

STRATEGIC PLANNING RESOURCES

Introduction

Strategic goals should be revisited each year to ensure that they still resonate with the group, and that the activities funded by your Working Group are aligned with the goals. There is no need to craft new goals if they are still in line with the direction of the group. Best practice is to develop new strategic goals every three to four years.

This section will help you map out strategic goals, activities, and measures for the upcoming year. The first step is to identify three strategic goals in order to create a strategic plan. These goals should be based on the “current state” discussions of your Medical Staff Association (MSA) working group and your key health authority (HA) partners.

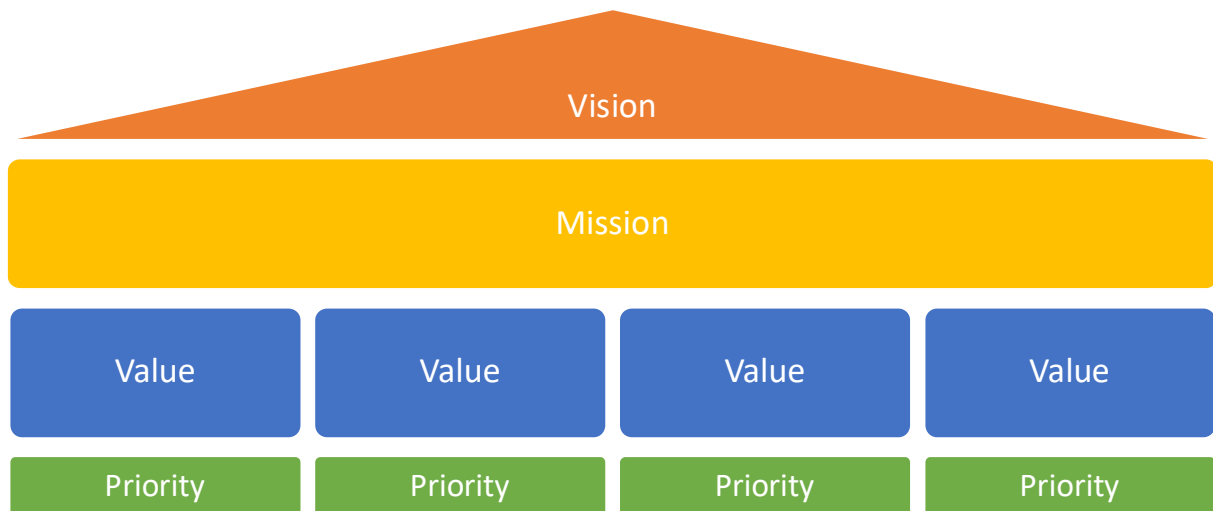
Facility Engagement (FE) recommends undertaking a collaborative approach with your HA partners in strategic planning; and working together to identify areas of alignment can lead to enhanced uptake and implementation of key activities.

To get you started on strategic planning, the “Cascade Model” approach outlined below that can be used to identify vision, mission, values, and priorities. There are also:

- some tips on identifying strategic goals
- ten examples from strategic plans from participating MSAs around the province, and
- criteria for assessing current goals to ensure relevancy to the group.

The Cascade Model

One approach to breaking down the priorities, values, mission and vision is to use the Cascade Model to guide the discussion. Using post-it notes and a Bristol board can actively engage all participants, and facilitate quick changes as things can be easily moved around, added or removed. The completion of a framework like this can realistically be done in two hours with 10 people.



Vision: the long term ideal future that you, your group, or organization is working towards. Vision statements are very high level and very broad. They are goals that you might always be working towards, rather than a measurable goal you can meet in the next couple of years. Vision statements can be tricky to craft – one approach that might be helpful is to start with priorities and work towards the vision backwards. This will allow participants to ground their thoughts in something tangible, and have the note taker / facilitator capture the key words and statements that can then be molded into a vision statement later on.

Mission: your purpose or what you will do, broadly, to make your vision a reality (if your group finds this overly complex, remove it.)

Values: a high level description of how you want to approach you work, or what is important in how you do your work.

Priorities: issues you want to address over the course of the year that will move you towards the long-term goal set out in your vision, stated at a high level. Remember, this is not your work plan. It should inform your work plan.

Strategic Planning – Tips & Examples

The purpose of engaging in strategic planning is to identify longer-term, high level goals that provide direction to the activities of the MSA. These goals serve as sign posts to ensure that activities that receive FE funding are in-line with, and contribute to achieving the MSA’s vision.

These strategic goals are not projects or activities – they do not have a beginning and an end. How your group will achieve these goals are through **activities**. Your group will know whether or not these activities have been successful through **performance measures**.

Here are ten common examples from original strategic plans submitted by MSAs when they came forward for full funding. Feel free to cut and paste these into your plan if they accurately capture the group’s goal:

Strategic Goals Examples

1. Contribute to the development and achievement of plans impacting patient care within the facility.
2. Engage in local and regional activities that affect provider work environment and patient care.
3. Effectively communicate the views of the medical staff to key stakeholders.
4. Improve the quality of healthcare service and delivery.
5. Improve physician and allied health work satisfaction.
6. Work collaboratively with health authority leadership to optimize physician engagement.
7. Strengthen physician leadership.
8. Strengthen physician and allied health community within the facility.
9. Build physician and allied health relationships across facilities.
10. Enhance health system performance through use of technology.

Criteria Matrix For Setting and/or Revisiting Annual Priorities

The matrix below can be used to assist in rating / assessing potential priorities, or revisiting priorities that were identified in previous years to see if those priorities remain important to the group. This approach is best utilized with a larger group (10 or more).

In addition to the matrix below, here are some guiding questions to move this session along:

- What is our group capable of achieving in the next year on this issue?
- How does this issue relate to the criteria in the rating matrix?
- Is this issue a substantive issue that needs to be addressed, or is it a process that we could incorporate into our work?
- What are the major issues / trends / changes impacting our members?

Issue Description:					
Criteria	Strongly Disagree			Strongly Agree	
The issue is aligned with the vision and values set out in the MSA's strategic plan	1	2	3	4	5
The issue will influence positive change for the medical staff's work environment or patient care	1	2	3	4	5
The timing aligns with current stakeholder activity (i.e. health authorities, Specialist Services Committee, Doctors of BC, community partners)	1	2	3	4	5
There is an opportunity to influence change on this issue	1	2	3	4	5
This is a new issue that has not yet been addressed through existing or ongoing work	1	2	3	4	5
The issue requires urgent attention	1	2	3	4	5
The benefit of taking strategic action outweighs the risk of doing nothing	1	2	3	4	5
The issue is relevant to the entirety or majority of our MSA membership	1	2	3	4	5
SCORE (8-40 POINTS) =					