

## COMMUNICATIONS POLICY

### 1. INTRODUCTION

- (1) One of the principal responsibilities of a Board of Directors (the “Board”) is ensuring there is an effective program in place that enables the organization to communicate with its partners and the public generally. Such a program must effectively interpret the operations of the organization to the partners and must engage and accommodate feedback from the partners which can be factored into ongoing strategic and operational planning.
- (2) The need for an effective communications program is particularly evident in health services where the public itself is a principal partner. At one time or another, the operations of the Interior Health Authority (the “Authority”) affect every individual in the service area and, because the issues are those of personal well-being and necessary medical care, health services are always top of mind.
- (3) This normal high level of interest in the activities of the Authority is further heightened by the changes being introduced as part of the restructuring process. While the long-term goals of this are improved, sustainable patient-centred care, changes of any kind can generate concerns. Equally evident is the fact that these concerns can be magnified by third party statements made without the facts or to serve another agenda.
- (4) There are other partners as well, including the medical professionals and a wide range of employees with a lifetime commitment to health services. And finally, there is the Government which must have current, first hand knowledge that its initiatives are being pursued and needs a constant feedback on how and where the policies, programs and priorities in place need to be modified to achieve its overall objectives.
- (5) In these circumstances, the Authority must have and maintain a comprehensive, well focused, and proactive communications program.
- (6) The development of the program is primarily a management responsibility. The Board must set out the broad policy objectives.

### 2. SCOPE AND TONE OF THE PROGRAM

- (1) The Communications policy must address the needs of all of the principal partners including:
  - (a) The public including patients, residents, clients and their families;

## COMMUNICATIONS POLICY

- (b) medical staff;
  - (c) healthcare professionals and other staff members;
  - (d) health foundations and auxiliaries; and
  - (e) Government.
- (2) The program must also promote an active exchange between the individual Health Authorities, the Provincial Health Services Authority and other supporting organizations that, in some way share in or affect the delivery of health services in the area served by the Authority.
- (3) In all aspects of the program it is the intention to inspire confidence. This requires that the Authority take the initiative in identifying and addressing areas of concern and in providing clear explanations of its planning and activities. It also requires that the communications program accept input from the partners and that there will be full and reasonable answers to questions posed.
- (4) The Authority must, to the degree practical, maintain transparency and at all times make clear that it is fully committed to its Mission of promoting healthy lifestyles and provided needed health services in a timely, caring and efficient manner, to the highest professional and quality standards.

### 3. POLICY GUIDELINES

#### (1) The Public including Patients, Residents, Clients and their Families

Primary responsibility for the communications with the public rests with management. It will be management's task to develop an overall program to provide the public with balanced and objective information which will assist them in understanding the Authority's goals and the principal programs which affect them.

- (a) The intention is to gain public trust, giving the public the assurance of consistent, straightforward information and a reason to have confidence in the Authority and its Mission.
- (b) The program will involve a wide variety of tools including the website, news releases, paid media announcements, open houses, staff addresses, meetings with community and special interest groups, etc.

## COMMUNICATIONS POLICY

- (c) While the level of activity will be governed by budget constraints, this element of the communications program is particularly important and, because of its external coverage, effectively backs-up the internal staff communications programs.
- (d) The Chair will be the primary spokesperson for the Board and, together with the other directors, will assist management where appropriate by participating in meetings with community groups for example. The Chair, in consultation with the President and Chief Executive Officer (the “CEO”), will also accept speaking assignments dealing with overall policy and direction.
- (e) The Board will participate in the program by holding Board meetings which are in part, or in total, open to the public in accordance with the provisions of the *Health Authorities Act*.
- (f) The individual directors will play a part at the community level by explaining their role and displaying their commitment to the Mission and Goals of the Authority. Except at the requests of the Chair or CEO, individual directors are not expected to make public addresses or give press conferences. They can, however, request speakers from and re-direct press queries to the Vice-President Communications & Public Affairs.

### (2) The Medical Staff

- (a) Communications with the medical staff are primarily the responsibility of management and will, in the main, be structured around the activities of the Medical Advisory Committee structure.
- (b) As may be necessary, management will also use various methods including written bulletins or special information sessions to ensure that the medical staff are kept fully informed of any programs or planned activities that may affect their roles and working environment.
- (c) The Board will receive the reports and recommendations of the Health Authority Medical Advisory Committee and may, where circumstances warrant, arrange to meet with committee representatives.

## COMMUNICATIONS POLICY

### **(3) Healthcare Professionals and Other Staff Members**

- (a) Management will have responsibility for maintaining a broad program of communications with all elements of the Authority's healthcare professionals and other staff members by keeping them informed, to the maximum extent possible, of all on-going and planned developments which will affect them and the nature of their work.
- (b) This program will involve a variety of tools including staff bulletins and meetings, special information pieces, fact sheets, discussion groups, and use of the InsideNet by different levels of management and by individual departments and will demand a high degree of coordination to ensure continuity, consistency, and coverage. It is expected management will assign specific responsibility for this coordination.

### **(4) Health Foundations and Auxiliaries**

- (a) The Authority will maintain a close and continuing liaison with local health foundations and auxiliaries.
- (b) Responsibility for this liaison will rest primarily with the Vice-Presidents and staff of the individual Vice President portfolios.
- (c) The objective is to keep these organizations informed as to the Authority's goals and principal programs affecting areas and facilities with which they are concerned and to encourage their involvement in supporting the priorities established by the Authority.

### **(5) The Government**

- (a) The primary obligation is the reporting of the results of the Authority's operations in respect of an annual performance agreement and other directives of the Ministry of Health focussing on the following priorities: .
  - (i) effective health promotion, prevention and self management to improve the health and wellness of British Columbians;
  - (ii) British Columbians have the majority of their health needs met by high quality primary and community based health care and support services;

## COMMUNICATIONS POLICY

- (iii) British Columbians have access to high quality hospital services when needed; and
    - (iv) improved Innovation, Productivity and Efficiency in Delivery of Health Services.
  - (b) This reporting will follow an organized pattern established between the Ministry and the Authority and will be the responsibility of management.
  - (c) The Committees of the Board will ensure that the formal reporting obligations are respected in the areas with which they are directly concerned.
  - (d) The Chair, in consultation with the CEO will act as the direct interface with the Minister identifying special issues and problems which require joint examination and providing a timely reporting of any other developments that have a material and significant impact on the Authority.
  - (e) On matters which, in the view of the Board, may seriously affect the ability of the Authority to meet the Government's expectations, the Board will communicate with the Minister through the Chair and through the Chair's participation in the council of Authority Chairs.
- (6) Other Organizations**
- (a) Management will ensure that its communications program maintains regular contact with local, regional, Aboriginal and federal governments in order to interpret the operations of the Authority to these governments, accommodate feedback from them, and factor the input into ongoing strategic and operational planning.
  - (b) Management will maintain a continuing dialogue with the other Health Authorities and related organizations.
  - (c) It is expected that this dialogue will generate a broad sharing of experience including best practices, opportunities for potential efficiencies, alternative methods of service delivery, problem identification, etc. in the pursuit of a common mandate.
  - (d) The Chair will pursue this same level of cooperation and sharing of experience at the Governance level through meetings with the Health Authority Chairs.

## **COMMUNICATIONS POLICY**

### **4. ACCOUNTABILITY**

- (1) Management will assign overall responsibility for the development and conduct of the communications program and will, from time to time, inform the Board on the program parameters and available measures of its success.