PHSA Medical Organization Review

Overview and Recommendations

MAY 2018

BETHANY MANAGEMENT LTD.

EXECUTIVE SUMMARY

In accordance with the *BC Hospital Act* and health authority bylaws, the Board of Directors of the Provincial Health Services Authority (PHSA) is accountable to the Minister of Health for ensuring PHSA provides high quality, safe patient care and maintains an effective medical staff organization to oversee all medical activities. In support of this mandate, the PHSA Chief Executive Officer (CEO) has commissioned a review to determine a preferred PHSA medical organization that will:

- enable improved quality of patient care provided by PHSA through effective monitoring by the Board of Directors, Senior Executive Team (SET) and medical leadership;
- support PHSA's unique provincial role and expanded mandate of ensuring a coordinated provincial network of high-quality health care programs and services, while ensuring programs can meet their respective mandates and the needs of the populations served; and
- advance PHSA's medical and academic perspectives within the broader BC health system.

The Bethany Management review team assessed the current organization structures, developed proposed changes for the medical leadership structures and identified implementation strategies, critical success factors and an evaluation framework. Throughout the review, the team received significant support and direction from the Physicians Governance and Leadership Advisory Group (PGLAG) through periodic reviews of the team's findings, observations and recommendations.

Interviews and group meetings with leaders in medical and clinical administrative roles have identified a number of strengths in the current medical organization, including dedicated medical leaders committed to fulfilling their roles and serving their programs, a commitment to improved patient care, and a willingness by medical leaders to have greater involvement in PHSA's planning and decision-making processes. Identified areas for improvement include the need for coordinated medical leadership, most appropriate distribution of medical affairs functions, medical support for the Board's oversight role, and stronger external representation of PHSA medical/clinical interests.

The recommended medical organization has been developed taking into consideration PHSA's mandate, vision and values as well as identified areas for improvement in the current medical administrative structure. The review has recognized that an effective PHSA medical organization needs to be able to support:

- coordinated, seamless care for patient populations
- a shared PHSA-wide culture characterized by respect, caring and trust
- active medical leadership engagement in planning and decision-making processes
- respect for unique program identities and service delivery areas
- clarity regarding accountability and authority to act
- collaborative working relationships between medical leaders and administration
- fiscal responsibility
- two-way communication and dialogue

Recommended changes to the medical organization have been mapped to two thematic areas: strengthened medical advisory structures and coordinated medical administrative leadership.

Medical Advisory Structures: Strengthened support to the Board for its accountability for quality and patient safety can be achieved through the introduction of a Health Authority Medical Advisory Committee (HAMAC). This body will provide PHSA-wide oversight of the clinical activities of the medical staff, and working in conjunction with the local Medical Advisory Committees (MACs), advise the Board on medical topics including credentialing and privileging, quality of care, medical staff resource planning, and professional and ethical conduct of the medical staff. It will also provide strategic medical oversight and advise the Board on prioritization of existing and emerging medical issues and opportunities.

The medical advisory structure can also be strengthened by the consolidation of administrative support to all medical committees into a Medical Secretariat unit that coordinates the activities of the committees, provides orientation for new medical leaders, and undertakes other project related duties as required. Members of this Medical Secretariat unit may be distributed to local programs and services as deemed appropriate.

Benefits of the proposed medical advisory committee restructuring include:

- strengthened capability of the Board to fulfill its legal requirements to oversee the quality and safety of patient care
- strengthened working relationships between the Board and medical leadership
- enhanced opportunities for programs to present their clinical needs to the Board and Senior Executive Team
- improvements in the use/contribution of agency medical advisory committees
- opportunities to coordinate planning and development of emerging scientific advancements for new, innovative programs for PHSA
- coordinated approaches to medical issues
- additional opportunities for medical leaders to interact and share strategies/solutions
- enhanced communication and administrative support from the medical secretariat unit

Medical Administrative Leadership: Medical leadership at PHSA can be strengthened through enhanced coordination and collaboration. This can be achieved through:

- recruitment of an Executive VP Medicine and Quality (hereafter referred to as ‘Executive VP’) to provide oversight and a medical “voice” both internally and externally to the Board and the Senior Executive Team
- recruitment of a VP Academic Services to coordinate teaching and research initiatives across the organization
- clarification of roles, responsibilities and authority to act for all medical VPs (inclusive of agency VPs Medicine, VP Medical Affairs, VP Academic Services and the incoming Executive VP)
- creation of a Medical Leadership Advisory Council (MLAC) to serve in an advisory capacity to the Executive VP

The Executive VP will serve as the senior medical administrator, and in this capacity will provide leadership to the PHSA medical organization, be actively involved in the Senior Executive Team, serve as a medical advisor to the Board and represent the medical interests of PHSA in a variety of venues.

The VP Academic Services will provide strategic and scientific leadership of teaching and research across PHSA, serve as a 'voice' for PHSA's academic teaching and research mandate, and work with the Executive VP to represent PHSA's academic interests to the Board and external partners.

The Medical Leadership Advisory Council (MLAC), chaired by the Executive VP and comprised of the medical VPs and other representatives from medical programs and professional practice areas, will provide advice to the Executive VP on medical matters. In addition, this council can support the Executive VP in ensuring medical needs are presented in a coordinated manner to the Board of Directors and SET, address medical operation issues/medical resource requirements, and coordinate medical staff involvement in PHSA's strategic and operations planning processes.

Benefits of the proposed medical leadership restructuring include:

- coordinated senior medical leadership across PHSA
- strong medical "voice" to represent the interests of the medical community
- enhanced medical advice and support to the Board and SET
- coordinated interaction and problem-solving among medical leaders throughout PHSA
- greater involvement of medical leaders in PHSA decision-making processes
- coordination of teaching and research activities across PHSA and improved working relationships with academic institutions

Implementation Strategies and Evaluation Framework. Proposed implementation strategies include: appointment of a facilitator/coordinator to oversee the implementation process, continuance of the Physician Governance and Leadership Advisory Council in an implementation advisory role, development of a detailed critical path, consideration by agency and program leaders of the implications of the proposed medical structure on their own organizations, and introduction of an evaluation strategy to assess the impact of organizational changes.

As part of developing the implementation work plan and critical path, opportunities should be identified to consolidate/align functions and to streamline administrative and clinical support across PHSA programs and services, to at least partially offset additional resource requirements related to the proposed medical organization changes.

In summary, this review has resulted in five primary recommendations:

1. Introduce a Health Authority Medical Advisory Committee (HAMAC) that reports to the PHSA Board and works closely with agency Medical Advisory Committees (MACs) to coordinate medical oversight. Suggested membership of the HAMAC to include each MAC chair and vice chair (or designate), MSA presidents and other medical leaders.

2. Recruit an Executive VP Medicine and Quality with the responsibility to oversee medical leadership, represent the interests of the medical community, and work closely with medical leadership to provide medical advice to the Board and convey the Board's expectations to the medical staff.

3. Consolidate existing resources and establish a “distributed” Medical Secretariat to support all medical committees by providing administrative support at the local levels, orientation for new members moving into leadership roles, and other “project” related duties, as required.

4. Create a Medical Leadership Advisory Council (MLAC) of VPs Medicine and other medical leaders, chaired by the Executive VP, to provide advice to the Executive VP and support the involvement of the medical leaders in PHSA planning and clinical operations.

5. Recruit a VP Academic Services, reporting to the Executive VP, with responsibility to coordinate and represent PHSA’s teaching and research interests across medical and clinical programs.

The context for these recommendations along with related secondary recommendations are outlined throughout the document and presented in the “From-To-How” table in Section IV of the report.

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SECTION I - SETTING THE CONTEXT FOR THE REVIEW

This paper provides an overview of the PHSA medical organization review, conducted by Bethany Management Ltd. on behalf of the PHSA Board of Directors and CEO. Findings and recommendations found herein are those of the consulting team, based on the methodology outlined in Section II and will be presented to the PHSA CEO and Board of Directors for their consideration and action.

1.1 Governance accountabilities for the PHSA Board

The PHSA Board of Directors is appointed by the Minister of Health and is accountable to the Minister for the governance of the health authority. As such, it is responsible for the quality and safety of care being provided throughout PHSA.

In accordance with this governance responsibility and the requirements of the *BC Hospital Act and Regulations*, the Board must maintain a medical staff organization for the oversight of all medical activities. This responsibility is identified in the bylaws, which are approved by the Minister of Health. The bylaws outline the required departmental and program organization structure, and the composition and roles of medical advisory committees. Details of the medical organization structure are outlined in medical staff rules.

While the structure and role of Medical Staff Associations (MSA) is delineated in health authority bylaws, these associations are not under the direct control of the Board of Directors. However, the bylaws recognize the value of the MSAs serving as important vehicles for representing medical staff interests to the Board and senior leadership, and provision is made in the bylaws for inclusion of MSA leaders in the medical organization, specifically as members of MACs and the associated subcommittees. The MSAs and Engagement Societies serve as valuable linkages to the medical community in promoting engagement of members, so it is important that MSA leadership continue to be actively involved in a restructured medical organization.

1.2 PHSA's mandate, mission and vision

The PHSA medical organization needs to be structured to enable the medical staff and leadership to support PHSA's expanded mandate, mission and vision:

Mandate: to ensure the planning, coordination, oversight, accessibility, quality, efficiency and effectiveness of selected province-wide health care programs and services. Recently, the Ministry of Health (MoH) expanded PHSA's mandate to focus on four additional province-wide areas of responsibility:

- clinical coordination and oversight
- clinical service delivery
- commercial services
- coordination and oversight of information management and digital/information technology

Mission/Purpose: provincial health results through caring, leading and learning together

Vision: province-wide solutions for excellence in health, every time

The medical staff influence each of the components of the mandate, both through their work in their own program and service areas and through being part of the broader PHSA organization.

1.3 PHSA's medical staff

The *BC Hospital Act Regulations* stipulate that the medical staff organization in health authorities include dentists, midwives, and nurse practitioners – i.e. those medical practitioners regulated by their own professional colleges.

There are currently 1691 medical staff members at PHSA as noted in Table 1 below:

Table 1: PHSA Medical Staff with privileges to practice in PHSA facilities

Medical Staff	Physicians	Dentists	Nurse Practitioners	Midwives	TOTAL
BC Center Disease Control	47				47
BC Children's	509	34	27		570
BC Women's	286		14	68	368
BC Cancer	540	28	22		590
BC Mental Health	101	11	4		116
TOTAL PHSA Privileges	1483	73	67	68	1691

SECTION II - THE REVIEW PROCESS

2.1 Review mandate

Health authorities in BC need to have medical organizations structured to support effective leadership and oversight in providing high quality and safe patient care. Within that context, the PHSA CEO commissioned a review to:

- undertake a PHSA-wide assessment of the current medical organization inclusive of senior medical leadership structures & associated positions, medical committees, roles and responsibilities, and working relationships;
- identify opportunities for improvement in the current medical organization and develop a proposed medical organization that will:
    - support the provision of improved patient care through strong, coordinated medical leadership
    - support the provincial mandate of PHSA
    - ensure the Board of Directors is able to meet its legal obligations to oversee the quality and safety of care in the organization
- propose implementation strategies for recommended changes, including identification of critical success factors for successful outcomes; and
- develop an evaluation framework for assessing the impact of any changes introduced.

2.2 Review team

A three-member team from Bethany Management Ltd. conducted the medical organization review. The team members, Bert Boyd, Laura Reeves and Nichola Manning, collectively have over 95 years of experience in the health care industry and BC government, with significant experience in hospital management, strategic planning, organizational development, governance consulting and Ministry of Health leadership.

The review team reported to the PHSA CEO, and throughout the review process worked closely with the Physician Governance and Leadership Advisory Group to obtain input, guidance and support.

2.3 Scope of work

In Scope:

- a medical organization structure for all physicians, dentists, midwives and nurse practitioners with privileges to practice at one or more of the following:
    - BC Cancer

    - BC Children's Hospital (BCCH)
    - BC Women's Hospital + Health Centre (BCWH)
    - BC Mental Health and Substance Use Services (BCMHSUS)
    - BC Centre for Disease Control (BCCDC)
    - BC Emergency Health Services (BCEHS)
- medical leadership requirements, including delineation of roles and responsibilities
- medical advisory committee structures
- opportunities for medical staff engagement in planning, policy development and resource allocation processes
- medical affairs (e.g. quality, risk management, credentialing and privileging, contract management etc.), and
- working relationships with the medical staff associations.

Out of Scope:

- assessment of how programs or services are to be structured and delivered within each agency/program;
- facility engagement activities supported by the Doctors of BC; and
- structures/committees within the medical staff associations.

2.4 Stages of the review

Nov - Dec 2017 – Review Current State

- confirm goals and scope of work
- conduct interviews and group sessions, review organizational charts
- summarize issues, observations, opportunities

Jan – March 2018 – Exploration of Future State

- consider effective structures in other health authorities and jurisdictions
- continue with stakeholder input (interviews, group sessions, correspondence, etc.)
- recommend model and associated structures

April 2018 – Development of Future State

- consider individual and committee leadership roles and working relationships
- propose evaluation framework for measuring impact/value-add of changes
- identify key considerations in sequencing introduction of changes
- identify critical success factors

May 2018 – Presentation of Recommendations

- present the proposed medical organization and implementation strategies to the CEO and PGLAG

2.5 Engagement in the review

The review team conducted a number of individual interviews and group sessions, with the support of members of the PGLAG

Individual Interviews:

Barr, Jennifer	Facility Engagement Liaison, Specialist Services Committee, Doctors of BC
Brink, Johann	Vice President, Medical Affairs and Research, BCMHSUS
Brown, Claire	Executive Director, Capital Management & Physician Compensation
Bugis, Sam	Executive Director, Specialist Services Committee, Doctors of BC
Campbell, Karen	Chief of Dentistry, BCCH
Casey, Linda	Vice President, C&W Medical Staff Association
Chen, Belinda	Facility Engagement Liaison, Specialist Services Committee, Doctors of BC
Chesney, Ellen	Chief Administrative Officer – Research, PHSA
Courtemanche, Doug	C&W Medical Staff Association, past president
Davidson, Jana	Psychiatrist in Chief, BCCH
Gagnon, Alain	Chief Medical Information Officer
Galanis, Eleni	Chair, Medical Advisory Committee, BCCDC
Gill, Sharlene	Medical Staff Engagement Society, BCCA
Hamilton, Sherry	Chief Nursing Officer
Hart, Colleen	VP, Provincial Population Health, Chronic Conditions & Specialized Populations
Kissoon, Tex	Vice President, Medical Affairs, BCCH
Knox, Linda	Head, Department of Midwifery, BCWH
MacKay, Sandra	Chief Legal Officer,
Manning, Tim	Chair, PHSA Board of Directors
Martin, Lee Ann	A/VP, Quality, BC Cancer
Martin, Monty	Past Chair, Medical Advisory Committee, BC Cancer
Miller, Georgene	VP, Quality Safety & Outcome Improvement,
Moore, Malcolm	VP, PHSA & President, BC Cancer
Myles, Cindy	Director, Facility Engagement, Doctors of BC
Pelletier, Lynn	VP, BC Mental Health & Substance Abuse Services
Ritchie, Allan	Chair, PHSA Board Quality & Access Committee
Roy, Carl	President & CEO
Shaw, Dorothy	VP, Medical Affairs, BCWH
Syms, Catherine	Corporate Director, Risk Management
Tallon, John	VP Clinical & Medical Programs, BCEHS
Tyndell, Mark	Executive Director, BCCDC
Wannamaker, Susan	VP, PHSA & President, BC Children's & Women's Health
Webber, Eric	Chair, Medical Advisory Committee, C&W

Weir, Lorna	Chair, Medical Advisory Committee, BC Cancer
Wiehahn, George	Chair, Medical Advisory Committee, Forensic Psychiatric Services Commission
Wong, Frances	VP, Medical Affairs, BC Cancer
Woo, Henry	President, Medical Staff Association, C&W

Group Sessions:

BC Cancer Engagement Society Working Group
BCCDC Medical Advisory Committee
BCCH Medical Staff Representatives from the BC C&W MSA
BCW Medical Staff Representatives from the BC C&W MSA
BCMHSUS Medical Staff Leaders
Doctors of BC – Facility Engagement Leaders
BC C&W Medical Advisory Committee

SECTION III - REVIEW FINDINGS

This section outlines the key findings of the review, with a focus on two key areas:

- feedback from interviews and group sessions re. the identified strengths and areas for improvement in the current medical organization
- guiding principles and proposed goals for the medical organization

3.1 Feedback from the interviews and group sessions

3.1.1 Identified strengths: As part of the review, the team focused on identifying areas where improvements could strengthen the medical organization and ensure responsibilities are being met. However, there are many positive features with the current medical organization, including:

- dedicated medical leaders committed to fulfilling their roles and serving their programs and PHSA
- well organized medical structures that support care delivery and the interests of the medical staff
- medical and administrative staff working in the best interests of patients, who want to see change that results in improvement to patient care
- positive examples of PHSA initiatives (e.g. quality improvement, credentialing and privileging) and support functions (e.g. finance/accounting, legal)
- quality reports routinely submitted by the VP Quality, Safety & Outcome Measurement to the CEO and Board of Directors
- support for working collectively to address topics of common interest and concern
- MSA and engagement society leadership committed to increasing engagement with members
- the PGLAG serving a positive role in promoting PHSA-wide dialogue
- medical staff leadership wanting to provide input and feedback to PHSA administrative decision making

3.1.2 Areas for improvement: During the interviews, a number of topics were identified where improvements could be made to the medical organization structure. While suggestions varied in their significance and impact, they can be grouped into six broad categories:

- medical leadership
- decision making processes
- oversight/coordination of medical affairs
- Board oversight/interaction
- engagement
- external representation of PHSA medical/clinical interests

Medical leadership:

- lack of clarity and understanding by incumbents of expectations regarding roles, responsibilities, and authority to act
- individuals and committees not always being held accountable for fulfilling their roles and responsibilities
- under-utilized MACs and other medical committees, with a focus on receiving reports rather than proactively addressing issues or engaging in strategic or operational planning
- current medical staff structures that are not always inclusive of dentists, midwives and nurse practitioners, as required by the *Hospitals Act,* bylaws and medical staff rules
- lack of a coordinated and comprehensive approach to resolving performance management issues
- significant layers in organization structures between senior leadership and front-line staff; some concern regarding span of control and number of direct medical and administrative 'reports'
- inconsistent titles and nomenclature
- organization charts that are frequently outdated or not readily available
- inadequate training and orientation of medical staff for leadership roles
- difficulty in recruiting individuals to medical leadership positions or engagement in medical activities due to:
    - insufficient levels of compensation for contracted staff for the time investment required
    - lack of appropriate compensation for fee-for-service (FFS) medical staff to assume administrative roles/duties
- limited cross-program discussion/sharing of common issues and strategies, resulting in missed opportunities to learn from each other's experiences

Decision-making processes:

- lack of understanding by medical staff about how decisions are made
- insufficient opportunity for medical staff input/consultation as part of PHSA's strategic planning, policy development, health human resources planning and resource allocation processes
- lack of significant input by medical leadership at the PHSA Senior Executive Team (SET) meetings
- a desire for greater medical staff involvement in administrative decisions that impact practice and patient care
- uncertainty about extent to which departments and programs can autonomously make clinical decisions that support provision of care to their patient populations

Oversight/coordination of medical affairs:

- a perceived lack of systematic rationalization of services to be centralized versus distributed, taking into consideration the needs of each agency/patient populations served, and requirements for proximity to the communities of practice where care is delivered
- perceived disconnect between some centralized services and patient care programs, resulting in a lack of understanding of needs/response required

Board oversight/interaction:

- a perception by medical leaders that the Board does not fully understand the populations served or the services delivered and is too far removed from medical staff to make informed decisions about patient care
- a lack of significant interaction and development of effective relationships between the Board and medical community
- no 'go to' individual and/or committee to provide coordinated advice to the Board or to ensure Board directives are being implemented

Engagement with medical staff:

- perception of a 'top down' approach by PHSA leadership, and limited consultation on key decisions that impact medical staff
- lack of feedback from PHSA leadership on final decisions after medical input has been given
- difficulties by PHSA senior leaders in obtaining feedback from medical staff and in utilizing the MSAs to obtain input from a broad range of medical staff members

External representation of PHSA medical/clinical interests:

- lack of a 'single voice' to provide coordinated external representation of PHSA and its medical staff interests
- lack of a single clinical leader responsible for participating in external MoH and VPs Medicine discussions about policy, PMA (physician master agreement) negotiations and issues management
- inability to always have the right people with a broad system perspective 'at the table', resulting in difficulties in clinically interacting with other health authorities (e.g. Provincial Medical Advisory Group and the Clinical & Systems Transformation project)

General observations. The review team also had some observations, based upon the feedback received during the interviews and group sessions:

- there is little understanding by many medical staff of the current medical structures and how they function
- there is a limited understanding of the PHSA medical and leadership structures
- communication with the medical community is a significant issue across PHSA. Messages are frequently misinterpreted or misunderstood, or seen through the lens of one's own role or base of experience
- there are concerns about specialties and programs losing their identities and having any ability to influence their organization's leadership or future directions
- there is a strong desire to ensure that any changes made to the medical organization support the goal of medical staff being able to provide improved care to patients within their communities of practice
- there is a need to ensure medical administration serves the clinical, teaching and research needs of the medical staff
- the 2017 Doctors of BC engagement survey has identified that overall the PHSA equals or exceeds the provincial average for most questions posed, but has a less positive response to:
    - senior leaders seeking physicians' input when setting the organization's goals, and
    - senior leaders' decision-making being transparent to physicians

3.2 Proposed guiding principles and goals for the medical organization

Proposed goals for the medical organization have been developed, taking into consideration guiding principles for the organization structure, PHSA's mandate, mission, vision and values, as well as the identified areas for improvement in the current medical administrative structure.

3.2.1 Guiding Principles: An effective medical organization needs to be able to support:

- coordinated, seamless care for patient populations
- a shared PHSA-wide culture characterized by respect, caring and trust
- active medical leadership engagement in planning and decision-making processes
- respect for unique program identities and service delivery areas
- clarity regarding accountability and authority to act
- collaborative working relationships between medical leaders and administration
- fiscal responsibility
- two-way communication and dialogue

Additionally, the medical organization needs to reflect PHSA's values and brand of "respecting people, being compassionate, daring to innovate, cultivating partnerships, and serving with purpose". These values can form the basis of a shared culture by facilitating support and promotion of PHSA's vision of providing "province-wide solutions for excellence in health, every time".

3.2.2 PHSA goals for the medical organization. Based upon the guiding principles, PHSA's mandate, values, and identified areas for improvement, three goals have been developed for the proposed PHSA medical organization:

1. *Enable improved quality of patient care provided by PHSA through effective monitoring by the Board of Directors, SET and medical leadership.*

   This will be accomplished through:

   - ensuring the Board of Directors and SET receive timely and relevant medical advice from the PHSA medical community on issues impacting patient populations served;
   - facilitating the ability of the Board of Directors to provide direction to the medical community, as required; and
   - clarifying roles, responsibility and authority to act for medical leaders and committees, and incorporating training, support and evaluation mechanisms to ensure their success.

2. *Support PHSA's unique provincial role and expanded mandate of ensuring a coordinated provincial network of high-quality health care programs and services while also ensuring programs can meet their respective mandates and needs of the populations served.*

   This will be accomplished through:

   - facilitating collaborative partnerships across PHSA to address common issues and share learnings;
   - promoting the active involvement of medical leadership in PHSA's strategic & operations planning and policy development;
   - establishing effective working relationships among medical and administrative leadership throughout PHSA;
   - enabling medical leaders to develop the administrative skills necessary to function effectively throughout PHSA; and
   - supporting the most effective and efficient distribution of medical affairs and business functions.

3. *Advance PHSA's medical, academic and business perspectives within the broader BC health system*.

   This will be accomplished through:

   - ensuring coordinated representation of PHSA and program interests at external tables; and
   - ensuring the PHSA academic mandates (teaching & research) are appropriately coordinated and represented.

SECTION IV – PROPOSED PHSA MEDICAL ORGANIZATION

This section outlines, in table format, the recommended changes to the PHSA medical organization, and then focuses on two key thematic areas of the (1) medical advisory structure, and (2) medical administrative leadership.

4.1 From-To-How table for proposed changes

The review team has utilized a "From-To-How" table to identify proposed changes to the current medical organization to address areas for improvement relating to each of the three identified goals.

Table 2: From (current state), To (future state), How (change proposed)

Goal	From (Current State)	To (Future State)	How (Change Proposed)
1. Enable improved quality of patient care provided by PHSA as a result of effective monitoring by the Board of Directors, SET and medical leadership	• Limited input and coordinated advice from the medical community to the PHSA Board • Limited follow-up regarding Board expectations/directives	• A medical leadership organization that facilitates coordinated interaction between the Board and the medical community re. medical issues	• Introduce a Health Authority MAC (HAMAC) that reports to the PHSA Board and works closely with agency Medical Advisory Committees (MACs) to coordinate medical oversight. Suggested membership of the HAMAC to include each MAC Chair and Vice Chair (or designate), MSA Presidents and other medical leaders • In addition to physician leadership, include representatives from dentistry, midwifery and nurse practitioners as HAMAC members • Invite medical leaders in non-agency programs and services to participate on HAMAC on an as needed basis • Introduce regular reporting from the MACs through the Chair of the HAMAC to the PHSA Board • Use HAMAC to identify emerging scientific advice for new, innovative and strategic opportunities for PHSA, address succession planning and prioritize medical issues of common

Goal	From (Current State)	To (Future State)	How (Change Proposed)
			interest • Recruit an Executive VP Medicine and Quality with the responsibility to oversee medical leadership, represent the interests of the medical community, and work closely with medical leadership to provide medical advice to the Board and convey the Board's expectations to the medical staff • Assign to the Executive VP responsibility to oversee quality and safety of patient care provided by all health professions throughout PHSA, working closely with the VPs Medicine and other professional practice/clinical leaders • Consolidate existing resources and establish a "distributed" Medical Secretariat to support all medical committees by providing administrative support at the local levels, orientation for new members moving into leadership roles, and other "project" related duties, as required
	• Lack of understanding of the decision-making processes, roles and responsibilities within the overall PHSA governance structure	• Clearly delineated roles, responsibilities and reporting relationships for medical leadership	• Update or develop role descriptions, organization charts and standardize nomenclature, as appropriate
2. Support PHSA's unique provincial role and expanded mandate of ensuring a coordinated provincial	• Insufficient opportunities for medical community input to PHSA's strategic and operations planning and policy development	• A commitment from the Board and senior leadership to actively engage medical leadership in PHSA planning, policy development and resource allocation processes	• Utilize the HAMAC and MACs to coordinate medical input into PHSA's professional practice, policy development and standard setting processes • Create a Medical Leadership Advisory Council (MLAC) of VPs Medicine and other medical leaders, chaired by the Executive VP, to provide advice to the Executive VP, and to support the involvement of the medical leaders in PHSA

Goal	From (Current State)	To (Future State)	How (Change Proposed)
network of high-quality health care programs and services while also ensuring programs can meet their respective mandates and needs of the populations served			planning and clinical operations • Promote co-management leadership, wherever appropriate, and outline shared and unique admin/medical responsibilities in decision making • Support medical personnel in their roles in interdisciplinary care teams by providing them with the appropriate tools and decision support
	• Lack of significant input by medical staff to the Senior Executive Team (SET)	• An organization structure that supports active medical leadership at all senior executive tables	• Include the Executive VP Medicine as an active member of SET • Utilize the MLAC to identify and coordinate the medical advice and recommendations to be presented to SET by the Executive VP, and to ensure the rationale for SET decisions are communicated through to the medical and administrative leaders to facilitate communications “up, down and sideways”
	• Insufficient opportunities for medical leadership to collectively address medical topics of mutual interest or concern	• Engagement that actively involves all medical leadership	• Use HAMAC to address medical issues of common interest, supported by the MACs and sub-committees • Assign to the Executive VP and agency VPs Medicine responsibility to coordinate and ensure active medical involvement in strategic planning and decision-making processes • Identify restructuring requirements across the current medical staff structures to support alignment with the proposed directions for the broader PHSA medical organization.
	• Lack of administrative skills and understanding of the broader health system by medical leaders, limiting their ability to	• Current and future medical leaders taking relevant training to support them in their leadership and change management roles	• Ensure the VPs Medicine are coordinating and supporting medical staff involvement in training and development programs being offered by PHSA • Establish processes for structured, planned

Goal	From (Current State)	To (Future State)	How (Change Proposed)
	function effectively in the complex PHSA environment		orientation for medical staff moving into leadership positions to ensure clarity of role and performance expectations.
	• Confusing, infrequent, irrelevant communications regarding medical staff issues	• Succinct and relevant communications for medical staff, packaged to encourage engagement and acknowledgement	• Develop and regularly update medical staff communications strategies/plans based on two-way dialogue and engagement • Establish regular communications tools that will encourage reading of key messages by medical staff
3. Advance PHSA's medical, academic and business perspectives within the broader BC health system	• Lack of a 'coordinated PHSA voice' to provide medical input and representation to external organizations (e.g. MoH, regional health authorities, special initiatives, etc.)	• A medical executive lead that understands issues at all levels and can represent them at external tables	• Ensure the Executive VP is actively engaged in representing PHSA, with significant consultation and support from medical program leadership • Ensure the Executive VP works with medical leaders in the regional health authorities regarding medical matters relating to provincial services being delivered around BC
	• Lack of academic leadership across PHSA	• A coordinated approach to academic and research leadership, both internally and externally	• Recruit a VP Academic Services, reporting to the Executive VP, with responsibility to coordinate and represent PHSA's teaching and research interests across medical and clinical professions

4.2 Proposed PHSA Medical Advisory Structure

Medical Advisory Committees (MACs) serve an important role in medical organizations by providing oversight of the quality of care being provided, and by being the primary medical committee to which boards of directors and senior executives turn for advice on medical matters. As a result, MACs must be able to provide an overview of the work of the medical staff in an organization, while also having a good understanding of the specific issues facing medical staff in their programs and departments.

At PHSA, the medical advisory structure must be able to support the PHSA Board of Directors in its responsibilities to oversee the quality of care provided throughout the organization, while also recognizing the need to oversee and support the work of medical staff throughout PHSA. This can be achieved through a medical advisory structure that introduces an organization-wide medical advisory committee to provide the PHSA medical oversight and support to the Board, while still maintaining an active role for the agency MACs.

4.2.1 Health Authority Medical Advisory Committee (HAMAC)

It is recommended that a PHSA Health Authority Medical Advisory Committee (HAMAC) be established by the Board of Directors to provide PHSA wide oversight of the clinical activities of the medical staff, and working in conjunction with the existing MACs, advise the Board on a number of medical functions, including medical administration, clinical privileges, quality of care, medical staff resource planning, professional & ethical conduct of medical staff members, contract management and continuing medical education and health education.

Composition: Proposed membership of the HAMAC is structured to ensure appropriate representation from the PHSA medical leadership community, so that the needs of both the organization and the individual programs can be addressed.

Suggested membership to include:

- Chairs and Vice Chairs of the MACs (or designates)
- Presidents of the Medical Staff Associations (MSAs)
- Executive VP Medicine & Quality
- Chief Nursing Officer
- Midwifery representative
- Dentistry representative

Non-voting members to include:

- CEO
- VPs Medicine from each agency
- VP Medical Affairs

- VP Academic Services
- Other medical department heads and program leads, as appropriate

The Board of Directors will appoint the HAMAC Chair and Vice Chair, taking into consideration recommendations from HAMAC for these positions.

While the HAMAC members will be expected to represent the interests of their programs and services, their primary focus should be on working collaboratively as a team to determine the most strategic medical priorities for PHSA within the context of diverse interests and challenges.

Duties: The HAMAC will have the responsibility, on behalf of the Board of Directors, to coordinate and oversee the activities of the MACs in providing leadership in the following key areas:

Quality of care: overseeing the quality, effectiveness and availability of medical care provided in relation to accepted professional standards, through receiving and reviewing reports from quality review bodies and committees. The HAMAC regularly reports to the Board of Directors and CEO on the quality of care provided as reported from the MACs, and makes recommendations, as appropriate, concerning quality and safety of care. This committee also makes recommendations, as appropriate, concerning the availability and adequacy of resources to provide appropriate medical care.

Credentialing & privileging: making recommendations to the Board of Directors with respect to the appointment and review of members of the medical staff, including approval of clinical privileges.

Professional & ethical conduct of medical staff members: reviewing and reporting to the Board of Directors any concerns related to the professional and ethical conduct of members of the medical staff, and where appropriate, reporting those concerns to the appropriate regulatory college. Other roles include making recommendations to the Board of Directors, as required, regarding disciplinary measures for members of the medical staff.

Strategic advice: providing strategic, scientific advice to the Board and SET re. potential new provincial programs and services to be offered in the context of evolving best practices/directions in health care.

Medical staff resource planning: recommending human resource requirements to the Board of Directors and CEO to meet current and future medical staff needs for the populations served by PHSA.

Continuing medical education: advising and assisting with the development of formally structured continuing medical education programs.

Medical administration: making recommendations to the Board of Directors on the appointment of MAC chairs and vice chairs, and appointing chairs and members of standing committees of the HAMAC. It also makes recommendations to the

Board of Directors on the development, maintenance and updating of medical staff rules, policies and procedures pertaining to medical care.

HAMAC reporting relationships: The HAMAC reports to the PHSA Board of Directors. The HAMAC Chair will regularly attend Board meetings, report to the Board on the findings and recommendations of the HAMAC, and respond to questions from the Board.

Meetings & administrative support: It is suggested HAMAC meet at least six times per year, and at the call of the Chair as required. Administrative support to the committee to be provided by the Medical Secretariat, under the direction of the VP Medical Affairs.

4.2.2 Functioning of the HAMAC and MACs

Working Relationship between HAMAC and MACs: The success of the HAMAC in fulfilling its oversight responsibilities on behalf of the Board will be highly dependent upon its ability to interact effectively with the MACs, and to be advised by the MACs of the medical staff activities at the agency level. As directed by the HAMAC, the MACs will continue to serve in a proactive role in providing medical leadership and in making recommendations to the HAMAC. These recommendations can then be coordinated and presented by the HAMAC to the Board of Directors. To support this, it is proposed that the Chairs and Vice Chairs of the MACs be voting members of the HAMAC.

HAMAC/MAC committees: Most of the committee work within the medical advisory structure will continue to be undertaken by the MACs, since they are most familiar with the details of the topics under consideration. Reports and recommendations from the committees will be reviewed by each MAC and presented to the HAMAC as required. In a limited number of situations where there is a distinct advantage in reviewing matters on a PHSA-wide basis (e.g. bylaws review), HAMAC sub-committees should be formed, with membership from all appropriate departments/disciplines.

Interactions between the MACs and associated executive teams: It is important that MACs and their respective executive teams collaborate and work closely together, given they are both actively involved in medical leadership. Standing invitations should be in place for MAC chairs to attend their respective executive team meetings, and for the President (or equivalent) to attend MAC meetings. The agency VPs Medicine can also serve as a valuable link between each executive team and MAC.

Supports for medical leaders: Protected time is required for medical leaders to be successfully involved in the HAMAC and other components of the medical structure.

4.2.3 Inclusion of other PHSA programs and services

The PHSA has a number other programs and services included in its provincial mandate – e.g. Cardiac Services BC, Stroke Services BC, Trans Care BC, BC Renal, BC Transplant, Perinatal Services BC, and Trauma Services BC. These programs are provincial in nature but involve medical staff that are credentialed and privileged in the regional health authorities where they

practice. While issues related to medical staff credentialing and privileging/performance management are handled within the regional health authority medical staff structures, there is a role for the PHSA in supporting these provincial programs in medical leadership, strategic planning, succession planning, issues management, and quality of care activities. Medical leaders in these programs and services will benefit from PHSA support and should participate on an as needed basis in both the HAMAC and MLAC.

4.2.4 Benefits of the proposed medical advisory structure

- strengthened capability of the Board to fulfill its legal requirements to oversee the quality and safety of care, through improved mechanisms for the Board to receive coordinated medical advice and to provide direction to the medical communities of practice
- enhanced opportunities for medical leadership to interact with the Board of Directors and to strengthen working relationships with the Board
- enhanced opportunities for the medical staff to present their clinical needs to the Board and SET
- improvements in the use/contributions of each of the MACs
- opportunities to coordinate planning and development of emerging scientific advancements for new, innovative programs for PHSA
- coordinated approaches to medical issues, with impacts both internally and externally
- additional opportunities for medical leader interaction and sharing of strategies/successes
- enhanced communication and administrative support from the medical secretariat unit

4.3 Proposed Medical Administrative Leadership

An effective medical organization is comprised of a number of components, including a medical advisory structure that supports proactive planning and a coordinated approach to medical leadership. This is particularly true at PHSA, which must ensure that the overall PHSA-wide needs of the Board and SET are being met, while still respecting the specific program medical interests.

This review has also identified the need for strengthened PHSA-wide medical leadership, and for enhanced support and advice from medical leaders to the Board and SET. While some of this can be addressed through the introduction of a HAMAC with close working relationships with the MACs, there is also a need for strong senior medical administrative leadership and a ‘voice’ for the medical organization both internally at the Board and SET. Externally a PHSA medical voice will enhance interactions with various stakeholders including government, other health authorities and academic organizations. Currently this is an extremely large and diverse portfolio and many of these roles & associated functions fall under an “administrative” VP responsible for Quality, Safety & Outcome Improvement/ Medical Affairs & Provincial Initiatives.

4.3.1 Recruitment of Executive VP Medicine and Quality

It is recommended that a PHSA Executive Vice President Medicine & Quality be recruited and given the responsibility to coordinate medical activities across the organization, oversee medical affairs (in close collaboration with the Agency VPs Medicine and a VP Medical Affairs), and represent the medical community at external tables. This Executive VP will report to the CEO, be an active member of SET, and work closely with the PHSA Board of Directors and medical leadership. Given the focus of this position on working collaboratively with other medical and clinical leaders throughout PHSA, the Executive VP will need to have strong leadership, communication and interpersonal skills.

Executive VP Medicine & Quality portfolio to include oversight of the following:

- medical leadership
- quality and risk management
- medical affairs
- academic services

In this oversight role, the Executive VP will work collaboratively with medical leadership throughout PHSA to ensure these functions are effectively maintained.

Medical leadership: the Executive VP will serve as the PHSA senior medical administrator, and in this capacity:

- provide leadership to the PHSA medical organization
- be actively involved in the leadership of PHSA through serving on SET
- serve as a medical advisor to the PHSA Board of Directors, and represent the interests of the medical community to the Board
- work closely with medical leadership across PHSA to ensure program needs are being addressed
- work closely with the VPs Medicine and VP Medical Affairs to determine the most effective distribution and coordination of medical affairs functions
- facilitate co-management and improved communication and dialogue between medical and operations leaders
- encourage physicians to proactively engage with interdisciplinary colleagues in providing the highest standards of team-based care
- promote PHSA's expanded provincial mandate in all physician/program/service matters
- represent the medical interests of PHSA at internal and external 'tables'

The Senior Executive Team provides leadership to PHSA under the overall direction of the President & CEO. It is the most senior administrative decision-making group in PHSA, making it essential that there be active medical representation on the team. The Executive VP should serve in this capacity, and with active support from the medical programs, VPs Medicine and VP Medical Affairs, represent all medical interests at SET.

Quality & risk management: It is recommended the Executive VP oversee quality and safety activities for all health professions throughout the organization, on behalf of the Board and CEO. This role includes responsibility for the following functional areas and components of work as outlined in Table 3.

Table 3: Quality and patient safety functions

Functions	Components
Quality & patient safety	Monitoring to assure the quality and safety of patient care across all medical practice areas, using a common currency, processes and systems with performance indicators and targets. Ongoing processes and activities that maintain and improve the delivery of appropriate, safe and evidence-based care at the patient, organization and system levels of the health care system
Risk management	Introduction of systems to either proactively prevent incidents or reactively minimize the damages following an event, based upon the identification and evaluation of risks
Accreditation	Review of processes to assess PHSA's ability to meet regulatory requirements and standards established by recognized accreditation organizations
Patient experience	Facilitation of PHSA's participation in provincial patient experience activities via the Patient Centered Measurement Steering Committee, and by providing guidance to local patient experience initiatives at the agency and program level
Infection control	Oversight of the PHSA infection control strategy

It is anticipated the Executive VP will work closely with those responsible for quality and patient safety in PHSA's programs and services, and will encourage sharing of information and strategies throughout the organization.

Medical Affairs: The Executive VP is required by the Board and CEO to provide leadership to the medical organization and ensure the highest standards of quality and patient safety are being maintained. However, the leaders in each program also have significant oversight and leadership roles in these areas, so there must be a clear delineation of the anticipated working relationships and respective roles and responsibilities between the Executive VP and program leadership. There must be a clear delineation of authority to act at several levels in the structure to ensure medical leaders are working together in a collaborative and effective manner to provide the medical leadership required throughout the organization. In this context, it will be important to identify who has a primary leadership responsibility for each of the medical affairs functions to minimize misunderstanding and ensure the required activities/deliverables are being satisfactorily fulfilled. These primary lead responsibilities will need to be developed jointly by the incoming Executive VP and VP Medical Affairs in consultation with the VPs Medicine in each agency. Some of the functions for consideration/dialogue are outlined in Table 4 below.

Table 4: Examples of medical affairs functions for discussion re. working relationships

Medical affairs functions (alphabetical order)	Components
Credentialing	Determination of areas in which medical staff are qualified to practice, based upon education, training & experience
Compensation	Determination of appropriate compensation for medical staff (APP, salaries, contracts, other blended models) taking into consideration government and industry requirements
Contracts	Development and monitoring of medical staff contracts
Engagement	Introduction and maintenance of strategies and tools to support greater engagement and collaboration with medical staff
Medical discipline/dispute resolution	Introduction of disciplinary action, as required, by professional licensing authorities with support from legal counsel
Medical ethics	Monitoring of adherence to the values and guidelines governing decisions in medical practice
Medical human resources	Coordination of physician recruitment and retention. Medical staff resource and succession planning to address ongoing medical staff recruitment requirements, and to develop and maintain strong future leadership
Medical staff bylaws, rules and policies	Development and maintenance of PHSA medical staff bylaws, rules and policies. Compliance monitoring
Medical staff wellness	Promotion of medical staff wellness, and introduction of strategies to deal with burnout, workload balance, job satisfaction and other wellness issues
Performance review	Ongoing assessment of individual medical staff performance and requirements to improve clinical knowledge, skills, behavioral competency
Privileging	Determination and documentation of what medical areas of practice individual medical staff are permitted to do – what, where, when, and within what scope of practice
Orientation	Introduction and orientation of new medical staff to the PHSA and to programs in which they serve
Training & professional development	Identification of education & learning needs and the provision of appropriate training programs and professional development opportunities
Utilization of clinical services	Review of utilization patterns and trends compared to peers/comparable services

As currently evidenced by a number of the medical affairs functions (e.g. risk management and quality), it is recommended that central staff be assigned to medical programs to support the most effective working relationships and facilitate understanding of local concerns/needs. Where there needs to be development and introduction of standardized processes, frameworks, protocols across PHSA, this work can be assumed by HAMAC/MACs or the MLAC, or potentially assigned to project-resources within the Medical Secretariat.

Further, it is proposed that a matrix reporting relationship be adopted, whereby the VPs Medicine have a dual reporting relationship to both the agency presidents and to the Executive VP. This matrix relationship should be constructed to respect the responsibility of the presidents, while recognizing the Executive VP's responsibility to oversee the medical organization and the activities of its medical staff.

Academic Services: PHSA is one of the largest academic health science organizations in Canada, offering teaching programs in conjunction with UBC and other academic organizations, and having nearly 700 researchers attracting more than $140 million annually in external research funding. It is recommended the Executive VP portfolio include oversight of the academic teaching and research activities across PHSA to link more closely with other medical staff activities and the quality functions that encompass all professional practice disciplines.

It is also recommended that a VP Academic Services be recruited with duties that include:

- providing strategic and scientific leadership of academic education and research across PHSA
- providing a 'voice' for PHSA's academic (teaching and research) mandate
- working in collaboration with PHSA's research centers/institutes and clinical leaders to plan and advance strategic research initiatives, and research funding
- representing PHSA's academic interests to the Board and external partners
- leading the PHSA academic service council

4.3.2 Introducing a Medical Leadership Advisory Council

It is proposed that a Medical Leadership Advisory Council (MLAC) be introduced to serve as a forum for the Executive VP, the VPs Medicine and other program leaders to collaborate on key medical and planning matters.

Composition: It is recommended the members of the Medical Leadership Advisory Council include:

- Executive VP (Chair)
- VPs Medicine from each agency
- VP Medical Affairs
- VP Academic Services
- Representatives from medical programs and services, as required
- Other professional practice and operations leaders, as appropriate.

Duties: It is recommended the MLAC serve in an advisory role to the Executive VP on a number of leadership functions, including:

- coordinate the rollout of PHSA-wide medical policies and directives
- ensure medical needs are being presented in a coordinated manner to the Board of Directors and SET
- support the HAMAC and MACs in their quality & safety oversight functions, and in the credentialing/privileging processes
- establish standardized protocols and processes to support development of employment contracts, and detail expectations of medical leaders regarding contract management and monitoring of contract deliverables[1]
- identify training and support required for medical leaders to carry out their roles in contract negotiation and management
- address medical operations issues (e.g. data collection in support of quality and utilization reviews)
- liaise with clinical leaders to support co-management where appropriate, medical involvement in interdisciplinary teams and address related/emerging matters as they arise
- address medical resource requirements
- coordinate medical staff involvement in PHSA strategic and operations planning processes

4.3.3 Medical Secretariat

It is recommended that current resources be consolidated and a "distributed" Medical Secretariat be introduced, with the responsibility to provide administrative support to all medical committees, oversee the orientation program for medical staff in leadership roles, and undertake special projects as required. This Secretariat can be a team, incorporating current support personnel, and should be under the direction of the VP Medical Affairs. The creation of the Secretariat provides the opportunity to consolidate functions and support the sharing of ideas and processes. It is recommended that members of this team be assigned to the programs to ensure a close working relationship at the local level but interact with counterparts on a regular basis to share workload, expertise, and facilitate improved communications and dialogue across PHSA.

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[1] *The development and oversight of medical contracts and physician compensation is currently included in the PHSA Finance portfolio, with delegated responsibility to the PHSA Executive Director, Capital Management and Physician Compensation. The Executive Director works closely with medical leadership at the agencies to ensure the contractual and compensation requirements for medical staff are being properly addressed.*

With the creation of the PHSA Executive VP position, it is proposed that responsibility for oversight of medical compensation and contracts be assigned to that position, with the understanding there would still be a strong working relationship with the PHSA Finance Department to ensure the financial requirements are being met. This realignment of responsibility would provide the opportunity for the Executive VP to ensure the needs of the medical community are being properly addressed in compensation and contractual matters, and that there is consistency throughout the organization in the handling of medical contracts and compensation.

4.3.4 Other Considerations

The use of co-management leadership: Co-management within a health care management context constitutes the joining of both administrative and medical knowledge and expertise into a co-leadership model. Co-management represents the formalized partnership between administrative and medical leaders who share responsibility in meeting and implementing an identified and agreed upon set of priorities within a health care setting. Leaders in co-management roles typically experience high levels of work satisfaction, loyalty to the organization, and the ability to work collaboratively in teams. A number of other benefits have been identified where co-management is prevalent (as evidenced at BC Women's Hospital and at BC Cancer regional centers). Some of the benefits include:

- creates value in a collaborative culture built around shared goals in recognition of both administrative and medical needs, while striving to keep quality of patient care central to all discussions
- helps reduce the 'us versus them' relationship between administrative and medical staff
- delivers on leadership responsibilities that are bigger than one individual, maximizes the return on each leader's time and effort, and helps reduce leader burnout
- facilitates ability to think strategically and collaboratively in dealing with difficult issues and conversations
- improves communication and influence both at the medical staff and middle-management levels

While the benefits of co-management appear to be considerable, it is important to also be aware of the risks. Organizations need to be fully supportive and ready to implement a co-management model in order for it be successful. There needs to be organizational or cultural support for "the other" partner being at either administrative or medical tables. If this support is not in place the result is: lack of clarity about leadership, a perceived duplication of resources, loss of focus on other job responsibilities and conflicts over roles, responsibilities and power. In addition, triangulation in dealing with others or potential to play one leader off against the other may occur. Furthermore, there can be increased start-up costs associated with investment in the administrative training and development for the medical leader. As well, there may be additional costs associated with the medical leader's stipend or payment for additional administrative responsibilities.

With the benefits and risks of co-management in mind, consideration should be given to programs and services within PHSA's organizations that could benefit from this approach.

Inter-disciplinary care teams: Human relationships are the foundation of any effective health care system. It is recognized that medical personnel do not work in isolation but are an integral part of inter-disciplinary care teams, working closely with nursing, allied health professionals, pharmacists and others to share information and experiences in support of delivering the best possible patient-centered care and health outcomes. For interdisciplinary care teams to be effective at the patient, organization and system levels it requires systems of professional self-reflection and peer review at both the individual and team levels. These reflections can enable appropriate and timely responses to emerging issues and opportunities for innovation in quality, practice improvement and professional development. Medical leadership in PHSA needs to model interdisciplinary care in the creation of their new structures,

explore existing inter-professional care teams that reflect high functioning teamwork, and support these teams with systems and tools to link, leverage and disseminate the positive changes that result from these close working relationships.

4.3.5 Benefits of the proposed medical administrative leadership

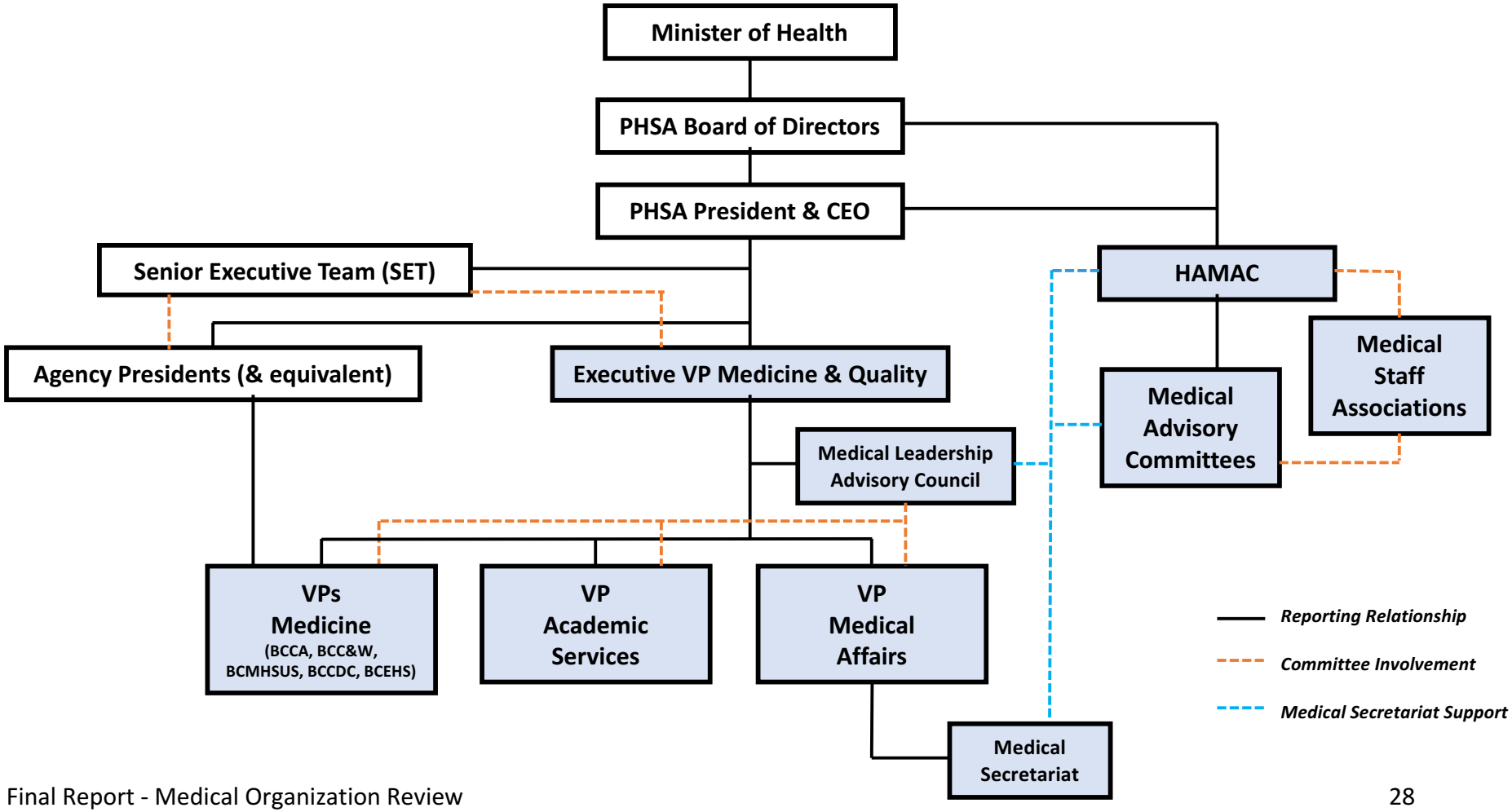
Benefits of the proposed addition of an Executive VP and development of coordinated working relationships with the other VPs Medicine, the VP Medical Affairs and the VP Academic Services include:

- coordinated senior medical leadership across the system
- enhanced medical representation to the Board of Directors
- coordinated quality assurance and quality improvement activities across PHSA
- a strong medical 'voice' representing the interests of the medical community
- informed and relevant medical representation at SET
- an informed individual to represent the interests of PHSA at external 'tables'
- coordinated formal and informal interactions between medical leaders throughout PHSA
- improved delineation of authority to act and clarification of roles and responsibilities
- vehicles to involve medical leaders in planning and strategic /operational decisions
- strengthened leadership PHSA-wide for academic teaching and research activities

4.4 Proposed medical reporting relationships

The proposed introduction of an Executive VP Medicine & Quality and the addition of a HAMAC and Medical Leadership Advisory Council (MLAC) results in revised reporting and working relationships within the **medical organization**, as outlined in the following organization chart for medical leadership.

In comparing the existing PHSA medical staff structure to the proposed structure one additional position is added, the Executive VP Medicine & Quality, and two additional committees, HAMAC and MLAC. All other positions and committees currently exist within the PHSA. There are currently VPs Medicine at most PHSA agencies, the VP Academic Services is currently an unfilled position, and G. Miller currently holds the equivalent VP Medical Affairs position (albeit with a different title – VP Quality, Safety & Outcome Improvement / Medical Affairs & Provincial Initiatives).



SECTION V - IMPLEMENTATION STRATEGIES AND EVALUATION FRAMEWORK

This section outlines proposed implementation strategies and a potential evaluation framework for consideration by the CEO and Board, and if approved, will form the basis of a detailed implementation and evaluation plan. It also outlines a 'high level' sequencing of implementation activities, reflecting the interrelated dynamics of the proposed changes to the medical organization.

In support of implementing the proposed changes it is recommended that:

- the Physician Governance Leadership Advisory Group (PGLAG) continue to serve in providing coordination and oversight to the medical organization review and implementation processes, and MSA leaders continue assuming responsibility for communications and engagement with the broader medical staffs.
- a facilitator/coordinator be appointed by the Board/CEO to prepare and oversee the implementation activities of the various components of work required to support the change-agenda
- all leaders consider the implications of the PHSA medical organization restructuring for their own organizations and identify what additional changes are required to align with the Board's approved directions.
- opportunities be identified to consolidate and align functions and to streamline administrative and clinical support across PHSA programs and services, to at least partially offset additional resource requirements related to the proposed medical organization changes and introduction of new personnel
- a detailed critical path be developed with targeted start and completion dates, recognizing interdependencies, realistic timelines and sequencing implications
- key questions be identified in support of the evaluation measures, and tools and data sources identified to support collection of baseline (pre-change) and post-change impacts and benefits
- a communications and engagement plan be prepared and executed in consultation with the PGLAG members

Proposed implementation strategies, critical success factors and evaluation measures are outlined in Table 5.

Table 5: Primary recommendations and associated implementation strategies, critical success factors and evaluation measures

Goal	Change Proposed	Implementation Strategy/Activities	Critical success factors to mitigate unintended consequences	Evaluation Measures and Indicators
Enable improved quality of patient care provided by PHSA as a result of effective monitoring by the Board of Directors, SET and medical leadership	Introduce a HAMAC	Meet with MAC chairs and vice-chairs to receive input on membership at HAMAC, terms of reference and relationship with medical leadership in the agencies Confirm reporting expectations and HAMAC relationships with the Board Appoint HAMAC chair Establish a lead for the Medical Secretariat to assist with the coordination of HAMAC start-up Revise medical staff bylaws & rules to reflect introduction of HAMAC and other changes	• Management of workloads and time commitments for HAMAC members and chair • Appropriate support (financial, admin, etc.) for HAMAC chair • Clarity re. committee terms of reference, roles, agendas and expected time commitments • Clarity re. responsibilities and authority to act for program medical structures relative to HAMAC and the MLAC • Adequate training and admin support for medical leaders • Medical staff bylaws, rules and policies consistent with new structures and expectations	• Board understanding of clinical issues and needs • Extent to which guiding principles, goals and intended outcomes are achieved • Spread-rate of system-wide learnings (e.g. management of critical incidents, performance review processes etc.) • Number & relevance of issues coming to local medical committees before and after HAMAC and MLAC introduced

Goal	Change Proposed	Implementation Strategy/Activities	Critical success factors to mitigate unintended consequences	Evaluation Measures and Indicators
	Consolidate resources and establish a Medical Secretariat unit	Develop and implement a plan for introducing a Medical Secretariat (including assessment of current resources, most effective distribution of services, timelines for implementation, etc.) Appoint a lead and other positions for the Medical Secretariat Introduce coordinated support by Secretariat to all medical committees	• Consolidation of existing resources into one coordinated unit • Consistency in processes and templates for medical committees • Facilitated inter-agency communications and sharing of resources and expertise • Creation of communications plans for all medical committees	• Degree of satisfaction and value-add of secretariat support for medical committees • Improved coordination of issues across PHSA and reduced duplication of effort for medical leaders • Enhanced communications and sharing of resources and expertise
Support PHSA's unique provincial role and expanded mandate of ensuring a coordinated provincial network of high-quality health care programs and services while also ensuring PHSA programs can meet their respective mandates and	Recruit a PHSA Executive VP Medicine & Quality	Human resources to craft a job description from proposed role and responsibilities; advertise and recruit into the position Defer some decisions until Executive VP in place: e.g. optimal distribution of medical affairs functions; hiring of VP Academic Services, etc. Align VPs Medicine roles	• The medical organization supports PHSA's expanded mandate • Executive VP involved in clinical practice to retain credibility • Infrastructure support for Executive VP to be successful in breadth and depth of role • Recruitment of	• CEO evaluation of Executive VP performance with input from the Board • Degree of medical staff satisfaction with medical leadership & representation of their issues at internal and external tables • Working relationship between medical staff and other health professions/practice and program leaders

Goal	Change Proposed	Implementation Strategy/Activities	Critical success factors to mitigate unintended consequences	Evaluation Measures and Indicators
needs of the populations served		and responsibilities with new matrix accountability	individual with strong leadership, communication and interpersonal skills • Executive VP to have regular 'presence' throughout medical leadership structure • Restructuring of medical affairs functions to ensure most effective, efficient working relationships	• Evidence of shared learning and problem solving across PHSA • Evidence of a PHSA culture and shared commitment to excellence
	Create a Medical Leadership Advisory Council (MLAC)	Develop terms of reference for the MLAC, that identify duties, membership, etc. Disband the Physician Governance & Leadership Advisory Group once the HAMAC and MLAC are functioning	• MLAC proves its value in serving as an effective tool in engaging medical leadership in the planning and decision-making processes • Medical staff understand the value and benefits of proposed changes and what is in it for them • Executive VP utilizes MLAC as his/her	• Improvement in PHSA scores using repeat Doctors of BC survey tool to assess engagement, participation in decision-making, work-life balance, etc. • Willingness and interest of medical leaders to participate in leadership roles • Medical staff assessment of effectiveness of new structures regarding: - understanding of who to go to with questions

Goal	Change Proposed	Implementation Strategy/Activities	Critical success factors to mitigate unintended consequences	Evaluation Measures and Indicators
			advisory committee	- how decisions are made and by whom - medical leaders understanding of their roles and responsibilities
	Confirm ability of programs to support proposed medical organization structure	Undertake parallel restructuring, if required, of program medical leadership and support structures	• Full alignment across PHSA with proposed medical organization restructuring • Cost effective utilization of resources and skill sets	• Extent of program alignment with PHSA medical organization structures • Staff knowledge and understanding of 'who to go to' when issues arise
	Update or develop role descriptions, organization charts and where possible, standardize position nomenclature	Develop a nomenclature policy for medical leadership positions Revise current job descriptions and organization charts, as necessary, to reflect proposed organization changes and standardize nomenclature, where possible	• Clear rationale and explanations for why changes in positions and associated nomenclature are being introduced	• Extent of medical leaders understanding of roles and responsibilities; • Effectiveness of structures in fulfilling goals/mandates • Role descriptions, organizations charts kept current and updated on a regular basis
Advance PHSA and agency-specific	Recruit Executive VP Medicine & Quality	Orient the Executive VP to anticipated external relationships and introduce individual to key players	• Executive VP to have clinical credibility and strong leadership skills	• Enhanced communications and engagement scores pre- and post- introduction of changes

Goal	Change Proposed	Implementation Strategy/Activities	Critical success factors to mitigate unintended consequences	Evaluation Measures and Indicators
medical, academic and business perspectives within the broader BC health system	(see implementation above)		• Good communications and working relationships between the Executive VP and program medical leaders as well as with the MoH, medical leaders in regional health authorities and with academic institutions	
	Hire a VP Academic Services	Review and where necessary modify the existing role description and compensation package Undertake recruitment once the Executive VP is in position	• Clear determination of role of VP Academic Services and positive working relationship with department and division heads and other professional disciplines involved in research and teaching activities • Strengthened relationships with UBC and other academic institutions	• Effectiveness of working relationships between PHSA and academic institutions • Effectiveness of PHSA involvement in research deliberations in BC • Department/Division head satisfaction with academic relationships and support received from PHSA

5.2 Suggested Sequencing of Implementation Activities

The suggested sequencing of implementation activities is framed only as a high level starting point given the scale and scope of change implicit in the recommendations outlined in this document, and recognizing the Board and CEO still have to meet and discuss which areas they will endorse and approve.

Proposed Change	Stage 1	Stage 2	Stage 3
Introduce a Health Authority MAC (HAMAC)			
Establish a Medical Secretariat			
Recruit and appoint an Executive VP Medicine and Quality			
Create a Medical Leadership Advisory Council (MLAC)			
Confirm ability of agencies/programs to support proposed medical organization structure			
Update or develop role descriptions, organization charts and where possible, standardize position nomenclature			
Recruit a VP Academic Services			

ACKNOWLEDGEMENTS

Throughout this initiative, the review team has been impressed with the willingness of the PHSA medical leadership and senior executive to engage in proactive dialogue, and to provide their assessment of the strengths of the current medical organization and opportunities for improvement. This support has facilitated the review process, and the interest expressed in strengthening the medical organization has influenced the nature of the recommendations made by the consultants.

Additionally, the review team has appreciated the role of the Physicians Governance & Leadership Advisory Council (PGLAG) in providing guidance, advice and support throughout the review, and in taking on a leadership role in the engagement of medical staff members throughout the organization.

Finally, the team acknowledges the significant role of the Project Coordinator (Carla Gregor) in facilitating access to key stakeholders and in offering advice and support throughout the review.

APPENDIX – Q & As

Q1. What is the purpose of the medical organization review?

- PHSA is mandated by legislation to have a medical organization that supports effective leadership and the provision of high quality and safe patient care.
- PHSA is assessing its current medical organization to ensure we meet those obligations, focusing on senior medical leadership structures and associated positions, medical committees, roles and responsibilities and working relationships.

Q2. What areas of focus have been identified by medical leaders for improvement?

- more medical involvement in administrative decisions that impact practice and patient care
- improved access to, and interaction between medical staff and the PHSA Board of Directors
- more consultation and opportunity for input into PHSA planning and business processes

Q3. What changes are being proposed to the medical organization structure?

- introduce a Health Authority Medical Advisory Committee (HAMAC) to coordinate medical oversight and regular reporting to the PHSA Board of Directors
- strengthen medical roles/working relationships between HAMAC and agency medical/program leaders
- introduce a PHSA Executive Vice President Medicine & Quality to:
    - oversee quality and safety of patient care provided by all health professions throughout PHSA;
    - work closely with medical leadership throughout PHSA;
    - bring forward emerging issues/concerns of the medical staff to the Senior Executive Team (SET); and
    - be the “medical voice” at external meetings with other health authorities and with the Ministry of Health.
- introduce a Medical Leadership Advisory Group to provide advice and support to the Executive VP and actively participate in planning and policy development
- introduce a medical committee secretariat to coordinate and support medical committees throughout the organization

Q4. How are Medical Staff Associations and Engagement Societies involved in the medical organization?

The Medical Staff Associations (MSAs) and Engagement Societies are organizations that represent the medical staff and speak for individual members. While these organizations are separate from the PHSA medical organization, they are closely linked through having the Presidents of the MSAs serve as voting members on agency MACs and the HAMAC.

Q5. Will the existing MACs continue?

The existing MACs will continue to serve a valuable role in overseeing medical activities at the agency and program level, and will work closely with the HAMAC in advising the PHSA Board on medical matters. It is proposed that the MAC Chairs and Vice Chairs be members of the HAMAC, to ensure active involvement of the MACs in the work of the HAMAC.

Q6. How will these changes impact my clinical practice and working relationships?

These changes are unlikely to have any direct impact on the day to day clinical practice of individual physicians and other members of the medical staff (i.e. nurse practitioners, midwives, dentists). However, the goal is to see improvements in the following areas:

- increased involvement of the medical community in decision making processes
- enhanced opportunities to share strategies and solutions for common problems/concerns
- improved interaction between governors, administrators and medical leadership
- a coordinated perspective of PHSA medical position on emerging topics being dealt with in a variety of "external to PHSA" venues.

Q7. When will these changes be introduced?

In June 2018, recommendations along with plans for implementation and evaluation will be presented to the CEO and Board of Directors who will then make a decision regarding next steps and timing.

Q8. How have medical leaders been involved in this review?

- The Physician Governance & Leadership Advisory Group (PGLAG) has been providing input, guidance and support to the consultants. This group is made up of representatives from each of the agencies and includes the CEO, VPs Medicine, MAC Chairs, MSA Presidents and Engagement Society representatives.
- The consultants conducted a number of individual interviews and group sessions with medical leaders/staff throughout PHSA

Q9. How will we know if the new structure is working?

An evaluation framework is proposed for use as a baseline and iteratively throughout the implementation process, with specific measures and indicators identified for assessing the extent to which the recommended changes are meeting their objectives.

Q10. Who can I contact if I have more questions or want to provide input?

- Your Medical Staff Association/BCCA Engagement Society President,
- Your Medical Advisory Committee Chair, or
- Your Agency Vice President Medicine