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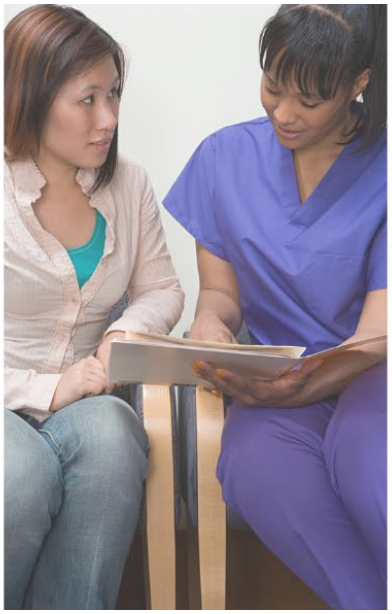

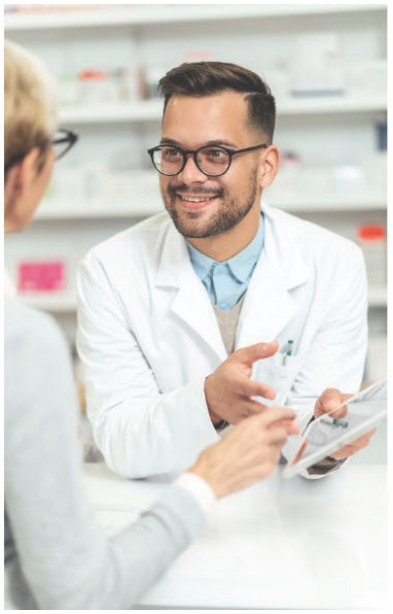



Thoughts About Innovation, Risk, and Scaling Up

A report from the BC Health Summit
Breathe & Weave: Talking Across Silos to Enable Health System Improvement

August 2023

Introduction

In January 2023, the BC Health Systems Partnership hosted the *Breathe and Weave: Talking Across Silos to Enable Health System Improvement* health summit. The summit brought together people from diverse roles, sectors, and regions across British Columbia to discuss shared priorities for improving BC's health system and how working together could be better enabled across the system.

A number of key themes emerged from the thoughts, ideas, and perspectives shared by the summit participants. This report provides documentation of statements shared that relate to the theme of innovation, risk, and scaling up.

Each statement in this report responded to a discussion question and was documented by a discussion group or individual participant during the summit or the week following using an interactive, online platform called ThoughtExchange. The number shown after each statement is the score on a five-point rating of resonance with other participants. After the score, there is a number in parentheses that shows how many participants scored that statement. In each round of discussion, most of the statements in ThoughtExchange received a similar number of ratings because ThoughtExchange evenly distributes the views of the statements among participants.

Refer to the appendix (page 11) for information about the mix of participant perspectives for each discussion question.

Thoughts About Innovation, Risk, and Scaling Up

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

Incorporate and expand other health professionals in delivery of health care. This helps to fill gaps and overlapping of scope of care. 4.2 (15)

discussion and exploration, bringing people together to openly discuss and problem-solve issues that have taken years to develop but require solution because the people who do the work, and the patients who use the system are the best resource to solve the problems 4.2 (15)

Creativity in how we provide care; openness to new ideas/trying things differently (eg. Hospital at home program), borne from challenges that we face 4.1 (16)

team based care
improves patient outcome, provider experience and increases capacity 4.1 (16)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

Safe, equitable, timely access to primary health care--including virtual care.
If everyone can have access in a timely way to primary health care, that is safe, it will both improve health outcomes and reduce acute care costs. 4.2 (13)

need more long term vision and planning
this will require different metrics and a different way of thinking that moves beyond the 4-year political cycle. 4.1 (13)

A reduction in health inequities, understanding the leading determinants of health and wellbeing.
change in a way the entire health system and partner silos (other ministries) can respond and understand to the unique needs of underserved populations. 3.9 (14)

Make bolder and innovative changes through collaboration 3.8 (15)

All clients are welcomed to receive care in an inclusive and culturally safe way, without stigma or judgment. 3.8 (14)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

Incorporate and embed the indigenous ways of being and knowing in the healthcare system and decision planning. 4.1 (11)

Citizens working together for benefit of all.
The challenges are bigger than all of us and cannot be solved by any one system, government, or community. 4.1 (9)

Willing to pilot and collaborate beyond health services.
Everyone has a part to play in order to support health and wellness. 3.9 (11)

Better understand the resources within our communities to allow creative and unique approaches to care
The system is stretched - where can we find opportunities to use resources that exist within our own communities? 3.9 (9)

Sharing lessons – have some place to come together
None of us know what others are trying (what is working and what is not) 3.8 (12)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Community-driven health care solutions in small communities are often innovative because they rely on non-ideal resource settings.
Community-driven and bottom-up ideas can then be applied more broadly in the health system. 4.2 (12)

Make patient resources more accessible and share what is working well across the province to reduce working in silos.
Spread knowledge and support patients/community members to have the right resources available to them 4.1 (12)

Policy and legislation have to happen in such a way that provides safe and equitable care
"Right touch regulation" - so policy doesn't get in the way of care 4.1 (12)

Incorporating what we've heard here into organizational strategic plans
so these concepts are integrated within workflows from the top levels of the organization 3.9 (12)

Remain optimistic; mentor little engine that could.
Because transformation is possible. 3.9 (12)

Thoughts About Innovation, Risk, and Scaling Up

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

How to leverage the priority and autonomy provided during COVID (including taking innovative approaches) to other system challenges in health care
COVID created unprecedented opportunity to move very fast which is not common in health system. 4.1 (14)

Greater acceptance of risk (towards innovations and solutions)
The effort required to mitigate all risks slows progress and prevents improvements from being realized sooner 4.0 (16)

There is a need to be more purposeful and intentional about solving problems across health authorities and learning from each other 4.0 (16)

Thinking creatively about incentives for recruiting new staff to help address barriers for recruiting health care staff.
Examples: accommodation, daycare, flexible work. Understand why people are choosing casual roles. 4.0 (16)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

Allowing some flexibility for local iteration and innovation
So that communities can be allowed to be adaptable in administering health care 3.8 (14)

An ideal system would include community voices. This has been lost, and particularly perspectives from rural areas.
There are innovative ideas there, and we need to re-institute ways to draw those out. 3.8 (14)

Psychological safety for teams to communicate their innovative ideas, including patient perspectives
fuels further innovation and creativity to think outside the box and use appreciative inquiry to find effective solutions 3.8 (14)

Incorporate community-based approaches to health and wellness as preventive 3.8 (13)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

A provincial, tech-enabled space for people in the system to share ideas, successes, challenges, collaborate with others
Collab outside of team, organization, industry will lead to more innovative thoughts to current problems. Currently we regurgitate old approaches. 3.8 (11)

Create more space for frontline workers to engage in dialogue about health system transformation.
Staff have great ideas and will feel like they have more agency. 3.8 (10)

PERSPECTIVE – in terms of mindset/culture shift, learning from others and reflecting on ego/bias
Think differently (hopeful, what CAN we do?). Culture shift – collaboration. Learn from others (Indigenous, youth, other industries) and good pilots 3.8 (10)

Public perception of what the health care system is and does needs to change through relationship building and community level action.
Many people have had poor experiences with the current health care system and trust needs to be nurtured. 3.8 (9)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Continue to advocate the importance of digital health sharing across the province to support patient care
Patient-centred and reduces errors, time and focuses on the patients' needs 3.9 (11)

Incorporating patient perspective into more meetings.
Connection and grounding to who we serve. 3.8 (13)

Information sharing leads to mutual problem solving. 3.8 (13)

Actively engage with someone outside the traditional "boundaries" to collaborate with them and enable their success even though it may not benefit me
Enable transformation 3.8 (12)

Partner with the right people to start innovating in a way that makes sense for the people.
so we address what matters to people with those who have the authority/influence to move forward. 3.8 (12)

Thoughts About Innovation, Risk, and Scaling Up

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

Limited resources are unnecessarily split up between jurisdictions
Pooling of resources could result in better experiences for patients and practitioners 4.0 (15)

New innovative ways of using technology to connect patient and provider
expands on accessibility and equitability to health care 4.0 (15)

Experimenting with new ways to connect and collaborate across professions/resources/models of care (eg. expanded scope; PCNs)
Better leverage existing health human resources and information 4.0 (14)

Acknowledgment that health can't solve all these problems on their own, e.g., success during COVID of partnership between health and housing
More interconnectedness/awareness around the interdependencies across ministries and with other sectors and systems; partnership across institutions 3.9 (16)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

An ideal system would work well for people in all areas of the province. Incorporating a rural lens whenever on decision-making would help.
Regionalization / centralization created negative consequences for rural services and areas that have not been acknowledged. 3.7 (14)

Better utility of the resources that we do have (both people, technology, other resources)
We do have great knowledge/perspectives from people & access to resources that aren't always used. Use those to creatively address challenging cases 3.7 (14)

Patient-care needs to not just be a concept, but needs to happen: Patients should be positioned as experts in their own care
There is expertise that comes with lived experience that nobody else will understand. We need to value this perspective to provide more effective care 3.7 (14)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

Incorporate the voice of the patient/public more into change initiatives.
Anchors all system participants to the people that the system is designed to serve. 3.7 (11)

Utilizing provincial resources as a province. Spreading the current practice of ICU capacity meetings and provincial utilization of critical care beds
Utilizing this practice allows sharing of resources to all people throughout BC. This would help many portfolios including pediatrics, mental health and LTC 3.7 (11)

Increased community engagement
Looking outside of ourselves and the system for support, innovation, feedback and solutions. 3.7 (10)

As a system, we already know many of the answers or solutions to tough problems. Issue has been that the right people are not at the table to solve.
Broader collaboration key. 3.7 (4)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Focus on the topic/problem at hand, think outside of silos, get away from traditional structures and build fresh collaborative teams 3.8 (11)

To learn from and spread good ideas
Finding leverage points for alignment and spread – established circles or tables; identifying and leveraging pilot projects 3.8 (11)

Don't reinvent wheel - work together, learn from each other, learn from people/best practices locally, regionally, provincially, internationally
will result in more effective change 3.8 (5)

Actually implement primary care teams in a meaningful and provider-consultation-informed way.
To spread the work of providing quality care across the whole health workforce 3.8 (4)

Work with people under our supervision about the key messages that need to be shared
Identify what matters to human resources in health care to see what is working well and together discuss how well to reduce the burdens proactively 3.8 (3)

Thoughts About Innovation, Risk, and Scaling Up

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

Openness to trying new ideas and in a much more rapid way. The speed at which we can operate when there's a willingness has been amazing.
Not being afraid to test things out, not over-planning or over-thinking it. Things we assumed would be multi-year didn't have to be. 3.9 (16)

Continue to focus on methods to optimize scope for all disciplines
Supports interdisciplinary wrap around TBC to support the person/client/family to meet individual needs 3.9 (15)

Innovation
Innovation will help with our challenges around equity. 3.9 (15)

Lower risk aversion/tolerance to take some chances for change activities. 3.9 (15)

Protect public services (equity between public and private sectors)
Training more practitioners does not solve public vs. private gaps; need to consider how to keep practitioners working in public spaces. 3.9 (15)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

Safe care for patients
Don't experience bias in the health care system, not dismissed, etc. Will help to improve patients' experience of care. 3.7 (14)

A happy, healthy and engaged health system
Improved patient outcomes, joy in work, system transformation 3.7 (13)

Ability to receive some/appropriate health care services virtually
enables services available for all; positive experience; reduced travel 3.7 (13)

System that is more adaptive and responsive – transform health care to be more sustainable and aligned with changing realities
More integrated and decentralized LEARNING systems, with local-level autonomy, personalized care and continual spread of good practice/experience 3.6 (15)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

Remove barrier of system to allow innovation and risk taking in order for the system to grow. Embrace people who are thinking differently. 3.7 (4)

Re-enage communities in lived experiences and bring that experience into the evidence used to create system change
Many solutions come from the grassroots of our communities and we have removed this voice from our policy and decision making processes. Bring it back 3.6 (11)

Need to build one EMR
It seems to be everyone's same problem. Poor communication leads to poor outcomes, poor experiences, and health care inefficiencies 3.6 (7)

Reduced barriers and enable work between providers, administrators and communities
Great innovation and new ways of thinking and doing resulted from doing just that over the last few years. Let's not lose that. 3.5 (12)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Health care needs to learn how to fail.
Risk aversion – hard to stop doing something; More opportunities, guidance and risk tolerance to move forward with 3.6 (12)

Patient experience should be how we measure success across all areas of health care 3.6 (11)

Make recommendations/follow through on discussions from this conference
Strategic implementation for larger scale impact; take information forward to decision and policy makers 3.5 (10)

Overtly think about solving problems by bringing together partners not only from the structures that might be expected to be responsible
To get novel, relevant results 3.5 (10)

Start the conversation about change by asking what is working. Focusing on only problems takes us into down without starting from strength. 3.5 (9)

Improve outreach to communities
Effective way to improve care in smaller communities 3.5 (3)

Thoughts About Innovation, Risk, and Scaling Up

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

Provide senior workers and leaders the opportunity to "sunset" as mentors instead of exiting (avoid punishment around pension)
To lever their experience and provide the flexibility to people to stay in a way that makes sense for everyone. 3.9 (15)

Want to see more streamlining of initiatives to help prevent burnout and reduce bureaucracy.
Will help for practitioners to improve patient and practitioner experience 3.9 (15)

relationships between different stakeholders are strong and effective
improves both patient and provider experience 3.9 (15)

Acknowledgment of the complexity of issues - will take time, innovation and multiple strategies (not approaching with simple fixes)
Rather than trying to find one perfect solution, there are multiple strategies that can be included to together contribute to addressing issues 3.9 (14)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

More emphasis on the community and individual experience of care and understanding what wellness means to different communities and individuals. 3.6 (14)

Patient experience is recognized and integrated more into the system. 3.6 (14)

We need a 21st century solution for patient record keeping. The way we currently store and share patient records is archaic
Risk of incomplete records, having repeat conversations about medical history, cost to patients to transfer files, etc. 3.6 (14)

We need to find ways for community social service leaders to contract with health.
This is one way to increase collaboration between health and social service sectors. 3.6 (12)

Collaboration with communities
To provide care in the way that community needs and want 3.5 (14)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

Taking into account lived experiences of patients as evidence to create better health systems focused on wellness rather than illness 3.5 (12)

Try pockets of change: trial something with an evaluation framework built in, see if it works, iterate.
There is a current state of inaction even though we all recognize that the system needs some change. Feeling of risk aversion. 3.5 (12)

More inclusive tables for Primary Care discussion at local levels - be risk averse.
so the entire community and all communities can share what would work for their unique needs - avoids assumptions and input is not 'selected' 3.5 (11)

Rigidity of system structures (that can be barriers for innovation, retaining staff, and equity)
Examples: Compensation/pay scale; stretch work for unionized positions; predictable and some unpredictable realities in rural areas 3.5 (9)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Incorporate change management principles into the changes we make – because we often don't
So we ensure the process we use for change is supported by evidence, making it more likely to work 3.4 (11)

Understanding and measuring patient and caregiver experiences to improve them with collaborators 3.4 (11)

Working on intelligent reporting can support reporting analytics that provides a picture of the entire health care chain.
Small grass root projects well reported can at a large scale have a big impact. 3.3 (5)

More neighborhood houses, like in Vancouver
Effective way to bring people together, share information 3.0 (1)

Deliberate crowdsourcing events and innovation programs that foster and promote agency amongst staff, patients, academia, and the private sector.
Solutions are everywhere. Everyone can contribute. 2.9 (10)

Thoughts About Innovation, Risk, and Scaling Up

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

More exploration in ways to address human health resources such as changes to scope of practice and college regulations. 3.9 (13)

Unprecedented collaboration and information sharing during COVID
Need to stop focusing on just doing things our own way. 3.9 (9)

Create more spaces like this for people in system to connect across siloes
To spread good ideas, share information and integrate services 3.8 (16)

The ability to simply share work and advancements to tackle problems and digital solutions would help projects move along across health authorities.
This is necessary to avoid duplication and capture recent innovations from the pandemic across our health system. 3.8 (16)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

Evidence based / data driven
Discussion and debate around the current need with a view of identifying and innovating around a solution 3.5 (14)

Indigenous ways of knowing.
Indigenous wisdom and approaches to health and wellness will help heal our health care system and each other. 3.5 (14)

Decentralized local navigator to make healthcare more of a customer service experience
More customer service (wanting to provide the best service and doing whatever it takes to do this). A navigator is a position that could help w/this 3.5 (13)

Patient voices at all the tables where decisions are made. - MOH all the way down
Patients know what is needed and as the consumers of care should be giving input! 3.5 (13)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

Build on what is working well to optimize and capitalize on skill sets of healthcare professionals 3.4 (6)

How we build and re-build (co-development and partnership)
Not go back to the way things were/always did it; engage different perspectives; not ONE single solution 3.2 (12)

Principles of transparency and collaboration is required for health system transformation to move forward and instill trust 3.1 (11)

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Thoughts About Innovation, Risk, and Scaling Up

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?

The innovative mindset that COVID-19 fostered. Communities came together to make things happen quickly and broke down silos.
When we need to we can make decisions very quickly, we got things done. Would be good to find ways to keep timeliness and collaboration. 3.8 (16)

Need more patient engagement and patient-orientated research
We need to engage the patients in solving the challenges we are currently experiencing with the system 3.8 (15)

There is the desire for change, there is also the recognition that we need to provide culturally safe, person centered care.
Having the desire to change creates a culture where we can embrace innovation and work together to build a better health care system. 3.8 (15)

Use of data - patient experience & outcomes, provider experience, equity, cost - when designing and improving services
Helps to guide and sustain improvements 3.8 (15)

WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?

Community Feedback loops on how information provided is actually used.
Community based organizations have particular protocols of doing ways that researchers and health care providers may not understand. 3.5 (6)

We need to understand how SDH are key to create health systems and new way of partnering with people and indigenous communities. 3.5 (3)

Data literacy
So we see the correct problems & solve the correct problems instead of making the situation worse by addressing inaccurate problems - respect, safety 3.4 (14)

Learning organizations across partners drives innovation, psychological safety 3.4 (14)

Focus on SDH—social determinants of health. It is hard to get health on the table of collaboration and if it comes along, health happens top-down
There is a room for improvement. Appreciate the enthusiasm to partner with different sectors in a meaningful way. 3.4 (3)

WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?

WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?

Thoughts About Innovation, Risk, and Scaling Up

WHAT'S HAPPENING IN BC'S HEALTH SYSTEM THAT YOU WANT TO HAPPEN MORE?	WHAT WOULD YOU LIKE TO SEE IN AN IDEAL HEALTH SYSTEM IN BC?	WHAT WOULD NEED TO CHANGE IN THE REAL WORLD TO GET FROM WHERE WE ARE TO WHERE WE WANT TO BE?	WHAT OPPORTUNITIES DO YOU WANT TO TAKE ADVANTAGE OF? HOW WOULD YOU MEASURE SUCCESS?
Use public Health models to advance work on health promotion and prevention Use existing mechanisms, supports and processes to not over burden the system. Use what is working to continue the spread across different sectors 3.8 (15)	**need to invest in and engage with communities.** communities have unique perspective and their unique opportunities and solutions for better ways of improving and sustaining good health 3.4 (3)		
large geography of BC with much of it rural and remote creates disparities in access but there are innovative solutions like mobile care that moves to patients instead of patients going to care 3.8 (15)	**Communities alone understand better what is involved in their settings and so should be more involved.** Listen to people more because they come out with wonderful ways that can lead to better health 3.3 (3)		
many examples of "every door being the right door" for patients improves patient and provider experience and opportunity to enhance this 3.8 (15)	**Community based initiatives. Food pharmacies to prescribe solutions to non-communicable diseases and farmers are facilitated** Examples of early interventions seen in Kenya: - Non-communicable diseases are swamping the African countries in the same way they are in BC 3.1 (5)		
Embed cultural safety in how service delivery is operationalized Avoids creating service delivery models that get in the way of culturally safe care. 3.8 (14)	**That hospital administrators look at preventative healthcare as a way to better allocate limited resources.** 80% of healthcare dollars goes to treat chronic disease. Most chronic disease is preventable and often reversible. 3.0 (5)		

Appendix: Participant Summary

A breakdown of participants by category in each summit ThoughtExchange question.