# Activating the Partnership Pentagram in Health Systems Change

Dr. Ray Markham, Dr. Robert Woollard, Megan Hunt, Kim Williams, Anne Lesack

1. Rural Coordination Centre of BC; 2. University of British Columbia; 3. First Nations Health Authority

A0166

The delivery of rural and First Nations health and wellness is a global issue. The B.C. Provincial Health Care Partners Retreat that took place on January 27th, 28th and 29th, 2019 on the unceded, ancestral territories of the Skwxwú7mesh (Squamish), x<sup>w</sup>məθk<sup>w</sup>əyəm (Musqueam), and səlílwəta? (Tsleil-Waututh) Nations, was a response to this is within the British Columbia (B.C.), Canada context. The retreat was planned in collaborative partnership between four groups.

Skwxwú7mesh Úxwumixw | Squamish

Rural Coordination Centre of BC First Nations Health Authority Doctors of BC eative Dishipsing Ministry of Government of BC

Figure 1: Map of First Nations Territories on which the retreat was held.

## he Power of What is Already Working

**Deliver:** "What Will Of What Is" Be' The retreat incorporated an Appreciative Inquiry Approach (AI), which follows an iterative flow between four stages. This approach framed the discussion around four priority areas. Design:

Should Be"

**Dream:** "What Could Be"

Figure 3: Appreciative Inquiry cycle

"What

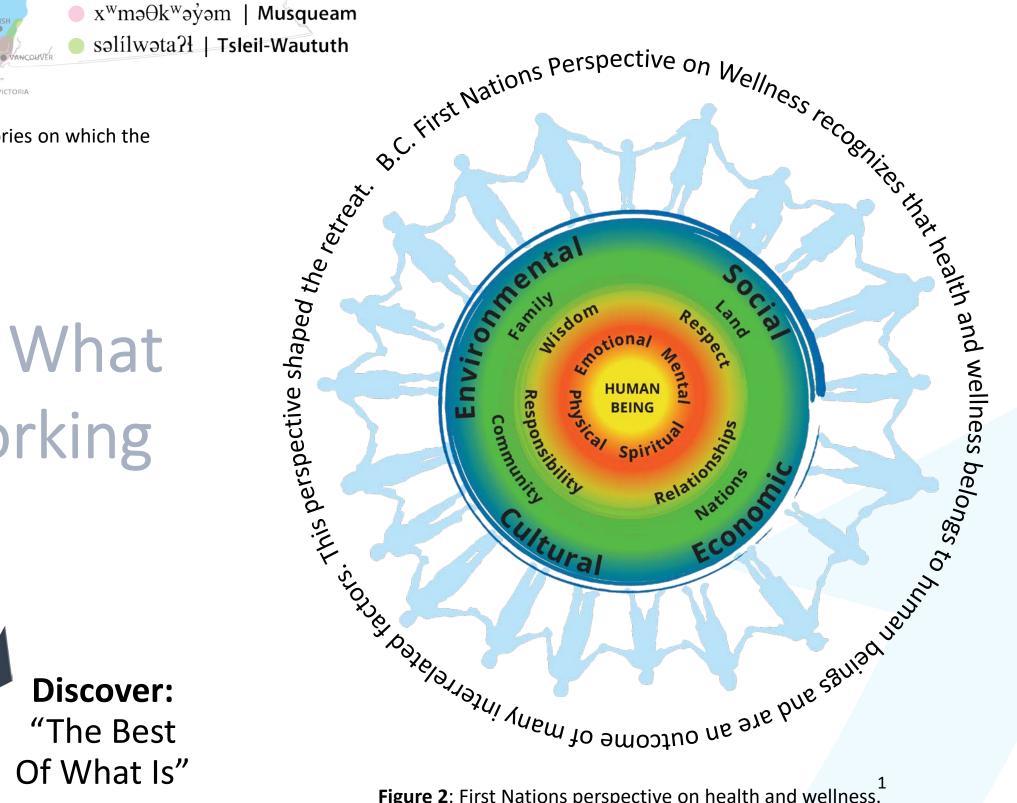


Figure 2: First Nations perspective on health and wellness.

The retreat planning partners moved to support the resilience of current networks in rural B.C.; while they work at all levels of scale, this retreat focused on the Provincial scale.

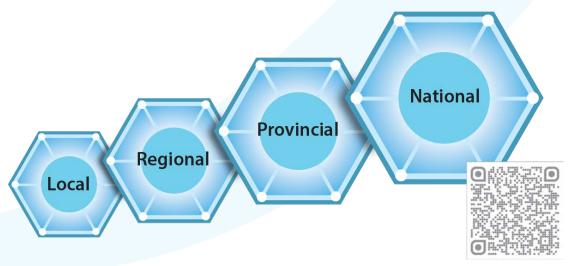


Figure 4: Levels of scale in the B.C. health care system. QR code provides detail on the function of each level of the B.C. system.

A truly collaborative decision-making process was attained by bringing together six unique health partner perspectives, an expansion of the Partnership Pentagram Model.

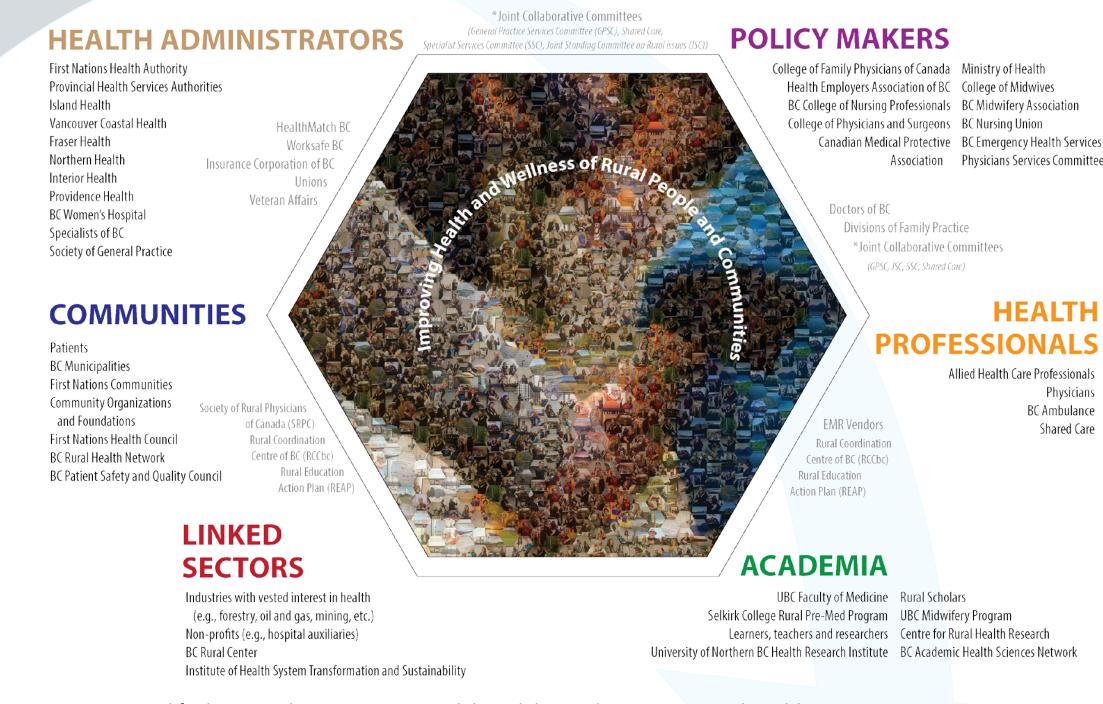
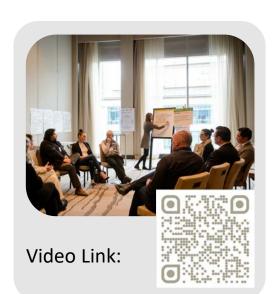


Figure 5: Modified Partnership Pentagram Model used during the B.C. Provincial Health Care Partners Retreat.

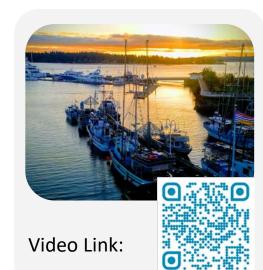
The design of the retreat followed alternating rounds of discussion and deliberation between Partner and Peer groups. Partner groups were comprised of members from each of the six different stakeholder groups. Peer groups were comprised of members from the same health care stakeholder groups. "Breathing" and "weaving" allowed partner tables to align priorities towards the common purpose of enhancing rural and First Nations health and wellness.

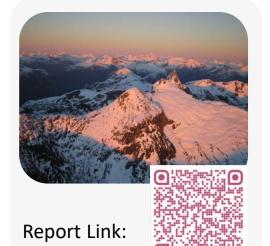


Step









**Culturally Safe Primary Health** Care

Identification of a tool for measuring cultural experience of patients Development of

Primary Care ++ Model

#### **Team-Based** Care

- Prioritization of maternity care
- Supporting virtual collaboration of teams

#### Citizen and Community Involvement

- Support collective patient input into a learning health community
- Supporting and scaling innovation at the community level

References: 1. First Nations Health Authority. (2019). First Nations Perspective on Wellness. Online; 2. World Health Organization. (2000). Towards Unity for Health: Challenges and opportunities for partnership in health development. Geneva: WHO.

#### **Access in Rural Communities**

- Creating collaborative Rural Centre for Excellence
- Rural Primary Care Network Teams to include specialists and specialized services

#### **Paths Forward**

- Development of a partnership table for transport and virtually enabled care
- Health system learning platforms implementation based on Partnership Pentagram+

### The Power of Alignment