

VENUE: PREDATOR RIDGE, VERNON, BC

DATE: JUNE 12, 2018

REGION: INTERIOR HEALTH AUTHORITY

OVERVIEW

The June 12th Central Okanagan Regional Collaborative Table session (“session”) was developed in response to feedback received at the December 6, 2017 Interior Health Facility Engagement Symposium, whereby a need was expressed to meet regionally to resolve communication challenges, develop a tangible communication framework and make an action plan to execute the new framework. The session objectives were as follows:

- To share and gather feedback on Interior Health Authority’s (“IHA”) strategy to engage physicians and increase their role in decision-making
- To develop strategies that will facilitate improved communication between physicians and administration, specifically around physician involvement and increased transparency in decision making and accountability / “closing the loop” on communications
- To gain an understanding of the identified issues from both the physician and administrator perspective, and utilizing the communications strategies developed in the morning, to brainstorm strategies for tackling these issues in the region

Session activities were as follows:

- Sharing of IHA’s current plan to address the 2017 Health Authority Engagement Survey results, and best practices for communicating and engaging with administrators and physicians
- Dialoguing through table discussions to identify key criteria and common themes for an improved communication strategy/model in IHA, and applying identified criteria to current issues raised in the region with specific action steps moving forward
- Building relationships and networking across facilities and with IHA administration

PARTICIPANTS

A total of 33 participants attended the session, including 13 IHA administrators, 8 physicians and allied health, 4 project managers, 7 Specialist Services Committee staff, and 1 Doctors of BC staff.

Hospital sites that were represented include:

- Kelowna General Hospital
- Royal Inland Hospital
- Penticton Regional Hospital
- Shuswap Lake General Hospital
- Vernon Jubilee Hospital

PROGRAM

Introductions

Opening remarks were shared by Kirsten Smillie and Amanda Harris, Facility Engagement Liaisons (“FELs”), and Dr. Harsh Hundal, Executive Medical Director of Physician Engagement and Resource Planning. The session was facilitated by Russell Hunter and Ryan Williams of Tekara Organizational Effectiveness, and supported by Specialist Services Committee (“SSC”) staff.

Context and Discussion: The IHA Approach to Physician Engagement

Dr. Hundal presented on a number of regional issues including:

- 2017 Health Authority Engagement Survey results
- Changing demographics of physician and patient populations (e.g. shrinking resources)
- Mental health and burnout amongst physicians and their impact on patient care (e.g. reduced empathy)
- Physician engagement as a cornerstone of high-performing health systems
- Decision making and quality improvement as they relate to leadership, culture and people
- Common similarities between leadership skill development for both IHA physicians and administrators
- New approaches necessary to address regional issues

Dr. Hundal’s presentation is available at: [Physician Engagement: The IH approach](#)

Communication Strategies: Setting the Stage

Facilitators Russell Hunter and Ryan Williams presented on proven successful strategies from other Health Systems contexts.

The presentation is available at: [Central Okanagan Regional Collaborative Table](#)

Communication Goals on Key Issues Identified

Prior to the session, FELs worked with the MSAs in their region to identify priority regional issues. A number of IHA staff were invited to participate in key stakeholder interviews to share their views on the best approach to regional collaboration. During the session, participants identified communication goals for these key issues and current needs to move forward. Key issues and goals identified were as follows:

Physician engagement/input into IHA planning and decision-making processes - Royal Inland Hospital

Understanding how physicians and administrators can move from “crisis management” to solving root problems and planning for future with respect to creating and implementing plans for local and regional services. Examples include surgical services and the new tower at RIH

Engaging Physicians in planning/roll-out of new or amended service protocols - Shuswap Lake General and Penticton Regional Hospitals

Exploring strategies for physicians to have their voices heard during the planning and implementation of new or amended clinical services and protocols. Example include Patient Portal expansion and drug use protocols changes.

Physician input into implementing change - Vernon Jubilee Hospital

Discussion around ways to engage early with physicians regarding health system change. Examples include microblogging and changes to charting protocols.

Physician Wellness – Kelowna General Hospital

Discussion around the current opportunities for physician wellness and what are some ideas to enhance physician wellness moving forward.

Communication Strategies on Key Issues Identified

Participants discussed communication strategies to address the aforementioned key issues. Key communication strategies were as follows:

- **Current Meeting Structures** – Current communication structures include meetings such as RIHPA Working Group, Medical Executive, LMAC, RMAC, HAMAC, TSC, Divisions Board, Medical Executive Committee and Shared Care Steering Committee meetings.
 - Challenges associated with these structures:
 - there is a lack of clarity regarding the purpose of these meetings and who can attend
 - meetings are only successful when there is sufficient representative attendance and when concerns are collaboratively presented.
 - there is need for enhanced physician leadership
 - there is a need for refined Medical Staff Resource Plan, which is evidenced by population data and that will inform resource allocation guide decision-making
 - there is a need to support bilateral referral process across IH West hospitals
 - political decision making process are hard to navigate

- **Physician consultations and integration during the planning and implementation processes** - Effective physician engagement during the planning and roll-out of new or amended clinical service protocols requires physician integration in the process. This includes the need for efficient and effective communication processes between IH and physicians.
 - Challenges associated with this communication processes include:

- the fact that information is delivered up the system (LMAC, RMAC, HAMAC) but does not always make it back to the local site - the information loop is not closed and information related to decisions is lost in the shuffle
 - the process for reaching consensus between internal IH committees (i.e. IMIT, medical affairs) and key stakeholder groups such as physicians is not known.
 - the implementation of protocols, service changes, and funding conventions is not well understood by MSAs.
- **Physician wellness role clarity** – Discussion of roles regarding wellness and a shared responsibility of both physicians and health authority. Often, crises drives change however, there is a need for a culture shift which uses resource tool (e.g. physician burnout survey) and onboarding opportunities to identify burnout earlier. To date, informal communication is the most common method of communicating physician wellness (e.g. through debriefs or huddles). Bringing MSAs together to build a community of practice regarding physician wellness can help to strengthen relationships and create a safe space to discuss the topic.
 - Challenges associated with these informal communication methods include:
 - Sometimes physicians may not be included when they would like to be a part of the discussion and/or should be part of the discussion. Conversely, other physicians have perception that they don't need to participate. This will require a culture shift.

Communication: Opportunities and Next Steps

Key IHA communication strategy themes discussed in the session were summarized and the next steps for discussion and action were identified. Participants also made a personal commitment to an action item following the session.

Physician Input into IHA decision-making – Royal Inland Hospital

- Conduct needs assessment to understand physicians concerns regarding participation in medical leadership roles and/or projects. For example, forming Vision Days with RIH to develop regional priorities and strategies
- Develop a Medical Staff Resource Plan that encompasses population health trends, population growth and community nuances that will highlight the types of physicians and health care services communities will need over the next 5-10-15 years.
- Sit it at IH-West regional table meetings to support a bilateral referral strategy across IH-West hospitals.

Physician input into implementing change- Vernon Jubilee Hospital

- Develop a system navigator to map-out and better understand who is at what level of IHA and what they do and where issue is concentrated.

- Develop resources for physicians leaders such as budgeting and recruitment tools, and communication responsibilities (i.e. What is a physician leader working with? IHA responsible for communicating to peers).
- Translate good local work/ideas to a regional level. Identify themes/ opportunities across IHA.
- Establish mentoring dyads to support turnover in roles (both physician leadership roles and administrative roles).

Physician Input into new service protocols - Shuswap Lake General and Penticton Regional Hospital –

- Use existing structures to communicate information (e.g. Facility Engagement Liaisons, newsletters, websites).
- Bring interested stakeholders together to explore existing strategic planning activities within MSAs and IHA. Ensure all stakeholder groups have been invited and are represented at both local and regional tables - projects identified by both physicians and administrators as priorities are more likely to be successful

Physician Wellness - Kelowna General Hospital

- Consider having a regional physician wellness subcommittee of HAMAC (similar to what Fraser Health has done).
- Pilot of ‘burnout survey’ to establish baseline information on current wellness levels of burnout being experienced by physicians.
- Opportunities around efficiency-based data or practice ‘report card’ and/or data combined with peer coaching/mentoring. Self-awareness attached to leadership and could be effective when combined with dyad model.
- Pilot ‘Civility Training’ – have a keynote speaker at a wellness-themed event. This involves training and strategies to build more respectful communications and supportive work environments – data shows improvement in engagement and lower rates of burnout.
- Explore opportunities to cross over with local Divisions on wellness education and to solicit IHA support to build capacity and leadership skills.

Breakout Discussion: Overarching Themes

- 1) **Visibility** – stakeholders need to see what is going on around them and how they fit within the context in which they are operating. They need to have a sense of what they are a part of and what were all working towards.
- 2) **Lack of capacity** – acknowledgement that both groups are struggling to meet demands
- 3) **Motivation** - acknowledgement all stakeholders are motivated to work on system improvements
- 4) **Sense of progress** – while progress is being achieved it can be difficult to see the change, therefore there is a need to track and share engagement successes.

Close Session:

The facilitators, FELs and Dr. Hundal wrapped up the session with some final comments. General take-home messages included that significant change is possible when issues are unified, commonalities are found and when sites work collaboratively as a region. Participants were invited to review the [IHA information graphic](#) which illustrate alignment of FE projects with IHA’s strategic goals.

Specific recommendations from the four collaborative meetings held in IHA are attached to this report in a two-page document. In addition, the Facility Engagement Initiative (“FEI”) has engaged in a consultation process with key stakeholders to understand what effective regional collaboration means to those working in the Interior, and how the FEI can support this going forward. Recommendations from the consultation process will be shared in the Fall, 2018.

OUTCOMES

Following the session, 17 participants (7 physicians and allied health, 4 IHA administrators, 4 project managers, 1 SSC staff, 1 unknown) completed feedback surveys. The following summarizes feedback results. Percentages were calculated from the total number of feedback submissions.

	1 = Very Little	2	3	4	5 = Very Much
1) This event was useful for networking with other Physicians and Health Authority Leaders involved in Facility Engagement within IHA	-	2 (12%)	2 (12%)	8 (47%)	5 (29%)
2) This event helped me understand and appreciate what it takes to be successful in different roles	-	1 (6%)	4 (24%)	8 (47%)	4 (24%)
	Yes		No		
3) Should this event be held again?	15 (88%)		2 (12%)		
	Webinar	Tele-conference	In-Person	Other	
a) If yes, how would you like to continue to connect?	-	-	14 (82%)	1 (6%) (via physician society)	
	Monthly	Quarterly	Bi-Annually	Annually	
b) If yes, how often would you like to connect?	-	3 (18%)	11 (65%)	1 (6%)	

- c) If yes, what other stakeholders, if any, would you like to see in attendance?
- “IH Communications Department” (1)
 - “Health Administrators from all facilities” (1)
 - “More operational IH Directors/ Physicians” (1)
- 4) Were there any Facility Engagement topics not discussed at this event that you wish were discussed?
- *“Work being done at other sites, discussions of success”*
 - *“We need physician contact list”*
 - *“Update of program evaluation”*
 - *“Specific education on leadership topics is very valued”*
 - *“How to act as partners in change – what does it mean + not mean, how do we do it?”*
 - *“Can we see the SEAT database?”*
- 5) Please tell us how you felt about the venue, location, food and/or overall organization of this event.
- *Excellent* (5)
 - *Great* (4)
 - *Good* (5)
- 6) How else can the Facility Engagement Initiative provide provincial support?
- Increase opportunities to collaborate
 - *“Regional Advisory Committee of Physicians”*
 - *“Need to interface between IMIT and physicians”*
 - *“Fund IH staff project leads”*
 - Increase technology resources
 - *“Web-based links to each Facility Engagement member”*
 - *“Many improvements to FEMS needed – can those be funded ASAP.”*
- 7) Other comments
- *“Excellent session”*
 - *“Thank you so much”*
 - *“Consider meeting with just Physician Society reps from the region”*