The Embodiment of Continuous Improvement: Embarking On, Embedding & Embracing It!

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2015 ACCCA Conference
February 25, 2015
EMBODYING CONTINUOUS IMPROVEMENT

1. Embarking On It

2. Embedding It

3. Embracing It
Early 2013:
Leading into the Team Visit for Hartnell’s Comprehensive Evaluation, the College could not determine the extent of progress made in key areas, such as SLO assessment or program review.

June 2013:
ACCJC Placed the College on Probation

March 2014:
Hartnell Submitted First Follow-Up Report

June 2014:
ACCJC Removed the College from Probation and Issued Warning

March 2015:
Hartnell Will Submit Second Follow-Up Report
The team recommends that the college:

• Develop a process for regular and systematic evaluation of its mission statement.

• Develop a regular systematic process for assessing its long term and annual plans, as well as its planning process, to facilitate continuous sustainable institutional improvement.

• Fully engage in a broad-based dialogue that leads to ... regular assessment of student progress toward achievement of [learning] outcomes.

• Ensure that evaluation processes and criteria necessary to support the college’s mission are in place and are regularly and consistently conducted for all employee groups.
• Ensure that program review processes are ongoing, systematic, and used to assess and improve student learning, and that the college evaluate the effectiveness of its program review processes in supporting and improving student achievement and student learning outcomes.

• Develop a process for regular and systematic evaluation of all Human Resources and Business and Fiscal Affairs policies.

• The board self-evaluation continues to be done with full participation of each board member.

• Systematically review effectiveness of its evaluation mechanisms.
Institutional effectiveness is a very broad, generic construct. It encompasses many different aspects of a college as it functions as a system. Effectiveness cannot be measured directly or easily.

Effectiveness can be measured at specific times. But the ACCJC expects that institutions will continuously work toward enhancing their effectiveness, hence the phrase, *sustainable continuous quality improvement*.

In this presentation, we consider how continuous improvement impacts institutional effectiveness.
Especially Relevant ACCJC Standard on Institutional Effectiveness (I.B.7):

The institution regularly evaluates its policies and practices across all areas of the institution, including instructional programs, student and learning support services, resource management, and governance processes to assure their effectiveness in supporting academic quality and accomplishment of mission.
1. **EMBARKING ON IT**

2. Embedding It

3. Embracing It
1a. Unpack institutional effectiveness into all core areas that contribute to effectiveness.
Systematic Review of Effectiveness of Evaluation Mechanisms:

✓ What processes are in place? Which are being implemented?

✓ Does a complete master list of elements exist? Who maintains it?

✓ What proportion and which elements in the inventory have recently been evaluated? When?

✓ Does a regular cycle of evaluation exist? How frequently are elements scheduled to be evaluated currently and in the future per the existing evaluation cycle?
Key Results of This Review:

- 17 formalized evaluation mechanisms existed
- Irregularity of evaluation cycles
- Incomplete or non-comprehensive master lists
- Inconsistent or irregular evaluation of specific elements
- Certain key processes did not exist or had not been fully documented
The overarching framework adopted for grouping CI processes encompassed the following 5 categories or core areas:

A. Organizational effectiveness
B. Effectiveness of strategic planning
C. Effectiveness of strategic operations
D. Processes for employee hiring and job classification
E. Performance evaluation procedures
1b. Analyze the core areas, and develop several explicit CI processes for each area that contribute to institutional effectiveness.
Potential processes to be developed were added to the already existing mechanisms.

Decisions were based partly on the accreditation recommendations requiring deficiency resolution, and more generally on core areas that were considered to contribute substantially to institutional effectiveness.
INVENTORY OF CI PROCESSES

A. Organizational Effectiveness – 5 Processes:
A1. Board Policies & Administrative Procedures
A2. Organizational Structure
A3. Governance System
A4. Internal & External Communications
A5. Organizational Climate
INVENTORY OF CI PROCESSES

B. Effectiveness of Strategic Planning – 7 Processes:


B2. Community Research & Environmental Scanning

B3. Long Term Institutional Planning:
   • B3a. Strategic Plan Development, Review & Revision
   • B3b. Long Term Institutional Plans—Development, Review & Revision

B4. Long Term Program Planning:
   • B4a. Academic Program Establishment, Revitalization & Discontinuance
   • B4b. Non-Instructional Program Establishment, Revitalization & Discontinuance
   • B4c. Comprehensive Program Review
C. Effectiveness of Strategic Operations –
6 Processes:
C1. Curricular Development, Review & Revision
C2. Annual Planning & Assessment:
• C2a. Annual Program Planning & Assessment
• C2b. Annual SLO Assessment
C3. Budget Development & Resource Allocation
C4. Enrollment Management
C5. Partnership Establishment & Management
D. Processes for Employee Hiring & Job Classification – 5 Processes:

D1. Hiring Processes:
• D1a. Full-Time Hiring
• D1b. Part-Time Hiring

D2. Review of Job Classifications:
• D2a. Cyclical Job Classification Review—Classified Staff
• D2b. Individual Job Classification Review—Classified Staff
• D2c. Job Classification Review—Other Employees
E. Performance Evaluation Procedures – 7 Processes:

E1. BOT Evaluation
E2. CEO Evaluation
E3. Manager Evaluation
E4. Classified Staff Evaluation
E5. Faculty Evaluation Processes:
   • E5a. Probationary Faculty Evaluation
   • E5b. Tenured Faculty Evaluation
   • E5c. Adjunct Faculty Evaluation
Resulting from this analysis was a total of 30 processes that needed to be fully developed and formalized, including the 17 processes that were being implemented to some extent. (HANDOUT)

A standardized template was developed to ensure that all important components would be considered and included in fleshing out each CI process.

To date, 27 CI processes have been developed and included in a Handbook of Continuous Improvement Processes.
RECAP:

1a. Unpack institutional effectiveness into all core areas that contribute to effectiveness.

1b. Analyze the core areas, and develop several explicit CI processes for each area that contribute to institutional effectiveness.
1. Embarking On It

2. EMBEDDING IT

3. Embracing It
2a. Assign CI processes to leads and implement these processes on appropriate cycles to ensure that evaluation occurs regularly.
KEY ITEMS IN CI TEMPLATE

FOR THE EVALUATION OF EACH CI PROCESS:

✓ 1 or More Leads are Assigned (Accountability)
✓ An Appropriate Evaluation Cycle is Followed – Every Year, Every 5 Years, etc.
✓ Various Persons, Tools and Data are Involved in the Assessment Process
✓ One or More Levels of Oversight Occur
✓ Improvement Needed is Specified
✓ Improvement of the Process Itself may also be Recommended

The Above and More are Included in the Completed Template for Each CI Process.
Example:

Hartnell’s CI Process for Evaluating Governance Effectiveness (HANDOUT)
2b. Encourage discussion and require reporting of needed improvement to increase the probability of actually making improvement.
Example of Process Implementation: Governance System Effectiveness

Survey Tool for each Council:

Council Tasks
- For example, “Outcomes of each council meeting were clear and understood.”

Information adequacy
- For example, “Council members had appropriate information to make informed decisions.”

Participation
- For example, “Council members attended regularly.”

Respectful Dialogue
- For example, “Different opinions and values were represented.”

Council Purpose and Responsibilities
- For example, “The Council worked effectively towards fulfilling its purpose and responsibilities.”
### COLLEGE PLANNING COUNCIL 2013-14

**INVENTORY OF AGENDA ITEMS BY MONTH AND AREA OF RESPONSIBILITY**

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<th>CPC Responsibilities</th>
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### INVENTORY OF CPC AGENDA ITEMS 2013-14

- CPC Responsibilities
  - 1. Council Recommendations
  - 2. Board Policies & Administrative Procedures
  - 3. Accreditation
  - 4. Budget
  - 5. Planning/Research
  - 6. Program Review
  - 7. Student Learning Outcomes

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Results: Overall Governance Effectiveness

Strengths of the governance system identified through the evaluation:

- Over 80 percent of respondents indicated satisfaction with the governance system.

Themes of effectiveness from respondents:

- Open and transparent
- Greater participation of all constituent groups than in the past
- Opportunities for participation and engagement
- Good structure
- Posting of all agendas, minutes, and materials creates accessibility for all

Improvements for the governance system to be considered for 2014-15:

- Reporting back to constituent groups
- Attendance at meetings
- Examination of quorum rules due to lack of attendance
- Flow of information to and from CPC
- Amount of time needed to move items through the governance system
Improvements Recommended/Made:

To improve communication about governance actions and discussion, a “summary/highlights” document was created and is posted to the college web site following each CPC meeting. An email is sent to all employees following each meeting informing them that the document is available for review.
2c. Link CI processes directly to integrated planning, the strategic plan, APs, CBAs, and other governing documents to ensure that CI becomes embedded in organizational culture.
Example:
The Office of Institutional Planning and Effectiveness has established long range goals and objectives, including the following that focus on continuous improvement:

Objective 2A: *Create a comprehensive institutional plan to systematically cultivate continuous improvement throughout the college.*

Objective 2B: *Coordinate specification and execution of a wide array of processes that collectively enhance organizational learning and student success.*
Example:

Hartnell’s Model For Integrated Planning & Sustainable Continuous Quality Improvement (HANDOUT)
Example:
We have developed a CI process on Partnership Establishment and Management. It aligns perfectly with Priority 6 of our Strategic Plan:

*Partnerships with Industry, Business, Agencies & Education*

And with Goal 6A of the plan:

*Hartnell College is committed to strengthening and furthering its current partnerships and to establishing new partnerships, in order to secure lasting, mutually beneficial relationships between the college and the community that the college serves.*
Example:

- We re-conceptualized our then existing academic program discontinuance process, and decided to broaden it to encompass program establishment, revitalization, or discontinuance.
- A task force of faculty from the Academic Senate and the Dean of Institutional Planning and Effectiveness convened over a period of several months in AY 2013-14 to develop the AP, which more recently moved through the governance system.
- These academic program related processes are also documented in a CI process. (HANDOUT)
Example:
Hartnell’s CI processes encompass probationary, tenured and adjunct faculty evaluation.

Procedures for faculty evaluation must match provisions included in the current agreement between the District and faculty association.

In cases such as this, CI processes can highlight and reinforce key provisions, and help ensure that the provisions are followed in practice.
Example:
Hartnell has established a Continuous Improvement Committee as a subcommittee of the College Planning Council. This committee has representation from each constituent group, and allows for a faculty co-chair along with the administrator co-chair. (HANDOUT)
RECAP:

2a. Assign CI processes to leads and implement these processes on appropriate cycles to ensure that evaluation occurs regularly.

2b. Encourage discussion and require reporting of needed improvement to increase the probability of actually making improvement.

2c. Link CI processes directly to integrated planning, the strategic plan, APs, CBAs, and other governing documents to ensure that CI becomes embedded in organizational culture.
EMBODYING CONTINUOUS IMPROVEMENT

1. Embarking On It

2. Embedding It

3. **EMBRACING IT**
3a. Allow for improvements to be made in the processes themselves.
CI processes may need to be modified or added as new circumstances arise. Such changes are integral to continuous improvement.

Example:
The ACCJC is increasingly focusing on student achievement outcomes, such as by expecting colleges to develop institution-set standards for student achievement. Hartnell has developed CI processes for comprehensive program review, annual program review, and SLO assessment, but does not yet have a specific process in place as it relates to student achievement outcomes.
3b. Document and share.
Examples:

• For each CI process, maintain an updated inventory of all items to be evaluated at the upcoming cycle, and all items that were evaluated in the most recent cycle. Ensure that there’s a specific office or position responsible for this task.

• Within the CI process itself, refer to applicable governing documents, such as specific administrative procedures and collective bargaining agreements that apply to that particular process.
• Publish the CI processes, and educate the community about these processes. Hartnell has developed and is implementing a CI Plan. All CI processes are included in an accompanying handbook.

• Collect, discuss and publish non-confidential evaluations and assessments. A culture of assessment and data driven decision making is cultivated as you continue to share evaluations as appropriate in governance councils and other venues.
3. EMBARKING ON CONTINUOUS IMPROVEMENT

RECAP:

3a. Allow for improvements to be made in the processes themselves.

3b. Document and share.
SUMMARY (HANDOUT)

Embarking on Continuous Improvement:

1a. Unpack institutional effectiveness into all core areas that contribute to effectiveness.

1b. Analyze the core areas, and develop several explicit CI processes for each area that contribute to institutional effectiveness.
SUMMARY (continued)

Embedding Continuous Improvement:

2a. Assign CI processes to leads and implement these processes on appropriate cycles to ensure that evaluation occurs regularly.

2b. Encourage discussion and require reporting of needed improvement to increase the probability of actually making improvement.

2c. Link CI processes directly to integrated planning, the strategic plan, APs, CBAs, and other governing documents to ensure that CI becomes embedded in organizational culture.
SUMMARY (continued)

*Embracing Continuous Improvement:*

3a. Allow for improvements to be made in the processes themselves.

3b. Document and share.
In short, your institution can Embody continuous improvement by Embarking on it systematically and comprehensively, Embedding it deeply into processes, systems and organizational culture, and Embracing it passionately and wholeheartedly.
QUESTIONS
& COMMENTS
The Embodiment of Continuous Improvement: *Embarking On, Embedding & Embracing It!*

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President, Academic Senate &  
Co-Chair, College Planning Council

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Hartnell College  
411 Central Avenue  
Salinas, California

February 25, 2015

Association of California Community College Administrators  
2015 Annual Conference  
Burlingame, California
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<tr>
<th>A. Organizational Effectiveness</th>
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<td>A2. Organizational Structure</td>
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<td>A3. Governance System</td>
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<td>A4. Internal &amp; External Communications</td>
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<td>A5. Organizational Climate</td>
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* To be developed in 2014-15.
**Components of Continuous Improvement (CI)**

**2013 - 2018**

A. **CI Process, Cycle, and Process Lead**

1. **CI Process**: Governance System.


3. **CI Process Lead**: S/P & Dean IPE.

B. **Participants, Tasks & Evidence in Evaluation/Review Process**

4. Who or what is evaluated?
   - Effectiveness of the governance system.

5. Who informs those responsible for conducting the evaluation, and when are they informed?
   - Dean of IPE informs chairs/co-chairs of governance councils mid-spring semester.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?
   - The chairs/co-chairs of each governance council coordinates the evaluation (with assistance from Dean of IPE).
   - Evaluations are conducted annually before the end of the spring semester.

7. What instruments, forms and/or data are utilized in the evaluation?
   - Survey is the primary tool.

8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   - Dean of IPE and chairs/co-chairs of governance councils review content for quality and completeness.
   - Quality checks occur at the time of each evaluation.
9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   - Each governance council has oversight for reviewing content.
   - Oversight occurs at the time of each evaluation.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   - Dean of IPE maintains the list of all governance councils and other governance bodies to be evaluated.
   - Dean of IPE tracks completion of evaluations and maintains the master list of all evaluations.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   - Evaluations are housed in the Office of Dean of IPE.
   - Chairs/co-chairs of governance councils provide completed evaluations to Dean of IPE.
   - Office of Dean of IPE maintains the entire set of evaluations.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   - Councils determine improvements needed based on feedback received and discussed. Proposed modifications in council handbooks are considered by the specific council and the CPC.
   - Improvements and proposed modifications are documented in the evaluation report and reported in meeting minutes.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   - Chairs/co-chairs are responsible for implementing recommended improvements.
   - Office of S/P makes approved modifications to council handbooks.
   - Timeline for implementing improvements is determined by the specific governance council. Improvements are normally implemented starting in the next fiscal year.
14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?

- Improvements/outcomes are measured as part of the next evaluation.
- Chairs/co-chairs are responsible for coordinating the measurement of improvements/outcomes.
- Improvements/outcomes are documented in the evaluation report and meeting minutes.
- Each governance council determines whether improvements were adequate.

D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?

- CPC evaluates overall effectiveness of the CI process.
- Evaluation of the CI process occurs annually as part of the evaluation of the governance system.

16. Who decides what improvements need to be made in the process, and how are they documented?

- CPC determines what improvements are needed in the CI process.
- Improvements are documented in the evaluation report and meeting minutes.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]

- CPC implements improvements to the CI process.
- Improvements are implemented in the next fiscal year.
HARTNELL COLLEGE

Model for Integrated Planning & Sustainable Continuous Quality Improvement

- Mission
- Vision
- Strategic Plan
- Long Term Plans & Comprehensive Program Reviews
- Program Planning & Assessment
- Outcome Assessments
- Resource Allocation & Plan Implementation
- Participatory Governance & Budget Development
- Data Driven Institutional Decision Making (Year Two)
- Implementation & Evaluation (Year Three)
- Program Review (Year One)
- Three to Five Year Planning
- Institutional Purpose & Direction
- Long Term Institutional Planning
- Annual Planning & Continuous Improvement Cycle
Components of Continuous Improvement (CI)
2013 - 2018

A. CI Process, Cycle, and Process Lead

1. CI Process: Establishment, Revitalization & Discontinuance of Academic Programs.

2. CI Cycle (semester/year & frequency): This process is undertaken as needed on an ongoing basis by the Academic Affairs Council and Academic Senate.

3. CI Process Lead: VPAA & President Academic Senate.

B. Participants, Tasks & Evidence in Evaluation/Review Process

4. Who or what is evaluated?

- An academic program’s viability and vitality, as defined and triggered by AP 4021. A program is viable if it demonstrates itself to be capable of functioning adequately in terms of serving sufficient numbers of students effectively, and vital if it shows the capacity to continue serving students at the same or increased levels of production, effectiveness, and relevance as compared to standards set by the institution.

5. Who informs those responsible for conducting the evaluation, and when are they informed?

- VPAA and President Academic Senate, after the Academic Affairs Council and Academic Senate approve the Program Proposal Request and Narrative Form, or the Request to Initiate Program Revitalization, Suspension, or Discontinuance, per AP 4021.

6. Who conducts the evaluation? When (which years and specific months) and how frequently is the evaluation conducted?

- Program Evaluation Committee (PEC) per AP 4021, as needed.

7. What instruments, forms and/or data are utilized in the evaluation?

- Data elements and reporting are delineated in AP 4021, the Program Proposal Request and Narrative Form, and the Request to Initiate Program Revitalization, Suspension, or Discontinuance.
8. Who reviews content for quality and completeness? When and how frequently do quality checks occur?
   
   - Academic Affairs Council and Academic Senate review content as needed.

9. Who has oversight/broadly reviews content? When and how frequently does oversight occur?
   
   - College Planning Council (CPC) and Superintendent/President (S/P), as needed.

10. Who maintains the list of all elements (persons, programs, outcomes, etc.) to be evaluated? Who tracks completion of evaluations/maintains the master list of evaluations completed and those yet to be completed?
   
   - VPAA/Office of Academic Affairs maintains the list of proposed and existing programs to be evaluated, tracks completion of evaluations, and maintains the master list of evaluations completed and those yet to be completed.

11. When and where are the evaluations housed, who places them there, and who has access? Who maintains the entire set of evaluations completed?
   
   - VPAA/Office of Academic Affairs maintains all evaluation documents.

C. Participants, Tasks & Evidence in Making Improvements in Effectiveness

12. Who decides what improvements/outcomes are needed and the level of targeted improvements/outcomes? How are these planned outcomes documented?
   
   - PEC recommends what improvements are needed, as included in its report and approved, or as otherwise determined thereafter through the participatory governance process.
   - Planned outcomes are documented in the PEC report and otherwise thereafter in meeting minutes of relevant governance bodies.

13. Who is responsible for making improvements, and when (which specific months/years) are they implemented?
   
   - Program faculty and their dean or director according to the timeline established in the PEC report or as otherwise determined thereafter through the participatory governance process.
14. When (which specific months/years) and how frequently are improvements/outcomes measured, who measures them, and how are they documented? Who decides whether they were adequate leading into the next evaluation period?

- Improvements are measured as determined by PEC plan and otherwise by program faculty and their dean or director.

**D. Participants, Tasks & Evidence in Making Improvements in Process Effectiveness**

15. Who evaluates the effectiveness of the overall CI process? When (which years and specific months) and how frequently is the process evaluated?

- Academic Affairs Council and Academic Senate evaluate process effectiveness every 5 years or otherwise more frequently as needed.

16. Who decides what improvements need to be made in the process, and how are they documented?

- Academic Affairs Council and Academic Senate determine what improvements are needed. These modifications are documented in meeting minutes.
- Office of Dean IPE makes the necessary changes in the CI process template.
- Improvements that also require revisions to AP 4021 must be directed through the BP/AP approval and revision process undertaken by the Office of S/P, which moves through relevant participatory governance bodies, the CPC, and ultimately the Board of Trustees.

17. Who makes improvements to the process, and when (which years and specific months) are they implemented? [prior to or at the start of the next CI cycle]

- VPAA, President Academic Senate, and Dean IPE or their designees at the start of the next CI cycle or otherwise as needed.
VISION STATEMENT
Hartnell College will be nationally recognized for the success of our students by developing leaders who will contribute to the social, cultural, and economic vitality of our region and the global community.

MISSION STATEMENT
Focusing on the needs of the Salinas Valley, Hartnell College provides educational opportunities for students to reach academic goals in an environment committed to student learning, achievement, and success.

VALUE STATEMENTS
• **Students First**
We believe the first question that should be asked when making decisions is “What impact will the decision have on student access, learning, development, achievement, and success?”

• **Academic and Service Excellence**
We commit to excellence in teaching and student services that develop the intellectual, personal, and social competence of every student.

• **Diversity and Equity**
We embrace and celebrate differences and uniqueness among all students and employees. We welcome students and employees of all backgrounds.

• **Ethics and Integrity**
We commit to respect, civility, honesty, responsibility, and transparency in all actions and communications.

• **Partnerships**
We develop relationships within the college and community, locally and globally, that allow us to grow our knowledge, expand our reach, and strengthen our impact on those we serve.

• **Leadership and Empowerment**
We commit to growing leaders through opportunity, engagement, and achievement.

• **Innovation**
Through collaboration, we seek and create new tools, techniques, programs, and processes that contribute to continuous quality improvement.

• **Stewardship of Resources**
We commit to effective utilization of human, physical, financial, and technological resources.
STRATEGIC PRIORITIES (will eventually become college goals)

Strategic Priority 1 - Student Success
Strategic Priority 2 - Student Access
Strategic Priority 3 - Employee Diversity and Development
Strategic Priority 4 - Effective Utilization of Resources
Strategic Priority 5 - Innovation and Relevance for Educational Programs and Services
Strategic Priority 6 - Partnerships with Industry, Business, Agencies, and Education

MEMBERSHIP (and terms of service)

◊ Dean, Institutional Planning and Effectiveness (co-chair, permanent)
◊ 2 Faculty (2 year terms, 1 each from the Academic Affairs & Student Affairs Divisions, to be selected by Academic Senate; 1 serving as co-chair)
◊ 2 Classified Staff (2 year terms, 1 to be selected by CSEA, and 1 to be selected by L-39)
◊ 1 Classified Manager, Supervisor or Confidential (2 year term, to be selected by superintendent/president)
◊ 1 Student (1 year term, to be selected by ASHC)

FREQUENCY OF MEETINGS

Monthly during the academic year.

PURPOSE

To function as the subcommittee of the College Planning Council, focusing on the continuous improvement of integrated planning and institutional effectiveness.

RECEIVES INFORMATION FROM

The Office of Institutional Planning and Effectiveness, the Academic Senate, the College Planning Council, and other councils appropriate to the work of the Committee.

MAKES RECOMMENDATIONS TO

The College Planning Council and the Academic Senate, with the Academic Senate also making recommendations to the College Planning Council.

COMMITTEE RESPONSIBILITIES

1. CONTINUOUS IMPROVEMENT OF INTEGRATED PLANNING
   ◊ Review alignment, and recommend ways to maximize alignment, between and among the college’s strategic and long term plans.
Review strategic integration of, and recommend ways to better integrate, annual planning and budgeting.

2. CONTINUOUS IMPROVEMENT OF INSTITUTIONAL EFFECTIVENESS
   ◦ Review progress on and outcomes of institutional continuous improvement processes.
   ◦ Recommend creative ideas, innovative practices, and data driven approaches directed toward sustainable continuous quality improvement at the college.

3. EVALUATION OF COMMITTEE EFFECTIVENESS
   ◦ Conduct annual evaluation of the effectiveness of the Committee in the spring semester each year.
EMBODYING CONTINUOUS IMPROVEMENT

SUMMARY OF RECOMMENDATIONS

1. Embarking on Continuous Improvement
   a. Unpack institutional effectiveness into all core areas that contribute to effectiveness.
   b. Analyze the core areas, and develop several explicit CI processes for each area that contribute to institutional effectiveness.

2. Embedding Continuous Improvement
   a. Assign CI processes to leads and implement these processes on appropriate cycles to ensure that evaluation occurs regularly.
   b. Encourage discussion and require reporting of needed improvement to increase the probability of actually making improvement.
   c. Link CI processes directly to integrated planning, the strategic plan, APs, CBAs, and other governing documents to ensure that CI becomes embedded in organizational culture.

3. Embracing Continuous Improvement
   a. Allow for improvements to be made in the processes themselves.
   b. Document and share.