

KEY HIGHLIGHTS: SSC FACILITY ENGAGEMENT WORKING GROUP (SSC FEWG): May 19, 2020

SUMMARY OF KEY DISCUSSIONS

Discussion about **COVID-19 MSA activities, successes, and opportunities, and FE funding supports.**

Overview and discussion of **FE Evaluation 2.0** to start in June 2020 through December 2021: Outcomes to be measured include **quality of care** and **COVID-19**.

Update about **2020 SRRP process** and feedback.

Discussion of the plan to **streamline and simplify financial processes** for **MSAs using FESC**.

MEETING TOPICS AND DISCUSSIONS

MSA COVID-19 ACTIVITIES AND FE FUNDING SUPPORTS

Review and discussion: With COVID-19, and the need for MSAs to pivot priorities, Facility Engagement confirmed that FE funds can be used for physicians' time spent in COVID-19 activities with colleagues and health authority; in accordance with the FE funding guidelines.

Qualifying sites were provided their next gate of funding in March, of approx. \$2.5 million (along with tools to assist MSAs with financials). Due to unbudgeted COVID activities, there has been heightened interest in applying to the FE Contingency fund of \$600K, which is available for the 72 participating sites.

As of May 21, 69 of 72 sites have used FE Funding for COVID-19 activities at local and regional levels. Posted on the FE website, some examples include:

- meetings between MSAs and health authority
- communication tools and peer support networks
- SIMS training
- patient care workflow and redesign
- physician resource planning
- virtual care planning

Having already established a foundation of engagement structures, communication, and relationships to date, many MSAs were able to quickly redirect energy and funding to support COVID-19.

Among activities, successes, challenges and opportunities have been reported.

MSAs and Health Authority (HA) success examples

- Communication between physicians and HAs
- Access to HA leadership
- Responsiveness from HA
- Collaboration and shared problem solving
- Physician involvement in the development of COVID protocols/procedures

MSA success examples

- Participation in some EOC structures (first time)
- High MSA mobilization and agility to respond
- Increased physician attendance and participation
- Site SIM activities

MSA Challenges - examples

- Timeliness and consistency of communication
- Leadership styles not as adaptive in some places to enable problem solving
- Hospital infrastructure deficiencies to respond to COVID
- Coordination of funding supports for physician COVID planning

MSA/ HA/ Provincial opportunities - examples

- Supporting ongoing transparent, respectful communication between MSAs and HAs
- Assisting MSAs with identifying COVID successes, challenges and opportunities with HAs
- Shared problem-solving between physicians/HAs
- Greater MSA advocacy and input at regional levels
- Sustaining virtual care

The SSC FEWG discussed ways to support MSAs to collaborate with HAs moving forward, including through:

- Streamlining MSA administrative/ operational work
- Guidelines to assess COVID successes / challenges
- Regional communication tools
- Knowledge sharing content and tools
- MSA involvement in local/regional surgical restart/renewal planning

FACILITY ENGAGEMENT 2.0 EVALUATION PLAN

Discussion and SSC FEWG feedback into the plan:

Ference and Company have been selected to conduct the provincial FE Evaluation 2.0.

KEY HIGHLIGHTS: SSC FACILITY ENGAGEMENT WORKING GROUP (SSC FEWG): May 19, 2020

While FE Evaluation 1.0 (2017-2019) measured foundational outcomes such as governance and communication, FE Evaluation 2.0 will look at longer term outcomes – if FE is resulting in **sustainable foundations and relationships that lead to more meaningful engagement** that impact MSAs' work environment and patient care. To what extent has FE contributed to:

- Improved engagement within and amongst MSAs
- Improved MSA and health authority engagement
- Enhanced MSA collective voice in health system planning & decision making

One question in particular was discussed: **To what extent has FE enabled MSAs to impact on quality of patient care?** This will capture if/ how MSA/HA relationships are affecting patient care and the physician work environment, and make the link between FE and the Triple Aim. The SSC FEWG agreed to **define quality** using the [BC Health Quality Matrix](#).

The evaluation will evaluate how COVID-19 impacted FE processes and outcomes, and how the FEI supported MSAs. COVID-19 will be evaluated both separately, as well as in relation to the broader FE outcomes.

Methods to inform the evaluation include data reviews, BC-wide surveys among FEI participants in 2020 and 2021, qualitative interviews, and a comparison to similar initiatives. The SSC FEWG discussed timing for 2020 interviews given physician availability, COVID and summer - with early fall as a potential option. Considerations were also discussed for interviews to respect people's time challenges and schedules.

Delivery dates of **interim and final evaluation reports** are to be **Jan. 2021** and **Dec. 2021**. However, the SSC FEWG requested reports of emerging themes and learnings along the way to be utilized in real time, rather than after the final evaluation reports are delivered.

SITE REVIEW AND REPORTING PROCESS (SRRP): *Status update and discussion.* This year, 53 of 66 sites submitted SRRP packages. The process was modified due to COVID-19 – with review panels cancelled and site

feedback provided through letters, which were turned around more quickly than in previous years to help MSAs do their planning earlier.

Sites have been invited to provide feedback to improve next year's SRRP. With COVID-19, the FE provincial team will also look at reducing administrative work required for the next SRRP.

The SSC FEWG discussed SRRP submissions as a rich source of information for learning, knowledge sharing and COVID-19; and to connect MSAs with common work, and identify emerging themes. They also noted that the SRRP is a time for reflection, but also to be celebrated locally as well as regionally.

FEMS FINANCIAL MANAGEMENT UPDATE - *Update and discussion:* Changes have been made to simplify and reduce the complexity of financial processes, and new financial tools are available to support MSAs.

- **For FESC sites, monthly balance sheets** are being provided as of April 2020 (instead of mining FEMs). **Gated funding** will now be automatically transferred to FESC sites who will no longer need to apply.
- **For all sites, financial information will be migrated from FEMS into accounting software** which will then become the sole source of financial information. FEMS will then convert back to its original intent as a claims management system. Requirements have been determined through consultation with some MSAs, and a Proof of Concept is in development.
- **New financial supports and tools for MSAs:**
 - Service Agreement Templates
 - Checklist of expected services of an accountant
 - Checklist of skills required for an administrator
 - Guidance to interpret financial statements
 - Ongoing webinars and workbooks to improve administrative knowledge and ability
 - Potentially, a list of pre-qualified accountants although there was a suggestion of having one accountant for all – to be explored further.

For more information: engagement@doctorsofbc.