VOLUME 5, ISSUE 1

THE MUSE

VOLUME 5, ISSUE 1 SPRING 2016

The HHS Medical Staff Association Newsletter

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Hamilton Health Sciences

McMaster University HEALTH SCIENCES

A MESSAGE FROM THE PRESIDENT

Dr Chris Ricci at the Annual Winter Business Meeting and Art Show

A warm welcome to our June meeting, our Annual Dinner and Awards Night.

It is uncommon in our institution to openly celebrate a colleague. We have an attitude that excellent quality of care, and doing the extra for our patients, colleagues and institution is normal. There is no need to shine a light on it. In part, I understand this sentiment. It has been our culture for many years. But pause and look at the list of this year's award recipients on page 3. They are all leaders. Both the work they do and the way they work serves as an example for all of us. We believe this strongly. So please join us in congratulating each of these individuals.

Engagement. It was the accreditation process that shone a light on our present issues with physician engagement. We have been through two surveys, a world cafe and soon we will see some changes. Our CEO, Rob MacIsaac, and the hospital board have listened and are supportive of making changes to increase physician engagement. The Physician Hospital Partnership committee is creating a multi step plan to help to engage physicians. This includes increased involvement of physicians in decision making, better two way communication with administration, recognition, increased leadership training and opportunities. There is an initiative to develop an irritants or 'issues' committee that will look at improving the way we solve problems on the front line, in an expeditious manner.

The MSA recognizes that this type of culture change won't happen overnight, but we do need to take advantage of the opportunity that has evolved out of the surveys. We will keep you posted, but it can't happen without involvement of the physicians.

Good Manners. While the MSA has been supportive of the HHS Code of Conduct, the MSA has heard from members that the code can encourage escalation rather than mediation and resolution. We believe a Good Manners Policy would strongly enhance our working environment and steer us away from conflict. You are going to be hearing a lot about this. We will keep you posted.

Mentoring. We are asking that a mentor be assigned for all new staff. This would help with all avenues of practice, from difficult clinical scenarios, to setting up practice, office management etc. Someone who will advise you during your associate staff years. That mentor can also be your support when it comes to your final application to Active Staff. Mentoring has always occurred but on an ad hoc basis. We would like to formalize it and will be approaching the MAC to support a more formalized process.

Career Service Pins. For those of us that have managed to serve 25, 30, or 35 years, the hospital would like to present each of us with a pin at our Winter Meeting. I'm at 29 years. I wonder if I should wait to ask…

Two New Awards for Hospital Based Physicians. The Family Practice Award and The Consultants Award. Both awards will be awarded to the physician who goes above and beyond for a colleague. The Department of Family Practice will elect the hospital based physician that does the most for a family doctor's practice and the hospital based doctors will elect the specialist that does the most for them. Awards will be given for each site. (General, Juravinski, MUMC, St Peters, West Lincoln). You will hear more about this soon.

MSA is always looking for new members that want to roll their sleeves up and make this a better place.

Christopher Ricci MD

A Message From Our CEO

On behalf of the leadership team at Hamilton Health Sciences, I'd like to bring greetings and our thanks to all medical staff for their dedication to our patients and their families.

Since this month's MSA event is your annual Awards Night, I'd like to particularly salute Dr. Holger Hirte, Dr. Leela Elavathil, Dr. Laurie Elit, Dr. Arlene Franchetto, Dr. Amin Mulji, Dr. John T Harvey and Dr. Norm Buckley, who are being recognized with special awards.

There's a rumour going around that the pace at Hamilton Health Sciences slows down a little in summer. While it may not be true for all, I hope most of you will take advantage of the good weather to spend time away from HHS with your friends and families, re-charging your batteries.

Best wishes to all, and thank you once again for all of your hard work, your leadership and your commitment to our patients.

Rob

Dr Laurie Elit Awarded GOC Presidential Medal

The Society of Gynecologic Oncology has announced that it will be awarding its Presidential Medal to Dr Laurie Elit.

Please join us in celebrating Dr Elit on her achievements.

More details in the next issue of The MUSE.

Announcement from the GOC Newsletter, Spring 2016

Dr. Laurie Elit to be Honoured with GOC's Presidential Medal

By delivering the best care to her patients with gynecologic cancer, while devoting time to leading edge research and pioneering international work, Dr. Laurie Elit is making a difference in the management of gynecologic cancers. Join us Friday June 17 at the AGM Gala Dinner in Vancouver when we come together to celebrate Dr. Elit.

Medical Staff Association Annual Awards 2016

Dr. Stephen Garnett Distinction Award

Dr. Holger (Hal) Hirte, *Medical Oncology*

The MSA President's Award for Distinguished Service

Dr. Leelama Elavathil, *Anatomical Pathology*
Dr. Laurie Elit, *Gynecology/Oncology*
Dr. Arlene Franchetto, *Diagnostic Imaging*
Dr. Amin Muljii, *Cardiology*

The Humanitarian Award for Community & Global Service

Dr. Norman Buckley, *Anesthesia*
Dr. John Harvey, *Eye Medicine & Surgery*

Outstanding Residents of the Year Awards for 2016

Dr. Brigid Dineley	*OB/GYN*	Dr. Adrian Opala	*PM & R*
Dr. Darren de SA	*Surgery*	Dr. Donika Orlich	*Emergency Services*
Dr. Rosheen Grady	*Pediatrics*	Dr. Kara Schnarr	*Radiation Oncology*
Dr. Yoan Kagoma	*Diagnostic Imaging*	Dr. Janet Simons	*Lab Medicine*
Dr. Heung Kan Ma	*Anesthesia*	Dr. Victoria Squissato	*Family Medicine*
Dr. Leslie Martin	*Medicine*	Dr. Evan Weizenberg	*Psychiatry*

The Annual MSA

Margaret R. Charters Nursing Bursary 2016

Larissa Gadsby, RN, APN Intern, Pediatrics
McMaster Children's Hospital

OMA Life Membership Awarded to Dr. David Wismer

"In recognition of an outstanding contribution to the work of the Association, the medical profession, and medical science or common good in Ontario."

Dr. Wismer (left) is presented with the OMA Life Membership Award by OMA President Dr. Michael Toth, at the OMA Awards Ceremony on April 30, 2016 in Niagara Falls.

Dr. David I. A. Wismer graduated from McMaster University Medical School in 1976. He completed his post graduate residency training in Orthopaedics at McMaster University in 1982. He was a Clinical Scholar, Fellowship in Arthroplasty, in Hamilton in 1983. In 1984, he did a fellowship at Sunnybrook in Trauma and Arthroplasty and studied as a A-O Trauma Fellow in Chur, Switzerland in 1985.

Dr. Wismer has been practicing Orthopaedics in Hamilton at the Hamilton Civic Hospitals and Hamilton Health Sciences, with special interest in Trauma, Lower Limb Arthroplasty and Sports Medicine, as active staff since 1985. He is also an Associate Clinical Professor at McMaster, and has been the provincial delegate for Canadian Orthopaedic Association and Executive Member of Committee on Access to Orthopaedic Care.

Dr. Wismer served as President of Ontario Orthopaedic Association from 2002-2004 and served on the Board chairing numerous committees from 1994 to 2008. He, along with the CEO, COA and the President Elect, was instrumental in obtaining dedicated funding for Joint Arthroplasty resulting in reduction of wait time. He has served as Provincial Representative on Executive Board of Ontario Joint Replacement Registry and as President of the Hamilton Academy of Medicine in 1997 and was an active Board Member from 1992 to 1998 as well as District Director.

Dr. Wismer has been the Regional Co-ordinator for Osteoporosis Society Screening Program in Hamilton for over 15 years. He has been the Orthopaedic Consultant for the Hamilton Tiger Cats and the Toronto Rock. He has served as Camp Physician, Medical Director, Alumni for YMCA Camp Kitchikewana for 20 years.

The MSA Executive Team proudly announces.....

The MSA Annual Charitable Donation for 2016

$7,500.00

in support of Syrian newcomers to Hamilton

will be donated on your behalf to

Refuge: Hamilton Centre for Newcomer Health

http://www.newcomerhealth.ca/

Medical Staff Volunteers at Refuge:

Chair, Board of Directors: Dr. David Chan — Executive Director: Terri Bedminster

Alain-Remi Lajeunesse (Physician)	Hodan Ali (Nurse Practitioner)
Andrea Hunter (Pediatrician)	Javier Ganame (Cardiologist)
Bera Garcia (Registered Nurse)	Lois Campbell (Registered Nurse)
Brianna Wilson (Physician)	Maureen O'Malley (Dermatologist)
Carmen Cuming (Mental Health Support)	Mike West (Physician)
Christian Kraeker (Internal Medicine)	Mohamed Khaled (Medical Director)
Claire Kenny-Scherber - Honorary	Natty Hunt (Registered Nurse)
Diana Ahmed (Physician)	Nadia Hajir-Amiri (Registered Nurse)
Elisabeth Canisius (Pediatrician)	Rachel Erstling (Psychiatrist)
Abubaker Khalifa (Internal Medicine Resident)	Shelley Sender (Physician)
Erica Roebbelen (Physician)	Sue Grafe (Nurse Practitioner)
Hannah Bell (Registered Nurse)	Tim O'Shea (Infectious Diseases)

Hello Catharine,

Thanks for thinking of us and the work of so many dedicated healthcare providers. Our clients tell us, on a daily basis, the positive impact our work has on their lives. Receiving recognition and support, in the form of a generous donation of this kind, is ever so encouraging.

David, as chair of our board, works very graciously to raise the awareness and profile of the Centre, so I trust he will also be available to accept this donation on our behalf. I will be sure to confirm our attendance.

Thanks to the MSA, and to you, for the level of advocacy you do in your capacities to assist this Centre.

With gratitude,

Terri


MSA Winter
General Business Meeting &
11th Annual Medical Staff Art Show
Thursday January 28, 2016
at the Sheraton Hotel
Starting at 5:30 pm
Exhibiting Artists are signing up now....
All medical staff who are into the arts, are
welcome to join the show!
Contact the MSA office at
ext 46770 or email msa@hhsc.ca.


Silenced


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Dr Judith Moran
Dr. Angelica Fargas-Babjak
Dr. Bill Finn
Dr. Jaroslav Grabec
Dr Donn Hitch
Dr Zenn Kiss
Dr. Geoff Dunn


Panasonic


$7,500.00


Sheraton Hamilton
HOTEL


Medical Staff Association
Welcomes...
Dr. Thomas

Why Are Physician Engagement Scores So Dismal?

An Article reprinted from The Atlantic, Jan 25, 2016

By RICHARD GUNDERMAN, MD

RICHARD GUNDERMAN, MD

Many hospitals around the nation have been stung by dreadful physician engagement scores. Engagement is a problem not only for demoralized physicians, but for healthcare organizations, their employees, and everyone they serve. They should take note, because low levels of engagement are associated with higher physician turnover, increased error rates, poorer rates of patient cooperation in treatment, and lower levels of patient satisfaction.

Definitions of engagement vary, but it generally includes pride, loyalty, and commitment. When engagement scores are low, physicians take little pride in the hospital, would not recommend it to a job-seeking colleague, and believe that the hospital's mission and vision are not in sync the needs of patients. On the other hand, engaged physicians are more likely to perform better in every area, including patient care, education, and research, which benefits everyone.

To better understand the roots of poor physician engagement, I recently sat down for a conversation with a large group of students from the Indiana University Kelley Business of Medicine MBA program. Its students are practicing physicians from around the country who have realized that to improve patient care they need to become better leaders. Many work in hospitals that have identified engagement challenges and are attempting to develop solutions to the problem.

Challenged to explain declining physician engagement scores, the group pointed first to a lack of transparency. Many hospitals, they said, collect a great deal of information about the performance of their medical staff, but share little information in return. One physician described the situation in terms of a "one-way mirror," in which data on physician performance are widely circulated, but the performance of the organization and its non-physician leaders remains largely opaque.

Another key problem, according to the group, is the fact that so many hospital administrators do not take care of patients. In contrast to physicians and nurses, whose work revolves around patients, hospital administrators typically have business backgrounds. Even health professionals who play leadership roles often "haven't cared for patient in years," said one participant. "This makes it difficult for them to understand what medicine is like on the front lines, and they seem out of touch."

The group also pointed to the different standards by which physicians and hospital administrators are evaluated. The most important criteria of physician performance naturally revolve around patient care, while administrators are typically judged first on financial performance. This misalignment can frustrate both sides – physicians feel that administrators care about nothing but money, and administrators feel that physicians don't understand the system-wide challenges the hospital faces.

Said one participant, "For many occupants of the hospital C-suite, the central operating principle is, 'No margin, no mission.' This means that, no matter how noble the hospital's mission statement, revenue must exceed costs or the hospital will close. In too many cases, though, 'No margin, no mission' gets transformed into, 'The margin is the mission.'" Financial priorities begin to take precedence over why the organization exists in the first place – to care for patients.

The group pointed to the growing bureaucratization of healthcare, driven in part by consolidation among healthcare organizations. As hospital systems grow, their decision making tends to rely more on impersonal policies and procedures and less on relationships. Said one participant, "This is frustrating to health professionals, whose careers are devoted to building trust." Many fondly recall a day when decision was based more on relationships than on policy and procedure manuals.

Another participant added, "To a hospital administrator, the corporation's annual report might seem the most important thing, and the center of the universe might appear to be the hospital executive suite. But to health professionals, it is patients. When administrators put their own programs first, they inevitably seem out of touch with reality." This can be especially frustrating when administrators come and go in just a few years, while many physicians maintain much longer commitments.

The physician-MBAs offered a number of suggestions for improvement. One is for hospitals to start treating health professionals as partners in care. This means, among other things, ensuring that decision making involves strong representation by physicians, nurses, and others who care for patients on a day-to-day basis. When they are not present, even seemingly well thought-out initiatives can prove dangerously at odds with patient care.

Another suggestion is to ensure that hospital boards are well populated with people who regularly care for patients. It is all well and good to have health professionals involved in daily tactical decision making, but if they are not also present when organizational priorities are set and strategies are crafted, a sense that organizational management is out of touch with reality is likely to arise. As one participant put it, "Would any law firm operate with a board comprised almost entirely of physicians?"

A third is to pair each administrator with a health professional who understands what day-to-day patient care is like. The goal here is to ensure that administration and health professionals work in partnership, not only during formal decision-making sessions such as board meetings, but throughout each work week. This is likely to produce a much higher level of mutual understanding, which is precisely what many physicians think is lacking at the moment.

The ultimate goal here is not to make physicians and other health professionals happier, but to take better care of patients. Said one participant, "Physician engagement isn't just about whether doctors happen to be happy or not. It's about integrity. It does no good for the hospitalto make lots of money and reward its executives handsomely if the people who care for patients distrust it. Improving engagement scores is ultimately about ensuring that health professionals believe in their work."

Richard Gunderman is a professor of radiology at Indiana University and a contributing writer at The Atlantic.

Changing physician-hospital relationships: Managing the medico-legal implications of change

An Article reprinted from the Library of the CMPA

An article for physicians by physicians
Originally published September 2011
P1103-3-E

The Canadian healthcare system is constantly evolving to meet emerging needs. The changing face of the Canadian population, healthcare resource constraints, new technologies, higher expectations for healthcare outcomes, and a desire for greater accountability are among the current, significant changes. The role of physicians in the healthcare system is also changing. Widespread adoption of collaborative care models and greater use of inter-professional teams have improved access to care for Canadians. While the Canadian Medical Protective Association (CMPA) supports the efforts to expand the delivery of care, a number of the changes pose particular medico-legal challenges.

An important element of this transformation is the manner in which longstanding relationships between physicians and hospitals are changing. Some of these changes are being witnessed across the country, while others are the result of local conditions. System-wide decisions aimed at improving accountability, effectiveness, and efficiency are having an impact on physician-hospital relationships, as are changes aimed specifically at adjusting the local culture within institutions. The potential effect of physicians' changing preferences within this evolving system is also significant.

It is unlikely there is one perfect model or approach that may be universally applicable across 13 provincial or territorial jurisdictions, let alone in the dozens of local health authorities and regions. However, with its pan-Canadian perspective, the CMPA has identified a number of medico-legal implications that arise from these changes. If not effectively addressed, these implications could lead to difficulties for physicians, institutions, and patients. The Association believes the medico-legal implications of such changes should be addressed as a priority and we have identified a number of recommendations that are achievable.

An evolving landscape

One of the strengths of the Canadian healthcare system is its capability to adjust to local conditions at the provincial, territorial, or regional level.

While lessons can be learned from local successes, applying these concepts to a broader audience can be risky. The "one-size-fits-all" concept does not reflect the realities of Canadian healthcare. However, in many parts of the country, the CMPA is witnessing the following trends:

- Provincial and territorial governments are seeking to strengthen and clarify the accountabilities associated with the delivery of care.
- Accountabilities are also being enhanced at the hospital level. While Ontario's recently enacted *Excellent Care for All Act* may be the most prominent effort, similar initiatives have been completed or are underway in many jurisdictions.
- Roles and responsibilities within hospitals increasingly reflect the migration towards delivery models based on inter-professional teams that draw on and value the contributions of a range of healthcare providers.
- A growing reliance on inter-professional teams and collaborative care is occurring at the same time that the scope of practice of many healthcare providers is being expanded.

- All elements of the healthcare system are under increasing scrutiny. This is generally a welcome trend that needs to be properly managed, so as to avoid negative consequences on individuals and on institutions' culture.
- While many physicians and hospitals remain comfortable with the traditional privileges model, there is an increasing prevalence for more formal contractual or employment arrangements.

Changing roles and responsibilities

Longstanding governance models have recognized the unique perspective and expertise that physicians provide and the importance of engaging physicians in decision-making.

While this system has served Canadians well, the CMPA has recently witnessed efforts to reduce the role of physicians in healthcare decision-making. In certain jurisdictions, physicians have expressed concerns that legislative, regulatory, and local bylaw adjustments have marginalized their role and contributions. Such situations are unfortunate and may ultimately affect the quality of care.

Within the hospital setting, recognition of physicians' important role in decision-making is best evidenced by the existence of medical advisory committees and through the mandated requirement to include physicians on the hospital governance body. This requirement is fundamental to the independence and maintenance of the self-regulated nature of the medical profession, including the sole authority for the credentialing and discipline of physicians. However, this standard is under threat by those who may not fully understand or recognize the value provided by the current approach.

Health authorities and hospitals should be encouraging physicians to actively engage in decision-making and, where obstacles to such engagement exist, be working to remove those barriers. To facilitate the active participation of physicians in organizational decision-making, institutions should review their governing documents (such as bylaws) with a view to facilitating physician engagement.

Medico-legal implications

Six areas of concern

In examining the medico-legal implications of the changing relationships between physicians and the hospitals in which they deliver care, the CMPA has identified 6 broad areas of concern. While these considerations can be viewed separately, they are related and, in some cases, have compounding implications. Although they may not be present in every circumstance, these 6 inter-related issues warrant serious attention:

- physicians as advocates for patients
- appropriate reporting of physicians
- balanced response to adverse events, including the reporting of those events to the public
- collection, use, and safeguarding of physicians' information, including personal health information
- arrangements that govern a physician's ability to deliver care within a healthcare authority or hospital, including both privileges and employment models
- approach through which physicians receive medical liability protection

Recommendations

The CMPA has been actively engaging key healthcare stakeholders and decision makers to advance recommendations on this important issue. In its recently released policy paper, *Changing physician-hospital relationships: Managing the medico-legal implications of change*, the CMPA sets out key recommendations for physicians, health authorities and hospitals, hospital insurers, medical regulatory authorities, and governments. These recommendations are built on the principles of fairness and balance, recognizing that, while potentially disconcerting for some, these ongoing changes can further strengthen the healthcare system, if properly managed.

Changing physician-hospital relationships: Managing the medico-legal implications of change

An Article reprinted from the Library of the CMPA

Some of the recommendations for physicians are:

- Remain engaged in healthcare decision-making, including decisions at the health authority and hospital level, by seeking formal and informal leadership roles that advance the provision of quality care.
- Understand and adhere to health authority and hospital procedures for reporting, recognizing that appropriate thresholds support safer care.
- Actively participate in efforts to resolve conflicts at the local level and, to the extent feasible, avoiding unnecessary escalation.
- Continue to appropriately advocate for the interests of patients, while being cognizant that inappropriate or overzealous advocacy may be disruptive to the provision of care.
- Avoid forming or communicating hasty or partially informed opinions about the performance of colleagues or other care providers involved in an adverse event.
- Understand the differences between quality improvement (QI) and accountability reviews and actively participate in appropriately constituted QI reviews.
- Disclose personal and personal health information to Colleges in circumstances where it is required by law, or when the physician consents to the disclosure because it is necessary to protect patient safety.
- Carefully consider the protections specified in any agreement before entering into it, including protection related to procedural fairness and natural justice.
- Understand the different advantages, disadvantages, and protections offered by employment or contractual arrangements and by a privileges-based system. Consider the possible merits and shortfalls of an appointments model similar to that currently being implemented in a number of Canadian jurisdictions.
- Be aware of areas of medico-legal risk in contracts, such as indemnification clauses. Review the CMPA's document entitled *General Information on Individual Contracts* and seek legal advice from one's own legal counsel, as required.
- Recognize the limitations of an enterprise liability protection model and its potentially negative consequences on the professional independence and integrity of physicians.

Given the dynamic environment facing all healthcare professionals, physicians are left with two primary choices: one is to respond to the changes after they have occurred; the other is to seize opportunities to advance the long-term effectiveness of the healthcare system. In the face of what unfortunately appears to be a diminishing role for physicians in healthcare decision-making, physicians must individually and collectively decide the role the medical profession should and will play in the healthcare system. Canadians have benefited greatly from physicians exercising a responsible, collaborative leadership role — one that respects the expertise of others but brings an important and unique perspective to decision-making.

The CMPA believes it is in the best interests of Canadians for the medical profession to be actively engaged in helping to shape the future of healthcare. This engagement requires physicians to be appropriately empowered to contribute to decisions. Establishing positive, mutually beneficial relationships between physicians and health authorities and hospitals is a vital step if the healthcare system is to provide the care and services Canadians expect.

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MSA Executive Committee

Dr Chris Ricci, President

Dr Dereck Hunt, Vice President

Dr Paul Missiuna, Secretary-Treasurer

Dr John Mernagh, Past President

Members at large: Dr Frank Baillie,

Dr Danielle Charbonneau, Dr Irene Cybulski,

Dr Bruce Korman, Dr Mehran Midia,

Dr Paul Miller, Dr Catherine Ross

Administrative Assistant: Catharine Griffin

Honouring our honourary members. Our Honourary Members with our CEO Rob MacIsaac at the Annual Winter Meeting. Can you name them all? The first person to do so, in the correct order from left to right, will be eligible to win a prize. Send your answers to Catharine Griffin at msa@hhsc.ca.

Checklist for Developing and Formalizing the Hospital-Physician Relationship

- ✔ Does the assessment of the current relationship between physicians and hospital staff indicate a need for improvement?
- ✔ Is the organization well-positioned to improve the relationship between staff and physicians?
- ✔ Has the need to develop and formalize a mutual understanding between staff and physicians been clearly communicated to all levels within the organization?
- ✔ Has a core team consisting of formal and informal leaders been established, prepared and assigned roles?
- ✔ Are there fair, transparent and meaningful engagement and communication strategies in place to facilitate success during implementation?
- ✔ Do staff and physicians within all levels of the organization have fair, transparent and meaningful opportunities to participate in the consultation process?
- ✔ Has the relationship between staff and physicians working at the organization been formalized in a way that is effective and meaningful for the staff and physicians at all levels within the organization?
- ✔ Is there evidence to indicate that the communication strategy has been implemented effectively and that all organizational practices and policies and have been updated to support the new relationship?
- ✔ Are there opportunities for staff and physicians to incorporate the mutual understanding into their day-to-day practice?
- ✔ Are there various mechanisms to monitor, evaluate and improve the effectiveness and impact of the formal mutual understanding between staff and physicians?

The full version of the **Guidance for Developing Effective Hospital-Physician Relationships** is available at: toronto.com/hpr or www.oha.org/Resources/Pages/default.aspx

For questions, please contact:

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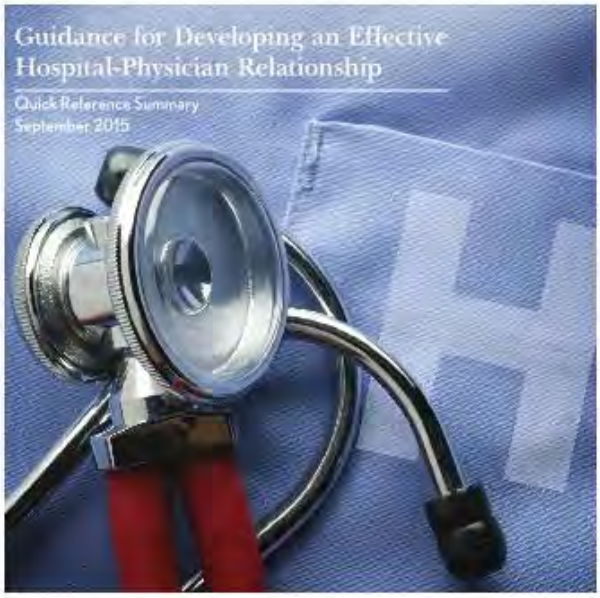

Quick Reference Summary

Introduction

The Ontario Hospital Association (OHA) and the Ontario Medical Association (OMA) agree that positive relationships between hospitals and physicians at all levels are critical to high-quality patient care. Their shared objective is to be part of creating a high-performing, integrated and sustainable health care system with the common goal of providing high-quality, effective and efficient patient care. As the demands for change continue to increase due to factors such as health system transformation, funding reform and changing patient expectations, it is critical that hospitals and physicians navigate through the changes as partners with shared goals and expectations.

To achieve this, leaders (including executive and physicians) must build on current partnerships and relationships to ensure that they have a highly effective working relationship built on mutual trust, understanding and respect. Foundational to this relationship are the hospital's mission, vision and values which are developed by leaders, staff, physicians and the hospital's Board of Directors (Board).

The OHA and OMA recognize that there are various tools and approaches that hospitals and physicians can use to foster effective working relationships, which build upon shared values. While there is no "right way," it is important to note that whichever tool or approach is used the value is in the collaborative and transparent process that leaders, non-physicians and physicians and staff participate in to arrive at the final framework.

Goals:
- To create alignment and shared purpose among non-physician and physician leaders
- To foster collaboration and transparency
- To improve quality, value and patient experience

Guiding Principles:
- Commitment to patient care
- Respect
- Accountability and decision-making
- Leadership
- Communication

The Role of Organizational Culture and Leadership

Hospital Boards are responsible for setting the vision, mission and values of the organization and for ensuring continuous improvement in outcomes (i.e., such as quality, access, patient safety and patient centredness). In an environment of continual financial pressure and increasing patient demand, the Board is more likely to succeed when there is a dynamic effort from the Board, hospital management and physician leaders (formal and informal).

Organizational culture plays an important role in assessing behavior because it is rooted in shared assumptions and beliefs of individuals.

The process of developing and formalizing a mutual understanding among leaders, non-physician and physician staff requires an in-house process for new learning and adaptive change. All members of the organization will likely require some change in order to foster behavioral expectations and move forward together in a new relationship with mutual understanding.

A hospital's Board is ultimately accountable for the success and sustainability of the corporation it governs. As such, the Board has an important role to play in setting to ensure that leaders are creating and promoting an organizational culture that supports an effective working relationship between leaders, non-physician and physician staff at all levels of the organization. As leaders, these individuals are visible champions and should continue to model the desired organizational culture.

Developing and Formalizing the Hospital-Physician Relationship Framework

The OHA and OMA have developed the following practical approach to provide hospitals and physicians with guidance as they build the foundation for an effective relationship framework.

Hospitals and physicians across the province may be at different stages of developing and implementing best practices in creating and improving relationships between the hospital and physicians. Whichever stage an organization is at, this guidance is not meant to replace or override existing policies, such as the Professional Staff By-Law, Hospital Rules and Regulations, and the Code of Conduct. Furthermore, the approach presented should not be viewed as a standalone process, but rather complementary to and integrated into existing organizational initiatives.