

Report of the Joint Conference Committee, February 2020

Issues with respect to the vaccination rollout (communication and advocacy), recent management changes and potential impact, and rumours that were circulating with respect to the Board and senior leadership's agenda for the future of the organization were raised.

It was agreed that many of the challenges and impact on trust could be mitigated through improved communication channels acknowledging that these have been negatively impacted by COVID: resources drained, personal concerns about health risks, multiple initiatives underway at the same time, rapidly changing criteria set by external authorities, lockdown protocols virtually eliminating face-to-face encounters and the increasing use of social media.

Committee members agreed that there were some steps that could be explored/implemented to enhance communications:

- 1) **MSA** Dr. Roberts will invite Dr. Guppy to the next Medical Staff Association meeting for a presentation (and future attendance will be considered by the MSA).
- 2) **A standing agenda item** The Board has already implemented a standing agenda item for a report from the President of the MSA.
- 3) **Two-way communication** When issues emerge that require clarification, there needs to be two-way communication. That is, representatives from the MSA will advise the CEO or CoS as appropriate and seek clarification on behalf of their members, and may identify the need for escalated communications.
- 4) **Organization future** With respect to rumours concerning future operations, all Board members and Senior Leadership are committed to both sites of the hospital and have invested in capital planning to continuously improve the physical plant of the two sites.
- 5) **Medical Leader Advice** Senior leadership, subject to the limits of confidentiality regulations, bylaws and policies, will endeavour to seek advice from Medical leaders.
- 6) **Professional Staff Management Structure** A more robust management structure for the professional medical staff is currently under renewal, creating a more robust framework for operations and by extension, communication. This will help to ensure a consistent, and hopefully clearer message throughout the organization.
- 7) **MAC** Dr. Stolee will incorporate an agenda item at MAC for discussion of emerging/current issues.
- 8) Other engagement opportunities will be developed, not only with physicians but with internal hospital staff.
- 9) Going forward, in situations like the vaccination roll-out where there are externally imposed restrictions on release of information, Senior Leadership will endeavour to provide updates on the status of the hospital's efforts and where those efforts are directed.

Other Communication Challenges Members agreed that other communication challenges exist and require more effort:

- 1) It was acknowledged that changes in staffing have an impact throughout the organization, including the medical professional staff. As an operational matter, these staffing issues are delegated by the Board to the CEO and the management of the hospital. Human resource matters are also governed by hospital policy, monitoring and performance procedures, along with privacy and legislation.
- 2) There is a challenge to find the appropriate mechanism to address narratives in the community and with community partners that create reputational risk to the hospital. For example, there is a perception that hospital has impeded certain initiatives in the community.

For some community initiatives, the hospital

- may act in an advisory or supporting role and does not take on a decision-making capacity for a project.
- may be asked to provide feedback or comments to another decision-making entity related to a community based project.
- may not elect to become involved in a community project due to competing priorities or lack of alignment with the hospital operation or strategy.

The hospital will endeavour to more clearly communicate the hospital's position in each of these instances, along with clarity around internal and external decision making processes and ultimate responsibilities and accountabilities.

- 3) Despite being one hospital there is a perception that the quality of care at one site is superior to the other and some of that perception is being reinforced by the physician community. There are multiple mechanisms for assessing quality and performance across the organization, including data and the hospital and medical management systems. Specific issues arising from perceptions should be specifically identified in order to allow a complete analysis to be completed.