Guidance for Developing an Effective Hospital-Physician Relationship

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OHA ONTARIO HOSPITAL ASSOCIATION

OMA ONTARIO MEDICAL ASSOCIATION

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Introduction

Hospitals, as institutions, evolved in Ontario to provide comprehensive care to people who are unable to receive care in their community. Physicians played a key role in the development of institutional care and founded and ran many of Ontario's earliest hospitals. The unique partnership between physicians and hospitals remains a pivotal one for healthcare in Ontario and today more than 20,000 physicians in Ontario have hospital privileges.

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. Ontario's health care system is undergoing significant transformational change that can create pressure on hospitals and physicians as they work together to improve the quality of care for their patients.

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 (includes non-physicians 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 joint OHA/OMA Physician Hospital Issues Committee (PHIC) recognizes the importance of the relationship between hospitals and physicians in delivering quality patient care. The PHIC recognizes that there are various tools and approaches that hospitals and physicians can use to foster effective working relationships, which build upon shared values. The PHIC has developed this guidance material to support local relationship building and framework development.

> While there is no 'right way', it is important to note that whichever tool or approach is used, *the value to all is in the collaborative and transparent process* that leaders, non-physician and physician staff participate in to arrive at the final framework.

Key to the success of the developed framework is a balance between:

- Hospitals' continued recognition that the physician-patient relationship is foundational to the provision of high-quality patient care (including the physician's obligation to provide quality care and to act in the best interest of the patient); and

- Physicians' continued recognition that they may have to balance advocacy for the individual patient with the best interests of the patient population.

Purpose

The OHA and OMA are jointly committed to supporting hospitals and physicians as they continue to build and strengthen their relationship in support of quality patient care. This *Guidance for Developing an Effective Hospital-Physician Relationship* is based on a high level review of approaches in other jurisdictions and successful models in Ontario. It provides some guiding principles and a practical approach to assist hospitals and physicians in developing a framework for a mutual understanding regarding an effective working relationship. In applying these principles and approach, it is important to recognize that while all relationships within the hospital are important, most physicians have a unique relationship with the hospital, namely privileges, in comparison to the rest of the staff.

The PHIC recognizes that 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.

> **Effective hospital-physician relationships are essential to the delivery of safe, high-quality, patient-centered care.**

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

Guiding Principles

Commitment to Patient Care

- A shared responsibility for high-quality, patient-centered care

- A collective obligation to strive for excellence in all aspects of patient care within a healthy, multidisciplinary work environment through innovation and respect for the unique features of the patient and family

- A shared recognition of the resources available and the needs of the community

Respect

- Mutually respectful interactions among leaders, non-physician and physician staff at all levels of hospital practice built on a foundation of trust and respect

- Shared commitment that promotes management's understanding of what physicians need to provide quality patient care and physicians' understanding of hospital governance, management, government and legislative requirements

Accountability and Decision-making

- Clear accountabilities, including delineated roles, responsibilities, expectations and lines of accountability

- Collaborative approaches to problem solving that facilitate more effective engagement and support of physicians in all aspects of hospital practice (management and clinical)

- Efficient structures/models of administrative decision-making that are evidence-based, impact sensitive, outcome oriented, fair, transparent and timely

- An alignment of priorities built on a shared platform of consensus and commitment to common goals, including a patient-centered, accessible, integrated and accountable health system, and supported by appropriate incentives and rewards

Leadership

- An environment of contemporary and responsive organizational (clinical and management) leadership styles that promotes staff engagement, integration and team building at all levels of hospital practice

- An environment that identifies and supports physician leaders and provides opportunities for individual and collective leadership development

Communication

- Clear, open, respectful communication among leaders, non-physician and physician staff, that values each member's contribution and promotes trust, mutual understanding, constructive discussion and effective knowledge transfer

Figure 1: Guiding Principles

# The Role of Organizational Culture and Leadership

Organizational culture plays an important role in sustaining behavior because it is rooted in shared assumptions and beliefs of individuals. An organization's culture is reinforced and perpetuated as long as it 'works' and supports strategies and actions that result in successful outcomes. Organizational cultures evolve slowly over time and can drift from one that is beneficial in terms of supporting positive relationships and outcomes, to one that is a potential barrier to success when it does not adapt in the face of innovative strategies, system pressures, and technological advances.

The process of developing and formalizing a mutual understanding among leaders, non-physician and physician staff requires an inclusive process for new learning and adaptive change. A successful process results in leaders, non-physician and physician staff recognizing what is needed in terms of shared attitudes, to deliver high-quality patient care. All members of the organization will likely require some change in order to leave behind old 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 striving 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. This is reflected at the highest level through the relationships mandated by relevant legislation, regulation and/or by-laws between the Board, the hospital CEO, the Chair of the Medical Advisory Committee (who may be a Vice President of Medical Affairs or a Chief of Staff) and the President of the Medical Staff Association. As leaders, these individuals are visible champions and should strive to model the desired organizational culture.
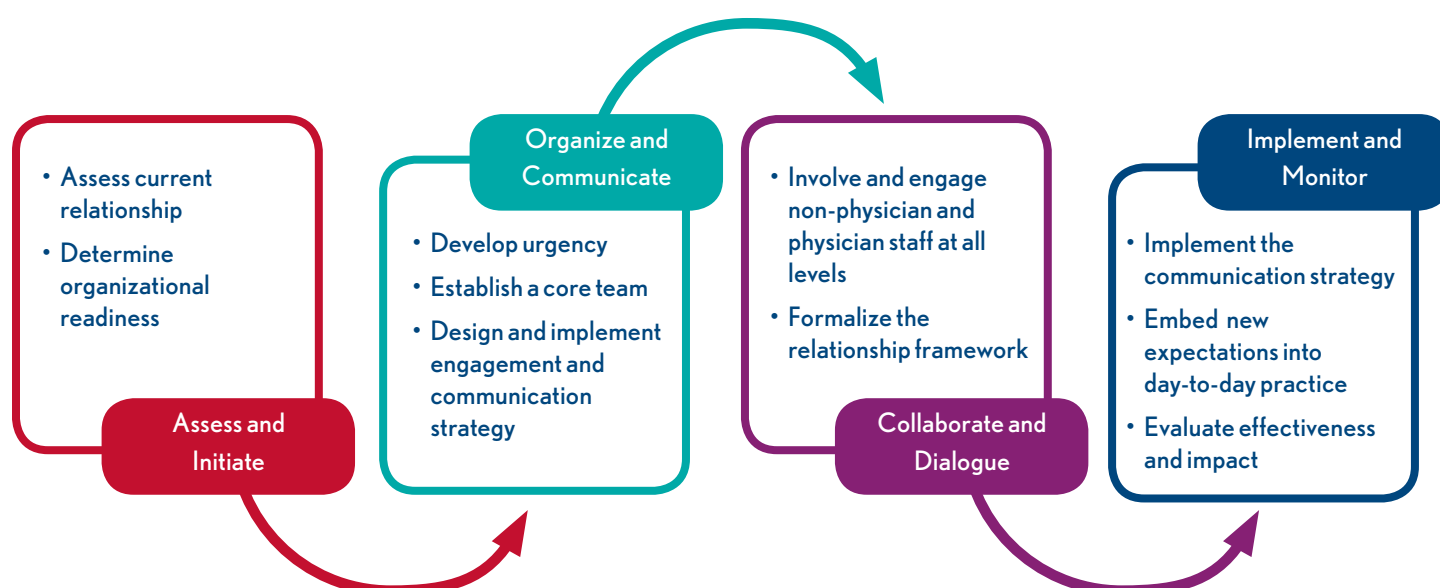
Figure 2: Linkages with the Board of Directors

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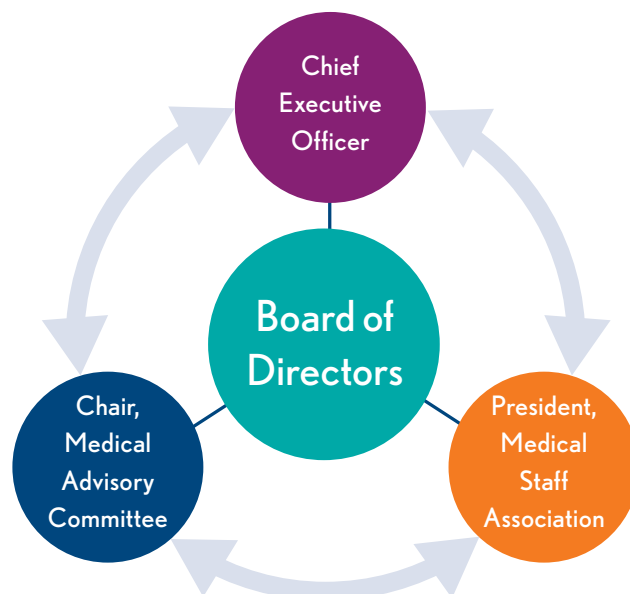
Developing and Formalizing the Hospital-Physician Relationship Framework

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

Figure 3: Overview of Process for Formalizing the Hospital-Physician Relationship

Assess and Initiate

- Assess current relationship
- Determine organizational readiness

Organize and Communicate

- Develop urgency
- Establish a core team
- Design and implement engagement and communication strategy

Collaborate and Dialogue

- Involve and engage non-physician and physician staff at all levels
- Formalize the relationship framework

Implement and Monitor

- Implement the communication strategy
- Embed new expectations into day-to-day practice
- Evaluate effectiveness and impact

Assess and Initiate

1. **Assess the current relationship between leaders, non-physician and physician staff in the context of the organization's vision and values**

   - Evaluate whether there is awareness, recognition and acceptance of the organization's vision and values at all levels of the organization

   - Determine whether or not there is a sense of trust, open communication, transparency and accountability at all levels of the organization

   - Establish a shared recognition that there is high value in continually striving to foster effective relationships between leaders, non-physician and physician staff

   - Consider all policies and guidance influencing the relationship

2. **Determine organizational readiness**

   - Identify the reasons for action and the implications of developing and formalizing a mutual understanding between leaders, non-physician and physician staff

   - Recognize and acknowledge past points of conflict in order to move forward

   - Ascertain the formal and informal leaders who can contribute to the process

   - Evaluate whether or not the availability of resources and timing of undertaking this improvement initiative will facilitate success

Organize and Communicate

3. **Develop and sustain urgency by communicating the importance of developing and formalizing a mutual understanding between leaders, non-physician and physician staff to all levels within the organization**

   - Reinforce the importance of the relationship

   - Communicate the risks and potential impacts on patient care as a result of ineffective relationships between leaders, non-physician and physician staff

   - Emphasize the value of organization-wide participation in this quality improvement initiative

4. **Establish a core team and assign roles**

   - Select senior leaders who will take on visible and unequivocal sponsorship and commitment

   - Determine the roles that formal and informal leaders (non-physician and physician staff) will play and assign tasks

   - Prepare formal and informal leaders who can champion this work

5. **Design and implement an engagement and communication strategy**

   - Outline an engagement and communication strategy that is based on transparency, fairness, timeliness and inclusivity to promote meaningful engagement

   - Align resources to support the development and implementation of the strategy

   - Emphasize and clearly demonstrate that non-physician and physician staff input is critical and will have an impact on patient care

Collaborate and Dialogue

6. **Involve and engage non-physician and physician staff at all levels of the organization**

   - Examine the various forums that exist which allow for healthy discussions and determine whether new forums need to be established

   - Facilitate open, transparent and inclusive conversations to develop a mutual understanding that non-physician and physician staff feel are reasonable and can support

   - Demonstrate sensitivity and maintain ongoing communication with those who may react strongly to participating

7. **Formalize the mutual understanding framework in a format that is effective and meaningful for leaders, non-physician and physician staff at all levels within the organization**

   - Document the mutual understanding and validate it with non-physician and physician staff at all levels of the organization

   - Formal and informal leaders must exhibit behaviours that demonstrate that the new relationship is important

   - Discuss how behaviours that are not aligned with the new relationship will be addressed

Implement and Monitor

8. **Implement the communication strategy across the organization**

    - Ensure that the communication is transparent, open, timely, and inclusive of leaders, non-physician and physician staff at all levels of the organization

    - Review and update any organizational practices and policies to ensure alignment between non-physician and physician staff and consistency with new relationship

    - Provide training and other development activities that may be required to ensure that leaders, non-physician and physician staff have the skills to support the relationship

9. **Embed the mutual understanding in day to day practice and expectations**

    - Determine what resources are required to support the new relationship

    - Actively involve non-physician and physician staff in shaping strategic, clinical and operational decisions

    - Use performance management conversations to communicate about how the relationship is being upheld by leaders, non-physician and physician staff at all levels of the organization

10. **Evaluate the effectiveness and impact of the mutual understanding periodically**

    - Solicit ongoing feedback from leaders, non-physician and physician staff regarding the relationship

    - Examine non-physician and physician staff engagement scores to determine impact

    - Maintain ongoing communication with formal and informal leaders to acknowledge success, address challenges and share reflections

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?

Appendix: Bibliography and Relevant Reference Material

Denis JL, Baker G, Black C, Langley A, Lawless B, Leblanc D, Luisiani M, Hepburn CM, Pomey MP, Tre G. Exploring the dynamics of physician engagement and leadership for health system improvement - prospects for Canadian health systems [Internet]. Regina (SK): Ministry of Health; 2013 [cited 2015 Sept 19]. 59 p. Available from: http://www.cfhi-fcass.ca/sf-docs/default-source/reports/Exploring-Dynamics-Physician-Engagement-Denis-E.pdf?sfvrsn=0.

Dickson G. Anchoring physician engagement in vision and values: principles and framework [Internet]. Regina (SK): Regina Qu'Appelle Health Region; 2012 [cited 2015 Sept 19]. 53 p. Available from: http://www.cp-net.ca/site/ywd_dd_76/assets/pdf/anchoring_physician_engagement_in_vision_and_values_with_cover_lb_rev.pdf.

Doctors of BC. Policy paper: partnering with physicians [Internet]. Vancouver: Doctors of BC; 2014 Jan [approved 2013 Nov 22; cited 2015 Sept 19]. 10 p. Available from: https://www.doctorsofbc.ca/sites/default/files/policy-partneringwithphysicians-january212014.pdf.

Kornacki MJ, Silversin J. Leading physicians through change: how to achieve and sustain results. 2nd ed. Tampa: American College of Physician Executives; 2012. 155 p.

Kotter JP. Leading change. 12th ed. Boston (MA): Harvard Business Review Press; 2012. 208 p.

Scott CG, Thériault A, McGuire S, Samson A, Clement C, Worthington J. Developing the physician engagement agreement at the Ottawa hospital: a collaborative approach. Healthc Q. 2012; 15(3): 50-3.