



Department of
Higher Education

Mike DeWine, Governor
Randy Gardner, Chancellor

PROPOSAL FOR AN APPLIED BACHELOR'S DEGREE PROGRAM

Revised 1/28/2022

Ohio Revised Code (ORC) 3333.051, enacted pursuant to Amended Substitute House Bill 49 of the 132nd General Assembly, directs the chancellor of higher education to establish a program under which community colleges, state community colleges, and technical colleges may apply to offer applied bachelor's degrees.

This document will begin the Chancellor's review process. The ODHE staff will review all submissions for compliance with specifications identified in ORC 3333.051 and for the college's capacity to offer the proposed program. Before approving programs, the chancellor will consult with the Governor's Office of Workforce Transformation, the Inter-University Council of Ohio, the Ohio Association of Community Colleges, and the Association of Independent Colleges and Universities of Ohio.

If your institution is proposing more than one applied bachelor's degree, please use a separate form for each program.

Proposals will be accepted beginning September 17, 2020

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SECTION 1: EVIDENCE OF NEED

1.1 Program Information

- **Provide the name of the proposed program:**

Bachelor of Science in Nursing (NURB)

The proposed Bachelor of Science of Nursing program at the Cincinnati State Bethesda School of Nursing will be an RN-to-BSN program that produces graduates who are well prepared to advance in their registered nursing careers, assume nurse leadership positions, and pursue an MSN degree or beyond.

- **Provide the six-digit CIP code (format: XX.XXXX) of the proposed program, if known:**

51.3801 Nursing/Registered Nurse (RN, ASN, BSN, MSN).

In general, Nursing/Registered Nursing prepares individuals in the knowledge, techniques and procedures for promoting health, providing care for sick, disabled, infirmed, or other individuals or groups. It includes instruction in the administration of medication and treatments, assisting a physician during treatments and examinations, referring patients to physicians and other health care specialists, and planning education for health maintenance.

The Bachelor of Science of Nursing (NURB) program at Cincinnati State will prepare registered nurses (RNs) for the successful transition to the BSN-prepared nurse role. Topics in the BSN program will include nursing leadership and management, evidence-based practice, healthcare informatics, population-based community healthcare, clinical decision-making, healthcare outcomes, quality improvement, and interdisciplinary collaboration.

- **Provide the names of the ATS, AAB, and/or AAS programs at your college upon which the proposed program is intended to build.**

The proposed Bachelor of Science in Nursing (BSN) degree will expand a 124-year legacy of nursing education excellence established by the Bethesda School of Nursing in 1897. For the past 30 years, the Cincinnati State Bethesda School of Nursing has carried that legacy forward, building an integrated, high-quality nursing pathway, from nurse aide, to licensed practical nurse, to AAS-prepared registered nurse. The proposed BSN degree will provide a much-needed final step to that pathway and will build upon the following programs:

- Nurse Aide Training Certificate (NATC.CT)
- Practical Nursing Certificate (PNC.CT1)
- Associate of Applied Science in Nursing (NUR.AAS)
- LPN to RN Progression (NURP.AAS)

The BSN degree will complete a nursing pathway that produces Greater Cincinnati's most diverse pool of nursing graduates, who serve in every hospital and numerous other healthcare settings throughout the region.

1.2 Workforce Need and Workforce Gap Not Being Met by Existing Programs

- Describe the workforce needs and required skills of a regional business or industry and indicate how the proposed program is particularly suited for preparing graduates for careers in that regional business or industry. To substantiate that the need is in an in-demand field with long-term sustainability, submit regional data from the Governor's Office of Workforce Transformation In-Demand Jobs List (topjobs.ohio.gov) and the regional or local workforce board data **as an appendix item**.

"It is what keeps us up at night."

That is how David Fikse, president of the 7,700-employee Bons Secours Mercy Health system in Greater Cincinnati, describes the impact that the nursing shortage is having on him and his fellow health system leaders. The issue, they say, is not whether a nursing shortage exists, but how deep and long it will be, and how much it will impact quality of care.

"I do not see this shortage as a one- or two-year issue, but a decade issue," Fikse said.

"The COVID pandemic has led many nurses to leave the profession. There has also been an exodus of nurses due to early retirements. In addition, nurses, especially BSN nurses, have many more non-bedside opportunities—in insurance, virtual care and other settings. When you consider the aging population and the growing need for inpatient care, we will continue to need more nurses than we are currently producing in this region."

"We will continue to need more nurses than we are currently producing in this region."

—David Fikse, President,
Mercy Health Cincinnati

To determine the scope of the regional workforce need and the workforce gap for BSN nurses, Cincinnati State:

- Reviewed national, state, regional, and industry data sources;
- Held discussions with regional health system executives, chief nursing officers, industry and professional association leaders, and community health care advocates; and
- Surveyed current Cincinnati State ADN nursing students and graduates of the program.

The result is an abundant need for Cincinnati State's proposed BSN program, based on the following:

Labor Market Data and Trends

National Data and Trends

According to the U.S. Bureau of Labor Statistics' *Employment Projections 2020-2030*, Registered Nursing (RN) is listed among the top healthcare occupations in terms of national job growth, with a projected 194,500 annual job openings and a 2030 total employment of 3.36 million.

The American Association of Colleges of Nursing (AACN) recommends that expanding educational opportunities is a key strategy to resolving the national nursing shortage. AACN also recommends that registered nurses have a BSN degree. AACN bases its recommendation on the landmark 2010 report by the Institute of Medicine, *The Future of Nursing: Leading Change, Advancing Health*, which called for increasing the number of BSN nurses in the workforce to 80 percent by 2020. While progress has been made toward that goal, there is still a significant gap, both nationally and locally. Estimates of the percentage of BSN nurses vary from 53-64 percent.

"There is not only an overall shortage of nurses in our region, but also a shortage of BSN nurses who can become leaders of our practices as well as leaders on the front lines of providing evidence-based medicine," said Rebecca Baute, vice president and chief nursing officer for TriHealth Bethesda North Region, which employs 1,100 nurses. "I am absolutely in support of Cincinnati State's proposed BSN program."

State Data and Trends

Registered Nursing is on Ohio's In-Demand Jobs List (topjobs.ohio.gov). It is also on Ohio's *In-Demand and Critically Important* Jobs list. This far more exclusive list of 33 jobs includes in-demand jobs that "interact with community members at every stage of life." Registered Nursing is the largest and fastest growing job on Ohio's *In Demand and Critically Important* Jobs list, with an expected 8,848 annual openings.

Regional Data and Trends

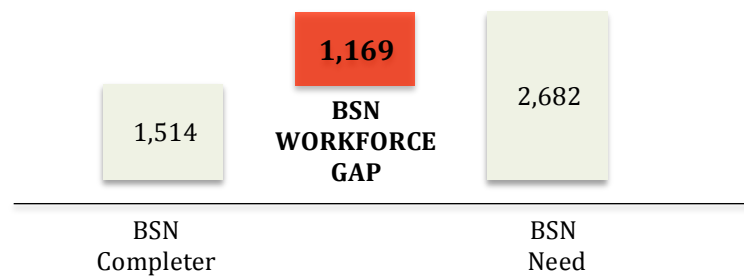
Registered Nursing is also the largest and fastest growing job on the *In Demand and Critically Important* Jobs list for Southwest Ohio, the region Cincinnati State serves, with an expected 1,303 annual openings.

While this represents strong growth, Ohio's In-demand job data for RNs does not appear to have been updated since 2016. Since there is often a lag between government labor market data and evolving market demand, we also reviewed several well-respected, up-to-date sources of regional workforce data. Our goal was to determine a valid estimate for the gap between the annual number of BSN degree completions in Greater Cincinnati and the annual need for BSN hires. In order to complete the analyses in a conservative and thorough manner:

- We limited the analyses to the region's six major health systems: Bon Secours Mercy Health Cincinnati; Cincinnati Children's Hospital Medical Center; Christ Hospital Health Network; TriHealth; St. Elizabeth Healthcare; and UC Health.
- Our sources included IPEDS (Integrated Postsecondary Education Data System); the Ohio Board of Nursing; Emsi; The Health Collaborative of Greater Cincinnati, and Greater Cincinnati health system websites. (See appendix item for more details/copies of reports)

An analysis of the above sources revealed that **an estimated 1,169 additional BSN degree completers would be needed to close the current gap** between BSN completions over the past year and the current need for BSN hires in the Greater Cincinnati. (See appendix for more details)

Estimated 2021 BSN Workforce Gap in Greater Cincinnati



Sources: IPEDS (2021 BSN estimated completions); Emsi (2021 estimated BSN need)

11%

RN Vacancy Rate
in Greater
Cincinnati

The workforce gap for registered nurses in Greater Cincinnati has led to an RN vacancy rate in local health systems that is growing at an "alarming" rate, said Hope Arthur, Director of Workforce innovation for The Health Collaborative.

During the first six months of 2021, the vacancy rate for RNs in area hospital systems increased from 7.8 percent to 11 percent, according to The Health Collaborative's *Greater Cincinnati Healthcare Semi-Annual Workforce Report*. That translates into a shortage of about 1,200 nurses, an estimated 70 percent of which, or 840, are BSN nurses.

"Although some of the recent spike is due to the COVID-19 pandemic, the nursing vacancy rate has not been this high since 2004 and is expected to jump several more percent by the end of this year. This has created an environment where our hospitals throughout the region are closing needed beds because they do not have enough staff," Arthur said.

The Health Collaborative report also showed that the nurse vacancy rate has been trending upward in Greater Cincinnati since 2016, well before the COVID pandemic. As noted above, nurses, especially BSN nurses, have more non-bedside job options than in the past, many of which are at higher pay rates.

A review of the websites of the region's six major health systems in November 2021 confirmed Arthur's concern about the RN vacancy rate. Collectively, the sites showed 1,421 open RN positions for Greater Cincinnati health systems.

"Hospitals throughout the region are closing needed beds because they do not have enough staff."

—Hope Arthur,
Director of Workforce,
The Health
Collaborative

"We welcome Cincinnati State's proposed new BSN program and are enthusiastic about the possibilities it presents."

—Steve Davis, Incoming CEO
—Barb Tofani, CNO
Cincinnati Children's Hospital
Medical Center

Some local health systems have already begun resorting to less-than-optimal solutions to manage the regional gap for RNs. Some systems have begun importing nurses from other countries. Some are hiring more "travel nurses" and "agency nurses" both of which raise health care costs. Some systems say they may also have to consider changing the nurse-to-patient ratio so that each nurse covers more patients, which could impact the quality of care and lead to further job stress and RN resignations.

Employers and industry experts alike said that without new local sources for BSN completers such as Cincinnati State's proposed BSN program, this gap will likely continue and even expand, putting additional stress on an already stressed regional healthcare system.

"Like every health care system in our region, Cincinnati Children's is facing a serious shortage of nurses, including nurses at the BSN level. All indications are that this challenge will be with us for some time. We welcome Cincinnati State's proposed new BSN program and are enthusiastic about the possibilities it presents," said Steve Davis, Incoming Children's Hospital CEO, and Barb Tofani, chief nursing officer.

Quality

Filling workforce gaps does not benefit employers or the community if quality is lacking. Cincinnati State has a 30-year history of excellence in providing nursing students with the skills and knowledge required for certification and licensure, and in preparing graduates to be dedicated professionals:

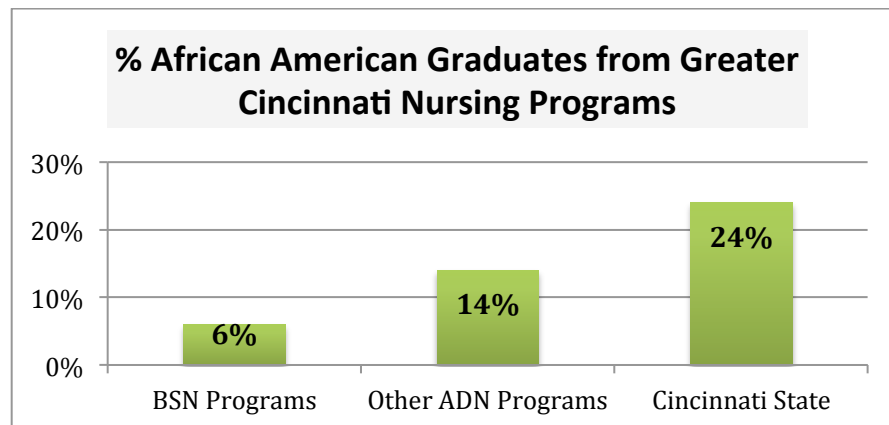
- Cincinnati State's ADN program has a higher average 3-year NCLEX pass rate than all other Ohio ADN and BSN programs in its region, including universities. Average NCLEX pass rate for Cincinnati State's ADN Program for 2018-2020 was **92.6%**.
- More than half of Cincinnati State ADN faculty members have doctoral degrees in addition to years of nursing experience.
- Cincinnati State graduates tend to stay in the Greater Cincinnati region, and work and raise families here, at a higher rate than any other college in the region.

92.6%

Average NCLEX pass rate for Cincinnati State's ADN Program for 2018-2020

Diversity

Cincinnati State's proven ability to recruit, retain and graduate the region's highest percentage of African American nurses will help meet the universally expressed need of employers for increased diversity in their nursing staffs and nurse leadership. From 2016-2021, 24 percent of Cincinnati State's nursing graduates identify themselves as African American. That is four times higher than current BSN programs in the region and 70 percent higher than other ADN programs in the region.



Source: IPEDS; Ohio Board of Nursing

For years, multiple studies have shown that increasing diversity in the health care workforce is linked to better health outcomes among minority groups. In Greater Cincinnati, however, racial diversity in the RN workforce remains low, almost twice as low as the national average, according to Emsi.

"People listen to people they trust. If we are going to improve the overall health of the black community in Greater Cincinnati and in Ohio, we need to have more black nurses at every level of the profession," said Regina Hutchins, president of the Black Nurses Association of Greater Cincinnati. "At the BSN level, you start understanding your role as a leader. More black nurses must begin to see themselves as leaders and help others get into the field. This will happen at Cincinnati State."

Affordability and Continuity

Cincinnati's State's unique combination of affordability and program continuity will provide increased access to, and advancement within the nursing profession for more individuals in our community. In doing so, the college will also meet the specific needs of employers, as clearly expressed in their letters of support.

In terms of affordability, Cincinnati State's proposed RN-to-BSN program compares favorably with our partner public and private university programs in the region. In order to make a valid comparison, we considered several factors:

- We estimated RN-to-BSN costs for two types of students – 1) traditional students who are continuing their education while not working; and 2) students who are employed at a hospital system that has corporate discounts and tuition benefits.
- We also looked at the difference in costs for students enrolled full-time versus students enrolled part-time, as is often the case for working nurses.
- In addition, we spoke with area employers about tuition reimbursement programs and also "corporate tuition discounts" that universities sometimes offer.

Our first comparison was with the University of Cincinnati's RN-to-BSN program. For traditional RN-BSN students who are not working or whose employer does not offer benefits, Cincinnati State is significantly less expensive than UC. Lower cost makes the program more accessible for students of modest means.

Traditional Student Who Is Not Working Or Employer Does Not Have Tuition Reimbursement				
	University of Cincinnati Online RN-BSN Source: www.nursing.uc.edu		Cincinnati State RN-BSN Source – Cincinnati State	
	Full-Time	Part-Time	Full-Time	Part-Time
Tuition	\$10,460	\$11,745	\$7,502.88	\$7,502.88
Fees	\$2,714	\$3,078	\$696	\$789
Total	\$13,174	\$14,823	\$8,198.88	\$8,291.88
Tuition Reimbursement	N/A	N/A	N/A	N/A
Scholarships & Grants	See notes	See notes	See notes	See notes

Notes:

– UC's College of Nursing does not offer scholarships for online programs (source: www.uc.edu.) Other scholarships may be available for students in the program.

– Cincinnati State has designated scholarships for nursing programs, including RN-BSN. For example, the Bethesda Alumni Association, as indicated in the attached letter of support, is committed to providing scholarships for BSN students. In addition, health workforce is a strategic priority of the Cincinnati State Foundation, and students in the RN-BSN program may also be eligible for general college scholarships.

– Both colleges offer Pell grants where applicable, however a Pell grant is more likely to cover full cost of program at Cincinnati State.

– Cost of Cincinnati State Program is for 42 credits at Fall 2022 in-state tuition rate of \$178.64.

Cincinnati State's RN-BSN program would also be less expensive than UC for nursing students who are employed at an area health system or another employer that has corporate benefits:

Student Employed at Health System or other Employer With Corporate Discount & Tuition Reimbursement Benefits				
	University of Cincinnati Online RN-BSN Source: www.nursing.uc.edu		Cincinnati State RN-BSN Source – Cincinnati State	
	Full-Time	Part-Time	Full-Time	Part-Time
Tuition	\$10,460	\$11,745	\$7,502.88	\$7,502.88
Fees	\$2,714	\$3,078	\$696	\$789
Total	\$13,174	\$14,823	\$8,198.88	\$8,291.88
Estimated Corporate Tuition Discount 20%	\$2,635	\$2,965	N/A	N/A
Cost Before Tuition Reimbursement	\$10,539	\$11,858	\$8,198.88	8,291.88
Employer Tuition Reimbursement	See notes	See notes	See notes	See notes

Notes:

- *Corporate Tuition Discounts*—Regional health system employers report that universities sometimes provide corporate tuition discounts, typically in the range of 10-20%. For the purpose of this comparison, we estimated 20% for UC's RN-BSN program. It would need to be in the 40%-plus range to make the two program costs equal.
- *Employer Tuition Reimbursements*—Regional health systems offer tuition reimbursement programs for employees that range from \$1,500-\$5,250 annually for undergraduate programs. This benefit would apply equally to both RN-BSN programs, but would, as with Pell grants, be more likely to cover the full cost of the RN-BSN program at Cincinnati State.

We made similar comparisons with other regional university RN-BSN programs, as well as with online programs from universities in other parts of the state. Cincinnati State compared favorably in all cases. That is especially the case when you consider continuity of programming. Continuity is key to Cincinnati State's RN-BSN program, and its ability to attract, retain and graduate a diverse pool of BSN nurses:

- When students must transfer from one college to another for an RN-BSN program, they may be required to take additional general education or prerequisite courses, all of which add time and costs to program completion.
- Cincinnati State's RN-BSN program will be delivered in-person, unlike any other local RN-BSN program.
- Cincinnati State will be the only local college to offer a complete nursing career pathway, from STNA to LPN to RN to BSN.

"Students need seamless progression from STNA, to LPN, to RN, and to BSN."

—Regina Hutchins, Black Nurses Association of Greater Cincinnati

Regina Hutchins, president of the Black Nurses Association of Greater Cincinnati, said a complete nursing pathway is key "to achieving the best results for recruiting, retaining and graduating more minority nurses. Students need seamless progression from STNA, to LPN, to RN, and to BSN, and to be accepted at the different steps on that track without having to repeat certain requirements."

Mercy Cincinnati Chief Nursing Officer Stephanie Meade also identified Cincinnati State's affordability and its capacity "to meet students where they are," as elements that will be advantageous to students and employers.

"Cincinnati State will have a complete advancement pathway for our employees."

—Stephanie Meade,
Chief Nursing Officer,
Mercy Health Cincinnati

"Cincinnati State will have a complete advancement pathway for our employees," Meade said. "We are also enhancing our tuition benefits for employees. Cincinnati State's BSN program will be an affordable option for employers who give funding for tuition reimbursement."

Perhaps the best measure of how quality, affordability and continuity will contribute to a successful and diverse BSN nursing program is to hear directly from those who are most directly impacted—students.

Cincinnati State conducted two surveys in Fall 2021. One survey included current students in its ADN nursing program (168 responses), and the other survey included graduates from the program within the past five years (220 responses). Findings included the following:

- 98 percent of current Cincinnati State nursing students are interested in the new BSN option.
- Among the two-thirds of Cincinnati State nursing graduates who have not already begun or completed an RN-to-BSN program, 92 percent said they are interested in the new BSN option.

"The addition of a BSN degree at Cincinnati State provides great value to students, great opportunities for local healthcare employers like us, and improved health outcomes for our community," said Tom Daskalakis, chief administrative officer of UC Health West Chester Hospital.

TriHealth CEO Mark Clement and TriHealth Chief Nursing Officer Jennifer Skinner reached a similar conclusion about the workforce need for Cincinnati State's new BSN degree:

"The new BSN program at Cincinnati State...will create a healthier community for everyone we serve."

—Mark Clement, CEO
—Jennifer Skinner, CNO
TriHealth

"The new BSN program at Cincinnati State is a win for the next generation of nurses, the broader nursing profession, our health systems and – most importantly – will create a healthier community for everyone we serve."

• *Prior to submission, this proposal must be discussed at a meeting of the community college's regional educational providers. Discussions among institutional members should address regional workforce needs, benefits to the region, concerns about potential duplication and program overlaps, and options for articulated pathways (2+2 or 3+1), as appropriate. Attach a fact-based summary of the discussion and related documentation (including comments both in favor of and opposed to the program) as well as supportive employers' data on the collective employment needs as an **appendix item**.*

See attached Appendix Item — Appendix B: *Summary of Meeting with Regional Education Partners*

• *Describe the specific workforce need and skills gap that is not being met by existing college or university programs (public or private) in your region. List similar bachelor's degrees at public and private colleges and universities in your region and identify, in detail with specific program examples, how they do not meet the regional business and industry needs.*

The BSN nursing programs at Cincinnati State's partner higher education institutions in Greater Cincinnati are all quality programs. Our Workforce Needs review revealed a clear need for all of these programs, plus Cincinnati State's proposed BSN degree program.

Cincinnati State's longstanding goal is to collaborate with our partner higher education institutions where possible. For example, our goal will be to develop strong articulation agreements with our higher education partners so Cincinnati State BSN graduates may continue their education in a local Master of Science in Nursing (MSN) program, and for some, go on to complete a doctoral program. This is one way we can all work together to advance the nursing profession and address the shortage of nursing faculty, including nurse faculty from underrepresented groups.

There are two specific workforce needs related to BSN nursing that are not being met by existing college or university programs in Greater Cincinnati:

- 1) There is a documented gap between the number of BSN nurses being produced and the number of BSN nurses needed by employers.
- 2) There is a less-than-optimal diversity with the regional BSN nursing workforce. Cincinnati State's BSN program is uniquely positioned to address both of these unmet needs in ways that complement and often exceed existing college and university programs in Greater Cincinnati:
 - 1) Cincinnati State will increase the annual number of BSN completers in the region to better meet employers' expressed needs. As shown above, Cincinnati State has proven that it delivers exceptionally high-quality nursing programs. Its ADN program has a higher average 3-year NCLEX pass rate than all other Ohio ADN and BSN programs in its region, including university programs.
 - 2) As shown above, Cincinnati State has the most diverse nursing graduates in the region by a significant margin, and fully expects this will continue with the BSN program. Healthcare employers in Greater Cincinnati universally expressed the need for more diversity in their staff nurse and nurse leadership ranks.

Enrollment and retention in Cincinnati State's existing nursing programs (STNA, LPN, LPN→RN Bridge, and RN) are excellent. Graduates' NCLEX pass rates are excellent as well. The addition of the BSN completion program will only *enhance* Cincinnati State's recruitment and graduation of frontline LPNs and RNs in our region. Specifically, the addition of a BSN completion program will provide economies of scale that strengthen the College's ability to increase investments for growth throughout the nursing pathway. And the addition of the BSN completion program will increase the College's ability to recruit diverse students to the front end of the pipeline (STNA, LPN, and RN) by virtue of the *entire* pathway of stackable nursing credentials being available to prospective students.

Cincinnati State has a multi-faceted plan for increasing the number of frontline LPNs and RNs. With respect to recruitment, as noted above, the addition of the BSN completion program will create a

complete undergraduate nursing pathway at Cincinnati State which will be promoted to attract more students to all entry points of the nursing pipeline. Equally important to recruitment are career tech and CPP pathways. *Via* career tech partnerships with the region's Ohio Career Tech Centers (e.g. Butler Tech Career Center, the Oaks Career Center) and with other high schools, the College has increased articulated credit opportunities for:

1. Secondary LPN completers (*via* CTAG and CCP);
2. Secondary LPN students with substantial completion (*via* bilateral articulation agreement);
3. Secondary student with health pathway CCP credits; and
4. Adult Career Tech completers (*via* bilateral agreements; and, soon, ITAG credit).

To support career tech and CCP students on an individual level, the College has created a Career Tech Navigator position and a CCP Coordinator position – to provide individual assistance to career tech and CCP students in how to leverage their early college credit options toward an LPN Program, LPN→RN Bridge Program, or RN Program.

To financially support students pursuing the LPN, LPN→RN Bridge, or RN Nursing Program, the College's Foundation provides students with an array of scholarships and federal and state grant opportunities. In partnership with The Health Collaborative of Greater Cincinnati, and area health systems, the College has developed unique programs to up-skill incumbent workers, including a respiratory therapy education model that is being extended to LPN and RN.

To increase capacity of the LPN and RN programs, the College has approved hiring additional FT RN Nursing faculty for the Academic Year 2022-2023. In addition, the College is making a substantial investment to increase its Sim Lab capacity, utilizing capital funds and College Foundation funding.

SECTION 2: INDUSTRY PARTNERSHIP

2.1 General Partnership Information

To be approved to offer an applied bachelor's degree, the college must enter into at least one agreement with a regional business or industry to train students in an in-demand field and to employ students upon successful completion of a program.

- *Provide the name(s) of the regional business/industry partner for the proposed program.*

Cincinnati State has active partnerships with all major health systems in Greater Cincinnati, in the form of clinical/affiliation agreements. The clinical/affiliation agreements will include the proposed new BSN degree program. Partners include:

- Cincinnati Children's Hospital Medical Center
- The Christ Hospital Health Network
- Mercy Health Cincinnati
- TriHealth
- UC Health

- *Submit a copy of the partnership agreement(s) as an appendix item.*

See attached Clinical/Affiliation agreements

- *Describe current and future employment opportunities with the business/industry partner(s) and within the region. Include the data points that will be collected to track employment outcomes.*

As discussed in section 1.2 (Workforce Need) of this application, abundant opportunities exist for BSN nurses within Greater Cincinnati. Registered Nurses are at the top of the state and regional *In-Demand and Critically Important Jobs* lists. There is a significant shortage of BSN nurses within the region that is expected to last for a number of years. The current vacancy rate for RNs within the region's major health systems is 11%, which translates into a current shortage of 1,100 nurses, of which the majority are BSN. This need is on top of the estimated 224 BSN nurses being hired by regional health systems each month. BSN nurses also have many non-hospital opportunities, including careers in insurance, virtual care, as travel nurses, and in other settings. A BSN is steadily becoming the expected education level for registered nurses, especially in hospitals.

- *Submit letters of support from specific business/industry partners indicating their commitment to train students in an in-demand field and to employ students upon their successful completion of the program as an appendix item.*

As the attached letters and addendums show, Cincinnati State has received exceptionally strong support for its proposed BSN degree program from business/industry partners, as well as from professional and community organizations. Together, the five Ohio-based health systems supporting Cincinnati State's BSN application generate \$7 Billion in annual revenue, and employ 52,500 people, including more than 10,000 Registered Nurses.

*The five health systems supporting Cincinnati State's BSN program generate **\$7 billion** in annual revenue and employ more than **10,000 Registered Nurses**.*

Officials from all five of the partner health systems have committed in writing to provide training opportunities for BSN students where appropriate, and to hire qualified graduates of the Cincinnati State BSN program.

As the table below shows, the program has received specific commitments to hire 185 or more Cincinnati State BSN graduates annually, with more commitments expected. It has also received written commitments for 97 or more annual work-based learning experiences for Cincinnati State BSN students. The commitments received thus far significantly exceed the expected number of students and graduates during the first few years of the program.

Employer/Organization	Annual Hiring Commitments for Cincinnati State BSN graduates	Annual Community / Workplace Experience Commitments for Cincinnati State BSN students
Mercy Health Cincinnati	60	20
TriHealth	50	20
Christ Hospital Health Network	50	21
Cincinnati Children's Hospital Medical Center	25	12
Black Nurses Association of Greater Cincinnati	-	12
Closing the Health Care Gap	-	12
Total Commitments To Date	185 Annual Hires	97 Annual Experiences

The following table summarizes the letters of support Cincinnati received for its proposed BSN program.

Signer	Title	Health System/Organization
Steve Davis	CEO	Cincinnati Children's Hospital Medical Center
Barb Tofani	Sr. Vice President & Chief Nursing Officer	Cincinnati Children's Hospital Medical Center
Debbie Hayes	CEO	Christ Hospital Health Network
Julie Holt	Vice President & Chief Nursing Officer	Christ Hospital Health Network
Mark Clement	CEO	TriHealth
Jennifer Skinner	Sr. Vice President & Chief Nursing Officer	TriHealth
Becky Baute	Vice President & Chief Nursing Officer	TriHealth Bethesda North Region
David Fikse	President	Mercy Health Cincinnati

Stephanie Meade	Chief Nursing Officer	Mercy Health Cincinnati
Jason Asic	Chief Operating Officer	Mercy Health – West Hospital
Jennifer Jackson	Hospital Chief Nursing Officer	Mercy Health – West Hospital
Justin Krueger	President	Mercy Health – Fairfield Hospital
Tom Daskalakis	Chief Administrative Officer	UC Health West Chester Hospital
Ronald Rohlfing	Vice President Operations	UC Health West Chester Hospital
Kim Hensley	Chief Operating Officer & Chief Nursing Officer	Premier Health - Atrium Medical Center in Middletown
Regina Hutchins	President	Black Nurses Association of Greater Cincinnati
Renee Mahaffey Harris	President & CEO	The Center for Closing the Health Gap in Greater Cincinnati
Craig Brammer	CEO	The Health Collaborative of Greater Cincinnati
Hope Arthur	Director Workforce Innovation	The Health Collaborative of Greater Cincinnati

2.2 Workplace-Based Learning Experience

- ***Describe the workforce-based learning experience(s) embedded in the program. Include commitments from business and industry partner(s) as an appendix item.***

The majority of the workforce-based learning experiences are imbedded in the AAS portion of the Nursing pathway. These are clinical experiences during which a faculty member takes a group of 6 to 8 students to a hospital site. For 6 to 12 hours per week. In the final semester of the AAS portion of the pathway, students spend 120 hours of clinical at a hospital with a nurse employed by the hospital under the supervision of a nursing faculty member. Below is the list of hospitals used during the AAS degree. Affiliation Agreements are attached in Appendix C.

The Program has Clinical Affiliation Agreements with the Following:

- ❖ The Christ Hospital
- ❖ Clifton Healthcare Behavioral Unit
- ❖ Cincinnati Children's Hospital
 - Cincinnati Children's Hospital Medical Center
 - Cincinnati Children's Hospital medical Center Liberty Campus
 - Cincinnati Children's Green Township
- ❖ Cincinnati Veteran's Administration Hospital
- ❖ IKRON Mental Health Clinic
- ❖ Bon Secours Mercy- Mercy Health Cincinnati
 - Mercy Health Partners Anderson

- Mercy Health Partners Clermont
- Mercy Health Partners Fairfield
- Mercy Health Partners Jewish Hospital
- Mercy Health Partners West
- ❖ St. Elizabeth Healthcare
 - St. Elizabeth Covington Hospital
 - St. Elizabeth Edgewood Hospital
 - St. Elizabeth Florence Hospital
 - St Elizabeth Ft. Thomas Hospital
- ❖ Tri-Health
 - Bethesda North Hospital
 - Bethesda Arrow Springs
 - Bethesda Butler Hospital
 - Good Samaritan Hospital
 - Good Samaritan Western Ridge
- ❖ UC Health
 - Drake Hospital
 - University of Cincinnati Hospital
 - University of Cincinnati West Chester Hospital

There will be community/population health experiences in the BSN degree that will be developed working with partners in their ambulatory care, occupational health and community settings. Students will assess the health and wellness of groups in our local community and focus on preventive measures to improve the health outcomes in the Greater Cincinnati Area. These workplace-based experiences will be similar to the final semester of the AAS program in that the student will work 1:1 with a preceptor. We have commitments from our health care and community partners to provide a minimum of 97 preceptors annually for the RN to BSN program. This exceeds our anticipated enrollment. Agreements by partners to provide preceptors for the RN to BSN program are included in Appendix D.

- ***Describe the relationship of the individuals working with students in the workplace-based learning experience to those in the on-campus program (e.g., are they members of the on-campus faculty who also participate in the off-campus experience, or are they individuals employed by the off-campus facility who agree to supervise/mentor students)?***

During the AAS, in all of the courses which have clinical, except the final course, the student is supervised and instructed by a faculty member who is an employee of the college. The clinical groups have between 6 and 8 students, depending on the health care facility at which the experience takes place. During the final semester, the students spend 120 hours working one-to-one with a facility employed RN who meets or exceeds the requirements of the Ohio Board of Nursing for a preceptor. The contracts/documentation of the relationship between faculty-student-preceptor is included as Appendix E.

Experiences during the BSN program will mirror this faculty-student-preceptor relationship, but in a community setting. The faculty will collaborate with a preceptor who is paid by the health care/community partner to supervise/mentor students, ensuring that experiences are appropriate and outcome driven. Faculty members will meet with the preceptor and the student periodically during the experience to ensure that the student is progressing appropriately, and will also be

available at all times via cell phone in case issues arise. The faculty member will provide the final grade for the student for the experience.

- ***Provide a description of the mechanisms used to measure the success of the workplace-based learning experience. Indicate how faculty members on the main campus are involved in monitoring and improving the experience.***

Students are monitored and evaluated by a faculty member during clinical experiences. They must complete extensive documentation related to the experience and the care of their patient(s). This documentation is evaluated weekly by the faculty member. An evaluation of the student's progress in meeting course outcomes is completed at midterm/mid-experience and at the end of the clinical rotation. Though students in the final semester of the AAS program work with a preceptor, a faculty member is charged with monitoring, troubleshooting, communicating with the preceptor and student, and assigning the final grade. The documents and contracts used during the experience. Documents related to the clinical experience are included in Appendix E and Appendix F.

During the RN to BSN program experiences, the faculty will collaborate with the preceptor to assess student outcome attainment and ultimately provide the final assessment via the grade in the experience and Cap Stone course. Additionally, preceptors and students will complete course evaluations so that faculty can improve upon areas of weakness and continually improve the Cap Stone course.

SECTION 3: INSTITUTIONAL CAPACITY

- ***Describe the faculty capacity for the proposed program. Include numbers for existing faculty, and faculty that will be hired.***

There are currently 4 full time faculty in the Practical Nursing Certificate, and 15 full time faculty in the Associate of Applied Science Program. There are additionally between 15 and 20 adjuncts employed by the program depending on need during each semester.

Of the full-time faculty, 11 have doctoral degrees. The remainder of the faculty have earned the Masters of Science in Nursing Degree. (see Appendix G)

Two additional faculty members with doctorate level preparation would be hired to teach in the BSN program over the first three years of the implementation of this program. These may be filled by current faculty who have earned a PhD or DNP so as not to decrease the pool of nurses with doctorates in the Greater Cincinnati area. After year 3, program evaluation will include assessment of the need for additional faculty based on enrollment.

We have an adequate number of nursing faculty with doctorate degrees to teach in the RN-BSN completion program. As our associate degree program does not require that nurses hold doctorate degrees, we will focus on hiring nursing faculty with an MSN for that this program does not have a negative impact on the existing workforce of current programs. We also have and will continue to invest in our nursing faculty to “grow our own” PhD and DNP prepared workforce, rather than deplete the number of individuals prepared at this level to teach in current BSN programs.

- ***Describe the financial capacity for the proposed program.***

Cincinnati State has a Senate Bill 6 Composite Score of 4.7. The College's year to date net surplus is 2,261,606, and the current year over year cash surplus is +\$1,442,976. The college has been focusing on right sizing as enrollment has decreased and has increased the Senate Bill 6 Composite Score from 2.3 in 2017 to the current 4.7.

The major expenses of the program, e.g. equipment, supplies and faculty to cover the 8-1 clinical sections are already expended as they are attached to the AAS portion of the degree pathway; therefore, the college will only need to finance new faculty positions and minimal supplies to launch the RN-BSN.

Cincinnati State has previously committed \$1.85 million in capital funds to a Nursing and Allied Health Simulation Lab. It is the goal of the College to open this lab in Fall 2022. The lab will be available for educating students at all levels of the Nursing Pathway. Although it will be utilized more in the AAS portion of the degree, it will certainly be available to simulate situations requiring higher level clinical judgement and leadership skills.

- ***Describe the facilities and equipment capacity for the proposed program.***

The AAS Program has existed at Cincinnati State since 1992. It is Approved by the Ohio Board of Nursing (Full Approval through January 2026), and was initially granted accreditation by the Accreditation Commission for Nursing Education (formerly the National League for Nursing Accreditation Commission) in 1994. The most recent accreditation decision made by the ACEN

Board of Commissioners for the Associate Degree Nursing Program is Continuing Accreditation. The next accreditation visit will occur in Spring of 2023. Part of the approval and accreditation process is an assessment of facilities and resources. The facilities at Cincinnati State have been found to meet or exceed those required by a registered nursing education program.

- Classrooms: Cincinnati State has an adequate number of classrooms to deliver a BSN program. At peak enrollment in 2010-2011, Cincinnati State had an unduplicated headcount of 20,539. The unduplicated headcount in 2020-2021 was 11,895.
- Skills Lab/Nursing resource Center: The Skills Lab/Nursing Resource Center will be available for all students, although it will be used most by students in the AAS degree. There are 13 computers in the Center for students to use as well as a number of tests and periodicals.

EQUIPMENT	NUMBER OF UNITS
Beds	9
Headwalls	9
Manikins: Full manikins	7
Half manikins	6
Trunk manikins for injection practice	10
BP Simulation Arms	10
BP Cuffs	140
IV Practice Arms	15
IV Pumps (Alaris)	7
Kangaroo Pumps	5
EKG Machines	2
EKG Simulator	1
Injection Models Demo Dose Inject ED	60
Urinary Catheterization Models	
Trunk models	4
Cross Section female genitalia	5
Cross Section male genitalia	3
Detachable Female Genitalia for full manikins	12
Pulse Oximeters	2
Glucometers	8
Dopplers	4

- Library Services: The Johnnie Mae Berry Library is available to students and faculty six days per week during each semester and on a limited basis between terms. In addition to tables and chairs, a number of study carrels and small rooms for group study are also available. Computers are available for student use in accessing information sources. A room housing more than 20 computers is available for training sessions.

The library houses more than 26,000 books, over 90 periodicals, 89 electronic research databases and a variety of reference materials and media. Most significantly, the library has purchased access to the CINAHL, OVID Nursing and Allied Health, Medline and Health Source Nursing/Academic Edition databases to provide up to date, evidenced based nursing resources

for nursing students and faculty members. Many of these databases are full-text. If an article is not available through these databases, the librarians are usually able to obtain it for the student or faculty member. Thirty laptop computers are available for use within the library. Computers in the library allow access to the Internet so that library patrons can search for additional materials. The college is a member of the Ohio Library Information Network (OhioLink). This service provides access to online library catalogs of other colleges and universities, reference and citation data bases, and full text journal articles. Students may also request books on loan from those member institutions. This will provide our students with the same library resources available to students at four-year colleges and universities in the state of Ohio.

The library web page is accessible through the first page on the college web site. That page provides students with a direct link to BLINK, the college catalog, as well as other local libraries, and numerous other search sites. The web page also sponsors "chat with a librarian," an instant messenger application, which allows the user to pose a question and get a personalized response. Users actually in the library have access to a reference librarian.

The library personnel have also created a Nursing Research Guide which walks students through using library resources to research a nursing topic. This is available online so that students may access it at the time and place of their convenience. A new guide written at the level of the baccalaureate student would be developed for the BSN program.

- ***In addition to allowable tuition, will additional program fees be required for students in the proposed program? If so, please describe.***

There will be no additional fees for the BSN portion of the program. The cost of instruction of the BSN completion degree is substantially less than the AAS part of the program. No changes will be made to the current tuition and fee structure for that program either.

- ***Provide a budget that addresses the up-front investment required to establish the proposed program.***

Year	New Full-Time Faculty	Adjunct and Overload Pay
Year 1	\$109,616 Salary and Benefits	\$40,000
Year 2	\$219,232 Salary and Benefits	\$40,000
Total	\$328,848 Salary and Benefits	\$80,000
Total 2-year expenditure to start program		\$408,848

- ***Please provide revenue and expense information that tracks how many years it will take for revenue derived from the program to exceed program expenses.***

RN to BSN Program	Year 1	Year 2	Year 3	Year 4
I. Projected Enrollment				
Head count full-time (30 credit hours)	5	10	10	10
Head count part-time (12 credit hours)	25	50	50	50
Full Time Equivalent (FTE) enrollment	15	30	30	30
II. Projected Income				
Tuition (\$168.64 per credit hour)	\$75,888	\$151,776	\$151,776	\$151,776
Expected State Subsidy	\$66,357	\$132,714	\$132,714	\$132,714
Standard/Established College Fees	\$5,760	\$11,520	\$11,520	\$11,520
Total Estimated Program Income	\$148,005	\$296,010	\$296,010	\$296,010
III. Program Expenses				
Salary and Benefits- FT Faculty	\$109,616	\$219,232	\$219,232	\$219,232
Adjunct and Overload Pay	\$40,000	\$40,000	\$40,000	\$40,000
Supplies/Duplication	\$1,000	\$2,000	\$2,000	\$2,000
Total Estimated Program Expenses	\$150,616	\$261,232	\$261,232	\$261,232

- ***Success of current nursing program.***

Another indicator of Cincinnati State's capacity to deliver the RN to BSN completion program is the strength of our current associate degree nursing program. Below are the Fall enrollment, Fall to Fall retention rates, and graduation/competition rates for the current associate degree nursing program. The program has maintained enrollment, increased retention and graduation rates while maintaining outstanding NCLEX-RN pass rates. Additionally, the increased retention and graduation rates since 2014-2015 demonstrate a commitment to continuous improvement and the quality of our program.

Nursing Fall Enrollment			Nursing Graduation/Completion	
Semester	Unduplicated Headcount	Fall to Fall Retention	Academic Year	Graduation/Completion
14/FA	256	74%	2014-2015	55.50%
15/FA	237	77%	2015-2016	49.43%
16/FA	235	81%	2016-2017	49.30%
17/FA	243	88%	2017-2018	57.22%
18/FA	254	87%	2018-2019	68.45%
19/FA	232	94%	2019-2020	76.87%
20/FA	259	100%	2020-2021	76.62%
21/FA	251	TBD - 22/FA	2021-2022	TBD

Notes: **Enrollment** includes all students in Nursing courses as of census for respective fall or spring semesters, count is unduplicated; **Retention** includes all students who were enrolled the following Fall or who graduated from a NUR / NURP program within that year; **Graduation/Completion** is at 3 years/150% of the length of program for those entering NUR 101 (first Nursing course) or NUR 105 (first LPN to RN Option course).

SECTION 4: PROGRAM INFORMATION

Section 4: Program Information

- ***Provide the learning outcomes of the program. Note: if existing bachelor's degree programs might appear to be duplicative, please list those programs and describe how the learning outcomes of the proposed program differ from the learning outcomes of existing program(s)***

The Cincinnati State RN-BSN completion program will differ from other BSN programs in the area because it will be delivered entirely in a face to face format. It will also be provided in a setting familiar to the graduates of the College's associate degree program. No other program in the area is delivering an RN-BSN program in this format. Our program's outcomes include a focus on underrepresented minorities, mainly those graduating from our own associate degree program, who would like to continue their nursing education pathway in an environment that is smaller and familiar.

Cincinnati State RN-BSN Program Learning Outcomes

Learning Outcomes are based on the philosophy and conceptual framework of RN-BSN Program.

Upon successful completion of the RN-BSN Program, the student will be able to:

1. Integrate knowledge from the arts and sciences, nursing theory, and evidence-based practice into the design, implementation, and evaluation of patient-centered care for individuals, families, groups, communities, and populations across the continuum of healthcare.
2. Utilize information systems and technology in conjunction with written, verbal, and nonverbal methods, to communicate about, collaborate on, and improve care decisions.
3. Apply collaborative leadership and systems management skills when leading teams and/or when functioning as a member of health care interdisciplinary teams to achieve safe and cost-effective care and quality outcomes.
4. Engage in learning-centered experiences and activities consistent with scope of practice and nursing standards that address the social determinants of health, reduce health disparities, and incorporate cultural sensitivity.
5. Integrate the concepts of population-based nursing to manage alterations in health, promote wellness, and reduce health disparities for individuals, families, groups, communities, and populations.

- ***Provide the proposed course sequence and course descriptions.***

All courses will be delivered in a traditional face to face format.

Program Prerequisites (26 credits)

The following general education courses may be taken at CSTCC, or equivalent courses maybe transferred from regionally accredited colleges or universities. The majority of these courses are completed as part of obtaining the Associate Degree in Nursing.

Course	Course Title	Lec/Lab	Semester Credits
BIO 151	Anatomy and Physiology 1	3/2	4
ENG 101	English Composition 1	3/0	3
MAT 105 ¹	Quantitative Reasoning	2/2	3
BIO 152	Anatomy and Physiology 2	3/2	4
ENG 10X	English Composition Elective	3/0	3
BIO 220	Microbiology	2/3	3
PSY 110	Introduction to Psychology	3/0	3
SOC 105	Introduction to Sociology	3/0	3
Total General Pre-Requisite Education Credits:			26

Program Corequisites (12 credits)

The student must complete the following general education courses from the designated categories, prior to graduating from the RN-BSN Program. These semester courses may also be transferred from regionally accredited colleges and universities

General Education Category	Semester Credit Hours	Possible CSTCC Course Options: Select one course from each of the following for each general education category. Note: This listing is not all inclusive.
History Elective	3	HST101, HST102, HST111, HST112, HST122, HST161, HST162
Humanities & Fine Arts Elective	3	ART110, ART111, ART112, LIT200, LIT200, LIT251, LIT252, LIT255, LIT261, LIT262, LIT270, PHI105,
Cultural Diversity Elective	3	SOC130, SOC140, HST121, HST130, PSY200, PSY205, PSY220,
Math Elective	3	MAT 131, MAT 132
Total Corequisite Credits:	12	

RN-BSN Program 12-month Schema: Core Nursing Courses (30 credits)

Modality	Course #	Course Title	Semester Credits
First Semester			
Face to Face	NUR 400 ¹	Transition to the Role of the Baccalaureate Nurse	3
Face to Face	NUR 401	Healthcare Informatics for Clinical Decision Making	3
Face to Face	NUR 402	Population-Based Community Healthcare: Theory and Concepts	4
Second Semester			
Face to Face	NUR 403 ²	Evidence-Based Practice, Research, Scholarship and Clinical Decision Making	3
Face to Face	NUR 404	Health Care Policy and Ethical and Legal Issues	3
Face to Face	NUR 405	Nursing Leadership and Management for Professional Practice	4
Third Semester			
Face to Face	NUR 406	Healthcare Outcome Measures, Quality Improvement Processes & Interdisciplinary Collaboration	3
Face to Face	NUR 407 ³	Beyond the BSN Seminar	3
Face to Face	NUR 408 ³	Baccalaureate Capstone	4
Total Nursing Credits			30

Progression Guides: 1) NUR 400¹ required 1st semester of RN-BSN Program, 2) NUR 403 ² an introductory statistics course must be completed prior to enrolling, 3) NUR 407 & NUR 408 are culminating courses and must be taken during the student's final semester in program.

RN-BSN Program Core Nursing Course Descriptions

1. NUR 400: Transition to the Role of the Baccalaureate Nurse- 3 credit hours. The course discusses roles, concepts and theories that are essential for the registered nurse transitioning to the baccalaureate-prepared nurse role. Initial sessions introduce key program concepts, required technology and computer skills, professional writing style and resources, library services, and the learning management system requisite to successful transition to baccalaureate education. Discussion of the preparation of the academic and professional portfolio is initiated.
2. NUR 401: Healthcare Informatics for Clinical Decision Making- 3 credit hours. The course explores the implications of advances in computer technology and information sciences on the culture of safety within the healthcare environment. Course activities and critical

reflections provide opportunities to examine linkages between technology and information sciences and their effect on cost-effectiveness, safety, quality, and outcomes of care.

3. NUR 402: Health Care Policy and Ethical and Legal Issues- 3 credit hours. The course explores the impact of healthcare policy and legal and ethical issues on healthcare decision making and delivery of care. The effect that policies and issues can have on healthcare disparities in diverse and vulnerable groups, communities, and populations is explored.
4. NUR 403: Evidence-Based Practice, Research, Scholarship and Clinical Decision Making- 3 credit hours. The course focuses on the steps of the evidence-based practice process and the theoretical and research basis to guide nursing interventions and critique published research reports. The student will examine how to assess and develop an answerable clinical question, research best evidence for answering the question, and appraise the evidence for validity, impact, and applicability. Ethical issues associated with the research process are discussed.
5. NUR 404: Population-Based Community Healthcare: Theory and Concepts- 4 credit hours. The course focuses on concepts of community health nursing using a population-focused nursing process. Emphasis is placed on the effect of the social determinants of health on health promotion, risk reduction, and disease management in the local or global community. Nursing or interdisciplinary strategies specific to populations such as vulnerable or gerontological populations, are explored. A community focused practicum project requires the application of community assessment, program planning, and evidence-based population health interventions to project selection and design.
6. NUR 405: Nursing Leadership and Management for Professional Practice- 4 credit hours. The course broadens the registered nurse's knowledge and skill in effectively leading and managing teams within a constantly changing healthcare systems. Content and activities explore change and innovation, self-knowledge and leader development, communication and conflict skills, resource management, value-based care, and budgeting and variance basics. Students apply content by designing a comprehensive change project proposal relevant to their current or anticipated role.
7. NUR 406: Healthcare Outcome Measures, Quality Improvement Processes & Interdisciplinary Collaboration- 3 credit hours. The course examines health outcome measures that enhance patient experiences, improve population health, reduce costs, and improve the work-life balance of health care providers. These goals provide a compass to optimize health outcomes and system performance through the use of the quality improvement process and interdisciplinary collaboration.
8. NUR 407: Beyond the BSN Seminar- 3 credit hours. The seminar provides the opportunity for students to engage in reflective activities about how academic learning experiences affected their current and future practice roles. The development of a description of the student's professional pathway over the next three to five years is facilitated by goal setting and strategy development for goal achievement. Discussion of next steps such as advanced

degrees, specialty certification, and publication protocols are explored. Students complete their academic and professional portfolios in this course.

9. **NUR 408: Baccalaureate Capstone-** 4 credit hours. The course is a culminating experience synthesizing the knowledge, concepts, and skills acquired throughout the RN-BSN curriculum to aid in the development of a capstone project proposal. Course content focuses on reviewing the 'how to' of project assessment, evidence-based literature, design, and plan for implementation and evaluation. Project proposal topics are student selected and faculty approved and may focus on community needs or bedside nursing issues, or leadership issues at the unit or organizational level. The project concludes with a presentation of the project proposal to peers and faculty. This course includes a workplace-based experience with preceptors from health care and community agencies.

Credit for Prior Learning

Students receive 39 credits for blanket transfer of nursing courses from their Associate Degree in Nursing program. Students must have received a C or better for each nursing course within their ADN curriculum for this blanket transfer to be effective. Students may also demonstrate prior learning and receive 13 credits through successful completion of the NCLEX-RN Licensing Examination. If additional credit is needed, professional nursing certifications, continuing nursing education credits accrued within two years of admission, and workplace training may be considered.

- ***If students earn industry-recognized credentials as part of the program, please identify those credentials.***
 - Non-Applicable: Students will already have the Registered Nurse Credential earned after the AAS portion of the program.
- ***Is programmatic/specialized accreditation available for the program? If so, please indicate the accreditor and the time frame for seeking accreditation.***

RN-BSN Nursing Program Accreditation

The RN-BSN Program will seek program accreditation through the Accreditation Commission for Education in Nursing (ACEN).

Excerpts from the ACEN website, [About – Accreditation Commission for Education in Nursing \(acenursing.org\)](http://acenursing.org), support the decision to pursue this programmatic accreditation.

- “The Accreditation Commission for Education in Nursing (ACEN) supports the interests of nursing education, nursing practice, and the public by providing specialized accreditation for all levels of nursing education and transition-to-practice programs.”
- “As the leading authority in nursing education accreditation, the goal of the ACEN is to be a supportive partner in strengthening the quality of nursing education and transition-to-practice programs.”

- “ACEN is recognized as an accrediting body by the U.S. Department of Education (USDE) and by the Council for Higher Education Accreditation (CHEA).”

The proposed time frame for seeking accreditation is as follows:

- ❖ June-August 2023: Prepare candidacy application
- ❖ August 2023: Submit RN-BSN Candidacy Application for review during ACEN Fall Cycle (July 1 to December 31).
- ❖ January-February 2024: Submit application for initial accreditation to the ACEN Board of Commissioners for ACEN Spring Cycle (January 1 to June 30).
- ❖ Target Goal: To achieve Candidacy status prior to graduating the first class from the RN-BSN Program.
 - Rationale for Goal: The effective date of initial accreditation is the date on which the nursing program was approved by the ACEN as a Candidate program that concluded in the Board granting initial accreditation.
 - Time frame may need to be adjusted to meet review cycle deadlines.

APPENDICES

- *List the appendix items that are included with the request, in the order of which they are in the proposal. Appendix items should be clearly labeled and submitted electronically as PDF or Microsoft Office documents.*

1. **Appendix A: Workforce Data Needs and Gaps**
2. **Appendix B: Summary of Meeting with Regional Educational Partners**
3. **Appendix C: Program Affiliation Agreements with Workforce Partners**
4. **Appendix D: Letters of Support**
5. **Appendix E: Preceptor Documents**
6. **Appendix F: Current Clinical Evaluation Examples**
7. **Appendix G: Current Full Time Nursing Faculty**

Cincinnati State BSN Application

Workforce Need



Appendix A

APPENDIX A

1.2 Workforce Need and Workforce Gap Not Being Met by Existing Programs

Cincinnati State reviewed multiple sources of workforce data to assist in determining workforce need and the workforce gap for BSN nurses in Greater Cincinnati. Data was combined with direct input from regional health system executives, chief nursing officers, industry and professional association leaders, and community health care advocates.

Data Sources Summary

Data Sources	Type of Data Used
IPEDS (Integrated Postsecondary Education Data System, U.S. Department of Education)	Annual number of BSN completions and demographics by institution in Greater Cincinnati
Ohio Board of Nursing	Annual number of BSN/ADN completions and demographics by institution in Greater Cincinnati
Cincinnati State Institutional Research Office	Cincinnati State ADN completions and demographics;
U.S. Bureau of Labor Statistics' <i>Employment Projections 2020-2030</i>	National estimated job growth for RNs
Governor's Office of Workforce Transformation (topjobs.ohio.gov)	State and regional In-Demand Job List data
Emsi, Occupation Overview, Registered Nurses in 15 Counties (Cincinnati MSA); Q3 2021 Data set	Average monthly BSN hires in Greater Cincinnati; % of BSN jobs in medical and surgical hospitals; demographics
The Health Collaborative of Greater Cincinnati, Greater Cincinnati Healthcare Semi-Annual Workforce Report, October 2021	RN vacancy rates and headcount; estimated % of vacancies and jobs in health systems preferring BSN
Greater Cincinnati health system websites	RN real-time job postings; estimated % of vacancies preferring BSN
Surveys of Cincinnati State nursing students and recent graduates (past five years)	% of students and graduates interested in an RN-to-BSN program at Cincinnati State

Data from Governor's Office of Workforce Transformation In-Demand Jobs List

Ohio Top Jobs List – Registered Nurse						
Region	Median Salary	Employment	Annual Growth	Annual Openings	In-Demand	Critically Important
Ohio	\$66,000	129,954	1,839	8,848	✓	✓
Southwest Region	\$67,000	19,373	261	1,303	✓	✓

Source: *OhioMeansJob.com*

Regional and College-Specific Data

IPEDS Regional BSN Completions and % African American/Black Completers 2015-2020

BSN Completions by Institution							
Institution	2015	2016	2017	2018	2019	2020	Grand Total
Good Samaritan College of Nursing and Health Science	2	12	23	26	20	24	107
Miami University	99	86	80	82	72	71	490
Mount Saint Joseph University	62	120	54	24	58	34	352
Northern Kentucky University	142	162	183	144	175	223	1,029
The Christ College of Nursing and Health Sciences	49	126	80	147	242	227	871
University of Cincinnati	394	501	463	422	484	416	2,680
Xavier University	67	67	112	103	218	312	879
Grand Total	673	912	812	804	1094	1307	5,602
% BSN Completers African American/Black							
Institution	2015	2016	2017	2018	2019	2020	Grand Total
Good Samaritan College of Nursing and Health Science	0%	0%	4%	4%	5%	8%	5%
Miami University	8%	5%	10%	12%	7%	8%	8%
Mount Saint Joseph University	3%	5%	4%	8%	5%	0%	4%
Northern Kentucky University	4%	2%	2%	3%	3%	3%	3%
The Christ College of Nursing and Health Sciences	12%	10%	16%	10%	11%	8%	10%
University of Cincinnati	9%	6%	7%	8%	7%	6%	7%
Xavier University	0%	0%	1%	8%	3%	10%	5%
Grand Total	7%	6%	7%	9%	7%	7%	7%

Source: IPEDS

Ohio Board of Nursing Regional BSN/ADN Completions and % Completers African American/Black						
	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2016-2021
BSN Completions	455	421	588	685	797	2946
BSN Completion Black	22	31	31	51	52	187
% Black BSN Completers	5%	7%	5%	7%	7%	6%
Cincinnati State Completions	92	98	123	112	59	484
C State Completions Black	19	14	31	35	15	114
% Black C State Completers	21%	14%	25%	31%	25%	24%
Other ADN Completions	462	462	379	383	454	2140
Other ADN Completions Black	51	70	44	50	90	305
% Black Other ADN Completers	11%	15%	12%	13%	20%	14%

Source: Ohio Board of Nursing—Data Reported by RN and LPN programs for Annual Reports
<https://nursing.ohio.gov/nursing-education-nclex/programs/>

Cincinnati State Nursing Program Demographics
(Source: Cincinnati State Institutional Research Office)

1. Over the past five years, just under **500 students** (484) have graduated from the Nursing program at Cincinnati State ready to enter the workforce as a registered nurse (NUR or NURP program).
2. Approximately **1 of every 3 nursing graduates** at Cincinnati State identify as **African-American, Hispanic, Multi-Racial, or Native American**. Graduating classes have also **become increasingly diverse**; the percent of students identifying as White has declined from 77% of the 2018 graduating class to 56% of the 2021 graduating class.

Racial/ethnicity breakdown for all graduates from the past 5 years.

- 67% identify as White (322 students)
 - **25% identify as African American (119 students)**
 - 3% identify as Asian (16 students)
 - 3% identify as Multi-Racial (15 students)
 - 2% identify as Hispanic (10 students)
 - 0.5% identify as Native American (2 students)
3. **16% of nursing graduates from the past 5 years were male** and 84% were female.
 4. **10% of nursing graduates (48 students) were born outside the United States** (primarily here under a resident alien visa). African nations make up the top of the list of home countries for these students including Ghana (9 graduates), Ethiopia (5 graduates), Nigeria (4 graduates), and Kenya (4 graduates).
 5. Graduating from the Nursing program at Cincinnati State can be a driver of economic stability for low-income families. **1 of every 2 nursing graduates** from the past five years has been **eligible for Pell-grants**. The percent of Pell Eligible graduates has increased for each of the past few years and **in 2020-21, 60% were Pell Eligible**.
 6. With an **average graduate age of 32**, the nursing program at Cincinnati State is often sought out by adult students. **87% of nursing program graduates were 25 or older at the time of graduation**.

Age breakdown for graduates from the past 5 years:

Age	% of Total
20-24	13%
25-29	29%
30-39	44%
40-49	11%
50+	3%

Regional NCLEX Pass Rates (Source: Ohio Board of Nursing)

Cincinnati State NCLEX 2018-2020 Pass Rates Compared to Regional BSN programs									
Year	Cincinnati State	UC	Xavier Univ.	Xavier Acc.	Miami Univ	Mt. St. Joe	Christ	Christ Acc.	NKU
2020	92.59	90.1	86.36	79.55	85.71	86.96	86.25	93.3	97
2019	91.27	91.15	85.57	82.05	83.33	82.86	96.08	NA	96
2018	93.94	87.2	81.82	24 -100	89.39	91.3	2 -100	NA	93
2018-2020	92.60	89.48	84.58	80.80	86.14	87.04	91.17	NA	95.33

Cincinnati State NCLEX 2018-2020 Pass Rates Compared to Regional ADN/DPL Programs							
Year	Cincinnati State	UC Blue Ash	Christ	Good Samaritan	Galen	Fortis - Centerville	Fortis - Cincinnati
2020	92.59	80.95	1 -100	82.65	91.33	61.36	82.35
2019	91.27	87.23	69.57	80.81	94.68	72.97	88.89
2018	93.94	83.02	72.44	82.56	91.61	57.14	76.47
2018-2020	92.60	83.73	71.01	82.01	92.54	63.82	82.57

Greater Cincinnati BSN Workforce Gap Estimate

Our goal was to determine a valid and conservative estimate for the gap between the annual number of BSN degree completions in Greater Cincinnati and the annual need for BSN hires. The gap is likely higher than presented here, because we limited the analyses to the region's six major health systems: Bon Secours Mercy Health Cincinnati; Cincinnati Children's Hospital Medical Center; Christ Hospital Health Network; TriHealth; St. Elizabeth Healthcare; and UC Health.

Factor	#/%	Source/Notes
Average monthly RN Hires in Greater Cincinnati	499	Emsi Occupation Overview Greater Cincinnati
% RN Monthly Hires at Medical/Surgical Hospitals	64%	Emsi Occupation Overview Greater Cincinnati
# RN Monthly Hires at Medical/Surgical Hospitals	319	Emsi Occupation Overview Greater Cincinnati
% RN Monthly Hires BSN preferred	70%	Health Collaborative, Health System Websites. Note: Even at 50% BSN preferred there is a still a significant annual gap (402)
# BSN Monthly Hires at Medical/Surgical Hospitals	224	Emsi, Health Collaborative, Health System Websites
Annual BSN Hires at Medical/Surgical Hospitals in Greater Cincinnati	2,683	Emsi, Health Collaborative, Health System Websites
Total BSN Completers in Greater Cincinnati in 2020	1307	IPEDS
Average annual increase in BSN completers 2016-2020	1.16	IPEDS
Estimated Total BSN Completers in Greater Cincinnati in 2021	1,514	IPEDS Note: Board of Nursing Data showed a significantly lower number of BSN completers (797) meaning gap may be larger
2021 Workforce Gap for BSN in Greater Cincinnati Annual BSN Hires (2,683) - Total BSN Completers (1,514) = BSN Workforce Gap (1,169)	1,169	Note: Actual BSN gap may be higher as VA and other non-major-health-system employers not included in this estimate.

A photograph of three healthcare professionals in a hospital hallway. On the left, a woman with dark hair in a ponytail, wearing a white lab coat over a dark polka-dot shirt, looks at a tablet. In the center, a man in blue scrubs with glasses in his pocket points at the tablet. On the right, a man in a white lab coat and glasses holds a blue folder. The background shows a typical hospital corridor with doors and lights.

Registered Nurses in 15 Counties

Contents

- What is Emsi Data? 1
- Report Parameters 2
- Executive Summary 3
- Jobs 4
- Compensation 6
- Job Posting Activity 7
- Demographics 11
- Occupational Programs 14
- Appendix A 16
- Appendix B (Geographies) 17

What is Emsi Data?

Emsi data is a hybrid dataset derived from official government sources such as the US Census Bureau, Bureau of Economic Analysis, and Bureau of Labor Statistics. Leveraging the unique strengths of each source, our data modeling team creates an authoritative dataset that captures more than 99% of all workers in the United States. This core offering is then enriched with data from online social profiles, resumés, and job postings to give you a complete view of the workforce.

Emsi data is frequently cited in major publications such as *The Atlantic*, *Forbes*, *Harvard Business Review*, *The New York Times*, *The Wall Street Journal*, and *USA Today*.

The logo for The Atlantic, featuring the word "The" in a small, italicized font above the word "Atlantic" in a larger, italicized serif font.The logo for Forbes, featuring the word "Forbes" in a bold, black, serif font.The logo for Harvard Business Review, featuring the words "Harvard Business Review" in a bold, black, sans-serif font, stacked vertically.The logo for The New York Times, featuring the words "The New York Times" in a black, serif font, stacked vertically.The logo for The Wall Street Journal, featuring the letters "WSJ" in a large, black, serif font.The logo for USA Today, featuring a solid black circle to the left of the words "USA TODAY" in a bold, black, sans-serif font.

Report Parameters

1 Occupation

29-1141	Registered Nurses
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15 Counties

18029	Dearborn County, IN
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18115	Ohio County, IN
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18161	Union County, IN
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21015	Boone County, KY
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21023	Bracken County, KY
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21037	Campbell County, KY
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21077	Gallatin County, KY
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21081	Grant County, KY
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21117	Kenton County, KY
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<i>See Appendix B for all 15 Counties</i>	
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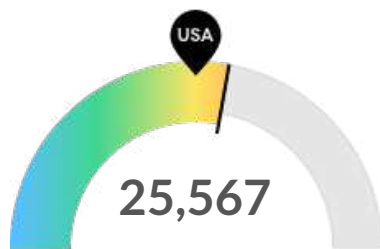
Class of Worker

QCEW Employees, Non-QCEW Employees, and Self-Employed

The information in this report pertains to the chosen occupation and geographical areas.

Executive Summary

Light Job Posting Demand Over a Deep Supply of Regional Jobs



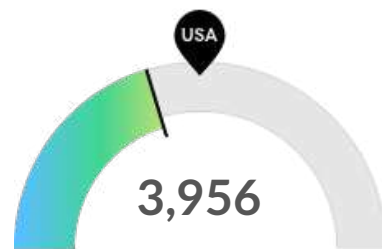
Jobs (2021)

Your area is a hotspot for this kind of job. The national average for an area this size is 21,776* employees, while there are 25,567 here.



Compensation

Earnings are low in your area. The national median salary for Registered Nurses is \$75,278, compared to \$71,038 here.



Job Posting Demand

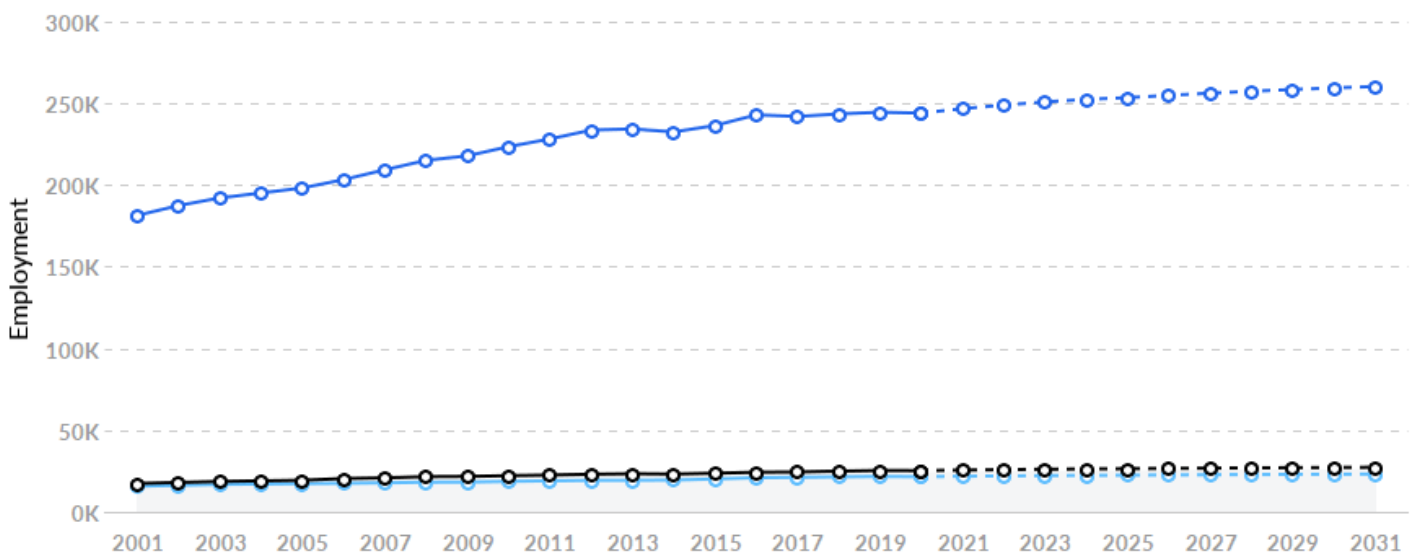
Job posting activity is low in your area. The national average for an area this size is 5,259* job postings/mo, while there are 3,956 here.

*National average values are derived by taking the national value for Registered Nurses and scaling it down to account for the difference in overall workforce size between the nation and your area. In other words, the values represent the national average adjusted for region size.

Jobs

Regional Employment Is Higher Than the National Average

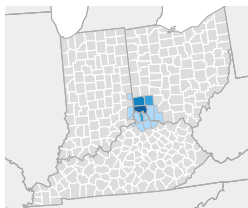
An average area of this size typically has 21,776* jobs, while there are 25,567 here. This higher than average supply of jobs may make it easier for workers in this field to find employment in your area.



	Region	2021 Jobs	2026 Jobs	Change	% Change
●	15 Counties	25,567	26,593	1,026	4.0%
●	National Average	21,776	22,584	808	3.7%
●	3 States	246,764	254,926	8,162	3.3%

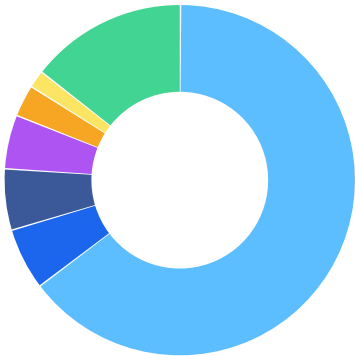
*National average values are derived by taking the national value for Registered Nurses and scaling it down to account for the difference in overall workforce size between the nation and your area. In other words, the values represent the national average adjusted for region size.

Regional Breakdown



County	2021 Jobs
Hamilton County, OH	17,352
Butler County, OH	3,057
Kenton County, KY	1,652
Warren County, OH	1,288
Boone County, KY	665

Most Jobs are Found in the General Medical and Surgical Hospitals Industry Sector

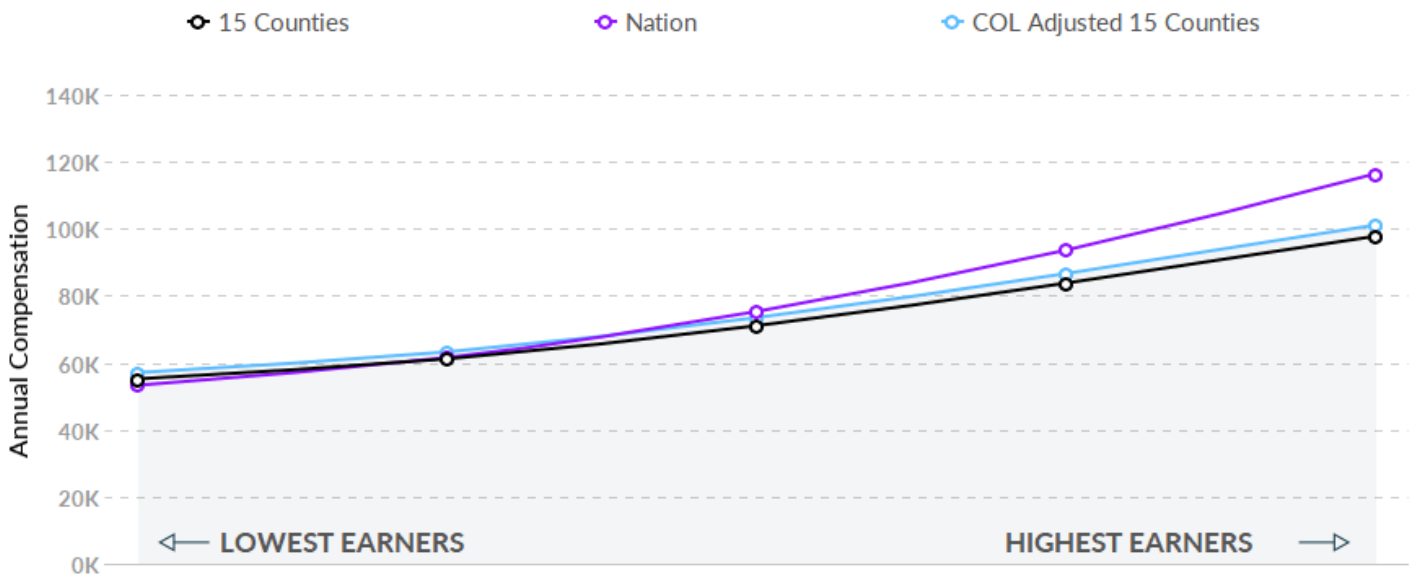


Industry	% of Occupation in Industry (2021)
General Medical and Surgical Hospitals	64.6%
Offices of Physicians	5.7%
Nursing Care Facilities (Skilled Nursing Facilities)	5.6%
Home Health Care Services	5.0%
Outpatient Care Centers	2.9%
Education and Hospitals (State Government)	1.6%
Other	14.5%

Compensation

Regional Compensation Is 6% Lower Than National Compensation

For Registered Nurses, the 2020 median wage in your area is \$71,038, while the national median wage is \$75,278.



Job Posting Activity



15,568 Unique Job Postings

The number of unique postings for this job from Jan 2021 to Sep 2021.



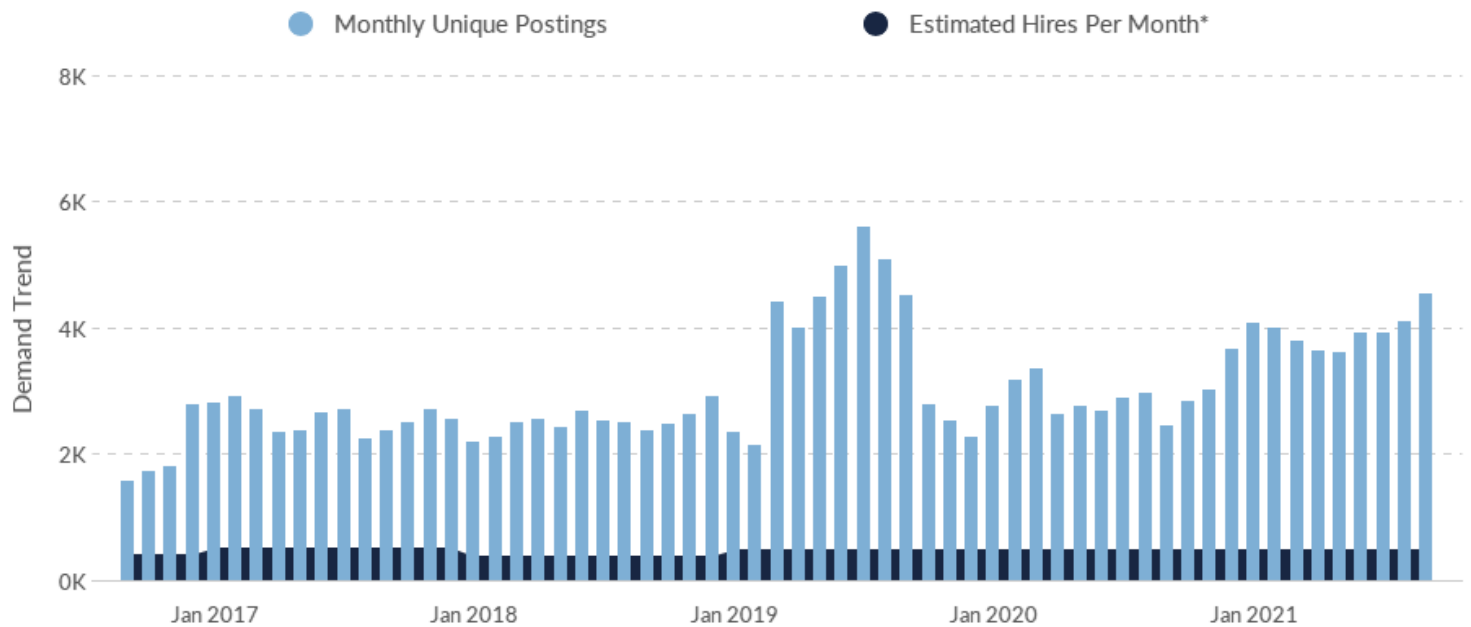
1,407 Employers Competing

All employers in the region who posted for this job from Jan 2021 to Sep 2021.























31 Day Median Duration

Posting duration is 3 days longer than what's typical in the region.

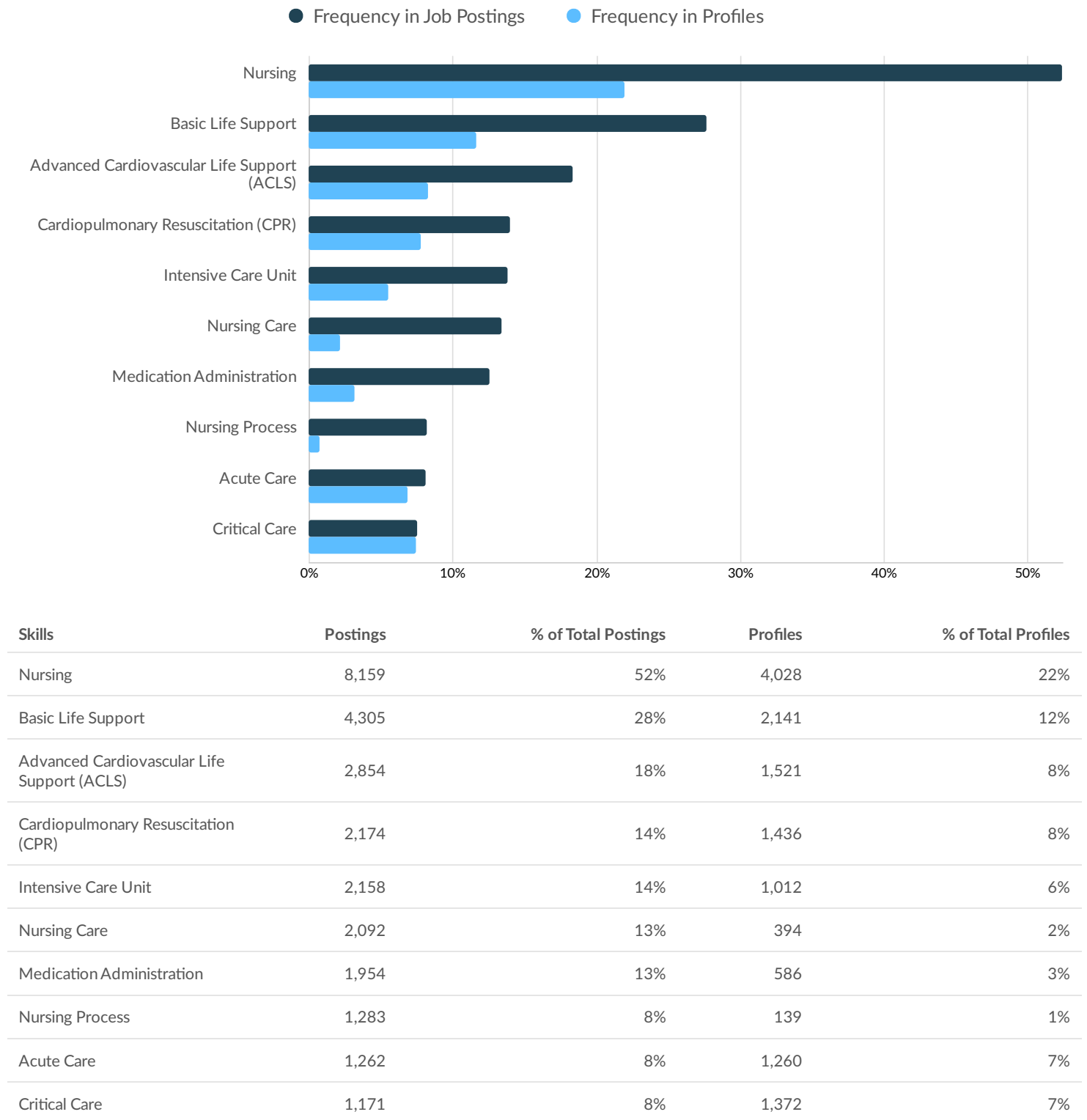


Occupation	Avg Monthly Postings (Jan 2021 - Sep 2021)	Avg Monthly Hires (Jan 2021 - Sep 2021)
Registered Nurses	3,956	499

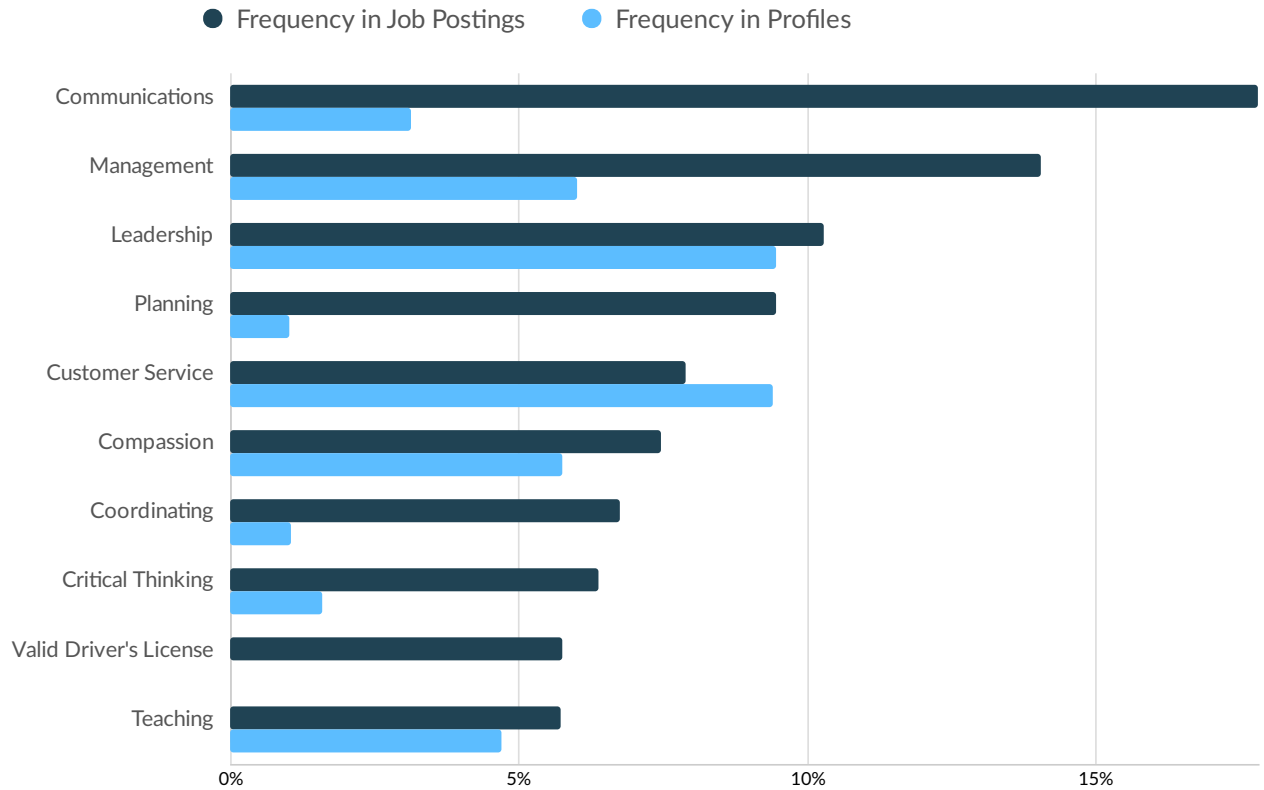
*A hire is reported by the Quarterly Workforce Indicators when an individual's Social Security Number appears on a company's payroll and was not there the quarter before. Emsi hires are calculated using a combination of Emsi jobs data, information on separation rates from the Bureau of Labor Statistics (BLS), and industry-based hires data from the Census Bureau.

Top Companies	Unique Postings	Top Job Titles	Unique Postings
Saint Elizabeth Hospital	693 	Registered Nurses	1,401 
Truststaff Management, Inc.	581 	Medical Surgical Registered Nur...	361 
Trihealth, Inc.	551 	ICU Registered Nurses	292 
Uc Health	421 	Medical Surgical Travel Register...	272 
The Christ Hospital Corporation	383 	Telemetry Registered Nurses	209 
Tailored Healthcare Staffing	317 	Emergency Room Travel Registe...	200 
Connectrn, Inc.	288 	Travel Registered Nurses	193 
Bon Secours Health System, Inc	277 	NICU Registered Nurses	188 
Interim Home Healthcare Comp...	243 	ICU Travel Registered Nurses	187 
Children's Hospital Medical Cen...	209 	Oncology Registered Nurses	187 

Top Hard Skills



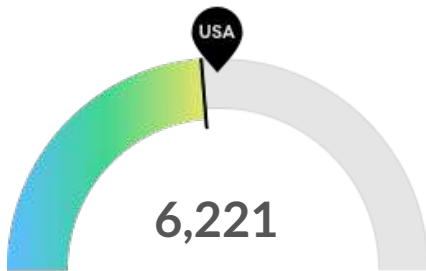
Top Common Skills



Skills	Postings	% of Total Postings	Profiles	% of Total Profiles
Communications	2,774	18%	575	3%
Management	2,190	14%	1,100	6%
Leadership	1,602	10%	1,734	9%
Planning	1,472	9%	186	1%
Customer Service	1,231	8%	1,726	9%
Compassion	1,161	7%	1,056	6%
Coordinating	1,054	7%	191	1%
Critical Thinking	994	6%	293	2%
Valid Driver's License	896	6%	0	0%
Teaching	893	6%	861	5%

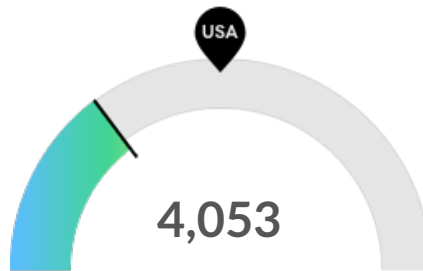
Demographics

Retirement Risk Is About Average, While Overall Diversity Is Low



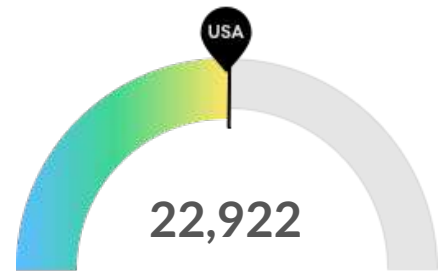
Retiring Soon

Retirement risk is about average in your area. The national average for an area this size is 6,691* employees 55 or older, while there are 6,221 here.



Racial Diversity

Racial diversity is low in your area. The national average for an area this size is 8,036* racially diverse employees, while there are 4,053 here.

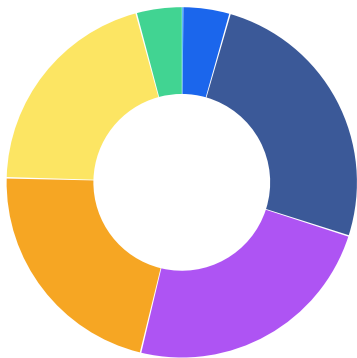


Gender Diversity

Gender diversity is about average in your area. The national average for an area this size is 22,623* female employees, while there are 22,922 here.

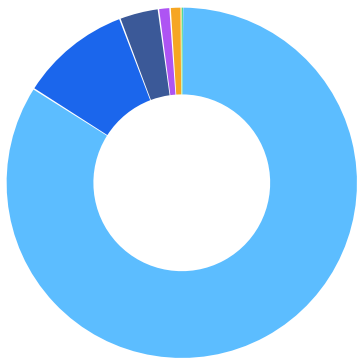
*National average values are derived by taking the national value for Registered Nurses and scaling it down to account for the difference in overall workforce size between the nation and your area. In other words, the values represent the national average adjusted for region size.

Occupation Age Breakdown



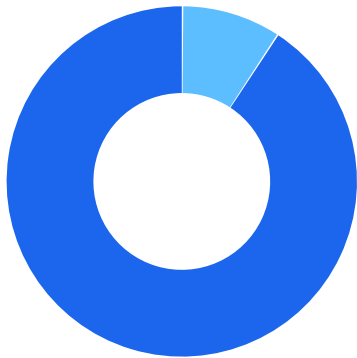
	% of Jobs	Jobs
14-18	0.0%	3
19-24	4.4%	1,099
25-34	25.5%	6,436
35-44	23.8%	6,014
45-54	21.6%	5,459
55-64	20.4%	5,146
65+	4.3%	1,075

Occupation Race/Ethnicity Breakdown



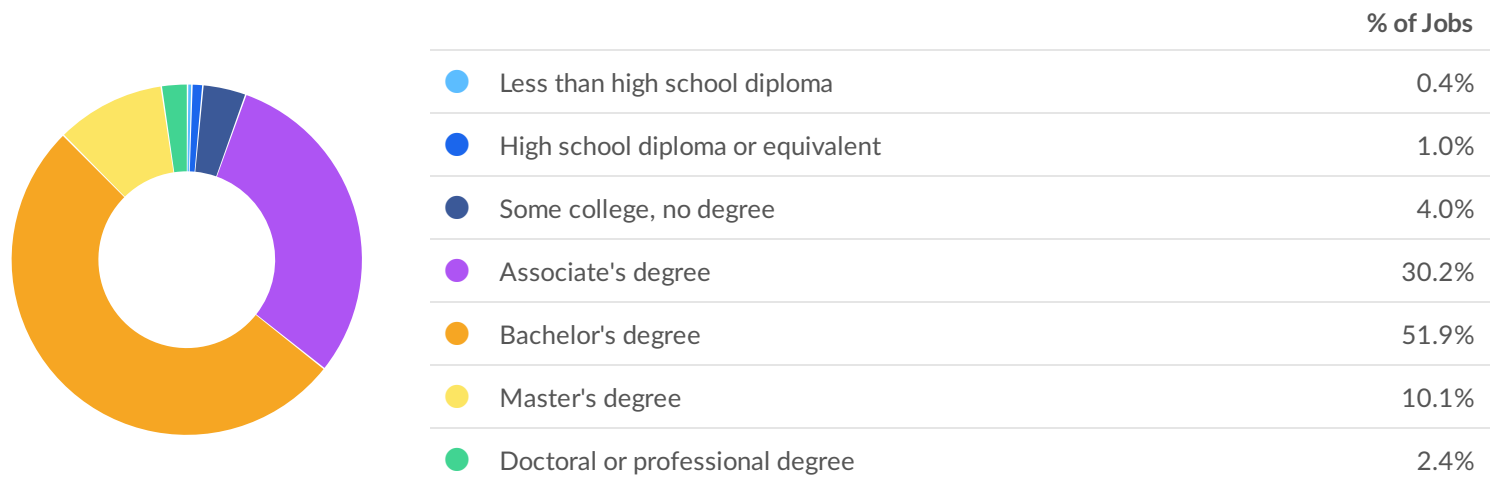
	% of Jobs	Jobs
White	83.9%	21,178
Black or African American	10.2%	2,586
Asian	3.6%	912
Hispanic or Latino	1.1%	269
Two or More Races	1.0%	258
American Indian or Alaska Native	0.1%	20
Native Hawaiian or Other Pacific Islander	0.0%	8

Occupation Gender Breakdown



	% of Jobs	Jobs
Males	9.2%	2,310
Females	90.8%	22,922

National Educational Attainment



Occupational Programs



13 Programs

Of the programs that can train for this job, 13 have produced completions in the last 5 years.



3,205 Completions (2020)











The completions from all regional institutions for all degree types.



1,547 Openings (2020)

The average number of openings for an occupation in the region is 166.

CIP Code	Top Programs	Completions (2020)
51.3801	Registered Nursing/Registered Nurse	2,168 <div></div>
51.3805	Family Practice Nurse/Nursing	399 <div></div>
51.3803	Adult Health Nurse/Nursing	154 <div></div>
51.3810	Psychiatric/Mental Health Nurse/Nursing	143 <div></div>
51.3899	Registered Nursing, Nursing Administration, Nursing Resear...	105 <div></div>
51.3818	Nursing Practice	99 <div></div>
51.3822	Women's Health Nurse/Nursing	66 <div></div>
51.3820	Clinical Nurse Leader	26 <div></div>
51.3802	Nursing Administration	22 <div></div>
51.3809	Pediatric Nurse/Nursing	12 <div></div>

Top Schools	Completions (2020)
University of Cincinnati-Main Campus	1,205 
Northern Kentucky University	427 
Xavier University	374 
The Christ College of Nursing and Health Sciences	231 
Galen College of Nursing-Cincinnati	170 
Mount Saint Joseph University	132 
Beckfield College-Florence	128 
Good Samaritan College of Nursing and Health Science	123 
Cincinnati State Technical and Community College	112 
University of Cincinnati-Blue Ash College	67 

Appendix A

Registered Nurses (SOC 29-1141):

Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required. Includes Clinical Nurse Specialists. Excludes Nurse Anesthetists (29-1151), Nurse Midwives (29-1161), and Nurse Practitioners (29-1171).

Sample of Reported Job Titles:

Registered Nurse (RN)
Public Health Nurse (PHN)
Staff Nurse
Progressive Care Unit Registered Nurse
Psychiatric Mental Health Nurse (PMH Nurse)
Psychiatric Clinical Nurse Specialist
ICU Nurse (Intensive Care Unit Nurse)
Critical Care Registered Nurse (CCRN)
Clinical Nurse Specialist
Pediatric Clinical Nurse Specialist

Related O*NET Occupations:

Registered Nurses (29-1141.00)
Acute Care Nurses (29-1141.01)
Advanced Practice Psychiatric Nurses (29-1141.02)
Critical Care Nurses (29-1141.03)
Clinical Nurse Specialists (29-1141.04)

Appendix B (Geographies)

Code	Description
18029	Dearborn County, IN
18115	Ohio County, IN
18161	Union County, IN
21015	Boone County, KY
21023	Bracken County, KY
21037	Campbell County, KY
21077	Gallatin County, KY
21081	Grant County, KY

Code	Description
21117	Kenton County, KY
21191	Pendleton County, KY
39015	Brown County, OH
39017	Butler County, OH
39025	Clermont County, OH
39061	Hamilton County, OH
39165	Warren County, OH



Greater Cincinnati Healthcare Semi-Annual Workforce Report



Vacancy Data Effective: June 30, 2021

Retirement Data Effective: January 1-June 30, 2021

OCTOBER 2021

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Participating Hospitals/Systems	3
Vacancy Report	4
Retirement Report	6
Job Titles and Descriptions	7

Participating Hospitals/Systems

The Christ Hospital Health Network

Cincinnati Children's Hospital Medical Center

Margaret Mary Health

St. Elizabeth Healthcare

TriHealth

UC Health

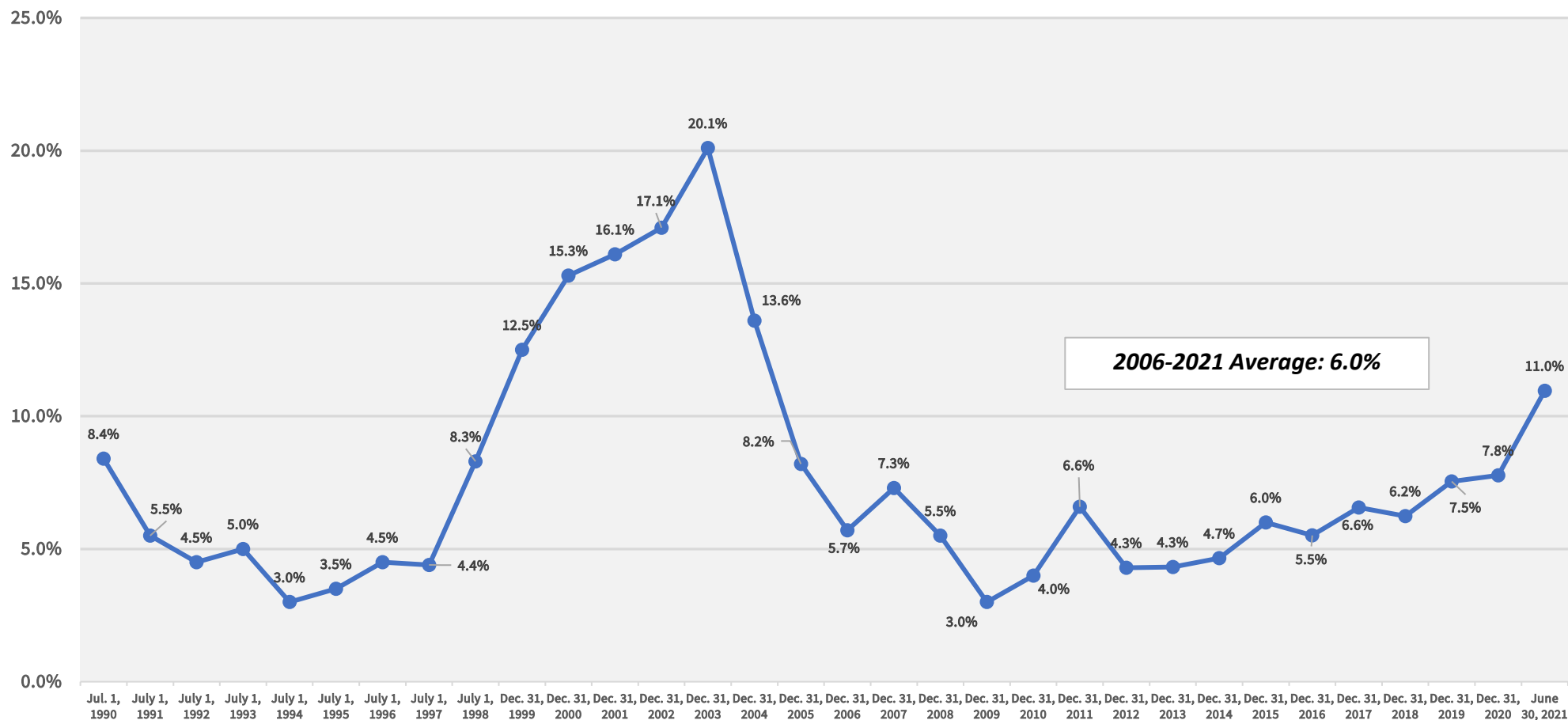
Semi-Annual Vacancy Report

Data Effective 06/30/2021

Job Family	IHS Job Code	Job Title	All Openings by		Total Number of Employees as of 06/30/21		VACANCY RATE Data Effective 06/30/21		% Change		VACANCY RATE Data Effective 12/31/20	
			Head Count	FTE	Head Count	FTE	Head Count	FTE	Head Count	FTE	Head Count	FTE
Admin Support	S309	Patient Representative	71	63	733	653	8.8%	8.8%	29%	52%	6.8%	5.8%
Maintenance	S169	Environmental Services Worker (Entry)	47	47	551	533	7.9%	8.1%	-23%	-21%	10.1%	10.2%
Materials	S472	Central Supply Tech/Sterilization Tech	34	31	264	252	11.4%	11.1%	22%	24%	9.4%	8.9%
Nursing	S009	LPN	38	34	323	278	10.5%	10.9%	32%	35%	8.0%	8.1%
	S033	Nurse Practitioner	23	21	476	425	4.6%	4.6%	3%	-3%	4.5%	4.7%
	S023	Registered Nurse (Staff) - Total RN Employees	1,193	953	9,556	7,739	11.1%	11.0%	44%	41%	7.7%	7.8%
		Registered Nurse (Staff) - Associate Degree Nurses	***	***	***	***	***	***	***	***	***	***
		Registered Nurse (Staff) - BSN or higher degree nurses	***	***	***	***	***	***	***	***	***	***
Patient Care	S397	Medical Assistant (Certified & Non-Cert Combined)	109	103	912	840	10.7%	10.9%	-5%	-3%	11.3%	11.3%
	S057	Paramedic	29	21	86	67	25.2%	23.6%	78%	93%	14.2%	12.3%
	S267	Patient Care Technician/Nurse Assistant - Total Employees	359	256	1,998	1,343	15.2%	16.0%	36%	27%	11.2%	12.6%
	S063	Phlebotomist	31	22	432	355	6.7%	5.7%	-27%	-28%	9.1%	7.9%
	S681	Surgical Assistant	13	13	85	80	13.3%	13.7%	67%	69%	8.0%	8.1%
	S024	Surgical Technician (Certified)	45	41	260	234	14.8%	15.0%	13%	8%	13.0%	13.9%
Pharmacy	S016	Pharmacist (Registered)	19	13	518	468	3.5%	2.7%	-13%	-38%	4.1%	4.4%
	S281	Pharmacy Technician	49	39	430	379	10.2%	9.4%	-12%	-23%	11.6%	12.2%
Physicians		Physicians	2	2	201	171	1.0%	1.2%	***	***	0.0%	0.0%
Therapy	S021	Respiratory Therapist (Registered)	90	74	619	512	12.7%	12.6%	-4%	-3%	13.2%	12.9%
Physician Practice (PP)		Medical Assistant (Certified and Non-Certified Combined)- (PP)	78	74	437	413	15.1%	15.2%	69%	68%	9.0%	9.0%
	S721	Nurse Practitioner - (PP)	21	20	280	256	7.0%	7.4%	132%	148%	3.0%	3.0%
		Physicians	0	0	892	867	0.0%	0.0%	***	-100%	0.0%	1.2%
	S062	Registered Nurse - (PP)	17	16	296	263	5.4%	5.8%	36%	45%	4.0%	4.0%

Job Title	All Openings by		Total Number of Employees as of 06/30/21		VACANCY RATE Data Effective 06/30/21		% Change		VACANCY RATE Data Effective 12/31/20	
	Head Count	FTE	Head Count	FTE	Head Count	FTE	Head Count	FTE	Head Count	FTE
C-Suite Executives (VP title or higher)	2	2	174	174	1.1%	1.1%	-36%	-13%	1.8%	1.3%
Senior Level Officials, Directors and Managers	13	13	805	800	1.6%	1.6%	0%	1%	1.6%	1.6%
First/Mid-Level Officials and Managers	133	130	3,196	3,129	4.0%	4.0%	63%	60%	2.5%	2.5%
All Other Staff	4,636	3,713	45,448	38,364	9.3%	8.8%	32%	29%	7.0%	6.9%
All PRN Employees	276	33	4,396	203	5.9%	13.8%	0%	76%	5.9%	7.9%
All Organization Positions	4,784	3,858	49,623	42,467	8.8%	8.3%	33%	29%	6.6%	6.4%

Registered Nurses FTE Vacancy Trends



Semi-Annual Retirement Report

Data Effective 01/01/2021 through 06/30/2021

Job Family	IHS Job Code	Job Title	All Retirements by		Total Number of Employees as of 06/30/21		2021 ANNUALIZED RETIREMENT RATE		% Change		2020 RETIREMENT RATE	
			Head Count	FTE	Head Count	FTE	Head Count	FTE	Head Count	FTE	Head Count	FTE
Admin Support	S309	Patient Representative	5	4.4	733	653	1.4%	1.3%	1%	3%	1.4%	1.3%
Maintenance	S169	Environmental Services Worker (Entry)	4	3.9	551	533	1.5%	1.5%	-46%	-42%	2.7%	2.5%
Materials	S472	Central Supply Tech/Sterilization Tech	3	3.0	264	252	2.3%	2.4%	48%	72%	1.5%	1.4%
Nursing	S009	LPN	4	2.9	323	278	2.5%	2.1%	-33%	-32%	3.7%	3.1%
	S033	Nurse Practitioner	2	1.5	476	425	0.8%	0.7%	-26%	-32%	1.1%	1.0%
	S023	Registered Nurse (Staff) - Total RN Employees	58	40.1	9,556	7,739	1.2%	1.0%	-6%	-11%	1.3%	1.2%
		Registered Nurse (Staff) - Associate Degree Nurses	***	***	***	***	***	***	***	***	***	***
		Registered Nurse (Staff) - BSN or higher degree nurse	***	***	***	***	***	***	***	***	***	***
Patient Care	S397	Medical Assistant (Certified & Non-Cert Combined)	1	1.0	912	840	0.2%	0.2%	39%	38%	0.2%	0.2%
	S057	Paramedic	0	0.0	86	67	0.0%	0.0%	-100%	-100%	1.1%	0.7%
	S267	Patient Care Technician/Nurse Assistant - Total Emplo	5	4.1	1,998	1,343	0.5%	0.6%	-11%	-9%	0.6%	0.7%
	S063	Phlebotomist	2	2.0	432	355	0.9%	1.1%	***	***	0.0%	0.0%
	S681	Surgical Assistant	1	0.5	85	80	2.4%	1.2%	-5%	-32%	2.5%	1.8%
	S024	Surgical Technician (Certified)	3	2.2	260	234	2.3%	1.9%	201%	175%	0.8%	0.7%
Pharmacy	S016	Pharmacist (Registered)	6	4.8	518	468	2.3%	2.0%	1098%	1083%	0.2%	0.2%
	S281	Pharmacy Technician	1	1.0	430	379	0.5%	0.5%	-52%	-44%	1.0%	0.9%
Physicians		Physicians	1	0.5	201	171	1.0%	0.6%	-49%	-64%	2.0%	1.6%
Therapy	S021	Respiratory Therapist (Registered)	4	2.9	619	512	1.3%	1.1%	9%	-5%	1.2%	1.2%
Physician Practice (PP)		Medical Assistant (Certified and Non-Certified Combin	1	0.5	437	413	0.5%	0.2%	-52%	-73%	1.0%	0.9%
	S721	Nurse Practitioner - (PP)	0	0.0	280	256	0.0%	0.0%	***	***	0.0%	0.0%
		Physicians	0	0.0	892	867	0.0%	0.0%	-100%	-100%	1.2%	1.3%
	S062	Registered Nurse - (PP)	3	2.5	296	263	2.0%	1.9%	46%	52%	1.4%	1.3%

Job Title	All Retirements by		Total Number of Employees as of 06/30/21		2021 ANNUALIZED RETIREMENT RATE		% Change		2020 RETIREMENT RATE	
	Head Count	FTE	Head Count	FTE	Head Count	FTE	Head Count	FTE	Head Count	FTE
C-Suite Executives (VP title or higher)	1	1.0	174	174	1.15%	1.15%	92%	92%	0.60%	0.60%
Senior Level Officials, Directors and Managers	6	6.0	805	800	1.49%	1.50%	-29%	-25%	2.10%	1.99%
First/Mid-Level Officials and Managers	22	19.2	3,196	3,129	1.38%	1.23%	-13%	-18%	1.58%	1.50%
All Other Staff	312	244.9	45,448	38,364	1.37%	1.28%	-2%	-2%	1.40%	1.31%
All PRN Employees	80	2.6	4,396	203	3.64%	2.59%	15%	-15%	3.17%	3.07%
All Organization Positions	341	271.1	49,623	42,467	1.37%	1.28%	-3%	-4%	1.42%	1.33%

Cincinnati State BSN Application

Partner Meeting Summary



Appendix B

Appendix B: Meeting With Regional Education Partners

Following email invitations to all Ohio higher education institutions that have BSN programs in Cincinnati State's service area, a Zoom meeting was held on November 15, 2021 to discuss Cincinnati State's proposed RN-to-BSN program.

Attendees

Cincinnati State:

- Monica Posey, President
- Robbin Hoopes, Provost
- Denise Rohr, Associate Provost of Assessment and Accreditation/Director of Nursing
- Janelle McCord, Dean, Health & Public Safety
- Geoff Wolff, Dean, Humanities and Sciences
- Marre Barnette, Associate Dean/Director of Nursing
- Janice Lockett, Program Chair/Asst. Director ADN Program
- Richard Curtis, Grants and Proposals Coordinator

The Christ College of Nursing and Health Sciences

- Connie McFadden-Chase, Vice President of Academic Affairs

Miami University

- Ande Durajaiye, Vice President for the Regional Campuses
- Brooke Flinders, Chair and Associate Professor, Department of Nursing, Miami Regionals

Mount St. Joseph University

- Darlene Vale, Dean of Health Sciences

University of Cincinnati

- Jack Miner, Vice Provost for Enrollment Management
- Gisela Escoe, Vice Provost for Undergraduate Studies
- Denise Gormley, Executive Director of Graduate Programs, UC College of Nursing
- Angie Clark, Interim Associate Dean, UC College of Nursing
- Donnie McGovern, Director Transfer Central Advising Services

Xavier University

- Melissa Baumann, Provost and Chief Academic Officer
- Judith Lewis, Interim Dean, College of Nursing

Meeting Summary

The meeting followed the agenda that had been provided to attendees with the invitation:

1. **Welcome from President Posey and Introductions**
 - Cincinnati State and Education Partners
2. **Proposed Degree – BSN in Nursing (Associate Dean Barnette)**
 - Admission Requirements; Curriculum; Delivery Format
3. **Potential Articulated Pathways (Associate Provost Rohr)**
 - BSN → MSN; MSN Providers in Region

- 4. Cincinnati State ADN Program (Associate Provost Rohr)**
 - Diversity Profile; NCLEX-RN Pass Rates
- 5. Regional Workforce Needs for BSN (Associate Provost Rohr)**
 - Cincinnati Region BSN Programs; Current Need for BSN - Data; Diversity of Workforce
- 6. Comments and Questions:**

Summary of Comments and Questions (CS stands for Cincinnati State)

1) A concern was raised about increased competition for clinical placements.

CS Response: The RN-to-BSN program at Cincinnati will not require clinical placements, as those are completed as part of the ADN program.

2) A concern was raised about increased competition for community placements.

CS Response: Options for community placements are more plentiful than for clinical placements. Community placements can include multiple aspects of health, including wellness and corporate health settings. One attendee said that they liked the idea that the new program would be looking at population health as part of its community placements.

3) A question was raised about the expected enrollment in the new program, and whether the new RN-to-BSN program will increase enrollment in Cincinnati State's associate degree in nursing program to increase the number of bedside nurses.

CS Response: The projected enrollment for the RN-to-BSN program at Cincinnati will initially be 25-30 students per cohort. The college is always looking at how it can add more students to the nursing pathway. As the partner colleges know, that depends on resources such as available clinical sites. Cincinnati State is always interested in collaborating with partner colleges to secure more clinical sites as a group. One partner stated that it seems that this program would have a niche to meet the needs of a specific (diverse) population.

4) A concern was raised about the national shortage of nurse educators and the possible dilution of the pool of nurse educators in the region.

CS Response: About half of Cincinnati State's current nursing faculty have doctorate degrees. Cincinnati State's program will be small and targeted to students looking for the specific learning environment that Cincinnati State will provide, and the college believes it will be able to staff the RN-to-BSN program without diluting the regional faculty pool. Additionally, as more of our students complete a BSN and articulate to MSN programs, a more diverse pool of potential faculty will be created.

5) An attendee thanked Cincinnati State for its efforts in DEI (diversity, equity and inclusion) and commended the strength of the associate degree program and the program's value to the community. They agreed with the need for alternative learning formats for RN-to-BSN students such as in-person and hybrid. They suggested that institutions work together to create such formats within existing programs.

CS Response: Cincinnati State's RN-to-BSN program will focus primarily on recruiting current Cincinnati State nursing students and graduates of the program. Surveys have confirmed strong demand for the new program by these two groups. The needs for these students extend beyond the program being face-to-face. While we always encourage students to continue their education after they graduate, many students feel comfortable and safe at Cincinnati State, and will not go on without the option of remaining in a familiar place. We

will have a complete pathway from STNA to LPN to RN to BSN. For some students, institutional familiarity is critical to their academic success. In addition, Cincinnati State's will be the most affordable RN-to-BSN program in Greater Cincinnati. Affordability is also crucial for many students and a strong determinant in retention and graduation.

5) A question was raised about the total number of credits in the new BSN program at Cincinnati State.

CS Response: There will be 120 total credits in the BSN program

5) A question was raised about whether Cincinnati State had considered MSN requirements when developing its BSN program.

CS Response: Yes, Cincinnati State has developed its BSN curriculum so that students will be well prepared to move on to MSN programs and beyond. We have a full-time transfer coordinator. We are being very intentional that the nursing pathway we have developed will at each step lead to the next step. At each step along the way, we look to find the best fit for the students, whether that is at Cincinnati State or another college. We hope some of our students will not only complete MSN degrees, but also doctorates. Given the high diversity of Cincinnati State's nursing programs, one of the college's goals is to increase the number of minority nursing faculty in our region. Statistics will be part of the BSN curriculum.

Meeting Conclusion

There were no additional comments, concerns or questions. Provost Hoopes informed the attendees that Cincinnati State's BSN degree application would be posted on the Ohio Department of Higher Education website. He thanked the attendees and closed the meeting.

Cincinnati State BSN Application

Affiliation Agreements with Workforce Partners



Appendix C

HISTORY

Term: 3 years

REVIEW/APPROVALS

Legal Services Review **Lori Knauf**

**In lieu of initials, Manager may attach an e-mail from the designated individual.*

COMMENTS/
MISCELLANEOUS INFO

CLINICAL EXPERIENCE AGREEMENT

This Agreement is entered into this 1st day of October 2020 by and between **Mercy Health Cincinnati LLC**, on behalf of all of its subsidiary entities including Mercy Health – Anderson Hospital LLC, Mercy Health – Fairfield Hospital LLC, Mercy Health - West Hospital LLC, Mercy Health – Clermont Hospital LLC, Jewish Hospital, LLC d.b.a. The Jewish Hospital – Mercy Health, Mercy Franciscan Senior Health and Housing d.b.a. Mercy Health – West Park and Mercy Health Physicians Cincinnati LLC, an Ohio limited liability company (hereinafter referred to as "Mercy") and **Cincinnati State Technical and Community College** (hereinafter referred to as "School").

WITNESSETH

WHEREAS, Mercy is an integrated health care network that provides comprehensive inpatient and outpatient health care to patients in its service area; and

WHEREAS, Mercy has the desire to offer experience for students wishing to obtain clinical field experience; and

WHEREAS, School desires to obtain for its students such experience; and

NOW THEREFORE, in consideration of the mutual promises of the parties hereto, and other good and valuable consideration the sufficiency of which is hereby acknowledged and the parties agree to the following:

I. Responsibilities of SCHOOL:

- A. School, through its Clinical Instructor, will be responsible for establishing objectives for the fieldwork experiences (hereinafter referred to as the "Clinical Program").
- B. School will schedule students for the Clinical Program in collaboration with Mercy and consistent with applicable non-discriminatory practices.
- C. The School will make sure that the pre-clinical instructions or curriculum have been accomplished by the students before placement at Mercy. School will assign to the Clinical Program only those students who have satisfactorily completed the prerequisite portions of the curriculum.
- D. School will provide students with information regarding expectations for the Clinical Program and with general instruction needed for students to perform specific assigned tasks.
- E. The School will provide the Clinical Education Coordinator with a list of the students who will be using the clinical facilities at least one week prior to the beginning of the clinical experience.
- F. School warrants that each student and faculty member assigned to work with Mercy is in good standing with the School and, if applicable, the appropriate licensure board, and has on record:
 1. A physical examination showing that the student and faculty are free of communicable diseases, including results of tuberculosis tests, required vaccinations; and
 2. Coverage under a policy of health insurance; and
 3. Current immunizations as required by Mercy. Current required immunizations/vaccinations include:
 - a. Hepatitis B, measles and mumps, and Tdap vaccinations for every student and faculty using Mercy;
 - b. Rubella vaccine or titer confirming immunity for those students and faculty using maternity units;
 - c. Confirmation of Varicella (chicken pox) immunization, history of previous disease or titer confirming immunity for those students and faculty using maternity units.

- d. Tuberculosis Screening: Within the past 12 months: proof TB skin test, OR negative Chest X-ray and negative symptom review, OR negative QuantiFERON or T-spot blood test with negative symptom review
- e. For the health and safety of our patients and their visitors, Mercy has implemented an influenza (flu) policy that requires all Mercy employees, faculty of School and students to receive a flu vaccine each year. Administration of the vaccine is the responsibility of the School and not Mercy. All faculty staff and School students who have not been vaccinated or exempted will be removed from their assignment unless they meet one of the following exceptions:
 - School students and faculty who are unable to receive the vaccine due to allergy, or medical contraindication: Documentation from the School students and faculty member's personal physician regarding allergies or medical contraindication must be submitted to Mercy's Employee Health Department.
 - Valid medical exemptions to the flu vaccination are:
 - Physician documented allergy to eggs, or
 - Physician documented allergic reaction to previous influenza vaccine, or any component of the flu vaccine, or
 - Physician documented medical contraindication.

Exempted School students and faculty will be encouraged to use a surgical mask when providing care to susceptible and/or infectious patients and residents. School students and faculty will be asked to self-monitor for signs and symptoms of flu throughout the flu season and stay home from work when feverish or showing others symptoms of flu. All exemptions will be reviewed by Mercy's Employee Health Medical Director or Senior Health & Housing Services Medical Director. School students and faculty under the age of 18 will not be required to receive a flu vaccination, but are encouraged to receive flu vaccine from their primary care physician.

- 4. Current (within 12 months of each initial clinical experience placement, as applicable) criminal background check and Bureau of Criminal Identification and Investigation (BCII) checks. Criminal background check should include the following:
 - a. County records checks from each county of residence.
 - b. National criminal search
 - c. Office of Inspector General (OIG)/Centers for Medicare & Medicaid Services Search for people debarred from doing business with Medicare/Medicaid billing.
 - d. Federal Procurement Exclusion for people debarred from doing business with any type of government entity.
- 5. Results of current (within 12 months of each initial clinical experience placement, as applicable) 9-panel urine drug screening that includes: 5 illegal drugs and the 4 common abused prescription drugs).
- 6. School must have on file for each student a signed Attestation of Understanding of Clinical Experience Requirements Related to COVID-19 which is attached as **Exhibit A**.

School shall provide copies of such records to Mercy as requested, but with regard to student records, records shall be provided only after the School has obtained the written consent of the student to release such records.

- G. The School agrees to provide evidence of Workers' Compensation coverage for its employees.
- H. Students will not be issued or at any time wear a Mercy employee identification tag. Students shall be required to wear a School identification tag.
- I. Students and faculty will be responsible for all personal expenses including meals and transportation. Students and faculty will be informed that Mercy does not accept responsibility for loss or damage to personal property belonging to students or faculty members of the School, including vehicles parked in Mercy parking lot.

- J. School agrees to provide instruction to students pertaining to fire safety (including use of a fire extinguisher -P.A.S.S. and the appropriate response to a fire-R.A.C.E.), blood borne pathogens and universal precautions in compliance with Occupational Safety and Health Administration Regulations.
- K. School agrees all students and faculty will be instructed to abide by Mercy's policies and procedures, including but not limited to Mercy's Administrative Confidentiality Policy (attached hereto as **Exhibit B**), Mercy's Standards of Behavior, and the Ethical and Religious Directives for Catholic Health Care Services (the "Catholic Directives"), a copy of which is available at <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/>.
- L. The SCHOOL agrees to carry and maintain general comprehensive liability insurance and professional liability insurance covering both students and faculty in the amount of at least \$1,000,000 per occurrence and \$3,000,000 in the aggregate and/or in accordance with requirements set forth by the Governing Body of MERCY. The insurance company must also be a financially secure and viable liability insurance carrier which has been granted an A.M. Best Company rating of B+ or above (or an equivalent rating from a recognized national rating association and/or an appropriate actuarial opinion). This insurance shall be carried at all times that the SCHOOL is providing services pursuant to this Agreement. In addition, the SCHOOL shall cause MERCY to be named as an additional insured party under the policy or policies providing such insurance. Current policies, or certificates of insurance evidencing such policies, shall be given to MERCY before or at the execution of this Agreement and at each one (1) year interval, if any, following the effective date of this Agreement and shall be attached to this Agreement as **Exhibit C**. Such policies or certificates shall provide that the insurance shall not be canceled or altered without thirty- (30) days prior written notice to MERCY. SCHOOL further agrees not to cancel or alter such insurance without thirty- (30) days prior written notice to MERCY.
- M. School acknowledges that Mercy has established a Corporate Responsibility Program ("CRP") that promotes a culture that fosters prevention, detection and resolution of instances of misconduct. School shall immediately notify Mercy's Corporate Responsibility Officer of any violation of any applicable law, regulation, third party payor requirement or breach of Mercy's CRP of which School or its employees and agents working in Mercy become aware. Mercy requests that School specifically references the following section of the Corporate Responsibility Plan: Principle 3, Fraud, Abuse and False Claims Act.

School shall maintain and actively support, at all times during the term of this Agreement, a corporate responsibility plan that has been reasonably designed, implemented and enforced so that it generally will be effective in preventing and detecting criminal conduct and ethical lapses by School, its agents and employees and shall comply with the federal Sentencing Guidelines, and, if applicable, OIG Compliance Guidance. All corporate responsibility training provided by School shall be conducted in an effective and comprehensible form (e.g. translated into other languages and written at an appropriate reading level) for the applicable employees and agents. (See **Exhibit – MH Notice** attached.)

School shall cooperate with Mercy in responding to or resolving any complaint, investigation, inquiry or review initiated by a governmental agency or otherwise. School shall cooperate with any insurance company providing protection to Mercy in connection with the foregoing, School shall consistent with applicable law, fully follow the directions of Mercy.

School represents and warrants to Mercy that neither it, any of its affiliates, nor any person providing services under this Agreement are excluded from participation in any federal health care program, as defined under 42 U.S.C. § 1320a-7b (f), for the provision of items or services for which payment may be made under such federal health care programs. School further represents and warrants to Mercy that it has not arranged or contracted (by employment or otherwise) with any employee, contractor or agent that School or its affiliates know or should know are excluded from participation in any federal health care program, to provide items or services hereunder. School represents and warrants to Mercy that no final adverse action, as such term is defined under 42 U.S.C. 1320a-7e (g), has occurred or is pending or threatened against such School or its affiliates or to their knowledge against any employee, contractor or agent engaged to provide items or services under this Agreement.

- N. **HIPAA**. School shall direct its students and faculty to comply with the policies and procedures of Mercy, including those governing the use and disclosure of individually identifiable health information under

federal law, specifically 45 CFR Parts 160 and 164 (HIPAA). Solely for the purpose of defining the students' and faculty supervisors' role in relation to the use and disclosure of Mercy's health information, such students and faculty advisors are defined as members of Mercy's workforce, as that term is defined by 45 CFR part 160.103, when engaged in activities pursuant to this Agreement. However, such students and faculty supervisors are not and shall not be considered to be employees or agents of Mercy.

- O. School shall ensure that all students in the Clinical Program at Mercy will receive training on the rules of HIPAA prior to the student entering Mercy's facility. School shall further ensure that the students will present proof of such training to Mercy upon arrival at the Mercy facility.

II. Responsibilities of Mercy:

- A. Mercy agrees to provide the physical facilities, personnel and equipment, as Mercy deems necessary to conduct the Clinical Program.
- B. Mercy agrees to provide emergency care for any accident, injury, or illness at the student's expense. The responsibility for follow up care remains the responsibility of the student.
- C. Mercy agrees to orient faculty to Mercy. Mercy agrees to provide a copy of appropriate Mercy policies and procedures to faculty. Faculty agrees to provide orientation and policy and procedure information to the students.
- D. Mercy agrees to permit at reasonable times and with reasonable advance notice, the inspection of Mercy, the services available for the clinical experiences and other items pertaining to the Clinical Program by School or by School's accreditation agencies.
- E. Mercy agrees to allow School's students and supervising faculty participating in the Clinical Program access to Mercy's library facilities and cafeteria.
- F. Mercy agrees to allow School's students and faculty participating in the Clinical Program parking in Mercy's lots on the same basis as it provides parking to employees of Mercy, space permitting.
- G. Mercy agrees to use its reasonable efforts to incorporate School's curriculum into the Clinical Program.
- H. Mercy will provide a Clinical Education Coordinator who will serve as a liaison between Mercy and School.
- I. Mercy agrees to provide the Clinical Education Coordinator with time to plan and implement the clinical experience as deemed reasonable by Mercy including, when feasible, time to attend relevant meetings and conferences.
- J. Mercy shall have the privilege of recruiting students for employment.
- K. If applicable, Mercy agrees to allow individual nurses to function in a preceptor role when supervising a nursing student in the performance of nursing care for a mutually agreed period of time. Each such nurse who serves in a preceptor role shall be qualified according to the Ohio Administrative Code Chapter 4723-5. Each such nurse shall supervise only two students at a time, shall work at the direction of a designated university or college faculty member, and shall otherwise comply fully with the requirements of the Ohio Administrative Code Chapter 4723-5.

III. Joint Responsibilities:

- A. Mercy reserves the right to restrict the clinical activities of students who evidence symptoms of communicable infections until such time as the symptoms abate or the student is determined not to be infectious by Mercy.

- B. Mercy reserves the right to restrict student involvement in procedures, tasks and/or care and treatment of patients, as deemed necessary by the Clinical Education Coordinator or other Mercy staff.
- C. Mercy reserves the right to deny or immediately terminate the placement of a student at Mercy's location if Mercy reasonably believes that the student is disruptive to Mercy, poses a threat to the safety and well-being of Mercy's patients and/or employees, does not meet Mercy's standards and policies for good patient care, health, safety, dress, appearance or ethical behavior, or patient privacy. To the extent possible, as determined by Mercy, such action will not be taken until the grievance against the student has been discussed with the student's School supervisor or other appropriate representative. However, if student's behavior poses an immediate threat to the effective delivery of health care services to patients of Mercy, Mercy may take such action immediately and without consultation of School representative.

Mercy may resolve any problem situation in favor of the patient's welfare and may take the patient assignment from the student and restrict the student to an observer role. If deemed necessary by Mercy, for any reason, the student may be removed from rotation and required to withdraw from the clinical experience at Mercy.

- D. The number of students placed with Mercy shall be limited to ten (10) per faculty member. Mercy shall have the right to refuse a clinical fieldwork experience should staffing levels prevent a quality learning experience.
- E. To the extent allowed by law, School agrees to hold Mercy harmless from any liability which may arise from the acts and/or omissions of School's individual employees, agents or students acting within the scope of their duties under this Agreement, and shall indemnify Mercy for any expenses incurred in the defense of claims and/or lawsuits arising from such acts and/or omissions, including reasonable attorneys' fees.

The preceding indemnity obligation shall not apply to schools, colleges or universities in Ohio that are considered agents of the State of Ohio under Ohio Attorney General Opinion 2005-007 regarding indemnification by the State.

- F. To the extent allowed by law, Mercy agrees to hold School harmless from any liability which may arise from the acts and/or omissions of Mercy's individual employees or agents acting within the scope of their duties under this Agreement, and shall indemnify School for any expenses incurred in the defense of claims and/or lawsuits arising from such acts and/or omissions, including reasonable attorneys' fees.
- G. The term of this Agreement shall commence on the 1st day of April, 2021 and shall continue in full force and effect for three (3) years, until the 31st day of March, 2024. Thereafter, the Agreement is renewable by mutual written agreement of the parties.
- H. Both parties may terminate this Agreement at any time for any reason. The terminating party will notify the other party in writing ninety (90) days prior to termination of the Agreement. All students involved in the Clinical Program at the time of termination will be permitted to complete the current term. Mercy may immediately terminate this Agreement if the School breaches any material term of this Agreement. Mercy may immediately terminate this Agreement if any party to this Agreement voluntarily or involuntarily suspends, surrenders or terminates a provider number or license necessary for this Agreement.
- I. Both parties agree that there will be no financial compensation for the services provided during Student's clinical experience.
- J. Any Notice required or permitted to be given hereunder shall be in writing and shall be deemed to have been given when delivered personally or 3 days after being mailed to the following addresses:

IF TO MERCY:

Mercy Health Cincinnati LLC
1701 Mercy Health Place
Cincinnati, Ohio 45237
Attn: Heidi Dodsworth

With a copy of all default notices to:

Mercy Health Cincinnati LLC
1701 Mercy Health Place
Cincinnati, Ohio 45237
Attn: Legal Services

IF TO SCHOOL:

Cincinnati State Technical and Community College
3520 Central Parkway
Cincinnati, OH 45223
Attn: Lawra J. Baumann, Ph.D.
Vice President, Administration
Email: Lawra.Baumann@cincinnatiastate.edu

- K. Mercy shall remain responsible for the patient.
- L. This Agreement is governed by the laws of the State of Ohio.
- M. This Agreement contains the entire understanding between the parties with respect to the subject matter hereof and supersedes all prior written or oral negotiations or agreements between them regarding the subject matter hereof. This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which, when taken together, shall constitute one agreement. This Agreement may be amended only in writing which writing must be signed by both of the parties.

*** * * Remainder of Page Blank/Signatures on Following Page * * ***

IN WITNESS WHEREOF, parties hereto have set their hands the day and year first above written.

Mercy

Signed by:

Hiedi Dodsworth

4339B5790D884B8...

Director, Talent Acquisition

Title

Witness

1/22/2021

Date

School

R. Lopez

Provost

Title

Denise J. Lopez

Witness

October 2, 2020

Date

Attestation of Understanding of Clinical Experience Requirements Related to COVID-19

All clinical experience students shall be required to follow the applicable COVID-19 policies and procedures in place for associates and staff in the applicable BSMH market where the internship occurs. The student acknowledges that such policies and procedures may change over time as determined appropriate by the BSMH market and current policies and procedures will be communicated by BSMH leadership.

Under current policies in place as of July 1, 2020:

In order for students to be eligible for clinical experiences at BSMH facilities the student must have been in the United States for the last 14 days. If the student has not been in the United States for 14 days prior to the start of their clinical experience, the student must remain in quarantine for 14 days prior to starting a clinical rotation or other in-person activities at a BSMH facility.

Upon entering BSMH facilities, all students and instructors will be screened for COVID-19: temperatures will be taken and by entering they are attesting to no signs/symptoms of COVID-19. Students may not attend clinical experiences if they are having a fever > 100 degrees, new onset shortness of breath, or difficulty breathing.

The student also acknowledges they have been trained in the don/doff procedure for personal protective equipment (PPE) in their educational program. Students are aware and acknowledge that although BSMH has developed policies and procedures to minimize the risk of exposure to COVID-19, there is a risk of exposure to COVID-19. To help minimize risk, clinical experiences will not take place on a COVID-19 designated unit. We encourage all students not to enter isolation rooms unless *absolutely necessary* in order to conserve PPE.

Finally, the student acknowledges that the continuation of any clinical rotation is subject to adjustment pending any change in the trending of COVID-19 cases in the applicable BSMH market.

Signature of student _____

Printed Student Name _____

Date: _____

School Representative _____

Date _____

 MERCYHEALTH	Title: Confidentiality – Cincinnati Market	
	Approved by: Market Vice President, Human Resources	
	Approval Date: 10/31/2018	Next Review: 10/31/2020

Responsible Party: Bridget Mentzel	Institution/Entities Applies to: Cincinnati Market
Policy Number: None	Originating Department: Human Resources
Supersedes:	Contributing Departments:
Document Type: Policy & Procedure	Manual: Human Resources
Policy Level: Regional	Section: General Practices
Revision: 12	Policy Start Date: 2/21/2001

Policy:

Mercy Health (“Mercy”) recognizes that due to the nature of its business, employees, physicians, volunteers and certain other individuals (hereinafter referred to collectively as “Employees”), in order to perform their duties, may have access to or receive information which is considered confidential either because it is protected health information or because it is proprietary business information. For examples of proprietary information, refer to the “Confidential Information: Proprietary Information” section of this policy. Maintaining the confidentiality of this confidential information is critical to the success of Mercy and to respecting the privacy, rights and need of confidentiality of patients/residents and clients.

Mercy has taken reasonable steps to protect confidential information, including controlling access to Mercy facilities through the use of a key card access system, securing computer systems through the use of security access codes, communicating and administering a confidentiality policy which includes securing a signed agreement from Employees, and providing Employees with both a mechanism through which to clarify whether information is confidential and a process to report violations of the Confidentiality Policy. Each Employee must use all reasonable precautions to maintain and protect confidential information and the privacy and rights of patients/residents and clients, both during and after the Employees employment or engagement with Mercy.

This policy has been adopted to help protect this information on behalf of Mercy, all of its patients/residents, clients and Employees, and to facilitate a common understanding concerning responsibilities in this connection.

Guidelines:

All patient information is confidential and the property of Mercy. Any attempt to reveal, access, disclose, review, copy or transmit confidential information without a legitimate business need and appropriate authorization is a violation of this policy. This includes, but is not limited to:

1. Accessing patient records, including information pertaining to a friend, co-worker, relative, public figure or yourself without proper authorization and a business need to know.
2. Discussing confidential information with any individual who does not have both authorization and a business need and reason to know, including family members, physicians and other health care providers, colleagues or co-workers.
3. Disclosing confidential information to any individual or entity who or which is not authorized to access the information.

4. Use any confidential information except as is required in the performance of the Employee's duties with Mercy.

Employee Responsibilities:

1. Release patient identifiable medical information only to those parties with both a legitimate business need and reason to know and authorization to receive such information, or to parties designated on an appropriate and properly executed authorization for release of medical records.
2. Include any required disclosure notices when releasing confidential information, such as is required to accompany the disclosure of information relating to alcohol or substance abuse treatment and the disclosure of information relating to HIV status.
3. Release proprietary or other business information only to those parties with both a legitimate business need to know and authorization to receive such information, either because they are an authorized Mercy employee or have properly executed an appropriate confidentiality and non-use agreement.
4. Not use any confidential information except as is required in the performance of the Employee's duties with Mercy.
5. Not discuss confidential information in public areas at Mercy, such as the break room, elevators, lobby and hallways, or outside the workplace.
6. Not discuss confidential information around individuals who either do not have a legitimate business need and reason to know the information or are not authorized to know the confidential information.
7. Control access to confidential information by securing it in a locked office, file cabinet, desk or other secure place and using screen saver passwords whenever possible.
8. Follow policy regarding copying, faxing, or reproducing records.
9. Safeguard all computer access/security codes, and change codes immediately if confidentiality is even slightly threatened.
10. Employees shall refrain from sending patient information via e-mail.
11. Use good judgment in the use of laptop computers and cellular phones, which can be easily monitored by third parties.
12. Upon termination deliver to Mercy all materials or substances, regardless of medium, which relate in any way to patients/residents and clients of Mercy or to the business. This includes any materials, processes or other work-product that may have been developed by the Employee in connection with the Employee's employment/engagement at Mercy. To the extent that Employee has not documented such processes or work-product and upon reasonable request, Employee must provide said processes or work-product in writing.
13. Ask your supervisor or other knowledgeable person if you are unsure as to the confidentiality of information.
14. Remind others of their responsibility to maintain the confidentiality of information.
15. Report to your supervisor and to human resources or Corporate Responsibility (hotline, email or representative) any suspected violation of the Confidentiality Policy.
16. Participate in any required privacy training.

The responsibilities and obligations provided for under the Confidentiality Policy shall continue throughout and after the termination of the Employee's employment, engagement or other affiliation with Mercy.

Intellectual Property Rights:

Internal Mercy information is considered intellectual property of Mercy and must not be removed when an employee departs.

- While an employee or contractor of Mercy, all staff members grant to Mercy exclusive rights patents, copyrights, inventions or other intellectual property they originate or develop.

Privacy, Confidentiality and Information Security Attestation:

The Privacy, Confidentiality and Information Security Attestation (attached to this policy), must be signed upon employment/engagement and thereafter annually as requested. Failure or refusal to sign the agreement as requested will be considered the Employee's resignation from employment.

Remedy:

A violation of this policy may be grounds for corrective action, up to and including immediate termination as outlined in Standards of Conduct and Performance policy. In addition, Mercy may seek other relief, including but not limited to restraining orders, monetary damages and other actions in law and equity.

Confidential Information: Description of Proprietary Information

Below is a list of examples of information, materials or processes that Mercy Health considers to be proprietary and confidential. This list is not intended to be all-inclusive. In addition to the following examples, there are sure to be other materials, information, and processes that Mercy considers proprietary. Use this list as a guide when determining the proprietary nature of information. If you are unsure as to the proprietary nature of something, ask your supervisor or other knowledgeable person for clarification.

Proprietary and confidential information includes, but is not limited to, the following:

- Patient, Resident, or Client records or information
- Strategic Plan and related documents
- Marketing Plan and related documents
- Policies and Procedures
- Employee Handbook
- Program descriptions
- Contracts
- Requests for Proposal
- Training Manuals
- Client Lists
- Any materials, processes or other work product, among other things, which may have been developed by the Employee in connection with the Employee's employment/engagement at Mercy.

Nothing in this policy is intended to modify the at-will status of any employee. Mercy Health reserves the right to amend, terminate or discontinue this policy at any time. This policy may be changed at the sole discretion of

Mercy Health with or without advance notice.

Mercy Health adopts the following policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for all Cincinnati Markets.

CONTRACTOR INFORMATION SECURITY AGREEMENT

This Agreement should be completed by non-employees (including but not limited to: physician staff non-employed, med students, nursing students, nursing instructors, vendor support contractors and all other contractors/non-employees) who are granted access to Mercy Health systems.

(Note: A nursing Instructor can sign on behalf of her/his nursing students and therefore will be held accountable for the students' acceptable/unacceptable behavior.)

I understand that while carrying out my duties and responsibilities within the Mercy Health system and/or its affiliated entities (collectively known as the "organization"), I may gain knowledge or be given access to confidential information related to patients, employees, physicians and/or business operations. Therefore, I agree to the following terms and provisions, as a condition of my temporary use of Mercy Health systems or equipment:

1. I understand that I have an ethical and legal duty to maintain the **confidentiality of all information** belonging to the organization, regardless of form (verbal, written or electronic), both during and after my association with the organization. I will **not access or disclose information** to unauthorized individuals or parties inside or outside of the organization.
2. I understand that it is the policy to grant access to information on a "need to know" basis. I will **not access or utilize confidential information** beyond what is provided to carry out my duties.
3. I understand that I may be issued IDs and passwords to access information from various computer systems and locations. I agree to **only use my assigned ID and password(s)** to access information that is required to perform my duties. I understand that my ID is equal to a written signature and I am **responsible for all access and work completed under the authority of my ID**. I agree **not to disclose or share my ID/password(s)** with any other person. I will notify the Mercy Health Service Desk (800-498-1408) immediately if I have reason to believe my ID or password(s) have been stolen or used inappropriately. I will change password(s) as required.
4. I understand that **access granted** to any organizational electronic resources (e.g., computers, PDAs, copiers/scanners, fax machines, cell phones, telephones, pagers) is provided for the sole purpose of fulfilling my duties on behalf of the organization or for the **exclusive purpose of accessing my company's email account**.
5. During the course of performing services for the organization it may be necessary to install software used to access Mercy Health's systems. I agree **not to copy, transmit or install software, applications or other data to or from any organizational electronic resources** unless authorized by the organization. All software and documentation provided by Mercy Health shall be treated as confidential. I further agree not to create or distribute copies of said software and to uninstall and return or destroy all software media and documentation provided by Mercy Health. I also agree **not to compile subsets of data for my own personal use**, whether in written or electronic form.
6. I will **use voicemail, electronic mail and the Internet in a responsible manner** and consistent with promoting effective communication within the organization. I agree to take responsible safeguard measures (e.g., encryption, password protection, use of secured portals and secure email) when transferring confidential information to authorized parties outside the organization. I will not use a personal email account for organizational communication. I understand that all voicemail and email are the property of the organization, and as such, is not private communication. I understand these communications may be monitored for training, maintenance or investigative purposes. I also understand that deleting messages or emails will not remove them from the database or protect them from auditing.
7. I will **not download, install, display or transmit inappropriate material or messages** on any electronic resource provided by the organization. I am obligated to report immediately to Mercy Health Service Desk (1-800-498-1408) any receipt or transmission of inappropriate materials or messages.
8. I agree to **limit my access within Mercy Health facilities to authorized areas** and individuals only as designated by my Mercy Health contact person. I also agree to limit my activities to include only those required by Mercy Health for this engagement. Roaming or solicitation of Mercy Health employees or visitors within a Mercy Health facility is prohibited.
9. I agree to **comply with all government regulations** including, but not limited to HIPAA and FTC Breach Notification rules.
10. The use of **photographic equipment and capabilities** (e.g., cell phone) is **limited to public areas** without the explicit permission of Mercy Health.
11. I will **immediately report any misdirected, lost or stolen information or electronic resources or devices to Mercy Health Service Desk (800-498-1408)** so that the organization can initiate proper corrective action.
12. I understand that any willful destruction of information, unauthorized access, modification, or disclosure of confidential information or violations of the terms listed above constitutes a **legal and ethical breach of this agreement**. I also understand that I may become personally subject to **civil and criminal legal action and financial penalties** resulting in privacy, security and confidentiality breaches that I commit.

I declare that I have read and understand this agreement; I have been given the opportunity to ask questions and have my questions answered, and that I intend to fully comply with all of its provisions.

Name (Please Print)

Title

Signature

Company

Email

Date

Phone Number

EXHIBIT C

Certificate of Insurance

NOTICE TO AGENTS, VENDORS AND CONTRACTORS

Bon Secours Mercy Health, Inc. (“BSMH”) has created a Compliance Program to ensure we comply with all laws and regulations that apply to a tax-exempt, church-based health care provider. This includes laws concerning health and safety, Medicare and Medicaid, fraud and abuse, tax, anti-trust, domestic and international financial, environmental and labor laws, among others.

We cultivate a culture of compliance from the Board Rooms to front-line care-givers, and we include our credentialed providers, vendors and contractors in that commitment. We commit to an effective Compliance Program to sustain that culture. Our program includes education, communications methods to encourage reports of concerns, investigations into concerns, monitoring and auditing for compliance and accuracy, and accountability and corrective action when we detect an error.

Vendors and contractors must be aware of, and agree to abide by, the following provisions of our Compliance Program as a continuing condition to do business with us:

Eligibility to Do Business with a BSMH Entity

1. As a Medicare-participating organization, we are prohibited from hiring or doing business with any entity or person who has been:
 - A. Excluded from participating in federal or state health programs by the Office of Inspector General of the U.S. Department of Health and Human Services;
 - B. Barred from contracting with the U.S. Government by the General Services Administration; or
 - C. Listed as a Terrorist Organization or supporting individual by the Office of Foreign Asset Control of the U.S. Department of the Treasury.
2. Vendors must certify their eligibility to do business with a BSMH entity by certifying that neither the organization, nor its owners or principals or any vendor employee (collectively, “staff”) who will provide services to the BSMH entity is prohibited from doing business with BSMH under paragraph 1.
3. Eligibility is a continuing condition of any contract with BSMH and vendors must agree to notify BSMH immediately if the government takes adverse action in paragraph 1 against Vendor or any of its staff. Vendor must also notify BSMH if they learn of an investigation that could reasonably result in adverse action in paragraph 1 against Vendor or its staff. BSMH may terminate a contract where the government takes adverse action listed in paragraph 1 against Vendor or its staff.

Business Ethics, Gifts and Gratuities

4. BSMH does business in an open, fair, impartial, and transparent manner and engages in arms-length negotiations with potential vendors, contractors or business partners. BSMH requires our employed associates, credentialed providers, board members and volunteers to act in the best interests of BSMH at all times. This includes avoiding conflicts of interest that might jeopardize the impartiality of their judgment and decision-making, as well as avoiding situations that create a reasonable appearance of a conflict of interest or an appearance of favoritism, partiality, personal gain or insider-dealing.
5. BSMH associates may not seek, request or accept any gift, gratuity or other item, regardless of value, that is intended to influence a business decision, or that is offered to them because of their position in a pending business decision. BSMH associates may not accept gifts, gratuities, discounts or other things of value from anyone doing business with, or desiring to do business with, BSMH or any BSMH entity, except in nominal amounts, which they must disclose to their reporting superior.
6. The Compliance Program includes a Compliance Officer who can assist or respond to any vendor concern about possible violations of BSMHs policies or applicable laws or regulations. Associates are

required, and vendors are encouraged, to report any concerns anytime, 24/7/365, at 1-888-302-9224. BSMH policy prohibits retaliation for a report made in good faith.

Required Education on the False Claims Act and Whistleblower Protections for Providers of Medicaid-covered Services

Because BSMH and its entities receive in excess of Five Million Dollars (\$5,000,000) in annual Medicaid reimbursements, we are required to provide additional education to our employed associates, vendors and contractors related to the False Claims Act and whistleblower protections available under those laws. Our vendors and contractors are required to ensure that their employees who will provide services to BSMH receive the following educational information also:

BSMH associates work hard to ensure that we create accurate and truthful patient bills and submit accurate claims for payment from any payer, including Medicare and Medicaid, commercial insurance, or our patients. It's the right thing to do, and federal and state laws require accuracy in health care billing.

The federal False Claims Act (31 USC 3729-33) makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. "Knowing" can include deliberate or reckless ignorance of facts that make the claim false.

Examples of possible False Claims include someone knowingly billing Medicare for services that were not provided, or for services that were not ordered by a physician, or for services that were provided at sub-standard quality where the government would not pay.

A person who knows a False Claim was filed for payment can file a lawsuit in Federal Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government's attention. Penalties for violating the federal False Claims Act can be up to three times the value of the False Claim, plus from \$5,500 to \$11,000 in fines, per claim. While state law does not permit private suits like the federal False Claims Act for Medicaid fraud, state law does include either civil or criminal penalties against those who attempt to obtain Medicaid payments to which they are not entitled, or who commit Medicaid fraud.

The False Claims Act protects anyone who files a False Claim lawsuit from being fired, demoted, threatened or harassed by their employer for filing the suit. If a court finds that the employer retaliated, the court can order the employer to re-hire the employee and to pay the employee twice the amount of back pay that is owed, plus interest and attorney's fees. State law provides equivalent protections from retaliation by an employer for employees who report Medicaid fraud to the authorities.

BSMH Compliance Program supports compliance with the False Claims Act by:

- Monitoring and auditing business activities to prevent or detect errors in coding or billing.
- Educating our associates, vendors and contractors that they are responsible to report any concern about a possible False Claim at a BSMH facility via our 3-Step Reporting Process.
- Investigating all reported concerns and correcting any billing errors discovered.
- Protecting our associates, vendors or contractors from adverse action when they do the right thing and report any genuine concern via the 3-Step Reporting Process. BSMH will investigate any allegation of retaliation against an associate for speaking up.

CLINICAL EDUCATION AGREEMENT

BETWEEN

THE CHRIST HOSPITAL

AND

CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE

THIS AGREEMENT is made between **THE CHRIST HOSPITAL** (hereinafter the "Facility"), and **CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE** (hereinafter the "School"), effective the date of last signature below.

NOW, THEREFORE, in consideration of the foregoing and of the mutual promises set forth herein, School and Facility agree that non-exclusive programs of supervised clinical education shall be conducted for students of School (hereinafter the "Program" or "Programs") under the following terms and conditions:

1. JOINT RESPONSIBILITIES

- 1.1 To designate appropriate personnel to coordinate the student's clinical learning experience in the Programs. This will involve planning between responsible School faculty and designated Facility personnel for the assignment of students to specific clinical cases and experiences, including selected conferences, clinics, courses and programs conducted under the aegis of Facility. School and Facility will designate and submit in writing to the other the name and professional and academic credentials of a person to be responsible for the Clinical Education Programs. That person will be known as Clinical Education Supervisor of such a party. Each party will notify the other in writing of any change or proposed change of the Clinical Education Supervisor. Facility designees may be employed by affiliates of Facility.
- 1.2 To establish the number of students who will participate in the Programs, the dates of the Programs, and the length of the Programs.
- 1.3 To establish rules and regulations for students participating in the Programs.
- 1.4 To remain responsible for the acts of their respective employees and agents.
- 1.5 To promptly notify the other party if one party becomes aware of a claim asserted by any person which seems to arise out of this Agreement or any activity carried out under this Agreement. The parties shall attempt to resolve which party, if either, should be responsible to investigate, settle or defend the claim.
- 1.6 Compliance with rule 4723-5 of the Ohio Administrative Code requirements related to the use of preceptors (Exhibit B).

2. RESPONSIBILITIES OF FACILITY

- 2.1 It is understood that in no case shall students replace regular staff. Facility will retain responsibility for the care of patients and to maintain administrative and professional supervision of students insofar as their presence and program assignments affect the operation of Facility and its care, both direct and indirect, of patients.
- 2.3 Facility will recommend to School the withdrawal of a Program student if (a) the achievement, progress, adjustment or health of the student does not warrant a continuation at Facility, or (b) the behavior of the student fails to conform to the applicable regulations of the Facility. Facility will assist School, if necessary, in implementing this recommendation.
- 2.4 Facility reserves the right, exercisable in its discretion, to temporarily suspend any student in the event that such person's conduct or state of health is deemed objectionable or detrimental. Facility shall notify School of such a temporary suspension as soon as possible.
- 2.5 Facility shall provide necessary emergency care or first aid required by an accident, including needle-stick injuries, occurring at Facility for a School participant under a Program and, except as herein provided, Facility will have no obligation to furnish medical or surgical care to any student. Under the terms of this Agreement, medical care includes, among other things, infectious disease testing.
- 2.6 Facility shall make available to each student and faculty of School all Facility policies and procedures which will affect the student's activities while at Facility and related faculty activities, including copies of Facility's compliance program and Code of Responsible Conduct

3. RESPONSIBILITIES OF SCHOOL

- 3.1 School will provide facility with required student information to process access requests by appropriate deadlines."
- 3.2 School will require all students and faculty to abide by all applicable policies and procedures of Facility while using its facilities School students will be expected to conduct themselves in a professional manner; their attire as well as their appearance will conform to the accepted standards of Facility.
- 3.3 School will withdraw a student from a clinical Program at Facility if, after consultation in accord with paragraph 2.3 or 2.4 above, School determines such action to be warranted.
- 3.4 School will ensure that each student and faculty member assigned to work with Facility is covered by adequate health insurance and professional liability

insurance with limits of One Million Dollars (\$1,000,000.00) per occurrence and an aggregate of Three Million Dollars (\$3,000,000.00).

- 3.5 School will assign to Facility only those students who have satisfactorily completed the prerequisite didactic portion of curriculum.
- 3.6 School will ensure that each student and faculty member assigned to work with the Facility has on record: (i) a physical examination showing that the student or faculty member is free of communicable diseases, including a 2-step TB skin test or a blood test for TB; (ii) coverage under a policy of health insurance; (iii) current immunizations, including current seasonal flu, Hepatitis B, MMR (measles, mumps, and rubella), and varicella vaccinations; (iv) Tdap vaccination; (v) criminal background check; and (vi) verification that the individual is not and never has been excluded from participation in any state or federal healthcare program.
- 3.7 School will disclose information from a student's educational record, as appropriate, to personnel at Facility who have a legitimate need to know in accordance with the Family Educational Rights and Privacy Act. Facility agrees that its personnel will use such information only in furtherance of the Programs, and that the information shall only be disclosed to third parties in accordance with the Family Educational Rights and Privacy Act.
- 3.8 School agrees to provide to each student assigned to work at Facility basic training relating to the privacy requirements arising out of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and regulations thereunder. Further, School will obtain student signature on required student documentation which may include, but is not necessarily limited to, Facility's Confidentiality and Security Agreement, Environment of Care attestation, and Code of Conduct attestation. Documents should be retrieved from each student and stored with School, to be available upon request by Facility.

4. RESERVATIONS OF RIGHTS; PLACEMENT

Both Parties reserve the right to withhold placement of Program students depending upon the availability of facilities and resources to adequately provide a satisfactory field experience.

5. DEPARTMENTAL LETTER AGREEMENT AUTHORIZED

Recognizing that the specific nature of the clinical experience may vary, it is agreed by School and Facility upon execution of this Agreement and within the scope of its provisions, School departments may develop letter agreements with their clinical counterparts in Facility to formalize operational details of the Clinical Education Program(s). These letter agreements shall be approved by the appropriate authorities of School and an appropriate officer of Facility.

6. SCHOOL INSURANCE AND INDEMNIFICATION

School shall at its sole cost and expense, provide coverage for its activities in connection with this Agreement by maintaining in full force and effect programs of insurance and/or self-insurance as follows:

- a. Professional and General Liability coverage, as applicable, with a limit of One Million Dollars (\$1,000,000.00) per occurrence and an aggregate of Three Million Dollars (\$3,000,000.00).
- b. Workers' Compensation coverage covering School's full liability as required under state law.
- c. Such other insurance in such amounts which from time to time may be reasonably required by the mutual consent of the parties, against other insurable risks relating to this Agreement.

It should be expressly understood, however, that the coverage required under this Section 6 shall not in any way limit the liability of the School.

School, upon request, shall furnish Facility with certificates evidencing compliance with these insurance requirements. School shall notify Facility immediately in the event School receives notice of cancellation of above coverage.

Facility agrees to give School notice in writing within thirty (30) days of any claim made against it on obligations covered hereby.

7. FACILITY INSURANCE AND INDEMNIFICATION

Facility shall provide at its sole cost and expense, coverage for its activities in connection with this Agreement by maintaining in full force and effect programs of insurance and/or self-insurance as follows:

- a. Hospital Professional Liability coverage with limits of One Million Dollars (\$1,000,000.00) per occurrence and an aggregate of Three Million Dollars (\$3,000,000.00).
- b. General Liability coverage with a limit of One Million Dollars (\$1,000,000.00) per occurrence and an aggregate of Three Million Dollars (\$3,000,000.00)
- c. Workers' Compensation coverage covering Facility's full liability as required under state law.
- d. Such other insurance in such amounts which from time to time may be reasonably required by the mutual consent of the parties, against other insurable risks relating to this Agreement.

It should be expressly understood, however, that the coverage required under this Section 7 shall not in any way limit the liability of Facility.

Facility, upon request, shall furnish School with certificates evidencing compliance with these insurance requirements. School shall notify Facility immediately in the event School receives notice of cancellation of above coverage.

School agrees to give Facility notice in writing within thirty (30) days of any claim made against it on obligations covered hereby.

8. NONDISCRIMINATION

Facility and School agree that neither will discriminate against a beneficiary of services provided by Facility in the performance of this Agreement or against any individual on the basis of race, color, religion, national origin, citizenship, sex, sexual orientation, gender, gender identity, genetics, military or veteran status, age, disability, citizenship, or any other characteristic protected by local, state, or federal law.

9. TERMINATION

- 9.1 This Agreement shall become effective as of the date set forth above, and shall remain in effect for one (1) year unless otherwise sooner terminated as hereinafter provided. At the end of said initial term, this Agreement shall be automatically renewed for one (1) year successive terms unless a party provides notice of termination or non-renewal at least thirty (30) days prior to the end of the term.
- 9.2 Either party may terminate this Agreement without cause at any time upon at least thirty (30) days written notice, provided that any student currently assigned to Facility at the time of notice of termination shall be given opportunity, subject to such student's then current and continuing good standing with Facility, to complete his/her full-time clinical education assignment at Facility, such completion not to exceed three (3) months, during which all the terms and conditions of this Agreement shall be deemed to continue for the purpose of such student's assignments.
- 9.3 Either party may terminate this Agreement for cause in the event the other party breaches the terms of this Agreement, in which case termination shall be effective (i) upon receipt of written notice of the breach if the breach or nonperformance is incapable of cure, or (ii) upon expiration of thirty (30) days after receipt of written notice of the breach if the breach or nonperformance is capable of cure and has not been cured; provided that any student currently assigned to Facility at the time of notice of termination shall be given opportunity, subject to such student's then current and continuing good standing with Facility, to complete his/her full-time clinical education assignment at Facility, such completion not to

exceed three (3) months, during which all the terms and conditions of this Agreement shall be deemed to continue for the purposes of such student assignment.

10. INDEPENDENT CONTRACTOR STATUS

The parties hereby acknowledge that they are independent contractors. In no event shall this Agreement be construed as establishing a partnership, joint venture or similar relationship between the parties hereto, and nothing herein contained shall be constructed to authorize either party to act as agent for the other. Facility and School shall be liable for their own debts, obligations, acts and omissions, including the payment of all required withholding(s), social security and other taxes or benefits. No student shall look to Facility for any salaries, insurance or other benefits.

11. CONFIDENTIALITY

School will require students to maintain the confidentiality of patient information obtained during the clinical or instructional experience at Facility. All information obtained from patients, their records or computerized data is to be held in confidence and no copies of patient records shall be made. It shall be required of students and supervising faculty that they not identify patients in papers, reports or case studies without first obtaining permission of Facility and the patient, utilizing the patient confidentiality policies and procedures of Facility. Without limiting the foregoing, School agrees to cause each such student assigned to Facility to execute prior to arriving at Facility such confidentiality/privacy documents as requested by Facility, the current form of which is attached hereto as Exhibit A.

12. NON-ASSIGNMENT AND SUBCONTRACTING

This Agreement shall not be assigned or transferred by Facility, other than to an entity affiliated with The Christ Hospital, without the written approval of School. This Agreement (and its attachments, if any) constitute the entire understanding between the parties with respect to the subject matter hereof and supersedes any and all prior understandings and agreements, oral and written, relating hereto.

13. NOTICE

Whenever, under this Agreement, notice is required to be given, it shall be in writing and shall be delivered by mailing the same by certified or registered mail, postage prepaid, or overnight express mail carrier, to the party to receive the notice at the address identified below or such other address as either party may designate from time to time hereunder.

To School:

Lawra J. Baumann, Ph.D.
Vice President, Administration
3520 Central Parkway
Cincinnati, OH 45223
513.569.1759
513.569.1719 (Fax)
lawra.baumann@cincinnatiastate.edu

To Facility:

The Christ Hospital
2139 Auburn Avenue
Cincinnati, OH 45219
Attn: Julie Sporing
Director, Network Learning
513.585.0476 – phone
513.585.2661 – fax
Julie.Sporing@thechristhospital.com

14. GOVERNING LAW


This Agreement shall be interpreted and governed by Ohio law. Any actions, suits or claims that may arise pursuant to this Agreement shall be brought in the State of Ohio.

15. BINDING AUTHORITY

The parties signing this Agreement have the authority to bind Facility and School.

IN WITNESS WHEREOF, the authorized representatives of the parties have executed this Agreement effective as of the date first set forth above.

THE CHRIST HOSPITAL

By: 
Name: Julie A. Holt
Title: VP/CNO
Date: 12/2/20

**CINCINNATI STATE TECHNICAL AND
COMMUNITY COLLEGE**

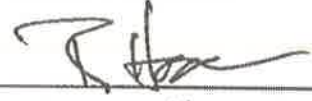
By: 
Name: Robert W. Hoopes
Title: Provost
Date: 12/1/20

EXHIBIT A



CONFIDENTIALITY AND DATA SECURITY AGREEMENT

Contractors and Non-employees

As a contractor or non-employee of *The Christ Hospital Health Network*, you have a legal obligation to protect the rights of patients as defined under the Health Insurance Portability and Accountability Act (HIPAA). You are required to keep "Protected Health Information" and other vital data you may access during the course of your daily work confidential. The following defines this information and provides a series of statements you must review to fully understand your obligations, as well as appropriate use of the Internet at *The Christ Hospital Health Network*. **Please read all sections on front and back and sign at the end.**

Description of Protected Health Information (PHI)

PHI includes medical records and financial or billing information relating to a patient's past, present or future mental or physical condition; or past, present or future provision of healthcare; or past, present or future payment for provision of healthcare and contains any of the following identifiers that may be used to identify the patient:

- Name
- Place of residency (including street address, county, city, ZIP code)
- Telephone/fax numbers
- E-mail addresses
- Social Security number
- Medical record number
- Health plan beneficiary number
- Account numbers
- Birth date, admission date, discharge date, date of death, all ages over 89
- Certificate/license numbers
- Vehicle identifiers and serial numbers including license numbers
- Device identifiers/serial numbers
- Web Universal Resource Locators (URLs, i.e. web page identifiers), Internet Protocol (IP address number)
- Biometric identifiers (voice, finger prints)
- Full face photo image

- Any other unique identifying number, characteristic or code

Description of Other Confidential Information

Confidential information also includes, but is not limited to, combined clinical data, employee records, processes, marketing plans or techniques, product or service plans, strategies, forecasts, customer/patient lists, supplier lists, discoveries, ideas, pricing policies and financial information. This confidential information can be obtained through hearing it, seeing it, viewing the medical record or accessing it in a hospital computer system.

Requirements of All Christ Hospital Contractors or Non-Employees Regarding PHI and Confidential Information

The services provided by *The Christ Hospital Health Network* and corresponding PHI are highly confidential and must not be released or discussed with unauthorized personnel either inside or outside of the hospitals. There are both Federal and State laws which safeguard the privacy of PHI and other confidential information from unauthorized access, use or disclosure.

Contractor or Non-Employee Agreements Regarding Use of PHI, Confidential Information and the Internet

- I agree to abide by *The Christ Hospital Health Network* policies on confidentiality of protected health information (HIPAA policies).
- I agree to access, use or disclose only PHI for which I am authorized by my job responsibilities (via password) and as complies with *The Christ Hospital Health Network* HIPAA policies. I agree not to invade patient privacy by examining PHI or data for inappropriate review.
- I agree not to discuss PHI in unauthorized areas such as hallways, elevators and cafeterias, where it could be overheard.
- I understand unauthorized access or disclosure of PHI may subject *The Christ Hospital Health Network* to Federal fines or penalties.
- I agree not to make unauthorized disclosures, copies or transmissions of PHI in any form including electronic transfer of PHI to personal devices.
- I understand that any access to PHI for research purposes requires proper documentation and approval according to HIPAA policies.
- I agree to keep my system password(s) confidential and not share it (them) with any individual or allow any individual to access information through my password(s). I understand that giving a password to an unauthorized individual may result in disciplinary action up to and including account access or employment termination.
- I understand my password(s) may identify information that I have accessed, which may be monitored.
- I understand my password(s) will be changed periodically to help maintain the security of *The Christ Hospital Health Network*.
- I understand I must safeguard data at all times – during its origin, entry, processing, distribution, storage and disposal. This includes data in electronic, paper, film, video or other forms.

- I understand I must safeguard data from unauthorized access (accidental or intentional), modification, destruction or disclosure.
- I understand data used in business and clinical operations is an asset of *The Christ Hospital Health Network*.
- I understand e-mail is the property of *The Christ Hospital Health Network* and its member institutions and may be monitored. I further understand that I should have no reasonable expectation of privacy when using *Christ Hospital* e-mail or Internet.
- I understand that, should I have access to the Internet, it is provided by *The Christ Hospital Health Network* to assist in completion of work assignments (i.e. patient care, research, education). I understand that this access should be considered an extension of my work environment.
- I understand *The Christ Hospital Health Network* may monitor usage or restrict access of the Internet.
- I understand the use of unlicensed or unapproved software constitutes a serious risk to *Christ Hospital* operations.
- I understand upon my contract termination or end of work with *The Christ Hospital Health Network*, my ability to access *Christ Hospital* information will end. I agree that I will not attempt to access the systems or disclose any confidential information and/or PHI to any person or entity at that time.
- I understand at the termination of my contract or end of work with *The Christ Hospital Health Network*, I will return any confidential information including PHI that is in my possession, to my immediate supervisor with *The Christ Hospital Health Network*.
- I understand I must continue to honor all of the obligations mentioned above after termination of employment with *The Christ Hospital Health Network*.

I have read this document and understand that my signature constitutes my acceptance of the terms of this agreement and that a violation of it can result in disciplinary action, up to and including termination of my employment. I also recognize that by signing this agreement, there may be legal, ethical and personal consequences for violating its terms.

Name (Print)

Date of Signature

Signature

Date of Submission or Receipt

Social Security Number or Employee ID

Exhibit B
Preceptor Addendum- Nursing

Students who are participating in a role transition experience shall be assigned to a nurse preceptor. The facility preceptor shall be responsible for determining the students' scope of practice during the actual clinical experience subject to facility policies, procedures and preceptor guidelines.

The preceptor must have completed an approved registered or practical nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code; have experience in the practice of nursing as a registered nurse or as a licensed practical nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student; and current, valid licensure as a registered nurse or as a licensed practical nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.

The individual preceptor retains the right to withdraw from participation at any time. The facility shall attempt to provide an alternative preceptor when possible.

The preceptor will contribute to the evaluation of the student's performance by providing information to the faculty member and the student regarding the student's achievement of established objectives or outcomes.

The preceptor shall provide supervision to no more than two nursing students at any one time, provided the circumstances are such that the preceptor can adequately supervise the practice of both students

The nursing program shall provide an orientation to the course and preceptor role to all qualified agency preceptors.

The nursing program shall submit to the agency and preceptors a schedule of the proposed student/preceptor pairs that includes course dates, course title and objectives, name of the instructor, and methods of immediately contacting the instructor.

The nursing program instructor will meet with the student and preceptor at least three times during the term to determine whether the course objectives are being achieved.

The nursing program instructor evaluates the student's experience, achievement, and progress in relation to clinical objectives, with input from the preceptor.

The facility maintains ultimate responsibility for all nursing care given to patients by the nursing students while under the direct supervision of the preceptor and indirect supervision of the instructor.

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ALLIED HEALTH PROFESSIONALS AFFILIATION AGREEMENT

SIGNED 11/5/08

This Allied Health Professionals Affiliation Agreement (the "Agreement") is made and entered into the 1st day of January, 2009, by and between Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, (hereinafter referred to as "CCHMC") and the Cincinnati State Technical & Community College Nursing Program and Surgical Technology Program, (hereinafter referred to as "Program").

WITNESSETH:

WHEREAS, CCHMC presently operates facilities for the provision of health and hospital services to pediatric age group patients; and

WHEREAS, CCHMC as part of its educational mission offers educational opportunities to allied health professionals; and,

WHEREAS, Program desires that students enrolled in its program have the benefits of the educational opportunities available at CCHMC for instruction in the care and treatment of patients in the pediatric age group; and

WHEREAS, CCHMC and Program desire to enter into an Agreement which will formalize their understanding pursuant to which Program students will receive education and instruction at CCHMC.

NOW THEREFORE, in consideration of the mutual covenants, agreements and obligations contained herein CCHMC and Program hereby mutually covenant and agree as follows:

1. **Purpose of Agreement.** This Agreement is entered into between CCHMC and Program for the purpose of effectuating their mutual intention that students enrolled in the Program be given the benefit of the education opportunities at CCHMC which are selected in Exhibit A.
2. **Program Rights and Responsibilities.**
 - a. **Control of the Student's Education.** Program retains total responsibility for the academic education of each of its students. Such responsibilities include, without limitation: (i) Admission and discharge of all Program students; (ii) Coordination of placement of students at CCHMC; (iii) Awarding of course credit and degrees to students who have completed all Program requirements; (iv) Coordination of student experiences within proper channels through a person designated by Program for the purpose; (v) Orientation and in-service of CCHMC personnel to the aims and objectives of the Program; (vi) Provision of opportunities for CCHMC staff to participate in joint planning and evaluation of student experiences within CCHMC; (vii) Preparation of student in theoretical background, basic skills in the students applicable allied health professional field, proper professional ethics, attitude, and behavior; and (viii) Advising CCHMC of any change in the approval or accreditation of Program or its programs. Program represents the each student assigned to CCHMC will have satisfactorily completed the pre-

requisite didactic portion of the curriculum applicable to his/her allied health professional field associated with the CCHMC educational experience.

- b. Health Requirements. Program represents and warrants for each of its student participating in a CCHMC educational experience, Program will provide the health requirements contained in Exhibit B ("Health Requirements") to each student in writing. Program understands that each student's educational experience will not begin at CCHMC until CCHMC receives written proof confirming each student's compliance with such Health Requirements. CCHMC may terminate any student's educational experience at any time if it learns that any student has not or cannot produce written evidence of compliance with such Health Requirements. CCHMC may, in its sole discretion, change its Health Requirements at any time upon thirty (30) days written notice to Program.
- c. Orientation. Program will cause each of its students to participate in the CCHMC orientation program(s) indicated for each student's allied health professional category as indicated in Exhibit C ("Orientation Requirements"). CCHMC may, in its sole discretion, change its Orientation Requirements at any time upon thirty (30) days written notice to Program.
- d. Financial Obligations. Program bears all financial responsibility for all of its and its' students' costs related to a CCHMC educational experience.
- e. CCHMC Policies and Procedures. Program agrees to abide by and cause its students to abide by CCHMC's policies, procedures, protocols and by-laws.
- f. Background Checks. Prior to the beginning of each student's educational experience at CCHMC, Program will provide CCHMC with documentation evidencing that the background screening described below has been successfully completed. Program must complete the following background checks for each student:
 - i. Review each student's educational transcript to ensure he/she meets CCHMC requirements for the applicable educational experience.
 - ii. Provide CCHMC proof of student licensure, if required, for the applicable educational experience.
 - iii. Background check will be done by CCHMC as part of the name badging process for students who are required to have CCHMC name badges.
- g. Insurance. Program will provide professional liability insurance in an amount not less than \$1,000,000 per occurrence/\$3,000,000 annual aggregate that will cover its students, employees and agents who participate in a CCHMC educational experience. Also, Program will maintain general liability insurance, which extends to students and faculty engaged in the educational experiences described herein. Program represents that all insurance required by CCHMC herein is not materially encumbered by existing claims and its insurance carriers will have an AM Best rating of A-VII or better. Program will name CCHMC as an additional insured on the insurance policies described herein.

Prior to the start of any educational experience, Program will provide a copy of the appropriate certificate of insurance or a copy of the self-insurance plan to CCHMC evidencing the above-described insurance. If a Certificate of Insurance is provided, the Certificate must require that

CCHMC be given thirty (30) days written notice of any modification or termination of the policy. If employees of the Program will be at CCHMC with the students during an educational experience, Program will provide evidence of Worker's Compensation insurance covering its employees.

Program's failure to maintain the required insurance will be grounds for the immediate termination of this agreement at the option of CCHMC.

- h. Documents for Signature. Prior to the beginning of each student's educational experience, Program will cause each student and such student's Program precepting faculty member, if applicable, to deliver to CCHMC the documents listed below fully executed by the appropriate student and faculty member. This list may be changed from time-to-time, at any time, in CCHMC's sole discretion. The following CCHMC documents for signature by Program students and faculty include, but are not limited to: Student Confidentiality Agreement, System Access Confidentiality Agreement, Patient Protected Health Information Access Designation, Student Orientation Manual Receipt and Certificates of Completion for HIPAA Privacy course and HIPAA Security course provided by CCHMC. This list may be changed from time-to-time, at any time, in CCHMC's sole discretion.

3. CCHMC Rights and Responsibilities.

- a. Educational Opportunities. CCHMC will provide Program student educational experiences in the allied health professional categories selected in Exhibit A for the number of Program student(s) CCHMC agrees to in its sole discretion. CCHMC, in its sole discretion, will make clinical assignments for each student.
- b. Student Supervision. Unless otherwise stated in a Schedule to Exhibit A, CCHMC maintains responsibility for the administrative and professional supervision of each student and retains full authority and responsibility for the care and treatment of its patients.
- c. Scheduling. CCHMC will work with the Program to schedule each student's educational experience at CCHMC. However, CCHMC reserves the right to make final scheduling arrangements for all students.
- d. Student's Continued Participation. CCHMC reserves the right to terminate any student's participation in any educational experience described herein upon the student's failure to follow any CCHMC rule, procedure, regulation, or the like.
- e. Insurance. CCHMC will provide professional liability coverage in an amount not less than \$1,000,000 per occurrence/\$3,000,000 annual aggregate that will cover its employees and agents who perform services pursuant to this Agreement.

4. Miscellaneous.

- a. Indemnification. To the extent permitted by law, each party individually (as the "Indemnifying Party") shall indemnify and hold harmless the other party from and against any and all liabilities, claims, costs, damages, expenses, losses, and attorney's fees arising from or alleged to arise from any negligent act or omission of the Indemnifying Party or any of its trustees, directors, employees, partners, students or agents relating to this Agreement. The indemnification obligations of this Section shall survive termination of this Agreement.

In the event that the Program's instructors or students are not covered by a professional negligence and general patient liability insurance policy or a self-insurance plan while involved in the educational experience described herein, Program agrees to indemnify and hold CCHMC harmless for all losses, expenses, and costs incurred by CCHMC as a result of the actions of such instructors or students and to reimburse CCHMC for all expenses (including legal fees) incurred in defending itself against those lawsuits or claims, if any, which arise as a result of the activities of the aforementioned instructors or students.

In the event that either the Program or CCHMC becomes aware of any alleged injury arising out of the care and treatment of an individual at CCHMC involving a student or instructor, each party has a duty to give the other written notice containing the particulars sufficient to identify the name and address of the allegedly injured person, place and circumstances of the alleged incident and the address of the available witnesses. Subject to the terms of the respective professional liability and malpractice insurance policies, if any, each of the parties hereto shall cooperate with each other in the defense of litigation and in enforcement of any right of contribution indemnity against any person or organization who may be liable to either of the parties because of injury with respect to which insurance is afforded. Each of the parties hereto shall attend any legal proceedings and to assist in securing evidence and obtaining the attendance of witnesses.

- b. Term and Termination. This Agreement shall be in full force for a period commencing on the day and year first written above until one year from the Effective Date. Thereafter, this Agreement shall automatically renew for consecutive one year periods until terminated by either party upon ninety (90) days written notice.
- c. Modification and Waiver. A modification or waiver of any of the provisions of this Agreement shall be effective only if made in writing and executed with the same formality as this Agreement. The failure of either party to insist upon strict performance of any of the provisions of this Agreement shall not be construed as a waiver of any subsequent default of the same or similar nature.
- d. Governing Law and Venue. This agreement, the construction of this agreement, all rights and obligations between the parties to this agreement, and any and all claims arising out of or relating to the subject matter of this agreement (including all tort claims), shall be governed by and construed in accordance with the laws of the State of Ohio, excluding its conflict of laws principles. Any litigation or other legal proceeding of any kind based upon or in any way related to this agreement, its subject matter, and/or any rights or obligations between the parties to this agreement, shall be brought exclusively in an appropriate court of competent jurisdiction (state or federal) located in Hamilton County, Ohio (if the action is brought in state court) or in the Southern District of Ohio (if the action is brought in federal court). Any action brought in such courts shall not be transferred or removed to any other state or federal court. It is further understood and agreed by the parties that they consent to the exercise of jurisdiction over them by the above-named courts as their freely negotiated choice of forum for all actions subject to this forum-selection clause.
- e. Entire Agreement. This Agreement, including the attached Exhibits and Schedules, contains the entire understanding of the parties, constitutes the sole and complete agreement between the parties and replaces all other written and oral agreements relating to the subject matter.

- f. Section Headings. All section heading are inserted for convenience. Such heading shall not effect the construction or interpretation of this Agreement.
- g. Waiver. Failure to enforce any term of this Agreement shall not constitute a waiver of such term. If any part of this Agreement is found to be unenforceable by a court or administrative body or agency of competent authority and jurisdiction, the rest of the Agreement shall remain in full force and effect.
- h. Successors. All the obligations, conditions, terms, covenants, and provisions of this Agreement shall be binding upon and inure to the benefit of the parties hereto and their heirs, administrators, executors, successors, assigns, subsidiaries, officers, difectors and employees.
- i. Assignment. This Agreement shall not be assigned by one party without the prior written consent of the other party having been first duly obtained.
- j. Additional Instruments. Each of the parties shall, from time to time, at the request of the other, execute, acknowledge and deliver to the other party any and all further instruments that may be reasonably required to give full force and effect to the provisions of the Agreement.
- k. No Intent to Refer. This Agreement is not conditioned on any pre-existing or future business relationship between Program and CCHMC, nor is this Agreement conditioned on any business or other decisions, including without limitation, referrals to and/or referrals from either party to the other.
- l. Notices. All notices to be given under this Agreement shall be in writing and shall be deemed to have been given and served when delivered in person or mailed, postage prepaid, to the addressee party at the following address:

If to CCHMC:

Cincinnati Children's Hospital Medical Center
Division of Patient Services
3333 Burnet Avenue
Cincinnati, Ohio 45229-3039
ATTN: Educational Specialist, Center for Professional Excellence/Education
Mail Location 8006

If to Program:

Cincinnati State Technical & Community College
Nursing Program and Surgical Technology Program
3520 Central Parkway
Cincinnati, OH 45223
ATTN: Denise Rohr

IN WITNESS WHEREOF, the parties have executed this Agreement in duplicated originals, each of which shall be regarded as an original though constituting but one agreement on the day and year first written above.

Cincinnati State Nursing & Surgical Tech Programs	Cincinnati Children's Hospital Medical Center
By: <i>Marianne Krismick</i>	By: <i>Cheryl Hoving</i>
Printed Name: <i>Marianne Krismick Ed.D.</i>	Cheryl Hoving, PhD, RN, NEA BC
Printed Title: <i>Dean, Health & Public Safety</i>	Senior Vice President
Date: <i>10/24/08</i>	Date: <i>11/5/08</i>

Exhibit List:

A-Allied Health Professional Program Description

B-Health Requirements

C-CCHMC Required Orientation

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EXHIBIT A**ALLIED HEALTH PROFESSIONAL PROGRAM DESCRIPTION**

CCHMC agrees to provide Program's student(s) educational experiences in the Allied Health Professional category(ies) marked below. The description of the educational experience for each such category is provided in the applicable Schedule to this Exhibit A.

Check	Educational Opportunity	Schedule Reference
	Child Life /Music Therapy	Exhibit A, Schedule 1
	Health Unit Coordinator	Exhibit A, Schedule 2
	Medical Assistants	Exhibit A, Schedule 3
	Nurse, Non-Clinical Experience	Exhibit A, Schedule 4
	Nurse-Graduate Clinical Experience	Exhibit A, Schedule 5
X	Nurse-Undergraduate Clinical Experience	Exhibit A, Schedule 6
	Nutrition	Exhibit A, Schedule 7
	Occupational Therapy/Physical Therapy/Recreational Therapy	Exhibit A, Schedule 8
	Paramedic	Exhibit A, Schedule 9
	Pharmacy	Exhibit A, Schedule 10
	Radiology Technologists	Exhibit A, Schedule 11
	Respiratory Therapy	Exhibit A, Schedule 12
	Social Services	Exhibit A, Schedule 13
	Speech/Audiology	Exhibit A, Schedule 14
X	Surgical Technologists	Exhibit A, Schedule 15

Exhibit A, Schedule 6 – Undergraduate Nursing Students

1. **Number and Level of Students.** All nursing student clinical group rotations will be limited to a maximum of eight (8) students per qualified faculty member. No clinical groups (this includes observation and floor clinicals) may contain more than eight students at any one time. All students must have completed one (1) semester/quarter of clinical experience, completed a pharmacology course, and have demonstrated competence in the basic nursing skills including CPR prior to beginning the clinical experience at CCHMC.

2. **Scheduling.** On or before the first day of March each calendar year, the School will forward to CCHMC, in writing, an approximate number of students and the projected scheduling of said students for the upcoming academic year. These schedules shall include the number of students in each clinical group, the preferred type of educational experience, the days and times of clinical experiences, the name of the accompanying instructor(s), and the educational level of the students. A complete list of names of the students in each clinical group must be forwarded to Student Services at least two (2) weeks in advance of the clinical experience.

The School will notify CCHMC in advance of any circumstances that may necessitate changes in scheduling so that alternate arrangements may be made.

Scheduling the clinical experiences is a mutual effort between CCHMC and the School; however, CCHMC reserves the right to make the final scheduling arrangements. At no time may a faculty member make arrangements directly with a clinical department for a non-observational experience.

a. **Length of time for clinical experiences:**

In-patient units - no less than eight (8) hours for patient care. Clinicals may be eight or twelve hours in length. Clinical experiences are expected to start at either 7AM or 3PM.

Outpatient clinicals - must be at least 4 hours for patient care. Start & end times are expected to coincide with clinic hours. Typically, the start times are 8AM for morning clinic; 12:30PM for afternoon clinics.

b. **Clinical rotations are to be no less than four (4) consecutive weeks.**

c. **Student preparation:** Students are to be prepared to give safe patient care during the clinical experience.

CCHMC prefers that student preparation (chart reviews) be done the day prior to clinical. Units experiencing "shorter staying patients" and schools assigned to evening clinicals should negotiate the preparation time between the faculty member with the Unit Director

3. **Qualified faculty member** -- New clinical faculty should have a minimum of two years pediatric nursing experience in the past five years. All new faculty will have a general orientation to Cincinnati Children's Hospital Medical Center coordinated through Student Services and also complete a minimum of 16 hours of orientation on the unit of the clinical group.

Exhibit A, Schedule 15 – Surgical Technicians

1. Number and Level of Students. The number of surgical tech students will be limited to one (1) per qualified faculty member at any one time. Students must have completed one (1) semester/quarter of clinical experience and have demonstrated competence in the basic surgical tech skills including CPR prior to beginning the clinical experience at CCHMC. .

2. Scheduling. On or before the first day of March each calendar year, the School will forward to CCHMC, in writing, an approximate number of students and the projected scheduling of said students for the upcoming academic year. These schedules shall include the name of the accompanying instructor(s), and the educational level of the students. A list of the name of the student in each clinical must be forwarded to Student Services at least three (3) weeks in advance of the clinical experience along with the past clinical experiences of the student.

The School will notify CCHMC in advance of any circumstances that may necessitate changes in scheduling so that alternate arrangements may be made.

Scheduling the clinical experiences is a mutual effort between CCHMC and the School; however, CCHMC reserves the right to make the final scheduling arrangements. At no time may a faculty member make arrangements directly with a clinical department for a non-observational experience.

3. Clinical rotations are to be no less than two (2) consecutive weeks. Students may be assigned any hours between 0700 and 1700.

4. Student preparation: Students are to be prepared to give safe patient care during the clinical experience.

5. The Program will share with CCHMC in writing the class curriculum.

EXHIBIT B

HEALTH REQUIREMENTS

General health requirements: In accordance with CCHMC policies, all individuals are expected to be in good health and free from ANY infectious diseases that they might transmit to others in the performance of their duties. Individuals with conditions that prevent practicing adequate hand hygiene must not participate in patient care. All individuals are expected to practice **STANDARD PRECAUTIONS** for all care and Transmission Based Isolation Precautions as applicable to the patients with whom they are involved. In addition the following requirements must be met:

- I. Tuberculosis screening. All individuals are required to provide official medical documentation of screening for tuberculosis.
 - (1) Pre-placement assessment shall include documentation of tuberculin skin test (TST) by the Mantoux method (0.1 mL of 5TU of PPD given intradermally) within 12 months of their start date. Pregnancy or prior history of Bacille-Guerin (BCG) vaccination are NOT exclusions to such testing.
 - (2) Individuals participating in direct or indirect care activities must have had an additional TST within the 12 month period prior to the TST being reported. This may have been as part of a 2-step TST screening in the current year or as a part of an annual TST program in which they have one TST each of 2 successive years.
 - (3) Individuals with a history of reactive (positive) tuberculin skin tests must provide documentation that they have been evaluated and determined not to have communicable tuberculosis. A copy of the written report from chest radiograph within 12 months of anticipated start date at CCHMC must be included. Additional information may be required of these individuals before being assigned to care activities at CCHMC.
- II. Immunity to Measles (Rubeola): All individuals are required to provide documentation of immunity to measles. Immunity is defined by any one of the following criteria:
 - (1) A positive antibody titer to measles (rubeola IgG) on serologic testing
 - (2) Receipt of two (2) measles-containing vaccines (e.g., MMR) after 12 months of age, at least 1 month apart, one dose of which was administered after 1980-(or later.) (delete or later)
 - (3) If born before 1957, receipt of at least one measles-containing vaccine administered after 1980.
- III. Immunity to Mumps: All individuals are required to provide documentation of immunity to mumps. Immunity is defined by any one of the following criteria:
 - (1) A positive antibody titer to mumps (IgG) virus on serologic testing
 - (2) Receipt of two (2) mumps-containing vaccines (e.g., MMR) after 12 months of age, at least 1 month apart.

IV. Immunity to Rubella: All individuals are required to provide documentation of immunity to rubella. Immunity is defined by any one of the following criteria:

- (1) A positive antibody titer to rubella (IgG) on serologic testing
- (2) Receipt of one (1) rubella-containing vaccine (e.g., MMR) after 12 months of age.

V. Immunity to Varicella Zoster Virus (VZV): All direct providers as well as those who will be working in the immediate patient care environment are required to provide documentation of VZV immunity. Immunity is defined by any one of the following criteria:

- (1) A history of varicella (chicken pox) or zoster (shingles)
- (2) 2 doses of VZV vaccination 6-8 wks apart
Prior recipients of 1 dose of vaccine must receive a 2nd vaccine dose
- (3) Serologic testing for antibody to VZV (IgG) that demonstrates a positive titer
 - a. In individuals who have never received VZV vaccine, positive serology will be considered proof of durable immunity.
 - b. In individuals with a history of VZV vaccine before serologic testing, positive serology cannot be assumed to be proof of durable immunity.

Those individuals meeting criteria 3b must inform the Infection Control Program of any confirmed exposures to active VZV infections (e.g., zoster or shingles) while participating in CCHMC clinical activities. Post exposure serologic testing may be required.

Individuals who develop active VZV infections (e.g., zoster or shingles) shall be restricted from contact with CCHMC patients from the time the lesions appear until all lesions are dry and crusted. These individuals must inform the Infection Control Program if the illness begins within 48 hours of contact with CCHMC patients or staff.

VI. Immunity to Hepatitis B Virus: All individuals with potential exposure to human tissues (e.g., biopsy or pathology specimens), human blood or human body fluids must have documented immunity to or be immunized against hepatitis B virus. The standard is defined by meeting at least one of the following criteria:

- (1) A positive serologic test for hepatitis B surface antibody at 10 IU (international units) or greater
- (2) Documentation of vaccination with three doses of hepatitis B vaccine; the first 2 doses given at least 1 month apart, and the 3rd dose given at least 4 months after the 1st dose.

Regardless of hepatitis B immune status, all percutaneous or mucous membrane exposures to human blood or body fluids that are sustained in the performance of duties while at CCHMC must be reported to the CCHMC Employee Health Department (Program at CCHMC-delete), in addition to any reporting that may

be required by the sponsoring institution.

VII. Exposure management: In the event a student sustains a percutaneous or mucous membrane exposure to blood or body fluids, first aid should be provided and the clinical preceptor and individual in charge of the unit should be notified immediately. The clinical preceptor is responsible for assuring that the student reports immediately to the student health facility approved by their school for post exposure management including testing, treatment or prophylaxis, and counseling. CCHMC Employee Health should be notified in order to facilitate source patient testing.

VIII. Immunity to Pertussis: All individuals with potential contact with patients must have immunity to pertussis virus. The standard is defined by meeting the following criteria:
(1) One dose of Adacel (Tetanus diphtheria acellular pertussis) vaccine.

EXHIBIT C

CHMC REQUIRED ORIENTATION

Orientation and Education Program - All students, prior to beginning or on the first day of their educational experience, must successfully complete an orientation program in accordance with JCAHO, OSHA, and CCHMC standards that include the following:

1. CARES Standards
2. HIPAA
3. Personal and patient related Security
4. JCAHO Patient Safety Goals
5. Infection prevention: Standard precautions, Hand hygiene, Transmission based isolation precautions,
6. Bloodborne pathogen exposure control, including exposure reporting and management
7. Medical Equipment
8. Emergency Preparedness
9. Hazardous materials safety, including infectious waste management and sharps safety
Life safety, including fire and electrical safety
10. Utilities: Systems & interruptions
11. Respiratory Therapy and RN students must provide proof of valid CPR certification by American Red Cross or the American Heart Association.

Students are expected to understand and follow all of the covered practices and procedures for their own safety and the safety of the staff, patients, and families of CCHMC.

Exhibit A, Schedule 6 – Undergraduate and/or Prelicensure Nursing Students
UPDATE 4.3.2012

1. Number and Level of Students. All nursing student clinical group rotations will be limited to a maximum of **eight (8)** students per qualified faculty member. No clinical groups (this includes observation and floor clinicals) may contain more than eight students at any one time. All students must have completed one (1) semester/quarter of clinical experience, completed a pharmacology course, and have demonstrated competence in the basic nursing skills including CPR prior to beginning the clinical experience at CCHMC.

2. Scheduling. Typically by the first week of April, the School will submit into the Centralized Clinical Placement System (CCPS) the requested number of students and the projected scheduling of said students for the upcoming academic year. These schedules shall include the number of students in each clinical group, the preferred unit/floor for the educational experience, the days and times of clinical experiences, the name of the accompanying instructor(s), and the educational level of the students. A complete list of names of the students in each clinical group must be forwarded to Student Services at least four (4) weeks in advance of the clinical experience.

The School will notify CCHMC in advance of any circumstances that may necessitate changes in scheduling so that alternate arrangements may be made.

Scheduling the clinical experiences is a mutual effort between CCHMC and the School; however, CCHMC reserves the right to make the final scheduling arrangements. At no time may a faculty member make arrangements directly with a clinical department for a non-observational experience.

- a. Length of time for clinical experiences:
 - i. **In-patient units** - no less than eight (8) hours for patient care. Clinicals may be eight or twelve hours in length. Clinical experiences are expected to start at either 7AM or 3PM.
 - ii. **Outpatient clinicals** - must be at least 4 hours for patient care. Start & end times are expected to coincide with clinic hours. Typically, the start times are 8AM for morning clinic; 12:30PM for afternoon clinics.
- b. Clinical rotations are to be no less than four (4) consecutive weeks.
- c. Student preparation: Students are to be prepared to give safe patient care during the clinical experience. CCHMC prefers that student preparation (chart reviews) be done the day prior to clinical. Units experiencing "shorter staying patients" and schools assigned to evening clinicals should negotiate the preparation time between the faculty member with the Unit Director.

3. Qualified clinical faculty member – New clinical faculty should have a minimum of two years pediatric nursing experience in the past five years. All new faculty members will have a general orientation to Cincinnati Children's Hospital Medical Center coordinated through Student Services and also complete a minimum of 16 hours of orientation on the unit of the clinical group.

4. Preceptor Responsibilities - Cincinnati Children's Hospital Medical Center agrees to allow individual nurses to function in a preceptor role when supervising a nursing student in the performance of nursing care for a mutually agreed period of time. Each such nurse who serves in a preceptor role shall supervise only two students at a time, shall work at the direction of a designated university or college faculty member, and shall otherwise comply fully with the requirements of Ohio Administrative Code Chapter 4723-5.

5. New and Returning Clinical Faculty – Cincinnati Children's Hospital Medical Center will offer, at no cost to the college or university, mandatory new and returning clinical faculty sessions in the summer and in December of each year. In the event that a college or university hires a clinical faculty member to instruct students at CCHMC outside of the designated summer and December sessions, CCHMC will charge a fee to provide the faculty orientation session(s).

July 20, 2012

change the outcome®

Denise A. Rohr, Ph.D.
Assistant Dean and Nursing Program Chair
Cincinnati State Technical and Community College
Department of Health and Public Safety - Health Technologies
3520 Central Parkway, 318 HPB
Cincinnati, OH 45223

Dear Assistant Dean Rohr:

The Affiliation Agreement established on January 1, 2009 between Cincinnati State Technical and Community College and Cincinnati Children's Hospital Medical Center pertaining to accredited programs for Undergraduate and/ or Prelicensure Nursing Students has been updated with modifications to Exhibit A and Exhibit B as follows:

- A. Modifications to Exhibits A, the description of the educational experience, include the addition of Preceptor Responsibilities and the assessment of a fee for faculty orientations outside of the designated summer and December sessions offered each year.
- B. Modifications to Exhibit B related to Health Requirements have been updated to include seasonal influenza vaccines and Fitness for Duty in maintaining a drug free environment

Please consider this communication as notice of these changes; with Exhibits A and B included as enclosures.

If you have any questions regarding these modifications, please contact me by phone or e-mail as noted in my signature below.

Best regards



Rhonda Cooper, RN, BSN
Manager, Student Services
Center for Professional Excellence
Cincinnati Children's Hospital Medical Center
MLC 8006
3333 Burnet Ave.
Cincinnati, OH 45229-3039
Phone: (513) 636-4357 fax (513)803-6114
E-mail: rhonda.cooper@cchmc.org

RLC: krc
Enclosures: 2
Copy: File

Cincinnati Children's Hospital Medical Center
3333 Burnet Avenue, Cincinnati, OH 45229-3039 | 513-636-4200 | www.cincinnatichildrens.org
An Equal Opportunity Employer

Exhibit A, Schedule 6 – Undergraduate and/or Prelicensure Nursing Students

1. Number and Level of Students. All nursing student clinical group rotations will be limited to a maximum of **eight (8)** students per qualified faculty member. No clinical groups (this includes observation and floor clinicals) may contain more than eight students at any one time. All students must have completed one (1) semester/quarter of clinical experience, completed a pharmacology course, and have demonstrated competence in the basic nursing skills including CPR prior to beginning the clinical experience at CCHMC.

2. Scheduling. Typically by the first week of April, the School will submit into the Centralized Clinical Placement System (CCPS) the requested number of students and the projected scheduling of said students for the upcoming academic year. These schedules shall include the number of students in each clinical group, the preferred unit/floor for the educational experience, the days and times of clinical experiences, the name of the accompanying instructor(s), and the educational level of the students. A complete list of names of the students in each clinical group must be forwarded to Student Services at least four (4) weeks in advance of the clinical experience.

The School will notify CCHMC in advance of any circumstances that may necessitate changes in scheduling so that alternate arrangements may be made.

Scheduling the clinical experiences is a mutual effort between CCHMC and the School; however, CCHMC reserves the right to make the final scheduling arrangements. At no time may a faculty member make arrangements directly with a clinical department for a non-observational experience.

a. Length of time for clinical experiences:

- i. **In-patient units** - no less than eight (8) hours for patient care. Clinicals may be eight or twelve hours in length. Clinical experiences are expected to start at either 7AM or 3PM.
- ii. **Outpatient clinicals** - must be at least 4 hours for patient care. Start & end times are expected to coincide with clinic hours. Typically, the start times are 8AM for morning clinic; 12:30PM for afternoon clinics.

b. Clinical rotations are to be no less than four (4) consecutive weeks.

c. Student preparation: Students are to be prepared to give safe patient care during the clinical experience. CCHMC prefers that student preparation (chart reviews) be done the day prior to clinical. Units experiencing "shorter staying patients" and schools assigned to evening clinicals should negotiate the preparation time between the faculty member(s) with the Unit Director.

3. Qualified clinical faculty member – New clinical faculty should have a minimum of two years pediatric nursing experience in the past five years. All new faculty members will have a general orientation to Cincinnati Children's Hospital Medical Center coordinated through Student Services and also complete a minimum of 16 hours of orientation on the unit of the clinical group.

4. Preceptor Responsibilities - Cincinnati Children's Hospital Medical Center agrees to allow individual nurses to function in a preceptor role when supervising a nursing student in the performance of nursing care for a mutually agreed period of time. Each such nurse who serves in a preceptor role shall supervise only two students at a time, shall work at the direction of a designated university or college faculty member, and shall otherwise comply fully with the requirements of Ohio Administrative Code Chapter 4723-5.

5. New and Returning Clinical Faculty – Cincinnati Children's Hospital Medical Center will offer, at no cost to the college or university, mandatory new and returning clinical faculty sessions in the summer and in December of each year. In the event that a college or university hires a clinical faculty member to instruct students at CCHMC outside of the designated summer and December sessions, CCHMC will charge a fee to provide the faculty orientation session(s).

EXHIBIT B HEALTH REQUIREMENTS

General health requirements: In accordance with CCHMC policies, all individuals are expected to be in good health and free from ANY infectious diseases that they might transmit to others in the performance of their duties. Individuals with conditions that prevent practicing adequate hand hygiene must not participate in patient care. All individuals are expected to practice STANDARD PRECAUTIONS for all care and Transmission Based Isolation Precautions as applicable to the patients with whom they are involved. In addition the following requirements must be met:

- I. Tuberculosis screening. All individuals are required to provide documentation of screening for tuberculosis.
 - (1) Pre-placement assessment shall include documentation of tuberculin skin test (TST) by the Mantoux method (0.1 mL of 5TU of PPD given intradermally) within 12 months of their start date. Pregnancy or prior histories of Bacille-Guerin (BCG) vaccination are NOT exclusions to such testing.
 - (2) Individuals participating in direct or indirect care activities must have had an additional TST within the 12 month period prior to the TST being reported. This may have been as part of a 2-step TST screening in the current year or as a part of an annual TST program in which they have one TST each of 2 successive years.
 - (3) Individuals with a history of reactive (positive) tuberculin skin tests must provide documentation that they have been evaluated and determined not to have communicable tuberculosis. A copy of the report from chest radiograph within 12 months of anticipated start date at CCHMC must be included. Additional information may be required of these individuals before being assigned to care activities at CCHMC.
- II. Immunity to Measles (Rubeola): All individuals are required to provide documentation of immunity to measles. Immunity is defined by any one of the following criteria:
 - (1) A positive antibody titer to measles (rubeola) on serologic testing
 - (2) Receipt of two (2) measles-containing vaccines (e.g., MMR) after 12 months of age, at least 1 month apart, one dose of which was administered in 1980 or later.
- III. Immunity to Mumps: All individuals are required to provide documentation of immunity to mumps. Immunity is defined by any one of the following criteria:
 - (1) A positive antibody titer to mumps virus on serologic testing
 - (2) Receipt of two (2) mumps-containing vaccines (e.g., MMR) after 12 months of age, at least 1 month apart.
- IV. Immunity to Rubella: All individuals are required to provide documentation of immunity to rubella. Immunity is defined by any one of the following criteria:
 - (1) A positive antibody titer to rubella on serologic testing
 - (2) Receipt of one (1) rubella-containing vaccine (e.g., MMR) after 12 months of age.

V. Immunity to Varicella Zoster Virus (VZV): All direct providers, as well as those who will be working in the immediate patient care environment, are required to provide documentation of VZV immunity. Immunity is defined by any one of the following criteria:

- (1) A history of varicella (chicken pox) or zoster (shingles)
- (2) 2 doses of VZV vaccination 4-8 weeks apart
Prior recipients of 1 dose of vaccine must receive a 2nd vaccine dose
- (3) Serologic testing for antibody to VZV that demonstrates a positive titer
 - a. In individuals who have never received VZV vaccine, positive serology will be considered proof of durable immunity.
 - b. In individuals with a history of VZV vaccine before serologic testing, positive serology cannot be assumed to be proof of durable immunity.

Those individuals meeting criteria 3b must inform the Infection Control Program of any confirmed exposures to active VZV infections (e.g., zoster or shingles) while participating in CCHMC clinical activities. Post exposure serologic testing may be required.

Individuals who develop active VZV infections (e.g., zoster or shingles) shall be restricted from contact with CCHMC patients from the time the lesions appear until all lesions are dry and crusted. These individuals must inform the Infection Control Program if the illness begins within 48 hours of contact with CCHMC patients or staff.

VI. Immunity to Hepatitis B Virus: All individuals with potential exposure to human tissues (e.g., biopsy or pathology specimens), human blood or human body fluids must have documented immunity to or be immunized against hepatitis B virus. The standard is defined by meeting at least one of the following criteria:

- (1) A positive serologic test for hepatitis B surface antibody at 10 IU (international units) or greater
- (2) Documentation of vaccination with three doses of hepatitis B vaccine; the first 2 doses given at least 1 month apart, and the 3rd dose given at least 4 months after the 2nd.

Regardless of hepatitis B immune status, all percutaneous or mucous membrane exposures to human blood or body fluids that are sustained in the performance of duties while at CCHMC must be reported to the Exposure Line at 513-803 OUCH at CCHMC, in addition to any reporting that may be required by the sponsoring institution.

VII. Annual Season influenza vaccination: All persons entering the various campuses of CCHMC must have documented proof of the season flu vaccine. A new vaccination is required each October. A declination can be presented to the Department of Employee Health for the following reasons: allergy to eggs or allergy / sensitivity to the influenza

VIII. Immunity to Pertussis: All clinicians providing direct care should be immunized against Pertussis. The standard is defined by meeting the following criteria:

- (1) Previous primary vaccine series as a child (DTP or DTaP) and 1 dose of Tdap as an adolescent or adult. Tdap can be given 2 years post Td and currently is a one-time, adult dose. Further tetanus immunization should be completed in the form of a Td every 5-10 years. PLEASE NOTE: Tdap was not available prior to Sept 2005!

- IX. Exposure management: In the event a student sustains a percutaneous or mucous membrane exposure to blood or body fluids, first aid should be provided and the clinical preceptor and individual in charge of the unit should be notified immediately.

CCHMC Employee Health Blood Borne Pathogen Hotline must be notified immediately in order to facilitate source patient testing.

The clinical preceptor is responsible for assuring that the student reports immediately to their student health facility approved by their school for post exposure management including testing, treatment or prophylaxis, and counseling.

- X. ***Fitness for Duty: It is the policy of CCHMC to maintain a drug-free workplace as required by the Drug Free Workplace Act of 1988 (Public Law 100-690, title 5, Sub-Title D; 41 U.S.C. 701 to 707). The unlawful manufacture, distribution, possession or use of a controlled substance by students is prohibited in and on CCHMC's owned or controlled property.***

Consistent with the CCHMC Fitness for Duty policy (F-12), no student shall be under the influence of a drug during any part of the educational experience. (For purposes of this policy, alcohol is considered a drug.) Further, no student shall be under the influence of a legally obtained drug while on duty to the extent that such use or influence may impair the ability of the residents; affect the safety of employees, patients, or visitors; impair the job performance; or the safe and efficient operation of the medical center equipment. Violation of this policy by a resident will be reason for removal from the education experience at CCHMC.

CLINICAL AFFILIATION AGREEMENT

PROGRAM CERTIFICATE Agreement
Between CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE &
CLIFTON HEALTHCARE CENTER

This Agreement between CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE (College), an Ohio state-supported institution of higher education created pursuant to O.R.C. Chapter: 3358 with its principal address as 3520 Central Parkway, Cincinnati, OH 45223 and CLIFTON HEALTHCARE CENTER (Facility) with its principal address as 625 Probasco Street, Cincinnati, OH 45220.

WHEREAS, College has established a Nursing Program (Program), certified and accredited by the Ohio Board of Nursing and desires a clinical educational experience for its students; and

WHEREAS, Facility desires to provide a clinical facility for College's clinical education program and has the clinical setting and equipment needed for the Program;

NOW, therefore, the parties, in consideration of the terms and conditions set forth herein, agree as follows:

§ 1.0 Responsibilities of Facility

§ 1.1 Facility will provide suitable clinical learning experience and supervision consistent with the Program's curriculum and objectives in accordance with College's academic calendar. Namely, Facility will provide, to the extent possible, suitable classroom space and facilities, equipment and supplies needed for clinical instruction at Facility.

§ 1.2 Facility will designate appropriate personnel to coordinate the students' clinical learning experience in the Program. Facility shall ensure that an adequate number of its clients are available to provide the College's students with meaningful clinical experiences. It is understood that Program students do not replace Facility staff.

§ 1.3 Facility shall permit, upon reasonable request, the inspection of its facilities and records by College and by agencies responsible for College's accreditation of the Program.

§ 1.4 Facility will provide emergency care in case of illness or accident to any participating student of College, faculty or staff; provided, however, that in no event shall Facility be responsible for the costs of such care.

§ 1.5 Facility shall maintain all certifications, accreditations, and licenses appropriate for its business.

§ 1.6 1.6 Facility agrees and understands that information it may receive from the College may include student records and other personally identifiable information regarding students

("Education Records") protected by the Family Educational Rights and Privacy Act ("FERPA"). To the extent such Education Records must be disclosed to Facility by the College in relation to this Agreement, Facility agrees to use the Education Records consistent with that purpose. Further, Facility agrees that it shall not release information contained in these Education Records and reports, but shall instead refer all requests for information respecting such Education Records to the College.

§ 1.7 Facility shall retain responsibility for all aspects of treatment and care of clients. The ultimate decision for the care and treatment of all clients admitted to the Facility shall remain exclusively with the Facility.

§ 2.0 Responsibilities of College

§ 2.1 College, through its Program Chair, after consultation with Facility, shall plan and oversee the Program. College shall retain ultimate responsibility for the students' grades, evaluations and discipline.

§ 2.2 College will provide and maintain the records and reports necessary for conducting the students' clinical learning experience.

§ 2.3 College will provide Facility with an annual announcement or description of the Program, curriculum and objectives to be achieved at Facility, and the academic calendar of College.

§ 3.0 Application of Facility's Rules & Procedures

§ 3.1 It is understood that College's students and faculty, during clinical training at Facility, will be under the jurisdiction of Facility officials for training purposes and that such persons will be subject to Facility's rules directly related to clinical training.

§ 3.2 College will require students and faculty to comply with Facility's policies and procedures, including, but not limited to, matters relating to: conduct, such as dress code; OSHA safety requirements; and HIPAA regulations pertaining to use and disclosure of individually identifiable information. Facility will provide College a copy of its applicable policies and procedures, prior to the beginning of any covered academic year.

§ 3.3. Health Requirements. Facility will provide College with a list of student health requirements, if applicable. College will require each student to provide written confirmation of compliance with each health requirement listed prior to the student's clinical training at Facility.

§ 3.4 Background Checks. College shall require students to submit to a criminal background check prior to clinical training at Facility. College will make the determination of whether to place a student at Facility based on a list of disqualifying offenses provided by Facility that it normally uses to hire its employees. Facility will provide a copy of such list of disqualifying criminal offenses to College, prior to the beginning of any covered academic year. In absence of direction from Facility as to what constitutes an unacceptable background check result, College will make this determination.

§ 4.0 Student & Faculty Status

§ 4.1 Student eligibility in the Program will be determined by College. College will require each student participating in the clinical experience at Facility to have: 1) received appropriate instruction; 2) satisfactorily completed the prerequisite courses; 3) met health, safety and immunization requirements; and 4) required documentation.

§ 4.2 Solely for the purpose of HIPAA requirements that relate to the use and disclosure of Facility's protected health information, students and College faculty are defined as members of Facility's workforce, as that term is defined by 45 CFR 160.103, for activities conducted pursuant to this Agreement. Students participating in the Program are not employees or agents of either the Facility or the College.

§ 5.0 Student Removal

§ 5.1 Facility will recommend to College the withdrawal of a Program student if: 1) the achievement, progress, or health of the student does not warrant continuation at Facility; or 2) the behavior of the student fails to conform to the applicable regulations of Facility. Facility will assist College, if necessary, in implementing this recommendation.

§ 5.2 Facility reserves the right, exercisable in its discretion after consultation with College, to exclude any student from its premises in the event that such person's conduct or state of health is deemed objectionable or detrimental, having in mind the proper administration of said Facility.

§ 6.0 Term and Termination

§ 6.1 This Agreement shall be effective **August 1, 2018** and shall remain in effect for an initial term of one (1) year.

§ 6.2 Renewal. The term of the Agreement will automatically renew for successive one-year periods, subject to 90 days written notice to not renew by either party.

§ 6.3 Termination. This Agreement may be terminated at any time by either party by giving the other party 90 days advance written notice, provided that students participating in the Program at the end of notice period shall have the opportunity to complete their clinical experience at the Facility.

§ 7.0 Non-Discrimination

Facility and College agree that neither will discriminate against any individual on the basis of age, sex, race, creed, color, national origin, religion, disability, or veteran status, and that Facility agrees to comply with all non-discriminatory laws to which College is subject. General information, questions, concerns or complaints related to these matters may be addressed to the Lawra Baumann, Vice President, Administration, 3520 Central Parkway, Cincinnati, OH 45223.

§ 8.0 Insurance

College and Facility shall maintain liability insurance policies insuring against liability arising from the acts and omissions of its agents and employees. *College will further maintain liability insurance to cover its students engaged in the educational experiences under this Agreement.* The limits of such policies shall not be less than \$1,000,000 per occurrence and \$3,000,000 aggregate through umbrella coverage. Both Facility and College shall provide proof of such coverage to the other party upon request.

§ 9.0 Non-Assignment and Subcontracting

Neither party may assign this Agreement or its rights or obligations hereunder without the prior written consent of the other party, which shall not be unreasonably withheld.

§ 10 Entire Agreement; Modification

This Agreement, including attachments, constitutes the entire understanding between the parties with respect to the subject matter hereof and may be modified only by a writing signed by both parties.

§ 11.0 Governing Law

This Agreement shall be governed by and construed under the laws of the State of Ohio. Any litigation arising out of or relating to this Agreement or the performance shall be brought only in an appropriate court of this State.

§ 12.0 Representation of Authority

Each of the parties that has executed this Agreement through its undersigned authorized representative, and each representative so executing, hereby warrants and represents to the other parties that the undersigned representative has full authority to execute this Agreement on behalf of the party for whom said authorized representative purports to act.

§ 13.0 Miscellaneous

- A. Independent Contractors.** College and Facility, respectively, are independent contractors and neither, by virtue of this Agreement or any act performed pursuant to it, shall be or become the agent of the other nor shall either of them be or become subject to control or right by the other in the performance of any act done pursuant to this Agreement. Students are not considered employees of Facility or College and they shall not be entitled to any salary or employment based benefits.
- B. Use of Name.** Neither party shall use the name, logo, likeness, trademarks, image or other intellectual property of the other party for any advertising, marketing, endorsement or any other purposes without the specific prior written consent of an authorized representative of the other party as to each such use. College may refer to the affiliation with Facility in the College catalog and in other public information materials regarding the relevant College programs.

C. Notice.

Any notice required hereunder shall be made in writing and shall be accomplished by personal delivery, facsimile, or by U.S. Mail, certified, return receipt requested, addressed to the following parties:

Lawra J. Baumann, Ph.D.
Vice President, Administration
3520 Central Parkway
Cincinnati, OH 45223
513.569.1759
513.569.1719 (Fax)
lawra.baumann@cincinnatiohio.gov

Christole Kindred-Lane, RN
Director of Nursing
625 Probasco Street
Cincinnati Ohio, 45220
o: 513.281.2464
f: 513.281.2559
cklaney@chs-comp.com

Preceptor Addendum

Students who are participating in a role transition experience shall be assigned to a nurse preceptor. The facility preceptor shall be responsible for determining the students' scope of practice during the actual clinical experience subject to facility policies, procedures and preceptor guidelines.

The preceptor shall be licensed as a registered nurse and have a minimum of two years experience in professional nursing practice and be considered an expert by peers.

The preceptor shall act in that role for no more than two students at any time.

The individual preceptor retains the right to withdraw from participation at any time. The facility shall attempt to provide an alternative preceptor when possible.

The nursing program shall provide an orientation to the course and preceptor role to all qualified agency preceptors.

The nursing program shall submit to the agency and preceptors a schedule of the proposed student/preceptor pairs that includes course dates, course title and objectives, name of the instructor, and methods of immediately contacting the instructor.

The nursing program instructor will meet with the student and preceptor at least three times during the term to determine whether the course objectives are being achieved.

The nursing program instructor evaluates the student's experience, achievement, and progress in relation to clinical objectives, with input from the preceptor.

The facility maintains ultimate responsibility for all nursing care given to patients by the nursing students while under the direct supervision of the preceptor and indirect supervision of the instructor.

§ 14.0 Severability

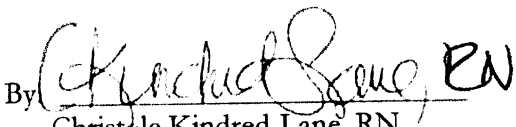
In the event one or more clauses of this Agreement are declared illegal, void or unenforceable, said provision shall be severed. The validity, legality, and enforceability of all other provisions of this Agreement shall not in any way be affected or impaired unless such severance would cause this Agreement to fail of its essential purpose.

IN WITNESS WHEREOF, the authorized representatives of the parties have executed this Agreement on this ____ day of _____, 20__.

CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE

By:  8/14/18
Robbin S. Hoopes Date
Provost

CLIFTON HEALTHCARE CENTER

By:  RN 7/26/18
Christole Kindred-Lane, RN Date
Director of Nursing

CLINICAL AFFILIATION AGREEMENT

PROGRAM CERTIFICATE Agreement Between CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE & IKRON Mental Health Clinic

This Agreement between CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE (College), an Ohio state-supported institution of higher education created pursuant to O.R.C. Chapter: 3354, 3357, 3358 with its principal address as 3520 Central Parkway, Cincinnati, OH 45223 and IKRON (Facility) with its principal address as 2347 Vine St, Cincinnati, OH 45219.

WHEREAS, College has established a Nursing Program (Program), certified and accredited by the Ohio Board of Nursing and desires a clinical educational experience for its students; and

WHEREAS, Facility desires to provide a clinical facility for College's clinical education program and has the clinical setting and equipment needed for the Program;

NOW, therefore, the parties, in consideration of the terms and conditions set forth herein, agree as follows:

§ 1.0 Responsibilities of Facility

§ 1.1 Facility will provide suitable clinical learning experience and supervision consistent with the Program's curriculum and objectives in accordance with College's academic calendar, Namely, Facility will provide, to the extent possible, suitable classroom space and facilities, equipment and supplies needed for clinical instruction at Facility.

§ 1.2 Facility will designate appropriate personnel to coordinate the students' clinical learning experience in the Program. Facility shall ensure that an adequate number of its clients are available to provide the College's students with meaningful clinical experiences. It is understood that Program students do not replace Facility staff.

§ 1.3 Facility shall permit, upon reasonable request, the inspection of its facilities and records by College and by agencies responsible for College's accreditation of the Program.

§ 1.4 Facility will provide emergency care in case of illness or accident to any participating student of College, faculty or staff.

§ 1.5 Facility shall maintain all certifications, accreditations, and licenses appropriate for its business.

§ 1.6 Facility understands that it may generate or otherwise be in possession of confidential educational records regarding the College's students, and that these records are protected by federal law including, inter alia, the Family Education and Privacy Rights Act ("FERPA"), 20 U.S.C.A. §

1232g. Facility further understands that it may not share or disclose these educational records with any party other than the College, without both the College's and student's consent.

§ 1.7 Facility shall retain responsibility for all aspects of treatment and care of patients. The ultimate decision for the care and treatment of all patients admitted to the Facility shall remain exclusively with the Facility.

§ 2.0 Responsibilities of College

§ 2.1 College, through its Program Chair, after consultation with Facility, shall plan and oversee the Program. College shall retain ultimate responsibility for the students' grades, evaluations and discipline.

§ 2.2 College will provide and maintain the records and reports necessary for conducting the students' clinical learning experience.

§ 2.3 College will provide Facility with an annual announcement or description of the Program, curriculum and objectives to be achieved at Facility, and the academic calendar of College.

§ 3.0 Application of Facility's Rules & Procedures

§ 3.1 It is understood that College's students and faculty, during clinical training at Facility, will be under the jurisdiction of Facility officials for training purposes and that such persons will be subject to Facility's rules directly related to clinical training.

§ 3.2 College will require students and faculty to comply with Facility's policies and procedures, including, but not limited to, matters relating to: conduct, such as dress code; OSHA safety requirements; and HIPAA regulations pertaining to use and disclosure of individually identifiable information. Facility will provide College a copy of its applicable policies and procedures, prior to the beginning of any covered academic year.

§ 3.3. Health Requirements. Facility will provide College with a list of student health requirements, if applicable. College will require each student to provide written confirmation of compliance with each health requirement listed prior to the student's clinical training at Facility.

§ 3.4 Background Checks. College shall require students to submit to a criminal background check prior to clinical training at Facility. College will make the determination of whether to place a student at Facility based on a list of disqualifying offenses provided by Facility that it normally uses to hire its employees. Facility will provide a copy of such list of disqualifying criminal offenses to College, prior to the beginning of any covered academic year. In absence of direction from Facility as to what constitutes an unacceptable background check result, College will make this determination.

§ 4.0 Student & Faculty Status

§ 4.1 Student eligibility in the Program will be determined by College. College will require each student participating in the clinical experience at Facility to have: 1) received appropriate

instruction; 2) satisfactorily completed the prerequisite courses; 3) met health, safety and immunization requirements; and 4) required documentation.

§ 4.2 Solely for the purpose of HIPAA requirements that relate to the use and disclosure of Facility's protected health information, students and College faculty are defined as members of Facility's workforce, as that term is defined by 45 CFR 160.103, for activities conducted pursuant to this Agreement. Students participating in the Program are not employees or agents of either the Facility or the College.

§ 5.0 Student Removal

§ 5.1 Facility will recommend to College the withdrawal of a Program student if: 1) the achievement, progress, adjustment, or health of the student does not warrant continuation at Facility; or 2) the behavior of the student fails to conform to the applicable regulations of Facility. Facility will assist College, if necessary, in implementing this recommendation.

§ 5.2 Facility reserves the right, exercisable in its discretion after consultation with College, to exclude any student from its premises in the event that such person's conduct or state of health is deemed objectionable or detrimental, having in mind the proper administration of said Facility.

§ 5.3 College will withdraw a student from Program at Facility if, after consultation with Facility personnel, College determines such action to be warranted.

§ 6.0 Term and Termination

§ 6.1 This Agreement shall be effective 9/8/17-9/8/18.

§ 6.2 Renewal. The term of the Agreement will automatically renew for successive one-year periods, subject to 90 days written notice to not renew by either party.

§ 6.3 Termination. This Agreement may be terminated at any time by either party by giving the other party 90 days advance written notice, provided that students participating in the Program at the end of notice period shall have the opportunity to complete their clinical experience at the Facility.

§ 7.0 Non-Discrimination

Facility and College agree that neither will discriminate against any individual on the basis of age, sex, race, creed, color, national origin, religion, disability, or veteran status, and that Facility agrees to comply with all non-discriminatory laws to which College is subject. General information, questions, concerns or complaints related to these matters may be addressed to the Director of Human Resources, 3520 Central Parkway, Cincinnati, OH 45223.

§ 8.0 Insurance

College and Facility shall maintain liability insurance policies insuring against liability arising from the acts and omissions of its agents and employees. *College will further maintain liability insurance to cover its students engaged in the educational experiences under this Agreement.* The limits of such policies shall

not be less than \$1,000,000 per occurrence and \$3,000,000 aggregate through umbrella coverage. Both Facility and College shall provide proof of such coverage to the other party upon request.

§ 9.0 Non-Assignment and Subcontracting

Facility shall not assign, transfer, or contract for the furnishing of services to be performed under this Agreement without the written approval of College.

§ 10 Entire Agreement; Modification

This Agreement, including attachments, constitutes the entire understanding between the parties with respect to the subject matter hereof and may be modified only by a writing signed by both parties.

§ 11.0 Governing Law

This Agreement shall be governed by and construed under the laws of the State of Ohio. Any litigation arising out of or relating to this Agreement or the performance shall be brought only in an appropriate court of this State.

§ 12.0 Representation of Authority

Each of the parties that has executed this Agreement through its undersigned authorized representative, and each representative so executing, hereby warrants and represents to the other parties that the undersigned representative has full authority to execute this Agreement on behalf of the party for whom said authorized representative purports to act.

§ 13.0 Notice

Any notice required hereunder shall be made in writing and shall be accomplished by personal delivery, facsimile, or by U.S. Mail, certified, return receipt requested, addressed to the following parties:

Bridgett D. Redding, Executive Assistant 2
Health and Public Safety Division, HPB 312
Cincinnati State Technical and Community College
3520 Central Parkway, Cincinnati, OH 45223
513-569-1683
bridgett.redding@cincinnatiastate.edu

Randy Strunk, Executive Director
IKRON Corporation
2347 Vine Street
Cincinnati, OH 45219
513-621-1117, ext. 2060
rstrunk@ikron.org

§ 14.0 Severability

In the event one or more clauses of this Agreement are declared illegal, void or unenforceable, said provision shall be severed. The validity, legality, and enforceability of all other provisions of this Agreement shall not in any way be affected or impaired unless such severance would cause this Agreement to fail of its essential purpose.

IN WITNESS WHEREOF, the authorized representatives of the parties have executed this Agreement on this ____ day of ____, 20__.

CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE

By: 

Robbin S. Hoopes
Provost

Date

10/5/17

IKRON Corporation

By: 

Randy Strunk
Executive Director

Date

9/25/17

Title of Authorized Representative

KETTERING HEALTH NETWORK MASTER AFFILIATION AGREEMENT

THIS AGREEMENT is made this 29 day of Sept, 2020, by and between Kettering Adventist Healthcare d/b/a Kettering Health Network, an Ohio nonprofit corporation ("Hospital") and Cincinnati State Tech & Comm College ("Affiliate")

WHEREAS, Hospital and Affiliate wish to form a relationship to provide educational experiences in a clinical setting for one or more students enrolled at Affiliate in the aforementioned Department or School ("Students"), with the objective of producing competencies in the field of study upon completion of Students' training; and

WHEREAS, this Agreement shall cover and include student placements from Affiliate's above named Department or School and participation in Hospital programs/departments as correspond accordingly; and

WHEREAS, Hospital is willing to allow Students access to its premises under the terms and conditions referred to herein; and

WHEREAS, It is agreed by the aforesaid parties to be of mutual interest and advantage for selected Students to be provided quality educational experiences at the Hospital; and

NOW THEREFORE, in consideration of the mutual promises and covenants hereinafter set forth, it is mutually understood and agreed upon by the parties hereto, as follows:

I. OBLIGATIONS AND RIGHTS OF AFFILIATE

- 1.1. Affiliate will provide written requests to assign Students to the Hospital. The number of students assigned will be subject to the availability of the Hospital's personnel for teaching and supervision as well as subject to the availability of Students. Affiliate shall ordinarily provide the Hospital with the names of Students and dates of educational experiences at least thirty (30) days prior to the Students' arrival.
- 1.2. Affiliate will require Student competence in identifying appropriate levels of supervision. Affiliate will inform Students of their responsibility to inform Affiliate and/or Hospital if any situation of inappropriate supervision arises.

- 1.3. Affiliate reserves the right to revoke any assignment prior to the Student's entry into the educational rotation at the Hospital; or to withdraw the Student from the assigned educational experience when, in Affiliate's judgment, the educational experience no longer meets the needs of the Student.
- 1.4. For each Student involved in an educational experience on Hospital premises, Affiliate shall maintain professional liability insurance or shall require each Student to maintain an individual professional liability policy with limits of at least One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) annual aggregate covering educational experiences provided pursuant to this Agreement. A Certificate of Insurance shall be provided to Hospital prior to the commencement of each educational experience. If employees of the Affiliate will be in the Hospital with the Students during the educational experience, Affiliate shall provide, upon request, evidence of professional liability insurance in the aforementioned amounts and Workers' Compensation insurance covering its employees. If such insurance is "claims made," an extended reporting endorsement ("Tail") for such Professional Liability Insurance shall be purchased in the event of the termination of the Student's services, and Affiliate or the Student shall be responsible for and pay any such Tail insurance premium and any deductible(s) applicable thereto.
- 1.5. Affiliate shall obtain evidence of satisfactory health status as determined by the Hospital pursuant to the standards of the Ohio Department of Health, Communicable Disease Division as further delineated in **Exhibit A**, attached hereto and made a part hereof, for each Student. At Hospital's request Affiliate will provide documentation to Hospital that each Student is in compliance with the Hospital's health and immunization requirements as detailed at **Exhibit A**, attached hereto and incorporated herein by reference
- 1.6. Affiliate shall provide Hospital with documentation evidencing (i) a current criminal records check, enabling Student to work in direct contact with patients in a healthcare setting; and (ii) a current check of the HHS/OIG List of Excluded Individuals/Entities (available at <http://www.oig.hhs.gov>) and the GSA's List of Parties Excluded from Federal Programs (available at <http://www.epls.gov> (collectively "Exclusion Lists").
- 1.7. Affiliate shall provide or otherwise confirm that each Student has received appropriate instruction and has satisfactorily completed the prerequisite portion of the curriculum.

- 1.8. Affiliate shall require that each Student will obtain prior written approval from an authorized representative of the Hospital's administration before publishing any material related to the Student's experience.
- 1.9. Affiliate shall provide each Student with proper identification that at minimum would include the Student's full name, a photo of the Student, and the name of the Affiliate or School. Affiliate shall require that each Student displays identification at all times according to Hospital policy.
- 1.10. Affiliate shall require that each Student is able to provide proof of health insurance to the Hospital and that each Student has knowledge that he/she will be accountable for payment of personal medical expenses as a result of personal illness or injury occurring during the course of the educational experience.
- 1.11. Affiliate understands that as a condition of participation in the educational experience at Hospital, each Student must sign the Individual Student Orientation Form, attached hereto as **Exhibit B** and incorporated by this reference. Affiliate agrees that it shall be responsible for obtaining each participating Student's signature on said form and shall provide Hospital with one originally signed form.
- 1.12. Affiliate shall apprise Students of the requirement to comply with all Hospital policies, procedures and standards of practice while they are present on the Hospital premises.
- 1.13. Affiliate shall inform Students that they shall receive no compensation or benefits of any nature directly or indirectly from Hospital for activities conducted pursuant to this Agreement.
- 1.14. Affiliate will inform Students that as a condition for participation in the educational experience at Hospital, Students must adhere to the obligations as stated in Section II of this Agreement.

II. OBLIGATIONS OF STUDENTS

- 2.1. Students shall handle all confidential information in a professional manner; and under no circumstances will a Student discuss a patient or client with anyone other than the appropriate Hospital or Affiliate staff in a manner which would identify the patient or client. Student will comply with Hospital's HIPAA privacy and security policy applicable to members of the Hospital's work force.

- 2.2. Students shall adhere to all rules, policies, and procedures of the Hospital and department/division to which they are assigned, inclusive of agreeing to abide by the requirements set forth in the Student Orientation Form, attached hereto at **Exhibit B** and incorporated herein by this reference.
- 2.3. Students shall submit an evaluation of their Student placement to their faculty instructor who will summarize the Student's comments for the Hospital.
- 2.4. Students shall provide proof that their health care status meets the requirements of the Affiliate (see Section 1.5) including immune status for Rubella and negative TB test.

III. OBLIGATIONS AND RIGHTS OF THE HOSPITAL

- 3.1. So long as Affiliate and Students fulfill each of the obligations contained herein, Hospital shall allow Students access to its premises.
- 3.2. To the extent possible, Hospital shall exert its best efforts to maximize the quality of the educational experience of all students at the Hospital.
- 3.3. Hospital shall schedule adequate staff to provide the necessary level of care for its patients and shall not rely upon Student participation in determining staffing levels.
- 3.4. Hospital shall maintain ultimate responsibility and authority regarding patient care. Hospital shall not permit Students to practice at the Hospital unless they are under the appropriate supervision of an instructor. Hospital is at all times responsible for administrative and professional supervision of Students performing educational activities at the Hospital under this Agreement and will assure that each Student has a consistent and appropriate level of supervision as detailed at **Exhibit C**, attached hereto and incorporated herein by this reference.
- 3.5. Hospital shall provide the Students with access to first aid, emergency care and medical assessment for illness, accidents or incidents which occur on Hospital property and which require immediate attention. The Student shall be responsible for the cost of any such care. The Hospital agrees to notify Affiliate and, if appropriate and if possible, the Student's parents, guardian, or next of kin, in case of an emergency medical situation.

- 3.6. The Hospital will provide the physical facilities and learning opportunities necessary for the educational experience at Hospital and will provide Affiliate with facility information as required by Affiliate to maintain program accreditation, as applicable.
- 3.7. If Affiliate is unable to provide Students with the required identification, Hospital will provide proper identification for Students.
- 3.8. Hospital will inform Affiliate immediately when a Student is not performing satisfactorily or is demonstrating behavior that is disruptive or detrimental to the Hospital. If the Hospital, in its sole discretion, determines that the continued presence of any Student poses a threat to the welfare of any patient or employee, or is detrimental or disruptive to the performance of Hospital's activities or its operations, said Student's privileges of participating in this program at the Hospital shall be immediately suspended.
- 3.9. Hospital shall maintain professional and general liability insurance in minimum amounts of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) annual aggregate for its employees, and represents that it requires its independent contractors to maintain adequate levels of insurance to cover their acts or omissions which may impact this Agreement.

IV. MUTUAL OBLIGATIONS

- 4.1. Hospital and Affiliate agree to cooperatively establish the learning objectives for the educational experience, devise methods for their implementation, and evaluate the effectiveness of the educational experience.
- 4.2. Neither party shall use illegal discriminatory practices in its employment practices or personnel policies, or in the assignment, acceptance and evaluation of the Students.
- 4.3. Both parties shall maintain the confidentiality of Student records and performance in compliance with applicable state and federal laws, accreditation standards, and Hospital and Affiliate policies.
- 4.4. Both parties expressly acknowledge that Affiliate and its employees and Students are not employees of the Hospital, and that the Hospital is not the employer of any Affiliate employees or Students for the purposes of this Agreement.

- 4.5. Both parties agree to accept and be responsible for own acts or omissions, as well as the acts or omissions of own employees, faculty and/or Students.
- 4.6. Each party accessing or receiving ("Receiving Party") confidential or proprietary information, including without limitation business practices and systems, data processes, clinical processes and outcomes, cost and pricing data, financial information, personnel, student and patient information ("Confidential Information") from the other party ("Disclosing Party") agrees to hold the Confidential Information in strict confidence, and apply at least the same standard of care, but no less than industry standard care, used in protecting its own Confidential Information and not to disclose any Confidential Information to any third party and not to use any Confidential Information of the Disclosing Party without the Disclosing Party's written consent, except as required by law. This provision shall survive the termination of this Agreement.

V. TERM AND TERMINATION

- 5.1. The initial term of this Agreement shall begin on _____ and end on _____. This Agreement will automatically renew for like terms unless otherwise terminated as provided herein.
- 5.2. This Agreement may be terminated without cause or penalty by either party by giving ninety (90) days' prior written notice to the other, provided that Students who are currently in a rotation at Hospital be allowed to complete that rotation without interruption, absent emergent circumstances or other appropriate cause.
- 5.3. This Agreement may be terminated by either party, upon fifteen (15) days prior written notice to the other party, in the event the other party fails or refuses to perform any of its duties and responsibilities under this Agreement; provided, however, that in the event the failure is remedied within fifteen (15) days after such notice is given, such notice shall be null and void and the Agreement shall continue in full force and effect.

VI. HIPAA COMPLIANCE

Affiliate acknowledges that Hospital is bound by law to comply with state and federal law regarding the confidentiality and security of protected health information, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the rules and regulations promulgated thereunder, and the Health Information Technology for

Economic and Clinical Health Act and any regulations thereunder (together, "HITECH"). Accordingly, Affiliate warrants and represents that it will comply with such confidentiality and security regulations and will hold its Students responsible to similarly comply. Affiliate's Faculty or Students shall not remove protected health information from Hospital's premises. Failure to so comply shall result in immediate and automatic suspension of an offending Student from participation in the educational experience at the Hospital.

VII. EXCLUDED PROVIDER

As applicable, Affiliate represents and warrants that, to its reasonable knowledge, Affiliate and its employees and Students are not and at no time have been excluded from participation in any federally funded healthcare program. Affiliate hereby agrees to immediately notify Hospital of any threatened, proposed, or actual exclusion from any federally funded healthcare program. In the event that Affiliate or any of its employees or Students are so excluded during the term of this Agreement, or if at any time after the effective date of this Agreement it is determined that Affiliate is in breach of this Section, this Agreement shall, as of the effective date of such exclusion or breach, automatically terminate.

VIII. MISCELLANEOUS

- 9.1. This Agreement contains the entire agreement between the parties and supersedes all prior agreements, whether written or oral, and may be modified only by a writing signed by both parties.
- 9.2. The failure of either party to insist in any one or more instances upon strict performance of any of the provisions of this Agreement or take advantage of any rights hereunder shall not be construed as a waiver of any such provisions or the relinquishment of any rights, but the same shall continue and remain in full force and effect.
- 9.3. Any notices or other communications required or permitted under this Agreement shall be in writing and shall be deemed to have been duly given and delivered when delivered by a commercially reasonable means of receipted delivery to the recipient at its business address or to such other address as subsequently provided in writing by such recipient.
- 9.4. The exchange of copies of this Agreement and of signature pages by facsimile or electronic transmission will constitute effective execution and delivery of this Agreement as to the parties and may be used in lieu of the original Agreement for all purposes. Signatures of the parties transmitted by facsimile or electronic

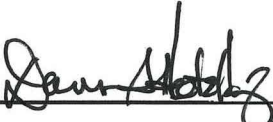
means will be deemed to be their original signatures for all purposes.

- 9.5. This Agreement shall be interpreted under the internal laws of the State of Ohio, and both parties consent to the jurisdiction of courts of competent jurisdiction sitting in Montgomery County, Ohio. The parties waive any venue or inconvenient forum objections to proceeding in such courts and agree to be validly served in connection with any legal proceeding by certified mail addressed as specified for Notices.
- 9.6. Neither Party shall have the right to assign this Agreement to any third party (other than to a successor in interest to substantially all of its assets), and any such attempted assignment will be null and void.
- 9.7. The Parties will comply with all applicable laws and regulations in performing their obligations hereunder. Affiliate acknowledges that Hospital has made available to Affiliate information about the federal false claims act and federal administrative remedies law for false claims and statements, and any related civil or criminal Ohio laws and Hospital's policies and procedures for detecting and preventing fraud. Affiliate agrees to abide by such policies and procedures as to this Agreement and to make such policies and procedures available to Affiliate's employees and Students.
- 9.8. If applicable, the Comptroller General of the United States, the Department of Health and Human Services, and their duly authorized representatives have access to the subcontractor's contract, books, documents, and records until the expiration of four years after the services are furnished under the contract or subcontract.

(Signatures on Following Page)

IN WITNESS WHEREOF, the parties hereto hereby set their hand below.

HOSPITAL

By: 
2/3/2021

Print: Dann Hotelling

Title: Finance & Operations

By: _____

Print: _____

Title: _____

AFFILIATE

By: 

Print: ROBBEN HOOPES

Title: PROVOST

By: _____

Print: _____

Title: _____

Exhibit A

Hospital Health & Immunization Requirements

Affiliate shall, at the Hospital's request, provide documentation to the Hospital that each Student is in compliance with the Hospital's Health and Immunization requirements as listed below:

- Each Kettering Adventist Healthcare d/b/a Kettering Health Network (KHN) campus is required to perform an annual TB risk assessment. Changes to the campuses' risk level may require a modification in their TB screening policy.

1. All Students are required to have a baseline TB screening using a two-step TB skin test (TST) or a single blood assay for M. Tuberculosis (BAMT) to test for infection with M. Tuberculosis within the last twelve (12) months.

2. **Influenza** vaccination is mandatory for all Students.

3. **Rubella** (German measles)

Documentation is required of 1 Rubella vaccination after the first birthday, or a positive Rubella Titer. Blood work is drawn in absence of documentation. The MMR (Measles, Mumps, and Rubella) vaccination is mandatory for a negative titer.

4. **Rubeola** (10 day measles)

Documentation is required of a positive titer or 2 Rubeola vaccinations after the first birthday. Blood work is drawn in absence of documentation. 2 MMR vaccinations are required for a negative titer.

5. **Mumps**

Documentation of 2 MMR vaccines or a positive mumps titer. Blood work is drawn in absence of documentation. 2 MMR vaccinations are required for a negative titer.

6. **Varicella** (Chickenpox)

Documentation of 2 varicella vaccines or a positive varicella titer. Blood work is drawn in absence of documentation. 2 varicella vaccines are required for a negative titer.

7. **Tetanus, Diphtheria, & Pertussis (Tdap)**

Documentation of a one-time dose is recommended for all Students.

8. **Hepatitis B**

Hepatitis B vaccination is recommended for all Students. A signed declination is required for those Students that do not desire the vaccine.

Exhibit B

Kettering Health Network Individual Student Orientation Form

Section I: General Orientation and Code of Conduct

I understand that I am participating in this clinical experience as a volunteer in fulfillment of the requirements of my educational institution for the field in which I am studying. I agree to abide by and be bound by the following statements in return for Kettering Adventist Healthcare d/b/a Kettering Health Network allowing me to participate in an educational experience or training on its premises. I hereby acknowledge that:

1. I am not an employee of the Hospital and expect no compensation or benefits for my services.
2. I have received and completed the Basic Safety Education quiz that includes Emergency Preparedness and Infection Control practices of Kettering Adventist Healthcare d/b/a Kettering Health Network.
3. I will conduct my educational activities at Kettering Adventist Healthcare d/b/a Kettering Health Network only under the supervision of the trainer and the designated Kettering Adventist Healthcare d/b/a Kettering Health Network employee, or an authorized Faculty of Affiliate/School.
4. Kettering Adventist Healthcare d/b/a Kettering Health Network retains the right to remove any person in training at any time at its sole discretion.
5. Before participating in the activities of any unit or department, I will be required to familiarize myself with, and I will fully comply with the policies, procedures, protocols, and standards set forth in the unit or department.
6. I will conduct no study, research or survey without the expressed written permission of Kettering Adventist Healthcare d/b/a Kettering Health Network.
7. I am responsible for the cost of any medical care which I receive from Kettering Adventist Healthcare d/b/a Kettering Health Network for any reason.

Initial: _____

Section II: Standards of Behavior

Kettering Adventist Healthcare d/b/a Kettering Health Network's goal is to enhance a culture that creates lasting, caring experiences for patients and their families each day. Exceeding expectations for care and customer service is the key to our success. I understand that my commitment to abide by the Network Standards of Behavior throughout my student experience helps to achieve the KHN values of requiring care givers to be Trustworthy, Innovative, Caring, Competent, and Collaborative. I understand that the behaviors listed below will be incorporated in my evaluation:

- Honor patients' rights by following privacy guidelines and code of ethics with patients, physicians, co-workers, and guests
- Be Honest and fair in all that I do and accept accountability for my actions
- Recognize and anticipate the needs of others to exceed expectations of those I serve
- Support and appreciate the strengths of others
- Demonstrate a willingness to learn and an openness to process improvement
- Value and respect others, treating them with dignity and kindness and avoid taking it personally if patients and others are impatient or rude
- Seek to understand the physical, emotional, spiritual, and cultural needs of others while respecting their religious beliefs and practices
- Ensure appropriate procedures and guidelines are followed

- Proactively support a culture of safety
- Listen respectfully and avoid defensiveness in verbal and non-verbal communication
- Exhibit willingness to assist others as needed
- Refrain from gossiping and spreading rumors

Initials: _____

Section III: Health and Immunizations

I understand that if I have a known infectious disease, I shall not place myself in areas in which I would jeopardize others in Kettering Adventist Healthcare d/b/a Kettering Health Network. If I become aware that I have or suspect a serious infectious disease, I will notify my instructor or preceptor of KHN Student Experience Coordinator, or Department contact person.

Initial: _____

Section IV: Confidentiality

As a Student Observer of Kettering Adventist Healthcare d/b/a Kettering Health Network (KHN), I agree to observe the privacy rights of the patients and their medical information as regulated by the Federal Health Insurance Portability and Accountability Act of 1996. This means that any individual medical data or information that I may hear, see, or observe is not to be used or disclosed to any individual outside the intent and purpose of patient treatment in relation to the observation visit. The information may be discussed with the people directly involved in conducting the visit. I understand the need for and agree to maintain confidentiality of patient information. This means I cannot read the patient's chart, cannot tell others outside the hospital that this person is in the hospital, and cannot tell or otherwise disclose to anyone any information about the patient. I further understand that if I do disclose patient specific data and information to any unauthorized individual, I may be personally liable for severe fines and penalties.

Initial: _____

Section V: KHN Policy and Behavior

I will conduct my observational activities at Kettering Adventist Healthcare d/b/a Kettering Health Network only under the supervision of the designated Kettering Adventist Healthcare d/b/a Kettering Health Network employee, or an authorized Faculty of Affiliate/School. I will support the philosophy of Kettering Adventist Healthcare d/b/a Kettering Health Network and the department in which the experience is being obtained.

I agree to support Kettering Adventist Healthcare d/b/a Kettering Health Network's policy of professional appearance. Shorts, jeans, capris, sandals, and open toed shoes are not allowed. Each person must be neat, clean and devoid of strong perfumes or body odors. Make-up and nail polish can be used in neutral or moderate shades. Visible tattoos are to be covered. Proper photo ID must be displayed at all times.

I agree to conduct my observational activities in a professional manner. I agree to not smoking and not using illegal drugs or alcohol or foul language anywhere on the premises.

Participation in the educational experience is prohibited unless this statement is signed by the Student.

Signature: _____ Date: _____

Printed name: _____

Exhibit C

Hospital Supervision

The Hospital shall:

1. Provide and assign competent, qualified preceptors:
 - (a) in consultation with the Affiliate/School;
 - (b) in sufficient number to meet the preceptor/Student ratio acceptable to the Hospital and Affiliate.
2. Specify the minimum qualifications for preceptors and maximum preceptor/Student ratios: _____.
3. Instruct preceptors regarding their responsibilities for direct supervision of all clinical procedures, patient care, and documentation performed by Students. The preceptor shall:
 - (a) retain ultimate responsibility for Student experience and performance, even where the preceptor delegates part of the teaching responsibilities to other qualified personnel;
 - (b) directly supervise any Student performing an invasive procedure;
 - (c) reserve the right to restrict the Student assignment;
 - (d) evaluate and document Student performance as directed and provide the results of any evaluations to the Affiliate/School's educational coordinator.

The Affiliate shall:

1. Provide that, prior to the term/rotation, all preceptors receive appropriate orientation to the objectives, policies, and evaluation instruments to be utilized with the Students.
2. Provide academic supervision of the Student and monitoring of the rotation in consultation with the preceptors.
3. Retain ultimate responsibility for Student grades, evaluation, and discipline.
4. Make available to Hospital any evaluations by Students relating to its preceptors, staff, and clinical experiences at Hospital.


IN WITNESS WHEREOF, the parties hereto hereby set their hand below.

HOSPITAL

By:  6/3/02
Print: Dann Hotelling
Title: VP of Finance & Operations

By: _____
Print: _____
Title: _____

AFFILIATE

By: 
Print: ROBBIN HOOPES
Title: PROVOST

By: _____
Print: _____
Title: _____

CLINICAL AFFILIATION AGREEMENT

This Clinical Affiliation Agreement (this "Agreement") is made and entered into this **1st** day of **August, 2018** ("Effective Date") by and between **St. Elizabeth Training and Education Center** on behalf of itself and its designated affiliates and subsidiaries ("St. Elizabeth Training and Education Center" as further defined below) and **Cincinnati State Technical and Community College** ("School") (collectively the "parties" or individually a "party").

WITNESSETH:

WHEREAS, St. Elizabeth Training and Education Center and the School are both organizations with a mission to teach; and

WHEREAS, St. Elizabeth Training and Education Center means St. Elizabeth Fort Thomas and St. Elizabeth Florence and any and all subsidiaries and affiliates of each.

WHEREAS, St. Elizabeth Training and Education Center presently operates facilities for the provision of health and hospital services and permits students in areas of certain facilities to experience educational opportunities (each a "Facility" or collectively, the "Facilities"); and,

WHEREAS, School offers its Biotechnology/Community Health Worker/Diagnostic Medical Sonography/Emergency Medical Technology/Health & Fitness Technology/Health Information Management & Coding Certificate/Medical Assistant Certificate/Health Sciences/Medical Lab Technology/Nursing/Practical Nursing/Nursing Aide/PCA/Medication Aide/Occupational Therapy Assistant/Respiratory Care/Surgical Technology students an accredited educational program(s); and,

WHEREAS, School and St. Elizabeth Training and Education Center previously entered into a Clinical Affiliation Agreement effective March 2014 ("Original Agreement");

WHEREAS, School desire that its students enrolled in a program have the benefits of the educational opportunities available at St. Elizabeth Training and Education Center; and, WHEREAS, St. Elizabeth Training and Education Center and School desire to amend and restate the Original Agreement to formalize their understanding that students enrolled in the School's program(s) will receive education and instruction at St. Elizabeth Training and Education Center. NOW THEREFORE, in consideration of the mutual covenants, agreements and obligations contained in this Agreement and the Original Agreement the parties agree that the Original Agreement is, as of the Effective Date, amended and restated in its entirety to read as follows:

1. Purpose: This Agreement is entered into by the parties for the purpose of effectuating their mutual intention that students enrolled in the School be given the benefit of the educational opportunities at St. Elizabeth Training and Education Center.
2. Independence of the Parties: This Agreement will outline the parties' desires to work cooperatively on certain training and educational programs while respecting the separate identity and integrity of each party. Both parties recognize that in all respects and at all

times, each is and shall continue to be independent and autonomous and that each shall be operated by its respective governing authority and pursuant to all present and future rules and regulations promulgated by such authority.

3. Patient Care: St. Elizabeth Training and Education Center retains ultimate authority for all patient care rendered in its Facilities. The parties understand and acknowledge that all educational efforts and learning experiences shall be subordinate to the sufficient delivery of quality patient care and that all such efforts and experiences shall not interfere with the same.
4. Responsibility for Academic Education: School retains responsibility for the academic education of each of its students. Students who are participating in preceptor clinical experience shall report to a St. Elizabeth Training and Education Center designated preceptor ("Preceptor"). A faculty member of School shall be immediately available to students and Preceptors during the course of the experience. Methods of reaching the School's faculty member shall be provided to both the student and the Preceptor. The faculty will inform the students and Preceptor of all information, goals, objectives and expectations before the experience begins. The Preceptor in collaboration with the faculty member shall be responsible for directing the student's actual clinical experience within the policies, procedures and Preceptor guidelines/expectations of St. Elizabeth Training and Education Center. The School's faculty may seek feedback from the Preceptor in completing the student's clinical evaluation.
5. Term and Termination:
 - a. Term. This Agreement shall commence on the Effective Date and will continue for a term of three (3) years, unless otherwise terminated in accordance with this section. [This agreement will automatically renew for additional one year terms unless canceled by prior written notice from either party at least sixty \(60\) days in advance of any annual expiration date.](#)
 - b. Termination. This Agreement may be terminated by either party without cause by providing sixty (60) days advance written notice of termination. This Agreement may be immediately terminated as necessary at the sole discretion of St. Elizabeth Training and Education Center for the health or safety of employees and patients. In the event of a material breach of this Agreement, the non-breaching party may terminate this Agreement after providing thirty (30) days' written notice to the party in breach if cure is not affected within such period. St. Elizabeth Training and Education Center agrees that they will continue to work with School regarding any Students who may already be in clinical rotations at the time of termination.
6. Scheduling: Scheduling the educational experiences at St. Elizabeth Training and Education Center is a mutual effort between St. Elizabeth Training and Education Center and School, however, St. Elizabeth Training and Education Center reserves the right to make the final scheduling arrangements.
7. St. Elizabeth Training and Education Center's Responsibilities:

- a. The areas and Facilities where students from educational institutions/schools may have educational experiences shall be determined by St. Elizabeth Training and Education Center in its discretion and are subject to change from time to time. St. Elizabeth Training and Education Center shall inform School of the Facility(ies) at which students can have an educational experience for a program prior to the start of the experience.
- b. St. Elizabeth Training and Education Center administrators at its Facilities have responsibility and authority for the implementation, alteration or termination of patient care and other services established at St. Elizabeth Training and Education Center under this Agreement.
- c. St. Elizabeth Training and Education Center shall designate a Preceptor who is responsible for the content, quality and operation of the educational experience. The Preceptor agrees to keep the School apprised of the content and quality of the program in which the School's students participate. The Preceptor also agrees to be the point of contact for the School and to be available to the School for assistance and consultation on any problem related to a student.
- d. St. Elizabeth Training and Education Center shall provide, as it deems necessary, staff members who will supervise the students in the educational experience at St. Elizabeth Training and Education Center.
- e. St. Elizabeth Training and Education Center may request that the School withdraw from the educational experience, any student whose performance is unsatisfactory, whose personal characteristics prevent working relationships or who is unacceptable for any other reason.
- f. St. Elizabeth Training and Education Center reserves the right to refuse to accept any student or faculty assigned to one of its programs by the School and/or terminate any student or faculty who violates any applicable law or regulation and/or St. Elizabeth Training and Education Center or Facility's policy or procedure.
- g. Upon request by the School, St. Elizabeth Training and Education Center shall provide orientation for the School faculty to the Facility's or Facilities' policies and procedures.

8. School Responsibilities

- a. The School will designate a member of the School's staff and submit in writing to St. Elizabeth Training and Education Center the name of the program director who is responsible for the content, quality and operation of the educational program established at the School, to act as the point of contact for St. Elizabeth Training and Education Center, and to be available to St. Elizabeth Training and Education Center for assistance and consultation on any problem related to a student. The School shall notify St. Elizabeth Training and Education Center in writing if it selects a replacement for this individual.

b. The School shall assign students to St. Elizabeth Training and Education Center for experience relevant to their course of study and the School shall delineate in writing to St. Elizabeth Training and Education Center the knowledge and levels of skill of the students assigned to St. Elizabeth Training and Education Center. The School is responsible for the admission of all Students involved in a program including primary verification of references, academic prerequisites, and background information of Students admitted into the program.

c. The School shall be responsible for the selection and planning of student learning experiences in consultation with St. Elizabeth Training and Education Center's staff.

d. The School shall provide St. Elizabeth Training and Education Center with the instructional schedule (i.e., times, days and dates) sixty (60) days prior to the beginning of the schedule.

e. The School shall be responsible for familiarizing itself and its personnel and staff with the policies, procedures, and Facilities, applicable to the educational experience prior to the instruction of students.

f. The School shall:

- (i) provide OSHA education on Protection from Blood Borne Pathogens to students that will have an educational experience in a clinical/patient care area of a Facility;
- (ii) inform students that they must handle all confidential information in a professional manner;
- (iii) inform students that they must adhere to all applicable laws and regulations and all applicable policies, procedures, and standards of conduct of St. Elizabeth Training and Education Center, the Facility, and the program to which they are assigned hereunder;
- (iv) prepare students in theoretical background, basic skills, laboratory training, and proper professional ethics, attitude and behavior; and
- (v) provide students and on-site faculty, if any, performing hereunder with the information necessary to enable students and on-site faculty, if any, to complete St. Elizabeth Training and Education Center's training regarding compliance with the privacy regulations under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA").

The School shall complete the above prior to the students' commencement of the program/education experience.

g. The School shall be responsible for informing all students that they shall not receive any salary, stipends, housing, medical insurance, reimbursement of expenses or any other payments from St. Elizabeth Training and Education Center in association with the educational experiences which are the subject of this Agreement.

h. The School shall inform all students that a background/police check will be conducted by St. Elizabeth Training and Education Center on each participating student. Information obtained from the background/ police check may cause St. Elizabeth Training and Education Center to prohibit a student or students from participating in the education experience.

i. Both parties agree that there will be no financial compensation for the services provided during Students' clinical experience for Medical Assistant students.

It is understood that "An unpaid, supervised practicum of at least 160 contact hours is required in an ambulatory healthcare setting. Compensation/payment, monetary or otherwise, is not permitted for the practicum experience. Non-remuneration included both includes both direct and indirect remuneration. Practicum sites cannot pay the students for their time, be provided with a travel allowance, meal allowance, or any other perk, such as gifts or gift cards, that involves the exchange of funds. However, if students are asked to participate in staff meetings that include a lunch, that is considered collegiality, and is acceptable."

j. The School shall advise St. Elizabeth Training and Education Center of any change in approval or accreditation of School.

9. Orientation and Education Program: St. Elizabeth Training and Education Center shall provide orientation and training materials to School to give to participating students. School shall provide students with all such materials (and students are responsible for reviewing and familiarizing themselves with the information contained in the materials) prior to beginning of the students' educational experience. In addition, all students must complete St. Elizabeth Training and Education Center's required in-person or on-line training required prior to the start of the students educational experience.

10. Students: The students shall not be, for any purpose, employees or agents of St. Elizabeth Training and Education Center nor any of its affiliated corporations, shall not receive compensation from St. Elizabeth Training and Education Center, and shall not represent or hold themselves out to any other person as being employees or agents of St. Elizabeth Training and Education Center nor any of its affiliates.

11. Compliance with laws and policies:

a. In participating in the educational experiences pursuant to this Agreement, the School covenants and agrees that each of its students and on-site faculty, if any, performing hereunder shall comply with all applicable federal, state and local laws, rules and regulations including, but not limited to, laws and regulations regarding confidentiality, privacy and security of health information, including without limitation, HIPAA, and all of St. Elizabeth Training and Education Center's applicable policies and procedures and standards of conduct. Students and on-site faculty, if any, performing hereunder shall successfully complete HIPAA training, as provided by St. Elizabeth Training and Education Center, prior to the beginning of

- the educational experience. Any student or on-site faculty, if any, performing hereunder who has not received certification from St. Elizabeth Training and Education Center evidencing satisfactory completion of St. Elizabeth Training and Education Center's HIPAA training will not be given access to any Facility in conjunction with the educational experiences contemplated by this Agreement.
- b. To the extent School is an "educational agency or institution" subject to the requirements of the Family Educational Rights and Privacy Act ("FERPA"), St. Elizabeth Training and Education Center agrees to maintain the confidentiality of records created pursuant to this Agreement in accordance with applicable FERPA requirements to the extent School makes any such requirements known to St. Elizabeth Training and Education Center in writing and in advance of the start of an educational experience.

Each party acknowledges that information (if any) received from the College regarding its Students may be protected by the Family Educational Rights and Privacy Act ("FERPA"), And agrees to use such information only for the purpose for which it was disclosed and not make available to any third party without first obtaining the student's written consent.

12. Health Records: The School shall provide, in writing, to Preceptor evidence of immunization/testing for each participating student of the following:
- a. Measles, Mumps and Rubella – positive titer or vaccination;
 - b. Tetanus/Diphtheria – within the last ten (10) years;
 - c. Tuberculosis (TB) 2-step Skin Test – within the time frame specified by St. Elizabeth Training and Education Center;
 - d. Varicella – evidence of having had chicken pox or received varicella immunization;
 - e. Seasonal flu vaccine – yearly.
13. Drug-free workplace: It is St. Elizabeth Training and Education Center's policy to maintain a drug-free workplace as required by the Drug Free Workplace Act of 1988 (41 U.S.C. 701-707). The unlawful manufacture, distribution, possession or use of a controlled substance by students is prohibited in St. Elizabeth Training and Education Center's owned or controlled property. Students shall not be under the influence of any illegal drug during any part of the educational experience at St. Elizabeth Training and Education Center nor under the influence of alcohol. Further, while participating in an educational experience at St. Elizabeth Training and Education Center, no student shall be under the influence of a legally obtained drug if such use or influence may impair the ability of students; affect the safety of employees, patients, and/or visitors; impair job performance or the safe and efficient operation of St. Elizabeth Training and Education Center equipment.
14. Non-Discrimination: No unlawful discrimination shall occur against any student by the School or by St. Elizabeth Training and Education Center.
15. Insurance: No person, including all students and any School faculty members who are on-site at a St. Elizabeth Training and Education Center Facility, shall participate in the educational experiences set forth in this Agreement unless there is in full force and effect a

policy or policies of professional malpractice insurance covering each person in such coverages and amounts as St. Elizabeth Training and Education Center may require. St. Elizabeth Training and Education Center shall be listed as an additional named insured on such policy. Such insurance requirement per person shall be \$1,000,000 for each claim and \$3,000,000 for aggregate claims. Such insurance shall be obtained from a reputable insurance company authorized to sell general and professional liability insurance policies in the state of Ohio or may be provided through an acceptable self-insurance program. Such insurance must have an "A" or higher rating by AM Best. School upon request by St. Elizabeth Training and Education Center shall furnish appropriate evidence to St. Elizabeth Training and Education Center of the existence of such insurance. School agrees to provide St. Elizabeth Training and Education Center written notice of the cancellation of any liability insurance policy at least thirty (30) days prior to any such cancellation, or as soon as possible if notice is received less than thirty (30) days before the effective date of the cancellation.

16. Obligations in the event of a claim: **In** the event that either St. Elizabeth Training and Education Center or School becomes aware of any alleged injury arising out of the care and treatment of an individual at St. Elizabeth Training and Education Center involving a student, each party has a duty to give the other written notice containing the particulars sufficient to identify the name and address of the allegedly injured person, the place of the alleged incident and the address of the available witnesses. Subject to the terms of the respective professional liability and malpractice insurance policies, each of the parties hereto shall cooperate with each other in preparing for any litigation arising from the alleged injury discussed above.

17. Indemnification:

To the extent School is a public entity and prohibited by applicable law from agreeing to indemnify St. Elizabeth Training and Education Center pursuant to this Agreement, this Section 17 shall be void in its entirety and of no effect.

- a. St. Elizabeth Training and Education Center shall indemnify and hold harmless School, its employees, staff, faculty, and students from and against any and all claims, demands, actions, liabilities, and expenses (including reasonable attorney fees) arising out of the negligence or intentional misconduct of St. Elizabeth Training and Education Center, its employees and agents, in connection with responsibilities created by this Agreement.
- b. School shall indemnify and hold harmless St. Elizabeth Training and Education Center, its officers, trustees, employees, agents, servants, and representatives from and against any and all claims demands, actions, liabilities, and expenses (including reasonable attorney fees) arising out of the negligence or intentional misconduct of School, its students, representatives, faculty, servants, employees, and agents in connection with responsibilities created by this Agreement.

18. Medical records: All medical records maintained by St. Elizabeth Training and Education Center shall remain the property of St. Elizabeth Training and Education Center.

19. Modification and waiver: A modification waiver of any of the provisions of this Agreement shall be effective only if made in writing and executed with the same formality as this Agreement. The failure of either party to insist upon strict performance of any of the provisions of this Agreement shall not be construed as a waiver or any subsequent default of the same or similar nature.
20. Governing Law and Venue: This Agreement shall be governed by and construed in accordance with the laws of the state of Ohio (regardless of the laws that might be applicable under principles of conflicts of law) as to all matters, including without limitation, matters of validity, construction, effect, and performance. This Section shall survive termination of this Agreement.
21. Entire Agreement: This Agreement contains the entire understanding of the parties, and there are no representations, warranties, covenants or undertakings other than those expressly set forth herein.
22. Section Headings: All section headings are inserted for convenience and shall not affect the construction or interpretation of this Agreement.
23. Assignment: This Agreement shall not be assigned by one party without the prior written consent of the other party having been first duly obtained.
24. Invalidity/Excluded Provider Assurances: In the event a government, administrative or legislative amendment is made to the provisions of the Social Security Act, or in the event of a court decision or government statement that would render this Agreement illegal, or give rise to the reasonable belief by either party that this Agreement may be in violation of any law, the party shall attempt in good faith to renegotiate the provisions of the Agreement. If an agreement can not be reached within thirty (30) days, this Agreement may be immediately terminated by either party. In addition, in an effort to comply with the requirements of S 1128(b) of the Social Security Act, and the regulations promulgated thereafter, St. Elizabeth Healthcare and the School mutually certify and warrant as follows: that the goods or services being furnished and the charges for this same, are in compliance with the requirements of Medicare, Medicaid and state law. that School, or any individual assigned by School to provide services pursuant to this Agreement, specifically including all Students, is not and at no time has been excluded from participation in any federally funded health care program, including Medicare and Medicaid. School hereby agrees to immediately notify St. Elizabeth Healthcare of any threatened, proposed, or actual exclusion of School or any individual providing services to St. Elizabeth Training and Education Center, including any Student, from any federally funded health care program, including Medicare and Medicaid. In the event that School or any individual providing services to St. Elizabeth Training and Education Center, including any Student, is excluded from participation in any federally funded health care program during the term of this Agreement, or if at any time after the commencement date it is determined that School or any individual providing services to St. Elizabeth Training and Education Center, including any Student, is in breach of this section, this Agreement shall automatically terminate as of the date of such exclusion or breach. School further agrees that any individual employed or contracted by School who is excluded

from participation in federally funded health care programs during the term of this Agreement shall automatically be deemed ineligible and/or removed from providing any additional services to St. Elizabeth Training and Education Center pursuant to this Agreement.

25. No Kickback: Nothing in this Agreement shall be construed as an offer for payment by one party to the other party of cash or other remuneration, either directly or indirectly, in exchange for patient referrals or for arrangements for or recommendations for any item or service.
26. Jeopardy: Notwithstanding anything to the contrary herein contained, in the event the performance by either party hereto of any term, covenant, condition or provision of this Agreement jeopardizes the licensure of any Facility, its participation in or the payment or reimbursement from, the Medicare, state sponsored Medicaid program, Blue Cross or other reimbursement or payment programs, or its full accreditation by the Joint Commission on Accreditation of Healthcare Organizations or any other state or nationally recognized accreditation organization, or the tax-exempt status of any Facility, any of its property or financing (or the interest income thereon, as applicable), or will prevent or prohibit any physician, or any other health care professionals or their patients from utilizing any Facility or any of its services, or if for any other reason said performance should be in violation of any statute, ordinance, or be otherwise deemed illegal, or be deemed unethical by any recognized body, agency, or association in the medical or hospital fields, St. Elizabeth Healthcare may at its option (i) terminate this Agreement immediately; or (ii) initiate negotiations to resolve the matter through amendments to this Agreement and if the parties are unable to resolve the matter within thirty (30) days thereafter, St. Elizabeth Training and Education Center may, at its option, terminate this Agreement immediately.
27. Assignment: School may not assign, encumber or transfer this Agreement in whole or in part nor grant a license or concession in connection therewith without the prior written consent of St. Elizabeth Training and Education Center. This prohibition shall include any act which has the effect of an assignment or transfer in which occurs by operation of law.
28. Entire Agreement: This Agreement supersedes all previous contracts or agreements between the parties which respect of the same subject matter, including the Original Agreement, and does constitute the entire Agreement between the parties hereto. There are no agreements, representations, or warranties between or among the parties other than those set forth in this Agreement or the documents and agreements referred to in this Agreement.
29. Endorsements: Neither party shall use the name of the other party in any promotional or advertising material unless such party has received the prior written consent of the party whose name is to be used. Both parties shall deal with each other publicly and privately in an atmosphere of mutual respect and support, and each party shall maintain good public and patient relations and efficiently handle complaints and inquiries with respect to the services provided under this Agreement.
30. Independent Contractors: The parties to this Agreement are independent contractors.

Neither institution is authorized or permitted to act as an agent or employee of the other. Nothing in this Agreement shall in any way alter the freedom enjoyed by either institution, nor shall it in any way alter the control of the management, assets, and affairs of the respective institutions. Neither party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.

31. Access to Books and Records: If and to the extent required by Section 1395x(v)(1)(1) of Title 42 of the United States Code, until the expiration of four (4) years after the termination of this Agreement, School shall make available, upon written request by the Secretary of the Department of Health and Human Services, or upon request by the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of this Agreement, and such books, documents and records as are necessary to certify the nature and extent of the costs of the services provided by School under this Agreement. School further agrees that in the event School carries out any of its duties under this Agreement through a subcontract with a related organization with a value or cost of Ten Thousand Dollars (\$10,000.00) or more over a twelve (12) month period, such subcontract shall contain a provision requiring the related organization to make available until the expiration of four (4) years after the furnishing of such services pursuant to such subcontract upon written request to the Secretary of the United States Department of Health and Human Services, or upon request to the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of such subcontract and such books, documents and records of such organization as are necessary to verify the nature and extent of such costs. This provision shall survive termination of this Agreement.
32. It is specifically understood and agreed that nothing contained in this paragraph or elsewhere in this Agreement will be construed as: an express or implied waiver by the College of its governmental immunity or of its state of governmental immunity; an express or implied acceptance by the College of liabilities arising as a result of actions which lie in tort or in excess of the liabilities allowable under the applicable governmental immunity laws; or, a pledge of the full faith and credit of a debtor contract; or, as the assumption by the College of a debt, contract, or liability of St. Elizabeth Training and Education Center.
33. Notices: All notices to be given under this Agreement shall be in writing and shall be deemed to have been given and served when delivered in person, via overnight delivery, or mailed, postage pre-paid, to the parties at the following addresses:

St. Elizabeth Training & Education Center

Lisa Blank: MS,BSN,RN,PHR,SHRM-CP
System Director Organizational
Development/Education Engagement
3861 Olympic Boulevard
Erlanger, KY 41018
859-655-4374

Cincinnati State Technical & Community College

Lawra Baumann
Vice President of Administration
3520 Central Parkway
Cincinnati, OH 45223
513-569-1759

34. Counterparts: This Agreement may be executed in more than one counterpart, each of which shall be considered an original.

**St. Elizabeth Training & Education
Center**

BY: _____
Lisa Blank, MS, BSN, RN, PHR, SHRM-CP
System Director Organizational
Development/Education Engagement

DATE: _____

**Cincinnati State Technical & Community
College**

BY: _____
Robbin Hoopes
Provost

DATE: _____

Preceptor Addendum

Students who are participating in a role transition experience shall be assigned to a nurse preceptor. The AGENCY preceptor shall be responsible for determining the students' scope of practice during the actual clinical experience subject to AGENCY policies, procedures and preceptor guidelines.

The preceptor shall be licensed as a registered nurse or licensed practical nurse, have a minimum of two years' experience in professional nursing practice and be considered an expert by peers.

The preceptor shall act in that role for no more than two students at any time.

The individual preceptor retains the right to withdraw from participation at any time. The AGENCY shall attempt to provide an alternative preceptor when possible.

The nursing program shall provide an orientation to the course and preceptor role to all qualified agency preceptors.

The nursing program shall submit to the agency and preceptors a schedule of the proposed student/preceptor pairs that includes course dates, course title and objectives, name of the instructor, and methods of immediately contacting the instructor.

The nursing program instructor will meet with the student and preceptor at least three times during the term to determine whether the course objectives are being achieved.

The nursing program instructor evaluates the student's experience, achievement, and progress in relation to clinical objectives, with input from the preceptor.

The AGENCY maintains ultimate responsibility for all nursing care given to patients by the nursing students while under the direct supervision of the preceptor and indirect supervision of the instructor.

APPENDIX

St. Elizabeth Training and Education Center consists of the following entities affiliated with the **Medical Laboratory** Technician Program:

St. Elizabeth Fort Thomas
St. Elizabeth Florence

AMENDED AND RESTATED STUDENT AFFILIATION AGREEMENT

This Amended and Restated Student Affiliation Agreement (this "Agreement") is made and entered into this 19 day of February, 2018 ("Effective Date") by and between **TriHealth, Inc.**, on behalf of itself and its designated affiliates and subsidiaries ("TriHealth" as further defined below) and **Cincinnati State Technical and Community College** ("School") (collectively the "parties" or individually a "party").

WITNESSETH:

WHEREAS, TriHealth and the School are both organizations with a mission to teach; and

WHEREAS, TriHealth means TriHealth, Inc., Good Samaritan Hospital, Bethesda Hospital Inc. the McCullough-Hyde Memorial Hospital Incorporated, TriHealth G, LLC, TriHealth H, LLC and any and all subsidiaries and affiliates of each.

WHEREAS, TriHealth presently operates facilities for the provision of health and hospital services and permits students in areas of certain facilities to experience educational opportunities (each a "Facility" or collectively, the "Facilities"); and,

WHEREAS, School offers its Biotechnology/Community Health Worker/Diagnostic Medical Sonography/Emergency Medical Technology/Health & Fitness Technology/Health Information Management & Coding Certificate/Medical Assistant Certificate/Health Sciences/Medical Lab Technology/Nursing/Practical Nursing/Nursing Aide/PCA/Medication Aide/Occupational Therapy Assistant/Respiratory Care/Surgical Technology students an accredited educational program(s); and,

WHEREAS, School and TriHealth previously entered into a Student Affiliation Agreement effective July 28th, 2003 ("Original Agreement");

WHEREAS, School desire that its students enrolled in a program have the benefits of the educational opportunities available at TriHealth; and, WHEREAS, TriHealth and School desire to amend and restate the Original Agreement to formalize their understanding that students enrolled in the School's program(s) will receive education and instruction at TriHealth. NOW THEREFORE, in consideration of the mutual covenants, agreements and obligations contained in this Agreement and the Original Agreement the parties agree that the Original Agreement is, as of the Effective Date, amended and restated in its entirety to read as follows:

1. **Purpose:** This Agreement is entered into by the parties for the purpose of effectuating their mutual intention that students enrolled in the School be given the benefit of the educational opportunities at TriHealth.
2. **Independence of the Parties:** This Agreement will outline the parties' desires to work cooperatively on certain training and educational programs while respecting the separate identity and integrity of each party. Both parties recognize that in all respects and at all times, each is and shall continue to be independent and autonomous and that each shall be

operated by its respective governing authority and pursuant to all present and future rules and regulations promulgated by such authority.

3. **Patient Care:** TriHealth retains ultimate authority for all patient care rendered in its Facilities. The parties understand and acknowledge that all educational efforts and learning experiences shall be subordinate to the sufficient delivery of quality patient care and that all such efforts and experiences shall not interfere with the same.
4. **Responsibility for Academic Education:** School retains responsibility for the academic education of each of its students. Students who are participating in preceptor clinical experience shall report to a TriHealth designated preceptor ("Preceptor"). A faculty member of School shall be immediately available to students and Preceptors during the course of the experience. Methods of reaching the School's faculty member shall be provided to both the student and the Preceptor. The faculty will inform the students and Preceptor of all information, goals, objectives and expectations before the experience begins. The Preceptor in collaboration with the faculty member shall be responsible for directing the student's actual clinical experience within the policies, procedures and Preceptor guidelines/expectations of TriHealth. The School's faculty may seek feedback from the Preceptor in completing the student's clinical evaluation.
5. **Term and Termination:**
 - a. **Term.** This Agreement shall commence on the Effective Date and will continue for a term of three (3) years, unless otherwise terminated in accordance with this section. This agreement will automatically renew for additional one year terms unless canceled by prior written notice from either party at least sixty (60) days in advance of any annual expiration date.
 - b. **Termination.** This Agreement may be terminated by either party without cause by providing sixty (60) days advance written notice of termination. This Agreement may be immediately terminated as necessary at the sole discretion of TriHealth for the health or safety of employees and patients. In the event of a material breach of this Agreement, the non-breaching party may terminate this Agreement after providing thirty (30) days' written notice to the party in breach if cure is not affected within such period. TriHealth agrees that they will continue to work with School regarding any Students who may already be in clinical rotations at the time of termination.
6. **Scheduling:** Scheduling the educational experiences at TriHealth is a mutual effort between TriHealth and School, however, TriHealth reserves the right to make the final scheduling arrangements.
7. **TriHealth's Responsibilities:**
 - a. The areas and Facilities where students from educational institutions/schools may have educational experiences shall be determined by TriHealth in its discretion and are subject to change from time to time. TriHealth shall inform School of the Facility(ies)

at which students can have an educational experience for a program prior to the start of the experience.

b. TriHealth administrators at its Facilities have responsibility and authority for the implementation, alteration or termination of patient care and other services established at TriHealth under this Agreement.

c. TriHealth shall designate a Preceptor who is responsible for the content, quality and operation of the educational experience. The Preceptor agrees to keep the School apprised of the content and quality of the program in which the School's students participate. The Preceptor also agrees to be the point of contact for the School and to be available to the School for assistance and consultation on any problem related to a student.

d. TriHealth shall provide, as it deems necessary, staff members who will supervise the students in the educational experience at TriHealth.

e. TriHealth may request that the School withdraw from the educational experience, any student whose performance is unsatisfactory, whose personal characteristics prevent working relationships or who is unacceptable for any other reason.

f. TriHealth reserves the right to refuse to accept any student or faculty assigned to one of its programs by the School and/or terminate any student or faculty who violates any applicable law or regulation and/or TriHealth or Facility's policy or procedure.

g. Upon request by the School, TriHealth shall provide orientation for the School faculty to the Facility's or Facilities' policies and procedures.

8. School Responsibilities

a. The School will designate a member of the School's staff and submit in writing to TriHealth the name of the program director who is responsible for the content, quality and operation of the educational program established at the School, to act as the point of contact for TriHealth, and to be available to TriHealth for assistance and consultation on any problem related to a student. The School shall notify TriHealth in writing if it selects a replacement for this individual.

b. The School shall assign students to TriHealth for experience relevant to their course of study and the School shall delineate in writing to TriHealth the knowledge and levels of skill of the students assigned to TriHealth. The School is responsible for the admission of all Students involved in a program including primary verification of references, academic prerequisites, and background information of Students admitted into the program.

c. The School shall be responsible for the selection and planning of student learning experiences in consultation with TriHealth's staff.

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d. The School shall provide TriHealth with the instructional schedule (i.e., times, days and dates) sixty (60) days prior to the beginning of the schedule.

e. The School shall be responsible for familiarizing itself and its personnel and staff with the policies, procedures, and Facilities, applicable to the educational experience prior to the instruction of students.

f. The School shall:

- (i) provide OSHA education on Protection from Blood Borne Pathogens to students that will have an educational experience in a clinical/patient care area of a Facility;
- (ii) inform students that they must handle all confidential information in a professional manner;
- (iii) inform students that they must adhere to all applicable laws and regulations and all applicable policies, procedures, and standards of conduct of TriHealth, the Facility, and the program to which they are assigned hereunder;
- (iv) prepare students in theoretical background, basic skills, laboratory training, and proper professional ethics, attitude and behavior; and
- (v) provide students and on-site faculty, if any, performing hereunder with the information necessary to enable students and on-site faculty, if any, to complete TriHealth's training regarding compliance with the privacy regulations under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA").

The School shall complete the above prior to the students' commencement of the program/education experience.

g. The School shall be responsible for informing all students that they shall not receive any salary, stipends, housing, medical insurance, reimbursement of expenses or any other payments from TriHealth in association with the educational experiences which are the subject of this Agreement.

h. The School shall inform all students that a background/police check will be conducted by TriHealth on each participating student. Information obtained from the background/police check may cause TriHealth to prohibit a student or students from participating in the education experience.

i. The School shall advise TriHealth of any change in approval or accreditation of School.

9. Orientation and Education Program: TriHealth shall provide orientation and training materials to School to give to participating students. School shall provide students with all such materials (and students are responsible for reviewing and familiarizing themselves with the information contained in the materials) prior to beginning of the students' educational

experience. In addition, all students must complete TriHealth's required in-person or on-line training required prior to the start of the students educational experience.

10. **Students:** The students shall not be, for any purpose, employees or agents of TriHealth nor any of its affiliated corporations, shall not receive compensation from TriHealth, and shall not represent or hold themselves out to any other person as being employees or agents of TriHealth nor any of its affiliates.

11. Compliance with laws and policies:

- a. In participating in the educational experiences pursuant to this Agreement, the School covenants and agrees that each of its students and on-site faculty, if any, performing hereunder shall comply with all applicable federal, state and local laws, rules and regulations including, but not limited to, laws and regulations regarding confidentiality, privacy and security of health information, including without limitation, HIPAA, and all of TriHealth's applicable policies and procedures and standards of conduct. Students and on-site faculty, if any, performing hereunder shall successfully complete HIPAA training, as provided by TriHealth, prior to the beginning of the educational experience. Any student or on-site faculty, if any, performing hereunder who has not received certification from TriHealth evidencing satisfactory completion of TriHealth's HIPAA training will not be given access to any Facility in conjunction with the educational experiences contemplated by this Agreement.
- b. To the extent School is an "educational agency or institution" subject to the requirements of the Family Educational Rights and Privacy Act ("FERPA"), TriHealth agrees to maintain the confidentiality of records created pursuant to this Agreement in accordance with applicable FERPA requirements to the extent School makes any such requirements known to TriHealth in writing and in advance of the start of an educational experience.

Each party acknowledges that information (if any) received from the College regarding its students may be protected by the Family Educational Rights and Privacy Act ("FERPA"), and agrees to use such information only for the purpose for which it was disclosed and not make available to any third party without first obtaining the student's written consent.

12. Health Records: The School shall provide, in writing, to Preceptor evidence of immunization/testing for each participating student of the following:

- a. Measles, Mumps and Rubella – positive titer or vaccination;
- b. Tetanus/Diphtheria – within the last ten (10) years;
- c. Tuberculosis (TB) 2-step Skin Test – within the time frame specified by TriHealth;
- d. Varicella – evidence of having had chicken pox or received varicella immunization;
- e. Seasonal flu vaccine – yearly.

13. Drug-free workplace: It is TriHealth's policy to maintain a drug-free workplace as required by the Drug Free Workplace Act of 1988 (41 U.S.C. 701-707). The unlawful manufacture,

distribution, possession or use of a controlled substance by students is prohibited in TriHealth's owned or controlled property. Students shall not be under the influence of any illegal drug during any part of the educational experience at TriHealth nor under the influence of alcohol. Further, while participating in an educational experience at TriHealth, no student shall be under the influence of a legally obtained drug if such use or influence may impair the ability of students; affect the safety of employees, patients, and/or visitors; impair job performance or the safe and efficient operation of TriHealth equipment.

14. **Non-Discrimination:** No unlawful discrimination shall occur against any student by the School or by TriHealth.
15. **Insurance:** No person, including all students and any School faculty members who are on-site at a TriHealth Facility, shall participate in the educational experiences set forth in this Agreement unless there is in full force and effect a policy or policies of professional malpractice insurance covering each person in such coverages and amounts as TriHealth may require. TriHealth shall be listed as an additional named insured on such policy. Such insurance requirement per person shall be \$1,000,000 for each claim and \$3,000,000 for aggregate claims. Such insurance shall be obtained from a reputable insurance company authorized to sell general and professional liability insurance policies in the state of Ohio or may be provided through an acceptable self-insurance program. Such insurance must have an "A" or higher rating by AM Best. School upon request by TriHealth shall furnish appropriate evidence to TriHealth of the existence of such insurance. School agrees to provide TriHealth written notice of the cancellation of any liability insurance policy at least thirty (30) days prior to any such cancellation, or as soon as possible if notice is received less than thirty (30) days before the effective date of the cancellation.
16. **Obligations in the event of a claim:** In the event that either TriHealth or School becomes aware of any alleged injury arising out of the care and treatment of an individual at TriHealth involving a student, each party has a duty to give the other written notice containing the particulars sufficient to identify the name and address of the allegedly injured person, the place of the alleged incident and the address of the available witnesses. Subject to the terms of the respective professional liability and malpractice insurance policies, each of the parties hereto shall cooperate with each other in preparing for any litigation arising from the alleged injury discussed above.

17. **Indemnification:**

To the extent School is a public entity and prohibited by applicable law from agreeing to indemnify TriHealth pursuant to this Agreement, this Section 17 shall be void in its entirety and of no effect.

- a. TriHealth shall indemnify and hold harmless School, its employees, staff, faculty, and students from and against any and all claims, demands, actions, liabilities, and expenses (including reasonable attorney fees) arising out of the negligence or intentional misconduct of TriHealth, its employees and agents, in connection with responsibilities created by this Agreement.

- 11
- b. School shall indemnify and hold harmless TriHealth, its officers, trustees, employees, agents, servants, and representatives from and against any and all claims demands, actions, liabilities, and expenses (including reasonable attorney fees) arising out of the negligence or intentional misconduct of School, its students, representatives, faculty, servants, employees, and agents in connection with responsibilities created by this Agreement.
18. Medical records: All medical records maintained by TriHealth shall remain the property of TriHealth.
19. Modification and waiver: A modification waiver of any of the provisions of this Agreement shall be effective only if made in writing and executed with the same formality as this Agreement. The failure of either party to insist upon strict performance of any of the provisions of this Agreement shall not be construed as a waiver or any subsequent default of the same or similar nature.
20. Governing Law and Venue: This Agreement shall be governed by and construed in accordance with the laws of the state of Ohio (regardless of the laws that might be applicable under principles of conflicts of law) as to all matters, including without limitation, matters of validity, construction, effect, and performance. This Section shall survive termination of this Agreement.
21. Entire Agreement: This Agreement contains the entire understanding of the parties, and there are no representations, warranties, covenants or undertakings other than those expressly set forth herein.
22. Section Headings: All section headings are inserted for convenience and shall not affect the construction or interpretation of this Agreement.
23. Assignment: This Agreement shall not be assigned by one party without the prior written consent of the other party having been first duly obtained.
24. Invalidity/Excluded Provider Assurances: In the event a government, administrative or legislative amendment is made to the provisions of the Social Security Act, or in the event of a court decision or government statement that would render this Agreement illegal, or give rise to the reasonable belief by either party that this Agreement may be in violation of any law, the party shall attempt in good faith to renegotiate the provisions of the Agreement. If an agreement can not be reached within thirty (30) days, this Agreement may be immediately terminated by either party. In addition, in an effort to comply with the requirements of S 1128(b) of the Social Security Act, and the regulations promulgated thereafter, TriHealth and the School mutually certify and warrant as follows: that the goods or services being furnished and the charges for this same, are in compliance with the requirements of Medicare, Medicaid and state law. that School, or any individual assigned by School to provide services pursuant to this Agreement, specifically including all Students, is not and at

no time has been excluded from participation in any federally funded health care program, including Medicare and Medicaid. School hereby agrees to immediately notify TriHealth of any threatened, proposed, or actual exclusion of School or any individual providing services to TriHealth, including any Student, from any federally funded health care program, including Medicare and Medicaid. In the event that School or any individual providing services to TriHealth, including any Student, is excluded from participation in any federally funded health care program during the term of this Agreement, or if at any time after the commencement date it is determined that School or any individual providing services to TriHealth, including any Student, is in breach of this section, this Agreement shall automatically terminate as of the date of such exclusion or breach. School further agrees that any individual employed or contracted by School who is excluded from participation in federally funded health care programs during the term of this Agreement shall automatically be deemed ineligible and/or removed from providing any additional services to TriHealth pursuant to this Agreement.

25. **No Kickback:** Nothing in this Agreement shall be construed as an offer for payment by one party to the other party of cash or other remuneration, either directly or indirectly, in exchange for patient referrals or for arrangements for or recommendations for any item or service.
26. **Jeopardy:** Notwithstanding anything to the contrary herein contained, in the event the performance by either party hereto of any term, covenant, condition or provision of this Agreement jeopardizes the licensure of any Facility, its participation in or the payment or reimbursement from, the Medicare, state sponsored Medicaid program, Blue Cross or other reimbursement or payment programs, or its full accreditation by the Joint Commission on Accreditation of Healthcare Organizations or any other state or nationally recognized accreditation organization, or the tax-exempt status of any Facility, any of its property or financing (or the interest income thereon, as applicable), or will prevent or prohibit any physician, or any other health care professionals or their patients from utilizing any Facility or any of its services, or if for any other reason said performance should be in violation of any statute, ordinance, or be otherwise deemed illegal, or be deemed unethical by any recognized body, agency, or association in the medical or hospital fields, TriHealth may at its option (i) terminate this Agreement immediately; or (ii) initiate negotiations to resolve the matter through amendments to this Agreement and if the parties are unable to resolve the matter within thirty (30) days thereafter, TriHealth may, at its option, terminate this Agreement immediately.
27. **Assignment:** School may not assign, encumber or transfer this Agreement in whole or in part nor grant a license or concession in connection therewith without the prior written consent of TriHealth. This prohibition shall include any act which has the effect of an assignment or transfer in which occurs by operation of law.
28. **Entire Agreement:** This Agreement supersedes all previous contracts or agreements between the parties which respect of the same subject matter, including the Original Agreement, and does constitute the entire Agreement between the parties hereto. There are no agreements, representations, or warranties between or among the parties other than those set forth in this

Agreement or the documents and agreements referred to in this Agreement.

29. Endorsements: Neither party shall use the name of the other party in any promotional or advertising material unless such party has received the prior written consent of the party whose name is to be used. Both parties shall deal with each other publicly and privately in an atmosphere of mutual respect and support, and each party shall maintain good public and patient relations and efficiently handle complaints and inquiries with respect to the services provided under this Agreement.
30. Independent Contractors: The parties to this Agreement are independent contractors. Neither institution is authorized or permitted to act as an agent or employee of the other. Nothing in this Agreement shall in any way alter the freedom enjoyed by either institution, nor shall it in any way alter the control of the management, assets, and affairs of the respective institutions. Neither party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.
31. Access to Books and Records: If and to the extent required by Section 1395x(v)(1)(1) of Title 42 of the United States Code, until the expiration of four (4) years after the termination of this Agreement, School shall make available, upon written request by the Secretary of the Department of Health and Human Services, or upon request by the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of this Agreement, and such books, documents and records as are necessary to certify the nature and extent of the costs of the services provided by School under this Agreement. School further agrees that in the event School carries out any of its duties under this Agreement through a subcontract with a related organization with a value or cost of Ten Thousand Dollars (\$10,000.00) or more over a twelve (12) month period, such subcontract shall contain a provision requiring the related organization to make available until the expiration of four (4) years after the furnishing of such services pursuant to such subcontract upon written request to the Secretary of the United States Department of Health and Human Services, or upon request to the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of such subcontract and such books, documents and records of such organization as are necessary to verify the nature and extent of such costs. This provision shall survive termination of this Agreement.
32. It is specifically understood and agreed that nothing contained in this paragraph or elsewhere in this Agreement will be construed as: an express or implied waiver by the College of its governmental immunity or of its state of governmental immunity; an express or implied acceptance by the College of liabilities arising as a result of actions which lie in tort or in excess of the liabilities allowable under the applicable governmental immunity laws; or, a pledge of the full faith and credit of a debtor contract; or, as the assumption by the College of a debt, contract, or liability of TriHealth.
33. Notices: All notices to be given under this Agreement shall be in writing and shall be deemed to have been given and served when delivered in person, via overnight delivery, or mailed,

postage pre-paid, to the parties at the following addresses:

TriHealth:

Attn: Susan Ryan
Corporate Education, TriHealth
619 Oak Street
Cincinnati, Ohio 45206

Cincinnati State Technical & Community College

Attn: Bridgett D. Redding
Health and Public Safety Division
3520 Central Parkway, HPB 312
Cincinnati, OH 45223

34. Counterparts: This Agreement may be executed in more than one counterpart, each of which shall be considered an original.

TRIHEALTH

BY: 

NAME: David Cook

TITLE: SVP & Chief HR Officer

DATE: 3/7/18

CINCINNATI STATE TECHNICAL & COMMUNITY COLLEGE

BY: 

NAME: Robbin Hoopes

TITLE: Provost

DATE: 3/6/18

CLINICAL EDUCATION AGREEMENT

BETWEEN

UC HEALTH, LLC

AND

CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE

THIS AGREEMENT, made between UC HEALTH, LLC an Ohio nonprofit, limited liability company, for and on behalf of University of Cincinnati Medical Center, LLC, The Drake Center for Post-Acute Care, LLC, West Chester Hospital, LLC, and/or the University of Cincinnati Physicians Company, LLC (hereinafter the "Facility" or "Facilities") and CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE, HPS Division-wide, (hereinafter "School"), made this -13th- day of March, 2018 (the "Effective Date").

NOW THEREFORE, in consideration of the foregoing and of the mutual promises set forth herein, School and Facilities agree that a program of supervised clinical education shall be conducted for students of School (hereinafter called the "Program") under the following terms and conditions:

1. JOINT RESPONSIBILITIES OF FACILITIES AND SCHOOL

Facilities and School agree:

- 1.1 To designate appropriate personnel to coordinate the student's clinical learning experience in the Program. This will involve planning between responsible School faculty and designated Facilities personnel for the assignment of students to specific clinical cases and experiences, including selected conferences, clinics, courses and programs conducted under the aegis of Facilities. School and Facilities will designate and submit in writing to the other the name and professional and academic credentials of a person to be responsible for the Clinical Education Program. That person will be known as the Clinical Education Supervisor of such a party. Each party will notify the other in writing of any change or proposed change of the Clinical Education Supervisor.
- 1.2 To establish the number of students who will participate in the Program, the dates of the Program, and the length of the Program.
- 1.3 To establish rules and regulations for students participating in the Program.
- 1.4 To remain responsible for the acts of their respective employees and agents.

- 1.5 To promptly notify the other party if one party becomes aware of a claim asserted by any person which seems to arise out of this Agreement or any activity carried out under this Agreement. The parties shall attempt to resolve which party, if either, should be responsible to investigate, settle or defend the claim.

2. RESPONSIBILITIES OF FACILITY

- 2.1 Facilities will provide suitable clinical experience situations based on curriculum and objectives to be provided by School, under paragraph 3.2 below. It is understood that in no case shall students replace regular staff. Facilities will retain responsibility for the care of patients and to maintain administrative and professional supervision of students insofar as their presence and Program assignments affect the operation of Facilities and its care, both direct and indirect, of patients.
- 2.2 Facilities will permit, on reasonable request, the inspection of clinical and related facilities by agencies charged with responsibility for accreditation of School.
- 2.3 Facilities will recommend to School the withdrawal of a Program student if: (a) the achievement, progress, adjustment or health of the student does not warrant a continuation at Facilities, or (b) the behavior of the student fails to conform to the applicable regulations of the Facilities. Facilities will assist School, if necessary, in implementing this recommendation. Notwithstanding the foregoing, Facilities shall have the right to remove any student from a rotation for any reason.
- 2.4 Facilities reserves the right, exercisable in its discretion, to temporarily suspend any student in the event that such person's conduct or state of health is deemed objectionable or detrimental. Facilities shall notify School of such a temporary suspension as soon as possible. Notwithstanding the foregoing, Facilities shall have the right to remove any student from a rotation for any reason.
- 2.5 Facilities shall provide all equipment and supplies needed for clinical instruction at Facilities. The student's name/identification badge shall be provided by the Facilities where indicated.
- 2.6 Facilities shall contact 911 or similar services for accidents occurring at Facilities for a School participant under this program and, except as herein provided, Facilities will have no obligation to furnish medical or surgical care to any student.
- 2.7 Facilities will make available to School all Facilities policies and procedures which will affect the student's activities while at the Facilities. Facilities will update these materials periodically.

- 2.8 Facilities will maintain records and reports on each student's performance if requested by each Program and provide an evaluation to School on forms provided by School.
- 2.9 Facility understands that it may, pursuant to the Agreement, generate or otherwise be in possession of confidential education records regarding the College's students, and that these records are protected by federal law, including inter alia, the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C.A. 1232g. Facility further understands that it may not share or disclose these education records with any party other than College, without both the College's and the relevant student's consent.

3. RESPONSIBILITIES OF SCHOOL

- 3.1 School is responsible for the direction of clinical learning and the supervision of students.
- 3.2 School will provide Facilities with an annual announcement or description of the Program, curriculum and objectives to be achieved at Facilities.
- 3.3 School will orient its students and faculty to the policies and procedures of Facilities and require all students and faculty to abide by these policies and procedures of Facilities while using its facilities. School students will be expected to conduct themselves in a professional manner; their attire as well as their appearance will conform to the accepted standards of Facilities.
- 3.4 School will withdraw a student from the clinical program at Facilities if, after consultation in accord with paragraph 2.3 or 2.4 above, such action is warranted.
- 3.5 School will ensure that each student and faculty member assigned to work with Facilities is covered by adequate health insurance and professional liability insurance with limits of one million dollars (\$1,000,000.00) per occurrence and an aggregate of three million dollars (\$3,000,000.00). School agrees to require that proof of such coverage be submitted to Facilities prior to participation in the Program.
- 3.6 School reserves the right to limit student activities based on the prerequisite didactic curriculum.
- 3.7 School will ensure that each student and faculty member assigned to work with the Facilities has on record: (i) a physical examination showing that the student or faculty member is free of communicable diseases; (ii) coverage under a policy of health insurance; and (iii) current immunizations (including, two (2) measles vaccines, two (2) mumps vaccines, two (2) Rubella vaccines, two (2) chicken pox vaccines, or a positive antibody titer for any of the above, and a recent 2-step TB test). Facility will communicate to School the requirements and standards of Facility's pre-placement drug screening, and School will ensure that each student which participates in the Program

passes a pre-placement drug screen. Facility will communicate to School the requirements and standards of Facility's pre-placement criminal background check, and School will ensure that each student and faculty member which participates in the Program passes a criminal background check which complies with Facility's standards and requirements. A verification that participating students and faculty members are not listed on the U.S. Department of Health & Human Services Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) or the U.S. General Services Administration (GSA) Excluded Parties List System (EPLS) is required for each candidate. Upon UC Health's request, the School will provide proof of such background checks and/or drug screens. School will advise students that Facilities may require students to receive or show evidence of having received additional immunizations before or during the Program (including, but not limited to annual influenza immunization and Tdap immunization).

- 3.8 School (**nursing only**) will ensure that when a preceptor is used in a clinical setting minimum requirements are met which include: completion of an approved professional nursing education program; at least two years' experience in the practice of nursing as a registered nurse; and either current specialty certification or demonstrated expertise in the area of clinical practice in which the preceptor provides supervision to the student. A BSN degree is preferred. The preceptor will implement the clinical education objectives at the direction of the faculty while supervising no more than two students at a time.
- 3.9 School will disclose information from a student's educational record, as appropriate, to personnel at Facilities who have a legitimate need to know in accordance with the Family Educational Rights and Privacy Act. Facilities agrees that its personnel will use such information only in furtherance of the Program, and that the information shall only be disclosed to third parties in accordance with the Family Educational Rights and Privacy Act.
- 3.10 School agrees to provide to each student assigned to work at Facilities basic training relating to the privacy requirements arising out of the Health Insurance Portability and Accountability Act of 1996, and regulations thereunder ("HIPAA"). School shall maintain documentation of students' training for six years and provide Facilities with copies of such documentation upon request. In addition to the requirements set forth above, School agrees to advise students that Facilities may require students to complete additional HIPAA training prior to or during the Program.
- 3.11 Prior to placement, School will provide Facilities with the student's name and any other relevant information necessary for Facilities to determine if it has previously employed the student. The Facilities may deny placement to any student whose previous employment with Facilities was unsatisfactory, as determined by Facilities in its sole discretion.

4. RESERVATIONS OF RIGHTS; PLACEMENT

Facilities reserves the right to withhold placement of Program students depending upon the availability of facilities and personnel to adequately provide a satisfactory field experience.

5. DEPARTMENTAL LETTER AGREEMENT AUTHORIZED

Recognizing that the specific nature of the clinical experience may vary, it is agreed by School and Facilities upon execution of this Agreement and within the scope of its provisions, School departments may develop letter agreements with their clinical counterparts in Facilities to formalize operational details of the Clinical Education Program(s).

6. SCHOOL INSURANCE AND RESPONSIBILITY

School shall at its sole cost and expense, provide coverage for its activities in connection with this Agreement by maintaining in full force and effect programs of insurance and/or self-insurance as follows:

- (a) General Liability coverage with a limit on one million dollars (\$1,000,000.00) per occurrence and an aggregate of three million dollars (\$3,000,000.00).
- (b) Workers' Compensation coverage covering School's full liability as required under state law.
- (c) Such other insurance in such amounts which from time to time may be reasonably required by the mutual consent of the parties, against other insurable risks relating to this Agreement.

It should be expressly understood, however, that the coverage required under this Section shall not in any way limit the liability of School.

School, upon request, shall furnish Facilities with certificates evidencing compliance with these insurance requirements. School shall notify Facilities immediately in the event School receives notice of cancellation of above coverage.

School agrees to be responsible for its negligent acts or omissions in the performance of its activities hereunder and the negligent acts or omissions of its employees, students, or authorized agents, to the extent allowed by law. The parties agree that this section is only a statement setting forth the limited responsibility of the School solely for its own acts of judicially determined negligence or willful malfeasance, and is not and shall not be construed as any contractual or other obligation to defend, indemnify, or hold harmless Facility or its employees, officers or directors, or any third party.

7. FACILITY INSURANCE AND RESPONSIBILITY

Facilities shall provide at its sole cost and expense, coverage for its activities in connection with this Agreement by maintaining in full force and effect programs of insurance and/or self-insurance as follows:

- (a) Hospital Professional Liability coverage with limits of one million dollars (\$1,000,000.00) per occurrence and an aggregate of three million dollars (\$3,000,000.00).
- (b) General Liability coverage with a limit of one million dollars (\$1,000,000.00) per occurrence and an aggregate of three million dollars (\$3,000,000.00).
- (c) Worker's Compensation coverage covering Facilities' full liability as required under state law.
- (d) Such other insurance in such amounts which from time to time may be reasonably required by the mutual consent of the parties, against other insurable risks relating to this Agreement.

It should be expressly understood, however, that the coverage required under this section shall not in any way limit the liability of Facilities.

Facilities, upon request, shall furnish School with certificates evidencing compliance with these insurance requirements.

Facilities agrees to be responsible for its negligent acts or omissions in the performance of its activities hereunder and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law. The parties agree that this section is only a statement setting forth the limited responsibility of the Facilities solely for its own acts of judicially determined negligence or willful malfeasance, and is not and shall not be construed as any contractual or other obligation to defend, indemnify, or hold harmless School or its faculty or students, or any third party.

8. NONDISCRIMINATION

Facilities and School agree that neither will discriminate against a beneficiary of services provided by Facilities in the performance of this Agreement or against any individual on the basis of race, color, religion, sex, national origin, age, disability, genetic information, ancestry, military status or protected veteran status, sexual orientation, gender identity, or any other status protected by applicable law.

9. TERMINATION

- 9.1 This Agreement shall become effective as of the date set forth in the opening paragraph, and shall remain in effect for one (1) year unless otherwise sooner terminated as hereinafter provided. At the end of said initial term, Agreement shall be automatically renewed for one (1) year successive terms

unless a party provides notice of termination or non-renewal at least sixty (60) days prior to the end of the term.

9.2 Either party may terminate this Agreement without cause at any time upon at least sixty (60) days written notice, provided that any student currently assigned to Facilities at the time of notice of termination shall be given opportunity, subject to such student's then current and continuing good standing with Facilities, to complete his/her full-time clinical education assignment at Facilities, such completion not to exceed three (3) months, during which all the terms and conditions of this Agreement shall be deemed to continue for the purpose of such student's assignment.

9.3 Either party may terminate this Agreement for cause in the event the other party breaches the terms of this Agreement, in which case termination shall be effective (i) upon receipt of written notice of the breach if the breach or non-performance is incapable of cure, or (ii) upon the expiration of thirty (30) days after receipt of written notice of the breach if the breach or non-performance is capable of cure and has not been cured; provided that any student currently assigned to Facilities at the time of notice of termination shall be given the opportunity, subject to such student's then current and continuing good standing with Facilities, to complete his/her full-time clinical education assignment at Facilities, such completion not to exceed three (3) months, during which all the terms and conditions of this Agreement shall be deemed to continue for the purposes of such student's assignment.

10. INDEPENDENT CONTRACTOR STATUS

The parties hereby acknowledge that they are independent contractors. In no event shall this Agreement be constructed as establishing a partnership, joint venture or similar relationship between the parties hereto, and nothing herein contained shall be construed to authorize either party to act as agent for the other. Facilities and School shall be liable for their own debts, obligations, acts and omissions, including the payment of all required withholding, Social Security and other taxes or benefits. No student shall look to Facilities for any salaries, insurance or other benefits.

11. CONFIDENTIALITY

School will require students to maintain the confidentiality of patient information obtained during the clinical or instructional experience at Facilities. All information obtained from patients, their records or computerized data is to be held in confidence and no copies of patient records shall be made. It shall be required of students and supervising faculty that they not identify patients in papers, reports or case studies without first obtaining permission of Facilities and the patient, utilizing the patient confidentiality policies and procedures of Facilities. Without limiting the foregoing, School agrees to cause each such student assigned to Facilities to execute prior to arriving at Facilities such confidentiality and/or privacy documents as requested by Facilities, the current form, as may be amended from time to time,

is attached hereto as Exhibit A. Signed forms are to be kept at School for potential review.

12. NON-ASSIGNMENT AND SUBCONTRACTING

This Agreement shall not be assigned or transferred by either party without the written consent and approval of the other party, except that Facilities may assign or transfer this Agreement to another entity affiliated with UC Health, without the written approval of School. This Agreement (and its attachments, if any) constitute the entire understanding between the parties with respect to the subject matter hereof and supersedes any and all prior understandings and agreements, oral and written, relating hereto. To be effective, any amendment or modification of this Agreement must be in writing and signed by the party to be charged thereby.

13. NOTICE

Whenever, under this Agreement, notice is required to be given, it shall be in writing and shall be delivered by mailing the same by certified or registered mail, postage prepaid, or overnight express mail carrier, to the party to receive the notice at the address identified below or such other address as either party may designate from time to time hereunder.

14. GOVERNING LAW

This Agreement shall be interpreted and governed by Ohio law. Any actions, suits or claims that may arise pursuant to this Agreement shall be brought in the State of Ohio.

15. BINDING AUTHORITY

The parties signing this Agreement have the authority to bind Facilities and School.

IN WITNESS WHEREOF, the authorized representatives of the parties have executed this Agreement effective as of the date first set forth above.

CLINICAL FACILITIES or FACILITIES:

UC HEALTH
3200 Burnet Avenue
Cincinnati, OH 45229

By: Clarence Pauley
Clarence Pauley
SVP, Chief Human Resources Officer

Date: April 2, 2018

By: Nita Walker, MD
Nita Walker, MD
SVP, Ambulatory Services

Date: 4/2/2018

SCHOOL:

**CINCINNATI STATE TECHNICAL AND
COMMUNITY COLLEGE**
3520 Central Parkway, HPB 312
Cincinnati, OH 45223

By: Robbin Hoopes
Name: Robbin Hoopes

Title: Provost

Date: 3/18/18

Exhibit A

UC Health Faculty/Student Confidentiality Agreement

See Attached

FACULTY/STUDENT CONFIDENTIALITY AGREEMENT

The term of this Faculty/Student Confidentiality Agreement ("Agreement") is from _____, 201__, through _____, 201__, the length of my clinical rotation at UC Health.

WHEREAS, UC Health and students and/or faculty have certain legal and ethical responsibilities to maintain, and protect the privacy, confidentiality and security of protected health information through administrative, physical and technical safeguards; and

WHEREAS, as a condition of my affiliation as a student and/or faculty member with UC Health I understand that I must sign and comply with the terms and conditions of this Agreement.

DEFINITIONS

Confidential information includes protected health information (PHI) as defined by the federal Health Insurance Portability and Accountability Act (HIPAA).

Protected Health Information ("PHI") under HIPAA is defined as information that is received from, or created or received on behalf of the UC Health and is information about an individual which relates to past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual.

PHI includes medical records and financial or billing information relating to a patient's past, present or future mental or physical condition; or past, present or future provision of healthcare; or past, present or future payment for provision of healthcare and contains any of the following identifiers that may be used to identify the patient:

- Names
- Geographic subdivisions smaller than a state
- Telephone/fax numbers
- E-mail addresses
- Social Security Numbers
- Medical Record Numbers
- Health plan beneficiary numbers
- Account numbers
- All elements of dates related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89
- Certificate/license numbers
- Vehicle identifiers and serial numbers including license numbers
- Device identifiers/ serial numbers
- Web Universal Resource Locators (URLs), Internet Protocol (IP address number)
- Biometric identifiers (voice, finger prints)
- Full face photo image
- Any other unique identifying number, characteristic, or code

AGREEMENT

1. I agree to comply with all applicable state and federal laws and other regulations governing the confidentiality, privacy and security of PHI, including without limitation, the HIPAA Rules defined as the Privacy, Security, Breach Notification and Enforcement Rules and UC Health HIPAA policies and procedures.
2. I will use and disclose PHI only if such use or disclosure complies with UC Health HIPAA policies and procedures, and is required for the performance of my responsibilities as a student or precepting faculty in the care and treatment of patients. The use and disclosure of PHI for the purposes of care and treatment of patients does not include the use or disclosure of PHI for educational endeavors such as writing educational reports for my course of study, engaging in seminars and presentations in the educational setting. I understand that I may use de-identified information as defined by the HIPAA Rules for educational purposes.
3. My personal access code(s), user ID(s), access key(s) and password(s) used to access UC Health computer systems or other equipment are to be kept confidential at all times.
4. Since the use of PHI includes access, I will not access or view any PHI other than what is required to perform my responsibilities as a student and/or faculty member in the care and treatment of patients. I understand it is a violation of UC Health policy to access my own records, records of family members or any other individual not in my care. If I have any questions, I will immediately ask my precepting faculty or the Privacy Officer of UC Health for clarification.
5. I will not discuss any information pertaining to patient PHI or UC Health in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any PHI in public areas even if specifics such as patient's name are not used.
6. I will not make inquiries about any PHI for any individual or party for whom I am not authorized to have such information as a part of my involvement in patient care and treatment. In addition I will not ask other persons to obtain PHI knowing that that person does not have the authority to access such information on my behalf.
7. I will not make any unauthorized transmissions, copies, disclosures, inquiries, or modifications of PHI. Such unauthorized transmissions include, but are not limited to, removing and/or transferring PHI from UC Health's computer systems to unauthorized locations (for instance, my home or school computer or portable computing device).
8. Upon termination of my affiliation with UC Health, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to my precepting faculty and UC Health.
9. I understand that it is my obligation to return all patient PHI to my precepting

faculty and UC Health upon completion of my clinical rotation at UC Health. Faculty are responsible for the destruction of PHI, whether hard copy or electronic.

10. I agree that my obligations under this Agreement regarding PHI will continue after the termination of my affiliation with UC Health.
11. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my affiliation with UC Health and/or suspension, restriction or loss of privileges in accordance with UC Health's policies and procedures, as well as potential personal civil and criminal legal penalties.
12. I understand that any PHI that I access or view at UC Health does not belong to me.
13. I understand that any access to PHI for research purposes requires proper documentation and approval from the UC Institutional Review Board (IRB) according to HIPAA and UC Health policies and procedures.
14. I am aware that UC Health reserves and intends to exercise the right to review, audit, intercept, access, and act upon inappropriate use of UC Health's computer systems at any time, with or without user notice and that such access by UC Health may occur during or after working hours.

The intent of this Agreement is to ensure that students and their faculty preceptors comply with HIPAA Rules and UC Health Privacy and/or Security Policies and Procedures.

I have read the above Agreement and agree to comply with all its terms as a condition of my continued affiliation with UC Health.

Student/Faculty Signature

Date


Print Your Name


School



**ASSOCIATED HEALTH AND NURSING EDUCATION AFFILIATION
AGREEMENT BETWEEN DEPARTMENT OF VETERANS AFFAIRS (VA),
AND AN EDUCATIONAL PROGRAM**

(Use when health professions trainees are enrolled in an Associated Health or Nursing educational program accredited by an approved accrediting body.)

VA MEDICAL CENTER: Cincinnati VAMC 

VETERANS SERVICE NETWORK: VISN 10 

**NAME OF EDUCATIONAL
(ACADEMIC) INSTITUTION** Cincinnati State Technical & Community College
(including City and State): Cincinnati, OH 45223

NAME OF COLLEGE / SCHOOL: The Cincinnati State Bethesda School of Nursing
PROFESSION:

**ACADEMIC DEGREE / TRAINING
PROGRAM:** Associate of Applied Science in Nursing

**PROGRAM / DEGREE
ACCREDITING BODY:** Accreditation Commission for Education in Nursing

This agreement, when duly executed and approved by the Department of Veterans Affairs (VA), establishes an affiliation between the VA medical center and the Academic Institution (School, College or Program) for the academic purpose of education. All parties to the agreement have a shared responsibility for the academic enterprise. The Academic Institution accepts primary responsibility for the integrated education programs conducted with VA while the local VA medical center retains full responsibility for the care of VA patients and administration of its health care system. Additional responsibilities are delineated below.

BACKGROUND

The provision of education for future health care providers is a VA statutory mission. Per US Code 38 Section 7302, in order to assist in providing an adequate supply of health personnel to the Nation, VA will develop and carry out a program of education and training of health personnel. By virtue of the close relationships between VA and the Nation's Academic Institutions, VA plays a leadership role in reshaping the education of future health care professionals to help meet the complex scope of the Nation's health care delivery system. It is the intent of VA to maintain its long-standing practice of effective affiliations with educational institutions for the purposes of contributing to continued excellence in VA patient care and conducting joint academic programs that address health workforce needs throughout VA and the Nation.

An affiliation agreement promotes common standards and seeks to avoid duplication of academic assets. The parties enter into this affiliation in a spirit of mutual benefit to be achieved through an equitable contribution of resources. The affiliation agreement is crucial to the relationship because it forms the administrative and, in some cases, the legal basis for numerous additional specific agreements that may be executed between components of the Academic Institution and VA.

In entering into any agreements, VA and the Academic Institution have a responsibility to comply with federal laws and VA policies concerning conflicts of interest. The existence of an affiliation agreement does not guarantee that VA and the Academic Institution will enter into additional agreements. However, some Academic Institutions may have other agreements including contracts, memoranda of understanding or other written agreements with VA.

RESPONSIBILITIES

1. The Academic Institution and VA have the following responsibilities:

A. Accreditation Standards.

Academic Institution:

The Academic Institution will operate and manage the overall responsibility for the educational programs. For academic degree programs, the Academic Institution will maintain accreditation by a recognized accrediting body for that profession and level of training that in turn is recognized by the Department of Education (ED) and/or the Council of Higher Education Accreditation (CHEA). For post-degree programs (residency or fellowship), the training program must maintain accreditation by the profession's recognized accrediting body. The Academic Institution will notify the VA in a timely fashion if the accreditation status of any of the Academic Institution programs changes, as well as changes in the academic status of individual health professions trainees (HPTs) such as probation or termination. In a training program accredited in the name of the VA, the VA must maintain the proper accreditation.

VA Medical Center:

The VA will operate and manage the VA facility and maintain accreditation by The Joint Commission and/or other hospital or clinical accrediting entities as appropriate. The VA will participate with the Academic Institution to provide an appropriate learning environment and supply sufficient resources for the appropriate conduct of such programs to meet accreditation standards for the training program. The VA will provide information, documentation and/or other assistance as required to comply with applicable accreditation requirements of the program.

B. Site Director, Program Director, and Faculty.

Academic Institution:

The Academic Institution is responsible for the appointment and assignment of faculty members with responsibility for teaching. The Academic Institution will communicate rotation and preceptor needs to the VA and review available VA rotation options against its objectives and learning environment requirements. The Academic Institution will give VA staff appropriate access to course content, including online access as necessary. When possible, the Academic Institution will provide faculty development opportunities to VA staff.

The Academic Institution is encouraged to grant faculty appointments for VA staff when appropriate.

VA Medical Center:

The VA medical center will identify the Designated Education Officer (DEO), as well as the VA profession-specific site director. In addition, the medical center will appoint qualified health care professionals as full-time, part-time or Without Compensation (WOC) staff of the facility, who will provide supervision for health professions trainees (HPTs) and provide Veteran patient care. The medical center will assure the availability of staff with appropriate academic and clinical credentials to teach and supervise HPTs.

Per accreditation standards, VA staff and VA site directors must ensure that HPTs at VA function in an environment that ensures safe patient care and promotes a sense of HPT well-being. It is an essential responsibility of the VA profession-specific site director to monitor the HPT workload.

VA will communicate with the Academic Institution and provide names of VA staff supervising health profession HPTs in order for the Academic Institution to assess the appropriateness of faculty appointments.

C. Administration and Setting of the Health Professions Education Program.**Academic Institution:**

The Academic Institution shall assume primary responsibility for academic affairs and the education/assessment of HPTs, including but not limited to the program curricula, general academic supervision of HPTs, assignment of rotations, and evaluation. In addition, the Academic Institution will participate in the oversight and administration of the academic programs to ensure they meet VA, local program, and accreditation standards for VA training rotations. The Academic Institution will select HPTs for academic programs and HPTs accepted for assignment at VA facilities must have the qualifications and credentials as agreed upon by the Academic Institution and VA. The Academic Institution shall collaborate with VA to determine the number of HPTs assigned to VA; VA has final authority on the types, number, and rotation assignments of HPTs, as it can only accept and accommodate HPTs based on available resources.

VA Medical Center:

When possible, VA representatives will serve on the Academic Institution's relevant committees (e.g., Admissions, Academic Progress, Curriculum, or Competency) to ensure VA is an active participant in the Academic Institution's educational program. An Academic Institution's evaluation of its educational program must include a mechanism to incorporate feedback from educational experiences during rotations at VA. VA will ensure appropriate procedures are followed for the on-boarding and appointment of HPTs prior to educational experiences at VA. VA will notify the Academic Institution of, and provide, relevant Handbooks and Directives (VHA1400 series and others) regarding educational processes and policy.

Settings for training may occur at the VA main facility, outlying clinical areas (e.g., outpatient clinics or Veterans Readjustment Counseling Centers), or other settings as appropriate to the education program. As part of the educational experience, HPTs may participate in telehealth delivery of health care. Delivering care to other VA medical centers via telehealth is not covered by this affiliation agreement. In such situations, an

additional affiliation agreement with the recipient facility or other approval may be needed as affiliation agreements are facility-specific.

D. Orientation, Resources, and Supervision for Health Professions Trainees and Faculty.

Academic Institution:

The Academic Institution and VA staff will collaborate to ensure appropriate resources are available for HPTs and faculty while on rotation at the VA. This collaboration may include, but is not limited to: providing access to library and information resources; curricular materials and objectives; and ensuring adequate space and clinical supervision.

VA Medical Center:

VA will orient HPTs and Academic Institution's faculty to the VA facility and inform HPTs that they are subject to VA rules and regulations while in a VA facility, or while accessing VA records and data. HPTs are not required to attend New Employee Orientation (NEO) but may attend a program-specific orientation. The only required online training requirement for HPTs is set by the VHA Office of Academic Affiliations (OAA) and is the Mandatory Training for Trainees (MTT) Course or the MTT Refresher. VA will establish qualifications for HPTs coming to VA for academic programs.

VA will ensure that all HPTs and faculty who will be assigned to VA receive appropriate VA appointments, including the issuance of appropriate Human Resource letters indicating a VA appointment. The VA will assure that HPTs with occupational injuries (including exposure to infectious or environmental hazards), will be assessed and, in emergency cases, initially evaluated and treated at VA. Workers compensation coverage for HPTs will be that which is provided under the Federal Employees' Compensation Act. Dismissal procedures from a VA assignment for any HPT are executed in accordance with applicable processes as described in VA Handbook 5021, Part VI, Paragraph 15 or Paragraph 18. VA will notify the Academic Institution when a HPT is dismissed from a VA assignment.

VA will evaluate a HPT's performance and conduct in consultation with the Academic Institution using the processes determined by the Academic Institution and its accrediting body.

E. Program Policies, Rules and Regulations.

Academic Institution:

The Academic Institution will acknowledge VHA Handbook 1400.08 as the overriding policy for the conduct of the program in VA and 1400.04 for the supervision of HPTs in VA (Chiropractic, Optometric, and Podiatric resident supervision is covered in VHA Directive 1400.01). In addition, the Academic Institution will notify HPTs that the VA is a Drug-Free Workplace and that HPTs appointed to the VA may be subject to random drug testing per criteria outlined in Executive Order 12564.

The Academic Institution will complete a Trainee Qualifications and Credentials Verification Letter (TQCVL) for each HPT rotating at the VA. TQCVLs are an affirmation by the Academic Institution that all HPTs are both qualified and fit for VA assignment.

This includes the requirement that all HPTs have documentation of updated immunizations appropriate for health care providers on file. In addition, the Academic Institution will inform HPTs if additional immunizations are required by VA (e.g., annual influenza vaccination).

The Academic Institution will provide general clinical orientation to its HPTs, conduct any screenings as needed by the TQCVL, and provide TQCVLs annually for all HPTs rotating at VA. In addition, for each referred HPT, and prior to their placement at VA, the Academic Institution will perform appropriate background screening and verification, including checking for listing on the Health and Human Services List of Excluded Individuals/Entities. Any trainee having a current or past license in any health profession will have their license status reviewed, including an assessment of adverse actions and query to the National Provider Data Bank (NPDB).

VA Medical Center:

VA will conduct required onboarding procedures and background screening and will follow all policies and guidelines for HPT Onboarding, HPT Supervision, and Educational Relationships. VA will notify the Academic Institution when new Directives or Handbooks pertaining to education are released or current ones are updated. VA is responsible for conducting periodic reviews of local academic programs and policies that ensure compliance with VA policies.

F. Academic Partnerships.

Academic Institution:

The relationship between the Academic Institution and the VA medical center is vital to the success of academic health professions education. The Academic Institution will encourage VA staff involved in teaching their HPTs to participate in relevant meetings at the Academic Institution (e.g. Curriculum Committee, Competency Committee, Admissions Committee). In addition, the Academic Institution should have, or develop, processes for VA teaching staff to obtain faculty and applicable committee appointments at the Academic Institution. The Academic Institution should recommend members from its staff for an appointment to the VA Affiliation Partnership Council and its subcommittees, per the VHA Handbook 1400.03.

VA Medical Center:

VA and appropriate Academic Institution representatives may be appointed to a VA Affiliation Partnership Council (APC) and/or its subcommittees. Membership in the APC will be chosen based primarily on the size of the training program within VA and geographic proximity to the VA facility.

G. Learning Environment.

Academic Institution:

The Academic Institution is responsible for communicating to VA updated accreditation and local program standards for maintaining a quality, accredited educational program. The Academic Institution should inform VA of its processes for monitoring the learning environment.

VA Medical Center:

The VA medical center is required to provide appropriate supervision of HPTs. This requirement provides safe and effective care to patients, ensures each HPT develops skills, knowledge, and attitudes required to become a competent and compassionate practitioner, and establishes a foundation for continued professional growth.

As an educational site, the VA medical center is required to provide a safe and secure clinical learning environment. This requirement ensures the psychological, emotional, and physical well-being of learners, which is critical for the development of competent, caring, and resilient HPTs. Through this support, the HPT learns to make decisions based on empathy and from a patient-centric perspective and exhibit professionalism.

The VA clinical learning environment emphasizes the following principles:

- 1) Excellence in the safety and quality of care provided to patients by HPTs during their clinical education.
- 2) Excellence in the safety and quality of care provided to patients by HPTs in their future practice.
- 3) Excellence in professionalism through faculty role-modeling including the minimization of self-interest, the encouragement of scientific curiosity, discovery and intellectual rigor in problem-solving, taking place in an environment emphasizing a humanistic approach to patient care.
- 4) A commitment to the well-being of the HPTs, faculty members, and all other members of the health care team.
- 5) The creation of a cooperative and collaborative inter-professional environment for learning.

HPTs should work in a well-coordinated manner with other health care professionals and trainees, and in collaboration with trainees from other Academic Institutions, to achieve excellent patient care and organizational patient safety goals. The clinical learning environment will provide opportunities for education balanced with opportunities for rest and personal well-being.

TERMS OF AGREEMENT

The ultimate responsibility for the control and operation of VA facilities and programs rests with VA. Responsibility for academic education rests with the Academic Institution. Through this affiliation agreement, collaboration is created with VA to enable enhanced education.

The Academic Institutions comply with Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, Public Law 104-191, the Age Discrimination Act of 1975, and all related regulations, and assures that they do not, and will not, discriminate against any person on the basis of race, color, sex, disability, or age under any program or activity receiving federal financial assistance.

Nothing in this agreement is intended to be contrary to state or federal laws. In the event of conflict between terms of this agreement and any applicable state or federal law, that state or federal law will supersede the terms of this agreement. In the event of conflict between state and federal law, federal law will govern.

When providing professional services to Veterans covered by this agreement, properly appointed faculty members (except those providing services under a contract with VA) and properly appointed HPTs of the Academic Institution are protected from personal liability by the Federal Employees Liability Reform and Tort Compensation Act 28 U.S.C.2679 (b)-(d). The liability, if any, of the United States for injury or loss of property, or personal injury or death shall be governed exclusively by the provisions of the Federal Tort Claims Act.

In accordance with the Health Insurance Portability and Accountability Act's (HIPAA) Privacy Rule, P. L. 104-191, VHA is a covered entity. As such, VHA must ensure that all those who access and use its protected health information, including the Academic Institution, will both protect the privacy of protected health information (PHI) and secure the same, by complying with all requirements found in the HIPAA Privacy Rule, Security Rule and Breach Notification Rule as found in 45 C.F.R. Parts 160 and 164. In cases where PHI may occasionally need to be disclosed from VA to the Academic Institution, this will only be done with the applicable authority under the Privacy Rule as well as other VA privacy statutes. Shared HPTs or shared faculty members may need to submit PHI directly to the Academic Institution.

Both the VA medical center and the Academic Institution agree to:

- Utilize de-identified data (whether in electronic or paper format) wherever possible in this relationship,
- Protect individually identifiable health information by securely managing the confidentiality, integrity, and availability of PHI,
- Implement appropriate administrative, physical, and technical safeguards and controls to protect PHI and document applicable policies and procedures to prevent any Use or Disclosure of PHI other than as allowed under the authority of all applicable VA privacy statutes such as the Privacy Act, 38 U.S.C. § 7332, 38 U.S.C. § 5705, 38 U.S.C. § 5701 and all HIPAA regulations,
- Not use or further disclose PHI other than as permitted or required by this agreement or as required by law,
- Report to the other party (and to its own HIPAA Privacy Officer) all security incidents involving PHI within 24 hours of discovery. The reports shall be sent by e-mail to the appropriate representative, as identified by each party. With respect to any such possible incidents, each party shall comply with all applicable reporting, individual notification, and mitigation requirements under VA policy.

TERMINATION OF AFFILIATION AGREEMENT

This affiliation agreement is in force until March 31, 2028 *[insert a date that is no more than ten years in the future.] It is the expectation that both parties monitor this termination date and if desirable seek to renew it in a timely fashion to avoid any lapse in the agreement. It may be terminated in writing at any time by mutual consent with due consideration of patient care and educational commitments, or by written notice by either party 6 months in advance of the next training experience.*

SIGNATURE PAGE

I. Academic Institution Signatures


Signature of Dean, Provost or Designee

3/31/21
Date of Signature

Robbin Hoopes

Print/Type Name of Individual Signing Above

Provost

Title of Individual Signing Above


Signature of Academic Institution Program Director

3/31/2021
Date of Signature

Denise Rohr

Print/Type Name of Individual Signing Above

Associate Dean/Director of Nursing

Title of Individual Signing Above

II. VA Medical Center Signatures

ASHLEY E. SPILLE
533026

Digitally signed by ASHLEY E.
SPILLE 533026
Date: 2021.04.05 07:55:21 -04'00'

Signature of Profession-specific VA Site Director or
Equivalent Responsible Party for the Educational Program
at VA

4/5/21

Date of Signature

Ashley E. Spille

Print/Type Name of Individual Signing Above

Acting Chief Nurse Mental Health Care Line

Title of Individual Signing Above

MUHAMMAD
ASLAM 385967

Digitally signed by
MUHAMMAD ASLAM 385967
Date: 2021.04.06 12:48:43
-04'00'

Signature of VA Designated Education Officer or
Associate Chief of Staff in Education

Date of Signature

Print/Type Name of Individual Signing Above

Title of Individual Signing Above

THELMA J. JOHNSON 315530 Digitally signed by THELMA J. JOHNSON 315530
Date: 2021.04.06 15:14:01 -04'00'

Signature of VA Medical Center Director

4/6/2021

Date of Signature

Jane Johnson

Print/Type Name of Individual Signing Above

Interim Medical Director

Title of Individual Signing Above

III. Veterans Health Administration Signatures
(Necessary for AHE/Nursing programs establishing disbursement agreements)

GEORGE M
KENNEDY 363738

Digitally signed by GEORGE M
KENNEDY 363738
Date: 2021.04.09 12:21:10 -04'00'

Signature of VISN Director

Date of Signature

G. Mitchell Kennedy, MD

Print/Type Name of Individual Signing Above

For **VISN Director**

Title of Individual Signing Above

Signature of Chief Academic Affiliations Officer

Date of Signature

Print/Type Name of Individual Signing Above

Chief Academic Affiliations Officer

Title of Individual Signing Above

Preceptor Addendum: The Cincinnati State Bethesda School of Nursing and the Veteran's Administration Medical Center, Cincinnati Ohio

1. Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;
2. Experience in the practice of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student;
3. A baccalaureate degree in nursing is preferred; and
4. Current, valid licensure as a registered nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.

The preceptor providing supervision of a nursing student shall at least:

1. Have competence in the area of clinical practice in which the teaching assistant or preceptor is providing supervision to a student;
2. Design, at the direction of a faculty member, the student's clinical experience to achieve the stated objectives or outcomes of the nursing course in which the student is enrolled;
3. Clarify with the faculty member:
 - (a) The role of the teaching assistant or preceptor;
 - (b) The responsibilities of the faculty member;
 - (c) The course and clinical objectives or outcomes;
 - (d) The clinical experience evaluation tool; and
4. Contribute to the evaluation of the student's performance by providing information to the faculty member and the student regarding the student's achievement of established objectives or outcomes.

A preceptor shall provide supervision to no more than two nursing students at any one time, provided the circumstances are such that the preceptor can adequately supervise the practice of both students.

Rohr, Denise A.

To: Jones, Dwayne Jr., VHACIN; Fugate, Natalie, VHACIN
Cc: Spille, Ashley E. VHACIN
Subject: RE: VA affiliation agreement

Thank you. It is noted that your facility and our program will abide by the Preceptor Addendum I provided which reflects the language about the qualifications for preceptors and the requirements for all parties related to the use of preceptors in the education of nursing students in OAC Chapter 4723-5.

Kind Regards,
Denise

Denise A Rohr, EdD, MSN RN
Associate Provost of Assessment and Accreditation
Director of Nursing Programs
Health and Public Safety Division
513-569-4972tel 513-569-1659 fax


Cincinnati State
Cincinnati State
3520 Central Parkway
Cincinnati, Ohio 45223-2690
www.cincinnati-state.edu



From: Jones, Dwayne Jr., VHACIN <Dwayne.Jones2@va.gov>
Sent: Tuesday, March 23, 2021 6:06 AM
To: Rohr, Denise A. <denise.rohr@cincinnati-state.edu>; Fugate, Natalie, VHACIN <Natalie.Fugate@va.gov>
Cc: Jones, Dwayne Jr., VHACIN <Dwayne.Jones2@va.gov>; Spille, Ashley E. VHACIN <Ashley.Spille@va.gov>
Subject: RE: VA affiliation agreement

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

All,

Good morning, unfortunately the affiliation agreement cannot be modified or edited in any way as previously stated. Our documents are administered by the Veteran's Administration and can not be altered in any way.

As far as the addendum goes, that is something that can be kept with the affiliation and honored, but it may not be added to the affiliation agreement either.

Thank you...

R/S
Dwayne Jones
Supervisory Administrative Officer
Education Service
Cincinnati VA Medical Center



From: Rohr, Denise A. <denise.rohr@cincinnati.state.edu>
Sent: Monday, March 22, 2021 4:24 PM
To: Fugate, Natalie, VHACIN <Natalie.Fugate@va.gov>
Cc: Spille, Ashley E. VHACIN <Ashley.Spille@va.gov>; Jones, Dwayne Jr., VHACIN <Dwayne.Jones2@va.gov>
Subject: [EXTERNAL] RE: VA affiliation agreement

I have attached the language from Chapter 4723.5 of the Ohio Administrative Code that the state requires us to include in our Affiliation Agreements when a precepted experience will occur at the facility the agreement is with.

Kind Regards,
Denise

Denise A Rohr, EdD, MSN RN
Associate Provost of Assessment and Accreditation
Director of Nursing Programs
Health and Public Safety Division
513-569-4972tel 513-569-1659 fax


Cincinnati State
Cincinnati State
3520 Central Parkway
Cincinnati, Ohio 45223-2690
www.cincinnati.state.edu



From: Fugate, Natalie, VHACIN <Natalie.Fugate@va.gov>
Sent: Monday, March 22, 2021 12:55 PM
To: Rohr, Denise A. <denise.rohr@cincinnatiastate.edu>
Cc: Spille, Ashley E. VHACIN <Ashley.Spille@va.gov>; Jones, Dwayne Jr., VHACIN <Dwayne.Jones2@va.gov>
Subject: RE: VA affiliation agreement

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Denise,
The affiliation agreement cannot be changed, and I think this includes adding addendums. I have cc'd Dwayne Jones to clarify for us.
Thanks,

Natalie Fugate MSN, RN, PMHN-BC
Mental Health Care Line Nurse Educator
Cincinnati VAMC
513-861-3100 ext. 7460
513-442-8039

From: Rohr, Denise A. <denise.rohr@cincinnatiastate.edu>
Sent: Monday, March 22, 2021 9:59 AM
To: Fugate, Natalie, VHACIN <Natalie.Fugate@va.gov>
Cc: Spille, Ashley E. VHACIN <Ashley.Spille@va.gov>
Subject: [EXTERNAL] FW: VA affiliation agreement
Importance: High

I am working to get this completed as soon as possible. I have a couple questions.

1. Can we add a preceptor addendum that is basically law and rule from Chapter 4723.05 of the Nurse Practice Act? The Ohio Board of Nursing requires that this language be in all contracts.
2. Does this have to be signed electronically and returned or is a physical signature OK?
3. Which VISN should we select.

Thanks!
Denise

Denise A Rohr, EdD, MSN RN
Associate Provost of Assessment and Accreditation

SIGNATURE PAGE

I. Academic Institution Signatures


Signature of Dean, Provost or Designee

3/31/21
Date of Signature

Robbin Hoopes

Print/Type Name of Individual Signing Above

Provost

Title of Individual Signing Above


Signature of Academic Institution Program Director

3/31/2021
Date of Signature

Denise Rohr

Print/Type Name of Individual Signing Above

Associate Dean/Director of Nursing

Title of Individual Signing Above

II. VA Medical Center Signatures

ASHLEY E. SPILLE
533026

Digitally signed by ASHLEY E.
SPILLE 533026
Date: 2021.04.05 07:55:21 -04'00'

Signature of Profession-specific VA Site Director or
Equivalent Responsible Party for the Educational Program
at VA

4/5/21

Date of Signature

Ashley E. Spille

Print/Type Name of Individual Signing Above

Acting Chief Nurse Mental Health Care Line

Title of Individual Signing Above

MUHAMMAD
ASLAM 385967

Digitally signed by
MUHAMMAD ASLAM 385967
Date: 2021.04.06 12:48:43
-04'00'

Signature of VA Designated Education Officer or
Associate Chief of Staff in Education

Date of Signature

Print/Type Name of Individual Signing Above

Title of Individual Signing Above

THELMA J. JOHNSON 315530 Digitally signed by THELMA J. JOHNSON 315530
Date: 2021.04.06 13:14:55 -04'00'

Signature of VA Medical Center Director

4/6/2021

Date of Signature

Jane Johnson

Print/Type Name of Individual Signing Above

Interim Medical Director

Title of Individual Signing Above

III. Veterans Health Administration Signatures
(Necessary for AHE/Nursing programs establishing disbursement agreements)

**GEORGE M
KENNEDY 363738**

Digitally signed by GEORGE M
KENNEDY 363738
Date: 2021.04.09 12:21:10 -04'00'

Signature of VISN Director

Date of Signature

G. Mitchell Kennedy, MD

Print/Type Name of Individual Signing Above

For **VISN Director**

Title of Individual Signing Above

Signature of Chief Academic Affiliations Officer

Date of Signature

Print/Type Name of Individual Signing Above

Chief Academic Affiliations Officer

Title of Individual Signing Above

Cincinnati State BSN Application

Letters of Support



Appendix D



November 3, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

On behalf of Cincinnati Children's Hospital Medical Center, we are pleased to offer this letter of support for Cincinnati State's proposed BSN degree program.

Cincinnati Children's is ranked No. 4 in the nation among Honor Roll hospitals in the *U.S. News & World Report* 2021-22 Best Children's Hospitals list. We serve patients from 51 countries and all 50 states. Our mission is to improve child health and transform delivery of care through fully integrated, globally recognized research, education and innovation.

Cincinnati Children's is also Greater Cincinnati's largest health care system and the region's second largest employer, with 16,500 employees, including 4,224 nurses. Our ability to achieve our mission and continue growing depends on the dedicated people who are part of our organization.

Cincinnati State has long been a trusted education partner. Many graduates of Cincinnati State's nursing program work at Cincinnati Children's. Through our Affiliation Agreement with Cincinnati State, many nursing students also complete their clinical training here.

Like every health care system in our region, Cincinnati Children's is facing a serious shortage of nurses, including nurses at the BSN level. All indications are that this challenge will be with us for some time. We welcome Cincinnati State's proposed new BSN program and are enthusiastic about the possibilities it presents.

Cincinnati State has proven over the years that its ADN graduates achieve on average among the region's highest passing rates on NCLEX certification exams, including university BSN programs. Cincinnati State also has the region's most diverse nursing graduates by a significant margin. We are confident Cincinnati State's new BSN program will be built upon the same high academic standards, will help us address the shortage of BSN nurses, and will help us achieve our strategic goal of increasing diversity in our nursing workforce and nursing leadership.

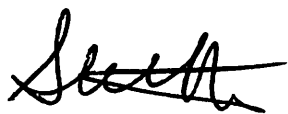
To that end, Cincinnati Children's is actively involved on the Advisory Board of the Cincinnati State nursing program, through which we will be collaborating with the college on the new BSN program.

We will provide advice on curriculum, including the possible development of a pediatric elective, which could be of great benefit to students but is currently not a focus in many BSN programs. We will also

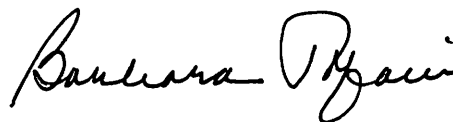
work with the new Cincinnati State BSN program to develop possibilities for internships in non-traditional clinical settings that focus on community. In addition, we will collaborate with the program to promote and encourage diversity, equity and inclusion that could include specialized programs and mentorships.

Thank you for this opportunity to express our support for Cincinnati State's proposed new BSN degree. We look forward to hiring and retaining nurses who graduate from the new program.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steve Davis', with a stylized flourish at the end.

Steve Davis, MD, MMM, *MS*
Chief Operating Officer
Incoming President and CEO

A handwritten signature in black ink, appearing to read 'Barbara Tofani', with a stylized flourish at the end.

Barb Tofani, MSN, RN, NEA-BC
Senior Vice President, Patient Services
Chief Nursing Officer



January 26, 2022

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

On behalf of Cincinnati Children's Hospital Medical Center, we are pleased to submit this addendum to our prior letter of support for Cincinnati State's proposed Bachelor of Science in Nursing (BSN) Degree Program.

Cincinnati Children's is ranked No. 4 in the nation among Honor Roll hospitals in the *U.S. News & World Report* 2021-22 Best Children's Hospitals list. We serve patients from 51 countries and all 50 states. Our mission is to improve child health and transform delivery of care through fully integrated, globally recognized research, education, and innovation.

As we stated in our initial letter, there is a serious shortage of BSN nurses in our region, and Cincinnati State operates an exceptional nursing program that produces a diverse and well-prepared pool of graduates.

Given current trends, we are committed to hiring 20-25 or more qualified graduates annually from the Cincinnati State BSN program.

We understand that the Cincinnati State BSN program will include community-based experiences that will take place in many different settings, including non-hospital settings. If needed, we are committed to providing 12 community-based experiences/preceptorships annually for students in the Cincinnati State BSN program.

Like every health care system in our region, Cincinnati Children's is facing a significant shortage of nurses, including those at the BSN level. According to the American Association of Colleges of Nursing, this shortage is projected to intensify. We welcome Cincinnati State's proposed new BSN program and are enthusiastic about the possibilities it presents.

Cincinnati Children's continues to be actively involved on the Advisory Board of the Cincinnati State nursing program, through which we will be collaborating with the college on the new BSN program.

Thank you for this opportunity to express our ongoing support for Cincinnati State's proposed new BSN degree. We look forward to hiring and retaining nurses who graduate from the new program.

Sincerely,

A blue ink signature of Steve Davis, consisting of a stylized 'S' followed by a series of loops and a horizontal line at the end.

Steve Davis, MD, MMM
President and CEO

A blue ink signature of Barb Tofani, written in a cursive style with the first name clearly visible.

Barb Tofani

Barb Tofani, MSN, RN, NEA-BC
Senior Vice President, Patient Services
Chief Nursing Officer



November 2, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

I have been privileged to be a leader in health care and hospital management for many years. This is not the first time we have seen a shortage of nurses. Such shortages tend to be cyclical. However, in speaking with my fellow hospital system leaders, we agree that the current nursing shortage is the deepest we have seen, at all levels including BSN. It is what keeps us up at night.

I do not see this shortage as a one- or two-year issue, but a decade issue. The COVID pandemic has led many nurses to leave the profession. There has also been an exodus of nurses due to early retirements. In addition, nurses, especially BSN nurses, have many more non-bedside opportunities—in insurance, virtual care and other settings. When you consider the aging population and the growing need for inpatient care, we will continue to need more nurses than we are currently producing in this region.

BSN nurses are absolutely critical to that need and to the future of our regional health care system. BSN programs help nurses develop their critical thinking skills and enhance their leadership abilities.

We strongly support Cincinnati State's application to develop a new BSN program. It will not conflict with existing BSN programs in our region. Rather, it will provide a positive addition to the current programs, with some unique features that will benefit our hospitals and the community.

For example, Cincinnati State's high quality and lower price point will provide opportunities for more individuals to complete a BSN degree who might otherwise not do so because of socioeconomic issues. This includes students coming out of high school and adults. It will also help employers like us to provide tuition assistance for more RNs seeking to advance their careers. One of our goals at Mercy is to increase the diversity of our leadership across all health professions. We share that goal with other health systems. Cincinnati State's new BSN program will help with those efforts.

Mercy Cincinnati has long had a clinical experience agreement with Cincinnati State, and employs many graduates of the nursing program. We look forward to expanding those opportunities to the students and graduates of the new Cincinnati State BSN program.

Thank you. Please let me know if you have any questions or would like to discuss further.

Sincerely,

A handwritten signature in black ink, appearing to read "David J. Fikse".

David J. Fikse,
President, Mercy Health - Cincinnati



January 20, 2022

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

This is an addendum to my letter of support dated November 2, 2021 for Cincinnati State's proposed Bachelor of Science in Nursing (BSN) degree.

As stated in the letter, there is a serious and likely long-term shortage of BSN nurses in our region, and Cincinnati State operates an exceptional and affordable nursing program that produces a diverse and well-prepared pool of graduates.

Given current trends, Mercy Health Cincinnati would be committed to hiring 60 or more qualified graduates annually from the Cincinnati State BSN program.

In addition, the Cincinnati State BSN program will include community-based experiences/preceptorships that will take place in many different settings, including non-hospital settings. These community-based experiences/preceptorships would not conflict or take away spots from traditional RN clinical placements.

If needed, Mercy Health Cincinnati would be committed to providing 20 or more community-based experiences/preceptorships annually for students in the Cincinnati State BSN program.

Sincerely,

A handwritten signature in black ink, appearing to read "David J. Fikse".

David J. Fikse
President, Mercy Health - Cincinnati



October 24, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

This letter is to express my support for Cincinnati State's proposed BSN degree program.

I am the Chief Nursing Officer for Mercy Health Cincinnati, which includes five hospitals, an additional four freestanding emergency departments, and close to 50 primary care locations. Mercy Health Cincinnati is part of Bon Secours Mercy Health, one of the largest health systems in the U.S.

The literature shows that increasing BSN nurses in hospitals improves safety and patient outcomes. Three of our five hospitals in the Cincinnati Region are Magnet Certified by the American Nurses Credentialing Center. Currently our RN workforce ranges from 50-65 percent with a goal to get to 80 percent BSN completion across the Cincinnati Market.

We are also interested in increasing the diversity of our workforce. There are socioeconomic barriers for many nurses who want to advance. Cincinnati State's new BSN program would help them, and in doing so help us reach our goals. It is a well-respected, high quality nursing program and a gateway for diverse students. The college meets students where they are. Its counselors are very supportive. It is also very affordable.

We are encouraging our LPNs to complete their RN, and our RNs to complete their BSN. With the new BSN program, Cincinnati State will have a complete advancement pathway for our employees.

We are also enhancing our tuition benefits for employees. Cincinnati State's BSN program will be an affordable option for employers who give funding for tuition reimbursement.

We also welcome opportunities for Mercy's nurse leaders to participate in Cincinnati State's BSN Advisory Board and see an opportunity to extend our long-held clinical training partnership with Cincinnati State to include the new BSN program.

Mercy Health Cincinnati is proud to count many graduates of Cincinnati State's nursing college among our employees and looks forward to hiring and retaining nurses who earn their BSN from Cincinnati State. Thank you for your time. Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Stephanie Meade, DNP, MBA, RN, NEA-BC".

Stephanie Meade, DNP, MBA, RN, NEA-BC
Chief Nursing Officer, Mercy Health - Cincinnati



11/2/2021

Jason Asic
Chief Operating Officer
Mercy Health – West Hospital
3300 Mercy Health, BLVD.
Cincinnati, OH 45211
jasic@mercy.com
513-215-0203

To Whom it May Concern,

This missive is in support Cincinnati State's intentions to begin offering a BSN option to its nursing students. As an alumnus of Cincinnati State and a healthcare administrator, I believe this a necessary progression to benefit both the community and industry.

Students attending Cincinnati State enjoy a substantially lower cost per credit hour than other local colleges – making higher education attainable absent a tremendous student debt burden. A BSN program will give students at Cincinnati State a low-cost option to the profession without having to matriculate to a second higher-cost university.

The COVID-19 pandemic upended the entire healthcare landscape, an outcome of which is a dearth of health care workers. Additionally, many hospitals in the Cincinnati region have achieved Magnet status, a component of which focuses on employing BSN level professionals. Our region needs a robust pipeline of these nursing professionals to replenish and sustain the workforce.

Cincinnati State has a track record of providing the diverse community it serves affordable access to a better economic future. Thank you for considering this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Asic", written over a horizontal line.

Jason Asic



November 5, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

Mercy Health West Hospital is the predominant full service hospital serving communities that make up Cincinnati's West Side. As a Magnet Recognized Hospital through the American Nurses Credentialing Center, one of our strategic goals is to increase the percentage of nurses year over year with a Bachelor of Science Nursing (BSN) degree. Research continues to demonstrate a strong link between a higher percentages of BSN nurses practicing within the hospital and improved patient outcomes and patient experience.

With the current challenges we face due to the shortage of available BSN nurses, I was excited to learn of Cincinnati State's new BSN degree program. It will provide many working RNs with an affordable, flexible and high-quality option for advancing their career through earning their BSN from Cincinnati State. Through this opportunity it will also attract new and diverse students who might not otherwise be able to successfully pursue nursing as a career.

Florence Nightingale was quoted saying "Let us never consider ourselves finished nurses.... we must be learning all of our lives." Through the approval of this application Cincinnati State will continue to provide a need within the West Side Community of Cincinnati that meets the mission of what Ms. Nightingale set as a core focus for all future nurses.

I urge you to approve Cincinnati State's application. Thank you for this opportunity.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Jackson", with a long horizontal flourish extending to the right.

Jennifer Jackson, DNP, RN, NEA-BC
Hospital Chief Nursing Officer, Mercy West



Justin R Krueger, FACHE
President
Mercy Health – Fairfield Hospital
3000 Mack Road
Fairfield, OH 45014

November 1st, 2021

Mr. Randy Gardner
Chancellor
Ohio Department of High Education
25 South Front Street
Columbus, OH 43215

Dear Mr. Gardner,

My name is Justin Krueger and I currently serve as the Mercy Health – Fairfield Hospital and North Market President. Mercy Health currently operates five acute care hospital sites in Cincinnati, OH and numerous physician clinics, ambulatory surgery centers, and free-standing emergency departments. Mercy Health in Cincinnati is part of the larger Bon Secours Mercy Health system, the nation's fifth-largest Catholic health system and comprises a network of 50 hospitals across the US and Ireland.

I am writing you as a declaration of support for Cincinnati State and their application for a Bachelor of Science in Nursing (BSN) program. As the healthcare industry continues to grapple with the COVID-19 pandemic, never has it been more apparent that we as an industry are in dire need of additional, bachelors' degree-prepared nurses to staff our sites of care. Many traditional bed-side nursing roles go unfilled across all area health systems as the nursing demand far exceeds the current supply, putting even further strain on a health system that's weary from the lengthy response to the pandemic.

In addition to merely agreeing with the need for more nurses to seek employment with our health system, we are anxious to be a part of the solution to train and educate new nurses as well. Cincinnati State has a long and successful track record of turning out diverse, quality students that are both eager and well prepared for the workforce. At Mercy Health – Fairfield Hospital we would very much enjoy the opportunity to play a role with training some of Cincinnati State's nursing student serving as not only a site for clinical rotations, but also as a potential employer for them as well. We would also be willing and able to help the College with curriculum for their BSN program should they desire us to do so and would be more than willing to serve in an advisory board capacity also.

In closing, I hope this letter of support finds you well and that the Ohio Department of Higher Education strongly condones Cincinnati State's application for the Bachelor of Science in Nursing (BSN) program that our communities and area health systems so desperately need.

Sincerely,

A handwritten signature in black ink that reads "Justin R. Krueger". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Justin R. Krueger, FACHE
President



November 12, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

This letter expresses TriHealth's support for Cincinnati State's proposed Bachelor of Science in Nursing (BSN) program.

Similar to other hospitals and health systems in our region and across the nation, TriHealth – which employs nearly 3,000 nurses across our six hospitals and 130 sites of care throughout Greater Cincinnati – is experiencing the pains of workforce shortages, acutely exacerbated and accelerated by the ongoing COVID-19 pandemic.

While we have been successfully managing through the current pandemic-related nursing labor shortage, there has never been a more critical juncture than now to expand our pipeline of talented healthcare workers. We are excited about the opportunities Cincinnati State's new BSN program presents to increase this pipeline of BSN nurses, in partnership and collaboration with the region's other nursing colleges, including TriHealth's own Good Samaritan College of Nursing and Health Sciences.

For more than a decade, TriHealth has prioritized increasing the percentage of BSNs serving patients within our hospitals, ambulatory sites and physician practices. As evidence-based practitioners, we follow the science and are guided by the data. And the data on nursing is clear – while a licensed RN with a degree is hireable, there is a direct correlation to more optimal patient outcomes when our patients receive care from nurses with BSN degrees. And ultimately, we have an expectation that an RN will achieve her or his BSN within five years of joining our team.

We are encouraged that Cincinnati State's new program will assist in furthering our progress toward these goals and will ultimately contribute to improving our community's overall health by providing greater opportunities for a larger population to go into nursing and advance in the profession:

- Foundational to TriHealth's work of "Getting Healthcare Right" is building an organization that mirrors the increasingly diverse community we serve and an organization that is well equipped to deliver better care, better health and better value. And that means, in part, hiring more diverse individuals in all roles at TriHealth – from leadership to nursing to frontline support – who better reflect our community's rich diversity. With Cincinnati State's nursing program graduating the region's highest percentage of African American RNs, we are encouraged by the opportunity to partner to increase our diversity, to the benefit of our health system and the patients we serve.
- Cincinnati State's nursing program produces high-quality candidates but at the same time offers the lowest tuition in the region, increasing access and opening doors for more individuals to become BSN nurses. And this lower tuition rate will help amplify the tuition-assistance dollars TriHealth provides in support of our own team members.

Approving the new BSN program at Cincinnati State is a win for the next generation of nurses, the broader nursing profession, our health systems and – most importantly – will create a healthier community for everyone we serve.

Sincerely,

Mark Clement
President & CEO

Jennifer Skinner, RN, MSN, BSN
Senior Vice President, Chief Nursing Officer



January 20, 2022

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

This is an addendum to TriHealth's letter of support dated November 12, 2021 for Cincinnati State's proposed Bachelor of Science in Nursing (BSN) degree.

As stated in the letter, "there has never been a more critical juncture than now to expand our pipeline of talented healthcare workers. We are excited about the opportunities Cincinnati State's new BSN program presents to increase this pipeline of BSN nurses, in partnership and collaboration with the region's other nursing colleges, including TriHealth's own Good Samaritan College of Nursing."

Given current trends, TriHealth would be committed to hiring 50 or more qualified graduates annually from the Cincinnati State BSN program.

In addition, the Cincinnati State BSN program will include community-based experiences/preceptorships that will take place in many different settings, including non-hospital settings. These community-based experiences/preceptorships would not conflict or take away spots from traditional RN clinical placements.

If needed, TriHealth would seek to provide 20 or more community-based experiences/preceptorships annually for students in the Cincinnati State BSN program.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Skinner", written in a cursive style.

Jennifer Skinner, MSN, BSN, NEA-BC, RN
Senior Vice President, Chief Nursing Officer

October 20, 2021

Randy Gardner, Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

As the Vice President and Chief Nursing Officer for TriHealth's Bethesda North Region, I am responsible for 1,100 nurses working at Bethesda North Hospital, Bethesda Butler Hospital, McCullough-Hyde Memorial Hospital and Bethesda Arrow Springs.

There is not only an overall shortage of nurses in our region, but also a shortage of BSN nurses who can become leaders of our practices as well as leaders on the front lines of providing evidence-based medicine.

With that, I am absolutely in support of Cincinnati State's proposed BSN program.

We work closely with Cincinnati State. Some of our nurses serve as faculty in the Cincinnati State nursing program. I serve on the college's nursing advisory board that will review the curriculum and other aspects of the new BSN degree. We also have an agreement with Cincinnati State to provide clinical training opportunities that can be amended to include the BSN program.

TriHealth has hired many graduates of the Cincinnati State nursing program and looks forward to hiring BSN graduates. Cincinnati State has a high caliber of students and does a great job of preparing them for the workforce. The BSN degree will take those students across the finish line to become leaders.

Thank you for the opportunity to express my support for Cincinnati State's new BSN program. When we invest in BSN nurses, we are investing in the next generation of health care leaders.

Sincerely,



Rebecca Baute, BSN, MBA, RN, CMTE
Vice President, Chief Nursing Officer
Office 513 865 7318 Cell 513 706 3054
Fax 513 865 1441
rebecca.baute@trihealth.com

November 2, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner:

It is my great pleasure to support Cincinnati State in its application for a Bachelor of Science in Nursing degree. UC Health West Chester Hospital's partnership with Cincinnati State helps us meet our need for well-prepared healthcare professionals. Cincinnati State is a leader in healthcare education in our region.

The current shortage of nurses locally is the worst we have experienced and there is no end in sight. Additionally, our Magnet status from the American Nurses Credentialing Center requires the ability to hire and retain BSN prepared nurses. The BSN Program at Cincinnati State will provide us with another source of nurses able to provide leadership as well as deliver excellent patient-centered care, central to our mission.

Not only can we count on the same high quality we have come to expect from Cincinnati State, this BSN program will provide students the ability to continue their education at a lower cost. The ADN Program at Cincinnati State provides hands-on experience for students, leading to the highest NCLEX scores for local RN Programs with the lowest tuition.

The addition of a BSN degree at Cincinnati State provides great value to students, great opportunities for local healthcare employers like us, and improved health outcomes for our community.

I urge the Ohio Department of Higher Education to approve the application of Cincinnati State for a BSN Program. UC Health West Chester Hospital is committed to an ongoing collaboration with Cincinnati State. We look forward to the opportunity to support this program and hire its graduates.

Sincerely,



Tom Daskalakis, FACHE
Chief Administrative Officer
UC Health West Chester Hospital



Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

November 15, 2021

Dear Chancellor Gardner,

I am writing to advocate on behalf of Cincinnati State's application for a Bachelor of Science in Nursing (BSN) program. As a graduate of Cincinnati State (Cincinnati Technical College during my education) I know the quality and value of their healthcare programs and the impact they provide in Southwestern Ohio. I would not be in a healthcare leadership role today without the foundational success I attained at Cincinnati State.

West Chester Hospital is a growing 200 bed hospital and part of the UC Health academic health care system. Even though we have repeatedly been named a Best Places to Work in Cincinnati and Best Places to Work in Ohio our greatest challenge continues to be recruiting nurses, specifically we need BSN prepared nurses which are required as a Magnet Hospital. The Greater Cincinnati region simply needs more BSN prepared nurses - the need has only increased since CoVid-19.

We vigorously support Cincinnati State's application for a BSN program and are committed to partnering with them in the training and hiring their BSN graduates. This program is greatly needed in the replenishment of well-trained BSN prepared nurses in our area. Cincinnati State uniquely fulfills a critical role, serving diverse populations and uniquely preparing each individual student for success towards graduation and employment.

West Chester Hospital will not be successful nor able to meet the growing needs of our community without partners like Cincinnati State. Their vision and dedication to the community is clearly demonstrated by developing a new source of BSN prepared nurses in our community. Please approve their application for a BSN Program to address the critical shortage of nurses in our community.

Please reach out if you desire any additional dialogue regarding this reference.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald A. Rohlifing'.

Ronald A Rohlifing, KBT, MBA,
Vice President, Operations
West Chester Hospital
7700 University Drive
West Chester, OH 45069
513-708-8482 Cell

November 15, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner:

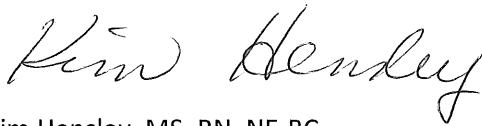
I am writing to you to express my support for Cincinnati State's application to offer a Bachelor of Science in Nursing degree. It is a logical extension of the Nursing pathway at Cincinnati State that will provide healthcare organizations in Southwestern Ohio more opportunity to hire well prepared, baccalaureate degree nurses.

In my role as Chief Operating Officer and Chief Nursing Officer at Atrium Medical Center in Middletown, I am acutely aware of the shortage of nurses in our area. Achieving our goal of providing outstanding care and maintaining Magnet Status with the ANCC requires a dependable supply of BSN graduates.

Cincinnati State has established its ability to provide well-prepared graduates that help us meet our staffing needs. The NCLEX scores for the ADN program are among the highest in the region for all RN programs, while the affordable tuition makes a BSN a realistic goal for a larger number of students.

We, at Atrium Medical Center are pleased to support Cincinnati State's application to offer a BSN degree and look forward to hiring its graduates.

Thank you,



Kim Hensley, MS, RN, NE-BC
Chief Operating Officer/Chief Nursing Officer
Atrium Medical Center
One Medical Center
Middletown, OH 45005



**BLACK NURSES ASSOCIATION
OF GREATER CINCINNATI**

October 24, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

As a society, we have to get more people into the nursing profession, regardless of color. That said, people listen to people they trust. If we are going to improve the overall health of the black community in Greater Cincinnati and in Ohio, we need to have more black nurses at every level of the profession. All hands will need to be on deck if we are going to make a dent in this problem.

The Black Nurses Association of Greater Cincinnati strongly supports Cincinnati State's application to establish a BSN degree. Quality of instruction and diversity have always been strengths of the Cincinnati State nursing program. Over the years, Cincinnati State has made the largest difference in our region in producing minority nurses who were well prepared to succeed in the workplace. I know this first hand. I was a member of the Cincinnati State's first ADN class in 1991, and have gotten to know many graduates from successive classes through the Black Nurses Association.

We have found several important elements that are important to achieving the best results for recruiting, retaining and graduating more minority nurses:

- Students need seamless progression from STNA, to LPN, to RN, and to BSN, and to be accepted at the different steps on that track without having to repeat certain requirements. With the approval of Cincinnati State's BSN degree, it will be the only college I know in our region that offers all of these steps.
- At the BSN level, you start understanding your role as a leader. More Black nurses must begin to see themselves as leaders and help others get into the field. This will happen at Cincinnati State.
- Affordability is crucial. Students, as well as employers who provide tuition reimbursement, will benefit from Cincinnati State tuition rate, which is much lower than other local BSN programs.
- Minority students are sometimes fearful about succeeding, especially at a new school. Cincinnati State will provide students with consistency. The Black Nurses Association of Greater Cincinnati is excited about the possibility of partnering with Cincinnati State to provide mentoring and support for students in the BSN program and at all levels of the nursing pathway.

Thank you for this opportunity to express our support.

Sincerely,

Regina Hutchins, Ph.D., BSN, RN
President



BLACK NURSES ASSOCIATION
OF GREATER CINCINNATI

P.O. Box 17245, Cincinnati, Ohio 45217 | (513) 237-7579 | Fax (513) 795-7434
ReginaHutchinsPhD@gmail.com

January 27, 2022

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

The Black Nurses Association of Greater Cincinnati (BNAGC) is proud to partner with Cincinnati State and submit this letter of support to increase their nursing education program. This is an addendum to our October 24, 2021, letter of support for Cincinnati State's proposed Bachelor of Science in Nursing (BSN) degree program.

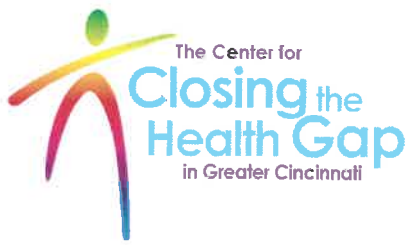
As we stated in our letter, there is a serious shortage of BSN nurses in our region, and Cincinnati State operates an exceptional nursing program that produces a diverse and well-prepared pool of graduates. The Black Nurses Association of Greater Cincinnati is committed to supporting efforts to increase the nurse and especially BSN workforce.

We understand that the Cincinnati State BSN program will include community-based experiences that will take place in many different settings, including non-hospital settings that we are able to support. If needed, we are committed to providing 12 community-based experiences/preceptorships annually for students in the Cincinnati State BSN program. We look forward to helping.

Thank you for this opportunity to express our support.

Sincerely,

Regina Hutchins, Ph.D., BSN, RN
President



October 22, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

Since our founding in 2004, the mission of the Center for Closing the Health Gap has been to eliminate racial and health disparities in the Greater Cincinnati community through education, advocacy, and outreach targeting the African American, Latino, and white Appalachian populations.

Research and anecdotal evidence both show that people are more comfortable reaching out to health providers who look like them. The COVID pandemic has made this finding even more apparent.

There is definitely a need for more diversity in our regional nursing workforce, especially for black nurses. This need exists at both the RN (ADN) and BSN levels.

Cincinnati State has shown that its nursing program is both highly diverse and of high quality. One fourth of Cincinnati State's nursing graduates are black, and these same graduates have among the region's highest scores on nurse licensing exams.

We support Cincinnati State's proposed BSN degree program and the positive impact it will have on the health of all people who live in our region.

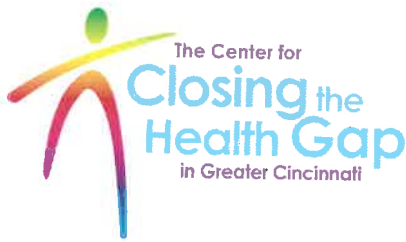
One aspect of our work is to partner with regional health systems, community organizations, and colleges. That includes providing the community portion of nursing internships for local nursing students. We see an opportunity to partner with Cincinnati State to offer these internships to its ADN students, and its BSN students once the program has begun.

Sincerely,

Renee Mahaffey Harris
President and CEO

Your Health, Your Future.

closingthehealthgap.org • 513.585.9872 • 3120 Burnet Avenue, Suite 201 • Cincinnati, Ohio 45229



January 26, 2022

This is an addendum to our letter of support for Cincinnati State's proposed Bachelor of Science in Nursing (BSN) degree.

As we stated in our letter, there is a serious shortage of BSN nurses in our region, and Cincinnati State operates an exceptional nursing program that produces a diverse and well-prepared pool of graduates.

We understand that the Cincinnati State BSN program will include community-based experiences that will take place in many different settings, including non-hospital settings. If needed, we are committed to providing 12 community-based experiences/preceptorships annually for students in the Cincinnati State BSN program.

Sincerely,

Renee Mahaffey Harris,
President & CEO

November 3, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

In my role at The Health Collaborative (THC), I convene our Workforce Advisory Council which is dedicated to increasing the size, preparedness, and diversity of our region's healthcare workforce pipeline. Our partners in this work include the region's six major health systems, long-term care providers and other healthcare employers, along with education, community-based organizations and other workforce entities.

The one thing I hear most in from my partners—we need workforce. The most concerning area is the growing nursing shortage. This includes a critical shortage of nurses at all levels, including BSN. THC's most recent Semi-Annual Workforce Report showed an alarming 44% increase in the vacancy rate for RNs in our region's hospital systems from December 31, 2020 - June 30, 2021. We estimate that up to 70% of those vacancies are for BSNs. Although some of the recent spike is due to the COVID-19 pandemic, the nursing vacancy rate (now 11 percent) has not been this high since 2004 and is expected to jump several more percent by the end of this year. This has created an environment where our hospitals throughout the region are closing needed beds because they do not have enough staff.

On this basis alone, we would support Cincinnati State's proposal for this new BSN program. Cincinnati State has for many years provided a high-quality nursing program at an affordable cost with exceptional NCLEX pass rates. Its graduates tend to stay in our community and are working at every hospital in Greater Cincinnati.

This new BSN program at Cincinnati State should also positively impact employers and the health of our region. We expect that in adding this program, Cincinnati State will be able to open more, in-demand seats for students in their Associate Degree Nursing and Licensed Practical Nursing programs, as well as provide students and employers more options for earning the highly valued BSN degree.

Not only will Cincinnati State's new BSN program improve our region's capacity to meet its overall nursing workforce needs, but also it will improve the diversity of our nursing workforce. The lack of diversity in healthcare has been shown to be in direct proportion to a lack of positive outcomes for minority populations. Cincinnati State is doing an excellent job in addressing the workforce diversity that is critical to our region's overall health. It has done amazing work with wrap around student services, and the hybrid options the proposed BSN program expands opportunities for people with different learning styles.

The opportunity is here to address some very important gaps in our nursing workforce. I hope you will join us in supporting this new program.

Sincerely,



Hope Arthur
Director, Workforce Innovation

November 4, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

We are facing a trifecta of issues in healthcare that together create a massive challenge for our industry and society:

- 1) Within the health sector workforce, 10 positions are at serious risk of being severely understaffed, including nursing at the BSN and RN levels.
- 2) Health professions such as nursing present gateway opportunities to well paid jobs and leadership positions for people from economically challenged backgrounds, yet not enough of these opportunities are available.
- 3) Better health outcomes happen when the background of patients and providers are similar, yet the diversity of our health care system remains significantly lower than optimum.

Cincinnati State's proposed BSN program meets all of these issues in one fell swoop:

- 1) It provides a much needed expansion of our region's capacity for producing BSN nurses to help close the current workforce gap in this profession.
- 2) Cincinnati State's nursing program is the most affordable in the region while at the same time at the top in terms of quality, presenting a compelling opportunity for more individuals from all backgrounds to pursue and advance a nursing career.
- 3) Cincinnati State's nursing program is the most diverse in our region and will help answer the need expressed by our member health systems to increase diversity in their nursing staffs and nursing leadership.

On behalf of our organization and our members, we welcome and support Cincinnati State's proposed new BSN program and request that you approve the college's application. Thank you and please let me know if you have any questions.

Sincerely,



Craig Brammer
CEO
The Health Collaborative



Alumni Association
of the Bethesda School of Nursing
Proudly supporting nursing education since 1914

November 17, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner:

It is our organization's pleasure to support Cincinnati State in its application for a Bachelor of Science in Nursing degree. The Bethesda School of Nursing Alumni Association supports The Cincinnati State Bethesda School of Nursing as we consider its graduates members of our 107-year-old alumni organization. The Bethesda School of Nursing transitioned to The Cincinnati State Bethesda School of Nursing 30 years ago, continuing the rich history of that then 94-year-old institution.

Our organization will also provide support to Cincinnati State BSN students via the Lambert-Pautz Scholarship, which aids current alumni members who are pursuing a BSN degree. All graduates of the Associates degree nursing program at Cincinnati State are alumni and eligible for membership in our organization. We also support students as they complete the Associate Degree program at Cincinnati State with The Draher-Pautz Scholarship and have awarded hundreds of students with these funds to assist them on their pathway to licensure as Registered Nurses.

As nurses, we are excited that the addition of a BSN degree at Cincinnati State will provide value to students and employers, and lead to improved health outcomes for our community. We urge the Ohio Department of Higher Education to approve the application of Cincinnati State for a BSN Program. We look forward to this evolution of the legacy program of our Bethesda School of Nursing, and feel that it builds on the excellence of the 124-year Bethesda nursing tradition.

Sincerely,

Joyce Fugate, RN, BSN, MS
President
Bethesda Alumni Association

10500 Montgomery Road
Cincinnati, OH 45242
513-865-1609



November 16, 2021

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

For more than 130 years, The Christ Hospital has been dedicated to providing the best, most compassionate care for our community. Today, we are an extensive network of 6,500 employees, serving patients in two hospitals and more than 100 locations throughout Greater Cincinnati.

As with other health systems in our region, we are facing a profound shortage of nurses, including nurses at the BSN level. We also have a need for a more diverse population of nursing professionals at Christ Hospital.

For both of these reasons, we heartedly support Cincinnati State's application to develop an RN-to-BSN degree program.

Cincinnati State is a longstanding and respected education partner for Christ Hospital. Its nursing program combines strong NCLEX outcomes and a high percentage of diversity among its graduates. That is of great value to Christ Hospital and to the community.

We look forward to providing ongoing clinical opportunities for Cincinnati State nursing students, extending those opportunities as appropriate to the new BSN program, and hiring graduates to become part of the Christ Hospital team.

Furthermore, as the nursing profession continually evolves towards BSN degrees becoming the entry-level requirement, this new program will allow Cincinnati State to more effectively pivot from a 2+2 Associate Degree and RN to BSN program to a traditional BSN program when the time comes.

Thank you for this opportunity to express our support.

Sincerely,

A handwritten signature in black ink that reads "Deborah Hayes".

Deborah Hayes
President & CEO

Deborah.hayes@thechristhospital.com

513-585-0557

A handwritten signature in black ink that reads "Julie Holt".

Julie Holt
Vice President and Chief Nursing Officer

Julie.holt@thechristhospital.com

513-585-1040



January 21, 2022

Randy Gardner
Chancellor
Ohio Department of Higher Education
25 South Front Street
Columbus, OH 43215

Dear Chancellor Gardner,

This is an addendum to The Christ Hospital Health System's letter of support for Cincinnati State's proposed Bachelor of Science in Nursing (BSN) degree.

As stated in our letter:

- We are facing a profound shortage of nurses, including nurses at the BSN level. We also have a need for a more diverse nursing population at Christ Hospital.
- Cincinnati State is a longstanding and respected education partner for Christ Hospital.
- As the nursing profession continually evolves towards BSN degrees becoming the entry-level requirement, this new program will allow Cincinnati State to more effectively pivot to an all-BSN nursing program when the time comes.

Given current trends, The Christ Hospital Health System would be committed to hiring 50 or more qualified graduates annually from the Cincinnati State BSN program.

In addition, the Cincinnati State BSN program will include community-based experiences that will take place in many different settings, including non-hospital settings. These community-based experiences or preceptorships would not conflict or take away spots from traditional RN clinical placements.

The Christ Hospital Health System would be committed to providing 21 or more community-based experiences/preceptorships annually for students in the Cincinnati State BSN program.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Holt". The signature is fluid and cursive, with a large loop at the end.

Julie Holt
Vice President and Chief Nursing Officer

Cincinnati State BSN Application

Preceptor Document



Appendix E

To: Managers and Preceptors working with Cincinnati State Role Transition Students

Thank you so much for agreeing to work with our students for their Role Transition Experience. I am enclosing information about the Cincinnati State/Bethesda School of Nursing Role Transition Clinical Experience to help you become familiar with the objectives of the program. The experience starts on Thursday February 6, 2020 and ends on Thursday April 2, 2020.

Students are required to work a minimum of 120 hours (ex: 10 twelve-hour shifts or 15 eight-hour shifts) .The student is expected to stay the entire shift or until all of their work is completed for their assigned patients. The purpose of the Role Transition Experience is for the student to begin his / her transition into the professional novice role.

Preceptors must be experienced in the practice of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student; This is a requirement mandated by the Ohio State Board of Nursing.

The goal by the end of the clinical time is for the student to be able to safely care for the preceptor's group of patients. It will be up to the preceptor to determine how quickly the student is able to progress to a larger patient load. Most students have cared for 2 patients up to this point. Because delegation is one of the course objectives, it would be helpful for the preceptor to guide the student in this area according to what delegation occurs on the unit. If at any point the preceptor identifies an area in which the student is not showing improvement, the preceptor needs to contact the instructor so that the instructor is able to work with the student.

The following is a list of skills that the students should be able **to perform with minimal assistance:**

- Changing a sterile dressing and removing staples
- Assessing patients and applying the nursing process
- Caring for surgical drains (Penrose, JP, hemovac)
- Using IV Alaris pump
- Administering IV fluids and IVPB's via gravity or pump
- Using O2 flow meter and oxygen per nasal cannula
- Administering oral medications
- Administering intradermal, subcutaneous, and intramuscular injections
- Inserting and removing a urinary catheter
- Applying ECG leads
- Inserting, irrigating, and removing a nasogastric tube
- Administering intermittent and continuous tube feeding
- Suctioning (nasopharyngeal and tracheal)
- Performing tracheostomy care
- Blood glucose checks may only be performed if hospital required training on equipment has been completed.

**Many hospitals do not provide PYXIS access for each role transition student therefore the RN may need to be present during PYXIS access.*

The preceptor can allow the student to have more independence in performing these procedures as he/she feels comfortable. If the student demonstrates an obvious lack of knowledge and skill in performing the procedures, please contact the instructor so the student can be referred to the skills lab for further practice.

The following skills require that the **preceptor be with the student** when performing (if the skills are not prohibited for students to perform by the institution):

- Insertion of IV catheter
- Administration of IV push medications
- Administration of IV drip medications (heparin, dopamine, insulin, etc...)
- Collection of venous blood samples

The following is a list of skills that the students **ARE NOT allowed to perform**:

- The students **CANNOT** perform skills that require additional training by the R.N. (e.g. giving chemotherapy drugs, discontinuing a central line, collection of ABG's etc...).
- Students **CANNOT** take telephone orders from physicians and
- Students **CANNOT** remove drains.
- Students **CANNOT** initiate blood and/or blood products (**may monitor only** after preceptor initiates).
- Many hospitals do not provide blood glucose equipment training therefore blood glucose testing **MAY NOT** be performed unless training complete per unit protocol

I hope this information is helpful. If you have any other questions, please do not hesitate to email or call. Thanks so much for sharing your expertise and allowing our students to complete their Role Transitional Experience. I am sure that the students will learn a great deal!

Sincerely,

Beth Hamon DNP RN CNE

Professor of Nursing

The Cincinnati State/Bethesda Nursing Program

(513) 569-1291 office / (513) 484-7709 cell phone

Beth.hamon@cincinnatiastate.edu

STUDENTS LAST NAME: _____

Cincinnati State Nursing Program
Role Transition
Utilization of Preceptors, Student, Clinical Faculty

Responsibilities of the Preceptor

1. On the first day of clinical, complete the Preceptor Qualification Form and sign the Utilization of Preceptors forms required by the college and the Ohio Board of Nursing
2. Review the course clinical outcomes and rubric for satisfactory / unsatisfactory performance
3. Collaborate with the nursing student in identifying goals for the clinical experience.
4. Determine the student's assignment based on course and clinical objectives and student/preceptor goals.
5. Intervene at any time to modify the assignment when patient safety, condition and/or comfort are jeopardized. Preceptor may terminate the student's experience if he/she does not comply with the policies and procedures or is determined to be unsafe or unprofessional. Please contact clinical faculty as soon as possible with any issues or concerns.
6. Provide evaluative feedback to clinical faculty based upon the student's progress towards meeting course objectives on an ongoing basis.

Responsibilities of the Student

1. Submit RN preceptor's proof of license to theory faculty *prior* to initial clinical experience
2. Submit RN preceptor completed forms (Preceptor Qualification Form & Utilization of Preceptors) to theory faculty week four of the course.
3. Comply with orientation requirements of the affiliating institution.
4. Meet with the preceptor to establish goals of clinical experience.
5. Schedule mutually acceptable shifts with the preceptor to equal ten 12 hour shifts of fifteen 8 hour shifts. A schedule needs to be given to the clinical faculty prior to working. The preceptor and clinical faculty must be notified of an absence or any change in the schedule. Students who work a shift without faculty approval or who fail to notify their faculty of any schedule changes may be considered "unsatisfactory" on the clinical performance evaluation. All unapproved clinical hours will NOT count towards 120 total.
6. Communicate with the RN preceptor when assistance is required with nursing care.
7. Keep RN preceptor informed of client's condition or change in status.
8. Practice within established nursing standards of care and follow policies and procedures of school and affiliating institution.
9. Demonstrate accountability and professional behavior on nursing unit (inc. no cell phone use on clinical, no food or drinks on unit, arrive ~15 min before shift).
10. Maintain dress code expectations as identified by the nursing program handbook and by facility guidelines (including no gum chewing, no facial piercings, white/black shoes, etc...)
11. Maintain journal of clinical experiences and participate in self- evaluation.
12. Submit RN preceptor signed Clinical Hours Log to theory faculty upon completion of clinical
13. Turn in hospital badge, parking pass, or other unit specific identification to facility as directed.

Responsibilities of the Clinical Faculty

1. Review NUR 202 clinical performance evaluation rubric and NUR 202 course objectives.
2. Communicate course/clinical objectives and expectations to preceptor and student prior to the start of the clinical experience.
3. Provide contact information for RN preceptor and student and be accessible to the RN preceptor and the student at each scheduled shift.
4. Visit the student and RN preceptor on the unit during the semester to discuss the student's progress with the preceptor and student (expectations are an initial visit within first two shifts and a visit around midpoint).
5. Provide thoughtful, specific and timely feedback to student's journal entries
6. Arrange skills lab time with the student if the preceptor or student identifies a need.
7. Evaluate feedback from the preceptor concerning the student's clinical experience.
8. Determine the final course clinical grade for the student and submit the signed clinical performance evaluation to the theory faculty.
9. Terminate the student's experience in the event that the preceptor or agency requests that the student be removed from the facility due to non-compliance with the facility's policies and procedures.

Signatures:

RN Preceptor _____ **Date** _____

Student _____ **Date** _____

Clinical Instructor _____ **Date** _____

STUDENTS LAST NAME: _____

Cincinnati State Nursing Program
Role Transition
Utilization of Preceptors, Student, Clinical Faculty

Ohio Board of Nursing: *(Updated Feb. 2020)*

5) For a preceptor as defined in paragraph (CC) of rule [4723-5-01](#) of the Administrative Code:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule [4723-5-01](#) of the Administrative Code;

(b) Experience in the practice of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student;

(c) A baccalaureate degree in nursing is preferred; and

(d) Current, valid licensure as a registered nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.

(B) The requirements of this rule do not prohibit an individual appointed to a position prior to February 1, 2008 from continuing to serve in the position if the individual met the rule requirements for the position at the time of appointment.

(C) An individual who is a foreign educated nurse graduate, as defined in paragraph (D) of rule [4723-7-01](#) of the Administrative Code, shall be deemed to have met the academic preparation for an administrator, faculty, teaching assistant or preceptor for a registered nursing education program specified in paragraphs (A)(1)(a), (A)(2)(a), (A)(3)(a), (A)(4)(a), and (A)(5)(a) of this rule, if the individual has practiced nursing as a registered nurse in the state of Ohio, or in another jurisdiction of the national council of state boards of nursing, for at least two years.

Effective: 2/1/2020

Five Year Review (FYR) Dates: 12/19/2021

Promulgated Under: [119.03](#)

Statutory Authority: ORC [4723.07](#)

Rule Amplifies: ORC [4723.06](#)

Prior Effective Dates: 02/01/1996, 04/01/1997, 02/01/2003, 02/01/2007, 02/01/2008, 02/01/2009, 02/01/2010, 02/01/2012, 04/01/2017

Kentucky Board of Nursing:

Section 3. Preceptors.

(1) A preceptor may be used to enhance clinical learning experiences.

If a preceptor is used, it shall be done after a student has received clinical and didactic instruction from the program faculty in all basic areas for the course or specific learning experience.

(2) A preceptor shall hold a current unencumbered license, privilege, or temporary work permit to practice as a registered nurse in the state of the student's clinical site. In a practical nursing program, a preceptor may hold a current unencumbered license, privilege, or temporary work permit to practice as a licensed practical nurse in the state of the student's clinical site.

(3) A preceptor shall have evidence of clinical competencies related to the area of assigned clinical teaching responsibilities.

(4) A preceptor shall not be used to replace clinical instructors. The ratio of student to preceptor shall not exceed two (2) to one (1). Clinical instructors or nurse faculty retain responsibility for student learning and confer with the preceptor and student for the purpose of monitoring and evaluating learning experiences.

(5) There shall be documentation of orientation to the course, program outcomes, student learning objectives, evaluation methods to be utilized by the faculty, and documented role expectations of faculty, preceptor, and student.

Student Instructions: Required Role Transition Paperwork Directions

1. Submit proof of RN License prior to initial experience

The Student (not your preceptor) will need to go to the Ohio or Kentucky State Board of Nursing and print out licensure verification for your RN preceptor to submit to your course theory instructor prior to initial clinical experience.

Ohio: visit the Ohio State Board of Nursing website and click on the “Verify a License” tab. Then you will see



Click Here to Verify an Ohio License or Certificate Please click on the link and enter your preceptor’s information.

Kentucky: <https://kbn.ky.gov/Pages/default.aspx> Go to the tabs across the top and click “Licensees” and follow the drop down menu to “Online Validation”. Then proceed to “Search by Name”.

2. Submit Preceptor Qualification form by week four

The students and RN preceptor complete the RN Preceptor Qualification form and the student submits to course theory instructor prior to week four. This paperwork is required and audited by the Ohio State Board of Nursing.

The following items are often incomplete and require revision. ***It will save you some time and stress to double check these pieces for completion when you receive your documents from your preceptor prior to leaving your first shift.*** Remember, your preceptor is a volunteer nurse mentor and is completing these forms so that you can meet your course requirements. Please remember to be supportive and appreciative of all their efforts.

- Are there **months and years** under date of graduation and nursing experience? It will be returned to you without having the years and months.
- Do the dates of employment include **months and years** to months and years and does this make sense compared to the graduation date on page 2?
- Describe “competency in area of clinical practice” with details including experience, certifications, training, charge nurse experience, other qualifications.
- Is the form signed?

3. Submit Utilization of Preceptor Form by week four

The student must obtain signatures from preceptor and clinical faculty then submit to theory course faculty prior to week four.

4. Submit signed Clinical Hours Log upon completion of clinical

The student must submit signed clinical hours log to theory instructor upon completion of clinical experience. Verify hours add up to ≥ 120 . Increments of time less than an hour do not accumulate or get rounded up. For example: If the student stays over 30 minutes after shift completion to finish up or give report, this is not included in time log. If the student is asked to stay over, and if that extension has been cleared with clinical faculty and RN preceptor, that will count. For example: staying an additional four hours over shift

5. Final RN evaluation upon completion of clinical

Please remind the RN preceptor to submit the final RN student evaluation in provided envelop and mail to course faculty. If the RN preceptor would like to provide the sealed envelope to the student to submit to course faculty that is acceptable.



Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

Preceptor Qualification Form

SECTION I: NAME, EDUCATION, LICENSURE AND EMPLOYMENT

Preceptor Name	Date

Completed Pre-Licensure Nursing Education Program	Date of Graduation

State of Licensure	Licensure Type (Check All that Apply)		License Number	Expiration Date
	RN	LPN		

Nursing Employment - The preceptor may attach current resume or curriculum vitae. The preceptor's time periods of employment in nursing practice must be included, **in the month and year MM/YYYY format**, whether here or on the resume or curriculum vitae.

Employer Name	Location	Time Periods of Employment in nursing practice only. (MM/YYYY – MM/YYYY Format)	Unit or Area of Practice

SECTION II: DEMONSTRATED COMPETENCE

Describe your competency in the area of clinical practice in which you will be supervising students. You may include any relevant specialty certifications or other nursing education/degrees, as applicable

SECTION III: REQUIREMENTS OF RULE 4723-5, OAC:

Minimum qualifications for preceptors

Rule 4723-5-10(A)(5), OAC, specifies that a preceptor for a **RN nursing education program** shall have (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code; (b) Experience in the practice of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student; (c) A baccalaureate degree in nursing is preferred; and (d) Current, valid licensure as a registered nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.

Rule 4723-5-11(A)(5), OAC, specifies that a preceptor for a **PN nursing education program** shall have (a) Completion of an approved registered or practical nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of administrative Code; (b) Experience in the practice of nursing as a registered nurse or as a licensed practical nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student; (c) Current, valid licensure as a registered nurse or as a licensed practical nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.

Supervision of students in a clinical setting

Rule 4723-5-20(F), OAC, specifies that the teaching assistant or preceptor providing supervision of a nursing student shall at least: (1) Have competence in the area of clinical practice in which the teaching assistant or preceptor is providing supervision to a student; (2) Design, at the direction of a faculty member the student's experience to achieve the stated objectives or outcomes of the nursing course in which the student is enrolled; (3) Clarify with the faculty member (a) The role of the teaching assistant or preceptor; (b) The responsibilities of the faculty member; (c) The course and clinical objectives or outcomes; (d) The clinical experience evaluation tool; and (4) Contribute to the evaluation of the student's performance by providing information to the faculty member and the student regarding the student's achievement of established objectives or outcomes.

Rule 4723-5-20(G), OAC, specifies that a preceptor shall provide supervision to no more than two nursing students at any one time, provided the circumstances are such that the preceptor can adequately supervise the practice of both students.

Program record requirements

Rule 4723-5-21(E), OAC, specifies that the administrator of the program shall maintain records for preceptors including: (1) Verification of current, valid licensure as a registered nurse, or, for a practical nursing education program, as a licensed practical nurse, in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs; and (2) A record demonstrating competency in the area of clinical practice in which the preceptor provides supervision to a nursing student, including the names and locations of employers in the field of nursing, with time periods of employment.

Preceptor Signature (attesting to accuracy of information)

Date

Printed Name

NUR 202 Semester Outcomes:

Collaboration

Collaborates effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect and shared decision-making to achieve quality patient care.

- 1.1 Collaborates with the health care team by contributing to the Interdisciplinary Plan of Care.
- 1.2 Updates health care team members on patient status.
- 1.3 Follows up on patient care needs in a timely manner.
- 1.4 Proposes care revisions based on patient evaluation.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
Fails to report or act upon deterioration in assessment or deviations from expected patterns	Delay in reporting or acting upon deterioration in assessment or deviations from expected patterns and/or reports to inappropriate health care team member.	Reports to appropriate health care team member or acts upon deterioration in assessment or deviations from expected patterns.
Fails or requires prompting to access or revise plan of care based on patient assessment.	Revises plan of care without prompting. Goals not measureable and/or inappropriate to patient situation.	Appropriate revision of plan of care based on patient assessment and without prompting.
Fails to utilize SBAR during hand-offs or during communications with other HCPS to request interventions.	Inconsistent use of SBAR during hand-offs or during communications with other HCPS to request interventions.	Consistent use of SBAR during hand-offs or during communications with other HCPS to request interventions.
Does not follow-up on patient care needs in a manner which is deemed timely based upon the situation. Ex: failure to administer intervention or assess pain when pt requests medication	Follows up on patient care needs however response is delayed or incomplete. Ex: : administration of pain medication or intervention greater than 30 min from patient request, failure to communicate delay to patient and/or family	Follows up on patient care needs within an appropriate time frame, Ex: administration of pain medication or intervention within 30 min of patient request

Evidenced Based Practice

Integrates best current evidence with clinical competence and patient/family preferences and values for delivery of optimal health care.

- 2.1 Uses reliable resources and patient/family preferences to support care decisions.
- 2.2 Develops a plan of care based on scientific resources that support best practices.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
<p>Institutes behaviors or nursing interventions which are inconsistent with syllabus or standard of care</p> <p>Lack of evidence that patient and family are involved in decision making</p> <p>Unable to access policy and procedure manual on assigned role transition unit</p> <p>No journal citations of EBP. Sites standard of care only.</p> <p>Stereotypes or fails to confront behavior in other nurses which which stereotypes or is not EBP</p>	<p>Participates in development of nursing care plan appropriate to generic patient situation however unable to demonstrate ability to tailor care to patient /family preferences</p> <p>Accesses policy and procedure manual on assigned role transition unit after being prompted to do so.</p> <p>Demonstrates lack of awareness of where to find or how to utilize EBP; awareness of and adherence to standard of care is present.</p> <p>Does not stereotype patient or nurse behaviors. Questions other who do so.</p>	<p>Develops nursing care plan which adheres to standards of care and in tailored to patient as well as inclusive of patient family preferences</p> <p>Accesses policy and procedure manual when questions arise on the unit.</p> <p>Sites EBP in journal entries as appropriate to patient care decision making.</p> <p>Does not stereotype. Present EBP when situation presents itself</p>

Safety

Outcome 3. Promotes safety of both patients and health care providers through individual performance and system effectiveness.

- 3.1 Completes the math competency requirement for the course.
- 3.2 Uses appropriate strategies for organizing and prioritizing patient care.
- 3.3 Incorporates national patient safety standards into the delivery of care to enhance patient outcomes.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
Failure of math test at start of course (70%) or less	Failure of math test at start of course (80%)	Achieves 90% or greater on initial math test attempt.
No evidence of utilization of an organizational tool for patient care during the role transition experience. Preceptor reports student has difficulty establishing priorities.	Student utilizes organizational tool. Preceptor reports further progress is needed.	Student utilizes organizational tool. Preceptor reports satisfactory progression.
Report of preceptor that student is “not safe” with appropriate examples and verification of these behaviors by student journal entry or student self report or faculty observation	Provides journal examples of adherence to QSEN. Not all journal entries address QSEN related topic. Requires assistance to recognize the RN role in meeting the course outcomes at least half of the time.	Journal entries reflective of adherence to and understanding of QSEN and NPSGs. This is supported by faculty observation and preceptor report.
Does not consistently adhere to NPSGs and lacks awareness.	Recognizes non-adherence to NPSGs and documents plan to prevent further instances.	
Fails to follow standard or care in patient care situations and lacks awareness of this failure	Recognizes failure to follow standard of care.	Consistent adherence to standard of care as evidenced in journal entries, observation and preceptor report.
Fails to follow guidelines pertaining to role transition experiences as set forth in syllabus and is unaware of this failure.	One instance of failure to follow guidelines for role transition experience as set forth in the syllabus. Student is aware	Consistently follows guidelines pertaining to role transition experience as set forth in the syllabus

Student cannot locate policy and procedures on the unit by second role transition experience	Student can locate and utilize Policy and procedures the majority of the time and seeks assistance from an RN when unable to do	Consistently accesses and utilizes the Policy and Procedure manual
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Informatics

Outcome 4. Uses information and technology to communicate, manage knowledge, prevent error, and support decision-making.

- 4.1 Utilizes computers and technology as a vehicle for increasing scientific knowledge, enhancing patient care, and general health promotion and prevention activities.
- 4.2 Uses informatics to identify, collect, process and manage data and information to support nursing practice

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
One or more instances of nonadherence to HIPAA unrecognized by student.	One instance of nonadherence to HIPAA recognized by student with a plan to avoid repetition of event	No instances of non-adherence to HIPAA
Inability to link orders or access patient history/assessment on hospital's documentation system	Links routine IVs and IVPBs. Accesses standard history and assessments.	Links routine IVs and IVPBs. Accesses standard history and assessments, progress notes from all sources, interfaces with other disciplines
Failure to document relevant assessment, teaching or planning activities	Documents relevant assessment, teaching and planning with minimal assistance from RN preceptor.	Documentation of all required assessment, teaching and planning without assistance.
Inability to access policy and procedure manual upon request of preceptor or faculty.	Accesses policy and procedure manual upon request.	Accesses policy and procedure manual as needed and without prompting.
Inability to access or deploy relevant teaching materials	Accesses and deploys relevant patient teaching materials.	Accesses and deploys relevant teaching materials which are tailored to patient's specific needs.

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Clinical Reasoning

Outcome 5. Demonstrates effective clinical reasoning skills, critical thinking skills, teaching practices, and cost-effective nursing strategies.

- 5.1 Demonstrates critical thinking skills in modifying care in multiple clinical situations.
- 5.2 Provides scientific reasoning for nursing decisions.
- 5.3 Follows hospital policies and best practices in delivering high quality, cost-effective health care and patient education.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
Delegates inappropriate tasks and/or delegates to inappropriate personnel	Utilizes assistive personnel for routinely assigned tasks	Utilizes assistive personnel appropriately and effectively for routinely assigned tasks and other tasks within their scope of practice
Demonstrates lack of ability to forecast predictable outcomes or institute basic nursing interventions for common patient problems without assistance	Identifies predictable outcomes and institutes appropriate nursing interventions for common patient problems	Interprets data patterns and develops appropriate plans of care. Exceptions are rare. Seeks guidance from appropriate care providers in these cases.
Fails to institute or recognize standard of care	Implements standard of care in common patient situations. Requires prompting for non-routine situations.	Reorganizes and prioritizes patient care effectively and without assistance in cases of change in acuity or patient assignment.
Unable to adapt to change in patient assignment or acuity; loses focus of care	Adapts to change in patient assignment or acuity however requires guidance from RN preceptor	Revises nursing care plan effectively and without prompting.
Unable to explain the rationale for routine nursing care provided to stable patients	Demonstrates understanding of pathophysiology and assessment by posing questions appropriate to patient assessment .	Demonstrates accurate and basic knowledge of common diagnostic tests and medications
Questions are not relevant to patient assessment		
Lacks accurate or basic knowledge of diagnostic tests and or medications		

Journaling entries reflect lack of awareness or assimilation of the RN role. Evidence that student fails to acknowledge guidelines within the nurse practice act.	<p>Demonstrates accurate and basic knowledge of common diagnostic tests and medications.</p> <p>Journaling entries reflect awareness of and assimilation to the RN role.</p>	<p>and collaborates with other disciplines to seek cost effective quality patient outcomes</p> <p>Journal entries reflect awareness of and assimilation to the RN role as well as a plan for growth.</p>
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Professional Behavior

Outcome 6. Applies principles of leadership in managing patient care and in planning for professional development in nursing.

- 6.1 Demonstrates behaviors of accountability and civility in the classroom and clinical settings.
- 6.2 Seeks learning opportunities to enhance personal and professional growth.
- 6.3 Directs patient care of non-licensed nursing personnel.
- 6.4 Fosters a health care environment that embraces the ethical values of the profession through individual and collective action.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
Tardiness exceeding two occurrences	Tardiness of two occurrences	No tardiness
“Calling off” exceeding three shifts	“Calling off” three shifts	“Calling off” two or fewer shifts
Use of profanities on the unit. Inappropriate use of or lack of use of medical terminology	Inappropriate use of the English language (tense, slang) which speaking with other HCPs. Inconsistent use of medical terminology	Consistent use of proper English, no slang or inappropriate use of tense. Utilizes medical terminology appropriately
Inappropriate or unsafe delegation to non-licensed or assistive personnel	Requires assistance to determine appropriateness of delegation	Delegates appropriately
Argumentative behavior in response to constructive criticism	Accepts constructive criticism. Does not initiate or request a plan for self improvement	

<p>Failure to follow through to ensure patient needs are met on more than one occasion</p> <p>Failure to provide “hand-off” on more than one occasion or “hand-off” is disorganized and ineffective</p> <p>Crosses professional boundaries</p> <p>Aggressive communication. Fails to follow chain of command</p> <p>Non-adherence to the behavior outlined in the syllabus combined with lack of awareness of non-adherence</p> <p>Lacks awareness of need to seek out resource in order to provide safe care</p> <p>Lacks awareness of need for guidance in personal decision making regarding progression within the nursing curriculum. Lacks awareness of content within the syllabus.</p>	<p>Failure to follow through to ensure patient needs are met on one occasion</p> <p>Failure to provide “hand-off” on one occasion.</p> <p>Recognizes professional boundaries and seeks guidance from faculty</p> <p>Seeks guidance from faculty on ways to resolve conflict. Seeks help to determine chain of command</p> <p>Non-adherence to the behavior outlines in the syllabus with awareness and self-report or acknowledgment</p> <p>Seeks guidance from another more experienced RN on the unit</p> <p>Seeks guidance in personal decision making regarding progression within the nursing curriculum from other student or misinterprets the syllabus</p>	<p>Accepts constructive criticism. Initiates autonomously or participates in development of a plan for self improvement</p> <p>Ensures that patient needs are met or follows through in communicating those needs appropriately</p> <p>Consistently provides handoff without promptly</p> <p>Maintains professional boundaries. Seeks guidance from OBN or institutional policy when questions or concerns arise</p> <p>Resolves conflict utilizing with chain of command. Actions are reflective of a desire to resolve conflict in a respectful and constructive way.</p> <p>Adheres to syllabus. Reports any concerns to faculty and seeks guidance.</p> <p>Consults hospital policy</p> <p>Consults nursing faculty for guidance in personal decision making regarding</p>
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Demonstrates behavior which is outside the norm for the setting on more than one occasion.	Demonstrates behavior which is outside the norm for the setting on one occasion.	progression within the nursing curriculum. Utilizes the syllabus as a reference Maintain behavior which is consistent with the behavior expected of an RN on a clinical unit
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Caring

Outcome 7. Creates a healing environment for the physical, psychosocial, and spiritual well-being which demonstrates respect for human diversity and dignity.

- 7.1 Demonstrates nursing practice that acknowledges and respects each individual's personal beliefs, values, and needs.
- 7.2 Promotes holistic care and healing by focusing on physical, psychosocial, and spiritual dimensions of patients.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
Communicates as a means of sharing information only, no evidence of engagement of patient or family in therapeutic communication.	Inconsistent use of therapeutic communication, documented uncertainly in highly emotional or complex situations	Uses therapeutic communication skills consistently with patients and their families
No evidence of assessment of or attention to meeting patient's spiritual or cultural needs	Assessment and or attention to one element/requires guidance to implement interventions or determine needs	Evidence of assessment of and attention to spiritual and cultural needs of the patient. Communicates and follows through to ensure needs are met. Engages resources
No evidence of incorporation of basic caring behaviors (attentiveness, personal presence, advocacy). Lack of awareness of absence of these behaviors. Inappropriate affect to situation.	Inconsistent incorporation with limited awareness.	Consistent behavior of culturally appropriate caring behaviors. Documented inclusion of individualized culturally sensitive care.

Failure to question or intercede on behalf of the patient when the behavior of other personnel does not maintain or demonstrate respect for the patient	Questions care, behaviors and attitudes of other RNs and HCPs within the safety of the journal	Questions care, behaviors and attitudes of other RNs and HCPs in a respectful and professional way when their behavior does not maintain or demonstrate respect for the patient.
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Name of Student: _____

The Cincinnati State / Bethesda School of Nursing

RN Preceptor Evaluation of Role Transition Student

1. Do you feel the student met the identified course objectives?	YES	NO
2. Did the student successfully meet the established goals for the clinical experience?	YES	NO
3. Did the student communicate effectively with you throughout the clinical experience?	YES	NO
4. Did the student practice within the nursing standards of care and follow policies and procedures of your facility?	YES	NO
5. Did the student demonstrate accountability and professional behavior during her clinical experience?	YES	NO
6. If you were grading the student for this course, would you say that she has successfully completed her clinical experience?	YES	NO

7. Additional Comments:

Preceptor Signature _____ Date _____

*Please mail to course faculty in provided self-addressed stamped envelope or if preferred you may allow the student to submit the sealed document.

Thank you for the gift of your time and expertise to help our students become nurses!

Cincinnati State BSN Application

Current Clinical Evaluation Examples



Appendix F

**The Cincinnati State Bethesda School of Nursing
Clinical Progress Evaluation**

Student: _____ **Course:** NUR _____

Semester: _____ **Clinical Experience:** _____

Course Description:

The course focus is nursing care of patients with common health problems. Topics include: nursing process, documentation, informatics, pharmacology, legal-ethical issues, pain management, and concepts of aging as well as the care of patients with oncology, common gastrointestinal, musculoskeletal, and neurological problems. Clinical reasoning skills are enhanced by the use of Evidence-Based Practice (EBP). Accountability and professional behaviors are developed and modeled. Application of regulatory guidelines and agency specific policies are incorporated into the individualized plan of care. Selected nursing and assessment skills are practiced in skills lab and while caring for adult patients in the acute care setting.

Evaluation Ratings:

S = Satisfactory

Performance demonstrates safe, professional nursing and *consistent achievement of the course objectives.

Consistent performance: predominant student behavior reflects satisfactory achievement of the objectives. All objectives must be rated satisfactory on the final evaluation for the student to receive a passing grade in this course.

U = Unsatisfactory

Performance fails to demonstrate safe, professional nursing practice and/or is determined to be inconsistent in meeting course objectives.

NI = Needs Improvement

Used only at mid-semester. Performance is safe, however inconsistent. Review or enforcement of policies and/or procedures is needed with more consistent performance in second half of clinical experience.

NO = No Opportunity

Experience was not available for student. Used only at mid-semester.

Note: Any **U** or **NI** ratings require faculty Comments and Plan for Improvement developed with the student at mid-way evaluation.

Clinical Progress Evaluation

Collaboration:

I. Display effective interdisciplinary communication in the healthcare setting

	Interim Rating	Comments	Final Rating	Comments
A. Seek opinions from appropriate team members in planning care in the clinical setting				
B. Recognize the importance of interdisciplinary communication within the health care team				
C. Identify potential conflicts among interdisciplinary team members				
D. Utilize systematic approach when communicating with interdisciplinary team members				

Evidence-Based Nursing Practice

II Utilize credible resources and guidelines to provide individualized patient care

	Interim Rating	Comments	Final Rating	Comments
A. Recognize the impact of Evidenced Based Practice in achieving quality patient outcomes				
B. Observe quality of care initiatives in action				
C. Utilize Evidenced Based Practice resources available in specific clinical settings				
D. Select appropriate components of Evidenced Based Practice for implementation in nursing care				

Safety III. Utilize patient safety standards in planning and delivery of patient care				
	Interim Rating	Comments	Final Rating	Comments
A. Apply National Patient Safety Guidelines in delivery of patient care				
B. Identify potential situation which may jeopardize patient safety				

Informatics IV. Utilize information and technology appropriately in providing patient care				
	Interim Rating	Comments	Final Rating	Comments
A. Utilize electronic system as established by the clinical facility to safely document care provided				
B. Adhere to HIPAA guidelines when accessing and utilizing patient data				
C. Demonstrate proficiency in utilization of web based sources to plan and deliver patient care				

Clinical Reasoning

V. Utilizes clinical reasoning to provide effective nursing care for patients with common health problems

	Interim Rating	Comments	Final Rating	Comments
A. Demonstrate critical thinking skills in modifying care to individual needs of the patient				
B. Utilize teaching opportunities to promote, maintain or restore health for individual patients				
C. Consider cost effectiveness of specific nursing measures when planning and implementing patient care.				
D. Examine the delegation process in the clinical setting				
E. Identify referral needs for selected patients				

Professional Behavior of the Nurse

VI. Demonstrates integrity personal responsibility, and accountability in the student nurse role

	Interim Rating	Comments	Final Rating	Comments
A. Demonstrate the behaviors delineated in the “Expectation for Behaviors in all Clinical Experiences” policy published in the Nursing Student Handbook				
B. Report patient assessment in a timely manner				
C. Demonstrate accountability when providing nursing care for individuals with common health problems				
D. Communicate legal and ethical concerns in an appropriate manner				
E. Utilize constructive feedback for professional growth				

Caring VII. Demonstrates a holistic perspective by assisting with basic physical, emotional, social, and spiritual human needs				
	Interim Rating	Comments	Final Rating	Comments
A. Analyze the effectiveness of therapeutic communication techniques in the clinical setting.				
B. Provide timely, culturally sensitive, goal oriented care to patients from diverse backgrounds.				
C. Engage the patient in a helping relationship to achieve therapeutic outcomes.				

Clinical Progress Evaluation

Clinical Evaluation Interim Summary (Midway through the Semester or Clinical Experience)

Student: _____ Clinical Attendance: Absences: _____ Lateness: _____

Strength Areas:

Areas for improvement due to NI or U:

Plan for Improvement: (developed by Clinical Instructor with Student input):

Mid-semester or Clinical experience grade: _____

Student Signature: _____ Date: _____

Faculty signature: _____ Faculty name printed: _____ Date: _____

Clinical Progress Evaluation

Clinical Evaluation Final Summary:

Student: _____ Clinical Attendance: Absences _____ Lateness _____

Strength Areas:

Areas for Further Development:

Personal Development Plan suggestions:

Final Grade: _____

Student Signature: _____ Date: _____

Faculty Signature: _____ Faculty name printed: _____ Date: _____

NUR 102 WEEKLY Clinical Evaluation

Course: NUR 102 Nursing Concepts 2

Student: _____

Instructor: _____

NUR 102 Weekly Clinical Rubric

Course Description: The course focus is nursing care of patients with common health problems. Topics include: nursing process, influences on nursing practice, documentation, perioperative nursing, immobility, pharmacology, diagnostic testing, legal-ethical issues, pain management, and concepts of aging. Clinical reasoning skills are enhanced by the use of Evidence-Based Practice (EBP). Accountability and professional behaviors are developed and modeled. Application of regulatory guidelines and agency specific policies are incorporated into the individualized plan of care. Selected nursing and assessment skills are practiced in skills lab and while caring for adult patients in the acute care setting.

Evaluation Ratings:

Satisfactory

Performance demonstrates safe, professional nursing and *consistent achievement of the course objectives.

Consistent performance: predominant student behavior reflects satisfactory achievement of the objectives. All objectives must be rated satisfactory on the final evaluation for the student to receive a passing grade in this course.

U = Unsatisfactory

Performance fails to demonstrate safe, professional nursing practice and/or is determined to be inconsistent in meeting course objectives.

NI = Needs Improvement

Used only at mid-semester. Performance is safe, however inconsistent. Review or enforcement of policies and/or procedures is needed with more consistent performance in second half of clinical experience.

NO = No Opportunity

Experience was not available for student. Used only at mid-semester.

Note: Any NI or NO ratings require faculty Comments and Plan for Improvement developed with the student at mid-way evaluation.

NUR 102 WEEKLY Clinical Evaluation

OBJECTIVE	UNSATISFACTORY	SATISFACTORY	NOTES
Collaboration:			
I. Display effective interdisciplinary communication in the healthcare setting			
A. Seek opinions from appropriate team members in planning care in the clinical setting	Performs skills or tasks prior to discussing with instructor and/or communication with primary nurse	Discusses plan of care with instructor throughout pre-conference and clinical.	
B. Recognize the importance of interdisciplinary communication within the health care team	Failed to obtain/give report or communicate plan of care with primary nurse	Obtains report from primary RN prior to patient contact. Reports off to the RN before leaving the unit for the shift	
C. Identify potential conflicts among interdisciplinary team members	Argumentative with staff, peers, or instructor	Recognizes conflicts may exist and the proper avenue for disagreement is to follow the nursing chain of command	
D. Utilize systematic approach when communicating with interdisciplinary team members	Disorganized and unclear when communicating with staff or primary nurse	Uses SBAR to organize communication when talking with members of the health care team	
Evidence-Based Nursing Practice			
II Utilize credible resources and guidelines to provide individualized patient care			
Recognize the impact of Evidenced Based Practice in achieving quality patient outcomes	Does not utilize credible resources in clinical paperwork Does not cite resources appropriately	Is aware that medication administration, pathophysiology, and nursing care information is obtained from a credible source	
A. Observe quality of care initiatives in action	Ignores instructions from instructor and/or primary nurse about patient care initiatives Does not document patient care per hospital policy or initiatives	Utilizes quality care initiatives such as pain f/u within 1 hour of intervention, hand washing in and out every time, and hourly rounding. Is aware of these initiatives and documents accordingly	
B. Utilize Evidenced Based Practice resources available in specific clinical settings	Does not use hospital resources to ensure evidenced based care	Is aware of hospital resources that can be accessed on site for EBP care	
C. Select appropriate components of Evidenced Based Practice for implementation in nursing care	Does not use best practices when caring for patient	Incorporates researched evidence into care plan	
Safety			
III. Utilize patient safety standards in planning and delivery of patient care			
A. Apply National Patient Safety Guidelines in delivery of patient care	Fails to comply with safety guidelines in patient care Does not document safe care according to hospital policy	Demonstrates safe care per hospital policy.	

NUR 102 WEEKLY Clinical Evaluation

B. Identify potential situation which may jeopardize patient safety	<p>Failed to perform safety checks when administering medications</p> <p>Failed to utilize fall precautions when caring for a patient with a known fall risk</p> <p>Failed to document safe and effective care in medication administration and fall precautions</p>	<p>Demonstrates safe medication knowledge/administration utilizing 2 pt. identifiers, 6 rights of medication administration, and 3 safety checks.</p> <p>Documents fall precaution measures per hospital policy</p>	
Informatics IV. Utilize information and technology appropriately in providing patient care			
A. Utilize electronic system as established by the clinical facility to safely document care provided	<p>Did not complete required epic training</p> <p>Requires frequent prompting with epic documentation</p> <p>Does not document in a timely manner</p>	<p>Completes EPIC training per facility requirements.</p> <p>Documents VS, I and O, and pain and personal care in a timely manner</p>	
B. Adhere to HIPAA guidelines when accessing and utilizing patient data	<p>Identifying information submitted on clinical paperwork</p> <p>Violation of HIPAA law</p>	<p>Abides by the law in patient care and documentation.</p>	
C. Demonstrate proficiency in utilization of web based sources to plan and deliver patient care	<p>Is unable to use intranet to access evidence or best practices</p>	<p>Cites credible and appropriate resources in paperwork.</p>	
Clinical Reasoning V. Utilizes clinical reasoning to provide effective nursing care for patients with common health problems			
A. Demonstrate critical thinking skills in modifying care to individual needs of the patient	<p>Disorganized thinking and inappropriate prioritization of patient care</p>	<p>Demonstrates critical thinking and decision making in preconference and during clinical.</p>	
B. Utilize teaching opportunities to promote, maintain or restore health for individual patients	<p>Does not use or cite credible references on teaching plan</p> <p>Submits unorganized teaching plan with poorly written objectives and content.</p>	<p>Utilizes credible resources in teaching plan</p> <p>Submits a teaching plan with correctly written objectives, content, and teaching methods.</p>	
C. Consider cost effectiveness of specific nursing measures when planning and implementing patient care.	<p>Fails to charge patient per hospital policy</p>	<p>Charges supplies appropriately to pt. when indicated.</p> <p>Identifies cost effective measures utilized on the nursing unit</p>	

NUR 102 WEEKLY Clinical Evaluation

D. Examine the delegation process in the clinical setting	Unable to observe the roles of the healthcare team	Observes the charge nurse role in delegation of assignments and communication	
	Delegates inappropriately to the UAP	Observes RN delegation to UAP during clinical time and verbalizes appropriate delegation dos and don'ts.	
E. Identify referral needs for selected patients	Unable to identify or observe the referral process	Observes the discharge planners, care coordinators, and hospice RNs on site and how they are part of the healthcare team.	
VI. Professional Behavior of the Nurse			
Demonstrates integrity, personal responsibility, and accountability in the student nurse role			
A. Demonstrate the behaviors delineated in the "Expectation for Behaviors in all Clinical Experiences" policy published in the Nursing Student Handbook	Does not abide by school or hospital dress code or professional standards	Demonstrates professionalism in dress code, attendance, on time written assignments, and communication.	
	Communication is unprofessional; uses slang, profanity, or anger in communication		
B. Report patient assessment in a timely manner	Fails to communicate abnormal findings to primary nurse and to instructor in a timely manner	All abnormal assessment findings are communicated to primary RN and /or instructor in a timely manner	
C. Demonstrate accountability when providing nursing care for individuals with common health problems	Argumentative when receiving feedback	Assumes accountability for errors in preparation and decision making and is responsive to instructor feedback.	
D. Communicate legal and ethical concerns in an appropriate manner	Behaves in an illegal or unethical manner	Is aware of the legal and ethical concerns associated with healthcare and discusses areas of particular diligence in pre-conference.	
E. Utilize constructive feedback for professional growth	Does not respond to feedback with improved nursing care and improved clinical paperwork	Accepts both oral and written feedback weekly and improves in subsequent care, documentation and paperwork.	
Caring			
VII. Demonstrates a holistic perspective by assisting with basic physical, emotional, social, and spiritual human needs			
A. Analyze the effectiveness of therapeutic communication techniques in the clinical setting.	Does not utilize therapeutic communication on clinical	Has successfully analyzed a patient/nurse conversation and has identified barriers and facilitators in communication.	
B. Provide timely, culturally sensitive, goal oriented care to patients from diverse backgrounds.	Behaves in ways that appear culturally insensitive to instructor, peers, or healthcare team	Cultural diversity is discussed in preconference weekly and how we can best serve the unique needs and desires of all patients.	
C. Engage the patient in a helping relationship to achieve therapeutic outcomes.	Unable to form therapeutic caring relationship with patient, peers, or healthcare team.	Develops rapport with patients and utilizes this relationship to educate patients and provide care ultimately improving patient outcomes.	

NUR 102 WEEKLY Clinical Evaluation

NUR 102 WEEKLY Clinical Evaluation

Course: NUR 102 Nursing Concepts 2

Student: _____

Instructor: _____

NUR 102 Weekly Clinical Rubric

Course Description: The course focus is nursing care of patients with common health problems. Topics include: nursing process, influences on nursing practice, documentation, perioperative nursing, immobility, pharmacology, diagnostic testing, legal-ethical issues, pain management, and concepts of aging. Clinical reasoning skills are enhanced by the use of Evidence-Based Practice (EBP). Accountability and professional behaviors are developed and modeled. Application of regulatory guidelines and agency specific policies are incorporated into the individualized plan of care. Selected nursing and assessment skills are practiced in skills lab and while caring for adult patients in the acute care setting.

Evaluation Ratings:

Satisfactory

Performance demonstrates safe, professional nursing and *consistent achievement of the course objectives.

Consistent performance: predominant student behavior reflects satisfactory achievement of the objectives. All objectives must be rated satisfactory on the final evaluation for the student to receive a passing grade in this course.

U = Unsatisfactory

Performance fails to demonstrate safe, professional nursing practice and/or is determined to be inconsistent in meeting course objectives.

NI = Needs Improvement

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NO = No Opportunity

Experience was not available for student. Used only at mid-semester.

Note: Any NI or NO ratings require faculty Comments and Plan for Improvement developed with the student at mid-way evaluation.

NUR 102 WEEKLY Clinical Evaluation

OBJECTIVE	UNSATISFACTORY	SATISFACTORY	NOTES
Collaboration:			
I. Display effective interdisciplinary communication in the healthcare setting			
A. Seek opinions from appropriate team members in planning care in the clinical setting	Performs skills or tasks prior to discussing with instructor and/or communication with primary nurse	Discusses plan of care with instructor throughout pre-conference and clinical.	
B. Recognize the importance of interdisciplinary communication within the health care team	Failed to obtain/give report or communicate plan of care with primary nurse	Obtains report from primary RN prior to patient contact. Reports off to the RN before leaving the unit for the shift	
C. Identify potential conflicts among interdisciplinary team members	Argumentative with staff, peers, or instructor	Recognizes conflicts may exist and the proper avenue for disagreement is to follow the nursing chain of command	
D. Utilize systematic approach when communicating with interdisciplinary team members	Disorganized and unclear when communicating with staff or primary nurse	Uses SBAR to organize communication when talking with members of the health care team	
Evidence-Based Nursing Practice			
II Utilize credible resources and guidelines to provide individualized patient care			
Recognize the impact of Evidenced Based Practice in achieving quality patient outcomes	Does not utilize credible resources in clinical paperwork Does not cite resources appropriately	Is aware that medication administration, pathophysiology, and nursing care information is obtained from a credible source	
A. Observe quality of care initiatives in action	Ignores instructions from instructor and/or primary nurse about patient care initiatives Does not document patient care per hospital policy or initiatives	Utilizes quality care initiatives such as pain f/u within 1 hour of intervention, hand washing in and out every time, and hourly rounding. Is aware of these initiatives and documents accordingly	
B. Utilize Evidenced Based Practice resources available in specific clinical settings	Does not use hospital resources to ensure evidenced based care	Is aware of hospital resources that can be accessed on site for EBP care	
C. Select appropriate components of Evidenced Based Practice for implementation in nursing care	Does not use best practices when caring for patient	Incorporates researched evidence into care plan	
Safety			
III. Utilize patient safety standards in planning and delivery of patient care			
A. Apply National Patient Safety Guidelines in delivery of patient care	Fails to comply with safety guidelines in patient care Does not document safe care according to hospital policy	Demonstrates safe care per hospital policy.	

NUR 102 WEEKLY Clinical Evaluation

B. Identify potential situation which may jeopardize patient safety	<p>Failed to perform safety checks when administering medications</p> <p>Failed to utilize fall precautions when caring for a patient with a known fall risk</p> <p>Failed to document safe and effective care in medication administration and fall precautions</p>	<p>Demonstrates safe medication knowledge/administration utilizing 2 pt. identifiers, 6 rights of medication administration, and 3 safety checks.</p> <p>Documents fall precaution measures per hospital policy</p>	
Informatics IV. Utilize information and technology appropriately in providing patient care			
A. Utilize electronic system as established by the clinical facility to safely document care provided	<p>Did not complete required epic training</p> <p>Requires frequent prompting with epic documentation</p> <p>Does not document in a timely manner</p>	<p>Completes EPIC training per facility requirements.</p> <p>Documents VS, I and O, and pain and personal care in a timely manner</p>	
B. Adhere to HIPAA guidelines when accessing and utilizing patient data	<p>Identifying information submitted on clinical paperwork</p> <p>Violation of HIPAA law</p>	<p>Abides by the law in patient care and documentation.</p>	
C. Demonstrate proficiency in utilization of web based sources to plan and deliver patient care	<p>Is unable to use intranet to access evidence or best practices</p>	<p>Cites credible and appropriate resources in paperwork.</p>	
Clinical Reasoning V. Utilizes clinical reasoning to provide effective nursing care for patients with common health problems			
A. Demonstrate critical thinking skills in modifying care to individual needs of the patient	<p>Disorganized thinking and inappropriate prioritization of patient care</p>	<p>Demonstrates critical thinking and decision making in preconference and during clinical.</p>	
B. Utilize teaching opportunities to promote, maintain or restore health for individual patients	<p>Does not use or cite credible references on teaching plan</p> <p>Submits unorganized teaching plan with poorly written objectives and content.</p>	<p>Utilizes credible resources in teaching plan</p> <p>Submits a teaching plan with correctly written objectives, content, and teaching methods.</p>	
C. Consider cost effectiveness of specific nursing measures when planning and implementing patient care.	<p>Fails to charge patient per hospital policy</p>	<p>Charges supplies appropriately to pt. when indicated.</p> <p>Identifies cost effective measures utilized on the nursing unit</p>	

NUR 102 WEEKLY Clinical Evaluation

D. Examine the delegation process in the clinical setting	Unable to observe the roles of the healthcare team	Observes the charge nurse role in delegation of assignments and communication	
	Delegates inappropriately to the UAP	Observes RN delegation to UAP during clinical time and verbalizes appropriate delegation dos and don'ts.	
E. Identify referral needs for selected patients	Unable to identify or observe the referral process	Observes the discharge planners, care coordinators, and hospice RNs on site and how they are part of the healthcare team.	
VI. Professional Behavior of the Nurse Demonstrates integrity, personal responsibility, and accountability in the student nurse role			
A. Demonstrate the behaviors delineated in the "Expectation for Behaviors in all Clinical Experiences" policy published in the Nursing Student Handbook	Does not abide by school or hospital dress code or professional standards	Demonstrates professionalism in dress code, attendance, on time written assignments, and communication.	
	Communication is unprofessional; uses slang, profanity, or anger in communication		
B. Report patient assessment in a timely manner	Fails to communicate abnormal findings to primary nurse and to instructor in a timely manner	All abnormal assessment findings are communicated to primary RN and /or instructor in a timely manner	
C. Demonstrate accountability when providing nursing care for individuals with common health problems	Argumentative when receiving feedback	Assumes accountability for errors in preparation and decision making and is responsive to instructor feedback.	
D. Communicate legal and ethical concerns in an appropriate manner	Behaves in an illegal or unethical manner	Is aware of the legal and ethical concerns associated with healthcare and discusses areas of particular diligence in pre-conference.	
E. Utilize constructive feedback for professional growth	Does not respond to feedback with improved nursing care and improved clinical paperwork	Accepts both oral and written feedback weekly and improves in subsequent care, documentation and paperwork.	
Caring VII. Demonstrates a holistic perspective by assisting with basic physical, emotional, social, and spiritual human needs			
A. Analyze the effectiveness of therapeutic communication techniques in the clinical setting.	Does not utilize therapeutic communication on clinical	Has successfully analyzed a patient/nurse conversation and has identified barriers and facilitators in communication.	
B. Provide timely, culturally sensitive, goal oriented care to patients from diverse backgrounds.	Behaves in ways that appear culturally insensitive to instructor, peers, or healthcare team	Cultural diversity is discussed in preconference weekly and how we can best serve the unique needs and desires of all patients.	
C. Engage the patient in a helping relationship to achieve therapeutic outcomes.	Unable to form therapeutic caring relationship with patient, peers, or healthcare team.	Develops rapport with patients and utilizes this relationship to educate patients and provide care ultimately improving patient outcomes.	

NUR 102 WEEKLY Clinical Evaluation

The Cincinnati State Bethesda School of Nursing
NUR 103/106 Clinical Evaluation Blueprint

Weekly Evaluation Ratings:

SATISFACTORY

Performance demonstrates safe, professional nursing and is consistent achievement of the course objectives.

NEEDS IMPROVEMENT

Performance is improving. The student incorporates instructor feedback and demonstrates satisfactory progression towards clinical student learning outcomes.

UNSATISFACTORY

Performance fails to demonstrate safe, professional nursing practice and/or is determined to be inconsistent in meeting course objectives.

STUDENT LEARNING OUTCOMES and SUBOUTCOMES	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
Collaboration Outcome 1: Communicates effectively with nursing and interdisciplinary teams to meet the needs of individuals, families and groups.			
1.1 Utilizes a systematic format when communicating with health care professionals.	Discusses plan of care with instructor in pre-conference and throughout the clinical experience. Communicates changes in patient status or plan of care in a timely manner. Uses SBAR for communication.	Attempts discussion of plan of care with instructor during pre-conferences. Does not report pertinent information or changes in patient's status in a timely manner. Does not communicate effectively with members of the healthcare team. Does not communicate pertinent information to all members of the health care team, including the primary nurse and PCA.	Is not prepared in pre-conference to discuss the plan of care for the patient. Performs skills or tasks prior to discussing with instructor and/or communication with primary nurse. Failed to notify instructor and primary nurse of important patient information or changes. Fails to use SBAR when communicating to members of the team.
1.2 Participates in the development of interdisciplinary plans of care.	Obtains report from the patient's primary nurse and communicates patient care responsibilities at the start of the clinical experience. Reports assessment finding to the primary nurse throughout the clinical experience, including vital signs, safety parameters,	Work in collaboration with peers, staff, and nurses throughout clinical experience. Assists multiple members of the healthcare team in providing safe and effective patient care.	Failed to identify the primary nurse assigned to the patient before any contact with the starting patient care. Failed to obtain report from the RN. Failed to report off to the RN before leaving the unit.

	<p>oxygen therapy, nutrition, activity, and lab findings.</p> <p>Reports off to the RN before leaving the unit.</p> <p>Correctly identifies new abnormal patient assessment findings and discusses with instructor and primary nurse.</p>	Inconsistently reports off to RN before leaving the unit.	Failed to clearly communicate plan of care with primary nurse.
1.3 Works cooperatively with the health care team to deliver patient care.	<p>Recognizes conflicts may exist and the proper avenue for disagreement is to follow the nursing chain of command.</p> <p>Delegates basic care (ADLs, Glucose Monitoring, etc) appropriately as approved by the instructor.</p>	Handles potential conflicts with professionalism and maturity following principles of respect for peers, respect for faculty, respect for staff, respect for chain of command.	<p>Argumentative with staff, peers, or instructor.</p> <p>Improperly delegates tasks outside the scope of the CNA.</p>
1.4 Identifies the care coordination and discharge plans for assigned patients.	<p>Uses SBAR to organize communication when talking with members of the health care team.</p> <p>Recognizes discharge needs for the patient and works with team to resolve those needs.</p>	Develops rapport with the staff based on organized, professional, and honest communication.	<p>Disorganized and unclear when communicating with instructor, staff, or primary nurse about patient's discharge needs.</p> <p>Unable to use SBAR when communicating with members of the team.</p>
Evidence-Based Nursing Practice Outcome 2: Utilizes credible resources and patient/family preference in the delivery of nursing care.			
2.1 Utilizes current, credible resources.	<p>Always cites medication administration, pathophysiology, and nursing care information obtained from a credible source; such as but not limited to: class textbooks, ATI, Lexi-Comp or other agency approved resources.</p> <p>Utilizes evidence to explore a change in current nursing practice.</p>	Cites multiple credible resources and discusses discrepancies or unclear information with instructor.	<p>Does not utilize credible resources in clinical paperwork.</p> <p>Does not cite resources appropriately (APA format).</p>
2.2 Utilizes nursing resources when planning care.	Seeks out / Review reports, presentations, or audits of patient care initiatives on the clinical unit.	Performs and documents patient care initiatives such as: turn schedule, medication safety, infection control, and pain management.	Ignores instructions from instructor and/or primary nurse to perform and document patient care initiatives for best practice such as: turn schedule, medication safety, infection control, and pain management.

2.3 Documents cited resources correctly.	Independently demonstrates use of hospital resources to review evidence at the clinical site.	Is aware of hospital resources that can be accessed on site such as in Pyxis or epic.	Does not use hospital resources to ensure evidenced based care.
2.4 Develops a plan of care that reflects patient/family preferences.	Independently reviews evidence to identify best practices and shares that evidence with instructor, peers, and staff when appropriate.	Incorporates researched evidence into care plan.	Provides unsafe care to patient by not utilizing best practices when caring for patient.
Safety Outcome 3: Adheres to institutional processes to protect the safety of patients.			
3.1 Completes the math competency requirement for the course.	Achieves >90% on math competency exam.	Identifies math errors made and makes corrections in order to obtain >90% on math competency exam.	Does not complete math competency requirement when due.
3.2 Follows institutional safety initiatives.	<p>Consistently complies with institutional safety initiatives and policies regarding isolation precautions, fall risks, hand hygiene.</p> <p>Complies with national patient safety goals.</p> <p>Documents safe care per hospital policy.</p>	Identifies potentially unsafe situations for the patient and works professionally with the instructor and primary nurse to improve patient safety.	<p>Fails to comply with national patient safety guidelines in patient care.</p> <p>Does not document safe care according to hospital policy.</p>
3.3 Correctly performs selected nursing procedures.	<p>Has successfully been skill checked in lab prior to performing skill in clinical setting.</p> <p>Implements appropriate interventions or considerations for complications associated with skill being performed.</p> <p>Performs skill according to hospital policy and best practice guidelines.</p>	<p>Needs a few reminders in order to perform skill safely.</p> <p>Is able to identify complications associated with skill being performed.</p>	<p>Performs skills or tasks prior to discussing with instructor and/or communication with primary nurse.</p> <p>Unable to perform skill safely without intervention by instructor.</p> <p>Unprepared to perform skill.</p>
3.4 Identifies how the provision of nursing care adheres to National Patient Safety Goal.	<p>Consistently checks patient using two (2) identifiers.</p> <p>Uses SBAR when communicating with members of the team.</p> <p>Identifies the 5 rights and 3 checks needed for medication administration.</p> <p>Uses bed/chair alarms appropriately per hospital policy.</p>	<p>Uses two (2) patient identifiers when performing care.</p> <p>Needs reminders about hand hygiene and infection prevention practices.</p>	<p>Fails to identify patient with two (2) identifiers.</p> <p>Fails to use SBAR when communicating with members of the team.</p> <p>Does not perform the 5 rights and 3 checks for medication administration.</p> <p>Fails to use bed/chair alarms as appropriate.</p>

	Always uses hand hygiene practices and is mindful about infection prevention.		Fails to use hand hygiene consistently throughout care.
Informatics			
Outcome 4: Utilizes current technology to document care, promote safety, and support clinical decisions.			
4.1 Utilizes health information system (HIS) to provide care and education.	Completed training and is able to assist peers in compliance. Requires no prompts in research and documentation on epic.	Completed training. Requires a few prompts with patient research and documentation in HIS.	Did not complete required computer training. Requires frequent prompting with epic documentation.
4.2 Documents in a timely, thorough manner.	Documents VS and pain, Head to Toe Assessment, I/Os, Education, DAR, and Daily Care. All documentation is completed prior to post-conference.	Missing a few items from documentation. Does not finish documentation before post-conference.	No documentation is present before post-conference. Many pieces of documentation missing.
4.3 Demonstrates proficiency in utilization of reliable web based sources to plan and deliver patient care.	Cites credible and appropriate resources in paperwork. Uses hospital resources on clinical to research changes in patient care.	Inconsistently uses hospital resources on clinical to research changes in patient care.	Is unable to use and cite resources to access evidence and/ or best practices.
Clinical Reasoning			
Outcome 5: Utilizes clinical reasoning and evidence-based practice to provide effective nursing care for patients with chronic and acute health problems			
5.1 Develops concept maps to guide nursing care and evaluation of care.	Consistently demonstrates the ability to think critically when planning, providing and evaluating patient care. Completes clinical prep work or Systems Disorder and Medications.	Has not consistently demonstrated the ability to think critically when planning, providing and evaluating patient care. Inconsistently missing pieces of clinical prep-work.	Unable to demonstrate the ability to think critically when planning, providing, and evaluating patient care. Does not complete clinical prep-work.
5.2 Utilizes a systematic approach in prioritizing and implementing nursing care.	Consistently demonstrates the ability to systematically approach, prioritize and implement patient care. Develops a plan of care with priority nursing diagnosis and interventions which are appropriate to the current conditions of the assigned patient. Correctly uses the PES format for nursing diagnosis development and the ability to write SMART goals.	Has not consistently demonstrated the ability to systematically approach, prioritize and implement patient care. Attempts to develop plan of care, but needs more direction on prioritization of nursing diagnosis, relevance of nursing diagnosis to patient condition, or writing in PES and SMART formats. Interventions are not directly related to the nursing diagnosis identified for the patient.	Unable to demonstrate the ability to systematically approach, prioritize and implement patient care. Does not complete plan of care for patient. Does not list interventions or nursing diagnosis which are appropriate for the assigned patient.
5.3 Reflects upon outcomes of care to refine future nursing actions.	Consistently demonstrates ability to evaluate effectiveness of specific nursing	Has not consistently demonstrated ability to evaluate effectiveness of specific	Unable to evaluate effectiveness of specific nursing measures and appropriately adjust care accordingly.

	<p>measures and appropriately adjust care accordingly.</p> <p>All outcomes are measurable, specific to the patient, and contain an end date.</p> <p>Implements plan of care and evaluates effectiveness with need for changes.</p>	<p>nursing measures and appropriately adjust care accordingly.</p> <p>Most outcomes are measurable, specific, and have an end date.</p> <p>Identifies way to evaluate patient's plan of care.</p>	<p>Outcomes are consistently written improperly.</p> <p>Fails to evaluate the effectiveness of plan of care for patient.</p>
Professional Behavior Outcome 6: Adheres to standards of professional nursing practice by applying legal, ethical, and regulatory frameworks to nursing care.			
6.1 Demonstrates behaviors of accountability and civility in the classroom and clinical settings.	<p>Demonstrates professionalism in dress code, attendance, and communication per student handbook.</p> <p>Turns in assignments on time.</p> <p>Communicates with others in a professional and civil manner.</p>	<p>Needs reminders about dress code, attendance, and clinical preparedness per student handbook.</p>	<p>Does not abide by school or hospital dress code or professional standards.</p> <p>Turned in assignments past deadline.</p> <p>Communication is unprofessional; uses slang, profanity, or anger in communication.</p>
6.2 Adheres to HIPAA and agency policies governing patient care.	<p>Assists others in providing patient care and documentation following HIPAA law, while also adhering to HIPAA.</p>	<p>Abides by the HIPAA law in patient care and documentation.</p>	<p>Identifying patient information submitted on clinical paperwork.</p> <p>Violated HIPAA on clinical.</p>
6.3 Uses constructive feedback for personal and professional growth.	<p>Self-evaluates and reports errors in performance to instructor with a plan for improvement.</p> <p>Seeks oral and written feedback from instructor and improves weekly.</p> <p>Improves based upon feedback received.</p>	<p>Assumes accountability for errors in preparation and decision making and is responsive to instructor feedback.</p> <p>Accepts both oral and written feedback weekly and improves in subsequent care, documentation and paperwork.</p>	<p>Argumentative when receiving feedback</p> <p>Does not respond to feedback with improved nursing care and improved clinical paperwork.</p>
Caring Outcome 7: Uses creative problem-solving methods for caring decision-making.			
7.1 Integrates therapeutic communication into the nurse-patient relationship to enhance care.	<p>Consistently practices therapeutic communication allowing the patient to express feelings, thoughts, and emotions each clinical.</p> <p>Consistently develops rapport with patient, peers, instructor, and staff to improve patient and nursing experience.</p>	<p>Has successfully analyzed a patient/nurse conversation and has identified barriers and facilitators in communication.</p> <p>Develops rapport with patients and utilizes this relationship to educate patients and provide care ultimately improving patient outcomes.</p>	<p>Does not utilize therapeutic communication on clinical.</p> <p>Does not complete therapeutic communication assignment.</p> <p>Unable to form therapeutic caring relationship with patient, peers, or healthcare team.</p>

7.2 Supports the patient's right to make autonomous decisions.	Consistently involves patient and family in discussion of plan of care. Supports the patient's decisions about plan of care.	Assumes patient consents to all interventions and plan of care without discussing with patient.	Does not support patient's right to be included in plan of care. Does not ask patient consent before performing selected tasks.
7.3 Incorporates cultural and spiritual patient preference into planning and providing care.	Seeks out opportunities to provide culturally sensitive, goal orientated care to patients from diverse backgrounds.	Cultural diversity is discussed in preconference weekly and how we can best serve the unique needs and desires of all patients.	Behaves in any way that appears culturally insensitive to instructor, peers, patient or healthcare team.

The Cincinnati State - Bethesda School of Nursing
Clinical Progress Evaluation

Course: NUR 103 **Semester/Year:** _____

Student: _____

Module: _____

Instructor: _____

Course Description:

This course is the second clinical course in the nursing curriculum. The nursing care of adults and children is the focus. Topics include interdisciplinary, evidence-based, holistic nursing care of patients with problems in oxygenation and tissue perfusion; digestion, absorption, and elimination; urinary function; regulation and metabolism; and protection. The care of adults during the perioperative period will also be included. Clinical reasoning and nursing skills are practiced in simulations and skills labs then applied while caring for patients primarily in the acute care setting. Nursing skills include IV therapy, parenteral nutrition, central lines & their care, indwelling urinary catheters, airway management: suctioning and tracheostomy care and oxygen therapy, cardiac monitoring, care of patients with chest tubes, gastric intubation, enemas, and tube feedings. A perioperative observational experience is included in the course.

Evaluation Ratings:

S = Satisfactory

Performance demonstrates safe, professional nursing and *consistent achievement of the course objectives.

Consistent performance: predominant student behavior reflects satisfactory achievement of the objectives. All objectives must be rated satisfactory on the final evaluation for the student to receive a passing grade in this course.

U = Unsatisfactory

Performance fails to demonstrate safe, professional nursing practice and/or is determined to be inconsistent in meeting course objectives.

NI = Needs Improvement

Used only at mid-semester. Performance is safe, however inconsistent. Review or enforcement of policies and/or procedures is needed with more consistent performance in second half of clinical experience.

NO = No Opportunity

Experience was not available for student. Used only at mid-semester.

Note: Any **U** or **NI** ratings require faculty Comments and Plan for Improvement developed with the student at mid-way evaluation.

Clinical Progress Evaluation

Collaboration				
Outcome 1. Communicates effectively with nursing and interdisciplinary teams to meet the needs of individuals, families and groups.				
	Interim Rating	Comments	Final Rating	Comments
1.1 Utilizes a systematic format when communicating with health care professionals.				
1.2 Participates in the development of interdisciplinary plans of care.				
1.2 Works cooperatively with the health care team to deliver patient care.				
1.4 Identifies the care coordination and discharge plans for assigned patients.				

Evidence-Based Nursing Practice				
Outcome 2. Utilizes credible resources and patient/family preference in the delivery of nursing care.				
	Interim Rating	Comments	Final Rating	Comments
2.1 Utilizes current, credible resources.				
2.2 Utilizes nursing resources when planning care.				
2.3 Documents cited resources correctly.				
2.4 Develops a plan of care that reflects patient/family preferences.				

Clinical Progress Evaluation

Safety				
Outcome 3. Adheres to institutional processes to protect the safety of patients.				
	Interim Rating	Comments	Final Rating	Comments
3.1 Completes the math competency requirement for the course.				
3.2 Follows institutional safety initiatives.				
3.3 Correctly performs selected nursing procedures.				
3.4 Identifies how the provision of nursing care adheres to National Patient Safety Goal.				

Informatics				
Outcome 4. Utilizes current technology to document care, promote safety, and support clinical decisions.				
	Interim Rating	Comments	Final Rating	Comments
4.1 Utilizes health information system (HIS) to provide care and education.				
4.2 Documents in a timely, thorough manner				
4.3 Demonstrates proficiency in utilization of reliable web based sources to plan and deliver patient care.				

Clinical Progress Evaluation

Clinical Reasoning				
Outcome 5. Uses effective Evidence-Based Practice to provide nursing care for patients with chronic and acute health problems.				
	Interim Rating	Comments	Final Rating	Comments
5.1 Develops concept maps to guide nursing care and evaluation of care.				
5.2 Utilizes a systematic approach in prioritizing and implementing nursing care.				
5.3 Reflects upon outcomes of care to refine future nursing actions.				

Professional Behavior				
Outcome 6. Adheres to standards of professional nursing practice by applying legal, ethical, and regulatory frameworks to nursing care.				
	Interim Rating	Comments	Final Rating	Comments
6.1 Demonstrates behaviors of accountability and civility in the classroom and clinical settings.				
6.2 Adheres to HIPAA and agency policies governing patient care.				
6.3 Uses constructive feedback for personal and professional growth				

Clinical Progress Evaluation

Caring				
Outcome 7. Uses creative problem-solving methods for caring decision-making.				
	Interim Rating	Comments	Final Rating	Comments
7.1 Integrates therapeutic communication into the nurse-patient relationship to enhance care.				
7.2 Supports the patient's right to make autonomous decisions.				
7.3 Incorporates cultural and spiritual patient preference into planning and providing care.				

Clinical Progress Evaluation

Clinical Evaluation Interim Summary (Midway through the Semester or Clinical Experience)

Student: _____ Clinical Attendance: Absences: _____ Lateness: _____

Strength Areas:

Areas for improvement due to NI or U:

Plan for Improvement: (developed by Clinical Instructor with Student input):

Mid-semester or Clinical experience grade: _____

Student Signature: _____

Faculty signature: _____ Faculty name printed: _____

Clinical Progress Evaluation

Clinical Evaluation Final Summary:

Student: _____ Clinical Attendance: Absences _____ Lateness _____

Strength Areas:

Areas for Further Development:

Personal Development Plan suggestions:

Final Grade _____

Student Signature: _____

Faculty Signature: _____ Faculty name printed: _____

The Cincinnati State - Bethesda School of Nursing
Clinical Progress Evaluation

Course: NUR 106 **Semester/Year:** _____

Student: _____

Module: _____

Instructor: _____

Course Description:

This course is the first clinical course in the LPN to RN nursing curriculum. The nursing care of children is the focus. Topics include interdisciplinary, evidence-based, holistic nursing care of patients with problems in oxygenation and tissue perfusion; digestion, absorption, and elimination; urinary function; regulation and metabolism; and protection. Clinical reasoning and nursing skills are practiced in simulations and skills labs then applied while caring for patients primarily in the acute care setting. Nursing skills include IV therapy, parenteral nutrition, central lines & their care, indwelling urinary catheters, airway management: suctioning and tracheostomy care and oxygen therapy, cardiac monitoring, care of patients with chest tubes, gastric intubation, enemas, and tube feedings.

Evaluation Ratings:

S = Satisfactory

Performance demonstrates safe, professional nursing and *consistent achievement of the course objectives.

Consistent performance: predominant student behavior reflects satisfactory achievement of the objectives. All objectives must be rated satisfactory on the final evaluation for the student to receive a passing grade in this course.

U = Unsatisfactory

Performance fails to demonstrate safe, professional nursing practice and/or is determined to be inconsistent in meeting course objectives.

NI = Needs Improvement

Used only at mid-semester. Performance is safe, however inconsistent. Review or enforcement of policies and/or procedures is needed with more consistent performance in second half of clinical experience.

NO = No Opportunity

Experience was not available for student. Used only at mid-semester.

Note: Any **U** or **NI** ratings require faculty Comments and Plan for Improvement developed with the student at mid-way evaluation.

Clinical Progress Evaluation

Collaboration				
Outcome 1. Communicates effectively with nursing and interdisciplinary teams to meet the needs of individuals, families and groups.				
	Interim Rating	Comments	Final Rating	Comments
1.1 Utilizes a systematic format when communicating with health care professionals.				
1.2 Participates in the development of interdisciplinary plans of care.				
1.2 Works cooperatively with the health care team to deliver patient care.				
1.4 Identifies the care coordination and discharge plans for assigned patients.				

Evidence-Based Nursing Practice				
Outcome 2. Utilizes credible resources and patient/family preference in the delivery of nursing care.				
	Interim Rating	Comments	Final Rating	Comments
2.1 Utilizes current, credible resources.				
2.2 Utilizes nursing resources when planning care.				
2.3 Documents cited resources correctly.				
2.4 Develops a plan of care that reflects patient/family preferences.				

Clinical Progress Evaluation

Safety				
Outcome 3. Adheres to institutional processes to protect the safety of patients.				
	Interim Rating	Comments	Final Rating	Comments
3.1 Completes the math competency requirement for the course.				
3.2 Follows institutional safety initiatives.				
3.3 Correctly performs selected nursing procedures.				
3.4 Identifies how the provision of nursing care adheres to National Patient Safety Goal.				

Informatics				
Outcome 4. Utilizes current technology to document care, promote safety, and support clinical decisions.				
	Interim Rating	Comments	Final Rating	Comments
4.1 Utilizes health information system (HIS) to provide care and education.				
4.2 Documents in a timely, thorough manner				
4.3 Demonstrates proficiency in utilization of reliable web based sources to plan and deliver patient care.				

Clinical Progress Evaluation

Clinical Reasoning				
Outcome 5. Uses effective Evidence-Based Practice to provide nursing care for patients with chronic and acute health problems.				
	Interim Rating	Comments	Final Rating	Comments
5.1 Develops concept maps to guide nursing care and evaluation of care.				
5.2 Utilizes a systematic approach in prioritizing and implementing nursing care.				
5.3 Reflects upon outcomes of care to refine future nursing actions.				

Professional Behavior				
Outcome 6. Adheres to standards of professional nursing practice by applying legal, ethical, and regulatory frameworks to nursing care.				
	Interim Rating	Comments	Final Rating	Comments
6.1 Demonstrates behaviors of accountability and civility in the classroom and clinical settings.				
6.2 Adheres to HIPAA and agency policies governing patient care.				
6.3 Uses constructive feedback for personal and professional growth				

Clinical Progress Evaluation

Caring				
Outcome 7. Uses creative problem-solving methods for caring decision-making.				
	Interim Rating	Comments	Final Rating	Comments
7.1 Integrates therapeutic communication into the nurse-patient relationship to enhance care.				
7.2 Supports the patient's right to make autonomous decisions.				
7.3 Incorporates cultural and spiritual patient preference into planning and providing care.				

Clinical Progress Evaluation

Clinical Evaluation Interim Summary (Midway through the Semester or Clinical Experience)

Student: _____ Clinical Attendance: Absences: _____ Lateness: _____

Strength Areas:

Areas for improvement due to NI or U:

Plan for Improvement: (developed by Clinical Instructor with Student input):

Mid-semester or Clinical experience grade: _____

Student Signature: _____

Faculty signature: _____ Faculty name printed: _____

Clinical Progress Evaluation

Clinical Evaluation Final Summary:

Student: _____ Clinical Attendance: Absences _____ Lateness _____

Strength Areas:

Areas for Further Development:

Personal Development Plan suggestions:

Final Grade _____

Student Signature: _____

Faculty Signature: _____ Faculty name printed: _____

Course: NUR 201 Semester/Year: _____ Student: _____

Module: _____ Medical Surgical _____ Maternity _____ Mental Health Instructor: _____

Course Description:

This is the third clinical lab course of the nursing curriculum. It provides students with direct patient care experiences on three different hospital units: Medical, Psychiatric, and Maternity. Students will be expected to conduct focused assessments and implement nursing interventions that are modified for the assigned individual or family within each setting.

Evaluation Ratings:

S = Satisfactory

Performance demonstrates safe, professional nursing and *consistent achievement of the course outcomes." Consistent performance: predominant student behavior reflects satisfactory achievement of the objectives.

All outcomes must be rated at least as satisfactory on the final evaluation for the student to receive a passing grade in this course.

U = Unsatisfactory

Performance fails to demonstrate safe, professional nursing practice and/or is determined to be inconsistent in meeting course outcomes.

NI = Needs Improvement

Used only at mid-semester. Performance is safe, however inconsistent. Student is not yet performing at the S2 level. Review or enforcement of policies and/or procedures is needed with more consistent performance in second half of clinical experience.

NO = No Opportunity

Experience was not available for student. Used only at mid-semester.

Note: Any **NI** or **NO** ratings require faculty Comments and Plan for Improvement developed with the student at mid-way evaluation.

Outcome	Unsatisfactory (U)	Needs Improvement (NI)	Satisfactory (S)	Outcome Rating	
Collaboration Outcome 1. Facilitates communication within nursing and interdisciplinary teams to achieve quality health care outcomes for individuals, families, and groups.				MID-TERM	FINAL
1.1 Collaboration Analyzes impact of own communication style on others.	Unaware how communication style affects others. Argumentative with instructor, peers, and/or staff.	Aware of how communication style affects others but still needs practice to change according to situation. Participates in pre- and post-conference with encouragement from the instructor.	Aware of how communication style affects others and identifies effective styles to be used. Participates willingly in pre- and post-conference.		
1.2 Collaboration Develops collaborative communication skills to achieve quality health care outcomes.	Does not communicate abnormal assessment findings to instructor or staff. Does not give report to nurse before going off the unit for a meal or at the end of the scheduled clinical time.	Intermittently or ineffectively communicates abnormal assessment findings with instructor and staff nurse. Performs needed actions only at the request of the instructor or staff nurse. Inconsistently gives report to the nurse before going off the unit for a meal or at the end of the scheduled clinical time.	Consistently seeks out the instructor to report abnormal assessment findings. Consistently communicates abnormal findings with the staff nurse in a timely manner. Consistently collaborates with the instructor and staff nurse to determine if actions are warranted. Consistently gives report to the nurse when leaving the unit for a meal or at the end of the scheduled clinical time.		

Outcome	Unsatisfactory (U)	Needs Improvement Level 1 (NI)	Satisfactory (S)	Outcome Rating	
Evidence-Based Nursing Practice Outcome 2. Applies patient/family preferences and values in the delivery of optimal healthcare based on current evidence based practice.				MID-TERM	FINAL
2.1 EBP Analyzes best current evidence for delivering optimal healthcare.	Does not use current evidence when planning care for patient.	Uses information from class to plan care for patient. Intermittently uses evidence-base documents to plan care for patient	Analyzes information from textbook, class, and online to plan care for patient.		
2.2 EBP Uses credible scientific resources and patient/family preferences in the delivery of nursing care.	Unable to differentiate a credible resource from an uncredible resource when researching a patient problem. Utilizes resources from the Web that are not acceptable health professional resources	Uses only information presented in class as a resource to plan care and provide education to patient and family.	Uses 2 credible resources in addition to the textbook to plan patient-centered care. Considers patient/family preferences and needs when researching information.		
Safety Outcome 3. Participates in institutional safety plan while providing nursing care that minimizes risk and protects patients and health care personnel.					
3.1 Safety Completes the math competency requirement for the course.	Failed the math competency test Calculates dose of medication incorrectly Incorrect dose of medication drawn up in syringe or insulin pen	Requires assistance from classmates or instructor to calculate dose of medication or draw up dose of medication in a syringe or insulin pen	Passed the math competency with a minimum score of 90% for the medical-surgical module on first or second attempt. Calculates and/or administers the correct dose of medication.		

Outcome	Unsatisfactory (U)	Needs Improvement (NI)	Satisfactory (S)	MID-TERM	FINAL
3.2 Safety Follows institutional policies and procedures promoting safety, security, and quality of care.	Unaware of or doesn't look up institutional policies and procedures Consistently requires an excessive amount of time to pass medication for each patient.	Consistently requires assistance from classmate or staff to be ready to administer PO, injection, or IV medication. Consistently requires more time than average to collect, chart, and administer medication.	Consistently follows institutional policies to promote safety and security of patient. Consistently performs procedures in compliance with institution policies and procedures Consistently uses patient identification methods recognized by facility before administering medication to patient. Administers the medication in a timely manner.		

Outcome	Unsatisfactory (U)	Needs Improvement (NI)	Satisfactory (S)	MID-TERM	FINAL
3.3 Safety Minimizes risk of harm to patients and providers through competent individual performance and a knowledge of system effectiveness.	Places patient at risk by performing procedure incorrectly Performs procedures independently without the authorization of the instructor. Does not check equipment. Fails to recognize escalating behaviors that increase the risk of aggression Fails to recognize a change in the patient condition and intervene Fails to wash hands before and after caring for patient.	Inconsistently provides safe care to patient with moderate supervision from instructor. Requires maximum supervision/input of the instructor to provide safe care. Inconsistently ensures equipment is in working order. Inconsistently recognizes escalating behaviors that increase the risk of aggression. Inconsistently recognizes change in patient condition and intervenes Inconsistently washes hands before and after caring for patient.	Provides safe care to patient with decreasing supervision from instructor throughout the clinical experience. Able to retrieve correct medication and dose, safely administer IV and IVPB meds, and use correct technique to perform procedures. Ensures equipment is in working order Recognize escalating behaviors that increase the risk for aggression Consistently recognizes change in patient condition and intervenes Consistently washes hands before and after caring for patient.		
Informatics Outcome 4. Uses information and technology to share information, manage knowledge, and maximize benefits for patients, families, and groups.					
4.1 Informatics Uses the internet to research current online health care resources and locate patient support groups.	Does not use the internet to find current research regarding patient condition and available resources.	Uses only the internet sites suggested by instructor to access health care resources and/or support groups.	Uses the internet to independently research online health care resources and/or support groups.		

Outcome	Unsatisfactory (U)	Needs Improvement Level 1 (NI)	Satisfactory Level 2 (S2)	MID-TERM	FINAL
4.2 Informatics Applies knowledge and skills required in the use of nursing documentation systems.	Consistently misses more than 2 areas of documentation.	Inconsistently completes documentation as required.	Consistently completes documentation as required in a timely manner.		
4.3 Informatics Promotes quality by demonstrating an ability to access and retrieve data related to patient care via available hospital/agency or nursing information systems.	Unaware of where to retrieve data related to patient care and does not seek assistance.	Consistently needs assistance from instructor to retrieve data related to patient care.	Able to consistently retrieve data related to patient care with minimal assistance from instructor.		
Clinical Reasoning Outcome 5. Demonstrates clinical reasoning, critical thinking, and effective teaching practices in providing nursing care for patients with acute and chronic health care problems and psychosocial or maternity issues.					
5.1 Clinical Reasoning Demonstrates effective clinical judgment in collecting data, solving problems, and making decisions.	<p>Performs incomplete assessment related to current problems.</p> <p>Does not recognize the significance of data when planning care.</p> <p>Demonstrates poor clinical judgment or the inability to make decisions on a consistent basis.</p>	<p>Inconsistently performs a complete assessment related to current problems.</p> <p>Inconsistently recognizes the significance of assessment data (i.e. may collect the data but is unable to use).</p> <p>Able to work through problems and/or make decisions only with the guidance of the instructor, peers, and/or staff nurse.</p>	<p>Consistently performs a complete assessment related to current problems.</p> <p>Recognizes the significance of the assessment data and adjusts care appropriately.</p> <p>Able to work through problems and/or make decisions with less help from instructor, peers, and/or staff nurse as the semester progresses.</p>		
5.2 Clinical Reasoning Executes a nursing regimen through the selection, performance, management, and evaluation of nursing interventions	<p>Unable to create a plan of care for patient</p> <ul style="list-style-type: none"> Does not use resources to create Does not adjust care plan based on individual needs <p>Fails to demonstrate ability to prioritize nursing care</p>	<p>Requires much feedback and assistance to create a plan of care for patient</p> <ul style="list-style-type: none"> Needs assistance in finding resources Inconsistently adjusts care plan based on individual needs <p>Inconsistently demonstrates ability to prioritize nursing care</p>	<p>Able to develop a basic individualized plan of care for patient based on current patient data.</p> <p>Consistently demonstrates ability to prioritize nursing care.</p>		

Outcome	Unsatisfactory (U)	Needs Improvement (NI)	Satisfactory (S)	MID-TERM	FINAL
5.3 Clinical Reasoning Uses concepts of teaching and learning to provide health counseling that meets the physiological, psychological, social, cultural, and spiritual needs of patients/families.	Unable to recognize teaching needs of the patient.	Will provide teaching to the patient after being developed with the instructor's assistance.	Able to independently identify teaching needs of the patient/family and provides teaching. Considers physiological, psychological, social, cultural, and/or spiritual needs when providing health counseling.		
Professional Behavior Outcome 6. Advocates for patients, families, and vulnerable populations.					
6.1 Professional Behavior Demonstrates behaviors of accountability and civility in the classroom and clinical settings.	Consistently late to clinical. Places own wants and needs above patients to point that patient needs are not met Exhibits nonverbal behavior that could be interpreted as aggressive or belligerent or makes malicious comments about patient/family. Does not look at entire patient situation while collecting data.	Inconsistently on time to clinical. Inconsistently places patient needs first. Inconsistently exhibits respectful communication with patient, family, peers, staff, and instructor. Inconsistently looks at entire patient situation as data is collected.	Consistently on time to clinical. Consistently places patient needs first. Acts in a respectful manner when communicating with patient, family, peers, staff, and instructor. Consistently takes entire patient situation into account while collecting data.		

Outcome	Unsatisfactory (U)	Needs Improvement (NI)	Satisfactory (S)	MID-TERM	FINAL
6.2 Professional Behavior Demonstrates personal responsibility and accountability in protecting the health, safety, and rights of patients, families, and others in the health care environment.	Does not demonstrate responsibility in protecting the health, safety, and rights of patients and families. Does not demonstrate ethical principles as stated in the ANA Nurses Code of Ethics http://www.nursingworld.org/Mobile/Code-of-Ethics Does not keep patient information confidential. Does not assume accountability in advocating for vulnerable populations. Does not encourage patient to take part in planning and/or promoting own health care. Does not demonstrate cost-effective nursing strategies. Is not aware of QI projects on unit.	Inconsistently protects the health, safety, and rights of patients and families after prompting by the instructor. Inconsistently demonstrates ethical principles stated in the ANA Nurses Code of Ethics Inconsistently keeps patient information confidential. Inconsistently assumes accountability in advocating for vulnerable populations. Inconsistently encourages patient to take part in planning and/or promoting own health care. Inconsistently demonstrates cost-effective nursing strategies. Can name the QI projects on unit but the information does not affect care.	Identifies specific ways to protect the health, safety, and rights of patients and families. Consistently demonstrates ethical principles stated in the ANA Nurses Code of Ethics Keeps patient information confidential. Consistently assumes accountability in advocating for vulnerable populations. Consistently encourages patient to take part in planning and/or promoting own health care. Consistently demonstrates cost-effective strategies. Aware of QI projects on the unit and uses the information to improve patient care.		
6.3 Professional Behavior Participates in improving the health care environment by adhering to the ethical values of the profession through individual and collective action.	Does not participate in the advancement of the nursing profession by contributing to practice, education, administration and/or knowledge development. Fails to incorporate feedback from instructor into daily practice.	Only participates in advancement of education by completing assignments given by instructor. Inconsistently incorporates feedback from instructor into daily practice.	Identifies possible areas for improvement in the healthcare environment. Shares educational and/or organizational tools with other students. Consistently incorporates feedback from instructor into daily practice.		

Outcome	Unsatisfactory (U)	Needs Improvement (NI)	Satisfactory (S)	MID-TERM	FINAL
Caring					
Outcome 7. Analyzes the development of one's own caring nursing practice.					
7.1 Caring Demonstrates the ability to help others by increasing self-awareness and by understanding the impact of one's own behaviors on others.	Unaware that lack of caring is causing a negative effect on patient outcome. Does not complete reflective journal entries within the assigned time frame. Unsatisfactory level of performance for reflective journal entries.	Inconsistently understands the impact of own behaviors. Inconsistently completes reflective journal entries within the assigned time frame. Needs improvement level of performance for the reflective journal entries.	Consistently understands the impact of own behaviors. Recognizes if acting in a non-caring manner and self-corrects behaviors. Consistently completes reflective journal/discussion board entries within the assigned time frame. Satisfactory level of performance for the reflective journal/discussion board entries.		
7.2 Caring Provides a therapeutic environment that fosters a sense of self-worth and dignity in self and others.	Does not create a therapeutic environment for patient.	Inconsistently provides a therapeutic environment for patient.	Consistently provides a therapeutic environment for patient.		
7.3 Caring Communicates effectively within the cultural context of the patient, family or community.	Does not communicate in a culturally sensitive manner. .	Inconsistently communicates in a culturally sensitive manner.	Consistently communicates in a culturally sensitive manner.		

Student: _____ Clinical Attendance: Date of Absence _____

Lateness (Dates and # minutes) _____

Strength Areas (List behaviors that demonstrate particularly "good" performance):

Areas for Improvement due to NI or U (List specific behaviors that contribute to these ratings):

Plan for Improvement (developed by clinical instructor with student input):

Mid-semester Clinical Experience Rating _____

Student Signature: _____ Date _____

Faculty Signature: _____ Faculty name printed: _____

Clinical Evaluation Final Summary:

Student: _____ Clinical Attendance: Date of Absence _____

Lateness (Dates and # minutes) _____

Strength Areas (List behaviors that demonstrate particularly "good" performance):

Areas for Further Development (faculty recommendations for continued professional growth as a student):

Personal Development Plan suggestions (goals for next term):

Final Grade _____

Student Signature: _____ Date _____

Faculty Signature: _____ Faculty name printed: _____

Outcome	Unsatisfactory (U)	Needs Improvement (NI)	Satisfactory (S)
Collaboration Outcome 1. Facilitates communication within nursing and interdisciplinary teams to achieve quality health care outcomes for individuals, families, and groups.			
1.1 Collaboration Analyzes impact of own communication style on others.	Unaware how communication style affects others. Argumentative with instructor, peers, and/or staff.	Aware of how communication style affects others but still needs practice to change according to situation. Participates in pre- and post-conference with encouragement from the instructor.	Aware of how communication style affects others and identifies effective styles to be used. Participates willingly in pre- and post-conference using professional and respectful communication.
1.2 Collaboration Develops collaborative communication skills to achieve quality health care outcomes.	Does not communicate abnormal assessment findings to instructor or staff. Does not give report to nurse before going off the unit for a meal or at the end of the scheduled clinical time.	Intermittently or ineffectively communicates abnormal assessment findings with instructor and staff nurse. Performs needed actions only at the request of the instructor or staff nurse. Inconsistently gives report to the nurse before going off the unit for a meal or at the end of the scheduled clinical time.	Consistently seeks out the instructor to report abnormal assessment findings. Consistently communicates abnormal findings with the staff nurse in a timely manner. Consistently collaborates with the instructor and staff nurse to determine if actions are warranted. Consistently gives report to the nurse when leaving the unit for a meal or at the end of the scheduled clinical time.
Evidence-Based Nursing Practice Outcome 2. Applies patient/family preferences and values in the delivery of optimal healthcare based on current evidence based practice.			
2.1 EBP Analyzes best current evidence for delivering optimal healthcare.	Does not use current evidence when planning care for patient.	Uses information from class to plan care for patient. Intermittently uses evidence-base documents to plan care for patient	Analyzes information from textbook, class, and online to plan care for patient.
2.2 EBP Uses credible scientific resources and patient/family preferences in the delivery of nursing care.	Unable to differentiate a credible resource from an uncredible resource when researching a patient problem. Utilizes resources from the Web that are not acceptable health professional resources	Uses only information presented in class as a resource to plan care and provide education to patient and family.	Uses 2 credible resources in addition to the textbook to plan patient-centered care. Considers patient/family preferences and needs when researching information.

Outcome	Unsatisfactory (U)	Needs Improvement (NI)	Satisfactory (S)
Safety Outcome 3. Participates in institutional safety plan while providing nursing care that minimizes risk and protects patients and health care personnel.			
3.1 Safety Completes the math competency requirement for the course.	Failed the math competency test Calculates dose of medication incorrectly Incorrect dose of medication drawn up in syringe or insulin pen Unaware of what the medication is for or actions needed to safely give meds.	Requires assistance from classmates or instructor to calculate dose of medication or draw up dose of medication in a syringe or insulin pen. Inconsistent in knowing the actions and nursing implications of medications prescribed to patient.	Passed the math competency with a minimum score of 90% for the medical-surgical module on first or second attempt. Calculates and/or administers the correct dose of medication. Consistently able to state why a medication is being given and performs actions needed to safely administer medication.
3.2 Safety Follows institutional policies and procedures promoting safety, security, and quality of care.	Unaware of or doesn't look up institutional policies and procedures Consistently requires an excessive amount of time to pass medication for each patient. Consistently forgets to check patient identification before giving meds or performing procedures	Consistently requires assistance from classmate or staff to be ready to administer PO, injection, or IV medication. Consistently requires more time than average to collect, chart, and administer medication. Inconsistent in checking patient identification when giving meds or performing procedures	Consistently follows institutional policies to promote safety and security of patient. Consistently performs procedures in compliance with institution policies and procedures Consistently uses patient identification methods recognized by facility before administering medication to patient. Administers the medication in a timely manner with the instructor's approval.
3.3 Safety Minimizes risk of harm to patients and providers through competent individual performance and knowledge of system effectiveness.	Unable to recognize that lack of knowledge or ability to correctly perform procedures places the patient(s) at risk for harm. Performs interventions or procedures without the knowledge or permission of the instructor. Unable to safely care for 2 patients within the med-surg setting for at least 3 consecutive weeks	Inconsistent in abilities to perform nursing interventions and assessments in a competent and knowledgeable manner. Communicates inconsistently with instructor before performing interventions and/or procedures for patient. Able to give safe care to 2 patients but needs maximum assistance from the instructor.	Consistently performs nursing interventions and assessments in a competent and knowledgeable manner. Consistently communicates with the instructor regarding interventions and procedures to be performed for patient. Able to consistently give safe care to 2 patients for at least 3 consecutive weeks in a med-surg setting with minimal assistance from instructor

Outcome	Unsatisfactory (U)	Needs Improvement (NI)	Satisfactory (S)
Informatics			
Outcome 4. Uses information and technology to share information, manage knowledge, and maximize benefits for patients, families, and groups.			
4.1 Informatics Uses the internet to research current online health care resources and locate patient support groups.	Does not use the internet to find current research regarding patient condition and available resources.	Uses only the internet sites suggested by instructor to access health care resources and/or support groups.	Uses the internet to independently research online health care resources and/or support groups.
4.2 Informatics Applies knowledge and skills required in the use of nursing documentation systems.	Consistently misses more than 2 areas of documentation.	Inconsistently completes documentation as required.	Consistently completes required documentation in a timely manner.
4.3 Informatics Promotes quality by demonstrating an ability to access and retrieve data related to patient care via available hospital/agency or nursing information systems.	Unaware of where to retrieve data related to patient care and does not seek assistance.	Consistently needs assistance from instructor to retrieve data related to patient care.	Able to consistently retrieve data related to patient care with minimal assistance from instructor.
Clinical Reasoning			
Outcome 5. Demonstrates clinical reasoning, critical thinking, and effective teaching practices in providing nursing care for patients with acute and chronic health care problems and psychosocial or maternity issues.			
5.1 Clinical Reasoning Demonstrates effective clinical judgment in collecting data, solving problems, and making decisions.	Unable to accurately collect data Unable to use accurate data to determine needed actions Unable to make appropriate decisions based on available data	Inconsistently collects accurate data without the assistance of the instructor Unable to independently determine needed interventions or decisions regarding patient without the help of a classmate or instructor	Consistently collects accurate data for patient with minimal assistance from instructor Consistently able to make decisions and perform interventions with minimal assistance from the instructor
5.2 Clinical Reasoning Executes a nursing regimen through the selection, performance, management, and evaluation of nursing interventions	Unable to create a plan of care for patient <ul style="list-style-type: none"> Does not use resources to create Does not adjust care plan based on individual needs Fails to demonstrate ability to prioritize nursing care	Requires much feedback and assistance to create a plan of care for patient <ul style="list-style-type: none"> Needs assistance in finding resources Inconsistently adjusts care plan based on individual needs Inconsistently demonstrates ability to prioritize nursing care	Able to develop a basic individualized plan of care for patient based on current patient data. Consistently demonstrates ability to prioritize nursing care.

Outcome	Unsatisfactory (U)	Needs Improvement (NI)	Satisfactory (S)
5.3 Clinical Reasoning Uses concepts of teaching and learning to provide health counseling that meets the physiological, psychological, social, cultural, and spiritual needs of patients/families.	Unable to recognize teaching needs of the patient.	Will provide teaching to the patient after being developed with the instructor's assistance.	Able to independently identify teaching needs of the patient/family and provides teaching. Considers physiological, psychological, social, cultural, and/or spiritual needs when providing health counseling. Provides appropriate handouts or online resources to reinforce teaching
Professional Behavior Outcome 6. Advocates for patients, families, and vulnerable populations.			
6.1 Professional Behavior Demonstrates behaviors of accountability and civility in the classroom and clinical settings.	Consistently late to clinical. Places own wants and needs above patients to point that patient needs are not met Exhibits nonverbal behavior that could be interpreted as aggressive or belligerent or makes malicious comments about patient/family. Does not look at entire patient situation while collecting data.	Inconsistently on time to clinical. Inconsistently places patient needs first. Inconsistently exhibits respectful communication with patient, family, peers, staff, and instructor. Inconsistently looks at entire patient situation as data is collected.	Consistently on time to clinical. Consistently places patient needs first. Acts in a respectful manner when communicating with patient, family, peers, staff, and instructor. Consistently takes entire patient situation into account while collecting data.
6.2 Professional Behavior Demonstrates personal responsibility and accountability in protecting the health, safety, and rights of patients, families, and others in the health care environment.	Does not demonstrate responsibility in protecting the health, safety, and rights of patients and families. Does not keep patient information confidential or assume accountability in advocating for vulnerable populations. Does not encourage patient to take part in planning and/or promoting own health care. Does not demonstrate cost-effective nursing strategies. Is not aware of QI projects on unit.	Inconsistently protects the health, safety, and rights of patients and families after prompting by the instructor. Inconsistently keeps patient information confidential or advocate for vulnerable populations Inconsistently encourages patient to take part in planning and/or promoting own health care. Inconsistently demonstrates cost-effective nursing strategies. Can name the QI projects on unit but the information does not affect care.	Identifies specific ways to protect the health, safety, and rights of patients and families. Keeps patient information confidential. Consistently assumes accountability in advocating for vulnerable populations. Consistently encourages patient to take part in planning and/or promoting own health care. Consistently demonstrates cost-effective strategies. Aware of QI projects on the unit and uses the information to improve patient care.

Outcome	Unsatisfactory (U)	Needs Improvement (NI)	Satisfactory (S)
6.3 Professional Behavior Participates in improving the health care environment by adhering to the ethical values of the profession through individual and collective action.	Does not demonstrate ethical principles as stated in the ANA Nurses Code of Ethics http://www.nursingworld.org/Mobile/Code-of-Ethics	Inconsistently demonstrates ethical principles stated in the ANA Nurses Code of Ethics	Consistently demonstrates ethical principles stated in the ANA Nurses Code of Ethics
Caring Outcome 7. Analyzes the development of one's own caring nursing practice.			
7.1 Caring Demonstrates the ability to help others by increasing self-awareness and by understanding the impact of one's own behaviors on others.	Unaware that lack of caring is causing a negative effect on patient outcome. Does not complete reflective journal entries within the assigned time frame. Unsatisfactory level of performance for reflective journal entries.	Inconsistently understands the impact of own behaviors. Inconsistently completes reflective journal entries within the assigned time frame. Needs improvement level of performance for the reflective journal entries.	Consistently understands the impact of own behaviors. Recognizes if acting in a non-caring manner and self-corrects behaviors. Consistently completes reflective journal/discussion board entries within the assigned time frame. Satisfactory level of performance for the reflective journal/discussion board entries.
7.2 Caring Provides a therapeutic environment that fosters a sense of self-worth and dignity in self and others.	Does not create a therapeutic environment for patient.	Inconsistently provides a therapeutic environment for patient.	Consistently provides a therapeutic environment for patient.
7.3 Caring Communicates effectively within the cultural context of the patient, family or community.	Does not communicate in a culturally sensitive manner.	Inconsistently communicates in a culturally sensitive manner.	Consistently communicates in a culturally sensitive manner.

The Cincinnati State - Bethesda School of Nursing
Clinical Progress Evaluation

Course: NUR 202 Semester/Year: _____ Student: _____
Instructor: _____

Course Description:

This course focuses on synthesizing knowledge regarding management of care to patients experiencing acute, complex and emergency variations in health status. Students are expected to demonstrate effective clinical reasoning skills and caring behaviors as provide care for groups of patients in a precepted clinical experience. Clinical experiences promote the transition into the role of the professional nurse. Leadership and management theories / principles are explored and applied to nursing practice with a focus on the Ohio Nurse Practice Act and the Code of Ethics for Nurses.

Evaluation Ratings:

S = Satisfactory

Performance demonstrates safe, professional nursing and *consistent achievement of the course objectives.

Consistent performance: predominant student behavior reflects satisfactory achievement of the objectives. All objectives must be rated satisfactory on the final evaluation for the student to receive a passing grade in this course.

U = Unsatisfactory

Performance fails to demonstrate safe, professional nursing practice and/or is determined to be inconsistent in meeting course objectives.

NI = Needs Improvement

Used only at mid-semester. Performance is safe, however inconsistent. Review or enforcement of policies and/or procedures is needed with more consistent performance in second half of clinical experience.

NO = No Opportunity

Experience was not available for student. Used only at mid-semester.

Note: Any **U** or **NI** ratings require faculty Comments and Plan for Improvement developed with the student at mid-way evaluation.

Clinical Progress Evaluation

Collaboration				
Outcome 1. Collaborates effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect and shared decision-making to achieve quality patient care.				
	Interim Rating	Comments	Final Rating	Comments
1.1 .Collaborates with the health care team by contributing to the Interdisciplinary Plan of Care.				
1.2 Updates health care team members on patient status.				
1.3 Follows up on patient care needs in a timely manner and proposes care revisions based on patient outcomes.				

Evidence-Based Nursing Practice				
Outcome 2. Integrates best current evidence with clinical competence and patient / family preferences and values for delivery of optimal health care.				
	Interim Rating	Comments	Final Rating	Comments
2.1 Uses reliable resources and patient / family preferences to support care decisions.				
2.2 Develops a plan of care based on scientific resources that support best practices.				

Clinical Progress Evaluation

Safety				
Outcome 3. Promotes safety of both patients and health care providers through individual performance and system				
	Interim Rating	Comments	Final Rating	Comments
3.1 Completes the math competency requirement for the course.				
3.2 Uses appropriate strategies for organizing and prioritizing patient care.				
3.3 Incorporates national patient safety standards into the delivery of care to enhance patient outcomes.				

Informatics				
Outcome 4. Uses information and technology to communicate, manage knowledge, prevent error and support decision making.				
	Interim Rating	Comments	Final Rating	Comments
4.1 Utilizes computers and technology as a vehicle for increasing scientific knowledge, enhancing patient care, and general health promotion and prevention activities.				
4.2 Uses informatics to identify, collect, process and manage data and information to support nursing practice.				

Clinical Progress Evaluation

Clinical Reasoning				
Outcome 5. Demonstrates clinical reasoning, critical thinking, and effective teaching practices, and cost-effective nursing strategies.				
	Interim Rating	Comments	Final Rating	Comments
5.1 Demonstrates critical thinking skills in modifying care in multiple clinical situations.				
5.2 Provides scientific reasoning for nursing decisions.				
5.3 Follows hospital policies and best practices in delivering high quality, cost-effective health care and patient education.				

Professional Behavior				
Outcome 6. Applies principles of leadership in managing patient care and in planning for professional development in nursing.				
	Interim Rating	Comments	Final Rating	Comments
6.1 Demonstrates behaviors of accountability and civility in the classroom and clinical settings.				
6.2 Seeks learning opportunities to enhance personal and professional growth.				
6.3 Directs patient care of non-licensed personnel.				
6.4 Fosters a health care environment that embraces the ethical values of the profession through individual and collective action.				

Clinical Progress Evaluation

Caring**Outcome 7. Creates a healing environment for the physical, psychosocial, and spiritual well-being which demonstrates respect for human diversity and dignity.**

	Interim Rating	Comments	Final Rating	Comments
7.1 Demonstrates nursing practice that acknowledges and respects each individual's personal beliefs, values and needs.				
7.2 Promotes holistic care and healing by focusing on physical, psychosocial and spiritual dimensions of patients.				

Clinical Progress Evaluation

Clinical Evaluation Interim Summary (Midway through the Semester or Clinical Experience)

Student: _____ Clinical Attendance: Absences: _____ Lateness: _____ Clinical Visit: _____

Strength Areas:

Areas for improvement due to NI or U:

Plan for Improvement: (developed by Clinical Instructor with Student input):

Mid-semester or Clinical experience grade: _____

Student Signature: _____ Date _____

Faculty signature: _____ Faculty name printed: _____ Date _____

Clinical Progress Evaluation

Clinical Evaluation Final Summary:

Student: _____ Clinical Attendance: Absences _____ Lateness _____ Clinical Visit _____

Strength Areas:

Areas for Further Development:

Personal Development Plan suggestions:

Final Grade _____

Student Signature: _____ Date _____
Faculty Signature: _____ Faculty name printed: _____ Date _____

NUR 202 Semester Outcomes:

Collaboration

Collaborates effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect and shared decision-making to achieve quality patient care.

- 1.1 Collaborates with the health care team by contributing to the Interdisciplinary Plan of Care.
- 1.2 Updates health care team members on patient status.
- 1.3 Follows up on patient care needs in a timely manner.
- 1.4 Proposes care revisions based on patient evaluation.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
Fails to report or act upon deterioration in assessment or deviations from expected patterns	Delay in reporting or acting upon deterioration in assessment or deviations from expected patterns and/or reports to inappropriate health care team member.	Reports to appropriate health care team member or acts upon deterioration in assessment or deviations from expected patterns.
Fails or requires prompting to access or revise plan of care based on patient assessment.	Revises plan of care without prompting. Goals not measureable and/or inappropriate to patient situation.	Appropriate revision of plan of care based on patient assessment and without prompting.
Fails to utilize SBAR during hand-offs or during communications with other HCPS to request interventions.	Inconsistent use of SBAR during hand-offs or during communications with other HCPS to request interventions.	Consistent use of SBAR during hand-offs or during communications with other HCPS to request interventions.
Does not follow-up on patient care needs in a manner which is deemed timely based upon the situation. Ex: failure to administer intervention or assess pain when pt requests medication	Follows up on patient care needs however response is delayed or incomplete. Ex: : administration of pain medication or intervention greater than 30 min from patient request, failure to communicate delay to patient and/or family	Follows up on patient care needs within an appropriate time frame, Ex: administration of pain medication or intervention within 30 min of patient request

Evidenced Based Practice

Integrates best current evidence with clinical competence and patient/family preferences and values for delivery of optimal health care.

- 2.1 Uses reliable resources and patient/family preferences to support care decisions.
- 2.2 Develops a plan of care based on scientific resources that support best practices.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
<p>Institutes behaviors or nursing interventions which are inconsistent with syllabus or standard of care</p> <p>Lack of evidence that patient and family are involved in decision making</p> <p>Unable to access policy and procedure manual on assigned role transition unit</p> <p>No journal citations of EBP. Sites standard of care only.</p> <p>Stereotypes or fails to confront behavior in other nurses which which stereotypes or is not EBP</p>	<p>Participates in development of nursing care plan appropriate to generic patient situation however unable to demonstrate ability to tailor care to patient /family preferences</p> <p>Accesses policy and procedure manual on assigned role transition unit after being prompted to do so.</p> <p>Demonstrates lack of awareness of where to find or how to utilize EBP; awareness of and adherence to standard of care is present.</p> <p>Does not stereotype patient or nurse behaviors. Questions other who do so.</p>	<p>Develops nursing care plan which adheres to standards of care and in tailored to patient as well as inclusive of patient family preferences</p> <p>Accesses policy and procedure manual when questions arise on the unit.</p> <p>Sites EBP in journal entries as appropriate to patient care decision making.</p> <p>Does not stereotype. Present EBP when situation presents itself</p>

Safety

Outcome 3. Promotes safety of both patients and health care providers through individual performance and system effectiveness.

- 3.1 Completes the math competency requirement for the course.
- 3.2 Uses appropriate strategies for organizing and prioritizing patient care.
- 3.3 Incorporates national patient safety standards into the delivery of care to enhance patient outcomes.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
Failure of math test at start of course (70%) or less	Failure of math test at start of course (80%)	Achieves 90% or greater on initial math test attempt.
No evidence of utilization of an organizational tool for patient care during the role transition experience. Preceptor reports student has difficulty establishing priorities.	Student utilizes organizational tool. Preceptor reports further progress is needed.	Student utilizes organizational tool. Preceptor reports satisfactory progression.
Report of preceptor that student is “not safe” with appropriate examples and verification of these behaviors by student journal entry or student self report or faculty observation	Provides journal examples of adherence to QSEN. Not all journal entries address QSEN related topic. Requires assistance to recognize the RN role in meeting the course outcomes at least half of the time.	Journal entries reflective of adherence to and understanding of QSEN and NPSGs. This is supported by faculty observation and preceptor report.
Does not consistently adhere to NPSGs and lacks awareness.	Recognizes non-adherence to NPSGs and documents plan to prevent further instances.	
Fails to follow standard or care in patient care situations and lacks awareness of this failure	Recognizes failure to follow standard of care.	Consistent adherence to standard of care as evidenced in journal entries, observation and preceptor report.
Fails to follow guidelines pertaining to role transition experiences as set forth in syllabus and is unaware of this failure.	One instance of failure to follow guidelines for role transition experience as set forth in the syllabus. Student is aware	Consistently follows guidelines pertaining to role transition experience as set forth in the syllabus

Student cannot locate policy and procedures on the unit by second role transition experience	Student can locate and utilize Policy and procedures the majority of the time and seeks assistance from an RN when unable to do	Consistently accesses and utilizes the Policy and Procedure manual
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Informatics

Outcome 4. Uses information and technology to communicate, manage knowledge, prevent error, and support decision-making.

- 4.1 Utilizes computers and technology as a vehicle for increasing scientific knowledge, enhancing patient care, and general health promotion and prevention activities.
- 4.2 Uses informatics to identify, collect, process and manage data and information to support nursing practice

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
One or more instances of nonadherence to HIPAA unrecognized by student.	One instance of nonadherence to HIPAA recognized by student with a plan to avoid repetition of event	No instances of non-adherence to HIPAA
Inability to link orders or access patient history/assessment on hospital's documentation system	Links routine IVs and IVPBs. Accesses standard history and assessments.	Links routine IVs and IVPBs. Accesses standard history and assessments, progress notes from all sources, interfaces with other disciplines
Failure to document relevant assessment, teaching or planning activities	Documents relevant assessment, teaching and planning with minimal assistance from RN preceptor.	Documentation of all required assessment, teaching and planning without assistance.
Inability to access policy and procedure manual upon request of preceptor or faculty.	Accesses policy and procedure manual upon request.	Accesses policy and procedure manual as needed and without prompting.
Inability to access or deploy relevant teaching materials	Accesses and deploys relevant patient teaching materials.	Accesses and deploys relevant teaching materials which are tailored to patient's specific needs.

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Clinical Reasoning

Outcome 5. Demonstrates effective clinical reasoning skills, critical thinking skills, teaching practices, and cost-effective nursing strategies.

- 5.1 Demonstrates critical thinking skills in modifying care in multiple clinical situations.
- 5.2 Provides scientific reasoning for nursing decisions.
- 5.3 Follows hospital policies and best practices in delivering high quality, cost-effective health care and patient education.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
Delegates inappropriate tasks and/or delegates to inappropriate personnel	Utilizes assistive personnel for routinely assigned tasks	Utilizes assistive personnel appropriately and effectively for routinely assigned tasks and other tasks within their scope of practice
Demonstrates lack of ability to forecast predictable outcomes or institute basic nursing interventions for common patient problems without assistance	Identifies predictable outcomes and institutes appropriate nursing interventions for common patient problems	Interprets data patterns and develops appropriate plans of care. Exceptions are rare. Seeks guidance from appropriate care providers in these cases.
Fails to institute or recognize standard of care	Implements standard of care in common patient situations. Requires prompting for non-routine situations.	Reorganizes and prioritizes patient care effectively and without assistance in cases of change in acuity or patient assignment.
Unable to adapt to change in patient assignment or acuity; loses focus of care	Adapts to change in patient assignment or acuity however requires guidance from RN preceptor	Revises nursing care plan effectively and without prompting.
Unable to explain the rationale for routine nursing care provided to stable patients	Demonstrates understanding of pathophysiology and assessment by posing questions appropriate to patient assessment .	Demonstrates accurate and basic knowledge of common diagnostic tests and medications
Questions are not relevant to patient assessment		
Lacks accurate or basic knowledge of diagnostic tests and or medications		

Journaling entries reflect lack of awareness or assimilation of the RN role. Evidence that student fails to acknowledge guidelines within the nurse practice act.	<p>Demonstrates accurate and basic knowledge of common diagnostic tests and medications.</p> <p>Journaling entries reflect awareness of and assimilation to the RN role.</p>	<p>and collaborates with other disciplines to seek cost effective quality patient outcomes</p> <p>Journal entries reflect awareness of and assimilation to the RN role as well as a plan for growth.</p>
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Professional Behavior

Outcome 6. Applies principles of leadership in managing patient care and in planning for professional development in nursing.

- 6.1 Demonstrates behaviors of accountability and civility in the classroom and clinical settings.
- 6.2 Seeks learning opportunities to enhance personal and professional growth.
- 6.3 Directs patient care of non-licensed nursing personnel.
- 6.4 Fosters a health care environment that embraces the ethical values of the profession through individual and collective action.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
Tardiness exceeding two occurrences	Tardiness of two occurrences	No tardiness
“Calling off” exceeding three shifts	“Calling off” three shifts	“Calling off” two or fewer shifts
Use of profanities on the unit. Inappropriate use of or lack of use of medical terminology	Inappropriate use of the English language (tense, slang) which speaking with other HCPs. Inconsistent use of medical terminology	Consistent use of proper English, no slang or inappropriate use of tense. Utilizes medical terminology appropriately
Inappropriate or unsafe delegation to non-licensed or assistive personnel	Requires assistance to determine appropriateness of delegation	Delegates appropriately
Argumentative behavior in response to constructive criticism	Accepts constructive criticism. Does not initiate or request a plan for self improvement	

<p>Failure to follow through to ensure patient needs are met on more than one occasion</p> <p>Failure to provide “hand-off” on more than one occasion or “hand-off” is disorganized and ineffective</p> <p>Crosses professional boundaries</p> <p>Aggressive communication. Fails to follow chain of command</p> <p>Non-adherence to the behavior outlined in the syllabus combined with lack of awareness of non-adherence</p> <p>Lacks awareness of need to seek out resource in order to provide safe care</p> <p>Lacks awareness of need for guidance in personal decision making regarding progression within the nursing curriculum. Lacks awareness of content within the syllabus.</p>	<p>Failure to follow through to ensure patient needs are met on one occasion</p> <p>Failure to provide “hand-off” on one occasion.</p> <p>Recognizes professional boundaries and seeks guidance from faculty</p> <p>Seeks guidance from faculty on ways to resolve conflict. Seeks help to determine chain of command</p> <p>Non-adherence to the behavior outlines in the syllabus with awareness and self-report or acknowledgment</p> <p>Seeks guidance from another more experienced RN on the unit</p> <p>Seeks guidance in personal decision making regarding progression within the nursing curriculum from other student or misinterprets the syllabus</p>	<p>Accepts constructive criticism. Initiates autonomously or participates in development of a plan for self improvement</p> <p>Ensures that patient needs are met or follows through in communicating those needs appropriately</p> <p>Consistently provides handoff without promptly</p> <p>Maintains professional boundaries. Seeks guidance from OBN or institutional policy when questions or concerns arise</p> <p>Resolves conflict utilizing with chain of command. Actions are reflective of a desire to resolve conflict in a respectful and constructive way.</p> <p>Adheres to syllabus. Reports any concerns to faculty and seeks guidance.</p> <p>Consults hospital policy</p> <p>Consults nursing faculty for guidance in personal decision making regarding</p>
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Demonstrates behavior which is outside the norm for the setting on more than one occasion.	Demonstrates behavior which is outside the norm for the setting on one occasion.	progression within the nursing curriculum. Utilizes the syllabus as a reference Maintain behavior which is consistent with the behavior expected of an RN on a clinical unit
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Caring

Outcome 7. Creates a healing environment for the physical, psychosocial, and spiritual well-being which demonstrates respect for human diversity and dignity.

- 7.1 Demonstrates nursing practice that acknowledges and respects each individual's personal beliefs, values, and needs.
- 7.2 Promotes holistic care and healing by focusing on physical, psychosocial, and spiritual dimensions of patients.

Unsatisfactory	Developing (Needs Improvement)	Satisfactory
Communicates as a means of sharing information only, no evidence of engagement of patient or family in therapeutic communication.	Inconsistent use of therapeutic communication, documented uncertainly in highly emotional or complex situations	Uses therapeutic communication skills consistently with patients and their families
No evidence of assessment of or attention to meeting patient's spiritual or cultural needs	Assessment and or attention to one element/requires guidance to implement interventions or determine needs	Evidence of assessment of and attention to spiritual and cultural needs of the patient. Communicates and follows through to ensure needs are met. Engages resources
No evidence of incorporation of basic caring behaviors (attentiveness, personal presence, advocacy). Lack of awareness of absence of these behaviors. Inappropriate affect to situation.	Inconsistent incorporation with limited awareness.	Consistent behavior of culturally appropriate caring behaviors. Documented inclusion of individualized culturally sensitive care.

Failure to question or intercede on behalf of the patient when the behavior of other personnel does not maintain or demonstrate respect for the patient	Questions care, behaviors and attitudes of other RNs and HCPs within the safety of the journal	Questions care, behaviors and attitudes of other RNs and HCPs in a respectful and professional way when their behavior does not maintain or demonstrate respect for the patient.
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Cincinnati State BSN Application

Full Time
Nursing Faculty



Appendix G

Appendix G: Current Full Time Nursing Faculty

Name	Degree(s)
Marre Elizabeth Barnette	AAS, Cincinnati State Technical and Community College, 2003 BSN, University of Cincinnati, 2004 MSN, University of Cincinnati, 2007
Susan M. Batory	MSN, University of Cincinnati, 1992 EdD, Walden University, 2014
Sarajane Blatt	BSN, University of Cincinnati, 1984 MSN, Walden University, 2008
Janice Shelton-Curry	BSN, University of Cincinnati 1974 MSN, University of Cincinnati 1982
Sheena R Davis	ADN Cincinnati State Technical & Community College, 2009 BSN, Ohio University, 2015 MSN, Xavier University, 2018
Antoinette Dean	BSN, University of Cincinnati, 1986 MSN, South University, 2015 DNP, Capella University, 2019
Kristen Ann Kay Dekok	BSN, Grand Canyon University, 2011 MSN, Grand Canyon University, 2015
Beth Anne Hamon	BSN, Wright State University 1995 MSN, Northern Kentucky University 2009 DNP, Northern Kentucky University, 2019
Nicole Kathleen Horton	Diploma, Christ Hospital School of Nursing 2006 BSN, Indiana Wesleyan University 2010 MSN, Chamberlain University 2012 PhD Education, Capella University, 2017
Nikki Lee Dawn Howard	BSN, University of Cincinnati, 2006 MSN, Walden University, 2011 DNP, Northern Kentucky University, 2017
Janice M. Lockett	BSN, University of Cincinnati 1978 MSN, University of Cincinnati 1998 PhD, Capella University, 2021
Daniel Lozier	BSEd, Xavier University 1979 MSN, Xavier University 2005 MEd, Xavier University 2006 DNP, Indiana Wesleyan University, 2018
Lauren April Murray	AAS, Good Samaritan College of Nursing and Health Science, 2009 BSN, Indiana Wesleyan University, 2013 MSN, Indiana Wesleyan University, 2017
Barbara Lynn Ratliff	BSN, Southeast Missouri University, 1984 MSN, Walden University, 2007
Connie L. Rose	BSN, St. Louis University, 1986 MS, Wright State University 1992 DNP, Northern Kentucky University, 2014

Lindsey Michelle Stewart	BS, Loyola University, 2007 BSN, Cleveland State University, 2010 MSN, Case Western Reserve University 2018 DNP, Case Western Reserve University, 2020
Tricia Lee Trimble	BSN, University of Cincinnati, 2001 MSN, Xavier University, 2012
Jennifer Leigh Tyler	BSN, Indiana University, 1997 MSN, University of Phoenix, 2010 DNP, Northern Kentucky University, 2021
Joanne Worthington	ASN, Cincinnati State Technical and Community College, 1994 BSN, College of Mount St. Joseph, 2006 MSN, Mount. St. Joseph University, 2015 DNP, Mount. St. Joseph University, 2019

Enrollment information on RN and BSN programs

Institution: Cincinnati State Technical and Community College

Academic Year (fall to summer)	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023	2023- 2024	2024- 2025	2025- 2026	2026- 2027
BSN admissions	0	0	0	0	0	0	30	60	120^^	120
Total BSN enrollment	0	0	0	0	0	0	30	80	155	180
BSN graduates	0	0	0	0	0	0	15	45	95	120
RN applications	271	203	210	208	250					
RN admissions	160	154	164	149~	154	164	180**	198***	222^	222^
RN waiting list	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RN graduates	98	123	112	114	116*	123^^^	112^^^	116^^^	123^^^	135^^^

Notes:

- **Information should be given as headcounts**
- **Columns on RN should be completed for 2017-2021**
- **Columns on BSN should be completed for 2022-2027**
- Year is the academic year: Fall Semester-Summer semester
- BSN admissions is anticipated number admitted throughout the year
- Total BSN enrollment is an **estimate** of admissions + continuing students – graduates – stop outs. This will vary during the year with graduations and admissions. Give the maximum number of students that you estimate enrolled at any point in the year.
- BSN graduates is the anticipated number of graduates throughout the year.
- If you do not maintain an RN waiting list, use N/A instead.

~ Decrease in ADN admissions during pandemic.

* Anticipated graduates ADN- 60 graduates in fall with 56 students set to graduate this May. Usual attrition in final course is 0-1 students.

** Anticipated admissions ADN- increasing traditional tract due to increased staffing and revenue from BSN program and clinical space increase in ADN program provided by Mercy Health.

*** Anticipated admissions ADN- increasing LPN to RN tract due to increased staffing and revenue from BSN program and clinical space increase in ADN program provided by Mercy Health.

^ Anticipated admissions ADN - increasing traditional tract due to increased staffing and revenue from BSN program and clinical space increase in ADN program provided by Mercy Health.

^^ Anticipated Admissions in BSN Program- After surveying graduates demand for Cincinnati State RN-BSN option is greater than anticipated.

^^^ Anticipated completions ADN- Estimated graduates based on completion at 150% of program length with a completion rate of 75%.