Operating Policy and Procedure

SON OP: 10.060 Strategic Planning & Mission for the School of Nursing

PURPOSE: The purpose of the Mission and Strategic Planning OP for the School of Nursing (SON) is to outline policy and procedures specific to annual review of the Mission Statement, Strategic Planning and Initiatives for the SON.

REVIEW: All policies and publications in the Administrative Handbook, are reviewed on a staggered even or odd year biennial review cycle. The Policy and Publications Oversight policy shall be reviewed by the Coordinating Council by September 1 of each odd numbered year. Recommendations are forwarded for final approval by the Dean.

POLICY/PROCEDURE:

1.0 Policy. The TTUHSC School of Nursing (SON) implements an efficient, continuous and systematic planning process where members of the Coordinating Council make decisions about intended future outcomes, strategies for accomplishing outcomes, and how successes are measured and evaluated. The SON Mission Statement, Vision Statement, Values, and Strategic Plan are implemented by all divisions of the SON via ongoing strategic plan goals.

2.1 Procedure.

A. The Mission Statement and Strategic Plan, including strategic goals, measurable objectives, and related actions/strategies are reviewed at least quarterly by the Coordinating Council. During the review process, the mission, vision, values, issues and challenges, goals and strategic initiatives/objectives are revised, re-written, and/or updated as necessary.

B. The SON Coordinating Council is responsible for final approval and adoption of the mission, vision, values, issues and challenges, goals and strategic initiatives/objectives as developed through the review process. Evidence of the review process outcomes is documented in the minutes of the Coordinating Council posted on the SON Shared Governance Website

https://nursing.ttuhsce.edu/nursing/shared-governance

C. A component of the continual review process is an annual formal variance review performed on all measurable objectives. The variance review is conducted to answer the question, “How did we do?” for the action/strategy of each measurable objective. The outcome of the variance review links the systematic cause of the outcome with the effect. A continuous quality improvement process is implemented by ongoing performance of Deming’s PDCA Cycle (Plan, Do, Check, Act)/PDSA (Plan, Do, Study, Act). Measurable objectives are intentionally and continually assessed. Analysis results of assessments are evaluated and interpreted by the Coordinating Council to inform decision-making. Evidence-based decision-making is implemented by the Coordinating Council for improvement action planning. Effectiveness of implementing the improvement action plans is assessed and the steps of the PDCA/PDSA Cycle are repeated.

D. Outcomes of the variance review, resulting discussion, and decision-making for improvement are documented in the Administration Council.