



ENDs Monitoring Report

Quality/Excellence

April 9, 2018

Presented to:

Jackson College Board of Trustees

Presented by:

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Prefatory Section

As described in the Board ENDS and Institutional Monitoring Policies, the President will provide monthly reports to the Jackson College board of Trustees which allow the Board to engage in formal monitoring and inspection of the College's performance in essential areas. The key performance area for this month's review is the Quality/Excellence Monitoring, which will provide an in depth look at how the College adheres to a model of continuous improvement and quality as demonstrated, in part, through accreditation, process improvement and performance outcomes.

Executive Summary

Jackson College embeds quality and excellence into all aspects of the College operations but we recognize we still have work that remains. We believe that the current culture of the College has set the table for success as we progress to the next level of institutional excellence, which is the implementation of the Baldrige Education Framework (discussed later in this report). Additionally, the College follows the Academic Quality Improvement Program (AQIP) Pathway for maintaining continuous accreditation with the Higher Learning Commission (HLC). This pathway is focused upon quality assurance and institutional improvement, like the other two accreditation pathways, but AQIP has an added emphasis on helping institutions drill down on organizational effectiveness through a continuous quality improvement commitment. This approach provides a framework that we can use to examine our key processes in an effort to analyze, understand and explore opportunities for improvement, ultimately leading to improved student success. Jackson College is currently in the first year of the eight year AQIP Pathway cycle. We are in good standing with the Higher Learning Commission and have recently submitted our HLC Action Project, which resulted in our receipt of a positive mentor review from the HLC.

Ultimately, we must look at data to see if we making improvements. Receiving feedback from our customers is vital which is why we are closely monitoring the results from the Noel Levitz Student Success Inventory (SSI) survey. From 2016 to 2018, we have made some incredible strides as we have reduced our performance gap and based on this year's results will be implementing communication and improvement plans.

There are many examples of how we are embedding quality measures within our work. For example, the College's Internal Auditor has added tremendous value to the College. Serving in this capacity, Kim Abbott has provided internal process reviews, including athletic fundraising event processes, travel expenditures and cyber security event responses. External auditor reviews have included the Department of Education Federal Program review and the Michigan Office of Retirement Services. Additionally, process mapping has been incorporated into the College culture, with many processes being mapped over the last year and several staff being trained in the methodology as well. Following turnover in the Institutional Effectiveness department, the outputs have

slowed slightly, but we will continue using this important aforementioned tool and anticipate increased training over the next couple of years. The College's Data Governance Committee has proven to be a vital addition by bringing employees together to focus on data integrity. This Committee has created a data definition dictionary and has identified data inconsistencies that needed correcting, including missing gender classifications and the need to collect high school graduation data. Academically, we continue our assessment work on the student learning process and program reviews to ensure our product is meeting not only external accreditation quality standards, but fulfilling our focus on Total Commitment to Student Success (TCS2).

Institutional Context

The College is focused on using quality frameworks to guide all aspects of our work. The AQIP Pathway allows us to naturally incorporate some of the Malcom Baldrige principles which continues to be our 'North Star.' Although work has been occurring in various areas, we are working to improve our intentionality with respect to making data driven decisions and incorporating performance excellence into our work. Given the current disruptions occurring within the higher education landscape, we are at a critical point where our organizational sustainability and success depends on it.

Success of our efforts with respect to quality and excellence is principally dependent on all employees. Our 5-Star Talent Formula has proven its effectiveness and the worthiness of our investments made as demonstrated through significant advancements in our organizational culture. We stand ready to embrace the next steps of increased focus on quality and making data driven-decisions.

External Context

Organizations are always looking for ways to improve the effectiveness and efficiency of their work to meet their mission and achieve their goals. We are no different at Jackson College and we are now more focused on Institutional Effectiveness and improvement. In a time of limited resources, we are striving to use data to guide our decisions. We work to apply continual improvement to all processes we engage in. As we respond to so many external challenges and threats, it is apparent that our strength as an institution is allowing opportunities to rise. We base this determination, in part, upon the steady stream of requests for information, benchmarking visits, and speaking requests we receive from other higher education organizations. As the culture of the institution continues to improve, we are grateful for the commitment of our employees that likewise desire a continuing focus upon improvement that will lead us closer to our Total Commitment to Student Success goals. This work is a point of pride with our employees.

Challenges/Threats:

Competitive Environment

Decreasing Resources

Compliance Reporting Changes
Normative Data directly relating to quality and excellence

Opportunities:

New Business Model Development
Implementation of the Baldrige Excellence Framework
Improved Culture on Campus
Employee commitment

Institutional Performance Reporting

Accreditation Standing

The College hosted Higher Learning Commission (HLC) peer consultant evaluators in February 2017 for our Comprehensive Quality Review, which occurs every eight years. In September 2017, the College was notified of reaffirmation of our continuing accreditation with the next reaffirmation of continuing accreditation occurring on or before the 2027-28 fiscal year. As a part of this reaffirmation process, we were also required to submit two interim reports as indicated below:

Interim Report. Interim Report due 1/31/2018: Federal compliance re: advertising and recruitment materials – update all college materials to align regarding HLC affiliation status per HLC guidelines; and

Interim Report. Interim Report due 2/28/2019: Criterion 4 – Academic program review, mapping of course prerequisites and learning outcomes across the curriculum, and full implementation of assessment of student learning across the curriculum.

The first report was submitted on time, as required. We received response from the commission that the report was accepted and no follow up required. An internal team has been established to begin work on the second report in order to ensure the 2019 deadline is met.

Additionally, the Commission required a Non-Financial Indicator Report in December 2017. This report was in response to a lower graduation/persistence rate compared to our peers. A report was completed and submitted on time as required. Not surprisingly, the Commission responded that they were satisfied with the report and no further action was needed.

In addition to institution-wide accreditation, the College maintains program-level accreditation in several instructional areas. All sub-accredited programs are currently in good standing. A list of program accrediting agencies, as well as the next program review dates can be found in Appendix A.

Student Satisfaction Inventory Measurement

Based upon the results of the 2018 Student Satisfaction Inventory, we are pleased that out of the top 11 categories that student's rate as important to them, all but two have

shown significant improvements from 2016 to 2018. A small committee is in process of reviewing these results and will present to committees and share their recommendations for improvement.

	Performance Gap 2016	Performance Gap 2018	Change in Performance Gap
Instructional Effectiveness	0.82	0.65	0.17
Academic Advising/Counseling	0.9	0.65	0.25
Registration Effectiveness	0.74	0.59	0.15
Concern for the Individual	0.83	0.6	0.23
Admissions and Financial Aid	0.82	0.67	0.15
Academic Services	0.57	0.48	0.09
Student Centeredness	0.67	0.53	0.14
Campus Climate	0.74	0.6	0.14
Safety and Security	0.54	0.59	-0.05
Service Excellence	0.69	0.52	0.17
Campus Support Services	0.47	0.47	0

Assessment of Student Learning

The assessment of student learning is important for many reasons. Not only is this a requirement for the Higher Learning Commission, but this is how we measure the student learning process at the College. Our current methods address the need to systematically measure student achievement at three levels: course, program or discipline, and college-wide general education. At each level, the strategy for measurement is appropriately adapted to the conceptual complexity of the learning environment and the expectations held for student performance. Concurrently, the level and extent of data sharing and reporting also vary systematically. In all circumstances, and at all levels, the purpose of assessment remains the continuous and strategic improvement of student learning. This common end may take the form of content change, improved delivery of content, improved methods of measurement, improved scheduling or sequencing of instructional effort, improved level of student engagement, and more. The full assessment handbook and other tools related to student assessment can be found online at <https://www.jccmi.edu/assessmentofstudentlearning/>.

The College follows a thorough program review process, with each program reviewed once every five years. Training sessions are provided each year and a web page is maintained which contains templates, guidelines, and examples of prior best practice reviews: <https://www.jccmi.edu/academic-deans/faculty-resources/program-review/>. These reviews are considered fully by the Academic Council of the College and are subsequently reviewed by the President and Leadership Council.

HLC Action Project Progression

Effective September 1, 2017, the Higher Learning Commission reduced the number of action projects from three to one. This change came following a review the Commission

completed as part of the AQIP Pathway redesign and based on evaluation and feedback provided by AQIP Pathway institution Presidents, peer reviewers and Accreditation Liaison Officers provided. This reduction allows us to focus on the quality of one project in place of the quantity of projects. For purposes of operational alignment, we intentionally identified a project that is tied to our strategic agenda goal of a new business model, the work of which is currently underway. One large component of the new business model is Competency Based Education (CBE), which led us to identify this as our current action project.

The required update to HLC was submitted on March 30, 2018. The current status of the action project is noted as 'in process.' We have learned a great deal about Competency Based Education since we determined that CBE would be the focus of our Action Plan project. We are making progress breaking courses into identifiable competencies and are working hard to identify and/or build assessments aligned with those competencies. We have also learned that moving to a CBE model involves a great deal more than just that. We have studied both the credit-based and direct assessment approaches to CBE and have determined that we want to pursue the hybrid direct assessment approach that requires seeking approval to join a USDOE Experimental Site Initiative on CBE. This is a bigger task than we first anticipated, so we are modifying some of our goals. We are still making progress and anticipate applying for HLC approval by end of Fall 2018 (instead of Winter 2018) to operationalize our two Allied Health programs in a CBE format. Currently 90 courses have had competencies and assessments for those competencies identified. We also have an active CBE Workgroup consisting mostly of faculty and a CBE Operation group that meets regularly to help determine how to support our CBE efforts from an IT systems standpoint. CBE is one of the initiatives identified in our Strategic Agenda, viewable on our website at https://www.jccmi.edu/wp-content/uploads/Strategic-Agenda-2017.2020_djp.pdf.

A mentor review of our update has already been received and is very positive. The reviewer indicated that we are making good progress and are on target to complete this action project by December 2018. The reviewer commented that the College is notably committed to improving our teaching/learning environment by offering Competency Based Education and that we are serious about quality. Additionally, President Phelan has met with the President of the Higher Learning Commission to provide her with an overview of our intentions. HLC President Gellman-Danley subsequently invited our President and a Jackson College Team to Chicago to work through the change process when we are ready to do so.

Compliance Report Outcomes

The Institutional Effectiveness Department has approximately 45 mandatory compliance reports they complete each year. These predominately include IPEDS, Perkins and State reports. Additionally, there are numerous other reports that the office completes for both internal and external consumption, such as the USDOE for matters involving the Clery Act. Despite turnover in staffing, the College has been successful in submitting reports on time. The new staff have received access to tools and training needed to ensure we are meeting these critical deadlines.

Assurance Audit Report

Internal Auditing (IA) at Jackson College is an internal appraisal activity established to examine, monitor and evaluate College management systems for effective internal controls. Leadership Council approved the purpose, authority and responsibilities of the Internal Audit Office in February 2017. The purpose of IA is to assist college management by providing evaluations of departmental activities, recommendations for improvements in systems and procedures, and other information designed to promote effective controls.

IA has performed a number of internal process reviews and recommended changes to process when necessary. Athletic fundraising event processes, proper travel expenditure authorizations, tuition allocation methods, and cyber security event responses are examples of processes recently reviewed.

IA is also the college point of contact for outside agencies reviewing college systems and works with internal departments and the external agency to gather the required information and to respond to any findings. Recent outside reviews include the Michigan Office of Retirement Services and the Department of Education Federal Program Review. The Federal Program review led to several procedural changes that have been implemented and documented in the response to the Department's review.

IA IS also preparing college departments for increased compliance reviews as part of the annual single audit. Compliance items under increased review include additional testing relating to information security and the Cleary act.

Process Mapping

The primary goal of process mapping is to assist organizations in becoming more effective by reducing departmental processes, resulting in reduced staff time, reduced cost and improved efficiency. Mapping processes has provided us the opportunity to look at whether or not improvements can be made to current processes. Our goal is to continue mapping out processes to ensure we are functioning as effective as possible.

During the 2017-18 Academic year the Institutional Effectiveness Department complete the following seven process maps:

- Academic Appeals
- Judicial Appeals
- Financial Aid Appeals
- Non -Academic Appeals
- Prison Education Initiative Students FASFA Process
- Prison Education Initiative Student Misconduct Withdraw
- Prison Education Initiative Students Drop Class process

In addition, 7 individuals have been trained to complete their own departmental process maps. Of the 7 individual trained 2 employees completed 4 maps. The goal of training others is to help insert process mapping is a normal tool used to review our processes.

Data Governance Committee

The purpose of the Data Governance Committee is to identify, establish and oversee the strategy, objectives and policies intended to ensure the quality of critical data including that used for compliance reporting. Additionally, the Committee is tasked to align the College's data management practices, maintain a data definition dictionary, identify data corrections and define and document data metrics and changes to the metrics used in external and internal reporting. The Committee has created a template and style guide to record various compliance reporting and college definitions/data processes. The Committee collects and identifies inconsistencies in processes or data and corrects them.

For example, they identified that 500 genders (in the past five years) were missing in colleague. Gender designation is a required field for most compliance reporting. By searching on databases such as The National Student Clearing House and Michigan Student Data System we were able to find a majority of the missing genders. We then had navigators look to see if they could identify any of the students that they see on a regular basis. We subsequently were able to identify all but 36 students. Another example is when the committee identified that Student Type is not always getting updated. The records office will take action by refreshing staff on how to correctly update Student Type and residency. IT can pull a report to find discrepancies and Records can update from this audit.

Goals for the Next 12-Month Period

Complete Malcom Baldrige Self-Assessment Tools

Baldrige defines the term, Performance Excellence as “an integrated approach to organizational performance management that results in (1) delivery of ever-improving value to customers and stakeholders, contributing to ongoing organizational success; (2) improvement of your organization's overall effectiveness and capabilities; and (3) learning for the organization and for people in the workforce.” It is our intention to take this initial step of self-assessment so we can determine whether or now we are developing a sound, balanced and systematic approach. By identifying where we are falling short, we can begin to improvement planning.

Establishment of AQIP Committee

As part of our work for the Higher Learning Commission, the need for a dedicated working group is apparent. This Committee will be responsible for all aspects related to the AQIP Pathway Accreditation Cycle and will work to create a process to ensure the Systems Portfolio is developed continually using a proactive approach as opposed to reactive. All of this work leads to the Federal Compliance Filing & Comprehensive Quality Review that occurs every eight years as we seek reaffirmation of accreditation.

Internal Sharing of Metrics

As we work on being more intentional in our performance excellence journey, we realize the importance of sharing data with our employees so we can all monitor our progress. A revised internal report is in progress of being developed and will be called the 'TCS2 Report.' The following metrics will be built into this report:

- Fall to winter persistence
- Fall to fall retention
- Completion rates
- Billing Contact hours
- Course Completion rate

Identify other Tools/Resources Needed for Performance Improvement

As we embark in this intentional journey towards performance excellence, we recognize that 'we don't know what we don't know.' Over the next year, we will benchmark other institutions that have reached performance excellence, to help us identify what other resources, tools and training we need to help move the College forward on this journey.

Conclusion/Judgment

We are extremely proud of the work we have done resulting in quality and excellence given the limited resources we have. We are now at a point, given our service and student-focused culture, that we can make this work more intentional and focused resulting in even greater improvements in performance. This work will not be an overnight achievement, but will take time, focus and patience.

Part of this process is recognizing where are weaknesses are and then determining how we can move us from a state of simply being reactive to ensure quality to being proactive in all aspects of performance excellence work. We believe that advancing the Baldrige Excellence Framework will provide a clarifying and structured approach for our work. We are confident that we have strong, capable employees in place who are committed to this work now more than ever. We are excited about this journey and the impact that this work will ultimately have on the success of our students.

Appendices

Appendix A: Program Accrediting Agencies

Program	Agency	Date of Next Review
Accounting (Associate Degree)	Accreditation Council for Business Schools & Programs (ACBSP)	2019
Automotive Service Technology	National Automotive Technicians Education Foundation (NATEF)	2020
Aviation	Federal Aviation Administration (FAA), Part 61	
Business Administration (Associate Degree)	Accreditation Council for Business Schools & Programs (ACBSP)	2019
Cardiac Sonography	Commission on Accreditation of Allied Health Educational Programs	2023
Corrections	Michigan Corrections Officers' Training Council, Michigan Department of Corrections	
Culinary Arts & Hospitality Management	Accreditation Council for Business Schools & Programs (ACBSP)	2019
Dental Hygiene	American Dental Association Commission on Dental Accreditation	2020
Emergency Medical Technology	State of Michigan, Department of Community Health	2019
General Sonography	Commission on Accreditation of Allied Health Educational Programs	2028
Medical Assistant (Certificate)	Medical Assisting Education Review Board (MAERB) www.maerb.org	2019
Practical Nursing	Michigan Board of Nursing	2022
Respiratory Care	Commission on Accreditation for Respiratory Care (CoARC)	2019
Radiography	Joint Review Committee on Education in Radiologic Technology (JRCRET)	2022
Registered Nurse (A.D.N.)	Michigan Board of Nursing	2022
Vascular Sonography	Commission on Accreditation of Allied Health Educational Programs	2023

