

MSACW

FACILITY ENGAGEMENT FUNDING PRE-APPLICATION PACKAGE

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What is the Facility Engagement Fund?

The overarching purpose of the FEI is to **facilitate meaningful engagement and consultation between physicians and health authority leaders**. The key outcomes of this work as described in the Memorandum of Understanding are:

- Improvements in effective representation of medical staff views
- Support for medical staff contributions to the development and achievement of health authority plans and initiatives that directly affect physicians.
- Improvements in the ability of medical staff to prioritize issues significantly affecting physicians and patient care
- Creating opportunities for meaningful interactions with Health Authority leaders, including physicians in formal Health Authority medical leadership roles.
- Improvement of physician access to appropriate information to allow for more effective engagement and interaction between physicians and Health Authority operational leaders.
- Support for physicians to acquire leadership skills required to participate effectively in discussions regarding issues and matters directly affecting physicians and their role in the health care system.

Projects that explicitly address one or more of these objectives will be considered for funding.

Application Process

Step 1: Review the Facility Engagement Pre-Application Package at msacw.ca/pre_app

Step 2: Submit your application to msacw.ca/funding

Step 3: Once your submission is received, a project manager from will contact you to discuss next steps.

Step 4: Your application will be sent for review. During this time a representative from your project group may be required to be available for questions.

Step 5: Once a decision has been made, a staff member will contact you to go over the results of your application, how to access your funds, quarterly update requirements, final report, and other resources available to you.

Resources and Tools

Facility Engagement Website
<http://www.facilityengagement.ca>

Budget and Objectives Tool
https://msacw.ca/funding_resources/

Facility Engagement MOU
<https://msacw.ca/mou>

Application
<https://msacw.ca/facility-engagement-funding>

Requirements

1. A Project lead or team members will be required to register for the Facility Engagement Management System (FEMS) to access funds.
2. Submission of scheduled quarterly project updates/progress reports.
3. Final report submission and presentation at MASES Projects Day

**Please note, if you have received FEI funding in the past and have not completed any final reporting, funding priority will be given to others.*

Questions?

Please email us at engagement@msacw.ca or visit msacw.ca/engagement

Facility Engagement Funding Guidelines

This is what the funds can and cannot be used for. *Note that this is not an exhaustive list. Please visit www.facilityengagement.ca/your-facility/need-tools-and-resources for robust funding guidelines as well as information on the MSA decision making criteria for grey-zones.*

The purpose of the guidelines is to provide greater clarity to MSAs and health authorities on the prohibited uses of Facility Engagement (FE) funds, and other frequently asked areas of use that are not explained in the MOU. Recognizing that MSAs will continue to encounter grey zones in funding through the course of the initiative, criteria are also provided to assist in their decision-making.

Supplementary guidelines for select MOU funding criteria

1. **Clinical equipment:** FE funds may not be used for the purchase of equipment or tools used by clinicians or health authority employees that involves direct or indirect patient care, or patient information/data.
2. **Clinical service:** FE funds may not be used for the compensation of clinicians, health authority employees or contractors *in the delivery of direct and indirect patient care.*
3. **Compensation for meeting attendance:**
 - a. With approval from the MSA working group, FE funds can pay for MSA members' participation at meetings, or a portion thereof, with MSA members and/or health authority partners that are not associated with:
 - i. quality assurance investigations, activities associated with members' practice reviews, or standard department/division or facility quality assurance activities (e.g., morbidity and mortality rounds, case reviews);
 - ii. attendance at department/division meetings¹ or MSA meetings as required by the medical staff rules; and,
 - iii. quality assurance committees associated or reporting to the Medical Advisory Committee at any level.
 - b. FE funds can pay for MSA members' attendance at Medical Advisory Committee meetings at the health authority-wide, regional and local levels.
 - c. Physicians who attend meetings as part of their contract deliverables with the health authority, and health authority operational leaders are not eligible for FE funding.
 - d. FE funds cannot be used to purchase non-cash gifts for meeting attendees who are receiving sessional payment.
4. **Donations:** FE funds cannot be used for charitable donations or to purchase non-cash gifts for members of the public or auxiliary organizations.

SSC FE Working Group Enhancements to the MOU provisions

¹ Matters discussed at department/division meetings include: call schedules, recruitment, resource allocation, equipment and space requests if applicable, issues or complaints about or raised by other departments, and assigning or dividing up attendance for other meetings and committees. For facilities that do not have department meetings, FE funds cannot be used to cover physicians' time discussing matters typically discussed at department meetings.

5. Capital projects:

- a. FE funds may be used for capital projects or renovations (e.g., physician lounges) to a onetime total limit (i.e., does not renew each year) of 15% of their annual site funding or \$40,000, whichever limit is **higher**. It is recommended for MSAs to work with health authority partners to identify opportunities for cost-sharing.
- b. FE funding is not intended for capital projects or renovations where the funding responsibility rests elsewhere, regardless of whether the funding for these projects is considered inadequate.

6. Project infrastructure:

- a. MSAs must consider if and how projects are sustained beyond pilot phases by engaging with key stakeholders early in development.
- b. FE funding can be used to hire contracted staff to assist with the operationalization of projects approved by the MSA executives and/or MSA working group (e.g., evaluation, data collection and analysis, project coordination and tracking).

7. Other Joint Clinical Committee projects seeking sustainability funding: When assessing the appropriateness of using FE funding for Joint Clinical Committee funded projects (e.g., GPSC, Divisions of Family Practice, Shared Care), the following should be considered:

- a. the relevance of the project to address facility-based issues;
- b. the extent of MSA and health authority involvement;
- c. whether funding responsibility rests elsewhere, regardless of whether funding for those activities is considered adequate; and,
- d. if there are cost-sharing opportunities, where applicable.

8. Physician research and quality projects:

- a. FE funds can be used for quality improvement projects² that encompass the Institute of Health Improvement Quadruple Aim (i.e., improving patient outcomes, improving patient and provider experience, reducing costs), involve multiple physician groups and/or collaboration with health authority partners.
- b. FE funds cannot be used for physician research projects³.

9. Training:

- a. FE funds cannot be used to pay physicians' sessional and expenses for required CME accredited clinical training.
- b. Alternative funding sources should first be considered for clinical training that is not required for maintaining a license or privileges. If a MSA decides to use FE

² **Quality improvement** aims to improve internal processes, practices, costs or productivity by assessing an existing practice; applies a flexible design on ongoing feedback through Plan Do Study Act cycle; and, is completed quickly through rapid cycles.

³ **Research** aims to generate new knowledge that is generalizable to the wider population; test a new practice, theory or intervention; and, its design is tightly controlled in order to limit the effect of confounding variables on the variables of interest. For further information, please click here: [Is it research or quality improvement?](#)

funding for non-required clinical training, it must involve multiple physicians groups or the majority of the MSA. FE funds cannot be used to pay physicians' sessional for attending non-required CME accredited clinical training.

- c. MSAs are encouraged to explore alternative funding sources for non-clinical training before utilizing FE funds. If FE funds are used, it can be used to support accredited and nonaccredited non-clinical training (e.g., speakers' fees, physician sessional and expenses) provided that multiple physician groups or the majority of the MSA can benefit. Areas of non-clinical training relevant to MSAs include communication, conflict resolution, and leadership.

10. PQI/FE work:

- a. FE funding can be used to pay for Physician Quality Improvement graduates' time spent training and guiding their MSA colleagues on MSA endorsed quality projects.
- b. FE funding can be used to pay MSA members' time in working with the PQI-funded physicians on their projects at various stages (e.g., design, implementation, evaluation).

11. Events:

- a. FE funds can only be used for events that align with the MOU objectives such as those promoting awareness of and participation in FE activities, and fostering relationship building amongst MSA members and with health authority and community partners.
- b. FE funds cannot be used to pay physician sessional time to attend events where the primary intent is to socialize, or to cover costs related to fitness or social activities (e.g., gym memberships, ski tickets, golfing fees, yoga sessions, movie nights).
- c. Attendees who do not have a direct role in Facility Engagement (i.e., family members) cannot have their individual expenses covered by FE and/or be remunerated for their participation time.

12. Wellness Activities:

- a. FE funds can be used to support activities that addresses work environment and organizational risks for increasing physician burnout (e.g., reducing administrative burdens on physicians; improving work flows; improving collegiality among and within work groups such as improving teamwork, communication and conflict management).
- b. Group activities that enhance individual approaches to manage burnout symptoms such as resiliency training can be funded, but sites should consider organizational and work group strategies for reducing risk of burnout as well (e.g., working with health authority partners on reducing paperwork or developing efficient workflows for implementing electronic health records; departmental training on respectful peer-to-peer communication).
- c. FE funds cannot be used cover costs related to fitness or social activities (e.g., gym memberships, ski tickets, golfing fees, yoga sessions).

Application

Information that will be required for submission

Project Information

Activity Title:			
Start Date		End Date	
Funding Amount Requested:			
Project Lead:			
Phone:		Email:	
Names of Other Key Participants:			

Issue Statement & Background Information

Summarize the issue and relevant background information (i.e. what led up to this issue? how has it evolved?). What problem is this project designed to address?

Objective(s) and Description of Activity

Provide a brief description, including objectives, of the activity.

- What are the expected outcomes of the project? Deliverables?
- What will be the proposed timeline for the project?
- Please provide a listing of milestones, with estimated target dates.
- What are the project's potential risks & risk mitigation factors? (i.e. expected delays from Health Authority, resource constraints, timing).

Identify which of the following MOU objectives are most relevant to the activity.

- 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.

Facility Impact

List the facility areas that the activity would impact (e.g., medical areas, departments/divisions, health authority operational areas).

Health Authority (HA) Engagement

Note: Any proposed activities involving patient care, flow, environment, data analytics, allied health, resources for sustainability requires early consultation with HA. A list of HA partners according to area of responsibility is below. These people will be available for discussion regarding projects in accordance with the application timeline, indicate how the HA has been/will be informed of the activity, consulted with, involved, and/or a collaborative partner, as applicable.

Name	Title	Department	Contribution

Engagement Activity Planning

How will project deliverables be monitored?

How will project costs be delivered?

Proposed Budget

Below is the format for which the budget should be submitted in. Feel free to use our online budget tool to assist you in this step of the process msacw.ca/funding_resources

Sessional Budget

Sessional Time	Number of Individuals	Number of Hours/Person	Total
Specialists \$158.97/ hour			
General Physicians \$134.77/hour			
Allied Health \$70/hr			
		Total Sessional Budget:	

Meeting Budget

Meetings	Number of Individuals	Number of Meetings	Total
Catering/Food \$30.00/person			
Meeting Space/Venue \$105.00/person			
Accommodation/Travel \$130/person			
		Total Meeting Budget:	

Other Budget Item(s)

Item(s)	Quantity	Unit Cost	Total
Item 1			
Item 2			
Item 3			
Item 4			
		Total Other Item(s) Budget:	

Total Budget: \$

Evaluation Plan
<p>Indicate how you will assess whether the activity’s and the MOU objectives are being met. How will deliverables be monitored? How and when will data (e.g., indicators) be collected and analyzed?</p> <p>Please state if you require assistance developing an evaluation plan. Resource: FE_Evaluation Resource Guide Final_Sept. 2018</p>

Timeline (Sample)

	May 2018	June 2018	Sept 2018	Oct 2018	Early Jan 2019	Jan 2019	May 2019	June 2019	Sept 2019
Dept head / delegate meeting									
Develop online survey tool and database									
Survey									
Inter-professional group meeting									
Report on outcomes and future state									

Operational Approval

The following are Operations/Medical Leader contacts for consultation by clinicians interested in grants that impact these respective areas. These are the individuals you may need to contact for operational approval of your project.

BCCH - PICU

Lona Cunningham & Dr. Iain Johnstone

BCCH – Peri-Op Procedures

Lona Cunningham & Dr. Erik Skarsgard

BCCH - Anaesthesia

Lona Cunningham & Dr. Norbert Froese

BCCH - Inpatient Med Surgery

Tarnia Taverner & Dr. Ralph Rothstein

BCCH - Haematology/Oncology

Tarnia Taverner & Dr. Caron Strahlendorf

BCCH – Emergency

Tarnia Taverner & Dr. Garth Meckler

BCCH – Ambulatory Programs

Susan Schroeder & Dr. Mumtaz Virji

BCCH - SunnyHill - Acute Rehab, Autism, Complex Brain

Dianne Cameron & Dr. Nancy Lanphear

BCW – Ambulatory Programs (including Gyne OR)

Edwina Houlihan and Dr. Stephanie Rhone

BCW – Neonatal Programs (NICU, MBC, Neonatal Follow-Up)

Julie de Salaberry and Dr. Sandesh Shivananda

BCW – Maternal New Programs (FIR, UCC, AP/PP, Birthing, Obstetric OR)

Kristen Ruddick and Dr. Ellen Giesbrecht

BCCH - Inpatient Mental Health Services (Child + Youth)

Sharlyne Burke and Dr. Simon Davidson

BCCH - Provincial Specialized Eating Disorders Program

Raymond Boutet and Dr. Simon Davidson

C+W Mental Health – Ambulatory Programs

Sonja Sinclair and Dr. Susan Baer

C+W - Radiology

Kerry Macey + Dr. John Mawson

C+W – Pathology and Laboratory Medicine

Dave Parker and Suzanne Veracucen

If you are unsure where to consult, please feel free to contact the following for direction:

Sarah Bell, ED, C+W Mental Health + Interim
CNO/Professional Practice

Cheryl Davies, COO, BCW

Linda Lemke, COO, BCCH/Sunnyhill

Dave Parker, COO, Intercampus Operations

Application Review Criteria

Project ID Number

Reviewer's Name: *(First Name and Last Name)*

Title:

Total Ask: \$

MOU Category

- 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.

Please rank the proposed activity on a 1-5 Likert scale, with 1 - *not at all* and 5 – *very much so*

IMPACT:

1. Will this activity influence positive change for the medical staff's work environment or patient care?
1 2 3 4 5
2. Will this activity improve wellness among medical staff
1 2 3 4 5
3. Will this activity directly improve med staff involvement and communication with HA with the potential to affect HA decision-making
1 2 3 4 5
4. Will this activity significantly impact one or more of the following aspects of quality of care: safe, effective, patient-centred, timely, efficient, and equitable)
1 2 3 4 5

TRUST:

5. Does this activity foster meaningful interactions (e.g., trust, transparency, and respect) between physicians or between physicians and the health authority members?
1 2 3 4 5

MOU ALIGNMENT:

6. Does the activity align with the MOU objectives?
1 2 3 4 5

PHYSICIAN SUPPORT:

7. Is this activity supported by a broad spectrum of physicians at this site (e.g., multiple departments, multiple disciplines)?
1 2 3 4 5

OWNERSHIP:

8. Is this activity locally relevant/innovative?
1 2 3 4 5
9. Is the MSA the appropriate funding source for this activity?
1 2 3 4 5

ACCOUNTABILITY:

10. Would the MSA be able to publicly defend the proposed initiative as an appropriate use of public funding?
1 2 3 4 5

SUSTAINABILITY:

11. If required, is the proposed initiative able to stand on its own without continued sustainment funding?
1 2 3 4 5

FEASIBILITY:

12. Is this activity feasible based on budget, expected outcome, deliverables, etc.?
1 2 3 4 5

TIMELINES:

13: Can this project be completed before March 31, 2020?
1 2 3 4 5

TOTAL SCORE: /65

Feedback

Strengths:

Weaknesses:

Comments/Questions for the PI:

Ways to improve the application:

Comments to the committee (Comments will be private and confidential)

Decision

Fund

Reject

Ask project lead to revise and resubmit