

VENUE: FAIRMONT WATERFRONT, VANCOUVER, BC

DATE: NOVEMBER 24, 2018

REGION: NORTHERN HEALTH AUTHORITY

## EXECUTIVE SUMMARY

### Northern Region Facility Engagement Conference

The aim of the Northern Region Facility Engagement Conference (Conference) was to bring Northern Health Authority (NHA) leaders and Medical Staff Association (MSA) physicians leaders and staff together to discuss the current state of engagement and specific issues that prevent engagement across Northern hospital sites, discuss ways to improve trust, inclusion, collaboration and communication between NHA leaders and physicians, identify common issues, gaps and opportunities, and identify key next steps to move regional Facility Engagement Initiatives forward.

To accomplish the Conference's goals, the Conference was designed with a two-pronged approach: 1) to first have physician leaders and MSA staff connect with one another in the morning session to allow for learning from each other; and 2) followed by an afternoon session that invited health administrators to join the conversation on common opportunities and issues within NHA.

A total of 64 participants attended the session, including 19 NHA administrators, 19 physicians, 12 Specialist Services Committee (SSC) and Doctors of BC staff, 12 project managers and 2 session facilitators. 14 different hospital sites were represented.

The morning session included:

- Welcome messages from Dr Eric Cadesky (President, Doctors of BC) and Dr Sam Bugis, (Executive Director, Physician and External Affairs);
- An ice-breaker exercise to explore different personal styles of participants;
- Context setting comments from Cindy Myles (Director, Facility Engagement) and Maureen Haley (Facility Engagement Liaison – Northern region, Facility Engagement) that reviewed successes and challenges to date;
- A review of the recent Northern Health Engagement Survey by Rob Hulyk (Director, Physician and External Affairs) followed by a real-time 'pulse check' survey (using live electronic voting) to review current level of engagement from physician leaders in the room, as well as explore their perspectives on the organizational conditions and capacity for engagement using the Spurgeon framework; and
- The opportunity to hear and learn from four different physician leaders (Dr Anthon Meyer, Dr Marlowe Haskins, Dr Andrea Geller, and Dr John Smith) about various projects they are leading at their sites.

The afternoon session included:

- Several physician leaders shared highlights from the morning session with health administrators who were joining the afternoon session – to bring them up to speed and to set the stage for productive discussions;

- The introduction by the facilitators of the Obreau Tripod communication tool to promote authentic conversations during the afternoon session;
- Small group work on four identified critical areas impacting physician engagement – these topics were researched prior to the conference and included:
  - Physician Stakeholder Relationships;
  - Physician Engagement and Leadership;
  - Leadership Development for Physicians; and
  - Walking in Each Other's Shoes.
- The reporting out of the above-noted small group work and the identification of recommendations for taking positive action to address these critical areas;
- A reflection portion whereby attendees were asked to make a personal commitment/action they are willing to undertake at their facility to move toward the vision for Facility Engagement; and
- Closing observations and remarks from Dr Ron Chapman (VP, Medicine, NHA), filling in for Cathy Ulrich (CEO, NHA).

Following the session, 29 participants (14 physicians, 5 NHA administrators, 8 project managers, 2 unknown) completed feedback surveys. Results indicated that Conference objectives were met – such as increasing participant understanding of common engagement issues, gaps and opportunities in the North, relationship building, improving communication strategies and shared learnings. A strong interest was expressed for future engagement events – to be held at the local level in various communities in the North. It is recommended that the Facility Engagement program help support future meetings by providing tools and resources.

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## SUMMARY REPORT

### Northern Region Facility Engagement Conference

#### CONFERENCE OVERVIEW

The aim of the Northern Region Facility Engagement Conference (Conference) was to bring Northern Health Authority (NHA) leaders and Medical Staff Association (MSA) physicians and staff together to discuss the current state of engagement and specific issues that prevent engagement across Northern hospital sites, discuss ways to improve trust, inclusion, collaboration and communication between NHA leaders and physicians, identify common issues, gaps and opportunities, and identify key next steps to move regional Facility Engagement Initiatives forward. The Conference brought together NHA leaders and MSA physicians and staff into the same room, essentially for the first time, to begin the journey of engagement.

A total of 64 participants attended the session, including 19 NHA administrators, 19 physicians, 12 Specialist Services Committee (SSC) and Doctors of BC staff, 12 project managers and 2 session facilitators. Hospital sites that were represented include: Bulkley Valley District Hospital, Chetwynd Hospital and Health Centre, Dawson Creek & District Hospital; Fort St. John Hospital GR Baker Memorial Hospital, Haida Gwaii Hospital and Health Centre, Mackenzie and District Hospital and Health Centre, Mills Memorial Hospital, Northern Haida Gwaii Hospital and Health Centre, Prince Rupert Regional Hospital, St. John Hospital, Stuart Lake General Hospital, University Hospital of Northern BC, and Wrinch Memorial Hospital.

Facilitation support was provided by two external consultants, Peter Lee and Graham Dickson. Doctors of BC staff provided active table facilitation support for various small group exercises as well as logistical support throughout the day.

To accomplish the Conference's goals, the event was designed with a two-pronged approach: a) to first have physician leaders and MSA staff connect with each other in the morning session to allow for learning from each other; and b) followed by an afternoon session that invited health administrators to join the conversation on common opportunities and issues within NHA.

#### OVERALL PROGRAM COMPONENT

The morning session included:

- Welcome messages from Dr Eric Cadesky (President, Doctors of BC) and Dr Sam Bugis, (Executive Director, Physician and External Affairs);
- An ice-breaker exercise to explore different personal styles of participants;

- Context setting comments from Cindy Myles (Director, Facility Engagement) and Maureen Haley (Facility Engagement Liaison – Northern region, Facility Engagement) that reviewed successes and challenges to date;
- A review of the recent Northern Health Engagement Survey by Rob Hulyk (Director, Physician and External Affairs) followed by a real-time ‘pulse check’ survey (using live electronic voting) to review current level of engagement from physician leaders in the room, as well as explore their perspectives on the organizational conditions and capacity for engagement using the Spurgeon framework; and
- The opportunity to hear and learn from 4 different physician leaders (Dr Anthon Meyer, Dr Marlowe Haskins, Dr Andrea Geller, and Dr John Smith) about various projects they are leading in their own regions.

*NOTE: NHA health administrators joined the physician leaders over lunch and opportunities were created for a light structured networking activity.*

The afternoon session included:

- Several physician leaders shared highlights from the morning session with health administrators who were joining the afternoon session – to bring them up to speed and to set the stage for productive discussions;
- The introduction by the facilitators of the Obreau Tripod communication tool to promote authentic conversations during the afternoon session;
- Small group work on four identified critical areas impacting physician engagement – these topics were researched prior to the conference and included:
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- The reporting out of the above-noted small group work and the identification of recommendations for taking positive action to address these critical areas;
- A reflection portion whereby attendees were asked to make a personal commitment/action they are willing to undertake at their facility to move toward the vision for Facility Engagement; and
- Closing observations and remarks from Dr Ron Chapman (VP, Medicine, NHA), filling in for Cathy Ulrich (CEO, NHA).

## SPECIFIC HIGHLIGHTS OF THE MORNING SESSION

### *Opening Comments*

Drs Cadesky and Bugis highlighted the importance of Facility Engagement and the connection to greater quality care for communities, with an emphasis on local sites while moving towards a collective voice across regions with both physicians and health authority. They also acknowledged that despite progress in many areas, there is still more work needed to address the challenges faced by physicians and by health authority leaders.

### Ice-Breaker Exercise

This exercise utilized the symbol of colours to identify preferred working styles that included:

- Red styles that focus on results;
- Yellow styles that focus on exploring different possibilities;
- Green styles that focus on harmonious relationships and consensus building; and
- Blue styles that focus on organization and ensuring consistency.

### Context Setting Comments

Cindy Myles and Maureen Haley reinforced the notion that organizations with higher physician engagement have higher quality of care and that Facility Engagement needs to start at the grassroots level; from there it can evolve into regional discussions and sharing of successes and learning. They also highlighted the many activities and projects that have and are currently taking place with a provincially targeted needs assessments to follow to further assess gaps that can be supported by deeper levels of Facility Engagement.

### Engagement Survey Results

Rob Hulyk provided a review of the results, sharing the history and importance of the engagement survey and highlighting the following:

- Overall survey results are showing improvement in engagement across the province and that average scores are on par with national benchmark;
- Physician leaders scores are higher (slightly) than physician staff; and
- Northern Health physician engagement is higher than other regions, but in comparison to other industries, there is still more work to be done, including ensuring greater participation in future surveys (current participation rate is low at 24%).

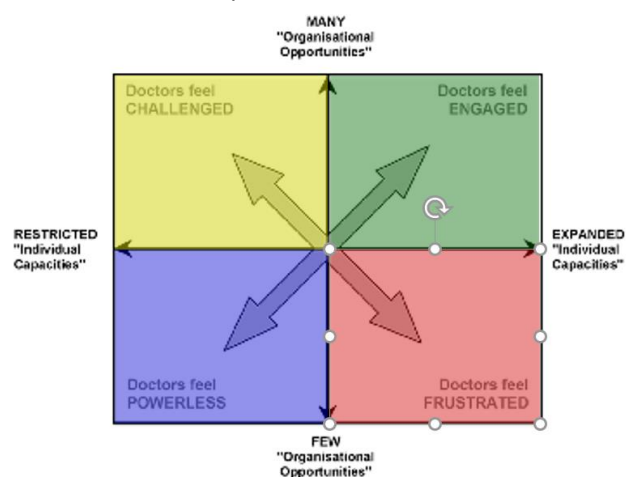
### Physician Live Pulse Check

Facilitators started by defining engagement as a two way relationship (between health authority and physicians, physicians and other physicians) and commented that relationships are never static, and they move along a continuum of positive to negative. Relationships always need to be worked on and data can help identify which areas are priorities.

The results of the electronic in-house pulse check survey based on 7 questions showed that although higher scores were achieved in this real-time experiment versus the formal engagement results survey, there is still considerable work to do.

Facilitators introduced the Spurgeon model to further debrief the pulse check results. The model describes

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that organizations have a responsibility to create the conditions for physicians to be engaged (vertical axis). Physicians' capacity to be engaged also varies (horizontal axis). Together these two factors create four quadrants of engagement. When there are lots of organizational opportunities, but physicians do not have the individual capacity, then individual burnout could occur. When there is little opportunity, and physicians have the capacity, they become frustrated. And when there is little opportunity and low physician capacity, physicians feel powerless. The desirable result is lots of organizational opportunity and high physician capacity – the far right quadrant of engagement.

Specific recommendations from a small group debrief exercise included:

- Need for newly funded MSAs to have more connections with other MSAs early on to facilitate learning;
- Hold a similar forum for MSAs in Northern Health to raise awareness;
- Recognize there isn't only one way to gather results – paper surveys for some, face to face interaction for others;
- Close the feedback loop after a survey has been completed so that people see the impact and know that their voice was heard;
- Align initiatives and simplify the system;
- Reflect on how do to appeal to the folks who are not in the room. The key is the get those who are not currently coming to the table to participate;
- Reflect on how to move physicians' capacity from left to right in the Spurgeon model without overburdening them;
- Focus on physician wellness as a key component;
- Foster support with local and regional communication (which will be the next phase of the initiative);
- Address feelings of being misaligned with the health authority – physicians would like to hear about the 1, 3, 5 year NHA plans;
- Try to see both sides and make this as a “we” rather than an “us vs. them” situation;
- Communicate to acknowledge the challenges, identify the issues and work on them together (with both health authority and physicians in order to facilitate shared action); and
- Keep momentum going and don't give up.

### *Panel Presentations – Key Insights*

- Real collaboration (when all key parties are at the table) with Northern Health administration has positively impacted the momentum of projects, and has helped to mitigate barriers/ roadblocks;
- When you can connect what you are doing at the local level to the priorities of the health authority, then you see more success and momentum;
- The creation of effective structural spaces leads to opportunities for people to connect which is essential for greater positive impact; and
- When relationships are formed, success is more likely.

Some specific highlights from the four panels included:

<p><u>Anthony Meyer (Fort St. James)</u></p> <ul style="list-style-type: none"> <li>You can have all the priorities and the greatest goals, but if it does not speak to physician values, then it will not be successful;</li> <li>Identify community and patient priorities and confirm and align with health authority strategic plans and priorities; and</li> <li>Embrace indigenous culture and build them into your improvement strategies.</li> </ul>	<p><u>Marlowe Haskins (Smithers)</u></p> <ul style="list-style-type: none"> <li>Valuable learning takes place by working together on challenging issues;</li> <li>Physicians have a very unique perspective on what is best for patient care – there is a need for health authority to leverage these perspectives and loop physicians into the conversations; and</li> <li>Facility Engagement has resulted in a more diverse group of physicians being involved in a wider variety of hospital activities.</li> </ul>
<p><u>Andrea Geller (Terrace)</u></p> <ul style="list-style-type: none"> <li>Engagement of medical staff through staff lounge, which creates the space and opportunity for staff to connect formally and informally;</li> <li>Ensure strong consultation and collaboration as well as formal meetings to ensure that all bases are covered; and</li> <li>When physicians feel empowered, then you see success and start to gain momentum.</li> </ul>	<p><u>John Smith (Prince George)</u></p> <ul style="list-style-type: none"> <li>Identify differences in physicians and how they get involved; and</li> <li>Increase frequency of NHA inviting physicians to the table on issues that matter.</li> </ul>

## SPECIFIC HIGHLIGHTS OF AFTERNOON SESSION

### *OBREAU Tripod Communication Tool*

The facilitators introduced this specific communication tool as a framework to support the various conversations and round table discussions held in the afternoon session.

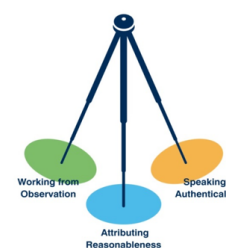
### *Roundtable Discussions*

Physician leaders and health administrators were put into mixed groups to discuss the following four topics and come up with specific actions that could be taken to advance an issue over the next 90 days.

A summary of these four topics include – note there was significant interest in Topic #4:

### The OBREAU Tripod

- Working from OBServation** – asking what can be seen / heard directly with this challenge, rather than being an interpretation
- Attributing REasonableness** – contemplating what might this challenge might ‘look like’ to particular stakeholders, allowing they are reasonable at this time
- Speaking with AUTHenticity** – taking a ‘deep dive’ to consider what matters deeply to you, and expressing what you can of that.





<p><b><u>Roundtable Topic #1: Physician Stakeholder Relationships</u></b></p> <ul style="list-style-type: none"> <li>• What’s working well at the local and regional levels? What are the factors that are supporting these positive relationships?</li> <li>• What is not working well? What misperceptions and limiting beliefs are currently compromising these relationships?</li> </ul>	<p><b><u>Roundtable Topic #2: Physician Engagement &amp; Leadership</u></b></p> <ul style="list-style-type: none"> <li>• What successes have you seen in the past year that could be built on?</li> <li>• What are the top 1 to 3 biggest barriers to physician engagement at the local and regional levels?</li> </ul>
<p><b><u>Roundtable Topic #3: Leadership Development for Physicians</u></b></p> <ul style="list-style-type: none"> <li>• What are your thoughts on how transitions in care are handled currently? And what leadership qualities and/or practices facilitate high versus low quality in transitions of care?</li> <li>• Where do you see additional opportunities for facility/community cross over in the future?</li> </ul>	<p><b><u>Roundtable Topic #4: Walking In Each Other’s Shoes</u></b></p> <ul style="list-style-type: none"> <li>• What are driving needs for physicians and for health administrators?</li> <li>• What are the areas of common ground and where are there significant differences?</li> </ul>

Highlights and possible actions from these four Roundtable discussions included:

#### **Roundtable Topic #1: Physician Stakeholder Relationships**

- Hold a “Rules of Engagement” forum at MSA meetings;
- Clarify roles and expectations of medical directors, chiefs of staff, MSA and physician leaders;
- Determine communication guidelines to “Play Above the Line” (a concept which refers bringing openness, curiosity and a commitment to learning);
- Hold regular meeting with health service administrators (HSAs), directors of patient care, chiefs of staff, medical directors and MSA presidents to identify and align priorities of NHA, and key priorities of projects of the MSA/Facility Engagement Initiative; and
- Ensure monitoring of projects to create momentum of key projects.

#### **Roundtable Topic #2: Physician Engagement and Leadership**

- Examine areas we have recently found challenging and ask ourselves: “what kind of approach was used and how can we do it differently next time?”;
- Ensure physicians are consistently being involved in key decisions to better support needed actions;
- Raise awareness on why physician engagement is important by celebrating success and demonstrating a strong value proposition;
- Try different forms of communication and put in place structures to support the Facility Engagement Initiative, MSAs, Physician Quality Improvement, etc.;
- Proactively address barriers related to: physician time, historical experiences, and regional connections;



- Learn about each other's roles and build relationships to see each other's humanness;
- Share strategic plans, goals, priorities; and
- Have NHA leadership work with MSA by consulting on complex problems.

### **Roundtable Topic #3: Leadership Development**

- Investigate creating a network process to build relationships, and improve patient care by increasing connections and learnings across NHA;
- Develop models with the health authority and determine how to implement (e.g. quality-listening and fostering empowerment); and
- Explore the idea of linking physicians using quality facilitation and collaboration.

### **Roundtable Topic #4: Walking in Each Other's Shoes**

- Hold regular monthly joint meetings between health authority and physician leaders to recognize different perspectives and seek to understand ever changing challenges;
- More informal social events to build trusting relationships, recognize each other's strengths and weaknesses, and put faces to names;
- HSA: discuss resource availability with transparency to enhance physician understanding;
- MSA: align projects with health authority to see the connection to the bigger picture;
- Direct communication with NHA to better interact with senior physician leadership;
- Continue on with Conference discussions at the local MSA/HSA level to: a) understand each other's perspectives; b) use OBREAU Tripod approach; c) listen to what is working and what is not; and
- Connect with stakeholders early on so that potential problems can be uncovered and resolved in a timely and proactive manner.

## OUTCOMES

Following the session, 29 participants (14 physicians, 5 NHA administrators, 8 project managers, 2 unknown) completed feedback surveys. The following summarizes feedback results and key themes. Percentages were calculated from the total number of feedback submissions.

	1 = VERY LITTLE	2	3	4	5 = VERY MUCH
1) This event helped me to understand common engagement issues, gaps and opportunities within the Northern region	1 (3%)	–	4 (14%)	<b>15 (52%)</b>	9 (31%)
2) This event was useful for relationship building with other project managers, physicians and health authority leaders involved in the Facility Engagement Initiative	–	1 (3%)	2 (7%)	<b>13 (45%)</b>	<b>13 (45%)</b>
3) This event encouraged engagement and application of effective communication strategies*	–	1 (5%)	3 (14%)	<b>11 (52%)</b>	6 (29%)
4) This event provided an opportunity to share learnings across sites on key issues and themes that are common to all	1 (4%)	–	5 (18%)	<b>11 (39%)</b>	<b>11 (39%)</b>
5) Overall, I am satisfied with the event	1 (3%)	–	5 (17%)	<b>13 (45%)</b>	10 (34%)
	YES			NO	
6) Should this event be held again?	<b>26 (90%)</b>			3 (10%)	
	WEBINAR	TELE-CONFERENCE		IN-PERSON	
a) If yes, how would you like to continue to connect?	–	–		<b>26 (100%)</b>	
	QUARTERLY	BI-ANNUALLY		ANNUALLY	
b) If yes, how often would you like to connect?	1 (4%)	4 (16%)		<b>20 (80%)</b>	

\*Question omitted for project manager respondents who participated in a breakout training session during this portion of the Conference

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

- *Chiefs of staff*
- *HSAs*
- *More MSA members*
- *Project managers (in afternoon Conference session)*
- *First Nations*
- *Chief operating officers*

**7) Following the event, what commitment/action are you prepared to take to address engagement issues, gaps and opportunities within the Northern region?**

- *Develop an understanding of physician priorities*
- *Access the MSA to help address problems and evaluate our challenges to date by asking “what could we have done differently?”*
- *Continue engaging! Work to foster value of leadership with colleagues, demonstrate success together*
- *Continue to regularly attend and contribute to committees*
- *Renewed motivation to enlist physician colleagues in our MSA*
- *Committing to being a project lead*
- *Communication between all levels for improved outcomes and building trust*

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

- *Project managers: It would have been great to have stayed with the physicians and health authority in the afternoon – rather than partaking breakout session training for project managers – as engagement is also key to our roles.*
- *Project managers: job duties, number of consultation hours per site, additional project manager role coverage*
- *Framework for communication strategies*
- *Project development along lines of operational/organizational priorities*
- *More opportunity to learn from other sites – such as poster presentation display*
- *Some further details on funding, priorities, opportunities, etc.*
- *How to lower administrative burden and costs*

**9) Please tell us how you felt about the venue, location, food and/or overall organization of this event.**

- *Excellent*
- *Venue, location and food were great*
- *Conference rooms slightly too small for the group*
- *Facilitation was too conflict focused*

**10) Other comments and suggestions:**

- *Have a second meeting that is focused on bringing sites of similar size together as opposed to being regionally specific*
- *More collaboration and success – workshops to assist with understanding personalities and engaging others*
- *A little bit too long*
- *Have health authority staff present during the morning session to work on collaborative project ideas*

- *For an initial meeting, the health authority could have been part of the whole day, as it caused some confusion. The 'conflict' intro was also not the best way to introduce the health authority – a positive approach would be nice.*
- *Further clarification around initial invitation/communication and event purpose*
- *Fun and insightful day*
- *Great learning opportunity – opportunity to leave prejudice and history at the door*
- *I think we need a forum where common issues can be directed – patient transitions, telehealth, regional health issues, etc.*
- *Have time for unstructured conversation*
- *More pairing of MD's from same area (NW, NE, etc.)*

## FINAL REMARKS

Throughout the Conference, there was strong evidence of a commitment to make physician engagement work. Within the framework provided by the Facility Engagement process itself – physicians were amazingly creative and focused in terms of making the project(s) work for them. When given funds and opportunity, a significant number of physicians stepped up to become involved in reform at the local level. The quality of the initiatives was significant. It was also clear that in doing the projects, the physician leaders wanted to know more about NHA's strategic priorities and ensure alignment. This suggests that the approach of the Facility Engagement Initiative is working well.

The issues of time, money and geographical isolation in some instances, remain major constraints to improved physician engagement and leadership. The work of the Medical Advisory Committee (MAC) was not well understood by the physicians and at times the policies and procedures emanating from NHA are not well understood or considered to be easily maneuvered. Knowing policies and procedures might well enable physicians to overcome some of the real or perceived barriers to engagement.

The Conference met the original objectives by providing an avenue for health authority and MSA leaders and staff to get together to discuss the current state of engagement, specific issues preventing engagement, and opportunities to improve collaboration and communication. Participants made a personal commitment to help address specific engagement issues, gaps and/or opportunities within their region and a 90-day post Conference follow-up will occur to encourage accountability and follow-through of these commitments. Based on several comments made during the Conference, there is a strong interest in additional local level engagement events to be held in various communities in the North. The recommendation is that the Facility Engagement Initiative could help provide tools and resources to assist in bringing these future meetings into fruition.

