



Lions Gate Hospital Physician (LGH) Engagement

Request for proposals

To: All LGH Facility-based Physicians

Introduction

Increasing support for facility-based physicians is a first of its kind initiative in Canada—resulting from the new 2014 Physician Master Agreement between Doctors of BC and the Provincial Government. A key piece of the agreement is the Memorandum of Understanding (MOU) on Regional and Local Engagement signed by all the Health Authority CEOs. The MOU provides support and funding to medical staff associations to facilitate discussions among physician groups or departments on issues that range from patient care improvement to improving communication and consultation with Health Authority Administration. As determined by the Medical Staff, this funding will be used to pay physicians for their time, hire staff, and support a number of prioritized projects and issues.

Purpose

The purpose of this application is to invite medical staff to identify and submit proposals for consideration and funding. Please complete the Proposal Application Form and submit to lghengagement@outlook.com.

Background

Through Physician Engagement funding of \$400,000 per year, the LGH medical staff have a unique opportunity to develop and implement physician-inspired initiatives. We have an opportunity to identify dysfunctional aspects of the system at LGH that impede patient care or increase physician frustration. With the Physician Engagement Program, we also hope to identify potential system improvements to patient care and improve physician satisfaction. If your proposal is selected, funding is available to support your time spent working on implementation.

Please note that funding is NOT intended for operational costs (e.g. Hiring a nurse practitioner, compensation for clinical services, purchase of clinical equipment, purchase of real estate and vehicles) – such costs must be negotiated with administration.

Proposals

Successful proposals will align directly with the mandate of the MOU.

Prioritization

Funding is limited, meaning all proposals may not necessarily receive funding.

However, at the same time, proposals or issues do not necessarily have to be large in scope – the intent is to identify issues impacting physicians and patient care and bring forward solutions. Issues may range from no-cost proposals to change how some work is done, to the larger issues that have significant impact on resources and capital.

The Working Group has developed guidelines to prioritize proposals for funding. These guidelines are reflective of the program mandate of improving patient care, work environment and increasing physician satisfaction. Funding priority will be given to the following proposals:

High Priority:

1. Proposals with multi-faceted impact or benefits that are likely to improve more than one party or departments (e.g. patients, physicians, other clinical providers, and administration).
2. Proposals where the financial expense to implement a solution outweigh the operating costs.
3. Proposals that demonstrate that the issue has an impact on system cost (e.g. physicians and other clinician services, length of stay, appropriateness of care, re-administration, drug cost, delayed care etc.).
4. Proposals that outline the extent of the issue and how it's impacting the working environment (e.g. morale, teamwork, patient satisfaction, and patient care).
5. Proposals need to outline the importance of the issue in the department and amongst the entire medical staff.
6. Proposals that demonstrate some preliminary work has been done to bring multiple individuals to the table to discuss solutions among department colleagues or allied health professionals (if applicable).

Low Priority:

7. Proposals that are likely to negatively impact one group of physicians and cause conflict between members of the medical staff.
8. Proposals that would require large amounts of funding from hospital administration without a clear benefit to administration.
9. Proposals that require complex administrative and operational coordination (e.g. beds, equipment etc...).
10. Proposals with minimal impact on quality of patient care, work environment or physician satisfaction.

Exclusion Criteria

The below exclusion criteria detail the types of proposals that will not be considered:

1. Proposals that request for funding for physician tasks that are required by the Bylaws.
2. Proposals that do not relate to improvement of patient care, physician work environment or physician satisfaction in relation to patient care (examples: basic science research, CME activities).
3. Proposals that are "complaints" rather than proposals.

Submission Requirement

Your proposal must address the following:

1. Define the problem you wish to address.
2. Identify all areas that the resolution to this issue would affect. (e.g. patients, other physicians, nursing?).
3. Include relevant background information and describe the current situation (e.g. what led up to this issue? How has it evolved?)
4. Describe the option(s) available to address the issue and its advantages and disadvantages, as well as what risks / challenges may be encountered. Include benefits to patient care, physician work environment or physician satisfaction.
5. Indicate possible steps that could be taken to improve the issue (if known) and what the expected outcomes may be if this happens.
6. Indicate whether this project is a collaboration between the physicians, department, etc., and the Health Authority.
7. Provide an approximate budget or budget logic. For time funded, the proposal should be limited to one hour of meeting and one hour of preparation per session. If additional funding for time is needed, please include the amount and reasons.

Review Process

The Working Group will review all submitted proposals. The review process will consist of the following:

1. Each written proposal will be reviewed against all the mandatory inclusion and exclusion criteria.
2. Proposals will be rated, assessed individually from other submissions.
3. Proposals will be evaluated for funding using the weighted Score Card in each rated section. (see Prioritization Score Card)
4. After the individual portion of the review has been completed, the Working Group will meet to discuss their responses and determine the final Working Group consensus.
5. The Working Group will conclude the preliminary proposal selection within six to eight weeks from date of submission.
6. The Working Group will send an email notification to all medical staff notifying them of the selected proposal.
7. The Working Group will follow up or call the proponent of the selected proposal to present or provide additional information if necessary.
8. The Working Group will keep a list of ongoing proposals and encourage medical staff to review existing proposals so as not to duplicate efforts.

Scoring Method

A Prioritization Score Card has been developed for the evaluation of submitted proposals. The criteria (patient Care, operational impact, cost, operational complexity, and stakeholder support) are weighted based on the Working Group's assessment of each criterion's support of the mandate. The Prioritization Score Card imbedded into the Project Proposal Application will be used to evaluate your proposal.

Reporting

If your proposal is approved, a short bi-annual report will be required in the fall and spring. Our office will contact you when the due date is arranged.