

SOUTH ISLAND MEDICAL STAFF ASSOCIATION

Minutes

General Meeting – March 7, 2022

In-Person (RJH PCC 150) & Virtual (Zoom)

Meeting 6:00-7:30pm

1. Call to Order at 6:01 pm - Welcome by MSA Co-President Dr. Catherine Jenkins

a. Welcome to special guests:

- Annebeth Leurs – Engagement Partner, Doctors of BC
- Alanna Black – Regional Advocate and Advisor, Doctors of BC
- Christine Strang – New Regional Advisor and Advocate, Doctors of BC
- Kristine Votova – Director, Medical Staff Quality, Analytics and Clinical Improvement

b. Approval and adoption of agenda and minutes

2. Doctors of BC HA Engagement Survey – Results Presentation – Alanna Black, Regional Advisor and Advocate for Island Health (ablack@doctorsofbc.ca) & Christine Strang – new advocate

- https://www.doctorsofbc.ca/sites/default/files/2021_ha_engagement_summary_report.pdf
- Survey is a pulse check for physicians; collecting data over time
- Annual survey sent to all DoBC members - 3301 members, 27% response (best response rate so far); 49% Family Practice, 51% Specialists
- Steady increase in responses in Island Health Region – 649 in 2021
- Nine benchmark questions this year – maintained average from 2020 but are below other HAs
- Trending upward in communication from senior leadership, increase in feeling valued, decrease in work-life balance (48% able to maintain balance)
- RJH - 176 Respondents in 2021 (184 in 2020)
- VGH - 110 Respondents in 2021 (124 in 2020)
- Added questions about Physician Health & Safety - 1 in 2 physicians in Island Health Region reported being involved or impacted by a physical or psychological safety incident
- Collected over 2500 comments provincially – report on website “What we’ve heard”

Nine Core Questions (RJH & VGH):

- **“I am satisfied with this health authority as a place to practice medicine”**
 - RJH – Agree 35%/Neutral 26%/Disagree 40%; VGH – Agree 27%/Neutral 31%/Disagree 42% (54% satisfaction Island Wide)
- **“I feel I belong to a collaborative, patient-centred team/unit”**
 - RJH – Agree 59%/Neutral 17%/Disagree 25%; VGH – Agree 61%/Neutral 9%/Disagree 30%
 - Remained stable from last year; larger drop at VGH than RJH
- **“I have access to the facilities, equipment and other resources I require to meet patient’s needs”**
 - RJH – Agree 42%/Neutral 16%/Disagree 42%; VGH – Agree 42%/Neutral 17%/Disagree 40%

- **“I have adequate opportunities to improve patient care, quality and safety”**
 - RJH – Agree 40%/Neutral 24%/Disagree 36%; VGH – Agree 40%/Neutral 28%/Disagree 33%
- **“I have meaningful input into changes affecting my practice environment”**
 - RJH – Agree 31%/Neutral 28%/Disagree 42%; VGH – Agree 30%/Neutral 30%/Disagree 40%
- **“Senior Leaders communicate the HA’s plans in a clear and timely way”**
 - RJH – Agree 25%/Neutral 32%/Disagree 43%; VGH – Agree 28%/Neutral 33%/Disagree 40%
- **“Senior leaders seek physician’s input when setting the health authorities goals”**
 - RJH – Agree 18%/Neutral 32%/Disagree 50%; VGH – Agree 17%/Neutral 29%/Disagree 53%
- **Senior Leaders’ decision making is transparent to physicians.**
 - RJH – Agree 9%/Neutral 33%/Disagree 58%; VGH – Agree 10%/Neutral 35%/Disagree 55%
- **“The Health Authority values physicians’ contributions”**
 - RJH – Agree 35%/Neutral 26%/Disagree 40%; VGH – Agree 27%/Neutral 31%/Disagree 42%
 - Higher than average at Island Health

Island Health - Trust, Valuing Physicians’ Contributions & Transparency:

- **“Physicians and Medical Leaders trust one another in my Health Authority”**
 - Island Health - 30% Agree; 2021 Provincial Average – 37% Agree
- **“Physicians and Medical Leaders trust one another in my hospital/facility”**
 - Island Health - 48% Agree; 2021 Provincial Average – 54% Agree
- **“Island Health values physicians’ contributions”**
 - Island Health - 31% Agree (increase of 5%); 2021 Provincial Average – 37% Agree (increase of 3%)
- **“This hospital/facility values physicians’ contributions”**
 - Island Health - 45% Agree; 2021 Provincial Average – 51% Agree
- **“Senior Leaders’ decision making is transparent to physicians”**
 - Island Health - 13% Agree (increase of 2%); 2021 Provincial Average – 18% Agree (increase of 1%)
- **“Senior Leaders communicate the HA’s plans in a clear and timely way”**
 - Island Health - 29% Agree (increase of 3%); 2021 Provincial Average – 35% Agree

Discussion of results – themed:

Individual & Team:

- **“I feel I belong to a collaborative, patient-centred team/unit”**
 - Strongest score overall; what is going well that we should be doing more of?
 - Banding together and trying to get through things – crisis comradery
 - Things happened more quickly because of COVID; allowed people to come together more effectively to brainstorm
 - Shared mutual purpose – when you are on a sports team, it is obvious what your shared goal is; not always obvious with the Health Authorities goals
 - See what makes great leaders so great – pick leaders based on merit
 - Accountable Care Units have shown that having unit level metrics and goals that are created by the unit, tracked and have autonomy to tackle unit level problems that staff and physician work satisfaction goes up, performance and flow metrics improve and patient satisfaction goes up
 - Communication using all possible avenues and PDSAing
 - Crisis allows for innovation (i.e. Telehealth)
 - Need space and support to experiment with our teams to make things better
 - Incorporating Quality Improvement at local levels with shared vision and goals
 - There is haziness on what people do and who you should connect with
 - Openness for more leadership invited to MSA events (BBQ, Welcome & Thank You); have a chance to chat with the people behind the email

Collegiality & Respect:

- **“People treat each other with respect and consideration in our workplace”**
 - RJH – Agree 68%/Neutral 21%/Disagree 11%; VGH – Agree 71%/Neutral 14%/Disagree 15%
 - Island Health averages 72%
- **“People from all backgrounds are treated fairly in our workplace”**
 - RJH – Agree 61%/Neutral 22%/Disagree 17%; VGH – Agree 62%/Neutral 20%/Disagree 18%
 - Island Health averages 63%
 - Worried that these are not an accurate reflection based on peer support interactions
 - PCQOs shows that people are not being treated fairly – stories we still hear are heartbreaking; much more work to be done, it is still disproportionate for Indigenous families.
 - What are the ways we can improve?
 - Cultural Safety training – makes a big difference; our system is build on racist policies.
 - Need to treat every patient fairly, but not all patients face the same barriers.
 - Staff are also impacted.
 - PW&SC discussed Equity, Diversity, and Inclusion (EDI) – people are not all treated respectfully; Island Health has a small team taking about EDI at the HA level, we need to talk about it at the MSA level.
 - [South Island MSA Speakers Series - Dr. Renee Fernandez on Why Equity and Diversity Matter in Healthcare](#)

Senior Leadership:

- **“Senior Leaders communicate the HA’s plans in a clear and timely way”**
 - Other Health Authority Senior Leadership answers: Fraser Health: 20% & 35%, Interior Health: 15% & 34%, Northern Health: 19% & 32%, PHSA: 15% & 33%, VCH: 23% & 40%
 - This has been going on for a long time – there is an opportunity to dive deeper into this.

- Role for MSA is limited to advocacy – helping the HA understand what medical staff want in the way of information sharing.
- We can't influence this perception on our own – to try to insist that communication is transparent would just diminish our own credibility.
- Problem is the quality of information – not quantity. We are inundated with data. However, the focus on only reporting the positive – “Celebrating Our Success” means that much of the information is discounted, including those things that are truly worth celebrating.
- “You can't treat what you have not diagnosed” Not naming/discussing problems limits the ability to for us to solve them together – e.g. Hand sanitizer shortage – no one faulted HA for shortage – if they had gone public with it would have been a great opportunity both for team building and mitigating problem.
- Accountability is partly the structure we have and partly the tasks each leader has; when we are looking at information Operational Leadership is passing along, they don't always have all of the information themselves.
- Need to be consistent to build trust – it's hard to build trust with constant changing leaders and changing roles/responsibilities.
- Move toward visible leadership and away from a desk – medical leaders who are still clinically practicing have other opportunities to connect with people and hear concerns.
- Roles of the leaders are constantly changing so it makes it hard to know who to talk to, but we need to have more medical staff also showing up so they can connect. When the same faces always show up at meetings, it doesn't broaden engagement no matter how often executive leaders show up.
- We need more involvement in Medical Leadership and Governance Structure.
- Clinical Governance Improvement Initiative underway; transparency is one of the HSO principles of good governance.
- We need to be able to talk about the negatives and be comfortable digging into it.
- Very common to have non-medical leaders work in areas as a stepping stone on a career path and they continue to change, the accountability is different than for physicians – Medical Leaders don't usually have aspirations for higher administrative level.
- Medical Leaders get into it because they want to make a difference, they are motivated but there is only so much resilience before people burn out without a strong team to help.

Opportunities for Input:

- **“Senior leaders seek physician's input when setting the health authorities goals”**
 - None of the medical leaders have control of budgets or cost centres, always is the co-lead. Any idea you want to try is impacted by change of co-lead. Medical leaders can advise but can't authorize
 - If had the ability to say “it was or wasn't funded because of this...” it would help with accountability and trust
 - Even great FEI projects get stalled due to not being able to fund – accountability is not with the physicians
 - The solutions are right beside the problems, people have ideas to improve and should be able to get support
 - A reminder that there is also funding available under the Memorandum of Agreement (MOA) on Physician Psychological and Physical Safety. This is allocated to projects with regional impact. Please feel free to reach out if you ever have a question at ablack@doctorsofbc.ca or connect with Erica Kjekstad locally
 - More info on physical/psych safety work: <https://www.doctorsofbc.ca/your-benefits/physician-health-safety/memorandum-agreement>

- Learn how dyads can come together and support each other and work together collectively
- Link work being done in FEI, HSR, SQI, etc. with decision makers and have a focused dialogue if leaders are changing
- Can there be a process for departments/divisions to be systematically asked what they view the priority should be for the next year?

Feeling Valued:

- **“This hospital/facility values physicians’ contributions”**
 - Large correlation between feeling valued and feeling heard
 - People are feeling more supported at the local level

3. Wrap up:

- Will make slides available for people to view and send in responses/thoughts
- April 6th – Doctors Lounge – will still be virtually to incorporate both sites (let us know if there is someone you want to speak with)

Adjourned at 19:27