

SUMMARY REPORT

MSA Roundtable Webinar Optimizing Funding for Success

OVERVIEW

The Medical Staff Association (MSA) roundtable: Optimizing Funding for Success was a pilot webinar intended to provide an opportunity for tier 6 sites to exchange information and best practices to optimize resources, best meet strategic goals, and increase knowledge and understanding of resources and supports provided by Facility and Community Engagement (FCE) to help optimize funds.

Sites in attendance included Burnaby Hospital Medical Staff Physician Society, Kelowna General Hospital Physicians Society, Providence Health Care Physicians and Surgeons Association (PHC), Royal Columbian and Eagle Ridge Hospitals Medical Staff Society (RCH/ERH), South Island Facility Engagement Initiative Society, Surrey Memorial Hospital Physician Society and Vancouver Physician Staff Association (VPSA).

Dr. Sam Bugis, VP, Physician Affairs & Specialist Practice and Cindy Myles, Director, Facility and Community Engagement started the roundtable off by providing territory acknowledgement, opening remarks, and a brief history on how FCE was started, what it is intended to achieve through the Memorandum of Understanding (MOU), and how success is measured.

MSA ROUNDTABLE – KEY INSIGHTS

Each site in attendance was given an opportunity to discuss an engagement activity in the past year that made the best use of funding, had a big impact on physician engagement, or had a big impact on MSA/FE strategic goals. Presentation slides are available [here >](#). The main enablers to successfully optimize funding included:

Committing resources to building a bigger and more structured partnership with health authority senior leaders – and leveraging opportunities to move physician engagement to the next level to influence system change and transform patient care. A strong support system is required in order to make these big projects work. Examples include:

- “Building our Future Together” event and ‘Mission Forward’ strategic pillars – resulting in regular MSA and PHC senior leadership meetings to discuss the strategic plan, initiatives and directives for the upcoming year. (PHC)
- Working hard to build a good relationship with the health authority , setting a standing agenda item for the executive director and the site medical director to talk to the medical staff, setting aside a few seats for administration, and collaborating on annual reports. (Burnaby)
- Making the time and space for a retreat to discuss strategic planning and relationship building.

Seeking out opportunities to leverage resources/supports and form partnerships

- Project management and communication supports via Doctors of BC or the hospital. (PHC)
- Doctors of BC Engagement Partner (EP) and governance consultant support to provide structure in becoming a more integrated MSA, as opposed to two polarized entities – a physician society and MSA. (Surrey)
- Leverage funds with Vancouver Coastal Health (VCH) partners and develop synergies with other stakeholders – such as Canadian Medical Association (CMA) Joule and the Physician Health Program (PHP). (VPSA)
- Being very clear about where to engage before entering an engagement process, such as consultative or collaborative stages. (Burnaby)

Avoiding duplication of efforts and making the same mistakes

- Legacy booklet for succession planning – to show where they came from and where they're going – distributed to all medical staff. (PHC)
- Continue sharing ideas and learning from other sites by participating in forums (such as the Optimizing Funding for Success roundtable) and seek out sites across the province to collaborate with. Avoid paying for development costs that have already been paid elsewhere. (Surrey)

Building immediate, medium and longer-term goals to help prioritize engagement projects – and ensure that sustainability is taken into consideration

- Revised the entire assessment process for project intake. The strategic plan guides which projects are selected to screen and solidifies what is meant by engagement. (Surrey)

Bringing joy into work, focusing on wellness, and reducing burnout to help sustainability

- Focus on showing how the work improves quality to help improve joy of work, engagement and bring normalcy in such uncertain times. (Surrey)
- Wellness surveys with high response rate to help inform funding for wellness activities. Investment into wellness awareness and culture change make a big impact and has resulted in the appointment of a new regional medical director for wellness and health system redesign. (VPSA)
- Team based simulations which were especially important during COVID-19 times. (Kelowna).

Using the MSA as a conduit of information to improve communications and outreach

- Distributed the annual general meeting information in the doctors' boxes, family practice offices and to others showing an interest in Facility Engagement. Showing what activities the MSA is working on and what type of projects that FCE is funding helps create interest amongst colleagues not otherwise engaged. Relatively low cost, but high impact. (South Island)

Ensuring a solid executive team and support staff, and strong governance

- A solid executive team ensures adequate representation and group consensus, which is another way of showing a high degree of engagement. (Surrey)
- Administrative support staff in place so that physicians can concentrate on engaging board and committee members. This creates more efficiency and a better governance structure. (VPSA)
- Experienced, informed and engaged Working Group and Board, with excellent departmental representation and succession plans. Evidence of ‘leading self’ as physicians initiate and assume leadership for projects of importance to them, achieving desired results. Experienced support staff, with many years of health care and other corporate experience in dealing with large operating budgets. (Kelowna)

Investing in low cost, high impact events – choose projects with biggest impact for dollars spent

- Annual South Island physician engagement event to get doctors talking to each other, talking to the health authority and as a result, improving patient care. (South Island)
- Virtual leadership for medical women course, through CMA Joule, that was a very highly effective course and helped address disparity. (Burnaby)
- Medication reconciliation project run by the Site Medical Director, in partnership with MSA. (Burnaby)

Making space for engagement to happen and continue to happen

- Having space in the hospital for physician engagement. Lounge renovation is a good investment – and creates a preferable environment to encourage consultations and collaboration. (RCH/ERH)

TAKEAWAYS AND NEXT STEPS

The different ways that the sites shared their progress and achievements reflected on a key principle of the initiative being grassroots driven and tailored to local priorities. There were some common themes and issues identified through the work – interested participants may benefit from a follow-up discussion. Some potential future discussion topics raised include:

- Sustaining and/or increasing engagement amongst medical staff
- Building longer-term visions and strategies with the health authority
- Improving succession planning for physician leaders
- Clarifying what engagement encompasses and how FE and other non-FE resources can support the work