FACILITY
ENGAGEMENT
An SSC Initiative

FACILITY ENGAGEMENT INITIATIVE (FEI)

PLANNING & EVALUATION TOOLKIT | 2019

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The objectives of the Planning & Evaluation Toolkit are to provide Medical Staff Associations (MSA) with practical tools that will:

- Facilitate an understanding of the term "engagement"
- Highlight key aspects of an evaluation that MSA staff can plan for
- Assess the satisfaction and attendance rates at key events and meetings
- Assess the impact of Facility Engagement funded activities on engagement at the site level
- Assist in streamlining activity intake and assessment processes at the MSA

EVALUATION FRAMEWORK

The Centers for Disease Control and Prevention Evaluation Framework highlights the key steps in planning an evaluation, and can be a useful planning tool for MSA project staff even if the team does not have the skill set or capacity to conduct the evaluation themselves. Project planning is within the scope of a coordinator or manager, and this graphic and step-by-step guide using real examples from MSAs involved in the Facility Engagement Initiative (FEI), highlights key steps in planning a project and an evaluation. It also indicates where external support and expertise should be hired if needed.

ASSESSING ENGAGEMENT

The FEI team has created a number of practical tools specifically designed to assess the impact of FE activities on engagement. The activities for which these tools were designed were identified in the Facility Engagement Management System (FEMS) as receiving frequent sessional submissions, leading to the assumption that MSAs deem them worthy of their funds. These activities are also difficult to assess in a traditional outcome evaluation; however, capturing the impact is still important in terms of lessons learned and accountability to members of the MSA. These tools include:

- Event Feedback Survey
- Meeting/Committee Satisfaction Survey
- Attendance Rate at Re-occurring Meetings

In addition, an Activity Impact Assessment Tool has been created and can be utilized at the conclusion of all activities funded by the MSA – these include quality / operations improvement activities, needs assessments, business cases, events, meeting time and activities related to facility space.

IAP2 – IDENTIFYING ENGAGEMENT INTENT & ALIGNING EXPECTATIONS

The FEI has adopted the IAP2 Spectrum of Engagement to address a need identified through the UBC's provincial evaluation to define "engagement". Results indicated that less than half (49%) of surveyed physicians (441 of the 901 physician respondents) agreed with the statement "We have reached a high level of agreement about what physicians mean when they speak of physician engagement" (UBC final report, 2019). The IAP2 uses a tiered approach to involve those who are affected by a decision, while also clarifying how much decision-making influence is possible with relation to a specific event or meeting. We have slightly adapted the framework by removing the "involve" category. Based on user testing of this framework with FEI stakeholders, this category was not well understood and led to confusion. The overview document included here provides suggestions on how to apply the framework to ensure participant expectations are aligned with those leading the meeting / activity. The use of this framework will require minimal education with physicians and local health authority administrators. Please feel free to share this handout with anyone attending your meetings.

STREAMLINING & STRENGTHENING THE PROPOSAL INTAKE PROCESS

Most MSAs have processes established for the intake of activity proposals from their members, and these processes vary considerably from one site to another. In an effort to support this process, the FEI team has created an intake form with accompanying assessment criteria that MSAs may find helpful, particularly if decisions around funding one activity over another are being met with difficulty. The intake form has been designed with SEAT fields in mind to facilitate cut and pasting of information. The use of this form is completely optional, and users are encouraged to tailor it to meet site needs.
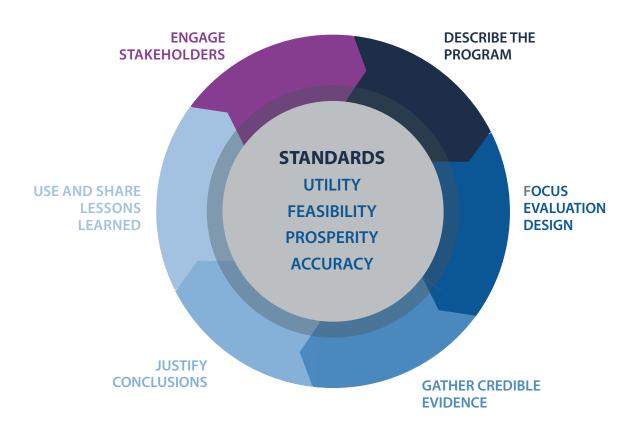
WHAT THIS TOOLKIT DOES NOT PROVIDE

This Toolkit does not include a guide on how to conduct an outcome evaluation. An outcome evaluation determines whether an activity has effectively met its target objectives or outcomes. Outcome evaluations measure progress made on meeting project/activity goals, and are therefore conducted after or near the completion of the project. Some examples of an outcome evaluation include assessing whether an intensive training program resulted in more effective counseling, screening and treating of patients, if the training program had any unintended (beneficial or adverse) effects on the target population, and if the benefits of the training justify a continued allocation of resources.[1]

If your MSA is interested in conducting an outcome evaluation of a project, we recommend that you seek support from the Research and Evaluation Department of your health authority or from an external evaluation contractor. Consultant costs vary widely depending on the complexity and length of the project. That being said, a standard estimate for evaluation costs is approximately 10% of a project's total resources.

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[1] https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf

An evaluation framework offers a practical, nonprescriptive step-by-step guide for summarizing and organizing fundamental elements of an evaluation. This framework can be utilized for relatively straightforward activities, such as an education event with speakers, or more complex activities such as a Quality Improvement project involving aggregate clinical data. If the activity at hand requires a thorough outcome evaluation and your team does not have the evaluation expertise or capacity, this framework still serves to highlight key steps to consider. For example, the *Engage Stakeholders* and *Describe the Program* stages are within the scope of MSA staff. Outsourcing the evaluation to a consultant would come in at *Focus Evaluation Design, Gather credible evidence*, and *Justify Conclusion* stages. The *Use* and *Share Lessons Learned* stage would be up to the MSA to determine who should receive the results, and how to engage your key stakeholders and end users.

Centers for Disease Control and Prevention Evaluation Framework[2]

ENGAGE STAKEHOLDERS

DESCRIBE THE PROGRAM

USE AND SHARE LESSONS LEARNED

STANDARDS
UTILITY
FEASIBILITY
PROSPERITY
ACCURACY

FOCUS EVALUATION DESIGN

JUSTIFY CONCLUSIONS

GATHER CREDIBLE EVIDENCE

[2] https://www.cdc.gov/eval/framework/index.htm

STEP 1: ENGAGE STAKEHOLDERS

This first step is identifying and reaching out to stakeholders to understand their unique perspectives, interests, and needs. Participating in this inquiry process will provide you with insight into factors that may influence the project's execution and effectiveness (e.g., high staff turnover, rural vs. urban regions), help you form the question that the evaluation is meant to ultimately answer (i.e., the evaluation question), and help you make informed decisions when designing the evaluation (either in-house or with a consultant). Consider the following questions:

- What are the needs and expectations of each stakeholder?
- Who is knowledgeable about the issue and would have insights to share?
- Who has unique perspectives that might highlight nuances?
- Who are the people that you need to involve to ensure you have the necessary permissions?

FE Example

When one facility transitioned from an out dated location to a new one, transition was welcome, but rocky. The design of the new spaces were not as workable as expected, and patient flow and congestion challenges in the ER escalated within the first few week. Around the same time, patient visits increased significantly. Physicians and frontline staff were feeling stressed about the congestion and patient safety, but did not feel their concerns were being heard by health authority administrators who were not in the hospital every day. So they met on their own time to brainstorm solutions - a process that created good ideas, but also created some friction with the health authority counterparts, who were not involved in the discussions. Eventually, administrators and clinicians began to talk and look for common goals. Once meetings started, improvements happened quickly: a dedicated trauma bay, a heart stroke protocol, simulation training, redeployed nursing support for waiting patients, improved hospital signage, a new paging system and space redesign for new beds.

STEP 2: DESCRIBE THE ACTIVITY

Step 2 is clearly defining the goals and objectives of the activity. Use the information you gathered in Step 1 to develop SMART (Specific-Measurable-Achievable-Relevant-Timed) objectives, and describe any factors within the context of the project that will affect its success. At this stage, it is important to identify potential challenges that may arise and to develop corresponding mitigation strategies. Consider the following questions:

- What is the project trying to improve (e.g. enhanced communication between nurses an physicians in the ER)?
- What resources are available to implement the project (e.g., funds, time, leadership buy-in)?
- What activities will help to achieve the project objectives (e.g., bimonthly strategic planning session with stakeholders)?
- What are the direct results of these activities (e.g., improved knowledge and attitudes)?

FE Example

Physicians providing maternity services in a rural location noticed that maternity care could be somewhat fragmented and difficult for their clients to coordinate. Seeing an opportunity to improve care delivery, the three physicians approached their Health Authority partners with a proposal to develop a clinic within the hospital with the purpose of integrating all required services, including public health. The physicians, Health Authority administrators, public health nurses and staff worked together to transition maternity care from two separate clinics to a centralized clinic at the hospital, where families can now receive collaborative care throughout pregnancy, delivery, and beyond. This new approach ensure that clients are served by a dedicated multidisciplinary team in a central clinic space with convenient wraparound services.

STEP 3: FOCUS EVALUATION DESIGN

An evaluation design is, simply put, the blueprint of the evaluation. It is the methodology used to capture the information required to answer the evaluation question. At this stage, if the team does not posses the level of evaluation expertise required of the project, a consultant should be hired. Choosing the most appropriate evaluation design often depends on the stage that the project is in and the specific evaluation question to be answered. An outcome evaluation design is most suitable for a project to assess whether the evaluation question addresses whether the program has met or is meeting its goals and objectives.

In Step 3, when formulating an evaluation question and choosing the most appropriate evaluation design, consider:

- What is the primary purpose of the project, and/or what is the project trying to achieve?
- What stage is the project in? Is it in the middle of execution, or near completion and close to achieving its intended objectives?
- Have you incorporated information gathered from stakeholders during Stage 1 into the evaluation design?
- Who will use the conclusions of the evaluation?

FEI Example

A remote site has struggled to provide appropriate care for children and youth with mental health challenges, particularly when visiting the emergency department. A project has been co-developed and co-funded by the MSA and the local health authority to provide outreach clinics to the site and the surrounding area. With roads being a challenge even in the best weather, a blended model of face-to-face and virtual telemedicine was established. The technology enables physicians and patients to have virtual follow-up appointments to reduce time between face-to-face visits. There are many aspects of this project that can be evaluated, and the team decided to focus on providers' and patients' experience with the technology. With that in mind, they formed their research question: Does the use of virtual technology to deliver and receive mental health care improve the experience for both providers and patients? Through interviews, the project team gathered valuable information that was used to make improvements to the process of integrating the technology into the appointments.

STEP 4: GATHER CREDIBLE EVIDENCE

How will you and your team collect the information needed to answer the evaluation question? While working within the structure of the evaluation design, consider which aspects of the project will help you clearly judge the project's performance. Identify specific measurements that can be consistently tracked over time as this will provide insight into the project's progress. These are often referred to as indicators or metrics. Consider who the data will be collected from and when the data can be collected. Indicators that represent a variety of perspectives and sources (e.g., from physicians and health authority administrators) will enhance the credibility of both the evaluation and the project, generate more objective findings, and promote trust among stakeholders. Depending on the project, this stage requires some expertise in evaluation. Examples of reliable, valid indicators include participation rates, participant satisfaction feedback, and changes in policies and practices. Once you have determined which indicators you will track, think about the most appropriate form of data to collect: quantitative, qualitative, or both. Quantitative data refers to a measurement of a quantity expressed through numbers, or information that can be measured (e.g., how much, how many). Qualitative data refers to a measure of quality expressed through observations or that can be described by participants.

Consider:
- Is the data collection tool used likely to produce objective, consistent findings when administered to a population with similar characteristics? In other words, will the data be reliable?

FEI Example

Members of a small MSA have decided to use their FEI funds primarily to support attendance at meetings with their local Health Authority partners. Members wanted to ensure that funding attendance at these meetings was a worthwhile activity for participants. An evaluation plan where information gathered to track attendance and overall satisfaction with these meetings on an annual basis was developed. Noting that attendance at these meetings also impacts their health authority partners, health authority satisfaction with the meetings was also assessed. The tools used to track this data include data gathered through FEMS and tracked by the project manager on a monthly basis, and a questionnaire administered at the end of the year to meeting attendees (MSA members and HA partners). Results were reviewed by the MSA at the end of the year, and informed their decision to continue funding attendance of their members at these meetings.

STEP 5: JUSTIFY CONCLUSIONS

The purpose of this step is to draw clear, credible conclusions from the data as it relates to the evaluation question and to make practical recommendations based on those conclusions. This step involves effectively analyzing and synthesizing the data collected. To effectively analyze the body of data, evaluators must organize, categorize, and compare the data to detect trends. Synthesizing the data requires evaluators to combine the trends to gain high-level insights and pursue recommendations (developed jointly by the evaluator and policymaker). Your plan for analysis and synthesis will depend on the type of data collected, the volume of the data, and the questions answered. For qualitative data, the plan may involve grouping emerging themes from the results of open-ended survey questions. For quantitative date, statistical analysis is generally required to draw conclusions, which is often a very technical process requiring assistance from a professional statistician.

In Step 5, when drawing conclusions from the data and forming recommendations, consider:

- Do the results represent the sentiment of the majority? In other words, is the data valid?
- Could responses from a few individuals contain extreme biases (i.e., outliers)? If yes, how can these outliers be explained?
- What recommendations would best align with the values and priorities of the stakeholders?
- What recommendations can be feasibly implemented when considering varying interests and limited resources?

FEI Example

A Working Group decided to hold an education session on work-life balance and strategies for avoiding burnout. An expert speaker and 300 members of the MSA were invited. The MSA wanted to gather participants' opinions of the speaker, and so created an evaluation form that was completed at the end of the session by all who attended. The questions were created using a 5- point Likert scale to avoid yes/no responses. The Working Group also wanted to know which departments were most represented at the event, so they asked physicians to write their department name on their form. The feedback revealed that physicians would have liked to have had a longer session with their health authority representatives but in general liked the format of the presentations and found the educational session to be of value. Based on this evidence, the Working Group has recommended that another session be held in 6 months and that health authority representatives be invited to promote engagement. Results also suggested that more focus is needed on engaging the emergency department to participate in the educational session in the future.

STEP 6: USE AND SHARE LESSONS LEARNED

The final step is taking action based on recommendations and disseminating evaluation findings and lessons learned with broader audiences. The objective is to use results and documented lessons learned (e.g., successes, challenges) to mobilize action that will inform and improve future program planning—perhaps, for example, starting a new phase in the program or making course corrections based on what has been learned. The use of findings is not always straightforward: it requires strategic thinking that incorporates stakeholder feedback, and endeavors to implement recommendations while considering contextual factors such as political will. As mentioned in Step 1, designing an evaluation that meets the needs of the end user at the onset of evaluation planning is essential and will be invaluable when deciding how to use evaluation findings. For this reason, the evaluation framework is typically presented as a feedback loop—the feedback is continuously provided to allow for constant program improvement. This can be accomplished through various avenues, including interactive in person presentations, infographics, briefing notes, and written reports. In Step 6, when sharing lessons learned and implementing recommendations, consider:

- Who is the audience to be informed of the findings? What method will you use to share the results?
- Is your communications method accessible and meeting the needs and interests of each stakeholder group?
- If the results warrant further investigation, do you have the right people at the table to develop the next steps?

FEI Example

An orthopedic surgeon noticed that surgical site infections at his hospital were 2.8%, well above the national average of 1% to 2%. He and four other surgeons embarked on a mission to improve surgical standards at their facility. The hospital administration was initially reluctant to delay patient procedures; however, the physicians were able to initiate meetings and discussions to get everyone working towards the same goal, which included taking a pause and making some changes. Soon, the entire hospital - from specialists and managers, to nurses and students, to cleaners and engineers – were engaged to join the effort. The approach was far reaching, and ranged from upgrades to the hospitals ventilation system to working with GPs to ensure patients are in the best health possible prior to surgery by developing criteria that included optimizing weight and reducing risk factors related to smoking and dental health. They also looked at how post-op patients were cared for - ensuring they recovered in a different room from other infectious patients - and introduced software to prevent deep vein thrombosis. Finally, the introduction of a process to sterilize the nose with a laser and special ointment, as well as using special wipes customized for pre-op patients, was adopted. After one year, infection rates dropped well below the national average, to 0.4%. Less than six months after the procedure to sterilize pre-op patients was implemented, the infection rate dropped again to 0.2%. As results revealed themselves, others jumped in to join the effort - cleaners suggested that iPhones be kept out of the OR, engineers offered to change filters during the smoky summer months and nurses wanted CPAP equipment reviewed. By sharing results through hospital rounds, a presentation to senior health Authority leaders at HAMAC and researchers at UBC, and newsletters from the Health Authority and Facility Engagement Initiative, word of their success spread. Local providers wanted to be involved, and other facilities reached out to understand their strategies and adopt their approach.

IAP2 ENGAGEMENT FRAMEWORK
RESOURCE GUIDE

Why has the Facility Engagement Initiative (FE) adopted the IAP2 engagement framework?

Engagement and collaboration between MSAs and HA can be fostered through greater clarity on the intent of engagement activities, roles of stakeholders, and alignment of expectations. The IAP2 is a framework adopted by the Ministry of Health/Health Authorities – Doctors of BC Joint Clinical Committees to support more effective engagement between stakeholders.

	INFORM /EDUCATE	CONSULT	COLLABORATE	EMPOWER
GOAL OF ENGAGEMENT	Medical staff and Health Authority (HA) provide one another with objective information of each partners' activities.	Medical staff and HA consult with one another on draft plans, and feedback received has influence on decision-making.	Medical staff and HA partner collaborate in each aspect of the decision, including the development of alternatives and the identification of the preferred solution / strategy.	Medical staff and HA are equal partners in final decision-making.
	INCREASING LEVEL OF COMMITMENT			
PROMISE TO STAKEHOLDERS	Stakeholders will be informed throughout the activity of changes and progress.	Stakeholders will be informed, listened to and their concerns acknowledged. Feedback will be provided on how their input influenced the decision.	Stakeholders' advice and recommendations will be incorporated into decisions to the maximum extent possible.	Stakeholders' decisions will be implemented.

IAP2 GUIDE

INFORM/EDUCATE — **a one-way flow of information from one party to another**

Activities to support information sharing: webinars, information sessions, newsletters, and website resource guides.

Example: The Ministry of Health has developed a provincial Digital Health Strategy to be rolled out over the next three years. This strategy is a high-level plan designed to inform / educate stakeholders of priorities related to digital health implementation. At this stage of the strategy, the team responsible is educating stakeholders of its existence, and further consultation around the content is scheduled for a later time.

CONSULT — **input gathered from one party and utilized by another to inform decisions and tailor activities. A feedback loop back to the consulted party about how or why their feedback was or was not included in the decisions is utilized to keep all parties up to date on progress**

Activities to support consultation: surveys, questionnaires, advisory committees and meetings

Example: MSAs participating in the FEI have requested a regional meeting to bring together MSA representatives and Health Authority partners at the local and senior levels. In order to create an agenda that reflects the needs of the key stakeholders, a survey is sent to all potential participants to identify the top items they would like to discuss during the event. This information will be utilized by the meeting planners to create the agenda. Those items that did not make it on to the agenda are summarized in an email and shared with the group, with the suggestion that these items be considered at the local MSA level through meetings or events.

COLLABORATE — **co-development of processes or activities by all primary stakeholder groups (i.e. MSA and Health local Authority partners), or within one stakeholder groups (e.g. among medical staff).**

Activities to support collaboration: workshops, advisory committees

Example: A new joint decision-making table composed of HA senior leaders and MSA representatives is being proposed. A workshop has been organized to allow participants to come together to collectively create a terms of reference that articulates the purpose, the membership and top priorities.

EMPOWER — **stakeholders are the decision makers – decisions are implemented based on vote or consensus.**

Activity to support empowerment: Working Groups where all participants have equal decision making power (i.e. one participant = one vote)

Example: Dyad leadership models where administrator and medical leaders are given joint decision-making power.

Align engagement expectations between stakeholders early and often.

Recommended Strategies:

- Use tools such as project charters or terms of reference to collaboratively align engagement expectations at the onset of the work (i.e. some participants involvement will be limited to consultation, while others are empowered).
- When sending out meeting invitations to your health system partners, include the purpose of the meeting and the level of engagement being sought using the IAP2 terms (inform, consult, collaborate, empower).
- Use tools such as evaluation forms to assess whether all stakeholders involved continue to feel adequately engaged and satisfied.

Manage the perception that the IAP2 will progressively increase engagement in a linear fashion.

Recommended Strategies:

- Assess the most appropriate engagement level for each activity separately. Do not assume that subsequent work will always build on previous work.

Focus engagement efforts on shared priorities that are relevant and meaningful to your stakeholder partner.

Recommended Strategies:

- Determine optimal engagement levels based on the impact it may have on your partners' capacity and their commitment to moving the goals forward.
- Leverage the FE Site Reporting and Review Process (SRRP) to seek input from your health system partner on common priorities and develop proposed activities to meet those priorities.

Assess capacity (time, resources) to ensure achievable commitments.

Recommended Strategies:

- Prioritize activities so that they align with priorities of your stakeholder partners (i.e. Department specific changes taking place, Health Authority facility-wide goals). This will facilitate efficient project execution and is likely to improve engagement.

EVENT FEEDBACK SURVEY —
PROVIDERS & HEALTH AUTHORITY STAFF

WHEN & HOW TO USE THIS TOOL

What type of events?

One-time or a limited number of events such as regional meetings that include *both* providers and health authority representatives. There is a different form for events such as education sessions or leadership training that is tailored only for providers.

When to use this tool?

This tool is best used immediately or soon after the event has taken place.

FACILITY ENGAGEMENT
An SSC Initiative

EVENT FEEDBACK SURVEY —
(PROVIDERS & HEALTH AUTHORITY STAFF FOCUS)

EVENT NAME: _____

EVENT DATE: _____

1) Please identify the group that represents you best:

☐ Physician / MSA member   ☐ Physician / MSA leader or executive   ☐ Health Authority Partner
☐ Other provider: _____   ☐ Other: _____

2) Please indicate what objectives of the Facility Engagement Initiative's Memorandum of Understanding were met, if any *(check all that apply):*

☐ To improve communication and relationships among the medical staff so that their views are more effectively represented.

☐ To prioritize issues that significantly affect physicians and patient care.

☐ To support medical staff contributions to the development and achievement of health authority plans and initiatives that directly affect physicians.

☐ To have meaningful interactions between the medical staff and health authority leaders, including physicians in formal HA medical leadership roles.

3) Please rate the extent to which you agree with the following:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Overall I am satisfied with this event/workshop					
b) This event was a good use of my time					
c) I would attend a similar event in the future					
d) This event allowed me to engage with my colleagues					
e) This event met its overall objective(s)					
f) I am satisfied with the venue, location, food, and overall organization of this event					

4) Please identify the type of engagement that was achieved during this event (pick only one!):

☐ I was informed by being provided with information on an activity, project or policy

☐ I was consulted to obtain feedback on key decisions or activities, and informed (or will be informed) of how my feedback will be used

☐ I collaborated with decision makers to provide my advice, leadership and recommendations on a project, activity or policy

☐ I was empowered to be a joint partner in decision-making on a project, activity or policy.

5) Did this event include the right mix of participants and stakeholders? Are there additional participants and stakeholders you would have like to see included in a future similar event?

_____

_____

_____

_____

6) How could this event be improved?

_____

_____

_____

_____

7) Other comments:

_____

_____

_____

_____

Thank you for completing this feedback survey. Please return this form at the end of the event.

EVENT FEEDBACK SURVEY
PROVIDERS

FACILITY ENGAGEMENT
An SSC Initiative

WHEN & HOW TO USE THIS TOOL

What type of events?

One-time or a limited number of events including education sessions, leadership training, wellness events and networking events where participants are primarily physicians and other providers. These events have a different focus than those where the Health Authority is present and the focus is on processes and activities in the facility. There is a different form for events such as regional meetings that include both providers and health authority representatives.

When to use this tool?

This tool is best used immediately or soon after the event has taken place.

EVENT FEEDBACK SURVEY
PROVIDERS

EVENT NAME: _____

EVENT DATE: _____

1) Please identify the group that represents you best:

☐ Physician / MSA member   ☐ Physician / MSA leader or executive

☐ Provider: _____   ☐ Other: _____

2) Please rate the extent to which you agree with the following:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Overall I am satisfied with this event/workshop					
b) This event was a good use of my time					
c) I would attend a similar event in the future					
d) This event allowed me to engage with my colleagues					
e) This event met its overall objective(s)					
F) I am satisfied with the venue, location, food, and overall organization of this event					

3) Should this event be held again?

☐ Yes   ☐ No

4) Did the event include the right mix of participants and shareholders? Are there additional participants and stakeholders you would have liked to see included in a future similar event?

_____

_____

_____

_____

5) How could this event be improved?

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6) Other comments:

Thank you for completing this feedback survey. Please return this form at the end of the event.

MEETING / COMMITTEE SATISFACTION SURVEY

WHEN & HOW TO USE THIS TOOL

Purpose:

To assess the satisfaction of members participating in re-occurring meetings where a sessional is paid from the site's FEI funds. The meeting or committee has been identified by the site's WG as an engagement activity worthy of funding.

Participants:

Medical Staff Association (MSA) members, Health Authority partners and / or allied health partners who participate in the meeting.

Method:

This survey can be administered at any time during the year – we suggest bi-annually (twice) or annually (once) to minimize survey fatigue.

Result Implications:

Paying sessionals for attendance at meetings has been identified by MSA members as a key benefit of the FEI; however impact is difficult to assess as meetings occur over the course of a year. This survey offers an easy to use tool to capture participants' perspectives and can assist the WG in decisions around continued funding of attendance. This tool can be used in combination with reporting meeting attendance rates.

MEETING / COMMITTEE
SATISFACTION SURVEY | FISCAL YEAR 2019/2020

1) Please check the group that represents you best:

☐ Physician   ☐ Allied Health   ☐ Other: _____

Please circle the number that reflects your assessment of each of the following	1 = Very Little / 5 = Very Much
1. Participation at the meeting / committee has facilitated an improvement (direct or indirect) in services at my facility.	1 2 3 4 5
2. Participation at the meeting / committee was informative and contributes to MSA NAME priorities.	1 2 3 4 5
3. Participation at the meeting / committee gave me the opportunity to improve communication with my colleagues (physicians, allied health and HA staff).	1 2 3 4 5
4. Continued participation at the meeting / committee will contribute to change and improve relationships and collaboration at our facility.	1 2 3 4 5
5. I will continue to participate in the meeting / committee and would influence and recommend attendance to my colleagues.	1 2 3 4 5

6. Please identify the level of engagement that characterized your role in the meeting *(pick only one!)*:

☐ I was informed by being provided with information on an activity, project or policy

☐ I was consulted to obtain feedback on key decisions or activities, and informed (or will be informed) of how my feedback will be used

☐ I collaborated with decision makers to provide my advice, leadership and recommendations on a project, activity or policy

☐ I was empowered to be a joint partner in decision-making on a project, activity or policy.

7. General comments, and feedback for improving the meeting / committee:

_____

_____

_____

_____

ATTENDANCE RATE
AT RE-OCCURRANCE MEETINGS

Purpose:

To determine the attendance rate of Medical Staff Association (MSA) members participating in re-occurring meetings where a sessional is paid from the site's FEI funds. The meeting or committee has been identified by the site's WG as an engagement activity worthy of funding. The Working Group should determine what attendance rate is optimal to receive continued funding of the meeting (i.e. 75% attendance rate over the year)

Participants:

MSA members

Method:

This metric should be tracked throughout the year, and then reported to the Working Group when the group engages in priority setting for the upcoming year.

Indicators:

- Total # of specific re-occurring meeting / year
- Total # of participants who attend each meeting
- Total # of participants invited
- Determine the average which can be reported as attendance rate

Example tracking sheet:

From the meeting minutes, the MSA staff can identify participant attendance. This can be tracked in a simple excel file. Here is an example using a Working Group meeting:

WG MEETINGS 2018/2019

WG DATE	15 APR	15 JUN	15 AUG	15 OCT	15 DEC	15 FEB	TOTAL	ATTENDANCE RATE
Participants in attendance	10	8	9	11	6	12	56	0.78%
Invited participants	12	12	12	12	12	12	72	

Result Implications:

As MSAs determine what activities to fund, identifying the attendance rate at re-occurring meetings can assist in planning. For example, if attendance at a meeting is allocated $5000 for the year and upon review the attendance rate is only 15%, those funds may be better allocated the next year. In combination with the questionnaire *Re-Occurring Meeting Satisfaction*, the attendance rate at a meeting can assist in the MSA's fiscal planning in addition to providing feedback to the meeting organizers.

Considerations:

- Determine who are participants (receive a standing invite to the meeting / committee) and who are guests (attend on an invite only basis). Suggest reporting out only participants who receive ongoing invites.
- Suggested meetings – WG meetings, MSA meetings, LMAC meetings (where the site has agreed to fund attendance)
- Many sites fund attendance at a number of re-occurring meetings – if this is the case, we recommend choosing the meeting with the largest budget / the most attendees from the MSA

ACTIVITY IMPACT ASSESSMENT

WHEN & HOW TO USE THIS TOOL

Purpose:

To assess the impact on engagement of an activity funded through a site's FEI funds.

Participants:

Activity lead.

Method:

This questionnaire can be filled out at the completion of a phase, or at the conclusion, of an engagement activity. This can be done over the phone by the PM with the activity MSA lead, or by the activity MSA lead themselves.

Result Implications:

Participants involved in the FEI have questioned how to asses whether an activity has an impact on the engagement of medical staff at their sites. The information identified below is a first step in understanding how the process of conducting an activity may have an impact on engagement at a site.

ACTIVITY IMPACT
ASSESSMENT

To be filled out at the completion of a phase, or at the conclusion, of an engagement activity. This can be done over the phone by the PM with the project MSA lead, or by the project MSA lead themselves.

Activity Status:

☐   Interim report   ☐   Completed

1. Problem or issue the project set out to address (overall purpose): _____

_____

_____

2. Was this project strategically aligned with site / regional / ministry of health priorities?

☐   No

☐   Yes, which ones:

_____

_____

3. a) Did clinicians participate in the planning, administration and / or implementation of the engagement activity?
     Number and Roles (e.g., 5 physicians, 1 nurse, etc.; list as many groups as needed):

     If yes, list the key individuals and describe their overall involvement using one of the terms from the IAP2 Framework of engagement [2]:

         informed – they were provided with information on an activity, project or policy

         consulted – they provided feedback on key decisions or activities

         collaborated – they provided advice, leadership and recommendations on the project, activity or policy

         empowered – they were a joint partner in decision-making

_____

_____

_____

_____

_____

_____

_____

[2] https://www.iap2.org/page/pillars

3. b) Did administrators participate in the planning, administration and / or implementation of the engagement activity?
Role and Name (add as many as needed):

If yes, list the key individuals and describe their overall involvement using one of the terms from the IAP2 Framework of engagement:

> informed – they were provided with information on an activity, project or policy

> consulted – they provided feedback on key decisions or activities

> collaborated – they provided advice, leadership and recommendations on the project, activity or policy

> empowered – they were a joint partner in decision-making

_____

_____

_____

_____

_____

4. Tell us about the success of the project in meeting its main objectives and how you measured success.

MAIN OBJECTIVE	WAS THE OBJECTIVE MET? (check all that apply)	DATA SOURCE TO VALIDATE SUCCESS (check all that apply)	COMMENTS
1.	☐ Yes, completely ☐ Yes, partially ☐ No	☐ Interview data ☐ Survey data ☐ Clinical workflow data ☐ Patient health data ☐ Other: ☐ None (or anecdotal only)	
2.	☐ Yes, completely ☐ Yes, partially ☐ No	☐ Interview data ☐ Survey data ☐ Clinical workflow data ☐ Patient health data ☐ Other: ☐ None (or anecdotal only)	
3.	☐ Yes, completely ☐ Yes, partially ☐ No	☐ Interview data ☐ Survey data ☐ Clinical workflow data ☐ Patient health data ☐ Other: ☐ None (or anecdotal only)	

5. **Indicate the overall impact of this activity[3]:**

☐ Improved the building of connections, trust and collaboration within the MSA and with health system managers (Relational)

☐ Enhanced the communication of ideas and beliefs consistent with the changes we hoped to see (Conceptual)

☐ Established formalized roles, rules and policies that support the changes we want to see (Structural)

☐ Concrete initiatives and action were implemented that will advance or protect the desired changes (Operational)

☐ None

6. **What would you do differently if doing this project again?**

_____

_____

_____

_____

_____

_____

ACTIVITY INTAKE FORM

MSA/PHYSICIAN SOCIETY NAME: _____

Please complete this Activity Intake Form for new proposed engagement activities and submit it to your MSA/Physician Society for approval. *Appendix C* provides a recommended MSA Working Group Engagement Activity Assessment to inform decision making processes. Applications should align with MSA/Society Strategic Priorities and Work Plan, the Facility Engagement MOU objectives[4], *funding guidelines* and Health Authority strategic priorities (where applicable).

ACTIVITY BACKGROUND	
1) Name of Applicant(s)	
2) Name of HA Sponsor *(if applicable)*	
3) Contact Email Address(es)	
4) Contact Telephone Number(s)	
5) Activity Title	
6) Proposed Timeframe *(please check box)*	☐ Less than 3 months ☐ 3 - 6 Months ☐ 6 - 12 months ☐ More than 12 months
7) Activity Purpose/Summary (should include the problem/issue that the activity is addressing, approach and expected outcomes for the work) See Appendix A for key attributes present in successful activities.	

8) How will you measure your activity's success in each objective? (e.g., your evaluation strategy; how do you know the change resulted in an improvement in engagement?) See *Appendix B* for assistance.

OBJECTIVE	METRIC	DATA SOURCE	CRITERIA FOR SUCCESS / GOAL

---

[4] FE expenditures must align with at least one of the following goals of the **2019 Memorandum of Understanding on Regional and Local Engagement**:

- To improve communication and relationships among the medical staff so that their views are more effectively represented.
- To prioritize issues that significantly affect physicians and patient care.
- To support medical staff contributions to the development and achievement of health authority plans and initiatives that directly affect physicians.
- To have meaningful interactions between the medical staff and health authority leaders, including physicians in formal HA medical leadership roles.

FACILITY ENGAGEMENT
An SSC Initiative

9) What other sources are you receiving funds from for this or related work? Please provide dollar amount.	☐ Physician Quality Improvement ☐ Health System Redesign funding ☐ Research grant ☐ HA contribution (resources, staff time, etc.) ☐ Other, please specify: _____ _____
10) This activity aligns with the following strategic priorities *(check all that apply)*	☐ MSA priority, please specify: _____ _____ ☐ Facility / Health Authority priority, please specify: _____ _____

STAKEHOLDER ENGAGEMENT

Note: Any proposed activities involving patient care, work flow, environment, data analytics, allied health, resources for sustainability would benefit from early consultation with stakeholders.

11) Stakeholders involved *(check all that apply)*	☐ Physicians ☐ Departments / Divisions ☐ Allied care providers ☐ Partner organizations ☐ Health authority administration ☐ I need help with the appropriate contacts ☐ Not applicable

12) Identify specific stakeholders contacted/involved

Name	Title	Department	Contribution

ACTIVITY INTAKE FORM
CONTINUED

PROPOSED BUDGET

Note: Please complete the proposed budget to the end of the fiscal year. When budgeting for the fiscal year, consider the estimation of costs required to reach required milestones. For approved engagement activities, Leads and Project Managers should continuously monitor the progress of the budget with respect to the milestones. If an activity experiences unexpected delays (e.g. into the next fiscal year), the activity budget should be adjusted accordingly to free up the allocated budget.

EXPENSES	TO MARCH 31ST	AFTER MARCH 31ST	TOTAL AMOUNT
Physician Expenses			
Sessionals *(Specialist x hours)*			
Sessionals *(GP x hours)*			
Meals			
Venue			
Project Support			
Project Management *(Rate x hours)*			
Administrative Support *(Rate x hours)*			
Monitoring and Evaluation *(e.g. hiring a consultant to evaluate the success of the engagement activity)*			
Other Costs *(e.g. travel, consultants)*			
Total requested			

In submitting this proposal, I acknowledge:

☐ I will submit quarterly reports to update on activity status (such as budget progress, barriers and risks and activity changes) to the MSA project staff/executive (each MSA can specify their contact).

☐ This proposal may be circulated to adjudication committees, partners, and funders as appropriate.

☐ I have received written approval from my Division/Department head for this work (where applicable).

Engagement Activity Approval

_____   _____
MSA/Society Executive Approval   Date

_____   _____
Physician Lead Approval   Date

_____   _____
Health Authority Sponsor   Date
(where appropriate)

APPENDIX A
KEY PROJECT ATTRIBUTES

The following six attributes were found to be present in highly successful FE-funded activities. This list can serve as a useful reference point when reviewing activity proposals, as well as during project planning

1. The aim of this project/activity is to solve a problem
2. This project/activity is strategically aligned with MSA / health authority priorities
3. MSA members and/or administrators impacted by this problem will be involved
4. This project/activity is physician-led and championed
5. There are staff to support the operations of this project/activity
6. Outcomes will be assessed

APPENDIX B
MEASURING ACTIVITY SUCCESS – EXAMPLES

OBJECTIVE	METRIC	DATA SOURCE	CRITERIA FOR SUCCESS / GOAL
OBJECTIVE 1: Participants will be satisfied with xx event	being consulted	Event evaluation form	90% of participants were satisfied with the event
OBJECTIVE 2: Physicians will participate in xx re-occurring meeting	% of participants satisfied	Re-occurring meeting attendance rate	90% of invited physicians attend the meetings
OBJECTIVE 3: Participants of xx sub-committee will have improved communication with their colleagues	% of invited physicians attending meeting	Re-occurring meeting satisfaction form	75% of attendees agree (4 and 5 on rating scale) that the sub-committee increased communication with their colleagues
OBJECTIVE 4: The recommendations from xx activity will be implemented	% of participants who report improved communication with colleagues	Impact Assessment Questionnaire	The project/activity achieved operational impact (i.e., on MSA members' work environment or patient care)

FACILITY ENGAGEMENT
An SSC Initiative

The assessment criteria below can be used by the Working Group to assess funding proposals, and also by the applicant as a guide to tailor their proposal.

ASSESSMENT CRITERIA					
Please circle the number that reflects your assessment of each of the following	**1 = Very Little / 5 = Very Much**				
1. IMPACT: Will this activity influence positive change for the medical staff's work environment or patient care?	1	2	3	4	5
2. IMPACT: Does this activity aim to better understand a problem / issue at the facility?	1	2	3	4	5
3. TRUST: Does this activity foster meaningful interactions (e.g., trust, transparency, and respect) between physicians or between physicians and health authority partners?	1	2	3	4	5
4. PHYSICIAN SUPPORT: Is this activity supported by a broad spectrum of physicians at this site (e.g., multiple departments, multiple disciplines)?	1	2	3	4	5
5. OWNERSHIP: Is this activity locally relevant?	1	2	3	4	5
6. OWNERSHIP: Is the MSA the appropriate funding source for this activity?	1	2	3	4	5
7. HEALTH AUTHORITY SUPPORT (IF APPLICABLE): Does this activity have health authority support (e.g., health authority sponsor or funding/in-kind commitment)?	1	2	3	4	5
8. HEALTH AUTHORITY SUPPORT (IF APPLICABLE): If the engagement activity is in collaboration with the Health Authority, has the Lead or Project Manager discussed and aligned project/activity timelines and milestones with them?	1	2	3	4	5
9. ACCOUNTABILITY: Would the MSA be able to publicly defend the proposed initiative as an appropriate use of public funding?	1	2	3	4	5
10. Memorandum of Understanding (MOU) ALIGNMENT: Does the activity align with the MOU objectives[5]?	1	2	3	4	5
11. SUSTAINABILITY: If required, is the proposed initiative able to stand on its own without continued sustainment funding?	1	2	3	4	5
12. FEASIBILITY: Is this activity feasible based on budget, proposed staff support, expected outcome and deliverables?	1	2	3	4	5
13. ASSESSMENT: Does this activity identify a plan for measuring success?	1	2	3	4	5

[5] FE expenditures must align with at least one of the following goals of the **2019 Memorandum of Understanding on Regional and Local Engagement**:

- To improve communication and relationships among the medical staff so that their views are more effectively represented.
- To prioritize issues that significantly affect physicians and patient care.
- To support medical staff contributions to the development and achievement of health authority plans and initiatives that directly affect physicians.
- To have meaningful interactions between the medical staff and health authority leaders, including physicians in formal HA medical leadership roles.