FACILITY ENGAGEMENT
An SSC Initiative

Facility Engagement Funding Guidelines: Summary Table

The overarching intent of FE funding is to foster meaningful consultation and collaboration between MSAs and health authorities. To meet this goal, FE expenditures must align with at least one of the following goals of the 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.

MoU Provisions		
Category	**Allowed**	**Not allowed**
Clinical equipment		Purchase of equipment or tools that involves direct or indirect patient care, or patient information/data.
Clinical services		Compensation for direct or indirect patient care
Donations		a) Donations to charities or political parties b) Cash donations or purchases of non-cash gifts for members of the public or auxiliary organizations
Purchase of real estate or vehicles		✓
Advertising	a) Physician recruitment ads b) Internal promotion of MSA activities and meetings	Paid marketing of the MSA to the general public
Meeting attendance	a) MSA internal and external meetings that are not required for maintaining privileges or related to quality assurance activities	a) Quality assurance investigations, activities associated with members' practice reviews, or standard department/division or facility quality assurance activities (e.g., morbidity and mortality rounds, care reviews)

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	b) MSA members' time attending Medical Advisory Committee meetings at all levels	b) Department/division meetings[1] or MSA meetings as required by the medical staff rules c) Quality assurance committees associated or reporting to the Medical Advisory Committee at any level d) Physicians who attend meetings as part of their contract deliverables with the health authority, and health authority operational leaders e) The purchase of non-cash gifts for meeting attendees who are receiving sessional payment
SSC FE Working Group Enhancements to the MOU provisions		
Capital Projects	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**	Capital projects or renovations where the funding responsibility rests elsewhere, regardless of whether its funding is considered inadequate.
Project infrastructure	Contracted staff to assist with the operationalization of projects (e.g., evaluation, data collection and analysis, project coordination and tracking). Note: Consider the sustainability of projects through early engagement of stakeholders before approval.	
Other Joint Clinical Committee projects seeking sustainability funding	JCC projects that: • address facility-based issues • involve MSA members and health authority	

[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.

	• are appropriate for MSA to fund Note: Consider cost-sharing opportunities, where applicable.	
Physician research and quality projects[2]	Quality improvement projects that encompass improving patient outcomes, improving patient and provider experience, and reducing costs, and involve multiple physician groups and/or collaboration with health authority. Other criteria include: • Aims to improve internal processes, practices, costs or productivity by assessing an existing practice. • Flexible design based on ongoing feedback through Plan Do Study Act cycle. • Done quickly through rapid cycles.	Physician research projects with the following criteria: • Aims to generate new knowledge that is generalizable to the wider population. • To test a new practice, theory or intervention. • Design is tightly controlled in order to limit the effect of confounding variables on the variables of interest. • Takes a considerable time to complete.
Training	a) 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. Note: Areas of non-clinical training relevant to MSAs include	Physician sessionals and expenses for attending <u>required</u> CME accredited clinical training. Physician sessionals for attending <u>non-required</u> CME accredited clinical training.

[2] For further information, please click here: Is it research or quality improvement?

	communication, conflict resolution, and leadership. 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.	
PQI/FE work	a) Physician Quality Improvement graduates' time spent training and guiding their MSA colleagues on MSA endorsed quality projects. b) MSA members' time in working with the PQI-funded physicians on their projects at various stages (e.g., design, implementation, evaluation).	
Events	Events that aim to foster relationship building amongst MSA members and with other stakeholders including health authority and community partners, and/or promote awareness and participation of FE activities.	Physician sessionals for networking and engagement events that promote relationship building amongst MSA members and/or health authority partners. Individual expenses and payment for participation for attendees who do not have a direct role in facility engagement (e.g., family members).
Wellness activities	Activities, including evaluation, at a work group or system level that addresses factors contributing to physician wellbeing and burnout. E.g., strategies that enable safe and effective patient care, support	Activities that promote personal well-being or interests outside of medicine that is the responsibility of the individual (e.g., extracurricular fitness or cultural activities, personal resiliency training).

	workflow and efficient capture of information (e.g., electronic medical records), mitigate excessive work and time burdens on physicians, improve physician peer-to-peer communication, conflict resolution, and work place culture.	

Decision Making Criteria for Grey Zones

If the activity does not fit under any of the above categories, then take the following steps:

Step 1.

Ask yourself the following questions:

Does the proposed activity fall outside one of the specific categories of prohibited uses under the MOU or other SSC guidelines? (clinical equipment, paying for clinical services, real estate, etc.)

a. Does the proposed activity fall outside one of the specific categories of prohibited uses under the MOU or other SSC guidelines? (clinical equipment, paying for clinical services, real estate, etc.)
b. Does the proposed activity foster meaningful interactions and communication amongst MSA members and/or between the health authority and MSA members?
c. Does the proposed activity directly influence positive change for the medical staff's work environment and patient care?
d. Is the proposed activity supported by a broad spectrum of physicians at the site or in the region (e.g., multiple departments, multiple disciplines)?
e. Is the proposed activity supported by the health authority (e.g., health authority sponsor or funding/in-kind commitment)?
f. Is the MSA the most appropriate funding source?
g. Would the MSA be able to publicly defend the proposed initiative as an appropriate use of public funding?
h. If required, is the proposed initiative able to stand on its on without continued sustainment funding? This question does not apply if the proposed initiative does not require ongoing funding.

Step 2:

The proposed initiative cannot proceed if the answer to a) is 'no'. There is no SSC appeal process for sites if the proposed initiative falls within one of the specific categories of prohibited uses in the MOU (section 5 (a) to (f)) or SSC funding guidelines.

If the answer to all of the above questions are a 'yes', then, you may proceed with using the FE funds for the activity.

If the answers from b) to h) are 'no' and the MSA is having difficulty reaching a decision, then:

Step 3:

Bring the proposal forward to a regional MSA-HA table or ad hoc meeting for consultation and documentation. Participants should include other FE participating MSA executives in the region or sub-region, local/regional HA partners, and FE staff. HA partners are to be consulted on every potential grey zone funding decision prior to final approval by the MSA.

If a local MSA is having difficulty making a decision on a proposed activity after consultation with other MSA executives and HA partners at a regional level, then:

Step 4:

Bring the matter forward to the SSC FE Working Group and its Co-Chairs for input and/or decision.