VENUE: FOUR POINTS SHERATON, KELOWNA, BC
DATE: OCTOBER 22 & 23, 2019
REGION: INTERIOR HEALTH

SUMMARY REPORT

Interior Health Regional Event: Facility Engagement Showcase and Networking Event

OVERVIEW

On October 22 and 23rd, 2019, Medical Staff Associations (MSA), physician representatives, project staff and Interior Health (IH) local, regional and corporate representatives were invited to take part in the IH Regional Event: Facility Engagement Showcase and Networking Event (Event). The objectives of the Event were to provide opportunities to collaborate on region-wide healthcare issues, learn new strategies for collaboration and communication, share successes and lessons learned, and network with other MSAs and IH. The Event design included:

- networking and learning about different initiatives through poster presentations;
- physican-led panel discussions for a deeper dive on initiatives and lessons learned across sites;
- discussion around greater 'collaboration' and looking for common ground on the possible processes; and
- mechanisms and structures across the region with the intent of getting commitment from participants to work on moving this initiative forward after this workshop.

A total of 40 participants attended the October 22nd evening session, including 15 physicians, 20 project staff, and 5 IH administrators. An additional 12 Specialist Services Committee (SSC) and Doctors of BC staff attended to support the Event. Facilitation support on both Event days was provided by Peter Lee of Tekara Organizational Effectiveness Inc.

A total of 66 participants attended the October 23rd day session, including 27 physicians, 21 project staff, and 18 IH administrators. An additional 14 SSC and Doctors of BC staff attended to support the Event.

Hospital sites that were represented include:

- Arrow Lakes Hospital
- Boundary Hospital
- Cariboo Memorial Hospital
- Creston Valley Hospital
- Dr. Helmcken Memorial Hospital
- East Kootenay Regional Hospital
- Elk Valley Hospital
- Golden and District Hospital
- Invermere and District Hospital
- Kelowna General Hospital
- Kootenay Lake Hospital
- Kootenay Boundary Regional Hospital
- Nicola Valley Hospital
- Penticton Regional Hospital
- Princeton General Hospital
- Queen Victoria Hospital
- Royal Inland Hospital
- Shuswap Lake General Hospital
- Vernon Jubilee Hospital

OVERALL PROGRAM COMPONENT

The October 22nd evening session included networking, poster viewing and panel discussions by guest speakers, including Drs Kathleen Ross, President, Doctors of BC, Matthew Chow, Specialist Services Committee, Facility Engagement (FE) Working Group Co-Chair and Harsh Hundal, Executive Medical Director, Physician Engagement and Resource Planning, IH.

The October 23rd day session included:

- Welcome messages from facilitator Peter Lee, and presenters Allan Seckel, CEO of Doctors of BC and Dr Harsh Hundal
- A review of the 2018 FE Regional Meeting Recommendations as well as status updates, which included presentations by: Dr Harsh Hundal, Erika Whitehead and Marlis Gauvin, Patti King and Dr Bruce McKnight and Jennifer Miller
- Rapid Fire Panel Presentations by MSA executives on the topics of Recruitment, Education and Training, Physician Engagement and Stakeholder Relationships, and Efficiencies in Care Delivery
- Discussion and exploration of regional opportunities
- World Café table discussions on the topics of: the current state of collaboration, value and need for regional meetings, and structures for regional work and recommendations moving forward
- Award recognition for sites that are exceeding expectations in the areas of excellence in: Achievement, Partnership, Innovation, and Teamwork

All Event posters are available here.

All Event presentation slides are available here.

SPECIFIC HIGHLIGHTS OF EVENING SESSION

Guest Speakers and Panel Discussion

Peter Lee provided opening remarks and introduced the three guest speakers.

Dr Kathleen Ross provided an overview of the Doctors of BC purpose, goals and approach, as well as opportunities to support physicians in the coming year. Importance was stressed on being present and standing together to ensure unique values are heard as new patient care models are rolled out. Presentation slides are available here.

Dr Matthew Chow discussed the linkage between feeling helpless and dissatisfaction in the workplace. The work of the FE Initiative gives people the tools necessary to bring individuals together and overcome helplessness. The SSC seeks feedback on an ongoing basis to ensure MSAs are being adequately supported, silos are broken and harmonization occurs with other funding sources and initiatives. The SSC aims to act as a referee by providing guidance, while not overtaking the engagement process through setting unattainable deliverables.

Dr Harsh Hundal provided a comparison of the 2017 Doctors of BC Health Authority Engagement Survey result scores to the most recent scores. Scores have increased significantly especially when rating IH as a good place to practice medicine (from 28% to 51%). Physicians that previously felt helpless are now in leadership positions – which speaks to the improvement in underlying relationships over the last two years. The Health Authority Medical Advisory Committee (HAMAC) is a channel to reach out to administrative partners and check in. HAMAC aims to align priorities and timeline cycles with that of the Ministry. In order to do great work, people need to get involved.

Some highlights from the question and answers posed to guest speakers included:

Question: How do you maintain a Health Authority (HA) with a $28M deficit?	Costs are mostly related to wages, and largely driven by an aging population and overtime. With a $2.2B operating budget, the challenge is how do we open up capacity and spread it across the region? What is the mechanism to do this essential step?
Question: How do we create a fertile space for local work or more broadly?	Build that partnership with the HA from the beginning and the ground level. The heat comes from the huddle not the fire.
Question: At many small sites physicians are already engaged to the maximum, yet funding is restricted. How can we find ways to stretch funds further?	Small sites have been treated differently in the sense of utilizing the Facility Engagement Services Inc. which reduces administrative burden, but more action is needed to build capacity, create harmonization between funding sources, and getting groups together to leverage connections (e.g. the Thompson Regional Alliance). Doctors of

	BC Regional Advisors and Advocates are a helpful resource as well.
Question: Some Physician Quality Improvement (PQI) and FE projects involve allied IH colleagues, but they don't have access to funds from their end. What do you suggest?	In healthcare often groups are seen to only advocate from themselves; however, there is a lot of merit in advocating for other groups. BC Nurses Union and other allied health unions are the ones responsible for negotiating such matters.
Question: As leaders of Doctors of BC, what will you do to support the sustainability of initiatives? What can you do to support us?	Doctors of BC is working hard to streamline and reorganize and find ways to bring initiatives together. Priorities get a lot more traction when they are identified across initiatives (e.g. physician burnout).

Networking and Poster Viewing

Attendees were invited to network and view MSA posters which highlighted site project successes and lessons learned.

All Event posters are available here.

SPECIFIC HIGHLIGHTS OF THE DAY SESSION

Opening Remarks

Peter Lee provided opening remarks and introduced the presenters Allan Seckel, CEO of Doctors of BC and Dr Harsh Hundal, Executive Medical Director, Physician Engagement and Resource Planning, IH.

Allan Seckel spoke to the Physician Services Committee which is the oversight for the Joint Collaborative Committees (JCCs), the Triple Aim approach, key attributes of a good leader, creating readiness for change and the importance of allowing time for change. Dr Harsh Hundal spoke to IH strengths, opportunities and challenges and the need to break down barriers between sites and communities.

All Event presentation slides are available here.

Review of 2018 FE Regional Meeting Recommendations

Amanda Harris, Facility Engagement Liaison (FEL) provided an overview of the Regional Meeting Recommendations that were collected at the four IH Regional FE meetings in 2018 in Rossland, Kimberley, Kamloops and Vernon.

An overall progress update with a deeper dive on four specific recommendations was provided. Some highlights from the recommendation status updates included:

Enhanced Decision Making	Dr Harsh Hundal provided an overview of medical resource planning changes occurring within the HAMAC. HAMAC provides a structure to have meaning discussions and meaningful decision making directly to the board. A draft organization chart was provided. Specific changes include: • Medical staff impact assessment and quality impact • PQI projects this year will be completely aligned with IH priorities • Programs that aren't connected to HAMAC structure to be looped in • Bylaws will be reviewed for improvements • IH will provide provincial data and Canadian Institute for Health Information (CIHI) indicators
Orientation/Onboarding	Erika Whitehead, Manager, Medical Administration, Credentialing & Privileging and Marlis Gauvin, Leader, Physician Engagement, provided an overview of the IH Medical Staff Onboarding and Orientation Initiative, job readiness and additional aspects to explore in the future.
Patient Transport	Patti King, FEL and Dr Bruce McKnight provided an update on the East Kootenay Patient Transportation Committee, which was formed in response to the IH regional meeting in Kimberley. The committee largely focuses on educating physicians of the intricacies of transport to help with system navigation.
Strategic Planning	Jennifer Miller, Corporate Director, Health System Planning presented on IH's planning context and considerations, which included a review of IH's key strategies and planning cycle.

A live survey was conducted to obtain further feedback on recommendations. All ten recommendations were still considered high priority areas. Facility space allocation scored the lowest – with 69% of survey respondents stating facility space allocation is still important, and both improved communication and feedback strategies and building trust between physicians and IH staff at all levels were rated the highest – with 100% of survey responders indicating high importance. Attendees stated that they would like to receive future progress updates on the recommendations at additional annual FE regional meetings (76%) or via email (52%).
Topics that attendees felt should be added to the list of recommendations included:

- Recruitment and retention (4)
- Use of technology to bridge sites and create a cohesive telehealth strategy (2)
- Support for moving projects from local to regional (2)
- Succession planning, training and professional development (2)

- Understanding of the decision making hierarchy at IH and the Ministry of Health (MoH) and involving physicians in the process (2)
- Safe workplaces
- Bringing together other initiatives such as Divisions of Family Practice (DoFP) and PQI
- Clinical ethics
- Maximizing the practice potential of allied health professionals and nurses
- Access to care in Alberta for bordering towns in BC

Rapid Fire Panel Presentations

The Rapid Fire Panel presentation involved four panel presentations by sites under four distinct themes. Each presenter was assigned to a relevant panel and given three minutes to discuss their work on the topic theme. Presentations included an overview of the project purpose, impact and lessons learned.

Dr Joslyn Conley of Royal Inland Hospital, Dr Bruce McKnight of Golden and District Hospital, and Kyra Warren of Invermere District Hospital presented on recruitment.

Dr Kira McClellan of Vernon Jubilee Hospital, Dr John Soles of Dr Helmcken Memorial Hospital, Dr Max Liu of Boundary Hospital and Dr Tara Chalmers-Nixon of Elk Valley Hospital presented on education and training.

Dr Linda Johannson of Kootenay Lake Hospital, Dr Andrew Sellars of Shuswap Lake General Hospital, Dr Ella Monro and Cherie Whittaker of Princeton General Hospital, and Drs Atma Persad and Sue Hopkins of Creston Valley Hospital and Health Centre presented on physician engagement and stakeholder relationships.

Dr Susan Benzer of Kootenay Boundary Hospital, Dr Erin Sawatsky of East Kootenay Regional Hospital, Dr Sarah Sunderland of Kelowna General Hospital, Dr Jacquie Stewart of Penticton Regional Hospital, and Laicy Ball of IH presented on efficiencies in care delivery.

Key pieces of advice provided by the presenting sites included:

Panel 1 – Recruitment

- Ensure your site has a good sense of community – new graduates are more likely to be enticed to an area if they feel they will be working with a good team of physicians
- Change the paradigm: broaden the circle of physicians who are talking to potential recruits – not just the department head involved, but physicians who are excited about where they work, from any discipline.

- Accommodate flexibility in recruiting part-time physicians – IH is supportive of this
- Focus on improving the experience of locums
- Recognize that it is a different generation of physicians and values have shifted
- Speak to regional districts and even politicians to secure additional recruitment funding as the need for doctors is a wider community and constituent problem.

Panel 2 – Education and Training

- Include preparation time in compensation to ensure that short increments of work are still compensated
- Do not be afraid of asking questions about policy
- Look for a suitable champion and delegate accordingly
- Brainstorm ideas of change rather than complain about the problem'
- Deconstructing education to make it short and informal can be platform for communication and team building

Panel 3 – Physician Engagement and Stakeholder Relationships

- Find creative solutions for other allied health professionals to participate in engagement work, such as reinstating MSA annual dues and using those funds to pay for meals. Engagement increases when people are compensated
- Identify and fix simple problems that are a bother to people to create quick wins
- Quantify results and disseminate findings in a quick manner
- Be a cheerleader with positive momentum and look for alternative ways around problems
- Get IH on board

Panel 4 – Efficiencies in Care Delivery

- Collaborate with IH and physicians to build bridges
- Show passion, interest and caring for colleagues and patients
- Be empathetic when bridging gaps between physicians and allied health groups to find good ideas and ways of doing things better
- Explore tools and resources that are available to ensure that you are connected with the right people that can help you accomplish goals
- Involve good people around you and help them succeed – a good leader knows the people they are leading and knows who to delegate to, and for what

Exploring Regional Opportunities

Background context around regional opportunities and priorities were provided by Cindy Myles, Director of Facility Engagement, Adrian Leung, Director of the SSC and Dr Harsh Hundal.

The topic of collaboration was introduced and attendees identified the following essential ingredients to ensuring collaboration is truly successful:

- Advocating for the greater good of the group – finding a solution together
- Using existing bridges or building new ones
- Being brave to have difficult conversations and move things forward – taking risks and knowing that sometimes you have to take that leap and that it will be messy at times
- Adapting to your environment and situation and approaching things from a different angle
- Taking the time to get to know each other and establish trust and respect and align goals
- Actively participating and listening, while refraining from making assumptions
- Being positive, open, respectful and honest
- Developing clarity of problems and goals
- Ensuring transparency and involvement with all key stakeholders
- Working together to create a more powerful future

World Café Table Discussions

In small, mixed groups, participants were provided with four topics related to collaboration for dialogue, and a table note-taker was tasked with capturing common themes emerging from the discussion and reporting them out to the wider group. Key themes from the four topics are summarized below:

1. Current state of collaboration between MSAs and HA:

What is working well:

- Multi-stakeholder working groups and steering committee at some sites – with representation from community partners, political partners and physicians
- IH representation at FE working group meetings and level of interaction between FE working group and IH has improved
- Improved mutual trust and communication between MSA and HAs
- Expanded scope and resources to support collaboration
- Better identification of the intersection of priorities between MSA and HA
- A number of projects have been taken up by IH (e.g. The Surgical Infection Program)
- Regional Medical Advisory Committee (RMAC) provides a venue where physician issues can be brought forward to IH

- IH is more open to engagement opportunities and appreciates the voice and resources of MSAs
- When HAs meet with MSAs across sites, common issues are identified and smaller pain points are being addressed which leads the way for solving complex problems
- Compensation for physicians has increased physician engagement with HAs

Opportunities for FE related work on a regional level:

- Common themes are emerging between MSAs and HAs, and a collective intelligence is needed to solve these problems
- Building trust at the regional level – while there are often good relationships with physicians and IH local administrators, but the connection may be lost at the regional level
- Define "regional" as local region rather than HA-wide in order to be more nimble and reflect the current state
- Partnership between acute and community
- Maps or infographics in simple language to explain the IH structure and explain who is who
- The MOH should allow for more innovation at the community/site level to formulate action plans
- Communication to be more transparent to help identify regional priorities so they can be actioned and explain why some proposals cannot be approved
- Platforms and support for regional conversations to improve communication (e.g. digitally, event hosting)
- Improve confidence that regional meetings will lead to action
- Improved dissemination of what FE projects are on the go and how we can learn from one another
- Physicians to be part of decision making related to patient care and hospital workflow, rather than being informed afterward
- Maximize existing structures and resources that are not well known (e.g. municipally, regionally)

2. Advantages and disadvantages of meeting regionally:

Advantages:

- More engagement with senior IH leadership – important meetings are actionable
- Alignment increases the likelihood of consistent care and processes across the region
- Reduces duplication, and streamlines resources and change initiatives
- Provides a blueprint and expertise to support spread/sustainability
- Share successes, resources, learnings and best practices, and receive feedback on local projects at the regional level

- Improve alignment and health care delivery regionally
- Develop relationships and improve communication across sites
- Helps set priorities together

Disadvantages:

- Accountability is unclear
- Complexity of priorities and logistics
- High cost and uncertainty around dedicated funding
- Need additional funds for regional engagement and planning
- Losing local focus
- If change is not possible, it could lead to burnout and disengagement
- Return on investment of funding multiple staff to attend regional meetings that may not advance site specific mandates
- Projects at sites do not always easily translate at other sites
- Hard to work within the confines of a few years at a time with Physician Master Agreement's (PMA) 3 year cycle
- Difficult to fit this work into full-time schedules

3. Potential existing or new mechanisms and approaches:

- Local Medical Advisory Committee (LMAC), Regional Medical Advisory Committee (RMAC) and Health Authority Medical Advisory Committee (HAMAC), with some repurposing to include more regional collaboration
- Fraser Presidents' Council
- Need a fluid model (e.g. transport issues may vary site to site but cardiology is the same for all)
- Revisit the structure every two years to see if it is serving its purpose – and try something else if not
- Consider that all different levels need to be engaged to be successful with changes (e.g. cleaning staff, allied health, nursing staff, etc.) – creativity is needed to find funds as FE funds are FE physician specific
- FELs convey information and could find ways to channel down information
- Hybrid approach to address complexity and relational needs
- Unpack question of whether it should be something official or more informal gatherings
- Blended approach between formal and informal conversations

4. Key recommendations moving forward:

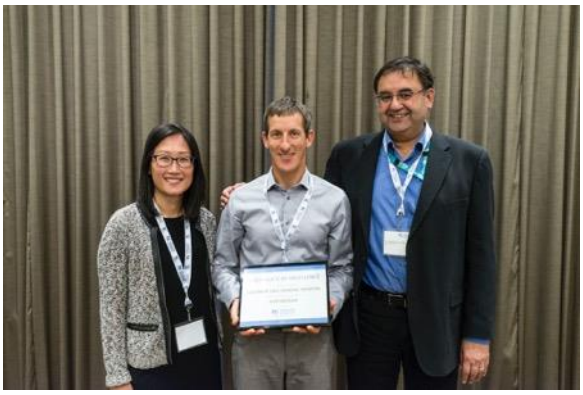
- Define local regions within IH and determine whether the regions are lumped together by site size or geographical location and identify issues that are a regional priority
- Restructure the RMAC in order to add more value and confirm that action and change are possible at meetings

- Improve information sharing and engagement between sites involved in the FE (and outside JCC Initiatives) through the use of technology (such as websites, podcasts, teleconferences and Hackathons)
- Recruit and train more physicians
- Improve access and accountability from IH in terms of decision making and transparency
- Coordinate efforts and reduce silos by ensuring that all stakeholders that need to attend meetings are invited to meetings. A resource directory of people would enable this and ensure better support.
- Source out additional funding support for the spread and growth of regional work without compromising local priorities
- Maintain grassroots autonomy and decision making in leadership, while seeking provincial opportunities and look outside silos to form successful partnerships
- Evaluate timelines to ensure success
- Work with JCC partners in order to coordinate efforts, complement each other and reduce duplication

Recognition

As part of the 2018-19 Site Reporting and Review Process, several sites were recognized and celebrated for their success and excellence in the Interior Region. The following sites were recognized:

Certificate of Excellence in Achievement Recognizing a project/initiative with robust evaluation showing measurable and significant results, aligning with the goals of the FE Initiative Memorandum of Understanding (MOU)	Awarded to Kootenay Boundary Regional Hospital
Certificate of Excellence in Partnership Recognizing strong successful partnership between medical staff and IH	Awarded to Shuswap Lake General Hospital
The Innovation Award Recognizing a new/creative approach to a complex problem accomplishing positive change	Awarded to Creston Valley Hospital
The Teamwork Award Recognizing a project/initiative that has featured large involvement of WG, physician leads, larger MSA involvement – demonstrating excellence in teamwork by physician engagement	Awarded to Royal Inland Hospital



FINAL REMARKS

Throughout the Event, there was strong evidence of a commitment to improve engagement. Participants demonstrated dedication and appreciation toward openness and transparency in group conversations. Based on participant feedback, it is evident that the Event met the original objectives of providing opportunities to collaborate on region-wide healthcare issues, learning new strategies for collaboration and communication, sharing successes and lessons learned, and networking with other MSAs and IH.

Drs Harsh Hundal, Matthew Chow and Kathleen Ross provided final comments for the Event wrap up. Focus was on the importance of context, filling knowledge gaps, ensuring measurable outcomes, creating functional structures, and getting conversations started. There is still a lot of work that needs to be done before trying to think regionally and provincially, and time needs to be respected when considering investments into this work. As stated by Dr Kathleen Ross, medical culture is made up of many small moving pieces and you need to take the time to manage change effectively. An evolution of culture is occurring around the province, and the commitment at this Event to improve engagement is a big step in the right direction.

OUTCOMES

Following the session, 25 participants (12 physicians, 7 project staff, 3 unknown, 2 IH administrators and 1 allied health) out of a total of 66 participants completed feedback surveys. The following summarizes feedback results and key themes. Percentages were calculated from the total number of feedback responses.

1) Please identify one or more terms that best represents the type of engagement achieved during this event (check all that apply)*

Those running the event **inform** participants of activities, issues, policies, etc.	Participants are **consulted** on key decisions and will be / are informed of how their input influences the decisions	Participants are **involved** in decision-making processes related to the event topic	Participants and event organizers **collaborate** with one another by providing advice, leadership and recommendations	Participants are **empowered** to be joint partners in decision-making with event organizers
7 (15%)	*5 (11%)*	*8 (17%)*	***16 (34%)***	*11 (23%)*

	1 = VERY LITTLE	2	3	4	5 = VERY MUCH
2) This event was useful for networking with physicians, project staff and health authority leaders	-	-	*2 (8%)*	*6 (24%)*	***17 (68%)***
3) This event provided an opportunity to share learnings and successes across sites	-	-	-	*7 (28%)*	***18 (72%)***
4) This event helped identify region-wide engagement/collaboration opportunities in the Interior	-	-	*3 (12%)*	***11 (44%)***	***11 (44%)***
5) Overall, I am satisfied with this event	-	-	*1 (4%)*	*10 (40%)*	***14 (56%)***

	YES	NO
6) Should this event be held again?**	***23 (100%)***	-

	WEBINAR	TELE-CONFERENCE	IN-PERSON
a) If yes, how would you like to continue to connect?*	*3 (11%)*	*1 (4%)*	***24 (86%)***
	QUARTERLY	**BI-ANNUALLY**	**ANNUALLY**
b) If yes, how often would you like to connect?*	*2 (8%)*	*7 (27%)*	***17 (65%)***

*Some responses included more than one answer
**Omissions were left blank 2

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

- More HA representation (such as IH admin dyad) (4)
- Representation from nursing and other allied health
- Partners from the DoFP

7) Following the event, what commitment/action are you prepared to take to explore regional opportunities in the Interior?

- Network with other project managers, project leads and MSAs (4)
- Learn about what other sites are involved in to avoid duplication and find projects that could benefit physicians, allied health and patients in our area (4)
- Discuss findings with MSA (3)
- Engage FEL to keep us connected
- Follow up with health system planning at IH to develop a process to engage physicians in planning
- Work on central triage for endoscopy
- Work on recruitment – surgical sustainability and succession planning
- Encourage physicians and nurses to meet informally to develop trust

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

- The Facility Engagement Management System (FEMS) troubleshooting
- Staff communications
- Differentiating and working with different funding pots
- Electronic medical hospital charts/records
- Ongoing sharing of project information
- Purpose of the MSA – such as the vision and intent

9) Other comments:

- First Nations Health Authority should be included in this conversation – how do we connect with this massive bureaucracy representing a huge part of the Interior region patient load
- Holding the event in May or September would ensure safer weather for travel
- Excellent event – seeing everyone in person is so valuable
- Would like to have a list with the contact information for all attendees
- The Likert scale would be useful when considering the importance of recommendations
- It was enlightening to see the amount of engagement in the region
- I would like to participate in more problem solving opportunities and move away from theoretical discussion
- It would have been nice for similar sized sites to have breakout sessions – to discuss similar work that are relevant to colleagues who work in similar sized sites/funding tier