

Soteria Strains

Safe Patient Handling and Mobility Program Guide

Section 1 - Setting the Stage

1.4 - Communications, Promotion and Engagement

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A provincial strategy for healthcare workplace musculoskeletal injury prevention.

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Section 1.4 Communications, Promotion and Engagement

Introduction

Safe patient handling and mobility is about more than training and equipment. It is about how health care workers safely provide care. It is about patient safety, treatment outcomes, care planning, and models of care as well as the involvement of multiple departments, professions, and scopes of practice. And it is about promoting and developing a culture that recognizes that everyone on a care unit needs to take responsibility and be held accountable for using safe patient handling and mobility techniques and procedures.

Quite simply, implementing an effective safe patient handling and mobility program is a major shift for any health care organization and, as such, it requires well-planned, effective communication. This communication helps demonstrate commitment to the program and helps ensure its success. And while good communication will not guarantee the success of a safe patient handling and mobility program, a lack of effective communication can derail the program before it even starts.

Communications, Promotion and Engagement Overview

Step/Activity	Tools
1) Plan communications	Appendix 1.4.1 – Suggested Key Messages by Audience and Phase Section 1.3 – Program Evaluation Measurement and Framework Appendix 1.4.2 – Sample Communications Plan
a) Identify audiences	
b) Align key messages for specific audiences	
c) Identify communication delivery channels and responsible person/roles	
d) Decide on frequency and timing	
2) Execute initial and ongoing communications	

Step 1 – Plan Communications

When planning communications for the safe patient handling and mobility program, it is important to identify who the target audiences (stakeholders) are, prepare key messages for each audience, and identify the channels for communicating messages.

Step 1a – Key messages include:

- what changes are being made
- why they are being made
- what the benefits are
- when and how the changes will be made
- what everyone’s role is
- what resources will be available
- what evaluation will take place
- other related questions

Refer to “Section 1.3 –Evaluation Framework” for additional details regarding evaluation measures to include in the communications plan.

Step 1b – Align Key Messages for Specific Audiences

There will also be specific and detailed operational messages for each audience group.

Audiences include:

- Management
- Staff
- Unions
- Patients and families
- Visitors
- Volunteers
- Purchasing
- Facilities Management
- Occupational Health and Safety
- Patient safety and quality
- Infection Control
- Communications

Step 1c – Communication Channels may include:

- meetings and staff forums
- training sessions
- formal and informal communications from leadership
- memos
- emails
- newsletters
- notice boards
- posters
- brochures
- reports
- manuals
- methods for receiving feedback, both formal and informal

Refer to “Appendix 1.4.1 – Suggested Key Messages by Audience and Phase” for a list of possible key messages and communication channels for target audiences. This information is a guide only; each organization will have their preferred communication approaches and channels.

It should be noted, however, that some of the standard, preferred communication channels used in many organizations (e.g., email, bulletin board notices), while seemingly time and cost efficient are not very effective when it comes to actually informing or engaging stakeholders.

Step 1d – Decide on Frequency and Timing

Two other factors also need to be considered: timing and frequency. It's important to keep up a steady flow of communication and to repeat key messages several times, preferably using different channels. While communication should be focused on the safe patient handling and mobility program, especially in the early stages and later in the sustaining phases, organizations should take the opportunity to integrate information about the initiative into existing reporting structures such as performance and board reports. Timing and frequency should also take into account the purpose of the specific message(s). For example, key performance indicators intended for process improvement must be relayed in a timely way so that practitioners are using as current data as possible to drive the continuous improvement process. (Refer to "Section 1.3 – Evaluation" for more information on this topic.)

Other Communication Considerations when Planning

- Communication is a two-way process. Stakeholders should have the opportunity not only to learn about the program and how it will be implemented, but also feel that they have a role to play in helping to improve the program and the implementation process. Remember to provide stakeholders with opportunities for input and feedback in a variety of venues such as:
 - formal meetings
 - informal conversations with staff while they perform their duties
 - feedback forms /cards, suggestion boxes, and email set up to receive feedback
 - training sessions
- Remember that effective communication can help motivate people to support and participate in the implementation of your safe patient handling and mobility program. Ineffective communication can, on the other hand, increase resistance to the program. Some helpful approaches include:
 - focusing on the specific benefits for each group of stakeholders and following that up with the specific benefits to patients
 - providing a very general summary of benefits to the organization but ensuring this is not a main focus of the communication unless stakeholders are part of the senior leadership group/board of directors
- Organizational and clinical leaders need to endorse and visibly demonstrate their support and commitment to the safe patient handling and mobility program. Clinical leaders can create a positive environment and encourage staff to contribute to the implementation process. These leaders should use formal and informal communication methods to make certain that health care workers recognize they support the program and also to thank health care workers for their contributions to making the program a success.

- Remember that resistance is a natural reaction to any change, especially one that will have a major impact on how people work and how care is delivered. Your communications plan should be designed to enable people to see clearly how the program will benefit them, their staff, and/or their patients. Communications should remind all stakeholders that many of them, or their colleagues, have already stated that safer ways to handle patients are needed. They should, again, focus on the benefits specific to the stakeholder group and highlight the important role(s) they play in the success of the program.
- Providing an opportunity for staff feedback and responding in a positive manner to this feedback will help to reduce and overcome resistance. Also, leaders need to help staff understand that the safe patient handling and mobility program is not a flavour of the month, that it isn't going to fade away, and that the organization's leadership is committed to doing whatever it takes to make the program successful.

Step 2 - Execute Initial and Ongoing Communications

Messages and audiences may change over time as the program matures from pre- and early implementation to sustaining and continuous improvement. The communications plan should reflect this by delineating phases, and it should be reviewed and updated regularly to ensure it meets the current needs of the program and the organization.

To help ensure the success of the safe patient handling and mobility program, the communications plan needs to inform and engage key stakeholders as early as possible. The goal is to get people interested and motivated to participate in the implementation process, and keep them informed, even in the planning stages.

It is also necessary to identify how people will be kept engaged as the program takes shape within the organization. Frequent updates from senior leaders about progress are important. Reports to stakeholders, especially to frontline health care workers, should keep them informed about progress, successes, and challenges. Once the program is up and running in one or more departments /units, health care workers should be provided with performance reports so they, too, can track the success of the program in their area and for the entire organization.

See "Appendix 1.4.2 – Sample Communications Plan" for a communications plan template.

Appendix 1.4.1 – Suggested Key Messages by Audience and Phase

This information serves as a guide only. Each organization will have their preferred communication approaches and needs. However, some of the standard, preferred communication methods used in many organizations (e.g., email, bulletin board notices), while seemingly time and cost efficient, are not very effective at informing or engaging stakeholders.

Board of Directors			
Key Messages	Communication Channel(s)	Delivered By	Phase of Implementation
Why the program is needed What benefits are expected What costs will be incurred What the plan is for implementing and evaluating success How frequently progress updates will be given to the Board of Directors	Meetings Email BOD website section	CEO (with support of HR and/or OH&S)	Planning
Quarterly updates on implementation including identified successes, barriers, and plans to overcome the barriers	Meetings Reports from the Safe Patient Handling and Mobility Program Coordinating Committee	CEO (with support of program coordinator, and/or HR, OH&S)	Implementation
Semi-annual updates on progress and evaluation results (provide access to scorecard on demand)	Meetings	CEO (with support of program coordinator, and/or HR, OH&S)	Ongoing

Senior Leadership (CEO / VPs)			
Key Messages	Communication Channel(s)	Delivered By	Phase of Implementation
Why the program is needed What benefits are expected What costs will be incurred What the plan is for implementing and evaluating success	Meetings	HR and/or OH&S (with support of CEO)	Planning
Roles, responsibilities, and expectations Review and approval	Meetings	Program coordinator, HR, and/or OH&S (with support of CEO)	Implementation (initial)
Monthly updates on implementation including identified successes, barriers, and plans to overcome the barriers	Meetings Reports from the Safe Patient Handling and Mobility Program Coordinating Committee	Program coordinator, HR, and/or OH&S (with support of CEO)	Implementation
Semi-annual updates on progress and evaluation results (provide access to scorecard on demand)	Meetings	Program coordinator, HR, and/or OH&S (with support of CEO)	Ongoing
Monthly reports of evaluation results	Emails	Program coordinator, HR, and/or OH&S	Ongoing

Directors / Managers / Supervisors			
Key Messages	Communication Channel(s)	Delivered By	Phase of Implementation
Why the program is needed What benefits are expected What costs will be incurred What the plan is for implementing and evaluating at an organizational and departmental level How success will be evaluated	Meetings by department /unit	VPs to review with directors Directors to review with managers/supervisors Support provided by HR and/or OH&S	Planning
Roles, responsibilities, and expectations	Meetings by department /unit	VPs to review with directors Directors to review with managers/supervisors	Planning
Monthly updates on progress of implementation in specific units, including identified successes, barriers, and plans to overcome the barriers	Meetings by department /unit	VPs to review with directors Directors to review with managers/supervisors	Implementation
Semi-annual updates on progress and evaluation results (provide access to scorecard on demand)	Meetings by department /unit	Program coordinator, HR, and/or OH&S	Ongoing
Monthly reports of evaluation results by department / unit	Emails	Program coordinator, HR, and/or OH&S	Ongoing

Labour Representatives			
Key Messages	Communication Channel(s)	Delivered By	Phase of Implementation
Why the program is needed What benefits are expected What the plan is for implementing and evaluating at an organizational and departmental level How success will be evaluated	Meetings by department /unit (or by union, union local, etc.)	VPs and directors Support provided by HR and/or OH&S	Planning
Roles, responsibilities, and expectations	Meetings by department /unit	VPs and directors Support provided by HR and/or OH&S	Planning
Frontline Health Care Workers			
Key Messages	Communication Channel(s)	Delivered By	Phase of Implementation
Why the program is needed What benefits are expected What the plan is for implementing and evaluating at an organizational and departmental level How success will be evaluated	Meetings by department /unit	Managers /supervisors with support of directors, HR, and/or OH&S	Planning
	Emails/ written summaries to staff		
Roles, responsibilities and expectations	Posters/pamphlets	Managers /supervisors with support of directors, HR, and/or OH&S	Planning
	Meetings by department /unit		
	Pamphlets for each staff member, by profession, outlining specific roles /responsibilities. Include the roles and responsibilities for senior leadership		

Implementation plan for specific departments/units	Meetings by department /unit	Managers /supervisors with support of directors, program coordinator, HR, and/or OH&S, with unit champion(s) once identified	Implementation
	Face-to-face updates prior to initiating each phase of program implementation		
	Emails/written reminders of training, assessment requirements		
Monthly updates on progress of implementation in specific units, including identified successes, barriers, and plans to overcome the barriers	Meetings by department /unit	Managers /supervisors with support of directors, program coordinator, HR, and/or OH&S, with unit champion(s) once identified	Implementation
	Emails/ written updates		
	Updates posted on intranet		
Semi-annual updates on progress and evaluation results (provide access to scorecard on demand)	Meetings by department /unit	Managers /supervisors with support of directors, program coordinator, HR, and/or OH&S, with unit champion(s) once identified	Ongoing
	Results posted in each department /unit		
	Results emailed to all staff and posted on intranet		
Monthly reports of evaluation results by department /unit	Results posted in each department /unit	Program coordinator, HR, and/or OH&S	Ongoing
	Results emailed to all staff and posted on intranet		

Physicians & Other Clinical Specialties			
Key Messages	Communication Channel(s)	Delivered By	Phase of Implementation
Why the program is needed What benefits are expected What costs will be incurred What the plan is for implementing and evaluating at an organizational and departmental level How success will be evaluated	Meetings by clinical specialty /area	Clinical VPs to review with clinical directors Support provided by HR and/or OH&S	Planning
Roles, responsibilities and expectations	Meetings by clinical specialty /area	Clinical VPs to review with clinical directors Support provided by HR and/or OH&S	Planning
Bi-monthly updates on progress of implementation in specific units, including identified successes, barriers, and plans to overcome the barriers	Meetings by clinical specialty /area	Clinical VPs to review with clinical directors Support provided by program coordinator, HR, and/or OH&S	Implementation
Semi-annual updates on progress and evaluation results (provide access to scorecard on demand)	Meetings by clinical specialty/area	Clinical VPs to review with clinical directors Support provided by program coordinator, HR, and/or OH&S	Ongoing
Monthly reports of evaluation results by department /unit	Results emailed to all staff and posted on intranet	Program coordinator, HR, and/or OH&S	Ongoing

Facilities Management / Purchasing			
Key Messages	Communication Channel(s)	Delivered By	Phase of Implementation
Why the program is needed What benefits are expected What costs will be incurred What the plan is for implementing and evaluating at an organizational and departmental level How success will be evaluated	Meetings	VPs to review with directors Directors to review with managers and staff. Support provided by HR and/or OH&S	Planning
Roles, responsibilities, and expectations: key roles for facilities and purchasing staff to be identified and discussed	Meetings	VPs to review with directors Directors to review with managers and staff. Support provided by HR and/or OH&S	Planning
Monthly updates on progress of implementation in specific units, including identified successes, barriers, and plans to overcome the barriers	Meetings	Directors to review with managers and staff. Support provided by program coordinator, HR, and/or OH&S	Implementation
Semi-annual updates on progress and evaluation results (provide access to scorecard on demand)	Meetings	Directors to review with managers and staff. Support provided by program coordinator, HR, and/or OH&S	Ongoing
Monthly reports of evaluation results by department /unit	Results emailed to all staff and posted on intranet	Program coordinator, HR, and/or OH&S	Ongoing

Families / Patients			
Key Messages	Communication Channel(s)	Delivered By	Phase of Implementation
Why the program is needed What benefits are expected What the is timeline for implementation	Meetings with family /patient advocate or support groups	CEO/VP(s) Support provided by HR and/or OH&S	Planning
	Posters in admitting and waiting areas		
	Pamphlets available /provided to patients and family members		
Semi-annual updates on progress and evaluation results	Information posted on public pages of the organization's website	Program coordinator, HR, and/or OH&S	Ongoing
Public			
Key Messages	Communication Channel(s)	Delivered By	Phase of Implementation
Why the program is needed What benefits are expected What is the timeline for implementation	Information posted on public pages of the organization's website	HR and/or OH&S	Planning
Semi-annual updates on progress and evaluation results	Information posted on public pages of the organization's website	Program coordinator, HR, and/or OH&S	Ongoing
Department of Health and Wellness			
Key Messages	Communication Channel(s)	Delivered By	Phase of Implementation
Monthly progress updates on implementation in specific units, including identified successes, barriers, and plans to overcome the barriers	Report to specified DHW representative(s)	Program coordinator, HR, and/or OH&S	Implementation
Semi-annual progress updates and evaluation results (provide access to scorecard on demand)	Report to specified DHW representative(s)	Program coordinator, HR, and/or OH&S	Ongoing

Appendix 1.4.2 – Sample Communications Plan

Below is a sample communications plan that may be used as a template when generating the communications plan. Sample entries are in **blue** font. Descriptions and instructions are included in **red** font.

Communication Type <small>(grouping the types of communications can be helpful to ensure communications are not missed when planning)</small>	Implementation Phase <small>(communication content, frequency and type will change over the course of moving from implementation to sustaining)</small>	Description <small>(brief description of key messages/ purpose of communication)</small>	Frequency	Owner <small>(person responsible for creating and delivering the communication)</small>	Audience <small>(intended audience[s])</small>
Updates					
Meetings					
Reports					

Presentations					
Webinars					
Other					

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