

# Strategic Plan 2021–2026



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO



CNO's purpose is to **protect the public by promoting safe nursing practice**. With the rapid pace of change in the current Canadian health care environment, we need a robust Strategic Plan to continue to deliver our purpose.

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# EXECUTIVE DIRECTOR & CEO'S MESSAGE

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When we began working on a new Strategic Plan, we chose an approach that would strengthen our position as a leader in patient safety in a rapidly changing health care environment. This led to an exciting journey that encouraged us to think more broadly about our role as a regulator and transform how we see the future.

The outcome is a robust strategy that will advance our purpose: To protect the public by promoting safe nursing practice. Our Strategic Plan 2021–2026 positions CNO to influence the broader patient care system in four main ways: through insights, agility, proactivity and system partners. Our capabilities and culture provide a strong foundation for enabling the plan's success.

Responding to the COVID-19 pandemic in 2020 has highlighted the importance of working together for collective impact and quickly adapting to shifting demands in the health care system, while ensuring public safety. With our new plan, we will continue to become a more agile and proactive organization, committed to a system-wide approach to nursing regulation. Our Strategic Plan 2021–2026 also emphasizes the fundamental role we play in preventing harm before it occurs.

Developing this new Strategic Plan was a collaborative and valuable process. Thank you to our Council and staff, as well as nurses and partners in safety for sharing your insights. By working with you to protect the public, we can make a greater collective impact on patient care and the system in which it is delivered.

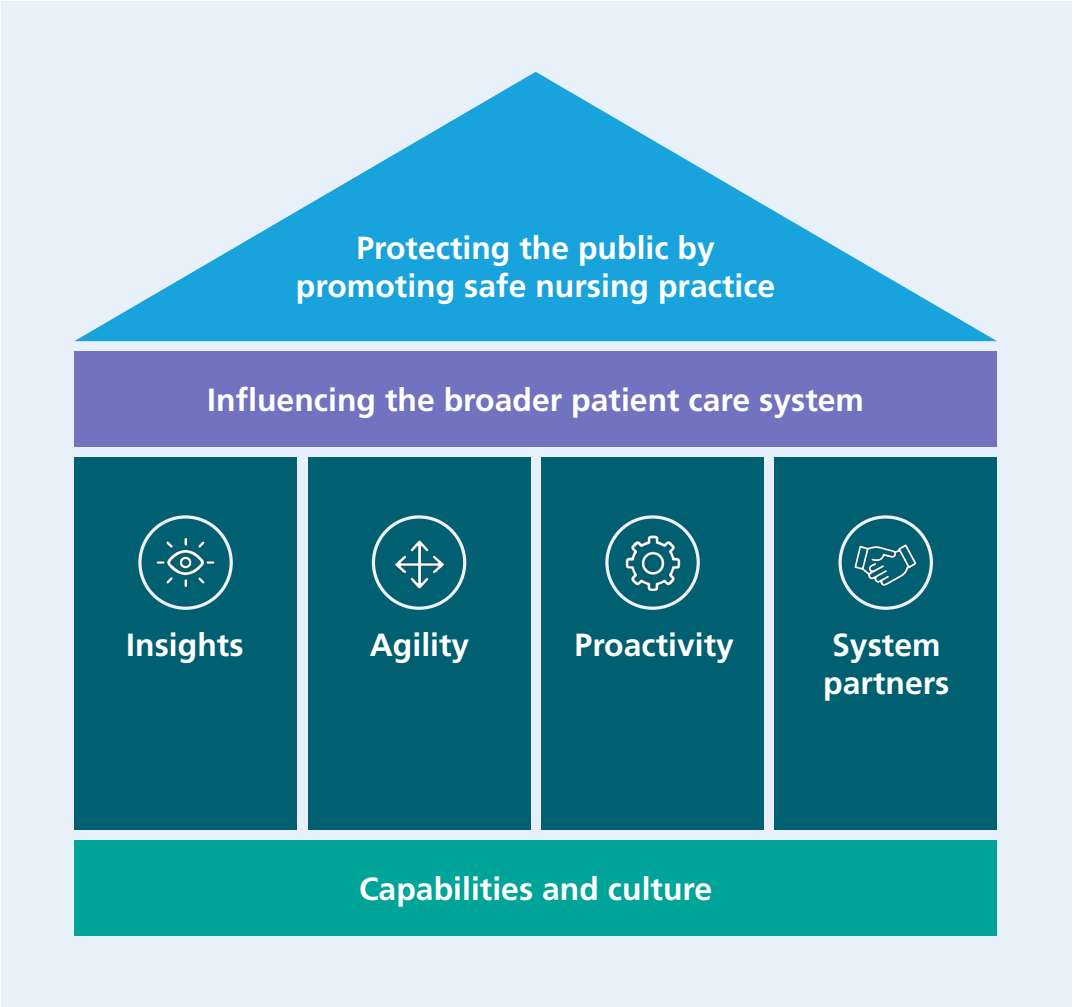
**Anne L. Coghlan, RN, MScN**  
**Executive Director & CEO**

# STRATEGIC PLAN 2021–2026

Building on the solid foundation we have, we are becoming a more agile and proactive organization that is committed to a whole-system approach to nursing regulation. We are excited to embrace and make significant strategic and operational changes across the organization over the next four years, to strengthen our position as a leader in patient safety.

## New Strategic Plan

CNO’s Strategic Plan provides a direction for CNO by identifying the goals and supporting actions required for success. This new Strategic Plan positions CNO to influence the broader patient care system in four main ways: insights, agility, proactivity and system partners. CNO’s capabilities and its culture provide a strong foundation that will continue to grow and evolve in order to execute this plan.



# BACKGROUND 2011–2020

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## Achievements and accomplishments

In 2011, CNO launched a 10-year strategy centred on three objectives:

**1**

**Building confidence  
in nursing regulation**

**2**

**Advancing the use of  
CNO knowledge**

**3**

**Leading in regulatory  
innovation**

It was enabled by four strategies:

**1**

**Using evidence-based approaches**

**2**

**Optimizing technology**

**3**

**Pursuing strategic partnerships**

**4**

**Promoting a culture of leadership and innovation**



Since the 2011 Strategic Plan was enacted, CNO has experienced an increasing pace of change brought about by several factors that include:



**Changing patient expectations**



**Rapidly developing new technologies**



**Changing scopes of practice**



**New thinking about regulation and its function**

Despite the enormity of change in Canadian health care, CNO has successfully navigated this environment, introducing increasingly proactive elements to its initiatives. This has resulted in landmark regulatory successes that continue to influence the system. Some of the highlights include:

### **Governance Vision 2020**

After an external review of our governance structure, CNO created an evidence-based plan to enact major changes to the size, structure and associated processes of its Council (board), so it is better focused on the public's needs and interests. Vision 2020 also includes a plan to enact necessary legislative change to enable this evolution, paving the way for other regulators. Most importantly, this plan increases CNO's ability to respond to change and have a direct and positive impact on patient safety. This is an example of how we established CNO as an innovator in regulatory evolution, and why we are increasingly recognized as a leader in our field with the ability to influence the health care system in Ontario and across Canada.

### **Nurses' Health Program**

In January 2019, we collaborated to implement a program to enhance public safety by encouraging nurses in Ontario with substance use and/or mental health disorders to seek treatment. This ongoing program offers a proven approach to assessing and treating these disorders, informed by research indicating confidential professional health programs highly effective in aiding recovery and protecting the public. The program recognizes these disorders as illnesses and takes a non-punitive approach emphasizing recovery. We developed it in collaboration with several organizations, including the Ontario Nurses' Association, Registered Nurses' Association of Ontario and Registered Practical Nurses Association of Ontario.

## Program Approval

CNO developed an objective process to assess and measure a nursing education program's ability to meet standardized criteria. This transparent score-carding approach facilitates CNO Board decision-making process when approving education programs. It is dynamically informed by our data. For instance, one part of this process identifies the most commonly cited standards from data we receive about complaints and reports about nurses. These “foundational standards” are a mandatory part of an entry-level curriculum. When reviewing the curriculum, our process assesses how these are integrated into theory, application and evaluation opportunities. This upstream regulatory approach aims to reduce downstream complaints and reports, and thereby proactively mitigate the risk of harm to the public.



## Risk-Based Sexual Abuse Project

We completed a research study to better understand contributing factors to patient sexual abuse at the hands of nurses. Understanding root causes of sexual abuse allows CNO to take a more preventive approach to reducing the risk of sexual abuse by nurses, and to positively impact the patient care system. The research study methods that we used demonstrate our ability to take an analytics-driven, proactive approach to regulation. This included guiding the research with a Risk-Based Regulation framework; identifying specific data correlations to better predict when sexual abuse may occur; and collaborating with other regulators, nurses, legislators and agencies to prevent it.



# OVERVIEW OF OPERATING ENVIRONMENT

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CNO operates at the centre of increasing patient expectations, an evolving regulatory landscape, changing scopes of practice and rapid technological innovation. Some examples of the changes we observe include:

## Increasing patient expectations

Patient expectations of convenience, quality service and integrated care have heightened due to increasingly widespread access to information. Patients are partners in the health care system and expect an unprecedented degree of involvement in, and personalization of, their care. Canadians have been vocal in their support of virtual care. This is fundamentally altering methods, locations and speed of health care delivery. In response, nurses are requesting regulatory mechanisms enabling nursing practice to exist across geographic boundaries and practice settings, arguing it leads to better care overall. CNO will ensure regulation enables these mechanisms, while navigating and mitigating real concerns about patient safety, data privacy and accountability.

## Evolving regulatory landscape

Concepts such as Right-Touch regulation and Risk-Based Regulation are fundamentally changing the approach to regulatory activities in Ontario, across Canada and around the world. CNO will continue to innovate and evolve regulatory concepts and approaches, while ensuring our decisions are evidence-based.

## Changing scopes of practice

Evolving patient needs and expectations are driving changes in the practice scopes of an array of health care practitioners involved in care delivery (such as nurses and pharmacists), as well as increased use of unregulated roles (for example, personal support workers and developmental service workers) within the patient's circle of care. Interprofessional collaboration or team-based care delivery benefits from an integrated regulatory environment

# PURPOSE

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CNO's Strategic Plan is driven by our purpose – *to protect the public by promoting safe nursing practice*. We created our purpose statement to unite CNO around a clear explanation of **why** CNO exists, **how** it approaches this purpose and **what** actions are required to achieve it.

## Why?

CNO exists to prevent the occurrence of harm to the public, by promoting safe nursing practice through regulatory oversight of nursing professionals and supporting collaborative initiatives. This is a more proactive interpretation of our public safety mandate. To support this new regulatory approach, CNO must culturally align and support a way of operating that enables us to be more proactive and perform our major strategic activities.

## How?

CNO aims to prevent harm before it occurs primarily by continually educating nurses about safe nursing practice and supporting their continued competence in delivering nursing care. We are a partner in safety in the patient care system. To support positive patient outcomes, we will operate in a more agile way, and adopt a more insights- and data-driven approach to deal more proactively with potential harms. Resources will be allocated toward initiatives aligned with our strategic purpose and priorities.

## What?

CNO uses a comprehensive approach to identify potential sources of harm, working through a continuous process to understand and address them before they can negatively impact the public. CNO proactively engages with system partners to identify, understand, prioritize and address potential sources of harm. All regulators exist to support health care professionals' work to provide safe care to patients. Working together makes a greater impact on patient safety across the health care system.

# INFLUENCING THE PATIENT CARE SYSTEM

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CNO recognizes that its important role in supporting patient safety is just one piece of the broader system. Looking forward, we have an opportunity to influence the broader health care system to create better patient safety outcomes and generate and sustain public trust. This means working with, influencing and being influenced by other patient care partners, and creating partnerships that can significantly and sustainably affect the system.

With safe and ethical patient care at the heart of everything we do, and a culture that enables us to do so, CNO aspires to influence the system by enabling nurses and collaborating with a broad range of industry system partners such as patient groups, health care regulators, regulated and unregulated health care professionals, employers, academic partners and government bodies. System influence is a core theme and a key outcome that crosses every pillar of the Strategic Plan. The ultimate measure of CNO's long-term success will be our ability to positively impact public safety through meaningful collaboration with other partners in the patient care system.

# OVERVIEW OF STRATEGIC PILLARS

To fulfill its commitment to protect the public by promoting safe nursing practice, CNO has developed four goals to support Strategic Plan 2021–2026. In the next four years, CNO will take action to:

1

Build and operate an insights capability



2

Operate with agility



3

Enable proactivity







4

Engage and mobilize our system partners



Accomplishing these goals will evolve CNO’s role as a leader in regulation and influence reduced harms in the patient care system. This will benefit the health care sector in Ontario and beyond.



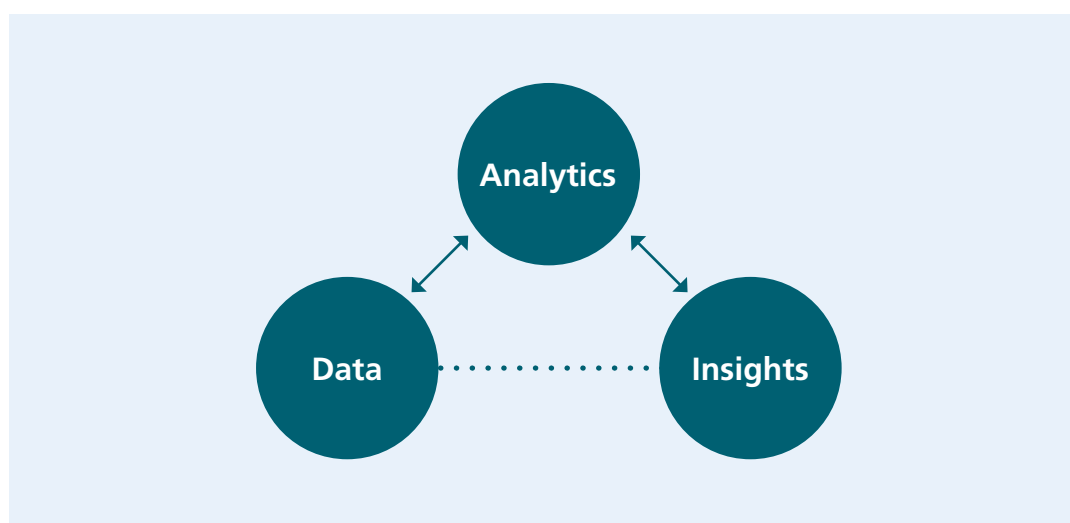
Purpose	To protect the public by promoting safe nursing practice
Goals	Major activities
<b>Build and operate an insights capability</b>  	<ul style="list-style-type: none"> <li>▪ Build a data infrastructure and management processes</li> <li>▪ Train and support employees and leadership on how to use insights capabilities</li> <li>▪ Leverage insights capabilities to make informed decisions</li> <li>▪ Secure the resources required to build an insights capability</li> <li>▪ Enhance the evidence-based decision-making culture</li> </ul>
<b>Operate with agility</b>  	<ul style="list-style-type: none"> <li>▪ Adopt a two-speed organizational model</li> <li>▪ Adopt a Stage-Gate sequenced approval process</li> <li>▪ Use test-and-learn techniques</li> <li>▪ Develop appropriate key performance indicators (KPIs) to measure performance</li> <li>▪ Establish clear ownership for decision-making</li> <li>▪ Establish an iterative prioritization model, and build and operate an enterprise-wide project management function</li> <li>▪ Establish an agile approach to resource</li> </ul>
<b>Enable proactivity</b>  	<ul style="list-style-type: none"> <li>▪ Integrate risk-based regulatory principles</li> <li>▪ Integrate Right-Touch regulatory principles</li> <li>▪ Take an insights-driven approach to being proactive</li> <li>▪ Direct efforts upstream</li> <li>▪ Establish an iterative harm-identification process</li> <li>▪ Expand organization-wide culture of proactivity</li> </ul>
<b>Engage and mobilize our system partners</b>  	<ul style="list-style-type: none"> <li>▪ Build internal systems and processes to create the foundation for successful system partner collaboration</li> <li>▪ Capitalize on collaboration opportunities with system partners</li> <li>▪ Evolve our culture to support system partner engagement decision-making culture</li> </ul>



# BUILD AND OPERATE AN INSIGHTS CAPABILITY

## Goal

To establish the foundation for achieving our Strategic Plan's goals, CNO must first enhance organization-wide, evidence-based insights backed by data. This requires building and operating an insights capability consisting of three core sections: data, analytics and insights. The data is manipulated through analytics to support business, industry and regulatory insights. See figure below for an illustration of CNO's insights capability core components.



The analytics capability translates insight (business) needs into data requirements. While insights and data capabilities understand each other's functions, Analytics communicates between both "business" and "data."

## Major activities

### Build a data infrastructure and management processes to support an insights capability

We recognize data as an enabler for CNO across the organization. CNO wants to continue leveraging data to produce insights, both for ourselves and others that work with us, to guide major decisions that will positively influence the patient care system.

To do this, we will ensure our data is accessible to those within CNO who need it to make decisions. Organizational data will be centralized into a single organization location, such as a data warehouse. Our data governance will ensure trustworthy and reliable data for decision-making. All staff will understand their accountability for contributing to and using data. Accordingly, CNO will strengthen guidelines and processes for managing information. Specific CNO staff roles will have clear data permissions, so we provide data necessary for driving analytic inquiries to the right individuals. We will structure, understand and manage external data from system partners as part of a coordinated effort to generate meaningful insights for ourselves and others in the patient care system. In addition, we will take necessary steps (such as implementing data cleaning and ensuring the presence of quality meta-data) to ensure leaders across CNO can make traceable and transparent decisions based on data they access through an insights capability.

### **Train and support staff on CNO's insights capability**

CNO will build dynamic insights capability, customized to the organization's needs. This allows us to connect the journey from raw data to its analysis and, finally (and most importantly), to the generation of insights. In this model, staff across the organization are trained on how to contribute to and apply insights capabilities and understand how it benefits their work. To assist in our transition to an insights-based, analytics-driven organization, we will form a decision support team to support learning and applying CNO's insights capability across the organization. We recognize the journey from data to insights is ever-changing, and ongoing evolution of our related skills and capabilities is needed.



### **Leverage CNO's insights capability to make decisions**

As the insights capability matures, it will be leveraged to inform critical decisions throughout the organization, as well as more broadly as a decision tool for others that influence the patient care system. Widespread use of insights capabilities provides an informed view of organization-wide performance, and supports development and tracking of internal performance metrics, project performance and operational results. All teams will use our insights capability; however, its greatest value is helping us identify where to take proactive approaches to regulation and preventing harm. When appropriate, we will enable and encourage our external system partners to use our insights capability and stored data to help them solve pressing challenges, deliver positive system-level changes and provide them with opportunities to contribute their data to the insights capability. We will encourage insights capabilities use to create a shared platform with our system partners.

### **Secure the resources required to build CNO's insights capability**

Across all CNO's teams, we will ensure we have the necessary means to setup, run and continue to improve our insights capability. We will rely on specialists with a strong understanding of our core business and existing data structures to manage our data and fulfill our insights needs. CNO's Leadership Team will make data-and insights-driven decisions using insights capabilities, setting the tone for all staff.

### **Enhance an evidence-based, decision-making culture**

The activities listed above will ensure CNO has the capabilities and functionalities to make evidence-based decisions. This will also require continuously promoting a culture where all staff value data, identify as data stewards, and are responsible for generating and embracing data insights to make evidence-based decisions. Continued efforts to build more robust insights capabilities will support our system influence goal. Our decision-making will use more than data. We will balance evidence-based decisions with the context of the broader environment. We will encourage everyone reviewing any analysis to ask the question, Is the data appropriate and accurate? This healthy skepticism is instrumental in ensuring we continue making high-quality and informed decisions based on data.



## Use insights capabilities to influence the patient care system

We are building an insights capability as both an internal decision-support tool and a tool for others in the patient care system to make decisions that create positive change. The goal of an insights capability is to enable our organization to positively influence the patient care system through the decisions it helps us and others make.

## Resourcing

- Organizational leadership is needed to drive CNO to become a more systematic organization, integrating data and information technology.
- Data architecture expertise will be required to identify the necessary components for supporting robust insights capabilities.
- Business analysts with detailed understanding of their business will support the structured and ad hoc reporting needs of their business areas.
- Data analytics experts will be required to analyze data from insights capabilities.

## Goal

An agile organization is able to anticipate, and react quickly and effectively, to change. CNO will implement agile approaches to our work, when it is appropriate and safe to do so. We will operate in a way that allows us to respond more quickly to opportunities and emerging challenges. This could mean pivoting among our priorities, reallocating our resources and adjusting our operating plans. In the rapidly changing health care environment, we need to be able to respond quickly by seizing opportunities, re-prioritizing and reallocating resources. To transition to an organization that is agile, here are practices we will put into place.

## Major Activities

### **Adopt a two-speed organizational model**

Some initiatives are more appropriate to approach at a slower speed, while others require a quicker response. We will identify and categorize initiatives at one of two speeds. Speed One is a slower speed used for regulatory initiatives related directly to our public safety mandate, which requires a higher degree of certainty. Speed Two is a faster-paced speed, when permission is given to be agile and iterative. Establishing these two different speeds will help us keep pace with rapid changes in technology, the environment and system partner needs, while avoiding inappropriate risk.

### **Adopt a Stage-Gate approval process**

To effectively manage projects in an agile fashion, CNO looks to adopt a Stage-Gate (or sequenced) approval process for our initiatives. This means we will be rigorous about how we approve new projects and monitor those in progress. By using a Stage-Gate approval process, we will establish disciplined project approvals and checkpoints. At each of these checkpoints we will evaluate the project's ability to deliver its goals. These conversations will centre on reviewing interim milestones that are achieved, and help us identify any important project dynamics that have arisen since the previous check-in. This project discipline will ensure we are consistent and methodical in our approach to choosing where we spend our collective efforts.

Key performance indicators (KPIs) will help us establish and communicate goals, and clearly define the expectations of initiatives. If, at any stage, we notice an initiative's KPIs indicate the project will not meet its defined objective, we will be prepared to act on that information in an appropriate and efficient manner. The Stage-Gate process will be implemented and enforced for all projects across the organization to minimize exceptions. Each stage gate will have teeth, ensuring we continue to deploy our efforts on initiatives that best advance the initiatives selected for execution. This process will require constant and consistent collection of information about the costs and benefits of each project.



### **Use test-and-learn techniques**

CNO will encourage staff across the organization to test new ideas and learn from them. We will build on a culture that supports continuous learning. We will engage in ongoing organization-wide dialogue that emphasizes learning as a result of success and openly share failures. To support learning and continuous improvement, we will become comfortable taking well-informed and calculated risks to test beliefs and hypotheses. This test-and-learn environment, also known as fail fast, learn fast, will be encouraged within CNO's operationally focused initiatives and our regulatory obligations and initiatives to varying degrees, depending on the level of risk.

### **Develop appropriate performance measures for initiatives**

As mentioned above, KPIs will play a key role in helping us measure whether our initiatives are achieving their objectives. CNO will have clear criteria for taking on projects or activities and will establish KPIs at the outset to show what we intend to accomplish with each initiative. Our KPIs will be jointly defined by the initiative owner and those supporting its delivery. We will use two types of KPIs: leading (those that predict what will occur) and lagging (those that show what has occurred). We will use both types of KPIs to monitor and assess initiatives.

### **Develop clear ownership for decision-making**

CNO will continue enhancing internal guidelines for decision-making ownership by being clear about who is responsible, accountable, consulted and informed for a given project or scope of work. Leadership will provide clear direction and enable teams to form and take action. By delineating and respecting clearly established ownership and accountability, everyone (from the Leadership Team to frontline staff) will be clear on how to continue driving efforts to help us achieve our purpose.

### **Establish an iterative prioritization model and build and operate an organization-wide project management function**

CNO aims to establish a model that allows for continuous assessment of priorities to align initiatives with strategic goals. Our insights capabilities will be leveraged to provide information required to make decisions about priorities. Once decisions are made, CNO will allocate resources based on priority. This will ensure we can deliver exceptional solutions for the most pressing challenges. As information and context change, CNO's priorities may change as well. We can still reconsider priorities. To enable this, we will retain close relationships with system partners who trust us to keep them up-to-date with where we are going and how we want to get there.

As well, we will build an organization-wide project management function to create a perspective on the initiatives that are in progress and upcoming. This will require ongoing evolution of how we plan and manage projects. By leveraging insights capabilities to track initiative KPIs, we will support informed decisions about each project with an organization-wide view. The project management function will require that project managers across the organization have the necessary tools, templates and reporting standards to do their jobs. This centralized view with standardized organizational processes will produce a clear, comprehensive and consistent understanding of how initiatives are progressing throughout the entire organization, while allowing project owners to remain in control. By implementing this more disciplined approach to project management for projects at CNO and with our partners, we can realize the combined potential to influence the patient care system.





### **Establish an agile approach to allocating resources**

To establish agile and fluid resource allocation, CNO will enhance our understanding of where our resources are deployed and what they are achieving. A singular organizational resource allocation process will ensure everyone in the organization understands what others are working on – now and in the future. This will allow CNO to continue improving its ability to accurately predict how to allocate resources. We will balance operational and regulatory initiatives and help set clear expectations for staff throughout the organization. This will lead to more cross-functional teams, increased collaboration, and more efficient completion of projects and initiatives.

### **Use our operational agility to positively influence the patient care system**

By operating with greater agility and project management discipline, CNO will better coordinate and manage internal and external resources, increasing our ability to contribute to an effective and safe patient care system.

### **Resourcing**

- We will create a project management function as a centre of excellence at CNO to identify and create roles that support agile-based capabilities.
- The project management function's various roles will establish guidelines, build organizational tools and processes, and establish a governance structure that guides CNO's functionally based project managers.

## Goal

Proactivity means identifying and working on issues early, before they mature to patient harm. CNO seeks to mitigate harm by focusing on its upstream contributors before they become a harm affecting patients and the public. This shift will be enabled by insights capabilities, a tool that will help us connect the dots and better understand harm.

## Major activities

### Integrate principles of Risk-Based Regulation

CNO will continue to evolve as a leader in health care regulation by applying risk-based regulatory principles, which prioritize issues based on their likelihood of occurring and their potential impact. By understanding these two variables, we can understand at a high level how our finite resources should be allocated toward reducing harms. To prioritize our efforts effectively we will be guided by data and insights (see below, for an example).

### How CNO could prioritize its finite resources against multiple harms

#### Harm 1

The result of actions and behaviours A and B, and has a 50% chance of occurring and a 50% severity if it does occur.



#### Harm 2

The result of actions and behaviours D, E and F, has a 20% chance of occurring and a 40% severity if it does occur.



#### Harm 3

The result of actions and behaviours G, H and I, and has a 10% chance of occurring,



In this highly simplified version of how CNO expects to manage harms (and the contributors to them), we would prioritize Harm 1 given its higher risk score, while spending a smaller amount of effort (proportionate to their risk score) on Harms 2 and 3 (and their contributing actions and behaviours, for example).

Once we are clear on where to allocate our efforts, CNO seeks to change or influence policies and decisions that drive upstream actions and behaviours contributing to harm occurrence. This is an ongoing and dynamic process. To enable this Risk-Based approach, CNO will communicate with our system partners to create a common understanding of why and how we are prioritizing and addressing specific harms. Using insights capabilities as support, we will continue to work together to identify the linkages between policy, decision, actions, behaviours and harms.

### **Integrate principles of Right-Touch Regulation**

CNO will enhance our use of Right-Touch regulatory principles to enable proactivity. This is consistent with the Risk-Based principles outlined above. Right-Touch regulatory principles advocate for regulators to respond to issues in a manner proportional to the harm they represent. In our example on page 19, harm 1 has a much greater risk score than harms 2 and 3. This suggests the responses we formulate should be proportional to the risk score, which reflects the projected impact to patients. Formulating regulatory solutions that respond in proportion to the harm's impact will ensure we don't create regulations that over- or under-control, creating excessive burden to those in the safety system. A critical component in ensuring our responses are proportional to the harms we seek to prevent will be discerning when to use our authority as a regulator. As a result, to deliver great Right-Touch regulation, we will build partnerships with others in the patient care system so they can use their influence to impact the system, reducing our direct involvement as appropriate, while still achieving positive patient care outcomes. The combination of insights capabilities and the understanding of upstream actions and behaviours will enable our Right-Touch approach. The Strategic Plan ties five key components together: (i) evidence-led, (ii) insights-informed, (iii) risk-based regulatory framework, (iv) Right-Touch principles and (v) desire to positively influence the system by guiding our policies, strategies and oversight.

By implementing the regulatory concepts above (risk-based and Right-Touch regulation), with the other elements described in this Strategic Plan, we will continue to lead in applying regulatory principles and in regulatory reform.

### **Take an insights-driven approach to being proactive**

An insights-driven approach to proactive risk management with Right-Touch principles will change and mature the nature of CNO's system partner relationships. Specifically, we will work with other regulators and employers to understand policies, actions and behaviours that lead to harm. Our collective ability to connect the dots across the entire life cycle of harm will broaden the breadth, depth and maturity we require of our system partner relationships. In strengthening these relationships, we will build a more complete understanding of what proactive responses could be applied to manage a harm, either by CNO alone or with our system partners. When our partners inform us of opportunities to reduce harm and we inform them, the overall system will be positively influenced. Seeking external engagement will ensure that we remain best-in-class at identifying harms, while also reinforcing CNO as a proactive leader in Canadian health care. In future, we hope to always ask ourselves: What was the root cause of this adverse outcome? before we ask: How can we fix it (this harm)? In doing so, we can proactively manage and prevent harms from occurring. We must understand why a harm occurs and who is in the best position to influence or impact it, to understand how to best prevent it.

## **Direct efforts upstream**

Above, we describe our approaches to managing harms during this next strategic period. Looking forward, there will be a simple measure to understand if we have been successful in being a more proactive regulator. If we are spending more time working to address policies, systems and decisions driving positive actions and behaviours, and less time managing harms once they have occurred, we will know we are being a more proactive regulator. In future, we want to be an organization that prevents harms by quickly determining and managing their root causes and directing efforts upstream. In focusing our efforts upstream, we hope to inspire, encourage and actively partner with others to do the same to better the patient care system.

## **Establish an iterative harm-identification process**

CNO will establish an ongoing harm-identification process to support our aspirations to be more proactive. This will allow us to sense and identify harms already occurring or emerging in the environment, before they impact the public. Once these actions, behaviours and harms are identified, we will build dynamic dashboards that clearly communicate what our data identifies as the greatest harms. These dashboards will be available to all decision-makers across the organization, providing them with the information they need to make good decisions and apply Risk-Based and Right-Touch principles.

## **Promote a culture of proactivity across CNO**

CNO's culture is increasingly proactive. We are encouraging all staff to consider what actions we can take to prevent harm – not just react to it. We will define cultural shifts that are required to further enable and support proactive thinking and actions; identify gaps and plan initiatives to help close the gap between our current state and desired end state culture. Initiatives planned to shape our culture will have clearly defined KPIs based on encouraging and reinforcing behaviours that enable us to be more proactive, such as using evidence, change management, collaboration, communication and curiosity. Monitoring these KPIs will ensure we are making real progress in fostering a culture that enables proactivity.

Proactivity means different things across the scope of our operations, but a consistent approach to taking action (based on insights) to address root causes, will prevent harm from occurring. For example, our insights capability could show that patient harm could be reduced if members received additional training on proper administration of new technological solutions. CNO would then seek to provide such education, either directly or through our partnerships. The initiatives for conducting this training will prioritize how this action is expected to reduce harm in the patient care system (not just on when and how we conduct training) including resources and timing. This kind of work will need the operation and application of insights capabilities, integrated collaboration across functions and integrated system partner relationships. We will continue to develop all these capabilities throughout this Strategic Planning cycle to reach our desired culture of proactivity.



### Using our proactive approach to regulation to benefit the patient care system

Proactive regulation is the essence of effective regulation. By working to understand and address the contributors to harm in the patient care system, we ultimately can reduce the amount of harm that occurs, to the benefit of the public and the system.

### Resourcing

- No additional roles are required. All individuals across CNO will need to embrace proactivity as a responsibility and an expectation.



# ENGAGE AND MOBILIZE OUR SYSTEM PARTNERS

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## Goal

CNO will collaborate and engage with existing and newly identified system partners to work toward our shared purpose. This will enable us to make a greater collective impact on the patient care system.

## Major activities

### **Build internal systems and processes to create the foundation for successful system partner collaboration**

To help us understand our system partners' activities on a systematic and ongoing basis, CNO will build a centralized, organization-wide system partner-management system. This system's purpose is to nurture our ongoing system partner relationships, as well as to deepen our understanding and appreciation of shared priorities and interest in public safety. In this system, we will track our system partners' strategic interests to identify opportunities to support and collaborate. CNO will be vigilant in ensuring data quality in this system remains a top priority. We will use quality data, powerful analytics, actionable insights and a common purpose to engage and support system partners in our common goal of harm reduction. This system will allow us to access the information we need to make informed decisions about prioritization so we can maximize our collective impact on the patient safety system.

To do this, CNO will explore and learn how to mature its system partner management processes internally, supported by a system partner-management strategy with clearly communicated accountabilities. Staff will be empowered throughout the organization to maintain and develop working relationships with system partners. We will develop tools and templates to support CNO's consistent messaging internally and externally. A system partner management system will highlight meaningful opportunities to collaborate with our system partners and drive results. Successful system partner engagement will build system partner awareness and support for CNO's work. It will also inspire others to participate in mutually beneficial projects that positively influence the patient care system.

### **Capitalize on collaboration opportunities with system partners**

A key part of creating our evidence-based, insights-driven regulatory framework will be establishing a view to upstream actions and behaviours CNO might not have currently. Collaborating with system partners on harm reduction will help all parties improve their ability to understand the complex dynamics of the patient safety environment. With this information, both CNO and others can prioritize where to focus efforts and resources. It will broaden our understanding of who can best help us, and who we can help to advance our patient safety mandate. We will prioritize delivering positive patient outcomes in collaboration with system partners who can best help us advance our purpose, based on insights from our collective data.

The patient care system is complex and multifaceted. Given the many influencers in a patient's circle of care, CNO recognizes the benefits of working with these influencers to improve patient safety. By working broadly with other

system partners, we will identify meaningful ways to engage and develop proactive solutions to prevent harm and positively influence the patient care system. System partner engagement, and our ability to generate insights will be key to designing responses to both existing and potential harms.

We understand that some system partners naturally are more interested and willing to work with us than others – we believe this is typical of all organizational relationships. Therefore, we will build solutions with system partners who recognize the value of collaborating with us to support patient safety. CNO will engage with influential members of the patient care system to nurture relationships or push for important initiatives to gain traction with these system partners. Where there is momentum, we will build upon it, being opportunistic in delivering our patient safety mandate.

### **Evolve our culture to support system partner engagement**

Even though CNO already collaborates with system partners, our goal is to change the magnitude and depth of our engagement with them. To fully realize the vision articulated within this pillar, we will make a purposeful and disciplined effort to engage with our system partners. This system partner engagement and seamless collaboration will allow us to deliver initiatives that make meaningful advances in patient care. As we further engage with our system partners, their challenges will become our challenges, their opportunities will become our opportunities, and our organizations will become more reliant on each other to achieve the greatest impact. Developing closer system partner relationships will provide CNO with the opportunity to give and receive new perspectives on harms or their contributing root causes, and to access shared resources to address challenges and build solutions with greater reach and impact.

As an organization, we will become more strategic and think differently about how to focus our efforts and build partnerships to drive the greatest impact. We will build system partner understanding of the power of collaboration while establishing CNO's expanded leadership role.

### **Work with our system partners to benefit the patient care system**

CNO is one piece of the patient care system. By sharing greater insights and collaborating on harm reduction initiatives, we will be positioned to have a targeted and coordinated impact on the patient care system. By sharing resources and expertise, we will support Ontarians' continued access to high-quality and safe patient care.



## Resourcing

- Influencers will help us build on our existing relationship management expertise broadly across the organization.
- Government relations will also play a key role; looking forward we will continue building and improving our existing government relations function and approach.
- Relationship managers will be required – one for each key system partner. We encourage relationship-building across all levels of CNO, while looking to formalize system partner relationship managers who own the organization-to-organization-level relationship. This ensures a single point of contact who understands and manages the breadth of activities occurring from relationships throughout both organizations.

# CONTINUE TO DEVELOP ORGANIZATIONAL CAPABILITIES AND CULTURE

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To ensure we have the foundational elements required to deliver our Strategic Plan, CNO is considering how our organizational capabilities and culture will evolve to support the success of the Strategic Plan.

## Organizational capabilities

CNO recognizes the need for continued evolution of our organizational capabilities to deliver on the goals in this Strategic Plan. This section describes the organizational capabilities we will enhance and build in all roles in the organization.

The capabilities listed below are not an exhaustive list of the organizational capabilities we need to deliver on the goals in our Strategic Plan. However, they represent the capabilities we will prioritize at an organizational level. By developing these organizational capabilities, we will enhance our ability to promote safe nursing practice.

## Leadership throughout the organization

As we work to maintain our leadership status in the field of Canadian health care regulation, we fully appreciate our need to continue to be bold. All individuals throughout the organization will be supported to take well-informed risks, with the intent of improving the patient care system, the broader health care system and the operational systems within which we work. CNO understands their part of being a leader is being willing to push forward despite uncertainty or ambiguity. We will become more comfortable making decisions with incomplete information, ensuring we advance important initiatives. Our leadership will be characterized as thoughtful and measured. When

making major decisions that impact our public safety mandate or operational effectiveness, we will take the necessary time to ensure our choices do not have unintended consequences. Finally, we will share our expertise and mutual understanding to influence those with the potential to positively impact patient safety. Going forward, we will encourage staff throughout the organization to demonstrate leadership by actively seeking opportunities to influence and be influenced by others to deliver on our mandate.

## Insights-driven mentality

Curiosity is a foundational capability in creating an insights-driven approach to how we work. Emphasizing the importance of curiosity will encourage all staff to understand issues and challenges at a fundamental level, resulting in higher-quality decisions and, ideally, better patient outcomes. Based on our understanding of a given situation, we will also look for everyone at CNO to effectively prioritize key challenges and issues based on data-generated insights. With this prioritization in mind, we can align resources (time, effort, money, etc.) with the work's priority level. To prioritize effectively, we will support each other in our decision-making around data. We will all have a role as data stewards to ensure the integrity and purpose of the data we collect, use and share. This will reinforce our ability to make effective insights-driven decisions. Finally, we will acknowledge

that at times we may not have complete information. With this insights-driven mentality, we will be flexible in considering new information as it becomes available, and give ourselves permission to reconsider insights as our curiosity guides us toward new information.

### **Clear decision ownership**

By establishing clear decision ownership, everyone at CNO will be clear about who is ultimately accountable for making decisions. This will ensure that we continue to operate effectively while reducing the “blame game” that can result from unclear accountability. Clear decision ownership will be supported by our understanding that those responsible for providing inputs to decisions are empowered to do so, by assisting the accountable decision owner in making an informed decision by ensuring relevant information is accessible. At times, we will have many responsible entities supporting a decision through work products and output, but there will always be only one final decision maker, the decision owner. CNO will look to leaders across the organization to empower teams and staff throughout CNO and provide them the opportunities, as appropriate, to leverage their assigned accountability. To support our success, we will continue training and enriching the next generation of decision-makers at CNO.

### **Transparent communication**

Given the ongoing importance of clarity and openness within our organization, we will enhance our ability to communicate transparently. An important part of transparent communication is knowing who should be communicated with and understanding the issues well enough to clearly share the message content with them. CNO will continue developing our ability to identify who will be affected by decisions and working to understand and consider their input. Once we identify the right groups, we will communicate clearly and with tact, providing needed information while understanding that how a message is delivered is equally as important as the message itself. By communicating with openness and tact we will continue to engage and share our perspectives and recommendations with those they will affect.

### **Change readiness**

Given our rapidly evolving environment, we recognize the importance of being ready for change and will continue meeting the demands of our environment. As we respond to change, we will remain supportive of individuals impacted by changes in our organization and environment. We will identify those impacted by our decisions; engage and support change leaders; understand the needs of those impacted; consider how we can smooth transitions; and incorporate, as appropriate, the perspectives of all those affected by emerging change.

### **Relationship-building and collaboration**

We understand that the ability to build strong relationships and collaborate with others both internally and externally is a major contributor to our ability to influence the patient care system. CNO will continue to build relationships to realize the value these synergies can bring to our organization and the patient care system. However, we understand that building valuable relationships is a two-way street, and should provide value to all parties involved, including nurses and patients. Fostering mutually beneficial relationships also requires us to maintain informal working relationships that support and augment our more formalized engagement periods. This relationship-building approach will be applied to internal and external relationships at CNO.

### **CNO’s culture**

CNO’s strong culture is an important enabler of CNO’s Strategic Plan 2021–2026. As our culture evolves during this strategic journey, we will foster an environment where everyone at CNO understands how their work aligns to the strategic goals, and where they feel able and inspired to embrace the operational changes required to realize our purpose.

Continuing to nurture a culture that embodies the goals of our Strategic Plan will be foundational to our success.



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## CONCLUSION



Through the successful delivery of the goals and activities outlined above, CNO will advance its purpose: protecting the public by promoting safe nursing practice. Although we understand that significant effort and time will be required to realize the goals outlined in our Strategic Plan, we are excited to embrace the challenge as we remain committed and accountable to achieving our desired outcomes. Protecting the public and contributing to a quality patient care system is at the core of everything we do. By using insights capabilities, our increasingly agile and proactive approach and our engagement with system partners throughout the patient care system, we will drive change directly, while encouraging and enabling others to do the same. The result: multiple system partners working together to build a better patient care system in Ontario and across Canada.

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# GLOSSARY

**Agility:** A measure of the speed at which an organization can react to various factors, and strategically pivot accordingly.

**Analytics:** When data is combined to identify trends or patterns.

**Data:** Informational inputs, as close as possible to their original format.

**Harm:** Sources or issues that cause negative consequences to patients.

**Insights:** Business meaning or interpretation that results from analyzing data.

**Insights capability/capabilities:** System through which data and analytics are combined to create meaning.

**Key Performance Indicators (KPIs):** Metrics that assess or predict the success of initiatives, or the organization as a whole.

**Right-Touch Regulation:** Regulatory principle that refers to responding to issues in a manner that is proportionate to the harm they represent.

**Risk-Based Regulation:** Regulatory principle that refers to addressing the potential occurrence of harm, based on the risk and likelihood of occurrence.

**Stage-Gate:** The process of implementing initiatives in stages, revisiting their execution at regular intervals to assess success and next steps.

**Test and Learn:** Implementing an initiative in a controlled fashion to test its viability and learn how it may be executed more effectively in subsequent iterations.

**Two-speed Organization:** Speed and degree of certainty with which initiatives are implemented. Speed One (slower) is for initiatives that require a higher degree of certainty before implementation. Speed Two (fast) is for initiatives that we can iterate and improve in an ongoing fashion.

**Upstream:** The earlier stages of a nurse's journey when actions (such as training or implementing standards) can prevent harm.

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