



Iowa Recognition for
Performance
Excellence
Feedback Report
2012

Tier 3 - Leadership
Iowa Valley Community
College District
Marshalltown, Iowa



December 21, 2012

Iowa Valley Community College
Chris Duree, Chancellor
3702 S Center St
Marshalltown, Iowa 50158

Dear Chris

Thank you for your trust in the Iowa Quality Center to provide a Baldrige-based feedback report based on the Iowa Valley Community College District report you provided. We commend you for your commitment to performance excellence.

This feedback report was prepared for your organization by the Iowa Board of IRPE Examiners during the 2012 IRPE cycle. It presents an outline of the scoring for your organization and describes areas identified as strengths and opportunities for possible improvement. The report contains the Examiners' observations about your organization, although it is not intended to prescribe a specific course of action. Please refer to "Preparing to Read Your Feedback Report" for further details about how to use the information contained in your feedback report.

We are eager to ensure that the comments in the report are clear to you so that you can incorporate the feedback into your planning process to continue to improve your organization. Please contact me at (319) 398-7102 if you wish to clarify the meaning of any comment in your report. We will contact the Examiners for clarification and convey their intentions to you. We can also arrange a visit to your location to clarify feedback comments to you and your staff.

Please call on the Iowa Quality Center staff if you have questions or comments.

Sincerely,

Gary Nesteby
Executive Director
Iowa Recognition for Performance Excellence

Preparing to read your feedback report . . .

Your feedback report contains IRPE Examiners' observations that are based on their understanding of your organization. The Examiner Team has provided comments on your organization's strengths and opportunities for improvement relative to the Baldrige Criteria.

The feedback is not intended to be comprehensive or prescriptive. It will tell you where Examiners think you have important strengths to celebrate and where they think key improvement opportunities exist. The feedback will not necessarily cover every requirement of the Criteria, nor will it say specifically how you should address these opportunities. You will decide what is most important to your organization and the best way to address the opportunities.

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

- Take a deep breath and approach your IRPE feedback with an open mind. You applied to get the feedback. Read it, take time to digest it, and read it again.
- You know your organization better than the Examiners know it. There might be relevant information that was not communicated to them or that they did not fully understand. Therefore, not all of their comments may be equally accurate.
- Although we strive for “perfection,” we do not achieve it in every comment. If Examiners have misread your application or misunderstood your organization on a particular point, don't discount the whole feedback report. Consider the other comments and focus on the most important ones.
- Celebrate your strengths and build on them to achieve world-class performance and a competitive advantage. You've worked hard and should congratulate yourselves.
- Use your strength comments as a foundation to improve the things you do well. Sharing those things you do well with the rest of your organization can speed organizational learning.
- Prioritize your opportunities for improvement. You can't do everything at once. Think about what's most important for your organization at this time and decide which things to work on first.
- Use the feedback as input to your strategic planning process. Focus on the strengths and opportunities for improvement that have an impact on your strategic goals and objectives.

Key Themes – Process Items

During the Consensus Review of the written application for the Leadership Tier (Tier 3) of the Iowa Recognition for Performance Excellence process the Examiner Team found the descriptor for scoring band 3 to be most accurate for the Process Items (Items 1.1-6.2) for Iowa Valley Community College District. For an explanation of the process scoring bands please refer to Figure 6, “Scoring Band Descriptors.”

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

The Examiner Team found the descriptor for scoring band 1 to be most accurate for the Results Items (Items 7.1-7.5) for Iowa Valley Community College District. For an explanation of the process scoring bands please refer to Figure 6, “Scoring Band Descriptors.”

Results are reported for a few areas of importance to the accomplishment of the organization’s mission, but they generally lack trend and comparative data

a) What are the most important strengths or outstanding practices (of potential value to other organizations) identified?

- Senior leaders have a systematic approach to defining and deploying the organization's mission, vision and values to the workforce and all key stakeholders. The organization's use of continuous quality improvement tools connected to the strategic plan is well deployed. With this culture of quality and the organization’s focus on the strategic plan, there is an environment to support the organization in their quest for excellence.
- IVCCD rallied with the transition to new organizational leadership. The leadership change appears to have served as a catalyst within the organization generating a new direction for strategic planning and continuous improvement to further the organization. Through the transition, the organization has developed a strong, unified commitment to excellence among the senior leaders and board which cascades throughout the organization.
- IVCCD has a comprehensive listing of listening and learning strategies by which the voice of the customer and stakeholders can be heard. Through a variety of strategies, the organization is providing opportunities for their constituents to be informed in ways that meet the needs of the customer. Communication channels are well developed within the organization and utilized both to communicate with and learn from the customer.
- Recognizing the significance of technology to innovation, IVCCD has a comprehensive IT system providing complete access to technology for customers, employees and other key stakeholders. The organization demonstrates care above and beyond with personal customer identification through the Red Flag security process. Clearly defined processes, with back-up plans outlined, ensure continued availability of hardware and software in the event of an emergency within the organization.

b) What are the most significant opportunities, concerns, or vulnerabilities identified?

- There is an opportunity to clearly define core competencies central to the success of the organization. IVCCD has indicated core values and strategic advantages as core competencies. It is important to clearly delineate the competencies and set them apart from the core values and strategic advantages to achieve a systems perspective.

- IVCCD does not have a systematic process in place to utilize data sources in fact-based decision making. The organization may benefit by measuring data in a more meaningful way by establishing key performance indicators, identifying baselines and targets, and reviewing measures regularly. This may allow the organization to respond proactively to change rather than reacting to the effects of change on the organization.
- The organizational processes for continuous quality improvement are not fully aligned with the strategic agenda. For instance, IVCCD has not clearly defined key performance measures for the organization and utilized those in the strategic planning process. While there is evidence of the use of process measures in action plans of continuous quality improvement efforts, they do not consistently tie back to the strategic plan or the key performance indicators making it difficult to focus on the future.
- While there is a systematic approach to listening and communication strategies, there is no systematic process in place for responding to all key stakeholder segments. Actionable, segmented information must be responded to for building a customer driven excellence culture. IVCCD has the opportunity to more clearly identify the key segments and their related requirements, and more closely align processes with the organizational strategic agenda.

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

- The organization's results demonstrate the significance of employee engagement to the accomplishment of their strategic objectives. Figures 7-4.7, 8 display the improvement in employee satisfaction as a result of the new internal communication strategy that was implemented. Further, the organization's investment TWS as a survey source shows alignment of resource allocation with the identified strategic objectives related to employee engagement. While trend and comparison data may be lacking, the results in 7.4 generally show improvement from 2009 to 2011 in regards to employee engagement and satisfaction. The organization may be able to leverage improvement in employee engagement into a core competency.
- IVCCD presents comparatives within the results through state and national data sources. These comparatives give the organization the opportunity to benchmark in some areas and can provide the organization with key information about performance. The organization leverages these results in marketing materials and communications within the media.
- IVCCD demonstrates a commitment to proper utilization of IT resources by gauging employee satisfaction of various systems. Figure 7-3.14 demonstrates the organization's proactive approach to maintaining employee satisfaction with organizational IT systems. Assuring employee understanding of and satisfaction with IT systems allows the organization to leverage these IT resources. This may bring about greater efficiency and efficacy to organizational processes through proper utilization of IT systems, which can take place because of employee comfort, familiarity, and confidence in those systems.

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?

- Results are not reported for many identified key measures and objectives. For example, Figure 1.2-2 lists several key measures part of legal and regulatory behavior and accreditation. However, results for these measures are not provided. Likewise, sustainability efforts indicate measurements tied to five areas of focus, but there are no results for these areas so as to demonstrate the organization's responsibility to society. In addition, while Figure 7.3-8 measures employee grievances, the organization does not present any key metrics related to workforce climate (including: health, safety, and/or security in the workplace). Without measurements and results aligned with key identified organizational objectives, the organization may struggle to internally assess and measure performance toward achievement of these objectives over time.
- Results are reported for many measures without clear relationship to key strategic objectives or key performance indicators (KPIs). For example, Figure 7.5-1 lists the external audit opinion received by the organization over time. However, receiving an unqualified audit opinion is not mentioned as either a strategic objective or key performance indicator. Also, it is difficult to determine how the data presented in Figures 7.3-8, 9 clearly relate to or align with the organization's key employee engagement and satisfaction measures. By presenting measures that do not clearly align with strategic objectives and KPIs, the organization is at risk of tracking, measuring, and making decisions on performance and process data that is not fully integrated with the organization's stated strategic objectives.
- Results in several key areas are not segmented. Figures 7.2-1, 2, and 3 do not present segmented student satisfaction data that would align with the organizations identified key markets as part of the key factors. Varying levels of segmentation are (or not) presented within the measures in an inconsistent manner. The organization does not seem to state strategic objectives as it relates to the segmented populations presented. Without identified goals for these segmented populations, the organization may struggle to understand how processes are impacting the various segments.
- Results for many key measurement areas are missing. For example, many financial performance measures were missing, including: budgetary results, financial performance results, and projections of future performance. The organization may not comprehend the full impact of key decisions without the aid of financial and projection datasets. Further, the organization refers to diverse population data and key full segment data, but no measures are provided for these areas. Missing data in any of these separate areas can have a significant impact on the organization's ability to achieve strategic objectives.
- Results presented appear to indicate an opportunity to strengthen the organization's data and reporting systems. For example, Figures 7.5-9, 10, and 11, which are denoted as key organizational measures, present data that is not current. While availability of external data may impact comparison/benchmark data, the organization does have the ability to internally track and report these key measures. Availability of timely key measures is critical to assessing relative success of strategic objectives and for use in fact-based decision making that drives the continuous improvement cycle.

- Several results areas are missing or are in the early stages of data collection and are inconsistent in exhibiting trends, comparisons, or benchmark data. For example, Figures 7.4-1 through 7.4-5 presents only two data points over time. Also, a variety of benchmarks and comparisons are used throughout the results, including other Iowa community colleges, national community college averages, as well as others (Figures 7.3-5 through 7.3-7, Figure 7.4-6, Figures 7.5-1 through 7.5-8, etc.). However, IVCCD does not align measures to compare goals/objectives to benchmark/comparison groups, nor does the organization make it clear why each of the various benchmarks/comparisons was utilized. Without first assessing the organization's relative position in the market place, and then identifying the organization's strategic objectives relative to their position in the market, the organization risks presenting comparative data which can be potentially misleading.

DETAILS OF STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT

Category 1 – Leadership

1.1 Senior Leadership

Your score for this Criteria Item is in the **30-45%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 Senior leaders have a systematic approach to defining and deploying the organization's mission, vision, and values to the workforce and all key stakeholders. Multiple employees and leaders demonstrated the deployment of VVM via senior leader behavior, through consistent knowledge and understanding of VVM as well as the ability to correlate to their own role.
- a2 The organization's senior leaders demonstrated commitment to behaviors that promote legal and ethical behavior. This was demonstrated through corporate use of the acronym MEL (moral, ethical, legal) in considering decisions. Board has also demonstrated strong ethical considerations in making decisions (examples include: election issue, early retirement policies, leader turnover)
- b1 Through development of a well-defined communication plan for internal customers, senior leaders have demonstrated a commitment to frank and open communication with all employees. In addition, it is evident that a systematic approach to open communication has been deployed throughout the organization, as senior leaders also provide varied means to listen to internal customers and also actively respond to those customer inputs.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a3 While IVCCD demonstrates knowledge of PDCA tool and the agility to react timely to known issues, performance improvement is not deployed as a means to accomplish or sustain organizational mission, objectives, and innovations. For example, staff and leaders, noted there to be an absence of focus on processes and improvement of those processes as they relate to strategic objectives.
- a3 Although IVCCD is actively considering leadership development, there is not a systematic approach deployed to develop leadership skills, succession planning and the development of future organization leaders. The organization generously supports each individual's desire to learn and grow at their own pace. But, the organization doesn't leverage the learning and development of individuals as a way to capitalize on core competencies. Also, alignment of development to a required/desired leadership skill set is absent.
- b2 IVCCD does not have a systematic process for leaders to focus on organizational objectives and measures rather than driving actions that may not be aligned with the plan. The workforce lacks a focus on performance measures or indicators. Without this focus it may be difficult to achieve the desired objective of the plan.

1.2 Governance and Societal Responsibilities

Your score for this Criteria Item is in the **30-45%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 IVCCD employs a systematic review of key aspects of the governance system which are designed to uphold the laws that govern and protect the interests of stakeholders; examples include: the Red Flag policy which was implemented to protect resources and information, as well as continuous compliance with all regulatory agencies, and unqualified external audit opinions. The approach also allows for transparency in dealings, as well as a commitment to protect stakeholder interest. This demonstrates organizational commitment to governance transparency and accountability.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a2 There is a systematic approach in place to annually review Chancellor (by board) and senior leaders (by Chancellor). However, performance evaluation is not a significant part of these reviews. In addition, there does not appear to be any input from a formal leadership system relative to Chancellor's performance. Although there are elements of a leadership system, there does not appear to be a systematic leadership system that aligns decision making, communication, and development of: senior leaders, administrators, department heads and faculty leaders; all as a means to reinforce the organizational values, ethical behavior and performance expectations.
- b2 While there is some evidence of an approach to promoting and ensuring ethical behavior in all interactions, it does not appear to systematically interact with partners, suppliers, students, and other stakeholders. Without a systematic approach to ethical behavior in transactions and relationships with external parties and/or customers, the organization may risk loss of transparency and accountability with those stakeholders.
- c1 While the IVCCD is aware of societal well-being and has implemented a 4 Green R's program, the approach is not an intentional process used to consider societal well-being in the strategy and daily operations. With the IVCCD operating facilities in multiple communities, the organization may be able to realize the impact on these communities and leverage this impact to further the mission.
- c2 Many community stakeholders were incorporated in the strategic planning process based on the services provided and potential service offerings. IVCCD does demonstrate a developed approach to working with communities, but it is not evident that there is a systematic approach in place to identify and recognize key communities and systematically understand and meet their diverse needs, within the construct of the strategic agenda.

Category 2 – Strategic Planning

2.1 Strategy Development

Your score for this Criteria Item is in the **30-45%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 IVCCD has developed a systematic approach to strategic planning incorporating feedback from their varied stakeholders. The use of the PDCA quality improvement cycle for strategic planning is innovative and should create a cyclical approach to continuous goal setting and achieving.
- a2 The organization utilizes a tracking document in order to ensure strategic objectives and considerations being addressed. The utilization of such a document keeps leaders focused on the strategic objectives set in planning.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a1 The organization does not have a systematic process to determine organizational core competencies, and in turn incorporate core competencies into strategic plan as a way to leverage and exploit these to the organization's advantage. By not identifying and aligning with core competencies, the organization may lose out on an opportunity of creating a competitive advantage.
- a2 While the IVCCD has identified emerging trends as a strategic challenge, they have yet to develop a systematic process to identify and consider effects of emerging trends and other significant operational shifts. Without a clear systematic process to monitor and use emerging information, the organization may not be able to respond to changing needs of its employees, students, or other stakeholders.
- b1 IVCCD does not identify relative short or long term goals. There is not a systematic approach for gauging accomplishment of current strategic plan objectives due to absence of key measures aligned with goals/objectives.
- b2 The strategic objectives do not appear to be systematically aligned with the organizational core competencies. Figure 2.1-2 (strategic goals & objectives) identifies no correlation or consideration of core competencies.

2.2 Strategy Implementation

Your score for this Criteria Item is in the **30-45%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 The organization demonstrates a systematic process that identifies and develops action plans directly from strategic plan implementation, through development of ASAPs and QAPs to address strategic objectives.
- a6 The organization's use of PDCA appears to be an effective tool for their modification of action plans, as a means of continuous quality improvement, aligned with identified AQIP objective.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a2 IVCCD does not have a systematic process to deploy action plans to key suppliers, partners, collaborators. Also, there is no systematic process to monitor sustainment of strategic action plans due to an absence of key measures and indicators aligned to those action plans.
- a3 While IVCCD has a systematic approach to resource review including IEC review and approval of ASAPs, the organization lacks systematic deployment of a process to review and reallocate resource needs tied to ASAP initiatives. This may result in the organization not identifying or executing certain ASAP initiatives due to lack of resources or the ability to reallocate resources.
- a4 There is a systematic approach to addressing workforce issues, but there appears to be a lack of systematic deployment of key human resource processes, which may impact the organization's ability to accomplish both short and long term strategic objectives.
- a5 IVCCD does not provide key performance measures or indicators relative to tracking achievement of action plans or achievement of strategic objectives. The organization may not be able to ensure alignment of action plans with strategic objectives, gauge deployment of strategic initiatives, or assess performance toward achievement of the strategic agenda.
- b There is no evidence of short or long term performance projections. Without projection data, IVCCD has not established an expectation for how implementing strategic plan objectives will affect key performance metrics. Also, the organization is not able to project future performance relative to competitors or comparable organizations.

Category 3 - Customer Focus

3.1 Voice of the Customer

Your score for this Criteria Item is in the **30-45%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 IVCCD is utilizing several listening strategies listed in Figure 3.1-1, The information is also incorporated into the decision making processes.
- b1 The CCSSE data is utilized in the measurement of student and other stakeholder satisfaction and engagement. Data segmentation is also used to determine actions and engage the students and other stakeholders.
- b3 IVCCD has a comprehensive student and stakeholder complaint process in place that is used to compile and track all student and stakeholder complaints from entry level to top level completion. All complaints are presently tracked and used in a trending system to monitor type and division of complaints.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a1 IVCCD has a clear systematic approach to gathering student and stakeholder feedback by segments and affecting changes. However, results are not tracked and used in a metric evaluation to trend progress towards stakeholder satisfaction through actionable feedback and proactive learning of the system.
- a2 IVCCD has a clear systematic approach to gathering information and affecting changes for potential students and stakeholders via several listening sources. However, the results are not tracked and used in a metric evaluation to trend progress towards a educational programs and services.
- b2 The organization uses national benchmarks to monitor student and stakeholder satisfaction. However, there is not a systematic approach to compare student and stakeholder data to that of competitors. Selecting another data source that provides data more timely and specific to the college's market may allow for a more effective and time-sensitive response to feedback.

3.2 Customer Engagement

Your score for this Criteria Item is in the **30-45%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 IVCCD has a systematic process for collecting information, reviewing that information, and then assigning responsibility for needed involvement. The process also includes a feedback loop from development groups and school districts to monitor trends for population data, labor market information, and enrollment.
- a2 The organization utilizes a variety of communication methods throughout the district and service area including media, posters in public areas, faith based organizations, and direct mailings. These methods are used to provide feedback on educational programs and services.
- a3 The Annual Condition of Iowa's Community College report is reviewed by the organization for the purpose of developing new strategies for recruitment, retention and new markets, regular meetings with stakeholders concerning credit and noncredit programs. IVCCD holds regular meetings with area high schools and transfer institutions as well as an advisory board concerning credit and noncredit programs.
- b2 IVCCD has a comprehensive student and stakeholder complaint process in place that is used to compile and track all student and stakeholder complaints from entry level to top level completion. All complaints are tracked and used in a trending system to monitor type and division of complaints.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a4 While IVCCD has many listening and learning strategies, there does not appear to be an approach for using the data to identify opportunities for innovation, build a more student and stakeholder focused culture and improve marketing. Without a process to incorporate student and stakeholder data, the organization may not maintain or improve its enrollment standing in a competitive market. Furthermore, it may be valuable to use of stated data to set benchmarks and or goals.
- b1 While there appears to be an approach to relationship management with students and stakeholders, it is not systematically deployed and integrated throughout the organization. Without a process to develop these relationships and manage them, IVCCD may be challenged to leverage these relationships to the benefit of the organization.

Category 4 – Measurement, Analysis, and Knowledge Management

4.1 Measurement, Analysis, and Improvement of Organizational Performance

Your score for this Criteria Item is in the **10-25%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 IVCCD uses several electronic data sources outlined in Figure 4.1-1 to collect comparative data. This data is incorporated into the Strategic Agenda, QAP, and SAPs of the organization and also meets many state and federal regulations requirements; for example: the addition of the Manufacturing Welding Program was based on community feedback.
- a3 IVCCD uses a variety of listening and learning methods aimed at obtaining information from each stakeholder segment as outlined in Figure. 3.1-1. Information collected is used within the strategic planning process and supports the effectiveness of the operations system.
- b The organization utilizes data made available through TWS, CCSSE, SENSE, internal /external stakeholder satisfaction surveys to measure organizational performance and capabilities. This data is reviewed by a cross functional team (IEC) which replaced three separate teams. IEC committee reviews baseline data, establishes trends, modifies action plan, etc. The information is used to address organizational needs and challenges.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a2 While it appears that IVCCD obtains access to numerous amounts of comparative data and reports, the organization does not have a systematic process that defines how ASAP teams select comparative data and track performance. As a result, the organizational goals may not align with the various process owners' goals and thus comparative data may or may not be used effectively. Further, the organization may not be leveraging this data to achieve the strategic objectives.
- a3 IVCCD describes some examples of the use of student and stakeholder data, however, there is not a systematic process for learning from this key data source. Without a clear process, the organization may risk their competitive position by not being as responsive to the voice of their customer.
- a4 IVCCD does not have a performance measurement system (outcomes obtained from processes, programs and services that permit the organization to evaluate and compare it's results relative to performance projections, standards, past results and goals); a consistent definition of Key Performance Indicators (KPIs) is also not clearly defined. Without clarity in these definitions the ability to address rapid change and organizational challenges may be difficult. This may put the organization in a position of reacting to organizational change as opposed to proactively leading change.
- b While the IEC coordinates the QAP and ASAP process, they do not utilize a well-defined performance measurement system to measure performance. This may cause misalignment between the performance measurement system and accomplishment of the strategic plan.
- c1 While IVCCD indicates sharing of best practices, the deployment of that sharing is not systematic throughout the organization. Without the use of these findings, the organization may not be bringing forth the best of their organization for their competitive advantage.

- c2 IVCCD does not have a systematic approach for projecting future performance. Without a process to determine future projections based on a well-defined performance measurement system and aligned with the strategic plan, the organization may find itself in a reactive rather than proactive environment.
- c3 The organization does not indicate a systematic process to ensure the performance measurement system's responsiveness by consistently and proactively reviewing performance data. Furthermore, the system does not address the deployment or communication to the suppliers, partners and collaborators. Because of this, the organization may lack the ability to proactively anticipate change leading to continuous improvement and innovation.

4.2 Management of Information, Knowledge, and Information Technology,

Your score for this Criteria Item is in the **50-65%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a2 The organization has a systematic approach to managing the information systems and making data and information available to it's workforce, students and stakeholders via an efficient, comprehensive and user-friendly website including an internal intranet."
- b1 IVCCD has multiple processes to ensure system reliability and security. Much of this is accomplished through the explicit scheduled maintenance/updates of hardware and software. These updates account for security as well. The organization demonstrates user satisfaction and has a process in place to take results and use it for the betterment of the system.
- b2 The organization has several safeguards in place in the event of an emergency situation and has demonstrated learning by identifying that they may benefit from a documented disaster plan in the event of a physical disaster. Without such a plan, if a physical disaster occurred; daily operations would likely be halted for some period of time.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a3 The organization has a systematic approach to knowledge management through their website and multiple operating systems and databases. All of these resources are easily accessible through a single sign-on allowing for increased efficiency and innovation. However the effectiveness of the system in regards to the student, stakeholder, partners and collaborator usage is not measured for improvement and learning purposes.

Category 5 – Workforce Focus

5.1 Workforce Environment

Your score for this Criteria Item is in the **30-45%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 IVCCD has multiple opportunities to review and assess the capabilities of the current workforce. Through the process of the strategic plan, as well as through tri-ennial program reviews, the organization is able to systematically identify the competencies of current staff, and use that in hiring as new programs are created or staff turns over.
- a2 The organization has a systematic approach for hiring, with supervisors utilizing a hiring check list and involving stakeholders in the interview process. Furthermore, the ASAP focuses on employee orientation and demonstrates the organization’s workforce learning. IVCCD does reflect the community population and represents diverse perspectives through their workforce hiring.
- a4 IVCCD prepares employees through training initiatives, the learning and development systems and internal communication plan. When turnover occurs, the organization requires an analysis to determine best use of resources. New positions require justification, cost, and benefit analysis.
- b1 IVCCD addresses campus environmental factors through student friendly campuses including walking paths with a modern décor. IVCCD also provides daycare on campus, state of the art student activity center, indoor jogging/walking tracks, fitness equipment and basketball courts. Also available is an emergency notification system for text and phone messages and emails with timely emergency information.
- b2 The organization supports the workforce by providing extended leaves and tuition waiver or reimbursement. The workforce salary structure is based on compensation for continued learning.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a2 IVCCD uses the Affirmative Action plan to hire, place and retain the workforce. However, based on the multiple locations of the organization and the diversity of each community it is not evident that the process takes into consideration the diverse ideas, cultures and thinking of each community. While informal processes exist with unit leaders to foster diversity, there is not a systematic approach throughout the organization. Without a process to ensure representation, the organization may struggle to place and retain employees of diverse backgrounds.
- a3 While the organization indicates leveraging their small size to innovate in their workforce, there is no indication of how IVCCD, capitalizes on core competencies or exceeds performance expectations. Without including these elements, the organization may not be positioning its workforce to accomplish the strategic objectives.
- b1 IVCCD does not provide performance measures related to workplace environment of health, security, or accessibility. Without measures, the organization may not be able to ensure the workplace environment meets the needs of the workforce.

5.2 Workforce Engagement

Your score for this Criteria Item is in the **30-45%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 IVCCD uses Top Workplace Survey (TWS), to determine elements of referral, motivation, and loyalty affecting workforce engagement throughout different work units.
- a2 The organization has multiple processes in place designed to engage employees through open and honest feedback and also recognition and reward for performance. Employee's input into strategic planning is sought through the annual Staff Day, whereby all employees are included and able to provide thoughts and better understand organizational direction.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a1 While IVCCD has an approach for workforce engagement, it does not have a consistent and systematic approach to measuring workforce satisfaction. Without a focus on employee satisfaction, the organization may find itself unable to meet the needs of its workforce.
- a3 While IVCCD has a performance evaluation system, the system is not linked to workforce compensation or the achievement of action plans. Without the ability to tie performance and compensation systems, the organization may struggle to achieve the desired accountability among its workforce.
- b1 IVCCD has methods to assess workforce engagement, including work groups; however there is not a systematic use of other indicators in the assessment of workforce engagement. Without a systematic approach to assessing employee engagement, the organization may not see an improvement in the results as it desires.
- b2 While IVCCD acquires TWS data, review and follow-up of results at the unit level; there is no clear process described for how the organization correlates workforce engagement to results. Without a linkage between engagement and results, the organization may risk not being able to mobilize their workforce to achieve high performance.
- c1 IVCCD does not define core competencies; those areas of greatest expertise that are strategically important to reaching the mission of the organization. There is an opportunity to more clearly define the core competencies and differentiate the core values and strategic strengths.
- c2 While there is a process to learning and development of the workforce, there is not a systematic approach to evaluate the effectiveness of the system in place. Results of learning can be shared and staff development plans are created via annual performance review. IVCCD uses informal processes to assess staff development needs and determine the value of these staff investments.
- c3 Although there is limited opportunities for career progression within IVCCD there does not appear to be a systematic approach to succession planning. Without a systematic approach to career progression, the organization may not be able to leverage workforce capabilities to fill critical leadership and management positions.

Category 6 – Operations Focus

6.1 Work Systems

Your score for this Criteria Item is in the **50-65%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a2 There is a systematic approach in determining key work system requirements. Utilization of numerous inputs from state and federal mandates, Code of Iowa's requirements, and the VVM to name a few. Key work system requirements are continuously monitored and feedback is warranted as described in Fig 3.1-1. Examples of work systems improvement include the Student Success Specialist and the One-Stop Shop processes.
- b1 The organization utilizes the QAP process to meet their AQIP requirements as well as ASAPs in conjunction with the Strategic Planning to manage and improve IVCCD activities and Work Systems. The utilization of the PDCA process is also used in the development of QAP #11 and the numerous ASAPs emerging from this project.
- b2 There is a systematic approach in organizational cost control. Once the budget is finalized, flags within the system are identified to inform users of over spending.
- c There is a systematic approach in work system and work place preparedness for disasters and emergencies. Implementation of safety committees, utilization of manuals and numerous communication processes, strategy review workshops, and the development of the emergency notification system help deliver student and stakeholder value.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a1 While there is a comprehensive Work System, Sub-Systems, Core Values, and Key Requirements by State Mission outlined in Fig 6.1-1; core competencies have not been identified by the organization. It has also been identified that core competencies are not leveraged in Strategic Planning or improved through the organization's Process Development Plan for their employees.

6.2 Work Processes

Your score for this Criteria Item is in the **30-45%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 IVCCD Utilizes QAPs to meet the AQIP requirements and the applicable ASAPs to help design and innovate work processes. There is also a systematic approval process to implement new courses and programs (Figure 6.2-1.) Systematic use of the PDCA process accounts for efficiency and effectiveness of the work processes as discussed in the elimination of the ineffective ASAP "Education Dynamic" Student Engagement Software.
- b There is a systematic approach to process improvement. Utilization of methods such as the PDCA across the organization, learning from the ASAPs, and integration with the strategic agenda will ensure increased student learning, variability minimization, and improvements of educational programs and services.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- b1 Although IVCCD has established key measures for each work process listed in Fig. 6.1-2; these metrics are not integrated into the employee’s day to day tasks and decision making.
- b2 While the organization has an approach to managing the supply chain, it is unclear how feedback on supplier performance is utilized to lead to student and stakeholder satisfaction. Without a systematic process for supply chain feedback utilization, it will be difficult to ensure that end-users needs are being met and that costs are controlled.

Category 7 – Results

7.1 Product and Process Outcomes

Your score for this Criteria Item is in the **10-25%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- A IVCCD results for the following charts 7.1-7 - 7.1-8, 7.1-12, 7.1-16, 7.1-17, 7.1-20, 7.1-21, 7.1-23 7.1-11, 7.1-18, 7.1-15, and 7.1-18, indicate favorable and sustained results with segmentation applicable to continually improving key programs that directly serve students and stakeholders.
- A IVCCD has made improvements in 5 of the six areas of ethnicity (Figure 7.1-4) and has made approximately 28% improvement in the Hispanic population from 2005 to 2007. Although this is not current data it does indicate a positive trend.
- b1 IVCCD has positive and trends as shown by timely data (Figure 7.1-19.) These metrics for IT system availability align with the segmentation of the organization's strategic plan.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- A The metrics listed in Figure 7.1-1 through 7.1-8, 7.1-12, 7.1-16, 7.1-17, 7.1-20, 7.1-21 and 7.1-23 are key indicators for the organization. The data referenced are lagging indicators reflective of past information. Without leading data, it will be difficult for the organization to effect change and make decisions regarding the effectiveness of change efforts. In addition, while the data is segmented, it is difficult to tell whether this particular segmentation is helpful to measuring the performance of the organization within each of those segments.
- A Figures 7.1-9 and 7.1-10 detail the segmented number of degrees and diplomas awarded. While it is evident these measures are important to the organization and are a reflection of the student diversity; this information does not appear to be a key result area that is proactively managed.
- A In Figure 7.1-14, current levels and trends lag behind the Iowa Community College system for 2010 and 2011 after 2 years of exceeding or narrowly trailing in 2008 and 2009. Furthermore these metrics do not clearly align with the segmentation of the organization's strategic plan.
- b2 IVCCD does not provide key metrics for many of the stated strategic objectives. For example, there are no measures related to: workplace emergency preparedness, helping students obtain their diverse goals, and others.
- c Figure 7.1-21 does not list results for key measures or indicators that are indicative of accomplishment of the organization's identified strategies. Further, the organization does not provide key measures aligned with the core competencies.
- c Figure 7.1-22 provides relevant indicators significant to the performance of the organization; however these measures do not align with the organization's strategic objectives including relative benchmarks, such as the significance of comparing to State of Iowa Community Colleges.

7.2 Customer-Focused Outcomes

Your score for this Criteria Item is in the **30-45%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 Satisfaction of students and support services (Figures 7.2-1-3) compare competitively with small colleges with a small lag in the 2011 levels. This measure may be a key indicator relevant to the strategic plan.
- a1 While Figure 7.2-5 only presents two data points, the data presented from TWS shows positive levels and relative comparisons. Utilizing the TWS going forward will allow the organization to better gauge workforce issues as related to the organization's strategic objectives.
- a2 The results in Figure 7.2-8 through 7.2-11 are useful for tracking trends in engagement across segments of students. In the case of online student engagement, the organization utilizes internal mechanisms to measure the engagement of these students. The fact that a drop in student engagement is evident, allows the organization the opportunity to intervene and make improvements.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a1 In Figures 7.2-1 through 7.2-3, the organization does not provide student satisfaction measures relative to those key markets identified by the organization. By not presenting segmentation of key markets, such as diverse populations, the organization may not be able to affect change as needed relative to those segments.
- a1 Figure 7.2-6 Advisory Committee Survey Results show results down for three of the four survey questions asked. There are no comparatives and the data is not segmented.
- a1 K-12 engagement (Figure 7.2-7 and 7.2-13), provides a perspective from various stakeholder but lacks the comparative data to see improvement. Without this additional information, the organization will not be able to gauge improvement in these areas.

7.3 Workforce Focused Outcomes

Your score for this Criteria Item is in the **10-25%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 Instructor Degree Attainment (Figure 7.3-2) indicates favorable workforce capability over time and is positive relative to other Iowa CCs. This data supports the organization's strategy to recruit and retain highly educated staff.
- a2 Average Salary of instructors (Figure 7.3-8), employee Longevity Awards (Figure 7.3-9) and Outstanding Employee Contribution Awards (Figure 7.3-10) provides an insight into the motivation and appreciation of the workforce engagement.
- a4 Technology Training (Figure 7.3-14) demonstrates the organization's proactive approach to maintaining employee understanding and satisfaction with organization's technical systems .

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a3 Employee satisfaction with pay and benefits as well as engagement (Figures 7.3-5 through 7.3-7) comprise a small decline as compared to the benchmark, and has some favorable results.
- a4 Although the organization identifies educational opportunities for employees as a significant employee benefit, Career Factor (Figures 7.3-11), Staff Development (Figure 7.3-12) and Tuition Waiver (Figure 7.3-13) do not appear to show significant growth to support employees' value of this benefit. The specific educational opportunities do not align with either succession planning or organizational strategic objectives.

7.4 Leadership and Governance Outcomes

Your score for this Criteria Item is in the **10-25%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

- a1 While there is no trending or comparison data presented in Employee Satisfaction with Communication (Figures 7.4-7) and Employee Satisfaction with New Initiatives (Figure 7.4-8) the results demonstrate that the new internal communication plan that was initiated in 2011 improved employee satisfaction with communication, demonstrating leadership's efforts toward improving two-way communication.

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a1 Employee Awareness of MVV (Figure 7.4-1), Employee Awareness of CQI (Figure 7.4-2), Employee Awareness of PDCA (Figure 7.4-3), Employee Value on CQI (Figure 7.4-5) show mostly favorable current levels for 2011 as compared to the 2009 numbers. While there is some segmentation, it's unclear how this particular breakdown is utilized to further the vision of the organization, especially as it relates to leadership.
- a1 TWS Execution Factor (Figure 7.4-6) and TWS direction Factor (Figure 7.4-11) identify areas show levels below the comparable 2011 in three of the four areas of execution. The direction factor indicates that there has been a slip in the comparison of values and ethics relating to the colleges and Universities. However, by establishing a baseline for these measures critical to leadership assessment, the organization will be able to use this data going forward in order to evaluate the efforts of senior leadership.
- a2 Accreditation Results (Figure 7.4-10) demonstrates commitment to achieving accreditation, this is a lagging indicator that does not reflect key measures or indicators of achieving and/or surpassing accreditation requirements.
- a3 Several measures are indicated of importance to the organization in Category 1, however, these measures are not reflected in the results. For example, Figure 1.2-2 lists several measures as part of legal and regulatory behavior and accreditation but does not provide results reflecting these measures. Likewise, sustainability efforts indicate measurement's tied to five areas of focus, but there are not results for these areas to demonstrate the organization's responsibility to society. Also, ethical behavior of leadership is identified as an area of importance to the execution of the organization's mission. Without these results, the organization may struggle to fulfill their culture of transparency and accountability.

7.5 Financial and Market Outcomes

Your score for this Criteria Item is in the **10-25%** range (Please refer to Figure 5, “Scoring Guidelines” and the “SCORING” section on page 31.)

STRENGTHS

OPPORTUNITIES FOR IMPROVEMENT (OFI)

- a1 Although it is critical to receive an unqualified financial audit opinion (Figure 7-5.1), the organization may benefit from identifying key measures related to audit process and performance that could be used to measure cost containment, financial viability, and budgetary performance of the organization and key markets and segments.
- a1 In Figures 7.5-2 through 7.5-8, while there is comparative and trending data presented, there is no alignment with the achievement of the organization's key budgetary and financial performance measures.
- a2 The measures in Figures 7.5-9 through 7.5-11 are lagging indicators as they do not include current information. Positive results do exist for the data indicated as compared to the NCCBP. As these are noted to be key measures of market performance, the organization may want to consider another source to obtain comparable data as well as include competitor data to monitor market performance in a more timely manner.
- a2 While 7.5 does include a few key metrics noted to be key indicators by the organization, the organization does not provide key measures related to market share or position in market, as well as market share growth, and penetration into new markets. This would include key market measures for key market segments identified by the organization in the strategic planning process.

APPENDIX

By submitting an IRPE application, you have differentiated yourself from most Iowa organizations. The Board of Examiners has evaluated your application for the IRPE Award Process. Strict confidentiality is observed at all times and in every aspect of the application review and feedback.

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

APPLICATION REVIEW

The application evaluation process (shown in Figure 1) begins with Stage 1, the Independent Review, in which members of the Board of Examiners individually evaluate one application. Examiner assignments are made based on the Examiner's areas of expertise and avoiding potential conflicts of interest. Each application is independently evaluated by Examiners who write comments relating to the applicant's strengths and opportunities for improvement and use a scoring system described in the *Criteria for Performance Excellence*. All applicants in all sectors (manufacturing, service, not-for-profit, retail, government education, and health care) go through the Stage 1 evaluation process.

All applications then advance to Stage 2, the consensus review.* During Stage 2, a team of Examiners, led by a trained Team Leader, meets to reach consensus on comments that capture the team's collective view of the applicant's strengths and opportunities for improvement, the score for each Item, and the issues to clarify and verify if the applicant is selected for a site visit. The team documents its comments, scores, and site visit issues in a consensus scorebook (Site visit issues are not identified for Tier 1 and Tier 2 applications since they do not go to the site visit stage.). The consensus process is shown in Figure 2.

The IRPE consensus process is completed as part of Examiner training (a.k.a HELP Week) where the Examiner teams are assisted by Coaches. Each Coach is an experienced Examiner and is selected by the IRPE staff for their expertise in the IRPE/Baldrige process.

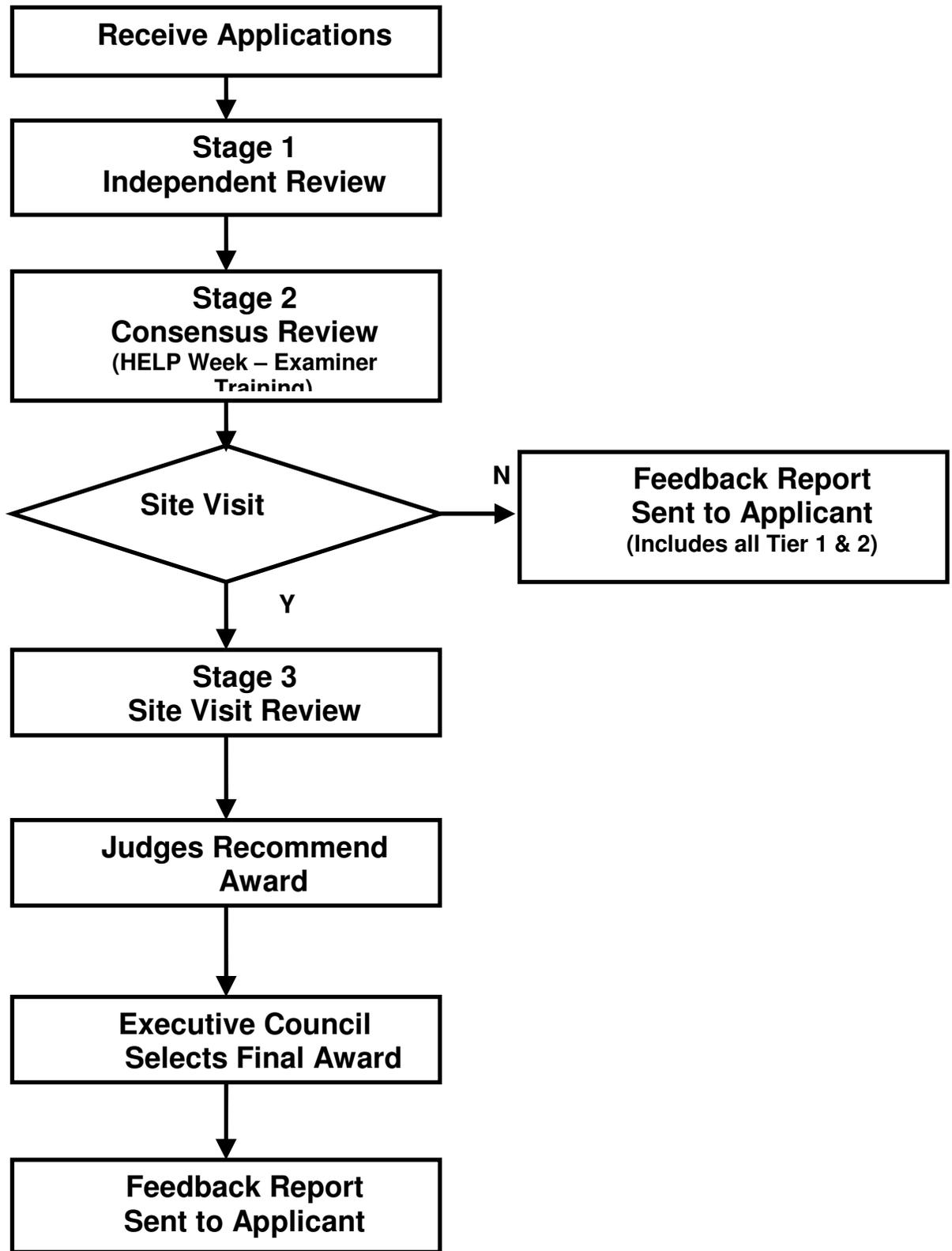


Figure 1 Application Review Process

Step 1	Step 2	Step 3
<p>Consensus Planning</p> <ul style="list-style-type: none"> • Prioritize Items for Discussion • Assign Category/Item Discussion Leaders • Review Findings From the Independent Evaluations 	<p>Consensus</p> <ul style="list-style-type: none"> • Discuss Key Factors • Discuss Categories/Items • Achieve Consensus on Comments, Scores, and Site Visit Issues • Document Findings 	<p>Post-Consensus Activities:</p> <ul style="list-style-type: none"> • Prepare Final Consensus Report • Prepare Feedback Report

Figure 2 -- Consensus Review

After the consensus review process, the IRPE Staff and Panel of Judges (as necessary) verify that the evaluation process was properly followed and select Tier 3 applicants to advance to Stage 3 - Site Visit based upon the scoring profiles of all Tier 3 consensus review applicants.

Site visits are conducted for the highest scoring applicants to clarify uncertain points in the application and to verify that the information provided in the application is correct. After the site visit is completed, the team of Examiners prepares a final Site Visit Scorebook. The site visit examination process is shown in Figure 3.

Step 1	Step 2	Step 3
<p>Team Preparation:</p> <ul style="list-style-type: none"> • Review Consensus Findings • Review Site Visit Issues • Plan Site Visit 	<p>Site Visits:</p> <ul style="list-style-type: none"> • Make/Receive Presentations • Conduct Interviews • Record Observations • Review Records 	<p>Site Visit Scorebook:</p> <ul style="list-style-type: none"> • Resolve Issues • Summarize Findings • Finalize Comments • Prepare Final Site Visit Scorebook • Prepare Feedback Report

Figure 3 -- Site Visit Review

Application reports, consensus scoresheets, and site visit scorebooks for all applicants receiving a site visit are forwarded to the Panel of Judges who review all the documentation and make final recommendation on the recognition level achieved by each applicant.

The Judges decide whether each of the top applicants should be recommended as a recipient based on a standard: the overall excellence and the appropriateness of the applicant as a role model for Iowa organizations. The Judges recommend the award recipients to the Iowa Recognition for Performance Excellence Executive Council who vote on the Judges' recommendations, announce the organizations to be recognized, and arrange a recognition ceremony to award the appropriate recognition. The recognition is meant to help others understand what it takes to be an excellent performing organization and share best practices broadly. The Judges' evaluation process is shown in Figure 4.

The Leadership Tier (Tier 3) applicants are recognized as:

Bronze level -- 350-449 points

Silver level -- 450-549 points

Gold level -- 550 or more points

Step 1	Step 2	Step 3
<p>Panel of Judges ' Review:</p> <ul style="list-style-type: none"> • Application Reports • Consensus Scorebooks • Site Visit Scorebooks <p>A Lead Judge is assigned to each application.</p>	<p>Lead Judge presents summary of application:</p> <ul style="list-style-type: none"> • Profile / key factors • Highlights from scorebooks • Scoring profile • Issues to discuss with Team Leader 	<p>Assessment of Top Organizations:</p> <ul style="list-style-type: none"> • Overall Strengths/ Opportunities for Improvement / Scores • Appropriateness as a Model of Performance Excellence

Figure 4 -- Judges' Review

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

SCORING

The scoring system used to score each Item is designed to differentiate the applicants in the Stage 1 and Stage 2 reviews and to facilitate feedback. As seen in the Scoring Guidelines (shown in Figure 5) the scoring of responses to Criteria Items is based on two evaluation dimensions: Process and Results. The four factors used to evaluate process (Category 1-6) are Approach (A), Deployment (D), Learning (L), and Integration (I), and the four factors used to evaluate results (Items 7.1-7.6) are Levels (Le), Trends (T), Comparisons (C), and Integration (I).

In the feedback report, the applicant receives a percentage range for each Item. The percentage range is based on the Baldrige Scoring Guidelines (Figure 5), which describe the characteristics typically associated with specific percentage Ranges.

As shown in Figure 6, an applicant's overall score for Process Items and its overall score for Results Items fall into one of eight scoring bands. Each band score has a corresponding descriptor of attributes associated with that band. Site visit teams find that some applicants are stronger in some or all of the Categories than was indicated by their consensus score; others are weaker. Consequently, some applicants may move up in range while others move down.

The Iowa Recognition for Performance Excellence is a process designed to recognize Iowa companies that excel at meeting the National Baldrige Criteria. The Executive Council and organizations across the state expect high level achieving organizations to be role models. They are also expected to share best practices with Iowa organizations to continuously improve the competitive advantage of Iowa organizations.

FIGURE 5 SCORING GUIDELINES

SCORE	PROCESS (For Use With Categories 1 – 6)	RESULTS (For Use With Category 7)
0% or 5%	<ul style="list-style-type: none"> ▪ No systematic approach is evident; information is anecdotal. (A) ▪ Little or no deployment of an approach is evident. (D) ▪ No evidence of an improvement orientation; improvement is achieved through reacting to problems. (L) ▪ No organizational alignment is evident; individual areas or work units operate independently. (I) 	<ul style="list-style-type: none"> ▪ There are no organizational performance results or poor results in areas reported (Le). ▪ Trend data are either not reported or show mainly adverse trends. (T) ▪ Comparative information is not reported. (C) ▪ Results are not reported for any areas of importance to the accomplishment of your organization's mission. (I)
10%, 15%, 20%, or 25%	<ul style="list-style-type: none"> ▪ The beginning of a systematic approach to the basic requirements of the Item is evident. (A) ▪ The approach is in the early stages of deployment in most areas or work units, inhibiting progress in achieving the basic requirements of the Item. (D) ▪ Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L) ▪ The approach is aligned with other areas or work units largely through joint problem solving. (I) 	<ul style="list-style-type: none"> ▪ A few organizational performance results are reported; there are some improvements and/or early good performance levels in a few areas. (Le) ▪ Some trend data are reported, with some adverse trends evident. (T) ▪ Little or no comparative information is reported. (C) ▪ Results are reported for a few areas of importance to the accomplishment of your organization's mission. (I)
30%, 35%, 40%, or 45%	<ul style="list-style-type: none"> ▪ An effective, systematic approach, responsive to the basic requirements of the Item, is evident. (A) ▪ The approach is deployed, although some areas or work units are in early stages of deployment. (D) ▪ The beginning of a systematic approach to evaluation and improvement of key processes is evident. (L) ▪ The approach is in early stages of alignment with your basic organizational needs identified in response to the other Criteria Categories. (I) 	<ul style="list-style-type: none"> ▪ Good organizational performance levels are reported for some areas of importance to the Item requirements. (Le) ▪ Some trend data are reported, and a majority of the trends are beneficial.(T) ▪ Early stages of obtaining comparative information are evident. (C) ▪ Results are reported for many areas of importance to the accomplishment of your organization's mission. (I)
50%, 55%, 60%, or 65%	<ul style="list-style-type: none"> ▪ An effective, systematic approach, responsive to the overall requirements of the Item, is evident. (A) ▪ The approach is well deployed, although deployment may vary in some areas or work units. (D) ▪ A fact-based, systematic evaluation and improvement process and some organizational learning are in place for improving the efficiency and effectiveness of key processes. (L) ▪ The approach is aligned with your organizational needs identified in response to the other Criteria Categories. (I) 	<ul style="list-style-type: none"> ▪ Good organizational performance levels are reported for most areas of importance to the Item requirements. (Le) ▪ Beneficial trends are evident in areas of importance to the accomplishment of your organization's mission. (T) ▪ Some current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of good relative performance. (C) ▪ Organizational performance results are reported for most key customer / patient / student / stakeholder, market, and process requirements. (I)
70%, 75%, 80%, or 85%	<ul style="list-style-type: none"> ▪ An effective, systematic approach, responsive to the multiple requirements of the Item, is evident. (A) ▪ The approach is well deployed, with no significant gaps. (D) ▪ Fact-based, systematic evaluation and improvement and organizational learning are key management tools; there is clear evidence of refinement and innovation as a result of organizational-level analysis and sharing. (L) ▪ The approach is integrated with your organizational needs identified in response to the other Criteria Items. (I) 	<ul style="list-style-type: none"> ▪ Good to excellent organizational performance levels are reported for most areas of importance to the Item requirements. (Le) ▪ Beneficial trends have been sustained over time in most areas of importance to the accomplishment of your organization's mission. (T) ▪ Many to most trends and current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of leadership and very good relative performance. (C) ▪ Organizational performance results are reported for most key customer / patient / student / stakeholder, market, process, and action plan requirements, and they include some projections of your future performance. (I)
90%, 95%, or 100%	<ul style="list-style-type: none"> ▪ An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident. (A) ▪ The approach is fully deployed without significant weaknesses or gaps in any areas or work units. (D) ▪ Fact-based, systematic evaluation and improvement and organizational learning are key organization-wide tools; refinement and innovation, backed by analysis and sharing, are evident throughout the organization. (L) ▪ The approach is well integrated with your organizational needs identified in response to the other Criteria Items. (I) 	<ul style="list-style-type: none"> ▪ Excellent organizational performance levels are reported for most areas of importance to the Item requirements. (Le) ▪ Beneficial trends have been sustained over time in all areas of importance to the accomplishment of your organization's mission. (T) ▪ Evidence of industry and benchmark leadership is demonstrated in many areas. (C) ▪ Organizational performance results fully address key customer / patient / student / stakeholder, market, process, and action plan requirements, and they include projections of your future performance. (I)

*Industry refers to other organizations performing substantially the same functions, thereby facilitating direct comparisons

Figure 6 - Scoring Band Descriptors:

Band Score	Band Number	PROCESS Descriptors	Band Score	Band Number	RESULTS Descriptors
0–150	1	The organization demonstrates early stages of developing and implementing approaches to the basic Criteria requirements, with deployment lagging and inhibiting progress. Improvement efforts are a combination of problem solving and an early general improvement orientation.	0–125	1	Results are reported for a few areas of importance to the accomplishment of the organization’s mission, but they generally lack trend and comparative data.
151–200	2	The organization demonstrates effective, systematic approaches responsive to the basic requirements of the Criteria, but some areas or work units are in the early stages of deployment. The organization has developed a general improvement orientation that is forward looking.	126–170	2	Results are reported for several areas of importance to the Criteria requirements and the accomplishment of the organization’s mission. Some of these results demonstrate good performance levels. The use of comparative and trend data is in the early stages.
201–260	3	The organization demonstrates effective, systematic approaches responsive to the basic requirements of most Criteria Items, although there are still areas or work units in the early stages of deployment. Key processes are beginning to be systematically evaluated and improved.	171–210	3	Results address many areas of importance to the accomplishment of the organization’s mission, with good performance being achieved. Comparative and trend data are available for some of these important results areas, and some beneficial trends are evident.
261–320	4	The organization demonstrates effective, systematic approaches responsive to the overall requirements of the Criteria, but deployment may vary in some areas or work units. Key processes benefit from fact-based evaluation and improvement, and approaches are being aligned with organizational needs.	211–255	4	Results address some key customer/stakeholder, market, and process requirements, and they demonstrate good relative performance against relevant comparisons. There are no patterns of adverse trends or poor performance in areas of importance to the Criteria requirements and the accomplishment of the organization’s mission.
321–370	5	The organization demonstrates effective, systematic, well-deployed approaches responsive to the overall requirements of most Criteria Items. The organization demonstrates a fact-based, systematic evaluation and improvement process and organizational learning, including innovation, that result in improving the effectiveness and efficiency of key processes.	256–300	5	Results address most key customer/stakeholder, market, and process requirements, and they demonstrate areas of strength against relevant comparisons and/or benchmarks. Improvement trends and/or good performance are reported for most areas of importance to the Criteria requirements and the accomplishment of the organization’s mission.
371–430	6	The organization demonstrates refined approaches responsive to the multiple requirements of the Criteria. These approaches are characterized by the use of key measures, good deployment, and evidence of innovation in most areas. Organizational learning, including innovation and sharing of best practices, is a key management tool, and integration of approaches with organizational needs is evident.	301–345	6	Results address most key customer/stakeholder, market, and process requirements, as well as many action plan requirements. Results demonstrate beneficial trends in most areas of importance to the Criteria requirements and the accomplishment of the organization’s mission, and the organization is an industry* leader in some results areas.
431–480	7	The organization demonstrates refined approaches responsive to the multiple requirements of the Criteria Items. It also demonstrates innovation, excellent deployment, and good to excellent use of measures in most areas. Good to excellent integration is evident, with organizational analysis, learning through innovation, and sharing of best practices as key management strategies.	346–390	7	Results address most key customer/stakeholder, market, process, and action plan requirements and include projections of future performance. Results demonstrate excellent organizational performance levels and some industry* leadership. Results demonstrate sustained beneficial trends in most areas of importance to the Criteria requirements and the accomplishment of the organization’s mission.
481–550	8	The organization demonstrates outstanding approaches focused on innovation. Approaches are fully deployed, and demonstrate excellent, sustained use of measures. There is excellent integration of approaches with organizational needs. Organizational analysis, learning through innovation, and sharing of best practices are pervasive.	391–450	8	Results fully address key customer/stakeholder, market, process, and action plan requirements and include projections of future performance. Results demonstrate excellent organizational performance levels, as well as national and world leadership. Results demonstrate sustained beneficial trends in all areas of importance to the Criteria requirements and the accomplishment of the organization’s mission.

*Industry refers to other organizations performing substantially the same functions, thereby facilitating direct comparisons