A Framework for Evaluating Institutional Stakeholder Engagement at the Ministry of Health Services

Eben Watt

ADMN 598

University of Victoria, Victoria, British Columbia

EXECUTIVE SUMMARY

Purpose of Report

In 2004, the Ministry of Health Services initiated a model, called Institutional Stakeholder Engagement, to involve institutional stakeholders in the Ministry's annual planning process. This report outlines a framework for evaluating the effectiveness of institutional stakeholder engagement (ISE).

Institutional Stakeholder Engagement

Every ministry in the Government of British Columbia produces a service plan document that accompanies their budget. Institutional stakeholder engagement was introduced as a structured and predictable process to give key groups in the health care system a voice in the planning processes at the Ministry of Health Services.

The ISE process is based on a three-part model which describes how stakeholder groups will be involved in planning processes at different levels of the health care system. In this model, stakeholders not only have a voice in the Ministry planning process but also participate on various committees and working groups that address implementation issues.

In the coming months three main activities will be undertaken related to ISE.

1. Developing a Terms of Reference document for the process;
2. Planning and holding bilateral sessions with institutional stakeholder groups in September 2005; and

3. Implementing an evaluation strategy to assess the effectiveness of the ISE process.

Methodology

The evaluation framework outlined in this report was developed in consultation with the client and based on research into best practices.

Literature Review

A review of literature on best practices in evaluating stakeholder engagement revealed no methodologies that were appropriate for evaluating for the ISE process. As a result, a completely new framework was developed using the Plan, Do, Study, Act (PDSA) Improvement Cycle (Langley, Nolan, Nolan, Norman, & Provost, 1996, p. 6). This cycle is an iterative improvement model that allows an organization to develop (**PLAN**), implement (**DO**), evaluate (**STUDY**), and improve (**ACT**) business practices. The PDSA Improvement Cycle is initiated by addressing the following three questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in an improvement?

Evaluation Framework

The PDSA Improvement Cycle is used to structure the evaluation framework for ISE. Development of the ISE process to date can be seen as part of the **PLAN** phase. The evaluation methods described in this report will be used in the **STUDY** phase.

ISE will be evaluated on three main elements: stakeholder participation (involvement with the process), stakeholder alignment (compatibility with Ministry priorities and principles), and Ministry commitment (Ministry willingness to act on stakeholder proposals). Proposed schemes for numerically scoring these elements have been drafted as part of this evaluation framework

Stakeholder participation will be measured by recording stakeholders' attendance (commitment to attend, actual attendance, and job title of attendees), and the number of proposals submitted by stakeholder groups.

Stakeholder alignment will be measured by reviewing stakeholder proposals to determine the extent to which they align with key Ministry priorities and principles. Of particular interest are: explicit links between the proposals and priorities identified in the Ministry Service Plan, the completeness of information provided in proposals (specifically the proposal must include the need for the proposed program or policy as well as the expected benefits, risks, and costs) and the use of relevant supporting evidence regarding the need for what is proposed, the estimated costs and the expected benefits of what is proposed.

Ministry commitment will be measured by determining the number of proposals that are integrated into the Ministry's planning. This measure will be taken six months after the ISE bilateral sessions. A proposal will be considered integrated if a 'substantially similar' program or policy: a) has been implemented within the previous six months; b) is in the

process of being implemented; c) is expected to be implemented within the next year. A program/policy is considered substantially similar if it has a very similar objective, target population, and implementation mechanism. Ministry commitment will also be measured by surveying Ministry management on their activities related to ISE processes.

As PLAN-DO-STUDY-ACT cycles proceed, both the ISE process and the evaluation measures will be assessed and modified as needed to create continuous quality improvement.

Recommendations

1. Adopt the PLAN-DO-STUDY-ACT Improvement Cycle as the model for continuously improving the ISE process and refining evaluation measures.
2. Based on experience with the first PLAN-DO-STUDY-ACT cycle, establish, for subsequent cycles, minimum acceptable scores that each proposal must achieve to be considered 'aligned' with the Ministry's priorities and principles.
3. Use multiple evaluators for reviewing stakeholder proposals for alignment and similarity to integrated programs; use either averaging or a consensus approach to reconcile rating differences before finalizing ratings.
4. Establish baseline (pre-ISE) measures for alignment where possible, for instance by retrospectively examining proposals previously submitted by institutional stakeholders.
5. Collaborate with BC Stats to develop a web-based survey of Ministry management activities related to ISE.

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INTRODUCTION

In December 2004, the British Columbia Ministry of Health Services introduced Institutional Stakeholder Engagement (ISE) – a new model for engaging with key institutional stakeholders in the provincial health care system. This management report articulates a methodology for evaluating the effectiveness of ISE and continuously improving quality.

The client for this management report is the Director of Business Management and Stakeholder Engagement in the Ministry of Health Services. The Director's goal is to be able to assess the effectiveness of the institutional stakeholder engagement as a method for involving stakeholders in the ongoing development and improvement of the BC health care system. If the Ministry is able to demonstrate the success of the ISE process, it may encourage other organizations in the health care system to participate in similar processes.

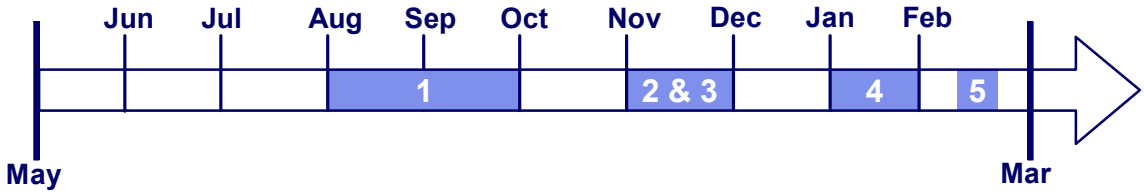
BACKGROUND

Service Planning

Since the late 1990s, the BC Government has engaged in a process called service planning. Service plans are developed together with budgets at the ministry level. Whereas a budget describes how funds will be allocated within the ministry, a service plan describes the goals and activities of the ministry. Together, a budget and a service plan articulate a Ministry's strategic priorities and funding levels for set period - usually three years.

A ministry's budget is developed based on guidance from the Ministry of Finance, which also reviews the budget before it is finalized. The development of a service plan includes input from and review by the Premier's Office. The development of service plans and budgets begins in June and takes approximately eight months. All ministry budgets and service plans, along with the provincial budget, are typically tabled in the BC Legislature in February. Figure 1 shows the key milestones in the budget and service planning processes.

Figure 1 – BC Government Budget and Service Planning Timeline



1. Budget Targets / Instructions from the Premier's Office
2. Ministry Budget Submissions
3. Presentation to Government Caucus Committee on Health
4. Premier's Office Review of Service Plans
5. Budget and Service Plans Table in Legislature

As the largest ministry in the provincial government, accounting for approximately 35% of total spending (British Columbia Ministry of Finance, 2005), planning for the Ministry of Health Services is particularly complex. Based on the timeline for creating the Ministry's budget and service plan, there is only a relatively short period, between late August and early October, during which stakeholder input can be incorporated into the planning process. Working within the parameters of the planning process is an important feature of institutional stakeholder engagement.

Institutional Stakeholder Engagement

Institutional stakeholder engagement is a structured and predictable opportunity for certain stakeholder groups to have a voice in the Ministry's service planning process. Groups representing health care professional organizations, unions, and educators, as well as representatives of the pharmaceutical industry, will be invited to provide input during the Ministry planning process. The groups expected to participate include the following:

- British Columbia Medical Association (BCMA)
- British Columbia Pharmacy Association (BCPhA)
- Rx&D (representing brand name pharmaceutical companies)
- Canadian Generic Pharmaceuticals Association (CGPA)
- University of British Columbia (UBC)
- British Columbia Nurses Union (BCNU)
- Union of Psychiatric Nurses (UPN)
- Registered Nurses Association of British Columbia (RNABC)
- College of Licenses Practical Nurses (CLPN)
- College of Registered Psychiatric Nurses (CRPN)
- Health Sciences Association (HSA)

Members of the general public will not participate in ISE because the Ministry does not have the resources to address the volume of input that would likely result. However, the

public is not entirely without a voice; through the electoral process, the citizens of the province have an opportunity to influence the Ministry of Health Services agenda.

There are three main reasons for the Ministry of Health Services to pursue institutional stakeholder engagement:

1. Health care professionals are knowledgeable about health care services delivery and can provide valuable input into planning the implementation and improvement of programs and policies.
2. The organizations representing health care professionals want to be involved in the improving the health care system. Providing a forum for this to be accommodated could help improve the relationships between the Ministry and its stakeholders.
3. The BC Government has a contractual obligation to consult with the British Columbia Medical Association (BCMA) on health care reform (see Appendix A).

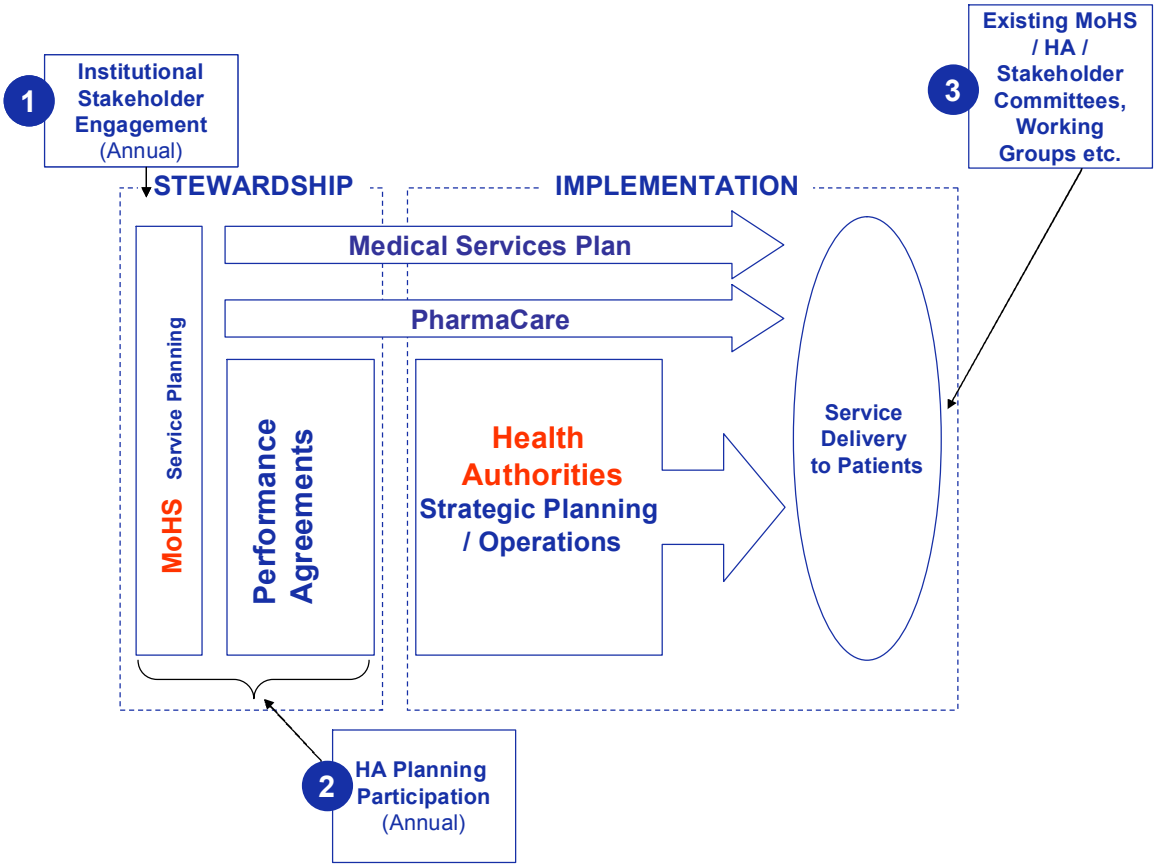
Ultimately, the Ministry's objective in pursuing ISE is to improve the effectiveness if its relationships with stakeholders. In this context effectiveness is defined as the degree to which these relationships facilitate the achievement of the Ministry's goals for the BC health care system.

The Stakeholder Engagement Model

The ISE process is only one way that the Ministry interacts with key groups in the BC health care sector. To illustrate how ISE is integrated into the overall planning and

implementation of health care services a model was developed (Figure 2). In the model there is a division between **stewardship** and **implementation**.

Figure 2 – A Three-Part Model for Institutional Stakeholder Engagement



(Ministry of Health Services, 2004)

The Ministry of Health Services is primarily responsible for stewardship. This includes setting strategic direction for the BC health care system, and negotiating and monitoring performance agreements with regional health authorities. The Ministry also plays a direct role in overseeing both the planning and implementation of PharmaCare (the provincial drug plan) and the Medical Services Plan (the provincial medical insurance program). The six health authorities have responsibility for the implementation of most other health

care services including hospitals, continuing care, and mental health and additions services.

The numbered sections of the model show where stakeholders and the health authorities have the opportunity to provide input into planning and implementation in the health care system.

1. Institutional stakeholder engagement – At annual bilateral stakeholder sessions, the Ministry will present its priorities to stakeholders and seek their input. The sessions will be facilitated by a Ministry ADM.
2. Health authority (HA) planning participation – As part of the current service and performance planning processes the Ministry seeks input from each health authority.
3. Existing MoHS/HA/stakeholder committees and working groups – Both the Ministry and the health authorities currently work with health professionals on the implementation of health care services throughout the province.

Principles for Institutional Stakeholder Engagement

Before initiating the full implementation of the stakeholder engagement model, several principles were developed to help shape the process (Ministry of Health Services, 2004). These principles clarify the roles of the participants, and the purpose and scope of the process. Adhering to these principles is critical to the success of ISE.

ISE Principles

- The government is accountable to the citizens of BC for providing direction to the health care system.
- The health authorities (HAs) have a legislated responsibility for shaping and delivering services.
- Engagement is designed to allow broader stakeholder input into planning.
- Engagement is not co-management.
- All parties must have realistic expectations for this new process, particularly for what is achievable in the first iteration of the process.
- Engagement is only one of many mechanisms that government uses to get input from stakeholders.

These principles were communicated to stakeholders at the December 2004 sessions at the same time as the Stakeholder Model was introduced.

Action to Date

In December 2004, representatives of several key health professional organizations were invited to information sessions in Vancouver. At these sessions, the stakeholder engagement model (Figure 2) and principles (see above) were introduced, and a tentative schedule for future bilateral engagement sessions was set out. Attendees were also given an overview of both the Government planning process and the Ministry's Service Plan for 2005/06 – 2007/08.

Next Steps for ISE

In the coming months several activities will take place to advance the ISE process. These activities include:

- **Developing Terms of Reference**

  The Ministry, in consultation with stakeholders, will develop written Terms of Reference (TOR) for the September 2005 stakeholder engagement sessions. The TOR document will include the above principles, and in addition will outline the scope of the process, the process for submitting and evaluating proposals, confidentiality policies, and other key information to provide context for the meetings.

- **Planning and Hosting the 2005 Bilateral Engagement Sessions**

  Dates for the bilateral sessions will be set. The Ministry is responsible for handling the logistics of the meeting space and scheduling.

- **Conducting an Evaluation of the Institutional Stakeholder Engagement Process**

  An evaluation of the ISE process, using the framework outlined in this report, will be integrated into the bilateral sessions planned for September 2005. This evaluation will inform the future direction of the ISE process and evaluation.

METHODS

The evaluation framework was designed based on the client's needs and the best practices identified in the literature. Initially, the scope of the research was a survey of stakeholder engagement literature with particular emphasis on evaluation methods related to stakeholder engagement. However, due to a lack of relevant literature on evaluating

the effectiveness of stakeholder engagement, the focus of the research was shifted to publications addressing program evaluation and improvement methodologies in general.

LITERATURE REVIEW

Stakeholder Engagement

There are myriad definitions of a stakeholder, the following two of which capture, in broad terms, the most common understandings:

- "individuals and constituencies that contribute, either voluntarily or involuntarily, to [an organization's] wealth-creating capacity and activities, and who are therefore its potential beneficiaries and/or risk-bearers" (Post, Preston & Sachs, 2002).
- "groups and individuals that can affect, or are affected by, the accomplishment of organizational purpose" (Freeman 1984, as cited in Polonsky, 1995).

The key characteristic of a stakeholder is that they "have a 'stake' in the corporation: something at risk, and therefore something to gain or lose as a result of corporate activity" (The Clarkson Centre for Business Ethics, 1999, p.2). Consequently, as Rotarius and Liberman (2000) point out,

> stakeholders have much more than just a passing interest in an organization's outcomes. They also actively attempt to affect an organization's behaviour in order to influence its direction so that it consistently meets the needs and priorities (i.e. the stakes) of the stakeholders.

Conflicts commonly arise as a result of stakeholders' attempts to influence an organization's activities. If the conflict between the organization and its stakeholders escalates, the likelihood of either side achieving their goals is significantly reduced. Stakeholder engagement is one way that organizations and their stakeholders can come together to communicate in order to resolve, reduce, or avoid conflict.

One area where stakeholder engagement is commonly used is in disputes between corporations and community or environmental groups (Svendsen, 2000). However, stakeholder engagement is certainly not limited to the private sector. Indeed, the use of stakeholder engagement principles is found in a wide variety of organizations including governments (The Allen Consulting Group, 1999) and the health care sector (Fottler & Blair, 2002; Kumar & Subramanian, 1998).

Stakeholder engagement is a process of bringing together an organization and its stakeholders in an attempt to create alignment. In this context, alignment refers to establishing a common set of objectives that guide future activity. Alignment does not necessarily result in either side forgoing its interests; rather, alignment is achieved through identifying and acting upon shared and/or mutually compatible interests. Thus, stakeholder engagement allows for the possibility of realizing outcomes that are desirable for both sides.

Evaluating Stakeholder Engagement

A review of available literature on evaluating stakeholder engagement yielded very little. Most of the literature referred to conducting internal audits to ascertain whether an organization has identified its stakeholders and their needs (AccountAbility 1000, 1999; Canadian Leadership Corporation 1998).

In one instance, however, the authors of an article on evaluating stakeholder management performance recommend using a "report card" (in the form of a stakeholder survey) to determine the effectiveness of an organization's stakeholder management (Malvey, Fottler, & Slovensky, 2002). While this methodology is potentially useful, the client for this report is not prepared to launch a stakeholder survey at this stage of the ISE process. Therefore, the literature review was expanded to include general methodologies for program evaluation.

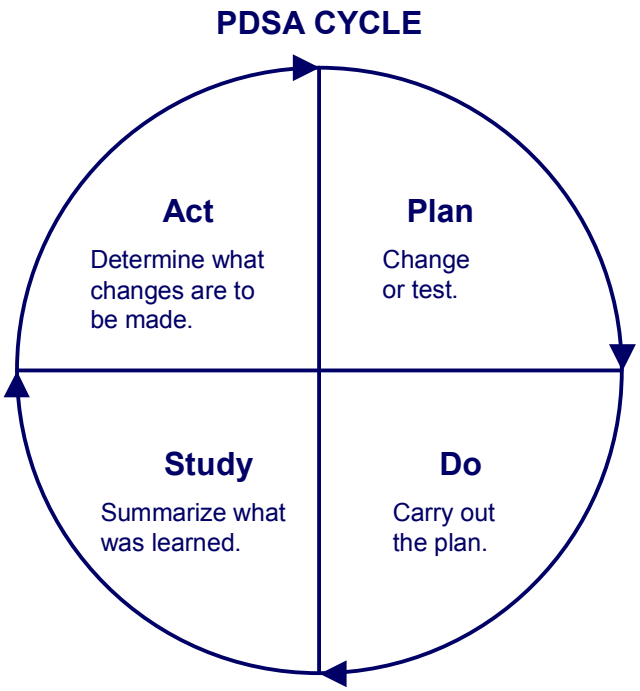
The PDSA Cycle

The "PDSA (Plan, Do, Study, Act) Cycle" (Langley, Nolan, Nolan, Norman, & Provost, 1996, p. 6) is a model commonly used in business, government, and health care for developing and testing changes in business practices. Implementing the model is initiated by asking the following three questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in an improvement?

Based on the answers to these questions a potential improvement is developed (**PLAN**). The improvement is then implemented (**DO**) and the results recorded and evaluated (**STUDY**). Using the information gathered, further modification may be undertaken (**ACT**). Figure 3 shows the progression through each of the four phases of the PDSA Cycle: **PLAN**, **DO**, **STUDY**, and **ACT**.

Figure 3 – The PDSA Improvement Cycle



(Langley et al., 1996, p. 7)

The four phases of the PDSA cycle combine to provide an iterative model that generates continuous quality improvement, and can easily be incorporated into the ongoing business practices of an organization.

EVALUATION FRAMEWORK

The iterative and evidence-based nature of the PDSA Improvement Cycle makes it very well suited for the Ministry's intended approach to institutional stakeholder engagement. ISE development to date can be seen as the **PLAN** phase of the PDSA Cycle. As part of initiating the PDSA Improvement Cycle for ISE, the three key questions were addressed.

What is the Ministry of Health Services trying to accomplish to achieve?

The objective of the Ministry of Health Services is to continuously improve the quality and cost-effectiveness of health care provided to British Columbians by increasing the effectiveness of its relationships with institutional stakeholders.

How will the Ministry know that a change is an improvement?

The following three key measures will be used to determine if a change has resulted in an improvement.

- **Stakeholder Participation:** stakeholders take part in and provide input through structured processes that do not overwhelm the Ministry's capacity.
- **Stakeholder Alignment:** the input provided by stakeholders demonstrates recognition and acceptance of the Government's model for the health care system. Specifically, that Government is responsible for setting policy direction (stewardship), the health authorities are responsible for shaping the delivery of services, and health care professionals (physicians, nurses, pharmacists etc.) are responsible for implementing and delivering services. In addition, the input also

conforms to one of the Ministry's primary principles for decision-making, i.e. basing decisions on evidence and best practices.

- **Ministry Commitment:** the Ministry's actions demonstrate its willingness to make use of stakeholder input that is aligned with Ministry goals and objectives (as articulated in the Service Plan) and supported by evidence.

What changes can the Ministry make that will result in an improvement?

As outlined in the Background section, the proposed change is the initiation of a formal and recurring institutional stakeholder engagement process to involve stakeholder groups in the Ministry planning process.

The evaluation methods will be used to iteratively measure and improve the outcomes of the ISE process. The following sections describe the metrics that will be used to operationalize the three key measures of ISE success.

Stakeholder Participation

Stakeholder participation will be measured using two main categories of metrics.

- ***Attendance*** – measures of stakeholder groups' intention to attend bilateral sessions, actual attendance at bilateral sessions, and levels of employee representing stakeholder groups.
- ***Submission of Proposals*** – measure of the number of stakeholder proposals submitted to the Ministry within the timeframe set out in the ISE process.

Attendance

When the ISE process is initiated, each institution will be invited to send a certain number of representatives to the bilateral sessions. This number will differ slightly depending on the stakeholder group.

Metric #1 (Participation)

The number of representatives the each stakeholder group commits to send to the sessions – shown in total and as a percentage of the number invited.

- **Collection Method:** These data will be gathered, by the organizer of the engagement sessions, as stakeholder institutions indicate their intention to accept or decline invitations to the bilateral engagement sessions.

Metric #2 (Participation)

The number of representatives sent by each institution – shown as percentages of the number invited and the number committed (see Metric #1).

- **Collection Method:** At the bilateral sessions, the organizer will be responsible for recording the identity and job title of each attendee. A representative will be considered to have attended if they are present at any time during the bilateral session.

Metric #3 (Participation)

The category of attendees sent by each organization:

- **Executive** (e.g. Chair, Vice-Chair, President, Vice President, Chief Executive Office, Chief Operating Officer, Chief Financial Officer, Chief Information Officer)
- **Management** (e.g. Director, Manager, Supervisor, Project Manager)
- **Analyst** (e.g. Researcher, Writer, Coordinator, Technician, Systems Developer)
- **Support Staff** (e.g. Executive Assistant, Administrative Assistant, Secretary, Clerk)
- **Constituent** (e.g. physician, nurse, pharmacist etc. without any official role in the stakeholder group)

- **Collection Method:** Same as Metric #2.

Submission of Proposals

A significant element in the ISE process is the opportunity for a stakeholder group to provide its input in the form of a proposal. Submitting a proposal to the Ministry during the timeframe of ISE will be considered an indication of a stakeholder group's participation in the ISE process.

Metric #4 (Participation)

The number of proposals submitted to the Ministry within the timeframe indicated for the ISE process.

- **Collection Method:** An invitation to submit proposals will be issued to institutional stakeholder groups. In this invitation the deadline for proposals will be clearly indicated. The invitation will also include the contact information for a Ministry employee to whom proposals should be sent. The contact person will track the number of proposals submitted within the prescribed period of time.

Stakeholder Alignment

It is not enough for stakeholder groups to simply submit proposals to the Ministry. A key measure of the success of ISE is that stakeholder proposals are designed to help the Ministry achieve its objectives and that the proposals are supported by evidence. If stakeholder proposals demonstrate this alignment with the Ministry's priorities and principles, it could indicate that ISE has succeeded. The following metric, and its associated worksheet (Appendix B), can be used to 'triage' proposals in order to identify those that are most likely to be integrated into the Ministry's planning.

Metric #5 (Alignment)

The evaluation process is designed to assess the alignment of stakeholder proposals based on three key criteria:

- ***Linkage to Ministry priorities*** – explicit links between the proposals and identified Ministry priorities (in the Service Plan).

- ***Completeness of information*** – specifically the proposal must include the need for the proposed program or policy as well as the expected benefits, risks, and costs.
- ***Use of relevant supporting evidence*** – particularly with respect to the need for what is proposed, the expected costs and benefits of what is proposed.

- **Collection Method:** Each proposal will be reviewed by staff at the Ministry of Health Services. The review team will be comprised of representatives from: 1) the program area(s) affected by the proposal; 2) the office responsible for Ministry planning; and 3) the Business Management & Stakeholder Engagement unit. In some instances, a representative of the Deputy Minister's Office may also serve as a reviewer. Each proposal will be rated on the extent to which it meets the following criteria:
    1. Provides clear links to the Goals and Objectives described in the most recent Ministry of Health Services Service Plan.
    2. Identifies the need for the proposed change.
    3. Identifies the benefits.
    4. Identifies the risks.
    5. Identifies the estimated costs.
    6. Explicitly states the assumptions used.
    7. Uses high-quality evidence to support its claims with regard to need, costs, benefits, and risks.

When the review team evaluates each proposal, these elements will be rated on a scale from **0** to **5**, where **0** indicates the element is not present at all, and **5** indicates that the element is addressed to the satisfaction of the review. The scores for each element will be added together to provide a total alignment score. Appendix B contains a worksheet for using this method to evaluate proposals.

Ministry Commitment

The effectiveness of ISE does not depend solely on the stakeholder groups. The Ministry must be open to using stakeholders' input. Measuring the Ministry's commitment to the engagement process can be accomplished through two metrics:

- ***Integration of stakeholder proposals***: the program or policy proposed by a stakeholder group is: a) already implemented; b) in the process of being implemented; c) about to be implemented within the next year; and
- ***Organizational participation***: the degree to which the various departments of the Ministry are aware of and attempt to make use of the ISE process.

Metric #6 (Commitment)

The integration measure is intended to capture the number of stakeholder proposals that are currently included in the Ministry's plans. This will be shown as an absolute number and as a percentage of the total number of proposals that were evaluated by the review team and found to be adequately aligned with the Ministry's priorities and principles.

Where proposals were aligned but not integrated, the reasons for not integrating them will be recorded.

Collection Method: Six months after the initial evaluation the review team will follow up to determine how many of the aligned proposals have been integrated. The follow-up will focus on identifying where programs or policies 'substantially similar' to those proposed by stakeholder have been integrated into Ministry plan. The determination of what constitutes 'substantially similar' will be based on the three factors.

- **Objective**: the integrated program or policy is intended to have the same effect or outcome as the stakeholder proposal.
- **Target population**: the integrated program or policy affects the same population (based on age, gender, disease, risk factors etc.) as the stakeholder proposal
- **Mechanisms**: the integrated program or policy makes use of the same infrastructure, health care professionals, and/or funding processes as the stakeholder proposal.

The review process will take place in two stages. It is assumed that aligned proposals will be passed on to program areas to review and action as they deem appropriate. In the first stage of evaluating the integration of proposals, the review team will ask program areas to identify any proposals that have been integrated in to the program area's planning for the following year.

During the second stage, the review team will rate the program or policy on its similarity to the proposal put forward by the stakeholder group. The review team will rate the similarity (of the three elements above) on a scale from **0-5**, where **0** is completely different, and **5** is completely identical. A program/policy will be considered substantially similar to a stakeholder proposal if it receives a score of 10 or more out of a possible 15 and each element received a minimum score of 2. See Appendix C for a sample Integration Review worksheet.

Stakeholder proposals that have not been integrated will also be examined. For each aligned proposal that is not integrated, the responsible program area will be asked to explain why the proposal was not actioned. Reasons for not integrating proposals will be categorize as follows:

- ***Competing Priorities*** – the presence of other projects made it impossible to integrate the stakeholder proposal into the department's plans for the coming year.
- ***Funding Issues*** – the proposal could not be integrated because funding could not be found for implementation.
- ***Timing Issues*** – the proposal could not be integrated because it either conflicts with existing programs or is dependent on a program/policy not yet in place.
- ***Duplication of existing programs/policies*** – there is no point in integrating the proposal because the Ministry is already doing something very similar.

Metric #7 (Commitment)

Another way to measure the Ministry's commitment is to determine organizational participation in activities related to the ISE process. It is the responsibility of management to initiate and direct participation in ISE. Therefore, the evaluation of organizational participation must focus on management within the Ministry.

- **Collection Method:** Data on organizational participation will be collected using a survey of Ministry of Health Services' management. The type of information that will be collected in the survey is shown below:
  - Respondent' position (ADM, Executive Director, Director, Senior Manager, Manager)
  - Respondent's awareness of the ISE process
  - Number and position of staff (if any) who participated in preparations for the ISE bilateral sessions
  - Number and position of staff (if any) who participated in the ISE bilateral sessions
  - Awareness of any stakeholder proposals related to the respondent's program area
  - Research activity initiated related to stakeholder proposal(s) e.g. to determine feasibility or contact other jurisdictions that have implemented programs or policies similar to those in the proposal
  - Communications with other Ministry departments regarding stakeholder proposal(s)

- Communications with stakeholders – related to proposal(s)

It is important to note that the proposals referred to above are assumed to have been evaluated by the review team and found adequately aligned with the Ministry's priorities and principles.

RECOMMENDATIONS

The evaluation framework developed for this report provides a basis upon which to begin evaluating the Ministry of Health Services' institutional stakeholder engagement process. In addition to using the tools included in this report, there are other activities that could be undertaken to enhance the Ministry's ability to monitor and continuously improve the ISE process.

1. **Adopt the PLAN-DO-STUDY-ACT Improvement Cycle as the model for continuously improving the ISE process and refining evaluation measures.** The ISE process developed to date is just a first step in an ongoing effort to improve the effectiveness of relationships between the Ministry and its stakeholders. Therefore, it is recommended that the Ministry use the PDSA cycle as part of the annual ISE process.

2. **Based on experience with the first PLAN-DO-STUDY-ACT cycle, establish, for subsequent cycles, minimum acceptable scores that each proposal must achieve to be considered 'aligned' with the Ministry's priorities and principles.**

Setting a minimum acceptable alignment score will help the Ministry to focus on proposals that have the greatest likelihood of being integrated in the Ministry's planning. Separating the 'aligned' from the 'non-aligned' proposals will also assist in evaluating the Ministry's commitment to engagement (see Metric #6).

3. **Use multiple evaluators for reviewing stakeholder proposals for alignment (Metric #5) and similarity to integrated programs (Metric #6); use either averaging or consensus approach to reconcile rating differences before finalizing ratings.**

   The worksheets found in Appendices B and C are designed to be used by a single evaluator. However, a greater degree of objectivity and fairness would be achieved if evaluations were completed independently by multiple individuals. Taking the average of the individual ratings or employing a consensus process to resolve rating disagreements would reduce the impact of personal biases or misinterpretations.

4. **Establish baseline (pre-ISE) measures for alignment where possible, for instance by retrospectively examining proposals previously submitted by institutional stakeholders.**

   Attempt to establish a baseline or benchmark measurement by using the proposal evaluation tool to retrospectively examine proposals previously submitted by institutional stakeholders. Proposals put forward in the recent round of

negotiations with the BCMA are potential candidates. This analysis would provide some context for the first iteration of the evaluation process.

5. **Collaborate with BC Stats to develop a web-based survey of Ministry management activities related to ISE.**

   The experience and reputation of BC Stats could be very helpful in developing and launching a survey of Ministry staff, as proposed for measuring Ministry commitment in Metric #7.

CONCLUSION

Institutional stakeholder engagement is an important part of the Ministry of Health Services effort to improve relationships with its stakeholders and ensure the effective delivery of high-quality health care. It is not enough to simply introduce a new business practice, however, and assume that it is effective. ISE must be evaluated and improved as the Ministry works toward achieving the best possible outcomes for the health care system The PDSA Improvement Cycle is an effective model for guiding the improvement process.

The evaluation process described in this document is a first step toward monitoring the effectiveness of ISE and continuing to make improvements. However, like ISE, the evaluation framework and metrics must continue to develop over time. While the underlying principles of evaluation remain constant, new approaches to gathering data and evaluating effectiveness should be considered as needed to support continuous quality improvement.

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APPENDIX A

In an agreement, recently negotiated between the government and the British Columbia Medical Association (BCMA), which represents between 85% and 90% of BC physicians, the Government committed to engaging physicians in consultative processes. The precise wording of the commitment is quoted below.

> **2. Government/Physician Collaboration on Health Reform**
>
> The Government will include the BCMA in a review of initiatives that affect the direction, development and management of the health care system. This will include such initiatives as:
>
> a. BCMA involvement in a session to consider options for a process for multi-stakeholder involvement in shaping and implementing the provincial strategic agenda for health care.
> b. BCMA involvement in a MOHS Strategic Planning session for the 2005/06 and 2006/07 Service Plan along with other key stakeholders
>
> ("Letter of Agreement on Related Matters", 2004)

APPENDIX B

Integration Review Worksheet

Program Area:	
Ministry Program or Policy:	
Stakeholder Proposal:	

The following table is used to determine the difference or similarity between a Ministry of Health Services program/policy and a program/policy proposed by an institutional stakeholder.

For each of the following elements, rate how different or similar the Ministry program/policy is to the program/policy proposed by the stakeholder group.	**Score** **0 = completely different.** **5 = completely the same**
Objective: the intended outcome	**0 1 2 3 4 5**
Target population: groups based on age, gender, disease, risk factors etc.	**0 1 2 3 4 5**
Mechanisms: infrastructure, health care professionals, and/or funding processes.	**0 1 2 3 4 5**
Total Score	

APPENDIX C

Stakeholder Proposal Evaluation Worksheet

The following table provides seven criteria for evaluating proposals submitted by institutional stakeholders.

Based on your review of the proposal, provide a rating of the extent to which each of the following elements is present:	**Score** **0 = not at all** **5 = completely**
1. Clear links to the goals and objectives described in the most recent Ministry of Health Services Service Plan	**0 1 2 3 4 5**
2. Articulation of the need for the proposed change	**0 1 2 3 4 5**
3. The estimated cost of implementing the proposal	**0 1 2 3 4 5**
4. The benefits of implementing the proposal	**0 1 2 3 4 5**
5. The risks of implementing the proposal	**0 1 2 3 4 5**
6. Explicit statements of the assumptions used in the proposal	**0 1 2 3 4 5**
7. Use of high-quality evidence provided to support proposal	**0 1 2 3 4 5**
Total Score	