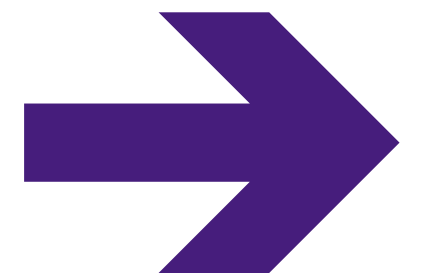





**Mastering SACSCOC Assessment Reporting
for
Administrative Support Units
(Non-Academic)
Practices**

Office of Institutional Effectiveness
Spring 2024 - Training






AGENDA

Today's Discussion Points


- Understanding Reporting Requirements: Navigating SACSCOC Standard 7.3
- Developing Effective Assessment Plans
- Mastering Data Analysis for Informed Decision-Making
- Formulating an Action Plan for Continuous Improvement
- Closing the Loop: Ensuring Ongoing Quality and Compliance

LSUHSC

Office of Institutional Effectiveness



The continuous improvement cycle is at the forefront of everything the Office of Institutional Effectiveness does. We provide oversight, training, analysis, and guidance on all SACSCOC data submissions and the continuous improvement of all academic programs, educational support units, and administrative units at Louisiana State University Health and Science Center - New Orleans (LSUHSC-NO).



SACSCOC

Institutional Accreditor

Recognized by the U.S. Department of Education, the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) expects institutions to demonstrate that full cycles of assessment are taking place by establishing expected goals and outcomes, setting criteria to measure if they have been met or not, and then using this assessment information to promote continuous improvements in student learning, student successes, and in services provided by administrative and educational support units.



**Understanding Reporting
Requirements:
Navigating SACSCOC Standard 7.3**

**Expected Outcomes:
Administrative Effectiveness**

What Does SACSCOC Say?

Standard 7.3

The institution identifies expected outcomes of its administrative support services and demonstrates the extent to which the outcomes are achieved.

There should be evidence of goal-setting and outcome tracking.



Most Frequently Cited Principles of Accreditation in Decennial Reaffirmation Reviews: Class of 2023

Review Stage I: OFF-Site Committee <small>[n=80 institutions]</small>			Review Stage II: ON-Site Committee <small>[n=78 institutions]</small>			Review Stage III: Board of Trustees <small>[n=78 institutions]</small>		
Rank	Core Requirement / Standard	% of Institutions in Non-Compliance	Rank	Core Requirement / Standard	% of Institutions in Non-Compliance	Rank	Core Requirement / Standard	% of Institutions in Non-Compliance
1.	6.2.a (Faculty Qualifications)	91%	1.	7.2 (Quality Enhancement Plan)	35%	1.	8.2.a (Student Outcomes: Ed Programs)	6%
2.	8.1 (Student Achievement)	51%	2.	6.2.a (Faculty Qualifications)	15%	2.	13.3 (Financial Responsibility)	4%
3.	8.2.a (Student Outcomes: Ed Programs)	48%	3.	8.2.a (Student Outcomes: Ed Programs)	12%	3.	6.2.a (Faculty Qualifications)	3%
4.	13.2 (Financial Documents)		4.	6.3 (Faculty Appointment and Evaluation)	5%	4.	6.3 (Faculty Appointment & Evaluation)	
5.	6.2.c (Program Coordination)	41%	5.	7.3 (Administrative Effectiveness)		4%	<3%	
6.	6.2.b (Program Faculty)	40%	6.	6.2.c (Program Coordination)				
7.	5.4 (Qualified Officers)	38%	7.	8.1 (Student Achievement)				
8.	10.7 (Policies for Awarding Credit)	35%	8.	8.2.b (Student Outcomes: General Ed)				
9.	4.2.g (Board Self-Evaluation)	34%	9.	8.2.c (Student Outcomes: Student Services)				
10.	13.6 (Federal and State Responsibilities)	30%	10.	13.3 (Financial Responsibility)				
Selected Descriptive Statistics <small>(Number of Principles Cited Per Institution)</small>			Selected Descriptive Statistics <small>(Number of Principles Cited Per Institution)</small>			Selected Descriptive Statistics <small>(Number of Principles Cited Per Institution)</small>		
<i>Mean=12.4 (SD=7.5) Median=11 Modes= 9\10\11 Min=2 Max=36</i>			<i>Mean=1.2 (SD=1.5) Median=1 Mode=0 Min=0 Max=8</i>			<i>Mean=0.2 (SD=0.4) Median=0 Mode=0 Min=0 Max=2</i>		
Selected General Areas of Non-Compliance		% of the Total Number of Findings of Non-Compliance	Selected General Areas of Non-Compliance		% of the Total Number of Findings of Non-Compliance	Selected General Areas of Non-Compliance		% of the Total Number of Findings of Non-Compliance
Sections 1-5, 14 (26 standards-36% of all Principles): Integrity; Mission; Basic Eligibility; Governing Board; Admin. & Org.; Transparency & Inst. Representation		26%	Sections 7-8 (7 standards-10% of all Principles): Institutional Planning & Effectiveness; Student Achievement		53%	Sections 7-8 (7 standards-10% of all Principles): Institutional Planning & Effectiveness; Student Achievement		40%
Section 6 (7 standards-10% of all Principles): Faculty		18%	Section 6 (7 standards-10% of all Principles): Faculty		23%	Section 6 (7 standards-10% of all Principles): Faculty		33%
Sections 7-8 (6 standards-8% of all Principles): Institutional Planning & Effectiveness; Student Achievement		16%	Section 13 (8 standards-11% of all Principles): Financial & Physical Resources		11%	Section 13 (8 standards-11% of all Principles): Financial & Physical Resources		20%
Sections 9-10 (16 standards-22% of all Principles): Ed Program Structure & Content; Ed Policies, Procedures, & Practices		15%	Sections 9-10 (16 standards-22% of all Principles): Ed Program Structure & Content; Ed Policies, Procedures, & Practices		5%	Sections 11-12 (9 standards-12% of all Principles): Library & Learning/ Info Resources; Acad. & Student Support Services		7%
Section 13 (8 standards-11% of all Principles): Financial & Physical Resources		15%	Sections 11-12 (9 standards-12% of all Principles): Library & Learning/ Info Resources; Acad. & Student Support Services		4%	Sections 1-5, 14 (26 standards-36% of all Principles): Integrity; Mission; Basic Eligibility; Governing Board; Admin. & Org.; Transparency & Inst. Rep.		0%
Sections 11-12 (9 standards-12% of all Principles): Library & Learning/ Info Resources; Acad. & Student Support Services		9%	Sections 1-5, 14 (26 standards-36% of all Principles): Integrity; Mission; Basic Eligibility; Governing Board; Admin. & Org.; Transparency & Inst. Rep.		3%	Sections 9-10 (16 standards-22% of all Principles): Ed Program Structure & Content; Ed Policies, Procedures, & Practices		0%

INSTITUTIONAL FOCUSED REPORT

INSTITUTIONAL RESPONSE REPORT

Common Reporting Errors:

- Overreliance on one assessment method.
- Repeatedly stating "will continue to monitor."
- No evidence of assessment results is reported, or the evidence is so general and so brief, that it does not report anything meaningful.
- Not using action plans from the previous assessment cycle to inform strategies for improvement.
- No evidence that the department is using assessment findings to inform planning or continuous improvement.
- Interpretation of the results does not refer back to the outcomes, targets (benchmarks), or methodologies.
- Not explicitly stating if the target was met or not.
- No evidence at all (rubrics, charts, graphs, emails, invoices, spreadsheets, survey results, surveys, evidence of changes, etc.)
- Sample size of participants: how many were surveyed, tested, etc.



Developing Effective Assessment Plans

Why Should Programs and Units do Assessment?



Identify strengths and areas for improvement for programs or units.

Provide evidence of effectiveness, efficiency, satisfaction, student learning, and/or improvement to the institution and stakeholders.

Highlight unit or program contributions.

Encourage collaboration among individuals within units and faculty in programs.

Create a vision or ideal for units or programs.
Improving focus and prioritization.

Provide data to support resource requests.

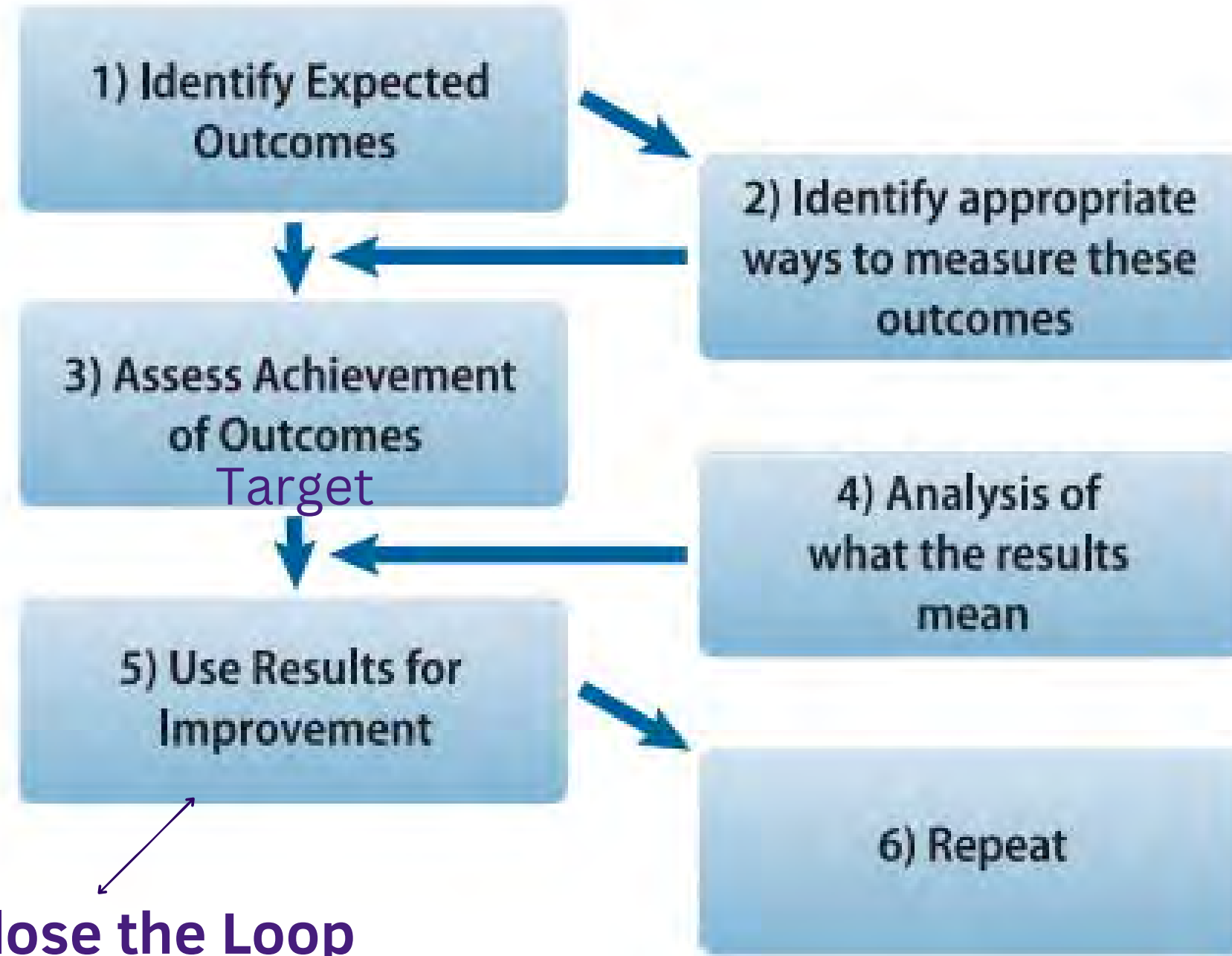
PRIMARY REASON - (SACSCOC) Focus on continuous improvement at the institution.

Assessment Process

Phase 1

(1, 2,3)

Due
September 1st



7) Close the Loop

Review results from
previous action plans

Phase 2

(4,5,6,7)

Due
July 31st

Phase 1: Step 1

Developing Service Delivery and Operational Outcomes

Identify the Need: Understand the current challenges and proceed from there.

Define Outcomes: Develop clear and measurable service delivery and operational outcomes based on the identified needs. These outcomes should reflect key functional responsibilities of the unit.

Example: *The Accounting Services unit will decrease the error rate in the Travel Expense Voucher Forms completed by university staff.*

Sample Service Delivery/Operational Outcomes

- Reduce the average response time to maintenance requests from 5 days to 4 days.
- Attain a 100% compliance rate in internal audits.
- Increase student attendance of advising hours by 20%.
- Increase alumni donations during a specific drive by 30%.
- Achieve 100% on-time submission of completed assessment reports that fully comply with accreditor standards.
- Reduce billing errors by 10% each academic term.
- Increase non-traditional student enrollment by 5%.
- Add 2,000 new digital titles to the library's catalog annually.
- Decrease student loan default rate by 10%.
- Reduce campus energy consumption by 10% through sustainable practices and technology upgrades.

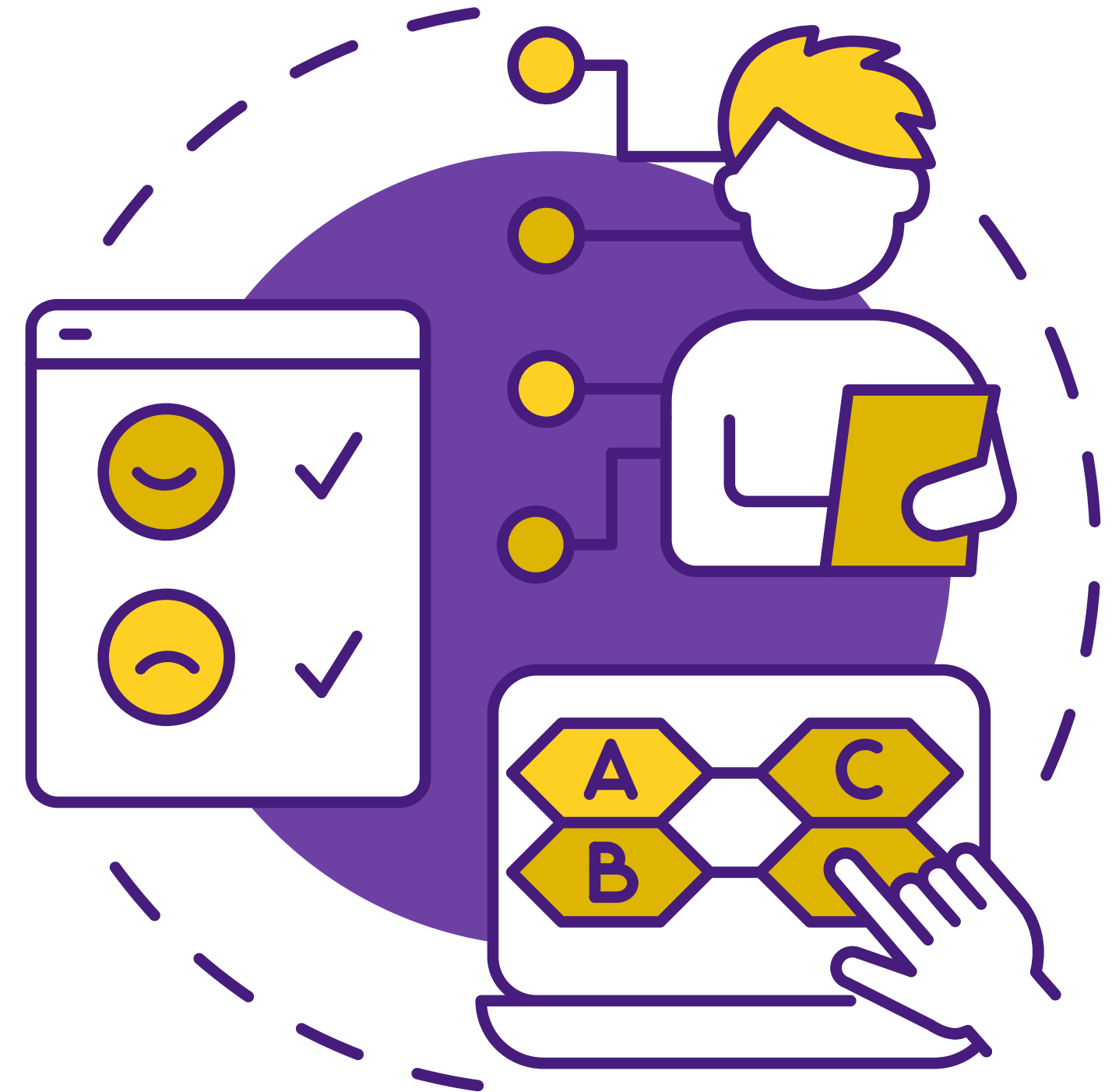
Step 2: Assessment Methods/Measures

Select Appropriate Methods: Choose assessment methods that best capture the data necessary to evaluate the defined outcomes. These are tools or approaches used to measure whether the outcomes are being achieved (*more on next slide*).

Ensure Alignment: Ensure that each outcome has a corresponding assessment method that is suitable for accurately measuring that outcome. **Provide explanations for methods that use field jargon!**

Example: *To assess the effectiveness of the current process and identify common errors, a combination of direct observation and document analysis will be used:*

- **Direct Observation:** *Trainers will observe staff as they fill out the forms to note where errors are most likely to occur.*
- **Document Analysis:** *A random sample of completed forms over the past six months will be analyzed for error types and frequencies.*



Examples of Measures Used for Student Support & Administrative Assessments



- Satisfaction surveys, tied to outcomes
- Number of complaints
- Number of errors, error rate
- Number of applications, percentage change
- Number of users, percentage change
- Number of training sessions, growth in attendance
- Number/amount of donations, percentage increase, number of new/alumni/parent/faculty and Staff Donors
- Facility Usage Statistics
- Counts of Students Served
- Attitudinal surveys
- Retention statistics
- Participant feedback
- Customer satisfaction forms
- Timeliness of response
- Variance from an annual plan
- Peer/benchmarking studies
- Level of compliance
- International standards
- Statistical reports
- Average service time
- Average wait time
- Faculty and Staff Survey
- Graduating Student Survey
- Library Circulation Statistics
- Computer Usage Statistics
- Number of Admissions Applications
- Admission Yield
- Percent of Alumni Giving
- Annual Fund Receipts
- Net Tuition Revenue
- Lecture Series Attendance
- Number of Safe Workdays
- Questionnaires (Students, Employers, Faculty/Staff, Alumni, etc.)
- Endowment Performance
- Response Time to Requests for Service
- Campus Crime Statistics
- Cost-Saving Statistics
- Processing time for requests
- Comparison to professional standards
- Staff training hours
- Focus groups
- Opinion surveys
- External review
- Auditor's findings
- Awareness surveys
- Pre- and post-workshop tests
- Alumni Survey
- Student Engagement Survey
- Transfer Student Survey

Step 3: Setting Targets



Establish Benchmarks: Set realistic and challenging targets for each outcome. These targets should be quantifiable and based on previous performance data or comparative benchmarks from similar institutions.

Example: *The target for this assessment cycle is to reduce the error rate in Travel Expense Voucher Forms by 30% within one year.*

- **Establish clear metrics:** In this case, the metric is the percentage reduction in error rate.
- **Set a realistic timeline:** Achieve improvement within one academic year.
- **Ensure measurability:** Confirm that data collection methods can accurately measure these metrics.

Mastering Data Analysis for Informed Decision-Making



- Data is not just numbers; it's the story of our institutional stakeholder's journey. Let's become master storytellers!
- Effective analysis illuminates both the strengths and weaknesses of our approach. It serves as our guiding light, directing us towards improved educational outcomes.

Phase 2:

Step 4: Reporting Findings



- **Gather Data:** Collect data through the selected assessment methods during the defined assessment cycle.
- **Compile Reports:** Organize the data into reports that highlight key findings related to each outcome and the extent to which targets were met. ***Explicitly state that the target was met or not met.***
- **Example: Target not met.** *From the analysis of the sampled documents, it was found that 45% of forms had errors related to miscalculations, 30% had errors with missing receipts, and 25% had incorrect expense categorizations.*

When Does Data Collection Occur?

Data collection occurs throughout the year

- Logs of event participation or service requests will likely be ongoing and survey administration typically occurs either with events or at pre-specified points in the year.
- OIE schedules the assessment cycle around the academic year and is flexible about programming that doesn't align with this timing.

The important thing to remember is to collect the data and store it in a safe place!

It is easy to get busy and forget this important activity.



Step 5: Analyzing Results

Interpret Data: Analyze the data to understand the trends, successes, and areas needing improvement. Consider the impact of external factors and the reliability of the data.

Benchmark Comparisons: Compare results against internal targets and external benchmarks to gauge performance.

Example: *The high incidence of miscalculations suggests a lack of understanding or attention to detail in totaling expenses. Missing receipts may indicate a procedural knowledge gap or oversight in collecting and managing physical documentation. Incorrect categorizations point towards either a misunderstanding of the expense types or a need for more specific categories.*



NOTE:

Some data should be analyzed and interpreted as soon as possible after collection.



This is also important because memories of presentations at events may fade, making it difficult to understand participant ratings and comments!

Paper surveys and checklists, for example, may be misplaced, so it is best to enter the data and run summary reports as soon as possible after surveys are collected.

Formulating an Action Plan for Continuous Improvement



Step 6: Plan of Action for Continuous Improvement

Identify Improvements: Based on the analysis, identify specific areas where improvements can be made.

Develop Action Plans:

Create detailed action plans that outline steps to improve service delivery, operational and/or learning outcomes. These should include timelines, responsible parties, and required resources.

Example: *The Accounting Services unit decided to develop targeted training sessions to address each major error type and redesign the form to make categorizations clearer. They will schedule quarterly trainings and roll out the redesigned form within six months.*

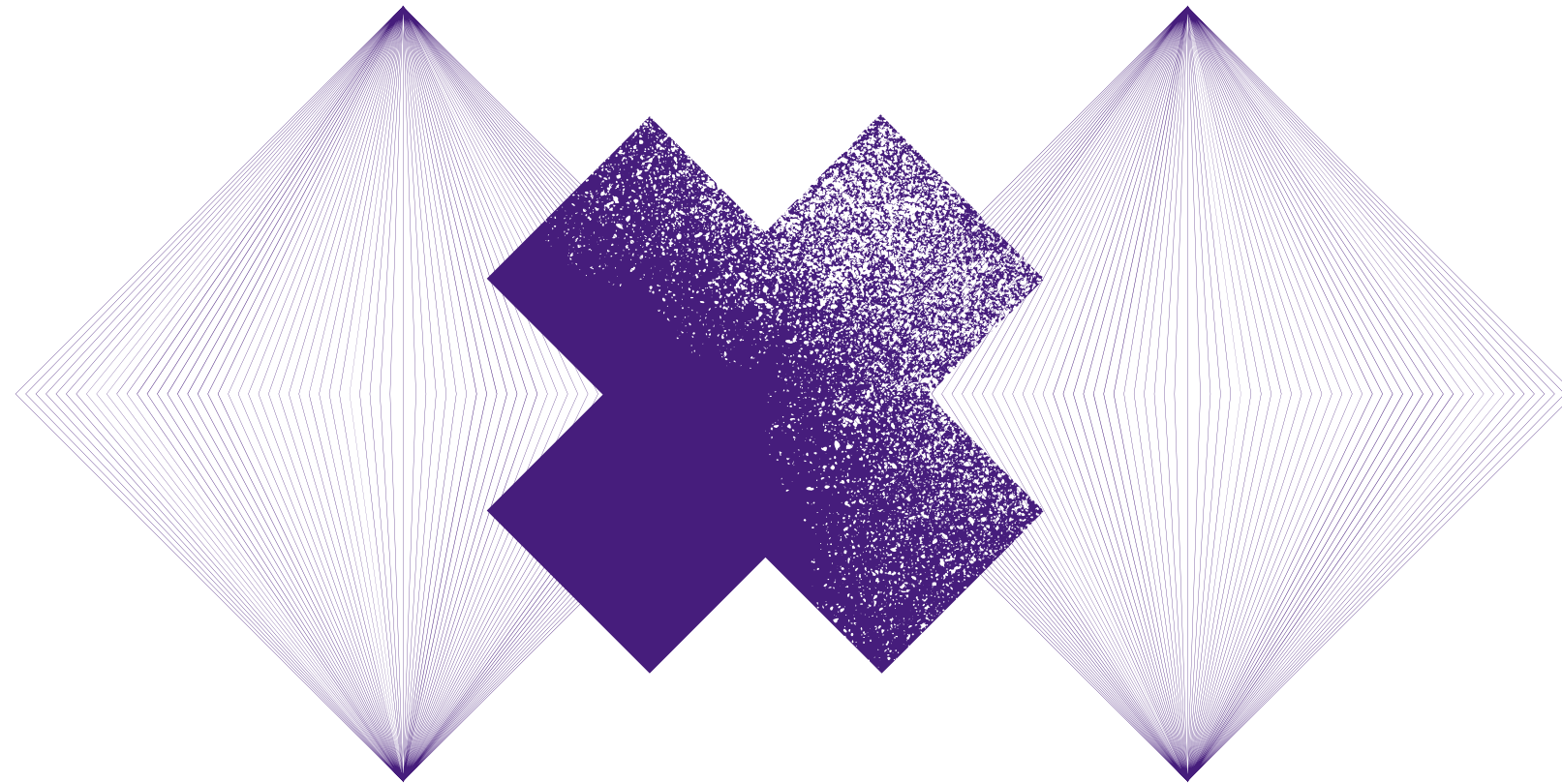


Important Guidelines to Consider When Writing Action Plans

1. Action plans flow directly from the data and your analysis of that data.
2. Action plans ignore pre-conceived wishes, needs, or priorities.
3. Some actions will immediately solve a problem in the next assessment cycle, but others are long-term and will put you on the path to improvement.
4. Action plans are specific.
5. Action plans may or may not require additional resources.
6. Action plans must be tracked over one or more subsequent cycles.



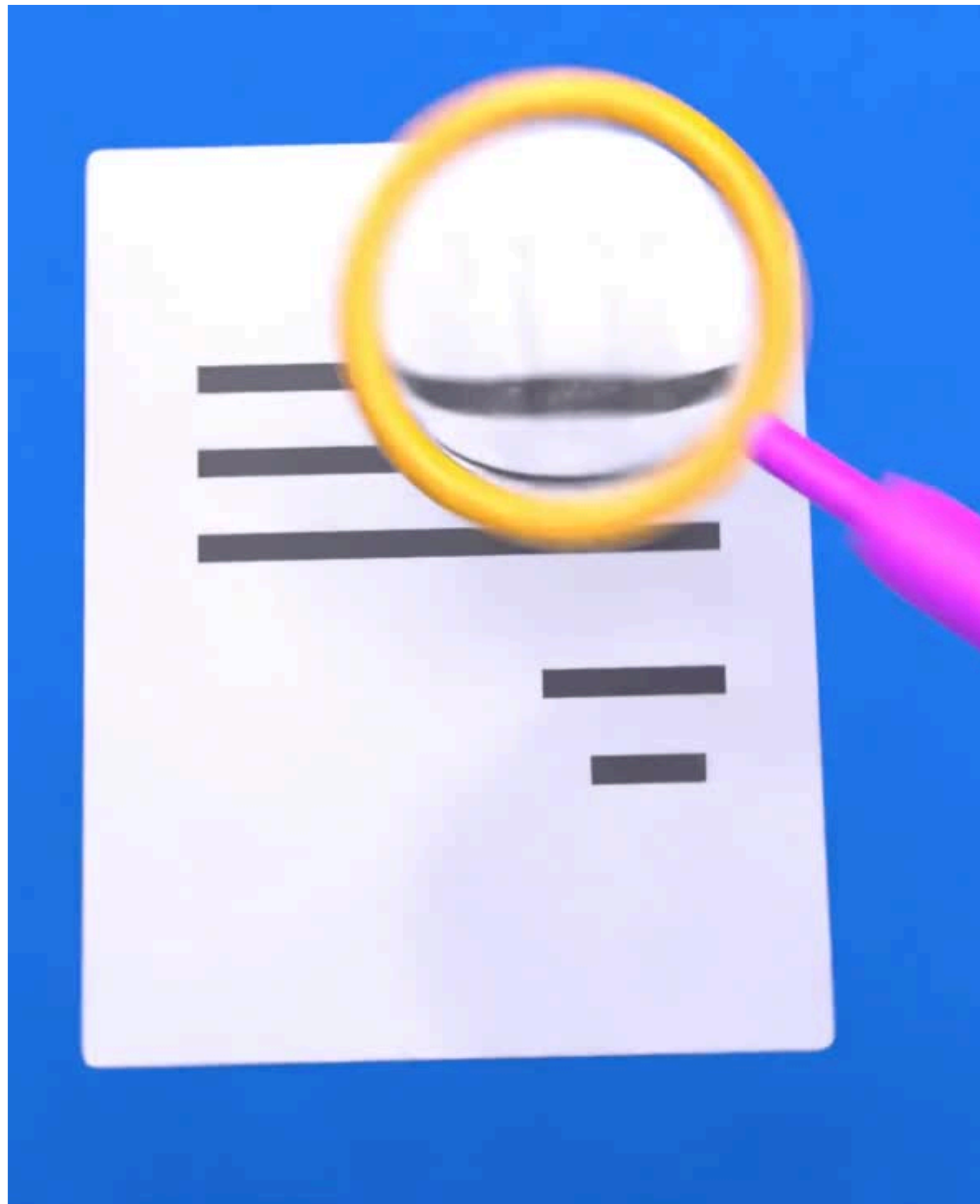
Action Plans Flow Directly From the Data and Your Analysis of That Data



When developing an action plan, ask yourself what the data suggest you should do next.

- **The connection between the assessment data and the resulting actions must be obvious.**

In the assessment planning step, you worked to identify service delivery, operational, or learning outcomes that are connected to long-term department goals, the department's mission, and the institutional mission.



Tip

Anyone reading your assessment plan should be able to “***connect the dots***” and see how the service delivery, operational, or learning outcomes support the activities from which they flowed. ***That same reader should be able to read your assessment report and see an obvious connection between your assessment results and action plan(s) you develop.***



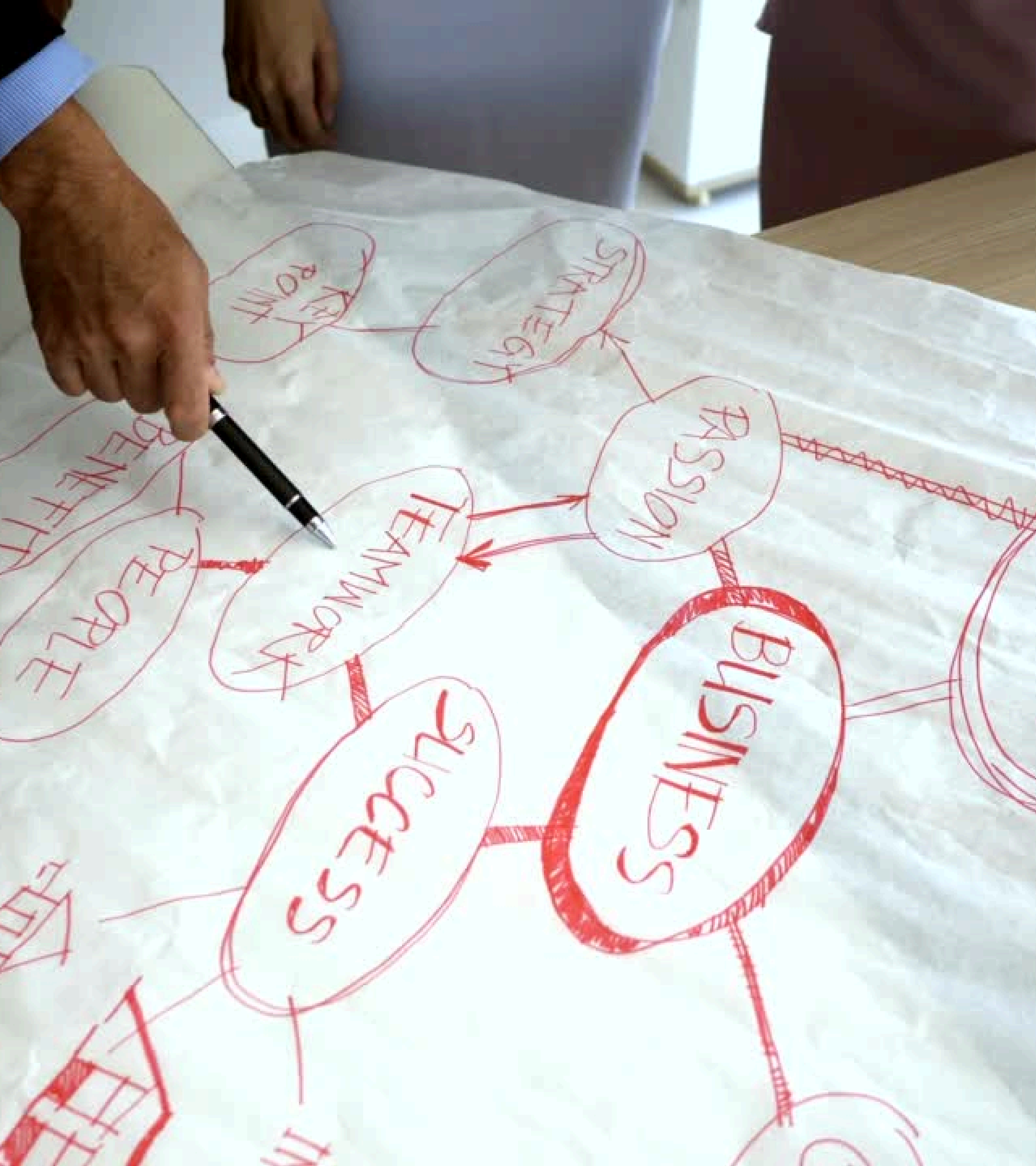
Action Plans Ignore Pre-Conceived Wishes, Needs, or Priorities

If your department or program has needs that are *not DIRECTLY* supported by the analysis of assessment data, those needs will have to be requested through another process.

- The annual program-based budget
- Program review

Resources for long-term sustainability of programs are typically sought through the program review or strategic planning process.

- additional staffing
- major equipment



Action Plans are Specific

Your department may have resource needs, such as personnel or new technology you want. ***“Updating technological resources” is not an action plan; it is a general recommendation.***

An action plan takes this recommendation and breaks it down into measurable milestones, each with targeted deadlines.

- What are the needed resources?
- Why are they needed?
- How will you identify them?
- How will you identify/select the best product?
- How much will it cost?
- Who will do this work?
- When will they get each step done?

Celebrations are in order! You've made it to the final stage of the assessment cycle, commonly known as **"Closing the Loop."** This is a remarkable achievement, and it reflects your unwavering dedication to assessment and continuous improvement. Well done!

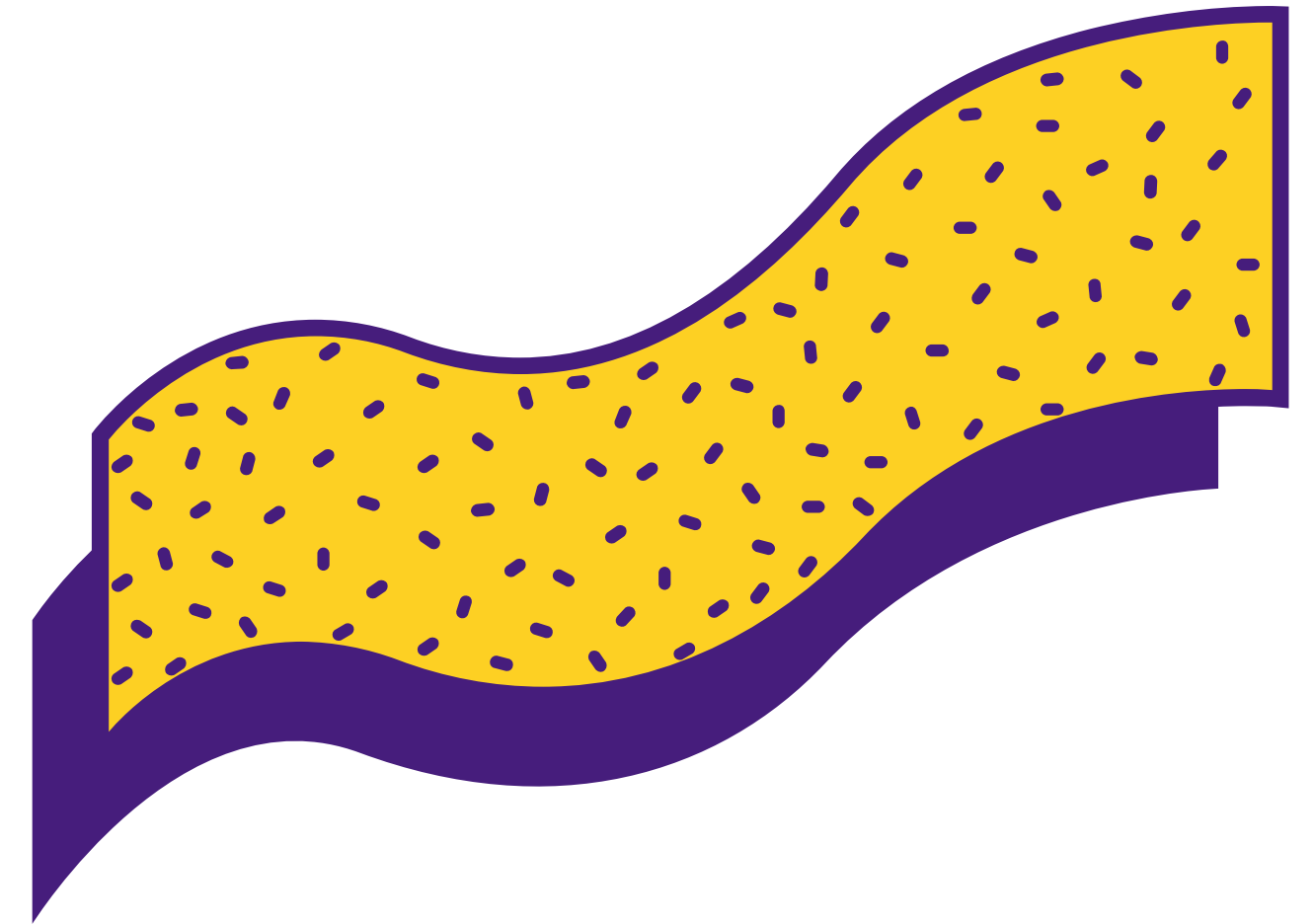


Follow-Up on Prior Year Improvements Reported and Action Plans

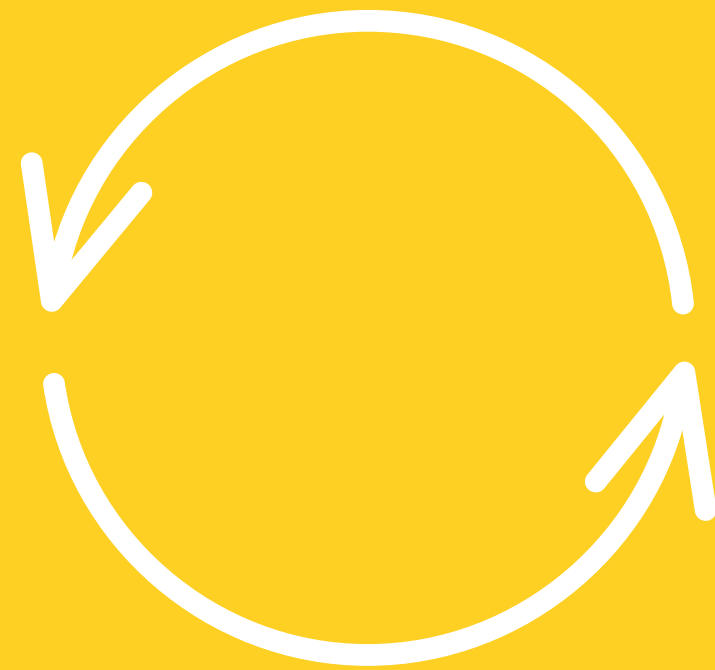
Review your prior year assessment reports and provide updates on improvements the program reported that it had initiated and/or actions the Unit decided to take based on assessment results in those years.

What did the unit attempt to improve or enhance and what actions did they decide to take?

What have you observed to date about the effectiveness, efficiency, satisfaction and/or student learning of those improvement efforts?



Step 7: Closing the Loop



Most Important Step in the Process

- **Implement Changes:** Implement the action plans and make necessary adjustments to services and programs based on the assessment findings.
- **Reassess and Adjust:** After implementing changes, reassess to determine if the desired improvements were achieved. Adjust the assessment cycle as necessary to refine outcomes, methods, and targets.
- **Document and Share:** Document the entire process and share the findings and changes made with OIE and stakeholders. This transparency helps maintain the credibility of the assessment process and encourages community engagement.
- **Example:** *After the unit implemented targeted training and introduced a redesigned Travel Expense Voucher Form, the results were notably positive. After these changes were put into place a follow-up assessment conducted six months later demonstrated a significant reduction in the error rate. The data revealed that the error rate had decreased by 35%, surpassing the initial target of a 30% reduction.*

Closing the Loop, cont.

This improvement in accuracy can be attributed to several factors:

- **Effective Training:** The targeted training sessions were well-received, with staff members gaining a deeper understanding of how to correctly categorize expenses, attach necessary documentation, and calculate totals accurately.
- **Redesigned Form:** The redesigned Travel Expense Voucher Form was simpler and easier to understand, which helped reduce common errors related to misinterpretation or oversight.

Continued Impact:

- The successful reduction in error rates not only streamlined the reimbursement process, resulting in faster processing times and increased satisfaction among staff, but also reduced the workload on the accounting department, as fewer forms required corrections.
- Staff morale improved as the frustrations associated with making and correcting errors diminished. Employees felt more competent and confident in this administrative task.

Sustaining Success:

- Encouraged by the positive outcomes, the unit plans to maintain regular refresher training sessions and periodic reviews of the form design to ensure the error rate continues to decline.
- **The success story is used as a benchmark within the university to promote similar improvement initiatives in other departments, showcasing the benefits of targeted training and thoughtful process redesign.**
- This positive outcome illustrates the effectiveness of thoughtful, targeted interventions in enhancing operational efficiency and accuracy in administrative processes.



“Closing the Loop” shows the recurring nature of assessment—implementing changes, evaluating their effectiveness, and adjusting strategies accordingly. It underscores the commitment to continuous improvement and the adaptive nature of academic, student, and administrative support services.

Closing the Loop

ASSESS, ACT, REASSESS



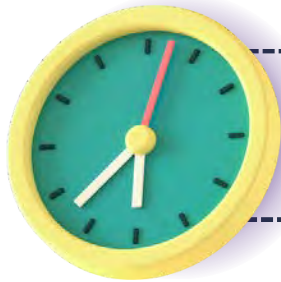
Implement Changes

Let's get started

Did It Work?

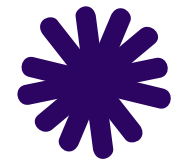


Next Steps

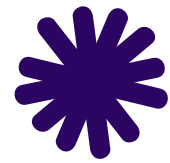


Fall 2023

Important Dates to Remember

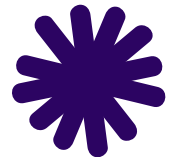


Phase 2

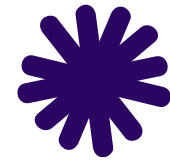


July 31, 2024

Findings, Data Analysis, and Action Plans for
Continuous Improvement 2023-24 Cycle



Phase 1



September 1, 2024

Assessment Plan 2024-25 Cycle

Report is due

Questions??????

