

TTUHSC SON Master Evaluation Plan Matrix AY 2021-2023

CCNE Standard I

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

Key Elements & Criteria <i>(full key element statements located at end of document)</i>	Relevant SON Strategic Goal	Evidence: Data Collection Method and Location	Entity Responsible and Frequency of Data Collection	Expected Outcomes and/or Target Values	Actual Outcomes (Goal Met/Goal Not Met and Supporting Data)	Date of PI&E Council Review and Plan for Use of Outcomes
<u>KE I-A:</u> Mission	All SON Strategic Priorities	Strategic Plan, SON website	Strategic Plan Champions, Annually	Aligned with TTUHSC Mission	Goal Met; New SON Strategic Plan (January 2019-December 2020) approved by Coordinating Council on 1/11/2019. Posted on SON website 8/27/2019. Validated SON website reflects 2019-2021 Strategic Plan on 2/28/2020. Goal partially met: New SON strategic plan in process to align with the new TTUHSC strategic plan. 2/26/2021: Goal met. 2/25/2022" Goal partially met: The strategic planning task force is working to align the SON strategic plan with the TTUHSC new strategic plan.	2/22/2019 – Continue to monitor; No action plan needed. Need to post new strategic plan on website. 5/31/2019 – Continue to monitor; No action plan needed. 8/30/2019 – Continue to monitor; No action plan needed as Strategic Plan was posted on SON website 8/27/2019. 2/28/2020 – Continue to monitor; No action plan needed. 2/26/2021 – Continue to monitor; No action plan needed. 2/25/2022 – The Strategic planning task force is aligning the SON strategic plan with the new TTUHSC strategic plan. Faculty and staff have provided feedback and input to the task force. Revisions are in progress.
<u>KE I-E:</u> Governance	SON Strategic Priority V: Operations	Council/Committee Minutes- Online Council Documentation and SON Shared Governance Website	Council/Committee Chairs, Annually	Council/committee participants noted in minutes	Goal Met; 2018, 2019, and 2020 meeting minutes posted in BoardMax reflect faculty and student participation. Student advisory council meetings posted on N Drive or on Box, depending on program. 2020 meeting minutes posted in BoardMax through 8/31.	2/22/2019 – Continue to monitor; No action plan needed. 2/28/2020 – Continue to monitor; No action plan needed. 8/28/2020 – Continue to monitor; No action plan needed.

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					New in-house created platform Meeting Mill to house minutes beginning 9/1/2020, and old minutes are archived to the SON Faculty and Staff website.	2/26/2021 – Continue to monitor; No action plan needed. 2/25/2022 – Continue to monitor; No action plan needed.
CCNE Standard II						
The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.						
Key Elements & Criteria (full key element statements located at end of document)	Relevant SON Strategic Goal	Evidence: Data Collection Method and Location	Entity Responsible and Frequency of Data Collection	Expected Outcomes and/or Target Values	Actual Outcomes (Goal Met/Goal Not Met and Supporting Data)	Date of PI&E Council Review and Plan for Use of Outcomes
KE II-A: Fiscal Resources	SON Strategic Priority V: Operations	SON Annual Budget and SON Dean Annual State of the School Report (including FQHC clinics)-Office of the Dean and SON Annual Organization Meeting Minutes-Online Council Documentation	SON Dean, Annually	Fiscal resources are sufficient to enable programs to fulfill mission, goals, and expected outcomes	Goal Met; SON All School Meeting took place on 5/9/2019 and Annual State of the School Report was presented by the Dean; minutes are posted in BoardMax. 8/28/2020 SON OP 10.035 outlines fiscal and physical resource review. New budget drafted and submitted in June. Board of Regents approved budget in August. Goal met: SON All School Meeting took place on May 4, 2022 and Annual State of the School was presented by the Dean, minutes are posted in Meeting Mill.	5/31/2019 — Continue to monitor; No action plan needed. 8/30/2019 – Continue to monitor; No action plan needed as budget approved in 08/2019. 8/28/2020 - Continue to monitor; No action plan needed as budget approved in 08/2020. 8/27/2021 - Continue to monitor; No action plan needed as budget approved. 8/19/2022 – Continue to monitor; No action plan needed as budget approved. 8/07/2023- Continue to monitor; No action plan needed as budget approved. All faculty and staff receiving a 3% pay raise beginning fiscal year (2023-2024).
KE II-B: Physical Resources (physical space and supplies; clinical sites are covered under <i>KE III-H</i>)	SON Strategic Priority V: Operations	SON Dean Annual State of the School Report-Office of the Dean and SON Annual Organization Meeting	SON Dean and Regional Deans, Annually	Physical resources are sufficient to enable programs to fulfill mission, goals, and expected outcomes	Goal Met; SON All School Meeting took place on 5/9/2019 and Annual State of the School Report was presented by the Dean;	5/31/2019 — Continue to monitor; No action plan needed.

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		<p>Minutes-Online Council Documentation</p>			<p>minutes are posted in BoardMax. During May 2019 Odessa moved into new building and lease signed for space in Austin. 8/28/2020 SON All School Meeting planned for May 2020 cancelled due to COVID-19. Construction projects completed or nearing completion for Lubbock campus and ongoing for Dallas campus. Temporary meeting/testing/simulation space for Dallas under negotiation. Traditional BSN expansion to Mansfield and Amarillo in development. TTUHSC President appointed Audio-Visual Committee, which developed a cycle for ensuring rooms at all campuses are updated related to technology needs. Dr. Karla Chapman serves on this committee.</p> <p>Goal Met: SON All school meeting held May 4 2021 and Annual State of the School Report was presented by the Dean. Minutes are posted in Meeting Mill. Construction project in Lubbock is ongoing to update classroom space and technology. Dallas campus is undergoing renovations and the Mansfield satellite campus will open Fall 2021.</p> <p>Goal Met: SON All school meeting held May 4, 2022 and Annual State of the School Report was presented by the Dean. Minutes are posted in Meeting Mill. Dallas</p>	<p>8/28/2020 – Continue to monitor; No action plan needed.</p> <p>5/28/21 Continue to monitor; No action plan needed.</p> <p>5/27/22 Continue to monitor; no action plan needed.</p>
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					campus is undergoing renovations. Combest Central is looking for new space due to functional issues with the current space. Simulation has requested additional space and equipment and are looking at a rotation schedule to accommodate the number of students. Expanding hours of operation is being explored.	
KE II-E: Faculty Credentialing	SON Strategic Priority II: Research and SON Strategic Priority IV: People	Faculty Files-Online Faculty CVs and Office of the Dean	SON Associate Deans/ Department Chairs and Regional Deans, Annually	100% of faculty are evaluated annually and meet evaluation tool criteria	<p>Goal Met; Process for faculty evaluation outlined in SON OP 20.075. All faculty evaluations for 2019-2020 completed and summary evaluations provided to faculty.</p> <p>Goal Met; Process for faculty evaluation outlined in SON OP 20.075. All faculty evaluations for 2020-2021 completed and summary evaluations provided to faculty.</p> <p>Goal Met; Process for faculty evaluation outlined in SON OP 20.075. All faculty evaluations for 2021-2022 completed and summary evaluations provided to faculty.</p>	<p>5/31/2019 — Continue to monitor; No action plan needed.</p> <p>8/28/2020 – Continue to monitor; No action plan needed.</p> <p>5/28/2021— Continue to monitor; No action plan needed.</p> <p>5/27/22 Continue to monitor; no action plan needed.</p>

CCNE Standard III

The curriculum is developed in accordance with the program’s mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

Key Elements & Criteria <i>(full key element statements located at end of document)</i>	Relevant SON Strategic Goal	Evidence: Data Collection Method and Location	Entity Responsible and Frequency of Data Collection	Expected Outcomes and/or Target Values	Actual Outcomes (Goal Met/Goal Not Met and Supporting Data)	Date of PI&E Council Review and Plan for Use of Outcomes
KE III-H: Planned Clinical Experiences	SON Strategic Priority I: Academics and SON Strategic Priority III: Service and Outreach	Course Syllabus, Course Schedule, Clinical Log-Learning Management System; Course Maps-SON	Associate Deans/ Department Chairs, Program Directors, and/or	100% of SON academic programs include direct clinical learning experiences which allow student the	Goal Met; 100% of SON academic programs include direct clinical learning experiences. Process for	11/22/2019 – Continue to monitor; Recommend action plan for BSN-DNP (Dr. Hilliard to follow up

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		Website; SON Student Online Resources (Grad Central)-SON Website; Course Satisfaction Surveys (clinical facilities)-Web-based TTUHSC Student Information System	Course Facilitators; Annually	opportunity to meet student learning outcomes as appropriate Overall GAV \leq 0.4500 Student Satisfaction	implementing clinical learning experiences meet clinical course requirements and applicable policy procedures. Goal Met; AY2019 Overall student satisfaction GAV is 0.2632. All programs demonstrate GAV \leq 0.4500 (GAV=0.6325; not applicable to BSN-DNP since clinical experiences did not begin until Summer 2020) Goal Met: AY2020 Overall student satisfaction GAV is 0.1539 for all programs. Goal partially met: AY2021 student satisfaction is below 0.2712 except PMHNP program at 0.5636.	with Dr. Merrill; BSN-DNP students might not have had clinicals yet). 8/28/2020 – No action plan recommended for BSN-DNP Program as Dr. Hilliard confirmed BSN-DNP students did not begin clinical experiences until Summer 2020. 11/20/2020 – Continue to monitor; no action plan needed. 12/3/2021 Continue to monitor, no action plan needed.
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CCNE Standard IV

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

Key Elements & Criteria <i>(full key element statements located at end of document)</i>	Relevant SON Strategic Goal	Evidence: Data Collection Method and Location	Entity Responsible and Frequency of Data Collection	Expected Outcomes and/or Target Values <i>(Targets based on Dept of Education Requirements)</i>	Actual Outcomes <i>(Goal Met/Goal Not Met and Supporting Data)</i>	Date of PI&E Council Review and Plan for Use of Outcomes
KE IV-A: SON Evaluation Plan	All SON Strategic Priorities	Master Evaluation Plan Matrix (including FQHC clinics)-SON Process Improvement and Evaluation Council Online Documentation	SON Process Improvement and Evaluation Council, annually	Master Evaluation Plan is reviewed to determine whether target values were met or not met	Goal Met; 2016-2018 Master Evaluation Plan reviewed in December 2018 and February 2019, with Improvement Action Plans noted. 2018-2021 Master Evaluation Plan approved by Coordinating Council in January 2019. Approval of MEP and corresponding data for 2019 was completed by Process Improvement and Evaluation Council on 11/22/2019, and the MEP	2/22/2019 – Continue to monitor; No action plan needed. 2/28/2020 – Continue to monitor; No action plan needed. 2/26/2021 – Present the MEP at the Coordinating Council meeting in May 2021 2/25/2022 – Present the MEP at the Coordinating

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					<p>was presented to Coordinating Council on 1/27/2020.</p> <p>Goal Not Met; The MEP for 2019-2020 will be presented at the next Coordinating Council meeting in April 2021. The January 2021 Coordinating Council meeting was cancelled.</p> <p>Goal Met: MEP approved by the Coordinating Council April 26, 2021.</p>	<p>Council meeting in May 2022</p> <p>4/26/2022 – Continue to monitor; no action plan needed.</p>
<u>KE IV-B:</u> Completion Rates	SON Strategic Priority I: Academics	Completion rate calculation-Web-based TTUHSC Student Information System	SON Data Team, annually	<p>Greater than or equal to 70% on time grads (defined as 150% of full-time enrollment) divided by total number of enrollees for a specific cohort)</p>	<p>Goal Met; 8/30/2019 On time completion rate \geq 96.7 for all SON programs</p> <p>8/28/2020 On time completion rate \geq 89%*</p> <p>*COVID-19 impacted 2020 completion rates in didactic and clinical courses due to external factors influencing students and clinical agencies. It is anticipated the impact could extend beyond 2020.</p>	<p>8/30/2019 – Continue to monitor; No action plan needed.</p> <p>8/28/2020 – Continue to monitor; No action plan needed.</p> <p>8/19/2022 Completion rates will be available in September. This item will be assessed at the November meeting.</p> <p>8/7/2023 Completion rates will be available in September. This item will be assessed at the November meeting.</p>
<u>KE IV-C:</u> Licensure Pass Rates	SON Strategic Priority I: Academics	NCLEX pass rate-Texas BON Website	SON Data Team, annually	<p>Greater than or equal to 80% first time takers licensure pass rate (calculated as number of first time-passers divided by total first time-takers)</p>	<p>Goal Met; NCLEX pass rate 10/1/2017-9/30/2018 \geq 91.67 for each BSN program (Traditional, Second Degree BSN, and VBSN). Average pass rate is 97.48.</p> <p>11/22/2019 NCLEX pass rate 10/1/2018-9/30/2019: Overall pass rate = 96.72, Traditional BSN = 97.1, Accelerated BSN = 95.58</p> <ul style="list-style-type: none"> ABS-N-Veteran to BSN Track – pass rate = 80% (12/15 of 	<p>8/30/2019 – Continue to monitor; No action plan needed.</p> <p>11/22/2019 – Updated NCLEX pass rates. Continue to monitor. Recommend action plan for ABSN-Veteran to BSN Track.</p> <p>8/28/2020 – Unofficial report: VBSN 22/24 of December 2019 graduates passed NCLEX = 91.67%. Official data will be</p>

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					<p>December 2018 graduates)</p> <p>11/20/2020 Official NCLEX pass rate 10/1/2019-9/30/2020 Overall pass rate 96.04% Traditional BSN: 95.39% Accelerated BSN: 99.11% Veteran to BSN: 91.67%</p> <p>2/25/2022 Official NCLEX pass rate 10/1/2020-12/31/2021 (BON reporting date changed to calendar year) Overall pass rate 90.03% Traditional BSN: 90.46% Accelerated BSN: 93.75% VBSN: 86.96%</p>	<p>reported at 11/2020 meeting.</p> <p>11/20/2020 Official NCLEX first time pass rate 96.04%.</p> <p>2/25/2022 Official NCLEX first time pass rate 90.03% for 2021</p>
<u>KE IV-D</u> : Certification Pass Rates	SON Strategic Priority I: Academics	Certification pass rates- Certifying bodies	SON Graduate Program Office, annually	All six APRN programs will achieve greater than or equal to 80% first time takers certification pass rates (calculated as number of first time-passers divided by total first time-takers)	<p>Goal Met; 8/30/2019 Certification pass rate for calendar year 2018 \geq 82.61 for all six APRN programs. 8/28/2020 Certification pass rate for calendar year 2018 \geq 81.48 for five APRN programs. Pending data for Midwifery Program.</p> <p>11/20/2020 Nurse Midwifery certification rate for 2019 MSN 75% PM 100% Overall 82% pass rate. (midwifery certification rates run one year behind)</p> <p>8/27/2021 Certification pass rates >80% for three APRN programs. APRN programs below 80% are PNP-AC, PNP-PC and post Masters.</p> <p>8/19/2022 Certification pass rates >80% except PNP-PC and PNP-AC PM certificates. Improvement action plan in place. SON provided a substantive change notification to CCNE about the certification pass rates on these two PM</p>	<p>8/30/2019 – Continue to monitor; No action plan needed.</p> <p>8/28/2020 – Continue to monitor; No action plan needed (pending data from Midwifery Program)</p> <p>11/20/2020 - Continue to monitor; No action plan needed</p> <p>8/27/2021 Improvement action plan in place for PNP-AC and PNP-PC.</p> <p>8/19/2022 Continue to monitor; Improvement action plan in place. Comprehensive follow up report to CCNE by April 15, 2023.</p> <p>8/07/2023- Students finalizing program completion of PNP-AC and PNP-PC tracks are continuing progress; tracks are closed for future</p>

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					<p>certificate programs. Admission of post-graduate students to the PNP-AC and PNP-PC tracks is closed. TTUHSC SON must submit a comprehensive follow-up report by April 15, 2023, including appropriate documentation, to demonstrate the post-graduate APRN certificate program's compliance with Standard IV and Key Element IV-D in particular.</p>	<p>admissions. PNP-AC pass rate- 100% (Calendar year 2022). Only one PNP-PC post-graduate remains to test. All other MSN and BSN-DNP APRN track certification pass rates are greater than or equal to 80%.</p>
<u>KE IV-E:</u> Employment Rates	SON Strategic Priority I: Academics	Employment rates-TTUHSC Registrar's Office	SON Educational Support Services, annually	Greater than or equal to 70% of graduates employed (formula - number of employed graduates divided by total number of graduates)	<p>Goal Partially Met; 8/30/2019 Employment rates for pre-licensure BSN students do not demonstrate program effectiveness. All other programs meet or exceed the target of 70%. Goal Not Met; 8/28/2020 Employment rates for all programs except DNP do not meet target. Goal not met: 8/27/2021 Employment rates for all programs do not meet target.</p>	<p>8/30/2019 – Continue to monitor; consider action plan related to timing of collecting employment rate data for pre-licensure BSN students.</p> <p>11/22/2019 – Continue to monitor; ESS will provide action plan at May 2020 Process Improvement & Evaluation meeting. ** May 2020 meeting was canceled due to COVID-19. 8/28/2020 – Continue to monitor and develop action plan. Dr. Karla Chapman will follow up regarding action plan and collaboration with Registrar at the November 2020 meeting.</p> <p>11/20/2020 A new electronic survey will go out from SAO near the end of the Fall 2020 semester and subsequent semesters to collect data on employment. Continue to monitor.</p> <p>8/27/2021 The SAO survey has received few responses. Continue to work on new ways to engage alumni in reporting employment.</p>

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						<p>8/19/2022 Preliminary data showed 84.7% of graduates indicated that they were employed in a position that reflected their degree.</p> <p>8/07/2023 Data being collected via Skyfactor; information will be available September 2023.</p>
<u>KE IV-F:</u> Use of Data for Program of Improvement	SON Strategic Priority I: Academics	Use of data from KE IV-A through KE IV-E-SON Master Evaluation Plan	SON Process Improvement and Evaluation Council, annually	Master Evaluation Plan is reviewed to determine whether target values were met or not met and whether IAP was implemented, if indicated	Goal Met; designated sections of the Master Evaluation Plan are reviewed at each Process Improvement and Evaluation Council meeting (AY 2019, 2020, 2021, 2022).	<p>11/22/2019 Continue to monitor; No action plan needed (AY 2019).</p> <p>11/20/2020 Continue to monitor; No action plan needed (AY2020).</p> <p>12/3/2021 Continue to monitor; No action plan needed</p> <p>8/19/2022 Continue to monitor. No action plan needed.</p>
<u>KE IV-G:</u> Faculty Outcomes-Program Effectiveness	SON Strategic Priority II: Research and SON Strategic Priority IV: People	Evidence of faculty fulfillment of expected faculty role related to teaching, scholarship, practice and service-Online Faculty CV and Annual Evaluation; Course-related student satisfaction surveys-Web-based TTUHSC Student Information System	Associate Deans/ Department Chairs and Regional Deans, annually	<p>90% of faculty meet or exceed criteria for teaching, scholarship, practice and service per SON OP 20.015 on annual faculty evaluation</p> <p>Overall GAV \leq 0.4500 Student Satisfaction</p>	Goal Met; 2/26/2021- Faculty evaluations for 2019-2020 took place October 2020-January 2021 per SON OP 20.075. 96.4% of faculty met or exceeded expectations. Five faculty who minimally met criteria are completing improvement plans.	2/26/2021 - Continue to monitor; No action plan needed.
<u>KE IV-H:</u> Use of Faculty Outcome Data for Program Improvement	SON Strategic Priority II: Research and SON Strategic Priority IV: People	Use of data from KE IV-G-SON Master Evaluation Plan	SON Process Improvement and Evaluation Council, annually	Master Evaluation Plan is reviewed to determine whether target values were met or not met and whether IAP was implemented, if indicated	Goal Met; designated sections of the Master Evaluation Plan are reviewed at each quarterly Process Improvement and Evaluation Council meeting and findings are documented within minutes on Meeting Mill.	<p>11/22/2019 – Continue to monitor; No action plan needed (AY 2019).</p> <p>11/20/2020 Continue to monitor; No action plan needed (AY2020).</p> <p>12/3/2021 Continue to monitor; No action plan needed (AY2021)</p>

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<p>KE IV-I: Program Outcomes- Program Effectiveness</p>	<p>SON Strategic Priority I: Academics</p>	<p>Aggregate Student Learning Outcomes (SLOs) by program (Reports: Satisfaction at Graduation, Alumni Satisfaction, Retention/Persistence Rates and Undergraduate General Education Competencies)-Web-based TTUHSC Student Information System; EBI Skyfactor 100% of Graduates for each degree track will achieve the respective programmatic SLOs Student Degree Audits</p>	<p>Associate Deans/ Department Chairs, Program Directors, and Programmatic Councils; , and Associate Dean Admissions/Student Affairs annually</p>	<p>Overall GAV \leq 0.4500 Student Satisfaction on each Satisfaction at Graduation, Alumni Satisfaction reports</p> <p>Meets or exceeds value determined by TTUHSC on Gen Ed Competency Tool</p> <p>Meets or exceeds value determined by SON Undergraduate and Graduate Programs on EBI Skyfactor tool</p>	<p>Goal Partially Met; 2018-2019 Overall GAV=0.1842. Individual programs whose GAV was below the target are outlined below:</p> <ul style="list-style-type: none"> • ABSN: Satisfaction at Graduation = 0.5783 and Alumni Satisfaction = 0.6667 • Post-Master’s Certificate: Alumni Satisfaction = 0.7273 <p>Goal Met: Overall programs met or exceeded Gen Ed Competency benchmark values. Traditional BSN critical thinking below determined value.</p> <p>Goal not met: The critical thinking competencies were not administered during 2020-2021 due to COVID-19.</p> <p>Goal Met: Overall programs met or exceeded EBI Skyfactor targets.</p> <p>Goal Partially met 2019-2020: Individual programs whose GAV was below the target:</p> <ul style="list-style-type: none"> • ABSN: satisfaction at Graduation: 0.4624. Alumni Satisfaction: 0.1500 <p>Goal Met: 2019-2020 Alumni satisfaction: Individual programs whose GAV was below the target: Spring 2020</p>	<p>11/22/2019 – Continue to monitor; No action plan needed (AY 2019). Each graduate and undergraduate programmatic council reviews satisfaction assessment reports throughout the academic year and during scheduled working retreats (AY 2019).</p> <p>Traditional BSN Program has action plan in place to address Gen Ed Competency – critical thinking. Consider action plans for ABSN (Graduation & Alumni Satisfaction, and VBSN NCLEX Pass Rate) and Post-Master’s Certificate Program (Alumni Satisfaction). Evaluate survey return rate when considering action plan implementation.</p>
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				<p>Greater than or equal to 85% Retention/persistence rate per program</p> <p>SAO degree audit process is reviewed for quality and to ensure accuracy across all programs. This includes the use of Degree Works and the cross population into GPM (graduate program only). Target measures to be determined (further discussion at November 2020 meeting).</p> <p>SAO comprehensive application preparation and review process is reviewed for quality and to ensure accuracy across all programs. Target measures to be determined (further discussion at November 2020 meeting).</p>	<p>Trad: 0.5333</p> <p>COVID-19 affected satisfaction rates when the Traditional program had to change to online instruction mid-semester</p> <p>Goal Partially Met; Overall retention rate for students admitted in 2018-2019 = 94.67%, all programs met the target rate.</p> <p>Goal Partially Met: 2019-2020 Overall retention rate 94.97%</p> <p>Individual programs whose GAV was below the target: VBSN: 77.78% PM Cert: 82.14%</p>	<p>2/9/21 ABSN program has an improvement action plan in place to improve the retention rate for VBSN.</p> <p>8/28/2020 Dr. Chapman will gather data and pilot reviews to determine baseline and establish targets related to degree audit and comprehensive application preparation and review processes. Discussion and motion for addition to MEP anticipated for November 2020 meeting.</p> <p>11/20/2020 SAO application preparation and review process to ensure quality and accuracy is being done out of the admissions office. Dr. Sullivan will be invited to the 02/26/2021 meeting to report on progress on target measures.</p>
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						SAO degree audits-Software changes to Degree Works eliminated essential data needed by SON coordinators to complete degree audits.
<u>KE IV-J</u> : Program Outcomes- Program Improvement	SON Strategic Priority I: Academics	Use of data from KE IV-I-SON Master Evaluation Plan; Clinical Performance Measures/Uniform Data System (UDS) Report Data for SON Federally Qualified Health Care Centers (FQHC)	SON Process Improvement Council, Evaluation Council, SON FQHC annually	Master Evaluation Plan is reviewed to determine whether target values were met or not met and whether IAP was implemented, if indicated. Meet or exceed Clinical Performance Measures/ UDS benchmarks.	<p>Goal partially met; 08/30/2019 SON FQHC-2018 UDS & HSC benchmarks met or exceeded except the following: Cervical Cancer Screening, Childhood Immunization, Colorectal Cancer Screening, Controlled Diabetes, Flu Vaccine.</p> <p>02/28/2020 SON FQHC-2019 UDS & HSC benchmarks met or exceeded except the following: Fully Immunized 2 Year Olds; Cervical Cancer Screen, Colorectal Cancer Screen</p> <p>05/28/2021 SON FQHC-2020 UDS & HSC benchmarks met or exceeded except the following: Fully Immunized 2 Year Olds; Cervical Cancer Screen, Colorectal Cancer Screen</p>	<p>8/30/2019 – Action plan in place for SON FQHC to address areas which did not meet or exceed benchmarks (5 out of 23 UDS measures); continue to monitor.</p> <p>11/22/2019 – Consider possible additional measures related to Admissions, Enrollment Management, and Educational Technology. Dr. Karla Chapman to address at May 2020 Process Improvement and Evaluation Council Meeting. ** May 2020 meeting was canceled due to COVID-19.</p> <p>02/28/2020 - Action plan in place for SON FQHC to address areas which did not meet or exceed benchmarks (3 out of 16 UDS measures); continue to monitor.</p> <p>2/26/2021 Final UDS data will be available from FQHC for the May 2021 meeting.</p> <p>5/28/2021 Final UDS data presented. Action plan in place for SON FQHC to address areas which did not meet or exceed benchmarks (3 out of 17 measures) continue to monitor.</p>

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					5/27/2022 SON FQHC-2020 UDS & HSC benchmarks met or exceeded except the following: Fully immunized 2-year-olds; cervical cancer screening; colorectal cancer screening; uncontrolled diabetes.	5/27/2022 Final UDS data presented. Action plan in place for SON FQHC to address areas which did not meet or exceed benchmarks (4 out of 23). Continue to monitor.
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IAP = Improvement Action Plan

Full statements of the Key Element Statements (CCNE, 2018) are listed below. Those key elements not specifically included in the Master Evaluation Plan above are highlighted and have additional information added at the end of each statement reflecting where supporting data can be found.

Standard I

- Key Element I-A. The mission, goals, and expected program outcomes are
 - congruent with those of the parent institution; and
 - reviewed periodically and revised as appropriate
- Key Element I-B. The mission, goals, and expected student outcomes are consistent with relevant professional nursing standards and guideline for the preparation of nursing professionals.
(Supporting data: Annually – goal, mission, values on About Us web page on TTUHSC SON website; Faculty Handbook; School of Nursing Policies; course maps; agreement with course maps evidence; Undergraduate: Differentiated Essential Competencies)
- Key Element I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.
(Supporting data: Dean’s annual state of the school report; Advisory Council minutes; School of Nursing Policies; course maps; SON Dean’s Council minutes)
- Key Element I-D. The nursing unit’s expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.
(Supporting data: Faculty Handbook; Promotion and Tenure criteria; changes in policies recorded in applicable Council meeting minutes; SON policies; Faculty Handbook; Faculty Annual Evaluation Policy-SON OP 20.075; Role and Responsibilities of Faculty Policy-SON OP 20.015; Appointment, Promotion, Tenure and Reappointment of Faculty Policy, including rank criteria-SON OP 20.005; Role and Responsibility of Course Lead and Course Facilitator-Traditional BSN-SON OP 30.840); Role and Responsibility of Retention Faculty-Traditional BSN-SON OP 30.841; Non-traditional Undergraduate Program Faculty Roles-SON OP 30.250)
- Key Element I-E. Faculty and students participate in program governance. *(Supporting data: Minutes of each SON Programmatic Council)*
- Key Element I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. The policies are:
 - fair and equitable; *(Supporting data: Minutes of respective Council OP reviews, HSC/SON Values-based Culture)*

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- published and accessible; and *(Supporting data: HSC Operating Policies-linked on SON Faculty/Staff Resources page, Regents policies located at <http://www.depts.ttu.edu/oppol/>-linked on SON Faculty/Staff Resources page, SON OP Website)*
- reviewed and revised as necessary to foster program improvement. *(Supporting data: Bylaws-council purpose and functions; Shared Governance Model)*
- Key Element I-G. The program defines and reviews formal complaints according to established policies.
(Supporting data: SON Student Handbook-includes grade and non-grade complaints and appeals for students, SON Policies, SON Faculty Handbook, Faculty Grievance Procedure-HSC OP 60.10, Faculty Grievance Policy-SON OP 20.090, Complaint or Grievance Resolution Policy-HSC OP 60.020)
- Key Element I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.
(Supporting data: <http://nursing.ttuhs.edu/policies/> SON Policies, Council Meeting minutes; Operating Policies and Procedures Policy-SON OP 10.040)

Standard II

- Key Element II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically and resources are modified as needed. *(Supporting data: Fiscal and Physical Resources Policy-SON OP 10.035)*
- Key Element II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed. *(Supporting data: Fiscal and Physical Resources Policy-SON OP 10.035)*
- Key Element II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.
*(Supporting data: [https://hscweb.ttuhs.edu/nursing/handbook/Faculty Handbook](https://hscweb.ttuhs.edu/nursing/handbook/Faculty%20Handbook); <https://hscweb.ttuhs.edu/nursing/> <https://hscweb.ttuhs.edu/nursing/>; *Student Handbook; Faculty Support Guide; SON Student Affairs Office-evaluation of student services processes through student surveys; evaluation of student support services, such as library and writing services-every two years by Institutional Planning and Assessment*)*
- Key Element II-D. The chief nurse administrator of the nursing unit:
 - is a registered nurse (RN): *(Supporting data: Annual CV)*
 - holds a graduate degree in nursing; *(Supporting data: Annual CV)*
 - holds a doctoral degree if the nursing unit offers a graduate program in nursing; *(Supporting data: Annual CV)*
 - is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and *(Supporting data: position descriptions; Bylaws-3.1.A)*
 - provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes. *(Supporting data: Dean's annual administrative evaluation; annual evaluation by TTUHSC President)*
- Key Element II-E. Faculty are:
 - sufficient in number to accomplish the mission, goals, and expected program outcomes; *(Supporting data: Faculty-Student Ratio by degree track-SON OP 30.760 OP for Traditional BSN; APRN Faculty to Student Ratio in Clinical Areas Policy-SON OP 40.490)*
 - academically prepared for the areas in which they teach; and *(Supporting data: Role and Responsibilities of Faculty Policy-SON OP 20.015; Non-Traditional Undergraduate Program Faculty Roles-OP 30.250)*

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- experientially prepared for the areas in which they teach. *(Supporting data: Faculty CV)*
- Key Element II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role. *(Supporting data: Preceptor agreements-located in MachForm; Clinical Preceptors-Traditional BSN Policy-SON OP30.725; Accelerated BSN Clinical Preceptors Policy-SON OP 30.005; MSN Clinical Preceptors Policy-SON OP 40.415; Traditional BSN Preceptor Manual; Student evaluation of preceptors-Traditional BSN and Accelerated BSN; Traditional Undergraduate Program Preceptor Site)*
- Key Element II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.
(Supporting data: Faculty members' annual CVs and annual reports/evaluations, Role and Responsibilities of Faculty OP 20.015, Support for Faculty in Doctoral Programs-SON OP 20.106; Faculty Development Leave-SON OP 20.105)

Standard III

- Key Element III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that: *(Supporting data: Curriculum Development-Curriculum Revision Policy-SON OP 30.040, Curriculum Development-Curriculum Revision Policy-SON OP 40.105)*
 - are congruent with the program's mission and goals. *(Supporting data: SON Mission Statement and Strategic Plan Goals)*
 - are congruent with the roles for which the program is preparing its graduates; and *(Supporting data: Student Learning Outcomes by degree, Undergraduate: Differentiated Essential Competencies)*
 - consider the needs of the program-identified community of interest. *(Supporting data: SON Dean's Advisory Council, annual curriculum reviews by program-documented in Council minutes, course maps, curriculum maps, Differentiated Essential Competencies)*
- Key Element III-B. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
(Supporting data: Course maps, Curriculum Development Curriculum Revision Policy-SON OP 30.040, Curriculum Development-Curriculum Revision Policy-SON OP 40.105, programmatic council minutes, Differentiated Essential Competencies)
- Key Element III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). *(Supporting data: Course maps)*
 - Master's program curricula incorporate professional standards and guidelines as appropriate
 - All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. *(Supporting data: Course maps)*
 - All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
(Supporting data: Annual curriculum reviews by program-documented in Council minutes/faculty workday minutes, curriculum maps, course maps, course syllabi)

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- Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines. *(Supporting data: Course maps)*
- Key Element III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). *(Supporting data: Annual curriculum reviews by program-documented in Council minutes/faculty workday minutes, curriculum maps, course maps, course syllabi)*
 - DNP program curricula incorporate professional standards and guidelines as appropriate
 - All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program. *(Supporting data: Course maps)*
 - All DNP degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). *(Supporting data: Course maps)*
 - Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines. *(not applicable)*
- Key Element III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). *(Supporting data: Annual curriculum reviews by program-documented in Council minutes/faculty workday minutes, curriculum maps, course maps, course syllabi)*
- Key Element III-F. The curriculum is logically structured to achieve expected student outcomes. *(Supporting data: Course maps, progression reports-documented in council minutes, graduation rates, NCLEX and APRN certification results)*
 - Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities. *(Supporting data: ETS General Education Competency exam)*
 - Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.
 - DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.
 - Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.
- Key Element III-G. Teaching learning practices: *(Supporting data: Role and Responsibilities of Faculty-SON OP 20.050, Non-Traditional Undergraduate Program Faculty Roles-SON OP 30.250, Role and Responsibility of Course: Lead and Course Facilitator-SON OP 30.840, Responsibilities of MSN Core Course Lead Policy-SON OP 40.456, Role and Responsibility of Retention Faculty-SON OP 30.841, course maps, course syllabi)*
 - support the achievement of expected student outcomes;
 - consider the needs and expectations of the identified community of interest; and
 - expose students to individuals with diverse life experiences, perspectives, and backgrounds.
- Key Element III-H. The curriculum includes planned clinical practice experiences that: *(Supporting evidence: Course maps, course descriptions)*
 - enable students to integrate new knowledge and demonstrate attainment of program outcomes;
 - foster interprofessional collaborative practice; and

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- are evaluated by faculty.
- Key Element III-I. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied. *(Supporting data: Progressions Policy-SON OP 30.130 Student Clinical Evaluation-Non-Traditional Undergraduate-SON OP 30.425, Student Clinical Evaluation-Traditional BSN-SON OP 30.850, Grading in Clinical Courses Policy-SON OP 40.474, grading criteria published in each course syllabus, inter-rater reliability policy, grading policies-student handbook, SON faculty handbook, SON policies, individual assignment grades, individual test grades, progressions-documented in programmatic council minutes, SON Clinical Database-Accelerated and Traditional BSN)*
- Key Element III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement. *(Supporting data: Programmatic council minutes; Curriculum Development-Curriculum Revision-SON OP 30.040, Curriculum Development-Curriculum Revision-SON OP 40.105, end of course student surveys, GAV, course satisfaction workbook-Tableau; satisfaction at graduation workbook-Tableau, end of course action plan reports)*

Standard IV

- Key Element IV-A. A systematic process is used to determine program effectiveness.
- Key Element IV-B. Program completion rates demonstrate program effectiveness.
- Key Element IV-C. Licensure pass rates demonstrate program effectiveness.
- Key Element IV-D. Certification pass rates demonstrate program effectiveness.
- Key Element IV-E. Employment rates demonstrate program effectiveness.
- Key Element IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.
- Key Element IV-G. Aggregate faculty outcomes demonstrate program effectiveness.
- Key Element IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.
- Key Element IV-I. Program outcomes demonstrate program effectiveness.
- Key Element IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

Process Improvement and Evaluation Council LO:llo

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