Committee and Graduate Committee review academic data (Category 1), which is another set of data to assess the degree to which student needs are met. The data from all surveys and assessment tools is used to make informed decisions and improve services for students.

Data is collected for semi-annual or annual regulatory and accreditation reports. Internal data is collected in the form of student faculty and course evaluations, student and employee climate assessments, and faculty course reports. The Noel Levitz SSI, NSSE, AACN/Benchworks Nursing Program Exit Assessment, and AACN/Benchworks Nursing Alumni Assessment provide student data as well as external comparison data for the College. The College measures its survey results against its own

previous year’s results and against the other schools in its Carnegie Class. The College set the level of achievement on all AACN/Benchworks assessment instruments at a College mean score of 5.5 or above on the individual item or factor. The assessment scale is 1 to 7, with 7 being the highest score possible.

2R1 What are the results for determining if current and prospective students’ needs are being met?

Summary results of measures

The ADC and Counselor offer a variety of programs and services for students. Figure 2R1.1 shows the number of students and sessions offered in the ADC over the last two academic years. The figure also provides data on the number of sessions offered for students and the number of students attending.

Figure 2R1.1 Academic Development and Counseling Service Usage

Type of Service	2014-2015		2015-2016	
	# of Students	# of Sessions	# of Students	# of Sessions
Individual Sessions	160	701	167	731
Group Sessions (Study skills, Time Management, Test Anxiety, Sensory Based Learning Strategies, Compassion Fatigue, Social Aggression, Crisis Management, Grief and Loss, Parenting Group, General Issues Group)	274	36	264	30
Totals	434	737	431	761

Figure 2R1.2 shows the usage of the Writing Center by program of student. The issues that students sought help for included assistance with APA style, especially in-text citations, reference and general paper format, grammar, punctuation, general style, organization, and following the rubric guidelines. The College will continue to gather data on the usage of this service to continually evaluate its usage and benefit to students.

Figure 2R1.2 Usage of the Writing Center 2015-2016

	Number of Sessions		Presentation in Classes	
	Fall	Spring	Fall	Spring
BSN Students	12	44	3	2
RN to BSN Students	4	--	--	--
Graduate Students	31*	42**	--	--
Total	47	86	3	2

*9 of the sessions were via Skype

**7 of the sessions were via Skype

Holiday Helping Hands is an internal program operated by faculty and staff who at the winter holiday time make contributions to this fund to help needy students. Students apply for or are referred to the program for receipt of funds. Figure 2R1.3 shows how the students have been helped with special funding over the last three years.

Figure 2R1.3 Special Funding Assistance for Students

Academic Year	# of Students	Early Release of Funds	Emergency Funds	Holiday Helping Hands Funds
2014-15	14	\$ 31,714	\$ 1,000	\$ 4,600
2015-16	10	\$ 37,257	\$ 3,263	\$ 4,250
2016-17	1	\$ 4,071	\$ 500	\$ 5,250

Comparison of results with internal targets and external benchmarks

Effective Academic Advising is a large part of learning support that students value at the College. Recent AACN/Benchworks Undergraduate Nursing Program Exit Assessment results reflect favorable ratings for the College’s academic advisors. Figure 2R1.4 shows the results from the BSN students regarding academic advising services.

Figure 2R1.4 BSN Student Satisfaction with Academic Advising*

	2013-2014		2014-2015		2015-2016	
	CON	Carnegie Class	CON	Carnegie Class	CON	Carnegie Class
Satisfaction: Advisor						
How satisfied are you with your academic advisor?	5.91	5.44	5.90	5.47	5.88	5.53
To what degree was your academic advisor knowledgeable about: Course requirements for major?	6.07	5.52	6.01	5.52	5.99	5.60
To what degree was your academic advisor knowledgeable about: Degree requirements?	6.09	5.58	6.05	5.59	5.99	5.64
To what degree was your academic advisor knowledgeable about: Campus resources for personal, academic, or financial problems?	5.53	5.21	5.66	5.28	5.67	5.34

*Scale of 1 to 7

Student satisfaction results from the Noel-Levitz SSI and comparison data related to other non-academic and learning support services at the College are in Figure 2R1.5. The target level of achievement is that the mean satisfaction score is 5.5 or above on the 7 point scale. Three years of results are presented.

Figure 2R1.5 BSN Student Satisfaction for Learning and Non-Academic Support

SSI Item	2014		2015		2016	
	CON	Comparison	CON	Comparison	CON	Comparison
General Campus						
Most students feel a sense of belonging here.	5.73	5.29*	5.94	5.28*	5.54	5.27*
The campus staff are caring and helpful.	6.03	5.60*	6.14	5.61*	5.54	5.61
It is an enjoyable experience to be a student on this campus.	5.66	5.11*	5.81	5.46*	5.21	5.47**
This institution shows concern for students as individuals.	5.86	5.40*	5.86	5.40*	5.27	5.40
I feel a sense of pride about my campus.	5.61	5.26*	5.82	5.25*	5.24	5.26
Students are made to feel welcome on this campus.	6.05	5.64*	6.05	5.63*	5.53	5.63
Admissions						
Admissions staff are knowledgeable.	6.01	5.40*	5.93	5.41*	5.63	5.42*
The personnel involved in registration are helpful.	5.66	5.46*	5.80	5.48*	5.44	5.48
The assessment and course placement procedures are reasonable.	5.67	5.40*	5.65	5.41*	5.46	5.42
Admissions counselors respond to prospective students' unique needs and requests.	5.66	5.34*	5.65	5.35*	5.32	5.37
Admissions counselors accurately portray the campus in their recruiting practices.	5.71	5.15*	5.68	5.15*	5.39	5.17*
There are adequate services to help me decide on a career.	5.81	5.33*	5.85	5.33*	5.30	5.35
Student Finance						
Financial aid counselors are helpful.	5.57	5.14*	5.43	5.16*	5.12	5.16
Billing policies are reasonable.	5.44	4.75*	5.28	4.77*	5.08	4.77*
Financial aid awards are announced to students in time to be helpful in college planning.	5.46	5.07*	5.29	5.09	5.19	5.13
Adequate financial aid is available for most students.	5.16	4.96*	5.06	5.00	4.92	4.99
Student Services						
Library staff are helpful and approachable.	6.35	5.70*	6.29	5.70*	6.21	5.70*
Library resources and services are adequate.	6.20	5.61*	6.17	5.61*	6.04	5.63*
The staff in the health services are competent.	6.01	5.12*	5.84	5.12*	5.56	5.15*
Counseling staff care about students as individuals	5.89	5.31*	5.59	5.32*	5.32	5.33
Computer labs are adequate and accessible.	5.34	5.47*	5.43	5.46	5.50	5.49

SSI Item	2014		2015		2016	
	CON	Comparison	CON	Comparison	CON	Comparison
Academic support services adequately meeting the needs of students.	5.86	5.40*	5.81	5.41*	5.39	5.43
Tutoring services are readily available.	5.65	5.60	5.64	5.61	5.39	5.61**

*College satisfaction score significantly higher than comparison group

**College satisfaction score significantly lower than comparison group

Student satisfaction results from the Noel-Levitz SSI and comparison data related to the College's commitment to specialized groups of students are in Figure 2R1.6. The target level of achievement is that the mean satisfaction score is 5.5 or above on the 7-point scale. Three years of results are presented.

Figure 2R1.6 College's Commitment to Specialized Student Groups

SSI Item	2014		2015		2016	
	CON	Comparison	CON	Comparison	CON	Comparison
Institution's Commitment to:						
Part-time students	5.60	5.27*	5.66	5.29*	5.58	5.30*
Evening students	5.01	5.28**	5.18	5.30	5.29	5.30
Older, returning learners	5.73	5.41*	5.83	5.44*	5.60	5.43
Under-represented populations	5.52	5.33	5.57	5.35*	5.32	5.33
Commuters	5.49	5.14*	5.56	5.15*	5.47	5.15*
Students with disabilities	5.45	5.50	5.57	5.52	5.42	5.51

*College satisfaction score significantly higher than comparison group

**College satisfaction score significantly lower than comparison group

Interpretation of results and insights gained

The results from the data on the services provided by the ADC, Counselor, and Writing Center show a wide variety of services and sessions provided to students. The results also indicate that students are using the support services provided by the College. The results indicate that the College needs to continue to provide both academic and non-academic programs and services for students.

The results from financial support for student data continue to show that students often struggle financially, which can have a negative impact on their academic performance. The College plans to continue to support students financially as able and hopes to grow these programs to meet student needs.

The results from the AACN/Benchworks BSN assessment show a high degree of satisfaction with academic advising. The College met or exceeded its level of achievement for all questions each year. Satisfaction for the students at the College ranks higher than the Carnegie Class comparison scores. The scores show that the advisors are a great resource to the students and excellent academic advisement relates to increased success for the students.

The results of the Noel Levitz SSI survey show positive results which translate into meeting student needs, but there is room for improvement. For 2014 and 2015, the areas below target were related to student finance and computer labs. Although these areas were below the College's target score, they were significantly higher than the comparison group. During this time period, the computers in the computer labs were replaced and upgraded and the wireless network in the building was upgraded. These factors may have contributed to achievement of the target level in 2016. The College continues to build its scholarship and endowment funds in order to increase institutional scholarships. The low scores in 2015 and 2016 may be influenced by the State of Illinois budget crisis and Monetary Award Program (MAP) funds not being paid promptly by the State. Approximately 1/3 of the undergraduate students (n=119)

were eligible but will not receive funding. The maximum award is \$4968 per year. The College noted a drop below target level in over half of the satisfaction scores in 2016. The College is continuing to analyze the data in order to identify causes of this lower satisfaction for the student groups in 2016. Two key areas to be investigated are tutoring services and enjoyment of being a student on campus. Both of these items were significantly lower than the comparison group.

Based on the Noel Levitz SSI data in Figure 2R1.6, the students perceive the College to have a fairly high commitment to the specialized student groups. The group of evening students had satisfaction scores less than the target of 5.5. The College offers only a limited number of clinical rotations during evening hours. Classes are offered either online or during daytime hours, so the evening student cohort is very small. The College will evaluate ways to better meet the needs of this group.

2I1 Based on 2R1, what process improvements have been implemented or will be implemented in the next one to three years?

In the last two years, the College has moved towards using assessment and survey instruments, particularly for its Graduate programs, that provide national comparison data to assess meeting student and stakeholder needs. All three degree programs began to use the AACN/Benchworks Nursing Alumni Assessment in 2016. The AACN/Benchworks Graduate Nursing Program Exit Assessment was started in 2015 and the AACN/Benchworks Doctor of Nursing Program Exit Assessment was initiated in 2016.

The College will do an in-depth analysis of Noel Levitz SSI scores for 2016. Processes in admissions and student finance will be reviewed for areas for improvement to meet student needs.

To better meet student needs, an AQIP Action Project was chartered that resulted in the establishment of a College Writing Center. The Center was piloted in 2015-2016. Hours in 2016-2017 were expanded based on the usage of the center in the pilot year.

The College is transitioning to a new learning management system in January 2018. The goal is move to Moodle and use Moodle Rooms. The current LMS is being discontinued by the vendor on December 31, 2017.

Retention, Persistence and Completion

2P2 Retention, Persistence and Completion focuses on the approach to collecting, analyzing and distributing data on retention, persistence and completion to stakeholders for decision making. Describe the processes for collecting, analyzing and distributing data on retention, persistence and completion. This includes, but is not limited to, descriptions of key processes for:

Collecting student retention, persistence and completion data (4.C.2, 4.C.4)

The College has processes for the collection of data related to student retention, persistence and completion. The IEAS uses the student information system, SONISWEB, to identify each cohort of incoming nursing students. The student cohorts tracked are BSN, MSN, post-graduate certificate, and DNP students. The data is collected and analyzed annually.

Determining targets for student retention, persistence and completion (4.C.1, 4.C.4)

The College has established targets for completion rates of students in the BSN, MSN, DNP programs and the post-master certificate program. The target rates were determined by the administration and IEAS. The College uses the Collegiate Commission for Nursing Education (CCNE) nursing program accreditor target of 70% for each cohort as its completion rate at both data analysis points. The College analyzes

completion rates at 150% of the published length of the program and at five years, the maximum time to complete the BSN, MSN and DNP programs. The RN to MSN option is a six-year completion requirement. Students who take a leave of absence during the program may take longer than five years to complete. The College Leave of Absence policy states, the leave time does not count as a part of the five years.

The College has established targets for student retention for each program. Retention is defined as a student who starts in either fall or spring term in a given year and is still enrolled in the corresponding fall or spring term the next year. The target for the BSN program is a retention rate of 90% or above. The target for the MSN program is a retention rate of 80% or above. The target for the DNP program is 75% or above. The target for the MSN and DNP programs is set lower than the BSN because the College has found this to be a population that have multiple competing factors that impacts the ability to remain in the program.

Analyzing information on student retention, persistence and completion

Analysis of student retention, persistence and completion data is a component of the College's Systematic Assessment and Evaluation Plan. The plan specifies annual analysis of the data. The results of student retention, persistence and completion are shared with faculty through the established standing committee structure. Standing committees such as Admission and Progression, Curriculum, and Graduate review the data, and use the results in establishing goals to meet the needs of the students. For example, the results are also used for course and program improvement and development. Student retention, persistence and completion results are shared with the College Board and published in the College's *Annual Report*.

Meeting targets for retention, persistence and completion (4.C.1)

The College has established formulas for completion rates of students in the BSN, MSN, DNP programs and the post-master APRN Certificate program. The program accreditor for the College, Collegiate Commission on Education in Nursing (CCNE), sets the target rate for completion at 70% or above for each degree and certificate option. This is the target level used by the College.

Selecting the tools, methods and instruments to assess retention, persistence and completion (4.C.4)

Assessment activities to measure retention, persistence and completion are built into the BSN, MSN, DNP and post-masters certificate programs. The College uses the Integrated Postsecondary Education Data Set (IPEDS) to provide data at a federal level. The student information system (SONISWEB) is the electronic repository for the student data from admission through graduation at the College, creating and maintaining a complete student record. Over the last several years, the Assistant Dean of Support Services and the Institutional Assessment and Effectiveness Specialist have built custom reports within SONISWEB to make data reporting for IPEDS easier.

2R2 What are the results for student retention, persistence and completion??

Summary results of measures

Figure 2.R.1 shows the retention rates for the BSN, MSN and DNP programs for three years. The College retention rates for the BSN and MSN programs are above 85%. The DNP retention rates are lower due to the small class size. The DNP students often have multiple competing factors and withdraw from the program due to personal and work commitments.

Figure 2R2.1 Retention Rates for Three Years

Year	Status	BSN			MSN			DNP		
		Total Number Starting	Number Retained	Rate	Total Number Starting*	Number Retained	Rate	Total Number Starting*	Number Retained	Rate
2013-2014	FT	119	113	95%						
	PT	11	8	73%	56	50	89%	14	13	93%
	Total	130	121	93%						
2014-2015	FT	120	108	90%						
	PT	43	40	93%	41	38	93%	8	5	63%
	Total	163	148	91%						
2015-2016	FT	98	90	92%						
	PT	58	51	88%	60	53	88%	7	4	57%
	Total	156	141	90%						

*Part-time enrollment for all students entering the program.

Figure 2R2.2 shows the completion rates for the three degree programs and the post-master APRN certificate option. The table notes the number of students who are still enrolled in courses working toward completion.

Figure 2R2.2 Completion Rates for All Programs

	Total Number	Number Completed	150 % Completion Rate	Number Completed	5 – Year Completion Rate	Still Enrolled
2011						
BSN	165	151	92%	154	93%	1
MSN	77	42	55%	55	71%	1
DNP	5	4	80%	4	80%	
Post-master APRN Certificate	5	5	100%	5	100%	
2012						
BSN	158	142	90%	143	91%	2
MSN	60	40	67%	45	75%	5
DNP	5	5	100%	5	100%	
Post-master APRN Certificate	5	4	80%	4	80%	
2013						
BSN	120	103	86%	104	87%	1
MSN	62	38	61%	*	*	19
DNP	14	10	71%	*	*	3

	Total Number	Number Completed	150 % Completion Rate	Number Completed	5 – Year Completion Rate	Still Enrolled
Post master APRN Certificate	8	7	88%	--	--	0

*Five-year completion date is 2018. Students in MSN and DNP programs still enrolled. Post-master APRN certificate student no longer enrolled.

Comparison of results with internal targets and external benchmarks

The program accreditor for the College, Collegiate Commission on Education in Nursing (CCNE), sets the target rate for completion at 70% or above for each degree and certificate option. The College has met or is on target to meet the CCNE target level at 150% time for the BSN program and in five years for MSN and DNP students for all three years (See further explanation below in Interpretation section). At the BSN level, the College offers the upper division nursing major. Because of the program format, IPEDS comparison data for completion and retention is not available. The College is working with like colleges who are members of the American Health Science Education Consortium (AHSEC) to develop a comparison database.

Interpretation of results and insights gained

Analysis of the data in Figure 2R2.1 shows that for 2013-2014, the BSN, MSN, and DNP programs had retention rates at or above the set targets except for the PT students in the BSN program. The most common reasons for attrition in the BSN students are academic, change of major, or personal competing factors necessitating withdrawal from the College. In 2014-2015 and 2015-2016, all cohorts except for the DNP cohorts in both years reached the set target levels.

Analysis of the completion data in Figure 2R2.2 shows that students at all levels are meeting the 70% target for completion in 5 years. The MSN and DNP students have a little more trouble completing in 5 years. However, for the MSN cohort of 2013, 19 students are still enrolled in the program and are on track to meet the five-year completion rate date for the cohort in 2018. The College anticipates that at 5 years, the completion rate for the MSN program will be at or above 70%. For the DNP program cohort of 2013, 3 students are still enrolled in the program and are on track to meet the five-year completion rate date for the cohort in 2018. The most common reasons that DNP students drop out of the program are competing work and family obligations. All academic and non-academic student support services are available to the DNP students. Efforts are made by the College in attempts to assist the student to be able to remain in school if possible.

Analysis of MSN program data shows that if the 150% of program (4 year) time frame is not met, the most common reasons are work and family obligations that require the student to reduce course load for one or two semesters or the need to take a one semester leave of absence for personal health reasons. The College services such as the Academic Development Center, faculty advisors, Counselor, and the Writing Center are available to graduate students in an attempt to assist them remaining enrolled in classes. In cases of financial issues, the Student Finance office works with students on payment plans, loans, and scholarships.

2I2 Based on 2R2, what process improvements have been implemented or will be implemented in the next one to three years?

The Academic Development Center and Counselor have added additional programs for students that focus on improving student success at the College. The Academic Development Center offers “mock”

NCLEX-RN testing sessions for students. It provides an opportunity to take a preparatory NCLEX-RN style examination in a simulated NCLEX-RN environment.

The College will be investigating a new student information system over the next several years. The College is looking for a system with more robust business analytics and data reports to make the data collection process easier and smoother than what is currently in place.

The College is working with other nursing programs to develop a comparison database for key elements such as completion and retention. The College is a member of the American Health Science Education Consortium (AHSEC)

The RN-MSN program option completion time was extended to six years. The College recognized through tracking of completion rates that the need to complete some BSN-level classes prior to starting the MSN major made completion in 5 years very difficult.

Key Stakeholder Needs

2P3 Key Stakeholder Needs focuses on determining, understanding and meeting needs of key stakeholder groups, including alumni and community partners. This includes, but is not limited to, descriptions of key processes for:

Determining key external stakeholder groups (e.g., alumni, employers, community)

The determination of external key stakeholder groups is done by the College Board, administration and faculty. The Mission of the College states “the College provides nursing education programs at the undergraduate and graduate level” making students, both prospective and current, our primary stakeholders. Figure 2P3.1 summarizes key stakeholders and their requirements and expectations.

Figure 2P3.1 Key Stakeholders Requirements and Expectations

Key Stakeholder Groups	Key Requirements and Expectations
Current students	Quality programs and faculty; affordable education; success on licensure exam and certification exams; employment following graduation; caring environment; safe, secure environment; learning resources and technology; online graduate program offerings; responsive student services; choice of classes
Prospective students	Clear and timely program and financial aid information; affordable education; programs with excellent reputation and successful graduates; personal attention
Parents, spouses, families	Clear and timely program and financial aid information; quality educational programs; affordable education; safe, secure environment
College Board	Positive, open relationship with College; timely, accurate information for Board-level decisions; ethical, fiscally sound management; quality programs and institution reputation; accountability; maintenance of accreditation and enrollment; success in student learning
Alumni/Friends	Maintenance of positive relationship with College; networking opportunities; support the College; participate in College and other activities; utilization of gifts; acknowledgement of gifts; positive image
Area high schools	Program and financial aid information; information on nursing as a career
Feeder colleges and universities	Program and financial aid information; communication related to programs; transfer ease
Employers	Competent graduates with appropriate job skills; good communication skills; appropriate decision making and priority setting skills; ability to work as a healthcare team member

Key Stakeholder Groups	Key Requirements and Expectations
Accrediting agencies	Compliance with accreditation criteria; quality programs; ethical, fiscally sound institutions
Government	Compliance with state and federal regulations; ethical, fiscally sound audits
Catholic Church/Diocese	Positive relationship with College; students and graduates who represent Judeo Christian values
Community	Quality programs; successful graduates; competent nurses; involvement with community activities

Determining new stakeholders to target for services or partnership

The identification of new stakeholder groups is done by the College Board, administration, and faculty. In the strategic planning sessions, market trends, employer needs, assessment data, SWOT analysis, and input from community groups provide data to identify new stakeholders to target for services or partnership. As a result of an Action Project, the College developed a Nursing Advisory Council. The Council members are a broad cross section of nursing and other stakeholder community leaders who support the mission and values of the College and provide input into identifying new student groups and stakeholders. As an example, input from alumni and employers was a motivating factor in the College’s decision to develop the Neonatal Nurse Practitioner, Family Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner MSN options.

Meeting the changing needs of key stakeholders

The changing needs of stakeholders are identified by contact with the stakeholders. The College surveys current students and alumni annually to gather information about the programs and the graduates’ preparedness for the workforce. Multiple instruments are used to identify the needs of current students.

The College meets with educators and managers of the primary clinical agencies to identify employer perceptions of skills needed for graduates. The President meets quarterly with the Chief Nursing Officer of its primary graduate employer. The meetings are to gather information on the performance of its graduates, identify employer needs and facilitate clinical learning experiences for students. Information and issues discussed are then brought to the appropriate standing committee. The President also is a member of the OSF Healthcare System Chief Nursing Office group which meets quarterly. During these meetings, changes related to nursing and needs of employers across the system are discussed. The President is also a member of Advanced Practice Provider Steering group at OSF Healthcare System. The focus of this group is to promote and develop the practice of advanced practice providers, remain current on topics related to advance practice nursing and to identify stakeholder needs. Feedback from employers is received annually and analyzed to identify stakeholder needs. Data is shared with standing committees to use to make program changes.

Students have representation on the following standing committees of the College Senate: Admission & Progression, Curriculum, Educational Resources, Evaluation, and Graduate. Input from the students during meetings provides insight into identifying and meeting student needs. Based on student input, areas for improvement at the College are identified. Through participation in the committees, students have input into policy, course improvements, and program development.

Selecting the tools, methods and instrument to assess key stakeholder needs

The process through which the College determines how it assesses key stakeholder needs is based on collaboration with those stakeholders. The Evaluation Committee of the College establishes the link between students, Administration and the Systematic Assessment and Evaluation Plan. Tools such as the AACN/Benchworks Nursing Education Exit Assessments and AACN/Benchworks Nursing Alumni Assessments were recommended by the Evaluation Committee and approved for use by the College

Senate to assess key stakeholder needs of students and alumni. These instruments are used in all three degree programs. In addition, feedback from employers is gathered annually to determine satisfaction with the College graduates. Course evaluations are administered annually to assess student needs within courses. All surveys are deployed by the IEAS. The Evaluation Committee uses the data collected to determine the effectiveness of the programs offered at the College.

Assessing the degree to which key stakeholder needs are met

To assess the degree to which key stakeholders' needs are met, the data from the College's internal assessments and evaluations are analyzed and compared to internal targets and benchmark comparisons. The results of the tools are reviewed by the administration, IEAS and GAP Committee. Areas for improvement are noted and assigned to responsible individuals or standing committees for review and action.

Prospective students are primary stakeholders for the College. The desired enrollment for the BSN program is 180 students per year. The desired enrollment for new students in the MSN program is 40 per year and 10 per year for the DNP program.

The program outcome of student program satisfaction is measured for the BSN, MSN and DNP students using the AACN/Benchworks Undergraduate, Graduate, and Doctor of Nursing Practice Nursing Education Exit Assessment tools. The expected level of achievement is that the students will rate overall program satisfaction with the College at 5.5 or above on a 7-point scale on the Exit Assessment questions related to student satisfaction. The two questions are: "How inclined are you to recommend your nursing school to a close friend?" and "Did the nursing school provide a positive academic experience?" In 2014, the College started using the National Survey of Student Engagement (NSSE) to measure student perception of engagement and gain for the BSN students. This replaced the College Student Engagement Questionnaire (CSEQ), which was phased out by the distributor and replaced by NSSE. For the BSN students, a second measure of student satisfaction is the student responses for two items on the NSSE which is only given to senior BSN nursing students. The measures are the percentage rating their overall experience as "Excellent" or "Good" and the percentage who would "Definitely" or "Probably" attend this institution again. The target level of achievement for these items is 90% or higher.

Satisfaction of alumni is measured using the AACN/Benchworks Nursing Alumni Assessment. The surveys will be administered annually to alumni one-year post-graduation in each degree program. The College set the internal target for alumni satisfaction score at 5.5 or above on the 7-point scale.

2R3 What are the results for determining if key stakeholder needs are being met?
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Summary results of measures

Prospective Students

The application and enrollment numbers show that relationships are built early with the three student groups through contact with the Admissions Department personnel. The College's reputation of quality and excellence of programs and graduates contributes to the number of applications and enrollments. Figure 2R3.1 shows the applications and enrollment for the three programs. Historically, the BSN program percentage of qualified applicants not accepted has ranged from a low of 29% in 2015-2016 to a high of 40% in 2013-2014. This percentage mirrors the NLN Biennial Survey of Schools of Nursing data which showed that in 2012, 36 % of qualified applicants were not accepted and in 2014 the percentage was 31%. The 2015-2016, American Association of Colleges of Nursing Report on Enrollments and Graduations showed that of the qualified applicants, 73% were accepted. The College acceptance rate is in alignment with this rate for all three years.

Figure 2R3.1 Applications and Enrollments

	2013-2014	2014-2015	2015-2016
BSN			
Applications Received	478	445	398
Number Accepted	282	289	280
Number Accepted who Enrolled*	174	185	152
MSN			
Applications Received	120	67	83
Number Accepted	111	63	67
Number Accepted who Enrolled*	90	39	48
DNP			
Applications Received	15	13	6
Number Accepted	15	13	6
Number Accepted who Enrolled*	14	10	4

*Headcount

Employer Satisfaction

The College instituted a new process for Employer surveys for 2015-2016 BSN graduates in an attempt to increase the response rate. The survey was deployed to all Managers, Assistant Managers and Clinical Educators who work with graduate nurses who attended the College. Fifteen surveys were returned and all 15 respondents stated they were satisfied with our graduates. All of the comments were positive and regarded our graduates as being confident and quick learners. The Employer Survey for MSN Alumni was deployed to known employers of the College’s MSN graduates. The College received a response of 17 employer surveys. Ninety four percent rated their satisfaction with their employee as “Satisfied” or “Very Satisfied”.

Comparison of results with internal targets and external benchmarks

Student Satisfaction

Figure 2R3.3 shows the scores for the BSN students on the two items of satisfaction from NSSE. The College scores for the students on both questions were significantly higher than the Carnegie Class, the Catholic College Consortium, and the scores for all NSSE participating institutions.

Figure 2R3.3 NSSE Student Satisfaction Scores for BSN Students

	Percentage rating their overall experience as “Excellent” or “Good”	Percentage who would “Definitely” or “Probably” attend this institution again
2014	91	95
2015	96	92
2016	76	80

Figure 2R3.4 shows the results for the last three years on satisfaction questions for the BSN, MSN, and DNP students on the AACN/Benchworks Nursing Education Exit Assessment tool. The character in the parenthesis after the score indicates the direction of the College score in comparison to the other institutions in the same Carnegie Class. For example, (^) indicates the College scored significantly higher on a factor or item than the other institutions in the Carnegie Class. In 2015-2016, the College initiated the Doctor of Nursing Practice Nursing Education Exit Assessment.

Figure 2R3.4 BSN, MSN, and DNP Student Satisfaction and Perception of Overall Program Effectiveness

BSN				
	Score on “Would you recommend this school to a close friend?”	Score on “Did your nursing school provide you a positive academic experience?”**	Score on Overall Satisfaction	Score on Overall Program Effectiveness
2014	6.28 (^)	6.19 (^)	6.07 (^)	6.12 (^)
2015	5.72 (^)	5.74 (^)	5.74 (^)	5.90 (^)
2016	5.48 (=)	5.39 (=)	5.44 (=)	5.65 (=)
MSN*				
	Score on “Would you recommend this master’s program to a close friend?”	Score on “Did SFMC College of Nursing provide a positive academic experience?”	Score on Overall Satisfaction	Score on Overall Program Effectiveness
2015	5.73 (=)	5.76 (=)	5.75 (=)	5.98 (=)
2016	5.58 (=)	5.72 (=)	5.65 (=)	5.89 (=)
DNP***				
	Score on “Would you recommend this doctoral program to a close friend?”	Score on “Did SFMC College of Nursing provide a positive academic experience?”	Score on Overall Satisfaction	Score on Overall Program Effectiveness
2016	4.83 (=)	5.50 (=)	5.17 (=)	5.64 (=)

*Began use of the MSN survey in 2015.

** Question for 2013 and 2014 was “Did your nursing program fulfill your expectations?”

***Began use of DNP survey in 2016

At the completion of the DNP program, students were asked to complete the Graduate Curriculum Satisfaction Survey for the DNP Program. Students were asked to rate their achievement of program and learning outcomes on a 4-point scale. Three questions were related to overall satisfaction with the program and the College. Figure 2R3.5 shows the results for the DNP Curriculum Satisfaction Survey on the three items related to overall satisfaction. These results were from the College survey prior to the College transition to using the AACN/Benchworks DNP Nursing Education Exit Assessment in 2016. The 2016 results are found in Figure 2R3.3. Results show the DNP students have a high level of satisfaction with the program.

Figure 2R3.5 DNP Curriculum Satisfaction

	2013 (N=2)	2014 (N=5)	2015 (N=4)
If I could start doctoral education again, I would go to this College again.	4	4	4
Overall, please rate your level of satisfaction with the doctoral curriculum.	3.5	3.8	4
Overall, how would you rate your online course learning experiences?	4	4	4

Alumni Satisfaction

In 2016, the College adopted the AACN/Benchworks Nursing Alumni Assessment tool for all three degree programs. The survey contains questions that ask students for their ratings on the quality of instruction and the overall program in addition to their satisfaction with many different aspects of the College. Figure 2R3.6 shows the results of the BSN Alumni Survey. The College scored below the goal

(5.5) in 2 factors. The results were reported at College Senate and were brought to the GAP Committee to see if action is needed to improve success.

Figure 2R3.6 – Factor Performance 2015-2016 BSN Alumni Survey

Factor	CON*	Carnegie Class
Factor 1: Satisfaction: Nursing Program Promoted Successful Career	5.75 (^)	5.24
Factor 2: Satisfaction: School Activities Contributed to Success	4.19 (=)	3.89
Factor 3: Learning: Importance of Patient Relationships and Care	6.41 (^)	6.09
Factor 4: Learning: Enhanced Patient Relationships and Care	5.95 (^)	5.54
Factor 5: Learning: Importance of Problem Solving	6.35 (^)	6.00
Factor 6: Learning: Enhanced Problem Solving	6.18 (^)	5.66
Factor 7: Learning: Importance of Community Health Care	5.77 (=)	5.59
Factor 8: Learning: Enhanced Community Health Care	5.63 (=)	5.38
Factor 9: Learning: Importance of Professional Skills	6.33 (^)	5.94
Factor 10: Learning: Enhanced Professional Skills	6.03 (^)	5.48
Factor 11: Learning: Importance of Management Skills	5.53 (=)	5.26
Factor 12: Learning: Enhanced Management Skills	5.40 (=)	5.13
Factor 13: Overall Satisfaction	5.97 (^)	5.46
Factor 14: Overall Learning	6.19 (^)	5.85
Factor 15: Overall Program Effectiveness	6.01 (^)	5.60

* The character in the parenthesis after the score indicates the direction of the College score in comparison to the other institutions in the same Carnegie Class. For example (^) indicates the College scored significantly higher on a factor or item than the other institutions in the Carnegie Class.

The AACN/Benchworks Nursing Graduate Assessment was given to the alumni from the MSN program. Figure 2R3.7 shows the results of the MSN alumni satisfaction and perception of attainment of the factors related to their education at the College.

Figure 2R3.7 Factor Performance 2015-2016 MSN Alumni Survey

Factor	CON*	Carnegie Class
Factor 1: Satisfaction: Nursing Program Promoted Successful Career	5.88 (^)	5.47
Factor 2: Satisfaction: School Activities Contributed to Success	4.46 (=)	3.95
Factor 3: Learning Outcomes: Importance of Sciences and Human	5.52 (=)	5.61
Factor 4: Learning Outcomes: Enhanced Sciences and Humanities	5.62 (=)	5.38
Factor 5: Learning Outcomes: Importance of Leadership Skills	6.42 (=)	6.43
Factor 6: Learning Outcomes: Enhanced Leadership Skills	6.17 (=)	5.92
Factor 7: Learning Outcomes: Importance of Quality Improvement and Safety	6.10 (=)	6.03
Factor 8: Learning outcomes: Enhanced Quality Improvement and Safety	5.97 (=)	5.63
Factor 9: Learning Outcomes: Importance of Research	6.16 (=)	6.09
Factor 10: Learning Outcomes: Enhanced Research	6.19 (=)	5.72
Factor 11: Learning Outcomes: Importance of Healthcare Technologies	6.34 (=)	6.36
Factor 12: Learning Outcomes: Enhanced Healthcare Technologies	5.92 (=)	5.63
Factor 13: Learning Outcomes: Importance of Policy and Advocacy	5.84 (=)	5.79
Factor 14: Learning Outcomes: Enhanced Policy and Advocacy	6.00 (=)	5.44
Factor 15: Learning Outcomes: Importance of Interprofessional Teamwork	6.76 (=)	6.60
Factor 16: Learning Outcomes: Enhanced Interprofessional Teamwork	5.69 (=)	5.78
Factor 17: Learning Outcomes: Importance of Prevention and Population Care	6.30 (=)	6.23
Factor 18: Learning Outcomes: Enhanced Prevention and Population Care	5.93 (=)	5.73
Factor 19: Learning Outcomes: Importance of Evidence-Based Knowledge	6.26 (=)	6.29
Factor 20: Learning Outcomes: Enhanced Evidence-Based Knowledge	5.79 (=)	5.79
Factor 21: APN Learning Outcomes: Importance of Advanced Health Assessment	6.27 (=)	6.62
Factor 22: APN Learning Outcomes: Enhanced Advanced Health Assessment	5.95 (=)	5.78

Factor	CON*	Carnegie Class
Factor 23: APN Learning Outcomes: Importance of Prescription Drugs	6.25 (=)	6.51
Factor 24: APN Learning Outcomes: Enhanced Prescription Drugs	5.88 (=)	5.51
Factor 25: APN Learning Outcomes: Importance of Patient Care	6.12 (=)	6.32
Factor 26: APN Learning Outcomes: Enhanced Patient Care	5.75 (=)	5.66
Factor 27: APN Learning Outcomes: Importance of Course Work	5.63 (=)	5.61
Factor 28: APN Learning Outcomes: Enhanced Course Work	5.77 (^)	4.67
Factor 29: APN Learning Outcomes: Importance of Clinical Laboratory Procedures	6.02 (=)	6.00
Factor 30: APN Learning Outcomes: Enhanced Clinical Laboratory Procedures	4.47 (=)	4.43
Factor 31: Overall Satisfaction	5.47 (=)	5.65
Factor 32: Overall Learning	5.98 (=)	5.95
Factor 33: Overall Program Effectiveness	5.67 (=)	5.71

* The character in the parenthesis after the score indicates the direction of the College score in comparison to the other institutions in the same Carnegie Class. For example (^) indicates the College scored significantly higher on a factor or item than the other institutions in the Carnegie Class.

The AACN/Benchworks Nursing Alumni Assessment was given to the alumni from the DNP program. Figure 2R3.8 shows the results of the MSN alumni satisfaction and perception of attainment of the factors related to their education at the College.

Figure 2R3.8 Factor Performance 2015-2016 DNP Alumni Survey

Factor	CON*	Carnegie Class
Factor 1: Satisfaction: Nursing Program Promoted Successful Career	5.57 (=)	4.75
Factor 2: Satisfaction: Nursing Program Provided Necessary Knowledge and Skills	6.60 (=)	5.84
Factor 3: Learning: Education Activities Contributed to Practice	6.40 (=)	5.30
Factor 4: Learning: Interactions and Networking Contributed to Practice	4.80 (=)	4.71
Factor 5 Learning: Importance of Learning Outcomes:	6.46 (=)	6.24
Factor 6: Learning: Nursing Program Enhanced Learning Outcomes	6.49 (=)	5.54
Factor 7: Overall Satisfaction	7.00 (=)	5.69
Factor 8: Overall Learning	7.00 (=)	6.07
Factor 9: Overall Program Effectiveness	7.00 (=)	5.85

* The character in the parenthesis after the score indicates the direction of the College score in comparison to the other institutions in the same Carnegie Class. For example (^) indicates the College scored significantly higher on a factor or item than the other institutions in the Carnegie Class.

Interpretation of results and insights gained

Results related to the key stakeholder group of prospective students shows that the College continues to receive applications from a large qualified applicant pool for each degree level. Based on historical trends in the BSN program, the College has a process to accept approximately 120-125 qualified applicants per term to realize the target number of 90-96 students per term. The College has not met its target of enrolling 10 DNP students per year. In response to this concern, the College developed a targeted marketing plan for DNP students in 2014-2015 and 2015-2016 (see discussion in 2I3).

Employer satisfaction and feedback is positive for the BSN and MSN graduates. These results indicate that the College is meeting the needs of a key external stakeholder group. The College will continue to explore mechanisms to increase feedback from this key stakeholder group.

Results on the AACN/Benchworks Nursing Program Exit Assessments for each program indicate that students have a high degree of satisfaction with the programs at the College. For the BSN program, the student responses were above the target of 5.5 and significantly higher than other institutions within the

Carnegie class every year except for 2016. The College will analyze individual questions and factors in attempts to identify the cause of the 2016 drop. At the MSN level, the scores were above the target of 5.5, but there was no significant difference in student responses in comparison to the Carnegie class. At the DNP level, factor scores were all above the target except for Interactions and Networking Contributed to Practice. Individual items within the category will be evaluated for areas for improvement. The high level of satisfaction shows that the programs are meeting student needs in preparing them for practice as a registered or advanced practice nurse.

Results on the AACN/Benchworks Nursing Alumni Assessments for each program indicate that alumni have a high degree of satisfaction with the programs at the College. The BSN alumni mean scores were all above the target of 5.5 except for satisfaction with “School Activities Contributed to Success.” The College offers student activities and opportunities for leadership development but historically, the participation level of students has not been high. The MSN alumni mean scores were all above the target of 5.5 except for three factors, satisfaction with “School Activities Contributed to Success”, APN Learning Outcomes: Enhanced Clinical Laboratory Procedures, and “Overall Satisfaction.” In two factors, APN Learning Outcomes: Enhanced Course Work and Satisfaction: Nursing Program Promoted Successful Career, the MSN alumni scores were significantly higher than the Carnegie Class comparison group. All other factor scores were equal to the Carnegie Class scores. The College will analyze the individual questions within this factor to identify areas for improvement. At the DNP level, all factor scores except for “Interactions and Networking Contributed to Practice” were at or above the target of 5.5. The College will analyze the individual questions within the factor to identify areas for improvement. The College scores were higher than the Carnegie Class comparison group but due the small sample size from the College (n=5), the College scores were not significantly different than the Carnegie Class. The College began to use the AACN/Benchworks Nursing Graduate Assessment in 2016 for each of its degree programs to measure alumni satisfaction. The use of the survey improved feedback for the College by providing external benchmark comparisons of alumni satisfaction.

2I3 Based on 2R3, what improvements have been implemented or will be implemented in the next one to three years?

In response to consistent difficulty in obtaining employer satisfaction feedback and the low response rates from employer, the Evaluation Committee analyzed its current process for gathering employer satisfaction data and made a change in the process of collecting employer feedback.

The Action Project which developed the Nursing Advisory Council was completed. The Advisory Council provides feedback to the College from key external stakeholders. Feedback from the Advisory Council has been used to develop additional clinical rotations for BSN students in an ambulatory care setting.

The College implemented a targeted marketing plan that was focused on increasing enrollment in the DNP program. The plan included targeted group online marketing via social media and online advertising. Also, the Nurse Recruiter manned a booth in the Exhibit Hall of the National Nurse Practitioner annual meeting. Advertising was also done in the online National Nurse Practitioner Newsletter. Analysis of the results of these two national marketing efforts shows little impact on the enrollment numbers of the College. The College plans to continue to explore mechanisms to increase enrollment in the DNP program.

In response to student and key stakeholder alumni and employer feedback, the College is in the process of developing a BSN to DNP program option. This option also aligns with the recommendations from the American Association of Colleges of Nursing. The program option is scheduled to be implemented in fall 2018.

Complaint Processes

2.4 Complaint Processes focuses on collecting, analyzing and responding to complaints from students or key stakeholders. Describe the processes for collecting, analyzing and responding to complaints from students and stakeholder groups. This includes, but is not limited to, descriptions of key processes for:

Collecting complaint information from students

To comply with federal and regional and program accreditation agency regulations, the College of Nursing maintains records of formal, written student complaints that are filed with the offices of the President, Deans, or Assistant Dean of Support Services. The records include information about the disposition of the complaints, including those referred to external agencies for final resolution. The College of Nursing keeps a record of:

- Signed, written, formal complaints from students
- Formal academic grievances – (Using the current Appeal Procedure)
- Reports of signed, written student complaints sent to the College from governmental and accrediting agencies

The process for students who wish to file a complaint is found in the *Student Handbook*. The *Student Handbook* is distributed in print to incoming undergraduate students and is found online for students at <http://sfmcccon.edu/pdfs/student-handbook.pdf>. Academic complaints are referred to the appropriate Dean. The academic complaints in the Student Appeal Process found in the *Student Handbook*. The non-academic complaints are referred to the Assistant Dean for Support Services. Records of written formal complaints about the programs or the College are maintained in the office of the President.

Collecting complaint information from other key stakeholders

In accordance with Illinois Board of Higher Education (IBHE) regulations, contact information for the IBHE website and a link for filing complaints with the IBHE is found on the front page of the College's website at <http://sfmcccon.edu/>. Contact information for the College's regional and program accreditors is found on the College website at <http://sfmcccon.edu/about/accreditations.html> and in the *College Catalog*. Records of written formal complaints from about the programs or the College from other key stakeholders are maintained in the office of the President.

Learning from complaint information and determining actions

The number and type of complaints or incidents are reviewed annually by College Administration to determine if additional education is needed by students or faculty or staff. In the case of academic complaints, the Admission and Progression and Graduate Committees review academic policies every other year and update as needed. Each year, the *Student Handbook* is reviewed by academic and student support personnel and updated with policy revisions and information from that year. The Assistant Dean of Support Services is responsible for the final revision and publication of the *Student Handbook*.

Communicating actions to students and other key stakeholders

Communication methods vary depending on the complaint and situation, along with the need for confidentiality. In the case of academic appeals, a formal letter is sent to students at each step of the appeal process indicating the outcome of the appeal. In other cases, letter, email, phone or face-to-face meeting may be used.

Selecting the tools, methods and instruments to evaluate complaint resolution

Tools used to collect data on student or stakeholder complaints include the use of a spreadsheet to track, trend, report and document the resolution of complaints. Due to the small number of student and stakeholder complaints, the spreadsheet has been effective for the aforementioned purposes. The College will investigate whether the new student information systems being implemented this year has a mechanism for centrally locating the data related to complaints.

2R4 What are the results for student and key stakeholder complaints?

Summary results of measures

No formal student complaints have been received from the Illinois Board of Higher Education or any accrediting body from 2013 to present. Figure 2R4.1 shows the number of formal written complaints received by the College for three academic years. The formal complaints received by the College for the last three years have all been academic grade appeals except for one complaint related to course practices and testing.

Figure 2R4.1 Summary of Formal Student Complaints

Academic Year	Number	Type of Complaint
Undergraduate Students		
2013-2014	3	Academic grade appeal
2014-2015	1	Academic grade appeal
2015-2016	2	Academic grade appeal
	1	Course issues and testing.
Graduate Students		
2013-2014	0	-----
2014-2015	2	Academic grade appeal
2015-2016	0	-----

Comparison of results with internal targets and external benchmarks

At this time, the College has not identified an internal target or external benchmark for student and stakeholder complaints. The current student assessment and survey instruments used by the College do not provide questions and comparative data specific to student complaints or complaint resolution.

Interpretation of results and insights gained

The results show that College does well in following its established processes and policies. Fewer than five student or stakeholder complaints are filed each year. The complaints that have been filed by students are academic grade appeals except for the one complaint related to course practices and testing. In this case, the student group from the course requested a meeting with the President to discuss the concerns. The discussion and agreed upon actions appeared to bring resolution to the student concerns. In response to the grading/academic appeals, faculty have worked to develop clear grading rubrics and evaluation instruments to evaluate student performance and clearly communicate expectations to students.

2I4 Based on 2R4, what process improvements have been implemented or will be implemented in the next one to three years?

The College has the opportunity for improvement by establishing an internal target for student and stakeholder complaints. The College currently does not have a mechanism in place to gather external

benchmark data related to its complaint process. Development of a mechanism to gather comparative data could provide information to the College to be used for process improvement.

An Action Project on Improving Communication among Faculty across the Curriculum was chartered as a mechanism to improve communication among and between faculty within a course and across the curriculum. This improved communication can decrease inconsistencies between faculty in grading and decrease the academic appeal rate in students.

Building Collaborations and Partnerships

2.5 Building Collaborations and Partnerships focusses on aligning, building and determining the effectiveness of collaboration and partnerships to further the mission of the institution. Describe the processes for managing collaborations and partnerships to further the mission of the institution. This includes, but is not limited to, descriptions of key processes for:

Selecting partners for collaboration (e.g., other educational institutions, civic, organizations businesses)

Collaborative relationships and partnerships are identified, prioritized, and developed to help fulfill the Mission of the College. Potential collaborative relationships may be identified through the strategic planning process and work on AQIP Action Projects. Highest priority is given to relationships affecting institutional and program approval and accreditation and student financial aid. When considering a new relationship, the College uses the SBARO process to gather information on alignment with the College Mission, vision, philosophy, and goals; strengths, weaknesses, opportunities and potential risks of involvement; financial impact; and benefits to the College and stakeholders before making the decision to establish a new relationship.

The primary collaborative service provided to the College students is the use of a variety of healthcare and educational agencies for clinical learning experiences. Contractual agreements are set up with clinical agencies that provide learning experiences for students. A process is in place to evaluate and initiate contractual agreements. All agency agreements are reviewed and renewed annually unless either party asks for the agreement to be terminated.

The President and Assistant Dean of Student Services also create and manage articulation agreements with colleges and universities for admission of students. These agreements provide each of the feeder institutions with a guaranteed five seats each semester for students who meet the College Admission criteria who intend to enroll at the College. These agreements are reviewed annually by each institution. The College is in the process of working with the local community college to facilitate transition of the community college's associate degree graduates into the College's advanced placement program for RNs seeking a Bachelor of Science in Nursing degree.

Student services not available at the college are obtained through local vendors and businesses. For College initiated vendor services, a team is formed to identify potential vendors, gather information on services and cost, evaluate information for selection of vendor, recommend vendor for services, and plan for implementation or roll-out of new service or product. The recommendation is done using the SBARO process. Once a vendor is selected, arrangements are made for training and education of employees on the use of the new product or service. Relationships are maintained through contact with the vendor. The affiliation with OSFSFMC provides purchasing and vendor services for the College. OSFSFMC has negotiated contracts with select suppliers that allow purchase of medical supplies, office supplies and other equipment at an institutional discount. These vendor contracts are regularly evaluated by OSFSFMC according to the bidding and purchase policies to avoid any potential conflicts of interest or ethical issues. PeopleSoft is used as the primary purchasing software used by the institution.

Building and maintaining relationships with partners

Building and maintaining relationships with external agencies, educational associations, consortia partners, and the general community is done through community engagement. These relationships help to fulfill the Mission of the College. To build and maintain these relationships, the College has membership in local and national educational and healthcare organizations. College representatives serve on association boards, make presentations at conferences and network with organization members. In addition, one-on-one interactions of administration, faculty and staff with professional and community partners help to build and maintain relationships.

The Admissions Office personnel and Nurse Recruiter are the primary individuals that build and maintain relationships with grade schools, high schools, community colleges, colleges, hospitals, and universities. This is done through frequent interaction with contacts and through regular visits to campuses.

The College Board and Nursing Advisory Council have members who are key community leaders. These members assist the College to identify additional opportunities to create and build relationships. For example, one Nursing Advisory Council member was the former director of the Central Illinois Center for Aging. She facilitated a relationship with the Agency that provided a learning experience for the RN to BSN students involving medication education and medication reconciliation with the older adult population.

Selecting the tools, methods and instruments to assess partnership effectiveness

The College identifies the needs and satisfaction of those in collaborative relationships through informal processes such as open communication with the partner. Development of articulation agreements and ongoing renewal of contractual agreements with clinical agencies are monitored, and the annual review provides a tool to measure the effectiveness of the contractual and collaborative relationships. Employer feedback on the annual survey is a tool to measure the effectiveness of the relationship with employers. Feedback from the College Board and Nursing Advisory Council are used to evaluate partnership effectiveness. Individual faculty members have open dialog with administrators, managers, and staff at the clinical agencies to maintain the established relationship and determine if mutual needs are being met. The College uses admission data to determine effectiveness of relationships with high schools and feeder institutions. Data is analyzed to determine where students are transferring from as they enter the College.

Evaluating the degree to which collaborations and partnerships are effective

Faculty conduct ongoing evaluation of clinical agency partnerships to determine if they are effective clinical and practicum sites to facilitate student achievement of learning outcomes. Often faculty receive informal feedback from partners regarding the clinical partnerships. The continuation of a signed agreement between the College and clinical agency indicates effectiveness of the partnership. College administration also evaluates the data to determine if clinical agency partnerships are effective. Data from community, professional, and governmental organizations is reviewed by College Administration for effectiveness of the partnerships.

2R5 What are the results for determining the effectiveness of aligning and building collaboration and partnerships? The results presented should be for the processes identified in 2P5. All data presented should include the population studied, response rate and sample size. All results should also include a brief explanation of how often the data is collected, who is involved in collecting the data and how the results are shared. These results might include:

Summary results of measures

The College has 145 agency agreements or letters of agreement with outside healthcare agencies and colleges and universities for clinical and practicum learning experiences. In addition, the College has four formal collaborative/articulation agreements developed with colleges providing students for the College. The agreements are with Lincoln Christian University, Lincoln College, Eureka College, and Illinois Valley Community College. These agreements provide five guaranteed spots for applicants from the partnering college to attend the College of Nursing, if meeting designated requirements from both colleges. A formalized articulation agreement with the Associate degree nursing program at Illinois Central College to facilitate a smooth transition for RN to BSN students was finalized.

Data on student college attendance for the prenursing liberal arts and science courses is collected annually by the Admissions Department. Analysis of admission data shows that the College students transfer from a variety of two and four year institutions. The majority of the students come from five local community colleges: Blackhawk College, Heartland Community College, Illinois Central College, Illinois Valley Community College, and Spoon River College (Figure 2R5.1). Students additionally attend a variety of in-state and out-of-state colleges and universities. The College has noted a trend where students have attended more than one college or university.

Figure 2R5.1: Colleges Attended by Enrolled Full-time BSN Students

College	Fall 2013	Spring 2014	Fall 2014	Spring 2015	Fall 2015	Spring 2016 *
Blackhawk College	4	2	3	6	1	0
Heartland Community College	8	5	6	6	4	1
Illinois Central College	49	37	28	43	24	18
Illinois Valley Community College	9	9	1	1	5	5
Spoon River College	0	2	4	2	1	0
Other In-state Colleges	22	14	13	7	10	6
Out-of-state Colleges	1	5	4	8	2	1

*20 students were unknown/not documented

Annually, the College in collaboration with the Peoria Educational Region for Employment and Career Training (PERFECT) offers the “Nurse for a Day” program. Two sessions of the program are offered. The program is a collaboration between the College and PERFECT to promote students’ interest in nursing. Sixty students attend the two sessions each year.

Comparison of results with internal targets and external benchmarks

The College has sufficient partnerships with outside healthcare agencies and colleges and universities for clinical and practicum learning experiences so that students are able to achieve the program outcomes. All agreements are current and reviewed annually. At this time, the College does not have an external benchmark for partnerships.

Interpretation of results and insights gained

The College has a large number of contractual agency affiliation agreements for student placement for clinical and practicum experiences. These facilities provide a variety of clinical and practicum learning experiences that facilitate the students’ attainment of program outcomes. Many of these contracts have

been long-term agreements indicating a mutually beneficial ongoing relationship with the agency as a partner in the students' education.

The data from Figure 2R5.1 show the vast majority of the students transfer to the College from local community colleges or other colleges in state. Because of the historical trend, the College focuses its recruitment efforts within the state of Illinois. The College Recruiter regularly holds recruitment visits at the community colleges such as Illinois Central College, Heartland Community College and Illinois Valley Community College, which are feeder schools for the College. Typically students come from within a 150-mile radius of the College. Recruitment at high schools and community colleges occurs in the area. For example, the Admissions Department and Nurse Recruiter reviewed the High School College Fairs that the Recruiter was attending. Several fairs that were quite a distance from the College were eliminated because they did not yield any student applicants for several years.

2I5 Based on 2R5, what process improvements have been implemented or will be implemented in the next one to three years?

An improved process to track the number and renewal dates for the agency agreements was developed. This process change facilitated maintaining the currency of the agreements and completing renewals as needed.

A fourth formal articulation agreement was signed with Eureka College to assist students desiring to enter the College's RN to BSN program. This provided students desiring to attend Eureka College for prenursing courses, a mechanism for admission at the College to obtain a BSN degree. Eureka College does not offer a nursing major.

An articulation agreement was signed with the local community college for matriculation of the community college Associate degree nursing (ADN) program students into the College's RN to BSN program. This agreement will facilitate the transition of ADN students into the College's RN to BSN program.

An AQIP Action Project was completed that developed a Nursing Advisory Council for feedback from external stakeholders and to build relationships within the community. The Council has met twice each year. Feedback from the group has been received and used for program improvement.

The College President is an operating board member of the newly formed Alignment Peoria. Alignment Peoria is a collective impact organization that supports Peoria Public Schools and the community in aligning resources to help achieve Peoria Public Schools' strategic plan. This provides a key partnership for the College with the local school district that could create a positive impact for enrollment in the BSN nursing program.

Category 3: Valuing Employees

Introduction

The College is committed to hiring the best employees available and has processes in place to insure highly qualified people are recruited and hired. The hiring process is aligned with the strategic initiative that is focused on sufficient qualified faculty and staff to achieve the Mission and Goals of the College. Once hired, a comprehensive orientation to the job is established to make sure new employees learn the new job and are successful in their role at the College. The credentials for faculty and administrators meet the qualifications set forth by governmental bodies, accreditation agencies, and professional organizations. For staff, experience and education necessary to meet the job description are sought. The College continually evaluates the need for additional faculty, staff, and administrators. College employees are satisfied with the College as an organization, coworkers, and leadership.

The process for annual evaluation of all fulltime and part-time faculty, staff, and administrators uses a tool aligned with the annual strategic initiative and job descriptions. The evaluation process helps individual employees develop and assists the College in achieving its goals. Input is solicited from faculty, staff, and administration in numerous ways, and modes for communicating expectations are well established. Employees are satisfied with the recognition and benefits they received, but less satisfied with their compensation. Overall, employees are engaged and satisfied with their jobs.

The College believes in lifelong learning and offers numerous development opportunities for all employees. In addition, the College supports employee growth with tuition reimbursement, financial support for conferences and meetings, as well as paid time off to attend these events. The College insures faculty are current in pedagogical processes and current instructional techniques by sponsoring on-site presentations or attendance at education conferences. Development activities are aligned with the College's needs such as the workshops provided to faculty in anticipation of the undergraduate curriculum revision. Employees are generally satisfied with the College's support of their development.

The 2012 Systems Appraisal Feedback Report identified multiple strengths in the category of Valuing People. Strengths identified included a strong process that ensures new hires possess the requirements for the positions; processes for recruiting and hiring qualified candidates; comprehensive orientation process; processes to address ethical concerns; funding for training and development; a strong reward and recognition program; and a variety of measures to provide for the health, safety and wellbeing of employees. The College continues to work on maintaining and improving the key processes identified as strengths.

The College has well-functioning processes in this category. Based on this, the College is in the aligned stage in systems maturity for processes. The College collects and uses data with this category and identifies itself as being the aligned stage for systems maturity related to results.

Hiring

3P1 Hiring focuses on the acquisition of appropriately qualified/credentialed faculty, staff and administrators to ensure that effective, high-quality programs and student support services are provided. Describe the process for hiring faculty, staff and administrators. This includes, but is not limited to, descriptions of key processes for:

Recruiting, hiring and orienting processes that results in staff and administrators who possess the required qualification, skills and values (3.C.6)

The recruiting, hiring and orienting process results in administrators, faculty and staff who are qualified with skills and possess necessary values for the respective position. Well-developed recruiting processes

for an open staff, administrative, or faculty position are followed by the President who posts the open position along with required qualifications in the Taleo Hiring System. The post includes the education level and other qualifications necessary to be considered for the job and includes the job description. The Taleo System posts the job opening for both internal and external candidates on the OSF Career website. Depending on the number and qualifications of the candidates gleaned in this manner, a recruiting advertisement may be placed in the local newspaper, and for administrative positions, a national search may ensue.

Staff participate, with the President and Assistant Dean of Support Services, in determining their respective job description including skills, credentials, values, and other necessary qualifications, and it is approved by the president. The credentials, skills, values, and job description for the Deans and Assistant Dean are developed by the administrative group. Qualifications for administrative positions are determined by the Illinois Nurse Practice Act, the Commission on Collegiate Nursing Education (CCNE), the American Association of Colleges of Nursing (AACN), and the level of degrees the College offers. These requirements are specified in the job descriptions. A review of the literature and Internet research are conducted to ensure the administrative job descriptions are in line with other colleges and trends in higher education. The administrative job descriptions are approved by the College Board. The final qualifications of the President are also determined by the College Board.

The College has an established hiring process that begins with a review of applicants to ensure each has the appropriate academic credentials and skills required for the position. Once accepted for an interview, a Selection Committee conducts the interview. The committee consists of the President, the appropriate Dean(s), and employees from the department where the applicant would work. For example, if a job opening is in the Admissions Department, representatives from the Admissions Department would be involved in the interviewing process. For administrative positions, the candidate is interviewed by the other administrators, College Board members, and, as a group, faculty and staff have the opportunity to interview candidates. The members of a given Selection Committee are consistent for all applicants, as much as possible. For the interview, the Selection Committee uses an interview tool of standardized questions to discern qualifications, skills, and values. The answers to questions are rated, and results are tallied. In addition to an interview, candidates for fulltime faculty positions must give a 2- minute presentation. The President uses the input from the Selection Committee to make the final hiring decision. The College Board makes the hiring decision for the position of President.

All new employees attend OSF Healthcare System New Employee Orientation through OSF Saint Francis Medical Center (OSF SFMC). This is a one day orientation that provides information on the history, mission, and values of the Sisters of the Third Order of Saint Francis, OSF Healthcare System, and OSF Saint Francis Medical Center. Additionally, the orientation also insures fulfillment of all federal and state requirements. In addition, the College has a formal, comprehensive New Employee Orientation process for all employees. The College orientation of new employees is outlined in the *Faculty Academic Handbook*. This orientation includes discussion of the mission, vision, values of the College as well as the College's strategic plan, the use of AQIP for continuous quality improvement initiatives, and SBARO for proposing and communicating changes. The orientation is conducted by the President, appropriate Dean(s), employee supervisor, and designated employees. Depending on the new employee's job, resources for the orientation may include the *Catalog*, *Student Handbook*, *Faculty Academic Handbook*, *Annual Reports*, and other College publications. Orientation includes a review of the employee's role, duties and responsibilities, program goals, organizational structure, tours, College resources, and personnel. The new employee is given a copy of a checklist of topics to be covered in orientation. The new employee meets with the Instructional Design Technology Specialist, and staff learn the Student Information System. Faculty also learn selected parts of the Student Information System, as well as the Learning Management System, and review the curriculum.

In orienting a new administrator, if possible, the new administrator works with the outgoing administrator as part of succession planning. For example, the last administrative position filled was the Dean of the Graduate Program. The retiring dean worked with the incoming dean for over a semester in order to make the transition as smooth as possible.

New fulltime and part-time faculty are assigned a mentor, who will serve in the role for one year. The mentor (see the Mentor Handbook) orients new faculty members to the mission, philosophy, organizational committees, and support services. Additionally, the mentor facilitates the process of faculty development in teaching, scholarship, and service, and provides access to resources important to growth and confidence. In general, the mentor answers questions, offers support, and fosters integration of the new employee.

Developing and meeting academic credentialing standards for faculty, including those in dual credit, contractual and consortia programs (3.C.1, 3.C.2)

The College has academic credential requirements for faculty that meet the Illinois Nurse Practice Act minimum requirements for nurse faculty. Faculty are required by the Illinois Nurse Practice Act to have an active license in Illinois as a registered professional nurse, have two years of clinical experience, and to hold a minimum of a Master's degree in Nursing in order to teach baccalaureate and higher nursing students. The College has the additional specifications of a doctoral degree preferred for faculty, and fulltime faculty teaching in the graduate program are required to hold a doctoral degree. Program-specific teaching experience is preferred for faculty applicants. Evidence of completed scholarly activity is preferred, and documentation of involvement in the community is desired. Support for the College's philosophy of nursing and nursing education, as well as the Catholic philosophy of healthcare, is needed. These credentials are outlined on the job description for faculty. The current job descriptions are also based on the *Scope and Practice for Academic Nurse Educators* published by the National League for Nursing. An Action Project was completed that revised the faculty job descriptions to align with the *Scope and Practice for Academic Nurse Educators* published by the National League for Nursing. Additional academic standards used by the College come from the Commission on Collegiate Nursing Education (CCNE), the accreditor for the College's nursing programs. The CCNE requires faculty to be academically prepared with a graduate degree, hold an active RN license and have "degree specialization, specialty course work and other preparation sufficient to address the major concepts included in the courses they teach".

Faculty teach theory and clinical in areas in which they have expertise. For example, faculty teaching community nursing have experience as community nurses in areas such as home health or public health, and faculty teaching pediatrics have pediatric clinical experience. Faculty maintain their clinical expertise through clinical practice, national certifications, and attendance at workshops and programs related to clinical practice topics. The lead faculty for each population-focused option in the MSN program holds a Master's degree in Nursing, is nationally certified in their population focus, has numerous years of experience, and is currently practicing in the population-focused area. In addition, the faculty for the advanced practice nursing tracks hold a current APRN license and a national certification.

The College does not offer and is not engaged in any dual credit, contractual, or consortia programs requiring unique academic credentialing standards.

Ensuring the institution has sufficient numbers of faculty to carry out both classroom and non-classroom programs and activities (3.C.1)

The College ensures it has sufficient numbers of faculty to carry out its classroom and non-classroom programs and activities. Planning for sufficient number of faculty in classroom and non-classroom programs and activities includes assessing enrollment numbers, including those of new programs, faculty workload guidelines and anticipating resignations and retirements. The rules within the Illinois Nurse

Practice Act establish student faculty ratios for clinical for the BSN program. This faculty to student required by the State of Illinois Nurse Practice Act for the BSN program is a maximum ratio of 1:10 for clinical. For the BSN program, the faculty to student ratio is typically 1-45-50 for nursing theory course and 1-25-30 courses such as ethics, nursing research, and management. The College also follows established guidelines by the Task Force of Quality Nurse Practitioner Education Program Guidelines that identify a faculty student ratio for MSN nurse practitioner practicums. The practicum faculty to student ratio for MSN nurse practitioner students is 1:6-7, which meets the Task Force Guidelines. All of the MSN and doctoral courses are distance learning courses. For distance learning courses, the College established the faculty to student ratio as 1:25. The College hires qualified part-time nurse faculty, to help maintain the required faculty to student clinical ratios. The quantity of faculty is sufficient to meet the established faculty to student ratios.

The College has established the full-time teaching load as 21-25 credits per academic year. Graduate assistants help balance the workload of full-time faculty by teaching in the professional laboratories and assisting students in developing nursing skills. When full-time faculty have reached the maximum teaching load (21-25 credits/year), faculty are queried about their interest in in teaching overload for additional compensation. The College offers select courses during the summer session at the undergraduate and graduate levels. Faculty have the option of teaching these courses for additional compensation. Summer course assignments are based on faculty expertise and a rotating schedule. The College also keeps a file of potential employees who have expressed interest in working at the College to reference in case of an open position.

Non-classroom activities include student advisement and advisors are assigned to try to limit the number of advisees to 25 per faculty member. Fulltime faculty are also required to be on two committees, and the role of committee chair rotates every 1-2 years. Faculty volunteer to be an advisor to the three student groups on campus, Student Senate, Student Nurse Association, and Multicultural Student Association.

Ensuring the acquisition of sufficient numbers of staff to provide student support services.

The number and type of staff positions are evaluated by administration on a regular basis to insure they meet program and student needs. Administration monitors expected enrollment of students and considers personnel needed to provide necessary student services. Open positions are posted following the established hiring process as soon as resignations are received. The recruitment, hiring, and orientation processes are initiated as soon as possible. Currently, all support services positions are filled and are sufficient to provide support services for on campus and distance education students.

3R1 What are the results for determining if recruitment, hiring and orienting practices ensure effective provision for programs and services?

Outcomes/measures tracked and tools utilized:

The College uses several tools to measure/track recruiting, hiring, and orienting processes. One is an evaluation of open/filled faculty, staff, and administrative positions. The second measure of the effectiveness of recruiting, hiring, and orienting processes is the results of the Press Ganey Employee Opinion Survey, which is administered annually. The established target score for the Employee Survey is 4.0 or above on a 5-point scale, with 5 as the highest score. Assuring faculty meet credentialing standards is met by tracking the required credentials (college transcripts, curriculum vitae/resumes, and copies of certification documents) from each employee upon hiring. The documents are kept on file at the College. Insuring the College has sufficient faculty and staff is measured by an assessment of open or unfilled positions on a regular basis.

Summary of results of measures:

Recruitment and hiring is measured by the number of open faculty or staff positions at the College. The faculty positions have all been filled during 2013-2014, 2014-2015, and 2015-2016. Two staff positions in Student Finance were open during the 2015-2016 academic year following the departure of a long-time employee due to extended illness and a resignation to seek employment outside the College. The College hired people to fill both positions. Both newly hired personnel left shortly after being hired. One returned to her previous position and the other left without notice. However, both positions have been filled since October 2016. Currently, all faculty and staff positions are filled. The College regularly evaluates the number and type of positions needed. For example, in 2015, a College Support Representative resigned. At the time, one administrative assistant was serving four administrators, and it was determined a full-time College Support Representative was not needed. Thus, new employee was hired as a full-time secretary who would fill in as a College Support Representative as needed.

Except for two members of the faculty, all faculty teaching in the baccalaureate, master’s, and doctoral programs hold a minimum of a master’s degree with a major in nursing and have two years or more of nursing experience. The aforementioned qualifications are in compliance with the Illinois Nurse Practice Act requirements for nursing faculty. One faculty member, who teaches 710 Biostatistics, and one who co-teaches the legal aspect of 740 Impact of Ethics and Law, are the exceptions. The faculty member for 740 is a registered nurse with a J.D. degree. Both faculty members have advanced degrees with specialized knowledge and preparation in the courses in which they are teaching. All doctoral courses are taught, or co-taught, by nursing faculty with a doctoral degree or faculty who are enrolled in a doctoral program.

Recruiting, hiring and orienting practice effectiveness is measured by employee satisfaction which is measured using the Press Ganey Employee Opinion Survey, which is administered annually. Overall, the survey results rate units based on three tiers. Tier I is the highest level and indicates, “minimal action planning needed”. The College has been a Tier I unit for the past three years. In addition, the College met the 4.0 on a 5-point scale target on all four overall items related to workforce commitment for 2014, 2015, and 2016.

Comparison of results with internal and external benchmarks:

Comparison of scores on the Press Ganey survey (Figure 3R1.1) showed the College scored higher than OSF SFMC. Specifically, the College scored higher on all four overall domains for 2014, 2015, and 2016 than OSF SFMC. The comparison shows how much higher or lower the College score is in relation to the comparison group.

Figure 3R1.1 College of Nursing Employee Commitment Indicators

Workforce Commitment Indicators	2014 (n=72)		2015 (n=75)		2016 (n=64)	
	CON	Comp Group	CON	Comp Group	CON	Comp Group
Commitment Indicator	4.51	+0.27	4.49	+0.31	4.50	+0.27
Organization Domain	4.35	+0.30	4.36	+0.28	4.40	+0.24
Employee Domain	4.31	+0.22	4.41	+0.33	4.37	+0.23
Manager Domain	4.28	+0.23	4.41	+0.33	4.35	+0.18

Interpretation of results and insights gained:

Interpretation of the data shows the College is effective in recruiting, hiring, and orienting employees as evidenced by having 100% of the staff, faculty, and administrative positions filled. The job descriptions are up-to-date and for faculty, the job descriptions are based on accepted national competencies for academic nurse faculty. The faculty meet the credentials needed for their teaching role, and the College has evidence on site. In addition, the College has the ability to evaluate the positions needed at the College and adjust job descriptions accordingly. Finally, the College employees are generally satisfied with their work environment.

3I1 Based on 3R1, what process improvements have been implemented or will be implemented in the next one to three years?

The College must continue to monitor the need for faculty, staff, and administration. Two full-time faculty positions are being filled for fall 2017. The need for an additional full-time faculty was identified. Therefore, one additional full-time position was created from a budget neutral transfer of part-time FTEs from a part-time faculty who resigned.

The President intends to retire within the next 2-3 years and formal succession planning is beginning in the next year. Both Deans are participating in succession planning activities.

The graduate program is planning a major revision of curriculum and addition of a BSN to DNP program in the fall of 2018, and additional faculty may be required. Planning for increased faculty and budget impacts are included in the business plan for the program addition.

Over the next two years, the College will be evaluating student information systems for a better, less labor-intensive student management system. The goal is to the need for additional staff even with increases in enrollment.

Evaluation and Recognition

3P2 Evaluation and Recognition focuses on the assessment and recognition of faculty, staff and administrators' contributions to the institution. Describe the processes that assess and recognize faculty, staff and administrators' contributions to the institution. This includes, but is not limited to, descriptions of key processes for:

Designing performance evaluation systems for all employees

The College has a process for performance evaluation of all employees. The foundation of the annual performance evaluation for all employees is the job description which outlines the duties and responsibilities for the position. Upon hire, all employees receive a copy of their respective job description. Faculty and staff job descriptions are accessible on the College of Nursing Portal.

The annual appraisal for faculty, staff and administrators consists of a self-evaluation based on three sections of the appraisal form. The first section focuses on the community of caregiver standards, which includes criteria such as justice, compassion, integrity, teamwork, trust, and stewardship. The second section relates to achievement of the duties and responsibilities in the employee's job description, and, for faculty, includes evaluation of teaching, scholarship, and community service. The third and final section is comprised of an appraisal of the achievement of departmental and personal goals for the past academic year and written expression of the ways the employee's future personal goals will help meet the new departmental goals in the upcoming academic year.

A second source of data used in the evaluation of faculty are student evaluations of faculty and courses. These evaluations are designed with input from faculty through Evaluation, Faculty Affairs, and Graduate Committees. The final evaluation form and process are approved by College Senate. Evaluations are sent to students at the end each semester. Student feedback is shared with faculty after course grades are finalized. Feedback from student evaluations is considered in the annual performance appraisal for all College faculty. Trends are noted and discussed with faculty at the time of appraisal.

The faculty peer evaluation is a third component of the annual performance appraisal for all College faculty. An AQIP Action Project, spearheaded by the Faculty Affairs Committee, was launched in October of 2013 to create a peer review process for faculty. The process was developed to enhance the evaluation of faculty teaching effectiveness and contribute to the professional growth of individual faculty members. The process was initially piloted in fall 2014 with the undergraduate, traditional, in-seat courses.

Faculty performance is also evaluated during the process of consideration for promotion to an advanced academic rank. The Criteria for Academic Rank and Faculty Promotion policy and process are published in the *Faculty Academic Handbook*, which all faculty receive. Faculty members interested in promotion develop a portfolio of evidence, related to teaching, service, and scholarship, showing the faculty member has achieved the criteria necessary for promotion, which is submitted to the Chair of the Faculty Promotion Committee. The Faculty Promotion Committee is a group of four peers, one representing each rank, and one of the four serves as the committee chair. Three committee members review and rate each portfolio. After the review, a vote is taken to recommend or not recommend the faculty member for promotion, and the committee writes the rationale for the decision. The President and respective Deans review the portfolio, the committee's recommendation and accompanying rationale, and make a recommendation to the College Board, which makes the final decision regarding promotion.

Soliciting input from and communicating expectations to faculty, staff and administrators

Faculty expectations related to teaching, service, and scholarly activity are clearly identified within the faculty job description, faculty annual appraisal documents, and in the Criteria for Academic Rank and Faculty Promotion. The College has established outcomes related to teaching, service and scholarly activity for faculty.

The College has an "open door" policy, and faculty and staff can, and do, stop by to talk with administrators without an appointment to discuss expectations and offer input. In addition, the President meets with faculty and staff during Communication Forums, which are scheduled twice per semester. In the forums, the President shares information, including expectations, to update faculty and staff, and offers employees an opportunity to ask questions or offer input. The President shares information with faculty and staff in her President's Report at the beginning of College Senate meetings. The president has the opportunity to share expectations at the administrative team meetings, and the Deans ask questions and offer input. Input is solicited from employees in the annual Press Ganey Employee Opinion Survey. E-mail is used extensively for communication among faculty, staff, and administrators.

Faculty have a voice via the Faculty Affairs Committee, and all faculty and professional staff are members of College Senate. All College Senate members have voting privileges on all issues with one exception. Only faculty can vote on issues related to curriculum. The milieu at the College is friendly, open, collegial, and supportive.

Aligning the evaluation system with institutional objectives for both instructional and non-instructional programs and services

The College has a process for aligning the institutional objectives for both instructional and non-instructional programs and services, and several of the methods have been mentioned previously. For

example, the annual appraisals for all employees align the institutional objectives by requiring all employees to write their personal goals with achievement of the goals of the institution as a focus. In addition, the annual appraisals evaluate the employee's execution of their job descriptions, and the job descriptions are written to help the institution achieve its Mission and Goals including the Goal to prepare graduates to practice professional nursing in a variety of health care settings. The discussions that occur with each employee and his or her supervisor surrounding the annual appraisal, also function to guide the employees toward achieving the institution's goals.

Utilizing established institutional policies and procedures to regularly evaluate all faculty, staff and administrators (3.C.3)

All new employees are given a written performance evaluation at 90 days by their supervisor. In addition, all regular fulltime and part-time employees participate in an annual appraisal. The annual appraisal process begins with the employee completing a self-evaluation using the same appraisal tool the supervisor will use and submitting it to the supervisor. The supervisor writes the annual employee evaluation, and in a face-to-face meeting, the final written appraisal is given to the employee. The supervisor then reviews it with the employee. During the meeting, strengths, areas for improvement, and goals are discussed. A final signed appraisal is given to the employee, one is kept at the College, and one is sent to Human Resources. All employees have the option to meet with their supervisor to discuss their performance at any time during the year. The president's performance is evaluated by the College Board and President of OSF SFMC.

Establishing employee recognition, compensation and benefit systems to promote retention and high performance

The College has established employee recognition, compensation and benefit systems. Employees are recognized in numerous ways, which leads to retention and excellent performance. Employees are given formal, written thank you notes. In addition, CARE (Caring and Recognizing Employees) coupons are given to the College by OSF SFMC Human Resources, based on FTEs, to be used for acknowledging accomplishments or outstanding performance. The CARE coupons carry a value of \$2.00 and can be used in the cafeteria or other campus restaurants, in the gift shop, or at the pharmacy. The IC2It Culture Program electronic tools system allows any employee to provide focused recognition for any other employee. Each employee has a "wall" that preserves their individual focused recognitions. Additionally, the president recognizes employees at the beginning of the College Senate meetings for outstanding effort, work, results, or assistance, and employees have an opportunity to recognize other employees. Further, through OSF Healthcare, employees receive a Service Award for every 5 years of service. Through the Service Award program, employees are provided with a catalog from which they can select a gift based on their years of service. Service year certificates are awarded to all recognized employees.

Compensation of faculty and staff supports recruitment and retention of qualified personnel and high performance. Faculty salaries are analyzed annually and compared to AACN data for similar religious schools in the Midwest to determine competitiveness of salaries, which can result in market adjustments, which are in addition to the annual salary increase. Compensation strategies/formulas are in place to provide faculty with annual increases and pay for workload overload and teaching summer school. Faculty receive annual merit increases at the start of the new agreement beginning each academic year. The College also compensates faculty who earn a doctorate or receive a promotion in rank with a 5% salary increase.

Full and part-time faculty are eligible to participate in the Faculty Incentive Compensation Plan (FICP) offered by OSF Healthcare System. In this program, faculty are eligible to receive up to 4% of their annual salary based on the targets established by the College for each fiscal year. The targets are established based on the faculty outcomes of teaching, service, and scholarly activity. At the end of the fiscal year, faculty submit evidence of achievement within in each category relative to the established

targets. As with all OSF Incentive plans, the financial trigger of 95% of combined net income of all OSF operating units must be met in order to consider funding the FICP.

Staff salary ranges are analyzed every 2-3 years by the OSF Compensation Department. The current salary structure is compared to local employment markets for similar positions. In FY 2015 and 2016, staff salary ranges were market adjusted and individual employees received up to 3% in market adjustment depending on the employee's place on the salary range. Staff receive annual merit increases in December when the OSF Healthcare system does increases for all employees. Staff are eligible for the OSF Team Award given annually by OSF. The annual maximum for this award is \$500. This award is based on established targets for the system and like the FICP, the OSF financial trigger must be met in order for the funds to be distributed for the fiscal year.

Administrative personnel are given an annual 2-3% salary increase. In addition, salaries are reviewed every other year to determine market competitiveness. In FY 2015, administrative salary ranges were market adjusted and individual administrator received a market adjustment up to 3% depending on the administrator's place on the salary range. In FY 2016, clerical personnel salary ranges were marketed adjusted and individual clerical workers received a market adjustment up to 3% depending on the clerical employee's place on the salary range. Administration receive annual merit increases in December when the OSF Healthcare system does increases for all employees. A management incentive program is available to administrators for up to 4% of salary when the OSF financial triggers and goals are met during the fiscal year.

All full-time employees and part-time employees working greater than 32 hours/week are eligible for benefits. Examples of benefits include paid time off, paid sick time, group medical and dental insurance, life insurance, \$3500 educational assistance/year, participation in flexible spending accounts, 401K matching up to 5%, and annual OSF System payments into the 401K in lieu of pension plan. The benefit package is very competitive.

Promoting employee satisfaction and engagement

Employee satisfaction and engagement is promoted in several ways. Employees are actively involved in decisions that affect them. A shared governance structure provides employees an opportunity for service on committees that determine evaluation methods (Evaluation Committee), library resources (Education Resources Committee), policies that impact faculty (Faculty Affairs), and policies related to students (Admission and Progression, Graduate). Faculty and staff are encouraged and expected to take an active part in meetings by coming prepared, sharing ideas through open discussion, and developing strategies for problem solving and improvements. Faculty and staff have voting privileges on the decision-making body, College Senate. Faculty and staff are involved on the AQIP Steering Committee and action projects and their input for solving problems is elicited in task forces.

3R2 What are the results for determining if evaluation processes assess employees 'contributions to the institution?
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Outcomes/measures tracked and tools utilized:

The annual Press Ganey Employee Survey measures the employee satisfaction outcomes internally and externally with comparison to OSF SFMC. In 2016, Press Ganey added national comparison data for individual items. The designated target on each domain or item is 4.0 or above on a 5-point scale. Another measure is that 100% of employees will be evaluated annually and achieve an annual appraisal score of 2.0 or above on the 3-point scale. The faculty salaries are also tracked annually in comparison to the AACN Faculty data for Midwestern religious colleges. The target is for the midpoint of the salary range and the mean faculty salaries by rank to be at or above the midpoint of faculty salary data from AACN.

Summary of measures:

The data analysis and results for FY 2014, 2015, and 2016 show that 100% of full-time and part-time employees were evaluated and 100% achieved a rating of 2.0 or above on the 3.0 scale. Other results of employee satisfaction and compensation appear below.

The following data provide evidence of engagement of employees and the supportive environment of the College. Faculty readily cover for one another in case of an illness or family emergency. Faculty and staff provide meals and/or gift cards to restaurants following a surgery or difficult family situations. Administration delivers small bouquets of flowers, along with a CARE coupon, to all faculty and staff, on a rotating basis, several times a year. Notes of thanks, CARE coupons, and IC2it focused recognitions are generously distributed by administration, and faculty and staff support each other with notes and request CARE coupons or IC2it focused recognition for peers. The College Senate and Graduate Committees start with formal recognitions of faculty and staff, and faculty and staff have the opportunity to add recognitions.

In addition, the results from the Press Ganey Survey provide measure of satisfaction with annual evaluations, communication at the College, and recognition, compensation and benefits. The survey is conducted annually.

Comparison of internal targets and external benchmarks:

Figure 3R2.1 shows the employee satisfaction on items related to performance and evaluation. The comparison groups are OSF SFMC and the national comparison group for 2016. The comparison shows how much higher or lower the College score is in relation to the comparison group.

Figure 3R2.1 Satisfaction with Performance and Evaluation Measures

Item	2014 (n=72)		2015 (n=74)		2016 (n=64)		
	CON	Comp Group	CON	Comp Group	CON	Comp Group	National Group
My job responsibilities are clear	4.31	+0.05	4.39	+0.14	4.44	+0.21	+0.22
The person I report to gives me useful feedback	4.10	+0.16	4.28	+0.30	4.22	+0.13	+0.18

Figure 3R2.2 shows the results from the Press Ganey survey related to items concerning College employee input and communication from management. The comparison groups are OSF SFMC and for 2016, the national comparison group. The comparison shows how much higher or lower the College score is in relation to the comparison group.

Figure 3R2.3 shows employee satisfaction on recognition, compensation and benefits. Data is from the Press Ganey Employee Survey. The comparison groups are OSF SFMC and in addition, national comparison group for 2016. The comparison shows how much higher or lower the College score is in relation to the comparison group.

Figure 3R2.2 Results on Communication: Soliciting Input and Communicating Expectations

Item	2014 (n=72)		2015 (n=74)		2016 (n=64)		
	CON	Comp Group	CON	Comp Group	CON	Comp Group	National Group
My ideas and suggestions are seriously considered	4.0	+0.29	4.29	+0.55	4.19	+0.24	+0.27
I am involved in decisions that affect my work	4.10	+0.41	4.19	+0.50	4.06	+0.26	+0.34
Information from this survey will be used to make improvements	4.03	+0.42	4.12	+0.40	4.11	+0.28	+0.25
The person I report to is a good communicator	4.04	+0.11	4.28	+0.31	4.16	+0.10	+0.15

Figure 3R2.3 Recognition, Compensation, and Benefits

Item	2014 (n=72)		2015 (n=74)		2016 (n=64)		
	CON	Comp Group	CON	Comp Group	CON	Comp Group	National Group
I am satisfied with the recognition I get	4.10	3.77	4.13	3.81	4.06	3.93	3.69
My pay is fair compared to other healthcare employers in this area	3.63	3.44	3.46	3.40	3.38	3.44	3.40
My benefits are fair compared to other healthcare employers in this area.	4.20	4.04	4.11	3.98	4.15	4.03	3.81
Overall, I am a satisfied employee	4.46	4.08	4.41	4.05	4.45	4.13	4.02

Figure 3R2.4 shows the comparison for the last three years on the faculty salary data. The College data for 2017 is based on the revised faculty salary ranges going into effect with new faculty agreements for the 2017-2018 academic year. The comparison data used from AACN reflects the previous year results for the median salary by rank for Midwest region, religious schools. For example, for 2017-2018, the comparison data comes from the AACN report of 2015-2016. The AACN data report lags a year behind the CON salaries. The faculty with doctorates is used for all ranks except instructor. That comparison data is at instructor without doctorate. The faculty range salary adjustment that occurred in FY 2017 moved faculty salary ranges above the AACN median point.

Figure 3R2.4 Faculty Salary Comparison

Rank	2015-2016			2016-2017			2017-2018		
	Mid Rank	CON Mean	AACN	Mid Rank	CON Mean	AACN	Mid Rank	CON Mean	AACN
Instructor	55,203	60,298	52,904	55,203	60,417	53,000	60,078	63,188	54,000
Assistant Professor	58,573	63,181	64,250	58,573	65,643	65,490	75,933	67,907	67,691
Associate Professor	63,407	75,501	71,015	63,407	77,389	71,451	83,527	80,385	72,306
Professor	77,293	85,312	79,936	77,293	87,041	80,794	91,879	91,291	80,794

Interpretation of results and insights gained:

Employee satisfaction on the Press Ganey Survey related to performance and evaluation (Figure 3R2.1) shows internally, the College improved from 2014 to 2016 in the two items related to designing performance evaluation systems. On both items, the CON scores are higher than the OSF SFMC comparison group for each year. Further, the CON scores are higher than the national comparison group for 2016.

Figure 3R2.2 shows the College has met or exceeded the established target of 4.0 or above for the four items concerning employee input and communication from management on the Press Ganey Survey. The CON also scored higher than the OSF SFMC for all four items for all three years. The College also scored higher than the national comparison group in 2016. Seeking input and communicating expectations is a strength for the College.

Figure 3R2.2 depicts the measure showing goals expressed during evaluations are actually executed by employees. For the years 2014, 2015, and 2016, the College exceeded the target of 4.0 or above established for all items on the Press Ganey survey. The College also surpassed the scores of OSF SFMC for all three years and exceeded a national comparison group on the item in 2016. The scores on the four items measuring solicitation of input and communicating expectations were higher in 2016 than in 2014 with the exception of the item, “I am involved in decisions that affect my work”, which dropped .04. The item that measures aligning the evaluation system with institutional objectives increased each year and rose from 4.33 to 4.48. The items related to recognition, compensation, and benefits all dropped from 2014 to 2016. The job satisfaction item dropped .05 between 2014 and 2015, but increased again in 2016 (4.45) to essentially the same level as 2014 (4.46).

Figure 3R2.3 shows the scores for the item regarding recognition are above the established target of 4.0 or above for 2014, 2015, and 2016 and suggests College employees are satisfied with the recognition they receive. Moreover, the College scores for recognition of employees were consistently higher than the scores for OSF SFMC for all three years and the national comparison group for 2016. Employees perceived their compensation was not competitive for 2014, 2015, and 2016, as the scores for compensation were below the established standard of 4.0. Also, in 2016, the College employees scored lower than the OSF SFMC and national comparison group on the fair compensation item. The statistics show the College employees grew less satisfied with their compensation from 2014 to 2016. Alternately, College employees were satisfied with benefits as evidenced by scores higher than 4.0 for 2014, 2015, and 2016. Further, the College scores for benefits exceeded the scores for OSF SFMC for all three years and were higher than the national average in 2016. College employee satisfaction is well above the established 4.0 out of 5.0 standard for 2014, 2015, and 2016. In addition, employee satisfaction at the College consistently exceeded the scores for OSF SFMC for the same years and the national average in 2016.

Interpretation of aforementioned data reveals the CON has been successful in meeting the criteria for designing evaluation systems for all full-time and part-time employees. In addition, communication, including seeking input and relaying expectations to employees is a strength for the College. Interpretation of the data also shows the College is successfully aligning the evaluations with the institutional objectives and employees are supporting the objectives with their actions. Lastly, scores depict employee satisfaction with recognition and benefits but not with compensation. The College continues to work with Human Resources to ensure that employee compensation is competitive with the market and salary adjustments are made accordingly.

3I2 Based on 3R2, what process improvements have been implemented or will be implemented in the next one to three years?

In response to lower scores on the Press Ganey Survey item on “the amount of job stress I feel is reasonable”, an Employee Activities Committee was developed to offer monthly activities focused on decreasing stress. The College has offered several activities, such as a movie trivia/popcorn luncheon event, that have been well received.

An Action Project aligned the job descriptions with the *Scope and Practice for Academic Nurse Educators* published by the National League for Nursing. These faculty job descriptions were reviewed by the Faculty Affairs Committee again in the 2016-2017 academic year, and modifications were approved by College Senate in 2017. The job descriptions will move to the College Board for approval.

In FY2017, the faculty salary ranges were increased by OSF Compensation based on market data analysis. The adjustments will go into effect with the 2017-2018 faculty agreements. Based on the salary range increases, 60% of the faculty will receive market adjustments for their compensation for a maximum adjustment of 3% in addition to the annual 2-3%, the FICP, 5% rank increase and 5% increase for an earned doctorate. Nursing academia continues to compete with the well-paid nurses working in practice, especially the advanced practice nurses. The College needs to continue to monitor compensation results on the Press Ganey Employee Survey and review documents published by AACN on faculty salaries. Additionally, the College will continue to communicate the needs of the College employees to the organizational leaders, Human Resources and Compensation.

The College is continuing to implement the peer evaluation process developed through its Action Project. Based on faculty feedback, the process of requesting a peer evaluator was modified for fall 2015. During 2015 - 2016, the development of a process to provide peer evaluation for faculty teaching online courses was started. This process continued to be refined and piloted during 2016-2017. Finalizing implementation of this process will allow peer evaluation of all undergraduate and graduate faculty. The process for giving the peer evaluator access to the course for the short time needed to conduct the peer evaluation needs to be completed.

Development

3P3 Development focuses on processes for continually training, educating and supporting employees to remain current in their methods and to contribute fully and effectively throughout their careers at the institution. Describe the processes for training, educating and supporting the professional development of employees. This includes, but is not limited to, Descriptions of key processes for:

Providing and supporting regular professional development for all employees (3.C.4, 5.A.4)

All employees have opportunities and support for regular professional development. Funds are budgeted annually for professional development for all employees. Part-time employees receive a pro-rated annual amount. Development funds may be used for conferences and workshops, certifications, or education materials such as books or tutorials related to area of expertise. Employees may request additional funding to attend a national conference by submitting expected expenses before the operational budget deadline each year. All employees have the opportunity to attend annual national conferences related to their job responsibilities and attend seminars and workshops to enhance their development and job skills.

All employees are eligible for the OSF Employee Tuition Reimbursement program of \$3500 annually, prorated based on FTE. Requests for tuition reimbursement are approved by the president and then sent to Human Resources for payment after completing the requirements for reimbursement. The College has a Doctoral Education Funding program for faculty pursuing a doctoral degree. After completing the first year of doctoral education, faculty are eligible to receive \$15,000 in tuition reimbursement over three years, which is tied to a work commitment for each year the funds were received. Currently, no faculty are using this opportunity. Three faculty received their third year of funding during 2014 and have since completed their doctoral degrees. If program needs allow, faculty enrolled in doctoral education are given lighter workloads.

Ensuring that instructors are current in instructional content in their disciplines and pedagogical processes (3.C.4)

The College ensures that instructors are current in instructional content in their disciplines and pedagogical processes. The Faculty Affairs Committee of the College Senate plans an annual half, or full day, educational program related to current educational topics or identified needs of faculty. The program is open to all full-time and part-time faculty at no cost. Additionally, faculty attend nursing and education workshops and conferences related to topics of instructional content and pedagogy. Annually, the College sends two faculty members, using a rotation system, to the annual NLN Education Summit. Faculty and administration also attend conferences such as the AACN DNP Conference, Nurse Practitioner National Conference, and the National Association of Clinical Nurse Specialist Conference. These activities provide current information on nursing education programs, instructional content, and pedagogy.

Supporting student support staff members to increase their skills and knowledge in their areas of expertise (e.g., advising, financial aid, etc.) (3.C.6)

The College is committed to providing professional development for staff to increase their skills and knowledge in their areas of expertise. Staff receives training to enhance job competencies and skills through computer training at OSF SFMC, external vendors, and attendance at workshops and conferences. For example, in spring 2017, four admission staff attended the Illinois Association of Collegiate Registrars and Admissions Officers meeting for the Eastern and Western Districts, and the student accounts coordinator and assistant attended the National Association of College and University Business Officers conference in Las Vegas. Through the budgeting process, staff members receive annual development funds that can only be used for continuing education opportunities or activities that increase their knowledge and skills. Staff also attend professional meetings to remain updated in changes in their areas of expertise. All employees have access to Healthstream online learning modules and traditional in-seat development sessions offered by the Learning Academy through OSF SFMC. All programs offered through the Learning Academy are free to staff, and staff are able to select programs for their individual development.

Aligning employee professional development activities with institutional objectives

The College aligns employee professional development activities with institutional objectives. Development activities are provided when new initiatives and strategic initiatives are identified. All employees are provided professional development and training when new products or data systems are

purchased for the College. For example, the undergraduate program recently revised the curriculum to a concept-based curriculum. In anticipation of this change, the annual faculty workshop topics were selected based on topics necessary for a successful transition. For example, two programs on developing and implementing a concept-based curriculum were presented by two experts in the topic, Dr. Jean Giddens and Dr. Debra Smith. Other examples include: *Clinical Teaching and Evaluation* by Dr. K. Gaberson, focused on best practice in clinical education and feedback, and *Practical Application of Active Learning Theory* Presented by Dr. Bev Reynolds, focused on use of active learning strategies in the classroom as part of the curriculum revision. Safe patient handling and reduction of employee injuries is an institutional objective and the Quality Committee developed a program focused on the safe use of patient lifting equipment.

3R3 What are the results for determining if employees are assisted and supported in their professional development?

Summary of measures:

The Faculty Affairs committee of the College Senate offered a workshop for all faculty at no cost. The title of the workshop for 2015 was *Best Practices in Online Teaching*, which was applicable to all faculty, as all courses have an online component. The 2016 offering was *Test Writing Workshop*, an NLN sponsored program, which was also relevant to all faculty but especially to newer faculty. For 2017, the topic is *Education and the Law: Students with Disabilities, ADA compliance, Title IX, FERPA, and Faculty/Student Relationships*, and the speaker is Kathryn Vander Broek, J. D.

Figure 3R3.1 shows the amount budgeted and used by employees for development in the last three years. Tuition reimbursement used by employees is included in the figure. The College has 72 full-time and part-time employees. Not all employees requested use of development funds.

Figure 3R3.1 Development Spending and Tuition Reimbursement

	FY 2014	FY 2015	FY 2016
Total \$\$ Budgeted for Development	\$61,000	\$49,000	\$49,000
Total \$\$ Spent for Development	\$29,063	\$32,411	\$38,491
Total Tuition Reimbursement Used by Employees	\$34,748	\$32,668	\$18,243

Comparison of results with internal and external benchmarks:

The measure for determining if employees are assisted and supported in their professional development is an item on the annual Press Ganey Employee Survey. The target level is a rating of 4.0 or above on a 5-point scale. Figure 3R3.1 shows the employee satisfaction with training. The comparison shows how much higher or lower the College score is in relation to the comparison group.

Figure 3R3.1 Employee Satisfaction with Training

Item	2014 (n=72)		2015 (n=74)		2016 (n=64)		
	CON	Comp Group	CON	Comp Group	CON	Comp Group	National Group
I get the training to do a good job.	4.15	+0.07	4.07	+0.02	4.05	+0.04	+0.05

Interpretation of results and insights gained:

Interpretation of the data shows the College employees perceive they are supported in their professional development and are getting the education and training needed to do a good job. Figure 3R3.2 shows the item, “I get the training I need to do a good job” was higher than the established target of 4.0 or above each year from 2014-2016. Additionally, the College scores were higher than the comparison scores for OSF SFMC from 2014-2016 and the national comparison score for 2016.

The College’s belief in lifelong learning is supported with the current development opportunities. The College continues to offer its annual development program for faculty. In 2016, the program was expanded to include a topic for all employees. The annual budget includes funding for each employee and any additional requests for funding for state or national conferences. Figure 3R3.1 shows that each fiscal year, the College increased its spending on development activities. The amount budgeted greatly decreased from 2014 to 2015 to better align budget planning with actual expenses. The College will continue to monitor amounts spent on development and increase the budget as able and needed. The figure also shows that employees are taking advantage of the tuition reimbursement. The drop in expenditures from FY 2015 to 2016 reflects the completion of doctoral programs by a number of faculty. In 2015, the College expanded the options for using the budgeted development funds. In addition to conferences, faculty can purchase professional books, professional membership fees, and fees for certification.

3I3 Based on 3R3, what improvements have been implemented or will be implemented in the next one to three years?

The College will continue to value and support all employees in their quest for lifelong learning through budget funding and approved time away from work for development activities. Funds for staff to attend national conferences in their specialty area have increased in the development funds. The Assistant Dean of Support Services is working with student finance and admission personnel and the registrar to increase their development based on identified needs and their attendance at state and national meetings.

The College will continue to provide support to an increasing number of faculty and staff who are speaking or doing poster presentations at state and national conferences. In the last three years, faculty and staff presented at the Illinois Association of Advanced Practice Nurses, NLN Education Summit, National Safe Patient Handling Conference, Elsevier Faculty Development Conference, AACN Faculty Development Conference, National Nursing Ethics Conference, Sigma Theta Tau Research Day (Ohio), and American Association of College Counselors National meeting.

Category 4: Planning and Leading

Introduction

The Mission, Vision, and Values of the College provide the foundation and direction for all functions of the College including academic programs. They are clearly articulated both internally and externally. At all levels of the College, there is a commitment to our Mission, Vision and Values, which align the leadership and decision-making with expectations of stakeholders of the College. The College's tag is "A Continuing Tradition of Excellence in Nursing Education", which flows directly from the Mission and Vision. The strategic planning and initiatives for the College support and are aligned with the Mission, Vision, and Values.

The 2012 Systems Portfolio Appraisal Feedback Report identified several strengths for the College in this category. The report noted that the senior administrators align the direction of the College with its mission and work collaboratively with faculty, staff, and students to determine needs, and identify weaknesses and strengths of the college through systemic processes. Also noted is that the College has a robust and comprehensive planning process that involves all stakeholders, internal and external environmental analysis, development and goals and strategies, and a systematic approval process. The College was also recognized as having a well-defined system for communicating within the organization.

The College identifies its AQIP systems stage of maturity related to process as systematic moving towards alignment. The systems stage of maturity related to results is identified as systematic. Improvements in this category have taken place since the 2012 Systems Portfolio with the AQIP project that focused on the development of a College Gap Committee to review data and develop a process for data distribution and use in decision making including closing the feedback loop. Strategic initiatives are aligned with the Mission, Vision, and Values and the five-year strategic plan was revised and updated.

Currently the College is working on complying with the Higher Learning Commission (HLC) requirement for separate incorporation. The Mission, Vision and Values are the same. A new College Board and leadership structure are being developed to be in place by end of 2019. The newly formed Board will continue its appropriate governance, with the delegation of management responsibilities and implementation of its functions through a committee structure. The current College Board has had a member active in the College's AQIP pathway participating in three Strategy Forums with other College personnel. The AQIP Steering Committee at the College continues to guide and direct the AQIP quality improvement processes for the institution.

There are numerous opportunities on campus for building leadership skills and are aligned with succession planning and shared governance. Shared governance is evidenced by the College Senate structure with its committees that interact and collaborate in accomplishing their functions. The AQIP Action project which focused on revision of the faculty job descriptions to align with the National League for Nursing (NLN) Competencies for Nurse Educator faculty and the Faculty Affairs Committee's current work on faculty workload are examples of shared governance.

Mission and Vision

4P1 Mission and Vision focuses on how the institution develops, communicates and reviews its mission and vision. Describe the processes for developing, communicating and reviewing the institution's mission, vision and values, and identify who is involved in that process. This includes, but is not limited to, descriptions of key processes for:

Developing, deploying, and reviewing the institution’s mission, vision, and values (1.A.1, 1.D.2, 1D.3)

The College’s Mission describes who we are, why we exist, and states the value of the College to students, graduates, healthcare, and the community. The Vision flows from the Mission and reflects the College’s aspirations and goals. The Value statements flow from the Mission and philosophy and serve to: support the mission and philosophy, provide direction for the day-to-day activities and decisions, specify how individuals should behave, and provide meaning to each person’s work. Figure 4P1.1 shows the Mission, Vision and Values. Review of the Mission, philosophy and values is part of the Systematic Evaluation and Assessment plan and occurs every five years and as appropriate. The review is conducted by the Curriculum and Graduate committee and approved by College Senate. Once approved by College Senate, they go to the Educational Affairs committee of the College Board and then to the College Board for full approval. The final approval for the Mission and Values is provided by the OSF Healthcare System Board of Directors to ensure that the College Mission and Values is in alignment with the OSF System Mission and Values. The College’s Mission was initially developed by the faculty and staff at the College in 1985 with the start of the baccalaureate program. The Mission was revised by the faculty and staff in 2000 to reflect the addition of graduate programs at the College. The College values were developed by the faculty and staff and revised and approved in 2007. The College Vision statement was revised and approved in 2013-2014.

Figure 4P1.1 Mission, Vision and Values

<p style="text-align: center;">Mission</p> <p>The College provides nursing education programs at the undergraduate and the graduate levels. The upper division baccalaureate program prepares the student for the practice of professional nursing. This program builds on and incorporates theories, concepts, and principles from behavioral, natural, and social sciences. The graduate program builds on the prior nursing knowledge and experiences to prepare the nurse for the advanced roles in nursing. The College serves the community by educating competent entry level and advanced practitioners in a tradition of excellence in nursing, who deliver caring, comprehensive, and complex care responsive to the changing needs of society in a dynamic healthcare environment. The faculty and students of the College participate in both scholarly and service activities that contribute to knowledge development related to education, nursing, and healthcare.</p>	<p style="text-align: center;">Vision</p> <p>Embracing our Catholic heritage and standards of nursing excellence, Saint Francis Medical Center College of Nursing will provide the highest quality nursing education programs that produce the most prepared nurses, leaders, and educators capable of administering the highest quality professional nursing care and nursing education.</p>
<p>Values</p>	
<p>Personal & Professional Development</p> <p><i>Learning-</i> is a lifelong, interactive process in which critical thinking and intellectual inquiry skills are developed and a change of behavior, attitude or thought patterns occur.</p> <p><i>Caring-</i> develops helping relationships influenced by cultural and spiritual values and promotes the growth and self-actualization of the patient, nurse, student, and employee.</p> <p><i>Leadership-</i> is facilitating action by developing people to achieve and maintain</p> <p><i>Personal worth & dignity-</i> recognizes the unique value of each person as an individual, regardless of race, color, age, gender, ethnic background, or religion.</p> <p>Service</p> <p><i>Integrity -</i> believes in Judeo-Christian tenets, which permeate the curriculum and promote the ethical values of human dignity, justice, service, and respect for life.</p>	

Responsibility- is the obligation to accomplish a task or

Accountability- is the act of accepting ownership for one's responsibilities and the results or the lack of results, without blame and rationalizations. The College accepts responsibility and holds each other accountable for carrying out the Mission of the College through quality nursing education, qualified faculty, and sufficient support for excellence in student learning outcomes.

Quality

Excellence-is the commitment to quality nursing education programs at the undergraduate and graduate levels.

Agility-is the commitment to being future focused and forward thinking in planning and delivering nursing education programs. This forward and focused thinking propels the College towards its Mission of excellence in nursing education.

Ensuring that institutional actions reflect a commitment to its values

The College actions reflect a commitment to the mission, vision, and values. The College's Mission, Vision, and Goals are congruent in that the Mission sets the direction and outcomes for the College. The mission of the College is... "to provide nursing education programs at the undergraduate and graduate level....The College serves the community by providing competent entry level and advanced practitioners responsive to the changing health needs of society and the health care system". The College philosophy, values, goals, and program outcomes flow from the Mission. The College Goals are 1) Prepare the graduate to practice professional nursing in a variety of roles and health care settings; 2) Provide the essential foundation for graduate study in nursing; and 3) Foster the commitment to personal and professional growth and accountability.

Communicating the Mission, vision and values (1.B.1, 1.B.2, 1.B.3)

The College's Mission, Vision, and Values as shown in Figure 4P1.1 are communicated using multiple methods. They are published on the College website, and in various publications such as College Catalog, Student Handbook, and Faculty Academic Handbook. They are also articulated during new student orientation and new employee orientation. The Mission, Vision and Values are displayed in poster format in the administration office hallway, classrooms and Library. They also guide and provide direction for decision-making, strategic planning and identification of strategic initiatives, program development, and they influence the College culture. All of these activities help the College achieve its Mission.

The College formed the *Ex Corde Ecclesiae* Committee in 2010-2011, to support the Vatican document, *Ex Corde Ecclesiae*, which provides direction to Catholic colleges and universities to support their Mission and promote Catholic identity. The Committee is comprised of administration and faculty members. Purposes of the Committee include promoting ongoing reflection on the Colleges' Mission and catholic identity and values, building on strengths; providing oversight that the College maintain fidelity to its Catholic identity, Mission and values; and facilitating the College taking steps to actualize its Mission in order to foster and strengthen its Catholic nature and character. The Committee plans annual activities centered on a theme. Incorporated into the activities are the *Principles of Good Practice for Student Affairs* at Catholic Colleges and Universities published by the Association of Catholic Colleges and Universities.

Ensuring that academic programs and services are consistent with the institutions' mission (1.A.2)

The College's Mission and Values are operationalized in the curricula through the liberal arts and nursing courses, practicum and clinical settings in the programs, and emphasis on personal worth and dignity, caring, integrity, and accountability throughout the curricula. The College ensures that its actions and decisions are consistent with the mission and values in its strategic planning processes, quality improvement activities, processes for curriculum revision and development, and the systematic evaluation of the programs. The College has identified "A continuing tradition of excellence in nursing education" as its brand and keeps it in the forefront when setting direction and making decisions.

Allocating resources to advance the institution’s mission and vision, while upholding the institution’s values (I.D.1, I.A.3)

The College aligns resources to achieve its Mission and Vision of educating nurses. Resources are allocated in alignment with the strategic initiatives, AQIP projects and quality improvement activities that support the mission. Academic and support services are aligned with the mission and resources are provided for these services. The budgetary process starts in April and is completed annually to determine resources necessary to accomplish the mission. Other sources of resources to fund priorities related to mission and achievement of college and program goals include state grants and Foundation funds. The College Board provides approval to use Foundation funds. In 2016, the College Board approved use of Foundation funds to replace two simulation manikins which are used for student learning.

4R1 What are the results for developing, communicating, and reviewing the institution’s mission, vision, and values?

Outcomes/measures tracked and tools utilized:

The College uses several instruments to measure its focus on mission, vision, and values. The National Survey of Student Engagement (NSSE) Catholic Colleges and Universities Consortium survey and Mission Perception Inventory measures annually the students ‘perception and knowledge of the College’s mission. The employee perception of institution’s focus on its mission is measured by employee responses on the annual Press Ganey Employee survey. Alumni perception of the institution’s focus on accomplishing its mission is measured annually by the AACN/Benchworks AACN Nursing Alumni Assessment. These tools are used for decision-making by groups and committees within the College, such as Administrative team, Curriculum and Graduate Committees and College Senate.

Summary results of measures

The review of the Mission, Vision and Values occurs at a five year interval as indicated on the College’s Systematic Assessment and Evaluation Plan. The Mission was revised in 2008 when the College began the journey of revising the baccalaureate curriculum. The College Board approved the changes on June 20, 2008. The OSF Healthcare Systems Board of Directors approved the revisions in July 2012. The revised Mission and BSN Outcomes were implemented in fall 2014. The Mission was reaffirmed by the committees in 2016.

The *Ex Corde Ecclesiae* Committee offered activities based on a theme throughout the academic year. The activities were open to all administration, faculty and staff. Each College Senate meeting started with a brief activity and discussion. Figure 4R1.1 shows the themes for each year.

Figure 4R1.1 *Ex Corde Ecclesiae* Themes

Academic Year	Theme
2010-2011	Principles of Good Practice for Student Affairs at Catholic Colleges and Universities
2011-2012	Exploring Our Catholic Identity in Teaching
2012-2013	Prayer
2013-2014	Encountering God in Sacred Scripture
2014-2015	Following in the Footsteps of Jesus – In the way of St. Francis
2015-2016	Following in the Footsteps of Jesus – In the way of St. Francis
2016-2017	Following in the Footsteps of Jesus – In the way of St. Francis

The results for the NSSE individual items are presented below in Table 4R1.1. The measurements are on a 5 point scale with 5 being highest at “strongly agree”. For two years, the items on the NSSE Catholic Consortium survey were combined into the Mission Perception Inventory (MPI). The MPI has an overall score and five subscales. Table 4R1.2 shows the results for the MPI for 2014 and 2015. The MPI was not available in 2016. The measurements are on a 5 point scale with 5 being highest at “strongly agree”.

The employees of the College complete the Press Ganey Employee Survey annually. Table 4R1.3 presents the data related to mission and comparison results. The measurements are on a 5 point scale with 5 being highest at “strongly agree”. The target level is a score of 4.0 or above on the items and factors within the survey.

Comparison of results with internal targets and external benchmarks

Table 4R1.2 presents the results and comparative data for the students’ perception and knowledge of the College’s mission and values. The comparison group is the consortium of 63 Catholic colleges and universities participating in the Catholic colleges and university consortium data collection group. The results for the MPI are presented in Table 4R1.3.

Table 4R1.2 Student Perception and Knowledge of Mission

Select NSSE Items	2014 (n=69)		2015 (n=77)		2016 n=45)	
	CON	Comp	CON	Comp	CON	Comp
The mission of the institution is widely understood by students	4.5	3.8**	4.5	3.8**	4.3**	3.7
The mission is reflected in its course offerings	4.4	4.1**	4.2	4.1	4.0	4.1
Ethical and spiritual development of students is an important part of the mission	4.4	4.2	4.5	4.2*	4.3	4.1
Social and personal development of students is an important part of the mission	4.1	4.2	4.0	4.2	3.6***	4.1
The institution offers opportunities for develop leadership skills	4.4	4.2*	4.3	4.2	4.1	4.2
Preparation for a career is an important part of the mission	4.6	4.1**	4.6	4.1**	4.4*	4.0
The heritage of the founders/founding religious community of the institution is evident here	4.6	4.2**	4.5	4.2*	4.4	4.2

*College students’ average was significantly higher (p<.05) than comparison group

**College students’ average was significantly higher (p<.001) than comparison group

***College students’ average was significantly lower (p<.05) than comparison group

Table 4R1.3 Mission Perception Inventory

MPI and Subscales	2014 (n=69)		2015 (n=77)	
	CON	Comparison	CON	Comparison
Overall Mission Perception Inventory (19 items)	4.40*	4.14	4.33**	4.13
Sense of Mission Subscale (9 items)	4.33*	4.16	4.29	4.17
Values Development Subscale (3 items)	4.41*	4.10	4.32*	4.09
Respect for Diversity Subscale (7 items)	4.50*	4.13	4.40**	4.09
Mission Presence Subscale (6 items)	2.97	2.84	2.86	2.86
Mission Practice Subscale (7 items)	3.19**	3.03	3.12	3.01

*College students' average was significantly higher (p<.001) than comparison group

**College students' average was significantly higher (p<.01) than comparison group

***College students' average was significantly higher (p<.05) than comparison group

Table 4R1.4 presents the results and comparison data for employees on the Press Ganey Employee Survey. The comparison group is the National Healthcare results of others completing the survey. The comparison shows how much higher or lower the College results are in comparison to the national results.

Table 4R1.4 Press Ganey Employee Survey Results Related to Mission

Mission Items	2014 (n=72)		2015 (n=75)		2016 (n=64)		
	CON	Comp Group	CON	Comp Group	CON	Comp Group	National Group
The actions of the person I report to support our facility's mission and values	4.56	+0.31	4.59	+0.36	4.61	+0.29	+0.36
The mission partners' actions support our facility's mission and values	4.33	+0.026	4.45	+0.38	4.48	+0.28	+0.37

Interpretation of results and insights gained

Tables 4R1.2 through 4R1.4 suggest that stakeholder groups (students, employees, and alumni) perceive the College is engaged in practices that are consistent and aligned with the mission. The results from the NSSE Consortium results indicate that the College does a good job in conveying and instilling its Mission and Values in the undergraduate students at the College. The students also perceive that the Mission is reflected in the course offerings of its academic programs. The College has opportunity to develop academic offerings and programs that will strengthen the social and personal development of students and align this development with the Mission. Unfortunately, the MPI is no longer available through NSSE since this was a special project undertaken by an individual who is no longer with the institution. The MPI had provided information related to concepts associated with Mission and Values of the institution.

Survey responses on the Press Ganey Employee Survey exceeded the target level of 4.0. In 2015, OSF Healthcare System of which the College is a part, strengthened its focus on Mission and transitioned from using the term "employee" to using the term "Mission Partner". This change was to better reflect that we are all working towards accomplishing the mission of the institution. The results from the Press Ganey employee survey reflect that they believe their actions and those of leadership support the Mission of the College. The College uses the comparison data from the national survey which is a reflection of healthcare workers. The College will attempt to seek other Colleges in healthcare institutions who use this

survey and develop a mechanism to benchmark/compare against their results rather than the results of healthcare workers.

4I1 Based on 4R1, what process improvements have been implemented or will be implemented in the next one to three years?

The College is focusing efforts on increasing participation by seniors on the NSSE survey. Incentives and reminders with explanation of use of the data are being used to increase participation.

Since the last Systems Portfolio, the College reviewed and revised the Mission. The Mission was reaffirmed in 2016. Per the Systematic Assessment and Evaluation Plan, the next scheduled review of the Mission is in 5 years.

The College recognized that it had comparison data and reliable and valid measures for the undergraduate students but not for the graduate students. The process for obtaining comparison data for graduate students was improved by the addition of the AACN/Benchworks AACN Nursing Education Exit Assessment for the MSN and DNP students in 2015 and 2016.

The College recognized the need for benchmark/comparison data for its assessment and evaluations from alumni. Based on this, in 2016 the College added the AACN/Benchworks Nursing Alumni Assessments for BSN, MSN, and DNP alumni.

The BSN to DNP option will be implemented in 2018 as a mechanism to continue to meet stakeholder needs and accomplish the mission of the College. Courses are being finalized and the teach-out plan for the current curriculum is under development.

Strategic Planning

4P2 Strategic Planning focuses on how the institution achieves its mission and vision. Describe the processes for communicating, planning, implementing and reviewing the institution's plans and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for:

Engaging internal and external stakeholders in strategic planning (5.C.3)

The College engages in a five year strategic planning process that resulted in Plans for 2005, 2010 and 2015. The College's strategic planning process consists of: 1) planning an all employee strategic planning meeting including College Board members and external stakeholders for input; 2) analyzing data from internal and external environmental measures and trend analysis of data; 3) conducting a SWOT (strength, weakness, opportunity, threat) analysis to develop the plan; 4) the Mission and Vision are reviewed and revised as needed; 5) goals, strategies, tactics, targets are developed, based on information gathered in steps 1-4; 6) the faculty and staff discuss the plan, make revisions to the plan and goals, and finalize the plan after several meetings and discussions; 7) the draft of the plan is presented to the Long Range Planning Committee of the College Board where revisions are made with input from the committee; and 8) the final draft is presented to the College Board for approval.

Aligning operations with the institution's mission, vision and values (5.C.2)

The short- and long-term strategies are identified during the strategic planning process. Identification occurs after the SWOT analysis and discussion amongst administration, employees, College Board, and stakeholders. Long-term priorities are set that are aligned with the Mission and Vision of the College. Timelines are established for each of the goals and objectives based on prioritization of importance of the

strategy determined by the administration, faculty, College Board members, and internal and external stakeholders participating in the strategic planning process. Also considered are the human and financial resources needed to accomplish the objective and the impact of the project on other current projects. The strategies in the current strategic plan (2015-2020) are focused on areas important to the College. Annually, the President with input from the Deans sets short-term strategies that align with the Strategic Plan. These become the annual goals for the College.

Aligning efforts across departments, division and colleges for optimum effectiveness and efficiency (5.B.3)

The College is a single purpose nursing college; therefore, it does not have divisions and colleges. The strategic planning process focuses on the College as a whole and encompasses all departments within the College. The strategic plan focuses academics and non-academics together in the education of nursing students to achieve the Mission. The five strategic categories of quality education, strategic growth, student experience and service excellence, community of caregivers, and affordability and sustainability are aligned with accomplishment of the mission and goals of the College. Annual strategic initiatives are developed that align with the larger strategic plan. These are developed by the Administrative Team and presented to the College Board for approval.

Capitalizing on opportunities and institutional strengths and countering the impact of institutional weaknesses and potential threats (5.C.4, 5.C.5)

The SWOT analysis conducted with each strategic planning cycle provides a focus on the internal and external factors impacting the College. In 2015, the Strategic Plan was updated to its current form. At that time, the strategic goals were formatted into the five strategic categories of quality education, strategic growth, student experience and service excellence, community of caregivers, and affordability and sustainability. During this revision, the plan identified more specific measures and the person responsible for coordinating activities related to the objective and tactic. The focus on quality improvement and the AQIP Action project goals were incorporated into the Strategic Plan. This streamlined the planning processes; improved efficient use of resources and personnel; improved communication; and kept the institution focused on the same direction. Once the revision was done, the Strategic Plan was presented to the College Senate, Long Range Planning Committee of the College Board, and the College Board for approval.

Creating and implementing strategies and action plans that maximize current resources and meeting future needs (5.C.1, 5.C.4)

The annual budgeting and planning process occurs from January through August each year. All departments within the College are involved in the process and budget development. Revenue from enrollment and other sources is projected. Requests are submitted to the President for capital and operational budgets. These are aligned with the strategic plan and initiatives and prioritized. Strategic initiatives and the budget are developed and presented to the Finance Committee of the College Board for initial approval and then to the College Board for full approval. For example, the College is focused on increasing the RN to BSN student enrollment and has initiated strategies to increase the enrollment from within the OSF Healthcare System. This aligns with the College's strategic goal focused on Strategic Growth.

4R2 What are the results for communicating, planning, implementing, and reviewing the institution's operational plan?

Outcomes/measures tracked and tools utilized:

Although the College does not have a direct measure of strategic planning, the employee survey does ask questions related to decision making and ability to have suggestions considered. The employee perception

of decision making is measured by employee responses to select questions on the annual Press Ganey Employee survey. The target level is a score of 4.0 or above on the items and factors within the survey. Employee attendance at “All College” meetings is tracked. The College also tracks the number of projects or goals that are completed within a year.

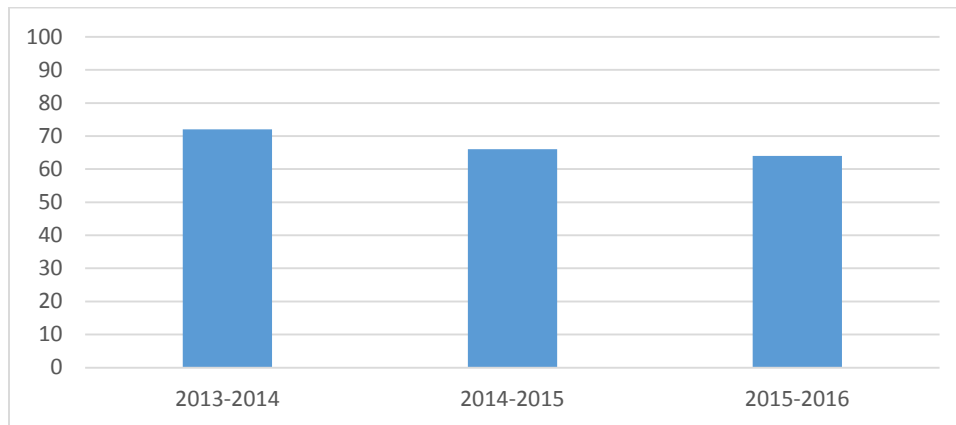
Summary results of measures

The College completed the strategic planning process and developed its five year 2015 – 2020 Strategic Plan. The plan was distributed to the College Board and all employees. Within the next 1 – 2 years, the College will begin the planning process for the next five year strategic plan.

The College has held “All College” meetings in December and May for the last three years. All employees are invited to attend the meetings. The meetings have focused on compliance issues, strategic planning, developing plans based on responses on the Press Ganey Survey, and quality improvement initiatives. Attendance at the meetings has been good with an average of 80% (n of approx. 60-62) of employees participating at each meeting.

The College summarizes its accomplishments related to the strategic initiatives in the College Annual Report. Figure 4R2.1 summarizes its achievement of the goals and projects over the last three academic years. Results are presented as a percentage of initiatives completed within a given year.

Figure 4R2.1 Percent of College Strategic Initiatives Achieved Annually



Comparison of results with internal targets and external benchmarks

Table 4R2.1 presents the results and comparison data for employees on the Press Ganey Employee Survey on select items related to decision making. The comparison group is OSF SFMC and the National Healthcare results of others completing the survey. The comparison shows how much higher or lower the College results are in comparison to the OSF SFMC and national results.

Table 4R2.1 Press Ganey Employee Survey Results Related to Decision Making

Mission Items	2014 (n=72)		2015 (n=75)		2016 (n=64)		
	CON	Comp Group	CON	Comp Group	CON	Comp Group	National Group
Information from this survey will be used to make improvements	4.03	+0.42	4.12	+0.40	4.11	+0.28	+0.43
I am involved in decisions that affect my work	4.10	+0.51	4.19	+0.50	4.06	+0.26	+0.34
My ideas and suggestions are seriously considered	4.00	+0.29	4.29	+0.55	4.19	+0.33	+0.36

Interpretation of results and insights gained

Analysis of the Press Ganey results show that although employees rated participation in decision making at or above the target level of 4.00, there is room for improvement in involving stakeholders in the decision making process. Further information needs to be gathered from stakeholders on decision making and increasing participation in decisions that affect their work. The College means are all higher than the national comparison group.

The College has showed consistent performance in accomplishing 65-70% of its identified annual strategic initiatives. Based on the analysis of this trend, the College might be better served to establish fewer initiatives and ensure that they are strategically aligned with the five year Strategic Plan.

4I2 Based on 4R2, what process improvements have been implemented or will be implemented in the next one to three years?

The College will continue to develop annual strategic initiatives that align with the five year strategic plan. The number of the annual initiatives will be evaluated to ensure that there are not too many impeding the College’s ability to accomplish all that are identified. Fewer initiatives will also assist with allocation of resources to accomplish the goals and initiatives.

Leadership

4P3 Leadership focuses on governance and leadership of the institution. Describe the processes for ensuring sound and effective leadership of the institution and who is involved in those processes. This includes, but is not limited to, Descriptions of key processes for:

Establishing appropriate relationship between the institution and its governing board to support leadership and governance (2.C.4)

The College is a private, non-profit, Catholic, specialized College. The College, owned by the Sisters of the Third Order of St. Francis, is operated through OSF Saint Francis Medical Center (OSF SFMC). Under the auspices of OSF SFMC, the College has rights to serve as the parent institution in the area of governance. The Board of Directors authorized the establishment of the College Board of the College of Nursing. According to the Bylaws, the College Board has as its primary concern the general well-being of the College and is responsible for policies necessary to accomplish the College’s Mission and Goals. The Board has the authority and responsibilities with respect to the day-to-day business and affairs of the College as set forth in the Bylaws. The College Board assigns management and implementation responsibilities through various channels to administration and faculty as appropriate.

Establishing oversight responsibilities and policies of the governing board (2.C.3, 5.B.1, 5.B.2)

The College Board is composed of 15 members who represent the community at large, OSF Healthcare System, and OSFSFMC. Community members have expertise in business, finance, higher education, and nursing. An alumnus and a student represent the College. The President, Deans, and Assistant Dean are ex-officio members of the College Board. The Bylaws for the College Board delineate its specific functions and responsibilities. The Bylaws are published in the College Board manual. There is a standing committee structured outlined with the Bylaws. The Standing Committees are: Finance, Educational Affairs, Long-Range Planning, Marketing and Development, and Nominating. The College Board meets six times per year.

Maintaining board oversight, while delegating management responsibilities to administrators and academic matters to faculty (2.C.4)

The College has four full-time administrators, the President, Dean of the Graduate Program, Dean of the Undergraduate Program, and Assistant Dean of Student Services. The College functions organizationally under the direction of the President, who is both the Chief Executive Officer and the Chairperson of the College Senate. The Deans of the Graduate and Undergraduate Programs function as the Chief Academic Officers. All faculty report to the President through the respective Dean. The College Board vests in the President the senior responsibility and the authority for the effective administration of the College. The President administers the total operation of the College of Nursing within the philosophic framework and general policies of the College Board and the OSF Healthcare System Board of Directors in conformity with the State of Illinois and Federal regulations.

The faculty have the primary authority over and the responsibility to develop and implement policies and procedures related to academic programs, curricula, academic standards, faculty promotion, faculty governance and academic freedom. The faculty have advisory authority on institutional policy and administrative decision related to budget, faculty discipline, facilitation of teaching and research, and compensation and benefits.

The formal decision making structures are the College Board and the College Senate. The Rules and Regulations of the College Senate are published in the Faculty Academic Handbook. The decision making process often starts with the standing committees who develop recommendations based on suggested changes or in areas identified by functions in the Bylaws. The standing committees use data collected from measures identified in the Systematic Assessment and Evaluation Plan. The data is analyzed and compared to the established level of achievement. When data show that the College is below the level of achievement, recommendations for new processes or policies may be developed. The recommendations from the standing committees are then taken to the College Senate. The recommendation is acted on by the voting members of the College Senate. Decisions from the College Senate are then taken to the College Board for final action and approval as identified in the College Board Bylaws. Examples of decisions made with the formal decision making process include curriculum development and approval, student policies, admission standards, and personnel policies.

Ensuring open communication between and among all colleges, division and departments

The College values open and honest communication. A variety of formal and informal communication mechanisms are used to communicate among and between departments. Information is communicated both verbally and written. The College Senate is integral to downward, upward, and two-way communication. Information conveyed during the College Senate meeting is taken back to departments and shared with members who do not attend the Senate Meetings. Minutes from the College Senate and all standing committees are kept and posted on the shared drive where they are accessible to all faculty and staff. The scheduled Communication Forums led by the President provide a mechanism for communication for all employees.

In 2007, the College began using SBARO as a formal communication mechanism. SBARO stands for Situation, Background, Assessment, Recommendation, and Outcome/Owner. Any committee or individual recommending a change, new policy, etc. completes an SBARO to communicate the data and information in a formalized, standardized process. SBAROs are tracked on the College portal by the Institutional Effectiveness and Assessment Specialist to ensure movement through the appropriate approval process, process owners are identified, metrics for evaluation are present, and a communication plan is in place to close the feedback loop.

Collaborating across all units to ensure the maintenance of high academic standards (5.B.3)

College employees collaborate across programs and department to maintain high academic standards. Faculty have oversight of the curricula and curricula policies to ensure maintenance of high academic standards for programs. This is done through the College Senate and interconnected work of the faculty standing committees of Curriculum, Graduate, Evaluation, and Admission and Progression. The functions of the committees are outlined in the Rules and Regulations of the College Senate which is published in the Faculty Academic Handbook. The Nursing Advisory Council provides input on program standards and student outcomes.

Providing effective leadership to all institutional stakeholders (2.C.1, 2.C.2)

The College ensures that all stakeholders are involved in establishing and assessing policy. Table 4P3.2 shows the stakeholder involvement across the College. The responsibilities of the College Board, President, Deans, faculty and staff are the ethical, fiduciary, operational, and strategic initiatives of the College to achieve its mission and goals. To achieve the College mission and goals, the College administration engages both internal and external stakeholders in a collaborative process.

Developing leaders at all levels within the institution

Leadership abilities are encouraged, developed, and strengthened among employees in a variety of ways. Faculty and staff participation in committees and projects provides a mechanism for development of leadership abilities. When the College was developing its AQIP Steering Group and putting together a team to attend the Strategy Forum, it sought individuals from administration, faculty, and staff to become involved and develop as leaders of the quality improvement movement at the College. AQIP committees include faculty and staff across the College as well as students.

The members of the Administrative Team attend quarterly sessions on development of leadership abilities through OSF SFMC. These programs focus on developing skills, leadership potential and talents of employees; having difficult conversations with employees; positive discipline and coaching; employee reward and recognition; and improving retention of employees. Assignments are given and behaviors learned are incorporated into daily activities. For example, quarterly rounding on employees was implemented at the College after the Leadership Development program. Rounding provides the leader/manager with the opportunity to meet with individuals to find out what is working well and what processes need improvement. At this time, employees are able to identify other employees who should be recognized for outstanding work.

The Learning Academy of OSF SFMC provides programs for development of leadership skills to all employees. Programs are offered throughout the year on a variety of topics such as: new manager development; conflict management; development of operational and capital budgets; communication skills; Six Sigma process; and recognition, reward, mentoring, hiring and retention of employees. All employees are eligible to attend these programs at no charge.

Faculty and staff are encouraged to attend national conferences and workshops and participate in professional organizations to keep current with changes in their field and in higher education. Through attendance and networking, faculty and staff bring back ideas to improve processes at the College. These

ideas are shared with faculty and staff at committee meetings and College Senate. The individual employee often assumes leadership of the movement to change or improve policies and processes. This process is supported financially by the College as evidenced by the line item on the annual operational budget for attendance at national conference, education and training for all employees. Through this mechanism, the College is able to change and adapt to changes in healthcare and higher education.

The annual appraisal process is also used to develop leadership skills. During this process, the individual establishes career and personal goals. At this time, individuals discuss career goals for developing leadership and management skills. Resources to assist the individual are provided as possible such as funding for certification examinations.

Ensuring the institution's ability to act in accordance with its mission and vision (2.C.3)

The overall strategic direction and policies established by the College Board align with the College mission and vision. All decisions made by the Board affecting the College demonstrate commitment to the mission and vision as well as considering the welfare of students, faculty, and staff. All College Board meetings include the College President and Deans who provide specific information to the Board to inform the decisions made. There is transparency, open dialog and communication and inclusiveness that underlie the decision making process focusing it on the mission and vision.

4R3 What are the results for ensuring long-term effective leadership of the institution?

Outcomes/measure tracked and tools utilized

The employee perception of institution's performance in the areas of leadership and communication is measured by employee responses on the annual Press Ganey Employee survey. The target level is a score of 4.0 or above on the items and factors within the survey. The College tracks the use of SBARO as a communication mechanism.

Summary results of measures

The employees of the College complete the Press Ganey Employee Survey annually. Table 4R3.3 presents the data related to leadership and communication with comparison results. The items from the survey are from the Manager and Organization domains. The measurements are on a 5 point scale with 5 being highest at "strongly agree".

Comparison of results with internal targets and external benchmarks

Table 4R3.1 presents the results and comparison data for employees on the Press Ganey Employee Survey. The comparison group is the OSF SFMC and the national Healthcare results of others completing the survey. The comparison shows how much higher or lower the College results are in comparison to the OSF SFMC and national results.

Table 4R3.1 Press Ganey Employee Survey Results Related to Leadership and Communication

Mission Items	2014 (n=72)		2015 (n=75)		2016 (n=64)		
	CON	Comp Group	CON	Comp Group	CON	Comp Group	National Group
The person I report to encourages teamwork	4.39	+0.15	4.51	+0.24	4.41	+0.05	+0.19
The person I report to is a good communicator	4.04	+0.11	4.28	+0.31	4.16	+0.10	+0.15
There is effective communication in my work unit	3.97	+0.11	4.29	+0.40	4.11	+0.16	--
Our facility treats mission partners with respect	4.56	+0.57	4.44	+0.46	4.56	+0.40	+0.61
The person I report to treats me with respect	4.63	+0.37	4.63	+0.35	4.45	+0.09	+0.12

The use of SBARO as the communication mechanism used for data collection and decision making is tracked. Table 4R3.2 shows the number of SBAROs submitted for the last three years.

Table 4R3.2 SBARO Summary

	2014	2015	2016
SBAROs Complete	61	23	41
SBAROs Open	0	0	0

Interpretation of results and insights gained

The results of the Press Ganey survey related to leadership and communication show that the employee scores are all, except for one instance, at or above the target of 4.00 and are all above the comparison group. After the 2014, results the Assistant Dean of Support Services worked with the student services departments on processes to improve workflow and communication. The President made a concerted effort to keep employees informed of activities and issues within the College. The opportunity exists for the College to continue to work on improving communication within the work unit and involving faculty and staff in decisions that affect their work. The College does have a shared governance model yet faculty and staff rate involvement in decision making lower. Further exploration of this area is warranted.

4I3 Based on 4R3, what improvements have been implemented or will be implemented in the next one to three years?

The College is in the process of meeting the Higher Learning Commission’s requirements to become separately incorporated. The College will become a 501 (c) (3) corporation as part of OSF College of Health Sciences. Projected finalization of this process is anticipated for 2019. As part of the process, the leadership structure at the Board and College level will be remodeled.

The AQIP Action Project “Improving Communication among Faculty across the Curriculum” was developed at the 2016 Strategy Forum. This project focuses on improving communication and engagement of part-time faculty within courses and communication across courses within the College to focus on providing students with a consistent message. This focuses on improving student success by improving consistency among faculty.

As the current President is nearing retirement, formal succession planning activities have been increased and will continue over the next two to three years. As a component of the succession planning, the Dean of the Graduate program is participating in the OSF Leadership Formation program.

The College will continue to provide leadership development opportunities for administration, faculty and staff. Programs will be offered internally and employees will have the opportunity to attend external development programs.

Integrity

4.P4 Integrity focuses on how the institution ensure legal and ethical behavior and fulfills its societal responsibilities. Describe the processes for developing and communicating legal and ethical standards and monitoring behavior to ensure standards are met. In addition, identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for:

Developing and communicating standards

Ethical and responsible conduct of all employees and students of the College is expected. The College has policies that reflect the relevant federal, state, and local laws. The review and updating of the policies is outlined in the Systematic Assessment and Evaluation Plan of the College. Assigned responsibility for the policies is identified in the Plan.

Table 4P4.1 Policy Reference

Resource	Examples of Relevant Policies/Standards (Not a complete list)
College Board Bylaws	<ul style="list-style-type: none"> • Conflict of Interest • Nondiscrimination • Rights of Indemnification
Faculty Academic Handbook	<ul style="list-style-type: none"> • Nondiscrimination • Employee Standards of Conduct • Access to Educational Records (FERPA) • Release Personal Identifiable Information, Disclosure
OSF Healthcare HR Portal	<ul style="list-style-type: none"> • Standards of Conduct • Conflict of Interest and Disclosure Process • Sexual Harassment & Other Types of Prohibited Harassment • Fair Treatment • Employee Communication
Student Handbook	<ul style="list-style-type: none"> • Ethical and Professional Conduct Policy • Professional Code of Conduct • Policy for Sexual Misconduct, Domestic and Dating Violence and Stalking • Students with Disability Policy and Procedures • Social Media Policy

All College Board members receive a copy of the Board Manual which includes the Bylaws. The manual is reviewed and updated every two years. The student and faculty handbooks are made available online through the College website at www.sfmcccon.edu. Incoming students are also given a print copy of the *Student Handbook* and faculty receive a print copy of the *Faculty Academic Handbook*. For all employees, policies are available on the OSF Healthcare System Human Resources portal. The *Student Handbook* is reviewed and updated annually. The *Faculty Academic Handbook* is reviewed and updated every two years. Policy changes that occur during the year are emailed to students and employees.

Training employees and modeling for ethical and legal behavior across all levels of the institution

Training for employees for ethical and legal behavior occurs annually and as needed when changes occur in policies. Online modules, workshops, and written materials are tools used for training employees. Online modules are presented using Healthstream, an on-line learning system for employees of the OSF Healthcare System. The College holds all college employee meetings annually that provide training and education on topics such as sexual harassment, sexual violence, the Cleary Act, FERPA, and safety on campus. Copies of the handbooks are distributed. In addition, all employees, as part of the OSF Healthcare System, attend an annual Mission Integration session that focuses on topics related to mission and values of the organization. Additionally, emails are sent to employees to alert them to a policy change.

Operating financial, academic, personnel and auxiliary functions with integrity, including following fair and ethical policies and adhering to processes for the governing board, administration, faculty and staff

The College operates ethically and with integrity in its academic, financial, personnel and auxiliary functions. The Student Finance office undergoes an annual audit according to established auditing regulations. The College has policies and procedures established for these areas, as well as having programs or guidelines that ensure these functions operate with integrity. There is a clearly stated grievance policy for faculty, which is found in the *Faculty Academic Handbook*. The grievance policy for staff is found on the OSF Healthcare Human Resources portal.

Making information about programs, requirements, faculty and staff, costs to students, control, and accreditation relationships readily and clearly available to all constituents (2.B)

The College makes information concerning programs, requirements, faculty and staff, costs to students, control and accreditation available on its website pages (www.sfmcon.edu) related to admissions, financial aid, undergraduate and graduate programs, faculty and staff, and accreditation. The information provided is clear and accurate. Accreditation information on the website includes a link to the HLC and names and addresses of regional and program accreditation organizations. This information is also made public in the College Catalog. In compliance with Illinois Board of Higher Education (IBHE) regulations, the College has a link to IBHE on the home page of the website. A “Right to Know” page is available on the website that includes information on graduation rates and campus safety. Per federal requirements, cost of attendance/ the net price calculator, and gainful employment disclosure are found on the Student Finance page. Links to the College’s Annual Report, AQIP Systems Portfolios, Catalog, Emergency Operations Plan, and handbooks are also found on the website.

4R4 What are the results for ensuring institutional integrity?
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Outcomes/measure tracked and tools utilized

Student complaints and grievances are a mechanism to measure how the College performs according to ethical and legal standards and policies. The employee perception of institution’s focus on integrity is measured by employee responses on the annual Press Ganey Employee survey. The target level is a score of 4.0 or above on the items and factors within the survey.

Summary results of measures

Student complaint and grievances results are reported in 2P4 and 2R4.

The employees of the College complete the Press Ganey Employee Survey annually. Table 4R4.1 presents the data related to the College’s culture and integrity with comparison results. The items from the

survey are from the Manager, Employee, and Organization domains. The measurements are on a 5 point scale with 5 being highest at “strongly agree”.

Comparison of results with internal targets and external benchmarks

Table 4R4.1 presents the results and comparison data for employees on the Press Ganey Employee Survey. The comparison group is the National Healthcare results of others completing the survey. The comparison shows how much higher or lower the College results are in comparison to the national results.

Table 4R4.1 Press Ganey Employee Survey Results Related to Integrity

Mission Items	2014 (n=72)		2015 (n=75)		2016 (n=64)		
	CON	Comp Group	CON	Comp Group	CON	Comp Group	National Group
Members of my work unit accept responsibility for their performance	4.23	+0.28	4.36	+0.40	4.30	+0.26	--
Our facility conducts business in an ethical manner	4.54	+0.30	4.60	+0.38	4.66	+0.33	+0.52
There is a climate of trust within my work unit	4.06	+0.23	4.37	+0.51	4.25	+0.32	+0.44

Interpretation of results and insights gained

The College records show that there are minimal formal complaints and grievances from students indicating the College follows its ethical and legal policies and standards. The majority of the student complaints are appeals filed related to grades. The policy is followed and resolution is found in favor of both the student and in upholding the earned grade.

The results of the Press Ganey survey related to integrity show that the employee scores are all at or above the target level of 4.00. The College compared favorable against the comparison group with all scores above the comparison group, except for one which was equal. The opportunity exists for the College to continue to work on building the climate of trust within the work unit.

4I4 Based on 4R4, what process improvements have been implemented or will be implemented in the next one to three years?

The College has a Faculty Academic Handbook that includes information relevant to faculty but a handbook for staff has not been developed. Developing a handbook for staff will centrally locate relevant information and policies for them. Currently staff fall under the Human Resources policies of OSF Healthcare System. These are available on the portal.

The Administrative Team recommends developing an online module to review FERPA for all employees. The module will be completed by all employees annually to review the key points related to FERPA.

In accordance with federal regulation, the College developed and published its “Policy for Sexual Misconduct, Domestic and Dating Violence and Stalking”. The policy is found in the *Student Handbook* and published on the website.

The College became compliant with the Illinois Board of Higher Education (IBHE) requirements that it publish on its website that the College is approved IBHE, provide the IBHE address, and provide a direct link to the IBHE homepage. In addition to the College’s internal complaint process, a required link was published on the website that allows complaints to be sent directly to IBHE complaint system.

Category 5: Knowledge Management and Resource Stewardship

Introduction

The College is focused on making data driven decisions. The Institutional Effectiveness and Assessment Specialist (IEAS) has the primary responsibility for data collection and management. This position allows for improved management of data collection, analysis and distribution of data. Data is collected for semi-annual or annual regulatory and accreditation reports required by the Illinois Department of Financial and Professional Regulation (IDFPR), Integrated Postsecondary Education Data System (IPEDS), Higher Learning Commission (HLC), National League for Nursing (NLN), American Association of University Professors (AAUP), and American Association of Colleges of Nursing (AACN). Internal data is also collected in the form of student faculty and course evaluations, student and employee climate assessments, and faculty course reports. The Noel Levitz Student Satisfaction Inventory (SSI), National Survey of Student Engagement (NSSE), and AACN/Benchworks Nursing Program Exit Assessment for each program, provide student data as well as external benchmark data for the College.

The College currently uses SONISWEB (Scholastic Online Information System), which is an internet system for its student information system (SIS). This is a centralized system which allows for collection and storage of data, but also is decentralized as it allows for select access to data for prospective students, applicants, students, and alumni. The SONISWEB system is comprehensive and most useful and relevant to student learning outcomes. The collection of data begins at different transaction points and it usually starts with the application process and payment. This data is entered into SONISWEB. Then information using EdExpress, software sponsored by the United States Department of Education is used for financial aid processing. Files from the FAFSA (Free Application for Federal Student Aid) transmission product from EDconnect are downloaded. The faculty academic information access on SONISWEB is for advisee data and course rosters. The faculty enters grades for courses taught. Data on the academic side includes a student biography, academic status, course enrollment data, and academic success from admission to graduation. The system also provides a data base related to potential applicants with the option to produce timed letters. Grade reports and transcripts are able to be generated. On the Finance side, the SONISWEB system contains student financial records which include billing, payments, awards, and financial aid data. All financial information is stored in SONISWEB electronically for five years.

The 2012 Systems Appraisal Feedback Report identified multiple strengths in the categories of Supporting Institutional Operations and Measuring Effectiveness. Strengths identified included the College's use of multiple data collection methods; a systematic process for collecting data to aid in process improvement; a systematic process for collecting and distributing data and performance information; and communication to stakeholders on how decisions are made. The College has also improved its benchmark data to analyze and compare its performance. The College has made great improvements in using the data to make decisions and to close the feedback loop. Based on this progress, the College is at the aligned stage for both its systems maturity for its processes and systems maturity for results.

Knowledge Management

5P1 Knowledge Management focuses on how data, information and performance results are used in decision-making processes at all levels and in all parts of the institution. Describe the processes of knowledge management, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for:

Selecting, organizing, analyzing and sharing data and performance information to support planning, process improvement and decision making

The College is focused on making data-driven decisions by selecting and organizing data vital to planning, improvement, decision making, and services, using multiple student and staff assessments and program reviews to produce and disseminate results and planning documents. Departmental data needs, the strategic planning process, the functional knowledge and information required for planning day-to-day operational decision making, and federal regulatory and accreditation requirements drive the selection of data. Data is collected for semi-annual/annual state and federal regulatory and accreditation reports, and strategic planning by the IEAS with the assistance of multiple stakeholders. Internal data is collected in the form of student, faculty and course evaluations, student and employee climate assessments, and faculty course reports. The Noel Levitz SSI, AACN/Benchworks, and NSSE provide student data as well as external benchmark data for the College. Each program has an end of program and alumni survey that provide us with quantifiable data and benchmark information. In addition the NSSE provides information about student engagement and student perception on our attainment of our mission. Comparison data from each survey is used to assist with budget planning as well as departmental and strategic planning.

The Finance Office is responsible for collection, analysis, and dissemination of the College's financial data. EdExpress, software sponsored by the United States Department of Education, is used for financial aid processing and financial data collection. The office works closely with the president to maintain financial viability of the College and ensure the resources are available for the College to achieve its Mission, goals, and strategic initiatives.

The College has a comprehensive Systematic Assessment and Evaluation Plan and an extensive *Annual Report* which includes the report of assessment of the graduate and undergraduate curricula and program data and achievement of outcomes. SONISWEB and eCollege are used for the College's SIS and LMS, respectively, each with their own data collection and reporting systems. Data reports are distributed and analyzed at committee meetings along with data from the Integrated Scorecard which is reviewed quarterly and presented to the College Board and College Senate. Each of the methods of data collection listed above allow the College to gauge student success and to provide a baseline understanding of our students.

Determining data, information and performance results that units and departments need to plan and manage effectively

The College continually monitors the progress of measures vital to the achievement of the strategic plan related to goals and improving institutional processes and practices. Advisory boards, presidential forums where students are invited to discuss topics, Student Senate meetings attended by the President, alumni surveys, employer surveys, and a College Board assist the College with planning for the needs of the industry and required graduate skills. Key performance indicators (KPI) that are determined by compliance regulations and strategic initiatives, are tracked and monitored in the institutional scorecard. The scorecard is reviewed by the IEAS, the Gap Committee, and the President. The information is then presented and discussed at the College Board, various cross functional committee teams, and the yearly all College meeting for strategic planning and planning for the coming year.

Making data, information and performance results readily and reliably available to the units and departments that depend upon this information for operational effectiveness, planning and improvements

The IEAS is responsible for maintaining and organizing raw data and reports, organizing it into presentable, user-friendly formats, and disseminating it to College committees, employees, students, and stakeholders. With the help of the IEAS, various committees within the College analyze reports to understand and manage the College's progress toward its performance goals. On demand reports relevant to departmental areas that support planning, process improvement, and decision making are available to

users from the SIS and are made available to other departments as appropriate. Faculty provide course based data to the Deans and IEAS, which are used to improve courses and student outcomes. Data is shared with the students, employees, and stakeholders through the College's website, email, mailings, forums, handbooks, annual publications, reports, dissemination at committee meetings, and posted on bulletin boards throughout the College. The College also has an ongoing project to use the SharePoint portal for storage and sharing of internal data with employees.

Ensuring the timeliness, accuracy, reliability and security of the institution's knowledge management system(s) and related processes

The College strives to provide timely, reliable, and accurate data. The IEAS works with Student Service offices to ensure appropriate data is accurate, timely, and reliably collected and maintained. There are processes in place to help ensure reliability and accuracy of data that is reported to the public, accreditation agencies, and state and federal agencies. All accreditation-related information reported is compiled by the IEAS and reviewed by the Deans or President. When cross-functional data requests are made from the state or federal level, the IEAS works with the relevant support personnel to collect and collate the required data.

Data is electronically maintained in the SIS, LMS, Portal, and file system. In October of 2013 the Enrollment Management Action Project to track each student through the student's lifecycle was completed. This project assisted the College in improving the way it collects and uses student data by implementing electronic data-entry standards for academic records to enhance the ability to retrieve critical reports and data from the system.

Security policies and procedures are in place to ensure the safety and privacy of all confidential information according to FERPA guidelines. User roles are granted via a standardized request/approval process to allow an individual access to the data necessary to perform job functions and allow access to secure employee-only private drives. Access to restricted data, such as EdExpress, the LMS, and the SIS is granted on a per user basis and based on the user's status with the College, department, and job functions. The security of data in these systems is guaranteed by the external company hosting the software. Use of strong passwords, changed every 90 days, ensures data access is granted only to those with appropriate permissions.

Outcomes/measures tracked and tools utilized:

The College uses various tools such as surveys, federal reporting statistics, program reviews, and routine reports to gather data to use for decision-making (Figure 5P1.1). The College identifies outcomes and measures of institutional performance in relation and AQIP categories, strategic plan initiatives, and other improvement initiatives. Data can be used at the federal and state level for policy analysis and development, at the institutional level for benchmarking, peer analysis and process improvement, or by outside constituents. As systematic processes are developed and revised, assessment tools are incorporated.

Figure 5P1.1 Formal Data Collection Tools Used

Measurement Tool	Outcomes/Measures	Benchmarks	Cycle
National Survey of Student Engagement (NSSE)	Student Engagement	Equal to or significantly higher than comparison group	Annually to Senior Students
Noel Levitz Student Satisfaction Inventory	Student Satisfaction/Perceptions	Satisfaction Score of 5.5 or above	Annually to all enrolled students
AACN/Benchworks Nursing Program Exit Assessments	Student Satisfaction/Perceptions Related to Programs	Satisfaction/Perception Score of 5.5 or above	End of Each Semester to graduating students
AACN/Benchworks Nursing Alumni Assessment	Alumni Satisfaction/Perceptions Related to Programs	Satisfaction/Perception Score of 5.5 or above	Annually to one year alumni
Press Ganey Employee Survey	Employee Satisfaction/Perceptions	Satisfaction/Perception Score of 4.0 or above	Annually to all employees
Course/Faculty Evaluations	Student Satisfaction/Perceptions related to course	Data gathering for improvement purposes	At end of semester for each courses
Student Climate Assessments	Student Satisfaction/Perceptions related to College	None; information gathering only	At least once per semester
Faculty Course Reports	Evaluation and analysis of course each year; achievement of outcomes set for course	Internal achievement of established outcomes	Annually at the end of each academic year
Institutional Scorecard	Institutional Performance Indicators	Set for each performance indicator	Updated/reviewed quarterly
Enrollment Management	Enrollment Performance/Comparisons	Set for each program option	Annually

Figure 5P1.2 shows the tools the College uses for Data Integrity and Security

Figure 5P1.2 Tools Used for Data Integrity and Security

Measurement of	Measurement Tool	Outcomes/Measures
Timeliness	Internal audits by IEAS	Data Validation
Reliability and Accuracy	Internal audits by IEAS	Data Validation
Security	Network Audits, Data Security Audits	Information technology audits are performed by OSF and external software vendors

5R1 What are the results determining how data, information and performance results are used in decision-making processes at all levels and in all parts of the institution?

Summary results of measures

The College uses the Institutional Scorecard to continually monitor the progress of measures vital to achieving strategic plan related goals and improving institutional processes and practices across all College operations. Data reflect progress on various aspects of the strategic plan and are shared with the College Board. The IEAS tracks data that can be used to improve the operations of the College and to ensure the mission remains focused on the expanding and evolving needs of our students.

Comparison of results with internal targets and external benchmarks

The College uses the Press Ganey Employee Satisfaction Survey to gauge how employees perceive that information is used for improvement. Figure 5R1.1 shows the results and comparison data for the survey. The target level of achievement is 4.0 or above on a 5-point scale. The comparison group is employees at OSF Saint Francis Medical Center. The comparison shows how much higher or lower the College is in relation to the comparison group.

Figure 5R1.1 Data/Information Perceptions and Satisfaction

Items	2014		2015		2016	
	CON	Comp Group	CON	Comp Group	CON	Comp Group
Noel Levitz SSI Student Survey						
I seldom get the "run-around" when seeking information on this campus*	5.63	4.90**	5.61	4.91**	4.92	4.93
Press Ganey Employee Survey						
I get the tools and resources I need to provide the best care/service	4.13	+0.08	4.11	+0.09	4.10	+0.11
Information from this survey will be used to make improvements (Morehead Survey)	4.03	+0.42	4.12	+0.40	4.11	+0.27

*Score on a 7-point scale

**College score significantly higher than comparison group

Figure 5R1.2 highlights examples of two actions taken based on data and the insights gained from analysis and the results that were used to inform major institutional decisions.

Figure 5R1.2 Data Informed Decisions

Action	Results
Gap Committee	EBI results were significantly higher, increased accountability, and closure of feedback loop
Strategic Enrollment Management Plan	Data standardization, enrollment target setting, creation of an enrollment database for planning purposes, upgrades of the SIS, streamlining the admission new student information packet, and developing an online application

Interpretation of results and insights gained

The Noel Levitz SSI shows that for 2014 and 2015, the mean College score for information seeking by students was above the target of 5.5 and significantly higher than the comparison group. In 2016, the College score dropped to below target. The College is gathering additional information on the potential causes of this decrease in the mean score.

The Press Ganey Employee Survey results show employees satisfaction with the use of information for improvement has improved over the last three years. The employee satisfaction scores for all three years exceeded the target of 4.0, indicating that employees are satisfied with tools and resources and perceive that information is used for improvement.

5I1 Based on 5R1, what process improvements have been implemented or will be implemented in the next one to three years?

As a result of the College's commitment to data quality, the College is growing a culture of decision-making informed by the use of data and resulting analytics. Steps have been taken to improve data collection, analysis, and reporting needs. For example, a Gap committee was formed to analyze data from surveys and evaluations in order to identify gaps in performance and areas for improvement. The Gap Committee assigns the issues/concerns to individual committees for action planning. As a result, accountability has increased, the feedback loop is closed, and survey and evaluation outcomes have improved.

The College realizes the need for data collection, analysis and tracking, and to leverage technology to simplify manual processes. An Action Project to create a Strategic Enrollment Management Plan was initiated to help the College improve its student information management. A cross functional team reviewed the processes where student data was involved from initial contact to course registration. Processes were improved and implemented to increase student diversity, improve resource optimization, improve student success and retention, improve student services, and streamline many admission processes. The standardization of study plans enabled for better planning of enrollment and course section needs at the MSN level. Setting enrollment targets maximizes the College's current capacity and helped to focus recruitment and marketing strategies. Upgrades to SONIS has improved the ability of the IEAS to get accurate data for reports to complete state and federal requirements. Having the integrated, parameterized model helps provide a strategic growth model for the College that provides the College Board and Administration the needed information for future plans for the College.

To ensure the College has access to the accurate and timely data needed for daily operations, it has an ongoing project to use the portal in SharePoint for sharing and storing internal data with employees. A dashboard to prominently display real-time data such as KPI's, enrollment numbers, drop numbers, and tuition costs is being developed for use on the internal portal's homepage. In addition, a dashboard for the display of internal and external survey results will be developed and shared on the internal portal.

Future projects include a the investigation of a new SIS with the potential for single sign-on, and the redesign of its website to provide a more consistent and seamless user experience across multiple platforms and to enhance mobile access through a responsive design.

Resource Management

5P2 Resource Management focuses on how the resource base of an institution supports and improves its education programs and operations. Describe the processes for managing resources, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for:

Maintaining fiscal, physical and technological infrastructures sufficient to support operations (5.A.1)

The College has fiscal resources sufficient to maintain a high quality teaching, learning and working environment and to fulfill the mission, goals and expected outcomes of the College. The College President reviews the fiscal resources annually and develops a budget each year based on the College's

strategic plan and initiatives and with input from the Deans, faculty, and staff. The main revenue sources are tuition and fees and Federal and State funds. Tuition is typically increased 3-3.5% annually. During the budget preparation period, the President requests that faculty and staff send capital and operational budget requests with data and rationale for the request. These requests are prioritized based on alignment with the strategic plan and initiatives, contribution to the achievement of the program goals and outcomes, and funding available. The budget is reviewed and approved by the College Board. The College's budget is combined with the OSF Saint Francis Medical Center (OSF SFMC) operational budget and submitted to the Board of Directors of the OSF Healthcare System. Fiscal resources are also reviewed and considered every 3-5 years as the College undergoes the strategic planning process. The President receives a monthly Responsibility Summary that allows monitoring of the income and expenses for the month and year-to-date in comparison to the projected budget.

The physical resources and equipment available are adequate for achieving the mission, goals, and expected outcomes. The main College of Nursing building, which houses offices, classrooms, conference rooms, library, computer laboratories, student housing, and student life spaces, is a 62,390 square foot, 8 story building on the OSF SFMC campus. Additional space used in other locations on the OSF SFMC campus are within a 5 minute walk and include a 100 seat auditorium and the Nursing Resource Center (NRC). The NRC houses the simulation laboratories. These labs are classified by function and contain the appropriate equipment, including low, moderate, and high fidelity simulation manikins, supplies for practicing skills, computers for documentation, PIXIS medication machines, and simulated oxygen and suction outlets. The labs have space and equipment necessary for skill demonstration and practice as well as classroom and debriefing areas. A full-time master's prepared faculty member serves as the coordinator of the NRC.

Classrooms and conference rooms are furnished with tables and chairs that can be moved to meet the needs of the student and to accommodate various teaching methodologies. All of the classroom conference rooms are "smart classrooms" equipped with various combinations of technological equipment to create an active learning environment. Fifteen laptops can be checked out for group testing and other in class learning activities. The IBHE Independent College Capital Program grant totaling \$1,304,172 and disbursed in installments over a 5-6 year period since 2010 has been used to improve the College building. These projects included the installation of a sprinkler system in the College Residence; upgrading the wireless network; remodeling the building lobby, student lounges, recreation room, and kitchen; replacing flooring in select classrooms and conference rooms; and upgrading the technology in the classroom to provide faculty with enhanced equipment for teaching students. The remainder of the grant money will be used to remodel 4 bathrooms.

Since 2010, the College of Nursing has been the recipient of four grants from the Illinois Board of Higher Education totaling \$1,622,462. Three expansion and improvement grants totaling \$318,290 were used to enhance student learning and the student experience by establishing the Academic Development Center; expanding the College's simulation programs through equipment purchases; and buying 13 laptops used for student learning activities in the classroom or testing. The fourth grant, The Independent Colleges Capital Program grant totaling \$1.3 million, was used to make improvements to the College building, such as, remodeling of the Lobby, recreation room and kitchen, and student lounges.

Setting goals aligned with the institutional mission, resources, opportunities and emerging needs
(5.A.3)

The College's goals are aligned with its mission, resources, opportunities and emerging needs. A strategic planning process is in place to ensure this alignment by measuring outcomes which are used for decision-making and improvement. Administrators identify these outcome metrics that are collected and monitored, on an ongoing basis to show that the strategic plan and vision are having the intended impact on institutional quality and effectiveness. The strategic planning process encourages individuals,

departments, and the College as a whole to create goals that address opportunities for improvement, growth, and current and future needs that are aligned with its strategic initiatives. Administration reviews the proposed goals, the resources needed to accomplish these goals, and makes decisions based on resources. Existing programs and positions are also periodically reviewed to determine whether or not they are still accomplishing the goals of the institution. Quarterly and yearly reports allow for review and feedback regarding the accuracy and reliability of the College's movement toward its annual goals. As opportunities and emerging needs are recognized, the College evaluates current curricula to see if courses are provided to meet emerging trends in academia and industry and adds needed resources to the annual budget request.

Allocating and assigning resources to achieve organizational goals, while ensuring that educational purposes are not adversely affected (5.A.2)

The Mission of the College and educational purpose drive the priorities for resource allocation. The allocation and assignment of resources to achieve organizational goals and maintain financial viability is performed by the President, Deans, and the College Board. The annual budgeting process allows for departments to request the resources necessary to accomplish departmental goals. The draft budget is reviewed by the President to ensure alignment with the College's goals as identified in the annual strategic plan. The budget is then brought to the College Board Finance Committee for discussion and approval. Once approved by the Finance Committee, it is brought to the full College Board for approval. The President monitors the current year's budget and projects the next year's budget to allow for review and reallocation of fiscal resources.

Purchases are approved by the President and payments outside the budget are not allowed without an appropriately approved budget adjustment. The OSF purchasing department provides comprehensive purchasing services based upon sound procurement practices and principles. All purchases of supplies, materials, and equipment must be properly authorized, documented, and processed. The HR office must approve salary increase requests within the current fiscal year. These processes ensure adequate funding for educational purposes. The allocation of resources through budgeting for the improvement of student services is an example of supporting holistic approach to the educational process.

The facility master plan is the technical instrument for identifying and fulfilling the facility needs which support and follow the strategic plan. The master plan consists of a facility condition assessment, project approval process, institutional master plan process, and capital request evaluation. This plan helps prioritize state funding needs, which in turn assist the College internally prioritize for major facility improvements. The master plan's success is dependent on a strategic plan that addresses the future educational needs of students.

Information systems are reviewed and analyzed by the instructional design and technology specialist to evaluate the best way to meet instructional needs and provide better customer service. Planning, implementing changes, and making reallocations are done in collaboration with faculty, Deans, and President. In coordination with OSF, the College has a 2-3 year computer replacement program funded by appropriation dollars to provide faculty and staff with the hardware needed to keep pace with changing technology. The campus also has some laptops on a cart for mobility and flexibility.

Endowed scholarship funds and other donated funds are managed by the OSF Foundation. The President receives quarterly reports on the endowments, contributions, and earnings. These reports are shared with the College Board. An OSF Healthcare System Foundation Major Gifts Officer is assigned to the College of Nursing as the development officer. Monthly meetings occur between the Foundation Major Gifts Officer and the President, which are focused on discussing scholarships opportunities and increasing alumni giving. The College works with the Foundation to do an annual appeal to alumni and College

friends. The last five years have focused on growth of the scholarship funds and replacement of simulation equipment.

Outcomes/measures tracked and tools utilized:

Physical resources and equipment needs are reviewed for adequacy annually. Feedback on facilities and equipment needs is received from students and faculty annually through the Noel Levitz SSI and Press Ganey Employee Survey. The set target for the SSI is a mean score of 5.5 or above on a 7-point scale. The set target for the Employee Survey is a mean score of 4.0 or above on a 5-point scale. Comparative scores for the survey are from OSF SFMC and in 2016 national comparative data was added.

The College also participated with a consulting firm that analyzed market, employment, admission, enrollment, and financial data to develop an integrated, parameterized model for the College. The model integrated operations, capacity and financial information to provide a flexible model and glide path which the College can use to make strategic plans for growth over the next 5-7 years.

5R2 What are the results for resource management?

Summary results of measures

Figure 5R2.1 shows the College’s annual budget for fiscal years 2014, 2015, and 2016. The three fiscal years show revenue exceeding expenses for the College. As the figure shows, approximately 88-90% of the College’s total expenditures is attributed to salaries and benefits.

Figure 5R2.1 Revenue and Expenses FY 2014, 2015 and 2016

	2014	2015	2016
Tuition & Fees	\$8,087,735	\$8,488,327	\$8,430,492
Miscellaneous	37,453	28,634	103,962
Contributions	31,500	29,422	31,500
State and Federal Appropriations	-272,541	-313,112	-210,670
Total Revenue	\$7,884,147	\$8,233,271	\$8,355,284
Salaries & Benefits	5,876,786	6,095,484	6,295,693
Other	541,248	745,484	809,998
Total Expenses	\$6,418,034	\$6,840,968	\$7,099,691

The foundation and scholarship funds continue to do well and growth is noted. In 2014, the College received a \$1.5 million dollar gift for an endowed scholarship from a former alumni and faculty member. In 2015, the College held a successful annual appeal focused on “Consider a \$110 Gift in Honor of the College’s 110 Years.” Total donations for that year were \$146,426. This total exceeded the previous two years donations. Over the last three years, six new endowed scholarship have been created, totaling \$225,000. Figure 5R2.2 shows the total amount of funds held by the Foundation for the last three fiscal years.

Figure 5R2.2 Foundation Funds for Three Fiscal Years

	Fiscal Year 2014	Fiscal Year 2015	Fiscal Year 2016
Total Endowment	\$2,968,367	\$3,385,017	\$3,833,639
Scholarship Endowment Award	\$32,117	\$86,652	\$96,572

Comparison of results with internal targets and external benchmarks

Figure 5R2.3 shows the results and comparisons on the Press Ganey Employee Survey taken by all employees. The results are related to resource management and financial operations. The comparison group is OSF SFMC and National healthcare workers. The comparison value shows how much higher or lower the College was related to the comparison group.

Figure 5R2.3 Press Ganey Employee Survey Related to Resource Management

Work Environment	2014 (n=72)		2015 (n=75)		2016 (n=65)		
	CON	Comp Group	CON	Comp Group	CON	Comp Group	National Group
I like the work I do	4.71	+0.14	4.70	+0.26	4.67	+0.14	+0.19
I get the training I need to do a good job	4.15	+0.07	4.07	+0.02	4.05	+0.04	+0.05
My pay is fair compared to other healthcare employers in this area	3.63	+0.19	3.46	+0.06	3.38	-0.06	-0.02
My benefits are fair compared to other healthcare employers in this area	4.20	+0.16	4.11	+0.13	4.15	+0.12	+0.34
My job responsibilities are clear	4.31	+0.05	4.39	+0.14	4.44	+0.21	+0.22
I get the tools and resources I need to provide the best care/service	4.13	+0.08	4.11	+0.09	4.10	+0.11	+0.15
I would recommend our facility as a good place to work	4.51	+0.32	4.55	+0.41	4.58	+0.24	+0.36
I am proud to tell people I work for OSF HealthCare	4.70	+0.30	4.64	+0.28	4.67	+0.28	+0.38
My job makes good use of my skills and abilities	4.38	+0.15	4.51	+0.30	4.31	+0.13	+0.17
OSF Healthcare provides career development opportunities	4.13	+0.21	4.25	+0.25	4.21	+0.25	+0.39
I would stay with OSF Healthcare if offered a similar job elsewhere	4.22	+0.22	4.23	+0.24	4.23	+0.21	+0.31
Overall, I am a satisfied employee	4.46	+0.38	4.41	+0.36	4.45	+0.32	+0.43

Interpretation of results and insights gained

The College does very well at managing revenues and expenses. The budget for the last three years shows that the College revenue has exceeded expenses. Approximately 88-90% of the expenses is salary and benefits. The College works very hard at establishing salary ranges that are competitive with the local and regional market in order to attract qualified faculty and staff.

Figure 5R2.3 shows that the College Foundation endowments continue to grow. The number of endowed scholarship has continued to grow with the addition of six in the last three years. The College will continue to work with the Foundation to identify potential donors as well conduct the annual appeal. This aligns with the College’s strategic plan that focuses on increasing non-tuition revenue and scholarships for students.

Overall, the Press Ganey Employee Survey results for the last three years show that employees are very satisfied with their positions and resources and would stay with the College. The exception is in the area

of compensation, which is below the target in each year. Over the last three years, OSF Compensation and Benefits Department has been involved a large project focused on completing market adjustments for salary ranges and for individuals. All College employees salary ranges and individual pay were market adjusted through FY 2016. The faculty, the largest group of employees, received market adjustments for salary ranges in FY 2017. The low scores could be related to the lag in the faculty salary scale adjustments.

5I2 Based on 5R2, what process improvements have been implemented or will be implemented in the next one to three years?

Feedback from faculty members identified the need for a new birthing simulator and child simulator for the Nursing Resource Center. The College Board approved the use of planned gift funds, in the College's Foundation account to purchase the new simulators. Additionally, the College 2016 Annual Appeal focused on raising funds for simulation equipment replacement.

The College continues to work with the OSF Foundation on increasing non-tuition revenue for the College in the way of endowed scholarships, annual donations to the scholarship fund, and planned gifts to the College. The College has initiated a second alumni event in the spring to increase contact with alumni who are the College's potential donors.

In 2015, the College started the process of selecting and implementing a new Student Information Management System that combines the Student Information and Learning Management Systems to improve its infrastructure, cut down on human error mistakes, streamline processes, and cut costs.

In the last 5 years the College has joined OSF's computer upgrade leasing plan that replaces its computers every 2-3 years with the last upgrade taking place in December of 2015. The College is also a part of OSF's copier/printer lease program, which upgraded all copier/printers in 2016.

Operational Effectiveness

5P3 Operational Effectiveness focuses on how an institution ensures effective management of its operations in the present and plans for continuity of operations into the future. Describe the processes for operational effectiveness, and who is involved in those processes. This includes, but is not limited to, descriptions of key processes for:

Building budgets to accomplish institutional goals

The budget process is guided by the College's strategic plan and initiatives. Each year, the President asks the College faculty and staff to submit any requests for the operational budget that they may have for the upcoming year. The College has an operational and capital budgeting request system with OSF Saint Francis Medical Center. Capital budget requests are submitted annually per the budgeting cycle schedule. Capital requests are based on the College's strategic plan and initiatives. Once the President has developed the budget, it is sent to the Finance Committee of the College Board for review and input. Next, the budget is reviewed and approved by the full College Board, and is then sent to the Fiscal Office of OSF SFMC for operational management.

Monitoring financial position and adjusting budgets (5.A.5)

The President has the overall responsibility to monitor the College's financial position and adjust the budget accordingly. The President is sent a Responsibility Report monthly from the Finance Office of OSF SFMC. This report contains line item expenditures the College made that month so that the President can monitor the budget of the College and make necessary changes so that the College meets its budget goals. The report also shows the monthly expenses year to date and in comparison to last fiscal year.

Maintaining a technological infrastructure that is reliable, secure and user-friendly

In today's world, information security is of the utmost importance. The College maintains a technological infrastructure that is reliable, secure, and user-friendly. All employees have an OSF network accounts which is locked by a password that must be changed every 90 days. In addition, the computer network is protected by a firewall that is maintained through OSF Information Technology services.

Virus/Spam/phishing protection is embedded in each employee's Microsoft Outlook account.

Students are assigned a user ID and password at the beginning of their tenure at the College. The username and password are needed to access the LMS and SIS. In addition to this protection, students are given a separate user name and password for access to EPIC, which is the OSF Healthcare electronic medical record (EMR) database. Students use the EPIC EMR when providing patient care during clinical experiences at OSF. Students are given access to an orientation video for the LMS and the SIS. An extensive online and in-seat orientation on using and documenting within EPIC is provided. The College also employs the use of different surveys that have questions relating to the satisfaction with the technology the College uses.

Maintaining a physical infrastructure that is reliable, secure and user-friendly

The College maintains its physical infrastructure. The College employs the use of OSF SFMC's facilities and maintenance departments to repair and renovate existing areas or systems throughout the College.

The College routinely has fire extinguishers and smoke alarms checked to ensure compliance. If a need arises, the College has a work order request system that can be filed with OSF SFMC to assist with repair or renovation of the College. Furthermore, the College has staff that monitors the external appearance to make sure walkways are free from debris/snow so that safety is ensured for students, guests and employees. Lastly, the College uses surveys to garner student feedback of the physical conditions of the College. Feedback from these surveys are presented to the College's Gap Committee.

Managing risks to ensure operational stability, including emergency preparedness

The design of the processes begins with the Campus Security Task Force. This committee was developed to oversee the safety and security of the campus. The task force proactively addresses safety and security issues that may impact the College stakeholders. This task force develops, maintains and reviews key support processes for physical safety and security. The OSF SFMC Security Office works with the College to ensure safety of College stakeholders 24 hours a day, 365 days a week. The Task Force developed a Campus Emergency Operations Plan. In alignment with the Emergency Operations Plan, an actual drill or table top exercise is conducted annually to practice a specific emergency situation. A condensed safety brochure was developed and is distributed to all students and employees. Both are posted on the College website <http://www.sfmcon.edu/publications/#safety>.

The College has a Campus Threat Assessment Team which works in conjunction with OSF SFMC Security Department, College Administration, and the College Campus Security Task Force. This committee meets quarterly and as needed to review the annual crime statistics report and to identify current trends.

The College of Nursing added an Emergency Text Alert process to our SONISWEB System designed to allow administration to communicate quickly with students, faculty, and staff in the event of an emergency. In addition, the College has instituted a paging system as a method of notifying students in the event of an emergency.

Physical safety and security information is disseminated and maintained through the Campus Emergency Operations Plan (updated annually) student handbooks, postings of emergency procedures in all room on campus, emails reminding students of best safety practices, and self-defense classes offered at the

College. The College safety information can be found on the website at <http://www.sfmcccon.edu/publications/#safety>.

Emergency management is managed through instruction and drills. Every employee is assigned training modules in HealthStream, an online educational module system that is maintained by OSF SFMC. Modules range from general safety compliance (e.g. fire or other emergency) to information on what to do in the event of an active shooter. In addition, each semester the College undergoes a fire alarm drill on each shift, which simulates the procedures to follow if there were an actual fire. In addition, the student health nurse ensures compliance with various safety requirements throughout the College and posts informational bulletins alerting students/staff where to go should the fire alarm go off.

Outcomes/measure tracked and tools utilized

The College tracks financial information related to the budget annually through two measures on its Institutional Scorecard. The target for the two budget items is 100%. The Noel Levitz SSI is given annually to undergraduate students and provides information on satisfaction with operations from a student perspective. The target for the SSI is that the mean satisfaction score will be 5.5 or above on a 7-point scale. The College uses the Gap Committee to monitor performance on key measures throughout the College.

Annually, the College completes the HLC Institutional Update. As a part of the update, financial information is provided per HLC requirements to calculate the Composite Financial Index (CFI). The CFI is calculated using the four financial components of Primary Reserve Ratio, Net Operating Revenue Ratio, return on Net Assets Ratio, and the Viability Ratio. The CFI is tracked annually as a measure of the financial health of the College. Score ranges are on a scale of 1.00 to 3.00. A score of >1.5 indicates the College is financially responsible; a score of 1.0-1.5 indication financially responsible but requires more oversight; and a score of >1.0 indicates the College is not financially responsible.

The College also undergoes annual A-133 audits by an independent auditor, KPMG LLP, for federal compliance with federally funded programs (most prevalently Title IV). Additionally, the College has undergone independent audits by KPMG to ensure compliance with grant expenditures from the Illinois Board of Higher Education Independent Colleges Capital Program (IBHE ICCP). The College also monitors the three-year College default rated for loan repayment.

5R3 What are the results for ensuring effective management of operations on an ongoing basis and for the future?
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Summary results of measures

For the last three fiscal years of A-133 audits, the College has had an unqualified audit with no findings and no adverse actions taken. The two audits completed by KPMG LLP for the IBHE ICCP grant show that there was fair presentation of expenses and revenue for the first grant period of 1/13/09 through 7/12/14 and for the second grant period of 7/1/11 through 6/30/16.

For fiscal years, 2016, 2015, and 2014 the HLC CFI scores were 3.0, 3.0, and 3.0 respectively. The CFI scores indicate that the College is demonstrating financial responsibility.

Comparison of results with internal targets and external benchmarks

Figure 5R3.1 shows the College default rates for the last three years in comparison to the rate for private colleges and overall rate for all colleges. The rate for 2014 is unofficial and there is no comparison data.

5R3.1 College Loan Default Rates and Comparison Data

	2012	2013	2014
College of Nursing	3.3%	0.7%	2.5%
Private Colleges Cohort Rate	6.8%	7.0%	--
National Cohort Rate	11.3%	11.8%	--

Figure 5R3.2 shows the results with comparison data, where available, on items related to operational effectiveness. The Noel Levitz SSI question related to technology support does not have comparative data because it is an optional item by the institution.

Figure 5R3.3 Satisfaction with Operational Effectiveness

Item	2014		2015		2016	
	CON	Comp Group	CON	Comp Group	CON	Comp Group
Institutional Scorecard						
Actual total cost versus budgeted cost per month	97%	--	99%	--	93%	--
Actual total cost versus budgeted cost per YTD	97%	--	99%	--	93%	--
Noel Levitz SSI						
Living conditions in the residence halls are comfortable (adequate space, lighting, heat, air, etc)	3.77	4.80***	4.35	4.79***	4.07	4.80***
Computer labs are adequate and accessible	5.34	5.47	5.43	5.46	5.5	5.49
New student orientation services help students adjust to College	5.68	5.33**	5.81	5.33**	5.45	5.33
On the whole, the campus is well-maintained	5.5	5.79***	5.89	5.75	5.4	5.75***
Technology support is accessible when I need it (i.e., e-College, Meds Publishing, HESI, use of computer resources)	5.65	--	5.86	--	5.55	--

** The College scored significantly higher than the comparison group

***The College scored significantly lower than the comparison group

Interpretation of results and insights gained

The College's financial measures are reported on the Integrated Scorecard (IS) monthly by the OSF SFMC finance department. For the fiscal years above, the College has been below the target of 100%, showing that operational costs were less than budgeted costs. The College performs well in managing budgeted expenses, which is also reflected in the CFI scores on the HLC Annual Institutional Update. The College's default rates for the three years were well below the national loan default rate.

The Noel Levitz SSI items related to the physical building and technological infrastructure show the College is below goal for the living conditions, which may be due in part to the age of the building and the renovations that have occurred. The building is old and the heating and air conditioning of the College can be hard to control at times. Over the last two years, there have been key issues impacting students related to heating and cooling and a kitchen remodel project that went overly long due to unexpected delays. In response to these problems, the College refunded room money to each student living in the

Residence. The refund was prorated for the number of weeks the students did not have air conditioning. Students living in the Residence were also provided a \$25 meal card to the OSF SFMC cafeteria. Student satisfaction with computer labs has progressively improved the last three years. New computers were deployed to all the labs within the last two years. Students seem to be pleased with orientation to the College, and the College's technology support because the scores were very close to, if not above, the set target.

5I3 Based on 5R3, what improvements have been implemented or will be implemented in the next one to three years?

The College is very cognizant of the conditions of the building and has taken steps to alleviate issues that arise with the heating and cooling. The building is over 80 years old and requires much maintenance. The College's student senate made requests to the College to include a workout area and renovation to the kitchen and eating areas. In addition, the College routinely purchases additional laptop computers for student use and faculty share the use of these laptops in their classes. The College could, however, consider using focus groups with student to determine the area of greatest need to increase comfortability.

The College continues to expend the remaining IBHE ICCP grant funds for improvements in the Residence. Grant funds have been used to install a new fire sprinkler system in the building, upgrade the wireless in the building, and remodel the lobby, student lounges, and kitchen for student use.

Additional lighting was installed around the College building to improve student safety. IBHE ICCP grant funds were used to pay for the lighting. Student response was positive regarding the additional safety features.

Category 6: Quality Overview

Introduction

The College of Nursing has a strong history of a quality improvement culture which continues to grow. The College became an AQIP institution in 2004, completing one full AQIP cycle of participating in Strategy Forums, Systems Portfolios and a Quality Check-up Visit. This is the third Systems Portfolio for the College, having completed previous Systems Portfolios in 2008 and 2012. The College employs a faculty member, who specializes in and is certified in, quality improvement and the College has an Institutional Effectiveness and Assessment Specialist (IEAS), trained in Six Sigma methodology, who spearheads the Continuous Quality Improvement movement throughout the college. The College uses feedback from its previous two Systems Portfolios and students in addition to staff and faculty to create action projects which affect its systematic processes. The College's commitment to quality has resulted in student and employee satisfaction with the College. In addition, the college has a Gap Committee which reviews survey and assessment data and assigns areas of concern to various committees for improving processes. The formation and utilization of the Gap Committee has closed the "feedback loop" for results on surveys at the College.

The relationship between the College's strategic planning processes, Five-Year Strategic Plan, Action Projects and Systems Portfolio Appraisal Feedback reports, shows the College's ongoing commitment to a culture of quality and quality improvement. In 2010, the College developed its Quality Statement, which states: "Quality is our commitment to excellence in nursing education, being the very best of the best. It is achieved by applying Quality Improvement initiatives to reach beyond expectations in teaching, learning, and services to students and stakeholders."

In the 2012 Systems Portfolio Appraisal Feedback Report, the evaluators identified as a strength that the College has a process that involves multiple stakeholders to identify and prioritize action plans, and that the action plans are linked to the College's Strategic Plan and are aligned with the Mission and Values. Also identified as a strength is that the College monitors progress on committee goals and action plans that are aligned to the strategic planning process. The College continues the alignment of quality improvement and action projects with the Strategic Plan and annual strategic initiatives.

The College's Action Projects developed at the last three Strategy Forums, along with the Systems Portfolios Appraisal Feedback reports and Quality Check-up Visit, have shown a continuous focus and growth of the College's commitment to quality improvement. The College continues to work to align its strategic planning and quality improvement processes. The College's stage in systems maturity for processes is in the early stages of being aligned. The College's stage for systems maturity in results is in the systematic stage moving towards alignment. The College needs to continue its work with the Gap Committee and deployment of data and results to drive process improvements.

Quality Improvement Initiatives

6P1 Quality Improvement Initiatives focuses on the Continuous Quality Improvement (CQI) initiatives the institution is engaged in and how they work together within the institution. Describe the processes for determining and integrating CQI initiatives, and identify who is involved in those processes. This includes, but is not limited to, descriptions of key processes for:

Selecting, deploying and evaluating quality improvement initiatives

Strategic planning processes and continuous quality improvement initiatives through AQIP use the data to identify goals and long-range plans for the College. The College Board, administration, faculty and staff are involved in the strategic planning process. Priorities are set based on the Mission and communication

is done through verbal and written reports to the Board, faculty and staff. In addition, the College has an AQIP steering committee that champions continuous quality improvement throughout the college. At the end of every year, the College has an all-College meeting and different topics for improvement projects are discussed and agreed upon. The next year, the AQIP Committee meets and creates strategies and projects for improving quality both in and out of the classroom. Furthermore, the College partners with OSF SFMC to discuss themes and nursing related issues that the medical center is experiencing to drive home quality improvement to the students in the curriculum. The College also utilizes a Gap Committee to review survey results and to assign deficiencies to various committees in order to increase scores in a particular area. This process has closed the feedback loop for information synthesis at the College. The College has an integrated scorecard that provides a view of measurement of key outcomes. The integrated scorecard is also reviewed quarterly, and from this plans are developed for improvement that may result in the development of an action project. The action project of Improving Student Success on the NCLEX-RN Licensure Examination is an example of using scorecard results to generate an action project. The College also has developed a process to identify and address gaps or areas for improvement found during the quarterly review.

The AQIP Steering Committee is responsible for quality improvement activities at the College. The Committee is led by the President, who serves as the Accreditation Liaison, and the committee is comprised of administrators, faculty and staff. The Committee uses data to align Action Projects with the Strategic Plan for quality improvement. The College Board, administration, faculty and staff are involved in the strategic planning process. Priorities are set based on the Mission. Annually, administration prepares strategic initiatives for the College for the upcoming year. These flow from the five-year strategic plan. These initiatives are approved by the College Board. From, these initiatives Action Projects may be developed to improve processes related to the initiatives. Once an Action Project is approved by the AQIP Steering Committee, the project team is developed based on the focus of the project.

The College also utilizes a Gap Committee to review assessment and survey results and to assign areas for improvement to various committees in order to improve processes in a particular area. This process has closed the feedback loop for information synthesis and data use at the College. This data analysis has led to quality improvement initiatives. For example, 2015 survey data continued to show that students gave feedback received from faculty in the classroom and on clinical a rating lower than the established level of achievement. In response, the College conducted focus groups with students to gather qualitative data to combine with the numerical rating. Based on the data analysis, programs were developed for full- and part-time faculty on best practices for providing feedback.

Aligning the Systems Portfolio, Action Projects, Comprehensive Quality review and Strategy Forums
Continuous quality improvement is championed by an assigned faculty member who is the Quality Improvement Manager and the IEAS. These two employees, along with members of the AQIP steering committee attend AQIP strategy forums every four year. During College Senate, the results of the Strategy Forum Action Planning processes is shared with the faculty and staff. One issue that the College worked on during the last AQIP Strategy Forum was related to communication within and between courses. As a result of the Strategy Forum work, an Action Project was developed which focused on improving communication.

If scores on surveys and assessments were to warrant action being taken, the Gap Committee identifies the themes of different questions on student surveys and assessments to determine strengths and areas for improvement of the College. The College uses the information from student surveys, student assessment, the Gap Committee, strategy meetings and quality improvement meetings to suggest Action Projects for the college. Final determination of whether an Action Project is chartered is its alignment with the strategic plan of the College.

The AQIP Steering Committee leads the Systems Portfolio writing process. A lead and core committee members are assigned to each category. The process involved key College personnel from administration, faculty, and staff.

6R1 What are the results for continuous quality improvement initiatives?

The College’s results for continuous quality improvement initiatives are reflected in the Action Projects undertaken by the College. Figure 6R1.1 shows the retired and active action projects chartered by the College on its AQIP journey. Action projects completed under the old AQIP categories have been placed in the new categories for this figure.

Figure 6R1.1 AQIP Action Projects

AQIP Category	Status*	Action Project
Helping Students Learn	C	• Development of the Student Academic Development Center
	C	• Development of the Nursing Learning Center to Enhance Student Learning
	C	• Using Technology to Improve Student Learning
	C	• Development of Nursing Advisory Council
	A	• Improving Student Success on NCLEX-RN Licensure Exam
	C	• Development of a College Writing Center
	C	• Preparing Nurse Faculty to Teach Online I
	A	• Preparing Nursing Faculty to Teach Online II
	A	• Improving Communication among Nurse Faculty across the Curriculum
Meeting Student and Other Key Stakeholder Needs	C	• Integrating Diversity across the Campus and Curricula
	C	• Education of College Faculty on Quality and Safety Education for Nurses
Valuing Employees	C	• Alignment of Faculty Job Descriptions with NLN Scope of Practice for Academic Nurse Educators
	C	• Development of a Faculty Peer Evaluation Process I
	A	• Development of a Faculty Peer Evaluation Process II
Planning and Leading	C	• Optimizing Institutional Effectiveness through Improved Internal Communication
	C	• Measuring Institutional Effectiveness through Development of an Institutional Scorecard
Knowledge Management and Resource Stewardship	C	• Comprehensive Revenue Enhancement Plan and Effective Stewardship
	C	• Development of an Enrollment Management Plan
Quality Overview	C	• Formation of a College of Nursing Gap Committee
	C	• Enhancement of a Quality Improvement Culture through Improvement of Personnel Buy-in I
	C	• Enhancement of a Quality Improvement Culture through Improvement of Personnel Buy-in II

*C=completed project; A=active project

Another example of the College focus on ensuring quality of programs is evidenced by the work of the Curriculum Committee and its leadership on the Action Project for Improving Student Success on the NCLEX-RN Licensure Exam. During 2014, the NCLEX-RN licensure pass rate for the College dropped to 76%. At this time the College initiated an ongoing action project focused on student learning. Results of the project show that since its inception, the NCLEX-RN pass rates have improved to 83% in 2015 and 87% in 2016.

6I1 Based on 6R1, what process improvements have been implemented or will be implemented in the next one to three years?

In 2014, an Action Project resulted in the creation of the Gap Committee to close the feedback loop for survey and assessment data that are utilized by the College to measure outcomes. The chairpersons of different committees meet with administration and the survey(s) and assessment(s) data is/are reviewed. At this time, the different committee chairs collaborate and if an area of concern is identified, the assigned committee takes responsibility for improving the processes. This process helped improve faculty feedback to students, addressed security issues raised by students and removed inconsistencies between clinical and classroom staff.

The College, as a result of its 2016 Strategy Forum, developed an Action Project focused on improving communication among faculty across the curriculum. Before this Action Project, some inconsistencies with communication were identified between the levels of the student curriculum. Now, a process is in development for the course lead faculty to meet regularly to discuss expectations of students within a course and expectations of student performance from semester to semester. This project also focuses on improving communication between full and part-time faculty within courses.

Culture of Quality

6P2 Culture of Quality focuses on how the institution integrates continuous quality improvement into its culture. Describe how a culture of quality is ensured within the institution. This includes, but is not limited to, descriptions of key processes for:

Developing an infrastructure and providing resources to support a culture of quality

In 2010, an Action Project was chartered to build a quality improvement culture at the College, based on process exploration at a Strategy Forum. A phase II Quality Culture Buy-in project was chartered to continue to develop the College's quality culture. As a result of both action projects, the College has continued the journey towards a culture of quality improvement and making data driven decisions. The College provided resources towards its quality improvement culture by committing a portion of a faculty FTE to a Quality Improvement Manager position. This faculty member holds certification in quality improvement. Responsibilities with this position included defining what quality means to the college, and conducting education and development sessions for all employees related to quality improvement and AQIP. The Quality Improvement manager provides quality improvement and AQIP information on the bulletin board for education of students and employees. Another outcome of the two Action Projects is a Quality Committee that coordinates the College's Annual Quality Luncheon and Annual All-College Quality Meeting. The committee membership includes administration, faculty, staff and students. The College provides resources and funding to both of these quality activities through annual operational budget planning. All of these activities included obtaining feedback, so that gaps can be identified for future quality improvement programs and activities. A number of faculty and staff have been involved in Six Sigma and AQIP action projects further developing their knowledge and skills related to quality improvement.

Ensuring continuous quality improvement is making an evident and widely understood impact on institutional culture and operations (5.D.1)

The College's Quality Statement summarizes quality improvement at the College. The statement is shared with stakeholders in the Faculty Academic Handbook, p. 10, and on the website at:

<http://www.sfmcon.edu/pdfs/faculty-academichandbook.pdf>. The College plans to ensure that the quality statement is included in the next revision of the College Catalog. The College Quality Improvement Committee ensures that QI is evident at the College. The Committee plans annual activities based on a theme. The College's Annual Quality Luncheon is open to all students and employees to share the College's focus on quality improvement for the year. The Annual All-College Quality Meeting is for employees and continues the employees' development of QI. During the meeting, the College's QI initiatives are shared and discussed. Development needs of faculty and staff are considered during development of the annual operational budget. This is ensured by providing funding for faculty and staff development related to quality improvement in the operational budget. Development programs are presented during all College meetings related to quality improvement topics. The College invites faculty and staff to attend sponsored webinars, online meetings, and programs related to strategic initiatives and goals.

Ensuring the institution learns from its experiences with CQI initiatives (5.D.2)

All faculty and staff are a part of the quality improvement process at the College. Intense training and development of the Steering Group occurred at the AQIP Strategy Forum. The Steering Group returned to the College and shared information with faculty and staff. This is evidenced by the composition of the AQIP Action Project teams whose memberships include faculty and staff at all levels at the College. As the College markets itself as "a continuing tradition of excellence in nursing education", the goal of quality improvement is a priority so that the College continues to fulfill its Mission and Vision. The College also gathers feedback after its quality lunch and all College quality meeting. The feedback is used to develop future quality programs.

Reviewing, reaffirming and understanding the role and vitality of the AQIP Pathway within the institution

The College became an AQIP institution in 2004 and it reaffirms the importance of the AQIP pathway by its ongoing participation in the pathway. The College is completing its second AQIP cycle. Use of Action Projects moves the College towards innovation and quality programs and services. The AQIP Steering Committee oversees the AQIP process at the College. The Committee meets quarterly and as needed to approve and charter AQIP Action Projects, ensure that the projects are aligned with the strategic plan of the College, monitor progress on the action projects, complete annual updates, and review action project feedback.

6R2 What are the results for continuous quality improvement to evidence a culture of quality?

Press Ganey Employee Opinion Survey results indicated that the College has a consistent high degree of readiness for action planning and workforce commitment/employee engagement among its employees. The action planning readiness score reflects the College employees' readiness to engage in feedback and action planning. The workforce commitment/employee engagement score reflects the employees' degree of commitment felt toward the workplace (College). Figure 6R2.1 shows the employee action planning readiness, workforce commitment/employee engagement scores. The scores reflect a degree of readiness on the part of employees to participate in action planning and quality improvement initiatives at the College. This is reflective of the College's growing quality improvement culture. The target score is 4.0 or above on the 5-point scale for the Press Ganey engagement score. Action Planning Readiness target is 90 or above.

Figures 6R2.1 College Press Ganey Employee Survey Scores

	2014		2015		2016	
	CON	Comparison [#]	CON	Comparison [#]	CON	Comparison [^]
Action Planning Readiness*	88	82	91	83	90	--
Workforce Commitment/Employee Engagement**	4.51	4.24	4.49	4.18	4.5	4.13

*Score out of 100

**Score on 5 point scale

[#]Comparison is OSF Saint Francis Medical Center

[^]Comparison is National Healthcare respondents to 2016 Press Ganey Survey

One result of the AQIP Action Project on quality culture, an orientation module for new employees on Quality Improvement, AQIP and Six Sigma processes developed by the Quality Improvement Manager that is used with all new hires to the College. Initial quality improvement education sessions were followed by programs involving all employees in basic education and training in Six Sigma processes. A bulletin board at the College was dedicated to AQIP and quality improvement. The postings on the board are based on the theme for the year and reflect quality improvement education. The Quality Improvement Manager changes the board several times during the year. The theme for 2014-2015 was “Growing our Garden of Diversity.” The theme for 2015-2016 was “Super Powers of Teamwork.” The theme for the 2016-2017 year is “Day at the Beach.”

The Quality Efforts Survey is a tool administered to all employees and administration to determine progress in integrating Quality Improvement processes into the College culture. The survey was first administered in 2008 (baseline) as part of preparing for the initial Strategy Forum. Employees were asked to rate how well the College performed on specific areas of quality improvement. Ratings were on a scale of 5 (performed very well) to 1 (does not perform). The survey was repeated in 2010, 2011, 2014, and 2017 after the action project to improve the quality improvement culture was conducted. Figure 6R2.3 shows the results of Quality Efforts survey. Results showed the College improved in areas of monitoring and sustaining change. Other results were fairly consistent. The College needs to continue to work on processes that close the feedback loop.

Figure 6R2.3 Results of Quality Effort Survey*

Item	2008 n=46	2010 n=26	2011 n=38	2014 N=25	2017 N=27
Monitor and assess student services	4.1	4.2	4.3	4.3	4.2
Improve student services	4.2	3.9	4.2	4.2	4.1
Monitor and assess academic services	4.4	4.3	4.3	4.3	4.4
Improve academic services	4.4	4.2	4.2		
Focus improvement activities on students	4.2	4.2	4.2	4.1	4.0
Focus improvement activities on internal stakeholders/customers	4.1	4.1	4.0	4.1	4.1
Monitor change	3.9	4.2	4.1	4.0	4.0
Sustain change	3.9	4.1	4.0	4.0	4.0
Create processes with effective feedback loops	3.6	3.9	3.8	3.9	3.9
Use data to make decisions	4.1	4.2	4.1	4.3	4.4

*Mean scores reported on 1 to 5 scale.

The planning process was streamlined with the incorporation of the AQIP Action Projects into the Strategic Plan and annual strategic initiatives. Figure 6R2.2 highlights other results for accomplishment of strategic initiatives and action plans.

Figure 6R2.2 Examples of Accomplishments of Strategic Initiative and Action Projects 2015-2016

Strategic Plan	Accomplishment
Quality Education	<ul style="list-style-type: none"> • Implementation of the final two semesters of the revised BSN conceptual based curriculum implemented in fall 2015. • Improvement of NCLEX pass rates from 76% to 87% (Action Project)
Student Experience and Service Excellence	<ul style="list-style-type: none"> • Remodeling of student areas such as the students lounges, lobby and kitchen. • The College is exploring enhanced online student services such as submission of applications and housing requests.
Growth	<ul style="list-style-type: none"> • The College became a member of the State Authorization Reciprocity Agreement (SARA) for distance education programs • Strategies were developed to increase RN to BSN student enrollment
Community of Caregivers	<ul style="list-style-type: none"> • Ensured adequate faculty and staff levels to maintain quality education and services by filling 6 positions for the year. • The College has developed a comprehensive diversity plan titled Integrating Diversity across the Curricula and Across Campus (Action Project)
Financial Stewardship	<ul style="list-style-type: none"> • The College continues to increase endowments and non-tuition revenues (Action Project). Two new endowed scholarships were started for students at the college. • The College optimizes operations and ensured that revenue was in excess of expenses.

6I2 Based on 6R2, what process improvements have been implemented or will be implemented in the next one to three years?

The 2015 - 2020 Strategic Plan identifies the direction for the College for the next three years. The AQIP Action projects are integral parts of the direction for the College. Through this latest strategic planning process, there was improved focus on alignment of the action projects with the strategic initiatives. The focus for the College in the upcoming years remains on five strategic areas of the plan.

The College plans to continue its annual quality improvement activities such as the luncheon and all College QI meeting. Efforts will be made to ensure that all students and faculty are able to participate in advancing the quality culture at the College. A concerted effort will also be made to increase faculty and staff participation in action projects.