



Site Review & Reporting Process

2020-2021



SECTION 1: MSA & HEALTH AUTHORITY FACILITATED DISCUSSION

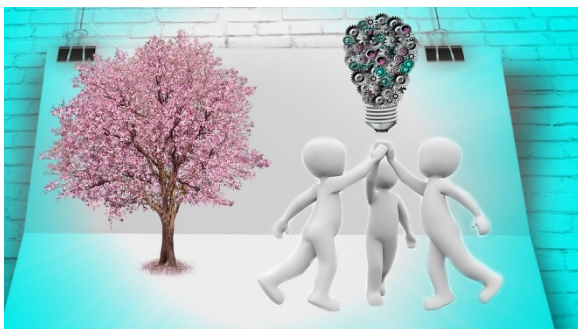
Vernon Alliance

WHAT HAPPENED

- The Alliance was formed to streamline the intake process for physicians seeking project funding and streamline communication with the administrators. Similar alliance teams created in Kamloops and Salmon Arm paved the way for Vernon. Partners included in the Vernon Alliance group: Facility Engagement Partner, the VJH Physician Society, SNO Divisions of FP, IH Practice Support, IH Quality Improvement, Shared Care, Physician Quality Improvement, VJH Foundation, and IH administration.
- We established recurring monthly meetings as of August 2020 with a rotating meeting chair, which encouraged buy-in to the process.
- Created an Alliance Project Tracking Spreadsheet listing projects in progress for each Alliance team member. Updated monthly and posted on the VJHPS website.
- Click on the link [Resources - Vernon Physician Society](#) and scroll down to "Other Key Documents" to download the tracking sheet.

LESSONS LEARNED/EXPERIENCES

- The team was pulled together quickly from concept to active group meetings in a few months despite the COVID-19 pandemic.
- The group's objectives and priorities were developed; the idea was to "just get together and see what happens" rather than spending time on administrative issues. The intent was not to put weight on any particular team member but to have an equal partnership with equal input into developing team functionality.
- Informal Terms of Reference were developed to use as a general road map going forward.
- Key members identified early, and personal contact was made to explain a clear outline of goals, advantages of joining and what each member could gain from it. Many had either heard about Kamloops or Salmon Arm groups (or were already involved) and experienced success, which increased interest in joining a Vernon group.



- Leadership, enthusiasm and energy help create the group provided by Dr. McClellan and supported by Anna Flasch to propel the team forward.
- We were setting monthly recurring meetings rather than waiting for a meeting at the chair's call or when project requests demanded one encouraging conversation at the table, which morphed into valuable communication sharing.

Alliance Team plus Guiding Principles and Ideas

Dr. Kira McClellan	VJHPS President – Facility Engagement
Dr. Jason Doyle	VJHPS Secretary/Treasurer, Facility Engagement
Dr. Andrew Sellars	IH Senior Medical Director NOK
Dr. Peter Bosma	VJH Chief of Staff
Richard Harding	VJH ED, Clinical Ops, Acute NOK, Community & LTC
Casey Hewes	VJH Director of Clinical Operations
Tracey Kirkman	SNO Divisions of FP Executive Director
Crista Sanbrooks	IH Practice Support Coordinator NOK
Elizabeth Hernandez	IH Quality Improvement Consultant – VJH
Ben Rhebergen	SSC Leader - Interior Health
Caryl Harper	PQI Consultant
Kate McBrearty	VJH Foundation Executive Director
Cheryl Drewitz-Chesney	SSC Facility Engagement Partner
Anna Flasch	VJHPS Project Manager, Facility Engagement
Maja Keast	VJHPS Admin Assistant, Facility Engagement

Purpose: To provide a one-stop opportunity to review, vet, fund and support proposals received from any of the membership and identify collaboration opportunities, streamline processes, and reduce redundancy.

Goals and Objectives:

- to improve engagement amongst physicians, NPs, and midwives in Vernon
- to improve relationships between administrative support and clinicians
- to simplify what is a complex structure of project support

Team Membership: Vernon Jubilee Hospital Facility Engagement (VJH FEI), SNO Divisions of FP, Practice Support, IH Quality Improvement, Physician Quality Improvement, VJH Foundation, Engagement and Quality Improvement (DOBC) and VJH Administrative.

Ad Hoc Membership: Shared Care, GPSC, SSC, IH Redesign, VJH Chief of Staff, IH Director of Physician Engagement Planning & Leadership Development, Senior Medical Director IH North

Accountable To: Vernon Physicians, Nurse Practitioners and Midwives.

Authority: The Vernon Alliance will review funding applications received and determine which team(s) will start to move forward to support the physician(s).

- bring your ideas to the table.
- potential for co-sponsorship, brainstorming and redistribution as needed.
- regular updates from the membership.

Appointments: Rotating chair selected at each meeting. VJHPS will be responsible for providing a minute-taker.

Quorum: reached with six team members present.

Decision Making: Based on consensus within the group.

Administration: The VJHPS President and Project Manager will have oversight of the Vernon Alliance. Guiding principles and idea reviewed as needed. Team membership will be reviewed regularly with the option to invite ad hoc members to meetings as deemed necessary.

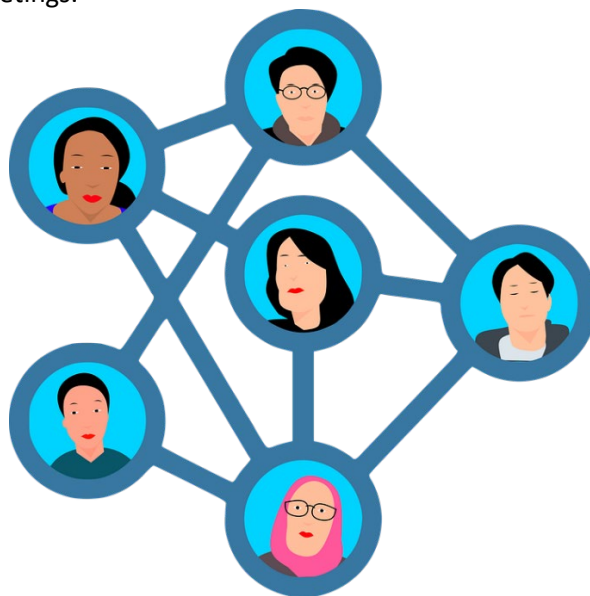
LFEC (Local Facility Engagement Committee)

WHAT HAPPENED

- Intended to create a formal and regular platform for VJHPS, senior site administration, the medical staff association (MSA) and site physician leaders to engage with each other to increase discussion and initiate action on issues (as opposed to ad hoc conversations).
- Ensure a continuous link between facility engagement executive and hospital administration.
- LFEC is part of the regular LMAC (Local Medical Advisory Committee) agenda and was therefore set immediately before monthly LMAC meetings to ensure issues at LFEC were brought forward to LMAC on the same day.

LESSONS LEARNED/EXPERIENCES

- Progressing well – meetings initially set for one hour but have now expanded to 1 ½ hour to accommodate expanding agenda.
- Ensures that decision-makers are around the table but keeping a lean membership (between 7-8 members).
- Attendance logs for 2020 LFEC meetings show an 86% average attendance rate, despite pandemic priority stressors and holiday schedules.
- Face-to-face meetings were first replaced by teleconference meetings (attendance dropping to 57% in March) and then to Zoom meetings in April (attendance up to 100%). Increased attendance rates speak to the value of the meeting and interest of attending by participants even through initial pandemic stages with competing department and health authority meetings.
- Zoom encourages easy attendance from home/office/off-site, thereby supporting participation in facility engagement meetings.



Meeting attendance record for Local Facility Engagement Committee

Name	January	February	March	April	May	June	September	October	November	December	2020 Totals
Bosma, Peter	1	0	1	1	1	1	1	0	1	1	8
Doyle, Jason	1	1	0	1	1	1	1	1	1	1	9
Hardy, Ed	1	1	0	1	1	1	0	1	1	1	8
Harper, Richard <i>(resigned as MSA president Sept 1)</i>	1	1	1	1	0	1					5
Harding, Richard	0	1	1	1	1	1	1	1	1	1	9
Hewes, Casey <i>(attending as of Nov)</i>									1	1	
McClellan, Kira	1	0	1	1	1	1	1	1	1	1	9
Sellars, Andrew	1	1	0	1	1	1	1	1	1	1	9
Chapman, Kelly <i>(attending as of Oct)</i>								1	1	0	2
Participants in Attendance:	6	5	4	7	6	7	6	6	8	7	62
Invited Participants:	7	7	7	7	7	7	7	7	8	8	72
2020 LFEC Meeting Attendance Rates:	86%	71%	57%	100%	86%	100%	86%	86%	100%	88%	86%
<i>No meetings in July or August</i>											

VJHPS MSA Structuring/Streamlining

WHAT HAPPENED

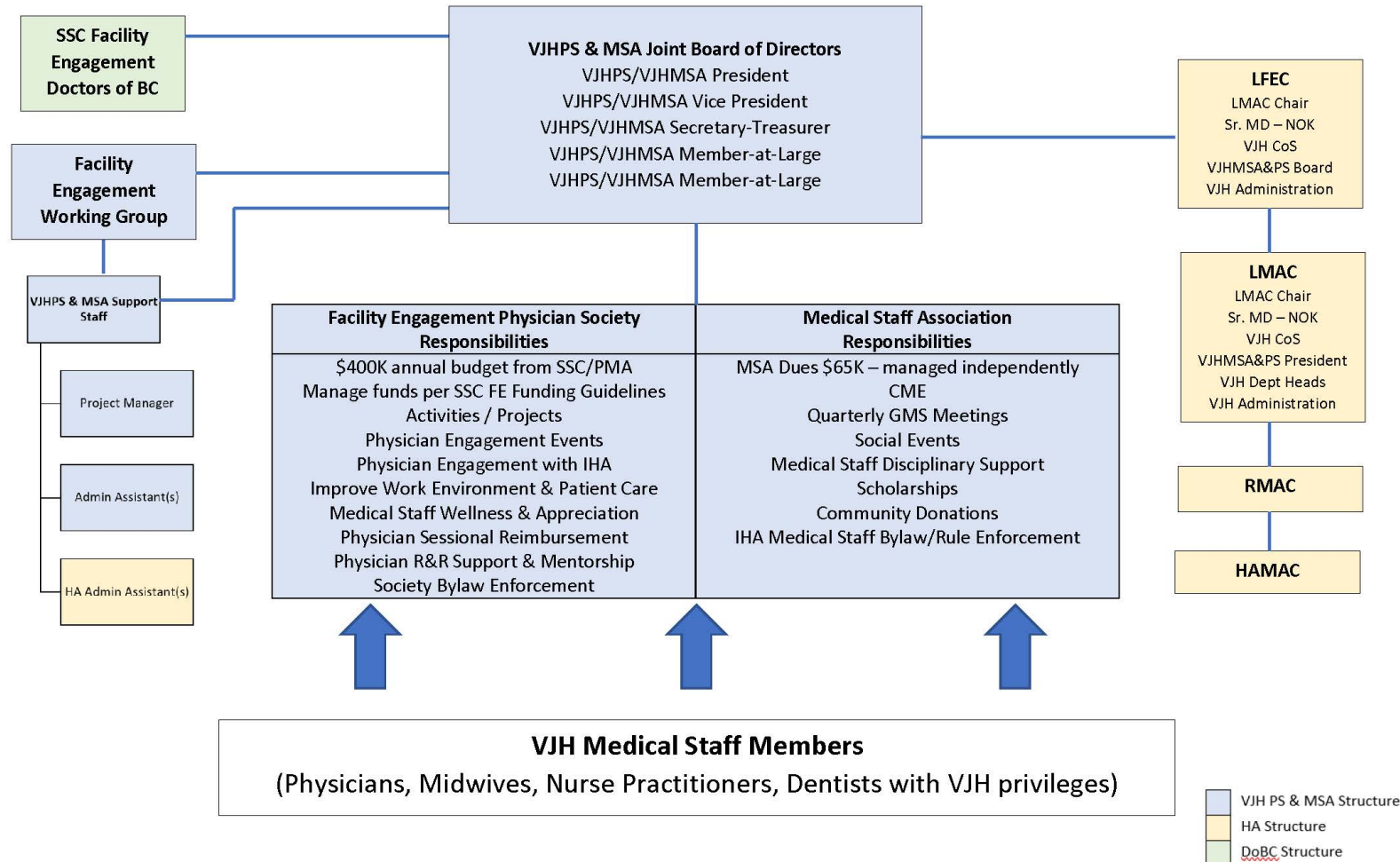
- Cancellation of all MSA social events due to pandemic provided an MSA executive opportunity to review the budget with a focus on executive stipends. Previous MSA fee increases were necessary to address increasing event costs and dwindling members paying annual fees. The original idea to merge with VJHPS was not feasible, but the alternative option of restructuring and inserting FE as an adjunct arm to a joint VJHPS and MSA Board of Directors (see organizational chart below) was explored with the support of an external consultant.
- The Joint Board of Directors will reduce administrative costs, thereby reducing the need to annually increase MSA fees
- Provide continuity across VJHPS and MSA governance and aim to reduce confusion with two groups of physician leadership at the site.
- One governance structure and one leadership group are more straightforward and a way to encourage engagement.
- Provides one contact point for IH to communicate to the physicians.

LESSONS LEARNED/EXPERIENCES

- IH communications for pandemic issues were sent to facility engagement leads while MSA leaders were missed. Having one governance structure would have resulted in smoother communication.
- From the Chief of Staff point of view, it simplifies communication pathways.
- Historically, "suspicion" of IH administration has prevented open communication and willingness to work together. Combining MSA leadership encourages one point of contact. IH admin dyads expressed positive support and appreciation for a centralized group to work side-by-side with physician groups to engage in quality initiatives and operational decision making.
- The biggest challenge at the launch of the Facility Engagement initiative was working with MSA, who operated at arm's length to the VJHPS. The restructuring will support an increased team approach to resolving issues and facilitating a common voice moving forward.
- A foundational relationship is required to foster a level of trust to get to this point and be able to collaborate on an engaging level. The streamlining of VJHPS with the MSA offers one site champion, involved early in discussions, possessing leadership, understanding of historical differences, and commitment/motivation to progress an initiative forward.
- VJHPS Working Group members, with concerns regarding the restructuring, were included in all discussions allowing barriers to be addressed and removed.



**Vernon Jubilee Hospital Physician Society & Medical Staff
Association Organization Chart & Reporting Structure**



COVID-19 Pandemic Response

WHAT HAPPENED

- The VJHPS provided initial funding support to physicians involved in pandemic planning which Ministry of Health funding subsequently reimbursed. Greater success was achieved due to initial VJHPS pandemic support channels in place within facility engagement existing activities: Resuscitation & Simulations (SIMS); Allied Health Education; Departmental/Interdepartmental Enrichment Meetings; LFEC and Uncompensated Committee Work. Approximately \$97,000 was reimbursed, demonstrating the magnitude of leadership and support provided by VJHPS physicians.

LESSONS LEARNED/EXPERIENCES

- Strong physician leadership enabled rapid responses to physician's on-site concerns early on in the planning, ultimately elevating the level of trust.
- Provided medical staff more opportunities to be more involved in planning/preparation at a departmental level. It also enabled them to see the potential facility engagement could have following the pandemic, thereby spring-boarding into future activities.
- It encouraged a shift from complaining to problem-solving thinking or more pro-active thinking versus reactive. Departmental liaison committees have supported this shift.
- Individual site planning has expanded regionally to include Revelstoke and Salmon Arm, seeing collaboration in programs between sites (e.g. orthopedic surgeons from VJH travelling to Salmon Arm; rural surgical obstetrics network project physicians travelling to Revelstoke). Results have increased capacity in many areas and provided access for more surgeons (leveraging acute services into more communities and primary care).
- Physicians found value in the NOK pandemic response meetings and information sharing with the Division
- 2) Initial FEI support/decision to reimburse physicians for COVID-related planning & activities made the physicians feel respected, and may have increased physician engagement in FE.
- 3) Existing structures including FEMS enabled quick payments and was important to the success of this response.

Dr. Sellars provided the following example:

The obstetrical collaboration between Vernon, Salmon Arm and Revelstoke, with Vernon taking on the challenge of managing maternity cases in a COVID-19 positive situation. The first case involved a transfer from Revelstoke to Vernon, which took place after planning was put in place to manage COVID-19 cases. This situation strengthened collaboration between the two sites.



Strategic Planning

WHAT HAPPENED

- The intent was part of a larger 2-3 year plan to develop strategic plans for every department in the North Okanagan. Sought out two large departments who were ready and willing to take on the planning. The hospitalist department had already created a vision statement the previous year and was keen to be involved in strategic planning. Department of Family Medicine was experiencing increasing numbers of members resigning or downgrading privileges, increasing reliance on hospitalists to do the work. It made sense to parallel strategic planning with both departments at the same time.
- Initial support from facility engagement paved the way for additional funding to be provided by IH, who sees the value of departmental strategic plans (the more physicians know where they want to go in 3-5 years, the easier it will be for IH to support).

LESSONS LEARNED/EXPERIENCES

- The Department Head of Family Medicine was also working as a hospitalist, and VJH Chief of Staff was a hospitalist – both helped to promote strategic planning as a positive idea.
- Interest from other groups to do their own strategic plans is now emerging (Departments of Internal Medicine, Oncology, and Pediatrics).
- VJH Foundation uses strategic planning to prepare specific campaigns and donations for new equipment 3-5 years ahead of procurement.

POTENTIAL NEXT STEPS

- Bring all plans together into one cohesive long-term plan for the North Okanagan.
- IH administration is starting to invite physicians to the capital planning process to spread awareness of the "conveyor belt" type procedure necessary to obtain new equipment and match it with supportive services.



SECTION 2: SELF-ASSESSMENTS

MSA Self-Assessment Form

MSA Question #1 - 2020-21 MSA strategic priorities support the FEI Outcomes 2019-2023.

Always 57%

Frequently 43%

Sometimes 0%

Rarely/Never 0%

MSA Question #2 - There was improved engagement among MSA members over the last year.

Always 67%

Frequently 33%

Sometimes 0%

Rarely/Never 0%

MSA Question #3 - There was an improved engagement between MSA members and the site HA staff over the last year.

Always 67%

Frequently 33%

Sometimes 0%

Rarely/Never 0%



Health Authority Self-Assessment Form

HA Question #1 - Site structures and processes (MSA, HA, joint) support meaningful consultation and collaboration on priorities.

Always 33%

Frequently 67%

Sometimes 0%

Rarely/Never 0%

HA Question #2 - Site structures and processes (MSA, HA, joint) support effective communications between MSA and local site leadership.

Always 67%

Frequently 33%

Sometimes 0%

Rarely/Never 0%

HA Question #3 - There was an improved engagement between MSA members and the site HA staff over the last year.

Always 67%

Frequently 33%

Sometimes 0%

Rarely/Never 0%



SECTION 3: STRATEGIC GOAL REVIEW

STRATEGIC PLANNING GOALS	Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Strategic Planning Goal 1- relevant or not?	<ul style="list-style-type: none"> Identify physician engagement opportunities to ensure the views of the medical staff are effectively communicated. 	3	11	1	0	0
Strategic Planning Goal 1- relevant or not?	<ul style="list-style-type: none"> Identify, prioritize, and address mutually agreed upon initiatives, with respect to improving the work environment, patient care and other matters which directly affect the medical staff and patients of the Vernon Jubilee Hospital. 	5	10	0	0	0
Strategic Planning Goal 1- relevant or not?	<ul style="list-style-type: none"> Meaningfully interact, collaborate, and communicate with key stakeholders 	5	8	2	0	0

OTHER	Question	YES	NO
Are the following priorities still relevant?	Physician Wellness	15	0
	Recruitment & Retention of physicians, dentists, nurse practitioners & midwives.	15	0
	Improving physician involvement in decision making both locally & regionally.	15	0
	Communication		
	a. Raising the profile of VJHPS at VJH	15	0
	b. Increase communication within the medical staff as well as between medical staff and hospital administration		
	More regional collaboration between VJH Departments and their counterparts in other IHA sites	13	2
Do you agree with the Executive's choice of activities?	Form a formal relationship between the medical staff and the community physicians as well as the Divisions of Family Practice	15	0
	Involve Physician Engagement – Jarnail Dail and Dr. Harsh Hundal	13	2
Do you agree with the Executive's choice of activities?	Do you agree with profiling the following activities in the SRRP report to Doctors of BC: Vernon Alliance, VJHPS & MSA Streamlining Activity, LFEC - Local Facility Engagement Committee	15	0
Other VJHPS activities current and completed	Are there other activities that you would like included in the SRRP report? If yes, type into the chat box the name of the activity from the list provided on the screen or select No. YES: #1 - Covid-19 Pandemic Response YES: #3 - Strategic Planning - Depts FP/Hospitalists	5	10

