



Day 2

Day 1 Leadership

Day 2 Strategy

Day 4 Motivation, resistance and conflict



Day 2

2.0 Strategy

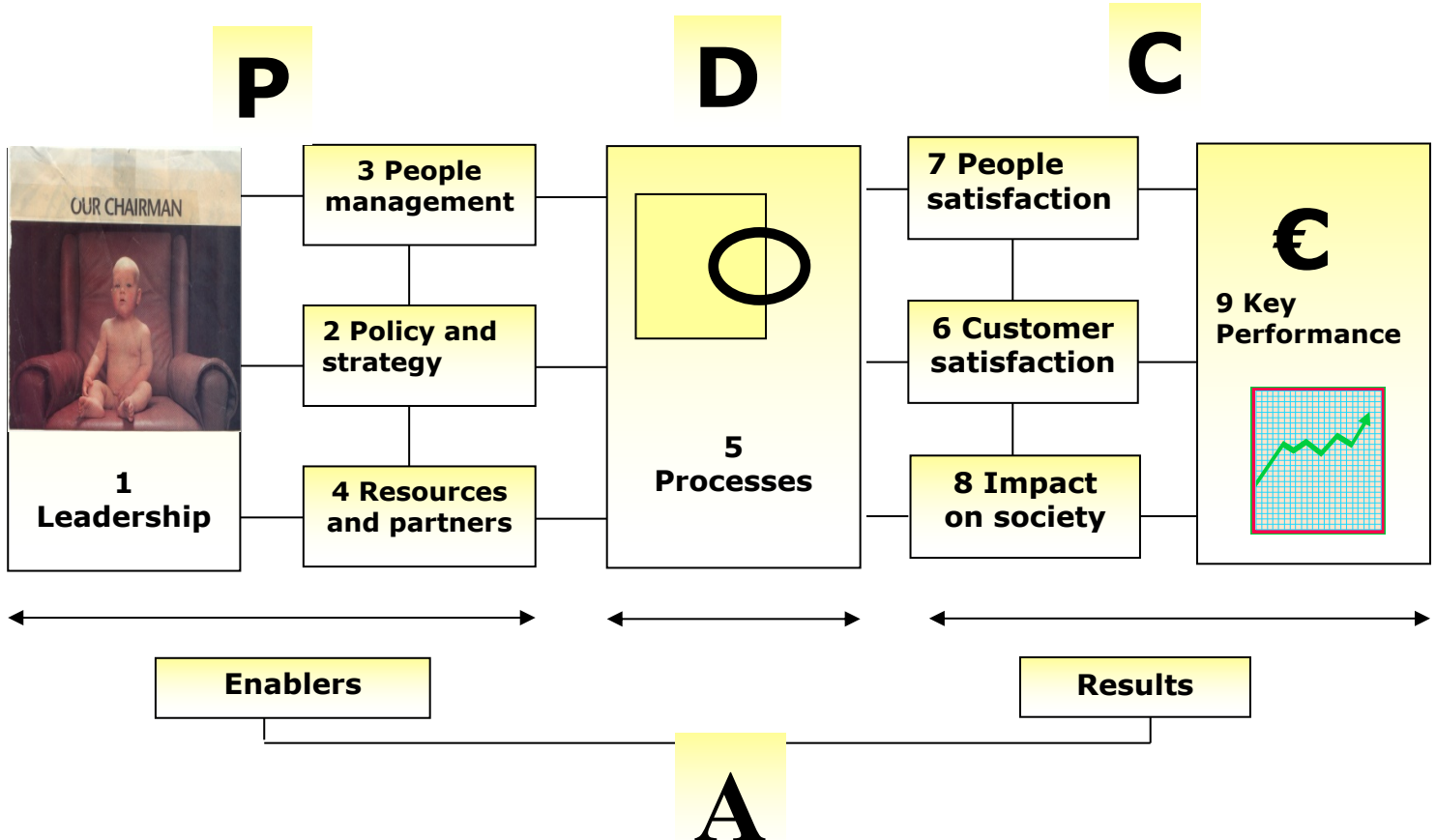
2.1. The EFQM model

2.2. Strategic planning

2.3. Departmental/unit plans

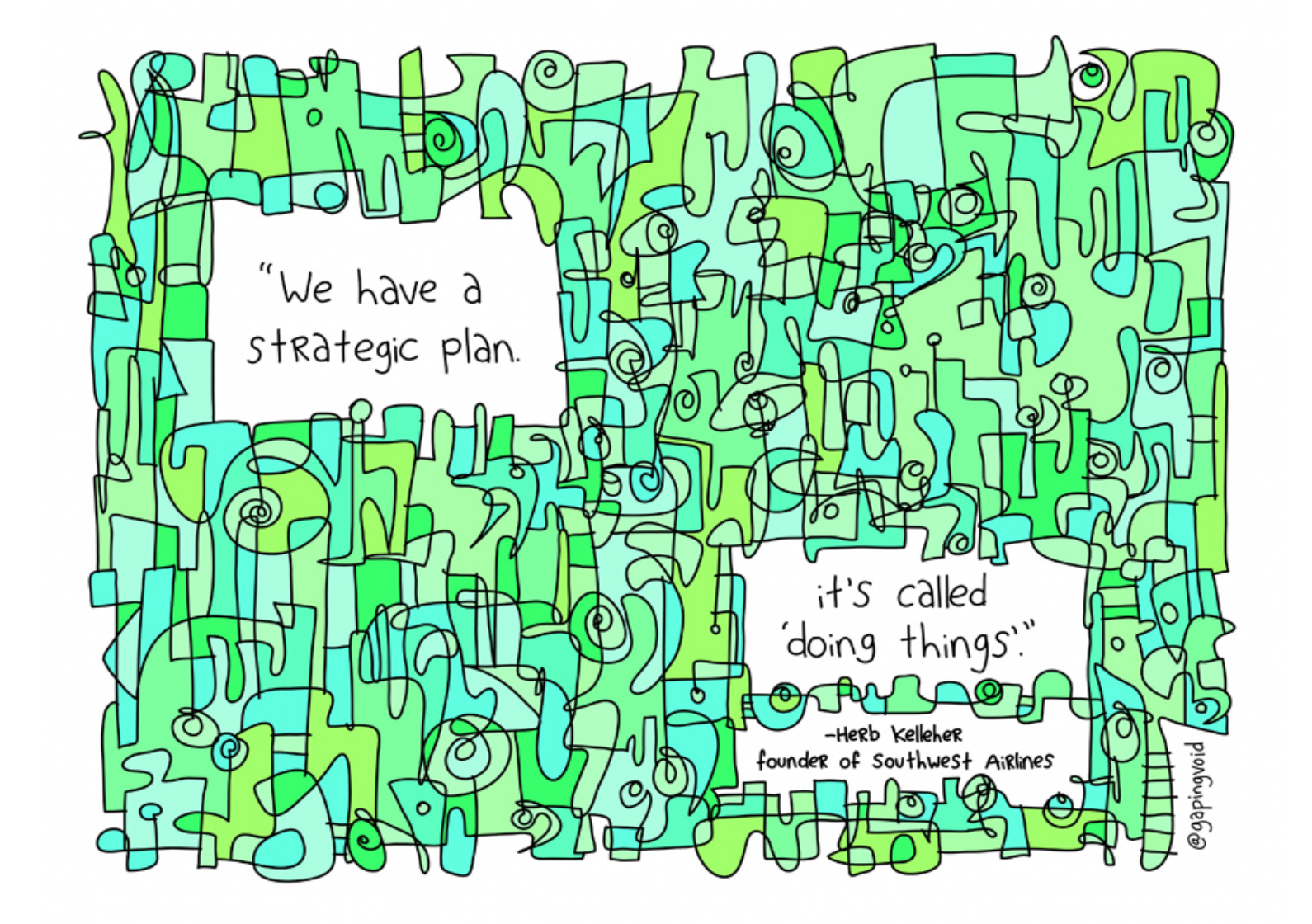


2.1. EFQM





2.2. Strategic Planning



"We have a
strategic plan.

it's called
'doing things'."

-Herb Kelleher
founder of Southwest Airlines

@gapingvoid



Start with WHY



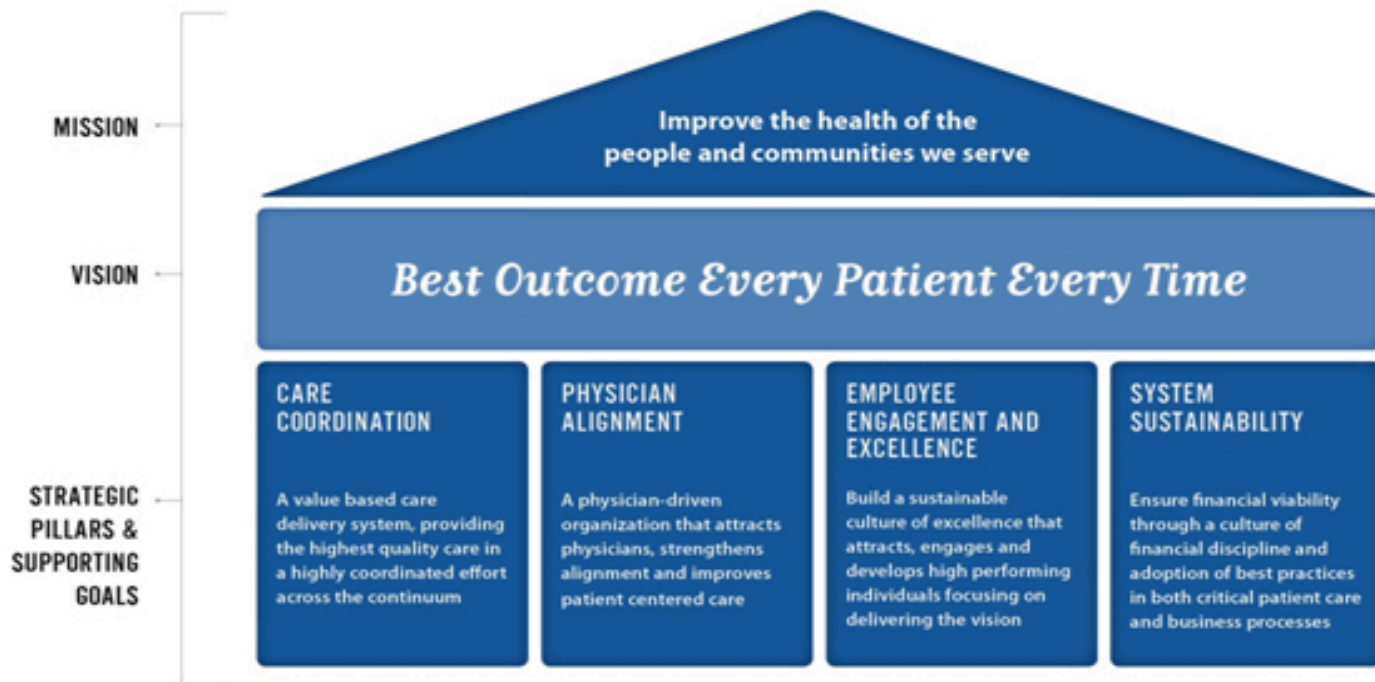


LONG-TERM STRATEGIC PLAN



Best Outcome for Every Patient Every Time

Reposition Iowa Health System from a hospital-centric, episodic delivery model to a physician-driven, patient-centered integrated care system





Definition

“ Strategic planning is the process of **–after** identifying a desired future state for an organisation-**defining** a means to achieve it”.

(after Susan Judd Casciani)



Strategy: the first move



1. Strategy

- “Without choices, no direction”
- “If you do not know which direction you wanna go, you will always end up somewhere else!”
- “A captain sailing without course will always complain the wind waves out of the wrong direction!”



Strategy is important, but why????

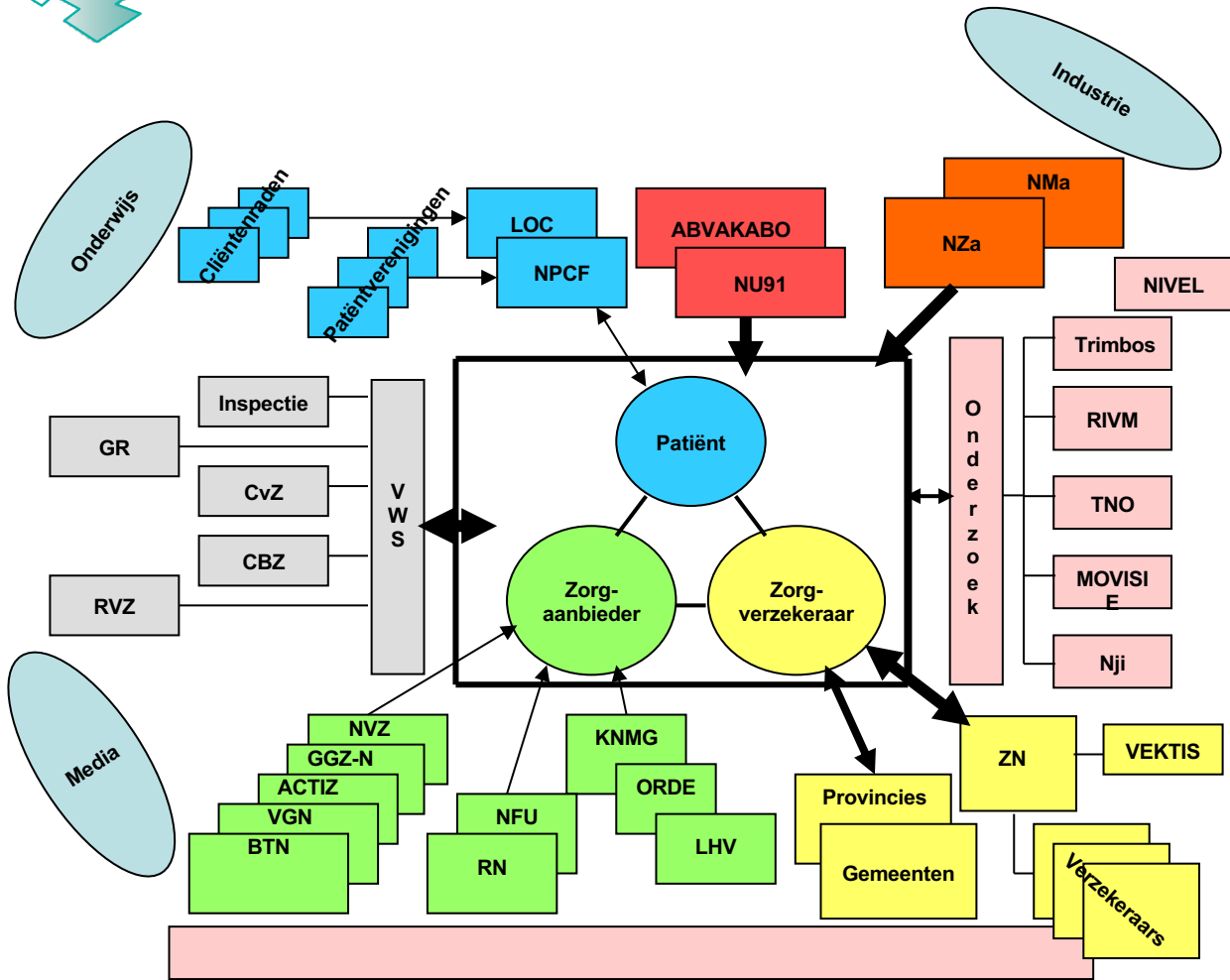
- It is important to state a clear direction that is clear for the whole organization.
- To realize this it will be necessary to this in a systematic way.
- It won' t be sufficient to just state a clear vision;
- this will have to be “translated” to the level of each individual employee to get everyone in the same direction.



Many stakeholders

- Stakeholders: all individuals, groups and organizations somehow having any interest in the organization and/or can influence the organizations.







Professional services

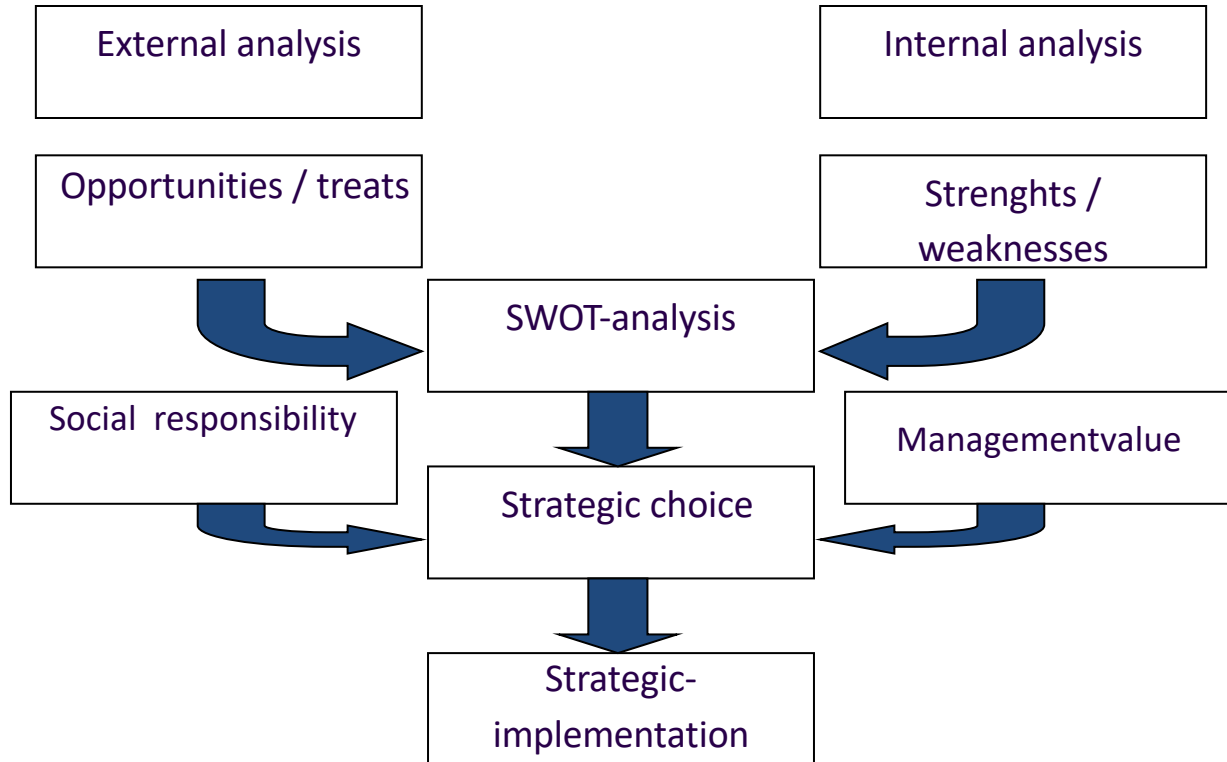
- Health services is an interaction between producer and consumer.
- Professionals in the healthcare most times work according to professional standards and appreciate professional autonomy.
- Resistance against change is realistic.



Strategic frame

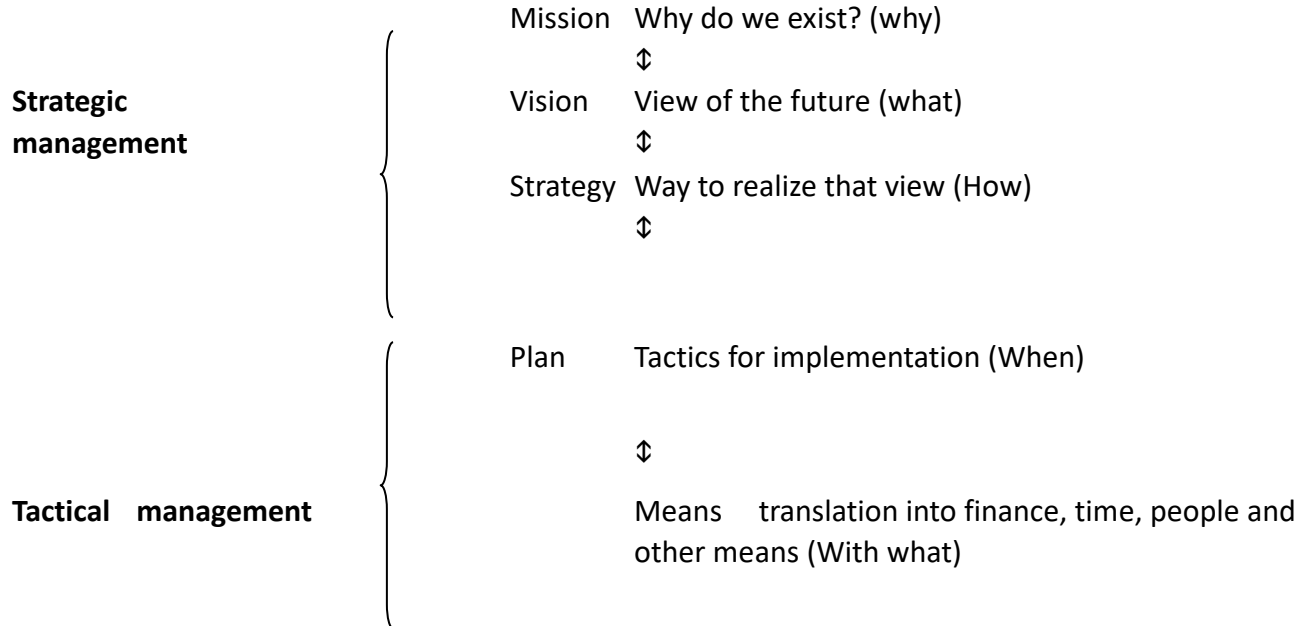
- (mission, vision, values)
 - The process (how)
 - The team (who)

Which concrete direction

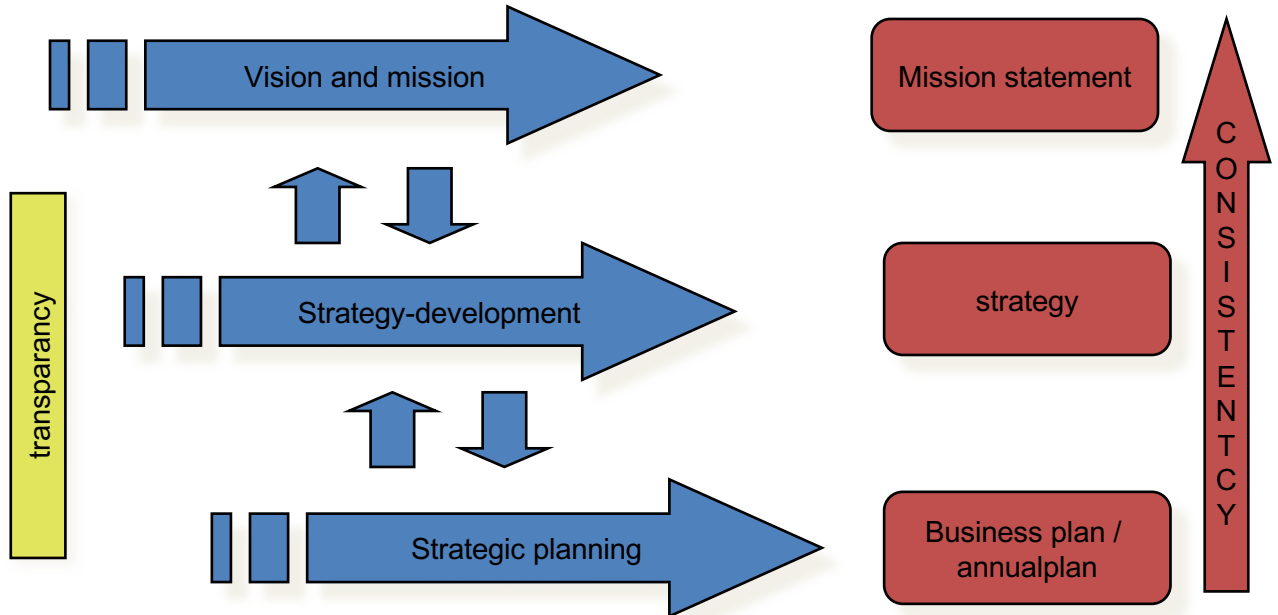




Relation between mission, vision and strategy

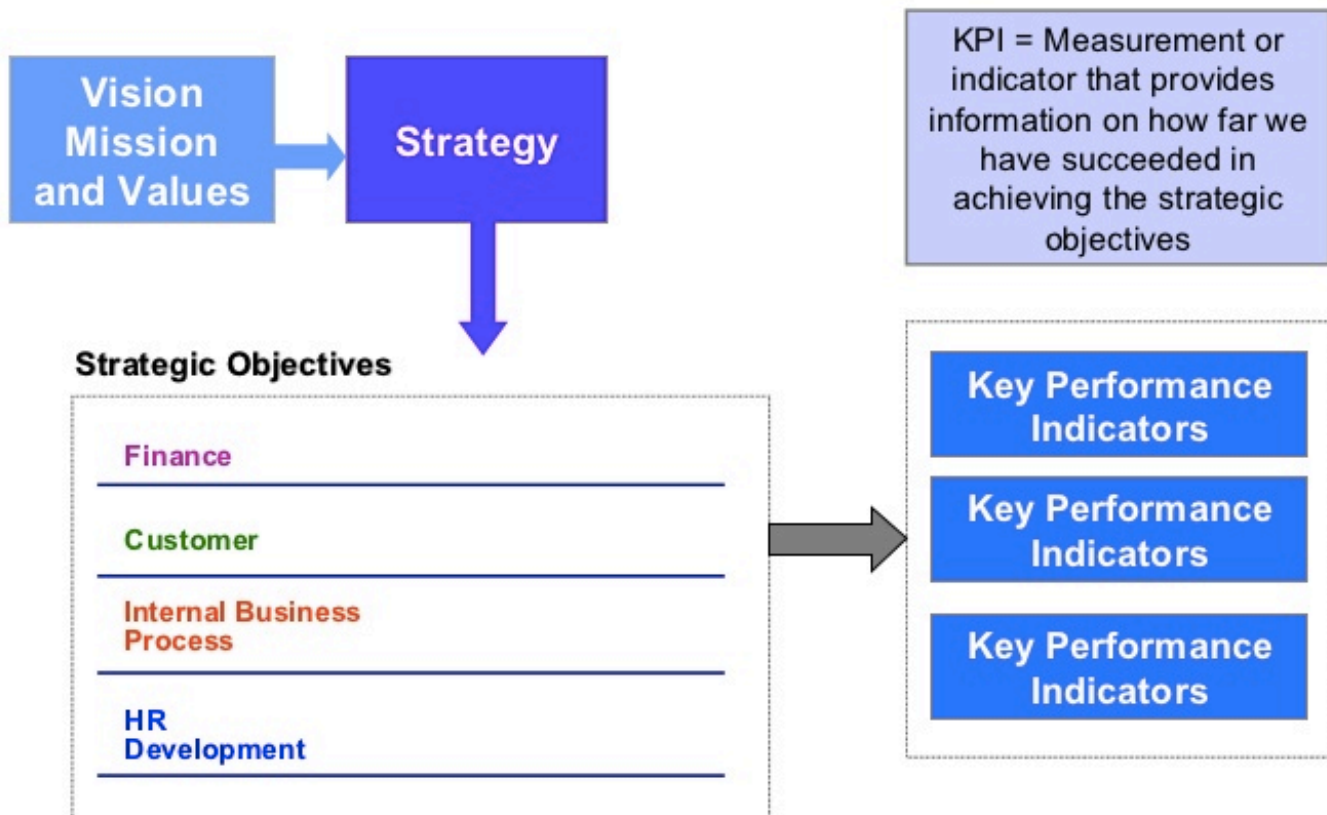


Vision, mission en strategy





Key Performance Indicators (KPI)





2. The Planning Process

1. SWOT-analysis
2. Strategy identification and selection
3. Strategy Tactical Plans (casc)
4. Roll out and Implementation
5. Monitoring and Control



2

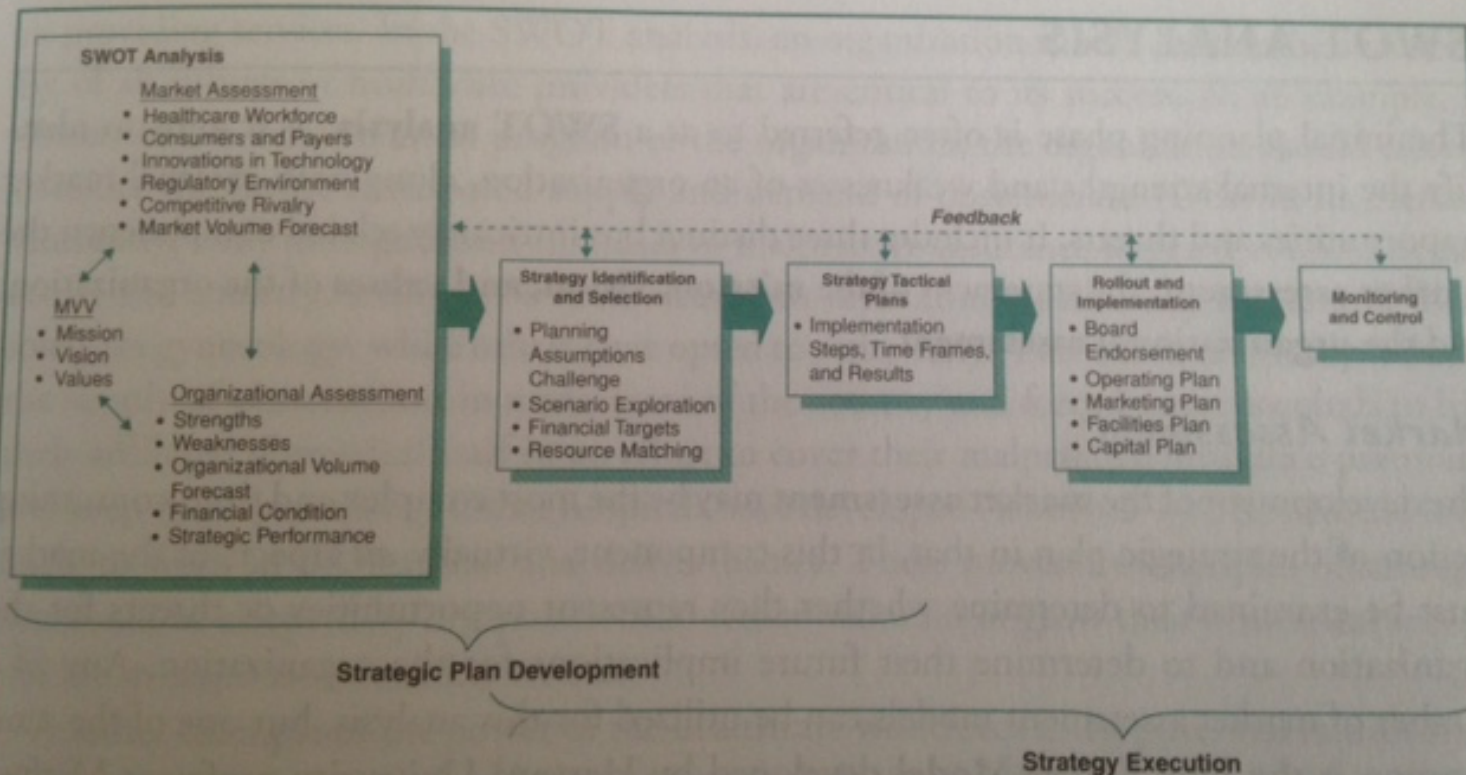


FIGURE 5-1 Strategic Planning Process



Successful Strategies

- Are focused on the desired future state
- Provide or sustain a competitive advantage for the organisation
- Are funded and have resources, long term
- Align internal capabilities with market opportunities and threats



SWOT



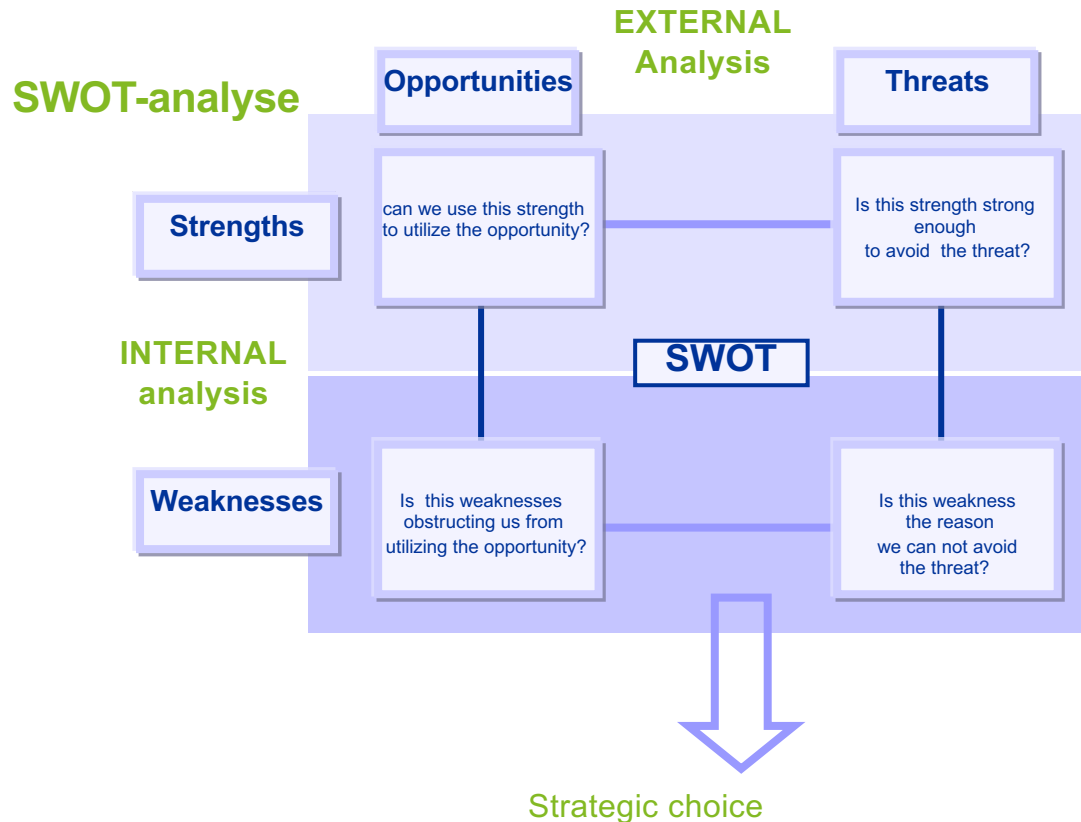
SWOT-analysis

- **Opportunities and threats:** external factors which the organization itself can not influence
- **Strengths and weaknesses:** internal factors which the organization itself can influence
- **Confrontationmatrix:** (about 3-5) strengths and weaknesses confronted with (about 3-5) opportunities and threats
- **Most important question:**
 - Can the current strengths and weaknesses help the organization to cope well with the developments to be expected?



SWOT-analysis

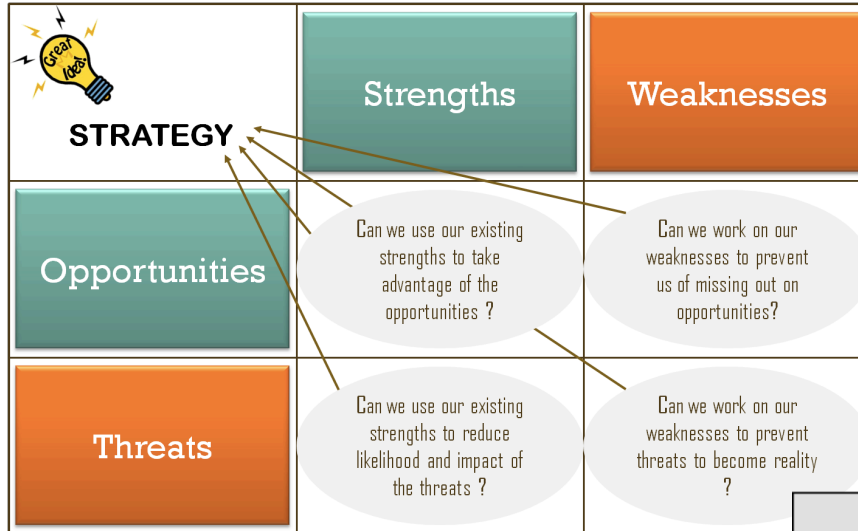
- **Strategic options:**
- Options where strengths are used to utilize opportunities (**SO-options**)
- Options where strengths are used to avoid threats (**ST-options**)
- Options where opportunities are used to overcome weaknesses (**WO-options**)
- Options where weaknesses are minimalized and threats are avoid. (**WT-options**)







CONFRONTATION MATRIX



Internal environment			
External environment		Strengths	Weaknesses
	Opportunities	ATTACK/ CONFRONT	DEFEND
	Threats	STRENGTHEN	WITHDRAW



Waardeer iedere combinatie met een
0 (geen kwestie)
1 (issue van geringe waarde)
3 (issue)
5 (belangrijke issue)

[illegible]



Selection!!!!

Strategic choices





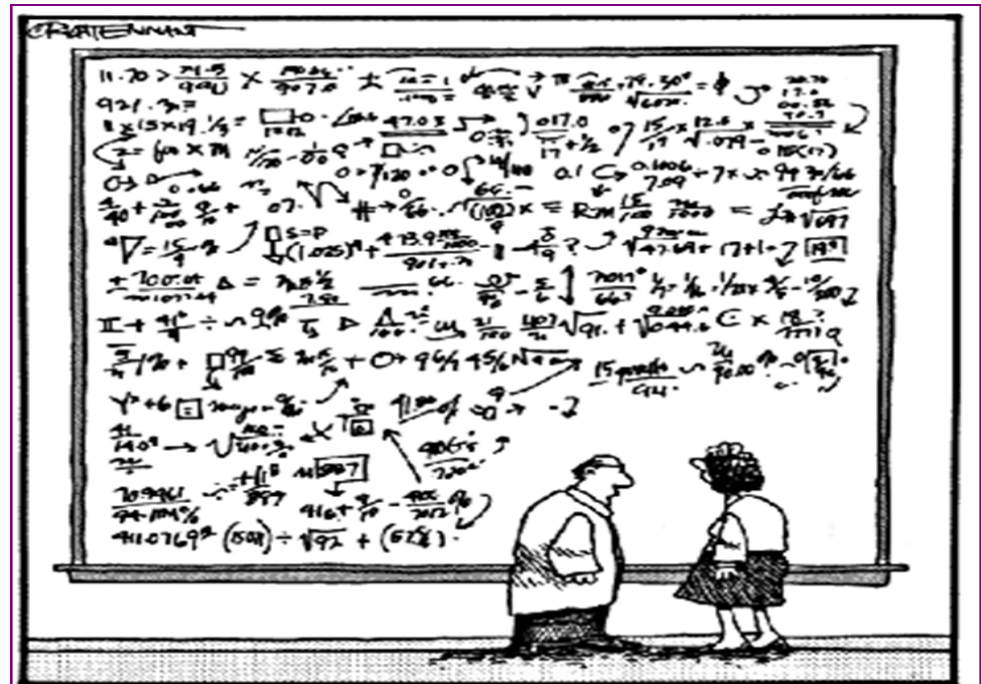
Strategic choice

- Generate strategic options based on SWOT-analysis
- Judge and select these strategic options based on a strategy-table



Key issues to address

Max 6.
SMART



"WHAT EXACTLY ARE WE SAYING HERE?"



Key issues to address lead to a Quality Agenda for 2016

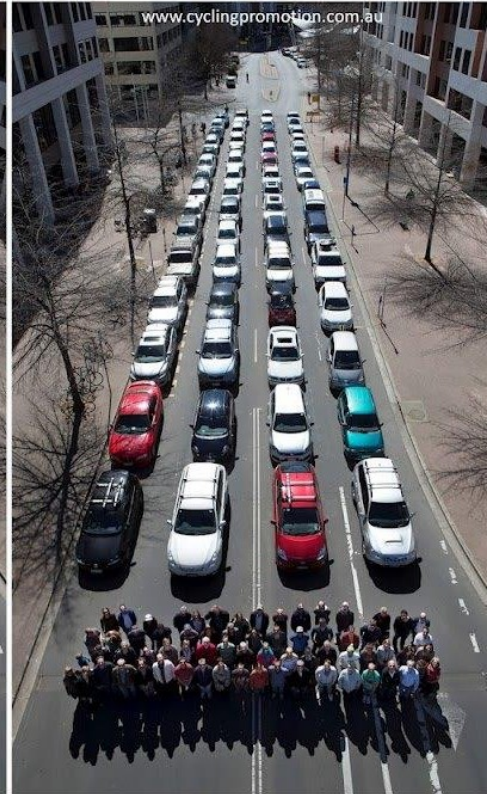
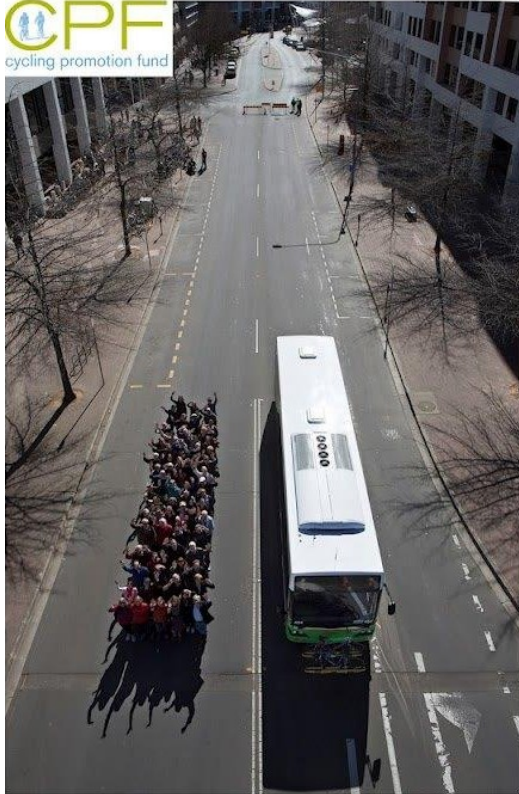
1. Customer satisfaction of 7.5 on a ten point scale
2. Staff satisfaction of 7.5. on a ten point scale.
3. Reduction of unneeded mortality by 10%
4. 90% of the patients get their surgery at the agreed moment.
5. Waiting time for patients at consults limited to 15 minutes
6. Every department works on one of two self chosen improvement projects



Strategic Map

Make it visual

CPF
cycling promotion fund



A picture is worth a thousand words

<http://www.visualharvesting.com/>

Stakeholder Perspective



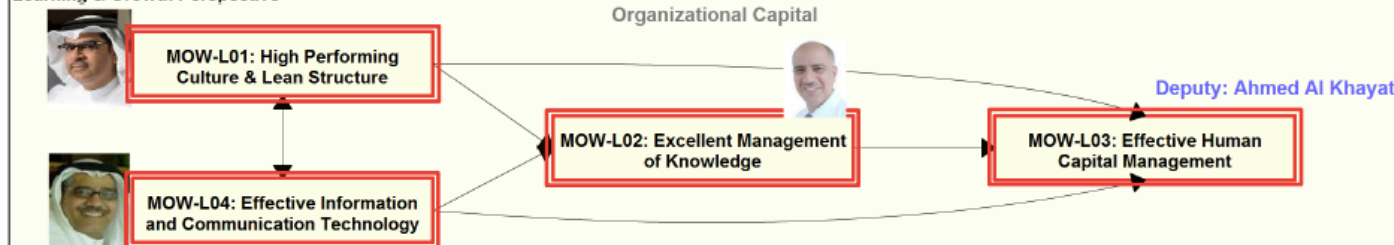
Customer Perspective



Internal Perspective



Learning & Growth Perspective



Values:

Ethic & Integrity

Excellence

Professionalism

Team Spirit

Effective Communication

THEMES: Public Private Partnership (PPP) Key Planning Player (KPP) Sustainable Quality Services (SQS) Leading Professional Organization (LPO)

Healthier Children. A Better World.™

SickKids®

Leading to our vision of...

Bringing value to our stakeholders

To deliver quality services within an integrated system

With a focus on creative thinking

We will develop and efficiently utilize our resources

Aligned with SickKids mission and values

Improved health outcomes

Stakeholder Value

Research translated to practice

Quality education and training

Lead in World-Class Quality and Service Excellence

Create a culture of service excellence

Champion continuous improvement

Optimize patient safety

Improve equitable and timely access

Strengthen enterprise performance management

Foster clinical research excellence

Enhance Child Health Systems

Identify, promote and advocate for evidence-based solutions to address key child health issues in Canada

Implement knowledge translation strategies to facilitate rapid uptake of new knowledge

Build strategic partnerships and pursue opportunities to collaborate both internally and externally

Engage in global opportunities to enhance child health and build capacity

Innovate

Create a culture of innovation

Facilitate and promote the generation of new ideas

Ensure innovations and new ideas are shared

Explore opportunities to commercialize

Enable Our People

Facilitate skill growth and leadership development

Advance a healthy and safe organization

Recruit and retain a highly skilled, engaged and diverse workforce

Recognize and reward leaders and exemplars

Enhance communication effectiveness and accountability

Build Sustainable Infrastructure

Optimize current and develop new physical infrastructure

Build an integrated technology environment

Develop a comprehensive and coordinated eHealth strategy

Promote a socially responsible work environment

Maintain Financial Health

Achieve operational efficiencies

Generate increased revenues

Strategically invest funding

Collaborate with the Foundation to align fundraising strategy with strategic priorities

As innovators in child health, we lead and partner to improve the health of children provincially, nationally and internationally through the integration of care, research and education.

excellence

integrity

collaboration

innovation

Our vision

Health is a fundamental human right; everyone has the right to the highest possible level of health.

Who we are

World Health Organization is the United Nation's specialized agency for health, made up of 194 Member States, and supported by more than 7,000 staff based in 154 countries, six regional offices, and headquarters in Geneva.

What we do

Our primary role is to direct and coordinate international health, we:

provide leadership on matters critical to health
shape the health research agenda
define norms and standards for health

articulate policy options for health
provide technical support and build capacity
monitor health trends



World Health Organization

Our reform story

The first decade of the 21st century brought unprecedented challenges and opportunities for people's health. Old public health problems persist and new ones emerged. New technologies ageing populations, globalization, migration, climate change, disasters and emergencies all increase the complexity of the health challenges we face.

The global public health landscape is crowded and poorly coordinated. This demands renewed leadership in global health from WHO, focused on the main priorities in global health, responding on rapid emerging needs, adapting to new ways of working, and using resources efficiently and effectively.

Reform – our aims



Programmatic reform to improve people's health



Governance reform to increase coherence in global health



Managerial reform in pursuit of organizational excellence

Reform – our pathway

Programmes & Priorities

Leadership priorities give focus and direction to WHO's work:

- Advancing universal health coverage
- Achieving the health-related Millennium Development Goals
- Addressing the challenge of noncommunicable diseases and mental health
- Implementing the International Health Regulations
- Increasing access to essential, high-quality and affordable medical products
- Reducing health inequities by addressing the social, economic and environmental determinants of health

Governance

Reforms of the World Health Assembly, Executive Board and its subcommittees, and Regional Committees will strengthen the oversight of WHO, harmonize governance processes, enhance strategic decision-making, and streamline reporting and communication.

Strengthened engagement with partners and stakeholders in global health, such as UN agencies, NGOs, civil society, foundations, academia and industry, will better align actions to promote health and well-being. This engagement is guided by principles based on WHO's intergovernmental identity and science-based approach.



Management

Revitalizing managerial processes and organizational structures will build an organization that is more effective, efficient, responsive, objective, transparent, and accountable.

Key elements include a new approach to results-based management, a new financing mechanism, a new human resource model, and a strengthened culture of evaluation.



What success looks like

- A world in which gaps in health outcomes are narrowed
- A world in which people have access to the medical products and services that they need
- A world in which the sick and vulnerable are protected from impoverishment
- A world in which countries have quality health systems that meet the expectations and needs of their people
- A world which puts health and well-being at the centre of sustainable development
- A world which achieves internationally agreed health targets and goals:
 - Reduced child and maternal deaths
 - Fewer people dying from HIV, TB and malaria
 - 25 by 25* – 25% fewer premature deaths from noncommunicable diseases by 2025
- A world in which populations are protected from disease outbreaks and harm from natural disasters
- A world without polio



EB128 Discussion on future of financing of WHO leads to calls for reform

2011

EB129 & WHA64 Endorsement of WHO reform agenda

Regional Committee Meetings Member States discuss concept paper on reform

Special session of EB dedicated to WHO reform

2012

EB130 requests WHO to prepare report covering all aspects of reform for submission to WHA65

Member States meeting on Programmes and Priority setting

EB131 & WHA65 reviews consolidated report on reform, draft outline of the 12th general programme of work, stage one evaluation report and draft implementation framework

Regional Committee Meetings Member States discuss draft 12th general programme of work and proposed programme budget 14-15

Extraordinary meeting of the PBAC to focus on the financing of WHO

2013

WHA66 adopts a general programme of work 2014-19 and approves the whole programme budget 2014-15, defining the strategic direction for WHO, and sets up a new financing mechanism. EB133 discusses principles of engagement with non-state actors

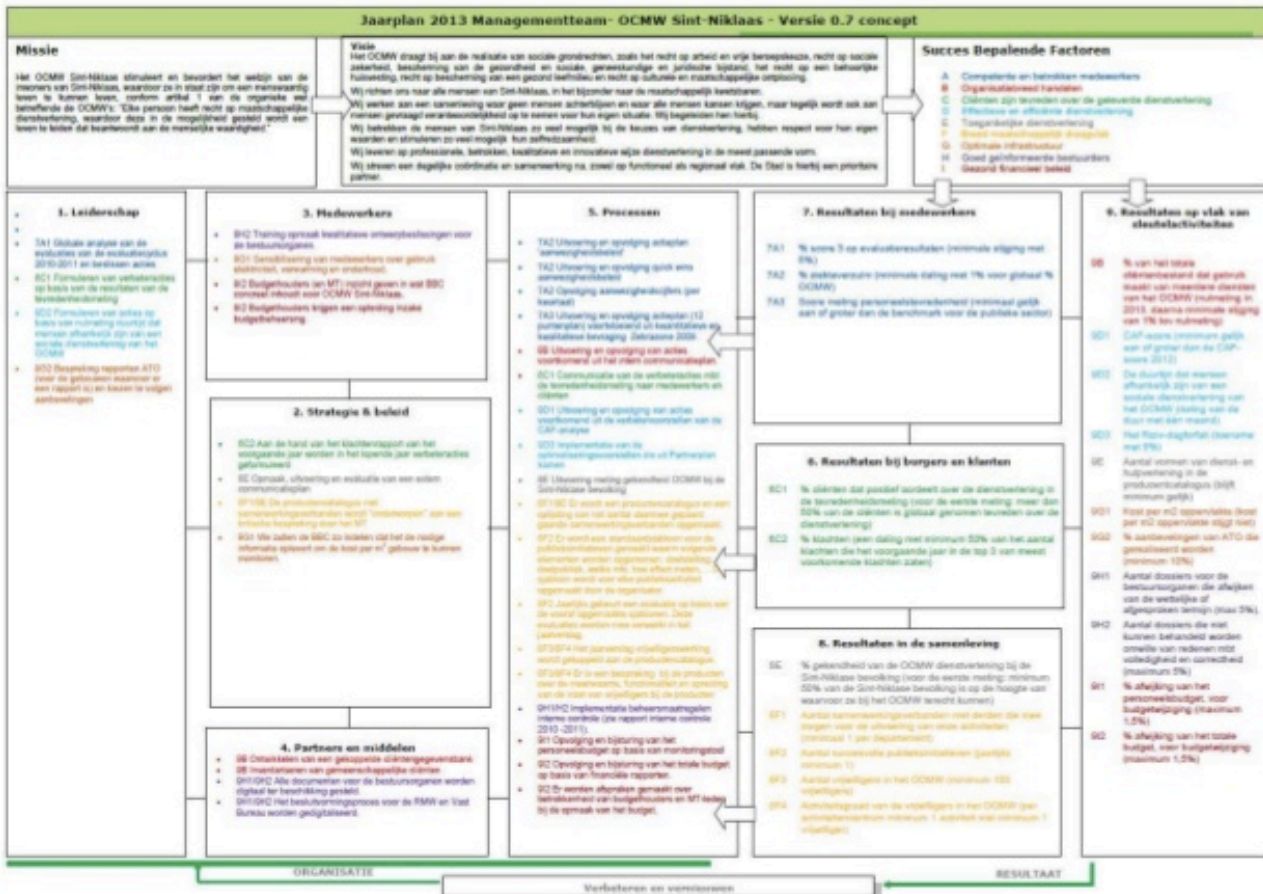
Financing Dialogue with Member States and other donors, with the aim of increasing the predictability, alignment, transparency and flexibility of WHO funding

2014

EB134 reviews outcome of Financing Dialogue, proposals for streamlined reporting of Member States and hosted partnerships

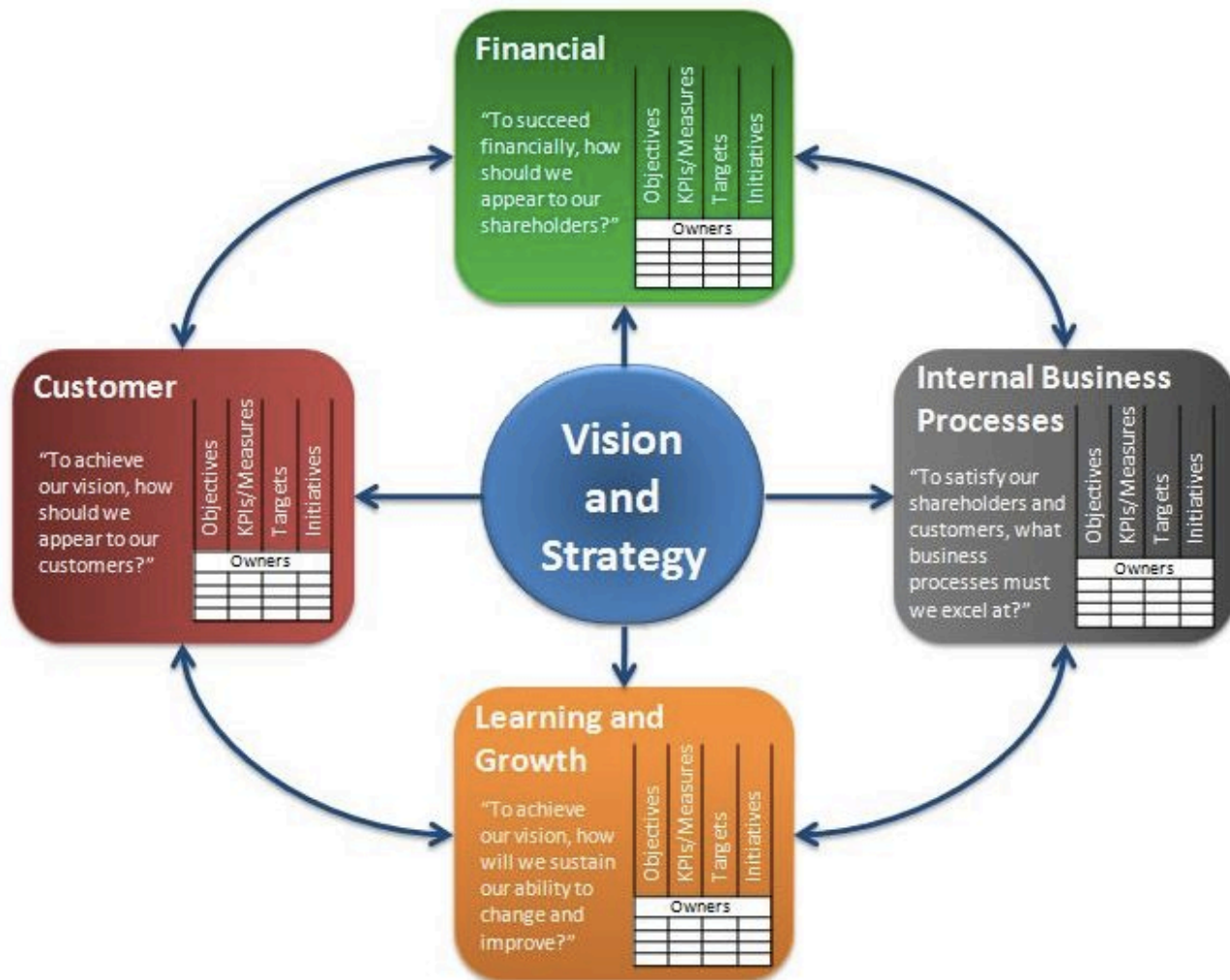


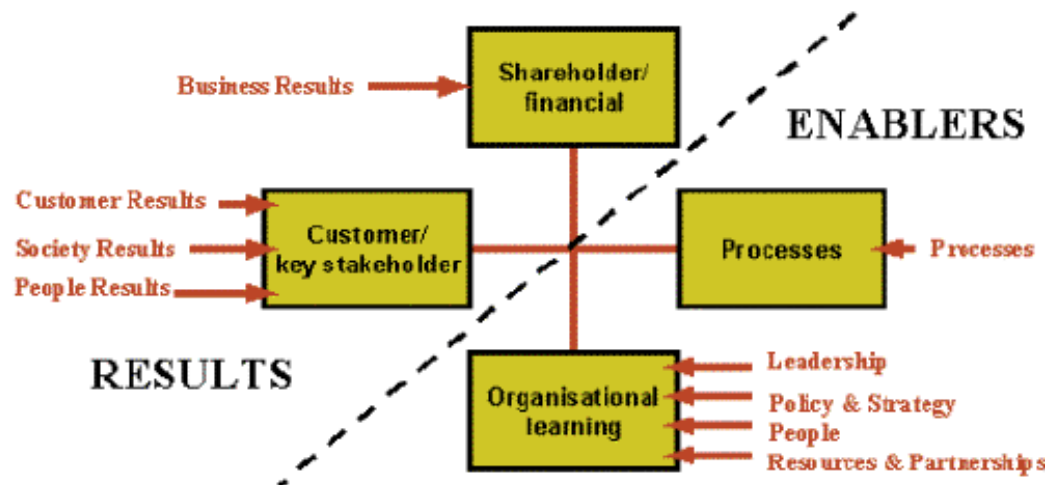
A3 system

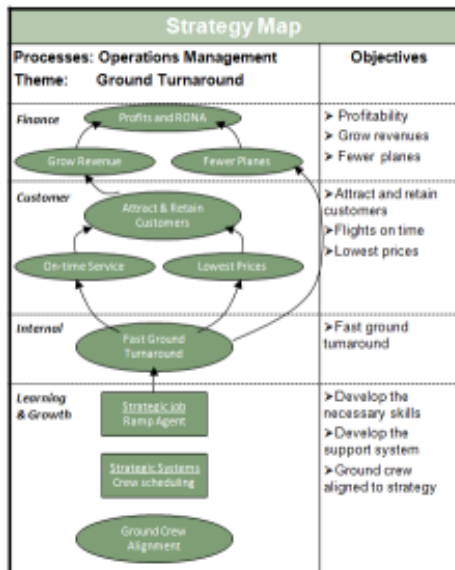




Key Performance indicators







Balanced Scorecard	
Measurement	Target
> Market Value	> 30% CAGR
> Seat Revenue	> 20% CAGR
> Plane Lease Cost	> 5% CAGR
> # Repeat customers	> 70%
> # Customers	> Increase 12% annually
> FAA on-time arrival rate	> #1
> Customer Ranking	> #1
> On-ground time	> 30 minutes
> On-time departure	> 90%
> Strategic job readiness	> Yr1 70% Yr2 90% Yr3 100%
> Info system availability	> 100%
> Strategic awareness	> 100%
> % ground crew stockholders	> 100%

Action Plan	
Initiative	Budget
> Implement CRM System	> \$ XXX
> Quality Management	> \$ XXX
> Customer Loyalty Programme	> \$ XXX
> Cycle-time optimisation	> \$ XXX
> Ground crew training	> \$ XXX
> Crew scheduling system rollout	> \$ XXX
> Communications programme	> \$ XXX
> Employee stock ownership plan	\$XXX
TOTAL BUDGET	\$XXX



5 characteristics of a good KPI

1. Bad score causes big trouble
2. It does not need to be financial, but it must have impact on profitability
3. It must have impact on customer and staff
4. It must focus on improvement
5. The responsible staff should be able to influence it directly.



2.3. Departmental plan: Cascading measures





Strategy Tactical Plans

	SMART OBJECTIVE	ACTION STEPS	WHO IS RESPONSIBLE	DATE TO BE COMPLETED	EVIDENCE OF SUCCESS
<i>TNU Vision on Quality</i>	<i>To design a maximum of two page document where in TNU presents what for TNU is quality: what is good education and good research</i>	<i>1. First draft presented by presidency with help from QAC and 2. discuss the vision within departments and units</i>	<i>Vice president with help of QAC</i>	<i>feb-07</i>	<i>A shared vision on quality in two page document maximum</i>
<i>Evaluation calendar</i>	<i>To have an evaluation calendar designed in every department and unit within TNU</i>	<i>1. QAC present the idea to all QAC's 2. QAC's design advised by central QAC; 3. QAC's present their evaluation calendar to vice-president</i>	<i>QAC's of department</i>	<i>dec-07</i>	<i>A one page evaluation calendar for every department and unit</i>
<i>QA in all units</i>	<i>To establish a network of QAC's and quality representatives</i>	<i>1. Meeting every three month and sharing experiences 2. Have an action plan for 2007 in each department/unit</i>	<i>QAC (Hung, Cuong and Huong)</i>	<i>jan-07</i>	<i>Two page minutes of the meetings</i>



Example WYCCF: st MH

QUALITY MANAGEMENT				
WHAT	WHO	HOW	WHEN	EVIDENCE OF SUCCESS
Audit training	Van Kemenade	2-day audit training	January 18 + 19	Attendance list
SMH 2 nd Audit 2018	Internal audit team	Repeat audit to measure results of the first audit's action plan	End of January 2018	Audit report
Create and execute action plan that is the result of the audit	Macfolda (responsible for execution of Action plan)with UL and QIT and Quality Nurse	Audit report will result in action plan	February 2018	A complete action plan with lot of green and orange and very little red
Fire evacuation plan	Macfolda, Lensy	By organizing a fire drill ,this includes Fire department, Red cross, K 1 Britania and staff	January 2018	A successful fire drill
Create a Quality management system	Quality nurse Claudette and Macfolda	By compiling all quality tools that are used in one document	January 2018	A completed Quality system available
Measure client and staff satisfaction	Macfolda, Claudette and UL	Perform surveys	June 2018	All surveys are completed and points for improvement

St Martin's Home year plan 2018



4 steps goal setting

1. Define goal
2. Divide in concrete sub-goals
3. Define actions to take and
who-when-where to do them
4. Define if-then



Example

- **1 GOAL**
- **Improve team communication.**



- **SUBGOAL 1**

- Identify where communication is breaking down.

- **SUBGOAL 2**

- Create new opportunities for communication between managers and direct reports.

- **SUBGOAL 3**

- Reduce information overload between staff members.



3

- **ACTION ON SUBGOAL 1**
- Gather feedback on problem areas from employees.
- **WHO-WHEN-WHERE FOR SUBGOAL 1**
- Director of HR, at the beginning of the month.
- **ACTION ON SUBGOAL 2**
- Generate quick weekly status report.
- **WHO-WHEN-WHERE FOR SUBGOAL 2**
- All employees, every Friday to be turned in by noon.
- **ACTION ON SUBGOAL 3**
- Prohibit knee-jerk forwarding of e-mails.
- **WHO-WHEN-WHERE FOR SUBGOAL 3**
- All employees, whenever e-mails are forwarded.



4

- **IF-THEN PLAN FOR SUBGOAL 1**
- If it's the first of the month, then I (the director of HR) will send out forms soliciting suggestions on how to improve communication.
- **IF-THEN PLAN FOR SUBGOAL 2**
- If it's Friday morning, then I (all employees) will create a summary of progress on current projects and turn it into my supervisor by noon.
- **IF-THEN PLAN FOR SUBGOAL 3**
- When I (all employees) forward any e-mail, I will include a brief note at the top explaining what it is and why I'm sharing it.



SMART

- *Specific*
- *Measurable*
- *Accepted*
- *Realistic*
- *Time restricted*





Making your goals SMART.

- **S = Specific**
- What is it exactly what I want?
- What is the essence?
- Where do I have to reach my goal?
- How do I have to reach my goal?
- With whom do I have to reach my goal?
- What is the environment wherein the goal will be reached?
- (The answers can be used to make the first column more concrete).
-
- **M = Measurable**
- Can the results be assessed?
- What is the evidence of succes?
- What has to be there, if I have reached the goal?
- How do I know I have reached the goal?
- What can been seen?
- What can be heard?
- What can you feel?
- (The answers can be used to write the last column).
-
- **A = Acceptable**
- Are the goals meaningful for us?
- Does it have negative consequences for (other) stakeholders?
- Do I think it to be justified?
- Do the goals fit in the overall strategy of the school?
- (The answers can be used to (re)write the first column about activities to be done).
-
- **R = Realistic**
- Can it be done within the limits of time?
- Can it be done within the limits of money?
- Can it be done with these people?
- Do we have control over the situation?
- Did we put it in a positive way (towards what we want instead of away from what we do not want)?
- (The answers can be used to (re)write the second column about activities to be done and the fourth about dea
-
- **T = Time bound**
- When do we want to have reached the goals?
- Did we decide on milestones and deadlines on the way?
- (The answers can be used to (re)write the column about deadlines)



Tips

- Policy plans tend to be boring!! Try to make it easy to read for the team and others;
- Use graphics and pictures;
- Keep the language business-like;
- Make the plan inviting to read.



Assignment

- Take a goal (objectives) for the coming year for your ward/unit on patient quality.



Assignment

- What will the unit look like in 3 years?
- Name the most important objective for the coming year;
- What do you want to achieve with these objectives?
- Which means do you need for these objectives (financially and manpower);
- How much time do you need to achieve these objectives;
- How are you going to measure that the objectives are achieved?



But....

- *The one who wants to explore the unknown cannot be specific.*
- *Measurable results lead to a calculating attitude and behavior.*
- *Acceptable goals are not confrontational.*
- *Time restricted goals have a limited durability.*
- *It is all about ambition!!!*



everard@onsnet.nu

