FOCUS GROUPS SUMMARY
Focus Group Results

- **Facilitated physician focus groups:**
  - LHSC: Victoria and University Hospital sites
  - St. Joe’s
  - 41 physicians

- **Facilitated resident focus groups:**
  - Victoria and University Hospital sites
  - 34 participants

- **Facilitated focus group with Administrators**
  - Sherri Lawson, Director, Medicine & Family Services
  - Mary Mueller, Director, Medicine Services
  - Carol Young-Ritchie, VP, Patient Centred Care, LHSC
  - Deepak Sharma, Director, Decision Support, LHSC

- **Outstanding**
  - Junior Faculty Focus Group
  - External Consultation
    - Patients
    - LHIN
    - Community Partners
Strengths

- Sense of optimism / hope about future
- Skilled, knowledgeable and experienced faculty
  - Diversity of perspectives, backgrounds and talents
- High level of physician commitment
- Innovative models of care
- Strong teaching trackrecord; excellent reputation
- Pockets of research excellence
- Outpatient clinics
- Strong CTU
- Good inter-disciplinary collegiality across department
- ICES, POEM, CERI
- Greater influence at decision making tables due to department size
- State-of-the-art hospital sites
- Fiscally healthy hospital
Limitations / Threats
Leadership / Structure / Culture

- We are not united around a shared department vision / mandate
  - What is most important - clinical, teaching or research?
  - How should we make trade-offs?
  - How do resources (time, money, infrastructure, people) get allocated appropriately?
  - What are our goals?
- Sense of ‘being behind’; urgency to get going
- Large size of department spread across multiple sites impacts our cohesiveness
- Divisions work in silos
  - Don’t see DOM as a ‘whole’
  - Hinders strategic progress
- Culture is fragmented and somewhat dysfunctional
  - Varies by division / site
- Communication and engagement challenges
  - Physician apathy
Limitations / Areas of Vulnerability

- Process efficiencies
  - Patient access and flow
  - DOM and ED
  - DOM and Surgery
  - No hospitalist model
  - HUGO impacts

- Insufficient coordination of care between hospitals and community
  - The current system is not sustainable – Ontario cannot afford it. Things have to change.
  - Need to pay more attention to population health and care pathways
  - Tap into community resources
  - Collaboration opportunities

- Patient Experience
  - Are we more provider focused versus patient-centred?
  - Is our work aligned to patient outcomes?
  - Long waits

- Information Technology
  - Impact of HUGO

- Data Management / Utilization
  - Integrity
  - Integration
  - Ability to help us make decisions
Limitations / Areas of Vulnerability

Academic Mission

- Balancing act to provide trainees with necessary scope of learning opportunities
- We can provide residents with more competency based training (i.e. managing change, strategy skills, leadership development)
- All divisions do not share an equal commitment to academic mission
- Shortage of resources / facilities aligned to academic mission
- Teaching curriculum requires more focused organization / learning outcomes
Limitations / Areas of Vulnerability
Talent Recruitment, Retention & Succession Planning

- Difficult to attract and retain division heads and department chairs
- Insufficient attention paid to developing leaders for future
- Surrender to the demands / threats of certain audiences

- Aging workforce with insufficient succession planning
- Sustainability of skills and expertise in clinical, research and teaching
Opportunities

- DOM Strategic Plan will drive shared clarity around vision, goals and priorities
- Bold, strong leadership from Chair and leaders
- Increase cohesion and engagement across DOM
- Expand multi-disciplinary and coordinated integration of services and care delivery across the whole continuum
- Advance new models of patient-centred care
- Drive innovation in chronic disease management
- Build a strategy to optimize talent recruitment and retention and succession planning
- Strengthen DOM’s academic mission and outcomes
- Intensify our quality focus and accountability for outcomes
- Strengthen and leverage data and information
Think BIG!
Transform for better patient outcomes
Benchmark of Excellence - choose what differentiates our department as ‘excellent’
Triple Threat – Excellence In Clinical Care, Education and Research
Best academic centre in Canada / World
We can do better (with less)!
We model the best practices for other hospitals to follow
We are the place that community hospitals turn to for answers
United – we are in this together

Bring clarity to the complex
Flexible, Cohesive and Accountable inter-disciplinary team
Translate research discoveries into clinical practice
Patient-centric
Academically productive leader
Working for the patient
Best outcomes for patients
Best professionals working in our department
Creating knowledge that improves patient outcomes
Next Immediate Steps

- Complete the internal focus groups
- Undertake the external consultation process
- Complete the data review and analysis
- Identify critical opportunities and themes
- Begin to build the map
  - Vision
  - Patient / Student / Stakeholder Goals / Outcomes