

Wednesday, April 17, 2024 / Vancouver



FACILITY ENGAGEMENT PROVINCIAL SUMMIT

Celebrate. Connect. Spark.

SUMMIT KNOWLEDGE SHARING SUMMARY

Use this document to adapt ideas and strategies
for your local work. Highlights:

- [Lightning Talks](#) >
- [Engagement Journeys: MSAs + Health Authorities](#) >
- [MSA Posters](#) >

Facility Engagement is an initiative of the Specialist Services Committee, one of four joint collaborative committees that represent a partnership of the Government of BC and Doctors of BC.



Celebrate. Connect. Spark.



Purpose: to reinvigorate our collective commitment to Facility Engagement, explore opportunities and challenges in our partnerships, discuss future opportunities, and celebrate our 10-year anniversary.

DAY AT A GLANCE

On April 17th, 2024, Medical Staff Association (MSA) and health authority representatives from across the province gathered in Vancouver for Facility Engagement's first-ever provincial Summit.

It was an opportunity for MSA physician leaders, team members and health authority partners to connect with partners old and new, reflect on their engagement journeys, and reignite momentum for their engagement work.

Through inspiring presentations and panels, they explored timely topics, and shared engagement experiences, strategies, lessons, and solutions to local and regional challenges.

- Twenty facilities shared successes and strategies through rapid **Lightning Talks**.
- Health authority and MSA leaders thoughtfully shared their **engagement journeys** together, and progress to elevate partnerships and work on mutual priorities.
- MSAs showcased local engagement journeys and activities in a **poster gallery**.
- Attendees enjoyed connecting with others during **networking breaks**.
- Resource tables from other JCC initiatives were there to talk with participants about their programs supporting physicians in BC.

Summit participants concluded the day with a wealth of insights, strategies, and ideas to consider for building Facility Engagement to the next level in their sites and regions.



"I am new to my role so the Summit was an excellent way to feel grounded in the work as it provided insight into what other MSAs are doing and the steps needed to move ahead."

–Summit participant

FACILITY ENGAGEMENT PROVINCIAL SUMMIT

Celebrate. Connect. Spark.



Photo Credit: Suzanne Rushton Photography

250+

Attendees

70

MSAs represented

52

MSA support team members

44

Health authority representatives

6

Health Authorities

116

Physician attendees

66 Family Physicians

49 Specialist Physicians

1 Resident

52

Doctors of BC and SSC leaders, staff, and organizers

AGENDA AT A GLANCE

MORNING

Traditional Welcome

Opening Remarks and Welcome

Lightning Talks (Project Presentations)

- Recruitment and retention
- Transforming how we care
- Improving patient access and care
- Medical staff health and wellness

AFTERNOON

Facility Engagement: Past, present, and future

The Facility Engagement Journey MSA and Health Authority reflections

The Future of Facility Engagement Table discussions

Ten Year Celebration

TRADITIONAL WELCOME

We acknowledge that this event took place on the traditional territories of the xʷməθkʷəy̓əm, Skwxwú7mesh Úxwumixw, and səliłwəʔ Nations whose historical relationship with the land continues today.

Syexwaliya Ann Whonnock, Elder and Knowledge Keeper – Skwxwú7mesh Úxwumixw (Squamish) Nation

Syexwaliya welcomed guests onto the shared territory. She encouraged fun and laughter while expressing the importance of coming together in one heart and one mind, and educating people about “who you are, where you come from, and the land you are on.”



EVENT WELCOME

Dr Ahmer Karimuddin, Doctors of BC President

Dr Paris Ingledew, Co-chair, SSC Facility Engagement Working Group (SSC FE WG) representing Doctors of BC

Ryan Murray, Co-chair, SSC Facility Engagement Working Group representing the Ministry of Health

Jessica Delaney, Event Facilitator, CEO, Engage Delaney



Facility Engagement thanks Ryan Murray for his many years of outstanding service co-chairing the SSC FE Working Group.

Opening the session, **Dr Ahmer Karimuddin** noted that effective partnerships did not exist a decade ago, and acknowledged the progress made since Facility Engagement began in 2014 through the Physician Master Agreement.

He emphasized that the focus on collaborating around common goals is shifting the mindset from "us versus them" to how partners can make a positive change together, despite differences.

"Not only does [Facility Engagement] demonstrate the level of collaboration that is possible between physicians, medical staff, and health authority partners, it also allows you to reflect in gratitude on your dedication and commitment to being better together and finding solutions to province-wide challenges that we all face."

Dr Paris Ingledew reflected on the importance of taking the time to connect, and listen. She noted that a sense of belonging and connectedness is one of the highest predictors of high-functioning organizations, and applauded Facility Engagement for its ability to build, enhance, and expand connectedness both within facilities and beyond.

"While Facility Engagement is not the silver bullet to all pressures, it has been a bright light through our challenging times. Over the last 10 years, many of us have found Facility Engagement to be the antidote to apathy and burnout. The culture, community, and relationships we've built have sustained us through this time. There is still much work to be done but engagement continues to grow and strengthen each day."

Ryan Murray noted that Facility Engagement, unique to British Columbia, is a 'winner' in the health care system, and it has had a positive impact to organize and unify the physician voice for collaboration with health authority partners. It has also served to reinvigorate the influence of once-dormant MSAs through administrative and financial support.

"When I talk about Facility Engagement [with colleagues or counterparts from across Canada], they ask, why do you collaborate so much with physicians? In BC, it really is a unique thing. And I always say, why wouldn't you? The Ministry of Health and health authorities want an organized physician voice... You do a lot of work at the local level to identify those key themes to bring forward and to work with health authority leadership."

LIGHTNING TALKS

Key insights from local and regional MSA activities shared in 20 rapid-fire presentations:

- Start small, be persistent in building culture change, and celebrate small wins.
- Value the importance of empowerment, trust, and persistent communication.
- Shift away from the way care 'has always been provided' and towards innovation for effective health care system improvements.
- Promote a positive, respectful, and inclusive workplace to support medical staff well-being and retention.
- The way people work together is as important as what we do: "kindness and civility matter too."



RECRUITMENT AND RETENTION



TRANSFORMING HOW WE CARE



IMPROVING PATIENT ACCESS AND CARE



MEDICAL STAFF WELLNESS

LIGHTNING TALKS Panel 1: Recruitment and retention

Triple R – Recruitment, Retention, Retirement Committee

Dr Barry Oberleitner
Creston Valley Hospital and Health Centre MSA

A smaller representative group of physicians is a nimble and effective way to collaborate on physician recruitment, while supporting the physician career continuum for longer term retention and retirement.

[See project story](#)

Physician Orientation/ Onboarding

Dr. Sienna Bourdon
Saanich Peninsula Physician Society

A site-specific, comprehensive onboarding document for new medical staff ensures they are well-prepared prior to starting work, for both retention and team performance.

[See project story](#)

“Lightning Talks allowed physicians to hear from other physicians and gave the most practical, concrete examples of how to implement the work.”

– Summit participant

National Future Physicians Forum

Dr. Jennafer Wilson, Abbotsford Regional Hospital and Cancer Centre Physician Engagement Society

A forward-thinking, strategic approach to recruitment and retention is showcasing Abbotsford as a place of opportunity, learning, and growth to new medical students at the outset of their careers.

[See project story](#)

Housing Collaborative: Supporting Physician Recruitment and Retention

Dr. Diala El-Zammar
Chilliwack Medical Staff Association Initiative

A partnership between the hospital, health authority, and municipality is addressing barriers to recruitment, including a shortage of housing, to attract new and visiting doctors to the community.

[Update coming soon](#)



The Buddy Program

Dr. Rob Riddell and Dr. Rae Petrucha
Elk Valley Hospital MSA

Existing doctors help orient and mentor new doctors to create a “soft landing” with welcoming and helpful support when they arrive, and by helping to streamline patient care from the outset.

[See project story](#)

LIGHTNING TALKS

Panel 2: Transforming how we care

Exposure and Introduction to Traditional First Nations Healing

Dr. Luke Williston

Tofino General Hospital MSA

Tla-o-qui-aht First Nations community members invited Tofino-area health care providers to experience traditional healing practices first-hand, to better support patients living with trauma and pain.

[See project story](#)

Decolonizing Health Care at Xaada Gwaay NgaaysdII Naay

Dr. Tracy Morton

Xaada Gwaay NgaaysdII Naay MSA

Organizational activities are improving culturally safe care on Haida Gwaii, where 50 per cent of the population is indigenous, and access to medical care is challenged by geographic barriers.

[See project story](#)

Regional Planetary Health Table

Dr. Marian Berry

Kootenay Lake Hospital MSA, Interior Health

A Facility Engagement Regional Planetary Health Table (RPHT) enables medical staff to collaborate with health authority leaders and staff to advance climate conscious initiatives, share local efforts, and collaborate regionally among MSAs.

[See project story](#)

Equity, Diversity and Inclusion

Dr. Eliza Chan

Richmond Hospital Physician Society

Health authority and medical staff are working together to support and promote Equity, Diversity, and Inclusion (EDI) from the perspective of patients, staff, and the organization as whole.

[See project story](#)



Planetary Health and Environmental Sustainability: Medical Staff and Providence Partners

Dr. Kristine Chapman and Anthony Munster

Providence Health Care

A province-wide engagement event showcased physician-led projects, generated ideas for sustainable practices, and fostered partnerships for collective action.

[See project story](#)

LIGHTNING TALKS

Panel 3: Improving patient access and care

Trauma Informed Care

Dr. Belinda van der Berg
Kootenay Lake Hospital MSA

An online learning series has trained staff in the five core principles of trauma-informed care and equipped them with tools and skills to support patients experiencing trauma.

[See project story](#)

Regional Electronic Health Record

Dr. Andrea Pollock
BC Cancer Medical Staff Engagement Society

The MSA has created a medical staff subcommittee and physician liaison to facilitate more effective engagement and communication between physicians and PHSA during the adoption of the Cerner electronic health record.

[See project story](#)

Pediatric Complex Care Clinic

Dr. Jennifer Balfour
South Island Facility Engagement Initiative Society

Development of a proposal for a Complex Care Service to support frail children who experience multi-system medical issues, and who often fall through the cracks of the health care system.

[See project story](#)

Northern Health Hospital Overcapacity Project

Dr. Barb Kane and Jess McGregor
Northern Health

A collaborative regional Facility Engagement project among MSAs and the health authority has validated the impacts of long stay patients on hospital overcapacity in Northern BC hospitals, leading to recommendations and action.

[See project story](#)



Emergency Room Efficiency Council

Dr. Scott Tancon
Ridge Meadows Hospital Physician Engagement Society

Physicians, frontline teams, facility staff, and health authority administrators all contribute to identifying and solving issues within their control to optimize the environment, and ensure patients are seen in a timely manner, improving their experience.

[See project story](#)

LIGHTNING TALKS

Panel 4: Medical staff health and wellness

Civility Matters

Dr. Yann Brierley

Vernon Jubilee Hospital Physician Society

Vernon Jubilee Hospital is shifting the workplace culture with information, tools, and skills for physicians and staff to reduce uncivil behavior – which can cause distress at work, and result in staff errors that negatively affect patient care.

[See project story](#)

Kudos Project

Dr. Stephanie Nolan

East Kootenay Regional Hospital Medical Staff Society

A simple and effective way to positively acknowledge physicians, to build solid relationships, boost physician well being, and create strong bonds in the workplace.

[See project story](#)

Fostering Physician Well-being at Vancouver Acute/Community

Dr. Ka Wai Cheung

Vancouver Physician Staff Association

Vancouver General Hospital physicians are zeroing in on wellness and burnout challenges by addressing issues and solutions at the department level.

[See project story](#)

Physician Peer Support Program

Dr. Ingrid Cosio, Prince George Medical Staff Physician Association, **Tom Rapanakis**, Director, Vice President, Physician Health Program

The BC Physician Health Program (PHP) is supporting MSAs and divisions to develop localized peer support programs as an effective way for physicians to provide emotional support to other physicians in their communities who are experiencing stress or life changes, that also impact their work.

[See project story](#)



Spirit Awards

Dr. Marissa Dry

Campbell River Medical Staff Engagement Initiative Society

A collaboration of the Campbell River Medical Staff Engagement Initiative and Campbell River and District Division of Family Practice honours people who continue to keep the community healthy.

[See project story](#)

FACILITY ENGAGEMENT PROVINCIAL SUMMIT

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FACILITY ENGAGEMENT Past, present and future

Dr Sam Bugis – Vice President, Physician Affairs and Specialist Practice, Doctors of BC; Clinical Professor, Department of Surgery, UBC; Medical Director, Branch for Global Surgical Care, UBC

Cindy Myles – Vice President, Specialist Services Committee

Dr Sam Bugis reflected on the evolution of Facility Engagement. He noted that before the initiative was created, health authority medical leaders and administrators were receiving various size 'snowballs,' in the way of challenges from physicians – both well-formed and not-so-well-formed.

Physicians were not feeling heard, did not have trust in the workplace, and did not have enough support. They weren't happy with existing structures, and there was little way to differentiate between the most important snowballs.

It's why the impetus for Facility Engagement was, and continues to be, the creation of mechanisms to help organize physicians and their priorities in a way that they can be effectively heard and actioned with their health authority partners.

"Well-functioning health care systems have a significant degree of physician engagement. That doesn't happen by itself, and needs to be supported. When you have engaged physicians, you have better outcomes, lower costs, more stable workforce." – Dr Sam Bugis



Cindy Myles reported on the 2022 provincial evaluation of the Facility Engagement Initiative, which demonstrated that its structures, processes, and funded activities are succeeding in enabling engagement between MSAs and local health authorities.

Facility Engagement is helping participants develop a shared vision and ways to address issues of importance, while improving facility culture.

She noted that success can be defined as a culture change; a shift away from 'us versus them', with robust structures to support sustained improvements in patient care and the work environment.

Opportunities to build on and take Facility Engagement to the next level:

- Collaboration on shared priorities
- Understanding one another's roles
- Medical staff understanding of health authority processes
- Knowledge sharing
- MSA organizational development
- Leveraging other Specialist Services Committee initiatives

"This work takes time, it's incremental, and it doesn't happen overnight. But we need to be persistent and keep working at it."
– Cindy Myles

ENGAGEMENT JOURNEYS

Six health authority and MSA partners reflected on their successes and ongoing challenges, and how their evolving relationships have strengthened the medical staff voice and fostered effective working partnerships.



Facility Engagement is breaking down silos, encouraging connections within regions that didn't exist before to address common issues.

Effective collaboration is happening through the combination of funding, effective structures, robust project support, and opportunities for physician leadership.

Success in advancing key initiatives includes active listening, purposeful meetings, shared decision-making.

Improved governance, including with dyad structures, is aligning health authority and medical staff priorities and engaging medical staff in solutions.

Organizational structures like regional and MSA Presidents' tables are enhancing sharing, communication, and medical staff involvement in system change.

Rural sites and physicians face unique challenges, are deeply passionate about their communities, and are finding innovative solutions through grassroots engagement.

ENGAGEMENT JOURNEY Reflections



Marcko Peljan – Vice President, Clinical Services Centre South and Provincial Programs
Dr Dave Coupland – Nanaimo MSA President

Takeaways

- Improvements in governance practices with the health authority in response to 2016's electronic health record implementation were a "blessing in disguise."
- The regional Vancouver Island Presidents' Network was created from a crisis as a way to address the of lack of physician input into updated Medical Staff Regulations and Rules.
- The table has now grown as a space for physicians to set region-wide, common priorities and speak with one voice at HAMAC and HAMSA meetings.
- Meaningful engagement in more formal spaces, such as HAMAC, is still a challenge.
- Island Health's Clinical Governance Improvement Initiative is realigning governance structures to ensure priorities and solutions are set in collaboration with medical staff.

"We formed relationships, we got to know each other, we were honest, and from those meetings, we started having regular unofficial meetings which go on today between our local leaders and senior leaders at regular intervals, and these meetings bore fruit." – Dr Dave Coupland

ENGAGEMENT JOURNEY Reflections



Vivian Eliopoulos – President and CEO
Dr Chad Kim Sing – Vice President, Medicine
Dr Ka Wai Cheung – MSA President, Vancouver Physician Staff Association

Takeaways

- Facility Engagement funding has empowered physicians to focus and build on the strengths of previous leaders over time.
- The feeling of 'us and them' has changed through the recognition and understanding of the power and meaning of relationships.
- Health authority administrators acknowledge they cannot operate without the partnership of physician leaders.
- The MSA and health authority has been able to solve problems by identifying common MSA and health authority priorities.
- Issues of importance to the physicians have informed key health authority work, including in wellness, engagement, and equity, diversity, and inclusion.
- Facility Engagement has broken down silos and enabled horizontal and vertical connections within the region to reveal commonalities.

"I have to say as I look around the room, it's unbelievable. The funds that were made available to our physicians through this process have truly been a gift... For years, I've said an administrator cannot run an organization without partner physicians and physician leaders. And that is absolutely critical.

– Vivian Eliopoulos

ENGAGEMENT JOURNEY Reflections



Dr Titus Wong – Executive Medical Director, Physician Wellness

Aazadeh Madani – Director, Medical Staff Office, BC Mental Health and Substance Use Services

Dr Andrew Skinner – Correctional Health Services MSA President

Takeaways

- Leverage opportunities that currently exist – whether through Health System Redesign, or other funding sources.
- Tips to engage the disengaged:
 - Foster people's ability to care for their team members: maximize things that bring people joy, minimize those that cause people stress.
 - Work on actions with the highest yield for meaningful change.
 - Align what you need with the goals, interests, and possible contributions of potential participants.
 - Determine who is most passionate about the issue, who to collaborate with, and who can be supported to meet goals.

“The single biggest engagement strategy that I can push from my own lived experience is that the way to engage the disengaged is with deliverables, with specific deadlines. By delivering on the actions that you implement, you have proof in action that meaningful change is possible – and that is probably the most powerful way to show people that this work matters.”

– Dr Andrew Skinner



ENGAGEMENT JOURNEY Reflections



Dr Paul Johar – Executive Medical Director, Fraser Health

Dr Gaurav Bahl – President, Fraser Health MSA Council; Regional Department Head, Radiation Oncology, BC Cancer – Abbotsford

Takeaways

- The Fraser Health President's Council provides a regional voice for all the MSAs in Fraser Health, with a mission to improve patient care and medical staff well-being in Fraser Health.
- The elected MSA physician lead co-chairs the council with the health authority Executive Medical Director.
- Three priorities of the Council are: 1) building partnership with Fraser Health, 2) networking and communication, and 3) medical staff participation in decision-making.
- Accomplishments of the table include collaborative agendas and decision-making at HAMAC, and the inclusion of medical staff presidents at recruitment search/selection committees.

***"If people can't see a path, they will stop dreaming about their destination."** – Dr Paul Johar*

***"All medical staff are affected by regional decisions, and the effect on the local site may or may not be something that is in the minds of the highest decision makers. The MSA council has a mission to connect, collaborate, and build consensus among MSA presidents."** – Dr Gaurav Bahl*

ENGAGEMENT JOURNEY Reflections



Dr Glenn McRae – Vice President, Quality Research and Academic Affairs

Dr Todd Loewen – Senior Medical Director, East Kootenay

Takeaways

- Facility Engagement has enabled physicians to take on leadership roles and experiences, which can be challenging yet very rewarding.
- There are multiple opportunities for leadership roles, especially in rural communities: Chief of Staff, divisions of family practice, Shared Care, PQI, Facility Engagement, and others.
- Leadership roles and organizational structures have forged relationships with other key leaders and influencers for system change.
- To overcome a physician engagement plateau, Interior Health is:
 - Working in dyad partnerships with physicians.
 - Leveraging current structures, such as regional Facility Engagement tables, PQI, and IH Navig8 leadership training.
 - Quarterly "Coffee Talks" with representatives from 22 Interior Health MSAs and leaders from divisions of family practice.

***"I couldn't image how I could possibly do this job of supporting physician engagement without having Facility Engagement in place... These initiatives allow us to work together to develop a shared understanding of how our work is interconnected, interdependent, and how trying to do it apart just doesn't make sense."** – Dr Glen McCrae*

ENGAGEMENT JOURNEY Reflections



Dr Ronald Chapman – Vice President, Medicine

Dr Tracy Morton – MSA President, Xaada Gwaay Ngaaysdli Naay MSA; Co-chair, President's Council

Takeaways

- The Northern Health Presidents' Council began in 2022 as a safe physician-only space to share concerns about the health authority.
 - A health authority representative was invited to join and over time, other senior level health authority representatives have been included.
 - The initial mandate of the table was to 'inform' on the engagement spectrum, and over time, shifted to a more collaborative table.
- Northern Health co-leadership and training has enabled the development and improvement of relationships, and provided a structure for collaboration on common priorities, such as recruitment and patient transport.

"The regional MSA President's Table is the only mechanism to engage with one voice with our health authority leadership. A system is just people put together. We can think of a system as having certain qualities, evil and non-responsive, but it's really just people making relationships with other people to move the needle... The rubber hits the road when you do something as a group... It is about coming up with common priorities."

– Dr Tracy Morton

ENGAGEMENT JOURNEY Reflections



**Providence
Health Care**
How you want to be treated.

Fiona Dalton – President and CEO

Dr Julia Raudzus – Senior Medical Director, Clinical Operations and Quality, PHC Physicians and Surgeons Society Past President

Takeaways

- The support of Facility Engagement funding has made a big difference in the health authority to forge authentic partnerships.
- MSA and health authority leaders are speaking the same language.
- Working together on shared priorities – through a physician/health authority leadership dyad committee with medical staff advisors – has been helpful to move big buckets of work forward.
- Strategic Pillar Advisory Committees help with transparency and agreement on what is being worked on and how, and for working through engagement challenges that still remain.
- Engagement is a delicate balance of building relationships, winning support one by one, and listening to expertise.

"We are trying to be clearer about how decisions are made and who is in charge. To my mind, there is a mix of evidence-based guidelines and clarity, there is consensus and team-work about what we think we should do, and then there is also some gut feeling. There is a real parallel to how we make decisions as an organization around those different areas and how physicians make them with their patients." – Fiona Dalton, CEO

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“The networking and socializing opportunities were personally invaluable. They helped to facilitate knowledge exchange, as we could ask specific questions as it would relate to our site.

This was appreciated by my physicians, and myself, as we were able to connect with both the physician the PM together to gain a deeper understanding of the tasks and behind the scenes and the organization of specific projects.” – Summit Participant

MSA POSTER GALLERY

KNOWLEDGE SHARING FROM 35 SITES ACROSS BC
PROFILES, STRATEGIES, ACTIVITIES

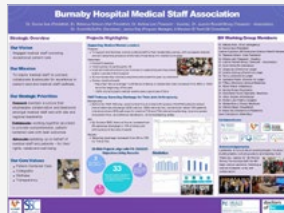


MSA POSTER GALLERY Profiles, Strategies, Activities

Click each thumbnail to see the poster PDF or download the entire poster collection here.



Boundary District Hospital
Grand Forks



Burnaby Hospital
Medical Staff Association



Campbell River Medical
Staff Engagement



Chilliwack Medical Staff Association



Concurrent Disorder Physician Engagement Association



Cowichan District Medical Society



Creston Valley Hospital



East Kootenay Patient Transportation Committee



East Kootenay Regional Hospital Cranbrook



Elk Valley Hospital
Fernie



Forensic Physician Engagement Society



Fraser Canyon Hospital Medical Staff Association



Golden and District Hospital



Burnaby Hospital
Medical Staff Association



Invermere and District Hospital



Kelowna General Hospital Physicians Society



Kootenay Boundary Physicians Association



Kootenay Boundary Regional Gender Equity Table

MSA POSTER GALLERY Profiles, Strategies, Activities

Click each thumbnail to see the poster PDF or download the entire poster collection here.



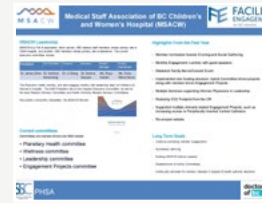
Kootenay Lake Hospital
Nelson



Lady Minto Hospital MSA
Salt Spring Island



Mount Waddington Medical Staff Association
Nelson



MSA of BC Children's and Women's Hospital



Nanaimo Medical Staff Engagement Society



Peace Arch Hospital Physician MSA
White Rock



Physicians Engagement Society of Courtenay and Comox



Prince George Medical Staff Physician Association



Richmond Hospital Physician Society



Ridge Meadows Hospital
Maple Ridge



Royal Columbian Hospital
New Westminster



Royal Columbian Hospital MSA – New Westminster



Royal Inland and Hillside Physician Association



Saanich Peninsula Hospital Engagement Society



South Island Medical Staff Association
Victoria



Terrace Medical Staff Association



Vernon Jubilee Hospital Physician Society

THE FUTURE OF FACILITY ENGAGEMENT

TABLE DISCUSSIONS: WHAT WE HEARD

What is the top need or opportunity that the Facility Engagement Initiative can support at your site or in your region moving forward?



THE FUTURE OF FACILITY ENGAGEMENT Table Discussions: What We Heard

What is the top need or opportunity that the Facility Engagement Initiative can support at your site or in your region moving forward?

Knowledge sharing

- Spread great solutions and share resource documents from other sites.
- Provide access to a full repository of quality improvement (QI) and FE projects.
- Create one-page summaries for every project (template).
- Understand what other sites/regions are doing to inspire engagement – from easy wins, to system transformation.

Support collaboration and engagement with the health authority

- Help bring the health authority to the table as intended in the Memorandum of Understanding (MOU).
- Organize a pathway for health authority leadership to close the feedback loop to MSAs and physicians.
- Address the need for greater transparency in decision making and accountability at regional/health authority levels.

Regional engagement

- Make regional funds available for medical staff engagement on regional health authority committees, and help to address regional issues.
- Arrange for regional engagement to improve regional patient care flow when serving the same populations.
- Consider regional boards: all MSAs get together from different sites with bulletin/recap from sessions.
- Provide department/division-level data for the Doctors of BC Health Authority Engagement Survey.
- Support provincial Facility Engagement projects.

Recruitment, retention, and onboarding

- Assist with recruitment and retention strategies with health authorities.
- Support all four R's: Referrals, Recruitment, Retention, Retirement.
- Support onboarding planning, including a community introduction and buddy system.



Training and education

- Train on funding guidelines, advocacy, governance, contracts, cultural safety.
- Provide organizational information to physicians.
- Support leadership mentoring: Set up an access point for potential leaders to connect to boost knowledge, exchange ideas, and smooth the learning curve with time for leader handovers.
- Provide a "one-pager" for all Facility Engagement coordinators.
- Provide more Facility Engagement support for onboarding presidents, executives, and administrative staff.
- Heighten awareness of Facility Engagement.

THE FUTURE OF FACILITY ENGAGEMENT Table Discussions: What We Heard

What is the top need or opportunity that the Facility Engagement Initiative can support at your site or in your region moving forward?

Community-based resources/partners

- Connect with community-based specialists.
- Break down silos: Specialist Services (SSC) and Family Practice Services (FPSC) Committees.
- Leverage Facility Engagement partnerships with other physician/community advocacy groups in shared projects and visions – divisions of family practice, Joint Standing Committee on Rural Issues, Rural Coordination Centre of BC (RCCBC).
- Involve community partners – City/Chambers of Commerce. Collaborate with communities to make physician accommodation available, affordable, and competitive.

Facility Engagement site funding

- With budgetary pressures on sites, exploring the following to ensure that engagement continues to evolve:
 - a new funding structure
 - a new tier for larger MSAs
 - more support staff

Communications support

- Provide a gold standard communications strategy for members.
- Create standard MSA websites like divisions of family practice.
- Provide templates for posters/communications materials, and #hashtags.
- Support communications between MSAs and health authority leadership about strategic plans, and how physicians can concretely get involved.
- Break down silos of information between departments with a coordinated strategy.
- Send out a monthly medical staff digest from the health authority.



Operational supports

- Provide Facility Engagement-supported quality improvement specialist/consultants.
- Provide project management support to help physicians capture discussions and translate them into actions.
- Ensure knowledge transfer processes for staff turnover

Indigenous engagement

- Support Indigenous engagement at the facility and within the health authority.
- Support learning events or experiences for MSA members.

Facility Engagement celebrates ten years!

On its ten-year anniversary, Facility Engagement extends deep gratitude to all Medical Staff Association Working Groups, physician leaders, MSA support teams, and health authority partners for your inspiration and dedication to building collaborative partnerships for better health care in British Columbia.

The last word from Summit participants

What is one word that represents your overall reflection of today?
(78 responses)



"Thank you to each of you who came today. Thank you for being present, for taking the time to see each other, for sharing your stories, for being curious, for listening with fascination, and for being willing to grow together." – Dr Paris Ingledeew

SUMMIT EVALUATION

What did participants think?

Participant experiences at the Summit

66% (166/253) of participants completed the evaluation:

<p>96%</p> <p>Agreed that the event met its stated objectives</p>	<p>82%</p> <p>Felt reinvigorated and committed to the collective work of Facility Engagement</p>	<p>74%</p> <p>Agreed the Summit helped identify ways to advance the Facility Engagement initiative</p>
<p>91%</p> <p>Agreed the Summit provided an opportunity to share learnings and successes across sites</p>	<p>The majority of respondents identified the Lightning Talks as the most valuable part of the Summit, as well as networking</p>	<p>84%</p> <p>Agreed the event included the right mix of participants</p>
<p>When asked to identify barriers to incorporating learnings from the day, 'time' was mentioned most frequently, along with limited funding, and health authority support/buy-in</p>		<p>83%</p> <p>Felt confident to apply at least one key engagement tactic(s) and process(es) learned from other site's successes at their own site</p>

Participant suggestions for event improvements

"It would be beneficial to incorporate more awareness for the contributions that project managers make to the success of each site. Many of us are very dedicated to our physicians and sites, and it is important to the overall success of the initiative to acknowledge that without our collective effort, much of the work behind the scenes supporting each of the initiatives highlighted at the summit would not be possible."

"Breakout sessions – one for PMs, one for health authority representatives, and one for physicians would have significantly enhanced the value for each of the groups in attendance."

"The one table discussion where we talked about getting the physician voice to higher levels of the health authority – we pulled in our high level health authority person to ask questions. Unfortunately this was only 15 minutes of the day."

"[A barrier:] Advancing Facility Engagement to the next step; for example, continuing to navigate turning projects into programs and longer-term change with the health authorities." – Summit participant

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