

***CENTER FOR RURAL HEALTH
UNIVERSITY OF NORTH DAKOTA
SCHOOL OF MEDICINE AND HEALTH SCIENCES***

STRATEGIC PLANNING PROCESS OUTLINE

1. Nominal Group Process
 - A. Used to generate ideas – new programs, services, organizational relationships, grant development, etc.
 - B. Can be combined with SWOT (Strength, Weaknesses, Opportunities, Threats)
 - C. Group process – hospital board, hospital board and community leaders, two or more hospital boards, two or more towns, etc.
 - D. Develop a set of questions – e.g. What do we want to see in our town for health services?
 - E. Each person in the group (try not to go over ten in a group and if more than that number divide into additional groups) has five minutes of quiet time to generate their own list.
 - F. Conduct a “Round Robin” where each person in the group can list one of their items (you write on a planning board). Go round and round until everyone has given their ideas. (As facilitator you can ask clarifying questions but try to hold participant questions until all the items have been listed).
 - G. Take time for people to ask each other questions – about ten minutes.
 - H. Depending on the group or the need of the group ask them if they see any common themes, then try to group the ideas into themes (this shortens the list and makes it more manageable).
 - I. Depending on the group or the need of the group, rank the items (top five or ten or twenty, whatever seems appropriate). They can use colored markers or the colored coding labels – red = first, blue = second, etc. Count the number of number ones, twos, etc.
 - J. Depending on the amount of time available (work out with administrator) and the anticipated end result (do they want you to end your involvement here or go to the next stage) the next step is developing action steps.

- 2 Activity Plan/Action Steps

- A. Develop work groups or committees around the top ideas. Be realistic. Depending on the size of the original group it is best to have three or four groups. Avoid going over five as it can be too much to manage.

- A. Use form marked “Activity Plan”. Example: Community Assessment shows that the hospital’s strengths are quality of care, nursing care and concern for the patient. But the strengths are most noted by respondents in the local community market. Respondents in three smaller towns in the area did not rate this as high and/or had significantly higher “don’t knows” in the survey. A Marketing Committee may be formed. The committee may have as a goal: to promote the hospital’s strengths in the towns of A, B, and C. They will examine what internal resources they have (public relations person), community wide (county newspaper), regional (area radio station) and financial (small FLEX grant). The goal will be broken down into individual action steps or objectives such as developing newspaper ads, radio spots, and conducting speaking engagements at the local civic groups found in the communities of A, B, and C. They need to establish realistic time lines and who is responsible for implementing each step.

3. S.W.O.T.

- A. Strengths, Weaknesses, Opportunities, and Threats – SWOT is a common technique in planning. It is simple and straight forward. It is a good way to get a group thinking about their environment and where they fit. SWOT can be used with a community assessment. Ask the board to think about the community assessment with these four areas in mind. What are the strengths that emerge? What are the identified weaknesses? It can also be conducted independent from an assessment.
- B. Using a nominal group process ask the group, for example, what are the opportunities facing the hospital? After ranking the top five or ten items, the results can be used with the activity plan. For example if the number one opportunity is “grant development” they may decide that this is a subject for a work group or committee. The committee will identify their goal and related action steps, resources needed, time frames, and responsible parties.
- C. The same process is used with each of the subjects (i.e. strengths, weaknesses, opportunities, and threats). The planning process is used to identify specific SWOT items, develop action steps to address major items, and to move the organization forward.
- D. Communities (e.g. hospital boards) have a tendency to want to focus on the positive items such as their strengths and opportunities and ignore or downplay the threats and weaknesses. While this is up to the local decision makers, the SORH facilitator needs to remind them that positive results can occur by addressing at least a few identified weaknesses and threats.
 - a. They can expand the market by trying to address negative images in

- neighboring towns.
- b. They can be seen as non-threatening partners (as opposed to domineering market stealers) by proposing to sit down with a neighboring board or town to discuss joint grant development such as a Rural Health Outreach grant.
 - c. They can enhance integration and eliminate service and equipment duplication by negotiating with the primary care clinic on a merger between the hospital and clinic, or between the hospital and nursing facility, or between the hospital and ambulance service.
 - d. They can enhance health professional recruitment and retention by forming a regional recruitment/retention task force of neighboring (including competing) communities and health systems to explore a collaborative approach to the issue.
4. Planning is hard work but it is worth it and it can be fun!! (Keep reminding them of this point).

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