VENUE: SANDMAN SIGNATURE, KAMLOOPS, BC
DATE: JUNE 11, 2018
REGION: INTERIOR HEALTH AUTHORITY

OVERVIEW

The June 11th Rural Regional Collaborative Table session ("session") was developed in response to feedback received at the December 6, 2017 Interior Health Facility Engagement Symposium, whereby a need was expressed to meet regionally to resolve communication challenges, develop a tangible communication framework and make an action plan to execute the new framework. The session objectives were as follows:

- To share and gather feedback on Interior Health Authority's ("IHA") strategy to engage physicians and increase their role in decision-making
- To develop strategies that will facilitate improved communication between physicians and administration, specifically around physician involvement and increased transparency in decision making and accountability / "closing the loop" on communications
- To gain an understanding of the identified issues from both the physician and administrator perspective, and utilizing the communications strategies developed in the morning, to brainstorm strategies for tackling these issues in the region

Session activities were as follows:

- Sharing of IHA's current plan to address the 2017 Health Authority Engagement Survey results, and best practices for communicating and engaging with administrators and physicians
- Dialoguing through table discussions to identify key criteria and common themes for an improved communication strategy/model in IHA, and applying identified criteria to current issues raised in the region with specific action steps moving forward
- Building relationships and networking across facilities and with IHA administration

PARTICIPANTS

A total of 31 participants attended the session, including 11 IHA administrators, 8 physicians and allied health, 5 project managers, 6 Specialist Services Committee staff, and 1 Doctors of BC staff.

Hospital sites that were represented include:

- Princeton General Hospital
- South Okanagan General Hospital
- Queen Victoria Hospital
- Dr. Helmcken Memorial Hospital
- 100 Mile District General Hospital
- Nicola Valley Hospital and Health Centre
- Shuswap Lake General Hospital

PROGRAM

Introductions

Opening remarks were shared by Kirsten Smillie and Amanda Harris, Facility Engagement Liaisons ("FELs"), and Dr. Harsh Hundal, Executive Medical Director of Physician Engagement and Resource Planning. The session was facilitated by Russell Hunter and Ryan Williams of Tekara Organizational Effectiveness, and supported by Specialist Services Committee ("SSC") staff.

Context and Discussion: The IHA Approach to Physician Engagement

Dr. Hundal presented on a number of regional issues including:

- 2017 Health Authority Engagement Survey results
- Changing demographics of physician and patient populations (e.g. shrinking resources)
- Mental health and burnout amongst physicians and their impact on patient care (e.g. reduced empathy)
- Physician engagement as a cornerstone of high-performing health systems
- Decision making and quality improvement as they relate to leadership, culture and people
- Common similarities between leadership skill development for both IHA physicians and administrators
- New approaches necessary to address regional issues

Dr. Hundal's presentation is available at: Physician Engagement: The IH approach

Communication Strategies: Setting the Stage

Facilitators Russell Hunter and Ryan Williams presented on proven successful strategies from other Health Systems contexts.
The presentation is available at: Rural Regional Collaborative Table

Communication Goals on Key Issues Identified

Prior to the session, FELs worked with the MSAs in their region to identify priority regional issues. A number of IHA staff were invited to participate in key stakeholder interviews to share their views on the best approach to regional collaboration. During the session, participants identified communication goals for these key issues and current needs to move forward. Key issues and goals identified were as follows:

Transparency, Communication and Decision-Making in Collaboration with Health Authority Partners – Princeton General Hospital and South Okanagan Hospital

- Understanding how decisions are made for service delivery at facilities and understanding how physicians can most efficiently and effectively be involved in decision making-processes.

Patient Transport – Dr. Helmcken Memorial Hospital, Queen Victoria Hospital, 100 Mile District General Hospital

- Discuss the current challenges of patient transport and strategize solutions.

Physician Input into workplace redesign and services - Nicola Valley Hospital and Health Centre

- How can physician knowledge be used to improve services and workplace redesign?

Communication Strategies on Key Issues Identified

Participants discussed communication strategies to address the aforementioned key issues. Key communication strategies were as follows:

- **Information Push through email communication** - Email is the go-to vehicle for IH to deliver information to the physicians; however many physicians do not check their IH email. Why?
    - Challenges associated with effective communication through emails include:
        - The volume of emails is overwhelming and the majority of the content is often deemed not relevant by physicians – as a result, people stop checking because there is little perceived value.
        - Additionally, it is cumbersome for physicians to check their IH email when off site, and is particularly difficult for rural physicians where Wi-Fi can be unreliable.

- **Town Hall meetings -** The town hall format has the potential to be an effective vehicle for communicating information. This format was recently used to communicate information about the upcoming patient portal.
    - Challenges associated with this communication strategy include:
        - Difficulty in notifying physicians of the meetings – while emails were sent in advance, most physicians reported that they only had a few days' notice prior to the meeting.
        - The format of the town hall was focused on delivering information rather than soliciting feedback from physicians. While there were opportunities for physicians to ask questions and raise concerns, it was not clear how their feedback would be addressed.

- **Steering Committee** - A steering committee consisting of local community, physicians, and IHA members. This is not a governance table but a forum to exchange information between the three groups.
    - Challenges associated with this communication strategy include:
        - The community's perceptions can be leveraged as they tend to be on side with physicians on issues related to patient care and health services.

- **Navigating Patient Transport with Multiple Transport Programs**
    - Challenges associated with this multiple-program communication strategy include:
        - Sites feel there are inconsistencies of following transport policies.
        - Physicians feel their knowledge and experience deciding who can be safely transported is overlooked.
        - Differences between multiple transport programs, such as BC Ambulance, Interior Health's High Acuity Response Team (HART) and Critical Care Transport Team (CCTT).
        - Sites identified a high volume of wasted resources during the transport process. Resources include: time, supplies, staffing.

- **Workplace Redesign LMAC, RMAC, HAMAC meetings** – physicians prefer communicating in-person (rather than through emails) where they can talk to IHA administrators about topics such as workplace redesign planning.
    - Challenges associated with this communication strategy include:
        - Physicians don't know the process regarding space-planning and workplace re-design decision-making.
        - Sites feel they may be competing with other sites and their priorities for consideration
        - Discussed whether a physician could be part of space-planning committee – perhaps a rotating spot? Also, if a physician identifies a space issue, could they be asked to attend the next space planning committee meeting to learn the process better?
        - Discussion and suggestion to embed learning about space planning processes into physician orientation – a map to show the system and how decisions are made.

Communication Opportunities and Next Steps

Key IHA communication strategy/model themes discussed in the session were summarized and the next steps for discussion and action were identified. Participants also made a personal commitment to an action item following the session.

Transparency, Communication and Decision-Making in Collaboration with Health Authority Partners - Princeton General Hospital and South Okanagan Hospital

- IHA to send one weekly email highlighting important items using bullets points
- MSA project managers to consult with MSA members regarding the use of Outlook and whether training needs exist to better manage the volume and content of emails
- FELs to connect with Executive Directors' and Executive Medical Directors' Administrative Assistants regarding requests for feedback from physicians to present at Town Hall meetings.
- IHA to craft meeting invitations that will capture physicians' attention – the invitations should convey the purpose and expectation of the meeting. Messaging should highlight that the aim is

to create a partnership with IH so that physicians see value in the meeting to improving their ability to do their job.

Patient Transport – Dr. Helmcken Memorial Hospital, Queen Victoria Hospital, 100 Mile District General Hospital

- Opportunity to distribute Trauma Transport Report to Chiefs of Staff to review at LMAC. Feedback (from LMAC?) to be forwarded to IH Executive Medical Director responsible for IHA Transport, prior to going to the Transport Network.

Identify and target waste in the transport process (e.g. electronic transfer of patient information to BC Ambulance; number of nursing hours spent escorting patients due to Diagnostic Imaging Department requirements for services at Royal Inland Hospital)

Workplace Redesign- Nicola Valley Hospital and Health Centre

- Opportunity to provide a physician orientation and training which focuses on how decisions are made within the health care system. This should include resources and tools (e.g. handbooks, checklists) that outline decision-making processes.
- Opportunity for the Workplace Redesign planning committee to interact and collaborate with LMAC and RMAC members rather than only with local level IH administrators. This will require that workplace redesign receive a meeting agenda item.
- Opportunity to enhance regional MSA meetings to share information about space/capital priorities and any other priorities that have regional implications. Rather than competing, working together to have a unified regional voice for decision making tables. Possible ideas for grouping sites could be geographic, or issue dependent (i.e. cardiac, trauma, etc.)

Breakout Discussion: Overarching Themes

1) **Communication standardization** – regions would benefit from more direction regarding how to spend money and how messages are communicated
2) **Trust** – there is a need to increase trust that the other parties' decisions are the right decisions
3) **Common action steps** – there is a mutual benefit to action items focusing on building relationships
4) **Turn-over of staff** – there is a need to train and inform new staff of the mutual goals FE is attempting to achieve

Close Session:

The facilitators, FELs and Dr. Hundal wrapped up the session with some final comments. General take home messages included that significant change is possible when issues are unified, commonalities are found and when sites work collaboratively as a region. Participants were invited to review the IHA information graphic which illustrates alignment of FE projects with IHA strategic goals.

Specific recommendations from the four collaborative meetings held in IHA are attached to this report in a two-page document. In addition, the Facility Engagement Initiative ("FEI") has engaged in a

consultation process with key stakeholders to understand what effective regional collaboration means to those working in the Interior, and how the FEI can support this going forward. Recommendations from the consultation process will be shared in the Fall, 2018.

OUTCOMES

Following the session, 19 participants (7 physicians and allied health, 8 IHA administrators, 2 project managers, 2 unknown) completed feedback surveys. The following summarizes feedback results. Percentages were calculated from the total number of feedback submissions.

	1 = Very Little	2	3	4	5 = Very Much
1) This event was useful for networking with other Physicians and Health Authority Leaders involved in Facility Engagement within IHA	-	-	-	*13 (68%)*	*6 (32%)*
2) This event helped me understand and appreciate what it takes to be successful in different roles	-	-	*7 (37%)*	*8 (42%)*	*4 (21%)*

	Yes	No
3) Should this event be held again?	*19 (100%)*	-

	Webinar	Tele-conference	In-Person	Other
a) If yes, how would you like to continue to connect?	-	-	*15 (79%)*	4 *(21%)* (more than one method)

	Monthly	Quarterly	Bi-Annually	Annually
b) If yes, how often would you like to connect?	*1 (5%)*	*8 (42%)*	*7 (37%)*	*3 (16%)*

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

- *"IH Department leads around identified issues"*
- *"Administration including senior management"*
- *"Division leadership"*
- *"Patients, IH nurses, allied health"*

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

- *"Interactions with PQI"*
- *"How to celebrate success"*
- *"Policies 101 on the structure of healthcare"*

- *"Engagement and other HA staff"*
- *"Telehealth"*
- *"Speed of trust"*
- *"More info on what other sites are doing"*

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

- *Excellent* (2)
- *Great* (3)
- *Good* (10)
- *Not good* (1)

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

- Increase opportunities to collaborate
    - *Facilitating the use of data*
    - *"Take concerns to the Ministry"*
    - *"Fund Speed of Trust"*
    - *"More outreach, direct contact with physicians"*
    - *"Greater info about scope of FE"*

7) Other comments

- *"Great start!"*
- *"Thank you"*