Regional Meeting Recommendations

1 Enhanced decision making

Audit existing committees

- Distribute list of existing committees and subcommittees to Medical Staff Associations. (MSAs and IHA)

Revamp Local Medical Advisory Committee (LMAC)

- Have physicians and administrators redesign LMAC so the structure and the agenda process meets the needs of those in the facility. Review the Hospital Act to ensure bylaws are adhered to. (IHA and MSA)
- Free up space on LMAC agenda by shifting credentialing, discipline, and privileging to the subcommittee of Health Authority Medical Advisory Committee (HAMAC). Focus the LMAC agenda on discussion and decision making rather than reading reports (e.g. department reports can be submitted as attachments). (IHA and MSA)
- Clearly define roles and responsibilities at the meeting (chief of staff, meeting chair, administrators, department head, physicians, guests, etc.); identify role responsible for ensuring information is circulated and received. (IHA and MSA)
- Review LMAC invite list: clarify who can be invited and who can vote. (IHA and MSA)
- Create a brief terms of reference for the LMAC, and present it to HAMAC. Volunteer as a pilot site. (IHA and MSA)
- Piggyback the MSA meeting with the LMAC meeting. (MSA)

2 Improved communication and feedback strategies

Use preferred methods to gather and share information (face-to-face and electronic)

Face-to-face:

- Hold quarterly management and Chief of Staff meetings at rural sites with off-site managers; have physician and site director alternate as chair of the meeting. (All)
- Identify one local physician who will act as a point of contact for IHA/facility. (IHA site director and MSA)

Electronic:

- Hold town hall meetings: articulate purpose of meeting and expectations of participants. (IHA)
- Download IHA email app on phone to facilitate ease of access to IH email: invite IHA Information Management and Information Technology (IMIT) to attend a Working Group meeting to install email app on physician phones; Provide physician training on how to manage Outlook (MSA)
- Communicate success stories: Facility Engagement stories can be highlighted for MSAs and in IHA communications (Project managers and Facility Engagement Liaisons can connect with IHA comms) (MSA)
- Provide a weekly summary email: a bullet-point summary email sent on Friday by IHA medical administrative assistant that consolidates all IHA emails from the week. Attachments can provide further info. (IHA)
- Launch physician portal: IHA to release timelines in August; physician feedback requested in September; physician user testing (perhaps during Facility Engagement Working Group meetings). (IHA)

3 Orientation/Onboarding

Conduct a needs assessment

- Determine physician concerns about participating in medical leadership roles/projects. (MSA)
- Identify existing tools/resources for medical leadership roles. (IHA and MSAs)
- Identify existing tools/resources for new physicians. (IHA and MSAs)

Develop resources

- Provide training/orientation/mentorship for formal IHA leadership roles with high rates of turnover, and include clear description of role, important contacts, and what the leader is responsible for (attending meetings, communicating to peers, etc.). (IHA)
- Fund administrative support during transition period between previous Department Head/Chief of Staff and incumbent to allow for knowledge transfer/onboarding. (IHA)
- Fund administrative support for Department Head roles to facilitate efficient, effective department meetings (e.g., recording minutes, and having clear, concise action items discussed and acted upon). (IHA)
- Develop a handbook/checklist for new physicians that includes virtual care/telehealth (which specialist to go to for what), key roles/responsibilities, Hospital Act, terms of reference for MACs, decision map, local peer-to-peer support contact information. Work with IHA Medical Affairs to create and post the handbook/checklist on physician portal. MSA project managers can assess interest by physicians and local site administrators. (All)
- Develop living IHA organization chart with role descriptions and functions. (IHA)

4 Physician wellness

Identify needs and opportunities

- Have physician wellness subcommittee of HAMAC lead burnout survey or other form of needs assessment. (IHA and MSA)
- Provide civility training: strategies to build more respectful communications and supportive work environments. Data shows improvement in engagement and lower burnout when training is provided. (IHA and MSAs)
- Provide opportunity to cross over with local divisions on wellness education and build social opportunities. (MSAs)

124 PARTICIPANTS

43 IHA

33 Physicians & Allied health

16 Project Managers

28 SSC

5
Patient transport

Identify and communicate best practices for current state

- Offer IHA-wide communication brief on current state, IHA's consultation underway, and anticipated changes. (IHA)

Provide feedback for future changes

- (From Kimberley Regional Meeting): Form East Kootenay regional working group to explore pilot project accessing regional Facility Engagement Initiative (FEI) funds on patient transport to improve experience for local physicians and to build relationships between smaller sites and regional centre. (IHA and EK MSAs)
- Distribute trauma transfer report and provide feedback to Dr Norm Kienitz prior to going to Patient Transport Network. (IHA and MSAs)
- Identify best practices and target waste in transport processes. (All)

> "At the end of the day… did we make a difference? Did we improve care, find joy in work, and feel connected to our teams, colleagues and communities? We can only do this together."
>
> — **Dr. Harsh Hundal**, *Executive Medical Director*, Physician Engagement & Resource Planning

6
Strategic planning

Conduct a needs assessment

- What is the decision-making body for facilities: who sits at these tables and what is decided at them? (IHA)
- Define information that physicians want, and processes that physicians want to become involved in. (MSA)
- Determine existing structures/processes used to communicate decisions to physicians. (IHA)

Enhance communication

- Have MSA project managers and local site directors communicate existing strategic planning activities, and extend invitations to physicians in order to highlight parallel priorities. (All)
- Clearly define decision-making bodies' membership and scope and communicate them to physicians. (IHA)
- Communicate decisions to stakeholder groups. (All)

7
Facility space allocation

Enhance communication between groups about facility space

- Ensure there is a physician representative on the space planning committee. (All)
- Have space planning committee interact with LMAC and Regional Medical Advisory Committee (RMAC) instead of through single-site administrator. (IHA)

9
Transparency in decision making

Establish advisory committees/regional MSAs

- Identify regional opportunities that can assist in communication, implementation, and transparency in decision making. (IHA and MSA)
- Potential committees take responsibility for:
  a. IMIT projects with a broad range of practice representation. (All)
  b. Protocols: sharing of processes involved to ensure rural sites are able to adapt and implement protocols designed for urban centres. (All)
  c. Projects with regional impact: project managers to meet face-to-face to introduce projects that have regional implications. (All)
  d. Capital planning and priorities (e.g., space allocation). (All)
- Establish a plan that ensures continuity of information within a role rather than with an individual (e.g., where there is high turnover in administrative positions). (IHA)

8
Building trust between physicians and Interior Health staff at all levels

Provide tools and education to improve existing relationships

- Have external facilitator work with physicians and health authority. (MSA)
- Speed of Trust: program supported by IHA and rolled out to administrators; expand to include physicians. (IHA)
- Invite HSA and HSD to to MSA meetings. (MSA)

10
Crisis management and prevention

Conduct a needs assessment

- What is the existing process for decision making in times of crises?
- What is the process for communicating decisions? What vehicles are used for communicating this information?
- Who is accountable for ensuring that these decisions are communicated?

Utilize data-informed health services planning

- Develop a 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, and 15 years (HAMAC Subcommittee).

FE FACILITY ENGAGEMENT An SSC Initiative

Interior Health