FACILITY ENGAGEMENT
An SSC Initiative

Facility Engagement Evaluation Interim Report

Summary and Key Findings

Stage 1: Achieving Organizational Readiness

OVERVIEW OF FACILITY ENGAGEMENT

Facility Engagement (FE) is a Specialist Services Committee (SSC) initiative established through a memorandum of understanding (MOU) between the Ministry of Health, BC health authorities, and Doctors of BC. The aim of the initiative is to strengthen relationships, communication, and collaboration between health authorities and facility-based physicians in order to improve the physicians' work environment and the delivery of patient care. As of March 31, 2018, 69 medical staff associations (MSAs) from 75 hospital sites across BC are participating.

69 MEDICAL STAFF ASSOCIATIONS

75 HOSPITAL SITES ACROSS BC

For Stage 1 (this interim evaluation report), the FE evaluation focused on the activities for achieving organizational readiness to implement the initiative. Stage 2 will evaluate the priorities and strategies established by MSAs to achieve an increased physician voice and participation in collaborative decision making with health authorities. This latter report will be released in spring 2019.

SUMMARY OF INTERIM EVALUATION REPORT

This interim report presents the key findings of FE infrastructure development and organizational readiness to receive full funding.

These findings are based on qualitative and quantitative data collected in interviews, surveys, and site visits. The information on costs has been obtained from Doctors of BC Finance Department and from physician society financial reports for the period of April 2014 to February 2018. The Facility Engagement Management System (FEMS) software and the Site Engagement Activity Tracker (SEAT) tool provided information about activities being carried out at different sites.

We thank everyone who participated in this report, especially the physicians and health authority members who generously gave their time and shared their insights.

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KEY FINDINGS

Response to the initiative

- There was a broad acknowledgment that FE was needed and has been positively accepted. Prior to FE, physicians and health authority leaders did not perceive the relational context as being characterized by trust and cooperation.

> ***"Increasing physician engagement is a critical issue."*** **(MSA chair interview)**

Response to structures and support

- Physicians found that the preparation required to receive funding to be challenging and required some administrative skills that they did not have. However, these challenges were met and overcome by motivated physicians, guidance from Facility Engagement Liaisons (FELs), and support from staff (e.g., project managers) hired especially for this aspect. As a result, as of March 2018, 57 of the 75 eligible sites (76%) had been approved for full funding.
- Both quantitative and qualitative data suggest that there is appreciation and need for clear communication of information and guidance. But building awareness and support through effective communication was noted as being both a facilitator and a barrier to progress.
    - Awareness and support rely on communication among MSA members, between MSA and health authority, and between MSAs and SSC. Physicians and health authority respondents reported strong to moderate agreement with the statement that information had been clearly communicated to them.
    - However, it can be challenging to build enthusiasm and awareness of FE among physicians in sites where they do not regularly interact. To address this challenge, one physician suggested, *"the best way to communicate is all ways*" (e.g., electronic communication channels, word-of-mouth, events, and existing forums).

Types of MSA activities

- Over time, and to varying degrees, MSAs have used a range of formal and informal processes to identify, select, and prioritize engagement activities. As of February 2018, 381 FE activities, from 25 hospitals, were recorded. Eighty-seven percent of FE activities are captured under six prominent themes:
    - 124 are QI projects.
    - 88 are meetings and governance
    - 41 are training, education, or research activities
    - 35 aimed at outreach and building participation, including communication activities, events, and retreats.
    - 27 related to the process of selecting and prioritizing project.
    - 15 are wellness activities.
    - The remaining thirteen percent of activities, making up the total of 381, consist of other themes that were not as strongly represented.

Vision of engagement: Size matters

- There are commonalities but there is also considerable diversity in how initiative participants perceive engagement and plan for it.
    - Smaller sites had few problems establishing a representative body, while larger sites found it challenging to reach and represent their members who were more likely to work in silos.
    - Smaller sites appear to have fewer problems engaging the wider physician body at their sites. This is somewhat attributed to the friendly, informal relationships between physicians that exist in smaller sites.
    - Smaller sites were more likely to have already-established collaborative relationships with facility-level administrators. However, they tended to have less connection with regional administrators.
    - Communication was more challenging for larger sites that lacked the informal relationships of smaller sites. To engage the physician body, large sites establish working groups to reach out to colleagues to build participation and identify priorities.
    - Larger sites reported concern that the requirements to receive full funding were unclear. However, this perception changed over time and the process is now viewed as clearer and more streamlined.

How variations in the vision of FE will unfold will become clearer as projects progress. Different approaches at different sites reflect both context (e.g., size of sites) and strategic choices that MSAs will make. It will also become increasingly possible to link practices and approaches with progress toward engagement.

- FE is designed to provide flexibility in relation to the different visions that MSAs and physician societies may have, and therefore also in how they spend FE funds. However, this flexibility also creates a tension. Balancing that tension remains an important and challenging role of the SSC moving into Stage 2.
    - One of the challenges in implementing Stage 1 was striking a balance between the autonomy for MSAs to determine their own direction and the need to stay within the boundaries and aims of the MOU.
    - The lack of conceptual clarity of the FE goals and boundaries has been identified as a barrier; however, there is also a perception that guidance has improved over time.
    - The operation of engagement has deliberately been left open for sites to define. This autonomy is valued, although it sits in tension with demands on accountability and possibly with the choice of evidence-informed projects and activities at the site level.

Program barriers and facilitators

- Program barriers from the perspective of physicians include:
    - Not enough time to work on projects.
    - Finding effective means to communicate and difficulty in establishing a suitable and engaging vision (e.g., lack of conceptual clarity around the FE goals and boundaries).

  - Apathy and frustration, lack of openness to collaborate, and lack of clarity on appropriate funding use and how long funding will last.
  - Frustrations and difficulties having to learn a new software system to receive payment (e.g., FEMS).

- Program barriers from the perspective of health authority leaders include:
  - Not enough time to work on projects.
  - Limitations on health authority resources.
  - Physicians' "narrow" vision of engagement, which often excludes partnerships with health authorities and lacks an inclusive approach (e.g., too separate from the health authorities and doesn't include them in activities).

- Both health authority leaders and physicians identified "lack of time" as the most significant barrier to the success of FE.
- Despite the barriers and challenges, at the end of Stage 1 many physicians and health authority leaders showed optimism about FE contributing to improved relationships. The survey also suggested that health authority leaders are open to increased physician engagement.

> ***97% (32/33) of health authority leaders reported that "the administration at this hospital welcomes more physician engagement."***

- Program facilitators include FELS and administrative/project manager assistance who have provided initial guidance, shared information between MSAs, and acted as communication channels with the SSC on requests for clarity.

> ***"The single most prominent facilitator of progress in the data was the team of Facility Engagement Liaisons (FELs) who are dedicated to the facilitation task."***

- Site project managers reduced the time burden of participating in FE and were frequently mentioned as a facilitator in the progress. Not all sites hired someone as a first step, but those that did spoke strongly about the value of dedicated support. Those who did not said they regretted the choice.

Financials

- Each health authority was allocated different amounts of funding based on the number of facilities involved in the FE initiative and the size of each facility.
  - The number of fully funded sites varied substantially among the health authorities. For example, Interior Health Authority includes 22 sites and Provincial Health Services Authority includes only 4 sites.
  - Interior Health Authority represents the largest share of total spending ($713,082; 24%), followed by Fraser Health Authority ($635,054; 21%). Island Health's total financial cost was $455,285 (15%). An equal proportion (~8%) was used by each of Provincial Health Services Authority and Northern Health Authority.

Stage 2

- Stage 2 of the evaluation will focus on sites' implementation and refinement of activities that meet the MOU's aims.

NEXT STEPS

Based on findings from stage 1, SSC will:

- Continue to help build the capacity of MSAs to function effectively with strong governance, physician engagement, and collaboration among their members and with health authority partners with tools, guidelines, and other strategic supports.
- Continue cultivating the establishment and sustainment of collaboration between MSAs and health authorities at local and regional levels.
- Support regional opportunities for MSAs and health authorities to share successes and lessons learned, collaboration on regional initiatives, and spread best practices.

THE COMPLETE INTERIM EVALUATION REPORT IS AVAILABLE AT THE FOLLOWING LINK:

http://www.facilityengagement.ca/sites/default/files/FEI_EvaluationInterimReport_April26_2018.pdf

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