

***LOWER MAINLAND FACILITY ENGAGEMENT
NETWORKING EVENT***

FINAL SUMMARY

September 14th 2017

EVENT INFORMATION

	Description
Name	Lower Mainland Facility Engagement Networking Event
Date	September 14, 2017
Time	5:30pm to 8:30pm
Location	Doctors of BC, Vancouver BC
MC	Jennifer Barr, Facility Engagement Liaison
Invitees	<ul style="list-style-type: none"> • Two physician representatives from each of the 24 Lower Mainland facilities in leadership positions (e.g. MSA/Society executives and/or Working Group chairs) • Director, Facility Engagement • Manager, Facility Engagement • Lower Mainland Facility Engagement Liaisons • Lower Mainland Regional Advisor and Advocates • Doctors of BC and SSC staff

Lower Mainland Sites Represented:

Fraser Health Authority

Burnaby Hospital (3)
 Delta Hospital (1)
 Surrey Memorial Hospital (2)
 Peace Arch Hospital (2)
 Ridge Meadows Hospital (2)
 Royal Columbian Hospital & Eagle Ridge Hospital (2)
 Langley Memorial Hospital (1)
 Chilliwack General Hospital (1)

Provincial Health Services Authority

Children's and Women's Health Centre of BC (2)
 BC Cancer Agency (3)

Vancouver Coastal Health Authority

Lions Gate Hospital (1)
 Richmond General Hospital (2)
 St Paul's & Mt St Joseph Hospital (2)
 VGH & UBC Health Sciences Centre & GF Strong (2)
 Powell River Hospital (1)

EXECUTIVE SUMMARY

On September 14, 2017, the Facility Engagement Initiative's ("FEI") provincial team, hosted the Lower Mainland Facility Engagement Networking Event. Physicians in FEI leadership roles from all Lower Mainland facilities came together to network with each other and to share experiences, resources, challenges and triumphs.

Twenty-seven physicians attended from 15 of the total sites across the Lower Mainland. Each site provided a brief introduction and overview of their site's experience to date. Following that, physicians, in groups of 5 to 7 discussed a number of "Table Topics" including to share points of pride, effective engagement approaches, challenges and successes. They discussed engagement activities with members and the health authority ("HA"), project sharing across sites/regions, funding proposals, staffing up, communications and governance, and transition planning. Detailed notes about these discussions follow in this report.

Several themes emerged including the importance of:

- Sharing learnings between physicians and sites,
- Motivating physicians to participate in FEI activities,
- Having clear and direct communication channels,
- Finding sustainable projects, and
- Utilizing the experiences from the Divisions of Family Practice ("DoFP").

Physicians reported challenges and issues including:

- Knowing what level of administration with which to engage,
- Confusion during the initial introduction and description of the initiative, which was not well understood,
- The importance of the FEI in relation to relationship management, health care improvement, and
- Forming new structures for decision making and care.

While many sites reported an improvement in Medical Staff Associations ("MSA") meeting attendance and better working relationships with the HA since the launch of the FEI, additional progress is necessary for success, especially in the instance where MSA have been inactive for many years. Recruitment and transitions to new leadership were identified as key factors to the success of the FEI.

Physicians were also asked to evaluate the usefulness of the networking event and provide feedback for future events planning. Results indicate:

- All attendees regarded this event as a useful or very useful opportunity to network with other FEI sites.
- A substantial proportion of attendees reported that the event helped them to learn about the challenges and successes associated with implementing the FEI (96%), and as a result, they had gained an increased understanding of the FEI.
- One hundred percent of attendees believe that this event ought to take place again, with the majority agreeing that it should be held in-person (92%) on a bi-annual basis (40%).
- Information regarding HA engagement strategies and governance structures were perceived as topics that required more attention.
- A considerable portion of attendees specified that they would have liked to see HA representatives in attendance.
- Increased communication support is a priority, and would be highly valued among many sites.
- Support is needed to establish information exchange systems to all facility-based physicians about the initiative, directly with HA representatives, as well as with other sites involved in the FEI.

Overall, the Lower Mainland Facility Engagement Networking Event was seen as a success. Results indicate that while there is room for content improvement, attendees were pleased with the organization of the event, the learning opportunity and look forward to taking part in similar events in the future.

EVENT OBJECTIVES

The primary objectives of the Lower Mainland Facility Engagement Networking Event were for physician leaders to:

- Support physician-colleagues from across the Lower Mainland with their FEI work, and in turn, draw on their experiences and ideas to help with their own site activities
- Share successful approaches to save time and resources, and learn about risks and pitfalls that can be avoided
- Connect with other sites involved in similar work to avoid reinventing the wheel
- Provide a strong case for ongoing support for these activities

SHORT SITE PRESENTATIONS

To begin the event, a representative of each site provided a brief introduction and overview of some of their site's FEI successes and challenges to date.

Successes included having an improvement in MSA meeting attendance and no longer viewing administration as the "other" side. Previously there was a lot of mistrust between physicians and their HA – now the mood is reported to be much more positive and optimistic. One site reported that it "warmed their hearts seeing the improvement of MSA attendance rates after the initiative launch... and having physicians reconnect to their hospital in a meaningful way".

Reported challenges included trying to get physicians involved in the FEI and familiar with the idea that they will be compensated for their time. Some MSA and working groups continue to struggle with attendance, especially in some instances where MSA have been inactive for 15 years. Challenges were also reported in relation to knowing what level of HA leadership to interact/engage with. Getting together a unified voice and working together were also reported to be challenging. Lastly, wellness and burnout were presented as challenges amongst physicians. A need for information and idea sharing was a commonly presented theme.

TABLE DISCUSSIONS

One of the key activities of the event included "Table Talk" discussions. Participants had pre-assigned seating, in tables of 5 to 7 physicians, to encourage cross-site communication during Table Talk. Each table was asked to nominate a physician representative to lead the table through the below table topics. The physician representative of each table reported back to the wider audience on key discussion points following the small group discussions. Notes were recorded by a Doctors of BC or SSC staff member.

Question 1 - Engagement Activities

What engagement activities/themes of engagement activities is your site the most proud of?
What engagement activities have you found to be the most effective so far?
What engagement activities have you found to be challenging and how did you overcome any obstacles if there were any?

Common themes:

- Sites reported to be most proud of seeing an improvement in: MSA attendance following the FEI launch; corporate knowledge about the physician community; working relationship with the HA; transitions of care; access to professional training; inter-hospital relationships; physician resourcing; wellness integration; mentorship projects; and, technology access improvement.
- Effective engagement activities included: arranging good quality social events, with a purpose, such as dinners; making engagement stories visible on hospital display boards to

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- bring the story to the community; and, having healthy snacks and beverages available in the staff lounge to give physicians the opportunity to interact with each other.
- Challenges included: finding sustainable projects; moving engagement activities to the next step – to the bigger system triangle; getting physicians together outside of the hospital; and, ensuring HA vetting.

Question 2 - Engaging with the Health Authority

Any success stories?

What methods have contributed to your site success when engaging with the Health Authority?

What are some challenges and how did you overcome?

Common themes:

- Reported successes included: working locally with administration; HA coming to MSA group to fund projects that they should be paying for; and, having the HA realize that they cannot do projects like QI without physician input.
- Methods that were deemed useful in engaging the HA included: asking HA representatives to come to the table with list of projects that they are working on and give them a spot on the agenda; talking with HA early on in projects applications and mentioning that the site has consulted with the HA regarding the idea; ensuring strong terms of reference; having a succession plan for executives (physicians & HA); emphasizing that it is not about asking for more it is about making the best decision; and, following the DoFP lead on collaborative communication – Collaborative Services Committee (“CSC”).
- Challenges included: the mistrust between HAs and physicians; physicians feeling as though their front-line input is not valued; not having clear FEI and MOU messaging at the beginning, in terms of engaging the HA; inconsistently inviting HA to meetings; and, figuring out who is driving the business tension.

Question 3 - Project Idea Sharing Across Sites/Regions

Has your site done any project idea sharing across sites?

What challenges did your site face?

Common themes:

- Reported project idea sharing included: having some subgroups that are reaching out to similar groups at other sites; sharing of resources with other sites; and, encouraging the idea of additional networking events to help share ideas.
- Challenges included: lack of skills amongst physicians; lack of time/workflow management; the need for a forum/platform for project idea sharing; the need for a collective impact lens; and, difficulties around connecting multi-hospitals.

Question 4 - Funding Proposals

How do you decide on which projects to fund?

What have been some challenges you have encountered in the process? How have you overcome them?

Common themes:

- Project funding decisions were based on: running monthly meetings to evaluate the proposals by using score cards/ a prioritization tool; and, focusing on projects that lead to sustainability.
- Challenges included: being relevant to people; top down approach; trying to reach engaged group versus non-engaged group; and, showing alignment between projects.

Question 5 - Staffing Up

How did you build your Facility Engagement team?

Common themes:

- FEI teams were built by: setting the quorum at 4 in hopes of more engagement; starting by word of mouth, presentations at MSA meetings, posters, flyers and networking events; and, asking department heads to send delegates.

Question 6 - Communications

How did you promote the Facility Engagement initiative at your site?

Common themes:

- The FEI was promoted through: using multiple avenues/channels to communicate such as email, phone, grand rounds (biggest crowd), department meetings, website, branded e-newsletter, word of mouth and paper mail box; sending email correspondence to personal emails rather than business emails, and emailing leaders to forward onward “like a tree”; leveraging traditional methods (i.e.: have non-physicians guest speakers and attract physicians with food, incentives and appeal to a higher purpose); asking department representatives on working group to share information; using a communication expert consultant to ensure marketing and communication is centralized for all sites; acknowledging that smaller communities have geographical advantages and problem solve accordingly; and, gathering learnings from what the DoFP has experienced over all these years.

Question 7 - Governance and Transition Planning

What have you found useful to help with running the FEI/MSA (e.g. terms of reference, strategic plans?)

What challenges have you faced and what have you done to overcome this?

Common themes:

- Useful tools included: conducting a SWOT analysis; creating a partnership table (e.g.: DoFP CSC); and, creating a vision/mission/priorities.
- Challenges included: figuring out a process for joint decision making.

EVALUATION SUMMARY

There were 27 participants in attendance at the event, and of these, 25 submitted evaluation forms providing feedback. 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 Facility Engagement sites	0	0	0	12 (48%)	13 (52%)
2) This event helped me learn about the challenges and successes in carrying out the Facility Engagement Initiative	0	0	1 (4%)	11 (44%)	13 (52%)

3) I have a better understanding of Facility Engagement as a result of attending this event	0	0	8 (32%)	9 (36%)	8 (32%)
	Yes			No	
4) Should this event be held again?	25 (100%)			0	
	Webinar	Tele- conference	In-Person	Other	
a) If yes, how would you like to continue to connect?	0	0	23 (92%)	2 (8%)	
	Monthly	Quarterly	Bi- Annually	Annually	
b) If yes, how often would you like to connect?*	0	8 (32%)	10 (40%)	3 (12%)	

*responses that included more than one choice were omitted

Compliments to the event team included:

- “Good venue, excellent food, liked the set-up of mixed groups at tables.”
- “Great venue, good food, well organized.”

FEI topics not discussed at the event that attendees reported they wished were discussed included:

- Sixty four percent of attendees thought that the event should have included HA participation and more information regarding HA engagement strategies and decision-making influence. “Specific strategies regarding communication + engaging administration”.
- Twenty-eight percent of attendees specifically reported that HA representatives were a stakeholder group that they would have liked to have seen in attendance.
- Three attendees explicitly reported that they would have appreciated more information on governance structures and processes particularly relating to Doctors of BC and the Ministry of Health. “Understanding of DoBC + MoH structure + responsibility”.
- A few attendees reported that they would have appreciated information regarding physician wellness.

Common themes shared of other ways that the FEI can provide support included:

- Results indicated that communication support is needed and would be a valued form of support.
 - Attendees reported a desire to engage in more communication at a provincial level. Specifically, they would like to be connected with key HA stakeholders and participate in information exchange regarding provincial supports (e.g. leadership training).
 - Additionally, they would like the FEI to increase communication and collaboration between sites. Examples of strategies to achieve this include disseminating and connecting inexperienced Physician Society administrators with experienced administrators and access to an ongoing list of engagement activities across sites.

Comments that provided helpful suggestions for future events included:

- “Assist with access to key Health Authority stakeholders.”
- “Energize collaboration between sites.”
- “Facilitate problem solving around HA... relationship building.”

OTHER COMMENTS

Additional comments that arose during the event are as follows. Foremost, emphasis was placed on the importance of: finding the right motivation to engage physicians; sharing FEI information; and, the challenges that accompany the FEI. Commonly expressed engagement motivators included CME credits, meaningful takeaway messages and food. Sessional payments were not always a key motivator. It was reported that physicians should be consulted with in regards to what is important to them, what they value and what motivates them. Current FEI messaging was reported to need revision to emphasize the focus on relationship management, health care improvement, and forming new structures for decision making.

Collaborative engagement was reported to be one of the hardest things to successfully partake in and to demonstrate, as there is no tangibility to it. Linking groups to not only help coordinate ideas but also to develop relationships and bonds were reported to be useful. In order to utilize FEI funds, there was a suggestion for hospitals to identify established leaders and potential young leaders and bring them together for mentoring, and to develop educational opportunities. The physician leadership and engagement paper "[Accepting our responsibility: a blueprint for physician leadership in transforming Canada's health care system](#)", a white paper prepared by the Canadian Society of Physician Leaders, was recommended as an additional resource. The [UBC Facility Engagement Evaluation](#) will evaluate the process, outcomes, benefits and related costs of the Facility Engagement initiative at the provincial level.

EVENT SUMMARY & NEXT STEPS

Throughout the event several themes emerged relating to the importance of shared learnings, motivating physicians for FEI activities and having clear and direct communication channels. It was acknowledged that it can take years to turn a ship around, but small successes can lead to larger changes. The FEI was reported to be only as strong as people who are engaged in it and feel part of it. It was stated the FEI program can only succeed if physicians and health authority partners own it.

Evaluation results reveal that the Lower Mainland Facility Engagement Networking Event was a success. A meaningful portion of attendees reported that the event helped them gain a better understanding of the FEI, was useful for networking with our FEI sites and helped them learn about the challenges and successes in carrying out the FEI at other sites. All attendees felt that the event ought to be held again in the future.

In alignment with the objectives of the MOU, the provincial FEI program will take the following next steps. (1) Plan additional networking events for engagement and dialogue: to address issues of importance to the medical staff; to build a culture that supports appropriate and constructive physician advocacy; and, to ensure inter-professional and collegial communications (2) Develop information sharing tools: to improve physician access to processes and resources that provide timely feedback, and, for quality and cost improvement opportunities.

For more details on the event activities and evaluations, please contact
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