

Program Action Plan Template

Program:Nursing		Date:9/7/22	Submitted By:A. Sansom
Action Item 1	Hire/maintain qualified nurse educators to support current and future operations/adequate office space		
Proposed Action	Consider pay structure/starting step during contract negotiations – consider opportunities to identify other office space in building 6 (EDU faculty move to building 3?, etc.)		
Responsible Party	VP/Dean		
Success Criteria	Adequate numbers of qualified staff are recruited and retained to support current and future needs of program.		
Resources	Budgeted funds for department		
Timeline	2022-contract – ongoing		
Action Item 2	Maintain adequate type/amount of lab/simulation equipment in working order		
Proposed Action	Complete equipment inventory with 5-year repair and replacement plan		
Responsible Party	Dean/Program director/nursing lab coordinator		
Success Criteria	Equipment sufficient to offer robust simulation and lab practice opportunities with an under standing of future budgetary needs.		
Resources	Lab coordinator time, faculty consideration, Dean budget prep.		
Timeline	Inventory completed fall 23, new/repair equipment identified by budget season 23. Ongoing each year.		
Action Item 3	Nursing Assistant CMA		
Proposed Action	Continue to offer HS cohort, academic cohort and expand customized workforce for local entities.		
Responsible Party	Dean/CAN Program Director		
Success Criteria	Improved tracking to accurately reflect improving CMA (capturing CE reimbursement in CMA calculations for Nursing)		
Resources	1:1 marketing from Dean/Program Director to identify community need and create opportunities to expand training through CE.		
Timeline	22-23 and ongoing. Current plan in 22-23: Two courses per year for SLMC and at least once course per term for PR, if needed. Continue to support LDH in their courses. Continue HS cohort and attempt to fill academic courses offered.		

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Signatures:

_____ Department or Program Lead	_____ Date
_____ Dean of Instruction (when applicable)	_____ Date
_____ Dean of CTE (when applicable)	_____ Date
_____ Vice President or President	_____ Date