PHC Facility Engagement Project Progress/Summary Report

Project Name	**PHC-0066 - Respiratory Division Retreat: A One-day Strategic Planning Session**
Date of Report	**October 25, 2018**
Key Milestones Achieved	• Venue and the correct facilitator identified • Key issues and the days agenda finalized
Key Accomplishments	Finalization of topics of discussion and agenda
Key Issues/Challenges	• Facilitator has now changed. But we managed to solve it. • Change of venue due to certain circumstances beyond our control. • Catering and venue costs for the event have also changed.
Budget Update	Catering and Venue costs for the event have also changed as we were required to change our venue based on circumstances beyond our control. Costs are estimated at $7000. For a total budget of $12000. **Current expenses : $ 2,835.**

PHC Facility Engagement Final Report

***Project Results**	The Respiratory Division was attended by 32 participants. It had successful strategic planning session where a number of key issues were discussed and possible solutions were identified. *Please see the UBC Division of Respiratory Medicine: Participant Input below.* Sustainable Funding is the main highlight of the project result: • The division specifically discussed the need for a more sustainable solution to the funding of academic positions at the University of British Columbia. The current standing of the Respiratory Division nationally and internationally is under significant threat given the lack of sustainable funding. • Solutions to this problem were discussed, with the Division agreeing to explore an Academic Enhancement Fund in which faculty members contribute a portion of their annual salary to a fund that is used to support academic salaries of successful junior and mid-career divisional members. • While working toward this short-term goal above, the division also discussed the potential of moving toward a full practice plan in which a salary structure would be applied to both clinical and academic faculty.

***Unexpected Outcomes**	Despite the clear need for solutions, some divisional members did not have interest in moving forward with the above strategies. The reasons for this discord are not entirely clear and will be further explored by the divisional leadership over the coming months
***Lessons Learned**	• The division leadership gained greater appreciation for how to run a strategic planning retreat. Specifically, the moderator provided valuable insight into the priorities of division members early in the day, with a greater need for milestones at each step of the process to ensure deliverables are attained at the end of the day. • The division leadership also has a more comprehensive understanding of the priorities of the division members, which will aid in future strategic planning. • Similar retreat project might be beneficial to involve multiple divisions working together to improve collaboration and ultimately patient care. However, different challenges and situations form each division needs to take into account when doing this. Nevertheless, we could work together on best practices. • We have provided the "5 steps" application template below for other division if they're interested to submit their project application of similar retreat.
***Recommendations for improvement (to inform future projects and strategic decision-making)**	More time and flexibility with venue and date to foresee unchangeable situations.
***Project Costs**	Facilitator- $5460 Venue and Catering- $5679.59 Total Cost $11439.59 **Total PHC FE Funding used from the total cost above is $5,000**

For Summary (Final) Report Only

PHC FACILITY ENGAGEMENT FUNDING - "5 STEPS"APPLICATION TEMPLATE

Clickable link provided

1

Review the PHC FE Medstaff website. On this page, you will find 2 documents to review:

- Application guideline. (*Click to review*)
- Application Worksheet. A document that you can complete prior to your submission.

2

WHICH PHC FE SUBCOMMITTEE

Review the 5 PHC FE Subcommittees here and determine under which of the following tracks is the best fit for your Facility Engagement project?

3

ESTIMATE YOUR COSTS

- If you submit application with proposed budget more than $5,000, it will get **through a longer process**.
- For proposed budget less or equal to $5,000, the process **will be relatively shorter.**
- Physicians are eligible to get paid: Specialist rate of $157.89/hour and Family Physician rate of $133.77/hour (i.e. 5 Specialists, 20 hours : cost estimate = 5 x 20 x $157.89 ≈ $16,000;
- Other cost exclusion non-funded by Facility Engagement is here for your review.

4

COMPLETE THE WORKSHEET

It's easier for you to complete the worksheet first with project questions on it (goal(s), activities, timeline, project lead(s)

5

APPLY ONLINE

You can cut and paste your answers from the worksheet onto the online application form.

Wait for response from PHC FE Working Group.

UBC Division of Respiratory Medicine: Participant Input

This document captures group input from the Division meeting on Friday, November 2nd, held at the Capilano Golf & Country Club.

A] Getting Connected

The group was tasked with identifying which guiding principles, if followed, would increase the value/output of the meeting. The following were highlighted.

- **Distinguish between (a) facts and (b) opinions that are expressed as if they are facts**. Both are useful; however, they are weighed differently when making decisions.
- **Disagree openly and respectfully with any member of the group.** If you are not willing to disagree publicly with a specific participant on a particular matter, do not attempt to engage others in your disagreement outside the meeting—this breeds mistrust. And when disagreeing publicly, do so in such a way that the person you are disagreeing with can examine the merits of your perspective without feeling personally attacked.
- **Keep the discussion on track—avoid unproductive diversions**. Some diversions are key to developing good plans. Others divert attention from the important conversations/issues at hand.
- **Equal opportunity for all individuals to speak**. No individual(s) dominating airtime. Leave space for quieter members of the group to speak. Not everyone is comfortable leaping on a chair and waving their arms if that is what it takes to get the attention of the more vocal members of the group. Good information and ideas can be easily lost.
- **Treat each other with respect.** Demonstrate this by listening without interrupting, demonstrating a spirit of curiosity rather than judgment, supporting and then building on the ideas of others, etc.
- **SOP/HOI.** Soft on People, Hard on Issues. It is important to be able to look at tough issues, to poke, prod and analyze them. But is equally important that participants don't feel that they personally are being poked, prodded and analyzed—it tends to shut down open, honest communication very quickly.
- **Agreements & commitments made in the room (if any) must be kept after leaving the room.** Too many meetings result in disaster when participants agree to things they have no intention of supporting, or they unintentionally fail to keep the commitments they made in the room due to shifting priorities, distractions, etc.
- **Create and/or sustain an environment of trust**. If you feel that trust is dropping or is insufficient to have open conversations, raise it as an issue. If it is a problem for one person, it will be a problem for the entire group.
- **Work as if there is a mutually acceptable solution, even if one is not obvious**. Challenging situations may not always have an apparent solution. Nevertheless, approaching the problem with a can-do attitude has a much better chance of discovering/creating a solution that if it is approached from a predominantly negative perspective.

B] Looking Ahead to 2018

Chris Carlsten reflected on the work that has been done and is still ongoing since May 2018. He then presented a series of charts showing the financial impact on the Division should the current funding approach continue. The charts also demonstrated the rapidly declining budget impact if even one more faculty member was added. This was sobering information that made the case that there would be an ever-growing budget loss under the current funding approach.

C] Critical Success Factors

Participants were asked to complete two statements: "What I like best about working in the Division is…" and "What I like least about working in the Division is…"

C-1: "Like best" themes (these are strengths and should be maintained!), in no particular order

- Colleagues
- World-class reputation
- Collegiality
- Clinical diversity and expertise
- Interaction between clinicians and scientists
- Diversity
- Research
- Working with trainees
- Interaction with patients

C-2: "Like least" Themes

In this case, as well as identifying themes, the consequences of those themes were also explored. They clearly indicate there may be value in addressing some of the "like least" themes to avoid the negative consequences.

Like Least	Consequence
• Inequity • Unclear job descriptions • Lack of accountability • Isolation (geographically) • Lack of support (administration, etc.) • Lack of transparency or understanding • Time constraints/workload • Lack of financial security	• Increasing tension • Low morale • Burnout • Unsustainable levels of productivity • Decreased academic output • People leave the Division • Loss of the things we "like best" • Decreasing reputation

D] Specialty Programs

Presentations were made for each of the eight specialty programs in the Division. It was the first time in decades that all groups were present in one meeting and there were a number of comments indicating the value of hearing from everyone. The following chart attempts to capture the requests for additional staff and faculty at the moment and projected out 10 years. If there was a request for 2-3, it was presented as 2.5. Auxiliary support staff required is not included. Accuracy aside, after seeing the 5 year impact of adding just 1 faculty member in the financial projections, it is apparent that under the current funding model, virtually none of these requests will be able to be filled. This is particularly problematic given there are already 5.5 additional faculty required immediately.

Personnel needs

Specialty Programs	Today	Need now	5 years	10 years	Net New
Airways	12		3.5	3.5	7
Cystic fibrosis	3	1	1	2	4
ILD	2	2	2	1	5
Interventional and lung cancer	5		1	2	3
Lung transplant	4	1	1		2
Mycobacterial disease	4	1	2	2	5
Pulmonary hypertension	4	.5	1		1.5
Sleep – neuromuscular disorder	15		2.5	2.5	5
TOTAL		**5.5**	**14**	**13**	**32.5**

E] Funding Models

Chris Carlsten presented the results of the AEF Survey; Chris Ryerson and Jay Johnston presented three different funding models. We explored each of them to determine what aspects of them were desirable and which were problematic, with the intention being to determine what characteristics would be desirable in any funding model for the Division of Respiratory Medicine.

E-1: AEF

Like	Dislike
• Control within Division • Easy to implement • Simple • Flexible (able to change the model, and change for individuals) • Autonomy • Spirit of sharing • Minimizing losers • Scalable • Clear meritocracy (e.g. support if MSFHR award)	• Lack of transparency • Narrow in scope of who benefits • Doesn't solve Divisional inequities • Doesn't generate enough money to meet needs at 3% • No solution for PhDs in Division • Not everyone paid • No obligation to contribute

E-2: PHSA Service Contract

Like	Dislike
• Potential for greater innovation • No overhead • More comprehensive • Security and safety • May not meet financial needs • Predictable salary • Constant and predictable hours per week	• May not meet financial needs • Tough to award major merit • Can be fired • No surge capacity • Lack of flexibility • Lack of autonomy • Clinical inefficiency • Can't criticize if someone works the minimum amount of work • Needs big infusion of cash • No guarantee of long-term employment • Tough on PhD's • Loss of productivity • Province may or may not be opposed to this type of plan

E-3: Canadian Academic Health Centre

Like	Dislike
• Ticks a lot of our boxes • Flexible job description • Greater equality for various contributions • Truly protected time for researchers • Most comprehensive • Including PhDs s possible • Framework makes it easier to bring in other partners • Transparency regarding units of work-modules • Integrates with health care provincial models • Politically attractive	• May have restrictions regarding academics • Complex (governance, etc) • Most expensive • Risky (further drop in morale if leadership is poor) • More "eggs" in provincial basket • Lots of work to put in place

F] Criteria for any model

Table groups brainstormed criteria that a funding model could/should have. Faculty were provided with a series of dots to individually indicate which criteria were most important to them. Numbers beside the items indicate how many "votes" each item received. Each person could put a maximum of two dots on any one item.

24	Transparency
18	Win-win/no financial losers (equal or greater compensation than present)
18	Sustainable
18	Felt-fairness
18	Clear performance guidelines
16	Meritocracy
16	Accountability regarding deliverables (clear expectations)
14	Flexibility
15	Good governance
13	Accounts for different types of activity (clinical, research, education, administration)
8	Decision-making internal to the Division
6	Aids in recruitment/succession planning
4	Clear definition of units of work
3	Compensation according to task factors
2	Adaptable
1	Learn from other models
0	Aligned when approaching external decision-makers
0	Job descriptions
0	Increased compensation over today

G] Agreements:

G-1: "**I will support our efforts to design a funding model that meets the Division's needs**". This statement was posed to determine the level of support for investing time and effort into investigating and proposing an effective funding model for the Division. There was **100% support** as measured by tri-colour voting cards that showed all **green**.

G-2: A need was expressed to determine what part the AEF would play as a more complete funding model was being developed. Wireless keypads were used to tabulate responses to the following options:

- Rebuild the AEF (within three months) **74%**
- Drop the AEF (funds remain) **25%**

[Facilitator's Note: The chart that indicates what the group likes and dislikes about the current AEF model (**Section E-1 above**) may provide a good starting point for the rebuilding work.]

Key Questions to Address:

Chris Carlsten reviewed 5 critical questions that need to be addressed for the Division and noted there would be insufficient time to address all of them in a one-day meeting. Following are some observations and notes regarding each.

Question	Notes
What does it mean to be a UBC Resp Div member? The role of UBC Resp: composition, scope, funding, benefits and responsibilities.	• We reviewed what each specialty program did. • This is a start; however, there may be a requirement for a longer-term deep dive into the culture and expectations of each member of the Division. • Clarification along these lines may be built into the final funding model or some other overarching document. • Imprecise job responsibilities were identified as a problem.
The UBC Resp Div in 10 years – what does it look like? Sharpen vision, attentive to financial challenges and opportunities.	• The challenges and faculty/personnel requirements were described for each Specialty program. • This was preceded by a series of slides that showed the funding challenges for the Division. • Budget shortfalls will be in a steady decline without even adding any extra faculty. • The financial challenges to growth are obvious and tend to show the importance of developing a new funding model.
How do we get there? Funding for sustainable growth	• There is a recognized need to develop a new funding model. • There is faculty support for investing time and resources into developing one. • In the short term, the goal is for the AEF to be rebuilt, focused on addressing the dislikes with the current implementation.
What are the critical needs of existing faculty members and programs? Clarify obstacles and opportunities for closer cross-site clinical integration/collaboration.	• Critical needs of existing faculty members and programs were identified in the Specialty Program slides. • Obstacles and opportunities were not addressed and should be the focus of a subsequent meeting. • The current funding model may or may not be the root of obstacles; however, it does not particularly encourage opportunities for cross-site clinical integration/collaboration.
Where are the key deficiencies in morale? Identify these gaps and fundamental steps to improve them	• Some of these were identified in **Section C-2.** • A new funding model may resolve some of the issues. • Given the lengthy timeframe to rebuild the AEF and/or a new funding model, it may be advisable to address this question sooner than later due to the negative consequences of no change—these issues tend to only get worse when left alone.

PHC Facility Engagement Project Attendance Sheet

Project/Activity Name:

PHC0055- Respiratory Division Retreat: A One-day Strategic Planning Session

Physician Project Lead: Chris Ryerson

Date: November 2, 2018

Number of Eligible Hours (Activity Duration): **1 day**

Name	Attended? Y/N	Total Hours	Department
Dr Chris Ryerson	Y	11	SPH Respiratory Division
Dr Denise Daley	Y	11	SPH Respiratory Division
Dr Jodi Goodwin	Y	11	SPH Respiratory Division
Dr Scott Apperley	Y	11	SPH Respiratory Division
Dr Janice Leung	Y	11	SPH Respiratory Division
Dr Ma'en Obeidat	Y	11	SPH Respiratory Division
Dr Bradly Quon	Y	11	SPH Respiratory Division
Dr Andrew Sandford	Y	11	SPH Respiratory Division
Dr Tawimas Shaipanich	Y	11	SPH Respiratory Division
Dr Don Sin	Y	11	SPH Respiratory Division

Dr Wan Tan-Hogg	Y	11	SPH Respiratory Division
Dr Scott Tebbutt	Y	11	SPH Respiratory Division
Dr Stephan Van Eeden	Y	11	SPH Respiratory Division
Dr Pearce Wilcox	Y	11	SPH Respiratory Division
Dr Chris Carlsten	Y	11	SPH Respiratory Division
Dr James Johnston	Y	11	SPH Respiratory Division
Dr Eve Beaudoin	Y	11	SPH Respiratory Division
Dr Celine Bergeron	Y	11	SPH Respiratory Division
Dr Victoria Cook	Y	11	SPH Respiratory Division
Dr Vince Duronio	Y	11	SPH Respiratory Division
Dr Mark FitzGerald	Y	11	SPH Respiratory Division
Dr John Fleetham	Y	11	SPH Respiratory Division
Dr Rachel Jen	Y	11	SPH Respiratory Division
Dr Nasreen Khalil	Y	11	SPH Respiratory Division
Dr Roland Nador	Y	11	SPH Respiratory Division
Dr Stephan Lam	Y	11	SPH Respiratory Division
Dr Robert Levy	Y	11	SPH Respiratory Division
Dr Renelle Myers	Y	11	SPH Respiratory Division

Dr Jeremy Road	Y	11	SPH Respiratory Division
Dr John Swiston	Y	11	SPH Respiratory Division
Dr Ayas	Y	11	SPH Respiratory Division
Dr Frank Ryan	N	11	SPH Respiratory Division

Please ensure one sign-in sheet is completed for each session. Keep each sheet as a record of participation.