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Strategic Planning—Implementation Planning

The May/June 2004 Strategic Planning column described strategy formulation for cancer programs. This month's column will describe the implementation plan, which describes the major requirements to successfully accomplish the cancer-program strategies.

The implementation plan is composed of specific detail to support successful implementation of priority strategies. The key elements that comprise the implementation plan are listed below:

- Priority actions describing each strategies will be implemented:
  - Priorities are expressed as the time frame by which the action must be completed (eg, high priority defined as completed and fully implemented within the next 12 months; other than high priority defined as implemented after all high priorities are implemented).
  - A metric or measurable result must be described to measure progress and determine completion or full implementation of the action.

- Management and cancer-program leadership responsibilities for each action:
  - Responsibilities should be categorized as the following:
    - Primary—the individual who has ultimate responsibility to implement and complete the action.
    - Supporting—an individual or individuals who assist the individual with primary responsibility for implementing the action.

- Significant resources required to support implementation of the actions Table 1 presents an example cancer center strategic plan implementation plan. Resource requirements should be expressed as the following:
  - Capital investments.
  - Human capital—time estimates (hours) of approved budgeted staff.
  - Incremental operating—additional funds that must be added to the annual operating budget to support strategy implementation.

The implementation plan also serves as the review mechanism for cancer-program and hospital leadership to assess progress on the recommendations. Its use as a review tool will allow program leadership to track progress on a routine basis against established completion dates and resource targets. Initially, it might be appropriate for program leadership to conduct the implementation-plan reviews monthly for the initial quarters of the implementation plan. After that, progress reviews should occur at least quarterly.

Implementing the recommended strategies is often viewed as the end of the strategic planning process. In reality, planning implementation is just the beginning. Transitioning to execution after completion of the strategic plan will be the topic of the September/October column.

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Table 1. Cancer program strategic plan: implementation plan*

	Responsibility			Estimated Resource Requirements			
Strategies	Priority	Primary	Support	Capital	Operating (†)	Human	Comments and Tactical Considerations
Radiation oncology practice exclusive contract signed and executed.	2004	CEO	COO			CRH leadership to plan and direct.	
Radiation oncology center development. Evaluate the financial feasibility of joint venture opportunities, as warranted.	2004	COO	Exec team	$6.0 million	$460 000–710 000”	CRH leadership to plan and direct.	Preliminary financial analysis and board discussion completed in 2003. Potential joint venture discussions planned for 2004. Begin planning the radiation oncology center in 2004. Plan for a move-in by the end of 2006 or early 2007.
Identify strategies for medical oncology practice equity or operational (contractual) integration with CRH, including potential medical oncologist offices at the new campus.	2004	COO				CRH leadership to plan and direct.	
Cancer program new cancer case growth.	Ongoing	COO	Exec team	TBD	TBD	CRH leadership to drive and direct.	Medical oncologist primary cares, and surgeon practice growth, including potential recruitment of a female breast surgeon.
Breast cancer detection and management service coordination and integration enhanced.	2004	CNO	COO	An additional mammo unit(s).	Support for 1+ additional mammo unit(s).	CRH leadership to plan and implement.	After recruitment of a female breast surgeon (2004?), complete services planning for an integrated breast cancer detection and management service.
Increased cancer program profitability.	2004	COO	Exec team			CRH leadership to drive and direct. Administrative support for a multidisciplinary team.	Refer to supporting strategies. Will require a medical director to lead this effort.
Evaluate organizational alternatives for a program medical director.	2004	COO	Exec team				The CRH cancer program requires a program builder to direct growth and development.

* CEO indicates Chief Executive Officer; COO, Chief Operating Officer; CRH, Community Regional Hospital; TBD, to be determined.; CNO, Chief Nursing Officer.
† Incremental annual operating expenses to support a specific stragety.