Prepared for Doctors of BC

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Evaluation of the Facility Engagement Initiative 3.0

PROVINCE-WIDE SURVEY DATA TECHNICAL REPORT

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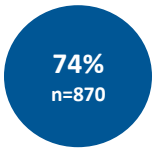
EXECUTIVE SUMMARY: PROVINCE-WIDE FEI SURVEY

BACKGROUND AND METHODOLOGY

The Facility Engagement Initiative (FEI) is a provincial initiative that aims to strengthen relationships, engagement, and communication between health authorities and facility-based physicians to improve their work environment and the delivery of patient care. A 10-minute province-wide survey was conducted online with Medical Staff Association (MSA) Members and Health Authority (HA) Leaders to collect quantitative and some qualitative data on the achievement of expected outcomes of the FEI. The survey was launched on May 1, 2023, and closed on June 4, 2023. The survey had a total of 1,175 participants.

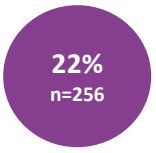
DEMOGRAPHICS

Survey participants were from seven health authorities (HAs) across urban and rural sites and were made up of three key stakeholder groups:



MSA Members[1]

- Physicians (95%, n= 828)
- Midwives (3%, n= 26)
- Nurse Practitioners (2%, n= 14)
- Dentists (<1%, n= 2)



HA Medical Leaders including department or division heads, chiefs of staff, site medical directors, and regional medical directors

HA Operational Leaders such as site directors, unit managers, regional directors, and executive directors

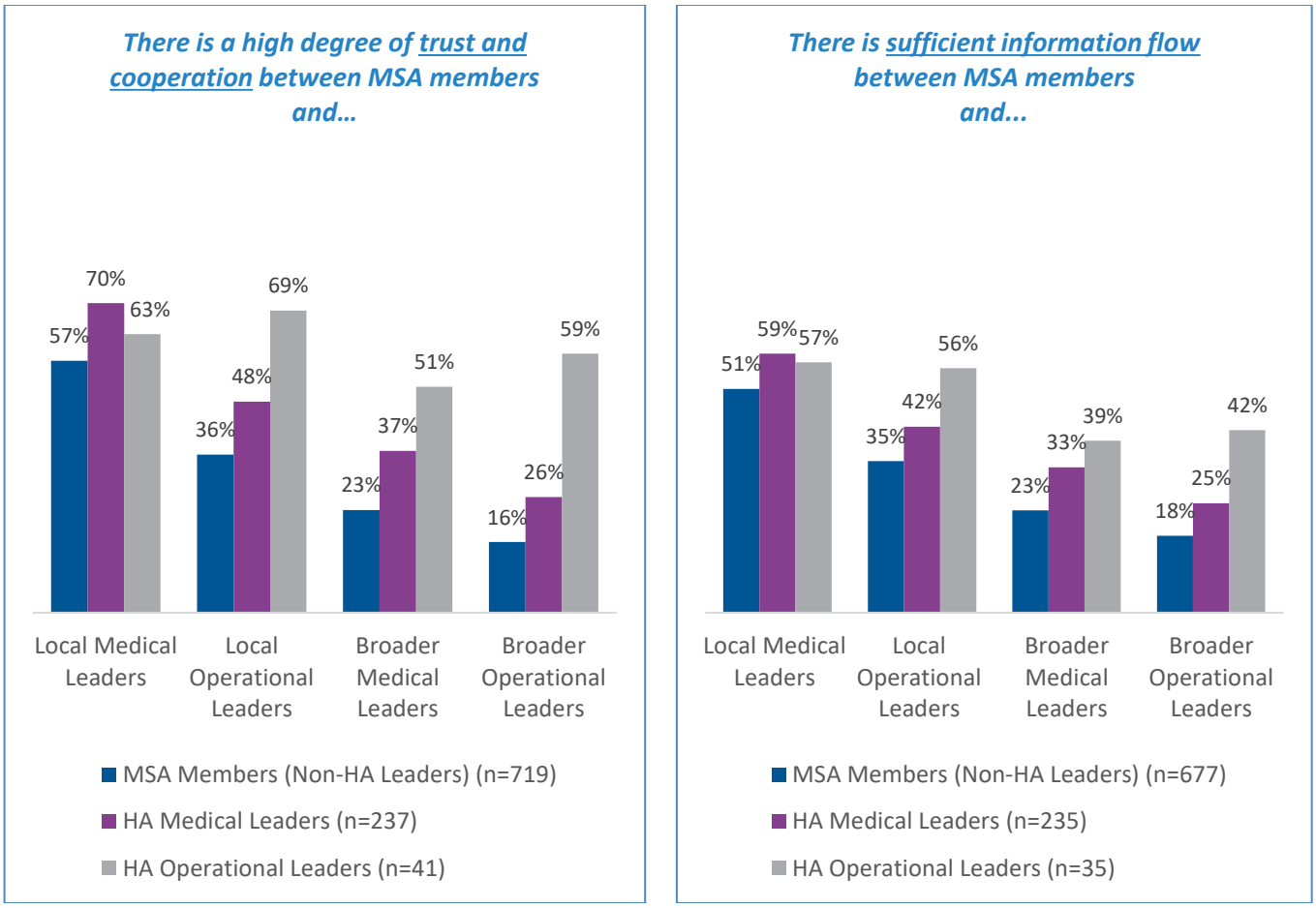
KEY FINDINGS

Perceptions of Trust, Cooperation and Information Flow Between MSA Members and HA Leaders

Participants were asked whether there was a high degree of trust and cooperation between MSA Members and various HA Leader groups (e.g., Operational, Medical, etc). Results show that the further the HA Leader is positioned away from the MSA Member, the lower their perceptions of trust and cooperation. Similar results were found with respect to perceptions of the sufficiency of information flow between MSAs and Leader groups. Also, while the HA Medical Leaders responses follow the same trend as MSA members, their overall perceptions are generally more positive. Importantly, MSA Members who are more involved in the work of the MSAs rate their relationships with Leaders higher when compared to those who are not involved.

[1] The MSA Members group excludes any MSA Member who has a formal Health Authority leadership role (e.g., Medical Leader)

Percentage of MSA Members, HA Medical Leaders, and HA Operational Leaders who Agree with Statements Regarding Relationships between MSA Members and Leaders at Various Levels (i.e., local medical/operational, broader medical/operational)*



**These graphs depict the percentage of participants who selected "Strongly Agree" or "Agree" on questions about relationships and excluded participants who selected "Unsure/Don't Know" from the denominator*

Impacts of MSAs and FEI Supports

On average, most (73%) MSA Members and HA Medical Leaders who have some level of involvement in the work of MSAs strongly agreed or agreed that MSAs and MSA engagement activities:

- Represent the priorities and collective interests of members (80%)
- Helped them address an issue of importance (78%)
- Helped improve facility culture (77%)
- Helped improve the delivery of patient care (66%)
- Re-energized them in their work (55%)

In comparison, less than half (43%) of MSA Members and HA Medical Leaders who are not involved in the MSA strongly agreed or agreed with these impacts, on average. This suggests that those who are involved in the work of the MSAs see more demonstrated impact and value.

Engaging Stakeholders in the Work of the MSAs

Results indicate that there are opportunities to further engage MSA members and HA Leaders irrespective of their current level of involvement. It was found that engagement strategies may differ depending on the stakeholder group and/or their current level of involvement. Some key findings include:

- **Financial Incentives.** Providing more financial incentive may encourage the involvement of MSA Members who have medium/low involvement or are not involved (particularly in urban areas)
- **Informal Social Networking.** MSA Members and HA Medical Leaders who are already highly involved would be most encouraged to further participate if there were more opportunities for informal/social networking
- **Defined Opportunities.** HA Operational Leaders regardless of their current level of involvement identified a need to create more defined opportunities to get involved in the MSA (e.g., specific roles/groups)
- **Event Timing.** The participation of Medical and HA Operational Leaders in MSA activities could be strengthened by holding some events during the workday

1. BACKGROUND AND METHODOLOGY

Purpose of the Report

The purpose of this report is to present the findings from the province-wide survey of the Facility Engagement Initiative (FEI). The FEI was established through the 2014 Physician Master Agreement and officially launched January 1, 2015. It is a provincial initiative that aims to strengthen relationships, engagement, and communication between health authorities and facility-based physicians to improve their work environment and the delivery of patient care.

Methodology

A 10-minute province-wide survey was conducted online with Medical Staff Association (MSA) Members[2] and Health Authority (HA) Leaders.[3] The purpose of the survey was to collect quantitative and some qualitative data on the achievement of expected outcomes of the FEI. The survey was launched on May 1, 2023 and closed on June 4, 2023.

- Number of Participants: **1,175**
- Estimated response rate[4]: **21%**

Quantitative Data Analysis

- Descriptive statistics were produced for each survey question and were further analyzed by the following subgroups:
  - MSA Members
  - HA Medical Leaders (e.g., department or division head, chief of staff, site medical director, regional medical director, etc.)
  - HA Operational Leaders (e.g., site director, unit manager, regional director, executive director, etc.)
  - Involvement with the work of the MSAs
  - Level of familiarity with the FEI
  - Rural versus urban sites
  - HA affiliation

Qualitative Data Analysis

- Data was analyzed by using thematic coding, with codes focusing on strengths, challenges, and opportunities. Differences in responses between MSA Members, HA Medical Leaders, and HA Operational Leaders as well as rural and urban sites were noted and included in reporting, where applicable.

[2] MSA Members also include Members of Physician Engagement Societies. MSA Members are Physicians, Midwives, Nurse Practitioners, and Dentists. The term "MSA" is used for brevity. The MSA Members group does not include MSA Members who have a formal Health Authority leadership role (e.g., Medical Leader).

[3] HA leaders are medical and HA (Operational Leaders) that hold a formal HA leadership role, for which they receive a stipend or salary from the HA.

[4] This is an approximate response rate based on the number of participants who responded to an invitation link (n=1,119) divided by the number of participants sent an invitation link (n=5,360). It does not account for open link sharing or responses.

Limitations of the Analysis

Limitations and mitigation strategies are described in the table below.

Table 1: Analysis Limitations and Mitigation Strategies

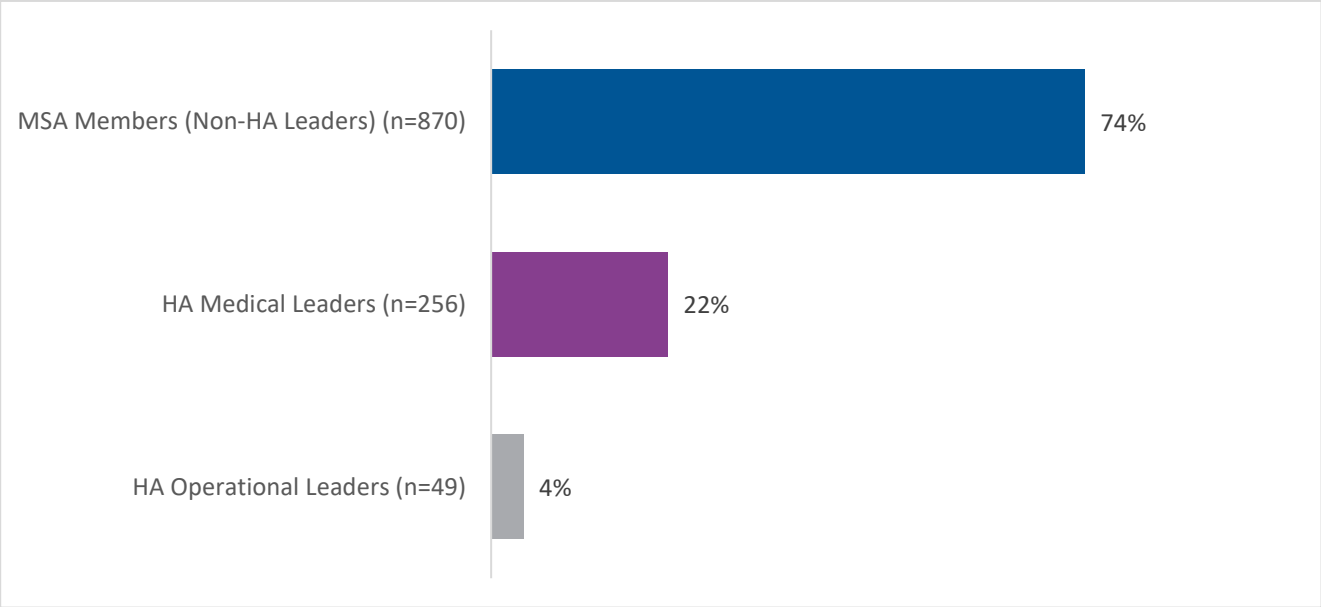
Limitations	Mitigation Strategies
• **Representativeness of results.** Not all MSA Members and HA Leaders were reached, which introduces a risk that the survey may have excluded people who are not involved in the FEI and lead to positive response bias.	• Multiple subgroup analyses were conducted (e.g., involvement in the work of the MSAs, familiarity with FEI, leadership type, rural/remote sites, etc.) to examine differences across key stakeholder groups. In particular, how participants less involved in the FEI may respond differently compared to those who are more involved.
• **Non-Representative Sample**. Due to convenience sampling, the HA Medical and Operational Leaders who responded to the survey were more involved in the work of the MSA compared to the MSA Members who responded, contributing to the greater positive responses for the Leader groups.	• Reporting focuses on comparing participants' level of involvement in the work of the FEI within each of the three participants groups (i.e., MSA Members, HA Medical Leaders, and HA Operational Leaders).

2. DEMOGRAPHICS

Key Stakeholder Groups

Participants were from three key stakeholder groups which are used throughout this report (Figure 1).

Figure 1: Percentage of Participants by Stakeholder Groups (n=1,175)



- **MSA Members included:**
  - Physicians (95%, n= 828)
  - Midwives (3%, n= 26)
  - Nurse Practitioners (2%, n= 14)
  - Dentists (<1%, n= 2)

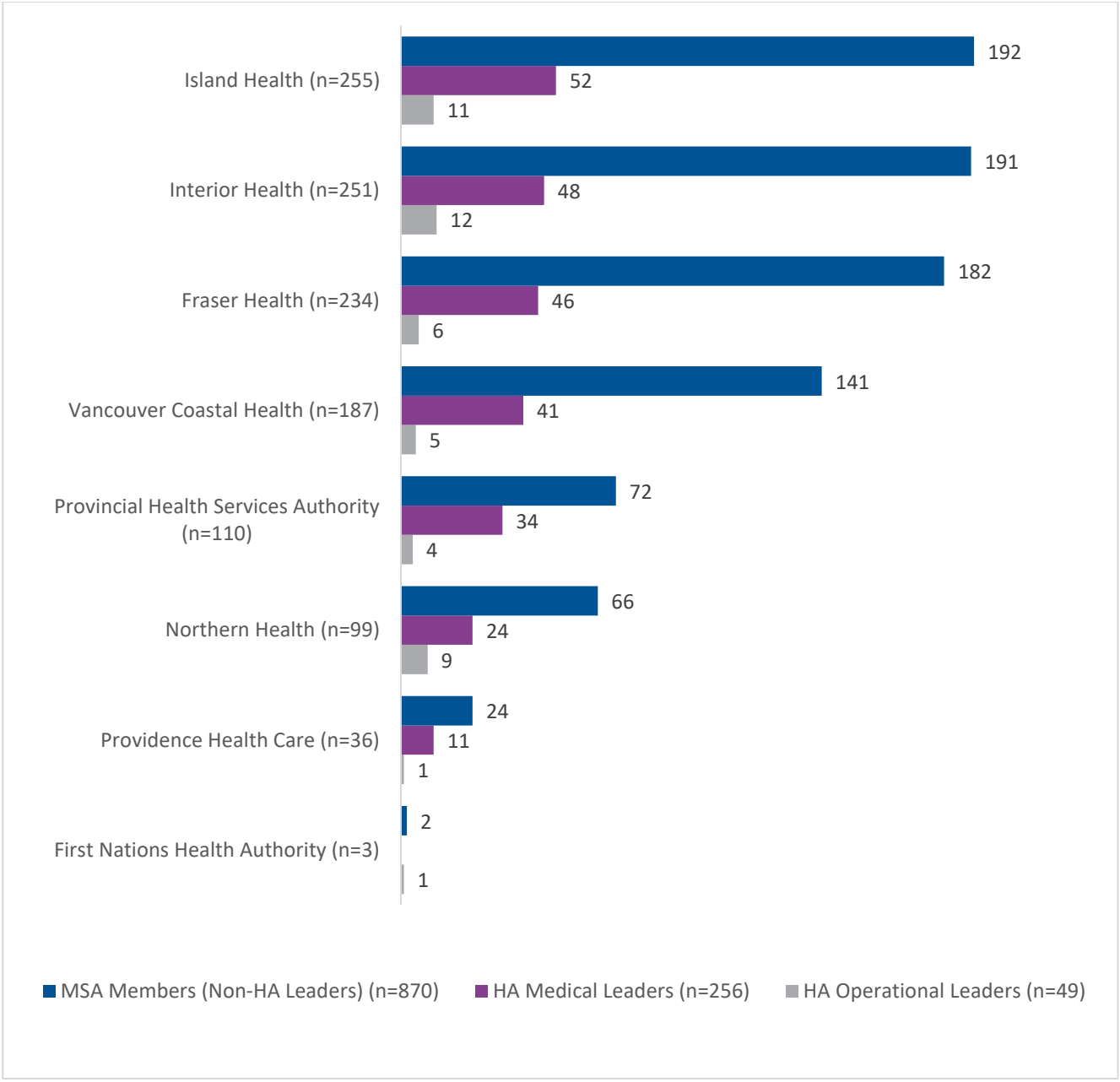
- **HA Medical Leaders** included department or division heads, chiefs of staff, site medical directors, and regional medical directors

- **HA Operational Leaders** included leadership at the HA such as site directors, unit managers, regional directors, and executive directors

Health Authority Affiliation

All HAs were represented across survey participants (Figure 2). Most participants were MSA Members from Island Health (22%, n=255), Interior Health (21%, n=251), and Fraser Health (20%, n=234).

Figure 2: Number of Participants by Stakeholder Group and HA Affiliation (n=1,175)

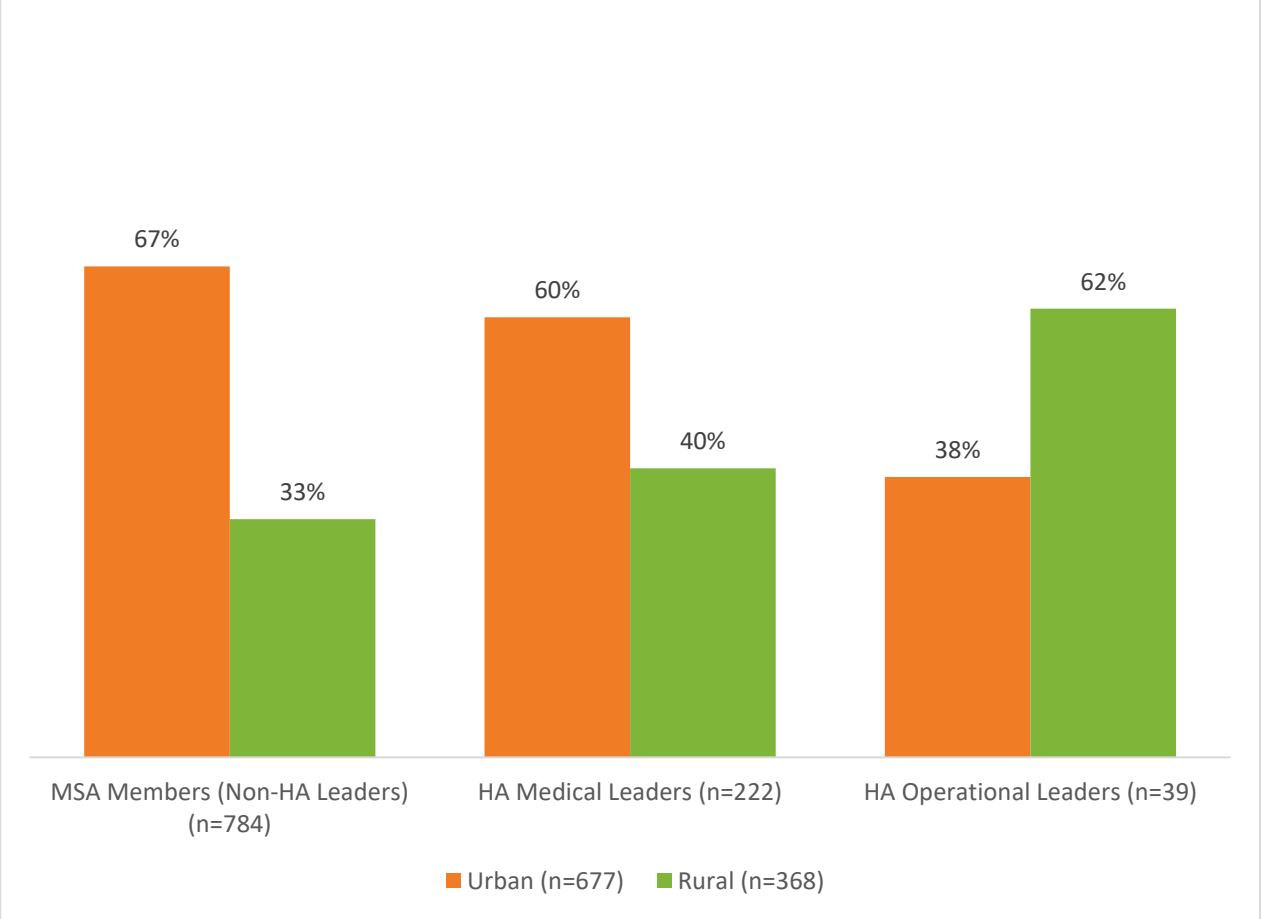


A list of the sites that participants were affiliated with can be found in Appendix A.

Site Location Classification

Overall, more participants were from urban sites (65%; n=677) compared to rural sites (35%; n=368). This was largely driven by MSA Members (67% urban, n=784) and HA Medical Leaders (60% urban, n=222). However, amongst HA Operational Leaders (n=39), participants from rural sites (62%) outnumbered those from urban sites (38%) (Figure 3).[5]

Figure 3: Percentage of Participants by Site Classification and Stakeholder Group* (n=1,045)



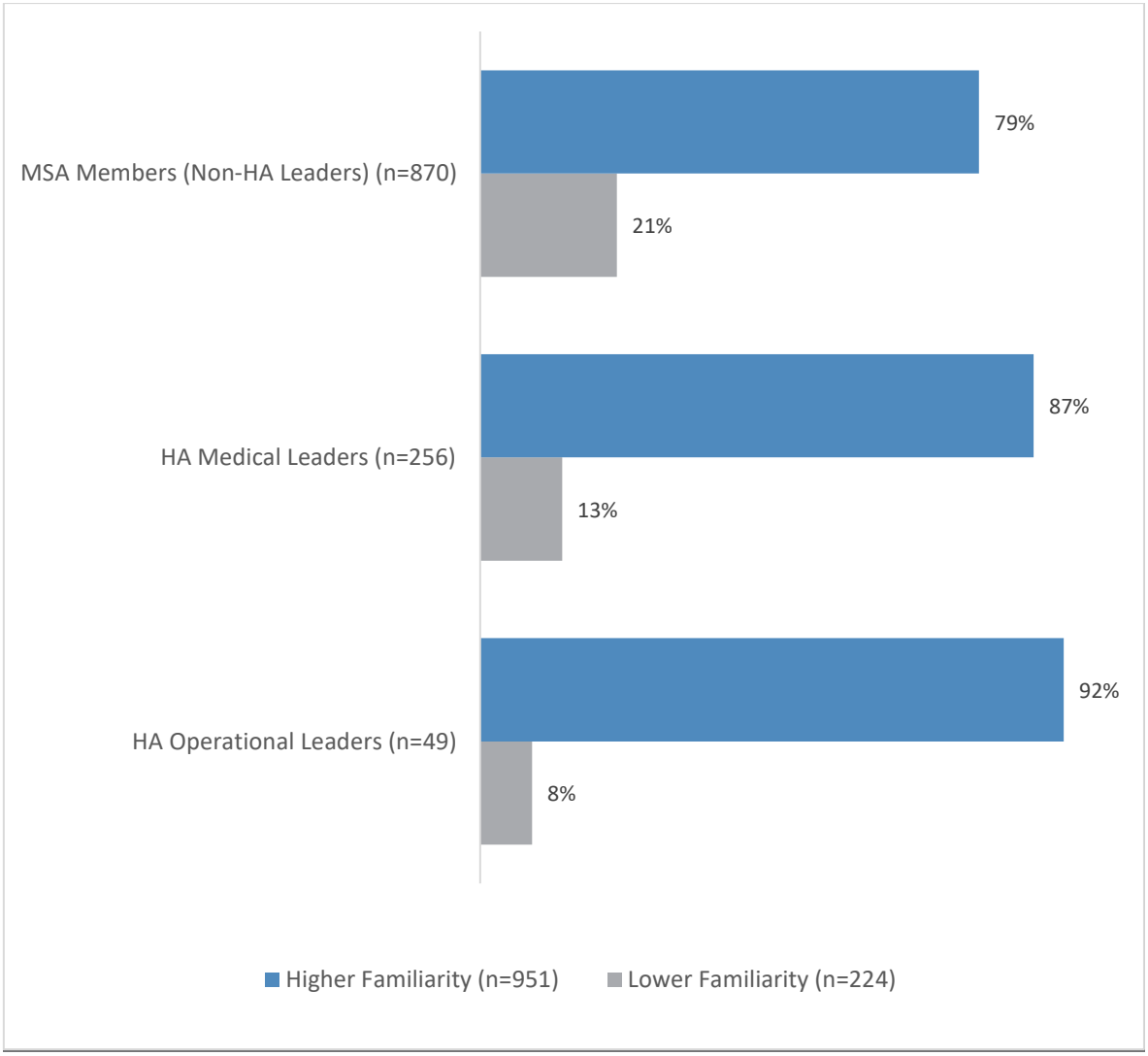
**Excludes: First Nations Health Authority (FNHA) and Provincial Health Services Authority (PHSA) due to sites being located throughout the province as well as participants who did not select a primary site.*

[5] Site were cross referenced with the Rural Coordination Centre of British Columbia (RCCbc) map and communities in the Rural Practice Subsidiary Agreement to confirm their classification.

Familiarity with the Facility Engagement Initiative

Most of the participants had some level of familiarity with the FEI, with 81% (n=951) reporting being very, moderately, or somewhat familiar (i.e., Higher Familiarity). Only 19% (n=224) were slightly or not at all familiar with the FEI (i.e., Lower Familiarity) (Figure 4).

Figure 4: Level of Familiarity with the FEI by Stakeholder Group (n=1,175)



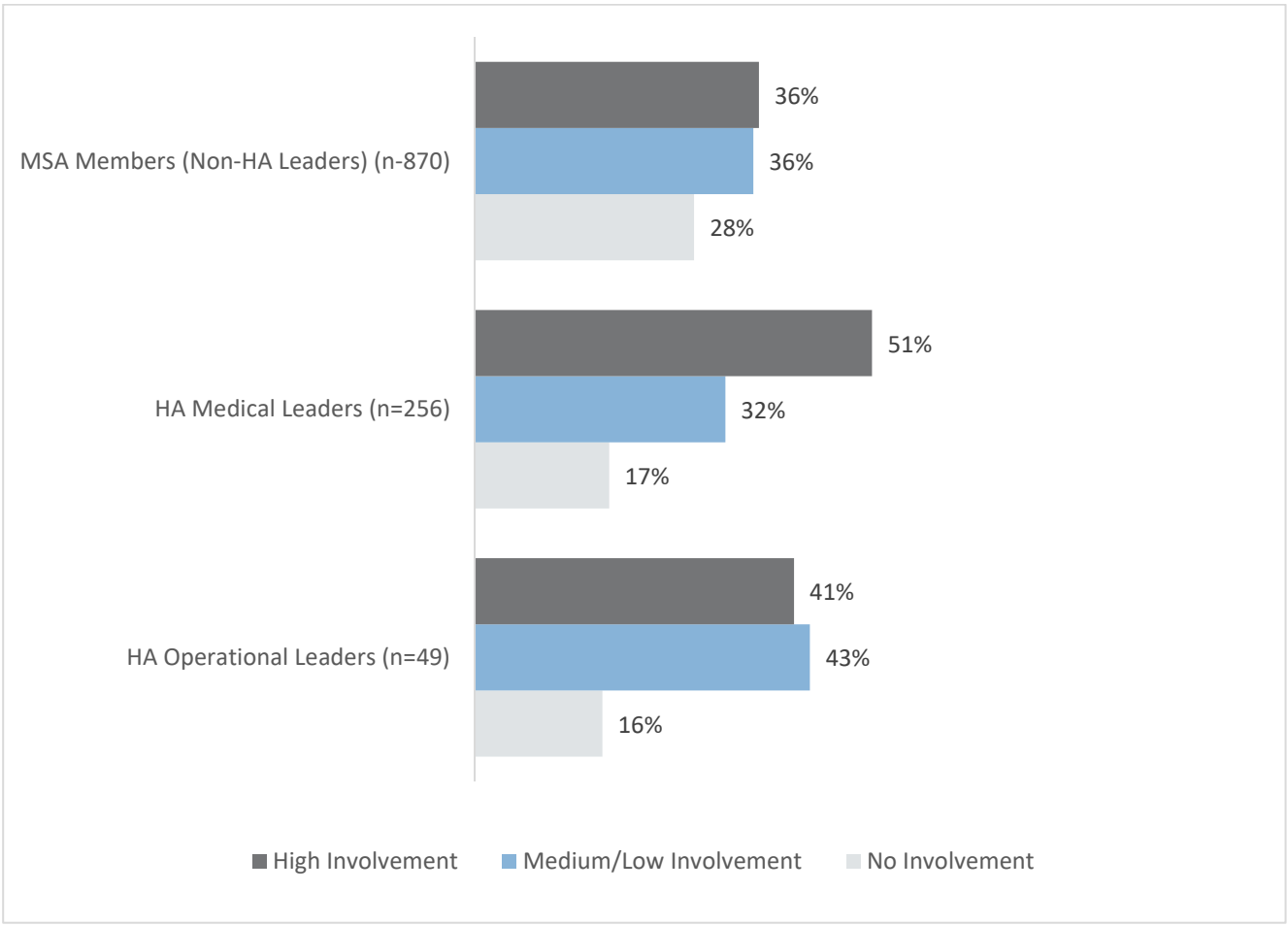
3. INVOLVEMENT IN THE WORK OF MSAS

Level of Involvement in the Work of MSAs

MSA Members, HA Medical Leaders, and HA Operational Leaders were organized into different categories based on their reported level of involvement in the work of MSAs (i.e., high, medium/low, and no involvement). The criteria for determining a participant's level of involvement can be found in Appendix B.

Notably, HA Medical (51%, n=130) and HA Operational (41%, n=20) Leader participants had higher levels of involvement in the MSA when compared to MSA Members (36%, n=313) (Figure 5). This was likely due to convenience sampling, where only known HA Leaders were contacted for the survey due to a lack of available contact information, while the entire MSA Membership was contacted due to contact information being readily available. To support more comparable groups and reduce the impact of biased sampling, the level of involvement of the different stakeholder groups was examined as a separate factor for all questions.

Figure 5: Level of Involvement in the Work of MSAs by Stakeholder Group (n=1,175)



4. RELATIONSHIPS WITH HA MEDICAL AND OPERATIONAL LEADERS

All participants were asked to consider the relationships between MSA/Physician Engagement Society members and leaders and rate their level of agreement with two statements:

- *There is a high degree of trust and cooperation between MSA/Physician Engagement Society members and...*
- *There is sufficient information flow between MSA/Physician Engagement Society members and...*

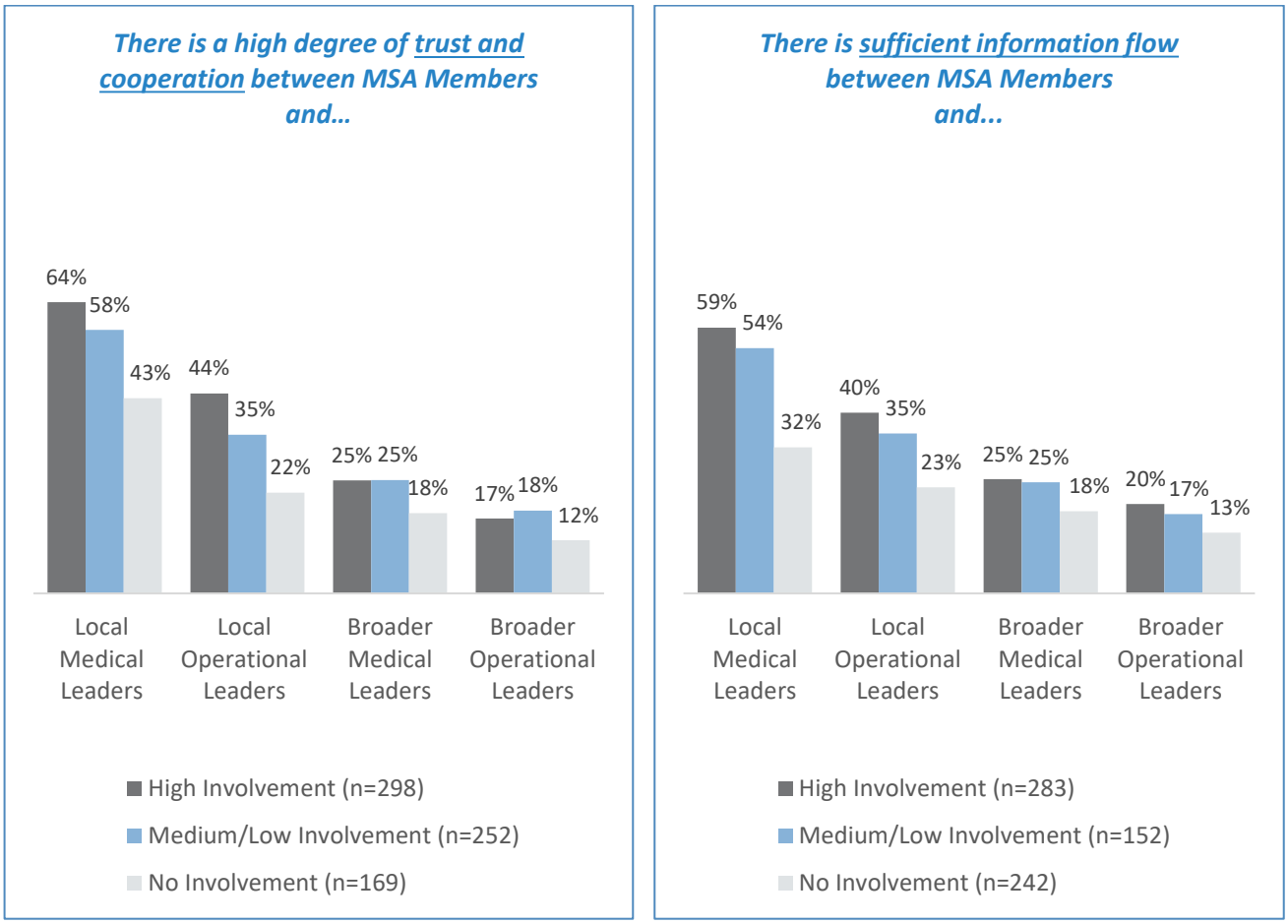
Participants were asked about four different groups for each statement:

- Local HA Medical Leaders (e.g., department or division head, chief of staff, site medical director, etc.)
- Local HA Operational Leaders (e.g., local health authority leaders such as site director, unit manager, etc.)
- Broader HA Medical Leaders (e.g., regional medical director, etc.)
- Broader HA Operational Leaders (e.g., broader health authority leaders such as regional director, executive director, etc.)

Perceptions of MSA Members Regarding Their Relationships with Leaders

Participants were asked whether there was a high degree of trust and cooperation between MSA Members and various HA Leader groups (e.g., Operational, Medical, etc). Results show that the further the HA Leader is positioned away from the MSA Member, the lower their perceptions of trust and cooperation. Similar results were found with respect to perceptions of the sufficiency of information flow between MSAs and Leader groups. Also, while the HA Medical Leaders responses follow the same trend as MSA members, their overall perceptions are generally more positive. Importantly, MSA Members who are more involved in the work of the MSAs rate their relationships with Leaders higher when compared to those who are not involved (Figure 6).

Figure 6: Percentage of MSA Members who Agree with Statements Regarding Relationships between MSAs and Leaders by Level of Involvement*



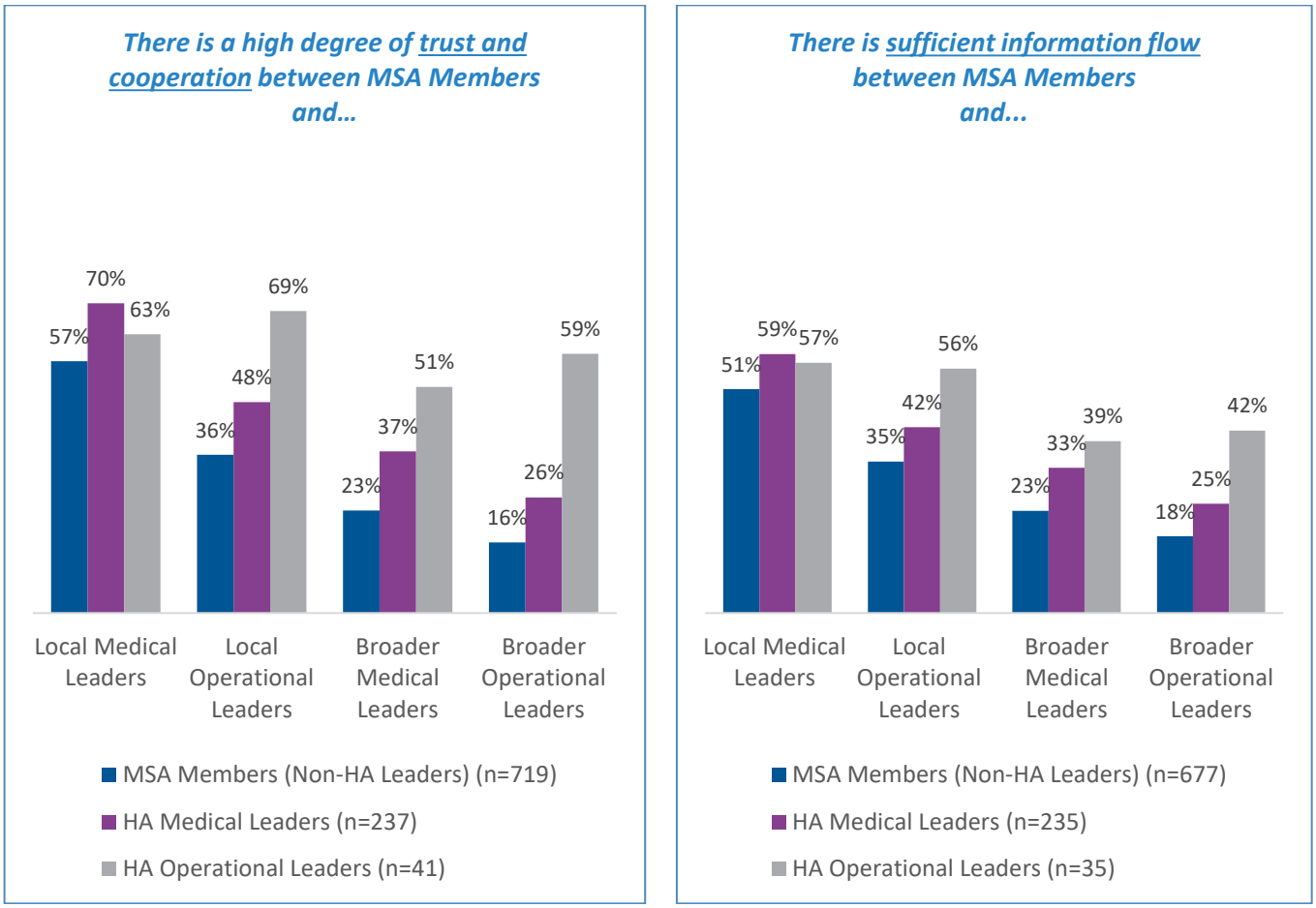
**These graphs depict the percentage of participants who selected "Strongly Agree" or "Agree" on questions about relationships and excluded participants who selected "Unsure/Don't Know" from the denominator*

Perceptions of All Stakeholder Groups Regarding Relationships Between MSAs and Leaders

Across all types of stakeholders, HA Operational Leaders generally reported more positive views regarding trust and cooperation and information flow between leaders and MSA Members (particularly when rating relationships with higher levels of leadership), followed by HA Medical Leaders, and then MSA Members (Figure 7).

It was also observed that stakeholders from rural sites, regardless of role or involvement, tended to rate their relationships higher than those from urban sites.

Figure 7: Percentage of MSA Members, HA Medical Leaders, and HA Operational Leaders who Agree with Statements Regarding Relationships between MSA Members and Leaders at Various Levels (i.e., local medical/operational, broader medical/operational)*



**These graphs depict the percentage of participants who selected "Strongly Agree" or "Agree" on questions about relationships and excluded participants who selected "Unsure/Don't Know" from the denominator*

5. IMPACTS OF MSAS AND FEI SUPPORTS

To assess the impacts of MSA/Physician Engagement Societies and supports, participants were asked to rate their agreement with six different statements regarding MSA/Physician Engagement Society impacts using a scale from 1 to 5 (1 being Strongly Disagree and 5 being Strongly Agree). These six statements are:

- *MSA/Physician Engagement Society represents the priorities and collective interests of members*
- *MSA/Physician Engagement Society activities has helped address an issue of importance to me and my colleagues*
- *MSA/Physician Engagement Society activities has helped improve facility culture*
- *MSA/Physician Engagement Society activities has helped improve the delivery of patient care*
- *Participating in MSA/physician engagement society activities has re-energized me in my work*
- *Engagement Partners play an important role in supporting progress toward MSA/Physician Engagement Society and health authority engagement*

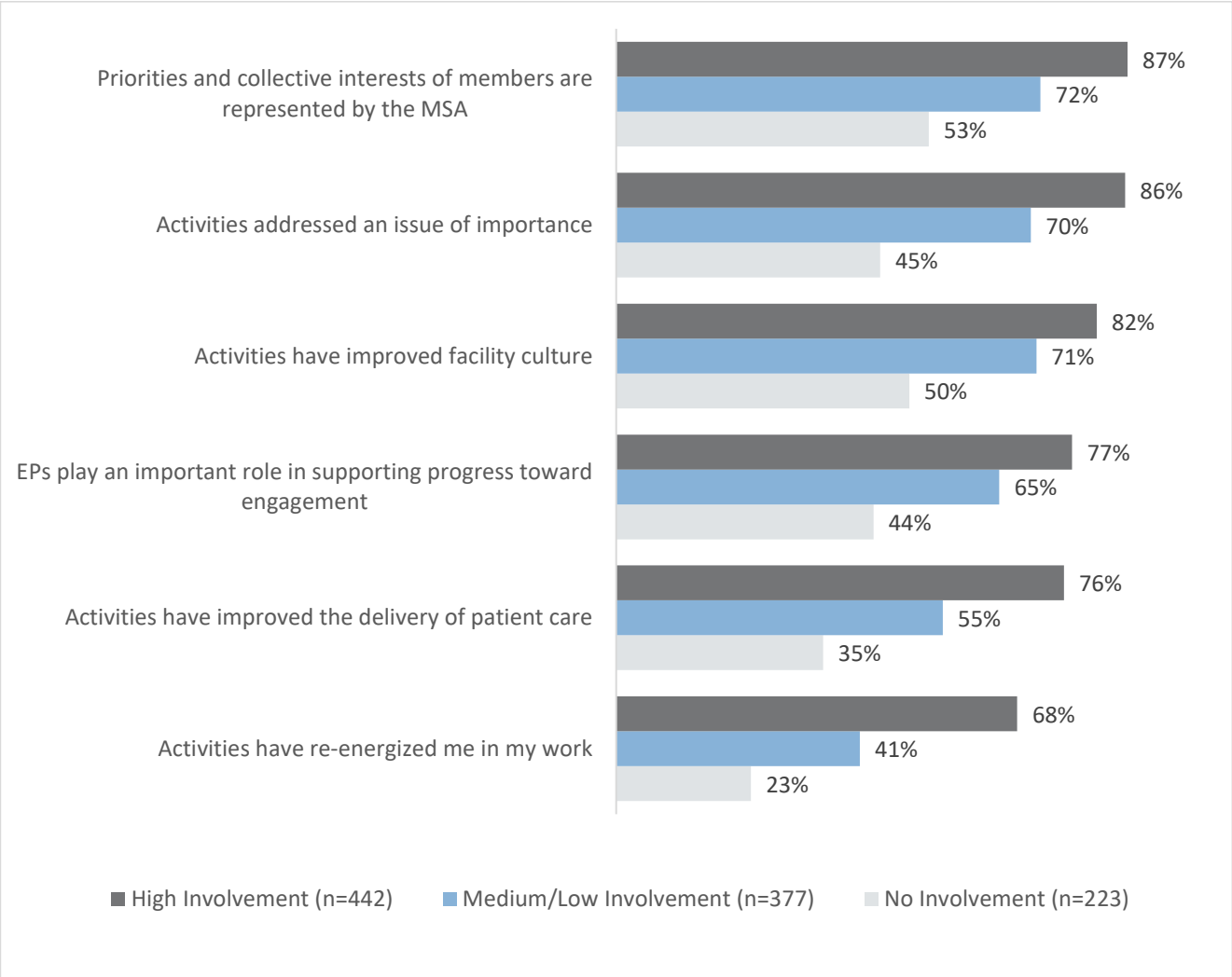
Perceptions of MSA Members and HA Medical Leaders on the Impacts of MSAs

When rating statements related to the impacts of MSAs, MSA Members and HA Medical Leaders had very similar views. In fact, their level of involvement in the work of the MSAs was more influential in shaping their perceptions. Figure 8 depicts MSA Member and HA Medical Leaders' combined agreement with each of the impact statements, by level involvement.

On average, most (73%) MSA Members and HA Medical Leaders who have some level of involvement in the MSAs (i.e., high, medium, or low) strongly agreed or agreed with the impact statements. Specifically, the average level of agreement for those involved in the MSAs by statement included:

- Represents the priorities and collective interests of members (80%)
- Helped them address an issue of importance (78%)
- Helped improve facility culture (77%)
- Engagement Partners (EPs) play an important role in supporting progress toward engagement (71%)
- Helped improve the delivery of patient care (66%)
- Re-energized them in their work (55%)

Figure 8: Percentage of MSA Members and HA Medical Leaders' who Agree with Impacts of MSAs by Level of Involvement



**This graph depicts the percentage of participants' who selected "Strongly Agree" or "Agree" for the impact statements and excluded participants who selected "Unsure/Don't Know" from the denominator*

In comparison, less than half (43%) of MSA Members and HA Medical Leaders who are not involved in the MSA strongly agreed or agreed with these impacts, on average. This suggests that those who are involved in the work of MSAs see more demonstrated impact and value.

Perceptions of HA Operational Leaders on the Impacts of MSAs

HA Operational Leaders also answered these questions and rated the impacts in a similar order and demonstrated similar trends (e.g., higher involvement corresponded to higher ratings). The key differences were that HA Operational Leaders generally had higher levels of agreement compared to both MSA Members and HA Medical Leaders across the impact statements. Further, HA Operational Leaders rated the statement regarding EPs play an important role much higher than other stakeholders.

6. ENGAGING STAKEHOLDERS IN THE WORK OF THE MSA

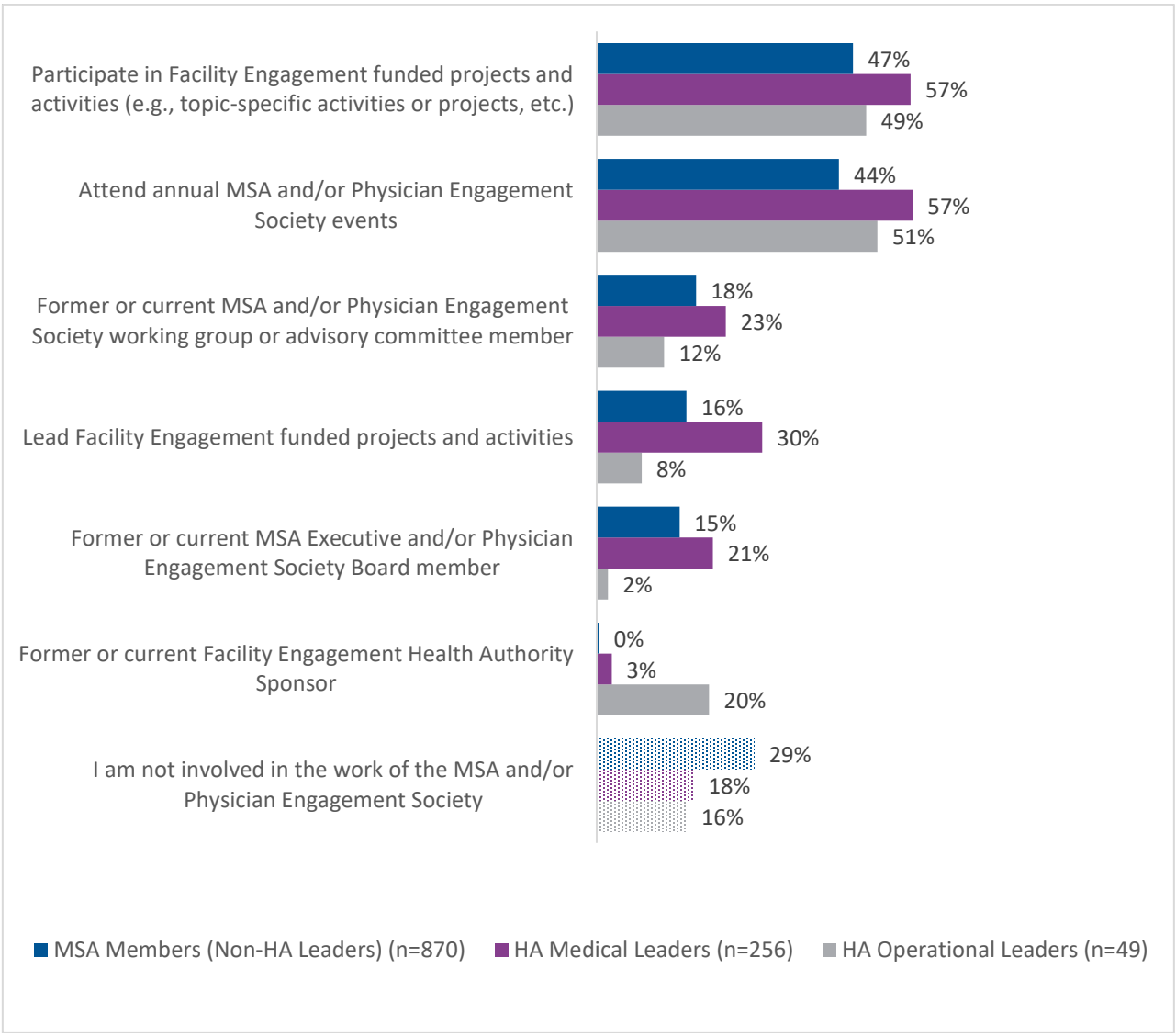
Participation in MSA Activities

Regardless of their level of involvement or role, the top two ways that survey participants reported being involved in the work of the MSAs included:

- Participation in FE-funded projects and activities
- Attendance at annual MSA/Physician Engagement Society events

Figure 9 outlines the other keyways that stakeholder groups reported being involved in the work of the MSAs.

Figure 9: Ways that Survey Participants are Involved in the Work of the MSAs by Stakeholder Group



Encouraging More Involvement in the Work of the MSAs

Results indicate there are MSA Members who would be interested in becoming more involved in the work of the MSAs, suggesting there is opportunity to continue to grow participation in the FEI:

- Only 34% of MSA Members not currently involved in the MSA want it to stay that way
- Only 32% of MSA Members with medium/low involvement said they are already involved as they want to be

Further, regardless of role, only about half of stakeholders with high involvement in the MSAs reported that they are already involved as they want to be, suggesting there may be a desire for them to become even more involved. Finally, none of the HA Operational Leaders who are not currently involved indicated they want it to stay that way.

When examining the various ways participants reported wanting to be further engaged in the work of the MSAs, it was identified that engagement strategies may differ depending on the stakeholder group and/or their current level of involvement (Figures 10, 11, and 12). Some key findings include:

- **Financial Incentives.** Providing more financial incentive may encourage the involvement of MSA Members who have medium/low involvement or are not involved (particularly in urban areas) (Figure 10)
- **Informal Social Networking.** MSA Members and HA Medical Leaders who are already highly involved would be most encouraged to further participate if there were more opportunities for informal/social networking (Figure 10 and Figure 11)
- **Defined Opportunities.** HA Operational Leaders regardless of their current level of involvement identified a need to create more defined opportunities to get involved in the MSA (e.g., specific roles/groups) (Figure 12)
- **Event Timing.** The participation of Medical and HA Operational Leaders in MSA activities could be strengthened by holding some events during the workday (Figure 11 and Figure 12)

Figure 10: Opportunities to Further Engage MSA Members by Level of Involvement (n=870)

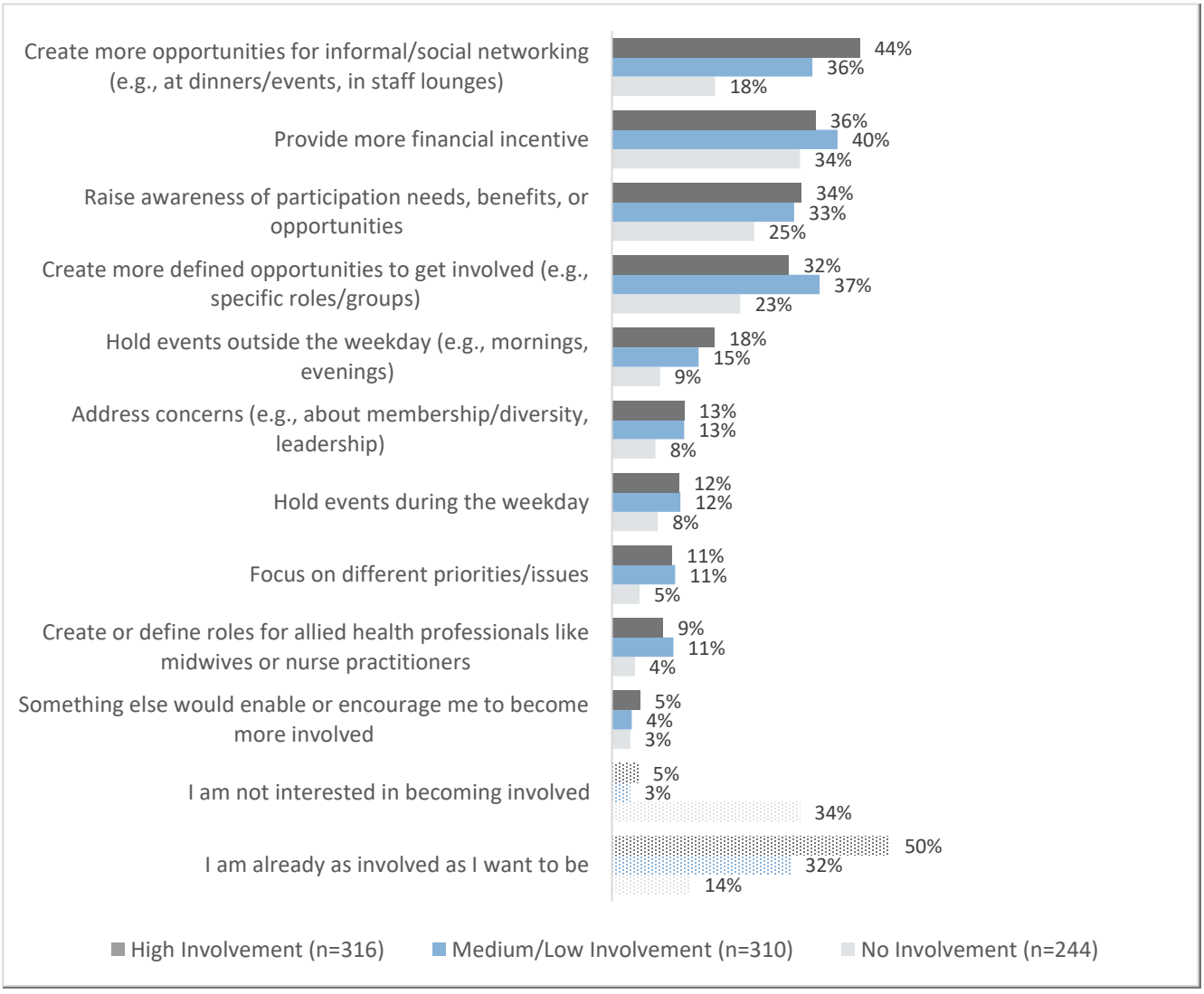


Figure 11: Opportunities to Further Engage HA Medical Leaders by Level of Involvement (n=256)

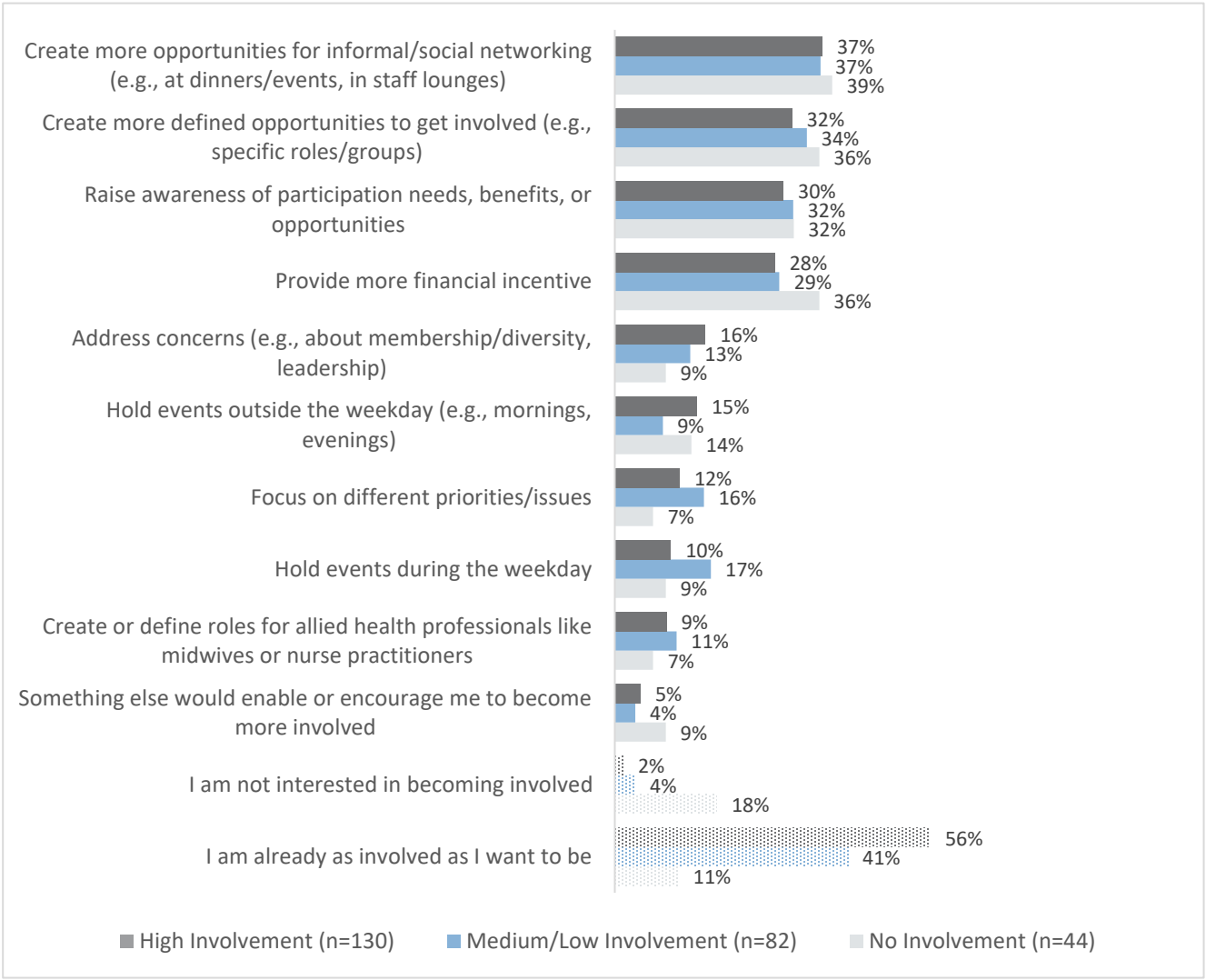
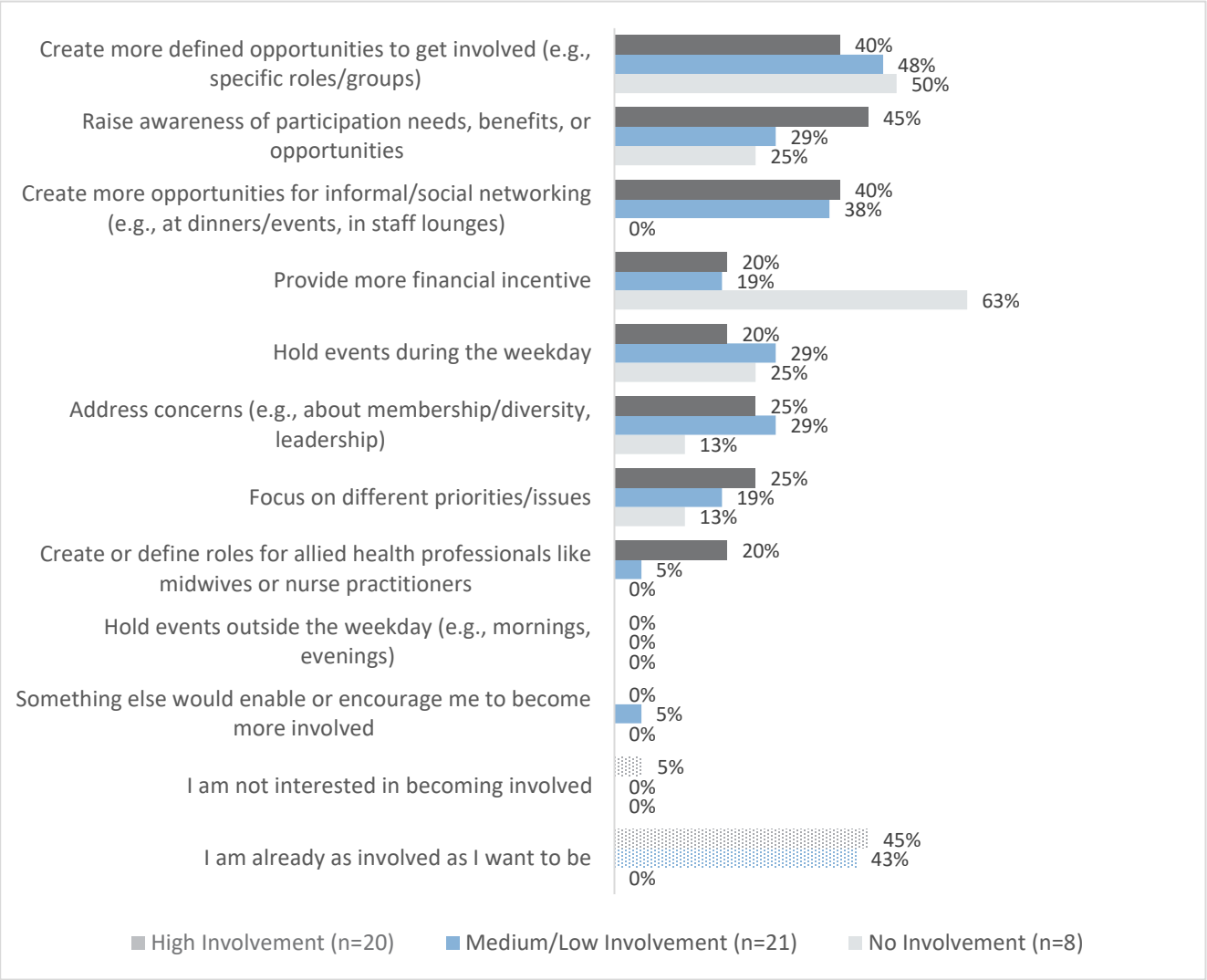


Figure 12: Opportunities to Further Engage HA Operational Leaders by Level of Involvement (n=49)



Some MSA Members and HA Medical Leaders indicated that "something else would enable or encourage them to become more involved" in the work of the MSAs. Key feedback included:

- Developing a stronger partnership between HA Leaders and MSAs
- Knowing HAs are invested and involved in activities
- Having more time and capacity to participate
- Supporting Indigenous cultural safety
- Including physician perspectives in decision-making

Other factors reported by HA Operational Leaders to become more involved in the work of the MSAs included:

- Having a better understanding of their role in the MSAs
- Learning to deal with conflicts between HA Leaders and physicians

7. COMMENTS AND FEEDBACK ABOUT FACILITY ENGAGEMENT

The section below outlines findings from open-ended questions in the survey.

Higher Familiar Respondents' Perceptions on the Biggest Achievements of the FEI

MSA Members, HA Medical Leaders, and HA Operational Leaders who reported being very, moderately, or somewhat familiar with the FEI were asked about what the most notable change or biggest achievement that has occurred at their site or in their HA because of the FEI.

MSA Members reported the following **improvements** as a result of the FEI:

- **Engagement of physicians**. Engagement through opportunities to be involved in projects, many of which have specific focuses that interest physicians (e.g., equity, diversity, and inclusion, planetary health, Quality Improvement) and are physician-led. Engagement has also involved:
    - **Connection opportunities**. These include social events, networking opportunities, and as noted by several participants across groups, the physician lounges. These opportunities have helped facilitate connection and relationship building among MSA Members.
    - **Payment for participation**. MSA Members appreciating that they get paid to be involved in engagement work (e.g., committees, meetings).

- **Collegiality**. Many MSA Members reported improved collegiality, communication, teamwork, collaboration, and morale among the physicians at their site.

- **Workplace culture and environment**. This includes more support of medical staff, and improvements to physicians' work environment. Culture has also improved through:
    - **Communications with the HA**. This was also highlighted by HA (Operational Leaders).
    - **Collective voice.** Some MSA Members have become involved in decision-making with the HA. This was noted across HAs from urban and rural sites.

- **Specific projects**. The FE has helped support a focus on specific projects at sites, including:
    - **Patient care**. Impacts on patient care as a result of projects that were supported by the FEI. This was also supported by HA (Operational Leaders).
    - **Recruitment**. Recruitment and retention efforts, which were mostly reported by those from rural sites.
    - **Wellness**. Initiatives that support the wellness of MSA membership.
    - **Work systems.** Processes and systems that have been changed such as Clinical Systems Transformation (CST) or rounds.

"Better cohesiveness, morale and moral support for physicians at our site, increased culture of belonging and being able to work together, presence at leadership meetings with operational leads is also helpful for raising physician voice and engagement with health authority."—MSA Member

There were also many challenges reported related to engagement due to systemic challenges, such as those with the health care system and relationships between physicians and the HA.

Lower Familiar Respondents' Perceptions on the Biggest Achievement of Site or Regional Level Engagement

MSA Members, HA Medical Leaders, and HA Operational Leaders who reported being slightly or not at all familiar with the FEI were asked about what the most notable change or biggest achievement that has occurred at their site or HA as a result of efforts to strengthen relationships, engagement, and communication.

In response to this question, MSA Members and HA Medical Leaders reported similar themes, including:

- **Lack of knowledge of the FEI**. Some reported not being sure about what the most notable change or biggest achievement was or what FEI is, which highlights that there is room to improve their engagement given that they have low familiarity with the FEI.
- **Limited recognition of FEI impacts**. Some, including HA (Operational Leaders), did acknowledge that engagement and morale had improved as a result of efforts through specific activities or initiatives, including the purchase of a coffee machine and the physician lounge, which have helped bring membership together.

All Stakeholder Groups' Perceptions Regarding Improving Engagement and Workplace Experiences

All respondents were asked, "*What can the MSA/Physician Engagement Society and/or health authority at your facility do to better engage you and improve your workplace experience?*" In response to this question, many MSA Members and HA Leaders indicated they are satisfied with their engagement, while others noted some opportunities.

Opportunities for MSA Members to be better engaged by their MSAs include:

Increasing and Improving Engagement with Membership:

- **Promotion and awareness**. Many MSA Members and HA Medical Leaders reported that MSAs need to be promoting themselves to their membership more. This includes making members aware of the MSA role, available opportunities for engagement, clarifying the goals of the MSA, and the opportunity to get paid for being involved. This suggests a need for MSAs to strengthen their "Inform" level of engagement, based on the IAP2 framework, with their membership.
- **Improved communications**. Overall, there was a need identified to improve the information flow from MSAs to their membership. MSA Members receive several communications via email and finding a way to streamline these communications could help improve engagement.
- **Connection opportunities**. Many MSA Members and HA Medical Leaders identified a desire for more social events and networking opportunities for medical staff to connect. This was identified mostly by respondents from urban areas.

Meeting the Needs of Membership:

- **Funding patient care-related activities**. Respondents reported wanting specific activities funded, based on the needs at their site. Many of these focus on improving patient care.
- **Advocacy.** Ensuring MSAs are advocating for the needs of their membership to the HA.
- **Administrative support.** Provide administrative support to MSAs for engagement activities to lessen the workloads of physicians who are participating.
- **Provision of amenities**. This includes fitness facilities, parking, and food for MSA Members that demonstrate recognition of the importance of their wellness and help improve their workplace experience.

However, both MSA Members and HA Medical Leaders noted similar challenges related to improving engagement and their workplace experiences. The main challenges included:

- **Capacity challenges**. Although the efforts of MSAs are recognized by some, engagement in activities outside of providing clinical care is difficult for physicians given their high workloads and burnout. It was suggested by some that reducing their workloads could enable them to be more engaged.
- **Relationships with the HA**. Significant challenges with the relationship between physicians, including their MSAs, and the HA was reported across HAs and site classifications. A need was identified for the HA to be more engaged with physicians, which could be accomplished by attending regular meetings with medical staff. Further, there was another need identified for the collective voice of MSAs to be improved, wherein medical staff have a say in system decisions. A few HA Operational Leaders identified a need for more engagement from the MSA with HA Operational Leaders in an effort to determine how they can help one another and create more of a partnership.

"It would be helpful to have more engagement discussions and meetings. As it is now, it is a MSA meeting or a health authority meeting. Then one is invited as a guest. This is not as helpful as having a collaborative meeting."— HA Operational Leader

All Stakeholder Groups' Perceptions Regarding Suggestions for Improving the FEI

All respondents were asked, "*Is there any other feedback about the Facility Engagement Initiative (FEI) that you would like to share? For example, do you see any gaps or have any other suggestions for improvement?*"

MSA Members reported the following suggestions for improving the FEI:

Create Opportunities for Membership to Participate:

- **Identify opportunities to create awareness**. Ensure there is more information provided to medical staff on what the FEI is and what MSAs do, including that they can be compensated for their time.
- **Inclusion of Non-Physicians**. Support more inclusion of non-physicians (e.g., Nurse Practitioners, Midwives) in the work of MSAs, including the language they use.
- **Learn about other MSAs**. A few participants wanted to learn about other MSAs' challenges and successes, and the projects they are working on.

"Statements making different members of medical staff within the FEI in different categories perpetuates the sense that some professions are 'othered' and not core members."—MSA Member

Revisit the FEI:

- **Increase funding**. Across HAs and both urban and rural sites, some respondents indicated a need to increase the funding provided by the FEI to keep up with inflation and the increased sessional rate.
- **Clarify funding guidelines and restrictions**. Some respondents noted that FEI funding is quite restrictive and allowing for more flexibility with the funding would be helpful. This could also be an opportunity to clarify funding guidelines.
- **Value of EPs**. A few MSA Members and HA Medical Leaders indicated lack of value with the role of EPs, and a need to clarify their role going forward.
- **Redirecting FE funds**. A few MSA Members who were familiar with the FEI but report not seeing the value suggest ending the program or use the money for other purposes.

"*This is an extremely valuable program that serves its purpose and increases physician engagement. Increased funding is needed in order to continue meeting these objectives*."—MSA Member

APPENDIX A: AFFILIATED SITES

Health Authority	Sites	
fraserhealth	• Abbotsford Regional Hospital and Cancer Centre • Burnaby Hospital • Chilliwack General Hospital • Delta Hospital • Eagle Ridge Hospital • Fraser Canyon Hospital • Jim Pattison Outpatient Care and Surgery Centre • Langley Memorial Hospital • Mission Memorial Hospital	• Peace Arch Hospital • Ridge Meadows Hospital and Health Centre • Royal Columbian Hospital • Surrey Memorial Hospital
Interior Health	• 100 Mile District General Hospital • Arrow Lakes Hospital • Boundary District Hospital • Cariboo Memorial Hospital • Creston Valley Hospital and Health Centre • Dr. Helmcken Memorial Hospital • East Kootenay Regional Hospital • Elk Valley Hospital • Golden and District Hospital • Invermere and District Hospital • Kelowna General Hospital • Kootenay Boundary Regional Hospital • Kootenay Lake Hospital	• Lillooet Hospital & Health Centre • Penticton Regional Hospital • Princeton General Hospital • Queen Victoria Hospital • Royal Inland Hospital • Shuswap Lake General Hospital • South Okanagan General Hospital • Sparwood Health Centre • Vernon Jubilee Hospital
island health	• Cowichan District Hospital • Galiano Health Care Centre • Lady Minto Gulf Islands Hospital • Nanaimo Regional General Hospital • North Island Hospital Campbell River & District • North Island Hospital Comox Valley • Port Hardy Hospital • Port McNeill Hospital • Queen Alexandra Center for Children's Health • Port Hardy Hospital	• Port McNeill Hospital • Queen Alexandra Center for Children's Health • Royal Jubilee Hospital • Saanich Peninsula Hospital • South Island MSA • Tofino General Hospital • Victoria General Hospital • West Coast General Hospital MSA • William Head Institution

northern health the northern way of caring	• Bulkley Valley District Hospital • Chetwynd Hospital and Health Centre • Dawson Creek and District Hospital • Fort St John Hospital & Peace Villa • GR Baker Memorial Hospital • Haida Gwaii Hospital and Health Centre - Xaayda Gwaay Ngaaysdll Naay • Lakes District Hospital & Health Centre • Mackenzie & District Hospital & Health Centre • McBride & District Hospital	• Mills Memorial Hospital • Northern Haida Gwaii Hospital & Health Centre • Prince Rupert Regional Hospital • St. John Hospital • Tumbler Ridge Health Centre • University Hospital of Northern British Columbia (UHNBC) • Wrinch Memorial Hospital
Providence HEALTH CARE How you want to be treated.	• Holy Family Hospital • Mount Saint Joseph Hospital • St. Paul's Hospital	
Provincial Health Services Authority Province-wide solutions. Better health.	• BC Adult Mental Health Services • BC Cancer • BC Centre for Disease Control • BC Children's Hospital (including Sunny Hill) • BC Corrections	• BC Women's Hospital & Health Care Centre • Forensic Psychiatric Hospital
Vancouver CoastalHealth	• Bella Coola General Hospital • G.F. Strong Rehabilitation Centre • Lions Gate Hospital • qathet General Hospital • ƛuxválásu̓ilas Heiltsuk Hospital (formerly R.W. Large Memorial Hospital) • Richmond Hospital	• Sechelt Hospital • Squamish General Hospital • UBC Hospital (UBCH) • Vancouver General Hospital (VGH) • Whistler Health Care Centre

APPENDIX B: CRITERIA FOR DETERMINING LEVELS OF INVOLVEMENT

Criteria is based on participants' selections in the survey when asked, "*How are you involved in the work of the Medical Staff Association (MSA) and/or Physician Engagement Society? Please select all that apply*."

Level of Involvement	MSA Members	HA Leaders (Medical and Operational)
High Involvement	• Former or current MSA Executive and/or Physician Engagement Society Board member • Former or current MSA and/or Physician Engagement Society working group or advisory committee member • Lead Facility Engagement funded projects and activities	• Former or current MSA Executive and/or Physician Engagement Society Board member • Former or current MSA and/or Physician Engagement Society working group or advisory committee member • Lead Facility Engagement funded projects and activities • Former or current Facility Engagement Health Authority Sponsor
Medium/low involvement	• Participate in Facility Engagement funded projects and activities (e.g., topic-specific activities or projects, etc.) • Attend annual MSA and/or Physician Engagement Society events (e.g., Facility Engagement Annual Review Process, MSA Annual General Meeting, etc.)	• Participate in Facility Engagement funded projects and activities (e.g., topic-specific activities or projects, etc.) • Attend annual MSA and/or Physician Engagement Society events (e.g., Facility Engagement Annual Review Process, MSA Annual General Meeting, etc.)
No involvement	• I am not involved in the work of the MSA and/or Physician Engagement Society	• I am not involved in the work of the MSA and/or Physician Engagement Society