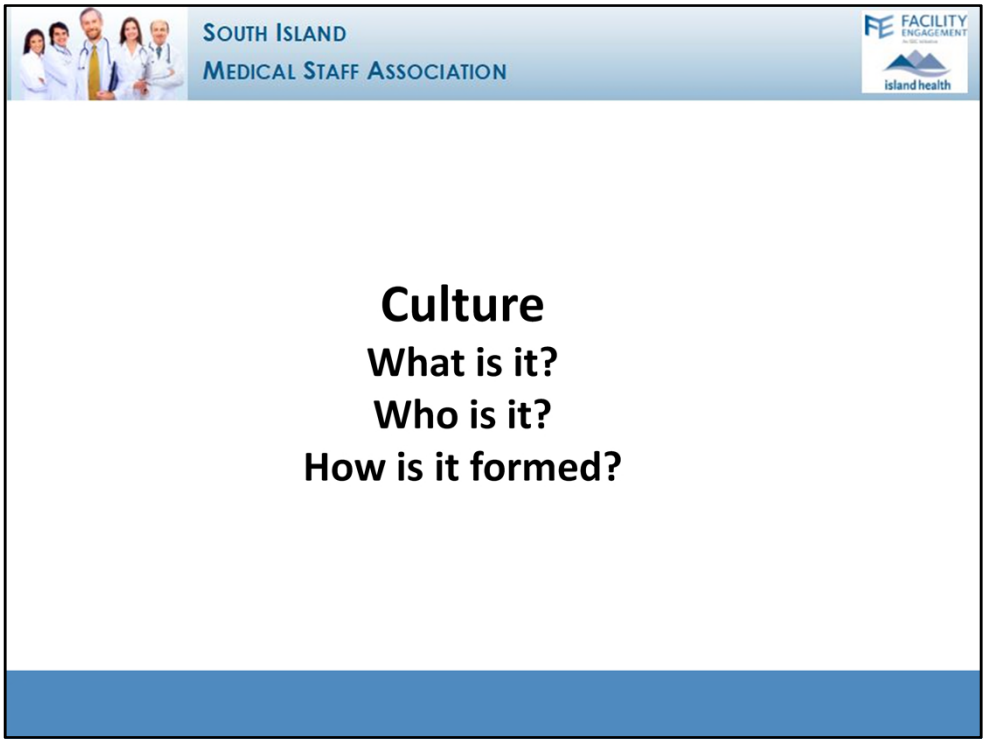


I am making an assumption that everyone has read the document circulated with the Agenda,

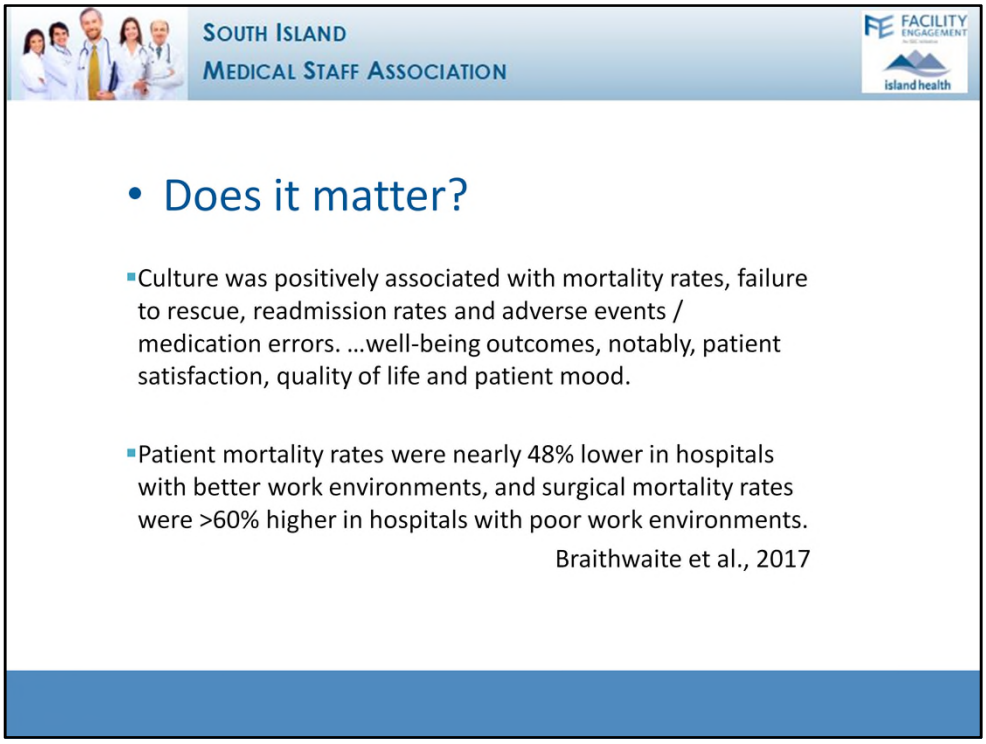
As well as the documents circulated by Sam,

As well as the Vector report, and the E & Y report.

As well as the Engagement and Survey report.

I will not repeat what is already been said or circulated, but rather try to address the questions that arise out of it.

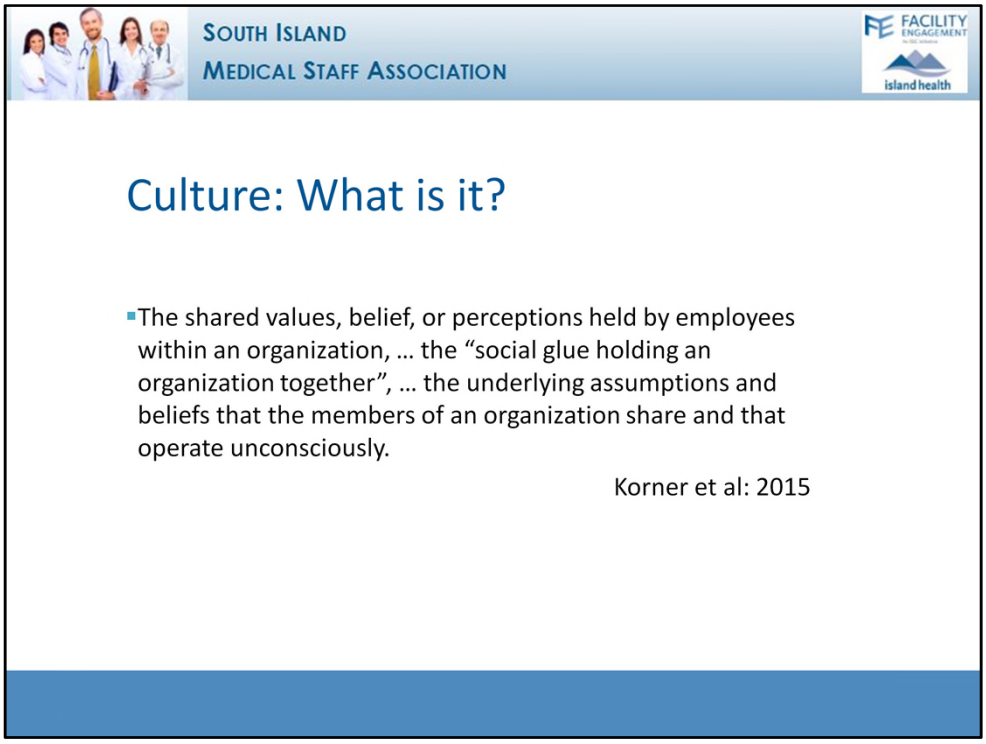
First, why should we bother about culture?



The literature is clear: Culture has an effect on the care we deliver to patients, and these effects are mediated through the effects on provider's performance.

There is other literature that shows that team performance is a function of the context, the cultural context, in which the team exists.

Does this come as a surprise?



This is one definition of culture from the literature. It is much more sophisticated but the one that comes easily to mind: Culture is the way that we do business.

In my document I say that the plural of anecdote is not data, but that the plural of anecdote is culture. On reflection, this is not true. Rather, the plural of anecdote is our belief system, which is the underpinning of our culture.

SOUTH ISLAND
MEDICAL STAFF ASSOCIATION

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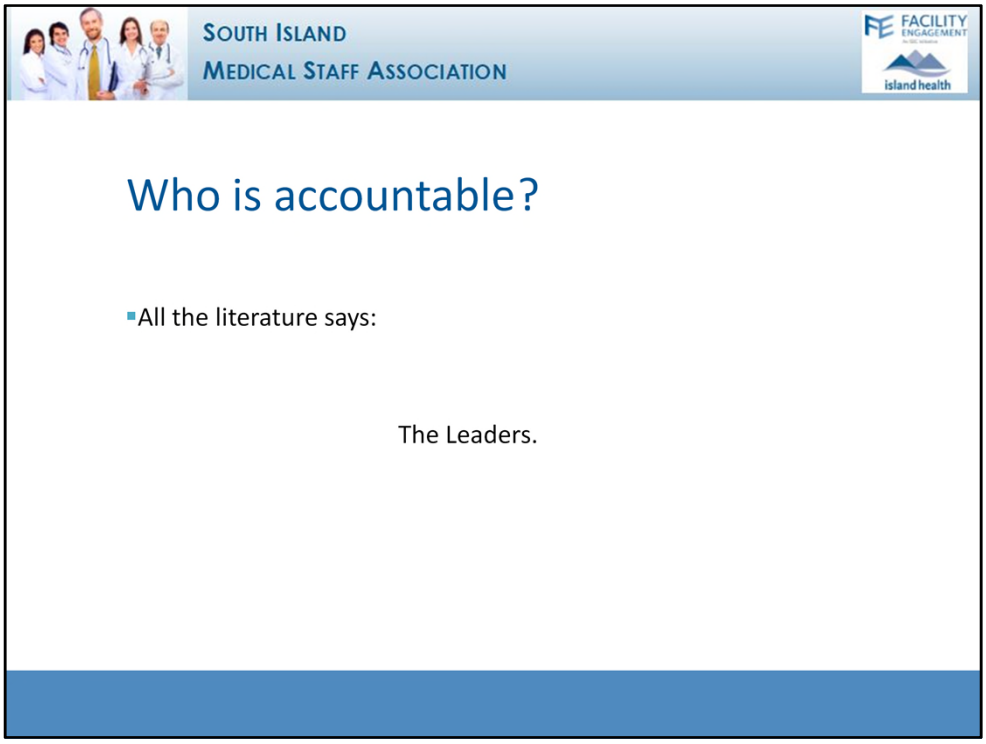
Who is responsible?

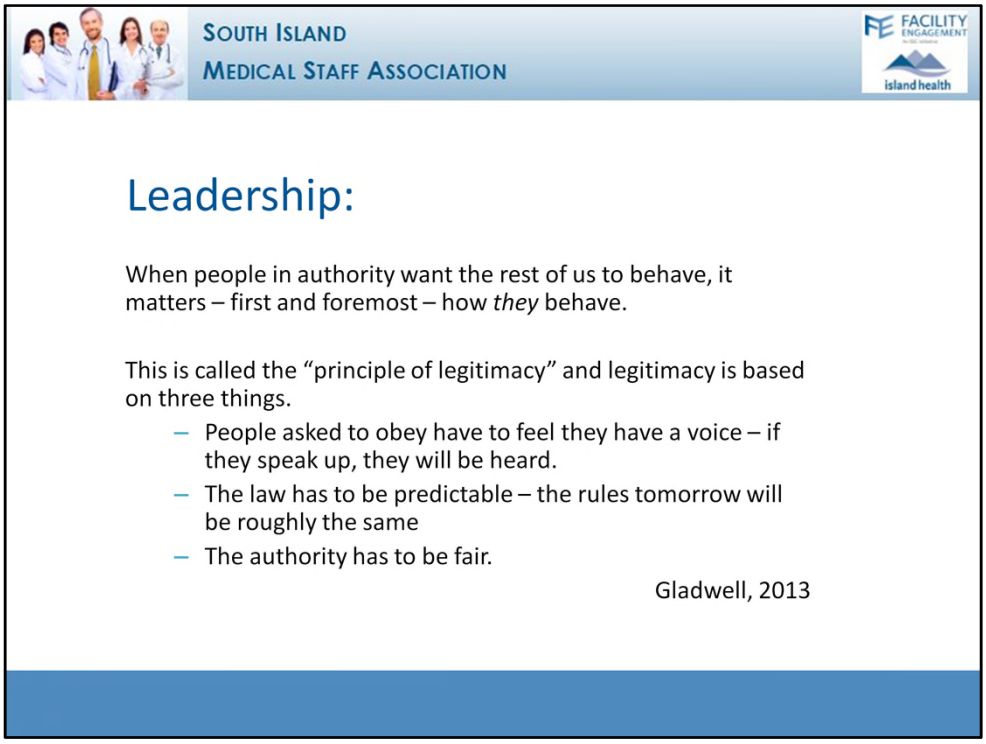
- We all are



This is what the literature says.

I would ask you all, however, is there anyone in this room who has not had sometime been identified or self-identified themselves as a leader? If so, you are accountable for the culture that surrounds you.

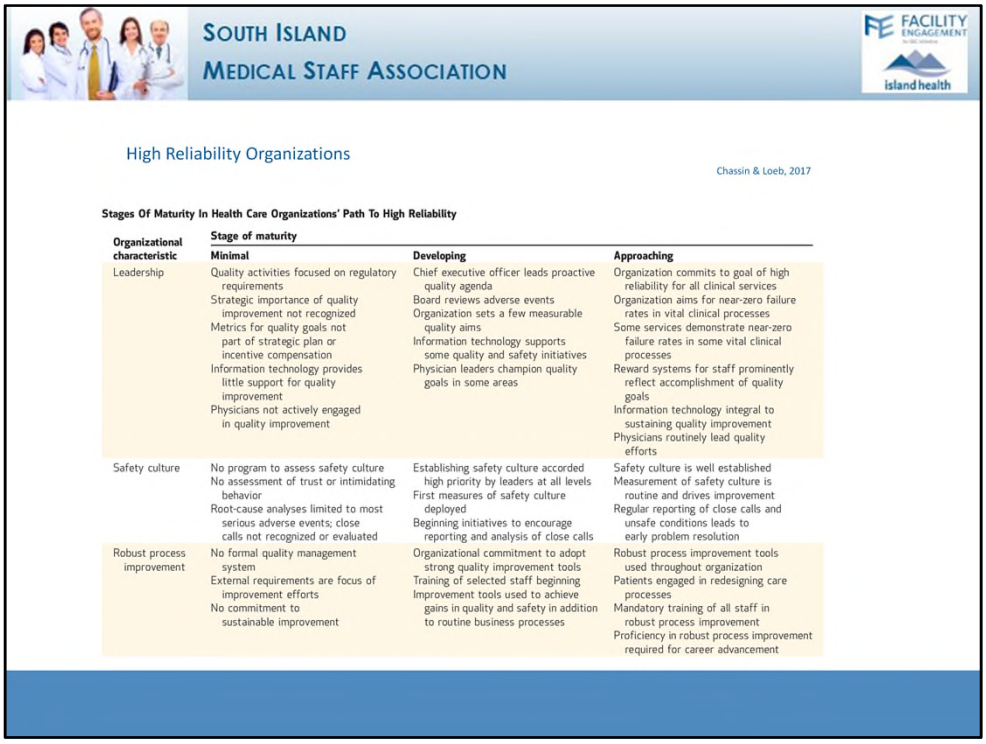
HAMACIs supposed to be composed of medical leaders. What culture are we supporting?



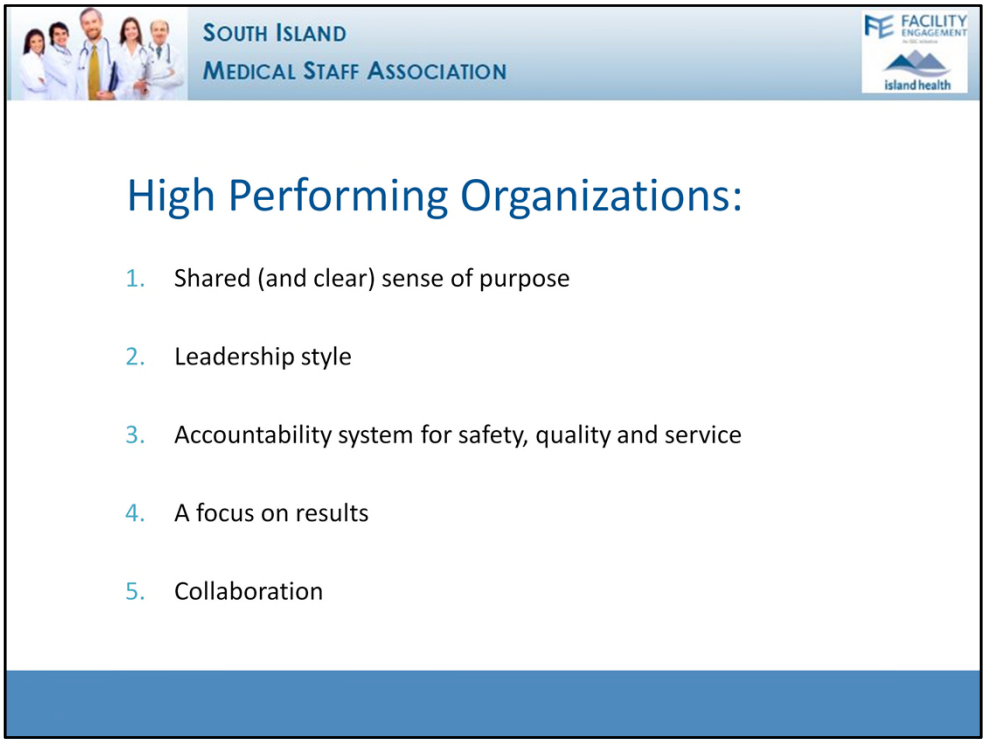
Last weekend, I found this quote in Malcolm Gladwell's book "David and Goliath". I think it is important for us to remember that it is how we behave that will be seen and that will influence those whom we lead. Not what we say.

Unfortunately, I have been unable to find any guidelines in the literature about how to improve culture. There are commentaries about the characteristics expressed or demonstrated by High Reliability Organizations, or, indeed, High Performing Organizations, as I have outlined in the paper.

Unfortunately, the literature is silent as to how to get there. This is even true for the BC Patient Safety and Quality Council's information on a "Culture Change Toolbox". It simply says what is present in good cultures, without much in the way of guidance of how to get there, beyond common sense.



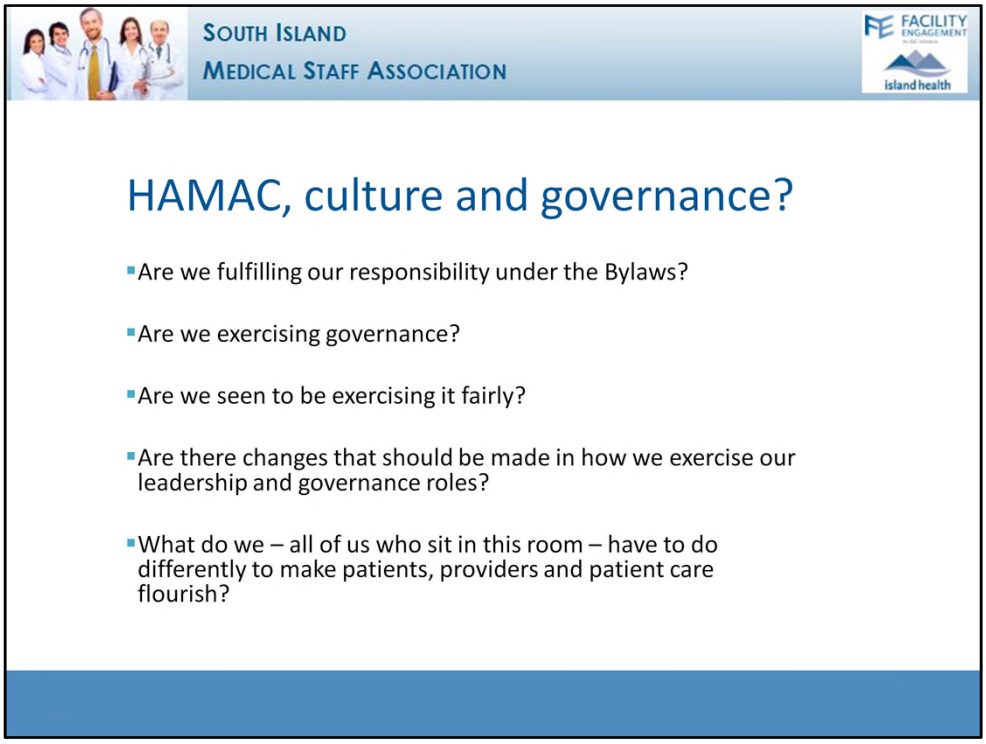
This is a more theoretical discussion by these authors from the United States.



The literature on high performing organizations in Canada, US and the UK all show similar defining characteristics.

It gives us only guidance on what we should be doing, not how to get there.

However, it does provide standards for us to measure ourselves against.



It is fine for us to talk about "them" changing culture. However, we must recognize that the organization is perfectly constructed to provide the results that it is getting. (Quote Some of the comments in the reports.) We cannot change others, we can only look at ourselves to change ourselves.
There are many questions that should be answered.

Do we have the right number of people at the table. Several years ago, the number of Departments was reduced from 17 to 8, to make our meetings more efficient. Unfortunately, the number of departments heads, the content experts at the table for quality discussions, has gone down, our numbers have increased. In 2013, 5 years ago, we had more Department heads but only 35 people invited to the meeting. Now, with half the number of Department heads, our number has increased to a total of 45.

Do we have the right mix of people at the table?

Are we spending the right amount of time both in total and on serious topics? Apart from the organizational meeting, which is very much pro forma and has been canceled early twice in a row, we have a total of 10 hours in a year. Look at tonight's agenda, and again I will ask if we are discussing the right topics for the right amount of time.

Similarly, I do not understand how we can not have the Nanaimo MSA not having a seat at the table whenever topics such as Vector or Ernst and Young are being discussed. I am told that recently the Board had a whole day meeting on culture. Not having representatives from the Nanaimo physicians, those who have struggled most with cultural problems, or any other MSA group sends a very poor message.. It is reflective of the problems.

Do we have committees that do not meet? If so, why?

Is the content of our agenda appropriate to monitor the standards of clinical care in the organization? Do we get appropriate data about the quality programs, the safety programs that will allow us to report appropriately to the Board on that which we should be reporting on.

Mme. Chair, I would turn the discussion and questions over to the members.