

COMMUNICATIONS STRATEGY

A portfolio-level plan for the
Connected Health System Initiative

COMMUNICATIONS STRATEGY

Version Control

Version	Description	Author / Contributors	Date
0.1	Initial Draft	Kate Hildebrandt Mauree Matsusaka	July 1, 2023
0.2	Incorporated CM input	Kate Hildebrandt Mauree Matsusaka	July 22, 2023
0.3	Refinements	Kate Hildebrandt Mauree Matsusaka	August 21, 2023
0.4	Alignment of goals and activities	Kate Hildebrandt Mauree Matsusaka	September 5, 2023
0.5	Aligned CM goals, revised format	Mele Rana	September 16, 2023
0.6	Input and suggestions from KTE	Samantha Magnus	Sept 22, 2023
0.7	Refined goals, budget, key messages and format	Kate Hildebrandt Mauree Matsusaka Libby Brown Orna Daly Kristina Valentino CHS Communications Team Sjrdana F	Sept. 25, 2023 Oct. 25, 2023
0.8	Edit document, reconcile changes	Kate Hildebrandt Mauree Matsusaka	Dec. 12, 2023

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B.C. Territory Acknowledgement

Members of the B.C. Provincial Health Services Authority are grateful to live, work and be in relation with people across all regions of British Columbia. We are honoured to live on this land and are committed to reconciliation, decolonization and building relationships in communities across our healthcare system.

On Vancouver Island, the traditional and unceded territory of the ləkʷəŋən speaking peoples, today known as the Esquimalt and Songhees Nations, Malahat, Pacheedaht, Scia'new, T'Sou-ke, W̱SÁNEĆ (Pauquachin, Tsartlip, Tsawout, Tseycum) peoples, the K'ómoks First Nation, including Sathloot, Sasitla, leeksun, Puledge, Cha'chae, and Tat'poos Peoples, Snuneymuxw, Snaw-naw-as, Quw'utsun, and Tla'amin First Nations.

In the Lower Mainland, the traditional and unceded territory of the xʷməθkʷəŋəm (Musqueam), Skwxwú7mesh Úxwumixw (Squamish), səliłwətaʔt (Tsleil-Waututh), QayQayt First Nation, Kwantlen, qíćəy (Katzie), Semiahmoo, Tsawwassen First Nations, kʷikʷəłəm (Kwikwetlem), and Stó:lō Nation.

In the Cariboo region, the traditional and unceded territory of the T'exelcəmc and Tsq'escəmc.

In the Thompson-Okanagan region, the traditional and unceded territory of the Nlaka'pamux People, Syilx Peoples, Secwepemc Nation, Simpcw territory St'at'imc Nation territory that includes Nxwisten, Ts'kw'aylacw, Sekw'el'was, Lil'wat, Chalath, T'it'q'et, Xaxl'ip, N'quatqua, Xa'xtsa, Skatin, and Samahquam.

In the Kootenay region, the traditional and unceded territory of the Ktunaxa, the Kinbasket (Secwepemc), Syilx, and Sinixt Peoples.

In Northern B.C., the traditional and unceded territory of the Lheidli T'enneh, Haida, Tsimshian, Nisga'a, Haisla, Gitksan, Wet'suwet'en, Tahltan peoples, and on Treaty 8 territory, lands of the Sicannie, Slavey, Dene and Dane-Zaa, Cree, Saulteaux, and Métis.
And with Yukon University

In Whitehorse on the traditional territory of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

Introduction - [Why this plan is needed](#)

This plan is needed to help coordinate and manage communications across internal and external audiences as the Provincial Health Services Authority (PHSA) transitions to an all-new, province-wide Connected Health System (CHS). There is considerable change involved which must be shared, explained and, in some cases, taught to encourage awareness and adoption across various audiences.

Purpose – [What we aim to achieve](#)

The purpose of this document is to outline the communications strategy for portfolio-wide activities that will be used to raise awareness of the Connected Health System and achieve key communications objectives. This plan provides the framework for the project-level communication tactical plans that will be developed in collaboration with the project teams to support specific goals, deliverables and to heighten internal and external audience engagement.

Scope – [The focus of this plan](#)

The PHSA Connected Health System will be realized by deploying this set of integrated digital tools that enable providers, staff and patients to securely share health data and streamline the delivery of care.

This communications strategy and framework will be used to build awareness of and engagement around the Connected Health System initiative and related projects outlined on the following pages.

Project plans will be built to identify tactical communications activities for each digital tool, organized within three key areas of work:

- **Digital Referrals and Orders**
- **Information Sharing and Providers**
- **Services and Locations.**

Connected Health System Projects



Provincial Health
Services Authority



Ministry of
Health

Digital Referrals and Orders – Enables providers to exchange, track and manage digital requests via a provincial platform integrated with acute/community clinical systems and portals

eReferrals

Enables digital referrals between primary care to specialized health services and/or providers

eConsults

Enables digital request for advice from a specialist service or provider that can be acted upon without requiring a patient visit

eOrders

Enables digital requisitions for medical diagnostic imaging and lab services

Information Sharing – Enables providers, patients and staff to access health records from a variety of provincial data sources in a secure and streamlined way

Longitudinal Record Access

Establishes a provincial gateway to enable the exchange of health data from provincial clinical data sources in a standardized and secure way

Health Toolkit

Enables a seamless provider and patient experience by integrating provincial products and services with existing portals, EMRs and clinical information systems

Patient Summary

Enables the creation of a point-in-time health record summary that contains a standardized set of clinical and contextual information about a patient's health and treatment.

Report Distribution Improvements

Addresses report distribution gaps and issues through a combination of solutions

Providers, Services and Locations – Improvements in how information is managed related to providers, their locations, and services

Provider and Service Information Management

Policies and business process supporting how provider, service & location information is exchanged, accessed, and managed

Provider/Location Registry Enhancements

Storage of better information on providers/locations, and additional information on services

3 Year Funding ☐
Funding Requested ☐

Timeline – The order of activities

This section outlines the high-level timelines of the projects within the Connected Health System, organized in phases (fiscal year priorities). These are subject to shift as project timelines become more refined and will be updated as milestones and priorities evolve.

Phase	Project	Internal Audiences	External Audiences
Phase One 2023 Fiscal Year	Digital Referrals and Orders (DRO) The DRO project vendor is OceanMD, announced internally and externally. The goal of phase one (MVP) roll-out is to enable eReferrals between community-based family practices and specialists in Lower Mainland.	Nurse Practitioners, Nurses Health care professionals Allied health workers Medical Office Assistants Staff	Physicians Nurse Practitioners Patients
	Longitudinal Record Access (LRA) The LRA project is working with Smile Digital Health to establish a provincial gateway and enable health registries (PLR, EMPI, etc.) data to be digitally exchanged between clinical systems across the province in a standardized and secure way by Nov 2023.	Nurse Practitioners, Nurses Health care professionals Allied health workers Medical Office Assistants Staff	Physicians Nurse Practitioners Patients
	Health Toolkit Common provincial services and clinical information are made available by adding those capabilities within existing systems. The goal is to enable primary care providers access to data by using a quick launch tool in select EMRs by Nov – Dec 2023.	Nurse Practitioners, Nurses Health care professionals Allied health workers Medical Office Assistants Staff	Physicians Nurse Practitioners Patients
	Provider Services and Information Management (PSIM) Health Map feature enables rapid access to accurate info on location, specialty and capacity of all BC care providers when referring, ordering and routing patients and info.	Nurse Practitioners, Nurses Health care professionals Allied health workers Medical Office Assistants Staff	Physicians Nurse Practitioners Patients

<p>Phase Two 2024 Fiscal Year</p>	<p>Digital Referrals and Orders Expansion of eReferral into new regions and introduction of eOrder and eConsult functionality</p> <p>Patient Summary Enables providers to generate and share patient summaries using Canadian PS-CA standard.</p> <p>Health Toolkit Enable providers to log in with single sign-in to EMR or CIS. Patients log in to their own computers to access their personal health information and a range of online services.</p>	<p>Physicians, Nurse Practitioners, Nurses Health care professionals Allied health workers Medical Office Assistants, Staff</p>	<p>Physicians Nurse Practitioners</p>
<p>Phase Three 2025/26 Fiscal Year</p>	<p>Report Distribution Improves the existing model, resolves current issues.</p>	<p>Physicians, Nurse Practitioners, Nurses Health care professionals, MOAs Allied health workers, staff General public</p>	

Situation Analysis – Strengths, weaknesses, opportunities and vulnerabilities (SWOV) that shaped this plan

Strengths within our story	Weak spots to prepare for and overcome
<ul style="list-style-type: none"> - PHSA is a leader in delivering and sustaining eHealth services (e.g. ImmsBC, Health Gateway). - Mandated by MoH to deliver integrated, well-managed digital health strategy infrastructure and strategic objectives. - Strong alignment with Digital Health Strategy, CHS Change Management plan, primary care, acute and community needs, and First Nation needs and interests. - Established partnerships and engagement with teams and organizations across B.C.'s health sector. - Established funding for three years to deliver the CHS portfolio of digital health tools. 	<ul style="list-style-type: none"> - Barriers to engagement: busy lives, rising cost of living, anxious post-pandemic culture, waning trust in health care system, resistance to change, limited time. - Reaching audiences is a challenge, rising above the clutter is complicated, updating primary care practices (physicians using fax machines) are hurdles to overcome. - The double-edged sword of public input and feedback is unpredictable. - Half of B.C. citizens are aging seniors; many struggle with computers, resist online tools. Internet access and quality of reception varies across the province. As few as 28% of people residing on territorial lands in BC have internet access. * - BC has a diverse population; many different languages are spoken here. Our tools will be accessible to our diverse population. - PHSA is in re-org mode as CHS and other digital health projects move forward (flying plane while building it). - Distributed authority, unclear communication x HAs, MoH, partner orgs and stakeholders.

* "Access to high-speed internet is increasing on First Nation reserves in Canada, although access remains significantly behind that in urban centers. For speeds of 50/10 Mbps, access has increased from 67 per cent of households on First Nations reserves in 2017, to 72 per cent of households in 2020. For speeds of 1 Gbps, access has increased from 34 per cent in 2017, to 68 per cent in 2020. **While there remains a gap of 28 per cent of households on First Nation reserves without access to high-speed internet in 2020, access to higher internet speeds is increasing as service providers expand their networks and government funding programs help expand services into harder-to-reach areas.**

Connecting all First Nations reserves with high-speed internet services by 2027 is a foundational component of the B.C. government's commitment to support reconciliation."

- Source: [BC Connectivity Report 2022](#), CRTC Communications Report 2022 data, p. 23

Opportunities to model a new way	Vulnerabilities we cannot change
<ul style="list-style-type: none"> - Inviting patients and external partners into the RFP process sets a precedent we can build on. - Managing relationships in a more collaborative, coordinated, inclusive way fits with a CHS. - Effective use of digital tools, sharing health info, empowers people. These are new stories to share. - Fair representation is front of mind in how we tell our story, ensuring we represent our diverse population as it relates to gender, age and ethnicity. - Multimedia strategy is impactful, collaborative, low cost, inclusive with HAs x BC. - Toolkits, templates, web links, social media shares, video testimonials drive traffic to key web info sources. - Communication materials are available in multiple languages and through the use of assorted offline channels. - By building inclusive tools and following principles around diversity, inclusivity and equity*, we can communicate to a wider audience in an accessible way. 	<ul style="list-style-type: none"> - Discussing change, recalling pain points, conjures negative responses inc. media coverage. - Managing diverse, far-reaching audiences over extensive timeframes impacts attention, retention - 50% of B.C. population struggles with reading skills, rely heavily on visual media. - Limited time and attention of providers and staff; comms must be targeted, concise, centred on WIIFM (what's in it for me?). - Allow for slow, multi-layered internal approval and revision processes. - Internal CHS teams must be patient, nimble, focused on end goal to deliver better care for more people.

Why is diversity important in the workplace?

In addition to profitability, there [are five key domains](#) in which inclusion and diversity can significantly affect an organization's overall performance:

1. **Winning talent:** Organizations that monitor the demographic profile of their workforces are better able to retain top performers while making sure that diverse talent isn't lost.
2. **Improving the quality of decision making:** Diversity brings multiple perspectives to the table during times when enhanced problem-solving skills and vision are needed.
3. **Increasing customer insight and innovation:** Diverse teams are typically more innovative and better at anticipating shifts.
4. **Driving employee motivation and satisfaction:** Research showed that companies that are committed to diversity are 75 percent more likely to report a pro-teamwork culture.
5. **Improving a company's global image and license to operate:** Companies that can maintain or increase their focus on inclusion and diversity during crises are poised to avoid consequences such as struggling to attract talent or losing customers and government support.

Source: [What is diversity, inclusion and equity? August 17, 2022 www.mckinsey.com](#)

Content Strategy – Influencing audiences in strategic ways based on SWOV and ADKAR

1. Create excitement, desire, trust and credibility in the CHS: define ‘the new way’

- Share research, facts, history and leadership that promotes understanding through transparency.
- Demonstrate how the old way doesn’t work anymore, and why the new way will by developing a highly visual, minimal content BEFORE AND AFTER series.

2. Demonstrate logic and emotion

- Construct content -- facts, images, changes, improvements – using visual tools so audiences can see the new way one step at a time. Sidestep the long, written story.
- Don’t tell, show how PHSA cares about people and its desire to improve care service delivery, professionalism, the new way and how we all benefit.

3. Set the stage by framing positive outcomes

- Show, explain the new way from the user’s perspective, from workflows to health toolkits.
- Show audiences a relevant, inclusive view of the new way and the change involved.
- Use specific, plain language all audiences will understand and can easily recall.

4. Connect with audiences on the front lines

- Trust, framing, fact-gathering, logic and emotion all come together at this stage.
- Help users identify with the new way. Connect at their place of work, in their work roles.
- Report back on your experience and how positive changes can be introduced.

5. Guide and gently nudge users forward at key points

- Show audiences the right action at the right time.
- Don’t overwhelm people with buckets of content. Example: add pages to website as we progress.
- Instead, be strategic and considerate. Share bite-size pieces of key content at opportune times.

Roles and Responsibilities

This plan will be guided by a team of PHSA staff and contractors listed below. They will meet every two weeks to review the planning process, define approval protocols, advise leads, enable decisions, take on relevant tasks and actions, meet deadlines, avoid errors, and also reflect on and apply lessons learned. Project leads and subject matter experts will be engaged throughout to develop and validate content related to their initiatives.

Communications support team

Name	Title	Responsibilities	Contact
Mauree Matsusaka	CHS Change Management and Communications Lead	CHS change management lead & comms approver	mauree.matsusaka@phsa.ca
Libby Brown	PHSA Comms Director	PHSA comms advisory and comms strategy sign-off	libby.brown@phsa.ca
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Kate Hildebrandt	CHS Comms Specialist	CHS communications & content lead	kate.hildebrandt@phsa.ca
Mele Rana	CHS CM Specialist	CHS change management specialist	Mele.rana@phsa.ca
Christopher Lee	CHS Change Mgmt Analyst	CHS design & web lead	christopher.lee@phsa.ca
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Samantha Magnus	Knowledge Translation and Evaluation	CHS project evaluation	samantha.magnus@phsa.ca
Jaspreet Soor	Clinical Advisory Lead	CHS Physician SME CM Team	Jaspreet.soor@phsa.ca
Trishala	Admin Advisory Lead	CHS Admin SME CM Team	Trishala.trishala@phsa.ca

Partner Communications Teams

Name	Title	Responsibilities	Contact
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Jessica Cavers	Doctors of BC Communications Officer and Public Affairs	DoBC Communications	jcavers@doctorsofbc.ca
Kylie McMullan	Doctors of BC Senior Communications Manager Comms and Public Affairs	DoBC Communications	kmcmullan@doctorsofbc.ca
Lara Perzoff	Ministry of Health (MoH) Director, Strategic Support and Issues Management	MoH Communications	Lara.perzoff@gov.bc.ca
Erin Virtanen	MoH Communications and Engagement Strategist	MoH Communications	erin.virtanen@gov.bc.ca
Kris Olsen	PHSA Office of Virtual Health, Comms Officer	OVH Comms Lead	kristen.olsen@phsa.ca

Communications Team RASCI

All content and communications activities will be developed, approved and executed in close collaboration with each of the CHS projects.

Communications Activities	R	A	S	C	I
Communications strategy	Comms Lead	Sponsor/CHS Director	CM Lead	Project Leads KTE Team PHSA Comms	Project Teams Partners CM Team
Sponsor/ Champion Content Development	Comms Lead	Sponsor/ Champion	CM Lead CM Team	Project Leads Project SMEs CM Team	Project Teams Partners End-users
Portfolio Content Development	Comms Lead	CHS Director	CM Lead CM Team	Sponsor Project Leads Project SMEs	Project Teams Partners End-users
Project Content Development	Comms Lead CM Lead	Project Leads	CM Lead CM Team	Project Leads Project SMEs Design & Web Lead	Project Teams Partners End-users
Newsletter Development	Comms Lead	CM Lead	Design & Web Lead Project SMEs	Project Leads CM Team Partners	Project Teams Partners End-users
Design & Infographics	Design & Web Lead	CM Lead	Comms Lead KTE Team	Project Leads Project SMEs	Project Teams Partners
Web Development	Web Led	PHSA Comms	Comms Lead CM Lead	Project Leads Project SMEs CM Team	Project Teams Partners
Training Development	Training Analyst	Training Lead	CM Lead Comms Lead	Project Leads Project SMEs CM Team	Project Teams Partners End-users
Social Media	Comms Lead	PHSA Comms	CM Lead Design & Web Lead	Project Leads Project SMEs Partners	End-users
Evaluation	KTE Team	CM Lead	Comms Lead Design & Web Lead	Project Leads Project SMEs	Project Teams Partners End-users

Target Audiences

Our PRIMARY audiences are **care providers, health professionals and health leaders** with BC health authorities (HAs), BC First Nations Health Authority, primary care providers, medical specialists with practices in community and who work in acute care settings, allied health professionals, medical office administrators and administrative staff, in addition to broader interdisciplinary care teams including pharmacies, emergency response teams, among others.

Timing: Communications will focus on the primary audience at the start.

Key communication tools and methods include:

- PHSA website.
- Engagement sessions, presentations, roadshows with Doctors of BC and HAs.
- Site visits, focus groups, advisory committees, specialty working groups.
- Testimonials from physicians who already experience the benefits of CHS.
- Champions presenting to groups of care providers within this sector.
- Partner newsletters and communication channels: Doctors of BC, St. Paul's Hospital.
- One-pagers and quick reference guides.
- Online training resources and subject-specific FAQs.

Our SECONDARY audiences are **patients, their families, caregivers and guardians, as well as the general public** across BC.

Timing: Communications will focus on the secondary audiences after CHS tools are ready for testing and learning supports are ready to be released to the patients.

Key communication tools and methods include:

- Engagement sessions and advisory groups with our patient partners.
- Visual tools that educate – posters, banner-stands. videos on website, social media.
- Caregiver resources, one-pagers, newsletters, collateral materials for waiting rooms.
- One-pagers, video tutorials and quick reference guides.

Our TERTIARY audiences are **strategic partners and stakeholders** including various divisions across the B.C. Ministry of Health, PHSA, health authorities, professional associations, colleges, and academic institutions that teach medicine, nursing and health care programs.

Timing: Communications will focus on the primary audience at the start, then on to secondary and tertiary audiences as each digital tool goes live. Meaningful milestone updates will be developed for all audiences, as opportunities arise to mark special occasions and celebrate achievements.

Key communication tools and methods include:

- Executive announcements and presentations. Conferences.
- Roadshows through leadership and governance committees.
- Engagement of key partner representatives in governance.
- Consultation tools including livestreaming with a panel of experts.
- JIRA & Confluence documentation and artifacts.
- Project dashboards and reporting.

High-Level Key Messaging

This table offers a sample of key messages that would be created for the major program areas in the Connected Health System initiative. Project-level communications and targeted messaging for each audience will be detailed in the tactical communications plans.

	General	Care Providers & Teams	Patients
Connected Health System	<p>CHS digital tools enable secure clinical information sharing and access to a full range of care services.</p> <p>CHS learning is always accessible. CHS learning and supports are available online.</p>	<p>Learn how to use CHS digital tools online. Help improve BC's health system.</p> <p>CHS learning is always accessible. CHS learning and supports are available online.</p>	<p>CHS enables you to access your own health information and communicate more effectively with your care team.</p>
Digital Referrals and Orders	<p>Replace fax with digital referrals and orders, now integrated in your EMR.</p> <p>Streamline your clinical workflows and forms with digital referrals and orders.</p>	<p>New tools to search with and send referrals to specialists in your area are now integrated into your EMR. Streamline your referral intake process.</p> <p>Get automatic updates on your requests. Request advice from specialists, directly from your EMR.</p>	<p>Automated notices are now available to keep you informed! Track your referrals and medical appointment details.</p>
Information Sharing	<p>CHS breaks down barriers to information sharing between clinical systems and providers across BC.</p>	<p>Secure access to provincial health data, when and where you need it.</p> <p>Better tools to share patient health data, improved transitions in care.</p>	<p>Patients, caregivers and families have greater access to health data and better tools to communicate with care teams.</p>
Providers, Services and Locations	<p>CHS ensures we have an up-to-date directory of care providers, health services and clinic locations, to support patient wayfinding.</p>	<p>CHS makes it easier to search for and request health services from other care providers in your local region.</p>	<p>CHS makes it easier to search for and connect to care providers and health services in your local region.</p>

Aligned with the CHS Change Management Strategy

CHS communications planning follows the ADKAR model for change: Awareness, Desire, Knowledge and Ability, and Reinforcement. According to the PROSCI change process, organizational change can only happen when individuals change. We are using the ADKAR methodology – Awareness, Desire, Knowledge, Ability and Reinforcement - to guide audiences through moments of change while addressing barriers along the way through various communications methods.

	AWARENESS	DESIRE (COMMITMENT)	KNOWLEDGE & ABILITY	REINFORCEMENT
Objectives	Get buy-in and enthusiasm for the project. Build confidence in the project. Show senior management's support. Address misconceptions.	Get input on planned approach. Foster two-way communications. Manage expectations. Address misconceptions. Demonstrate understanding of site-specific needs, how they'll be met.	Buy-in for continued support. Involvement in testing, begin transition of ownership. Prepare employees to be able to use system	Communicate successes. Provide feedback and updates. Ensure ongoing support. Ensure correct system usage.
Key Questions	What is the change? What are the benefits? Why are we doing it? Who is impacted?	How will the change affect me and my department? Are new skills required? How will I learn them? Who is making the decisions? How can I find more information?	How will I use the system? What changes are being made to policies and processes? When do I need to attend training? When is go live?	How will I know if I'm using the system correctly? Where do I go for support? Where can I give feedback?

Goals – Supported by objectives, assessed by various measures

Goal 1. The majority of primary audiences – estimating 85% – are **aware** of the transition to using new CHS digital tools.

CHS communications and engagement activities **motivate and enable the majority of all audiences at an estimated rate of 85%**. During the three phases of transition, people across BC are increasingly aware, prepared for change and anticipate efficiencies across the care continuum.

Objectives – Engage internal audiences – staff and care providers -- throughout the transition:

- Deploy a layered approach using a variety of communication tactics and tools across all three phases to reach providers, patients and staff province-wide.
- Each audience group knows our main source of information is on our website. They will go there to learn about the roll-out, change, learning and feedback on the CHS transition.
- Communications will be staged in such a way that people have time to become informed, to prepare for the change, to discuss the transition among their peers, to enquire and to think through how this roll-out will impact their workflows.
- All audiences understand and feel good about making history together in resolving key hindrances to health care services through the use of CHS digital tools. There is a desire to support the transition, to embrace this new way in managing care services and, as a result, enable uptake and effective change.

Channels and methods

- Sponsor communications, governance presentations, project updates/meetings
- CHS Website, partner communication channels, social media,
- Internal and external project bulletins, 1-pagers, presentations, FAQs
- Partner engagement sessions, workshops and partner presentations
- Conferences, speaker series, provider testimonials, press/articles, sponsor interviews

Targeted measures

- Awareness of CHS project goals and objectives.
- Understanding of how CHS supports Digital Health Strategy objectives – ‘What’s in it for us?’
- Clear understanding of how CHS will benefit the person or team – ‘What’s in it for me?’
- Audiences indicate a high level of satisfaction with the quality of supports provided in transitioning to CHS and the new way.

Methods of assessment

- Track attendance and participation at CHS engagement sessions and events
- Pre- and post-interviews.
- Survey – formal. Polls – informal with one question, one yes or no response.
- Workshops – Feedback is shared across teams – informal discussion.
- Website visits, social media activity, video views, publication readership and downloading activities will be monitored to assess reach, audience demographics and activity levels in relation to key announcements and other milestones.

Goal 2. The majority of clinic leaders and care providers express **desire** and **commitment** to participating in CHS design, onboarding and training activities.

Objectives – Interest and desire increases as internal audiences learn more about CHS. Clinic leads and care teams choose to participate in CHS activities and commit to implementation.

- Communications effectively inform audiences of CHS projects and benefits, explaining this one-time-only opportunity to support and engage launch activities.
- Internal audience want province-wide interoperability, understand the benefits of information sharing across our health system as well as the historic implications.
- Targeted invites will be sent to key clinical and business stakeholders to facilitate participation in project governance, advisory committees and working groups, kick-offs and go-live events.
- Targeted invites will be sent to an identified list of clinic leads who will be recruited as priority participants in supporting CHS implementation.
- Feedback indicates audiences feel valued because their input is acted upon and they have opportunities to engage and provide input on product design or project activities.
- Feedback indicates that champions feel they have the necessary information to inform key decisions, recommendations and strategies to mitigate risks or issues

Channels and methods

- Sponsor communications, governance presentations, project updates and meetings
- Targeted communications via vendor and partner organizations, newsletter articles
- Intake forms, targeted surveys, feedback through CHS email, word of mouth referral, DHI intake.
- Specialty working groups, advisory committees, partner engagement sessions, peer network.
- Onboarding sessions, live and video demos, one-pagers, CHS fax coversheets, email signatures.
- Promote Health Map and related directories, apps, developer portal, mobile app stores.

Targeted measures

- The number of clinics and care providers and the level of interest shown (seats fill up quickly, for example) in confirming participation in CHS onboarding activities.
- The number of stakeholders and the level of interest shown in confirming participation to advisory and specialty working groups or governance committees.
- Participants share their high level of interest, willingness to take part and personal satisfaction with quality supports provided in transitioning to CHS and the new way.

Methods of Assessment

- Tracking numbers of participating clinic leads and the amount of time and effort to recruit and convert new clinic leads.
- Tracking numbers of participants volunteering to participate in serving governance and advisory groups.
- Surveys – formal. Polls – informal with one question, and one yes or no response.
- Informal interviews before and after site visits, go-live events, pre- and post-training, as well as in using the digital tools, along with other key before and after activities.
- Drs of BC survey of members in response to specific activities, such as workshops, announcements and go-live events.

Goal 3. Communications **motivate** the majority of healthcare providers and staff to gain **knowledge** on how to use CHS tools and refresh their **abilities** over time.

CHS communications will support the creation of effective learning materials for care providers, clinical staff, patients and operational teams in learning how to effectively use CHS tools, manage workflows, access support and refresh learning and understanding over time.

Objectives – Audiences **want** to learn online and reinforce adoption of CHS digital tools.

- Deploy the 'before and after' campaign and demonstrations that shows users the old way and the new way emphasizing the new way is better, best.
- Use this campaign to emphasize access to learning tools online with key language around 'study at your own pace', 'modular approach that explains each step, one step at a time'.
- Consider using an incentive where users receive a certificate and a special badge that shows they've successfully completed their training.
- Gather and share testimonials from a wide range of users who share insights on their learning experience and how it improved their work experience.
- Equip peer mentors and superusers with key messaging, presentation materials, user supports and training aids to support clinics with onboarding and adoption of CHS tools.

Channels and methods

- Training invites, course descriptions, LMS/LearningHub, interactive learning modules
- CHS website training page, quick start/reference guides, video tutorials, FAQs
- Training certificates, badges, in-app tips, help files, how to guides
- Testimonials, peer mentor toolkit/reference guides, standard operating procedure, how to's
- Executive/project training dashboards, feedback surveys, training contest/incentives

Targeted measures

A range of techniques and tools enhance and sustain engagement in learning new CHS digital tools and systems. Methods include:

- Various forms of feedback repeatedly show internal and external audiences have confidence in their abilities to learn and make time to use CHS products and services.
- Tracking rates of participation in online training and refresher support.
- Perceived ease of improved workflows.
- Perceived effectiveness of training workshops.
- Level of confidence in using the CHS tools.
- Level of satisfaction with the reinforcements and supports available in the learning and application of learning.
- Level of satisfaction with resources available to optimize understanding and use of CHS tools.

Methods of assessment

- Perceived access to or satisfaction with help desk and online supports.
- Surveys – formal. Polls – informal with one question, one yes or no response.
- Workshops – Feedback is shared across teams – informal discussion-
- Peer mentor and mentee interviews.

Goal 4. Online access to information **increases by more than 50%** across the province by 2026. Majority of patients and caregivers become **aware** of how to access information, **sign-up** for status updates and use communication tools.

Online access to personal health information will increase from 27% in 2023 to a minimum of 48% in 2026 by emphasizing key benefits of the CHS digital health tools.

- **Data source:** BC Ministry of Health Service Plan 2022 - 2025

Objectives – We encourage and motivate British Columbians to use the digital Health Toolkit.

- Collaborate with Health Gateway and other relevant patient portals, online health groups.
- Our plan tells the story of ‘before and after’ so people can learn why this change is needed.
- We focus on benefits made possible using the CHS portfolio of digital tools, such as:
 - More transparency and interactive tools to access health services, manage medical appointments, receive notifications and communicate with care providers.
 - Waiting times to see a care provider eventually shorten.
 - Having access to and control over their health information online.
 - Digital connectivity moves information faster and speeds up care.
 - Health providers share information instantly, improving team-based, informed care.
 - Patients, providers and staff share their stories. We all improve due to this feedback.
 - We establish trust across all audiences by sharing experiences with CHS tools from those dependent on care services, by encouraging open communications and action.
 - Communications are timely, strategic and easy to understand. We showcase key messages, how people are impacted, and at opportune times rather than all at once.

Channels and methods

- Patient handouts, clinic waiting room posters, emails, clinics promote their use of CHS forms and tools on their websites, push out on social media.
- CHS website training page, quick start reference guides, video tutorials, FAQs.
- Training certificates, refer a friend, help files, UI/UX design workshops, CHS feedback channels.
- Patient testimonials, peer mentor toolkit, news and mainstream media articles, public outreach.

Targeted measures

Change Management and Communications works with Knowledge Transfer and Education to develop strategies that measure audience responses to using new CHS digital tools based on key benefits:

- Patients, providers and staff have time and opportunity to engage and provide feedback on product design (i.e.: digital health toolkit) and project activities (i.e.: learning online).
- Their input is valued, acted upon: problems averted, time and money saved.
- Patients use CHS tools and services effectively. Client feedback and data analytics (tracking web use) show increasing levels of participation and confidence using CHS tools services.

Methods of assessment

- Survey – formal. Polls – informal with one question, one yes or no response.
- Feedback – informal.
- Workshop attendance and participation on lessons learned – formal and informal.

Strategy - **Insights from research and audience analysis**

1. **Collaborate with strategic partners** and stakeholders on communication methods:
 - Align communications with strategic partners and stakeholders. Work with their communication teams.
 - Maintain a vibrant web presence. Link with each partner's websites, newsletters, etc.
 - Maintain three social media channels: Facebook, LinkedIn, YouTube, Instagram. Post every other week.
 - Profile shared CHS accomplishments, team achievements and celebrate milestones.
 - Seek out first person, frontline testimonials and endorsements from third-party influencers.

2. **Work with Regional Health Authorities and the First Nations Health Authority of BC** to develop a communications and media roll-out unique to each region's audiences:
 - Develop and share stories and images about CHS through PHSA and HA channels – website, social media, media relations and internal communications.
 - Build shared interests across all HA regions and with relevant audiences. Pursue media stories at the local level in step with HAs.
 - Target relevant media journalists to cover and comment on the CHS story at a local-national level. Gary Mason with the G + M, Jarrett Martineau with CBC Radio, Andre Picard, Canadian health journalist and author, among others who've cultivated distinct audiences.
 - Explore opportunities for publishing essays and white papers, as well as producing a documentary film and video series. Develop a wide range of **thought leadership** editorials and accounts on the creation of the CHS and BC's historic transformation of interoperability targeting all audiences.
 - Examples: [CBC Independent Producers – Creator Network](#) – BC office
[The Conversation](#)
[Shaw Spotlight](#) – community documentaries
[Globe + Mail](#) opinion section
[Vancouver Sun](#) opinion section
 Digital health conferences and journals – listed on page 8.
 - Aim for diverse community-based media relations activity to report on regional HAs and their key sites. Develop a communications plan with each HA that includes editorial and media relations schedules.
 - Create a deeper understanding of the CHS project and deliverables, told from each and every regional perspective.
 - Profile various HA people working on and with CHS digital tools across our target audiences.

3. **Communications for external audiences will be considerate of a dominant aging demographic, people with special needs, as well as BC's growing ethnicity and diversity.**
 - Half of our public audience is 65+ and the majority are likely to be patients.
 - Close to half of our public audience struggles with reading – 45.9% are reading at level two within BC's six level method of skills measurement. From ages 16 to 65, this group may have

- difficulty understanding newspapers, following instructions and reading health information in all forms.
- We factor into our messaging: Indigenous acumen, learning curves, change adjustments, respect for sexual orientation and the range of gender identities, impacts on people living with disabilities, those resistance to change who want to be heard, those who need support.
 - Communication must be generic, written and spoken in plain language with short words, minimal length, adaptable to cell phone screens if we are to connect with and inform our diverse province-wide audiences.
- 4. Story topics will be developed with our communications advisory team and HA communication teams** with a focus on ways to engage our various audiences in various regions and share information and opportunities to participate in key CHS events. Examples:
- Showcase **CHS as a profound advancement** in health care with stories on HA websites.
 - Create a **speaker's bureau** and calendar of events, road shows, conferences, lectures.
 - Develop **speaking notes**, draft speeches, **visual aids** about **the positive change ahead**.
 - **Recruit people** wanting to serve on committees, demonstrate inclusivity.
 - Build desire, **persuade people to get involved**, to be part of the solution.
 - Celebrate **go-live scenarios**. Hold **open house events** to the public and with local media so people can see what CHS digital tools can do and how providers and staff benefit from automated services.
- 5. Demonstrate leadership of this new way by participating in health conference events:** speak, host private sessions, publish white papers, create a CHS information booth.

2023

Digital Health Week - Nov 2023

Hosted by PHSA. CHS was a key player at this event. M. Matsusaka served on the planning team.

2024

Ahead of the Curve 2024 – Feb 8 – Vancouver Pinnacle Waterfront

Hosted by Digital Health Canada.

Quality Forum 2024 - April 23 – 25 - Vancouver Hyatt

Hosted by Health Quality BC – Connecting community to quality: stronger together.

eHealth 2024 - May 26-28 – Vancouver, BC – Marriott Parq Vancouver

Hosted by Digital Health Canada, Canada Health Infoway, and Canadian Institute for Health Information.

Budget – The resources and tools needed to realize this plan

Video Production

Concept / Requirements	Approach	Tools Required	Estimated Budget Req
Two-minute video series, posters, social media posts			
<ul style="list-style-type: none"> • Before and after scenarios from each audience and project group. • Learning and how-to series for physicians and nurse practitioners. • Learning and how-to series for MOAs. • Learning and how-to series for nurses, care staff. • Learning and how-to series for patients and general public. 	<ul style="list-style-type: none"> • Develop design brief and outline. • How To – in house training analysts to produce. • Edit short videos in house. • Graphic design – in house/PHSA. • Publish via PHSA YouTube channel. 	<ul style="list-style-type: none"> • Video and audio editing tools. • Learning management system. 	<ul style="list-style-type: none"> • Ocean LMS – cost TBC. • Video production team for key events. • Video hosting – see if PHSA has a standing agreement in place with a video production co.
Short videos of milestones, go-live events			
<ul style="list-style-type: none"> • Announcements - include interviews with leaders, board members, patients, providers, staff and CHS team. • Work with health authorities, include interviews with each region's leaders, board members, patients, providers, staff and CHS team. • Before and after campaign - two-minute video series shows key benefits of change compared to old ways of doing things. Est: 12 scenarios. 	<ul style="list-style-type: none"> • Develop design brief and outline • Hire professional videographer to shoot, edit, produce. • Publish via PHSA YouTube channel? • Promote via PHSA and partner social media. 	<ul style="list-style-type: none"> • Video and audio editing tools. • Learning management system. 	<ul style="list-style-type: none"> • Ocean LMS – cost TBC. • Professional videographer, if nec. Hosting TBC.
Livestreaming Q+A panels, explaining services and supports			
<ul style="list-style-type: none"> • Hosted information sessions for internal and external audiences province-wide. 	<ul style="list-style-type: none"> • Panel of experts take questions from all audiences prior to go-live events 	<ul style="list-style-type: none"> • Video and audio editing tools. • Links to recorded sessions are shared via email, posted online. 	

Photography and Production - Various collateral materials

Concept / Requirements	Approach	Tools Required	Estimated Budget Req
<ul style="list-style-type: none"> Website images. Gather images of PHSA staff, patients and providers province-wide. <p>Use for:</p> <ul style="list-style-type: none"> Poster series 'before and after' Publications – CHS Team Bulletin and CHS Quarterly Banner-stands How-to series and reference guides for providers, patients, staff Infographics Announcements for each go-live Look book documenting prep, roll-out and lessons learned Slide deck Hummingbird gratitude pin with story 	<ul style="list-style-type: none"> Develop design brief and outline How To – in house training analysts to produce Edit short videos in house, if poss. Graphic design – in house/PHSA under the auspices of Christopher Lee. Publish via PHSA YouTube channel? 	<ul style="list-style-type: none"> Professional camera operator. Photo editing software. Graphic design software. 	<ul style="list-style-type: none"> Stock images: no or low cost Professional photographer for select activities Banner-stands – printed banners mounted on pop-up hardware Poster series – printed, full colour, distribute and post on hospital, clinic bulletin boards, online, social media.

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Thoughts on photography - featuring PHSA care providers, specialists, staff and patients, partners and stakeholders

- Using imagery of real people within our workplaces is recommended for this project because it forges a connection of familiarity that is convincing, comforting, memorable, meaningful and one of the most effective ways to communicate complex change.
- Seeing colleagues featured in workplace communication materials can create feelings of equality, belonging and a sense of being valued. People pay attention when they see themselves and people they recognize. They remember what they saw. They talk about what they saw.
- This level of interaction helps our communications 'rise above the clutter' which is crucial when preparing for a transition as profound as the CHS initiative.

Appendix A: References

The following table summarizes the documents referenced in this plan.

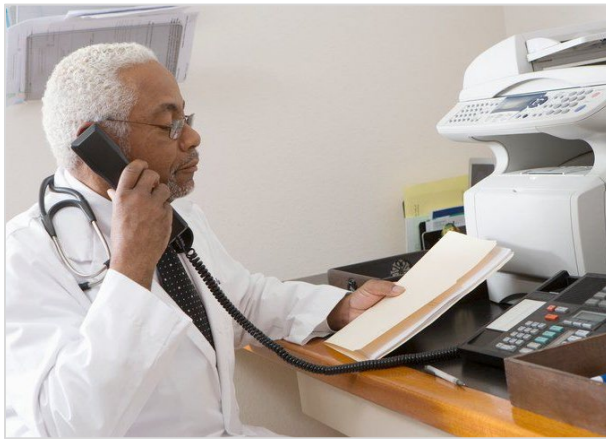
Document Name	Description	Location
<i>The Communication Plan: The Heart of Strategic Communication</i>	A manual on how to plan and manage strategic communications. By Leslie R. Potter, ABC	https://www.iabc.com/About IABC Knowledge Centre Third edition
<i>Prosci Methodology</i>	A structured, adaptable, repeatable approach to enable individuals to successfully move through changes within an organization.	https://www.prosci.com/methodology-overview
<i>The Prosci ADKAR Model</i>	A powerful, simple model for facilitating individual change.	https://www.prosci.com/methodology/adkar
<i>Connected Health System - Inclusive Language Guidelines</i>	Guidelines CHS team members.	Inclusive Language Guidelines - Shared Resource.docx

Appendix B: Communication Examples

The CHS 'Before and After' series

Draft concept #1 - This could be an email, poster, social media post, web content, newsletter insert, magazine ad, a page within a slide deck.

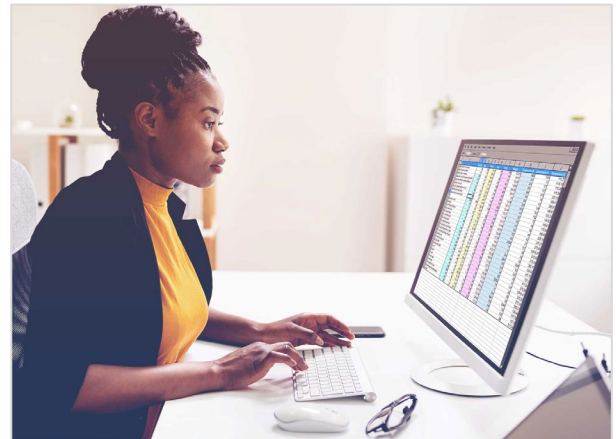
Before



This doctor uses faxes and paper.

- Slow, time-intensive, manual
- Prone to errors and waste
- Administrative burden
- Paper is filed in cabinets, stored in rooms
- Lack of transparency for patients

After



This doctor uses digital tools.

- Quick, efficient, automated
- Digitally validated and streamlined
- Administrative ease
- No filing cabinets or storage rooms
- Updates and data access for patients

B.C. has a new Connected Health System

Sign in here - www.bcchs.ca



**Provincial Health
Services Authority**

Appendix C:

Calls to Action – **Communications begin at the executive level**

Date	Calls to action	Channel	Lead	Audiences
June – Sept 2023	CHS presentations to HA leadership Prepare a presentation for Sr Leadership re: project announcement. Review roll-out, audiences, benefits, change and anticipated impact. Slide deck and backgrounder included.	Web links Email Slide deck Documents	CHS and PHSA Comms team	PHSA leadership CEO, executives Board members Directors Media
Sept 2023	CHS vendor contract awarded Prepare a presentation for Sr Leadership and key stakeholders. Review roll-out, audiences, benefits, change and anticipated impact. Slide deck and backgrounder included.	Web links Email Slide deck Documents	CHS and PHSA Comms team	PHSA leadership CEO, executives Board members Directors Media
Nov 2023	CHS livestreaming event Host a digital forum for PHSA care providers and staff. Discuss announcement and what it means for all involved, review change, before and after scenarios, benefits, training, timelines for phased roll-out.	Web links IT Broadcast Email invite	CHS and PHSA Comms team	Physicians, Nurse Prac'ners, Nurses Health prof'ls Allied health workers MOAs, staff, contractors
Jan 2023	CHS learning and refresher training Promoting awareness, prepare staff and providers for transition to CHS tools. Build capacity, increase participation. For discussion: The CHS hummingbird pin incentive.	IT broadcasts Photo + video Email Web content + links Incentive plan	CHS and PHSA Comms team	Physicians, Nurse Practitioners, Nurses Health care professionals Allied health workers Medical Office Assistants Staff, contractors

Appendix D: Schedule of Communications Activities

Date	Activity or tactic	Channel	Lead
May 2023 onwards	CHS Internal Team Bulletin Internal newsletter for the CHS team, focus on building cross-project awareness, onboard and introduce new team members, celebrate successes	Newsletters Email	CHS Communications Team
Sept 2023	CHS look and feel Develop a 'sub-brand' for CHS. Align with PHSA brand and Digital Health look and feel for web, social media, video, photography, pop-up banners, posters, toolkits, publications, glossary.	Web pages Social media Photo + video Banners + posters Publications	CHS and PHSA Communications team
Oct 2023	CHS web presence Create, build and maintain webpages to house key CHS info on tools, services and access. Establish info links for patients, providers, staff. Include: <ul style="list-style-type: none"> - One-pagers and newsletters - Updates for health leaders - Help videos and streaming events 	PHSA website	CHS and PHSA Communications team
Oct 2023	CHS look book, reference guides + slide decks Produce and distribute digital and print books that explain the CHS project. Include a series of reference guides and slide deck. Explain what this project will mean for BC's health care system, for patients, providers and staff.	Web links Physician mailer Email Social media	CHS and PHSA Communications team
Oct 2023	PDHIS CHS Sharepoint pages Create, build and maintain webpages on DHI SharePoint to house key CHS info on internal communications such as training, refresher tools and supports.	PHSA SharePoint	CHS and PHSA Communications team PDHIS Communications team
TBC Internal: a.m. External: p.m.	CHS announcement – media release Explain to all audiences with links to web for more info. Include a timeline for phased roll-out. Share with all partners, stakeholders, key audiences and BC news media.	BC Ministry of Health and PHSA shared release Web links Email	CHS and PHSA Communications team
Oct 21 2 p.m.	CHS livestreaming event + video Host and record a series of digital forums for key external audiences. Discuss what it means for patients, providers and staff. Push out on social media, email and include link to web pages.	Web links Video services YouTube Email invite Social media invite	CHS and PHSA Communications team
Oct 2023 Jan, Apr, July 2024 - 2025	CHS digital quarterly newsletter Updates, roll-outs, profiles of patients, providers and staff from across BC. Showcase CHS team staff and leadership. Editorial plan in progress.	Email dist'n Social media Web Link	CHS and PHSA Communications team

TBC	CHS collaboration with health authorities Develop tactics and plans to inform key audiences within each HA region across PHSA.	Web links Photo/video Media relations Social media	CHS and PHSA Communications team
TBC	CHS thought leadership Encourage each project team to produce editorials and 'think pieces' for submission to city, provincial and national magazines, web-based publishers. Push out on social media.	Social media Web links Photo + video	CHS and PHSA Communications team
Sept 2023 to Dec 2025	CHS events Take part in Digital Health Week Nov 2024 and other digital health conferences. Build plan, calendar of go-live events x each HA. Include speaking engagements, sample scripts.	Social media Web links Photo + video	CHS and PHSA Communications team
Sept 2023 to Dec 2025	CHS media relations Cultivate stories at community level across BC Explore city and national media coverage for CHS announcement and go-live events.	Plan Photo/video	CHS and PHSA Communications team
2024	CHS public awareness campaign Encourage BC public to access the Health Toolkit to manage their health.	Photo + video Social media	CHS and PHSA Communications team
2024	CHS before and after documentation Create a series of infographics showing before and after experiences using CHS tools. Workshop scenarios as an info and training tool.	Photo + video Posters, stories Photo + video Web links	CHS and PHSA Communications team
TBC	CHS speaker's bureau Create presentations and scripts. Identify those willing to speak publicly about CHS to various audiences x BC. Work with HAs.	Scripts Slide decks Photo + video Social media Web links	CHS and PHSA Communications team

Appendix E: Marking the Transition Point – A celebration and a thank-you gift



As phase one comes to a close, and before phase two begins, the transition to interoperability is marked with a celebration. Ideally, in the spring of 2024, one event is held in each region hosted by each health authority. Care providers and staff are trained. CHS digital tools are up and running. A great deal has been accomplished.

To mark the occasion in partnership with all stakeholders, and with permissions in place from our First Nation friends, an iconic gift is presented to all care providers and staff who have completed their training. The gift is a lapel pin and a card with the The Story of Sah Sen, retelling a centuries old creation story from the Coastal First Nations.

The story of Sah Sen

A Coastal First Nations' symbol of beauty, speed and intelligence with a message of gratitude for care providers, staff and patients

A legend from the Kwakwaka'wakw says that Dunka, guardian of the mountains and Wild Woman of the Woods, loved this little bird so much she let it nest in her hair because Hummingbird reflected colour and light like a precious jewel.

Hovering in one place, flying sideways, backwards and forwards, Hummingbird teaches us to look into our past but not to dwell. Hummingbird flits forward and tells us to savour every sweet moment as a Hummingbird does, hovering over each flower. Hummingbird is a messenger of joy and gratitude, a symbol of speed and intelligence. This tiny bird is also called Sah Sen and represents friendship and playfulness.

One story tells of Raven transforming a certain flower, one that was adored by the people, turning it into a tiny bird with feathers the color of green grass and the flashing red of a setting sun. Raven gave the bird a gift to fly like sunlight flickering through tall trees. Then Raven gave Hummingbird a message to take to the spring and summer flowers. As Hummingbird goes from flower to flower, he whispers Raven's message of gratitude, thanking the flowers for making this world a more beautiful place.

Appendix F:
 Production Schedule - *to be developed once plan is approved*

	Activity	Lead	Production	Delivery
Aug 2023				
Sept 2023				
Oct 2023				
Nov 2023				
Dec 2023				
Jan 2024				
Feb 2024				
Mar 2024				
Apr 2024				
May 2024				
June 2024				
July 2024				
Aug 2024				
Sept 2024				
Oct 2024				
Nov 2024				
Dec 2024				
Jan 2025				

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