

VENUE: TIGH-NA-MARA, PARKSVILLE, BC

DATE: FEBRUARY 8, 2020

REGION: ISLAND HEALTH

## SUMMARY REPORT

### Island Facility Engagement Event

#### OVERVIEW

On February 8<sup>th</sup>, 2020, Medical Staff Association (MSA) physicians, project staff and Island Health leaders came together in Parksville for the Island Facility Engagement Event hosted in partnership between Island Health and Facility Engagement. The objectives of this event were three fold:

- Strengthen relationships between the GEO Executive Director/Executive Medical Director and MSA Executive;
- Share MSA facility engagement success stories from across the Island; and,
- Explore regional collaboration opportunities.

A total of 53 participants including 18 physicians, 10 project managers, 14 Island Health leaders, and 10 Specialist Services Committee and Doctors of BC staff attended the event. This event was facilitated by Peter Lee (Tekara Organizational Effectiveness Inc).

The following hospital sites were represented:

- |   |  |
|---|--|
| • North Island Hospital Campbell River  | • North Island Hospital Comox Valley           |
| • Cowichan District Hospital            | • Saanich Peninsula Hospital                   |
| • Lady Minto Gulf Islands Hospital      | • Royal Jubilee and Victoria General Hospitals |
| • Port McNeill and Port Hardy Hospitals | • West Coast General Hospital                  |
| • Nanaimo Regional General Hospital     |  |

#### OVERALL PROGRAM COMPONENT

The event featured speakers from Specialist Services Committee and Doctors of BC who presented on various topics related to the Facility Engagement Initiative, as well as a guest key note speaker who presented on the topic of physician wellness. In addition, posters were displayed to showcase successful facility engagement activities for each MSA in the past year.

The morning session included:

- Welcome message from Peter Lee (Facilitator)
- Opening remarks by Dr. Sam Bugis (VP of Physician Affairs and Specialist Practice) and Dr. Ian Thompson (Island Health A/CMO, Executive Medical Director, Medical Staff Governance)
- Review of Memorandum of Agreement on physical and psychological safety by Rob Hulyk (Director, Physician Advocacy)

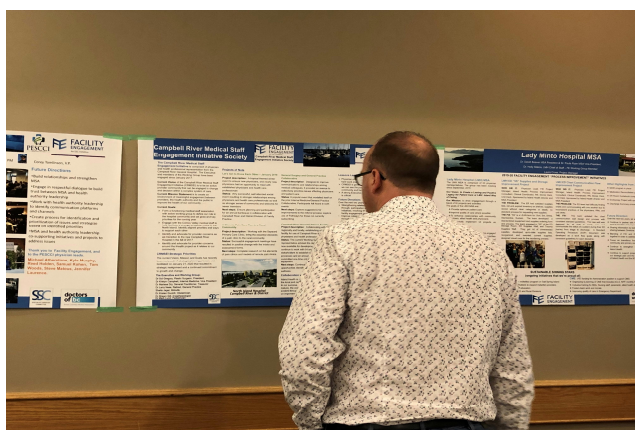
- Key note presentation on “Tools and Techniques for Wellness” by Dr. Mark Sherman (Guest Speaker)
- Sharing of MSA updates and success stories by MSA representatives
- A presentation on attributes of successful engagement activity by Cindy Myles (Director, Facility Engagement)

The afternoon session included:

- Round table facilitated discussions on topics related to deepening relationships and exploring regional opportunities for further collaboration, and key recommendations
- Closing remarks by Julie Longo and Crystal White (Facility Engagement Liaisons)

All event posters are available [here](#).

Full presentation is available [here](#).



## KEY HIGHLIGHTS FROM THE MORNING SESSION

### WELCOME AND OPENING REMARKS

Peter Lee welcomed the participants to the event and set the tone for the day by reaffirming the purpose of the event and what the event hoped to achieve. He introduced Dr. Sam Bugis, Vice President of Physician Affairs and Specialist Practice at Doctors of BC, and Dr. Ian Thompson, A/CMO, Executive Medical Director, Medical Staff Governance and Medical and Academic Affairs at Island Health for opening remarks.

Dr. Sam Bugis provided an overview of the Facility Engagement Initiative (FEI). He described the opportunity it provides for doctors to have a unified voice about their priorities and to work with the Health Authority on their issues and on issues of mutual interest. He further emphasized the need to continue to evaluate facility-engagement funded activities and move from relational to structural and conceptual work, as the goals of the initiative are to improve the work environment and thereby improve patient outcomes.

Dr. Ian Thompson spoke to leadership where “all of us in this room are leaders” and gave examples of leadership qualities (e.g., showing up, being available and working hard). He also noted the need to break down “us vs. them” thinking between general practitioners and specialists, between physicians and administrators, and between Victoria and rural areas, and the importance of harnessing that collective wisdom moving forward.

#### **MEMORANDUM OF AGREEMENT: PHYSICAL AND PSYCHOLOGICAL SAFETY**

Rob Hulyk, Director of Physician Advocacy, presented on the importance of physical and psychological safety for physicians in their work environment to be able to engage in conversations and ask for help even when mistakes happen. He spoke to the Memorandum of Agreement (MOA) on Physical and Psychological Safety in the most recent Physician Master Agreement and on the efforts to create a provincial organization to address workplace health and safety for health care. He also spoke to the importance of physician/DoBC representation at both the provincial and regional level. In addition, he shared results on physical and psychological health and safety from the 2019 Doctors of BC Health Authority Engagement Survey.

The work is currently underway under the MOA and initial discussions with each health authority have taken place. Ideas are emerging from discussions and Doctors of BC seeks to gather feedback from participants on specific areas and ways physical and psychological safety can be improved for physicians.

#### **KEY NOTE PRESENTATION ON TOOLS AND TECHNIQUES FOR WELLNESS**

Dr. Mark Sherman presented on mindfulness in health care and the importance of practicing mindfulness and self-care for physicians. Stress is a growing problem in health care with more than half of nurses, general practitioners and specialists in Canada describing their work life as highly stressful, leading to burnout. Dr. Sherman noted that practicing mindfulness in health care helps us to recognize “we” (versus, “us and them”), recognize the different conversations, and ultimately find more meaning in work and improve patient satisfaction. This intervention to address physician burnout is supported by research and literature. He shared practical mindfulness tools and techniques with participants.

Some mindfulness techniques included:

- 5-4-3-2-1
  - An opportunity to connect with the moment by using your senses: 5 things you see, 4 things you feel, 3 sounds that are present, 2 smells and a singular taste in mouth
- Transitions
  - Pause before you turn the door handle and be present when you open the door
- Noticing a person’s eye colour
- SOBER Breathing Space
  - Take full breaths and breathe out

- Mindful walking

Key note presentation is available [here](#).



## MSA UPDATES AND SUCCESS STORIES

Representatives from each MSA shared the successes they are most proud of to date. Some key highlights from the presentations included:

### **Campbell River Medical Staff Engagement Initiative Society**

- Proud of work completed for physician lounge to create physical and virtual space for doctors to get together and engage in conversations
- Recently completed strategic planning session and look forward to being more proactive and increasing their level of representation

### **Cowichan District Medical Society (CDMS)**

- Approximately 160 physician members
- Collaboration with Island Health in the planning for a new hospital, and a more comprehensive human resources planning for recruitment and retention of physicians
- Completed strategic meeting and will be working to increase physician membership

### **Lady Minto Hospital MSA**

- Proud of work around Continuing Medical Education (CME) to provide high quality care to patients
- Blending work of FEI and Divisions have been successful due to deep relationship with Island Health
- Will work towards leveraging available resources at Island Health and being more open to evolving

### **Mount Waddington MSA**

- 11 physician members
- Successful projects included job shadowing opportunities for physicians to improve communication and relationship with other interdisciplinary team members, and SIMS program that focuses on scenarios in rural setting for physicians, paramedics and nurses, with 100 percent attendance from physicians

### **Nanaimo Medical Staff Engagement Society (NMSES)**

- Successes of meaningful engagement included working with Island Health leadership, neurology department and wellness committee among others to move forward with 5-year plan for tertiary services at Nanaimo Regional General Hospital

### **Physician Engagement Society of Courtenay Comox (PESCCI)**

- Hosted brainstorming session and annual general meeting in fall 2019
- Collaboration with Divisions on different projects
- Proud that Comox Valley MSA and Campbell River MSA met together for the first time and look forward to learning from the experience

### **Saanich Peninsula Physician Society (SPPS)**

- Found creative solutions to fund physician lounge including working with Island Health to confirm responsibilities and foundation to raise donations from physicians which gave sense of ownership to physicians
- Other successful projects included working with a strong palliative care team for palliative care training sessions and recognizing physicians for their years of service through lifetime achievement award

### **South Island Facility Engagement Initiative Physician Society (SIFEI)**

- 180 patient improvement projects
- Initially faced challenges of establishing physician wellness and social committee
- Proud of the changes in the level of engagement between MSA and the administration

### **Tofino General Hospital MSA**

- Representatives from Tofino General Hospital MSA were unable to attend this event

### **West Coast General Hospital MSA (WCGH)**

- MSA organized and worked to increase awareness of facility engagement with physicians
- Interviewed physicians to better understand engagement opportunities as we prepare for full-funding

- Holding a quarterly forum for health professionals including allied health to address silos and understand different obstacles other health professionals face in providing patient care. It is in the process of receiving feedback for improvement

### ATTRIBUTES OF A SUCCESSFUL ENGAGEMENT ACTIVITY

Cindy Myles, Director of Facility Engagement, presented on the attributes that make a successful engagement activity including the Institutional Work model that was identified in the UBC evaluation. The current focus for MSAs has been on relational work and more work should be done for other types of work to move the needle on engagement. She also stressed the importance of assessing activity outcomes to inform decision-making and communicate back to physician membership and ultimately, to improve sustainability of the program. FEI has developed an [evaluation toolkit](#) to support sites collecting their own evaluation data.

In addition, knowledge sharing has been identified as a top strategic priority for FEI in 2020/2021. It is important for the initiative to hear from MSAs on what is working and what is not working to ensure alignment and sustainability of FEI.

### KEY HIGHLIGHTS FROM THE AFTERNOON SESSION

#### ROUND TABLE FACILITATED DISCUSSIONS

Participants were invited to take part in the round table discussions on the topics of deepening relationships with physicians and Island Health administrators, and exploring regional opportunities to leverage current interest and activities across sites.

#### Deepening Relationships

For this session, participants were assigned to tables by geography breakdowns (Geo 1-4). The discussion focused on structural and psychological safety, and workplace factors that contribute to creating a psychologically safe work environment. It was further noted that the foundation of relationship is about building trust and being able to discuss problems when they arise. Participants were asked to consider the following three (3) questions:

1. What top 3 factors are working well? What are the underlying drivers behind this success?
2. What 1 factor requires the most attention going forward?
3. What are some 'simple rules' that provide a platform for positively reinforcing this factor?

Key highlights from the table discussions included:



### Factors that are working well:

- Respect for each other, especially between physicians, and willingness to come together
- Responsiveness from health authority leadership at local and Geo level
- Meaningful engagement at local level
- Relationship with registered nurses (e.g., Geo 1)
- Relationship with other sites (local and regional) led to better understanding of needs in rural sites. Small sites often do not subscribe to the us and them mentality
- Transparency and the ability to speak openly
- Interdependency between programs and supports and changing organizational culture
- Strong and active Local Medical Advisory Committee (LMAC) to support engagement (e.g., Geo 4)
- Anchoring relationship based on providing clinical care for patients
- Role of facility engagement in bridging the gap between physicians and health authority leaders, especially to recognize physicians' time in developing relationships



### Factors that are not working well:

- Workload management that impedes the ability to be engaged
- Psychological safety objectivity and timelines
- Communication between Island Health and physicians
- Recognition of physicians for their work and legacy
- Physical safety (e.g., in house security)
- Organizational culture that does not promote open communication with medical staff. There is a perception that physicians are not heard as they are often faced with “ceiling effect” even if proper channels are taken to communicate the issue

### Simple rules:

- Suggestions for improvement put forth need to be embraced by the Island Health leadership
- Have a mutual goal and put it into action
- Have a purpose for the relationship (e.g., patient centred care)
- Focus on meaningful engagement (e.g., meetings should be meaningful with clear focus and outcome)
- Speak to the issue, not the problem/process/person
- Check out assumptions or perceptions, and ask questions to understand each other (between MSAs and Island Health)

- Include physicians in conversations as open communication creates trust
- Be prepared to change the organizational culture

### Exploring Regional Opportunities

Background and context around regional opportunities were provided by Adrian Leung, Director of Specialist Services Committee, and Cindy Myles, Director of Facility Engagement.

Participants were invited to explore the following three (3) topics:

1. Definition of collaboration and current state of collaboration between MSAs and Island Health
2. Purpose/value of meeting regionally and potential existing/new mechanisms and/or approaches to meet these outcomes
3. Key recommendations moving forward



Key themes that emerged from the table discussions included:

#### Topic 1: Definition of collaboration and current state of collaboration between MSAs and Island Health

- Relationship between MSAs and Island Health is improving (e.g., Island Health leaders attending MSA meetings, both sides initiating collaboration)
- MSAs are allowing for more physician-led projects and better access to membership as a whole from Island Health
- MSAs are sharing success stories and learning from experience
- Engagement varies at different levels of engagement. Physicians are often not aware of how the decisions are made and some physicians do not see value in engagement
- Collaboration is restricted to geography due to local differences
- Some examples of regional collaboration include monthly call with MSA presidents (Island MSA network) and in geography and inter-geography collaboration on allocating resources for each facility
- Opportunities for facility engagement related projects on a regional level include work around electronic health records (EHR), sub-regional retreats for MSAs and Island Health, patient transport mechanism, and geo-wide tables for knowledge sharing between MSAs and with their own members
- Some metaphors capturing definition of collaboration included the following:



- Tugboat – importance of trust in working together
- Building a house with different workers - everyone has to agree on how to build the house
- Parachute – collaborative team work to keep it open (inclusive and honouring different input)
- Boat – common goal and common destination with everyone bringing unique talents
- Turkey sitting on a goat – you need agreement in advance that the turkey can sit on the goat



## **Topic 2: Purpose/value of meeting regionally and potential existing/new mechanisms and/or approaches to meet these outcomes**

- Regions can be defined by site size, geography and Island Health wide. Sites face different issues depending on the site size and geography
- Island Health-wide meetings may be valuable depending on the issue being addressed (e.g., systemic issues vs. specific issue pertaining to the Geo) and who it impacts
- Regional meetings may help facilitate knowledge and idea sharing amongst MSAs
- Existing mechanisms include the table, Local Medical Advisory Committees (LMAC) and Health Authority Medical Advisory Committee (HAMAC), and Geo tables. Currently, MSAs across Island Health share information together via monthly teleconference through the MSA Network meetings
- Some approaches that are suggested include informing the regional body once the decision is made at the Geo level, adapting annual meetings on success stories to address pressing issues MSAs are facing, health authority leaders attending meetings with physicians, and improving communication methods for physicians (e.g., short email, memo on “what you need to know,” Geo leadership bulletin)

## **Topic 3: Key recommendations moving forward**

- Leverage existing structures for MSAs such as meetings to be more strategic and efficient
- Make communication meaningful with clear expectations (e.g., create a communication mechanism to establish two-way communication between Island Health and geographies and/or MSAs, or a communication grid that outlines where the information is being sent from and who it goes out to)

- Identify maximal value of engagement for everyone involved (e.g., best time to include physicians, best person to attend, and provide context to its importance and how it impacts them)
- Support medical staff by offering Organization 101 to help them learn about organizational structure at Island Health
- Address leadership structure by simplifying system including medical leadership
- Define regions and priority-specific structures

### FINAL REMARKS

Overall, it was evident through the table conversations and projects discussed that the needle is moving on engagement between MSAs and Island Health. Volunteers from the MSAs and Health Authority agreed to form a “Tiger Team” to continue the conversation and move the momentum on regional priorities. Further, participants spoke to the common goal of improving communication to facilitate engagement between physicians and Island Health. There was agreement it was time to leave conflicts behind and move forward together.

Based on participant feedback, this event met the objectives of providing an opportunity to network with physicians and health authority leaders, sharing learnings and successes from MSAs, and identify regional engagement and collaboration opportunities on the Island. It was evident that the relationship between physicians and Island Health leaders is improving and a greater level of collaboration is happening at a geographic level. Participants were appreciative of the FEI funding supporting the engagement work of physicians.

Julie Longo and Crystal White (Facility Engagement Liaisons) provided final comments and expressed deep gratitude to participants, presenters, Doctors of BC and Specialist Services Committee staff for attending and supporting this event.

## Appendix A: Evaluation Results

A total of 28 participants (40% physicians, 20% Island Health staff, 40% MSA administrators) out of 53 participants completed feedback surveys at the end of the event. Feedback results, including open-ended responses, are summarized below. Percentages were calculated based on the total number of responses for each question.

	1 = VERY LITTLE	2	3	4	5 = VERY MUCH
1) This event was useful for networking with physicians, MSA project staff and health authority leaders	-	-	15%	33%	52%
2) This event provided an opportunity to share learnings and successes across sites	-	4%	8%	42%	46%
3) This event helped identify engagement and collaboration opportunities on the Island	-	-	22%	41%	37%
4) This event has increased my knowledge and understanding of what constitutes successful engagement activities	-	-	27%	31%	42%
5) Overall, I am satisfied with this event	-	-	8%	54%	38%
	YES			NO	
6) Should this event be held again?	100%			-	
	WEBINAR		TELECONFERENCE		IN-PERSON
6a) If yes, how would you like to continue to connect?	4%		-		96%
	ANNUALLY		BI-ANNUALLY (every 2 years)		
6b) If yes, how often would you like to connect?	89%		11%		
	SPRING (FEB)		FALL (NOV)		OTHER (HA CYCLE)
6c) If yes, what time of year would you like to connect?	92%		4%		4%

Key highlights from the evaluation findings included the following:

- **Other stakeholders participants would like to see attend:** nursing, Island Health leadership, Divisions of Family Practice, Ministry of Health as well as advisory board proxy members
- **Other facility engagement topics that participants would like to discuss at the event:** funding structure, Ministry of Health issues, Island Health's strategic direction and the role of administrative support (e.g., project managers) in supporting MSAs

- **Location/venue/food/organization of the event:** well-organized event and great location, venue and food
- **Suggestions for improvement:** offer more networking opportunities, allocate more time for sharing MSA projects and issues that MSAs face, participant input into key note presentation and round table discussion topics, make posters more accessible, invite an elder to do a “welcome” in the beginning, be specific with the ask when recruiting a “tiger team”