

# The Facility Engagement Initiative

## WHAT IS FACILITY ENGAGEMENT?

Facility Engagement is a provincial initiative that originates from the Physician Master Agreement. It aims to strengthen relationships, communication and collaboration between health authorities and facility-based physicians, to improve their work environment and the delivery of patient care. It includes:

- **Opportunities for physicians and health authority leaders to strengthen communication and teamwork**, and to work together more effectively to improve patient care, the physician experience, and the cost-effectiveness of the health care system.
- **Opportunities for physicians to have a meaningful voice in decision-making**, with increased involvement in activities that affect their work environment and patient care.
- **Funding to support physician involvement and leadership in activities; used to:**
  - Pay for physicians' time to set priorities, and develop and carry out plans and activities.
  - Hire expertise to support physician activities (e.g. administrative support, project manager, analyst, etc. to support engagement efforts).

## A NEW APPROACH

- Each Health Authority has committed through a Memorandum of Understanding to support greater engagement and collaboration with physicians.
- The initiative is actively growing, with 67+ acute care sites involved across the province by Jan. 2018.
- A physician society or other legal structure - along with funding - supports physicians who are Medical Staff Association (MSA) members to identify priorities and plan activities at their site, rather than work off the side of their desk.
- The Specialist Services Committee oversees the initiative and distributes funding. Funding is administered to the MSA through a physician society or alternative structure established at local sites.
- The initiative is provincial in scope, but maintains flexibility for priorities and activities to be tailored to each site.

## MEMBERSHIP

- Participation is open to all health authorities and facilities with acute care beds, and physicians with privileges inside BC facilities who are members of the medical staff. Membership includes specialists, general practitioners and alternatively paid physicians. An MSA may also choose to have non-physicians participate as non-voting members or guests.

## SUPPORT

- Facilitation expertise is provided by Facility Engagement Liaisons (FELs) who can assist MSAs to establish active organizations that can carry out funded activities at their sites, and provide guidance to expand local Facility Engagement efforts.
- Tools and templates are provided to support implementation, including job descriptions, contracts, terms of reference, and constitution and bylaws for local customization.

## A FEW EXAMPLES

1. A physician society/ Medical Staff Association can establish a representative voice for the medical staff at a site by establishing a working group or committee with participation from across the facility. It can then gather input and help identify and prioritize issues of importance for the medical staff and advance a short-list of priorities to the leadership of the health authority through existing avenues such as the Medical Advisory Committee, meetings with administrators, or any other forum dedicated to addressing issues in a facility.
2. Physicians may seek to find better ways to communicate and work together with colleagues and/or with the hospital administration. Funding can be used to compensate a physician champion, develop a strategy and trial new methods.
3. The leadership of a health authority may seek to solve an issue that spans a number of departments. The issue can be taken to the local physician society for advice or a co-creation of a solution.
4. Physicians may want to be involved in the development of new facilities or the re-design of existing buildings, or new technology projects. Funding could support physicians to participate in either a consultation or collaborative/co-creation process.
5. Physicians may want to use funding to support a collaborative effort that leads to quality improvements that directly affect patient care in their facility.

## STEPS TO GET INVOLVED

### > Step 1:

Get the support of the entire medical staff and the facility's local administration. If a site has an active MSA and local support, the FEL can help you draft a joint letter of support for submission for start up funding.

### > Step 2:

A facility can then be approved for start-up funding of up to \$75,000, to help establish a meaningful, representative governance structure that suits the needs of the facility.

### > Step 3:

Once the formal structure is in place, the MSA is eligible for annual funding depending on the size of the facility. Start up funding varies according to size of the facility and number of acute care beds.

---

**Facility Engagement Liaisons can help every step of the way.**

## QUALIFYING FOR FUNDS

To receive annual funding, medical staff must have:

- A governance and a decision-making structure that will represent the doctors in the facility.
- The ability to receive, account for, and report on expenditures.
- General agreement to proceed with health authority representatives at the start of the process.

---

To find out if/how your site is involved, contact your Medical Staff president and/or local site administrator or e-mail [engagement@doctorsofbc.ca](mailto:engagement@doctorsofbc.ca)