Patient & Public Engagement

One Day Workshop

British Columbia Ministry of Health

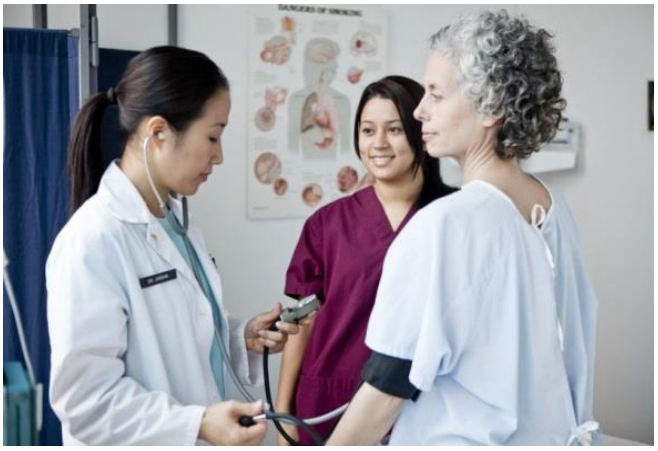
PATIENTS AS PARTNERS INITIATIVE

BRITISH COLUMBIA

Patient & Public Engagement

One Day Workshop

TABLE OF CONTENTS



MINISTRY OF HEALTH

PATIENT, FAMILY, CAREGIVER AND PUBLIC ENGAGEMENT FRAMEWORK 2018

BRITISH COLUMBIA

MINISTRY OF HEALTH

PATIENT, FAMILY, CAREGIVER AND PUBLIC ENGAGEMENT FRAMEWORK 2018

Executive Summary

The Ministry of Health's Patients as Partners Initiative brings together patients, families, caregivers, health care providers, not-for-profits, health authorities, non-governmental organizations, and universities to work together to include patients' voices, choices and representation in health care improvement.

Health care improvement can be obtained by supporting the Triple Aim. The term "Triple Aim," developed by the Institute for Healthcare Improvement, refers to the simultaneous pursuit of improving patients' care experiences, improving the health of populations, and reducing the per capita cost of health care. [1]

To achieve the Triple Aim goals, the Patients as Partners Initiative has developed a Patient, Family, Caregiver and Public Engagement Framework for those working in the health sector. Leveraging activities that engage patients and the public can help enhance patients' experiences improve population health and lower the cost of health care.

This framework updates and replaces the original *Integrated Primary and Community Care Patient and Public Engagement Framework* published in 2011.[2] Our current framework acknowledges that engagement can occur in direct care where the health-care provider is working with a patient or group of patients. It can also occur in other settings throughout the health-care system where a health-care worker or engagement practitioner can be working with small or large groups of people. Additionally, engagement can be used to shape organizational design, governance, and policy making.

In B.C., as in other jurisdictions, the understanding of how patients are engaged has evolved in the four years since the last publication. This updated framework has been developed by conducting a comparative analysis of other jurisdictions, incorporating best practices and consulting with health-care workers, engagement experts and patients. The framework is a stand-alone document but is related to a series of resources, tools and references.

Engagement is critical for a variety of reasons. Patients working with care providers and community resources to take command of their and their families' health will particularly aid the prevention and management of chronic diseases, which are among the major cost drivers in Canadian health care. Partnering with patients through community resources, such as designing hospitals that work for patients and their families will also lower costs while improving health. And finally, harnessing patients' contributions will help design and redesign a health-care system that better responds to patients' needs in the most cost-effective way.

ENGAGEMENT

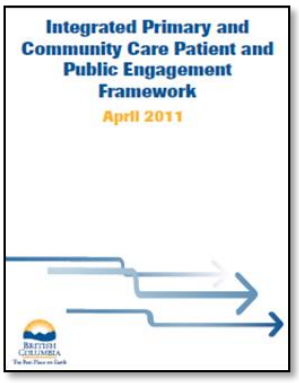
Thought leaders in health care – the Institute of Medicine, the Institute for Patient and Family Care, the Institute for Healthcare Improvement, the Picker Institute, and others – are all advocating for greater patient and family engagement, based on solid evidence of the value of engagement.

[1] The Institute for Healthcare Improvement. The IHI Triple Aim. Available at: http://www.ihi.org/engage/initiatives/tripleaim/pages/default.aspx

[2] British Columbia Ministry of Health. Integrated Primary and Community Care Patient and Public Engagement Framework. 2011. Available at: http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/primary-health-care/patients-as-partners-public-engagement-2011.pdf

Table of Contents

What is this document?



This document is about co-creating a person- and family-centred approach to health, well-being and care through engagement with patients, families, caregivers, health care providers, employees, managers, leaders and health sector organizations. It builds on the 2011 Patient and Public Engagement Framework that was developed by the Ministry of Health. Since development of the framework in 2011, the Ministry of Health's Patients as Partners Initiative has expanded across the health-care system and contributed to a variety of activities to advance engagement. These engagement activities include promoting shared decision making, funding self-management programs and supporting education and mechanisms for public engagements. Since 2010, the Ministry of Health has provided engagement training for more than 800 health-care workers and has involved more than 40,000 patients in a variety of engagement activities. In order to continually improve, the approach and tools used to plan and support effective implementation for patient, family, caregiver and public engagement have been reviewed and updated. This new Engagement Framework will help guide patient, family, caregiver, and public engagement in British Columbia.

Based upon the strength of interviews with patients, online surveys and focus groups with health engagement professionals, the 2011 framework has been updated in three important areas:

- A customized spectrum of engagement for the health-care sector is aligned with the current International Association for Public Participation (IAP2) spectrum.
- The appendix of planning and reporting tools is being replaced with a comprehensive planning template (not contained in this document) that incorporates current best practices in patient, family, caregiver and public engagement.
- A patient guide is being added as a supplemental document to help patients better prepare for engagement by providing them with more complete and user-friendly information on patient, family and caregiver engagement.

The framework follows world-wide best practices in engagement. This framework has been developed from a British Columbia health care perspective to ensure the voices of patients, their families, caregivers, communities, the public and other health-care stakeholders can be incorporated into decisions that affect their lives. The final framework was developed by consulting with patients, families, caregivers, health authority representatives, community partners, engagement experts and Ministry of Health staff.

Who should read this document?

This document is useful for anyone involved in improving and transforming health-care services in British Columbia, including patients, families, caregivers, community organizations and partners, universities, non-governmental organizations, and the public. It is particularly aimed at:

- Patients, families and caregivers
- Leaders and decision makers in the health-care sector
- Managers in the health-care sector
- Practitioners in the health-care sector

Why should you read this document?

A person-centred health-care system puts patients at the forefront of decision making about their care. Patients, families, caregivers, communities and the public are partners (stakeholders) in health care when they are supported and encouraged to:

- participate in their own health care
- participate in decision making about that care
- participate at the level they choose
- participate in quality improvement and health-care design and redesign in ongoing and sustainable ways[3]

What is Patient, Family, Caregiver and Public Engagement?

What is the definition of engagement?

Definitions of patient engagement and conceptions of how it improves the health-care system vary widely. Angela Coulters's well-known definition focuses on the relationship between patients and health-care providers as they work together to "promote and support active patient and public involvement in health and health care and to strengthen their influence on health-care decisions at both the individual and collective levels."[4] A model for public engagement developed by James Conway at the Institute of Healthcare Improvement is organized around the settings in which patient engagement occurs: during the care experience, within the microsystem of the clinic or ward, within the health-care organization, and within the larger community".[5] [6] [7]

At a broad level, engagement is a process that brings people together, either in person or virtually, to support decision making. When people and organizations that are impacted by a decision participate in the process of making that decision, it is said they are "engaged" with one another. Engagement is also used to consider an opportunity, to aid the healing process, to build mutual understanding, to collect information and build consensus. Engagement would not be used if all parts of the decision had already been made or if the situation was urgent. Engagement, therefore, is a process where the decider or decision-making authority invites those impacted into the decision-making process.

> **"Patients are partners in care when they are supported and encouraged to participate: in their own care; in decision making about that care; at the level they choose; and in the redesign and quality improvement in ongoing and sustainable ways."**
>
> ***B.C. Ministry of Health – Integrated Primary and Community Care Policy Paper[2]***

> **"Planned two-way discussions with individuals, organizations, or groups… designed to gather input, clarify information and foster understanding among those interested and affected by an issue, decision or action and to better inform Health Canada and the Public Health Agency of Canada's decision-making."**
>
> ***Health Canada and the Public Health Agency of Canada Guidelines on Public Engagement***

[3] British Columbia Ministry of Health. 2015. The British Columbia Patient-Centred Care Framework. Available at: http://www.health.gov.bc.ca/library/publications/year/2015_a/pt-centred-care-framework.pdf

[4] Coulter A. *Engaging patients in healthcare*. New York (NY): McGraw-Hill Education; 2011. p. 10.

[5] Institute of Medicine. Engaging patients to improve science and value in a learning health system. Chapter 4 in: Institute of Medicine. Patients charting the course: citizen engagement in the learning health system: workshop summary. Washington (DC): National Academies Press; 2011. p. 103–10.

[6] NHA England Patients and Information Directorate. 2013. Transforming participation in health and care. Available at: https://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf

[7] Center for Advancing Health. 2010. A new definition of patient engagement: what is engagement and why is it important? Available at: www.cfah.org/pdfs/CFAH_Engagement_Behavior_Framework_current.pdf

What are the three domains of Engagement?

In health care, the focus for engagement is on patients, families and caregivers in the community, and on the broader public. Our framework acknowledges that engagement can occur in direct care where the health-care provider is working with a patient. Additionally, engagement can be used in the community with regional health authorities or community organizations for things like hospital expansions, or designing, developing or improving programs and services. And finally, changes can be made to the health-care system where policy or strategic planning can impact the entire province. The practice of patient, families, caregivers and public engagement occurs at three domains, as described in the Patients as Partners Charters:

Individual care engagement

Individual care engagement is about how the values, goals, culture and choices of patients, families and caregivers should influence their care. It is about the relationships with providers, staff, friends, family and

community that support people to be active in managing, promoting and sustaining their health. Individual engagement, as opposed to engagement at the community or system domains, is powered from within a person with their decision to be engaged. It is about their interests, actions and drive to understand and manage their health. Engagement at the individual or direct care domain is about taking actions and having relationships with helpers.

Asking a patient to be active in their own health is *not* about asking them to do it alone or manage without a health-care team around them. It is *not* about asking people to pick up more responsibility so the health-care system can retreat. It is about working together to change the culture of health care from one where providers do "to" and "for" people to one where providers do things "with" people. The person who is most expert in the patient is the patient themselves along with their families and caregivers. Health care is better when they are engaged and active in the choices being made.

Community engagement

Community engagement includes engagement on programs and services with those who use those services. For example, this could be done with regional health authorities or community organizations for decisions about hospital expansions, what should be included in patient information materials, or aspects related to designing, developing or improving programs and services. Numerous positive service and program improvements have resulted from the involvement of patients and families in health-care decision making in the community. Some examples include the following:

1. Patients and families who have lived experience with surgical services at a regional health authority were involved with developing tools for the surgical patient education website on topics such as how to improve health before surgery and how to prepare to meet your surgeon.
2. Patients, families and caregivers are engaged with health-care practitioners and self-management service providers in their community to learn how to manage their chronic diseases. This may include peer support groups, health literacy, coaching and education.
3. Patients, families and caregivers are engaged with hospital administrators, employees and clinicians to re-design hospital services and evaluation methods that are relevant to that particular community.

System engagement

System engagement occurs when patients, families and caregivers are invited to participate in activities that are part of policy development or planning with policy makers, leaders and others and will affect the entire health-care system. An example of system engagement are the engagement sessions on the proposed new system of primary and community care for all British Columbians held in Kelowna, Vancouver and Surrey in January 2017. The Ministry of Health held these sessions in partnership with Vancouver Coastal, Fraser Health and Interior Health authorities and was supported by the General Practices Services Committee. Patients and families provided input on the new approach to accessing primary and community care (establishing and implementing Patient Medical Homes and Primary Care Homes). Feedback was given on the language describing the systems, what good care looks like, team-based care and evaluation of experience with the health system.

A diverse group of 47 people were in attendance, including men, women, younger, older, multicultural populations, indigenous populations, caregivers, those with chronic complex health and mobility issues from rural and urban centers. The sessions also included representatives from the Ministry of Health, Doctors of BC, General Practices Services Committee, Divisions of Family Practice, clinicians, the Practice Support Program and the health authorities. Patients provided valuable feedback and some of their suggestions have been included in the policy development work.

What is the Goal of Patient, Family, Caregiver and Public Engagement?

The goal of patient, family, caregiver and public engagement should reflect the Triple Aim. The term "Triple Aim," developed by the Institute for Healthcare Improvement, refers to the simultaneous pursuit of improving patients' care experiences, improving the health of populations, and reducing the per capita cost of health care. The Triple Aim "describes an approach to optimize health-system performance." The Patients as Partners Initiative envisions the Triple Aim where both the patient and provider experience are addressed and not just the patient in isolation. Some call this the Quadruple Aim. The modified Triple Aim is an approach to optimizing health system performance and provides a foundation for engagement goals within the British Columbia Ministry of Health:

- Improved partner and health provider experience
- Improved population health
- A cost we can afford

Rooted in the context of the Triple Aim, Patients as Partners advances person- and family-centred care.[8] This is the belief that health care improvement requires collaboration between patients and health-care providers at the individual, community and system level. The vision is a health-care system that actively reflects the needs and interests of the people it serves – the patients.

The Ministry of Health's Patients as Partners Initiative brings health-care providers, not-for-profits, non-governmental organizations, and universities to work together to include the ***patients' voices, choices and their representation*** in health care improvement.

Patients as Partners is guided by the principle of "***nothing about me without me***," based on the belief that patients are partners in their own health care — in discussions about system change or when interacting with health-care providers.

[8] Ministry of Health. The British Columbia Patient-Centred Care Framework. Available at: http://www.health.gov.bc.ca/library/publications/year/2015_a/pt-centred-care-framework.pdf

Why conduct Patient, Family, Caregiver and Public Engagement?

Engagement is critical for a variety of reasons. Patients taking command of their health will particularly aid the management of chronic diseases, which are among the major cost drivers in Canadian health care. Partnering with patients through community projects, such as designing hospitals that work for patients and their families will also lower costs while improving health. And finally, harnessing patients' contributions will help design and redesign a health-care system that better responds to patients' needs in the most cost-effective way.

Engagement is an effective way to advance the Triple Aim of improved health outcomes, improved patients' experiences and reduced costs. Beyond the Triple Aim, however, there are a number of additional rationales for engagement.

These include:

- Supporting better, long-lasting decision making
- Fostering transparency in decision making
- Managing risk effectively
- Building broader awareness, motivation and participation in health-care planning
- Harnessing the vast amount of expertise patients have for helping others

Patient, family, caregiver, and public engagement is not a passing fad. It is being embedded in how the Ministry of Health makes decisions moving forward. Implementation of engagement initiatives needs to be flexible and relevant for the health population or community with which it is engaging. It is about working together to transform the health-care system to one where the Ministry of Health and health-care providers are not always the sole decision makers, but in many situations are facilitators and collaborators in health-care delivery, promotion, planning and design.

Fundamentally, patient, family, caregiver, and public engagement is about identifying ways to achieve all or part of the Triple Aim at any health system level: individual, program and service design, or at the community/system level. Moreover, it is recognized that those who are impacted by health-care decisions should have an opportunity to contribute to the decision-making process.

Patient, family, caregiver and public engagement also recognizes that citizens are demanding greater accountability and transparency from government at all levels. Increasingly, citizens are seeking to understand how decisions are made and how their input can play a role in shaping the final decision. This is especially true in health care, as the patient is both the consumer and contributor to the health-care system. A publicly funded health-care system needs to include patient, family, caregiver and public engagement to ensure its long-term sustainability.

How this is achieved with different populations and in different regions needs to be flexible and rooted in a person-centred approach. This means that engagement must be grounded in best practices, and consistent values, principles and approach; however, it also needs to be designed and implemented in a way that reflects the needs of unique decision makers, stakeholders and participants in the process. "Getting public participation right is essential….Getting it wrong simply frustrates all participants."[9]

What are the Principles of Engagement?

While there are different approaches for the individual, community, and system levels of engagement, there are six key overarching principles that guide all levels:

1. A deep commitment to respect, dignity, and listening to understand;
2. A recognition that the Triple Aim cannot be achieved without engaged patients at all levels;
3. Person-centredness takes place across all levels and works to ensure that the motto "nothing about me, without me," is respected and realized;
4. Engagements need to work for patients;
5. Trust-based relationships are critical to achieving individual, community and system goals; and
6. Engagements use co-design techniques that actively involve all stakeholders (employees, patients, families, caregivers, managers, providers, leaders, citizens, and health-sector organizations) in the design process to help ensure the results meet their needs and are usable.

[9] Office of the Auditor General of British Columbia. Public Participation: Principles and Best Practices for British Columbia. 2008. Available at: https://www.bcauditor.com/sites/default/files/publications/2008/report11/report/public-participation-principles-and-best-practices-british-columbia.pdf

What are the considerations of Patient, Family, Caregiver and Public Engagement?

Are you ready for the change?

The change initiated and supported by patient, family, caregiver and public engagement is a significant one; it is a paradigm shift, one that may challenge health-care providers' and administrators' training and professional socialization. The sharing of power can leave people feeling uncertain and tempted to revert to previous ways of thinking and behaving. Providing information and educating patients, families, caregivers and the public are certainly elements of engagement — thinking back to the principles of transparency and the free-flow of communication – but they must be coupled with meaningful opportunities to participate in care, in planning and in evaluation.

Successful public engagement requires rigorous planning, skillful execution and typically involves a series of steps. Often the focus is on the method of engagement and the "engagement event" – the focus group, the workshop, the information meeting. The critical steps are the preparatory ones – defining the decision to be made, determining the objective of the level of engagement and any inherent promise within, identifying relevant internal and external stakeholders, connecting with the stakeholders and designing a process appropriate for the purpose. A final step is one where the decision maker (or delegate) reports back to the participants about how their involvement shaped the decision.

What are the success factors of Patient, Family, Caregiver and Public engagement?

Like any major organizational change, advancing patient, family, caregiver and public engagement is dependent on a series of critical success factors. Some critical success factors include:

Identify Change Champions – Engagement requires champions at all levels of the organization – from front line staff that are passionate about person-centred care, to planners who recognize the value of patient/public involvement, to managers who understand the powerful potential of working collaboratively. Leaders have a key role to play in expressing commitment to engagement, shifting their own views of engagement as a "nice to do" to "must do" and communicating and supporting this expectation to the organization's staff and physicians.

Identify Resource Requirements – Like any significant change, engagement requires resources: dedicated staff, time, money, a framework that outlines the organization's commitment and training that guides engagement efforts.

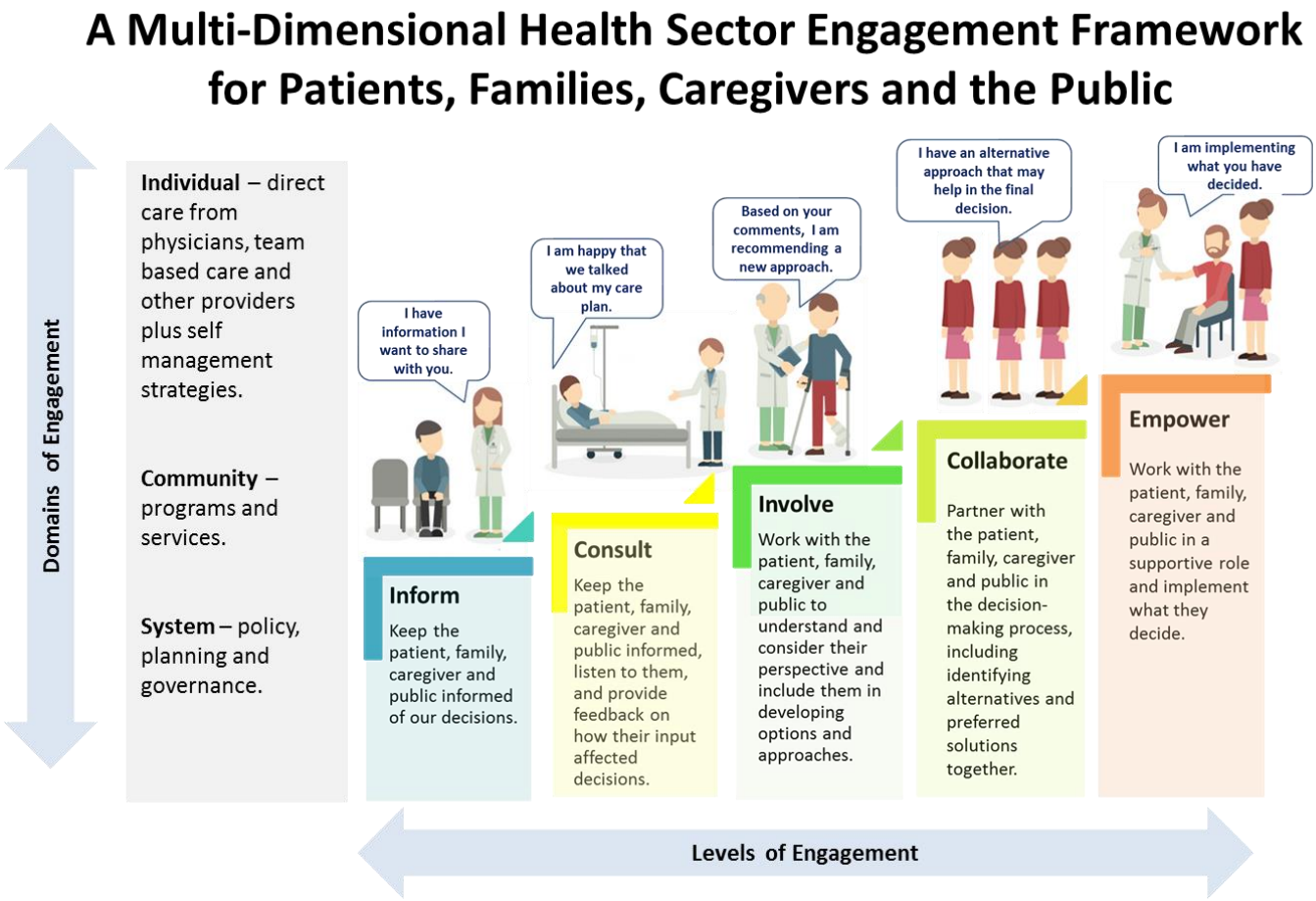
Make Effective Organizational Change – Effective engagement holds tremendous potential to transform people, relationships and organizations. However, implementing the principles and practices of engagement requires bold leadership to move away from the status quo. It means moving from 'doing to' or 'doing for' and moving to 'doing with' by embracing innovative learning approaches, adopting new improvement methods, and bringing more rigor to planning and decision making. It means working in partnership and acknowledging the rightful participation of patients and the public in their own care, in design and evaluation of programs and services, and in the broader system and community. Putting patient, family, caregiver and public engagement into practice requires making, and fulfilling, a promise to patients, their families and the public.

Secure Shared Understanding – With any interaction we have with patients, families, caregivers and the public, there needs to be shared understanding of the definitions and purpose of the engagement. As well, we need to be clear about why we are involving people by clarifying objectives; explaining links to organizational priorities; explaining what can change and what is not negotiable; being clear in advance on how patients', families' and caregivers' views will feed into the decision making and influence what action we intend to take once the engagement concludes. Finally, we need to see the practice of engagement in the context of our improvement efforts and apply the same careful approach to planning, doing, studying and acting – enabling us to contribute to the goals and objectives of the engagement while supporting the strategic priorities of the organization. Reporting on results from engagement activities helps health-care workers and leaders learn and spread the practice.

What is the Spectrum for Patient, Family, Caregiver and Public Engagement?

Engagement can be viewed as a series of activities in a spectrum, ranging from one-way sharing of information (Inform) without input from patients or the public, to shared or delegated decision making (empower) with gradations of engagement between.[10] As you move along the continuum below, engagement level can be characterized by how much information flows between patient and provider, how empowered the patient is with care decisions and how involved the patient, family, caregiver or public is involved in health organization decisions and in policy making.

The Ministry of Health's Patients as Partners spectrum includes a range of different levels of engagement. The level that is chosen will define and drive engagement planning and process as the levels reflect different objectives and demand different commitments. Moving across the spectrum requires a greater promise to the people being engaged and results in an increasing level of impact. The levels on the spectrum build upon one another – for example, all engagement requires a minimum interaction between two individuals, such as a health-care worker and a patient and is depicted below as informing.



This spectrum is adapted from the International Association for Public Participation (IAP2), a well-known model and the continuum outlined in the report from the B.C. Office of the Auditor General, "Public Participation: Principles and Best Practices for British Columbia."

[10] Carman KL, Dardess P, Maurer M, et.al. Patient and family engagement: A framework for understanding the elements and developing interventions and policies. 2013. Health Affairs 32:2 pp 223-229.

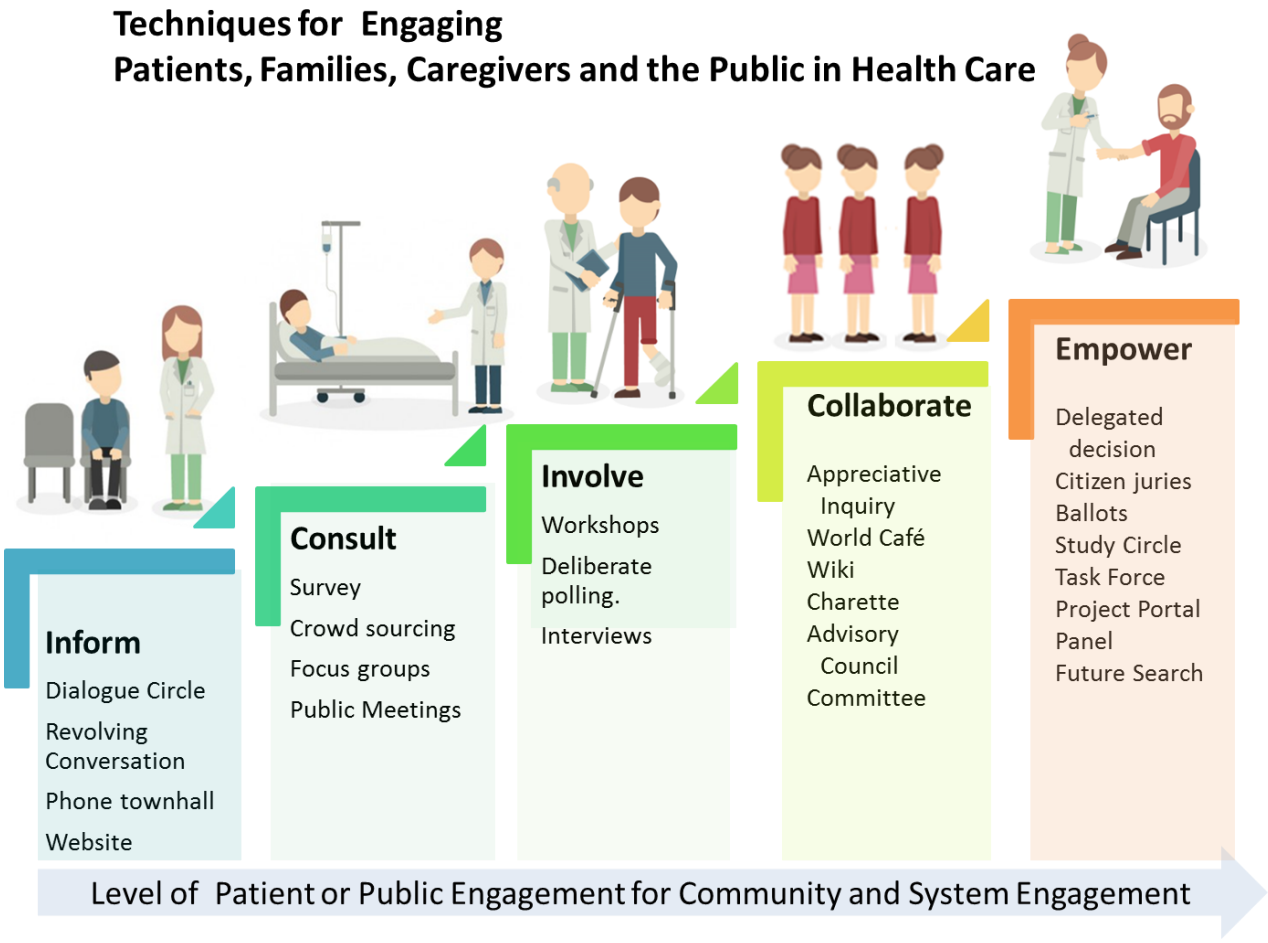
What are the definitions of each level of the Spectrum?

Decision Maker Role	Definition of each level of engagement on the spectrum	Decision Making Authority
	Inform – The promise to you is that the health-care partner will provide you with clear and objective information. When working with patients as partners, the objective is to provide information to increase understanding. This is one-way communications.	No decision for the patient or public
The Decision Maker will usually conduct patient, family, caregiver and public engagement using these levels on the Spectrum	**Consult** – The promise to you is that the health-care partners will listen and acknowledge your ideas and concerns, and provide feedback on how your input affected the decision. When working with patients as partners, the objective is to obtain feedback on things like draft plans or recommendations. This is two-way communications.	Shared decision making[11]
	Involve – The promise to you is that the health-care partner will work with you to ensure that your ideas and concerns are reflected in the recommendations, and provide feedback on how your input affected the decision. When working with patients as partners, the objective is to involve the patients in planning or in the design phase to ensure their ideas and concerns are considered and reflected in alternatives and recommendations. This is two-way communications.	
	Collaborate – The promise to you is that the health-care partner will work together with you on developing the solutions and include your recommendations into the decision as much as possible. When working with patients as partners, the objective is to engage patients in decision-making alternatives, recommendations and solutions to the fullest extent possible. This is two-way communications.	
	Empower – The promise to you is the health-care partner will implement what you decide. This is delegating the responsibility of the decision to patients or the public. This is two-way communications.	Delegated decision to patients and public

11 Kon A. The shared decision making continuum. 2010. JAMA 34: 8 pp. 8903-904.

What are the tools and channels for each level of the Spectrum?

Once you have chosen the level of engagement, based on the spectrum, there are a variety of engagement tools and channels that you can use in your community or health system engagement activities. Those tools and channels are depicted below under each level of the spectrum.



Who should play a role in Patient, Family, Caregiver and Public Engagement?

Within health-care organizations, everyone has a role to play in engaging patients, families, caregivers and the public.

Leaders and Decisions Makers

- Set expectation of engagement as a required function
- Make the promise to patients and other stakeholders
- Champion engagement
- Support organizations in building capacity for engagement
- Provide resources for engagement
- Ensure timelines and resources are available (when appropriate) for meaningful engagement

Program Managers

- Create opportunities for engagement in program planning and evaluation
- Involve patients, families, caregivers and the public
- Model engagement practice for front-line staff

Front Line Staff

- Demonstrate responsiveness to the preferences of patients, families and caregivers, and believe in the care relationship
- Support the active participation of patients/families in their care and decision making
- Provide information to support patients, families, caregivers in decision making

Engagement Specialists

- Design and implement the engagement process
- Coach colleagues on "how to" conduct engagements
- Act as a neutral "facilitator" or process guardian
- Support patients, families, caregivers and the public in the engagement process

Patients, Families, Caregivers and the Public

- Listen and learn
- Communicate values, preferences and needs
- Provide input and advice on proposals
- Engage in deliberation of ideas, and co-develop alternatives
- Identify issues and solutions

Health-care Providers

- Family physicians, Specialist physicians, nurses, allied health-care providers, nurse practitioners and others can be involved in engagement work at the individual, program/services and system level.
- Create opportunities for engagement in program planning and evaluation
- Involve patients, families, caregivers and the public
- Model engagement practice for other health-care providers

According to the Institute for Healthcare Improvement

"By engaging patients and their families at multiple levels of organizational performance, we can not only improve their own health-care experiences but also gain valuable insights for actions necessary to improve the health of populations and to extract greater value from our limited health-care resources."

How do I get involved in Patient, Family and Caregiver Engagement?

There are a number of ways that you can get involved with engagement.

1. Learn more about self-management at http://www.selfmanagementbc.ca/, http://www.iconproject.org/dnn_icon, https://www.painbc.ca/, http://www.healthlinkbc.ca/.
2. Volunteer to get involved in health-care system change through the Patient Voices Network at https://bcpsqc.ca/about-the-council/patient-voices-network/ or the Family Caregivers of British Columbia at http://www.familycaregiversbc.ca/.
3. Participate in public engagements in your community where organizations such as health authorities have made public announcements requesting input from patients and the public in decision making.
4. Take part in engagement activities. The government of B.C. has launched a consultation and dialogue website where citizens can get involved on a variety of topics that may or may not be related to the health-care sector. GovTogetherBC is the hub for government engagement opportunities that require your participation – to listen, get informed and speak up. It supports the government in its objective to become more transparent and accessible. Here you can browse and submit feedback on current public consultations, stay connected via Twitter, subscribe to our monthly newsletter, and check up on consultation results. Go to https://engage.gov.bc.ca/govtogetherbc.
5. Participate in self-management, peer-support or self-care activities in your community. Visit *https://events.gov.bc.ca/patientsaspartners/*.

Where can I find other resources, tools and references?

There are other Patients as Partners resources that can be used as supplemental documents with this Framework. These can be located at: *https://www.gov.bc.ca/patientsaspartners*.

Ministry of Health
Patient, Public and Stakeholder Engagement Framework

This summary tool supports the planning, design, management, reporting, communications and evaluation of engagement activities in which people and organizations that are impacted by a decision participate in the process of making that decision. This summary uses best practices in engagement and aligns with the Ministry of Health's policy recommendations.

PRINCIPLES

Overarching principles that guide engagement at the individual, community and health-care system levels

1) A deep commitment to respect, dignity, and listening to understand;
2) A recognition that the Triple Aim cannot be achieved without engaged patients at all levels;
3) Person-centredness takes place across all levels and works to ensure that the motto "nothing about me, without me," is respected and realized;
4) Engagements need to work for patients;
5) Trust-based relationships are critical to achieving individual, community and system goals; and
6) Engagements use co-design techniques that actively involve all stakeholders (employees, patients, families, caregivers, managers, providers, leaders, citizens, and health-sector organizations) in the design process to help ensure the results meet their needs and are usable.

LEVELS OF ENGAGEMENT

Select the level of engagement from the Spectrum of Engagement[1]

INFORM

Provide clear, meaningful and objective information to stakeholders. Examples include news releases, fact sheets, posters, pamphlets and e-mails.

CONSULT

Listen and acknowledge stakeholder ideas and concerns. Provide feedback on how their input affected the decision. Examples include surveys, focus groups, interviews and Delphi technique.

INVOLVE

Work with stakeholders to address their ideas and concerns. Provide feedback on how their input affected the decision. Examples include workshops, world cafes and forums.

COLLABORATE

Work together with stakeholders on developing solutions. Include their recommendations into the decision as much as possible. Examples include advisory committee, card storming, round tables and consensus forums.

EMPOWER

Decision-making is placed in the hands of stakeholders within established boundaries or `givens`. Examples include voting, citizen panels, think tanks and delegation.

Ministry of Health
Patient, Public and Stakeholder Engagement Framework

PROCESS

These steps apply to engagements at the community and health system levels

Step 1

Ensure commitment from key sponsor(s)/decision maker(s)

Establish the engagement planning team
Up to five people with different perspectives, one with engagement planning experience and two patients or caregivers.

Develop a project overview
A decision statement on what decision is being made, by whom, when and for what

Step 2

Seek to understand external perceptions of the decision

Engagement needs analysis
Up to 10 pre-interviews to understand stakeholder interests and concerns with the decision.

Impact analysis and stakeholder mapping
Identify the likely direct, indirect and unintended impacts of the decision. Next identify stakeholder communities and/or individuals.

Step 3

Select level of engagement from the Spectrum of Engagement[1]

INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Provide information	Obtain feedback	Address ideas and concerns	Work together to develop solutions	Stakeholders make decision

Step 4

Identify decision-making processes and commitment to stakeholders

Decision making process
List each step with the stakeholders' role. Outcomes and outputs of each step become engagement objectives. Different levels of engagement are possible.

Engagement design
Choose engagement technique(s) that fit the level on the Spectrum.

Communications plan
Develop clear consistent materials and distribution plan.

Step 5

Develop an implementation plan

Develop a timeline
List key tasks, timeline, deadline and planning lead.

Develop measures
Quantify success by how well outputs and outcomes support the decision (not by the number of attendees).

Plan reporting back
Report to participants on how their input affected the decision.

References and Resources

1) International Association for Public Participation. IAP2's Public Participation Spectrum. Available at: https://cdn.ymaws.com/www.iap2.org/resource/resmgr/foundations_course/IAP2_P2_Spectrum_FINAL.pdf

2) Ministry of Health. Patients as Partners Initiative. Patient, Family, Caregiver and Public Engagement Framework and other engagement resources. Available at: https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/patients

BRITISH COLUMBIA

British Columbia Ministry of Health

ENGAGEMENT PLANNING SUMMARY

This Engagement Planning Summary is a summary distilled from the Patient, Family, Caregiver and Public Engagement Planning Guide (2018)[1]. The Engagement Planning Guide is a tool that supports the planning, design, management, reporting and evaluation of engagement activities and communications. The Guide uses international best practices in engagement and aligns with the Ministry of Health's Patients as Partners Initiative policy recommendations.

As you work through these steps in the planning process consider the following:
1) Each step is linked to a meeting or conference call with the engagement planning team;
2) Each step in the process must be completed in sequence (this is a linear process); and,
3) Once each step is completed check-in with the decision maker or their delegate with a deliverable for sign-off (ex. A stakeholder map, objectives, communications plan, etc).

1 ENSURE COMMITMENT FROM KEY SPONSOR(S)/ DECISION MAKERS

1a. Establish the engagement planning team

Identify up to five individuals who represent different perspectives and create the engagement planning team. Each member must bring a unique perspective to be considered throughout the process.

1b. Develop a project overview

The engagement planning team will develop a decision statement that communicates: 1) what decision is being made, 2) by whom, 3) when, and 4) for what result.

2 SEEK TO UNDERSTAND EXTERNAL PERCEPTIONS OF THE DECISION

2a. Develop an engagement needs analysis

The best way to understand people's interest and perceived risk associated with not engaging stakeholders in the decision is to ask them. Include groups that are positively and negatively impacted by the decision. Up to ten pre-engagement interviews are recommended. Refer to the Ministry's Tip Sheet on Pre-Engagement Interviews for assistance.

2b. Conduct an impact analysis & stakeholder mapping

Based on your consideration of positive and negative impacts, use an engagement needs analysis to identify the likely direct, indirect and unintended impacts of the pending decision. Once the impacts are known, work to identify stakeholder communities and/or individuals who are likely to be impacted both positively and negatively.

1. The complete **Patient, Family, Caregiver and Public Engagement Framework and Toolkit** which includes the Planning Guide, Tip Sheets and other resources can be found at https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/patients

3 SELECT LEVEL OF ENGAGEMENT

Identify where you are on the IAP2 spectrum

Based on what you learned in step 2, consider: what is the desired level of influence stakeholders are seeking? What is the expectation of the decision maker? Refer to the Ministry's Spectrum Assessment Tip Sheet to identify where the engagement will be on the spectrum of engagement.

4 IDENTIFY DECISION-MAKING PROCESSES & COMMITMENTS TO STAKEHOLDERS

4a. Confirm the decision-making process

As a team, write out all steps and processes in the decision-making process by which the decision will be achieved. Identify at each step what role stakeholders might have and what would be the outcome and/or output. Each of these becomes engagement objectives. Different objectives can be at different levels of engagement on the spectrum throughout the course of a project/engagement.

4b. Develop an engagement design

Identify which is the most appropriate technique or combination of techniques to achieve the engagement objectives. The technique(s) chosen should fit with the spectrum level of the engagement. Refer to the Ministry's Tip Sheet on Engagement Techniques for assistance.

4c. Develop a supporting communications plan

A communication plan is developed to provide clear and consistent communication of the engagement opportunity and provide supporting information for the decision maker, patients and other stakeholders.

5 DEVELOP AN IMPLEMENTATION PLAN

5a. Develop a timeline

Based on your engagement and communications objectives, identify when key tasks are to be completed. Create a timeline and deadline for each task to be completed. Assign a member of the engagement planning team to lead each task.

5b. Develop measures for each engagement objective

How will we know we have been successful? Engagement is more than a numbers game, so think beyond quantifying the success of engagement by the number of participants to receiving information that will support the decision. Refer to the Ministry's Tip Sheet on Measurement and Reporting for assistance.

5c. Plan for reporting back and a feedback loop

Plan for how you will report on the engagement findings and how the findings report will be shared with those who participated in the engagement to show how their voices have affected the decision.

DIVIDER

THIS PAGE IS A PLACEHOLDER FOR THE TABBED DIVIDER
WHICH WILL BE IN THE PRINTED DOCUMENT PACKAGE.

Engagement Planning Guide

Ministry of Health
Patients as Partners Initiative

Patient, Family, Caregiver and Public Engagement Planning Guide 2018

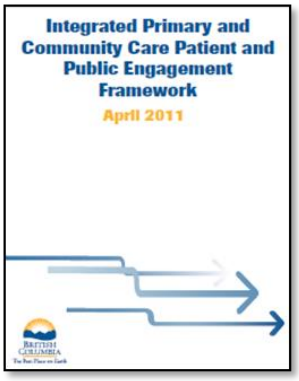
BRITISH COLUMBIA

Acknowledgements

The British Columbia Ministry of Health's Patients as Partners Initiative would like to acknowledge the many people who have provided us with input and ideas for our engagement resources. We would like to offer a huge thank you to every person and organization who have been part of our collective work on engagement including: patients, families, caregivers, public engagement experts, health-care providers, health-care administrative staff, university staff and researchers, non-governmental partners and others. We value each one of your contributions and we look forward to continuing working with you on person- and family-centred care.

Contents

Background



The Patient, Family, Caregiver and Public Engagement Framework

The Patient, Family, Caregiver and Public Engagement Framework, 2011 (Framework)[1] was partly developed in response to the Auditor General of British Columbia's recommendation for the government to use best practice in public engagement[2]. The Framework acts as the starting point for patient engagement and presents best practices and the rationale for doing engagements, and includes useful tools and resources for guiding patient, family, caregiver and public engagement in British Columbia. Since development of the Framework in 2011, the Ministry of Health's Patients as Partners Initiative has expanded across the system. As of 2016, over 40,000 patients have been engaged through Patients as Partners activities through more than 100 various partner organizations; and more than 800 people have received training in the International Association of Public Participation (IAP2) certificate courses or IAP2 informed training sessions to obtain the necessary skills and tools to conduct community and system-wide engagements using best practices.

As part of ongoing improvement, and through feedback from patients, online surveys and focus groups with health engagement professionals, the approach and tools used to plan and support engagement have been reviewed and updated. Two separate documents have been created. 1) **The 2018 Patient, Family, Caregiver And Public Engagement Framework and 2) The 2018 Engagement Planning Guide**. Other changes include:

1. The spectrum of engagement is a made-for-B.C. adaptation of the current International Association for Public Participation (IAP2) spectrum[3] and has a health sector focus.
2. The 2011 Framework had engagement tools and resources in the appendix. In the revised Framework, tools and resources will be in separate documents. Appendix A of this document will instead contain planning and reporting tools.
3. A separate document, the 2018 Patient, Family, Caregiver and Public Engagement Framework, is specifically drafted to help people better prepare for engagements at the individual, community and system level and understand the spectrum of engagement.

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[1] British Columbia Ministry of Health, *Integrated Primary and Community Care Patient and Public Engagement Framework*, 2011. www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/primary-health-care/patients-as-partners-public-engagement-2011.pdf.

[2] British Columbia, Office of the Auditor General. *Public Participation: Principles and Best Practices for British Columbia*, 2008. www.bcauditor.com/sites/default/files/publications/2008/report11/report/public-participation-principles-and-best-practices-british-columbia.pdf.

[3] International Association for Public Participation (IAP2). *IAP2 Canada - Public Participation Spectrum*, IAP2 Canada, 2015, iap2canada.ca/page-1020549

Principles of Engagement

While there are different approaches for the individual, community, and system levels of engagement, there are six key overarching principles that guide all levels:

1. A deep commitment to respect, dignity, and listening to understand;
2. A recognition that the Triple Aim cannot be achieved without engaged patients, families and caregivers at all levels;
3. Person-centredness takes place across all levels and works to ensure that the motto "nothing about me, without me," is respected and realized;
4. Engagements need to work for patients families and caregivers;
5. Trust-based relationships are critical to achieving individual, community and system goals; and
6. Engagements use co-design techniques that actively involve all stakeholders (employees, patients, families, caregivers, managers, providers, leaders, citizens, and health-sector organizations) in the design process to help ensure the results meet their needs and are usable.

Engagement Planning Guide

This Engagement Planning Guide (Guide) is a tool that supports the planning, design, management, reporting and evaluation of *engagement activities*[4] and communications. It uses best practices in engagement and aligns with the Ministry of Health's Patients as Partners Initiative policy recommendations. While there are some concepts that apply to engagement at the individual care level, most of the document applies to engagements at the community or health care system levels.

Before you begin…..

- ✓ This guide provides a step-by-step approach to engagement planning. Each stage and step is outlined with examples.
- ✓ Using the guide and the templates (embedded within this document and available as blank templates in Appendix A) will result in the development of an engagement plan, including follow-up evaluation and reporting.
- ✓ Determine the scope and time required for the engagement and then choose what sections of the guide are appropriate for the particular engagement and overall project. Not all steps are needed for every engagement. Some engagements, particularly those at an *individual care,* level may not require an engagement plan.
- ✓ Consider which level(s) of the health-care sector - individual care, program and community service, or system redesign - is being engaged. See Appendix B for descriptions of individual care, community and system level engagements.

[4] italicized items appear in the glossary

Who should use this guide?

The guide was written for individuals in B.C., particularly community partners and health authority and ministry staff, who plan and implement health-care engagement processes and who already have a basic understanding of planning and engagement. This includes how to document steps in a decision process similar to what is done in project management including:

- How to establish engagement goals and objectives; and,
- What engagement techniques are and how to facilitate them.

To increase your understanding of these engagement topics, review the Ministry of Health's 2018 Patient, Family, Caregiver and Public Engagement Framework; speak to colleagues in health authorities or health sector organizations that do engagements; or seek training in engagement planning.

Things to keep in mind when developing an engagement plan:

- Determine which legislation and government policies apply, for example, privacy and freedom of information requirements governing the collection and use of personal information as informed by the *BC Freedom of Information and Protection of Privacy Act (http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00)*. This is important if you will be collecting personal information e.g. in a survey and need to complete a Privacy Impact Assessment, and secure storage of information.
- Internal communications builds leadership and organizational buy-in for the engagement process and ultimately implementing results - so communicate not only the final plan, but throughout the process in order to create an environment of no surprises. Communication with the decision-maker should occur at the end of each step in the process.
- Consider the appropriate number of patients and family members to include on the engagement planning team. It is best practice to have at least two patients and/or family members on any engagement process.
- Completed templates will guide engagement design, follow-up, and documenting process and results - so both brevity and thoroughness are important.

Considerations for Engaging with Indigenous Populations

The Government of British Columbia has prioritized building a new and positive working relationship with Indigenous peoples. British Columbia is home to many different Indigenous peoples, including First Nations, Métis and Inuit peoples. There are over 270,585 self-identified Indigenous people residing in BC, with their own unique local customs and traditions. In BC there are 203 First Nations, 37 Métis chartered communities and 25 Aboriginal Friendship centers.

This engagement planning guide is a general guide to planning an engagement, if you are engaging with Indigenous Peoples, it is recommended you refer to other resources that provide specific guidance around Indigenous engagement. This section serves as a brief overview of respectful practices when working with Indigenous peoples. A first step is to ask the organization in which you belong if they can provide or refer you to resources around the protocols for engaging with Indigenous groups.

When engaging with Indigenous groups of people the engagement process is at least as important as the end result. A good question to consider before you start working with these groups/communities is whether the results of the engagement is one that is likely to lead change for this group. Are you approaching this community with a collaborative mindset to work together towards a goal? If not, then you may want to consider if this engagement is appropriate for consulting with Indigenous peoples or how the engagement could be revised so that it would be meaningful for this population. If the findings from the engagement will affect Indigenous people, then it would be important to engage the population so that their voice is included in the decision-making process.

When holding an engagement session with, or involving Indigenous people, there are a few considerations to keep in mind. Approaching your engagement with a desire to engage in a culturally safe way, and from a mind-set of cultural humility is essential. Additionally, you should be prepared to collaborate on all aspects of the engagement such as the design, measures and other aspects of the engagement process so that it is meaningful and beneficial for all participants. To be able to have a meaningful engagement, it is necessary to establish trust.

Reaching out to Indigenous partners should be done in the earliest stages of your engagement planning, so that a collaborative, respectful and trusting relationship can be created. Take some time to develop an understanding of the culture and history of the group you will be working with. Recognize that establishing trust takes time and can be challenging if you are new to engaging with a particular group as you develop mutual understanding and build relationships. For First Nations in British Columbia in particular, due to past experiences, there is a distrust of the engagement process in general. Creating a trusting relationship takes time but is essential for your engagement to be successful. Keep in mind that the engagement process is at least as important as the information that you will obtain for your decision.

Once you are prepared, an early step in your engagement process is to reach out to the Indigenous community where you will be working and representatives of the traditional people that will be involved. For example if you are working in the Musqueam Nation, then reach out to someone within the Musqueam Nation to help make sure the right recognitions and understandings are made, and that the right questions are being asked. As all Indigenous groups (First Nations, Inuit and Metis) of people in British Columbia have distinct cultures, languages and histories. To know how to best engage with a particular Indigenous group of people it is best to reach out early to the group you are hoping to engage with, and when you don't know how to best proceed, then ask.

Some starting points if you don't know who to ask:

- Check with your organizations internal resources, e.g. If you work for the British Columbia Ministry of Health, check with the Office of Indigenous Health
- Local Band Offices
- Indigenous Partner Organizations:
  - The First Nations Health Authority
  - Métis Nation BC
  - BC Association of Aboriginal Friendship Centres (for Urban populations)

There are some resources available to use along with working in partnership with the Indigenous communities you are working with:

- **Circle of Engagement Model: A Cultural Guidebook to Help Build Trust and Collaborations Between Health Planners, Health Trainers, Health Service Providers, Educators and First Nations**. This is a model for developing and implementing a training project between health trainers and First Nations in British Columbia, but has principles that can be extended to engagement sessions: (http://www.fnha.ca/Documents/Circle-Of-Engagement-Model.pdf)

Acknowledging Traditional Territories

In the opening statements of any engagement, it is customary to provide recognition of and respect for Indigenous peoples. This is done by acknowledging the traditional territory and the people where the engagement is taking place. Acknowledging traditional territory is a way to honour and respect the protocol of Indigenous societies and to thank the nation for allowing you to work/live as a guest on their traditional territory. This acknowledgement serves to ground us in our responsibility to act with respect and integrity towards the land and those who reside on it. Often the organization in which you belong can provide some guidance on established protocols and has resources to help you with this process, and would be your first step. If you are involving Indigenous participants in your engagement, refer to the section of this document on Considerations for Engaging with Indigenous Populations.

Pronunciation of Territories

Traditional territories are not always pronounced how it is spelled on the map.

To find out about the correct way to say a name of a territory you can reach out to Friendship Centers in the area, or can call the local band office. (If you call afterhours, you may be able to hear a recording which contains the correct pronunciation).

British Columbia is home to many different Indigenous peoples, including First Nations, Métis and Inuit peoples with their own unique local customs and traditions. Therefore, you will need to consult a map to see which territory that you are on and the correct pronunciation. Finding the traditional territory is not always straightforward due to overlapping territories; however there are some resources available:

- For an alphabetical listing of First Nations in British Columbia including information about the First Nation(s) and current activities see: https://www2.gov.bc.ca/gov/content/environment/natural-resource-stewardship/consulting-with-first-nations/first-nations-negotiations/first-nations-a-z-listing

- The **Canadian Association of University Teachers Guide to Acknowledging First Peoples and Traditional Territories** is a useful guide for acknowledging traditional territories on which Canadian colleges and universities reside: https://www.caut.ca/sites/default/files/caut-guide-to-acknowledging-first-peoples-and-traditional-territory-2017-09.pdf

- The **Indigenous Corporate Training First Nations Protocol on Traditional Territory** is a general resource providing information on the importance of territory acknowledgement and includes suggestions on where to ask questions and find out pronunciation: https://www.ictinc.ca/first-nation-protocol-on-traditional-territory

In addition to the acknowledgement of traditional territories, if you are involving Indigenous people in your engagement, you may want to invite Elders to give prayers (e.g. at mealtimes) or a cultural opening. If so, keep in mind that there are protocols involved which are specific to each Indigenous community. If you are not aware of the protocols and customs involved with inviting Elders from a particular community/group of people reach out to that group to find out. Consider having a pre-meeting with Elders, so they know the context of the meeting and have a chance to put some thought into their words for the day. If you are unsure of where to begin when reaching out, calling their band office is a good start to assist you in finding an appropriate speaker and connect you with them.

Remember, there are no "play by play" rules on how to best hold engagement sessions with Indigenous peoples, so focus more on the principles:

- Ensure maximum foresight as to the impact of the engagement – be meaningful
- Do your homework on First Nations lived experience generally and locally – be prepared
- If you're not sure, ask for help and guidance from someone familiar with the community/location – be humble
- Requesting an Elder opening is not a tick box activity - be respectful of their time

A Word about Decision-Making

Decision making is a process of collecting information, establishing selection criteria, developing possible alternatives or options and evaluating the most appropriate option based on selection criteria. Engagement can be used to support decision making, and is an opportunity that can aid in strengthening weak or poor relationships. Moreover, engagement can build mutual understanding, collect information and build *consensus*. Engagement would not be used if all parts of the decision had already been made or if the situation was urgent. In these two cases, the response is not engagement, but communications. **If the situation is urgent, for example a public health crisis, we inform people of the actions they must take to stay healthy.** Engagement, therefore, is a process where the *decision making authority* (the decision maker) invites those impacted into the *decision making process*. Generally the best approach is to engage *stakeholders* shortly after a project had been confirmed.

The decision maker needs to communicate to stakeholders what aspects of the decision will be shared and what level of engagement it is. The different aspects of the decision to be shared are typically referred to as the *"scope of engagement."* The *"level" of engagement* means the amount of influence stakeholders will have over the decision. These levels are described on the *spectrum of engagement*. The Ministry of Health has adopted and modified the International Association for Public Participation's (IAP2) spectrum (http://www.iap2.org/). Generally, the more a decision impacts a stakeholder, the more influence they will want to have in the decision making process

Engagement Planning Guide – Overview

Please note:

- The following step-wise approach to engagement planning has been developed based on the IAP2 planning protocol.
- Plan a meeting of the engagement team for each step of the template.

Overview of Engagement Planning Steps		
Step	**Activity**	**Description**
1. Ensure commitment from key sponsor(s) /decision maker(s)	1.1 Establish the engagement planning team	Identify up to five individuals who represent different perspectives and create the engagement planning team. It is important that each individual brings unique perspectives that will need to be considered throughout the decision-making process. **For example**, the team may comprise individuals from: policy, communications, finance, quality improvement, risk, etc. It is beneficial to include someone with previous engagement planning experience. Generally, it is best practice to have at least two patients (or family caregiver as appropriate) on any engagement, including the engagement planning team.
	1.2 Develop a project overview	In this step the engagement planning team will develop a decision statement that communicates: 1) what decision is being made, 2) by whom, 3) when and 4) for what result. **For example,** the Director of Emergency Services at XXXX plans to redesign the emergency ward by spring 20XX, as part of building reconstruction and in order to bring the facility up to current standards. **See Worksheet 1.2 Project Overview.**
2. Seek to understand external perceptions of the decision	2.1 Develop an engagement needs analysis	This step is about understanding people's interest and perceived risk associated with not engaging stakeholders in the decision. The best way is to ask them. At this step, it is recommended that up to 10 pre-interviews take place. Refer to the Ministry's **Tip Sheet on Pre-Engagement Interviews (Appendix C)** for assistance in developing your own pre-engagement interview guide. In addition to interviews, review and integrate into the needs analysis the findings from past reports or existing literature that relate to your project. **See Worksheet 2.1 Engagement Needs Analysis.** **Please note:** We usually consider individuals and groups who are negatively impacted by a decision; however, it is sometimes less obvious to consider those who are positively impacted. Include both groups in your analysis.

Overview of Engagement Planning Steps		
Step	**Activity**	**Description**
	2.2 Conduct an impact analysis and stakeholder mapping	Based on your consideration of positive and negative impacts, use engagement needs analysis to identify the likely direct, indirect and unintended impacts of the pending decision. Once the impacts are known, work to identify stakeholder communities and/or individuals who are likely to be impacted both positively and negatively. **See Worksheet 2.2 Stakeholder Mapping.** **Please note:** It is important to first identify impacts and then stakeholders, not the reverse. The reason for this is that we do not only want to plan around familiar faces, nor do we want to miss potentially impacted stakeholders.
3. Select level of engagement	Identify where you are on the IAP2 spectrum	Based on what you learned in step 2, consider what is the desired level of influence stakeholders are seeking? What is the expectation of the decision maker? Refer to the Ministry's **Spectrum Assessment Tip Sheet (Appendix D)** to identify where the engagement will be on the spectrum of engagement.
4. Identify decision-making processes and commitments to stakeholders	4.1 Confirm the decision-making process	As a team, write out all the steps in the decision-making process. These are the steps or processes by which the decision will be achieved. Now, identify at each step what role stakeholders might have and what the outcome and/or output would be. Each of these becomes engagement objectives. Different objectives can be at different levels of engagement on the spectrum throughout the course of a project/engagement. **See Worksheet 4.1 Decision Process Mapping and Engagement Objective.** **Please note:** By working throughout these steps we are seeking to avoid simply engaging stakeholders at the end of a decision-making process where we can only be at the level of Consult. **See "A word about decision making"** on page 6 for a brief overview of the process of decision-making.
	4.2 Develop an engagement design	Identify which is the most appropriate technique or combination of techniques to achieve the engagement objectives. The technique(s) chosen should fit with the spectrum level of the engagement. Please see the Ministry's **Engagement Techniques Tip Sheet (Appendix E) and Engagement Design Worksheet.**
	4.3 Develop a supporting communications plan	A communication plan is developed to provide clear and consistent communication of the engagement opportunity and provide supporting information for decision maker, patients and other stakeholders. **See Worksheet 4.3 Communications Planning.** **Please note:** Usually all engagement objectives have a supporting communications objective. An easy way to ensure you have considered everything is to go through each engagement objective and ask: *what information/communication do stakeholders need to participate? How are they going to know to participate? What are the information barriers to their participation?*

Overview of Engagement Planning Steps		
Step	**Activity**	**Description**
5. Develop an implementation plan	5.1 Develop a timeline	Based on your engagement and communications objectives, identify when key tasks are to be completed. Create a timeline and deadline for each task to be completed. Assign a member of the engagement planning team to ensure the task is completed on time. **See Worksheet 5.1 Project Management.**
	5.2 Develop measures for each engagement objective	How will we know we have been successful? Engagement is more than a numbers game, so think beyond quantifying the success of engagement by the number of *participants* to receiving information that will support the decision. **For example**, measure whether or not *patients' voices* were considered in decision making and how. Include qualitative measures and participant quotes. Please see the Ministry's **Engagement Measurement and Reporting Tip Sheet (Appendix F) and Worksheet 5.2 Measurement Evaluation.**
	5.3 Plan for reporting back and a feedback loop	Plan for how you will report on the engagement findings and how the findings report will be shared with those who participated in the engagement to show how their voices have affected the decision.

Planning your Engagement

As you work through these steps in the planning process consider the following:

1) Each step is linked to a meeting or conference call with the engagement planning team;
2) Each step in the process must be completed in sequence (this is a linear process); and,
3) Once each step is completed check-in with the decision maker or their delegate with a deliverable for sign-off (ex. A stakeholder map, objectives, communications plan, etc.).

The project deliverable (a project overview, stakeholder map, etc.) can be used to communicate the completion. The purpose of this is two-fold: to raise internal awareness of the engagement, and to ensure there are no surprises for the decision maker and they fully support the process prior to it being launched with stakeholders and throughout the process.

Step 1 - Ensure commitment from key sponsor(s) and decision-maker(s)

1.1 - ENGAGEMENT PLANNING TEAM

Engagement planning is best completed in a team environment, because it requires critical thinking, where ideas can be challenged and refined collaboratively and where different perspectives come together to understand the process. It is best to conduct the engagement planning process in groups of three to five. This is typically the most efficient number as it allows for critical thinking, but is manageable in terms of setting up meetings, being able to coordinate tasks and smoothly manage the engagement.

The team should consist of members that represent key *internal stakeholders*, and where possible, *external stakeholders*. Ideally, people with the following interests will be included on the engagement planning team:

- **Engagement expertise**
- **Decision authority (a representative of the decision maker)**
- **Internal stakeholders**
- **External stakeholders**
- **Project leader/manager**
- **Communications expertise**

1.2 – PROJECT OVERVIEW

A clear description of the project with all the important details needs to be documented.

PROJECT OVERVIEW	
Name of the Project	What is the name of the project for public communications purposes? The "project" is the pending decision supported by the engagement. Use plain language so that the project is understandable by non-technical people. Also, be sure to name the decision intention in a way that is general enough to communicate, that the decision is yet to be made, but specific enough for people to know whether or not they will be impacted and/or interested. **For example**, redesign of the emergency ward at XXXXX.
Location	If the pending decision is place-based then specify the location. If it is not location specific - for example a policy or regulation - then, specify the region of application.
Decision Maker	The "decision maker" is the person or authority making final decisions over the redesign**. In our example**, the decision maker is the hospital's board of directors and the emergency ward redesign is a project that is supported by engagement with emergency doctors and nurses, paramedics, custodial staff, managers and administrators, patients and their families.
Decision Statement	What is the essence, or intent, of the project or decision? Develop a single sentence that communicates 1) what decision is being made, 2) by whom, 3) when and 4) for what result. **For example**, the Director of Emergency Services at XXXX plans to redesign the emergency ward by spring 20XX, as part of building reconstruction and in order to bring the facility up to current standards.
Brief	The brief is often confused with other documentation. The brief is a summary of the *project*, not a summary of the engagement. The brief describes the background and current status of the project using approximately 200 words or less. The description should have enough information for an uninformed individual to decide if they are impacted by the project. Review carefully to remove any qualitative or subjective language in the description that would create bias.
Project Decision Process	At a high level, state the series of steps and the timeframe that will be taken to complete the project.

The engagement team is chaired by the engagement lead assigned to the project. All engagement planning team members will play a role and have accountability assigned to them. It is important to try to have representation from internal and external stakeholders on the engagement planning team, so that,

recommendations on the engagement approach will have credibility and the process is viewed as legitimate while at the same time able to achieve the engagement objectives.

Generally, the planning team will meet for each of the steps in the planning process. It is important to document the results of these meetings as minutes and append them to the engagement plan. The credibility of the plan is directly dependent on the credibility of engagement planning team representation and of the decisions made through consensus about engagement strategy and design.

Planning your Engagement

Step 2 – Seek to understand external stakeholders' perceptions

2.1 - ENGAGEMENT NEEDS ANALYSIS

This needs analysis is based on communication and engagement industry standard best practices as determined by the IAP2. It is an assessment of the potential public outcry and absence of the public voice, should the project proceed without engagement. This analysis will determine how the engagement process will help reduce the level of political and financial risk, as engagements bring shared decision making and shared ownership of decisions. Moreover, the engagement is an opportunity to invite unique ideas and innovation for potential options that may not be considered if the decision were to be made in the absence of the engagement.

The engagement planning team will use its professional judgment to determine to what degree the project will cause the following responses with those impacted. The below table is filled out for the example.

Engagement Needs Analysis[5]			
Risk Element	**Not Very Likely**	**Somewhat Likely**	**Likely**
There is legislation and/or regulations that compel the decision maker to undertake engagement with those impacted prior to decision making. **For example**, building a hospital on lands that may require consultation with Indigenous People (First Nations Land Management Act) or consulting with local governments before an order is issued from the ministerial office (B.C Health Act).	X		
There are provincial or health authority policies that require the conduct of engagement during this particular type of project/decision; **for example**, accreditation standards or policies that encourage person- and family-centred care.			X
There is a compelling legal precedent that mandates engagement. **For example**, a court case prevented a similar decision because adequate engagement was not undertaken.		X	
There is an established public commitment on the part of the decision maker to undertake engagement for decisions like this, prior to issuing a decision. **For example**, commitments made by elected officials.		X	
There are likely to be significant adverse impacts on certain stakeholders.		X	
When announced, the decision will cause public controversy or debate.	X		
Implementation of the decision will create (or appear to create) winners and losers within the *stakeholder community*.		X	
It will be beneficial for the decision maker to raise awareness and/or educate those groups that will be impacted by the decision about the rationale for the decision prior to an announcement.			X
Stakeholders hold information that would benefit the decision maker and that information is only, or best, accessible through engagement.			X
Engagement will enlist stakeholders who will benefit by the decision and thus provide public support to the decision maker.			X

There are no definitive weights or scores to support the need for engagement, as risk tolerance varies. This initial assessment is undertaken to support a discussion with the decision maker and is used as a gateway to further assessment, should the decision maker support an engagement investment.

2.2 - STAKEHOLDER MAPPING

In this step *key internal and external stakeholders* are interviewed to identify the values, issues and opportunities present within the *stakeholder community*. An interview guide filled out for our example is shown below:

[5] Table is based on International Association of Public Participation needs analysis protocol

Stakeholder Mapping – Interview Guide		
Name: (please note most pre-engagement interviews do not identify the interviewee when reporting out on the pre-engagement interviews)	**Phone: xxx-xxx-xxxx**	**Email: _____@email.ca**
Decision statement: To redesign the emergency ward at XXXXX by spring 20XX, in order to bring the facility up to current standards and improve efficiency.		
What is important to you as we go forward in making this decision?	For the redesigned ward to be intuitive and easy to use	
What aspirations or hopes do you have as they relate to this project?	The input from the patients are considered at all stages	
What concerns or unknowns do you have related to this project?	Budget limitations may limit the use of patient feedback	
Tell me about how you think stakeholders should be engaged? Probe if needed: What engagements have you seen in the past that you believe have been successful?	Use multiple methods to engage	
What communications approaches do you think could be most successful in reaching stakeholders interested in this project?	Posters, Newsletters, local newspapers	
Who else should we be speaking with at this point in the decision-making process? Do you have any last thoughts or suggestions for us at this time?	Patients and family caregivers currently visiting the hospital	

These people represent groups that will be *positively or negatively impacted* by the decision. A brainstorming exercise by the project team identifies the stakeholder community through a three-step approach:

1. Identify positive and negative impacts;
2. Match stakeholder groups to impacts; and,
3. Rate the significance of each impact for each stakeholder group.

The chart below includes space to identify three impacts within each of the three impact types. More lines should be added as necessary.

Impact Identification		
Decision Statement: *To redesign the emergency ward at XXXXX by spring 20XX, as part of building reconstruction and in order to bring the facility up to current standards.*		
Direct & Intended Impacts	**Indirect Impacts**	**Unintended Impacts**
1.		
2.		

In the table below, all impacts are rated as either: high, medium, low or unknown, and shown as positive or negative. In the **example** shown, there are only eight stakeholder groups. Additional rows should be added as necessary.

Example of Impact Rating			
Impact	**Stakeholder**	**Rating**	**Overall**
Adjacent street reconstruction will reduce off-loading area	Emergency Doctors	0	-L
	Emergency Nurses	0	
	Triage Nurses	-L	
	EMS Paramedics	-H	
	Admin Staff	-L	
	Patients	0	
	Patient Families	0	
	Custodial Staff	0	
Overall emergency footprint area is reduced by 15% to accommodate off-loading area redesign	Emergency Doctors	-M	-M
	Emergency Nurses	-M	
	Triage Nurses	-M	
	EMS Paramedics	-M	
	Admin Staff	-L	
	Patients	-M	
	Patient Families	-M	
	Custodial Staff	+L	
Existing examining rooms are excessively large to be replaced with open concept with retractable curtain dividers	Emergency Doctors	-L	-L
	Emergency Nurses	-L	
	Triage Nurses	0	
	EMS Paramedics	+L	
	Admin Staff	0	
	Patients	-L	
	Patient Families	-M	

By first focusing on the impact and then identifying those impacted and rating that impact, it helps the engagement planning team identify specific impacts or voices that might monopolize the engagement. By knowing this ahead of time, the engagement plan can focus particular outreach to those most negatively impacted in a proactive way, rather than in a purely reactive way.

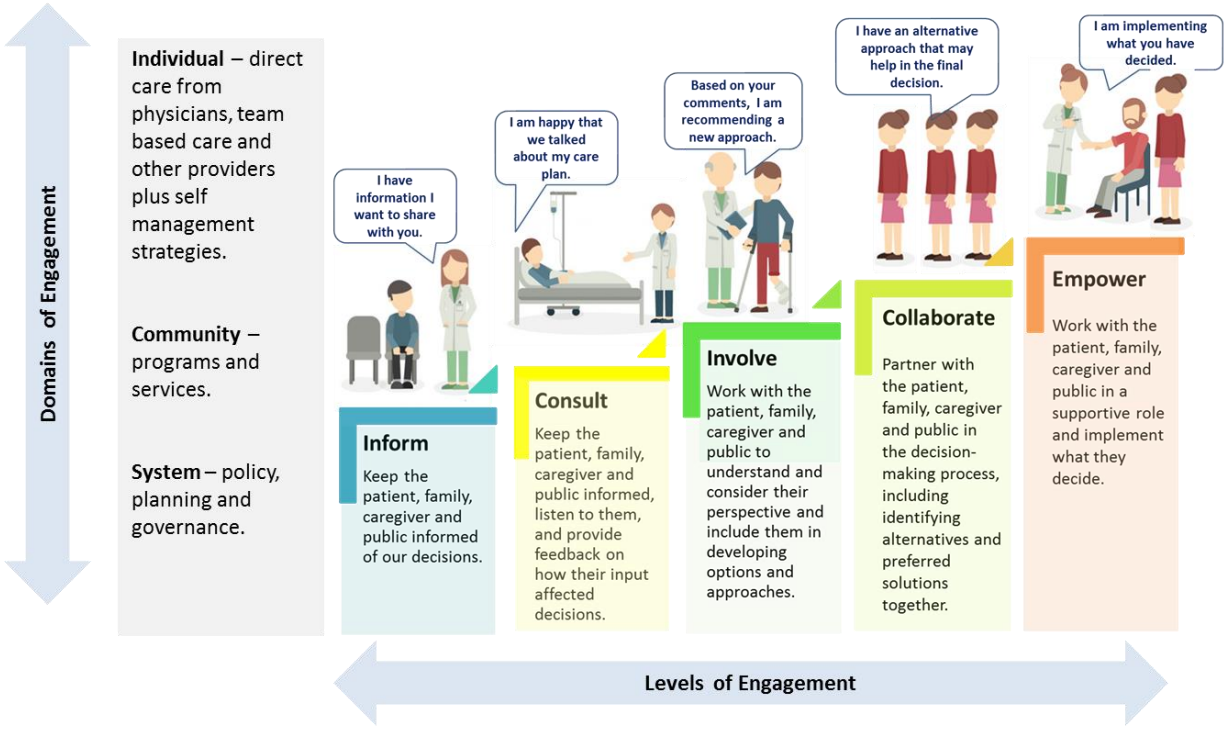
Planning your Engagement

Step 3 – Select level of engagement

3.1 - ENGAGEMENT SPECTRUM

The Ministry of Health's Patients as Partners Initiative spectrum of engagement includes a range of different levels of engagement between decision makers and stakeholders during the decision-making process. Stakeholders are defined as patients, families, caregivers, communities and service providers. Each level of engagement is a legitimate engagement opportunity, depending on the decision, and does not represent a hierarchy. Based on the overall impact assessment, the level of engagement will be matched and recommended by the engagement project team to the decision maker. One of the things the new 2018 Patients as Partners Initiative Engagement Framework seeks to achieve is an understanding between patients, stakeholders and decision makers that there are responsibilities on all sides of an engagement process and decision.

A Multi-Dimensional Health Sector Engagement Framework for Patients, Families, Caregivers and the Public



This spectrum is adapted from the International Association for Public Participation (IAP2), a well-known model and the continuum outlined in the report from the British Columbia, Office of the Auditor General. Public Participation: Principles and Best Practices for British Columbia, 2008.
www.bcauditor.com/sites/default/files/publications/2008/report11/report/public-participation-principles-and-best-practices-british-columbia.pdf

Choosing a level on the spectrum for your engagement:

Selecting the appropriate level of engagement is based on the specific context of that decision. The most appropriate level should be chosen—higher levels are not necessarily better. Generally decisions with higher levels of controversy or consequence require higher levels of engagement. If you find that there is a general consensus of the level of engagement amongst the decision maker and the stakeholders, then the decision is easy. When you have heard significantly different expectations about the desired levels of engagement during the interviews, there are a number of steps that can help guide the process of determining what level of engagement to use.

The first step is to review each interview (decision-maker support, internal stakeholders, external stakeholders, early expectations of the decision maker for this engagement) to determine what level of engagement they expect. The Stakeholder Mapping Matrix can help determine what their expectation is on the spectrum. Review what the participants said in the interviews with a particular focus on the impact the decision will have on them as well as the level of influence they want to have on the decision.

Stakeholder Mapping Matrix[6]

Level of Influence → High			
	Involve • Ideas, concerns, preferences and values are heard and considered in developing options and approaches. • Feedback is provided on how participant input affected the decision.	**Collaborate** • Work together on all aspects of the decision for developing alternatives and a preferred solution. • Input is included into the decision to the greatest extent possible.	**Empower** • Decision-making is placed in the hands of the stakeholders. • The decision maker implements what the stakeholders decided.
	Consult • Ideas and concerns about a proposal or alternatives are heard and considered. • Feedback is provided on how their input affected the decision.	**Involve or Consult** • Ideas and concerns are heard, acknowledged and reflected in the recommendations. • Feedback is provided on how their input affected the decision.	**Collaborate** • Work together on all aspects of the decision for developing alternatives and a preferred solution. • Input is included into the decision to the greatest extent possible.
	Inform • Clear information is provided to increase understanding about the decision. The decision is made by the decision-maker.	**Consult** • Ideas and concerns about a proposal or alternatives are heard and considered. • Feedback is provided on how their input affected the decision.	**Involve** • Ideas, concerns, preferences and values are heard and considered in developing options and approaches. • Feedback is provided on how participant input affected the decision.
Low	Level of Impact →		High

The next step is to summarize the expected levels of engagement from all of the interviews into a Spectrum Level Expectations Summary. An example of completed summary is below and the template is included in Appendix 3.1.

Spectrum Level Expectations Summary Table[7]

Expectations of participants	Inform	Consult	Involve	Collaborate	Empower
What level was forecasted?		√			
What level of participation did the decision maker support?			√		
What level of participation did internal stakeholders expect?		√			
What level of participation did external stakeholders expect? *(This can be summarized in one line or expanded if showing variation in responses is helpful)*				√	

[6] Adapted from the Victoria State Government (Department of Education and Early Childhood Development) Stakeholder Engagement Framework https://www.eduweb.vic.gov.au/edulibrary/public/commrel/policy/oct2011stakeholderengagement.pdf and the International Association of Public Participation Spectrum http://iap2canada.ca/page-1020549

[7] Based on the International Association of Public Participation Spectrum Level Expectations Summary in Planning for Effective Public Participation.

Given the difference in expectations, the next step would be to meet with the decision maker to present the summary. Describe why the interviews produced results different from what was expected e.g. there are additional consequences and/or groups who are affected by the outcome of the decision than was originally thought. Also describe the risks and benefits of changing the level of engagement that the decision maker should consider. For risks, consider if stakeholders who expect a higher level of influence than they are given would challenge an engagement process and the related outcomes.

Finally, choose the level of engagement that represents the level of influence the decision maker is willing to offer to the participants. Some adjustments along the levels of the spectrum can be incorporated in the types of engagement techniques that are used. However, never conduct an engagement at a higher level of engagement than what the decision maker has agreed to, as this would risk support for future engagements by the decision makers and frustrate participants.

Planning your Engagement

Step 4 – Identify decision-making processes and commitment to stakeholder(s)

4.1 - DECISION PROCESS MAPPING AND ENGAGEMENT OBJECTIVES

Co-design in decision making is when stakeholders are engaged prior to critical points in the decision-making process and have significant opportunity to contribute to the decision. It is necessary, therefore, to map out decision steps in order to identify the most effective places for stakeholder engagement. Once the decision process is mapped, engagement objectives are developed to create *outputs* that will be factored into the decision process going forward and include *outcomes* that support *consensus-based*, *person- and family-centred* decision making.

In the example below, there are only seven decision steps shown. Most health-care decisions are more complex. Complex process mapping, similar to LEAN mapping[8] should be considered by the engagement team. It is important to note that engagement is not always appropriate at every step in the decision-making process, but we need to fully understand our decision-making processes in order to determine the role for stakeholders. In the example below, when it is noted as 'not applicable', there is no role for external stakeholders.

[8] BC Public Service Agency. "LeanBC." *Province of British Columbia*, Province of British Columbia, 31 Mar. 2017, www2.gov.bc.ca/gov/content/careers-myhr/about-the-bc-public-service/lean-bc.

Example of Decision Mapping for Stakeholder Engagement		
Decision Step	**Decision Points**	**Engagement Objectives**
Announce intention to redesign the emergency ward as part of the overall hospital reconstruction	Budget	Understand rationale
	Timeline	
	Footprint	
	Clinical scope and definition	Seek advice based upon a conceptual design model
Collect information in support of redesign	Baseline current needs	Not applicable
	Project future needs	Not applicable
	Baseline current staff experience	Seek advice from stakeholders about their likes and concerns regarding the conceptual design model
	Baseline current patient and family experience	
Review/revise design criteria based upon stakeholder input	Consolidated and analyze findings	Not applicable
	Publish findings	Demonstrate listening
	Publish operational criteria to modify concept	Collaborate with stakeholders to develop a set of operational design criteria
		Understand how advice was used
Refine conceptual design	Apply criteria to concept model	Collaborate with stakeholders to apply operational criteria
	Develop 2 - 4 detailed models	Collaborate with stakeholders to develop design options
	Evaluate each model against operational criteria	Seek advice on preferred design option
Determine final design	Score the different models	Work with a representative group of stakeholders to conduct scoring

Developing Engagement Objectives

Engagement objectives are:

- **Statements of intention about what we want to achieve through the engagement**
- **Forward-looking**
- **What you plan to accomplish with / through the engagement**
- **Measurable**

When we think about objectives for our engagement, we can break them down into two types:

1. Outputs – these are the tangible products that will come out of our engagement efforts. For example, a list of issues and opportunities generated by stakeholders from all of your engagement sessions and any online engagement. Outputs are often the input you plan to collect – interview notes, survey data, etc. Outputs are tangible results; you can touch them.
2. Outcomes – these outline the "changed state" you hope to achieve through your engagement. Often, outcomes from engagement processes can be more intangible results, such as increased awareness or that participants felt heard. However, outcomes from your engagement can also include changes in behaviour, such as greater enrollment in a program or improved health outcomes.

Why do we need engagement objectives?

- They help us clarify what we plan / need to achieve;
- Proceeding with clear purpose and aims helps make engagement meaningful, strategic and more efficient;
- First identifying what we plan to accomplish makes the "how" much easier;
- Objectives allow us to consider our needs relative to stakeholders' needs.

Example Objective:
To inform all external stakeholders of what was heard during the engagement, and how input was used in the decision, to report back on the engagement, by March 31, 2019.

When you are developing engagement objectives, it can be helpful to follow the format in this example, making sure to include the following information:

- Spectrum level (in this example, inform)
- Who is engaged (external stakeholders)
- For what purpose (report back on the engagement / close the loop)
- Timeline (March 31)

Engagement objectives will also be used as evaluation criteria. The objectives should be SMART[9], as defined below:

[9] Doran, G T. "There's a S.M.A.R.T. Way to Write Management's Goals and Objectives." *Management Review*, vol. 70, no. 11, 1981, pp. 35–36.

S	Strategic, they support the over-arching objectives
M	Measurable, there is an observable metric that can be quantified
A	Achievable, sufficient resources are available
R	Relevant, to the decision/opportunity being supported
T	Time bound, a reasonable timeline is established

Example:

The example engagement objective "Collaborate with all stakeholders to develop a set of operational design criteria" written in a SMART format would be:

Prior to publishing operation criteria, collaborate with representatives of each stakeholder group to establish an 80% consensus on design criteria by March 31, 2020.

4.2 - ENGAGEMENT DESIGN

The engagement design described in this section uses a modified IAP2 engagement method. In order to evaluate which technique will be most successful in achieving the stated objective, consider a three-step process where:

- Engagement objectives are identified and refined as SMART objectives (see above)
- Three or four promising engagement techniques such as 1) surveys, 2) interviews, 3) workshop or 4) focus groups are short-listed for comparison. It may be helpful to review different engagement techniques and consider options used less frequently as participants may enjoy the fresh experiences. Key considerations for which techniques to evaluate include:
  - Organizational capacity and experience in successfully implementing the technique
  - Available resources (time/budget/staff)
  - Decision maker comfort with the technique
  - The type of information that will be obtained
- Techniques are compared to determine the best one or the best combination

It should be noted that the engagement planning team can use any scale it wishes for evaluation. For example, it may choose a five-point scale, with 1 being low and 5 being high or a L-M-H for low, medium and high or four-point scales to eliminate neutral responses. Simple checkmarks may also work. What is important is that whatever scale is used, be sure to be consistent so that evaluating one technique to the other is possible.

Once there is consensus among the engagement planning team and the table below is completed, generally, one or two clearly preferred techniques become obvious. If it is difficult to come to consensus, go through the questions again and where there is a wide gap in how people scored a particular technique, have a conversation about why someone gave a technique a 1, for example, and someone else gave it a 5.

Engagement Design

Engagement Objective: Engage current patients and family caregivers with the intention to redesign the emergency ward as part of the overall hospital reconstruction

Short Listed Techniques	Technique			
	#1	#2	#3	#4
How likely is the technique to achieve the objectives?	x		x	
What will it cost and do we have adequate resources to pay for this technique?		x		x
Will this technique be accessible to all stakeholder groups?	x			
Do we have access to the tools (e.g. technologies) and personnel needed to implement this technique?	x	x	x	
Do we have the expertise to implement this technique successfully or do we need outside support?	x	x		x
Is there sufficient time to successfully implement the technique?		x		
Does the technique have a proven track record of success in similar situations or with similar audiences?	x		x	
Does this technique enable participation by hard-to-reach groups? What would be needed to reduce barriers to participation?	x		x	
Does this technique enable participation by groups with stigmatizing conditions? What would be needed to reduce barriers to participation?		x		x
Will it meet all legal/policy requirements? Are additional steps (e.g. media release, privacy impact assessments, confidentiality agreement, etc.) needed to collect the type of data from the technique?		x		
Are there any special circumstances that might affect the use of this technique?	x		x	
Can you obtain internal support for this technique? In some cases you may need support for a specific technique from elected officials.	x		x	

4.3 - COMMUNICATIONS PLANNING

One of the most important considerations in strategic communication is consistency. When it comes to communications planning it is critical that the engagement plan guides the communications plan. The goal is to have clear messages that attract the stakeholder community to the engagement and at the same time, convey what they can expect from their engagement experience.

- **Project Narrative:** is a 200-300 word description of the decision/project. It is non-technical in nature (use plain language that can be understood by all audiences) and is used as a standard communication mechanism to describe the project and its impacts. This description can be used on the website, in brochures, or fact sheets. It is important that the narrative be consistent across multiple media and communication channels. The starting point for your project narrative is the project overview from step 1.

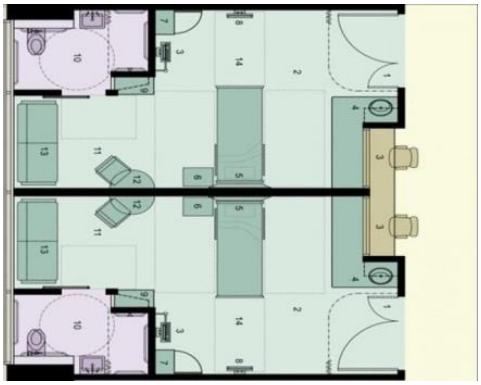
Project Narrative:	
Communication Objectives:	Aside from the standard objectives relating to the engagement, list any additional objectives. Consider: Do people understand the decision statement? Do they know if they are impacted? Do they know how to get engaged and where to find the information they need to engage? Objective should be SMART (see page 20)
Communication Challenges:	Note any factors that will make clear communication challenging within the stakeholder or broader public environment.
Key Messages:	Are there three or four things that people need to remember about the project? These are written simply and in plain language, incorporate the values of the stakeholders, and speak directly to identified concerns or interests of the audience. Proof Points: are facts about the project, decision or issue that "prove" the key messages.
Partners and Channels:	Describe how the message will be sent. Keep in mind that trusted relationships and existing communication channels such as flyers, websites etc., are the most effective. It is also important to identify your audiences, including hard to reach populations so appropriate channels can be used.
Communication Budget:	How much money is being spent on the project
Communications Measurement:	How will the objectives be measured?

Engagement Announcement: is the principle communication tool to attract stakeholders into the engagement process. This announcement contains information from the planning process previously established, but drafted and communicated in a manner which will resonate with key audiences. The engagement statement normally includes:

The value proposition: *is based on key stakeholder interviews during stakeholder mapping*
Essence of the decision: *includes what is being decided that will impact stakeholders, who is the decision maker and by when will the decision take place*
Purpose of engagement: *outlines what it is that stakeholders are being invited to influence? This should include the spectrum level, key engagement objectives and important <u>givens</u>*

Example of Engagement Announcement

Hospital XX will be available for patients when an emergency happens. We value the health and safety of the people we serve. To provide better and timely services to patients, the Director of Emergency Services will engage stakeholders to redesign the existing emergency ward by the end of September 20XX. Specifically, the engagement is to finalize the layout of the clinical services in the new facility, which includes making the overall area of the emergency area 15% smaller.



Planning your Engagement

Step 5 – Develop an implementation plan

5.1 - PROJECT MANAGEMENT

The project is typically managed by the engagement team lead and implemented by all the members. The template below is based on individual objectives. The completed plan is a compilation of management templates for all objectives.

Engagement Objective:

Project Management for Objective X			
Consider	**Who**	**What**	**When**
1. Who has overall responsibility for this objective?			
2. Who is providing a support role?			
3. Who are the patients and/or families or other stakeholders that are involved?			
4. Who is managing the budget and logistics?			
5. Who has organizational responsibility for communication, such as graphics support?			
6. Who are the internal resources with special expertise that are important to the process, such as engagement or content experts?			
7. Who outside the decision process might be important to include to increase the credibility of the engagement?			
8. What outside resources with special expertise will be important to include in the process, such as independent technical experts.			

5.2 – MEASUREMENT AND EVALUATION

Evaluation takes place after each engagement and after the last engagement activity for the project, as part of overall project evaluation. Creating the evaluation framework beforehand supports cost-effective collection of evaluation data, ensures correct engagement objective formulation and establishes any required baselines. By using a planned approach the data that is needed to make the decision will be obtained in the process.

Two aspects of engagement are evaluated: the *process* by which engagement was conducted and *results* achieved. In all evaluation frameworks, stakeholders are surveyed or otherwise included in the evaluation process. The generic criteria below can be used to supplement project-specific, SMART objective criteria.

GENERIC EVALUATION MENU[10]

PROCESS ASPECTS	
Clear Task Definition and Accountability: Establish a clear and common understanding of the aims, processes and outputs, and accountabilities amongst the engagement team, project team and stakeholders. The engagement approach is relevant and realistic for the decision. Activities correspond to the level of engagement and the kind of input the decision maker expects to receive and can act upon.	
INDICATORS	**SOURCES OF EVIDENCE**
○ clear decision statement and statement on purpose of engagement ○ evaluation framework established in plan ○ clear roles ○ clear responsibilities ○ decision and rationale documented in engagement team meeting minutes	○ engagement plan ○ stakeholder information package ○ project management plan ○ engagement team meeting minutes ○ report on what was heard/said ○ summary of concerns/complaints
Coordination: Take advantage of other or ongoing activities involving stakeholders; determine timing for other initiatives to avoid stakeholder fatigue; and identify methods used, relative costs, and evaluation results. Undertake engagement at appropriate points during the decision-making process so as to inform subsequent decision points.	

[10] Adapted from Health Canada and the Public Health Agency of Canada Guidelines on Public Engagement, 2016. Available at: https://www.canada.ca/en/health-canada/services/publications/health-system-services/health-canada-public-health-agency-canada-guidelines-public-engagement.html

INDICATORS	SOURCES OF EVIDENCE
○ internal and external scans to identify other relevant activities ○ external scan to understand public context of issue and those wanting to have influence	○ work plan ○ scanning results ○ key stakeholder interviews ○ stakeholder/issue map

PROCESS ASPECTS	
Equal Opportunity to Participate: Consider ability to accommodate participants, including the provision of information and removal of barriers so that they can contribute fully.	
INDICATORS	**SOURCES OF EVIDENCE**
○ stakeholders are able to articulate values ○ stakeholders understand decision context ○ information in accessible format(s) ○ special needs met ○ mechanisms allow participants to comfortably	○ interviews with key stakeholders/informants ○ pre-engagement information materials ○ annotated agenda for engagement ○ engagement plans identify special needs and means to address them ○ timeframe to read materials provided
Stakeholder Experience: Participants can evaluate an activity according to any of the evaluation issues as they are the best judges of whether their expectations were achieved.	
INDICATORS	**SOURCES OF EVIDENCE**
○ roles were clear ○ decision-making process was understood ○ expectations were met ○ information provided was accessible ○ adequate time to share views ○ complex issues were understood ○ new capacity was developed	○ participant questionnaire ○ interviews ○ reports from formal observers
Representativeness: The participants represent a cross-section of interested and affected public. The input received is balanced in terms of geography, sector, gender, culture, language and relevant experience or expertise.	
INDICATORS	**SOURCES OF EVIDENCE**
○ participants are representative of interested and affected public ○ balance of demographics ○ those with a stake in the issue are involved ○ those with an interest in the issue are involved	○ demographic data (polls, surveys) ○ info obtained from participants (questionnaire) ○ stakeholder analysis ○ participant list, associations represented ○ outreach activities ○ meeting minutes - how participants were identified ○ interviews with planners ○ previous or similar engagement documentation ○ media from previous or similar engagements

Transparency: The public understands how the decision was made and how public input was integrated into the decision-making process. Awareness and acknowledgement of those who want to influence decision making and how they could do this is provided.

INDICATORS	SOURCES OF EVIDENCE
○ document stages of public input process ○ decision-making process openly communicated ○ decision-making process understood	○ public input plan, objectives and evaluation results ○ review of information/documents provided ○ communications plan for activities and final report

RESULTS ASPECTS

Capacity Building: Participants acquired new information and/or skills. Patient or community relationships with the organization and/or each other are strengthened.

INDICATORS	SOURCES OF EVIDENCE
○ enhanced relationship between organization and stakeholder groups ○ stakeholders benefit as a result of activity	○ documentation of relationships developed or strengthened ○ media reports of outcomes of participations

Culture of Consultation: The appetite for authentic engagement was increased.

INDICATORS	SOURCES OF EVIDENCE
○ participation rates increase over time ○ trust and confidence to participate increases ○ advocacy is replaced by collaboration ○ relationships amongst stakeholders improve over time ○ stakeholders share ownership of the decisions	○ report on what was said includes value-added suggestions within the scope of engagement ○ describe how public input shaped the decision and how this provided value ○ reports are circulated and replies provided in a timely way ○ involved stakeholders support the process and decisions in the media

Influence on Decision Making: Decision making is influenced by engagement in accordance to the stated purpose and objectives. Unexpected outcomes (positive and negative) should also be noted.

INDICATORS	SOURCES OF EVIDENCE
○ input is evident in summaries and documents produced after engagement events ○ the decision is implemented ○ feedback provided to participants on the results of their contributions ○ participants understood subsequent actions/activities, who had most influence and	○ final report of proceedings and consequences of input received ○ interviews with staff ○ minutes/videos of activities ○ wording used in documents created after engagement

Learning: Expose the organization and participants to new facts, new evidence or a new understanding.

INDICATORS	SOURCES OF EVIDENCE
○ organization learned something new ○ organization has developed confidence to support future engagements and experience that can be a resource ○ participants learned something new ○ participants have increased confidence in participating collaboratively in future related or unrelated engagements ○ participants understood trade-offs involved in	○ participant questionnaire ○ correspondence between organization and participants ○ lessons learned documented ○ participants participate in other engagements ○ the organization strengthens its engagement resources ○ a culture of engagements for decision making is promoted

5.3 - REPORTING AND FOLLOW UP

Reporting on engagement findings is the return on engagement investment and also key to relationship-building with stakeholders. Reporting happens on a number of levels:

- **Report on what was heard:** the notes from discussions at engagement events circulated shortly after the event
- **Report on what was said:** the revised notes from engagement events after feedback from participants has been integrated
- **Analysis and recommendations:** how the decision will be influenced, based on what was said

Over the course of a lengthy decision-making process, several reports on what was heard and said will likely be generated prior to the report on analysis and recommendations. This three-stage approach supports transparency.

Following up after each engagement event/activity should ideally take place within 48 hours. If the report on what was heard cannot be provided within this timeframe, then a "thank you for participating note" should be sent, including the date by which they can expect to receive this document or where it will be made available. There may also be follow-up information provided as the decision has been implemented or about further engagement opportunities.

Glossary

The following section explains terms that are used in patient, family, caregiver and public engagement.

Consensus/consensus-based: Consensus is when all participants in a decision-making process can support, or at least, live with the result/decision. It is different from voting styles in which the majority vote determines the decision to be made even though some participants may disagree. Consensus-based decisions are decisions that are only made once all participants can support or live with the substance of the decision.

Decision-making authority: The person, people, or body (such as a Board of Directors) who will make the decision. The decision-making authority is also called the decision maker.

Decision-making process: The steps taken to reach a decision. There may be many different types of decision-making processes depending on the type of project, the amount of resources to support decision making, and other factors.

Engagement activities: All events related to an engagement process. Engagement activities span the full range of an engagement process, from the preparations that are made (for example, determining who will participate or create a draft meeting agenda), to the engagement itself (which can take different forms, from focus groups to interviews or committees) and actions resulting from an engagement (for example, minutes from meetings, notes taken on what interviewees said, as well as providing results of the decision and follow-up projects or activities decided upon during an engagement).

External stakeholder: Anyone who is affected by a policy/project/decision, who is outside of the organization, whether government, or health-care provider that is making a decision about the policy/project.

Givens: The givens are the parts of a decision that are fixed and not open to being changed in the engagement process. For example, legislation, budgets, and policies are often givens in that any decision must align with them. These may sometimes be referred to as non-negotiables.

Individual care: Patients are engaged, involved in their own health through self-management and have an active role in their health-care decision making.

Internal stakeholder: Anyone who is affected by a policy/project/decision, who is within the organization, e.g. government, or health-care provider that is making a decision about the policy/project.

Level of engagement: When a government, organization, or health-care provider has chosen to engage the public in making a decision, the level of engagement refers to the amount of influence stakeholders will have over the decision to be made.

Organization: A group of people whose activities are guided by a common purpose, or common goals to be achieved, where a formal statement has been made about these activities and the purpose of the group.

Outcomes: An outcome is something that happens, whether intended or unintended, as a result of an engagement process. Outcomes include things like knowledge gained, or practices that change, as a result of an engagement process.

Outputs: Concrete things that are produced as a result of an engagement process. Outputs can include minutes from meetings, policy recommendations developed during an engagement, summaries of focus groups or interviews, etc.

Participants: Anyone who contributes to a process, meeting, committee, project, or decision.

Patients' voices: The opinions, participation, and/or influence of patients, their families, or their caregivers.

Person- and family-centred (also called patient- and family-centred): Person- and family-centred health care is defined in different ways by different governments and organizations. The B.C. Ministry of Health following definition:

- Person- and family-centred health care is a way of thinking and doing things with persons, families and caregivers as partners in health care, rather than doing things to or for them.
  In a person- and family-centred approach, the health care culture shifts from disease-centred, to empowering the patient, their families and caregivers to be genuine partners in their health and care, at the level of their choosing. Patients define their "family" and determine how they will participate in their care. The result of person- and family-centred health care is that people benefit from a health system that responds to their needs, values, goals and preferences in respectful, empathetic, culturally safe and holistic ways.
  Person- and family-centred health care is the thread that runs through every part of health care. At the individual level people work with their provider to make informed decisions about their own care and through self-management activities; and at the community and system levels, people take part in efforts to influence decisions about health care related to policy, planning, service delivery and system re-design.

Public participation: "When a government reaches out to industry, other organizations or directly to citizens, it is said to be engaging in public participation, sometimes known as consultation or engagement." Further it is stated: "Getting public participation right is essential, including striking the right balance amongst competing priorities of government, and being clear to the public about what can and what cannot be accomplished in the short term. Getting it wrong simply frustrates all participants…"[11]

Public's voice: The opinions, participation, and/or influence of the public.

Scope of engagement: When a government, organization, or health-care provider has chosen to engage the public in making a decision, the scope of engagement explains to stakeholders what aspect of the decision will be open for engagement and where input is being sought. There may be parts of different projects that engagement can influence (in scope), and other parts that do not (out of scope).

Service delivery: The organization and provision of health-care services to the population. In the strictest sense, this definition considers the outputs (services) that are provided by members of health professions for the benefit of patients. Service delivery can also consider the systems that are put in place to deliver these services to patients such as the design of the system, planning activities needed to sustain the system, and how funds are spent.

Spectrum of engagement: The spectrum of engagement is composed of levels of engagement that build upon one another, and describe how empowered patients are in care decisions and in policy making and how much potential

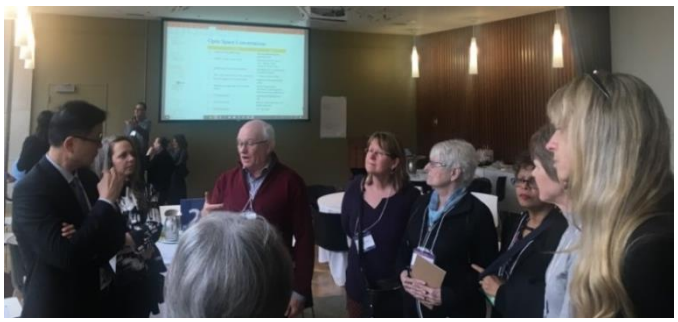
[11] Public Participation – Principles and Best Practices for British Columbia. Office of the Auditor General of British Columbia. http://www.bcauditor.com/online/pubs/394/394.

impact patients' voices will have on decisions. The range is from one-way provision of information (Inform) without input from patients or the public, to delegating decision making (Empower) with gradations of engagement (Consult, Involve and Collaborate) between[12]. Moving across the spectrum requires a greater promise to the people being engaged and results in an increasing level of impact. Refer to the graphic on page 9 that explains the different levels of engagement (see "*levels of engagement*" in this glossary), with examples of each level.

Stakeholder: Anyone who is affected by a policy/project/decision. In B.C.'s health-care system, stakeholders include patients, families, caregivers, communities, health-care providers, and others.

Stakeholder community: A group of stakeholders who all have interest in, or are affected by, a particular issue, concern, project, or policy.

The Triple Aim is the simultaneous pursuit of improving the patient and provider experience of care, improving the health of populations, and reducing the per capita cost of health care[13].



For more information about the Patients as Partners Initiative visit:
https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/patients

[12] Carman, K. L., et al. "Patient And Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies." *Health Affairs*, vol. 32, no. 2, 2013, pp. 223–231., doi:10.1377/hlthaff.2012.1133.

[13] http://www.ihi.org/engage/initiatives/TripleAim/Pages/default.aspx

Appendix A

Engagement Planning Guide – Overview

Overview of Engagement Planning Steps		
Step	**Activity**	**Description**
1. Ensure commitment from key sponsor(s) /decision maker(s)	1.1 Establish the engagement planning team	Identify up to five individuals who represent different perspectives and create the engagement planning team. It is important that each individual brings unique perspectives that will need to be considered throughout the decision-making process. **For example**, the team may comprise individuals from: policy, communications, finance, quality improvement, risk, etc. Generally, it is best practice to have at least two patients (or family caregiver as appropriate) on any engagement, including the engagement planning team.
	1.2 Develop a project overview	In this step the engagement planning team will develop a decision statement that communicates: 1) what decision is being made, 2) by whom, 3) when and 4) for what result. **For example,** the Director of Emergency Services at XXXX plans to redesign the emergency ward by spring 20XX, as part of building reconstruction and in order to bring the facility up to current standards. **See Worksheet 1.2 Project Overview.**
2. Seek to understand external perceptions of the decision	2.1 Develop an engagement needs analysis	This step is about understanding people's interest and perceived risk associated with not engaging stakeholders in the decision. The best way is to ask them. At this step, it is recommended that up to 10 pre-interviews take place. Refer to the Ministry's **Tip Sheet on Pre-Engagement Interviews (Appendix C)** for assistance in developing your own pre-engagement interview guide. In addition to interviews, review and integrate into the needs analysis the findings from past reports or existing literature that relate to your project. **See Worksheet 2.1 Engagement Needs Analysis.** **Please note:** We usually consider individuals and groups who are negatively impacted by a decision; however, it is sometimes less obvious to consider those who are positively impacted. Include both groups in your analysis.
	2.2 Conduct an impact analysis and stakeholder mapping	Based on your consideration of positive and negative impacts, use engagement needs analysis to identify the likely direct, indirect and unintended impacts of the pending decision. Once the impacts are known, work to identify stakeholder communities and/or individuals who are likely to be impacted both positively and negatively. **See Worksheet 2.2 Stakeholder Mapping.** **Please note:** It is important to first identify impacts and then stakeholders, not the reverse. The reason for this is that we do not only want to plan around familiar faces, nor do we want to miss potentially impacted stakeholders.

Overview of Engagement Planning Steps		
Step	**Activity**	**Description**
3. Select level of engagement	Identify where you are on the IAP2 spectrum	Based on what you learned in step 2, consider what is the desired level of influence stakeholders are seeking? What is the expectation of the decision maker? Refer to the Ministry's **Spectrum Assessment Tip Sheet (Appendix D)** to identify where the engagement will be on the spectrum of engagement.
4. Identify decision-making processes and commitments to stakeholders	4.1 Confirm the decision-making process	As a team, write out all the steps in the decision-making process. These are the steps or processes by which the decision will be achieved. Now, identify at each step what role stakeholders might have and what the outcome and/or output would be. Each of these becomes engagement objectives. Different objectives can be at different levels of engagement on the spectrum throughout the course of a project/engagement. **See Worksheet 4.1 Decision Process Mapping and Engagement Objective.** **Please note:** By working throughout these steps we are seeking to avoid simply engaging stakeholders at the end of a decision-making process where we can only be at the level of Consult. **See "A word about decision making"** on page 6 for a brief overview of the process of decision-making.
	4.2 Develop an engagement design	Identify which is the most appropriate technique or combination of techniques to achieve the engagement objectives. The technique(s) chosen should fit with the spectrum level of the engagement. Please see the Ministry's **Engagement Techniques Tip Sheet (Appendix E) and Engagement Design Worksheet.**
	4.3 Develop a supporting communications plan	A communication plan is developed to provide clear and consistent communication of the engagement opportunity and provide supporting information for decision maker, patients and other stakeholders. **See Worksheet 4.3 Communications Planning.** **Please note:** Usually all engagement objectives have a supporting communications objective. An easy way to ensure you have considered everything is to go through each engagement objective and ask: *what information/communication do stakeholders need to participate? How are they going to know to participate? What are the information barriers to their participation?*
5. Develop an implementation plan	5.1 Develop a timeline	Based on your engagement and communications objectives, identify when key tasks are to be completed. Create a timeline and deadline for each task to be completed. Assign a member of the engagement planning team to ensure the task is completed on time. **See Worksheet 5.1 Project Management.**
	5.2 Develop measures for each engagement objective	How will we know we have been successful? Engagement is more than a numbers game, so think beyond quantifying the success of engagement by the number of participants to receiving information that will support the decision. **For example**, measure whether or not patients' voices were considered in decision making and how. Include qualitative measures and participant quotes. Please see the Ministry's **Engagement Measurement and Reporting Tip Sheet (Appendix F) and Worksheet 5.2 Measurement Evaluation.**

Overview of Engagement Planning Steps		
Step	**Activity**	**Description**
	5.3 Plan for reporting back and a feedback loop	Plan for how you will report on the engagement findings and how the findings report will be shared with those who participated in the engagement to show how their voices have affected the decision.

1.1 - ENGAGEMENT PLANNING TEAM

Notes

1.2 - PROJECT OVERVIEW

PROJECT OVERVIEW	
Name of the Project	
Location	
Decision Maker	
Decision Statement	
Brief	
Project Decision Process	

2.1 - ENGAGEMENT NEEDS ANALYSIS

Engagement Needs Analysis			
Risk Element	**Not Very Likely**	**Somewhat Likely**	**Likely**

2.2 - STAKEHOLDER MAPPING

Stakeholder Mapping – Interview Guide		
Name: (please note most pre-engagement interviews do not identify the interviewee when reporting out on the pre-engagement interviews)	**Phone:**	**Email:**
Decision statement:		
What is important to you as we go forward in making this decision?		
What aspirations or hopes do you have as they relate to this project?		
What concerns or unknowns do you have related to this project?		
Tell me about how you think stakeholders should be engaged? Probe if needed: What engagements have you seen in the past that you believe have been successful?		
What communications approaches do you think could be most successful in reaching stakeholders interested in this project?		
Who else should we be speaking with at this point in the decision-making process? Do you have any last thoughts or suggestions for us at this time?		

Impact Identification

Decision Statement:

Direct & Intended Impacts	Indirect Impacts	Unintended Impacts
1.		
2.		
3.		

Impact Rating

Impact	Stakeholder	Rating	Overall

3.1 - ENGAGEMENT SPECTRUM

Stakeholder Mapping Matrix[14]			
Level of Influence → High	**Involve** • Ideas, concerns, preferences and values are heard and considered in developing options and approaches. • Feedback is provided on how participant input affected the decision.	**Collaborate** • Work together on all aspects of the decision for developing alternatives and a preferred solution. • Input is included into the decision to the greatest extent possible.	**Empower** • Decision-making is placed in the hands of the stakeholders. • The decision maker implements what the stakeholders decided.
	Consult • Ideas and concerns about a proposal or alternatives are heard and considered. • Feedback is provided on how their input affected the decision.	**Involve or Consult** • Ideas and concerns are heard, acknowledged and reflected in the recommendations. • Feedback is provided on how their input affected the decision.	**Collaborate** • Work together on all aspects of the decision for developing alternatives and a preferred solution. • Input is included into the decision to the greatest extent possible.
	Inform • Clear information is provided to increase understanding about the decision. The decision is made by the decision-maker.	**Consult** • Ideas and concerns about a proposal or alternatives are heard and considered. • Feedback is provided on how their input affected the decision.	**Involve** • Ideas, concerns, preferences and values are heard and considered in developing options and approaches. • Feedback is provided on how participant input affected the decision.
Low	Level of Impact →		High

[14] Adapted from the Victoria State Government (Department of Education and Early Childhood Development) Stakeholder Engagement Framework https://www.eduweb.vic.gov.au/edulibrary/public/commrel/policy/oct2011stakeholderengagement.pdf and the International Association of Public Participation Spectrum http://iap2canada.ca/page-1020549

Spectrum Level Expectations Summary Table[15]

Expectations of participants	Inform	Consult	Involve	Collaborate	Empower
What level was forecasted?					
What level of participation did the decision maker support?					
What level of participation did internal stakeholders expect? *(Summarize in one line or expand if showing a variation in responses is needed.)*					
What level of participation did external stakeholders expect? *(Summarize in one line or expand if showing a variation in responses is needed.)*					

Notes

[15] Based on the International Association of Public Participation Spectrum Level Expectations Summary in Planning for Effective Public Participation.

4.1 - DECISION PROCESS MAPPING AND ENGAGEMENT OBJECTIVES

Decision Step	Decision Points	Engagement Objectives

4.2 - ENGAGEMENT DESIGN

Engagement Objective:				
Short Listed Techniques	**Technique**			
	#1	**#2**	**#3**	**#4**
How likely is the technique to achieve the objectives?				
What will it cost and do we have adequate resources to pay for this technique?				
Will this technique be accessible to all stakeholder groups?				
Do we have access to the tools (e.g. technologies) and personnel needed to implement this technique?				
Do we have the expertise to implement this technique successfully or do we need outside support?				
Is there sufficient time to successfully implement the technique?				
Does the technique have a proven track record of success in similar situations or with similar audiences?				
Does this technique enable participation by hard-to-reach groups? What would be needed to reduce barriers to participation?				
Does this technique enable participation by groups with stigmatizing conditions? What would be needed to reduce barriers to participation?				
Will it meet all legal/policy requirements? Are additional steps (e.g. media release, privacy impact assessments, confidentiality agreement, etc.) needed to collect the type of data from the technique?				
Are there any special circumstances that might affect the use of this technique?				
Can you obtain internal support for this technique? In some cases you may need support for a specific technique from elected officials.				

4.3 - COMMUNICATIONS PLANNING

Project Narrative:	
Communication Objectives:	
Communication Challenges:	
Key Messages:	
Partners and Channels:	
Communication Budget:	
Communications Measurement:	

Engagement Announcement:

The value proposition:
Essence of the decision:
Purpose of engagement:

5.1 - PROJECT MANAGEMENT

Engagement Objective:

Consider	Who	What	When
1. Who has overall responsibility for this objective?			
2. Who is providing a support role?			
3. Who are the patients and/or families or other stakeholders that are involved?			
4. Who is managing the budget and logistics?			
5. Who has organizational responsibility for communication, such as graphics support?			
6. Who are the internal resources with special expertise that are important to the process, such as engagement or content experts?			
7. Who outside the decision process might be important to include to increase the credibility of the engagement?			
8. What outside resources with special expertise will be important to include in the process, such as independent technical experts.			

5.2 - MEASUREMENT AND EVALUATION

GENERIC EVALUATION MENU

PROCESS ASPECTS	
Clear Task Definition and Accountability:	
INDICATORS	**SOURCES OF EVIDENCE**
Coordination:	
INDICATORS	**SOURCES OF EVIDENCE**

PROCESS ASPECTS	
Equal Opportunity to Participate:	
INDICATORS	**SOURCES OF EVIDENCE**
Stakeholder Experience:	
INDICATORS	**SOURCES OF EVIDENCE**
Representativeness:	
INDICATORS	**SOURCES OF EVIDENCE**
Transparency:	
INDICATORS	**SOURCES OF EVIDENCE**

RESULTS ASPECTS	
Capacity Building:	
INDICATORS	**SOURCES OF EVIDENCE**
Culture of Consultation:	
INDICATORS	**SOURCES OF EVIDENCE**
Influence on Decision Making:	
INDICATORS	**SOURCES OF EVIDENCE**
Learning:	
INDICATORS	**SOURCES OF EVIDENCE**

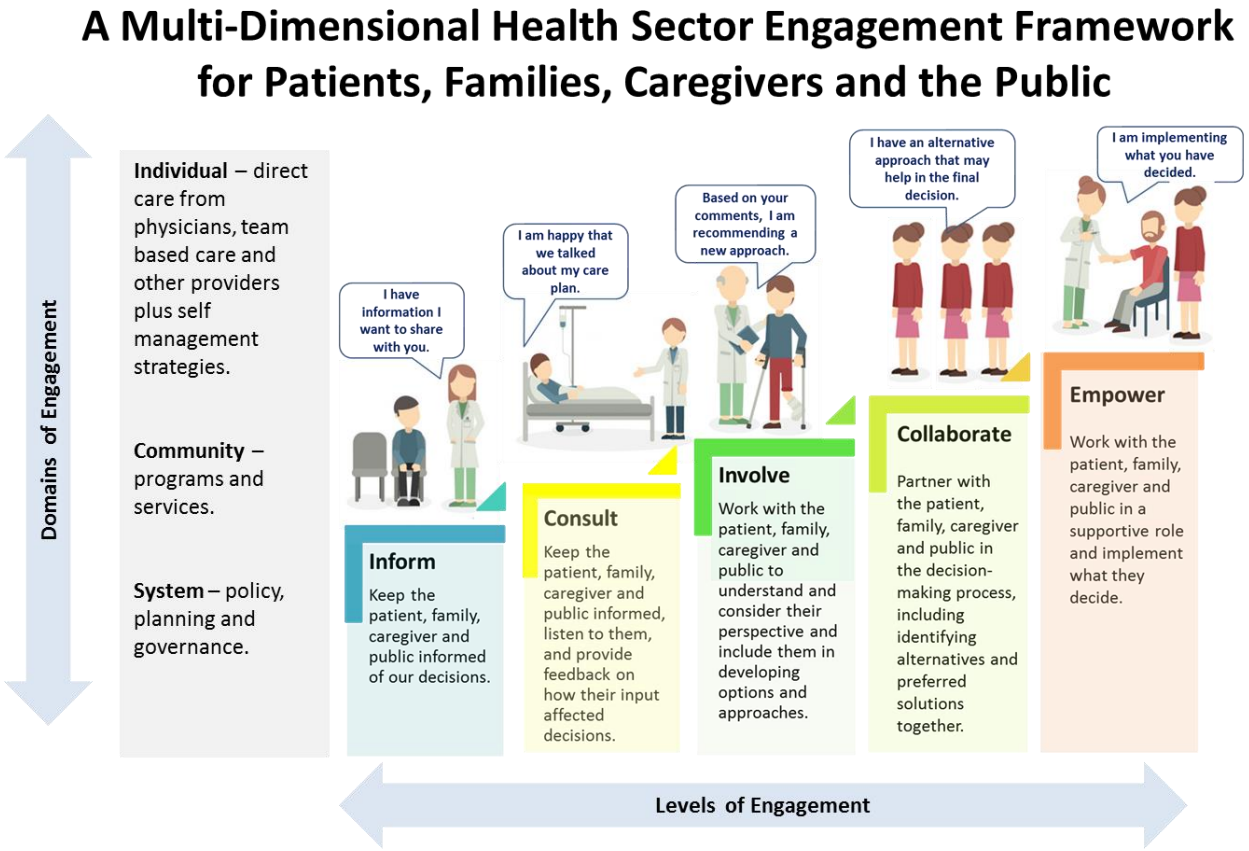
5.3 - REPORTING AND FOLLOW UP

Notes

Appendix B

Engagement Spectrum

The Ministry of Health's Patients as Partners spectrum of engagement includes a range of different levels of engagement between decision makers and stakeholders during the decision-making process. Stakeholders are defined as patients, families, caregivers, communities and service providers. Each level of engagement is a legitimate engagement opportunity, depending on the decision, and does not represent a hierarchy. Based on the overall impact assessment, the level of engagement will be matched and recommended by the engagement project team to the decision maker.



This spectrum is adapted from the International Association for Public Participation (IAP2), a well-known model and the continuum outlined in the report from the B.C. Office of the Auditor General, "Public Participation: Principles and Best Practices for British Columbia.

Appendix C

British Columbia Ministry of Health

Patients as Partners Initiative

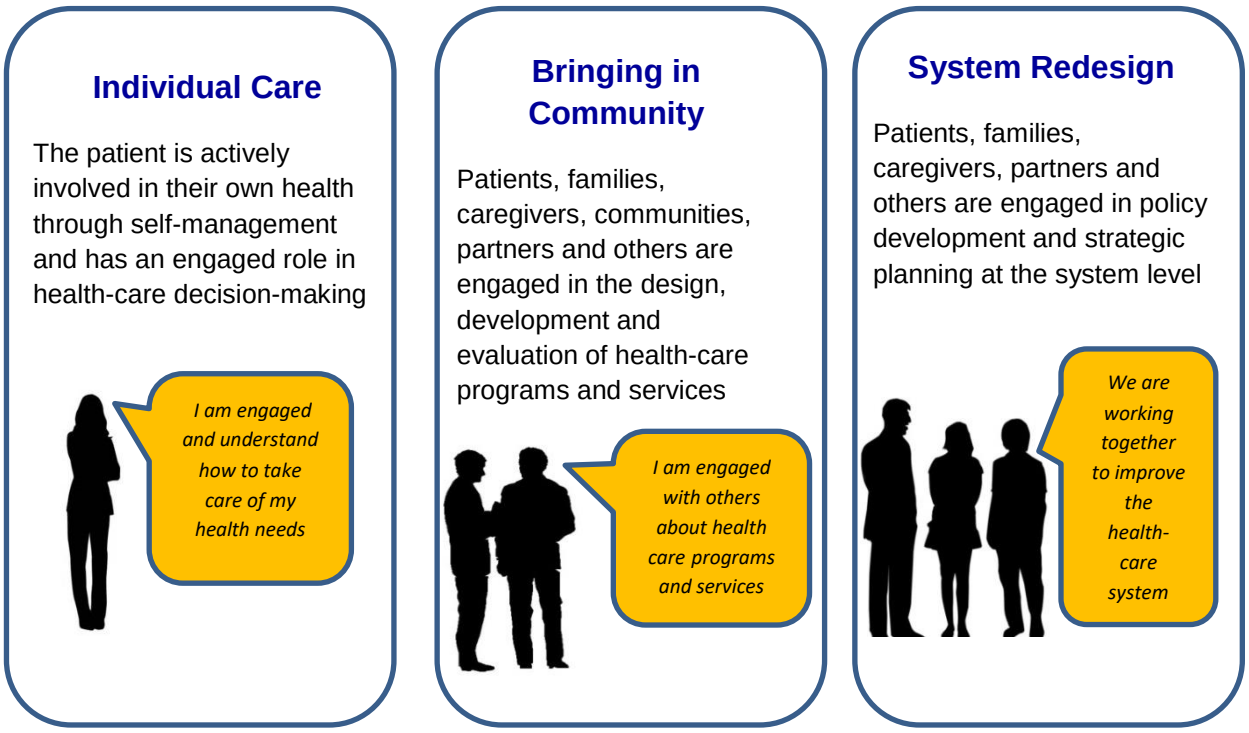
Tip Sheet on Pre-Engagement Interviews

The Purpose of the tip sheets is to provide guidance and support to health-care organizations in their patient, family and community engagement activities. This tip sheet is intended for use by engagement staff, health service practitioners, program managers, community development officers, and any health-care staff across B.C.'s health system who are working on engagement projects related to patient populations.

Goal: to interview the people affected by the decision/issue to tailor your engagement process to the needs of those being engaged. These tips are most relevant to community services and system redesign.

Rationale: Patient, family and public engagement in decision making is part of the approach to person- and family-centered care and has been recommended to government by the B.C. Auditor General (https://www.bcauditor.com/sites/default/files/publications/2008/report11/report/public-participation-principles-and-best-practices-british-columbia.pdf).

A spectrum of patient engagement activities, including capacity building and self-management support, occur through partnerships at the individual patient and provider, community and system levels.



Purpose of Pre-Engagement Interviews:

Pre-engagement interviews of the people affected by the decision/issue are helpful for tailoring your engagement process to the needs of those being engaged. There are three key benefits to conducting pre-engagement interviews:

1) Increases credibility and buy-in of the engagement process.
2) Improves effectiveness (potentially decreasing costs/risks) by supporting stakeholder-centric process design.
3) Increases awareness of the engagement process and helps to support process champions.

Pre-engagement interviews are done early in engagement planning and help the planning team better understand the needs of stakeholders so these needs can help shape the engagement plan, including the selection of engagement techniques (e.g. open houses, online surveys, social media engagement, etc.). By conducting pre-engagement interviews, the engagement team is reducing the risk that they will miss impacted stakeholders, provide inadequate communications, select an inappropriate technique or other process-based gaps which decrease the overall effectiveness of the engagement process. If a pre-engagement interview is not conducted, then risk is introduced to the process as the needs of stakeholders are unknown for that particular process.

Generally, pre-engagement interviews are:

- 30 minute phone or in-person interviews with individuals who represent a distinct "stake" in the engagement. For example, you do not need to interview five patients, but one.
- Pre-arranged at a mutually convenient time.
- Interview questions sent ahead of time.
- Notes taken and transcribed during the meeting.
- Follow up to provide the interviewee with an opportunity to edit the notes.

Generally all interviews are anonymous and do not include identifiable information.

PRE-ENGAGEMENT INTERVIEW GUIDE

Sample pre-engagement interview questions include:

Name: (please note most pre-engagement interviews do not identify the interviewee when reporting out on the pre-engagement interviews)	**Phone:**	**Email:**
Decision statement: (*This statement should identify the decision maker, what the topic of the engagement will be and also the timeline of when it must occur)*		
1. What is important to you as we go forward in making this decision?		
2. What aspirations or hopes do you have as they relate to this project?		
3. What concerns or unknowns do you have related to this project?		
4. Tell me about how you think stakeholders should be engaged? Probe if needed: What engagements have you seen in the past that you believe have been successful?		
5. What is of interest to you in this decision?		
6. Are there past processes that you feel were really engaging? What might we learn from them?		
7. What should we avoid doing?		
8. What might be some of the barriers to engaging stakeholders and do you have ideas about how we overcome these barriers?		
9. Who else do you think is going to be impacted and/or interested in this decision?		
10. Is there anyone else we should talk to?		
11. Who else should we be speaking with at this point in the decision-making process? Do you have any last thoughts or suggestions for us at this time?		

Communications Questions:

- What are the best ways to reach stakeholders for recruitment and reporting (to help the engagement team know where to reach out to stakeholders, and if there are key peers or other leaders than should be involved for facilitating the process)?
- How would you rank the level of awareness you (and/or the broader stakeholder community) have for this project?
- What information do you think people will need in order to participate?
- Are you aware of any communications opportunities/channels which we might not be aware of where we could promote the engagement?

Following the pre-engagement interviews, and after ensuring interviewees have an opportunity to review the notes, the team will summarize the findings and work to integrate the needs of stakeholders to the maximum degree possible in the engagement and communications plans.

Appendix D

British Columbia Ministry of Health

Patients as Partners Initiative

Spectrum Assessment Tip Sheet

The Purpose of the tip sheets is to provide guidance and support to health-care organizations in their patient, family and community engagement activities. This tip sheet is intended for use by engagement staff, health service practitioners, program managers, community development officers, and any health-care staff across B.C.'s health system who are working on engagement projects related to patient populations.

Goal: to determine the level of engagement on a spectrum or continuum. The spectrum of engagement is depicted on the next page. These tips are most relevant to system redesign.

Rationale: Patient, family and public engagement in decision making is part of the approach to person- and family-centered care and has been recommended to government by the B.C. Auditor General (https://www.bcauditor.com/sites/default/files/publications/2008/report11/report/public-participation-principles-and-best-practices-british-columbia.pdf).

The Spectrum of Engagement was adapted from the International Association of Public Participation (IAP2) [16] by the Patients as Partners Initiative. The levels of engagement on the spectrum build on one another and describe how empowered patients are with care decisions and in policy making, and how much potential influence patients' voices will have on decisions. The range is from one-way provision of information (Inform) without being necessarily influenced by patients or public to delegating decision making (Empower) with gradations of engagement (Consult, Involve and Collaborate) between.[17] Moving down the spectrum requires a greater promise to the people being engaged and results in an increasing level of influence.

Planning is the most important part of the engagement process. Choosing the most appropriate level on the spectrum is important for:

- building and maintain a trusting relationship in the engagement;
- providing an authentic and meaningful engagement for stakeholders;
- using common language to describe the engagement;

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[16] International Association for Public Participation (IAP2). *IAP2 Canada - Public Participation Spectrum*, IAP2 Canada, 2015, iap2canada.ca/page-1020549

[17] Carman, K. L., et al. "Patient And Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies." *Health Affairs*, vol. 32, no. 2, 2013, pp. 223–231., doi:10.1377/hlthaff.2012.1133.

- setting and managing expectations for those involved in the engagement; and
- obtaining the input that is needed for the decision makers.

Determining the level of engagement and public impact is also a key component of the 'promise to the public.' As part of the five cornerstones of engagement, choosing the correct level on the spectrum of engagement particularly relates to *accountability:* "The decision maker will demonstrate that results and outcomes are consistent with the commitment that was made to stakeholder groups and the public at the outset of the initiative" and *transparency:* "The decision maker will ensure that stakeholder groups and the public that are affected understand the scope of the pending decision, the decision process and procedures, and any constraints facing the decision maker."[18]

Spectrum of Engagement

Ministry of Health Role	Definition of each level of engagement on the spectrum	Decision Making Authority
	Inform – The promise to you is that the health-care partner will provide you with clear and objective information. When working with patients as partners, the objective is to provide information to increase understanding. This is one-way communications.	No decision for the patient or public
The Ministry of Health will usually conduct patient, family, caregiver and public engagement using these levels on the Spectrum	**Consult** – The promise to you is that the health-care partners will listen and acknowledge your ideas and concerns, and provide feedback on how your input affected the decision. When working with patients as partners, the objective is to obtain feedback on things like draft plans or recommendations. This is two-way communications.	
	Involve – The promise to you is that the health-care partner will work with you to ensure that your ideas and concerns are reflected in the recommendations, and provide feedback on how your input affected the decision. When working with patients as partners, the objective is to involve the patients in planning or in the design phase to ensure their ideas and concerns are considered and reflected in alternatives and recommendations. This is two-way communications.	Shared decision making[19]
	Collaborate – The promise to you is that the health-care partner will work together with you on developing the solutions and include your recommendations into the decision as much as possible. When working with patients as partners, the objective is to engage patients in decision-making alternatives, recommendations and solutions to the fullest extent possible. This is two-way communications.	
	Empower – The promise to you is the health-care partner will implement what you decide. This is delegating the responsibility of the decision to patients or the public. This is two-way communications.	Delegated decision to patients and public

The 'promise to the public' refers to the level of influence and empowerment the public has on the decision, as described by the level of engagement chosen. "Public participation cannot be undertaken

[18] British Columbia, Office of the Auditor General. Public Participation: Principles and Best Practices for British Columbia, 2008. www.bcauditor.com/sites/default/files/publications/2008/report11/report/public-participation-principles-and-best-practices-british-columbia.pdf.

[19] Kon, Alexander A. "The Shared Decision-Making Continuum." *Jama*, vol. 304, no. 8, 2010, p. 903., doi:10.1001/jama.2010.1208.

lightly. Expectations may be unrealistically raised unless government is clear from the outset about what exactly is being sought and what weight it will place on the input it receives."[20]

Background work to do before choosing an engagement level: An internal planning team will likely want to consider the following questions in an engagement planning process:[21]

- **What is the decision to be made/question to answer?** What are the objectives of the engagement? Create a **decision statement** that is concrete and includes who, what, where, when and why. Also, clarify what aspects of the decision are not negotiable for legal, technical, clinical, fiscal or other reasons.
- **Who is the decision maker and internal stakeholders?** Determine and try to gain further internal commitment and support for doing an engagement with the decision makers and internal key stakeholders. Clarify expectations, resources (monetary, personnel, and time), obtain suggestions, and assess organizational readiness for engaging the public and the resulting changes that could arise from the engagement.
- **What do we already know about the issue?** Review reports, past engagement findings, media coverage, etc. to consider who the stakeholder groups are and what are their expectations, the risks and benefits of engaging, outside influences, topics to avoid, the existing level of trust, and other important issues that are uncovered.

At this time, the level of engagement could be considered by answering the following questions, which may have arose in previous discussions:

- What is the role of patients and families?
- What is the benefit from engaging them?
- What are we hoping to achieve by engaging patients and families?
- How will we use the input from the process?
- What promise are we able to make to the stakeholders?
- To what degree can patients and families influence the decision we are making?

Choosing the level of engagement on the spectrum: Select the appropriate level of engagement based on the specific context of that decision—higher levels are not necessarily better. Never conduct an engagement at a higher level of engagement than what the decision maker has agreed to, as this would risk support for future engagements by the decision makers and frustrate participants. Generally, for urgent decisions, Inform is the best way to provide information on the occasion there is a public health crisis. If alternative or draft decisions exist, then choose Consult. If more information is sought to determine alternatives, then Involve is the right choice. If the public will work as partners to determine the choices and decisions, then Collaborate is most appropriate. Finally, if the public is to determine the

[20] British Columbia, Office of the Auditor General. Public Participation: Principles and Best Practices for British Columbia, 2008. www.bcauditor.com/sites/default/files/publications/2008/report11/report/public-participation-principles-and-best-practices-british-columbia.pdf

[21] BC Ministry of Health. Integrated Primary and Community Care Patient and Public Engagement Framework. 2011. Available at: http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/primary-health-care/patients-as-partners-public-engagement-2011.pdf

choice, such as voting, then the level is Empower. For complex problems, there could be multiple engagements at different levels. Generally decisions with higher levels of controversy or consequence require higher levels of engagement.

If there is a consensus of the expected level of engagement by the decision maker and from interviews internal and external stakeholders interviews, then choose that level of engagement. If there are significantly different expectations, then:

1. Review each interview (decision-maker support, internal stakeholders, external stakeholders, early expectations of the decision maker for this engagement) with a particular focus on the impact the decision will have on them, as well as the level of influence they want to have on the decision, to determine what level of engagement they expect. The Stakeholder Mapping Matrix below may be helpful in this process.

Stakeholder Mapping Matrix[22]

Level of Influence → High			
	Involve • Ideas, concerns, preferences and values are heard and considered in developing options and approaches. • Feedback is provided on how participant input affected the decision.	**Collaborate** • Work together on all aspects of the decision for developing alternatives and a preferred solution. • Input is included into the decision to the greatest extent possible.	**Empower** • Decision-making is placed in the hands of the stakeholders. • The decision maker implements what the stakeholders decided.
	Consult • Ideas and concerns about a proposal or alternatives are heard and considered. • Feedback is provided on how their input affected the decision.	**Involve or Consult** • Ideas and concerns are heard, acknowledged and reflected in the recommendations. • Feedback is provided on how their input affected the decision.	**Collaborate** • Work together on all aspects of the decision for developing alternatives and a preferred solution. • Input is included into the decision to the greatest extent possible.
	Inform • Clear information is provided to increase understanding about the decision. The decision is made by the decision-maker.	**Consult** • Ideas and concerns about a proposal or alternatives are heard and considered. • Feedback is provided on how their input affected the decision.	**Involve** • Ideas, concerns, preferences and values are heard and considered in developing options and approaches. • Feedback is provided on how participant input affected the decision.
Low	Level of Impact →		High

[22] Adapted from the Victoria State Government (Department of Education and Early Childhood Development) Stakeholder Engagement Framework https://www.eduweb.vic.gov.au/edulibrary/public/commrel/policy/oct2011stakeholderengagement.pdf and the International Association of Public Participation Spectrum http://iap2canada.ca/page-1020549

2. Summarize the expected levels of engagement from all of the interviews into a Spectrum Level Expectations Summary Table.

Spectrum Level Expectations Summary Table[23]

Expectations of participants	Inform	Consult	Involve	Collaborate	Empower
What level was forecasted?					
What level of participation did the decision maker support?					
What level of participation did internal stakeholders expect?					
What level of participation did external stakeholders expect? *(This can be summarized in one line or expanded if showing a variation in responses is helpful)*					

3. Meet with the decision maker to present the summary table and describe why the interviews produced results different from what was projected e.g. there are additional consequences and/or groups who are affected by the outcome of the decision than was originally thought. Also describe the risks and benefits of changing the level of engagement that the decision maker should consider e.g. stakeholders who expect a higher level of influence than they are given may challenge an engagement process and the related outcomes.

4. Choose the level of engagement that represents the level of influence the decision maker is willing to offer to the public. Some adjustments up or down from this level can be incorporated in the types of engagement techniques that are used.

[23] Based on the International Association of Public Participation Spectrum Level Expectations Summary in Planning for Effective Public Participation.

Appendix E

British Columbia Ministry of Health

Patients as Partners Initiative

Supplementary Guide Engagement Techniques

The purpose of this supplementary guide is to provide information and support to health-care organizations in their patient, family and community engagement activities. This guide is intended for use by engagement staff, health service practitioners, program managers, community development officers, and any health-care staff across B.C.'s health system who are working on engagement projects related to patient populations.

Goal: to help determine the engagement techniques that would best fit with the level of engagement chosen on the spectrum of engagement.

This guide is best used after the Spectrum Assessment Tip Sheet. While these tips can apply to all three domains of health-system engagement this guide is most relevant to program and community services and system redesign.

Rationale: Patient, family and public engagement in decision making is part of the approach to person- and family-centered care and has been recommended to government by the B.C. Auditor General (https://www.bcauditor.com/sites/default/files/publications/2008/report11/report/public-participation-principles-and-best-practices-british-columbia.pdf).

An engagement technique is the way, or *how*, the public will be engaged. Choosing an appropriate engagement technique is part of the planning stage of the engagement process and is important for:

- developing a trusting relationship in the engagement,
- providing an authentic and meaningful engagement for stakeholders, and
- obtaining input that is useful for the decision makers.

When to Choose the Engagement Technique:

One or more engagement techniques are chosen after the level on the spectrum of engagement has been determined for your engagement. Refer to the Engagement Framework and Spectrum Assessment Tip Sheet for guidance on determining the level of engagement on the spectrum. The level of engagement is one key factor to consider when determining which techniques would best suit the engagement.

Engagement requires the sharing of meaningful and accessible information, so always include at least one technique from the Inform level of engagement. For some decisions, one engagement technique (in addition to the techniques used at the level of Inform) is adequate, but this is rare.

To choose your engagement techniques, create a short list of possible engagement techniques and compare these against each other (often in a table or spreadsheet format) to determine which techniques best suit the needs of the engagement process. Ideally patients and families will have input in this decision. Some questions to consider when choosing an engagement technique are:

- Does this technique match the level on the spectrum that is chosen i.e. will the technique fulfill the promise to the public?
- Would the technique provide the type and amount of information the decision maker will need to make the decision?
- Would this engagement technique be acceptable to the decision-maker and meet any legal or other requirements?
- Has this technique been used successfully for this type of decision or group of participants? New and innovative techniques may be considered if it is expected that the audience would be open to them. However, the outcomes from a new approach are less certain that a tried-and-true approach.
- Would each participant be able to fully participate in the technique and are any accommodations necessary? Many decisions benefit from hearing from a diverse audience of patients and families that have a mix of different: age groups, genders, locations such as rural and urban, ethnicities, hard to reach groups, groups with access issues or barriers (e.g. mental and physical abilities, literacy levels, need for child care, need to have certain technology, etc.), knowledge and experiences with health care, etc. Consider if a variety of barriers and diverse needs such as: privacy/confidentiality/stigma/racism/ marginalization/power imbalance, difficulty in communication, lack of trust or confidence in the process, difficulty in having time/resources/ability to participate, etc. can be addressed.
- Does this technique meet the expectations that people have with the engagement? Expectations may have developed from a previous decision on the topic or by the decision maker, or can be reflected in high emotions around a decision particularly if there are divided communities, dominant voices, or groups with unique interests.
- Will there be resources available to support this technique (financial, engagement staff, need for an independent facilitator with related cost/time/availability, interpreters, signers, recording and evaluation staff, timing (preparation, pre-reading by participants, time to do this technique during the engagement day), technology, room size, etc.
- Would a web-based or face-to-face engagement be preferable? Internet-based techniques allow people who have difficulty travelling (remote communities, transportation challenges, homebound because of caring for children, elderly, or have unusual schedules) to participate, provides more anonymity and can be more cost effective than meeting face-to-face. However, this method excludes people with barriers to using the internet. Internet options may not be cheaper if moderators are required to manage comments and conversations over extended times.

Most often, a variety of different opportunities to participate are chosen e.g. face-to-face, online, large group, small group, sharing of information, participation whether in pairs, groups, making choices from options, open-ended feedback to keep the engagement interesting and to suit preferences by different group members. For example, during a day of engagement, information sharing (using a variety of presentations/handouts) would be interspersed with techniques such as a paired interview, a large group discussion and small group discussions and voting.

Summary of Engagement Techniques

There are numerous websites that describe several of the hundreds of engagement techniques that are available. The following descriptions are not an exhaustive list but will provide ideas of more frequently used techniques and that fit with the spectrum level you have chosen. The techniques have been grouped according to the spectrum of engagement. Note that the techniques are placed into the spectrum on where they are most often used. Also consider that:

- Some techniques can be used in more than one level in the spectrum.
- All engagements at every level of the spectrum of engagement need to include mechanisms to share information from the Inform level of the spectrum. If the goal is to: listen, collect, organize and acknowledge feedback from participants, review possible techniques under the Consult and Involve levels of engagement.
- If the goal is to work with (understand concerns, preferences and values) or partner (work together to identify alternatives and preferred solutions, then choose at least one technique from the Collaborate level of engagement.

Inform Techniques:
The goal of Inform level of engagement is to provide information. This is a one-way pushing out of meaningful information in a way that is accessible to participants: it is not a discussion or gathering of input or feedback. When choosing Inform techniques, consider if you will provide information to participants prior to the engagements (pre-reading), how you will provide information during the engagement (such as presentations), and how you will close-the-loop (reporting on how the information was used and the decision that was made).

There are numerous Inform techniques that include: news release, podcast, non-interactive webpage, information repository, fact sheet, briefing note or report, progress report, printed promotional and marketing materials such as posters and pamphlets, story-telling or narrative report, in person or video presentation, open house, mail drop (email or hard copy), etc.

Consult Techniques:
The goal is to provide information, gather feedback/input, and provide feedback on how their input affected the decision. At the level of Consult, participants do not collaborate on developing the materials but respond to the questions or materials that are provided to them. Feedback can be on a question (e.g. what challenges have you faced in accessing health care?), on a proposed solution(s), or input on a document or material (does it make sense?; does it answer the questions they have?; would the method of distribution that is proposed work?; etc.).

Consult Techniques include:

- Survey: Surveys generally provide information from individual participants without providing an opportunity for discussion or sharing of ideas. An established survey or a customized survey for the engagement can be provided online or in paper form, either for citizens, a representative sample or a pre-determined group. Surveys can be done using a scientific method (e.g. research) or more less formally (e.g. quality improvement). Benefits of surveys are than they can be done without the need to meet, can reach a large number of people, allow for re-surveying over time and can be done anonymously.

- Delphi Process: This is a modified survey approach which uses an iterative process. Similar to a survey, participants do need to meet face-to-face or virtually and offer input individually. However, unlike surveys, participants are to respond to other participant feedback. Specifically, surveys or questions are sent to participants, feedback is collected and distributed. Participants review the summarized report and can provide further input. Input is summarized and resent until participants have no further additions.
- Comment form: Similar to surveys, these generally provide information from individual participants without providing an opportunity to discuss or share ideas. Comment forms can be provided online or paper in form and made available to the general public or sent to a pre-determined group.
- Interview: Generally this is done one-on-one where participants are asked questions in person, by phone or online. Although there are pre-determined questions, this technique provides an opportunity to gain a deeper insight into people's responses than a survey because of a personal connection and the ability to ask follow-up questions to explain responses.
- Focus Group: A deliberatively selected group of people participate in a planned discussion about a topic/issue/idea/problem. This technique is similar to an interview but is done in a group setting to encourage interaction between participants on their ideas and perspectives.

Involve Techniques:
The goal at the level of Involve is to understand the participants' perceptions and include their ideas into the creation of options and approaches. Information collected at this level is greater as is the amount of influence on the decision.

Involve techniques include:

- Workshop: The purpose is to bring together people to discuss their ideas (e.g. about the strengths, weaknesses, opportunities and challenges) of a project/activity and consider the way forward (e.g. launching a new initiative). Formats of the interactive discussions can vary. Workshops are most commonly done in-person and include representatives of groups that would be both positively and negatively impacted by the project. Generally an experienced facilitator is used to: encourage participation by those inhibited by large groups, handle any conflict/confrontation, keep discussions moving, etc.
- World Café: also described as a revolving conversation, is a structured knowledge sharing process where groups of people discuss a topic at several tables; individuals switch tables periodically and getting introduced to the previous discussion at their new table by a "table host" and add new ideas that were not previously presented.
- Open Space: Participants provide the topics that they wish to discuss and host the discussions. Participants are free to move ('law of two feet') to topics for as they are interested in participating. A standardized list of rules is usually given to participants before embarking on an Open Space discussion. More information is available at: https://en.wikipedia.org/wiki/Open_Space_Technology
- ORID: a structured conversation led by an experienced facilitator who asks questions on the **O**bjective, **R**eflective, **I**nterpretive, and **D**ecisional aspects of a problem, often using a natural or conversational approach.
- Town Hall: This can be conducted in-person, online or by telephone. Town halls provide the public an opportunity to ask questions or provide comments publically 'on the record' to a decision maker or representative about an impending decision.

- Forum: Often these are held in-person and in a public space but can be online or by telephone. The goal of a forum is to provide the public with an opportunity for public deliberation/debate/discussion around a proposal or problem, often an issue of public interest. There are variations or types of public forums.
    - Open public forum: This is the traditional style of forum originating from ancient Rome in which a public place is used for people to debate an issue. Few restrictions on placed on what ideas can be raised.
    - Limited public forum: Restrictions on the location (restricted to certain member of the public), topics for discussion are restricted
- Mapping: A variety of maps can be considered to focus conversations. For example: what should stay/what should change; current state/proposed actions/future state, etc.
- Site Visit: Decision makers or their representatives attend a location and speak to people who are there (or are impacted there). This is particularly useful if there are aspects of the location and/or the flow through of the process that is important to understand with the decision.
- Fish Bowl: This process limits the numbers of participation that happens in an open discussion and can be useful to control contentious viewpoints or varied viewpoints and keeps participation by each person short. A fish bowl process is usually embedded into another technique such as a dialogue and can replace a panel discussion. In a fishbowl, 3 – 6 people sit in a circle with the other participants behind. If you have a seat you briefly share a topic with the others that are seated, when you are done you leave. When someone else wants a seat, they stand behind. Some seats may be permanently assigned to a decision maker. Often there is a moderator to keep the conversation flowing.

Collaborate Techniques:
The goal at the level of Collaborate is for participants to work together on developing alternatives and the preferred solution for the decision. Participants' input is used in the development of solutions and will be incorporated to the maximum extent that is possible. Engagement techniques allow participants to share information, discuss and work together as a team.

Collaborate techniques include techniques from the level of Involve plus:

- Advisory Committee: contains a group of people, each with unique knowledge about a problem/issue to provide varied perspectives and recommendations. Participants may be employees of organizations and participants may meet regularly to deal with ongoing issues around a specified topic.
- Card Storming: is a brainstorming technique where participants provide their input/ideas around a particular topic on sticky notes/cards. The number of cards may be limited per person. The group develops groupings and themes, usually for further discussion using another engagement technique.
- Reverse Brainstorming: Ask the group (this may be done in sub-groups or tables) how to prevent a desired action from happening. Then consider what is actually currently happening and consider how to address these barriers.
- Consensus or Deliberative Dialogues or Forums: The goal is to develop common understandings, consider possible courses of action in determining answers to what should be done to move forward, even when the end point may be uncertain.
- Charrettes: are traditionally conducted for architecture or other physical design processes. Participants consider scenarios over a meeting or course of meetings to collaborate on solving problems and optimizing design.

- Roundtables: this is a type of forum where a specific topic is chosen for discussion and each person has equal rights to participate and all are considered peers. A facilitator or moderator is often used to ensure everyone participates equally.
- Appreciative Inquiry: The focus is on only positive aspects of an issue and has four phases: what is or has worked well, what it might become, how it should look, and the plan to create it. This type of activity, often called a summit, usually takes more than one day but builds a shared vision and consensus for action.
- Consensus Conference: often the conference focusses on education prior to working towards solutions and usually has approximately the same number of public members as experts plus a Chair.
- Workshop: Generally a large group of people are brought together on an issue, information is provided to all, and then the group is subdivided to work on specific aspects of the problem.
- Future Search: a large number of diverse stakeholders come together to present their shared past which will probably results in dissimilar viewpoints. Then the goal is for everyone to consider a distant future state. Common goals are found, often by dividing into subgroups, where participants agree to work together to move to the desired future state.

Empower Techniques:
The goal at the level of Empower is for the decision-maker to transfer their decision-making responsibility to participants (within established boundaries or 'givens'). Thus, the decision-maker becomes the public that is engaged—whether this is for a small part of the engagement process or for the final decision. Empower techniques can be used for a part of the engagement process to that allow participants to provide input on preferred choices—such as changing the timing of events or suggesting a preferred solution to a problem. While juries or voting mechanisms are commonly considered as Empower techniques, almost any techniques can be used that will allow the group to first share ideas and then come to a decision.

The advantage of including voting techniques during the engagement process is to get immediate results that can be used to change the structure of the day (e.g. suggestions for what we need more of or should change, do we need to take more time to discuss something or are we ready to move on) or to quickly understand which options that were presented are most preferred.

Empower techniques include:

- Voting: there are many ways to incorporate voting into an engagement process
  - Ballot: people select preferred choices from a list
  - Up/Down: people offer suggestions on what they want more or less of in the rest of the engagement process
  - Raising hands: people raise their hand if they agree with an option
  - Fist of Five: similar to raising hands, up to five choices are given and people raise their finger representing their choice
  - Polling: people vote on options on a keypad such as those on a phone app or i-clicker
  - Dotmocracy/Dot Voting: each person receives the same number of sticky dots and places these on their preferred choice(s)—this option often follows a card storming technique
- Delegation: a group of people who are chosen to vote for someone else
- Think Tank: a group of experts that provide advice and ideas on specific problems
- Citizen Jury or Citizen Panel: a group of randomly chosen public members that represent the population's demographics, listen to expert opinions, then deliberate and provide a decision.

In summary, for an engagement process, consider which techniques at the level of inform you will include for providing information before, during and after the engagement. Review all categories of the engagement techniques and consider which may work well for the information you need to gather and in what format. Perhaps there are questions where you want the participants to vote on decisions.

Keep in mind that the collection of information brings responsibilities of reporting and using the data. Thus, do not collect information that you know you will not use. All information you receive should be documented and be reported. For example, if you ask for possible solutions for moving forward and the group's preferred approach, then this should all be documented. Participants will also need to be informed of the decision and rationale for why this solution was chosen, particularly if it was not the preferred option from the engagement.

Appendix F

British Columbia Ministry of Health

Patients as Partners Initiative

Patient and Public Engagement Measurement and Reporting

The purpose of the tip sheets is to provide guidance and support to health-care organizations in their patient, family and community engagement activities. The tip sheets are intended for use by engagement staff, health service practitioners, program managers, community development officers, and any health-care staff across the B.C. health system who are working on engagement projects related to these patient populations.

***Goal*:** to prepare the report on the findings from the engagement, also referred to as 'closing the loop' and the measurements to collect. These tips are most relevant to community services and system redesign.

***Rationale*:** Patient, family and public engagement in decision making is part of the approach to person- and family-centered care and has been recommended to government by the B.C. Auditor General (https://www.bcauditor.com/sites/default/files/publications/2008/report11/report/public-participation-principles-and-best-practices-british-columbia.pdf).

Key aspects of measurement:

The main reason for conducting an engagement is to provide information from people who are affected by a decision to help the decision maker make an informed choice. Proper measurement is important in determining if the engagement was effective in providing the decision maker with the information needed to make the decision. Many decisions will be based on health-care improvement.

Ideally the planning team will have a person with expertise on engagement measures or will add a person with expertise for this part of planning process. The planning team will choose from existing measurement tools, customizing existing tools, or creating a new tool; incorporating standardized engagement measures (if any) from the organization. Some of the things to consider is are the privacy implications for collecting, analyzing, and storing personal information.

Types of measures:

- **Context measures** consider the broader situation beyond the engagement question. These considerations include: whether the engagement met a goal of the organization to engage the public; did the engagement improve understandings of participants; were relationships made or enhanced that can be helpful for upcoming engagements, etc.
- **Process measures** consider the implementation of the engagement. These quality improvement findings are useful for when planning future engagements and consider what went well and what could be improved.
- **Outcome measures** consider what was generated from the engagement. Specifically, there should be one or more outcome measures linked to each engagement objective. Outcome measures are generally associated with a strategic priority where there is a tangible change (increase, decrease or maintain) in people's behaviour or financial results. (For example, when 50 people quit smoking, the organization decreased sick time with their employees by 30 % resulting in a $50,000 savings.)
- **Impact measures,** also known as the 'so what' questions consider what will change as a result of the engagement. Generally one impact is a more informed and publically acceptable decision about the engagement question. Other impacts to document include the effects on: broader issues surrounding the decision, participants (e.g. they are more engaged and have more understanding and positive feelings about the issue or organization), increased organizational expertise on conducting engagements, decision-makers comfort levels with supporting engagements, etc.

Other considerations for measures:

Because decisions are linked to a broader issue/topic and are situated within an organization, it may be useful to include some measures around the broader context. Check for standardized measures that have been used, as it may be desirable to have measures that can be compared across engagements. If the organization's rationale for engaging the public is not clearly stated, consider if they are similar to other similar organizations where they are documented. "The most common reasons government organizations use public participation is to:

- Raise awareness of an issue or pending decision.
- Provide information on complex issues before a decision or to correct misconceptions.
- Demonstrate that the government is taking action on a particular issue.
- Develop a series of options and determine the preference of various public parties.

Therefore, when choosing the questions to ask in the engagement, the measures that will be used, and when framing the findings within the larger context of the decision, it may be helpful to consider how these fit within the Triple Aim and person-and family -centred care.

Designing and measuring objectives:

To ensure your objective is measurable, use the "SMART" approach:[24]

S - Strategic, they support the over-arching objectives
M - Measurable, there is an observable metric that can be quantified
A - Achievable, sufficient resources are available
R - Relevant, to the decision/opportunity being supported
T - Time bound, a reasonable timeline is established

Example of measuring a SMART objective:

The example engagement objective "Collaborate with all stakeholders to develop a set of operational design criteria" written in a SMART format would be:

Prior to publishing operation criteria, collaborate with representatives of each stakeholder group to establish an 80% consensus on design criteria by March 31, 2020.

Objective	Measurement
Prior to publishing operation criteria, collaborate with representatives of each stakeholder group to establish an 80% consensus on design criteria by March 31, 2020.	75% consensus was met was by all stakeholder representatives by March 31, 2020.

Reporting Back or Closing the Loop

The main reason for conducting an engagement is to gain input from people who are affected by a decision. This input will help the decision maker make an informed choice. It is important to report back not only to the people who participated and the decision maker, but also those impacted by a decision who may not have been involved with the engagement. There are two groups that you need to report back to:

- Decision Makers: Findings from the engagement need to be reported back to the decision makers.
- Participants: It is important to let the people who participated in an engagement know how their input is being used after the engagement concludes.

Reporting back, or closing the loop, with participants is important step even if a decision has not yet been made with the input provided. Interim reports can be a useful method for reporting back preliminary findings at a point along the decision making process when a final decision has not been made.

[24] Doran, G T. "There's a S.M.A.R.T. Way to Write Management's Goals and Objectives." *Management Review* , vol. 70, no. 11, 1981, pp. 35–36.

There are numerous methods that can be used to communicate the information back to participants, decision makers and those impacted by a decision in a timely and clear manner. Some examples include:

- Formal published reports
- Letters to participants
- Media updates (including, social, print and news or radio)
- Briefings with stakeholders

For the engagement team, it is helpful to have a debrief session soon after the engagement. You should document what went well and suggestions for improvement that can be used in the future. This may be a good time to clarify adjustments to final work plans around analyzing input, writing the report, and closing the loop with the decision maker and participants.

British Columbia Ministry of Health Patients as Partners Initiative

May 2018

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Ministry of Health Patient, Family, Caregiver and Public Engagement Planning Guide

Engagement Planning Scenario: Provincial Primary Care Waitlist

SCOPE OF DECISION

The need has been identified to establish a centralized, province-wide waitlist for British Columbians who are looking for a primary care provider. The purpose of such a waitlist is to increase the number of British Columbians who are attached to a provider.

BACKGROUND

About 16 per cent of people in B.C. do not have a primary care provider to which they are "attached". Attachment is defined as a regular, longitudinal relationship with a health care provider, be it a general practitioner (GP) or a nurse practitioner (NP). A key priority for the Ministry of Health, health authorities across the province and Doctors of BC is to increase the number of patients who are attached to a primary care provider.

A waitlist is a way for people to register their need for a primary care provider, and to connect patients with doctors and nurse practitioners. This waitlist initiative will decrease strain on emergency departments and walk-in clinics, improve the health outcomes of patients and support a meaningful and positive health experience for patients and providers. A centralized, province-wide waitlist will also provide a better understanding of where in the province the need for primary care providers is greatest.

Several provinces in Canada currently have provincially funded, centralized waitlists. In B.C. in recent years, several Divisions of Family Practice have implemented their own regional attachment strategies. An example is the Interior Health Authority, which worked with the Ministry of Health and the Thompson Division of Family Practice to establish a waitlist solely for Kamloops area residents, who were invited to call 8-1-1 to get on the list.

STAKEHOLDERS

Both internal and external stakeholders need to be engaged, in order to develop a waitlist that works for both British Columbians and providers. Hearing from a diversity of stakeholders is a key consideration.

ISSUES AND EFFECTS

The aim is for the waitlist to be person- and family-centered, meet all privacy and security requirements, and be easy to use. The Ministry of Health, in partnership with Doctors of BC, health authorities and primary care providers, wants to know what British Columbians consider to be important when it comes to features of a waitlist and what information users want when they are on the list.

In addition to this feedback, we are seeking input on two different models for a waitlist:

1. **Queuing** – first come, first served
2. **Prioritization** – people with greater need for primary care (i.e. those with a health issue or chronic condition) would be prioritized

What are some other considerations?

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Additional Resources

TECHNIQUES

- Explore the Ministry of Health's Engagement Tip Sheets (Google search: "Patients as Partners BC")
- Consider taking the International Association for Public Participation's (IAP2) Techniques Course Note: the IAP2 Planning course (three days) is a prerequisite for Techniques (two days)
- Explore the International Association of Facilitators (IAF) Methods Library (iaf-world.org)
- Explore Liberating Structures, an online database of 33 adaptable, interactive techniques (www.liberatingstructures.com)
- Google search: "community engagement techniques"

EVALUATION

- Consider taking the IAP2 Planning course
- Explore the Patient and Public Engagement Evaluation Toolkit, from the Centre of Excellence on Partnership with Patients and the Public (ceppp.ca)

ADDITIONAL LEARNING AND PROFESSIONAL DEVELOPMENT

- Explore the Patient Engagement Resource Hub offered by the Canadian Foundation for Healthcare Improvement (cfhi-fcass.ca)
- Sign up for the Ministry's Engagement Community of Practice
- Consider taking other training workshops (i.e. IAP2, Facilitating Engagement)
- Become a member of IAP2 for webinars, events, networking, etc.

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1.1 ENGAGEMENT PLANNING TEAM

NOTES

- **Jessica Delaney** – Engagement Lead (engagement and communications expertise) – Delaney + Associates
- **Emma Isaac** – Project co-lead – Manager, Primary Care, Ministry of Health
- **Glen Flett** – Project co-lead – Manager, Information Technology Systems
- **Shannon Holms** – internal stakeholder – Director, Patient Engagement and Community Programs, Ministry of Health
- **Carlie Evans** – consultant (engagement, communications and IMIT)

1.2 PROJECT OVERVIEW

PROJECT OVERVIEW	
Name of the Project	Provincial Primary Care Waitlist
Location	Province-wide application
Decision Maker	Ministry of Health ADMs Ted Patterson and Ian Rongve, and Executive Directors Barb Leslie and Shana Ooms
Decision Statement	By early 2019, the Ministry of Health, in partnership with Doctors of BC, health authorities and primary care providers, will develop and implement a province-wide, centralized waitlist for British Columbians looking for a family doctor / primary care provider.
Brief	About 16 per cent of people in B.C. do not have a primary care provider to which they are "attached". Attachment is defined as a regular, longitudinal relationship with a health care provider, be it a general practitioner (GP) or a nurse practitioner (NP). A key priority for the Ministry of Health, health authorities across the province and Doctors of BC is to increase the number of patients who are attached to a primary care provider. A waitlist is a way for people to register their need for a primary care provider, and to connect patients with doctors and nurse practitioners. This waitlist initiative will decrease strain on emergency departments and walk-in clinics, improve the health outcomes of patients and support a meaningful and positive health experience for patients and providers. A centralized, province-wide waitlist will also provide a better understanding of where in the province the need for primary care providers is greatest.
Project Decision Process	Project initiation – May 2018 Collect information and analysis – May-July 2018 Develop draft waitlist model – August-September 2018 Review and refine waitlist model – October-November 2018 Launch waitlist – January 2019

2.1 ENGAGEMENT NEEDS ANALYSIS

Engagement Needs Analysis			
Risk Element	**Not Very Likely**	**Somewhat Likely**	**Likely**
There is legislation and/or regulations that compel the decision maker to undertake engagement with those impacted prior to decision making. For example, building a hospital on lands that may require consultation with Indigenous People (First Nations Land Management Act) or consulting with local governments before an order is issued from the ministerial office (B.C Health Act).	✓		
There are provincial or health authority policies that require the conduct of engagement during this particular type of project/decision. For example, accreditation standards or policies that encourage person- and family-centred care.		✓	
There is a compelling legal precedent that mandates engagement. For example, a court case prevented a similar decision because adequate engagement was not undertaken.	✓		
There is an established public commitment on the part of the decision maker to undertake engagement for decisions like this, prior to issuing a decision. For example, commitments made by elected officials.			✓
There are likely to be significant adverse impacts on certain stakeholders.	✓		
When announced, the decision will cause public controversy or debate.		✓	
Implementation of the decision will create (or appear to create) winners and losers within the stakeholder community.		✓	
It will be beneficial for the decision maker to raise awareness and/or educate those groups that will be impacted by the decision about the rationale for the decision prior to an announcement.			✓
Stakeholders hold information that would benefit the decision maker and that information is only, or best, accessible through engagement.			✓
Engagement will enlist stakeholders who will benefit by the decision and thus provide public support to the decision maker.			✓

2.2 STAKEHOLDER MAPPING

Stakeholder Mapping – Interview Guide		
Name: Patient 1 (do not include name or other identifying information in the notes – interview input is not attributed in engagement reporting)	**Phone: (for interviewer reference only)**	**Email: (for interviewer reference only)**
Decision statement: By early 2019, the Ministry of Health, in partnership with Doctors of BC, health authorities and primary care providers, will develop and implement a province-wide, centralized waitlist for British Columbians looking for a family doctor / primary care provide.		
What is important to you as we go forward in making this decision?	My experience trying to find a family doctor has been really challenging. I want to see the waitlist actually result in more doctors where they are needed. It's not enough to just sit on a waitlist for months if no new patient spots are opened up.	
What aspirations or hopes do you have as they relate to this project?	I hope that a waitlist will ultimately reduce the use of walk-in clinics and people going to emergency. Everyone should be able to have a regular family health care provider, to get better care and help keep people healthy.	
What concerns or unknowns do you have related to this project?	How will the waitlist work for people who have a chronic health issue, versus those who aren't sick but just want a regular provider? How will people who don't have access to a phone or internet get on the list?	
Tell me about how you think stakeholders should be engaged? Probe if needed: What engagements have you seen in the past that you believe have been successful?	It's important that you hear from people around the province – not just those in Vancouver. I would think the focus should be hearing from people who have struggled to find a family doctor.	
What communications approaches do you think could be most successful in reaching stakeholders interested in this project?	Advertise in walk-in clinics and the emergency departments. Put an announcement on 8-1-1. Maybe there are online forums where people are looking for family doctors where you could advertise.	
Who else should we be speaking with at this point in the decision-making process? Do you have any last thoughts or suggestions for us at this time?	I'm sure you're talking to doctors, but it will be important to hear what they have to say about how the waitlist will work for them in accepting new patients. How will the waitlist maintain regular, up-to-date information about which providers are taking new patients?	

Impact Identification

Decision Statement: By early 2019, the Ministry of Health, in partnership with Doctors of BC, health authorities and primary care providers, will develop and implement a province-wide, centralized waitlist for British Columbians looking for a family doctor / primary care provider.

Direct & Intended Impacts	Indirect Impacts	Unintended Impacts
Provide one centralized resource for British Columbians looking for a primary care provider.	Create ongoing communications requirements to those people on the waitlist who want to check on their progress / position on the list.	Vulnerable populations who do not have a primary care provider may be further excluded from the process of getting one because of limited access to technology.
Identify areas (cities, towns regions) with the greatest need for more primary care providers.		British Columbians who are currently attached to a primary care provider may try to join the waitlist because they want to change providers.
Reduce use of emergency departments and walk-in clinics.		

Impact Rating			
Impact	**Stakeholder**	**Rating**	**Overall**
Provide one centralized resource for British Columbians looking for a primary care provider.	Unattached patients	+H	+M
	Attached patients	0	
	Family members / caregivers	+H	
	Primary care providers	+M	
	Primary care office staff	+L	
	8-1-1 staff	-M	
	Health Authority staff	0	
	Ministry leadership	+L	
	Divisions of Family Practice	+M	
Identify areas (cities, towns regions) with the greatest need for more primary care providers.	Unattached patients	+L	+L
	Attached patients	0	
	Family members / caregivers	+L	
	Primary care providers	+L	
	Primary care office staff	0	
	8-1-1 staff	0	
	Health Authority staff	+M	
	Ministry leadership	+H	
	Divisions of Family Practice	+H	
Reduce use of emergency departments and walk-in clinics.	Unattached patients	+M	+M
	Attached patients	+M	
	Family members / caregivers	+M	
	Primary care providers	+L	
	Primary care office staff	0	
	8-1-1 staff	0	
	Health Authority staff	+H	
	Ministry leadership	+H	
	ED staff	+H	

3.1 ENGAGEMENT SPECTRUM

Spectrum Level Expectations Summary Table[1]

Expectations of participants	Inform	Consult	Involve	Collaborate	Empower
What level was forecasted?		✓	✓		
What level of participation did the decision maker support?		✓	✓		
What level of participation did internal stakeholders expect? (Summarize in one line or expand if showing a variation in responses is needed.)			✓		
What level of participation did external stakeholders expect? (Summarize in one line or expand if showing a variation in responses is needed.)				✓	

NOTES

Pre-consultation interviews confirmed our initial projection that most impacts on external stakeholders will be positive, but highlighted questions about how the waitlist will operate that should be explored in the engagement.

As we are collecting information from stakeholders about what's important to them in terms of waitlist features, Involve is an appropriate spectrum level. For engagement questions about queuing vs. priority for waitlist set-up,

Consult is also appropriate, as we are presenting two options for input.

It is projected that most engagement objectives will be at the Involve level, with a few at Consult. This approach aligns with the forecasted level, as well as decision-maker support and internal stakeholder expectations. While several external stakeholders expressed a desire for a high level of engagement (likely Collaborate), we do not anticipate any controversy or issues with proceeding at Involve / Consult.

One of the new pieces of information we learned was that participants in the process identified that if "sicker" people, or people deemed to be in greater need of a primary care provider, are prioritized, then it means that people who are "healthy" will never advance of the list. This means that staying healthy and a focus on prevention may be lost with a strictly prioritization approach.

1 Based on the International Association of Public Participation Spectrum Level Expectations Summary in Planning for Effective Public Participation.

4.1 DECISION PROCESS MAPPING AND ENGAGEMENT OBJECTIVES

Decision Step		Decision Points	Engagement Objectives
1.	Project planning and initiation (Define the problem and decision to be made)	» Project scoping » Project Terms of Reference » Engagement planning » Communications planning » Engagement and communications launch	To inform all stakeholders of the project / pending decision, the background, and the upcoming opportunities to provide input, so stakeholders are aware and have the opportunity to participate.
2.	Collect information	» Environmental scan » Learn from Kamloops waitlist project » Learn from other provinces where central waitlists already exist » Learn from international models » Collect input primarily from unattached patients from across province » Engage with providers and primary care clinic staff » Engage with 8-1-1 staff » Engage patients and families	To involve key stakeholders, particularly British Columbians who are unattached from a primary care provider (or who have previously experienced unattachment) in understanding what's important about the waitlist structure and attributes, so the Ministry can understand stakeholder priorities. To consult unattached patients on the two waitlist models: queuing and prioritization, so the Ministry can understand pros, cons and preferences.
3.	Develop options for the waitlist development/design	» Reporting from previous step » Develop draft model based on all information and input collected	To inform all stakeholders of the draft waitlist model, and opportunities to provide feedback on the draft, so they are aware of the draft model and the opportunity to provide feedback.
4.	Evaluate alternatives	» Refine model based on engagement input and other criteria	To consult all stakeholders on the draft model, so the Ministry can receive additional feedback and further refine the waitlist model.

Decision Step		Decision Points	Engagement Objectives
5.	Make decision and launch waitlist	» Final model approvals » Announce final model details » Training for waitlist staff » Communications and awareness campaign » Ongoing monitoring and evaluation	To inform all stakeholders of the waitlist launch and instructions for how to get on the waitlist, so there is broad awareness of the new waitlist and how to access it.

4.2 ENGAGEMENT DESIGN

Engagement Objective: To involve key stakeholders, particularly British Columbians who are unattached from a primary care provider (or who have previously experienced unattachment) in understanding what's important about the waitlist structure and attributes, so the Ministry can understand stakeholder priorities, by November 2018.

Short Listed Techniques: #1: interviews; #2: focus groups; #3: online survey; #4: workshops	**Technique**			
	#1	**#2**	**#3**	**#4**
How likely is the technique to achieve the objectives?	x	x		x
What will it cost and do we have adequate resources to pay for this technique?	x	x		
Will this technique be accessible to all stakeholder groups?	x			
Do we have access to the tools (e.g. technologies) and personnel needed to implement this technique?	x	x		
Do we have the expertise to implement this technique successfully or do we need outside support?	x	x		
Is there sufficient time to successfully implement the technique?	x	x		
Does the technique have a proven track record of success in similar situations or with similar audiences?	x	x		x
Does this technique enable participation by hard-to-reach groups? What would be needed to reduce barriers to participation?	x		x	
Does this technique enable participation by groups with stigmatizing conditions? What would be needed to reduce barriers to participation?	x		x	
Will it meet all legal/policy requirements? Are additional steps (e.g. media release, privacy impact assessments, confidentiality agreement, etc.) needed to collect the type of data from the technique?	x	x		x
Are there any special circumstances that might affect the use of this technique?				
Can you obtain internal support for this technique? In some cases you may need support for a specific technique from elected officials.	x	x		

4.3 COMMUNICATIONS PLANNING

Project Narrative: About 16 per cent of people in B.C. do not have a primary care provider to which they are "attached". Attachment is defined as a regular, ongoing relationship with a health care provider, be it a family doctor (GP) or a nurse practitioner (NP). A key priority for the Ministry of Health, health authorities across the province and Doctors of BC is to increase the number of patients who are attached to a primary care provider.

The Province is working to set up a centralized, province-wide waitlist to help match British Columbians with a family doctor or nurse practitioner if they don't have one. We are starting by learning from other provinces that have such a waitlist, studying other waitlist best practices, and learning from British Columbians what's important to them for this waitlist tool.

A waitlist is a way for people to register their need for a primary care provider, and to connect patients with doctors and nurse practitioners. This waitlist initiative will decrease strain on emergency departments and walk-in clinics, improve the health outcomes of patients and support a meaningful and positive health experience for patients and providers. A centralized, province-wide waitlist will also provide a better understanding of where in the province the need for primary care providers is greatest.

Communication Objectives:	To inform all stakeholders of the project / pending decision, the background, and the upcoming opportunities to provide input, so stakeholders are aware and have the opportunity to participate.
Communication Challenges:	Reaching broad and diverse audiences of a variety of ages, ethnic backgrounds, geographic locations, etc.
Key Messages:	The Province will establish a centralized, province-wide waitlist to help match British Columbians with a family doctor or nurse practitioner. The Ministry of Health wants to hear from British Columbians across the province who don't have a regular, primary care provider – someone they consistently go to for non-emergency care. We want to hear from British Columbians, and family health care providers, to make sure we develop a waitlist that works for both British Columbians and providers.

Partners and Channels:	» Social media » Community health partner organizations » Patient Voices Network » 8-1-1 website » Posters in emergency rooms and walk-in clinics
Communication Budget:	Within existing project budget
Communications Measurement:	» Social media impressions and shares » Question during interviews about how the interviewee found out about the waitlist project

ENGAGEMENT ANNOUNCEMENT:

The value proposition: We want to develop a centralized primary care waitlist that will work for both British Columbians and health care providers. The goal is for the waitlist to be person- and family-centred, will meet all privacy and security requirements, and be easy to use. This waitlist initiative aims to decrease strain on emergency departments and walk-in clinics, improve health outcomes and support a positive health experience for both patients and providers.

Essence of the decision: The BC Ministry of Health will establish a centralized Provincial Primary Care Waitlist by early 2019. The purpose of the waitlist is to increase the number of British Columbians who are attached to a primary care provider.

Purpose of engagement: We are seeking input from British Columbians across the province who do not currently have a family doctor or nurse practitioner, or who have previously struggled to find a family doctor. We want to hear from British Columbians what's important to them in how the waitlist will work, what information they'd like while on the waitlist, and their opinions about two different waitlist models: queuing, or first-come-first-served, and prioritization, where people with a health problem are moved higher on the list.

5.1 PROJECT MANAGEMENT

Engagement Objective: To involve key stakeholders, particularly British Columbians who are unattached from a primary care provider (or who have previously experienced unattachment) in understanding what's important about the waitlist structure and attributes, so the Ministry can understand stakeholder priorities, by November 2018.

Consider	Who	What	When
1. Who has overall responsibility for this objective?	Jessica	Oversee engagement and communications implementation	Sept-Oct 2018
2. Who is providing a support role?	Delaney + Associates team	Facilitate focus groups and conduct interviews	Sept-Oct 2018
3. Who are the patients and/or families or other stakeholders that are involved?	N/A – no external stakeholders with project management role		
4. Who is managing the budget and logistics?	Julie (Delaney team project manager)	Interview scheduling and tracking Budget tracking	Sept-Oct 2018
5. Who has organizational responsibility for communication, such as graphics support?	Naomi (Delaney team designer)	Graphic design of recruitment and communications materials	Aug 2018
6. Who are the internal resources with special expertise that are important to the process, such as engagement or content experts?	Shannon Holms	Provide advice on draft engagement and communications plans	Aug 2018
7. Who outside the decision process might be important to include to increase the credibility of the engagement?	N/A for this objective		
8. What outside resources with special expertise will be important to include in the process, such as independent technical experts.	Those involved in the Kamloops pilot; Divisions of Family practice	Share their experience and provide advice on waitlist model	Sept-Oct 2018

5.2 MEASUREMENT AND EVALUATION

EVALUATION MEASURES FOR WAITLIST PROJECT

PROCESS ASPECTS	
Equal Opportunity to Participate: How were barriers considered and removed to accommodate diversity of participation and hear from vulnerable groups?	
INDICATORS	**SOURCES OF EVIDENCE**
» Special needs met » Information in accessible formats » Diversity of participation » Participation of vulnerable stakeholder groups	» Pre-consultation interview findings » Documentation of potential barriers and mitigation strategies » Demographic data » Participant evaluation questionnaire
Representativeness: Participants represented a cross-section of British Columbians who don't currently have a primary care provider or who have experienced this in the past. We heard from a diversity of geography, sector, gender, culture, language, relevant experience and health status.	
INDICATORS	**SOURCES OF EVIDENCE**
» Participants are representative of the British Columbia demographics generally » Balance of demographics » Majority of participants either don't have a primary care provider currently, or previously struggled to find one (relevant experience)	» Demographic data » Information provided by participants (interview input)
Transparency: Participants and the public understand how the decision was made and how their input was used (and if not, why not).	
INDICATORS	**SOURCES OF EVIDENCE**
» Participants understand the decision-making process and how their input will be used » Public-facing engagement report (what we heard and what we did)	» Interview input » Participant evaluation questionnaire » Engagement plan » Communications materials » Final report

RESULTS ASPECTS	
Capacity Building: Project leads increased awareness of engagement process and value that engagement adds. Relationships with stakeholders were strengthened.	
INDICATORS	**SOURCES OF EVIDENCE**
» Recognition of value of engagement » Interest in engaging more often » Increased willingness to participate among stakeholders	» Debrief with project leads / engagement planning team » Media reports of outcomes » Social media comments by participants
Influence on Decision Making: Participant input shaped the waitlist model, design and process in clear ways that can be communicated to stakeholders and the public.	
INDICATORS	**SOURCES OF EVIDENCE**
» Input is evident in approved waitlist model » Participants understand how their input was implemented	» Final report » Post-engagement evaluation interviews with participants

5.3 REPORTING AND FOLLOW UP

NOTES

Engagement summary report – What We Heard – will be distributed directly to all participants by email once final. This means we will need to request permission during interviews and focus groups to follow up with participants by email.

The What We Heard report must also include details on how engagement input was used and how input was integrated into the waitlist design and process.

The report should be concise, clear and include graphic elements as much as possible.

In addition to direct email distribution, the report should be posted to Patients as Partners webpage and included in the monthly newsletter. All community partners who assisted with recruitment of engagement participants will also receive the report and be asked to distribute it to their networks.