

# **Promising practices to support retention of the healthcare workforce in northern, rural and remote communities in Canada**

If you are looking for promising practices used in northern, rural, and remote communities in Canada to improve access to safe, high-quality, team-based primary care, then this promising practice will be of interest to you.

# The Triad Leadership Model Within Island Health: Enhanced and Culturally Appropriate Leadership Structures

## What is the promising practice?

The triad leadership model (TLM) within Island Health promotes retention, design and delivery of culturally safe services within northern, rural and remote communities of Island Health in British Columbia (BC). A key strategy in the implementation of the triad leadership model, includes an Indigenous health leader, an operational lead and a medical team lead that share responsibility and accountability to plan and oversee operations, strategy and outcomes in partnership with local communities and providers. This summary was co-developed with the original members from the triad leadership model in the North Island region.

## Key messages and components of the promising practice

- Systemic racism exists, limiting access to safe and culturally sensitive care.
- The TLM takes the traditional dyad model of an operational and medical team and integrates a third leader, an Indigenous health manager who has equal responsibility and accountability.
- Triad leaders share direct responsibility for operations, strategy and outcomes.
- Triad leaders, in partnership with communities, co-develop ways to improve the delivery of culturally safe services.
- Indigenous leaders, community leaders and staff are noticing and commenting on the positive impacts of the new leadership model.
- The TLM is now being spread across other geographies within Island Health.
- There are financial and other challenges when implementing this new leadership model.

## Context

Within the healthcare system, systemic racism exists, limiting access to safe and culturally sensitive care. Within numerous rural and remote geographies healthcare is provided to populations comprised of individuals representing Indigenous people and communities. Rural and remote settings are generally more challenging environments to serve individuals. In a post-pandemic world, along with a scarce workforce environment, providing safe and appropriate care delivery is even more challenging.

## Approach

Within the northern geography of the Vancouver Island Health Authority (Island Health), care is provided to approximately 17,000 people, 35 percent of whom are Indigenous. To combat racism within the health system, Island Health has partnered with Indigenous community leaders and co-developed the TLM.

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Triad leaders, in partnership with communities, co-develop ways to improve upon the offering and delivery of culturally safe and welcoming spaces, programs and services. Direct feedback from the communities served indicates that this model has a positive impact in the way communities are involved in care and planning for care. This leadership model is guiding care delivery in ways not previously experienced. Communities say this new leadership model is also having a favourable impact on their relationship with the healthcare system.

The TLM was first tested in the northern region of Island Health. The success of the structure and clinical governance model was based on highlighting where racism exists and identifying opportunities to improve on culturally safe services was recognized. As a result, the TLM is now being spread across other geographies within Island Health.

Having a collaborative leadership team that is aligned and sets direction using three distinct lenses (clinical, Indigenous and management) clarifies direction for the team and reduces the possibility of conflicting or confusing messages for each member of the team. This collaborative approach is especially important in rural settings where teams are smaller and rely on each other for shared decision-making at the frontline. Knowing that the focus of direction is neither exclusively physician or operations driven and that the Indigenous and cultural lens has been applied is reassuring and instills confidence in the direction set.

Inspirational leadership helps teams see the direction they need to take when making decisions. The triad leaders bring the inspiration and direction needed to build confidence among team members. As well, the Indigenous lens blended into the model has had a positive impact on the outcomes of events of systemic racism.

- Situations where racism is suspected or reported are viewed holistically by the community and triad leaders.
- Recommendations and implementation of change related to incidents are addressed through multiple channels, improving opportunity for change.

Additionally, the TLM has led to the development of an Indigenous quality council that is addressing racism and supporting better outcomes for individuals and staff alike. This council and its work are led by the triad leaders. The multi-lens approach eases the work of implementing change and provides support for teams as they improve their processes.

## What do staff think?

- Mental health substance use team
  - “Receiving support from operations and the Indigenous health team as we navigate care concerns and opportunities for improvement has made way for change that we have not experienced before.”

- The Indigenous health team observed the immediate positive impact of their work and that of the TLM on local leadership and support. Staff from other programs have drawn on the experience and support from having an Indigenous health manager on site for education and insight. This support also extended to patient care where circumstances often come up that are beyond a team members' skills or knowledge.
  - “Knowing there was someone in leadership I could go to with my concerns and be safely heard provided immeasurable moral support.”
  - “Community relationships can be complex and sometimes challenging to navigate. Having an Indigenous health manager locally situated and with local relationships with community has supported my relationships from introductions to language use and political insights.”
  - “A significant improvement from when the Indigenous health manager was located regionally, not locally, and unable to collaborate closely with area and medical directors. This has helped me to understand the local issues and mechanical solutions while also feeling increasingly connected to and supported by local leadership.”

## Key success factors (why it is working?)

- Relationships between Island Health leadership and local Indigenous communities and First Nations leadership.
- Relationships between Island Health leadership and local physicians.
- Implementation of systemic improvements across medicine, cultural communities and operations.
- The ability to address recommendations arising from a review of untoward events impacting our local community members, including those specific to systemic and direct racism.
- The number of collaborative opportunities we participate in.
- Work being done to support those living with homelessness in Port Hardy Hospital by the Mental Health Substance Use team.
- Increased number of engagement opportunities with outreach communities.

## Challenges

- While relationships between Island Health leadership and local Indigenous community leadership is a key success factor, ongoing engagement under the principles of uplifting our programs and services in terms of culturally safe and welcoming environments are required to:
  - build trust in ensuring the model is truly functioning as intended
  - identify the resourcing and leadership needs to support our goals of building programs, services and spaces
  - ensure TLM continues to be strengthened post-implementation

- Looking within at our own models and asking ourselves, “does this traditional or colonial model work in supporting our goals? If not, what can we do to make a change?”
- Working under the principles of “how can we share the ‘keys’ to our programs, sites and services with our community?”
- Initial funding allocation.
- Making the time needed.
- Expectations from communities for rapid change.
- Working on these new leadership models post-pandemic, within a scarce health workforce environment.

### **Next steps to further expand the TLM**

- Academically driven evaluation of the impacts of the model.
- Sharing of learnings outside of the Island Health organization.
- Spreading the model across other areas.

### **Measuring progress (how do we know retention is improving?)**

- Impact is being measured through feedback from the community (people and communities as a whole) and staff through various qualitative engagement avenues (such as engagement with council and surveys with staff and patients).

### **For more information**

To learn more about the TLM, contact Max Jajszczok, Rural and Remote Strategy (Max.Jajszczok@islandhealth.ca) or Mary Knox, Indigenous Health Services and a triad leadership member (Mary.Knox@islandhealth.ca)