

NORTH BAY REGIONAL HEALTH CENTRE (NBRHC)

Policy and Procedure		Policy Number	ADM BO-025		
Title Strategic Planning		Policy category	<input type="checkbox"/> Departmental		
			<input type="checkbox"/> Organization Wide		
		Manual		<input checked="" type="checkbox"/> Board	
		<input type="checkbox"/> New	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Major	<input type="checkbox"/> Reviewed, no change
Origination Date	October 2015 Reviewed by Governance Committee January 28, 2016, Approved by Board February 12, 2016 Reviewed by Governance Committee March 28, 2019 Approved by Board April 18, 2019	Developer			
Effective Date (date this version came into effect)	February 2016	President & CEO			

NOTE: This is a **CONTROLLED** document. Any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

1.0 Purpose

To clarify the Board's expectation with respect to the organization's strategic planning.

2.0 Policy Statement

The NBRHC is accountable for ensuring a current Strategic Plan is in place and for monitoring its execution.

The Strategic Plan describes current and future directions, with a small number of high level metrics achievable by the hospital within a 3 year period. The mission, vision and values of the organization are the framework within which the Strategic Plan is developed.

3.0 Procedure

Normally, a strategic plan review occurs annually with a possible fuller stakeholder engagement process undertaken every 3 to 5 years dependent upon the developments occurring in the healthcare environment.

The development of the Strategic Plan:

- is carried out by the Board as a whole with support from the Senior Team;
- is internally or externally facilitated;
- considers changes in the organization's current state and operational environment;

- involves reasonable consultation with key internal and external stakeholders; and,
- includes a high level plan against which progress can be monitored.

As part of this work the Mission, Vision and Values are reviewed and updated if needed.

The strategic planning cycle follows the plan, do, study, adjust model.

3.1 Planning: Development and Approval

- The Board and Senior Team review current direction to determine their continued relevance.
- The Board and Senior Team assess risks and opportunities to develop strategies to address them within the Strategic Plan.
- The Board coordinates an Environmental Scan. The Board may choose to engage the services of a consultant or utilize internal resources as appropriate.
- As part of the scan, internal and external feedback is gathered, including staff, physicians, and community representation with a focus on the patients' voice.
- The Board ensures that the draft strategic directions are presented to a larger group of internal and external stakeholders for feedback.
- The Board uses this feedback to finalize strategic objectives for approval.

3.2 Doing: Cascading Directions

- The Senior Team communicates the final Strategic Plan to staff, physicians and partners.
- The Senior Team drafts organization wide performance indicators for consideration by the Board to monitor organization wide progress on objectives.
- Departments develop metrics on which they will act to help achieve organizational metrics.

- It is important for the organization to focus on key priorities in order to be able to move them within the annual timeframe. For this reason the Board will assign no more than 2 metrics per direction and the hospital programs/departments will have no less than 1 metric and no more than 3.
- Review of Scorecard elements occurs at each Quality Committee and Resource, Finance and Audit Committee meetings.

3.3 Studying and Acting

- The Board and Senior Team reviews the Strategic Plan periodically and incorporates any significant changes in the organization’s environment or current state. This includes checking the current organizational priority metrics.
- The Senior Team incorporates the strategic direction in the review of department and service level scorecards.

4.0 References

1. Accreditation leadership standards, version 9, June 2015
2. Georgian Bay General Hospital policy, May 2010

5.0 Content Experts/Stakeholders

Content Expert/Stakeholder	Date Sent
Senior Leadership	October 2015
Board of Directors	December 2015

6.0 Signing Authority Approval

Position	Date Signed
Chair, Board of Directors	