



Interior Health

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# Working Together:

**Interior Health's approach to public participation and  
partnership in health services**

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# INTRODUCTION + CONTEXT

## Background

In his autobiography, *When Breath Becomes Air*, Paul Kalanithi wrote, “Human knowledge is never contained in one person. It grows from the relationships we create between each other and the world, and still it is never complete.”\*

In health care, we recognize the value and the need for continual connection and engagement with the many people who give and receive services. It is through our relationships that we learn, improve, cultivate support, respond to emergencies, and ensure the future sustainability of our health system.

Every day, Interior Health (IH) works with people and organizations who have an interest in our services. These interactions occur locally, regionally and provincially, and can range from small collaborations, to larger, public meetings or outreach initiatives. Guided by the *Ministry of Health’s Patient, Family, Caregiver and Public Engagement Framework (2018)*, IH has adopted the **International Association of Public Participation (IAP2)** spectrum as a lens to support our approach.



The IAP2 spectrum underscores the importance of transparency when we engage with stakeholders. It is always important to be clear about (1) **the purpose of our work together**, and (2) **who holds the decision-making authority**. More details about the IAP2 spectrum are found on pages 7-8.

\*(Kalanithi, P. 2016. New York: Random House.)

## What is 'Engagement'

Broadly, **engagement is any process that brings people together, in person or virtually, to support decision-making.** It is important when we are working with our partners and stakeholders that we are clear about the decision(s) to be made, what the options are, when the decision(s) will be made, and who has the authority to make the decision(s).

Interior Health's organizational values are foundational to our approach to engagement. We seek to engage with our stakeholders by demonstrating **Quality, Integrity, Respect and Trust.**

This document focuses specifically on IH's approach to how we approach **public participation and working with partners and stakeholders.**

## BC Health Quality Matrix + Engagement

Created by the BC Patient Safety & Quality Council and BC Health Quality Network, the **Health Quality Matrix** provides a framework for the three key responsibilities of a health system: the quality of services provided as viewed by the recipient and the providing system, and the value (cost/outcome) of these services.

The matrix is designed to help providers, partners and patients **engage with each other** to plan and evaluate health services by focusing attention on specific areas of care and dimensions of quality.

The BC Health Quality Matrix is a grid with 'AREAS OF CARE' on the vertical axis and 'DIMENSIONS OF QUALITY' on the horizontal axis. The matrix is divided into two main sections: 'STAYING HEALTHY' (top) and 'GETTING BETTER' (bottom). The 'STAYING HEALTHY' section includes 'Preventing injuries, illness, and disabilities'. The 'GETTING BETTER' section includes 'Care for acute illness or injury', 'LIVING WITH ILLNESS OR DISABILITY' (Care and support for chronic illness and/or disability), and 'COPING WITH END OF LIFE' (Planning, care and support for life-limiting illness and bereavement\*).

The 'DIMENSIONS OF QUALITY' are: ACCEPTABILITY (Care that is respectful to patient and family needs, preferences, and values), APPROPRIATENESS (Care provided is evidence based and specific to individual clinical needs), ACCESSIBILITY (Ease with which health services are reached), SAFETY (Avoiding harm resulting from care), and EFFECTIVENESS (Care that is known to achieve intended outcomes).

At the bottom of the matrix, there are two additional dimensions: EQUITY (Distribution of health care and its benefits fairly according to population need) and EFFICIENCY (Optimal use of resources to yield maximum benefits and results).

© 2008, the BC Health Quality Matrix was developed in collaboration with the members of the Health Quality Network which included BC's Health Authorities, Ministry of Health Services, academic institutions and provincial quality improvement groups and organizations. www.bcpsqc.ca

(Source: BC Patient Safety & Quality Council: <https://bcpsqc.ca/resource/bc-health-quality-matrix/>)

## Our Approach

Working together with partners occurs across IH, in all parts of the health authority.

In health care, there are three domains of public participation:

1. **Individual Care:** Engagement between patients and their service providers, where the goal is to meet the individual care needs. (*Patient and Family Centred Care*)

2. **Community health services:**

Engagement between IH and local communities and regions, where the goal is to make sure services offered are aligned to needs of the local population. Participants often include municipal governments, regional hospital districts, First Nations, MLAs, partner organizations, community associations, etc.

3. **Health system redesign:** Engagement across several communities, where the goal is to inform policy development and strategic planning targeted at the system. Participants often include provincial groups or regional tables, and engagement is generally over longer periods of time.

At the community level, IH's local leaders and Community Liaisons work most closely with partners and stakeholders in their immediate areas. At the system level, Corporate Directors and Vice Presidents maintain relationships that require IH-wide representation.



# WHY ENCOURAGE PUBLIC PARTICIPATION?



1. Increase public awareness and understanding of health services and how decisions are made.



2. Create opportunities for our partners to contribute experience and expertise to improve services.



3. Build and enhance relationships between IH and our partners.



4. Strengthen IH's reputation and credibility, increasing trust.



5. Engage early, using time effectively to move forward together.

# OUR APPROACH

## Principles of working together

**Respect • Trust • Equitable Access • Clear purpose • Follow-through**

## IAP2 Spectrum

The IAP2 spectrum helps leaders identify the purpose and commitment we make when we are working with partners and stakeholders. Working together can be time-limited and connected to a specific project, or it can reflect an ongoing and longer-term relationship.

The spectrum also provides a quick reference for appropriate tactics and available resources within IH.

The IH Communications and Public Engagement team leads IH's corporate efforts to “share information” (left column), most often through corporate channels such as [www.interiorhealth.ca](http://www.interiorhealth.ca), IH social media and interaction with reporters/media.

Teams across IH lead various activities which target specific key groups of partners and stakeholders. For example, the Medicine and Quality portfolio leads engagement with physicians, and the Aboriginal Health team supports engagement between IH and partner First Nations. The IAP2 spectrum provides a consistent foundation to our Engagement Framework, for all teams and portfolios.

## International Association of Public Participation Framework: @InteriorHealth

IAP2→	Sharing information	Consulting	Involving	Collaborating	Empowering
<b>Purpose</b>	Providing timely and reliable information that is easy to find and to understand.	Keeping partners informed, listening to and acknowledging input, and providing feedback about how input has influenced decisions	Working with partners to ensure that concerns and aspirations are directly reflected in alternatives developed.	Working with partners to identify options based on their ideas, proposals and innovations, and incorporating recommendations into the final decision.	Implementing an option or decision selected by partners, whether by vote or consensus.
<b>Commitment to the people we are engaging</b>	We will keep you informed.	Your feedback and questions will be considered as the decision is made.	Your input will be reflected in the alternatives.	Your input will be reflected in the solution.	We will support and/or implement what you decide.
<b>Tactics / approaches (Examples)</b>	Websites, social media Fact sheets, brochures Newsletters Media Presentations	Interactive websites Social media Presentations with Q&A Surveys Meetings, Focus groups	<i>Same as Consulting, plus:</i>  Workshops Participatory forums (Open Space, World Café)	Joint committees Advisory committees Participatory forums	Shared projects Circle of care (including patient, family members)

# ROLES + RESPONSIBILITIES

Here are descriptions of the roles and responsibilities shared by leaders across IH to initiate and lead our interactions with our partners and/or stakeholders.

## Board of Directors (Governance)

1. **Set the expectation:** Hold management accountable to work with partners and stakeholders at the individual level (patient and family-centred care), community level and at the system level, as appropriate
2. **Seek, listen, learn and share:** Seek out information to increase the Board's collective awareness about the people and communities served by IH, and to better inform Board decision-making
3. **Represent the governance perspective:** With a focus on outcomes and strategy, identify opportunities for IH, and delegate to the CEO for implementation
4. **Champion public participation and staff recognition:** Model the importance of relationships across IH by attending corporate events on behalf of IH, and recognizing achievements of staff and physicians

## Board Chair (Governance)

1. **Link to Health Authority Chairs and Minister of Health:** Represent IH's Board of Directors to other Health Authority Chairs and the Minister of Health

## Senior Leaders, VP Leadership Teams (Operational)

- **Set the expectation:** Hold staff and each other accountable to engage with stakeholders at the individual level (patient and family-centred care), community level and at the system level, as appropriate
- **Champion public participation and staff recognition:** Model the importance of relationships with key stakeholders, including staff, physicians, leadership, leaders and connections outside of IH, health care partners, Ministry of Health, etc.
- **Identify opportunities** to Inform, Consult, Involve, Collaborate and Empower with the goal of planning and implementing high quality services

- **Represent IH to external stakeholders:** Build and maintain relationships that support IH strategies and priorities through regular communication, initiating engagement when appropriate, and be responsive to requests and questions

## Community Liaisons (Operational)

- **Build and maintain relationships** with key local/regional stakeholders (assigned), based on sharing information and receiving feedback
- **Communicate stakeholder feedback** and input to IH, to enhance understanding of local/communities needs and to provide context for decision-making as appropriate
- **Identify opportunities** to Inform, Consult, Involve, Collaborate and Empower with the goal of planning and implementing high quality services

## Program Managers, Team Leads, Project Leads (Operational)

- **Create opportunities for public and partner participation** in planning and evaluation
- **Involve partners and stakeholders** (patients, families, staff, physicians, volunteers, etc.) in operations, as possible and appropriate
- **Connect with senior managers and Community Liaisons** when activities require additional support

## Staff, Physicians (Operational)

- **Demonstrate responsiveness** to the preferences of patients, families and caregivers
- **Encourage and support** the active participation of patients, families and caregivers in their own care
- **Provide information** to support patients, families and caregivers in decision-making
- **Participate in and support engagement activities** led by IH to support local service delivery planning and system-level planning

# REPORTING BACK

## Learning From Our Relationships

Every time we work with partners and stakeholders, whether on big projects or routine outreach, reporting back the outcomes to others at IH increases our ability to make more informed decisions going forward.

Consider:

- What are the main concerns of the stakeholder(s) and partner(s)?
- What new information was shared?
- Do we know if this perspective is consistent with other patients or communities in IH?

Share:

- Report back in a timely way to your team, project group, council, leadership team, etc.
- Provide an update to an identified operational lead/portfolio or Community Liaison (Board members report back to the Board of Directors and/or the Board Chair)
- Submit good news or accomplishments to In The Loop for sharing across IH
- Raise potential concerns or issues with Communications or the relevant portfolio

## Available Tools and Supports

Depending on the nature of the engagement need, there are various tools and supports available to IH to support engagement planning and implementation. These include:

- [Stakeholder engagement toolkit](#): Includes: Engagement planning worksheets, Stakeholder worksheet, Evaluation tool
- Internal and/or external training opportunities

# RESOURCES

## BC Health Quality Matrix

- <https://bcpsqc.ca/resource/bc-health-quality-matrix/>

## British Columbia Ministry of Health Patient, Family, Caregiver and Public Engagement Framework (2018)

- <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/health-care-partners/patients-as-partners/patients-as-partners-framework.pdf>

## IAP2 Spectrum

- <https://www.iap2.org/>

## IAP2 British Columbia Chapter

- <https://www.iap2bc.ca/>

APPENDIX 1: Partners/IH Executive Sponsors

This table reflects Interior Health stakeholders and partners, and which Executive portfolios have roles in leading and/or contributing to the oversight and management of our relationship. The table is updated as required.

**Accountable** – The Executive(s) with primary accountability for the relationship.

**Responsible** – The Executive(s) who have the primary role in providing the service/leading the work.

**Consult** – The Executive(s) who are in many cases consulted or involved in the work.

**Inform** – The Executive(s) who should be informed when work is ongoing/completed.

*Abbreviations of Executive Sponsor portfolios are found on page 5.*

IH INTERNAL	Accountable	Responsible	Consult	Inform
Staff	HR	HR	CC	
Physicians	MQ	MQ	COS + PH/CMO + HSP/MHSU/RC	CC
Volunteers	HR	HR		COS + HSP/MHSU/RC CC

IH DONORS/ FUNDRAISING	Accountable	Responsible	Consult	Inform
Foundations	COS	COS	FS/CFO + CC + MQ	
Auxiliaries	COS	COS	FS/CFO + CC	

POLITICAL	Accountable	Responsible	Consult	Inform
Minister of Health	Board Chair			
Minister of Mental Health and Addictions	Board Chair			
Deputy Ministers	CEO			
Assistant Deputy Ministers	VPs by portfolio	VPs by portfolio		
MLAs	CEO	CEO + CC	PH/CMO + COS + HSP/MHSU/RC	
Mayors/Councils	CEO	CEO + PH/CMO + CC	PH/CMO + CC	
Regional Hospital District Chairs	Board Chair	CEO + FS/CFO + CC	PH/CMO	

APPENDIX 1: Partners/IH Executive Sponsors

PROVINCIAL HEALTH SERVICES AUTHORITY	Accountable	Responsible	Consult	Inform
BC Cancer	CS/CIO	CS/CIO	FS/CFO	
BC Centre for Disease Control	PH/CMO	PH/CMO	FS/CFO + COS + CC	
BC Emergency Health Services	CS/CIO	CS/CIO	FS/CFO + COS + HSP/MHSU/RC	
BC Mental Health and Substance Use services	HSP/MHSU/RC	HSP/MHSU/RC	FS/CFO	
BC Renal Agency	COS	COS	FS/CFO	
BC Transplant	COS	COS	FS/CFO	
Cardiac Services	COS	COS	FS/CFO	
Children's Hospital	COS	COS	FS/CFO	
Clinical Support Services	CS/CIO	CS/CIO	FS/CFO	
IMIT Services	CS/CIO	CS/CIO	FS/CFO	
Perinatal Services	COS	COS	FS/CFO	
Supply Chain	FS/CFO	FS/CFO	FS/CFO + CS/CIO	
Women's Hospital	COS	COS	FS/CFO	

PROVINCIAL AGENCIES	Accountable	Responsible	Consult	Inform
BC Housing	HSP/MHSU/RC + PH/CMO	HSP/MHSU/RC + PH/CMO		
Government Communications and Public Engagement (BC)	CC	CC	VPs by portfolio	VPs by portfolio
Office of the Chief Information Officer	CS/CIO	CS/CIO		
Office of the Auditor General	FS/CFO	FS/CFO		
Office of the Information and Privacy Commissioner	CS/CIO	CS/CIO		
Office of the Provincial Health Officer	PH/CMO	PH/CMO		

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HEALTH AUTHORITY	Accountable	Responsible	Consult	Inform
Health Authority Board Chairs (Regional, FNHA, PHSA)	Board Chair	Board Chair	CEO	
Regional Health Authority CEOs	CEO	CEO		
Provincial Health Services Authority CEO	CEO	CEO	FS/CFO + CS/CIO + HR	
First Nation Health Services Authority CEO	CEO	CEO	PH/CMO	

ABORIGINAL	Accountable	Responsible	Consult	Inform
Partnership Accord Leadership Table (PALT)	Board Chair	CEO	PH/CMO	COS + HSP/MHSU/RC + CC
Tripartite Committee on FN Health	CEO	CEO	PH/CMO	
First Nation Health Council / FNHA Board	CEO	CEO	PH/CMO	
First Nation Chiefs/Councils	CEO	CEO + PH/CMO		CC
First Nation health directors	PH/CMO	PH/CMO	VPs by portfolio	VPs by portfolio

MEDICAL/PHYSICIAN	Accountable	Responsible	Consult	Inform
Health Authority Medical Advisory Committee	Board Chair + CEO	MQ + COS	HSP/MHSU/RC + PH/CMO	
Divisions of Family Practice	MQ	MQ	COS + HSP/MHSU/RC + PH/CMO	
Doctors of BC – Specialist Services Commission	MQ	MQ	COS	
IH Medical Advisory Committees	MQ	MQ + COS	HSP/MHSU/RC + PH/CMO	
IH Medical Staff Associations	MQ	MQ + COS	HR	
Professional Colleges	MQ + COS	MQ + COS	HR	

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QUALITY	Accountable	Responsible	Consult	Inform
Accreditation Canada	CEO	MQ	PH/CMO + COS + HSP/MHSU/RC + CS/CIO + HR + FS/CFO + CC	
BC Patient Safety Council	MQ	MQ	COS + HSP/MHSU/RC	
BC Seniors Advocate	HSP/MHSU/RC	HSP/MHSU/RC	COS + CC	
Patient Voices Network	MQ	MQ	HSP/MHSU/RC + COS + CC	
Patient Care Quality Review Board – Interior	MQ			

ACADEMIC	Accountable	Responsible	Consult	Inform
Academic Health Sciences Network	CEO	HSP/MHSU/RC	MQ	
University of British Columbia / Okanagan	CEO	CEO	MQ + HSP/MHSU/RC	
University of British Columbia – Southern Medical Program	MQ		COS + HSP/MHSU/RC + PH/CMO	
Post-Secondary institutions	HR	HR	COS + HSP/MHSU/RC + PH/CMO	

LABOUR / HUMAN RESOURCES	Accountable	Responsible	Consult	Inform
Health Employers Association of BC	HR	HR	COS + HSP/MHSU/RC + MQ	
Healthcare Benefit Trust	HR	HR		
Unions	HR	HR	COS + HSP/MHSU/RC PH/CMO + CS/CIO + FS/CFO + CC	
Worksafe BC	HR	HR	COS + HSP/MHSU/RC PH/CMO + CS/CIO + FS/CFO + CC	

APPENDIX 1: Partners/IH Executive Sponsors

PUBLIC	Accountable	Responsible	Consult	Inform
Media	CC	CC	PH/CMO + COS + HSP/MHSU/RC + MQ + CS/CIO + HR + FS/CFO	
Broader public / communities	CC	CC	PH/CMO + COS + HSP/MHSU/RC + MQ + CS/CIO + HR + FS/CFO	

**Executive Sponsors:**

**Board Chair** – Chair, IH Board of Directors

**CEO** – President & Chief Executive Officer

**CC** – VP, Communications and Culture

**COS** – VPs Clinical Operations (North/South)

**CS/CIO** – VP, Clinical Support and Chief Information Officer

**HR** – VP, Human Resources

**HSP/MHSU/RC** – VP, Health System Planning, Mental Health and Substance Use and Residential Care

**MQ** – VP, Medicine and Quality

**PH/CMO** – VP, Population Health and Chief Medical Officer