

SUMMARY REPORT

Northern Region Facility Engagement Conference

April 28, 2023

EVENT SUMMARY

On April 28, 2023, the Facility Engagement Initiative (FEI) hosted the second Northern Region Facility Engagement Conference. The Conference took place at the Westin Wall Centre in Richmond, BC. This year 54 attendees, from over 11 hospital sites in Northern Health (NH) came together to:

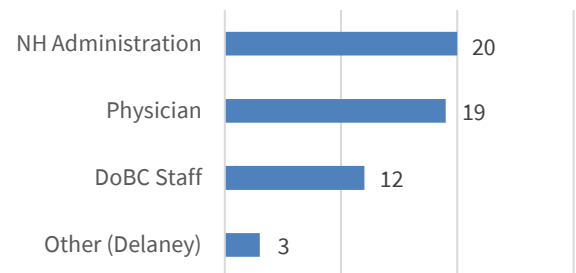
- 1) build rapport and connection between and amongst participants to support long-term, trust-based relationships;
- 2) envision the attributes, characteristics and elements of a well-functioning health care facility in NH;
- 3) facilitate and enable knowledge sharing on emerging practices, innovation and successes from each facility; and
- 4) brainstorm preferences and ideas for how the work of FE could continue to advance key priorities.

The Conference was designed by a planning task group with representation from physician and health authority leaders. Facilitation was provided by Delaney and Associates Inc.

The day began with traditional knowledge and teachings from Felicia Stogan, a cultural representative from the Musqueam Nation. Senior leader opening remarks were provided by Dr. Sam Bugjs, Vice President, Physician Affairs & Specialist Practice at Doctors of BC and Dr. Ronald Chapman, Vice President of Medicine at Northern Health. Closing remarks were provided by Dr. Josh Greggain, President of Doctors of BC.

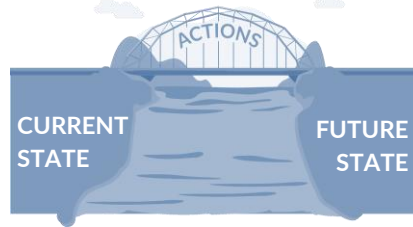


WHO PARTICIPATED



MOVING TO AN IDEAL FUTURE STATE

CURRENT STATE:
What is the current state of healthcare facilities in Northern Health?



PRIORITY ACTIONS:
What are the actions we could prioritize to move us most efficiently to our ideal future state?

Staffing/resources

- Workforce crisis across positions – overcapacity and understaffed
- Infrastructure not aligning with geographic or demographic needs (aging population)
- Recruitment rules and regulations are not meeting flexibility needs

Physician wellness/provider satisfaction

- High workload and burnout
- Varying work-life balance expectations
- Social media can be damaging and misrepresenting of the truth

Patient care/access

- More complex patients (high levels of trauma, health inequities)
- More health promotion is needed
- Tertiary care is working well
- More communication information is needed for discharge planning
- Respite is difficult due to coverage issues

Recruitment/retention

- More success with recruiting Specialists than Family Practitioners
- Barriers to recruiting physicians from other countries, including immigration challenges

Structures/policies

- Increasing system and policy complexity
- Good local structures to build on

1. Provide accessible, timely and elective **patient transportation** systems
2. Engage and activate community in creating increased, preferential and **flexible childcare**
3. Establish **incentive program for nurses** (e.g., Rural incentive program)
4. Streamline **effective communications** and pathways between physicians and health authority
5. Improve **team based care** - understand full scope and role of Nurse Practitioners (and allied health) and utilize appropriately
6. **Partner with community, First Nations**, and facility to identify and develop resources, and provide mental health and substance use supports
7. Encourage health professionals and provide resources to support **working to full scope**
8. Work on **local infrastructure** with municipality, Chamber of Commerce and industry to enhance health services in communities (e.g., build bridges)
9. Explore regional **exit and or stay interviews**
10. Improve **benefits** related to physician role: flexibility, incentives, recognition and participation in provincial NH initiatives



Voting on priorities

EXAMPLE SUCCESSES & KNOWLEDGE SHARING

- Developed an onboarding program that helped new physicians know how to reach out, complete IT tasks & learn about what the community has to offer
- Practice Ready Assessment (PRA) program introduced to help with physician shortages
- Expansion of residency program planned for the near future
- Completed many exit interviews and found that factors outside of NH control were most common for departures
- Learned a lot through COVID on patient transport – business model is being proposed for services and supplies
- Supported a number of activities to help move the needle on cultural safety and humility, such as carving of a totem pole, monthly Elder teachings, master glossary creation and more
- New Communications Lead in Medical Affairs hired by NH



HOW DO WE GET THERE?

Community-based problem solving

Collaborating

Changing culture through shared vision

Building trust

Connecting & building relationships

Communicating



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There is no system, we are the system, we are Northern Health

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WHAT IS WORKING WELL FOR BROADER ADOPTION?

- Terrace specialist model with specialists in rotations
- Intentional fast response to Health Match BC
- Having a compelling vision, which is communicated well with stakeholders
- Network of services – coordination of Health Service Delivery Areas (e.g., surgical days)
- Interdisciplinary bundled care for patients (e.g., breast cancer) and at same cost
- Encouraging autonomy, purpose and passion leading from learning and innovation
- Creating a medical ecosystem
- Helping new medical staff to connect with the community
- Informal mentorships on site
- Weekly formal team building activities
- Listening and dialogue – allowing innovation and space to learn
- Team-based care (e.g., Registered Nurse integration increases quality of care efficiency)
- Training Nurse Practitioners as surgical assistants and pre-post operative care, to reduce surgical cancellations
- Having strong local level leadership
- Increasing leadership training opportunities for physicians
- Increasing awareness and opportunities for cultural safety and humility training



Dr. Ronald Chapman

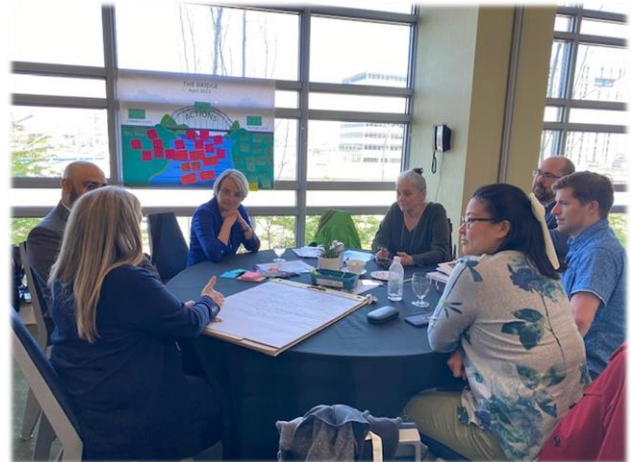
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MSAs are key in creating good working environments and improving services

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THE PRIORITY FOR FACILITY ENGAGEMENT SHOULD BE...

- Recruitment and retention strategies
- Expansion for support of allied health participation in FE funding guidelines
- Physician wellness and team building
- Communicating outcomes and learnings with broader MSA physicians and partners
- Onboarding new physicians to FE
- Patient transportation
- Information management
- Building partnerships outside of NH
- Supporting 2-way dialogue and a common vision between medical, operational leadership and the MSA
- Providing a pathway to influence where items are not in direct control
- Continuing to support relationship building



THE MOST IMPORTANT ACTION TO TAKE NEXT IS....

- Increasing awareness of MSA and FE function and how they can support physicians
- Gathering information and best practices on overcapacity issues related to lack of transport. Aim to translate findings into action for: advocacy, knowledge sharing and building relationships with the Northern community .
- Partnering with Ministry of Health, HA and MSA to have a provincial voice and address collective issues
- Partnering in community
- Continuing communication and transparency
- Collaborating across the region and building strength in numbers

RECOGNITION AND ACKNOWLEDGEMENT



Recognition for Cathy Ulrich, President and Chief Executive Officer of Northern Health on her retirement after over 20 years of service. A hand-carved paddle from Haida Gwaii was gifted as a show of appreciation to represent her years of working as a team and steering the NH ship.



Dr. Tracy Morton presenting gift

PARTICIPANT FEEDBACK

What's the most important thing coming out of today's conference?

- recognition of ability to influence and create change
- the power of coming together in-person to problem solve
- learning from our peer communities and sharing successes
- identifying shared priorities across the region



100% of participants feel the Conference should be held again

