

TAACCCT Final Report Executive Summary

Manchester Community College – *HT3 for Healthcare* Program

TAACCCT Program Description and Activities

TAACCCT project and purpose

The *HT3 for Healthcare* program was designed to develop a program of study with innovative strategies focusing on the needs of the healthcare industry, New Hampshire's second largest employer. In collaboration with industry, education and public-sector workforce partners, Manchester Community College (MCC) sought to develop new evidenced-based courses and programs to ensure graduates meet the skill and knowledge requirements of newly evolving healthcare occupations and careers. New programs were enhanced to meet the needs of the targeted population and others through improved technology and student support services.

The *HT3 for Healthcare* program included two general phases of work. At inception, the *HT3 for Healthcare* program was designed as a cohort program, where groups of students were expected to complete a set of courses that would lead to industry job placement. Students were enrolled in the cohort model in 2014 and 2015. However, there were a limited number of students recruited into the cohorts. To maximize the potential impact of the *HT3 for Healthcare* program, in October 2015, MCC shifted its focus from the cohort model to the professional development coursework and program equipment enhancements for a broader MCC student population.

Program components

Cohort Phase

The cohort phase of the *HT3 for Healthcare* program consisted of recruiting students for the program, course work focused on remediation in math and literacy skills to improve core competencies required for entry into healthcare professions, and courses specific to healthcare content. The courses included several existing courses offered by MCC, as well as courses developed specifically for the *HT3* program. This phase focused on recruiting and enrolling students not yet in the healthcare workforce.

Professional Development Phase

The professional development phase of the *HT3 for Healthcare* program included 1. Developing new programs, 2. Enhancing existing programs to mainstream their availability (resulting in diversification of student demographics within the *HT3 for Healthcare* program), and 3. Improving technological equipment utilized in the program. This phase also included student recruitment for the new courses. This phase focused on recruiting and enrolling students already in the healthcare workforce, as well as those currently enrolled in coursework.

Evaluation Summary

Aligned with the program design changes, this evaluation separated the evaluation of activities related to the cohort model and those related to the focus on professional development and equipment enhancements. In the original evaluation model, a quasi-experimental design of the cohorts in the program was designed, and sought to measure job placement and continued education. However, due to low enrollment in the original design of the program, the program/intervention moved from a cohort model to a professional development model in October 2015. The original evaluation design for the program assumed over 275 overall participants and over 100 available for a comparison cohort in a quasi-experimental design. Given the low enrollment numbers and loss to follow-up, there was an insufficient number of people in the cohort to allow for the original design. Program impact measurement shifted to measures of course participation, use of technology, and course satisfaction.

Evaluation Methods

Cohort Phase

Participant data for the *HT3 for Healthcare* population was provided by MCC. All persons inquiring about the *HT3 for Healthcare* program were entered into the Student Tracking Database, and each person's progress from inquiry to application submission to enrollment and advancement through the program was tracked in the same database. Duplicate records in the student tracking database were identified based on person's name and date of birth, and the information was consolidated and confirmed with MCC to create a single unique record for each person. Any duplicate records from the Student Tracking Database were removed, and each person was assigned a unique identifier prior to analysis. At the completion of each course, students were asked to complete a course evaluation survey. A post-program follow-up survey to determine employment and education status after the cohort program completed was distributed by MCC. Course attendance, course evaluations, and follow-up survey data was provided by MCC.

Professional Development Phase

Course attendance was tracked for each professional development session. Course evaluations were distributed and collected after each symposium. Course attendance, course evaluation, and equipment use data was provided by MCC.

Partnerships

MCC performed outreach to, and partnered with, several industry partners to assist with the identification of necessary skills and competencies for the program. This included curriculum development and design, participation in job counseling activities for program participants and graduates who are seeking employment. Partners participated throughout the grant funded period by attending a variety of meetings. Partners included Elliot Health System, Catholic Medical Center, Concord Hospital, Dartmouth Hitchcock, and LRGHealthcare.

Program Impact and Outcomes

Cohort Phase

In general, the cohort phase of the project enrolled fewer participants than anticipated (31 compared to an expected 275). This limited the evaluation. Overall, participants were satisfied with their courses.

Participants did not report continued education, and continued employment was reported by 1 participant.

Table 1: Cohort Model Outcome Measure, HT3 for Healthcare program, MCC

Outcome Measure		Methodology	Total as of 06/30/2016
1	Total Unique Participants Served Cumulative total number of individuals entering any of the grant funded programs offered.	Includes students who were accepted into program and enrolled in the program. Captures students entering HT3 grant program within scope of grant, not other grants awarded to other departments within MCC.	31
2	Total Number of Participants Completing a TAACCCT-Funded Program of Study Number of unique participants having earned all of the credit hours (formal award units) needed for the award of a degree or certificate in any grant-funded program.	Includes students with enrollment date and a date for "Date of Program Completion". Students must have completed all required courses (see course pathway).	9
3	Total Number of Participants Still Retained in Their Program of Study or Other TAACCCT-Funded Program. Number of unique participants enrolled who did not complete and are still enrolled in a grant-funded program of study.	Includes students who have enrolled in the program and have not yet completed the program. Excludes student who have either dropped or withdrew early from the program, without completing necessary courses for the certificate of completion.	6
4	Total Number of Participants Completing Credit Hours Total number of students enrolled that have completed any number of credit hours to date.	Includes students who have enrolled in the program and have completed any courses for credit or have received a certificate of completion for required program courses. Excludes student who have either dropped or withdrew early from the program, without successfully completing a course.	25
5	Total Number of Participants Earning Credentials Aggregate number of degrees and certificates completed by participants in grant-funded programs of study.	Includes students who enrolled in the program and completed course(s) with passing grade. Excludes student who have either dropped or withdrew from a given course, without completing necessary work for the certificate of course completion or credit.	144 course credits* ----- 97 certificates of completion*
6	Total Number of Participants Enrolled in Further Education After TAACCCT-funded Program of Study Completion Total number of students who complete a grant-funded program of study and enter another program of study.	A post-program follow-up survey was distributed to collect this information.	None reported**
7	Total Number of Participants Employed After TAACCCT-funded Program of Study Completion Total number of students (non-incumbent workers only) who completed a grant-funded program of study entering employment in the quarter after the quarter of program exit.	A post-program follow-up survey was distributed to collect this information.	1 of 4 respondents**
8	Total Number of Participants Retained in Employment After Program of Study Completion Total number of students (non-incumbent workers only) who completed a grant-funded program of study and who entered employment in the quarter after the quarter of program exit who retain employment in the 2 nd and 3 rd quarters after exit.	A post-program follow-up survey was distributed to collect this information.	0 of 4 respondents**
9	Total Number of Those Participants Employed at Enrollment Who Receive a Wage Increase Post-Enrollment	A post-program follow-up survey was distributed to collect this information.	0 of 4 respondents**

Total number of students who are incumbent workers and who enrolled in a grant-funded program of study who received an increase in wages after enrollment.		
------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

*Program Impact measures were based on participant data provided by Manchester Community College via the Student Tracking Database.

** The post-program 6-month follow-up survey has been distributed to collect this information; response rate was limited.

Professional Development Phase

As shown in Table 2, 55 people attended the symposium developed and offered in the professional development phase of the program. Course evaluations for all of these sessions were positive, with over 90% indicating that the course was “good” or “excellent.”

Table 2: Program Impact Measures – Symposiums

Symposium	Number of Enrollees
Session 1 (February 19, 2016)	12
Session 2 (March 11, 2016)	20
Session 3 (April 22, 2016)	15
De-Escalation of the Agitated Patient (April 21, 2016)	8
TOTAL Number of Enrollees in Symposiums	55

The professional development phase also included the purchase of 3 computers for the Academic Success Center. These computers were used by 85 individuals, based on tracking of logging into the machines.

In addition, the HT3 grant replaced numerous training supplies (equipment with unit cost less than \$5000) used by Nursing, Allied Health, and Health Science students as part of the grant’s efforts to enhance and expand MCC’s health training capabilities.

Additional Curriculum Development

In addition to the courses offered through the cohort and professional development phases of the project, several curricula were developed but not offered due to time constraints (e.g., Drug Diversion, Phlebotomy, and a Medication Nursing Assistant Program).

Conclusion

The *HT3 for Healthcare* program envisioned a model for cohorts of students in designated areas of study that prepared students for entering the healthcare workforce. The program did not enroll the anticipated number of students, and a robust evaluation of outcomes could not be performed. However, the students who did participate were generally satisfied with the program.

By shifting focus to professional development course development and delivery, MCC expanded its reach in terms of the number of people served by the grant. Over the course of 4 symposia 55 people completed courses developed via the HT3 for Healthcare program. The participants consistently rated the courses as good or excellent.

MCC HT3 for Healthcare Evaluation Report

Introduction

The final evaluation of the Manchester Community College (MCC) *HT3 for Healthcare* program focuses on assessing program implementation, the impact on participants of the program based on data as of June 30, 2016, as well as program course development and enhancements to program equipment. The program implementation component of the evaluation focused on three major areas: documented commitment of industry partners in the program development, curriculum development and evaluation, and student recruitment. Program impact on participants was assessed using the outcomes measures outlined in the Participant Impact Table below. For enhancements of and the development of curricula outside the scope of the grant-funded time period, descriptions of the new courses and process for development have been outlined.

The *HT3 for Healthcare* program included two general phases of work. At inception, the *HT3 for Healthcare* program was designed as a cohort program, where groups of students were expected to complete a set of courses that would lead to industry job placement. Students were enrolled in the cohort model in 2014 and 2015. However, because of NH's declining unemployment rate and a TA eligible population of less than 200, there was a limited number of students recruited into the cohorts. To maximize the potential impact of the *HT3 for Healthcare* program, in October 2015, MCC shifted its focus from the cohort model to the professional development coursework and program equipment enhancements for a broader MCC student population. Aligned with the program design changes, this evaluation separates the evaluation of activities related to the cohort model and those related to the focus on professional development and equipment enhancements.

Participant data for the *HT3 for Healthcare* population was provided by MCC. All persons inquiring about the *HT3 for Healthcare* program were entered into the Student Tracking Database, and each person's progress from inquiry to application submission to enrollment and advancement through the program was tracked in the same database. Duplicate records in the student tracking database were identified based on person's name and date of birth, and the information was consolidated and confirmed with MCC to create a single unique record for each person. Any duplicate records from the Student Tracking Database were removed, and each person was assigned a unique identifier prior to analysis. Course attendance, course evaluations, and equipment use information was provided by MCC.

Program Implementation

I. Participation and commitment of industry partners

Manchester Community College performed outreach to, and partnered with, several industry partners to assist with the identification of necessary skills and competencies for the program. This included curriculum development and design, participation in job counseling activities for program participants and graduates who are seeking employment. Partners participated throughout the grant funded period by attending a variety of meetings. For a list of all scheduled meetings please see Appendix A: MCC Partnership Meetings 2014 – 2016. During these meetings, partners discussed program development

activities, including needs for curriculum and student placement. A list of partners who committed to providing input and guidance for program development can be found in Table 1: Partners with Signed Letters of Commitment.

Table 1: Partners with Signed Letters of Commitment

Partner	Representative	Title	LOC
Elliot Health System	Rick Elwell	Senior Vice President & CFO	Signed
Catholic Medical Center	Bob Duhaime	Sr. VP of Clinical Operations/Chief Nurse Officer	Signed
Concord Hospital	Deane Morrison	Chief Information Officer	Signed
Dartmouth Hitchcock	Ethan Berke, MD, MPH	Director of Population Health Innovation & Director of Primary Care	Signed
LRGHealthcare	Tom Clairmont	President and CEO	Signed

II. Curriculum development

Cohort Phase

The program consisted of several existing courses offered by MCC, as well as courses developed specifically for the *HT3 for Healthcare* program (e.g. Overview of Health Information Management and Community Health Outreach/Advocacy). Documentation of course descriptions and syllabi for all program courses were tracked and students were requested to complete evaluations upon course completion using a version of the standard MCC course evaluation survey.

Course descriptions and syllabi for all courses are available upon request for all Cohort course selections. In Cohort 3, Intro to Psychology was dropped and all students were required to take MS Office Suite and Medical Terminology. All Cohorts (1, 2, and 3) were required to take either Overview Health Information Management (HIM) or Community Health Outreach/Advocacy (HWA) (non-credit courses) and all students in all Cohorts were required to take Work Ready. To successfully complete the program and earn a certificate of completion, students must have completed 2 requisite core courses and 1 elective. These requirements are outlined in Table 2: Courses and Delivery Method.

Table 2: Courses and Delivery Method

Course	Course Type	Delivery method
Human Body (Cohort 1), 3 credits	Requisite	Web
Intro to Psychology (Cohort 2), 3 credits	Requisite	In-Person
Medical Terminology (Cohort 3), 3 credits	Requisite	Web
MS Office Suite, 3 credits	Requisite	Web
Work Ready, 3 certificates of completion	Requisite	In-Person
Overview Health Information Management, 1 certificate of completion	Elective	Web
Community Health Outreach/Advocacy, 1 certificate of completion	Elective	Web

In addition to the courses above, a Networking 101 training session was conducted by Mr. Gerardo Zayas, the HT3 project's part-time Mentor/Job Placement Coordinator. Overall, 15 participants expressed interest in the session; 4 HT3 enrollees chose to participate.

Professional Development Phase

Program efforts for *HT3 for Healthcare* commencing after October 2015 continued to be accomplished by: 1. Developing new programs, 2. Enhancing existing programs to mainstream their availability (resulting in diversification of student demographics within the HT3 for Healthcare Program), and 3. Improving technological equipment utilized in the program.

During this period of the grant-funded program, MCC was able to develop and implement a number of Healthcare Symposium professional development course series. The "Leadership" Healthcare Symposium series consisted of 3 seminars developed by the following subject matter experts: Gerardo Zayas; Trini Tellez, MD; Shawn Barry; Kathy DesRoches; Paula Smith; Del Gilbert; Traci Belcher; Travis Harker, MD; and Jessica Santos. These individuals are subject matter experts from across the state. All three seminars taught participants the skills needed to effectively lead efforts to provide quality care to patients among the ever-changing landscape of healthcare.

Specifically, Session I of the series "Building Personal Leadership Skills in Healthcare" provided insight and practical approaches to enhance current leadership members or employees demonstrating leadership potential. Topics covered included: Leadership Skills and Styles, Resiliency, The importance of Critical Thinking and Healthcare, Mission Statements, and Culture Effective Organizations.

Session II of the series "Communication Skills for Healthcare" involved identifying and creating methods to identify gaps before information is disseminated throughout an organization. Topics covered included: Emotional Intelligence, Change Management, Walking the Walk, and Effective Communication.

Session III of the series, "Characteristics of a Successful Healthcare Organization" focused on the ability for an organization to assess its capacity to be successful, as well as sustainable, while retaining patients and employee morale. Topics covered included: Patient Centered Care, Team Work and Impact on Quality Improvement Processes, Change Management, Culture Effective Organizations, Common Reasons for Termination, and How to Achieve Career Advancement.

De-escalation of the Agitated Patient was developed by working with subject matter expert Eric Arauz, MCC for course content and curriculum. This series deals with a continuing problem for healthcare workers in handling disruptive and agitated patients. Often times, healthcare professionals find themselves in confrontational situations between patients and their families, between patients and doctors, or in the emergency room. The symposium attempts to prepare the individual with techniques to mitigate such situations professionally.

Listed below are additional courses and symposiums whose content and curriculum were finalized, but whose enrollment dates and active participation dates occurred after the grant-funded period end date.

A. Drug Diversion

Working with subject matter expert Lori Shibinette, RN, MCC developed course content and curriculum. The core curriculum was finalized in November of 2015 and was expanded into the symposium series as an enhancement to the current nursing curriculum. This series deals with the diversion of drugs from their intended use, which occurs every day and impacts a patient's well-being and adds to today's opioid crisis. The series highlights awareness by the healthcare professional of this problem; what it involves; how to report such a scenario; and the legal and professional consequences of being convicted of drug diversion, which can help the healthcare industry lower reported and unreported incidents. *Training session date: May 20, 2016*

The Drug Diversion Symposium Series was preceded by a Drug Diversion lecture on November 23, 2015, as an enhancement to the Nursing curriculum on Pharmacology. The lecture was given by Ms. Shibinette and was attended by 64 nursing students.

B. 21st Century Opiates Seminar

Working with subject matter expert Greenagel, MCC developed the course content and curriculum. This session focuses exclusively on prescription drugs and heroin aimed toward medical professionals and licensed mental health counselors who will find the information relevant and useful, regardless of their level of experience and expertise. *Training session date: May 27, 2016*

In addition to the courses listed above, several courses were considered or in development, but not offered, in the program time period. These include: Applied Data Analytics, Introduction to Data Mining, Law and Ethics in Healthcare and Social Services, Accelerated Medical Assisting, Patient Care Specialist, Community Health Worker, and hybrid versions of Phlebotomy and Medication Nursing Assistant programs.

III. Updated Equipment

Three computers were purchased as part of the grant activities for the Academic Success Center. According to logs of users, 85 individuals used the computers during the course of the evaluation period.

Equipment Upgrades

In addition, the HT3 grant replaced numerous training supplies (equipment with unit cost less than \$5000) used by Nursing, Allied Health, and Health Science students. Additionally, the HT3 project provided the resources to improve the Audio-Visual capabilities in MAIN100, the central lecture hall for healthcare training at MCC. As a result of these "upgrades" 417 students enrolled in healthcare curriculums benefited from an enhanced and expand MCC's health training learning experience.

IV. Student recruitment

Cohort Phase

A broad portfolio of recruiting strategies was used for outreach to potential students through October of 2015. This included advertisements in local newspapers, fliers at local employment and training centers, job fairs and Craigslist posts. The student tracking database indicated the initial method of contact for all persons who inquired about the HT3 program. Community services (NH Employment Services, Adult Learning Centers, etc.) were the initial method of contact for the majority of all persons who inquired about the HT3 program (39%) and for those who enrolled in the program (41%), as shown in Charts 1 and 2.

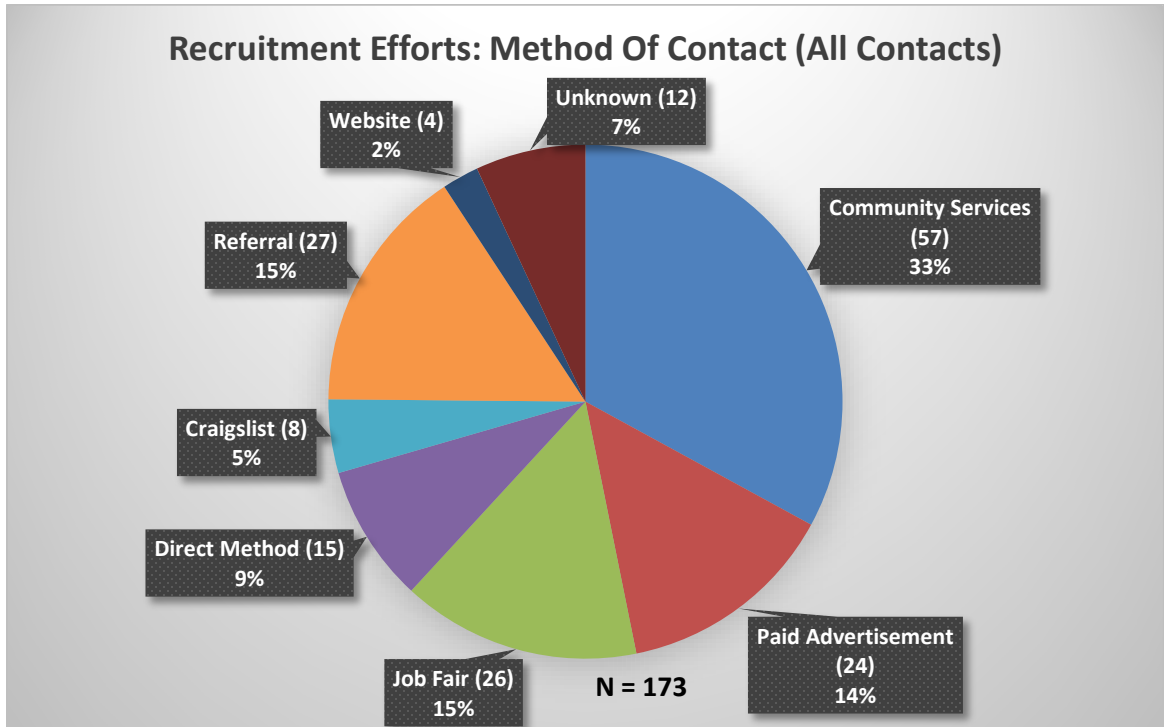


Chart 1: Initial Method of Contact for All Program Inquiries

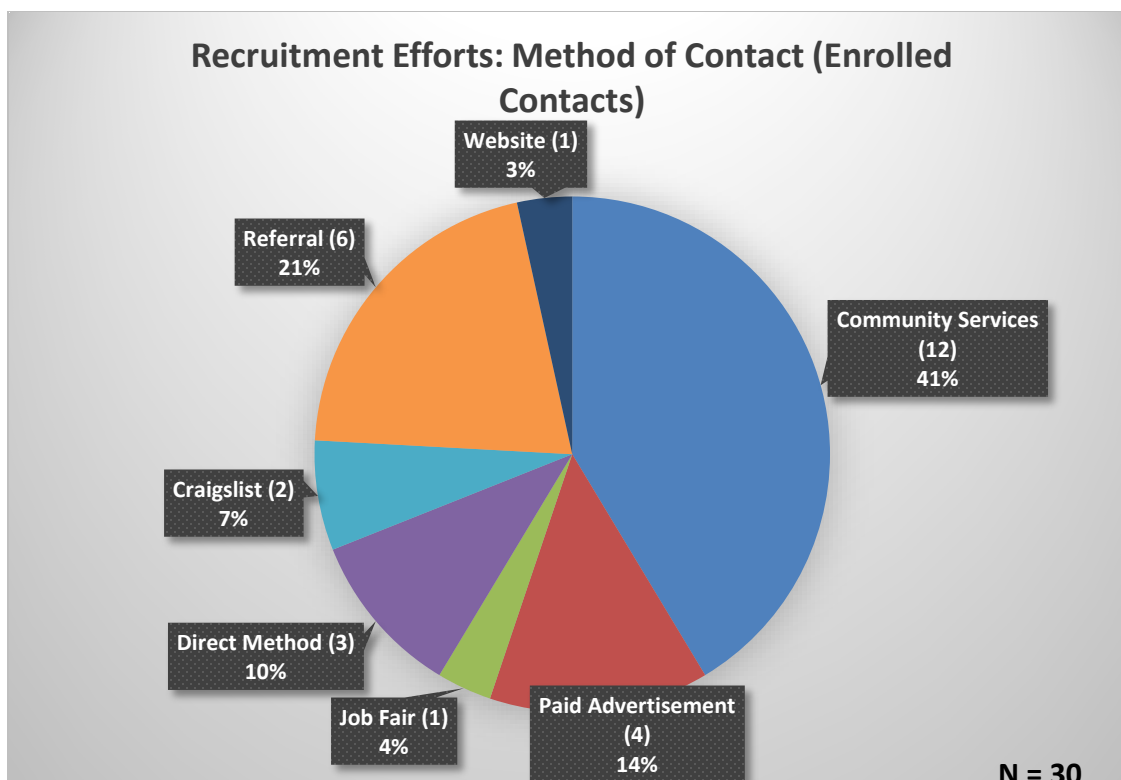


Chart 2: Initial Method of Contact for Program Enrollees

Professional Development Phase

After October 2015, Manchester Community College recruiting strategies and efforts were reduced in order to maximum resources for the development of new courses and the enhancement of curriculum design. During this time, MCC created and maintained a regularly issued program newsletter to identify updates and noteworthy news regarding the HT3 for Healthcare program. This newsletter continues to be generated and distributed frequently to 50 local organizations (for a full list of organizations please see Table 4: Newsletter Distribution List). The college also designed and implemented a digital advertising campaign during the end of March 2016 and beginning of April 2016 to highlight new and existing course offerings to healthcare professionals through the college’s website as well as LinkedIn.

Table 4: Newsletter Distribution List

Organization Name	Organization Type
BOARD OF NURSING	Not-for-Profit licensure
CATHOLIC MEDICAL CENTER	Medical
CENTENE CORPORATION	Medical
CHESHIRE MEDICAL CENTER	Medical
CITIZENS HEALTH INITIATIVE	Healthcare Community
COMMUNITY COLLEGE SYSTEM NH (CSSNH)	Academic
CONCORD HOSPITAL	Medical
CROTHCED MOUNTAIN REHABILITATION	Medical
DARTMOUTH-HITCHCOCK MED. CTR.	Medical

Organization Name	Organization Type
DEPARTMENT OF LABOR	Government
DEPARTMENT OF PUBLIC HEALTH MANCHESTER	Government
ELLIOT HEALTH SYSTEMS	Medical
FOUNDATION FOR HEALTHY COMMUNITIES	Healthcare Community
GATEWAYS	Healthcare Community
GENESIS	Medical
GRANITE SHORE CONSULTING	Healthcare Community
GREAT BAY COMMUNITY COLLEGE	Academic
HOME CARE ASSOCIATION OF NH	Healthcare Community
LAKES REGION COMMUNITY COLLEGE	Academic
LRG HEALTHCARE	Medical
MANCHESTER COMMUNITY COLLEGE	Academic
MANCHESTER COMMUNITY HEALTH CENTER	Medical
MID-STATE HEALTH CENTER	Medical
MY LIFE MY LIMITS	Healthcare Community
NASHUA COMMUNITY COLLEGE	Academic
NH CATHOLIC CHARITIES	Healthcare Community
NH DEPT. HEALTH & HUMAN SERVICES (NH DHHS)	Government
NH DEPT. OF RESOURCES & ECONOMIC DEVELOPMENT	Government
NH EMPLOYMENT SECURITY	Government
NH EMPLOYMENT SECURITY (ONE-STOP)	Government
NH HOME HEALTH ASSOCIATES	Healthcare Community
NH HOSPITAL ASSOCIATION	Healthcare Community
NH TECHNICAL COLLEGE (CONCORD)	Academic
OFFICE OF WORKFORCE OPPORTUNITY	Government
RIVER VALLEY COMMUNITY COLLEGE	Academic
RIVIER UNIVERSITY	Academic
SOUTHERN NH AREA HEALTH EDUCATION CENTER	Academic
SOUTHERN NH MEDICAL CENTER	Medical
SOUTHERN NH SERVICES	Healthcare Community
SOUTHERN NH UNIVERSITY	Academic
ST. JOSEPH'S HOSPITAL	Medical
THE DARTMOUTH INSTITUTE	Medical
UNIVERSITY OF NEW HAMPSHIRE	Academic
WELLSENSE	Healthcare Community
WENTWORTH-DOUGLASS HOSPITAL	Medical
WHITE MOUNTAINS COMMUNITY COLLEGE	Academic
ASCENTRIA	Healthcare Community
VETERANS ADMINISTRATION	Government

V. Course and Instructor Evaluation Summaries

Cohort Phase

At the completion of each course, students were asked to complete a course evaluation survey. Students submitted completed surveys to MCC, which sent survey results to IHPP. The results were tallied and summarized below. Evaluations for Cohort 2 courses are unavailable due to a system error that caused duplicate questions with inconsistent responses, i.e. differing responses to the same question by the same respondent.

As shown in Table 5, for Cohort 1, 100% of respondents either agreed or strongly agreed that the course content was directly relevant to the course learning objectives for all three courses surveyed. Medical Terminology received the most positive feedback with all questions receiving 83% -100% positive responses. Generally, the evaluation of courses and course content for all three course surveyed were positive. Instructor evaluation responses were more varied, but generally positive. The majority of respondents agreed/strongly agreed that the instructor for the course explained concepts clearly.

As shown in Table 6, for Cohort 3, 100% of respondents either strongly agreed that the course content for both Medical Terminology and MS Computer Applications were directly relevant to the course learning objectives. All survey markings for the course evaluation for Medical Terminology resulted in all positive feedback with all questions ranking at a 3.5 rating or better. MS Computer Applications received all 4 ratings, except for one question which received a 3.0 rating. This 3.0 rating corresponded to if the course was intellectually challenging. Instructor evaluation responses were more varied, but still remained overall positive. The majority of respondents agreed/strongly agreed that the instructor for the course explained concepts clearly.

Table 5: Cohort 1 Course and Instructor Evaluation Summaries

Course Evaluation	Course								
	Human Body			Medical Terminology			MS Computer Applications		
Survey Question	# Respondents	SD/D*	A/SA**	# Respondents	SD/D	A/SA	# Respondents	SD/D	A/SA
1. The course was well organized and planned.	6	17%	83%	6	0%	100%	6	0%	100%
2. Course learning objectives were clearly defined and understandable for me.	6	50%	50%	6	0%	100%	6	17%	83%
3. The course content was directly relevant to the course learning objectives.	6	0%	100%	6	0%	100%	6	0%	100%
4. Assignments related to the course goals and objectives contributed to my learning.	6	17%	83%	6	17%	83%	6	0%	100%
5. Learning activities engaged me in the class.	6	50%	50%	6	17%	83%	6	17%	83%
6. Assignments encouraged early and continuous participation in the course.	6	33%	67%	6	17%	83%	6	17%	83%
7. Instructional material, including the textbook, was useful to student learning.	5	0%	100%	6	0%	100%	6	0%	100%
8. I am sufficiently challenged in this class.	6	17%	83%	6	0%	100%	6	17%	83%
9. Library resources met my learning needs.	5	20%	80%	6	17%	83%	6	33%	67%
10. Evaluations of student work provided a fair assessment of my learning.	6	67%	33%	6	0%	100%	6	17%	83%
11. The materials presented by the faculty were challenging and stimulating.	6	33%	67%	6	17%	83%	6	17%	83%
12. I actively participate in class.	6	50%	50%	6	17%	83%	6	17%	83%
13. I come to class prepared.	5	20%	80%	6	0%	100%	6	0%	100%
14. Comments: How would you rate this course overall?									
15. Comments: What changes would you suggest to improve learning in this course?									
16. What was the most effective in helping you learn?									

Instructor Evaluation	Course								
	Human Body			Medical Terminology			MS Computer Applications		
Survey Question	# Respondents	SD/D*	A/SA**	# Respondents	SD/D	A/SA	# Respondents	SD/D	A/SA
a. My instructor chose approaches and activities that enhanced learning.	6	50%	50%	6	17%	83%	6	0%	100%
b. My instructor explained concepts clearly.	6	33%	67%	6	17%	83%	6	17%	83%
c. My instructor used a variety of teaching techniques that integrated theory with practical applications.	6	67%	33%	6	50%	50%	6	33%	67%
d. My instructor provided timely and helpful feedback on my performance.	6	50%	50%	6	17%	83%	6	33%	67%
e. My instructor related to students in a way that encouraged respectful interactions.	6	67%	33%	6	33%	67%	6	17%	83%
f. My instructor was available and accessible.	6	50%	50%	6	17%	83%	6	17%	83%
g. My instructor is well prepared for classes, labs, etc.	6	33%	67%	6	0%	100%	6	0%	100%
h. Comments: If you could, would you take another course with this instructor?									

* SD/D: percentage of responses that either strongly disagreed or disagreed with the survey statement.

** A/SA: percentage of responses that either agreed or strongly agreed with the survey statement.

Table 6: Cohort 3 Course and Instructor Evaluation Summaries

Course Evaluation	Course									
	Medical Terminology					MS Computer Applications				
Survey Question	# Respondents	Institutional	My Avg.	Diff.	Std. Dev.	# Respondents	Institutional	My Avg.	Diff.	Std. Dev.
1. The course organization was clear and easy to navigate.	4	3.44	3.50	0.06	0.47	1	3.44	4.00	0.56	0.47
2. This course increased my knowledge of the subject.	4	3.52	4.00	0.48	0.44	1	3.52	4.00	0.48	0.44
3. The course learning objectives were clearly defined and understandable.	4	3.42	3.50	0.08	0.43	1	3.42	4.00	0.58	0.43
4. This course was intellectually challenging.	4	3.41	4.00	0.59	0.52	1	3.41	3.00	-0.41	0.52

5. The course assignments were directly relevant to the learning objectives.	4	3.52	4.00	0.48	0.53	1	3.52	4.00	0.48	0.53
6. Weekly assignments encouraged continuous participation in the course.	4	3.49	3.75	0.26	0.56	1	3.49	4.00	0.51	0.56
7. There were opportunities for student-student interaction and instructor-student interaction.	4	3.34	3.50	0.16	0.53	1	3.34	4.00	0.66	0.53
8. (No Question Provided)	-	-	-	-	-	-	-	-	-	-
9. Instructor contact information and communication policy was available.	4	3.67	3.75	0.08	0.32	1	3.67	4.00	0.33	0.32
10. My instructor provided timely and useful feedback on course assignments.	4	3.26	2.75	-0.51	0.71	1	3.26	4.00	0.74	0.71
11. Throughout the course, I understood clearly both how I was performing and, through my instructor's guidance, how I might improve my grade.	4	3.26	3.25	-0.01	0.66	1	3.26	4.00	0.74	0.66
12. I am on track to complete this class by the last day of this term.	4	1.96	1.75	-0.21	0.10	1	1.96	2.00	0.04	0.10
13. I encountered technical difficulties.	4	1.65	1.75	0.10	0.30	1	1.65	2.00	0.35	0.30
14. Would you take another CCSNH online course with this Instructor?	4	1.82	2.00	0.18	0.24	1	1.82	2.00	0.18	0.24

* Rating Scale: 1= Strongly Disagree, 2= Disagree, 3= Agree, 4= Strongly Agree (Misuse of this system is a violation of your school's policies and subject to appropriate disciplinary action.) © IOTA Solutions, LLC. 1999-2016 All Rights Reserved

Professional Development Phase

For the 4 Professional Development courses, participants completed surveys for each course, and MCC submitted the evaluation data to IHPP. Results are provided in Tables 7 – 10.

For the Healthcare Symposium – Leadership Session 1, held on February 19, 2016, 100% of participants rated the course overall and the courseware overall as being “Good” or “Excellent”. 100% of these same participants also rated the training center as “Good” or “Excellent”. Some participants did not respond to all questions in the survey and 5 of the 9 questions lack 1-2 responses and did not result in a total response of 12 (total “N”) of participants.

For the Healthcare Symposium – Leadership Session 2, held on March 11, 2016, 95% of participants rated the course overall as being “Good” or “Excellent” and 5% rated the course as “Average”. 100% of participants surveyed rated the training centers as “Good” or “Excellent”. Some participants did not respond to all questions in the survey and 5 of the 9 questions lack 1-3 responses and did not result in a total response of 12 (total “N”) of participants.

Instructor evaluation responses for all symposiums were varied, but still remained overall positive. 100% of respondents surveyed rated their instructor(s) as “Good” or “Excellent” in response to all survey questions. No responses were missing for the instructor surveys.

For the Healthcare Symposium – Leadership Session 3, held on April 22, 2016, 100% of participants rated the course overall and the courseware overall as being “Good” or “Excellent”. 100% of these same participants also rated the training center as “Good” or “Excellent”. One participant did not respond to one question (Was the content suited to your requirements?), therefore that question does not have all participants responses (N=15).

Instructor evaluation responses for all symposiums were varied, but still remained overall positive. 100% of respondents surveyed rated their instructor(s) as “Good” or “Excellent” in response to all survey questions. No responses were missing for the instructor surveys for Sessions 1, 2, or 3.

The last session, De-Escalation of the Agitated Patient, which was held on April 21, 2016 and April 22, 2016, received mostly positive feedback. 90% of respondents rated the course overall as “Good” or “Excellent” while 10% voted the course as “Average”. The lower scores of “Average” were affiliated with questions regarding if the course was easy to understand, if topics were covered in sufficient detail, and if the respondent would recommend this course to others.

Table 7: Course and Instructor Evaluation Summaries for Healthcare Symposium - Leadership: Session I (February 19, 2016)

	Poor	Average	Good	Excellent	Total Participants
Course overall:					
How easy was the course to understand?			7	5	12
Was the content suited to your requirements?			5	7	12
Were the topics covered in sufficient detail?			7	5	12
Would you recommend this course to others?			3	9	12
Overall rating of the course?			3	7	10 (missing 2)
Courseware:					
Clarity of the training content?			4	7	11 (missing 1)
How well did the course materials follow the course?			5	6	11 (missing 1)
Overall quality of training materials?			7	4	11 (missing 1)
Overall rating of the courseware?			7	3	10 (missing 2)
Training Center					
Professionalism of staff at center?			5	7	12
Was the classroom comfortable and conducive to learning?			7	5	12
Was the standard of the equipment satisfactory?			9	3	12
Were the standard of the training rooms as you expected?			8	4	12
Instructor: Trini Tellez, MD					
Ability to provide real world experience?			2	2	4

Ability to respond appropriately to questions?			1	3	4
How well prepared was the instructor?				4	4
Knowledge of subject matter?				4	4
Presentation abilities?		1	1	2	4
Overall rating of instructor?			1	3	4
Instructor: Gerardo Zayas					
Ability to provide real world experience?			1	3	4
Ability to respond appropriately to questions?			2	2	4
How well prepared was the instructor?			1	3	4
Knowledge of subject matter?			1	3	4
Presentation abilities?			1	3	4
Overall rating of instructor?			1	3	4
Instructor: Shawn Barry					
Ability to provide real world experience?			2	2	4
Ability to respond appropriately to questions?			2	2	4
How well prepared was the instructor?			2	2	4
Knowledge of subject matter?			2	2	4
Presentation abilities?			2	2	4
Overall rating of instructor?			1	3	4

Table 8: Course and Instructor Evaluation Summaries for Healthcare Symposium - Leadership: Session 2 (March 11, 2016)

	Poor	Average	Good	Excellent	Total Participants
Course overall:					
How easy was the course to understand?			5	15	20
Was the content suited to your requirements?			7	13	20
Were the topics covered in sufficient detail?		1	5	14	20
Would you recommend this course to others?			5	15	20
Overall rating of the course?			5	14	19 (missing 1)
Courseware:					
Clarity of the training content?			7	10	17 (missing 3)
How well did the course materials follow the course?			5	14	19 (missing 1)
Overall quality of training materials?			5	12	17 (missing 3)
Overall rating of the courseware?			5	12	17 (missing 3)
Training Center					
Professionalism of staff at center?			2	16	18 (missing 2)
Was the classroom comfortable and conducive to learning?			6	12	18 (missing 2)
Was the standard of the equipment satisfactory?			6	12	18 (missing 2)
Were the standard of the training rooms as you expected?			6	12	18 (missing 2)
Instructor: Del Gilbert					

Ability to provide real world experience?			1	3	4
Ability to respond appropriately to questions?			1	2	3 (missing 1)
How well prepared was the instructor?			1	3	4
Knowledge of subject matter?			1	2	3 (missing 1)
Presentation abilities?			1	3	4
Overall rating of instructor?			1	3	4
Instructor: Gerardo Zayas					
Ability to provide real world experience?			1	3	4
Ability to respond appropriately to questions?			2	2	4
How well prepared was the instructor?			2	2	4
Knowledge of subject matter?			1	3	4
Presentation abilities?			1	3	4
Overall rating of instructor?			1	3	4
Instructor: Shawn Barry					
Ability to provide real world experience?			1	3	4
Ability to respond appropriately to questions?			2	2	4
How well prepared was the instructor?			2	2	4
Knowledge of subject matter?			2	2	4
Presentation abilities?			2	2	4

Overall rating of instructor?			2	2	4
Instructor: Kathy DesRoches					
Ability to provide real world experience?			3		3 (missing 1)
Ability to respond appropriately to questions?			1	3	4
How well prepared was the instructor?			2	2	4
Knowledge of subject matter?			2	1	4 (missing 1)
Presentation abilities?			2	2	4
Overall rating of instructor?			2	2	4
Instructor: Traci Belcher					
Ability to provide real world experience?			1	3	4
Ability to respond appropriately to questions?				4	4
How well prepared was the instructor?				4	4
Knowledge of subject matter?				4	4
Presentation abilities?			1	3	4
Overall rating of instructor?				4	4

Table 9: Course and Instructor Evaluation Summaries for Healthcare Symposium - Leadership: Session 3 (April 22, 2016)

	Poor	Average	Good	Excellent	Total Participants
Course overall:					
How easy was the course to understand?			8	7	15
Was the content suited to your requirements?			7	7	14 (missing 1)
Were the topics covered in sufficient detail?			9	6	15
Would you recommend this course to others?			8	7	15
Overall rating of the course?			8	7	15
Courseware:					
Clarity of the training content?			9	6	15
How well did the course materials follow the course?			8	7	15
Overall quality of training materials?			8	7	15
Overall rating of the courseware?			9	6	15
Training Center					
Professionalism of staff at center?			9	6	15
Was the classroom comfortable and conducive to learning?			10	5	15
Was the standard of the equipment satisfactory?			10	5	15
Were the standard of the training rooms as you expected?			10	5	15
Instructor: Gerardo Zayas (Change Management)					

Ability to provide real world experience?			3	1	4
Ability to respond appropriately to questions?			3	1	4
How well prepared was the instructor?			2	2	4
Knowledge of subject matter?			3	1	4
Presentation abilities?			2	2	4
Overall rating of instructor?			2	2	4
Instructor: Gerardo Zayas (Patient Centered Care)					
Ability to provide real world experience?			2	2	4
Ability to respond appropriately to questions?			2	2	4
How well prepared was the instructor?			2	2	4
Knowledge of subject matter?			2	2	4
Presentation abilities?			2	2	4
Overall rating of instructor?			2	2	4
Instructor: P. Travis Harker, MD					
Ability to provide real world experience?				4	4
Ability to respond appropriately to questions?				4	4
How well prepared was the instructor?				4	4
Knowledge of subject matter?				4	4
Presentation abilities?				4	4

Overall rating of instructor?				4	4
Instructor: Jessica Santos					
Ability to provide real world experience?			1	2	3
Ability to respond appropriately to questions?			1	2	3
How well prepared was the instructor?			1	2	3
Knowledge of subject matter?			1	2	3
Presentation abilities?			1	2	3
Overall rating of instructor?			1	2	3

Table 10: Course and Instructor Evaluation Summaries for De-Escalation of the Agitated Patient (April 21, 2016)

	Poor	Average	Good	Excellent	Total Participants
Course overall:					
How easy was the course to understand?		1	5	2	8
Was the content suited to your requirements?			6	2	8
Were the topics covered in sufficient detail?		2	5	1	8
Would you recommend this course to others?		1	2	5	8
Overall rating of the course?			4	4	8
Courseware:					
Clarity of the training content?			2	6	8

How well did the course materials follow the course?			4	4	8
Overall quality of training materials?			3	5	8
Overall rating of the courseware?			3	5	8
Training Center					
Professionalism of staff at center?				8	8
Was the classroom comfortable and conducive to learning?				8	8
Was the standard of the equipment satisfactory?				8	8
Were the standard of the training rooms as you expected?				8	8
Instructor: Eric Arauz					
Ability to provide real world experience?			1	7	8
Ability to respond appropriately to questions?				8	8
How well prepared was the instructor?				8	8
Knowledge of subject matter?			1	8	9
Presentation abilities?				8	8
Overall rating of instructor?				8	8

Program Impact

Program Impact measures were based on participant data provided by MCC. As noted in the introduction, the HT3 for Healthcare program at MCC shifted from a cohort model to professional development coursework in October 2015. The impact measures differ for the two phases, as described below.

Cohort Phase

Information for all persons inquiring about the *HT3 for Healthcare* program was entered into the Student Tracking Database and each person's progress from inquiry to application submission to enrollment and advancement through the program was tracked in this database. Duplicate records in the student tracking database were identified based on person's name and date of birth and the information was consolidated and confirmed with MCC to create a single unique record for each person. Any duplicate records from the Student Tracking Database were removed and each person was assigned a unique identifier prior to analysis.

In total, 173 persons inquired about the *HT3 for Healthcare* program at MCC, of which 71 applied. Of the total applicants, 43 were accepted into the program and 31 enrolled. This indicates that there was an addition of 2 students since the October reporting period. Students were enrolled in the *HT3 for Healthcare* program in cohorts with Cohort 1 starting in November 2014, Cohort 2 starting in January 2015, and Cohort 3 starting as early as March 2015 and as late as September 2015 (varied enrollment dates). Table 11 shows the cohort enrollment numbers and dates. Students within the same cohort often began courses during the same period (except in cohort 3), but the order of courses taken and course progress was self-paced.

Table 11: Student Cohorts

Cohort	Number of Students Taking Courses	Enrollment Date	Number of Students Completing Program Requirements	Completion Date
Cohort 1	8	11/11/2014	4	9/10/2015
Cohort 2	7	1/20/2015	5	9/10/2015
Cohort 3	6*	Varied	4 completed 4 courses 2 completed 3 courses	03/30/2016

*The Student Tracking Database indicates that 13 individuals were actively enrolled in the program within Cohort 3. However, 7 of the 13 individuals dropped or withdrew from the program prior to completion.

The original evaluation design for the program assumed over 275 overall participants and over 100 available for a comparison cohort in a quasi-experimental design. Given the low enrollment numbers and loss to follow-up, there was an insufficient number of people in the cohort to allow for the original design. Table 12 provides the total number of students in each of the program impact categories identified by the HT3 for Healthcare grant requirements.

Table 12: Program Impact Measures – Cohort Model

Outcome Measure		Methodology	Total as of 06/30/2016
1	Total Unique Participants Served Cumulative total number of individuals entering any of the grant funded programs offered.	Includes students who were accepted into program and enrolled in the program. Captures students entering HT3 grant program within scope of grant, not other grants awarded to other departments within MCC.	31
2	Total Number of Participants Completing a TAACCCT-Funded Program of Study Number of unique participants having earned all of the credit hours (formal award units) needed for the award of a degree or certificate in any grant-funded program.	Includes students with enrollment date and a date for “Date of Program Completion”. Students must have completed all required courses (see course pathway).	9
3	Total Number of Participants Still Retained in Their Program of Study or Other TAACCCT-Funded Program. Number of unique participants enrolled who did not complete and are still enrolled in a grant-funded program of study.	Includes students who have enrolled in the program and have not yet completed the program. Excludes student who have either dropped or withdrew early from the program, without completing necessary courses for the certificate of completion.	6
4	Total Number of Participants Completing Credit Hours Total number of students enrolled that have completed any number of credit hours to date.	Includes students who have enrolled in the program and have completed any courses for credit or have received a certificate of completion for required program courses. Excludes student who have either dropped or withdrew early from the program, without successfully completing a course.	25
5	Total Number of Participants Earning Credentials Aggregate number of degrees and certificates completed by participants in grant-funded programs of study.	Includes students who enrolled in the program and completed course(s) with passing grade. Excludes student who have either dropped or withdrew from a given course, without completing necessary work for the certificate of course completion or credit.	144 course credits* ----- 97 certificates of completion*
6	Total Number of Participants Enrolled in Further Education After TAACCCT-funded Program of Study Completion Total number of students who complete a grant-funded program of study and enter another program of study.	A post-program follow-up survey was distributed to collect this information.	None reported**
7	Total Number of Participants Employed After TAACCCT-funded Program of Study Completion Total number of students (non-incumbent workers only) who completed a grant-funded program of study entering employment in the quarter after the quarter of program exit.	A post-program follow-up survey was distributed to collect this information.	1 of 4 respondents**
8	Total Number of Participants Retained in Employment After Program of Study Completion Total number of students (non-incumbent workers only) who completed a grant-funded program of study and who entered employment in the quarter after the quarter of program exit who retain employment in the 2 nd and 3 rd quarters after exit.	A post-program follow-up survey was distributed to collect this information.	0 of 4 respondents**

<p>9</p>	<p>Total Number of Those Participants Employed at Enrollment Who Receive a Wage Increase Post-Enrollment Total number of students who are incumbent workers and who enrolled in a grant-funded program of study who received an increase in wages after enrollment.</p>	<p>A post-program follow-up survey was distributed to collect this information.</p>	<p>0 of 4 respondents**</p>
-----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	-----------------------------

*Program Impact measures were based on participant data provided by Manchester Community College via the Student Tracking Database.

** The post-program 6-month follow-up survey has been distributed to collect this information; response rate was limited.

The post-program 6-month follow-up survey was administered April 7, 2016 to the applicable students. Responses were received between April 8, 2016 and April 12, 2016, however the response rate was limited and only 6 completed surveys were returned as of May 9, 2016. Of the 4 respondents, only 1 confirmed themselves as employed while 3 confirmed they were not working at this time. One respondent who confirmed that they were not employed was noted as being currently enrolled at MCC and taking the course Anatomy and Physiology 1.

Professional Development Phase

As described above, a series of symposiums was offered in 2016. In total, there were 55 enrollees in the symposia.

Table 13: Program Impact Measures – Symposiums

Symposium	Number of Enrollees
Session 1 (February 19, 2016)	12
Session 2 (March 11, 2016)	20
Session 3 (April 22, 2016)	15
De-Escalation of the Agitated Patient (April 21, 2016)	8
TOTAL Number of Enrollees in Symposiums	55

Other Impacts of the TAACT Program

The TAACT program provided data about other related offerings and equipment upgrades at MCC during the project period (see Appendix B for details).

Summary

The *HT3 for Healthcare* program envisioned a model for cohorts of students in designated areas of study that prepared students for entering the healthcare workforce. The program did not enroll the anticipated number of students, and a robust evaluation of outcomes could not be performed. However, the students who did participate were generally satisfied with the program.

By shifting focus to professional development course development and delivery, MCC expanded its reach in terms of the number of people served by the grant. Over the course of 4 symposia 55 people completed courses developed via the *HT3 for Healthcare* program. The participants consistently rated the courses as good or excellent.

Appendices

Appendix A: MCC Partnership Meetings 2014 – 2016

Date	Organization
1/15/2014	New Hampshire Health Communities
1/27/2014	Northern AHEC
1/28/2014	Community Health Institute, Concord, NH
1/30/2014	Veterans Administration
1/31/2014	Dartmouth Institute
1/31/2014	Veterans Administration
2/3/2014	Dartmouth and Community Health Institute
2/7/2014	Vermont HITEC, Inc.
2/10/2014	Southern AHEC
2/21/2014	Center for Aging and the Dartmouth Institute
2/21/2014	DHMC
2/24/2014	The Dartmouth Institute
2/25/2014	UNH College of Health and Human Services
2/27/2014	New America
2/28/2014	Rand Corporation
3/4/2014	Dartmouth Hitchcock
3/5/2014	SNHU
3/6/2014	Dartmouth Medical School
3/10/2014	Lakes Region General Hospital
3/13/2014	Lakes Region Community College
3/20/2014	DHMC
3/25/2014	WRNH at MCC
3/31/2014	D-H Nashua
4/1/2014	The Dartmouth Institute
4/1/2014	HVHC and Northern New England Accountable Care Collaborative
4/2/2014	UNH College of Health and Human Services
4/4/2014	DHMC
4/4/2014	MCC Nursing Department
4/4/2014	Colby Sawyer College; Nursing Department
4/7/2014	New Hampshire Hospital
4/8/2014	Elliott Hospital
4/9/2014	Institute on Disability
4/11/2014	D-H Manchester
4/14/2014	Disabilities Rights Center
4/14/2014	Housatonic Community College
4/14/2014	Kingsborough Community College
4/15/2014	Manchester Health Department

Date	Organization
4/17/2014	Kingsborough Community College
4/21/2014	University of District of Columbia Community College
4/22/2014	Housatonic Community College
4/24/2014	NHTI Concord NH
4/30/2014	Wentworth Douglas Hospital
5/7/2014	SNHAHEC
5/9/2014	John Snow Institute, Bow, NH
5/19/2014	SNHU
5/21/2014	Workforce Diversity
5/27/2014	Bunker Hill Community College
5/30/2014	Wentworth Douglas Hospital
6/6/2014	Institute on Disabilities
7/24/2014	MCC Workforce Development
7/28/2014	Manchester Community Health Center
8/4/2014	Rivier
8/6/2014	MCC Workforce Development
8/14/2014	Harbor Care Health and Wellness Center
8/19/2014	Nashua Community College Job Fair
8/20/2014	Crotched Mountain
8/27/2014	Job Fair Somersworth
8/28/2014	NH Medical Society, Concord, NH
8/29/2014	Lamprey Health Care, Nashua, NH
9/9/2014	NH Department of Employment Security
9/10/2014	Job Fair Manchester
9/15/2014	Well-Sense
9/16/2014	Healthcare Summit
9/19/2014	NH Employment Security Manchester
9/24/2014	Job Fair Concord
9/29/2014	Keene and Claremont Employment Security
9/29/2014	New Hampshire works
9/30/2014	NH Healthy Families
10/6/2014	MCC Open House
10/7/2014	AHEC Lambert Health Center
10/9/2014	DHMC
10/10/2014	AHEC Lebanon
10/13/2014	North Country Health Consortium
10/16/2014	The Dartmouth Institute
10/20/2014	Wright & Associates Family Healthcare, PLLC
10/23/2014	NH Medical Society, Concord, NH
10/24/2014	Workforce Development MCC

Date	Organization
10/31/2014	Concord Hospital
11/6/2014	Laconia Employment Security
11/7/2014	Concord Employment Security
11/13/2014	Workforce Development MCC
11/14/2014	Workforce Development MCC
11/19/2014	Minority Workforce Development Meeting
11/20/2014	Concord Employment Security
11/20/2014	NH Medical Society, Concord, NH
11/24/2014	MCC - WRNH
11/25/2014	Manchester VA
11/26/2014	North Conway Employment Security
12/8/2014	Wright & Associates Family Healthcare, PLLC
12/15/2014	Workforce Development MCC
12/17/2014	Manchester Adult Learning Center
12/18/2014	NH Medical Society
1/7/2015	Workforce Development MCC
1/22/2015	NH Medical Society
2/25/2015	Littleton Employment Security
2/25/2015	White Mountain Community College
3/12/2015	Manchester Adult Learning Center
3/24/2015	SNHU
3/25/2015	Wd Development Minority Meeting
3/26/2015	NH Medical Society
3/31/2015	DH Manchester
4/2/2015	Catholic Medical Center
4/23/2015	NH Medical Society
4/28/2015	Mid State Health Center, Plymouth, NH
5/19/2015	LRGHealthcare, Laconia
5/26/2015	Merrimack County Nursing Home
5/27/2015	Concord Hospital
5/28/2015	Maplewood Nursing Home
5/28/2015	NH Medical Society
5/29/2015	St. Joseph School of Nursing
6/16/2015	NH Board of Nursing
6/17/2015	Catholic Charities
6/22/2015	SNHHS
6/25/2015	NH Medical Society
6/26/2015	DH Lebanon
8/5/2015	Trauma Institute of NJ
8/27/2015	NH Medical Society

Date	Organization
10/22/2015	NH Medical Society
11/17/2015	Cheshire Medical Center/Dartmouth Hitchcock Keene
11/18/2015	Workforce Diversity
11/20/2015	Mid-State Health, Plymouth
12/7/2015	Trauma Institute of NJ
12/8/2015	St. Joseph Hospital.
12/14/2015	SNHAHEC
12/17/2015	Nashua Care Coordination Collaborative Meeting
1/7/2016	Trauma Institute of NJ
1/27/2016	St. Joseph's Hospital
1/28/2016	NH Medical Society
2/2/2016	New London Hospital
2/12/2016	DH Lebanon
2/25/2016	Trauma Institute of NJ
3/3/2016	MCC Nursing Department
3/11/2016	SNHAHEC
3/23/2016	MCC Nursing Department
3/24/2016	NH Medical Society
4/1/2016	Exeter Hospital
4/21/2016	Trauma Institute of NJ
4/22/2016	Trauma Institute of NJ
4/28/2016	NH Medical Society
9/25/2016	NH Medical Society Concord NH

Appendix B: Manchester Community College – Summary of Performance Indicators (as of 9/30/16 performance report)

PERFORMANCE INDICATORS	STATEMENT OF WORK GOALS	PERFORMANCE THROUGH YEAR 3	% OF PLAN THROUGH FY ending 9/30/15	PERFORMANCE THROUGH 4/30/16	% OF PLAN THROUGH 4/30/16	NOTES:
UNIQUE PARTICIPANTS SERVED	YEAR 1: 0 YEAR 2: 110 YEAR 3: 165 TOTAL: 275	30	11%	661	240%	4/30 TOTAL INCLUDES, 139 FROM TRAINING AND SYMPOSIUMS; 85 WHO BENEFITED FROM COMPUTERS IN ASC; 198 STUDENTS IN Allied Health and Nursing; 239 who benefited from upgrade to lecture hall
TOTAL # PARTICIPANTS WHO COMPLETED GRANT FUNDED PROGRAMS	YEAR 1: N/A YEAR 2: 94 YEAR 3: 140 TOTAL: 234	9	4%	235	100%	4/30 total includes 99 from nursing and allied health; and 138 from training and symposiums
TOTAL # STILL RETAINED IN THEIR PROGRAM OF STUDY	YEAR 1: N/A YEAR 2: 6 YEAR 3: 8 TOTAL: 14	7	50%	51	364%	4/30 total includes 51 second year nursing students ONLY
TOTAL # OF PARTICIPANTS COMPLETING CREDIT HOURS and CEUs	YEAR 1: N/A YEAR 2: 50 YEAR 3: 65 TOTAL: 115	25	22%	269	234%	4/30 total includes: 48 from training courses; 23 CEUs from Symposiums; and 198 from Nursing and Allied Health
TOTAL # OF PARTICIPANTS EARNING CREDENTIALS	YEAR 1: N/A YEAR 2: 132 YEAR 3: 148 TOTAL: 280	25	9%	241	86%	4/30 total includes: 53 from Allied Health; 50 Nursing; 23 from Basic Training; and 69 from WorkReady; and 46 from Symposium Series

PERFORMANCE INDICATORS	STATEMENT OF WORK GOALS	PERFORMANCE THROUGH YEAR 3	% OF PLAN THROUGH FY ending 9/30/15	PERFORMANCE THROUGH 4/30/16	% OF PLAN THROUGH 4/30/16	NOTES:
TOTAL # PARTICIPANTS ENROLLED IN FURTHER EDUCATION AFTER TAACCCT-FUNDED PROGRAMS COMPLETED	YEAR 1: N/A YEAR 2: 8 YEAR 3: 12 YEAR 4: 4 TOTAL: 24	0	0%	52	217%	4/30: 51; 2nd year nursing students. 1 Nursing graduate transferred to 4 year university
TOTAL # PARTICIPANTS EMPLOYED AFTER TAACCCT-FUNDED PROGRAMS COMPLETED	YEAR 1: N/A YEAR 2: 45 YEAR 3: 60 YEAR 4: 7 TOTAL: 112	0	0%	68	61%	6 from Basic Training and 12 from 2016 Nursing graduates: 30, Symposium graduates; 20 Medical Assistants
TOTAL # PARTICIPANTS RETAINING EMPLOYMENT AFTER PROGRAMS COMPLETED	YEAR 1: N/A YEAR 2: 43 YEAR 3: 58 YEAR 4: 7 TOTAL: 106	0	0%	108	102%	4/30: Participants who enrolled and completed our symposium workshops; Series #1, Leadership: 13; Series #2, De-escalation 25: Series #3, 21st Century Opiates 8 : 62 Nursing school freshmen reported work after completing their 2016 school year
TOTAL # PARTICIPANTS EMPLOYED AT ENROLLMENT WHO RECEIVED WAGE INCREASES POST ENROLLMENT	YEAR 1: N/A YEAR 2: 40 YEAR 3: 60 YEAR 4: 20 TOTAL: 120	0	0%	108	90%	Because the 108 "employed participants" who benefited from grant sponsored programs were students and/or individuals who signed up to take a workshop, we could not collect pay information and the participants had no obligation to provide it.