

EXECUTIVE SUMMARY

BACKGROUND

Facility Engagement is an initiative of the Specialist Services Committee (SSC), one of four joint collaborative committees that represent a partnership of the Government of British Columbia (BC) and Doctors of BC. Launched in 2015, the province-wide **Facility Engagement Initiative (FEI) aims to strengthen communication, relationships, and collaboration between facility-based physicians and their health authorities (HAs)**. The goal is to increase meaningful physician consultation and involvement in HA decision-making and planning about their work environment and the delivery of patient care.

FEI activities are overseen and coordinated by MSA or Physician Society physician executives in conjunction with MSA or Physician Society working groups at acute facilities throughout the province. **There are currently 73 MSAs participating in the FEI with 6,506 MSA members across HAs**. In 2020-21, 531 engagement activities were carried out including meetings, quality improvement projects, training, and physician wellness activities. The cost to run the FEI was just over \$19M in both 2019-20 and 2020-21.

EVALUATION OVERVIEW

The objectives of the evaluation are to **communicate the impacts of the FEI in relation to the expected outcomes of the program and to identify potential opportunities for improvement**.

A mixed-methods evaluation approach was utilized. Data sources included: administrative and financial data; an online survey with 1,001 MSA members and HA representatives; and 28 virtual interviews with a sample of physicians, HA representatives, Project Managers, Engagement Partners, and external stakeholders to gather stories on FEI activities.

KEY FINDINGS

1. BUILDING RELATIONSHIPS WITH HEALTH AUTHORITIES

- ✓ **The FEI supports foundational relationship building between MSAs and HAs** through its support of MSA governance structures and collaborative meetings, as well as funded projects.
- ✓ **MSA members and HA leaders report improvements in their facility-level relationships**, particularly those more familiar with the FEI.
- ✓ **The response to COVID-19 further supported relationship building between MSA members and HA leaders** through efficient collaboration on response planning and implementation, which was facilitated by the foundational structures and relationships previously established through the FEI.
- ✓ **There are opportunities to support relationships at a regional level** to enable broader communication, collaboration, strategic planning, and the scale and spread of FEI initiatives regionally.

2. ESTABLISHING A COLLECTIVE VOICE AMONG MEDICAL STAFF

- ✓ **Medical staff are being actively engaged in the work of the FEI**, including a 12% increase in MSAs and a 22% increase in MSA members participating in the FEI in 2021-20 compared to 2019-20.
- ✓ **MSAs are developing shared priorities and addressing issues of importance to them**, particularly MSA members more familiar with the FEI.
- ✓ **Almost half of medical staff and HA leaders report improved MSA influence on HA goals and priorities over the past year**, but there are opportunities to continue to enhance influence.
- ✓ **The response to COVID-19 further supported MSAs' influence on HA goals and priorities**, with medical staff participating alongside HA partners in more leadership roles with the support of the FEI.

3. SUPPORTING QUALITY CARE IN BRITISH COLUMBIA

- ✓ **FEI activities address dimensions of quality care**, either directly (e.g., quality improvement projects) or indirectly (e.g., FEI activities that improve work environment and morale, support wellness, and enhance relationships among medical staff).
- ✓ **The response to COVID-19 also addressed dimensions of quality care**, including FEI support for establishing COVID-19 wards within facilities and implementing testing and vaccine clinics.
- ✓ **There are opportunities to improve communications and monitoring for FEI activities** to ensure that stakeholders understand the objectives of the FEI and the impacts of funded activities.

KEY RECOMMENDATIONS

Recommendation 1: Continue focused effort of engaging medical staff and HA leaders in the FEI and building facility-level relationships between MSAs and HAs. Specific actions should include encouraging MSAs and HA leaders to implement FEI activities that involve collaborative strategic planning; providing clearer communications about the FEI to current participants as well as potential new participants; and encouraging MSAs to incorporate equity, diversity, and inclusion into their MSA structure and FEI activities.

Recommendation 2: Identify opportunities to encourage regional MSA and HA engagement activities. Specific actions should include encouraging MSA executives and regional HA leaders to identify and discuss possible regional activities using FEI funding, particularly through sharing regional best practices and lessons learned, and supporting collaboration between MSAs and HAs through regional knowledge sharing platforms and sessions.

Recommendation 3: Create a strong data collection strategy to better track and communicate the impacts of the FEI. Specific actions should include conducting targeted consultations with key stakeholders involved in data collection, including the provincial office, MSA members, MSA Project Managers, and Engagement Partners to collaboratively explore options for how data collection could be more strategic and effective while also efficient.