Institutional effectiveness is the degree to which a university is meeting its stated mission. It is based on a results-oriented philosophy of organizational management. The effectiveness of an institution is not captured in what is taught and how, but rather in what students have learned. It is not captured in how much time and money are spent in doing research, but in how much new knowledge is generated through research. It is not captured in the number of hours spent in community outreach, but in the impact of those activities on the community. The institution discovers how effective it is by assessing those outcomes.

The Southern Association of Colleges and Schools (SACS), our accrediting body, requires that the University demonstrate it is continuously becoming more effective as an institution. This effectiveness is demonstrated through improvements in quality driven by the analysis of the data it collects to measure how well it is fulfilling its mission.

For the University to maintain its accreditation, each academic and support department must be able to demonstrate that it is defining intended outcomes for its customers, measuring those outcomes, and using the analysis of those measurements to improve its operations.

To meet this accreditation guideline, the Provost asked all administrative and support units to develop and submit an Institutional Effectiveness Assessment Plan in the summer of 2004, with data collection beginning FY05 (July 1, 2004). The first annual reports to specifically include the results of the data collection were submitted in September, 2005.

To continue monitoring its institutional effectiveness, the Provost now requires that each department maintain its assessment activities and track...
its results. The analysis of those activities will be included in the department/division’s Annual Report to the Provost. The University has implemented an online system that will track progress and maintain an archive of intended outcomes and results. This system will make it easier for each unit, as well as the University as a whole, to monitor its effectiveness.

Integration of Institutional Effectiveness Assessment

The University has formally tracked and assessed its progress toward goal attainment for several years through the development and implementation of 5-year strategic plans and annual action plans. [At the departmental level, a systematic program of strategic planning is assured through the parallel processes of Academic Program Review (APR) and Administrative and Support Unit Review (ASUR).]

Strategic planning ensures that resources, decision-making, and activities are aligned toward the common goals of the institution. Assessing goal attainment, however, does not necessarily reveal whether the institution is

Institutional Effectiveness Framework

![Institutional Effectiveness Framework Diagram]
having the impact it wants or needs to have. For that, the institution needs to examine its actual outcomes or results.

The chart above illustrates the conceptual framework for institutional effectiveness, and the relationship between strategic planning and outcomes assessment. The vertical flow represents elements of the traditional planning framework, starting with the mission statement and progressing through goals and objectives to plans of action needed to carry out the tasks necessary to meet those goals. The horizontal flow represents elements of the traditional work process flow, from inputs through outputs to outcomes. (Some models add long-term outcomes or impact as the fifth box in the line.)

As indicated in the chart, an organization’s (or department’s) intended or expected outcomes will be derived directly from its mission. The organization’s actual outcomes (results) will depend on how well the goals and objectives were formulated in relation to the intended outcomes, and how well the tasks were carried out.

Assessment is appropriate in each of the boxes as noted. When looking at effectiveness, however, we are primarily concerned with assessing the outcomes of the organization—evaluating whether or not it is having the desired impact. If an organization finds it is not having the desired impact, it will need to examine its performance on each of the other elements in the model to understand what it needs to do to improve those outcomes. (For example, was the poor outcome due to not reaching a goal, or was the goal successfully reached but inappropriate? Was the poor outcome due to insufficient resources? If so, can that be resolved? Will new strategies need to be developed to improve the outcome with no increase in resources?)

The process of Institutional Effectiveness Assessment is cyclical and ongoing. The cycle begins with the identification of expected outcomes. Then actual outcomes are measured, the results are analyzed, actions are taken (or planned) to improve performance, and the cycle repeats. In subsequent cycles, the expected outcomes (and measures) are reviewed to see if changes are needed based on the information collected during the previous cycle. Elements of the institutional effectiveness cycle are detailed below.
I. Identifying Outcomes

An Outcome is a result for a customer or the institution that is a consequence of the work that you do. (The outcome itself does not describe the activities that you perform nor the service or product that you provide to get the customer to that result.) Outcomes are directly related to the mission (and key functional responsibilities) of the department. A department should identify at least one intended outcome for each of its functional responsibilities.

The structure of an intended or expected outcome statement will determine what is measured, so it is important to word the outcome statements precisely. As you brainstorm about potential outcomes, you can probably envision various outcomes of varying degree for each of your functional responsibilities. You may have a first degree (immediate) outcome, a second degree (intermediate outcome), and a third degree (long term) outcome. (Example: (1°) students demonstrate skill at X. (2°) students use skill X over the subsequent year. (3°) students transfer skill X to their professional career.) Although the third degree impact may be the most meaningful, it is important to note that the longer term the outcome, the more difficult it may be to measure both the change itself and your direct contribution to that change.
Outcome statements will have two mandatory elements: the intended **beneficiary** (customers, students, institution, community) and the **gain or benefit** they receive from what you do. Outcomes also need to be **measurable and actionable**. In other words, you have to be able to monitor changes in those beneficiaries, and you have to have some degree of controllable impact on the outcomes. (It is also important to remember that you should be tracking and measuring things here that will actually tell you where you can improve your operations.)

**Tips for writing intended or expected outcomes:**

1. Sometimes it is helpful to begin the **outcome statement** with the beneficiary as the subject:
   - **Customers have** . . .
   - **Administrators are able to** . . .
   - **Clients understand** . . .
   - **The University enjoys** . . .
   - **Customers employ** . . .
   - **Students are aware of** . . .
   - **The institution gains** . . .

   By contrast, a goal statement nearly always uses the department as an implied subject and will typically begin with a phrase like
   - **to provide** . . .
   - **to establish** . . .
   - **to ensure** . . .
   - **to implement** . . .

   If you mistakenly utilize a goal statement as an outcome, you will end up assessing your goal attainment rather than the results for the customer or institution.

2. Because intended outcomes flow from your department’s mission, and your mission is fairly stable, you should be able to envision keeping the same intended outcomes for 3-5 years or longer. If your outcome has a shorter range, it is probably an output or a goal rather than an outcome.

   While a department’s intended outcomes may be fairly stable over time, annual review of the outcomes is recommended. Modifications in the
intended outcomes may be necessary due to changes in the department’s mission, functional responsibilities, structure or information garnered through the annual reporting process.

II. Measuring Outcomes

A. Develop Effectiveness Indicators (measures)

An indicator is the particular characteristic, dimension, or element you will be measuring to monitor changes in your outcome attainment. An indicator identifies evidence and methods you will use to determine whether you are achieving your expected results.

For example, if your outcome is . . . University administrators have the financial information they need to make decisions effectively, potential indicators might include:

- timeliness of monthly reports to the VP;
- accuracy of information in monthly reports;
- timely response to requests for ad hoc reports;
- accuracy of information in ad hoc reports;
- number of proactive (not requested) reports generated on topical issues.

Tips for developing effectiveness indicators:

1. You may not find a perfect indicator. Although your intended outcomes will be stable over time, you may find it necessary to change, modify or add to your indicators until you find a combination that you believe sufficiently measures your outcomes.

2. You may use multiple indicators to measure each outcome you define. You may also find it possible to use one indicator to measure more than one outcome.

B. Set Success Criteria (targets)

Success criteria are the specific values on the indicator (like the marks on a yardstick) that let you know you have been successful. These are the quantitative targets you are aiming for in your performance. For example, your success target might be:

- 100% of monthly reports are submitted by the 3rd business day of the month
- Fewer than 3% of reports are returned by supervisor for corrections
● **100% of ad hoc reports** are submitted by the promised deadline

● **Fewer than 10% of ad hoc reports** are returned by supervisor for corrections

● **At least one proactive report** generated each fiscal quarter.

Success criteria must be set before you begin to collect data on your indicators.

**Tips for setting success criteria:**
1. If you easily meet your success target, you may want to raise the bar or modify both the indicator and the target.

2. When aggregated, qualitative data can be transformed into quantitative targets. For example, meeting a single deadline may be a yes/no data point, but setting the target at “meeting 95% of the deadlines” (i.e., 95% yeses and 5% nos) makes the target countable and comparable over time. Similarly, checklists can be used to help quantify a target (e.g., satisfying 98% of items on a checklist).

**C. Collect the data on your indicator**

You knew it would come to this eventually. You now have to collect the data that are going to tell you if you are having the expected impact on your customer. Data collection is much easier if you have defined your indicators and success criteria carefully.

Data collection can be costly and time intensive, so make sure that the data you are planning to collect are appropriate for your indicator and that you can envision what type of actions you might be prompted to take based on various potential results. (That is to say, if you cannot use the data, do not collect it.)

Data collected should be representative of the whole year. You may want to collect data continuously, or you may want to take “snapshots” at regular intervals. You may want to sample systematically, rather than collect data on every event/person/day.

**Potential sources of data:**
- unit records
- external quality standards
- web site hits
- database trending
- audit reports
- informal or formal interviews
- focus groups
- year-to-year comparisons
- benchmarking with other institutions
- surveys
- systematic observation
**Tips on collecting data:**

1. If you are in the habit of collecting certain data already (e.g., for reporting purposes), you may want to see if you can use any of those data to measure your outcomes.

2. Data collection needs to become a regular activity for the department. The more you can routinize and automate it, the easier it will be to incorporate into your activities. Remember, if the responsibility for data collection is purposefully assigned to a person or position, it increases the likelihood that it will occur.

**D. Compute Results**

Once you have collected your data, you will need to compute the results. This usually involves counting or aggregating the data, calculating percentages or other descriptive statistics. You may want to use tables or charts. How you compute the results and present them will depend upon how you defined your indicator. The key activity here, though, is to compare the results to your success criteria (target). Did you meet your target or not? Remember, *you need to have a result for every success criteria and indicator you have defined.*

**III. Analyzing Outcomes**

The third step in the cycle of assessment is to analyze your outcomes. You have your results; you know if you met your targets or not. Now you have to determine what those results mean for your department. (Why did you or did you not reach your target? How important are the results? What strengths do the results reflect about your department? Where do they show that additional attention is needed to improve outcomes?)

Since indicators are just that—gauges that show you the trends or directions, you may need to dig a little deeper to answer some of the questions in the paragraph above. This is especially the case if your results came as a surprise to you.

**IV. Applying and Using the Results**

The purpose of assessing outcomes is to provide you with information that will let you determine where modifications are needed (or wanted) to improve those outcomes and make your department (and the university)
more effective. Therefore, the most important section of the assessment cycle is determining how the results will be used.

Each problem or issue that you noted or identified in your analysis represents an opportunity to improve and should have an **action to correct or improve performance**. These include actions you have already taken as well as those you are planning to take. Actions may be:

- **Operational or programmatic**–modifying what you do or how you do it (e.g., adding a program or improving a process);
- **Organizational**–modifying your organizational structure or work assignments;
- **Strategic**–modifying your mission, functional responsibilities, or outcomes; or
- **Assessment-related**–modifying your indicators, success criteria, or method of data collection).

For future actions, you should note when you anticipate those actions will be taken, who will be responsible for taking the actions, and what resources will be needed.

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