

SOUTH ISLAND MEDICAL STAFF ASSOCIATION

Minutes

General Meeting – March 6, 2024

Meeting 6:00-7:45pm

1. **Call to Order at 6:00 pm** - Welcome by MSA Co-President Dr. Catherine Jenkins
 - a. Special guests:
 - Leanne Bulmer – Regional Advocate & Advisor, Doctors of BC (DoBC) - lbulmer@doctorsofbc.ca
 - Annebeth Leurs – Engagement Partner, Doctors of BC (DoBC)
 - Marko Peljhan - Vice President, Clinical Services Central/South Island
 - Ben Williams – Vice President/Chief Medical Officer
 - Dr. Keith Menard – Executive Medical Director, Medical Staff Governance
 - Laura Nielsen - Executive Director, Medical and Academic Affairs
 - Alanna Black - Director, Partnerships and Communications
 - Jennie Aitken - Director, Medical Staff Quality and Improvement

2. **IHealth Update – Dr. Pooya Kazemi**
 - Go-Live Dates:
 - VGH/GRH/South Island Surgical Centre – May 25th
 - RJH – June 8th
 - Education – self paced online modules, Zoom session (virtual classroom), in-person training; must reach 100% education targets by March 8th
 - Supports:
 - Reduce patient load where possible (surgical slate slowdown, local/regional/provincial divergence when clinically appropriate)
 - Support provided by IHealth Teams and Island Health/Lower Mainland/Contracted resources
 - Go live support models consider:
 - Specialized workflows: ED, Critical Care, Perinatal, Periop, Renal, Cardiology
 - Areas who have not done ClinDoc (e.g. Critical Care)
 - High turnover/high volume (e.g. Emergency, Periop)
 - Dedicated Physician Peer Mentor Support, including residents

3. **Presentation on Doctors of BC Health Authority (HA) Engagement Survey Results – Leanne Bulmer**
<https://www.southislandmsa.ca/resource/2023-doctors-of-bc-health-authority-engagement-survey-results-rjh-and-vgh/>
 - Survey launched September 12 – October 11, 2023; 7th year, 20% response rate (2625 responses)
 - New in 2023 – Open-ended questions: Physician’s priorities for their hospital/worksites, details on physical and psychological safety incidents experienced, and work-life balance
 - Increase in Island Health (ISLH) physician responses from 564 in 2022 to 583 in 2023; RJH – 141, VGH – 99
 - ISLH response demographics: 49% Specialists, 51% FPs; 50%-50% for Hospital or Community based
 - ISLH has the lowest average scores in the province for nine repeated engagement questions; dropped to 25%, provincial average is 33%
 - Engagement trends: 51% of physicians feel they are part of a collaborative, patient-centred team (9% decrease from 2022); 29% report having adequate opportunities to improve patient care,

- quality, and safety (9% decrease); transparency in senior leaders' decision making dropped to a low of 6% (3% decrease)
- RJH had a 3% increase and VGH had a 3% decrease in Engagement Scores
- Feelings of trust between physicians and medical leaders at RJH is up 10%
- 93% of respondents from VGH feel neutral or negative that medical leaders communicate transparently
- There has been a significant decline over four years in “I have adequate opportunities to improve patient care, quality, and safety” at both VGH and RJH, and “People from all backgrounds are treated fairly in our workplace” at VGH
- Improved Health & Safety trends
 - Island-wide: 41% feel effective action taken to promote a healthy and safe workplace (3% increase); 43% are able to reasonably balance the demands of work and personal life (2% increase)
 - 75% respondents across ISLH do not feel physicians and medical leaders trust one another
 - Island Health region: 1 in 3 physicians report being involved or impacted by a physical safety incident; 1 in 2 physicians report being involved or impacted by a psychological safety incident
 - Fewer members experienced an incident, but those who did experienced it more frequently
 - RJH: 1 in 2 physicians report being involved in a physical or psychological safety incident; cite violent patients, psychiatric emergencies, and sharps and pathogen exposures
 - VGH: 2 in 5 physicians report being involved in a physical or psychological safety incident; cite challenges with leadership and colleagues, including intimidation, dismissal, harassment and unprofessional behaviour between staff, and aggressive patients
- Key themes from comments:
 - Physical – violence and aggression, unsafe occupational conditions, inadequate safeguards, staffing challenges
 - Psychological – verbal abuse, conflict with leadership, safety concerns, overworked/burdened, discrimination
- Needs from qualitative responses:
 - Island Health wide – resources (staffing, space, equipment/access), patient experience (need for clinical support, Cultural Safety), and leadership challenges (lack of communication/ transparency/ trust, need for more physician input, and dismissal from and conflict with leadership)
 - RJH – more surge capacity and ER focus for urgent patients, solutions to increased inpatient care and wait times, and more space to work
 - VGH – access to facilities, staff, and specialists, transparency and physician input in decision making, and more space

4. 2023 Actions: Transparency in Decision-Making

- In-person presence of and connection with senior leaders:
 - SIMSA: Continue to invite senior leaders to South Island MSA General Meetings, Special Meetings, networking and social events; facilitate conversations between Island Health senior leaders and front-line staff (*not yet started*)
 - ISLH: Coordinate appropriate attendance by operations and administration at South Island meetings – Partnerships and Communications Team (short-term), formal schedule (long-term); conversations have been held with Department Heads and Chiefs of Staff (*pending MSA*)

- Share and receive information in a thoughtful and comprehensive way:
 - SIMSA: Participating on Transparency and Communications Steering Committee
 - ISLH: HSR funding has supported medical staff input on key engagement topics (e.g. Associate Physicians); Medical Staff feedback has directly impacted improvements to Medical Staff Bulletin, Forum, memos

- Discussion: **Why is it important that senior leaders' decision-making is more transparent to physicians?**
 - No idea who senior leaders are, if you look them up in staff directory, we don't understand what their title means and don't feel comfortable reaching out
 - Scarce resources, hard to know why things are happening, we need to understand the how and why because we speak with patients and families
 - Identified that transparency is a key component of trust, trust is key component of teams, teams are key to healthcare
 - We need to get clear on what transparency looks like and how we will know when we get there
 - What gets in the way:
 - Set up is confusing, with ever changing Org Charts
 - Difficulty of language, we don't understand what titles/roles mean
 - Divisiveness comes up when we don't understand, it damages our bonds and connection
 - Lack of relationship building, creating trust
 - Transparency reduces duplication of effort, improves patient care, gives ability to make decisions
 - Want to be meeting on a regular basis, not only once a year in response; meetings should be an iterative process, come back with concrete goals, then meet again and we can change course
 - Website is confusing, need to know how to look up policies and procedures and find out who is in charge of what
 - Talked a lot about trust, huge issue, want to see each other as on the same team
 - Structure is an issue, don't know how governance works (geographical or departmental), what is under whose authority
 - Needs to improve relationship building, clearer and more streamlined governance structures
 - Transparency is a sign of trust. When you trust someone, you are open and honest about what's going on. When you are not transparent, it's not just that it seems like you're hiding something, it's also that you imply the other person can't be trusted with the truth
 - Trust is essential to teams, to patient care, to moving forward in the same direction with a shared purpose, otherwise the assumption is "they don't understand" which may or may not be fair. With improved trust doctors can be trusted with hearing messages that aren't 100% rosy, that we can talk about the hard stuff

5. 2023 Actions: Making RJH and VGH better places to practice medicine

- Physical, human, and system improvements:
 - SIMSA: Connect medical staff with Victoria Hospitals Foundation to identify gaps in equipment
 - ISLH: Attending Lunch in the Lounge to hear site-specific concerns; MAA reviewing how alternate providers might be help (not hinder) medical staff (Associate Physicians, Physician Assistants, Nurse Practitioners)

- Improved and collaborative Medical Staff Onboarding:
 - SIMSA: Improvements to new physician lists and communications
 - ISLH: *Not yet started but a priority*

- Discussion: **What is the single-best way for senior leaders to seek physician input when setting health authority goals?**
 - ISLH is stuck in the middle of what the Ministry of Health is saying and what Docs are asking for
 - Helps to understand what the priorities are and who is making the decisions
 - Need to avoid feelings of futility, people ARE more likely to give feedback if there will be something done with the feedback
 - Medical leaders are not supported enough
 - ISLH has invested double the amount in physician leadership since the start of the pandemic
 - Feel it was important for leadership to be seen and hang out on the wards; see what it is like, what we are dealing with and what we are talking about
 - Important to attend meetings with Departments, not just when you have something to present but to build connections and show that our feedback matters
 - Iterative meetings – this is what changed, this is what went well, this is what didn't, then continue to come back
 - Need other ways of communication (e.g. WhatsApp) to reach physician who miss the “one meeting you share at”
 - It would be useful to have administrators regularly attend meetings for each group (Divisions/ Departments), physicians could send in some questions/concerns ahead of time and appropriate person could come to answer/discuss
 - Engagement results are similar to what we see around the world, isn't a “one size fits all” solution
 - Example of a high performing healthcare system in the states is the Mayo Clinic; they routinely do physicians and staff engagement scores, then use quality improvement to earnestly work together and make continuous improvements
 - Physicians are used to seeing a result or change when issues arise, it is hard to trust the Medical Leaders when repeated concerns or issues go unaddressed

6. 2023 Actions: Improving Physical and Psychological Safety

- Physical safety:
 - SIMSA: Ready to amplify and support
 - ISLH: Roll out Violence Prevention Training; implement Violence Reporting process
- Psychological safety:
 - Co-create a culture that encourages reporting, speaking up, and psychological safety
 - Medical Staff Respectful Workplace Working Group report was sent to CEO and CMO Feb 2024
 - Planning two learning opportunities in 2024 (spring and fall) focused on psychological safety and building teams in the workplace
- Discussion: **What is the single-best way to increase trust between physicians and medical leaders?**
 - Take our feedback and execute on it
 - Transparency and authenticity (understand what is going on and the common experience); don't change what you say is going to happen then not follow up
 - Share profiles on leaders – who they are, what is their role, what do they actually do, what would we connect with them about
 - Better communication with dyad leadership, operational side too, helps to understand the context
 - Some of the grievances and cynicism that are being shared, there may not be a quick fix, doctors have long memories, it will take time. You are inheriting problems that predate you
 - We appreciate when not all communication is happy and rosy, would rather hear failures communicated and letting us know things that are not started yet
 - Continue the process throughout the year, continue to invite administration to MSA meetings
 - We hold them accountable, and they hold us accountable to work together