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Using a Strategic Cycling Process to Increase Organizational Effectiveness

Strategic cycling¹ is an effective technique to ensure that an organization’s strategies adapt to a changing environment, focus on what is important, and remain effective over time. Health care delivery and financing are constantly in flux, and multiple demands for change can make it difficult to discern and maintain priorities. But successful health care organizations will steer a consistent course and prioritize performance improvement regardless of distractions. Strategic cycling is similar to “plan–do–study–act” (PDSA), but is focused on strategic direction rather than process improvement. With a few exceptions, organizations can accomplish strategic cycling fairly rapidly, especially after the first cycle. The eight steps of strategic cycling and examples of each step are outlined below.



¹For additional information, see Strategic Cycling: Shaking Complacency in Healthcare Strategic Planning by Jim Begun and Kathleen B. Heatwole, *Journal of Healthcare Management*, 44 (5), September/October 1999.

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Step	Description	Examples
Strategy	A strategy should be succinctly defined, comprehensive, and mission-driven.	For example – <i>Improve the Patient Experience</i> .
Research	Research may include communicating with colleagues, attending educational conferences, learning from patient and community focus groups, and/or researching web-based resources. Evidence-based health care management is an important source of inspiration and guidance to define goals, identify appropriate performance metrics and benchmarks, and design actions.	Research might include looking at your organization’s HCAHPS scores to analyze patient experience metrics, or reading about effective ways that other health care providers have improved their patient experience.
Goals	Strategic initiatives require objective, measurable, and actionable goals that truly reflect the strategy. Each strategic initiative will likely require several goals.	Goals for a strategy to <i>Improve the Patient Experience</i> might include (1) improve clinician empathy, (2) develop a care transitions program, (3) upgrade hospital signage, and/or (4) organize a service recovery program.
Metrics	<p>Performance improvement requires goals that are objective and measurable. Organizations need metrics to assess progress toward goals. Either processes or outcomes can be measured:</p> <ul style="list-style-type: none"> • <i>Process metrics</i> measure a process that is seen as a proxy for outcomes (e.g., aspirin use in cardiac patients). • <i>Outcome metrics</i> measure (as the name implies) an outcome (e.g., heart attack reduction). <p><i>(continued on next page)</i></p>	For a goal of improving clinician empathy within a strategy to <i>Improve the Patient Experience</i> , measures might include physician and nurse communication HCAHPS scores (outcome), or the percentage of clinicians that viewed the Cleveland Clinic’s empathy video (process).





Step	Description	Examples
Metrics <i>(continued)</i>	<p>Processes are generally easier to measure and more immediate than outcomes. Thus, it is easier to obtain statistically significant process numbers. Yet outcomes may be of highest interest. Therefore, good performance improvement plans generally assess both. Metrics should be selected based on accuracy (how well the metric truly measures performance toward the goal), reliability (how well measuring twice gets the same result), and data facility (how easy it is to measure, analyze, and report the data). Benchmark availability for the selected metrics is also important. Benchmarks should come from similar organizations or represent recognized performance. An alternative to external benchmarks may be your own organization's prior performance.</p>	
Assess	<p>Each metric for each goal requires baseline performance measurement, which may also reveal additional opportunities for improvement. Design and implement processes to assess performance (or collect data) efficiently. Assessment efforts should be devoted to translating data into insight and designing action plans, not suffering through the mechanics of data collection.</p>	<p>One of the metrics that could be considered is clinician HCAHPS scores. To track these, develop a process for assessment. Who will document the scores and where? Then decide how progress will be shared with the right people over the course of the intervention(s).</p>
Action	<p>At this point, "planning" is complete and it is time to "do." This is when an organization uses its experience and research to design and implement specific actions (or interventions) to improve performance and reach strategic goals. For most goals, there will be multiple paths to performance improvement, and using PDSA cycles or other process improvement techniques can be effectively focused. <i>(continued on next page)</i></p>	<p>To begin addressing the goal of improving clinician empathy, clinicians from one discipline might be asked to follow along on the rounds of another clinical discipline to better understand different elements of the patient experience. <i>(continued on next page)</i></p>





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Action <i>(continued)</i>	<p>It is important to be deliberate in choosing where to devote creativity and energy. Implementing multiple interventions at one time may be necessary, but doing so will make it difficult to tell which intervention is making an impact on the organization's performance (positive, negative, or no impact at all). Actions should be designed such that change can be measured quickly. Six months, and often sooner, is a reasonable timeframe to assess a performance improvement action. Action plans for each goal should include specific objectives, resource allocations, timelines, and accountability (generally to a single person, although most action plans will be accomplished by a team).</p>	<p>A multidisciplinary team might be developed to begin building relationships and establishing a pilot between two disciplines. In addition, a timeline should be created for completing the first pilot test, and additional tests after that. Remember that the more interventions that are implemented concurrently, the harder it may be to know which intervention(s) affected performance or whether a change in performance is actually attributable to the multitude of interventions implemented at the same time. It's important to select interventions with an eye toward effective implementation and evaluation.</p>
Reassess	<p>After sufficient time, performance should be measured to assess whether actions and interventions have moved the organization toward its goals and to judge the effectiveness of the interventions. In addition, performance data can motivate change among employees. Most people and organizations want to improve, and don't want to be a poor-performing outlier. So un-blinding the data may be an important change technique. Presenting data is not enough, however. Data must be presented in ways that allow quick insight. Data should then, almost as quickly, motivate behavior change likely to improve performance. Present data as easily understandable charts and graphs—avoid spreadsheets.</p>	<p>For example, rather than present the full HCAHPS spreadsheet showing an organization's physician and nurse communication HCAHPS scores, highlight measures of interest through graphs that compare change over time and/or between individual providers.</p>





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Adjust	<p>Invariably, the strategic plan will need adjustment. If the data are meaningless, if nothing is changing (but it would be reasonable to expect it to), and/or if leadership is not paying attention, then the project must be adjusted. Choose different measures, different actions, different goals, or different presentations, or simply stop the actions or interventions. Remember – “failure is not fatal.” Successful, forward-thinking organizations learn from failures and carry on with that much more knowledge. If, on the other hand, there is some improvement, tweak the project to be that much better. The only thing that should be relatively immutable is the strategy. The strategy should be grounded in the organization’s mission.</p>	<p>Perhaps an organization’s HCAHPS scores have shown improvement for physician communication but not for nurse communication. Leaders could consider reaching out to several nurses and asking some targeted questions about the rounding pilot to learn how they feel it may be improved. Based on responses, they might consider adjusting the pilot.</p>

Although organizational strategies should change relatively infrequently, it is appropriate to check to be sure that the strategy indeed reflects the organizational mission. Do so by starting the strategic cycling process again—it will go faster this time. Update any research, add some new goals, make sure measures are accurate and appropriate, optimize assessment (and reassessment) efficiency, and always be ready to adjust/adapt to the rapidly changing health care environment.

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