

**VENUE:** TIGH-NA-MARA, PARKSVILLE, BC  
**DATE:** FEBRUARY 2, 2019  
**REGION:** ISLAND HEALTH



## SUMMARY REPORT

### Island Regional Facility Engagement Event

#### CONFERENCE OVERVIEW

The aim of the Island Regional Facility Engagement Event (Event) was to bring Island Health leaders and Medical Staff Association (MSA) physicians and staff together to share experiences, network, identify opportunities for health authority (HA) and MSA collaboration, celebrate successes, and identify opportunities for improvement of Facility Engagement (FE) on the Island.

A total of 33 participants attended the session, including 16 physicians, 9 project staff, 8 Island Health administrators. An additional 8 Specialist Services Committee (SSC) and Doctors of BC staff attended to support the Event. Facilitation support was provided by Lee Sentes of Development Action. Hospital sites that were represented include:

- Cowichan District Hospital
- Lady Minto Gulf Islands Hospital
- Nanaimo Regional General Hospital
- North Island Hospital Campbell River
- North Island Hospital Comox Valley
- Port McNeill And District Hospital and Port Hardy Hospital
- Royal Jubilee and Victoria General Hospitals
- Saanich Peninsula Hospital
- Tofino General Hospital

#### OVERALL PROGRAM COMPONENT

The morning session included:

- Welcome messages from Julie Longo (Facility Engagement Liaison) and Crystal White (Facility Engagement Liaison)
- A review of the Facility Engagement Funding Guidelines by Cindy Myles (Director, Facility Engagement)
- Discussion on regional engagement and moving forward, led by Rob Hulyk (Director, Physician Advocacy) and Cindy Myles
- MSA executive presentations on site accomplishments and strategic priorities for 2019, facilitated by Allyson Miller (Regional Advisor and Advocate)
- A presentation on developing opportunities for physician recognition and medical staff input by Dr Ian Thompson (Executive Medical Director, Medical Staff Governance), Brenda Warren (Director, Medical Staff Support) and Jennifer Furtado (Manager, Medical Staff Engagement and Development)

The afternoon session included:

- Afternoon start-up exercise facilitated by Dr Robin Routledge
- An introduction to engagement and collaboration fundamentals by Lee Sentes
- Round table facilitated discussions on engagement successes, opportunities for further engagement and collaboration, feasibility of those opportunities and next steps
- Closing remarks by Julie Longo and Crystal White

Full Event presentation slides are available [here](#).

## SPECIFIC HIGHLIGHTS OF THE MORNING SESSION

### *Opening Comments*

Julie Longo and Crystal White shared some context setting comments in the Island Health region and provided their gratitude to event organizers and participants for making the Event possible.

### *Facility Engagement Funding Guidelines*

Cindy Myles presented on the FE [Funding Guidelines](#)' background, process for making updates, recent updates that have occurred and forthcoming updates.

Questions were raised around differentiating between FE and Divisions of Family Practice (DoFP) funding and compensation through the FE Initiative for sessional time spent attending medical advisory committee (MAC) meetings. FE funding can be used to pay for MSA representative's attendance at MAC meetings to increase alignment. In larger sites, MSA presidents' may receive a stipend funded by MSA dues that cover their attendance at MAC meetings, whereas in small sites, MSA dues are not typically collected. The appropriateness of claiming sessional time from FE funds for meetings that involve quality assurance activities depends on the site size. For instance, small sites typically have meetings that include numerous areas that many not all be eligible for FE funding (e.g., quality assurance) – whereby it is not appropriate for physicians to claim the entire meeting but the appropriate portion, while large sites typically have separated meeting with a specific focus. It is at the discretion of the claiming physician to bill for what portion of their time is relevant to FE.

A question was also posed with regards to using FE funds for continuing medical education (CME). As per the Funding Guidelines, FE funds cannot be used to pay physicians' sessionals and expenses for required CME accredited clinical training. MSAs are encouraged to explore alternative funding sources for non-clinical training before utilizing FE funds. If FE funds are used, it can be used to support accredited and non-accredited non-clinical training (e.g., speakers' fees, physician sessionals and expenses) provided that multiple physician groups or the majority of the MSA can benefit. Areas of non-clinical training relevant to MSAs include communication, conflict resolution, and leadership.

A concern was raised in that sessional time claims are not being evenly dispersed across members at some sites, partially attributed to the fact that in the Facility Engagement Management System (FEMS), project leads are not responsible for approving claims. Approvals go through the MSA executives who may not be involved with specific projects. The provincial FE team will provide this feedback to FEMS

Support, to continue to enhance the system and claims approval process. It is up to the discretion of the MSA if they wish to cap the annual remuneration for directors.

### ***Regional Engagement: Moving Forward***

Rob Hulyk and Cindy Myles presented on regional engagement and moving forward. Some key questions were presented to the group including – what do you want overall engagement on the Island to look like in 2 to 3 years, how do you want to raise or respond to regional matters, what can be learned from other regions and MSAs and what do you want to hear about?

A question was raised with regards to whether a support network between Island Health and MSAs has been built to show return on investments from collaborative project work. While quantifying measures in the BC health care system presents its challenges, FE evaluation planning for the next phase of the initiative will explore how best to measure impact within the timeframe of next physician master agreement.

A question was also posed with regards to how best to communicate with other MSAs. MSAs may access the [Site Engagement Activity Tracker \(SEAT\) Database](#) to view projects and site contacts across the province.

### ***MSA Updates – Key Insights***

A MSA executive representative from each MSA presented on their site accomplishments and strategic priorities for 2019.

Some specific highlights from the presentations included:

#### **Dr David Beaver (Salt Spring)**

- MSA worked hard to create a funding decision structure and platform for funding proposal decisions
- Will be focusing on improving organizational structure and a medication reconciliation project

#### **Dr Tommy Lorenzo (Saanich Peninsula)**

- Proud of doctors lounge revamp project that has recently been approved, physician wellness events and CME courses – which also serve the purpose of recruiting community physicians into facility-based positions
- Will be working on a palliative care unit project to improve education/training and share knowledge in the community, and meeting with the DOFP

#### **Erica Kjekstad (South Island)**

- Currently more than 1100 physician members, approximately 50 live engagement projects, over 350 members on FEMS
- Physician wellness committee has had success with events, physician welcome packages and hello/thankyou events
- Stories and communications have increased on the site website which has resulted in increased engagement and understanding of FE

- Will be focusing on aligning objectives with Island Health and sharing stories and project information

**Lisa Ebel-Wiebe (Cowichan)**

- Approximately 140 physician members and 16 projects this year, which have largely been related to the new hospital site planning for 2024
- Physicians are forming working groups (WG) under each department to discuss needs for the new hospital, to do site visits and to see what worked well and what did not
- Will be focusing largely on recruitment and retention and wellness events, given struggles with ensuring appropriate coverage, locum support and properly resourced

**Dr Joe Foster (Nanaimo)**

- Approximately 300 physician members
- Leadership has done a lot of work to move through challenges and communication are a lot more positive after the rough start
- Successful projects/activities include: hello/goodbye event, strategic planning event, website development, physician welcome packages and physician lounge renovations which provide a much needed space for consultations
- Plan to continue to engage with Island Health, improve quality of communication, and increase physician input into decision making

**Dr Carrie Marshall (Tofino)**

- Strong foundation with the DoFP so focus quickly transitioned into project work
- Challenges have been related to the limited number of physicians members to step up and lead projects but there have been a number of worthwhile project ideas regardless, including the return of the helipad to Tofino General Hospital
- Lack of hospital director for the past year has resulted in direct access to Island Health leadership
- Focussed on mental health safe room, BC ambulance transfer for psychiatric patients, and forming multidisciplinary physician groups for discharge planning and long-term planning

**Dr Sol Gregory (Campbell River)**

- Due to unforeseen circumstances Dr Sol Gregory was unable to attend last minute. He sent his regrets and looks forward to an update at the next MSA meeting

**Drs Grant Larsen and Corey Tomlinson (Comox/Courtney)**

- Huge transition in hospital during FE start-up, but support from MSA executives and support staff has been tremendous
- Initial achievements were related to physician lounge improvements, FEMS Fest (signed up over half of the medical staff in one event) and dual-purpose events
- Proud of work with Island Health, and now print/display a poster every month to highlight project successes

**Drs Jessica MacLeod and Prean Armogam (Mount Waddington)**

- Well executed projects, included a well-attended physician retreat and the familiar faces project, which have resulted in a significant improvement in engagement

- Interdisciplinary CME courses with nurses present have been well-received
- Priorities include continuing to engage with Island Health and make more formal processes, and integrating new graduates quickly and supporting them into leadership roles

### ***Physician Recognition***

Dr Ian Thompson, Brenda Warren and Jennifer Furtado presented on developing opportunities for physician recognition and medical staff input.

Some presentation highlights include:

- Ensuring informal and formal recognition
- Focusing on achievements, contributions and patient care
- Sharing acknowledgement amongst their peers, senior leaders and locally at events meaningful to recipient
- Including stories and faces
- Newly launched [MSA Island Health website](#), with open access, to recognize physicians

Some table discussion highlights include:

- Giving and receiving positive feedback is reciprocal (and good for the person giving as well)
- Recognition creates a sense of belonging and community
- Not all physicians want a big award ceremony – therefore recognition should be tailored for individual preferences
- Recognition ideas include: service pins, thank you notes, announcement at rounds (for small sites), MSA meeting announcements (for larger sites), website recognition, bulletin board postings, acknowledgement of full care team (rather than 1 individual) for a more systematic approach and peer recognition opportunities

### **SPECIFIC HIGHLIGHTS OF AFTERNOON SESSION**

#### ***Afternoon Start-up***

Dr Robin Routledge set the tone for the afternoon, to ensure the Event was a safe place to build trust and improve dialogue. Participants were asked to share their personal stories or journeys into their career choice, to show the common value in the room for all participants, regardless of their title.

#### ***Round Table Facilitated Discussion: Engagement and Collaboration and Next Steps***

Lee Sentes, provided an introduction to engagement and collaboration fundamentals.

Participants broke off into groups to discuss engagement successes, identify opportunities for mutual engagement and collaboration, determine feasibility of engagement opportunities and determine the next steps. Each table had a dedicated table facilitator.



Some specific highlights from the table discussions included:

	<b>Observations of Current State</b>	<b>Future Opportunities and Next Steps</b>
<b>Engagement</b>	<ul style="list-style-type: none"><li>• Engagement is not the same as agreement – conflict can lead to change and productivity rather than the traditional status quo</li><li>• Time/capacity are a challenge</li><li>• Engagement is most effective when an engagement plan is made from the start</li><li>• There is a need for more reciprocal opportunities for engagement</li><li>• While FE is meant to improve conversations and trust in relationships, this cannot happen unless you have that relationship</li><li>• Time has been invested into getting contractor quotes for physician lounge renovation, only to find that the contractors were not on the facility approved vendors list</li><li>• HA are invited and encouraged to attend MSA meeting</li></ul>	<ul style="list-style-type: none"><li>• Use successful physician recruitment strategies such as: having a big engagement event with catering, supporting residents and learners, support parking fees, promoting the site as a great place to work</li><li>• Improve physician lounges: ensure physicians have a secure space to have confidential conversations and ensure there is a reason for physicians to go to the lounge (i.e. have specialists available for a predetermined time for consults, make it an enjoyable space)</li><li>• Find common values such as health and wellness</li><li>• Find local and tangible opportunities for engagement and change</li><li>• Collect and collate feedback through survey application tools</li><li>• Review the Dyad Model</li><li>• Offer a HA 101 course</li><li>• Hire designated HA navigators</li><li>• Establish Island wide order sets</li></ul>
<b>Transparency</b>	<ul style="list-style-type: none"><li>• When ideas are generated, but the Memorandum of Understanding (MOU) and guidelines are not transparent an automatic NO is given without reasoning</li><li>• Complexity leads to disengagement</li><li>• There is not much clarity on contacts and their roles and responsibilities</li><li>• Job shadowing leads to transparency</li><li>• There is typically inclusion in the planning process</li><li>• Delaying the establishment of MSA rules and bylaws allow for greater discussion</li><li>• Island Health is seeking input on iHealth</li></ul>	<ul style="list-style-type: none"><li>• Create interactive organizational charts, beyond listing job titles, to help with transparency and determining who to talk to about certain issues</li><li>• Improve website access and relevant information</li><li>• Improve survey and data results access</li><li>• Ensure to close the loop on decisions for a transactional relationship</li><li>• Ensure meetings are action oriented and plan for follow up</li><li>• Ensure a clear understanding of organization structures, Ministry of Health directives and priorities, and lines of accountability – consider a glossary of funds and initiatives</li><li>• Involve physicians in strategic planning at the embryonic stage and operationalizing</li></ul>
<b>Trust</b>	<ul style="list-style-type: none"><li>• There is a general lack of understanding and explanation for project refusals</li><li>• Local trust is higher than regional trust</li></ul>	<ul style="list-style-type: none"><li>• Consider job shadowing with FE funds (i.e. physicians to walk in HA leader's shoes) – hard to appreciate unless you can see their challenges</li></ul>

	<ul style="list-style-type: none"> <li>Smaller rural sites work well together to get projects done with collaboration/engagement from everyone</li> <li>A process needs to be agreed upon to share quality assurance data</li> <li>Face-to-face communication is key</li> <li>Extending event invitations and joint planning is helpful</li> </ul>	<ul style="list-style-type: none"> <li>Find some low lying fruit to help establish relationships and trust</li> <li>Ensure procedural, justice, fair and equitable reasons behind decisions and communicate those reasons</li> <li>Provide capital prioritization information</li> <li>Admit to faults when necessary to build engagement and trust</li> <li>Use media as a tool</li> <li>Establish a mode and method to contact physicians</li> </ul>
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## OUTCOMES

Following the session, 23 participants (10 physicians, 4 Island Health administrators, 4 project staff, 5 unknown) out of 33 completed feedback surveys. The following summarizes feedback results and key themes. Percentages were calculated from the total number of feedback responses.

	1 = VERY LITTLE	2	3	4	5 = VERY MUCH
1) This event was useful for networking with physicians, project staff and health authority leaders	-	-	-	9 (39%)	<b>14 (61%)</b>
2) This event provided an opportunity to share learnings and successes across sites	-	-	1 (4%)	6 (26%)	<b>16 (70%)</b>
3) This event helped identify engagement and collaboration opportunities on the Island	-	-	4 (17%)	<b>11 (48%)</b>	8 (35%)
4) This event has increased my knowledge and understanding of the Facility Engagement Funding*	-	-	3 (13%)	9 (41%)	<b>10 (45%)</b>
5) Overall, I am satisfied with this event	-	-	-	9 (39%)	<b>14 (61%)</b>
	YES		NO		
6) Should this event be held again?*	<b>22 (100%)</b>		-		
	WEBINAR	TELE-CONFERENCE	IN-PERSON		
a) If yes, how would you like to continue to connect?**	1 (4%)	2 (8%)	<b>23 (88%)</b>		
	QUARTERLY	BI-ANNUALLY	ANNUALLY		
b) If yes, how often would you like to connect?**	3 (12%)	<b>13 (52%)</b>	9 (36%)		

\*Omissions were left blank

\*\*Some responses included more than one answer

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

- Ministry of Health (2)
- Potential MD/MSA recruits (to increase interest in MSA leadership roles)
- Patients
- Site directors
- UBC
- The public

7) Following the event, what commitment/action are you prepared to take to address engagement and collaboration opportunities on the Island?

- Initiate in-person meetings with Island Health to build relationships and trust (5)
- Work with FE/MSA to promote spread of information and opportunities for joint activity with Island Health (5)
- Follow up on engagement opportunities for quality improvement projects (i.e. arrange hello/goodbye FE event, improve doctors lounge, recruit others to participate in the initiative) (3)
- Improve navigation with Island Health (i.e. HA 101 course) (2)
- Increase medical staff voice in organizational planning and improve collection of feedback (2)
- Communication/collaboration with other MSAs regarding similar projects

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

- No (2)
- Overlap and crossover of funds with other SSC initiatives and Island Health (2)
- Examples of engagement and support between MSAs and Island Health (2)
- How to build physician capacity
- What can be done if proposals are turned down
- More of a breakdown on the funding guidelines
- How to increase physician awareness of FE projects and the MSA

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

- Excellent/great location, food, setting (13)
- Very good (4)
- Lovely would come again
- Wonderful at this time of the year
- Great job – appreciate that the event stayed on time
- Catered food was somewhat bland
- No drinks provided other than coffee/tea/h2o

10) Other comments and suggestions:

- Always so valuable to put faces to names, and to meet new connections. Thank you!
- [Project Manager]: Nice to be included with all participants rather than breaking us out in groups according to position
- Have people explain their day to day roles within Island Health (not just job titles)
- Great day

#### FINAL REMARKS

Throughout the Event, there was strong evidence of a commitment to improve physician engagement. Participants demonstrated dedication and appreciation toward openness and transparency in group conversations. It was noted that increased transparency leads to increased collaboration, trust and faith in decision making processes. As a result, many sites and Island Health staff are committed to increasing transparency and knowledge sharing across the Island. While problems are often easy to identify, solutions are harder to determine. What may seem to be an easy solution for some may have unforeseen implications on other parties. Through the continued work in engagement and collaboration, MSAs and Island Health can continue to identify and action opportunities to ensure that all parties are positively impacted.

Based on participant feedback, it is evident that the Event met the original objectives of bringing Island Health leaders and MSA physicians and staff together to share experiences and network, identifying opportunities for engagement and collaboration and celebrate achievements. While there have been many successes across the Island, further work is needed and this Event helped facilitate discussions and actions for the future.

Julie Longo and Crystal White provided final remarks and made thanks to the speakers and participants for their participation in the Event, their commitment to engagement and to taking some next steps.