

## EXECUTIVE SUMMARY

### Facility Engagement for Health System Transformation: Engaging Physicians and Health Authority Operational and Medical Leadership in a Regional Context Workshop

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**Venue:** Sheraton Guildford Hotel, 15269 104<sup>th</sup> Avenue, Surrey BC

**Date:** November 29<sup>th</sup>, 2017

**Region:** Fraser Health

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On November 29, 2017, Fraser Health (FH) physicians and health authority leaders met together at a regional workshop to discuss the current state of engagement and specific issues that prevent engagement between FH leaders and physicians across FH hospital sites; ways to improve trust, collaboration and communication between them; identify common issues, gaps and opportunities and identify key next steps to move the regional Facility Engagement Initiative (FEI) forward.

This was the first gathering of its kind in FH, and many participants had never met face-to-face. They welcomed the opportunity to meet physicians and administrators from other FH hospitals, and have a frank and productive discussion about challenges and opportunities to restore a spirit of teamwork that once defined the hospital culture.

The workshop was well attended by 34 participants including 19 FH leaders and 15 FH physicians, from 11 different facilities. It was facilitated by Dr. Graham Dickson and Dr. John Van Aerde and supported by Specialist Services Committee (“SSC”) and Doctors of BC staff.

Participants were given the opportunity to exchange opinions, insights and learnings with each other, and provided tools and tips that could be applied locally to advance their individual engagement efforts.

Overall, relationship-building was deemed to be the most important component of making a shift to a more collaborative partnership, aided by effective communication and information sharing. Participants acknowledged that it takes time to change engagement behaviours, communication and collaboration, but a foundation has been laid and much additional success is expected in the region. The workshop was viewed as a great opportunity for dialogue between FH administrators and physicians and applying insights to individual facilities.

Evaluation surveys indicated that the majority of physicians and FH leaders found the workshop to be a good use of their time, and valuable in terms of learning about the current state of physician engagement, existing practices that exemplify FEI and concrete tools and action planning for the FEI.

The next steps for the provincial FEI office include:

- Continuing to leverage MSA president council groups to find opportunities for regional engagement and seeking advice from them to bring to decision makers
- Finalizing succession planning documents to provide guidance
- Exploring website options
- Determining how the provincial office can support physician leadership in next year's FEI Work Plan
- Creating an evaluation toolkit for measuring indicator impact for sites

A detailed summary report follows.

**[WATCH PHYSICIAN AND HEALTH AUTHORITY REFLECTIONS \(VIDEOS\) >](#)**

- What was great about Nov. 29?
- How is Facility Engagement going in Fraser Health?
- Why Facility Engagement?

**RESOURCE LINKS:**

- [PSP: An incomplete Guide to Engaging Physicians into Quality Improvement](#)
- [Increasing Physician Engagement: Literature Review](#)
- [Increasing Physician Engagement: Presentation \(Summary of Literature Review\)](#)
- [Canadian Society of Physician Leaders: Accepting our Responsibility – A Blueprint for Physician Leadership in Transforming Canada's Health Care System](#)
- [Chartier Toolkit for Leadership and Learning](#)

## SUMMARY REPORT

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#### Workshop Overview

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On November 29, 2017, Fraser Health (“FH”) physicians and health authority (“HA”) leaders met together at a regional workshop to discuss the current state of engagement and specific issues that prevent engagement between FH leaders and physicians across FH hospital sites; ways to improve trust, collaboration and communication between them; identify common issues, gaps and opportunities and identify key next steps to move the regional Facility Engagement Initiative (“FEI”) forward.

This was the first gathering of its kind in FH, and many participants had never met face-to-face. They welcomed the opportunity to meet physicians and administrators from other FH hospitals, and have a frank and productive discussion about challenges and opportunities to restore a spirit of teamwork that once defined the hospital culture.

#### Participants

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The workshop was well attended by 34 participants including 19 FH leaders and 15 FH physicians, from 11 different facilities, as follows:

- Abbotsford Regional Hospital
- Burnaby Hospital
- Chilliwack General Hospital
- Delta Hospital
- Fraser Canyon Hospital
- Langley Memorial Hospital
- Mission Memorial Hospital
- Peace Arch Hospital
- Ridge Meadows Hospital
- Royal Columbian Hospital & Eagle Ridge Hospital
- Surrey Memorial Hospital

## Program

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### Opening Remarks

Cindy Myles, the provincial Director of the Facility Engagement Initiative, and Dr. Dayan Muthayan, Executive Medical Director, Physician Partnerships and Performance for FH, provided insights about the need for engagement, and introduced workshop facilitators Dr. Graham Dickson, Royal Roads Professor Emeritus, and Dr. John Van Aerde, University of British Columbia Clinical Professor. Dr. Muthayan set the tone by expressing a desire to restore a spirit of ‘teamwork’ (appropriate to the current environment) between physicians and administrators that had often defined a hospital culture pre-1990s.

### Setting the Scene – Panel Discussion

Four panel members presented their unique insights and answered questions during the “Setting the Scene Talk Show.” They included Dr. Paul Johar, MSA Executive of Burnaby Hospital; Rhonda Veldhoen, Executive Director of Abbotsford Regional Hospital and Mission Memorial Hospital; Dr. Curt Smecher, MSA Executive of Abbotsford Regional Hospital; and Dr. Dorothea Bergen, MSA Executive of Peace Arch Hospital.

#### Questions posed to the panel members included:

- Why is the FE Initiative important to you, to your organization, and to the province?
- How do you think this initiative will be perceived outside this room — by other doctors, stakeholders, etc. with whom you work?
- Why is a facility-based approach important?
- What are the opportunities, concerns, you have about this initiative?
- What do you hope we will accomplish today, with the people we have in the room?

#### Key responses from panel members:

- The more physician and HA groups can get together early on and break down barriers, the more likely they can be successful in reintegrating the teamwork portion back into the system
- Physicians need to learn from each other and recognize opportunities for positive change when they arrive and seize them – or they will be lost opportunities
- There needs to be understanding from administrators that there is a big loss to consider when shifting HA administration positions and personnel – there needs to be meaningful succession planning at both ends, good communication, relationship maintenance and the assurance of continued support to keep projects running
- Physicians have innovative ideas and need a space to provide input and problem solving
- Physicians see real value in engagement and want to feel as though they are making a difference – payment for their participation in the FEI is not considered to be an incentive, it just removes a barrier

### The Current State of Physician Engagement in Fraser Health

The workshop facilitators referenced the [2017 Health Authority Engagement Survey Supplemental Report](#) and explored perspectives in the room relating to the current state of physician engagement. Physicians pointed

out that when determining the state of ‘engagement,’ there is a distinction to be made between their relationships with and feelings about the HA itself, versus their relationships with local hospital administrators which are typically stronger.

Key discussion points included:

- A top-down command and control approach is not effective for engagement
- Consultation and collaboration / co-creation can be defined in different ways. When physicians are consulted they may be asked for their opinion, but may not necessarily be involved in collaborative planning and decision-making (co-creation).
- Decisions can be made in many different ways, so it is helpful to set clear expectations about what kind of process a decision will involve.
- With consultation only, physicians feel they may have given an opinion, but are not accountable for how the decision plays out
- Collaboration/ co-creation with both physicians and Administrators planning together at the table is where traction can be made
- It is important for MSAs to model behaviours, such as transparency, to administration for reciprocation – by involving local administrators and having operational sponsors for projects
- Communication and process, not just content, are key to successful engagement
- MSAs provide an opportunity to act as a council with different departments to get the physician voice heard
- Administrators too can act as a liaison with the HA to have physicians’ voices represented

**Existing Practices that Exemplify Facility Engagement in Fraser Health – Part I**

Representatives from Ridge Meadows Hospital and Burnaby Hospital discussed what has improved engagement at their sites, and impediments that have slowed progress.

Ridge Meadows Hospital: Dr. Frank Ervin, MSA President and Dr. Ken Burns, MSA Vice President, discussed the importance of having early successes, which in their case involved an MRI feasibility study that contributed to a successful application to the Ministry of Health to have an MRI installed at the hospital. Furthermore, they recommended:

- Allocating funds to each member of their working group to lead innovative projects,
- Ensuring succession planning for MSA executive positions,
- Being approachable and available to colleagues and regularly seeking input from others, and
- Utilizing the learnings from the Divisions of Family Practice (“DoFP”).

Burnaby Hospital: Dr. Paul Johar outlined challenges experienced, including:

- Initial uncertainty around goal posts and what frameworks to use,
- A bilateral vs collaboration approach,
- Finding means and resources for evaluating projects,
- Time constraints,

- Finding project champions, and
- Reaching early adopters and succession planning.

Key recommendations for success included:

- Ensuring executive accountability and transparency,
- Having consistent messaging and open conversations,
- Developing a strong working group,
- Working hard to build collaborative relationships with the HA,
- Being aware that people are already overloaded with information, and
- Developing physician leadership.

### **Existing Practices that Exemplify Facility Engagement in Fraser Health – Part II**

Each table grouping was asked to identify actions and factors that have contributed to successful and meaningful FEI in their facility.

Key discussion points included:

- Simulation lab projects, Grand Rounds, doctors lounge upgrades and CME events are good ways to generate engagement
- Establishing a quarterly MSA president council can help leverage partnerships – think about the sustaining structure that bridge local and regional engagement
- When establishing a working group, include champions from different departments to get a good representation of needs, and ensure shared values and beliefs
- Consider having a designated communications person and getting more community involvement, such as division representation
- A personalized website is a great communication channel for access to all resources for decision making, FH documents, engagement ideas and information sharing

### **Existing Practices that “Get in the Way” of Achieving Facility Engagement in FH – Part I**

Attendees were asked to list all the things that they would have to do to get the worse FEI outcome(s) in their organization, then list the things their organization is already doing to achieve the most unwanted result, and determine steps that will help stop those unwanted activities, actions or behaviours toward improvement.

Key areas that were reported to need improvement:

- Scheduling meetings with short notice or during clinic times, and regularly cancelling meetings
- Going to meetings with preconceived action plans and not seeking enough input from others
- Not providing sessional payments
- Not communicating in a timely manner and not effectively collaborating
- Not correctly identifying and involving stakeholders

Key steps that were suggested to stop unwanted activities, actions and behaviours included:

- Create an evaluation plan to assess and improve the current state
- Identify key people who can make a difference
- Communicate the who, what, why, when, and how
- Hire a senior project manager (and support staff) and developing administrative continuity
- Invite HA representation and local administrators to working group meetings
- Acknowledge short-term versus long-term wins and develop strategies to address both
- Hold meetings outside of business hours
- Go to MSA Presidents and ask for input

**Existing Practices that “Get in the Way” of Achieving Facility Engagement in FH – Part II**

Attendees were asked to choose one of six topics to identify factors impeding progress and create an outline of methods/actions to minimize or eliminate these factors:

1. How can physicians better engage the physician community?
2. What strategies (process and content) can be developed to improve communication?
3. What needs to happen to improve leadership practice? (for both administrators and physicians)
4. How can we make the most of meetings?
5. How to simplify red tape (rules, etc.) to make FE work?
6. What can be done to improve the physician-administrator relationship?

Key methods/actions suggested to minimize contributing factors:

- Engage physicians by showing value and providing incentives (such as education)
- Important to have a physical space available for physicians to meet
- Offer training in running effective meetings, such as providing input and having time integrity
- Have the right people at the table – it is important for Medical Directors to be available and to have a physician leadership presence, for consultation
- Have a transparent process for decision making, especially when it impacts patients
- Navigators available to assist with navigating the HA system
- Regular opportunities to improve leadership practice for physicians and administrators together – consider redesigning how physicians are being trained and integrate roles for a more engaged physician community

**A Facility Engagement Toolbox: Emerging Processes, Approaches and Practices**

Attendees were presented with ideas, actions, and concrete tools, based on best practices experienced elsewhere to support their action plans to improve engagement.

Literature Review: Neale Smith, Research Coordinator from the University of British Columbia, [presented an overview of potential actions and tools](#) based on emerging processes, approaches and practices around physician engagement from the [Increasing Physician Engagement: Literature Review](#). The five approaches discussed to increase physician engagement included:

1. Assess the problem – acknowledging and assessing barriers and challenges including the socio-political environment as part of planning for increased engagement
2. Develop meaningful targets and encourage participation to meet them. Ensuring feedback by designing processes to monitor progress toward measurable results
3. Strengthen physician leadership and expand the role of physicians to include consideration of organizational goals
4. Use appropriate rewards and incentives
5. Align values and strengthen culture, community and communication within and across roles and departments

The facilitators also described differences in motivation and ability, based on personal, social and structural variations, and introduced several other tools including:

- [PSP: An incomplete Guide to Engaging Physicians into Quality Improvement](#)
- [Increasing Physician Engagement: Literature Review](#)
- [Increasing Physician Engagement: Presentation \(Summary of Literature Review\)](#)
- [Canadian Society of Physician Leaders: Accepting our Responsibility – A Blueprint for Physician Leadership in Transforming Canada’s Health Care System](#)
- [Chartier Toolkit for Leadership and Learning](#)

### **Action Planning to Improve Facility Engagement**

Attendees were asked to choose one of three topics based on topics generated from the earlier existing practices that “get in the way” of achieving engagement, and identify ideas or actions that could be applied to a facility context as well as responsible party to action the idea(s) (i.e., physician administrators, non-physician administrators, practicing physicians and any formal bodies representing them).

#### Key themes put forward:

##### Topic 1: FEI Process

- Create joint partnership meeting for MSA/HA to set succinct collaborative goals (responsibility of the MSA President to begin with, as well as the chair/co-chair at the DoFP (if applicable) and Executive Director)
- Create open discussion and total transparency both ways from FH to hospital administration; follow lead from the process with hospitalists and nurses who get six months advanced notice of major future occurrences at the site (responsibility of the MSA)
- Invite FH to meetings or for a portion of meetings (responsibility of the MSA)

##### Topic 2: Maximizing Project Impact

- Use different types of communication structures to get the word out – everyone’s responsibility, but ultimately the physician/project champion and project manager
- Find a link between parallel projects (responsibility of the physician/project champion and project manager)

- Find ways of improving outcome evaluation and discomfort around evaluation (responsibility of the physician/project champion and project manager)
- Understand the wider impact and relevance of projects (responsibility of the Executive Director)
- Ensure scalability and sustainability of projects (responsibility of everyone)

### Topic 3: Supports from SSC and FH Corporate Office

- Learn where to access important information, such as education opportunities – shared (responsibility of the MSA and project manager)
- Develop direct physician linkage to the Clinical Service Manager - reporting to the director (responsibility of the MSA)
- Develop websites, tools and templates, including communication tools (responsibility of everyone)
- Seek more information and education around SSC initiatives (responsibility of the MSA)

### A Facility Team Discussion

Attendees were asked to write down key actions steps that they will take, relative to their own facility and based on the previous exercise, and exchange this information with the relevant individual or group, including their Facility Engagement Liaison.

### Workshop Closure

The facilitators provided their final thoughts of the day and a summary of common themes discussed during the workshop. Facility Engagement was noted to be a worldwide issue, requiring all parties involved in the discussion for optimal results. While research is available as to what makes a meaningful difference, there is still much more to learn – complex adaptive systems are always in progress.

Overall, relationship-building was deemed to be the most important component of making a shift to a more collaborative partnership, aided by effective communication and information sharing. Participants acknowledged that it takes time to change engagement behaviours, communication and collaboration, but a foundation has been laid and much additional success is expected in the region.

Dr. Dayan Muthayan noted how many developments have occurred in the FEI in just a years' time – from setting up legal structures to making significant impacts in the lives of physicians, HA representatives and patients. He expressed his excitement for another year of meaningful work on the FEI.

### Evaluation

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Attendees completed a survey to evaluate their perceptions of the workshop. A total of 16 physicians and 12 HA leaders provided feedback. The following summarizes feedback results. Percentages were calculated from the total number of feedback submissions.

Overall Questions	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
	P	HA	P	HA	P	HA	P	HA	P	HA
P = Physician, HA = HA Leader										
Today's learning session was a good use of my time.	31%	33%	56%	67%	13%	0%	0%	0%	0%	0%
The balance of presentation and activities was appropriate.	31%	42%	69%	58%	0%	0%	0%	0%	0%	0%
The facilitator presented content clearly and effectively.	50%	64%	44%	36%	6%	0%	0%	0%	0%	0%
I would attend a future workshop like this.	25%	75%	50%	25%	25%	0%	0%	0%	0%	0%

\*blank responses were omitted and adjusted

How would you rate each of today's topics in terms of their value?

Overall Questions	Excellent		Above Average		Average		Below Average		Poor	
	P	HA	P	HA	P	HA	P	HA	P	HA
P = Physician, HA = HA Leader										
Current State of Physician Engagement	19%	17%	49%	75%	32%	8%	0%	0%	0%	0%
Existing Practices that Exemplify FE	25%	25%	56%	67%	19%	8%	0%	0%	0%	0%
Existing Practices that "Get in the Way" of Achieving FE	19%	33%	56%	50%	25%	17%	0%	0%	0%	0%
FE Toolbox	25%	25%	38%	50%	37%	25%	0%	0%	0%	0%
Action Planning to Improve FE	25%	25%	62%	42%	13%	33%	0%	0%	0%	0%
Facility Team Discussion	31%	25%	31%	42%	2%	25%	0%	0%	0%	0%

\*blank responses were omitted and adjusted

**The most useful or relevant part of today for me was:**

Physician Responses

- Physicians valued meeting with other group members, learning about others' roles, and gaining insight regarding barriers that they are experiencing
  - "Meeting with physician leaders and FH administrators and hearing about some of the processes and barriers from their perspective."
- In person discussion and planning was found to be worthwhile
  - "Table discussions and the collective wisdom from the speakers and other members"
- The tools provided were appreciated by physicians
  - "Tool Box flash drive – I will peruse it at length"
- Talking about "existing practices that exemplify Facility Engagement" helped future planning

HA Leader Responses

- HA administrators valued learning about challenges that physician's experience

- “Learning about some of the existing barriers to physician communication and engagement at their site”
- “The opportunity to interact with multiple teams and hearing about different/ similar perspectives”
- HA administrators enjoyed the “Setting the Scene Talk Show” portion of the day

**The least useful or relevant part of today for me was:**

Physician Responses

- Participants expressed a desire to learn more about the content in the toolkit rather than simply having it presented to them on a USB stick
  - “Even a 5 minute overview of tools would have been helpful rather than just presenting memory stick”
- A few physicians expressed that the research presentation lacked value
  - “Discussing barriers to engagement as we are aware of most of these”

HA Leader Responses

- One HA administrator specified that the “Toolkit could have been more robust”
- One HA administrator indicated that the “UBC overview” was the least useful part of the day (while some physicians felt it was highly useful)

**Please provide any additional comments or suggestions for improving this day.**

Physician Responses

- Areas of improvement include:
  - “More grassroots physicians”
  - “Setting with windows”
- Overall the workshop was deemed to be a success
  - “Great opportunity! We need to create more opportunities for dialogue between administrators and physicians and bringing it to facilities”

HA Responses

- The majority of HA administrators thought that the day was a success and appreciated attending

## **Next Steps**

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Following the discussions and requests from the workshop, Cindy Myles and the provincial FEI office will endeavor: continue working with Dr. Dayan Muthayan and Jag Sandhu to leverage MSA president council groups to find opportunities for regional engagement and seek advice from them to bring to decision makers; finalize succession planning documents to provide guidance; explore communications websites; determine how the provincial office can support physician leadership in next year’s FEI Work Plan; and, create an evaluation toolkit for measuring indicator impact for sites.