

2009

Baldrige National Quality Program



Nightingale College of Nursing Feedback Report

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National Institute of Standards and Technology • Department of Commerce



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The Nightingale College of Nursing Feedback Report was prepared for use in the 2009 Malcolm Baldrige National Quality Award Examiner Preparation Course. A team of experienced Baldrige Examiners evaluated the Nightingale College of Nursing Case Study, using the Independent and Consensus Review process. This case study describes a fictitious education organization. There is no connection between the fictitious Nightingale College of Nursing and any other organization, either named Nightingale College of Nursing or otherwise. Other organizations cited in the case study also are fictitious, except for several national and government organizations. Because the case study was developed to train Baldrige Examiners and others and to provide an example of the possible content of a Baldrige application, there are areas in the case study where Criteria requirements are not addressed.

Nightingale College of Nursing scored in band 3 for Process Items and band 4 for Results Items. An organization in band 3 for Process Items typically demonstrates effective, systematic approaches responsive to the basic requirements of most Criteria Items, although there are still areas or work units in the early stages of deployment. Key processes are beginning to be systematically evaluated and improved. For an organization that scores in band 4 for Results Items, results typically address some key customer/stakeholder, market, and process requirements, and they demonstrate good relative performance against relevant comparisons. There are no patterns of adverse trends or poor performance in areas of importance to the Criteria requirements and the accomplishment of the organization's mission. Limited performance projections are reported, including those for a few high-priority areas.

October 27, 2009

Dr. Nancy Nunnin
Dean
Nightingale College of Nursing
Central Texas University
Feld Hall, 2 Campus Drive
Freedom, TX 76555

Dear Dr. Nunnin:

Congratulations for taking the Baldrige challenge! We commend you for your commitment to performance excellence and applying for the Malcolm Baldrige National Quality Award. This feedback report was prepared for your organization by members of the Board of Examiners in response to your application for the 2009 Malcolm Baldrige National Quality Award. It presents an outline of the scoring for your organization and describes areas identified as strengths and opportunities for possible improvement. The report contains the Examiners' observations about your organization, although it is not intended to prescribe a specific course of action. Please refer to "Preparing to Read Your Feedback Report" for further details about how to use the information contained in your feedback report.

We are eager to ensure that the comments in the report are clear to you so that you can incorporate the feedback into your planning process to continue to improve your organization. As direct communication between Examiners and applicants is not permitted, please contact me at (301) 975-2360 if you wish to clarify the meaning of any comment in your report. We will contact the Examiners for clarification and convey their intentions to you.

The feedback report is not your only source for ideas about organizational improvement. Current and previous Award recipients can be potential resources on your continuing journey to performance excellence. A contact list of Award recipients is enclosed. The 2009 recipients will share their stories at our annual Quest for Excellence Conference, April 11–14, 2010. Current and previous recipients participate in our regional conferences as well. Information about these events and other Baldrige Program-related activities can be found on our Web site at www.nist.gov/baldrige.

In approximately 30 days, you will receive a customer satisfaction survey from the Panel of Judges. As an applicant, you are uniquely qualified to provide an effective evaluation of the materials and processes that we use in administering the Award Program. Please help us continue to improve the program by completing and returning this survey.

Thank you for your participation in the Baldrige Award process. Best wishes for continued success with your performance excellence journey.

Sincerely,

Harry S. Hertz, Director
Baldrige National Quality Program

Enclosures

If you get into Baldrige because of the Award, it'll be a short journey. But if you get into it for the right reasons, the feedback and continuous improvement, then it's well worth the journey.

*Dr. Terry Holliday, Former Superintendent
Iredell-Statesville Schools
2008 Baldrige Award Recipient*

Preparing to read your feedback report . . .

Your feedback report contains Baldrige Examiners' observations based on their understanding of your organization. The Examiner team has provided comments on your organization's strengths and opportunities for improvement relative to the Baldrige Criteria. The feedback is not intended to be comprehensive or prescriptive. It will tell you where Examiners think you have important strengths to celebrate and where they think key improvement opportunities exist. The feedback will not necessarily cover every requirement of the Criteria, nor will it say specifically how you should address these opportunities. You will decide what is most important to your organization and how best to address the opportunities.

If your organization last applied before 2008, you may notice a slight change in the report. Key themes, which serve as an overview or executive summary of the report, comprise four sections rather than three: (a) Process Item strengths, (b) Process Item opportunities for improvement, (c) Results Item strengths, and (d) Results Item opportunities for improvement. In addition, each 2009 feedback report includes a graph in Appendix A that shows your organization's scoring profile compared to the median scores for all 2009 applicants.

Applicant organizations understand and respond to feedback comments in different ways. To make the feedback most useful to you, we've gathered the following tips and practices from prior applicants for you to consider:

- Take a deep breath and approach your Baldrige feedback with an open mind. You applied to get the feedback. Read it, take time to digest it, and read it again.
- Especially note comments in **boldface type**. These comments indicate observations that the Examiner team found particularly important—strengths or opportunities for improvement that the team felt had substantial impact on your organization's performance practices, capabilities, or results and, therefore, had more influence on the team's scoring of that particular Item.
- You know your organization better than the Examiners know it. If the Examiners have misread your application or misunderstood information contained in the application, don't discount the whole feedback report. Consider the other comments, and focus on the most important ones.
- Celebrate your strengths and build on them to achieve world-class performance and a competitive advantage. You've worked hard and should congratulate yourselves.

- Use your strength comments as a foundation to improve the things you do well. Sharing those things you do well with the rest of your organization can speed organizational learning.
- Prioritize your opportunities for improvement. You can't do everything at once. Think about what's most important for your organization at this time, and decide which things to work on first.
- Use the feedback as input to your strategic planning process. Focus on the strengths and opportunities for improvement that have an impact on your strategic goals and objectives.

KEY THEMES

Key Themes—Process Items

Nightingale College of Nursing (NCON) scored in band 3 for Process Items (1.1–6.2) in the Consensus Review of written applications for the Malcolm Baldrige National Quality Award. For an explanation of the process scoring bands, please refer to Figure 6a, Process Scoring Band Descriptors.

An organization in band 3 for Process Items typically demonstrates effective, systematic approaches responsive to the basic requirements of most Criteria Items, although there are still areas or work units in the early stages of deployment. Key processes are beginning to be systematically evaluated and improved.

a. The most important strengths or outstanding practices (of potential value to other organizations) identified in NCON’s response to Process Items are as follows:

- To provide a continuing focus on the future, NCON has a shared governance structure (Management and Governance Structure; Figure 1.1-1) that sets the college’s mission, vision, and values, which are reviewed annually during the Strategic Planning Process (SPP; Figure 2.1-1). The SPP, driven by the Nursing Professional Administrative Council (NPAC), includes a situational analysis and budget planning, and coincides with the capital-funding plan. In addition to developing short- and long-term plans, the college tracks key performance indicators (KPIs) from the Strategic Plan via the Learning, Improvement, Growth, fiscal Health, and Talent (LIGHT) Scorecard.
- NCON’s processes for gathering organizational information and providing analysis appear to be systematic and well deployed. These include the Service Lamplighter Team; the LIGHT Scorecard; the Roundtable Review Process (Figure 6.2-1); the Learning, Analysis, Design, Development, Implementation, Evaluation (LADDIE) Design and Improvement Process (Figure 6.2-2); the Complaint Management Process (Figure 3.2-2); and the Golden Fleece and Classroom Resource Exchange (CRE) systems. Collectively, these processes allow management by fact and enable NCON to benefit from the voices of its students and stakeholders.

b. The most significant opportunities, concerns, or vulnerabilities identified in NCON’s response to Process Items are as follows:

- Although NCON uses several processes to gather information and provide analysis, it appears to be in the beginning stages of developing a systematic approach to evaluating and improving its key processes. For example, the college appears to lack an approach to keeping processes current in relation to the college’s leadership systems, SPP, performance measurement system (including data and information availability mechanisms), and work systems. Further, it is not clear how the college uses these processes to drive innovation or increase organizational agility. Without an approach to keeping the wide array of processes current with the college’s changing internal and

external needs, NCON may not always manage for innovation in order to perform well against its competition and address its strategic challenges.

- It is not clear how NCON uses information to track and manage daily operations or drive innovation; nor is it clear how the college collects and tracks data and information for all areas identified as important (e.g., research, feeder schools, and potential students) or how it selects and uses comparative data in strategic decision making for innovation. Additionally, it is not apparent how NCON uses the information gained from multiple customer engagement sources to understand student and stakeholder support requirements and drive innovation in its programs, offerings, and services. Further, it is not clear that NCON has a systematic process in place to manage its knowledge assets; nor is it clear how its day for sharing best practices and its benchmarking process ensure the rapid identification, sharing, and implementation of best practices across the organization. These areas indicate a need for further maturity in these processes to promote organizational and personal learning, innovation, and management by fact.
- Although the SPP originates from the college's mission, vision, and values, and although NCON cascades short- and long-term plans to the organization through the LIGHT Scorecard and Golden Fleece, it is not clear how the SPP and its related approaches address and integrate the college's identified strategic challenges or leverage its strategic advantages. In addition, NCON's core competencies do not appear to be clearly integrated in its approaches to ensuring its sustainability. Systematically addressing all strategic challenges, strategic advantages, and core competencies may allow NCON to provide visionary leadership as it strives to become an exemplar of excellence.

Key Themes—Results Items

NCON scored in band 4 for Results Items (7.1–7.6). For an explanation of the results scoring bands, please refer to Figure 6b, Results Scoring Band Descriptors.

For an organization in band 4 for Results Items, results typically address some key customer/stakeholder, market, and process requirements, and they demonstrate good relative performance against relevant comparisons. There are no patterns of adverse trends or poor performance in areas of importance to the Criteria requirements and the accomplishment of the organization's mission. Limited performance projections are reported, including those for a few high-priority areas.

c. Considering NCON's key business/organization factors, the most significant strengths found in response to Results Items are as follows:

- NCON demonstrates strong performance levels and sustained favorable trends in many measures related to student learning and customer-focused outcomes. For example, student learning shows improvement from 2004 to 2008, with NCLEX-RN Pass Rates (Figure 7.1-1) increasing from 86% in 2004 to about 92% in 2008 and similar improvements in Specialty Certification Exam Pass Rates (Figure 7.1-2), Comparative Retention Rate (Figure 7.1-4), and Job-Related Benefits of MSN [Master of Science in

Nursing] and PhD [Doctor of Philosophy] Degrees (Figure 7.1-10). Other student learning measures, such as Employers' Rating of Graduates' Skills and Knowledge (Figure 7.1-11), show sustained strong performance. Student satisfaction results demonstrate consistently high performance for all segments, with strong levels on measures such as Student Satisfaction in Key Areas (Figure 7.2-1), Student Satisfaction by Academic Program and Other Segments (Figure 7.2-2), Student Satisfaction by Ethnicity (Figure 7.2-3), and Alumni Exit Assessment (Figure 7.2-9). Furthermore, Employer Assessment (Figure 7.2-12) demonstrates consistently positive performance, ranging from 90% satisfaction in 2004 to approximately 96% in 2008, with NCON outperforming Peers 1 and 2 since 2006. This trend is indicative of NCON's performance across customer-focused outcomes.

- In overall performance relative to peers and to the state and national comparison groups, NCON demonstrates favorable trends and routinely meets or exceeds the given levels. Examples are the results shown in NCLEX-RN Pass Rates (Figure 7.1-1), Comparative Retention Rate (Figure 7.1-4), Cumulative GPA [Grade Point Average]: BSN [Bachelor of Science in Nursing] Graduates (Figure 7.1-8), Alumni Exit Assessment (Figure 7.2-9), and Employer Assessment (Figure 7.2-12). Favorable results are also shown in Administrative Costs as a Percentage of Operating Budget (Figure 7.3-3), Research Expenditures (Figure 7.3-4), Enrollment by Program (Figure 7.3-8), Workforce Turnover (Figure 7.4-5), Student Evaluation of Process Effectiveness (Figure 7.5-7), and Number of Web-Based Courses (Figure 7.5-9).
- Results on the college's LIGHT Scorecard (Figure 2.2-1) demonstrate beneficial performance levels and trends as well as overall favorable performance relative to comparisons and competitor groups. These beneficial results include NCON's current and projected performance on measures of all the LIGHT dimensions: Learning (e.g., NCLEX-RN Pass Rates, Figure 7.1-1), Improvement (e.g., Workforce Satisfaction by Segments, Figure 7.4-1), Growth (Program Quality and Effectiveness, Figure 7.5-6), fiscal Health (e.g., Administrative Costs as a Percentage of Operating Budget, Figure 7.3-3), and Talent (e.g., Continuing Education Credits, Figure 7.4-6). The integration of the LIGHT Scorecard measures with related processes demonstrates NCON's efforts to manage by fact, harnessing its ability to drive organizational strategies and plans with measurable results.

d. Considering NCON's key business/organization factors, the most significant opportunities, vulnerabilities, and/or gaps (related to data, comparisons, linkages) found in response to Results Items are as follows:

- While NCON reports strong performance levels across results areas, results are also missing across these areas. For example, no results are reported for student learning in relation to collaborative practice, professional leadership, research, and integration of health promotion and disease prevention for the sake of patient care, and healthy communities—all elements of NCON's mission or vision. Results are not reported for the key requirements of all students (i.e., flexible scheduling, placement, instructional support, advising, and accessible faculty members) and transfer students (i.e., the ability to ask

questions and receive prompt responses). Nor are results reported for the requirements of the Board of Regents (BR), community, and alumni/donors. No segmented information is provided on the budgetary or financial performance of NCON's various programs, and results are not reported for market share, for defined student market segments, or by market performance. In addition, some key measures of workforce-focused outcomes are missing, including results for workforce engagement, training effectiveness and leadership development, workforce climate, and workforce capacity and capability. Also missing are some measures of process effectiveness outcomes, including those related to on-campus dining, the campus bookstore, heating/ventilation/air conditioning (HVAC) and energy, clinical supplies, admissions, institutional development, the library, and student life. Results are not provided for some measures of the performance of key work processes, such as key measures noted in Key Work Processes (Figure 6.1-1), as well as in-process measures. Results for many measures of leadership outcomes are not segmented. Missing results in these areas might make it difficult for NCON to understand its progress on its journey toward performance excellence.

- Though NCON includes comparisons for many results, these generally show average or peer performance levels (e.g., state averages or levels for peer organizations). In addition, some results are segmented by campus (e.g., Satisfaction with Support Services, Figure 7.2-5; Clinical Practicums, Figure 7.5-4) and student demographics (e.g., Retention Rates by Gender/ Ethnicity, Figure 7.1-3, and Graduation Rates by Gender and Ethnicity, Figure 7.1-6, among others), but NCON lacks other results, including those related to comparative performance. Given the vision of being an exemplar of excellence, NCON may understand its performance better by consistently using better-than-average comparisons and segmented data covering its three campus locations as well as its varying student and stakeholder groups.

DETAILS OF STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT

Category 1 Leadership

1.1 Senior Leadership

Your score in this Criteria Item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- NCON uses a shared governance structure (Management and Governance Structure, Figure 1.1-1) composed of multiple teams and committees (Figure 1.1-3) across locations to set the college's vision and values and provide overall leadership. NPAC (Figure 1.1-2) and the Dean's Council reinforce the mission, vision, and values, which are reviewed annually during the SPP. Senior leaders participate personally in developing and deploying plans and measures. The shared governance structure is an integral part of the development and deployment of the Strategic Plan through the CRE.
- Senior leaders personally promote an organizational environment that fosters ethical behavior by leading monthly case study review sessions and making the results available to all faculty and staff members through postings on the CRE. These sessions reinforce annual ethics training and signing of the Code of Ethical and Behavioral Excellence (CEBE) by all faculty and staff members. The CEBE is supported by an Ethics Committee, which includes members from all campuses as well as the parent university. The committee monitors compliance with requirements, investigates ethical concerns, and reports to both the college dean and the university provost.
- Senior leaders create a sustainable organization by developing and executing short- and long-term plans driven by the overall Strategic Plan. Senior leaders use the LIGHT Scorecard to track the SPP's KPIs. Multiple committees review these results, and the Dean's Council performs weekly reviews of both LIGHT measures and information from the CRE. The KPIs and LIGHT Scorecard align with the shared governance structure's objectives and reinforce organizational learning and the opportunity for leadership development.

OPPORTUNITIES FOR IMPROVEMENT

- It is unclear how NCON improves its approach for creating an environment for performance improvement, the accomplishment of its mission, and innovation. For example, in the college's process for developing KPIs and the LIGHT Scorecard measures, it is not clear how the review and monitoring cycles ensure that all organizational goals are addressed. Regular review and monitoring of measures may enable NCON to adjust to changing needs, but a systematic review of the entire process may allow an increased emphasis on improving performance across all key areas of need (such as the college's goal of developing its research program) and providing a system based on innovation.

- While college leaders enhance their competencies by annually attending the Texas Institute for Academic Leaders, it is unclear how this training is part of an overall system focused on improving their personal leadership skills or how it helps prepare future leaders to be successful. A systematic process to address senior leaders' leadership skills and professionally develop future organizational leaders may allow a more robust approach to addressing the college's value of quest for knowledge.
- Although NCON's shared governance structure is deployed through committees and teams at all locations, it is not clear how the college ensures the full deployment of its communication system or improves the system and its associated communication methods. Given the varying locations, university connections, stakeholder requirements, and student learning delivery methods at the college's sites, NCON may realize benefits for its workforce, students, and stakeholders by fully deploying and improving its approach to communication.

1.2 Governance and Societal Responsibilities

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- NCON reviews the performance of its leadership team annually and achieves accountability for management’s actions by linking evaluations to individual compensation. Further, the BR conducts an annual self-assessment. Fiscal accountability is managed through the parent university’s administration as well as the policies of the state, and both allow for reviews by internal and external auditors. These measures support NCON’s vision of being an exemplar of excellence through a commitment to fiscal accountability.
- NCON’s governance system achieves transparency in operations through shared processes and by publishing results for the organization’s performance. The Dean’s Council and various committees meet regularly to review performance and help share information. The division of responsibilities for the different audits allows for independent audits and increased transparency.
- NCON uses the CEBE and multiple processes to promote ethical behavior in its interactions. The processes encompass standards in course syllabi, specific requirements in the Faculty and Staff Handbook, use of an Ethics Committee, adherence to university regulations and guidelines, and CEBE training. This overall approach to ethical behavior helps reinforce the college’s values, especially integrity.

OPPORTUNITIES FOR IMPROVEMENT

- While NCON has instituted several programs to minimize adverse environmental impacts of the operation of its facilities, it is unclear how (beyond meeting with external groups) the college systematically ensures that it connects with all stakeholders, gathers inputs and concerns, and uses these to address adverse impacts. Articulating an overall approach in this area and deploying it to all key groups may assist NCON in addressing the legal and ethical concerns of its stakeholders and society.
- Although the CEBE is an integral part of the Faculty and Staff Handbook and is reviewed by faculty and staff members and supported through classroom activities, it is unclear how NCON monitors this process for effectiveness and whether it is deployed throughout all campuses and classrooms. Although the information is available, it is not clear to what extent it is used or whether feedback is generated from questions and issues. Without ensuring that its approach to promoting ethical behavior is systematically deployed and monitored for effectiveness, NCON may have difficulty achieving the level of integrity to which it aspires.
- **Although NCON identifies its key communities by the geographic areas in which it operates, it is not clear how the college determines areas for organizational involvement, including areas related to its core competencies and overall strategic initiatives. While**

NCON considers its mission of serving community health care needs and promoting healthy communities in choosing areas for community involvement, examining the array of possibilities in any given year, it may benefit from a refined approach to determining criteria for and prioritizing community support efforts.

Category 2 Strategic Planning

2.1 Strategy Development

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- NPAC, which includes representatives from the Dean’s Council as well as university faculty members and students, partners, and suppliers, provides overall strategic planning functions for NCON. NCON uses a systematic seven-step SPP (Figure 2.1-1) that includes a situational analysis and budget planning to ensure the resources necessary to execute the plan. The five-year, long-term Strategic Plan coincides with the capital funding plan and development of institutional initiatives, and it is updated annually, which leads to the development of a one-year, short-term tactical plan. The Strategic Plan links to NCON’s mission and vision.
- The Summary of Key Long-Term Strategies and Short-Term Action Plans (Figure 2.2-1) shows five strategic objectives supported by 21 action plans in seven key areas. The strategic objectives and associated KPIs are reported on the LIGHT Scorecard. The LIGHT Scorecard measures include comparative data sources as well as current, one-year, and five-year projections addressing the identified requirements of most stakeholder groups.

OPPORTUNITIES FOR IMPROVEMENT

- The process used to determine and select NCON’s core competencies, strategic challenges, and strategic advantages is not clear. Nor is it clear how NCON’s strategic objectives address all of its identified challenges and advantages, as goals related to many strategic challenges (i.e., integrate technology, recruit minority faculty members, address the aging faculty, increase enrollment of male students) are not evident. Addressing its core competencies and strategic challenges and advantages and ensuring that these are linked to strategy and action planning may help NCON realize opportunities for innovation in programming and develop the competencies necessary to respond to present or future programmatic needs.
- Although NCON receives trend information from clinical partners that includes early indicators of change, it is not clear how the college ensures that the SPP addresses early indications of shifts in student and community demographics, markets, or competition. Given the importance of changing student and community needs, NCON may benefit from enhancing its overall approach to identifying such shifts.
- Although NCON refers to a commitment to research, collaboration, and creativity in its mission, vision, values, human resource (HR) plan, and Graduate Committee activities, it is not clear how this commitment has been developed into an aligned strategic objective or action plan. The college may benefit from aligning its strategic objectives and action plans to its overall commitments.

- While NCON has completed several Strategic Plan cycles, and the SPP’s Step 7 includes an annual evaluation of results and the SPP itself, it is not evident how the evaluation addresses the SPP’s effectiveness or how cycles of learning have resulted in the improvement or innovation of the Strategic Plan process. Developing and deploying an effective, fact-based, systematic approach to organizational learning relative to the SPP may allow the college to more readily develop new and improved academic programs and business processes of value to its students and stakeholders.

2.2 Strategy Deployment

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- Summary of Key Long-Term Strategies and Short-Term Action Plans (Figure 2.2-1) shows NCON's key action plans, which are tied to the LIGHT Scorecard measures with current and projected performance. Committees and ad hoc teams throughout the college deploy and execute the two-to-five-year and one-year action plans using the Roundtable Review Process (Figure 6.2-1) and LADDIE (Figure 6.2-2). NCON extends its deployment of action plans to partners and suppliers. The Dean's Council and NPAC review progress on action plans through the LIGHT Scorecard.
- NCON ensures that resources are available to support its action plans through financial and HR linkages during the development and deployment of action plans. The college's key HR plans provide for nine processes, programs, or funding actions to accomplish the strategic objectives.

OPPORTUNITIES FOR IMPROVEMENT

- While NCON identifies responsiveness to a changing education market as a key advantage and identifies an aging faculty as a strategic challenge, the college does not indicate whether it plans any related changes in its programs, offerings, or services or changes relative to students, stakeholders, markets, or operations. Without a systematic process to assess and respond to changing environmental conditions, NCON may put its long-term sustainability at risk.
- It is not clear how NCON ensures that key outcomes of action plans are sustained or how the college assesses and manages risks beyond budget allocations during the planning process. A systematic process for deploying changes in action plans to all who need to know across campuses, types of programs, or education platforms is not evident. These gaps may be crucial given the impact of current and projected future economic conditions on state budgets and ever-changing student and stakeholder needs.
- It is not clear how NCON determines performance projections, including how its projections predict its future performance or compare to the performance of the college's stated competitors. Without a process in this area, NCON may have difficulty maintaining its strategic advantage of responding to a changing market and difficulty addressing its strategic challenge of growing enrollment while differentiating itself from its competitors.

Category 3 Customer Focus

3.1 Customer Engagement

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- NCON uses multiple approaches, such as course evaluations, the Smith-Santini Satisfaction Survey (4S) instruments, program evaluations, and customer complaint data to determine whether educational programs and services meet and exceed the expectations of current students and stakeholders. NCON uses the information from these approaches as well as from the university's Executive Committee as input to Step 2 of the SPP.
- **By systematically gathering information from its students and stakeholders (Figure 3.2-1), NCON determines its key mechanisms of support. Further, the Service Lamplighter Team conducts quarterly reviews of the information and collaborates with the Curriculum Committee to systematically include it in academic decision making. Other means of supporting stakeholders include NCON's alumni/donor contact mechanisms and communication tools such as listservs and sharing days.**

OPPORTUNITIES FOR IMPROVEMENT

- Although NCON gathers and uses information from multiple sources to understand student and stakeholder requirements, it is not apparent how the college uses the information to drive innovation in its programs, offerings, or services. Nor is it clear how such information is deployed to key suppliers, such as the bookstore, food service, or clinical partners. Without a systematic process to promote innovation in its customer engagement system, NCON may find it difficult to address its competition and the need for evolving programs, offerings, and services.
- It is not clear how NCON creates an organizational culture focused on ensuring a positive experience for and engagement of students and stakeholders. Sustaining such a culture may help NCON meet its strategic challenge of growing enrollment.
- Although NCON uses multiple processes to listen to and learn from its students and stakeholders in order to increase their engagement with the college and build and manage relationships with them, the college appears to lack a systematic process for building relationships. For example, because ease of access and continuous support are key requirements for students, NCON includes students on committees and uses affiliation agreements in working with stakeholders. Nonetheless, it is not clear how NCON systematically determines and deploys relationship-management mechanisms to acquire new students/stakeholders, meet and exceed their requirements and expectations, and increase their engagement. Continuing to refine its approaches to building and managing student

relationships may help NCON maintain its critical success factor of a reputation for being student focused.

- It is not clear how NCON builds and manages relationships with members of the community and clinical partners, who are identified as key stakeholders who contribute to the functioning of NCON's academic and clinical activities. It is also not apparent how NCON keeps its student and stakeholder culture-building approaches current with needs in a continually changing market.

3.2 Voice of the Customer

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- In listening to students and stakeholders, NPAC uses an annual process to gather information from the identified stakeholder groups of prospective students, current students, the BR, the community, feeder schools, alumni/donors, and employers (Figure 3.2-1). Methods of gathering actionable information from these sources vary according to the stakeholder group and are used to address overall satisfaction, satisfaction with courses and programs, complaints, and student engagement (Figures 3.2-1 and 3.2-3). Listening to students and stakeholders allows NCON to enhance its strategic advantage of responsiveness to a changing education market.
- NCON systematically deploys a Complaint Management Process (Figure 3.2-2) and a Student Code of Conduct. The nine-step process includes the tracking of complaints within the Complaint Management System (CMS). The Service Lamplighter Team and Service Beacons use LADDIE and the Roundtable Review Process to address root causes. The NPAC tracks complaints via the LIGHT Scorecard.
- NCON has various methods of determining the satisfaction and engagement of current students and other stakeholders (Figure 3.2-3). The methods, including surveys, are differentiated for identified student segments and programs. Many of the surveys are third-party instruments that provide NCON with peer and national comparative data. Information gleaned from these reviews is part of the information supplied in Step 2 of the SPP.

OPPORTUNITIES FOR IMPROVEMENT

- While NCON has numerous methods of listening to and learning from a broad range of stakeholders, it is not evident how the college systematically gathers information from clinical partners or collects and analyzes dissatisfaction data. It is also not clear how NCON uses and analyzes data from the community and marketplace. Nor is it apparent that such information is collected in a way that provides actionable information and process learning. Without processes for listening to and learning from all stakeholders, NCON may be limited in addressing its strategic challenges related to enrollment and financial viability.
- Although NCON states that numerous sources of comparative data are available and that it relies on the 4S instruments, it is not clear how the college uses competitive/comparative data on student/stakeholder satisfaction in developing its processes or improving educational programs, offerings, and services. Further, it is not clear how NCON uses such information on students and on programs, offerings, and services to identify and anticipate future market segments as well as stakeholder requirements. A systematic process for using comparative and competitive information may enable NCON to better address its increasing competition.

- While NCON cites several sources of information (i.e., professional conferences and workshops, professional literature, and role-model organizations) for keeping its approaches to stakeholder listening, satisfaction, and engagement current, it does not describe a systematic process for using information from these sources or its own student and stakeholder data to keep its approaches responsive to changes in its organizational needs and directions. The college's vision of serving as an exemplar of excellence through innovation may call for continued strengthening and refining of processes in this area.

Category 4 Measurement, Analysis, and Knowledge Management

4.1 Measurement, Analysis, and Improvement of Organizational Performance

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- NPAC uses the Strategic Plan and its goals as a framework for selecting and aligning organizational performance measures. Measures are reviewed annually to ensure that they align with current accreditation and regulatory requirements as well as educational and operational needs. The Student Affairs Committee (SAC), Curriculum Committee, and Faculty Development Committee make recommendations on measures related to their areas, while the Evaluation and Assessment Committee performs a comprehensive review of measures and the data that support them. Selected measures are entered into and tracked through the LIGHT Scorecard.
- The Dean’s Council and NPAC review organizational performance results, capabilities, data, and key reports, as evidenced in Review of Organizational Performance (Figure 4.1-2), and the LIGHT Scorecard (Figure 4.1-1) provides the context for assessing KPIs. NCON uses preselected criteria, including its mission and gaps with competitors, to prioritize opportunities for improvement; the college then uses the Roundtable Review Process and LADDIE (Figures 6.2-1 and 6.2-2) to improve processes and performance. Through meetings, teams, and e-mails, the college deploys priorities and action plans as needed through the parent university’s personnel.

OPPORTUNITIES FOR IMPROVEMENT

- **While NCON uses systematic processes to select, collect, align, and integrate data and information for tracking the college’s overall performance, it is not clear how the college uses this information to track and manage daily operations or support innovation. Further, it is not clear how the college collects and tracks data and information for all areas identified as important (such as research, feeder schools, and potential students) or how it selects and uses comparative data to support strategic decision making and innovation. The apparent lack of comparative measures from best-performing organizations may limit NCON in supporting its opportunities for innovation.**
- Although the Dean’s Council and the Executive Committee provide yearly feedback on the most effective organizational performance measures, a process to evaluate and improve the overall performance measurement system is not apparent. For example, it is not clear how NCON evaluates its use of information to track performance, make decisions, and innovate. Nor is it clear how NCON ensures that its performance measurement system is sensitive to rapid or unexpected organizational or external changes. Ensuring that it has an improvement methodology may allow NCON to move more swiftly toward its vision of being an exemplar of excellence.

4.2 Management of Information, Knowledge, and Information Technology

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- To ensure that its data and information are accurate and reliable, NCON uses quality-control checks, re-abstraction, and regular audits. Database design criteria are used to improve data reliability, and accuracy and validity are criteria in NCON's selection of comparative sources of information. NCON ensures the timeliness, security, and availability of data by using multiple electronic databases through Golden Fleece, with secure two-level access for those needing access to the data. It also uses CRE secure portals, various listening/learning methods as outlined in Figure 3.2-1, and the committee and team structure.
- NCON ensures that the hardware and software of its information technology (IT) systems are reliable and secure through communication redundancy, 180-day password switching, Secure Sockets Layer (SSL) technology, and information identification cards. The continued availability of IT operations is ensured through an information emergency preparedness plan that provides for extra equipment in secure locations and off-site data storage, allowing system restoration within 24 hours. NCON's IT strategy plan addresses continuous software updating, a five-year equipment replacement cycle, and performance measures related to information systems. The plan helps keep systems current with technological changes through the identification of emerging technologies, and the CRE Users Committee monitors the maintenance and currency of systems and proposes upgrades.

OPPORTUNITIES FOR IMPROVEMENT

- While NCON deploys data and information to committees, teams, and faculty and staff members through Golden Fleece and other information portals based on need, it is unclear whether the college has systematic processes for sharing information that may be useful to all users at all locations. For example, it is not clear how NCON makes data and information available to all workforce teams and across committees; to various stakeholders such as partners, suppliers, collaborators, or students; or to all faculty members and students, including hospital-based faculty members. By ensuring the systemwide availability of data/information as well as broad deployment of information to stakeholders, NCON may better address its value of a quest for knowledge.
- **While NCON builds organizational knowledge through numerous activities, including collecting information through the SPP, documenting processes, and holding a sharing day, it is not clear whether the college has a systematic process to manage its knowledge assets. For example, NCON describes methods for collecting workforce knowledge but not a systematic process for transferring that knowledge across committees, teams, departments, campuses, and stakeholder groups. Additionally, while NCON designates a day for sharing best practices, it is not clear how this ensures the rapid identification,**

sharing, and implementation of best practices across the organization or how the college's benchmarking process is systematic and drives improvements.

- NCON is in the early stages of developing a systematic approach to keeping its data and information availability mechanisms current with educational service needs and directions. Although NCON has an IT strategy plan, it is not clear how the college develops this plan to address changing educational service needs and directions. It also is not clear that NCON has a systematic process for improving its information resources and technology. For example, while NCON uses simulation technologies, computer-aided human simulators, and online education components to provide services, it does not address the evaluation and improvement of data, technology, or knowledge related to these strategic areas, which may be key for NCON's satisfaction rates among distance learners (Figure 7.2-2). Without systematically improving such information resources and technology, the college may be limited in supporting its core competencies related to effectively using instructional technology and providing leading-edge distance education in nursing.

Category 5 Workforce Focus

5.1 Workforce Engagement

Your score in this Criteria Item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- NCON initially identified key factors affecting workforce engagement and satisfaction in 2002 through a faculty and staff task force that used a variety of information sources, including existing employee survey data, focus groups, and exit interviews. The information from this initial work informed NCON's selection of a survey instrument, the 4S, which continues to allow linkage to and differentiation of the key factors affecting workforce engagement and satisfaction. The college reviews these factors annually as part of the SPP.
- NCON uses varying approaches (Figure 5.1-1) to foster an organizational culture characterized by open communication, high performance, and engagement. These approaches include rounding by the dean, physical arrangement of workspace, and the use of LADDIE and committees. These approaches appear to be well deployed to faculty and staff members and are integrated with key processes focused on performance improvement and performance management.
- The performance management system supports high performance and workforce engagement by linking faculty and staff member evaluations to the college's mission, vision, and values. In addition, the faculty evaluations are linked to the Standards of Teaching Excellence: KNIGHTS (Figure 3.2-4), a model used as guidelines for providing educational services capable of meeting student requirements. The system links workforce compensation to outcomes of the performance appraisals, which further emphasizes to employees the importance of meeting student requirements.
- To address the workforce's learning and development needs, NCON uses the Dickinson-Hobbs Faculty Development Model, which highlights individual needs and affiliated resources. This model includes support structures for the faculty, including mentoring and a shadowing process that involves new and experienced faculty members. The college determines learning and development needs as part of the SPP to ensure linkage to NCON's short- and longer-term plans.

OPPORTUNITIES FOR IMPROVEMENT

- While numerous systematic processes are in place to address workforce enrichment and development, NCON provides limited evidence of a process to apply cycles of improvement to these processes after their initial development. For example, systematic approaches do not appear to be in place for improving key processes related to workforce engagement and reward and recognition practices. Nor is it clear how NCON objectively determines the effectiveness of workforce training. Ensuring that its systems and processes are systematically

improved so that they continue to meet workforce needs may support NCON in addressing its identified strategic challenge to increase its capacity to meet workforce needs.

- While the college has learning and development processes in place for factors such as organizational performance improvement and ethics, it is unclear how these processes address NCON's current and future core competencies, strategic challenges, and accomplishment of its action plans. It is also unclear how NCON deploys its workforce learning and development initiatives to all key stakeholder groups, such as staff and adjunct faculty members, or how the breadth of development opportunities includes systematic career progression initiatives. Systematic, fully deployed workforce learning and development processes may help support NCON in achieving its short- and long-term strategies and ensure its ability to meet stakeholders' requirements.
- While NCON has the 4S survey process in place to assess workforce engagement, it is not clear how the organization systematically uses the survey and other indicators, such as absenteeism, grievances, and productivity, to measure employees' engagement. It also is not clear how NCON relates its workforce assessment findings to key organizational results in order to identify opportunities for improvement. Without a process for fully understanding, measuring, and using workforce engagement metrics, NCON may limit its ability to address the challenge of an aging faculty and competition for future faculty members.

5.2 Workforce Environment

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- NCON describes multiple approaches for recruiting, hiring, and retaining employees (Figure 5.2-1)—one of its strategic priorities—using faculty needs identified during the SPP. These approaches include developing future faculty members through the PhD program, attracting faculty members using the Visiting Scholar Program, and including faculty and staff members on interview teams.
- The college organizes its workforce by campus location and educational program, with staff members managed by program coordinators and directors. NCON also uses an array of councils, teams, and committees comprising frontline staff and faculty members for planning and decision making to address action plans and ensure the agility to respond to changing organizational needs.

OPPORTUNITIES FOR IMPROVEMENT

- It is not clear that NCON has effective, systematic processes for assessing workforce capability and capacity needs or managing the workforce to capitalize on the college’s core competencies. For instance, it is not clear how NCON evaluates capacity and capability to support its vision of being an exemplar of excellence through research or how it manages the workforce in a way that capitalizes on its core competencies. Without an effective, systematic process for assessing current and future workforce capacity and capability and maximizing the impact of core competencies, NCON may limit its ability to support an increase in enrollment or achieve its vision of exemplar status.
- Although NCON works with the university’s Office of Employee Health and Safety to determine workplace health and safety requirements and measures—and goals are in place for these requirements—it is unclear how the identified health and safety requirements specifically address the college’s needs or those of its various work groups and locations. For instance, as part of the curriculum, NCON’s students work in clinics and other health care settings that present different safety threats and risks than a standard college or university setting does. Without addressing all the specific health and safety needs of its students and workforce, NCON may limit its ability to improve recruitment, retention, and engagement.
- While NCON supports its workforce through benefit programs with a wide range of options available to the entire workforce, it is not clear how the various options are tailored to the needs of a diverse workforce. It also is not clear if the benefits are integrated with other key workforce-focused approaches, such as the workforce performance management system, or with NCON’s recruitment and retention strategies.

- It is not clear how NCON systematically evaluates and improves its systems and processes to build an effective and supportive workforce environment. NCON operates in a competitive market for both students and faculty members. A consistent focus on evaluation and improvement of key processes related to the workforce environment may allow the college to enhance the way it addresses its strategic challenges related to workforce recruitment as well as how it leverages its strategic advantage of responsiveness in a changing market.

Category 6 Process Management

6.1 Work Systems

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- NCON uses both vertical and horizontal teams to design its work systems. The vertical structure provides for direct reporting relationships and operational accountability from the university's central administration through the college's program coordinators. The horizontal structure consists of cross-functional committees of faculty and staff members, and these are aligned around key work processes.
- NCON determines its key work process requirements (Figure 6.1-1) through inputs from students, faculty and staff members, stakeholders, and partners. Inputs include SAC meetings, student evaluations, informal conversations, the Bouvier & Brown Benchmarking survey, the 4S, Texas Higher Education Coordinating Board (THECB) requirements, and others. Analysis comes from committees, and the groups use both the Roundtable Review Process and LADDIE (Figures 6.2-1 and 6.2-2) to provide a review cycle for these processes.
- NCON uses the parent university's comprehensive emergency preparedness plans to ensure its emergency readiness. It focuses on prevention, practice drills, and continuity and recovery planning for IT, as well as partnering with the local community.

OPPORTUNITIES FOR IMPROVEMENT

- Although NCON relates its core competencies of high-quality nursing instruction and use of instructional technology to its learning-centered processes, it is not evident whether the college uses an effective, systematic approach to understand and evaluate how its work systems and key work processes relate to and capitalize on its core competencies. Such linkages may assist NCON in addressing its strategic challenges related to recruitment, enrollment, and financial viability.
- It is not clear how NCON decides which work processes will be internal and which will be external or how its key work processes contribute to delivering student and stakeholder value, student learning and success, organizational success, and sustainability. Without effective, systematic approaches responsive to these multiple requirements, NCON may limit its ability to deliver student and stakeholder value, maximize student learning and success, and achieve organizational success and sustainability.
- Although NCON uses methods such as interactive formats and small class sizes to enhance faculty members' ability to anticipate, prepare for, and meet individual differences in learning rates and styles, it is not clear how the college uses information on student segments and individual students in designing work processes or to engage students in active learning.

Addressing student-driven information, student segments, and active learning methods may enhance NCON's core competencies of high-quality nursing instruction, effective use of instructional technology, and leading-edge distance education in nursing.

6.2 Work Processes

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

STRENGTHS

- NCON uses its Roundtable Review Process (Figure 6.2-1) and LADDIE (Figure 6.2-2) to design and implement its work processes to meet requirements. Committees and the Dean’s Council provide oversight, and agility is incorporated through the execution of short-term action plans. NCON addresses design requirements by designating specific owners as well as through metrics and accountability factors. Key Work Processes (Figure 6.1-1) shows NCON’s in-process and outcome measures for its work processes.
- NCON uses its Roundtable Review Process and LADDIE during NPAC meetings and other committee/team meetings to reduce variability in the implementation of its work processes. Performance monitoring minimizes costs by addressing downward trends and scores below 90% before an instance of noncompliance occurs. NCON’s use of LADDIE helps prevent errors and rework.
- NCON uses formative and summative measures to address its work processes, monitors performance using the LIGHT Scorecard, and compares results to those of other schools and to state and national comparison data via NPAC, the Dean’s Council, and various committees as part of a monthly review. Improvements and lessons learned are shared bidirectionally through roundtables, committees, and councils. Through Golden Fleece and CRE, the college stores and shares this information to drive organizational learning.

OPPORTUNITIES FOR IMPROVEMENT

- While NCON describes approaches to design its work processes and gives an example of a cycle-time improvement to a process, it is not evident how the college incorporates cycle time, productivity, cost control, and other efficiency and effectiveness measures into the design of its work processes. Further, although NCON refers to measures in Key Work Processes (Figure 6.1-1), it is not clear which are in-process measures used to control and improve work processes. Ensuring the use of cycle time, productivity, cost control, other efficiency and effectiveness factors, and in-process measures in its work processes may enable NCON to optimize its core competencies to address its strategic challenges.
- It is not evident how NCON uses input from its workforce, students, suppliers, and other stakeholders to manage work processes. Further, it is not clear how the college manages work processes to ensure that they meet design requirements. Without an effective, systematic process for using key inputs and managing processes to meet requirements, NCON may miss opportunities to drive innovation and thereby achieve its vision of being an exemplar of excellence among nursing schools.

- Although NCON uses its Roundtable Review Process and LADDIE to improve work process design and implementation, it is unclear whether the college has an effective, fact-based, systematic approach to evaluating and improving these two key processes. For example, while these processes have been in place since 1997, it is not apparent how they are evaluated and improved, and results of evaluations are not apparent. Developing a systematic approach to improving key processes may allow NCON to ensure that it meets its four strategic challenges.

Category 7 Results

7.1 Student Learning Outcomes

Your score in this Criteria Item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5b, Scoring Guidelines for Results Items.)

STRENGTHS

- All student learning outcomes shown demonstrate four to five years of improved or sustained good performance. For example, NCLEX-RN Pass Rates (Figure 7.1-1) increased from 86% in 2004 to about 92% in 2008, and similar improvement trends are found, for example, in Specialty Certification Exam Pass Rates (Figure 7.1-2), Comparative Retention Rate (Figure 7.1-4), and Job-Related Benefits of MSN and PhD Degrees (Figure 7.1-10). Measures such as Employers' Rating of Graduates' Skills and Knowledge (Figure 7.1-11) show sustained strong performance, with employer ratings remaining better than 5.5 on a 6.0-point scale for the past five years.
- Eight of the 11 measures for student learning outcomes include comparisons, and NCON's performance has been consistently better than that of at least two of the three peer competitors as well as the state average. NCON's performance levels are generally better than those of the national comparisons as well. For example, in Graduation Rates: Degree Programs (Figure 7.1-5), the national rate in 2008 is about 82%, and NCON's BSN and MSN programs' rates are about 86% and 96%, respectively. One-year performance projections are shown for 7 of the 11 measures.
- Results are segmented in Specialty Certification Exam Pass Rates (Figure 7.1-2), Retention Rates by Gender/Ethnicity (Figure 7.1-3), Graduation Rates: Degree Programs (Figure 7.1-5), Graduation Rates by Gender and Ethnicity (Figure 7.1-6), and Program Completion/ Graduation Rate: Other Student Segments (Figure 7.1-7). On these measures, the performance of all segments has generally improved by 4–10% over the past four to five years.

OPPORTUNITIES FOR IMPROVEMENT

- No results are reported for student learning and performance in some areas related to NCON's mission and vision, such as collaborative practice, professional leadership, integration of health promotion and disease prevention for the sake of patient care, and promotion of healthy communities, as well as research, creativity, and innovation. NCON's understanding of its ability to retain students, place them, and ensure that they graduate and pass necessary exams is key; however, without measures in areas identified as important in its mission and vision, the college may not be able to assess its performance in these areas. Such a lack may cause blind spots for NCON and challenge its ability to accomplish its mission, leverage its strengths and core competencies, and sustain its performance over time.

- Although NCON consistently outperforms its peers, the state average, and in most areas the national comparison across measures of student learning outcomes, the college compares its performance to the average (e.g., NCLEX-RN Pass Rates, Figure 7.1-1; Specialty Certification Exam Pass Rates, Figure 7.1-2; Comparative Retention Rate, Figure 7.1-4; and Graduation Rates: Degree Programs, Figure 7.1-5). NCON’s vision is to be an exemplar of excellence among schools of nursing through academic achievement, research and creativity, innovation, and collaboration, and it has identified a strategic challenge to grow enrollment while differentiating the college and wants to leverage its strategic advantage of having BSN programs with a strong reputation. However, without moving toward comparing and projecting its performance against the best performers within the nursing education community and against benchmarks in nursing education, NCON may find it difficult to achieve this vision and overcome its challenges.
- While NCON segments performance data for numerous student learning outcomes and shows generally improved performance for all segments on most measures, graduation and retention rates for males, Hispanics, and African Americans for the most part trail the rates for females, Caucasians, and Asians (Figures 7.1-3 and 7.1-6, Retention Rates by Gender/Ethnicity and Graduation Rates by Gender and Ethnicity). Further, no comparisons are provided for retention and graduation rates by gender and ethnicity. The performance results for male and some minority student segments and the lack of comparative data illustrate a gap related to the college’s key strategic challenge of increasing the enrollment and graduation rates of male and minority students.

7.2 Customer-Focused Outcomes

Your score in this Criteria Item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5b, Scoring Guidelines for Results Items.)

STRENGTHS

- Student satisfaction results demonstrate consistently high performance for all student segments. Student Satisfaction by Academic Program and Other Segments (Figure 7.2-2)—across five student segments, not including PhD students—has increased steadily since 2004, as demonstrated by survey questions on “overall satisfaction,” “would enroll again,” and “expectations met.” For example, the MSN segment’s “overall satisfaction” rating increased from 5.08 to 5.66 from 2004 to 2008. Further, Student Satisfaction by Ethnicity (Figure 7.2-3), a key measure related to the strategic challenge of minority enrollment and retention, trended upward for all segments and across questions on “overall satisfaction,” “would enroll again,” and “expectations met” (e.g., the Hispanic student segment’s ratings increased from 4.97 in 2004 to 5.44 in 2008).
- Student Satisfaction in Key Areas (Figure 7.2-1) shows NCON outperforming the top peer and national top 10% comparisons since 2006 across the questions asked. For example, ratings for “would enroll again” increased from 4.91 in 2004 to 5.53 in 2008. On a measure of loyalty on the Alumni Exit Assessment (Figure 7.2-9), over 70% of students from the BSN and MSN programs said they would “recommend [the college] to a friend.” The overall percentage of students who would recommend NCON has outperformed the peer level since 2005, with similar ratings reported for the Alumni Exit Assessment question on whether NCON is a “worthwhile investment.” Satisfaction with Complaint Management (Figure 7.2-6) shows both “availability” and “timely response” ratings exceeding the top peer and national top 10% levels since 2006 (e.g., NCON is at 5.89 in 2008 for “availability,” and the top peer and national top 10% are at 5.75 and 5.55, respectively).
- The Alumni Survey (Figure 7.2-10) shows that students in the BSN, MSN, and PhD programs have rated their level of employment preparation near or above the national top 10% level since 2006. Employer Assessment (Figure 7.2-12), a measure of the satisfaction of another of NCON’s key stakeholder groups, demonstrates consistently positive performance ranging from approximately 90% satisfaction in 2004 to approximately 96% in 2008, with NCON outperforming Peers 1 and 2 since 2006.
- Student Engagement by Segment (Figure 7.2-7) demonstrates improvement trends in NCON’s performance across all segments since 2004. Distance students’ engagement increased from about 42% in 2004 to about 70% in 2008 and was approaching the national top 10% level in 2008. Traditional students’ engagement has remained stable at approximately 80–82% since 2004 and has consistently outperformed the national top 10% level since 2004. Also, international students’ engagement increased from approximately 55% in 2004 to more than 70% in 2008.

OPPORTUNITIES FOR IMPROVEMENT

- While Student Satisfaction by Academic Program and Other Segments, Student Satisfaction by Ethnicity, Satisfaction with Curricula/Instruction, and Satisfaction with Support Services (Figures 7.2-2 through 7.2-5) demonstrate mostly favorable trends, the results include no comparative or competitive data. In addition, no results are reported on student or stakeholder dissatisfaction. Without comparative data or data on student dissatisfaction, NCON may find it difficult to determine how well it is meeting the needs of its current students relative to other students within its competitive marketplace and how this performance might impact its strategic challenge regarding enrollment.
- **NCON does not report results related to the key requirements of “all students” (flexible scheduling, placement, instructional support, advising, and accessible faculty) and “transfer students” (ability to ask questions and receive prompt responses; Figure P.1-3). Nor are results reported for the requirements of the BR, the community, and alumni/donor stakeholders (Figure P.1-4). Understanding satisfaction results across student and stakeholder segments may allow NCON to proactively address the impact of increasing competition from “fast-track” and online programs as well as its strategic challenge to increase enrollment.**

7.3 Budgetary, Financial, and Market Outcomes

Your score in this Criteria Item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5b, Scoring Guidelines for Results Items.)

STRENGTHS

- Financial viability results presented in Administrative Costs as a Percentage of Operating Budget, Research Expenditures, and Alumni Donations to NCON (Figures 7.3-3 through 7.3-5) are aligned with NCON’s strategic objective to “maintain adequate financial resources” and the fiscal Health Point of LIGHT. Results demonstrate generally positive trends over at least six years, and the college’s results compare favorably against those of peers on two of the three measures (administrative costs and research expenditures; e.g., NCON’s research expenditures since 2005 have outpaced those of three peers by a minimum of about \$100,000).
- Average Tuition and Fees (Figure 7.3-1) shows levels below those of Peers 1 and 2 since 2005. While NCON’s tuition and fees have increased from an average of \$4,000 in 2005 to about \$5,800 in 2008, Peers 1 and 2 show increases from about \$4,100 and \$5,200 in 2005 to about \$6,100 and \$7,000 in 2008, respectively. Continued positive performance in this area relative to competitors may benefit NCON as it addresses increasing competition for students.

OPPORTUNITIES FOR IMPROVEMENT

- Results for budgetary and financial performance are not segmented by NCON’s various programs. Without segmented data on budgetary and overall financial performance, the college may risk allocating scarce resources to programs that are not achieving its desired results.
- Results are not reported for market share, for defined student market segments, or by market performance. Without market analysis that considers market share or performance, NCON may miss potential blind spots that may affect its sustainability.
- It is not clear that any of the comparisons provided in measures of budgetary, financial, and market outcomes are national in scope. Without comparisons to benchmarks or best practices (instead of averages), NCON may have difficulty setting targets for improved performance that will help the college realize its vision to be an exemplar of excellence among nursing schools or respond to strategic challenges, such as growing enrollment.

7.4 Workforce-Focused Outcomes

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5b, Scoring Guidelines for Results Items.)

STRENGTHS

- Results for Workforce Satisfaction by Segments (Figure 7.4-1) demonstrate strong levels of performance between 2004 and 2008. Results for all but one staff segment compare favorably to those of Peer 1, and satisfaction levels for the tenured and nontenured faculty are at the top-decile level. Workforce Satisfaction by Service Length and Location (Figure 7.4-2) demonstrates positive trends for three of four groups over the same period. In addition, Workforce Satisfaction by Service Length and Location demonstrates positive levels and trends, particularly for two of NCON's three locations. Workforce Turnover (Figure 7.4-5) demonstrates favorable performance compared to that of Peer 1 as well as the parent university, with NCON's 2008 rate at about 8% and the Peer 1 and parent university rates at about 10% and 13%, respectively.
- Two measures of workforce capacity for the faculty demonstrate strong levels of performance. The college's student/faculty ratio in clinical settings is currently 7:1, compared to a Texas Board of Nursing (TBN) stipulated ratio of 10:1. In classroom settings, NCON's FTSE/FTFE [Full-Time Student Equivalent/Full-Time Faculty Equivalent] Classroom Ratio (Figure 7.4-10) decreased from 20:1 to 17:1 between 2004 and 2008 and is considerably lower than that of all three peer institutions, with the highest ratio currently at 27:1 and the lowest at 23:1.
- Many measures of workforce climate demonstrate strong performance and positive trends from 2004 to 2008. Satisfaction with Benefits (Figure 7.4-3) currently is about 5.5 for faculty and staff segments and exceeds Peer 1's level, which is about 4.9 in 2008. Satisfaction with Workforce Safety (Figure 7.4-12), while variable, shows performance at or above 5.75 since 2004. Four measures shown in Safety and Health (Figure 7.4-13) demonstrate favorable trends since 2004 and compare favorably with Peer 1's results. Days Away/Restricted Time (Figure 7.4-14) also shows a favorable trend since 2004, with NCON's current level (approximately 2) better than the Occupational Safety and Health Administration (OSHA) 80th percentile (approximately 3) and Peer 1's level (approximately 11). Finally, Money Paid for Workers' Compensation Claims (Figure 7.4-15) demonstrates a favorable three-year trend, with NCON's current performance better than that of two of three peer organizations.

OPPORTUNITIES FOR IMPROVEMENT

- Some measures of workforce-focused outcomes for adjunct faculty members demonstrate unfavorable trends or performance well below that of other staff segments or comparison groups over time. These include Workforce Satisfaction by Segments (Figure 7.4-1) and Workforce Turnover (Figure 7.4-5). In addition, projections for 2009 do not indicate significant change. NCON identifies adjunct faculty members as a key group for addressing capacity needs. Therefore, without addressing its performance on workforce-focused

outcomes, such as turnover and satisfaction rates, NCON may limit its ability to address its strategic challenge of an aging workforce.

- **Some key measures of workforce-focused outcomes are not provided. These include measures of workforce engagement, workforce climate, and workforce capacity and capability (e.g., measures related to research, other than the total number of staff members). Use of such measures may help NCON address factors related to having a more favorable employee environment than competitors and maintaining a strong reputation.**
- While NCON's overall comparative performance is strong, it lags the comparisons given on measures of Continuing Education Credits (Figure 7.4-6) and Tuition Reimbursement (Figure 7.4-8). Given the competitive marketplace and the workforce's need for continued professional development to stay current with job requirements, NCON may benefit from enhancing its performance in these workforce-focused areas.

7.5 Process Effectiveness Outcomes

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5b, Scoring Guidelines for Results Items.)

STRENGTHS

- Participation in Committees and Teams (Figure 7.5-2) shows strong levels and positive trends for committee participation, with full-time faculty participation increasing from 89% to 100% between 2004 and 2008. In addition, 74% of full-time faculty members participated in teams in 2004, and participation increased to 89% in 2008.
- Results for Completed Improvement/Innovation Projects (Figure 7.5-3) show an overall positive trend for 2005 to 2008, increasing from 6 completed projects in 2005 to 11 in 2008. Results for Emergency Training and Drills (Figure 7.5-5) show strong levels and trends for 2004 to 2008 for all three locations (Freedom, San Antonio, and Dallas) and for both “training completion” (with the total score improving from 83% to 89%) and “highly effective” drills (with the total score improving from 79% to 84%).
- Results for Program Quality and Effectiveness, Student Evaluation of Process Effectiveness, and Workforce Evaluation of Process Effectiveness (Figures 7.5-6 through 7.5-8) show overall favorable performance trends from at least 2005 to 2008. In addition, current performance levels on these measures are at or slightly above peer levels for most reported segments.

OPPORTUNITIES FOR IMPROVEMENT

- Some measures of vertical work system performance are not provided. These include measures for some areas of the work system (external supplier-provided services, such as on-campus dining, the campus bookstore, HVAC and energy, and clinical supplies) and internal partners’ work systems, such as those related to admissions, institutional development, the library, and student life. Additionally, no measures are provided for key processes performed by suppliers or partners, such as clinical settings or technology processes. Use of such measures may help NCON address its strategic challenges of growing enrollment while differentiating the college and maintaining financial viability.
- Some measures of key work process performance (e.g., CRE User Satisfaction, and Cost and Cycle-Time Reductions; Figures 7.5-10 and 7.5-11) and key work systems (e.g., Number of Initiatives and Faculty Slots Funded Each Year, Participation in Committees and Teams, and Completed Improvement/Innovation Projects; Figures 7.5-1 through 7.5-3) do not include external comparisons. Understanding its performance relative to high-performing organizations may allow NCON to become more innovative in its work processes and move toward its vision of being an exemplar of excellence among nursing schools.
- Some measures of key work process performance are not provided. For example, measures related to the Roundtable Review Process and LADDIE are missing, as are key measures

noted in Key Work Processes (Figure 6.1-1) and in-process measures. A clear understanding of performance of processes across areas may help NCON address its key student and stakeholder requirements.

7.6 Leadership Outcomes

Your score in this Criteria Item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5b, Scoring Guidelines for Results Items.)

STRENGTHS

- Key Measures of Regulatory, Safety, and Legal Compliance (Figure 7.6-4) and THECB Review Results (Figure 7.6-5) show sustained levels of high performance. For example, violations and noncompliances were at zero for the four years reported, and the percentage of facilities accessible as defined by the Americans with Disabilities Act consistently increased from 90% to 94% from 2005 to 2008 (Figure 7.6-4). Further, NCON shows increasing THECB standards compliance (from 10 of 11 to 12 of 12) over the four years reported, with the number of programs (8 to 10) and the number of exemplary programs (1 to 3) increasing.
- Results for measures of ethical behavior show increased participation and increased program effectiveness and performance. Faculty and Staff Participation in Ethical Behavior Activities (Figure 7.6-6) is at nearly 100% in all categories reported. Breaches of Ethical Behavior: Reporting, Confirmation, and Resolution (Figure 7.6-7) shows that complaints increased from 22 to 35 over the five years reported, while confirmed issues dropped, indicating success in the education and compliance programs. From 2004 to 2008, confirmed/resolved complaints dropped from 7 of 11 to 4 of 16 for senior leaders and faculty/staff members and from 8 of 11 to 5 of 19 for students.
- Addressing Environmental Concerns and Support of Key Communities (Figures 7.6-10 and 7.6-11) show overall increasing performance over the five years reported. Safe disposal practices increased from 95% to 100%, and recycling increased from 48% to 61% (Figure 7.6-10). NCON's support through health programs in schools and through clinics increased from 21 to 24 programs and from 2 to 3 clinics (with an increase from 1,361 patients in 2004 to 1,888 patients in 2008; Figure 7.6-11).

OPPORTUNITIES FOR IMPROVEMENT

- Results for 2008 Accomplishment of Strategy and Action Plans and Overall Accomplishment of Action Plans (Figures 7.6-1 and 7.6-2) show generally acceptable levels over time but no significant improvement in NCON's key areas, such as maintenance of a high-quality faculty (only 88% of short-term plans and 85% of long-term plans completed). Further, no action plan results are shown for the development of research. Considering that these results indicate NCON's progress on its strategic direction, NCON may benefit from addressing strategy deployment and the alignment and execution of its action plans.
- Results for Other Stakeholders' Trust in Senior Leaders/Governance (Figure 7.6-9), which appears to be an important measure for achieving NCON's vision (to be an exemplar of excellence) and values (e.g., integrity), show that up to 20% of some key stakeholder groups do not strongly agree that they trust NCON's senior leaders and the governance system. While the steady levels show favorable performance in this area, the lack of a significant

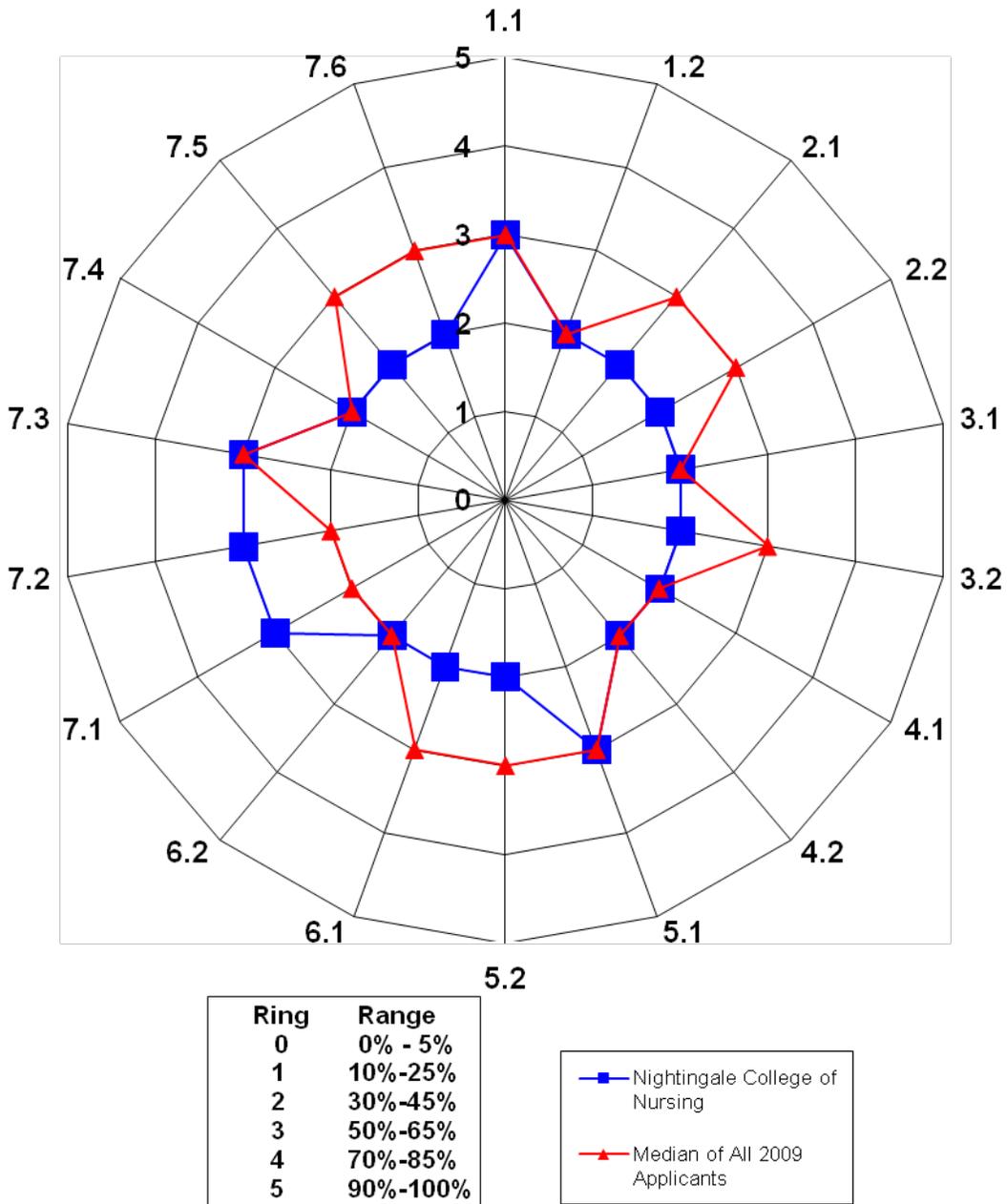
improvement trend over the five years reported may indicate an opportunity for NCON to address stakeholder trust. In addition, NCON provides no performance data for fiscal accountability that might support stakeholder trust.

- **Results for many measures of leadership outcomes are not segmented, for example, by NCON's diverse stakeholder groups, different campuses, or different operations. Without such segmentation, NCON may have difficulty identifying areas for improvement as it addresses its leadership and societal responsibility results.**

APPENDIX A

The spider, or radar, chart that follows depicts your organization's performance as represented by scores for each Item. This performance is presented in contrast to the median scores for all 2009 applicants. You will note that each ring of the chart corresponds to a scoring range, as indicated in the key below the chart.

Each point in blue represents the scoring range your organization achieved for the corresponding Item. The points in red represent the median scoring ranges for all 2009 applicants. Seeing where your performance is similar or dissimilar to the median of all applicants may help you initially determine or prioritize areas for improvement efforts and strengths to leverage.



APPENDIX B

By submitting a Baldrige application, you have differentiated yourself from most U.S. organizations. The Board of Examiners has evaluated your application for the Malcolm Baldrige National Quality Award. Strict confidentiality is observed at all times and in every aspect of the application review and feedback.

This feedback report contains the Examiners' findings, including a summary of the key themes of the evaluation, a detailed listing of strengths and opportunities for improvement, and scoring information. Background information on the examination process is provided below.

APPLICATION REVIEW

Independent Review

Following receipt of the Award applications, the Award process review cycle (shown in Figure 1) begins with Independent Review, in which members of the Board of Examiners are assigned to each of the applications. Examiners are assigned based on their areas of expertise and with attention to avoiding potential conflicts of interest. Each application is evaluated independently by the Examiners, who write observations relating to the Scoring System described beginning on page 69 of the *2009–2010 Education Criteria for Performance Excellence*.

Award Process Review Cycle

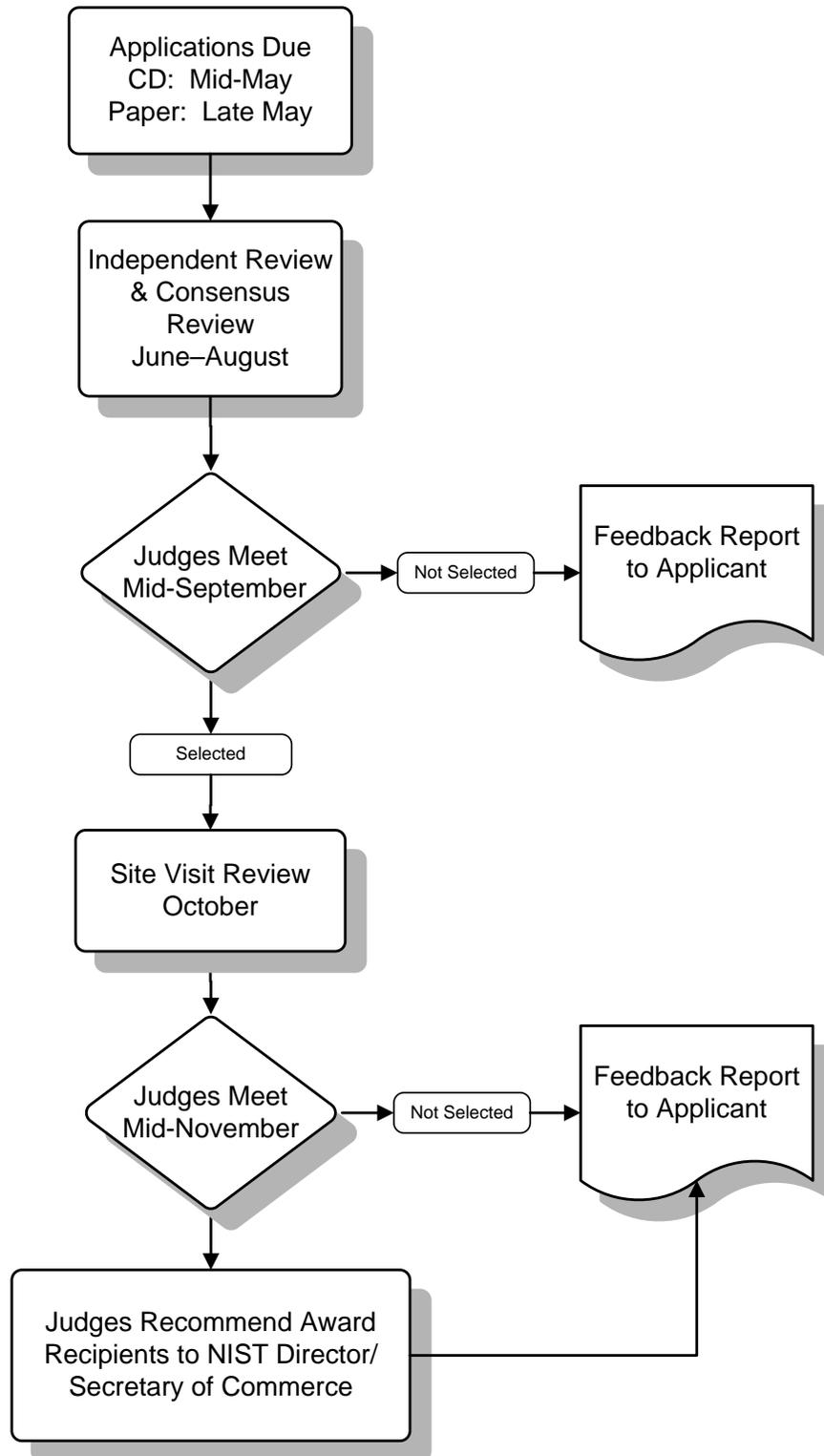


Figure 1—Award Process Review Cycle

Consensus Review

In Consensus Review (see Figure 2), a team of Examiners, led by a Senior Examiner, conducts a series of reviews, first managed virtually through a secure Web site and eventually concluded through a focused conference call. The purpose of this series of reviews is for the team to reach consensus on comments and scores that capture the team’s collective view of the applicant’s strengths and opportunities for improvement. The team documents its comments and scores in a Consensus Scorebook.

Step 1 Consensus Planning	Step 2 Virtual Consensus	Step 3 Consensus Call	Step 4 Post-Consensus Call Activities
<ul style="list-style-type: none"> • Clarify the timeline for the team to complete its work. • Assign Category/Item discussion leaders. • Discuss key business/ organization factors. 	<ul style="list-style-type: none"> • Review all Independent Review evaluations— draft consensus comments and propose scores. • Post Consensus Review Worksheets for the team to review. • Address feedback, incorporate inputs, and propose a resolution of differences on each worksheet. • Review updated comments and scores. 	<ul style="list-style-type: none"> • Discuss a limited number of issues related to specific comments or scores, and discuss all key themes. • Achieve consensus on comments and scores. 	<ul style="list-style-type: none"> • Revise comments and scores to reflect consensus decisions. • Prepare final Consensus Scorebook. • Prepare feedback report.

Figure 2—Consensus Review

Site Visit Review

After Consensus Review, the Panel of Judges selects applicants to receive site visits based on the scoring profiles. If an applicant is not selected for Site Visit Review, one of the Examiners on the consensus team edits the final Consensus Scorebook, which becomes the feedback report.

Site visits are conducted for the highest-scoring applicants to clarify any uncertainty or confusion the Examiners may have regarding the written application and to verify that the information in

the application is correct (see Figure 3 for the Site Visit Review process). After the site visit, the team of Examiners prepares a final Site Visit Scorebook.

Step 1 Team Preparation	Step 2 Site Visit	Step 3 Post-Site Visit Activities
<ul style="list-style-type: none"> • Review consensus findings. • Develop site visit issues. • Plan site visit. 	<ul style="list-style-type: none"> • Make/receive presentations. • Conduct interviews. • Record observations. • Review records. 	<ul style="list-style-type: none"> • Resolve issues. • Summarize findings. • Finalize comments. • Prepare final Site Visit Scorebook. • Prepare feedback report.

Figure 3—Site Visit Review

Applications, Consensus Scorebooks, and Site Visit Scorebooks for all applicants receiving site visits are forwarded to the Panel of Judges for review (see Figure 4). The Judges recommend which applicants should receive the Award. The Judges discuss applications in each of the six Award categories separately, and then they vote to keep or eliminate each applicant. Next, the Judges decide whether each of the top applicants should be recommended as an Award recipient based on an “absolute” standard: the overall excellence of the applicant and the appropriateness of the applicant as a national role model. The process is repeated for each Award category.

Step 1 Panel of Judges’ Review	Step 2 Evaluation by Category	Step 3 Assessment of Top Organizations
<ul style="list-style-type: none"> • Applications • Consensus Scorebooks • Site Visit Scorebooks 	<ul style="list-style-type: none"> • Manufacturing • Service • Small business • Education • Health care • Nonprofit 	<ul style="list-style-type: none"> • Overall strengths/opportunities for improvement • Appropriateness as national model of performance excellence

Figure 4—Judges’ Review

Judges do not participate in discussions or vote on applications from organizations in which they have a competing or conflicting interest or in which they have a private or special interest, such as an employment or a client relationship, a financial interest, or a personal or family relationship. All conflicts are reviewed and discussed so that Judges are aware of their own and others’ limitations on access to information and participation in discussions and voting.

Following the Judges’ review and recommendation of Award recipients, the Site Visit Team Leader edits the final Site Visit Scorebook, which becomes the feedback report.

SCORING

The scoring system used to score each Item is designed to differentiate the applicants in the various stages of review and to facilitate feedback. As seen in the Scoring Guidelines (Figures 5a and 5b), the scoring of responses to Criteria Items is based on two evaluation dimensions: Process and Results. The four factors used to evaluate process (Categories 1–6) are Approach (A), Deployment (D), Learning (L), and Integration (I), and the four factors used to evaluate results (Items 7.1–7.6) are Levels (Le), Trends (T), Comparisons (C), and Integration (I).

In the feedback report, the applicant receives a percentage range score for each Item. The range is based on the Scoring Guidelines, which describe the characteristics typically associated with specific percentage ranges.

As shown in Figures 6a and 6b, the applicant's overall scores for Process Items and Results Items each fall into one of eight scoring bands. Each band score has a corresponding descriptor of attributes associated with that band. Figures 6a and 6b provide information on the percentage of applicants scoring in each band at Consensus Review.

SCORE	PROCESS (For Use with Categories 1–6)
0% or 5%	<ul style="list-style-type: none"> ▪ No systematic approach to Item requirements is evident; information is anecdotal. (A) ▪ Little or no deployment of any systematic approach is evident. (D) ▪ An improvement orientation is not evident; improvement is achieved through reacting to problems. (L) ▪ No organizational alignment is evident; individual areas or work units operate independently. (I)
10%, 15%, 20%, or 25%	<ul style="list-style-type: none"> ▪ The beginning of a systematic approach to the basic requirements of the Item is evident. (A) ▪ The approach is in the early stages of deployment in most areas or work units, inhibiting progress in achieving the basic requirements of the Item. (D) ▪ Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L) ▪ The approach is aligned with other areas or work units largely through joint problem solving. (I)
30%, 35%, 40%, or 45%	<ul style="list-style-type: none"> ▪ An effective, systematic approach, responsive to the basic requirements of the Item, is evident. (A) ▪ The approach is deployed, although some areas or work units are in early stages of deployment. (D) ▪ The beginning of a systematic approach to evaluation and improvement of key processes is evident. (L) ▪ The approach is in the early stages of alignment with your basic organizational needs identified in response to the Organizational Profile and other Process Items. (I)
50%, 55%, 60%, or 65%	<ul style="list-style-type: none"> ▪ An effective, systematic approach, responsive to the overall requirements of the Item, is evident. (A) ▪ The approach is well deployed, although deployment may vary in some areas or work units. (D) ▪ A fact-based, systematic evaluation and improvement process and some organizational learning, including innovation, are in place for improving the efficiency and effectiveness of key processes. (L) ▪ The approach is aligned with your organizational needs identified in response to the Organizational Profile and other Process Items. (I)
70%, 75%, 80%, or 85%	<ul style="list-style-type: none"> ▪ An effective, systematic approach, responsive to the multiple requirements of the Item, is evident. (A) ▪ The approach is well deployed, with no significant gaps. (D) ▪ Fact-based, systematic evaluation and improvement and organizational learning, including innovation, are key management tools; there is clear evidence of refinement as a result of organizational-level analysis and sharing. (L) ▪ The approach is integrated with your organizational needs identified in response to the Organizational Profile and other Process Items. (I)
90%, 95%, or 100%	<ul style="list-style-type: none"> ▪ An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident. (A) ▪ The approach is fully deployed without significant weaknesses or gaps in any areas or work units. (D) ▪ Fact-based, systematic evaluation and improvement and organizational learning through innovation are key organization-wide tools; refinement and innovation, backed by analysis and sharing, are evident throughout the organization. (L) ▪ The approach is well integrated with your organizational needs identified in response to the Organizational Profile and other Process Items. (I)

Figure 5a—Scoring Guidelines for Process Items in the Education Criteria

SCORE	RESULTS (For Use with Category 7)
0% or 5%	<ul style="list-style-type: none"> ▪ There are no organizational performance results and/or poor results in areas reported. (Le) ▪ Trend data either are not reported or show mainly adverse trends. (T) ▪ Comparative information is not reported. (C) ▪ Results are not reported for any areas of importance to the accomplishment of your organization's mission. No performance projections are reported. (I)
10%, 15%, 20%, or 25%	<ul style="list-style-type: none"> ▪ A few organizational performance results are reported, and early good performance levels are evident in a few areas. (Le) ▪ Some trend data are reported, with some adverse trends evident. (T) ▪ Little or no comparative information is reported. (C) ▪ Results are reported for a few areas of importance to the accomplishment of your organization's mission. Limited or no performance projections are reported. (I)
30%, 35%, 40%, or 45%	<ul style="list-style-type: none"> ▪ Good organizational performance levels are reported for some areas of importance to the Item requirements. (Le) ▪ Some trend data are reported, and a majority of the trends presented are beneficial. (T) ▪ Early stages of obtaining comparative information are evident. (C) ▪ Results are reported for many areas of importance to the accomplishment of your organization's mission. Limited performance projections are reported. (I)
50%, 55%, 60%, or 65%	<ul style="list-style-type: none"> ▪ Good organizational performance levels are reported for most areas of importance to the Item requirements. (Le) ▪ Beneficial trends are evident in areas of importance to the accomplishment of your organization's mission. (T) ▪ Some current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of good relative performance. (C) ▪ Organizational performance results are reported for most key student, stakeholder, market, and process requirements. Performance projections for some high-priority results are reported. (I)
70%, 75%, 80%, or 85%	<ul style="list-style-type: none"> ▪ Good to excellent organizational performance levels are reported for most areas of importance to the Item requirements. (Le) ▪ Beneficial trends have been sustained over time in most areas of importance to the accomplishment of your organization's mission. (T) ▪ Many to most trends and current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of leadership and very good relative performance. (C) ▪ Organizational performance results are reported for most key student, stakeholder, market, process, and action plan requirements, and they include some projections of your future performance. (I)
90%, 95%, or 100%	<ul style="list-style-type: none"> ▪ Excellent organizational performance levels are reported for most areas of importance to the Item requirements. (Le) ▪ Beneficial trends have been sustained over time in all areas of importance to the accomplishment of your organization's mission. (T) ▪ Evidence of education sector and benchmark leadership is demonstrated in many areas. (C) ▪ Organizational performance results fully address key student, stakeholder, market, process, and action plan requirements, and they include projections of your future performance. (I)

Figure 5b—Scoring Guidelines for Results Items in the Education Criteria

Band Score	Band Number	% Applicants in Band¹	PROCESS Scoring Band Descriptors
0–150	1	0	The organization demonstrates early stages of developing and implementing approaches to the basic Criteria requirements, with deployment lagging and inhibiting progress. Improvement efforts are a combination of problem solving and an early general improvement orientation.
151–200	2	0	The organization demonstrates effective, systematic approaches responsive to the basic requirements of the Criteria, but some areas or work units are in the early stages of deployment. The organization has developed a general improvement orientation that is forward-looking.
201–260	3	0	The organization demonstrates effective, systematic approaches responsive to the basic requirements of most Criteria Items, although there are still areas or work units in the early stages of deployment. Key processes are beginning to be systematically evaluated and improved.
261–320	4	0	The organization demonstrates effective, systematic approaches responsive to the overall requirements of the Criteria, but deployment may vary in some areas or work units. Key processes benefit from fact-based evaluation and improvement, and approaches are being aligned with organizational needs.
321–370	5	0	The organization demonstrates effective, systematic, well-deployed approaches responsive to the overall requirements of most Criteria Items. The organization demonstrates a fact-based, systematic evaluation and improvement process and organizational learning, including innovation, that result in improving the effectiveness and efficiency of key processes.
371–430	6	0	The organization demonstrates refined approaches responsive to the multiple requirements of the Criteria. These approaches are characterized by the use of key measures, good deployment, and evidence of innovation in most areas. Organizational learning, including innovation and sharing of best practices, is a key management tool, and integration of approaches with organizational needs is evident.
431–480	7	0	The organization demonstrates refined approaches responsive to the multiple requirements of the Criteria Items. It also demonstrates innovation, excellent deployment, and good to excellent use of measures in most areas. Good to excellent integration is evident, with organizational analysis, learning through innovation, and sharing of best practices as key management strategies.
481–550	8	0	The organization demonstrates outstanding approaches focused on innovation. Approaches are fully deployed and demonstrate excellent, sustained use of measures. There is excellent integration of approaches with organizational needs. Organizational analysis, learning through innovation, and sharing of best practices are pervasive.

¹ Percentages are based on scores from the Consensus Review.

Figure 6a—Process Scoring Band Descriptors

Band Score	Band Number	% Applicants in Band¹	RESULTS Scoring Band Descriptors
0–125	1	0	Results are reported for a few areas of importance to the accomplishment of the organization’s mission, but they generally lack trend and comparative data. Limited or no performance projections are reported.
126–170	2	0	Results are reported for several areas of importance to the Criteria requirements and the accomplishment of the organization’s mission. Some of these results demonstrate good performance levels. The use of comparative and trend data is in the early stages. Limited performance projections are reported.
171–210	3	0	Results address many areas of importance to the accomplishment of the organization’s mission, with good performance being achieved. Comparative and trend data are available for some of these important results areas, and some beneficial trends are evident. Limited performance projections are reported.
211–255	4	0	Results address some key customer/stakeholder, market, and process requirements, and they demonstrate good relative performance against relevant comparisons. There are no patterns of adverse trends or poor performance in areas of importance to the Criteria requirements and the accomplishment of the organization’s mission. Limited performance projections are reported, including those for a few high-priority areas.
256–300	5	0	Results address most key customer/stakeholder, market, and process requirements, and they demonstrate areas of strength against relevant comparisons and/or benchmarks. Improvement trends and/or good performance are reported for most areas of importance to the Criteria requirements and the accomplishment of the organization’s mission. Performance projections for some high-priority areas are reported.
301–345	6	0	Results address most key customer/stakeholder, market, and process requirements, as well as many action plan requirements, and some results include projections of future performance. Results demonstrate beneficial trends in most areas of importance to the Criteria requirements and the accomplishment of the organization’s mission, and the organization is an industry ² leader in some results areas.
346–390	7	0	Results address most key customer/stakeholder, market, process, and action plan requirements and include projections of future performance. Results demonstrate excellent organizational performance levels and some industry ² leadership. Results demonstrate sustained beneficial trends in most areas of importance to the Criteria requirements and the accomplishment of the organization’s mission.
391–450	8	0	Results fully address key customer/stakeholder, market, process, and action plan requirements and include projections of future performance. Results demonstrate excellent organizational performance levels, as well as national and world leadership. Results demonstrate sustained beneficial trends in all areas of importance to the Criteria requirements and the accomplishment of the organization’s mission.

¹ Percentages are based on scores from the Consensus Review.

² “Industry” refers to other organizations performing substantially the same functions, thereby facilitating direct comparisons.

Figure 6b—Results Scoring Band Descriptors

Baldrige National Quality Program

Baldrige National Quality Program
National Institute of Standards and Technology
United States Department of Commerce
Administration Building, Room A600
100 Bureau Drive, Stop 1020
Gaithersburg, MD 20899-1020

The National Institute of Standards and Technology (NIST), an agency of the U.S. Department of Commerce, manages the Baldrige National Quality Program (BNQP). For more than a century, NIST has helped to lay the foundation for the innovation, economic growth, and quality of life that Americans have come to expect. NIST promotes U.S. innovation and industrial competitiveness by advancing measurement science, standards, and technology in ways that enhance economic security and improve our quality of life. Through a network of nearly 400 assistance centers that serve all 50 states and Puerto Rico, NIST provides technical and business assistance to help smaller manufacturers overcome barriers to productivity and competitiveness.

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Telephone: (301) 975-2036; Fax: (301) 948-3716; E-mail: nqp@nist.gov
Web site: www.nist.gov/baldrige

American Society for Quality
600 North Plankinton Avenue
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