



The Art and Practice of Strategic Thinking

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Why Your Surgery Practice Should Have a Strategic Plan

Long-range Planning

- ❖ 3-5 years
- ❖ Multi-year goals and objectives
- ❖ Predicts future conditions and realities
- ❖ Not as specific as operational planning

Strategic Planning

- ❖ Develop vision
- ❖ Determine necessary priorities, procedures, and strategies
- ❖ Measurable goals emphasizing long-term strategies
- ❖ Assume future can be created or influenced
- ❖ Ongoing process

Strategic Planning

- ❖ Critical component of good management and governance
- ❖ Assure relevance and responsiveness
- ❖ Facilitates new program development
- ❖ Set practice guidance and provide clear focus

Strategic Planning

- ❖ 12-month period common
- ❖ Longer-range planning more difficult
- ❖ How can we expect to develop plans that will remain relevant?
- ❖ How can we hope to influence events in a way that benefits our patients?

Changing Environment

- ❖ More important now than ever
- ❖ Be clear on community needs
- ❖ Patient care delivery challenges are greater
- ❖ SP helps define vision and determine steps

Caveat

- ❖ Requires practice stability
- ❖ Requires time to plan
- ❖ Requires consensus of goals
- ❖ Good sense of community and competition

Ongoing Process

- ❖ Organized and serious effort
- ❖ Not a one-time effort
 - ❖ Reviewed, monitored, updated
- ❖ Benefits
 - ❖ Clear focus
 - ❖ Purpose and priorities
 - ❖ Consensus on strategies
 - ❖ Measure progress and impact

Prerequisites for Strategic Planning

Prerequisite - - Agreement

- ❖ What is SP and How it is done
- ❖ Potential value
- ❖ Consider costs
- ❖ Is the practice ready
- ❖ Consider steps to use
- ❖ Agree upon process and establish responsibilities
- ❖ Outside facilitator
- ❖ Allocate sufficient time

Prerequisite - - SWOT

- ❖ Strengths, Weaknesses, Opportunities, Threats
- ❖ Changing demographics, community values, economic trends, laws & regulations
- ❖ Opportunities/challenges – resources & reimbursement
- ❖ Actual/potential – collaborators/competitors

Prerequisite - - SWOT

- ❖ Financial/staff resources
- ❖ Services offered
- ❖ Outcomes
- ❖ How is the practice viewed?
- ❖ Analyze perceived weaknesses
- ❖ Identify critical success factors
 - ❖ Referring physicians
 - ❖ Strategies
 - ❖ Governance
 - ❖ Staff skills/personalities
- ❖ Organization values and principles

Prerequisite - - Identify Items

- ❖ Identify key issues, questions, and choices
- ❖ Setting priorities
- ❖ One set to address and one set to table
- ❖ Generate level of agreement regarding issues, choices, and decisions

Four Common Strategic Planning Mistakes

Mistake #1 - - Planning Too Far

- ❖ Belief we can control the future
- ❖ Assume a linear continuation
- ❖ Underestimate scope of changes

Mistake #2 - - Too Much Detail

- ❖ More detail than warranted
- ❖ Leave little to chance
- ❖ Extremely detailed plans do not survive friction
- ❖ Extremely detailed plans constrict effective actions

Mistake #3 - - Attempting To Script

- ❖ Failure to recognize limits
- ❖ SPs can restrict initiative and flexibility
- ❖ Focus becomes meeting requirements

Mistake #4 - - Too Rigid


- ❖ Danger in too rigid a framework
- ❖ First Danger: Attempting to reduce to simple processes and procedures = restrict intuition and creativity
- ❖ Second Danger: Rigid over time = undermines SP objective

Overview

- ❖ SP is an art and science
- ❖ Combines:
 - ❖ Analysis and calculation
 - ❖ Intuition, inspiration, creativity
- ❖ Must demonstrate imagination
- ❖ Fundamental challenge – reconcile tension:
 - ❖ Desire for preparation
 - ❖ Need for flexibility

STRATEGIC PLAN

Organization:	Period:	Date:	Version:
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CURRENT SITUATION:		G A P 	DESIRED SITUATION:	
Key Indicators: 1			Objectives: 1	
2			2	
3			3	
4			4	
5			5	
6			6	

SPECIFIC ACTIONS PLANNED TO FILL THE GAP:						
		Due Date		Due Date		Due Date
1			5		9	
2			6		10	
3			7		11	
4			8		12	

ADDITIONAL GOALS		

STRATEGIC PLAN

Organization:	Period:	Date:	Version:
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ACTION PLANS BY PATIENT DEMOGRAPHIC:					
Increase Revenue From Existing Services		Generate New Patients		Revitalize Lapsed Referring Physicians	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	

KEY STRATEGIC INITIATIVES			
JANUARY	FEBRUARY	MARCH	APRIL
MAY	JUNE	JULY	AUGUST
SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

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