

UW-Stout AQIP Process Improvement Action Plan

Category 8: Planning Continuous Improvement (Meridith Wentz)

List “O” or “OO” from AQIP feedback report that you are responding to.	Action Plan:	Responsible:	Timeline:	Key Performance Metrics:
<i>“What problem are you addressing”</i>	<i>“What has to be in order to address this O or OO?”</i>	<i>“Who are the positions or people that will be responsible for the action plan?”</i>	<i>When should the action plan be completed? MUST be specific target completion date.</i>	<i>How will you know if this action plan is successful?</i>
<p>We propose to combine these:</p> <ul style="list-style-type: none"> -UW-Stout the opportunity to further define its benchmarking processes and processes by which it sets its targets -The University has an opportunity to identify and demonstrate how specific targets are the result of, or are linked to the analysis of specific data, thereby clearly establishing drivers for target-setting 	Use PolyDASHER as a tool for this – but wait another year until it is more fully established to implement.	BPA director	-	
<p>We propose combining all of these together:</p> <ul style="list-style-type: none"> -The University has the opportunity to further define the process it uses to provide and validate information and data to establish performance indicators -There is an opportunity for UW-Stout to develop a process for establishing the validity of the metrics it employs. By establishing metric validity, the University will be able to determine causality with greater accuracy which will enable it to pursue more effective improvements. -The University has an opportunity to validate 	Conduct a validity study to identify which metrics are related statistically to the performance indicators. Use this information to make changes to the metrics reported on in AQIP.	ARC	<p>Proposal by 10/10</p> <p>Obtain approval and implement starting 1/11</p>	Reduction in the number of metrics reported on in AQIP

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metrics with a view to establishing causality				
It is not clear how “gaps” identified in risk analysis, which is conducted every 5 years, are incorporated into the annual Strategic Planning Process	Formal memo to the action plan leaders on an annual basis, with a list of gaps related to their action plan, requesting a response to the Chancellor – either resolution, or requesting that it be dropped	Director BPA	June 30, 2010	All gaps are resolved
We propose to combine these: -The University has an opportunity to specifically discuss the areas in which it has not achieved its targets -While its overall institutional performance is equal to or better than its benchmarking groups, there is an opportunity for UW-Stout to improve by addressing/discussing areas in which comparisons are less favorable	Negative data trends are addressed through the AQIP process improvement plan	AQIP process improvement action plan leaders	September 13, 2010	Negative data trends move in a positive direction. Progress updates show that there has been progress or discussion.
UW-Stout should expand goal benchmarking outside of the UW System and on a national basis	Utilize PolyDASHER to accomplish this	BPA director	June 30, 2010	Number of metrics on which we have poly peer and national peer data increases
The culture and infrastructure at UW-Stout affords this institution the opportunity to go beyond its present approach and pursue a Six-Sigma or equivalent approach to continuous improvement	Evaluate feasibility of pursuing Six Sigma	Chancellor	-	Decision made as to pursuing Six Sigma or not

NOTE: items with no due date are proposed to be implemented in later years

Use this space to list any “O” or “OO’s” from the AQIP feedback report that you do not feel need to be addressed:

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List “O” or “OO” from AQIP feedback report that you are not responding to.	Why do we not need to address this item?:
There is an opportunity for improvement by distinguishing between processes for selecting short-term strategies and those used for long-term strategies	We already do this – just need to explain better in the portfolio.
It is not clear what selection rationale the University uses for the specific years it selects for data collection...	AQIP reviewers didn’t understand this. Add footnote to each chart explaining why specific data was selected for the chart.
The University has an opportunity to extend targets for the 17 performance indicators with incremental increases in those targets	Already accomplished for FOCUS 2015.
There is an opportunity to provide and demonstrate achievements in all of the performance indicators for the processes associated with planning continuous improvement	We already do this – just need to explain better in the portfolio.