

Facility Engagement Evaluation Final Report: Key Highlights

FACILITY ENGAGEMENT INITIATIVE EVALUATION OVERVIEW

From 2015 through 2019, University of British Columbia researchers conducted an independent provincial evaluation of the Specialist Services Committee Facility Engagement Initiative (FEI). Established in 2014 through the Physician Master Agreement and a Memorandum of Understanding (MOU) signed by BC's Ministry of Health (MoH), six Health Authorities (HA) and Doctors of BC, the FEI aims to increase collaborative decision-making between health authorities and medical staff working in acute care facilities.

As of March 31 2019, 72 Medical Staff Associations (MSAs) from across BC participated in FEI (85% of eligible MSAs). Researchers explored MSAs' capacity to develop infrastructures needed to participate in the FEI, and implement engagement-promoting activities and projects¹. Engagement activity analysis occurred during most MSAs' first year of activity implementation. Ongoing evaluations are planned as MSA and HA relationships develop, and the FEI gains traction, grows and matures.

EVALUATION METHODS

The evaluation collected and analyzed province-wide and site-level data including:

- **Interviews and surveys** with MSA members and staff, HA representatives, and Facility Engagement Liaisons (FELs).
- **Program costs** from the period of April 2014 to February 2019.
- **Site-level FEI project information** obtained from the Facility Engagement Management System (FEMS) and the Site Engagement Activity Tracker (SEAT) database.

KEY HIGHLIGHTS

Program Outcomes

- **Improved communication** among medical staff members, and between medical staff and HA administration were reported as among the most noticeable changes associated with FEI.

"It seems there is more involvement by the physicians to make change in the hospital by working with management. It also seems the management is more supportive and wanting physician involvement/help/assistance." (Physician survey response)

- Further improvements attributed to the FEI included better access to educational opportunities, progress toward a healthier work environment, and increased attention to physician wellness.
- Overall, medical staff and HA leaders, perceived participation in the FEI as worthwhile.

Program Implementation

MSA Priority Setting – Project Approval Process

Engagement projects implemented by sites were analyzed using the Cloutier et al's. (2016) Types of Institutional Work Model²– *relational work, conceptual work, structural work, operational work*

- The bulk of projects at sites aimed to improve relationships (i.e. *relational work*).

¹ [Link to Evaluation Report \(full version\)](#).

² Cloutier C., Denis JL., Langley A., Lamonthe L. "Agency of the Managerial Interface: Public Sector Reform and institutional Work," *JPART26*, no. 2 (2015), http://www.medsp.umontreal.ca/IRSPUM_DB/pdf/24678.pdf; [Types of Work definitions](#)

- While relationship building is a sensible approach during the early stages of engagement, increased focus on *conceptual, structural and operational work* will increase program sustainability.

Program Costs

- No association was found between the rate of site-level spending and improved engagement at this stage of the initiative.
- Across hospitals of all sizes, medical staff sessional claims comprised the majority of site spending.

Program Barriers

- Sites defined the term “engagement” in ways that resonated with their facility. Inconsistent definitions of “engagement”, and managing stakeholder expectations posed challenges.
- Medical staff’s *lack of time* to participate in the initiative were reported to be a primary barrier to successful engagement.

Program Facilitators

- Supports provided to the MSAs by the SSC were generally valued, in particular the Facility Engagement Liaisons (FELS) and FEMS.
- Factors associated with engagement success and sustainability at a site-level were reported as: (1) *role of project manager*, (2) *timing of physician-HA administration contacts*, (3) *depth of relations between physicians and HA administration*, (4) *connections, coordination and integration between FEI and other programs*, and (5) *succession planning*.

Next Steps/ Recommendations

1. An adapted IAP2 Spectrum of Engagement³ framework will be provided to sites to further articulate how medical staff and health authorities can engage with one another. Sites are encouraged to use this tool to align engagement objectives and expectations between the medical staff and health authority partners.
2. In addition to ‘relational work’, MSAs are encouraged to use the Cloutier’s *Types of Institutional Work Model* to also focus on *conceptual, structural, and operational work*. Examples include examination of how MSA executives/working group can better represent and support MSA members’ priorities through governance and communication, development of succession plans, enhancement of financial management and leadership skills, and the implementation of monitoring and evaluation processes.
3. Health authorities are encouraged to continue or make concerted efforts to meaningfully consult MSAs about their plans and mandate, identify opportunities for integrating MSA representation or input into health authority clinical governance structures, and providing health authority 101 education to MSAs on how decisions are made, budgeting cycles work, and key players are involved including at senior health authority levels.
4. The Specialist Services Committee is encouraged to provide ongoing administrative support to MSAs in order for these groups to succeed, and enable cross-site information sharing including best practices.

³ FEI IAP2 Resource Guide