

# FACILITY ENGAGEMENT FUNDING PROPOSAL

## Squamish General Hospital Facility Engagement Initiative

### PURPOSE

The overarching intent of FE funding is to foster meaningful consultation and collaboration between MSAs and health authorities. To strengthen the engagement between MSAs and health authorities, FE expenditures must align with at least one of the following Memorandum of Understanding (MOU) objectives:

- 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 click here for more information: [Memorandum of Understanding](#)

### MOU FUNDING CRITERIA AND SSC FUNDING GUIDELINES

FE funds are primarily intended to compensate physicians for their time spent participating in internal meetings and meetings with health authority partners in relation to the FE initiative. Secondary uses of the funds include covering infrastructure costs of the MSA/physician societies. The MOU prohibits the use of funds for:

- advertising with the exception of physician recruitment ads;
- compensation for clinical services;
- purchase of real estate and vehicles;
- purchase of clinical equipment;
- donations to charities or political parties; and
- meeting attendance that is required as part of maintaining privileges.

The SSC has provided supplementary guidelines on the use of FE funds. Please click here for more information: [SSC Funding Guidelines Summary Table](#)

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## HOW TO MAKE A SUBMISSION

- MSA members and health authority partners may complete the attached form and submit it with any relevant supporting documents to [squamishmsa@gmail.com](mailto:squamishmsa@gmail.com).
- The MSA Working Group will review and rank all submitted proposals and make decisions on funding allocations. The applicant may be asked to present or provide additional information.
- FE activity funding is available for one year – your budget should reflect this. Continued funding will be dependent on a project review prior to the 12 month completion deadline.
- The MSA Working Group will keep a list of ongoing proposals and encourage submitters to review existing proposals so as not to duplicate efforts.

### Project Self-Assessment:

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

1. IMPACT: Will this activity influence positive change for the medical staff's work environment or patient care?
2. TRUST: Does this activity foster meaningful interactions (e.g., trust, transparency, and respect) between physicians or between physicians and the health authority members?
3. MOU ALIGNMENT: Does the activity align with the MOU objectives?
4. PHYSICIAN SUPPORT: Is this activity supported by a broad spectrum of physicians at this site (e.g., multiple departments, multiple disciplines)?
5. HEALTH AUTHORITY SUPPORT (IF APPLICABLE): Does this activity have health authority support (e.g., health authority sponsor or funding/in-kind commitment)?
6. OWNERSHIP: Is this activity locally relevant?
7. OWNERSHIP: Is the MSA the appropriate funding source for this activity?
8. ACCOUNTABILITY: Would the MSA be able to publicly defend the proposed initiative as an appropriate use of public funding?
9. SUSTAINABILITY: If required, is the proposed initiative able to stand on its own without continued sustainment funding?
10. FEASIBILITY: Does this activity have a reasonable chance of success?

# FACILITY ENGAGEMENT FUNDING APPLICATION

Squamish General Hospital  
Facility Engagement Initiative 2024/2025

SUBMIT THIS FORM TO: [squamishmsa@gmail.com](mailto:squamishmsa@gmail.com)

## Activity Identification

**Activity Title:**

**Expected Timeframe:**

**Total 2024/2025 Funding Amount Requested:**

**Name of Principal Applicant (Activity Lead):**

**Phone:**

**E-mail:**

**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.*

**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.

## Areas of Impact

Identify all areas that the activity would impact<sup>1</sup>.

- ALL
- Acceptability (e.g., decision-making, interpersonal communication)
- Access (e.g., timely access, equitable access, accommodation/barriers)
- Appropriate/Effectiveness (e.g., best practices, scope of practice, unnecessary care)
- Efficiency (e.g., cost avoidance, practice/procedural efficiency)
- Engagement & Collaboration (e.g., physician engagement and leadership, health system collaboration, alignment)
- Quality Improvement (e.g., learning and quality improvement culture, improving existing internal processes, practices, costs or productivity)
- Integration (e.g., care coordination, information sharing, team functioning)
- Safety (e.g., adverse events, infection prevention/control)
- Spread & Sustainability
- N/A

## Facility Impact

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

## Alignment with MSA Strategic Goals

*Indicate which of the following MSA strategic goals this activity is aligned with.*

Engage with key data sources, including the Health Authority, in the effort to collect and analyze local data for the assessment of patient care needs and service delivery.

Increase engagement with local and regional Health Authority managers, directors, as well as senior managers.

Engage, support and recruit [to the working group] physicians, health authority, and allied health representatives through the MSA Facility Engagement governance structure.

Support local physicians to engage in participating actively and collaboratively with health authority around perceived challenges, quality improvement or change initiatives

<sup>1</sup> Source: For more information about SSC projects Areas of Impact based on the BC Patient Safety and Quality Council's Health Quality Matrix and the Dimensions of Quality focusing on the patient/client, please visit: <https://bcpsqc.ca/blog/knowledge/bc-health-quality-matrix/>

### Health Authority (HA) Engagement

*Note: Any proposed activities involving patient care, flow, environment, data analytics, allied health, and resources for sustainability would benefit from early consultation with HA.*

Indicate how/if the HA has been/will be informed of the activity, consulted with, involved, and/or a collaborative partner, as applicable.

- This project would benefit from HA involvement as it requires input, data, implementation, financial or in-kind resources, etc.
- I need help finding the appropriate HA contacts.
- I am aware of the appropriate HA contacts and have included them below.

Name	Title	Department	Contribution

### Proposed Budget – Maximum 12 months

SEE APPENDIX A

Expenses	Description	Amount
<b>Physician meetings</b>		
Sessional		
Meals and Venue		
Travel/Mileage		
Other: _____		
<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>	
<b>Administration</b>		
Rate x hours		
Office supplies		
<b>Project Management</b>		
Rate x hours		
Evaluation: Project Reporting		
<b>Total requested</b>		

### Evaluation Plan

*Indicate how you will assess whether the activity’s objectives are being met. Consider **how** and **when** data (i.e. indicators) will be collected and analyzed. Please state if you require assistance developing an evaluation plan.*

**BUDGET CHEAT SHEET**

Refer to the amounts listed below when building the budget for your project application.

**SESSIONAL RATES**

Physician/Specialist Sessional Rate - \$171.05  
Midwife Sessional Rate - \$70.00/hr  
Nurse/NP Sessional Rate - \$65.00/hr

**TRAVEL EXPENSES**

For TRAVEL, you can claim **travel time** (*same as hourly sessional rates above*) **OR** **mileage**.  
The current mileage rate is \$0.57/km.

**Example:**

**To claim travel time:**

*Squamish to Whistler = Total 1.5hrs*  
*Squamish to Pemberton = Total 3 hours*  
*Squamish to Vancouver = Total 2 hours*

**To claim mileage:**

*Squamish to Whistler round trip is approx. 120km X \$0.55/km = \$66.00*  
*Squamish to Pemberton is approx. 180km X \$0.55/km = \$99.00*  
*Squamish to Vancouver is approx. 130km X \$0.55/km = \$71.50*

**MEAL EXPENSES – Numbers dependent on #of attendees and venue/caterer. The amounts below are approximate.** PLEASE NOTE THAT ALCOHOL IS NOT A PERMISSABLE EXPENSE.

Continental Breakfast \$50.00-\$100.00  
Hot Breakfast \$500.00  
Lunch \$800.00  
Dinner \$1500.00

**VENUE RENTALS**

Budget a minimum of \$150.00/hour for hotels or private dining rooms.