Prepared for Doctors of BC

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Evaluation of The Facility Engagement Initiative 3.0

Final Report

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Executive Summary

Background

Facility Engagement is an initiative of the Specialist Services Committee (SSC), one of four Joint Collaborative Committees that represent a partnership of the Government of British Columbia (BC) and Doctors of BC. Launched in 2015, the province-wide Facility Engagement Initiative (FE) aims to strengthen communication, relationships, and collaboration between facility-based physicians and their health authorities (HAs). Aligning with the Memorandum of Understanding (MoU) between the Ministry of Health, the six HAs, and Doctors of BC, the goal is to increase meaningful physician consultation and involvement in HA decision-making and planning about their work environment and the delivery of patient care.

FE activities are overseen and coordinated by Medical Staff Association (MSA) or Physician Society physician executives in conjunction with MSA or Physician Society working groups at acute facilities throughout the province. As of 2023-24, there are 76 MSAs participating in FE with 5,642 active MSA members across HAs. Between 2022-23 and 2023-24, 2,536 engagement activities were carried out including meetings, quality improvement projects, training, recruitment, and physician wellness activities.

Evaluation Overview

The objectives of the evaluation are to communicate the impacts of FE in relation to the expected outcomes of the program and to identify potential opportunities for improvement. A mixed-methods evaluation approach was utilized. Data sources included: administrative data; online surveys with MSA members and HA leaders; and virtual interviews with a sample of MSA members, HA leaders, MSA Project Managers, and Doctors of BC staff.

Key Findings

Expected Outcome 1: Enhancing MSA Capacity and Capabilities

FE funding and support have been crucial in enhancing the capacity and capabilities of MSAs across BC, allowing them to thrive and carry out vital engagement activities. However, the effectiveness of MSAs varies due to differences in team composition, with stronger, well-structured teams achieving more success. There are opportunities to address these inconsistencies and further improve MSA operations, particularly in smaller or remote areas.

Expected Outcome 2: Improving MSA Engagement

FE funding and support continue to play a critical role in enabling MSAs to effectively engage their members at the local level, helping them address issues, improve facility culture, and strengthen professional relationships. While engagement remains stable, there are opportunities to increase participation. Additionally, there is growing value in cross-MSA

collaboration, with regional and provincial engagement fostering shared learning and collective impact. However, some MSAs may need additional support and awareness to engage more broadly across regions.

Expected Outcome 3: Improving MSA and HA Engagement

FE funding and support have helped strengthen relationships between MSAs and HA leaders, with MSA members more involved in FE reporting stronger relationships with HA leaders across different levels. However, ongoing efforts are needed to build trust and improve cooperation between MSAs and HAs. Local HA leaders, due to their proximity to MSA members, tend to have stronger connections, with success relying on regular engagement, leadership continuity, and transparency. MSAs must also engage more with broader HA leaders to effectively influence health system planning. As a result, there are continued opportunities to enhance both local and regional relationships.

Expected Outcome 4: Improving the Experience of Care for the Patient

FE funding and support enable MSAs to deliver activities that improve patient care both directly (through quality improvement and training projects) and indirectly (through provider wellness, and recruitment and retention efforts). These activities address key quality dimensions of care. However, there are opportunities to enhance the sustainability and impact measurement of these projects to ensure continued success and demonstrate their value.

Key Recommendations

1. **To enhance MSA capacity:** recommendations include standardizing project manager and administrator roles, offering more support in remote areas, and promoting tailored leadership training for MSA executives to strengthen teams.

2. **To improve MSA engagement:** focus on priority issues, raise awareness of participation opportunities, balance formal and informal events, and support relationship-building through meals. Additionally, promote successful regional engagement, leverage Engagement Partner (EP) support for cross-MSA collaboration, and continue hosting in-person events like the FE Provincial Summit.

3. **To improve MSA and HA engagement**: focus on sharing best practices. Leverage FE Sponsors to build HA leadership connections, clarify regional engagement processes and funding, and continue refining the role of provincial-level engagement within FE.

4. **To enhance FE-funded projects:** recommendations include engaging in joint strategic planning with HAs for alignment and leadership support, collaborating with the Physician Quality Improvement initiative for training and impact measurement, and sharing success stories to encourage physician involvement.

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Acronyms and Abbreviations

BC	British Columbia
CME	Continuing Medical Education
EAC	Evaluation Advisory Committee
EDI	Equity, Diversity, and Inclusion
EPs	Engagement Partners
ER	Emergency Room
FE	Facility Engagement Initiative
FEMS	Facility Engagement Management System
FESC	Facility Engagement Services Company
FHA	Fraser Health Authority
HA	Health Authority
IAP2	Adapted International Association for Public Participation
IHA	Interior Health Authority
MoU	Memorandum of Understanding
MSA	Medical Staff Association
NHA	Northern Health Authority
PM	Project Manager[1]
PHSA	Provincial Health Services Authority
PQI	Physician Quality Improvement
RN	Registered Nurse
SEAT	Site Engagement Activity Tracker
SRRP	Site Review and Reporting Process (Annual Review)
SSC	Specialist Services Committee
SSC FEWG	Specialist Services Committee Facility Engagement Working Group
VCH	Vancouver Coastal Health
VIHA	Island Health Authority

[1]PMs also include various administrative managers, directors, coordinators, and staff roles. The term "PM" is used for brevity.

1. Evaluation Overview

1.1 Objectives and Scope

This report presents the findings of the provincial evaluation of the Facility Engagement Initiative (FE). FE is an initiative of the Specialist Services Committee (SSC), one of four joint collaborative committees that represent a partnership of the Government of British Columbia (BC) and Doctors of BC.

The objectives of the evaluation are to communicate the impacts of FE in relation to the expected outcomes of the program and to identify potential opportunities for improvement. Internal partners (i.e., medical staff, the SSC, and health authorities) can use the evaluation to celebrate and communicate successes of FE as well as operationalize improvements, while external partners (i.e., patients, public, Ministry of Health) can understand how FE is impacting the healthcare system by supporting engagement between facility-based physicians and health authorities (HAs).

The evaluation covers the fiscal years 2022-23 and 2023-24 and explores the following key questions:

- To what extent has FE contributed to enhanced capacity and capabilities of Medical Staff Associations (MSA)?
- To what extent has FE contributed to improved MSA member engagement?
- To what extent has FE contributed to improved MSA and HA engagement?
- To what extent has FE contributed to enhancing MSAs collective voice in health system planning and decision-making?
- To what extent has FE enabled MSAs to impact the quality of patient care?

The scope of the evaluation was determined through consultations with the SSC Facility Engagement Working Group (SSC FEWG) and a review of previous evaluations of FE.

1.2 Methodology

An evaluation matrix was developed to guide the evaluation and was reviewed by the Evaluation Advisory Committee (EAC), along with associated data collection methods. A simplified version of the evaluation matrix has been included in Appendix A.2, while the data collection methods are described below.

Administrative Data

A systematic analysis of administrative data related to FE was conducted. The specific data sources utilized for the evaluation are outlined in the table below.

Table 1: FE Administrative Data

Type of Data	Description
Facility Engagement Management System (FEMS)	• A business management system used for managing, tracking, and reporting FE activities and fund usage including sessional payments to practitioners
Site Engagement Activity Tracker (SEAT)	• An online database used to track a sample of FE activities undertaken by MSAs and a knowledge sharing tool to share good ideas, learnings, and collaboration/alignment opportunities
Annual Review	• An annual self-assessment check-in with MSAs, HAs, and SSC FEWG to review progress made in support of FE outcomes

Online Survey

A 10-minute online province-wide survey of MSA members[2] and HA leaders[3] was conducted in May 2023 and May 2024. The purpose of the surveys were to collect quantitative and some qualitative data on the achievement of expected outcomes of FE. Survey questions assessed participants' perceptions of the MSAs, the relationship between MSA members and HA leaders at various levels, and opportunities for further engagement and FE improvement. The questions aligned with previous surveys conducted as part of Evaluation 2.0 with some adjustments based on feedback received from the EAC.

The surveys were distributed to contacts included in FEMS and an open link was shared through the FE website. In total, 1,175 participants completed the survey in 2023 and 1,284 in 2024, with approximately 25% HA leader representation. The following tables provide an overview of the participants' main roles.

Table 2: Characteristics of Province-Wide Survey Participants

Role	2023 Total (n)	2024 Total (n)
MSA Members (non-HA leaders)	870	957
HA Medical Leaders	256	292
HA Operational Leaders	49	35
Total (n)	**1,175**	**1,284**
Estimated Response Rate[4]	**21%**	**17%**

[2]MSA Members also include Members of Physician Engagement Societies. The term "MSA" is used for brevity.
[3]HA leaders are medical and operational leaders with a formal HA leadership role that receive a stipend or salary from the HA. HA medical leaders included department or division heads, chiefs of staff, site medical directors, and regional medical directors. HA operational leaders included leadership at the HA such as site directors, unit managers, regional directors, and executive directors.
[4]This is an approximate response rate based on the number of participants who responded to an invitation link divided by the number of participants sent an invitation link. It does not account for open link sharing or responses.

A wide variety of MSA members and HA leaders participated in the surveys from a range of HAs, facility sizes, and with varying familiarity with FE – a key strength of the surveys in terms of representing a range of perspectives. Further, MSAs and survey participants were encouraged to share the survey widely within their networks to reach colleagues not actively involved in MSA activities. For example, for the 2024 survey, approximately 67% of participants indicated being somewhat, moderately, or very familiar with the program, while 33% of participants were slightly or not at all familiar. HA Medical and Operational Leaders who responded to the surveys were generally more familiar than MSA members who do not hold HA leadership roles.

This survey differs from the annual Doctors of BC Health Authority Engagement Survey[5] in several key ways:

- The FE survey includes participation from HA leaders and not just MSA members
- The FE survey asks specific questions about MSAs and FE, and not just broadly about their HA or facility
- The FE survey is used to understand the impacts of the program and opportunities for improvement for MSAs, HA, and Doctors of BC staff

More information about the survey is available at: FE Evaluation 3.0 Survey Data Technical Report.

Virtual Interviews

Virtual interviews were conducted with a sample of MSA members, HA representatives, MSA project managers (PMs)[6], and Doctors of BC staff[7]. The purpose of the interviews were to collect rich data regarding the strengths, challenges, and opportunities for the expected outcome areas of FE (i.e., MSA capacity and capabilities, MSA engagement, MSA and HA engagement, collective voice in health systment planning, and impacts to patient care). The questions aligned with previous interviews conducted as part of Evaluation 2.0 with some adjustments based on feedback received from the EAC.

Interviewees were from six health authorities (HAs) across urban and rural sites. In total, 80 interviewees participated across 2023 (n=41) and 2024 (n=39). The following table provides an overview of the interviewees' main roles.

[5] Doctors of BC conducts an annual Health Authority Engagement Survey which assess how members are feeling about engagement with their health authority and/or local hospital: https://www.doctorsofbc.ca/advocacy-policy/engagement/health-authority-engagement-surveys
[6] MSA PMs also include various administrative managers, directors, coordinators, and staff roles. The term "PM" is used for brevity.
[7] Doctors of BC Staff include Engagement Partners (EPs) and FE Operational staff.

Table 3: Characteristics of Interviewees

Role	Number of Interviewees(n)
MSA Members	37
HA Leaders	20
MSA PMs	13
Doctors of BC Staff	10
Total (n)	**80**

More information about the interviews is available at: FE Evaluation 3.0 Interview Technical Report.

1.3 Limitations

Limitation 1: Potential for response bias

Data submitted by MSAs is subject to response bias due to self-reporting. Furthermore, participants who were more familiar with FE may have been more likely to engage in the evaluation. To mitigate this, administrative data (e.g., SEAT and FEMS) was cross validated with other sources of data (e.g., survey, interviews) to support a balanced perspective on FE and the achievement of outcomes. Further, the survey and interview sampling strategy focused on identifying participants with varying familiarity and involvement in FE.

Limitation 2: Varying availability of data to examine FE activities

Not all recorded activities during the 2022-23 and 2023-24 fiscal years could be assessed to determine if they were completed successfully and if so, their level of impact. Therefore, the evaluation provides a snapshot of the impacts of FE through partner perceptions and examples of activities. To mitigate this, the evaluation used a variety of robust data collection methods to examine FE as well as samples of data to conduct deeper analyses on the available information.

2. Description of the Facility Engagement Initiative

2.1 Objectives

FE was established through the 2014 Physician Master Agreement and officially launched in 2015 as a BC-wide initiative to strengthen communication, relationships, and collaboration between facility-based physicians and their HAs. The goal is to increase meaningful physician consultation and involvement in HA decision-making and planning about their work environment and the delivery of patient care.

The broad parameters for FE were outlined in a Memorandum of Understanding (MoU) between the Ministry of Health, the six HAs, and Doctors of BC (dated April 1, 2014, and re-signed in 2019 and 2022).[8] Expected outcomes of FE were created to align with and operationalize the MoU, which are described in Table 4 below.

Table 4: FE Expected Outcomes

Objective	Description
Improved engagement within and between MSAs	• MSAs identify collective priorities through well-represented MSA working groups and effective outreach to the MSA membership • At regional, sub-regional or inter-regional levels, MSAs network, share information, and identify shared priorities through forums or meetings
Improved MSA and HA engagement	• MSAs and HA partners build mutual understanding, share information, identify shared priorities and opportunities for engagement (e.g., consultation, collaboration) through local and regional meetings or forums
Enhanced MSA collective voice in health system planning and decision making	• Meaningful MSA consultation into regional and facility-level initiatives and processes that directly affect physicians' work environment and patient care • HA physician engagement strategies with transparent, timely feedback loops and clear points of contact between MSAs and HAs • Alignment between MSAs and existing HA structures (e.g., medical advisory committees)

For additional information regarding FE objectives, please refer to the Logic Model in Appendix A.1.

[8]Ministry of Health, Health Authorities, and Doctors of BC. 2022. Memorandum of Understanding. https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/mou_2022_-_provincial_engagement.pdf

2.2 Funded Activities

FE activities are overseen and coordinated by MSA or Physician Engagement Society physician executives in conjunction with MSA or Physician Engagement Society working groups at health care facilities throughout the province (i.e., health care facilities with acute care beds). For the purposes of this report and to support clarity, "MSAs" and "facilities" will be used as the primary terminology.

MSAs are made up of facility-based physicians and also non-physician groups (i.e., notably dentists, nurse practitioners, and midwives) who engage with HAs to collaboratively address health care system challenges and support quality patient care.[9,10] An MSA consists of elected officers (i.e., President, Vice President, and Secretary Treasurer) that represent the medical staff to advance their involvement and input into all aspects of hospital life. In addition, MSAs also typically have a working group, which engages and advises MSA executives on matters of importance to medical staff, their patients, and the HA, as well as oversees FE activities. Currently, 76 MSAs are participating in FE with 5,642 MSA members across HAs (i.e., Fraser Health Authority, Interior Health Authority, Northern Health Authority, Provincial Health Services Authority, Vancouver Coastal Health Authority, and Vancouver Island Health Authority).

The intent of FE is to support the following types of activities:

- 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 HA plans and initiatives that directly affect physicians.
- To have meaningful interactions between the medical staff and HA leaders, including physicians in formal HA medical leadership roles.

FE has maintained flexibility for activities to be tailored to each MSA to ensure alignment with and relevance to the needs of their facility, as well as the broader community. Eligible FE activities are outlined in Table 5 below.

Table 5: Eligible FE Activities

Activity Type	Description
MSA Governance/ Administration Costs	• Expenses incurred to establish an MSA to act as a representative voice for facility medical staff • Expenses incurred to establish an MSA working group to oversee FE-funded activities, help identify and prioritize issues of importance for the medical staff, and advance a short-list of priorities to the leadership of the HA through

[9] Doctors of BC. n.d. Medical Staff Associations. https://www.doctorsofbc.ca/collaboration/medical-staff-associations
[10] MSAs and physician societies are the two entities eligible to receive FE funds. Although somewhat distinct, the term MSA will be used throughout this report for simplicity.

	existing avenues such as the Medical Advisory Committee or any other forum dedicated to addressing issues in a facility
Sessional costs	• Compensation of physicians for their time to participate in internal meetings and in meetings with HA/facility representatives in relation to FE • Compensation of a physician lead to spearhead engagement initiatives as well as for physicians to participate in activities associated with the initiatives
Consultation Fees	• A capital build project (e.g., construction of a physician lounge, new clinical space, etc.) may need to have physician input on the development of new facilities or the re-design of existing buildings. Funding could support physicians to participate in a consultation process.
Quality Improvement Initiatives	• Physicians may use funding to help support new quality improvement initiatives within their facility (e.g., pilot project to improve local access to maternity care, initiatives to improve clinical management of recurrent ER patients, etc.)
Cross-Departmental Initiatives	• The leadership of a HA or MSA may seek to solve a problem that spans several departments (e.g., workplace safety initiatives, facility-based infectious disease prevention strategies, etc.). The issue can be discussed by the MSA for input or advice.
Wellness Activities	• Funds can be used to support activities that address work environment and organizational risks for increasing physician burnout (e.g., reducing administrative burdens on physicians; improving workflows; improving collegiality among and within workgroups such as improving teamwork, communication, and conflict management).
Other	• Other costs contributing to the objectives of the MoU, including for activities or meetings related to electronic health record (EHR) implementation.

Annual funding may not be used for certain activities such as advertising (except for physician recruitment ads), compensation for clinical services, purchase of real estate and vehicles, purchase of clinical equipment, donations to charities or political parties, and meeting attendance that is presently required as part of maintaining privileges. Other ineligible activities are outlined in the FE Funding Guidelines.[11]

To receive FE funding, MSAs must have a governance and a decision-making structure (i.e., working group) that will represent the medical staff at the facility; have the ability to receive, account for, and report on expenditures; and, provide general agreement to proceed with HA representatives. Further, to support the MSAs in establishing themselves as representative structures and carrying out activities, the FE provincial office provides tools and templates,

[11]Facility Engagement. 2023. Funding Guidelines.
https://facilityengagement.ca/sites/default/files/SSC%20Facility%20Engagement%20Funding%20Guidelines_1.pdf

including job descriptions, contracts, terms of reference, and a constitution and bylaws that can be customized by the facility. Additional administrative supports provided by the provincial office include financial management software (i.e., FEMS) for processing financial claims and, for smaller facilities with limited capacity, a third-party financial accounting entity (i.e., the Facility Engagement Services Company, (FESC)) to reduce the administrative costs of the MSA.

Central staff resources are also made available for MSAs, including Engagement Partners (EPs) who support the capacity building and organizational development of MSAs and the relationship development between MSAs and HA partners. Finally, partner consultation and programmatic assessment activities take place at the provincial level in the form of learning and evaluation initiatives (e.g., internal and external evaluations, and sharing best practices and lessons learned for continuous improvement).

2.3 Partners

Participation in FE is open to all HA facilities with acute care beds, and specialists and family physicians with privileges inside BC facilities who are members of the medical staff. Non-physicians such as dentists, nurse practitioners, and midwives may also participate in FE activities such as through projects and working groups. Table 6 below describes the full scope of internal and external program partners.

Table 6: Key FE Partners

Partner	Description
Internal Partners	
Medical Staff	BC health care providers and MSA administrators, including those who engage with FE as well as those who do not, are affected by program processes and integral to the effectiveness of activities undertaken.
SSC	As a partnership of Doctors of BC and the BC Government, SSC oversees and monitors FE through its Facility Engagement Working Group. As such, they have a direct interest in the success of the program.
SSC FEWG	The SSC FEWG undertakes strategic planning and policy setting in alignment with the MoU and ensures ongoing communication between SSC and FE key partners. As such, they have a direct interest in the success of the program.
HAs	As part of their commitments to the MoU on Regional and Local Engagement, the HAs are interested in the overall effectiveness and identified impacts of FE.
External Partners	
Patients in BC's Health Care Facilities	Patients in BC's health care facilities are the ultimate beneficiaries of FE as one of the key intended impacts

	of the initiative is to improve the quality of care provided.
Members of the Public	BC residents are directly affected by any identified improvements to population health resulting from the program, and taxpayers are interested to know whether funds allocated to FE are well spent.
BC Ministry of Health	The BC Ministry of Health provides funding for FE through the Physician Master Agreement and is therefore interested in the accountability of SSC for its stewardship of funding, as well as any impacts towards the Quintuple Aim.

2.4 Governance

Provincial Governance

The MoU clearly outlines roles, responsibilities, and accountability mechanisms for the Ministry of Health, the six HAs, and Doctors of BC. While the Ministry of Health is responsible for setting broad priorities for the delivery of BC's health care system, both the Ministry and the HAs are expected to be mutually accountable for clarifying and strengthening their relationship with physicians at provincial, regional, and local levels. Meanwhile, HAs and physicians are mutually accountable for the quality of their relationship, with the goal of providing high-quality health care services.

As a partnership of Doctors of BC and the BC Government, the SSC oversees the implementation of FE and is responsible for developing payment and other financial support mechanisms, in line with the Joint Clinical Committee Administration Agreement, to enable facility-based medical staff to participate in engagement processes. The SSC FEWG undertakes strategic planning and policy setting in alignment with the MoU and ensures ongoing communication between SSC and key partners, such as the HAs and the BC Ministry of Health.

Facility-Level Governance

MSA executives have the fiduciary responsibilities for governing FE funds and representing the issues and priorities of the medical staff as the elected officers of the MSA, and work with their HA partners to co-develop solutions and provide input before decisions are made. The MSA working group represents the voices of physicians and advises MSA executives and HA partners (if they are part of the working group) on matters of importance to medical staff and their patients. The working group is responsible for reviewing and assessing FE funding applications to ensure alignment with program guidelines and the strategic goals of the MSA. MSA project managers are available to support the application process and the execution of successfully funded initiatives. With support from the MSA project managers and the EPs, the working group monitors the financial activities of all funded initiatives.

2.5 Resources

Funding was allocated for FE in the 2014 Physician Master Agreement and again in 2019 and 2022. Approximately $14M in funding was transferred to MSAs to support engagement activities at the local level in both 2022-23 and 2023-24. Annual funding for facilities that participate in FE is based on the facility's number of acute care beds but generally ranges from $35,000 (for facilities with 0 to 7 acute care beds) to $500,000 (for facilities with greater than 301 acute care beds).[12] A list of participating facilities has been included in Appendix A.3.

[12] Facility Engagement. n.d. Facility Funding Tiers. https://facilityengagement.ca/sites/default/files/Facility%20Funding%20Tiers_1.pdf

3. Key Findings

3.1 Enhancing MSA Capacity and Capabilities

FE funding and support continue to strengthen the capacity and capabilities of MSAs.

Similar to the 2021 Evaluation of the Facility Engagement Initiative 2.0 Final Report, most interviewees agreed that FE has been foundational in revitalizing the MSAs and that MSAs have made great strides in building their capacity and capabilities. This is demonstrated by the active and successful functioning of MSAs across the province:

76 MSAs operating across BC (~99% of eligible sites)

5,642 active MSA members participating in FE activities (~42% of physicians with facility privileges)

2,536 engagement activities conducted between 2022-23 and 2023-24 (averaging 33 engagement activities per MSA over the two years)

Without FE funding and support, many interviewees explained that MSAs would not be operational or have capacity to carry out engagement activities and projects.

> *"Without FE, we wouldn't do projects, probably the committees would be unstaffed, and we wouldn't have a President because people won't do it for free... A lot of quality projects wouldn't have happened because they take a lot of physician time and support of PMs…It wouldn't have happened without the structure of FE." –* Rural MSA Executive

Not all MSAs are structured the same and overall effectiveness is influenced by the composition of the team.

Not all MSAs have the same team composition and expertise, leading to differences in their capacity and capabilities. For example, interviewees and annual reporting noted that some MSA executives may be doing too many administrator functions which takes time away from planning engagement and projects, and deters recruitment of other physicians into these

roles. Others noted that smaller and rural sites may not have the resources or access to build these teams so they may use underqualified staff or resources for these roles.

As a result, many interviewees agreed overall effectiveness of an MSA is influenced by their team structure. With a strong team, such as effective executives and working groups as well as experienced PMs and administrators, MSAs can accomplish more in terms of communications, engagement, strategic planning, and activity development and completion. These MSAs can share the workload and focus on leveraging the skills of their team members:

- MSA executives, working groups, and committees focus on engagement and advancing patient-focused projects
- PMs focus on supporting strategic planning and ensuring activities are aligned and executed smoothly
- Administrators focus on the organization within the MSA in terms of meeting scheduling, member communication, and finances

Some interviewees also mentioned the importance of EPs, indicating high functioning EPs further support the MSA team. This was particularly true for smaller or remote sites who benefit from the additional capacity. However, a few interviewees also noted that high turnover of EPs in the past has been challenging.

> *"This initiative would not be what it is without the people to help keep the work and communication going and arranging the meetings and taking care of the details that physicians don't have time for."* – Doctors of BC staff

There are opportunities to help address inconsistency of MSA teams and enhance operations.

As the functioning of the MSA is the foundation of FE work, several partner change ideas were identified to address inconsistency and enhance MSA operations, including:

- Build awareness of FE resources to support standardization of PM and administrator roles (e.g., job descriptions and postings, interview guides, performance review processes)
- Explore opportunities to enhance support available to PMs and administrators, particularly for MSAs located in smaller and remote communities (e.g., regional PM/administrator that works across different MSAs, leverage FESC to reduce administration burden)
- Build awareness of tailored FE leadership training for MSA executives and the benefits of engaging in leadership to support strong MSA teams

"Find the right project manager! That for us has been critical. Finding the right person with the right skills, and paying them that amount… Our project manager is awesome. She deals with the headache of who to submit the project to for funding, how should we design this, where the funding goes to pay for the time involved—she does all of that." – Rural MSA Executive

"…we went through a period where older physicians like myself were filling in because no one else was willing to take on leadership roles. Our new MSA President did a good job reinvigorating interest and saying that this is a good learning experience, and getting more people involved." – Urban MSA Member

3.2 Improving MSA Engagement

Engagement within a Particular MSA

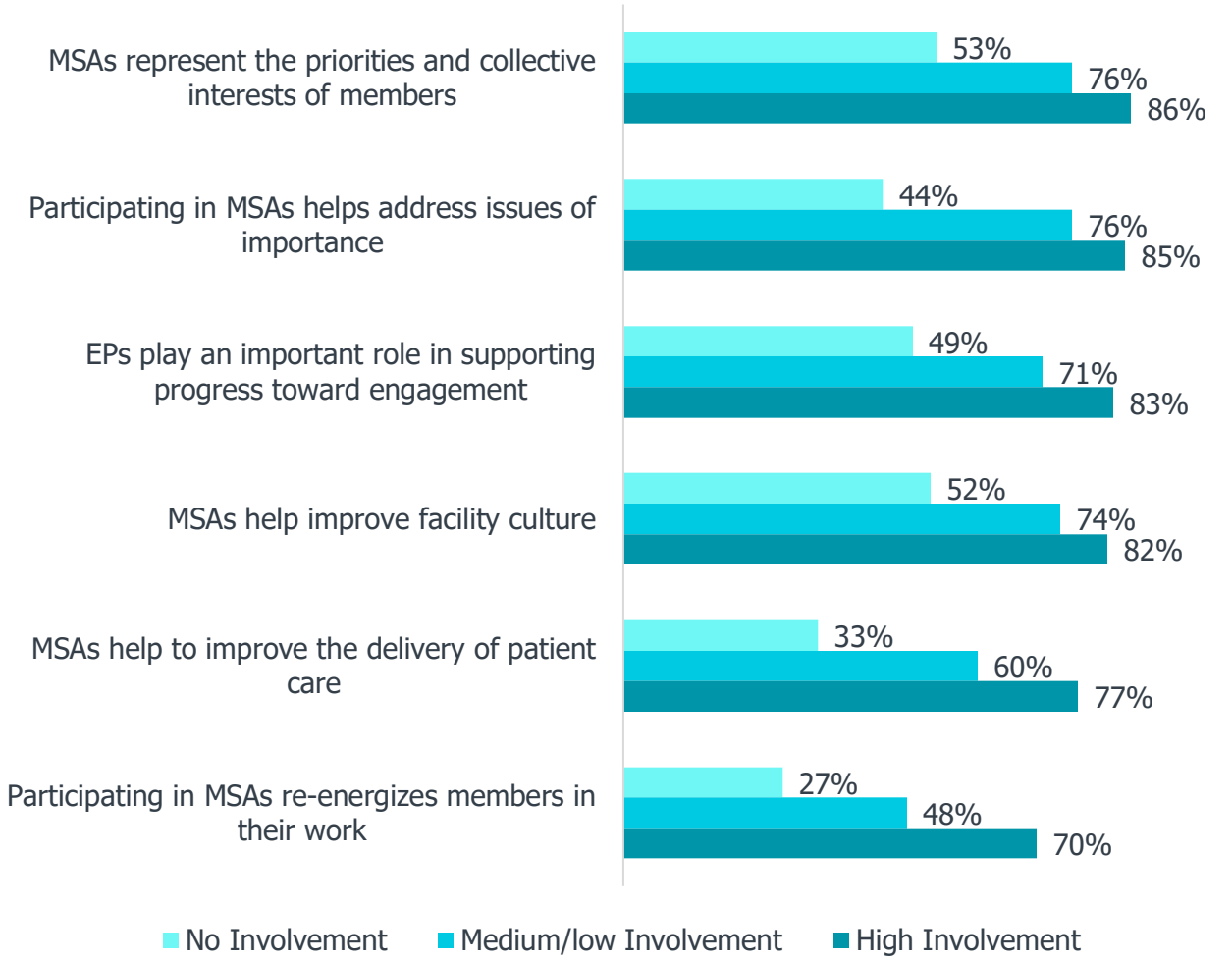
FE continues to provide funding and a forum for MSAs to successfully engage their membership at a local facility level.

Almost all interviewees agreed that MSAs are successful at engaging their members at a local facility level. This was also echoed in the annual reporting from MSAs. It's noted that FE activities allow MSA members to bring forward issues that are important to them and engage with one another at a local level (e.g., annual general meetings, quality improvement projects, trainings, etc.). In fact, almost all (93%) MSA members who participated in FE reported in FEMS, the activities increased physician-to-physician engagement.

Similar to 2021, a majority of MSA members and HA medical leaders agreed that the MSAs are having a positive impact on their facilities and work, including representing the priorities and collective interests of members (70%), addressing issues of importance (67%), improving facility culture (69%), as well as other areas (Figure 1).

Importantly, participants more involved in FE were more likely to agree with MSA impact areas. The criteria for determining level of involvement of a survey participant has been provided in Appendix A.4.

Figure 1: % of MSA Members and HA Medical Leaders in 2024 who agree with MSA impacts, by level of involvement in FE (n=1,249)



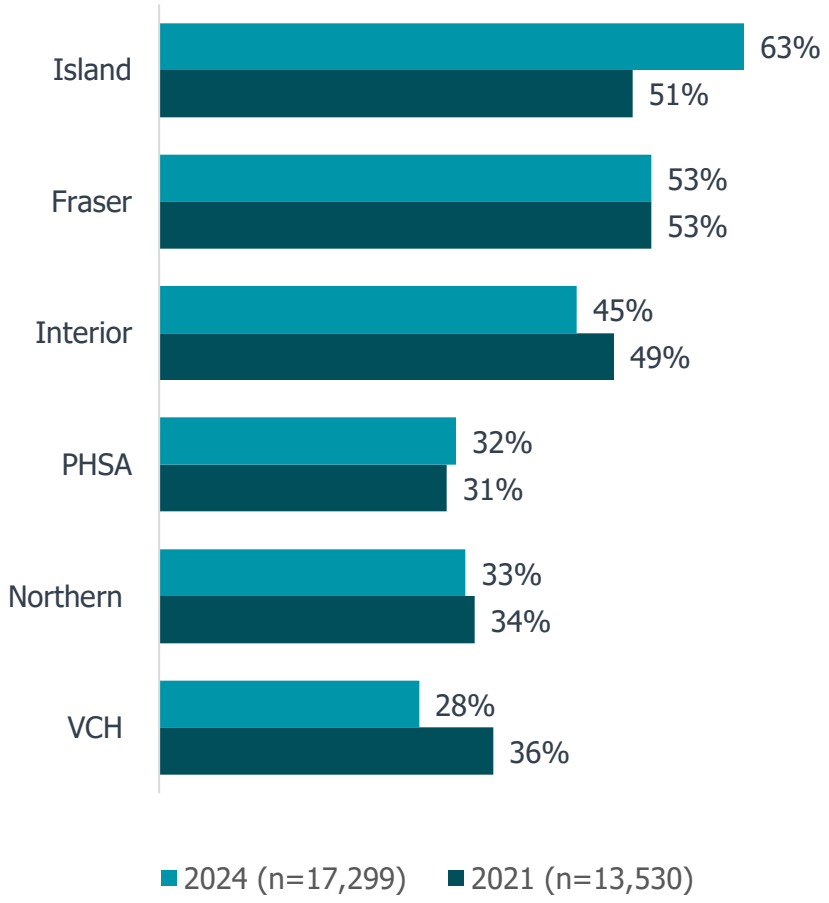
Qualitative survey results and interview data demonstrate that the preferred engagement format is face-to-face with both a formal and informal aspect (e.g., focused discussions with dinner provided or knowledge sharing events with social networking).

"Most physicians want to do in-person. They find it better to be face to face…people get excited and passionate, and they initiate things especially when in-person." – Urban PM

Engagement of MSA members has remained stable since 2021, but there may be opportunities to increase local engagement.

Similar to 2021, an estimated 42% of physicians with facility privileges have participated or are currently participating in FE.[13] This percentage differed depending on the HA, ranging from 63% at the high end, to 28% at the low end (Figure 2).

Figure 2: Estimated % of BC physicians with facility privileges who participate in FE by HA and year



Almost all interviewees agreed the largest barrier to engagement is the lack of time and competing priorities among MSA members, which was also echoed in the annual reporting. Specifically, MSA members are making choices about where they invest their time and FE activities are one of many options they have. Several interviewees noted that physicians practicing in more rural areas "wear many hats" and are often also participating in the work of the Divisions of Family Practice[14] with frequently overlapping priorities, so their time is

[13]Each HA provided the number of physicians with facility privileges in their HA at a particular point in time (i.e., Spring of 2021 and 2024), which included all privilege types (e.g., active, provisional, associate, consulting). As such, some physicians with privileges across HAs may have been double counted. These numbers are rough estimates only.

[14]Local Divisions of Family Practice undertake various initiatives, projects, and programs to address specific areas of patient care, administration, and physician support. Source: https://divisionsbc.ca/provincial/what-we-do

being stretched even further. Importantly, survey results in 2023 and 2024 demonstrated most MSA members with little to no involvement in their MSA would be interested in becoming more involved.

As a result, several partner change ideas were identified which focus on making FE activities as appealing as possible to engage more members in their MSAs, including:

- Identify and focus on issues of priority to the broader membership and communicate out how FE can support these issues to attract MSA members to the work
- Define opportunities for FE involvement and raise awareness of participation opportunities, including how to participate and the time commitment required
- Balance formal and informal events (e.g., networking, social events, educational, formal meetings)
- Support attendance and relationship building through meals

"They way in which you communicate with physicians is important. If you blow it from the get-go, you get written off. It's that balance…convince them that you can help them and take stuff off their plate." – Rural PM

Engagement Across Different MSAs

Engagement between different MSAs varies depending on the site but has increased since 2021.

Interviewees and annual reporting demonstrate that FE supported MSA members to make connections across other MSAs at sub-regional, regional, and provincial levels. This was one of the largest differences noted since the 2021 evaluation, where there were substantially more examples of regional MSA engagement than in the previous evaluation. Most interviewees agreed that across-MSA activities are beneficial for shared learning and not having to "re-invent the wheel," as well as to identify common priorities that can be worked on together to achieve greater collective voice and impact. Further, it was noted that younger physicians may be practicing across sites more often, so focusing only on one site may not be as effective.

Key examples of across-MSA engagement included:

FE Provincial Summit. Supported relationship building and knowledge exchange at a provincial level amongst MSA Members, PMs, administrators, as well as HA Leaders. According to interviewees, this event was particularly well received by attendees with requests for future events similar to this one.

Regional MSA Collaboration. Enabled across-MSA engagement through the establishment of regional tables (e.g., Presidents' Councils, topic-specific tables and working groups) and regional-funded projects and events.

Project Managers. Engaged in PM Help Desk activities (e.g., lunch and learns) and other regular touchpoints for learning and relationship building across PMs which supported connections across MSAs.

There are opportunities to continue to promote engagement among different MSAs to strengthen their collective voice.

The interviews found that not all MSAs are interested in or have the capacity to conduct across-MSA activities, with local MSA member engagement remaining the priority for some. This was particularly true for interviewees from smaller or more rural sites. However, a general lack of awareness of the benefits of more regional engagement was also noted.

To further encourage MSAs to get involved with regional engagement, several partner change ideas were identified, including:

- Continue to raise awareness of examples and impacts from regional-level engagement to create buy-in among MSAs
- Leverage EP support to facilitate across-MSA engagement
- Continue to support PM-specific engagement opportunities to facilitate across-MSA engagement
- Continue to host in-person events such as the FE Provincial Summit

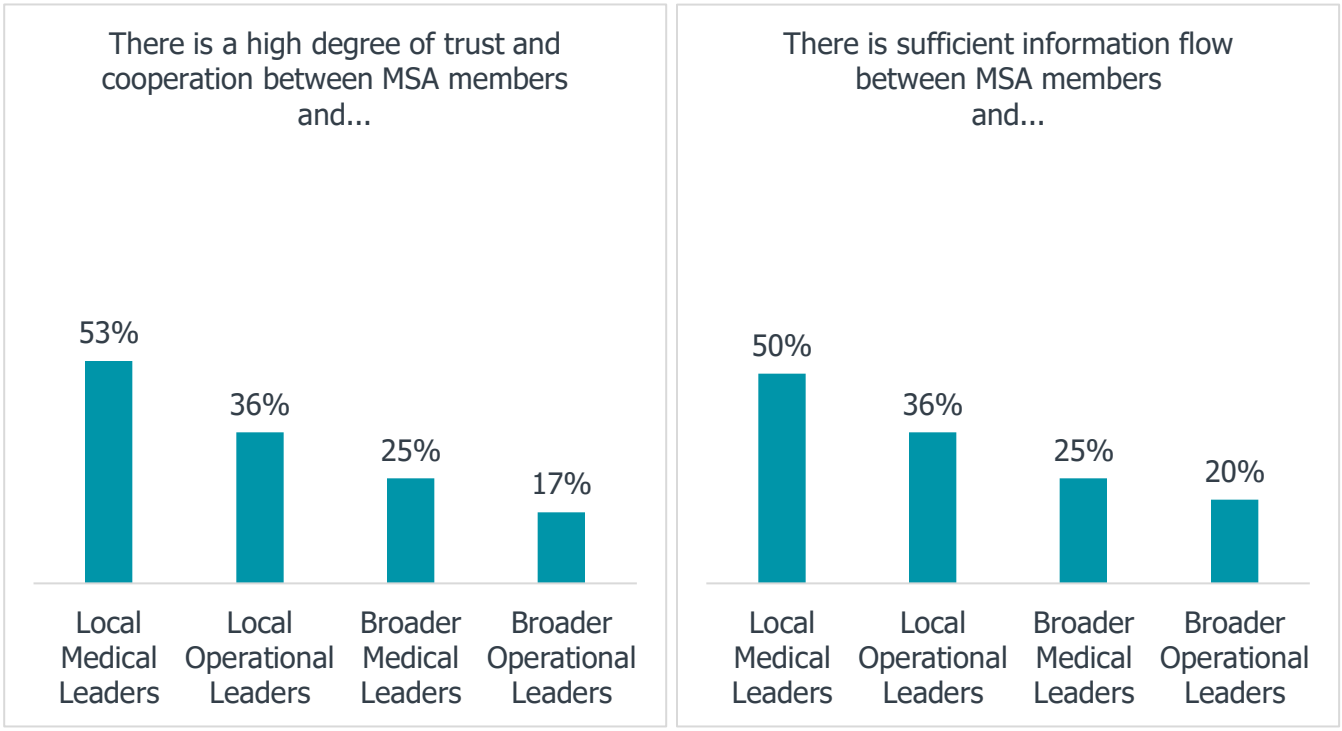
3.3 Improving MSA and HA Engagement

FE provides funding and a forum for MSAs and HA leaders to connect and ongoing efforts are needed to continue to build trust and cooperation.

Almost all (90%) MSA members who participated in FE activities reported in FEMS that the activities strengthened MSA and HA engagement. This is particularly important as all interviewees agreed there is more work to be done to build trust and relationships between MSAs and HA leaders.

Overall, the closer the HA leaders are to the MSA members, the more trust and cooperation they perceive, as well as sufficient information flow (Figure 3). In fact, MSA members view local and medical leaders more positively than broader and operational leaders.

Figure 3: % of MSA Members in 2024 who agree with statements about their relationship with HA leaders, by level of leader (n=957)



Interviewees indicated that because local leaders work in proximity with MSA members, they can develop stronger relationships as the MSA member knows who the HA leaders are, and the leaders are more accessible to the MSA member. This was particularly true in rural sites, where MSA members and HA leaders live and work in the same community. Because of this, many interviewees agreed it is important to continue to identify opportunities for MSAs and HA leaders to connect with one another (e.g., regular meetings, social events, etc.).

Annual reporting and most interviewees agreed that FE provides the funding and forum to support these activities and in fact, those who are more involved with FE have higher perceptions of their relationship with HA leaders (Figure 4 and Figure 5). Overall, medical and operational leaders had higher perceptions of the relationships between HA leaders and MSA members. However, the same pattern remained where local and medical leaders were rated highest, compared to broader and operational leaders.

Figure 4: % of MSA Members by level of involvement in 2024 who agree that "there is a high degree of trust and cooperation between MSA members and…" (n=957)

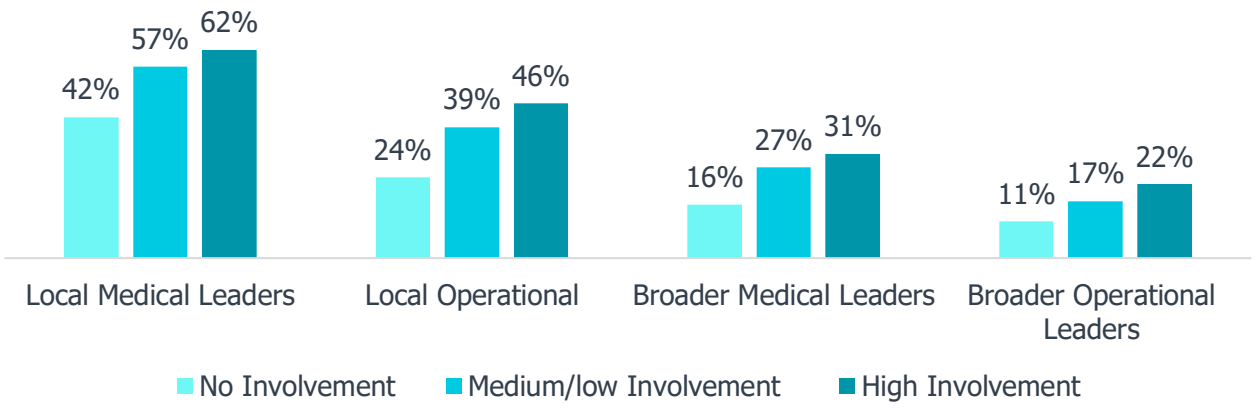
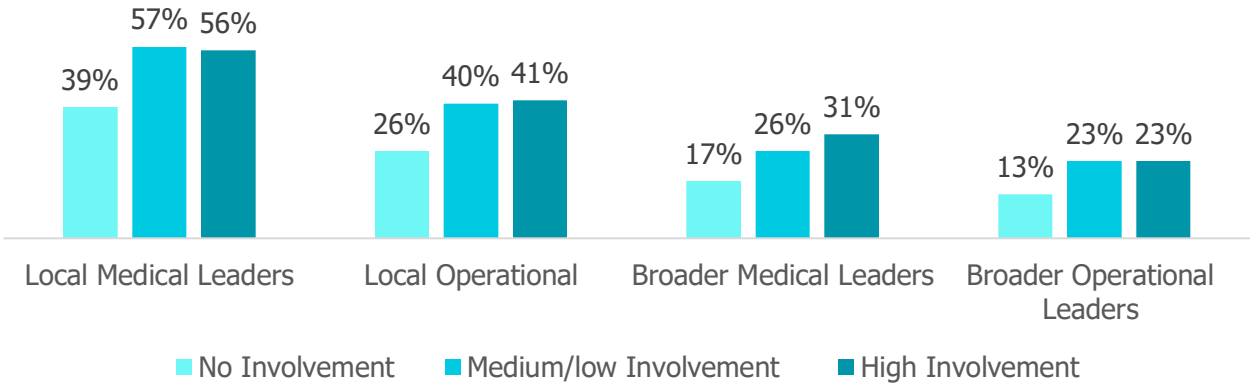


Figure 5: % of MSA members by level of involvement in 2024 who agree that "there is sufficient information flow between MSA members and…" (n=957)



"These are physicians coming from medicine, they don't have training on holding a meeting, presenting ideas, and advocating for change. FE gives them that space and framework to effectively engage in a meaningful manner [with] their HA counterparts."
– Urban PM

Some MSAs are further along in their relationship development with the HA, with several key factors influencing their success.

Interviewees identified several key factors which support trust and cooperation between MSAs and HAs:

- **Regular engagement efforts.** Almost all interviewees identified the importance of MSAs and HAs connecting on a regular basis through formal structures and standing meetings. For example, success has been seen with MSA Executives attending HA meetings (e.g., Medical Advisory Committees, HA committees for various topics) or HA leaders attending FE meetings (e.g., MSA working groups and committees, FE funded events such as regional showcases, etc.).

- **Continuity in relationships.** One major challenge noted by most interviewees is turnover of HA leaders, which is a common occurrence for the HA. Many MSAs find they are building trusting relationships with HA leaders and when those leaders inevitably move into different positions, the MSAs must start from scratch. This includes making themselves known as legitimate bodies representing the medical staff to incoming HA leadership. In fact, most interviewees recognized there is still work to be done to increase HA leader awareness of the MSAs and their role. This was also evident during the interviews, where some HA leaders generally had less awareness of FE and the work of the MSAs.

- **Clear understanding of HA roles, responsibilities, processes, and constraints.** Interviewees indicated that the lack of understanding surrounding the culture differences between MSAs and HAs can impact the success of the relationship. For instance, some MSA members may not be familiar with HA roles, responsibilities, processes, and constraints within a bureaucratic and political environment. For example, MSA members may bring forward a solution to an issue that may not align with current budgets or priorities and/or the issue is not in the control of the HA leader, and then become frustrated when there is a lack of immediate action on the issue. This can lead to MSAs looking for workarounds and not wanting to engage with HA leaders.

- **Transparency around decision making**. Many interviewees identified the importance of transparency when making decisions for both HA leaders and MSAs. Specifically, success is seen when feedback loops are closed regarding the results of an engagement and why certain decisions were made. Even if the decision is not favourable, it is essential that this is communicated and why.

"The organization of the doctors has been critical so that they have a forum to talk to one another and be able to raise questions and issues about what's happening in their hospital and to request that the HA come to some of their meetings so that they can understand what's going on to increase the transparency of plans and decisions that are coming, and to identify ways for the medical staff to be involved and to be informed, to be consulted and to be working collaboratively with the HA." – Doctors of BC Staff

Health system planning and decision-making happen at a higher level, so MSAs' connections with broader leaders are important for having an effective voice.

Several interviewees recognized that connection to broader operational leaders is crucial to being able to meaningfully impact larger health system planning and decision making and that concerted efforts to close the gap on this connection is needed. For example, local medical and operational leaders may not be able to action change and unless they advocate for change upwards, the idea or request may not gain traction. When this occurs, it causes frustration and tension in the relationship between MSA members and HA leaders, with MSA members feeling like the information was not heard or taken seriously.

Interviewees agreed that sub-regional and health authority wide engagement has been growing over the past five years with more connection between MSAs and broader HA leaders. For instance, some regions have set up regular meetings between MSA executives and HA leaders at broader levels (e.g., Island Health). Additionally, some regions, like the Interior, are intentionally reviewing shared priorities across MSAs to identify opportunities for larger regional projects and collaboration with the HA. One highly successful example of this more regional approach is the patient transport project that started in 2018 in the East Kootenays.[15]

Interviewees identified that good progress is seen when the MSAs and HAs agree on priorities at a regional level and can share with each other what they are working on and how they could work together to have greater impact. It was noted that shared strategic planning that considers both MSA and HA activities and priorities is an important exercise to facilitate identifying and working on shared issues.

Further, a few MSA members and HA leaders recognized that health system planning and decision making happens at an even higher level, beyond broader operational leaders, and that there may be a need to consider connecting with higher levels of leadership – the Ministry of Health.

[15]Facility Engagement. 2024. East Kootenay Patient Transportation Committee. https://knowledge.facilityengagement.ca/sites/default/files/2024-05/MSA_Posters_2024_FE_Provincial_Summit8.pdf

Highlight Box: The importance of having a collective voice in health system planning and decision making.

In the summer of 2023, Doctors of BC gathered information from MSAs across the province on what was happening in their community including the Emergency Room (ER) crisis, where ERs were closing periodically due to overcrowding and lack of available physicians. This information was then used by Doctors of BC in discussions with the Ministry of Health on how to address the issue. MSA information had been intentionally gathered for use at a provincial level to support health system planning and decision making. Gathering this information from physicians on the ground in communities would likely have been more challenging, and perhaps not have happened, if not for structured MSAs. Doctors of BC staff indicated it will be important to continue to look for opportunities for the program to facilitate and establish pathways to move the MSAs' collective voice upwards to the highest levels of healthcare leadership.

"We are at the early stages of tapping into provincial engagement…It is appropriate, that's the stage we are at. It took years and is still at the local level for some MSAs. Some are still local, some regional, and a few ready to engage provincially. So, how do we do that?"
– Doctors of BC Staff

As FE continues to focus on strengthening regional level engagement with the HA as well as considers how to conduct provincial engagement, interviewees indicated a need to clarify the vision, intent, and approach. Many interviewees were unclear about the purpose and avenues to engage at regional or provincial levels, including how to request funding for these activities. For example, regions have set up different funding review processes for regional funding, causing confusion for both MSAs and HA leaders. Broader operational HA leaders were particularly unaware of how to leverage the FE structure and funding.

"…we're agents of government and our own personal opinions about something are subservient to direction from government. That's going to be an ongoing challenge." – Operational HA Leader

There are opportunities to continue to build relationships between MSAs and HA leaders at both local and regional levels.

All interviewees agreed ongoing efforts are needed to support engagement of MSAs and HA leaders. To support these efforts, several partner change ideas were identified, including:

- Continue to share promising practices of MSA and HA engagement to support spread of good engagement approaches (e.g., promising forums, structures, and approaches)

- Continue to support and build awareness of training and leadership development opportunities for MSA Executives so that they are prepared to engage productively with the HA
- Leverage FE Sponsors[16] more in building connections with HA leadership
- Continue to strategize on and roll out the program Refresh[17], particularly targeting HA operational leaders so they are aware of FE, MSAs, and the benefits of engaging
- Focus on clarifying the vision and processes for regional-level engagement with HA and ensure funding mechanisms for regional engagement are clear and streamlined
- Continue to consider how provincial level engagement fits within FE and what it will look like moving forward

3.4 Improving the Experience of Care for the Patient

FE funding and support enable MSAs to deliver activities which help improve the experience of care for the patient, both directly and indirectly.

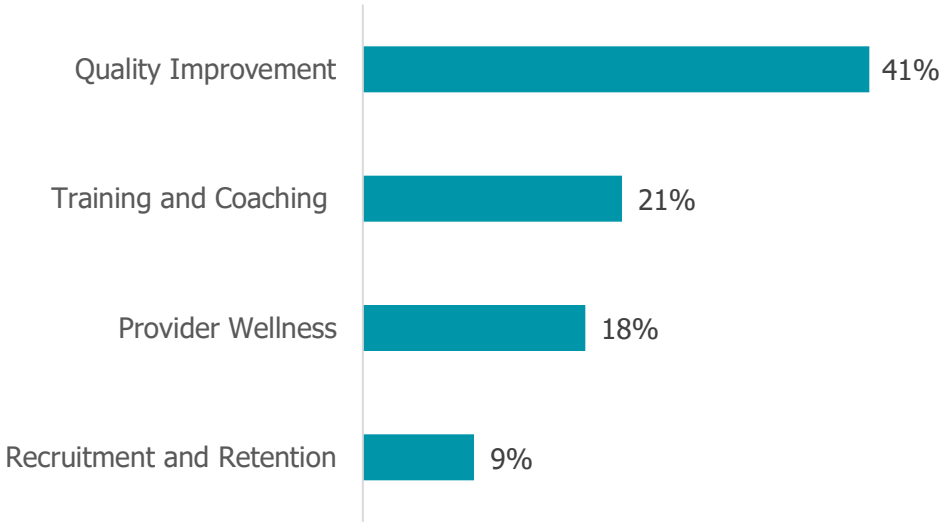
Overall, 89% of entries in the SEAT sample[18] included activities that aim to improve patient care, both directly and indirectly (Figure 5). Almost all (95%) of the entries in the SEAT sample were conducted at a local level, with the remaining being regional-level activities.

Direct Impacts (62%). Activities which have direct impacts on patient care included quality improvement projects (e.g., process improvements, facility planning, care optimization, quality reviews, etc.) as well as training and coaching activities (e.g., simulations, Continuing Medical Education (CME) events, case discussions, mentorship, etc.). Most interviewees agreed that quality improvement projects are a large success of FE and a key component of what attracts MSA members to the work.

Indirect Impacts (27%). Activities which have indirect impacts on patient care included activities which promoted provider wellness (e.g., peer support, wellness activities and workshops, committees, lounge improvements, etc.) as well as recruitment and retention efforts (e.g., committees, recruitment strategies, onboarding improvements, etc.). Aligning with the Quintuple Aim: Improve Provider Well-being, these activities aim to improve MSA members' working conditions, support wellness to retain them at their facilities, and enable them to provide the best possible care to patients. Many interviewees noted that while these activities are pivotal to quality of patient care, the HA does not always prioritize them.

[16] FE Sponsors are HA representatives in each region who attend various FE meetings and events to support connection to the HA.
17 Doctors of BC staff noted that they are conducting a refresh of the FE program which is focused on communicating the role and value of the MSAs and ensuring new HA leaders know the importance of including MSAs in health system planning and decision-making processes.
[18] The SEAT sample represents a non-random sample of funded activities which were logged between April 1, 2023 and March 31, 2024. Not all FE activities are logged in the SEAT database. SEAT entries were reviewed and categoriezed into direct impacts and indirect impacts based on the description of the activities.

Figure 6: % of 2023-24 FE funded activities in the SEAT sample that impact patient care (n=260)



While rural sites undertook activities across these key areas, they focused more on recruitment and retention activities and emergency medicine than urban sites.

There were also several activities focused on Indigenous cultural safety. Findings from the interviews suggest that enhancing cultural safety among providers and within facilities is an area of increased attention within FE. This has included dedicated working groups, efforts to build relationships with local First Nations leaders, installing Indigenous art, and supporting local events such as healing circles, social events, and educational opportunities.

Equity, diversity, and inclusion (EDI) activities were also funded. These included EDI committees (facility-level and region-wide) and workshop events that focused on related discussions.

"It's really amazing to have this funding support, so many different things at the hospital can make a huge difference to a patient's experience on multiple levels. Like, the well-being of medical staff who are providing care, and their communication and collaboration with other staff." – Rural MSA Member

"I feel so inspired and grateful that the [MSA] exists because there is a heap load of different initiatives that have improved patient experience and wellness because they have improved provider experience and provider wellness." – Urban MSA Member

Highlight Box: Celebrating FE funded projects and activities that impact quality of patient care.

Direct Impacts:

- **Pediatric Care.** An urban MSA in PHSA coordinated a BC Pediatric Quality Improvement Practitioners Network to support connection and collaboration around advancing opportunities for improving care quality for patients.

- **ER Flow.** An urban MSA in Fraser Health coordinated efforts through a working group of allied health staff (e.g., physicians, patient care coordinators, nursing educators, and bedside nurse
- s) to reduce inefficiencies and improve flow in the ER. The working group engaged partners and made changes to nursing assignments.

- **ER Diversion.** A rural MSA in Island Health worked with the HA to create an ER Diversion Protocol to address issues related to physician retirement and unfilled vacancies. Work continued with the HA to ensure 24/7 coverage within the ER, resulting in no diversions in 2023-24.

- **Training.** Several urban MSAs in Vancouver Coastal focused on training programs for Registered Nurses (RNs), such as RN-specific education rounds.

Indirect Impacts:

- **Leadership Development.** A rural MSA in Northern Health created a co-leadership project in partnership with Northern Health, the Specialist Services Committee, Rural Coordination Centre of BC, and Prince George CME to offer practice-based leadership development for healthcare leaders. Topics included individual and system-level decision making and cultural safety.

- **Recruitment.** An urban MSA in the Interior worked with their HA to develop a strategy focused on addressing the acute recruitment crisis. Monthly meetings were held with the local Chief of Staff, MSA Executive, Working Group members, and Interior Health Recruiters.

FE-funded projects and activities continue to address dimensions of quality care.

Overall, 96% of entries in the SEAT sample addressed at least one quality dimension, many of them outlined in the BC Health Quality Matrix[19] (Figure 6). The most common quality dimension addressed was engagement and collaboration (40%), which included activities such as physician engagement and health system collaboration.

Figure 7: % of 2023-24 FE funded activities in the SEAT sample that addressed quality dimensions (n=260) [20]

There are opportunities to improve the sustainability and performance measurement of FE funded projects.

Annual reporting and interviewees identified several common challenges for FE projects including securing enough support from higher-level leaders to conduct the project in the facility as well as ensuring the long-term sustainability of the projects particularly after FE funding has concluded. Further, some indicated that FE and MSAs could improve their impact measurement efforts to ensure that the results of activities are appropriately captured and communicated to demonstrate the value of the initiative.

[19] Health Quality BC. 2023. BC Health Quality Matrix. https://healthqualitybc.ca/wp-content/uploads/BC-Health-Quality-Matrix-Health-Quality-BC.pdf
[20] Activities could address more than one quality dimension, so the percentages do not add up to 100%.

To continue to improve the experience of care for the patient and measure the impacts of these activities:

- Engage in joint strategic planning with the HA to identify areas of alignment and support HA buy-in from the correct leadership levels to support sustainability
- Continue to explore collaboration with the Physician Quality Improvement (PQI) initiative to train physicians on running a project and conducting impact measurement
- Continue to share success stories so that physicians are aware of the type of work that can be conducted, including how to measure and demonstrate their impact and encourage busy medical professionals to get involved in FE projects

4. Conclusions and Recommendations

Enhancing MSA Capacity and Capabilities

FE funding and support has significantly strengthened MSAs capacity and capabilities, helping them become more operational and effective. However, the effectiveness of MSAs is largely influenced by the structure and composition of their teams, and inconsistencies exist across MSAs. There are opportunities to reduce these inconsistencies and further enhance MSA capacity and capabilities.

To further enhance MSA capacity and capabilities, several recommendations include:

- Build awareness of FE resources to support standardization of PM and administrator roles (e.g., job descriptions and postings, interview guides, performance review processes)
- Explore opportunities to enhance support available to PMs and administrators, particularly for MSAs located in smaller and remote communities (e.g., regional PM/administrator that works across different MSAs, leverage FESC to reduce administration burden)
- Build awareness of tailored FE leadership training for MSA Executives and the benefits of engaging in leadership to support strong MSA teams

Improving MSA Engagement

Local MSA Engagement

FE funding has enabled MSAs to successfully engage their members at the local level. While local engagement has remained stable since 2021, there are opportunities to increase participation, as a significant portion of MSA members expressed interest in getting more involved. The primary barrier to greater engagement is time constraints, with competing professional and personal priorities, so there are opportunities to focus on making FE events

as appealing as possible to engage more members in their MSAs despite these barriers.

To further improve local MSA engagement, several recommendations include:

- Identify and focus on issues of priority to the broader membership and communicate how FE can support these issues to attract MSA members to the work
- Define opportunities for FE involvement and raise awareness of participation opportunities, including how to participate and the time commitment required
- Balance formal and informal events (e.g., networking, social events, educational, formal meetings)
- Support attendance and relationship building through meals

Engagement Across MSAs

Engagement across different MSAs has improved since 2021, with FE supporting connections at sub-regional, regional, and provincial levels. These regional activities have been praised for helping MSAs avoid redundant efforts and align on common priorities. However, not all MSAs have the capacity or interest to engage regionally. Some MSAs still prioritize local engagement, and there is a lack of awareness of the benefits of regional collaboration.

To further promote engagement across MSAs, several recommendations include:

- Continue to raise awareness of examples and impacts from regional level engagement to create buy-in among MSAs
- Leverage EP support to facilitate across-MSA engagement
- Continue to support PM-specific engagement opportunities to facilitate across-MSA engagement
- Continue to host in-person events such as the FE provincial summit

Improving MSA and HA Engagement

FE funding provides a valuable platform for MSAs and HA leaders to connect. MSA members involved in FE activities agreed that these initiatives have enhanced engagement between MSAs and HA leaders. However, interviewees emphasized that more work is needed to build stronger relationships.

To further improve MSA and HA engagement at local and regional levels, several recommendations include:

- Continue to share promising practices of MSA and HA engagement to support spread of good engagement approaches (e.g., promising forums, structures, and approaches)
- Continue to support and build awareness of training and leadership development opportunities for MSA Executives so that they are prepared to engage productively with the HA
- Leverage FE Sponsors more in building connections with HA leadership

- Continue to strategize on and rollout the program Refresh, particularly targeting HA operational leaders so they are aware of FE, MSAs, and the benefits of engaging
- Focus on clarifying the vision and processes for regional-level engagement with HA and ensure funding mechanisms for regional engagement are clear and streamlined
- Continue to consider how provincial level engagement fits within FE and what it will look like moving forward

Improving the Experience of Care for the Patient

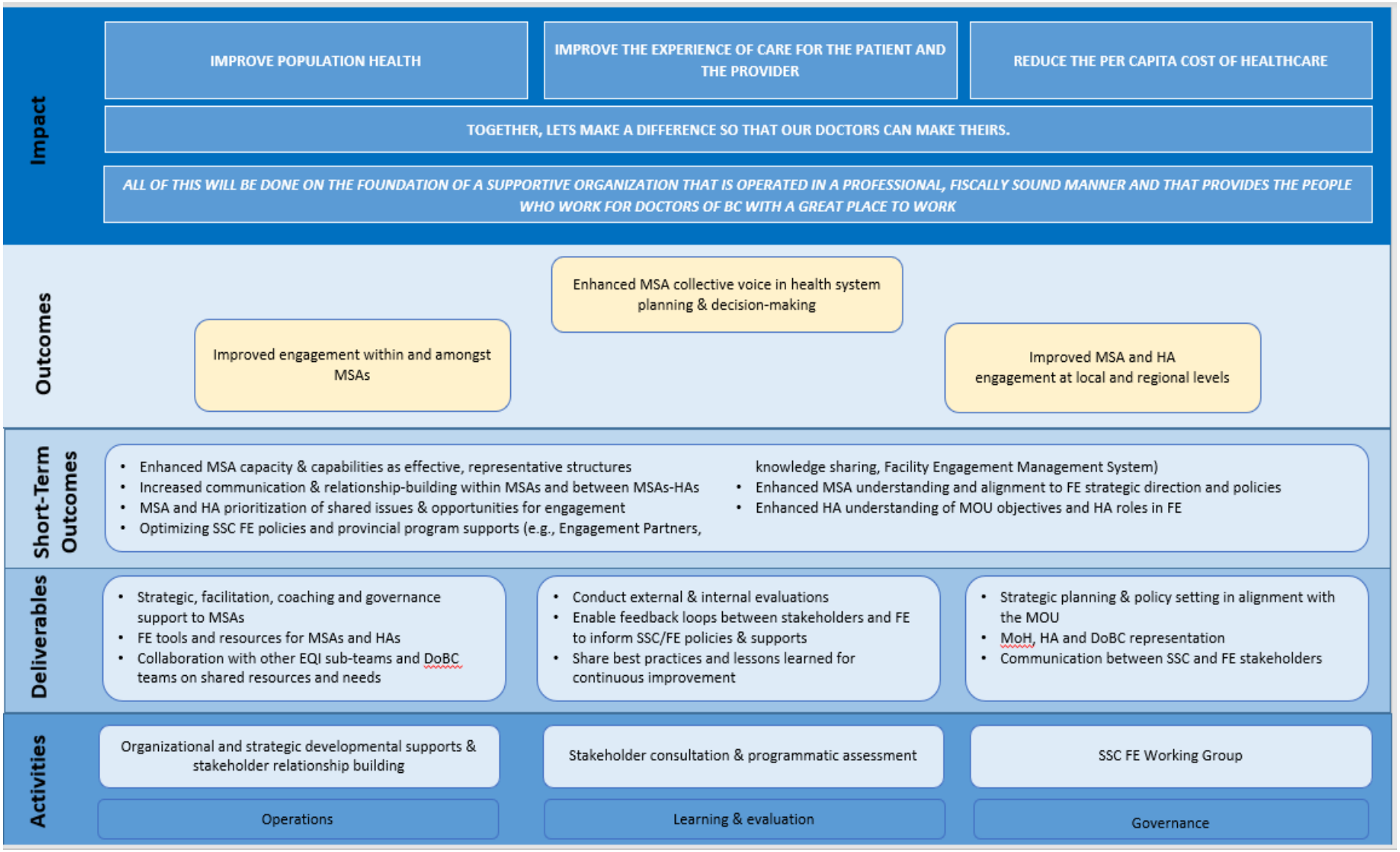
FE funding supports MSAs in delivering activities that enhance patient care, both directly and indirectly. However, interviewees identified challenges in securing support from higher-level HA leaders for projects, ensuring long-term sustainability of activities after FE funding ends, and measuring impacts to better communicate the value of FE activites.

To enhance the sustainability and performance measurement of FE-funded projects, several recommendations include:

- Engage in joint strategic planning with the HA to identify areas of alignment and support HA buy-in from the correct leadership levels to support sustainability
- Continue to explore collaboration with the Physician Quality Improvement (PQI) initiative to train physicians on running a project and conducting impact measurement
- Continue to share success stories so that physicians are aware of the type of work that can be conducted, including how to measure and demonstrate their impact and encourage busy medical professionals to get involved in FE projects

Appendices

A.1 FE Logic Model



A.2 FE Evaluation Matrix

FE Outcomes	Evaluation Questions	Data Source	Indicators
Enhanced MSA capacity and capabilities as effective, representative structures	To what extent has FE contributed to increased MSA capacity and capabilities as effective, representative structures?	Document and Administrative Data	**FEMS:** • # of MSAs (site tracker) • # of MSA members in FEMS (by site, type, medical practice, year) • # of BC physicians with facility privileges who participate in FE by HA **SEAT:** • # and % of project SEAT tags • Qualitative perceptions of MSA Project Managers regarding successes and lessons related to MSA capacity and capabilities **SRRP:** • Qualitative perceptions of MSA members and HA leaders regarding MSA capacity and capabilities including opportunities (if identified in the SRRP response), including examples of completing an improvement of process **RARR:** • Qualitative perceptions of regional MSA members and HA leaders regarding accomplishments/successes and key learnings related to MSA capacity and capabilities, including areas for improvement and plans of action for moving forward from a regional perspective
		Partner Interviews	• Qualitative perceptions of MSA members, MSA Project Managers, HA leaders, and Doctors of BC Staff on FE impact on MSA capacity and capabilities, including examples of key successes and facilitators (e.g., processes and activities), challenges and lessons, and opportunities to improve moving forward
		Provincial FE Evaluation Survey	• # and % who agree or strongly agree that the MSA/physician engagement society represents the priorities and collective interests of members, and a significant increase over time (interim/final) • # and % who agree or strongly agree that MSA/physician engagement society activities have helped address an issue of importance to me and my colleagues, and a significant increase over time (interim/final) • # and % who agree or strongly agree that Engagement Partners play an important role in supporting progress toward MSA/physician engagement society and health authority engagement, and a significant increase over time (interim/final) • Qualitative perceptions of MSA members and HA leaders related to capacity and capacities, including successes/greatest impacts, lessons, and suggestions for improvement
Improved engagement within and amongst MSA	To what extent has FE contributed to improved engagement within and amongst MSAs?	Document and Administrative Data	**FEMS and Post Claim Survey:** • # of MSA members in FEMS (by site, type, Department, year) • Percentage of BC physicians with facility privileges who participate in FE by HA • # and % of physicians who agree or strongly agree that the session contributed to increasing physician to physician engagement • # and % of MSA members with approved claims during 2022/2023 and 2023/2024 fiscal years • # and % of engagement activities in FEMS during 2022/2023 and 2023/2024 fiscal years • Qualitative comments in the FEMS post-claim survey regarding engagement

FE Outcomes	Evaluation Questions	Data Source	Indicators
			SEAT: • Qualitative perceptions of MSA Project Managers regarding successes and lessons related to relationship building and collaboration within and amongst MSA **SRRP:** • Qualitative perceptions of MSA members and HA leaders regarding progress made to enhance engagement between members of the medical staff at a facility (e.g., improved attendance at MSA meetings, improved representation at FE working Group meetings, increase participation by medical staff in FE-funded activities), including examples of completing of a successful engagement activity **RARR:** • Qualitative perceptions of regional MSA members regarding accomplishments/successes and key learnings related to improved engagement within and amongst MSAs, including areas for improvement and plans of action for moving forward from a regional perspective
		Provincial FE Evaluation Survey	• # and % of activities identified regarding how MSA participants are involved in the work of the MSA/Physician Engagement Society • Qualitative perceptions of MSA members and HA leaders related to within and amongst MSA engagement including successes/greatest impacts, lessons, and suggestions for improvement for engagement and FE
		Partner Interviews	• Qualitative perceptions of MSA members, MSA Project Managers, and Doctors of BC Staff regarding FE impact on improve engagement within and amongst, including examples of key successes and facilitators (e.g., processes and activities), challenges and lessons, and opportunities to improve moving forward (e.g., improving engagement and FE)
Improved MSA and health authority engagement	To what extent has FE contributed to improved MSA and HA engagement?	Document and Administrative Data	**FEMS Post Claim Survey:** • # and % of physicians who agree or strongly agree that the session contributed to increasing physician and health authority engagement • Qualitative comments in the FEMS post-claim survey regarding engagement **SEAT:** • % of FE activities with HA involvement • Qualitative perceptions of MSA Project Managers regarding successes and lessons related to relationship building and collaboration between MSA and health authority **SRRP**: • Qualitative perceptions of MSA members and HA leaders regarding progress made to enhance engagement between physicians and HA partners at a facility (e.g., successful ongoing meetings or events, improved workflow or processes, dyad leadership models, etc.), including examples of completing of a successful engagement activity (e.g., communication and relationships, prioritization of issues, opportunities for engagement) **RARR:** • Qualitative perceptions of regional MSA members and HA leaders regarding accomplishments/successes and key learnings related to improved engagement between MSAs and HAs, including areas for improvement and plans of action for moving forward from a regional perspective

FE Outcomes	Evaluation Questions	Data Source	Indicators
			HA Engagement Survey Report: • Assess alignment with Provincial FE Evaluation Survey regarding agreement that senior leaders seek and value physicians' input when setting the health authority goals compared to Provincial FE Evaluation Survey • Assess alignment with Provincial FE Evaluation Survey regarding agreement that senior leaders' decision-making is transparent to MSA members • Assess alignment with Provincial FE Evaluation Survey regarding agreement that they belong to a collaborative, patient-centered team/unit
		Provincial FE Evaluation Survey	• # and % who agree or strongly agree that there is a high degree of trust and cooperation between MSA/physician engagement society members and **local** leaders (medical and operational), and a significant increase over time (interim/final) • # and % who agree or strongly agree that there is sufficient information flow between MSA/physician engagement society members and **local** leaders (and vice versa) (medical and operational), and a significant increase over time (interim/final) • # and % who agree or strongly agree that there is a high degree of trust and cooperation between MSA/physician engagement society members and leaders at **broader health authority** level (medical and operational), and a significant increase over time (interim/final) • # and % who agree or strongly agree that there is sufficient information flow between MSA/physician engagement society members and leaders at **broader health authority** levels (and vice versa) (medical and operational), and a significant increase over time (interim/final) • # and % of activities identified regarding how HA participants are involved in the work of the MSA/Physician Engagement Society • Qualitative perceptions of MSA members and HA leaders related to MSA and HA engagement including successes/greatest impacts, lessons, and suggestions for improving engagement and/or FE
		Partner Interviews	• Qualitative perceptions of MSA members, MSA Project Managers, HA leaders, and Doctors of BC Staff regarding FE impact on improved engagement between MSAs and HAs, including examples of key successes and facilitators (e.g., processes and activities), challenges and lessons, and opportunities to improve moving forward (e.g., improving engagement and FE)
Enhanced MSA collective voice in health system planning and decision making	To what extent has FE contributed to enhancing MSA collective voice in health system planning and decision-making?	Document and Administrative Data	**SEAT:** • Qualitative perceptions of MSA Project Managers regarding successes and lessons related to MSA collective voice in health system planning and decision making **SRRP:** • Qualitative perceptions of MSA members and HA leaders regarding examples of members of the medical staff coming together to achieve a common goal (e.g., working together for COVID preparations), with a focus on enhancing collective voice **RARR:** • Qualitative perceptions of regional MSA members and HA leaders regarding accomplishments/successes and key learnings related to improved MSA collective voice, including areas for improvement and plans of action for moving forward from a regional perspective

FE Outcomes	Evaluation Questions	Data Source	Indicators
			HA Engagement Survey Report: • Assess alignment with Provincial FE Evaluation Survey regarding agreement that they have made meaningful inputs into changes affecting their practice environment
		Provincial FE Evaluation Survey	• # and % who agree or strongly agree that MSA/physician engagement society represents the priorities and collective interests of members, and a significant increase over time (interim/final) • # and % who agree or strongly agree that MSA/physician engagement society activities have helped address an issue of importance to me and my colleagues, and a significant increase over time (interim/final) • Qualitative perceptions of MSA members and HA leaders related to MSA collective voice in health system planning and decision-making including successes/greatest impacts, lessons, and suggestions for improvement
		Partner Interviews	• Qualitative perceptions of MSA members, MSA Project Managers, HA leaders and Doctors of BC Staff regarding FE impact on MSA collective voice, including examples of key successes and facilitators (e.g., strategic planning and collaboration opportunities, influence over work environment and patient care, alignment with HA structures, etc.), challenges and lessons, and opportunities to improve moving forward
Improve the experience of care for the patient	To what extent has FE contributed to improved quality of patient care in BC directly and indirectly)?	Document and Administrative Data	**SEAT:** • # and % of activities which address quality dimensions (BC Health Quality Matrix) • Qualitative perceptions of MSA Project Managers regarding successes and lessons related to improvement in patient care **SRRP:** • Qualitative perceptions of MSA members and HA leaders regarding examples of members of the medical staff coming together to achieve a common goal (e.g., working together for COVID preparations), with a focus on improving the experience of care for the patient **RARR:** • Qualitative perceptions of regional MSA members and HA leaders regarding accomplishments/successes and key learnings related to improved quality of patient care, including areas for improvement and plans of action for moving forward from a regional perspective **HA Engagement Survey Report:** • Assess alignment with Provincial FE Evaluation Survey regarding agreement that they have adequate opportunities to improve patient's care, quality, and safety
		Provincial FE Evaluation Survey	• # and % who agree or strongly agree that MSA/Physician Engagement Society activities has helped improve facility culture, and a significant increase over time (interim/final) • # and % who agree or strongly agree that MSA/Physician Engagement Society activities has helped improve the delivery of patient care, and a significant increase over time (interim/final) • Qualitative perceptions of MSA members and HA leaders related to quality of patient care including successes/greatest impacts, lessons, and suggestions for improvement

FE Outcomes	Evaluation Questions	Data Source	Indicators
		Partner Interviews	• Qualitative perceptions of MSA members, MSA Project Managers, HA leaders and Doctors of BC Staff regarding FE impact on quality of patient care, including examples of key successes and facilitators (e.g., indirect and direct impacts), challenges and lessons, and opportunities to improve moving forward

A.3 Affliated Sites

Health Authority	Sites	
fraserhealth	• Abbotsford Regional Hospital and Cancer Centre • Burnaby Hospital • Chilliwack General Hospital • Delta Hospital • Eagle Ridge Hospital • Fraser Canyon Hospital • Jim Pattison Outpatient Care and Surgery Centre • Langley Memorial Hospital • Mission Memorial Hospital	• Peace Arch Hospital • Ridge Meadows Hospital and Health Centre • Royal Columbian Hospital • Surrey Memorial Hospital
Interior Health	• 100 Mile District General Hospital • Arrow Lakes Hospital • Boundary District Hospital • Cariboo Memorial Hospital • Creston Valley Hospital and Health Centre • Dr. Helmcken Memorial Hospital • East Kootenay Regional Hospital • Elk Valley Hospital • Golden and District Hospital • Invermere and District Hospital • Kelowna General Hospital • Kootenay Boundary Regional Hospital • Kootenay Lake Hospital	• Lillooet Hospital & Health Centre • Penticton Regional Hospital • Princeton General Hospital • Queen Victoria Hospital • Royal Inland Hospital • Shuswap Lake General Hospital • South Okanagan General Hospital • Sparwood Health Centre • Vernon Jubilee Hospital
island health	• Cowichan District Hospital • Galiano Health Care Centre • Lady Minto Gulf Islands Hospital • Nanaimo Regional General Hospital	• Queen Alexandra Center for Children's Health • Royal Jubilee Hospital • Saanich Peninsula Hospital • South Island MSA

	• North Island Hospital Campbell River & District • North Island Hospital Comox Valley • Port Hardy Hospital • Port McNeill Hospital • Queen Alexandra Center for Children's Health • Port Hardy Hospital • Port McNeill Hospital	• Tofino General Hospital • Victoria General Hospital • West Coast General Hospital MSA • William Head Institution
northern health the northern way of caring	• Bulkley Valley District Hospital • Chetwynd Hospital and Health Centre • Dawson Creek and District Hospital • Fort St John Hospital & Peace Villa • GR Baker Memorial Hospital • Haida Gwaii Hospital and Health Centre - Xaayda Gwaay Ngaaysdll Naay • Lakes District Hospital & Health Centre • Mackenzie & District Hospital & Health Centre • McBride & District Hospital	• Ksyen Regional Hospital (formally Mills Memorial Hospital) • Northern Haida Gwaii Hospital & Health Centre • Prince Rupert Regional Hospital • St. John Hospital • Tumbler Ridge Health Centre • University Hospital of Northern British Columbia (UHNBC) • Wrinch Memorial Hospital
Providence HEALTH CARE How you want to be treated.	• Holy Family Hospital • Mount Saint Joseph Hospital • St. Paul's Hospital	
Provincial Health Services Authority Province-wide solutions. Better health.	• BC Adult Mental Health Services • BC Cancer • BC Centre for Disease Control • BC Children's Hospital (including Sunny Hill) • BC Corrections	• BC Women's Hospital & Health Care Centre • Forensic Psychiatric Hospital
Vancouver CoastalHealth	• Bella Coola General Hospital • G.F. Strong Rehabilitation Centre • Lions Gate Hospital	• Sechelt Hospital • Squamish General Hospital • UBC Hospital (UBCH)

	• qathet General Hospital • Ẋ̱uxválásu̓ilas Heiltsuk Hospital (formerly R.W. Large Memorial Hospital) • Richmond Hospital	• Vancouver General Hospital (VGH) • Whistler Health Care Centre

A.4 Criteria for Determining Levels of Involvement in FE

Criteria is based on participants' selections in the survey when asked, "*How are you involved in the work of the Medical Staff Association (MSA) and/or Physician Engagement Society? Please select all that apply*."

Level of Involvement	MSA Members	HA Leaders (Medical and Operational)
High Involvement	• Former or current MSA Executive and/or Physician Engagement Society Board member • Former or current MSA and/or Physician Engagement Society working group or advisory committee member • Lead Facility Engagement funded projects and activities	• Former or current MSA Executive and/or Physician Engagement Society Board member • Former or current MSA and/or Physician Engagement Society working group or advisory committee member • Lead Facility Engagement funded projects and activities • Former or current Facility Engagement Health Authority Sponsor
Medium/low involvement	• Participate in Facility Engagement funded projects and activities (e.g., topic-specific activities or projects, etc.) • Attend annual MSA and/or Physician Engagement Society events (e.g., Facility Engagement Annual Review Process, MSA Annual General Meeting, etc.)	• Participate in Facility Engagement funded projects and activities (e.g., topic-specific activities or projects, etc.) • Attend annual MSA and/or Physician Engagement Society events (e.g., Facility Engagement Annual Review Process, MSA Annual General Meeting, etc.)
No involvement	• I am not involved in the work of the MSA and/or Physician Engagement Society	• I am not involved in the work of the MSA and/or Physician Engagement Society