

Kaua`i Community College
Annual Program Review Update (APRU) for
(Institutional Research & Analysis)
2017-2018

At a minimum, each program or unit Annual Program Review Update shall include measures described in [UHCCP 5.202](#). Additional measures may also be used for program or unit assessment.

Program or Unit Mission Statement

Mission:

The Office of Institutional Research & Analysis at Kaua'i Community College serves as a resource by providing systematic, timely, user-friendly official data and research services that are used to enhance decision making and policy formulation, prepare mandated reports, and to measure institutional effectiveness.

Part I. Program Description

Date of Last Comprehensive Review	N/A
Date Website Last Reviewed/Updated	10/25/2018
Target Student Population	All Kauai Community College Students University Center Students Potential Students
External Factor(s) that Affected the Program or Unit	None

Part II. Analysis of Quantitative Indicators

Include the Annual Review of Program Data (ARPD; all [Instructional programs](#) and [Academic Support](#) programs - Library, Technology Resources, Testing Center, Tutoring, and Financial Aid), program-developed metrics (Institutional Effectiveness programs, Office of Continuing Education and Training, campus committees), or metrics required by [UHCCP 5.202](#) that are not provided as ARPD ([Administrative Service](#) programs and some Student Support [programs](#)) under review in table format below (EP 5.202 and UHCCP 5.202).

	2017-2018 ^{1, 2}	2018-2019	2019-2020	2020-2021
DEMAND				
# Internal IR Requests	217			
# External IR Requests	18			
# Trainings/Workshops	11			
# Dashboards & Self-service Tools Created	22			
EFFICIENCY				
% Internal IR Requests Completed On-time	96%*			
% External IR Requests Completed On-time	100%			
# Processes Improved/Streamlined	108			
# Dashboard & Self-service Tool Users/Views	1,106			
EFFECTIVENESS				
Net Promoter Score	95			

**Target Date adjusted to accommodate competing priorities*

¹ Data glossary is located in Appendix 1

² Health call scoring rubric is located in Appendix 2

The Overall Program Health is Healthy.

This is the first year Institutional Research & Analysis is reporting for the Annual Report of Program Data. Institutional Research was a one-person unit that previously reported to the Chancellor's Office. During a reorganization in January 2017 Institutional Research moved to a newly created Institutional Effectiveness and University Center department. The title changed to Institutional Research & Analysis to foster data-informed support with an emphasis on analytic efforts and actionable deliverables. A new faculty member was hired to fill this role in August 2017.

Last year the department presented a list of quantitative indicators to measure demand, efficiency and effectiveness. Historically projects and associated deliverables were not effectively tracked and much of the methodology used to create the reports was not documented. As a result, automation of recurring reports through the development of scripts and the creation of dashboards to streamline work was a strong focus for 2017-2018. Building a knowledge base and code/report repository to streamline requests will allow more time to support strategic initiatives with actionable data. Equal emphasis was on tracking analytic efforts so quantitative indicators can be reported for this APRU reporting cycle.

The data for Quantitative Indicators were collected by using a request tracking database developed by the department; 235 requests were closed in the 2018 fiscal year. 54.5% were requested by faculty, 42% by staff and 3.5% were for external reporting purposes. 96% of all requests were completed by the target date indicated when the ticket was received. 4% of internal requests had the target date moved out to accommodate competing priorities or because IR was waiting on information from the requestor. The target date push was negotiated with the stakeholder prior to the due date.

In summary, strengths for this department are demand by faculty and staff, on-time deliverables, and a world-class NPS. An area to improve based on survey results is to offer more trainings and workshops.

Part III. Assessment Outcomes (EP 5.202)

Assessment results for Program Service Outcomes (PSOs).

Report on survey results for the prior year.

1. List of the PSOs.
2. Indicate PSOs that were assessed in the year of this APRU.
3. Assessment findings.
4. Changes that have been made as a result of the assessment findings.

PSO	Assessed During this APRU Cycle (Y or N)	Findings	Improvements Needed	Next Assessment Date
Provide accurate, usable data for faculty and staff	Y	100% of requests in closed status for Fiscal Year. A request goes from resolved to closed once stakeholder confirms data met request needs	None	2018-2019
Provide timely and effective customer service	Y	NPS = 95	None	2018-2019
Reduce number of ad hoc requests through self-service reporting tools	Y	1,106 Dashboard & Self Service Users/Views	None	2018-2019

Part IV. Results of Prior Year Action Plans (UHCCP 5.202)

Action Plan	Anticipated Outcome	Actual Outcome
Tableau Professional License <i>Funded from Department Budget (\$655.20)</i>	<ul style="list-style-type: none"> • Implement Self-Service Reporting • Provide consistency in reported measures • Create Online University Factbook 	22 dashboards created
Larger Monitors <i>Funded from Department Budget (\$416.00)</i>	<ul style="list-style-type: none"> • Better ability to view data and dashboards 	32" monitor purchased (2)
Color Laser Printer	No Funding – Less than \$3,000	Not Funded – Using IE Color Printer

List any additional significant actions that impacted your program (e.g., new certificate, loss or gain of faculty or staff, stop outs, etc.).

None

Part V. Analysis of Alignment with CPR

List the goals that were identified to be initiated, continued, or completed during this APRU cycle, in your last CPR, and if they were achieved. Be sure to include the benchmark, desired outcome, actual outcome, and unit of measure. If you completed your last CPR prior to 2018, please refer to * in this section.

Goal/Strategic Goal or Priority**	Achieved (Y or N)?	Benchmark	Desired Outcome	Actual Outcome	Unit of Measure
Active Student Dashboard/UHCC 17, 18, 19, 20, 21	Y	N/A	User Adoption	261	Number of Views
Program Completions Dashboard/UHCC 1, 2, 3	Y	N/A	User Adoption	122	Number of Views
Course Level Dashboard/ KCC 1	Y	N/A	Internal Use	7	Use in Program Review and Dossier Support
Institution Set Standards Scorecard/ KCC 1-6	Y	N/A	Website link	2	Website Link Updates

**All Strategic Goals and Priorities are aligned to the College Mission.

User Satisfaction Survey					N = 38
Survey Item	Achieved (Y or N)?	Benchmark	Desired Outcome	Actual Outcome	Unit of Measure
Data Accuracy	Y	N/A	4 or better	4.87	Average Survey Score Scale 1-5
Data Met Needs	Y	N/A	4 or better	4.89	Average Survey Score Scale 1-5
Data was Timely	Y	N/A	4 or better	4.92	Average Survey Score Scale 1-5
Data was Actionable	Y	N/A	4 or better	4.92	Average Survey Score Scale 1-5
Customer Service	Y	N/A	4 or better	5.00	Average Survey Score Scale 1-5
Data was easy to understand	Y	N/A	4 or better	4.87	Average Survey Score Scale 1-5
Overall	Y	N/A	4 or better	4.95	Average Survey Score Scale 1-5

Describe any impacts these goals had on your health indicator(s).

Dashboard creation to automate processes and lower the number of ad hoc requests the department received helped Demand Indicator 4 (# Dashboards & Self-service Tools Created) and Efficiency Indicators 3 and 4 (# Processes Improved/Streamlined, # Dashboard & Self-service Tool Users/Views). Survey Data included as evidence to support healthy status for Effectiveness indicator.

*Based on findings in Parts I – IV, develop an action plan for your program or unit from now until your next CPR date. This should include goals that align with the College Mission, measurable outcomes, benchmarks, and alignment to the College’s Strategic Priorities, and/or Strategic Goals. Be sure to focus on weaknesses identified in ARPD data, PSLO outcomes, results of survey data, and other data used to assess your unit or program. This plan should guide your program and subsequent APRUs, but may be amended based on new initiatives, updated data, or unforeseen external factors.

Goal	Strategic Goal/Priority (List number)	Benchmark	Desired Outcome	Unit of Measure	Year(s) Implemented
Provide Survey Development Support	1, 2, 3, 4, 5, 7, 8, 10, 17, 20	N/A	Coordinate and streamline survey process so a repository of student data is available for actionable response to identified need	Number of Surveys developed	Year 2 (2018-2019)
Provide Assessment Data Support*	1, 4, 6, 7	N/A	Move from Course Level Assessment to Program Level Assessment. Bridge application silos by reporting data in Tableau.	Tableau Assessment Report Program Level Assessment Reports	Year 2 (2018-2019)
Build inferential analysis	13	N/A	Develop queries to automate	Number of queries developed	Year 3 (2019-2020)

Goal	Strategic Goal/Priority (List number)	Benchmark	Desired Outcome	Unit of Measure	Year(s) Implemented
capability to support more advanced analyses			retrieving student demographic variables		
Develop predictive models to identify opportunities for intervention throughout the student lifecycle using attributes indicative of risk types extracted in inferential analysis efforts from Year 3	1, 4, 6, 7	N/A	Predict student attrition from first term to second term with 85% accuracy	Predictive model accuracy	Year 4 (2020-2021)

**new action plan added to support institution with integrating assessment data from multiple platforms.*

Part VI. Resource Request(s) for next year (from CPR Plan for your program or unit, or one(s) developed in Part V above if CPR was completed prior to 2018).

If no resources are being requested, place an "X" here. _____X_____



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INSTITUTIONAL RESEARCH & ANALYSIS

Annual Report of Program Data

Data Glossary 2018

Annual Report of Institutional Research & Analysis Department Data Glossary 2018

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Demand Indicators

1 – Number of Internal IR Requests

Data Source: Institutional Research & Analysis Request Tracking Database
REQUEST_TRACKING.ISSUES, REQUEST_TRACKING.CONTACTS

Definition/Description

Total number of Institutional Research tickets in closed status from July 1 to June 30 (Fiscal Year) requested by internal stakeholders.

2 – Number of External IR Requests

Data Source: Institutional Research & Analysis Request Tracking Database
REQUEST_TRACKING.ISSUES, REQUEST_TRACKING.CONTACTS

Definition/Description

Total number of Institutional Research tickets in closed status from July 1 to June 30 (Fiscal Year) requested by external stakeholders.

3 – Number of Trainings/Workshops

Data Source: Institutional Research & Analysis Request Tracking Database
REQUEST_TRACKING.ISSUES, REQUEST_TRACKING.CONTACTS

Definition/Description

Total number of Institutional Research tickets in closed status from July 1 to June 30 (Fiscal Year) for Training or Workshops.

4 – Number of Dashboards & Self-Service Tools Created

Data Source: Institutional Research & Analysis Request Tracking Database
REQUEST_TRACKING.ISSUES, REQUEST_TRACKING.CONTACTS

Definition/Description

Total number of Institutional Research tickets in closed status from July 1 to June 30 (Fiscal Year) for Dashboards & Self-Service Tools.

Efficiency Indicators

1 – Percentage of Internal IR Requests Completed On-Time

Data Source: Institutional Research & Analysis Request Tracking Database
REQUEST_TRACKING.ISSUES, REQUEST_TRACKING.CONTACTS

Definition/Description

Percentage of Institutional Research tickets in closed status from July 1 to June 30 (Fiscal Year) completed on time and requested by internal stakeholders.

2 – Percentage of External IR Requests Completed On-Time

Data Source: Institutional Research & Analysis Request Tracking Database
REQUEST_TRACKING.ISSUES, REQUEST_TRACKING.CONTACTS

Definition/Description

Percentage of Institutional Research tickets in closed status from July 1 to June 30 (Fiscal Year) completed on time and requested by External stakeholders.

3 – Number of Processes Improved/Streamlined

Data Source: Institutional Research & Analysis Request Tracking Database
REQUEST_TRACKING.ISSUES, REQUEST_TRACKING.CONTACTS

Definition/Description

Number of Institutional Research tickets in closed status from July 1 to June 30 (Fiscal Year) improved or streamlined by using code and/or dashboard to automate task.

4 – Number of Dashboards & Self-Service Tool Users/Views

Data Source: Institutional Research & Analysis Request Tracking Database
REQUEST_TRACKING.ISSUES, REQUEST_TRACKING.CONTACTS,
Tableau Public View Counter

Definition/Description

Number of views from July 1 to June 30 (Fiscal Year) to dashboards & self-service tools. For data that is available via web the count is derived by using view counter in Tableau Public. For internal resources, dashboard usage is tracked in the Self-Service/Refresh field in the Institutional Research and Analysis Request Tracking Database.

Effectiveness Indicators

1 – Net Promoter Score from IR Survey

Data Source: Google Form – Institutional Research & Analysis User Satisfaction Survey
https://docs.google.com/forms/d/e/1FAIpQLSeoeOIOsOUNhX6WCzfM7Wned5JOW4WI5Iq0pAu57RLzhgvSqw/viewform?usp=sf_link

Definition/Description

Net Promoter Score®, or NPS®, measures customer experience and predicts business growth. This proven metric transformed the business world and now provides the core measurement for customer experience management programs the world round.

The NPS Calculation

NPS is calculated by using the answer to a key question, using a 0-10 scale:

How likely is it that you would recommend Institutional Research & Analysis to a colleague?

Respondents are grouped as follows:

Promoters (score 9-10) are loyal enthusiasts who will keep buying and refer others, fueling growth.

Passives (score 7-8) are satisfied but unenthusiastic customers who are vulnerable to competitive offerings.

Detractors (score 0-6) are unhappy customers who can damage your brand and impede growth through negative word-of-mouth.

Subtracting the percentage of Detractors from the percentage of Promoters yields the Net Promoter Score, which can range from a low of -100 (if every customer is a Detractor) to a high of 100 (if every customer is a Promoter).



% PROMOTERS - % DETRACTORS = NPS (NET PROMOTER SCORE)

Appendix 2

**2018 ANNUAL REPORTS OF PROGRAM DATA
 INSTITUTIONAL RESEARCH ANALYSIS DEPARTMENT SCORING RUBRICS**

Numbers in parentheses refer to the data elements of the UHCC Annual Reports of Program Data.

Area	Benchmark	Scoring
DEMAND		
<i>Monitoring the capacity and need for the unit.</i>		
Number of Internal IR Requests (1)	2= 175 or more; 1 = 125 to 174; 0 = Less than 125	2 = Healthy 1 = Cautionary
Number of External IR Requests (2)	<i>Not used in Health Call</i>	0 = Unhealthy
Number of Trainings/Workshops (3)	2 = 10 or more; 1 = 6 to 9; 0 = Less than 6	
Number of Dashboards & Self-Service Tools Created (4)	2 = 6 or more; 1 = 3 to 5; 0 = Less than 3	
EFFICIENCY		
<i>Monitoring how time is budgeted and spent in the unit.</i>		
Percentage of Internal IR Requests Completed On-Time (1)	2= 85% or more; 1 = 70% to 84%; 0 = Less than 70%	2 = Healthy 1 = Cautionary
Percentage of External IR Requests Completed On-Time (2)	2= 100%; 1 = 90% to 99%; 0 = Less than 90%	0 = Unhealthy
Number of Processes Improved/Streamlined (3)	2 = 50 or more; 1 = 30 to 49; 0 = Less than 30	
Number of Dashboards & Self-Service Tool Users/Views (4)	2 = 1,000 or more; 1 = 700 to 999; 0 = Less than 700	
EFFECTIVENESS		
<i>Monitoring the quality of products produced by the unit.</i>		
Net Promoter Score (1)	2= 70 or more; 1 = 50 to 69; 0 = Less than 50	2 = Healthy 1 = Cautionary 0 = Unhealthy