Nanaimo Medical Staff Engagement Society

# DIRECTOR AT LARGE HANDBOOK

2023

NMSES
Nanaimo Medical Staff Engagement Society

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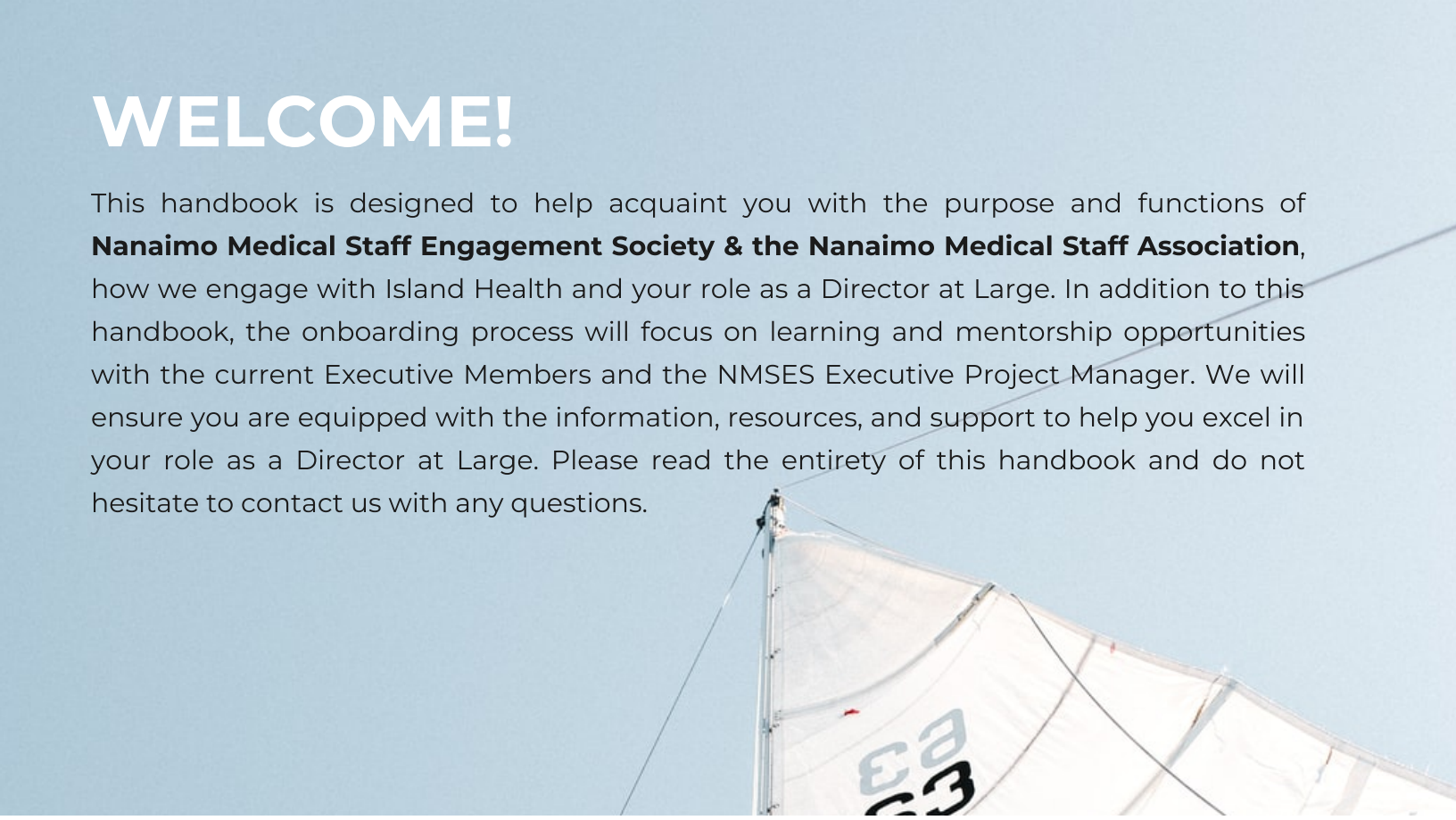
# WELCOME!

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 a Director at Large. In addition to this handbook, the onboarding process will focus on learning and mentorship opportunities with the current Executive Members and the NMSES Executive Project Manager. We will ensure you are equipped with the information, resources, and support to help you excel in your role as a Director at Large. Please read the entirety of this handbook and do not hesitate to contact us with any questions.



## Executive Onboarding Expectations:

- ☑ Review this onboarding handbook
- ☑ Onboarding meetings with current Executive Member(s)
- ☑ Onboarding meeting with Society Executive Project Manager
- ☑ Observing Local Leadership and other Executive meetings with Island Health

**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

NMSES Nanaimo Medical Staff Engagement Society

FACILITY ENGAGEMENT An SSC Initiative
NANAIMO MEDICAL STAFF ENGAGEMENT SOCIETY

SSC SPECIALIST SERVICES COMMITTEE

doctors of bc

# 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
**Beccy 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 as stated in the 2019 Memorandum of Understanding on Regional and Local Engagement:

**Strengthening the Relationship with Physicians**

With respect to physicians who have privileges to practice in Health Authority facilities and programs, the Hospital Act, Hospital Act Regulation and respective Health Authority medical staff rules and bylaws set out the framework for the governance of medical staff and the relationship between Health Authorities and physicians. Within this governance framework, Health Authorities will take the following actions to strengthen relationships with physicians practicing in their facilities and programs (continued on next page):

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doctors of bc

a) Support the improvement of medical staff engagement within Health Authorities through existing local medical staff association structures, or where mutually agreed to by the parties at the local level, through new local structures (collectively, “Local Structures”) so that medical staff:

- i. views are more effectively represented;
- ii. contribute to the development and achievement of Health Authority plans and initiatives, with respect to matters directly affecting physicians;
- iii. prioritize issues significantly affecting physicians and patient care; and,
- iv. have meaningful interactions with Health Authority leaders, including
- physicians in formal Health Authority medical leadership roles.

b) Improve processes locally within Health Authority programs and facilities as well as provide physicians with appropriate information to allow for more effective engagement and consultation between physicians and Health Authority operational leaders.

c) Support physicians to acquire, with continued or expanded Joint Clinical Committee funding support, the leadership and other skills required to participate effectively in discussions regarding issues and matters directly affecting physicians and their role in the health care system.

**Consultation**

Health Authorities will commit to consult and engage with medical staff on regional and local issues including the following:

- a) Issues of importance to the medical staff;
- b) Health Authority decisions on planning, budgeting and resource allocation directly affecting the medical staff;
- c) Significant decisions affecting physicians and the delivery of physician services;
- d) The working environment for physicians, including the physical and psychological safety of physicians working in Health Authority facilities;
- e) Matters referred by the Board of Directors, CEO or Medical Advisory Committee;
- f) Medical Staff Bylaws and Rules;
- g) Ensuring professional and collegial communications with health administrators, other physicians and members of the inter-professional health care team;
- h) Quality and cost improvement opportunities;
- i) Physician access to processes and resources that provide timely feedback on variations and the level of quality of clinical care in a way that will help to optimize patient outcomes;
- j) Quality improvement projects, including quality assurance projects, identified by the Health Authority, Local Medical Structure, Joint Clinical Committees, Physician Quality Assurance Steering Committee, BC Patient Safety and Quality Council or other; and
- k) A culture that supports appropriate and constructive physician advocacy for both patients and changes to the health care system.

# ENGAGEMENT WITH ISLAND HEALTH

In British Columbia, each Health Authority, including Island Health, has committed to working with their Medical Staff Associations through a Memorandum of Understanding that supports greater engagement and collaboration with physicians. **It is also the responsibility of the Medical Staff Associations to reciprocate and engage with the Health Authorities, and to conduct this engagement in a positive, collaborative and professional manner, focusing on improving patient-centered care.** 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.

**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

**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.

**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.

**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.

**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.

**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.

**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.

**Legislative Committee** | Meets as needed

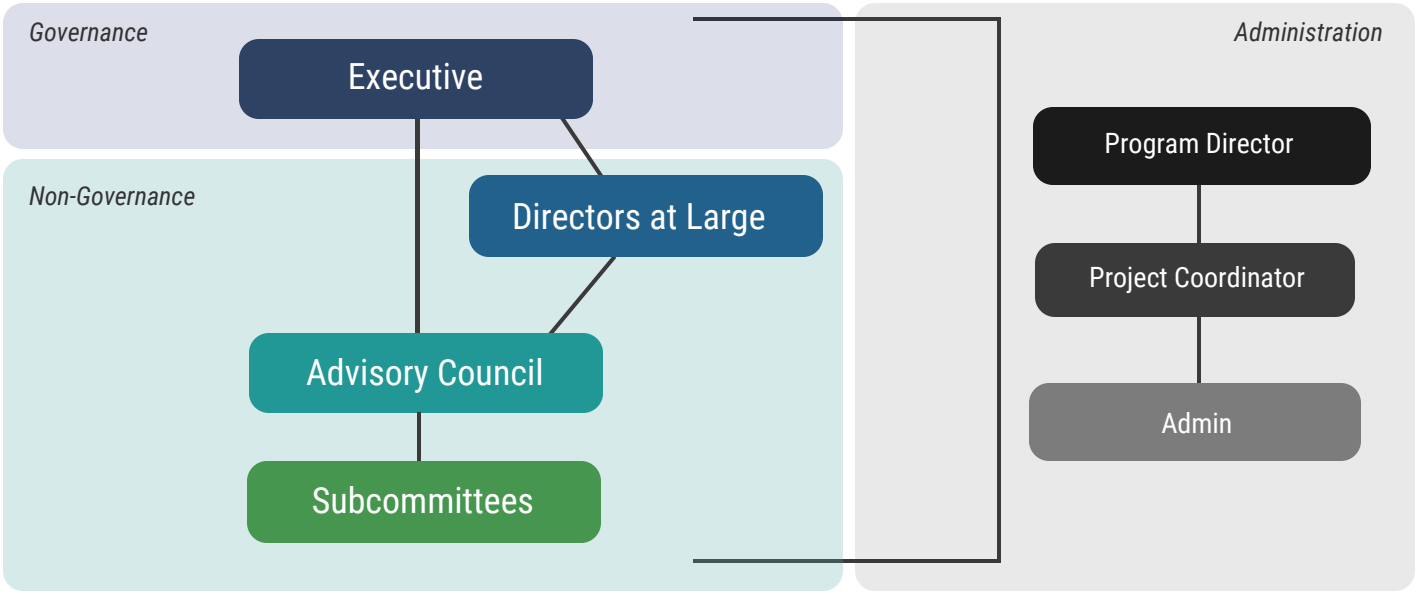
A collaborative table that supports the oversight, management, evolution and revision of the Medical Staff Bylaws, Rules and Policies.

**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.

# Nanaimo MSA/NMSES Strategic Plan

NMSES
Nanaimo Medical Staff Engagement Society

www.nmses.ca


### Promote physician wellbeing and improved work culture through engagement

We nurture physician respect and safety in partnership with Island Health and other stakeholders.

### Invest in governance that supports the work

We promote governance models that facilitate organizational effectiveness, open dialogue, collaborative priority-setting, and provide an effective physician voice.

### Contribute to hospital planning

We advocate for physician voices to be partners in all hospital planning.

### Strengthen relationships with Island Health and colleagues locally and across Island to improve culture, patient equity, and access to healthcare

We create intentional places/opportunities for us to connect, as well as build and maintain relationships with colleagues across the Island to promote broader collegiality. We use the relationships we have built to engage with Island Health in a positive way.

### Improve the safety and equity of care for our Indigenous community members

We strive to improve the safety and equity of care for our Indigenous community members through ongoing education of the Medical Staff and engagement with local Indigenous leaders and communities.

### Act as agents of change through meaningful connection

We reach out to physicians to keep them informed and connected while simultaneously ensuring that they are aware that NMSES is an avenue to raise issues. We ensure that this reciprocal engagement is dynamic, inclusive and has a positive tone.

### Continue to develop connections with the community

We connect and engage with the community to better understand their needs and actively involve them as partners in health.

### Improve patient care

We support physicians to lead and participate in projects that directly improve the care we provide to patients.

# DIRECTOR AT LARGE
# **ROLES & RESPONSIBILITIES**

Preamble**:**

In an executive role as NMSES/MSA Director at Large, you are charged with the welfare and the success of the Medical Staff being able to provide proper care, the proper level of care, and the resources and environment to do so. As such, you must put the interests of the Medical Staff first ahead of your own interests, and ahead those of your particular practice and medical group. There can be no conflict of interest or you lose the ability to advocate effectively on behalf of the Medical Staff. Hand in hand with this comes the need to prioritize issues presented, and this is where full discussion at the Advisory Council and with other Executive Members becomes paramount. Discussions with Island Health administration, and understanding administrations' plans and priorities, must be considered and must be part of this.

You are the voice the Medical Staff. As per the MOU, you have a right to engage at any table where issues that affect the Medical Staff, their patients, their ability to practice effectively, and that impact resources needed to do so are being discussed and decided upon. Island Health Administration has a duty to engage, and so does the MSA. Above all, it must be in a respectful and collaborative manner.

## Roles & Responsibilities cont.

As a Director at Large, you will be participating in Executive Member activities to receive mentorship and leadership training. The role of the Executive is to provide leadership and stewardship to the activities of the MSA/NMSES. Executive members will seek direction from, and represent the interests of, its members, the broader community, and ensure alignment with our funding guidelines, Society strategic plan, and the provincial MOU.

**DIRECTOR AT LARGE VOTE**

A Director at Large will not obtain voting privileges for decision making as an Executive Member, but will maintain their vote in an Advisory Member capacity.

**President**

- Creates a culture of active and constructive governance table engagement including the facilitation of open, candid dialogue and healthy debate
- Presides at all governance table meetings and manages governance table business
- Ensures governance table adheres to its constitution and bylaws, rules, mission, vision, and goals
- Supervises, builds, and maintains a productive relationship with the Executive Project Manager and staff.
- Prepares agenda in partnership with senior staff lead and with input from Directors
- Encourages participation of Directors at governance table meetings
- Represents the collective interests of the membership, not their own personal agenda
- Attends external health authority or community meetings to represent the Division/MSA
- Plays a leading role in MSA events
- Facilitates communication between the MSA and the health authority
- Addresses conflicts of interest and interpersonal dynamics
- Ensures new governance table Directors receive orientation
- Ensures delegation of responsibilities among governance table Directors

**Vice President**

- Works with Directors and senior staff lead to assist the President in meeting his/her duties (see above)
- Fulfills the President's duties and responsibilities in their absence
- Is often the successor for the role of the President upon their retirement

**Treasurer**

- Works with Directors and senior staff lead to assist the President in meeting his/her duties (see above)
- Works with the Executive Project Manager to ensure the financial controls and procedures of MSA are maintained and accurate and leads the governance table in understanding and decision-making in regard to finances.

**Director at Large**

- Works with Directors and senior staff lead to assist the President in meeting his/her duties (see above)
- Actively and collaboratively participate in meetings, discussions, and planning of the Society under the direction of the Executive
- Maintain knowledge of Society activities, represent collective interests of the MSA, and serve as an advocate.
- Maintain confidentiality of information as needed.
- Be accessible and attend meetings as requested/as available.

# DIRECTOR AT LARGE INFORMATION

**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**

Directors normally serve terms of 1 year, up for re-election or appointment by the Advisory Council following the Annual General Meeting (AGM).

Directors at Large will be supported with continued learning and leadership opportunities in preparation for potential transition into an Executive Member role. Executive Member roles are subject to a member-wide vote at each AGM.

**ACCOUNTABILITY**

In order to understand and prioritize medical staff issues, Directors at Large need to seek input from medical leads, divisions, departments, all medical staff, and need to develop a reasonable understanding of Island Health leadership structures and medical staff governance.

Directors are accountable to the MSA membership, and work with the Executive Members to advance the purpose and priorities of the Society. Directors at Large assist Executive Members in all Executive Member activities and assist with the develop MSA Membership updates for each AGM. Updates are also provided through NMSES communications as needed.

**MEETING FREQUENCY**

- Directors at Large will be required to alternate attendance at regular MSA meetings or be requested to attend specific tables including Local Leadership meetings, Island MSA Network meetings, local MSA-HA meetings in an advocacy capacity on behalf of the medical staff, and/or HAMAC, LMAC, and LQOC (see page 9 for list of tables and meeting frequency)
- Directors at Large will initially attend meetings to observe and learn. Direct participation in MSA-related work will be delegated as the Director builds familiarity and understanding of the role of the MSA, and with the roles and responsibilities of Executive Members.

**REMUNERATION**

Remuneration rates are set by the DoBC Joint Clinical Committees. Each Executive is compensated for their involvement at governance tables and activities. Remuneration is paid based on the time involved. Examples include:

- Preparing for and attending meetings of the governance table and its committees;
- Preparing for and attending annual and special meetings;
- Attending meetings with administration and other stakeholders in the capacity of an Executive; and
- Attending project or working group sub-committee meetings in the capacity of an Executive.

Directors at Large are considered non-voting Executive Members conducting 'Non-Director' work and are therefore not considered an employee of the Society. You will receive remuneration for your time but you will not receive CPP or EI deductions, and you will be issued a T4A.

**OTHER**

Directors are required to sign the 'Consent to Act as a Director of NMSES' form. See Appendix A.
Directors are required to sign the 'Pledge of Confidentiality' form. See Appendix B.
Directors are required to sign a 'Conflict of Interest Declaration' form should a conflict arise. See Appendix C.

# 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 LMAC/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 governances 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** got 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?