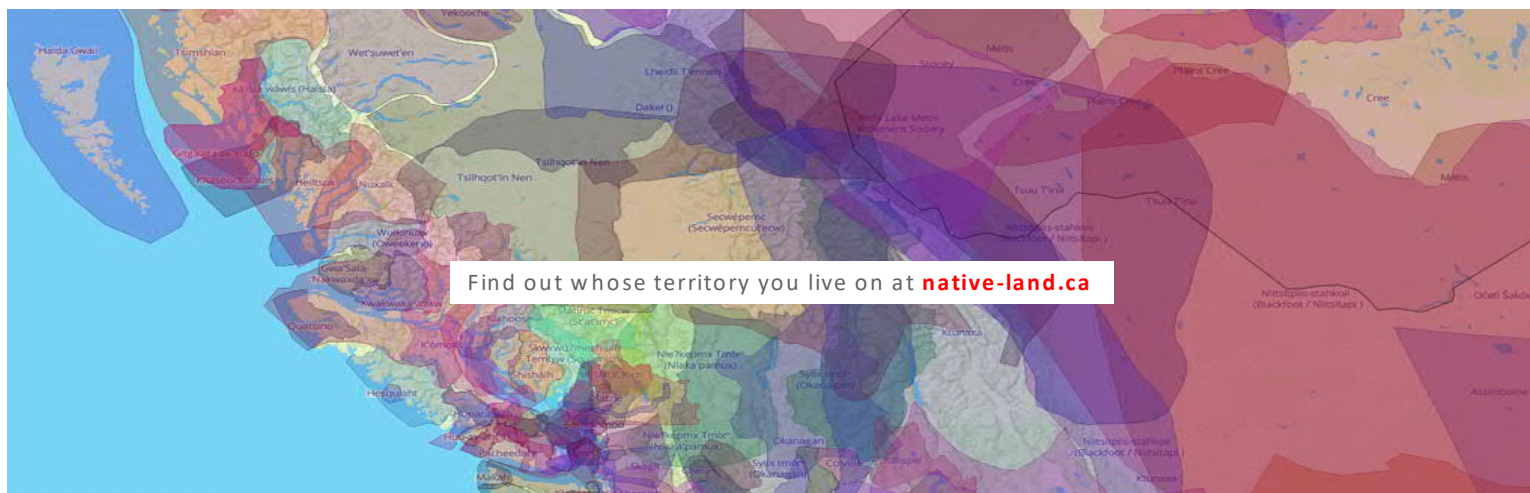


“We would like to acknowledge that the land we live and work on in this province is comprised of the many traditional, ancestral, and unceded territories of First Nations, Métis, and Inuit peoples. When we acknowledge the land, I hope that it is an opportunity for all of us to reflect on the ongoing history of colonialism in our country, and as leaders in healthcare, consider ways that we can further incorporate antiracism and decolonization into improving our communities”.



WELCOME!

PEER-TO-PEER MSA KNOWLEDGE SHARING WEBINAR: MOVING THE ENGAGEMENT DIAL WITH PRACTICAL EXAMPLES

Cindy Myles

Director, Facility and Community Engagement

Dr. Paris-Ann Ingledew

Co-Chair, Facility Engagement Working Group

During the webinar:

All participants are muted to ensure there is no competing background noise.

The chat function has been disabled.

Please use the Q&A for any questions or comments.

If you would like to clarify, please use the raise hand function and we will allow attendees to come off mute.

The webinar is being recorded and will be released in the days after the session.

WELCOME DR. BARRY OBERLEITNER, CRESTON VALLEY HOSPITAL & HEALTH CENTRE

Presentation on Maple Maternity Clinic

Maple Maternity Clinic

Creston FEI project

2017 to present day



WHY

- Improve prenatal care
 - Centralised Maternity Home
 - Single contact point for prenatal care
 - Meet all obstetric physicians
- Improve public health nursing access
 - Multiple visits
 - Form a relationship of trust



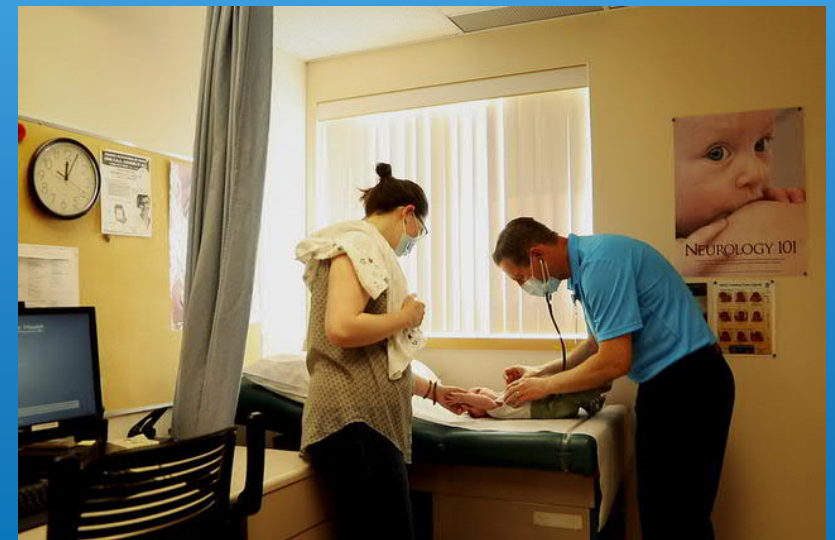
WHEN

- Clinic times
 - Tuesday mornings and Thursday afternoon
- Opened doors January 2019
- October 2017 to December 2018
 - Numerous planning meetings led by FEI project coordinator.
 - Collaboration between Physicians, Public Health nurses, Public Health manager, Hospital site manager, IHA Clerical administrator, IHA east administrator



WHERE

- Public Health space of hospital
- On site receptionist, unit clerk and public health nurses
- Easy access
- Comfortable, child friendly waiting room
- Physician office is a flex space



WHO

- All pregnant women, any pregnancy related issue
- Early gestation to 8 weeks post partum
- Orphan patients
- Midwife patients



HOW

- Communicate
 - Patients - via pamphlets and appointment cards
 - Public - promotional video IH website (<https://vimeo.com/561106483>)
 - Specialists and physicians - fax, Maple Maternity Clinic letterhead
- Record keeping - paper charts and manage inbox of faxes
- Referral process - self referral or referral form faxed by GP, ER, PHN
- Billing - MSP



WHAT

Current Plans:

- Quarterly quality review process - survey based
- Vulnerable patient funding
- IHA Alternate Payment Agreement contract application
- Recruit and mentor obstetric family physicians



Thank you - End of slideshow

WELCOME DR. PAUL JOHAR,
BURNABY HOSPITAL MEDICAL STAFF PHYSICIAN SOCIETY

Presentation on Burnaby Hospital
Redevelopment



**FACILITY
ENGAGEMENT**
An SSC Initiative

A blue-tinted photograph of several healthcare professionals, including doctors and nurses, gathered around a table and looking at a laptop screen. The image is semi-transparent and serves as a background for the top half of the slide.

Webinar Discussion Topic

Burnaby Hospital Redevelopment

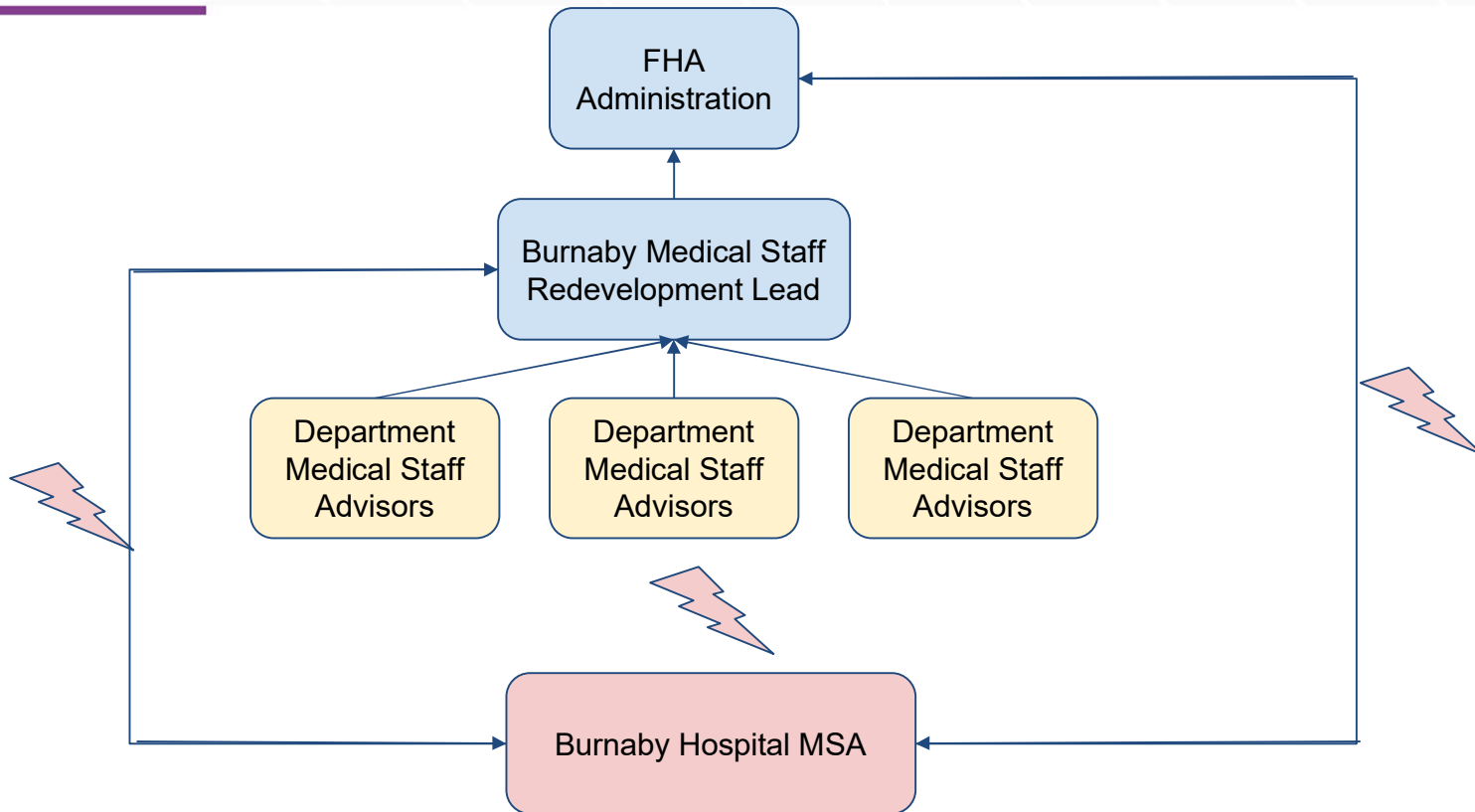
Dr. Paul Johar

Burnaby Hospital



Project Purpose

- Leverage the Burnaby Redevelopment project to strengthen partnerships between Administration and MSA and co-create a future of excellent patient care and service delivery at our hospital
- Formed a Redevelopment task group including:
 - BH ED
 - BH SMD
 - Director Clinical Planning & Capital Projects
 - Director of Development Burnaby Hospital Foundation
 - Medical Staff “Advisor” from each department
- Led to development of Meaningful Engagement Process for Medical Staff



	INFORM / EDUCATE	CONSULT	COLLABORATE	EMPOWER
GOAL OF ENGAGEMENT	Medical staff and Health Authority (HA) provide one another with objective information of each partners' activities.	Medical staff and HA consult with one another on draft plans, and feedback received has influence on decision-making.	Medical staff and HA partner collaborate in each aspect of the decision, including the development of alternatives and the identification of the preferred solution / strategy.	Medical staff and HA are equal partners in final decision-making.
INCREASING LEVEL OF COMMITMENT				

Project Impact

- Increased medical staff awareness and engagement in Redevelopment
- Shift in culture so that medical staff feel they are part of the planning
- Multi-prong Engagement Plan
 - Coordination and Alignment with Administration: MSA involved with interviewing and selecting Redevelopment Physician Lead
 - General knowledge & awareness: MSA Meetings / check-ins
 - Specific Engagement: Support for Medical Advisors / Focused sessions
 - BH Foundation Collaboration

Two Lessons Learned

- Need multiple channels of communication to involve Medical Staff
- Effective organizational engagement is predicated on clear and aligned expectations, ideally agreed upon between stakeholders at the beginning of the engagement process.
 - Adoption of IAP2 framework for projects moving forward

WELCOME DR. DAVE COUPLAND, NANAIMO MEDICAL STAFF ENGAGEMENT SOCIETY

Nanaimo MSA Strategies and Successes
Engaging with Island Health



A Nanaimo Medical Staff Engagement Society Event (NMSES)

Facility Engagement Nanaimo Medical Staff Association

- 1. How we do it. What works for us.**
- 2. Successes/Challenges.**

NRGH MSA - Our Role and Foundation

- **Voice and Advocate**
 - Represent the Medical Staff on all issues of general concern, especially patient care.
- **2015 MOU Physician Engagement**
 - Medical Staff and Health Authority are required to meet and consult on all issues and decisions effecting local patient care, including staffing, delivery of care, planning, budgeting and workplace.
- **Respectful, Collaborative, Professional**
 - Facilitated by our fantastic NMSES staff and our DoBC and FE Partners
- **Starts for us by Governing ourselves**



STRATEGIC PLAN

Nanaimo Medical Staff
Engagement Society



Vision

Develop a cohesive, empowered medical staff that engages with Island Health and the community to optimize patient care and physician wellbeing.

Mission

To foster strong, independent, accountable, effective leadership that empowers physician voices, promotes collaboration and engagement, and nurtures physician wellbeing.

www.nmses.ca

OUR PRIORITIES



INVEST IN GOVERNANCE THAT SUPPORTS THE WORK



ACT AS AGENTS OF CHANGE TO IMPROVE HOW WE MEET



BUILD RELATIONSHIPS WITH COLLEAGUES LOCALLY AND ACROSS ISLAND



STRENGTHEN RELATIONSHIPS WITH ISLAND HEALTH



DEVELOP CONNECTIONS WITH THE COMMUNITY



THINGS THAT IMPROVE PATIENT CARE



IMPROVE SAFETY AND EQUITY OF OUR INDIGENOUS COMMUNITY MEMBERS



CONTRIBUTE TO HOSPITAL PLANNING



Govern Ourselves - NMSES/MSA Handbooks

Nanaimo Medical Staff Engagement Society

EXECUTIVE MEMBER HANDBOOK 2021



Nanaimo Medical Staff Engagement Society

DIRECTOR AT LARGE HANDBOOK 2021



Next NMSA - Engage the Medical Staff

- Empower and Advocate for Physicians and Patients
- Meet/Needs
- Plan
- Fund QI, Educational and Divisional Leadership Projects
- Wellness/Social Events
- Connect the Hospital Medical Staff to Community and Family Practice
- Engage the Community – Medical and Public



Then We Engage IHA - Achieve Common Goals

Patient Care

- Covid 19 – Exceptional Collaboration of the MS and IHA when patients needed.
- *Program Needs – **2017 Priority Tertiary Services Plan NRGH – Fortunate.**
- *Physical Needs - New Patient Tower/Cancer Centre
- Human Resource Crisis – Recruitment and Retention Strategies

Meet/Plan Together – Local/Island Wide, Integrate – Get on same page – Not yet

Culture/Governance Changes

- Decision Making/Leadership
- Psychological Safety/Discipline/Respectful Workplace
- Rules/Regulations

IHealth* EHR



NRGH MSA Facility Engagement – What do we do?

- **We feel Empowered and Legitimate** "2015/19 MOU"
- **We focus on big picture issues and the processes needed to achieve goals** - Not operational but we will trouble shoot any patient care issue when asked by the MS or IHA.
- **Our Drivers** – Provide the Medical Staff what is necessary to meet proper patient care needs, including the resources and programs to do so, in a functional, positive environment.
- **Define patient care needs** - Data driven and prioritized. Based on medical need, population, demographics, growth and hospital mandate. Prioritizing can be challenging.



NRGH MSA Facility Engagement – What do we do?

- **To do properly took time and effort** - *About building relationships with colleagues/administration. Willing to meet and meet and meet.
- **Have the Voices Meeting** – Meet with Senior administration, with the help of DOBC.
*Got to know the key players: CEO, VP's, ED's, Board chair. Don't always agree but got on the same page and developed trust.
- **Try to take advantage** of outstanding support, relationships, and the Priorities Services Plan.



NRGH Facility engagement – Do's and Don'ts

- **Do** use Existing Plans and Priorities developed between IHA and our Medical staff. Majority of our Advocacy.
- **Don't** start advocacy without using the regular channels. Patient care needs **must** come from a clinical area/division, go to Site/Geo administration for support, then to Department/Regional administration. Best if the need is in existing plans but not essential. MSA can help with all this.
- **Do** meet routinely with the MS, all levels of administration, on committees, with community and politicians.
- **Do** meet extraordinarily for legitimate care needs not solved by regular channels. Occurs a lot. We meet with all stakeholders and escalate to the necessary levels, +/- LMAC/HMAC. Relationships help!
- **Do** be professional, respectful and patient, but we are persistent, passionate and strong. Follow up.
- **Don't** get personal or say the sky is falling too often, use data & substandard patient, care to push forward.
- **Do** expect to have legitimate issues addressed or put in a plan to be addressed in the future. Or escalate.
- **Don't** surprise administration with new issues – give them advance warning.
- **Don't** want individual groups advocating alone in their area - avoid conflicts of interest. Let the MSA help.
- **Don't** expect to get everything or get things right away and **Do** expect to do a fair amount of work.
- **Do** be focused and advocate in order of highest priority to lowest, but when any opportunity arises take it.
- ***Do** advocate for HA governances changes that allow our voice to be heard routinely. Other Major focus.
- ***Do** try to get more senior leaders who have a HA wide vision and more of these in our Geo.
- ***Do** try to share the work and plan for the future to be sustainable.
- **Can this ever stop?** When our plans are integrated HA wide, when we are all on the same page and our leaders are at the table when decisions are made that effect us.
- **What we do may not work for you.** Took a long time and a lot of effort. May be better ways.



MSA/IHA - Patient Care Successes 20-21

MSA/IHA - Governance/Culture Change Successes 20-21

1. More appropriate care of the Critically ill/Access to Medicine Specialists

- New ICU - January, 2023
- High Acuity Unit - October 1, 2020
- Complex Medical Care Unit for IM - Early 2020
- Cancer Centre Premier - September 2020
- Neurology
- I.D
- Gastroenterology Program - 3rd Endoscopy suite.
- Cardiology Program - ? New ED up island. Promising.

2. Psychiatry – Ped. Nurses/Renovations and Ped. and Adult Psychiatrists.

3. Covid 19 Collaboration.

4. Improve Surgical Services - Hip & Knee Clinic, Wound Care.

All of the above are in the 5 yr. plan - Success via joint effort of the MSA and IHA.

***Most critical single factor in success was the building of relationships! Eg.**



The background of the slide is a collage of various coastal and urban scenes, each framed within a hexagonal shape. The scenes include a blue sky with clouds, a sunset over water, a modern building, a city skyline, a rocky shore, and a close-up of rocks. The text is overlaid on a white rectangular area in the center-left.

NMSES/MSA Facility Engagement

List of all Engagement Activities



QUESTION AND ANSWER SESSION

Reminder:

The chat function has been disabled.

Please use the Q&A for any questions or comments.

If you would like to clarify, please use the raise hand function and we will allow attendees to come off mute.

Cindy Myles

Director, Facility and Community Engagement

THANK YOU FOR ATTENDING TONIGHT

A short survey will come up once the
webinar has been ended.

We would appreciate your thoughts and
comments on the session.