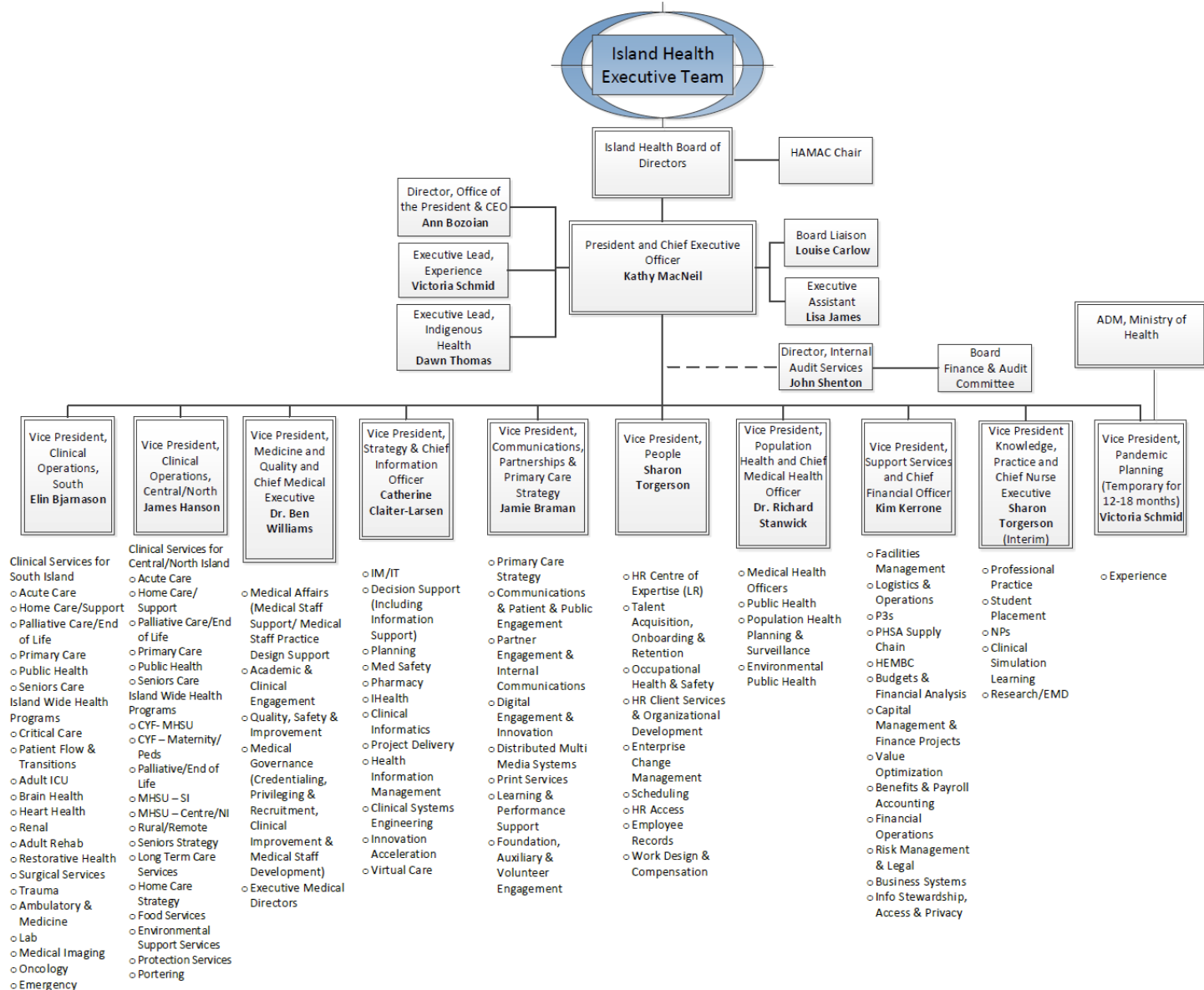


MEDICAL  
LEADERS



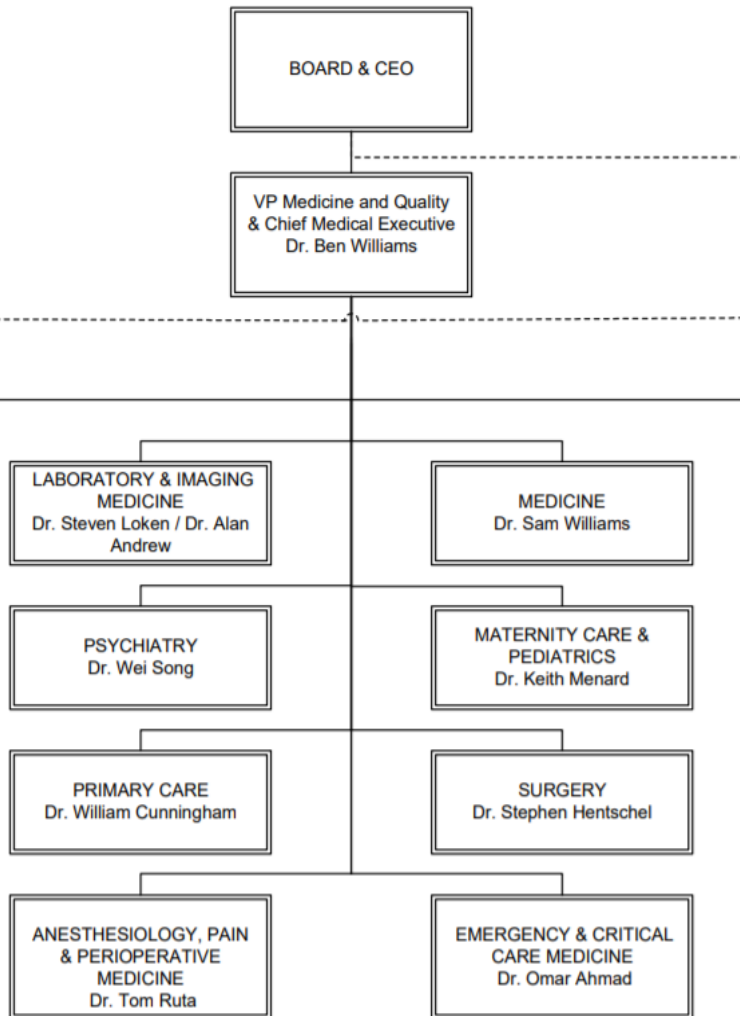
# Navigating Island Health & Medical Leaders

# Island Health Executive Team

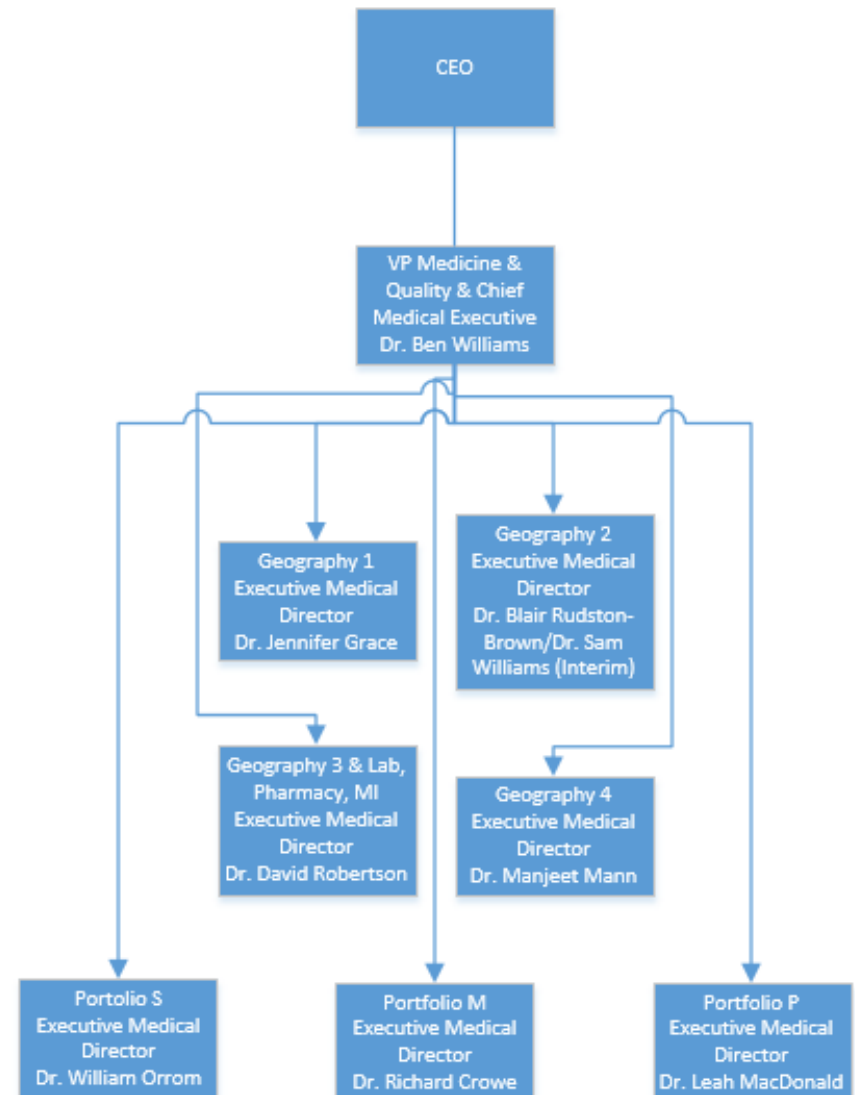


# Medical Staff Structures

## Island Health Medical Staff Department Structure



## Island Health Medical Staff Operational Structures



<b>Medical Leadership Structure</b>	<b>Department</b>	<b>Operational</b>
<b>Positions</b>	Department Heads Division Heads Section Heads	Executive Medical Directors Medical Directors Medical Site Directors Medical Leads
<b>Purpose</b>	Profession of self-governance, to fulfill the mandates of the Medical Staff Bylaws and Rules as it applies to individual practitioners and practitioner-delivered care.	Co-leadership of Island Health program and services, and co-leadership of the Clinical Governance Structure (for certain positions).
<b>Focus</b>	Individual Practitioners	Team-based care delivery
<b>Example Functions</b>	As described in the Medical Staff Rules: <ul style="list-style-type: none"> <li>• Medical workforce recruitment, credentialing, privileging, professional development, and professional behaviour</li> <li>• Individual practitioner standards of care and documentation</li> <li>• Research</li> </ul>	<ul style="list-style-type: none"> <li>• Operations co-leadership and planning</li> <li>• Team-based quality</li> <li>• Operational change management</li> <li>• For clinical governance positions: clinical standards development, deployment and PCQO/PSLS investigation and resolution</li> </ul>
<b>Accountability</b>	<ul style="list-style-type: none"> <li>• Department Heads report to CMO via MAA EMDs</li> <li>• The Health Authority Medical Advisory Committee (HAMAC) reports to the Board</li> </ul>	<ul style="list-style-type: none"> <li>• Executive Medical Directors report to CMO</li> <li>• the CMO reports to the CEO, who reports to the Board</li> </ul>

# Performance Planning

The Strategic Framework contains Goals & Objectives.

The Multi-Year Plan contains Goals, Objectives, Strategies, and Tactics (GOST).

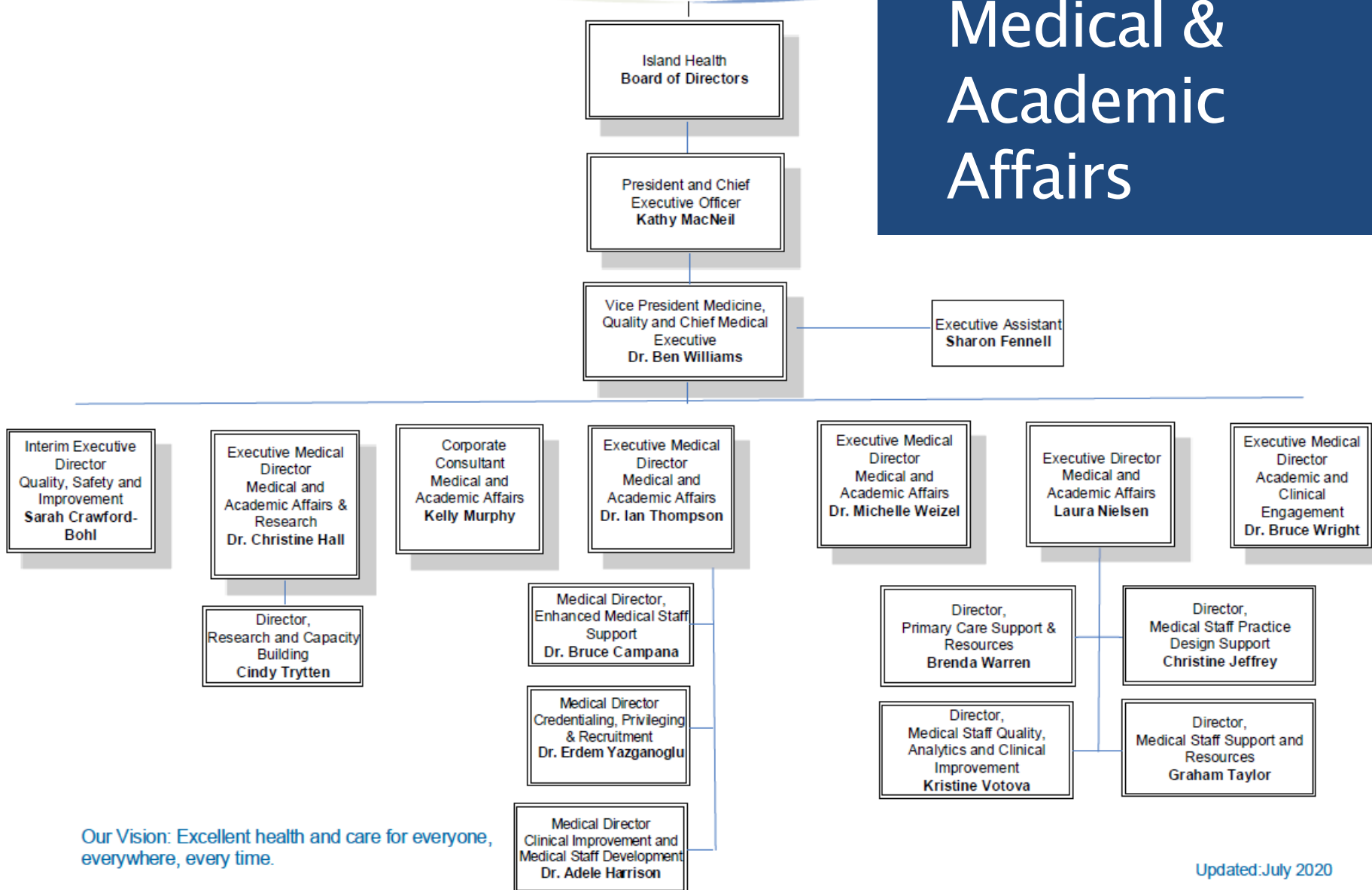
The Tactical Plan contains GOST information for high-priority Tactics only.

Goals	Objectives	Strategies	Tactics	Deliverables	Actions
<i>A high-level and aspirational statement about our desired future</i>	<i>A statement about what we are trying to achieve in order to realize the future state envisioned by a Goal</i>	<i>A group of actions with a common approach that describe how we will achieve an Objective</i>	<i>A specific piece of work or actions designed to achieve a Strategy</i>	<i>Products created during work on a Tactic that include a target date to be delivered by and quantitative indication of progress where available</i>	<i>Activities undertaken to produce deliverables aligned with the tactics and strategies of the organization</i>
5 year horizon	3-5 year horizon	1-3 year horizon	1 year horizon		

Implementing teams define the deliverables and actions, in alignment with the GOST set out in the Plan.

**Island Health**  
Medicine, Quality and Academic Affairs

# Medical & Academic Affairs



Our Vision: Excellent health and care for everyone, everywhere, every time.



# Medical Affairs Executive



**Dr. Chris Hall**  
Executive Medical Director,  
Clinical Service Delivery & Research



**Dr. Ben Williams**  
VP Medicine, Quality and  
Academic Affairs and Chief  
Medical Executive



**Dr. Ian Thompson**  
Executive Medical Director,  
Medical Staff Governance



**Dr. Michelle Weizel**  
Executive Medical Director,  
Priority Populations & Initiatives



**Laura Nielsen**  
Executive Director,  
Medical & Academic Affairs



**Kelly Murphy**  
Consultant, Medical & Academic Affairs

# Medical & Academic Affairs

## Medical Staff Quality & Clinical Improvement



**Dr. Adele Harrison**  
Medical Director, Clinical Improvement &  
Medical Staff Development



**Kristine Votova**  
Director, Medical Staff Quality,  
Analytics & Clinical Improvement



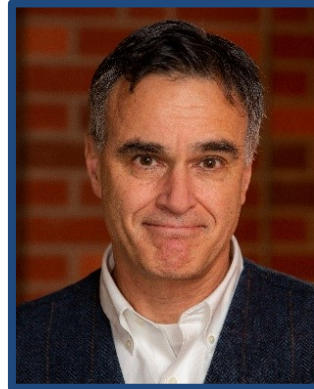
**Jennie Aitken**  
Manager, Physician Quality  
Improvement



# Medical & Academic Affairs Medical Staff Support & Resources



**Graham Taylor**  
Director, Medical Staff  
Support & Resources



**Dr. Bruce Campana**  
Medical Director,  
Enhanced Medical Staff Support



**Dr. Erdem Yazganoglu**  
Medical Director, Recruitment,  
Credentialing & Privileging &  
Special Projects



**Jennifer Furtado**  
Manager, Medical Staff  
Engagement & Development



**Tara Holmes**  
Manager, Medical Staff Governance  
& Credentialing & Privileging



**Eva Vincent**  
Manager, Medical Staff  
Recruitment

# Medical & Academic Affairs

## Primary Care Support & Resources



**Brenda Warren**  
Director, Primary Care Support  
& Resources

## Finance, Practice Design & Contracts



**Christine Jeffrey**  
Director, Practice Design &  
Compensation



**Roxanne Broadbent**  
Manager, Medical Staff Contract  
Management

# Medical Staff Practice Design & Compensation

- Works collaboratively with new programs to define physicians' roles, service, organizational impact & financial analysis
- Provides support on financial information to internal & external stakeholders

**Christine Jeffrey**  
Director

# Medical Staff Recruitment

- Assists departments with impact assessment & approval process for recruitment of physicians, midwives & dentists
- Provides advice & support to ensure compliance with the recruitment policy
- Supports search & selection processes
- Manages the Practice Ready Assessment & UBC IMG Return of Service programs



Eva Vincent



Dr. Erdem Yazganoglu



Graham Taylor

# Medical Leader Recruitment

**Departmental Structure** (Department Heads, Division Heads, Section Heads)

- Department and Divisions heads are appointed as set out in the *Medical Staff Rules*

**Operational Structure** (Medical leaders - EMDs, MDs, Medical Site Directors and Medical Leads)

- Recruitment for organizational position



# Medical Staff Contract Management

- Negotiates & prepares physician contracts for clinical, on-call & medical leadership services
- Processes physician payments
- Facilitates physician contract management
- Provides stewardship for Ministry funds that support these services

vacant  
Manager, Contract Management

Director – Christine Jeffrey

# Medical Staff Contract Management

## Departmental Contracts vs Operational Contracts:

- **Departmental contracts** (Department Heads, Division Heads Sections Heads)
  - standardized deliverables for each departmental lead position
- **Operational contracts** (EMDs, Medical Directors, Medical Site Directors and Medical Leads)
  - the physician leader to whom the incumbent reports prepares contract deliverables
  - performance evaluation is embedded in the contract
  - the incumbent and his/her lead develop and sign off on the deliverables which are populated into the evaluation form



**Dr. Erdem Yazganoglu**

# Medical Staff Credentialing & Privileging



**Tara Holmes**

- Supports medical staff members with verifying credential and applying for medical staff privileges within facilities operated by Island Health that are under the Hospital Act.
- Supports in-depth performance reviews
- Maintains the Physician Data Repository

The Medical Staff Credentialing & Privileging team is available to support Division & Department Heads as well as Division members with any inquiries, including but not limited to:

- Specifics regarding individual medical staff credentialing & privileges in your department
- Reports/directory of Medical Staff within your department
- Assistance with Provider Reappointment processes
- Assistance with Category Changes, Leaves of Absence, site changes & Locum Tenens
- Photo ID, facility access cards, Windows (Cerner) accounts access, and training for activation sites (NRGH, Dufferin & Oceanside for EHR)



**Graham Taylor**

# Credentialing & Privileging

- **Credentialing** is the process whereby a Practitioner's qualifications (education, training, experience and professional attributes) are validated and reviewed against established standards
- **Privileging** is the process whereby a Practitioner is authorized to practice within a particular clinical domain and provide particular clinical procedures at a specific site (or sites).
  - Provisional
  - Active
  - Associate
  - Consulting
  - Temporary
  - Locum Tenens
  - Scientific & Research
  - Clinical Trainee

# Credentialing & Privileging

- Application for privileges review:
  - **Division Head** review for accuracy of privileges, link between credentials and privileges, alignment with departmental policies. Make recommendation to Department Head.
  - **Credentialing & Privileges Office** – responsible for ensuring the application & approval process is done according to the By-Laws
  - **Medical Director Credentialing and Privileging** review for completeness, resolving areas of contention, policies, integrity
  - **Department Head** review for accuracy of privileges, link between credentials and privileges, and alignment with departmental policies
  - **MPCC** reviews new appointment, reappointment and recruitment reports for endorsement to HAMAC
  - **HAMAC** for review and endorsement to the Board for final approval
  - **Island Health Board** for awarding staff status and privileges



# Credentialing & Privileging

- **Reappointment**

- Locum staff are reappointed each year, if there is a need
- Temporary staff are reappointed at the end of their temporary assignment, if there is a need
- All other staff categories: primarily active, provisional, consulting, and associate are reappointed once every two years.
- Reappointment involves checking license, insurance, professional conduct, continuous professional development, and department specific requirements for renewal of the privileges

# Medical Staff Governance

- Supports the development, implementation & administration of the medical staff departmental structure
- Supports the development & administration of the medical staff committee structure

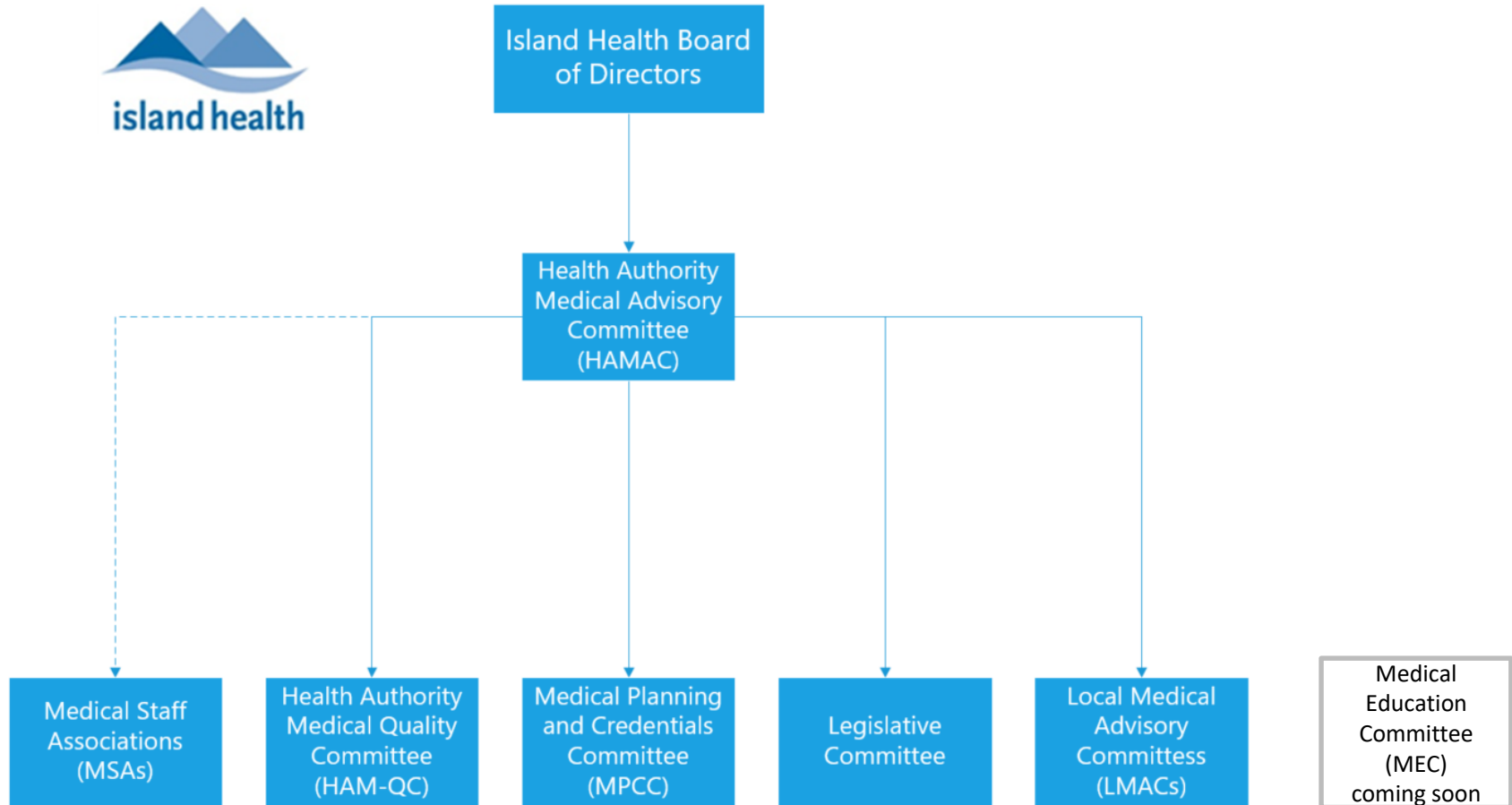


**Tara Holmes**



**Graham Taylor**

# Medical Governance Committee Structure



# Enhanced Medical Staff Support (EMSS)

- Supports medical leaders who may be asked to attend to concerns raised regarding professionalism or performance of medical staff
- Supports & helps to resolve professional issues as they arise, & works proactively to enhance the capacity & ability of medical & other leaders across the organization to understand, manage & resolve concerns
- Supportive, solutions-based rather than punitive if possible



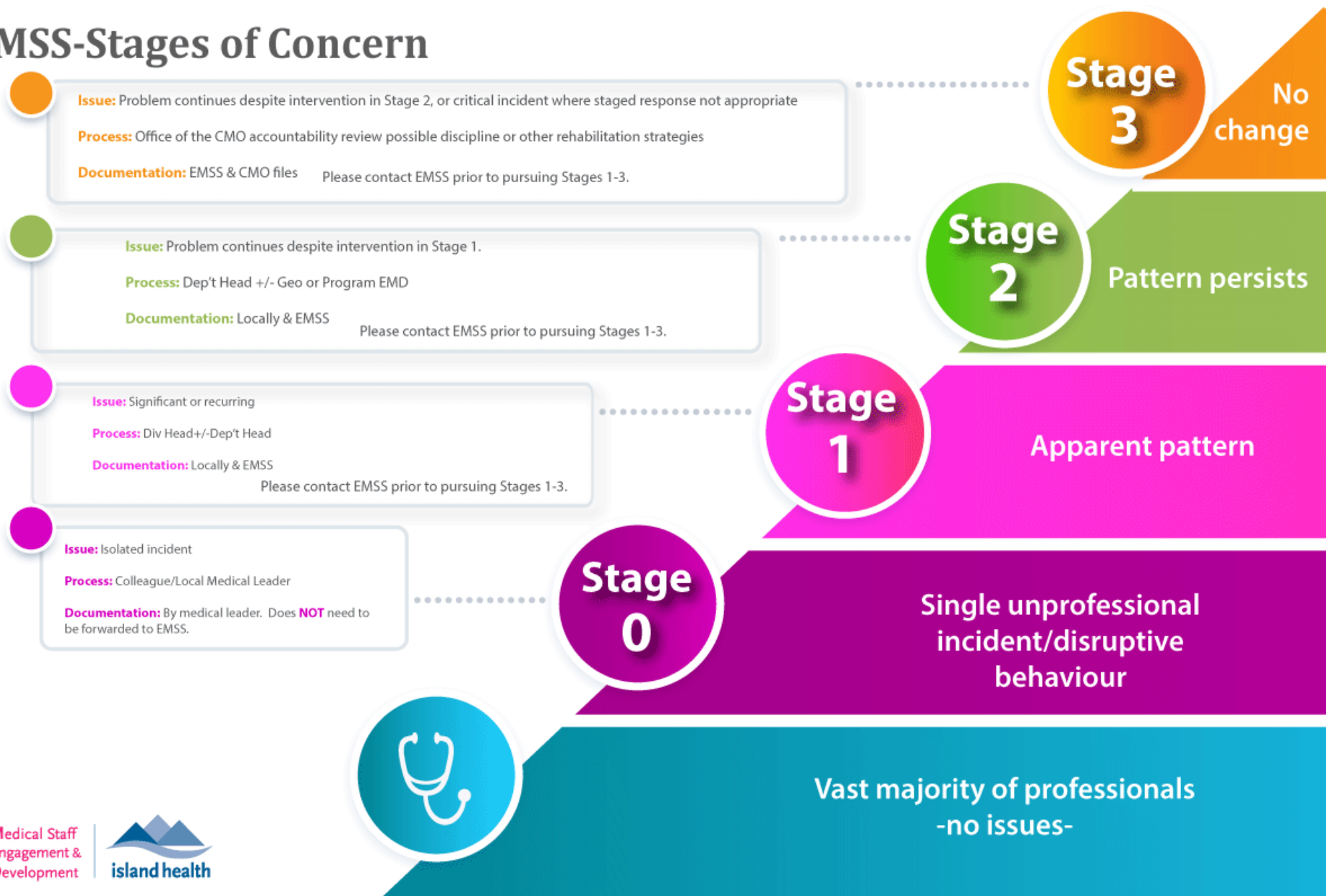
**John MacDonald**  
HR Specialist

**& Dr. Bruce Campana**  
Medical Director



**Graham Taylor**

# EMSS-Stages of Concern



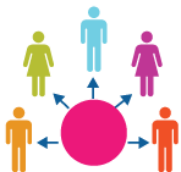


# IAP2 Spectrum of Engagement

## Level 1

### Inform

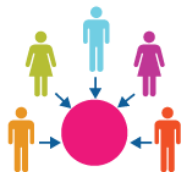
Telling the stakeholders you are about to make a decision (to tell/announce/educate)



## Level 2

### Consult

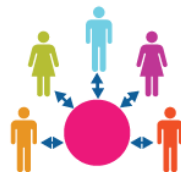
You already have a few choices to choose from and we want your input (to obtain feedback)



## Level 3

### Involve

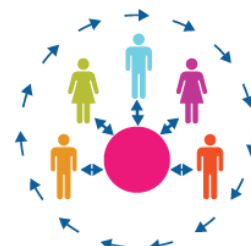
You will work with the stakeholders to develop solutions & alternatives



## Level 4

### Collaborate

To partner with the stakeholders in every aspect of the decision – To co-design solutions



## Level 5

### Empower

Same as collaborate, but we will implement whatever you decide.



Informing

Listening

Dialogue

Engagement

Collaboration

# Medical Staff Engagement & Development

## Engagement ([MedStaffEngagement@viha.ca](mailto:MedStaffEngagement@viha.ca))

- Medical Staff communications including medical staff website (<https://medicalstaff.islandhealth.ca>), newsletters & bulletins, events calendar, townhall
- System navigation - Onboarding processes and orientation
- Medical Staff Recognition



**Jennifer Furtado**



**Graham Taylor**

# Medical Staff Engagement & Development

## Development ([MedStaffDevelopment@viha.ca](mailto:MedStaffDevelopment@viha.ca))

- Continuing Professional Development activities & requirements;
  - Rural CME program
  - Departmental Rounds
  - Island Health training i.e Indigenous Cultural Safety
- Medical leader development including leadership training workshops/sessions

# Physician Quality Improvement

- A professional development program available to a limited number of Island Health medical staff each year.
- Program supports participants to catalyze improvements in care quality by providing education, mentorship and technical support over 12 months.
- In addition, regular opportunities for medical staff to network & learn about quality improvement
- Updates posted on the Medical Staff website regularly



**Dr. Adele Harrison**



**Jennie Aitken**

# Clinical Improvement

- Initiatives:
  - Choosing Wisely
  - Sepsis
  - Provider Profile (coming soon)
  - Multisource Feedback
  - and more...

# Quality Portfolio

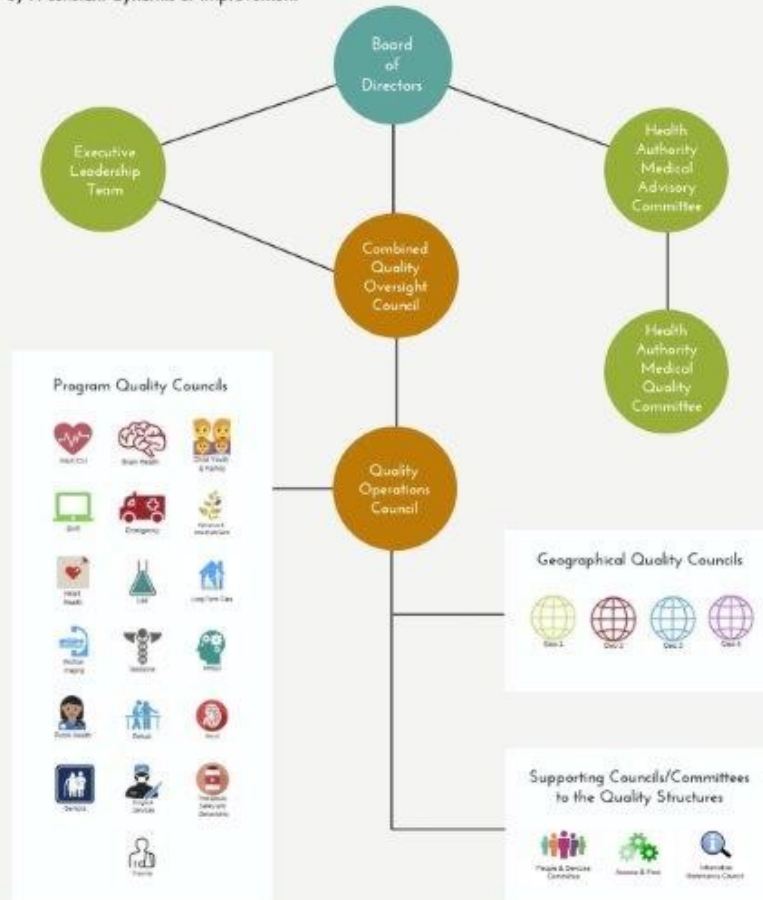
The Quality, Safety & Improvement portfolio supports quality improvement & enhances the culture of safety across Island Health organization.

Medical Leaders, through contract deliverables are required to

- have an understanding of the Quality Structure
- attend geographic & program quality council meetings
- respond to Patient Care Quality Office (PCQO) complaints
- understand the Patient Safety Learning System (PSLS) and how to report within this system

The Quality Structures are the "information highway for quality", where structures and processes are in place to enable:

- 1) High standards of care
- 2) Transparent accountability for those standards
- 3) A constant dynamic of improvement





## Program Quality Council

## Geographic Quality Council

### Scope

Island Wide

Geographically based

### Mandate/Responsibilities

Clinical Standards

Order Sets

Policies

Guidelines

PSLS

Implementation

Operations

Measurement

Evaluation

PSLS

### Membership

**Program Medical Director**

Clinical Directors

Medical Leads

Quality representatives

**Site medical director/Chief of Staff**

Geography and site leadership

Medical leads

Process improvement support

# Strategic Planning & Involvement in Decision Making

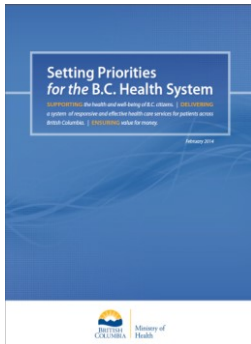


# Direction Setting – Strategic Alignment

Gov't Strategy



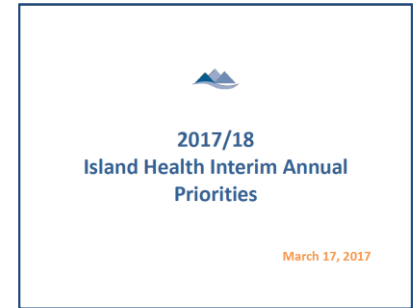
Ministry Strategy



Mandate letter



Island Health strategic planning

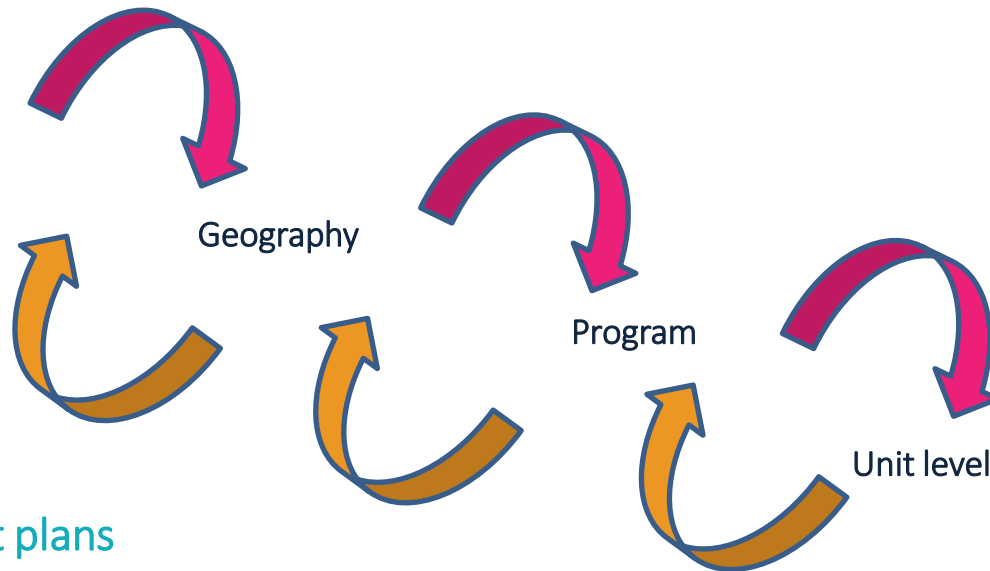


Bilateral meetings with CEO, Board Chairs, Deputy Minister

Aligned, Cascading Implementation

ISLAND HEALTH STRATEGIC WORKPLAN – 2017/18 – TRACKING DOCUMENT

Strategic Area	Priority	Key Performance Indicators	Responsible Parties	Next Steps to Deliver	Next Review Date	Notes
Communicable Diseases	Reduce the burden of communicable diseases in the province and territories.	Number of communicable disease cases	Communicable Disease Control Unit	Review and update the Communicable Disease Control Plan	2018-03-31	
	Improve the health and well-being of B.C. citizens.	Number of communicable disease cases	Communicable Disease Control Unit	Review and update the Communicable Disease Control Plan	2018-03-31	
	Improve the health and well-being of B.C. citizens.	Number of communicable disease cases	Communicable Disease Control Unit	Review and update the Communicable Disease Control Plan	2018-03-31	
	Improve the health and well-being of B.C. citizens.	Number of communicable disease cases	Communicable Disease Control Unit	Review and update the Communicable Disease Control Plan	2018-03-31	



Budget Allocation to support plans

# Strategic Planning Engagement Opportunities

Through Chiefs of staff, Department Heads & ED/EMD structure

## What can I influence?:

How Island Health implements a strategy or action

## How can I contribute?:

Work with your medical leaders to identify the best ways to complete an action or implement a strategy

## What can I influence?:

Island Health's strategies and actions for the next fiscal year

## How can I contribute?:

Work with your medical leaders to:

- identify ways of achieving priorities
- improving efficiency
- participate in policy working groups
- provide feedback to policy development

## What can I influence?:

The environmental scan for the next year

## How can I contribute?:

Contact Island Health Planning with contextual information and/or information about the future of health care

## What can I influence?:

Island Health's priorities for the next fiscal year

## How can I contribute?:

Respond to requests for feedback on priorities



# Planning Framework and organizational context

Goals	Objectives	Strategies	Tactics	Deliverables	Actions
<i>A high-level and aspirational statement about our desired future</i>	<i>A statement about what we are trying to achieve in order to realize the future state envisioned by a Goal</i>	<i>A group of actions with a common approach that describe how we will achieve an Objective</i>	<i>A specific piece of work or actions designed to achieve a Strategy</i>	<i>Products created during work on a Tactic that include a target date to be delivered by and quantitative indication of progress where available</i>	<i>Activities undertaken to produce deliverables aligned with the tactics and strategies of the organization</i>
5 year horizon	3-5 year horizon	1-3 year horizon	1 year horizon		

Implementing teams define the deliverables and actions, in alignment with the GOST set out in the Plan.

The Strategic Framework contains Goals & Objectives.  
 The Multi-Year Plan contains Goals, Objectives, Strategies, and Tactics (GOST).  
 The Tactical Plan contains GOST information for high-priority Tactics only.

# Strategic priority example

Objectives	18/19 Strategies	Due	Lead	18/19 Tactics
<b>Goal 1: Improve Patient Experience</b> <i>Commit to a fundamental shift to bring together what matters most to the individuals and communities who receive care.</i>				

Objectives	18/19 Strategies	Due	Lead	18/19 Tactics
1.3 Improve Aboriginal people's trust and therefore use of Island Health services. (Cultural safety)	1.3.1 ★ <ul style="list-style-type: none"> <li>Spread cultural safety and humility at Island Health.</li> </ul>	Q4	PPI	<ul style="list-style-type: none"> <li>Complete the Geography 1 Cultural Safety and Cultural Humility plan and associated care team training.</li> </ul>
		Q4	PPI	<ul style="list-style-type: none"> <li>Spread cultural humility planning throughout Island Health's catchment area with a focus on Emergency Departments.</li> </ul>
		Q4	PPI	<ul style="list-style-type: none"> <li>Identify lead for an anti-racism strategy within Island Health, develop a plan and begin implementation of changes.</li> </ul>
		Q4	PPI CPP	<ul style="list-style-type: none"> <li>Commence development of a Cultural Safety and Cultural Humility resource intranet website for all Island Health care team members.</li> </ul>
		Q4	PL	<ul style="list-style-type: none"> <li>Ensure non-contract leaders to complete cultural safety training.</li> </ul>
		Q4	PPI	<ul style="list-style-type: none"> <li>Facilitate Indigenous Circles of Practice for Aboriginal staff and Communities of Practice for non-Aboriginal staff in support of Cultural Safety/anti-racism work.</li> </ul>

Island Health Strategic Plan





# **Effective system navigation**

**Acknowledge system influences & processes**

**Be aware of planning cycles & funding**

**Seek out engagement opportunities**



# Ongoing System Navigation

Contact

Medical Staff Engagement & Development

[MedStaffEngagement@viha.ca](mailto:MedStaffEngagement@viha.ca)