Prepared for Doctors of BC

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Evaluation of The Facility Engagement Initiative 2.0

COLLECTIVE STORY REPORT

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EXECUTIVE SUMMARY

The Facility Engagement Initiative (FEI), launched in 2015, aims to improve physicians' work environment and the delivery of patient care by:

Improving engagement within and amongst Medical Staff Associations (MSAs)	**Improving MSA and health authority engagement**	**Enhancing MSA collective voice in health system planning and decision-making**

This report presents five stories captured in Fall 2021 as part of an Evaluation of the FEI. Each story explores a different activity or process supported by the FEI in relation to expected outcomes and impact.

Featured activities and processes include (click to jump directly to a given story):

1. **Departmental Strategic Planning** – Three sites in the North Okanagan (Interior Health)
2. **IHealth Regional Council** – Vancouver Island Region (Island Health)
3. **Collaboration with Indigenous Health Partners** – Stuart Lake Hospital, Fort St. James (Northern Health)
4. **Strategic Pillar Leads** – Providence Health Care sites, Vancouver (Providence Health Care)
5. **Revamping the Forensics Governance Structure** – Province-wide (Provincial Health Services Authority)

Overall findings and themes that emerged from a qualitative analysis across stories (summarized below) highlight that:

- ✓ **The FEI is supporting progress towards expected outcomes**, particularly:
  - Increasing engagement among and between medical staff
  - Developing and amplifying medical staff's collective voice
  - Increasing openness to engagement between medical staff and heath authorities
  - Strengthening communication and relationships between medical staff and heath authorities

- ✓ **The following elements can support, enable, and/or enhance engagement**, although the appropriateness and utility of each may depend on the context:
  - Identifying shared priorities and issues of importance around which to engage
  - Demonstrating openness and commitment on all sides (e.g., cost-sharing, champions)
  - Providing opportunities and support for medical staff to participate in engagement activities and processes, particularly sessional funding and administrative support
  - Developing a strategic approach to engagement with formalized structures (e.g., working groups, committees, leads/representatives) to support clarity, transparency, and consistency
  - Engaging an external party to facilitate engagement
  - Establishing processes to track outputs, assess progress, and prompt course correction when needed

For those interested, the full evaluation report can be accessed here.

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1. INTRODUCTION

Facility Engagement Initiative

The Specialist Services Committee (SSC) launched the Facility Engagement Initiative (FEI) in 2015 as a province-wide initiative to strengthen communication, relationships, and collaboration between site-based physicians and health authorities across British Columbia (BC). The initiative aims to improve physicians' work environment and ultimately the delivery of patient care by achieving the following expected outcomes:

Improved engagement within and amongst Medical Staff Associations (MSAs)	**Improved MSA and health authority engagement**	**Enhanced MSA collective voice in health system planning and decision-making**

Collective Story Report

An Evaluation of the FEI was undertaken over 2020-2021 to support learning and accountability. As part of the evaluation, nine stories were developed to highlight the impact of activities and processes supported by the FEI. Each story is based on virtual interviews with 3-7 stakeholders as well as available documents/data.

This report presents the five stories captured in Fall 2021 (see Section 2) as well as key themes that emerged across stories (see Section 3). It is an accompaniment to the phase 1 collective story report and the full evaluation report, which was informed, in part, by story findings. Additional information about the methodology (including strengths and limitations) is provided in the Appendix.

Throughout this report, the following framework[1] is used to describe different levels and types of engagement between medical staff and health authorities:

	INFORM /EDUCATE	CONSULT	COLLABORATE	EMPOWER
GOAL OF ENGAGEMENT	Medical staff and Health Authority (HA) provide one another with objective information of each partners' activities.	Medical staff and HA consult with one another on draft plans, and feedback received has influence on decision-making.	Medical staff and HA partner collaborate in each aspect of the decision, including the development of alternatives and the identification of the preferred solution / strategy.	Medical staff and HA are equal partners in final decision-making.
	INCREASING LEVEL OF COMMITMENT			
PROMISE TO STAKEHOLDERS	Stakeholders will be informed throughout the activity of changes and progress.	Stakeholders will be informed, listened to and their concerns acknowledged. Feedback will be provided on how their input influenced the decision.	Stakeholders' advice and recommendations will be incorporated into decisions to the maximum extent possible.	Stakeholders' decisions will be implemented.

[1] This figure represents the FEI's adaptation of the International Association for Public Participation's (IAP2) framework for public engagement (more here).

2. STORY SUMMARIES

Story 1: Defining Departmental Plans and Priorities to Amplify Physicians' Voices and Garner Health Authority Support

ACTIVITY PROFILE

Departmental Strategic Planning

Location: Hospitals in the North Okanagan, BC, including Vernon Jubilee Hospital (VJH) in Vernon, Queen Victoria Hospital in Revelstoke, and Shuswap Lake General Hospital in Salmon Arm (Interior Health)

Timing: Started October 2019 (ongoing)

Description: A physician-led initiative to develop a Departmental five-year strategic plan with support from an external consultant, local Facility Engagement, and Interior Health

Objective(s): To 1) articulate and seek health authority support for Departmental goals, plans, and priorities and 2) increase physicians' input in facility planning and decision-making

Funded by FEI: Sessional funding and project costs, including meeting and consultant fees

How did Departmental Strategic Planning begin?

After learning that physicians in the North Okanagan had not previously had opportunities to share their plans or priorities with HA leaders, a sub-regional health authority leader approached Department Heads to see if they would be interested in developing a strategic plan to articulate their Department's 1-5 year priorities. While Departments would not be obligated to participate or share their plan with the health authority, they were encouraged to share their plan so that the health authority could learn from their expertise and identify opportunities to provide support.

"That was one of the prime drivers for this project: to create the trust that if you set a plan, administrators will support you."

All Departments were offered FEI and health system redesign resources to cover sessional funding and project costs, including support from an external consultant. While some Departments were initially more enthusiastic about the opportunity than others, there was continual uptake as positive accounts spread between Departments through word-of-mouth.

What does Departmental Strategic Planning involve?

Once a Department elects to participate, a team of two external consultants takes a phased approach to:

1. **Engage the Department** to introduce the process, address questions, and generate buy-in
2. **Conduct a current state assessment** through 1:1 interviews with each Department member as well as a few trusted external voices to learn about strengths, challenges, goals, and priorities
3. **Summarize and share findings** from the current state assessment
4. **Facilitate a series of three meetings** to support Department members to iteratively develop a strategic plan based on shared priorities and an agreed vision

The result of the process is a Department-owned strategic plan with specific one-, three-, and five-year goals. Where approved by Departments, the external consultants also highlight areas of shared strategic priorities.

What has resulted from Departmental Strategic Planning?

As of late 2021, over half of hospital-based physicians across the three sites had participated in Departmental Strategic Planning, including those from more than two-thirds of Departments at VJH. Reported outcomes include:

Increased engagement of physicians within and between Departments	**Clearer vision and voice within Departments**	**Greater culture of engagement and openness to physicians' input**

"Going through this more formal process got more people involved who aren't normally engaged… Individuals who don't normally put their hand up did."

The goal is for plans to be used widely to support communication, engagement, and collaboration around areas of shared priority across Departments and with health authority leaders. Some Departments have started doing this with positive results. For example, one Department Head at VJH found that reviewing their strategic plan with health authority leaders at monthly meetings helped identify health authority contacts and support for their Department's goals. Interior Health, meanwhile, is developing processes for operational leaders to follow up with physicians at regular intervals to ensure their Department is being supported to achieve its goals.

While strategic plans routinely prioritize patient care issues as well as inter- and intra-Departmental function, more time is needed to assess whether plans are followed and goals achieved. The COVID-19 pandemic has made it challenging for Departments to communicate and act on some goals, but they feel equipped to resume utilizing their plans when time and resources allow.

Key Lessons:

- **Champions and buy-in are critical for meaningful engagement** to ensure that diverse voices are included in discussions and reflected in plans and priorities. Continued efforts to develop relationships and trust between medical staff and health authority leaders are needed until all stakeholders are ready to engage – for instance, in developing a Departmental strategic plan or sharing it with other groups.

- **Formalized structures and support enable engagement**. Examples include having processes and available tools/supports (e.g., sessional funding, project management or consultant support) for medical staff to organize themselves and develop goals, plans, and priorities as well as establishing multi-stakeholder working groups or standing meetings to advance shared priorities.

  "[Developing a departmental strategic plan] organizes your voice as a Department and focuses it, both for the benefit of the Department as well as the site and our patients. It's a well-organized platform for bringing that voice together."

- **Confident, knowledgeable, and neutral third parties can support engagement** by facilitating discussions/consultations, consolidating input to highlight areas of consensus and disagreement, and offering an external perspective or suggestions for navigating complex systems and dynamics.

Sources: *Virtual interviews (5) with: 2 physicians, 1 health authority representative, 1 Engagement Partner, and 1 external stakeholder*

Story 2: Supporting Systems Change with Regular, Structured Engagement Between and Among Physician and Health Authority Leaders

ACTIVITY PROFILE

IHealth Regional Council

Location: Vancouver Island Region (Island Health)

Timing: Beginning Spring 2021 (ongoing)

Description: Regular, virtual meetings of MSA and health authority leaders to support a coordinated approach to the phased, regional implementation of Electronic Health Records (EHR)

Objective(s): To 1) enable two-way information sharing among and between MSAs and between MSAs and regional health authority leaders and 2) improve the experience of large systems change for physicians and, by extension, patients

Funded by FEI: Sessional funding and administrative/project management support

How did the IHealth Regional Council begin?

Island Health is in the process of implementing Electronic Health Records (EHR) on a phased, site-by-site basis (also referred to as 'IHealth'). All sites in the region are scheduled to receive IHealth by March 2025.

Implementation represents a significant system change in the delivery of patient care. Some are wary of the transition following challenges and negative physician experiences with the first roll-out in Nanaimo eight years ago. There are also historical issues of low trust and transparency between physicians and health authority leaders, which has been evident through past Doctors of BC Health Authority Engagement surveys.

To enhance transparency and capitalize on lessons learned throughout implementation, an Engagement Partner and MSA Project Manager proposed bringing regional MSA and health authority leaders together on a regular basis to support early and ongoing communication about IHealth implementation. The idea was presented to Island Health leaders and the regional MSA Presidents' Council. Both groups expressed support.

What does the IHealth Regional Council involve?

The IHealth Regional Council holds regular, virtual meetings to support open and consistent two-way information-sharing and dialogue throughout the region. Members include physician representatives (1-2 per MSA) and Island Health leaders, with a co-chair from each group.

Administrative support is provided by a contractor experienced with large-scale software implementation, who coordinates with the co-chairs ahead of each meeting to develop the agenda. The IAP2 spectrum is used to indicate the level of engagement sought for each agenda item, and co-chairs coordinate within their group to ensure that necessary information/material is prepared in advance (e.g., presentations).

Three hours a month are also set aside for a physician representative to review IHealth communications to provide feedback to the health authority about the type of information that is useful for physicians.

FEI provides sessional funding as well as ongoing support from Engagement Partners, MSA Project Managers, and the contractor. Island Health funds the time of health authority participants.

"IHealth is applicable to the whole region, so we're using regional [FEI] funding to support the work."

What has resulted from the IHealth Regional Council?

Stakeholders indicate that there has been sustained participation in Council meetings since they began in Spring 2021, although there has been some variability in the attendance of physician representatives depending on how soon their site is scheduled to receive IHealth. Early reported outcomes include:

Increased engagement within and between MSAs

Increased information-sharing and dialogue between MSAs and the health authority

More unity and amplification of physicians' voices

For instance, stakeholders identified that the first few Council meetings were already starting to create connections and unite voices across MSAs as well as allow MSA representatives to raise and amplify questions and concerns directly with health authority leaders and receive follow-up to share back to their membership.

"For [MSAs] to be able to speak as a united front despite their obvious differences in size, location, and strategic priorities, being able to come together and speak to the health authority as a whole is really helpful."

The hope is that more transparency and interaction through the Council will support a smooth transition to IHealth as well as strengthen relationships and create further opportunities for engagement.

Key Lessons:

- **Engaging around shared priorities supports buy-in and utility.** Participating in engagement activities can present opportunity costs. It is important to identify areas of shared importance around which to engage and to clearly communicate and regularly reassess the value of participation. The contractor supporting the Council, for example, gathers feedback through a short post-meeting survey. A known challenge the Council is navigating is how to ensure meetings are relevant and useful for all MSA representatives when some of their sites are not scheduled to receive IHealth for a few years.

- **Formalized structures can support continued engagement** through transparency, consistency, and agreed accountabilities. For example, through the IHealth Regional Council, MSA representatives are responsible for bringing questions and concerns from the MSA to health authority leaders, which is then responsible for following up so that the MSA representative can report back to the MSA.

"It's good to formalize things rather than constantly reaching out and having the same conversation 100 times."

- **How information is received can depend on trust, relationships, and delivery.** While there were pre-existing avenues through which physicians could access information or provide feedback about IHealth, seeing and hearing consistent information shared across MSAs and enabling physician representatives to determine how to share information back to their peers can increase trust and access.

Sources: *IHealth Regional Council Terms of Reference, IHealth Information for MSAs (overview), Current IHealth/MSA Engagement Tables (overview), and virtual interviews (6) with: 1 physician, 2 health authority representatives, 2 Engagement Partners, and 1 Project Manager*

Story 3: Collaborating with Indigenous Health Partners to Improve the Cultural Safety and Accessibility of Care

ACTIVITY PROFILE

Collaboration with Indigenous Health Partners

Location: Stuart Lake Hospital, Fort St. James, BC (Northern Health)

Timing: Started 2017 (paused due to COVID-19)

Description: A physician-led initiative to involve local First Nations leaders, Elders, community members, and system partners (including Northern Health and the First Nations Health Authority) in the MSA's annual strategic planning

Objective(s): To 1) establish and strengthen relationships between MSA members, First Nations communities, and system partners and 2) build trust with local First Nations to better serve their members

Funded by FEI: Sessional funding and administrative support

How did Collaboration with Indigenous Health Partners begin?

Members of local First Nations comprise a large proportion of the patient population in Fort St. James. Recognizing the need to repair historically strained relationships and improve the cultural safety and relevance of care, the Stuart Lake Hospital MSA decided early on to reach out to First Nations leaders and Health Directors for input on how the MSA should utilize FEI funding to better serve First Nations. Together, they decided that creating opportunities to build relationships and involve First Nations leaders, Elders, community members, and system partners in the MSA's annual strategic planning would be a good way to move forward.

What did Collaboration with Indigenous Health Partners involve?

Each year, a two-day, multi-stakeholder retreat is held in one of the three local First Nations communities (delayed during COVID). Participants include members of the MSA and local First Nations as well as partners from Northern Health, the First Nations Health Authority, and from community (e.g., school principal, fire chief).

The retreats provide opportunities for system partners to come together with First Nations to:

- **On Day 1:** Establish and strengthen relationships and jointly identify 4-5 priority areas that the MSA will focus on throughout the year – for example, to improve access to mental health and addictions care and rehabilitation services
- **On Day 2:** Learn about intergenerational trauma, racism, cultural safety and humility, and wellness through storytelling and an Indigenous lens

The MSA then works with system partners throughout the year to develop and implement responses to the identified priorities.

"During these retreats, the goal is to identify 4-5 priority subjects or targets, and then during the year, we spend our time working on that."

Physicians' involvement is supported by the FEI, which provides sessional funding and administrative support. Other sources of funding, such as health authority funding and grants secured by the local primary care society, support the resulting projects and initiatives on a one-off or ongoing basis, as applicable.

What has resulted from Collaboration with Indigenous Health Partners?

Stakeholders perceive that the initiative has been successful, noting that partners have regularly asked when the next retreat will be held. Reported outcomes included:

Strengthened relationships between the MSA and system/community partners

Enhanced collaboration between the MSA and health authorities

Improvements in the safety and accessibility of patient care

For example, in response to an identified priority to improve communication and access to health information, the MSA and health authority partners worked together to provide nurses at local First Nations health centres with access to community Electronic Health Records (EHR). The result was enhanced communication (e.g., patient needs, discharge planning) and, in turn, the ability to deliver more coordinated patient care. Learning opportunities provided through the annual two-day retreats also enhanced medical staff's knowledge and understanding of historical contexts and culturally safe, trauma-informed approaches to care delivery.

Further, the intentional, multi-stakeholder approach to planning and engagement is seen to be creating the foundation for continued collaboration to address structural barriers and advance system change.

"Having those kinds of lessons and building the relationships through engagement is the only way that the system is going to shift."

Key Lessons:

- **Formalized, supported processes enable relationship building and engagement.** Stakeholders credit the structured, collaborative approach with helping to build trust and relationships between MSA members, local First Nations, and system partners. FEI support – particularly sessional funding and administrative support – enables continued participation and leadership from the MSA.

  "Without [FEI funding], we wouldn't be where we are. Support for physician time is key… Building that outreach to community is key."

- **MSA and system partners are demonstrating their commitment to work together in a different way to gradually gain the trust of local First Nations**, recognizing that sustained time and effort will be required to repair historically strained relationships. This includes creating opportunities for respectful listening and learning, meeting communities where they are at (e.g., meeting in community), and taking action to respond to community needs and priorities, inclusive of identifying ongoing funding to support structural change.

- **There are unique needs and contexts at smaller sites in rural and remote communities.** The Stuart Lake MSA's approach was made possible by having the flexibility to 'think outside the box' and approach FEI in a manner appropriate to the local context, with support from FEI.

Sources: *Virtual interviews (4) with: 2 physicians, 2 health authority representatives, and 1 Engagement Partner*

Story 4: Embedding Structure and Support for Medical Staff and Health Authority Engagement in Organizational Planning and Decision-Making

ACTIVITY PROFILE

Strategic Pillar Leads

Location: Providence Health Care (PHC) sites including St. Paul's Hospital and Mount Saint Joseph Hospital, Vancouver, BC

Timing: Beginning in 2019 (ongoing)

Description: PHC's Physicians and Surgeons Society developed a strategic approach to FEI centred around four physician consultant positions ('Strategic Pillar Leads') that correspond with the four 'strategic pillars' identified in PHC's 2019-2026 strategic plan

Objective(s): To 1) establish structures and processes that build relationships and enable engagement among medical staff and between medial staff and health authority leadership and 2) ensure that physicians have a meaningful voice in PHC planning and decision-making

Funded by FEI: Sessional and activity/event funding (e.g., for virtual town halls, roadshows) as well as governance, strategic, and operational support

How did Strategic Pillar Leads begin?

When the FEI began, there was a disconnect between PHC leaders and physicians. Key concerns of physicians included limited understanding and transparency with respect to decisions that affected physicians' work environment and patient care as well as limited opportunity to provide input.

Physicians used initial FEI funding and support to organize a 'Dinner with a Purpose' in 2016. The physician-led event included a town hall discussion and focus groups for physicians to come together and collectively identify priority areas that they felt needed to be addressed. A follow-up event was hosted in 2018.

These efforts coincided with the arrival of new physician and PHC leaders who were committed to meeting, listening, and strengthening relationships. Together, physician and PHC leaders jointly engaged nearly 200 medical and PHC staff through 'Dinner with a Purpose' and leveraged insights from prior physician engagement as significant inputs (among others) into the development of PHC's 7-year Strategic Plan, *Mission: Forward*. The Physicians and Surgeons Society then developed a corresponding plan and proposed funding physician consultants to work with PHC leaders to facilitate ongoing engagement and help advance shared objectives.

"We took the fact that our governance and interactions, our relationship with the Senior Leadership Team was the most important thing that could come out of [the FEI]... We put our key efforts into that to build it back up."

What does having Strategic Pillar Leads involve?

Four physician consultant positions (referred to as 'Strategic Pillar Leads') were established in 2019 to align with the four strategic pillars identified in PHC's Strategic Plan:

1. **Exceptional Quality, Safety, and Value**
2. **Inspiring People and Teams**
3. **Discover, Learn and Innovate for Impact**
4. **Partnerships**

Each Strategic Pillar Lead is supported by a Physician Advisory Committee with broad, cross-specialty medical staff representation and a PHC VP sponsor, with whom they meet on a regular basis. Leads are tasked with engaging physicians, supporting two-way communication, attending strategic meetings alongside PHC's Senior Leadership Team, and identifying and facilitating physician participation in relevant projects and initiatives in relation to their strategic pillar. A joint project focused on value-based health care was also developed in early 2021 to support integration across pillars.

The FEI supports Strategic Pillars Leads by providing governance, strategic, and operational support as well as sessional and activity/event funding (e.g., for virtual town halls, roadshows), while PHC provides in-kind project management support for Leads and Physician Advisory Committees.

What has resulted from having Strategic Pillar Leads at St. Paul's?

Stakeholders report that having structures and support for regular, strategic engagement between health authority leaders and physician representatives in shared organizational priority areas is helping to shift the dialogue and increase focus on engagement. Reported outcomes include:

Increased leadership and engagement among physicians

Improved two-way communication between physicians and PHC leaders

Enhanced physician voice in PHC planning and decision-making

"As initiatives come up through the year, the Pillar Leads are supporting ongoing physician engagement and embedding physician voice in planning and decision-making."

Enhanced engagement is expected to support improvements in physician wellness and patient care.

Key Lessons:

- **The formalized, strategic approach is seen as a key contributor to success,** supported by roles, responsibilities, and resources to create accountability and ensure Strategic Pillars Leads are tightly linked to both the medical staff and PHC leaders on an ongoing basis.

  "We wouldn't be able to accomplish much without all of that infrastructure in place. To have that direct link with the Senior Leadership Team is really helpful and impactful."

- **Engagement is driven by champions on all sides** who are committed to building relationships, engaging in open, honest, and at-times difficult conversations, and exploring new ways of working together.

- **Performance measurement/review helps monitor progress towards intended outcomes and support continuous learning.** For example, stakeholders noted the usefulness of documenting changes influenced by Strategic Pillar Leads (e.g., policies, processes) and providing Leads with 360-degree feedback to identify strengths as well as opportunities for development to further advance objectives.

Sources: *PHC Strategic Plan (2019-26), Physicians and Surgeons Society materials (e.g., website, Strategic Pillar Event Summaries), and virtual interviews (4) with: 5 physicians, 1 health organization representative, and 1 Engagement & Operations Director*

Story 5: Rethinking Engagement Structures to Chart a Positive, Collaborative Path Forward

ACTIVITY PROFILE

Revamping the Forensics Governance Structure

Location: Forensic Physician Engagement Society, province-wide (Provincial Health Services Authority)

Timing: Beginning in Fall 2020 (ongoing)

Description: A physician-led initiative to engage an external governance consultant to explore issues, identify shared areas of focus, and facilitate Collaboration Committee meetings with medical staff and health authority leaders

Objective(s): To 1) improve engagement, relationships, and communication among medical staff and between medical staff and health authority leaders and 2) identify shared interests and opportunities for collaboration

Funded by FEI: Sessional funding and consultant fees

How did efforts to revamp the Forensics governance structure begin?

Relationships between Forensic Physicians and Provincial Health Services Authority leadership have been historically strained. Contributing factors included relational challenges, perceived lack of common ground, and misunderstandings or limitations in the understanding of each other's roles, responsibilities, and contexts.

In Summer 2020, physicians took a step back from a previously established Collaboration Committee, finding that it was not a productive venue for meaningful engagement and collaboration with the health authority. Both physicians and health authority leaders acknowledged the need to build the relationships and trust necessary to move forward and pursue shared interests together.

"Much of the engagement with the health authority historically has been stuck at that informing stage of engagement rather than true collaborative engagement."

What does revamping the Forensics governance structure involve?

After electing a new Executive, the Physician Society engaged an external governance consultant in late 2020 to help explore issues, identify shared areas of focus, and support the development of a more structured, collaborative approach to engagement. The health authority then agreed to share the cost of the consultant's fees with the Engagement Society (whose portion was supported by FEI funding) moving forward.

The consultant's role involved:

1. **Conducting 1:1 interviews** with Physician Society Executives, medical staff, health authority leaders, and external supporters (e.g., Engagement Partner)
2. **Sharing findings and recommendations** with the Collaboration Committee for improving internal and external governance structures, guided by behavioural psychology
3. **Developing a prioritized action plan and revised governance structure** for the Collaboration Committee, with input from the Physician Society and health authority

4. **Providing facilitation and coaching for the resumed Collaboration Committee**, inclusive of supporting Co-Chairs with monthly meeting preparation and follow-up (ongoing)

Initial meetings of the resumed Collaboration Committee (in Summer 2021) focused on developing relationships and understanding between physician and health authority Committee members. Next steps are intended to support Committee members to identify and collaborate on shared priorities and activities of mutual importance.

What has resulted from efforts to revamp the Forensics governance structure?

Both physicians and health authority leaders are optimistic about the direction of the new, more structured approach but acknowledge that strengthening the relationship will require continued focus over several years. Early reported outcomes include:

Greater positivity and openness to engagement among physician and health authority leaders

Enhanced communication between physician and health authority leaders

"It's about respect, communication, mutually understanding each other's perspectives first and foremost and building up that trust so we can have a conversation about things we might share in common."

Ultimately, all stakeholders hope to enable more positive and productive working relationships between physicians and health authority leaders that translate into better care experiences for both patients and providers.

Key Lessons:

- **Start small and build.** Being open and coming together to communicate and explore new ways of working together can help to gradually strengthen relationships and lay the foundation for further engagement. For example, physician and health authority leaders appreciated their counterparts' willingness to contribute time and resources to clear the air and explore a new path forward.

- **Structured, supported approaches can help to routinize communication and engagement**, creating time and space for respectful interactions according to agreed parameters and roles – for instance, as outlined in Terms of Reference. Supports such as sessional funding and administration/facilitation can logistically enable participation as well as provide structure and momentum for continued engagement and relationship building.

"Having regular meeting times where physician and health authority leaders get together and have those open, transparent conversations and develop those relationships – to me, that's the key piece."

- **An experienced third party can support engagement** by mediating/facilitating discussions and offering an external perspective or suggestions for navigating complex systems and dynamics.

Sources: *Consultant's 'Final Report and Recommendations' and virtual interviews (5) with: 1 physician, 1 health authority representative, 1 Engagement Partner, 1 Project Manager, and 1 external stakeholder*

3. OVERALL FINDINGS

The sub-sections below summarize overall findings and themes related to achievement of expected outcomes of the FEI from an analysis across stories. Findings are organized according to the expected outcome with which they most closely align.

Findings include descriptions of four different types of 'institutional work' that are theorized to collectively support institutional change within the public sector. [2] These include:

- **Relational work:** efforts to build connections, trust, and collaboration within the medical profession and with health system managers
- **Conceptual work:** efforts to establish and communicate ideas and beliefs consistent with intended changes
- **Structural work:** efforts to establish formalized roles, rules, and policies that support intended changes
- **Operational work:** efforts to implement concrete initiatives and actions that advance or cement in place desired changes

As seen throughout this report, the activities and processes supported by the FEI reflect each of the above types of institutional work, helping to illustrate how the FEI contributes to its aim of improving physicians' work environments and ultimately the delivery of patient care.

Engagement Within and Amongst MSAs

- It is important that engagement occur around priorities and issues of importance to medical staff to generate buy-in and ensure there is common ground around which they can engage with each other and other stakeholders.

- Medical staff engagement is enabled by providing opportunities and support to do so. Sessional funding and administrative support are key enablers, as is creating dedicated roles and responsibilities for medical staff leaders and representatives to engage their peers.

- For example, each Department across three sites in the North Okanagan was offered resources and facilitation support for all members to participate in the development of a Departmental Strategic Plan (more here). Within Providence Health Care, four physician consultant positions were established, each with its own medical staff Advisory Board, to support continuous engagement among medical staff in relation to organizational priority areas identified with medical staff input (more here).

Engagement Between MSAs and Health Authorities

- Formalized structures such as working groups, councils, committees, and lead/representative positions can help to enable and sustain engagement in an intentional way. Developing a clear platform, process, and objectives creates the time, space, and transparency that support medical staff and groups of medical staff to come together with health authority leaders and representatives to communicate, develop relationships, identify common ground, and work together to advance shared priorities. In many cases, it may be necessary for stakeholders to undertake relational work on an ongoing basis to incrementally strengthen relationships, build trust, and work towards greater levels of engagement,

[2] Cloutier, Charlotte, et al. "Agency at the managerial interface: Public sector reform as institutional work." *Journal of Public Administration Research and Theory* 26.2 (2016): 259-276.

particularly when there have been historical issues or mistrust. In some instances, engaging an external party to help facilitate may also be helpful.

- Engagement between medical staff and health authorities can be furthered by commitment, champions, and openness on all sides. For example, the Forensic Physician Engagement Society and Provincial Services Health Authority's willingness to share the costs of working with an external governance consultant to explore a new way of working together was appreciated by both groups and set a positive tone for renewed engagement (more here).

- Developing processes to track outputs and assess progress can support continuous learning and course corrections as needed. For example, members of the IHealth Regional Council are asked to complete a short online survey to provide feedback after each meeting (more here), and Strategic Pillar Leads within Providence Health Care update an Activity Tracker to document changes they influence (more here).

MSA Collective Voice

- Examples of successful engagement repeatedly reflected a strategic, integrated approach to FEI that included structure and support for engagement among medical staff as well as between medical staff and health authorities. By doing so, medical staff were provided with opportunities and support to develop a collective voice and then articulate their priorities and concerns to the relevant health authority leaders as a unified front – efforts highly reflective of conceptual work. Health authority leaders were then positioned to respond to medical staff's priorities or concerns in a clear and transparent manner, utilizing known channels.

- For example, the IHealth Regional Council helped to create connections and unite voices across MSAs as well as allow MSA representatives to raise and amplify questions and concerns directly with health authority leaders. Upon receiving a response, MSA representatives then shared information back to their membership (more here).

Quality of Patient Care

- Improving the quality and experience of patient care is routinely flagged as the ultimate goal that motivates both medical staff and health authority leaders to come to the table for discussion and collaboration.

- FEI-supported activities and processes can be instrumental in facilitating discussion, problem-solving, planning, and collaboration that precede – and lay the foundation for – subsequent structural and operational work (e.g., development and implementation of roles, policies, and actions) that can directly improve the quality and experience of care.

- For example, the FEI supported the Stuart Lake Hospital MSA to work with local First Nations, Northern Health, and the First Nations Health Authority to respond to a jointly identified community priority and provide First Nations health centres with access to Electronic Health Records (more here). The result was enhanced ability to communicate about patient needs and, in turn, ability to deliver more coordinated care.

APPENDIX: Supplemental Methodological Information

Objectives

An Evaluation of the FEI was undertaken to support learning and identification of potential opportunities for improvement as well as to communicate impacts of FEI to stakeholders in relation to the expected outcomes. As part of the evaluation, qualitative story interviews were conducted with physicians, health authority representatives, MSA project staff, FEI staff, and relevant external stakeholders (e.g., consultants) to collect rich data on FEI outcomes and develop stories that highlight the impact of MSA activities and processes. Nine qualitative stories were developed over two phases to inform overall evaluation findings. This report presents findings from the five stories captured in Fall 2021.

Methodology

Each story focuses on a separate FEI-funded activity or process and is informed by 5-7 virtual interviews with stakeholders involved in the activity as well as available documents/data, such as plans or reports provided by interviewees. Interviews were 30-60 minutes in length, guided by a highly flexible interview guide, and conducted over telephone between September and November 2021. Interviewees (n=28) were identified by Engagement Partners, MSA Project Managers, or other interviewees. They included:

Stakeholder Type	Number of Interviewees
Physicians	11
Health Authority Representatives	7
Engagement Partners	5
Project Managers (e.g., for MSAs/Physician Societies)	3
External Stakeholders (e.g., Consultant)	2
Total	**28**

Featured activities/processes were purposefully selected to explore and illustrate key challenges and successes of the FEI that were identified through other evaluation activities, particularly qualitative interviews with Engagement Partners. Considerations of representation (e.g., region, urban versus rural context, site size) also informed story selection.

Detailed notes were taken by the interviewer during each interview, and interviews were recorded (with permission) to ensure accurate data capture. Data were thematically analyzed by story and across stories to group and identify emergent themes related to the expected outcomes of the FEI.

Stories are not intended as an assessment of the value or performance of the featured activities/processes or participating stakeholders. Rather, the stories collectively illustrate learnings generated through the FEI to date, made possible by participants' generous contributions of time and insight.

Strengths and Limitations

Flexible story and interviewee selection with input from local Engagement Partners, MSA Project Managers, and other interviewees supported identification of relevant activities/processes and interviewees that reflected a range of experiences with the FEI across regions and stakeholder types. Further, the highly flexible interview structure supported the collection of rich data about key challenges, opportunities, processes, and outcomes

associated with each activity, supported by examples and contextual information, and guided by interviewees' own perspectives and experiences.

Primary limitations include the relatively small number of interviews conducted for each story and limited availability of quantitative outcome data given that implementation is early or ongoing for most activities or processes. To mitigate these limitations, extensive efforts (e.g., persistent email and telephone follow-up) were made to identify and include key personnel and stakeholder types who were involved in or affected by each activity or process. Findings were also cross-validated across interviews and data sources (e.g., plans or reports) where possible and validated with interviewees, and overall conclusions were drawn from an analysis of key themes across stories. Nonetheless, findings should be interpreted with the view that progress toward, and achievement of, expected outcomes was largely determined using qualitative data (as was expected based on the qualitative methodology employed) and a limited sample size.


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