Carolinas College of Health Sciences

2008 Annual Report

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2008 Annual Report

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Companion Reports: 1) 2008 Institutional Effectiveness Report
                              2) 2008 Annual Highlights publication;
                              3) 2008 Fact Book

I. President's Report on the State of the College

A popular novel - and subsequently a popular movie – of the last decade was Terry McMillan's "Waiting to Exhale." The title was as interesting as the novel itself, conjuring up an image of breathless anticipation, of having worked hard and now being on the precipice of something extraordinary, something with breakthrough significance. Such was the feeling and spirit that characterized 2008 for Carolinas College of Health Sciences. As it completed its 18th year of its existence, CCHS exuded the sense of Waiting to Exhale – of being (anthropomorphically speaking) ready to walk confidently yet with nervous anticipation from adolescence into long-awaited adulthood.

Strategic planning had become a way of life in 2007. By 2008 the 18-month preparation for our new strategic plan was finally complete and we embarked on the execution of the new 2008-2012 plan. With a new committee in place ready to monitor and guide our progress, we stepped with quiet assurance into the new plan, "Bridge to 2012." Despite starting the year with breathless anticipation on the strategic planning front, by the end of 2008 we were no longer "waiting to exhale." In fact, the economic downturn had knocked the wind out of several of our sails. Yet we moved steadily toward a number of the identified initiatives, and will enter year two of the plan with only a few deficiencies.

Simulation, a high point for growth in 2007, was – likewise – at a precipice by early 2008. The infrastructure was complete, the groundwork laid. Users were beginning to come, healthcare and medical residency programs were cautiously interested. During the year the Carolinas Simulation Center not only kept up with demand, it dramatically raised the quality bar when it won accreditation from the prestigious American College of Surgeons in fall of 2008. The Center has grown, and gained awareness, and has won the recognition of national accreditors. It too is "waiting to exhale" as it seeks additional space, funding for an expanded staff, and procedures and policies which will operationalize the impressive strides already made.

The Commission on Colleges of the Southern Association of Colleges and Schools is coming! 2008 marked a year of nervous preparation for the 2010 reaffirmation. With the compliance certificates due in 2009, a full court press was applied to organize and galvanize writing teams and to arm those teams with the information and documents needed. By the end of 2008, thanks to hours of tireless research and writing, a first pass at all compliance certificates had been completed. The Accreditation Subcommittee, the College Planning and Assessment Committee, and President's Council reviewed the certificates and identified significant gaps, but momentum was high and a firm base had been established for further refinements. 2008 ended with most staff and faculty confident that the college would be ready for its off-side review in 2009. Similarly, the College's Quality Enhancement Plan (QEP) built a full head of steam during 2008. After a QEP mis-start in 2006 (which wasn't focused on student learning), the college had regrouped and sent several staff and faculty members to SACS training on QEP. During 2008, the gifted and tireless QEP subcommittee helped the college identify and vet an appropriate topic, laid out a timeframe, developed objectives and actions, and started on an assessment plan. By the end of 2008 the QEP committee and most members of the faculty were "waiting to exhale" – anxious to actually implement the exciting plans identified!

Academic programs, not often enough thought of as the epicenters of excitement on campus, were squarely at the center of the excitement in 2008. After significant planning throughout 2008, the year ended with four major changes having occurred. New program development was underway in imaging with two new programs to be implemented in 2009: Computed Tomography and Radiation Therapy. With those additions, a new school is born: the School of Medical Imaging. At the same time, the college closed its School of Emergency Medical Sciences and moved both Nurse Aide and Phlebotomy programs under the new Department of Continuing Education. Still "waiting to exhale" at the end of 2008, the College will finalize and enroll students in those new programs in 2009.

President's Report (cont.)

Finally, the area of technology was the last frontier of adolescence for the nearly-adult CCHS. By the end of 2008, all classrooms were finally wireless and had projector systems and laptops installed. New student management software was approved for purchase and implementation in 2009. At long last, students would be able to download their grades, tuition invoices, and class schedules. Faculty will be able to enter student grades (saving time and avoiding error), and most significantly, students will be able to apply to the college and register for classes online. In 2008 the College moved full bore into providing students with electronic access to on-demand news and information, as well as hybrid and online classes. Moodle had been officially adopted as the College's distance education platform, and in 2008 all faculty and staff were trained and new sites CCHS Moodle sites were created for use during inclement weather, pandemic outbreaks, and more mundane applications such as recycling advisories and student newsletters. In 2008 CCHS was "waiting to exhale" as it moved closer to the technological capabilities it had dreamed of. By the end of 2008 all obstacles had been overcome and we stood ready to truly enter the high tech era of electronic student services and information, and on-line classes.

In this report you'll find details of the many additional activities the College was involved in 2008 as we continued to reach major college goals and benchmarks, to provide students with an excellent start in their healthcare careers, and to create and environment and culture in which employees thrive and excel.   In addition to this report, three companion reports for 2008 complete this year's story; these include our **2008 Institutional Effectiveness Report,** our **2008 Annual Highlights publication,** and the College's **2008 Fact Book.**

Ellen Sheppard, Ed.D.
President

II. Carolinas College of Health Sciences

Mission Statement with Goals

The mission of Carolinas College of Health Sciences is to educate future healthcare providers by integrating theoretical concepts with clinical experiences. In partnership with Carolinas Medical Center, the College focuses on preparing individuals for employment in general and specialized healthcare fields for the Charlotte metropolitan area. The College is committed to:

1. Maintaining a structure that supports the college's mission, guides future development, provides resources, and integrates the college into the community

2. Providing resources and services to promote a learning environment that facilitates student success

3. Striving for excellence in educating entry-level and specialized practitioners to be competent in providing healthcare services in a variety of settings.
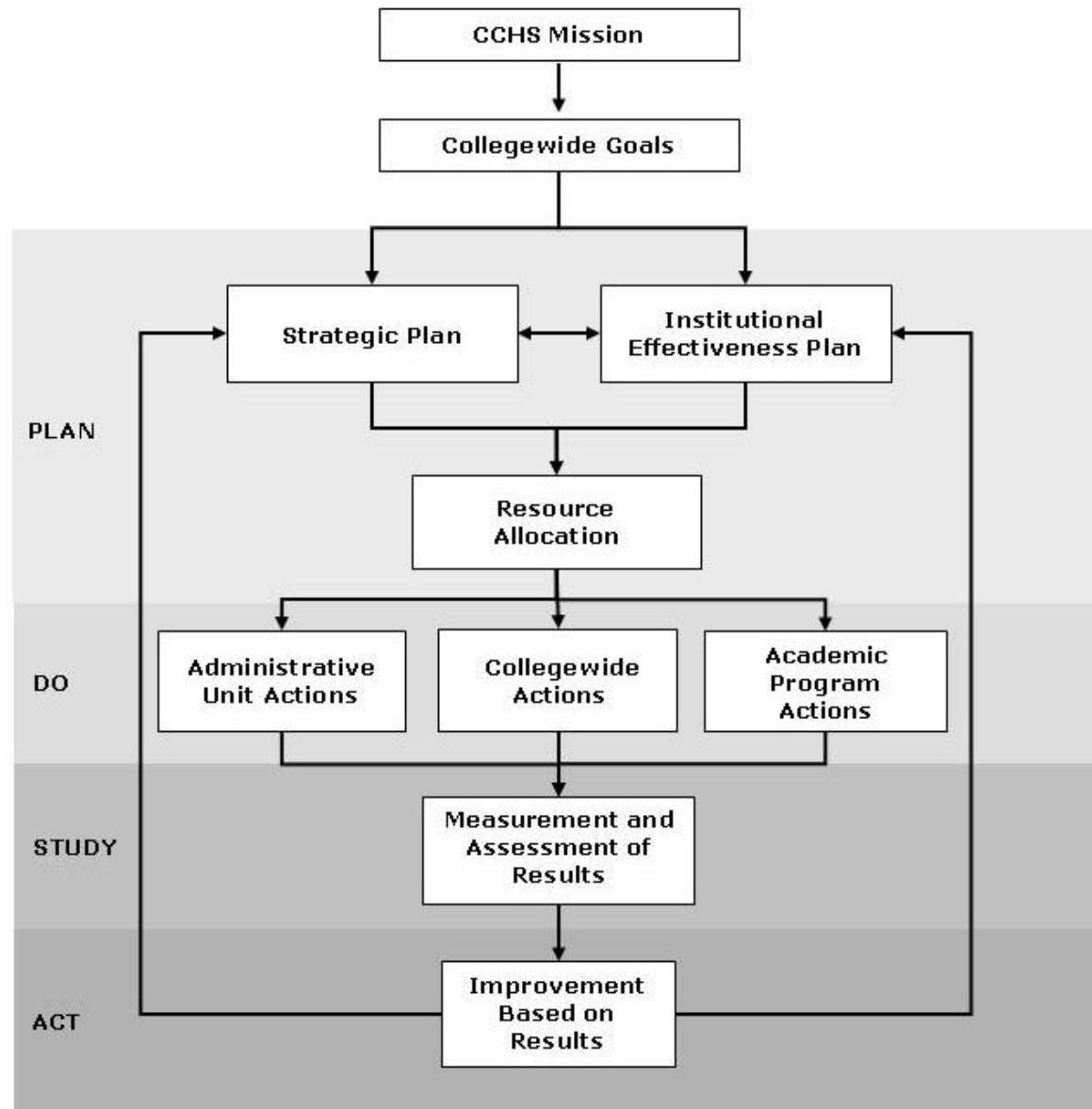
Vision

Our vision is to be the educational institution of choice for Charlotte metropolitan area students preparing for entry-level and specialized healthcare careers.

Core Values

Our core values, first adopted by the college in 2003, are:
- o Caring
- o Commitment
- o Integrity
- o Teamwork

III. CCHS Institutional Effectiveness Model

IV. Strategic Directions, Goals and Measures

Strategic Direction 1: Student Success
Provide an environment to challenge and nurture student learning and development

Goals and Measures:

1. Provide effective and efficient graduate job placement.

   a. Analyze the current communication system to determine improvement areas and identify annual goals for placement for 2009-2012. (2007 baseline)
   b. Graduates, on the Alumni six-month Survey, will demonstrate an overall average satisfaction rating with placement services that meets or exceeds the college quality benchmark.

2. Develop a comprehensive student retention program

   a. Students use and report satisfaction with support resources:
      i. Identify quality goals for student support resources for 2009 – 2011. (2007 baseline)
      ii. Meet or exceed quality goals beginning in 2009.
   b. All programs will meet or exceed the college quality benchmark for graduation rate.
      i. Complete comparative analyses of success rates of each programs' students to determine the impact on:
         a. the progression policy
         b. the admission/readmission policy
         c. CCHS tutorial services.
   c. Continuing education programs meet or exceed the college quality benchmark for student completion rate.

3. Enhance student education and personal growth experiences

   a. CCHS students' active and collaborative learning score will exceed comparison group benchmark score on bi-annual Community College Survey of Student Engagement (CCSSE) surveys.
      i. Meet CCSSE comparison group benchmark score by 2010.
      ii. Exceed CCSSE comparison group benchmark score by 2012.
   b. CCHS students' responses regarding their learning to write clearly and effectively will exceed comparison group mean scores on bi-annual CCSSE surveys.
      i. Meet CCSSE comparison group benchmark score by 2010.
      ii. Exceed CCSSE comparison group benchmark score by 2012.

   c. CCHS students' responses regarding their learning to effectively use technology and information will exceed comparison group mean scores on bi-annual CCSSE surveys.
      i. Meet CCSSE comparison group benchmark score by 2010.
      ii. Exceed CCSSE comparison group benchmark score by 2012

Strategic Direction 2: Work Environment
Attract, develop and retain excellent faculty and staff

Goals and Measures:

1. Recruit and retain high quality faculty and staff

   a. The annual turnover rate for full-time and part-time faculty remains below 10%.
   b. The annual turnover rate for full-time and part-time staff remains below 10%.
   c. Student satisfaction surveys indicate that students' average rating of faculty classroom presentation and clinical experience meets or exceeds the college quality benchmark
   d. Employer and alumni evaluations indicate the average rating of graduates' abilities to perform entry level skills meets or exceeds the college quality benchmark
   e. An average of four qualified applicants will be received for all vacant positions within the College

2. Create an environment that values faculty and staff

   a. Employee compensation and incentive packages are at or above benchmark institutions
   b. Annual Personnel Comprehensive Assessment results indicate the overall satisfaction rating with faculty workload meets or exceeds the college quality benchmark
   c. Annual Personnel Comprehensive Assessment results indicate the overall satisfaction rating with staff workload meets or exceeds the college quality benchmark
   d. Annual Personnel Comprehensive Assessment results indicate the overall satisfaction rating with the college work environment meets or exceeds the college quality benchmark
   e. Annual Personnel Comprehensive Assessment results indicate less than 10% of faculty members are likely to leave the college within the next year
   f. Annual Personnel Comprehensive Assessment results indicate less than 10% of staff members are likely to leave the college within the next year

3. Faculty and Staff participate in professional development activities.

   a. 100% of full-time faculty members attend a minimum of one professional development activity every year
   b. 100% of full-time staff members attend a minimum of one professional development activity every year.
   c. 100% of part-time faculty and staff attend one professional development activity every two years.
   d. The Individual Development Plans of all permanent employees reflect a consistent process of planning and attendance in professional development activities.

Strategic Direction 3: Facilities
Efficiently utilize facilities to support the education and work environment

Goals and Measures:

1. Maximize current classrooms for teaching and learning effectiveness

   a. By 2011 the College Personnel Comprehensive Assessment will indicate an overall average satisfaction score that meets or exceeds the college quality benchmark on the question regarding the physical environment of the college being conducive to learning
   b. By 2011 the Student End-of-Program surveys indicate an overall satisfaction score that meets or exceeds the college quality benchmark on the question regarding classrooms being conducive to learning (size, furniture, lighting, acoustics, etc.)
   c. The college's physical plant square feet per student measure will meet or exceed the comparable measure of benchmark institutions.

2. Maximize use of office, classroom, student and storage space

   a. The College Personnel Comprehensive Assessment indicates an overall satisfaction score that meets or exceeds the college quality benchmark with the question regarding the physical environment of the college being conducive to work
   b. Develop a plan for future physical plant needs
       i. Create a faculty, staff and student task force to develop a plan for future physical plant needs
       ii. By October 2008 a preliminary list for future building needs will be completed
       iii. A survey of college employees in 2009 will indicate that 75% of employees surveyed had an opportunity for input into the building list

Strategic Direction 4: Technology
Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction

Goals and Measures:

1. Provide all faculty, staff, and students with up-do-date workplace and teaching and learning technologies

    a. Software for distance education course development and delivery is available to faculty members by 2008
    b. Connectivity is available and faculty are trained to host virtual meetings and webinars within and from CMC facilities by 2009
    c. By 2009, available technology meets benchmarks based on comparable academic institutions
    d. By 2012, available technology exceeds benchmarks based on comparable academic institutions
    e. By 2009, pilot offerings of one or more distance education or hybrid classes will earn student satisfaction ratings that meet or exceed the college quality benchmark
    f. Faculty satisfaction with the availability of classroom equipment for implementing teaching strategies appropriate to their discipline meets or exceeds the college quality benchmark as measured by the annual Personnel Comprehensive Assessment
    g. Staff satisfaction with the computer equipment and software available to perform job responsibilities meets or exceeds the college quality benchmark as measured by the annual Personnel Comprehensive Assessment
    h. Student satisfaction with technology resources used in the classroom meets or exceeds the college quality benchmark as measured on end-of-program surveys
    i. Alumni satisfaction with training using up-to-date technology that allows them to effectively do their jobs meets or exceeds the college quality benchmark for effectiveness as measured by alumni surveys

2. Provide all faculty, staff, and students with necessary training to demonstrate effective use of technology

    a. Training is offered for faculty on the development and delivery of online and hybrid distance education courses by 2009
    b. Faculty satisfaction with the availability of technology training opportunities meets or exceeds the college quality benchmark as measured by the annual Personnel Comprehensive Assessment
    c. Staff satisfaction with availability of technology training opportunities meets or exceeds the college quality benchmark as measured on the annual Personnel Comprehensive Assessment
    d. Student satisfaction with the availability of training opportunities meets or exceeds the college quality benchmark as measured by end of course evaluations
    e. 100% of faculty and staff demonstrate competency in the use of position appropriate technology resources
        i. Training will be reported to managers as item in annual performance appraisals
        ii. Demonstrated competency in the use of technology will be included as evaluation item in all performance appraisals

3. Provide effective technology infrastructure that meets the needs of faculty, staff and students

    a. The Personnel Comprehensive Assessment indicates that faculty satisfaction with the availability of classroom instructional equipment that supports discipline-appropriate teaching strategies meets or exceeds the college quality benchmark
    b. The Personnel Comprehensive Assessment indicates that satisfaction with the availability of technical support for instructional equipment meets or exceeds the college quality benchmark.
    c. The Personnel Comprehensive Assessment indicates that satisfaction with the availability of technical support for job-related computer equipment meets or exceeds the college quality benchmark .

Strategic Direction 5: Growth

Assist in meeting the workforce needs of Carolinas Medical Center

Goals and Measures:

1. Achieve State of North Carolina approval for college baccalaureate degree status by December 2008.

2. Achieve SACS approval as a Level II baccalaureate degree-granting institution by 2010.

3. Develop a formal continuing education unit to expand and coordinate continuing education programs to meet workforce needs

    a. A continuing education coordinator is in place with appropriate level of designated clerical support by March 2008.
    b. A published list of CCHS prospective continuing education offerings is available by 2009.
    c. Revenue generated by the CCHS continuing education unit will increase 5% annually beginning in 2009. (2008 baseline)

4. Identify and access additional funding sources for ongoing technological needs, continuing education, scholarships and baccalaureate degree completion related to workforce training.

    a. Identify one CCHS employee to work in coordination with the CHS Foundation in seeking external funding opportunities and preparing grant proposals.
    b. The total number of grants funded in the two-year period 2009 - 2010 is double the number of grants funded in the two-year period 2006 – 2008.
    c. At least one new potential funding source will be identified each year.
    d. At least one new funding source will be procured each year.

5. Expand and extend the use of the CCHS Simulation Lab to Medical Education and CMC for workforce training.

    a. An average of 10 hours per week of Simulation Laboratory use will be by CMC education entities other than CCHS.
    b. An average of 5 hours per week of Simulation Laboratory use will be by CMC medical residents and/or faculty physicians.

6. Develop formal and efficient synergy among CCHS, MSON, CCHS-NE, the Medical School and Charlotte AHEC.

    a. Agendas and minutes will verify at least one year's history of semi-annual meetings of a task force/planning group representing multiple facets of CMC Medical Education
        i. Organizational efforts will begin in 2008
        ii. Task force will begin planning by 2009 and identify target outcomes
        iii. Target outcomes will be measured beginning in 2010
    b. A catalog of shared educational and service offerings representing CCHS, MSON, CCHS-NE, and AHEC will be available by 2010 .

Strategic Direction 6: Visibility
Expand College visibility within the greater Charlotte area

Goals and Measures:

1. Increase visibility within Carolinas HealthCare System

    a. Increase CCHS employee annual enrollment in internal CMC continuing education and professional development offerings by 5% by 2009 and identify future increase targets annually (2008 baseline)
    b. Increase number of articles in CMC *New Directions* publication that market or report on CCHS initiatives, programs, and courses by 5% in 2008 and identify future increase targets annually (2007 baseline)

2. Increase visibility through strategic collaborations, effective partnerships, and community involvement among local, regional, and national organizations

    a. Establish formal articulation agreements by 2009 with four-year CAEC colleges with relevant academic programs for CCHS students' continued studies
    b. Increase the ethnic diversity of applicants by 1% each year through partnerships with organizations representing substantial and growing populations. (2007 baseline)
    c. Partner with at least one non-profit organization each year in the greater Charlotte area to provide a community involvement activity for faculty, staff, and students
    d. Achieve annual 100% compliance on sending press releases announcing college and academic awards and honors
    e. Increase applications to the college by 2% in 2008 and set future increase targets annually

V. Collegewide Reports

A. 2008-2012 Strategic Plan
2008 Progress Report

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until?	Progress Report
1	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 1: Provide effective and efficient student job placement.**	Annual goals for placement will be met annually	Dean of Student Services and Enrollment Management	Institute bi-annual job placement orientation and interviewing workshop for NUR 202 students.	Complete	Occurs with the start of the course in August and January
2	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 1: Provide effective and efficient student job placement.**	According to 6-month Alumni surveys, graduate satisfaction with placement services will meet or exceed the college quality benchmark	Dean of Student Services and Enrollment Management	Establish on-site "first" interviews to promote timely submission of graduates' applications to hiring managers.	Complete	Occurs with the start of the course in August and January
4	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 2:** Develop a comprehensive student retention program	According to the Student Support Services survey, Student satisfaction with student support resources will meet or exceed college quality benchmark	Dean of Student Services and Enrollment Management	Create Student Support Services Survey	Deferred until June 2010	

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until ?	Progress Report
5	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 3:** Enhance student education and personal growth experiences	According to CCSSE results, students' active and collaborative learning score will meet comparison group benchmark score by the end of 2011 and exceed the comparison group score by the end of 2013	Provost and Academic Team	Share CCSSE 2007 results with Academic Team	Deferred until June 2009 and receipt of 2009 CCSSEE results.	Initial planning discussion scheduled with Academic Team in October 2008 (did not occur); Initial planning discussion scheduled with Academic Team in February 2009
6	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 1: Provide effective and efficient student job placement.**	According to 6-month Alumni surveys, graduate satisfaction with placement services will meet or exceed the college quality benchmark	Dean of Student Services and Enrollment Management	CCHS placement liaison will be available five days a week to answer students' questions and assist with inquiries.	Complete	
7	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 1: Provide effective and efficient student job placement.**	According to 6-month Alumni surveys, graduate satisfaction with placement services will meet or exceed the college quality benchmark	Dean of Student Services and Enrollment Management	CCHS student email will be used consistently by the placement liaison and New Grad Center staff to communicate with students in a timely manner.	Complete	The Student Success Coordinator (placement liaison) uses student e-mail to communicate with graduates and the New Graduate Center staff has improved communication as evidenced by the increased results on the 6-month Alumni Survey.
8	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 1: Provide effective and efficient student job placement.**	Annual goals for placement will be met annually	Dean of Student Services and Enrollment Management	Designate dedicated human resources representative to assist CCHS students through job placement process.	Complete	

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until?	Progress Report
9	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 1: Provide effective and efficient student job placement.**	Annual goals for placement will be met annually	Dean of Student Services and Enrollment Management	Institute monthly meetings during spring and fall semesters between CCHS placement liaison and manager of New Grad Placement Center.	Complete	
10	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 1: Provide effective and efficient student job placement.**	Annual goals for placement will be met annually	Dean of Student Services and Enrollment Management	Job placement resource materials are available to students in Student Support Center.	Deferred until January 2010.	
11	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 1: Provide effective and efficient student job placement.**	According to 6-month Alumni surveys, graduate satisfaction with placement services will meet or exceed the college quality benchmark	Dean of Student Services and Enrollment Management	If appropriate based on CMC job opening projections, provide a spring "job fair" for allied health students to include outside facilities.	Deferred until June 2009.	

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until ?	Progress Report
12	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 1:** Recruit and retain high quality faculty and staff	According to course and clinical evaluations, student satisfaction with the classroom presentation and clinical experience will meet or exceed College quality benchmark	Research Subcommittee Chair	Research Subcommittee of College Planning and Assessment Committee will work with Academic Team to revise student survey	Complete	The Research Committee reviewed the current course evaluation and classroom presentations forms at the end of 2007. Revisions were completed and proposed to Academic Team. The revisions were discussed with faculty and final revisions were approved in March of 2008. The newly revised forms were used for Spring 2008 evaluations. Those results will be forwarded to the Quality Improvement Committee and the Academic Team and reviewed for further revisions.
13	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 1:** Recruit and retain high quality faculty and staff	According to course and clinical evaluations, student satisfaction with the classroom presentation and clinical experience will meet or exceed College quality benchmark	Program Directors; Support Staff	Survey results will be provided to Program Managers for review and discussion with faculty members and for planning for improvement and implementation	Complete	Support staff compiled the results of course and clinical evaluations every semester. Once results were complete, they were distributed to the appropriate Program manager, faculty, as well the Quality Improvement Committee Chair. Topics that were below the College benchmark of 4.0 out of 5.0 were examined for trends and evaluated for improvement. Follow-up by QI Committee.

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until ?	Progress Report
14	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 1:** Recruit and retain high quality faculty and staff	According to 6-month employer surveys, employer satisfaction with graduates' entry level skills will meet or exceed the College quality benchmark	Research Subcommittee Chair	Research Subcommittee of College Planning and Assessment Committee will work with Academic Team to revise student survey	Complete	In the process of discussing the College's Annual Key Success Indicators, Leadership Team suggested that the item on employer surveys referring to graduates' ability to perform entry level skills include the phrase "compared to new graduates from other schools." These changes were made to forms and the results will be reviewed by Academic Team members.
15	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 1:** Recruit and retain high quality faculty and staff	According to 6-month employer surveys, employer satisfaction with graduates' entry level skills will meet or exceed the College quality benchmark	Program Directors; Institutional Research Coordinator	Survey results will be provided to Program Managers for review and discussion with faculty members and for planning for improvement and implementation	Complete	The IRC created surveys, collected data, and analyzed results for employer surveys several time throughout the year. Once results were complete, they were distributed to the appropriate Program manager as well the Quality Improvement Committee Chair. Topics that were below the College benchmark of 4.0 out of 5.0 were examined for trends and evaluated for improvement. Follow-up by QI Committee.

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until ?	Progress Report
16	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 1:** Recruit and retain high quality faculty and staff	According to 6-month alumni surveys, alumni satisfaction with their entry level skills will meet or exceed the College quality benchmark	Program Directors; Institutional Research Coordinator	Survey results will be provided to Program Managers for review and discussion with faculty members and for planning for improvement and implementation	Complete	The IRC created surveys, collected data, and analyzed results for alumni surveys several time throughout the year. Once results were complete, they were distributed to the appropriate Program manager as well the Quality Improvement Committee Chair. Topics that were below the College benchmark of 4.0 out of 5.0 were examined for trends and evaluated for improvement. Follow-up by QI Committee.
17	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 1:** Recruit and retain high quality faculty and staff	An average of four qualified applicants will apply for each vacant positions	Administrative Assistant	Chart will be set up on shared drive for managers to complete each time an offer is extended.	Complete	Charts exist and can be found at this link. Data for five positions thus far in 2008 have been entered with an average of 6.4 applicants per position, which exceeds goal by 60%.
18	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	The annual turnover rate for faculty remains below 10%	Provost	Academic Team will look at unusual turnover situations, determine causes of turnover and take corrective actions as needed.	Complete	Turnover below the 10% rate
19	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	The annual turnover rate for faculty remains below 10%	Provost	Faculty feedback from PCA and Morehead surveys will be annually reviewed within Academic Team	Complete	Discussion occurred at June Academic Team meeting
20	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	The annual turnover rate for staff (excluding FWS students) remains below 10%	Employee Retention Committee Chair	Faculty feedback from PCA and Morehead surveys will be annually reviewed by Employee Retention Committee and by Leadership Team.	Complete	See comments for 2.2 below.

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until ?	Progress Report
21	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	According to the PCA, faculty satisfaction with their workload meets or exceeds the college quality benchmark	Provost	Annual faculty response to workload question on PCA will be monitored to determine if and when further adjustments to workload need to be made.	Complete	All program leaders have discussed workload issues and new workload policy and formula with faculty members and recommended that new policy be forwarded to Leadership Team for approval by March 2009.
22	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	According to the PCA, staff satisfaction with their workload meets or exceeds the college quality benchmark	Administrative Managers	Staff from all departments will be interviewed to determine satisfaction with workload.	Complete	Questionnaire has been developed. Interviews will begin on July 21. Interviews have been completed and a report has been submitted to President's Council for review. Action Planning will occur with Leadership Team in February 2009.
23	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	According to the PCA, faculty and staff satisfaction with the college work environment meets or exceeds the college quality benchmark; 10% or less of faculty and staff members indicate they are likely to leave the college within the next year	Employee Retention Committee Chair	Results from annual PCA survey will be shared with Employee Retention Committee for review and appropriate action planning.	Complete	No.

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until ?	Progress Report
24	**3. Facilities:** *Efficiently utilize facilities to support the education and work environment*	**Strategic Initiative 1:** Maximize current classrooms for teaching and learning effectiveness	According to the PCA, the conduciveness of the physical environment to learning meets or exceeds the college quality benchmark by the end of 2011	President	Formalize the "Facility Grass Roots" group, arrange for periodic meetings with representatives from Grass Roots group and Lincoln Harris, and solicit input from grass roots group on faculty decisions related to classrooms and labs.	Deferred until January 2010.	1. Task groups were identified for designing new space. Work assignments for these groups will be launched as feasibility of new building becomes more viable. 2. Due to heavy work load demands, Lincoln Harris has declined to participate in regular, ongoing meetings with faculty/staff not in decision making roles, but has agreed to meet with administrators for focused meetings. 3. "Going Green" group has begun meeting regularly.
25	**3. Facilities:** *Efficiently utilize facilities to support the education and work environment*	**Strategic Initiative 1:** Maximize current classrooms for teaching and learning effectiveness	According to the End of Program surveys, the conduciveness of the physical environment to learning meets or exceeds the college quality benchmark by the end of 2011	President	Formally coordinate with SGA and Dean of Student Services to determine extent of ongoing student satisfaction with physical environment and to discuss building needs and adequacy.	Deferred until June 2009.	Monthly meetings have been calendared with Dr. Hopkins and President of SGA. Physical facility is on standing agenda. President has requested time on agenda of each quarterly meeting of Council of Student Leaders.
26	**3. Facilities:** *Efficiently utilize facilities to support the education and work environment*	**Strategic Initiative 2:** Maximize use of office, classroom, student and storage space	According to the PCA, the conduciveness of the physical environment for work will meet or exceed the college quality benchmark	President	Formalize the "Facility Grass Roots" group, arrange for periodic meetings with representatives from Grass Roots group and Lincoln Harris, and solicit input from grass roots group on faculty decisions related to classrooms and labs.	Deferred until January 2010.	1. Task groups were identified for designing new space. These groups will be as feasibility of new building becomes more viable. 2. Due to heavy work load demands, Lincoln Harris has declined to participate in regular, ongoing meetings with faculty/staff not in decision making roles, but has agreed to meet with administrators for focused meetings. 3. "Going Green" group is meeting regularly.

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until?	Progress Report
27	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 1:** Provide up-to-date instructional technology that meets the needs of faculty and students	According to the Technology Benchmark Report, the technology available for instructional use will meet the comparable measure of benchmark institutions by the end of 2009 and exceed by the end of 2011	Director of Business and Finance	Review CCHS relation to benchmark and budget for needed resources accordingly.	Complete	Current resources meet and exceed benchmark levels.
28	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 1:** Provide up-to-date instructional technology that meets the needs of faculty and students	According to End of Program surveys, student satisfaction with the technology resources used in the classroom will meet or exceed College quality benchmark	Director of Business and Finance	Identify 2007 survey results.	Complete	2007 End of program and available 2008 surveys indicated a score of 4.52 which exceeds college benchmark
29	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 1:** Provide up-to-date instructional technology that meets the needs of faculty and students	According to the PCA, faculty satisfaction with the availability of classroom equipment will meet or exceed the College quality benchmark	Director of Business and Finance	Compare 2008 data to previous year(s).	Complete	2008 PCA result was 4.10 which exceeds college benchmark and is a significant increase over the 3.6 score in 2007

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30	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 2:** Provide all faculty, staff, and students with necessary training to demonstrate effective use of technology	According to the PCA, the availability of technology training sessions will meet or exceed the College quality benchmark	Director of Business and Finance	If results do not meet or exceed the College quality benchmark then develop a formalized process for notifying employees of new equipment and related training sessions.	Complete	Results of training opportunities did not meet benchmark and a plan for new and improved training and resources is being developed
31	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 2:** Provide all faculty, staff, and students with necessary training to demonstrate effective use of technology	According to Computer Competency Exam results, 100% of students will have basic computer technology skills	Director of Business and Finance & Program Managers	Define basic technology skills.	Deferred until January 2010.	Research is being conducted on requirements and ability to use Moodle for testing. Will be working with QEP to develop an information literacy and computer competency test.
32	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 2:** Provide all faculty, staff, and students with necessary training to demonstrate effective use of technology	According to Computer Competency Exam results, 100% of students will have basic computer technology skills	Director of Business and Finance & Program Managers	Review Computer Competency Exam to see if exam tests for the defined skills.	Deferred until January 2010.	Research is being conducted on requirements and ability to use Moodle for testing. Will be working with QEP to develop an information literacy and computer competency test.
33	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 3:** Adopt distance education technologies and electronic meeting technologies for new courses, continuing education workshops, certification classes, and virtual symposia	Distance education software is purchased for the development and delivery of courses by the end of 2008	Director of Business and Finance	Moodle site is purchased and operational.	Complete	Site went live on May 19, 2008 with 4 summer courses using it for course content and support and 2 others using it to post grades.

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34	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 3:** Adopt distance education technologies and electronic meeting technologies for new courses, continuing education workshops, certification classes, and virtual symposia	Curriculum is developed and training scheduled by the end of 2009	Distance Education Committee Chair	2-day training on use of Moodle provided for faculty	Complete	2-day initial training was completed in January 2008. Additional "live" training is being scheduled for late June 2008.
35	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 3:** Adopt distance education technologies and electronic meeting technologies for new courses, continuing education workshops, certification classes, and virtual symposia	Curriculum is developed and training scheduled by the end of 2010	Distance Education Committee Chair	Online Moodle training module provided for faculty	Complete	Self-paced training CD's purchased in Spring 2008 for individual faculty and staff use. CD's are currently being reviewed for faculty use.
36	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 1:** Achieve baccalaureate degree status	Achieve State of North Carolina approval for college baccalaureate degree status (Level II) by the end of 2008	President	CMC Board of Directors endorses intention.	Deferred until January 2010.	Meetings with SVP and Chief Nurse Executive of CMC have indicated support. Request of cost analysis.
37	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 2:** Develop a formal continuing education unit to expand and coordinate continuing education programs to meet workforce needs	A continuing education coordinator is in place with appropriate level of designated clerical support.	President	Initiate and complete necessary Human resources process to hire continuing education coordinator (job summary, compensation analysis, post position, interview)	Complete	Necessary HR steps have been taken, including a new job summary and a supporting clerical job summary; compensation analysis complete, and position formally created. SVP approval has been obtained to hire, though only on a .25 basis until revenue projections are demonstrated. Will post by end of July.

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38	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 2:** Develop a formal continuing education unit to expand and coordinate continuing education programs to meet workforce needs	A published list of CCHS prospective continuing education offerings is available by the end of 2009.	President	Summarize all CCHS Con. Ed. offerings currently in place, and assess additional needs.	Initiative Complete as of this time. REQUEST this action be moved to Con Ed Director for future reporting.	All CCHS Continuing Education offerings are now listed. Assessment is ongoing. Two additional courses have been offered; two more are under consideration.
39	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 2:** Develop a formal continuing education unit to expand and coordinate continuing education programs to meet workforce needs	Revenue generated by continuing education will increase 5% annually beginning in 2009. (2008 baseline)	President	Assure Dir. Of Business & Finance has a way of collecting needed data in 2008. Continue to collect in subsequent years.	Complete	Cost center for Continuing Education is in place and is being used to track revenue and expenses.
40	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 1:** Increase visibility within Carolinas HealthCare System	Increase CCHS employee annual enrollment in internal CMC continuing education and professional development offerings by 5% by the end of 2009 and identify future increase targets annually (2008 baseline)	Continuing Education Coordinator	Review log template for completeness and ease of use. If necessary, redesign	Deferred until September 10.	Need further investigation into the log currently in place and proposed method for ascertaining - at any time - degree of participation in CMC offerings.
40	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 1:** Increase visibility within Carolinas HealthCare System	Increase CCHS employee annual enrollment in internal CMC continuing education and professional development by 5% by the end of 2009 and identify future increase targets annually (2008 baseline)	Continuing Education Coordinator	Review log template for completeness and ease of use. If necessary, redesign	Complete	After discussion at the January 2009 meeting of the Strategic Planning Sub-Committee, it was decided to remove this initiative as there was not a feasible means of measuring as compared to the cost of implementing such initiatives.

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41	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 1:** Increase visibility within Carolinas HealthCare System	Increase number of articles in CMC New Directions publication that report on CCHS initiatives, programs, and courses by 5% by end of 2008 and identify future increase targets annually (2007 baseline)	Dean of Student Services and Enrollment Management	Contact CMC Marketing to get publication deadlines and dates for key publications (i.e. New Directions)	Complete	
42	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 1:** Increase visibility within Carolinas HealthCare System	Increase number of articles in CMC New Directions publication that market or report on CCHS initiatives, programs, and courses by 5% by the end of 2008 and identify future increase targets annually (2007 baseline)	Dean of Student Services and Enrollment Management	Send e-mail two weeks prior to deadlines to all CCHS managers requesting information for publication.	Complete	
43	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 1:** Increase visibility within Carolinas HealthCare System	Increase number of articles in CMC New Directions publication that market or report on CCHS initiatives, programs, and courses by 5% by the end of 2008 and identify future increase targets annually (2007 baseline)	Dean of Student Services and Enrollment Management	Write articles and submit for publication	Complete	

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44	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 2:** Increase visibility through strategic collaborations, effective partnerships, and community involvement among local, regional, and national organizations	Formal articulation agreements will be established with four-year CAEC colleges with relevant academic programs for CCHS students' continued studies by 2009	Dean of Student Services and Enrollment Management	Determine those institutions in Mecklenburg County who have relevant academic programs.	Complete	List of institutions in and around Mecklenburg County has been developed and is located here: L:\STUDENT SERVICES\Enrollment Management\Articulation Agreements
45	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 2:** Increase visibility through strategic collaborations, effective partnerships, and community involvement among local, regional, and national organizations	Formal articulation agreements will be established with four-year CAEC colleges with relevant academic programs for CCHS students' continued studies by 2009	Dean of Student Services and Enrollment Management	Contact the chief enrollment officer at these institutions to inquire about establishing articulation agreements.	Deferred until June 2009.	
46	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 2:** Increase visibility through strategic collaborations, effective partnerships, and community involvement among local, regional, and national organizations	Formal articulation agreements will be established with four-year CAEC colleges with relevant academic programs for CCHS students' continued studies by 2009	Dean of Student Services and Enrollment Management	Send course syllabi and other material to the institution for review.	Deferred until June 2009.	

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47	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 2:** Increase visibility through strategic collaborations, effective partnerships, and community involvement among local, regional, and national organizations	The ethnic diversity of applicants will be increased by 1% each year through partnerships with organizations representing substantial and growing populations. (2007 baseline)	Dean of Student Services and Enrollment Management; All Managers	Set up partnerships with HEROES, Communities in Schools and Hispanic Organizations to increase the presence of the organizations at CCHS	Complete	Increased involvement with these organizations has occurred in several ways: presence of representatives from both HEROES and Communities in Schools now serve on the College Advisory Council, The College regularly attends the local Hispanic College Fair, and Admissions continues to invite student groups from HEROES and Communities in Schools on campus for career days.
48	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 2:** Increase visibility through strategic collaborations, effective partnerships, and community involvement among local, regional, and national organizations	Achieve annual 100% compliance on sending press releases announcing college and academic awards and honors	Dean of Student Services and Enrollment Management	Use templates approved by Marketing to send releases	Complete	
49	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 2:** Increase visibility through strategic collaborations, effective partnerships, and community involvement among local, regional, and national organizations	Achieve annual 100% compliance on sending press releases announcing college and academic awards and honors	Dean of Student Services and Enrollment Management	Establish deadlines at the end of each term to write and send releases	Complete	

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50	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 2:** Increase visibility through strategic collaborations, effective partnerships, and community involvement among local, regional, and national organizations	Increase applications to the college by 2% by the end of 2008 and set future increase targets annually	Dean of Student Services and Enrollment Management	Develop a report to track applications each month to monitor numbers towards goal.	Deferred until January 2010.	
51	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	Employee compensation is at or above benchmark institutions	President	Request compensation analysis on any position which has not been analyzed in at least 5 years.	Complete	Compensation has been given a list of positions which appear not to have been analyzed since 2003. One, we've learned, was analyzed but did not receive range increases. Three other job codes were reviewed and received range increases.
52	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	Turnover of faculty and staff are for reasons related to advancement opportunities rather than dissatisfaction with the College	Employee Retention Committee Chair	Consult with HR to determine whether CMC exit survey data are available by facility.	Complete	Data were obtained from Human Resources regarding reasons for leaving CCHS during 2007. 6 employees have left CCHS. The reasons for leaving were as follows: 2 for end of temporary employment, 2 for relocation, 1 for not enough hours offered and 1 to complete an education program.

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53	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 1:** Provide up-to-date instructional technology that meets the needs of faculty and students	According to the Technology Benchmark Report, the technology available for instructional use will meet the comparable measure of benchmark institutions by the end of 2009 and exceed by the end of 2011	Director of Business and Finance	Establish benchmark from report.	Complete	Technology survey of benchmark institutions completed in 2008.
54	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 5:** Develop formal and efficient synergy among CCHS, MSON, CCHS-NE, the Medical School and Charlotte AHEC	A catalog of shared educational and service offerings representing CCHS, MSON, CCHS-NE, and AHEC will be available by the end of 2010	President	Organizational efforts will begin in 2008	Deferred until June 2010.	Two preliminary meetings with NE have occurred to discuss Radiologic "mini courses." First all-educator's meeting not yet calendared.
55	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 2:** Develop a comprehensive student retention program	According to the Student Support Services survey, Student satisfaction with student support resources will meet or exceed college quality benchmark	Dean of Student Services and Enrollment Management	Nursing 202 students are recruited to serve as clinical preparation coaches for Nursing 101 students.	Deferred until January 2010	

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56	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 2:** Develop a comprehensive student retention program	According to the Student Support Services survey, Student satisfaction with student support resources will meet or exceed college quality benchmark	Dean of Student Services and Enrollment Management	DVD of lecture on nursing test-taking by Janie McCloskey, NUR 202 faculty, is available to students in computer lab.	Complete	The test-taking workshop conducted by J. McCloskey was recorded and is available to students via the intranet.
57	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 2:** Develop a comprehensive student retention program	Continuing education programs will meet or exceed the college quality benchmark for student completion rate.	Dean of Student Services and Enrollment Management; Continuing Education Coordinator	Determine appropriate benchmark for continuing education courses	Complete-Recommend moving this to Continuing Education Director	The benchmark for completion of continuing education courses is set at 90%.
58	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 3:** Enhance student education and personal growth experiences	According to CCSSE results, students' active and collaborative learning score will meet comparison group benchmark score by the end of 2011 and exceed the comparison group score by the end of 2013	Provost and Academic Team	Academic Team members discuss 2007 CCSSE results with faculty to determine how collaborative learning can be encouraged and supported and evaluated in each program's curriculum.	Deferred until June 2009 and receipt of 2009 CCSSEE results.	

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59	**1. Students:** *Provide an environment to challenge and nurture student learning and development*	**Strategic Initiative 3:** Enhance student education and personal growth experiences	According to CCSSE results, students' learning to write clearly and effectively score will meet comparison group benchmark score by the end of 2011 and exceed the comparison group score by the end of 2013	Provost and Academic Team	Address topic with Academic Team to determine how writing can be more effectively integrated into program curricula.	Deferred until June 2009 and receipt of 2009 CCSSEE results.	
60	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	The annual turnover rate for staff (excluding FWS students) remains below 10%	Employee Retention Committee Chair	Employee Retention Committee will look at unusual turnover situations, determine causes of turnover and recommend corrective actions as needed.	Deferred until June 2009	According to the Functions of ERC. This data is reviewed yearly during the second quarter. This needs to be reported in June 09
61	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	Turnover of faculty and staff are for reasons related to advancement opportunities rather than dissatisfaction with the College	Employee Retention Committee Chair	Conduct personal exit surveys on exiting personnel, summarize results.	Deferred until June 2009	According to the Functions of ERC. This data is reviewed yearly during the second quarter. This needs to be reported in June 09
62	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	According to the PCA, faculty satisfaction with their workload meets or exceeds the college quality benchmark	Provost	Academic Team will revise CCHS faculty workload policy to be equitable to all program faculty	Complete	Workload policy revision sent to President for review in February 2009.

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63	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 2:** Create an environment that values faculty and staff	According to the PCA, faculty and staff satisfaction with the college work environment meets or exceeds the college quality benchmark; 10% or less of faculty and staff members indicate they are likely to leave the college within the next year	Employee Retention Committee Chair	Employee Retention Committee recommendations and suggestions will be reviewed by president, Provost, and leadership team for implementation.	Deferred until June 2009	According to the Functions of ERC. This data is reviewed yearly during the second quarter. This needs to be reported in June 09
64	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 3:** Faculty and Staff participate in professional development activities	100% of full-time faculty members attend a minimum of one professional development activity every year	Provost	Program managers will be required to track faculty professional development and report to provost at the end of each fiscal year for reporting and improvement as necessary.	Complete	Reports of academic program deans and directors are located here.
65	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 3:** Faculty and Staff participate in professional development activities	100% of full-time staff members attend a minimum of one professional development activity every year	Administrative Assistant	All employees will turn in annual update of professional development activities at time of Performance Appraisal. Managers will assure all fulltime employees participated in at least one activity. Administrative Assistant will track reporting as performance evaluations are submitted for filing.	Deferred until January 2010	Forms and tracking in place as of January 2009.

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66	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 3:** Faculty and Staff participate in professional development activities	100% of part-time faculty and staff members attend a minimum of one professional development activity every two years	Administrative Assistant	All employees will turn in annual update of professional development activities at time of Performance Appraisal. Managers will assure all fulltime employees participated in at least one activity. Administrative Assistant will track reporting as performance evaluations are submitted for filing.	Deferred until January 2010	Forms and tracking in place as of January 2009.
67	**2. Work environment:** *Attract, develop, and retain excellent faculty and staff*	**Strategic Initiative 3:** Faculty and Staff participate in professional development activities	The Individual Development Plans of all permanent employees reflect a consistent process of planning and attendance in professional development activities.	Administrative Assistant	All employees will turn in annual update of professional development activities at time of Performance Appraisal. Managers will assure all fulltime employees participated in at least one activity. Administrative Assistant will track reporting as performance evaluations are submitted for filing.	Deferred until January 2010	Forms and tracking in place as of January 2009.
68	**3. Facilities:** *Efficiently utilize facilities to support the education and work environment*	**Strategic Initiative 1:** Maximize current classrooms for teaching and learning effectiveness	According to the PCA, the conduciveness of the physical environment to learning meets or exceeds the college quality benchmark by the end of 2011	President	Create a faculty, staff, and student task force to develop a plan for future physical plant needs	Deferred until January 2010.	Task forces were created, but project put on hold until January 2010. Delay of medical school plans and general economic situation dictate significant delay in anticipated start of project or consideration of move.

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69	**3. Facilities:** *Efficiently utilize facilities to support the education and work environment*	**Strategic Initiative 1:** Maximize current classrooms for teaching and learning effectiveness	The College's physical plant square feet per student measure will meet or exceed the comparable measure of benchmark institutions	President	Collect comparison data.	Deferred until June 2009.	
70	**3. Facilities:** *Efficiently utilize facilities to support the education and work environment*	**Strategic Initiative 1:** Maximize current classrooms for teaching and learning effectiveness	The College's physical plant square feet per student measure will meet or exceed the comparable measure of benchmark institutions	President	If comparative data indicates need, make immediate provisions for additional temporary space.	Deferred until June 2009	
71	**3. Facilities:** *Efficiently utilize facilities to support the education and work environment*	**Strategic Initiative 2:** Maximize use of office, classroom, student and storage space	According to the PCA, the conduciveness of the physical environment for work will meet or exceed the college quality benchmark	President	Create a faculty, staff, and student task force to develop a plan for future physical plant needs	Deferred until January, 2010	Delay of medical school plans and general economic situation dictate significant delay in anticipated start of project or consideration of move.
73	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 1:** Provide up-to-date instructional technology that meets the needs of faculty and students	According to the Technology Benchmark Report, the technology available for instructional use will meet comparable measure of benchmark institutions by the end of 2009 and exceed by the end of 2011	Director of Business and Finance	Purchase/install needed equipment to meet benchmark.	Complete	As of 12/31/2008 CCHS had completed a technology survey of institutions in the health schools consortium. CCHS had installed Smart computer/projection systems in all classrooms and gone online with Moodle. Both of these activities meet and exceed comparable benchmark institutions.

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74	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 1:** Provide up-to-date instructional technology that meets the needs of faculty and students	According to course evaluations, student satisfaction with the distance education or hybrid courses will meet or exceed the college quality benchmark	Learning Resources Committee Chair	First "online component" and "hybrid" courses will be piloted and evaluated for improvement	Complete	During Summer 2008, three web-enhanced course and hybrid course were offered. During Fall 2008, one online, four hybrid, and 13 web-enhanced courses were offered. For each course, additional items were approved by the Learning Resources and Quality Improvement Committees and were added to course evaluations specifically assessing the online component of the course. All items referring to online components during Summer 2008 semester were at or above 4.0. For the Fall 2008 semester, all *average* ratings were above 4.0, except whether online components contributed to learning. 86% of students indicated they would take another course with online components. Individuals items scoring below 4.0 on courses offered during Fall 2008 are currently under review and individual faculty will generate action plans to address those items.

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75	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 1:** Provide up-to-date instructional technology that meets the needs of faculty and students	According to End of Program surveys, student satisfaction with the technology resources used in the classroom will meet or exceed College quality benchmark	Director of Business and Finance	Review with Instructional Technology Specialist and Academic team and develop and implement improvements if needed.	Complete	The 2008 end of program surveys indicated an average of 4.47 satisfaction with technology resources used in the classroom which exceeds the college benchmark.
76	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 1:** Provide up-to-date instructional technology that meets the needs of faculty and students	According to the PCA, faculty satisfaction with the availability of classroom equipment will meet or exceed the College quality benchmark	Director of Business and Finance	If results do not meet the College quality benchmark then survey faculty to determine what classroom equipment needs they have outstanding.	Complete	2008 PCA results meet college benchmark at 85.4% of faculty and 84.2% of staff said technical support is available as needed.
77	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 1:** Provide up-to-date instructional technology that meets the needs of faculty and students	According to 6-month Alumni surveys, the effectiveness of the technical skills learned as students will meet or exceed the College quality benchmark	Director of Business and Finance	Alumni feedback will be distributed to academic program managers	Complete	Alumni survey results were 4.62 which exceed the college benchmark.
78	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 1:** Provide up-to-date instructional technology that meets the needs of faculty and students	According to 6-month Alumni surveys, the effectiveness of the technical skills learned as students will meet or exceed the College quality benchmark	Director of Business and Finance	Evaluation via observation and/or follow-up survey.	Complete	No follow-up needed as results are well above benchmark.

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79	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 2:** Provide all faculty, staff, and students with necessary training to demonstrate effective use of technology	According to Computer Competency Exam results, 100% of students will have basic computer technology skills	Director of Business and Finance & Program Managers	Adjust exam needs accordingly.	Deferred until January 2010.	Will be working with QEP to develop a information literacy and computer competency test.
80	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 3:** Adopt distance education technologies and electronic meeting technologies for new courses, continuing education workshops, certification classes, and virtual symposia	Curriculum is developed and training scheduled by the end of 2011	Learning Resources Committee Chair	Faculty online updates and training for new faculty provided as requested either individually or online.	Complete	Prior to the beginning of the Fall 2008 semester, CCHS hosted a half-day training session for faculty to learn how to use Moodle. Since then, several basic and advanced Moodle courses have been offered. In addition, one-on-one training sessions have been provided for those faculty unavailable during the scheduled training sessions. 100% of those who completed an evaluation of the training sessions indicated that the sessions were effective.
81	**4. Technology:** *Leverage up-to-date technology to maximize learning outcomes and enhance satisfaction*	**Strategic Initiative 4:** Provide up-to-date and effective technology infrastructure that meets the needs of faculty, staff, and students	According to PCA, personnel satisfaction with the availability of technical support will meet or exceed the College quality benchmark	Director of Business and Finance	If results do not meet or exceed the College quality benchmark then develop a plan/process to improve technical support.	Complete	2008 PCA results meet college benchmark at 85.4% of faculty and 84.2% of staff said technical support is available as needed.

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82	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 1:** Achieve baccalaureate degree status	Achieve State of North Carolina approval for college baccalaureate degree status (Level II) by the end of 2008	President	President meets with Government Relations Representative, CMC EVPS and senior administration, CMC legal council, state representatives and/or Attorney General	Deferred Until June 2009	
83	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 2:** Develop a formal continuing education unit to expand and coordinate continuing education programs to meet workforce needs	A continuing education coordinator is in place with appropriate level of designated clerical support.	President	Initiate and complete necessary Human resources process to hire needed clerical support (job summary, compensation analysis, post position, interview)	Deferred until January 2010	Existing clerical personnel will manage needs pending expanded revenue projections.
84	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 2:** Develop a formal continuing education unit to expand and coordinate continuing education programs to meet workforce needs	A published list of CCHS prospective continuing education offerings is available by the end of 2009.	President	Determine viability of each suggestion, identify courses to pilot and publish listing of all courses offered or planned.	Partially complete; On track for goal. REQUEST this be transferred to Director of Continuing Education for further reporting.	As needs for potential courses are identified, each is evaluated. Two new continuing education programs have been developed since summer, 2008.
85	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 4:** Expand and extend the use of the CCHS Simulation Lab at CCHS, within Medical Education and CMC, and to the community, for workforce training and increased patient safety.	An average of 10 hours per week of Simulation Laboratory use will be by CMC education entities other than CCHS	Simulation Center Coordinator	Simulation Center Coordinator will plan and host an open house for Medical Education faculty, residents, CMC clinical managers and educators.	Complete	July 17, 2008 official open house. Over 200 attendees and media coverage from 4 news stations. Multiple tours for faculty and staff throughout the year. Hosted the CHS Women Executives and the Medical Education Faculty Chairs to familiarize CHS with the Simulation Center and equipment.

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until?	Progress Report
86	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 4:** Expand and extend the use of the CCHS Simulation Lab at CCHS, within Medical Education and CMC, and to the community, for workforce training and increased patient safety.	An average of 10 hours per week of Simulation Laboratory use will be by CMC education entities other than CCHS	Simulation Center Coordinator	Simulation Center Coordinator will develop and distribute marketing materials and a Carolinas Simulation Center website cross-linked to CCHS and CMC websites to increase visibility.	Complete	Official website developed and updated regularly. Www.carolinassimulationcenter.org
87	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 4:** Expand and extend the use of the CCHS Simulation Lab at CCHS, within Medical Education and CMC, and to the community, for workforce training and increased patient safety.	An average of 10 hours per week of Simulation Laboratory use will be by CMC education entities other than CCHS	Simulation Center Coordinator	Simulation Center Coordinator will develop and implement a scheduling process and fee structure for simulation use.	Complete	Current fee structure is available in the simulation center policy and procedural manual. Defines different user groups and fee structures.
88	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 4:** Expand and extend the use of the CCHS Simulation Lab at CCHS, within Medical Education and CMC, and to the community, for workforce training and increased patient safety.	An average of 10 hours per week of Simulation Laboratory use will be by CMC education entities other than CCHS	Simulation Center Coordinator	Simulation Center Coordinator will establish a multi-disciplinary advisory committee to assist with simulation curriculum development and implementation.	Complete	Carolinas Simulation Center steering committee meets monthly on the second Tuesday from 3-4pm. It has been established since 9/08 and includes 58 multi-disciplinary members.

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until ?	Progress Report
89	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 4:** Expand and extend the use of the CCHS Simulation Lab at CCHS, within Medical Education and CMC, and to the community, for workforce training and increased patient safety.	An average of 10 hours per week of Simulation Laboratory use will be by CMC education entities other than CCHS	Simulation Center Coordinator	Simulation Center Coordinator will compile and record hours of simulation use utilizing the Room Scheduler software.	Complete	Utilization reports from room scheduler showed a 65% increase in hours and days of use for the center in 2008.
90	**5. Growth:** *Assist in meeting the workforce needs of Carolinas Medical Center*	**Strategic Initiative 5:** Develop formal and efficient synergy among CCHS, MSON, CCHS-NE, the Medical School and Charlotte AHEC	Agendas and minutes will verify at least one year's history of semi-annual meetings of a task force/planning group representing multiple facets of CHS Medical Education	President	Organizational efforts will begin in 2008	Deferred until January 2010.	
91	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 1:** Increase visibility within Carolinas HealthCare System	Increase CCHS employee annual enrollment in internal CMC continuing education and professional development offerings by 5% by the end of 2009 and identify future increase targets annually (2008 baseline)	Continuing Education Coordinator	Develop process for managers to communicate their staff's professional development activities to Administrative Assistant.	Complete	After discussion at the January 2009 meeting of the Strategic Planning Sub-Committee, it was decided to remove this initiative as there was not a feasible means of measuring as compared to the cost of implementing such initiatives.

No.	Strategic Direction	Initiative	Criteria for Success	Individual(s) Responsible	Action Step	Complete or Deferred Until ?	Progress Report
92	**6. Visibility:** *Expand College visibility within the greater Charlotte area*	**Strategic Initiative 2:** Increase visibility through strategic collaborations, effective partnerships, and community involvement among local, regional, and national organizations	Increase applications to the college by 2% by the end of 2008 and set future increase targets annually	Dean of Student Services and Enrollment Management	Evaluate the benefits of developing new Admission Applications requiring students apply to the "school of….."	Deferred until June 2010	

B. 2008 Detailed Accomplishments by CHS System Goal Area

In addition to our college goals, CCHS also reports on its accomplishments within the framework of the Carolinas Healthcare System goals:

1. Customer Service

- **Distance Education** Carolinas College of Health Sciences began offering distance education via Moodle, located online at http://online.carolinascollege.edu/ As of Fall 2008, 14 courses had an online component or were fully online.

- **Technology** The nurse anesthesia program successfully launched a linked web area which is responsive to applicant needs. The program also created a Sharepoint website which allows students to access lectures, guides, and clinical schedules.

2. Medical Management and Quality

- **Certification Pass Rates of Graduates** All programs outperformed state and national averages.
  - Of nursing graduates taking the certification exam for the first time in 2008, 96% of CCHS students passed, exceeding state and national averages and out-performing the four other local nursing programs, including the 4-year programs.

  - 100% of CCHS graduates from these programs passed their certification/registry exam on the first try: Medical Technology, Radiologic Technology, Nurse Aide II, and Surgical Technology. This marked the 23rd time in 24 years that the Radiologic Technology graduates achieved a perfect pass rate.

  - 100% of CCHS nurse aid program graduates passed the clinical certification on first writing of the exam compared with a state average of 95%; 84% passed the clinical skills test on first administration, compared with a state average of 61%.

  - One medical technology graduate scored in the top 1% of the nation on third quarter certification exams. Overall, the CCHS med tech program ranked in the top 5% of the nation based on third quarter test performance.

- **Graduation Rate** 75% of CCHS nursing students graduated within the benchmark time frame, compared with 61% of students in the NC's 52 community college programs. Other outstanding graduation rates: Medical Technology: 92%; Surgical Technology, 88%.

- **Competitive Admission** CCHS reached its highest degree of competitiveness in 4-years, offering admission to only 3.7 applicants out of every 10.

3. Growth

- **Size**
  - Of 68 nursing programs in NC, CCHS was the 3rd largest two-year program, and the 5th largest of all programs in the state, based on starting student cohorts in 2007.
  - The nursing program saw its largest ever enrollment during the fall 2008 term reaching 260 students enrolled, confirming the program's place as one of the largest nursing programs in the state.

- **Diversity** The College matched its four-year high in the percentage of new minority students enrolled: 16%.

- **Programs**
  - The School of Emergency Medical Sciences, in collaboration with The Center for Prehospital Medicine, began delivering EMT-basic courses for MEDIC (in addition to Paramedic training). These courses allowed MEDIC to boost its workforce and meet the increasing emergency response demands of Mecklenburg County.
  - The nurse anesthesia program began a formal shadowing program for RNs interested in the field of nurse anesthesia. 40 experiences were scheduled in 2008.

- **Simulation** Usage of The Carolinas Simulation Center increased by 65% in the first three quarters of 2008, including medical residents, CMC nurses, and CCHS students.

4. Financial Viability

- **Revenue** Though tuition rates were raised by just over 3%, the college increased its overall tuition revenue by 5.6%. This was due to excellent collection procedures and increases in general education and pre-nursing enrollment.

- **Student Scholarships** CCHS was the recipient of three new endowed student scholarships.

- **Financial Aid** Carolinas College of Health Sciences awarded over 2.6M in financial aid. These awards allow the college to competitively recruit, train and retain excellent students.

- **Grants**

  - CCHS was awarded AHEC grant funds for providing simulation experiences for "nurse refresher" students – RN's returning to the workforce.

  - The college was awarded one of three grants funded by the Charlotte Area Educational Consortium to host a faculty workshop on information literacy. The workshop drew faculty from 10 area colleges to the CCHS campus.

  - The college used a $189,000 grant to add a vascular intervention simulator to its simulation center.

5. Employee Satisfaction

- **Awards** Sara Masters, RN, MSN, a thirty-two year employee of CHS, was recognized as the college's 2008 Outstanding Educator.

- **Recognition** 18 Values in Action awards, 5 bonuses for outstanding performance, and 43 "WOW Cards" were received by staff and faculty.

6. Community Benefit

- **Fundraising** Carolinas College of Health Sciences exceeded its fundraising goal for the Arts and Science Council campaign and was recognized as having the most successful campaign in all of Carolinas HealthCare System.

- **Alumni Participation** CCHS alumni participated with the college staff in collecting toys for the Levine Children's Hospital toy chest, school supplies for the CMS School Tools project, and Christmas gifts and stockings for the Salvation Army Christmas project.

- **Distinguished Alumnus** Jeff Reece, '97, Chief Nursing Officer for Chesterfield Hospital, was recognized for his contributions to his patients, his profession, and his community.

- **Charlotte Mecklenburg Schools Partnership** Sara Masters, nursing faculty member, and Dr. Hampton Hopkins, Dean of Student Services and Enrollment Management developed and taught a leadership academy for 50 junior and senior high school students from South Mecklenburg High School. The course offered the students classroom and experiential learning credit and supported the high school's peer mentoring program.

- **Heart of a Champion** In partnership with CMS schools, Sanger Clinic, and Carolinas Medical Center, CCHS hosted the largest free athletic screening in the US, and contributed thirty-two volunteers to assist with the event. Over a thousand high school athletes were screened for cardiomyopathy and other health problems.

- **Meeting CMC Workforce Needs** Carolina HealthCare System hired 89% of CCHS nursing graduates, a 2% decrease from 2007.

- **Community Service**

  - Sara Masters, MSN, RN, CNE was recognized on October 27, 2008 by Providence United Methodist Church for her outstanding commitment to community service. She has had extensive involvement and volunteer hours with 9 community service projects this past year.

  - Dr. Hampton Hopkins, Dean of Student Services and Enrollment Management, served as second vice president on the board of directors of the Charlotte-Mecklenburg Senior Centers, as the chairperson of the Town of Stallings Transportation Advisory Committee, and on the executive committee of the Charlotte Area Educational Consortium (CAEC). He also serves on a College of Education Advisory Committee at UNC Charlotte.

  - Dr. Janice Terrell served as a Charlotte Chamber of Commerce Ambassador.

  - Dr. Ellen Sheppard served on the Education and Business Council of the Charlotte Chamber of Commerce.

7. Training a Quality Workforce

- **Simulation** Carolinas Simulation Center welcomed more than 200 guests and five media outlets at its July grand opening. This multi-disciplinary simulation center allows health care professionals to improve their techniques and – as a consequence - the safety of their patients.

- **Employer Satisfaction with Graduates** Employers of the college's 2008 nursing graduates rated graduates at a new high of 4.57 on a 5.0 scale in the important category "ability to perform entry-level therapeutic nursing interventions safely and effectively, ability to transition into an entry-level position and with overall educational preparation."

- **Faculty Accomplishments** 6 CCHS School of nursing faculty members have achieved national certification in nursing education.

- **Incorporation of Simulation** The CCHS advanced nursing course restructured the course to incorporate active use of the simulation. All students are required to complete 3 simulations satisfactorily during the first 6 weeks of the course.

- **Program Approval/Accreditation**

  - The Nursing Assistant program received program certification with commendations and no recommendations from the NC Division of Health and Service Regulation.

  - The phlebotomy program was awarded a new grant of accreditation with no recommendations.

  - The Community Training Center received a new grant of approval from American Heart Association with no recommendations for improvement.

  - The Carolinas Simulation Center submitted an application for accreditation by the American College of Surgeons as an Educational Institute and hosted a site visit for surveyors from the American College of Surgeons and hopes to be accredited by 2009.

- **Student Award** A nurse anesthesia student, Matthew Shortridge, was awarded the North Carolina Nurses Association Great 100 student scholarship award.

8. Reputation

- **Faculty and Staff Accomplishments**

  - Dr. Deborah Blackwell, Dean for the School Nursing was appointed to the National League for Nursing Accrediting Commission Evaluation Review Panel (ERP) by the NLNAC Board of Commissioners. The ERP reviews findings of accreditation site visits and makes a final recommendation to the Board of Commissioners for program accreditation status. Dr. Blackwell has been a NLNAC program evaluator for 5 years.

  - Dr. Ellen Sheppard serves as an officer on the board of directors of the American Health Science Educators Consortium, a consortium of hospital-based college.

  - Mrs. Dana Mangum, nursing faculty, was a co-author for an article "Review of Narrative Pedagogy Strategies to Transform Traditional Nursing Education". The article was published in the June 2008 issue for Journal of Nursing Education.

- Dr. Deborah Blackwell, Dean of Nursing and Sherri Marlow, Associate Dean of Nursing, were selected by the National League for Nursing Accrediting Commission (NLNAC) to attend team chair training for program evaluators. Only 20 candidates across the nation were selected.

- Catherine Borysewicz, MSN, RN, CNE is a contributing author to the NC Community College System concept-based Schools of Nursing curriculum.

- Dr. Lori Lieving, Director of General Education and Learning Resources, published seven chapters in the Diseases and Disorders Encyclopedia published by Marshall Cavendish publishers.

- Dr. Lori Lieving co-authored "Acute effects of tiagabine on laboratory measures of aggressive and escape response of adult male parolees" in the Journal of Psychopharmacology.

- Dr. Hampton Hopkins, Dean of Student Services and Enrollment Management, presented workshops on pandemic preparedness at the following conferences: the North Carolina Association of Community College Instructional Administrators, the North Carolina Student Development Administrators Association conference in Asheville, and the North Carolina Community College System Conference in Raleigh.

- Dr. Hampton Hopkins published the article "Early identification of at risk nursing students: A student support model" in the June 2008 issue of the Journal of Nursing Education.

- Dr. Ellen Sheppard and Sherri Marlow, RN, MSN, CNE, were selected for membership on a statewide grant-funded taskforce charged with finding ways to increase the enrollment capacity of North Carolina nursing programs.

- An abstract written by D. Swiderski, J. Tartt, D. Wheeler, J. Jay, and D. Stefanidis was selected for poster presentation at the Society of Simulation in Health Care's January, 2009, international meeting: "IS ADMINISTRATION OF THE ACLS COURSE ON A HIGH FIDELITY SIMULATOR SUPERIOR TO TRADITIONAL INSTRUCTION?"

- A workshop designed by S. Rucho, D. Stefanidis, and D. Swiderski was selected for presentation at the 2009 Statewide AHEC Conference. "PREPARING THE FUTURE OF MEDICAL RESIDENT AND NURSE TRAINING – A START UP STORY" describes simulation as a tool in training medical residents and nursing and allied health students.

C. 2008 Year End Financial Report

CCHS		CCHS Budget	
Revenue	**Actual 2008**	**Budget 2008**	**Variance**
Operating Revenue			
Tuition Revenue	2,062,460	1,947,790	5.6%
Book Reimbursement	0	4,350	-100.0%
Activity Fees	23,100	22,157	4.1%
Application Fees	35,760	34,000	4.9%
Seminars/Educ. Programs	85,750	76,760	10.5%
Intercompany Administrative Services	86,982	86,982	0.0%
Miscellaneous Revenue	317,261	216,575	31.7%
Total Operating Revenue	**2,611,313**	**2,388,614**	8.5%
Operating Subsidy			
CMC Intercompany Education Subsidy	2,180,580	2,206,000	-1.2%
Laboratory Intercompany Education Subsidy	72,097	72,097	0.0%
SIM Lab/Continuing Ed	222,423	24,996	88.8%
Medic Grant Revenue	135,000	135,000	0.0%
Total Operating Subsidy	**2,610,100**	**2,438,093**	6.6%
Medicare provision	**2,215,041**	**2,023,968**	8.6%
Total revenue	**7,436,454**	**6,850,675**	7.9%
Less: Allowance for Bad Debt	**(145,000)**	**(55,000)**	62.1%
Scholarships to students	102,675	86,304	15.9%
Operating Revenue	**7,394,129**	**6,881,979**	6.9%

2008 Year End Financial Report (cont.)

Expenditures			
Instructional:			
Nursing	1,724,093	1,695,472	1.7%
Nurse Aide	245,866	224,906	8.5%
General Education	278,950	268,282	3.8%
SIM Center	277,090	0	100.0%
Life Support Center	74,562	49,616	33.5%
Surgical Technology	123,516	140,678	-13.9%
Radiologic Technology	280,918	286,951	-2.1%
Medical Technology	346,105	379,380	-9.6%
Paramedic Education	109,870	134,842	-22.7%
Total Instructional	**3,460,970**	**3,180,127**	8.1%
Academic support	95,563	120,024	-25.6%
Student services	399,351	416,223	-4.2%
Plant operations	746,426	755,203	-1.2%
Institutional support:			
Administration	287,154	323,162	-12.5%
Academic Affairs	144,654	189,959	-31.3%
Corporate Charges	138,362	152,575	-10.3%
Business Office	451,915	444,386	1.7%
Employee Benefits	1,090,912	1,017,742	6.7%
Institutional Support	213,495	203,276	4.8%
Total Institutional Support	**2,326,492**	**2,331,100**	-0.2%
Total Expenditures	**7,028,802**	**6,802,677**	3.2%
Operating Revenue	7,394,129	6,881,979	6.9%
Excess Revenue over Expenditures	**$365,327**	**$79,302**	

VI. Unit Reports and Activities

(in alphabetical order)

Academic Affairs

Purpose of Unit:
Academic Affairs provides leadership and administrative support to academic programs in hiring and retaining effective program directors and staff members, developing and offering high quality academic programs, maintaining strong fiscal management.

Annual Program Budget Summary:
- **Budget Allocated:** $189,959
- **Actual/Ending Margin:** $144,654**/** -31.3%
- **Significant Changes Made or Needed:** None

Unit Highlight #1

WHAT DID WE TRY TO ACCOMPLISH?

Simplify the student evaluation process.

WHY IS THIS IMPORTANT?

The current process is cumbersome, time-consuming and far from "green" since so much paper is involved.

WHAT DID WE DO?

We assisted in migrating all Gen Ed evaluations to Online Moodle

HOW DID WE DO?

Great - the process worked well.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue migrating the RT, ST and MT evaluations to Online Moodle.

Unit Highlight #2

WHAT DID WE TRY TO ACCOMPLISH?

100% on-time test preparation, test grading and grade posting for faculty in Gen Ed and Allied Health

WHY IS THIS IMPORTANT?

Service excellence to faculty and students.

WHAT DID WE DO?

We developed and maintained a tracking log for all test, grading and posting requests.

HOW DID WE DO?

We met our 100% on-time goal.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue measuring and tracking our work and maintain our 100% goal attainment.

Unit Highlight #3

WHAT DID WE TRY TO ACCOMPLISH?

Creation and initial implementation of Radiation Therapy and Computed Tomography Programs

WHY IS THIS IMPORTANT?

Growth of the College and provision of needed qualified healthcare professionals for CMC.

WHAT DID WE DO?

Developed new program with RT Director and secured approval of new programs via appropriate policies and processes. Coordinated search for and hired and oriented new program leader for RTT program.

HOW DID WE DO?

New RTT and CT programs are on schedule to begin classes in Fall 2009.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Recruit appropriate number of students for each program and be ready to offer quality educational experiences in both programs beginning in August 2009.

WHAT DID WE TRY TO ACCOMPLISH?

We tried to develop a good process for students to be able to record their preceptor hours and have it track for CMC reporting purposes. This was to help alleviate the time that was currently spent by Becky Cuthbertson in manually tracking this data.

WHY IS THIS IMPORTANT?

The data reporting is required by CMC at the end of each year. The process as it is right now is cumbersome and time consuming for the Director of ST.

WHAT DID WE DO?

Spreadsheets were created for each of the ST students and saved to the APPS Drive so the students could access them. Each of these spreadsheets and their totals then linked back to a Main spreadsheet saved on the Data Drive

HOW DID WE DO?

The linked spreadsheets worked. But the students found the process cumbersome. Also if data was not entered correctly, linking and therefore accuracy of the data, was affected. The process did not seem improved by this solution and was taking too much time to manage which defeated the purpose!

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Kali Simien is researching whether this task can be better accomplished in Moodle.

Administration

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

Included in this category are also budgetary responsibility for committees and their activities, Governing Board and Advisory Committee, alumni affairs, non-departmental professional development (Moodle training, Simulation Training) and many expenses related to institutioanal accreditation and related endeavors,

Annual Program Budget Summary:
- **Budget Allocated:** 1,696,755
- **Actual/Ending Margin:** $1,663,587/-1.9%
- (Figures above includes the following areas of institutional support: Administration, Corporate Charges, Employee Benefits, and Institutional Support.)

Significant Changes Made or Needed:
In response to 2007 personnel survey these changes were made:
- Back to Fall meeting was reduced from 1.5 days to 1 day
- Annual meeting was reduced from full day to half day, with plans to further reduce to 2.5 hours in 2009
- Additional security presence was arranged on a walk-through basis, and arrangements for a distance education platform were finalized and training provided. Changes were made in technology personnel and in the reporting hierarchy
- Plans were finalized to contract for a new student information system

In response to 2007 student surveys:
- New furniture was purchased for the student lounge
- CCHS mail was arranged for students
- Website functions were expanded to provide access to more documents
- Blue emergency lighting was added to the walking path between the college and student parking
- Plans were finalized to contract for a new student information system

As cost saving measure, alumni newsletter frequency was reduced to twice per year. Cost of employee benefits increased significantly in 2008, leading to a margin deficit.

WHAT DID WE TRY TO ACCOMPLISH?

Improved Faculty Scores on the annual personnel comprehensive assessment.

WHY IS THIS IMPORTANT?

Employee satisfaction drives a successful college and accomplishment of our mission.

WHAT DID WE DO?

Grass roots groups were formed and funded with release time to meet to determine action steps, and to assess progress. Changes in the facility, transparency of communication, technology, staffing hierarchy, and input into decision making were made based on grass roots action plans.

HOW DID WE DO?

Faculty satisfaction increased; staff satisfaction decreased.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

While keeping faculty satisfaction high, work on staff satisfaction.

<p style="text-align:center;">**Unit Highlight #2**</p>

WHAT DID WE TRY TO ACCOMPLISH?

Retain acceptable level of employee benefits despite steep increases in the expense of those benefits.

WHY IS THIS IMPORTANT?

Employees need and deserve as rich a benefit plan as is possible in order to focus on the mission of the college and on their job responsibilities.

WHAT DID WE DO?

While changes in the benefit plan had to be made in order to continue to provide coverage, benefit provision is still relatively rich compared to other large national health care systems.

Two employees participated in the graduate education scholarship program, fully funded by the college; One employee utilized the deep tuition discount provided to dependents of college employees.

HOW DID WE DO?

As a percentage of overall operating cost, benefit cost (to the college) increased steeply, indicating the college's willingness to fund an even greater dollar allocation of the employee benefit package. But due to the increase in overall cost to the employee, the impact of this increased support was not very visible to employees. Morehead Survey conducted in fall, 2008 indicated an improved level of satisfaction with benefits (over 2006 survey) despite remaining concerns and a less-than-desired score in this area.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
No goals in this area have been identified.

<p style="text-align:center;">**Unit Highlight #3**</p>

WHAT DID WE TRY TO ACCOMPLISH?

Create a Continuing Education Division and restructure the hierarchy related to continuing education.

WHY IS THIS IMPORTANT?

Nurse Aid program is not financially sustainable in current format. Moving it toward a continuing education model will increase the likelihood of its sustainability.

WHAT DID WE DO?

Formally created a department of continuing education, complete with personnel, goals, and effectiveness measures.

HOW DID WE DO?

100% successful in initial phases. 2009 will be a year of solidifying and improving processes, staff education, close financial monitoring and guidance.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue to improve organization and communication of college. Restructure School of Radiologic Technology to incorporate School of Radiation Therapy.

Unit Lowlight #1

WHAT DID WE TRY TO ACCOMPLISH?

Maintain high staff satisfaction as indicated on the personnel comprehensive assessment.

WHY IS THIS IMPORTANT?

Employee satisfaction drives a successful college and accomplishment of our mission.

WHAT DID WE DO?

Continued focus on all aspects of employee satisfaction.

HOW DID WE DO?

Not well. Staff satisfaction dipped on the annual PCA and in one department which is entirely staffed by support and professional staff, employee satisfaction fell significantly short of benchmark on Morehead Survey.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Lengthy and robust action plan was created with time designations and reporting assignments. A few of the areas of emphasis include communication, evaluation of responsibilities, awareness among faculty of the roles of support staff, scrutiny of the process for providing front desk back up, and identification of plan for building a cohesive and supportive team. Goal is staff satisfaction which meets benchmark.

Unit Lowlight #2

WHAT DID WE TRY TO ACCOMPLISH?

Organize and begin preparations for SACS reaffirmation.

WHY IS THIS IMPORTANT?

Regional accreditation is important to our students needing federal aid and to those planning to continue their education. Further, SACS accreditation serves as a quality indicator and improves our college.

WHAT DID WE DO?

Organized writing teams and created written response to all compliance statements. Purchased use of software to organize and send compliance documents and certificates. Studied SACS literature. Developed new policies and massaged existing policies. Assisted Board of Directors in creating new policies

HOW DID WE DO?

Extremely well, though president's council has embarked on editing and fleshing out all certificates and Dr. Terrell has found it necessary to work from home to upload documents due to technology limitations.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Complete and submit documents, receive a limited Focused Report from the Off-Site SACS review team.

Business Office

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

Annual Program Budget Summary:
- **Budget Allocated:** $444,386
- **Actual/Ending Margin:** $451,915/+1.7%
- **Significant Changes Made or Needed:** Collection fees and office supplies for the College were higher than anticipated in 2008.

Unit Highlight #1

WHAT DID WE TRY TO ACCOMPLISH?

Implement a distance education platform for CCHS.

WHY IS THIS IMPORTANT?

Students and faculty felt this was an important need for improving instruction and communication resources.

WHAT DID WE DO?

Carolinas College of Health Sciences began offering distance education via http://online.carolinascollege.edu/ in May 2008. As of the fall 2008 semester, over 21 courses had an online component or were fully online.

HOW DID WE DO?

The distance education platform "Moodle" was purchased and set-up in early 2008. Training was provided to faculty and staff in Jan. 2008 and courses began using the system in May 2008 for the summer term. Evaluation of the online courses was the responsibility of the Distance Education Committee (which merged with the Learning Resources Committee in the fall 2008). The Institutional Technology Specialist, Learning Technology Specialist and Director of General Education and Learning Resources were all instrumental to the implementation, training of faculty and students and development of the site.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue to utilize the online course platform throughout the College through web-enhanced courses, hybrid courses and fully online courses. The Business Office and Student Services are planning to develop online information portals for incoming student information in 2009.

Unit Highlight #2

WHAT DID WE TRY TO ACCOMPLISH?

Year-end financial statement for the College indicates neutral or positive margin as regards overall expense/revenue ratio.

WHY IS THIS IMPORTANT?

Demonstrates financial stability and control.

WHAT DID WE DO?

Monthly review of the College financial report by managers, the Director of Business and Finance and the President.

HOW DID WE DO?

Carolinas College of Health Sciences had a positive margin of $365,327 for 2008 which exceed budget by 360%. (Year-End Financial Report needs to be added as back-up).

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Year-end financial statement indicates a neutral or positive variance to 2009 budget.

Unit Highlight #3

WHAT DID WE TRY TO ACCOMPLISH?

Open balance report will not exceed 10% of total billing for tuition and fees by the 50% point of the term.

WHY IS THIS IMPORTANT?

Improved cash-flow and collections.

WHAT DID WE DO?

Issued bills and payment reminders timely and often.

HOW DID WE DO?

Less than 3% of receivables were outstanding at the 50% point of the term in 2008.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue to collect at least 90% of tuition and fees by the 50% point of the term.

Unit Lowlight #1

WHAT DID WE TRY TO ACCOMPLISH?

Carolinas College of Health Sciences students are able to register for classes online through the FX Web portal.

WHY IS THIS IMPORTANT?

In this era of increased internet use and online availability, students expect online capabilities for registration.

WHAT DID WE DO?

The Director of Business and Finance and the Dean of Student Services and Enrollment Management worked with FX during spring 2008 to develop the project and implement by July 2008.

HOW DID WE DO?

In early June 2008, FX reduced staff and stopped the project. The company does not plan to move forward with significant online capabilities.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

By fall 2009 the college plans to have converted to the Sonis Web student management system which is 100% web-based and included online registration capability.

Emergency Medical Sciences

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

Annual Program Budget Summary:
- **Budget Allocated:** $134,842
- **Actual/Ending Margin:** $109,870/-22.7%
- **Significant Changes Made or Needed:** None

Program Highlight #1

WHAT DID WE TRY TO ACCOMPLISH?
Train quality EMTs for MEDIC to fill job vacancies
WHY IS THIS IMPORTANT?
The community and MEDIC need employees
WHAT DID WE DO?
Developed and delivered four EMT courses
HOW DID WE DO?
Medic was pleased with the number and quality of the courses. 100% of graduates were placed for employment.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Due to budgetary decisions made by Mecklenburg County and Medic, the CCHS EMS program was discontinued at the end of 2008. The program was restructured and moved to the Center for Pre-Hospital Medicine within CHS.

Program Highlight #2

WHAT DID WE TRY TO ACCOMPLISH?

Maintain a 100% pass rate on the National Registry EMT and Paradic Examinations

WHY IS THIS IMPORTANT?

Demonstrates the quality of the educational program

WHAT DID WE DO?

Taught the program with talented faculty and adhered to the curriculum

HOW DID WE DO?

100% of the EMT and Paramedic candidates for the NR exam passed on the first attempt

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Program Highlight #3

WHAT DID WE TRY TO ACCOMPLISH?

A new student orientation program for all Paramedic applicants entering the 2009 program

WHY IS THIS IMPORTANT?

Allowed faculty to meet potential students and allows applicants to get all of their questions answered before applying

WHAT DID WE DO?

Hosted seven orientation sessions

HOW DID WE DO?

All applicants attended

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Program Lowlight #1

WHAT DID WE TRY TO ACCOMPLISH? 100% first time pass rate on the NC Paramedic exam. **WHY IS THIS IMPORTANT?** Demonstrates the quality of the educational program **WHAT DID WE DO?** Taught the program utilizing the best faculty with all of the resources available through CHS. **HOW DID WE DO?** There were two individuals that did not pass the paramedic exam on the first attempt but did pass with a sceond opportunity. **WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

Program Lowlight #2

WHAT DID WE TRY TO ACCOMPLISH? Maintain the paramedic program and contract at Carolinas College of Health Sciences **WHY IS THIS IMPORTANT?** Financial viability and community benefit **WHAT DID WE DO?** We developed a cost saving matrix and curriculum change proposal **HOW DID WE DO?** The program did not stay at CCHS but did remain a viable restructure program within CHS **WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?**

General Education

Purpose of Unit: The general education component of the curricula support the purpose of the College by opening doors to a broader understanding of society and self, as students develop into responsible professionals in the health sciences. These courses, coupled with the courses in the major, also help the student demonstrate the ability to communicate effectively in written format and/or orally, understand the fundamental concepts, methods and applications of the natural and life Sciences and their impact on human experience, examine and understand human behavior in different theoretical, societal, cultural and/or institutional contexts and think critically, apply abstract concepts, and draw conclusions from course concepts.
.

Annual Program Budget Summary:
- **Budget Allocated:** $268,282
- **Actual/Ending Margin:** $278, 950/+3.8%
- **Significant Changes Made or Needed:** None; positive margin due to unanticipated personnel changes within department.

Program Highlight #1

WHAT DID WE TRY TO ACCOMPLISH?
Continue to refine the assessment process for General Education courses

WHY IS THIS IMPORTANT?

The goal of an effective assessment process is to continually try to improve outcomes as well as the process that guides improvement. The assessment process for General Education is completed annually but is still relatively early in it's conception. Therefore, continued assessment and improvement of the assessment process itself id necessary.

WHAT DID WE DO?

The first formal course-by-course assessment was completed for the 2007-2008 academic year. Several areas for improvement in the process were identified: 1) collecting data continuously throughout the academic year was not deemed as feasible since faculty are not provided the opportunity to reflect on ways to improve student learning, 2) the revised student learning outcomes established for the 2007-2008 academic year were not consistent with the specific objectives of many courses, 3) the assessment methods used were not always effective in identifying specific areas for improvement, and 4) faculty felt the need to incorporate additional active learning and/or online learning activities into coursework.

HOW DID WE DO?

The overall process of assessing General Education courses was a success. In a very short period of time, great improvements were made in the process in order to improve the quality of information gleaned from the process as well as assisting faculty in the process of continuous improvement in student learning. Four broad changes were made based on the evaluation of assessment data (further details can be found in the General Education Assessment Summary Report): 1) an assessment schedule was established so that faculty will create assessment plans for the upcoming academic year prior to the start of Fall semester. The assessment plan will be in effect throughout the Fall and Spring semesters. Faculty will submit assessment reports at the end of each semester. During the summer semester, faculty will review data and results will be discused at faculty meeting prior to the development of new assessment plans. 2) The goals for the General Education courses were revised again, to be closer in line with the objectives of General Education courses. 3) Faculty were provided with professional development opportunities and guidance on refining assessment methods to collect the most meaningful data. Many faculty started using pre-/post-test analyses, identifying key questions from individuals exams and developed rurbics for written assignments. 4) Most faculty incorporated additional active learning and/or online activities to improve student learning.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

The hope is that the assessment process itself will be at a point that major revisions will not be necessary. The goal is for this process to become a natural part of the teaching process for faculty within the General Education department. Future directions will include focused discussions on the actual accomplishments of the General Education department.

Program Highlight #2

WHAT DID WE TRY TO ACCOMPLISH?

Incorporate online components in many General Education courses.

WHY IS THIS IMPORTANT?

There has been a growing request among many students to deliver some course content through an online software platform. In some cases, this provides students will supplemental information for coursework and, in others, replaces traditional classroom instruction.

WHAT DID WE DO?

At several points throughout 2008, all General Education faculty were provided opportunities to receive training using Moodle, the online software platform adapted by CCHS. The Distance Education Committee (currently the Learning Resources Committee), developed a policy that guided the development and approval of courses.

HOW DID WE DO?

During Summer 2008, one General Education course used Moodle to deliver some course content (PSY 101). During Fall 2008, 10 General Education courses were using Moodle to deliver some course content. One course was offered completely online (Introduction to Literature), three courses were offered as hybrid courses (English Composition, General Psychology and Human Growth and Development) and seven courses were offered as web-enhanced courses. Overall, results from course evaluations have indicated great satisfaction with online learning opportunities.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Now that all faculty have received training to use the tools within Moodle, future directions for professional development opportunities will be focused on how to incorporate online activities into a course effectively. These efforts will be coordinated through the Learning Resources Committee. In addition, Moodle tips is now a standing agenda item for all General Education faculty meetings to generate discussion amongst faculty regarding teaching techniques. Finally, when students have expressed dissatisfaction with online courses, their concerns have focused on two areas: technical issues and misconceptions about online courses. Since Fall 2008 was the first semester many faculty used Moodle, technical issues were to be expected. It is expected that many of these issues will be addressed in 2009. Students misconceptions about online courses seem to be present across the curriculum, primarily because there is a misunderstanding of what a web-enhanced course is. The Learning Resources Committee has also discussed better communication with students regarding the type of course in which students are enrolled.

Program Lowlight #1

WHAT DID WE TRY TO ACCOMPLISH?

Overcome obstacles related to course offerings and scheduling limitations

WHY IS THIS IMPORTANT?

Many of our students face significant challenges regarding the scheduling of courses because of limitations from clinical/program courses, work, and other outside commitments. In addition, some students have the intention of pursuing continued education once they have graduated from CCHS, and many would like to have more choices for General Education courses that may transfer to other academic institutions after graduating.

WHAT DID WE DO?

The course schedule for General Education continues to be a challenge. This requires concerted efforts between program directors both at CCHS and at Mercy School of Nursing. Prior to completing a schedule of courses each semester, most of these individuals meet to discuss the needs for the upcoming semester. With scheduling difficulties in mind, students were informally asked about what specific courses they would like to see added to the course schedule.

HOW DID WE DO?

Some scheduling difficulties improved as more courses moved toward hybrid or online delivery. However, courses that typically present scheduling difficulties (i.e., Anatomy & Physiology. Microbiology courses) will not be making the transition to online delivery, particularly the science labs. Scheduling was also somewhat complicated due to an increase in enrollment in many General Education courses, necessitating additional sections and adjunct faculty.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

In the next year, an academic calendar for General Education courses should be established. This will allow the General Education director to better predict staffing needs as well as communicate scheduling to students ahead of time so that they can plan accordingly. A goal for scheduling would be to develop a scheduling template that is modified only minimally from semester to semester. Finally, as a part of the General Education Program Review process, students will be solicited for information regarding what specific courses they would like to see added to the course offerings. Three new courses will be added in the Fall 2009 semester: Algebra, American Literature and Introduction to Spanish.

Program Lowlight #2

WHAT DID WE TRY TO ACCOMPLISH?

Students in all academic programs indicate that General Education course offerings help prepare them for later course work in their academic program.

WHY IS THIS IMPORTANT?

Preparing students for program course work is a broad goal of the General Education program. The courses that have been selected to be a part of the required curriculum for the academic programs at CCHS were chosen because of their ability to help students develop the skills to be well-rounded individuals, but also to be well-rounded health care professionals.

WHAT DID WE DO?

Students are asked about their experiences in General Education courses when they complete their End of Program Evalation prior to graduation. These results are reviewed once a year as a part of the Institutional Effectiveness process.

HOW DID WE DO?

For all students graduating in 2008, 88% indicated that General Education courses provided a foundation for the requirements of their program. There were differences across programs however: Nursing 92%, Surgical Technology 100%, Radiologic Technology 62%. The ratings from the Radiologic Technology program have fallen below the averages of other academic programs previously.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

As a part of the Program Review process for the General Education department, students were sent a survey asking for specific feedback about improvements that could be made in the General Education course offerings. This survey was sent to all current Radiologic Technology students as well as recent alumni. The Radiologic Technology Program Director and Clinical Coordinator also requested that students complete the survey and provide feedback about courses can be improved to assist in their learning process. The results of this survey will be reviewed by General Education faculty and specific recommendations will be included in the Program Review document.

Medical Technology

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

Annual Program Budget Summary:
- **Budget Allocated: $**379,380
- **Actual/Ending Margin:** $346,105/-9.6%
- **Significant Changes Made or Needed:** None
-
- Accomplishments
- 2008 has been a very positive year for our Medical Technology Program.
-
- Graduated 12 students with 100% retention.
-
- Placement was 100% with 8 out of 12 graduates (67%) employed by CHS
-
- Out of 12 graduates, 6 were awarded summa cum laude and 3 were awarded cum laude
-
- 100% passing rate on the Board of Registry for 2008 and the 2008 annual performance report indicated that one of the graduates' scored in the top 99% of the individual scores and the program itself scored in the top 4 out of 228 programs nationally.
-
- In addition to the students' success, 3 out of the 5 faculty members serve as committee chairpersons. Kimberly Yarborough is the chairperson of the Community Involvment; Cynthia Bean is chairperson of the Safety Committee, Betty Anderson was chairperson of the Admissions, Progression and Graduation committee. Kelly Shirley is an active member of QI committee and the LRC and Cyndie Hobson ERC. All are involved with different SACS accreditation committees is addition to the supporting the CCHS community projects.

Nurse Aide

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

Annual Program Budget Summary:
- **Budget Allocated:** $224,906
- **Actual/Ending Margin:** $245,866/+8.5%
- **Significant Changes Made or Needed:**
-     1. The nursing assistant program budget was separated from the nursing department's budget. This allowed better control and tracking of actual expenses including FTEs.   2. Costs can be minimized by maintaining the correct ratio of staff to students. 3. Evaluation of the entire program to determine if changes can be made to decrease hours without affecting the quality of the program. 4. CPR will be added into the curriculum in 2009 without increasing expenses for CCHS or the student to provide the system an employee meeting the job description criteria.

PROGRAM HIGHLIGHT #1

WHAT DID WE TRY TO ACCOMPLISH? 95% or higher on first time pass rate on the NA I certification examination
WHY IS THIS IMPORTANT? It measures the success of the NA I program at CCHS. It represents the quality of the program including the instructors and the program curriculum.
WHAT DID WE DO? Skill testing improved from an 83% average for the first 3 quarters to 98% for the 4th quarter. The written exam pass rate was a 99.25% average for 2008.
HOW DID WE DO? We trended in the right direction 4th quarter 2008 for skills and surpassed our 2008 goal for the written portion of the exam.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Continue to improve and trend upward to meet the 95% or higher first time pass rate on the NA I certification examination.

PROGRAM HIGHLIGHT #2

WHAT DID WE TRY TO ACCOMPLISH? 95% first time pass rate on the NA II certification.
WHY IS THIS IMPORTANT? It measures the success of the NA II program at CCHS. It represents the quality of the program including the instructors and the program curriculum.
WHAT DID WE DO? Maintained a quality program that provided students with the curriculum needed to pass the exam.
HOW DID WE DO? NA II program in 2008 had a 100% first time pass rate.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Maintain the same quality and continue to meet the 95% or higher first time pass rate benchmark.

PROGRAM HIGHLIGHT #3

WHAT DID WE TRY TO ACCOMPLISH? DHSR inspection with 100% rate of compliance.
WHY IS THIS IMPORTANT? 100% rate of compliance shows the quality of the program in relation to Division of Health Service Regulation standards. Anything below 100% would be interpreted as not being compliant with the guidelines set forth.
WHAT DID WE DO? Followed all necessary steps to ensure the program was following the regulations.
HOW DID WE DO? The NA I program met the 100% compliance benchmark.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? The inspection is every 2 years, however, we want to continue to meet regulatory guidelines throughout the off year in order to meet the 100% standard for the following 2010 inspection.

PROGRAM LOWLIGHT #1

WHAT DID WE TRY TO ACCOMPLISH? Meet or exceed the Nursing Assistant budget for 2008.
WHY IS THIS IMPORTANT? This is important to maintain a cost effective department to provide high quality employees to the system and remain a viable department at CCHS.
WHAT DID WE DO? The enrollment numbers were lower than previous years and the instructor costs were higher.
HOW DID WE DO? The budget numbers were not met for 2008.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Meet or exceed budget for 2009 by increasing enrollment numbers and decreasing costs associated with the program.

Nursing

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

Annual Program Budget Summary:
- **Budget Allocated:** $1,695,472
- **Actual/Ending Margin**:$1,724,093/+1.7%
- **Significant Changes Made or Needed:** Faculty member chairing QEP effort in Summer and Fall 2008. Release time from clinical granted and clinical coverage required use of adjunct faculty which is reflected in the CCHS budget/actual negative variance.

Program Highlight #1

WHAT DID WE TRY TO ACCOMPLISH?
Integrate utilization of the Moodle Course Platform System into more than 50% of the nursing courses.
WHY IS THIS IMPORTANT?
To increase student access to course information and faculty support. To improve student and faculty use of instructional technology.
WHAT DID WE DO?
Ensure training of all faculty by either on site Moodle Trainers, CCHS superusers, or tutorials. Pilot Moodle usage in 2-3 intermediate level course in the summer 2008. Evaluate pilot usage at the end of summer courses and make appropriate changes. Initial implementation of Moodle in NURS 101 and NURS 202 in the fall semester 2008.
HOW DID WE DO?
The Moodle Course Platform is in use in all courses except one (at the web enhanced level at least) by the fall semester 2008. One course, NURS 100, is completely on line with exception of unit tests and the final examination.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Complete integration of the Moodle Course Platform in all nursing clinical courses.

Program Highlight #2

WHAT DID WE TRY TO ACCOMPLISH?

Improve student performance on the comprehensive testing package used throughout the nursing program.

WHY IS THIS IMPORTANT?

To improve student assimilation of nursing knowledge in preparation for the NCLEX-RN licensure examination.

WHAT DID WE DO?

After a comprehensive faculty review of the available testing packages, the faculty made the decision to change to ATI with implementation in the summer 2008. In addition, students were required to achieve the program success benchmark for each test taken by 7 weeks after each intermediate course tested had concluded. The program had set a benchmark of 80% success on the student's second testing attempt if needed. Students were also required to pay for the test after being unsuccessful on the second attempt. All of the aforementioned actions were implemented in the summer 2008.

HOW DID WE DO?

Student achievement of meeting the testing success benchmark by the second attempt went from approximately 60% achievement to 90% achievement after the institution of the these changes. The current NCLEX-RN first time pass rate for the December 2008 class is 98%.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue to collect, aggregate, and trend student performance related to the comprehensive testing package.

Program Lowlight #1

WHAT DID WE TRY TO ACCOMPLISH?

Integration of EPACT training for all faculty and students in the fall 2008 prior to implementation of the electronic medical record

WHY IS THIS IMPORTANT?

In order for faculty and students to have complete access to the medical record when providing patient care at EPACT CHS facilities.

WHAT DID WE DO?

Initiated dialogue with IS and CMC EPACT team regarding training of faculty and students prior to implementation of EPACT at CMC and LCH in November 2008.

HOW DID WE DO?

Students and faculty were not provided training prior to the Go Live date at CMC and LCH. Training for faculty occurred in December 2008 and January 2009. CCHS SON was given approval for pilot project to train the nursing students at CCHS by faculty EPACT instructors which was implemented in January and February 2009.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Permanent training of students and new faculty by the faculty EPACT instructors at CCHS. Continued evaluation of the training to assess for areas of development.

Phlebotomy

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

Program Highlight #1

WHAT DID WE TRY TO ACCOMPLISH?

The Phlebotomy Program completed a successful Self-Study and was awarded another 4-year Certificate of Approval.

WHY IS THIS IMPORTANT?

It is important to maintain national approval with the National Accrediting Agency for Clinical Laboratory Sciences to help ensure we offer a quality educational program with high standards.

WHAT DID WE DO?

Completed the NAACLS self-study in February 2008.

HOW DID WE DO?

We received a 4-year continued Certificate of Approval.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Maintain the same high quality programming; keep accurate records for future self-studies.

Program Highlight #2

WHAT DID WE TRY TO ACCOMPLISH?

Incorporate MOODLE into the Phlebotomy Curriculum

WHY IS THIS IMPORTANT?

Enhance learning options, increase course flexibility, and create independent learners

WHAT DID WE DO?

Used MOODLE to post all powerpoint lectures, course forms and daily quizzes; also incorporated student forums for feedback from class and clinical rotations.

HOW DID WE DO?

The evaluations showed that students were very satisfied with the changes.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Increased use of MOODLE for the Phlebotomy Program, perhaps adding more works sheets, forums, and exams.

Program Highlight #3

WHAT DID WE TRY TO ACCOMPLISH?

Encourage more students to take national certification exam

WHY IS THIS IMPORTANT?

Increase graduate credibility when looking for employment

WHAT DID WE DO?

Increased class discussion about National certification; provided website information; speakers encouraged

HOW DID WE DO?

2 took the exam with 100% passing.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

decide if this is a major emphasis or not as graduates don't have to have the exam to go to work…

Radiologic Technology

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

Annual Program Budget Summary:
- **Budget Allocated:** $286,951
- **Actual/Ending Margin:** $280,918/-2.1%
- **Significant Changes Made or Needed:**

Program Highlight #1

WHAT DID WE TRY TO ACCOMPLISH?
We tried to maintain better student retention in the Radiologic Technology program.

WHY IS THIS IMPORTANT?
It is important to maintain a good retention percentage and to graduate more students from the program to meet the workforce needs in our System and in the regional area.

WHAT DID WE DO?
We instituted an interview process for prospective students to provide program applicants with additional information regarding the scope of patient care delivered by practicing rad techs..

HOW DID WE DO?
We were able to improve student retention to a 3-year low. We lost one student in the first semester and two in the second semester.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Our goal is to at least maintain the improved retention rate and possibly continue to improve retention for the next class.

Program Highlight #2

WHAT DID WE TRY TO ACCOMPLISH?
We attempted to better align course material topics in order to provide students with a more seamless flow of curriculum and information.

WHY IS THIS IMPORTANT?
The information in the Radiography courses must be presented in a progressive manner in order to give the student a better understanding of the material.

WHAT DID WE DO?
Course content was redistributed for better flow of information.

HOW DID WE DO?
It improved student improvement indicators.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Our goal is to maintain the success from the changes that have been made with course realignment.

Simulation Center

Purpose of Unit: The center provides practicing physicians, residents, students, nurses and other CMC affiliated personnel the opportunity to learn new skills important in clinical practice in a safe and non-threatening environment. Trainees will be better prepared for patient encounters through repetitive practice on simulators with an anticipated favorable impact on patient safety. Educational research is also a center priority and will offer an avenue through which to explore continuous improvement of educational methods.

Annual Program Budget Summary:
- **Budget Allocated:** $0.00
- **Ending Margin:** $277,090/+100%

Significant Changes Made or Needed: The Carolinas Simulation Center budget was under Medical Education during 2008 instead of under the Carolinas College of Health Sciences.

Unit Highlight #1

WHAT DID WE TRY TO ACCOMPLISH?
The Center applied for accreditation with the American College of Surgeons to be a Level I Accredited Comprehensive Education Institute.

WHY IS THIS IMPORTANT?
The American College of Surgeons is the most prominent accrediting body for Simulation Centers. There are only 39 Level I accredited Institues in the United States. A center's delegation as an Accredited Level I Comprehensive Education Institute ensures that the center meets stringent standards for quality education.

WHAT DID WE DO?
The Simulation Center prepared an extensive report outlining the center's learners, trainers, curricula, and equipment. The Center then hosted a site visit by American College of Surgeons site surveyors in September.

HOW DID WE DO?
The Center was evaluated on a rubric of 19 requirements and the Center was compliant with 15 of those requirements. There were 4 small areas in which the Center was not fully compliant.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
The Center will work on the 4 areas of partial or non-compliance and will submit follow-up documentation to show requirements have been met. The Center will continue to maintain compliance on all other standards. Additionally, CSC will begin working with other accredited centers for research and education improvement opportunities.

Unit Highlight #2

WHAT DID WE TRY TO ACCOMPLISH?
The Carolinas Simulation Center aimed to increase utilization.

WHY IS THIS IMPORTANT?
Increased utilization means better educated healthcare providers. An increase in utilization would demonstrate that simulation is becoming an accepted educational tool. Increased utilization of the center will also hopefully improve patient safety.
WHAT DID WE DO?
Simulation center staff worked with every hospital department and discipline to publicize the availability of the center and the center's capabilities.

HOW DID WE DO?
Between the 3rd quarter of 2008 and the start of the year, the Center saw a 65% increase in utilization by healthcare professionals, including CRNAs, nursing students, medical residents, and medical students.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
The Center hopes to continue to increase utilization, keep all clients satisfied, and expand curricula and simulation involvement for each user group.

Unit Highlight #3

WHAT DID WE TRY TO ACCOMPLISH?
The Carolinas Simulation Center hoped to increase awareness of the newly expanded facilities and capabilities of the center.

WHY IS THIS IMPORTANT?
Much of the hospital system was unaware of the Simulation Center and those who knew about it did not have knowledge of the center's capabilities or extensive equipment. The open house showcased the center's capabilities and served as a networking event for healthcare providers looking to work simulation into their various curricula.
WHAT DID WE DO?
The Center hosted an open house on July 17, 2008 in order to publicize the newly expanded facilities.

HOW DID WE DO?
The Center hosted over 200 guests and 5 media outlets at the open house. The guests toured the multi-disciplinary simulation center and were very impressed.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
We hope to attract more outside users through continuted marketing and networking.

Unit **Lowlight #1**

WHAT DID WE TRY TO ACCOMPLISH?
Research is a priority at Carolinas Simulation Center. Conducting research allows for the improvement and advancement of both education and clinical practice. The Center has had several articles published and the Center staff has worked to research and make presentations at local, regional, national, and international meetings.
WHY IS THIS IMPORTANT?
This meeting is the most widely attended medical simulation meeting. It provides invaluable networking opportunities and publicity for the center.

WHAT DID WE DO?
Simulation Center staff presented "A simulator-based ACLS course is favored by residents and more effective over traditional teaching" at the 2008 Annual International Meeting in Healthcare.
HOW DID WE DO?
The presentation was successful and well received.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Staff hopes to attend the international meeting next year and hopes to be invited to make presentations on current Center research.

Unit **Lowlight #2**

WHAT DID WE TRY TO ACCOMPLISH?
Carolinas Simulation Center believes that structured simulation curricula for learners provides the best education platform. The Center has successfully created and implemented curricula for a wide variety of user groups and continues to develop and implement new curricula.
WHY IS THIS IMPORTANT?
Structured curricula provides the best learning environment for trainees. As an American College of Surgeons accredited institute, it is vital that the Center be a leader in curriculum development and implementation.
WHAT DID WE DO?
The Center designed and implemented the general surgery laparoscopic curriculum. This was the first curriculum designed and implemented at the Center.
HOW DID WE DO?
 The curriculum has been successfully implemented. The Center published an article detailing the implementation of the curriculum. The article was published in the prestigious Journal of Surgical Education.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
The Center hopes to design and implement curricula for additional programs and disciplines. Staff will continue to be heavily involved in working with healthcare providers to design and implement curricula for their learners.

WHAT DID WE TRY TO ACCOMPLISH?
As a fledgling simulation center, Carolinas Simulation Center worked to gain publicity and recognition for the center.

WHY IS THIS IMPORTANT?
Name recognition is important for "new frontiers" such as simulation. It is vital that our Center is recognized as a leader in simulation. Name recognition provides networking opportunities and revenue-generating opportunities.

WHAT DID WE DO?
The Center worked to gain accreditation by the American College of Surgeons in order to gain recognition as a valuable educational institute.

HOW DID WE DO?
The Center received the accreditation and was regionally recognized in the Southeastern issue of ADVANCE for Nurses magazine. Nursing professionals across the country read this publication with each geographic region receiving a monthly, regionally-focused issue.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
The Center hopes to continue receiving regional and national recognition based on research, publications, presentations, and other Center activities.

Student Services

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

Annual Program Budget Summary:
- **Budget Allocated:** $416,223
- **Actual/Ending Margin:** $399,351/- 4.2%
- Significant Changes Made or Needed: Combined the Registrar/IRC postitions into one and this will require additional funds budgeted to support the IRC functions. However, these funds have been budgeted in Administration previously. The net effect will be a reduction on overall expenses for the College.

Unit Highlight #1

WHAT DID WE TRY TO ACCOMPLISH?
Increase the yield ratio (percent of students admitted who accept an offer) and decrease the selectivity ratio (percent of students admitted from the applicant pool). (See Figure 1 next page)

WHY IS THIS IMPORTANT?
Selective institutions generally have high yield ratios indicating that students who are admitted are matriculating into the College due to factors such as customer service and appropriate admissions criteria. Further, low selectivity ratios indicate that the applicant pool is adequate to select only the best qualified candidates, a further indication of a selective institution.

WHAT DID WE DO?
The admissions staff made changes in the customer service process by assigning newly admitted students one of three staff members who then maintained contact with the applicants on a regular basis via e-mail and telephone. Further, the admissions representative continued to be available and visible in the Charlotte community participating in more than 50 individual recruiting events.
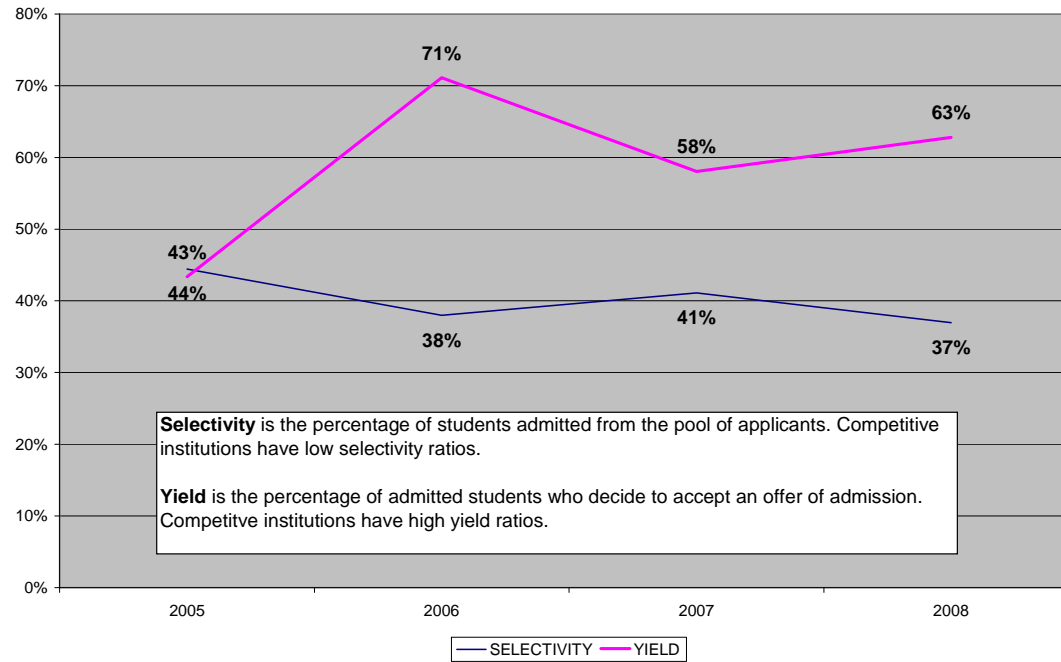
HOW DID WE DO?
In 2008, Carolinas College experienced the lowest selectivity ratio (37%) in four years and the second highest yield ratio (63%) in the same four years.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Continue to maintain or improve the successful yield and selectivity ratios.

Figure 1.

Admissions Yield & Selectivity (New Students)

The chart shows two lines over the years 2005–2008:

- **SELECTIVITY**: 44% (2005), 38% (2006), 41% (2007), 37% (2008)
- **YIELD**: 43% (2005), 71% (2006), 58% (2007), 63% (2008)

> **Selectivity** is the percentage of students admitted from the pool of applicants. Competitive institutions have low selectivity ratios.
>
> **Yield** is the percentage of admitted students who decide to accept an offer of admission. Competitve institutions have high yield ratios.

Unit Highlight #2

WHAT DID WE TRY TO ACCOMPLISH?
Increase the total number of applications for admissions for all programs.

WHY IS THIS IMPORTANT?
A strong pool of applicants allows the College to be more selective in admissions and ensures an adequate number of applicants to meet enrollment quotas.

WHAT DID WE DO?
The admissions representative continued to be available and visible in the Charlotte community participating in more than 50 individual recruiting events.

HOW DID WE DO?
The total number of applications received for all programs increased 5% (1224 to 1280) from 2007 to 2008.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Maintain an adequate number of applications (variance not to exceed 5% increase or decrease).

Unit Highlight #3

WHAT DID WE TRY TO ACCOMPLISH?
To place at least 90% of qualified graduates in the field within six months of graduation.

WHY IS THIS IMPORTANT?
A consistent strong placement percentage indicates that there is a need for the positions in the Charlotte area, that the College is maintaining a strong connection with employers, that graduates are well-prepared for entry-level work, and that the Student Success Coordinator is actively assisting in the placement process.
WHAT DID WE DO?
Continued to work with the CHS New Graduate Center to place graduates in positions within CHS or assist them as necessary in seeking alternative placement.

HOW DID WE DO?
We achieved an overall placement rate of 98% and a placement rate within a CHS facility of 91%.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Continue to maintain a strong overall placement rate.

Unit Lowlight #1

WHAT DID WE TRY TO ACCOMPLISH?
To maintain placement assistance that was readily available and helpful for graduating students.

WHY IS THIS IMPORTANT?
The college exists in part as a pipeline for qualified health care workers to CHS and other health care facilities in the Charlotte. Staff and resources are committed to this effort and one measure is the satisfaction of students and alumni in rating this service.
WHAT DID WE DO?
We continued to provide placement activities for all health care programs and to maintain strong communication with the graduating students.

HOW DID WE DO?
The satisfaction scores with the placement assistance as rated by graduating students from all programs was 3.87 (out of 4.0) and as rated by alumni at the six-month follow-up was 3.11 (out of 4.0).
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Specific focus groups or other data collection will be done to better understand the expectations of graduates and alumni in regards to placement assistant.

Surgical Technology

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

Annual Program Budget Summary:
- **Budget Allocated: $**140,678
- **ActualEnding Margin:** $123,516/-13.9%
- **Significant Changes Made or Needed:** None, was under budget d/t faculty vacancy.

Program Highlight #1

WHAT DID WE TRY TO ACCOMPLISH?
Incorporate Moodle into course curriculum

WHY IS THIS IMPORTANT?
To enhance student and faculty usage of current technology. To increase student access to course materials, enhance communcation between student and faculty, and improve process of submission of st assignments and faculty grading (paperless).

WHAT DID WE DO?
Designated technology liaison. Ensured all faculty attended training. Incorporated Moodle technology into SUR 103, Spring '09 semester.

HOW DID WE DO?
Provided Moodle orientation to students. Students post weekly clinical note assignments on Moodle. Faculty grade and return assignments to students via Moodle. Students receive clinical evaluation via Moodle. One course module delivered via Moodle format including assignments and posttest.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Incorporate Moodle format in all courses.

Program Highlight #2

WHAT DID WE TRY TO ACCOMPLISH?
100% pass rate on certification (first attempt)

WHY IS THIS IMPORTANT?
Quality benchmark

WHAT DID WE DO?
Provided comprehensive review of course content.

HOW DID WE DO?
100% pass rate on first attempt (3/3) graduates sat for exam

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Maintain results

Program Lowlight #1

WHAT DID WE TRY TO ACCOMPLISH?
Maintain or exceed 75% voluntary certification (11/12 or 92% of 2007 graduates sat for certification)

WHY IS THIS IMPORTANT?
Quality benchmark for program

WHAT DID WE DO?
Provided overview on benefits of certification, assisted with registration and held comprehensive reviews

HOW DID WE DO?
3/7 or 49% sat for certification

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Meet or exceed 75%

Departmental Activities

Department (Faculty/ Staff Member)	Description	Date
Academic Affairs (Dr. Janice Terrell)	Served as SACS liaison	2008
Academic Affairs (Dr. Janice Terrell)	Led SACS reaccreditation effort and chaired CPA Accreditation Subcommittee	2008
Academic Affairs (Sue Roux)	Maintained Community section of Service Excellence Bulletin Board.	8/08 (since)
Academic Affairs (Sue Roux)	Assisted w/preparation of certificates and programs for PTK Induction ceremonies	3/28/08 & 10/24/08
Academic Affairs (Dr. Janice Terrell, Sue Roux)	Supported resesarch for EMS Accreditation Application	9/08 - 12/08
Academic Affairs (Dr. Janice Terrell, Sue Roux)	Supported search process for Radiation Theraphy program leader	12/08
Academic Affairs (Sue Roux)	Created process for ST students to track preceptor hours	12/08
Academic Affairs (Allison Bledman & Sue Roux)	Migrated Gen Ed course evaluations to Moodel	12/08
Administration (Dr. Ellen Sheppard, Sherri Marlow)	Ongoing effort to study and remedy the number of unfilled student spaces in nursing education	2008
Emergency Medical Services (John Tartt	Developed and delivered an EMT refresher course for 17 EMTs at Medic.	November 2008
Emergency Medical Services (John Tartt)	Developed a cost saving matrix aimed at increased savings for Medic without reducing the educational quality of the program.	December 2008
School of Nursing (Trish Campbell)	Chair, College Quality Enhancement Plan (QEP)	May 2008
Radiologic Technology (Lucy Davison, Cathey Miller, Patty McCrary, Roy Smither)	Digital Overview From Beginning to End	2008

Departmental Activities (cont.)

Department (Faculty/ Staff Member)	Description	Date
Simulation Center (Dr. Stefanidis, Christina Acker, Dawn Swiderski, Jim Jay)	Carolinas Simulation Center welcomed more than 200 guests and five media outlets at the grand opening on July 17, 2008. Guests toured the center's procedural suite which houses a variety of task trainers suited to every discipline from nursing to surgery, as well as the human patient suite This unique combination of a multi-disciplinary simulation center that houses both human patient simulators and procedural task trainers will offer health care professionals an unparalleled opportunity to improve their techniques and subsequently enhance the safety of their patients	July 2008
Simulation Center (Dr. Stefanidis, Christina Acker, Dawn Swiderski, Jim Jay	The Carolinas Simulation Center received accreditation by the American College of Surgeons as an Educational Institute. The center hosted a site visit for surveyors from the American College of Surgeons in September and received accreditation as a Level I Comprehensive Educational Institute in December.	Dec 2008
Simulation Center (Dr. Stefanidis, Christina Acker, Dawn Swiderski, Jim Jay	The Carolinas Simulation Center received regional recognition in the Southeastern issue of ADVANCE for Nurses magazine for the center's recent success in gaining accreditation by the American College of Surgeons as a Level I Comprehensive Education Institute. The magazine is read by nursing professionals across the country with each geographic region receiving a regionally focused issue monthly.	Dec 2008

B. Committees And Functional Groups

Accreditation Subcommittee
(of the College Planning and Assessment Committee)

Completed by: Janice Terrell

Committee Purpose: The purpose of the Accreditation Subcommittee is to provide oversight, coordination, preparation, facilitation and evaluation as needed for all accreditation reviews for the college and for individual schools and academic programs.

Significant Committee Accomplishments: Developed and implemented a model to accomplish the College's SACS 2010 reaffirmation activities, including formation of teams for the compliance certification and QEP. Provided leadership of writing teams for SACS compliance certification and served as both writers and reviewers of draft certificate while monitoring the overall process for meeting deadlines and determining next steps.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
Completion of SACS Compliance Certification Report and Launch of QEP activities

WHY IS THIS IMPORTANT?
Continued accreditation status with the Southern Association of College and Schools Commission on Colleges

WHAT DID WE DO?
1. Planned and organized the process for working with college-wide volunteer teams to write the Compliance Certificates and identify supporting documentation.
2. Members co-chaired Certificate writing teams with Leadership Team members and also were actively engaged in writing individual Certificates.
3. Members also reviewed and made suggestions for improvements in drafted Certificates.
4. Members and the entire Committee made recommendations concerning which Certificates were ready for review by the President's Council and/or ready for uploading into Compliance Assist for the off-site review.
5. Following the Committee's completion of Certificate reviews prior to President's Council Review, members were invited to work as members of the QEP team as it continued its work into 2009.

HOW DID WE DO?
  At the end of the year, The QEP team was actively engaged in planning and 83% of the Compliance Certificates were in draft form and had been submitted to the President's Council for review and revision.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Committee members will provide one final review of the Compliance Certificates prior to the off-site SACS team's review in September 2009. Members will continue to support both the QEP effort and the activities leading up to the NLNAC review of the Nursing program scheduled for 2010.

Admission, Progression, and Graduation Committee

Completed by: Betty Anderson

Committee Purpose: The purpose of the Admission, Progression, and Graduation Committee is to assure the selection, admission, progression and graducation of qualified students.

Significant Committee Accomplishments: see below

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
Fairly and consistently apply the CCHS policies and procedures to the decisions made by the Admissions, Progressions and Graduation Committee.

WHY IS THIS IMPORTANT?
CCHS wants to admit, retain and graduate the best students. The APG committee must ensure that this is accomplished and that all students are treated fairly and with due process

WHAT DID WE DO?
We reviewed all admissions and approved all graduates for 2008. We reviewed and voted on 12 LOA, did not readmit 5 students; readmitted 5 students; upheld 5 administrative dismissals; and approved Rad tech's new ranking system that included an interview.

HOW DID WE DO?
  The APG committee feels that they were fair and successful in their decisions even though the decision may not uphold the program's recommendation..

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Fairly and consistently applying the policies and procedures of Carolinas College of Health Sciences to the decisions made by the Admissions, Progression and Graduation Committee.

College Planning and Assessment Committee

Completed by: Janice Terrell

Committee Purpose: The purpose of the College Planning and Assessment Committee is to coordinate and oversee the on-going processes of planning, assessment, monitoring, and evaluating the functions of the college for the continued improvement of quality and institutional effectiveness, assuring compliance with accrediting standards, and benchmarking against best practices.

Significant Committee Accomplishments:

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
Implementation of the 2008-20012 Strategic Plan, launch of QEP, completion of SACS Compliance Certification report, implementation of 2008 IE plan and development of the 2009 IE plan, oversight of ongoing planning and continuous improvement efforts in addition to management of all accreditation review processes.

WHY IS THIS IMPORTANT?
The strategic planning process includes planning, identifying the strengths and investigating the weaknesses of the institution, scanning the opportunities and threats within our environment, and then setting goals and developing an approach to meet those goals. In the context of CCHS, it is a way to remain aware of the workforce needs of our healthcare system and community and plan how to achieve our mission and goals within the context of those needs.

WHAT DID WE DO?
Through the following subcommittees, the following was accomplished (see separate subcommittee reports):

Strategic Planning:
 - A plan for implementation of the 2008-2012 Strategic Plan approved at the end of 2007 and implementation activities began in early 2008.
 - A brochure was developed for distribution to summarize the directions and goals of the strategic plan.

Quality Improvement/Research (These subcommittees were combined in mid-2008)
Restructured and implemented the 2008 IE Plan
- The format of the IE Plan was revised for 2008 and the plan was implemented/
- The 2009 IE Plan was developed.
- Improvements were made to online surveys
- The Personnel Comprehensive Assessment (PCA) was administered and reviewed.
- CCSSE survey was approved for administration in 2009.

Accreditation
- The proposed organization and processes for SACS reaffirmation was developed and implemented.
- The QEP focus was developed and approved and ongoing support for the QEP team was provided.

HOW DID WE DO?
 All primary goals for the CPA subcommittees were accomplished.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Completion and review of 2009 IE Plan goals and reporting, of 2009 Strategic Plan goals and reporting and final review and publication of the SACS Compliance Report in late August 2009 along with continued support and oversight of QEP development.

Community Involvement Committee

Completed by: Kimberly Yarborough

Committee Purpose: To provide service and benefit to individuals, groups, and organizations in need within our community. To support and exemplify the core values and the pillars of excellence of the college and of the parent organization, Carolinas HealthCare System.

Significant Committee Accomplishments: Continued to strongly support community needs in an economic downturn.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
Advertise and encourage community involvement for college faculty, staff and students

WHY IS THIS IMPORTANT?
It is one of the 5 pillars of excellence, Community Benefit, so CCHS is directed to be involved in the community as a service to the community and to raise awareness of CCHS and CHS as a whole.

WHAT DID WE DO?
The Community Involvement Committee in cooperation with CHS Community Involvement supported several projects. Help Kids Succeed involved collecting healthy snacks for kids thru 2nd Harvest along with School Tools thru Classroom Central. We also collected books for Give a Kid a Book, money thru Reindeer Raiders and gifts thru Holiday Cheer.

HOW DID WE DO?
 We did great! We collected several barrels of snacks and school supplies, a box of books, and sponsored multiple stockings and angels. Our Reindeer Raider exceeded her goal!

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
We would like to continue to participate in the major projects suggested by CHS along with any smaller, more personal projects suggested by faculty, staff or students of CCHS. We would also like to see increased involvement among all those on campus.

Curriculum Committee

Completed by: Ellen Sheppard

Committee Purpose: Curriculum Committee is a functional group comprised of key academic leaders and managers as well as the president and dean of student services and enrollment management. The committee is charged with thoughtful consideration of all proposed curriculum changes. Thoughtful consideration includes informing personnel of decisions to be made, soliciting input, assuring that reasonable and appropriate vetting of recommendations is conducted and that recommendations are based on sound data, research, and best practices.

Significant Committee Accomplishments: Approved eliminating the EMS bridge program, adding Radiation Therapy and CT programs, and Leadership Institute to college catalog, and renumbering many courses to implement a course naming/numbering convention.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
Continued vigilance of the currency and effectiveness of curricula, and the efficacy of recommendations for change.

WHY IS THIS IMPORTANT?
Little is of greater importance to a college than the strengths of its programs and courses. The committee's function is to assure that recommendations presented are thoroughly vetted to assure all curricular changes are informed by data, research, and best practices; that new programs approved have the highest possible likelihood of being successful, that classes are of appropriate complexity and rigor for an undergraduate Level I school, and that only courses are approved which the college has the ability to support.

WHAT DID WE DO?
Approved recommendations to:
a. Eliminate the under-utilized EMS bridge program
b. Adopt and implement a common convention for numbering and naming classes
c. Investigate the development of Radiation Therapy and Computed Tomography programs
d. Approved the addition of "Leadership Institute" (aka "Experiential Leadership" to the catalog of course offerings

HOW DID WE DO?
All indications are that the committee continues to be effective in accomplishing its mission. Course and program evaluations are routinely high; employers express high satisfaction with the abilities of gradates; alumni express high levels of satisfaction with their preparation for the workforce, and certification/licensure rates are high. Equally important, student success remained stable, indicating appropriate degree of difficulty, and student-to-faculty ratios, which low, remain stable, indicating the tendency toward course proliferation has been kept in check.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Final approval of Radiation Therapy and CT curricula; continued vigilance of the currency and effectiveness of curricula, and the efficacy of recommendations for change.

Development Committee

Completed by: Kim Bradshaw

Committee Purpose: Seek, encourage, and coordinate fund raising strategies with the goal of assisting the college to accomplish greater financial self-sufficiency and expanded financial resources.

Significant Committee Accomplishments: In 2008 the Development Committee held the annual Alumni Phone-a-thon at the end of March. The 2008 Phone-a-thon raised the most funds in the history of the phone-a-thon at $11,375.00. This was a 30% increase over the 2007 amount. The Development Committee also held an employee campaign in the summer of 2008 that raised $1,626.00.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
Raise funds and donor awareness for Carolinas College of Health Sciences.

WHY IS THIS IMPORTANT?
To accomplish greater financial self-sufficiency and expanded resources.

WHAT DID WE DO?
Held two important fund-raising campaigns for over $13,000 in donations.

HOW DID WE DO?
Annual Alumni Phone-a-thon and Employee Campaign.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Continue to raise funds and awareness for the College Development Fund.

Employee Retention Committee

Completed by: Janie McCloskey

Committee Purpose: To assess, plan, implement and evaluate factors within CCHS that effect employee retention

Significant Committee Accomplishments: Established evaluation of trends for exiting employees to make recommendation for change. Serenity room for stress reduction.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
1. Formulate and coordinate one activity each semester that involve the employees in a social activity
2. Recognize employee Birthdays and professional occasions
3. Coordinate sending of flowers, donations and or cards from the college for special occasions
4. Coordinate the quarterly lunch ladders
5. Assist with college functions or occasions as necessary
6. Annually evaluate trends identified by employees that terminate and make appropriate recommendations

WHY IS THIS IMPORTANT?
Ways of recognizing employees during various times contribute to employee retention. Employee retention maintain consistent staff which results in decreased orientation time and costs.

WHAT DID WE DO?
A social activity was done at least once per semester. These included; potato bar in March, a cookout occurred on June 27, 2008, and a taco lunch in October. Employee's birthdays were recognized via the computer until August 2008. At that time, birthdays were recognized with a banner placed on the employees' door. Pat Lewis remains the coordinator of flowers. Lunch ladders continue. The 4th quarter was deferred until the first quarter of 2009. Other activities by the ERC included a serenity room in December for stress reduction as well as multiple soup Fridays that were done at unscheduled times throughout the year. Special weeks were still recognized on the flat screen in the lobby. The ERC co-championed the Live Well Carolina Campaign and does a bulletin board for Live Well Carolina topics. ERC became involved in assessing new employee orientation

HOW DID WE DO?
   Semester events remain very well attended and accepted. Positive comments about switching the birthday signs to the employee doors. Quarterly lunch ladders have not been very successful. Serenity room was very well received. Plan to continue. Evaluating trends and employee orientation have been a major focus for the committee. This is ongoing

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Development of a 6 week orientation tool for new employees. Plan semester activities around special weeks with special recognition to the employees involved. Develop a longevity recognition plan.

HIPAA

Completed by: Trish Campbell

Committee Purpose: The overall purpose of the Facility Privacy Director is to ensure that measures are in place at CCHS to protect the privacy and security of protected health information for the patients served within CHS facilities and to ensure compliance with the HIPAA privacy laws and regulations.

Significant Committee Accomplishments:
1. Quarterly HIPAA audits were performed with all departments consistently scoring 100%.
2. The Student HIPAA Privacy Sanctions Policy was updated to ensure adherence to both FERPA and HIPAA standards.
3. All misuses/violations of HIPAA were reported to the Corporate Privacy office.
4. HIPAA/Corporate Compliance education was provided to all incoming program students.
5. CCHS was represented at all Corporate Privacy meetings.
6. The Annual Program Assessment was completed with Corporate Privacy staff, with CCHS scoring 100%.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
The overall purpose of the Facility Privacy Director is to ensure that measures are in place at CCHS to protect the privacy and security of protected health information for the patients served within CHS facilities. This includes reviewing policies and updating as needed; educating students, staff and faculty; communicating with students, staff and faculty re: privacy issues; conducting quarterly and annual privacy audits and reports; investigating any misuses or violations of HIPAA, and ensuring that sanctions are applied appropriately in the event of misuse or violation of HIPAA.

WHY IS THIS IMPORTANT?
Adherence to HIPAA policies and standards is mandatory for all CHS facilities and is subject to federal regulation.

WHAT DID WE DO?
1. Two changes were made in the quarterly audit process: (1) non-clinical areas (general education and student services) were exempted from the departmental audits; (2) a new audit tool was created for academic areas.
2. Misuses/violations of HIPAA were investigated, reported, tracked, and appropriate sanctions applied. For 2008, there were 5 violations by students. Investigations were conducted and sanctions administered per CCHS HIPAA sanctions policy.
3. The CCHS HIPAA sanctions policy was updated.
4. HIPAA/Corporate Compliance education was provided to all incoming program students.
5. A presentation and online quiz were created and distributed to all clinical areas to refresh students on HIPAA policies. Articles on HIPAA were written for student newsletters.
6. CCHS was represented at all Corporate Privacy meetings. In addition, an annual program assessment was conducted with Corporate Privacy staff.

HOW DID WE DO?
1. Quarterly audits for all departments scored 100%.
2. All students who violated HIPAA were placed on action plans per CCHS sanctions policy. No repeat violations occurred.
3. Records of student education were kept by Student Services to ensure compliance with this requirement. The HIPAA module and post test were placed into Moodle to facilitate record-keeping.
4. CCHS scored 100% on the annual program review that was conducted with Corporate Privacy.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Continued compliance with all HIPAA policies, as evidenced by:
1. Quarterly audits for all departments will score 100%.
2. Misuses/violations of HIPAA will be kept to a minimum. Any violations by students will be sanctioned according to CCHS policy. All misuses or violations will be reported to Corporate Privacy within 48 hours of the occurrence.
3. All incoming program students will complete the required HIPAA education.
4. CCHS will be represented at all Corporate Privacy meetings.
5. The annual HIPAA program assessment will remain 100% for 2009.

Leadership Team

Completed by: Ellen Sheppard

Committee Purpose: Leadership Team is a functional group comprised of key College managers and leaders and charged with representing college wide thought and opinion, making decisions which impact the entire college, and disseminating information.

Significant Committee Accomplishments: Approved restructuring of the college hierarchy to add continuing education department, move IRC under student services, and move nurse aide under continuing education. Approved a budget timeline developed by the Director of Business and Finance which provided for multiple steps in which employee input was expected, plus several education sessions explaining the budget process. Expanded meeting to 3 hours to enable full agenda to be covered and to allow for more thoughtful discussion & decision-making. By instituting 2-week submission deadline on all recommendations, we eliminated quick decisions which are not well communicated to personnel in advance. Imbedded roll-outs of LDI content into leadership meetings so that managers more cohesively reflect standards of service excellence. Revised travel process to more strategically direct travel funds toward IDP-related goals and weaknesses. Approved 11 recommendations intended to improve quality and outcomes.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
1. Improved staff participation in budgeting and decision making.
2. Improvement in interdepartmental communication.
3. Improved staff-faculty meetings due to leadership team input.
4. Integration of our core values and tenets of service excellence throughout the college via intentional employee recognition, leadership role modeling, and continuous focus on quality. .
5. Continued excellent decision making, budgeting, and achievement of goals due to shared decisions and thoughtful decision making.
6. Coordinated discussion and implementation of plans for SACS compliance, as directed by the CPA Committee.
7. Coordinated implementation of year two of strategic plan.
8. Coordinated support for implementation of the QEP.

WHY IS THIS IMPORTANT?
Better decisions are made when all key managers talk about and address the issues and when their opinions are intentionally informed by conversation with their constituents. Decisions are better embraced and supported when all employees feel they've had input, and when the outcome of all decision making is reported to all constituents.
Employee satisfaction increases when personnel know they are heard and that their opinion is valued. Demonstration of commitment to core values and expectations of quality must be modeled at the top and must be clearly communicated if a culture is to reflect those things.

WHAT DID WE DO?
1. Approved a budget timeline developed by the Director of Business and Finance which provided for multiple steps in which employee input was expected, plus several education sessions explaining the budget process.
2. Revised the meeting time and agenda to allow one hour more per meeting = allowed more thoughtful discussion.
3. Enforced 2-week notification before action is taken on recommendations to allow for staff input.
4. Imbedded roll-outs of LDI content into leadership meetings and staff-faculty meetings.
5. Revised travel process to focus on funding travel only if related to individual development plans, and only with commitment to share knowledge gleaned with others.
6. Recommendations approved by Leadership Team during 2008 included:
   a. No longer offer EMS Bridge program
   b. Merge Distance Education Committee into Learning Resources Committee
   c. Revise IE planning
   d. Change mission statement from partnering with "CHS" to partnering with "CMC."
   e. Change admissions criteria relative to nursing admissions testing
   f. Increase lab fees and tuition
   g. Approved adding "management" as a separate break out on future PCAs
   h. Hierarchy changes related to nurse aide, IRC, and continuing education.

HOW DID WE DO?
Immediate quality indicators indicate continued excellence: student satisfaction, pass rates, completion rate. Annual PCA (staff satisfaction), however, declined in the area of staff satisfaction.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
1. Better understanding among staff and faculty of the hierarchy and the functions of LT and PC.
2. Improved personnel satisfaction on the 2009 PCA in area of "input into budget" and "input into decision making."
3. Improved staff satisfaction (per the 2010 PCA) in areas of communication and overall satisfaction.
4. Agendas out earlier so that entire college feels engaged in LT activities.
5. Finalize hierarchy changes and titles relative to Imaging.

Learning Resources Committee

Completed by: Lori Lieving

Committee Purpose: To ensure adequacy of learning resources to meet the college and program goals. Learning resources are defined as resources available at the College or the AHEC Library and Information Resource Center and (teaching aids, audiovisual equipment, software, hardware, books, and journals) necessary to deliver effective instruction and improve student learning, both in the classroom and online.

Significant Committee Accomplishments:
- Purchasing of new learning resources requested by faculty
- Implementation of online course delivery using Moodle software platform
- Coordination of training activities

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?

The Learning Resources committee tries to ensure that the learning resources that are available to faculty and students meet their needs, and that faculty and students have adequate training to use those resources. In addition, resources that are available through the AHEC Library are reviewed and discussed through the Learning Resources Committee.

WHY IS THIS IMPORTANT?

Faculty need to have access to and be able to use up-to-date resources to enhance student learning.

WHAT DID WE DO?

Forms were created for faculty to request purchases through the LRC as well as seek approval for using Moodle. The committee reviewed all requests for purchases and Moodle pages. Training sessions were held throughout the year for the use of new technologies. All of the purchases made by the AHEC Library on the behalf of CCHS were reviewed throughout the year. In addition, faculty were asked to submit specific requests for items to be purchased by the AHEC library. Finally, because of the overlap of committee functions, the Distance Education and Learning Resources committees were combined. The composition of the committee was structured so that all technology staff and coaches, along with the CCHS AHEC Library liaison were a part of the committee.

HOW DID WE DO?

The LRC was successful in meeting the committee purpose during 2008. An audience response system was requested for purchase by a faculty member and subsequently purchased. Interested faculty have received training to use the system. Impatica software was purchased to allow faculty to create slideshow presentations with voiceovers that can be uploaded to course web pages.

Communication with the staff at the AHEC library has been enhanced. The Acquisition and Deletion of Learning Resources policy was revised to include the review process for AHEC resources.

The Distance Education policy was initially drafted at the beginning of 2008 and was revised near the end of 2008 as the processes for distance education courses have become more consistent. All faculty have received training on using Moodle, and additional advanced training sessions have been offered. Distance Education courses have been evaluated with new items that were added to course evaluations. Overall, almost all evaluation items were evaluated above benchmark. The LRC reviewed all requests for Moodle course pages. An orientation to Moodle page was created to help familiarize students with using the technology.

Two active students have been a part of the LRC during the 2008-2009. They have represented student issues with regards to the workload with the incorporation of online learning activities as well as discussing the organization of the Moodle home page and the availability of course packets.

Through the LRC, two educational experiences were offered to faculty on copyright issues: an AHEC librarian delivered a presentation at a faculty-staff meeting to educate faculty on relevant copyright issues. In addition, several AHEC librarians are reviewing Course packets to ensure all materials are in compliance with copyright standards.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Now that general policies and procedures have been established both for distance education courses and for learning resources, improving the details of the processes is the next step. For Distance Education courses, the LRC will begin to focus on the assessment and evaluation of the quality of distance education offerings. This will require reviewing evaluative data and also creating general standards for online material. The LRC would also like to improve communication among and between faculty in different programs by sharing "Lessons Learned" from direct experience using technology or from attending conferences. In addition, faculty representatives from LRC will try to share with the committee what specific issues faculty are having using technology. In initial reviews of evaluative data, it is clear that students have several misconceptions about the different types of distance education courses are offered. Therefore, the LRC should also work on improved communication with students. The LRC also wants to have a continued successful partnership with the staff at the AHEC library. Finally, the process for requesting and ordering purchases will be monitored to determine whether any additional changes in the process are needed.

Nursing Curriculum Committee

Completed by: Cathy Borysewicz

Committee Purpose: To develop, guide, and evaluate curricular matters related to the nursing program of study.

Significant Committee Accomplishments: 1. Transitioned to ATI for the Total Testing Process.
2. Incorporated Moodle into all nursing courses.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
The delivery of an excellent education for all students through the implementation of an educationally sound curriculum based on evidenced-based practices essential to the role of the entry level ADN graduate.
WHY IS THIS IMPORTANT?
In order to maintain accreditation from the NC BON, SACS, and the NLNAC, as well as to ensure that we are producing competent graduates capable of passing NCLEX-RN and working as entry level ADNs.
WHAT DID WE DO?
1. Reviewed evaluation data for all nursing textbooks.
2. Added Evolve Apply Online Case Studies to course resources.
3. Reviewed results of standardized tests and NCLEX-RN.
4. Revised time frame in which any unsuccessful CAP test needs to be successfully completed for progression.
5. Revised the functions of the committee.
6. Held Faculty Development Workshop on team building and stereotyping.
7. Reviewed policies on Action Plans, Course Audit, and LOA. Suggested revisions as necessary.
8. Reviewed and revised the SON Philosophy and Curriculum Grids to reflect the National Patient Safety Goals and the Eight Never Events.
9. NUR 202 rearranged course: all content taught in the 1st half, preceptorship in the 2nd half.
10. Added an online course platform.
HOW DID WE DO?
1. 95% NCLEX-RN pass rate for first-time candidates in 2008.
2. 89.94% of students passed the ATI CAP test by the 2nd attempt in 2008.
3. Student feedback related to NUR 202 changes very positive.
4. Average employer rating of students after 6 months 4.91 (19% response rate).
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
1. 100% NCLEX-RN pass rate.
2. Continued excellent curriculum.
3. Excellent preparation for NLNAC visit.
4. Provide a Faculty Development Workshop to meet the needs of the faculty.

Quality Improvement Subcommittee
(of the College Planning and Assessment Committee)

Completed by: Trish Campbell

Committee Purpose: The purpose of the quality improvement subcommittee is to provide oversight, review, and coordination of the ongoing processes of the college's institutional effectiveness plan and all phases of the evaluation processes throughout the institution to assure provision of a quality educational environment.

Significant Committee Accomplishments:
1. The IE process was restructured in 2008: each department/unit was given responsibility for developing an IE plan. The Quality Improvement subcommittee provided guidance and support to each area in creating the plans. The QI subcommittee then reviewed and approved the IE plans. The planning process was begun in the spring, in order to coordinate with budget planning.
2. The committee reviewed and summarized the reports of progress toward goals and presented the findings for the 2007 calendar year at the Annual Meeting.
3. The committee transferred the responsibility for reviewing the results of each evaluation survey tool to the individual departments. The committee ensured that the results of the survey tools were included in the IE reports for each department, and continued to review/track the progress toward goals and action steps outlined in the reports.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?

A cohesive overall assessment plan with increased involvement and ownership by the individual units/departments.

WHY IS THIS IMPORTANT?

Quality improvement efforts focus on creating meaningful goals, measuring our progress toward attaining those goals, and identifying action plans for areas that fall below benchmark. These efforts ultimately measure our progress toward achieving our college mission.

WHAT DID WE DO?

Survey tools were changed to an online format.

The Quality Improvement and Research committees were merged.

Curriculum and Program review policies were developed and submitted to College leadership.

The Institutional Research Coordinator was appointed permanent chair of the committee.

The IE process was changed as described above.

IE reports were reviewed, progress toward goals was tracked.

A report was provided to the College re: goal attainment for the previous year.

Oversight was provided to the individual units/departments in creating IE plans for 2009.

HOW DID WE DO?

The evaluation of the annual meeting showed all areas above benchmark except the open discussion time and the scheduling of the meeting itself.

The Personnel Comprehensive Assessment results related to the availability of evaluative data and the use of evaluative data in the implementation of the IE plan were above the College benchmark of 4.0. The question related to changes made based on evaluative data scored below benchmark. Further discussion and action concerning this issue was conducted by College leadership.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

1. Refine the IE process, adopting a 3-year cycle for IE planning. This will allow more effective tracking of data and results of actions taken in response to unmet goals.
2. Review progress toward IE goal attainment at midyear and end of year for all departments.
3. Ensure that departmental evaluative data are tracked by individual departments.
4. Communicate progress toward goal attainment to the faculty and staff.

Research Subcommittee
(of the College Planning and Assessment Committee)

Completed by: Lori Lieving

Committee Purpose: The purpose of the Research Subcommittee is to provide oversight and review of the design, development, implementation, and on-going review of research tools and practices for the college as they relate to the effective measurement and trending of institutional data.

Significant Committee Accomplishments:
-Thorough review of course evaluation forms
- Developed process for individuals to request revisions of forms based on data
- Initiated benchmarking process for CCHS

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
The purpose of the Research Committee was to provide organization support for the evaluation process at CCHS. One primary function of the committee was to coordinate evaluation efforts through one group of individuals so that evaluation processes were conducted in a consistent fashion across the institution.

WHY IS THIS IMPORTANT?
With different individuals involved in the evaluation process in different programs, it was sometimes the case that different versions of evaluation forms might be used, or items on evaluation forms were being revised without any review or approval.

WHAT DID WE DO?
The Research Committee was formed and an Evaluation Revision request form was created. Directors, faculty and staff were educated regarding the process for revising evaluations forms. All revisions were reviewed by the committee. In addition, the committee initiated the review of several evaluation forms that are used across different academic programs. Finally, individual schools were identified that would participate in benchmarking activities with CCHS, as well as identifying the specific measures that would be used in benchmarking activities.

HOW DID WE DO?
The committee was successful in completing a thorough review of evaluation forms at the college. To summarize, the following evaluations were reviewed and revised: Course evaluation forms, Personnel Comprehensive Assessment updated and revised to be in line with Institutional Effectiveness and Strategic Plans; the wording on the Nursing End of Program and End of NUR 101 items were revised to be consistent so that items could be trended over time; revised all End of Program evaluations to ensure that several college-wide questions were included in each, revised Behavioral Health Clinical site evaluation, and added questions corresponding with Distance Education offerings.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
The functions of the Research Committee will now be included with those of the Quality Improvement Committee, as there is overlap between the two committees.

Safety Committee

Completed by: Cynthia Bean

Committee Purpose: The purpose of the Safety Committee is to ensure a safe, healthful and secure work and educational environment and compliance with safety regulations as prescribed by the CHS Safety Committee and other accrediting or regulatory agencies.

Significant Committee Accomplishments:

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
The overall purpose of the Safety Committee is to provide a safe environment for faculty, staff, students and visitors at CCHS

WHY IS THIS IMPORTANT?
Personal safety is a critical requirement for all to successfully carry out business in this environment.

WHAT DID WE DO?
*AED procedure was updated and presented to Faculty /Staff meeting.
* First Safety Week was held 11/3-11/7/08 with emphasis on
           Nametag enforcement; Employee Health - Preventing sharps/needlesticks, and Body Mechanics; Security with self-defense classes; an AED event; and Fire Safety info sent out to all students, staff and faculty, Flu prevention and vaccines
*Fire Drill on 11/20/08
*Emergency Preparedness: Policy revised by Hampton Hopkins 4/08, then transferred to John Tart 10/08, then to Janie McClosky. From this discussion came the invention of "Emergency preparedness kits" with supplies for emergency events. There was a webinar after the "Virginia Tech incident" that also lead to a table top discussion with CCHS, Lincoln Harris and security. After these discussions, walkie talkies were purchased and placed in Pat Lewis office, Hampton Hopkins office and business office.
*ROII: 14 Reported: 4 slips/trips/strains, 4 fainting/passed out, 2 needlsticks, 2 splashes, 1 latex allergy, 1 exposure to MDO
*Online ROII reporting started 12/15/08
*Fire Plan was updated with new room numbers with addition of Simulation Lab.
*ACE modules were required of all faculty, staff and students
*Incorporate a "Safety" article in newsletter every month.

HOW DID WE DO?
*Fire Drill report of 91%
*On the PCA, the question about the "college provides a safe and secure environment reviewed scores from staff = 4.35, and faculty = 4.05
*17% reduction in ROII from 2007
*Compliance on ACE module completion was 91 %

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Continue to increase safety awareness and accountability of all faculty, staff, and students.
*Evaluate the need for emergency response training and train accordingly.
*Safety Manual is being incorporated into CCHS Policy and Procedure due to SACS requirements.
*Incorporate safety education into CCHS new student orientation. (it was for years, then taken out)
*Retrain as many "non Nursing" employees in AED.
*Improve communication concerning any safety issues.

Scholarship Committee

Completed by: Jill Powell

Committee Purpose: To develop and implement a system for awarding need-based and merit-based Scholarships to students.

Significant Committee Accomplishments: Awarded $102,675.00 in scholarships in 2008. Hosted the largest ever Scholarship Reception in fall 2008 that was attended by all student recipients but one.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
To award 100% of funds given to us by Carolinas HealthCare Foundation in scholarships to CCHS students

WHY IS THIS IMPORTANT?
To demonstrate effective and efficient use of resources and to accomplish our mission in assisting students financially

WHAT DID WE DO?
The scholarship committee met multiple times throughout the year to award scholarships to students as funds were available. The committee also planned and hosted the annual Scholarship Reception on Oct. 2, 2008. This was the largest reception in the history of the College with approximately 102 attendees.

HOW DID WE DO?
Scholarship funds totaling $102,675 were awarded in 2008 to 106 students.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Continue to award 100% of funds available and host another scholarship reception in the fall of 2009.

Service Excellence Committee

Completed by: Betty Anderson and Susan Thomasson

Committee Purpose: To promote and educate CCHS employees and students about Service Excellence

Significant Committee Accomplishments: 4/15/2008 Sponsored a workshop on Integrity

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
Continue to make CCHS students and employees aware of the CHS core values and service excellence goals.

WHY IS THIS IMPORTANT?
These are the goals for CHS and CCHS in an effort to increases customer satisfaction

WHAT DID WE DO?
On April 18, 2008 committee sponsored a workshop for the surrounding area educators. The workshop was Creating a Culture of Academic Integrity which included speakers and panel discussions.
Also participated in the quarterly standards of excellence emphasis created by CHS. The quarterly value was posted on the message board to create more awareness.

HOW DID WE DO?
 We had over 80 attendees and very good evaluations.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Continue to re-enforce to employees and students these values and incorporate these concepts into their work as well as their daily lives.

Strategic Planning Subcommittee
(of the College Planning and Assessment Committee)

Completed by: Hampton Hopkins

Committee Purpose: The purpose of the Strategic Planning Subcommittee is to provide oversight and review of the design, development, implementation, and on-going review and assessment of the college's strategic planning process and strategic goal outcomes.

Significant Committee Accomplishments: Completed 43% of the total strategic initiatives in 2008. Many of the initiatives were scheduled for completion in the first two years so this is not a surprising number. As College personnel actually addresses the initiatives, several of the completion dates were revised to be more appropriate to the task.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
To manage the 2008-2012 Strategic Plan and ensure compliance with the timelines by following up bi-annually with responsible individuals to assess progress to accomplishing the strategic directions.

WHY IS THIS IMPORTANT?
The Strategic Plan is a guiding document designed to assist the College in moving forward in several key broad directions: students, work environment, facilities, technology, growth, and visibility

WHAT DID WE DO?
The Strategic Planning Sub-Committee met monthly and reviewed progress towards completion of the strategic initiatives. Bi-annually in June 08 and January 09, we assessed the progress towards this completion in formal reporting from the individuals responsible for completion.

HOW DID WE DO?
The College achieved completion of 43% of the strategic initiatives in the first year.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Continue to achieve progress and to revise timelines as appropriate to ensure that all initiatives are achieved in the five-year timeframe.

Student Life Committee

Completed by: Ann Keathley

Committee Purpose: To plan and provide extracurricular activities which contribute to student success, broaden students' experience base, and encourage interaction among students and between students and personnel.

Significant Committee Accomplishments: Various as listed below

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?
Coordination of extra curricular activities at a time when the most students are available and therefore providing opportunities to interact with all the 'programs' at the college and with the faculty and staff.
WHY IS THIS IMPORTANT?
The activities give the students the opportunity to relieve stress, to get to know one another and form relationships within and between programs and with the faculty and staff.
WHAT DID WE DO?
 Activities:
- Thanksgiving Luncheon
- We Love Our Students Day
- Easter Egg Hunt - or "Egg-stravaganza"
- Spring Fling
- "Chill-out-for Exams" - ice cream treats
- Student Spotlight and Bulletin Board
HOW DID WE DO?
   The Thanksgiving luncheon was a success again. We served the food in the Lobby and had the tables set up in the auditorium. This seemed to work well so that the faculty could mix and mingle with the students.
The students thanked the committee members who were at the table telling them that they appreciate the candy at Valentine's Day.
Spring Fling was a big hit as it brings out the competitive nature in the students, not to mention the faculty!
The one area we have not been as successful in is the spotlight and bulletin board, and we are still working on this. We are including the student forms in the Orientation packets again and hope we will get more response than we did at the last orientation. The chair presents the purpose of the committee during orientation with hopes of encouraging participation.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Our plan is to stay with this line up again, but add more 'exam breaks' as has been done in the past.

C. Student Organizations

Phi Theta Kappa

Completed by: Sara Masters

Organization Highlights

WHAT DID WE TRY TO ACCOMPLISH?
The Beta Zeta Sigma Chapter of Phi Theta Kappa has a goal of providing opportunities in scholarship, leadership, service and fellowship for members of the organization

WHY IS THIS IMPORTANT?
These are national goals of Phi Theta Kappa and the purpose of the chapter

WHAT DID WE DO?
1. Induction March, June and November with 49 new members
2. Provided graduation celebration luncheons in May and December
3. Sponsored 3 blood Drives (Feb, May, Oct)
4. Served as marshalls during graduation
5. Collected tolietries for the Emergency Winter Shelter
6. Volunteered to serve at the Emergency Winter Shelter
7. Volunteered at a community health clinic
8. Provided 4 fellowship events
9. Created better communication through page on Moodle website
10. Wrapped gifts for Camp Care holiday party
11. Continued having duplicate meetings with co-leaders to ensure times were available to members

HOW DID WE DO?
The organization grew in its activities and communication. Membership participation continues to be a challenge. Have had greater participation in fellowship and outreach than in previous years. Had strong membership recruitment with 49 new members.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Continue to increase membership adn promote participation in activities.

SUMMARY OF ORGANIZATIONAL ACTIVITIES

Scholarship/Leadership:
No nominations
Served as Marshalls for graduation
Fellowship:
Held the following fellowship events:
- two graduation lunches to celebrate PTK graduates
- Lynx ride and dinner at Brixx downtown
- Dinner and games night
- Whitewater rafting
- Holiday Dinner
Awards:
None
Presentations:
5 Business meetings
School Activities:
Held 3 induction ceremonies
Sponsored 3 blood drives (Feb, May, Oct)
Served as marshalls during graduation
Created a Moodle website page for ease of communication
Updated the Bylaws and the PTK Scholarship Guidelines
Community Activities:
Collected supplies for the Emergency Winter Shelter
Provided dinner and served at the Shelter
Wrapped over 300 Packages for Camp Care Holiday Party
Volunteered in the community clinic
Regional Activities:
None

Student Government Association

Completed by: Joy Godwin

Organization Highlights

WHAT DID WE TRY TO ACCOMPLISH?
To make our availability known to the student body.

WHY IS THIS IMPORTANT?
Our main goal is to be a liaison between the student body and administration.

WHAT DID WE DO?
We held open forums and communications through the student newsletter.

HOW DID WE DO?
We met our goals according to the results of end of the year surveys.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Continued presence in the College as an avenue of communication for the students. We also want to continue to support the Community Involvement Committee in their projects.

SUMMARY OF ORGANIZATIONAL ACTIVITIES

Scholarship/Leadership:
Led fundraisers for Cline Classics, Ultrascopes
Fellowship:
Held monthly meetings of officers and representatives.
Awards:
Presented CCHS with new student breakroom furniture and gempay outlet. The gempay outlet will enable the College to be more successful in their fundraising efforts.
Presentations:
Assisted at New Student Orientation. Presented opportunity to new students to get involved in SGA and College Committees. We presented Committee Chairs with student member recommendations.
School Activities:
Provided breaks for Orientations.
Recruited leaders from each program to become representatives of their school.
Assigned student members to College Committees.
Ran elections for new officers.
Participated in Student Leaders Meetings.
Collected and distributed used uniforms.
Assisted all Community Involvement activities by promoting participation by the Student Body.
Held open forums for the student body to offer opportunity to communicate concerns to administration.

Community Activities:
Participated in: Arts and Science Council Campaign, School Tools Drive, Book Drive, Christmas Stockings and Angels
Regional Activities:
N/A

Student Nurses Association

Completed by: Brenda Vasquez

Organization Highlights

WHAT DID WE TRY TO ACCOMPLISH?
To promote integration of the college within the community.
To promote leadership development within our student body.
To recognize student's leadership contributions to the school, community and the profession of nursing.
To facilitate student success.
To promote professional growth and introduce students to future career paths.
To maintain and operating budget sufficient to implement goals of the organization.

WHY IS THIS IMPORTANT?
These goals promote growth and development of future leaders in the nursing profession and socialize students to the profession of nursing.

WHAT DID WE DO?
We participated in community outreach programs and provided a student coordinator for the Explorer Scout Troupe. We maintained the leadership positions within the organization that promoted development of leadership skills. We recognized two students who made outstanding contributions to the school, the community and the the profession of nursing by granting each a scholarship of $250.00.
We also provided panel discussions to assist begninning nursing students in being successful in their academic endeavors in the School of Nursing as well as brought in student alumni who could prepare graduating students for the interview and hiring process, as well as the realities of their first job as an RN.
We raised enough money to meet our goals for awarding 2 scholarships of $250.00 each.

HOW DID WE DO?
We met our goals!

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?
Continue with the same momentum.

SUMMARY OF ORGANIZATIONAL ACTIVITIES

Scholarship/Leadership:

January, 2008 - May, 2008	May, 2008 - December, 2008
Co-President: Jenny Roos, Anquanetta Vsnnon	President: Jenny Roos
Vice President: Vacant	Vice President: Vacant
Secretary: Shelly Wells	Secretary: Amber Hallgren
Treasurer: Meredith Sutton	Treasurer: Merredith Sutton
Explorer Scout Troupe:Vanessa Shackleford	Explorer Scout Troupe: Amber Hallgren

Fellowship:

Leadership luncheon to honor outgoing board members of the SNA in April and December, 2008.

Awards:

Cynthia Favorite Scholarship Award: Awarded $250.00 to each student: May 2008 - Anquanetta Cannon

December '08: Jenny Roos

Presentations:

April, 2008: Panel discussion presented for NUR 101 students to orient them to the Intermediate Level of Nursing.

September, 2008: Panel discussion for NUR 101 students entitled: Plan for Success

November, 2008 Several recently graduated alumni of the School of Nursing returned to participate in a panel discussion entitled: "Voices From the Past". These students shared their experiences during the interviewing, hiring and first RN position process.

School Activities:

Created and manned a booth about the Student Nurse's Association in the lobby in Jan. 2008 and August 2008 during new student orientation. SNA board members presented a 5-10 minute overview of the SNA during orientation.

Fundraising: Raffled a stress relief basket and a back pack with survival tools for success, and raffled a parking space 3 times, held numerous bake sales, etc in order to raise money for the Cynthia Favorite Scholarship.

Community Activities:

The SNA participated in two community outreach programs during 2008:

Juvenile Diabetes Research Fund Walk-For-a-Cure in April, '08.

The Women's Health Fair, February, '08 at South Park where students provided blood pressure screening, performed BMI and waist circumferences, and cholesterol and blood glucose screening.

Explorer Scout Troupe: Vanessa Shackleford served as the student coordinator for the Explorer Scout Troupe from January - April, 2008. Amber Halgren served as the Student Nurses' Association Student Coordinator of the Explorer Scout Troupe from August - December, 2008. Amber did an excellent job with coordination of health care programs for the High School Student. 44 Mecklenburg County High School Students received 1/2 school credit for attending 85% of the planned meetings.

VII. Faculty/Staff Reports

A. Faculty/Staff Accomplishments

Faculty/Staff Member	Description	Date
Charlene Bellamy	Healthcare Career Day presentation with CHS Workforce Planning and Dev.	11/25/08
John Tartt	Completed Doctoral Coursework at MUSC and passed final comprehensive exams	October 2008
John Tartt	Attended the 2008 National Association of EMS Educators Conference and the annual BOD meeting for the EMS Education Certification Service.	September 2008
Tim Dienes	CPCC TRiO Instructor Appreciation Award	
Lakisha Bennett	Master's Degree	2008
Susan Patterson	Certification as a Nurse Educator by NLN	2008
Mary Griffin	Certification as a Nurse Educator by NLN	2008
Deborah Blackwell	Certification as a Nurse Educator by NLN	2008
Deborah Blackwell	Appointed to the NLNAC Evaluation Review Panel	2008
Sherri Marlow	Completed NLNAC Team Chair Training	2008
Deborah Blackwell	Completed NLNAC Team Chair Training	2008
Lori Hight	Completed Nurse Educator Certificate through EC NEED Program	2008

B. Community Involvement

Faculty/Staff Member	Description	Date
Allison Bledman	Classroom Central Volunteer	April 2008
Alison Bledman, Sue Roux	Volunteered at So. Women's Show	September 2008
All faculty and students	Supported the Christmas angel project	February 2008
Becky Cuthbertson	Communities in Schools- AHEC sponsored program with middle and high school students-provided overview of Surgical Technology Program	February 2008
Becky Cuthbertson	Communities in Schools- Health Careers High School Group-participated in providing overview of Surgical Technology program	April 2008
Becky Cuthbertson	Communities in Schools-program overview with high school adivsors	May 2008
Becky Cuthbertson	Christmas Bureau through Salavation Army	December 2008
Business Office	100% participation in CHS campaigns for Arts and Sciences and CMN	December 2008
Cathey Miller	BLS Instructors Course	February 2008
Cyndie Hobson	Worked for Salvation Army Booth during the Southern Christmas Show selling items and signing up Christmas Tree Angels and Filling up stockings	November 2008
Cyndie Hobson	CMS School Store Volunteer	Oct/Dec 2008
Cyndie Hobson	Active member of Dr. McDeavitt's Employee Recognition Committee for 5, 10, 15 year employees	Jan - June 2008
Cynthia Bean	Heart of a Champion volunteer	May 2008
Ellen Sheppard	Service as treasurer and officer of the Board of Directors of a national consortium	2008
Ellen Sheppard	Served as mentor for the entire year to a junior executive with CHS	2008
Ellen Sheppard	Served as graduation speaker for the March graduation group	2008
Ellen Sheppard	Spoke to 250 CPN employees on "Lessons Learned"	2008
Ellen Sheppard	Manage the "Lunch Ladder" program for the group	2008
Ginger Fox	Co-founder RCCC Green Initiative	January 2008
Hampton Hopkins	Served as the NC State Public Policy Representative for NASPA Region III	Jan-Dec 2008
Hampton Hopkins	Served on the Board of the Charlotte Area Educational Consortium	Jan-Dec 2008
Hampton Hopkins	Served on the executive committee of the Charlotte Mecklenburg Senior Centers Board of Directors	Jan-Nov 2008
Jane McCloskey	NC ADN Council Board of Directors	January 2008

Faculty/Staff Member	Description	Date
Jane McCloskey	NCLEX National Reviewer for ERI and ATI	January
Janice Terrell	Charlotte Chamber Ambassador	2008
Janice Terrell	Charlotte Business First Volunteer	2008
Joanne Zukowski	National Assessment Committee, American Society for Training and Development	2008
John Tartt	Coordinated and delivered the 2008 ACLS course for new Physician residents at Carolinas Medical Center.	June 2008
John Tartt	Co Chaired and hosted the 2008 Heart of A Champion Program to benefit High School athletes in the Charlotte Mecklenburg Schools	May 2008
John Tartt	Served as lead judge for the western regional NC Paramedci competition.	July 2008
Kelly Shirley	High School Student tours of CMC clinical Laboratory	February 2008
Kelly Shirley	Heart-of-a-Champion volunteer	May 2008
Kelly Shirley	Presented lecture on blood products and gave tour of CMC laboratory for CCHS surgical technology students	October 2008
Kimberly Yarborough	As Chairperson of Community Involvement Committee served on CHS Community Involvement Council	2008
Martha Robinson	Volunteer at Heart of a Champion	May 2008
Roy Smither	BLS Instructors Course	July 2008
Sara Masters	Co faculty of leadership course offered by CCHS for high school students at South Mecklenburg High School	July 2008
Shelley Palmer	Judge, Union County Writer's Contest	June 2008
Shelley Palmer	Judge, Rowan-Salisbury Schools Reflections Contest	June 2008
Sue Roux	2008 Christmas Cheer Project Volunteer	December 2008
Susan Thomasson	Room in the Inn volunteer	December 2008
Theresa Hall	Served as a mentor to a Junior at Ardrey Kell High School who is completing her CMS Senior Exit project on the use of Adult Stem Cells as an alternative to Cardiac Transplant	May 2008
Theresa Hall	Initiated a team and served as head coach for a Science Olympiad team at Crestdale Middle School	March 2008
Tim Dienes	Co-Chair Cato Campus Fundraising for Skyline Run (CPCC Foundation)	

C. Presentations and Publications

Faculty/Staff Member	Description	Date
Cathy Borysewicz	Author of a chapter in the NC CIP textbook	December 2008
Dawn Swiderski	Publication of an abstract co-authored J. Tartt, D. Wheeler, J. Jay, D. Stefanidis, et. al, was selected for poster presentation at the Society of Simulation in Health Care's international meeting	Fall, 2008
Dawn Swiderski	A workshop designed with S. Rucho and D. Stefanidis was selected for presentation at Statewide AHEC Conference.	2008
Dawn Swiderski	Made presentation entitled "Screws, Bolts and Drains…in My Brain?" at the 9th Annual Southeastern Seaboard Emergency Nurses Association Symposium	April 2008
Dawn Swiderski	Made presentation entitled "Case Studies in Hemodynamics" at the Society of Critical Care Medicine Carolinas Virginia Chapter 26th Annual Scientific Symposium Pre-Conference	June 2008
Dawn Swiderski	Made presentation entitled "EDVI, DO2, VO2 Oh my…Critical Disease Processes and Hemodynamic Interpretation" at Charlotte Area Health Education Center Update in Critical Care Pharmacotherapy: Current Trends in the Management of the Critically Ill Patient	October 2008
Ginger Fox	"Using Microsoft Movie Maker in Podcasts and for online learning" - RCCC Professional Development Seminar	August 2008
Hampton Hopkins	Published article in Journal of Nursing Education titled Early identification of at risk nursing students: A student support model.	June 2008
Hampton Hopklins	Presented at two NC Community College System Conferences. Both sessions were on Pandemic preparedness	Mar/Oct 08
Jane McCloskey	Presentation at NC ADN Council Conference: Cease Fire! The Battle of Test Review is over.	March 2008
Jane McCloskey	Presentation at the 4th Maternal Symposium: Nursing-the Sparkle Continues	May 2008
John Tartt	Reviewed and commented on Physical and Emergency Medical Sciences I, a new proposed curriculum to be offered by the North Carolina Public Schools.	October 2008
John Tartt	Delivered a lecture entitled Quality Leadership in EMS at EMS Management Institute offered through UNC Charlotte.	2008
Lori Lieving	Published 7 chapters in Diseases and Disorders Encyclopedia: Language and Speech Disorders, Mental Disorders, Tic Disorders, Bipolar Disorder, Learning Disorders, Mental Retardation and Post-traumatic stress disorder.	October 2008
Lucy Davison	Ethical Considerations in Medical Imaging	August 2008
Trish Campbell	Case Studies author for ancillary package of Abrams, Clinical Drug Therapy, 9th edition	March 2008

Faculty/Staff Member	Description	Date
Trish Campbell	Reviewer for Patton & Thibodeau, Anatomy & Physiology, 7th ed.	March 2008
Trish Campbell	Reviewer for Swearingen, All-in-One Care Planning Resource, 2nd ed.	March 2008

VII. DISTINGUISHED ALUMNUS for 2008

Jeff Reece came from humble beginnings. His father was a grounds keeper for NC highway rest stops; his mother, cashier and hotel housekeeping staff. But they worked hard to provide for their family of five and to instill confidence and ambition in their children. Clearly, they succeeded: Jeff holds two graduate degrees and is chief nursing officer and director of all clinical operations for a South Carolina hospital. He's accomplished it all with determination, intelligence, persistence, and his belief that with the right attitude and hard work, one can accomplish anything.

After earning a BS in Emergency Medical Care from the Western Carolina University in 1991, Jeff worked as a paramedic in Franklin, NC, then as a ground transporter for Carolina Medical Center's Med Center Air, a full time position he held while earning his nursing degree at CCHS. "I got off work at 7 a.m. and went straight to class or clinical. It wasn't easy!" he remembers. While at CCHS he was president of the Student Nurse Association and VP for Student Government. As president of SNA, he led fundraising efforts which allowed the chapter to take an entire delegation to the national conference, the only time in CCHS history that happened. The first recipient of the Cynthia Favorite Scholarship, Jeff graduated from CCHS in 1997.

As a new RN, Jeff worked in neonatal intensive care at CMC until he was recruited by Springs Memorial Hospital in Lancaster, SC, to an emergency department position – his first love. Springs is part of the Community Health System, a 173-hospital system based in Brentwood, TN. In five short years, he received promotions and new responsibilities quickly: House Supervisor, Director of Intensive Care, Director of Infection Control and Employee Health, and Director of Risk Management. He was a natural for the position of Chief Quality Officer for Chesterfield Hospital in Cheraw, SC, also a Community Health facility. As one of four key administrators, he reported directly to the hospital CEO.

Always wanting to learn more, Reece enrolled in the concurrent MSN/MBA program at University of Phoenix in 2004, and graduated summa cum laude in 2007.

In December 2005 Jeff became Chief Nursing Officer (CNO) for Chesterfield Hospital, the number two administrator. All clinical areas – inpatient and outpatient - report to him, so he manages nursing, radiology, lab, respiratory, physical therapy, cardio-pulmonary rehabilitation, etc. In January he added the role of mentor/trainer for all Community Health System CNOs in a 7-state region.

Community Service is important to Jeff. He led two fundraising drives for Chesterfield, Relay for Life and March of Dimes, each breaking hospital records! He walks in Duke's annual fundraiser for brain tumor research. His two grant proposals funded new services in prenatal care and emergency response. Jeff served as president of the CCHS Alumni Association in 2002.

Education is close to Jeff's heart, and he hopes to do even more teaching in years to come. He's taught paramedic classes and serves on nursing program advisory boards for two SC colleges: Florence-Darlington Technical College and Northeastern Technical College. He has published in the field of IV therapy, and last year he won Community Health System's Professional Development award.

The most vivid example of Jeff's belief in the value of education will occur next fall. Several years ago, he brought his niece along on a CCHS tour he was giving for new students. That tour ignited a spark in her young mind, a spark which Jeff has nurtured. Now, to facilitate his niece's career dream, he and spouse Terri have opened their home to her. She'll live with them while hopefully attending nursing school at CCHS. "She comes from a background as humble as mine," he says. "I want her to see that with hard work and persistence, her dreams, too, can come true!"

Jeff is a stellar example of a distinguished CCHS alumnus: one who gives back to his patients, his profession, his community, his alma mater, and his family; and who does so with distinction!