

## WCGH

Please complete this Activity Intake Form for new proposed engagement activities and submit it to your MSA/Physician Society for approval. [Appendix C](#) provides a recommended MSA Working Group Engagement Activity Assessment to inform decision making processes. Applications should align with MSA/Society Strategic Priorities and Work Plan, the Facility Engagement MOU objectives<sup>1</sup>, [funding guidelines](#) and Health Authority strategic priorities (where applicable).

ACTIVITY BACKGROUND			
<b>1) Name of Applicant(s)</b>			
<b>2) Name of HA Sponsor</b> (if applicable)			
<b>3) Contact Email Address(es)</b>			
<b>4) Contact Telephone Number(s)</b>			
<b>5) Activity Title</b>			
<b>6) Proposed Timeframe</b> (please check box)	<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> 3 - 6 Months	
	<input type="checkbox"/> 6 - 12 months	<input type="checkbox"/> More than 12 months	
<b>7) Activity Purpose/Summary</b> (should include the problem/issue that the activity is addressing, approach and expected outcomes for the work) See <a href="#">Appendix A</a> for key attributes present in successful activities.			
<b>8) How will you measure your activity's success in each objective?</b> (e.g., your evaluation strategy; how do you know the change resulted in an improvement in engagement?) See <a href="#">Appendix B</a> for assistance.			
<b>Objective</b>	<b>Metric</b>	<b>Data Source</b>	<b>Criteria for Success / Goal</b>

<sup>1</sup> FE expenditures must align with at least one of the following goals of the [2019 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.

<b>9) What other sources are you receiving funds from for this or related work?</b> Please provide dollar amount.	<input type="checkbox"/> PQI <input type="checkbox"/> Health System Redesign funding <input type="checkbox"/> Research grant <input type="checkbox"/> HA contribution (resources, staff time, etc.) <input type="checkbox"/> Other, please specify:
<b>10) This activity aligns with the following strategic priorities</b> (check all that apply)	<input type="checkbox"/> MSA priority, please specify: <input type="checkbox"/> Facility / Health Authority priority, please specify:

**STAKEHOLDER ENGAGEMENT**

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

<b>11) Stakeholders involved</b> (check all that apply)	<input type="checkbox"/> Physicians <input type="checkbox"/> Departments/Divisions <input type="checkbox"/> Allied care providers <input type="checkbox"/> Partner organizations <input type="checkbox"/> Health authority administration <input type="checkbox"/> I need help finding the appropriate contacts <input type="checkbox"/> Not applicable
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**12) Identify specific stakeholders contacted/involved**

Name	Title	Department	Contribution

**PROPOSED BUDGET**

*Note: Please complete the proposed budget to the end of the fiscal year. When budgeting for the fiscal year, consider the estimation of costs required to reach required milestones. For approved engagement activities, Leads and Project Managers should continuously monitor the progress of the budget with respect to the milestones. If an activity experiences unexpected delays (e.g. into the next fiscal year), the activity budget should be adjusted accordingly to free up the allocated budget.*

Expenses	To March 31 <sup>st</sup>	After March 31 <sup>st</sup>	Total Amount
Physician Expenses			
Sessionals (Specialist x hours)			
Sessionals (GP x hours)			
Meals			
Venue			

<b>Project Support</b>			
Project Management (Rate x hours)			
Administrative Support (Rate x hours)			
Monitoring and Evaluation (e.g. hiring a consultant to evaluate the success of the engagement activity)			
Other Costs (e.g. travel, consultants)			
<b>Total requested</b>			

In submitting this proposal, I acknowledge:

- I will submit quarterly reports to update on activity status (such as budget progress, barriers and risks and activity changes) to the MSA project staff/executive (each MSA can specify their contact).
- This proposal may be circulated to adjudication committees, partners, and funders as appropriate.
- I have received written approval from my Division/Department head for this work (where applicable).

**Engagement Activity Approval**

\_\_\_\_\_  
MSA/Society Executive Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Lead Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Authority Sponsor  
(where appropriate)

\_\_\_\_\_  
Date

**APPENDIX A**  
**Key Project Attributes**

1. The aim of this project/activity is to solve a problem
2. This project/activity is strategically aligned with MSA / health authority priorities
3. MSA members and/or administrators impacted by this problem will be involved
4. This project/activity is physician-led and championed
5. There are staff to support the operations of this project/activity
6. Outcomes will be assessed

**APPENDIX B**  
**Measuring Activity Success – Examples**

<b>Objective</b>	<b>Metric</b>	<b>Data Source</b>	<b>Criteria for Success / Goal</b>
Objective 1: Physicians will be consulted (from IAP2 framework) on xx event	% of physicians who report being consulted	Event evaluation form	75% of physicians who participated in the event reported that they were consulted
Objective 2: Participants will be satisfied with xx event	% of participants satisfied	Event evaluation form	90% of participants were satisfied with the event
Objective 3: Physicians will participate in xx re-occurring meeting	% of invited physicians attending meeting	Re-occurring meeting attendance rate	90% of invited physicians attend the meetings
Objective 4: Participants of xx sub-committee will have improved communication with their colleagues	% of participants who report improved communication with colleagues	Re-occurring meeting satisfaction form	75% of attendees agree (4 and 5 on rating scale) that the sub-committee increased communication with their colleagues
Objective 5: The recommendations from xx activity will be implemented	Achievement of operational impact	Impact Assessment Questionnaire	The project/activity achieved operational impact (i.e., on MSA members' work environment or patient care)

**APPENDIX C**
**MSA Working Group Engagement Activity Assessment**

*The assessment criteria below can be used by the Working Group to assess funding proposals, and also by the applicant as a guide to tailor their proposal.*

**Assessment Criteria**

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?	1	2	3	4	5
2) IMPACT: Does this activity aim to better understand a problem / issue at the facility?	1	2	3	4	5
3) TRUST: Does this activity foster meaningful interactions (e.g., trust, transparency, and respect) between physicians or between physicians and health authority partners?	1	2	3	4	5
4) PHYSICIAN SUPPORT: Is this activity supported by a broad spectrum of physicians at this site (e.g., multiple departments, multiple disciplines)?	1	2	3	4	5
5) OWNERSHIP: Is this activity locally relevant?	1	2	3	4	5
6) OWNERSHIP: Is the MSA the appropriate funding source for this activity?	1	2	3	4	5
7) HEALTH AUTHORITY SUPPORT (IF APPLICABLE): Does this activity have health authority support (e.g., health authority sponsor or funding/in-kind commitment)?	1	2	3	4	5
8) HEALTH AUTHORITY SUPPORT (IF APPLICABLE): If the engagement activity is in collaboration with the Health Authority, has the Lead or Project Manager discussed and aligned project/activity timelines and milestones with them?	1	2	3	4	5
9) ACCOUNTABILITY: Would the MSA be able to publicly defend the proposed initiative as an appropriate use of public funding?	1	2	3	4	5
10) Memorandum of Understanding (MOU) ALIGNMENT: Does the activity align with the MOU objectives <sup>2</sup> ?	1	2	3	4	5

<sup>2</sup> FE expenditures must align with at least one of the following goals of the [2019 Memorandum of Understanding on Regional and Local Engagement](#):

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- To prioritize issues that significantly affect physicians and patient care.
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11) SUSTAINABILITY: If required, is the proposed initiative able to stand on its own without continued sustainment funding?	1	2	3	4	5
12) FEASIBILITY: Is this activity feasible based on budget, proposed staff support, expected outcome and deliverables?	1	2	3	4	5
13) ASSESSMENT: Does this activity identify a plan for measuring success?	1	2	3	4	5

**Total score:           /65**