



Stanford
M E D I C I N E

Integrated Strategic Planning: Diagnostic Summary

Highlights from the Diagnostic

Overview of the Diagnostic

Survey Results

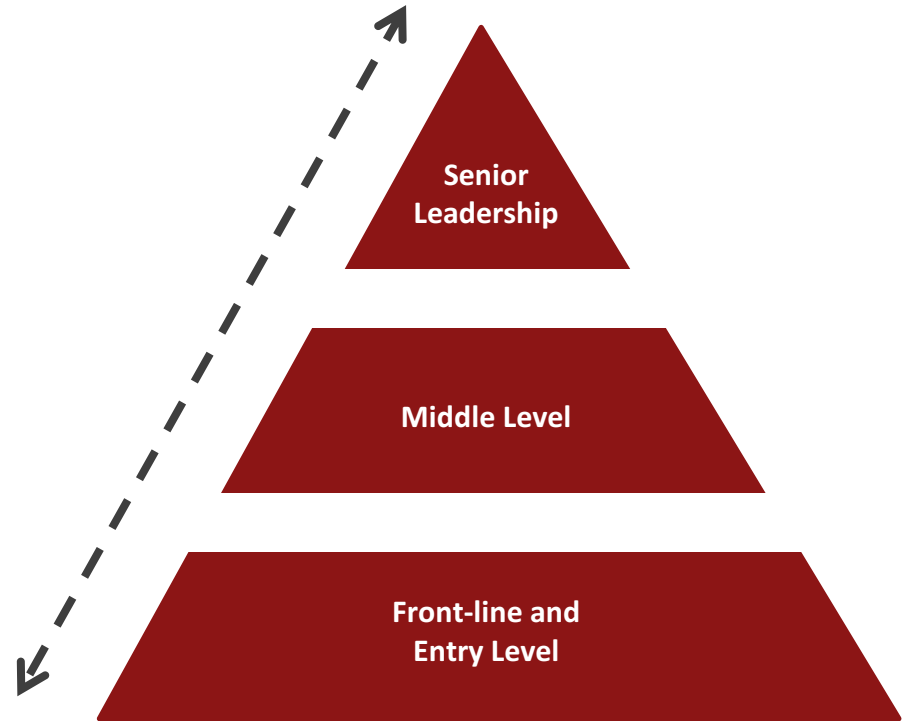
Collection of Current Documents

Leadership Interviews

The Diagnostic thoroughly sampled Stanford Medicine

SURVEYED: 3,769 Responses

- **All 3 organizations**
 - 2,507 SHC
 - 1,157 SOM
 - 42% Faculty (Clinical and Basic Science)
 - 27% Staff (Clinical and Basic Science)
 - 31% Support staff (IT, HR), trainees, and other
 - 105 LPCHS*
- **All levels of Stanford Medicine**
 - 10% Senior leaders
 - 20% Middle level
 - 70% Front-line/entry level
- **INTERVIEWED: Over 120 Participants**
 - 60% senior leaders
 - 40% middle level
 - and selected external stakeholders



* Survey distributed only to select individuals with LPCHS, due to broad participation in Vision 2025.

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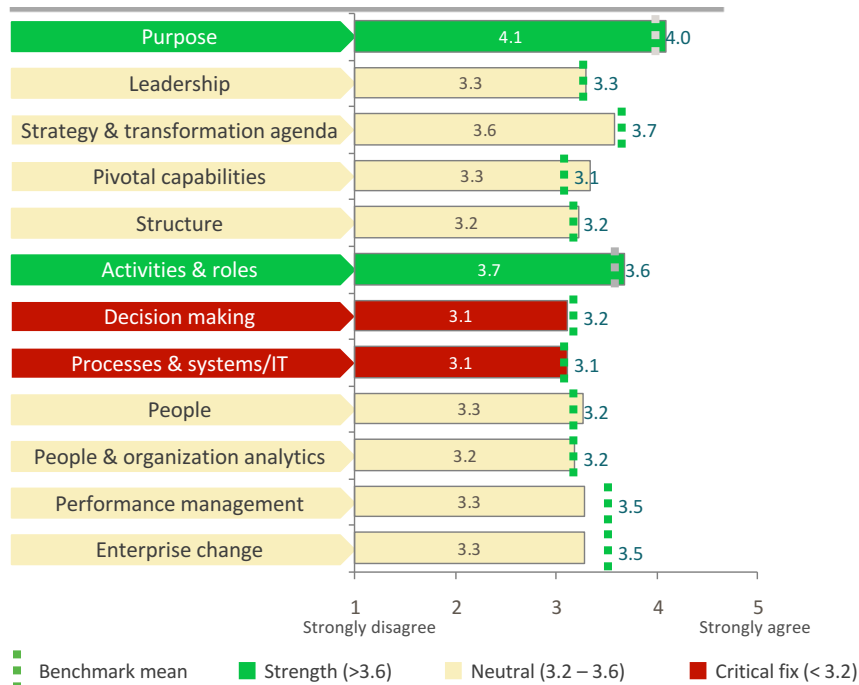
People & Organizational Context Elements

12 dimensions of questions in survey



Stanford Medicine has a strong sense of purpose; faces challenges in decision making & processes

Overall scores across 12 categories



Key takeaways

- Individuals at Stanford Medicine have a strong sense of purpose providing a good foundation to conduct long-term strategic visioning exercises and set the organizational ambition
- Stakeholders have a clear understanding of their roles and activities in the organizations and feel like their accountabilities with other parties are aligned with overall organizational goals
- However, decision making is a critical challenge due to lack of clarity and bureaucratic processes
- Processes & systems/IT is also a challenge, but is a similar challenge for other organizations
- In general, participants from all 3 organizations rated the organizations similarly, however Clinical Faculty rated the organizations lower

Source: BCG analysis; OrgVantage survey results as of 3/22, N = 3,769.

Deep dive: Stanford Medicine, by role

# of responses	Categories											
	Purpose	Leadership	Strat. & trans. agenda	Pivotal cap.	Structure	Activities & roles	Decision making	Process & Systems/ IT	People	People & org. analytics	Perf. mgmt.	Enterpris e change
Benchmark mean	4.01	3.28	3.71	3.14	3.21	3.55	3.23	3.09	3.21	3.19	3.49	3.53
All responses¹ 3,829	4.09	3.30	3.58	3.34	3.23	3.68	3.12	3.12	3.27	3.18	3.29	3.29
Executives & senior leaders 310	4.14	3.23	3.49	3.09	3.01	3.60	2.95	2.78	3.18	2.92	3.24	3.20
Middle level 771	4.18	3.20	3.59	3.21	3.09	3.58	3.08	2.94	3.16	3.04	3.29	3.26
Front Line / entry level 2,572	4.07	3.35	3.59	3.42	3.31	3.72	3.16	3.23	3.32	3.27	3.30	3.32

Role Bucket	Faculty roles	SoM non-faculty	SHC/LPCHS
Executives/senior management	Professor	Associate Dean & above	C-suite Vice President Executive director
Middle level	Associate professor	Senior director/DFA/Dept. director Director / Assistant Dean	Medical Director Administrative Director Director Manager
Front line	Assistant professor Instructor Lecturer Other	Manager Front line staff (admin) Research Associate Other	Front line physician Front line staff (admin) Front line staff (clinical) other

1. Sum is less than total due to incomplete demographics. Includes respondents who repeated the survey a for a secondary affiliation.

Source: BCG analysis; OrgVantage survey results as of 3/22, N = 3,769

Deep dive: Stanford Medicine, by duration of employment

# of respondents		Categories											
		Purpose	Leadership	Strat. & trans. agenda	Pivotal cap.	Structure	Activities & roles	Decision making	Process & Systems/ IT	People	People & org. analytics	Perf. mgmt.	Enterprise change
Benchmark mean		4.01	3.28	3.71	3.14	3.21	3.55	3.23	3.09	3.21	3.19	3.49	3.53
All respondents	3,769 ¹	4.09	3.30	3.58	3.34	3.23	3.68	3.12	3.12	3.27	3.18	3.29	3.29
Less than a year	383	4.12	3.54	3.74	3.54	3.50	3.79	3.43	3.35	3.58	3.46	3.58	3.59
1 to 2 years	541	4.14	3.44	3.63	3.50	3.36	3.72	3.30	3.28	3.41	3.30	3.34	3.44
2 to 5 years	910	4.05	3.22	3.53	3.28	3.17	3.62	3.05	3.06	3.17	3.13	3.21	3.22
5 to 10 years	672	4.05	3.21	3.55	3.27	3.15	3.62	3.06	3.09	3.18	3.13	3.25	3.22
More than 10 years	1,237	4.14	3.31	3.58	3.32	3.20	3.71	3.06	3.07	3.25	3.13	3.27	3.25
Temporary employee	26	4.02	3.22	3.50	3.28	3.29	3.49	3.08	3.16	3.26	3.14	3.13	3.16

¹ Sum is less than total due to incomplete demographics.

Source: BCG analysis; OrgVantage survey results as of 3/22, N = 3,769.

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Strategic inventory reflected the siloes and near-term priorities described in interviews and survey

48 Stanford Health Care strategy pacesetters

32 School of Medicine department strategy reviews

19 strategic documents

Current Condition	Data	Goal/Target	Strategies	Date	Risk
... (text)
... (text)

**FY16 Department Strategy Meeting
Chemical & Systems Biology**

Tobias Meyer, Chair
Jun Penano, DFA
Tuesday, March 17, 2015, 8:30-9:15am

FY17 Strategy Deployment Playbook

Stanford ValleyCare Integration
November 29, 2016

Financial Performance Management
Summer/Fall 2016

Stanford Medicine needs long-term strategic guidance. Developing a vision and strategic plan is critical.

• Source: Stanford Medicine's Integrated Strategic Planning Strategic Inventory

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Leadership Interviews

Six major themes emerged

(A) Identity

- Stanford Medicine's mission, vision, and values
- Stanford Medicine brand

(B) Market Position

- Where we are going to play
- How we will position ourselves to succeed

(C) Strategic Priorities

- Aligned objectives and priorities
- Big bets/strategic investments

(D) Expansion

- Plan for/manage recent expansion
- Objectives, priorities, and criteria for any future growth

(E) Campus Space

- Current access
- Current space needs
- Preparation for new hospitals

(F) Integrated Decision-Making

- Common fact-base
- Decision-making responsibilities
- Communication

Theme findings

Theme	Findings
Identity	<ul style="list-style-type: none">• Who are we as an organization? What mission, vision, and values define us and our brand?• There's a strong sense of purpose at Stanford Medicine, but clarity is needed about how we're going to achieve our goals. Our community asked for a clearly defined brand strategy and direction on how it applies to each person's role.
Market Position	<ul style="list-style-type: none">• A rapidly evolving health care landscape demands that a leading academic medical center adapt its market position and understand what makes it stand out.• As we look towards the future, we'll need to determine the right size and desired geographic footprint for Stanford Medicine, as well as how we can deliver the highest quality care at the lowest costs.
Strategic Priorities	<ul style="list-style-type: none">• Our people are a rich source of ideas and talent. But where should we devote our time, energy, and resources in order to make the maximum impact?• All across Stanford Medicine, individuals are asking for strategic guidance on the priorities as we all seek to achieve preeminence. And as the university engages in its own long range planning process, we need to consider how Stanford Medicine can engage in and complement that endeavor.

Theme findings

Theme	Findings
Expansion	<ul style="list-style-type: none">• With the addition of new facilities and affiliates to the Stanford Medicine network, we are growing quickly and reaching more patients than ever before.• As our network expands, coordinating our objectives and growth criteria across all three entities of Stanford Medicine, will maximize our market value and position.
Campus Space	<ul style="list-style-type: none">• Stanford Medicine's campus is a hubbub of construction activity, from the new hospital expansions to new research buildings, institutes, and offices.• As we make room for more projects and people, we need to articulate our strategy for allocating space, and balance clinical and research needs for existing faculty.
Integrated Decision Making	<ul style="list-style-type: none">• Every day, the people of Stanford Medicine generate incredible innovations and discoveries that have the potential to change the world.• In order to harness the power of these ideas, we must communicate clear decision-making criteria across teams, departments, and functions. By developing a common fact base or repository of assumptions and clarity on roles and responsibilities, we can better articulate decision-making rights and processes.