

**Funding Guidelines:  
Facility Engagement, Physician Quality Improvement & CME  
At Northern Health**

*Developed based on information from [Facility Engagement](#), NH Physician QI and Northern CME*

### **Facility Engagement (MSA)**

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 [Memorandum of Understanding on Regional and Local Engagement](#). Funding Guidelines for the Facility Engagement program are located online:

[Facility Engagement Funding Guidelines](#)  
[Facility Engagement Funding Guidelines Summary Table](#)

### **Physician Quality Improvement at Northern Health**

The intent of the PQI Resources are to provide training and support to physicians, through technical resources and expertise, to lead quality improvement (QI) projects, which build QI capacity. As a result of this initiative, physicians receive support and coaching from QI experts, and are empowered to address gaps in health care by working on their identified projects with their peers. The objective of this initiative is to work in collaboration with BC health authorities to enhance physician capacity by providing training and hands-on experience on quality improvement projects, ultimately promoting a culture of learning, openness and dedication to quality improvement in health care system.

The two areas of focus for this initiative are:

1. Quality Improvement training programs specifically designed to equip the participating physicians with tools and resources needed in order to bring improvement to the health care system in BC.
2. Small and large scale physician led or co-led QI Projects meant to increase the participating physicians' hands-on experience in quality improvement initiatives.

Unlike Facility Engagement, Physician QI is a funding resource that has already been accessed to provide resources (like Coaches, Physician Mentors, Evaluator and Data analyst) to support quality improvement education for physicians. In general, there is not a funding resource for individual physicians to access for project or idea when it is not part of or a follow-up from a quality improvement education component. Physicians will have the best chance of added support when

they are in an advanced QI education program in partnership with the PQI Coach and utilizing the resources already provided by the Physician QI program.

Seed Grants for QI education projects: The only instance when a physician could access funding (rather than an existing resource like the data analyst) is when the physician is working with their coach on a QI project that is part of their Quality Improvement training or follow-up from their training. In this case, they can apply for extra funding (up to \$10,000) to help their Quality Improvement education project move forward when the resources needed exceed the resources already available (more than coaching needed, more than survey development or more than data pulling). Example of what a Seed Grant would cover: paying for a student to help on a quality improvement project; reimbursing a nurse for their time working on your quality improvement project; or paying for a videographer to help with your project. Seed grants need to be led or co-led by the physician in the education program, it needs to focus on quality improvement (not quality assurance) and done in tandem with their coach or physician mentor.

Category	Allowed	Not allowed
<b>Clinical equipment</b>	Under \$1000  Directly involved with a PDSA in a QI project that is part of a physician education program  Does not require ongoing sustainability/upkeep	Purchase of equipment or tools that involves direct or indirect patient care.
<b>Clinical services</b>	Testing new tasks related to a PDSA in a QI project that is part of a physician education program  It is finite and just testing a new way of working to inform the project	Compensation for physicians for direct patient care (i.e. if they can be billing MSP)  Cannot be to build a business case for a new position
<b>Donations</b>		Donations to charities or political parties  Cash donations or purchases of non-cash gifts for members of the public or auxiliary organizations
<b>Purchase of real estate or vehicles</b>		Not allowed

<b>Advertising</b>	Internal promotion of PQI activities and meetings (i.e. to the physicians or health authority)	
<b>Physician research and quality projects<sup>1</sup></b>	<p>Quality improvement projects that are tied to physicians learning QI methods and tools through QI education (either as their QI education project or following their QI education. These projects must aim to address the Quadruple Aim (improve patient outcomes, improving patient and provider experience, and reducing costs). Other criteria include:</p> <ul style="list-style-type: none"> <li>• Must have a Project Charter with clear aim statement and measures</li> <li>• Must be working with a PQI coach and/or Physician PQI Mentor as part of their PQI education</li> <li>• Must be endorsed by the health authority or in collaboration with the health authority</li> </ul>	Research projects

**Continuing Medical Education: Community Funds**

The Rural Continuing Medical Education (RCME) program provides physicians with funding for medical education to update and enhance skills and credentials required for rural practice. These benefits are provided in addition to the CME entitlement provided for in the *Benefits Subsidiary Agreement* between the BC Government and the Doctors of BC. Each community will have a community fund that the local Chief of Staff will have signing authority on- each group CME event will need to be pre-approved by the Chief of Staff and any local CME committee that may be in place.

The community Continuing Medical Education funds are for group education opportunities in the community; therefore, bringing education closer to home and providing local physicians the opportunity to learn together in their own setting. There are broad overarching principles and some policy related to community CME funds, but each community is autonomous in their funding decisions. Therefore, one funding decision may differ in one community in comparison to

<sup>1</sup> For further information, please click here: [Is it research or quality improvement?](#)

another similar sized community in the same region. For example, some communities fund simulation equipment, while others do not.		
<b>Clinical equipment</b>	Simulation equipment is an allowable expense in some communities. To find out if this is allowable in your community, contact your Chief of Staff.	Purchase of equipment or tools that involves direct or indirect patient care, or patient information/data.
<b>Clinical services</b>		Compensation for direct or indirect patient care
<b>Donations</b>		Donations to charities or political parties  Cash donations or purchases of non-cash gifts for members of the public or auxiliary organizations
<b>Purchase of real estate or vehicles</b>		Not allowed
<b>Advertising</b>	Physician education event ads  Internal promotion of CME activities and meetings	
<b>Meeting attendance</b>	Physicians can be reimbursed for attending community or regional CME steering committee meetings that help to plan and prioritize CME in the region  Physicians may be reimbursed for meetings directly focused on planning a CME event	Quality assurance investigations, activities associated with members' practice reviews, or standard department/division or facility quality assurance activities (e.g., morbidity and mortality rounds, care reviews) Department/division meetings or MSA meetings as required by the medical staff rules Quality assurance committees associated or reporting to the Medical Advisory Committee at any level. Physicians who attend meetings as part of their contract deliverables with the health authority, and health authority operational leaders
<b>Capital Projects</b>		Not allowed

<b>Project infrastructure</b>	Contracted staff to assist with the operationalization of CME planning and implementation based on the community education needs	
<b>Other Joint Clinical Committee projects seeking sustainability funding</b>	JCC projects that have a clear CME component may be considered for cost-sharing opportunities where applicable	
<b>Physician research and quality projects<sup>2</sup></b>	May only fund the potential CME component, equipment or event within a quality project or a research project (i.e. 6-month research project has an one day workshop that is CME accredited. The one day workshop may be eligible)	Research projects or quality projects are not considered a CME expense
<b>Training</b>	<p>Accredited and non-accredited non-clinical training (e.g., speakers' fees, physician sessional for the educator and educator expenses) provided that takes place in the community and provides education opportunity for more than one physician.</p> <p>The CME community funds can pay for all aspects of an education event</p> <ul style="list-style-type: none"> <li>• CME Accreditation fees</li> <li>• Room/space rental</li> <li>• AV Rental and IT support</li> <li>• Catering (no alcohol)</li> <li>• Travel for speakers/presenters</li> <li>• Activities related to the education event</li> </ul>	<p>Physician sessional and expenses for attending CME accredited clinical training.</p> <p>Allied care providers can be invited to the training and participate, but this fund cannot reimburse allied care providers for attending.</p> <p>Reimbursing physicians to go away and learn a skill to bring back to the community (see REAP for this kind of opportunity)</p>

<sup>2</sup> For further information, please click here: [Is it research or quality improvement?](#)

<b>PQI/FE work</b>	When a component of the PQI or FE work is CME accredited and providing education in the community for more than one physician, it can be considered for partial or full funding	
<b>Events</b>	Events that aim to foster relationship building amongst community physicians members and with other stakeholders including health authority and community partners, and/or promote awareness and participation of CME activities	Physicians sessional for networking and engagement events that promote relationship building amongst MSA members and/or health authority partners.