

SOUTH ISLAND MEDICAL STAFF ASSOCIATION

January 21, 2025

General Meeting Minutes – 6:00-7:20pm

1. **Call to Order at 6:00 pm** – Welcome & Territorial Acknowledgement by MSA Co-President Dr. Catherine Jenkins
 - Approval of Agenda; Approval of Minutes from General and Special Meetings on September 25, 2024
2. **South Island MSA Announcements**
 - **South Island MSA Executive**
 - Between 4-7 Executives, currently have 3 openings
 - ~2 h/month, can be as much/little as you like
 - No experience necessary, compensated, must have Active privileges
 - Cannot hold an Island Health leadership position
 - Be eyes and ears of front line physicians, hearing and bringing forward concerns
 - Looking for people interested in advocacy and being part of committees
 - Reach out to Catherine or info@southislandmsa.ca if you are interested in learning more
3. **South Island MSA Updates**
 - **Island MSA Presidents/Health Authority MSA (HAMSA)**
 - Working on coordination with other MSAs across the island, meet twice a year with Island Health Senior Executive – next meeting in October
 - Recognition of regional concerns and the strength in working together
 - Looking at issues that affect everyone (e.g. discipline, transparency and accountability)
 - Trying to amplify smaller rural voices; looking at transport issues
 - Not tackling manpower issue, too large
 - Transparency and communication is an area we struggle with, need to be able to trust the information we get
 - IHealth committee working locally and island wide; mostly now looking at sites that are yet to be activated, taking longer than hoped for
 - **IHealth/NUA Role**
 - Activation went smoother than expected but work still to be done
 - One issue we've received feedback on is NUA role – used to do a lot of work that is now on physicians' plates
 - Demoralizing, hard to lose much of being the centre hub of work
 - Hoping we can learn what is possible and see if there are ways to pass some clerical work back to make NUA work more fulfilling and moving some of the clerical tasks off physicians
 - **South Island FEI Society Working Group**
 - Next meeting is February 6th
 - 12 engagement project proposals received; good number, shows engagement but doesn't put us in place of rejecting due to budget constraints
 - Looking at micro grants (\$10,000), doesn't need the same bureaucracy and safe guards
 - Both funding gates will be received this year
 - Draft budget to be presented at the Feb 6th meeting

- **Physician Wellness and Social Committee**
 - Pilot site for WellDoc Alberta Wellbeing Survey – Apr 2025
 - Results will enable department-specific planning, help with creating QI goals to work on
 - 2025 Events:
 - Mindful Mondays, Dips for Docs, Walking Group
 - Multicultural Mixer
 - New Physician Welcome Coffee – Thurs, Jan 23
 - Healthcare Rx – Sat, Feb 8
 - Welcome and Thank You – Thurs, May 1

4. Celebrations

- Gold Star Awards recognize those who go the extra mile to care for a patient, who put in extra effort to help a colleague, or who are working in their own way to contribute to a positive work environment
- Recent recipients:
 - Trina Morrison by Dr. Richard Reid
 - Dr. Danny Jaswal by Dr. Alex Hoechsmann
 - Dr. Sean Loughheed by Dr. Alicia Power
 - Dr. Grant McIntyre by Dr. Alex Hoechsmann
 - Dr. Logan Lee by Dr. Kelsey Mills
 - Dr. Brandon McGuinness by Dr. Alex Hoechsmann
- Email nominations to info@southislandmsa.ca

5. Island Health Physician Engagement Plan – Alanna Black, Medical & Academic Affairs (MAA)

- Alanna joined Island Health in summer 2023 as Director, Med Staff Partnership and Communication; previously RAA with DoBC
- **Keith Menard** – Executive Medical Director Medical Staff Governance
- **Amber Addley** – Manager, Med Staff Education, Development and Engagement
- **Anna Sinova** – Consultant, Medical Staff Change Management
- **Bob Parker** – Director Special Projects (Medical Leadership Restructuring)
- Thank you to Catherine Jenkins for being a great partner and for all the work she does behind the scenes – Med Staff Respectful Workplace, Transparency Working Group, MSA Presidents, etc.
- Links to reports shared:
 - [Prioritization Action Feedback Results - Report](#)
 - [Medical Staff Goal Setting and Prioritization](#)
- Doctors of BC HA Engagement Survey is now done every other year (last done September 2023, results shared in February 2024)
- No surprise in results, haven't seen progress, need to do something totally different
- Engaged MSAs, Med Governance Committees, HAMAC, LMACs, Dept Head Council, Chiefs of Staff
- Gathered ages of actions and ideas, distilled to key themes; created report to share based on Top 10
- Responses from across the island, majority in South Island
- Created survey tool for pulse check, 30/50 Med Leaders responded
- Preliminary focus on Med Leaders
- Updated Org Charts out next week in bulletin
- Looking at low hanging fruit, things we could impact right away and changes we could get done in a timely manner
- A lot that needs to be done is resource related and not within our grasp
- Conversations with different MSAs, all shared the sentiment “don't boil the ocean”, what are the key priorities for doing quick wins, addressing actions and key themes

6. Discussion

- Priorities seem skewed to Medical Leaders, not supporting frontline
- Focus on Leaders will also help frontline (i.e. Org Chart updated and easy to find – who to talk to about what)
- If Org Chart is consistently updated then is helpful, but being outdated is not helpful
- Seems a lot like what was done before, no organizational memory
- Certain things have been done before as patchwork efforts, but never before had this level of attention and resourcing to address these issues; it's a priority for whole team
- Able to follow more closely and follow to ensure accuracy and momentum
- Med Staff website useless for finding things
- 2017-2018 started as a recruitment site then expanded to Med Staff website; limited by archaic platform, want different entry points on home page
- **Amber** is happy to get feedback and input on priorities for the home page
- Chief of Staff role – currently meeting quarterly, functioning as advisory group on change of role
- Looking to be granular and set specific SMART goals; want to be able to show “big check marks” and that we are able to do things
- Comprehensive onboarding – great opportunity to partner with SIMSA, makes sense to do together
- Dr. Sarah Lea, relatively new Med Director, flagged need for continuity in offers/onboarding
- Work being done specific to new Med Leaders, resources going to that; will use learnings from Leaders to apply to Med Staff in general
- Want to recognize Med Staff at 5-10+ years, exploring regional submission of recognition categories
- Doing work on distribution lists; CACTUS database is not useful for distribution
- Working on robust tool to effectively communicate to appropriate Med Staff, remove redundancies or people who aren't working here – hope for tangible progress soon
- Anna helped get lists to each MSA to ID, took 8 years to make happen
- Alanna is happy to work with Erica to support communication
- Opportunity to get MSA priorities (e.g. Top 10 from MSA presidents)
- Need to consider – is it too much to keep asking for engagement and prioritization? What is valid and reasonable?
- Always the same people going to meetings together and seeing the same things and giving feedback
- Engagement takes time and needs to be done well
- People don't feel it helps to be engaged, “why should I keep showing up for nothing”
- Change the engagement to make people feel that when you give feedback something will actually happen
- Try in person – ask “what is one thing we can do? what is your top priority?”
- Don't want to hear nurses say “I can't do verbal orders anymore, do it yourself”
- Need to know who to get support from
- DoBC survey deals with senior leadership, connection to leadership and decision making, asks about health and safety
- Work that is done is regional and sits in that space of processes that make the organization run, which is different than processes that make hospital run
- How can Med Staff raise issues and get them escalated? Who can help solve issues locally?
- Need someone to call to say, “this needs to be fixed” and how to get it done
- Can't keep separating corporate from clinical, will continue to get same results without fundamental changes
- Meeting coming up with MSA leadership, good to have some local representation
- Can support from MAA, but are not Clinical Operations and they need to be involved in conversations
- RJH and VGH leaders were invited (Gillian and Candice, Brian and Chloe) – Gillian and Candice invited to all meetings but they do not show up

- Not sure who is accountable for what, don't know who is working on what
- No transparency and accountability, no suggestion box that can go somewhere
- Could explore opportunities for people to drop in with a question, 2 minutes or less "who do I go to for this, who can fix that, who has the answers" – Help Desk for Physicians
- No confidence in governance to take ideas anywhere
- Don't know the faces of leadership, they need to go to places where people are
- So little trust, not going to go to someone's office hours we don't know
- Want leaders going to the wards, seeing what is actually happening, what is working and what isn't
- Will hear about more and see grievances on the ground instead of trying to get feedback, people will give ideas about where the issues are
- Want to improve the system but can't trust it
- Get a lot more engagement by showing up than doing another survey
- Leadership visibility is a theme
- Having Org Charts is helpful but not enough
- Jennie Aitken, Director MAA, mentioned working on a flow chart helping physician at every site to know who to go to and what role, was going to trial at SPH
- Want to know how Med Staff interface with Med Governance (CGII/Clinical Governance)
- When having ideas and issues, need to bring somewhere before escalates
- Process developing (Anna, Jennie, Harold Hunt) – have to liaise with CGII secretariat to see what it could look like
- Not a simple process to work out, need to establish it, good space for advocacy
- Should also be sharing additional 40 priorities and find out local priorities and what is different
- Have heard some of these for 20 years, glad it is being written down in a plan and that people are assigned to work on it
- Next phase, engage each MSA – give us your Top Ten affecting ability to communicate effectively, work effectively, get support you need
- Bringing this conversation back to Transparency and Communication Working Group
- Have committee vacancy coming out in bulletin – if anyone is interested in participating, reach out
- Remember how changing it was when Mark Blandford was here, how he walked the wards and talked to people
- CGII was supposed to help create more time and cut excess meetings
- Currently redoing medical leadership structure, plan is to look at all the details for the roles, the expectations, where should be engaged, what meetings/committees – can start specifying things they should be part of
- Can make things happen when needed (e.g. COVID, CPOE), things happen when people want it to
- Have given feedback before and shared name then never gotten anything back, no follow through on feedback, nothing to show that concerns were heard
- When there are issues raised, no feedback or communication loop
- Have to start somewhere, happy to get feedback (Med Staff Communications team will respond)
- Any specific engagement work, opportunities for or ideas on how to engage **contact Anna Sinova**
- Anything about website, communications, improving how we communicate **contact Amber Addley**
- Bob is doing medical leadership restructuring – meeting with physicians 1 on 1
- Priority from team is to be responsive, will help find the right door and you will hear back from them

Adjourn at 7:20pm