



THE UNIVERSITY OF BRITISH COLUMBIA

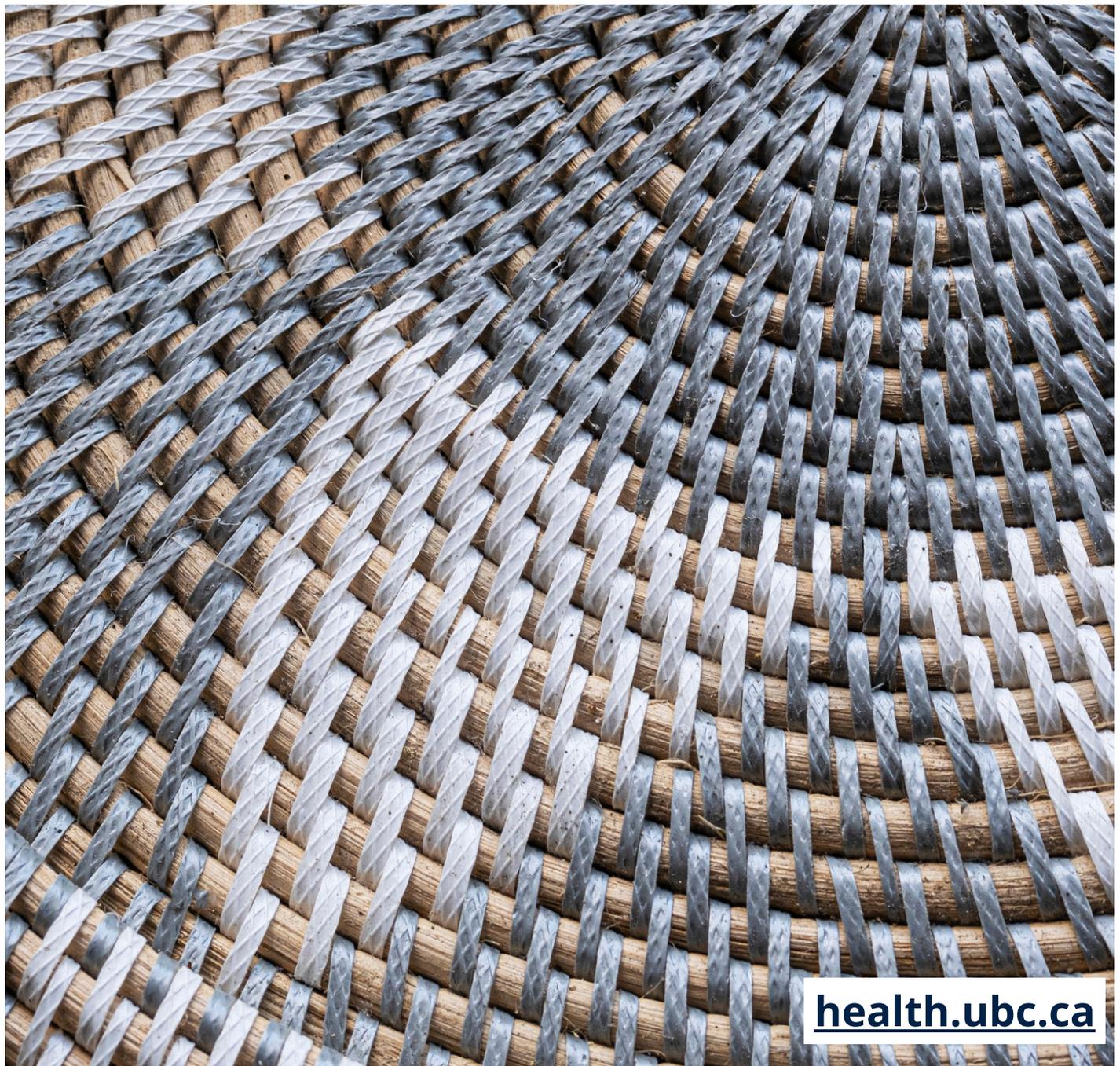
Office of the Vice-President, Health

UBC Health

WEAVING THE THREADS: BRIDGING SILOS, BUILDING IMPACT

Dialogue Summary and Calls to Action

March 2024



health.ubc.ca

ACKNOWLEDGEMENTS

UBC Health would like to recognize the partners and supporters involved in convening the Weaving the Threads cross-sector dialogue event: members of the BC Health Systems Partnership; Rural Coordination Centre of BC (RCCbc); Health Quality BC; patient partner Darren Lauscher; and Cheryl Mitchell from the University of Victoria.

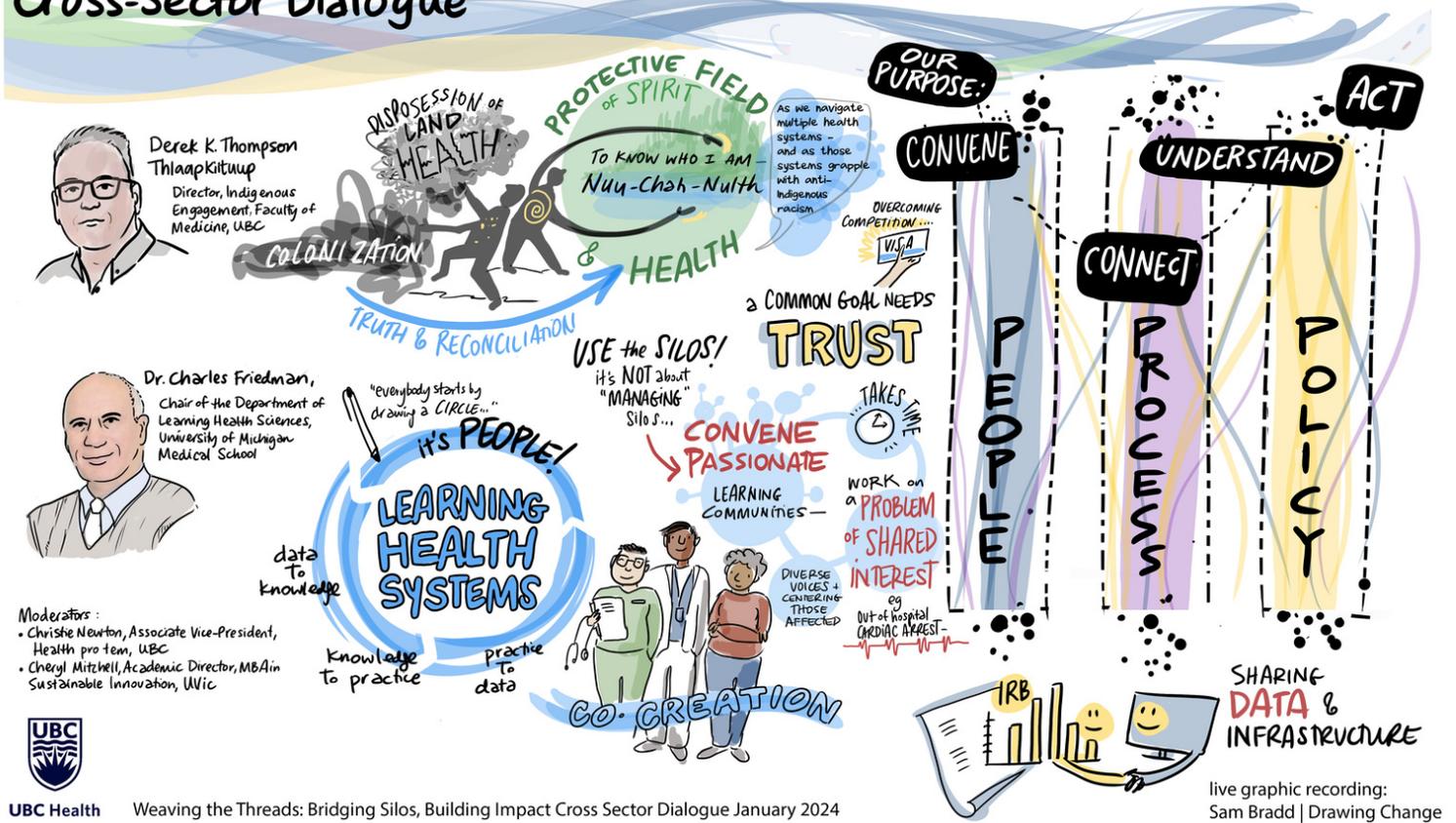
We acknowledge that the two main campuses of the University of British Columbia are located on the traditional, ancestral, and unceded territories of the $x^w m \theta k^w \acute{a} y \acute{a} m$ (Musqueam) and Syilx Okanagan Nation. We also recognize that UBC's activities take place in community on the unceded, ceded, and traditional territories of over 200 First Nations and 39 Métis Chartered Communities. Each possess their own unique traditions and history on the land that we refer to as British Columbia, and we acknowledge the traditional guardians and caretakers of these territories.



Photo by Paul Joseph / UBC Brand & Marketing / UBC Studios

WHAT WE DID

Weaving the Threads: Bridging SILOS, Building IMPACT Cross-Sector Dialogue



UBC Health Weaving the Threads: Bridging Silos, Building Impact Cross Sector Dialogue January 2024

On January 25, 2024 UBC Health hosted *Weaving the Threads: Bridging Silos, Building Impact*, an event that brought together people from across BC regions and health sectors to discuss how we can better bridge healthcare silos across roles, teams, organizations, and regions to heighten the impact of our collective efforts to improve BC's health system. Derek Thompson - *Thlaapkiituup*, Director, Indigenous Engagement for the UBC Faculty of Medicine beautifully opened the event while Dr. Chuck Friedman, the Josiah Macy Jr. Professor of Medical Education and Chair of the Department of Learning Health Sciences at the University of Michigan Medical School shared his perspectives on silos and collaboration as part of a guest interview. Participants engaged in breakout discussions, first around definitions and concepts of healthcare silos and their impacts, and then about areas of healthcare affected by silos and collaborative opportunities to counteract the negative effects. The event's culminating activity invited participants identifying specific opportunities for collaborative action. Following the event, UBC Health gathered information from participants about which of these actions they would like to explore collaboratively with other participants, and then facilitated connections between interested participants.

OUR WHY



The event built on the *Breathe and Weave* health summit in 2023, in which the theme of ‘silos and collaboration’ emerged as a top priority. *Weaving the Threads* facilitated further discussion to develop shared understanding and explore opportunities for collaborative action across silos that will advance health and health-producing systems in BC.

Specifically, *Weaving the Threads* aimed to:

- Convene participants to share and learn from different perspectives, experiences and impacts of silos in BC’s health system
- Foster connections between participants to facilitate opportunities to counteract the negative impacts of silos
- Create shared understanding of common priorities for collaborative action
- Catalyze collaborative action among participants by generating a list of opportunities that attendees can join or lead

Our intention was to bring together participants representing a range of perspectives including healthcare policymakers, health administrators, care providers, patient partners and community members, academics, and partners from other sectors (such as industry, not-for-profit organizations, and other organizations interested in health).

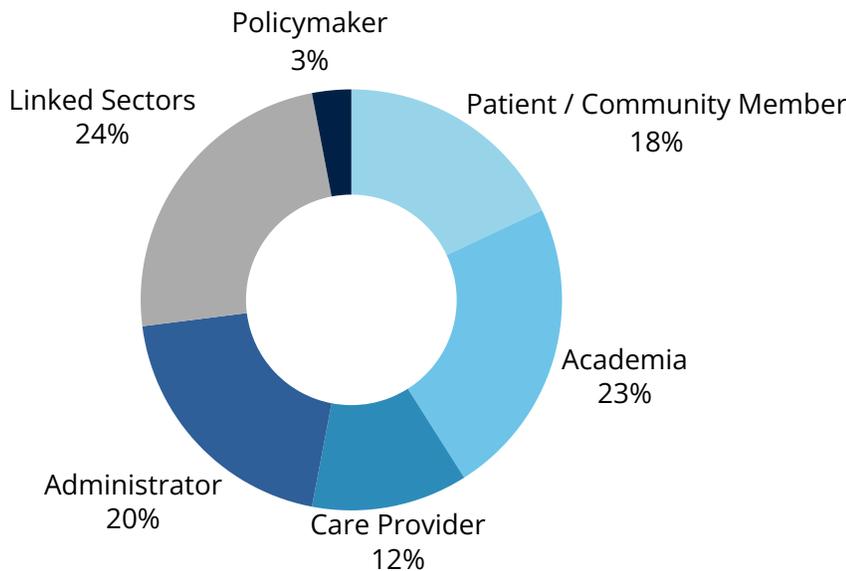
WHO PARTICIPATED

136 **54** **16**

PARTICIPANTS **ORGANIZATIONS** **FACILITATORS**

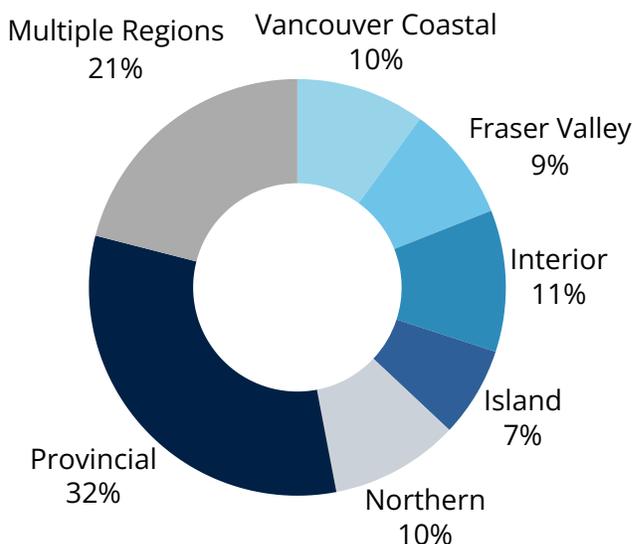
UBC Health extends sincere gratitude to Health Quality BC, Rural Coordination Centre of BC, UBC Community Engagement, and other health-focused departments at UBC for engaging and supporting discussion group facilitators' participation at the event.

Perspectives Brought by Participants



BC HEALTH AUTHORITIES

Participants' Region of Focus

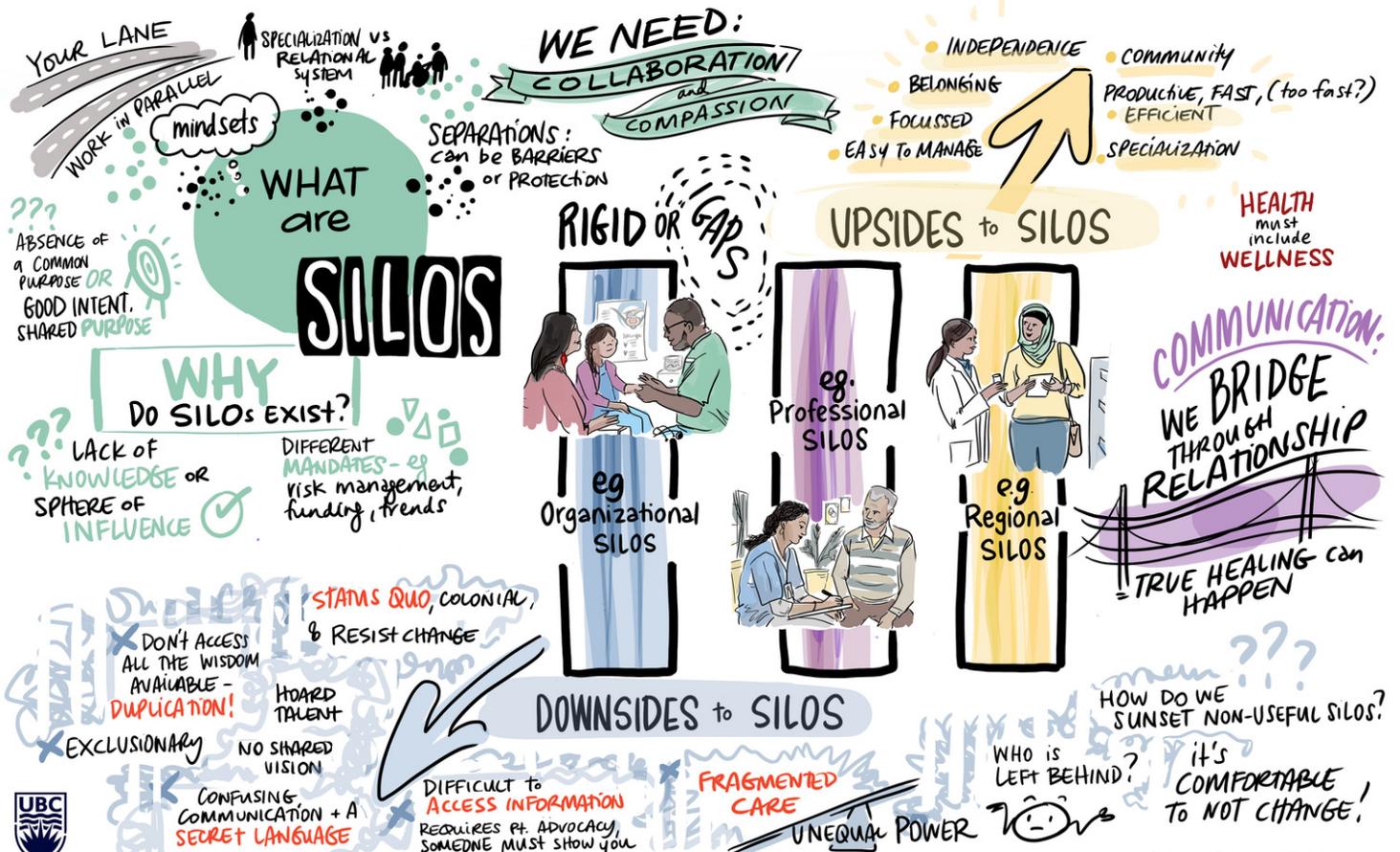


PARTICIPATING ORGANIZATIONS

- Alberni Clayoquot Health Network
- Alberta Health Services
- Alzheimer Society of BC
- Autumn Services Centre
- BC Association of Kinesiologists
- BC Cancer
- BC Children's Hospital
- BC College of Family Physicians
- BC Dental Association
- BC Rural Health Network
- Blueprint Nutrition
- Buron Healthcare
- Canadian Institute of Health Research
- Cascade Effect Consulting
- College of Dietitians of BC
- College of New Caledonia
- College of the Rockies
- Doctors of BC
- DSI Strategy & Engagement
- First Nations Health Authority
- Fraser Health Authority
- Genome BC
- Health Excellence Canada
- Health Quality BC
- Institute for Health System Transformation & Sustainability
- Institute for Personalized Therapeutic Nutrition
- Interior Health
- Island Health
- John Rudy Health Resource Centre
- Kwantlen Polytechnic University
- London School of Hygiene and Tropical Medicine
- March of Dimes Canada
- Marineview Housing Society
- Métis Nation BC
- Ministry of Health in the Government of British Columbia
- National Collaborating Centre for Indigenous Health
- Northern Health
- Nurses and Nurse Practitioners of BC
- ORCHID Analytics
- Patient Voices Network in Health Quality BC
- Perinatal Services BC
- BC Physician Health Program
- Provincial Health Services Authority
- Qathet Division of Family Practice
- Rural Coordination Centre of BC
- Rural Health Services Research Network of BC
- Nechako Lakes School District
- University of British Columbia
- University of Northern British Columbia
- University of Victoria
- Vancouver Coastal Health
- Vancouver Division of Family Practice
- Westshore Urgent Primary Care Centre
- Princeton Community Health Table

THE DIALOGUE

Sam Bradd, Principal, Drawing Change Consulting provided a visual representation of key themes that emerged throughout the plenary and breakout discussions. Full page versions of all four pages of [Sam's graphic recordings](#) can be found on the UBC Health website.



UBC Health Weaving the Threads: Bridging Silos, Building Impact Cross Sector Dialogue January 2024

live graphic recording:
Sam Bradd | Drawing Change

In the first breakout discussion, participants were asked:

- What does “silo” mean to you?
- Why do silos exist?
- What are positive and negative impacts of silos?

CROSS-SILO COMMUNICATION & RELATIONSHIPS



Culture shift! → Sharing TIME TOGETHER

Define a common problem of INTEREST

Thinking shift: "Who ELSE would benefit from this?"

coordinated care reduces visits; use system-level challenges to identify what's "complex"

trust & psychological safety - value HUMANITY of each other



Strong Policies

STAYING INFORMED ABOUT OTHER GROUPS

IMPROVED COLLABORATIONS

BETTER COMMUNICATION FOR COMPLEX PATIENT NEEDS



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COLLABORATION: CARE TEAMS



Seamless care, eg a navigator



When asking the same question - what's the rationale?

• Patient partner expertise

PATIENT EXPERIENCE

Consultation to Conversation

BETTER COLLABORATION WHEN NOT CO-LOCATED

relational coordination via ROLE

geo hurdles

lean into technology

• recognize different 'leads' as appropriate

INTERPROFESSIONAL EDUC. IN Post-Sec

How many other health professionals did YOU meet in university?

introduce interconnect. early

patient in the classroom
Accessible digital platform educational materials, all providers like dentists, allied health



live graphic recording: Sam Bradd | Drawing Change

DATA ACROSS SILOS



Come up with common data sets + requirements



HEALTH DATA

When is too much data?



MANAGING SYSTEM RESOURCES



Look to wildfires, pandemic, critical care bed

How data can be shared - and shared metrics

HEALTH INFRASTRUCTURE

shared VALUES
Reduce burnout + isolation

What's "my work", and "our work" to SHARE?

RESEARCH + EVALUATION

PERMEATE the SILO membrane!

WORK FORCE

UPSTREAM

think MORE BROADLY about what is HEALTH!

WHAT LENSES do we need?

evaluation can feel negative... but crucial for improvement



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live graphic recording: Sam Bradd | Drawing Change

Sam Bradd's graphic recording of the second breakout discussion on specific topics relevant to addressing silos and fostering collaboration in healthcare.

CALLS TO ACTION

To build from dialogue to action in the closing activity at *Weaving the Threads*, participants put forward specific goals or projects to pursue collaboratively with other participants. After the event, UBC Health followed up with participants to learn more about similar actions underway or being planned, and their interest in leading or participating in potential collaborative actions.

A number of the actions identified in the event align with UBC Health's strategic plan Better Health Together. In response, UBC Health commits to playing a facilitative role through mechanisms such as the TBC@UBC Network, bringing together people to explore and mobilize collaborative action around the following opportunities:



1. Build a network of healthcare educators engaged with interprofessional education placements



2. Research the implementation of primary care teams, with focus on policy and structural challenges



3. Expand the types of providers in team-based primary care settings



4. Improve interdisciplinary collaboration between public- and private-sector professions

CALLS TO ACTION

For each of the actions generated in the closing activity, UBC Health has connected those participants interested in collaborative action. Through the connections and common priorities identified during this dialogue event, participants are challenged to find ways to collaborate with each other to better bridge healthcare silos across roles, teams, organizations, and regions to heighten the impact of our collective efforts to improve BC's health system. If you are interested in any of these collaborative actions, please contact UBC Health at ubchealth.admin@ubc.ca.



01. Care Coordination and Pathways

- For patients who are unattached to primary care, develop a process to ensure follow-up on results of medical scans (CT, MRI, etc.) that have concerning pathology
- Establish networks to coordinate care within community
- For people who are homeless or underhoused, develop virtual care options for early supportive discharge and avoiding admissions



02. Collaboration between Community and Health Sector

- As resources are created with community, create processes to enable the community to use and develop the resource beyond the initial research project
- Build collaboration between community-based interest groups and health authorities that ensures staff understand local context
- Develop and promote a criterion for service grant competitions that prioritizes applicants who collaborate with local agencies and groups
- Establish resources and support for attachment of International Medical Graduates in their return-of-service communities to increase retention time in that community



03. Cultural Safety

- Develop a culturally sensitive, integrated care model that is respectful of and aligned with First Nations cultures and values, incorporates traditional healing practices and modern healthcare services, and improves coordination and communication between healthcare departments and services for First Nations patients
- Develop communication options (e.g. community-specific navigators) for patients/families to express their needs and desires when faced with barriers to care (e.g. language, cultural, power imbalances)
- Explore experiences of racialized discrimination among nurses in health authorities
- Develop education for youth on humanizing equity



04. Data, Evaluation and Practice Innovation

- Unify and integrate electronic medical records to improve access to patient-specific information across professions, health authority and regional boundaries
- Explore ways to enable Learning Health Systems in health authorities
- Develop a pathway for sustaining and scaling pilot projects



05. Educating Health Professionals

- Build a network of healthcare educators engaged with interprofessional education placements for the purpose of interprofessional teaching and learning resources, grant funding opportunities, professional development, and a platform for collaboration



06. Legislation

- Develop a network of influence to elevate legislative issues that create barriers to care, and to support navigation of government structures to advocate
- Develop privacy legislation specific to healthcare to enable team-based care



07. Natural and Built Environments, Food Systems

- Explore design options for long term care homes to address effects of dementia, for example how seniors' prior living spaces influence their experience in the care home
- Build garden spaces to fuel local food systems for health facilities and schools
- Create a delegation to Surrey School Board and the City of Surrey on the need to promote vegan options at all public venues to support personal and planetary health



08. Peer Support

- Develop peer support network for emerging and established leaders (from peers to senior leaders) in health and social services who had life changing experiences of personal health adversity and need for services
- Develop a peer navigator network to help foreign trained health care professionals to be able to practice
- Develop peer support networks, e.g. for people living with disabilities, Type 2 Diabetes, mental health for seniors



09. Rural Communities

- Build a network of community groups and individuals to focus on access to care across BC's rural and remote communities, e.g. better understand gaps and disparities in care and share solutions, resources and models of care
- Establish resources and support for rural elders' transition from supported living to long term care



10. Team-Based Care

- Expand the types of providers in team-based primary care settings, e.g. allied health, mental health, traditional practitioners and care navigators
- Improve interdisciplinary collaboration between public- and private-sector professions
- Research the implementation of primary care teams, with focus on policy and structural challenges



11. Workforce

- Use a decolonizing approach to uphold structural empowerment of nurse leaders to mitigate nurses' challenges with workplace and workload
- Develop and enhance methods for succession planning for retirement of senior leaders, managers and clinicians



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For more details about any of the following, contact UBC Health at ubchealth.admin@ubc.ca:

- Event agenda
- Grounding literature on silos that was provided as a foundational document in preparation for the workshop
- Silos and Collaboration Report from the *Breathe and Weave* health summit
- Participant-described highlights from the breakout discussion
- Existing initiatives noted by participants relating to the collaborative action ideas
- Event evaluation

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