

SUMMARY REPORT

Interior Health Facility Engagement Symposium

Venue: Sparkling Hills Resort, Vernon

Date: December 6th, 2017

Region: Interior Health Authority

Symposium Overview

On December 6, 2017, physicians and health authority leaders met together in Vernon for the Interior Health Facility Engagement Symposium (“Symposium”). The purpose of the event was to provide an opportunity for learning and dialogue between physicians and Health Authority (“HA”) leaders involved in the Facility Engagement Initiative (“FEI”) across the Interior Health Authority (“IHA”), and to understand and appreciate the challenges and effort required to be successful in each differing roles.

During the Symposium, participants were given an opportunity to learn about a variety of interesting activities underway across IHA, and network and build relationships with senior administrators and physicians from other facilities. They also heard insights from physician-led panel discussions that served to inform each other’s’ work and action plans to lead local FEI efforts.

Participants

A total of 60 participants were invited to attend the Symposium including a physician representative from each IHA facility, IHA health administrators and executives, a Health Employers Association of BC (“HEABC”) representative, Specialist Service Committee (“SSC”) staff, FEI project managers and Symposium facilitator consultants.

The Symposium was facilitated by Peter Lee and Russ Hunter of Tekara Organizational Effectiveness, and supported by Specialist Services Committee (“SSC”) and Doctors of BC staff.

The Symposium was well attended with a total of 53 participants from 17 different facilities present. Of these 53, 17 physicians, 14 project managers, 12 IHA administrators and executives, 9 SSC staff and 1 HEABC representative were present.

IHA physician representation is shown below:

- Arrow Lakes Hospital (1)
- Boundary Hospital (1)
- Creston Valley Hospital & Health Centre (1)
- East Kootenay Regional Hospital (1)
- Elk Valley Hospital (1)
- Golden & District Hospital (1)
- Invermere & District Hospital (1)
- Kelowna General Hospital (1)
- Kootenay Boundary Regional Hospital (1)
- Kootenay Lake Hospital (1)
- Penticton Regional Hospital (1)
- Princeton General Hospital (1)
- Queen Victoria Hospital (1)
- Royal Inland Hospital (1)
- Shuswap Lake General Hospital (1)
- South Okanagan General Hospital (1)
- Vernon Hospital (1)

Program

Opening Remarks

Opening remarks were delivered by Dr. John Falconer, IHA Facility Engagement Physician Liaison, Dr. Mike Ertel, IHA VP Medicine and Quality, Dr. Harsh Hundal, IHA Executive Medical Director Physician Engagement & Resource Planning, Jarnail Dail, Leader of SSC Initiatives, Adrian Leung, Director of SSC, and Dr. Sam Bugis, Executive Director, Physician and External Affairs.

An overview of SSC core initiatives was provided including information about physician quality improvement projects, physician leadership training and the FEI. Important dimensions that were stated to make a difference in the success of the FEI included efficacy, interconnectedness and excellence.

Facilitators Peter Lee and Russ Hunter asked each table to provide their hopes for the outcome of the Symposium. Responses included: sharing, increased engagement, collaboration, networking, efficiency and hope. The facilitators then discussed the practice of conscious leadership as a continuum; whereby positive attributes include being open, curious and committed to learning, and negative attributes include being closed, inflexible and defensive. It was stated that often positive attributes are overstated when self-assessing the practice of conscious leadership. Following that, attendees moved onto icebreaker group exercises.

Panel Presentation 1: Efficiencies in Care Delivery (OR/ER)

Physicians led panel presentations on the following site topics:

- EMR Integration for Access in ED – Dr. Nathan Dalla Lana (Kootenay Boundary)
- Hospital Surgical Sustainability Project – Dr. Shayne Stoetaert (Elk Valley)
- Redundant Lab Testing – Dr. Scott Ainslie (Vernon)
- Improvement of the OR – Dr. Andrew Sellars (Shuswap Lake)

Key discussion points included:

- Meetings that are action-oriented can effectively utilize the meeting time and continue moving the FEI forward
- A need was identified for administration to support physician champions with tools, resources and system navigation
- It is helpful to set a priority to engage administration from the very beginning
- Sites were impressed by the level of IHA involvement with local projects

Key actions included:

- Kirsten Smillie, facility engagement liaison (“FEL”) to coordinate some opportunities for HSAs to connect and spread enthusiasm
- Jacqueline Arling, project manager (Elk Valley) to lead an endeavor to educate local administrators on the FEI and plan a meeting with key stakeholders to ensure project involvement occurs at an earlier stage
- Dr. Mike Ertel to be a champion and keep colleagues engaged

Poster Presentations

Attendees were invited to view poster displays highlighting important projects and work being done around the IHA region. Project managers were available to answer specific project questions.

Panel Presentation 2: Transitions in Care – Facility/Community Crossover

Physician led panel presentations on the following site topics:

- Mapping the Patient Care Home – Dr. Timothy Van Der Heide (Princeton)
- Maternity Home project – Dr. Karen Persad (Creston)
- Coordination of Rural Service Delivery – Dr. Bruce McKnight (Golden)
- Engaging Specialist in Rural Service Delivery – Dr. Sara Brown (Revelstoke)

Key discussion points included:

- Local administrator support is good overall, however there are challenges getting ideas to the next level and uncertainty around the process and who to contact
- While physicians in the region may be very passionate about the FEI, there is a real risk of burnout, and there is a need to find ways of delegating workload to others to prevent exhaustion and maintain momentum
- Piggybacking the project learnings from other sites within the region has resulted in much success with budget planning, identifying stakeholders and physical space planning
- Many small communities are dealing with Operating Room sustainability issues, and solving these issues as a region is a key priority
- While problems may be similar across the region, solutions are often very community-based; thus IHA and community-based involvement in identifying patient needs / procedures is needed
- It is important to have community leaders on the ground involved with decision making
- It is important to begin with small projects that breed success early on to keep others motivated
- In the beginning of the FEI, medical staff had not met in years so the focus was on site-level issues, but now the progression to more regional level issues is apparent. This pattern and discussion is evident in other regions across the province as well.

Key actions included:

- The group to reflect on how to bring together the collective voice to the HA for all the many priorities and ‘turn the wheel’
- The group to begin asking locally who the key contacts are

IHA Research Ethics and Quality Presentation

Wendy Petillion, Regional Practice Lead, Research Ethics and Policy, and Dorothy Herbert, Research Ethics Board Coordinator, presented on IHA research ethics and quality.

Key discussion points included:

- When should you involve IHA in a project?
- What is the difference between quality improvement, evaluation and research?
- When is ethical review required?
- When is ARECCI or REB review required?
- When is operational review required?

Attendees were advised to contact Kim Barnes, Research Navigator at research@interiorhealth.ca to assist with any research, quality improvement or evaluation questions.

Panel Presentation 3: Physician Stakeholder Relationships

Physician led panel presentations on the following site topics:

- Culture of Physician/Stakeholder Relationships – Dr. Michael Robinson (Kootenay Boundary Regional Hospital)
- Relationships with Interior Health and the Practical Ways the Approach is Modeled – Dr. Linda Johannson (Kootenay Lake)
- Physician Relationship Building – Dr. Jaco Bellingan (South Okanagan)
- Relationship with the SOS Division of Family Practice as a Part of this Work – Dr. Jacqueline Stewart (Penticton)

Key discussion points included:

- It is important to develop a plan and do thorough research to ensure an activity is the right approach for all stakeholders, while still being open to other ways of fixing the issue(s) and collecting input
- Decisions that affect patient care cannot be made in isolation
- Try to maintain curiosity – you may not know what is happening with administrators or what their jobs are like/what they are juggling. A helpful start would be to get an idea of budget limitations
- Frustration around large bureaucracies working exceedingly slowly was expressed
- Common challenges of building trust and relationships with IHA administrators and get away from the “us versus them” sentiment. Building trust requires taking risk and having difficult conversations
- It is important to get people together at the table, be present, respectable, speak the truth, use welcoming language and create transparency
- It is important to recognize the FEI as an opportunity to create the right environment and turn things around – to use FEI funds to come up with bottom-up solutions

Panel Presentation 4: Physician Engagement and Leadership

Physician led panel presentations on the following site topics:

- Royal Inland Hospital Physician Engagement Survey and Follow Up – Dr. Joslyn Conley (Royal Inland)
- Physician leadership development – Dr. Cara Wall (Kelowna)
- Engagement strategies and motivation – Dr. Frank Ackermann (East Kootenay)

Key discussion points included:

- How do you get physicians interested and involved, given time is most important resources and non-renewable?
 - Focus on colleagues that are open and that you feel can be convinced
 - Bear in mind that sessional fees do not compensate enough, and additional motivators are necessary
 - Success breeds success – ensure you are adequate showcasing successes so they are not forgotten. Also, show top priorities and how far the site has progressed on these priorities to get people inspired that something is actually happening and compensation is provided for those involved
- Ensure that all working group attendees are actually engaging; that they come prepared and have reviewed the pre-reading materials. In order to do so, consider assigning each person a specific job or piece of pre-reading to review on behalf of the group and present a summary during the meeting
- Having a strategic approach when it comes to communications, meetings and bringing ideas forward

Case Study Exercise

Attendees were separated into four tables and given different scenarios to tackle and provide strategies for resolution. Scenario topics included: site medical staff needing new capital equipment, new technology requiring program development at one of competing sites, a patient complaint in ER, and a hospital consistently over capacity.

Activity insights included: involving as many different parties as possible to ensure a broad view, developing relationships before venturing into new projects, building on a business case right from the beginning and ensuring that there is transparency in messaging and communication for all affected parties.

Session Close and Next Steps

To close the session, facilitators Peter Lee and Russ Hunter, FELs Kirsten Smillie and Amanda Harris and Dr. John Falconer provided final thoughts for the day and appreciation for the participation of the group in the event and initiative.

For next steps, attendees were asked to write down one specific action or behaviour that they would commit to doing to improve their relationship with their counterpart. These actions/behaviours were submitted to their FEL who will follow up in a 30 day period.

The provincial FEI office is committed to planning additional symposiums in the region in the future to continue with the learning and dialogue between physicians and HA leaders involved in the FEI across IHA, and to “walk in each other’s shoes”. Consideration will be given to include a representative from IMIT in the future.

Outcomes

Following the Symposium, 42 attendees completed a survey to evaluate their perceptions of the Symposium. A total of 16 physicians, 12 project managers, 7 IHA staff, 2 SSC staff and 5 unspecified individuals provided feedback. The following summarizes feedback results. Percentages were calculated from the total number of feedback submissions.

	5 = Very Much	4	3	2	1 = Very Little
1) This event was useful for networking with other Physicians and Health Authority Leaders involved in Facility Engagement within IHA	60%	38%	2%	0%	0%
2) This event helped me understand and appreciate what it takes to be successful in different roles	38%	45%	14%	2%	0%
	Yes		No		
3) Should this event be held again?	100%		0%		
	Webinar	Tele-conference	In-Person	Other	
a) If yes, how would you like to continue to connect?*	2%	2%	91%	4%	
	Monthly	Quarterly	Bi-Annually	Annually	
b) If yes, how often would you like to connect?*	0%	23%	41%	36%	

*Some responses included more than one answer

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

Key themes included:

- HSAs from each site
- Ministry of Health
- IH senior leadership
- Local site administrator/chief of staff
- Other health authority leaders

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

Key themes included:

- IHA goals, mission, finance briefing, high level strategic planning
- Site Reporting and Review Process
- IHA organizational structures/chart
- How to motivate colleagues to change and sustain change
- Sustainability of FEI funding
- Project managers meeting
- Facility Engagement Management System (FEMS)

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

Key themes included:

- Excellent
- Great location, food and experience as facilitators
- The venue was great – however please select a location that we can all stay at next time
- Venue is beautiful, food not so good. Organization fantastic!!!
- I would prefer dinner and a meeting Tuesday the night before and the next day end at 15:30-16:00
- A Monday or Friday would make scheduling easier

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

Key themes included:

- Training
- Provincial networking opportunities
- Hold events during warmer periods of the year for driving purposes
- Provide support to project managers for leadership and engagement methodologies
- Coordinate an in person project manager meeting
- Hold a space for difficult conversations, helping engage IHA in all work
- Try working to bring smaller regional groups together for discussion
- More FELS! Consideration for HA support systems to help HA leaders meet physicians at the table appropriately
- Improve exchange of common ideas/projects to create regional or provincial working groups

7) Other comments:

Key themes included:

- Some of the tables were not balanced with physicians to administrators
- Excellent facilitation – appreciated talking about the hard stuff
- Recommend bringing together tier 4 and 5 societies – conversations around activities would be more relative. Small FEI societies have different challenges than larger FEI societies.
- Panels were great, but there were a lot of them
- Research presentation was not engaging
- Well done, keep up the good work!
- Great event – especially asking the physicians to sit on a panel
- Annual in person is good. Perhaps opportunities for smaller we based group session on quarterly basis?