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DALHOUSIE UNIVERSITY
FACULTY OF MEDICINE

Roundtable with Health Leaders

Supporting health workers and reducing backlogs

July 2023

Purpose of the Note

The MacEachen Institute for Public Policy and Governance (MIPP) and Dalhousie University Faculty of Medicine hosted a roundtable on June 9, 2023 with invited participants immediately following the closing ceremony of the Fear Memorial Conference on Catalyzing Health Systems Change. The MIPP serves as a forum for vibrant public policy discussion and analysis. The Faculty of Medicine has a strategic goal to catalyze systems change to improve health outcomes.

This roundtable session was an opportunity for system partners and academics to discuss goals for and challenges with supporting health workers and reducing backlogs in Nova Scotia. The 20 participants included professionals in the fields of public health, family medicine, social work, psychiatry and psychology, and government officials.

The roundtable was facilitated by Anna Marenick, Vice President of People, Culture and Belonging, Nova Scotia Health. A note-taker, Marika Warren, summarized the discussion and produced this briefing note.

Facilitator

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Author and Notetaker

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Selected Observations and Key Messages

- Supporting health workers and reducing backlogs are interconnected issues. There was a sense that taking steps to improve the efficiency and effectiveness of the health care system (including addressing backlogs) will help staff feel more supported. There was considerable range in the strategies that were identified to help support health workers.

- Channels for ideas to change the health system structure to reach those making the decisions that shape health systems. There were many thoughts about potential strategies to improve health care for both providers and recipients, but there are challenges to translate thoughts into organizational change.

- There was widespread agreement that we need to ensure that the perfect doesn't become the enemy of the good.

- Health workers need to be able to work to their full scope of practice was identified as an important goal, which is anticipated to both make health workers feel more supported and also help with backlogs.

- There was also significant conversation related to organizational culture, which was described as tending toward risk aversion and characterized by a fear of organizational and professional liability and that this can be a barrier to systemic change.

- There is a need for an acute awareness of the complexity and interconnectedness of the health care system, particularly in relation to reducing backlogs. Concerns were expressed about progress in one department or service exacerbating challenges faced by other departments or services.

What We Discussed

What medium-term goals (three to five years) are we trying to achieve in this policy area?

The group identified a need to create workplaces that support the physical and psychological health of the workforce and within which people are happy to go to work (or, at least, which do not contribute to people dreading going to work). A need to define a healthy or happy workplace was discussed, although the group did not suggest particular criteria. This might, for example, involve leadership training to enhance health care workers' sense of control.

It is important to find ways to reduce backlogs using approaches that are attentive to the social determinants of health, do not increase demands on health workers, or exacerbate existing inequities. It is important to build in feedback processes so that unintended consequences are made visible.

One way to both support health workers and address backlogs (and the potential to create them) is to create health systems that are resilient and have surge capacity to respond to unanticipated events. Ensuring that health workers are able to use their full scope of practice was identified as an important goal that is expected to make health workers feel more supported and reduce backlogs. Enhancing the uptake and implementation of existing evidence was mentioned; in certain domains (e.g., advanced access scheduling) it is not clear that the organization is doing what evidence indicates it should be doing.

A significant relationship between supporting health workers and addressing systemic inequities related to race, Indigenous status, immigration status, and gender was discussed. As part of these efforts, it is necessary to support learners in health professions who have experienced systemic disadvantage, especially Indigenous learners.

What near-term steps have to be taken to set us in the right direction? What untapped opportunities exist? What barriers prevent us from achieving our goals and how do we overcome them?

Separate the reward and fulfillment that comes with the work of health workers from the satisfaction that comes from working in a particular organization and focus on enhancing the latter. Key performance indicators (KPI) can be identified using employee experience surveys.

Taking steps to reduce moral injuries to health workers, which are often connected to backlogs and other strains currently experienced by the health care system, was identified as an important step in supporting health workers.

It was noted that for many health care workers there are disparities between challenges related to academic responsibilities and those that arise from clinical responsibilities. The importance of ensuring that supports are in place for both academic and clinical aspects of a position was emphasized.

The value of continuing and strengthening initiatives to address systemic biases was identified, and the particular importance of integrating Indigenous perspectives and practices such as Two-Eyed Seeing and models of collaborative care developed in Indigenous communities was emphasized. The framing of this work is critical; Indigenous health workers and communities are collaborators and partners who have essential knowledge and expertise, not "stakeholders".

Process matters for change – there needs to be tracking, explicit criteria, and shared decision-making involved in the approach to addressing backlogs. Implementation was identified as a significant challenge.

The importance of support for change was also identified. Fear of legal repercussions or liability acts as a barrier to going beyond traditional responsibilities or scopes and limits the ability of health care teams to fully function. Fears about losing control and power also act as barriers to change. It was suggested that moving toward a restorative justice model for concerns or complaints would support teams in working more effectively together. It was also mentioned that there has been a lot of change in recent years; it might be necessary to implement change without calling attention to the fact.

A cultural shift is needed to move away from risk adverse tendencies towards a focus on the psychological safety of employees. This includes enhanced support for whistleblowing as well as increased use of restorative justice to address concerns or complaints. There is also a need for a cultural shift regarding how work is done: two suggestions included changing hiring practices and making leaders more visible. It was noted that in health care there is a tendency to talk past each other.

The judicious use of new tools such as artificial intelligence (AI) can also serve to support health workers.

Centralizing or focusing services (and developing processes to support such initiatives) was mentioned as a strategy.

Increasing comfort with, and capacity related to, complexity was identified as an important step. Leaders (and others) need to be able to think with complexity and solve with complexity.

It was felt that policy is often an ineffective tool for shifting direction, as the relevant people are often either unaware of the existence of policies or ignore policies when they aren't perceived as supporting a desired outcome.

There was consensus that it is difficult to convey insights of individuals directly involved in delivering care to those in leadership roles. Creating channels to ensure that ideas on how to shift the health system can reach decision-makers is important. It was felt that creating the sorts of relationships that might lead to change is challenging due to the size of the organization. Demonstrating that ideas have been heard by leaders is also important for accountability.

It was recognized that change often has knock-on effect for other departments or services; it is important to consider foreseeable consequences of reducing backlogs in one area and ensure that it doesn't just push the backlog onto another service. Similarly, it was noted that it is impossible to guarantee that changes will land as intended and lead to desired outcomes. To avoid unintended consequences we need to know where the risk of compounding a problem or creating new problems is highest. We also need to identify who is at highest risk of being negatively affected.

It was suggested there would be value in reviewing practices to eliminate inefficient or ineffective use of human or other resources. This would have direct benefits and also demonstrate a commitment to living out organizational values throughout the organization's practices. Examples included reducing waste and implementing Choosing Wisely. Another suggestion was to create an office of sustainability to demonstrate the organization's commitment to sustainability.

A desire was expressed for transparency and accountability by leaders to the health care workforce around change implementation. There were, however, challenges identified with flow of information within the organization that makes implementation and transparency difficult; organization-wide emails, for example, are often ignored. Tools such as dashboards are sometimes inaccessible to physicians. The volume of information available can also be a barrier to getting the right information to the right person at the right time.

It was noted that there is a tendency to pilot projects in Central Zone before rolling out elsewhere, and that the outcomes in Central Zone might not extrapolate to other Zones. In a similar vein, it was observed that a lot of innovation occurs outside Central Zone, often out of necessity due to there being fewer resources available, but it doesn't get captured. Developing strategies to work against both of these tendencies would enhance health system innovation.

There is likely a need for more than one engagement strategy at a time to address the challenges facing health workers. A 'hackathon' was mentioned as a model that could be adapted for clinical environments.

It is important to acknowledge the value of people within the organization and their specific contributions. This includes regular feedback as well as meaningful recognition through awards, etc. Similarly, finding ways to recognize contributions by individuals who work in the health system but are not NSH employees, as well as learners, is important.

The message seems to be that virtual care is the solution (even if that's not the actual belief) – it's what people see in the media, highlighted in communications, etc. There is utility in emphasizing that virtual care is part of a larger bundle of solutions to the challenges experienced in health care.

Messaging related to addressing backlogs needs to be around improving care, not just reducing backlogs for the sake of improving numbers. And the framing around supporting health care workers matters as well – do we want to support health care workers because that is the right thing to do intrinsically or as an instrumental strategy to improve metrics related to outcomes, backlogs, etc.?

Changes to admissions processes for individuals seeking to enter the health professions and who have experienced systemic disadvantage were mentioned as a way to support efforts to create a health care workforce that better reflects the demographics of Nova Scotia.

What information or research do we need that we don't yet have access to? How do we access that research?

The discussion focused on the well-identified need for data in Nova Scotia. It is recognized that once One Person, One Record (OPOR) is operational it will solve some of the challenges we face but that it brings with it new challenges the system needs to be prepared for. There were particular concerns identified with relation to how race-based data and data about communities will be managed.

There were also questions related to how data will be integrated into operations once it is available; there is a need for frameworks, reporting structures, and people who are able to pull together and synthesize the information needed to support decision-making in the organization – e.g., SPOR unit, data analysts. It was noted that currently the focus is on collecting data as opposed to thinking about how to use it appropriately.

There was also discussion about the type of data that will be collected, and identifying a need for qualitative data to complement quantitative data that can capture information about relationships, continuity of care, etc.

Given our limited resources, the importance of learning from systems that more advanced in regard to patient data such as Alberta Health Services and the Puget Sound Health Collective was emphasized.

Finally, it was suggested that there is benefit in giving patients access to data first; if the system works for patients, it will work for everyone.

What behaviours do we have to motivate among the public to achieve these changes? How do we motivate those changes?

The public is already there and demanding that the system make changes to meet their needs.

If we were to reconvene in a year's time, how would we know that we are headed in the right direction?

One fairly straightforward way to know is through the use of metrics, such as changes in KPIs related to backlogs, retention rates, and reports of job satisfaction.

Some meaningful outcomes are harder to measure using traditional metrics, such as fulfillment, increased positivity, engagement, or well-being. We need to develop ways to measure such outcomes.

Another suggestion of a useful indicator of success was a widespread feeling of belonging to an organization that believes in something, living its values in practice, and those working in the organization have a sense of direction, a sense of hope, and a sense of common purpose.

Similarly, a sense of participating in achieving a vision shared throughout the health care system, including DHW, was suggested as a useful way of measuring progress.

Other suggested metrics include: having all waitlist data in a central registry and having care assigned based on need vs. time on waitlist; a full class of PharmD students (which hasn't been the case in recent years) who are there because they see the value of being in the role; greater ease and clarity in navigating the health care system for patients and health workers.

Method

We invited leaders and decision-makers from the public health, healthcare systems, and policy in Nova Scotia. The discussion took place in-person over two sessions on June 9, 2023, each one hour long with approximately 20 total participants between the two sessions. The majority of participants selected their top two choices of three possible roundtable topics and were assigned to those roundtables accordingly. Some participants were assigned to roundtables based on availability of seats and their expertise.

This note does not attribute comments to individuals during the discussion; it merely summarizes the comments. Participants shared their observations and experiences; we did not confirm the accuracy of their comments.

Participants were asked to discuss the following questions and encouraged to speak freely during discussion:

- What are the medium-term goals (3–5 years) we are trying to achieve?
- What near-term steps must be taken to set us in the right direction? What untapped opportunities exist? What barriers prevent us from achieving our goals and how do we overcome them?
- What research do we need that we don't yet have access to? How do we access this information?
- What behaviours do we have to motivate in the profession to achieve these changes? How do we motivate these changes?
- What behaviours do we have to motivate in the public to achieve these changes? How do we motivate these changes?
- If we were to reconvene in a year's time, how would we know that we are headed in the right direction?

About the MacEachen Institute

The MacEachen Institute for Public Policy and Governance at Dalhousie University is a nationally focused, non-partisan, interdisciplinary institute designed to support the development of progressive public policy and to encourage greater citizen engagement. Constance MacIntosh, of the MacEachen Institute, was a co-organizer of this event.

Contact

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More from the MacEachen Institute

The Institute is working to create resources and policy discussions. These include briefing notes as well as panel discussions, videos, and media commentary. You can find our **research and resources** on our website.

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