

VENUE: PRESTIGE MOUNTAIN RESORT, ROSSLAND, BC

DATE: MAY 24, 2018

REGION: INTERIOR HEALTH AUTHORITY

OVERVIEW

The May 24th West Kootenay Regional Collaborative Table session (“session”) was developed in response to feedback received at the [December 6, 2017 Interior Health Facility Engagement Symposium](#), where 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 29 participants attended the session, including 9 IHA administrators, 8 physicians and allied health, 6 Specialist Services Committee staff, 4 project managers and 2 session facilitators.

Hospital sites that were represented include:

- Arrow Lakes Hospital
- Boundary District Hospital
- Kootenay Boundary Regional Hospital
- Kootenay Lake 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.

The session’s presentation: West Kootenay Regional Collaborative Table

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
- Mental health and burnout amongst physicians and their impact on patient care
- 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: Physician Engagement: The IH approach

Communication Strategies: Setting the Stage

Facilitators Hunter and Williams presented on proven successful strategies from other Health Systems contexts: West Kootenay Regional Collaborative Table.

Communication Goals of Key Issues Identified

Prior to the session, FELs worked with the Medical Staff Associations (“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:

Pilot Projects and Hospital Design

There is a perceived lack of physician input into decision making with regards to pilot projects and hospital designs. IHA administrators need to navigate various stakeholders and priorities, and at times find it difficult to find synergies between priorities. Often IHA administrators are not informed of changes until it is too late to roll out a communications plan. Communication goals include reviewing priorities and choosing three or four to focus on, ensuring all the voices for planning in the community are heard, and finding the best avenue to communicate.

Patient Transportation

The group consensus was that in order to move forward with this topic discussion, key stakeholders, such as BC Ambulance and the Heart and Stroke Coordinator, should be involved in the conversation. Communication goals include ensuring all parties are involved for a coordinated approach.

Recruitment/Resource Planning

Physicians would like more involvement into clinical service resource planning for local populations.

Delivery of Services

Physicians would like more involvement and input in discussions at the local and regional level. At times, problems presented are not just local issues.

Shared Services

Physicians would like more input in the decision-making process for shared services.

Surgical Services

Physicians would like more input to efficiently and effectively utilize surgical services in West Kootenay communities.

Communication Strategies and Models on Key Issues Identified

Participants drafted communication strategies and models to address the key issues identified. Key communication strategies and models were as follows:

- **Revitalization of the Local Medical Advisory Committee (“LMAC”) structure**, role clarification and circulation of terms of reference. Focus on bi-directional communication and use of existing structures to move actions and decisions. Physicians can request items to be added to the agenda, provided they are quality-focused, and invite other parties to join (although only those with hospital privileges may vote). LMAC and MSA meetings can be scheduled to run back-to-back for optimal attendance. IHA administrators can be invited to meetings or provided with a monthly update for FE activities discussed in LMAC.
- **Absorb the learnings of Alberta Health Services** and continual dedication towards transparency in communication. Focus on quality first, and systems and processes second. Use a no-blame approach and focus on improvement and moving forward. Where possible ensure value is being measured and is quantifiable.
- **Ensure the right people are involved in the discussions** from the very beginning. Ensure value add from those involved.
- **Form consensus in local systems and collectively voice to higher systems.** Learn a future state, not how to navigate around a dysfunctional system.
- **Focus on interest-based negotiation** – whereby both parties’ needs are understood, and build on existing dyad systems and new structures which bring multiple parties together for input.

Additional strategies and models discussed were as follows:

- **Arrange pre-meetings to ensure that attendees have read pre-meeting materials** and come to meetings prepared to make decisions.
- In terms of patient transportation, **focus on what will get the best results for patients close to home**, within resource constraints.
- **Begin with small and simple successes** and build from those successes.

Communication: 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.

Key themes for an IHA communication strategy/model were summarized as follows:

- Establish a mechanism for regional conversations and a regional voice, whether that is through new or existing structures and systems
- Find a common purpose
- Focus on moving forward and quality improvement
- Ensure the right people are at the table, and are equipped with necessary tools
- Ensure accountability and follow through of action items

Key next steps for discussion and action were as follows:

- Review current structures that already exist and find ways to repurpose and improve these structures, rather than creating something new
- Define roles and communicate these roles to others so that it is well known who to connect with for matters of interest and importance

Participants committed to the following personal actions:

- *I will attend every MSA meeting I can and I will participate fully*
- *I will ask about the purpose of local department structures and LMAC and hold them to account and grow them*
- *I will utilize groups we have already working and focus on making them more efficient and functional*
- *I will work on revitalizing structures we already have in place*
- *I will try to make things clear on processes that have to happen and why*
- *I will focus on the educational piece and create one pager to help inform others and bring a different perspective to the LMAC table*
- *I will support my staff to be present and be clear on expectations around supporting this work*
- *I will focus on solutions rather than problems and watch language used, use regional focus when thinking of solutions, improve communication in terms of timeliness and seek opportunities for leadership and learn*
- *I will take responsibility to ask questions*
- *I will make LMAC more effective and localize responsibility*
- *I will take today's learnings back to my site and continue conversations in our community*
- *I will start things from local community and send things back up*

- I will help with small projects and remind sites on how they can use FE funds
- I will start telling positive stories and celebrate these as opportunities
- I will apply learnings to the Shared Care portfolio

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 available in a separate 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, 16 participants (7 physicians and allied health, 5 IHA administrators, 4 project managers) 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	–	–	1 (6%)	6 (38%)	9 (56%)
2) This event helped me understand and appreciate what it takes to be successful in different roles	–	1 (6%)	3 (19%)	8 (50%)	4 (25%)
	YES			NO	
3) Should this event be held again?	16 (100%)			–	
	WEBINAR	TELE-CONFERENCE	IN-PERSON	OTHER	
a) If yes, how would you like to continue to connect?	–	–	16 (100%)	–	
	MONTHLY	QUARTERLY	BI-ANNUALLY	ANNUALLY	
b) If yes, how often would you like to connect?	1 (6%)	3 (19%)	10 (63%)	2 (13%)	

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

- *Chief of Staffs (4)*
- *BC Ambulance (2)*
- *Divisions of Family Practice (2)*
- *Physician Leaders at sites that don't have FEI*
- *IHA*
- *Provincial committees*
- *Physician Leads*

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

- *Alignment of numerous initiatives*
- *Capacity*
- *Deeper dives on issues and more examples of appropriate FE projects*

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

- *Good (5)*
- *Excellent (3)*
- *Adequate location and food – good organization – thanks FELS*
- *Fantastic thank you*
- *Loved it. Maybe rotate?*
- *Venue was good – liked that it was in Rossland, but may be far for Nakusp*

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

- *Mostly the same doctors participating in FE, MSA, Divisions of Family Practice in rural areas – are there opportunities around this?*
- *Develop a physician orientation package*
- *Work with high level IHA leaders on issues coming forth*
- *Continue to support physicians in an administrative and leadership role*
- *Have a discussion about including Registered Midwives*
- *Continue financial supports*

7) Other comments:

- *Thank you for the opportunity to connect with regional leaders today*
- *Important to recognize that salaried employees are not compensated for after-hour meetings despite commitments and expectations to attend.*
- *Great day*
- *Thank you for all your work*
- *No FEI projects and committees provincially*