

## LEARNING FOR

# MEDICAL STAFF ASSOCIATIONS

Evaluation findings and examples of opportunities that medical staff associations may wish to consider implementing. Opportunities are not limited to these examples.

## FINDINGS



### Physician participation in Facility Engagement

Medical Staff Association (MSA) participants identified a need to create awareness and outreach opportunities to encourage physician participation in Facility Engagement funded activities, both within their facility and across the region.



### Information + decision-making authority

Engaging affected stakeholders who have relevant information and decision-making authority early in the development of a new initiative is key to generating buy-in and support and leveraging partnership opportunities. Absence of these factors can significantly strain relationships and hinder success.



### Early involvement of the health authority

The early involvement of health authority partners during the initial planning phases of activities or processes may provide MSA Working Group and project leads with a better understanding of resource requirements, limitations and available support (funds and/or human resources) for implementation and sustainability.

## OPPORTUNITIES

**Inform & Educate:** Add Facility Engagement as a standing agenda item to existing MSA, department / division and local health authority meetings. Inspire interest by highlighting the value of successful physician-led activities. Share examples of where engagement is enabling the MSA and health authority to work through challenges together.

**Inform & Engage:** Create a communications plan that supports the MSA's engagement goals. Share information and opportunities through e-mail newsletters and web pages. Sustain channels created for COVID-19 for future member engagement: virtual townhalls/meetings for medical staff or specialties, online chat groups such as Slack, WhatsApp, Signal. Get communications guidance from the Facility Engagement provincial office.

**Inform & Connect:** Hold a "buddy open house" MSA Working Group meeting where members bring a colleague. Host a networking café-style event to showcase projects and allow members to get to know each other.

**Inform:** Utilize the [Project Activity Intake template](#) to ensure that relevant stakeholders are identified and contacted during proposal development.

**Educate:** Throughout the life-cycle of a project, refer to the [6 Attributes of a Successful Project](#).

**Consult:** Hold a kick-off meeting with activity stakeholders. Talk about common goals, how you want to work together, and identify each member's level of engagement: Does this member need to be informed of the activity? Consulted around next steps? Are they a collaborator? A decision maker?

**Consult/Collaborate:** Invite health authority partner(s) to MSA/physician engagement proposal discussions. Where relevant, have a health authority partner co-sponsor the activity.

**Inform:** Invite a site-based health authority partner to present the facility's priorities for the year during the annual Site Review and Reporting Process. The MSA Working Group (WG) can then align aspects of strategic priorities with this direction, mirroring the health authority priorities and language.

**Consult/Collaborate:** Create opportunities for health authority partners and medical staff to discuss proposed projects, share challenges, and brainstorm solutions, through strategy sessions or by blocking off a portion of MSA Working Group meetings. Discuss health authority processes that may impact engagement projects.

**Collaborate:** Utilize Facility Engagement regional engagement funds to work collaboratively with health authority partners. Regional activities and tables are underway in Fraser, Interior, Northern and Island Health.

# LEARNING FOR MEDICAL STAFF ASSOCIATIONS cont'd.

## FINDINGS



### Sessional funding + administrative support

Having access to funding and project / administrative support increases the capacity of busy physicians to collaborate with each other and health authority leaders and staff – helping to amplify physicians' collective voice.



### Sharing across sites and regions

Participants expressed a strong interest in enhancing information sharing and building relationships with physicians across facilities to share experiences, lessons, successes and best practices, and to avoid duplication of work.

## OPPORTUNITIES

**Inform:** Regularly review the MSA support team and staffing model to ensure the structure works for planned activities. Identify gaps that need support and reach out to your Engagement Partner to provide advice.

**Inform:** Use provincial Facility Engagement Governance resources to understand roles and responsibilities of MSA-hired contractors / staff. Ask your Engagement Partner for further guidance.

**Consult:** Consult with physician members to identify funding / resources to bridge administrative gaps that would better support them to attend meetings and collaborate with one another. Work with health authority partners to identify some supports within the organization.

**Inform:** Access provincial Facility Engagement knowledge sharing resources and opportunities to build capacity, and to connect with and learn from other MSAs and health authorities across BC.

Resources planned for 2021/22 include new online knowledge sharing tools, peer-to-peer webinars, MSA/health authority round table sessions, regional showcase events, and engagement success stories on the provincial website.

**Inform & Connect:** Make a request for Facility Engagement staff to provide data from the site activity tracker database (SEAT) to facilitate knowledge sharing between MSAs working on similar projects or themes. Engagement Partners can further connect MSAs and / or health authority partners together for one-on-one sharing.

**Collaborate:** MSA executives can connect through MSA regional engagement tables (where established in their health authority) to build relationships and share activities between regional and local site levels.

# LEARNING FOR HEALTH AUTHORITIES

Evaluation findings and examples of opportunities that health authorities may wish to consider implementing. Opportunities are not limited to these examples.

## FINDINGS



### Health system understanding

Physicians expressed a strong interest in being educated about the health care system. With greater awareness, they can inform and provide meaningful input into systems-level discussions and decisions from the outset.



### Health Authority decision making

Nearly two-thirds of medical staff surveyed do not feel sufficiently consulted by regional-based leaders about initiatives and processes that directly impact their work environment or patient care. At the facility-level, very few believed they had much influence over clinical program decisions, site-level goals and priorities, or decisions about departmental budgets.

## OPPORTUNITIES

**Educate:** Canvass health authorities to determine accessible courses and training for medical staff including leadership development.

**Inform & Educate:** Identify opportunities for medical staff co-learning with health authority leaders. Topic examples: decision-making processes, structures, mandates, budgets and capital planning.

**Inform & Educate:** Hold health authority learning sessions for medical staff about the hospital/health authority budgets, priorities and plans, and how they connect to health system and government priorities. Have senior executives present information and answer physicians' questions.

**Consult:** Invite medical staff members to participate in planning opportunities – such as a capital planning session – to experience how decisions are prioritized and provide input from a patient care perspective.

**Educate & Consult:** Establish a regular check in between local health authority leaders and physicians/departments and/or MSA meetings to monitor engagement progress. Continually improve processes together to involve medical staff earlier in discussions and decisions.

Have health authority leaders present real examples of how decisions were made, and if/how physician input influenced the outcome.

**Inform & Consult:** Sustain effective communication processes developed for the shared COVID-19 priority to support medical staff engagement in future priorities: virtual townhall meetings outside of clinical hours; regular check-ins with physician leaders and/or departments to consult around upcoming plans. Co-create meeting agendas to discuss respective priorities and plans.

Identify regular feedback loops to communicate how physician input is used. Support face-to-face with digital: smart phone surveys; digital platforms such as Slack for subject-specific conversations; MSA e-news.

**Inform:** Educate medical staff about how government priorities and funding determine health authority mandates and influence decisions and operations.

**Consult:** Encourage regional executive directors to consult with site directors, Medical Staff Association executives and Chiefs of Staff monthly to build relationships between regional and local site levels. Health authority regional medical staff tables can also be utilized.

**Inform:** Participate in an upcoming Facility Engagement round table session to hear ideas from physicians and health authorities who scored highly on recent Health Authority Engagement Survey questions in their region.

**Collaborate:** Pair medical staff representatives/leaders with senior executives in the health authority's main priority areas (e.g. safety & quality).

# LEARNING FOR HEALTH AUTHORITIES cont'd.

## FINDINGS



### Health Authority engagement processes

Stakeholders described a lack of information and awareness about roles, processes and events created within the health authority to improve physician engagement.

## OPPORTUNITIES

**Inform & Consult:** Have a regional point person, such as an executive director / executive medical director attend a medical staff town hall or local site visit, and explain plans for physician engagement.

Develop an organizational chart that identifies the leaders responsible for decisions that have local impact. Ask for, and incorporate physician feedback.

**Consult & Collaborate:** Canvass sites for effective communication and collaboration strategies between health authority leaders and physicians. Adopt at regional levels.

**Inform & Consult:** Participate in a provincial Facility Engagement round table session for health authority sponsors/stakeholders to share responses to recent Health Authority Engagement Survey scores.

**Consult & Collaborate:** Health authority sponsors who are members of the provincial Specialist Services Committee Facility Engagement Working Group can exchange physician engagement strategies.

## LEARNING FOR THE

# FACILITY ENGAGEMENT PROGRAM

Evaluation findings and some opportunities for the Facility Engagement provincial program to implement.

## FINDINGS



### Medical Staff Association Working Groups

Medical Staff Associations (MSAs) are satisfied with the effectiveness of their Working Groups in executing plans, and with MSA executives to support the execution of these plans. Succession planning remains a challenge: only 21% of MSAs have a plan in place.



### MSA-Health Authority engagement

Focusing on a shared priority such as COVID-19 resulted in many health authority partners and MSAs reporting enhanced engagement. Buy-in by health authority leaders for other, non-COVID related activities initiated by the MSA remains a challenge for some.



### Knowledge sharing and alignment

Health Authority partners and physicians identified a common interest to increase coordination and alignment between facilities, regions, and/or initiatives, and to avoid duplication of work – recognizing there is a great deal of inter-related quality improvement and engagement work occurring at all levels (local, regional, provincial).

## OPPORTUNITIES

**Educate:** The Facility Engagement provincial office has developed a [Governance Workbook](#) that covers a wide array of topics, including succession planning. It will be released in spring 2021 with supporting webinars planned for later in the year. Stakeholder satisfaction with these tools will be assessed.

**Collaborate:** Where not already happening, Engagement Partners can assist in establishing standing meetings for MSA Working Groups and health authority partners to discuss activities and issues.

**Educate /Support:** Engagement Partners will equip MSAs and health authority partners with project proposal templates and tools that can be used to involve health authority partners at the time of proposal writing.

**Educate:** Engagement Partners will encourage the health authority sponsor for each region to connect with their local partners, particularly those new to their role, to discuss the commitment to and importance of Facility Engagement regionally and locally at the hospital sites – and to orient them to available supports to participate.

**Educate/ Support / Engage:** The provincial initiative will increase regional physician, MSA and health authority engagement and learning between different facilities through opportunities that include:

**Virtual peer-to-peer opportunities** that include topic-themed sessions led by physicians and/or project managers to share strategies, lessons and challenges, and to facilitate the uptake of successful activities and best practices.

**Increased MSA access to practical knowledge sharing / learning content** drawn from provincial data inputs and MSA experiences; made accessible on the FE website, with further training through webinars.

**Face-to-face provincially-sponsored in-person events** organized by region (when safe to do so) to build relationships across sites and with health authority partners, while sharing successes, lessons and best practices.

**Review and optimization of the Site Engagement Activity Tracker (SEAT)** to increase its usability and value as a sharing tool.