

Knowledge Sharing

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20

USEFUL INSIGHTSSite Reporting and Review Process 2021-22

Facility Engagement strategies continued to evolve in this year's SSRP. Here is a consolidation of common themes and some effective approaches from MSA site submissions that can help to engage both health authority and medical staff.





Engagement, communication and relationship building with health authorities

10 USEFUL INSIGHTS

health authorities is crucial to receive support for, and advance activities with tangible results.

Effective foundational relationship and trust building between MSAs and

Consolidated from Site Submissions

- 1. **LOCAL PROJECT SUCCESS FACTORS:** Effective collaboration between physicians, the MSA and local health authority leaders is a key ingredient for achieving results and success in projects. Sites can support this by:
 - Building a good working relationship with the local site director and engaging operations from the get-go.
 - Connecting the right people together early in a project to help to avoid duplication of work.
 - Clarifying health authority leadership roles and responsibilities to support greater success in navigating structures and decisions.
 - Ensuring the health authority is involved in input and updates for proposals and projects that involve their operations, and/or staff.
 - Having local department heads / representatives on the engagement working group join relevant priority project teams.
 Arranging for support from the health authority to manage and follow up aspects

of projects – such as from administrative, strategic or project management staff.

- 2. **REGIONAL-LEVEL PROJECTS AND HEALTH AUTHORITY ROLE:** For regional-level projects, both local site and regional health authority administrators should be
- involved from the beginning to ensure that processes and decisions can be directed and actioned appropriately.3. REGIONAL-LEVEL WORK AND MSA REPRESENTATION: Representation and
- participation from MSA executive members should be considered for appropriate local, regional and provincial committees and working groups.
- 4. ALIGNING LOCAL AND REGIONAL STRATEGIES AND PLANS: Planning between the MSA and health authority to develop and align both the health authority and MSA strategic plan and goals is likely for lead to greater success.
 It also creates opportunities for physicians to develop ideas and strategies that can
- be realistically actioned to accomplish goals.

 5. EFFECTIVE MSA WORKING GROUPS: Having health authority leaders such as local
- site directors and Medical Directors attend Engagement Working Group meetings is effective to build and provide supportive relationships.

 6. TRUST-BUILDING: Along with goal-setting and solutions, it is helpful to establish
- values and principles for all partners at MSA Working Group and project meetings

 to act with humility, transparency, collaboration, effective and respectful communication.

 TWO-WAY COMMUNICATION: Regular communication and feedback is crucial to
- close the loop with members and participants during and after engagement.Health authorities can support communication and trust-building by keeping
- medical staff regularly updated on site information, new initiatives and team building by sharing information through an MSA website or newsletter.

 8. FOLLOWUP FROM COVID-19: With priorities, workload and fatigue related to
- COVID-19, engagement momentum and awareness, activities, relationship-building has slowed. Both the MSA and health authority can benefit from having meaningful post-COVID-discussions to harness what was learned, advance fresh ideas and quality improvement, and to rebuild momentum, resilience and partnerships.

 9. ONGOING PHYSICIAN RECRUITMENT: Efforts are more efficient and more likely
- provincially with the MSA, Division and health authority, instead of as one-off efforts.
 Many sites are working on succession planning and activities, and improved onboarding.

to achieve desired results if done in collaboration at all levels: locally, regionally and

10. INFLUENCING CHANGE AT PROVINCIAL LEVEL: Moving forward, MSAs, health authorities and partners such as the Specialist Services Committee should consider how to work together to advance successful projects and changes to government



Fostering continued opportunities for discussion, communication

Communication and engagement with physicians/

levels.

communication.

interactions.

limitations they have.

and leaders.

medical staff

Consolidated

from Site

ENABLING PHYSICIAN PARTICIPATION: Provide opportunities and supports for physicians to participate in meaningful ways.
Monthly online meetings are a helpful way to keep physicians engaged, to

and information flow among physicians is crucial to continue building

relationships and momentum for physician/medical staff engagement.

Submissions

Create communication channels for physicians to raise issues at any time, such as a
whiteboard suggestion box in physician lounge, online portal, online ideas board
(Google Jamboard, Slido), and working group representatives to bring issues back
and forth from members.

Ensure everyone has an opportunity to provide their opinion and contribute to a proposed project, with flexibility to opt out if desired. Once the process is running

discuss variety of topics that matter to them, and maintain consistent and open

- and producing positive results, it is easier to secure ongoing commitment from participants.
 MAKING ENGAGEMENT MANAGEABLE: Create and communicate a framework and the process for physicians to influence and drive small changes and ideas not just the bigger projects.
- and rural areas, MSA-Division collaboration can be more resource efficient and beneficial for greater physician participation and input into issues and changes.

 4. CLEAR AND EASY COMMUNICATION: Easy-to-access, bite-sized, relevant

 Address the flow of information to and from physicians. Consider distilling information and communication to medical staff, such as digest style news or

3. COLLABORATION WITH DIVISIONS OF FAMILY PRACTICE: In some communities

e-mail rollups.Use 'check-in' and 'touch points' to review progress within teams, and

communicate with the broader medical staff as appropriate.

communication is crucial to keeps physicians in the loop.

5. CONSISTENT ENGAGEMENT FEEDBACK: Ensure MSA membership are kept aware of the discussions and decisions made at a MSA/HA leadership collaborative tables through regular communication and feedback loops.

6. MEETING PREFERENCES: Preferences are shifting for a return to in-person events and workshops over virtual meetings, where it can be challenging to fully engage

- physicians. Virtual meetings are still a convenient way to meet and will continue for many depending on the meeting purpose and geographic location of participants.
 PEER CONNECTIONS: Personal connections are a way to support the stresses and
- physicians are facing, and those experiencing burnout and low morale.

 Refurbished/renovated physician lounges can provide space for collegial
- Taking time to stop for hallway conversations/check ins can be an effective personal connection that goes a long way.

8. MSA SUSTAINBILITY AND IDENTITY: It may be time to revisit the MSA's mission and values. Members who have been part of the MSA's growth, as well as those not

- always directly involved in the core work can think about, understand and articulate/share what their membership with the MSA means to them personally.

 9. ACKNOWLEDGING AND CELEBRATING MEDICAL STAFF: Recognition of
 - physician/medical staff work is vital to improve morale.
 Acknowledge appreciation for the small things, for those who go above and

beyond, and for everyone's efforts to do their best with the resources or

- 10. MEDICAL STAFF ENGAGEMENT IN UNIVERSAL TOPICS: Physician Wellness, Equity,
- being addressed through MSA engagement structures. Medical staff are increasingly engaging through:
 Collaboration with the health authority on wellness supports and solutions for

Diversity and Inclusion, and Cultural Safety and Humility are a few common topics

- organizational-level changes.
 Dedicated MSA working groups, collaborative tables with the health authorities,
 - such as for Equity, Diversity and Inclusion work.Educational events, activities and workshops for medical and allied staff, such as
 - for planning and meeting Cultural Safety and Humility goals.

 Relationship building with external partners such as First Nations communities

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