



Commission on Accreditation  
of Healthcare Management Education

**DRAFT REPORT  
OCTOBER, 2012**

**SITE VISIT TEAM REPORT  
FOR  
WEBER STATE UNIVERSITY  
MASTER OF HEALTH ADMINISTRATION  
OCTOBER 3<sup>rd</sup> TO 5<sup>th</sup>, 2012**

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## Section 1: Program Accreditation History

Weber State University Accreditations Decisions History:

Fall	2009	Initial application for candidacy program
Fall	2010	Program accepted for candidacy program
Fall	2011	Self-study year designated as academic year 2012
Fall	2012	Initial site visit scheduled

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## **Section 2: Program Overview**

The WSU Department of Health Administrative Services offers a Master of Health Administration degree, Bachelors of Science degrees in Health Services Administration, Long Term Care, Health Promotion and Health Information Management and an Associate of Applied Science in Health Information Technology.

Weber State University has been regionally accredited by the Northwest Commission on Colleges and Universities since 1932. The university was reaccredited in 2005 for ten years. The Department of Health Administrative Services resides within the Ezekiel R. Dumke College of Health Professions.

The scheduling format for the program is setup as a hybrid on eight week terms. Classes meet one night a week for eight weeks. In addition to the in class assignments students must also complete online assignments each week in order to complete the requirement of a normal 16 week semester. Fulltime students enroll in two courses for the first half of a semester and two more for the second half. All students are required to complete a field study as a final project in the last semester of their program.

The Master of Health Administration Program requires a minimum of 42 semester hours beyond the baccalaureate level. The program is structured so that full-time students can complete in program in four consecutive semesters over two academic years. Students taking 9 or more credit hours per semester are considered full-time at the graduate level. Students taking 5-8 credit hours are considered half-time.

The Program seeks to recruit early careerists from healthcare organizations throughout the Wasatch Front of Utah and Southern Idaho. The vast majority of students in the program are working in healthcare settings. Thus, the evening format accommodates their work schedules.

The Program accepted its first class of students in the Fall Semester of 2006 and graduated 19 members of that group in May 2008.

### **1. Program Mission, Vision, and Core Values**

#### ***Program Mission Statement:***

The Master of Health Administration (MHA) program at Weber State University selects early- to mid-careerists in healthcare supervisory positions with the expectation that the graduate level education they receive will improve their ability to pursue leadership roles in the healthcare industry. This program strives to instill students with a desire to focus on self-development, critical thinking and life-long learning.

The program will attract and provide a mix of professionally and academically qualified faculty that combine academic credentials, scholarship and professional experience with real world application to teach students to be competent healthcare administrators.

The program serves the local community throughout the Wasatch Front of Utah by engaging students in community based learning experiences. By developing and maintaining a network of local practitioners the program provides points of contact where students can interact with practicing administrators in the real world, completing a consultative field study that serves a benefit to the local community.

### ***Program Vision Statement:***

The MHA at Weber State University will be the program of choice in the Intermountain West and the desired source of new hires by the region's health organizations.

### ***Program Values:***

Academic excellence  
Critical thinking  
Interpersonal acumen  
Cultural competence

## **2. Competency Model**

The program has developed twelve competencies arrayed within three domains, Personal Development, Professional Development and Applied Skills. Because the program mission addresses early careerists with leadership experience who want to further their careers, the program examined the competencies created by National Center for Healthcare Leadership (NCHL). The competencies are the result of a synthesis and adaptation of the NCHL model.

### Personal Development

- a. **Communication:** The graduate will demonstrate executive level proficiency in written and oral communication, be able to communicate across health disciplines, prepare executive summaries and make business presentations.
- b. **Relationship Management:** Be able to collaborate and develop positive relationships with peers, subordinates and superiors.
- c. **Critical and Creative Thinking:** The graduate will be able to seek information using management tools to collect data and apply metrics, to analyze data, form conclusions and make recommendations. Be able to promote innovation and see the big picture, balancing short term requirements with long term solutions.
- d. **Professionalism:** The graduate will be inculcated with a sense of accountability, demonstrate ability to initiate action and assume risk, be oriented to developing a life-long agenda of learning and demonstrate a commitment to ethical conduct and personal growth.

### Professional Development

- e. **Leadership:** The ability to effect change in teams and organizational units through positive influence and to further develop the talent of subordinates.
- f. **Organizational Awareness and Governance:** The ability to assess the political and regulatory environment, the internal organizational dynamics, and legal requirements effecting governance of an organization and develop recommendations for executive decision making.
- g. **Community Awareness:** The ability to investigate population health characteristics and develop a plan for improving population health in a local community. The graduate should demonstrate an awareness of the ecological and social factors that influence health behavior.

### Applied Skills

- h. **Human Resources Management:** Be able to manage the human resource processes needed for staffing and operating a healthcare organization.

- i. **Financial Management:** Ability to examine and interpret financial and accounting documents, plan and execute budgets, make capital investment decisions, and articulate executive fiduciary responsibilities.
- j. **Information Technology Management:** The ability to recognize critical elements of information technology, to manage information systems, and use information technology for decision support.
- k. **Performance Improvement and Quality Management:** The ability to use quality and systems tools to measure, promote and implement quality improvement initiatives in health service organizations.
- l. **Strategic Management:** The ability to conduct an external and internal environmental analysis of a health services organization and apply the principles of strategy formulation, implementation and control to development of corporate strategy, market research and planning. The graduate will be capable of managing team projects.

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### Section 3: Eligibility Requirements

The 12 Eligibility Requirements, Requirement A to L listed below, are fundamentals that must be satisfied before a program can proceed with the accreditation process. Although the Program declares that it has met these Requirements in advance of the site visit, each Eligibility Requirement is subject to verification by the Site Visit Team on submission of the self-study document and also during the visit.

The site visit team offers the following assessments for each Eligibility Requirement:

#### **REQUIREMENT A**

The University will have established healthcare management as a major course of study leading to a master's degree. Establishment of the Program will have been approved by the appropriate University governing body.

*Assessment: The Master of Health Administration Program was established and approved by the Utah State Board of Regents in 2006. The first class of students was admitted to the MHA Program in the Fall Semester 2006. This supports a **MET** finding for the CAHME Requirement listed above.*

#### **REQUIREMENT B**

Programs will be a part of an institution of higher learning that has achieved regional accreditation or equivalent recognition.

COMMENT: In the United States the institution will be an accredited member of one of the six regional accrediting associations recognized by the Commission on Recognition of Postsecondary Accreditation. In Canada, the institution will hold provisional or ordinary membership in the Association of Universities and Colleges of Canada. One source of independent verification: <http://www.chea.org>

*Assessment: Weber State University has been regionally accredited by the Northwest Commission on Colleges and Universities (NWCCU) since 1932. The university was reaccredited in 2005 for ten years. This was independently confirmed via the CHEA website. This supports a **MET** finding for the CAHME Requirement listed above.*

#### **REQUIREMENT C**

If the Program is in a specialized graduate school or schools (such as a medical school, school of public health, or school of business administration) within the University, the school(s) should be accredited by the appropriate recognized specialized accrediting agency (agencies). In the absence of such accreditation(s), a determination will be made by CAHME to the extent lack of specialized accreditation is detrimental to the quality of the Program.

*Assessment: The Program resides in the Department of Health Administrative Services within the Ezekiel R. Dumke College of Health Professions. The college is not affiliated with a specialized accrediting agency. We found no evidence that the lack of specialized accreditation detracts from the quality of the Program. This supports a **MET** finding for the CAHME Requirement listed above.*

#### **REQUIREMENT D**

The Program will require full-time study beyond the baccalaureate level of not less than the equivalent of two academic years as defined by the University. CAHME will evaluate whether the Program, as defined by the University, meets this requirement.

*Assessment: The Master of Health Administration Program requires a minimum of 42 semester hours beyond the baccalaureate level. The program is structured so that full-time students can complete in program in four consecutive semesters over two academic years. Students taking 9 or more credit hours*

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per semester are considered full-time at the graduate level. Students taking 5-8 credit hours are considered half-time. This supports a **MET** finding for the CAHME Requirement listed above.

#### **REQUIREMENT E**

The Program in healthcare management will have graduated at least two classes.

*Assessment: The first cohort of 34 students enrolled in the MHA Program in 2006 and an additional 23 students enrolled in 2007. The first class of 19 students graduated on May 2, 2008. The second class of 8 students graduated on May 1, 2009. This supports a **MET** finding for the CAHME Requirement listed above.*

#### **REQUIREMENT F**

The Program will require at least 120 contact hours of instructional time in person.

*Location need not be in a University setting, as long as students are synchronously learning course material under the supervision of and in learning sessions that are facilitated by program faculty.*

*Assessment: With the exception of MHA 6500, Field Study, all other courses in the program require a minimum of 21 face-to-face contact hours of instructional time in the classroom. Thus 33 of the credit hours in 11 of the core courses in the program include a minimum of 231 contact hours. MHA 6500, Field Study includes 6 contact hours in the classroom and a minimum of another 5 individual face-to-face contact hours. The required coursework face to face hours total 242 contact hours. Elective courses whether taken from the MHA program or the MBA program in the Goddard School of Business are also taught as hybrid courses and require a minimum of 21 contact hours for each class. The total minimum of contact hours of instruction time in person for the entire Program is 284 hours. This supports a **MET** finding for the CAHME Requirement listed above.*

#### **REQUIREMENT G**

The Program will ensure that facilities, equipment, and supplies are sufficient to support Program quality and achieve the Program's mission, goals and objectives. This will include:

1. Library and/or access to information resources;
2. Computing technology and the appropriate management software; and
3. Classroom, and other learning space, and physical facilities for students, faculty, and staff, as appropriate to the method of course / program delivery.

*Assessment: The Stewart Library text collection located on the Weber State University campus totals more than 350,000 volumes and over 2,500 literary, scientific and education journals and periodicals. Included in this combined collection of texts and journals is a large body of reference material dealing with the healthcare field in general and material specific to health administration. The Fellow visually inspected multiple computer labs, classrooms, student meeting areas, and other available classroom technology and found them to be all first rate and high quality. This supports a **MET** finding for the CAHME Requirement listed above.*

#### **REQUIREMENT H**

There will be no discrimination on the basis of gender, age, creed, race, ethnicity, disability or sexual orientation in any aspect of the Program's activities. The Program will be in full compliance with relevant laws and University policy regarding equal opportunity requirements. Nothing herein will be construed to prevent a University from having a religious affiliation and purpose and adopting policies of admission and employment that directly relate to such affiliation and purpose so long as notice of such policies has been provided to applicants, students, faculty, and employees.



*Assessment: An inspection of Weber State University's nondiscrimination, affirmative action and equal opportunity policies revealed no potential for discrimination within the University. This supports a **MET** finding for the CAHME Requirement listed above.*

#### **REQUIREMENT I**

The Program will have a process for handling formal student complaints and use these complaints, where appropriate, for program evaluation and improvement.

*Assessment: An inspection of Weber State University's due process procedures for student complaints and how the Program formally adjudicated such complaints revealed a working process for handling these issues. Further discussing by the site visit team with students and alumni revealed that the formal complaint process was working as described in official policy documents and the Program upholds University policies related to student complaints. This supports a **MET** finding for the CAHME Requirement listed above.*

#### **REQUIREMENT J**

The Program will be subject to a defined policy on academic freedom and academic standards. Faculty in the Program will be aware of Program/University faculty grievance procedures.

*Assessment: Weber State University seeks to provide and sustain an environment conducive to sharing, extending and critically examining knowledge and values and to furthering the search for wisdom. Effective performance of these central functions requires that faculty members be free to pursue and teach the truth in accord with appropriate standards of scholarly inquiry. Discussions with the faculty and Weber State University administrators (President, Dean, and Department Head) confirmed that the Program upholds policies related to academic freedom and academic standards. This supports a **MET** finding for the CAHME Requirement listed above.*

#### **REQUIREMENT K**

University polices will provide time and support for faculty development, research and/or scholarship, and service.

*Assessment: Each year at the beginning of the Fall semester the Teaching and Learning Forum sponsors an orientation for all new faculty that also addresses these issues. In accordance with PPM 1-13, Article B-5, Section 4.8: The Committee on Research, Scholarship and Professional Growth shall recommend policies on research, scholarship, teaching loads, instructional and faculty development and faculty productivity. Discussions with the faculty and Weber State University administrators (President, Dean, and Department Head) confirmed that the Program upholds policies related to faculty development, research, scholarship, and service. Faculty were also provided time for these pursuits. This supports a **MET** finding for the CAHME Requirement listed above.*

#### **REQUIREMENT L**

Faculty evaluation will be equitable and fair and faculty responsibilities will be consistent with University policies.

*Assessment: Faculty are evaluated in three categories of criteria; teaching, scholarship, and administrative and/or professionally related service. Each category is evaluated on a nominal scale of excellent, good, satisfactory or unsatisfactory. Faculty must meet or exceed ratings in at least one of five channels laid out under the Evaluation Summary. Discussions with the faculty and Weber State University administrators (President, Dean, and Department Head) confirmed that the Program upholds policies related to faculty evaluation. This supports a **MET** finding for the CAHME Requirement listed above.*

## Section 4: Criteria Assessment

### 1. Program Strengths

The Program's strengths include:

1. The Program mission, vision, and values statement are aligned and strongly supported by the University, College, Department, students, and alumni. (Criterion IA1)
2. The Program Director and Associate Dean, who have been instrumental in developing this new Program, are both clinically and academically trained and have recruited faculty with similar qualifications that alumni and students deem a Program strength. (Criterion IB2)
3. The Program delivers the curriculum in a hybrid online/in-class teaching format that provides full time working professionals higher level student engagement with their peers online and in class, as well as the ability to apply what they are learning on a regular basis in their daily work environment. (Criterion IIB1)

### 2. Process Improvement Analysis

The site visit team assessed the Weber State University MHA Program to determine its ability to meet the **35** CAHME Criteria for Accreditation. Each criterion was assessed as Met, Partially Met, or Not Met. The results of this assessment identified **28** criteria receiving Met status, **7** criteria receiving Partially Met status, and **NONE** of the CAHME criteria receiving Not Met status. Listed below are the criterion assessments.

- a. **Met:** Criteria assessed as met indicate that the program demonstrates satisfactory compliance with this criterion in its entirety. Listed in Enclosure 1 are the criteria assessed as Met.
- b. **Partially Met:** Criteria assessed as partially met indicates that the site visit team has identified a concern or some concerns regarding the program's performance against these criteria. Improvement is required to consider this criterion met. There were **7** criteria assessed as Partially Met.
  1. Criteria I.A.3. states: The Program will monitor changes in the health system, the University environment, and management theory and practice and adjust its mission, vision, objectives and competency model as necessary.
  2. Criteria II.A.4. states: The Program will involve students, alumni, and practitioners in appropriate areas of Program decision-making and evaluation.
  3. Criteria II.A.5. states: The Program will ensure that graduates' career preparedness is monitored, documented and used for continuous improvement.
  4. Criteria III.A.1. states: The Program will adopt a set of competencies that align with the mission and types of jobs graduates enter. The Program will use these competencies as the basis of the curriculum, course content, learning objectives, and teaching and assessment methods.
  5. Criteria III.A.2. states: The Program curriculum will provide students with a depth and breadth of knowledge of the healthcare system and healthcare management, aligned with the mission.
  6. Criteria III.C.2. states: The Program will evaluate course instruction and the curriculum and use the results to improve the quality of the teaching and learning environment.
  7. Criteria III.C.3. states: The Program will have a process that regularly evaluates the extent to which students attain the competencies and use the evaluation for continuous improvement.
- c. **Not Met:** Criteria assessed as not met indicates that the site visit team has identified several concerns regarding the program's performance against this criterion in its entirety. Substantial improvement is required to consider this criterion met. There were **NO** criteria assessed Not Met.

## Section 5: Process Improvement Requirements and Recommendations

A. **Required Process Improvements:** The Site Visit Team determined the following 7 criteria to be partially or not met through the course of the evaluative process. In order to meet CAHME accreditation standards the program must address the following criteria and provide evidence of actions taken toward meeting the criteria via the progress reporting process.

1. Criteria I.A.3. states: *The Program will monitor changes in the health system, the University environment, and management theory and practice and adjust its mission, vision, objectives and competency model as necessary.* The Program has no formal strategic plan or planning process to enable it to adjust its mission, vision, objectives and competency model.

**Recommendation:** The Program must develop a formal strategic plan or planning process and show how it has used this input to adjust its mission, vision, objectives and competency model.

2. Criterion II.A.4. states: *The Program will involve students, alumni, and practitioners in appropriate areas of Program decision-making and evaluation.* According to the advisory committee minutes, only two or fewer alumni are formally or actively involved in Program decision making and evaluation.

**Recommendation:** The Program must increase the level of alumni involvement in Program decision making and evaluation.

3. Criteria II.A.5. states: *The Program will ensure that graduates' career preparedness is monitored, documented and used for continuous improvement.* CAHME has identified two measures to assess student achievement which are considered under Criterion II.A.5. These measures are defined as follows:

**Completion Rate** – Using the program's normal length of study, (typically two years for full time study, and four years for part time study) the number of students who have graduated within the expected time.

**Job Placement Rate** – The number of students who have job offers or who have started jobs within three months of graduation. This includes students who have offers or jobs before graduation but not students who must complete residencies before graduation except where on completion of the residency, the assignment will convert to a full time job.

Student Achievement Measure	CAHME Benchmark	Self-Study Year 2011	1 <sup>st</sup> Year Prior to Self-Study Year 2010	2 <sup>nd</sup> Year Prior to Self-Study Year 2009
Completion Rate	80%	95%	100%	93%
Job Placement Rate (within 3 months of graduation)	80%	81%	86%	97%

Based on the completion and job placement rates observed for Program students at Weber State University (shown in the table), the Program is found to have met this component of criterion II.A.5. However, the Program has not obtained adequate input regarding graduates' career preparedness from alumni and employers. The Program has conducted an alumni survey, but the response rate was very low so that the Program was not able to adequately monitor or document its graduates' career preparedness and use this information for continuous improvement. In addition, an employer survey has been developed but has not been administered.

**Recommendation:** The Program must increase its input from alumni and employers to better monitor and document its graduate's career preparedness through effective administration of surveys and show evidence that the information obtained is used in continuous improvement.

4. Criteria III.A.1. states: *The Program will adopt a set of competencies that align with the mission and types of jobs graduates enter. The Program will use these competencies as the basis of the curriculum, course content, learning objectives, and teaching and assessment methods.* None of the Program's syllabi link competency level attainment with learning objectives and assessments for the courses in the curriculum.

**Recommendation:** The Program must ensure that all of their course syllabi show levels of competency attainment that are linked to learning objectives and assessment methods.

5. Criteria III.A.2. states: *The Program curriculum will provide students with a depth and breadth of knowledge of the healthcare system and healthcare management, aligned with the mission.* The curriculum does not show the depth and breadth of knowledge in the area of quality and process improvement.

**Recommendation:** The Program must ensure the curriculum provides adequate coverage of concepts of control charts, six sigma, LEAN, and other process improvement tools.

6. Criteria III.C.2. states: *The Program will evaluate course instruction and the curriculum and use the results to improve the quality of the teaching and learning environment.* Because the Program has received a low level of response to a voluntary online student course evaluation, it has not been able to evaluate the quality of the teaching and learning environment.

**Recommendation:** The Program must increase course evaluation response rate and use the results to improve the quality of the teaching and learning environment.

7. Criteria III.C.3. states: *The Program will have a process that regularly evaluates the extent to which students attain the competencies and use the evaluation for continuous improvement.* While the Program has implemented a survey for student self-assessment of competency attainment, it has not fully implemented its plan to evaluate the extent to which students attain the competencies.

**Recommendation:** The Program must fully implement its plan to evaluate the extent to which students attain the Program competencies and show how this information is used for continuous improvement.

- B. **Consultative Recommendations:** The Site Visit Team offered consultative recommendations for 3 of the criteria. Consultative Recommendations are advisory in nature and intended to be helpful in strengthening the program. Although not required to be implemented, the Program is encouraged to consider consultative recommendations as part of its quality improvement program.

- a. Criteria I.A.2. states: *The Program will establish goals, objectives and performance outcomes that are action-based, observable, and measurable. While the Program does have goals and objectives that are observable and actionable, some objectives have poorly measured benchmarks and almost all are process measures. The Program should revise its benchmarks to be measurable and add outcomes performance measures and objectives to help guide it in its mission and in implementing its strategic plan.*

- b. Criteria I.B.1. states: The Program will have sufficient financial and administrative support to ensure that its mission, goals and objectives can be achieved. *The Program should explore strategies, including fund raising, to be able to offer adequate compensation to retain and recruit qualified faculty.*
- c. Criteria III.A.6. states: The program curriculum will develop students' competencies in professionalism and ethics. *Based on curriculum review, ethics is adequately covered in several courses in the curriculum. The Program should consider removing ethics component of the MHA 6440 Health Law and Ethics course.*
- d. Criteria IV.A.1. states: Program and University leadership will ensure that the complement, involvement and qualifications of Program faculty are sufficient to accomplish the mission of the Program. *The Program should consider implementing a formal process for recruiting, orienting, and evaluating the performance of the adjunct faculty.*
- e. Criteria IV.D.1. states: Faculty will participate in health-related community and professional service activities outside of the university. *The Program will be undergoing a change in leadership. During the Program's transition, it should monitor its relationship with its alumni, health care organizations, and community to assure that it continues to thrive.*



## Section 6: Accreditation Decision Time-line

CAHME accreditation is both a status and a process. As a status, it provides public notification that the Program meets CAHME Criteria for Accreditation. As a process, CAHME accreditation illustrates a commitment to self-study and peer review. Programs choosing to participate in accreditation not only seek to meet established criteria but also to continuously seek ways in which to enhance the quality of healthcare management education.

After the site visit, the following CAHME processes must occur before there is notification of an accreditation decision.

- Draft report completed by the site visit team and submitted to CAHME **November 9th.**
- CAHME reviews draft report and forwards a copy of the draft report to the program by **November 16th.**
- Program reviews the draft report factual errors or omissions and submits a response within 30 calendar days of receipt.
- Site visit chair considers the program response.
- CAHME assigns report for review by a reader (member of the Accreditation Council who did not participate in the site visit) and submits a report to the Accreditation Council by **March 28, 2013**
- CAHME Accreditation Council adjudicates and recommends accreditation status and term on **April 19, 2013.**
- CAHME Board adjudicates accreditation status on **May 14, 2013.**
- Program receives accreditation notification by **June 13, 2013.**

## Section 7: Resources

The Commission on Accreditation Healthcare Management Education (CAHME) is an interdisciplinary group of educational, professional, clinical, and commercial organizations devoted to accountability and quality improvement in the education of healthcare management and administration professionals.

CAHME serves the public good through promoting, evaluating, and improving the quality of graduate healthcare management education in the United States and Canada. Through partnerships between academe and the field of practice, CAHME serves universities and programs in a voluntary peer review process as a means to continuously improve graduate education. In doing so, CAHME accreditation becomes the benchmark by which students and employers determine the integrity of healthcare management education and establishes the standard of measurement for the world community.

Students and organizations looking to benefit from CAHME accredited programs are assured of appropriate content, high standards of quality, and membership in a network of professional colleagues that transcends boundaries of universities and professional associations and colleges. Resources supporting CAHME's commitment to excellence can be found on the CAHME website at <http://cahme.org/CAHMEResources.html>

## **Enclosure 1: Criteria Assessed as Met**

Criteria assessed as met indicate that the program demonstrates satisfactory compliance with these criteria in its entirety. Thus, the Criteria listed below require no follow up action by the program. Listed under each section is the site visit team's analysis of the MET assessment.

### **Criterion I: Program Mission, Values, Vision, Goals, and Support**

#### **I.A. Mission and Metrics**

- I.A.1. The Program will have statements of mission, vision, and values that guide the Program's design, evaluation and quality improvement efforts.
- I.A.2. The program will establish goals, objectives and performance outcomes that are action-based, observable and measurable.

***Analysis:** This section is critical to program evaluation and the program's mission serves as the basis for the site visit team's assessment of the program's ability to meet all of the CAHME Criteria for Accreditation. In consideration of these criteria, the site visit team relied extensively on the Program Director's articulation of the mission, expected performance and plans for the program in the self-study document and corroborated by Senior University officials and the Program's Advisory Board and Alumni Association and the plan document. In its deliberation to determine final judgments the team found adequate evidence to agree that the Criteria listed above were **MET**.*

#### **I.B. Institutional Support**

- I.B.1. The Program will have sufficient financial and administrative support to ensure that its mission, goals and objectives can be achieved.
- I.B.2. Program leadership will have the authority to ensure the integrity of the Program.
- I.B.3. Program and University leadership will ensure that the resources available to faculty are commensurate with workload.
- I.B.4. The organization of the Program and its relationship to other academic units will enable students to draw broadly on academic resources throughout the University.

***Analysis:** In consideration of the institutional support for the program, a tour of program facilities was included in the site visit activities, and University policies and two years of program budgets were reviewed. Information gleaned from these documents and from interviews with the President, Dean, and Department Head substantiates a **MET** finding for the Criteria listed above, proving that the program has adequate institutional support.*

### **Criterion II: Students and Graduates**

- II.A.1. The Program will make available full and accurate information regarding its application process; the competencies that form the basis for its curriculum; the curriculum; teaching, learning and assessment methods; and student achievement.
- II.A.2. The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population.
- II.A.3. The Program will ensure that students are provided appropriate advising and support services, and that these services are evaluated regularly as a basis for continuous improvement.

***Analysis:** In consideration of Criterion II, the site visit team based its assessment on the Fellow's review of program advertising material and web pages, student admissions and advising records, student evaluations of the program, alumni surveys and competency assessment material. In addition, private interviews were held with a selected group of current students (in various stages of program completion), invited alumni, program advising staff, faculty and the Program Director.*



*Evidence was presented demonstrating the following: full and accurate information about the program is made available; recruiting practices and admissions criteria that enable the program to pursue a diverse student population; students are provided with advising and support services and have the opportunity to evaluate these for improvement; and that there is a process for handling student complaints. The CAHME Criteria listed above have been **MET**.*

### **Criterion III: Curriculum**

#### **III.A. Competencies and Curriculum Design**

- III.A.3. The program curriculum will develop students' competencies in communications and interpersonal effectiveness.
- III.A.4. The program curriculum will develop students' competencies in critical thinking, analysis, and problem solving.
- III.A.5. The program curriculum will develop students' competencies in management and leadership.
- III.A.6. The program curriculum will develop students' competencies in professionalism and ethics.

#### **III.B. Teaching and Learning Methods**

- III.B.1. The Program will incorporate a range of teaching, and learning methods driven by adult learning principles. The methods will be based on higher education taxonomic levels appropriate to graduate education.
- III.B.2. The Program will provide, throughout the curriculum, opportunities for students to participate in team-based and interprofessional activities.
- III.B.3. The Program will provide experiences for students to gain an understanding of, and to interact with, a variety of healthcare professionals and organizations.
- III.B.4. The Program curriculum will incorporate integrative experiences, including field-based applications, that require students to draw upon, apply and synthesize knowledge and skills covered throughout the program of study.

#### **III.C. Assessment and Evaluation**

- III.C.1. The Program will incorporate a range of assessment methods driven by adult learning principles. The methods will be based on higher education taxonomic levels appropriate to graduate education and aligned with defined competencies.

**Analysis:** *In consideration of Criterion III, the site visit team relied extensively on its review of course syllabi, course evaluations, matrices prepared in the self-study document illustrating the curriculum design and sequencing, and examples of coursework. As part of the site visit, interviews were held with faculty, students, alumni, preceptors and the program director. Satisfactory evidence was presented to demonstrate the program is committed to ensuring the curriculum adequately prepares graduates and provides for integrative experiences as guided by the Program's mission and selected competencies and monitored by the program's evaluative methods. This supports a **MET** finding for the CAHME Criteria listed above.*

### **Criterion IV: Faculty Teaching, Scholarship and Service**

#### **IV.A. Qualifications and Responsibilities**

- IV.A.1. Program and University leadership will ensure that the complement, involvement and qualifications of Program faculty are sufficient to accomplish the mission of the Program.
- IV.A.2. The Program will foster a diverse culture within the faculty and learning environment.
- IV.A.3. The Program faculty will have responsibility for making recommendations regarding admission of students, specifying health care management competencies, evaluating student performance, and awarding degrees.
- IV.A.4. Program faculty will participate in defining faculty needs and in recruiting faculty to teach in the Program in accordance with University policy.

#### **IV.B. Research and Scholarship**

- IV.B.1. Faculty will demonstrate a record of research, scholarship and/or professional achievement appropriate to their career stage, role and responsibilities associated with the Program, and the Program's mission and goals.
- IV.B.2. The Program will ensure that there is a systematic plan for, and investment in, individual faculty research and scholarship.

#### **IV.C. Teaching**

- IV.C.1. The Program will ensure that there is a systematic plan for, and investment in, individual faculty pedagogical improvement.
- IV.C.2. The faculty will demonstrate that they draw on their own current and relevant research and scholarship, as well as that of others, in their teaching.

#### **IV.D. Community and Professional Service**

- IV.D.1. Faculty will participate in health-related community or professional service activities outside of the university.
- IV.D.2. Faculty will draw upon their community and professional service activities in their teaching.

**Analysis:** *In consideration of the aspects of the program included in Criterion IV, the site visit team based its assessment on its review of faculty CVs, minutes of faculty meetings, and university policies as well as records of faculty scholarly activity and community service. Information gleaned from these documents and from interviews with the Program Director, Dean, Department Head and President substantiates a **MET** finding for the CAHME Criteria listed above, demonstrating that faculty qualifications and responsibilities, teaching in addition to strong records of scholarship and community service meet CAHME requirements and the program's mission.*

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## Enclosure 2: Competencies to Curriculum Matrix

Required Course	Competency											
	Communication	Relationship Management	Critical and Creative Thinking	Professionalism	Leadership	Org. Awareness and Governance	Community Awareness	Human Resources Mgmt.	Financial Mgmt.	Info. Tech. Mgmt.	Perf. Improvement and Qual. Mgmt.	Strategic. Mgmt.
MHA 6000 Health Systems and the Healthcare Economy	3	3	3	2	2	3	3	1	1	1	2	2
MHA 6100 Leading and Managing People in Health Care	3	2	2	3	3	3	1	2	2	-	2	1
MHA 6200 Health Behavior and Managerial Epidemiology	2	1	3	-	-	1	3	-	-	1	1	3
MHA 6240 Human Resources Management in Healthcare	3	3	2	2	2	3	2	3	1	1	2	2
MHA 6250 Health Care Finance	2	1	2	1	-	1	1	1	3	2	2	2
MHA 6300 Quality Improvement and Risk Management in HSOs	2	2	3	1	1	2	3	-	-	1	3	2
MHA 6320 Health Policy and Economics	2	-	3	1	-	1	2	1	3	-	-	2
MHA 6350 Quantitative Decision Making	2	-	3	-	-	2	2	1	2	2	3	2
MHA 6400 Strategic Health Planning and Marketing	3	2	3	2	2	3	3	2	3	2	3	3
MHA 6440 Health Ethics and Law	2	2	3	2	2	3	3	-	1	-	2	3
MHA 6450 Managing Health Information	2	2	3	-	1	2	1	-	-	3	2	2
MHA 6500 Field Work	3	3	3	3	1	3	2	1	3	2	2	3

Key: 1=Students are expected to develop a minimal skill level for the given competency in this course  
 2=Students are expected to develop a moderate skill level for the given competency in this course  
 3=Students are expected to develop an extensive skill level for the given competency in this course

**Enclosure 3: Program Goals Objectives and Performance Outcomes**

1. STUDENTS					
GOAL: THE PROGRAM WILL RECRUIT AND ENROLL QUALIFIED STUDENTS FROM THE WASATCH FRONT AND THE INTERMOUNTAIN REGION SUFFICIENT TO SUPPORT A STEADY STATE OF ENROLLMENTS LARGE ENOUGH TO MAINTAIN A SELF-SUPPORTED PROGRAM.					
OBJECTIVE A: ENROLL QUALIFIED APPLICANTS.					
Benchmark to be met	Measurement Description	Recent Assessment	Met	Measurement Results	Actions Based on Results
The Program will recruit a number of applicants sufficient to select 25 to 35 applicants each year	Recruit a pool of 50 or more applicants.	May 2011 Applicant count	Yes	Applicant pool included 56 applications that provided at least 25 qualified applicants	<ul style="list-style-type: none"> <li>Going forward set recruitment target for applicants at a range of 45 to 50 applications each year.</li> </ul>
The Program will use the MHA Applicant Evaluation Matrix to evaluate the applicant pool and admit a minimum of 25 qualified students each year.	MHA applicant evaluation Matrix compares selection criteria and provides a weighted measurement on which to base selections for admission.	Fall 2010 Admissions count Fall 2011 Admissions count	Yes  Yes	Selected 31 applicants for Fall 2010  Selected 34 applicants for Fall 2011	<ul style="list-style-type: none"> <li>Monitor recruitment and selection results and adjust targets as needed.</li> </ul>
The enrollment director will participate in at least 5 recruitment activities at local universities and health care organizations throughout the Academic Year	Activity count	The enrollment director participated in 7 activities during the 2010/2012 Academic Year and 8 activities during the 2011/2012 Academic Year.	Yes	Activities for the self-study year participation included 7 universities in Utah and southeast Idaho and ARUP Laboratories.	<ul style="list-style-type: none"> <li>Continue objective at 5 or more activities for 2012/2013 Academic Year.</li> </ul>

<b>OBJECTIVE: MAINTAIN ACCEPTABLE STUDENT ACADEMIC PERFORMANCE</b>					
<b>Benchmark to be met</b>	<b>Measurement Description</b>	<b>Recent Assessment</b>	<b>Met</b>	<b>Measurement Results</b>	<b>Actions Based on Results</b>
Student performance will be evaluated by faculty with a variety of methods including papers, presentations, exams, case study analysis, computerized scenarios and simulations.	Students will maintain a “B” average or above in the Program.	December 2010 May 2011 December 2011 May 2012	Yes Yes Yes Yes	All Students had a B average of above at the end of the Fall Semester 2010, Spring Semester 2010, December 2011 and May 2012.	<ul style="list-style-type: none"> <li>• Review Grades at the end of Spring 2011 Semester.</li> <li>• Review Grades at the end of Fall 2011 Semester.</li> <li>• Review Grades at the end of Spring 2012 Semester.</li> <li>• Review Grades at the end of Fall 2012 Semester.</li> </ul>
95% of students will maintain a 3.0 GPA or higher.	Student records audits	April 2012	Yes	100% had a 3.0 GPA or higher.	<ul style="list-style-type: none"> <li>• Audit again April 2013</li> </ul>
Students will complete a comprehensive field study project evaluated by both the preceptor/healthcare practitioner and the faculty member. The field study project is intended to engage the student where they must integrate the knowledge and skills taught in the Program curriculum and demonstrate competencies in a real world situation.	Grade of B or better for MHA 6500.	May 2012	Yes	24 out of 24 students completed with a grade of B or higher in MHA 6500.	<ul style="list-style-type: none"> <li>• Reestablish the same objective the 2012/2013 Academic Year.</li> </ul>

## 2. CURRICULUM

**GOAL: THE PROGRAM WILL INCORPORATE COMPETENCY DEVELOPMENT INTO THE PROGRAM CURRICULA AND ASSESS STUDENT ACHIEVEMENT OF COMPETENCIES AT ORIENTATION, INTRA-PROGRAM, GRADUATION AND POST-GRADUATION.**

**OBJECTIVE A: THE PROGRAM WILL ADMINISTER A COMPETENCY SELF-ASSESSMENT AT ORIENTATION, MID-PROGRAM, AT GRADUATION AND POST-GRADUATION.**

Benchmark to be met	Measurement Description	Recent Assessment	Met	Measurement Results	Actions Based on Results
Self-assessments will be administered at the beginning of the program during program orientation for incoming students, while enrolled in MHA 6400 and prior to graduation in MHA 6500 and follow-up 3 year post graduation.	Self-assessment is a Likert scale (1-5) for achievement of each competency.	Fall 2010. Spring 2011 Fall 2011 Spring 2012	Yes Yes Yes Yes	Baseline self-assessment values for cohorts entering Fall 2010 and 2011 are set.	<ul style="list-style-type: none"> <li>Follow-up with Self-Assessment at the end of spring Semester 2013 in MHA 6400.</li> <li>Administer Self-Assessment to new cohort entering Fall 2012.</li> </ul>
Competency Self – assessment will be administered to all students enrolled in MHA 6400.	Self-assessment is a Likert scale (1-5) for achievement of each competency.	April 2011	Yes	Self-Assessment was administered to all students enrolled in MHA6400	<ul style="list-style-type: none"> <li>Compare results of self-assessment to results from orientation.</li> </ul>
At end of the program competency self-assessment will be administered to all students enrolled in MHA 6500 as they complete their field study.	Self-assessment is a Likert scale (1-5) for achievement of each competency.	Spring Semester 2012	Partially Met	22 of 24 students completed the self-assessment.	<ul style="list-style-type: none"> <li>Follow-up with the 2 students who did not complete the self-assessment during summer 2012.</li> </ul>

During MHA 6500 the instructor will complete an evaluation of the student's level of competency achievement.	Assessment of Competencies is a Likert scale (1-5) for each competency	Scheduled at the completion of the field work project in MHA 6500.	Pending		•
During MHA 6500 the executive practitioner will complete an evaluation the student's level of competency achievement and the instructor will complete an evaluation as well.	Assessment of Competencies is a Likert scale (1-5) for each competency	Scheduled at the completion of the field work project in MHA 6500	Pending		•

**OBJECTIVE: STUDENTS ENGAGE IN AN INTEGRATIVE FIELD EXPERIENCE THAT DEMONSTRATES APPLICATION OF THEORY TO REAL WORLD EXPERIENCE.**

<b>Benchmark to be met</b>	<b>Measurement Description</b>	<b>Recent Assessment</b>	<b>Met</b>	<b>Measurement Results</b>	<b>Actions Based on Results</b>
Students will complete a comprehensive field study project evaluated by both the preceptor/healthcare practitioner and the faculty member. The field study project is intended to engage the student where they must integrate the knowledge and skills taught in the Program curriculum and demonstrate competencies in a real world situation.	Grade of B or better for MHA 6500.	April 2012	Yes	24 Students enrolled and completed the course with a grade of B or better	•



<b>GOAL: THE PROGRAM WILL MAINTAIN CURRENCY OF COURSE CONTENT AND UPDATE AS NEEDED.</b>					
<b>OBJECTIVE A: THE PROGRAM WILL REVIEW COURSE SYLLABI PERIODICALLY TO ENSURE CURRENCY OF CONTENT AND CONSISTENCY WITH COMPETENCY DEVELOPMENT AND ASSESSMENT</b>					
<b>Benchmark to be met</b>	<b>Measurement Description</b>	<b>Recent Assessment</b>	<b>Met</b>	<b>Measurement Results</b>	<b>Actions Based on Results</b>
At least 50% of all courses will be reviewed annually currency of course content and identify assessment tool(s) used to measure student demonstration of competency attainment with 100% of syllabi reviewed over a rolling two year period.	Compare the program syllabus template to actual syllabi and competency matrix from Figure 11 of CAHME self-study.	Fall 2012 Faculty Meeting Review and Advisory Board Meeting.	Yes	<p>Template for incorporating competencies in syllabi was presented to faculty. 50% of syllabi were reviewed and the template is being followed in preparation of syllabi.</p> <p>The knowledge and skills involving supply chain management were identified as needing greater inclusion in program curriculum</p>	<ul style="list-style-type: none"> <li>Review the remaining 50% of program syllabi over the Spring and Fall semester faculty meetings 2012/2013 AY.</li> <li>The program director will develop a plan for inclusion of supply chain management content in the curriculum either embedded in existing courses or proposing a new course to the Advisory Board. If a new course is recommended the course proposal should be submitted to the Faculty Senate Curriculum committee in time for inclusion in the Fall 2013 catalog.</li> </ul>
<b>OBJECTIVE B: THE FACULTY IN CONSULTATION WITH THE ADVISORY BOARD WILL REVIEW THE CURRICULUM TO DETERMINE WHAT IF ANY MODIFICATIONS, ADDITIONS OR DELETIONS SHOULD BE MADE TO THE COURSES OFFERED IN THE PROGRAM.</b>					
<b>Benchmark to be met</b>	<b>Measurement Description</b>	<b>Recent Assessment</b>	<b>Met</b>	<b>Measurement Results</b>	<b>Actions Based on Results</b>
At least once each academic year the faculty will review the program curriculum and recommend changes to the advisory board.	Recommendations for changes if any will be recorded in the Advisory Board minutes.	Fall 2011 Advisory Board	yes	Decided to evaluate supply chain management for possible additions to curriculum content.	Develop final proposal for a Fall 2012 meeting.

3. ALUMNI					
GOAL: ALUMNI/AE ARE COMPETENT AND PROGRESSING IN CAREER ADVANCEMENT					
OBJECTIVE A: THE PROGRAM WITH TRACK AND MONITOR CAREER PROGRESSION OF ALUMNI/AE.					
Benchmark to be met	Measurement Description	Recent Assessment	Met	Measurement Results	Actions Based on Results
The Program will survey alumni/ae at least bi-annually to track their placement and career progress.	60% response to email survey of Alumni/ae using Survey Monkey.	Spring 2012	No	After Three attempts to get alumni to complete the survey response was less than 60%	<ul style="list-style-type: none"> <li>Reconsider approach to administering the survey. Consider using the Graduate Assistant to conduct a telephonic survey of alumni to complete the survey.</li> </ul>
OBJECTIVE B: ALUMNI WILL PARTICIPATE IN PROGRAM DECISION MAKING AND DEVELOPMENT.					
Benchmark to be met	Measurement Description	Recent Assessment	Met	Measurement Results	Actions Based on Results
A minimum of one alumnus will participate as a member of the Program Advisory Board.	Verify that at least one Alumnus was in attendance at each Advisory Board meeting.	May 2011 Advisory Board Meeting November 2011 Advisory Board Meeting April 2012 Advisory board Meeting	Yes  Yes  Yes	2 alumni/ae have attended 3 consecutive Advisory Board Meetings.	<ul style="list-style-type: none"> <li>Continue participation of alumni/ae during the 2012/2013 academic year.</li> </ul>

#### 4. FACULTY

**GOAL : A FACULTY SUFFICIENTLY PREPARED THE NEEDS OF MHA STUDENTS, DEMANDS OF HEALTH MANAGEMENT PRACTICE, AND CAHME CRITERIA.**

**OBJECTIVE A: FACULTY WHO CAN, AS DEMONSTRATED BY PROFESSIONAL TRAINING AND/OR ACADEMIC AND EXPERIENTIAL BACKGROUND, DELIVER A RIGOROUS AND RELEVANT COURSE OF STUDY COVERING ALL CURRICULUM AREAS**

Benchmark to be met	Measurement Description	Recent Assessment	Met	Measurement Results	Actions Based on Results
85% of MHA Faculty with a terminal degree in a field of study related to the course content they are teaching.	Proof of terminal degree for submission of transcript.	2011/2012 Academic year	No	9/12 (82%) faculty members hold a terminal degree	<ul style="list-style-type: none"> <li>Pat Shaw holds a Masters of Education and is working to complete a doctoral degree.</li> <li>Brent Jones holds a MBA and teaches Long Term Care as an adjunct.</li> </ul>
100% of faculty who do not possess a terminal degree will have significant professional experience in the area in which they teach.	CV	2010/2011 Academic Year	Yes	2/11 Faculty do not hold a terminal degree but possess significant professional experience in the area in which they teach.	<ul style="list-style-type: none"> <li>Pat Shaw is a Registered Health Information Administrator and is working on completion of a doctoral degree.</li> <li>Brent Jones is an experienced executive in Long-Term Care Administration and holds an MBA.</li> </ul>

**GOAL: FULL-TIME PROGRAM FACULTY WILL BE TENURED OR HOLD TENURE TRACK APPOINTMENTS AND DEMONSTRATE SATISFACTORY PROGRESS TOWARDS GRANTING OF TENURE.**

**OBJECTIVE A: DOCUMENTATION OF TENURED STATUS OR PROGRESS TOWARDS EARNING TENURE.**

Benchmark to be met	Measurement Description	Recent Assessment	Met	Measurement Results	Actions Based on Results
100% of Tenure Track faculty not yet tenured will demonstrate satisfactory progression towards tenure and promotion. This process also includes a peer review of the faculty member's teaching effectiveness.	Faculty with either have received a letter granting tenure or letter of satisfactory progress	3 <sup>rd</sup> and 6 <sup>th</sup> year review 2010/2011 Academic Year	Yes	Dr's Dahlkemper and Wyant received letter of satisfactory progress for their 3 <sup>rd</sup> year reviews. Dr. Burton, Dr Johnson and Pat Shaw are tenured.	<ul style="list-style-type: none"> <li>Prepare for 6<sup>th</sup> year review and tenure application process.</li> </ul>

Full-time Program faculty will show evidence annually of ongoing scholarly activities that enhance coursework in which they are involved. This may include funded research, published articles, presentations at a regional or national level, and projects with local healthcare partners.	At least one peer reviewed publication during rating period.	Ongoing	Yes	Dr. Dahlkemper published prior to 3 <sup>rd</sup> year review, Dr. Wyant published prior to 3 <sup>rd</sup> year review. Pat Shaw completed 4 <sup>th</sup> edition of her textbook Spring 2011	<ul style="list-style-type: none"> <li>Dr's Dahlkemper and Wyant should be submitting articles to journals during 2012-2013 AY.</li> </ul>
<b>GOAL: FACULTY WILL PROVIDE EFFECTIVE TEACHING IN THE CLASSROOM AND ONLINE ENVIRONMENTS.</b>					
<b>OBJECTIVE A: REGULARLY EVALUATE TEACHING EFFECTIVENESS.</b>					
<b>Benchmark to be met</b>	<b>Measurement Description</b>	<b>Recent Assessment</b>	<b>Met</b>	<b>Measurement Results</b>	<b>Actions Based on Results</b>
100% of program courses will include an end of course student evaluation of teaching effectiveness each semester.	An online course evaluation addressing elements of teaching effectiveness using a 4 point scale.	Spring 2011	No	In 2 out of 7 courses course evaluations were not done.	Monitor and manage more effectively the administration of evaluations. Consider reverting to use of paper evaluations in the classroom rather than online.
The program director will meet personally with 100% faculty members within one month of a succeeding semester to review course evaluation results from the previous semester.	Program director log of review meetings with faculty.	Pending Fall 2011 semester.	Pending		<ul style="list-style-type: none"> <li></li> </ul>

**5. SERVICE**

**GOAL : FACULTY WILL ENGAGE IN SERVICE ACTIVITIES AT THE LOCAL AND NATIONAL LEVEL**

**OBJECTIVE A: PARTICIPATE IN PROFESSIONAL ASSOCIATIONS, SCHOLARLY ASSOCIATIONS, COMMUNITY ORGANIZATIONS AND GOVERNMENT AGENCIES.**

<b>Benchmark to be met</b>	<b>Measurement Description</b>	<b>Recent Assessment</b>	<b>Met</b>	<b>Measurement Results</b>	<b>Actions Based on Results</b>
Program faculty will annually identify their active support of at least one community health care partner by way of consultation, board membership, project development or support, staff training, research partnership, or a similar activity.	Faculty annual report of activities will document active support	Report due end of Spring 2011 Semester	No	One faculty member did not actively support at least one community health care partner	Work with faculty to establish involvement of all faculty with community health care partners.
Program faculty will annually identify their active participation in and support of professional organizations such as AUPHA, ACHE, MGMA, HIMSS, HFMA or other related to their field of study and local chapters of said organizations.	At least 80% of faculty in attendance at annual meetings or committee meetings of professional organizations	Annually	Met	All faculty are members of a professional organization and attended at least one meeting during the 2011-2012AY.	All faculty are members of a professional organization and are scheduled to attend at least one meeting during the 2012-2013AY.

<b>OBJECTIVE B: PARTICIPATE IN UNIVERSITY AND COLLEGE COMMITTEES AND SERVICE ACTIVITIES</b>					
<b>Benchmark to be met</b>	<b>Measurement Description</b>	<b>Recent Assessment</b>	<b>Met</b>	<b>Measurement Results</b>	<b>Actions Based on Results</b>
100% of Faculty will engage in service within the university commensurate with Weber State University and Dumke College of Health Professions requirements for service activities outlined in Policy and Procedure Manual 8-11.	Committee assignments list	Fall Semester 2010	Yes	100% of Faculty were assigned to at least one committee at the college and university level during the 2010/2011 AY	Verify committee assignments Fall 2012

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**Enclosure 4: Program Expenditures**

	SELF STUDY YEAR:				PRIOR YEAR:			
	(a) Dollar amounts in budget of primary unit	(b) Dollar amounts in other Univ. budgets	(c) Dollar amounts in other budgets (specify)	% of Grand Total	(d) Dollar amounts in budget of primary unit	(e) Dollar amounts in other Univ. budgets	(f) Dollar amounts in other budgets (specify)	% of Grand Total
Program faculty*	\$76,055.00	\$74,998.00	\$0	16%	\$67,226.23	\$77,631.80	\$0	18%
Joint faculty**	11,273.95	335,857.27	0	37%	3,840.00	314,305.54	0	39%
Adjunct faculty+	78,049.85	0	0	7%	69,999.88	0	0	11%
Secretarial and clerical personnel++	61,192.26	15,250.08	0	11%	55,159.85	15,718.55	0	9%
Teaching/research assistants	0	0	0	0	0	0	0	0
Consumable supplies	13,250.00	0	0	1%	15,001.00	0	0	2%
Faculty travel	5,000.00	4,000.00	0	1%	5,000.00	7,846.76	0	1.5%
Prof. activities of faculty (dues, tuition, etc.)		5,700.00	0	1%		3,600.00	0	.5%
Library acquisitions	0	0	0	0	0		0	0
Other major items (list):								
Benefits, Insurance, WCI, Retirement	76,033.00	180,789.52	0	28%	66,598.00	115,460.44	0	22%
Hourly wages staff	6,575.00	0	0	1%	6,574.77	0	0	1%
<b>Totals</b>	<b>\$316,879.21</b>	<b>\$616,594.87</b>	<b>\$0</b>		<b>\$289,399.73</b>	<b>\$534,563.09</b>	<b>\$0</b>	

**GRAND TOTAL (col. a + col. b + col. c) = 933,474.08**

**GRAND TOTAL (col. d + col. e + col. f) = 823,962.82**

\*Program Faculty = Dr. Burton & Dr. Wyant

\*\*Joint Faculty = Dr. Johnson, Dr. Dahlkemper, Pat Shaw, Dr. Walker

+Adjunct includes everyone else

++Secretary/Clerical = Shari Love & Cory Moss



**Enclosure 5: Program Revenues**

	Self-Study Year:		Prior Year:	
	\$	%	\$	%
SOURCE				
Federal grants				
State/provincial government	905,995.08	97	758,962.82	92
Local government				
Internal University funds (for a state university, this refers to funds from sources other than the state)	27,479.00	3	65,000.00	8
Other sources (specify)				
<b>TOTAL</b>	<b>933,474.08</b>	<b>100</b>	<b>823,962.82</b>	<b>100</b>

**Enclosure 6: Recruitment Activity Outcomes**

	<u>Total</u>	<u>% Minorities</u>	<u>Total</u>	<u>% Minorities</u>
1. Total applications received:	51	5%	49	12%
2. Total complete applications:	48	2%	41	14%
Total applications received:	51		49	
Applicants offered admission	36	2%	35	17%
Applicants not offered admission	15	13%	14	0%
Total applicants enrolled	24	4%	28	17%

**Enclosure 7: Characteristics of Enrolled Students**

	<b>CURRENT AY</b> (if different from self-study year)			<b>SELF-STUDY AY</b> (provide dates here)			<b>PRIOR AY</b> (provide dates here)		
Class Size	<b>N=</b>			<b>N=24</b>			<b>N=30</b>		
	1st Quartile	Median	3rd Quartile	1st Quartile	Median	3rd Quartile	1st Quartile	Median	3rd Quartile
<b>DEGREE PROGRAM:</b>									
[Specify degree program]				MHA	MHA	MHA	MHA	MHA	MHA
<b>Entering GPA<sup>1</sup></b>				3.24	3.44	3.62	2.54	3.21	3.86
[Specify aptitude test(s), or other admissions metric, as appropriate]				GRE 910	1040	1060	GRE 970	1050	1160
[Repeat for all aptitude tests accepted, or additional admissions metrics]				GMAT 490	540	570	GMAT 470	500	530

<sup>1</sup> On a 4-point scale

## Enclosure 8: Distribution of Enrolled Students

<u>Enrolled Students</u>	<u>Total</u>	<u>Full-time</u>	<u>Part-time</u>	<u>Other<sup>2</sup></u>
N =				
First-Year	24	20	4	0
Second-Year	30	22	8	0
Third-Year	11		11	0
Nth year (specify):				
TOTAL	<b>65</b>	<b>42</b>	<b>23</b>	

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<sup>2</sup> Define as appropriate to the program  
Fall 2012  
CAHME DRAFT Site Visit Report  
Weber State University, Master of Health Administration

**Enclosure 9: Courses**

Year in Program	Session	Course Number & Title	Credits	Instructor(s)	Department	Student Enrollment program students (non program)	Offered Online Only (O) Traditional (T) Blended/Hybrid (B)
<b>CORE/REQUIRED COURSES</b>							
Year One	Fall 1	MHA6000 HLTH System and the HC Economy	3	R Dahlkemper	HAS	27	B
Year One	Fall 1	MHA6100 Leading & Managing People in HC	3	K Johnson	HAS	24 (2)	B
Year One	Fall 2	MHA 6200 Health Behavior and Managerial Epidemiology	3	R Walker	HAS	24	B
Year One	Spring 1	MHA 6250 Healthcare Finance	3	D Wyant	HAS	24 (2)	B
Year One	Spring 1	MHA 6300 Quality Improvement and Risk Mgmt.	3	D Kelly	HAS	24 (1)	B
Year One	Spring 2	MHA 6400 Strategic Health Planning and Marketing	3	L Burton	HAS	18	B
Year Two	Fall 1	MHA 6350 Quantitative Decision Making	3	D Wyant	HAS	22	B
Year Two	Fall 1	MHA 6440 Health Ethics and Law	3	D Gessel	HAS	23	B
Year Two	Fall 2	MHA 6240 H R Management in HC	3	L Burton	HAS	24	B
Year Two	Fall 2	MHA 6320 Health Policy & Economics	3	D Wyant	HAS	20	B
Year Two	Spring 1	MHA 6450 Managing Health Information	3	P Shaw	HAS	29 (2)	B
Year Two	Spring	MHA 6500 Field Work	3	L Burton	HAS	24	T

Year in Program	Session	Course Number & Title	Credits	Instructor(s)	Department	Student Enrollment program students (non program)	Offered Online Only (O) Traditional (T) Blended/Hybrid (B)
<b>ELECTIVES</b>							
Year One	Fall 2	MHA 6160 Medical Group Management	3	D Reinhardt	HAS	10	B
Year One	Spring 1	MHA 6140 Long Term Care Administration	3	B Jones	HAS	6	B
Year One	Summer	MHA 6180 HC Entrepreneurship	3	B Davis	HAS	9	B

**Enclosure 10: Summary of Current Program Faculty**

Faculty Name <sup>3</sup> (LAST, FIRST)	Highest degree earned & year	Date appointed to Program	Qualified <sup>4</sup> (a)/ (pr)	Faculty <sup>5</sup> (C)/(Adj)	Program responsibility <sup>6</sup>	% Remuneration carried in budget	Courses Taught in Self Study Year (# of credits)
Burton, Lloyd <sup>1</sup>	DM 1998	7/2000	A	C	T=50% Ad=50% R=0% S=0% NP=0%	70%	MHA 6400 Strategic Health Planning and Marketing (3) MHA 6250 Human Resources Management (3) MHA 6500 Field Work
Dahlkemper, Richard	Ph.D. 2009	7/2002	A	C	T=75% Ad=25%	9%	MHA 6000 Health Systems and the Healthcare Economy (3)
Johnson, Kenneth <sup>1</sup>	Ph.D. 1998	7/1998	A	C	T=25% Ad=75%	4%	MHA 6100 Leading and Managing People in Healthcare (3) MHA 6400 Strategic Health Planning and Marketing (3) MHA 6360 Comparative International Health Systems (3)
Shaw, Patricia <sup>1</sup>	M.Ed. 1997.	7/1991	Pr	C	T=75% Ad=25%	9%	MHA 6450 Managing Health Information (3)
Wyant, David	Ph.D. 1995	1/2009	A	C	T=75% R=25%	100%	MHA 6250 Health Care Finance (3) MHA 6320 Health Policy and Economics (3) MHA 6350 Decision Making in Health Care (3)
Bruce Davis	Ph.D. 2007	3/2009	A	Adj	T=100%	100%	MHA 6180 Health Care Entrepreneurship
David Gessel	JD 1991	10/2006	Pr	Adj	T=100%	100%	MHA 6440 Health Ethics and Law

<sup>3</sup> List faculty members in alphabetical order and indicate, with superscript whether: 1= tenured, 2 = promoted in academic rank during SS year, 3 = holds joint appointment

<sup>4</sup> Use A to indicate Academically Qualified and PR to indicate Professionally Qualified

<sup>5</sup> Use C to indicate Core Faculty and Adj to indicate Adjunct Faculty

<sup>6</sup> Specify percentage of teaching (T), research (R), Community Service (S) and Administration (Ad) devoted to accredited program, (NP) to specify all other non program activity

Fall 2012

CAHME DRAFT Site Visit Report

Weber State University, Master of Health Administration



<b>Faculty Name<sup>3</sup></b> <b>(LAST, FIRST)</b>	<b>Highest degree earned &amp; year</b>	<b>Date appointed to Program</b>	<b>Qualified<sup>4</sup></b> <b>(a)/ (pr)</b>	<b>Faculty<sup>5</sup></b> <b>(C)/(Adj)</b>	<b>Program responsibility<sup>6</sup></b>	<b>% Remuneration carried in budget</b>	<b>Courses Taught in Self Study Year (# of credits)</b>
Brent Jones	MBA	8/2006	Pr	Adj	T=100%	100%	MHA 6140 Long-Term Care Management
Diane Kelly	Dr.PH. 2002	1/2007	A	Adj	T=100%	100%	MHA 6300 Quality Improvement and Risk Management in Health Services Organizations
Douglas Reinhardt	M.D. 1984	10/2006	Pr	Adj	T=100%	100%	MHA 6160 Medical Group Management
Robert Walker	Ph.D. 1996	10/2006	A	Adj	T=100%	100%	MHA 6200 Health Behavior and Managerial Epidemiology

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