

ENGAGING PHYSICIANS TO IMPROVE BC HEALTH CARE

Facility Engagement in Action





Facility Engagement is a provincial initiative of the Specialist Services Committee, one of four joint collaborative committees that represent a partnership of the Government of BC and Doctors of BC.

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TABLE OF CONTENTS

4	ACROSS BC <ul style="list-style-type: none">• Relationships, trust and teamwork fuel a new era of engagement• Map: Facility Engagement Across BC• Facility Engagement Growth and Impact
8	ISLAND HEALTH <ul style="list-style-type: none">• Engagement opportunity solves congestion challenges: Comox Valley• Collaboration produces COVID-19 patient care tool in 10 days: South Island
12	INTERIOR HEALTH <ul style="list-style-type: none">• Moving the needle on engagement: Interior Health• Collaboration saves the OR and patient access to surgical services: Fernie• United physicians break boundaries: Kamloops• Hospital-wide effort cuts infection rates: Trail
18	PROVINCIAL HEALTH SERVICES AUTHORITY <ul style="list-style-type: none">• Working together is an outcome: BC Children's and Women's Hospital• Pandemic validates engagement process: BC Centre for Disease Control
22	NORTHERN HEALTH <ul style="list-style-type: none">• Improving food quality results in cost savings, happy patients: Haida Gwaii• Engagement road leads to better patient care: Prince George
26	FRASER HEALTH <ul style="list-style-type: none">• Physicians reach out to colleagues to improve patient access: Burnaby Hospital• Thinking Bigger: Physicians advocate for wellness: Fraser Health regional
30	PROVIDENCE HEALTH CARE & VANCOUVER COASTAL HEALTH <ul style="list-style-type: none">• Physician partnerships unfold: Providence Health Care• Creating a more diverse, equitable and inclusive physician workplace: Vancouver Coastal Health• Team effort leads to \$90K cost savings: North Vancouver• MSA defines meaningful physician engagement: Vancouver

Relationships, trust and teamwork fuel a new era of engagement

For the past two decades, BC's health authorities and physicians have been challenged to collaborate effectively. Physicians have felt left out of critical decisions, not knowing who to talk to about system and quality concerns. Health authorities have not had a structured way to involve doctors in discussions and planning. But with Facility Engagement, the tide is turning.

The Specialist Services Committee's (SSC) Facility Engagement Initiative has been quietly transforming the culture of physician engagement in 72 acute care hospitals and programs across six BC health authorities.

Through formal medical staff association (MSA) structures and funding for physician time and administrative help, doctors now have an organized way to strengthen their voice and influence in decisions about their workplace and patient care.

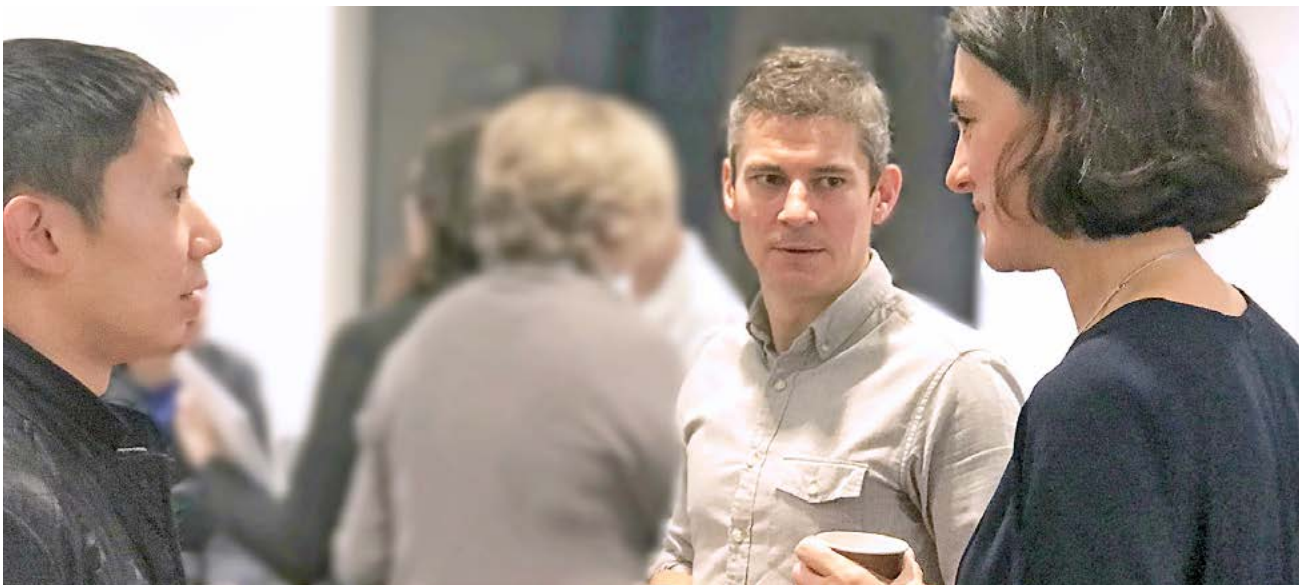
They have grabbed onto the opportunity for change. For the first time in many years, doctors are renewing relationships, communicating, and meeting regularly with health authority leaders and administrators.

Physicians are teaming up with hospital leaders and frontline staff to work together on plans, improvements and solutions.

They have initiated hundreds of projects in their sites and regions that tackle system barriers, unstick problems that have languished, and seek better ways to deliver quality patient care.

Medical staff are also getting to know colleagues, connecting across programs to work on clinical priorities, and exploring ways to reduce burnout.

With trust and teamwork growing, many small wins are starting to add up to big changes.



Moving Forward

While more work needs to be done to measure the full impact of Facility Engagement and embed a culture of engagement across BC, physicians and health authorities alike are reporting positive experiences, successes and optimism.

Ultimately, as doctors and health authorities move onto the same page to transform health care together, patients will be the winners – with better care, experiences and health outcomes.

This publication highlights just a few examples of the hundreds of successful Facility Engagement activities that are making a difference. Read more at: www.facilityengagement.ca

The SSC Facility Engagement Initiative is a partnership of Doctors of BC and the Government of BC.

LEVERAGING ENGAGEMENT IN A PANDEMIC

In 2020, physicians and health authorities were met with the ultimate engagement challenge: COVID-19.

Relationships and communication channels established through Facility Engagement enabled medical staff, physician and hospital leaders to pivot quickly to share information, discuss collective needs, and work on their emergency responses together.

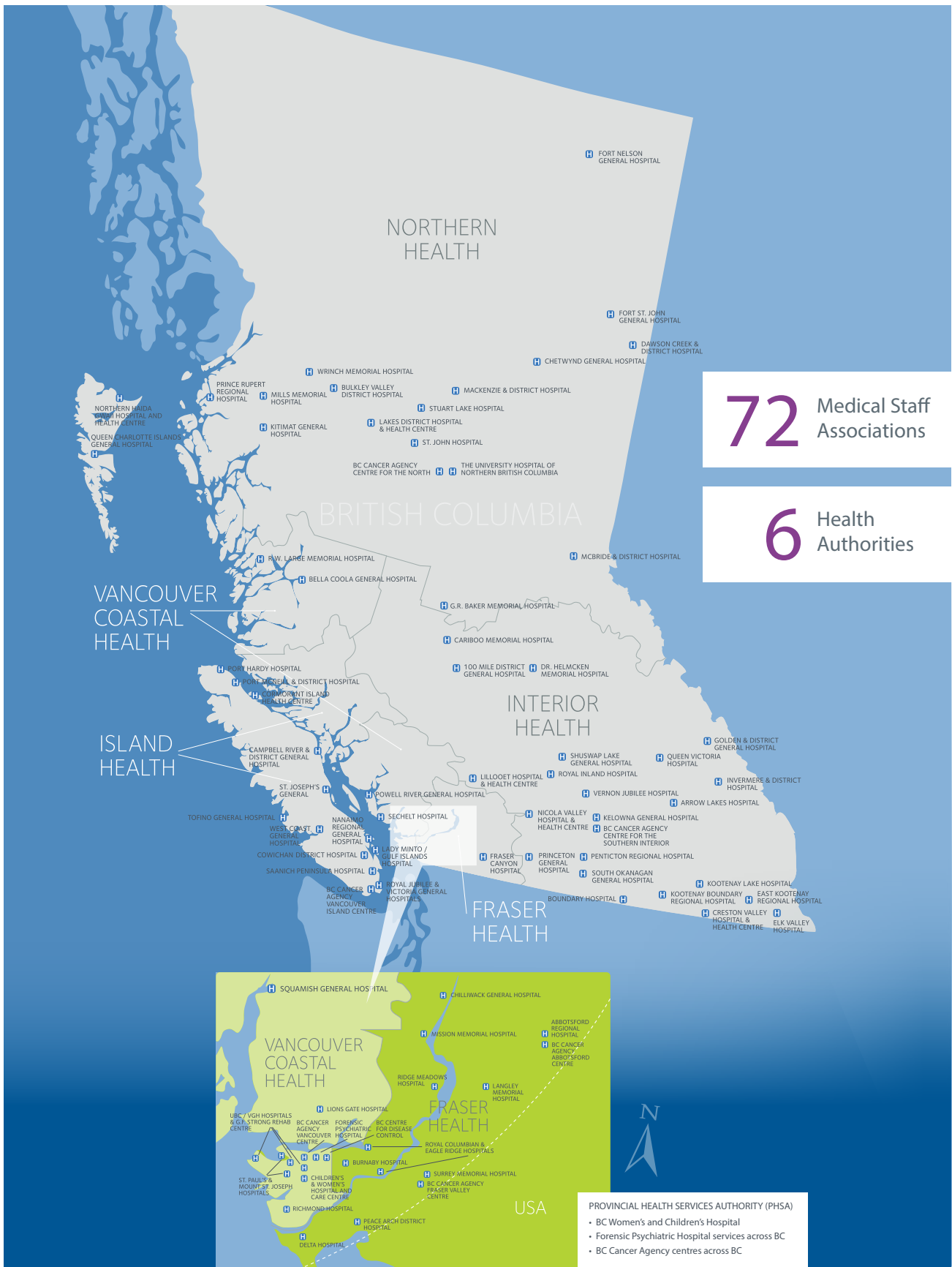
Building meaningful physician engagement

3 REASONS WHY

- 1. PATIENT CARE:** A growing body of research shows a strong positive link between engaged physicians and cost-effective quality care, with improved clinical outcomes.
- 2. TRIPLE AIM:** Collaborative problem-solving can positively support BC's Triple Aim commitments – either directly or indirectly – to improve patient and provider experiences, improve population health, and reduce health care costs.
- 3. WELL AND RESILIENT DOCTORS:** Meaningful engagement reduces physician turnover and burnout, and improves their dedication and ability to deliver patient care in a healthy way.

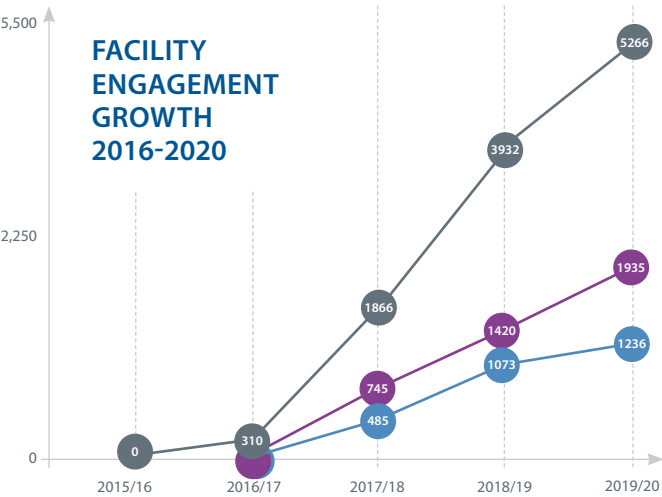
5 WAYS TO ENGAGE

- 1. RELATIONSHIPS:** Build constructive and collaborative relationships, open communication, trust and respect.
- 2. SUPPORT:** Empower physicians to lead improvements and participate in decisions about the direction of health care services.
- 3. CULTURE:** Foster health authority culture, structures, communication, information sharing and processes to promote engagement.
- 4. COLLABORATION:** Have physicians actively contribute their knowledge of patient care and services to influence decisions and outcomes.
- 5. LEADERSHIP:** Promote and train physician leaders to partner in system reform.



Facility Engagement Growth in BC: 2016-2020

Physician participation, FE activities and health authority collaboration



of Physicians / Medical Staff participating in FE (2016-2020)



of FE Activities underway (2017-2020)



of FE Activities that are collaborative with the Health Authority (2017-2020)

Source: Site Engagement Activity Tracker (SEAT) and Facility Engagement Management System (FEMS)

Facility Engagement Impact: Snapshot 2019-20

Improvements in MSA and health authority engagement



**INCREASED
PHYSICIAN / SITE HEALTH
AUTHORITY ENGAGEMENT**

88%

of MSAs reported improvements over the previous year
43/49 MSAs reporting

84%

of site health authority partners reported improvements over the previous year
26/31 Administrators reporting





**STRENGTHENED
PHYSICIAN TO PHYSICIAN
ENGAGEMENT**

98%

of MSAs reported improvements over the previous year
48/49 MSAs reporting

Source: Site Engagement Activity Tracker (SEAT) and 2019-20 Site Review & Reporting Process (SRRP) submissions received.
Note: responses limited due to COVID-19

ISLAND HEALTH



The importance of Facility Engagement is critical in providing good quality patient care. We have front-line clinical and administrative operational levels of responsibilities. To make it function well, we need to have good communication and relationships.

Through collaboration we've been very successful with managing the change, and have been able to put a lot of quality improvement into play. Everyone is now collaborating around quality goals and successfully managing important changes."

— Dustin Spratt, Manager, Emergency & Critical Care, ICU
Campbell River and Comox Valley Hospitals



DR HOULGRAVE (FAR LEFT) AND PROJECT WORKING GROUP

Engagement opportunity solves congestion challenges

NORTH ISLAND HOSPITAL, COMOX VALLEY: When a new hospital campus opened in Comox Valley in 2018, the transition from the old site was rocky. Space was not designed as expected, and patient flow through the emergency room quickly escalated. A solution was found through Facility Engagement.

"Within the first few weeks of opening, the entire back half of the emergency room was filled up with admitted patients," said Dr Albert Houlgrave, Emergency Room Physician.

Physicians and frontline staff were stressed, but did not feel their concerns were being heard by administrators as they were not at the hospital every day.

That's when Facility Engagement came along, creating a platform for physicians and administrators to talk about common goals.

Once meetings started, improvements happened quickly: a dedicated trauma bay, a hot stroke protocol,

"[Facility Engagement] created a culture where we could meet to discuss solutions to a problem and subsequently put those ideas into action."

— Dr Albert Houlgrave, ER Physician

simulation training, re-deployed nursing support for waiting patients, improved hospital signage, a new paging system and redesigned space for new beds.

"It was great to have administration on our side to help free up space and make new space for beds," he said.

Nurses, doctors and unit clerks also began to review patient cases to find improvements to flow and efficiency, and with administrators, put ideas into action.

The situation had turned around, thanks to better communication, good working relationships and regular opportunities for administrators and physicians to talk.

SHARED GOAL

Solve hospital congestion challenges

ENABLERS OF SUCCESS

- An organized way to discuss common goals
- Improved communication at all levels



Collaboration produces COVID-19 patient care tool in 10 days

ROYAL JUBILEE AND VICTORIA GENERAL HOSPITALS, SOUTH ISLAND: In pandemic planning, having a source of truth and standardized approaches are essential to coordinated and efficient responses. So is speed. In March 2020, physicians from the South Island worked together with colleagues, Island Health administrators, staff, and allied health providers to develop a COVID-19 Clinical Order Set in just 10 days.

Clinical order sets serve as a common platform for decisions made at the point of care. They compile the best evidence and best practice in one place to reduce variation in practice, and ensure patient safety.

South Island Hospitalists Dr David Cook and Dr Jean Maskey had already been working alongside a Clinical Order Set Harmonization Team to update clinical order sets (COS) to align with current evidence and harmonize with the future roll-out of iHealth.

With joint project funding from Facility Engagement and Health System Redesign, they planned to reach out to hospitalists, community family physicians and various hospital specialists for input.

But they didn't expect to have their processes and relationships tested by the outbreak of the novel SARS-CoV-2.

Quickly pivoting, they drafted a new COVID-19 clinical order set based on current knowledge about treating

patients with the virus. Its development required bringing together a group of agile, efficient and dedicated medical staff and administrators – a process tirelessly organized by Alison Steinbart, Medication Safety Consultant.

Within 10 days – by the end of March 2020 – the order set was ready to go, with much appreciation from front-line staff caring for these patients.

The rapid development of the COVID-19 Clinical Order Set by the Island Health team drew attention at provincial tables, where there was interest in scaling up the work and sharing it with other health partners.

"This was a BIG success for the team to complete this order set from start to finish so quickly, especially in this unprecedented time of increased anxiety, social isolation and new workflows in anticipation of patients with this new and potentially life-threatening condition," said Dr Maskey.

SHARED GOAL

Create a clinical tool for pandemic response

ENABLERS OF SUCCESS

- Existing relationships and collaborative experiences to draw on
- Wide engagement of specialities, administrators and support teams involved
- Facility Engagement + Health System Redesign funding

WHO WAS ENGAGED?

Physicians	Specialty Areas	
Order Set Team	<i>Infectious Disease</i>	<i>Pharmacy</i>
Administrators	<i>Internal Medicine</i>	<i>Palliative</i>
Island Health	<i>Hospitalists</i>	<i>Primary</i>
Informatics team	<i>Emergency</i>	<i>Care</i>
	<i>Lab Medicine</i>	<i>Respirology</i>
	<i>Intensive Care Unit</i>	

The project leads realized the value of collaborating widely with practicing physicians to improve both acceptance of the order set by clinicians, and excellence in care by incorporating current evidence-based practices.

They also recognized the challenge of having a large group of physicians participate in these processes, and saw Facility Engagement funding as instrumental to its success.

The team performed these updates so effectively that Dr Cook was asked by the Clinical Order Set Harmonization Team to extend his work as a physician champion of order sets in an ongoing basis.

Read the full story at www.southislandmsa.ca and Island Health Medical Staff website.

“

Good thing we had established solid relationships between clinicians and the Order Set Team, due to our work done together over the past year, giving us both practice working with each other, and knowledge of the format and process, as that really helped!”

— Dr Jean Maskey, Co-lead
South Island Hospitalist

“

There were many more people giving input than the folks listed – I think everyone should get a shout out for giving time when they were quite busy.”

— Dr David Cook, Co-lead
South Island Hospitalist


“

One of the gratifying things we witnessed during the pandemic was medical and non-medical staff coming together with a sense of urgency to contribute to important work integral to Island Health’s operational response to the pandemic. The work on the COVID-19 Clinical Order Set is a prime example of this.”

— Dr Ian Thompson, Acting Chief Medical Officer,
Executive Medical Director, Medical Staff
Governance Medical & Academic Affairs,
Island Health



INTERIOR HEALTH



What this speaks to is relationships
– seeing each other as people.
Relationships underlie everything.
We are on a journey together.

You don't engage facilities, you engage people, and in order to engage people you need to see the world through the complexity of what they deal with.

—Dr Harsh Hundal, Executive Medical Director
Interior Health Physician Engagement & Resource
Planning

Moving the needle on engagement

INTERIOR HEALTH REGION: What a difference two years has made. Physicians and health authority partners in Interior Health have increased a key engagement indicator, thanks to a commitment to relationship building and lot of hard work.

In 2019, Interior Health’s Medical Staff Association (MSA) physicians, project leads and health authority partners joined together in Kelowna to celebrate Facility Engagement progress.

Two years prior, the tone was decidedly different. Physicians were frustrated about their relationship with the health authority. In the 2017 Doctors of BC Health Authority Engagement survey, only 28% of doctors who responded felt that Interior Health was a good place to practice medicine.

Interior Health leadership listened, and responded with a genuine commitment to make things better.

Two years later that sentiment had turned around, when 51% of physician survey respondents said that Interior Health was a good place to practice medicine.

How did things change? In addition to the commitment and actions of the regional health authority leaders, local MSAs worked to improve communication, trust and teamwork with health authority counterparts in their own hospitals and health regions.



INTERIOR HEALTH REGIONAL FE EVENT, KELOWNA 2019

They established new processes to work on priorities together. And overall, they renewed relationships.

MSAs are now collaborating with the health authority in ways that were not possible in the past, and successfully advancing dozens of improvements at local hospitals that are making a difference. While there is more work to do, a healthy culture of engagement is growing across Interior Health.

In the past, physicians felt powerless to make changes. But now that we have a formal structure in place, we can actually bring ideas forward and see changes that are made from those ideas.”

— Dr David Stoll, Penticton Regional Hospital

SHARED GOAL

Build a culture of physician engagement

ENABLERS OF SUCCESS

- Commitment by leadership to support change
- Medical staff and health authority relationships

**2-YEAR
CHANGE**

Interior Health physicians said:
“I am satisfied with this organization as a place to practice medicine”

28%
2017

 **51%**
2019

Collaboration saves the OR and patient access to surgical services

ELK VALLEY HOSPITAL, FERNIE: With the retirement of the general surgeon and challenges recruiting a new one, 15,000+ Fernie-area residents would need to travel up to 170 kilometers to Cranbrook for consultations and surgeries. Instead, a team of physicians, local and regional health authority leaders, and nursing and administrative staff conceived a cross-community solution to save the operating room.

The partners joined together in a new Surgical Sustainability Committee supported by Facility Engagement, and reached out to surgeons working at Cranbrook's East Kootenay Regional Hospital to invite them to perform surgeries in Fernie.

They made it easy for the neighbouring surgeons to participate. Travel costs were covered. Fernie nurses travelled to Cranbrook to observe the surgeons' working styles to build mutual comfort levels. A private consultation space at Elk Valley Hospital was created as a 'home away from home' for visiting surgeons, and they were treated to a welcome lunch upon arrival.

Four Cranbrook general surgeons stepped up to take on consults and surgery at Elk Valley Hospital, joining local GPs and a soon-to-start GP specialist.

Taking collaboration to yet another level, those surgeons also mentored GP specialists in Fernie to further increase capacity.

Through new relationships and teamwork, services were not only saved in Fernie, they were put on a stronger, sustainable footing for the future – all without decreasing services in Cranbrook.



DRS BAKKER, LOEWEN AND CHALMERS-NIXON

SHARED GOAL

Maintain surgical capacity

ENABLERS OF SUCCESS

- Collaborative relationships: physicians + health authority
- A regional solution to maximize resources
- Low barriers for visiting surgeons



The way physicians were coming to the table was changing; it facilitated our ability to work more closely together. And the health authority has worked with determination to honor our part of the commitment to engagement with Medical Staff Associations."

— Karen Morash, (Past) Health Services Director, Interior Health

United physicians break boundaries

ROYAL INLAND HOSPITAL, KAMLOOPS: Medical staff have embraced Facility Engagement (FE) as an opportunity to lead health care solutions. By 2019, a full 50% of medical staff were involved in, or had provided feedback about engagement work. RIH is now looking to increase that participation to 80%.

"Seeing this many medical staff working on a project to improve patient care or the work environment is fantastic," said Dr Joslyn Conley, nephrologist at RIH, and (past) president of RIH Medical Staff Association and RIH Physician Association.

She noted that RIH physicians are energized by the opportunity for improvement and change, and initiating positive changes throughout the hospital. Two of many examples include:

Emergency Department (ED) physicians Dr Alan Vukusic and Dr Henk Van Zyl are co-leading improvements and expansion of an ED patient care area. It will reduce wait times and provide a safer, more comfortable environment for patients, family, and staff. FE has supported the doctors to:

- conduct background research
- compare ideas with other sites in BC
- conduct early pilot trials to guide design
- ensure construction meets patient care/staff goals



We now have access to administrative leaders to try to implement physician-generated ideas. My engagement in our facility is reinvigorated, I feel listened to, and that I am making an impact for change."

— Dr Paula Lott, Obstetrics/Gynecology

In another project, Dr Simon Treissman is developing and trialling an online emergency surgery scheduling system. The real-time emergency surgery wait list aims to improve the care of patients by providing the framework for intelligent load sharing within a surgical network. FE is being put to work to:

- engage specialties
- train and support surgeon users of the system
- manage the change

With dozens of other FE projects underway, results are starting to come in. A notable success includes the recruitment of more than 23 physicians over a 10-month period – an exciting indicator of how engagement is making a difference at RIH.



SHARED GOAL

Physician / medical staff participation in solutions

ENABLERS OF SUCCESS

- A united medical staff community
- More physician leadership at local and regional levels
- An organized approach for medical staff to communicate needs and work with administrators

(L-R) DR ALAN VUKUSIC, DR HENK VAN ZYL, DR JOSLYN CONLEY, AND ERIN MCGARVEY, PROGRAM DIRECTOR, FACILITY ENGAGEMENT, RIH PHYSICIAN ASSOCIATION

Hospital-wide effort cuts infection rates to improve safety and quality

KOOTENAY BOUNDARY REGIONAL HOSPITAL, TRAIL: Dr Michel Hjelkrem, an orthopedic surgeon, took drastic steps to reduce surgical site infections – he stopped doing joint replacements. Then his four partners joined him. Soon, the entire hospital had embarked on a mission to improve surgical standards.

The hospital administration was initially reluctant to delay patient procedures. But with support from Facility Engagement, the physicians initiated discussions to bring everyone together to look the challenges and goals. It was late 2017, and infection rates were about 2.8%, compared to the national average of 1% to 2%.

“Morbidity and mortality associated with infection is a big concern,” said Dr Hjelkrem. “If you get an infected joint replacement you’re looking at a minimum of three more surgeries and extended time in hospital.”

So they took a two-and-a-half month pause to make some changes around the hospital. Joining the effort were specialists, hospital administrators, regional health authority leads, nurses, staff, cleaners, students, engineers and patients.

“It takes a community to prevent infection,” he said. “We needed everybody to be involved.”

Some of the key changes included:

- upgrades to the ventilation system in the four operating rooms
- new leadership for Medical Device Reprocessing (instrument cleaning)
- education about orthopedic procedures
- new criteria for pre-surgical optimization and post-operative recovery processes
- software to prevent deep vein thrombosis

Dr Hjelkrem then added a ‘decolonization’ process that involves sterilizing the nose of pre-op patients. At a cost of \$50 per patient, it was well worth the investment, given the average cost of an infected joint replacement in Canada is about \$30,000 to \$50,000.

By preventing a single infection, the total cost would be covered for two years.

After just one year, surgical infection rates dropped well below the national average to 0.4% – and less than six months after adding the sterilizing procedure – the rate dropped again to 0.2%.

Since changes weren’t confined strictly to orthopedics, the overall infection rate for the hospital also dropped by 50%.

The results speak for themselves. “It’s been a really, really positive experience,” said Dr Hjelkrem.

SHARED GOAL

Reduce surgical infection rates

ENABLERS OF SUCCESS

- Engagement of the entire hospital
- Process to measure progress and outcomes

ONE YEAR+ RESULTS:

2.8%

Surgical infection rate before changes
(national average = 1% to 2%)



0.4%

Surgical infection rate one year after changes
(well below national average)



0.2%

Surgical infection rate <6 months after decolonization procedure added



50%

Drop in overall infection rate for hospital



There is no doubt that the most important component to our success was the engagement of everyone in the hospital – no one was left out.”




We have had such great response from the patients. It’s been unbelievable. We’ve become a hospital that people now want to come to for their surgery.”

— Dr Michel Hjelkrem, Orthopedic Surgeon

DR MICHEL HJELKREM AND SURGICAL STAFF TEAM



PROVINCIAL HEALTH SERVICES AUTHORITY



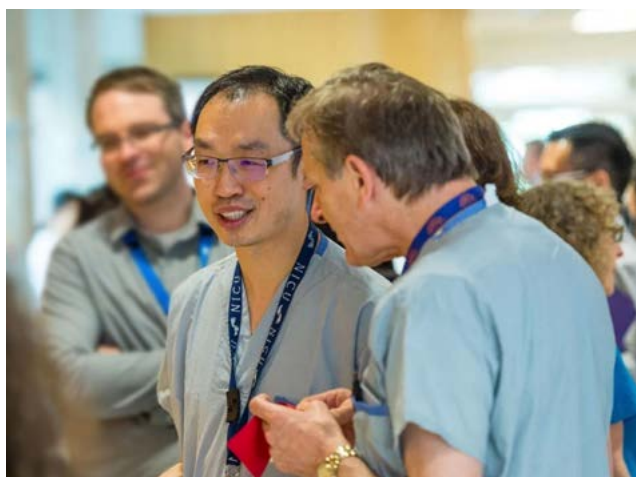
All disciplines that look after cancer care in all regions were able to come together to speak about what was important to them. People wanted to speak to each other, to collaborate across regions and across disciplines.

They also wanted to have meaningful dialogue with leadership. Just knowing who the people are and what to speak with them about, has been very meaningful.”

— Dr Tamara Shenkier, President
BC Cancer Agency Medical Staff Engagement Society

‘Working together’ is an outcome

BC CHILDREN'S AND WOMEN'S HOSPITAL, PHSA: In health care, an outcome is often a change in patient health that results from a specific intervention. But an outcome can also be a change in relationships that shifts how people work together to more effectively drive improvements and change – ultimately, to benefit patients.



MASES PROJECTS DAY

In Fall 2019, the Medical Allied Staff Engagement Society (MASES) of BC Children's and Women's Hospital held a Projects Day to highlight the successes of more than 30 projects funded by Facility Engagement.

Administrators, fellow investigators and guests got a glimpse into the great work being done to benefit children, women and families, and the organization.

Dr Linda Casey, President of the Medical Staff Association/ MASES, noted that while the individual projects are important contributions to patient care, forging the process of identifying opportunities for improvement and working together to make positive change is one of the most important outcomes.

"I encourage you to consider not only the outcomes of the projects, but also the interactions that had to occur in order to make them happen," she said.

"Conversations (and sometimes negotiations!) with various administrative leaders, with colleagues from

Engagement with others and with the organization leads to a work environment that is both informed and supportive. We were able to provide activities over the past year that brought together senior leaders, executives, young medical faculty, nursing leadership, and program management to learn together and learn about each other."

— Dr Theresa Newlove (Project with Dr Esther Lee: Improving support for staff affected by critical incidents in hospital)

This has given me the opportunity to engage with physicians around the site that I would never have been able to before, across disciplines."

— Dr Robert Everett (Project: Fast, accurate bilirubin screening with only a drop of blood)

If we support our team and we support each other then what we can build will be greater and better."

— Dr Orlee Guttman (Project: The young and newly-arrived faculty initiative)

both within and across disciplines and input from many members of our institution support staff were needed to bring these projects to fruition."

"These connections between the members of our hospital community and the opportunities to work together toward common goals are the true representation of this engagement work."

[Read more >](#)

Pandemic validates the importance of engagement

BC CENTRE FOR DISEASE CONTROL (BCCDC): In 2019, the BCCDC Public Health Laboratory (BCCDC PHL) set out to solicit stakeholder satisfaction feedback with an eye to inform future service improvements. As the province's primary public health testing facility and microbiology reference lab for infectious diseases, the timing was fortuitous. COVID-19 would arrive on BC's doorstep a few months later, shining a light on PHL's essential role in enabling a coordinated provincial public health response.

Over the years, public health priorities and technologies had evolved, and the demand for PHL services had increased. Future modeling was needed to optimize services, turnaround times, and operational and scientific capacity and resources to effectively meet the ongoing needs of the public, physicians and organizations across BC.

"Preparedness for a pandemic is one of the key priorities of a public health lab," noted Dr Linda Hoang, Medical Microbiologist and Associate Medical Director and Program Head. "We were concerned about surge capacity and we wanted to find more efficient ways to streamline services."

The PHL would need to tap into a wide variety of insights from BC physicians and organizations served by the laboratory to fully understand all of its strengths and opportunities for improvement.

So Dr Hoang – along with project co-leads, Dr Mel Krajden, Medical Director, BCCDC Public Health Laboratory and Karen Mooder, Director, Laboratory Operations – set in motion a BC-wide consultative process to identify PHL service expectations, gaps and challenges, and to seek potential solutions and recommendations from the clients themselves.

Facility Engagement funding enabled a nimble deployment of resources to support the project.

Leadership was secured for the project from Dr Perry Kendall, Clinical Professor at the School of Population and Public Health, and BC's former Provincial Health Officer.

A consultative framework was then designed. Both clinically and operationally driven, it entailed dozens of interviews and meetings across five geographic health authorities, the Provincial Health Services Authority, and First Nations Health Authority (FNHA).

Those engaged included were Public Health Managers, Medical and Clinical Microbiology team members, BC Medical Health Officers and 22 physicians.

Sessions also included senior operational and medical leads to provide clinical and operational context. All partners worked hand in hand every step of the way.

"It was a true engagement effort, top to bottom," said Jennifer Diep, Project Manager for BCCDC Facility Engagement. "Administrators and physicians always had an opportunity to provide feedback on an equal basis. It was very empowering."



It was everyone's project – an operations project as much as a physicians' project. That really improved connections, trust, and collaboration."

— Jennifer Diep, BCCDC Facility Engagement Project Manager

When Dr Kendall presented findings, additional stakeholders were engaged, including scientists, public health students, laboratory trainees and administrators.

What did those findings show? Overall, a high level of satisfaction with the PHL service, including reference lab functions, expertise in interpretation of results, outbreak management support, and development of appropriate diagnostics. Concerns were also heard about the limited level of investment and lack of surge capacity at the time, and the need for a provincial strategy for diagnostic services and investments in future diagnostic and surveillance technologies, including genomics.

Specific recommendations were put forward for a future plan. But then, COVID-19 came along.

While there was no time to act on the report's findings, the value of the engagement process was fully validated, as both the strengths and limitations heard from stakeholders were tested during the outbreak.

"The findings really showed up in this pandemic," said Dr Hoang. "While we did not have the capacity and resources initially to get up to speed as quickly

as we would have liked, our requests for resources were quickly supported, which allowed us to ramp up successfully."

The PHL's future planning is expected to proceed, informed by the engagement process – and new, real-life insights.

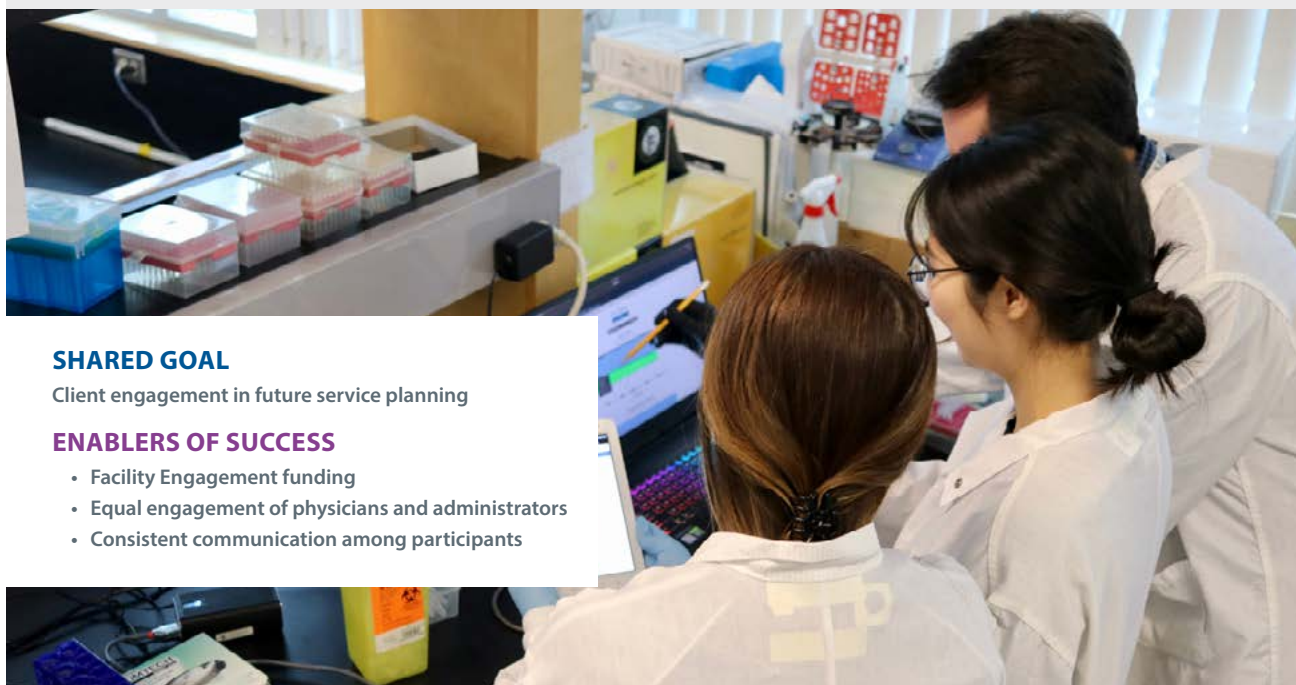
Dr Hoang noted that the COVID experience highlights some of the concerns about the limitations of the health care system that have been raised by those on the front line, further emphasizing the importance of continued collaboration between physicians and health authorities in health care planning.



The system needs to trust in our expertise. By expanding these kinds of engagement opportunities, physicians will have an organized way to alert the health care system of deficiencies and red flags to improve patient and population care."

— Dr Linda Hoang, Medical Microbiologist, Associate Medical Director and Program Head

COVID-19 BCCDC PHL GENOMICS TEAM




SHARED GOAL

Client engagement in future service planning

ENABLERS OF SUCCESS

- Facility Engagement funding
- Equal engagement of physicians and administrators
- Consistent communication among participants

NORTHERN HEALTH



Physicians have played a more significant role than ever before in influencing how services have been developed and how things are evolving in the North.

Having that medical perspective and advice has made a huge difference in some of the service arrangements.”

— Dr Ronald Chapman, Vice President of Medicine,
Northern Health

Improving food quality results in cost savings, happier patients

NORTHERN HAIDA GWAII HOSPITAL AND HEALTH CENTRE, MASSET: In Masset, the return of in-house food preparation has introduced healthy local and traditional food to the hospital menu. Improvements to the food quality are also improving patient satisfaction – and proving to be less costly for this remote facility.

In 2018, the Medical Staff Association and registered dietitian Tessie Harris embarked on a Facility Engagement project to restore on-site hospital food preparation and integrate local and traditional foods. On Haida Gwaii, territory of the Haida Nation, wild and traditional foods are abundant and an important part of the culture.

Prior to this project, the hospital had been serving retherm meals made elsewhere; delivered in individual portion sizes and reheated for patients. There were patient complaints and low food satisfaction in surveys.

Tessie Harris liaised with Northern Health's regional diet office in Prince George to coordinate and align the food service transition with Northern Health guidelines and processes. The site adopted the regional menu while incorporating traditional foods to reflect the needs and wishes of patients and respect local culture.

Staff then started cooking one meal a week on site, increasing the frequency over time. By the end of one year, they were cooking all of the patient meals on site.

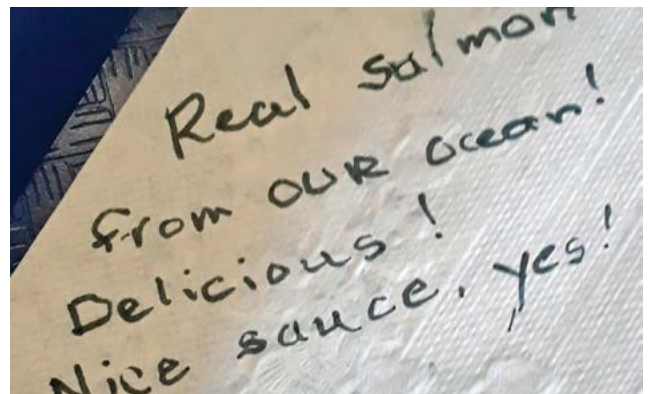
Traditional Haida foods were incorporated into the menu. Wild berries and greens were locally sourced. Arrangements were made with fishers in the area to catch salmon and halibut to be processed locally.

Patients were happy and grateful. They commented about how much the food connected them to their

families, culture and memories. They started eating more, and the amount of food returned to kitchen decreased. Staff were happier too.

Notably, while increasing the quality of the food – without increasing staff levels – an approximate 20% reduction in food costs.

PATIENT FEEDBACK



SHARED GOAL

Improve food quality and patient satisfaction

ENABLERS OF SUCCESS

- Facility Engagement Project Funding
- Alignment with Northern Health regional policies
- Collaboration with community to source local foods

In our small rural hospital, improving quality of food served by resuming in-house cooking has had noticeably improved staff and patient morale. We are serving food that we want to eat!"

— Dr Caroline Walker, MSA President & Chief of Staff, Northern Haida Gwaii Hospital

Patients light up when you serve food that reflects their culture. Nutrition is a big part of it, but the emotional, cultural and spiritual health and feeling of being connected is also making a difference."

— Tessie Harris, Project Lead

Engagement road leads to better patient care

UNIVERSITY HOSPITAL OF NORTHERN BC, PRINCE GEORGE: Enhanced engagement among physicians, administrators and Northern Health is making a difference for the culture of the hospital, organization, and ultimately, patient care.

In Prince George, Facility Engagement is having an impact. To start, it has brought together different groups of doctors so they can get to know each other and understand each other's concerns.

"This has changed the culture dramatically," said Dr Ian Schokking, a local family doctor and Chair of the Facility Engagement IT, Technology and Education Subcommittee. "Much of it was just understanding each other."

It has also enabled closer working relationships between physicians and health authority staff and administrators. In the words of Dr John Smith, Past President of the Prince George Medical Staff and a retired internal medicine specialist: "Now we're getting to know other people in Northern Health management, on a personal or semi-personal basis."

One example of effective teamwork involves improvements to physician coverage for hospitalized patients when family doctors head back to their community practices after morning hospital rounds.

"If the physician is only at the hospital between 8:00 and 10:00 a.m. it's very hard for teamwork, planning and multi-disciplinary rounds to occur," said Dr Smith.



As a solution, physicians consulted with Northern Health to establish a new General Internal Medicine unit. Internists were recruited to look after the needs of hospitalized patients, make multiple rounds of patient visits, and address urgent concerns when needed in the middle of the day.



We are probably engaging 50 to 60 physicians over the course of a year in various projects that would not have been engaged before. By engaging that many doctors, the physician voice and therefore the patient voice – is affecting the change and system."

— Dr Ian Schokking, Chair of the Facility Engagement IT, Technology and Education Sub Committee



"It's simply a better system. The patients who are sick are looked after in a better way," said Dr Smith.

In another example, physicians, administrators and frontline staff met to improve teamwork and communication between the Departments of Obstetrics, Pediatrics and Emergency so they can work efficiently with each other during emergency situations, especially for high-risk obstetrical cases.

They wanted to reduce the risk of potential communication errors during an obstetrical trauma by fostering mutual respect, clarifying designated roles of team members, and learning about good patient handovers, among other things.

Dr Schokking noted that collaborations like this are happening more frequently and with a greater variety of people.

Importantly, he noted that more cohesion and collaboration – including around challenges such as improving patient flow and congestion – will help patients in a number of different ways to get the care as quickly as they need it, and in the right place.

SHARED GOAL



Hospital and patient care improvements

ENABLERS OF SUCCESS

- Increased involvement and collaboration among physicians/medical staff
- Health authority collaboration
- Increased communication



FRASER HEALTH



Facility Engagement has provided added support to bring physicians to the table to discuss important issues and initiatives that are being considered. In the past, it was very difficult and limited. Physicians would have to close their offices or forego clinical work and income to attend such meetings.

For the health authority, it has been very helpful to have physician input at the decision-making table.

For physicians, it has re-energized medical staff associations, and given them a collective voice to discuss issues with the health authority, administrators and even into the community.

— Dr Dayan Muthayan, Executive Medical Director
Fraser Health

Physicians reach out to colleagues to improve patient access

BURNABY: Physicians practising in Burnaby had little information about available services and referral processes for their patients to specialty clinics such as orthopedics or neurology at Burnaby Hospital. Facility Engagement provided a perfect opportunity to change that.

In 2019, Burnaby Hospital specialists initiated an education forum to increase knowledge and awareness of their specialty services among family doctors and community-based specialists.

The Burnaby Hospital Medical Staff Association and Burnaby Division of Family Practice worked together to generate topics for the first three events:

- **Review of Orthopedics Central Intake:** Hip arthroscopy, minimally invasive hip replacements and 10 Orthopedic Myths.
- **Neurology – Migraines/Headaches:** Multiple Sclerosis, Seizures & Epilepsy, Neuromuscular Disorders; Improving Access to Neurology Consults in Burnaby.

- **Chronic Pain Management:** Procedures and medical management of chronic pain, pain management programs, and future needs.

Burnaby community physicians felt the forum was very effective to interact with specialists and share their own feedback about hospital programs; while hospital specialists learned more about how to access the specialised services available to patients in the community.

The sessions were so well received, that physicians have requested more.



SHARED GOAL

Patient access to specialty services

ENABLERS OF SUCCESS

- Hospital and community collaboration
- Facility Engagement funding to support learning events

Thinking bigger: physicians advocate for wellness

FRASER HEALTH REGIONAL: A common priority shared by Medical Staff Associations across BC is physician burnout, which can affect quality of care, patient safety, physician turnover, and patient satisfaction. Physician engagement, especially in system change, can help to turn that around.



Physicians from Fraser Health's 12 hospitals and 10 divisions of family practice have been working to develop a vigorous regional physician health program which is supported by the organization.

Dr Connie Ruffo, a long-time physician health champion for the region and a Peace Arch Hospital doctor sees three influences on the well-being of doctors:

- 1. How we care for ourselves.** Basic health practices (generally under one's control), diet, exercise, sleep, connecting with family and friends, and resilience skills – can ease the distress of burnout; but alone won't prevent it.
- 2. How physicians care for colleagues.** Changing how doctors communicate and interact with each other by sharing, connecting, and reaching out to support one another.
- 3. How physicians engage in changing the system.** Once better connected, it is easier for physicians to build healthy teams to influence system change.

SHARED GOAL

Address physician burnout, build wellness

ENABLERS OF SUCCESS

- Grassroots engagement of hospital and community doctors
- Advocate for system level changes
- Embed changes at organizational, regional, and provincial levels

Physicians have key skills and insights to educate administrators and executive decision-makers, lead improvements, and provide input on system proposals or decisions that impact how they care for patients, and their well-being.

Dr Ruffo points to [a landmark Mayo Clinic study](#). It reveals that organizational-driven efforts which address workplace drivers of burnout (e.g. work flow, efficiency, technology) and provide opportunity for self-care – reduce burnout and promote engagement, and can have an even greater effect than physician-driven wellness events.

“There are many organizational interventions that require small investments, yet have a very large impact,” she said. Examples include supporting teamwork, training compassionate leaders and enhancing electronic medical record efficiency.

“Involvement by physician leaders, and administrator attention to these factors were key to its success.”



Facility Engagement is an amazing opportunity. We can choose where to direct our energy to make system changes to areas that burn us out.”

— Dr Connie Ruffo



DR CONNIE RUFFO

IN HEALTH CARE ORGANIZATIONS



LESS ENGAGED

Exhaustion
Cynicism
Reduced Effectiveness
Physician Turnover



DRIVERS



MORE ENGAGED

Vigour
Dedication
Absorption
Wellness

= PATIENT CARE



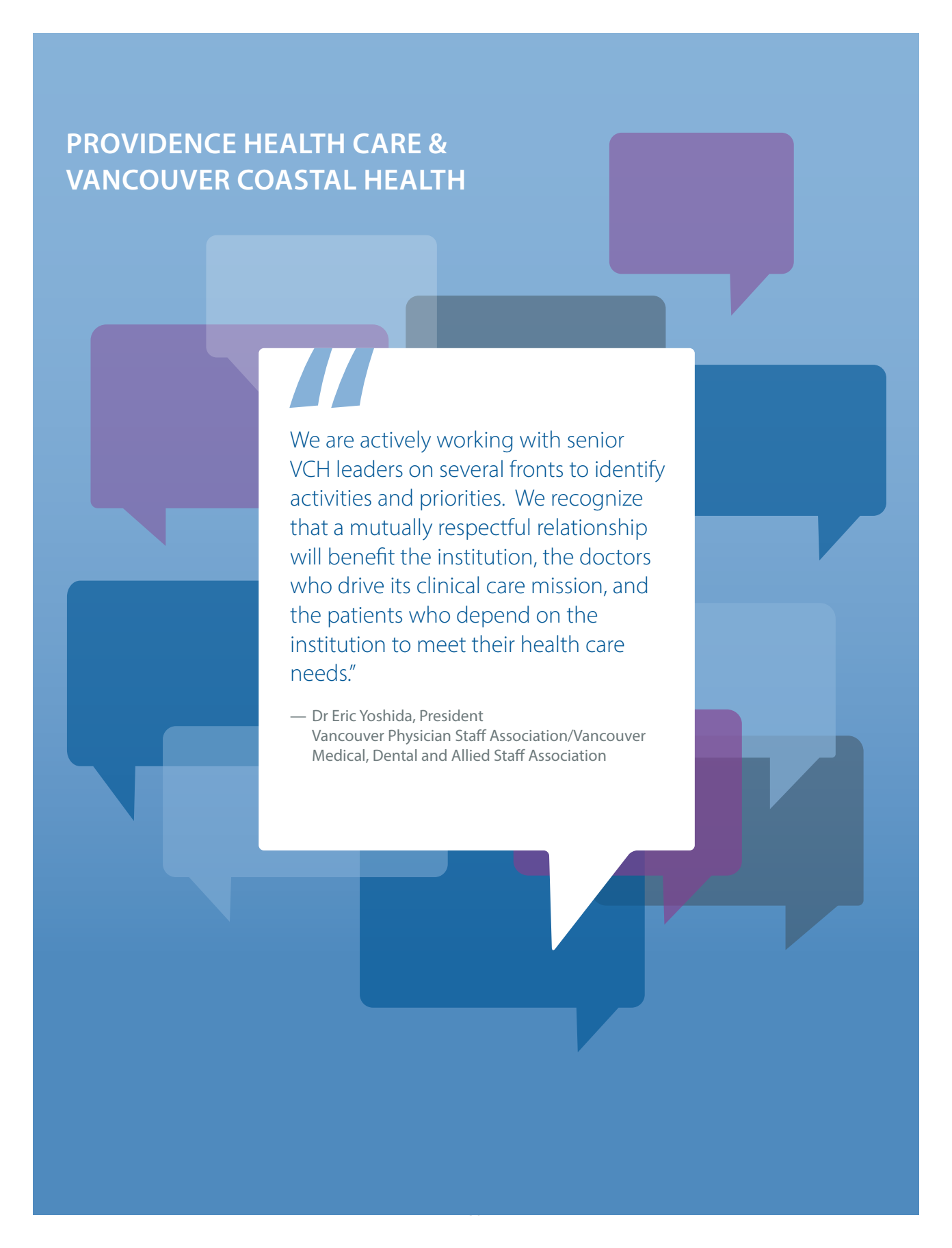
REF: MAYO CLINIC



Although burnout is a system issue, most institutions operate under the erroneous framework that burnout and professional satisfaction are solely the responsibility of the individual physician. Engagement is the positive antithesis of burnout and is characterized by vigor, dedication, and absorption in work.”

— Mayo Clinic, Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout [Read here >](#)

PROVIDENCE HEALTH CARE & VANCOUVER COASTAL HEALTH



“We are actively working with senior VCH leaders on several fronts to identify activities and priorities. We recognize that a mutually respectful relationship will benefit the institution, the doctors who drive its clinical care mission, and the patients who depend on the institution to meet their health care needs.”

— Dr Eric Yoshida, President
Vancouver Physician Staff Association/Vancouver
Medical, Dental and Allied Staff Association

Physicians partnerships unfold

ST. PAUL'S, MOUNT SAINT JOSEPH AND HOLY FAMILY HOSPITALS, VANCOUVER: Doctors working in Providence Health Care (PHC) have made big strides to strengthen their physician voice and community across the organization. Now, they are taking physician engagement to a new level.

The PHC Physicians & Surgeons Association and Medical Staff Association have been working hard to create interactive, meaningful opportunities for doctors to connect with each other, and to engage with senior executives and staff around mutual priorities.

Their efforts are paying off. The organization is listening.

As a key milestone, 120-plus physicians were engaged to contribute ideas to Providence Health Care's new, seven-year strategic plan. It will pave the way to the opening of the new, state-of-the-art St. Paul's Hospital in 2026 and the redevelopment of Mount Saint Joseph Hospital.

When the strategic plan was launched in mid-2019, a second phase of widespread medical staff engagement was initiated to apply its goals to physicians' day-to-day work and patient care.

To support this process, six new Consultant Physician leaders funded through Facility Engagement, along with 25 physician advisors and health authority executive sponsors, have been leading medical staff engagement around each of the 'strategic pillars' and hospital redevelopment.

These roles are allowing for stronger representation, collaboration and communication among medical staff and clinical and corporate leaders as the strategic plan is put into action.

With this latest ground-breaking effort, Providence physicians and organizational leaders alike are excited about the possibilities that lie ahead, as they move forward together to build a world-class medical centre, research and academic health care organization.

[Read more >](#)



I look forward to the continued involvement of our Medical Staff as we move towards finalizing our strategic plan and focussing on our four strategic directions: exceptional quality, safety and value; inspiring people and teams; discover, learn and innovate for impact; and partnership.

— Fiona Dalton, President and CEO, Providence Health Care

SOME OF THE PHYSICIAN CONSULTANT LEADS, ADVISORS AND EXECUTIVE PARTNERS



SHARED GOAL

Embed physician engagement in organizational priorities

ENABLERS OF SUCCESS

- A strategic approach to Facility Engagement planning
- Strong MSA / physician leadership
- Active support and value for physician partnerships from the CEO and senior leaders

Creating a more diverse, equitable and inclusive physician workplace

VANCOUVER: Organizations that actively value diversity are more successful than those that do not, and evidence also suggests that strong woman representation at senior management levels is associated with better organizational performance, innovation and financial health.

Yet according to available 2018 data, while 42 per cent of Vancouver Acute's physicians are women, women physicians were occupying only 19 per cent of the formal medical leadership roles. This was also the case across Vancouver Coastal Health.

The Vancouver Physician Staff Association set out to investigate. They engaged physicians representing a broad range of departments, divisions, and career stages, with formal and informal leadership roles, to explore the medical leadership gender gap issue.

Through an appreciative inquiry process, the group defined a future where meaningful leadership experiences for women physicians exist, so that women and men physicians participate together and equally in strong leadership roles at VCH.

They identified three aims for the future:

- valuing women, valuing leadership
- supporting careers (for both men and women physicians)
- visible diversity and active inclusion

And four essential drivers to make the aims a reality:

- culture and environment
- succession planning and talent management
- meaningful metrics
- leadership skills

The result is *Using All Our Talents*, a plan that aims to affect real and meaningful culture change at VCH. It is now being actioned through the creation of a VCH Diversity, Equity and Inclusion Committee and its working groups. [Read more >](#)



L TO R: FORMER VPSA CO-CHAIR DR LYNE FILIATRAULT; VCH DIVERSITY, EQUITY AND INCLUSION COMMITTEE MEMBER DR LYNN STRAATMAN; VPSA PROJECT MANAGER LINA ABOUZAIID; APPRECIATIVE INQUIRY FACILITATOR ANN BROWN

*It is heartening to see the report *Using All Our Talents* having such a positive impact at the VCH senior leadership level. Clearly our health authority is committed to creating a more diverse, equitable and inclusive workplace and physicians play a remarkably important role in this process."*

— Dr Penny Ballem, VCH Board Chair

SHARED GOAL

Women and men physicians participate together and equally in strong leadership roles

ENABLERS OF SUCCESS

- Use of data to identify the situation
- Early engagement of VCH board members
- Facilitated visioning process
- A framework for action and change

Team effort leads to \$90K cost savings

LIONS GATE HOSPITAL: From a simple idea, great things can be accomplished. Just ask Dr Jin Ho. He saved almost \$90,000 a year in the Lion’s Gate Endoscopy Unit.

Dr Ho, Head of the Division of Gastroenterology, believed that there were significant potential savings to be found within the Endoscopy Unit expenditure – so he used the Facility Engagement opportunity to execute change.

“I always felt we could do our share in helping to manage our costs through competitive pricing of high volume, high cost items we use regularly in our work,” he noted.

He gathered a small team of two nurses to price equipment and accessories used by the Unit. They put out bids to vendors, negotiated prices, trialled new products, gathered feedback and made changes – all without compromising quality and patient care.

The team also took on the responsibility of ordering some of the Unit’s supplies. The Medical Device Reprocessing Unit recognized that Endoscopy staff have a better idea of the supplies needed. Items were ordered in a timelier fashion, and in appropriate quantities to avoid expired, unused supplies.

“The entire team was engaged in the process and became more conscious about costs,” said Karen Cordner, RN and Patient Care Coordinator.

The Unit is now saving almost \$90,000 each year, with an additional \$50,000+ in savings identified.

Dr Ho plans to continue to raise awareness of the costs of items with physicians and nurses. He believes that every department in the hospital, region and beyond should look at how they can reduce costs, save money and avoid wastage. With very positive results, he has proven that the effort is well worth it.

“I hope this will help encourage members of staff to think twice about the supplies that are being used, plan appropriately during procedures and avoid wastage.”
— Dr Jin Ho, Head of Division of Gastroenterology

SHARED GOAL

Reduce waste and costs

ENABLERS OF SUCCESS

- Teamwork: physician + nursing staff
- Health authority receptive to doing things in new ways



(L TO R): KAREN CORDNER RN, DR JIN HO, HEATHER WONG RN

RESULTS:

+

\$90K/yr

Cost Savings

+

\$50K/yr

Further savings identified

MSA defines meaningful physician engagement

VANCOUVER ACUTE AND VANCOUVER COMMUNITIES OF CARE: Members of the Vancouver Physician Staff Association (VPSA) developed a physician charter to enhance and guide interaction between the medical, dental and allied health staff and senior leadership. The charter, which outlines a framework for physician engagement, was adopted by both organizations at a joint session in April 2019 and served as the basis for an [article published by the Royal College of Physicians](#) in July 2019.

“Widespread physician engagement across an organization leads to improved patient care, enhanced well being for physicians, and safer, more efficient, and less costly healthcare,” said Dr Simon Rabkin, VPSA’s immediate past president, and the article’s lead author.

VPSA’s executive and its advocacy committee created a draft charter that was circulated to its 1,900-plus members and presented at a Medical Staff Association quarterly meeting. Member feedback was incorporated into a final document that was submitted to VCH senior management.

VPSA’s engagement framework is based on one developed by the [International Association for Public Participation](#) (which other MSAs are also starting to adopt). It allows for several levels of engagement from inform (the lowest level) to consult, involve, collaborate, and empower. The closer an initiative comes to the empower level, the more influence stakeholders have. Higher levels of engagement require more time and resources and are rewarded by greater involvement and commitment of physicians.



The framework builds trust and offers a common language as well as structure, accountability, and transparency. Adopting it requires a change in organizational culture as well as a time commitment.”

— Dr Simon Rabkin, VPSA Past President

LEVEL OF STAKEHOLDER INFLUENCE

- **Inform:** Stakeholders receive information and announcements
- **Consult:** Stakeholders are consulted on draft plans or on issues; feedback impacts decisions
- **Involve:** System involves stakeholders in planning and policy processes
- **Collaborate:** Stakeholders share decision making with their institutions
- **Empower:** Stakeholders identify issues, solutions, and actions with institutional support

Meaningful engagement

To be effective, physician engagement must be meaningful. This includes broad and diverse involvement from the physician community as well as physicians’ ability to influence decisions and affect outcomes.

It needs to recognize and respect schedules. Physicians need to be given advance notice of new projects and policies to allow for optimal input. It should not be a single physician volunteering to work with administration or a single medical/surgical lead in the organization.

Rather, the best outcome is attained when there is a balanced representation from all physician stakeholders who may be affected by the decision or change.

“Our goal is to support the greatest level of engagement possible and to build capacity, both within VCH and within our physician community,” said Dr Rabkin. “We want to partner with VCH leadership to achieve the best health outcomes for our patients.”

The COVID-19 pandemic highlights the benefits to the health authority of engaging frontline workers to gain their feedback and assessments, which contributes to optimal patient care and to gaining the commitment of physicians to put their own health at risk during the crisis, according to Dr Rabkin.

Next steps

Establishing the charter was an essential step towards meaningful engagement of VPSA’s physicians. It is top of mind for the association’s executive at their regular meetings with VCH’s senior leadership team.

VCH is committed to physician engagement and further dialogue is anticipated to implement processes and structures to embed meaningful physician engagement at all levels.

[Read more >](#)

5 LEVELS OF ENGAGEMENT

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
GOAL	To provide balanced and objective information to assist you in understanding the problem, alternatives, opportunities and/or solutions	To obtain your feedback on analysis, alternatives and/or decisions	To work directly with you throughout the process to ensure that your concerns and aspirations are consistently understood and considered	To partner with you in each aspect of the decision including the development of alternatives and the identification of the preferred solution	To place final decision making in the hands of the stakeholders
PROMISE	<i>We will keep you informed</i>	<i>We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how your input influenced the decision</i>	<i>We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how your input influenced the decision</i>	<i>We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible</i>	<i>We will implement what you decide</i>
METHOD	<ul style="list-style-type: none"> • Fact sheets • Websites • Open houses 	<ul style="list-style-type: none"> • Public comment • Focus groups • Surveys • All Staff Forums 	<ul style="list-style-type: none"> • Workshops • Deliberative polling 	<ul style="list-style-type: none"> • Advisory committees • Consensus-building • Participatory decision-making 	<ul style="list-style-type: none"> • Ballots • Delegated decision

WHAT IS CHANGING?

Being able to be transparent with each other from a health administration as well as a physician perspective; knowing each other's priorities and goals and looking at how we can help each other out; and having great communication in a respectful environment."

— Dr Aryn Khan, Chair, Facility Engagement Working Group, St. John Hospital, Vanderhoof