Prepared for Doctors of BC

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Evaluation of the Facility Engagement Initiative 3.0

INTERVIEW DATA TECHNICAL REPORT

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

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. Thirty- to sixty-minute semi-structured interviews were conducted with a sample of Medical Staff Association (MSA) Members, MSA Project Managers (PMs), Health Authority (HA) Leaders, and Doctors of BC staff. The purpose of the interviews was to collect rich data on FEI activities, processes, and associated outcomes that will be triangulated and validated with other sources of data for the FEI final evaluation report. The interviews were conducted between October and December 2023 and a total of 41 stakeholders participated.

Participants

Interview participants were from six health authorities (HAs) across urban and rural sites and were made up of four key stakeholder groups:

41% (n=17)
MSA and Physician Engagement Societies Executives and Members (excludes formal HA leadership roles, such as medical leaders)

27% (n=11)
HA Leaders, including FE Sponsors as well as medical and operational leaders with a formal HA leadership role that receive a stipend or salary from the HA

20% (n=8)
MSA PMs and administrative managers, directors, coordinators, and staff

12% (n=5)
Doctors of BC Staff, including Engagement Partners (EPs) and FEI Operational staff

KEY FINDINGS

Enhancing MSA Capacity and Capabilities

FEI supports MSAs with their governance and administrative functions to enhance their capacity and capabilities. However, the way MSAs are structured, including their team, impacts performance. MSAs with stronger governance and administrative functions can accomplish more as they can share the workload and leverage the unique skills of each team member. Interviewees identified several key change ideas, including:

- **Role standardization.** Identify ways to provide consistent project management and administrative support for MSAs. (e.g., role standardization and more support for rural/smaller sites)
- **Leadership development.** Provide tailored FEI leadership training for MSA executives, promote the benefits of MSA leadership to encourage uptake, share successful succession plan models, and provide guidance on key leadership competencies.
- **Resource awareness.** Build more awareness of the FEI tools/resources which support MSAs with governance and administrative functions and support greater accessibility of the tools/resources.

Improving MSA Engagement

Locally. FEI provides funding and a forum for MSAs to conduct various activities to engage their membership at the local level, the most effective being in-person meetings and events. These activities allow MSA members to bring forward issues that are important to them and engage with one another at a site level.

However, engagement is not consistent for each MSA and strong promotion and communication of the work of the MSA is needed to inspire members to get involved. As a result, the following change ideas were identified by interviewees:

- **Communications Strategy, Guide, and Support.** Build awareness of the upcoming Doctors of BC communications strategy, which is focused on communications to promote the FEI and engagement in MSAs. As well, create a supplementary resource guide with templates and tips for communicating with members, and consider utilizing communications consultants at both a provincial and local MSA level to help tailor communications.

Across MSAs. FEI supports MSAs to make connections across other MSAs and regionally. MSA members, PMs, and Doctors of BC interviewees agreed that across MSA activities are helpful to learn from one another and identify shared concerns or issues that can be worked on together to achieve greater impact. There were several change ideas from interviewees to facilitate greater connection across MSAs, depending on the capacity and interest of the different sites, including:

- **EP and PM Support.** Leverage EPs more in facilitating knowledge sharing and connection across different MSAs by building this into their role. Further, leverage PMs more to support across MSA engagement by having more opportunities for PMs to connect with one another provincially or regionally.
- **Provincial Summit.** Continue these events on a regular basis as they are valued and garner a lot of across MSA engagement.

Improving MSA and HA Engagement

Local Level. FEI provides support for formalized processes and structures that facilitate MSAs and HAs to engage with one another at a local level. In many cases, MSAs have increased their engagement with HA leadership, and other sites are on track to seeing improvement. Relationship building between MSA and HA leaders can be impeded by HA turnover, attitudinal beliefs among HA leadership, and decision-making differences. A few change ideas were recommended by interviewees to address these barriers:

- **FEI Program Refresh.** As efforts are underway to refresh the FEI program, including focusing on communicating the importance of the MSAs to HA leadership, it will be important to measure the success of these activities given the ongoing issue of turnover.
- **Role of HA Sponsors.** HA sponsors have important insights and connections within the HA system. Leveraging their expertise can be beneficial to determine who to engage within the HA and validate the role of MSAs as representative bodies.
- **FEI Leadership Training.** Supporting MSA members through FEI leadership training is important for building strong executive leaders who have a solid understanding of HA decision-making processes and who can effectively bring the voice of the MSA to the table.

Regional and Provincial Level. FEI supports MSAs to connect with the HA at the sub-regional, regional, and provincial levels. Good progress is seen when there is common agreement on regional-level priorities between the MSAs and HAs. However, there is a gap in connections between MSAs and broader, operational HA leaders as well as higher level health leadership such as the Ministry of Health (MoH). Accordingly, interviewees had the following change ideas:

- **Joint Regional Strategic Planning.** Promoting opportunities for joint strategic planning between MSAs and HAs, which could be facilitated by leveraging the connections of EPs and HA sponsors.

- **Pathways to Provincial-Level Leadership.** Doctors of BC could explore ways to facilitate upward pathways to higher levels of leadership to support greater influence over health system planning.
- **FEI Program Refresh.** The FEI Program refresh could be leveraged to create more connections between MSAs and broader operational leaders, as well as provincial leaders.

Improving the Experience of Care for the Patient

Through FEI, MSAs are supported to plan and implement initiatives that improve the experience of care for the patient, both directly (e.g., quality improvement projects) and indirectly (e.g., activities for physician recruitment and retention, provider experience and wellness efforts). These activities generated unique successes as well as some lessons learned. Interviewees identified various change ideas that could improve FEI's impact on the experience of care for patients:

- **Structured guidance.** With support from EPs, providing ideas on major areas that could be funded and sharing promising practices could help MSAs to develop impactful and sustainable projects.
- **FEI and PQI collaboration.** A continued focus on establishing a more structured connection between the two programs could enhance collective impact. As well, training on quality improvement could support MSA members with less experience in this area.
- **HA Engagement.** Leveraging the refresh and connections with HA leaders could help to support greater collaboration and buy-in on key issues impacting MSA members and facilities.

1. BACKGROUND AND METHODOLOGY

1.1 Purpose of the Report

The purpose of this report is to present the findings from the interviews conducted with key stakeholders as part of the third evaluation 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.

1.2 Methodology

Thirty- to sixty-minute semi-structured interviews were conducted with a sample of Medical Staff Association (MSA) Executives and Members[1], MSA Project Managers[2] (PMs), Health Authority (HA) Leaders[3], and Doctors of BC staff, including Engagement Partners (EPs) and FEI operational staff. The purpose of the interviews was to collect rich data on FEI activities and processes and associated outcomes that will be triangulated and validated with other sources of data. The interviews were guided by a flexible guide that was tailored to the stakeholder (i.e., Engaged MSA Members and PMs; Less Engaged MSA Members and HA Leaders; and Doctors of BC Staff). These guides are located in Appendix A.

A purposive sampling approach was utilized by EPs and FEI operational staff to attain a cross-section of contacts from different stakeholder types, HA affiliation, and rural versus urban sites. The stakeholder list also contained information regarding the familiarity level for each contact with the FEI, which were estimated by EPs. After conducting the interviews, the levels of familiarity provided by the EPs did not appear to align with the responses of the interviewees. Overall, most of the people interviewed were familiar with the FEI, other than a few HA representatives with slightly less familiarity.

Potential interviewees were invited via email and received two follow-up emails to encourage participation. EPs were also leveraged to connect with non-responsive contacts. Upon confirming a date and time for the interview, participants were sent a calendar invitation that contained a Zoom link and the relevant interview guide.

The interviews were conducted between October 2023 and December 2023 and a total of 41 stakeholders participated (Table 1). Overall, there were MSA member interviewees from across the six HAs, including both rural and urban locations and HA leader interviewees from five out of the six HAs (none of the Interior Health leader representatives who were contacted for the evaluation participated).

[1]MSA Members also include Members of Physician Engagement Societies. The term "MSA" is used for brevity.
[2]MSA PMs also include various administrative managers, directors, coordinators, and staff roles. The term "PM" is used for brevity.
[3]HA leaders are medical and operational leaders with a formal HA leadership role that receive a stipend or salary from the HA.

Table 1: Profile of Interview Participants

Description of KI	Number of Key Informants (n)	Proportion of Sub-Total (%)	Invited (n)	Response Rate (%)
Role				
MSA Members (e.g., MSA Executives and engaged MSA members)	17	41%	36	47%
MSA Executives	*14*	*82%*	*32*	*44%*
MSA Members (non-executives)	*3*	*18%*	*4*	*75%*
HA Representatives (e.g., medical and operational leaders, including FE Sponsors)	11	27%	20	55%
MSA PMs	8	20%	12	67%
Doctors of BC Staff (e.g., EPs and FEI Operational staff)	5	12%	5	100%
Total	**41**	**100%**	**73**	**56%**
HA Affiliation				
Vancouver Coastal Health/Providence Health Care	11	31%	22	50%
Northern Health	8	22%	12	67%
Island Health	5	14%	8	63%
Provincial Health Services Authority	5	14%	8	63%
Interior Health	4	11%	9	44%
Fraser Health	3	8%	9	33%
Total	**36**	**100%**	**68**	**53%**
Urban/Rural Classification				
Urban	14	39%	26	54%
Rural	13	36%	29	45%
Both (regional focus including PHSA)	9	25%	13	69%
Total	**36**	**100%**	**68**	**53%**

1.3 Analysis

Interview data was coded thematically by each of the expected outcomes of the FEI to identify success, challenges, and opportunities for each. NVivo, a qualitative analysis software program, was utilized to clean and organize the data. Some expected outcomes were asked to only certain groups, while other outcomes were asked of all groups. This is noted throughout the report. Further, many themes were cross cutting across stakeholders and others less so. Groups that identified a theme are included throughout the report and if the theme was not mentioned by a large majority of the participants, a qualifier was used to demonstrate approximate frequency, such as most (60%-80%), many (40%-60%), some (20%-40%), or a few (less than 20%).

1.4 Limitations

The table below describes the key limitations and our proposed mitigation strategies for each.

Table 2: Limitations and Mitigation Strategies

Limitations	Mitigation Strategies
Limited responses from some HAs and rural sites. There were a low number of key informants interviewed from Fraser Health and Interior Heath. The target for rural sites (40% of the total number of participants) was also not met. These limitations may impact the reliability of the data, particularly for sub-group findings.	Interview data will be triangulated with other types of data for the final report (e.g., survey data) to reduce the impacts of low representation but caution should be exercised when reviewing sub-group interview results.
Positive response bias. Interview data primarily consists of responses from MSA Executives and those who were generally familiar with the FEI.	Interview results will be cross validated with, and interpreted alongside, other lines of evidence in order to reduce the impacts of positive response bias and potential for spurious conclusions.

3. KEY FINDINGS

2.1 Enhanced MSA Capacity and Capabilities

Finding 1: FEI supports MSAs with their governance and administrative functions to enhance their capacity and capabilities, but their structure and team plays a big role in their effectiveness.

Interviewees were asked whether the FEI has helped to enhance the capacity and capabilities of MSAs. Many interviewees agreed that the FEI has been foundational in revitalizing the MSAs (e.g., administering funding for structures to be setup, providing guidance on functioning and engagement). However, the way MSAs are structured including their team impacts performance.

Specifically, Doctors of BC staff and most PM interviewees agreed that MSAs with stronger governance and administrative functions are able to engage more effectively with their members and HA leaders. In particular, MSAs with a strong team of executives, working groups and/or subcommittees, PM(s), and administrative staff are able to accomplish more in terms of communications, engagement, strategic planning, and activity development and completion.

A key success factor noted by interviewees is that these MSAs have an ability to share the workload and focus on leveraging the skills that team members bring to the table. For instance:

- MSA executives, working groups, and subcommittees can focus on engagement and idea generation for patient care issues;
- PMs (including MSA managers and directors) can focus on strategic planning of these various activities and ensuring they are executed smoothly; and
- Administrators can focus on supporting the functioning of the MSA in terms of meeting organization, member communications, finances, and the like.

In fact, most MSA executives and PM interviewees agreed that for some MSAs, physicians are spending too much time on MSA functioning, especially when they don't have adequate project management and/or administrative support. This detracts from progress on engagement and patient care issues as well as deters interest of other MSA members engaging in the work.

> *Sometimes we feel like with quarterly FEMS meetings, we are spending money on administering the money. I acknowledge there needs to be accountability with spending and an official way of administering with those dollars but sometimes we feel, wow, nothing has changed why are we spending another $1,000 on time to talk about budget?* – Rural MSA Executive

Doctors of BC staff interviewees indicated that building the capacity of each MSA to have a strong team with good governance and administrative functions is a priority. Now that the FEI has helped to revitalize the MSAs, there is a need for the program to support refinement of MSA functioning to optimize their impact. In particular, Doctors of BC staff interviewees recognize that without strong MSA teams, the ability to engage on issues with the HA at both a local and regional level will be limited. This can be particularly important for smaller MSAs with fewer resources (e.g., fewer members to share the load, limited funding to hire PMs and administrative staff, etc.), but also for larger MSAs that may not be as well organized.

> *This initiative would not be what it is without the people to help keep the work and communication going and arranging the meetings and taking care of the details that physicians don't have time for.* – Doctors of BC Staff

An MSA Operations Internal Committee has been established by Doctors of BC to examine success factors across MSAs and identify opportunities to encourage governance and administrative consistency. The following sections outline the key areas that Doctors of BC staff as well as other interviewees identified as being vital to strong governance and administration. It is important to note that Doctors of BC interviewees agreed that the issues and opportunities outlined below are not relevant to all MSAs, and that MSAs will differ in terms of their readiness as well as interest in these types of supports. Therefore, additional governance and administrative support could be optional and provided on a case-by-case basis.

Finding 2: There are suggestions surrounding consistent project management and administrative support for MSAs.

All Doctors of BC staff, many PM interviewees, and some MSA members agreed that high functioning PMs (i.e., with experience in strategic planning, engagement, collaboration, etc.) contribute greatly to the success of the MSA. However, it was noted by several of these key informants that not all PMs contracted by MSAs have the necessary experience to successfully support the work. A similar sentiment was identified for administrative staff, where varying skill levels, experience as well as awareness of the FEI impacts their success.

Doctors of BC staff and PMs identified a number of factors of why this may be occurring for MSAs, including:

- Lack of time to recruit strong personnel
- Inability to find experienced professionals (especially outside of urban areas)
- Low renumeration rates impacting recruitment and retention of highly capable people (especially for smaller sites)
- Contract/part-time nature of the role deterring appropriate candidates from applying

Regarding the latter, Doctors of BC staff and PMs also contend that overall, the contract-based nature of these roles decentralizes the approach to hiring support staff and leads to inconsistent support for MSAs.

Participant Change Ideas:

- **Continue to Standardize Roles.** Doctors of BC staff agreed that there is a need to standardize the PM and administrator roles by providing advice on the competencies that should be examined when hiring for these contract positions. This work is currently underway and will need to be communicated out to build awareness. Further, guidance on performance assessments could be provided to MSAs to support ongoing review of contract employees. For example, MSAs located in Island Health region have access to a performance review guide for their PMs to assist physicians in determining if they are getting the support they need.

- **Incorporate PMs into the FEI Staffing Model.** Some PM interviewees identified that it may be beneficial for the FEI program to hire and provide project management support to willing MSAs. This would support with standardizing the role, including regular performance assessments. Further, PMs more connected to the program could facilitate stronger awareness/understanding of the FEI and greater knowledge exchange from the program level to MSAs.

- **Develop Regional Support.** To support more rural and smaller sites, Doctors of BC staff and PMs posited that a regional PM/administrator role supporting multiple MSAs could be beneficial. This would help to ensure the person is knowledgeable and has the capabilities to provide strong support, as well as facilitate knowledge exchange and engagement across different MSAs.

- **Leverage the FE Service Company.** Doctors of BC staff also identified that there is an option for Physician Engagement Societies to dissolve and join the FE Service Company so that they don't have the extra administrative burden of managing a society. This could support MSAs to focus on the work they are passionate about, rather than spending time and funding on administrative meetings.

> *"Find the right project manager! That for us has been critical. Finding the right person with the right skills, and paying them that amount… Our Project Manager is awesome. She deals with the headache of who to submit the project to for funding, how should we design this, where the funding goes to pay for the time involved—she does all of that."*– Rural MSA Executive

Finding 3: There are suggestions surrounding leadership development and succession planning for MSAs.

Across all interviewee stakeholder groups, there was agreement that strong leadership from MSA executives is a key factor for MSA success. In particular, it was recognized that MSA executives with experience in engagement and collaboration as well as understanding of HA decision making processes are better able to lead the work of the MSAs and engage with HA partners on key issues. In addition, strong MSA executives are cognizant of the different culture of the HA and how to engage in a productive manner to get their voices heard, including which level of HA leadership is most appropriate to engage for various issues the MSA would like to bring forward.

Interviewees across MSA members, PMs, and Doctor of BC staff also recognized it is important to ensure that there are succession processes in place to support replacement of strong MSA executive leaders. It was noted that often it is the same MSA members doing the work of the MSA, and the risk of burnout is high. MSA members and Doctors of BC staff indicated that some MSAs have formalized approaches and plans for succession of MSA executive roles, while others do not.

For those that do have a plan in place, a key strength is that there is strong communication from the MSA around the importance of the MSA and how to get involved as well as clear processes in place (e.g., recruitment from working group or other committees and grooming for the roles). For those that do not, a key limitation is being able to find people who are willing to take on executive roles. Many MSA member interviewees identified that there is a lack of interest in MSA leadership as members do not see the value in participating in the MSA. Further, some noted that MSA members are not interested in getting into the perceived contentious or political side of healthcare.

> *"The challenge with succession planning is getting people involved in the first place to see if they are interested in expanding their role. It is a challenge to have medical staff have awareness of the value of the MSA."* – Urban MSA Executive

Participant Change Ideas:

- **Provide Tailored FEI Leadership Training.** Across all interviewee stakeholder groups there was agreement that a leadership training program would be beneficial to offer MSA members to build their skills as well as encourage engagement in MSA leadership roles. In fact, Doctors of BC staff indicated that this is on their radar as they recognize the importance of identifying and building strong leaders for the MSAs. An Interior Health two-year training program, NAVIG8, was noted as being in demand by physicians which provides a better understanding of the healthcare system, the HA, how decisions are made, and how to work effectively in a dyad relationship. In fact, only a small proportion of physicians are accepted into the program given the demand. Further, a co-leadership education training program in Northern Health was developed which was modeled after NAVIG8 but has both physicians and HA leaders training together, so this model could be considered as well. Finally, if a more standardised provincial FEI leadership training program were to be developed, it could be promoted as a starting point for MSA members interested in other leadership work.

- **Promote the Benefits of Leadership.** In order to garner interest in leadership training and MSA executive roles, it was noted by MSA members, Doctors of BC staff, and some HA leaders that both MSA executives and Doctors of BC will need a strong communications plan to promote the work of the MSAs (e.g., outline why it's important to have their voice heard at the HA level, reframe the narrative

concerning the contentious nature of the work) as well as the personal benefits of being a leader in an MSA (e.g., add leadership training and experience to their resume).

> *"…we went through a period where older physicians like myself were filling in because no one else was willing to take on leadership roles. Our new President did a good job reinvigorating interest and saying that this is a good learning experience, and getting more people involved."* – Urban MSA Member

- **Continue to Share Succession Plan Models.** Doctors of BC staff shared an example of a strong succession plan that was in place for a rural MSA. So, despite being smaller, they have seen success in having a strong model for upcoming executive roles. Doctors of BC is currently gathering and sharing examples and templates of succession models. Therefore, it will be beneficial to continue to share these successful models with MSAs to increase awareness of various options.

> *"One of the most successful in my region is a small site, they have three Executives (President, Vice President, and Secretary Treasurer) but they have a fourth member called the Executive At Large. They all basically roll up. So, when the President finishes their term, the Vice President becomes the President, Secretary Treasurer becomes Vice President, and Executive at Large becomes the Secretary Treasurer. The Executive At Large is like an executive in training. They go to all the meetings and are part of the conversations so that when they step into the role, they know what to do because they've seen it for about a year."* – Doctors of BC Staff

- **Give Guidance on Leadership Competencies.** Doctors of BC staff also mentioned that it could be helpful to provide MSAs with core competencies that are needed for MSA leaders to have, to support MSAs in their selection of future and current executives.

Finding 4: There are suggestions surrounding MSA governance tools and resources provided by FEI.

Over the past several years, FEI operational staff and EPs have been creating and promoting various tools and resources to support MSAs with their governance and administrative functions, such as:

- Governance guidebook
- Human resources toolkit
- Webinars and trainings around governance
- PM training and support

While most PMs were appreciative of these resources, there was varied awareness and uptake among stakeholders interviewed for the evaluation, particularly MSA executives. Ultimately, if a MSA doesn't have strong project management or administrators, they may not be aware of or have the time to access the tools.

Participant Change Ideas:

- **Build more awareness of tools/resources.** MSA members and Doctors of BC staff agreed that more awareness of the tools is needed as well as easier access and use (e.g., fillable templates). It was noted that EPs could be leveraged more to ensure stakeholders are aware of these resources and are accessing them.

- **Support greater accessibility of the tools/resources.** Doctors of BC staff recognized that the FEI website may need to be re-examined to ensure it is user friendly and intuitive to find resources. Further, the tools themselves should be easy to use such as fillable forms, templates, or workbooks that guide the user through the learnings and provides a tangible/personalized product at the end.

2.2 Improved MSA Engagement

Finding 5: FEI provides funding and a forum for MSAs to conduct a variety of activities to engage their membership at the local level, the most effective being in-person meetings and events.

MSA members, PMs, and Doctors of BC staff were asked whether the FEI has helped to improve engagement of MSA members at a local level. Interviewees across these groups agreed that MSAs provide a forum and funding for members to bring forward issues that are important to them and engage with one another at a site level.

> *"Without FE, we wouldn't do projects, probably the committees would be unstaffed, and we wouldn't have a President because people won't do it for free... A lot of quality projects wouldn't have happened because they take a lot of physician time and support of PMs…It wouldn't have happened without the structure of FE."* – Rural MSA Executive

In particular, MSAs are conducting a number of activities to facilitate connection at the local level such as meetings and projects. For meetings, interviewees talked about regular MSA meetings that are attended by members (e.g., working group meetings, subcommittee meetings, Annual General Meetings - AGMs, etc.). For smaller sites with less funding, the AGM was noted as a primary way to engage their membership. Subcommittee meetings were also identified as good way to engage members, particularly for sites that have enough members to participate on these. Common topics at these various meetings included planetary health, recruitment and retention, wellness of MSA members, equity, diversity and inclusion, cultural safety and humility, as well as specific patient care issues.

Across different activities, it was recognized by MSA members, PMs, and Doctors of BC staff interviewees that MSA members particularly like face-to-face engagement where they can connect with each other and discuss various issues. Further, interviewees identified that the most successful activities to engage MSA members seem to include both a formal and informal aspect (e.g., focused discussions with dinner provided, knowledge sharing events with a social networking aspect). In addition, Doctors of BC staff indicated that MSAs that have created and/or conducted improvements to their physician lounges use it to connect MSA members together and have seen innovative idea generation come from informal discussions that happen in the lounge (e.g., projects to address a patient care issue). These were noted as an "easy win" to help to improve engagement.

> *"Most physicians want to do in-person. They find it better to be face to face…people get excited and passionate, and they initiate things especially when in-person."* – Urban PM

One challenge that Doctors of BC and PM interviewees identified is that engagement of MSA members can be temperamental and not consistent across MSAs. Some instances of when engagement decreases includes when topics or issues are less interesting to MSA members, when there are challenges that occur with implementing a project or new process (e.g., electronic medical records), or if the number of activities or projects that MSAs are conducting slows down. So, there is a need to continue to conduct activities that will engage the membership, including members who don't typically engage with the MSA.

Participant Change Ideas:

- **Prioritize in-person activities, where possible.** MSA members, PMs, and Doctors of BC staff agreed that in-person meetings and activities are the most successful in terms of engaging MSA members. While these are generally more costly and take more effort to plan, their impact and value can be higher so prioritising in-person activities, where possible, continues to be a key suggestion.

Finding 6: There are suggestions for more strategic communications to help inspire further engagement of MSA members at their local site, in light of many competing priorities.

MSA members, PMs, and Doctors of BC staff indicated that strong promotion and communication surrounding the work of the MSA is needed to inspire members to get involved, particularity in light of competing priorities. There was recognition that while engagement of MSA members has always required concerted effort, the COVID-19 pandemic exacerbated physician time constraints and made engagement even more challenging. Interviewees agreed that MSA members need to be convinced to chose to engage in the work of the MSA over many other work commitments, other initiatives, as well as personal obligations (e.g., family). Further, as mentioned previously, there continues to be a lack of awareness of the benefits of MSAs among some members which effects engagement. So, the communications need to be strategic to highlight the good

work happening as well as focus on issues that MSA members would be most interested in and how the MSA can support them.

> *"Communications and branding of our organization would be really good and making the MSA more well known. I think a lot of our members are still not aware that the FEI exists or that our MSA exists, or what we do. I think a big part of it is communication and getting that across."* – Urban MSA Executive

> *"They way in which you communicate with physicians is important. If you blow it from the get-go, you get written off. It's that balance. If you can convince them that you can help them and take stuff off their plate, they are grateful."* – Rural PM

MSAs conduct a number of communication activities to support engagement such as email blasts/newsletters, invitations to various engagements and activities, and leveraging executives and working group members to take communications back to their departments. However, this is not consistent across MSAs, and the level of communication varies based on their capacity and capabilities. To support MSA's capacity for communications and engagement, Doctors of BC carries out a number of knowledge translation and exchange (KTE) activities, including:

- Maintaining a knowledge sharing website portal
- Distributing knowledge sharing newsletters which highlight examples and stories of the work being done by MSAs
- Conducting provincial webinars
- Supplying access to an EP that facilitates connection from FEI to the MSAs so that they know about these resources

Some PMs identified utilizing and appreciating these tools, but there was acknowledgement by Doctors of BC staff that MSAs may need further support in more strategically planning communications to engage their membership using the KTE information provided. Specifically, a lot of the information provided can be used in communications but there is less guidance about how to communicate with members. Further, PMs identified that the communications need to be streamlined so that physicians are not overburdened with too many messages.

Participant Change Ideas:

- **Build awareness of the strategic communications strategy.** Doctors of BC staff identified they have conducted a review of MSA priorities at the provincial level to identify the issues that are most important to members (e.g., in-person events centered around physician wellness, planetary health, recruitment and retention, leadership opportunities, etc.) to be used in strategic communications to promote the FEI and engagement in MSAs. Moving forward, strong efforts will be needed to build awareness of the communications strategy among the MSAs and PMs.

- **Create a communication resource guide for MSAs.** Doctors of BC staff also indicated it could be helpful to create a resource guide for MSA communications which includes customizable templates and tips and tricks for communicating with members.

- **Utilize consultants to support communications.** PMs and Doctors of BC staff identified that previous use of communications consultants has been beneficial in designing approaches to communications and could be used at both a provincial level to design a broader strategy and also at a local MSA level to help tailor and implement the approach.

Finding 7: FEI supports MSAs to make connections across other MSAs and regionally, but there are suggestions to facilitate greater connection, depending on the capacity and interest of the different sites.

MSA members, PMs, and Doctors of BC staff were also asked about whether FEI supports engagement across different MSAs. There was agreement among these stakeholders that MSAs are conducting a number of across MSA activities as well as regional level activities – some of which also had HA members present. Key examples included:

- Regular MSA presidents' council/table meetings in each region to facilitate communication and collaboration across different MSAs. Some of these tables are further along in their implementation (e.g., Island Health) while others are still working to get established.

- Regional in-person events to showcase the work of the MSAs to support engagement of members, knowledge sharing across MSAs, and relationships building for further communication and collaboration. These events were noted as a good practice in engagement but also time consuming and costly to conduct.

- Monthly PM meetings in some regions (e.g., Interior) to support connection and sharing of shared issues and solutions.

- Working group meetings or other meetings where some MSAs are inviting other MSA executives or members to their meetings to facilitate connection and knowledge sharing across different MSAs.

- Some specific projects that involve more than one MSA

> *The MSA President Network, they meet monthly to talk about regional issues and Island wide organizational issues and then we come up with shared priorities of medical staff.* – Urban MSA Executive

MSA members, PMs, and Doctors of BC staff interviewees also identified a number of activities that Doctors of BC is undertaking to support connections across different MSAs as well as at a provincial level, including:

- EPs are provided to each site to facilitate connection to the program, across sites, and with the HA. It was recognized that EP skills and length of time in the position can influence their effectiveness to facilitate across MSA knowledge sharing and connection, where some EPs are more experienced and confident in providing suggestions to MSAs. Further, EPs that have been in their position longer tend to have more established relationships with the MSAs and support staff (e.g., PMs, administrators). Therefore, EP turnover, which has occurred quite a bit over the past couple of years, can be a challenge.

- The PM Help Desk is available for PMs and includes virtual monthly lunch and learns on defined learning topics (e.g., governance) which provides an opportunity for PMs from across various sites to come together to share and ask questions. PMs identified appreciating these opportunities but noted that more open-ended discussions could be beneficial, beyond the defined learning sessions.

- Provincial in-person summits organized to showcase the work of the MSAs through posters, presentations, and questions and answer sessions. These types of events were shared with a lot of enthusiasm by interviewees and were noted as a best practice in building connections across various MSAs in the province. However, there was recognition that these events are very time consuming and expensive to carryout.

- The Site Engagement Activity Tracker (SEAT) is an online database containing a sample of FEI activities undertaken by MSAs to facilitate knowledge sharing. The awareness and use of this database is mixed, with most MSA Members interviewees not being aware of it or mentioning it as a mechanism to support engagement across MSAs and most PMs interviewees not accessing it on a regular basis to see what other MSAs are working on. Doctors of BC staff indicated that they recognize SEAT is a large database and not the most intuitive to use.

> *"A couple of physician groups will come to the engagement partner team and say, 'Hey, you know, we've been chatting about this, and we know that group over there is working on X. Can we get together and talk about this?' And then an activity will come out of that."* – Doctors of BC Staff

MSA members, PMs, and Doctors of BC staff agreed that the above noted across MSA activities are helpful to learn from one another and not have to "re-invite the wheel" as well as to identify shared concerns or issues (i.e., not site specific) that can be worked on together and perhaps more successful or impactful through a collaborative effort. Doctors of BC staff interviewees also recognized the importance of having connected MSAs in terms of building a stronger collective voice on multi-site and/or regional level issues.

Overall, there was acknowledgement that local level activities are still a priority, given the grassroots nature of the program. Indeed, there were comments made by some MSA members that suggested across MSA or regional level engagement was not a priority, particularly for smaller sites or sites that had less readiness for engagement outside of their site. Further, some PMs mentioned that across MSA engagement was not front of mind for them but agreed that these types of activities could be beneficial to increase.

Participant Change Ideas:

- **Leverage EPs more to support across MSA engagement.** Some MSA members, PMs, and Doctors of BC staff interviewees identified that there may be an opportunity to leverage EPs more in facilitating knowledge sharing and connection across different MSAs. Right now, this occurs more on an ad hoc basis, rather than as an intentional activity of the EPs. Doctors of BC staff identified that this could be built more into the EP role description, along with time and capacity to do this work (e.g., identify shared issues and projects, make suggestions for engagement, and facilitate connections across MSAs).

- **Leverage PMs more to support across MSA engagement.** Many PM interviewees indicated that they enjoy connecting with and learning from other PMs and identified that it would be helpful to have more opportunities for this. One PM suggested having more open discussions at their monthly meetings, rather than very specific learning topics. Another consideration could be facilitating regional level meetings, where PMs are connected to others working at sites in the same HA (like the Interior).

- **Continue the provincial in-person summits.** MSA members, PMs, and Doctors of BC staff agreed that these events are valued and garner a lot of across MSA engagement, including at a provincial level. MSA members in particular indicated that events like this should be continued on a regular basis.

2.3 Improved MSA and HA Engagement

Finding 8: FEI provides support for formalized processes and structures that facilitate MSAs and HAs to engage with one another at a local level.

MSA members, PMs, HA leaders, and Doctors of BC staff were asked about whether FEI supports improved MSA and HA engagement at the local level. Across these groups, there was agreement that FEI provides important support for MSAs to build structures, processes, and roles to engage with the HA. In particular, FEI provides support for MSAs to be stood up and revitalized so that physicians are organized and have a forum to talk to one another. This enables them to engage with the HA collectively to increase transparency of plans and decisions and have a voice at the table. Further, Doctors of BC staff identified that there is growing awareness among the HA of the MSAs and executive roles that can be engaged in HA processes to have the MSAs represented.

> *"The organization of the doctors has been critical so that they have a forum to talk to one another and be able to raise questions and issues about what's happening in their hospital and to request that the health authority come to some of their meetings so that they can understand what's going on to increase the transparency of plans and decisions that are coming, and to identify ways for the medical staff to be involved and to be informed, to be consulted and to be working collaboratively with HA."* – Doctors of BC Staff

The following outlines key examples of how the MSAs and HAs have been working to engage one another, which is happening in varying degrees:

- MSA executives have been attending Medical Advisory Committees at various levels (e.g., LMAC, RMAC, and HAMAC tables) which connects MSAs with senior operational HA leaders at local, regional and health authority wide levels. MSA executives are able to raise issues and concerns of their membership at these meetings. However, meeting frequency and success differs across various regions and sites, with some meetings occurring more often than others (e.g., some meetings have been canceled on occasion at the local levels).

- For some sites, HA leaders have been invited to attend various standing meetings. For example, some MSA working groups have invited HA leader representatives as non-voting members but active contributors (e.g., FEI HA sponsor). There are also instances of HA leaders being asked to sit on various subcommittees. In these instances, MSAs have built enough trust with the HA leader while in the past MSAs may have wanted the working groups and committees to remain strictly as MSA members.

- For some HAs, MSA executives and/or representatives have been asked to sit on HA committees for various topics as an active participate that represents the perspectives of local MSA members. This was seen as a best practice during COVID where MSA members were engaged in various COVID related action committees, and some indicated that these relationships remined after the pandemic tables were concluded.

- In some instances, HA leadership are also attending FEI funded events (e.g., regional showcases), particularly the FE sponsors, to help build relationships and better understand the issues and priorities of the MSAs.

> *"These are physicians coming from medicine, they don't have training on holding a meeting, presenting ideas, and advocating for change. FE gives them that space and framework to effectively engage in a meaningful manner and be taken seriously by their HA counterparts."* – Urban PM

Doctors of BC also provides support for MSAs and HAs to engage with one another, including:

- Providing each site with an EP who facilitates connection between MSAs and the FE sponsors and/or other HA leaders.
- Identifying regional FE sponsors (i.e., HA leaders) that can engage with the MSAs on a regular basis to facilitate connection to the HA.
- Putting on provincial summits (as previously identified) and inviting both MSA members and HA leaders to facilitate learning and connection.
- Creating an Engagement Resource Guide which outlines good engagement practices including identify the change opportunity, who should be in the room, what information should be provided, and more.

While not consistent across all sites, in many cases, MSAs have increased their engagement with HA leadership through these various meetings and activities and other sites are on their way to seeing engagement improve. Interviewees across the groups agreed that taken together, these activities provide an important avenue for MSAs to raise issues and concerns from their membership to the HA and allows them to understand each others' priorities and where there may be alignment to work together.

Finding 9: There are suggestions to mitigate key challenges, such as HA turnover and decision-making differences, which stall relationship building between MSAs and HA leaders.

Interview data indicates a spectrum of engagement success (i.e., trust and collaboration) across different sites, with some sites further along in their engagement with the HA. Several challenges were noted by interviewees as barriers to increased MSA and HA engagement:

- One major challenge noted by MSA members, PMs, and Doctors of BC staff interviewees is turnover of HA leaders, which is a common occurrence for the HA. In particular, many MSAs find they are building trusting relationships with HA leaders and when those leaders inevitably move into different positions, the MSAs have to start from scratch. This includes making themselves known as legitimate bodies representing the medical staff by incoming HA leadership. In fact, most interviewees recognized there is still work to be done to increase HA leader awareness of the MSAs and their role. This was also evident during the interviews where some HA leaders had generally less awareness of the FEI and the work of the MSAs.

- In addition, all interviewee groups noted that it takes a longtime for HA leadership to recognize MSA members as part of their "team" and as professionals that need to be collaborated with on patient care issues and decisions (i.e., beyond other medical professionals who receive a salary from the HA). This is another key challenge that prevents MSAs and HA engaging with one another on a regular basis, particularly at that local level, as HA leaders don't usually have MSA engagement as part of the job description. Further, it was noted that the person in the HA leadership role is key to success, with some HA leaders being very open and collaborative in their approach to working with the MSAs and others not as much.

- Another challenge noted by HA leaders and Doctors of BC interviewees are instances of HA leadership wanting to engage with the MSAs, but MSA executives being less receptive to working with the HA. For example, HA leaders and Doctors of BC interviewees said that the culture differences between how MSAs and HAs make decisions can impact the success of the relationship. In particular, some MSA members may not be familiar with HA decision making processes and navigating the system considering bureaucracy and politics. MSA members may bring forward a solution to an issue that may not align with current budgets or priorities and/or the issue is not in the control of the HA leader, and then become frustrated when there is a lack of immediate action on the issue. This can lead to MSAs looking for workarounds and not wanting to engage the HA leaders.

Participant Change Ideas:

- **Measure the impacts of the FEI program refresh.** Doctors of BC staff noted that they are currently conducting a refresh of the FEI program which is focused on communicating the role and value of the MSAs and ensuring new HA leaders know the importance of including MSAs in health system planning and decision-making processes. In addition, the EPs are being leveraged to support the refresh by providing "FEI 101" information sessions. It was also recognized that the refresh can be used to support MSA engagement and information for new MSA executives. Moving forward, it will be important to measure the success and sustainability of the program refresh, given the ongoing issue of turnover.

- **Leverage the HA sponsors more in the building connections with HA leadership.** Doctors of BC staff noted that HA sponsors have a better understanding of who is who in the HA system and who has decision making authority for various issues (especially if the sponsor is well-established and experienced in their role). This information and connection can be beneficial in determining who to engage while also demonstrating that the MSAs are already working with a HA leader as part of a team. Therefore, the HA sponsor relationship can be further leveraged to get the attention of HA leaders and further validate their role as representative bodies of the medical staff.

- **Provide Tailored FEI Leadership Training (as mentioned previously).** MSA members, PMs, HA leaders, and Doctors of BC interviewees agreed that leadership training is important for building strong MSA executive leaders that can not only run the MSA effectively but also engage effectively with HA leaders. This requires a solid understanding of how HA priorities and decisions are made and how to successfully have their voices heard in these processes.

Finding 10: FEI supports MSAs to connect with the HA at sub-regional, regional, and provincial levels which supports greater impact of MSAs on health system planning and decision making.

MSA members, PMs, HA leaders, and Doctors of BC staff were also asked about whether FEI supports improved MSA and HA engagement at a regional level and ultimately, a stronger collective voice in health system planning and decision making. Interviewees agreed that sub-regional and health authority wide engagement has been growing over the past five years with more connection between MSAs and broader HA leaders. For instance, some regions have setup regular meetings between MSA executives and HA leaders at broader levels (e.g., Island Health). Additionally, some regions, like the Interior, are intentionally reviewing shared priorities across MSAs to identify opportunities for larger regional projects and collaboration with the HA. One highly successful example of this more regional approach is the patient transport project that started in 2018 in the East Kootenays.

Doctors of BC staff and MSA members interviewees identified that good progress is seen when the MSAs and HAs agree on priorities at a regional level and can share with each other what they are working on and how they could work on things together to have greater impact. It was noted that shared strategic planning in consideration of both MSA and HA activities and priorities is an important exercise to facilitate working on shared issues.

Further, it was recognized that the level of the HA leader can make a difference in their connection to the MSA. MSA members and Doctors of BC staff interviewees indicated that MSAs often have stronger relationships with HA leaders at the local level, particularly for smaller sites where the leader may be a close colleague or neighbour. In fact, MSA members and Doctors of BC staff identified there is less connection between MSAs and broader, operational HA leaders across most sites whether small, medium, or large.

> *"I would say our regional leader is not involved…everything that's been resolved has been at a local level. He doesn't even live in our region; he lives 600 kilometers away. He only Zooms in and is rarely on site. He's got a huge portfolio."* – Rural MSA Executive

It was recognized by several of these interviewees that connection to these broader operational leaders is crucial to being able to meaningfully impact larger health system planning and decision making and that concerted effort to close the gap on this connection is needed. For example, local medical or operational leaders may not be able to action change and unless they advocate for change upwards, the idea or request may not go anywhere. When this occurs, it causes frustration and tension in the relationship between MSA members and HA leaders, with MSA members feeling like the information was not heard or taken seriously. In fact, a few MSA members and HA leaders recognized that health system planning and decision making happens at an even higher level, beyond broader operational leaders, and that there may be a need to look at connection with higher level leadership – the Ministry of Health (MoH).

> *"MSAs contribute more to health system planning by bringing concerns to the Doctors of BC level where they then negotiate with the MoH for things. I don't know that even if our local administrators wanted us to help with health system planning, it's not done at the local level, it's done at a much higher level."* – Rural MSA Executive

> *"…we're agents of government and your own personal opinions about something are subservient to direction from government. That's going to be an ongoing challenge."* – Operational HA Leader

Highlight Box: The importance of having a collective voice in health system planning and decision making.

In the summer of 2023, Doctors of BC gathered information from MSAs across the province on what is happening in their community related to the Emergency Room (ER) crisis, where ERs were closing periodically due to overcrowding and lack of available physicians. This information was then used by Doctors of BC in discussions with the MoH on how to address the issue. This was the first-time MSA information had been intentionally gathered for use at a provincial level to support health system planning and decision making. Gathering this information from physicians on the ground in communities would likely have been more challenging, and perhaps not have happened, if not for structured MSAs. Doctors of BC staff indicated it will be important to continue to look for opportunities for the program to facilitate and establish pathways to move the MSAs' collective voice upwards to the highest levels of healthcare leadership.

Participant Change Ideas:

- **Continue to encourage MSAs to conduct joint regional strategic planning with the HA.** Doctors of BC staff and MSA members recognized that good progress is made when MSAs and HAs jointly identify issues and priorities that they can work on together, especially at a regional level. The EPs and HA sponsors can be leveraged to promote opportunities for joint strategic planning, particularly due to their more sub-regional or regional perspectives and connections.

- **Leverage the FEI program refresh (mentioned previously).** Doctors of BC staff interviewees indicated that a focus of the refresh is on higher-level HA leadership, as direction from the top down to more local leaders can help accelerate relationship building. Therefore, the refresh could be leveraged for creating more connection between MSAs and broader operational leaders within the regions as well as provincial leaders.

- **Identify opportunities and pathways to connect with provincial-level leadership.** MSA members, HA leaders, and Doctors of BC staff identified that greater influence over health system planning and decision making occurs at the top levels of healthcare leadership (e.g., MoH). Therefore, there may be opportunities for Doctors of BC to facilitate and establish upward pathways to higher levels of leadership for greater impact. One Doctors of BC staff mentioned surgical care as another provincial issue impacting MSAs across BC.

> *"We are at the early stages of tapping into provincial engagement. The summit is a good place to talk about this. It is appropriate, that's the stage we are at. It took years and is still at the local level for some MSAs. Some are still local, some regional, and a few ready to engage provincially. So, how do we do that?"* – Doctors of BC Staff

2.4 Improved Experience of Care for the Patient

Finding 11: FEI is supporting MSAs to plan and execute a number of projects and activities which help improve the experience of care for the patient, both directly and indirectly.

MSA members, PMs, HA leaders, and Doctors of BC staff were also asked about whether FEI supports improved experience of care for the patient. Interviewees across the stakeholder groups identified common ways in which the FEI is supporting patient experience and quality of care, with many noting that the intention of all FEI activities is ultimately improved patient care. The following paragraphs identify the key areas where MSAs are making an impact.

Quality Improvement Projects

One of the key methods in which the FEI is supporting patient experience and quality of care directly is though funding for local level quality improvement projects. This includes various topics such as addressing ER related issues (e.g., reducing ER visits for people with chronic conditions, making ERs waiting rooms more child friendly, standardizing the pediatric intubation carts in the ER, etc.), improving care for a variety of difference diseases and patient care issues (e.g., congestive heart failure, long term care and end-of-life care, osteoporosis, various cancers, etc.), improving relationships and communications across staff in certain departments (e.g., obstetrics), and more. Many of these projects included collaboration with different MSAs, the HAs, and/or with other bodies such as the Divisions of Family Practice.

However, interviewees also noted that there are a number of challenges that impact the success of these projects such as securing enough support from higher-level leaders to conduct the project in the facility, navigating budget constraints (as FEI funds are limited and HA buy-in may not occur), as well as ensuring the long-term sustainability of the projects (i.e., after FEI funding has concluded). Further, it was noted that MSA members are not all trained in quality improvement and may not have the expertise to navigate these challenges.

> *"The culture in the HA leadership is still very reserved. Hierarchical. Paternalistic. We're chipping away at that, but we have a long way to go."*
> – Rural MSA Executive

In some regions, such as Island Health, there is interest to look at how to better bridge the quality improvement work happening under the FEI and the work being funded through the Physician Quality Improvement (PQI) initiative. The PQI initiative utilizes quality improvement mentors that provide support to physicians to help them shape and run their projects. In fact, when asked about the connection between these two separate initiatives, many MSA members and PM interviewees said it would be a good idea to try and bridge the two programs more (e.g., share learnings, leverage each others work, conduct joint project activities, etc.). It was also suggested by a Doctors of BC staff representative that more education around these different programs to MSA executives could be useful in providing better understanding of the

landscape of funding available to MSAs and physicians. The EPs could facilitate this education as well as give information about what projects are being run and possible opportunities for knowledge exchange or collaboration.

Interestingly, an MSA in Vancouver Coastal Health created pillars under which work is taking place, in order to fund activities in a more structured way. The pillars align with HA priorities, and collaborative work is occurring between the MSA and HA through several different committees (i.e., diversity, equity and inclusion, anti-racism, planetary health, and wellness). Some MSA members and PM interviewees identified that more structure to the FEI funding could support MSAs with identifying types of projects that are impactful and sustainable (e.g., suggesting key project areas). There was also recognition that this would have to be done in a positive way and could not be too prescriptive to maintain the grassroots nature of the FEI.

Recruitment and Retention

Another key method in which the FEI is supporting patient experience and quality of care is through funding MSAs efforts around recruitment and retention of physicians. In particular, MSA members highlighted that the ongoing physician shortage in BC is leading to patients receiving reduced quality and care including long wait times. Further, it was noted that physicians who are overworked due to staff shortages will burnout and not able to provide the same level of care for their patients.

> *"Everyone is experiencing problems with shortages, and how to do more with less. Everyone wants to provide the best patient care that they can. It's getting hard. We see patients struggling when they can't be seen by specialists or be seen in ER with long wait times."* – Urban PM

MSAs have established various committees surrounding recruitment and retention to brainstorm ideas. The FEI pays for MSA members time to engage in these meetings and provide their perspectives on how to recruit and retain physicians, particularly from the "on the ground" physician perspective.

Some MSAs identified conducting very hands on activities with their recruitment by hosting events and dinners for students, locums, and recruits. It was noted that these more personalized approaches are quite successful in showcasing the community and facility as well as potential colleagues and have led to filling vacant positions. However, there was recognition that these activities can be time consuming when time is already limited. One MSA member interviewee spoke about having a recruitment coordinator to support ongoing work in this area which supports with the issue of time, but not all sites have funding for this type of role.

An MSA in Northern Health indicated that they have run several surveys to identify the needs of members to see what would be attractive to recruit and retain physicians in the region. Using the results of the surveys, they worked with the HA to secure additional funding for childcare for MSA members, in an effort to reduce this barrier to physicians being able to practice in the region.

In fact, one challenge that many MSA members identified was the lack of support from the HA to conduct recruitment and retention activities and as such, a large portion of their budget is going towards these activities. While these activities are showing some success, it doesn't leave much room for other important activities. For some sites, there may be a need to get more HA buy-in on conducting recruitment and retention of physicians.

Provider Experience and Wellness

Another key activity in which the FEI is supporting patient experience and quality of care is through funding MSAs efforts around provider experience and wellness. In particular, MSA members, PMs, and Doctors of BC staff identified that MSAs are working to improve the providers' experience at various facilities as well as conducting activities which support wellness.

> *"I feel so inspired and grateful that the [MSA] exists because there is a heap load of different initiatives that have improved patient experience and wellness because they have improved provider experience and provider wellness."* – Urban MSA Member

For example, MSA members identified conducting upgrades to their facilities to improve the experience of the provider in hopes to recruit new physicians as well as retain existing ones. A few MSA members identified upgrading their physician lounge to provide physicians with a relaxing space where they can decompress during their shift, as well as connect with other providers.

Further, a number of different wellness committees have been created across regions to brainstorm on activities, trainings, and events to support existing physicians with practicing healthy habits. One wellness committee in Fraser Health developed a Peer Support Training program. The program aims to connect MSA members across different sites to share experiences and provide support to one another in a structured way.

Ultimately, the goal with these activities is to improve satisfaction of physicians working conditions and support them to avoid burnout so that they stay at their facility and are able to provide the best possible care to their patients. Similar to recruitment and retention, many MSA members expressed that they have found it challenging to gain buy-in from the HA surrounding their wellness initiatives, as some may not perceive the value in these types of activities.

Participant Change Ideas:

- **Explore opportunities to provide MSAs with more structured guidance on types of projects they could initiate**. Some MSA members and PMs identified it may be helpful for Doctors of BC to provide more guidance on the types of projects that can be funded (e.g., provide more suggestions on major areas that could be funded, and which areas have shown the most success). EPs could be leveraged to support this knowledge translation but in a more structured manner than their typical ad hoc guidance (e.g., presentations at MSA working group meetings).

- **Continue to identify a more structured way for FEI and PQI to collaborate with one another to have a greater collective impact (including training on PQI).** Interviewees agree that greater connection between the two programs would be beneficial, including more information and education about the initiatives. Doctors of BC is currently exploring a structured process to facilitate PQI collaboration. The EPs could be leveraged to support this education and connection. In addition, training on quality improvement was identified as a need for MSA members who are new to running these types of projects. Learnings from PQI's mentor model may be of interest to further explore.

- **Identify ways to further engage the HA on recruitment and retention as well as wellness activities.** Interviewees across the groups identified recruitment and retention and wellness as the biggest challenges facing facilities and MSA members. It may be worth exploring how Doctors of BC could leverage the refresh and other connections with HA leaders to identify these as major pressing issues in need of a collaborative approach across the province.

APPENDIX A

1. Key Informant Interview Discussion Guide – Engaged MSA Members and Project Managers

Introduction and Consent

The Facility Engagement Initiative (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 (HA) and facility based Medical Staff Association/Physician Engagement Society members (referred to as MSAs in this document) to improve their work environment and the delivery of patient care. An evaluation is taking place to better understand the impacts of the FEI as well as identify opportunities for improvement. As part of this evaluation, a series of interviews are being conducted with MSA members, MSA Project Staff, Health Authority (HA) leaders, and Doctors of BC staff.

This interview will take about 45-60 minutes to complete. It asks you to reflect on FEI activities and processes, including impacts of the initiative as well as successes and challenges experienced during your involvement.

The interview will provide valuable information for the evaluation of the FEI. By voluntarily completing this interview, you are giving your consent for the data to be used as part of this evaluation. Please note that data will be reported in aggregate and individual names will not be identified. With your permission, we may include quotes from your interview to highlight key themes generated through the evaluation in the project reports and other communications. Please note that while we work to choose quotes that are non-identifiable and that your name will not be reported, it is possible that you will be identifiable through the content of your feedback. If you are willing to allow us to reproduce your words in our reports, please indicate verbally to the interviewer or in writing below:

- ○ No, I do not give permission to use my interview content in quotes for this evaluation.
- ○ Yes, I do give permission to use my interview content in quotes for this evaluation.

We would like to record interviews with your permission. The recordings will only be heard by the evaluation team and will be destroyed once we write down the interview notes. We can stop recording at any time. All the information will be managed according to the *Canadian Privacy Act* and *Access to Information Act*.

The interview is being conducted and analyzed by Ference & Company Consulting Ltd., under contract to Doctors of BC. Should you have any questions or concerns related to this interview or the evaluation, please contact Sarah Boorman, Principal at Ference & Company, at sarah.boorman@ferenceandco.com or 778-998-4061 or Cindy Myles, Director of Facility and Community Engagement at Doctors of BC, at cmyles@doctorsofbc.ca or 604-638-2834.

Part 1 – Role/Involvement

1. **Please tell me a bit about your current role and involvement in the FEI.**

Part 2 – Expected Outcomes of the FEI

OUTCOME: One of the intended outcomes of the FEI is to contribute to improved engagement between MSA members and their respective HA, both at a local level and regionally.

1. **a) To what extent has the FEI contributed to improved engagement between MSAs and HA leadership at the local level (e.g., communication, trust, corporation, etc.)? Please provide specific examples.**

2. **b) To what extent has the FEI contributed to improved engagement between MSAs and HA leadership at a regional level (e.g., communication, trust, corporation, etc.)? Please provide specific examples.**

OUTCOME: Another of the intended outcomes of the FEI is to contribute to improved engagement both within a particular MSA as well as across MSAs.

3. **a) To what extent has the FEI contributed to improved engagement within your MSA (e.g., communication, relationships, developing shared priorities, working together, etc.)? Please provide specific examples.**

   b) To what extent has the FEI contributed to improved engagement across MSAs (e.g., communication, relationships, developing shared priorities, working together, etc.)? Please provide specific examples.

OUTCOME: One of the intended outcomes of the FEI is to enhance the effectiveness of MSAs by ensuring they have the capacities and capabilities to engage and represent their members.

4. **To what extent has the FEI contributed to greater capacity and capabilities of MSAs (e.g., structures, processes, program supports such as the HR toolkit, governance guides, etc.)? Please provide specific examples.**

OUTCOME: Another intended outcome of the FEI is to enhance meaningful MSA input and involvement in health system planning and decision making.

5. **To what extent has the FEI contributed to enhancing the collective voice of MSAs in health system planning and decision-making? Please provide specific examples.**

OUTCOME: The final intended outcome of the FEI is to improve the quality of patient care. The BC Health Quality Matrix defines quality as respecting the patients' choice and safety, and accessible services that are appropriate to the patients' context, effective care that achieves intended outcomes, and efficient use of resources and equitable resources distribution for the needs of a population.

6. **In your opinion, to what extent have FEI projects and engagement activities resulted in impacts on quality of patient care? Can you share specific activities that either directly or indirectly impacted the quality of patient care?**

Part 3 – Moving Forward

7. **Overall, what best practices or lessons have you identified for engaging MSA members and HAs?**

8. **What suggested changes would you recommend, if any, for improving the FEI?**

9. **Is there anything you didn't get a chance to say today that you think would be important for the evaluation to know?**

Thank you for your time and contribution to the evaluation.

2. Key Informant Interview Discussion Guide – MSA Members and HA Representatives

Introduction and Consent

The Facility Engagement Initiative (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 (HA) and facility based Medical Staff Association/Physician Engagement Society members (referred to as MSAs in this document) to improve their work environment and the delivery of patient care. An evaluation is taking place to better understand the impacts of the FEI as well as identify opportunities for improvement. As part of this evaluation, a series of interviews are being conducted with MSA members, MSA Project Staff, Health Authority (HA) leaders, and Doctors of BC staff.

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Part 1 – Role/Involvement

2. **Please tell me a bit about your current role and your familiarity with the FEI and/or MSAs.**

Part 2 – Expected Outcomes of the FEI

OUTCOME: One of the intended outcomes of the FEI is to contribute to improved engagement between MSA members and their respective HA, both at a local level and regionally.

10. **a) To what extent has the relationship improved between MSAs and HA leadership at the local level (e.g., communication, trust, corporation, etc.)? [HA and MSA Members]**

11. **b) To what extent has the relationship improved between MSAs and HA leadership at a regional level (e.g., communication, trust, corporation, etc.)? [HA and MSA Members]**

OUTCOME: Another of the intended outcomes of the FEI is to contribute to improved engagement both within a particular MSA as well as between other MSAs.

12. **a) To what extent have you seen improvements in engagement within your MSA, such as MSA members at a site communicating, developing relationships, identifying shared priorities, and working together? [MSA Members only]**

    b) If applicable, to what extent have you seen improvements in engagement across different MSAs, such as MSA members from different sites communicating, developing relationships, identifying shared priorities, and working together? [MSA Members only]

OUTCOME: One of the intended outcomes of the FEI is to enhance the effectiveness of MSAs by ensuring they have the capacities and capabilities to engage and represent their members.

13. **To what extent have the capacity and capabilities of the MSA at your site and/or MSAs more broadly improved (e.g., appropriate structures, processes, program supports, etc.)? [HA and MSA Members]**

OUTCOME: Another intended outcome of the FEI is to enhance meaningful MSA input and involvement in health system planning and decision making.

14. **In your view, to what extent do MSAs have increased input and involvement in health system planning and decision-making? [HA and MSA Members]**

OUTCOME: The final intended outcome of the FEI is to improve quality of patient care. The BC Health Quality Matrix defines quality as respecting the patients' choice and safety, accessible services and that are appropriate to the patients' context, effective care that achieves intended outcomes, and efficient use of resources and equitable resources distribution for the needs of a population.

15. **If familiar, to what extent have FEI projects and/or engagement activities that you are aware of resulted in positive impacts on quality of patient care? [HA and MSA Members]**

Part 3 – Moving Forward

16. **In your opinion, what are the best practices for engaging MSA members and/or HAs? [HA and MSA Members]**

17. **What suggested changes would you recommend, if any, for improving engagement? [HA and MSA Members]**

18. **Is there anything you didn't get a chance to say today that you think would be important for the evaluation to know? [HA and MSA Members]**

Thank you for your time and contribution to the evaluation.

3. Key Informant Interview Discussion Guide – Doctors of BC Staff

Introduction and Consent

The Facility Engagement Initiative (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 (HA) and facility based Medical Staff Association/Physician Engagement Society members (referred to as MSAs in this document) to improve their work environment and the delivery of patient care. An evaluation is taking place to better understand the impacts of the FEI as well as identify opportunities for improvement. As part of this evaluation, a series of interviews are being conducted with MSA members, MSA Project Staff, Health Authority (HA) leaders, and Doctors of BC staff.

This interview will take about 45-60 minutes to complete. It asks you to reflect on FEI activities and processes, including impacts of the initiative as well as successes and challenges experienced during your involvement.

The interview will provide valuable information for the evaluation of the FEI. By voluntarily completing this interview, you are giving your consent for the data to be used as part of this evaluation. Please note that data will be reported in aggregate and individual names will not be identified. With your permission, we may include quotes from your interview to highlight key themes generated through the evaluation in the project reports and other communications. Please note that while we work to choose quotes that are non-identifiable and that your name will not be reported, it is possible that you will be identifiable through the content of your feedback. If you are willing to allow us to reproduce your words in our reports, please indicate verbally to the interviewer or in writing below:

- ○ No, I do not give permission to use my interview content in quotes for this evaluation.
- ○ Yes, I do give permission to use my interview content in quotes for this evaluation.

We would like to record interviews with your permission. The recordings will only be heard by the evaluation team and will be destroyed once we write down the interview notes. We can stop recording at any time. All the information will be managed according to the *Canadian Privacy Act* and *Access to Information Act*.

The interview is being conducted and analyzed by Ference & Company Consulting Ltd., under contract to Doctors of BC. Should you have any questions or concerns related to this interview or the evaluation, please contact Sarah Boorman, Principal at Ference & Company, at sarah.boorman@ferenceandco.com or 778-998-4061 or Cindy Myles, Director of Facility and Community Engagement at Doctors of BC, at cmyles@doctorsofbc.ca or 604-638-2834.

Part 1 – Role/Involvement

3. **Please tell me a bit about your current role with Doctors of BC and your involvement in the FEI.**

Part 2 – Expected Outcomes of the FEI

OUTCOME: One of the intended outcomes of the FEI is to contribute to improved engagement between MSA members and their respective HA, both at a local level and regionally.

19. **a) To what extent has the FEI contributed to improved engagement between MSAs and HA leadership at the local level (e.g., communication, trust, corporation, etc.)? Please provide specific examples.**

    b) To what extent has the FEI contributed to improved engagement between MSAs and HA leadership at a regional level (e.g., communication, trust, corporation, etc.)? Please provide specific examples.

OUTCOME: Another of the intended outcomes of the FEI is to contribute to improved engagement both within a particular MSA as well as across MSAs.

20. **a) To what extent has the FEI contributed to improved engagement within MSAs (e.g., communication, relationships, developing shared priorities, working together, etc.)? Please provide specific examples.**

    b) To what extent has the FEI contributed to improved engagement across MSAs (e.g., communication, relationships, developing shared priorities, working together, etc.)? Please provide specific examples.

OUTCOME: One of the intended outcomes of the FEI is to enhance the effectiveness of MSAs by ensuring they have the capacities and capabilities to engage and represent their members.

21. **To what extent has the FEI contributed to greater capacity and capabilities of MSAs (e.g., structures, processes, program supports such as the HR toolkit, governance guides, etc.)? Please provide specific examples.**

OUTCOME: Another intended outcome of the FEI is to enhance meaningful MSA input and involvement in health system planning and decision making.

22. **To what extent has the FEI contributed to enhancing the collective voice of MSAs in health system planning and decision-making? Please provide specific examples.**

OUTCOME: The final intended outcome of the FEI is to improve the quality of patient care. The BC Health Quality Matrix defines quality as respecting the patients' choice and safety, and accessible services that are appropriate to the patients' context, effective care that achieves intended outcomes, and efficient use of resources and equitable resources distribution for the needs of a population.

23. **In your opinion, to what extent have FEI projects and engagement activities resulted in impacts on quality of patient care? Can you share specific activities undertaken by the MSAs you support that either directly or indirectly impacted the quality of patient care?**

Part 3 – Moving Forward

24. **In your view, what are the best practices for engaging MSA members and HAs?**

25. **What suggested changes would you recommend, if any, for improving the FEI?**

26. **Is there anything you didn't get a chance to say today that you think would be important for the evaluation to know?**

Thank you for your time and contribution to the evaluation.