

Co-Leadership

FINAL, JULY 2015

Advancing physician leader and administrative leader partnerships across the organization.

- Final Northern Health Medical Staff Leadership Administrative Structure
- Final Functions for the following roles and partnerships:
 - Medical Directors / Chief Operating Officers
 - Chiefs of Staff / Health Service Administrators
 - Deputy Chiefs of Staff
 - Department Heads / Program Managers
 - Prince George & UHNBC Medical / Administrative Leaders
 - Chronic Disease & Clinical Quality Program Medical / Administrative Leads
 - Chief Medical Information Officer / Chief Information Officer
 - Medical Staff Executive Positions



northern health

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1.1 Background

Co-leadership between medical and administrative leaders is an important enabling factor in achieving Northern Health's mission of providing exceptional health services for Northerners. Delivering integrated, accessible, and high quality health services is contingent on a diverse group of people working together to achieve a common goal. For leaders within health care organizations it is increasingly important to align priorities and quality of patient care initiatives.

Over the past year, Northern Health has been working to advance co-leadership between physician and administrative leaders recognizing that shared responsibilities exist. These shared responsibilities require the joining of both physician and administrative knowledge and expertise.

A number of pieces of work were identified that would support co-leadership within Northern Health. These include:

1. Identifying the Core Functions of Medical and Administrative Leaders
2. Using the Core Functions to identify Shared Functions
3. Aligning the Medical Staff Structure to reflect the Functions and advance co-leadership

The following booklet is a compilation of recent work done for Medical Staff Leaders and their co-leads. It is the complete series of work identified to advance co-leadership for physician leader and administrative leader partnerships:

- Medical Director and Chief Operating Officer
- Chief of Staff and Health Service Administrator
 - Deputy Chief of Staff (Support role for Chief of Staff)
- Department Head and Program Manager
- UHNBC Chief of Staff-Medical Director, Health Service Administrator and Directors
- Prince George Medical Director, NI Chief Operating Officer and Prince George HAS
- Regional Chronic Disease Program Medical Leads and Program Administrators
- Clinical Quality Program Medical and Administrative Leads
- Chief Medical Information Officer and Chief Information Officer
- Medical Staff Executive Roles:
 - Vice President Medicine
 - Vice President Primary and Community Care and Clinical Programs
 - Chief Medical Health Officer

2.0 Defining Co-leadership

Co-leadership represents the formalized partnership between medical and administrative leaders who share responsibility in meeting and implementing an identified and agreed upon set of priorities and strategies. Co-leadership brings together the knowledge, expertise, and experience of individuals to address and improve the delivery of exceptional health services.

Differentiating Communication from Collaboration



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3.0 Co-Leadership: A Meeting of Functions

With co-leadership identified as a priority, the medical and administrative leaders were asked to clarify the core functions of each of the leadership positions in order to inform potential co-lead pairings and shared functions. With an understanding of these core leadership functions, where those functions overlap as shared between medical and administrative leaders were determined. The core and shared functions of medical and administrative leaders were identified using:

- Contract deliverables
- Role descriptions
- Interviews with medical and administrative leaders
- Group consultation with:
 - Northern Health Medical Advisory Committee (NHMAC)
 - Northern Health Executive (Executive)
 - Northeast Medical Advisory Committee (NE MAC)
 - Northwest Medical Advisory Committee (NW MAC)
 - Northern Interior Medical Advisory Committee (NI MAC)
 - Northern Health Medical Directors & Administrative Partners
 - Chronic Disease Program Medical & Administrative Leads
 - Clinical Quality Program Medical & Administrative Leads
 - Medical Staff Executive Leads

Informed by an understanding of the functions, the most logical pairings between medical and administrative leaders were identified and are included in the following tables and Venn diagrams. Where the functions of medical and administrative leaders overlap they are indicated as shared. Shared functions reflect areas or issues where responsibility lies with both the medical and administration leaders and where collaboration is required in order to effectively address the function.

Similarly, the proposed core and shared functions for these pairings were reviewed and validated through workshops with physician leader and administrative leader partners in the Northeast HSDA (January 2015), the Northern Interior HSDA including UHNBC (November 2014) and Northwest HSDA (March 2015). These functions are a discussion tool for advancing co-leadership within the organization. Proposed core and shared functions for the other medical and administrative leadership partnerships were reviewed and validated with these dyads through a series of meetings held March to May 2015.

3.1 Co-Leadership as a Principle for a Medical Staff Structure

At the November 2013 Northern Health Medical Advisory Committee (NHMAC), the medical leadership committed to developing a medical staff and leadership structure that is unique to Northern Health. The medical leadership adopted a set of principles to inform future discussion and decision-making regarding the organization of the Medical Staff structure.

The principles include:

1. **Co-Leadership:** Physician and Administrative Co-Leads
2. **Distributed Leadership:** Geographically representative leadership leveraging local leadership
3. **Mutual Responsibility for Quality:** Alignment and advancement of quality initiatives in partnership at all levels of the organization
4. **Enable Communication through Simplified Structures:** Structures that promote timely and effective communication
5. **Affordable & Cost Effective:** Structure that is fully fundable with allocated resources

3.1a Medical Staff Leadership Administration Structure

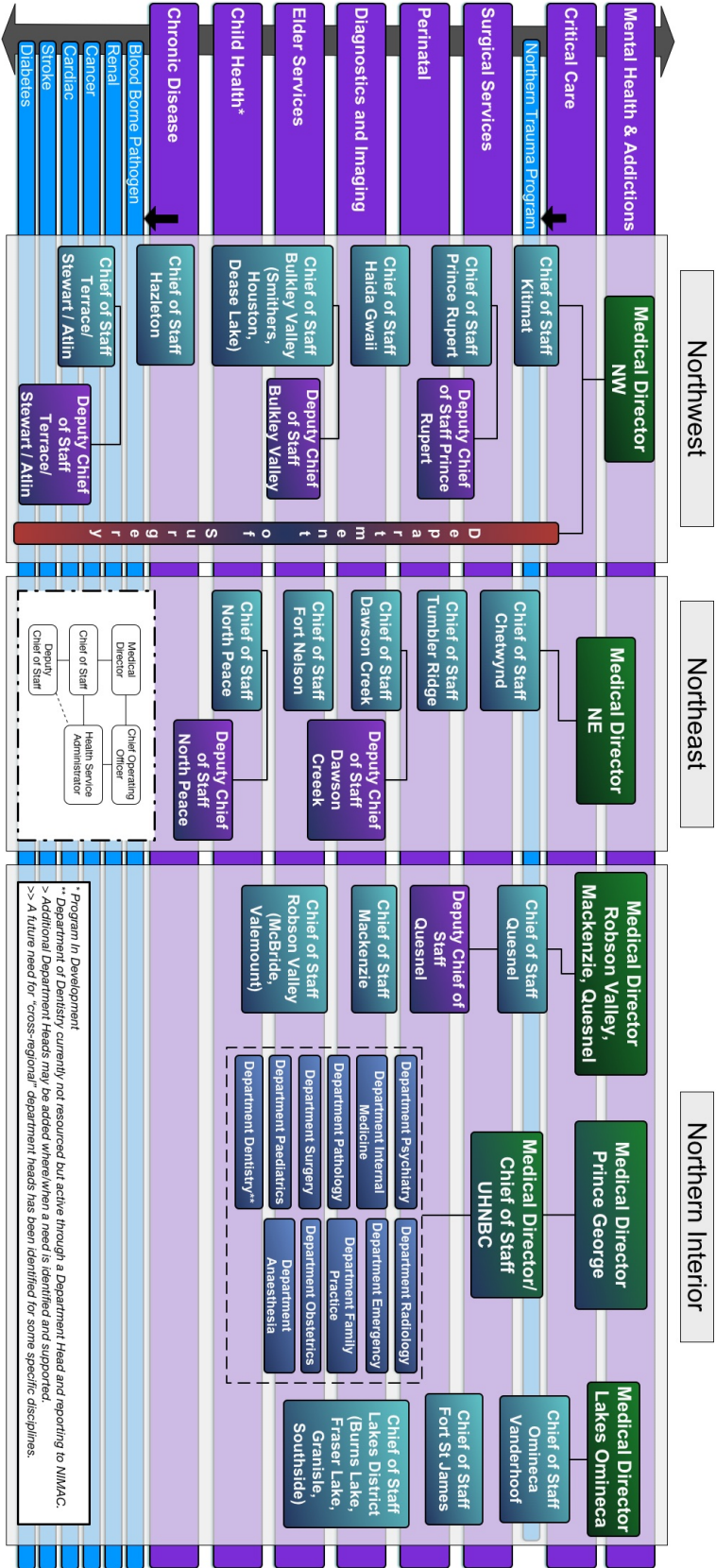
With an understanding of the core and shared functions, and based in input received during the consultative process with medical and administrative leaders, the following option for a Medical Staff structure to advance co-leadership and fulfill the principles is proposed. The following diagram illustrates this option.

The primary informing features included:

1. Need for flexibility based on local context
2. Ability to leverage Quality Programs to support the quality mandate
3. Formalization of co-leadership by aligning medical leaders with administrative leaders
4. Addition of Deputy Chief of Staff role
5. Department Head and Departments resourced based on viability and fulfillment of the function

Northern Health Medical Staff and Medical Leadership Structure

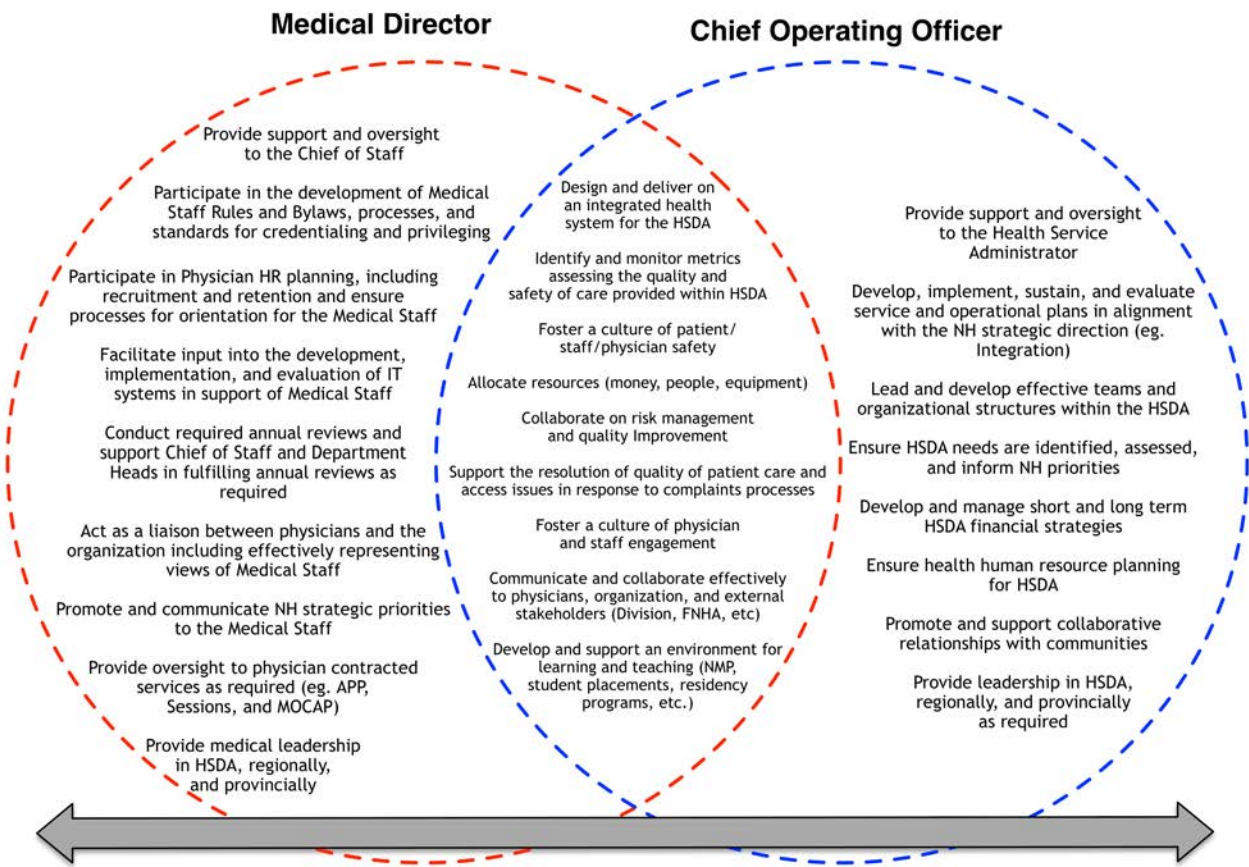
**This is not intended to be an organizational chart* Final Version - Endorsed March/April 2015*



4.0 Medical Director and Chief Operating Officer

4.1 Functions: Medical Director and Chief Operating Officer

Medical Director		Chief Operating Officer
Core	Shared	Core
<ul style="list-style-type: none"> • Provide support and oversight to the Chief of Staff • Participate in the development of Medical Staff Rules and Bylaws, processes, and standards for credentialing and privileging • Participate in Physician HR planning and implementation, including recruitment and retention and ensuring processes for the orientation to the Medical Staff • Facilitate input into the development, implementation, and evaluation of IT systems in support of Medical Staff • Conduct required annual reviews and support Chief of Staff and Department Heads in fulfilling annual reviews as required • Act as a liaison between Physicians and the organization including effectively representing views of Medical Staff • Promote and communicate NH strategic priorities to the Medical Staff • Provide oversight to physician contracted services as required (eg. APP, Sessions, and MOCAP) • Provide medical leadership in HSDA, regionally, and provincially 	<ul style="list-style-type: none"> • Design and deliver on an integrated health system for the HSDA • Identify and monitor metrics assessing the quality and safety of care provided within HSDA • Foster a culture of patient/staff/physician safety • Allocate resources (money, people, equipment) • Collaborate on risk management and quality Improvement • Support the resolution of quality of patient care and access issues in response to complaints processes • Establish and foster a culture of physician and staff engagement • Communicate and collaborate effectively with physicians, communities, external organizations and stakeholders (e.g. Divisions, FNHA, etc.) • Develop and support an environment for learning and teaching (NMP, student placements, residency programs, etc.) 	<ul style="list-style-type: none"> • Provide support and oversight to the Health Service Administrator • Develop, implement, sustain, and evaluate service and operational plans in alignment with the NH strategic direction (eg. Integration) • Lead and develop effective teams and organizational structures within the HSDA • Ensure HSDA needs are identified, assessed, and inform NH priorities • Develop and manage short and long term HSDA financial strategies • Ensure health human resource planning for HSDA • Promote and support collaborative relationships with communities • Provide leadership in HSDA, regionally, and provincially as required



March 12, 2015

4.2 Job Description: Medical Director (NE, NW, NI, Lakes/Omineca)

POSITION TITLE:	Medical Director XXX	DATE:	June 2007
SUPERVISOR'S TITLE:	VP Medicine	REVISED:	September 2014
DEPARTMENT:	Medical Affairs	HEALTH SERVICE DELIVERY AREA:	XXX
LOCATION:	XXX HSDA		

SUMMARY OF RESPONSIBILITIES

As part of the NHA leadership team, the Medical Director is responsible and accountable for:

- Providing effective leadership in evaluating, planning, and delivering medical services including the quality and performance of the medical staff
- Contributing to achieving Northern Health's strategic and operational plans
- Fostering effective relationships with the medical community and other key leaders to develop innovative strategies and opportunities that support and ensure:
 - Access to health care
 - Comprehensive quality and risk management programs
 - Effective utilization of services
 - Cost effective use of resources

FUNCTIONAL RELATIONSHIP

- Reports to the Vice President Medicine
- Co-leads with the XXX Chief Operating Officer

GEOGRAPHIC SCOPE

The XXX Medical Director is responsible for duties within the XXX Health Service Delivery Area.

KEY AREAS OF RESPONSIBILITY

Northern Health has adopted a co-leadership model that informs the way in which medical and administrative leaders work collaboratively to advance the strategic direction and mutual goals. Co-leadership facilitates effective and transparent communication through the decision making process.

The XXX Medical Director works in co-leadership with the XXX Chief Operating Officer. There are core Medical Director functions that are the primary responsibility of the Medical Director. These are indicated below as a "Core Function". As part of a co-leadership team, there are functions that are shared between the medical and administrative leaders. Both leaders have a role in fulfilling the function. These are indicated below as "Shared Functions".

Ensures and oversees the quality of services provided by the Medical Staff by:

1. Ensuring processes are in place to monitor, implement, and enforce medical standards for quality and performance including:
 - a. Overseeing the Chief of Staff and Department Heads in fulfilling the physician annual review process (Core Function)
 - b. Conducting annual reviews as required (Core Function)
2. Participating in the development of Medical Staff Rules and Bylaws and standards for the appointment and reappointment to the medical staff, including privileging and credentialing processes (Core Function)
3. Monitoring physician contracted services including APP, Sessions, and MOCAP (Core Function)

Provides leadership and medical expertise on issues pertinent to physician human resources including:

1. The development of a Physician Human Resource Plan and strategy to ensure necessary and appropriate service continuity (Core Function)
2. The recruitment and retention of physicians to the Medical Staff (Core Function)
3. The development of physician structures and processes that support the delivery of high quality medical services (Core Function)
4. The development of an environment of teaching and learning including collaborating to develop and implement the key components of the Medical School Program (Shared Function)
5. The development and evaluation of processes for the orientation to the Medical Staff (Core Function)
6. Providing oversight and support to the Chief of Staff and Department Heads within the HSDA, as applicable (Core Function)

Advises on a high quality system of services for the XXX Health Service Delivery Area (HSDA), by:

1. Designing and delivering an integrated health system and services (Shared Function)
2. Identifying and monitoring metrics assessing the quality and safety of care provided (Shared Function)
3. Allocating financial, capital, and human resources as related to the delivery of medical services (Shared Function)
4. Identifying, assessing, and managing risk (Shared Function)
5. Developing and implementing quality improvement initiatives addressing the quality of patient care (Shared Function)
6. Resolving quality of patient care and assessing issues in response to complaints process (Shared Function)
7. Developing a culture of patient, physician, and staff engagement and safety (Shared Function)
8. Providing medical expertise regarding the use of Information Systems that support the Medical Staff and the provision of quality care (Core Function)

Facilitates effective communication and serves as a liaison between Northern Health, the medical staff, and external partners by:

1. Collaborating with physicians, communities, external organizations, and stakeholders to improve the quality of patient care (Shared Function)
2. Participating and leading medical and NHA committees as assigned (Core Function)
3. Promoting and communicating NH strategic priorities to the Medical Staff and effectively representing views of the Medical Staff (Core Function)
4. Providing medical representation for the HSDA and NHA at provincial and professional related meetings as appropriate (Core Function)
5. Fulfilling all communication and reporting processes for all quality care/patient complaints/physician incidents which require reporting to the British Columbia Health Care Risk Management Society (Shared Function)
6. Coordinating the medical aspects of the accreditation of assigned hospitals (Shared Function)

QUALIFICATIONS AND COMPETENCIES

Education and Experience:

- Medical degree
- Current or eligibility for registration with BC College of Physicians and Surgeons
- Master's Degree in Health Administration or completion of Physician Management Institute program or similar education and experience
- Minimum of three (3) years senior management experience, with exposure to multi- site environments and the delivery of rural medical services

Key Competencies:

- Ability to lead, plan, direct, manage and implement change
- Effective communication and interpersonal skills
- Ability to function effectively in a highly dynamic, complex and changing environment
- Ability to take initiative and foster a healthy, effective and efficient work environment

Knowledge and understanding of:

- Institutional medical practices and procedures
- Current and strategic directions in health care
- Current legislation and standards involving patient care
- Change management and quality improvement processes
- Negotiation practices

5.0 Chief of Staff and Health Service Administrator

5.1 Functions: Chief of Staff and Health Service Administrator

Chief of Staff		Health Service Administrator (Or Delegate / Identified Agent)
Core	Shared	Core
<ul style="list-style-type: none"> • Monitor and assure compliance with the Medical Staff Bylaws, Rules, and regulations • Facilitate and engage in a process to monitor and assess competency of members of the Medical Staff to ensure quality of services provided (eg. physician annual reviews, peer review processes, and recommendations on appointments and reappointments to Medical Staff) • Provide physician orientation to the Medical Staff and Northern Health • Provide leadership to physician recruitment and retention processes • Encourage and support opportunities for continuing professional development (CPD) • Provide leadership as needed for committees (eg. local MAC) and ensure Medical Staff representation • Participate at the HSDA and HA level as agreed upon • Promote and communicate NH strategic priorities to the Medical Staff • Represent the views of the Medical Staff • Facilitate on-call and clinical coverage (eg. Vacation planning, locum coverage, etc.) for Medical Staff • Manage physician complaints/conflict according to NH policy and procedures 	<ul style="list-style-type: none"> • Facilitate and participate in health care services planning to meet the community needs (eg. service delivery responsibilities, resource allocation) • Identify and monitor metrics assessing the quality and safety of care provided within facility • Provide leadership and support to the provision of high quality team based care (eg. integration) • Identify local capital equipment priorities informing part of the regional capital planning processes • Support a culture of physician and staff engagement • Participate in risk management activities (eg. emergency preparedness & service delivery contingency planning, and patient/staff/physician safety) • Facilitate quality improvement (eg. patient care processes including access, flow, utilization, and care planning) • Identify and plan recruitment and retention activities • Address inter-professional and patient complaints and support processes to monitor patient satisfaction • Communicate NH policies and procedures to NH staff and members of the Medical Staff & oversee compliance as required • Develop and support an environment for learning and teaching (NMP, student placements, residency programs, etc.) • Communicate and collaborate effectively with physicians, external organizations and stakeholders (e.g. Divisions, etc) 	<ul style="list-style-type: none"> • Develop, implement, monitor, and evaluate short and long term operational, service, and financial plans in alignment with NH strategic direction • Develop partnerships and linkages within local communities and with organizational stakeholders • Ensure community needs are identified, assessed, and inform NH priorities • Develop local human resource strategies to meet service needs in alignment with NH human health resource plan (eg. recruit, select, hire, train, orient, retain, evaluate, and discipline staff within portfolio) • Manage staff complaints/conflict according to NH policy and procedures • Implement NH staff performance management system • Negotiate and administer local service contracts

Chief of Staff

Health Service Administrator



March 12, 2015

5.2 Job Description: Chief of Staff

POSITION TITLE:	XXX Chief of Staff	DATE:	June 2007
SUPERVISOR'S TITLE:	XXX Medical Director	REVISED:	March 2014
DEPARTMENT:	Medical Affairs	HEALTH SERVICE DELIVERY AREA:	XXX
LOCATION:	XXX		

SUMMARY OF RESPONSIBILITIES

As part of the NHA leadership team, the XXX Chief of Staff is responsible and accountable for:

- Collaborating on service delivery planning, implementation, and evaluation within XXX community/facility
- Effective functioning of the medical staff at XXX facility, including complaints resolution and overseeing the XXX community/facility appointment, reappointment, and annual meeting processes
- Quality of services provided by the members of the medical staff at XXX facility

FUNCTIONAL RELATIONSHIP

- Reports to the XXX Medical Director
- Accountable to the NHA Board through XXX MAC

GEOGRAPHIC SCOPE

The XXX Chief of Staff is responsible for duties within and relevant to the XXX facility/community.

KEY AREAS OF RESPONSIBILITY

Northern Health has adopted a co-leadership model that informs the way in which medical and administrative leaders work collaboratively to advance the strategic direction and goals. Co-leadership facilitates effective and transparent communication through the decision making process.

The XXX Chief of Staff works in co-leadership with the XXX Health Service Administrator. There are core Chief of Staff functions that are the primary responsibility of the Chief of Staff. These are indicated below as a “Core Function”. As part of a co-leadership relationship, there are functions that are shared between the medical and administrative leaders. Both leaders have a role in fulfilling the function. These are indicated below as a “Shared Function”.

Oversees the quality of services provided by the medical staff at community/facility XXX by:

1. Monitoring and assuring Medical Staff compliance with Medical Staff Rules and Bylaws (Core Function)
2. Facilitating a process to monitoring and assess the competency Medical Staff members including making recommendations on the appointment and reappointment to the Medical Staff (Core Function)
3. Communicate NH policies and procedures to NH members of the Medical Staff and oversee compliance as required (Core Function)
4. Managing physician complaints and inter-professional conflict according to NH policy and procedures (Shared Function)
5. Addressing patient complaints and support processes to monitor patient satisfaction (Shared Function)

Provides leadership on issues pertinent to physician human resources, by:

1. Identifying and planning recruitment and retention activities (Shared Function)
2. Supporting and providing processes for physician orientation to the Medical Staff (Core Function)
3. Participating in Physician HR planning process (Core Function)
4. Collaborating to develop and support an environment for learning and teaching including implementing the key components of the Medical School Program (Shared Function)
5. Encouraging and supporting opportunities for continuing professional development (CPD) (Core Function)
6. Supporting and overseeing the Deputy Chief of Staff and Department Heads as applicable (Core Function)

Communicates and liaises between the organization, medical staff, and external partners, by:

1. Collaborating effectively with physicians, communities, external organizations and stakeholders (Shared Function)
2. Providing leadership as needed for local NH committees, including local MAC, and ensuring medical staff representation and participation (Core Function)
3. Promoting and sharing strategic priorities to the medical staff (Core Function)
4. Effectively represent the views of the Medical Staff to the Northern Health leadership team (Core Function)
5. Participating and providing leadership regionally as agreed upon (Core Function)

Participates in the development of a high quality system of services for community/facility XXX by:

1. Design and delivery of an integrated service model to meet the community needs (Shared Function)
2. Appropriate allocation of resources for medical services, including capital, human, and resource planning (Shared Function)
3. Support and facilitate a culture of physician and staff safety and engagement (Shared Function)
4. Identification and implementation of quality improvement and key patient care processes including access, flow, utilization, and care planning (Shared Function)
5. Managing risks including emergency preparedness, service delivery contingency planning, and patient, staff, physician safety (Shared Function)
6. Facilitating on-call and clinical coverage for Medical Staff within XXX facility to ensure service continuity (Shared Function)
7. Implementing and evaluating of IT systems in support of the Medical Staff (Shared Function)

QUALIFICATIONS AND COMPETENCIES

Education and Experience:

- Medical degree
- Current or eligibility for registration with BC College of Physicians and Surgeons
- Active Privileges in a clinical Department
- Leadership in the medical community
- PMI I-IV or other Leadership Training
- Understanding of hospital administrative processes

6.0 Deputy Chief of Staff

6.1 Functions: Deputy Chief of Staff

The Deputy Chief of Staff role has been added to the Medical Staff Leadership Structure in order to support the administrative functions of the Chief of Staff in larger facilities in some regional facilities. The goal of this role is also to provide an opportunity for succession planning. This role is still under development and is intended to be flexible in order to meet facility- and Chief of Staff-specific needs - to be determined by the Chief of Staff and incoming Deputy. It is not currently paired with a specific administrative leader, but will be expected to work in collaboration with administrative leads.

Deputy Chief of Staff	
Core	Shared
<ul style="list-style-type: none"> • Monitor and assess competency of Medical Staff members including physician annual reviews, peer review processes, and make recommendations on appointments and reappointments to Medical Staff • Monitor and assure compliance with the Medical Staff Bylaws, Rules, and regulations • Provide physician orientation to the Medical Staff and Northern Health • Effectively communicate to the Medical Staff NH strategy and objectives • Represent the views of the Medical Staff • Collaborate to recruit and review Physician Resource Plan • Provide leadership as needed for committees (eg. local MAC) • Develop and update facility specific policies • Facilitate on-call and clinical coverage (eg. Vacation planning, locum coverage, etc.) • Support opportunities for Continuing Professional Development (CPD) • Manage physician complaints/conflict according to NH policy and procedures 	<ul style="list-style-type: none"> • Develop, implement, evaluate, and update service plans, goals, and objectives • Develop and update policies, standards, and procedures for Department and monitor and oversee compliance • Develop and implement quality improvement (eg. patient care processes including access, flow, utilization, and care planning) • Participate in risk management activities (eg. emergency preparedness and service delivery contingency planning, and patient/staff/physician safety) • Capital equipment planning, operating budget, and bed utilization • Monitor access and develop strategies to address as required • Develop and support an environment for learning and teaching (NMP, student placements, etc.) • Support a culture of physician and staff engagement • Communicate NH policies and procedures to NH staff and members of the Medical Staff and oversee compliance as required • Address inter-professional and patient complaints and support processes to monitor patient satisfaction

6.2 Job Description: Deputy Chief of Staff

POSITION TITLE:	Deputy Chief of Staff	DATE:	May 2015
SUPERVISOR'S TITLE:	XXX Chief of Staff	REVISED:	
DEPARTMENT:	Medical Affairs	HEALTH SERVICE DELIVERY AREA:	XXX
LOCATION:	Prince George, BC		

SUMMARY OF RESPONSIBILITIES

The Deputy Chief of Staff role supports the Chief of Staff to fulfill a variety of core and shared functions. As part of the XXX facility/community leadership team, the Deputy Chief of Staff, in collaboration and coordination with the facility's Chief of Staff, are responsible and accountable for:

- Monitoring and assessing the competency of members of the Facility including ensuring Medical Staff compliance with Medical Staff Rules and Bylaws
- Addressing and managing physician, staff, and patient concerns and complaints involving members of the Facility
- Providing leadership to the Facility including ensuring appropriate policies, standards, and procedures are in place
- Collaborating on the development, implementation, and evaluation of Facility related service plans, goals, and objectives
- Providing coverage as Acting Chief of Staff when needed

FUNCTIONAL RELATIONSHIP

- Reports to the XXX Chief of Staff

GEOGRAPHIC SCOPE

- The Deputy Chief of Staff is responsible for duties related to facility XXX.

KEY AREAS OF RESPONSIBILITY

Northern Health has adopted a co-leadership model that informs the way in which medical and administrative leaders work collaboratively to advance the strategic direction and mutual goals. Co-leadership facilitates effective and transparent communication through the decision making process.

The XXX Deputy Chief of Staff supports the administrative functions of the XXX Chief of Staff working in co-leadership with the XXX administrative leadership team. The Deputy Chief of Staff has several core functions that are the primary responsibility of this role as well as functions that are shared with members of the administrative team. The XXX Chief of Staff and XXX Deputy Chief of Staff will decide how these functions are fulfilled in relation to the XXX Chief of Staff's responsibilities based on the current needs of XXX Chief of Staff and the facility.

The XXX Deputy Chief of Staff:

Ensures the quality of medical services provided by the members of the Department, by:

1. Monitoring and assuring compliance with Medical Staff Rules and Bylaws (core function)

2. Monitoring and assessing competency of the Medical Staff members including physician annual reviews, peer review processes, and making recommendations on the appointment and reappointment of members to the Medical Staff and the assigning of privileges (core function)
3. Developing and updating Facility policies, standards of care, and procedures and monitoring to assure compliance (core function)
4. Addressing and managing inter-professional, physician and patient complaints according to NH complaints policies and processes (core / shared function)
5. Supporting processes to monitor patient satisfaction (shared function)

Provides leadership on human resources issues related to the Department, by:

1. Recruiting and facilitating the retention of members of the Medical Staff (core function)
2. Participating in the review of the Physician Resource Plan (core function)
3. Facilitating on-call and clinical coverage for Medical Staff, including vacation and locum coverage (core function)
4. Supporting opportunities for Continuing Professional Development (CPD) for Department members (core function)
5. Providing and supporting processes for the orientation of members to the Facility (core function)
6. Supporting and encouraging a culture of physician and staff engagement (shared function)

Communicates and liaises between Northern Health and the Medical Staff, by:

1. Promoting and communicating Northern Health, NHMAC, and Medical Staff strategy and objectives (core / shared function)
2. Representing the views of the Medical Staff to the Northern Health leadership team as needed (core function)
3. Provide leadership, as needed and agreed upon, for other NH committee membership positions (core function)

Advises on service and program planning for the Facility, by:

1. Developing, implementing, evaluating, and updating service plan, goals, and objectives (shared function)
2. Advising on medical service resource planning and allocation (shared function)
3. Collaborating to develop and implement patient care quality improvement processes addressing access, flow, utilization, and care planning (shared function)
4. Collaborating on risk management activities including emergency preparedness, service delivery contingency planning, and patient/staff/physician safety (shared function)

QUALIFICATIONS AND COMPETENCIES

Education and Experience:

- Medical degree
- Current or eligibility for registration with BC College of Physicians and Surgeons
- Active Privileges in a clinical Department at UHNBC
- Leadership in the medical community
- PMI I-IV or other Leadership Training
- Understanding of hospital administrative processes

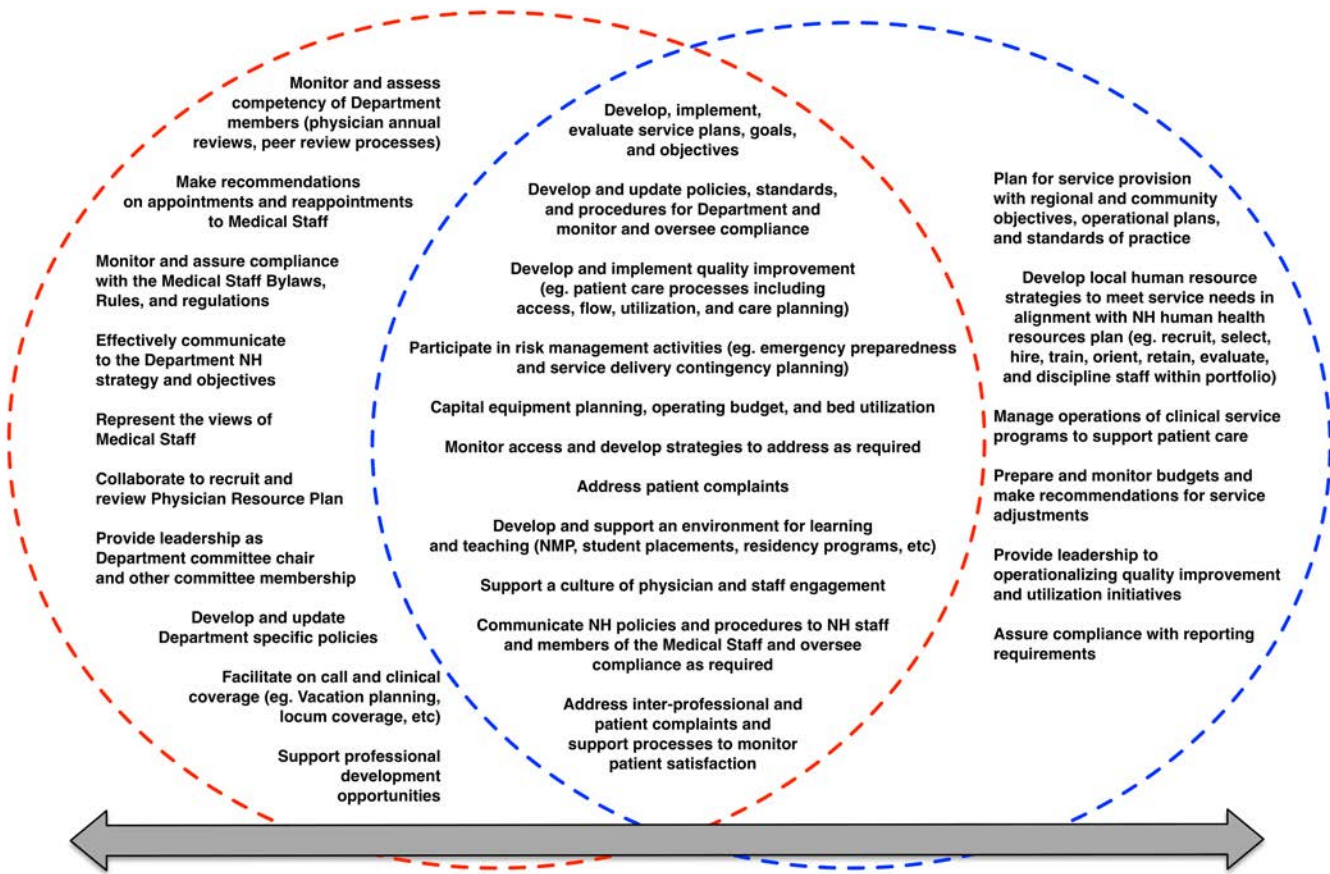
7.0 Department Head and Program Manager

7.1 Functions: Department Head and Program Manager

Department Head		Program Manager
Core	Shared	Core
<ul style="list-style-type: none"> • Monitor and assess competency of Department members including physician annual reviews, peer review processes, and make recommendations on appointments and reappointments to Medical Staff • Monitor and assure compliance with the Medical Staff Bylaws, Rules, and regulations • Effectively communicate to the Department NH strategy and objectives • Represent the views of the Medical Staff • Collaborate to recruit and review Physician Resource Plan • Provide leadership as Department committee chair and other committee membership • Develop and update Department specific policies • Facilitate on-call and clinical coverage (eg. Vacation planning, locum coverage, etc.) • Support opportunities for Continuing Professional Development (CPD) 	<ul style="list-style-type: none"> • Develop, implement, evaluate, and update service plans, goals, and objectives • Develop and update policies, standards, and procedures for Department and monitor and oversee compliance • Develop and implement quality improvement (eg. patient care processes including access, flow, utilization, and care planning) • Participate in risk management activities (eg. emergency preparedness and service delivery contingency planning, and patient/staff/physician safety) • Capital equipment planning, operating budget, and bed utilization • Monitor access and develop strategies to address as required • Address patient complaints • Develop and support an environment for learning and teaching (NMP, student placements, etc.) • Support a culture of physician and staff engagement • Communicate NH policies and procedures to NH staff and members of the Medical Staff and oversee compliance as required • Address inter-professional and patient complaints and support processes to monitor patient satisfaction 	<ul style="list-style-type: none"> • Plan for service provision consist with regional and community objectives, operational plans, and standards of practice • Develop local human resource strategies to meet service needs in alignment with NH human health resource plan (eg. recruit, select, hire, train, orient, retain, evaluate, and discipline staff within portfolio) • Manage operations of clinical service programs to support patient care • Prepare and monitor budgets and make recommendations for service adjustments • Provide leadership to operationalizing quality improvement and utilization initiatives • Assure compliance with reporting requirements

Department Head

Program Manager



7.1 Job Description: Department Head

POSITION TITLE:	Department Head	DATE:	January 2015
SUPERVISOR'S TITLE:	XXX Medical Director or XXX Chief of Staff	REVISED:	
DEPARTMENT:	Medical Affairs	HEALTH SERVICE DELIVERY AREA:	XXX
LOCATION:	XXX		

SUMMARY OF RESPONSIBILITIES

As part of the XXX facility/community leadership team, Department Heads are responsible and accountable for:

- Monitoring and assessing the competency of members of the Department including ensuring Medical Staff compliance with Medical Staff Rules and Bylaws
- Addressing and managing physician, staff, and patient concerns and complaints involving members of the Department
- Providing leadership to the Department including ensuring appropriate Department policies, standards, and procedures are in place
- Collaborating on the development, implementation, and evaluation of Department related service plans, goals, and objectives

FUNCTIONAL RELATIONSHIP

- Reports to the XXX Medical Director or XXX Chief of Staff
- Co-leads with the XXX Manager and XXX Director

GEOGRAPHIC SCOPE

The Department Head is responsible for duties related to the clinical Department XXX at facility XXX.

KEY AREAS OF RESPONSIBILITY

Northern Health has adopted a co-leadership model that informs the way in which medical and administrative leaders work collaboratively to advance the strategic direction and mutual goals. Co-leadership facilitates effective and transparent communication through the decision making process.

The XXX Department Head works in co-leadership with the XXX administrative leadership team including Manager XXX and Director XXX. There are core Department Head functions that are the primary responsibility of the Department Head. These are indicated below as a “Core Function”. As part of a co-leadership relationship, there are functions that are shared between the medical and administrative leaders. Both leaders have a role in fulfilling the function. These are indicated below as a “Shared Function”.

Oversees the quality of medical services provided by the members of the Department, by:

1. Monitoring and assuring Department member compliance with Medical Staff Rules and Bylaws (Core Function)
2. Monitoring and assessing competency of the members of the Department including making recommendations on the appointment and reappointment of members to the Medical Staff and the assigning of privileges (Core Function)
3. Developing and updating Department policies, standards of care, and procedures and monitoring to assure compliance (Core Function)
4. Addressing inter-professional and patient complaints according to NH complaints process (Shared Function)
5. Supporting processes to monitor patient satisfaction (Shared Function)

Provides leadership on human resources issues related to the Department, by:

1. Recruiting and facilitating the retention of members of the Department (Core Function)
2. Participating in the development of the Physician Resource Plan (Shared Function)
3. Facilitating on-call and clinical coverage for Medical Staff, including vacation and locum coverage, for the Department (Core Function)
4. Supporting opportunities for Continuing Professional Development (CPD) for Department members (Core Function)
5. Providing and supporting processes for the orientation of members to the Department (Core Function)
6. Supporting and encouraging a culture of physician and staff safety and engagement (Shared Function)

Communicates and liaises between Northern Health and the Medical Staff, by:

1. Promoting and communicating Northern Health, NHMAC, NIMAC, and Departmental strategy and objectives to members of the Department (Core Function)
2. Acting as Department Committee Chair and ensuring a regular Department meeting schedule is followed (Core Function)
3. Effectively representing the views of the Medical Staff to the Northern Health leadership team (Core Function)
4. Fulfilling other NH committee membership positions as agreed upon (Core Function)

Advises on service and program planning for the Department, by:

1. Developing, implementing, and evaluating service plan, goals, and objectives (Shared Function)
2. Advising on medical service resource planning and allocation (Shared Function)
3. Collaborating to develop and implement patient care quality improvement processes addressing access, flow, utilization, and care planning (Shared Function)
4. Collaborating on risk management activities including emergency preparedness, service delivery contingency planning, and patient/staff/physician safety (Shared Function)

QUALIFICATIONS AND COMPETENCIES

Education and Experience:

- Medical degree
- Current or eligibility for registration with BC College of Physicians and Surgeons
- Active Privileges in a clinical Department at UHNBC
- Leadership in the medical community
- PMI I-IV or other Leadership Training
- Understanding of hospital administrative processes

8.0 Prince George and UHNBC Co-Leadership

Table 8.0: Prince George and UHNBC Co-Leadership Pairings

Works with: 1 = Initially; 2 = Sometimes; 3 = Occasionally

Prince George Medical Leader	Prince George Administrative Leader
Prince George Medical Director	1 - HSA Prince George 2 - Director, Community Services 2 - Director, Residential Services
UHNBC Chief of Staff / Medical Director	1 - Director, Inpatient and Restorative Services 1 - Director, Perioperative and Ambulatory Services 2 - HSA Prince George
Department Head Anaesthesia	1 - Manager, Surgical Inpatients, PACU, Day Care 1 - Manager, Perioperative - OR, Booking, Preadmission, SPD 2 - Director, Perioperative and Ambulatory Services
Department Head Dentistry	1 - Manager, Perioperative - OR, Booking, Preadmission, SPD 2 - Director, Perioperative and Ambulatory Services
Department Head Emergency	1 - Manager, Emergency Department 2 - Director, Perioperative and Ambulatory Services
Department Head Family Medicine	1 - Manager, Medical Services 1 - Manager, Rehab & Allied Health Services 2 - Director, Inpatient & Restorative Services
Department Head Laboratory/Pathology	1 - Chief Technologist Laboratory 2 - Manager, Ambulatory Care & Diagnostics 3 - Director, Perioperative and Ambulatory Services
Department Head Radiology /Medical Imaging	1 - Chief Technologist Medical Imaging 2 - Manager, Ambulatory Care & Diagnostics 3 - Director, Perioperative and Ambulatory Services
Department Head Internal Medicine	1 - Manager, ICU & HAU 1 - Manager, Medical Services 2 - Director, Inpatient and Restorative Services
Department Head Obstetrics/Gynecology	1 - Manager, Maternal/Child 2 - Director, Inpatient and Restorative Services
Department Head Pediatrics	1 - Manager, Maternal/Child 2 - Director, Inpatient and Restorative Services
Department Head Psychiatry	1 - Manager, Acute Regional MH&A Services 1 - Manager, Regional Youth Services Manager 2 - Director, Mental Health and Addictions Acute Services
Department Head Surgery	1 - Manager, Perioperative - OR, Booking, Preadmission, SPD 1 - Manager, Surgical Inpatients, PACU & DCS 1 - Manager, Ambulatory Services and Diagnostics 2 - Director, Perioperative and Ambulatory Services

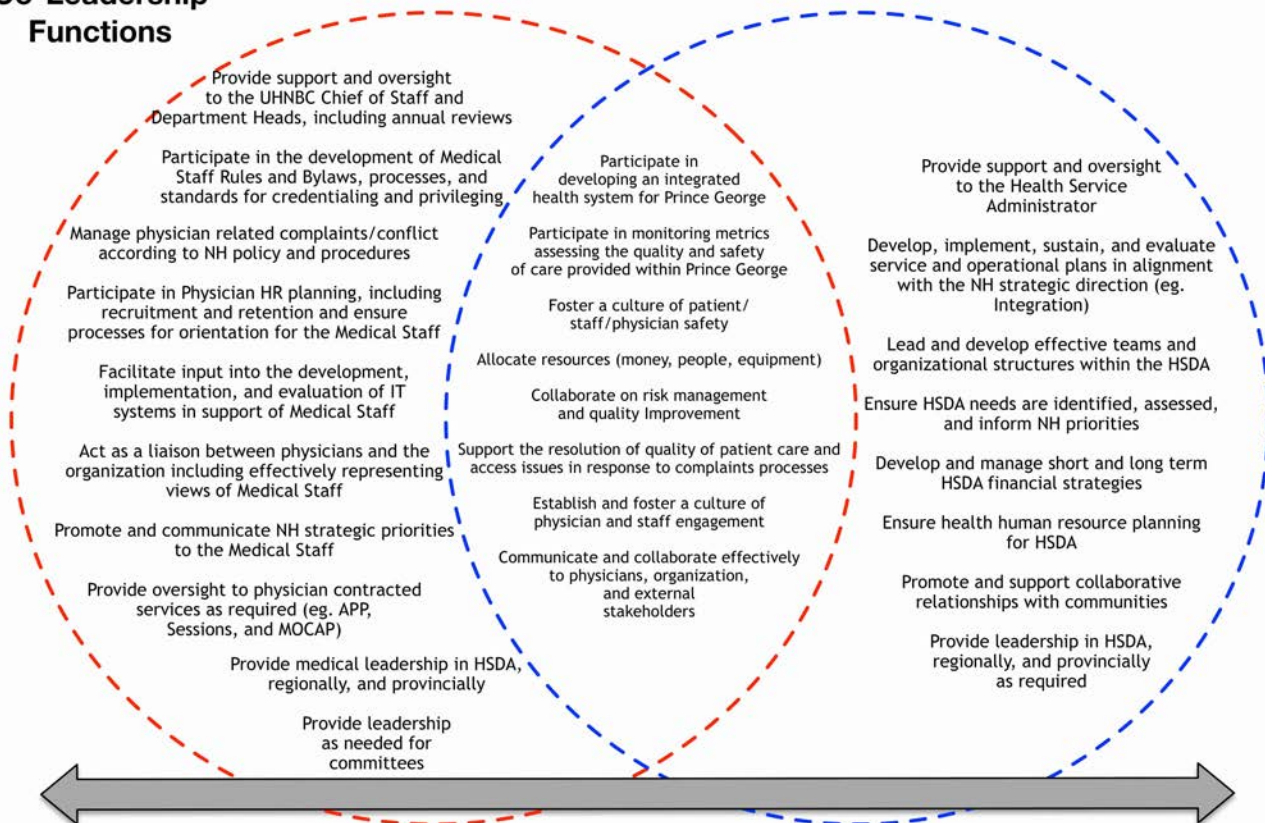
8.1a Functions: PG Medical Director & NI Chief Operating Officer

Medical Director Prince George		NI COO
Core	Shared	Core
<ul style="list-style-type: none"> • Provide support and oversight to the Chief of Staff and UHNBC Department Head including the annual review process • Participate in the development of Medical Staff Rules and Bylaws, processes, and standards for credentialing and privileging • Manage physician related complaints/conflict according to NH policy and procedures • Participate in Physician HR planning, implementation, including recruitment and retention and ensuring processes for orientation of Medical Staff • Facilitate input into the development, implementation, and evaluation of IT systems in support of Medical Staff • Act as a liaison between physicians and the organization including effectively representing views of Medical Staff • Promote and communicate NH strategic priorities to the medical staff • Provide oversight to physician contracted services as required (eg. APP, Sessions, and MOCAP) • Provide medical leadership regionally and provincially • Provide leadership as needed for committees (eg. local MAC) and facilitate medical staff representation 	<ul style="list-style-type: none"> • Participate in developing an integrated health system for Prince George • Participate in monitoring metrics addressing the quality and value of care provided within Prince George • Foster a culture of patient/staff/physician safety • Allocate resources (money, people, equipment) • Collaborate on risk management and quality improvement • Support the resolution of quality of patient care and access issues in response to complaints process • Establish and foster a culture of physician and staff engagement • Communicate effectively to physicians, organization, and external stakeholders 	<ul style="list-style-type: none"> • Provide support and oversight to the Health Service Administrator • Develop, implement, monitor sustain, and, evaluate service and operational plans in alignment with the NH strategic direction (eg. Integration) • Lead and develop effective teams and organizational structures within the HSDA • Ensure HSDA needs are identified, assessed, and inform NH priorities • Develop and manage short and long term HSDA financial strategies • Ensure health human resource planning for HSDA • Promote and support collaborative relationships with communities • Provide leadership in HSDA, regionally, and provincially as required

Prince George Co-Leadership Functions

Medical Director

Chief Operating Officer



FINAL May 8, 2015

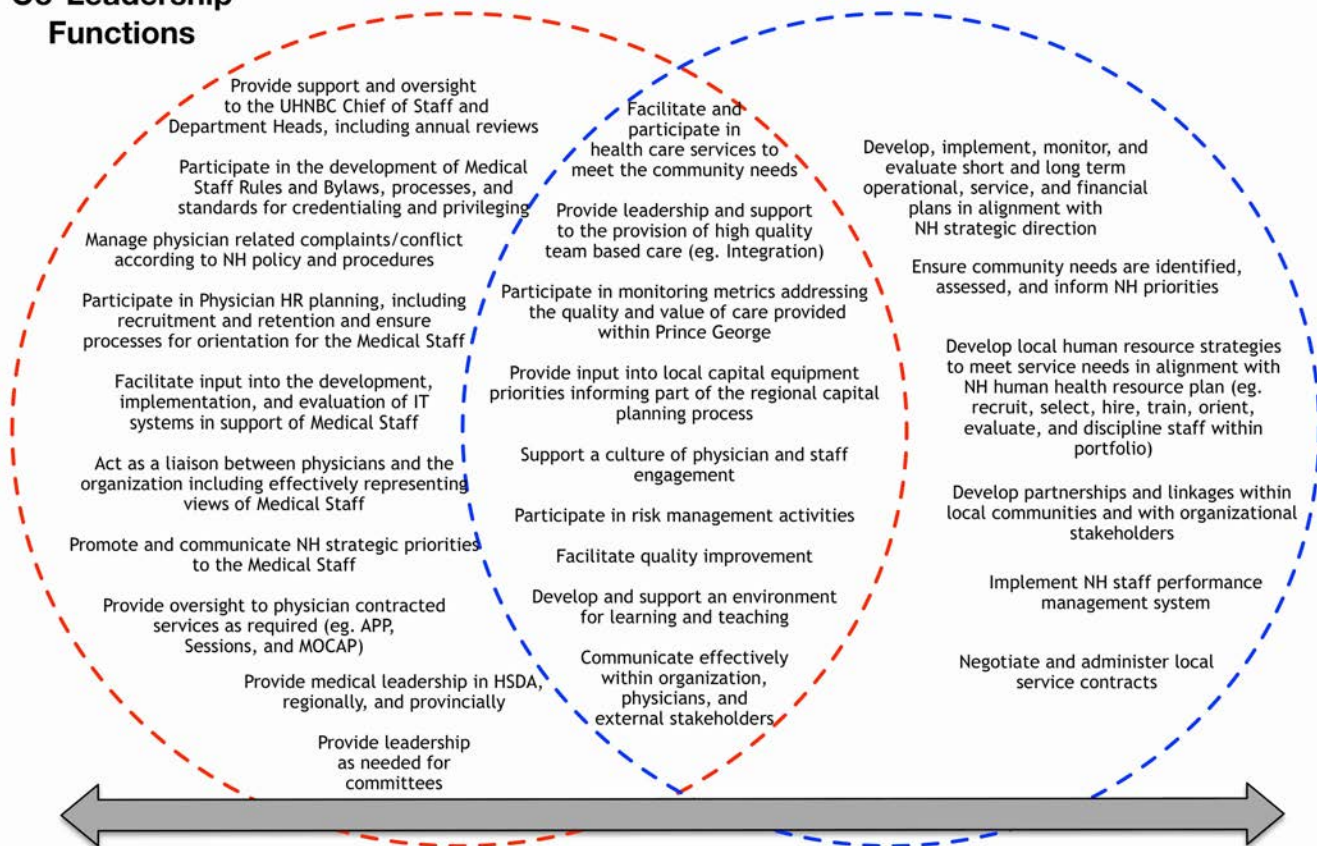
8.1b Functions: PG Medical Director & PG Health Service Administrator

Medical Director Prince George		Prince George HSA
Core	Shared	Core
<ul style="list-style-type: none"> • Provide support and oversight to the Chief of Staff and UHNBC Department Head including the annual review process • Participate in the development of Medical Staff Rules and Bylaws, processes, and standards for credentialing and privileging • Manage physician related complaints/conflict according to NH policy and procedures • Participate in Physician HR planning, implementation, including recruitment and retention and ensuring processes for orientation of Medical Staff • Facilitate input into the development, implementation, and evaluation of IT systems in support of Medical Staff • Act as a liaison between physicians and the organization including effectively representing views of Medical Staff • Promote and communicate NH strategic priorities to the medical staff • Provide oversight to physician contracted services as required (eg. APP, Sessions, and MOCAP) • Provide medical leadership regionally and provincially • Provide leadership as needed for committees (eg. local MAC) and facilitate medical staff representation 	<p>Prince George/Community Related:</p> <ul style="list-style-type: none"> • Facilitate and participate in health care services meet the community needs (eg. service delivery planning and resource allocation) • Provide leadership and support to the provision of high quality team based care (eg. Integration) • Participate in monitoring metrics addressing the quality and value of care provided within Prince George • Provide input into local capital equipment priorities informing part of the regional capital planning processes • Support a culture of physician and staff engagement • Participate in risk management activities (eg. emergency preparedness and service delivery contingency planning, and patient/staff/physician safety) • Facilitate quality improvement (eg. patient care processes including access, flow, utilization, and care planning) • Develop and support an environment for learning and teaching (NMP, student placements, etc.) • Communicate effectively within organization, physicians, and external stakeholders 	<ul style="list-style-type: none"> • Develop, implement, monitor, and evaluate short and long term operational, service, and financial plans in alignment with NH strategic direction • Develop partnerships and linkages within local communities and with organizational stakeholders • Ensure community needs are identified, assessed, and inform NH priorities • Develop local human resource strategies to meet service needs in alignment with NH human health resource plan (eg. recruit, select, hire, train, orient, retain, evaluate, and discipline staff within portfolio) • Manage staff complaints/conflict according to NH policy and procedures • Implement NH staff performance management system • Negotiate and administer local service contracts

Prince George Co-Leadership Functions

Medical Director

Health Service Administrator



FINAL May 8, 2015

8.1c Job Description: Prince George Medical Director

POSITION TITLE:	Medical Director, Prince George	DATE:	June 2007
SUPERVISOR'S TITLE:	VP Medicine	REVISED:	May 2015
DEPARTMENT:	Medical Affairs	HEALTH SERVICE DELIVERY AREA:	Northern Interior
LOCATION:	Prince George, BC		

SUMMARY OF RESPONSIBILITIES

As part of the NHA leadership team, the Medical Director is responsible and accountable for:

- Providing effective leadership in evaluating, planning, and delivering medical services including the quality and performance of the medical staff
- Contributing to achieving Northern Health's strategic and operational plans
- Fostering effective relationships with the medical community and other key leaders to develop innovative strategies and opportunities that support and ensure:
 - Access to health care
 - Comprehensive quality and risk management programs
 - Effective utilization of services
 - Cost effective use of resources

FUNCTIONAL RELATIONSHIP

- Reports to the Vice President Medicine
- Co-leads with the Northern Interior HSDA Chief Operating Officer and Prince George Health Services Administrator

GEOGRAPHIC SCOPE

- The Prince George Medical Director is responsible for duties within the University Hospital of Northern BC & Prince George area.

KEY AREAS OF RESPONSIBILITY

Northern Health has adopted a co-leadership model that informs the way in which medical and administrative leaders work collaboratively to advance the strategic direction and mutual goals. Co-leadership facilitates effective and transparent communication through the decision making process.

The Prince George Medical Director works in co-leadership with the Northern Interior HSDA Chief Operating Officer and Prince George Health Services Administrator. There are core Medical Director functions that are the primary responsibility of the Medical Director. These are indicated below as a "Core Function". As part of a co-leadership team, there are functions that are shared between the medical and administrative leaders. Both leaders have a role in fulfilling the function. These are indicated below as "Shared Functions".

Supports the quality of services provided by the Medical Staff by:

1. Ensuring processes are in place to monitor, implement, and enforce medical standards for quality and performance including:
 - a. Providing support and oversight to the Chief of Staff and Department Heads in

- fulfilling the physician annual review process (Core Function)
 - b. Conducting annual reviews as required (Core Function)
 - c. Providing oversight and support to the Chief of Staff in managing physician related complaints and conflicts according to NH policy and procedures (Core Function)
- 2. Participating in the development of Medical Staff Rules and Bylaws and standards for the appointment and reappointment to the medical staff, including privileging and credentialing processes (Core Function)
- 3. Providing oversight to physician contracted services including APP, Sessions, and MOCAP (Core Function)

Provides leadership and medical expertise on issues pertinent to physician human resources including:

- 1. The development of a Physician Human Resource Plan and strategy to ensure necessary and appropriate service continuity (Core Function)
- 2. The recruitment and retention of physicians to the Medical Staff (Core Function)
- 3. The development of physician structures and processes that support the delivery of high quality medical services (Core Function)
- 4. The development of an environment of teaching and learning including collaborating to develop and implement the key components of the Medical School Program (Shared Function)
- 5. The development and evaluation of processes for the orientation to the Medical Staff (Core Function)
- 6. Providing oversight and support to the Chief of Staff and Department Heads within the HSDA, as applicable (Core Function)

Advises on a high quality system of services for the XXX Health Service Delivery Area (HSDA), by:

- 1. Participating in the development of an integrated health system and services (Shared Function)
- 2. Providing leadership and support to the provision of high quality team based care (Shared Function)
- 3. Participating in monitoring metrics assessing the quality and safety of care provided (Shared Function)
- 4. Allocating financial, capital, and human resources as related to the delivery of medical services (Shared Function)
- 5. Collaborating on risk management activities (Shared Function)
- 6. Collaborating on quality improvement initiatives addressing the quality of patient care (Shared Function)
- 7. Supporting the resolution of quality of patient care and access issues in response to complaints process (Shared Function)
- 8. Fostering a culture of patient, physician, and staff engagement and safety (Shared Function)
- 9. Facilitating input into the use of Information Systems that support the Medical Staff and the provision of quality care (Core Function)

Facilitates effective communication and serves as a liaison between Northern Health, the medical staff, and external partners by:

- 1. Collaborating with physicians, communities, external organizations, and stakeholders to improve the quality of patient care (Shared Function)
- 2. Participating and leading medical and NHA committees as assigned (Core Function)
- 3. Promoting and communicating NH strategic priorities to the Medical Staff and effectively

- representing views of the Medical Staff (Core Function)
4. Providing medical representation for the HSDA and NHA at provincial and professional related meetings as appropriate (Core Function)
 5. Fulfilling all communication and reporting processes for all quality care/patient complaints/physician incidents which require reporting to the British Columbia Health Care Risk Management Society (Shared Function)
 6. Coordinating the medical aspects of the accreditation of assigned hospitals (Shared Function)

QUALIFICATIONS AND COMPETENCIES

Education and Experience:

- Medical degree
- Current or eligibility for registration with BC College of Physicians and Surgeons
- Master's Degree in Health Administration or completion of Physician Management Institute program or similar education and experience
- Minimum of three (3) years senior management experience, with exposure to multi-site environments and the delivery of rural medical services

Key Competencies:

- Ability to lead, plan, direct, manage and implement change
- Effective communication and interpersonal skills
- Ability to function effectively in a highly dynamic, complex and changing environment
- Ability to take initiative and foster a healthy, effective and efficient work environment

Knowledge and understanding of:

- Institutional medical practices and procedures
- Current and strategic directions in health care
- Current legislation and standards involving patient care
- Change management and quality improvement processes

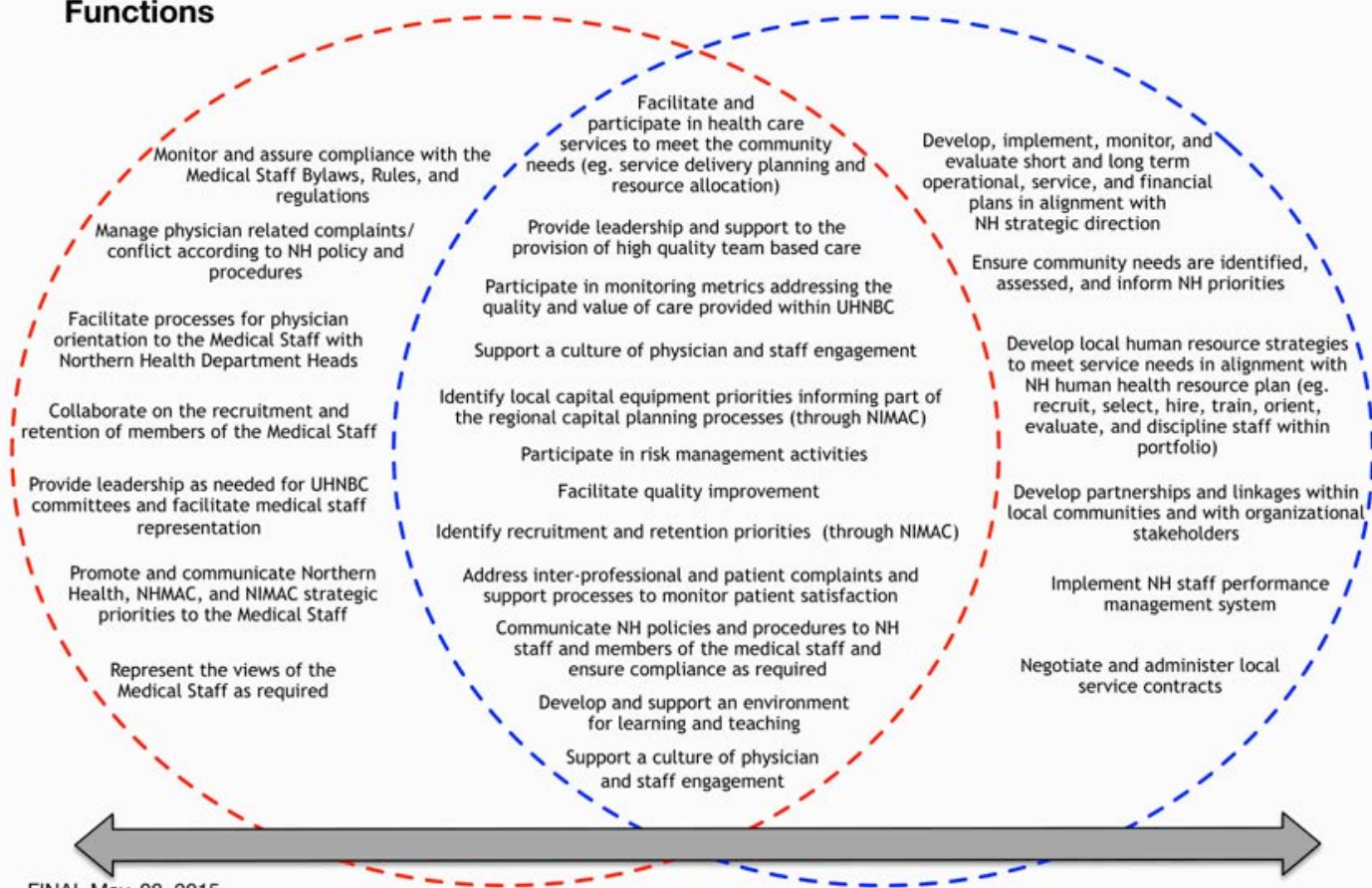
8.2a Functions: UHNBC COS/Medical Director and PG Health Service Administrator

UHNBC Chief of Staff / Medical Director		Prince George HSA
Core	Shared	Core
<ul style="list-style-type: none"> • Monitor and assure compliance with the Medical Staff Bylaws, Rules, and regulations • Manage physician related complaints/conflict according to NH policy and procedures • Facilitate processes for physician orientation to the Medical Staff and Northern Health with Department Heads • Collaborate on the recruitment and retention of members of the medical staff • Encourage and support opportunities for continuing professional development (CPD) • Provide leadership as needed for UHNBC committees and facilitate medical staff representation • Promote and communicate Northern Health, NHMAC, and NIMAC strategic priorities to the medical staff • Represent the views of the medical staff 	<p>UHNBC related:</p> <ul style="list-style-type: none"> • Facilitate and participate in health care services meet the community needs (eg. service delivery planning and resource allocation) • Provide leadership and support to the provision of high quality team based care (eg. Integration) • Participate in monitoring metrics addressing the quality and value of care provided within UHNBC • Identify local capital equipment priorities informing part of the regional capital planning processes (through NIMAC) • Support a culture of physician and staff engagement • Participate in risk management activities (eg. emergency preparedness and service delivery contingency planning, and patient/staff/physician safety) • Facilitate quality improvement (eg. patient care processes including access, flow, utilization, and care planning) • Identify recruitment and retention priorities (through NIMAC) • Address inter-professional and patient complaints and support processes to monitor patient satisfaction • Communicate NH policies and procedures to NH staff and members of the medical staff and ensure compliance as required • Develop and support an environment for learning and teaching (NMP, student placements, residency, etc.) • Communicate effectively to physicians, organization, and external stakeholders 	<ul style="list-style-type: none"> • Develop, implement, monitor, and evaluate short and long term operational, service, and financial plans in alignment with NH strategic direction • Ensure community needs are identified, assessed, and inform NH priorities • Develop local human resource strategies to meet service needs in alignment with NH human health resource plan (eg. recruit, select, hire, train, orient, evaluate, and discipline staff within portfolio) • Develop partnerships and linkages within local communities and with organizational stakeholders • Implement NH staff performance management system • Negotiate and administer local service contracts

UHNBC Co-Leadership Functions

Chief of Staff / Medical Director

Health Service Administrator



FINAL May, 08, 2015

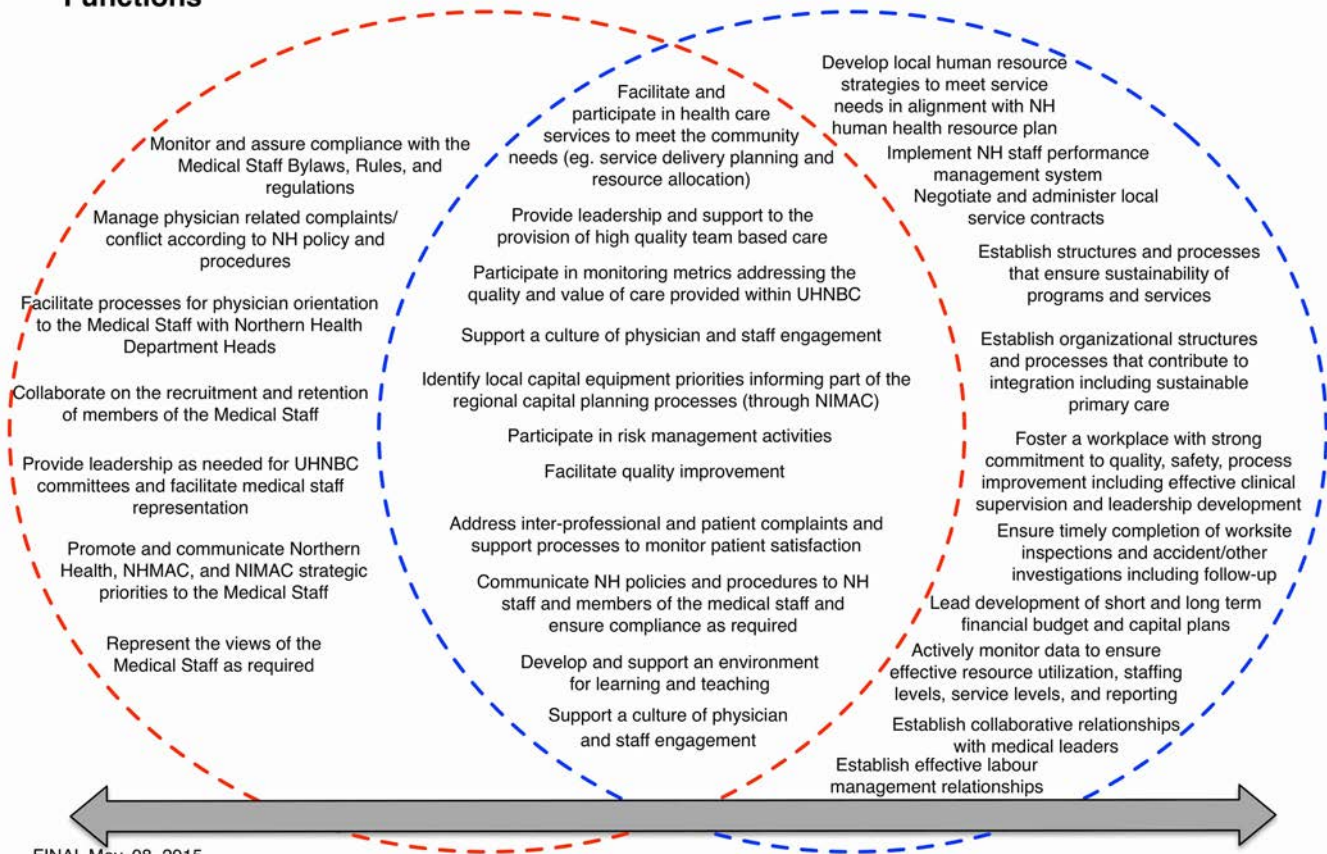
8.2b Functions: UHNBC COS/Medical Director and UHNBC Director

UHNBC Chief of Staff / Medical Director		UHNBC Director
Core	Shared	Core
<ul style="list-style-type: none"> • Monitor and assure compliance with the Medical Staff Bylaws, Rules, and regulations • Manage physician related complaints/conflict according to NH policy and procedures • Facilitate processes for physician orientation to the Medical Staff and Northern Health with Department Heads • Collaborate on the recruitment and retention of members of the medical staff • Provide leadership as needed for UHNBC committees and facilitate medical staff representation • Promote and communicate Northern Health, NHMAC, and NIMAC strategic priorities to the medical staff • Represent the views of the medical staff 	<ul style="list-style-type: none"> • Facilitate and participate in health care services meet the community needs (eg. service delivery planning and resource allocation) • Provide leadership and support to the provision of high quality team based care (eg. Integration) • Participate in monitoring metrics addressing the quality and value of care provided within UHNBC • Identify local capital equipment priorities informing part of the regional capital planning processes (through NIMAC) • Participate in risk management activities (eg. emergency preparedness and service delivery contingency planning, and patient/staff/physician safety) • Facilitate quality improvement (eg. patient care processes including access, flow, utilization, and care planning) • Address inter-professional and patient complaints and support processes to monitor patient satisfaction • Communicate NH policies and procedures to NH staff and members of the medical staff and ensure compliance as required • Support a culture of physician and staff engagement • Develop and support an environment for learning and teaching (NMP, student placements, etc.) 	<ul style="list-style-type: none"> • Develop local human resource strategies to meet service needs in alignment with NH human health resource plan (eg. recruit, select, hire, train, orient, evaluate, and discipline staff within portfolio) • Implement NH staff performance management system • Negotiate and administer local service contracts • Establish structures and processes that ensure sustainability of programs and services • Establish organizational structures and processes that contribute to integration including sustainable primary care • Fosters a workplace with strong commitment to quality, safety, process improvement including effective clinical supervision and leadership development • Ensure timely completion of worksite inspections and accident/other investigations including ensuring any necessary follow-up actions • Lead development of short and long term financial budget and capital plans • Actively monitor data to ensure effective resource utilization, staffing levels, service levels, and reporting as required • Establish collaborative relationships with medical leaders • Establish effective labour management relationships

UHNBC Co-Leadership Functions

Chief of Staff / Medical Director

Director



FINAL May, 08, 2015

8.2c Job Description: UHNBC Chief of Staff / Medical Director

POSITION TITLE:	UHNBC Chief of Staff / Medical Director	DATE:	XXXX
SUPERVISOR'S TITLE:	Prince George, Medical Director / VP Medicine	REVISED:	May 2015
DEPARTMENT:	Medical Affairs	HEALTH SERVICE DELIVERY AREA:	Northern Interior
LOCATION:	Prince George, BC		

SUMMARY OF RESPONSIBILITIES

As part of the NHA leadership team, the UHNBC Chief of Staff / Medical Director is responsible and accountable for:

- Collaborating on service delivery planning, implementation, and evaluation within UHNBC
- Effective functioning of the medical staff at UHNBC, including complaints resolution and overseeing the UHNBC appointment, reappointment, and annual meeting processes
- Quality of services provided by the members of the medical staff at UHNBC

FUNCTIONAL RELATIONSHIP

- Reports to the Prince George Medical Director & Vice President Medicine
- Accountable to the NHA Board through Northern Interior MAC

GEOGRAPHIC SCOPE

- The UHNBC Chief of Staff / Medical director is responsible for duties within and relevant to the University Hospital of Northern BC (UHNBC).

KEY AREAS OF RESPONSIBILITY

Northern Health has adopted a co-leadership model that informs the way in which medical and administrative leaders work collaboratively to advance the strategic direction and goals. Co-leadership facilitates effective and transparent communication through the decision making process.

The UHNBC Chief of Staff / Medical Director works in co-leadership with the Prince George Health Service Administrator and UHNBC Directors. There are core UHNBC Chief of Staff / Medical Director functions that are the primary responsibility of this role. These are indicated below as a “Core Function”. As part of a co-leadership relationship, there are functions that are shared between the medical and administrative leaders. All related leaders have a role in fulfilling the function. These are indicated below as a “Shared Function”.

Ensures the quality of services provided by the medical staff at UHNBC by:

1. Monitoring and assuring Medical Staff compliance with Medical Staff Rules and Bylaws (Core Function)
2. Communicate NH policies and procedures to NH members of the Medical Staff and oversee compliance as required (Core Function)
3. Managing physician complaints and inter-professional conflict according to NH policy and procedures (Shared Function)
4. Addressing physician specific patient complaints and support processes to monitor patient satisfaction (Shared Function)

Provides leadership on issues pertinent to physician human resources, by:

1. Collaborating on the recruitment and retention of member of the Medical Staff (Core Function)
2. Supporting and facilitating processes for physician orientation to the Medical Staff (Core Function)
3. Collaborating to develop and support an environment for learning and teaching including implementing the key components of the Medical School Program and residencies, etc (Shared Function)
4. Encouraging and supporting opportunities for continuing professional development (CPD) (Core Function)
5. Supporting the Department Heads as applicable (Core Function)

Communicates and liaises between the organization, medical staff, and external partners, by:

1. Collaborating effectively with physicians, communities, external organizations and stakeholders (Shared Function)
2. Providing leadership as needed for local NH committees, including local MAC, and ensuring medical staff representation and participation (Core Function)
3. Promoting and sharing strategic priorities to the medical staff (Core Function)
4. Representing the views of the Medical Staff to the Northern Health leadership team (Core Function)
5. Participating and providing leadership regionally as agreed upon (Core Function)

Participates in the development of a high quality system of services UHNBC by:

1. Facilitating the design and delivery of an integrated service model to meet the community needs (Shared Function)
2. Providing leadership and support to the provision of high quality team based care (Shared Function)
3. Participating in monitoring metrics assessing the quality and safety of care provided (Shared Function)
4. Appropriate allocation of resources for medical services, including capital, human, and resource planning (Shared Function)
5. Identification of recruitment and retention priorities through NI MAC (Shared Function)
6. Support and facilitate a culture of physician and staff safety and engagement (Shared Function)
7. Identification and facilitation of quality improvement and key patient care processes including access, flow, utilization, and care planning (Shared Function)
8. Addressing inter-professional and patients complaints and supporting processes to monitor patient satisfaction (Share Function)
9. Participating in risk management activities including emergency preparedness, service delivery contingency planning, and patient, staff, physician safety (Shared Function)
10. Facilitating on-call and clinical coverage for Medical Staff within UHNBC to ensure service continuity (Core Function)

QUALIFICATIONS AND COMPETENCIES

Education and Experience:

- Medical degree
- Current or eligibility for registration with BC College of Physicians and Surgeons
- Active Privileges in a clinical Department
- Leadership in the medical community
- PMI I-IV or other Leadership Training
- Understanding of hospital administrative processes

9.0 Regional Chronic Disease Program Medical Lead

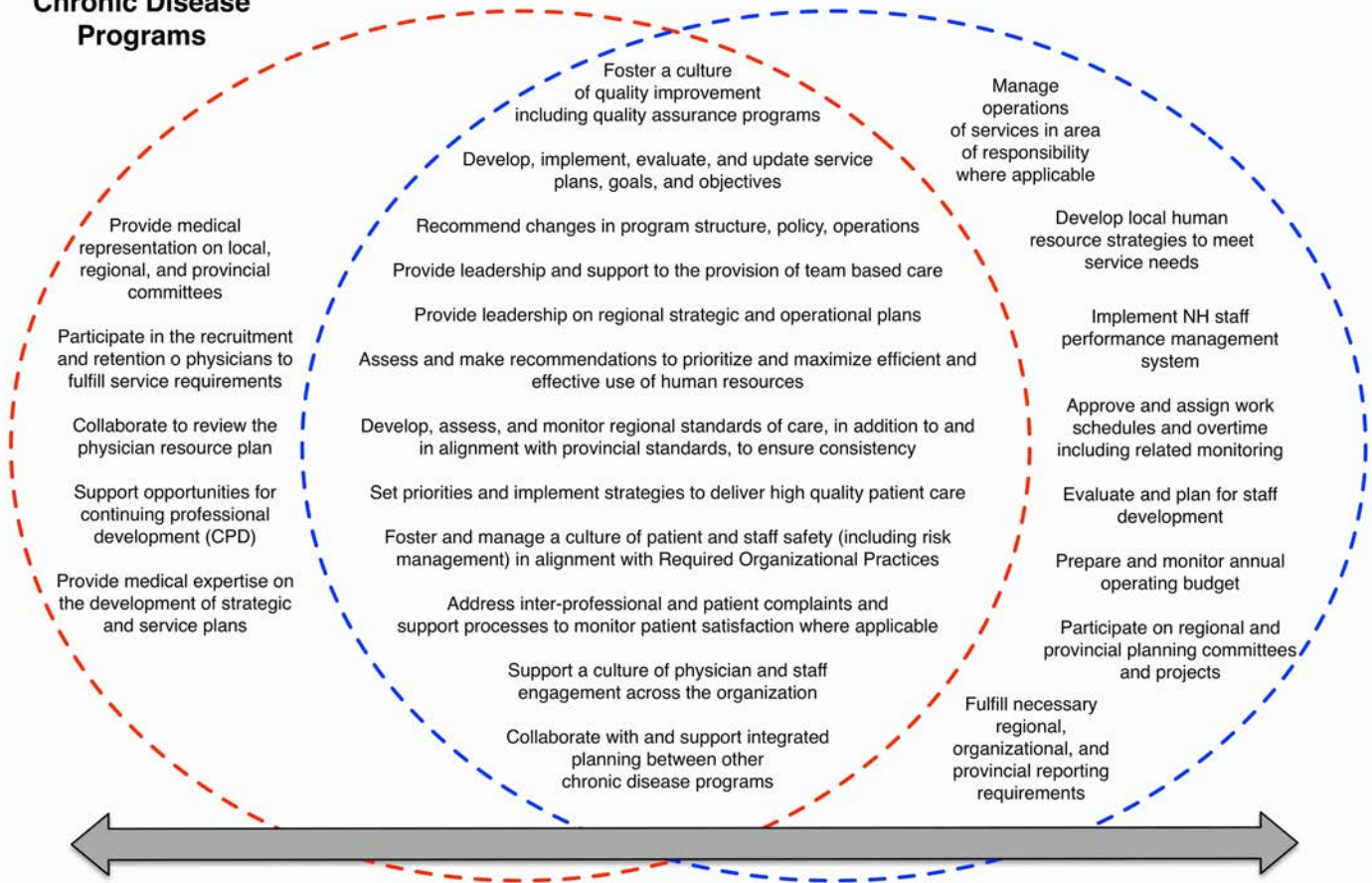
9.1 Functions: Regional Chronic Disease Program Medical Lead & Program Administrator

Chronic Disease Program Medical Lead		Chronic Disease Program Administrator
Core	Shared	Core
<ul style="list-style-type: none"> • Provide medical representation on local, regional, and provincial committees • Participate in the recruitment and retention of physicians to fulfill service requirements • Collaborate to review the Physician Resource Plan • Support opportunities for Continuing Professional Development (CPD) • Provide medical expertise on the development of regional strategic and operational plans 	<ul style="list-style-type: none"> • Foster a culture of quality improvement and quality assurance to support the organization's quality framework • Develop, implement, evaluate, and update regional strategic and, where applicable operational, plans, goals, and objectives • Recommend changes in structure, policy, and operations • Provide leadership and support to the provision of high quality team based care • Provide leadership on the development of regional strategic and operational plans • Assess and make recommendations to prioritize and maximize efficient and effective use of resources (human, financial, material, and equipment) • Develop, assess and monitor regional standards of care, in addition to and in alignment with provincial standards, to ensure consistency across program areas • Set priorities and implement strategies in support of delivering high quality patient care • Foster and manage a culture of patient and staff safety (including risk management) in alignment with Required Organizational Practices • Address inter-professional and patient complaints and support processes to monitor patient satisfaction where applicable • Support a culture of physician and staff engagement across the organization • Assist organizational operations in improving care where possible (ie. integration) • Collaborate with other chronic disease programs to ensure optimal utilization of resources and approaches • Support integrated planning and operations between chronic disease speciality services • Develop and support an environment for learning, teaching, and research (NMP, student placements, etc.) where applicable 	<ul style="list-style-type: none"> • Manage operations of services in area of responsibility where applicable • Develop human resource strategies to meet service needs in alignment with program area needs (eg. recruit, select, hire, train, orient, evaluate, discipline, and retain staff within portfolio) • Implement NH staff performance management system • Approve and assign work schedules and overtime including monitoring attendance, leaves of absence, relief, and designates • Evaluate and plan for staff development • Prepare annual operating budget for assigned area including monitoring expenditures and resource allocation • Participate on regional and provincial planning committees and projects • Fulfill necessary regional, organizational, and provincial reporting requirements

Northern Health Chronic Disease Programs

Medical Lead

Program Administrator



FINAL May 04, 2015

9.2 Job Description: Regional Chronic Disease Program Medical Lead

POSITION TITLE:	Medical Lead, Regional Chronic Disease Program	DATE:	XXXX
SUPERVISOR'S TITLE:	Vice President Medicine	REVISED:	June 2015
DEPARTMENT:	Medical Affairs	HEALTH SERVICE DELIVERY AREA:	Northern Health Authority
LOCATION:	Prince George, B.C. or other NH community		

SUMMARY OF THE ROLE RESPONSIBILITIES

The Regional Chronic Disease Program Medical Lead has a unique role as facilitator and leader within NH and responsible for the care of patients within their program area. The XXX Program Medical Lead leads by example to establish a collaborative inter-professional environment with effective cross-functional teams that promote optimal patient care in the provision of services.

The XXX Program Medical Lead is an essential link between their clinical quality program and the related provincial agencies. Through a high level of initiative, excellent organizational skills, and superior leadership qualities, the XXX Program Medical Lead promotes and enhances excellent communications and positive working relationships between the program and these organizations.

The XXX Program Medical Lead supports the coordination of program related services across the Northern Health Authority, including the provision of continuity of patient care, adherence with standardized best practices, and alignment of services to match the strategic priorities.

FUNCTIONAL REPORTING RELATIONSHIPS

- Reports to the VP Medicine of Northern Health
- Co-leads with the XXX Program Administrator

GEOGRAPHIC SCOPE

- The XXX Program Medical Lead is responsible for duties within the Northern Health Authority.

KEY AREAS OF RESPONSIBILITY

Northern Health has adopted a co-leadership model that informs the way in which medical and administrative leaders work collaboratively to advance the strategic direction and mutual goals. Co-leadership facilitates effective and transparent communication through the decision making process.

The XXX Program Medical Lead works in co-leadership with the XXX Program Administrator. There are core Program Medical Lead functions that are the primary responsibility of the Medical Lead. These are indicated below as a “Core Function”. As part of a co-leadership team, there are functions that are shared between the medical and administrative leaders. Both leaders have a role in fulfilling the function. These are indicated below as “Shared Functions”.

Provides leadership and medical expertise on issues pertinent to physician human resources including:

1. Participating in the recruitment and retention of physicians to fulfill service requirements (Core Function)
2. Collaborating to review the Physician Resource Plan (Core Function)
3. Supporting opportunities for Continuing Professional Development (Core Function)
4. Recommending changes in structure, policy, and operations (Shared Function)
5. Developing and supporting an environment for learning, teaching, and research (NMP, student placements, etc.) where applicable (Shared Function)

Advises on a high quality system of services for Northern Health by:

1. Fostering a culture of quality improvement and quality assurance to support the organization's quality framework (Shared Function)
2. Providing leadership and support to the provision of high quality team based care (Shared Function)
3. Providing leadership and medical expertise on the development, implementation, evaluation and review of regional strategic and operational plans, goals and objectives (Core Function)
4. Assessing and make recommendations to prioritize and maximize efficient and effective use of resources (human, financial, material, and equipment) (Shared Function)
5. Developing, assessing and monitoring regional standards of care, in addition to and in alignment with provincial standards, to ensure consistency across program areas (Shared Function)
6. Setting priorities and implementing strategies in support of delivering high quality patient care (Shared Function)
7. Fostering and managing a culture of patient and staff safety (including risk management) in alignment with Required Organizational Practices (Shared Function)
8. Supporting a culture of physician and staff engagement across the organization (Shared Function)
9. Addressing inter-professional and patient complaints and support processes to monitor patient satisfaction where applicable (Shared Function)

Facilitates effective communication and serves as a liaison between Northern Health, the medical staff, and internal and external partners by:

1. Providing medical representation on local, regional, and provincial committees (Core Function)
2. Collaborating with other chronic disease programs to ensure optimal utilization of resources and approaches (Shared Function)
3. Supporting integrated planning and operations between chronic disease specialty services (Shared Function)

QUALIFICATIONS AND COMPETENCIES

Education and Experience

- Medical degree and current registration with the BC College of Physicians and Surgeons, or eligible for registration;
- Extensive leadership experience including program accountability, with exposure to multi-site environments and the delivery of rural stroke services.
- Masters Degree in Health Administration, or completion of the Physician Management Institute or similar program; or equivalent training and experience is desirable but not mandatory

Knowledge, Skills and Abilities

- Demonstrated ability to lead, plan, direct, manage and implement change.
- Excellent communication and interpersonal skills.
- Demonstrated ability to build effective working relationships.
- Demonstrated ability to function effectively in a highly dynamic, complex and changing environment.
- Understanding of the current and strategic directions in health care.
- Demonstrated success in change management and negotiation expertise.
- Knowledge of institutional medical practices and procedures.
- Knowledge of current legislation and standards involving patient care.
- Proficiency in the use of personal computer applications including Word and Excel
- Demonstrated ability to apply creative and innovative thinking to affect continuous improvement.
- Demonstrated ability to take initiative and foster a healthy, effective and efficient work environment.

10.0 Clinical Quality Program Medical Lead

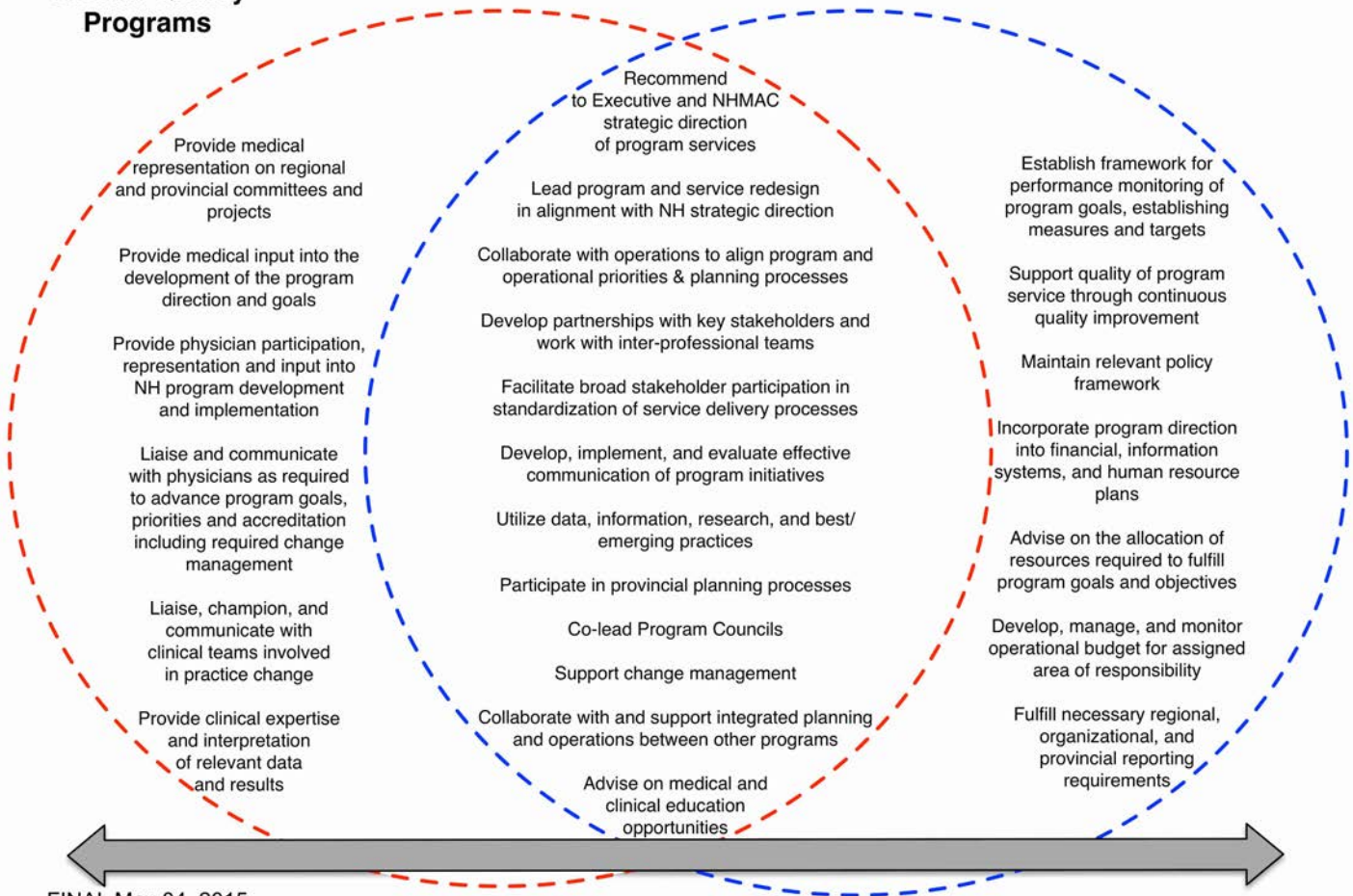
10.1 Functions: Clinical Quality Program Medical Lead & Program Executive Lead

Clinical Quality Program Medical Lead		Clinical Quality Program Executive Lead
Core	Shared	Core
<ul style="list-style-type: none"> • Provide medical representation on regional and provincial committees and projects • Provide medical input into the development of the program direction and goals • Provide physician participation, representation, and input into NH program development and implementation • Liaise and communicate with physicians as required to advance program goals, priorities and accreditation including required change management • Liaise, champion, and communicate with clinical teams involved in practice change • Provide clinical expertise and interpretation of relevant data and results 	<ul style="list-style-type: none"> • Recommend to Executive and NHMAC strategic direction of program services in collaboration with Program Council • Co-lead Program Councils • Lead program and service redesign in alignment with the NH strategic direction • Collaborate with operations to align program and operational priorities • Collaborate with operations to align program and operational planning processes • Support change management • Develop partnerships and collaborate with key stakeholders when developing program strategies • Develop partnerships with key stakeholders and work with inter-professional teams to advance program goals • Facilitate broad stakeholder participation in standardization of service delivery processes • Develop, implement, and evaluate effective communication of program initiatives • Participate in provincial planning processes for program services • Utilize data, information, research, and best/emerging practices to inform program development and clinic service model • Provide input into the evaluation process • Advise on medical and clinical education opportunities including competency development • Collaborate with other clinical quality programs for optimal utilization of resources and approaches • Support integrated planning and operations between clinical quality program specialty services 	<ul style="list-style-type: none"> • Establish framework for performance monitoring of program goals, establishing measures and targets • Support quality of program services through continuous quality improvement • Maintain relevant policy framework • Incorporate program direction into financial, information systems, and human resource plans • Advise on the allocation of resources required to fulfil program goals and objectives • Develop, manage, monitor operational budget for assigned area of responsibility • Fulfill necessary regional, organizational, and provincial reporting requirements

Northern Health Clinical Quality Programs

Medical Lead

Executive Lead



FINAL May 04, 2015

10.2 Job Description: Clinical Quality Program Medical Lead

POSITION TITLE:	Medical Lead, Clinical Quality Program	DATE:	XXXX
SUPERVISOR'S TITLE:	Vice President Medicine	REVISED:	June 2015
DEPARTMENT:	Medical Affairs	HEALTH SERVICE DELIVERY AREA:	Northern Health Authority
LOCATION:	Prince George, B.C. or other NH community		

SUMMARY OF THE ROLE RESPONSIBILITIES

The Clinical Quality Program Medical Lead has a unique role as facilitator and leader within NH and responsible for the care of patients within their program area. The XXX Program Medical Lead leads by example to establish a collaborative inter-professional environment with effective cross-functional teams that promote optimal patient care in the provision of services.

The XXX Program Medical Lead is an essential link between their clinical quality program and the related provincial agencies. Through a high level of initiative, excellent organizational skills, and superior leadership qualities, the XXX Program Medical Lead promotes and enhances excellent communications and positive working relationships between the program and these organizations.

The XXX Program Medical Lead supports the coordination of program related services across the Northern Health Authority, including the provision of continuity of patient care, adherence with standardized best practices, and alignment of services to match the strategic priorities.

FUNCTIONAL REPORTING RELATIONSHIPS

- Reports to the VP Medicine of Northern Health
- Co-leads with the XXX Program Executive Lead

GEOGRAPHIC SCOPE

- The Program Medical Lead is responsible for duties within the Northern Health Authority.

KEY AREAS OF RESPONSIBILITY

Northern Health has adopted a co-leadership model that informs the way in which medical and administrative leaders work collaboratively to advance the strategic direction and mutual goals. Co-leadership facilitates effective and transparent communication through the decision making process.

The XXX Program Medical Lead works in co-leadership with the XXX Program Executive Lead. There are core Program Medical Lead functions that are the primary responsibility of the Medical Lead. These are indicated below as a “Core Function”. As part of a co-leadership team, there are functions that are shared between the medical and administrative leaders.

Both leaders have a role in fulfilling the function. These are indicated below as “Shared Functions”.

Provides leadership and medical expertise on issues pertinent to physician human resources including:

1. Facilitating physician participation, representation, and input into NH program development and implementation (Core Function)
2. Liaising and communicating with physicians as required to advance program goals, priorities and accreditation including required change management (Core Function)
3. Liaising, championing, and communicating with clinical teams involved in practice change (Core Function)
4. Supporting change management (Shared Function)
5. Advising on medical and clinical education opportunities including competency development (Shared Function)

Advises on a high quality system of services for Northern Health by:

1. Supporting integrated planning and operations between clinical quality program specialty services (Shared Function)
2. Leading program and service redesign in alignment with the NH strategic direction (Shared Function)
3. Collaborating with operations to align program and operational priorities (Shared Function)
4. Collaborating with operations to align program and operational planning processes (Shared Function)
5. Co-leading Program Councils (Shared Function)
6. Facilitating broad stakeholder participation in standardization of service delivery processes (Shared Function)
7. Providing clinical expertise and interpretation of relevant data and results (Core Function)
8. Utilizing data, information, research, and best/emerging practices to inform program development and clinic service model (Shared Function)
9. Providing input into the evaluation process (Shared Function)

Facilitates effective communication and serves as a liaison between Northern Health, the medical staff, and internal and external partners by:

1. Providing medical representation on regional and provincial committees and projects (Core Function)
2. Providing medical input into the development of the program direction and goals (Core Function)
3. Developing, implementing, and evaluating effective communication of program initiatives (Shared Function)
4. Recommending to Executive and NHMAC strategic direction of program services in collaboration with Program Council (Shared Function)
5. Developing partnerships and collaborating with key stakeholders when developing program strategies (Shared Function)
6. Developing partnerships with key stakeholders and work with inter-professional teams to advance program goals (Shared Function)
7. Participating in provincial planning processes for program services (Shared Function)
8. Collaborating with other clinical quality programs for optimal utilization of resources and approaches (Shared Function)

QUALIFICATIONS AND COMPETENCIES

Education and Experience

- Medical degree and current registration with the BC College of Physicians and Surgeons, or eligible for registration;
- Extensive leadership experience including program accountability, with exposure to multi-site environments and the delivery of rural stroke services.
- Masters Degree in Health Administration, or completion of the Physician Management Institute or similar program; or equivalent training and experience is desirable but not mandatory

Knowledge, Skills and Abilities

- Demonstrated ability to lead, plan, direct, manage and implement change.
- Excellent communication and interpersonal skills.
- Demonstrated ability to build effective working relationships.
- Demonstrated ability to function effectively in a highly dynamic, complex and changing environment.
- Understanding of the current and strategic directions in health care.
- Demonstrated success in change management and negotiation expertise.
- Knowledge of institutional medical practices and procedures.
- Knowledge of current legislation and standards involving patient care.
- Proficiency in the use of personal computer applications including Word and Excel
- Demonstrated ability to apply creative and innovative thinking to affect continuous improvement.
- Demonstrated ability to take initiative and foster a healthy, effective and efficient work environment.

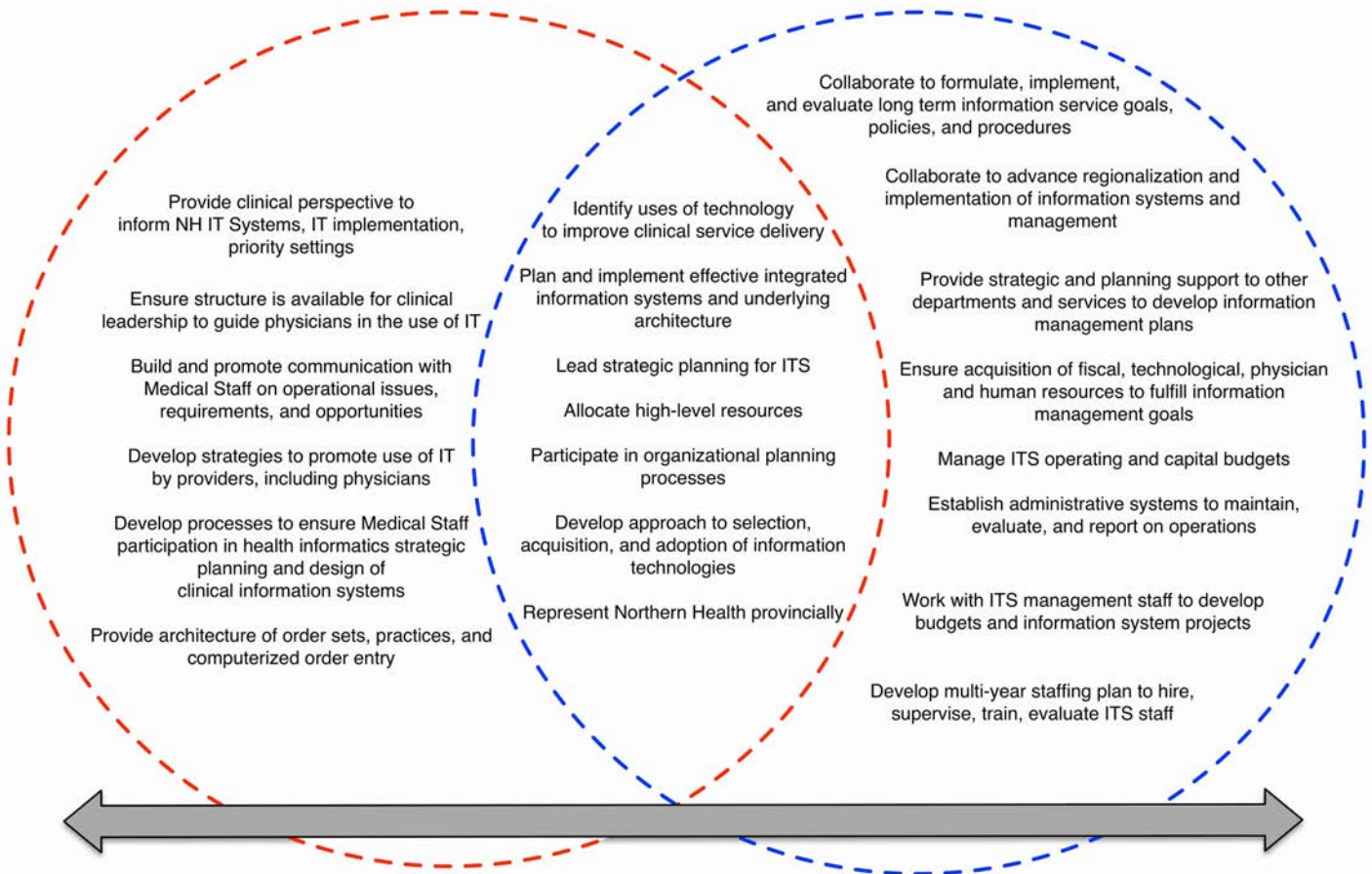
11.0 Chief Medical Information Officer

11.1 Functions: Chief Medical Information Officer / Chief Information Officer

Chief Medical Information Officer		Chief Information Officer
Core	Shared	Core
<ul style="list-style-type: none"> • Provide clinical perspective to inform NH IT systems, IT implementation, priority settings • Ensure structure is available for clinical leadership to guide physicians in the use of IT • Build and promote communication with Medical Staff on operational issues, requirements and opportunities • Develop strategies to promote use of IT by providers, including physicians • Develop processes to ensure Medical Staff and provider participation in health informatics strategic planning and design of clinical information systems • Provide architecture of order sets, practices, and computerized order entry 	<ul style="list-style-type: none"> • Identify uses of technology to improve clinical service delivery • Plan and implement effective integrated information systems and underlying architecture • Lead strategic planning for ITS • Allocate high-level resources (money, people, equipment) • Participate in organizational planning processes • Develop approach to selection, acquisition, and adoption of information technologies • Represent Northern Health provincially 	<ul style="list-style-type: none"> • Collaborate to formulate, implement, and evaluate long term information service goals, policies, and procedures • Collaborate to advance regionalization and implementation of information systems and management • Provide strategic and planning support to other departments and services to develop information management plans • Ensure acquisition of fiscal, technological, physician and human resources to fulfill information management goals • Manage ITS operating and capital budgets • Establish administrative systems to maintain, evaluate, and report on operations • Work with ITS management staff to develop budgets and information system projects • Develop multi-year staffing plan to hire, supervise, train, and evaluate ITS staff

Medical Director, Clinical Informatics

Chief Information Officer



FINAL May 04, 2015

12.0 Medical Staff Executive

12.1 Functions: VP Medicine, VP Primary Care & Clinical Programs and CMHO

Chief Medical Health Officer	Vice President Medicine	Vice President Primary and Community Care & Clinical Programs
Core	Core	Core
<ul style="list-style-type: none"> Develop, implement, monitor, assess, and evaluate policy, plans, and standards for public health (for example, emerging health issues, infectious disease issues and preparedness) Lead and advise on community health including population health, disease and injury prevention, health protection Partner with internal and external stakeholders to protect and improve public and population health Fulfill necessary reporting requirements of external bodies Oversee the monitoring and assessment of the health status of NH communities and advise on reporting health status Develop portfolio work plans in alignment with the NH strategic plan Develop services and programs that support the health of marginalized populations Develop local human resource strategies to meet service needs in alignment with NH human health resource plan Develop and manage the annual operating budgets for areas of responsibility Identify, assess, and manage risk 	<ul style="list-style-type: none"> Develop regional long term medical service goals Lead the development of Medical Staff Rules, policy, and procedures Evaluate and develop medical administrative structures Develop a network of medical care across the region Partner with the Northern Medical Program and UBC on the delivery of medical education Facilitate physician quality improvement and quality assurance programs (Chronic Disease Programs, Clinical Programs, Physician Medical Leads, Medical Staff Structures, etc) Develop and maintain a physician human resource plan Develop and implement recruitment and retention strategies to meet service needs in alignment with the physician human health resource plan Develop portfolio work plans in alignment with the NH strategic plan Develop and manage the annual operating budgets for areas of responsibility Identify, assess, and manage risk Improve and sustain communication channels with physicians Provide oversight and support for physician compensation Provide oversight and support for Medical Diagnostic Services Provide oversight and support for Patient Transport Services 	<ul style="list-style-type: none"> Lead innovative approaches to clinical service redesign including the planning, implementation, and evaluation of an integrated, accessible system of services Develop a knowledge exchange strategy for organizational change and development Establish models of care and clinical pathways to and from specialized service and secondary/tertiary services Oversee strategies to support primary care practices including quality improvement and the meaningful use of data Provide oversight and support for Nurse Practitioners Develop, implement, and standardize care processes for people with complex needs (care planning, care coordination, document, and consistency) Provide oversight and support of Quality Programs Work collaboratively with stakeholders to identify, support, and ensure best practices Develop local human resource strategies to meet service needs in alignment with NH human health resource plan Develop portfolio work plans in alignment with the NH strategic plan Develop and manage the annual operating budgets for areas of responsibility Identify, assess, and manage risk
Shared Functions		
<ul style="list-style-type: none"> Identify population based needs including utilization and population data to inform service design Identify and lead innovative approaches to service redesign Provide leadership and support to the provision of high quality team based care Provide leadership for integrated health services initiatives in Northern BC in collaboration with other key stakeholders Develop partnerships at the regional and provincial level (ie. First Nations Health Authority, Divisions of Family Practice, Ministry of Health, joint physician provincial committees) Translate and communicate Provincial Ministry of Health initiatives and directions Support a culture of physician and staff engagement Collaborate to align portfolios' planning processes 		