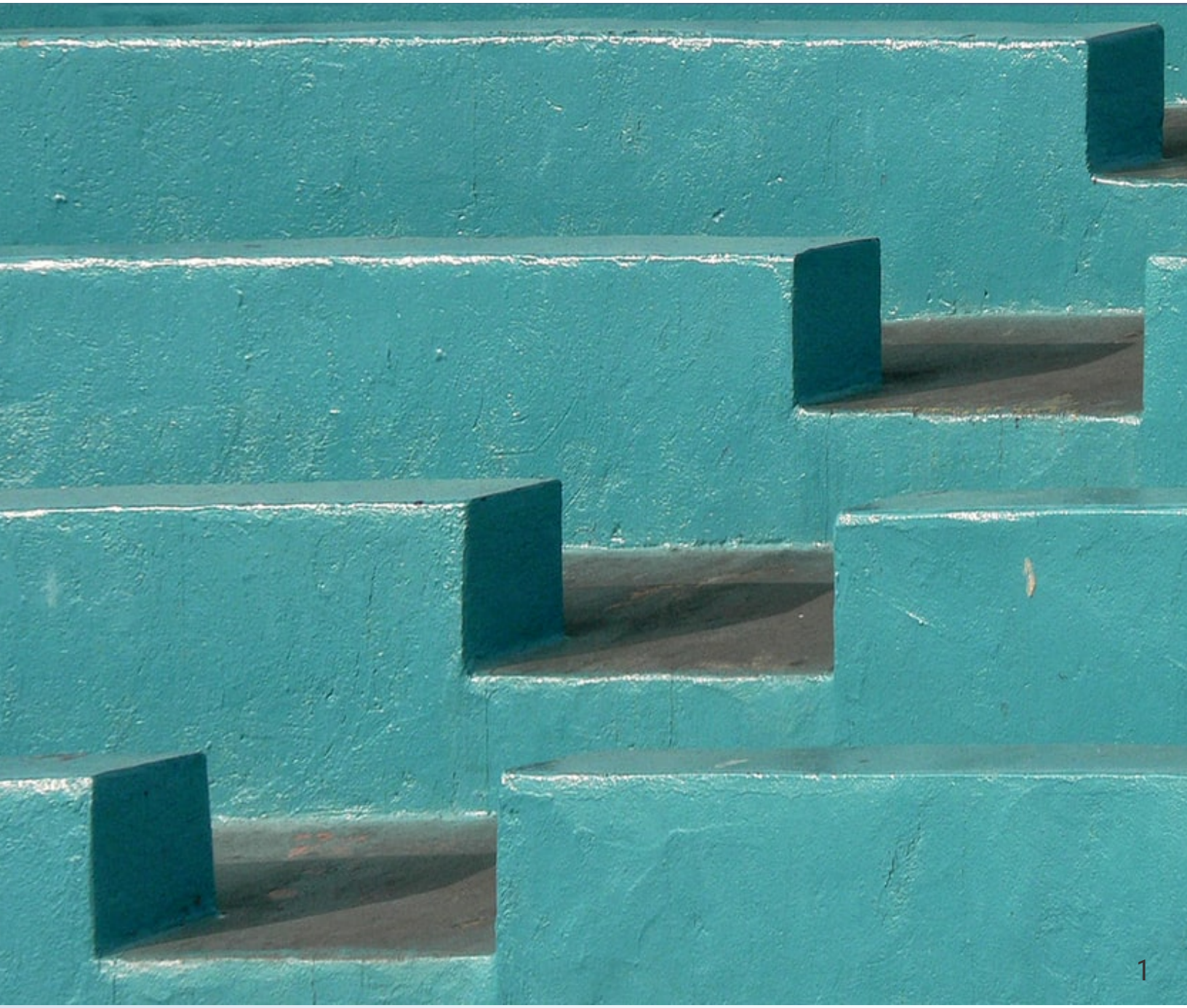


Nanaimo Medical Staff Engagement Society

# ADVISORY MEMBER HANDBOOK 2023



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# WELCOME!

This handbook is designed to help acquaint you with the purpose and functions of **Nanaimo Medical Staff Engagement Society & the Nanaimo Medical Staff Association**, how we engage with Island Health, and your role as an Advisory Member. In addition to this handbook, we will ensure you are equipped with the information, resources, and support to help you excel in your role as an Advisory Member. Please read the entirety of this handbook and do not hesitate to contact us with any questions.



## Executive Onboarding Expectations:

- ☒ Review this onboarding handbook
- ☒ Attend an Advisory meeting as an observer
- ☒ Onboarding meetings with current Advisory Member(s)
- ☒ Onboarding meeting with Society Executive Project Manager

## What will be covered:

- History of NMSES & MSA
- Achievements and ongoing initiatives;
- NMSES constitution, bylaws, policies, procedures;
- Awareness of fiduciary/legal responsibilities;
- Job description of position; and
- Current strategic plan



# List of Acronyms

- AGM** - Annual General Meeting
- CSC** - Collaborative Services Committee
- DoBC** - Doctors of BC
- DoFP** - Division of Family Practice
- EP** - Engagement Partner
- FE** - Facility Engagement
- FNHA** - First Nations Health Authority
- FPSC** - Family Practice Services Committee
- HA** - Health Authority
- HAMAC** - Health Authority Medical Advisory Committee
- HAMSA** - Health Authority Medical Staff Association
- HEC** - HAMSA Executive Committee
- IH** - Island Health
- JCC** - Joint Collaborative Committees
- LMAC** - Local Medical Advisory Committee
- LQOC** - Local Quality & Operations Committee
- MOA** - Memorandum of Agreement
- MoH** - Ministry of Health
- MOU** - Memorandum of Understanding
- MSA** - Medical Staff Association
- NMSES** - Nanaimo Medical Staff Engagement Society
- PMA** - Physician Master Agreement
- RAA** - Regional Advisor & Advocate (DoBC)
- SSC** - Specialist Services Committee



# Key Contacts

## Nanaimo Medical Staff Engagement Society

**Dr. Dave Coupland**, President  
**Dr. Jodie Turner**, Vice President  
**Dr. John Boldon**, Treasurer  
**Bobbi Marcy**, Program Director  
**Karli McGarry**, Project Coordinator  
**Mikayla Cotton**, Administrative Assistant

.....▶ Find the full NMSES  
Advisory membership [here](#)

## Island Health Senior Leadership

**Kathy MacNeil**, President and CEO, Island Health  
**Dr. Ben Williams**, VP Medicine & Quality and CME  
**James Hanson**, VP Clinical Operations North/Central Island  
**Marko Peljhan**, (Interim) VP Clinical Operations South Island  
**Ian Thompson**, Executive Medical Director, Medical Staff Governance

.....▶ Find the IH Executive  
Organizational charts [here](#)

## Island Health Local Leadership

**Damian Lange**, (Interim) Executive Director of Clinical Operations, NRGH  
**Dr. Steven Loken**, Executive Medical Director, Geography 2  
**Marci Ekland**, (Interim) Director Clinical Operations, NRGH  
**Dr. Blair Rudston-Brown**, Chief of Staff, NRGH

.....▶ Find the IH Medical Staff  
Structures [here](#)

## Doctors of BC

**Rob Hulyk**, Director of Physician Advocacy  
**Alanna Black**, Regional Advisor and Advocate, Island  
**Rafal Grzyb**, Engagement Partner

.....▶ Learn more about the role  
of EPs and RAAs [here](#).

## Nanaimo Division of Family Practice

**Dr. Taylor Swanson**, Chair  
**Becky Robson**, Executive Director

.....▶ Learn more about the  
Nanaimo DoFP [here](#)



# Important Documents

The following are foundational documents by which the MSA and NMSES must operate:

## [2019 Memorandum of Understanding](#)

MOU for Regional and Local Engagement between the MoH, HAs, and DoBC.

## [Memorandum of Agreement Physician and Psychological Safety](#)

MOA for Occupational Health & Safety, Psychological Health & Safety, and Violence Prevention for Physicians Working in Health Authority Facilities.

## [NMSES Constitution & Bylaws](#)

The fundamental principles governing the operations and function of NMSES.

## [VOICES Common Ground Document](#)

A memorandum of Common Ground between the Nanaimo MSA and Island Health to ensure decision-making at NRGH is collaborative and improves the quality of care and working life.

## [Facility Engagement Funding Guidelines](#)

What we can and cannot do with our Society funding.

## [2019 Physician Master Agreement](#)

An agreement negotiated by Doctors of BC and the BC government that governs compensation and benefits for Fee for Service and Alternatively Paid Physicians in BC



# About NMSES & Facility Engagement

The **Nanaimo Medical Staff Engagement Society (NMSES)** was established in September 2016 to engage with the Health Authority and to provide a means to address issues of importance to the medical staff. This initiative is facilitated by the DoBC Specialist Services Committee's Facility Engagement Initiative and supports the Medical Staff Association to provide resources and infrastructure. In other words, NMSES is a fund holder for the MSA and allows the MSA to operate as a separate entity outside of the Island Health Medical Staff Rules. The graphic below outlines the purpose of our funding.



All members of the MSA (i.e. physicians with privileges at NRGH) are also automatically members of NMSES and have access to our funding and other resources. 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 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.

In British Columbia, each Health Authority has committed to working with their MSAs through a Memorandum of Understanding that supports greater engagement and collaboration with physicians. Our aim is to increase meaningful physician involvement in Health Authority decisions about work environments and the delivery of patient care. We strive to achieve this by sharing knowledge to make informed decisions, developing a cohesive physician voice, and supporting activities that involve physicians in decision-making.

## HOW WE MEET: MSA & Island Health Collaborative Tables

### **Voices | Quarterly**

A collaborative table composed of Island Health Senior leadership and the Nanaimo MSA Executive to improve the quality of care and working life for all at NRGH. The main principles addressed include communication and collaboration, effective decision making, respectful interaction, and supporting physician engagement and leadership.

### **Health Authority Medical Advisory Committee (HAMAC) | Monthly**

Provides advice to the Island Health Board of Directors and the CEO on the provision, monitoring & quality, adequacy, and planning of medical care. The Medical Staff across the Island hold 5 voting seats on this committee, all held by MSA Presidents.

### **Local Leadership | Monthly**

A collaborative table composed of local NRGH administrative leadership and Nanaimo MSA Executive members to discuss local issues at NRGH. Meeting attendees include the Nanaimo MSA President, Vice President, Treasurer; ED Geo 2; Manager Clinical Operations Geo2, Director Clinical Operations NRGH, and NRGH Chief of Staff

### **Health Authority Medical Staff Association (HAMSA)**

A VIHA-wide entity operating under the Medical Staff Rules, comprised of all 11 MSAs on Vancouver Island that hold hospital privileges in Island Health.

### **Island Wide MSA Network | Monthly**

An independent regional table representative of all 11 Island MSAs, operating separately from the Medical Staff Rules and Island Health. This table invites Island Health by request.

### **HAMSA Executive Committee (HEC) |**

The HEC is the elected Executive of the HAMSA: Chair, Co-Chair, and Secretary.

Under the Medical Staff Rules, the HEC is required to meet at least 1 time a year with Island Health. Delegates from all 11 Island MSAs also attend.

### **Local Medical Advisory Committee (LMAC) | Monthly**

A standing local subcommittee of HAMAC to monitor the quality of medical, dental, midwifery, and Nurse Practitioner clinical practice and governance matters in a geographic area.

### **Legislative Committee | Meets as needed**

A collaborative table that supports the oversight, management, evolution and revision of the Medical Staff Bylaws, Rules and Policies.

### **LQOC | Monthly**

A local committee composed of medical and administrative leaders managing quality assurance, quality improvement, and operations efficiency and effectiveness at a given site.

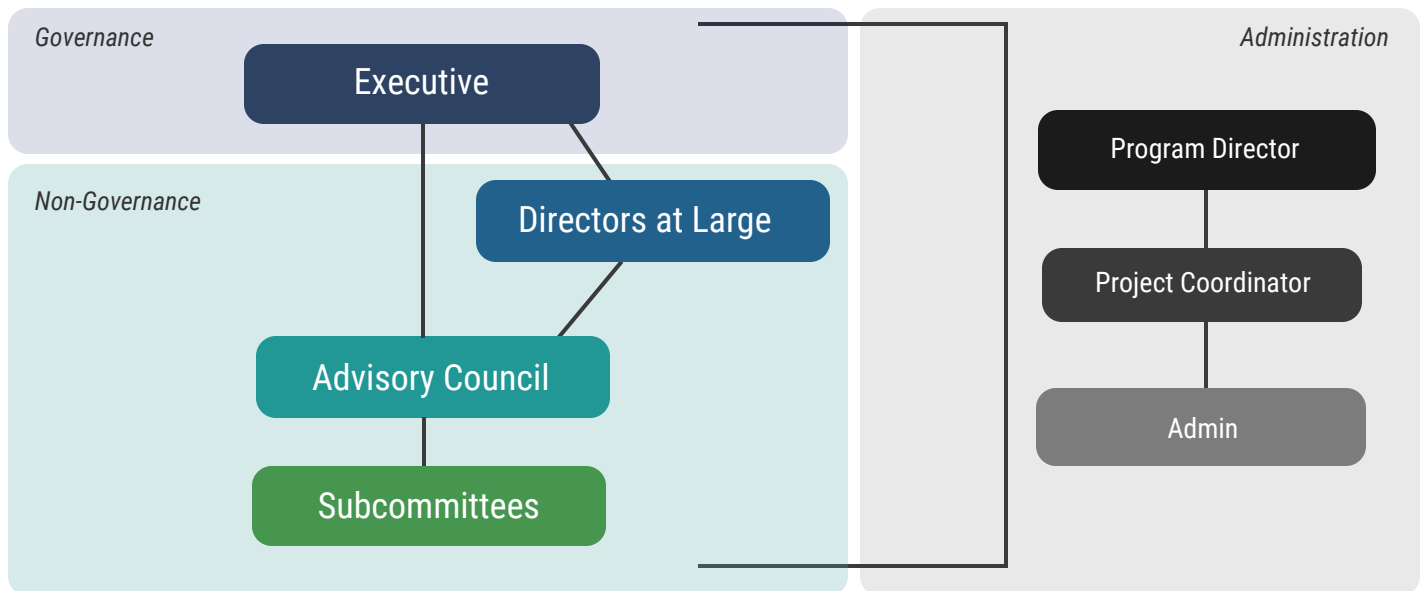
### **Ad hoc & Advocacy**

The MSA Executive consistently engages with Island Health regarding departmental planning issues, as well as any advocacy for issues of importance to physicians. We also advocate in partnership with Island Health for health care services needed locally.



# NMSES/MSA Structure & Governance

NMSES and the MSA share the same Advisory Board, Directors at Large, and Executive members. We strive to have a diverse membership representative of NRGH department/division voices and perspectives. The work of NMSES/MSA is supported by the NMSES Executive Project Manager, Project Coordinator, and Administrative Assistant.



**Executive:** is comprised of a President, Vice President, and Treasurer who hold Society decision making authority acting on behalf of the Medical Staff. The Executive oversees the strategic direction of the Society and ensures engagement and governance practices are upheld as per the MOU.

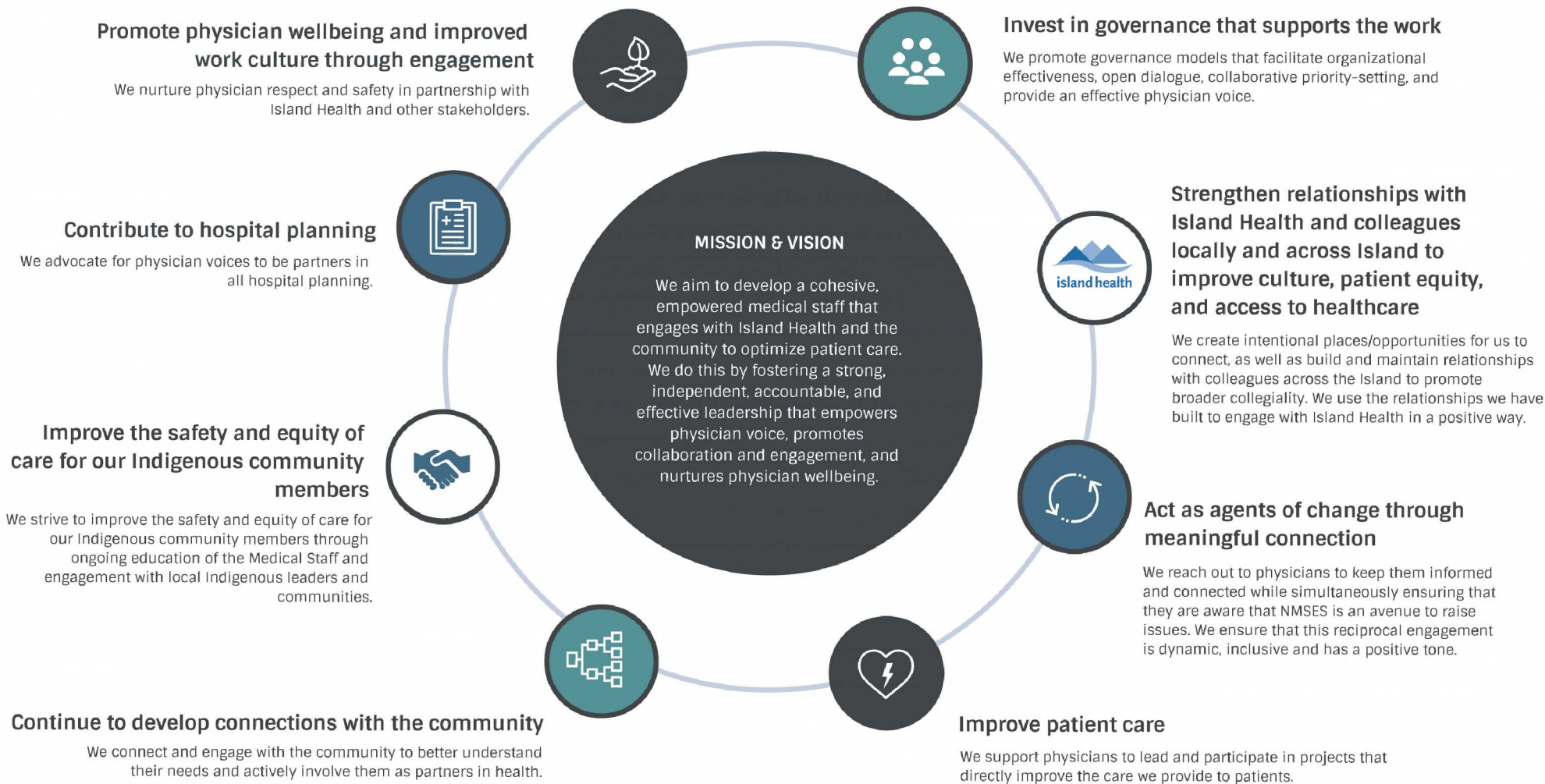
**Director at Large:** assumes all the same duties of an Executive in a mentorship capacity while remaining a voting member of the Advisory.

**Advisory:** jointly discusses issues of importance to the medical staff at monthly Advisory meetings, and provides strategic advice to the Executive members. The Advisory also reviews NMSES project funding applications for approval.

**Program Director:** works directly with the Executive members to provide strategic advice and support while ensuring all Society activities align with the MOU, Facility Engagement funding guidelines, and the Societies Act of BC.

**Project Coordinator:** oversees the day to day operations of the society, reporting and coordination of projects, and assist the Program Director as required.

**Admin:** performs all office administrative activities including correspondence, record keeping, scheduling of Executive and Advisory meetings, and assists the Program Director and Project Coordinator as required.





# ADVISORY MEMBER ROLES & RESPONSIBILITIES

## QUALIFICATIONS

As per the BC Societies Act: Starting on that date, every director and every senior manager must: be at least 18 years of age (or may be 16 or 17 years of age if the bylaws of the society expressly permit and provided that a majority are 18 or older);

- not be found by any court, in Canada or elsewhere, to be incapable of managing his or her own affairs;
- not be an undischarged bankrupt; and
- not be convicted in or outside of British Columbia of an offense in connection with the promotion, formation or management of a corporation or unincorporated entity, or of an offense involving fraud, subject to certain exceptions

## TERMS OF APPOINTMENT

Advisory Members normally serve a term of at least 1 year, up for renewal prior to the Annual General Meeting (AGM).

## ROLE & ACCOUNTABILITY

Advisory members will bring their particular background, experience and points of view to Advisory Council meetings in order to inform the Advisory Council and assist in a holistic, thoughtful and well-informed decision-making process. The Advisory Council must make decisions in the best interests of, and are accountable to, the MSA as a whole -meaning all members of the MSA rather than in their own interests or in the interest of any particular area of practice. Advisory Members will:

- Attend Advisory Council meetings, related functions, general meeting and extraordinary meetings.
- Adhere to and support Advisory Council decisions and policies as they are collectively established.
- Positively represent NMSES, to the best of their ability, in the community, within the MSAs, and to their staff and colleagues.
- Be reasonably available to privileged physicians in the community, to attend events and engage members and partners in the health care system

## REMUNERATION

Remuneration rates are set by the DoBC Joint Clinical Committees. Each Advisory Member is compensated for their involvement in NMSES Advisory Council meetings and other work on behalf of NMSES as required. You will receive remuneration for your time but you will not receive CPP or EI deductions, and you will be issued a T4A.

## OTHER

Advisory members are required to sign the 'Pledge of Confidentiality' form. See [Appendix A](#).  
Advisory members are required to sign a 'Conflict of Interest Declaration' form should a conflict arise. See [Appendix B](#).



## Nanaimo MSA's Do's and Don'ts

- **Do** use Existing Plans/Priorities developed by our Medical staff and IHA. Majority of our advocacy work.
- **Don't** start advocacy without the use of regular channels. Patient care needs **must** come from an area or division, go to our Site/Geo administration for support, then to Department/Regional administration. It is best if the care need is in existing plans but not essential. The MSA can help at any step in this process.
- **Do** meet routinely with all MS divisions (to understand needs) and all of IH administration, on committees and as needed with the Community, University and Political groups. Helps with planning and support.
- **Do** use data, improving patient care and our hospital mandate when building plans and pushing forward.
- **Do** meet extraordinarily for legitimate patient care needs not met by regular channels. This occurs a lot. Get informed, meet with stakeholders and get the right clinical and administrative people in the room – Escalate as appropriate to senior administration and occasionally to LMHC/HMAC (SBAR). Relationships help!
- **Do** inform other sites/MSA's of our plans and ask for support. Support other sites and island priorities.
- **Do** be professional, respectful and patient, but persistent, passionate and strong. Follow up.
- **Don't** expect to get everything or get things right away.
- **Do** expect to have legitimate issues addressed or put in a plan to be addressed in the future. If not escalate.
- **Don't** surprise administration with new issues – If at all possible give them advance warning.
- **Don't** have individual groups advocating in their own area, avoid conflict of interest. Let the MSA help/lead.
- **Don't** get personal or too dramatic.
- **Do** expect to do a fair amount of work to get anything.
- **Do** be focused and advocate in order of highest priority to lowest, but when any opportunity arises take it.
- **Do** advocate for HA governance changes that allow our voice to be heard routinely. Our other Major focus.
- **Do** try to get more senior leaders who have an HA wide vision and more at our site or in our area/Geo.
- **Do** try and share the work and plan for the future and for succession, if you want sustainability/stability.
- **Do** be very careful with communication and generally **Don't** go to the media except for critical issues or as a last resort. If necessary be professional, focused on patient needs and act calmly without contempt.
- **Will this effort ever end or be easier? Yes** when our plans are integrated HA wide, all sites are all on the same page and our local leaders are at the table when decisions are made that effect us.
- **What we do may not work for others or forever.** Took time, lots of effort and we made mistakes. May be better ways in the future as things evolve. Stick to principles, but look for new ways.

**Remember the most important factor in our success has been good relationships! Good luck to us all!**



## Useful Resources

[NMSES Project Funding Application](#)

[VIHA Medical Staff Rules & Bylaws](#)

[Governance Fundamentals Guidebook](#)

[Facility Engagement Resources for MSAs](#)

[Island Health Medical Staff Website](#)

[Meet your DoBC Regional Advisor & Advocate for the Island](#)

[Other MSA Societies in British Columbia](#)

### Other SSC Funding Programs:

[Health System Redesign](#)

[Physician Quality Improvement](#)

[Enhancing Access Initiative \(pooled referrals\).](#)

[Physician Leadership Scholarship](#)



#### Did you know

that physicians can access up to **\$10k**/fiscal year to develop leadership and quality improvement skills?

