

ACTIVITY INTAKE FORM

MSA/PHYSICIAN SOCIETY NAME: _____

Please complete this Activity Intake Form for new proposed engagement activities and submit it to your MSA/Physician Society for approval. Appendix C provides a recommended MSA Working Group Engagement Activity Assessment to inform decision making processes. Applications should align with MSA/Society Strategic Priorities and Work Plan, the **Facility Engagement MOU objectives⁴**, **Funding Guidelines** and Health Authority strategic priorities (where applicable).

ACTIVITY BACKGROUND			
1) Name of Applicant(s)			
2) Name of HA Sponsor (if applicable)			
3) Contact Email Address(es)			
4) Contact Telephone Number(s)			
5) Activity Title			
6) Proposed Timeframe (please check box)		<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 - 6 Months <input type="checkbox"/> 6 - 12 months <input type="checkbox"/> More than 12 months	
7) Activity Purpose/Summary (should include the problem/issue that the activity is addressing, approach and expected outcomes for the work) See Appendix A for key attributes present in successful activities.			
8) How will you measure your activity's success in each objective? (e.g., your evaluation strategy; how do you know the change resulted in an improvement in engagement?) See Appendix B for assistance.			
OBJECTIVE	METRIC	DATA SOURCE	CRITERIA FOR SUCCESS / GOAL

⁴ FE expenditures must align with at least one of the following goals of the *2019 Memorandum of Understanding on Regional and Local Engagement*:

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

ACTIVITY INTAKE FORM CONTINUED

9) What other sources are you receiving funds from for this or related work? Please provide dollar amount.

- Physician Quality Improvement
- Health System Redesign funding
- Research grant
- HA contribution (resources, staff time, etc.)
- Other, please specify: _____

10) This activity aligns with the following strategic priorities (check all that apply)

- MSA priority, please specify: _____
- Facility / Health Authority priority, please specify: _____

STAKEHOLDER ENGAGEMENT

Note: Any proposed activities involving patient care, work flow, environment, data analytics, allied health, resources for sustainability would benefit from early consultation with stakeholders.

11) Stakeholders involved (check all that apply)

- Physicians
- Departments / Divisions
- Allied care providers
- Partner organizations
- Health authority administration
- I need help with the appropriate contacts
- Not applicable

12) Identify specific stakeholders contacted/involved

Name	Title	Department	Contribution

ACTIVITY INTAKE FORM CONTINUED

PROPOSED BUDGET

Note: Please complete the proposed budget to the end of the fiscal year. When budgeting for the fiscal year, consider the estimation of costs required to reach required milestones. For approved engagement activities, Leads and Project Managers should continuously monitor the progress of the budget with respect to the milestones. If an activity experiences unexpected delays (e.g. into the next fiscal year), the activity budget should be adjusted accordingly to free up the allocated budget.

EXPENSES	TO MARCH 31 ST	AFTER MARCH 31 ST	TOTAL AMOUNT
Physician Expenses			
Sessionals <i>(Specialist x hours)</i>			
Sessionals <i>(GP x hours)</i>			
Meals			
Venue			
Project Support			
Project Management <i>(Rate x hours)</i>			
Administrative Support <i>(Rate x hours)</i>			
Monitoring and Evaluation <i>(e.g. hiring a consultant to evaluate the success of the engagement activity)</i>			
Other Costs <i>(e.g. travel, consultants)</i>			
Total requested			

In submitting this proposal, I acknowledge:

- I will submit quarterly reports to update on activity status (such as budget progress, barriers and risks and activity changes) to the MSA project staff/executive (each MSA can specify their contact).
- This proposal may be circulated to adjudication committees, partners, and funders as appropriate.
- I have received written approval from my Division/Department head for this work (where applicable).

Engagement Activity Approval

MSA/Society Executive Approval

Date

Physician Lead Approval

Date

Health Authority Sponsor
(where appropriate)

Date