

IAP2 ENGAGEMENT FRAMEWORK RESOURCE GUIDE

Why has the Facility Engagement Initiative (FE) adopted the IAP2 engagement framework?

Engagement and collaboration between MSAs and HA can be fostered through greater clarity on the intent of engagement activities, roles of stakeholders, and alignment of expectations. The IAP2 is a framework adopted by the Ministry of Health/Health Authorities – Doctors of BC Joint Clinical Committees to support more effective engagement between stakeholders.

	INFORM /EDUCATE	CONSULT	COLLABORATE	EMPOWER
GOAL OF ENGAGEMENT	Medical staff and Health Authority (HA) provide one another with objective information of each partners' activities.	Medical staff and HA consult with one another on draft plans, and feedback received has influence on decision-making.	Medical staff and HA partner collaborate in each aspect of the decision, including the development of alternatives and the identification of the preferred solution / strategy.	Medical staff and HA are equal partners in final decision-making.
INCREASING LEVEL OF COMMITMENT				
PROMISE TO STAKEHOLDERS	Stakeholders will be informed throughout the activity of changes and progress.	Stakeholders will be informed, listened to and their concerns acknowledged. Feedback will be provided on how their input influenced the decision.	Stakeholders' advice and recommendations will be incorporated into decisions to the maximum extent possible.	Stakeholders' decisions will be implemented.

IAP2 GUIDE



INFORM/EDUCATE — a one-way flow of information from one party to another

Activities to support information sharing: webinars, information sessions, newsletters, and website resource guides.

Example: The Ministry of Health has developed a provincial Digital Health Strategy to be rolled out over the next three years. This strategy is a high-level plan designed to inform / educate stakeholders of priorities related to digital health implementation. At this stage of the strategy, the team responsible is educating stakeholders of its existence, and further consultation around the content is scheduled for a later time.



CONSULT — input gathered from one party and utilized by another to inform decisions and tailor activities.

A feedback loop back to the consulted party about how or why their feedback was or was not included in the decisions is utilized to keep all parties up to date on progress

Activities to support consultation: surveys, questionnaires, advisory committees and meetings

Example: MSAs participating in the FEI have requested a regional meeting to bring together MSA representatives and Health Authority partners at the local and senior levels. In order to create an agenda that reflects the needs of the key stakeholders, a survey is sent to all potential participants to identify the top items they would like to discuss during the event. This information will be utilized by the meeting planners to create the agenda. Those items that did not make it on to the agenda are summarized in an email and shared with the group, with the suggestion that these items be considered at the local MSA level through meetings or events.



COLLABORATE — co-development of processes or activities by all primary stakeholder groups (i.e. MSA and Health local Authority partners), or within one stakeholder groups (e.g. among medical staff).

Activities to support collaboration: workshops, advisory committees

Example: A new joint decision-making table composed of HA senior leaders and MSA representatives is being proposed. A workshop has been organized to allow participants to come together to collectively create a terms of reference that articulates the purpose, the membership and top priorities.



EMPOWER — stakeholders are the decision makers – decisions are implemented based on vote or consensus.

Activity to support empowerment: Working Groups where all participants have equal decision making power (i.e. one participant = one vote)

Example: Dyad leadership models where administrator and medical leaders are given joint decision-making power.