

SUMMARY OF KEY DISCUSSIONS

- SSC FEWG Member changes
- Re-socializing Facility Engagement
- Physician access to Shared Care/ SSC PQI
- Facility Engagement Provincial Evaluation 3.0

SSC FEWG MEMBERCHANGES

The SSC FEWG acknowledged the departure of Dr Harsh Hundal, Interior Health representative, and Astrid Levelt, Providence Health Care representative; and welcomed Monique Radlein, Executive Director for Medical Affairs at Providence Health Care, to the Working Group.

RE-SOCIALIZATION OF FACILITY ENGAGEMENT

The SSC FEWG discussed why and how to re-socialize the Facility Engagement (FE) Initiative moving forward, following the new physician Master Agreement (PMA) and Health Authority (HA) survey results, and in consideration of leadership turnover in MSAs and HAs.

Purpose: For MSAs and HAs, there is a need to refresh and increase a shared understanding of the value and opportunities of Facility Engagement, respective roles, and how to participate effectively.

A resocialization strategy will be developed in 2023, with an aim to increase buy-in and involvement in FE, maximize impact, and continuously improve and move the initiative to the next level.

To frame the discussion, the SSC FEWG members gave feedback about the value of FE to their organizations.

They noted that FE has brought great value to sites, has been transformational, and is shifting culture.

FE has fostered relationships and created collaborative processes with MSAs and HAs, with more two-way communication. MSAs are more often invited to participate in meetings, where physicians have a voice and can ask questions about plans and patient care.

MSAs have successfully engaged with some regional initiatives such as for Electronic Health Records.

Some local projects have evolved into broader regional initiatives and universal topics, such as wellness, Diversity, Equity and Inclusion, and Cultural Safety.

SSC FEWG members also noted some challenges.

FE is not always on the radar for many new HA leaders, who have not seen the MOU and have little understanding of its purpose and importance.

Engagement can still be one-sided with the HA not taking initiative, or having time to participate, and holding meetings during clinical hours.

Transparency in HAs is still a challenge, and HA roles and structures are confusing. MSAs do not have influence over decisions made at the regional and cross-regional levels that have a wide impact on physicians. There can be a disconnect between the medical staff and HA operations.

Medical staff are additionally confused about different funding sources for projects and ideas.

Opportunities to increase FE value/awareness

It is important to communicate to HAs that FE is not a threat or more work, but an opportunity.

There is great value to HAs in having physicians involved to ask questions, especially about patient care. FE activities can have a positive impact in involving physicians at local and regional levels to improve patient care and their work environment. There are opportunities to:

- Improve understanding of HA and MSA roles, governance, processes, and opportunities, and where they intersect.
- Build a more collaborative role in decision making, and increase transparency.
- Identify and explore regional opportunities to align activities with themed initiatives, e.g. wellness.
- Socialize FE with other SSC initiatives, and opportunities and better align SSC FE and Physician Quality Improvement (PQI).

Tactics to re-socialize FE

- Develop communications materials, approaches, and strategy collaboratively.
- Use different approaches, and tailor provincial communications for different audiences:
 - Knowledge sharing: success stories, lessons
 - Key messages: progress, why what, how, impact? Value of EP role
 - Slide decks, videos

- Templates to customize for local/regional relevance for stakeholders
- Plan for focused discussions / presentations: A provincial/regional roadshow.
 - Present at existing MSA and HA meetings and committees: MSA and HA structures, workshops, president's council (update everyone all at once).
- Leverage Dept /Division heads.
- Increase medical staff communication / awareness of different funding sources; other SSC initiatives.
- Embed FE information within existing onboarding processes. Share/meet with new HA leadership as well as new medical staff/ HA hires.

Additional supportive tactics suggested

- Improve understanding of HA organizational and decision-making structures and processes, where MSA and HA governance structures intersect, and physician 'point people' for engagement.
- Develop a FE forum/ pathway to escalate local issues for perspectives and guidance.
- Identify formal and informal structures - invisible lounge, ideas can percolate up and down.

SSC AND SHARED CARE (SC): QUALITY IMPROVEMENT OPPORTUNITIES TO ENHANCE SYSTEM IMPACT

Dr Alicia Power and Adrian Leung, DoBC Director of the Quality Impact Team, shared recommendations from a recent workshop on how SSC and SC can better align quality improvement support for physicians (Dr Power is a FE MSA physician representative for this work).

Common challenges identified include:

- Unclear / no common approach for physicians with a new idea or problem to access supports, funding.
- Inconsistent support (funding, training, data, staff).
- Challenges to consistently measure outcomes, system impacts, and return on investment.
- Projects lack necessary commitment, time, support, resources, capacity for physicians and system partners.
- A need to balance bottom-up physician interests with top-down system level priorities/mandates.

There are too many "doors" for physicians to navigate for support: (Shared Care, networks/communities of practice, PQI, Spread QI, Alumni, Health System Redesign, divisions, MSAs).

Five ideas for improvement will be further explored:

- Enhance data access and analysis.
- Make QI training more widely accessible for other initiatives (physicians and team members).
- Standardize project intake forms and processes across initiatives.
- Simplify the entry points ("doors") to navigate funding sources.
- Enhance communications, promote system improvement activities and achievements.

FE PROVINCIAL EVALUATION 3.0

The SSC FE WG heard a presentation and approved a budget for Ference and Company to conduct the third FE evaluation starting in 2023. The evaluation will support continuous learning and accountability for the initiative.

Data collection methods including surveys and interviews with FEI stakeholders (e.g., physicians, health authority leaders, etc.) will assess impact of the FEI against its expected outcomes, including the extent to which the FEI is contributing to:

- increasing Medical Staff Association (MSA) capacity and capabilities as effective, representative structures
- improving engagement within and amongst MSAs
- improving MSA and Health Authority (HA) engagement (local and regional)
- enhancing MSA collective voice in health system planning and decision-making
- enabling MSAs to impact quality of patient care

The evaluation will capture and communicate impacts, strengths and challenges in FE, lessons learned, qualitative insights, and opportunities to improve; along with an in-depth analysis of specific FEI activities to assess unique provincial and regional experiences.