

Engagement Framework and Toolkit

Version 1.1 (March 16, 2011)



Capital Health

Foreword

This document outlines the strategic positioning and practical tools for implementing the engagement policy. It includes foundational components (definitions and guiding principles), planning components, and practical components to support the successful delivery of an engagement. The document has five sections:

- A strategic framework
- A “how-to” guide or toolkit
- Guidance on how engagement will be coordinated
- Direction on the link between engagement and improving the patient/family experience
- A series of checklists, templates and worksheets

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NOTE:

This is a living document and will be updated regularly as our knowledge and processes evolve. To ensure that you are using the most recent version, or to direct any questions or comments, please contact:

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Acknowledgements

The development of the engagement framework, toolkit and templates has been a collective and collaborative effort of many Capital Health staff, volunteers and citizens. Over the past two years we have tried to keep track of everyone who has given us feedback or offered suggestions for content:

Susan Dunn, Laura Brine, Mary Russell, Andrea Cochrane, Anna Jacobs, Kelly Thompson, Monique Mullins-Roberts, Cathy Leslie, Sandra Millbury, Michael Poworoznyk, Lea Bryden, Peter Graham, Heather Hampson, Susan MacLeod, Neale Bennett, Shauna McMahon, Jane Pryor, Leslie McLean, Kathy MacNeil, Carmen MacKenzie, Margaret Angus, Rachael Boehm, Cheryl Billard, Kim Barro, Linda Young, Dr. Gaynor Watson-Creed, Morgane Stocker, Victoria Stone, Jacqueline Spiers, Shannon Ryan, Lynn Lowe, Jamey Piedalue, Susan Mogae, Elizabeth McQuaid, Sarah MacDonald, Rita MacAulay, Susanne Landry, Lynn Humber, Valarie Campbell, Shelly Boutilier, Marianne Blair-Cutler, Barbara Hall, Ken Baird, Joy Goudge, Rosemary Sampson, Dr. Ed Kinley, Malcolm Shookner, Alan Ellis, Mike Marentette, Marjorie Willison.

The framework and toolkit also rely heavily on the philosophy, core values, ethics, approaches, knowledge, training content, tools and techniques that have been developed by the International Association for Public Participation (IAP2). Capital Health is grateful for the benefit it has gained through membership in IAP2 and from exposure to IAP2's approach to public participation and engagement. For more information about IAP2, go to www.iap2.org

Capital Health would also like to acknowledge the Patient and Public Involvement (PPI) team the Central Manchester University Hospitals in Manchester, UK, for sharing their time, policies and toolkits on patient and public involvement practice: Berenice Postlethwaite (Patient Partnership Manager), Clare Challinor (Project Coordinator and PPI Lead), and Eve Koutidou (PPI Project Support Officer).

Part 1: Introduction

Patient, citizen and stakeholder engagement is a philosophy and methodology that contributes to better, more sustainable, person-focused decisions and outcomes. This framework document:

- provides Capital Health a consistent approach to engagement based in best practice
- demonstrates the link between engagement and accountability
- supports the Community Health Boards with the community health planning process
- supports Our Promise strategic direction, Citizen and Stakeholder Engagement and Accountability

1.1 Our philosophy for engagement

We are part of a system and we rely on building and maintaining effective relationships with patients, citizens, partners and stakeholders in order to achieve our mandate.

We must change the way we see our organization, from that of a dominant organization in a dominant social system to the perspective that we are one of many interdependent organizations in a complex system working to achieve a healthy society.

We operate within a public policy context set by all three levels of government. We encourage public participation in decision-making to the greatest extent possible under our governing legislation. Our Declaration of Health explicitly calls for greater engagement. In this, we may challenge the status quo. This may be uncomfortable for some, and may lead to difficult conversations. We will not shy away from these conversations.

Engagement:

- leads to better and more widely supported decisions.
- requires an investment of time and other resources.
- is transformational leadership practice at Capital Health.

Engagement is about trust-based relationships. It involves meaningful conversation. It informs *and* involves. It values and acknowledges feedback and input. It validates and respects the right of people to contribute to decisions that will affect them. It embraces openness and transparency by sharing the outcomes of decision processes, including why and how decisions have been made. An example of engagement inside our organization may be integrating patient/family centred care into our daily work practices. An external example could be how Capital Health involves people or stakeholders in the community in developing a new program or constructing a new facility.

1.2 Engagement Policy

The policy is intended to operationalize engagement and make it applicable to the day-to-day business of Capital Health. This means involving people in setting priorities and making decisions in our communities, people who work in our facilities and programs, and people who come to us for care. It means taking into consideration the values, views and aspirations of people in the work we do and decisions we make. For instance:

- in direct patient care, it means involving the individual and his/her family as partners in the care team;

- throughout our organization, it means involving employees and physicians in business decisions in a more effective and meaningful way; and,
- throughout our community, it means involving citizens and stakeholders in setting priorities and making decisions that affect us all.

This policy is not about giving up decision-making authority. It is not about replacing evidence and expertise for uninformed perspectives. It is about ensuring that all of the relevant information is factored into our decisions, and that we are including the perspectives of those for whom our decisions will have an impact. At the same time, it is not reasonable or practical to expect that every decision or discussion must involve a multitude of people. Engagement does not mean turning every decision into a group decision, as sometimes involving others in decision-making is simply not possible or practical.

Good engagement practice is about knowing when and how to engage others, setting reasonable and realistic expectations, providing adequate support and information, and being open and transparent about decisions and outcomes. It is about building a trusting relationship with others and being open and responsive to their input.

The policy lays out the expectations for every person in Capital Health. It requires each of us to understand what engagement is and why we have adopted it as a way of being and doing, and to integrate engagement into how we do our work. Having a policy will also enable us to track and hold ourselves accountable for this new way of working.

For more details, download the full policy document from Capital Health's Intranet.

1.3 Leadership Capabilities

Training for Capital Health leaders on this strategy framework, citizen engagement guiding principles, and the fundamentals of engagement is being developed consistent with the following My Leadership capabilities:

- Be fully present, open and available to others
- Enable others to learn, grow and contribute meaningfully
- Listen deeply
- Inspire and encourage a dedication to health
- Communicate effectively with a wide variety of stakeholders
- Align actions to *Our Promise* and to rapidly changing environments
- Lead change consistent with organizational values and a commitment to health
- Hold myself and others accountable for results, mindful of my role as a public steward
- Manage resources responsibly, creatively and with a focus on quality improvement
- Build and develop effective teams, partnerships, coalitions and networks
- Navigate socio-political environments successfully to improve service to our community

The main learning objectives for this training will include:

- Awareness and understanding of the Engagement Policy.
- Understanding the values, principles and practices that inform engagement within a health sector context, including the link between engagement and accountability.
- Understanding engagement terminology

- Using the Capital Health engagement framework, and learning to identify and use engagement opportunities for decision-making, priority setting and knowledge gathering.
- Exposure to and practice using some basic engagement techniques that are frequently used by Capital Health
- Introduction to other engagement resources and training opportunities.

1.4 Outcomes

Citizen engagement is an enabler of Our Promise and the 2013 Milestones. Engaging people (patients, families, citizens, stakeholders) in health and health care is a pathway to shared accountability for health. To that end, engagement is about creating sustainable, trust-based relationships through dialogue and conversation that leads to shared accountability for health.

The formal engagement work at Capital Health will focus on three principle outcomes:

1. Involving more patients and families, and citizens in making decisions and setting priorities through engagement activity.
2. Ensuring that patients/families and citizens are able to influence decisions and priorities in a meaningful and satisfactory way through engagement.
3. Building an internal culture of engagement within Capital Health so that engagement is embedded in how we work, make decisions and set priorities.

1.5 Guiding Principles and Values

Public involvement

- The views of patients, citizens and stakeholders contribute to quality, values, needs, preferences, open debate and dialogue, shared language and understanding, accountability, and protection of the public interest.

Participatory decision-making

- Patients, citizens and stakeholders have opportunities to participate in decisions that affect their health, care, services and community's health status.
- The outcomes of engagement activities are a legitimate form of evidence that will be used in decision making.
- The rationale for decisions will be shared openly.
- Patients and families will be welcomed as part of the care team and will be involved in clinical decisions affecting them consistent with the CanMEDS Framework and the Position Statement on Interprofessional Collaborative Practice.

Clarity of purpose and intent

- The goals of engagement will be clearly established at the outset of each engagement initiative or project.

Capacity building

- Evaluation and learning must be central objectives of engagement activities to ensure responsible use of public resources and build on the body of knowledge held publicly about health, care and services.
- Adequate time will be allocated to engagement activities to ensure a level playing field of understanding exists in which to ground dialogue and decision-making.

Commitment and accountability

- Participation in decision-making sets the expectation of action and outcome. Capital Health will be publicly accountable for reporting to citizens the rationale for participatory decisions.
- Patients, citizens, stakeholders and Capital Health share responsibility for achieving the best state of health possible for individuals and the community.
- Capital Health is a responsible steward of public funds and are accountable for wisely choosing the means and extent of engagement.

Equity and inclusion

- Patients, citizens and stakeholders have opportunities to participate in Capital Health's decision-making and priority setting.
- Geographic, technological, social, financial, ethnic, cultural and linguistic factors will be considered in the design of the participatory process.
- Ensuring equity means open and transparent exchanges and sharing of information and opinion.
- Equity and inclusion requires sufficient resources be allocated to enable broad participation.
- Equitable access to health means culturally safe, relevant and responsive.

Rights and responsibilities

- In a publicly funded health system, citizens hold both rights and responsibilities.
- Our rights include access to quality health services and programs in a timely, safe and sustainable manner.
- Our responsibilities include making decisions and taking action to ensure the highest quality of personal and family health; advocating for and participating in action that leads to a sustainable and quality health system; and, as stewards of the health system, holding ourselves and others accountable for achieving optimal performance.

1.6 Incorporating Best Practice

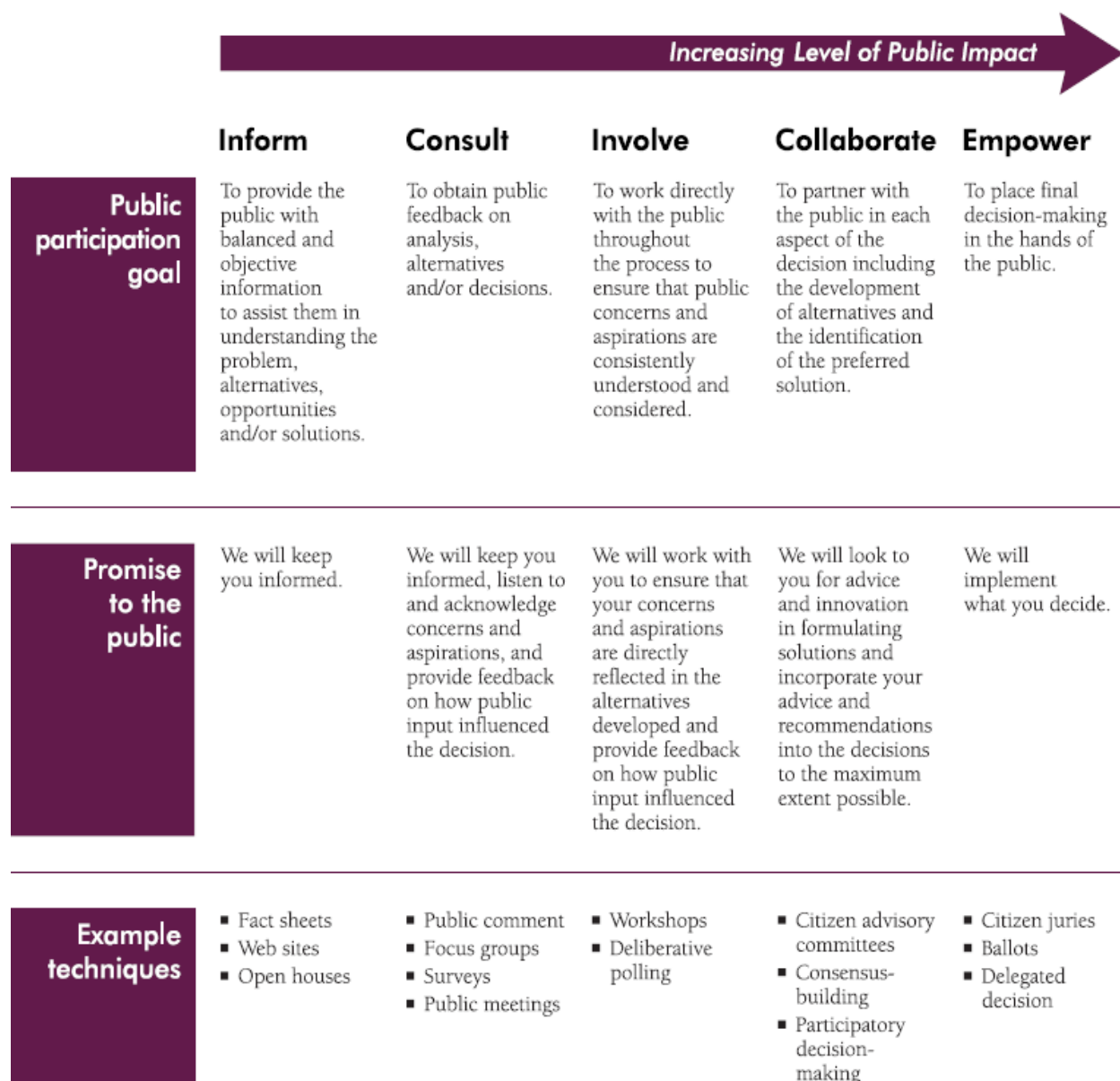
Capital Health will adopt and adapt recognized engagement and public participation best practices in its Engagement Framework. There are two principle sources of best practice evidence that have been used in the development of this framework:

- The International Association for Public Participation (IAP2) has well developed processes, tools and techniques for engaging the public that have been created by practitioners in the field over the past three decades. www.iap2.org
- The UK's National Centre for Involvement and the NHS Centre for Involvement have documented both the theory and practice of public participation in a health system context. www.involve.org.uk and www.nhscentreforinvolvement.nhs.uk
- The Patient and Public Involvement Service of the Central Manchester University Hospitals (Manchester, UK) has provided invaluable assistance in the development of this framework by sharing their "Patient and Public Involvement Best Practice Guidelines, 2010-2013," in addition to a host of policies and other tools relevant to engagement work within a health care context.

Other resources have also been consulted and considered in the development of this framework document. For more information, please refer to the bibliography of resources in the appendices.

IAP2's Public Participation Spectrum[®]

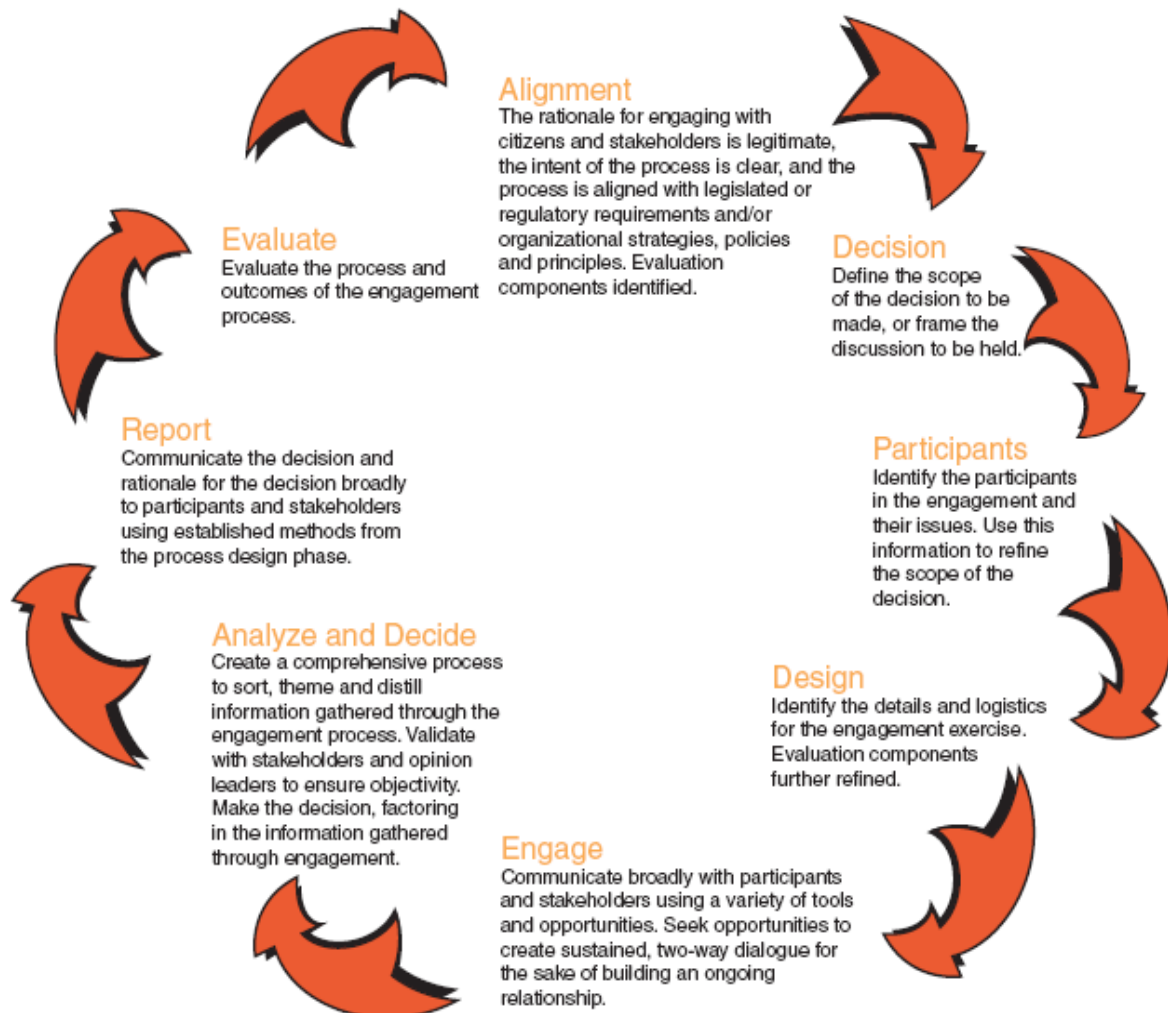
Capital Health's approach to engagement is heavily influenced by the IAP2* Public Participation Spectrum[®] (see diagram below). Proper engagement practice requires significant planning and development; however, the IAP2 Spectrum[®] provides a high-level snapshot and diagnostic tool for helping to make decisions about the level and direction of potential engagement processes.



* Further information about the International Association for Public Participation can be found on their website, www.iap2.org

Part 2: Engagement Toolkit

Engagement Model



2.1 Alignment

Ensure that your rationale for engaging with patients, citizens and stakeholders is legitimate, the intent of the process is clear, and the process is aligned with legislated or regulatory requirements and/or organizational strategies, policies and principles.

Our Promise and the Declaration of Health provide the grounding for patient, citizen and stakeholder engagement:

- Person-centred care
- Citizen engagement and accountability
- Openness, transparency and accountability
- Taking action to effect societal change and improve the health of people and communities.

The 2013 Milestones identifies specific goals or targets in the five strategic streams to be achieved. Within the Milestones there are both direct and indirect links between engagement and the identified targets. (*See Appendix L: Our Promise 2013 Milestones*)

An example of a direct link is “100% patient involvement in patient care committees.”

An example of an indirect link is “25% of Capital Health’s population will have access to a Primary Health Care Team with two or more members.” This would be considered indirect because the Primary Health Care Teams use engagement as one means of gathering information from the community to make decisions about program and service offerings.

2.1.1 Rationales for engagement in health care

In addition to meeting Capital Health’s strategic direction and Milestones, literature on public participation in health care offers more specific reasons for engaging patients, clients, families and citizens in health decisions.

The following table is useful to determine whether engagement is appropriate.

Patients/Clients/Consumers	Public and Stakeholders
• To ensure appropriate treatment and care	• To improve service design
• To improve health outcomes	• To set priorities for action
• To reduce risk factors and prevent ill health	• To manage demand
• To improve safety	• To meet expectations
• To reduce complaints and litigation	• To strengthen accountability

** this table from [Healthy Democracy: The future of involvement in health and social care](#)
(NHS National Centre for Involvement)*

Related Appendices

Appendix B -- Alignment

2.1.2 Intention and Readiness

There are many possible uses for information and data gathered through engagement processes. The main ones are: (1) Decision-making and/or priority setting; (2) expanding knowledge and understanding; (3) changing programs, practices, policies and procedures.

Questions to Answer:

[A] Does the proposed engagement process contribute to supporting strategic directions?

[B] Does the proposed engagement process contribute to achieving the outcomes identified for the engagement strategic direction?

- Will it contribute to decision-making or priority setting?
- Will it expand understanding of an issue or topic?
- Will it advance openness, transparency and accountability?
- Will it stimulate action intended to effect social change?
- Will it increase patient/family involvement in patient care?

[C] Is there a legal, regulatory or policy requirement to consult or engage patients/families, clients, or citizens?

- Community Health Boards have a legislated mandate under the *Health Authorities Act* to consult with communities.
- The Engagement Policy sets the expectation that patients/families, and citizens will be involved in decisions that impact them in some way.
- Example: Changes to programs or services are often more successfully implemented when users and members of the public are involved before the changes are made. In designing services to meet local needs or moving services to community settings (e.g. the Community Health Teams) it makes sense to gather that information from the people who will be served.

[D] What is the intent of the engagement process?

[E] Are you ready to engage with patients/families or citizens?

The following table is a tool to help determine readiness.

Decision-making, priority-setting	Expand understanding/knowledge
<p>Is there a decision to be made?</p> <ul style="list-style-type: none">• If not, engagement may not be the recommended approach (i.e. if the decision is made; if input will not influence the outcome of the decision, etc.).• If there is a decision to be made, are there any assumptions or non-negotiables that will influence the outcome of the decision or place limits on the decision in some way (i.e. budget-neutral decision, etc.)? <p>What is the decision?</p> <ul style="list-style-type: none">• If you are unable to clearly define the decision, final	<p>What issue or topic are we trying to determine/gain clarity about?</p> <ul style="list-style-type: none">• If you are unable to clearly define the issue, engagement is not recommended. <p>Are we truly open to considering different perspectives?</p> <ul style="list-style-type: none">• If not, engagement is not recommended. <p>What are the tangible outcomes from this dialogue?</p> <ul style="list-style-type: none">• If none, engagement is not recommended. <p>Can patients/families or citizens contribute to the discussion?</p>

<p>decision-maker, and decision process, engagement is not recommended.</p> <p>What are the tangible outcomes?</p> <ul style="list-style-type: none"> • If none can be easily identified, or if the outcomes are not clear or tangible, then engagement is not recommended. <p>Can patients/families or citizens contribute to the decision?</p> <ul style="list-style-type: none"> • Is the issue relevant to them? Are the patients/families or citizens well informed on the issues, and do they have all the information they need to freely participate? If not, engagement is not recommended. <p>Have all potential participants been identified?</p> <p>Have appropriate resources (time, budget and people) been allocated?</p>	<ul style="list-style-type: none"> • Is the issue or topic relevant to them? Are the patients/families or citizens well informed on the issues, and do they have all the information they need to freely participate? If not, engagement is not recommended.
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[F] What is the level of preparedness in your organization to engage?

- Assess your organization's readiness by considering:
 - any legal requirements for patient/public involvement;
 - staff's perceptions of the potential risks and benefits of involvement;
 - perceived level of patient/public involvement;
 - potential for patient/public influence on outcomes;
 - media interest;
 - likelihood of final decision-maker to consider patient/public input;
 - resources to support formal engagement activity;
 - perceived level of controversy surrounding the decision.
- Complete the ***Readiness Assessment*** template in the appendices.

[G] What is patient/public readiness for engagement?

- Assess readiness by considering:
 - the level of difficulty of the problem or opportunity;
 - potential for outrage;
 - importance of the impacts to the patient/public;
 - depth of interest of major stakeholders in the decision;
 - perceived expectations of the level of participation of the patient/public in the decision.
- Complete the ***Readiness Assessment*** template in the appendices.

Related Appendices

Appendix C -- Readiness

2.2 Decision

Define the **scope** of the decision to be made, or frame the discussion to be held.

Questions to Answer:

[A] What is the decision or discussion topic?

- Create a problem/opportunity statement that outlines the scope of the decision/discussion
- Include in your review of the decision/discussion, information on the background, current factors, pressures, risks and benefits, and the issue that needs to be resolved.

[B] What are the goals of the decision/discussion?

- What will be the result once the decision has been made, or what will be gained through a deeper dialogue on the topic?

[C] Who is the final decision maker?

- Refer to the public participation goals in the IAP2 Spectrum[®]. Consider who is making the final decision, and to what extent is decision-making being shared with the public or patient? Identify how the decision-maker will use input from patients/families or citizens.

[D] What is the decision-making process?

- Outline the decision-making steps, including identifying any points in the process where input and feedback can be injected and may be influential to the final outcome.

Related Appendices

Appendix A – Engagement Planning, Section III

2.3 Participants

Identify who will be participating in the engagement process and their issues. Use this information to refine the scope of the decision. To establish trust and openness and to ensure that the decision problem/opportunity statement is objective, ask others who are interested and/or involved in the issue assist you at this phase.

Questions to Answer:

[A]Who is involved?

- Who are the decision-makers?
- Who are the other participants that play a substantial role in defining the issues and questions, and implementing the decision?
- Example: The Minister of a government department would be involved as a decision-maker, and his/her department would be involved by virtue of its subject expertise and implementation role.

[B]Who has a stake?

- Who are the participants that will be materially and/or significantly affected by the decision?
- Examples: Businesses that may be impacted, employees who will be affected, and individuals and/or communities affected by the decision.

[C]Who is interested?

- Who are the participants that hold a deep and abiding interest in the issues and questions surrounding the decision but may not be directly or materially affected?
- Examples: academics or researchers; interest or lobby groups; curious observers, etc.

[D]What are the key issues for each of the participants?

- What are the issues that can realistically be addressed through this engagement process?

[E]What are the information needs of participants?

- Tip: Identifying information needs is an opportunity to connect with participants, will build trust, and encourage future participation.

[F]How will participants be involved in the decision?

- Refer to the “Promise to the public” row in the IAP2 Spectrum[®] (See above in the **Framework** section).

Related Appendices

Appendix A – Engagement Planning

Appendix D -- Participants

2.4 Design

Identify the details and logistics for the engagement project. A planning template is included in the appendices to provide guidance in designing your process.

Questions to Answer:

[A]What level of engagement, according to the IAP2 Spectrum[®], does the project require?

- Review the information you captured in the Toolkit Section 2.1.2.
- Use the **Readiness Assessment** template (Appendix B, C) to help determine the appropriate level of participation.
- Tip: In large, complex engagement projects the needs of different participants may vary significantly so it may be helpful to assess ideal participation level of various participants or groups of participants separately and customize your engagement process to meet these various needs.

[B]What is/are the engagement question/s?

- Use the problem/opportunity statement from the **Decision/Discussion** section to identify and draft the engagement question(s).

[C]What principles will guide the engagement process?

- Use *Guiding Principles for Engagement*.
- Identify any additional guiding principles or values that may be specific to your issue/topic and process.

[D]What information will help patients/families and citizens participate in the process, and how will it be presented and communicated?

- Involve key participants in the development of information to:
 - help inform them about the decision whenever appropriate
 - present balanced and objective information on an issue
 - ensure all views on a topic are represented
 - ensure transparency to the greatest extent possible within existing limits, respecting confidentiality agreements, proprietary information, and privacy legislation.

[E]What is the most appropriate method or technique for engaging help patients/families and citizens?

- The selection of the method or technique should be chosen to help achieve the intended outcomes of the engagement process.
- Complex decision/discussion processes may demand several layers of engagement opportunities.
- How will you ensure unrepresented or under-represented groups are engaged, and how will you reach out to them?

[F]What are logistical and tactical considerations for the engagement process?

- Outline in detail:

- Timing of the project: Pay attention to other events in the community scheduled for the same period (i.e. major sporting events, other consultations, etc.) that may affect participation in your event
- Scheduling of events: Ensure that your key participants will be available on the days and at the times of your events (i.e. not all participants would be available during office hours).
- Location of events: Go to where communities typically gather. Ensure that the locations are on bus routes, are physically accessible, are large enough to accommodate your session, have appropriate equipment and facilities, etc.
- Materials and equipment: Ensure you have all the audiovisual and other equipment you will need (e.g. laptops, projectors, flip chart stands, etc.).
- Information: Ensure you have copies to distribute of easy-to-understand background information.
- Participant supports: This is broad category. May include: child care, transportation supports, sign language interpretation, other incentives like food or money.

[G]What will you evaluate?

- Identifying evaluation elements of the process and decision at this stage will save time and frustration at the end of the process, and help anticipate your evaluation needs. Refer to the ***Evaluate*** section below, and the standard evaluation questions. You may also include additional evaluation questions of your own.
- What components of your process should you evaluate?
- What outcomes of the engagement process around the decision/discussion should you evaluate?
- What are the measurable objectives?

[H]How and when will you gather evaluation data from participants?

Related Appendices

Appendix A – Engagement Planning, Section VI

2.5 Engage

Communicate broadly with participants using a variety of tools and opportunities. Seek opportunities to create sustained, two-way dialogue for the sake of building an ongoing relationship.

Questions to Answer:

[A] What are the most appropriate methods for communicating the decision problem/opportunity statement, the decision question, and any other details crucial to the engagement process?

[B] How will you monitor participation to ensure that your engagement process is reaching key audiences?

[C] How will you monitor to ensure that the feedback gathered through the process is providing insight into the decision question?

[D] How will you capture and collate the feedback and data from the engagement process?

[E] How will you retain connections and relationships established throughout this phase of the engagement process?

- Establish trust in participants by committing to report back on the findings from the process in a timely way. Select a reasonable date for reporting back. This will depend on the level of resources that are available to collate and analyze the data. In terms of building a credible, trusting relationship it is important to set and meet reporting expectations.

Related Appendices

Appendix A – Engagement Planning, Section VI

2.6 Analyze and Decide

Create a comprehensive process to sort, theme and distill information gathered through the engagement process. Transparency is a useful practice in this stage. Validate the information with participants and opinion leaders. You may wish to involve them in the collation and analysis of data to ensure objectivity.

Questions to Answer:

[A]How will data from the engagement process be sorted and analyzed?

[B]What is the process to identify themes, key priorities, etc?

[C]How will you handle issues outside the scope of the decision question but which may have relevance or importance for participants?

[D]How will you report the summary of the data back to participants?

- An important component of this communication is establishing a time frame for the decision and how the data will be used in the decision process by decision-makers.

[E]How does the data inform the decision?

[F]How will decision-makers receive the data?

Related Appendices

Appendix A – Engagement Planning, Section VI

2.7 Report

Communicate the decision and rationale for the decision broadly to participants using established methods from the *Design* section (above).

Questions to Answer:

[A]To whom do you need to communicate the decision and rationale?

- Do you require communications advice and support?

[B]How do participants, decision-makers, and others (e.g. news media) wish to receive the information?

[C]How will you report the findings from your engagement process?

- What format will you use? (e.g. online, electronic or printed report; detailed or summary document)
- What and how will you present your findings?
- How will you promote and distribute your report?

[D]How will you handle feedback/reaction to the decision and rationale?

Related Appendices

Appendix A – Engagement Planning, Section VI

Appendix K – Communications Planning

2.8 Evaluate

Gather data and evaluate the process and outcomes of the engagement process. Engage decision-makers and use the participant feedback gathered during engagement process. Ensure that planning for the evaluation begins during the **Design** phase of the process.

[A]What are the indicators?

- Scope of Participation: Patients/families and citizens participate in decision-making and priority setting.
- Effectiveness of Participation: Patients/families and citizens influence/impact on decisions and priorities.
- Creating a culture of engagement: Capital Health's decision making/priority setting has been influenced over time as a result of the engagement activities. Engagement becomes a way of working within the organization, and an enabler of Our Promise.

[B]What are the measures?

- Process
 - Number and type of people/communities involved in decision-making and priority-setting processes at Capital Health, including patients and families involved in patient care committees. Gather demographic information if appropriate and relevant to the engagement subject matter.
 - Staff time within estimates
 - Project costs within budget
- Outcomes
 - Measure participant satisfaction with:
 - comprehensiveness/completeness of the information shared around a particular issue/decision process;
 - perceived level of influence in decision-making; and,
 - how Capital Health communicated the decision.
 - The project team assesses whether the individual project goals and outcomes were achieved.
 - The CE Service and the project team determine if there was full compliance with the citizen engagement policy, and if the engagement process influenced decision-making.

[C]Has the process met the 2013 Milestones or achieved other targets/outcomes related to Our Promise, or the Declaration of Health?

[D]How will you report the evaluation data back to participants?

[E]How will you use the evaluation information to guide any future engagement initiatives you will undertake? What were your key learnings?

2.8.1 Standard Evaluation Requirements

The following measures are to be reported by the organizer of the event/public process:

- Count the number of participants involved in your public process (including those on advisory groups and committees who are not Capital Health staff or physicians)
- Gauge the inclusiveness of the process (hard-to-reach, typically under-represented, span of geographic outreach, stakeholder inclusivity, etc). The following are standard and mandatory evaluation questions that the initiative organizer must document and report to the Citizen Engagement service:
 - What steps did you employ in your process to reach out to groups who are typically under-represented or marginalized in public decision-making processes?
 - Youth
 - Low-income individuals/families
 - Visible minority communities
 - Others
 - Did you use any incentives to encourage participation?
 - If yes, what incentives did you use? Check all that apply.
 - Honoraria
 - Refreshments
 - Transportation costs
 - Child care
 - Door prizes
 - Free gifts
 - Other (specify)
 - What costs did you incur to provide incentives?

The following information must be collected as part of your formal evaluation process from the participants in the initiative/process and reported to the Citizen Engagement service for documentation:

- Measure participant satisfaction with process and involvement:
 - Gather data about participant satisfaction with the comprehensiveness/completeness of the information shared around a particular issue/decision process. **The following questions are standard and required:**
 - How easy to understand was the background information provided to you through the public meeting? Excellent, adequate, inadequate, poor, don't know/no opinion
 - If inadequate or poor, how could it have been improved?
 - Do you feel that you had enough information to take part in the discussion at the meeting? Y/N/DK-NO
 - If no, what was missing?

- Overall, how would you rate the public meeting or event? Excellent, good, okay, not very good, poor, don't know/no opinion
 - How could we have improved it?
- Gather data from participants about their perceived level of influence. **The following questions are standard and required:**
 - Overall, how satisfied are you that your opinions were heard and understood? Very satisfied, satisfied, dissatisfied, very dissatisfied, don't know/no opinion
 - Overall, how confident are you that your opinions will influence the final decision/outcome? Very confident, confident, doubtful, very doubtful, don't know/no opinion

The following information must be collected from participants during the report-back event/phase, and reported to the Citizen Engagement service for documentation:

- Gather data from participants about their level of satisfaction with the decision/outcome and how it was communicated. **The following questions are standard and required:**
 - How satisfied were you with the decision or outcome? Very satisfied, satisfied, dissatisfied, very dissatisfied, don't know/no opinion
 - Please comment:
 - How satisfied were you with the communication of the decision or outcome? Very satisfied, satisfied, dissatisfied, very dissatisfied, don't know/no opinion
 - Please comment:

Related Appendices:

Appendix A: Engagement Planning, Section VI

2.9 Techniques

There are dozens of different methods and techniques to engage patients/families and citizens, so this can seem like a daunting task. Also, choosing the best technique to use in an engagement process is not an exact science. Here are some things to keep in mind when you are choosing a technique to support your engagement process:

- Try to choose the technique that will meet the needs of the organizer and support effective participation.
- If you're working with a facilitator, ask for their recommendation.
- Determine your project's participation goal using the IAP2 Spectrum[®]. Where your engagement project situated on the Spectrum (i.e. Inform, Consult, Involve, Collaborate, Empower) will help you choose a technique that best meets the participation goal.
- Consider what you want to achieve from the process and select a technique that will help you get there.
- Consider the role you would like patients/families or citizens to have in the decision-making process, and consider techniques that will help them in their specific role.
- Use techniques with which you are familiar and/or have past experience using.
- Consider some of these other factors:
 - Controversial subject matter – choose a technique that minimizes the chances for conflict with and among participants.
 - The level of trust between the participants and Capital Health – choose a technique that supports safe discussions, openness and transparency, and gives all participants the opportunity to be heard and take part.
 - Complex and/or detailed information needs to be shared and understood – use a technique that provides time and opportunity to all for learning and inquiry.
 - There are multiple options to consider as part of the decision – use a technique that provides opportunities and time for deep inquiry.

IAP2 has tools and offers in-depth training to help with technique selection. Citizen Engagement advisors have the training and use these tools, so if you are feeling challenged, consult with them on selecting the most appropriate technique for your process.

2.9.1 Commonly Used Techniques at Capital Health

Here are several commonly used techniques at Capital Health and some guidance on what situations to use them for and when to use them.

Technique	Things to consider
Surveys, Feedback Forms	<ul style="list-style-type: none">• Participation goal is "Consult"• Useful for gathering feedback and assessing options• Can be used to gather both quantitative and qualitative data• Limited opportunities to explore emerging issues with participants• Surveys are over used.• Good survey design requires a specific set of technical skills• Distribution and data collection is resource-intensive
Focus Groups	<ul style="list-style-type: none">• Participation goal is "Consult;" may also be used if the goal is "Involve" (the decision-making process and role must be clearly detailed and an accountability

	<p>mechanism developed)</p> <ul style="list-style-type: none"> • Useful for gathering feedback and assessing options • Participant recruitment selection is challenging and time consuming • Strong facilitation is needed • Question development and planning are important • Best used to gather qualitative data • Participation incentives may be needed
Circle Conversations	<ul style="list-style-type: none"> • Participation goal may be Consult, Involve, Collaborate or Empower (the decision-making process and role must be clearly detailed and an accountability mechanism developed) • Useful for in-depth discussions in which there are many perspectives to consider; useful for gathering stories • Can be unwieldy with large numbers • Technique relies on active participation • Can make some participants uncomfortable • Use of a trained facilitator recommended
Panel Discussions	<ul style="list-style-type: none"> • Participation goal is “Inform;” may be used in a limited way if goal is “Consult” • Useful for sharing expert perspectives and data; may be used to gather questions or feedback • Requires planning and advance promotion; requires note takers to gather feedback
Town Hall Meetings	<ul style="list-style-type: none"> • Participation goal is “Inform” and may be used in a limited way if goal is “Consult” • Useful for sharing information and for limited discussion • Format is not recommended in situations where there is high controversy and low trust; creates an “us versus them” environment • Requires planning, advance promotion; requires note takers to gather feedback • Facilitators can lose control of these meetings
World Café	<ul style="list-style-type: none"> • Participation goal may be Consult, Involve, Collaborate or Empower (the decision-making process and role must be clearly detailed and an accountability mechanism developed) • Requirements: a minimum of 12 people; space and appropriate supplies; experienced facilitators • Useful for gathering multiple perspectives and stories • Useful when creating a safe, trusting environment is important • Easy for participants to understand • Requires advanced planning and question development • Can accommodate large numbers of people
Advisory Committees/Councils	<ul style="list-style-type: none"> • Participation goal may be Consult, Involve, Collaborate or Empower (the decision-making process and role must be clearly detailed and an accountability mechanism developed) • Resource intensive (time, support, money) • Requires: a charter or Terms of Reference; expert facilitation, planning and organization; ongoing staff support • Recruiting outside participants is challenge • Ensuring power balances critical to success
Revolving Conversation	<ul style="list-style-type: none"> • Participation goal may be Consult, Involve, or Collaborate (the decision-making process and role must be clearly detailed and an accountability mechanism developed) • Room set-up is important • Documentation of proceedings can be challenging

- Minimal facilitation needed; experienced planner required
- Useful in situations where there may be low trust and a need to surface a range of issues and concerns
- Vulnerable to domination by assertive/aggressive interests
- Best for addressing topics where sharing detailed/technical information is not necessary
- Can make some participants uncomfortable

NOTE: There are many different meeting and discussion techniques. These represent only a few of the most often used techniques at Capital Health. Consult with Citizen Engagement if you are looking for different techniques.

The International Association for Public Participation (IAP2) offers a two-day seminar in technique selection. For information go to www.iap2.org

Part 3: Coordination

Engagement processes need to be coordinated and monitored to:

- prevent community fatigue
- align district engagement and accountability outcomes
- ensure appropriate, consistent engagement planning and execution
- cooperate, collaborate and partner whenever possible
- track and report policy compliance
- evaluate activities at the district level for policy compliance to achieve 2013 Milestones

The Citizen Engagement and Accountability portfolio will coordinate engagement activities across the district. The following support may be provided:

- Coordinate with other organizations conducting engagement activities within the community, and provide information on activities underway.
- Identify partnership opportunities where appropriate.
- Build and maintain a database of engagement initiatives in Capital Health, including patient/family care councils, community-based initiatives, etc.
- Provide direct support to corporate engagement activities undertaken by Capital Health.
- Consult with Capital Health programs and services that are looking to engage patients/families and citizens in their work. Provide advice and guidance in developing engagement plans.
- Build and maintain a database of information gathered through Capital Health's engagement activities.
- Evaluate engagement activities, and monitor and report compliance with the Engagement Policy.

3.1 Protocol

1. Thoroughly review this document. Complete the **Readiness Worksheet** before proceeding to planning.
2. Contact the Citizen Engagement service for advice, to identify cooperation/collaboration opportunities, and to link with a CE Advisor. If you are planning an engagement event in the community, please send an Outlook meeting request including the date, time and location of your event to participate@cdha.nshealth.ca. This will allow Citizen Engagement to coordinate, track and follow-up with you on your results and evaluation, and include your project as part of regular performance reporting.
3. In consultation with the CE advisor assigned to you, determine the level of service support for your project:
 - **Level 1 – Full Project Support:** The project scope is corporate, has district-wide (or beyond) impact. The project addresses the 2013 Milestones and/or a key strategic need. The lead sponsor is LET or one or more vice presidents. It requires the CE advisor to play a central role on the project team. Budget and other resources to complete the project have been dedicated. Full project support includes: consultation, planning, design, implementation, facilitation, evaluation and reporting.

- *Level 2 – Advisory Support:* The project is medium priority, may not directly support or enable strategic outcomes of Capital Health, or may not have impacts beyond a single facility, program, service or patient population. Resources for the project have not been dedicated or may be part of other initiatives. Advisory support includes: advice, consultation, design support on an agreed-upon frequency/schedule; the CE advisor may provide more support depending on total service demands and other priorities.
 - *Level 3 – Consultation:* The project is considered a low organizational priority with minimal impacts on Milestones or other strategic initiatives. No or minimal resources have been dedicated to the project. Consultation includes: An initial meeting with the CE advisor to help scope out the project and provide guidance and direction.
4. Build an engagement plan using the policy, framework and CE advisors as resources.

3.1.2 Contacts

Lea Bryden, vice president, Citizen Engagement and Accountability
Geoff Wilson, senior advisor, Citizen Engagement
Susan Dunn, advisor, Citizen Engagement

Part 4: Patient/Family Experience

(This section in development.)

Appendix A – Engagement Planning Template

Project Name
Engagement Plan

I. Background Summary

What is the relevant background and context for the engagement work being undertaken?

II. Alignment and Rationale:

Review and answer the questions in **Toolkit Sections 2.1, 2.1.1 and 2.1.2**. Summarize the key points here. Complete the **Appendices B and C** before proceeding to further planning.

III. The Decision

Levels of Participation

Review and answer the questions in **Toolkit Section 2.2**. Summarize the key points here. Choose the appropriate level of participation for the process as a whole. Refer to the Framework, Section 1.5 for guidance, or the table below. If you select “Inform” as the overall level of participation you should stop your planning and consult with Marketing and Communications about appropriate communications advice for this project

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Public Participation Goal	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution	To place final decision making in the hands of the public

Source: IAP2 2007

IV. Goals & Objectives

Problem/Issue Statement:

What is the problem/issue that the engagement process will address? **Refer to Toolkit Section 2.2 [A]**

Outcome and/or Decision:

Refer to **Toolkit, Section 2.2 [B]**

Citizen and Stakeholder Engagement Goals

1. Outline Engagement goals. Add more rows if necessary.

2.

3.

Engagement Objectives

Objective 1:

Objective 2:

Objective 3:

V. Process and Structure

Principles of Engagement

Capital Health Engagement Principles. For detail on each of the principles refer to **Framework, Section 1.3**

- *Public involvement*
- *Participatory decision-making*
- *Clarity of Purpose and Intent*
- *Citizen and community capacity building*
- *Commitment and accountability*
- *Equity and Inclusion*

You may add other guiding principles that are also relevant to your specific project but not covered by the above.

Decision Maker & Decision Making Process

Refer to **Toolkit, Section 2.2 [A] through [D]**. Summarize the key points here.

Role of Participants

Review **Toolkit Section 2.3, [A] through [F]**. Summarize the key points here. Complete **Appendix D – Participant Worksheet**.

VI. Plan Design Elements

Plan Overview

Review **Toolkit Sections 2.4, 2.5 and 2.6**. Summarize the highlights here.

Event Logistics

Review **Toolkit Section 2.4 [F]**. Summarize highlights here. Complete **Appendices F, G, H, and I**.

Budget

Complete **Appendix E**. Summarize the highlights here.

Questions

Review **Toolkit Sections 2.2 [A] [B] and 2.4 [B]**. Develop the question(s) that the engagement project and decision will address. Your questions should align with your project's goals. In a complex project with many different groups of participants, you may need to pose different questions to the different groups.

Analysis and Recommendation

Review **Toolkit Section 2.6**. Summarize the highlights here.

Communications and Reporting

Review **Toolkit Sections 2.2[A], 2.3 [A] through [E], 2.4 [B] and [D], 2.5 [A], 2.6 [C] and [D], and 2.7**. Complete **Appendix K: Communication Plan Template**. Consult with Marketing and Communications.

Describe key communication elements. Elements of the communication plan need to link back to the appropriate sections in the Engagement Plan. For example, the Audience section of this template must align with the Participant section of the Engagement Plan. The communication goals need to be connected to the overall engagement goals and questions in the Engagement Plan.

Evaluation

Review **Toolkit Sections 2.8 and 2.8.1**. Summarize the highlights of your process and outcome evaluation methodology here. Evaluating your process ensures the integrity of the engagement approach, while evaluating the outcomes gauges the impact of the engagement process on awareness, understanding, input and satisfaction of participants.

NOTE: There are required standard questions which every patient/family or citizen engagement project must ask and report to Citizen Engagement and Accountability for engagement policy compliance, Milestones reporting, and overall performance measurement purposes.

Required Process Evaluation Questions:

How many participants were involved in your engagement process (excluding Capital Health staff or physicians)?

What steps did you take to reach out to groups who are typically under-represented or marginalized in public decision-making processes?

- ☐ Youth
- ☐ Low-income individuals/families
- ☐ Visible minority communities
- ☐ Others

Did you use any incentives to encourage participation?

- If yes, what incentives did you use? Check all that apply.
 - ☐ Honoraria
 - ☐ Refreshments
 - ☐ Transportation costs
 - ☐ Child care
 - ☐ Door prizes
 - ☐ Free gifts
 - ☐ Other (specify)
- What costs did you incur to provide incentives?

How detailed, complete and easy to understand was the background information provided to you through the public meeting? Excellent, adequate, inadequate, poor, don't know/no opinion

- ☐ If inadequate or poor, how could it have been improved?

Do you feel that you had enough of the right information to take part in the discussion at the meeting?
Y/N/DK-NO

- ☐ If no, what was missing?

Overall, how would you rate the public meeting or event? Excellent, good, okay, not very good, poor, don't know/no opinion

- ☐ How could we have improved it?

Required Outcome Evaluation Questions:

Overall, how satisfied are you that your opinions were heard and understood? Very satisfied, satisfied, dissatisfied, very dissatisfied, don't know/no opinion

Overall, how confident are you that your opinions will influence the final decision/outcome? Very confident, confident, doubtful, very doubtful, don't know/no opinion

How satisfied were you with the decision or outcome? Very satisfied, satisfied, dissatisfied, very dissatisfied, don't know/no opinion

- ☐ Please comment:

How satisfied were you with the communication of the decision or outcome? Very satisfied, satisfied, dissatisfied, very dissatisfied, don't know/no opinion

- ☐ Please comment:

Appendix B: Alignment Worksheet

Use the following table to identify your rationale and intention for engaging people. This will help later in the planning process to help clarify specific engagement goals and outcomes, create questions, and identify potential participants in the process. You can have more than one reason for wanting to engage people in a decision-making process, just be aware that the more complex and multifaceted the decision is, the more ambitious and resource intensive your engagement plan will need to be. If you cannot answer 'yes' to any of these broad goals, you should not be engaging patients/families or citizens.

Patients/Families			Citizens		
	Yes	No		Yes	No
To ensure appropriate treatment and care			To improve service design		
To improve health outcomes			To set priorities for action		
To reduce risk factors and prevent ill health			To manage demand		
To improve safety			To meet expectations		
To reduce complaints and litigation			To strengthen accountability		

Appendix C: Readiness Assessment

Red	Means “no,” or you don’t have the information you need
Amber	Means “maybe,” you need to proceed with caution, or you may not have all the information required
Green	Means ‘yes,” or you have addressed all the concerns and information requirements

Should we engage?



Is there a decision to be made?

Will there be tangible outcomes as a result of the decision process?

Can citizens/stakeholders contribute to the decision in a meaningful and substantive way?

Is Capital Health truly open to considering diverse views and perspectives of citizens/stakeholders in the decision process?

Are citizens/stakeholders well enough informed to participate?

Is the decision or discussion relevant to citizens/stakeholders?

Is the organization ready to engage with patients/families or citizens?

Any legal requirements for patient/public involvement have been considered

The potential risks and benefits of involvement have been identified

The anticipated level of patient/public involvement has been assessed

There is real potential for patient/public influence on outcomes;

There is media interest in the topic/issue

The final decision-maker is likely to consider patient/public input in their decision

There are adequate resources to support formal engagement activity

There is a perceived level of controversy surrounding the decision

Are patients/families or citizens ready to engage?

The problem or opportunity is complex and difficult.

There is potential for outrage

There are significant impacts on patients/families and/or the public

There is significant interest in the decision by major stakeholders (e.g. government)

Patients/families and/or the public expect to be involved in the decision

Note: A majority of red responses indicates that the project is not ready to proceed. A majority of amber responses means that the project should proceed slowly.

Appendix D – Participant Worksheet

Participant (Name of group/organization; contact person; contact information)	Involvement			Information Needs	Key Issues	How will they be involved?
	Direct	Stake	Interest			
Example: Friends of the Commons Jane Smith janesmith@email.ca 429-0000		X		<ul style="list-style-type: none"> - information about how CDHA will use QEH property - info about CDHA plans for the VG parking lot/former School for the Blind land 	<ul style="list-style-type: none"> - preservation of Halifax Commons lands for public use and access - public green space - 	<ul style="list-style-type: none"> - provided with special briefing - invited to attend open house in Halifax - included on mailing list
				-		

Appendix E – Budget Template

Budget Item	Cost/session	Total Cost (based on total # of sessions identified in the plan)
Event Logistics		
Facility rental (# of locations, time required)	\$	\$
Refreshments (specify quantities)		
Equipment Rentals (chairs, tables, AV, etc; list)		
Supplies (pens, paper, flip charts, etc.)		
Facilitation and support staff (cost of hired consultants, support staff, translation, sign language interpretation)		
Transportation (list shipping and courier costs, travel costs for staff or volunteers, etc.)		
Communications/Promotion		
Promotion and advertising (outline media)		
Printed materials – including any reports (cost of production, #'s required)		
Displays (cost of production)		
Electronic resources (websites, e-surveys, cost of design and dissemination)		
Postage/Information Distribution		
Media Kits		
Participation		
Participant Incentives (list costs of honoraria, transportation costs for participants, parking, child care, prizes, recognition, or any other incentives)		
Partner Incentives (list costs incurred to encourage partnerships with other groups or organizations, i.e. donations, recognition or sponsorship)		
Miscellaneous		
Other		
Total (not including HST)		

Appendix F – Location Checklist

Item or Question	Yes	No	Included in contract?		
			Yes	No	N/A
Is the venue a familiar location within the target community?					
Are there cancellation fees in the rental contract?					
Will the hours of operation suit the needs of your event?					
Is there on-site staff support?					
Is there on-site security staff?					
Is room set-up provided?					
Is the facility physically accessible? (ramps, lifts, elevators, washrooms)					
Is there adequate parking?					
Is the venue located on bus routes?					
Is there on-site child care?					
Is the room large enough to accommodate your expected numbers of participants?					
Does the facility have an external sign available to promote your event?					
Is the lighting in the room sufficient?					
Are the room acoustics satisfactory?					
Is audio visual equipment provided? (projectors, screens, microphones, sound systems, easels, etc)					
Is AV technical support provided?					
Is furniture provided? (chairs, tables, risers, podiums, flags and stands, etc.)					
Is there adequate wall space for posting flip chart notes, display boards or posters?					
Are you permitted to affix posters, etc. to the walls?					
Are there sufficient washroom facilities?					
Is there on-site catering available?					
Are there additional charges for catering services? (set-up, water jugs and glasses, staff time, tablecloths and table skirts)					
Is external catering permitted?					
Are there kitchen facilities on-site?					
Are there rules regarding room clean-up?					
Is there additional space available for break-out space or refreshments?					
Is there access to telephones for emergency purposes?					
Is there a photocopier available on-site?					
Is there Internet access on-site?					
Are there public access computers on-site?					
Does the facility have rules regarding smoking on its premises?					

Appendix G: Event Logistics Worksheet

See Toolkit Section 2.4 [F]

[illegible]

Appendix H – Materials and Supplies Checklist

- ☐ Flip charts
- ☐ Writing paper
- ☐ Post-it notes
- ☐ Masking tape
- ☐ Pens
- ☐ Markers
- ☐ Lap top computer(s)
- ☐ Printers
- ☐ LCD Projector
- ☐ Computer speakers
- ☐ Extension cords
- ☐ Name tags
- ☐ Push pins/thumb tacks
- ☐ Evaluation forms
- ☐ Sign-in/follow-up sheets
- ☐ Scissors
- ☐ Ruler
- ☐ 3-hole punch
- ☐ Agendas
- ☐ Labels
- ☐ File folders
- ☐ Tablecloths

Appendix I – Roles and Responsibilities Checklist

It is always best to create a team to produce an engagement event. The size of the team will depend on the size and scope of the event. Following are suggested roles and responsibilities for any engagement event.

Role	Responsibilities
Host/Sponsor/Convener	invitation and invitation lists, background and context, question development, report writing, agenda and process design, contract authority, budget
Administration	event organizing, registration, recording, minutes, copying, transcribing
Facilitation	agenda and process design, question development, meeting management, recording (Depending on the engagement method being used, size, duration and difficulty of the event, you may need to have a facilitation team)
Logistics	room set up, catering, AV, transportation
Communication and Promotion	advertising, media, graphic design, websites, blogs, report writing, invitation
Evaluation	process and outcome evaluation, survey/interview design, report writing

Appendix J: Techniques Worksheet

Participant/Audience	Level of Participation	Technique	Information for Participants	Feedback Recording Methods
i.e Citizens	Involve	World Café	Website Mail out Presentation Information summary sheets	Audio recording Note taking Flip charting Survey (paper, electronic) Post-session online discussion forum

Appendix K: Communication Plan Template

Elements of the communication plan need to link back to the appropriate sections in the Engagement Plan. For example, the Audience/Stakeholder section of this template must align with the Participant section of the Engagement Plan. The communication goals need to be connected to the overall engagement goals and questions in the Engagement Plan.

Communication Goals (what the communications must achieve)					
1. ...					
2. ...					
3. ...					
Objectives (specific communication actions or targets to help achieve each communication goal)					
1. a. ... b. ... c. ...			2. a. ... b. ... c. ...		3. a. ... b. ... c. ...
Key Messages (simple, clear, informative, action-oriented)					
• Message 1			• Message 2		• Message 3
(supporting fact 1)	(supporting fact 2)	(supporting fact 3)			
Communications Methods, Tools and Vehicles			When required?		Budget (if applicable)
(example: news release)					
Audience/Stakeholder Contact	Information Needs	Message(s)	Communication Method/Tool	Timing	Accountability (sender)
(who and where)	(what)	(what)	(how)	(when)	(responsibility)

Capital Health's Strategic Streams

Person-Centred Health

Person-centred health welcomes the patient as a full-fledged member of the health care team, respects their ownership and rights to their own health and recognizes that a healthy person needs a healthy community. Capital Health will care for the whole person before us with our hearts, as well as our hands and minds.

Citizen Engagement

Capital Health is opening our doors, our minds, and our ears to connect with what communities really need. We are committed to a health system where each of us shares in the accountability for our individual health, the health of our health system and that of our community.

Innovation and Learning

Capital Health will contribute to a better tomorrow as lifelong learners, educators of the next generation and researchers of new frontiers in health and healing. We will keep the spark of curiosity alive, and encourage it in everyone — whether they're at the bedside, in the boardroom or in the lab. Constantly asking why will help us find a better way.

Transformational Leadership

Capital Health invites every person to share their talents, act with passion and purpose, listen deeply, grow relationships, take risks and embrace tension to co-create a world-leading haven for people-centred health, healing and learning. We will focus on matching peoples' passion, talents and sense of purpose to the work rather than just focusing on the technical aspects of the job. We will create a culture and environment that fosters joy, pride, trust and respect.

Sustainability

Capital Health is transforming health care today because we want to be here for the people of our communities for a very long time. We are working to ensure our workforce will be sufficient to care for those we serve; buildings will be designed with the needs of patients, citizens and the environment in mind; and all of this will happen on a budget that will not break the bank.



Our Promise: 2013 Milestones



OUR FOUNDATION: Capital Health is an academic health sciences network providing timely access to advanced patient care, leading edge research and training for the current and the next generation of health care professionals.