



**COMMITTEE ON ACADEMIC PLANNING AND REVIEW  
ANNUAL PROGRAM REPORT**

College	CLASS
Department	PUAD
Program Unit	MS-HCA
Reporting for Academic Year	2013-2014
Department Chair	Professor Jay Umeh
Date Submitted	7/21/2014

**1. SELF-STUDY (about 1 page)**

**A. Five-year Review Planning Goals**

The last five-year review was completed in 2011-12, and PUAD met with CAPR in Spring 12 to discuss the review. In the review, the MS-HCA program proposed to focus on five broad areas – curriculum, networking, program assessment/improvement, fundraising/grantwriting, and faculty resources. These goals continue to be the program’s primary planning goals, and we have made progress in these most of these goals in 2013-14.

**B. Five-year Review Planning Goals Progress**

In our review we planned to have at least one department meeting or retreat each academic year devoted to discussing program assessment and to review the themes and suggestions that emerge from the project reports in HCA 6899, the external supervisor’s evaluation of student performance in HCA 6899, and the results from the HCA 6899 exit survey. We had a department retreat in Summer 12 and Summer 13 where we discussed these data, and our last meeting was in Spring 14. We decided that the spring quarter was preferred to the summer quarter.

Based on industry demand and the recommendation of our external reviewer, last year we developed a 6-course graduate certificate in Health Informatics and planned to add a Health Informatics option to the MS-HCA degree. All internal approvals to implement the graduate certificate were procured but we have not yet launched the certificate due to a lack in faculty capacity. It should be noted that in its review of the graduate certificate, members of CAPR acknowledged PUAD for the inclusion of a fully developed assessment plan as part of the documentation.

We planned to develop the program’s networking , strengthening our current relationships with health care employers and developing new relationships. This year, we have been able to strengthen our relationship with Kaiser and have been able to place a number of students in internship positions there via our growing partnership with Christy Larton, Program Coordinator of Student Placement Externship for Kaiser, Greater Southern Alameda Area. Working though CSUEB Buyer II Deborah Haynes, we have developed approved Affiliation MOU, Organization Fact Sheet, and Informed Consent/Liability Waiver templates for internship placement. We have had several Affiliation MOUs approved this year: TriCity

Health Clinic, Quirk Healthcare Solutions, USC Verdugo Hill Hospital, O'Connor Hospital, and St. Rose Hospital. Using some of our self-support funds, we were able to hire a Community Engagement Coordinator for Summer 14. Her primary work is to develop internship/employment opportunities in the community and to serve as the event organizer for our joint Affordable Health Care event for Fall 14, which is co-sponsored by Kaiser Permanente. This event will be open to the community, and invitations will be sent to current students and alumni.

We continue to add content to our private LinkedIn Group for our students, alumni, faculty, and staff, and the Community Engagement Coordinator will contribute several articles to that site as part of her position responsibilities.

We planned to hire additional tenure-track faculty and increase the number of part-time lecturers for the program. Although we conducted a search for two tenure-track positions over the last two years and had strong recommended candidates, we were unable to fill those positions. Since the number of individuals with doctorates in health care administration is limited, those with doctorates can command high salaries in the health care industry. Part of the difficulty in hiring at CSUEB is the relatively low salary that can be offered in CLASS and the perceived excessive workload. Since the likelihood of filling those faculty positions is low, we have instead asked for approval to hire two 1.0 lecturers. In regards to additional lecturers, we recruited two well-qualified lecturers who began teaching this year, and have received a letter of inquiry and application for consideration for the lecturer pool.

Due to our failed searches, which resulted in limited tenure-track faculty capacity, we have not made progress in our grantwriting efforts.

### **C. Program Changes and Needs**

Professor Fogarty's term as Department Chair ended; Professor Umeh is now Department Chair. Professor Fogarty continues to serve as the MS-HCA Graduate Coordinator for both the state-side Hayward Campus-based and self-support online MS-HCA programs.

We continue to need additional faculty and hope to receive approval to hire two 1.0 lecturers soon as we have been unable to hire tenure-track faculty.

We continue to have inadequate admin staffing, although the 75%, 10/12 ASC I position was recently changed to a 12/12 position. However, since PUAD runs two full-time graduate programs and have roughly 325 students, this is not adequate staffing.

Due to lack of tenure-track faculty and adequate admin support, we have limited admission to the MS-HCA program to 60 students per admission quarter. We admit in the Fall and Spring quarters, and receive approximately 100 applications per admission quarter.

The fully online MS-HCA program was ranked #14 of the 25 best online Master of Healthcare Administration degree programs in the 2014 ranking by TheBestSchools.org

## **2. SUMMARY OF ASSESSMENT (about 1 page)**

### **A. Program Student Learning Outcomes**

We have adopted the five competences identified by the Health Care Leadership Alliance (HLA) as the MS-HCA program learning outcomes (PLOs). Students who graduate with a MS-HCA should be able to:

1. Communicate clearly and concisely with internal and external customers, to establish and maintain relationships, and to facilitate constructive interactions with individuals and groups.
2. Inspire individual and organizational excellence, to create and attain a shared vision, and to successfully manage change to attain the organization's strategic ends and successful performance.
3. Align personal and organizational conduct with ethical and professional standards that include a responsibility to the patient and community, a service orientation, and a commitment to lifelong learning and improvement.

4. Demonstrate an understanding of the health care system and the environment in which health care managers and providers function.
5. Apply business principles to the health care environment; basic business principles include financial management, human resource management, organizational dynamics and governance, strategic planning and marketing, information management, risk management, and quality improvement.

See attached curriculum matrix and ILO alignment matrix

## **B. Program Student Learning Outcome(s) Assessed**

We evaluate all 5 of the PLOs each academic year.

## **C. Summary of Assessment Process**

We originally directly and indirectly assessed PLOs in four ways:

1. Pre/post-test for each course.
2. As part of the capstone report, which is required for HCA 6899 (Project), the student was required to discuss the skill sets and knowledge base that the student acquired from the program, and to integrate them with the capstone experience.
3. Students completed a 20-item exit survey as part of HCA 6899. The exit survey assessed the student's belief in his/her ability to demonstrate competency over individual course SLOs.
4. The external supervisor for the capstone experience submitted an evaluation of the student's work with the organization.

The results from the comparison of the course pre-test and post-tests, the themes and concerns that emerge from the project reports, the external supervisor's evaluation of the work completed in HCA 6899, and the exit surveys were discussed by faculty at our annual retreat, which was completed in Spring 14 this year.

## **D. Summary of Assessment Results**

Based on feedback from instructors and students, we have dropped the pre/post-tests from our assessment plan. Instructors would sometimes fail to administer the pre-test in the first class session and students found the pre-tests confusing. The report required for HCA 6899 has now been modified and requires students to address each of the five PLOs specifically.

Based on feedback from the students in the HCA 6899 reports, we have moved the capstone experience from the sixth quarter to the fifth quarter. Most students wanted to begin that work in HCA 6899 before the end of the program so that they would have time to develop their project and internship opportunities. Since most students take up to four quarters to complete their work in HCA 6899, scheduling the course one quarter earlier seemed reasonable.

Based on feedback from the students in the HCA 6899 reports, we have added completion of the Institute on Healthcare Improvement (IHI) Quality Improvement Certificate as part of HCA 6290 (Health Care Quality Assessment and Improvement). The students expressed an interest in having recognized certificates as well as the MS-HCA degree at the end of their program.

The external supervisors' evaluations of students were generally highly satisfactory. For Winter 13, Fall 13, Winter 14, and Spring 14, the average evaluation scores respectively were 37.7, 37.2, 39.2, and 36.5 on a 40-point scale. The majority of the supervisors' comments were positive, such as "self-starter, professional, and will be successful;" "personable and dependable;" "committed, courteous and knowledgeable;" and "passionate, excellent, and strong work ethic."

The exit surveys were generally satisfactory. For Winter 13, Fall 13, Winter 14, and Spring 14, "strongly

agree” or “agree” was the answer in 87%, 90%, 85%, and 82% of the responses respectively.

### **3. STATISTICAL DATA (about 1 page)**

From latest data available:

Student Demographics (Source: CAPR Table 1)

	Black	American Indian or Alaskan	Asian	Pacific Islander	Hispanic	White	Multiple	Unknown	Non-resident	All
Female	10	0	33	0	5	14	1	8	16	87
Male	2	0	8	0	1	13	0	4	5	33
Total	12	0	41	0	6	27	1	12	21	120

Degrees Conferred (Source: The SASS System)

CY 10-11	Black	American Indian or Alaskan	Asian	Pacific Islander	Hispanic	White	Multiple	Unknown	Non-resident	All
Female	1	1	8	0	3	2	0	5	10	30
Male	3	0	3	0	3	2	2	0	4	17
Total	4	1	11	0	6	4	2	5	14	47

CY 11-12 YTD	Black	American Indian or Alaskan	Asian	Pacific Islander	Hispanic	White	Multiple	Unknown	Non-resident	All
Female	4	0	9	0	2	3	0	6	10	34
Male	1	0	1	0	2	4	0	2	1	11
Total	5	0	10	0	4	7	0	8	11	45

SFR's by Discipline (Source: SFRs By Course Level)

	08	09	10	11	12
Tenure-track	12.57	20.59	8.31	40.20	17.10
Lecturer	22.97	.	40.6	23.64	30.06
Lower Division	.	.	.	.	.
Upper Division	31.14	35.93	44.11	.	.
Graduate	10.00	15.47	15.27	27.50	24.73
Total	14.24	20.59	20.89	27.50	24.73

Course History Data (Source: Course History Table 10.1b)

	Fall 11	Winter 12	Spring 12
#	7	8	10
Enrollment	207	226	26.5
Average Size	33.2	32.1	28.9

## MS-HCA Program Curriculum Matrix:

*I = Introduce      P = Practice      M = Master*

PLOs	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5
<b>Courses</b>					
6200	I	P	I	I	I
6210	P	P	P	I	P
6225	I		I	P	I
6230			P	P	P
6240			P	P	P
6250	P	P		P	P
6260	P	P		P	P
6270	P	I	P	P	I
6275	P	I		P	I
6280	P		P	P	I
6290	P	P		P	P
6899	M	M	M	M	M

## MS-HCA Program ILO Alignment Matrix

ILO's	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5
Critical Thinking		X			X
Communication	X				
Collaboration	X	X			
Social Responsibility (Ethics, Sustainability)			X		
Diversity	X		X		
Discipline	X	X	X	X	X