

VENUE: KIMBERLEY ALPINE RESORT, KIMBERLEY, BC

DATE: MAY 25, 2018

REGION: INTERIOR HEALTH AUTHORITY

OVERVIEW

The May 25th East Kootenay 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 31 participants attended the session, including 10 IHA administrators, 9 physicians, 7 Specialist Services Committee staff, 3 project managers and 2 session facilitators.

Hospital sites that were represented include:

- Creston Valley Hospital
- East Kootenay Regional Hospital
- Elk Valley Hospital
- Golden & District Hospital
- Invermere & District 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.

The session’s presentation is available at: [East Kootenay Regional Collaborative Table](#)

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
- Mental health and burnout amongst physicians and their impact on patient care
- 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 Hunter and Williams presented on proven successful strategies from other Health Systems contexts.

The presentation is available at: [East Kootenay Regional Collaborative Table](#)

Communication Goals of Key Issues Identified

Prior to the session, FELs worked with the Medical Staff Associations (“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:

Transparency, Communication and Decision-Making

Physicians would like increased timeliness to local requests made and further explanation when requests are denied. Communication goals include closing the feedback loop and prioritizing transparency as a more positive concept for proactive discussions.

Patient Transport and Referral Processes

Physicians would like to have more input into patient transportation systems, to learn about what consultation and meetings IHA is engaged in already, and to receive additional communications surrounding patient statuses in the queue. Without timely communication to physicians on transportation delays, physicians are unable to make the best decision for their patients. There are further complications in the East Kootenay region due to the proximity to Alberta Health Services (“AHS”). Communication goals include working on a Memorandum of Understanding (“MOU”) with AHS to ensure timely transport options that meet patient and provider needs.

Working Collaboratively on Initiatives and Projects Across the East Kootenay

Physicians expressed that they would like to work on projects across the entire region, but there is uncertainty on implementation given the current local site funding model for FE. Communication goals include seeking support from the FE Provincial Office on regional funding opportunities available across multiple sites in the region on projects and events that increase collaboration and examining capacity for such undertakings.

Communication Strategies and Models on Key Issues Identified

Participants drafted communication strategies and models to address the aforementioned key issues identified. Key communication strategies and models were as follows:

Transparency, Communication and Decision-Making

- **Build a universal platform/portal to share ideas, make decisions, explain decisions and close feedback loop**, while reducing the email burden. IHA administrators, physicians and project leads to help spread the concept throughout the region.
- To reduce email burden, an additional model that is currently being trialed is having a **designated IHA administrative assistant collect emails sent to all physicians and filter them into one weekly email** – with headings and a brief description of each email. This model may also be effective, although it is advisable that administrative support resources are shared more widely in the region.

Patient Transport and Referral Processes

- **The Ministry of Health (“MOH”) and IHA to form a committee to review data and options to meet the regional needs.** Other key stakeholders that should be involved include the BC Ambulance Service, physicians and Rural Patient Transfer and Transport. This committee would ensure:
 - transparency between what is being done (e.g. circulate communication briefs)
 - information that is reported is looped back (e.g. establish a sign off measure to support accountability in the delivery of information)
 - adequate supports are in place; and
 - ultimately, that patients remain confident in the system.
- **Creation of a new Data Analyst position** to assist with data collection and analysis across sites. FE funds can be used to pay for stakeholder time to identify the outcomes that would need to be

assessed. Suggestions: What time did the patient come in? What time was the call made? What time did the transport come? What transports could have been kept local if appropriate clinical services were available?

- **Use FE funds to develop a General Principles guide** to assist in decision-making
- **Seek out Escalation Process documents** located at each facility and review and amend as necessary to ensure they serve their purpose

Communication: Next Steps

Key IHA communication strategy/model themes discussed in the session were summarized and participants made a personal commitment to an action item following the session.

Key themes for an IHA communication strategy/model were summarized as follows:

- Ensure open communication and engage stakeholders early on in the project planning process
- Actively seek opportunities for work of interest – it is not realistic to expect that information will always be sent directly
- Promote the dyad model which can be very effective
- Identify future leaders and offer co-training for IHA administrators and physicians to help build the system together
- Seek opportunities to layer in quality improvement measures into communications, while considering the coordination and planning required for quality projects

Close Session

The facilitators, FELs and Dr. Hundal wrapped up the session with some final comments. Overall there is a large willingness to work together amongst the session participants, and many opportunities to change evolution and create open communication channels. Participants were invited to review the [IHA information graphic](#) which illustrates alignment of FE projects with IHA strategic goals.

Specific recommendations from the four collaborative meetings held in IHA are available in a separate 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, 15 participants (9 physicians and allied health, 3 IHA administrators, 2 project managers, 1 SSC staff) 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 | – | – | 1 (7%) | 8 (53%) | 6 (40%) |
| 2) This event helped me understand and appreciate what it takes to be successful in different roles | – | – | 4 (27%) | 8 (53%) | 3 (20%) |
| | YES | | | NO | |
| 3) Should this event be held again? | 14 (93%) | | | 1 (7%) | |
| | WEBINAR | TELE-CONFERENCE | IN-PERSON | OTHER | |
| a) If yes, how would you like to continue to connect?* | 2 (12%) | 2 (12%) | 13 (76%) | – | |
| | MONTHLY | QUARTERLY | BI-ANNUALLY | ANNUALLY | |
| b) If yes, how often would you like to connect?*** | – | 4 (29%) | 7 (50%) | 3 (21%) | |

* In some instances, more than one response was given ** Blank submissions were omitted

c) If yes, what other stakeholders, if any, would you like to see in attendance?

- Patient Care Coordinators (3)
- Managers
- Directors
- Nurses

4) Were there any Facility Engagement topics not discussed at this event that you wish were discussed?

- Mentoring new doctors
- Physician wellness, communication between physicians
- I am interested in discussions around funding for the running costs of approved projects and how we plan moving forward
- Would be helpful to have a discussion of projects occurring
- Everything was well communicated

5) Please tell us how you felt about the venue, location, food and/or overall organization of this event.

- Great/excellent (7)

- *Good venue/food. Would prefer not Monday/Friday – 3 hours to get home*
- *Location was good, food was ok – organization and facilitation was good*
- *Small windowless room seems a waste when travelling to this beautiful area and in this beautiful building.*
- *Great – no complaints. Length was perfect*
- *No concerns*

6) How else can the Facility Engagement Initiative provide provincial support?

- *More regional support for quality improvement person/implementation*
- *Provide regional structure*
- *Data analyst for regional projects*
- *Separate budget for lab related projects since they often cross several hospitals and regions*

7) Other comments:

- *Need to consider formal working relationship with Divisions of Family Practice*
- *More time to problem solve outcomes*
- *I found the slide that outlines the role of administrators to be dismissive of the role – the role is far more expansive*
- *Regional FEI funds will help us greatly*
- *Good day – was a bit distracting to be so late for lunch*
- *Time to move forward with the next steps, not more of the same*
- *Keep program going*