Nightingale College of Nursing Scorebook

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The Nightingale College of Nursing Scorebook was prepared for use in the 2009 Malcolm Baldrige National Quality Award Examiner Preparation Course. This scorebook was developed by a team of experienced Baldrige Examiners who evaluated the Nightingale College of Nursing Case Study, using the Independent and Consensus Review Process. The Nightingale College of Nursing Case Study describes a fictitious education organization. There is no connection between the fictitious Nightingale College of Nursing organization 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 is 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.

Scoring Ranges

Item	Scoring Range (%)
1.1	55 +/- 10%
1.2	40 +/- 10%
2.1	45 +/- 10%
2.2	45 +/- 10%
3.1	45 +/- 10%
3.2	45 +/- 10%
4.1	45 +/- 10%
4.2	45 +/- 10%
5.1	50 +/- 10%
5.2	35 +/- 10%
6.1	45 +/- 10%
6.2	45 +/- 10%
7.1	60 +/- 10%
7.2	50 +/- 10%
7.3	50 +/- 10%
7.4	45 +/- 10%
7.5	45 +/- 10%
7.6	45 +/- 10%

Total Score for Process Items (points): 251 +/- 10% (Band 3)
Total Score for Results Items (points): 226 +/- 10% (Band 4)

Baldrige National Quality Program ● National Institute of Standards and Technology ● Department of Commerce

Consensus Scorebook

2009

Examiner's Name	**Training Scorebook Team**	Number of Hours Worked	**Many**
Applicant Number	**2009 Case Study**		

Criteria, Score Summary Worksheet, and Scoring Guidelines Used:

	Business/Nonprofit		Health Care	XX	Education

Key Factors Worksheet

To begin the evaluation process, review the applicant's Organizational Profile and the Eligibility Certification Form. List the key business/organization factors for this applicant, using the Areas to Address (Organizational Environment, Organizational Relationships, Competitive Environment, Strategic Context, and Performance Improvement System) in the order presented in the Preface: Organizational Profile section of the appropriate *Criteria for Performance Excellence* booklet.

P.1a Organizational Environment
- College of Nursing, part of larger university
- Three campuses, including primary (Freedom) and two satellites (San Antonio, Dallas)
- Degree programs for BSN, MSN, DNP, plus RN-to-BSN program
- Classes offered on campus, accelerated, and online
- Multiple student assistance programs, including financial assistance, traineeships, graduate teaching, and research assistantships
- Key characteristics of organizational culture: Commitment to excellence in teaching and preparing nurses to deliver high-quality patient care; creativity, knowledge, and skills of faculty, staff members, and students are greatest strengths
- Core competencies: High-quality nursing instruction, effective use of instructional technology, and leading-edge distance education in nursing
- Mission: To prepare nurses by
  - fostering curiosity to learn through engaging students of all ages and ethnic groups in scholarship or inquiry and practice and dissemination;
  - serving the health care needs and issues of the people of Texas, the nation, and the world through collaborative practice, professional leadership, and integration of health promotion and disease prevention for the sake of patient care; and
  - promoting lifelong learning and healthy communities in a time of rapid technological and societal change and commitment to the advancement of the nursing profession
- Vision: Be an exemplar of excellence among nursing schools through academic achievement, research and creativity, innovation, collaboration, and commitment to fiscal accountability
- Values: Collaboration, compassion, quest for knowledge, competence, and integrity
- 118 faculty and staff members include 97 full-time and part-time faculty members, plus 60 adjunct and loaned hospital faculty members, all nonunion
- All but two faculty members hold a doctorate; 96% are female; 79.7% are Caucasian, 11.3% are African American, 7% are Hispanic, 2% are Asian; the average age is 51
- Facilities housed in building on main university campus, built in 1920, renovated in 1977; shared facilities on satellite campuses with College of Health Sciences
- Simulation and Clinical Learning Center at San Antonio satellite
- Pilot site for parent university's new technologies; Golden Fleece is data warehouse for campus transactions, student records, financial data, and HR information
- Classroom Resource Exchange (CRE) designed to provide access to Golden Fleece to facilitate communication; to be an operational tool for student outcomes and portfolios; to be a faculty development resource; and to provide an action plan tool to develop, deploy, and monitor goals
- Regulatory environment: Parent university policies and procedures (under THECB mandates); federal regulations for higher education institutions (OSHA, ADA, FERPA); standards and accreditation (SACS and CCNE); state board (TBN) approves nursing programs
- Nursing accreditation agency (CCNE) requires mission-driven assessment on a ten-year cycle

P.1b Organizational Relationships

- Parent is governed by a Board of Regents (BR)—with nine voting members and one nonvoting student appointed by the Texas governor. BR meets quarterly to set/review budget and academic framework and provide oversight of financial, physical, and personnel affairs
- Parent structured in five divisions, each headed by a VP; VP of Academic Affairs is the Provost, and all college deans report to this position
- Parent supplies a $10.5 million budget; applicant supplements this with $1 million in grants and clinic revenues; new or innovative projects can garner additional university funding support
- Dean, three associate deans, and assistant to the dean form the Dean's Council that provides day-to-day oversight; dean represents applicant on university-wide councils
- Nursing Professional Administrative Council (NPAC) is applicant's primary strategy group
- Key faculty committees support key processes: Admissions, Curriculum, Faculty Development, Evaluation and Assessment
- Texas is the primary market area, though college draws from other regions as well
- 2,493 students in 2008 (5.5% increase): 1,914 undergraduates, 436 master's level, and 143 doctoral students
- Students are 90% female, 50% Caucasian, 24% African American, 14% Hispanic, 10% Asian, and about 2% other ethnicities
- Student markets segmented as prospective and enrolled; enrolled students further segmented by participation (transfer, distance, minority, international, graduate)
- Five key stakeholder groups (in addition to students): BR, feeder schools, employers and graduate schools, alumni/donors, and the community
- Key suppliers valued on timeliness and reliability as well as value/price; services integrated where possible to reduce costs
- Practicum sites are key partners—partners serve on an advisory council for the college
- Key partners internal to university: Admissions, Development, Information Technology, Undergraduate Studies, Library, Student Life
- Key student requirements: *All students:* Excellent instruction, flexible scheduling, placement, instructional support, advising, accessible faculty, and technology. *Transfer students:* Orientation, assessment of capabilities, and articulation of courses. *Distance students:* IT support; ability to ask questions and receive prompt answers. *Minority students:* Respect for diversity, sense of identity, and inclusion. *International students:* Assistance with visa status, orientation, sense of identity, and inclusion. *Graduate students:* Flexible scheduling
- Key stakeholder requirements: *Board of Regents:* Communication about current and future campus needs, meet state demand for nurses and nursing faculty, sound fiscal management, increased enrollments, and maintain accreditation. *Feeder schools:* Opportunities for input, regular communications about campus events, continuing education opportunities, knowledge of current and future admissions requirements, and articulation agreements. *Community:* Support for community projects; educational resources and expertise. *Employers and graduate schools:* High-quality, clinically competent pool of graduates; meet changing needs. *Alumni/donors:* Positive image and reputation; continued communication, including updates; employment opportunities; and support for lifelong learning

P.2a Competitive Environment

- Largest nursing school in the state (graduates the largest number of nurses); numerous competitors, especially in large urban areas
- Increasing competition from "fast-track" and online programs
- Success critically dependent on reputation, high-quality academic programs, moderate tuition rates, and agility to respond to needs of employers and students
- Collaborates with other programs where needed for specialty offerings
- Numerous comparative sources available for academic and operational metrics

- Increasing competition for qualified faculty members

P.2b Strategic Context
- Strategic challenges: Grow enrollment while differentiating college, maintain financial viability and integrate technology, increase capacity to meet workforce needs (e.g., aging nursing faculty), and increase enrollment of males and male/female minorities and retention and graduation of minority students
- Strategic advantages: Reputation of its BSN programs, responsiveness to changing market, fiscal strength, use of technology in education delivery, and supportive alumni base

P.2c Performance Improvement System
- Baldrige process provides focus on continual organizational refinement of processes
- Regular oversight and review by university and accreditation boards
- LIGHT Scorecard of Key Performance Indicators (KPIs)
- Focus on student/stakeholder requirements, improving performance, and effective strategic planning
- Roundtable Review Process and Learn, Analysis, Design, Development, Implement, Evaluate (LADDIE) models to design and improve systems and processes
- Multiple learning/listening posts to gather input from faculty, staff members, and students
- Self-study on each degree program every five years

Key Themes Worksheet

This worksheet provides an overall summary of the key points in the evaluation of the application. It is an assessment of the key themes to be explored as the applicant proceeds to Consensus Review and to Site Visit Review, if applicable. A key theme is a strength or opportunity for improvement that addresses a central requirement of the Criteria, is common to more than one Item or Category (is crosscutting), is especially significant in terms of the applicant's key factors, and/or addresses a Core Value of the Criteria.

The Key Themes Worksheet should respond to the four questions below:

a. **What are the most important strengths or outstanding practices (of potential value to other organizations) identified in the applicant's response to Process Items?**

- To provide a continuing focus on the future, the applicant has a Shared Governance System (Management and Governance Structure; Figure 1.1-1) that sets the college's mission, vision, and values, and these 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.

- The applicant uses several processes that appear to be systematic and deployed to gather organizational information and provide analysis. 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 the Classroom Resource Exchange (CRE) systems. Collectively, these processes allow for management by fact and enable the organization to benefit from the voices of its students and stakeholders.

b. **What are the most significant opportunities, concerns, or vulnerabilities identified in the applicant's response to Process Items?**

- Although the applicant 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, there appears to be a lack of keeping processes current in relation to the college's leadership systems, the SPP, the performance measurement system (including data and information availability mechanisms), and its work systems. Further, it is not clear how these processes are used to drive innovation or to increase organizational agility. Without an approach to keeping the wide array of processes current with the college's changing internal and external needs, the applicant may not always manage for innovation in order to perform well against its competition and to address its overall strategic challenges.

- It is not clear how the applicant uses information to track and manage daily operations or to drive innovation; nor is it clear how data and information are collected and tracked for all areas identified as important to the college (e.g., research, feeder schools, and potential students) or how it selects and uses comparative data for use in strategic decision making for innovation. Additionally, it is not apparent how the applicant uses information gained from multiple customer engagement sources in understanding student and stakeholder support requirements to drive innovations in its programs, offerings, and services. Further, it is not clear how the applicant uses a systematic process to manage its knowledge assets or how the organization's 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 to promote organizational and personal learning, innovation, and management by fact.

- Although the SPP originates from the college's mission, vision, and values and the applicant 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, the applicant's core competencies do not appear to be clearly integrated in the college's approaches to ensuring its sustainability. Systematically addressing all strategic challenges, strategic advantages, and core competencies may allow the applicant to provide for visionary leadership as it strives to become an exemplar of excellence.

c. **Considering the applicant's key business/organization factors, what are the most significant strengths found in its response to Results Items?**

- The applicant has demonstrated strong performance levels and sustained favorable trends in many measures related to student learning outcomes (Item 7.1) and customer-focused outcomes (Item 7.2). 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 found 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). Other Item 7.1 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 student segments, with strong performance levels on measures such as Student Satisfaction by Academic Program and Other Segments (Figure 7.2-2), Student Satisfaction by Ethnicity (Figure 7.2-3), Student Satisfaction in Key Areas (Figure 7.2-1), and Alumni Exit Assessment (Figure 7.2-9). Further, Employer Assessment (Figure 7.2-12) demonstrates consistently positive performance, ranging from 90% in 2004 to approximately 96% satisfaction in 2008, with the applicant outperforming Peers 1 and 2 since 2006. This trend is indicative of the applicant's performance across customer-focused outcomes.

- The college's overall performance relative to its peers and to the state and national comparison groups demonstrate that it is routinely meeting or exceeding comparison levels. For example, NCLEX-RN Pass Rates (Figure 7.1-1), Comparative Retention Rate (Figure 7.1-4), Cumulative GPA: BSN Graduates (Figure 7.1-8), Alumni Exit Assessment (Figure 7.2-9), Employer Assessment (Figure 7.2-12), 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) all demonstrate favorable trends and are at or exceeding the trends and current levels of the comparisons provided.

- 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 the comparisons and competitor groups provided. These beneficial results include the applicant's current and projected performance on measures in all of 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 the applicant's efforts to manage by fact, harnessing its ability to drive organizational strategies and plans with measurable results.

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

- While the applicant reports strong performance levels across results areas in Category 7, it is also missing results across all Items. 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 the applicant's mission or vision. Results are not reported related to the key stakeholder 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). Results are also not reported related to the requirements of the Board of Regents (BR), community, and alumni/donors. No segmented information is provided on the budgetary or financial performance of the applicant's various programs, and results are not reported for market share, for defined student market segments, or by market performance. Some key measures of workforce-focused outcomes are not provided, including results on workforce engagement, training effectiveness and leadership development, workforce climate, and workforce capacity and capability. 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, are not presented. Some measures of the performance of key work processes are not provided, such as those key measures noted in Key Work Processes (Figure 6.1-1), as well as in-process measures. Segmented data for many of the measures presented in Item 7.6 are also not presented. Missing results in these areas might make it difficult for the college to understand its relative progress on its journey of performance excellence.

- Though comparisons are provided for many results, generally these show average or peer performance levels (e.g., state average or peer organizations). Some segmented results are provided by campus (e.g., Satisfaction with Support Services, Figure 7.2-5, and Clinical Practicums, Figure 7.5-4) and student demographics (e.g., Retention Rates by Gender/Ethnicity, Figure 7.1-3; Graduation Rates by Gender and Ethnicity, Figure 7.1-6; Student Satisfaction by Ethnicity, Figure 7.2-3; and Enrollment by Gender and Ethnicity, Figure 7.3-9), but the applicant lacks other results, including those related to comparative performance. Given the applicant's vision of being an exemplar of excellence, it 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.

Consensus Review Worksheet—Item 1.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

College of Nursing on three campuses
Mission: Prepare nurses by fostering curiosity (engagement) . . . , serving the health care needs and issues . . . , and promoting lifelong learning and healthy communities . . .
Vision: Be an exemplar of excellence among nursing schools through academic achievement, research and creativity, innovation, collaboration, and commitment to fiscal accountability
Values: Collaboration, compassion, quest for knowledge, competence, and integrity
Classroom Resource Exchange (CRE) designed to provide access to Golden Fleece to facilitate communication ; . . . and to provide an action plan tool to develop, deploy, and monitor goals
Dean, three associate deans, and assistant to the dean form the Dean's Council that provides day-to-day oversight; dean represents applicant on university-wide councils

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
1.1a(1)	The applicant uses a Shared Governance System (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 to provide overall leadership. The Nursing Professional Administrative Council (NPAC; Figure 1.1-2) and Dean's Council reinforce the mission, vision, and values, and these are reviewed annually during the Strategic Planning Process (SPP). Senior leaders participate personally in the development and deployment of plans and measures. The Shared Governance System is an integral part of the development and deployment of the Strategic Plan through the Classroom Resource Exchange (CRE).
1.1a(2)	Senior leaders personally promote an organizational environment fostering 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 applicant campuses as well as the parent university. The committee monitors compliance with requirements, investigates ethical concerns, and reports to both the College Dean and University Provost.
1.1a(3)	Senior leaders create a sustainable organization through the development and execution of short- and long-term plans driven by the overall Strategic Plan. Senior leaders use the Learning, Improvement, Growth, Fiscal Health, and Talent (LIGHT) Scorecard to track the SPP's Key Performance Indicators (KPIs). Multiple committees review these results, and the Dean's Council provides for weekly reviews of both LIGHT measures and information from the CRE. The KPIs and LIGHT Scorecard align with the Shared Governance System's objectives and reinforce organizational learning and the opportunity for leadership development.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
1.1a(3)	It is unclear how the applicant improves its approach for creating an environment for the organization's performance improvement, for the accomplishment of its mission, and for innovation. For example, in the college's process for developing KPIs and the LIGHT Scorecard measures, it is not clear how the monitor and review cycles ensure that all organizational goals are addressed. Regular review and monitoring of measures can enable the organization to adjust to changing needs, but a systematic review of the entire process also may allow for an increased emphasis on addressing performance improvement across all key areas of need (such as the college's goal of developing its research program) and providing for a system based on innovation.
1.1a(3)	College leaders enhance their competencies through annually attending the Texas Institute for Academic Leaders, but 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. The applicant may benefit from a systematic process to address senior leaders' leadership skills and provide for the professional development of future organizational leaders. This may allow for a more robust approach to addressing the college's value of quest for knowledge.
1.1b(1)	Although the Shared Governance System that manages the college is deployed through committees and teams at all locations, it is not clear how the applicant ensures the full deployment of its communication system and 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, the applicant may realize benefits for its workforce, students, and stakeholders by enhancing its approach to communication.

Evaluation Factor Score Summary—Item 1.1

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
				X		
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
				X		
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
			X			
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
				X		

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 1.1—Overall Score

☐ 0–5%
☐ 10–25%
☐ 30–45%
☒ 50–65% Item 1.1 Score _____55%__
☐ 70–85%
☐ 90–100%

Consensus Review Worksheet—Item 1.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Vision: Be an exemplar of excellence among nursing schools through . . . commitment to fiscal accountability
Values: . . . integrity
Regulatory environment: Parent university policies and procedures (under THECB mandates); federal regulations for higher education institutions (OSHA, ADA, FERPA); standards and accreditation (SACS and CCNE); state board (TBN) approves nursing programs
Parent is governed by a Board of Regents (BR). . . meets quarterly to set/review budget and academic framework and provide oversight of financial
Parent structured in five divisions, each headed by a VP; VP of Academic Affairs is the Provost, and all college deans report to this position
Five key stakeholder groups (in addition to students): BR, feeder schools, employers and graduate schools, alumni/donors, and the community

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
1.2a(1,2)	The applicant conducts annual performance reviews of its leadership team and achieves accountability for management's actions by linking evaluations to individual compensation. Further, the Board of Regents (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 internal and external auditors' reviews. These measures support the organization's vision of being an exemplar of excellence through a commitment to fiscal accountability.
1.2a(1)	The applicant's governance system achieves transparency in operations through shared processes and published results of organizational performance. The Dean's Council and various committees meet regularly to review performance and help share information. The dividing of responsibilities for the different audits allows for independence of audits and furthers transparency.
1.2b(2)	The applicant 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 to reinforce the college's values, especially integrity.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
1.2b(1)	Several programs have been instituted to minimize any adverse impacts of the operations of the applicant's facilities on the environment. However, beyond the college's meeting with external groups, it is unclear how the applicant 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 the applicant in addressing the legal and ethical concerns of its stakeholders and society.

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
1.2b(2)	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 the process is monitored for effectiveness and whether it is deployed throughout all campuses and in all classrooms. Although the information is available, it is not clear to what extent it is used and if feedback is generated from questions and issues. Without ensuring that its approach to promoting ethical behavior is systematically deployed and monitored for effectiveness, the organization may have difficulty achieving the level of integrity to which it aspires.
1.2c(2)	**Although the applicant identifies its key communities by the geographic areas in which it operates, it is not clear how it determines areas for organizational involvement, including areas related to its core competencies and overall strategic initiatives. While the applicant considers its mission of serving community health care needs and promoting healthy communities in its decisions on community involvement, considering the array of possibilities in any given year, it may benefit from a refined approach to determining criteria for and prioritizing community support efforts.**

Evaluation Factor Score Summary—Item 1.2

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
				X		
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
			X			
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
		X				
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
		X				

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 1.2—Overall Score

- [ ] 0–5%
- [ ] 10–25%
- [X] 30–45%
- [ ] 50–65%   Item 1.2 Score _____40%__
- [ ] 70–85%
- [ ] 90–100%

Consensus Review Worksheet—Item 2.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Core competencies: High-quality nursing instruction, effective use of instructional technology, and leading-edge distance education in nursing
Mission: Prepare nurses by fostering curiosity (engagement) . . . , serving the health care needs and issues . . . , and promoting lifelong learning and healthy communities . . .
Vision: Be an exemplar of excellence among nursing schools through academic achievement, research and creativity, innovation, collaboration, and commitment to fiscal accountability
Strategic challenges: Grow enrollment while differentiating college, maintain financial viability and integrate technology, increase capacity to meet workforce needs (e.g., aging nursing faculty), and increase enrollment of males and male/female minorities and retention and graduation of minority students
Strategic advantages: Reputation of its BSN programs, responsiveness to changing market, fiscal strength, use of technology in education delivery, and supportive alumni base

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
2.1a(1,2)	The 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 the applicant. The applicant uses a systematic seven-step approach to the 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 the applicant's mission and vision.
2.1b(1,2)	The Summary of Key Long-Term Strategies and Short-Term Action Plans (Figure 2.2-1) provides a summary of five strategic objectives supported by 21 action plans in seven key areas. The strategic objectives (Figure 2.2-1) 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

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
2.1a(1) and 2.1b(2)	The process used to determine and select the organization's core competencies, strategic challenges, and strategic advantages is not clear. Nor is it clear how the applicant'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 the organization realize opportunities for innovation in programming and develop the competencies necessary for responding to present or future programmatic needs.
2.1a(2)	Although the applicant receives trend information from clinical partners that includes early indicators of change, it is not clear how the college ensures that early indications of shifts in student and community demographics, markets, or competition have been addressed in the SPP. Given the importance of changing student and community needs, the applicant may benefit from enhancing its overall approach to identifying such shifts.
2.1b(1)	Although the applicant has referenced 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.
2.1	The applicant has completed several Strategic Plan cycles and the SPP's Step 7 includes an annual evaluation of results as well as the SPP itself. However, it is not evident how the evaluation addresses the effectiveness of the SPP, and it is not evident how cycles of learning have resulted in the Strategic Plan's process improvement or innovation. 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.

Evaluation Factor Score Summary—Item 2.1

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
				X		
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
			X			
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
			X			
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 2.1—Overall Score

- [ ] 0–5%
- [ ] 10–25%
- [X] 30–45%
- [ ] 50–65%
- [ ] 70–85%
- [ ] 90–100%

Item 2.1 Score _____45%__

Consensus Review Worksheet—Item 2.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Dean, three associate deans, and assistant to the dean form the Dean's Council that provides day-to-day oversight; dean represents applicant on university-wide councils
Key faculty committees support key processes: Admissions, Curriculum, Faculty Development, Evaluation and Assessment
Five key stakeholder groups (in addition to students): BR, feeder schools, employers and graduate schools, alumni/donors, and the community
Largest nursing school in the state (graduates the largest number of nurses), numerous competitors, especially in large urban areas
LIGHT Scorecard of Key Performance Indicators (KPIs)

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
2.2a(1,2)	The Summary of Key Long-Term Strategies and Short-Term Action Plans (Figure 2.2-1) provides the applicant'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 (Learn, Analysis, Design, Development, Implement, Evaluate; Figure 6.2-2). The applicant 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.
2.2a(3,5)	The applicant ensures that resources are available to support its action plans through financial and HR linkages during action plan development and deployment. The college's key HR plans provide for nine processes, programs, or funding actions to accomplish the strategic objectives.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
2.2a(1)	Within the Organizational Profile, the applicant identifies responsiveness to a changing education market as a key advantage and identifies an aging faculty as a strategic challenge. However, the applicant does not indicate whether any related changes are planned in its programs, offerings, or services or relative to students, stakeholders, markets, or operations. Without an effective, systematic process to assess and respond to changing environmental conditions, the applicant may risk the long-term sustainability of the organization.
2.2a(2)	It is not clear how the organization ensures that key outcomes of action plans are sustained or how risks are assessed and managed beyond budget allocations during the planning process. A systematic and planned process to deploy changes in action plans to all who may need to know across campuses, types of programs, or platforms of education is not evident. These gaps may be crucial given the current and projected future economic conditions impacting state budgets and ever-changing student and stakeholder needs.

2.2b	It is not clear how the applicant determines performance projections, including how its projections are predictive of its future performance or how the projections compare to the performance of the college's stated competitors. Without a process in this area, the applicant may have difficulty maintaining its strategic advantage of responding to a changing market and also may have difficulty addressing its strategic challenge of growing enrollment while differentiating itself from its competitors.

Evaluation Factor Score Summary—Item 2.2

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
			X			
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
			X			
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
			X			
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 2.2—Overall Score

- ☐ 0–5%
- ☐ 10–25%
- ☒ 30–45%
- ☐ 50–65%   Item 2.2 Score _____45%__
- ☐ 70–85%
- ☐ 90–100%

Consensus Review Worksheet—Item 3.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Key student requirements: *All students:* Excellent instruction, flexible scheduling, placement, instructional support, advising, accessible faculty, and technology. *Transfer students:* Orientation, assessment of capabilities, and articulation of courses. *Distance students:* IT support; ability to ask questions and receive prompt answers. *Minority students:* Respect for diversity, sense of identity, and inclusion. *International students:* Assistance with visa status, orientation, sense of identity, and inclusion. *Graduate students:* Flexible scheduling
Key stakeholder requirements: *Board of Regents:* Communication about current and future campus needs, meet state demand for nurses and nursing faculty, sound fiscal management, increased enrollments, and maintain accreditation. *Feeder schools:* Opportunities for input, regular communications about campus events, continuing education opportunities, knowledge of current and future admissions requirements, and articulation agreements. *Community:* Support for community projects; educational resources and expertise. *Employers and graduate schools:* High-quality, clinically competent pool of graduates; meet changing needs. *Alumni/donors:* Positive image and reputation; continued communication, including updates; employment opportunities; and support for lifelong learning
Student markets segmented as prospective and enrolled; enrolled students further segmented by participation (transfer, distance, minority, international, graduate)
Five key stakeholder groups (in addition to students): BR, feeder schools, employers and graduate schools, alumni and donors, and the community
Practicum sites are key partners—partners serve on an advisory council for the college

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
3.1a(1)	The applicant 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. The applicant uses the information from these multiple approaches as well as from the university's Executive Committee as input to Step 2 of the SPP.
3.1a(2)	**Through systematic gathering of information from its students and stakeholders (Figure 3.2-1), the applicant 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 the applicant's alumni/donor contact mechanisms and communication tools such as listservs and sharing days.**

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
3.1a(1)	The applicant gathers and uses information from multiple sources to understand student and stakeholder requirements. However, it is not apparent how the applicant uses the information gained to drive innovations 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.

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
	Without a systematic process to ensure promotion of innovation in its customer engagement system, the applicant may find it difficult to address its competition and the need for evolving programs, offerings, and services.
3.1b(1)	It is not clear how the applicant creates an organizational culture focused on ensuring a positive student and stakeholder experience and engagement. Sustaining a culture focused on student and stakeholder experience and engagement may help the applicant meet its strategic challenge to grow enrollment.
3.1b(2)	Although the applicant uses multiple processes to listen and learn from its students and stakeholders in order to increase their engagement with the college and build and manage relationships with them, a systematic process for relationship building appears to be lacking. For example, because ease of access and continuous support are key for students, the applicant uses students on committees, as well as affiliation agreements in working with stakeholders. Nonetheless, it is not clear how the applicant systematically determines and deploys relationship-management mechanisms to acquire new students/stakeholders, meet and exceed their requirements and expectations, and increase their engagement. Considering its critical success factor of a reputation for being student-focused, the applicant may find it beneficial to continue refining its approaches to building and managing student relationships.
3.1b(2,3)	It is not clear how the applicant builds and manages relationships with members of the community and clinical partner stakeholders. The community and clinical partners are key identified stakeholders who contribute to the functioning of the applicant's academic and clinical activities. It is also not apparent how the applicant keeps its student and stakeholder culture-building approaches current with needs in a continually changing market.

Evaluation Factor Score Summary—Item 3.1

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
			X			
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
				X		
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
		X				
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 3.1—Overall Score

- [ ] 0–5%
- [ ] 10–25%
- [X] 30–45%
- [ ] 50–65%   Item 3.1 Score _____45%__
- [ ] 70–85%
- [ ] 90–100%

Consensus Review Worksheet—Item 3.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Key student requirements: *All students:* Excellent instruction, flexible scheduling, placement, instructional support, advising, accessible faculty, and technology. *Transfer students:* Orientation, assessment of capabilities, and articulation of courses. *Distance students:* IT support; ability to ask questions and receive prompt answers. *Minority students:* Respect for diversity, sense of identity, and inclusion. *International students:* Assistance with visa status, orientation, sense of identity, and inclusion. *Graduate students:* Flexible scheduling
Key stakeholder requirements: *Board of Regents:* Communication about current and future campus needs, meet state demand for nurses and nursing faculty, sound fiscal management, increased enrollments, and maintain accreditation. *Feeder schools:* Opportunities for input, regular communications about campus events, continuing education opportunities, knowledge of current and future admissions requirements, and articulation agreements. *Community:* Support for community projects; educational resources and expertise. *Employers and graduate schools:* High-quality, clinically competent pool of graduates; meet changing needs. *Alumni/donors:* Positive image and reputation; continued communication, including updates; employment opportunities; and support for lifelong learning
Practicum sites are key partners—partners serve on an advisory council for the college
Three campuses, including primary (Freedom) and two satellites (San Antonio, Dallas)
Largest nursing school in the state (graduates the largest number of nurses); numerous competitors, especially in large urban areas
Increasing competition from "fast-track" and online programs

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
3.2a(1,2)	In listening to students and stakeholders, the 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, course and program evaluations, complaints, and student engagement (Figures 3.2-1 and 3.2-3). Such student and stakeholder listening allows the applicant to further enhance its strategic advantage of responsiveness to a changing education market.
3.2a(3)	The applicant has a Complaint Management Process (Figure 3.2-2) and a Student Code of Conduct that are systematically deployed. 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.
3.2b(1,3)	The applicant has various methods of determining the satisfaction and engagement of current students, as well as 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 surveys that provide the applicant with peer and nationwide comparative data. Information gleaned from these reviews is part of the information supplied at Step 2 of the SPP.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
3.2a(1,2)	While the organization has numerous methods of listening and learning for a broad range of stakeholders, it is not evident how the applicant systematically gathers information from clinical partners or collects and analyzes dissatisfaction data. It is also not clear how the applicant uses and analyzes data from the community and marketplace. It is not apparent that such information is collected in a way to provide for actionable information and process learning. Without processes for listening and learning to all stakeholders, the applicant may be limited in addressing its strategic challenges related to enrollment and financial viability.
3.2b(2), c(1,2)	The Organizational Profile states that numerous sources of comparative data are available and that the applicant relies on the 4S instruments. However, it is not clear how it uses competitive/comparative student/stakeholder satisfaction information in the development of its processes or improvements to educational programs, offerings, and services. Further, it is not clear how the applicant 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 the applicant to better address its increasing competition.
3.2c(4)	While the applicant cites several sources of information for keeping its approaches to stakeholder listening, satisfaction, and engagement current—that is, professional conferences and workshops, professional literature, and role-model organizations—it does not describe a systematic process for using information from these sources or for using 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 calls for continued strengthening and refining of processes in this area.

Evaluation Factor Score Summary—Item 3.2

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
				X		
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
			X			
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
			X			
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 3.2—Overall Score

- [ ] 0–5%
- [ ] 10–25%
- [X] 30–45%
- [ ] 50–65%   Item 3.2 Score _____45%_
- [ ] 70–85%
- [ ] 90–100%

Consensus Review Worksheet—Item 4.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Numerous comparative sources available for academic and operational metrics
Increasing competition from "fast-track" and online programs; increasing competition for qualified faculty members
LIGHT Scorecard of Key Performance Indicators (KPIs)
Focus on . . . improving performance, and effective strategic planning
Roundtable Review Process and Learn, Analyze, Design, Development, Implements and Evaluate (LADDIE) models to design and improve systems and processes

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
4.1a(1)	The NPAC utilizes 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 provide recommendations on measures related to their areas, while the Evaluation and Assessment Committee provides a comprehensive review of measures and the data that support them. Selected measures are entered into and tracked through the LIGHT Scorecard.
4.1b,c	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. The applicant uses preselected criteria, including its mission and gaps with competitors, to prioritize opportunities for improvement; the college then utilizes the Roundtable Review Process and LADDIE (Figures 6.2-1 and 6.2-2, respectively) to improve processes and performance. Through meetings, teams, and e-mails, priorities and action plans are deployed as needed through the parent university's personnel.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
4.1a(1,2)	**While the applicant uses systematic processes to select, collect, align, and integrate data and information for tracking overall organizational performance, it is not clear how it uses this information to track and manage daily operations or to support innovation. Further, it is not clear how data and information are collected and tracked for all areas identified as important to the college (such as research, feeder schools, and potential students) or how it selects and uses comparative data to support strategic decision making and innovation. Regarding how the applicant selects comparative data, the apparent lack of measures from best-performing organizations may limit the applicant in supporting its opportunities for innovation.**
4.1a(3)	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 the applicant evaluates how it uses information to track performance, make decisions, and innovate. Nor is it

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
	clear how the applicant 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 the applicant to move more swiftly toward achieving its vision of being an exemplar of excellence.

Evaluation Factor Score Summary—Item 4.1

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
				X		
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
				X		
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
			X			
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
				X		

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 4.1—Overall Score

☐ 0–5%
☐ 10–25%
☒ 30–45%
☐ 50–65%   Item 4.1 Score _____45%__
☐ 70–85%
☐ 90–100%

Consensus Review Worksheet—Item 4.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Three campuses, including primary (Freedom) and two satellites (San Antonio and Dallas); classes offered on campus, accelerated, and online
Core competencies are . . . effective use of instructional technology, and leading-edge edge distance education in nursing
118 faculty and staff members include 97 full-time and part-time faculty members, plus 60 adjunct and loaned hospital faculty members
Pilot site for parent university's new technologies; Golden Fleece is data warehouse for campus transactions, student records, financial data, and HR information; Classroom Resource Exchange (CRE) designed to provide access to Golden Fleece; Simulation and Clinical Learning Centers at San Antonio satellite
Strategic advantage: use of technology in education delivery

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
4.2a(1,2)	To ensure that its data and information are accurate and reliable, the applicant uses quality-control checks, re-abstraction, and regular audits. Database design criteria are utilized to improve data reliability, and the accuracy and validity of data are criteria in the applicant's selection of comparative sources of information. The applicant 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 organization's committee and team structure.
4.2b(1–3)	The applicant ensures that the hardware and software of its information technology (IT) systems are reliable and secure by providing for 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 data storage at an off-site location, allowing system restoration within 24 hours. The applicant uses an IT strategy plan that 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 maintenance and the currency of systems and proposes upgrades.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
4.2a(2)	While the applicant 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 systematic processes exist for sharing information that may be useful to all users and at all locations. For example, it is not clear how data and information are made 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

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
	faculty members. Ensuring systemwide data/information availability as well as broad deployment of information to stakeholders may assist the applicant in better addressing its value of a quest for knowledge.
4.2a(3)	**While the applicant builds organizational knowledge through numerous activities that include collecting information through the SPP, documenting processes, and holding a "sharing day," it is not clear how it uses a systematic process to manage its knowledge assets. For example, the applicant describes methods used to collect workforce knowledge, but not a systematic process to transfer that knowledge across committees, teams, departments, campuses, and various stakeholder groups. Additionally, while the applicant has implemented 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.**
4.2b(3)	The applicant 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 it uses 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 the applicant has a systematic process to improve its information resources and technology. For example, while the applicant uses simulation technologies, computer-aided human simulators, and online education components to provide services, it does not address how it evaluates and improves data, technology, or knowledge related to these strategic areas, which may be key for the applicant'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.

Evaluation Factor Score Summary—Item 4.2

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
				X		
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
			X			
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
			X			
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
				X		

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 4.2—Overall Score

- [ ] 0–5%
- [ ] 10–25%
- [X] 30–45%
- [ ] 50–65%   Item 4.2 Score _____45%__
- [ ] 70–85%
- [ ] 90–100%

Consensus Review Worksheet—Item 5.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Key characteristics of organizational culture: Commitment to excellence in teaching and preparing nurses to deliver high-quality patient care; creativity, knowledge, and skills of faculty, staff members, and students are greatest strengths
Core competencies: High-quality nursing instruction, effective use of instructional technology, and leading-edge distance education in nursing
Vision: Be an exemplar of excellence among nursing schools through . . . research and creativity, innovation, collaboration
118 faculty and staff members include 97 full-time and part-time faculty members, plus 60 adjunct and loaned hospital faculty members, all nonunion; all but two faculty members hold a doctorate; 96% are female; 79.7% are Caucasian, 11.3% are African American, 7% are Hispanic, 2% are Asian; the average age is 51
Strategic challenge: increase capacity to meet workforce needs (e.g., aging nursing faculty)
Multiple learning/listening posts to gather input from faculty, staff members, and students

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
5.1a(1)	The applicant 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 was used to inform the applicant's selection of a survey instrument, the Smith-Santini Satisfaction Survey (4S), which continues to allow for linkage to and differentiation of the key factors affecting workforce engagement and satisfaction. The college reviews these factors annually as part of the SPP.
5.1a(2)	The applicant 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.
5.1a(3)	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 to provide educational services capable of meeting student requirements. The system considers workforce compensation by linking it to outcomes of the performance appraisals, which further emphasizes to employees the importance of meeting student requirements.
5.1b(2)	To address the workforce's learning and development needs, the applicant 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 the organization's short- and longer-term plans.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
5.1a,b(3)	While numerous systematic processes are in place to address workforce enrichment and development, the applicant 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 the improvement of key processes related to workforce engagement and reward and recognition practices. Nor is it clear how the applicant objectively determines the effectiveness of workforce training. Ensuring that its systems and processes are systematically improved so that they will continue to meet workforce needs may support the applicant in addressing its identified strategic challenge to increase its capacity to meet workforce needs.
5.1b(1)	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 the applicant's current and future core competencies, strategic challenges, and accomplishment of its action plans. It is also unclear how the applicant's workforce learning and development initiatives are deployed to all key stakeholder groups such as staff and adjunct faculty members, or how the breadth of development opportunities includes systematic career progression initiatives. Having systematic, fully deployed workforce learning and development processes may help support the applicant's achievement of its short- and long-term strategies and ensure its ability to meet stakeholders' requirements.
5.1c	While the applicant 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 the applicant relates its workforce assessment findings to key organizational results to identify opportunities for improvement. Without a process to fully understand, measure, and use workforce engagement metrics, the applicant may be limited in its ability to address the challenge of an aging faculty and the competition for future faculty members.

Evaluation Factor Score Summary—Item 5.1

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
				X		
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
				X		
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
		X				
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
				X		

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 5.1—Overall Score

☐ 0–5%
☐ 10–25%
☐ 30–45%
☒ 50–65%   Item 5.1 Score ____50%____
☐ 70–85%
☐ 90–100%

Consensus Review Worksheet—Item 5.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Key characteristics of organizational culture: Commitment to excellence in teaching and preparing nurses to deliver high-quality patient care; creativity, knowledge, and skills of faculty, staff members, and students are greatest strengths
Core competencies: High-quality nursing instruction, effective use of instructional technology, and leading-edge distance education in nursing
118 faculty and staff members include 97 full-time and part-time faculty members, plus 60 adjunct and loaned hospital faculty members, all nonunion; all but two faculty members hold a doctorate; 96% are female; 79.7% are Caucasian, 11.3% are African American, 7% are Hispanic, 2% are Asian; the average age is 51
Three campuses, including primary (Freedom) and two satellites (San Antonio, Dallas); facilities housed in building on main university campus, built in 1920, renovated in 1977; shared facilities on satellite campuses with College of Health Sciences
Key student requirements: *All students:* Excellent instruction, flexible scheduling, placement, instructional support, advising, accessible faculty, and technology. *Transfer students:* Orientation, assessment of capabilities, and articulation of courses. *Distance students:* IT support; ability to ask questions and receive prompt answers. *Minority students:* Respect for diversity, sense of identity, and inclusion. *International students:* Assistance with visa status, orientation, sense of identity, and inclusion. *Graduate students:* Flexible scheduling
Strategic challenge: Increase capacity to meet workforce needs (e.g., aging nursing faculty)

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
5.2a(2)	The applicant 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/or staff members on interview teams.
5.2a(3)	The college organizes its workforce by campus location and educational program, with staff members managed by program coordinators and directors. The applicant 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 to provide for the agility to respond to changing organizational needs.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
5.2a(1,3)	It is not clear that the applicant uses effective, systematic processes for assessing workforce capability and capacity needs or managing the workforce to capitalize on the organization's core competencies. For instance, it is not clear how the college evaluates capacity and capabilities 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

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
	impact of core competencies, the applicant may limit its ability to support an increase in enrollment or to achieve its vision of exemplar status.
5.2b(1)	While the applicant works with the University's Office of Employee Health and Safety (OEHS) 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, the applicant's students are working in clinics and other health care settings that present safety threats and risks that differ from those in a standard college or university setting. Without addressing all the specific health and safety needs of its students and workforce, the applicant may limit its ability to address recruitment, retention, and engagement needs.
5.2b(2)	While the applicant 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 the organization's recruiting and retention strategies.
5.2b(1)	It is not clear how the applicant systematically evaluates and improves its systems and processes to build an effective and supportive workforce environment. The applicant 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 organization to enhance how it addresses its strategic challenges related to workforce recruitment as well as how it leverages its strategic advantage of being responsive in a changing market.

Evaluation Factor Score Summary—Item 5.2

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
			X			
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
			X			
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
			X			
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 5.2—Overall Score

☐ 0–5%
☐ 10–25%
☒ 30–45%
☐ 50–65%   Item 5.2 Score ____35%____
☐ 70–85%
☐ 90–100%

Consensus Review Worksheet—Item 6.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Core competencies: High-quality nursing instruction, effective use of instructional technology, and leading-edge distance education in nursing
Parent is governed by a Board of Regents (BR) . . . meets quarterly to set/review budget and academic framework and provide oversight of financial, physical, and personnel affairs. Parent structured in five divisions, each headed by a VP; VP of Academic Affairs is the Provost, and all College Deans report to this position
Key partners internal to university: Admissions, Development, Information Technology, Undergraduate Studies, Library, Student Life
Strategic challenges: Grow enrollment while differentiating college, maintain financial viability and integrate technology, increase capacity to meet workforce needs (e.g., aging nursing faculty), and increase enrollment of males and male/female minorities and retention and graduation of minority students

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

 STRENGTHS

Item Ref.	STRENGTHS
6.1a(1)	The applicant uses both vertical and horizontal work system 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.
6.1b(2)	The applicant determines its key work process requirements (Figure 6.1-1) through inputs from students, faculty and staff members, stakeholders, and partners. Inputs include Student Affairs Committee (SAC) meetings, student evaluations, informal conversations, the Bouvier & Brown Benchmarking (BBB) survey, 4S, Texas Higher Education Coordinating Board (THECB) requirements, and others. Analysis comes from committees, and the groups use both the Roundtable Review Process (Figure 6.2-1) and LADDIE (Figure 6.2-2) to provide a review cycle for these processes.
6.1c	The applicant 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

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
6.1a(2)	Although the applicant 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 organization uses an effective, systematic approach to understand and evaluate how its work systems and key work processes relate to and capitalize on the college's core competencies. Such linkages may assist the applicant in addressing its strategic challenges related to recruitment, enrollment, and financial viability.

6.1a(1), b(1)	It is not clear how the applicant 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 of the Item, the applicant may limit its ability to deliver student and stakeholder value, maximize student learning and success, and achieve organizational success and sustainability.
6.1b(2)	Although the applicant 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 information on student segments and individual students is used in the design of work processes or to engage students in active learning. Addressing student-driven information, student segments, and active learning methods may enhance the applicant's core competencies of high-quality nursing instruction, effective use of instructional technology, and leading-edge distance education in nursing.

Evaluation Factor Score Summary—Item 6.1

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
			X			
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
			X			
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
			X			
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 6.1—Overall Score

☐ 0–5%
☐ 10–25%
☒ 30–45%
☐ 50–65%   Item 6.1 Score _____45_____ %
☐ 70–85%
☐ 90–100%

Consensus Review Worksheet—Item 6.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Core competencies: High-quality nursing instruction, effective use of instructional technology, and leading-edge distance education in nursing
Parent is governed by a Board of Regents (BR) . . . meets quarterly to set/review budget and academic framework and provide oversight of financial, physical, and personnel affairs. Parent structured in five divisions, each headed by a VP; VP of Academic Affairs is the Provost, and all college deans report to this position
Key partners internal to university: Admissions, Development, Information Technology, Undergraduate Studies, Library, Student Life
Strategic challenges: Grow enrollment while differentiating college, maintain financial viability and integrate technology, increase capacity to meet workforce needs (e.g., aging nursing faculty), and increase enrollment of males and male/female minorities and retention and graduation of minority students
Baldrige process provides focus on continual organizational refinement of processes; Roundtable Review Process and Learn, Analysis, Design, Development, Implement, Evaluate (LADDIE) models to design and improve systems and processes

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
6.2a,b(1)	The applicant 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. The applicant addresses design requirements through its designation of specific owners as well as through metrics and accountability factors. Key Work Processes (Figure 6.1-1) shows the applicant's in-process and outcome measures for its work processes.
6.2b(2)	The applicant 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 a noncompliance has occurred. The applicant's use of LADDIE helps prevent errors and rework.
6.2c	The applicant 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 the NPAC, Dean's Council, and various committees as part of a monthly review process. Improvements and lessons learned are shared bi-directionally using roundtables, committees, and councils. Golden Fleece and CRE are used for storing and sharing this information to drive organizational learning.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
6.2a,b(1)	While the applicant describes approaches to design its work processes and provides an example of a cycle-time improvement to a process, it is not evident how it incorporates cycle time, productivity, cost control, and other efficiency and effectiveness measures into the design of its

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
	work processes. Further, although the applicant references measures in Key Work Processes (Figure 6.1-1), it is not clear which are in-process measures used for the control and improvement of the 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 the applicant to optimize its core competencies to address its strategic challenges.
6.2b(1)	It is not evident how the applicant uses input from its workforce, students, suppliers, and other stakeholders to manage work processes. Further, it is not clear how the management of work processes ensures that they meet design requirements. Without an effective, systematic process for using key inputs and managing processes to meet requirements, the applicant may miss opportunities to drive innovation in helping it achieve its vision of being an exemplar of excellence among nursing schools.
6.2c	Although the applicant uses its Roundtable Review Process and LADDIE to improve work process design and implementation, it is unclear whether an effective, fact-based, systematic approach to the evaluation and improvement of these two key processes exists. For example, while these two key processes have been in place since 1997, it is not apparent how they are evaluated and improved; nor are any results of such evaluations apparent. Developing a systematic approach to the improvement of key process improvement processes may allow the applicant to ensure that it meets its four strategic challenges.

Evaluation Factor Score Summary—Item 6.2

Factor	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Approach	No systematic approach to Item requirements is evident; information is anecdotal.	The beginning of a systematic approach to the basic requirements of the Item is evident.	An effective, systematic approach, responsive to the basic requirements of the Item, is evident.	An effective, systematic approach, responsive to the overall requirements of the Item, is evident.	An effective, systematic approach, responsive to the multiple requirements of the Item, is evident.	An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident.
			X			
Deployment	Little or no deployment of any systematic approach is evident.	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.	The approach is deployed, although some areas or work units are in early stages of deployment.	The approach is well deployed, although deployment may vary in some areas or work units.	The approach is well deployed, with no significant gaps.	The approach is fully deployed without significant weaknesses or gaps in any areas or work units.
			X			
Learning	An improvement orientation is not evident; improvement is achieved through reacting to problems.	Early stages of a transition from reacting to problems to a general improvement orientation are evident.	The beginning of a systematic approach to evaluation and improvement of key processes is evident.	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.	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.	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.
			X			
Integration	No organizational alignment is evident; individual areas or work units operate independently.	The approach is aligned with other areas or work units largely through joint problem solving.	The approach is in the early stages of alignment with basic organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is aligned with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is integrated with organizational needs identified in response to the Organizational Profile and other Process Items.	The approach is well integrated with organizational needs identified in response to the Organizational Profile and other Process Items.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 6.2—Overall Score

- ☐ 0–5%
- ☐ 10–25%
- ☒ 30–45%
- ☐ 50–65%   Item 6.2 Score _____45%__
- ☐ 70–85%
- ☐ 90–100%

Consensus Review Worksheet—Item 7.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Three campuses, including primary (Freedom) and two satellites (San Antonio and Dallas); degree programs for BSN, MSN, DNP, plus RN-to-BSN program; classes offered on campus, accelerated, and online
Key student requirements: *All students*: Excellent instruction, flexible scheduling, placements, instructional support, advising, accessible faculty, and technology. *Transfer students:* Orientation, assessment of capabilities, and articulation of courses. *Distance students*: IT support; ability to ask questions and receive prompt answers. *Minority students*: Respect for diversity, sense of identity, and inclusion. *International students*: Assistance with visa status, orientation, sense of identity, and inclusion. *Graduate students*: Flexible scheduling
Strategic challenges: Grow enrollment while differentiating college, . . . and increase enrollment of males and male/female minorities and retention and graduation of minority students
Strategic advantages: Reputation of its BSN programs, responsiveness to changing market, . . . use of technology in education delivery
Success critically dependent on reputation, high-quality academic programs, moderate tuition rates, and agility to respond to needs of employers and students
Mission: To prepare nurses by fostering curiosity to learn . . . ; serving the health care needs and issues of the people of Texas . . . through collaborative practice, professional leadership, and integration of health promotion and disease prevention for the sake of patient care; promoting lifelong learning and healthy communities . . . ; Vision: To be an exemplar of excellence in nursing schools through academic achievement, research and creativity, innovation, collaboration

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
7.1a	Levels and trends for student learning outcomes shown in Figures 7.1-1 through 7.1-11 demonstrate four to five years of improved or sustained good performance. For example, NCLEX-RN Pass Rates (Figure 7.1-1) have 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-point scale for the past five years.
7.1a	Comparisons are provided for 8 of the 11 measures in Item 7.1, and the applicant's performance has been consistently better than the performance of at least two out of the three peer competitor organizations as well as the state average. The applicant's performance levels are generally better than those in the national comparisons as well, as exemplified in Graduation Rates: Degree Programs (Figure 7.1-5), where the national rate in 2008 is at about 82% and the applicant's Bachelor of Science in Nursing (BSN) and Master of Science in Nursing (MSN) programs' rates are at about 86% and 96%, respectively. One-year performance projections are provided for 7 of the 11 measures.
7.1a	Segmented information is provided for 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

Item Ref.	STRENGTHS
	applicant's performance has generally improved over the past four to five years for all segments by 4–10%.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
7.1a	No results are reported for student learning and performance in some areas related to the applicant's mission and vision, such as collaborative practice, professional leadership, research and integration of health promotion and disease prevention for the sake of patient care, and healthy communities, as well as research, creativity, and innovation. The applicant'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 the college identifies as important in its mission and vision, it may not be able to assess its performance in these areas. Such a lack may cause blind spots for the applicant and challenge its ability to accomplish its mission, leverage its strengths and core competencies, and sustain its performance over time.
7.1a	While the applicant consistently outperforms its peers, the state average, and in most areas the national comparison across Item 7.1 measures, the comparisons provided are to the average for student learning (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). The applicant'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, the applicant may find it difficult to achieve this vision and to overcome its challenges.
7.1a	While the applicant segments its performance data for numerous student learning outcomes and its performance has generally improved for all segments on most of the measures, graduation and retention rates for males, Hispanics, and African Americans for the most part trail the performance of females, Caucasians, and Asians (Figures 7.1-3 and 7.1-6, Retention Rates by Gender/Ethnicity and Graduation Rates by Gender and Ethnicity, respectively). Further, no comparative information is provided for retention and graduation rates by gender and ethnicity. The performance results for male and some minority student segments and lack of comparative data on retention and graduation rates across gender and ethnic group segments illustrate a gap related to the college's key strategic challenge of increasing the enrollment and graduation rates of male and minority students.

Evaluation Factor Score Summary—Item 7.1

Guidelines	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Levels	There are no organizational performance results and/or poor results in areas reported.	A few organizational performance results are reported, and early good performance levels are evident in a few areas.	Good organizational performance levels are reported for some areas of importance to the Item requirements.	Good organizational performance levels are reported for most areas of importance to the Item requirements.	Good to excellent organizational performance levels are reported for most areas of importance to the Item requirements.	Excellent organizational performance levels are reported for most areas of importance to the Item requirements.
				X		
Trends	Trend data either are not reported or show mainly adverse trends.	Some trend data are reported, with some adverse trends evident.	Some trend data are reported, and a majority of the trends presented are beneficial.	Beneficial trends are evident in areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in most areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in all areas of importance to the accomplishment of the organization's mission.
					X	
Comparisons	Comparative information is not reported.	Little or no comparative information is reported.	Early stages of obtaining comparative information are evident.	Some current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of good relative performance.	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.	Evidence of industry and benchmark leadership is demonstrated in many areas.
				X		
Integration	Results are not reported for any areas of importance to the accomplishment of the organization's mission. No performance projections are reported.	Results are reported for a few areas of importance to the accomplishment of the organization's mission. Limited or no performance projections are reported.	Results are reported for many areas of importance to the accomplishment of the organization's mission. Limited performance projections are reported.	Organizational performance results are reported for most key customer/ patient/student, market, and process requirements. Performance projections for some high-priority results are reported.	Organizational performance results are reported for most key customer/ patient/student, market, process, and action plan requirements, and they include some projections of future performance.	Organizational performance results fully address key customer/patient/ student, market, process, and action plan requirements, and they include projections of future performance.
				X		

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 7.1—Overall Score

- [ ] 0–5%
- [ ] 10–25%
- [ ] 30–45%
- [X] 50–65%   Item 7.1 Score _____60%_____
- [ ] 70–85%
- [ ] 90–100%

Consensus Review Worksheet—Item 7.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Largest nursing school in the state (graduates the largest number of nurses), numerous competitors, especially in large urban areas
Increasing competition from "fast-track" and online programs
Key student requirements: *All students:* Excellent instruction, flexible scheduling, placement, instructional support, advising, accessible faculty, and technology. *Transfer students:* Orientation, assessment of capabilities, and articulation of courses. *Distance students:* IT support; ability to ask questions and receive prompt answers. *Minority students:* Respect for diversity, sense of identity, and inclusion. *International students:* Assistance with visa status, orientation, sense of identity, and inclusion. *Graduate students:* Flexible scheduling
Key stakeholder requirements: *Board of Regents:* Communication about current and future campus needs, meet state demand for nurses and nursing faculty, sound fiscal management, increased enrollment, maintain accreditation. *Feeder schools:* Opportunities for input, regular communications about campus events, continuing education opportunities, knowledge of current and future admissions requirements, articulation agreements. *Community:* Support for community projects; educational resources and expertise. *Employers and graduate schools:* High-quality, clinically competent pool of graduates; meet changing needs. *Alumni/donors:* Positive image and reputation; continued communication, including updates; employment opportunities; support for lifelong learning
Strategic challenges: Grow enrollment while differentiating college, . . . increase enrollment of males and male/female minorities and retention and graduation of minority students

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
7.2a(1)	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 Doctor of Philosophy (PhD) students—has increased steadily since 2004 in relation to survey questions on "Overall Satisfaction," "Would enroll again," and "Expectations met." For example, the MSN segment's "Overall Satisfaction" has 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, has 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 on "Expectations met" have increased from 4.97 in 2004 to 5.44 in 2008).
7.2a(1)	Student Satisfaction in Key Areas (Figure 7.2-1) shows the applicant outperforming the Top Peer and National Top 10% comparisons since 2006 across questions asked. For example, ratings on "Would enroll again" have increased from 4.91 in 2004 to 5.53 in 2008. On a measure of loyalty, over 70% of students from the BSN and MSN programs on the Alumni Exit Assessment (Figure 7.2-9) currently say they would "Recommend [the college] to a friend." The applicant's overall rate of students who would recommend the applicant have outperformed peer performance since 2005, with similar ratings reported for the Alumni Exit Assessment question on whether the applicant 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., the applicant is at 5.89 in 2008 for "Availability," and the Top

Item Ref.	STRENGTHS
	Peer and National Top 10% are at 5.75 and 5.55, respectively).
7.2a(1)	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 satisfaction of another key stakeholder group for the applicant, demonstrates consistently positive performance ranging from approximately 90% satisfaction in 2004 to approximately 96% satisfaction in 2008, with the applicant outperforming Peers 1 and 2 since 2006.
7.2a(2)	Student Engagement by Segment (Figure 7.2-7) demonstrates improvement trends in the applicant's performance across all segments since 2004. Distance students' engagement increased from about 42% in 2004 to about 70% in 2008 and is approaching the National Top Ten 10% level in 2008. Traditional students' performance on this measure remained stable at approximately 80–82% since 2004 and has consistently outperformed the National Top 10% level since 2004. Also, international students' performance on the measure increased from approximately 55% in 2004 to more than 70% in 2008.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
7.2a(1)	While Student Satisfaction by Academic Program and Other Segments (Figure 7.2-2), Student Satisfaction by Ethnicity (Figure 7.2-3), Satisfaction with Curricula/Instruction (Figure 7.2-4), and Satisfaction with Support Services (Figure 7.2-5) demonstrate mostly favorable trends, no comparative or competitive data are provided. Also, no results are reported on student or stakeholder dissatisfaction. Without comparative data or data on student dissatisfaction, the applicant may find it difficult to determine how well it is meeting the needs of its current students relative to other students within the competitive marketplace and how this performance might impact its strategic challenge regarding enrollment.
7.2a(1)	**Results are not reported on the applicant's performance related to the key stakeholder 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). Results are also not reported on performance related to 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 the applicant to proactively address the impact of increasing competition from "fast-track" and online programs as well as its strategic challenge to increase enrollment.**

Evaluation Factor Score Summary—Item 7.2

Guidelines	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Levels	There are no organizational performance results and/or poor results in areas reported.	A few organizational performance results are reported, and early good performance levels are evident in a few areas.	Good organizational performance levels are reported for some areas of importance to the Item requirements.	Good organizational performance levels are reported for most areas of importance to the Item requirements.	Good to excellent organizational performance levels are reported for most areas of importance to the Item requirements.	Excellent organizational performance levels are reported for most areas of importance to the Item requirements.
				X		
Trends	Trend data either are not reported or show mainly adverse trends.	Some trend data are reported, with some adverse trends evident.	Some trend data are reported, and a majority of the trends presented are beneficial.	Beneficial trends are evident in areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in most areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in all areas of importance to the accomplishment of the organization's mission.
				X		
Comparisons	Comparative information is not reported.	Little or no comparative information is reported.	Early stages of obtaining comparative information are evident.	Some current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of good relative performance.	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.	Evidence of industry and benchmark leadership is demonstrated in many areas.
				X		
Integration	Results are not reported for any areas of importance to the accomplishment of the organization's mission. No performance projections are reported.	Results are reported for a few areas of importance to the accomplishment of the organization's mission. Limited or no performance projections are reported.	Results are reported for many areas of importance to the accomplishment of the organization's mission. Limited performance projections are reported.	Organizational performance results are reported for most key customer/patient/student, market, and process requirements. Performance projections for some high-priority results are reported.	Organizational performance results are reported for most key customer/patient/student, market, process, and action plan requirements, and they include some projections of future performance.	Organizational performance results fully address key customer/patient/student, market, process, and action plan requirements, and they include projections of future performance.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 7.2—Overall Score

☐ 0–5%
☐ 10–25%
☐ 30–45%
☒ 50–65%   Item 7.2 Score ____50%____
☐ 70–85%
☐ 90–100%

Consensus Review Worksheet—Item 7.3

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Three campuses, including primary (Freedom) and two satellites (San Antonio, Dallas); classes offered on campus, accelerated, and online
Success critically dependent on reputation, . . . moderate tuition rates
Student markets segmented as prospective and enrolled; enrolled students further segmented by participation (transfer, distance, minority, international, graduate)
Numerous comparative sources available for academic and operational metrics
Strategic challenges: Grow enrollment while differentiating college, maintain financial viability . . . and increase enrollment of males and male/female minorities and retention and graduation of minority students
Strategic advantages: Responsiveness to changing market, fiscal strength, . . . and supportive alumni base

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
7.3a(1)	Financial viability results presented in Figures 7.3-3 to 7.3-5 (Administrative Costs as a Percentage of Operating Budget, Research Expenditures, and Alumni Donations to NCON, respectively) are aligned with the applicant's strategic objective "Maintain adequate financial resources" and the Fiscal Health Point of LIGHT. Results demonstrate generally positive trends over at least six years, and two of the three measures (Administrative Costs and Research Expenditures) demonstrate favorable comparisons against peers (e.g., the applicant's research expenditures since 2005 have outpaced the results of three peers by a minimum of about $100,000).
7.3a(1)	The applicant's Average Tuition and Fees (Figure 7.3-1) have remained below the levels of Peers 1 and 2 since 2005. While the applicant's levels have increased from an average of $4,000 in 2005 to about $5,800 in 2008, Peers 1 and 2 have increased tuition and fees since 2005 from about $4,100 and $5,200, respectively, to about $6,100 and $7,000, respectively, in 2008. Continued positive performance in this area relative to competitors may benefit the applicant as it addresses the increasing competition for students.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
7.3a(1)	No segmented information is provided on the budgetary or financial performance of the applicant's various programs. The absence of segmented information about budgetary performance or overall financial performance may place the organization at risk of allocating scarce resources to those programs that are not achieving the applicant's desired results.
7.3a(2)	Results are not reported for market share, for defined student market segments, or by market performance. Market analysis that does not consider market share or performance could place the organization at risk of missing potential blind spots that could impact its sustainability.
7.3a	It is not clear that any comparators provided in Item 7.3 are national in scope. The lack of comparison to benchmarks or best practices (instead of averages) might make it difficult for the college to set targets for improved performance that will help it realize its vision to be an

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
	exemplar of excellence among nursing schools or to respond to strategic challenges such as growing enrollment.

Evaluation Factor Score Summary—Item 7.3

Guidelines	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Levels	There are no organizational performance results and/or poor results in areas reported.	A few organizational performance results are reported, and early good performance levels are evident in a few areas.	Good organizational performance levels are reported for some areas of importance to the Item requirements.	Good organizational performance levels are reported for most areas of importance to the Item requirements.	Good to excellent organizational performance levels are reported for most areas of importance to the Item requirements.	Excellent organizational performance levels are reported for most areas of importance to the Item requirements.
				X		
Trends	Trend data either are not reported or show mainly adverse trends.	Some trend data are reported, with some adverse trends evident.	Some trend data are reported, and a majority of the trends presented are beneficial.	Beneficial trends are evident in areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in most areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in all areas of importance to the accomplishment of the organization's mission.
			X			
Comparisons	Comparative information is not reported.	Little or no comparative information is reported.	Early stages of obtaining comparative information are evident.	Some current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of good relative performance.	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.	Evidence of industry and benchmark leadership is demonstrated in many areas.
				X		
Integration	Results are not reported for any areas of importance to the accomplishment of the organization's mission. No performance projections are reported.	Results are reported for a few areas of importance to the accomplishment of the organization's mission. Limited or no performance projections are reported.	Results are reported for many areas of importance to the accomplishment of the organization's mission. Limited performance projections are reported.	Organizational performance results are reported for most key customer/ patient/student, market, and process requirements. Performance projections for some high-priority results are reported.	Organizational performance results are reported for most key customer/ patient/student, market, process, and action plan requirements, and they include some projections of future performance.	Organizational performance results fully address key customer/patient/ student, market, process, and action plan requirements, and they include projections of future performance.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 7.3—Overall Score

☐ 0–5%
☐ 10–25%
☐ 30–45%
☒ 50–65%   Item 7.3 Score _____50%_____
☐ 70–85%
☐ 90–100%

Consensus Review Worksheet—Item 7.4

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Core competencies: High-quality nursing instruction, effective use of instructional technology, and leading-edge distance education in nursing
118 faculty and staff members include 97 full-time and part-time faculty members, plus 60 adjunct and loaned hospital faculty members, all nonunion
Three campuses, including primary (Freedom) and two satellites (San Antonio, Dallas); facilities housed in building on main university campus, built in 1920, renovated in 1977; shared facilities on satellite campuses with College of Health Sciences
Success critically dependent on reputation, high-quality academic programs
Strategic challenge: Increase capacity to meet workforce needs (e.g., aging nursing faculty)
Increasing competition for qualified faculty members

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
7.4a(1)	Results for Workforce Satisfaction by Segments (Figure 7.4-1) demonstrate strong levels of performance between 2004 and 2008. Performance for all but one staff segment compares favorably to the Peer 1 group's performance, and satisfaction levels for the tenured and nontenured faculty segments 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 time period. In addition, Workforce Satisfaction by Service Length and Location demonstrates positive levels and trends, particularly for two of the applicant's three locations. Workforce Turnover (Figure 7.4-5) demonstrates favorable performance compared to the Peer 1 institution as well as the parent university, with the applicant's current turnover rate in 2008 at about 8%, and the Peer 1 and parent university turnover rates at about 10% and 13%, respectively.
7.4a(3)	Two measures of workforce capacity for the faculty demonstrate strong levels of performance. The college's student/faculty ratio in clinical settings is currently at 7:1, compared to a Texas Board of Nursing (TBN) stipulated ratio of 10:1. In classroom settings, the applicant's Full-Time Student Equivalent/Full-Time Faculty Equivalent (FTSE/FTFE) Classroom Ratio (Figure 7.4-10) decreased from 20:1 to 17:1 between 2004 and 2008 and is considerably lower than those of all three peer group institutions, with the highest ratio currently at 27:1 and the lowest at 23:1.
7.4a(4)	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 the Peer Group 1 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 the Peer 1 group results. Days Away/Restricted Time (Figure 7.4-14) also shows a favorable trend since 2004, with the applicant's current performance better than the Occupational Safety and Health Administration (OSHA) 80th percentile and Peer 1 group levels (e.g., the applicant's overall performance level in 2008 is approximately 2, the OSHA 80th percentile level is approximately 3, and the Peer 1 overall level is approximately 11). Finally, Money Paid for Workers' Compensation Claims (Figure 7.4-15)

Item Ref.	STRENGTHS
	demonstrates a favorable three-year trend, with the applicant's current performance better than that of two out of three peer organizations.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
7.4(1,4)	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. Adjunct faculty members are identified by the applicant as a key group for addressing capacity needs. Therefore, without addressing performance on workforce-focused outcomes such as the turnover and satisfaction rates of adjunct faculty members, the applicant may be limited in its ability to address its strategic challenge of an aging workforce.
7.4(1,3,4)	**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 the applicant to address the factors related to having a favorable employee environment relative to competitors and maintaining a strong reputation.**
7.4(2)	While the applicant's overall comparative performance is strong, it lags comparators 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, the applicant may benefit from considering how to enhance its performance in these workforce-focused areas.

Evaluation Factor Score Summary—Item 7.4

Guidelines	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Levels	There are no organizational performance results and/or poor results in areas reported.	A few organizational performance results are reported, and early good performance levels are evident in a few areas.	Good organizational performance levels are reported for some areas of importance to the Item requirements.	Good organizational performance levels are reported for most areas of importance to the Item requirements.	Good to excellent organizational performance levels are reported for most areas of importance to the Item requirements.	Excellent organizational performance levels are reported for most areas of importance to the Item requirements.
			X			
Trends	Trend data either are not reported or show mainly adverse trends.	Some trend data are reported, with some adverse trends evident.	Some trend data are reported, and a majority of the trends presented are beneficial.	Beneficial trends are evident in areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in most areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in all areas of importance to the accomplishment of the organization's mission.
			X			
Comparisons	Comparative information is not reported.	Little or no comparative information is reported.	Early stages of obtaining comparative information are evident.	Some current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of good relative performance.	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.	Evidence of industry and benchmark leadership is demonstrated in many areas.
			X			
Integration	Results are not reported for any areas of importance to the accomplishment of the organization's mission. No performance projections are reported.	Results are reported for a few areas of importance to the accomplishment of the organization's mission. Limited or no performance projections are reported.	Results are reported for many areas of importance to the accomplishment of the organization's mission. Limited performance projections are reported.	Organizational performance results are reported for most key customer/patient/student, market, and process requirements. Performance projections for some high-priority results are reported.	Organizational performance results are reported for most key customer/patient/student, market, process, and action plan requirements, and they include some projections of future performance.	Organizational performance results fully address key customer/patient/student, market, process, and action plan requirements, and they include projections of future performance.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 7.4—Overall Score

☐   0–5%
☐ 10–25%
☒ 30–45%
☐ 50–65%   Item 7.4 Score _____45%__
☐ 70–85%
☐ 90–100%

Consensus Review Worksheet—Item 7.5

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Core competencies: High-quality nursing instruction, effective use of instructional technology, and leading-edge distance education in nursing
Key partners internal to university: Admissions, Development, Information Technology, Undergraduate Studies, Library, and Student Life
Strategic challenges: Grow enrollment while differentiating college, maintain financial viability and integrate technology, increase capacity to meet workforce needs (e.g., aging nursing faculty), and increase enrollment of males and male/female minorities and retention and graduation of minority students
Baldrige process provides focus on continual organizational refinement of processes; Roundtable Review Process and Learn, Analysis, Design, Development, Implement, Evaluate (LADDIE) models to design and improve systems and processes

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
7.5a(1)	Participation in Committees and Teams (Figure 7.5-2) shows strong levels and positive trends for committee participation, with full-time faculty member participation levels increasing from 89% to 100% between 2004 and 2008. Regarding team participation, 74% of full-time faculty members participated in teams in 2004, increasing to 89% in 2008.
7.5a(1)	Results for Completed Improvement/Innovation Projects (Figure 7.5-3) show an overall positive trend for the period from 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 the period from 2004 to 2008 for all three locations (Freedom, San Antonio, and Dallas) and for both the measure "Training Completion" (with the total score improving from 83% to 89%) and the measure "Highly Effective" drills (with the total score improving from 79% to 84%).
7.5a(2)	Results for Program Quality and Effectiveness (Figure 7.5-6), Student Evaluation of Process Effectiveness (Figure 7.5-7), and Workforce Evaluation of Process Effectiveness (Figure 7.5-8) show overall favorable performance trends for the period from at least 2005 to 2008. In addition, current performance levels on these measures are at or slightly above peer comparison levels for most reported segments.

OPPORTUNITIES FOR IMPROVEMENT

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
7.5a(1)	Some measures of vertical work system performance are not provided. These include measures for work system areas such as external supplier-provided services such as on-campus dining, the campus bookstore, HVAC and energy, and clinical supplies; and internal partner work systems such as those related to admissions, institutional development, the library, and student life. Additionally, no measures are provided related to key processes performed by suppliers or partners, such as clinical settings or technology processes. Use of such measures may help the applicant to address its strategic challenges of growing enrollment while differentiating the college and maintaining financial viability.

7.5a(1, 2)	Some measures of key work process performance (e.g., CRE User Satisfaction, Figure 7.5-10, and Cost and Cycle-Time Reductions, Figure 7.5-11) and key work systems (e.g., Number of Initiatives and Faculty Slots Funded Each Year, Figure 7.5-1; Participation in Committees and Teams, Figure 7.5-2; and Completed Improvement/Innovation Projects, Figure 7.5-3) do not include external comparisons. Understanding its performance relative to high-performing organizations may allow the applicant to become more innovative in its work processes in order to move toward achieving its vision of being an exemplar of excellence among nursing schools.
7.5a(2)	Some measures of key work process performance are not provided. For example, measures related to the Roundtable Review Process and LADDIE are missing. Key measures noted in Key Work Processes (Figure 6.1-1) are also missing, as are in-process measures. A clear understanding of process performance across areas may help the applicant address its key student and stakeholder requirements.

Evaluation Factor Score Summary—Item 7.5

Guidelines	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Levels	There are no organizational performance results and/or poor results in areas reported.	A few organizational performance results are reported, and early good performance levels are evident in a few areas.	Good organizational performance levels are reported for some areas of importance to the Item requirements.	Good organizational performance levels are reported for most areas of importance to the Item requirements.	Good to excellent organizational performance levels are reported for most areas of importance to the Item requirements.	Excellent organizational performance levels are reported for most areas of importance to the Item requirements.
				X		
Trends	Trend data either are not reported or show mainly adverse trends.	Some trend data are reported, with some adverse trends evident.	Some trend data are reported, and a majority of the trends presented are beneficial.	Beneficial trends are evident in areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in most areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in all areas of importance to the accomplishment of the organization's mission.
				X		
Comparisons	Comparative information is not reported.	Little or no comparative information is reported.	Early stages of obtaining comparative information are evident.	Some current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of good relative performance.	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.	Evidence of industry and benchmark leadership is demonstrated in many areas.
			X			
Integration	Results are not reported for any areas of importance to the accomplishment of the organization's mission. No performance projections are reported.	Results are reported for a few areas of importance to the accomplishment of the organization's mission. Limited or no performance projections are reported.	Results are reported for many areas of importance to the accomplishment of the organization's mission. Limited performance projections are reported.	Organizational performance results are reported for most key customer/ patient/student, market, and process requirements. Performance projections for some high-priority results are reported.	Organizational performance results are reported for most key customer/ patient/student, market, process, and action plan requirements, and they include some projections of future performance.	Organizational performance results fully address key customer/patient/ student, market, process, and action plan requirements, and they include projections of future performance.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 7.5—Overall Score

- ☐   0–5%
- ☐ 10–25%
- ☒ 30–45%
- ☐ 50–65%   Item 7.5 Score   45%
- ☐ 70–85%
- ☐ 90–100%

Consensus Review Worksheet—Item 7.6

Indicate the 4–6 most important key business/organization factors relevant to this Item.

Three campuses, including primary (Freedom) and two satellites (San Antonio, Dallas)
Mission: Prepare nurses by fostering curiosity . . . (engagement), serving the health care needs and issues . . . , and promoting lifelong learning and healthy communities
Vision: Be an exemplar of excellence among nursing schools through . . . commitment to fiscal accountability
Value: Integrity
Regulatory environment: Parent university policies and procedures (under THECB mandates); federal regulations for higher education institutions (OSHA, ADA, FERPA); standards and accreditation (SACS and CCNE); state board (TBN) approves nursing programs
Parent is governed by a Board of Regents (BR) . . . meets quarterly to set/review budget and academic framework and provide oversight of financial, physical, and personnel affairs

Strengths and Opportunities for Improvement

Indicate the relative importance/strength of the comment by bolding the text for ++ or - - comments.

STRENGTHS

Item Ref.	STRENGTHS
7.6a(3)	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 have been at zero for the four years reported, and the percentage of facilities accessible as defined by the Americans with Disabilities Act (ADA) has consistently increased from 90% to 94% from 2005 to 2008 (Figure 7.6-4). Further, the applicant has shown increasing THECB standards compliance (from 10 of 11 to 12 of 12) over the four years reported, with an increasing number of programs (8 to 10) and an increasing number of exemplary programs (1 to 3) during the same period.
7.6a(4)	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 have increased from 22 to 35 over the five years reported, while confirmed issues have dropped, indicating success in the education and compliance programs. Confirmed/resolved complaints have dropped from 7 of 11 to 4 of 16 for the senior leaders and faculty/staff members and from 8 of 11 to 5 of 19 for students from 2004 to 2008.
7.6a(5)	Addressing Environmental Concerns (Figure 7.6-10) and Support of Key Communities (Figure 7.6-11) show overall increasing performance over the five years reported. Safe disposal practices have increased to 100% from 95%, and recycling has increased from 48% to 61% (Figure 7.6-10). The applicant's help to local programs and clinics has increased from 21 to 24 programs and 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

Item Ref.	OPPORTUNITIES FOR IMPROVEMENT
7.6a(1)	Results for 2008 Accomplishment of Strategy and Action Plans and Overall Accomplishment of Action Plans (Figures 7.6-1 and 7.6-2, respectively) show generally acceptable levels over time but without significant improvement, including in the applicant'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 for the development of research are addressed. Considering these results indicate the applicant's progress on its strategic direction, the applicant may benefit from addressing strategy deployment and the alignment and execution of its action plans.
7.6a(2,4)	Other Stakeholders' Trust in Senior Leaders/Governance (Figure 7.6-9) appears to be an important measure for the achievement of the applicant's vision (to be an exemplar of excellence) and values (e.g., integrity). Yet results for this measure show that up to 20% of some key stakeholder groups have not strongly agreed that they trust the applicant'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 the applicant to address stakeholder trust. In addition, the applicant provides no performance data for fiscal accountability that might support stakeholder trust.
7.6a(1–4)	**Data for many of the measures presented in Item 7.6 are not segmented, for example, by the applicant's diverse stakeholder groups, different campuses, or different operations. Without such segmentation, the applicant may find it difficult to identify areas for improvement as it addresses its leadership and societal responsibility results.**

Evaluation Factor Score Summary—Item 7.6

Guidelines	0–5%	10–25%	30–45%	50–65%	70–85%	90–100%
Levels	There are no organizational performance results and/or poor results in areas reported.	A few organizational performance results are reported, and early good performance levels are evident in a few areas.	Good organizational performance levels are reported for some areas of importance to the Item requirements.	Good organizational performance levels are reported for most areas of importance to the Item requirements.	Good to excellent organizational performance levels are reported for most areas of importance to the Item requirements.	Excellent organizational performance levels are reported for most areas of importance to the Item requirements.
				X		
Trends	Trend data either are not reported or show mainly adverse trends.	Some trend data are reported, with some adverse trends evident.	Some trend data are reported, and a majority of the trends presented are beneficial.	Beneficial trends are evident in areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in most areas of importance to the accomplishment of the organization's mission.	Beneficial trends have been sustained over time in all areas of importance to the accomplishment of the organization's mission.
			X			
Comparisons	Comparative information is not reported.	Little or no comparative information is reported.	Early stages of obtaining comparative information are evident.	Some current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of good relative performance.	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.	Evidence of industry and benchmark leadership is demonstrated in many areas.
			X			
Integration	Results are not reported for any areas of importance to the accomplishment of the organization's mission. No performance projections are reported.	Results are reported for a few areas of importance to the accomplishment of the organization's mission. Limited or no performance projections are reported.	Results are reported for many areas of importance to the accomplishment of the organization's mission. Limited performance projections are reported.	Organizational performance results are reported for most key customer/patient/student, market, and process requirements. Performance projections for some high-priority results are reported.	Organizational performance results are reported for most key customer/patient/student, market, process, and action plan requirements, and they include some projections of future performance.	Organizational performance results fully address key customer/patient/student, market, process, and action plan requirements, and they include projections of future performance.
			X			

Guidance: The overall score is not intended to be a numerical average of the elements above; the Examiners select the range and score that are most descriptive of the organization's achievement level for the Item.

Item 7.6—Overall Score

- ☐ 0–5%
- ☐ 10–25%
- ☒ 30–45%
- ☐ 50–65%   Item 7.6 Score _____ 45%_____
- ☐ 70–85%
- ☐ 90–100%

Score Summary Worksheet—All Sectors

Summary of Criteria Items	Total Points Possible Column A	Percentage Score 0–100% Column B	Score (A x B) Column C	Scoring Band Column D
Category 1 (Process)				
1.1	70	55%	39	50–65
1.2	50	40%	20	30–45
Category Total	**120**		**59**	
Category 2 (Process)				
2.1	40	45%	18	30–45
2.2	45	45%	20	30–45
Category Total	**85**		**38**	
Category 3 (Process)				
3.1	40	45%	18	30–45
3.2	45	45%	20	30–45
Category Total	**85**		**38**	
Category 4 (Process)				
4.1	45	45%	20	30–45
4.2	45	45%	20	30–45
Category Total	**90**		**40**	
Category 5 (Process)				
5.1	45	50%	23	50–65
5.2	40	35%	14	30–45
Category Total	**85**		**37**	
Category 6 (Process)				
6.1	35	45%	16	30–45
6.2	50	45%	23	30–45
Category Total	**85**		**39**	**Process Scoring Band ⇩**
SUBTOTAL Cat. 1–6	**550**		**251**	**3**
Category 7 (Results)				
7.1	100	60%	60	50–65
7.2	70	50%	35	50–65
7.3	70	50%	35	50–65
7.4	70	45%	32	30–45
7.5	70	45%	32	30–45
7.6	70	45%	32	30–45
				Results Scoring Band ⇩
SUBTOTAL Cat. 7	**450**		**226**	**4**
GRAND TOTAL (D)	**1,000**	**TOTAL SCORE**	**477**	

Baldrige National Quality Program

Baldrige National Quality Program
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