HQBC
HEALTH QUALITY BC

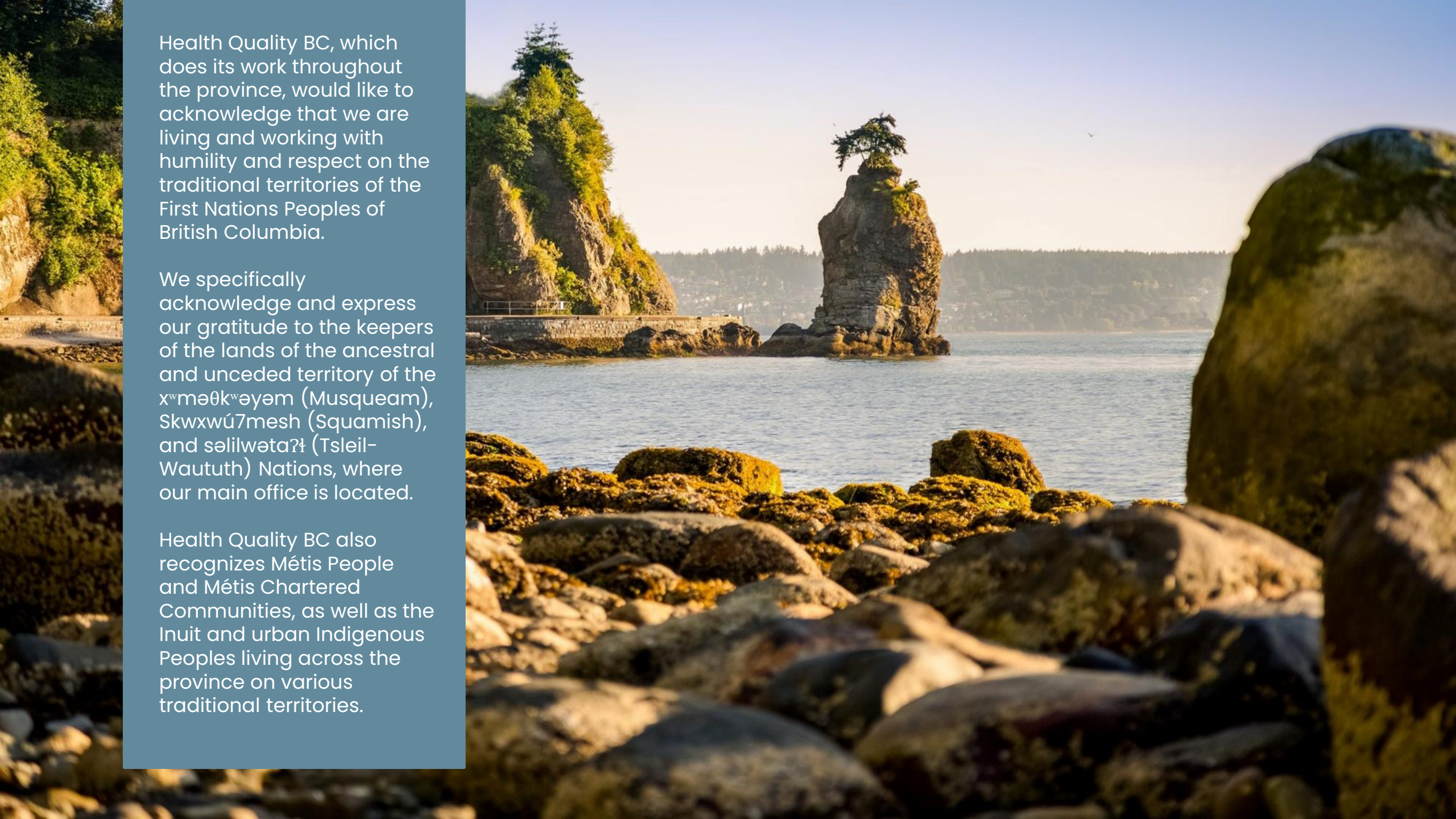
Healthcare Excellence Canada

HORIZONS

The Future of Change: Creating the Context & Strategies for Improvement

Insights Generated From Pre-Forum Day

Tuesday March 11, 2025



Health Quality BC, which does its work throughout the province, would like to acknowledge that we are living and working with humility and respect on the traditional territories of the First Nations Peoples of British Columbia.

We specifically acknowledge and express our gratitude to the keepers of the lands of the ancestral and unceded territory of the xʷməθkʷəyəm (Musqueam), Skwxwú7mesh (Squamish), and səlilwətaɁɬ (Tsleil-Waututh) Nations, where our main office is located.

Health Quality BC also recognizes Métis People and Métis Chartered Communities, as well as the Inuit and urban Indigenous Peoples living across the province on various traditional territories.

Quality Forum 2025
Pre-Forum Day

HEALTH QUALITY BC

QUALITY FORUM 2025

Embracing Human Connection

MARCH 11 – 13

VANCOUVER CONVENTION CENTRE

HQBC HEALTH QUALITY BC

Healthcare Excellence Canada | Excellence en santé Canada

Tuesday, March 11 | 0830 – 1700
Vancouver Convention Centre | Ballroom A/B

The Future of Change: Creating the Context & Strategies for Improvement

This is a day to reflect deeply on the most pressing issues in our improvement work. Using the "Waters of System Change" framework from Peter Senge, we will reflect on the factors that are holding the biggest problems we face in place. As well as exploring our strategies and processes of care and the flow of resources, we will think about the role of relationships and connections in creating the conditions for change. We will surface the power dynamics that often act as a block to change, for instance between decision makers that stops task integration and the flow of people through the system. Finally, we will address our mental models which are frequently the most powerful barrier of all as they constrain our thinking about what is possible.

We will apply these approaches to a series of improvement topics, identified by participants, and create practical strategies for change. Everyone will be able to work on a topic that matters to them.

During this day, we will collectively create a learning environment for systemic change where we can surface the deeply held beliefs and assumptions that influence our actions and plan for a different future.

Aims of the day:

1. Apply some different lenses to our improvement work and identify the factors that are holding the problems we are addressing in place
2. Consider the system changes necessary to create improvements in key areas, as identified by the participants
3. Create action plans to accelerate our improvement goals.

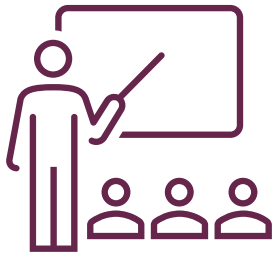
Helen Bevan
Facilitator

Agenda on back

Who was in the Room?

Clinical Providers & Staff

63



Educators & Trainers

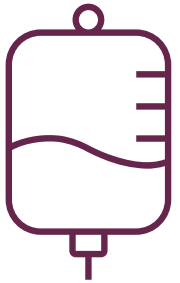
10

Administrative Leaders & Staff

149

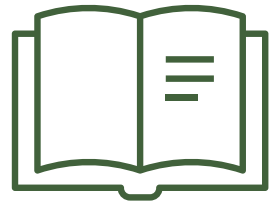
Patient & Community Advocates

23



System Leaders (BC/Canadian)

19



Researchers & Academics

7

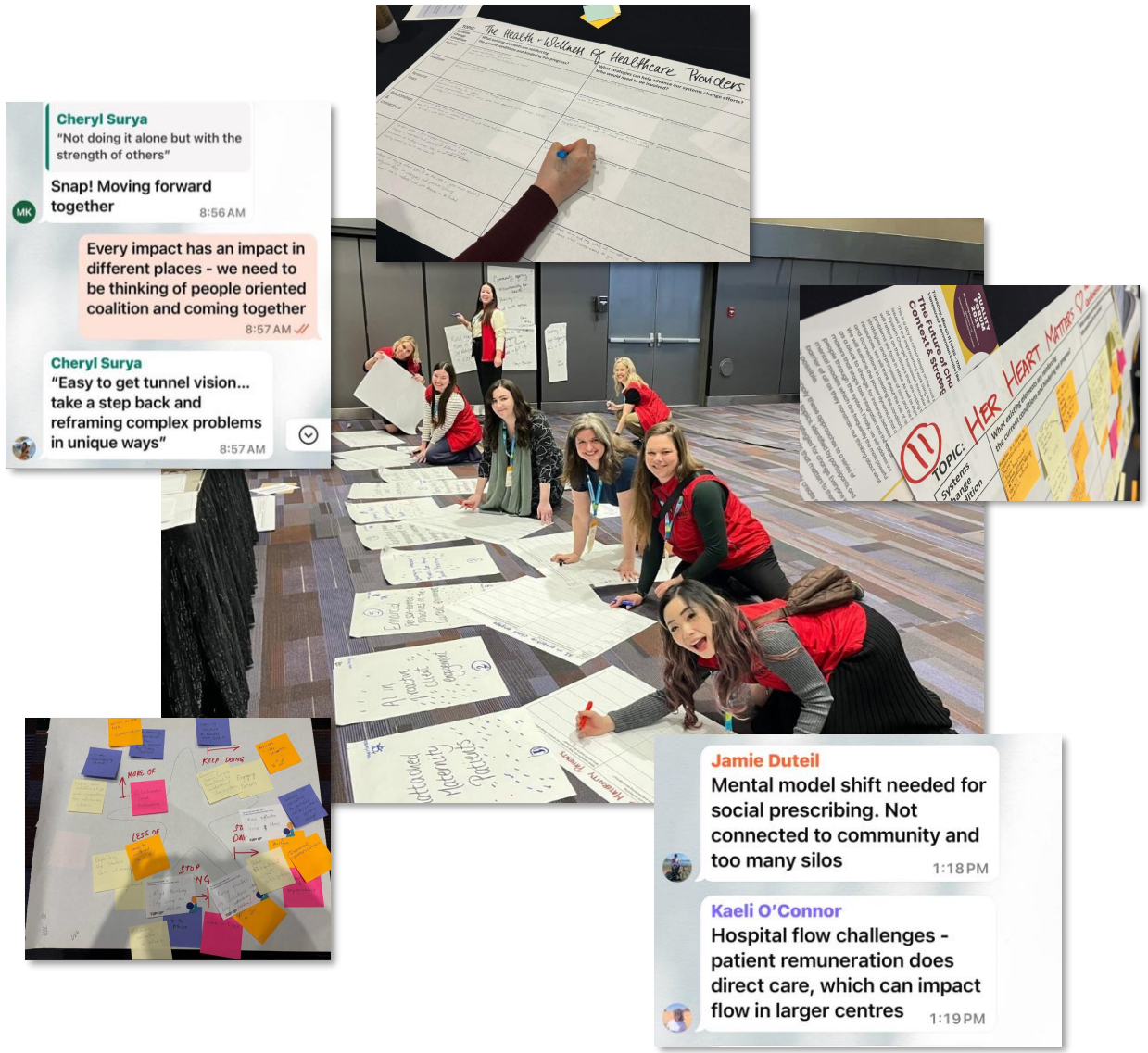
Total: 271

During the introduction, Christina Krause, Helen Bevan and Jennifer Zelmer shared…

'there is a sense of urgency within the health care system and today presents an opportunity to identify what matters to you, and to think about how we can leave this space with a sense of connected energy, and ideas for improvement…..'

Image: Freepik.com

A Rapid Insights team used a variety of methods to collect and analyze data generated by participants during and after the event.



HEALTH QUALITY BC

QF 2025 Rapid Insights Team

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Jamie Duteil
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Health Quality BC

Joanna Burke
Healthcare Excellence Canada

Kaeli O'Connor
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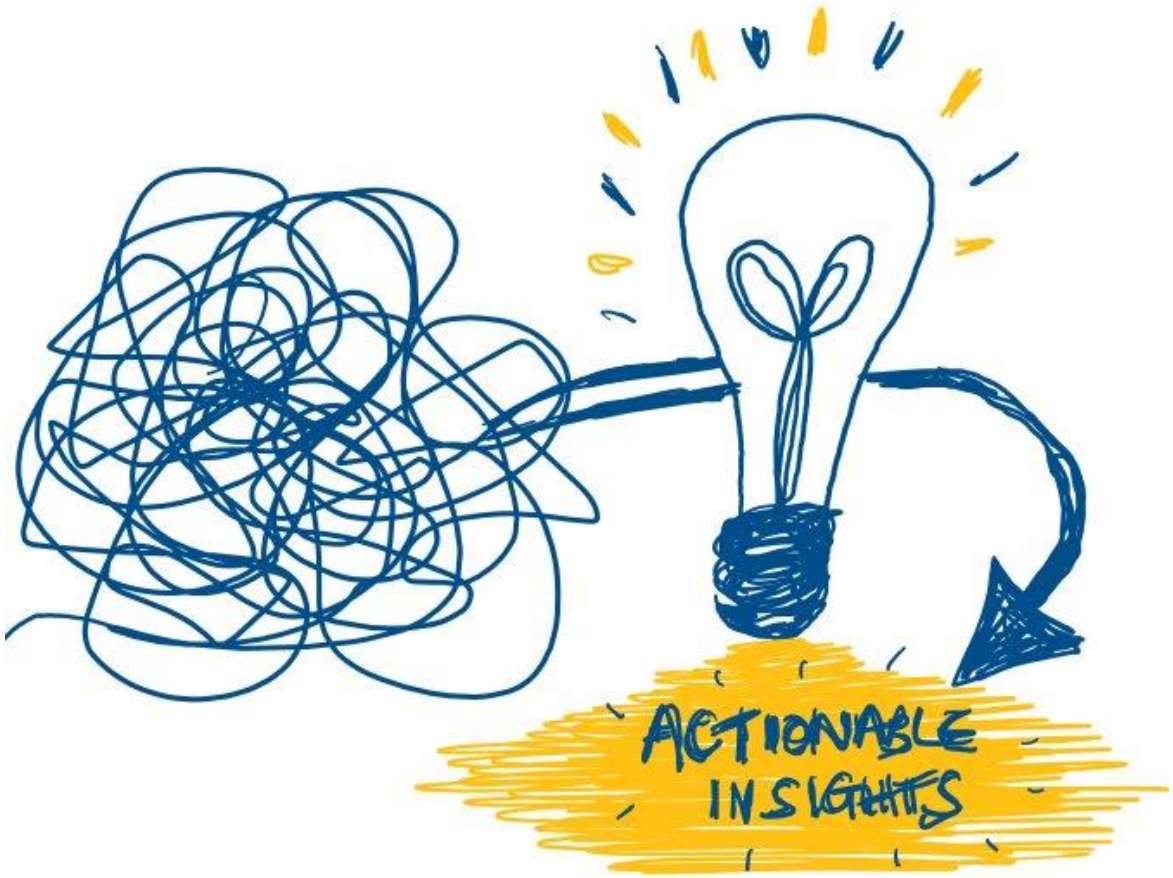
The Rapid Insight© approach

We will be working with you to turn data generated during the session today, into actionable insights.

To do this we'll be using Rapid Insight© - a powerful approach which reveals what facilitated sessions are teaching us about large-scale change.

Working alongside others to bring our collaborative intelligence together, Rapid Insight© creates energy for change, providing a springboard for improvement efforts. Co-production is at the heart of our approach, bringing people closer to their own data to help build sustainable change.

Find out more: NHS Horizons



A Rapid Insights approach can be used to:

- Identify what is arising, providing breadth.
- Promote sense making and provide space to share what is surprising or not being mentioned.
- Give coherence to what matters to groups and communities.
- Act as a powerful tool and method for building a story to reflect to participants in real time.

Insight Moments

Transformation Cards Activity

Participants were provided transformation cards to collectively reflect on their current and future improvement work.

Where are we now?

Image: Freepik.com



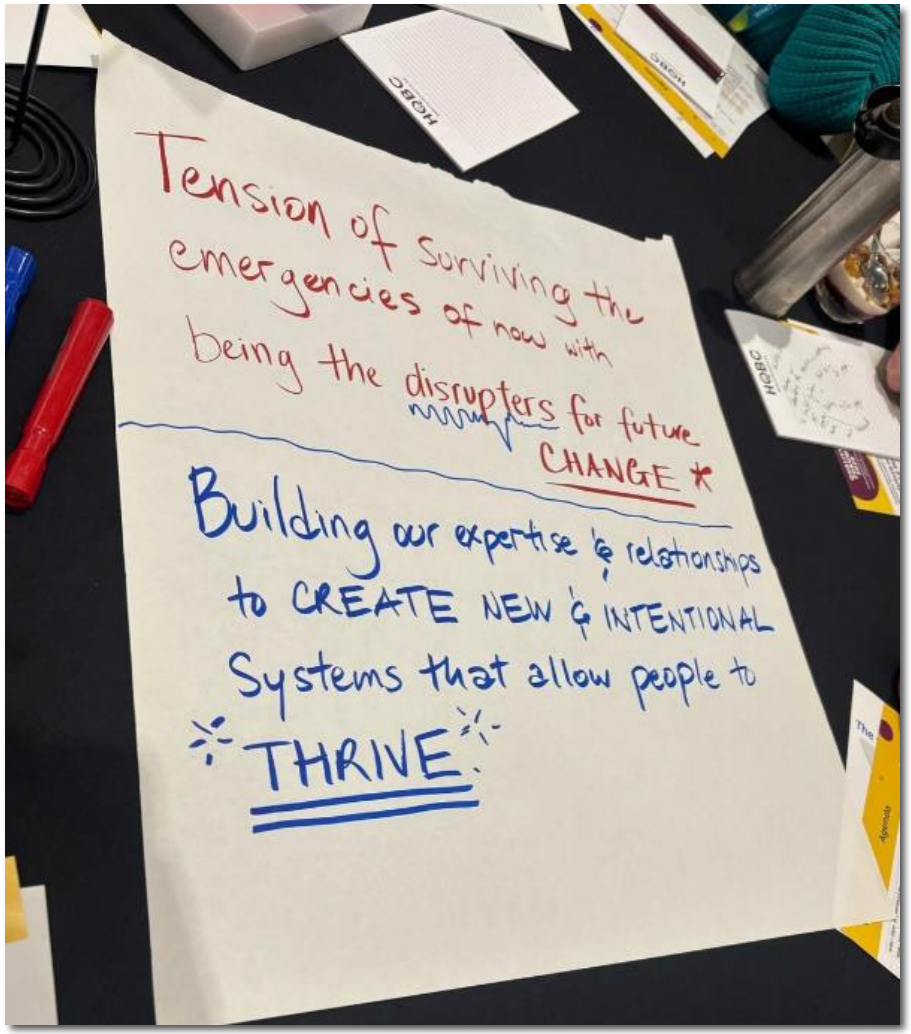



Insights

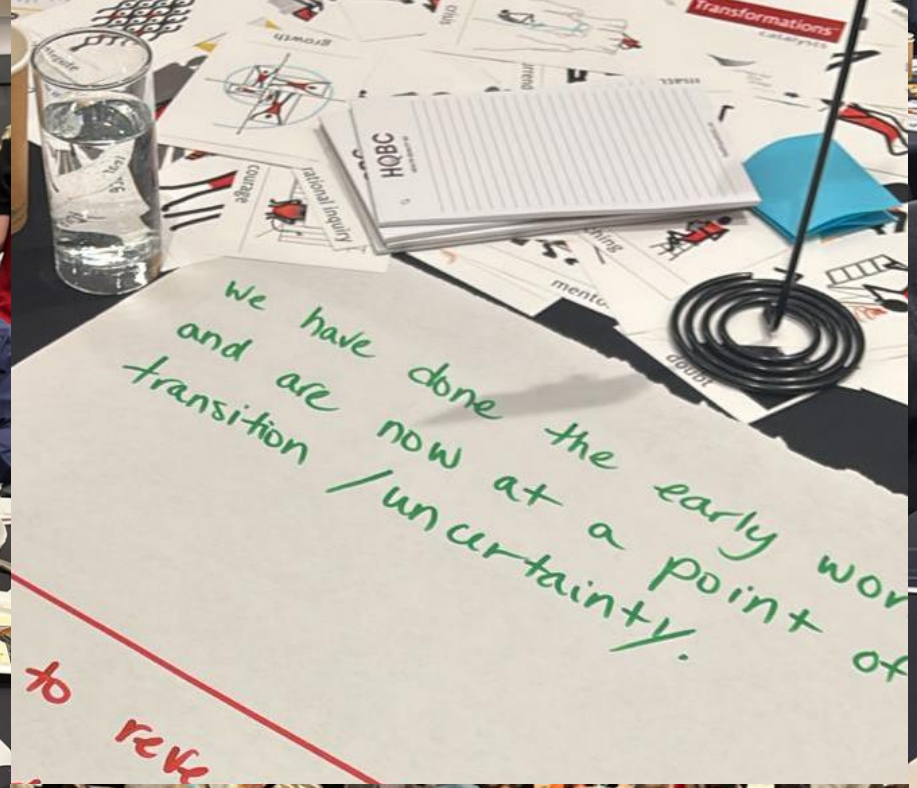
Where are we now?

- Competing priorities: 'working off the side of our desk'
- 'Putting out fires'
- Taking stock, stepping back & looking at what is working
- Hungry for more

We are disruptors for future change!



HEALTH QUALITY BC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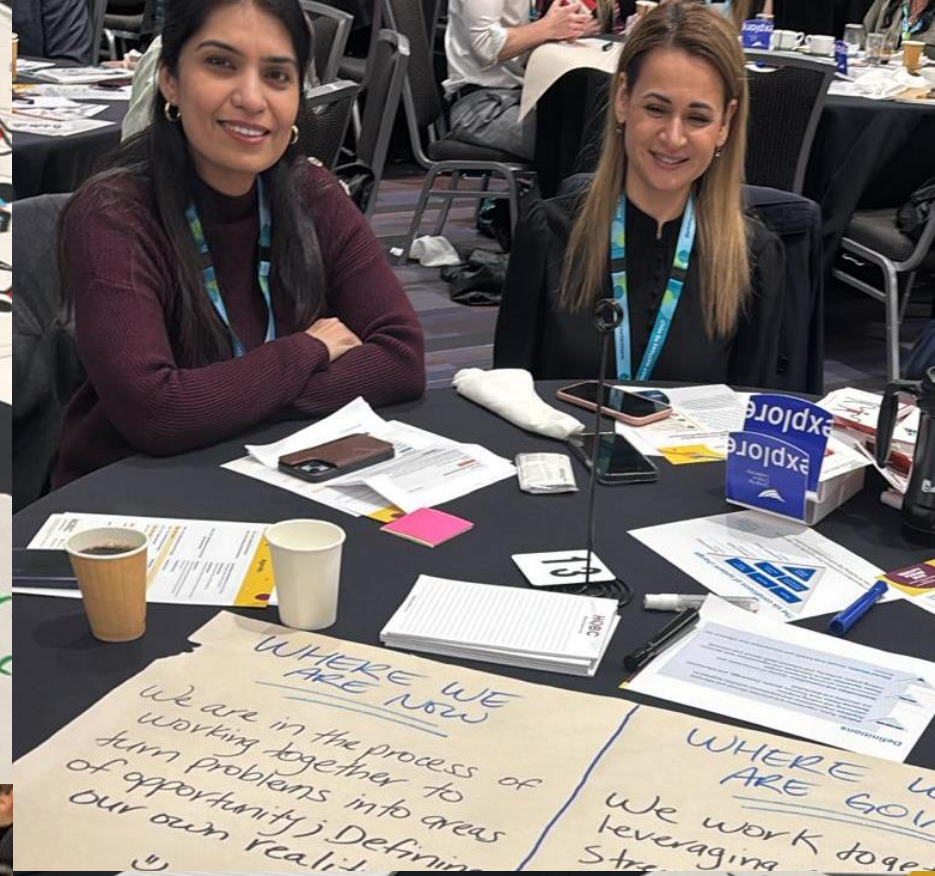
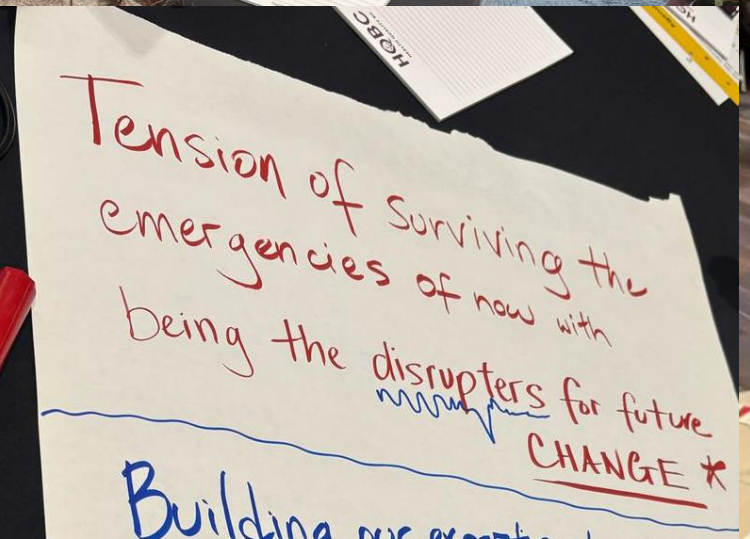
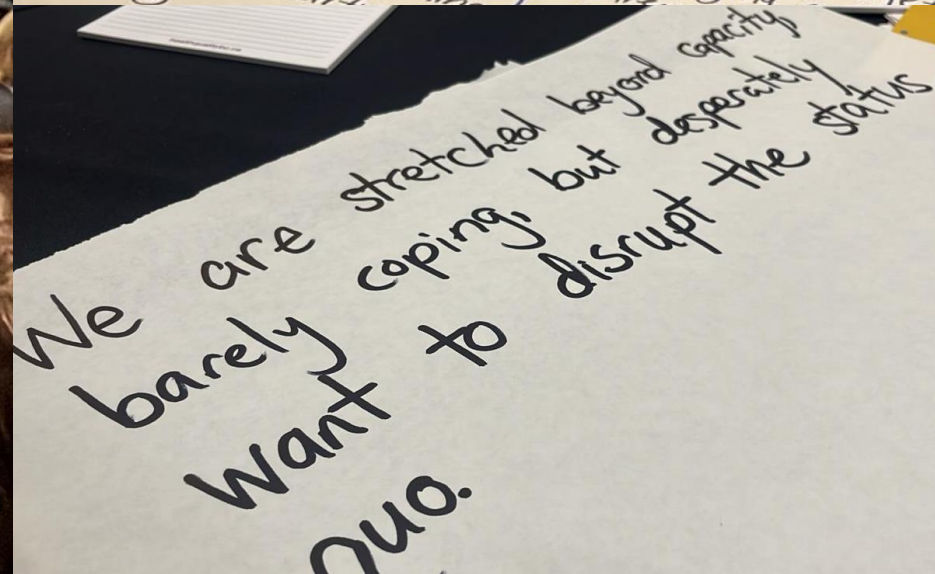
to


WHERE WE ARE NOW
We are in the process of working together to turn problems into areas of opportunity; Definin
our own reali
WHERE W ARE GO
We work toge
leveraging
Str

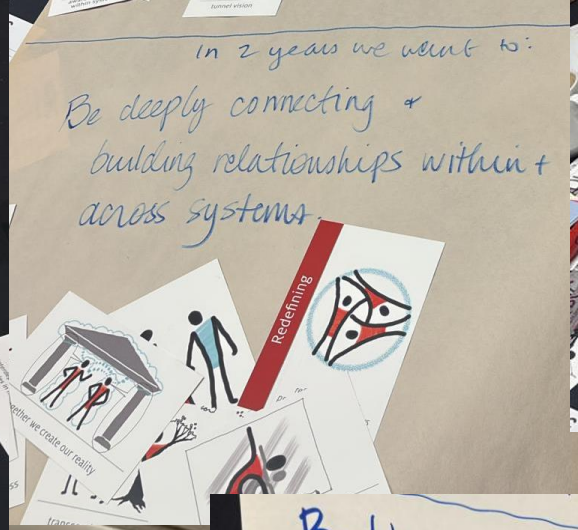

Tension of surviving the emergencies of now with being the disrupters for future CHANGE *
Building

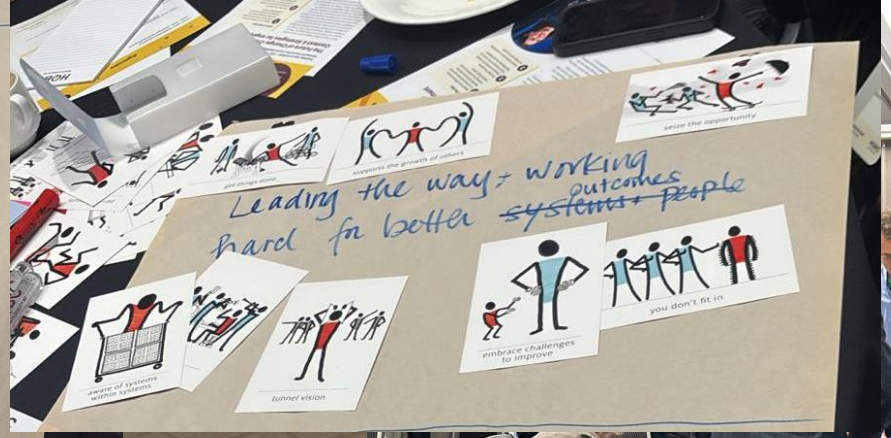

We are stretched beyond capacity barely coping, but desperately want to disrupt the status quo.

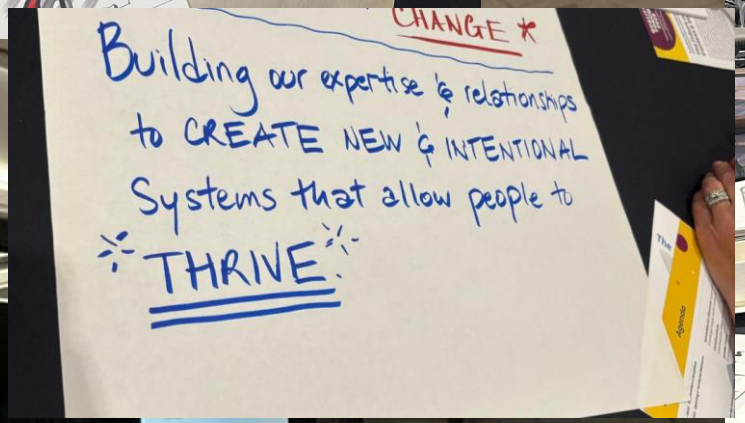
Where are we going?

Image: Freepik.com

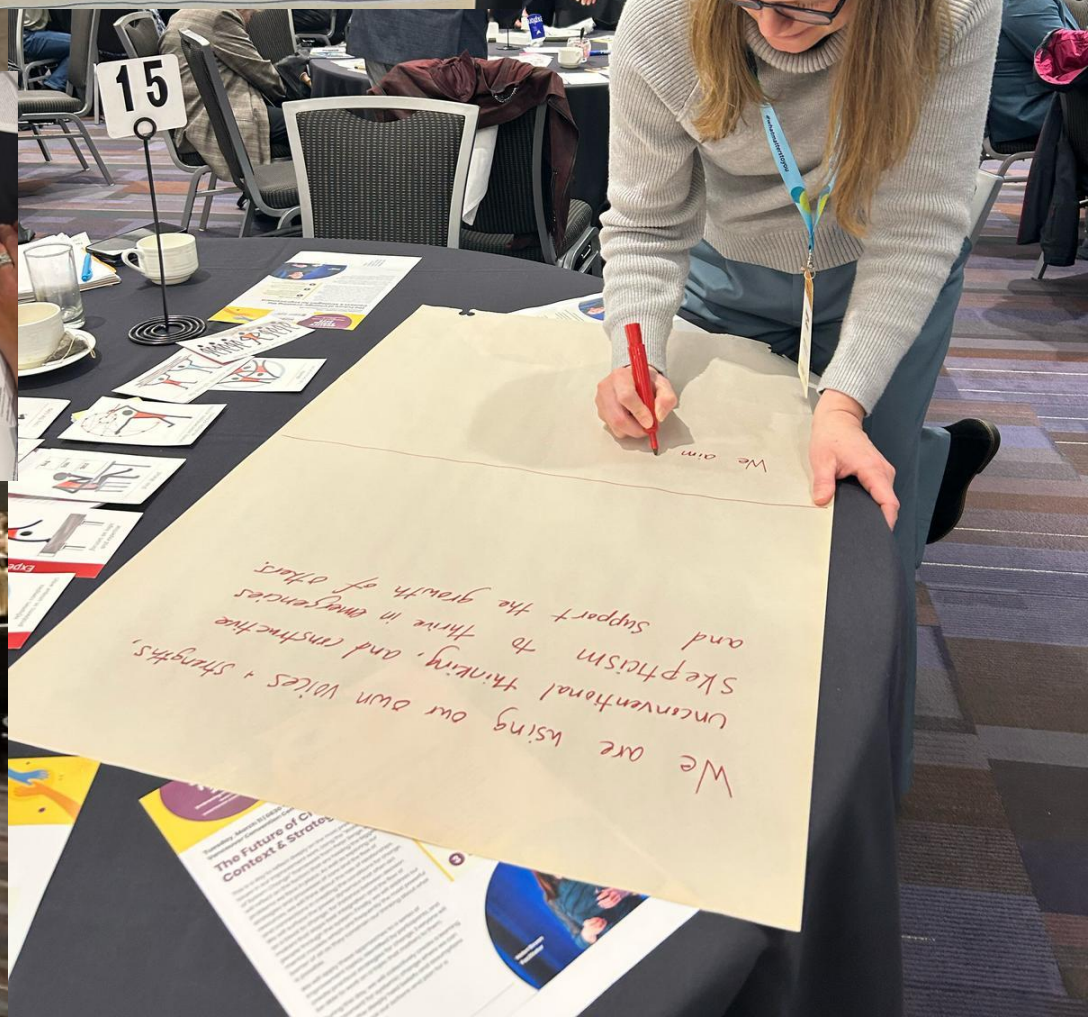

17
Individual focus - urgency -
Collaborative, whole picture
challenging status qu
Transforming


In 2 years we want to:
Be deeply connecting +
building relationships within +
across systems.
Redefining


Leading the way + working
hard fn better outcomes
systems + people


CHANGE *
Building our expertise & relationships
to CREATE NEW & INTENTIONAL
Systems that allow people to
THRIVE.


25

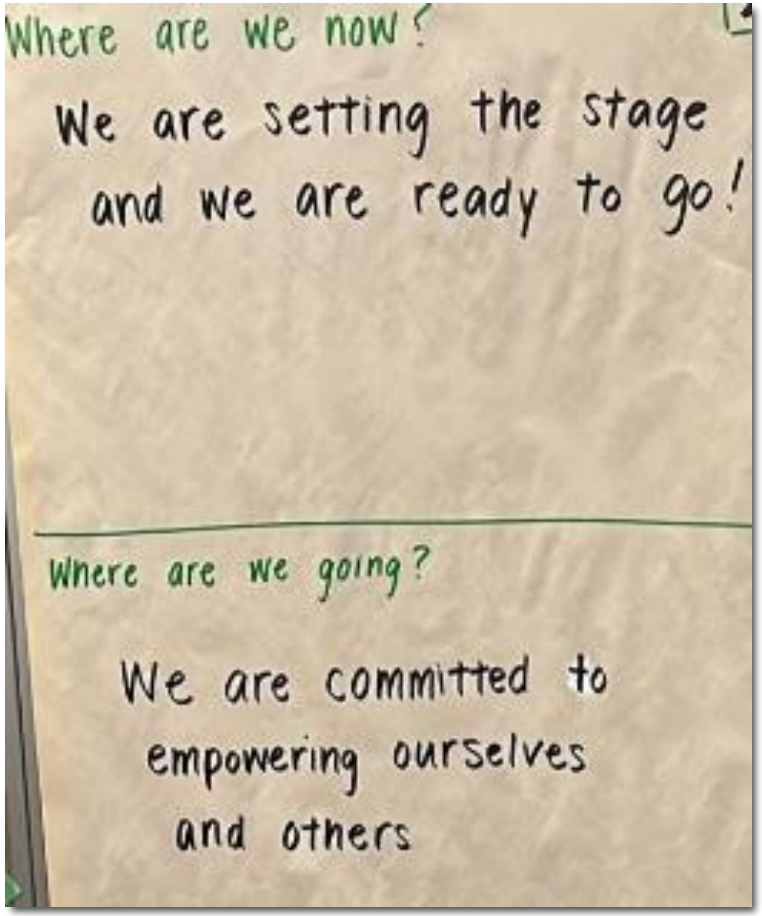

15
We are using our own voices + strengths,
Unconventional thinking, and embrace the
skepticism to thrive in emergences
and support the growth of others

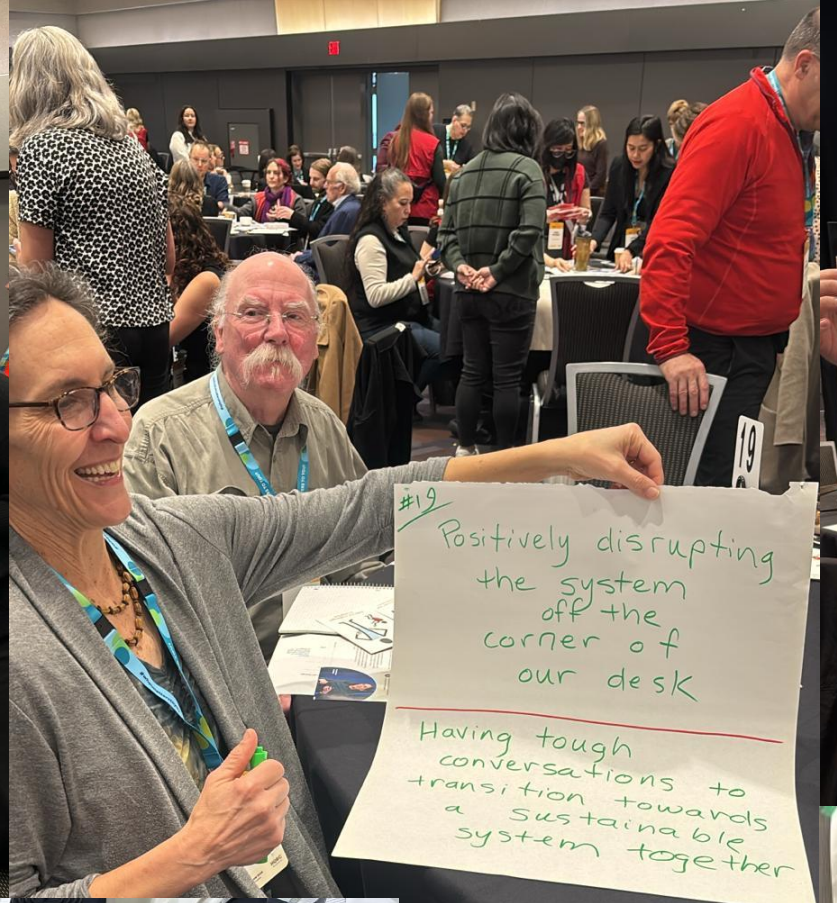
Insights

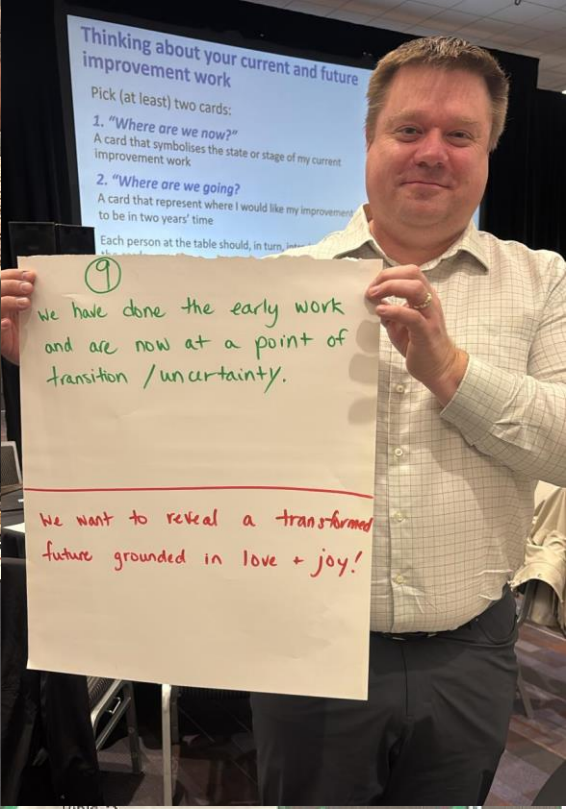
Where are we going?

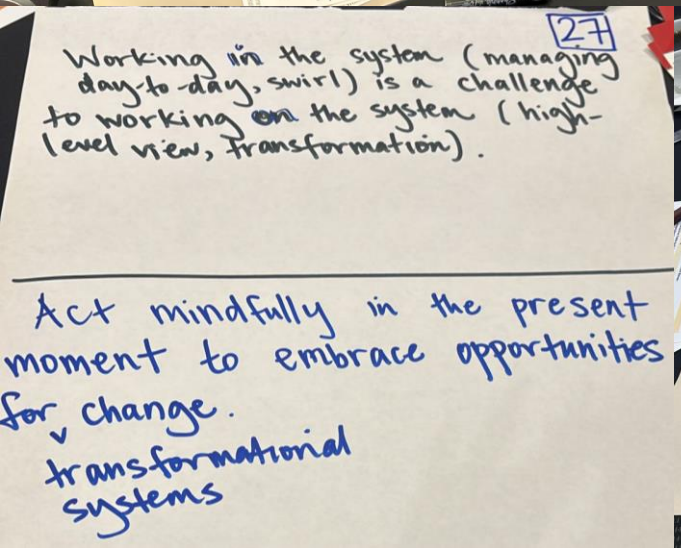
- Building strong communities
- Humanity in healthcare
- Create intentional systems TOGETHER
- A diverse system that uplifts all voices

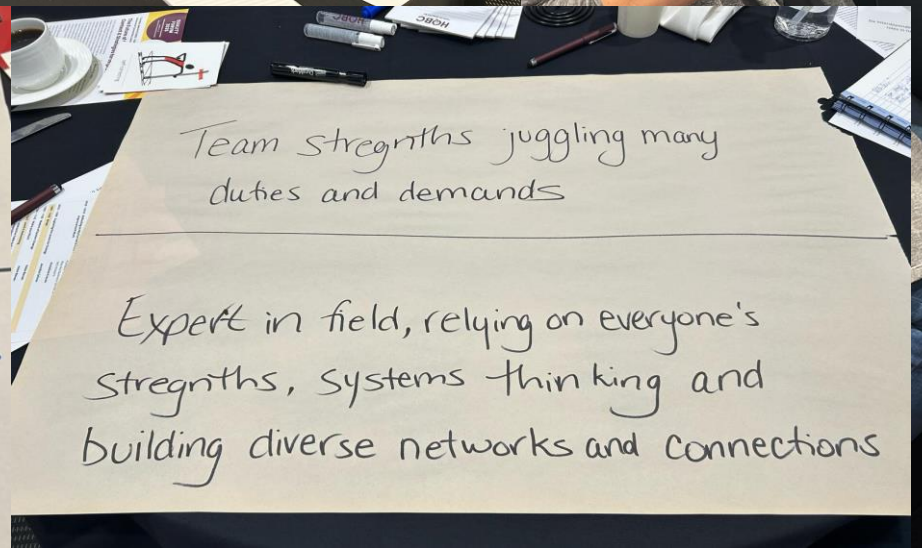
We are deeply connected!




#19
Positively disrupting the system off the corner of our desk
Having tough conversations to transition towards a sustainable system together


Thinking about your current and future improvement work
Pick (at least) two cards:
1. "Where are we now?"
A card that symbolises the state or stage of my current improvement work
2. "Where are we going?
A card that represent where I would like my improvement to be in two years' time
(9)
We have done the early work and are now at a point of transition / uncertainty.
We want to reveal a transformed future grounded in love + joy!


27
Working in the system (managing day-to-day, swirl) is a challenge to working on the system (high-level view, transformation).
Act mindfully in the present moment to embrace opportunities for change.
transformational systems


Team stregnths juggling many duties and demands
Expert in field, relying on everyone's stregnths, systems thinking and building diverse networks and connections

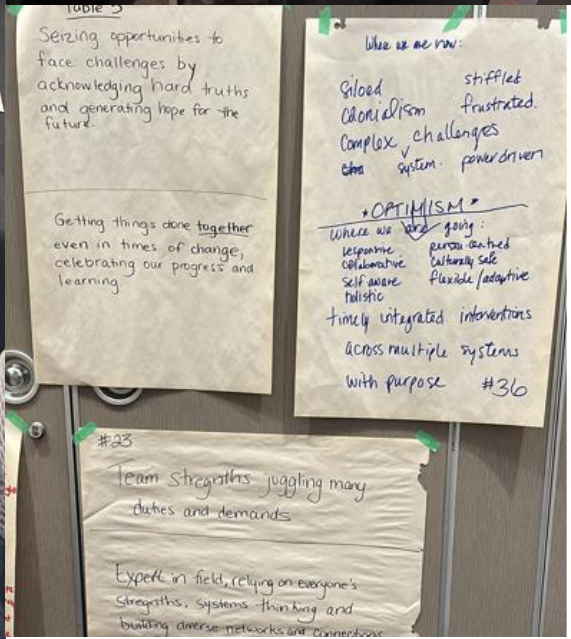


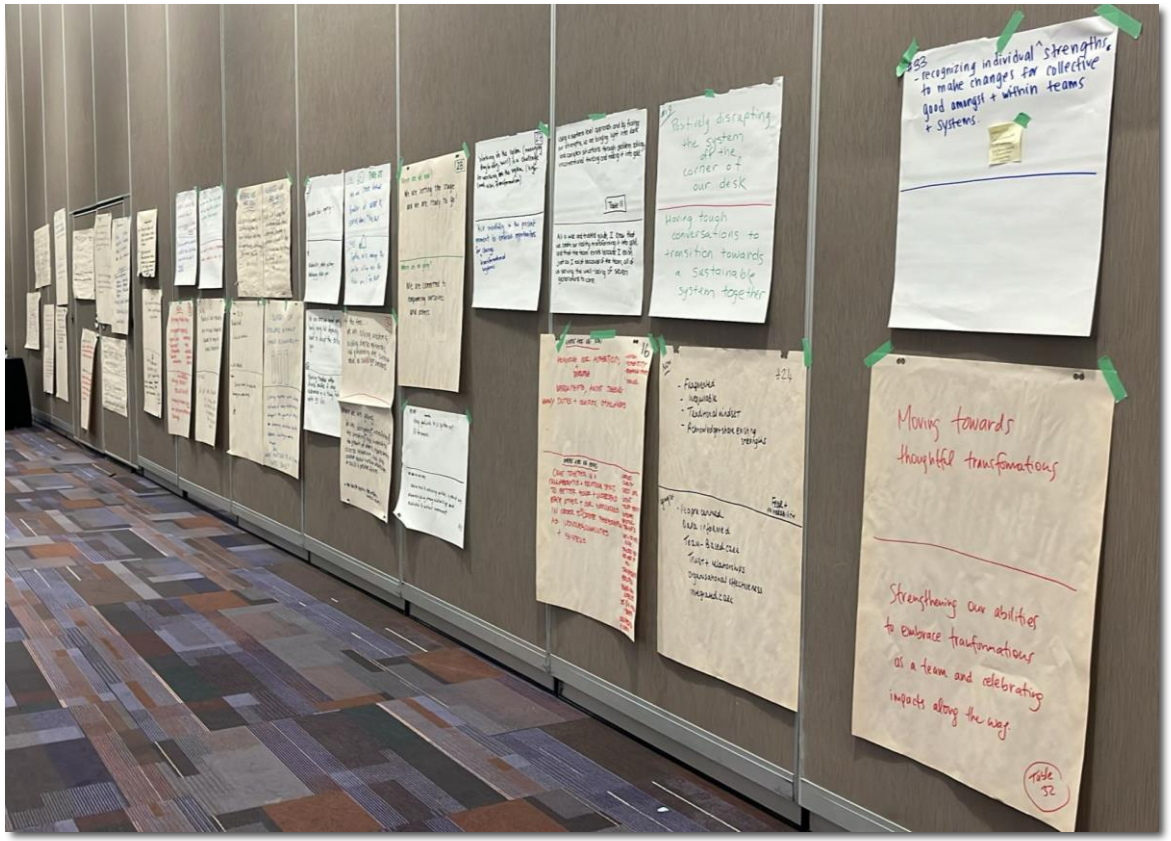
Table 5
Serzing opportunities to face challenges by acknowledging hard truths and generating hope for the future.
Getting things done together even in times of change, celebrating our progress and learning
Where we are now:
Siloed
Colonialism
Complex challenges
system
stiffled
frustrated
power driven
•OPTIMISM•
Where we are going:
responsive
collaborative
self-aware
holistic
person centred
culturally safe
flexible/adaptive
timely integrated interventions
across multiple systems
with purpose
#36
#23
Team stregnths juggling many duties and demands
Expert in field, relying on everyone's stregnths, systems thinking and building diverse networks and connections

Insights:

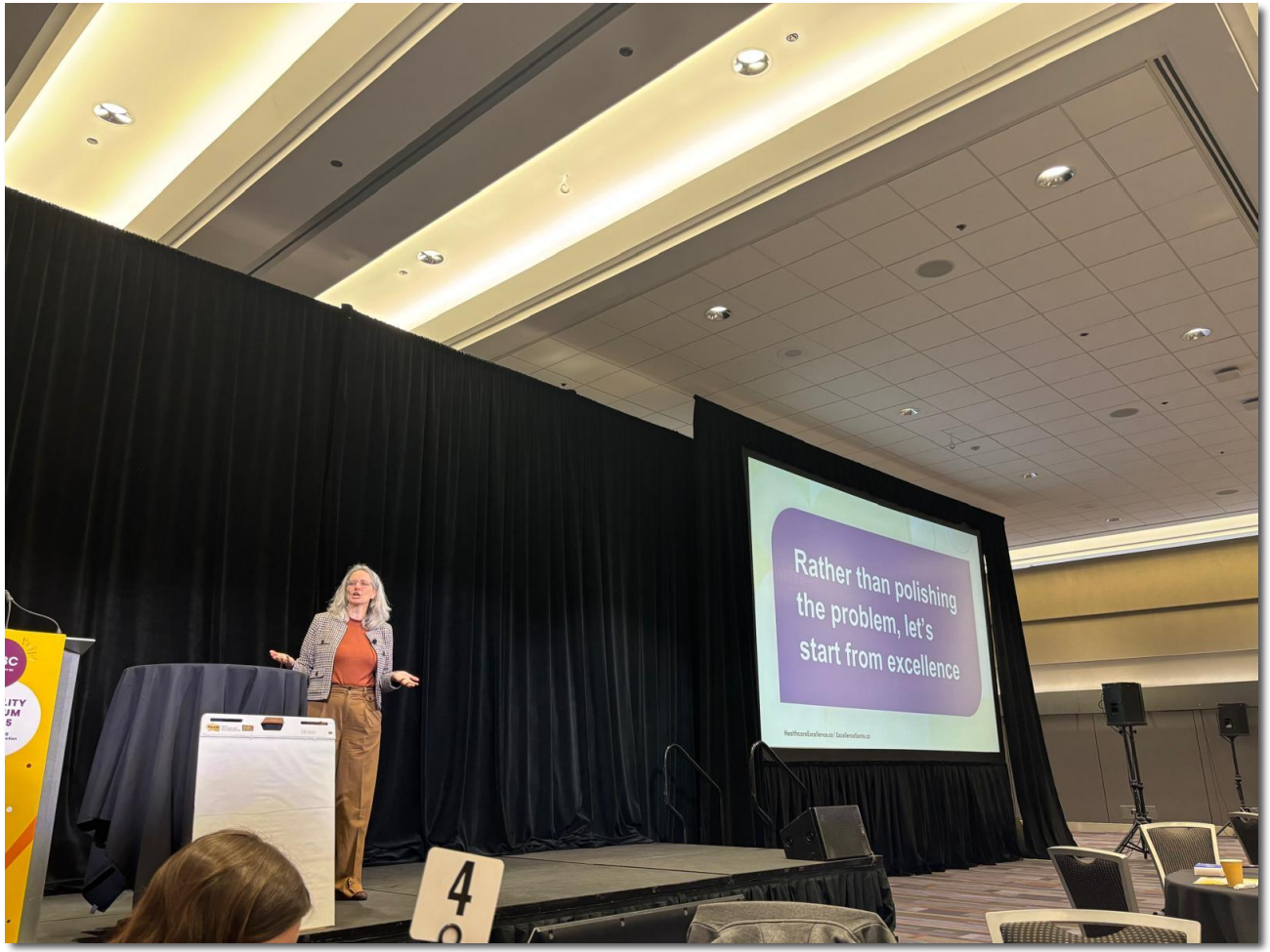
We are embracing diversity and enabling transformation as a collective, taking a relational approach to co-create the system we want to see and the system we need.

This includes a culture of innovation, that dismantles barriers for change.

We are optimistic and acknowledge that there are existing strengths we can share and build upon.



We discussed the 6 Levers of Systems Change



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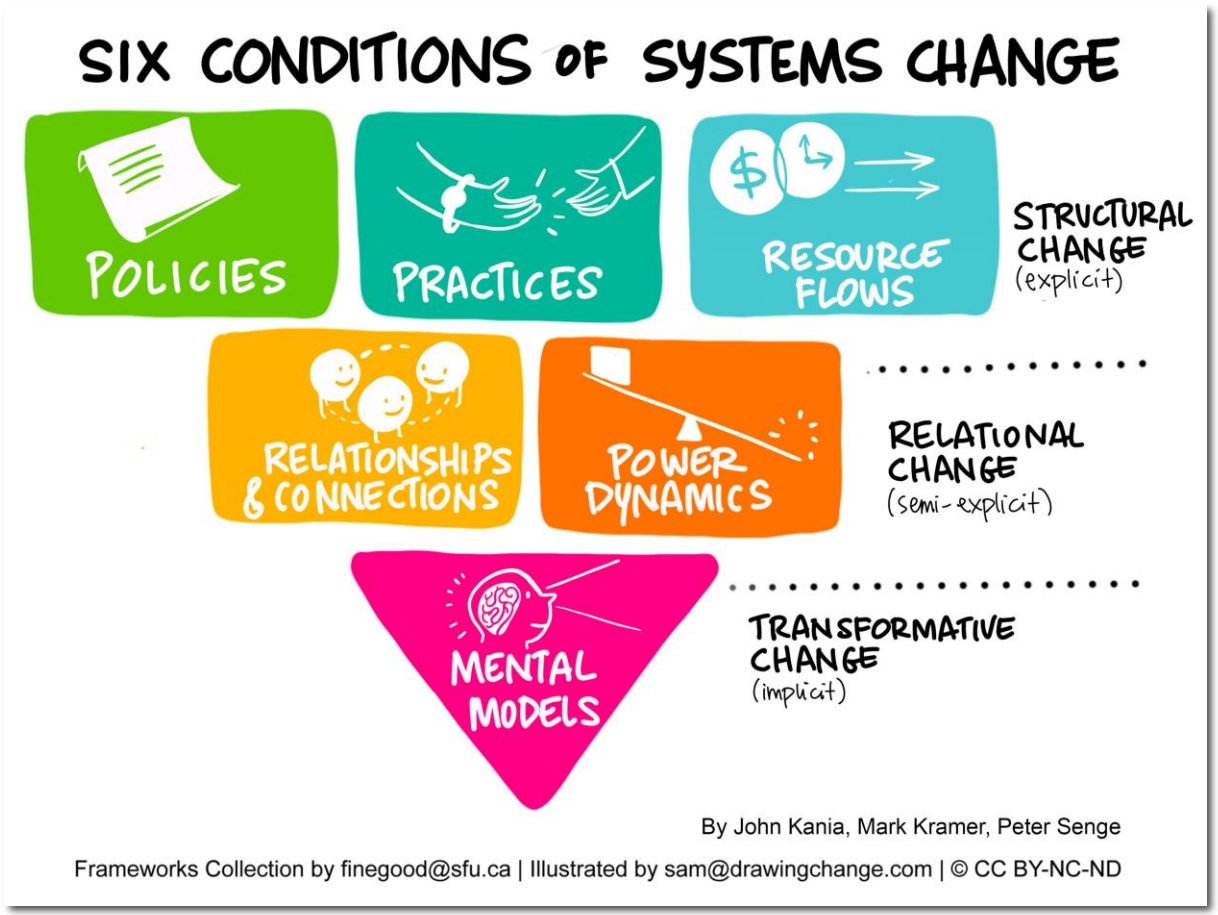
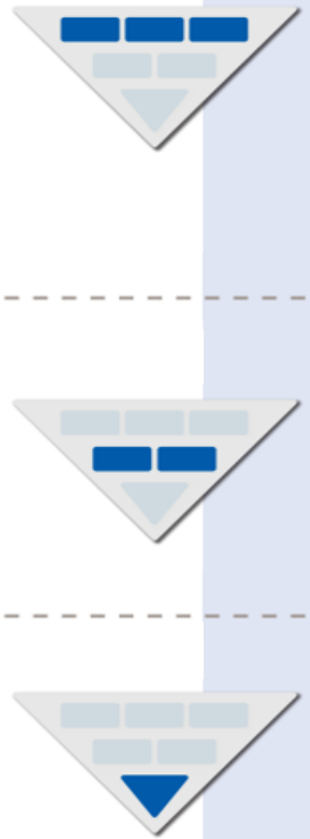
We learned about the six conditions within the Water of Systems Change model…

…and that these six interdependent conditions typically play significant roles in holding big system problems in place



Definitions



Policies: Rules, regulations and priorities (formal and informal)
Practices: Organisational and practitioner activities targeted to addressing and making progress.
Resource Flows: How finances, people, knowledge, and information are allocated and distributed.

Relationships and Connections: Quality of connections and communication occurring between people.
Power Dynamics: Which individuals and organisations hold decision-making power, authority, and influence (both formal and informal).

Mental Models: Deeply held beliefs and assumptions that influence our actions.

Source:
The Water of Systems Change, Peter Senge and colleagues, 2021

Insight Moments

‘Make Your Pitch’

Participants were asked to present topics to be discussed through the lens of the Water of Systems Change model. This activity resulted in 27 topics being presented for consideration. Dot voting was completed and led to 21 table topics.


Pitch
your topic
What topic would you like to host a conversation about using the lens of the Waters of System Change?


Pitch
your topic
Pitch
your topic


Pitch
your topic
What topic would you like to host a conversation about using the lens of the Waters of System Change?


Pitch
your topic
What topic would you like to host a conversation about using the lens of the Waters of System Change?

What Matters to You?

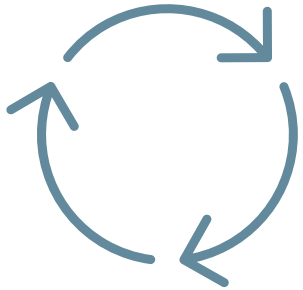
Highest Voted Pitches

1. Every patient needs a personal health record (92 votes)
2. Equitable access for people living unhoused, in shelters/temporary housing (83 votes)
3. Challenging attachment in primary care (76 votes)
4. Person-centered approaches to care including long-term care and end of life (75 votes)
5. Including peer voices and peer support (68 votes)

From Experts to Explorers: 21 Table Topics

- Unattached maternity patients
- AI in proactive client engagement
- Person-centered approaches to care including long-term care and end of life
- Leveraging social prescribing
- Transforming pain management
- Her Heart Matters
- Climate change and planetary health
- Managing unattached patients in the system
- Hospital Flow: the most critical patient safety issues
- Living a full life: Maximizing the potential of health
- Health care, politics and the global landscape
- Challenging attachment in primary care
- Shifting the mental model for primary care from solo to synergy
- Every patient needs a personal health record
- Including peer voices and peer support
- The health and wellness of healthcare providers
- Equitable access for people living unhoused, in shelters /temp housing
- Rural ageing in place vs. being set adrift
- Community agency vs. provincial health system
- Creating a high-performing health care system in BC

Overarching themes that emerged from the 21 topics were identified



Health Care Access and Flow

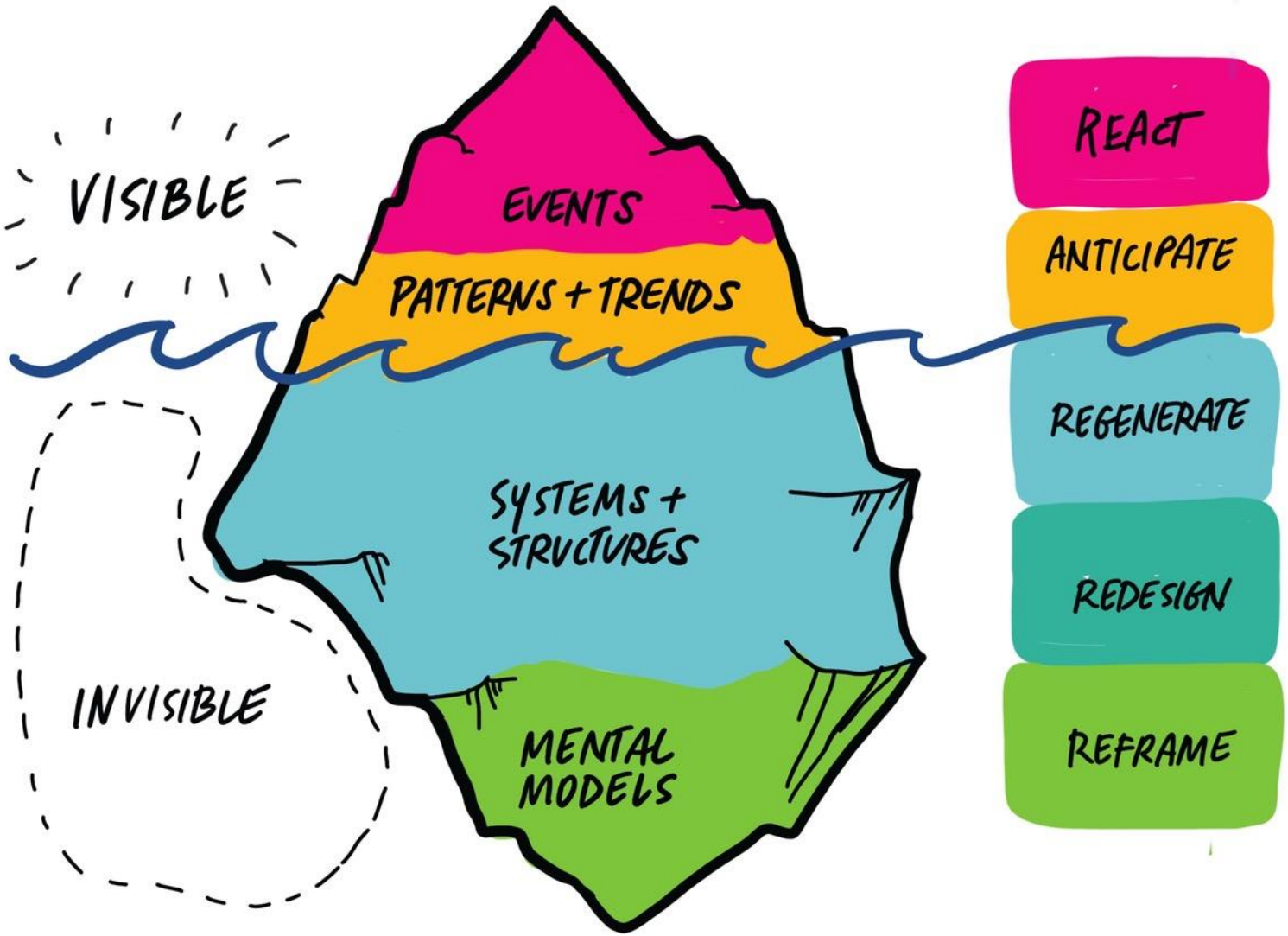
Person-Centered Care

Technology in Health Care

Insight Moments

Water of Systems Change Model

Topics were discussed using the Water of Systems Change model to assess systems change conditions and identify strategies.



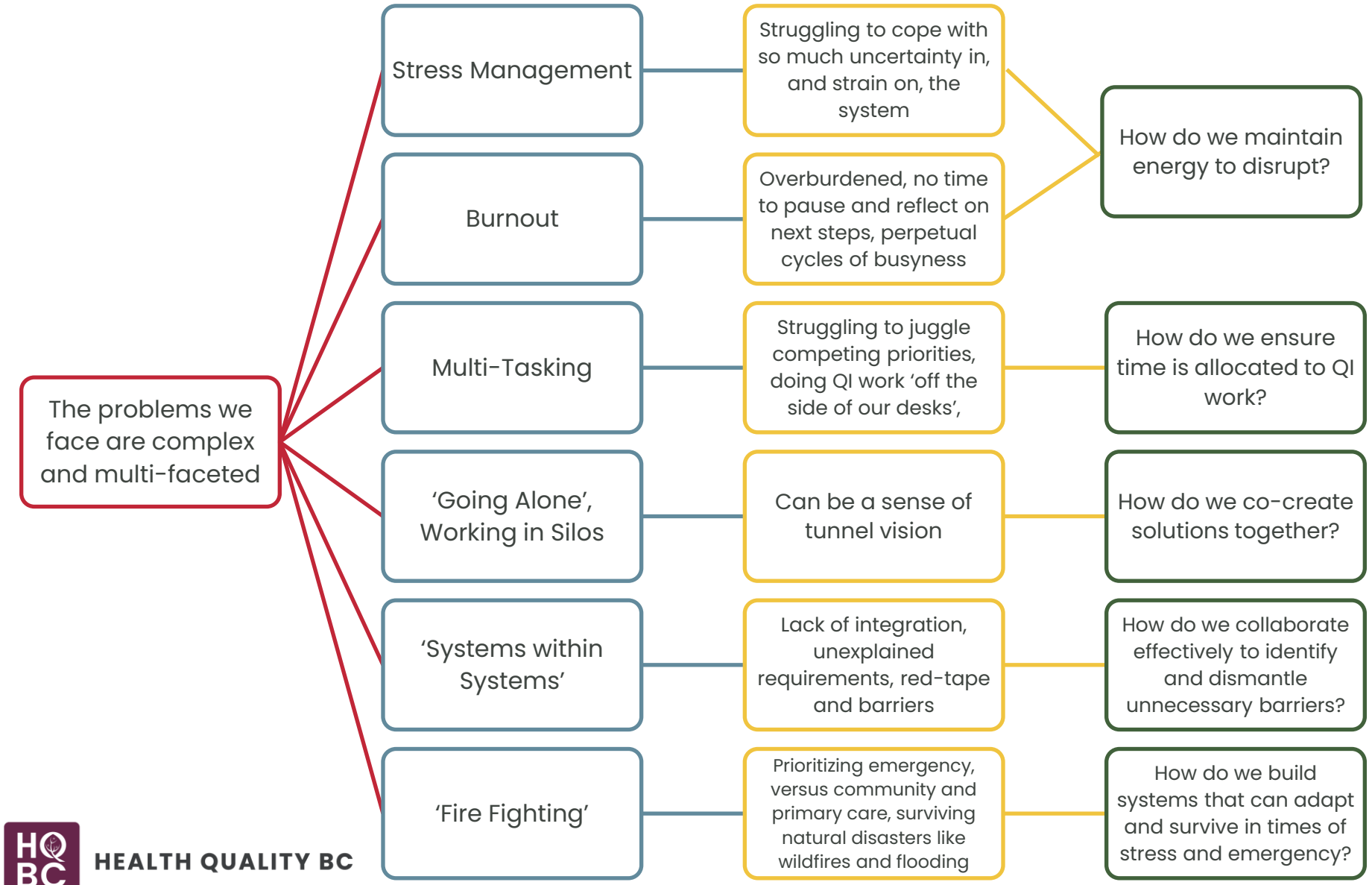
Frameworks Collection by finegood@sfu.ca | Illustrated by sam@drawingchange.com | © CC BY-NC-ND

Table groups were asked to explore…

1. What's holding conditions in place?
2. How are we contributing to holding the problems in place?
3. What strategies might address the issues identified?
4. Who needs to be involved?

and…

…problems were explored from different perspectives



"I can only do this with the strength of others on my team."

"We need to move from 'yes, but' to 'yes, and' thinking."

"We are social neighbours; we should be working together."

"At the moment I'm just trying to get through to Friday, I can't think beyond that."

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What's holding conditions in place?

Health Care Access and Flow

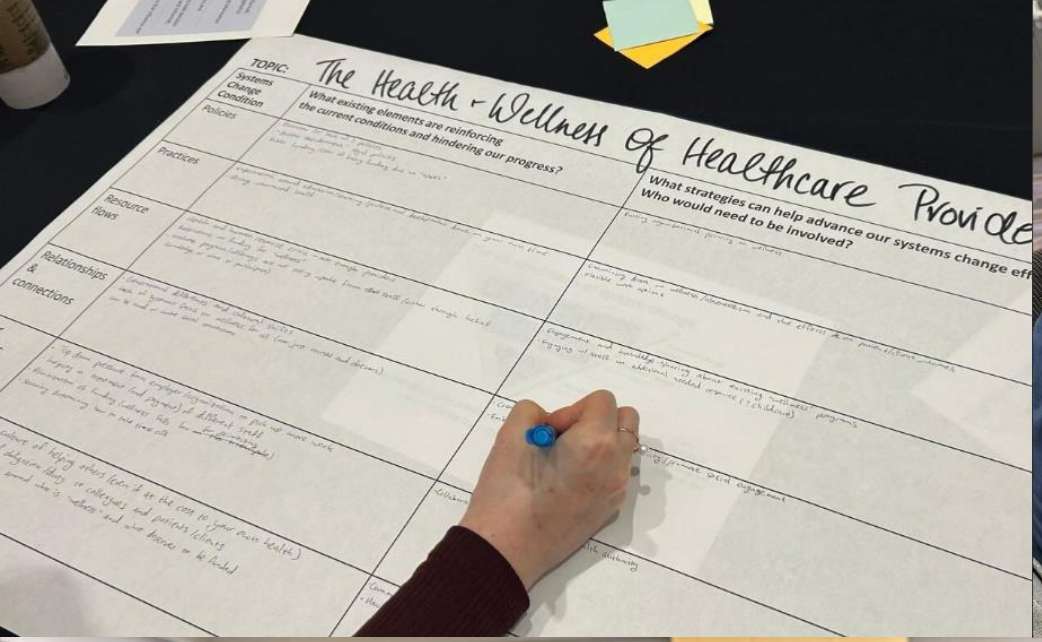
- Healthcare human resources crisis
- Lack of coordinated funding
- Reactive policies driven by risk aversion

Person-Centered Care

- Pressure from management or colleagues to continue usual practices
- Bias emphasizing medicalization of care
- Lack of access

Technology in Health Care

- Red tape
- Range of policies between regions and areas of care
- Interprovincial barriers


TOPIC:
The Health + Wellness of Healthcare Provide
Systems Change Condition
What existing elements are reinforcing the current conditions and hindering our progress?
What strategies can help advance our systems change eff
Who would need to be involved?
Policies
Practices
Resource flows
Relationships & connections


32

How are we contributing to holding the problems in place?

Health Care Access and Flow

- Removing individual responsibility leading to lost autonomy
- Management vs. Improvement
- Worries about scope creep

Person-Centered Care

- Questioning impact of individual actions
- Concerns for patient safety risks in new or non-standard approaches
- Mistrust based on potential or prior negative experiences

Technology in Health Care

- Communication breakdowns
- Risking safety when prioritizing privacy
- Conflicting guidance causing us to freeze


13. Climate change and
15. Managing unattached patients in the
17. Hospital Flow: the most critical patient safety issues
19. Living a full life: Maximizing the potential of health
20. Health care, politics and the global landscape
33.
35.
37.
BC
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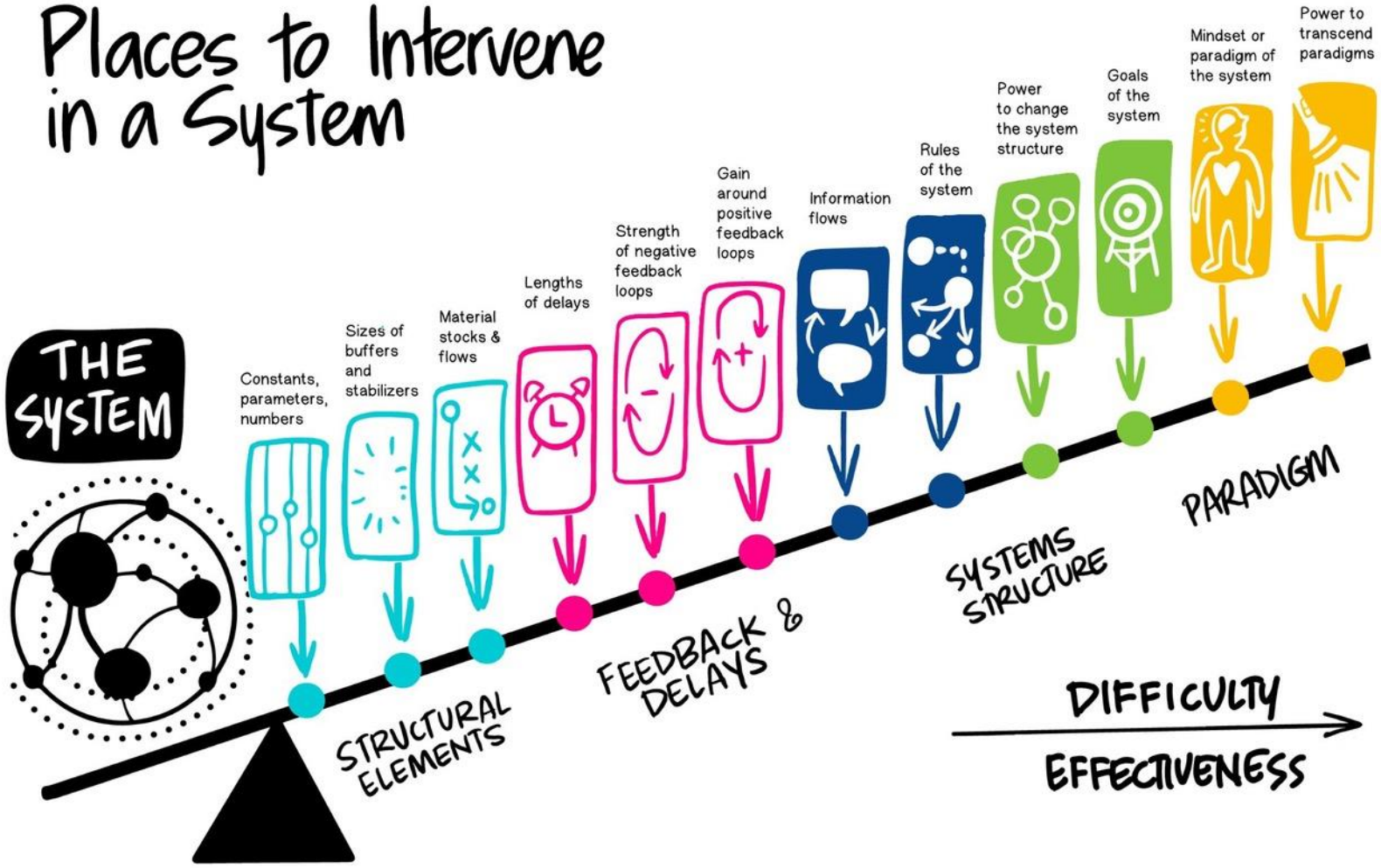
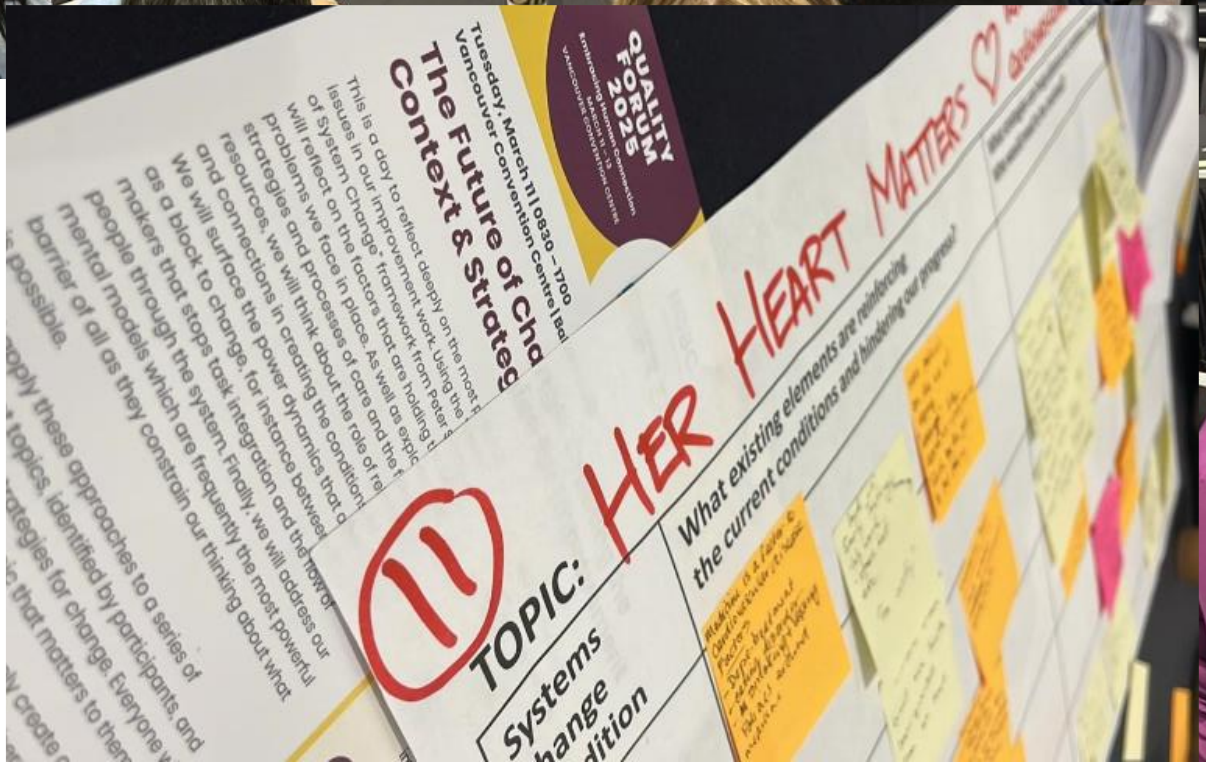
Places to Intervene in a System



Adapted from Donella Meadows


32


QUALITY FORUM 2025
Tuesday, March 11 | 0830 – 1700
Vancouver Convention Centre | Ba
The Future of Cha
Context & Strateg
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strategies and processes of care and the
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and connections in creating the condition
We will surface the power dynamics that
as a block to change, for instance between
makers that stops task integration and the flow of
people through the system. Finally, we will address our
mental models which are frequently the most powerful
barrier of all as they constrain our thinking about what
possible.
apply these approaches to a series of
topics, identified by participants, and
ategies for change. Everyone
that matters to them
create
TOPIC:
Systems
hange
dition
HER HEART MATTERS
What existing elements are reinforcing
the current conditions and hindering our progress?


12
20

What strategies might address the issues identified

Access and Flow

- Challenging existing models like attachment
- Increased access to social care, including social prescribing
- Transparency around funding and spending
- Increasing health literacy

Person-Centered Care

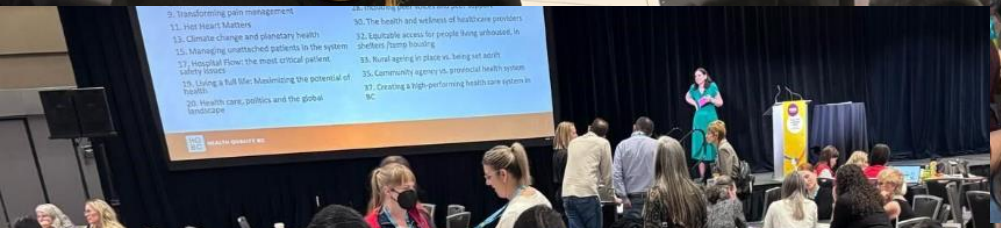
- Meaningful engagement - embedding patient voice
- Safe environments - consider value systems, power dynamics, and a nuanced approach
- Education and training for providers, patients, and the public

Technology in Health Care

- Closed-loop communication
- Using AI to improve systems and automate responses
- Stewardship model of data ownership
- Increased integration and interoperability
- Consistent definitions


19
TOPIC Living a Full Life - Maximizing the potential of health


Patriarchy
in health
system, climate...


9. Transforming pain management
11. Her Heart Matters
13. Climate change and planetary health
15. Managing unattached patients in the system
17. Hospital Flow: the most critical patient safety issue!
19. Living a full life: Maximizing the potential of health
20. Health care, politics and the global landscape
30. The health and wellness of healthcare providers
32. Equitable access for people living unhoused, in shelters /temp housing
33. Rural ageing in place vs. being set adrift
35. Community agency vs. provincial health system
37. Creating a high-performing health care system in BC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HER HEART MATTERS

Who needs to be involved?

Health Care Access and Flow

- Senior leadership
- Private sector
- Community organizations especially peer support workers

Person-Centered Care

- Patients and patient families/caregivers
- Front line staff and healthcare providers
- Patient navigators and similar system support resources

Technology in Health Care

- Private sector
- Academia including researchers
- Federal government (Bill C-72)


HQBC

Insight Moments

Case Studies

Two topics discussed using the Water of Systems Change model to assess systems change conditions and identify strategies have been explored in more detail:

1. Personal Health Record
2. Access and Flow

A Diagnosis

Personal Health Record (PHR)

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Image: Freepik.com

Policies & Procedures

Problems

- Data sovereignty, privacy regulations and overlapping levels of policy contribute to holding us back from progressing towards a personal health record.
- Current governance and policies don't allow flow of health data, nor use of data for improving quality of care.
- Legislation is considered unchangeable, but it has created data fragmentation – harming patients and increasing risk to providers.

Strategies

- We should consider legislation and policy as changeable and build impactful, meaningful and sustainable solutions!
- Build policies in partnership with the needs of the health team (patients and their care team), the MoH, Health Authorities and organizations that need to be connected.
- We should consider the reintroduction of Bill C-72 and implementation of OCAP, FIPPA and PIPPA standards.
- Long term, we should prioritize, standardize and limit the number of EMR's used within BC.

Practices

Problems

- Documentation standards and data sovereignty stewardship practice is different.
- Activities are episodic driven, taken out of context where some practices are followed, and others are not.
- Language isn't inclusive in defining spaces and constructs.
- Ownership of health data isn't completely understood – implicating patients and their perspectives on agency and autonomy.
- Absence of collaboration in building interoperable informatics means a lack of continuity of information for patients, particularly those in remote or indigenous communities.
- Lack of standards and accurate data.

Strategies

- Move towards interoperability and sharing of standards.
- Facilitate patient agency and empowerment while improving patient safety outcomes through enhanced patient access and contribution to their health records.
- Inclusive language that supports health literacy and ensure conditions of respect and cultural safety are met when using AI scribes.

Resource Flows

Problems

- There is a lack of flow of data across the continuum of care.
- There are enterprise restrictions, and the modelling of funds is not equitable or distributed fairly.
- Resources are considered scarce so people can feel threatened by requests to share.

Strategies

- Short-term, Application Programming Interfaces (API's) should be built that allow different software systems to communicate and exchange data.
- Long term consider feasibility of moving towards a single system, recognizing that clinics require funding to support data migration.

Relationships & Connections

Problems

- Fragmented systems in BC (e.g., public, private, contract etc.) mean communication between different practitioners, administrative staff and the patient is complex.
- There is either no consistency, or communication is non-existent.
- Leadership and the system as a whole continues to be hierarchical, taking a provider-centered model of care, which does not prioritize the needs of patients.

Strategies

- Practice a person-centered model of care, ensuring we show up with compassion and kindness at every interaction.
- Redistribution of leadership should be encouraged, co-designing solutions with patient partners, increasing individual agency.
- Documentation should be recorded in simple language by the recorder/provider which is easy to understand.
- Transparency and access for patients to support investment in, and improvement of health literacy.

Power Dynamics

Problems

- Information is documented from the recorder/provider's perspective, instead of the patient's (e.g., what matters to you?).
- Unwillingness or inability to collaborate (e.g., seen as additional work/no capacity/fear of litigation) meaning lack of shared vision.
- Paternalistic view on health data ownership, and inadequate representation from patients and providers at decision-making tables.

Strategies

- A strength-based approach can create safe spaces for patients and providers to have conversations about health data ownership, moving towards a stewardship model of data ownership.
- Patients should be invited to participate in the process of recording documentation within their records.
- For example, the ability to contribute/sign off/consent to documentation, which increases a sense of ownership and empowerment.

Beliefs & Assumptions

Problems

- A fear of litigation drives how and which information is documented.
- Lack of public understanding on suboptimal flow of health data and a belief that data is owned by the provider/recorder.
- These mental models drive a resistance to change as well as a lack of health literacy and health data literacy among some patients.
- We are stuck in a cycle of outdated mindsets that affect health data, for example central health care provider, versus a team-based care model.

Strategies

- Increase public health data literacy, using a communication strategy that empowers patients to have choice about who can access their health records.
- Co-design solutions by listening to what patients and communities need and considering new and innovative approaches.
- Work towards building a common language between patients, providers, and care teams.
- Health data should be owned by the individual patient, and these approaches combined would support a person-centered care model that improves patient safety through increased transparency and health literacy.

A Diagnosis

Hospital Access & Flow

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Image: Freepik.com

Policies & Procedures

Problems

- Lack of access to care at home, even when medically stable, making transition to home from hospital challenging.
- Part of this challenge is to do with physician accountability if something happens to the patient due to medico-legal concerns.
- Physician renumeration can play a factor in patient flow due to pay associated with attending patients.
- Non-emergent imaging for patients on weekends is not available, causing back log of patients admitted unnecessarily.
- Maintaining workforce is challenging due to rigid job descriptions, union regulations, hiring policies and collective agreements.

Strategies

- Focus on increasing the public's health literacy, so there is better understanding of how they can support hospital access and flow, how to manage health at home, and various resources and agencies that are available.
- Reconsider negotiating individual contracts with physicians
- Policies should be reviewed and updated to reflect evolving nature of the workforce.

Practices

Problems

- Patients attend hospital when they are feeling unwell, due to inadequate primary care services and poor health literacy.
- Practices around admitting patients who are not unwell but who have social issues, is problematic.
- Patients cannot be discharged without a physician order, even when medically stable
- Patients aren't transferred out during shift changes, so logistics for timing discharge can be challenging when working with other disciplines, facilities or transport.
- In relation to staffing, unnecessary silos are allowed to exist, where teamwork isn't prioritized.

Strategies

- Prioritize documenting advance care decisions and increasing access to these when patients present to the hospital.
- Discharge planning should be commenced at the time of admission, coordinating with patients' family from the initial conversation – to include discussions/planning around nutrition and mobility.
- Increase access to minor procedures, offering coordinated care for non-emergent health conditions within primary care, and start teaching health literacy in high school.
- A foundation of interdisciplinary collaboration that supports teamwork and communication should be embedded within the health care system, to support staffing retention and recruitment.

Resource Flows

Problems

- Inequities due to resource allocation not based on need.
- Inadequate discharge services on weekends, causing backlog in the main hospital units, as well as patients held in the Emergency Room waiting for beds.
- Transitions in care services are so expensive, that patients remain in hospital unnecessarily.
- Private hospital rooms increase workload, while reducing collaboration, teamwork, and opportunistic learning by junior staff.

Strategies

- Increase number of system navigators and patient peer partners, that can take a role in supporting care coordination between acute and community services.
- Community services should be offered seven days a week, so there is better flow between acute and community.
- Onboarding tools should be developed that create a confident, capable and sustainable workforce that is set up for success.

Relationships & Connections

Problems

- Lack of trust and autonomy for nurses who aren't allowed to follow a set criteria to discharge patients themselves, instead requiring a physician order.
- Empty beds aren't used, often due to burnout secondary to staffing challenges.
- Lack of trust between community and hospital services, complicating and slowing discharge processes.
- Problems are framed as belonging to another team or department, rather than working to address the problems together as a wider care team.
- Breakdowns in communication between team members is left unresolved resulting in worsened team culture/dynamics.

Strategies

- Teamwork, communication and transparency should be prioritized so that team members can get to known each other, feel connected and more willing to support each other, including improving the relationship between hospital and community, and direct care staff and senior leadership.
- Mentorship pathways should be created that give opportunity for all disciplines and junior staff to feel supported, increasing and supporting a trusting environment.

Power Dynamics

Problems

- Command-and-control decision structure, where the physician is the sole decision maker about discharge and implicit bias focuses on only one medical aspect of a patient's care.
- Differences in policy between different health regions, and even hospitals within the same health region causes issues with efficient discharge.
- Lack of Just Culture means people can fear speaking up to acknowledge and address the challenges they experience within their team, resulting in a lack of collaborative problem solving.

Strategies

- Flatten hierarchy for decision-making, offering opportunity for all designations of staff, patients and family members to discuss the discharge of patients.
- All members of a team should be encouraged to act like change agents, being asked to identify where change is needed and suggestions on how to make improvements.

Beliefs & Assumptions

Problems

- Mental mindsets disrupt discharge from hospital, such as seeing it as individual patient flow and not hospital flow.
- Due to burnout, some staff may hesitate to discharge a patient as efficiently as they could as 'the bed will always be filled anyway'.
- All surgeries are completed in hospital, even though a lot of procedures could take place in community.
- An assumption that tertiary care is better or quicker than waiting for care in the community.
- Public don't feel confident to manage their health at home.

Strategies

- Better communication to the public about right care, including right place and right time to support increased health literacy.
- Hospitals should include discharge lounges where patients can wait temporarily for transport.
- Reconsider where services and procedures could be completed, moving non-urgent care back into the community.
- Advance care planning discussions should be encouraged and prioritized.
- Teams should be taught about and encouraged to participate in civility and respect, embedding respectful onboarding orientation practices.
- Protected time should be given to teams to develop their teamwork, communication and quality improvement activities.

Insight Moments

A Starfish Retrospective

Table groups were asked to identify things to:

1) do more of;
2) keep doing;
3) start doing;
4) stop doing; and
5) do less of.

More

Curiosity

Health Literacy

Sustainability

Inter-operability

Compassion

Community engagement

Hierarchy

Diversity

Exploring

Wasting time

Advocacy

Polarizing our partners

Keep

Resilience

Looking for best practices

Innovating

Building Relationships

Being amazing!

Sharing and celebrating successes

Persisting

Compassion

Self-reflecting and checking our biases

Less

Referring to old mental models

Red Tape

Gatekeeping/policing

Talk (more action)

Just offering education

Top-down decision making

Conforming to colonial, hierarchical structures

Start

Challenging the status-quo

Co-designing our systems

Listening and empowering lived experiences

Creating new mental models

Being transparent with our partners

Speaking a common language

Being bold, brave and innovative

Showing empathy and kindness to each other and ourselves

Stop

Working in silos

Burning out

Being scared to try something new

Patriarchal systems

Blaming and shaming

Thinking of QI as separate to health care

Doing the same thing

Perpetuating hierarchy

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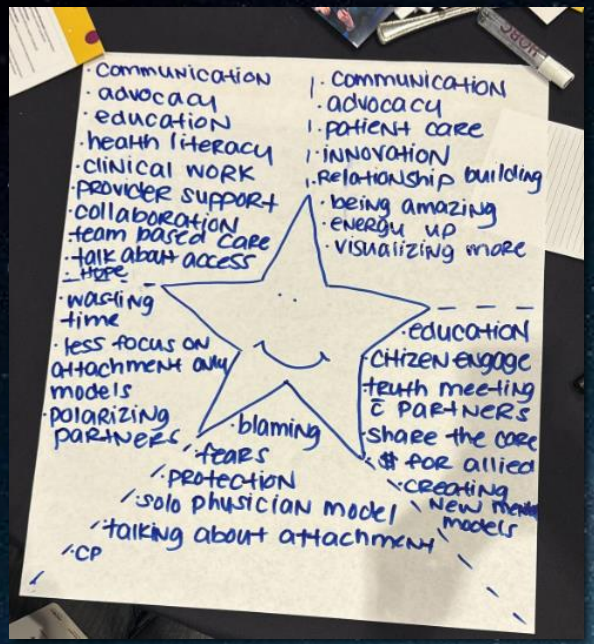
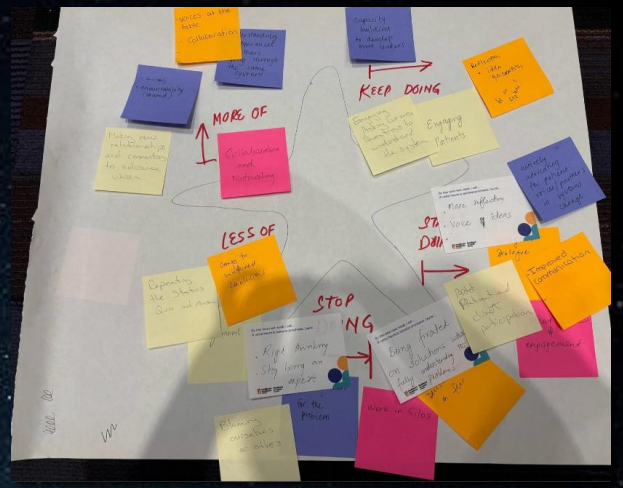
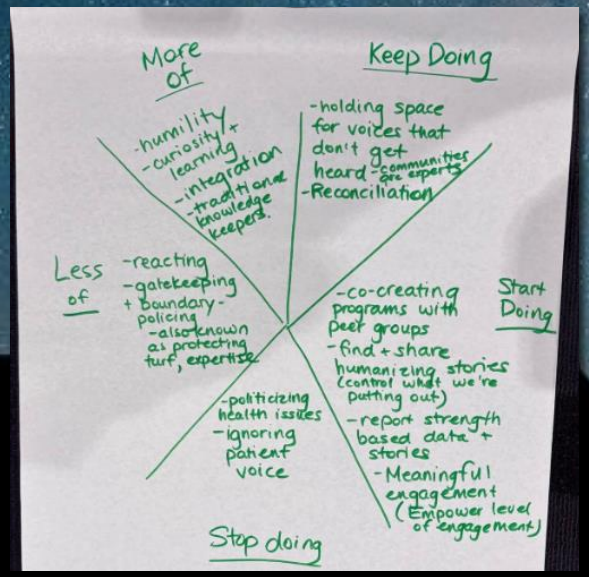
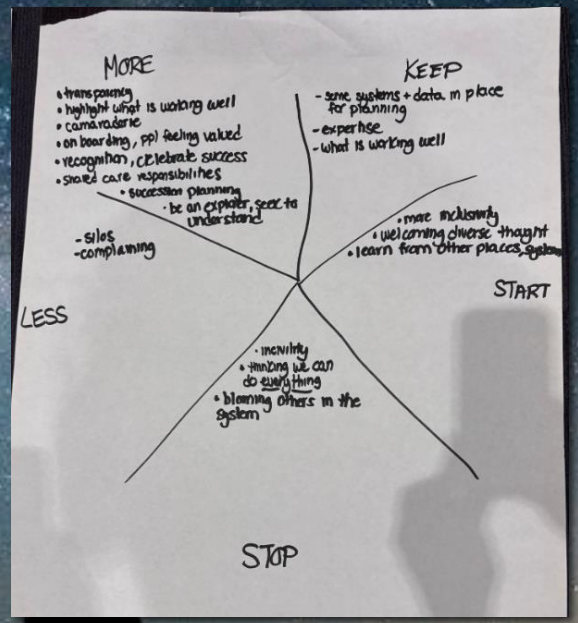
A participant shared that a group of starfish are called a *galaxy*...









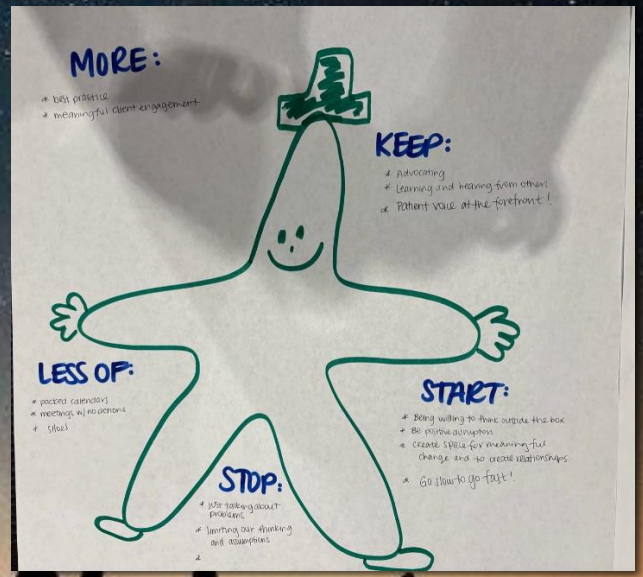


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Image: Freepik.com

Insight Moments

Our Journey to a Better Future

The Insights team used sense-making to understand the emerging themes that demonstrate how participants want to move forward.

Journey to a Better Future...

High Performing Health Care Systems

We want systems that are adaptive and reflect the needs of the populations they serve. We believe that Interoperability is a critical element to address our current fragmentation.

Innovative Environments

We want safe and transparent spaces that encourage curiosity and openness to try new things, that inspire us to move from experts to explorers, and where innovation becomes the norm.

Meaningful Engagement and Partnership

We want to co-design and co-produce solutions and systems that meet the needs of our evolving communities. Recognizing that polarities exist and the importance of managing them effectively, we want to ensure that all perspectives are considered.

Sustainability

We want equitable health care systems that support generations to come, by respecting and valuing health care workers, providing fair allocation of resources and progressing towards environmental sustainability.

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Insight Moments

Snowball Activity

The day was finished with participants being asked to write on a piece of sustainable sugar sheet paper: ‘One Action I will take.’ These were thrown up into the air like snowballs, and collected and reviewed by the Insights team, who used sense-making to theme the actions identified.


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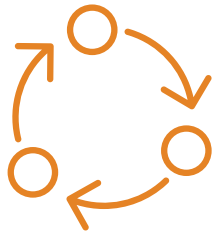
Actions I will take: Themes

Collaboration & Engagement

32%

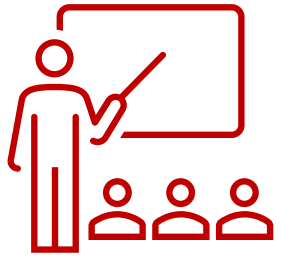


Implement a New Approach to Change

28%

Individual Practice and Mindset Adjustment

18%



Education & Knowledge Translation

10%

Self-Care & Clinician Wellness

7%

Advocate for Systems-Level Change

5%

I will...

"Review with my team the policies and practices we have in place that keep our system static. Then reflect on how we can focus on the needs of people and communities."

"Question how I can do better? Why am I doing it this way? Is there a different way? "

"Help collaborate with patient education to 'share the care' and help providers understand the benefits of sharing the care provision."

"Practice starfish model and apply to activate good habits - take actions, move forward, get better improvement."

"Whenever I blame a problem on 'the system', challenge that notion - is part of this within my control? "

"Be an explorer."

"Increase my awareness of my own mental models that are barriers."

"Work hard on connecting key individuals coming to the table to make change."

Image: Freepik.com

"Value is created, and breakthroughs are made through the strength, number and quality of relationships in (these) systems. Exactly what these relationships will produce isn't determined but they create the (system) conditions allowing for (the) emergence."

- Bill Bannear

Image: freepik.com


Thank you for allowing
the Rapid Insights Team to
capture the day!