

# Facility Engagement Management System (FEMS)

For **incorporated** Physician Societies



The Facility Engagement Initiative (FEI) is a provincial initiative created to strengthen collaboration between physicians and health authorities

# 

#### **Success Story**

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Terrace physicians are improving their relationship with Northern Health Authority

Monthly meetings helped visualize how the **physician projects** fit into the **strategic plan** for the Northern Health Region Physicians met monthly with health authorities to discuss projects and challenges

They worked on aligning physician priorities with the health authority's strategic plan

The outcome was increased collaboration to **improve patient care** 



Facility Engagement Management System (FEMS) is a web-based system to track and report how funds have been spent

#### **FEMS and Engagement Activities**

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**FEMS** helps process claims and assist with the management of funds for **Engagement Activities (EAs)** 

EAs include meetings, working groups, conferences, events, committees, etc.



Terrace physicians qualified for FEI and created a Physician Society to access funding

Physicians used FEMS to track funds spent on engagement activities and were paid for attending meetings

Terrace physicians' priorities were shared with health authorities in monthly meetings





#### **Incorporated** Physician Society

Larger medical staff associations (MSAs) are required to establish a **physician society**, which is a non-profit incorporated structure.

> This **legal structure** allows MSAs to:

All non-profit societies in British Columbia are required to hold an **annual general meeting (AGM)** to provide an update on the work done and present year-end financial statements.

If AGM is held between Jul 1 and Sept 30, the year-end financial statements ending March 31 are presented. If AGM is held between Oct 1 and Dec 31, the year-end financial statements ending March 31 with Q1 financial statements ending June 30 are presented. 1

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Hold Facility Engagement (FE) funds

Hire staff for the purpose of administering the FEI at your site

Provide liability protection for the physician society executives



#### **Governance Work**

refers to engagement activities performed by physicians acting as the Board of Directors of incorporated **physician societies** 



Year Année	Canada Revenue Agency 2017	Agence du revenu du Canada	State État	ment of de la ré	T4 Remuneration Pa munération payé	ald e
		Employment income - line Revenus d'emploi - ligne	101	,	Income tax deducted - I npôt sur le revenu retoriu -	ne 437 - Igne 437
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-		RPP contributions = I Cots ations & up RPA =	ne 207 Ione 207		Chartisble donations - Dons de bienteisance -	line 343

If a physician is working as a Board Director, the Canadian Revenue Agency (CRA) considers the physician to be an employee of the society. Thus, governance work is subject to deductions at source, such as income tax and CPP.

T4s will be issued by the physician society following each calendar year end for inclusion in the physician's personal tax return.

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Executives who perform governance work will submit claims for their time and expenses in FEMS and receive their payment via cheque or email transfer (EFT).



# BOARD of DIRECTORS

Governance Structure

If a physician is working as a **Board Director**, CRA considers the physician to be an **employee of the society**. Thus, governance work is subject to deductions **at source**, such as income tax and CPP.

All physicians (who are members of the medical staff association) will automatically become voting members of the Physician Society and all other medical staff may become nonvoting members.

MEMBERS of the PHYSICIAN SOCIETY

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Directors (see next slide) will claim for Governance Work in FEMS and receive their payment via cheque or email transfer because of required deductions: income taxes and CPP.

Members of the Physician Society attending meetings will submit claims for their time and expenses in FEMS and receive their payment via VersaPay.



The **minority** of the Directors

will have the option to claim either for governance work or operational work in FEMS.

#### **Governance work typically includes the following:**

- Preparing for and attending meetings of the board, its committees (e.g., working group), and the society's annual and special meetings
- Reviewing, approving and monitoring the society's budget
- Establishing policies and procedures, evaluating and approving initiatives, and ensuring the society complies with the society's constitution and bylaws, applicable laws, and regulations

**BOARD of DIRECTORS** 



# The **majority** of the Directors

will always claim for governance work in FEMS and receive their payment via cheque or email transfer.

The **majority** of the Directors

will always claim for governance work in FEMS and receive their payment via cheque or email transfer.



### **Physicians and Allied Health Professionals**

#### Executives

Approve engagement activity and associated budget
 Manage portfolio of engagement activities

#### Administrator

- Generally, **not** a physician or allied health professional
- Administers engagement activities
- Assigns members to this engagement activity
- Submits a supplier claim
- Completes SEAT information (if applicable)
- Registers a member

## Physician Society Support

#### **Engagement Activity Lead**

- A participant who is running the engagement activity
- Manages assigned engagement activity budget
- Creates sub-activities (if desired)
- Assigns members to this engagement activity
- Completes SEAT information (if applicable)

#### Participant

- A member who has been assigned to an engagement activity
- Submits claims
- Views claims
- Creates a new engagement activity

#### Member

- Anyone involved in the facility engagement initiative
- Register as a member with the facilities where they work





# https://fems.facilityengagement.ca







#### Account Registration **PROFILE DETAILS** Personal \* User Type (Please choose GP or SP based on your College Sub-Class) FACILITY Choose based on your PHYSICIANS \* Facility college sub-class Specialist Physician \_ General Practitioner Dentist **PROFILE DETAILS** ALLIED HEALTH PROFESSIONALS \* User Type (Please choose GP or SP based on your College Sub-Class) **Clinical Psychologist** \* MSP Number \* Medical Practice Type Medical Practice Type Ŧ **Medical Practice Type** -\* Prefix Administration (non-medical staff) -Allergy and Immunology \* First Name Anesthesiology Cardiac Surgery \* Last Name Cardiology Community and Rural





#### SIGN-IN DETAILS

#### \* Password 🜖

Password

#### \* Confirm Password

Confirm Password

VersaPay is the Canadian equivalent to **PayPal** 

Sign up at <u>https://secure.versapay.com</u>

#### **PAYMENT DETAILS**



Direct Deposit (via VersaPay) is set as default for all new FEMS users. Only the **administrator can change the method of payment** if a physician requests it.

#### PAYMENT DETAILS

Payment Method	
Cheque	
Cheque	
Direct Deposit (via VersaPay)	
Email Transfer	



Train Physicians

# VersaPay https://secure.versapay.com

	Sign Up for VersaPay	Add a bank account			
	Business Name	Select your bank:	v	Your Name	DATE
	Use your legal name if signing up for a personal account.		Don't see your bank?		
	First Name	Transit number:	38314		DOLLARS
	Last Name	Account number:	5948894300	MEMO Transit Institution	Account
	Email	* Account holder:	MKY Clothing		
	Password				
	Repeat Password	Address Line 1: 123 Yo	our Street		
	Already have an account? Please Sign In.	Address Line 2: Apt. 2	206		
	By creating an account you agree to our <u>user agreement</u> , <u>privacy policy</u> and to accept transactional and newsletter emails from VersaPay Corporation.	City:			
	Sign Up	Province/State:	<b>v</b>		
		Postal/Zip:			
Add pe	rsonal information				
reque	ested and submit.	☐ I agree to the <u>Pre-au</u> instructions.	thorized Debit Agreement allowin	g Versapay to debit this account according to my	1
NOT	E: Use the same	Add Bank Account			
nerso	nal email address				
TOT FE	ivis and versapay.	You must	add vour bank	account to the VersaPa	av account.
		Click on	Add Bank Acco	unt under the Quick Li	nke monu
			AUU DAIIK ALLU		





How to create an Engagement Activity and Sub-Activities



Scenario



Overall PS Allocation \$500,000



Notifications       New Users: New members who have registered for FEMS but are not yet assigned to any engagement activities.         Notifications       Pending Review Claims: Claims that require review and approval.         Pending Review Problems: Claims that have not been paid due to an error (e.g., a physician has not yet confirmed their VersaPay bank details). Contact FEMS Support if additional information is required.         Privacian society       Statubular e autoration of FUNDS REMAINING of Friends Physician Society       FUNDS REMAINING of Statubate Required: SEAT Update Required: SEAT EAs requiring progress updates (if applicable).		Welcome to The Facility Enga Sign into y name_lastnar name_lastnar name_lastnar name_lastnar name_lastnar	agement Managemen /our account ne@gmail.com Sign in Forgot Password? u agree to our Terms of Use.	<section-header><section-header><section-header><text><text><text></text></text></text></section-header></section-header></section-header>	
	Deskboard       Activities       Claims       Fin         Dashboard       Activities       Claims       Fin         Image: Comparison of the system of the syst	ance - Reporting sers S • FUNDS REMAINING • \$338,036.85	<ul> <li>Notification</li> <li>New Users: FEMS but a activities.</li> <li>Pending Re approval.</li> <li>Payment Pr to an error VersaPay ba additional i</li> <li>Unclaimed days from in FEMS Supp</li> <li>SEAT Updat updates (if</li> </ul>	New members who have not yet assigned to view Claims: Claims that have details). Contact Flank details). Contact Flank details). Contact Flands: Claims that have nitiation of the payme ort if additional inform the text of tex of text	ave registered for any engagement nat require review and nave not been paid due not yet confirmed their EMS Support if d. ve not been paid in 30 nt request. Contact nation is required. requiring progress



FE FACILIT ENGAGEMEN An SSC Initiative	Y			S	upport 🌲 🧲	Welcom	e Mrs. Geller 👻
Dashboard Act	tivities Claims	Finance -	Reporting -				
Dashboard > Manage Engage	ement Activities						
Manage Engag	gement Activit	ies					
Engagement Activities 👻	Lead - Statuses -	Physician Society/MS	A - Priority - More	•			
ENGAGEMENT ACTIVITIES $\hat{}$	PHYSICIAN SOCIETY/MSA		STATUS	FUNDS COMMITTED	YTD ≑ (ACTUALS)	CUMULATIVE (ACTUALS)	CUMULATIVE ACTUALS %
Pending Approval				-			
Working Group - Aug Meeting	Friends Physician Society	Smith TEST, John	Pending Approval	\$100.00	\$0.00	\$0.00	0%
Active							
Weekly Meeting - Test	Friends Physician Society	Black TEST, Richard	Active	\$500.00	\$0.00	\$0.00	0%
Draft							
Working Group	Friends Physician Society		Draft	\$500.00	\$0.00	\$0.00	0%



 Dashboard
 Activities
 Claims
 Finance •
 Reporting •

 Dashboard > Manage Engagement Activities > Create Engagement Activity
 Create Engagement Activity

**SEAT: Move the toggle to YES** to include this EA in the SEAT database.

Choose **YES** if your activity builds engagement and communication with medical staff colleagues and/or your hospital or health authority; contributes to physician wellness, leadership, redevelopment, training and/or technology; and/or seeks to improve patient quality.

Engagement Activity	Budget	Roles		
* Physician Society/MSA Friends Physician Society	NOTE activit	: Move the ty is governa	toggle to	<b>YES</b> if this . Executives
* Facilities Central Perk × Is this activity governance based?	claims	against this E	ingagement	Activity and
Yes Include this activity in SEAT? Yes	Share activities with other MS Choose <b>YES</b> if your activity br with medical staff colleagues authority; contributes to phys redevelopment, training and/	SAs in our SEAT database. uilds engagement and communic s and/or your hospital or health ician wellness, leadership, or technology; and/or seeks to im	ation	
* Name of Engagement Activity Training: COVID-Related Meetings and Act	tivities	Step 1: of the e	name and engagement	description t activity
This activity is to cover physicians' time sp their colleagues and health authority partr Ultimately, it is important to communicate participate in COVID-19 activities regardle	pent planning and commu lers in accordance with F to your physician colleag ss if there is funding or ne	unicating about COVID-19 with E's funding guidelines. gues that it is essential they ot because patient safety is	h T	
* Start Date	End Date			
<ul> <li>12-09-2021</li> <li>* MOU Category</li> <li>Issues of importance to the medical staff</li> </ul>	mm-dd-	уууу	•	



Dashboard	Activities	Claims	Finance -	Reporting -				
Dashboard > Manag	e Engagement Acti	ivities > Training:	COVID-Related Me	etings and Activities >	Engagement Activit	ies Admin > Up	odate Budget	
Edit Enga	agement /	Activity						
Engagemer	nt Activity	В	udget	Role	s >		SEAT	
* Commit funds to	o an Engagement A	Activity						
\$ 10,000							Step 2: spe	cify <b>budget</b>
Comments								
						li		
Next > Save	e Draft				< Back Ca	ancel		













ENGAGEMENT	* Was Health Authority Input Received?
An SSC Initiative	- Select A Input -
	Is EA Lead Contactable?
	No
	Share Physician Lead Name?  No
Include any progress, next step and results you have to report.	Progress and Next Steps <b>1</b> Indicate what progress you have made on achieving your objectives and list your next steps. (minimum 150 characters required)
NOTE: this can remain	
blank until the EA is	
approved	
	Results/Impact of Activity ③ If the project/activity is complete, provide a high level summary of the results and how the project/activity impacted engagement. Maximum 1,000 characters.
	Updated:
<b>NOTE</b> : this must be filled	
in prior to completing	
the SEAT EA.	
	Save Draft Submit Activity for Approval Cancel
	Click SUBMIT ACTIVITY
	FOR APPROVAL



Dashboard	Ad	ctivities Cla	nims	Financ	e - Reporting -				
ashboard > Manage	e Enga	gement Activities							
Manage El Create Engagement T Engagement Act	nga t Activ	gement A ity • Lead • St	<b>ctivi</b> atuses	ties • Physicia	an Society/MSA 👻 Prio	rity 👻 SEAT Status •	- SEAT ID - M	Nore ▼ Clear All Filters	
ENGAGEMENT	0	PHYSICIAN SOCIETY/MSA	٥	LEAD	STATUS	FUNDS COMMITTED	YTD (ACTUALS)	CUMULATIVE 4 (ACTUALS)	CUMULATIVE ACTUALS
Pending Approva	I								
G Training: COVID-Related		Friends Physici Society	an	Geller, Monica	Pending Approval	\$10,000.00	\$0.00	\$0.00	0%









#### Training: COVID-Related Meetings and Activities

Friends Physician Society







# How to create a Sub-Activity





Dashboard	Activities Clair	ns Finance <del>-</del>	Reporting -			
shboard > Manage Er caining: CO ends Physician So dit Activity Creat	gagement Activities > Tra VID-Related ciety e a Sub-activity Subrr	aining: COVID-Related Mee Meetings and it a Claim Submit an E	tings and Activities Activities Activities Attach Fil	The <b>Engag</b> must be in Hold Activity Complete	e Activity	
Details SEAT		Click hara to	Creata		BUDGET TRACKING	
DETAILS		a Sub-ac	tivity		Funds Committed \$1,000.00	
01-1-1-	A shine I	5		Control Dark	Cumulative Actuals	(
Status	Active	Fac	cliities	Central Perk	\$0.00	
Priority	Normal 🛧	Mo	U Category	Issues of importance to medical staff	Funds Remaining	100
	Dec 08, 2021					
Starts					d1 000 00	

This activity is to cover physicians' time spent planning and communicating about COVID-19 with their colleagues and health authority partners in accordance with FE's funding guidelines. Ultimately, it is important to communicate to your physician colleagues that it is essential they participate in COVID-19 activities regardless if there is funding or not because patient safety is paramount during this crisis.

FE FACILITY ENGAGEMENT	FEE FACILITY ENGAGEMENT Ar SIC Initiative	Test Environment A Create a Sub-Activity	Support 🔺
An SSC Initiative	Dashboard Activitie	es Cl * Activity Type	
Activity Type Activity Type Administration Conference Meeting	Training: COVID- Basician - COVID-	Related No	Share activities with other MSAs in our SEAT database. Choose <b>YES</b> if your activity builds engagement and communication with medical staff colleagues and/or your hospital or health authority; contributes to physician wellness, leadership, redevelopment, training and/or technology; and/or seeks to improve patient quality.
Research Scholarship Task	E	* Name Covid meeting session	Fi \$
	Status Priority I Starts I Last Updated I ACTIVITY PURPOSE / SU	Active * Activity Purpose / Summary (minin Normal ↑ Dec 08, 202 Dec 08, 202 Dec 08, 202 MMARY	num 150 characters required) ans' time spent planning and communicating sagues and health authority partners in juidelines. Ultimately, it is important to n colleagues that it is essential they es regardless if there is funding or not mount during this crisis.
	This activity is to cover pl and health authority partr communicate to your phy there is funding or not be	* Start Date hysicians' ti ers in acco vsician colle cause patie	End Date mm-dd-yyyy
	Sub-Activities Participa	ants Cla <b>Submit</b> ancel Cli	ick on <b>Submit</b>
	The sappr	Sub-Activity does NC oval and will be in Ac	OT need any ctive Status







dit Activity Cre	ate a Sub-activity Submit a Clain	n Submit an Expense Attach Fi	Hold Activity Complete A	Activity	
ETAILS				BUDGET TRACKING	
Status	Active	Facilities	Medical Society Association (Test) Facility	Funds Committed \$500.00	
Priority Starts	Jul 24, 2018	MoU Category	Working environment for	Cumulative Actuals	0%
turto	00124,2010		physicians 🚯	\$0.00	
				Funds Remaining	100%
				\$500.00	
BJECTIVES OF	ENGAGEMENT ACTIVITY				
15 min report ou 20 min discussio 20 min – share i	it / sharing by projects (high lev on on test project collaboration new test projects or other test to	el status / plans) topic/s opics			
15 min report ou 20 min discussio 20 min – share i DESCRIPTION OI	t / sharing by projects (high levo no no test project collaboration new test projects or other test to FENGAGEMENT ACTIVITY	el status / plans) topic/s opics		_	
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Dashboar	rd > Manage Engagement Activities > Activity De		•	<ul> <li>Back to Sub-Activity</li> </ul>							
Quick Add Participant											
Contact											
Conta	act										
Bulk Add											
Add S	Selected	Click on <b>Add Selected</b>		Q Search							
	NAME	PRACTICE/DEPT +	USER TYPE	¢	STATUS +						
~	Belding, Mister	Cardiology	Medical Professional		Active						
	Bickerstaffe, Violet		Physician Society Staff		Active						
	Exec, PS	Anesthesia	Medical Professional		Active						
	Kapowski, Kelly	Obstetrics and Gynecology	Medical Professional		Active						
	Morris, Zack	Occupational Medicine	Medical Professional		Active						
	Powers, Screech	Plastic Surgery	Medical Professional		Active						
	Slater, AC		Medical Professional		Active						
	Sleep, Jermaine	Anesthesia	Medical Professional		Active						
~	Spano, Jessie		Medical Professional		Active						
	Turtle, Lisa		Physician Society Staff		Active						



		•	This is the <b>Engagement Activity</b> must be in <b>Active Status</b>		
Veekly Me	eting - Test	L			
dit Activity Creat	e a Sub-activity Submit a (	Claim Submit an Expense A	ttach Files Hold Activity Comp	lete Activity	
)ETAILS				BUDGET TRACKING	
tatus	Active	Facilities	Medical Society Association (Test) Facility	Funds Committed \$500.00	
riority	Normal 🛧 Jul 24, 2018	MoU Categor	Working environment for	Cumulative Actuals	0%
			physicians 🕤	\$0.00	
				Funds Remaining	100%
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Create a SUD-a		just of cu			
Sub-Activity Na	mes - Types -				
NAME	<i>x</i>	¢ TYPE		IULATIVE ACTUALS	N \$
Research for	weekly meeting	Research Active	\$50.00 \$0.	00 0%	



Train Physicians

# How to submit











When can I submit a claim? When you claim your attendance time in an engagement activity. Any expenses incurred can be submitted with the claim.

# Example:

Attend a meeting for an hour

#### Submit a claim in FEMS

#### Get paid via VersaPay

**NOTE:** Executives who perform **governance work** will receive their payment via cheque or email transfer










ubmit a	Claim	
abrine a		
Tin	me Expenses Review	
EXPENSES	If submitting for <b>expenses only</b> , please select the expense type, amount, and attach a receipt. Please "Skip Expenses" if there are none. Skip Expenses >	
* Expense/Mile	ileage	
Parking	▼ Remove Expense	
\$ 10.00 Amount Claime \$ 10.00	Indicate the Total Amour for any expenses incurre and upload the Receipt	nt ed
Receipt	Initiality over         Nours services         Out your Definition rive         Vortext Systems approximing the BCHAR High Deal         Total Your Definition rive         Total	
Next >	< Back Save Draft Add Expense	







ubmit a Claim			
Time	Expenses	Review	
CLAIM DETAILS			
Engagement Activity	Weekly Meeting - Test		
Claimant	Richard Black TEST		
Date of Activity	Aug. 14, 2018		
Types of work			Review the <b>Number of Hours</b>
Hours for today	1.00 hour(s)		you have participated in an
Rate	\$148.31/hour		ongagement activity
Subtotal	\$148.31		and Expenses
Status	Draft	Edit	
EXPENSES/MILEAGE			
Parking	\$10.00		
Subtotal	\$10.00		
		Edit	
CLAIM TOTALS			
Тах	\$0.00		
Claim Total	\$158.31		
Submit >	< Bac	k Save Draft	











Claim #XQQG2X	Pending Review	
Request Further Info	Decline Adjust Add Comment Review	Complete - Approve
Please Note: This claim has l information be required for a	been automatically flagged for totther review by pproval.	our system. Your Physician Society will review this claim and contact you should furthe
CLAIM DETAILS		Click on <b>Adjust</b> if you
Claimant	Bunch, Susan	want to edit
Submitted by	User, System	Hours of the Day
Date of Submission	Jul. 18, 2018	or Date of Activity
Date of Activity	07-18-2018	
Hours for the day	0.50	
	@ \$70.00/hour	
Physician Society/MSA	Friends Physician	
Engagement Activity	Society	
CLAIM BREAKDOWNS		
Time	\$35.00 subtotalled amount (.50 hour(s) @ \$70.00/hour)	
Expenses	\$0.00	
CLAIM TOTALS		
Тах	\$0.00	
Claim Total	\$35.00	
Save Save & Complete F	Review	





Claimant	Screech Powers
Date of Submission	Feb. 01, 2017
Date of Activity	Feb. 01, 2017
Hours for the day	8.00 hour(s) @ \$148.31/hour
Physician Society	Friends Physician Society
Engagement Activity	Psychiatric Wait Times
Sub-Activity	Psyc WT Meetings



## Submit Expenses



When can I submit expenses? When you incur expenses for an Engagement Activity and you will need to get reimbursed. This claim doesn't include your attendance time.







ubmit an Expense	
Expenses and Mileage Review	
CLAIM DETAILS	
Supplier Invoice	
No	
* Claimant	
Black TEST, Richard	
* You participated in Engagement Activity Weekly Meeting - Test	
recky weeking - real	
* Date of Activity	
EXPENSES	
* Expense/Mileage	
Hotel   Remove Expense	
	Specify Sub-Total and
* Sub-Total Gst	Specify Sub-Iotal and
\$ 150.00	<b>GST,</b> and upload <b>Receipt</b>
Amount Claimed \$ 170.00	
* Receipt	
tor Dipioad File	
End and a second	
	Click on Add Expenses if
	Click on Add Expense If y
-	incurred multiple expension
Nexc2 Save Draft	Add Expense

### Submit Expenses



### Submit Expenses

	Submit an Expens	se			
	Expenses	Review			
	CLAIM DETAILS			_	
	Engagement Activity	Mental Health Teenage Pregnancy			
	Sub-Activity	Outreach			
	Claimant	Ross Geller			
Review your	Date of Activity	Jul. 24, 2018			
Expenses	Types of work	1	Poviouvour		
(e.g., Meals)	EXPENSES/MILEAGE		Review your	_	
	Hotel	\$150.00 ◄			
	Meals	\$50.00	(כ.צ., הטנפו)		
Review vour	Consulting	\$60.00			
Expenses	Subtotal	\$260.00			
(e.g., Consulting		E	idit		
fee)	CLAIM TOTALS			_	
	Tax	\$0.00			
	Claim Total	\$260.00			
	Submit >	< Back Save Dr	aft		
					1





## Submit a Supplier Claim



When can I submit a supplier claim? When you incur expenses for an engagement activity by an external supplier, and they need to be paid for their work. You will submit a supplier claim in order **to pay invoices.** 



Room rental cost for a meeting

Catering for a meeting

Professional speaker for a meeting

Submit a supplier claim in FEMS

Invoices will be paid by cheque or EFT



FACILITY		Submit a Supplier	Claim
An SSC In	AGEMENT itiative	Add Supplier	
	Submit an Expense	* Contact First Name First Name	
Move the toggle	Expenses and Mileage Review	* Contact Last Name Last Name	
Invoice	CLAIM DETAILS	* Payee Name Company Name	
1	Supplier Invoice	* Physician Society/MSA Friends Physician Society	
2 Click on <b>+Add New</b> under <b>Supplier</b>	* Physician Society/MSA Friends Physician Society  * Supplier  - Select A Supplier  Miller, Keith (George Hotel - Room Jental) Sutton, Rob (Custom Posters dignage and Banners) Verk, Lina (Coffee and Pretries Shop)  + Add New  08-16-2018  Reference Number	<ul> <li>Address</li> <li>Street Address, PO Box, company name, c/o</li> <li>Address Line 2 <ul> <li>Apartment, suite, unit, building, floor etc</li> </ul> </li> <li>City <ul> <li>City</li> <li>City</li> </ul> </li> <li>Province <ul> <li>British Columbia</li> <li>Postal Code</li> <li>Postal Code</li> <li>Country</li> <li>Canada</li> </ul> </li> </ul>	Fill out the form with the supplier information and select a payment method
	EXPENSES	Primary Number Primary Number  * Email Address Email  PAYMENT DETAILS  * Payment Method Cheque	
	Amount Claimed \$ 0.00	Submit Cancel	



Fill out the form with the supplier information and select payment method



The finance administrator will:
Process payments using an accounting software (QuickBooks/Sage 50)
Make payments to the suppliers based on payment method

#### If you select:

- **Cheque,** you will indicate the mailing address of the supplier in this form
- Email transfer, you will indicate the email address of the supplier

#### Add Supplier

#### \* Contact First Name

First Name

#### \* Contact Last Name

Last Name

\* Payee Name

Company Name

\* Physician Society/MSA

Friends Physician Society

\* Email Address

Email

#### PAYMENT DETAILS

\* Payment Method

Cheque

Cheque

Email Transfer

Submit Cancel



### Submit a Supplier Claim

Supplier Invoice Ves	Submit an Expens	e
Physician Society/MSA     Friends Physician Society	Fynenses	Review
	Схренаса	
Catering *	CLAIM DETAILS	
Expense to be charged to     Mental Health Teenage Pregnancy	Engagement Activity	Mental Health Teenage Pregnancy
* Sub-activity to be charged to Outreach	Sub-Activity	Outreach
* Date of Activity	Claimant	Miller, Keith
	Date of Activity	Sep. 04, 2018
Reference Number	Types of work	
	EXPENSES/MILEAGE	
EXPENSES	Meals	\$250.00
* Expense/Mileage Remove Expense	Subtotal	\$250.00
* Total Amount (incl. taxes)		Edit
\$ 250.00	CLAIM TOTALS	
Amount Claimed \$ 250.00	Тах	\$0.00
* Panalist	Claim Total	\$250.00
	Submit >	< Back Save Draft
Next > Save Draft Add Expense		



#### Submit a supplier claim for Physician Society credit card expenses

		* Contact First Name
ibmit an Expense		First Name
		* Contact Last Name
Expenses and Mileage	Review	Last Name
		* Payee Name
		Company Name
CLAIM DETAILS		* Physician Society/MSA
		Friends Physician Society
Supplier Invoir Move the tog	gle to	* Address
		Street Address, PO Box, company name, c
Supplier Invo	olce	Address Line 2
		Apartment, suite, unit, building, floor etc
* Physician Society/MSA		* City
Friends Physician Society	-	City
		* Province
		Dublish Oshurshis
* Supplier	Indicated the DE Credit Card you	British Columbia
* Supplier Physician , Visa Card (Society )	Indicated the <b>PS Credit Card</b> you	* Postal Code
* Supplier Physician , Visa Card (Society )	Indicated the <b>PS Credit Card</b> you wish to submit an expense for	Postal Code     Postal Code
* Supplier     Physician , Visa Card (Society )     * Expense to be charged to	Indicated the <b>PS Credit Card</b> you wish to submit an expense for	Postal Code     Postal Code     Country
* Supplier     Physician , Visa Card (Society )     * Expense to be charged to     Mental Health Teenage Pregnancy	Indicated the <b>PS Credit Card</b> you wish to submit an expense for → a) Select the appropriate	Postal Code     Postal Code     Country     Canada
* Supplier Physician , Visa Card (Society ) * Expense to be charged to Mental Health Teenage Pregnancy	<ul> <li>Indicated the PS Credit Card you wish to submit an expense for</li> <li>→ a) Select the appropriate engagement activity (and why activity is the sector)</li> </ul>	Postal Code     Postal Code     Country     Canada     Primary Number
<ul> <li>* Supplier</li> <li>Physician , Visa Card (Society )</li> <li>* Expense to be charged to</li> <li>Mental Health Teenage Pregnancy</li> <li>* Sub-activity to be charged to</li> </ul>	<ul> <li>a) Select the appropriate engagement activity (and sub-activity if required)</li> </ul>	Postal Code     Postal Code     Country     Canada      Primary Number     Primary Number
<ul> <li>* Supplier</li> <li>Physician , Visa Card (Society )</li> <li>* Expense to be charged to</li> <li>Mental Health Teenage Pregnancy</li> <li>* Sub-activity to be charged to</li> <li>Outreach</li> </ul>	<ul> <li>a) Select the appropriate engagement activity (and sub-activity if required)</li> <li>b) In Date of Activity, enter the date the expanse way</li> </ul>	Postal Code     Postal Code     Country     Canada     Primary Number     Primary Number     Email Address
<ul> <li>* Supplier</li> <li>Physician , Visa Card (Society )</li> <li>* Expense to be charged to</li> <li>Mental Health Teenage Pregnancy</li> <li>* Sub-activity to be charged to</li> <li>Outreach</li> </ul>	<ul> <li>a) Select the appropriate engagement activity (and sub-activity if required)</li> <li>b) In Date of Activity, enter the date the expense was incurred on the credit card</li> </ul>	Postal Code     Postal Code     Country     Canada      Primary Number     Primary Number     Email Address     Email
<ul> <li>* Supplier</li> <li>Physician , Visa Card (Society )</li> <li>* Expense to be charged to</li> <li>Mental Health Teenage Pregnancy</li> <li>* Sub-activity to be charged to</li> <li>Outreach</li> <li>* Date of Activity</li> </ul>	<ul> <li>a) Select the appropriate engagement activity (and sub-activity if required)</li> <li>b) In Date of Activity, enter the date the expense was incurred on the credit card</li> <li>c) In Reference Number, enter</li> </ul>	Postal Code     Postal Code     Country     Canada  Primary Number Primary Number  • Email Address Email  PAYMENT DETAILS
<ul> <li>* Supplier</li> <li>Physician , Visa Card (Society )</li> <li>* Expense to be charged to</li> <li>Mental Health Teenage Pregnancy</li> <li>* Sub-activity to be charged to</li> <li>Outreach</li> <li>* Date of Activity</li> <li>@ 09-04-2018</li> </ul>	<ul> <li>a) Select the appropriate engagement activity (and sub-activity if required)</li> <li>b) In Date of Activity, enter the date the expense was incurred on the credit card</li> <li>c) In Reference Number, enter the name of the vendor the</li> </ul>	Postal Code Postal Code Country Canada Primary Number Primary Number * Email Address Email PAYMENT DETAILS
<ul> <li>* Supplier</li> <li>Physician , Visa Card (Society )</li> <li>* Expense to be charged to</li> <li>Mental Health Teenage Pregnancy</li> <li>* Sub-activity to be charged to</li> <li>Outreach</li> <li>* Date of Activity</li> <li>@ 09-04-2018</li> </ul>	<ul> <li>a) Select the appropriate engagement activity (and sub-activity if required)</li> <li>b) In Date of Activity, enter the date the expense was incurred on the credit card</li> <li>c) In Reference Number, enter the name of the vendor the expense was paid to</li> </ul>	Postal Code     Postal Code     Country     Canada  Primary Number Primary Number  • Email Address Email  PAYMENT DETAILS  • Payment Method Cheque

Select Cheque in the Payment Details



#### Submit a supplier claim for Physician Society credit card expenses

Supplier Invoice Yes Thereis is a Society (182)	S	Submit an Expense	e
Friends Physician Society	•		
* Supplier		Expenses	Review
Physician , Visa Card (Society )  * Expense to be charged to	a) Select the appropriate	CLAIM DETAILS	
Mental Health Teenage Pregnancy * Sub-activity to be charged to	sub-activity if required)	Engagement Activity	Mental Health Teenage Pregnancy
Outreach     * Date of Activity     * Dete of Activity	date the expense was	Sub-Activity	Outreach
Reference Number	c) In <b>Reference Number</b> , enter the name of the ven <u>dor the</u>	Claimant	Visa Card Physician
EXPENSES	expense was paid to d) Attach a receipt as required	Date of Activity Types of work	Sep. 04, 2018
* Evnense/Mileans		EXPENSES/MILEAGE	
Consulting    Sub-Total	Remove Expense	Consulting	\$500.00
\$ 480.00	\$ 20.00	Subtotal	\$500.00
Amount Claimed \$ 500.00 * Receipt			Edit
No. 1992	Dpload File	Tax	\$0.00
a ti		Claim Total	\$500.00
Next>	Save Draft Add Expense	Submit >	< Back Save Draft



### Submit an Internal Operating Expense



# What is an Internal Operating Expense (IOE)?

An IOE is an expense that is not directly related to any engagement activities, but is related to running the MSA for the purposes of the FEI.





![](_page_60_Picture_0.jpeg)

	FEMS	PAYMENT METHOD
1 Claims	Entered into FEMS: • Physician Claims • Director Claims	Paid via direct deposit (VersaPay) Paid by cheque or EFT (Governance)
2 Expenses	Entered into FEMS	Paid via direct deposit (VersaPay)
3 Supplier Claims	Entered into FEMS	Paid by cheque or email transfer
4 Internal Operating Expenses		Paid by cheque or PS credit card

![](_page_61_Picture_0.jpeg)

## FEMS Quiz

![](_page_61_Picture_2.jpeg)

![](_page_61_Picture_3.jpeg)

Received an invoice for a catering service

![](_page_61_Picture_5.jpeg)

![](_page_61_Picture_6.jpeg)

Paid on Physician Society credit card

![](_page_61_Picture_8.jpeg)

- Paid \$730.00 on personal credit card
- Received an invoice for the balance: \$ 1,000.00

![](_page_62_Picture_0.jpeg)

## Financial Interface

	FEMS	QuickBooks or Sage 50
1 Claims	<ul> <li>Physician Claim: \$150.20 (paid VersaPay)</li> <li>Director Claim: \$150.20 (paid by cheque)</li> </ul>	Physician Claim: \$150.20     Director Claim: \$135.20     Income taxes \$ 15.00     CPP (PS pays Govt.) \$ 5.00     Total: \$155.20
2 Expenses	• Parking Expense: \$12.50 (paid VersaPay)	• Parking Expense: \$12.50
3 Supplier Claims	• Catering Service: \$170.75 (paid by cheque)	• Catering Service: \$170.75
4 Internal Operating Expenses		• Office Rent: \$1,300.00 (paid by cheque or PS credit card)
Differe and Q	ence between FEMS uickBooks/Sage 50: \$1,3	05.00

![](_page_63_Picture_0.jpeg)

Submit an Internal Operational Expense

![](_page_63_Picture_2.jpeg)

The finance administrator will create a **Transaction** in FEMS to submit an Internal Operating Expense **after** all the payments have been processed in QuickBooks or Sage 50

FE FAC ENGA				Support 🌲 3		Welcome N	Irs. Geller ·	•				
Dashboard	Activities	Claims	Finance	<del>-</del> Rep	oorting <del>-</del>							
Dashboard > Finance	Transact	Transactions										
Transactions			Payment	Payment Requests								
Create Transaction	Create Transaction Date  Business Events BE # Reference #				ments							
Date 👻 Busines					ician Society/MSA		Dept. 🔻	Acc. Names 👻	Mor	e 🔻		
EVENT DATE SUSINESS EVENT BE RE			REFERENCE \$ NUMBER	CLAIM NUMBER	PHYSICIAN SOCIETY/MSA		DEPT	ACCOUNT NAME	\$	DEBIT ÷ AMOUNT	CREDIT	\$
BE-006571: Clair	BE-006571: Claim Approved											

![](_page_64_Picture_0.jpeg)

![](_page_65_Picture_0.jpeg)

# Physician Society Account Management

![](_page_66_Picture_0.jpeg)

Support Welcome Ms. FE Ad									e Ms. FE Admin 👻	
	Dashboard Activities Claims Finance - Reporting - Surveys Accounts & Settings									
Das	Dashboard > Accounts & Settings Sign Out									
	Accounts & Settings Physician Societies/MSAs User Management									
	User Management									
			Names	 - Email - Log	in - Societies/MSAs - Ro	oles 👻 Engagement Ad	stivities 👻 Status 👻			
	I he adm	ninistratoi		≑ FIRST ≑	EMAIL				ACCOUNT STATUS	\$
			Appollo	Jana	j2deluca@gmail.com	Last Login: 11/08/2017 15:51:50	ARHCC Physician Engagement Society: • PS Member • PS Member FAAB Hub Society: • Exec/Executive • PS Member	ARHCC Physician Engagement Society: • MI Staff room creation • Porter Paging System upgrade • Test 123 • Working Group	Active	

![](_page_67_Picture_0.jpeg)

	FAC ENGAC	ILITY GEMENT		Support Welcome Ms. FE Admin -			
	Dashboard	Activities	Claims	Finance <del>-</del>	Reporting -	Surveys	Accounts & Settings
Da	shboard > Accou	nts & Settings					Sign Out
	Se Aco	counts 8	& Settir	ngs			
	Physician So	cieties/MSAs	] </td <td></td> <td></td> <td></td> <td></td>				
	User Manage	ment					

Search Phy	sician So	ciety/MSA/	Service (	Company
,		<i>. . .</i>		

Physician Society/MSA • Entity • President • FEL • Tier •

PHYSICIAN SOCIETY/MSA	© ENTITY TYPE	EXECUTIVE PRESIDENT	FACILITY ENGAGEMENT LEAD	TIER <sup>‡</sup>	# OF ENGAGEMENT ACTIVITIES	FUNDS COMMITTED	ACTUALS <sup>‡</sup>
Friends Physician Society	Physician Society	Geller, Ross	FEL, Dobc	6	14	\$396,000.00	\$45,214.08

![](_page_68_Picture_0.jpeg)

FE FACI ENGAGE An SSC Initiativ	LITY EMENT				Supp	ort 🌲 32	Welcome Mrs. Geller -
Dashboard	Activities	Claims	Finance <del>-</del>	Reporting -			
Dashboard > Accounts	& Settings > Phy	sician Societies,	<b>/MSAs</b> > Friends Phy	ysician Society			
FriendsPS		Frie	nds Physi	cian Society	/		
Facilities		Edit	Delete				
Executives		ASS	OCIATION				
Members		N	ame		Friends Physician Societ	/	
Suppliers		M	ailing Address		111 Any Street New		
Financial Overvio	ew	P	hone		999-999-9999	ł	
Settings		Er	mail		friendsps@facilityengage	ement.ca	

![](_page_69_Picture_0.jpeg)

![](_page_70_Picture_0.jpeg)

![](_page_71_Picture_0.jpeg)


Showing 1 to 3 of 3 entries | Show 15 v entries

TRANSACTIONS

#### Actuals: Funds spent on Engagement Activities

ТҮРЕ	AMOUNT	TOTAL	ВҮ	START DATE	COMMENTS
Additional	\$5,000.00	\$5,000.00	FE Admin, Dobc	Aug 01, 2016	pre funding
Additional	\$125,000.00	\$130,000.00	FE Admin, Dobc	Nov 01, 2016	gate 1
Additional	\$125,000.00	\$255,000.00	FE Admin, Dobc	Nov 07, 2016	gate funding 2



Dashboard

Activities

Claims

Finance -

NOTE: you can set your own Claim
Threshold; However, anything over
<b>\$1,000.00</b> for claims
\$42.00 for expenses
will trigger a review by
a PS Executive or Administrator

Dashboard > Accounts & Settings > Physician	Societies/MSAs > Friends Physician Society > Claim Settings	will	trigger a revie	ew by
FriendsPS	Settings		ecutive or Adm	inistrator
Facilities	CLAIMS AUDIT LIMITS			
Executives	Claim hour limits	6 per/day* 20	per/week*	
Members	Claim Threshold Trigger	\$ 500.00	Claims l	below
Suppliers	Require review and approval of expenses?		\$500.00 v	vill NOT
Financial Overview	Yes	If Yes,	require a	pproval
Settings		Over \$ 20.00		
	Allow claims submitted to exceed engagement activity budg	et?	Expense	shelow
	No		\$20.00 w	vill NOT
	PAYMENT OPTIONS		require a	pproval
	Bundle EFT Claims?	If Yes how often?		
	Yes	Weekly	•	
	Select	YES on		
	Bundle E	FT Claims		
	Submit Cancel			

Reporting -



FE FA ENG	GAGEMENT Cinitiative	_			Support	<b>4</b> 32	Welcome	Mrs. Geller 👻	
Dashboard	Activities	Claims	Finance 🗸	Reporting -					
Dashboard > Fina	ance > Payment Reques	ts	- Transactions						
Pavment	t Requests		Payment Reque	ests					
* Method of Pa	ayment (MoP) in italics i	ndicates these	Manage Manua	I Payments					
physician's cu actual MoP is preference).	rrent MoP preference. W used (the physician may	/hen processing / have changed	Accounting Ext	ract					
Request # 👻	Request Created 👻	Payment Date 👻	Ref. # 👻 Clai	mants 👻 Physic	bian Society/MSA ▼ Claim	# <b>▼</b> MoP		More 👻	
REQUEST #	REQUEST CREATED 🖕	PAYMENT DATE	REFERENCE #	CLAIMANT \$	PHYSICIAN SOCIETY/MSA  \$	CLAIM #	AMOUNT \$	MOP*	STATUS \$
PRK6M73X	04/17/2018			Willick, Carol	Friends Physician Society	XNZJJX	\$240.00	VersaPay	Error
PRXZNLYX	04/09/2018			Jones, Tag	Friends Physician Society	5E9WJ5	\$162.50	VersaPay	Error
PRXGR2QK	04/09/2018			Buffay, Ursula	Friends Physician Society	XNP6DX, 5764GX	\$502.92	VersaPay	Error
PRXMR67K	10/26/2017			Geller, Ross	Friends Physician Society	X8WPP5, XNPNJX, 5249E5	\$8,916.12	VersaPay	Error
PRXPVL7X	10/26/2017			Burke, Richard	Friends Physician Society	XP2GVX, XM2ME5	\$6,075.15	Cheque*	Pending



# Reports in FEMS



#### Income Statement





# Run Income Statement

Income St	tatement Reporting Period A	pr-01, 2018 to Jun-3	30, 2018	As At: Sep-13, 201			
	FFMS	Actuals 2018-2018	Prior Years Actuals Cumulative	Cumulative Allocation	Cumulative Remaining		
		\$	\$	\$	\$		
INCOME							
				80,000.00			
30500	Governance (600)	4,022.16	9,779.51	50,000.00	390.9		
30500	Medical Staff (1100)	11,611.65	712.66	22,690.00	2,400.0		
30500	Physician Services (1300)	3,307.06	3,870.20	18,000.00	265.1		
30500	Working Environment (1400)	7,044.99	6,544.19	3,021.73	508.2		
30500	Communication (1700)	4,373.08	232.93	5,000.00	9.5		
30500	Quality and Cost Improvement (1800)	3,222.98	2,313.79	11,446.00	133.1		
30500	Quality Improvement Projects (2000)	1,920.51	2,392.50	665.50	665.5		
30500	Culture (2100)	4,149.76	6,714.36	19,000.00	397.7		
Total Ministr	y Funding	41,209.30	32,560.14	305,796.98	245,540.1		
Total Inco	me	41 209 30	32,560,14	305.796.98	245,540,14		
Total Inco	me	41,209.30	32,560.14	305,796.98	245,540.1		
Total Inco		41,209.30	32,560.14	305,796.98	245,540.1		
Total Inco EXPENDIT 41202	me FURES Member time (physician and allied healthcare)	<b>41,209.30</b> 14,032.36	32,560.14 15,659.76	305,796.98	245,540.1		
Total Inco EXPENDI 41202 41301	me TURES Member time (physician and allied healthcare) Travel	<b>41,209.30</b> 14,032.36 358.25	32,560.14 15,659.76 1,581.09	305,796.98	245,540.1		
Total Inco EXPENDI 41202 41301 41311	me FURES Member time (physician and allied healthcare) Travel Conference fees	41,209.30 14,032.36 358.25	32,560.14 15,659.76 1,581.09 930.00	305,796.98	245,540.1		
Total Inco EXPENDI 41202 41301 41311 41404	me TURES Member time (physician and allied healthcare) Travel Conference fees Meals	41,209.30 14,032.36 358.25 9,065.60	32,560.14 15,659.76 1,581.09 930.00 1,179.73	305,796.98	245,540.1		
<b>EXPENDI</b> 41202 41301 41311 41404 41506	me FURES Member time (physician and allied healthcare) Travel Conference fees Meals Meeting expenses	41,209.30 14,032.36 358.25 9,065.60 30.82	32,560.14 15,659.76 1,581.09 930.00 1,179.73 26.44	305,796.98	245,540.1		
<b>EXPENDI</b> 41202 41301 41311 41404 41506 Total Meetin	me FURES Member time (physician and allied healthcare) Travel Conference fees Meals Meeting expenses gs and Conferences	41,209.30 14,032.36 358.25 9,065.60 30.82 23,487.03	32,560.14 15,659.76 1,581.09 930.00 1,179.73 26.44 19,377.02	305,796.98	245,540.1		
<b>EXPENDI</b> 41202 41301 41311 41404 41506 Total Meetin 41401	me FURES Member time (physician and allied healthcare) Travel Conference fees Meals Meeting expenses gs and Conferences Miscellaneous	41,209.30 14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93	32,560.14 15,659.76 1,581.09 930.00 1,179.73 26.44 19,377.02 3,297.46	305,796.98	245,540.1		
Total Inco EXPENDIT 41202 41301 41311 41404 41506 Total Meetin 41401 41633	me FURES Member time (physician and allied healthcare) Travel Conference fees Meals Meeting expenses gs and Conferences Miscellaneous Communications	41,209.30 14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93 83.17	32,560.14 15,659.76 1,581.09 930.00 1,179.73 26.44 19,377.02 3,297.46 106.15	305,796.98	245,540.1		
<b>EXPENDI</b> 41202 41301 41311 41404 41506 Total Meetin 41401 41633 Total Office a	me FURES Member time (physician and allied healthcare) Travel Conference fees Meals Meeting expenses gs and Conferences Miscellaneous Communications and Communications	41,209.30 14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93 83.17 3,893.10	32,560.14 15,659.76 1,581.09 930.00 1,179.73 26.44 19,377.02 3,297.46 106.15 3,403.61	305,796.98	245,540.1		
<b>EXPENDI</b> 41202 41301 41311 41404 41506 Total Meetin 41401 41633 Total Office : 40102	me FURES Member time (physician and allied healthcare) Travel Conference fees Meals Meeting expenses gs and Conferences Miscellaneous Communications and Communications Salaries & wages (Governance comp T4 needed)	41,209.30 14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93 83.17 3,893.10 4,022.16	32,560.14 15,659.76 1,581.09 930.00 1,179.73 26.44 19,377.02 3,297.46 106.15 3,403.61	305,796.98	245,540.1		
Total Inco           EXPENDIT           41202           41301           41311           41404           41506           Total Meetin           41401           41633           Total Office a           40102           Total Salari	me FURES Member time (physician and allied healthcare) Travel Conference fees Meals Meeting expenses gs and Conferences Miscellaneous Communications and Communications and Communications Salaries & wages (Governance comp T4 needed) es and Related	41,209.30 14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93 83.17 3,893.10 4,022.16 4,022.16	32,560.14 15,659.76 1,581.09 930.00 1,179.73 26.44 19,377.02 3,297.46 106.15 3,403.61	305,796.98	245,540.1		
<b>EXPENDI</b> 41202 41301 41311 41404 41506 Total Meetin 41401 41633 Total Office : 40102 Total Salari 41205	me  FURES  Member time (physician and allied healthcare)  Travel  Conference fees Meals Meeting expenses  gs and Conferences  Miscellaneous Communications and Communications and Communications Salaries & wages (Governance comp T4 needed) es and Related  Consultants	41,209.30 14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93 83.17 3,893.10 4,022.16 4,022.16 8,249.90	32,560.14 15,659.76 1,581.09 930.00 1,179.73 26.44 19,377.02 3,297.46 106.15 3,403.61	305,796.98	245,540.1		



Income Stat	tement Rep	Reporting Period Apr-01, 2018 to Jun-30				
		S	Actuals 2018-2018			
		5	s			
INCOME						
30500	Governance (600)		4,022.16			
30500	Medical Staff (1100)		11,611.65			
30500	Physician Services (1300)		3,307.06			
30500	Working Environment (140	0)	7,044.99			
30500	Communication (1700)		4,373.08			
30500	Quality and Cost Improven	nent (1800)	3,222.98			
30500	Quality Improvement Proje	cts (2000)	1,920.51			
30500	Culture (2100)		4,149.76			
Total Ministry I	Funding		41,209.30			
Total Incom	e 🤇		41,209.30			
		-				
EXPENDITU	IRES					
41202	IRES Member time (physician ar healthcare)	nd allied	14,032.36			
EXPENDITU 41202 41301	IRES Member time (physician ar healthcare) Travel	nd allied	14,032.36 358.25			
EXPENDITU 41202 41301 41311	IRES Member time (physician ar healthcare) Travel Conference fees	nd allied	14,032.36 358.25			
EXPENDITU 41202 41301 41311 41404	JRES Member time (physician ar healthcare) Travel Conference fees Meals	nd allied	14,032.36 358.25 9,065.60			
EXPENDITU 41202 41301 41311 41404 41506	JRES Member time (physician ar healthcare) Travel Conference fees Meals Meeting expenses	nd allied	14,032.36 358.25 9,065.60 30.82			
EXPENDITU 41202 41301 41311 41404 41506 Total Meetings	JRES Member time (physician ar healthcare) Travel Conference fees Meals Meeting expenses and Conferences	nd allied	14,032.36 358.25 9,065.60 30.82 23,487.03			
EXPENDITU 41202 41301 41311 41404 41506 Total Meetings 41401	JRES Member time (physician ar healthcare) Travel Conference fees Meals Meeting expenses and Conferences Miscellaneous	nd allied	14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93			
EXPENDITU 41202 41301 41311 41404 41506 Total Meetings 41401 41633	JRES Member time (physician ar healthcare) Travel Conference fees Meals Meeting expenses and Conferences Miscellaneous Communications	nd allied	14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93 83.17			
EXPENDITU 41202 41301 41311 41404 41506 Total Meetings 41401 41633 Total Office an	JRES Member time (physician ar healthcare) Travel Conference fees Meals Meeting expenses and Conferences Miscellaneous Communications	nd allied -	14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93 83.17 3,893.10			
EXPENDITU 41202 41301 41311 41404 41506 Total Meetings 41401 41633 Total Office an 40102	JRES Member time (physician ar healthcare) Travel Conference fees Meals Meeting expenses and Conferences Miscellaneous Communications d Communications Salaries & wages (Govern T4 needed)	nd allied - - nance comp	14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93 83.17 3,893.10 4,022.16			
EXPENDITU 41202 41301 41311 41404 41506 Total Meetings 41401 41633 Total Office an 40102 Total Salaries	JRES Member time (physician ar healthcare) Travel Conference fees Meals Meeting expenses and Conferences Miscellaneous Communications d Communications Salaries & wages (Govern T4 needed) and Related	nd allied - - nance comp	14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93 83.17 3,893.10 4,022.16 4,022.16			
EXPENDITU 41202 41301 41311 41404 41506 Total Meetings 41401 41633 Total Office an 40102 Total Salaries 41205	JRES Member time (physician ar healthcare) Travel Conference fees Meals Meeting expenses and Conferences Miscellaneous Communications d Communications Salaries & wages (Govern T4 needed) and Related Consultants	nd allied - nance comp	14,032.36 358.25 9,065.60 30.82 23,487.03 3,809.93 83.17 3,893.10 4,022.16 4,022.16 8,249.90			

FEMS \$41	.,209.30
<mark>QB/S</mark> \$60	),256.84
Total o	f IOE
in <mark>QB/</mark>	<mark>SAGE</mark>
\$ 20,60	04.65
CPP Expense	\$ 337.33
Office Expenses	\$ 17,600.54
Banking Fees	\$ 29.97
Profess. Fees	\$ 2,636.81
Fotal of IOE	\$ 20,604.65

#### Income Statement 01/04/2018 to 30/06/2018

REVENUE

#### QB/SAGE 50

Revenue	
Contributions	0.00
Other Income	0.00
Gain/loss on Disposal of Assets	0.00
Ministry Funding	60,256.84
Total Revenue	60,256.84
TOTAL REVENUE	60,256.84
EXPENSE	
Expenses	
Salaries & wages - Non-Governa	0.00
Salaries & wages - Governance	4,022.16
Benefits	0.00
CPP Expense	→ 337.33
El Expense	0.00
Insurance (Board insurance)	0.00
Amortization	0.00
PS Internal Operating Expenses	0.00
Office Rent (includes property tax)	0.00
Office Expenses	→ 17,600.54
Society Fees	0.00
Member Time (Physician and AH	14,032.36
Protessional Fees	2,636.81
Consultants	8,249.90
Travel	358.25
Conternece Fees	0.00
Miscellaneous	3,809.93
Meals Realized Transaction Free	9,065.60
Banking and Transaction Fees	29.97
Meeting Expenses	30.82
Communications	83.17
Total Expenses	60,256.84
	60,256.84



#### Site Report

ashboard	Activities CI	aims Finance		Reporting <del>-</del>	Surveys		
board > Reporti	i <b>ng</b> > Activity Summary			Activity Summa	ry		
ctivity S	Summary			Bank Reconcilia	tion Report		
	,			Claim Summary		_	
	1 of 31		ole Page	Evaluation Feed	back	PREVIEW PARAMETERS	ADUCC Diversion Encourses
Activit	ty Summary		Reporting	Global Members	ship	End Date	12/16/2021
Engagen	ment Activity Deecript	on	Cur Cor (In	Income Stateme	ent	EA Status	All selected (5) 💥
Active April 2 Loung	e 23 VPSA Working Dinner (VGI je)	Obtain physician input on lounge at VGH.	\$140,	Manual Paymen	ts Requisition Report	Include Sub-Activities	Yes
Board Chair	l of Directors Meeting Meeting Support	Meeting of Board of Directors for VPSA Support provided by EWG member acting as chair of	\$3,	Membership Lis	t		KESET SUBMIT
Co-Ch	nair Meeting Support	EWG meeting or subcommittee meeting. Support provided by EWG member acting as co-chair of EWG meeting or		MoU Category S	ummary		
Collab Comm	poration & Physician Advocacy nittee	subcommittee meeting. This team provides input or VCH-wide policies upon request by the HA, or acts as an advocate for the	\$79, n \$5,	Physician Claim	Status		
Collab	poration & Physician Advocacy	medical staff on those issues raised as important to the medical staff. Board members attend to provide input on VCH-wide	\$27,200	0.00 \$23,138.47	\$4,061.53		



#### Site Report

Site Reporting and Review Pro	cess	Reporting	Reporting until Nov-15, 2018				
Engagement Activity	Description	Strategic Priority	Health Authority Engagement	Cumulative Funds Committed	Cumulative Actuals	Balance Remaining	
Active							
April 23 VPSA Working Dinner (VGH Lounge)	Obtain physician input on lounge at VGH.			\$6,500.00	\$2,561.86	\$3,938.1	
Board of Directors Meeting	Meeting of Board of Directors for VPSA			\$20,339.00	\$12,098.74	\$8,240.2	
Chair Meeting Support	Support provided by EWG member acting as chair of EWG meeting or subcommittee meeting.			\$38,264.00	\$23,646.53	\$14,617.4	
Co-Chair Meeting Support	Support provided by EWG member acting as co-chair of EWG meeting or subcommittee meeting.			\$25,509.00	\$5,195.58	\$20,313.4	
Collaboration & Physician Advocacy Committee	This team provides input on VCH-wide policies upon request by the HA, or acts as an advocate for the medical staff on those issues raised as important to the medical staff.			\$40,000.00	\$34,068.11	\$5,931.8	
Collaboration & Physician Advocacy Committee: Governance	Board members attend to provide input on VCH-wide policies upon request by the HA, or acts as an advocate for the medical staff on those issues raised as important to the medical staff.			\$7,000.00	\$2,444.16	\$4,555.8	
Communications Committee	Meetings of EWG communications committee			\$13,051.00	\$7,546.40	\$5,504.6	
Community Building & Wellness (Prev. Venue Organizing Committee)	Previously: Meetings of EWG venue organizing committee December 2017: Renamed Community Building Committee Create social events with focus on topics of interest to physician members with ultimate goal of building relationships			\$41,865.00	\$37,164.71	\$4,700.2	





#### Manual Payments Requisition Report





#### Manual Payments **Requisition Report**

3		Page 1	✓ of 2 ▷ 0		PDF					
Chequ	e Requisiti	on Report	t -		(LS					A
Payment Request ±	Business Event #	Claim #	Invoice # Claim Claim Type Type	nant Date Initiate	RTF t	Payee Name	Claim	Hours	Hours GST	Expens
Saved By	The Bell				ITML					
PR9K4Q	9X				Text .					
	BE-001405	XNQPV5		Mar 10 2017	csv .c	AC Slater	2.00	130.00	0.00	5.30
	BE-001411	5JGY3X		Mar 10, 2017	mage	AC Slater	2.00	130.00	0.00	5.30
	BE-002423	5ZKJYX		Mar 10, 2017	Slater,AC	AC Slater		0.00	0.00	100.00
PRGX9Z	DK		Claimant Type	S						
	BE-001412	54WL6X	= Supplier Cla	Mar 14, 2017	Morris,Zack	Zack Morris Inc	1.00	148.31	7.42	
PRK2RL	3K		_							
	BE-002487	5RLJL5	1256 S	Apr 11, 2017	Bourdain, Anthony	No Reservations Catering Inc		0.00	0.00	250.00
PRK6NI	3K		_							
	BE-002421	5WDJYX	G	Mar 16, 2017	Morris,Zack	Zack Morris	10.00	1483.10	74.16	
	BE-001404	5274WX	G	Mar 16, 2017	Morris,Zack	Zack Morris	2.00	296.62	14.83	5.30
	BE-001410	X6JRGX	G	Mar 16, 2017	Morris,Zack	Zack Morris	2.00	296.62	14.83	5.30
PRKJRQ	RK									
	BE-002439	5LLJ25	G	Mar 24, 2017	Belding,Mister	Mister Belding	2.00	300.04	0.00	
	BE-002441	5YD66X	G Claim Type G	Mar 24, 2017	Belding,Mister	Mister Belding	10.00	1500.20	0.00	
PRKQVI	PMX		ciulii rype o							
	BE-002486	57PVNX	Governance	Apr 11, 2017	Belding,Mister	Mister Belding	1.00	150.02	0.00	
PRKYRV	/2X		Claim							
	BE-002427	5GWVP5	G	Mar 20, 2017	Exec,PS	PS Exec	1.00	150.02	7.50	
PRX5NE	OVK									
	BE-002419	59Z8GX	S	Mar 16, 2017	Bourdain, Anthony	No Reservations Catering Inc		0.00	0.00	300.00
Totals							38.00	5329.90	140.99	1024.2



#### Claim Summary

FE FAC ENGAC	ILITY GEMENT trive				Support 🔺 🚺	Welcome Mrs. C	Geller -
Dashboard	Activities	Claims	Finance <del>-</del>	Reporting -			
Dashboard > Reporti	<b>ng</b> > Claim Summa	гу		Activity Summary			
Claim Su	mmary			Bank Reconciliation Report			
				Claim Summary			>
			A010	Evaluation Feedback	PREVIEW PARAMETERS		9
China Sammay Matad Saf Assession (74) Passa Insuran China	Techana Synth Section Factor Dan Factor Factor	Happing Hando Ju Hamilton Citating Hando Ju Hamilton Tag	en, ann an Agna Ann Rignan Tao Tao Rayan Tao 1920 - Alao Marine Tao Tao	Global Membership	Claim Approved Sta	8/16/2018	\$
androg Barner Marked Rolf Accessible (No.) Bardey Markey Social SCEDICK Do Elect 1927 Parked	B det S C	Logit	Emper Have Emper	Income Statement	Physician Society/	Friends Physician Society	Q
				Manual Payments Requisition Report	MSAs Report Type	Select	
				Membership List		RESET SUBMIT	
				MoU Category Summary			
				Physician Claim Status			



#### Claim Summary

¢ 3	9	<sup>'</sup> N	Pag	e 1 🗸	of 12 🕨 🛤		PDF	~						
Clair	ms S	Summ	ary										Rep	orting F
Physici	ia I	Engagem	ent Claim	ant	Claim	Paymen	Time Ir Speciali Physicia Reg/ Hours	icurred ist ans Amount	Genera Hours	l Practione Amount	ers Denti Hours	sts s Amount	Allied H Profess Hours	lealth iionals Amount
Society MSA	1	Adding			BE#	t Req #								
-	Phy	ysician E	ngageme	ent Society			412.50	\$64,688.70	0 403.50	\$58,555.	13		183.50	\$12,49
	Go	vernance	EA		DE		G 195.75	\$30,575.52	2					
X6YQE	05	Dr.	Hsu	Fred	011302	012073	5.00	\$741.55	5					
5J9LP)	x	Dr.	Hsu	Fred	BE- 011303	BE- 012075	4.50	\$667.40	)					
XVNPY	x	Dr.	Hsu	Fred	BE- 011304	BE- 012077	4.00	\$593.24	ł					
5LN4Q	15	Dr.	Hsu	Fred	BE- 011305	BE- 012079	4.00	\$595.32	2					
5Y29V	x	Dr.	Hsu	Fred	BE- 011306	BE- 012080	4.50	\$669.74	ţ					
XQN22	25	Dr.	Hsu	Fred	BE- 011307	BE- 012084	4.00	\$625.52	2					
XPE88	5	Dr.	Hsu	Fred	BE- 011308	BE- 012086	4.50	\$703.71	1					
5437W	x	Dr.	Hsu	Fred	BE- 011309	BE- 012089	4.00	\$625.52	2					



### Bank Reconciliation Report

FE FAC ENGAN	GEMENT					Support	<b>38</b>	Welcome Ms.		
Dashboard	Activities	Claims	Finance <del>-</del>	Reporting <del>-</del>						
Dashboard > Reporti	<b>ng</b> > Bank Reconcilia	ation Report		Activity Summa	агу					
Bank Rec	onciliation	n Report		Bank Reconcili	ation Report					
				Claim Summar	y				>	
	0 pages		Whole Page	Evaluation Fee	lback	PREVIEW PARAMETER	RS		<b>؟</b>	
			Global Membe	rship	nd Date	3/25/2019		Ø		
				Income Statem	ent	Physician Society/M	Friends Ph	ysician Society		
				Manual Payme	nts Requisition Report	MSAs Report Type	(none)	•	•	
				Membership Li	st		RE	SUBMIT		
			MoU Category	Summary						
				Physician Clair	n Status					



## Bank Reconciliation Report

#### **Bank Reconciliation Report**

	1 of 1	•			Whole Pag	je 🔹 🕂		₿	۵. ۵	ſ		Q
	A	В	С	D	E	F	G	Н	I.	J	К	L
1	Bank Reconciliation Report				_	Reporting Period Apr-11,	2018 to Ap	r-11, 2019	_		As at:	Apr-11, 2019
2	Payment Request #	Business Event #	f Claim #	Payment Date	Payee	Payment Method	Hours	Hours Amount	Expense	GST	Claim Amount	Payment Amount
3	PRK6Z7EE	74750	5U 1 7M2	Mar 07, 2010	anallack@gmail.com	VorcaPay	5.5	\$741.04		1	\$7/1.0/	\$1,964.38
4		14135	JEL/M3	Mar 07, 2015	apoliock@gmail.com	versar ay	5.5	φ741.24			Ø741.24	
5	PRK6Z7EE	74761	XQVYWZ	Mar 07, 2019	apollock@gmail.com	VersaPay			\$126.68	\$2.48	\$129.16	
<u> </u>	PRK6Z7EE	74763	XP2LZN	Mar 07, 2019	apollock@gmail.com	VersaPay			\$178.68	\$3.50	\$182.18	
6	PPK677EE	74765	541.900	Mar 07, 2010	anollock@amail.com	VereaPay			\$146.45	\$2.97	\$1/0.22	
7		14105	3420020	Mar 07, 2013	aponocil@gmail.com	versur uy			\$140.45	\$2.01	¢140.02	
8	PRK6Z7EE	74767	X8Mð11	Mar 07, 2019	apollock@gmail.com	VersaPay			\$146.44	\$2.87	\$149.31	
	PRK6Z7EE	74769	XMYR7M	Mar 07, 2019	apollock@gmail.com	VersaPay			\$146.44	\$2.87	\$149.31	
9	PRK6Z7EE	74771	57PR4K	Mar 07 2019	apollock@gmail.com	VersaPav			\$206.94	\$4.06	\$211.00	
10					aponton (ggman to the					-		
11	PRK6Z7EE	74774	5RLQDM	Mar 07, 2019	apollock@gmail.com	VersaPay			\$241.96	\$10.90	\$252.86	
12	PRK2DWQG									1		\$473.37
12	PRK2DWQG	69004	5ZGNZY	Feb 08, 2019	Dr. Shenkier	Cheque - 219	1	\$157.79			\$157.79	
15	PRK2DWQG	69005	5W67MY	Feb 08, 2019	Dr. Shenkier	Cheque - 219	2	\$315.58			\$315.58	
14												
15	PRK45GVX	58546	5V3LW6	Dec 10, 2018	Motanhaso Health Research	Cheque - 135			\$2 017 50		\$8 017 50	\$8,917.50
16	111143017	30340	313200	Dec 13, 2010	Consulting Inc.	Offeque - 155			ψ0,317.50		ψ0,917.50	
17	PRKEY5NK											\$140.39
18	PRKEY5NK	58599	54W9WW	Dec 19, 2018	Sodexo Catering	Cheque - 101			\$56.43		\$56.43	
	PRKEY5NK	58600	X82Z26	Dec 19, 2018	Sodexo Catering	Cheque - 101			\$83.96		\$83.96	
19												



## Understanding FEMS Transactions



														1		
EVENT DATE	BUSINESS EV	¢	BE NUMBER	REFERENCE ©	CLAIM NUMBER	PHYSICIAN SOCIETY/MSA	ACCOUNT	DEPT	ACCOUNT © NAME	DEBIT ¢ AMOUNT	CREDIT	0				
BE-017063: Fi		er - Receipt from DoBC												<b>-</b>		
01/04/2018	01/04/2018 Funds Transfer - Receipt from DoBC		BE- 017063	9190 PMTRX		Children's and Women's Hospitals Medical and Allied Staff	10101	0000	Cash	\$125,000.00		$\bigcirc$	CASH			
						Engagement Society										
01/04/2018	Funds Transfer - Receipt from DoBC		BE- 017063	3 PMTRX Children's Women's		20500	0000	Deferred DoBC funding	\$125		00.00					
DATE		BUSINESS EVENT	AC	COUNT	DEPT	ACCOUNT	NAME	DEBIT		CREDIT			,			
Claim Ap	provea															
10/10/20	018	Claim Approved	41	202	2 2000 Member time (physician and allied healthcare)		r time an and are)	\$946	6.74	]						
10/10/20	)18	Claim Approved 1012		)125	0000	Cheque Clearing	J			\$946.74			CHE	QUE	Cleari	ng /
10/10/20	10/10/2018 Claim Approved		20	0500		Deferred funding	d DoBC	\$946	.74							
10/10/2018		Claim Approved		30500		Ministry funding				\$946.74						
Claim Pai	id															
10/16/20	0/16/2018 Claim Paid		10	)125	0000	Cheque Clearing	,	\$946	.74			СН	EQUE Cle	earin	B	
10/16/20	10/16/2018 Claim Paid		10	)101	0000	Cash				\$946.74			CASI	• /		
							Totals:	\$2,84	0.22	\$2,840.22						



## Contact FEMS Support



femssupport@doctorsofbc.ca



604-638-4869 or 1-800-665-2262



www.fems.facilityengagement.ca