

Virtual Strategic Planning for Rural Healthcare

By **Brenda Lamb**, Rural Division Improvement Officer, **Ken Foster**, Rural Division Development Officer (Retired), and **Patrick Ganyo**, Vice President Rural Services, *Bryan Health*

No one could have anticipated the financial, operational, and cultural devastation of the COVID-19 pandemic, nor how long it would remain a silent enemy to all who crossed its path. One thing that has become certain is that our existing way of business has changed and will continue to change in extraordinary ways.

In urban areas across the country, the death toll and positivity rates skyrocketed. While it was slower to reach rural areas, the fear was still present. In the Midwest, our economy took a significant hit and people were afraid to address what might be considered unnecessary healthcare needs. This translated into fewer office visits and hospital procedures as patients instead postponed any type of healthcare service they could.

At Bryan Health, our leadership immediately looked to the Heartland Health Alliance (HHA) as a platform to reach its 51-member hospital network throughout Nebraska, Kansas, Iowa, and Missouri. With a proactive approach to share information as quickly as possible, we were able to understand current volumes, positivity rates and personal protective equipment, ventilator, and bed availability. The HHA fully engaged its members to be transparent in these uncertain times, while doing the same and providing guidance at no additional expense.

In 1995, Bryan Health created the HHA to help build relationships, develop support models, and provide best practice education and tools for its member hospitals and clinics. The HHA is overseen by a rural division team made up of talented individuals with a wealth of rural healthcare experience. Strategic planning consulting is one of several consulting options that we provide to our members.

Strategic planning enables organizations to create a roadmap for their teams to focus on for the next one to three years. A typical strategic planning effort may include surveys, key stakeholders, focus groups, statistics and financial analysis, and more.

In-person consulting has been the ideal platform since the inception of strategic planning to improve teamwork, collaboration, brainstorming, and strategic thinking.

We were working through a strategic planning process with Saunders Medical Center that began with in-person meetings with the CEO and Director of Quality Management & Strategic Initiatives and focus groups. However, COVID-19 positivity rates in November 2020 reached new highs and large gatherings were prohibited. We moved into a virtual platform to carry out the remaining steps of the strategic planning program and board retreat.

Our team had initial concerns about this type of platform change that included the following:

- What amount of time is necessary to accomplish a virtual strategic planning board retreat?
- How can brainstorming and creative thinking occur in a virtual setting with 30 people?
- Will key stakeholders give their undivided attention?
- What will be missed during a virtual event that would be accomplished in person?

From the outset, we focused on “three Ps”: preparation, planning, and production of a draft strategic plan. In our preparation phase, we worked diligently with Saunders’ CEO and Director of Quality Management & Strategic Initiatives to deliver a complex strategic planning survey to key stakeholders. We held focus group meetings with several employees and community members. We presented strategic planning education, direction, and next steps to the board, providers, and senior leadership team. We then produced a board retreat packet for the key stakeholders that included the results and additional documentation that demonstrated the current achievements and opportunities for future planning.

Planning for a virtual board retreat was our next step. Saunders’ plan is built around five pillars: Employees & Providers, Growth & Operational Efficiency, Quality, Customer & Community, and Finance. Their framework and early communication about their pillars helped establish a foundation of excellence and allowed our team to appropriately shape small group sessions and a final team discussion with all key stakeholders.

Normally, we would have tables at the board retreat made up of diverse groups including a senior leader, board member, provider, and three additional key stakeholders. We took that same approach and created virtual small-group meetings

that were one-hour long, each with a different pillar focus. The meetings included education followed by team brainstorming around strategic questions catered to each pillar.

Each small-group session had an identified team leader who led the brainstorming activity while we captured their outstanding conversations. The virtual platform did not take away from the level of engagement. If a group got stuck on a topic, our consulting team was able to help redirect the conversation.

Our consulting team documented each session and provided a consolidated goal and objectives based on each team's conversation. The goal and objectives were then shared with the CEO, Director of Quality Management & Strategic Initiatives, and each small-group session team leader. The role of the team leader was to facilitate and then speak on behalf of their team when we all came together at the final, large-group virtual retreat.

During the large-group virtual retreat, each team leader spoke about their goal and objectives and then provided time for all key stakeholders to weigh in on the content. All participants were able to provide comments, which led to a productive meeting. The 90-minute meeting was held in the evening so no participants had to rearrange their day to participate. There were a handful of board members who did not have a strong Internet connection at home, who were provided a large meeting room in the hospital to participate safely.

Afterwards, our consulting team produced a draft strategic plan for review by Saunders leadership, board, and medical staff. The board approved the final plan three weeks later.

Our feedback during and after this process was remarkable. The providers shared positive comments regarding how easy it was to maintain focus and participate in these events (the total amount of participation time was shorter than previous planning retreats). Senior leaders shared their support and positivity for the ease of creating goals and objectives while staying socially distant with the team. The board felt positive about the process being safe and being able to move forward with strategic planning during an otherwise difficult time.

We typically follow up with our clients to see how their plan implementation is going and if they have any questions or concerns. Our lessons learned from our experience were:

- Thoughtful preparation allowed us to modify the strategic planning timeline.

- Communication and supplemental information, like the board retreat packet, were necessary to develop and distribute in advance.
- Supportive leadership and a willingness to try something new was critical to the success of the events.
- Goals and objectives were created and agreed upon by all stakeholders for formal board approval.
- One person did not make this possible; the collective team was our difference maker.

In working with other organizations since Saunders, we have also learned that organizations with new senior leaders and/or new boards that have not done strategic planning together previously do need to meet in person, to get to know each other better and build trust, so that the resulting discussions can be deeply engaging. (We now know how to conduct safe in-person meetings!) But we do plan to continue to offer a virtual experience to those organizations that would prefer that option and have more seasoned teams that have worked together for a period of time.

Why a New Plan Now? Frontline Perspective: Saunders Medical Center

An interview with Julie Rezac, CEO, and Denise Sabatka, Director of Quality Management & Strategic Initiatives at Saunders Medical Center, a critical access hospital in Wahoo, NE with an employed medical group, rural health clinic, and nursing home.

Saunders leaders were coming to the end of their three-year strategic plan in Summer 2020. With a few months left to finish their current plan's goals and objectives, they wanted to get started on the new plan so that there wouldn't be a period of time with no strategy. "For me, strategic planning is very important—it keeps everyone focused on going in the right direction. Just because COVID is here doesn't mean our business stops," said Rezac. "We knew it would be a challenge with COVID but we knew it was important, especially for a rural medical center, to find a way to do it. We need that roadmap."

Why use Bryan Health's service? They had done so twice before and had a very good experience. They were familiar with the process; the Bryan team knew them and vice versa. "When you work with an outside party who doesn't really know you, sometimes they take you in a direction that really doesn't fit. Trust is a huge factor," Rezac explained.

Starting with the board was an essential step, so that Rezac and Sabatka could meet with the Bryan team ready to present all of the challenges, issues, and perspectives that needed to be considered. “[We asked the board,] what did we miss that we should focus on for the new plan? We assessed our previous plan implementation, then discussed how we wanted to bring the new plan to the next level—how to get more people involved. We talked about the strategic planning software we are implementing—how to integrate current and future initiatives and programs into the strategic plan, using the software to help with that. Having the board take part in those conversations was important,” Rezac recalled. It became a series of important board conversations that helped to set the direction of the planning process. “We reviewed our mission, vision, and pillars with the board, medical staff, and leadership team to make sure we were good starting with each of these as our foundation for our strategic plan. We then reviewed various reports including our finances, quality scores, and community health needs assessment.”

Their first meeting with the Bryan team dealt with probing questions such as:

- Where is your organization going?
- Why do you want to do this?
- Who do you want to involve in this process?
- What do you feel some of your big initiatives are that you want to make sure are not overlooked as we start this process?
- How do you want to involve the community in this process?

Involving the community was a key step of this process. “We believe in serving our community; we want to make sure we are meeting their needs and getting their feedback,” said Rezac. Letters were sent out to key stakeholders in the community

→ Sample Strategic Pillar and Goal:

Pillar: Finance

Maintaining or growing financially to provide stability to the betterment of the organization.

Goal: Maintain strong financial performance through revenue enhancement and cost control with a positive operating margin.

such as the mayor, sheriff, school district leaders, churches, and business leaders who had some kind of relationship with the medical center. The Saunders leadership welcomed the community leaders and thanked them for coming, and then turned things over to the Bryan facilitators so that there could be a very transparent, candid conversation without Saunders leadership present.

Involving the medical staff at the right stages was also an important step to succeed. “With the previous strategic planning process, we completed our discussions all in one night,” said Sabatka. “We did not have enough time for people to process the information and form ideas. So, this time we wanted to make sure everyone had time to prepare and everything was very transparent. It’s vital that our medical staff is knowledgeable about our operations so they understand how their work contributes to a successful strategic plan.”

Rezac also emphasized the importance of involving the entire staff: “We wanted to make sure to get the plan out to the whole staff because that is a big deal to have everyone on board. They also were given an opportunity to provide feedback on the initiatives that were chosen.”

For the new plan, the pillars remained the same and goals were set for a three-year period. However, this time around, measures are set for one-year increments so that the organization can check in more often to see if something needs to be adjusted. “COVID made us think about the importance of flexibility and the changes in healthcare. With constant changes, we now have to reevaluate more often to make sure we are still on track and able to make adjustments. We want to continue forward with the plan we set,” said Rezac.

For accountability, a senior leader leads the implementation tactics for each pillar, and every director is assigned to a pillar as well. A meeting with all directors is held once a month to review strategic initiatives. Each pillar group reports to the whole team about where they are with the plan. Most importantly, everyone on the team plays a role in helping to support all of the pillars, beyond the pillar they are assigned to. At the July board meeting, the strategic plan progress will be presented.

Rezac and Sabatka were clear on why it was beneficial to use the strategic planning service provided by Bryan Health: “They work with 51 different organizations through the HHA so they see a lot of different plans, issues, and challenges. They might ask us a question that we hadn’t thought of before,” said Rezac. Sabatka added, “They challenge us during meetings—have you thought about this, have you thought about

that? When you work within an organization, what you hear and see are often filtered through preconceived ideas and notions, but someone from outside the organization often brings a fresh perspective.”

The Governance Institute thanks Brenda Lamb, Rural Division Improvement Officer, Ken Foster, Rural Division Development Officer (Retired), and Patrick Ganyo, Vice President Rural Services at Bryan Health for contributing this article. They can be reached at Brenda.Lamb@bryanhealth.org and Pat.ganyo@bryanhealth.org. We also thank Julie Rezac, CEO, and Denise Sabatka, Director of Quality Management & Strategic Initiatives at Saunders Medical Center for their time spent sharing their story with us. They can be reached at jrezac@smcne.com and dsabatka@smcne.com.

