

MSACW

FACILITY ENGAGEMENT FUNDING PRE-APPLICATION
PACKAGE

Table of Contents

<i>What is the Facility Engagement Fund?</i>	2
<i>Application Process</i>	2
<i>Resources and Tools</i>	2
<i>Requirements</i>	2
<i>Questions?</i>	3
<i>Facility Engagement Funding Guidelines</i>	3
<i>Application</i>	5
<i>Application Review Criteria</i>	10

What is the Facility Engagement Fund?

Facility Engagement was launched by the Specialist Services Committee in 2016 as a BC-wide initiative to strengthen communication, relationships and collaboration between facility-based physicians and their health authorities. The goal is to increase meaningful physician involvement in health authority decisions about their work environment and the delivery of patient care.¹

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 and that tie to the C&W MSA Facility Engagement Strategic Goals will be considered for funding.

Application Process

These details can also be found at www.msacw.ca/engagement.

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

Step 2: Submit your application to msacw.ca/facility-engagement-funding/ *Please note you must obtain written [Operations Approval](#) (pg 7&8) for your project prior to application submission.

Step 3: Once your submission is received, your project will be prepared and sent for several stages of review. A project manager will contact you if additional information or amendments are required.

Step 4: Once a decision has been made, a project manager will contact you to go over the results of your application, how to access your funds, reporting requirements, and additional support and resources available to you.

Prior to submitting an application, please ensure the following:

Requirements

1. The project lead(s) and team members will be required to register for the Facility Engagement Management System (FEMS) and VersaPay to access funds. Any project participants receiving sessional funding will also be required to register for these platforms to facilitate timely remuneration.
2. You will be required to submit status updates along with a final report.
 - a. Status Update: Friday Sept. 3rd, 2021
 - b. Status Update: Friday, Jan. 21th, 2022
 - c. Final Report: Tuesday, Mar 31st, 2022

¹ <https://facilityengagement.ca/about>

3. Project leads will require the written approval of a Program Director from the Health Authority responsible for their division prior to submitting their applications. If there is no Health Authority approval the application will not be considered.
4. Funding awarded **must be spent by March 1st 2022**. Project timelines must be one year only as project spending must be a reflection of the project activities done in that time span.
5. Projects will present at MASES Projects Day.

Resources and Tools

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

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

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

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

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. View the full Facility Engagement Guidelines and MSA decision making criteria for grey zones via the following link: <https://facilityengagement.ca/msa-tools-and-resources>*

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. Updated February 2020.

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:**
 - a) 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.
 - b) Due to the Hunter Arbitration award (2005), that considers the scheduling of physicians within a facility to be a form of clinical service, compensation for scheduling or tools that facilitate the scheduling of physicians within a facility is not a permitted use of FE funding.

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.
- a) **Gift cards:** A maximum of \$500 can be awarded in gift cards as honoraria. Gift cards can be provided in lieu of meeting meals as a result of COVID-19 safety restrictions.

SSC FE Working Group Enhancements to the MOU provisions

5. Capital projects:

- a) FE funds may be used for capital projects or renovations (e.g., physician lounges) to a one- time 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 projects.³

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:

<https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=c5bbf281fbd1d02393cf824f8b56bfb6615ba41cd1f7060241686296a65443df&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5>

9. Training:

- a) FE funds cannot be used to pay physicians' sessionals 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 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' sessionals 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 non- accredited non-clinical training (e.g., speakers' fees, physician sessionals 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. Physician training funding guideline can be assessed via this link:

https://facilityengagement.ca/sites/default/files/Physician%20Training%20Funding%20Guideline%20Flow%20Chart_June%2012%202019.pdf

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).

13. Eligible Expenses

In accordance to SSC and Doctors of BC expense reimbursement policies, eligible expenses associated with sessional claims are limited to the following:

1. Meals: Breakfast, lunch and/or dinner expenses while attending the meeting/event, or spent on travel to and from the meeting/event, are eligible for reimbursement. Meal expenses will be capped at \$100 per day. Where a meal is provided free of charge, no claim for that meal can be made.
2. Accommodation: A maximum of \$220 excluding tax per night is available for accommodation. Between May 1st and September 30th, a maximum of \$280 including tax will be available. Accommodation expenses are not eligible for reimbursement where

the conference, event or meeting is less than 50km from the claimant's personal residence.

3. Travel and Vehicle Expense: Travel expenses will be reimbursed for the most expeditious route of travel (e.g., economy airfare, taxis, car rentals, parking costs). Private vehicle mileage will be reimbursed (at the rate set in FEMS via Doctors of BC policy) where one-way travel from the claimant's personal residence or office exceeds 50km.
4. Travel Time: Travel time using the most expeditious route may be paid at the sessional rate for time away from the office during business hours only.
5. Parking and registration expenses required for attending the meeting/event.

All expenses must be accompanied by a receipt. Where receipts are missing, proof of purchase credit card statements will suffice.

Application

Information that will be required for submission

Please fill/submit electronically via msacw.ca/facility-engagement-funding/

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 (required)

Note: All projects will require consultation with and approval from Operations Leaders at the Health Authority. 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

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?

Please state if you require assistance developing an evaluation plan. Resource: [FE Evaluation Resource Guide Final Sept. 2018](#)

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 Program Director contacts for consultation by clinicians interested in grants that impact these respective areas. You must obtain operational approval of your project from **both** a Program Director (who will subsequently need to obtain approval from Senior Operation Heads), as well as the Medical Department/Division Head (for BCCH projects) or Senior Medical Director (for BCW Projects) for the area your project pertains to.

BC Children’s Hospital Program Managers/Directors

Diane Bremner - Director BC Early Hearing Program Audiology & Cochlear

Karyn Epp - Director Strategic Program Development

Christy Hay - Senior Director, Child Development & Rehabilitation, ED & Trauma, Access & Utilization, Nursing Support Services and Hematology/Oncology/BMT

Trish Page - Senior Director, Clinical Operations, Procedures & Surgical Services, Pediatric Critical Care, Specialized Programs, Medical & Surgical Inpatients

Susan Schroeder - Senior Director Ambulatory Care

Sharlyne Burke - Interim Executive Director Mental Health Program

BC Women’s Hospital and Health Centre Program Managers/Directors

Lynn Coolen - Senior Director Patient Care Services / BCW Ambulatory Programs

Kristen Ruddick - Senior Director Maternal Newborn Program

Julie De Salaberry - Senior Director Neonatal Program

Margaret Seppelt - Director Strategic Transformation and Improvement

Dr Lori Brotto - Executive Director Women’s Health Research Institute

Ann Pederson - Director Population Health Promotion

Denise Bradshaw - Director Provincial Health Initiatives Perinatal Substance Use

Application Review Criteria

Information used for peer-review of applications

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, 2021?

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