Comprehensive Program Review @ City
A Guide to the 2012-13 Process

Program Review Committee
Los Angeles City College
February 2013
Table of Contents

I. Program Review @ City
   • Introduction
   • Annual Program Review Processes
   • Comprehensive Program Review: A New Framework
   • Linking Program Review Results with Planning and Resource Allocation

II. 2012-13 Comprehensive Program Review Process – Roles, Responsibilities and Timelines
   • Overall Timeline
   • Reporting and validation process definitions
   • Evaluating Outcomes: What does the data tell us? (see response guidelines)
   • Generating Improvements: Is a change necessary?
   • Validating Outcomes: Governance roles and outcomes
   • Summarizing Results: College plans
   • Post Validation Processes – preparing for a new strategic plan

III. Working with the Results of Program Review

IV. Outcome Measures Explained
   • Instructional Programs
     o 2012 CPR Program Outcomes Summary
     o Measures Defined
     o Evaluation Categories
   • Non-Instructional Programs
     o 2012 CPR Program Outcomes Summary
     o Measures Defined
     o Evaluation Categories

V. Useful Resources (available online at Office of Research)
   Office of Research: Detailed/Drill-down reports

Authorship note: This work is the result of the work of the Planning/Comprehensive Program Review Task Force work in the Summer of 2012. The original User Guide was written by Dr. Edward Pai, Dean of Institutional Effectiveness. Use of the Guide was approved by the Program Review Committee, September 2012. Oversight of update of this User Guide is the purview of the Program Review Committee. Last updated September 7, 2012.
I. Program Review @ City

Introduction

The purpose of Program Review at City is to systematically review the operation of the college to identify opportunities for quality improvement. Program review processes provide the college with data and analysis to use in making decisions about improving outcomes for all parts of the college. Outcomes for the college include the college mission, goals and objectives identified in the college strategic plan, student learning and service unit outcomes, accreditation and other external requirements. Program Review at City is achieved through a combination of annual and comprehensive processes.

The work here reflects, summarizes and documents the efforts of the 2012 Planning and Comprehensive Program Review Task Force, a joint task force of the Shared Governance Council's Planning and Program Review Committees. This committee met throughout the Summer of 2012 to develop the CPR process documented here. Meeting outcomes (minutes, notes, drafts and reports) are documented and posted on the SGC Planning website. The membership of this Task Force consisted of the following persons/constituencies:

- Dr. Lawrence Bradford, VP, Student Services
- Mr. Phillip Briggs, College Researcher, Institutional Effectiveness
- Dr. John Freitas, President, Academic Senate
- Mr. Daniel Marlos, Chair, Educational Planning Committee
- Dr. Edward Pai, Dean, Institutional Effectiveness and Co-Chair, SGC Planning
- Ms. Maria Reisch, Co-Chair, SGC Planning and VP/Curriculum Chair, Academic Senate
- Ms. Christine Tinberg, SLO Coordinator
- Dr. Dan Walden, VP, Academic Affairs
- Dr. Dan Wanner, Chair, Shared Governance Council and Chair, Department Chairs' Caucus

Note (Feb. 9, 2013): During Fall 2012, the framework underwent further discussion and revision through the Program Review and Planning committee processes. These discussions and revisions are documented in those committee minutes.

Annual Program Review Processes

Annual program review processes at City focus on specific college priorities and operational functions. Individual “program review modules” have been developed to address Unit Planning, resource requests through the college’s Annual Unit Plan process (AUP), Curriculum/Title V Compliance and SLOs. Each module is designed to address a specific outcome, such as curriculum updates or SLO assessments. These existing modules have gone through three cycles; LACC’s Accreditation Mid-term Report details the outcomes, including process improvement, of these cycles. Data and processes have been developed to review Awards and Staff and Organizational Development, and while they have generated some usable results, they have not gone through a full review and validation cycle. In addition, a Student Success module has also been identified and
discussed but the module has not been developed. All of these processes are documented in LACC’s Program Review Handbook. This documentation assures the validity and reliability (i.e., “systematic”) of the results. Continuous review and improvement of our program review processes are documented in the versions of the Program Review Handbook.

Comprehensive Program Review: A New Framework

The purpose of Comprehensive Program Review (CPR) at City is to evaluate the effectiveness of the college in achieving its primary outcome – the college mission. The mission is comprehensively articulated through the college strategic plan. The framework that has been developed by the Planning/Comprehensive Program Review Task Force is to use the college strategic plan (ASAP – Access, Success, Accountability and Partnerships) as the framework for the CPR process. For instructional programs, the Task Force has identified measures based on the college strategic plan as well as the college priorities of Accreditation, SLOs and Achieving the Dream. Measures for non-instructional Student Service programs were defined by the Student Services Council and measures for Administrative Services are under development. All measures are presented in the 2012 College-wide Comprehensive Program Review Framework, approved by SGC (January 9, 2013).

This framework was developed to improve the college’s previous process. In the 2008 process, the City used a more typical community college format: a series of open-ended questions using a unit-centered definition of “comprehensive.” The definition used the breadth of the program’s operation as the basis of “comprehensive” and so the framework used the program operation to organize the program review process. Questions included program mission, curriculum, unit goals/planning, budget, resources, SLOs, student success, etc.

These questions were accompanied by data sets that provide evidence for use in the answers to open ended questions. Use of data in support of answers was inconsistent because it was optional. Data analysis was generally presented using standard trend reporting techniques. All of this created inconsistent participation and program review results. Validation processes were equally inconsistent as were the resulting recommendations. For all of the considerable effort put into CPR, beyond individual, isolated “enlightenment” or discovery, there were few usable results for the institution. This analysis is documented in the 2010 Accreditation Update Report.

To improve the previous process, the Task Force decided to use the ASAP framework and measures to develop the 2012 CPR Results Summary (explained in the next section). This framework has been published for the last 3 years in annual College and Program Profiles. These profiles use data that has been analyzed to describe institutional and program outcomes. This framework is also used in college planning and resource allocation (AUP) processes.

The CPR Results Summary presents the systematic data analysis that will be used to prompt the CPR Response Process. Each CPR measure is based on district and program data sources that have been collated and analyzed, typically using 5-year trend analysis. Each measure also includes 2 to 4 evaluation “categories”. These categories are based on
how the program has performed relative to the other programs on campus (relative ranking using quartiles as categories). In some cases, such as SLOs and Awards, evaluation categories reflect institutional and operational priorities. In all cases, the data on which the analysis and evaluation is based is available to programs to aid in the response process. Definitions for each measure and category are provided in later sections (Outcome Measures Explained) of this guide.

The measures describe outcome results for each program using available college and district data sources. The primary data source in all cases is the District Student Information System (SIS). Secondary sources include other District-wide systems (such as SARS, APMS, ECD, Protocol). Using the SMP framework assures that the review will comprehensively address institutional goals.

In the CPR Response Process, rather than open ended questions on operational topics, department chairs and program managers are asked to identify factors that explain each outcome presented in the Program Summary. The outcome is presented in terms of the program-specific evaluation provided for each measure in the Program Summary. Based on this explanation, department chairs and program managers will be asked to determine whether this outcome presents an "opportunity for improvement" and provide the program’s rationale for the answer.

**Linking Program Review Results with Unit Planning and Resource Allocation**

A major outcome of the CPR process is that every college program will provide an explanation for the performance of that college program on all measures presented in the Program Summary. As a result of that outcomes assessment, college programs will determine whether a change or improvement is necessary and a justification for that determination. These results are another major outcome of the CPR process.

These outcomes will then be processed through the programs operational management structure for initial validation (deans through divisional vice presidents) and then through the appropriate governance body for further validation and consolidation. As the final validation step, these “program review results” will then be compiled and presented to the Academic Senate and SGC as a recommendation in the form of a list of validated program reviews accompanied by a list of approved improvement plans.

Once accepted by the Academic Senate and SGC (more practically, simultaneous with the validation process), departments and operational units take their individual improvement plans and develop unit goals so that the change plans may be tracked for progress in the college’s annual Unit Planning process. This establishes the link between program review results and planning. These unit goals are also the basis for resource requests in the AUP process, establishing the link between program review results (through the college’s planning system) and the allocation of resources.

---

1 As for the questions of “traditional” CPR processes that are not covered by the City process, they are addressed by other college processes, such as annual program review and SLO assessment. For example, City has already had several iterations of the Curriculum and SLO modules in the annual program review process. Unit mission review is conducted in program learning outcomes assessment processes, as well as college strategic planning processes.
Linking Comprehensive Program Review Results with Strategic Planning

The CPR cycle is designed to coordinate with the college strategic planning process, which has been on a 6-year cycle. The evaluation rubrics were designed to assess programs in all areas of operation and focused on achievement of the college strategic plan (ASAP). Using the strategic plan to provide both goals and measures for the CPR framework provides the college with an assessment of the current strategic plan. This provides data to use in closing the current plan.

The assessment of the current strategic plan provides the framework for identifying the needs of the college. In evaluating the assessment, college processes identify areas in need of improvement that are common across programs; these are the themes from the summaries of the program review results. These themes become an important element in the internal scan necessary to develop the strategic plan. In the new framework (with the focus on generating usable results), in addition to improvement plans, the results of the CPR process also present a needs assessment of the college. The improvement plans also form the basis for developing the strategic initiatives of the college.
II. 2012 Comprehensive Program Review Process – Roles, Responsibilities and Timelines

Timeline and Overview

- **CPR Framework**
  - Developed by the Planning/CPR Task Force – June 2012 – January 2013
  - CPR Results Summary for instructional programs presented to chairs and program managers in August

- **Programs respond and oversight groups create validation rubrics - February**
  - Departments and programs respond (CPR Response Form) – February
  - EPC Establishes Validation Framework and Rubrics for instructional programs - February
  - Student Services Council and Administrative Services establish validation frameworks and rubrics for non-instructional programs, February

- **Oversight groups/validation committees apply validation frameworks and rubrics to CPR results, generating the following outcomes, March**
  - All programs are validated on every measure consistently
  - Program validations that are forwarded for governance approval
  - Proposed changes that are accepted are compiled into a list and sent to area VPs for validation, prioritization

- **Results of program review: Recommendations - April**
  - Validated results (i.e., "improvement plans") become unit goals for Planning Process (December - January)
    - Unit goals are tracked in the planning process
    - Unit goals are updated annual in planning process
    - Unit goals are the basis for AUP requests/resource allocation
    - Resource allocation is based on the prioritization

- **Summary of "themes" by Senior Staff = internal scan, part one for EMP and SMP – January**
  - Close existing SMP: Final outcomes and results
  - Provide data and plans for use in development of the new SMP

- **AUP Process: January – February**

- **Internal scan part two: what do members of the LACC community think (surveys) – March - April**

- **External scan: April**

- **Vision and Mission processes and retreat: May**

- **Strategic Planning: Goals and Objectives: June**

- **Write new SMP: June – August**

- **Approve new SMP: September – October**
CPR Reporting and Validation Process Definitions

The following sections of the 2012-13 CPR, based on the framework developed by the Program Review and Planning Committees and approved by SGC (January 2013) will be completed by programs (listed in parentheses): due February 28

Program Overview (27 instructional programs, 16 student services programs, 7 administrative services units)
- Program Support and Activities
- SWOC Analysis

ASAP/SMP Summary (85 instructional disciplines, 16 student services programs, 7 administrative services units)
- Access
- Success
- Accountability
- Partnerships

Award Summary (58 degrees and 61 certificate programs)

CTE Summary

Planning and Budget Review (27 instructional programs, 16 student services programs, 7 administrative services units)
- Summary of Annual Planning Updates
- Resource Allocations
Evaluating Outcomes: Using an analysis framework to review institutional outcomes (see response guidelines)

- CPR Instructional Program Data Analysis Results
  
  - CPR Rubric and Category Definitions/Cutpoints: Presents the results of the data analysis by identifying the values that determine the rubric evaluation category
  - CPR Rubric Category Data by Measure: The actual data used to identify the categories, presented as a ranked list of all programs in the measure
  - CPR Program Results Summary: The application of the CPR Rubric and Categories for a program
  - Detail available online
Opportunities for Improvement: What does the analysis tell us?

- For each measure, the program will:
  - Explain results
    - Identify factors that led to the result (see accompanying guidelines)
      - “Good” performance is already present
      - Small may be necessary
      - Low rating may not be consistent across the discipline
      - Structural issues may be present (including budget, staffing)
      - Variation is important to identify
      - Issue may be well known with best practices available for use
      - Cause may not be known and may require more investigation (automatic short term timeline)
      - Issue may require PARTNERSHIPS/COLLABORATIONS
    - Answer using bullet points (not text narrative)
    - May require additional data analysis (for use in bullet points)
      - Standard reports available online
      - Individual consultation and report services available
  - Determine if there is an opportunity for improvement:
    - If "Yes", identify proposed actions, responsible parties, partnership opportunities if applicable and timeline
    - If "No", explain why no change is necessary
Validating Outcomes: Governance roles and outcomes

- EPC establishes validation framework and rubrics for instructional programs (Develop instructions and guidelines)
  - Validation period: April
  - EPC may identify PRIORITY AREAS as guidelines for validation committees - September
    - Accountability / SLOs is an absolute priority of the college
    - Success has many college and district initiatives involved
    - Priority may be given to a specific SMP goal (Success)
    - Priority may be given to a specific category (1 and 2)
    - Priority may be given to a specific measure (SLOs)
  - Determine review methodology: Horizontal (SMP Goal-based) or Vertical (Department-based)
  - Identify "Validation committees" to review responses

- Student Services and Administrative Services Councils establish validation framework and rubrics for non-instructional programs
  - Validation period: April
  - Councils may identify PRIORITY AREAS as guidelines for validation committees
  - Councils may act as committee of the whole for validation processes or create validation committees

- Validation committees perform program validations
  - Validation committees determine validation rubric - February
    - Using aggregated data, what does each category "mean"
    - Determine how the committee will apply the evaluation rubric, i.e., what each category means for that measure
    - Are categories 1 and 2 priorities?
    - Establish considerations for "Opportunity for Improvement Y/N" answer
      - When is “Y” appropriate or expected?
        - What is an appropriate improvement?
        - If "Y", is proposed timeline appropriate
      - When is “N” appropriate or expected?
    - Identify process for results that are not accepted
    - Identify process for identifying common or larger issues and collaborative opportunities
    - Validation rubrics reflect senate/governance/college/district priorities
  - Validation committees apply rubrics: April
**Validation rubrics**

For each section, Deans and Validation Teams will use the following rubrics to evaluate each section (note: there is one improvement plan per section).

<table>
<thead>
<tr>
<th>Deans’ Review Rubric: due March 15</th>
<th>E</th>
<th>S / Y</th>
<th>NI/N</th>
<th>U</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the program meet the requirements for this section?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should the improvement plan be approved?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should the improvement plan be part of the SMP?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should the improvement plan be a college priority?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Validation Rubric: due April 15</th>
<th>E</th>
<th>S / Y</th>
<th>NI/N</th>
<th>U</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the program respond to each question in the section appropriately?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the analysis of the data sufficient?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the improvement plan use the data appropriately?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If additional resources were requested, are they necessary?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If additional resources were requested, are there clear plans on how the resources will be used?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should the improvement plan be approved?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should the improvement plan be part of the SMP?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should the improvement plan be a college priority?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- E = Exemplary: Responses indicate thorough knowledge of issues, data and solutions related to the measure. Improvement plans are ready to implement.
- S/Y = Satisfactory/Yes: Responses are thoughtful and reflect knowledge of issues, data and solutions, but need more detail. This is a recommendation to further develop the improvement plan (approval).
- NI/N = Needs Improvement/No: Responses do not clearly use data to identify issues; improvement plans need more work for consideration.
- U = Unsatisfactory: Responses are incomplete or irrelevant to the measure.
- NC = Not Completed (no attempt to answer)

- Outcomes (to be forwarded to governance groups and administration):
  - Validation summary for each program
  - Assessment of needs of college
  - List of “opportunities for improvement” (i.e., improvement plans), reviewed, validated and prioritized by the college

**Post Validation Processes: Generating and Using the Results of Comprehensive Program Review**

Once the validation process is complete, Shared Governance committees will:
- Compile and summarize results (Program Review, Planning)
- Make commendations and recommendations (based on review and validation outcomes) (EPC, Councils)
  - Commendations result in ...
Recommendations will require short-term (6 months) follow up and automatically become planning goals/actions for the program

- Establish viability evaluation criteria (based on review and validation outcomes) (EPC, Councils)
- Evaluate progress made on completing the 2008-13 strategic plan (Planning)
- Assess the effectiveness of the CPR process (Program Review)
- Operationalize improvement plans into unit planning (Planning)

These comprehensive program review results will then be passed to the Vice Presidents and other strategic planning groups for use in developing an internal scan of the college to provide data for the review of the college mission and renewal of the college strategic plan:

- Identify themes and shared issues from needs assessments
  - Shared needs are objectives for strategic planning
- Inventory and categorize improvement plans
  - Priorities established through review and validation processes
  - Categories are strategies or objectives for use in strategic planning
III. Working with the Results of Program Review

- Results of program review: Recommendations – April/May
  - After VP validation and Academic Senate and SGC approval, compiled list of improvement plans becomes the agenda of the college
  - Recommendations/improvement plans become unit goals for Planning Process (December - January)
    - Unit goals are tracked in the planning process
    - Unit goals are updated annual in planning process
    - Unit goals are the basis for AUP requests/resource allocation
  - Programs where no change is necessary have also been validated (another feature of this model of comprehensiveness – the entire college responds to the same framework, data and prompts)

- Summary of "themes" by Senior Staff = internal scan for EMP and SMP – May/June
  - By using the SMP framework, the CPR process reviews the college's performance on the old SMP in a summative way - what did we do, and what can be done in the future to improve
  - CPR results are an inventory of the "needs" of the college, based on the CPR data analysis, response and validation processes
  - By participating in the CPR process, all programs participate in the strategic planning process ("opportunities for improvement" as plans for the future based on the need/data analysis)
  - Senior Staff identifies themes and collaborative opportunities and propose strategies for addressing them (potential future SMP goals)
  - "Bottom up" needs assessment
  - To be joined with the external scan to develop VISION and MISSION review
IV. Outcome Measures Explained

Outcome Measures Explained – Instructional Programs

- 2012 CPR Program Outcomes Summary
- Measures Defined
- Evaluation Categories

Measures Defined - Instructional Programs

Access

1. **Graded Enrollment** – the number of students who received a grade in any credit course in a discipline. Students who took multiple courses in a discipline in the same semester count as multiple enrollments for that semester. For example, a student who took 3 History classes in the same semester would count as 3 History enrollments for that semester.
   a. **Change from Fall 2007 to Fall 2011** – Percent change in graded enrollment from the Fall 2007 Semester to the Fall 2011 Semester
   b. **Average Fall Graded Enrollment Fall 2007-2011** – The average graded enrollment for each Fall semester that a discipline offered sections.

2. **Course Fill Rate** – Graded Enrollment divided by the Enrollment Limit for each section.
   a. **Change from Fall 2007 to Fall 2011** - Percent change in the course fill rate from the Fall 2007 Semester to the Fall 2011 Semester
   b. **Average Fall Fill Rate Fall 2007-2011** - The average course fill rate for each Fall semester that a discipline offered sections.

3. **Average Class Size** – Graded enrollment for a discipline divided by the number of sections offered. For combined sections, the total graded enrollment for the sections combined together is divided by a single section. For example, if sections 0100, 0101, and 0102 each have 5 students in them and they are combined, the average class size is 15 (i.e. (5+5+5)/1).
   a. **Change from Fall 2007 to Fall 2011** - Percent change in average class size from the Fall 2007 Semester to the Fall 2011 Semester
   b. **Overall Average Class Size Fall 2007-2011** - The average class size for each Fall semester that a discipline offered sections.

4. **Percent of Sections that are Evening/Weekend** – Sections offered on evenings or weekends divided by all sections offered.
   a. **Change from Fall 2007 to Fall 2011** - Percent change in percent of evening/weekend sections from the Fall 2007 Semester to the Fall 2011 Semester
   b. **Average Percent Fall 2007-2011** – The average percent of sections that were on evenings or weekends for each Fall semester that a discipline offered sections.
Success

5. **In-Course Success Rate** – Number of students who received a grade of A, B, C, or P divided by graded enrollment (W’s are included in the denominator).
   a. **Change from Fall 2007 to Fall 2011** - Percent change in in-course success rate from the Fall 2007 Semester to the Fall 2011 Semester
   b. **Average Success Rate Fall 2007-2011** - The average in-course success rate for each Fall semester that a discipline offered sections.

6. **State-Approved AA, AS, AT Degrees**
   b. **Avg Awarded per year from 2007 to 2012** – Average Degrees awarded from 2007-2008 Academic Year to 2011-2012 Academic Year for each year that a degree was in the course catalog. For example, if a degree was only in the course catalog for 2 years, those were the only years that an average was calculated.
   c. **Change from 2007-2008 to 2011-2012** - Percent change in degrees awarded from the 2007-2008 Academic Year to the 2011-2012 Academic Year.

7. **State-Approved Certificates**
   b. **Avg Awarded per year from 2007 to 2012** - Average Certificates awarded from 2007-2008 Academic Year to 2011-2012 Academic Year for each year that a certificate was in the course catalog. For example, if a certificate was only in the course catalog for 2 years, those were the only years that an average was calculated.
   c. **Change from 2007-2008 to 2011-2012** - Percent change in certificates awarded from the 2007-2008 Academic Year to the 2011-2012 Academic Year.

8. **Offered DE Sections Fall 2007-2011** – Binary measure (yes/no) that indicates whether a discipline offered any Distance Education Sections between Fall 2007 and Fall 2011

Accountability

9. **FTES/FTEF** – Full-Time Equivalent Students divided by Instructional Full-Time Equivalent Faculty.
   a. **Change from Fall 2007 to Fall 2011** - Percent change in FTES/FTEF from the Fall 2007 Semester to the Fall 2011 Semester
   b. **Average Fall 2007-2011** - The average FTES/FTEF for each Fall semester that a discipline offered sections.

10. **% of all Faculty that are full-time** – Instructional FTEF for Full-Time Faculty divided by Instructional FTEF for all Faculty.
   a. **Change from Fall 2007 to Fall 2011** - Percent change in percent of faculty that are full-time from the Fall 2007 Semester to the Fall 2011 Semester
b. **Average Fall 2007-2011** - The average percent of faculty that are full-time for each Fall semester that a discipline offered sections.

11. **F/T Faculty have completed FLEX obligation** - Binary measure (yes/no) that indicates if all full-time faculty in a discipline completed their 2011-2012 FLEX obligation.

12. **P/T Faculty have completed FLEX obligation** - Binary measure (yes/no) that indicates if all adjunct faculty in a discipline completed their 2011-2012 FLEX obligation.

13. **Course SLO's – completed assessment cycle** - Binary measure (yes/no) that indicates if all courses in a discipline went through a full SLO assessment cycle as of August, 9, 2012.

14. **Program SLO's – completed assessment cycle** - Binary measure (yes/no) that indicates if each degree/certificate went through a full Program SLO assessment cycle as of August, 16, 2012.

**Partnerships**

**Offered sections at high schools Fall 2007-Fall 2011** – Binary measure (yes/no) that indicates

---

**Outcome Measures Explained – Non-Instructional Programs**

- 2012 CPR Program Outcomes Summary
- Measures Defined
- Evaluation Categories