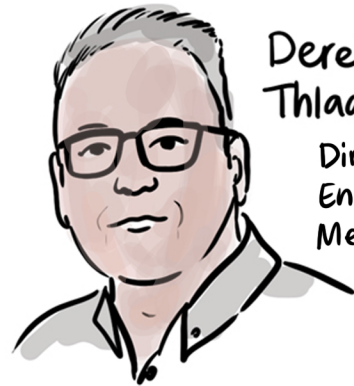
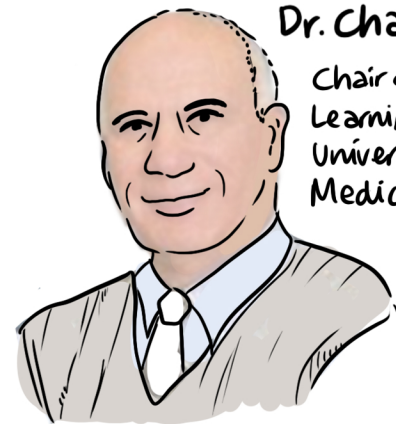


# Weaving the Threads: Bridging SILOS, Building IMPACT Cross-Sector Dialogue

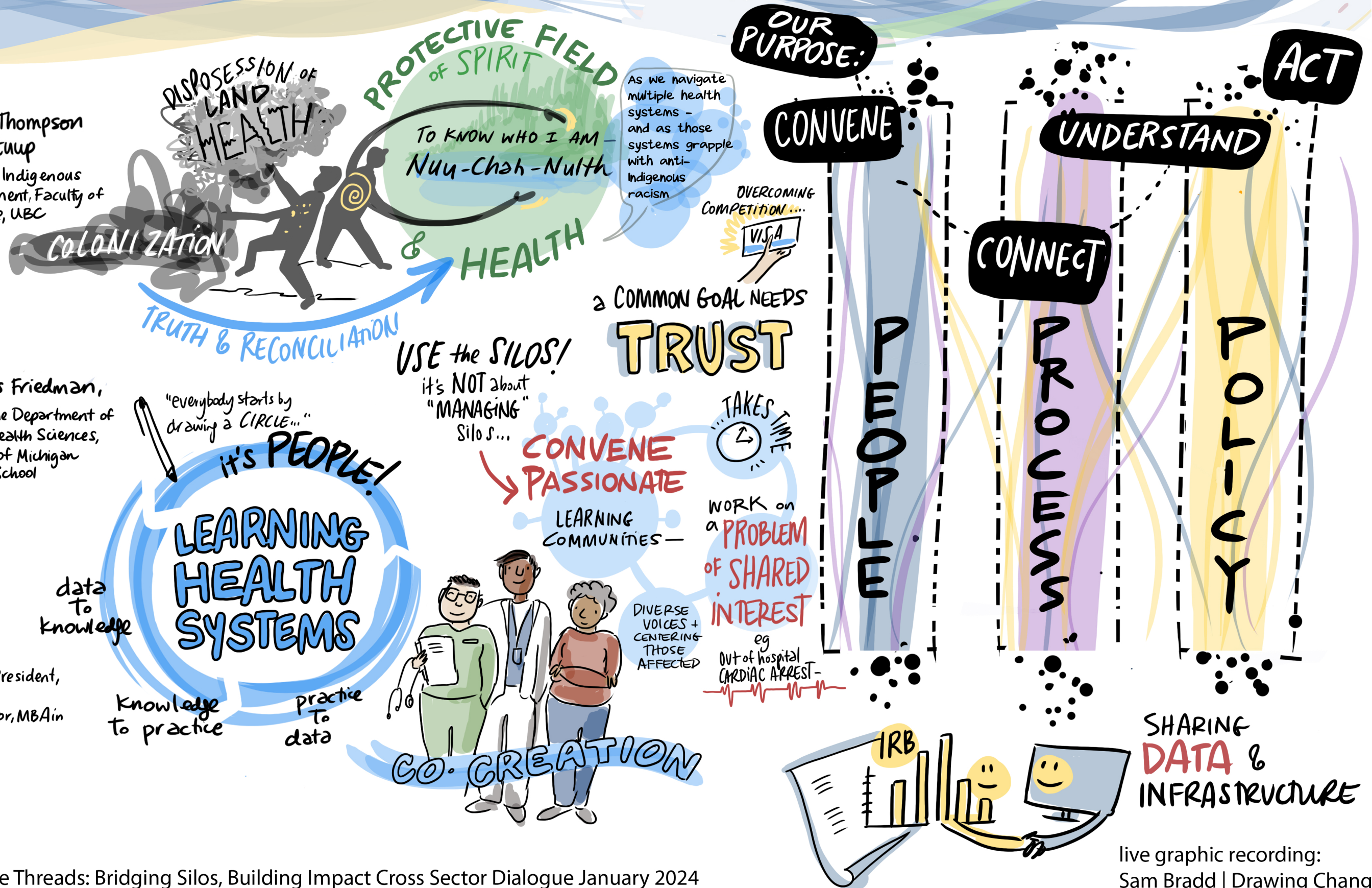


Derek K. Thompson  
Thlaapkituup  
Director, Indigenous Engagement, Faculty of Medicine, UBC

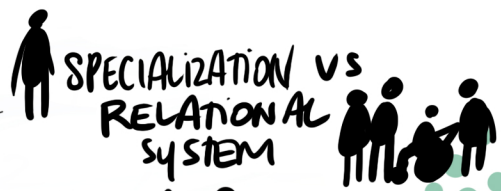


Dr. Charles Friedman,  
Chair of the Department of Learning Health Sciences, University of Michigan Medical School

- Moderators:
- Christie Newton, Associate Vice-President, Health pro tem, UBC
  - Cheryl Mitchell, Academic Director, MBA in Sustainable Innovation, UVic



YOUR LANE  
WORK IN PARALLEL



# WE NEED: COLLABORATION and COMPASSION

- INDEPENDENCE
- BELONGING
- FOCUSED
- EASY TO MANAGE
- COMMUNITY
- PRODUCTIVE, FAST, (too fast?)
- EFFICIENT
- SPECIALIZATION



mindsets

SEPARATIONS:  
can be BARRIERS  
or PROTECTION

???  
ABSENCE OF  
a COMMON  
PURPOSE OR  
GOOD INTENT,  
SHARED PURPOSE

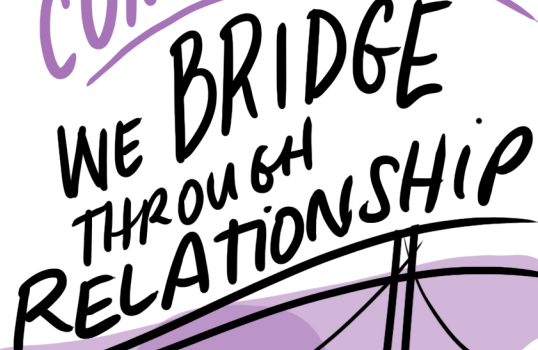
WHAT  
are

# SILOS

## UPSIDES to SILOS

HEALTH  
must  
include  
WELLNESS

COMMUNICATION:  
WE BRIDGE  
THROUGH  
RELATIONSHIP



TRUE HEALING can  
HAPPEN

RIGID OR GAPS



eg  
Organizational  
SILOS



eg.  
Professional  
SILOS



eg.  
Regional  
SILOS

## DownSIDES to SILOS

???  
LACK OF  
KNOWLEDGE OR  
SPHERE OF  
INFLUENCE

DIFFERENT  
MANDATES - eg  
risk management,  
funding, trends

STATUS QUO, COLONIAL,  
& RESIST CHANGE

DON'T ACCESS  
ALL THE WISDOM  
AVAILABLE -  
DUPLICATION!

HOARD  
TALENT

EXCLUSIONARY

NO SHARED  
VISION

CONFUSING  
COMMUNICATION + A  
SECRET LANGUAGE

DIFFICULT to  
ACCESS INFORMATION  
REQUIRES Pt. ADVOCACY,  
SOMEONE MUST SHOW you

FRAGMENTED  
CARE

UNEQUAL POWER

WHO IS  
LEFT BEHIND?



it's  
COMFORTABLE  
to NOT CHANGE!

HOW DO WE  
SUNSET NON-USEFUL SILOS?



# CROSS-SILO COMMUNICATION & RELATIONSHIPS



# COLLABORATION: CARE TEAMS



Culture shift! → Sharing TIME TOGETHER (smiley face icon)

Define a common problem of INTEREST (target icon)

## STAYING INFORMED ABOUT OTHER GROUPS

## PATIENT EXPERIENCE

Seamless care, eg a navigator (book icon with heart)

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

• Patient partner expertise

Consultation to Conversation

## IMPROVED COLLABORATIONS

## BETTER COLLABORATION WHEN NOT CO-LOCATED

relational coordination via ROLE

• geo huddles

lean into technology

• recognize different 'leads' as appropriate

## BETTER COMMUNICATION FOR COMPLEX PATIENT NEEDS

## INTERPROFESSIONAL EDUC. IN Post-Sec

"how many other health professionals did you meet in university?"

introduce interconnect. early

trust & psychological safety - value HUMANITY of each other

Accessible digital platform educational materials, all providers like dentists, allied health

patient in the classroom

CROSS JURISDICTION GROUPS (puzzle pieces icon)

Strong Policies



live graphic recording: Sam Bradd | Drawing Change

# DATA ACROSS SILOS



Come up with common data sets + requirements

link to other sectors

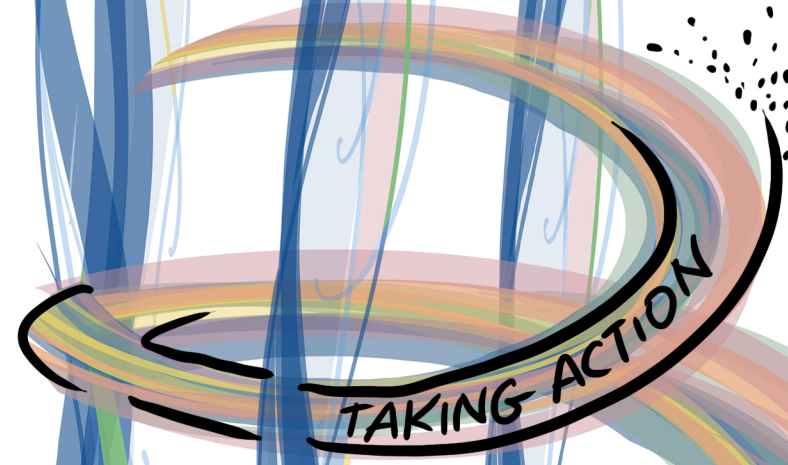
## HEALTH DATA

when is too much data?

## RESEARCH + EVALUATION

Research means teamwork across disciplines!

evaluation can feel negative... but crucial for improvement



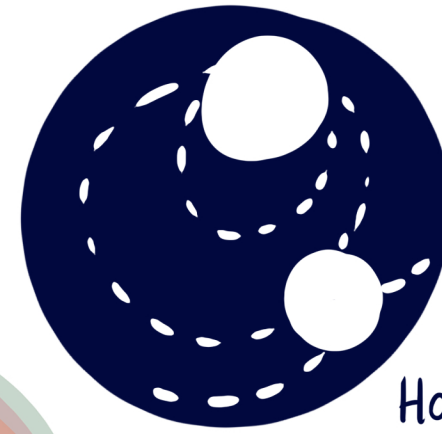
# PERMEATE the SILO membrane!

## HEALTH INFRASTRUCTURE

## WORK FORCE UPSTREAM



# MANAGING SYSTEM RESOURCES



Look to wildfires, pandemic, critical care, bed

How data can be shared - and shared metrics

shared VALUES  
Reduce burnout + isolation

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

think MORE BROADLY about what is HEALTH

WHAT LENSES do we need?

Decolonizing approaches

