

Donna Howard, Board Chair  
Dr. Barry Guppy, CEO

**Perth & Smith Falls District Hospital**

February 9, 2021

**Re: Strategic Planning Input Sessions Summary**

I feel that the initial input sessions went very well, and the virtual methodology didn't seem to have any negative impact on the outcomes. This preliminary input has begun to reveal some patterns and directions that can now be refined and explored further over the coming months as PSFDH Board and Senior Management work to shape the final Strategic Plan.

As you will recall, the intention of the (2) sessions held on January 29 & 30, 2021 was to 'engage' and 'gather' important perspectives about the future. The following pages summarize the input we collected during the sessions AND also includes preliminary analysis of the survey that was in the field as we prepared for the sessions. We have also included, as a separate document, a copy of the PowerPoint presentation used during the sessions.

We look forward to the chance to support you, should you require, during the next steps of your planning.

Respectfully,



Brad Quinn, *Founder & CEO*  
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905-483-087

# Context for Planning

## Strategy

*“The need to make a coherent set of choices, which is the centerpiece of strategy, has never been more important. At its core, strategy is the basis on which to direct a organization’s precious resources. It is the connective tissue across layers of leadership and between functions. It serves as the filter to distinguish opportunities from the many distractions posed by a changing environment.”*

## Strategic Planning Process

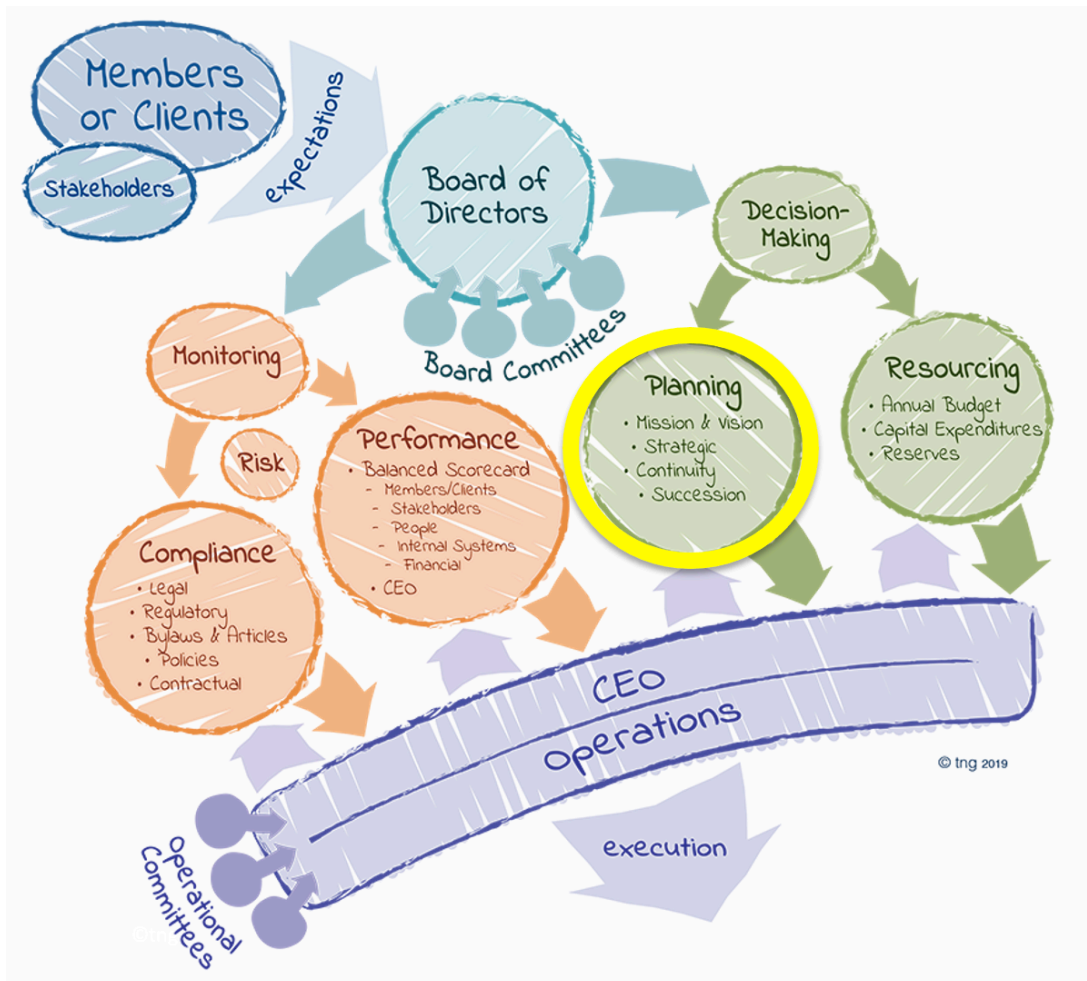
A series of purposeful explorations, investigations, analysis and choices that enables an organization to declare its core purpose, envision a worthy destination, and choose the priorities that will best move the organization towards those commitments while aligning everyone’s contribution to the desired outcomes.



## Role of Good Governance

Every 3-5 years as part of good governance, the Board should undertake a ‘fresh look’ planning exercise. This fresh look should not dismiss the work already done and the plan currently in place. Rather, it should focus on identifying any significant changes in the strategic &/or operational landscape and interpreting how these changes might/should impact the organization.

1. **Strategy:** refining any key directional (mission / vision) choices, and
2. **Strategic priorities:** recalibrating the organization’s attention through adjustments to its balanced scorecard ‘buckets’: Clients (Patients/Families), People (HR), Stakeholders (& health partners), Internal Systems (including IT) and Finances.
3. **Strategic goals:** recalibrating the end goals or desired outcomes that are anticipated and necessary to demonstrate relevance, constituent value and organizational sustainability.



## Session #1 - Input

### ***What's capturing our attention, the most?***

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#### **Senior Management Perspectives**

The Senior Management Team co-presented a PowerPoint they had prepared in advance of the session. A copy of this presentation is available from the SMT.

#### **Physician Panel Perspectives**

##### COVID 19

- Effect on staff, patient care, clinics ...
- Will continue for a while
- Uncertainty re: timing of restrictions

##### Ontario Health Teams

- COVID has kind of been a proof of concept for the model. Orgs are willing to partner.

##### Internal Medicine Department Expansion

- \$ follows the patient
- Maintain and grow position in the community
- Expand capacity of ICU.

##### Acuity of patient increasing in the community

##### Outpatient Clinic to deal with more patients by internists and keep out of hospital

##### Department of Surgery and Anesthesiology

- COVID impact on number of cases/surgeries
- Impact on staff moving forward
- Responsibly add services and support staff with education
- Patients have an increase in comorbidities
- 2-year remuneration lag when increase services.

### ***Factors affecting PSFDH opportunities and challenges?***

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- Technology needs for the future; HIS, Capital
- Financial instability; address under-funding
- Education for staff and nursing
- Prepare for future with unknown funding.
- Need to build trust amongst partners
  - There will be more integration of HSPs
  - Question re: how tertiary care fits with OHT

- Opportunity with teaching footprint
- Development of Connecting Ontario/Ontario eHealth and EMR
- Evolution from LHIN to OHT and boundaries
- MRI negotiations
- Increase # of internists
- Expand specialties
- The way care is delivered in the hospital
- The way family physicians are practicing
- Funding ‘fight’
- Connection and communication between physicians, nurses, admin, board
- Local population growth
- How home care runs (CCAC). Quality of CCAC care decreasing.
- Surgery needs financial investment
- Small hospitals tend to be dictated to by regional hospitals with regards to what services they deliver
- Relationship between community physicians, hospitals and providing inpatient care
- Role of NPs
- Relationship between physicians and Province. Can Board assist?
- Make ourselves more attractive as a result of increased competition when funding is with the patient
- Difficult to keep nursing staff when only offering part-time. Full time job security is not there.
- Funding limitation
- Efficiency improvement through the use of technology from HIS to OR equipment.

### ***Most important things PSFDH should focus on in the new plan?***

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#### **Breakout Group 1**

- Growth. Claim our position.
- Focus on our people in and outside of the hospital. Leverage the strengths of the educational part as a recruitment tool.
- Non-traditional roles e.g. influence on LTC, Homecare, Mental Health & Addictions.
- Role of technology. HIS and beyond. Virtual care
- Care models across the hospital. Improve mobility of patients and Health care providers
- Marketing, branding, visibility
- Leverage strengths of community. Build relationships.
- Leverage OHT

## **Breakout Group 2**

- HR Issues e.g. Nursing and MD shortages. Need specialized nursing care
- Transitions from Hospital to community especially palliative care, psychiatry. Ensure they don't bounce back.
- Planning for increased demand on services and increase efficiencies.
- Examining new and current services locally to make sure we are doing the best we can as most efficiently as possible. Growth.
- Balance capital needs with debt load.

## **Breakout Group 3**

- Recruitment and retention. How to provide a stable workforce for hospital employees. Centre for excellence for physicians. Role of education.
- OHT and HIS - change management required.
- Leverage partnership opportunities.
- Clear measures and metrics for success.
- Maintain presence at highest levels. State our case. Be heard.

## **Breakout Group 4**

- Recruitment and retention
- Stabilization of health Human resources.
- Community connections; OHT
- Support patients in their homes.
- Improve efficiency and expand services efficiently
- Technology needs for the future; HIS, Capital
- Financial instability; address under-funding
- Education for staff and nursing

## **Session #2 – Input**

### ***Reflections on previous session's discussions?***

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- Tug-o-war, what we are trying to do in the hospital and not all clients/patients want to go the hospital
- Perception. Two views - Business and doing best we can (quality). Quality must be included in the business views
- We didn't talk a lot about patients
- Turnover in nursing staff
- Pursuing more partnerships. Should include partnerships with other hospitals.
- How do we keep patients out of the hospital? Preventative care.
- Uncertainty of OHT. Importance of partnerships
- Funding formula. Chasing the money discussions
- Coordinate better with MH&A
- Taking over LTC

- Board needs more data and metrics
- Heard there is perceived difference in level of care at the two sites by the board members
- Depth of level of understanding of the OHT agenda
- Level of growth has resonated. Growth to meet needs of population
- Current theme of strategies different from past strategies
- In hospital psychiatric poorly served
- Chasing the money = expanding services not stealing from others
- Large centres advocating to take resources from smaller communities
- Growth to serve requirements of population not just grow for the sake of growing
- Not doing as well as we can to get available funding
- Awareness of efficiencies and transition from hospital needs to be raised.

***What key changes or strategic ‘pivots’ need the most consideration as we assemble our new plan?***

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**Breakout Group 1**

- Maximize what we can do as an organization to keep patient closer to home and access care.
- Growth means provide accessible health care closer to home
- Integrity – on a fixed budget and need leadership to obtain resources
- Patients as consumers. Ask what they/community needs.
- Community Care – Hospital role with? Hub/linkage?
- Support care in hospital. Need to confirm level of care needed so patients not transferred out.
- HIS and balance of financial priorities.

**Breakout Group 2**

- What would we do with bed capacity if we didn’t have ALC issue?
- Growth is important but what direction?
- What are community demographics telling us about where we should focus growth?
- Should we be only concentrating on acute care or should we be more holistic?

**Breakout Group 3**

- Patient needs, healthcare needs and staff focus.
- Retention and recruitment of healthcare professionals.
- More collaboration and communication with partners. Happy staff = Happy patients.
- Mental health crisis with adolescents. Leverage partnerships.
- Data due diligence and deeper dive into data we have. Identify which data is missing.

**Breakout Group 4**

- Data – fully understand it in identifying community needs
- Patient needs – all components pertaining to growth.
- Understanding the entire system patient journey.
- Strategic partnerships – understand and develop

- Population based focus, growth
- Just acute care? Home and community care under serviced.
- Centre of Excellence to meet patient needs and highlight hospital visibility.
- Role in LTC
- Mindful of capital needs.

## ***How can we get the most out of the Strategic Planning effort?***

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### **Breakout Group 1**

- Who are and how do we engage all of our stakeholders?
- Focus on end game and bring it back to beginning. Easily achieved, medium term goals.
- OHT – where our partners fit in
- Advocacy role for homecare.
- Hospital hub for homecare
- Data for demographics. Short, medium and long-term goals.
- Townhalls – engage community and various stakeholders early on. Refer back to previous plan re: stakeholders

### **Breakout Group 2**

- Interaction between stakeholders. Educate and describe what strategic planning is so everyone understands process.
- Ongoing communication to support transparency
- Realistic and factual efforts supporting needs of patients and partitioners
- Keep plan up to date with changing environment
- Communication - Reach outside of the hospital e.g. townhalls, use technology, survey, council, service teams
- Engagement – specific and younger physicians. Invite additional stakeholders to board e.g. nursing (regularly not just for strategic planning)
- Clear measures and metrics.

### **Breakout Group 3**

- Framework for strategic plan and timeline
- Stakeholder engagement – update list. Use data as starting point for discussions.
- How do we get to non-users
- Importance of data and looking at gaps and opportunities. Be specific about data.
- ID opportunities and threats. Ensure plan broad enough to move with environmental changes.

### **Breakout Group 4**

- Make sure stakeholders review draft plan
- Ensure ongoing buy-in
- Thorough review of old plan.
- ID big picture journeys and where we are at e.g. HIS
- Other tools to reach stakeholders? Survey to rank priorities.



- Plain English plan –avoid motherhood statements, vagueness
- Measure success – awareness and understanding of plan. Care is seamless.
- Board budget to monitor plan progress

### ***How might the Board engage differently to support organizational success & sustainability in this evolving health system?***

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#### **Large Group Discussion**

- Use community panels and use foundation.
- More opportunities for board directors to have less formal discussions about directions.
- Be an ambassador for the organization
- Clear direction and support to staff
- Cautionary use of social media. Strategy and policy required.
- Ongoing communication and reasonable transparency in direction and decision.
- Reduce/eliminate filtering of information between Board and organization.
- Assess capacity for improved communication
- Planning review committee as a way to provide linkage to Board
- Continue CEO and Chair touchpoints.
- CEO access to Director advice.
- Maintain strong director engagement
- Look for new mechanism to strengthen Board voice
- Create space COVID has taken for more information sharing.

### ***What we might not know about each other; how better align?***

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#### **Large Group Discussion**

- Is physician voice making it through to the Board?
- Regular engagement ‘lite’ sessions
- Understand nature of relationship with physicians as contractors
- Need to include patient voice/experience
- Board to Board relationship building and sharing
- Opportunities for staff to get to know directors

# Strategic Plan Input Survey

## *Preliminary Insights*

### Summary of Patterns from Survey – All Respondents (32)

1. Living the Mission
  - Majority of respondents felt that PSFDH was doing well or very well on living up to its mission of "Providing high quality patient and family-centred care built on collaboration and partnerships". (13 of 14)
2. Following the Vision
  - Majority of respondents felt PSFDH was doing well or very well in making advancements towards its vision of "Exceptional care and patient experience. Every patient. Every time".
    - (5 very well; 13 well; 5 moderately well; 1 a little)
3. What should we do differently to achieve mission and vision?
  - Improved communications – internal and external
  - Better engagement of staff especially physicians
  - Enhanced human resources practices
  - Increase hospital services
  - Visioning and governance attention
4. Impact of COVID
  - Increased attention to cost and planning of infection control and equipment
  - Emphasis on well-being of staff
  - Financial challenges
  - Need to maintain and increase community collaboration.
  - Requirement for service increases
5. External Factors over next 5 years
  - Impact of aging population
  - Relationship of PSFDH with system planning/OHT
  - Potential funding decreases to health services
  - Availability of community services
6. Internal Factors over next 5 years
  - Planning for future staffing
  - Financial resources
  - Aging equipment and infrastructure
7. Most Worried about
  - Availability of funding
  - Pressure on PSFDH for increased services

- Changes in needs of population especially aging.
  - Ability to recruit and retain quality staff in the future.
8. Most optimistic for success and sustainability
    - Quality and commitment of existing staff
    - Community support of PSFDH
  9. High level questions for strategic planning
    - Financial sustainability
    - Service role of PSFDH
    - Relationship with community/Ontario Health Team
    - Internal resources improvements

## **Summary of Patterns from Survey – Board/Senior Management (14)**

1. Living the Mission
  - Majority of Board Members felt that PSFDH was doing well or very well on living up to its mission of "Providing high quality patient and family-centred care built on collaboration and partnerships". (13 of 14)
2. Following the Visions
  - Majority of Board Members felt PSFDH was doing well or very well in making advancements towards its vision of "Exceptional care and patient experience. Every patient. Every time". (4 very well; 6 well and 2 moderately well)
3. What should we do differently to achieve mission and vision
  - Engagement and communications with staff especially physicians
  - Planning for growth and necessary resources
  - Review vision
4. Impact of COVID
  - Attention to infection prevention
  - Resulting funding challenges
  - Increased care and linkage with community services
  - Additional services like radiology
5. External Factors over next 5 years
  - Aging population
  - Linkage with Ontario Health Teams
  - Funding availability
  - Having care closer to home
6. Internal Factors over next 5 years
  - Succession Planning throughout organization

- Recruitment of quality staff
  - Aging equipment and infrastructure
  - Leadership
  - Finances
7. Most Worried about
    - Finances
    - Linkage with government/Ministry/OHT
    - Aging infrastructure
  8. Most optimistic for success and sustainability
    - Commitment of staff
    - Sense of community
    - Arrival of Health Information System
  9. High level questions for strategic planning
    - Financial sustainability
    - Talent/human resources planning
    - Our Vision
    - How to advocate better

## **Summary of Patterns from Survey – Physicians (13)**

1. Living the Mission
  - Most physicians felt that PSFDH was doing well on living up to its mission of "Providing high quality patient and family-centred care built on collaboration and partnerships". (8 of 10)
2. Following the Visions
  - Majority (6 of 10) physicians felt PSFDH was doing well in making advancements towards its vision of "Exceptional care and patient experience. Every patient. Every time. (2 moderately well and 2 a little)
3. What should we do differently to achieve mission and vision
  - Increased full-time staffing – nurses, physicians, administrative support
  - Better quality and quantity of communications - overall and with physicians
  - Increased in service both internal and external
4. Impact of COVID
  - Increased focus on well-being of staff
  - Better planning for PPE and care protocols
  - Better communications especially between administration and physicians
  -
5. External Factors over next 5 years

- Funding constraints
  - Need for more community services – home care, LTC beds, senior care, childcare, mental health services
6. Internal Factors over next 5 years
    - HR planning for staff especially nurses and physicians
    - Stronger leadership and communication
    - Organizational debt
  7. Most Worried about
    - Quality of staff replacement
    - Funding and financial capacity
    - Service demands related to population growth
  8. Most optimistic for success and sustainability
    - Youth/skills of staff
    - Cooperation and linkage with community
    - Small scale of hospital
  9. High level questions for strategic planning
    - Funding stability
    - Organizational leadership and communications
    - Recruitment of quality staff

Good Evening!

# Strategic Leadership

Direction, Alignment, Confidence

January 29, 2021

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# Welcome

Donna Howard  
Board Chair

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# Setting the Stage

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# Strategy

“The need to make a **coherent set of choices**, which is the centerpiece of strategy, has never been more important.

At its core, strategy is the basis on which to **direct** a organization’s **precious resources**.

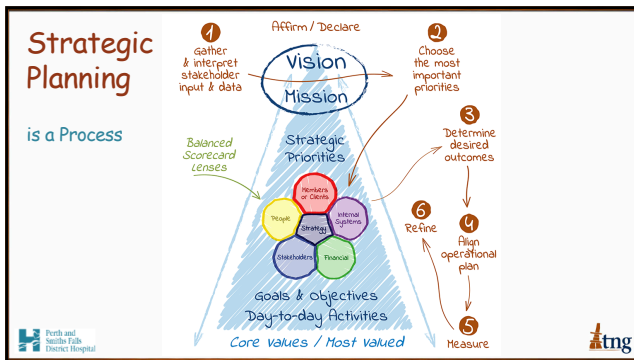
It is the **connective tissue** across layers of leadership and between functions.

It serves as the filter to **distinguish opportunities** from the many distractions posed by a changing environment.”

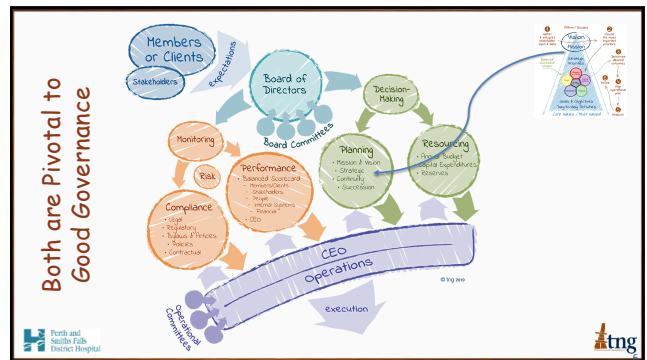
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5



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## Courage Differentiates Strategy

“Courage is the **willingness to take action** when it is hard, or risky or scary to do so.

In the tighter context of business strategy...  
It's the willingness to engage in **courageous conversations**, to spark courageous **considerations**, and to make and execute **courageous choices.**”

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## Governance Competence

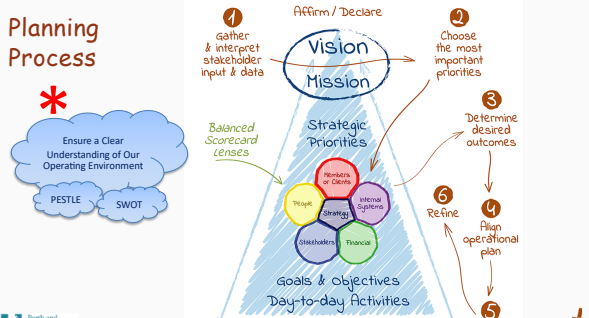
- How courageous are we ...
  - willing to be?
  - expected to be?
- What's our appetite?
- What's our tolerance?
- What's our competence?
- What's our confidence?



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## Planning Process




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## Survey

- Living the Mission
- Following the Vision
- What should we do differently to achieve mission and vision
- Impact of COVID
- External Factors over next 5 years
- Internal Factors over next 5 years
- Most Worried about
- Most optimistic about
- High level questions for strategic planning



40 so far

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## Tonight's Approach

- Senior Management Perspectives
- Wellness Break
- Physician Panel Discussion
- Break Out Session (4 groups)
- Plenary



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## Senior Management

Dr. Barry Guppy, CEO  
Nancy Shaw, CNE  
Diane Hodgins, CFO  
Dr. Kate Stolee, Chief of Staff

1. What's been capturing our attention, the most and why?
2. How might these factors affect PSFDH
  - in the short term (12 months)
  - in the longer term (3-5 years)
3. What are the biggest challenges and opportunities?
4. What big questions will the Board need to contemplate & resolve in the new strategic plan

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## Physician Panel

Dr. Peter Cunliffe  
Dr. Robert Del Grande  
Dr. Thomas Morrell  
Dr. Mark Roberts

1. What's been capturing our attention, the most and why?
2. How might these factors affect PSFDH
  - in the short term (12 months)
  - in the longer term (3-5 years)
3. What are the biggest challenges and opportunities?
4. What big questions will the Board need to contemplate & resolve in the new strategic plan

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zoom  
Break Out Rooms

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## zoom Breakout Rooms (4)

- We will assign each of you to a room
- You'll have 25 minutes to work together
- Senior Leader is the 'room host' and will report back
- Everyone share your individual view BEFORE any group discussion
  - Most important things PSFDH should focus on in the new strategic plan?
- Work to reach consensus on the Top 4 areas of focus
- We will bring everyone back to the larger group automatically
  - You will get a 5-minute warning to begin your wrap up
  - You must stay in room until the end
  - NEVER choose leave meeting

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## The Power of Dialogue

### Fundamentals of Dialogue

- Show up fully open and receptive.
- Listen deeply to others' perspectives for what has heart and meaning.
- Stay open to all possibilities.
- Do your best to convey thoughts without blame or judgement.
- Do your best to not make assumptions.
- Do your best to not take another's perspective personally.

### Good Dialogue Practice

**Form your perspective**

- Take a few moments to reflect on your "truth" and to write down your perspective.

**Share perspectives**

- Each person should share his/her perspective without interruption or question.

**Listen**

- Suspend your perspective and listen deeply to what others have to say; their "truth".

**Get Curious**

- Only after hearing everyone's perspective, seek to understand or clarify perspectives you are unsure about.

**Pay Attention**

- Notice the patterns in perspectives and build on sameness vs. argue differences.

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## Planning Process

Ensure a Clear Understanding of Our Operating Environment  
PESTLE SWOT

1 Gather & interpret stakeholder input & data  
Balanced Scorecard Lenses

Affirm/Declare  
Vision  
Mission

2 Choose the most important priorities

Strategic Priorities  
People, Financial, Customer, Innovation, Quality, Environmental, Social

3 Determine desired outcomes

4 Align operational plan

5 Measure

6 Retire

Goals & Objectives  
Day-to-day Activities  
Core Values / Most valued

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## Board of Directors Strategic Planning Retreat

Saturday, January 30, 2021  
8 AM - 2 PM  
Via ZOOM

Time	Action	Lead
8:00	Welcome	Chief Clerk, Principal Isp
8:15	Review of Friday Panel Discussions • Summary and Reflections of Panel Discussion • What requires the Board's attention the most and why?	Isp, Solicitors Discussion
9:00	Strategic Planning Process • Components of the Strategic Planning Process • Overview of Treaties and Milestones	Isp, Solicitors Discussion
10:00	Break	
10:15	Break Out Session • Agree with participants from the Board, Medical Staff, and Service Leadership in each group • Break Out groups to address the following questions: • How do the factors affecting the health system and PSFDH impact the 2020-2025 strategic and operational plan? What impact does COVID-19 have on the health system and PSFDH? How do the factors affecting the health system and PSFDH impact the 2020-2025 strategic plan? What will require re-evaluation, etc? What would success ideally look like?	All
11:15	Report back from Break Out Sessions	Break Out Group Lead
12:00	Lunch	
12:15	Planning for the new Strategic Plan • What do we measure from the planning process and from the plan itself? • How do we measure the opportunity to reimagine the future of PSFDH?	Isp, Solicitors Discussion
1:15	Board's Role in Strategic Leadership • How might the Board engage differently to ensure strategic and operational success and sustainability in the coming year? (Optional)	Isp, Solicitors Discussion
2:00	Next Steps and Adjournment	Senior Hospital Board Chair

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**See You Tomorrow Morning !**

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Good Morning!

# Strategic Leadership

Direction, Alignment, Confidence

Perth and Smiths Falls District Hospital

January 30, 2021

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# Welcome Back

Donna Howard  
Board Chair

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# Recap & What's Left

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## Planning: What to Avoid

- “Strategic planning is the managerial equivalent of jogging; it is not an efficient means to get anywhere nor is it really intended to; but doing it regularly will make you feel better.”
- “A good deal of the strategic planning is like a ritual rain dance; it has no effect on the weather that follows, but those who engage in it think it does. Moreover, it seems that much of the advice and instruction to strategic planning is directed at improving the dancing, not the weather.”

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Recall

# Strategy

“The need to make a **coherent set of choices**, which is the centerpiece of strategy, has never been more important. At its core, strategy is the basis on which to **direct** a organization's **precious resources**. It is the **connective tissue** across layers of leadership and between functions. It serves as the filter to **distinguish opportunities** from the many distractions posed by a changing environment.”

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## Planning Process

Recall

1 Gather & interpret stakeholder input & data

Affirm / Declare

Vision

Mission

2 Choose the most important priorities

3 Determine desired outcomes

4 Align operational plan

5 Measure

6 Retine

Strategic Priorities

People or Clients

Internal Capabilities

Structure

Thrive

Goals & Objectives

Day-to-day Activities

Core values / Most valued

Balanced Scorecard Lenses

Ensure a Clear Understanding of Our Operating Environment

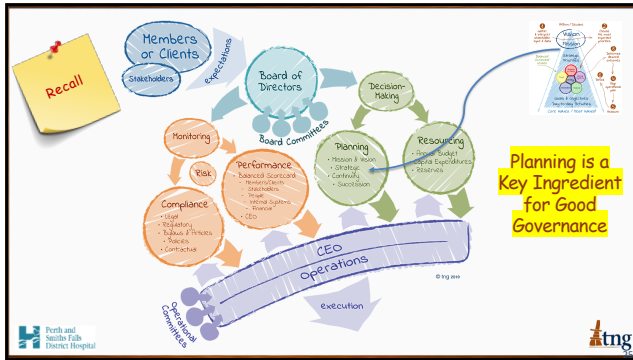
PESTLE

SWOT

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## Last Night

- Senior Management Perspectives
- Physician Panel Discussion
- Break Out Session (4 groups)
- Plenary

Factors affecting future?  
Areas requiring focus?

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- Growth. Claim our position. Focus on our people in and outside of the hospital. Leverage the strengths of the educational part as a recruitment tool.
  - Non-traditional roles e.g. influence on LTC, Homecare, Mental Health & Addictions.
  - Role of technology, HIS and beyond. Virtual care
  - Care models across the hospital. Improve mobility of patients and Health care providers
  - Marketing, branding, visibility
  - Leverage strengths of community. Build relationships.
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  - Balance capital needs with debt load.
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  - OHT and HIS - change management required.
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  - Maintain presence at highest levels. State our case. Be heard.
  - Recruitment and retention
  - Stabilization of health Human resources.
  - Community connections; OHT
  - Support patients in their homes.
  - Improve efficiency and expand services efficiently
  - Technology needs for the future; HIS, Capital
  - Financial instability; address under-funding
  - Education for staff and nursing
- FOCUS?**

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## Today's Agenda

- Reflections on last night's discussions
- Breakout Sessions (4 groups)
  1. I.D. key strategic 'pivots'
  2. Getting the most out of the planning effort
- Role of the Board
- Next steps

Wellness Break

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## Personal Reflections

Given all the perspectives shared last night:

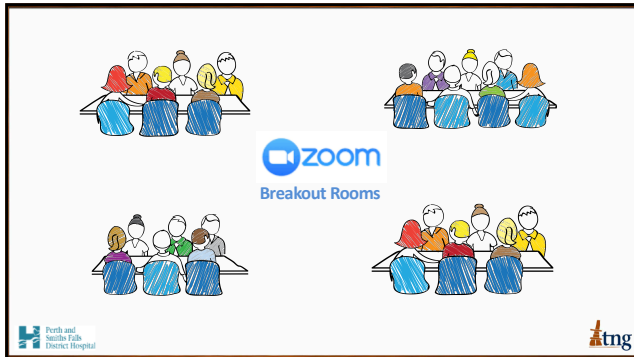
- What was **stood out the most to you?**
  - Surprises
  - Affirmations
  - Discoveries
  - "Ah-ha's"

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## Strategic 'Pivots'?

- Given the significant changes that have occurred since our last strategic plan AND the anticipated implications of our (ever) evolving Health System...
  - What **key changes** or **strategic 'pivots'** need the most consideration as we assemble our new plan?

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### zoom Breakout Rooms (4)

- We will assign each of you to a room
- You'll have 25 minutes to work together
- Senior Leader is the 'room host' and will report back (*may delegate!*)
- Everyone share your individual thoughts BEFORE any group discussion
  - *Impact of the evolving Health System on our Strategy & Strategic Plan;*
  - *What key changes or strategic 'pivots' need the most consideration?*
- Work to reach consensus on the Top 4 areas of focus
- We will bring everyone back to the larger group automatically
  - You will get a 5-minute warning to begin your wrap up
  - You must stay in room until the end
  - NEVER choose "Leave Meeting"

Logos for Perth and Southern Health District Hospital and tng are at the bottom.

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### Characteristics of a Strong Strategic Plan

1. Predominantly a "what" document (identifies strategic vs. operational priorities)
2. Useable as working document in ongoing Board and Operational decision making
3. Stakeholders can understand it and hear their "voice" within it
4. Priorities provide clear and "actionable" direction to Operations
5. Priorities advance the organization in a "balanced" way
6. Priorities have reasonable prospect of success and outcomes that can be measured
7. Has a planning horizon and lifespan of 3-5 years
8. Cascades through operating and clinical plans
9. Is a living document
10. Creates stakeholder confidence in the organization

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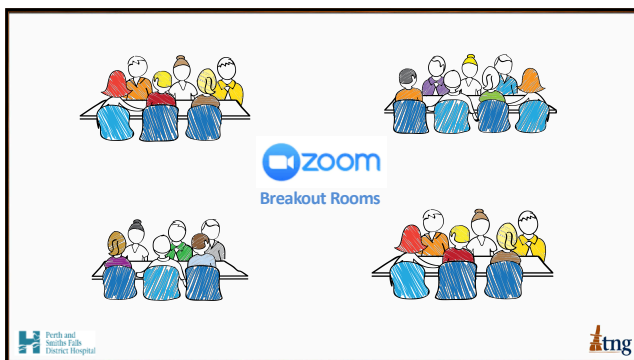
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### Assembling Our New Plan

- Strategic planning provides a unique opportunity to engage people in a conversation about the future.
  - *How can we get the most out of the Strategic Planning effort?*

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### zoom Breakout Rooms (4)


- We will assign each of you to a room
- You'll have 25 minutes to work together
- Senior Leader is the 'room host' and will report back (*may delegate!*)
- Everyone share your individual thoughts BEFORE any group discussion
  - *How can we get the most out of the Strategic Planning effort?*
- Work to reach consensus on the Top 4 areas of focus
- We will bring everyone back to the larger group automatically
  - You will get a 5-minute warning to begin your wrap up
  - You must stay in room until the end
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## The Role of the Board

- How might the Board engage differently to support organizational success & sustainability in this evolving health system?




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## Planning Milestones




- Planning Kick-off January 30, 2021
- Data & Environmental Review February - April
- Survey(s) & Interviews February - April
- Focus Groups May - June
- Board Planning Session June - July
- Board Approval October




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## Next Steps & Wrap Up

**Donna Howard**  
*Board Chair*






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