

FH STAKEHOLDER CONSULTATION AND PRIORITY SETTING for FRASER HEALTH COLLABORATIVE COUNCIL

Date: June 3, 2020

Title: FH Priority Setting – Regional Engagement

Purpose: Initial Priorities for Collaborative Council (CC)

This briefing is designed to provide an update on the progress of regional engagement in Fraser Health, and identify initial regional priorities from MSAs and Fraser Health for the Collaborative Council to support funding decisions, relationship building and areas for further engagement and dialogue.

Background:

The SSC defines regional engagement as the ability to address broader regional or system-wide issues or components of locally identified priorities/activities, spread and support successful work undertaken in local settings, and provides a forum for strategic coordination of commonly identified local priorities and/or SSC initiatives.

Starting in 2020, SSC one-time funding and Facility Engagement regional funding can be leveraged to identify and implement shared regional priorities between physicians and health authorities that have high impact on physicians' work environment or patient care for the majority of MSAs across a health authority region or sub-region.

A Collaborative Council comprised of select representatives from the MSA President's Council, PQI Steering Committee, Fraser Health senior leadership and the SSC will be piloted to make decisions on funding proposals for pre-identified regional priorities from the previous FH/PQI/FE Networking events, MSA Presidents' Council and/or the PQI Steering Committee in partnership with Fraser Health and the SSC. For further information on all regional consultations, please refer to *Attachment A*.

The following initial regional priorities have been identified at prior MSA President's Council meetings, regional forums and at the May 2019 FH/SSC Networking Event (refer to *Attachment B* for further information):

- **Physician wellness**
- **Physician leadership development**
- **Strengthening relationships and transparent two-way communication between physicians and FH senior leaders**
- **Shared problem-solving between MSAs and FH**
- **Improving coordination of SSC/DoBC activities**
- **Access to simulation training**
- **Addressing health system pressures (e.g., limited resources/funding; demographic shift; patient complexity; work-life balance)**
- **Addressing health system drivers (e.g., greater engagement with patients, physicians and FH; technology; team-based care; data translation)**

Between March and May, 2020 all Facility Engagement sites across the province participated in their annual Site Reporting and Review Process (SRRP). As part of their submission, sites are asked to develop a set of strategic goals and associated specific goals for the year. Although these goals are focussed on the work of the local sites, they also capture an important set of priorities which should be analyzed from a regional perspective.

From a thematic perspective, the Council has compiled a snapshot which is a starting point for further investigation, both into the specific elements contained within the themes but also in order to discern whether previous successful projects funded through SSC might have possibilities for spread. Also, within the recent context of COVID-19, there is recognition of further priorities which have emerged. The Council will continue its dialogue with MSAs through the President's Council as it builds its work plan for 2020/21.

Theme	Physician to physician engagement	Health care quality improvement	Physician to HA collaboration	Physician wellness	Addressing health system pressures/barriers	Physician leadership development /training	Recruitment and retention	Addressing health system drivers	Quality care
PQI	x	x	x						
Stakeholder consultation				x	x	x		x	
Fraser Health	x	x			x			x	x
Burnaby Hospital	x	x	x			x			
Chilliwack Hospital	x	x	x				x		
Delta Hospital	x	x		x					
Fraser Canyon Hospital	x		x	x					x
Langley Hospital	x	x							
Mission Hospital			x		x		x		
Peace Arch Hospital	x			x					
Ridge Meadows Hospital	x	x	x	x		x	x		
Total	9	7	7	5	3	3	3	2	2

Attachment A – Regional Consultations

#1 FE Lower Mainland Facility Engagement (Sept 14, 2017)

- 2 MD reps from each of the 24 sites
- 9/12 Fraser Health sites represented
- FE Staff
- Site overview and experiences shared
- Table topics: Share learnings, motivated participation, sustainable projects
- Evaluation: 92% agree host F2F event again; 40% biannual; Need for HA staff; communication support priority

#2 FH FE Regional Forum (November 29, 2017)

- FH Physicians and FH Operation Leaders
- 34 total (19 Leaders 15 MDs; 12 sites)
- Set the stage – Panel Discussion
- Key Action FE Improvement Plans: Collaboration/co-creation ideal, communications structures, learn about SSC and FH supports (including regional)
- Eval: 75% MDs attend again HA 100%

#3 FH Regional Wellness Forums (November 1, 2018, November 14, 2019)

- Connections with Wellness Champions
- Planning for local communities
- Resource Lists: topics, events, speakers
- Understanding commitment, challenges and sustainability issues

#4 FH Networking Dinner (May 6, 2019)

- Build and strengthen relationships
- Shared understanding of plans and working together
- 39 total (FH Executive and MSA Executive)
- Key Notes, Pressures, Drivers, Gaps
- 83% another event within 4-8 months
- **See evaluation report – Attachment B**

#5 MSA Presidents' Council

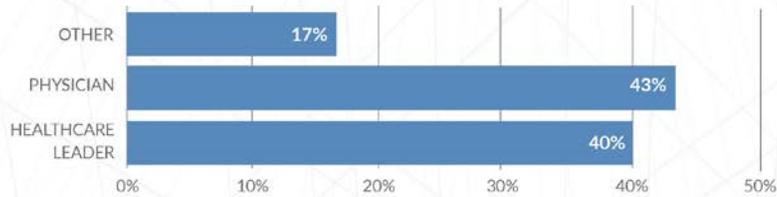
- Ongoing since May 2018 (meetings held 5X/year)
- Terms of Reference established and President Elected for 2 year term
- President-Elect named for Nov 2020-Nov 2022

Attachment B – Networking Dinner Final Report

LEADING NETWORKING DINNER EVALUATION

Prepared For: All event attendees and their leadership tables
 Data Collected: May 6, 2019
 Reponse: 30 completed surveys; 39 attendees; 77% response rate
 Date: May 20, 2019

1) What is your primary role?



2) The event was a good use of my time	83%
3) I learned new ideas or concepts	83%
4) I will be able to apply the knowledge gained to my role	78%
5) I feel there were enough opportunities to interact with other participants	86%

The event met the following objectives:

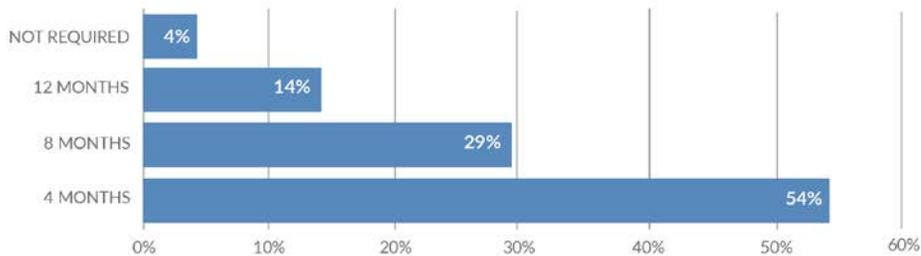
6) Create shared understanding and plans for working together to improve patient care	79%
7) Build and Strengthen relationships among these leaders to enhance awareness of key activities	83%

The following session was valuable:

8) Opening Remarks (PQI, FE, FHA)	87%
9) Breakout Session	88%
10) Panel Discusison + Q&A	85%

Overall Rating (all questions) 84%

11) Another event similar to today with this group should take place:



BREAKOUT THEMED NOTES: SUMMARY

Prepared For: All event attendees and their leadership tables
Data Collected: May 6, 2019
Reponse: 30 completed surveys; 39 attendees; 77% response rate
Date: May 20, 2019

Pressures:

- 1) Limited Resources/Funding
- 2) Demographic Shift
- 3) Complexity of Patients
- 4) Work-life balance

Drivers:

- 1) Desire for engagement with patients, physicians, and health authority
- 2) Technology
- 3) Team-based Care (Dyad Model)
- 4) Data Translation

Gaps:

Communication

- Transparency
- "Who's who?"
- F2F Meetings

Culture

- Lack of common language
- Lack of physician involvement in decision making
- Lack of trust

Operational/Structural

- Contractor Model
- 9am-5pm meetings
- Physical Office Space

BREAKOUT THEMED NOTES: DETAILS

Prepared For: All event attendees and their leadership tables

Data Collected: May 6, 2019

Reponse: 30 completed surveys;
39 attendees;
77% response rate

Date: May 20, 2019

- 1) What are some of the anticipated changes or pressures taking place in our industry that will drive us to work better as partners to improve the patient care?
- 2) What gaps exist in the partnership between senior administration and physician leadership that need to be addressed for improved patient/client outcomes?

PRESSURES

Limited resources/funding: Increasing costs but stagnant budgets, funding given but barriers in system to achieve goals, HR resource demands due to vacancies;

Demographic Shift: Population growth, aging population demands, a younger, less healthier population;

Complexity of Patients: Complexities in clinical work and processes without focus or control, patient expectations;

Work-life balance: physician wellness, sacrificing family time, efficiency of care needs to be balanced with high quality;

DRIVERS

Desire for engagement with patients, physicians, and health authority: Patients and families want more information from physicians and internet, many obstacles and layers to overcome in bureaucracy in HA to achieve a goal, peer to peer communication is poor;

Technology: Behind on evolving tech, secure communication;

Team-based care (Dyad Model): what does it look like? who is involved? and what are the influences?, shift to communities and increase connectedness;

Data Translation: Information overload, repeat tests, no structures to support knowledge sharing;

GAPS

Communication: technology not being implemented (i.e. text messaging, skype meetings), conflict resolution, physicians not aware of how to navigate the FH leadership network to understand who does what and how to get a project group started, high turnover of senior admin, meaningful time together, common/shared goals (no awareness of provincial mandate letter), two way channels needed (top <-> down), non-clinical language;

Culture: meeting patient expectations regarding quality of care and not the internet's recommended treatment, speaking common language, physician involvement on decisions in planning and implementation phase, gap on timelines has become the norm, blame on physicians, no regional orientation, different organizations have different structures/cultures (i.e. MOH - political, DoFP - collaborative, HA - hierachical), non-threatening;

Operational/Structural: admin side focuses on system and physicians focus on patient, fee-for-service physicians need to be compensated for their input/time, MD's treated as 'contractors' and not part of the core team, meeting times conflict with clinical time, more activities should join together;