EXECUTIVE SUMMARY

INTRODUCTION

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 involvement in HA decisions about their work environment and the delivery of patient care. This report presents the **interim findings of the evaluation of the FEI.**

FEI activities are led and coordinated by Medical Staff Associations (MSAs) or Physician Society working groups at acute facilities throughout the province. The cost to run the FEI was just over $19M in 2019-20. The majority of program costs related to facility-level activities such as MSA governance and administrative costs; sessional costs; consultation fees; quality improvement initiatives within facilities; and cross-departmental initiatives.

Previous evaluations of the FEI demonstrated that the program was largely successful in meeting the immediate outcomes of the program, such as revitalizing MSAs, setting MSA priorities with HA consultation, and establishing good governance (among others). **The objective of the current evaluation is to assess and communicate the impacts of the FEI in relation to the expected longer-term program outcomes**:

Expected Outcomes of the FEI:
1. Improved engagement between MSAs and HAs.
2. Enhanced MSA collective voice in health system planning and decision making.
3. Improved ability of MSAs to impact quality of patient care.

A mixed-methods evaluation approach was used to examine progress toward outcomes. Data sources included: administrative and financial data; an online survey with 1,094 providers (e.g., physicians and allied health professionals) and HA representatives; and telephone interviews with 39 physicians, HA representatives, MSA project managers, and Engagement Partners (EPs). The current findings are in interim stages and as such, some limitations exist regarding the strength of the evidence.

INTERIM FINDINGS

Preliminary findings suggest that the FEI is making progress towards the expected outcomes of the program:

1. FEI structures, processes, and funded projects enabled engagement between MSAs and their local HAs.

Three key factors enabled engagement by creating **opportunities for building trust, cooperation, open communication, and collaboration** between MSA members and facility-level HA partners:

- **FEI structures**: MSA governance structures as well as project management and administrative supports enable busy medical staff to carry out engagement activities.

- **FEI processes:** 80% of MSA working groups extended a **standing invitation** to the HA to attend their meetings and/or created **standing meetings** between the MSA Executive and the local HA partners to discuss activities.
- **FEI funded projects:** The majority (68%) of funded projects involved HAs in some capacity through **consultation** (e.g., providing input on proposed solutions or strategies) or **collaboration** (e.g., working together to identify a preferred solution or strategy) with MSAs.

Importantly, existing **FEI structures and processes enabled MSAs to mobilize quickly to respond to the COVID-19 pandemic** and **effectively share information, communicate openly, and collaborate** on response planning and implementation with HAs. Some examples included physician group consultations with facility-level HA leaders, regular meetings with facility-level HA leadership and MSAs, and collaborative departmental planning with physicians and HA partners.

> *"The level of engagement we saw from physicians with COVID-19 planning, we won't forget that. I think it has become the way of the future. The level of collaboration with administration was unprecedented. We will continue to push for that going forward."* – Physician

Note: While this was **particularly true at the facility level**, it was less so at the regional level. There was common interest among stakeholders for **greater regional engagement** to enable broader communication, collaboration, strategic planning, and implementation of FEI initiatives regionally.

2. Participation in MSA activities helped members develop a shared vision and address issues of importance to them.

Early survey results demonstrate that MSAs are supporting members to develop and amplify their collective voice, although **additional efforts are needed to ensure sufficient input from, and consultation with, MSAs** before HAs make decisions that have direct impact on physicians:

Facility-Level MSA Members and HA Partners

- Most (80%) indicated that MSAs **represent the priorities and collective interests** of their members
- Most (74%) agreed that participating in MSA activities has helped **address an issue of importance** to them
- Less than half (42%) said that MSAs are sufficiently consulted by facility leaders about facility initiatives and processes that directly impact their work environments and/or patient care

Regional-Level MSA Executives and HA Partners

- A majority (59%) agreed that MSA executives have **established a shared vision** of what they would like to achieve at regional levels
- Most (77%) said that working with MSA representatives has helped **address an issue of importance** to them
- Only one-third (35%) indicated that MSA executives are sufficiently consulted by regional-based HA leaders about initiatives and processes that directly impact their work environments and/or patient care

Interestingly, MSA involvement in HA decisions about their work environment and the delivery of patient care increased during the pandemic.

- With FEI support, **physicians participated alongside HA partners in more leadership roles** that had some influence over health system planning and decision making.
- Key Examples included: **COVID-19 working groups** and **Emergency Outbreak Committees**

3. The FEI enabled MSAs to conduct activities that positively impacted the quality of patient care.

MSAs conducted activities and projects that either directly or indirectly **impacted quality and delivery of patient care:**

- **Direct Impacts:** Funded projects aimed to directly address issues and improve quality of patient care at a specific facility or regionally.
    - Example: Lions Gate Hospital Coastal Simulation Program
- **Indirect Impacts:** Funded activities that increase workplace satisfaction and relationships among providers support medical staff to be able to provide quality care.
    - Example: Informal gatherings and social activities such as outdoor activities and wellness events

Over half (59%) of a randomly selected sample of FEI activities addressed a quality dimension from the **BC Health Quality Matrix**, particularly one or more of the following dimensions:

Dimension	Description
Appropriate/ Effectiveness	• Improving care so that it is **appropriate to the patients' context** and **effective** in achieving intended outcomes • Example: Pediatric Eating Disorder Clinic Planning Project
Efficiency	• Identifying opportunities to **more efficiently use resources** • Example: Mission Hospital Emergency Room Flow Improvement
Access	• **Improving patient access** to services • Example: Physician and Allied Health Staff Recruitment and Retention Working Group
Safety	• Providing care that **supports patient safety** • Example: Safe Care of At-Risk Mental Health Patient Initiative

In addition, **the FEI enabled rapid development and implementation of projects related to COVID-19,** including measures to address patient and staff safety as well as increase access to continuous and quality care. Examples of FEI-funded activities and projects related to COVID-19 included planning and implementing assessment clinics, establishing hot and cold zones within facilities, providing PPE and PPE training, creating airway teams, and launching at-home care options (e.g., Hospital at Home).

Additional Preliminary Findings:

MSAs continue to establish **effective structures and processes** that enhance governance (e.g., MSA working groups that meet regularly, reference guides to support communications and procedures) and increase their capacity to carry out FEI activities.

MSAs are increasing their representativeness by **engaging providers** in FEI activities from across a variety of departments and provider types. There have been noticeable increases in participation for certain specialist physicians, such as emergency medicine physicians, anesthesiologists, psychiatrists, hospitalists, and general surgeons.

MSA members report **improved communication and relationships** among their MSAs that is facilitated by participation in FEI activities, including frequent formal meetings, informal gatherings and activities, and group training and education.

The next phase of the evaluation will be carried out in 2020-21 and will include additional data collection to further assess the impact of the FEI and identify opportunities for improvement moving forward.