How to Use: See *Physician Engagement in CCC* in CCC Toolkit.

Physician Engagement Difficulty Assessment	
Scoring: "a" = 1, "b" = 2, "c" = 3	
Assessment Dimensions	***Score***
1. Physician connectedness a. Employed b. Affiliated c. Independent	
2. Physician loyalty a. Employed by hospital b. Admit primarily to one hospital c. Admit to multiple hospitals	
3. Stability of medical staff structures, mergers, and relationships a. Same for years b. Mergers sufficiently distant c. Recent mergers	
4. Currency of medical staff bylaws a. Dynamic, up-to-date, reflect current reality b. Recently revised to reflect some measure of current reality c. Not amended or revised in years	
5. Medical Executive Committee authority a. Balanced in representing all constituents b. Represents solely the medical staff c. Reactive and formalistic, protecting physician autonomy	
6. Hospital board engagement with medical staff in quality initiatives a. Seeks active input and involvement at the earliest states b. Watches quality at a distance and depends on management reports c. Views quality as purely a medical staff function with no real engagement	
7. Historic cultural engagement in quality improvement a. *Full:* Most physicians are involved in initiating, implementing, and improving quality initiatives. Management is seen as assistive and the CEO's salary and/or bonus depend on quality results. Interdisciplinary team projects are the norm. b. *Good:* Many physicians participate in design and implementation of quality initiatives. Board is engaged. Nurses are more empowered than in most organizations. c. *OK:* Physicians participate in cross-departmental quality projects. Board is interested in quality, but relies on management to oversee. d. *Some engagement:* Some physicians identify and champion small departmental-based quality projects; some interdisciplinary efforts on isolated units; board does not make quality its priority. e. *Minimal engagement:* Medical staff leaders respond to some initiatives through traditional structures only. There is little cross-departmental interaction on quality. f. *Mutual détente:* There are separate spheres of influence; medical staff focuses on credentialing, some privileging, and rare corrective action. There are often struggles between physicians and nurses over a range of issues. g. *Openly hostile:* There is mutual suspicion, loss of trust, past grievances won't die, and emphasis on medical staff competitive challenges. Board and management focus entirely on bottom line; current strategies of hospital are suspect and challenged by physicians.	
Total score out of a potential "most difficult" score of 25	

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For support using the toolkit

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