

SHA Engagement Framework



PROJECT TITLE:

Project Sponsor & Program/Department:	Project Engagement Lead (Who is responsible):	Date:
<p>Commitment to Engagement: <i>What is your commitment to the engagement process? How will you use the findings?</i></p>		<p>Purpose: <i>Why are you engaging? What are the key questions to be answered? What are the desired outcomes of engagement?</i></p>
<p>Milestones: <i>How does this engagement tie into your key milestones?</i></p>	<p>Risks: <i>What are the risks of engaging? What are the risks of not engaging? What are the potential mitigations?</i></p>	

Who to Engage:

Who are the main groups affected by the outcome/decision and what are their interests/key issues? Who are other interested parties, and what are their interests/key issues? Who are the top 3 partners?

Level of Engagement:

Where is the project on the SHA Engagement Continuum (see table and examples below)? Is the level of engagement clear to all parties? What degree of participation and/or level of influence will participants have over the process and outcome?

Engagement Plan:

How will you reach the group with whom you would like to engage? How have you created an engagement-prepared environment? How have you incorporated a trauma-informed approach to engagement? How do you intend to create a sense of psychological and cultural safety?

Project Requirements:

Where will engagement take place? What are the logistical requirements for engagement (e.g., space, time)? What budget, people, and resources are available to you right now? What additional resources will you need? How will you facilitate inclusion of hard-to-reach groups?

Accountability:

Who is responsible for leading this work? Who is involved in supporting this work, and how?

Engagement Actions:

What are the proposed methods and techniques?

Learn from Experience:

How and to whom will the engagement outcomes be disseminated? How will you evaluate the engagement?

Report Back Plan:

How and to whom will you report the results of the engagement process?

Continuity:

How will you maintain important relationships and continue to engage after the project ends?

Next Steps:

What are the next steps you will take? What are your ideas or plans for future engagement?

SHA Engagement Continuum

	Inform	Consult	Involve	Collaborate	Co-Lead
Participation Goal	To provide patients, families, First Nations and Métis Peoples, communities, partner organizations, staff, and/or physicians with reliable information to help in understanding the current state and opportunities for change.	To obtain feedback from patients, families, First Nations and Métis Peoples, communities, staff, and physicians on analysis, options, and/or decisions.	To work directly with patients, families, First Nations and Métis Peoples, communities, staff, and physicians throughout the process to address concerns and ensure that needs are validated and will be considered.	Patients, families, First Nations and Métis Peoples, communities, staff, and physicians are active partners in each aspect of the decision being made, including defining reasonable options and the preferred solution.	Decision-making is in the hands of patients, families, First Nations and Métis Peoples, communities, staff, and physicians, fostering participation and equity through partner-driven priorities.
Our Promise	SHA will: <ul style="list-style-type: none"> Keep you informed. 	SHA will: <ul style="list-style-type: none"> Keep you informed. Listen to you, and acknowledge your concerns, needs, and visions. Offer feedback on how your input influenced the decision. 	SHA will: <ul style="list-style-type: none"> Work with you to ensure your concerns, needs, and visions are visible in the options that are developed. Offer feedback on how your input influenced the decision. 	SHA will: <ul style="list-style-type: none"> Ask you for input and ideas to create solutions. Incorporate your input and recommendations into the decisions to the maximum extent possible. 	SHA will: <ul style="list-style-type: none"> Clarify scope of decision. Work with you as partners. Implement what you decide.

Engagement Examples

Three scenarios of how engagement could assist leadership and partners to identify effective solutions to hypothetical questions are given below. These examples are not exhaustive, but provide suggestions of how engagement could occur across the levels of the engagement continuum.

Question: How can leadership best support staff wellbeing?

Engagement Level	Description
Inform	Leadership determines wellbeing strategies and staff are given information about these.
Consult	Staff are requested to fill in a survey to provide feedback on various wellbeing strategies. Survey results are given to leadership, who then provide feedback through the Daily Rounds, or other media, on how the survey results influenced future decisions on wellbeing policies and practices.
Involve	Staff are invited to voice their needs and concerns about wellbeing strategies through various forums, such as focus groups or anonymous submissions. Leadership ensures that these needs and concerns are central to decisions about wellbeing initiatives and provides feedback as to how this is done.
Collaborate	Staff are partners in making decisions about wellbeing strategies. They are invited to contribute ideas, solutions, and alternatives and work with leadership through an advisory committee to create wellbeing strategies. Leadership commits to incorporating staff input and recommendations into the decisions to the maximum extent possible.
Co-Lead	Staff are asked to determine a project to improve wellbeing. They partner with leadership to test ideas and leadership commits to implementing the most effective solutions.

Question: What are the service delivery priorities within Health Networks?

Engagement Level	Description
Inform	Leadership determines which services will be delivered and communities are informed about service availability.
Consult	Leadership creates avenues to hear from communities about service priorities, such as Town halls. Leadership ensures that these needs and concerns are central to decisions about service provision and provides feedback via methods suggested by the community.
Involve	Community members participate in an event to explore service priorities. Leadership provides feedback about how their input influenced decisions via methods suggested by the community.
Collaborate	The community and leadership partner together through a community advisory committee to decide on prioritization of services needed by the community. Leadership listens to and incorporates community input and recommendations into the decisions to the maximum extent possible. Committee members work together to ensure those services are delivered.
Co-Lead	The community decides which services are required, according to their needs and goals. SHA leadership facilitates the provision of these services.

Question: How do we engage with patient-family partners (PFP) and staff to reduce the incidence of falls?

Engagement Level	Description
Inform	SHA shares fall prevention strategies with interested parties.
Consult	PFPs and staff are requested to provide feedback on existing fall prevention strategies. Leadership provides information through huddles on how the feedback influenced future decisions on fall prevention.
Involve	Staff and PFPs are invited to participate in a learning and sharing event in which fall prevention and potential interventions are discussed amongst participants. The conclusions are considered in decision-making.
Collaborate	Leadership invites staff and PFP participation on a QI Falls Prevention Committee. The participants explore and recommend solutions to reduce the incidence of falls. The decision-maker includes the committee recommendations in the final decision as far as possible.
Co-Lead	PFPs and staff co-design and co-create a falls prevention program informed by evidence and experience. Leadership listens, learns, and responds by facilitating implementation of the recommendations.