Guidelines for Continuous Improvement

Institutional Effectiveness

Updated:

Aug2017

Oklahoma Baptist University

Continuous Quality Enhancement

Table of Contents

Continuous Improvement Processes

Purpose

The pursuit of excellence is a core value of Oklahoma Baptist University. The core value statement notes, "Excellence should permeate all efforts and all facets of Oklahoma Baptist University."

Specific, structured processes are required to bring the core value of being "Excellence Driven" into a daily reality. This document outlines steps to move that core value into daily practice through three basic steps:

1. Providing a conceptual framework to explain the overarching vision for continuous improvement at OBU.
2. Demonstrating how the various planning and assessment processes interconnect into a wide-scale culture of continuous improvement, which is foundational to being Excellence Driven.
3. Publishing basic templates and guidelines for elements of the Continuous Improvement Processes not governed by other, existing documents.

Introduction

Continuous Improvement is a broad concept that has many meanings to different people. At OBU, Continuous Improvement is defined as aligning attitudes and actions toward the purpose of fulfilling our calling in Christ to be excellent in all that we do for the glory of God. This is a calling that we aspire to, though we may not achieve it in this life. At the same time, OBU can best serve its various constituencies through well-meant and properly structured efforts to (1) improve efficiency, (2) respond to problems, (3) work to prevent future problems, and (4) conform our standards to excellence in all areas.

This document separates Continuous Improvement into two functional streams, Strategic Improvement and Responsive Improvement.

Strategic Improvement relies on being forward-looking and planning toward excellence. The elements of this stream of Continuous Improvement include Strategic Planning, Annual Academic Assessment, Planning and Budgeting, and Budget Unit Assessment.

Responsive Improvement is the process by which OBU identifies problems or deficiencies, resolves them, makes systemic changes to help minimize similar problems in the future, and documents the operating experience to best learn from that response to help improve the culture for the future.

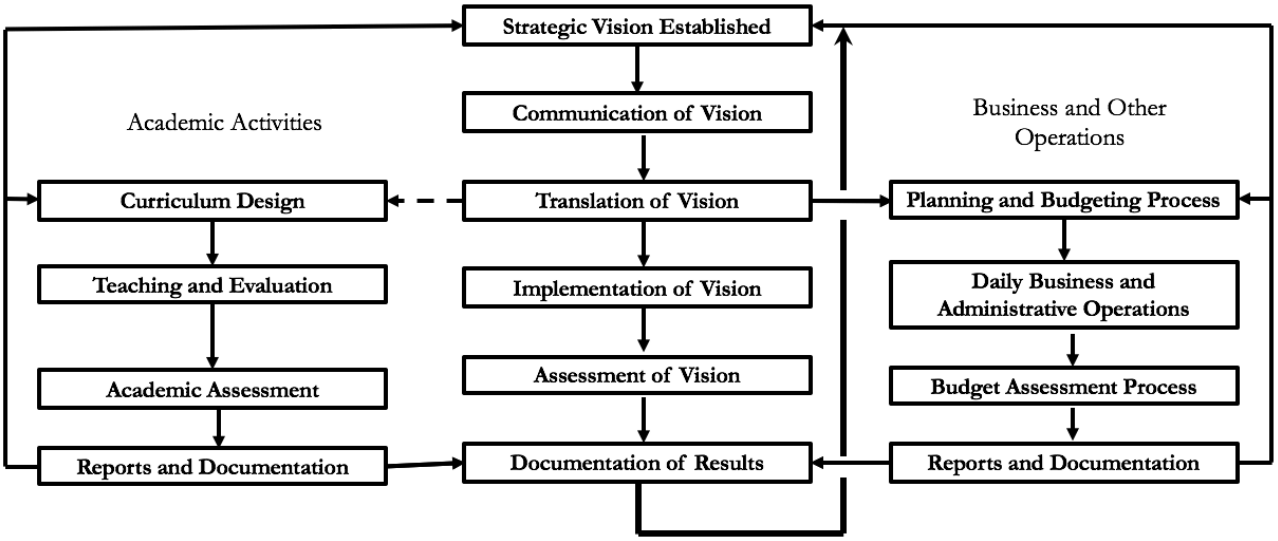
Each of these streams is vital to ongoing success and future acceleration of those successes.

Strategic Improvement

The Strategic Improvement process relies on the existing processes outlined in the *Guidelines for Strategic Planning*, *University Planning and Budgeting Guidelines*, the *Academic Program Review Guidelines*, and the several procedures related to the Annual Academic Assessment Process.

This diagram visually represents the interrelationships between those processes as part of the holistic Strategic Improvement process:

Strategic Improvement



Aside from the very important steps taken to establish a realistic, aspirational Strategic Vision, the various feedback processes are the key to success in the Strategic Improvement process. (The Strategic Vision was developed through a whole-organization approach—very much from the bottom up—this diagram represents a flow from vision to implementation, not an organizational format.)

Feedback is provided at various levels to influence the Strategic Vision through (1) Budget Unit Assessments, (2) Academic Program Reviews, and (3) the annual Assessment of Assessments. There may be other internal processes or external influences that shape the Strategic Vision, but the various assessment processes help ensure that internal constituencies at all levels of the organization help to shape the overall direction of the institution on an ongoing basis.

Responsive Improvement

Responsive Improvement is the process of making systemic improvement based on unplanned events and noted deficiencies and using the lessons learned to improve future performance. Unlike the Strategic Improvement process, which is cyclical and continuous, the Responsive Improvement process is punctiliar and, largely, driven undesirable occurrences. The Responsive Improvement process may be used to help make permanent processes and behaviors that led to positive outcomes as well.

As a preliminary caution, over use of the Responsive Improvement process can be as detrimental to its usefulness as failure to use it. The Responsive Improvement process should be implemented for undesirable, unplanned events that have discernible impact on the University. It may also be initiated for developing patterns or trends in performance at the institution. Anyone may use the process for improvement, but it should normally be initiated by a Dean, Director, or other senior administrator.

Some examples of reasons to initiate the Responsive Improvement process:

- Death or significant injury of a student related to University activities.
- OSHA reportable injury or near miss.
- Significant budget shortfall requiring institution-wide budget adjustments (or, positively, an unexpected budget surplus).
- Missed report to a regulatory agency or accreditor.

- Excessive employee turnover in a department or division.
- A pattern of discriminatory behaviors on campus.
- ELT determination of a pattern in Student Complaints, Grievances, and Appeals during their annual review.
- Significant property loss event on campus not directly caused by severe weather.
- Pattern of deficient performance noted during annual assessment processes.
- Significant, negative trend in enrollment, retention, graduation, or placement rates.
- Negative action by a regulator or accreditor.
- As desired by the President of the University or a member of the Executive Leadership Team.

Step One: Identify the Problem or Deficiency

In many cases the problem is self-evident because a major event happens on campus that requires a response. Often these are the crises that arise due to extraordinary events; the University should not waste these opportunities to learn from the response and perhaps prevent or anticipate such events in the future. However, in some cases, evidence of a need to learn from a pattern of outcomes may arise over a period of time and through several, apparently separate pathways.

In the case of aggregate deficiencies over time, the need for improvement may identified during the review of budget unit assessments the Executive Leadership Team or it may be that someone on campus notes a pattern in complaints. In such cases, it is important to learn from any deficiencies to correct them systemically and advance the mission of the University more efficiently.

Every effort should be made to be specific in identifying the problem. For example, a pattern of student complaints may arise about the availability of parking. The problem is not that students are complaining, but that there is insufficient parking or that they are unaware of the possible parking locations. The Responsive Improvement process may lead to re-identification of the initial, apparent problem, but every effort should be made to be as accurate as possible from the beginning.

Step Two: Problem Resolution

Appropriate campus personnel should take immediate, appropriate actions to rectify emergencies and other problems. Prior to engaging in the administrative processes in this procedure, individuals should appropriately respond the presenting problem.

As much as possible, an effort should be made by the responsible individuals to document steps taken to resolve the presenting problem, since systemic improvement may entail codifying or improving those in a procedure.

In the case of trends, slow-moving deficiencies, or positive outcomes, the resolution may occur concurrently with Step Three.

Step Three: Systemic Changes Implemented to Prevent Recurrence

To develop, document, and implement systemic changes based on the problem resolution it is important to answer some basic questions. Appendix 1 provides a template of the questions as a form, which can also constitute the report of lessons learned.

A. What is the nature of the presenting problem or deficiency? (Determined in Step One)
B. What is the extent of the problem or deficiency? (Who is affected by it? How much does it cost?)
C. Is there a reasonable likelihood this may occur again? (If not, then this procedure may not be warranted.)
D. Why did this problem or deficiency occur?
    a. The investigator(s) should ask follow-on "why" questions to ensure that underlying causes are identified. For example, if someone was stranded because their serpentine belt broke, the next logical question is why it broke. If the answer is that the regular inspection/maintenance was not done as scheduled, then *that* is the problem that needs to get solved. As another example, if an

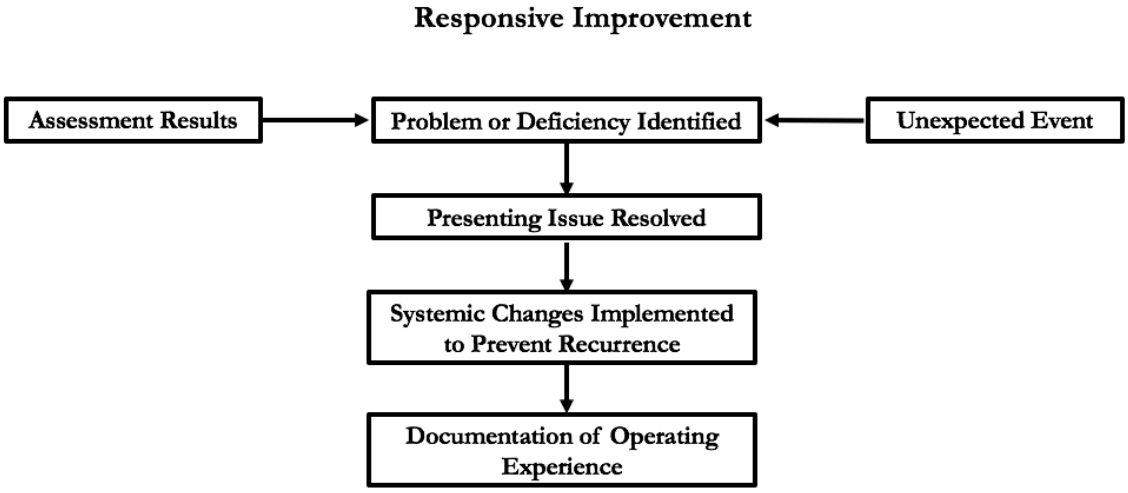
attempted repair on a system led to damage due to human error, the next question is whether the individual was properly trained or equipped to conduct the repair.

E. What events or evidence preceded this problem or deficiency that may have indicated it might arise?
F. Were there procedures and policies in place that were intended to prevent this problem or deficiency?
    a. Were those policies followed?
    b. Were individuals aware the policy or procedure existed and how to access it?
    c. If used, were the policies sufficient and clear?
    d. Could have compliance with the policy or procedure have prevented the problem or deficiency in this instance?
    e. What, if any, additional steps could have improved performance?
G. What actions were necessary to resolve the problem or deficiency?
    a. Were those actions consistent with documented instructions?
    b. If documented instructions exist, how could the policy or procedure be improved?
H. What systemic changes will minimize the risk of this event recurring? Some examples include:
    a. Is additional equipment or staffing needed?
    b. Do staff need additional qualifications or training?
    c. Was the responsible supervisor aware of the process and active in preparations?
    d. Was a pre-event meeting conducted to ensure people were prepared for the event?
    e. Does a documented procedure or process exist that could have improved the outcome?
I. What is the action plan to implement the changes identified above?
    a. Who is responsible?
    b. When will it be completed?
    c. How much will it cost?
J. Who else should know about the lessons learned? (Typically, other staff at OBU.)

The questions listed in "I" above may require collaboration with the responsible party and should be finalized during review with the appropriate supervisor. If the problem is worth preventing, it is important that funding is obtained as necessary. The report generated through this investigative process should be used as support during the Planning and Budgeting Processes and potentially during the Strategic Planning Process.

Step Four: Documentation of Operating Experience

The process of completed a form similar to the template in Appendix 1 fulfills the requirements of documenting operating experience. The resultant form should be transmitted to the Office of Institutional Effectiveness where it will be archived for future reference.



Support

The Office of Institutional Effectiveness is available for assistance with training on how to implement processes for continuous improvement. Please contact Spence Spencer at andrew.spencer@okbu.edu or 585-4102.

Responsive Improvement Report

Appendix 1

Name of Individual Completing the Form:	
Date Form Completed:	

What is the nature of the presenting problem or deficiency?

What is the extent of the problem or deficiency? Who is effected? What is the approximate cost?

Is there are reasonable likelihood this may occur again?	

Why did this problem or deficiency occur?

What events or evidence preceded this problem or deficiency that may indicate it might arise?

Were there procedures or policies in place that were intended to prevent this problem or deficiency? Note the nature of their quality, implementation, and awareness of them.

What actions were necessary to resolve the problem or deficiency?
What systemic changes will minimize the risk of this event recurring?
What is the action plan to implement the changes identified above?
What is the action plan to implement the changes identified above?

Who is ultimately responsible for the action plan?	
When will the action plan be completed?	
What are the approximate total costs of the action plan?	

Who else should know about the lessons learned from this investigation?

Supervisory review of the report and action plan:	
Date:	