Prioritization Action Feedback Results - Report October 2024

Contents

Executive Summary

This report outlines the top priority actions for Island Health leadership, as identified by medical staff leaders in response to the Doctors of BC (DoBC) survey. This work directly links to efforts to improve medical staff engagement Island-wide. Since the release of the survey in October 2023, the Partnerships and Communication portfolio within Medical and Academic Affairs has engaged with medical staff and leaders to gather further contextual feedback. This feedback was analyzed and themed, forming the foundation for a set of potential actions, which are detailed in the Medical Staff Priority Action Setting Report.

This follow-up report presents the outcomes of a prioritization exercise conducted via a survey to refine the top priority actions. The survey, sent to 50 medical leaders, asked them to prioritize fifty potential actions across six key themes: Decision Making, Transparency & Communication, Culture, Leadership Visibility, Clinical Process Improvements, and Health & Safety. Respondents ranked each action as a "Top 10 Priority," "Important but not a Priority," or "Not a Priority," and had the option to provide additional comments.

The analysis revealed that the highest-ranked actions fall primarily within four of the six key themes: Decision Making, Transparency & Communication, Culture, and Leadership Visibility. The top 10 actions are:

- **Decision Making:**
  - Enhancing the medical leadership structure and clarifying roles (two combined actions).
  - Developing recruitment strategies.
  - Supporting the Chief of Staff role in resolving local issues.
- **Transparency & Communication:**
  - Providing distribution lists to medical leaders.
  - Including an accountabilities field for all medical leadership roles in organizational charts.
  - Making an up-to-date organizational chart available on the medical staff website.
  - Creating one-pagers from Health Authority Medical Advisory Committee (HAMAC) and other medical staff leadership meetings.
- **Culture:**
  - Developing a comprehensive onboarding, welcoming, and orientation process for medical staff and leaders (two combined actions).
- **Leadership Visibility:**
  - Supporting medical leaders with adequate administrative assistance to enhance engagement and communication with medical staff.

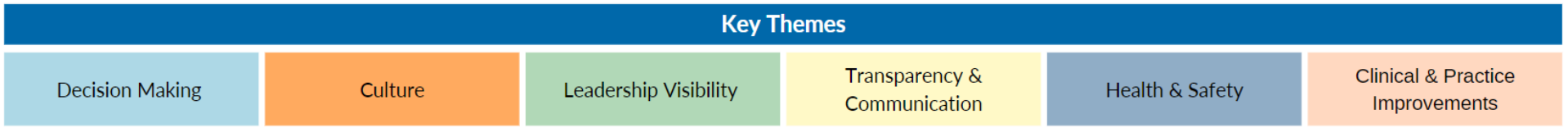
These findings will inform Medical and Academic Affairs' efforts to develop targeted strategic initiatives. Further validation with the broader medical staff will ensure these actions address their most pressing needs. For a detailed overview, please refer to the full findings in the accompanying document.

Acronym List

Acronym List	
LMAC	Local Medical Advisory Committee
HAMAC	Health Authority Medical Advisory Committee
MAA	Medical & Academic Affairs
MSA	Medical Staff Association
SI/CI/NI	South Island/Central Island/North Island
PSLS	Patient Safety and Learning System
DoBC	Doctors of BC
FTE	Full Time Equivalent
HR	Human Resources

1.0 Introduction

The Partnerships and Communication portfolio within Medical and Academic Affairs (MAA) has actively engaged medical staff by attending Medical Staff Association (MSA) events and Island Health Governance committees to discuss the findings of the Doctors of BC (DoBC) survey. This engagement aimed to gather further feedback and insights directly from medical staff, ensuring that their voices were integral to shaping future initiatives. For a comprehensive overview of the feedback received, please refer to the DoBC Survey Engagement Interim Report. Through these discussions, feedback was categorized into **six key themes**. Key themes are outlined below and in greater detail in the Medical Staff Priority Action Setting Report.



Within these themes, **fifty actions** were proposed to reflect the feedback and ideas we received from medical staff. To ensure that the most important actions for medical staff are emphasized in the Island Health workplans, the Partnerships and Communication team sent a prioritization survey to 50 medical leaders. This survey exercise aimed to distill the considerable feedback we received into a limited number of top-rated actions that will help inform annual goal setting for MAA.

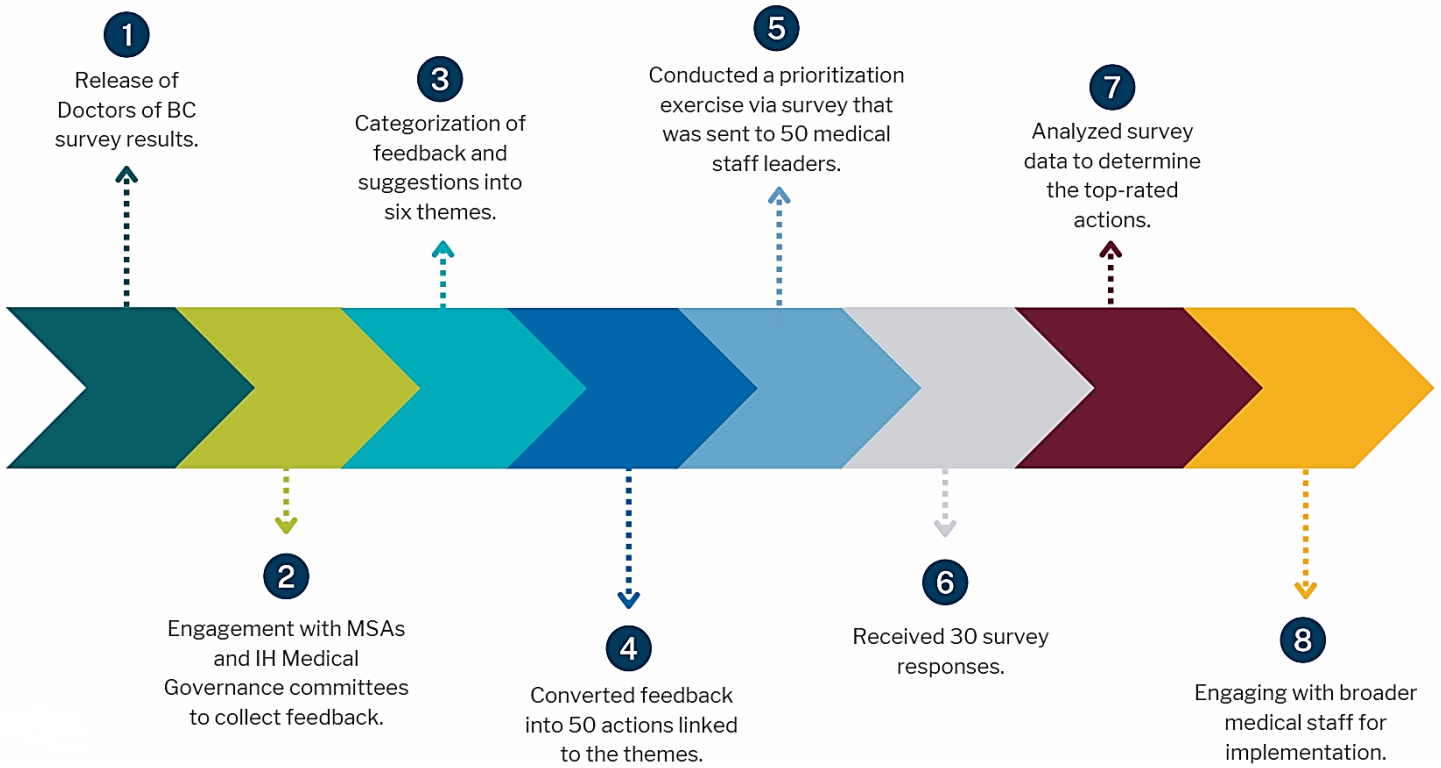


Figure 1: Overview of work that has occurred since the release of the Doctors of BC survey results.

The prioritization survey asked medical leaders to prioritize fifty proposed actions across the six key themes. Respondents ranked each action as a "Top 10 Priority," "Important but not a Priority," or "Not a Priority," and had the option to provide additional comments. This allowed for the development of the list of top 10 priority actions. Responses were further analyzed by job roles and regions to uncover specific priorities related to the demographic diversity of respondents. For details on the survey methods and analysis, please refer to Figure 1 and Appendix A. This report summarizes the results of our prioritization exercise.

2.0 Role and Region of Medical Leader Respondents

A total of 30 out of 50 medical staff leaders responded to the prioritization exercise. The graph below summarizes the percentage of respondents in each role and region. Out of 30 respondents, 12 were from Central or North Island. Further, there was a sufficient sample size within each type of medical leader to evaluate priorities based on medical leadership title.

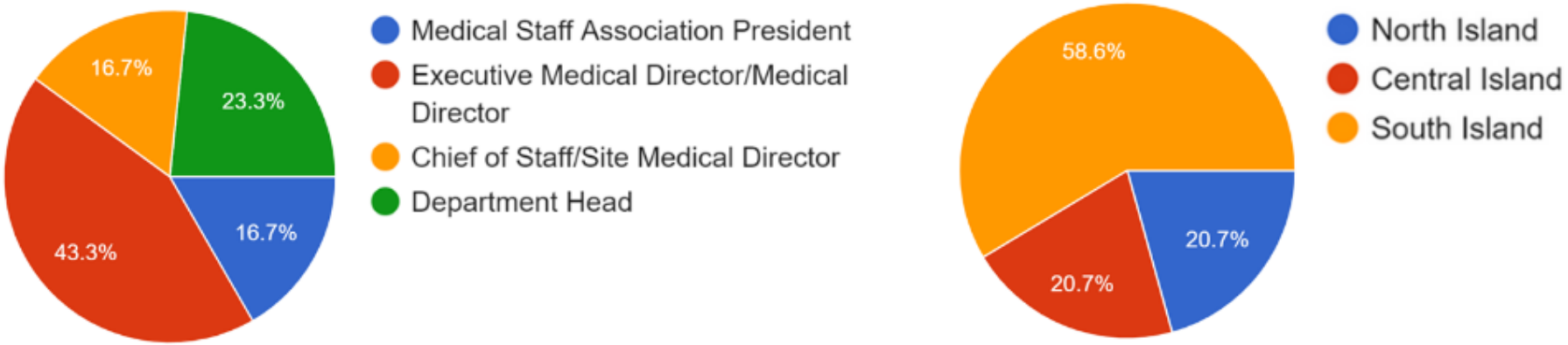


Figure 2: Percentage of people in each role and region.

3.0 Results: Top 10 Priority Actions Based on Medical Staff Leader Survey Responses

The table below outlines the top 10 priorities derived from the ratings given by the medical staff leaders in the survey. All the top 10 actions fall under four key themes: Decision Making, Transparency & Communication, Culture, and Leadership Visibility. For additional insights, please refer to Appendix B for the comments provided by medical staff leaders in the prioritization exercise. These reflections offer a deeper understanding of the perspectives and suggestions from our medical staff leaders, highlighting their priorities and the nuances behind each proposed action. Where work is already underway, it has been marked with "Work Initiated".

Action Rank	Action	Priority Score	Number of Top 10 Votes	Current State	Theme
1	Review and enhance medical leadership structure to ensure clear reporting lines, clearly define accountabilities and responsibilities, and ensure fair FTE allocation and compensation.	40	24	Work Initiated	Decision Making
2	Provide up to date distribution lists to Department Heads, Chief of Staff, and MSA to support effective communication to members.	39	20	Work Initiated	Transparency & Communication
3	Include up to date organization charts and leadership director on the medical staff website to make it easy to find contacts.	38.5	21	Work Initiated	Transparency & Communication
4	Create a comprehensive onboarding, welcoming, orientation and mentorship process for current and new medical leaders and medical staff.	38.5	21	Work Initiated	Culture
5	Support all Department Heads with appropriate administrative assistant coverage to support communication to members.	35	17	Work Initiated	Leadership Visibility
6	Develop a fulsome recruitment strategy to provide a supported medical staff journey in collaboration with MSAs, Divisions of Family Practice, and other local and regional partners.	32.5	14		Decision Making
7	Enhance and support the Chief of Staff role to achieve resolution for urgent local issues. Enable with strong connections with the network of clinical and operational leaders, ensure Chief of Staff are sitting at the right tables, create a Chief of Staff Council.	32.5	15		Decision Making
8	Enhance clarity of medical leader roles and accountabilities in all recruitment documents with clear language to highlight decision making capacity and expectations.	32.5	17	Work Initiated	Decision Making
9	Add an 'accountabilities' field for each leader to the new organizational charts.	30.5	12		Transparency & Communication
10	Create and send one-pagers from HAMAC and from Department Head/Chief of Staff tables monthly with key updates for medical staff. Send to LMACs and MSAs as consent agendas for their meetings.	30	12	Work Initiated	Transparency & Communication

4.0 Results: Key Priorities Beyond the Top 10 List

Four out of the six themes made it to the top 10 list. The table below represents the top priorities in the two themes that did not make it to the top ten: Clinical & Practice Improvements and Health & Safety. Please refer to Appendix C for comments provided by medical staff leaders addressing these actions.

Action Rank	Action	Priority Score	Number of Top 10 Votes	Theme
13	Strengthen the PSLS system, processes, and follow up. Stand up a medical staff-led working group to review the current state and develop recommendations for improvement of the PSLS system.	28.5	11	Clinical & Practice Improvements
21	Make clinically relevant facility metrics available to medical leaders, and medical and clinical staff, via the CGII Acute Quality and Ops Council.	24	12	Clinical & Practice Improvements
23	Improve data availability and share reporting for sites to assess site-specific issues and actions taken to address concerns/mitigate risks.	23	5	Health & Safety
27	Bolster collaboration with Physician Health Program to ensure that IH medical staff have access to medical staff wellness and mental health resources.	19	7	Health & Safety

5.0 Results: Top Priority Actions Filtered by Role.

This section delves into the top priorities as filtered by medical staff leader roles, providing a deeper understanding of their perspectives. We focus on three key insights: the highest-ranked actions for each role, the actions that garnered broad agreement across all roles, and actions that were specific to individual roles.

In Table 2 below, the columns reveal the key priorities that all leaders aligned on, such as onboarding for medical leaders, enhancing the medical leader structure, and keeping organizational charts up to date. Furthermore, the Chiefs of Staff, Department Heads, and EMDs/MDs collectively aligned on two additional actions: providing up to date distribution lists and creating an onboarding process for medical staff. Two out of the four roles aligned on four additional actions: supporting department heads, enhancing the Chief of Staff role, developing a fulsome recruitment strategy, and enhancing clarity of medical leader roles.

The actions that are not colour-coded do not indicate that these did not belong to a key theme. Instead, these reflect the actions that were prioritized by that specific role and did not align with the priorities of the other medical leaders. For example, MSA presidents have three priorities that do not align with the other roles, whereas both the Department Heads and EMDs/MDs have one priority that did not align with the other roles. This divergence highlights the unique perspectives of these roles. In contrast, the Chiefs of Staff/Site Medical Directors share top priorities that resonate with the broader consensus among the other medical leaders, indicating a common understanding and alignment on these actions.

Table 2. Each row represents the top priorities filtered by medical staff leader role. The boxes marked with a star highlight the highest-rated action(s) of each role; if a specific role has multiple boxes marked with a star, it indicates that those actions received equal ratings from members of that role.

Note: the description of some actions was shortened for ease of readability. For the detailed description, refer to the top 10 list, which can be found in Section 3.0 of this report.

Role	Total # of People	Top Priorities Filtered by Role							
Chief of Staff/Site Medical Director	5	Design a comprehensive onboarding process for current and new medical leaders.	Review and enhance medical leadership structure.	Include up to date organization charts.	Provide up to date distribution lists to Department Heads, Chief of Staff, and MSA.	Create a robust onboarding process and orientation for new medical staff.	Support all Department Heads with appropriate administrative assistant coverage.	★ **Enhance and support the Chief of Staff role to achieve resolution for urgent local issues.**	
Medical Staff Association President	5	Design a comprehensive onboarding process for current and new medical leaders.	★ **Review and enhance medical leadership structure.**	★ **Include up to date organization charts.**	Support relationship building between MSA Executive and Administration and local medical and operational leadership. Promote understanding of each others' responsibilities, accountabilities and potential collaboration spaces.	Collaborate with MSAs to ensure the right senior and local leaders are invited and expected at the MSA meetings.	Strengthen the PSLS systems, process and follow up. Stand up a medical staff-led working group to review the current state and develop recommendations for improvement of the PSLS system.	Develop a fulsome recruitment strategy to provide a supported medical staff journey.	Enhance Clarity of medical leader roles and accountabilities in all recruitment documents.
Department Head	7	Design a comprehensive onboarding process for current and new medical leaders.	Review and enhance medical leadership structure.	★ **Include up to date organization charts.**	★ **Provide up to date distribution lists to Department Heads, Chief of Staff, and MSA.**	Create a robust onboarding process and orientation for new medical staff.	Support all Department Heads with appropriate administrative assistant coverage.	★ **Develop a fulsome recruitment strategy to provide a supported medical staff journey.**	Align senior leaders with appropriate local meetings. Audit senior leadership attendance of local meetings and implement necessary adjustments.
Executive Medical Director/Medical Director	13	Design a comprehensive onboarding process for current and new medical leaders.	★ **Review and enhance medical leadership structure.**	Include up to date organization charts.	Provide up to date distribution lists to Department Heads, Chief of Staff, and MSA.	★ **Create a robust onboarding process and orientation for new medical staff.**	Create and send one-pagers from HAMAC and from Department Head/Chief of Staff tables monthly with key updates for medical staff.	Enhance and support the Chief of Staff role to achieve resolution for urgent local issues.	Enhance Clarity of medical leader roles and accountabilities in all recruitment documents.

Legend				
Decision Making	Culture	Leadership Visibility	Transparency & Communication	★ Top Rated Action(s) of Role

6.0 Results: Top Priorities Filtered by Region.

This section explores the top priorities organized by region, offering a deeper insight into the specific needs and focus areas of each region. We highlight three key insights: the highest-ranked actions for each region, the actions that garnered broad agreement across all regions, and actions that were specific to individual regions.

In Table 3 below, the columns reveal the key priorities that all leaders from those regions aligned on, including enhancing/supporting the Chief of Staff role, onboarding for medical leaders and staff, enhancing the medical leadership structure, and keeping organizational charts up to date. Furthermore, North Island (NI) and Central Island (CI) collectively aligned on two additional actions: providing up to date distribution lists and supporting all Department Heads with appropriate administrative coverage. Lastly, CI and South Island (SI) aligned on enhancing clarity of medical leader roles.

The actions that are not colour-coded do not indicate that these did not belong to a key theme. Instead, these reflect the actions that were prioritized by leaders from the specific region and did not align with the priorities of the other regions. For example, CI and NI both have two priorities that do not align with the other regions. For CI, region-specific priorities include establishing a quarterly workforce stabilization/recruitment meeting and adding an accountabilities field to the medical leader organizational charts. For NI, region-specific priorities include developing a recruitment strategy and increasing medical leaders understanding/involvement in Human Resources (HR) planning. This highlights specific areas of concern for those regions. In contrast, all of SI top priorities align with the broader consensus among other medical leaders, reflecting a shared understanding and agreement on these actions.

Table 3. Each row represented the top priorities filtered by region. The boxes marked with a star highlight the highest-rated action(s) of each region; if a there are multiple boxes marked with a star for a region, it indicates that those actions received equal ratings from leaders of the region.

Note: the description of some actions was shortened for ease of readability. For the detailed description, refer to the top 10 list, which can be found in Section 3.0 of this report.

Region	Total # of People	Top Priorities Filtered by Region								
North Island	6	★ **Enhance and support the Chief of Staff role to achieve resolution for urgent local issues.**	Design a comprehensive onboarding process for current and new medical leaders.	Review and enhance medical leadership structure.	Include up to date organization charts and leadership director on the medical staff website.	Create a robust onboarding process and orientation for new medical staff.	★ **Provide up to date distribution lists to Department Heads, Chief of Staff, and MSA to support effective communication to members.**	★ **Support all Department Heads with appropriate administrative assistant coverage to support communication to members.**	Increase medical leaders' understanding and involvement in the HR planning process and provide regular reports to LMACs and CLHA Acute Councils.	Develop a fulsome recruitment strategy to provide a supported medical staff journey.
Central Island	6	Enhance and support the Chief of Staff role to achieve resolution for urgent local issues.	Design a comprehensive onboarding process for current and new medical leaders.	Review and enhance medical leadership structure.	★ **Include up to date organization charts and leadership director on the medical staff website.**	Create a robust onboarding process and orientation for new medical staff.	Establish quarterly meetings led by the Medical Director, Workforce Stabilization & Recruitment with local medical and departmental leaders to review and input on the human resources assessment and planning.	Add an 'accountabilities' field for each leader to the new organizational charts.	Enhance clarity of medical leader roles and accountabilities in all recruitment documents.	
South Island	17	Enhance and support the Chief of Staff role to achieve resolution for urgent local issues.	Design a comprehensive onboarding process for current and new medical leaders.	★ **Review and enhance medical leadership structure.**	Include up to date organization charts and leadership director on the medical staff website.	Create a robust onboarding process and orientation for new medical staff.	Provide up to date distribution lists to Department Heads, Chief of Staff, and MSA to support effective communication to members.	Support all Department Heads with appropriate administrative assistant coverage to support communication to members.	Enhance clarity of medical leader roles and accountabilities in all recruitment documents.	

Legend				
Decision Making	Culture	Leadership Visibility	Transparency & Communication	★ Top Rated Action(s) of Region

Comment from Medical Staff Leaders Regarding Region-Specific Issues:

"We need more leadership and responsibility for decision in CI/NI. Right now, we have no voice or only the occasional voice. This really needs to change as the current structure does not meet the needs of patients of providers for CI/NI. A separate council or administrative body is needed for better representation that could report to Senior administration. We have 25 years of the current Victoria centric structure that has not and does not work. It is overly complex and inefficient. And the MSA should have been part of the restructure CGII and was not – a huge opportunity was missed."

7.0 Results: Lowest Ranked Actions

The table below displays the lowest-ranked actions, which fall under three key themes: Health & Safety, Decision Making, and Clinical & Practice Improvement. Comments from medical leaders regarding the lowest-ranked actions are provided below, offering insights into why they were not prioritized.

Action Rank	Action	Priority Score	Number of Top 10 Votes	Theme
45	Bolster violence prevention training with medical staff co-leads and support from OH&S, increasing relevancy to medical staff.	5.5	5	Health & Safety
46	Make it easy to find and apply for current vacancies and engagement opportunities (eg. committee work, focus groups, surveys, etc.). Use IAP2 language to highlight level of decision making in all opportunities for engagement.	5	6	Decision Making
47	Develop a plan to reinvigorate Schwartz Rounds at current pilot sites and expand to other sites, as a forum for clinicians to share and reflect not he emotional and psychological impacts of their work.	4	2	Health & Safety
48	A Medical & Academic Affairs delegate visits a site each month as a 'pop-up' info desk to engage with medical staff and gather input on key local concerns, issues, and projects.	1.5	7	Clinical & Practice Improvements
49	Provide regular updates to MSAs from the IHealth team about currently enabled sites and expected dates for Dragon Dictation.	0.5	5	Clinical & Practice Improvements
50	Hire dedicated people to increase focus on medical staff and residents' health and safety.	-7	2	Health & Safety

Comments from Medical Staff Leaders Regarding Health & Safety:

"Hiring extra people in the current work environment to focus on wellness would not be taken well on the front lines. We are short beds, nurses and doctors. We work more than we all should, and when we show up to work extra as everyone is short staffed. The system is the reason we are not well. Without changing the system, further discussions are likely not to be taken well. I would first focus on demonstrating to staff that real institutional energy has gone towards making the environment safer (clear and regularly enforced policy to remove all patient elicit drugs and weapons at all sites to align with provincial directions). These steps need to happen before virtual sessions on violence prevention on an individual provider level and in a systems level."

"Clinicians do not have the time to engage with the physician health program. Rather - increase efficiencies in the system, make it possible to do an 8-hour day's work in 8 hours and then clinicians will have time to manage their own self care and have capacity to seek help through already available resources."

"It is not that they are not priorities, however we are offered help through the DoBC regularly and through the MSAs and the Divisions of FP. MAA should really concentrate on fixing the things that cause the distress in the first place."

8.0 Conclusions

We identified a top 10 priority list that reflects the collective focus of our medical staff leaders, which fall under four key themes: Decision Making, Transparency & Communication, Culture, and Leadership Visibility. By filtering these priorities by role, we observed strong alignment across all positions on three key areas: Design a comprehensive onboarding process for medical leaders, enhancing the medical leadership structure, and including up to organization charts.

Furthermore, when examining priorities by region, we found significant alignment on five specific actions, which include enhancing/supporting the Chief of Staff role, onboarding for medical leaders and medical staff, enhancing the medical leadership structure, and keeping organizational charts up to date. This highlights a shared understanding and need for these initiatives across all regions.

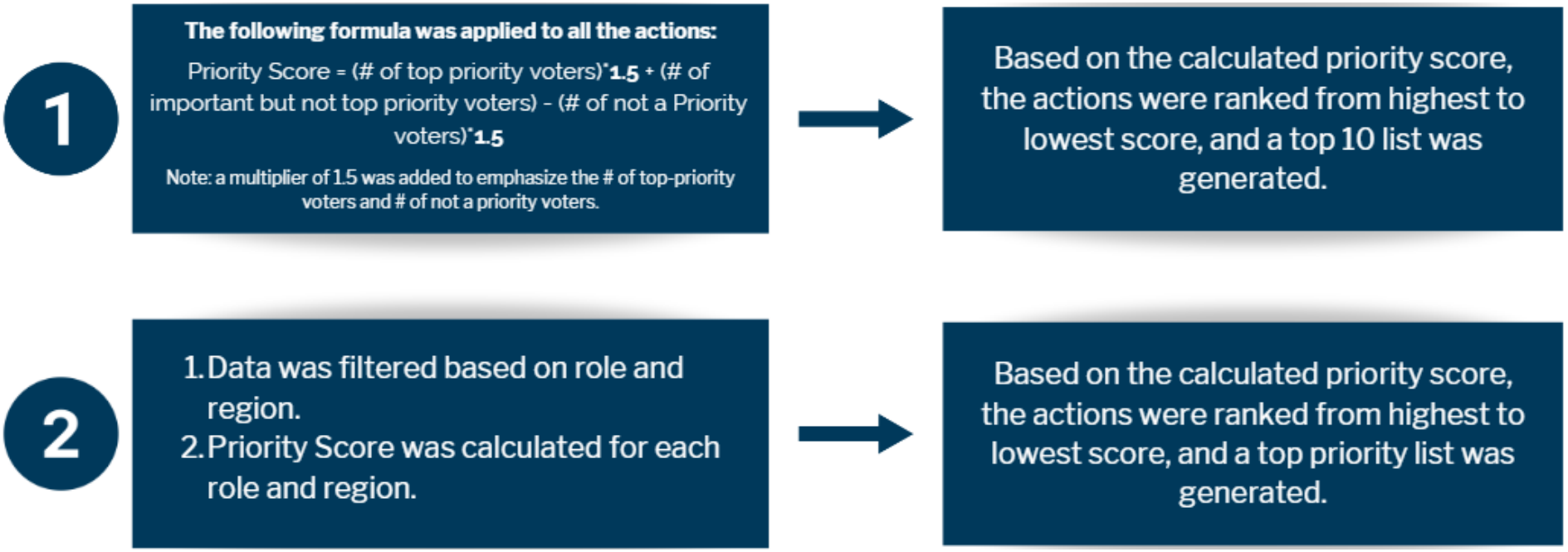
As we move forward, the next steps will involve developing actionable plans to implement these priorities, ensuring that medical staff and medical leaders are engaged throughout the process and that our strategies effectively address their needs.

Appendix A. Feedback Methodology for Action Prioritization Exercise.

Prioritization Exercise Feedback Methodologies:

- Feedback exercise was conducted via a Google Survey.
- Survey was sent to over 50 medical staff leaders.
- The survey allowed participants to rank 50 actions as either 'Top 10 Priority', 'Important but not Top 10 Priority', and 'Not a Priority'.
- Survey was sent on July 30th, 2024, and closed on September 13th, 2024.

After this, the data was analyzed using the methodologies outlined below.



Appendix B. Insights and Reflections on the Top 10 Priority Actions.

In this section, we present the valuable comments provided by medical staff leaders regarding the proposed actions.

1. Review and enhance medical leadership structure to ensure clear reporting lines, clearly define accountabilities and responsibilities, and ensure fair FTE allocation and compensation.
   - "Any time there is "enhance" or "support", this MUST come with dedicated time, funding, and administrative support."

2. Provide up to date distribution lists to Department Heads, Chief of Staff, and MSA to support effective communication to members.
   - "It is extremely important that an up-to-date list of all medical staff department members is available. It is so demoralizing when we are told that island health doesn't keep track of who works where and has no idea about staffing of doctors."
   - "An email distribution list seems absolutely foundational. We cannot function if we do not know how to reach our medical staff."

3. Include up to date organization charts and leadership director on the medical staff website to make it easy to find contacts.
   - "Org charts are key, but only useful if they are kept up to date, so need to make sure there are resources to maintain this and likely having accountabilities would really help as well."
   - "MAA website needs to be easy to navigate and figure out. Basically "who are you going to ask if you have a question.?"
   - "Access to administrative structures on intranet please- none since 2017"

4. Create a comprehensive onboarding, welcoming, orientation and mentorship process for current and new medical leaders and medical staff.
   - "This is important to welcome new members and understanding networks within Island Health"
   - "I would say that on boarding is done poorly. There is room for improvement for on-boarding leaders. I have never seen the on-boarding package, and I was a little shocked to find out from a Division Head that they did not know from the medical leader orientation that they need to let the Department Head know when things were not OK with staff member!"
   - "It has been so tough to learn and I have wasted a lot of time learning the system. Since we can't pay medical leaders as much as they would make clinically, this would be a way to give them the tools to be more efficient and make the job somewhat easier - they know who to contact and how to get answers for their groups - this system knowledge would then filter out to local medical staff groups and improve understanding of the system."

5. Support all Department Heads with appropriate administrative assistant coverage to support communication to members.
   - "This will be important and valuable."
   - "Please support our local leaders with better pay and fair hours so that they can do a good job. Proper admin support is critical."
   - Several of the ideas need some in person Assistant support which the Department and Division Heads do not have to organize things."

6. Develop a fulsome recruitment strategy to provide a supported medical staff journey in collaboration with MSAs, Divisions of Family Practice, and other local and regional partners.
    - No overall plan for HR and recruitment with priorities based on need etc. This will continue the status quo in recruitment and not add to where we need things the most.

7. Enhance and support the Chief of Staff role to achieve resolution for urgent local issues. Enable with strong connections with the network of clinical and operational leaders, ensure Chief of Staff are sitting at the right tables, create a Chief of Staff Council.
    - “Any time there is "enhance" or "support", this MUST come with dedicated time, funding and administrative support.”
    - “Local site leadership needs to be listened to with the concerns acted on. I have heard from many local leaders at multiple sites that concerns are brought forward and no action comes out of it. Anything that empowers this would be helpful.”
    - “None of these facilitate local leaders making critical decisions in their care area. Just sitting on committees that don't really do this. No one will meaningfully engage. Still top down.”
    - “A council and committee are not the same thing. There is no council within the Medical Staff Rules of MBB”
    - “I don’t think we will ever be able to hire a COS for our site if the staff rules do not get reviewed. Currently if there is no MRP for a patient or patient refuse their physician the listed MRP becomes the COS, but there is no established cross cover for weekends / holidays for these patients, which adds a ton of medical liability and clinical workload to an admin position. You can only enhance and support a COS if you are able to hire one.”

8. Enhance clarity of medical leader roles and accountabilities in all recruitment documents with clear language to highlight decision making capacity and expectations.
    - “It is appropriate to hold medical leaders accountable to meetings they should be attending.”

9. Add an 'accountabilities' field for each leader to the new organizational charts.

10. Create and send one-pagers from HAMAC and from Department Head/Chief of Staff tables monthly with key updates for medical staff. Send to LMACs and MSAs as consent agendas for their meetings.

Appendix C. Insights and Reflections on the Key Priorities Beyond the Top 10 List.

In this section, we present the valuable comments provided by survey respondents regarding the proposed actions. These reflections offer a deeper understanding of the perspectives and suggestions from our medical staff, highlighting their priorities and the nuances behind each proposed action.

1. Strengthen the PSLS system, processes, and follow up. Stand up a medical staff-led working group to review the current state and develop recommendations for improvement of the PSLS system.
   - "PSLS is a provincial framework. Numerous attempts to strengthen local processes for physician involvement have fallen short in the past. We need to have input from our HA leaders into the provincially driven processes and templates."
   - "The PSLS system as it is not effective as a quality improvement initiative as it does not come at it from a just culture approach which is more about learning and improving especially from a systematic lens but has been focused on blaming individuals and punishment. It is more about assigning this so that administration is off the hook. This approach does not lead to systematic improvement according to the literature. Also, when we have raised quality concerns at our site regarding another site, the arbitrators have often been the other site and in many cases the results have been openly bias and false despite their so-called content expertise. We need unbiased arbitrators and those who would seek to improve the system, not those looking to avoid or reassign blame."

2. Make clinically relevant facility metrics available to medical leaders, and medical and clinical staff, via the CGII Acute Quality and Ops Council.
   - "Clinical metrics MUST be analyzed & presented regularly. This would better inform all decision-making."

3. Improve data availability and share reporting for sites to assess site-specific issues and actions taken to address concerns/mitigate risks.
   - "Staff safety in UC/ER venues is becoming more of an issue. There is a need to increase IH sites that have security on the premises."

4. Bolster collaboration with Physician Health Program to ensure that IH medical staff have access to medical staff wellness and mental health resources.
   - "Bolstering relationships with PHI seems like an easy win to make it simple for physicians to access current resources to support their wellness."