



TITLE

COMMUNITY ENGAGEMENT AND COMMUNICATIONS (INTERNAL AND EXTERNAL)

SCOPE

Provincial

DOCUMENT #

1106

APPROVAL AUTHORITY

Corporate Services and Human Resources Executive
Committee

INITIAL EFFECTIVE DATE

June 24, 2009

SPONSOR

Community Engagement and Communications

REVISION EFFECTIVE DATE

March 2, 2017

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

March 2, 2020

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at policy@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

- To ensure Alberta Health Services' (AHS) internal and external communications and community engagement activities are consistent with the *AHS Health Plan and Business Plan*, values, and the *Code of Conduct*.
- To foster and support engagement, consultation, communication, and transparency when AHS employees are speaking:
 - on behalf of AHS;
 - as an AHS employee expressing a private opinion;
 - as a patient advocate; and
 - as a member of a profession or organization expressing an opinion on behalf of that professional group or organization.
- To provide direction and support for internal and external communications and community engagement activities for AHS.

PRINCIPLES

AHS is committed to accessible, accountable, and transparent communication and community engagement. Communications and community engagement by or on behalf of AHS shall be open, respectful of individual and corporate privacy and confidentiality obligations, and comply with the *AHS Code of Conduct*, *Health Plan and Business Plan*, bylaws, policies, and applicable legislation.

Communication and community engagement on behalf of AHS, whether internal or external, shall consistently and accurately reflect AHS' mission, goals, values, principles, mandate, *Health Plan and Business Plan*, and visual identity. A variety of means, methods, and formats shall be used to effectively meet the needs of diverse audiences. AHS subject-matter experts may be asked to speak in an official capacity on behalf of AHS.

Alberta Health Services recognizes the value of engaging in a variety of ways with the diverse communities it serves. Doing so increases visibility at public community and cultural events and provides opportunities for the public to connect with Alberta Health Services, which leads to reducing barriers (perceived or real) that may be experienced in accessing health care. Employee, physician and volunteer participation in such events can develop an increased sense of loyalty to the organization and positive work culture. Participating in cultural and community events is reflective of Alberta Health Services' vision statement: *Healthy Albertans. Healthy Communities. Together.*

APPLICABILITY

Compliance with this policy is required by AHS' governing body, employees, medical and other professional staff, students, volunteers, AHS Advisory Councils, Health Foundations and/or Trusts, and other persons acting on behalf of AHS (including contracted service providers as necessary) in an official capacity.

Applicable collective agreements, Non-Union Exempt Employee Terms and Conditions of Employment, or written employment contracts take precedence in case of conflict with this policy.

ELEMENTS

1. Responsibilities

- 1.1 The AHS Community Engagement and Communications Department is authorized and directed to develop and maintain internal and external communication and community engagement strategies in consultation with executive leadership. All individuals, departments, areas, or groups must comply with the internal and external communications and community engagement strategies approved by AHS Community Engagement & Communications.
- 1.2 All AHS communication endeavours shall comply with relevant legislation and AHS policies including, but not limited to the:
 - a) *Freedom of Information and Protection of Privacy Act* (Alberta);
 - b) *Health Information Act* (Alberta);
 - c) *Copyright Act* (Canada); and

- d) *Collection, Access, Use, and Disclosure of Information Policy, Information Classification Policy, and other Information and Technology Management policies.*

2. Communicating in an Official Capacity on Behalf of AHS

- 2.1 Community Engagement and Communications is the primary point of contact for media requests for comments made on behalf of AHS, including requests related to AHS policies, decisions, and position statements. Requests for comments on behalf of AHS are managed and directed by the Community Engagement and Communications Department, in collaboration with the most appropriate department(s) or individual(s). In this context, and when speaking on behalf of AHS, communications shall be coordinated to provide cohesiveness and consistency within and among AHS departments, divisions, programs, and stakeholder groups.
- 2.2 Individuals, departments, areas, and groups embarking upon communications (i.e. delivering messages on behalf of AHS) or community engagement initiatives (i.e. providing opportunities to share information and to discuss health services with Albertans and for them to provide their insight and perspective) are required to consult with the Community Engagement and Communications Department and follow guidance and direction provided before engaging in internal or external communications or community engagement initiatives or before using related AHS Communication or Community Engagement tools.
- 2.3 Individuals authorized to speak on behalf of AHS have a duty to the organization not to make public statements that would put them in a conflict of interest with AHS. Conflict of interest may arise as a result of an unauthorized disclosure of business information, **health information**, and/or **personal information**, or public statements that are adverse to AHS. Individuals speaking in AHS leadership roles or on behalf of AHS have a duty to the organization not to make public comments that are, or may be, prejudicial to AHS.
- 2.4 Individuals, whether speaking on behalf of AHS or not, are prohibited from disclosing any AHS business information, health information, or personal information of other **AHS representatives** or patients except as permitted under applicable legislation and AHS policy.

3. Communicating Private Views and Opinions

- 3.1 Consistent with AHS' values, the *AHS Health Plan and Business Plan*, and the principles in the *Code of Conduct*, AHS does not regulate, restrict, or direct the private or personal views or opinions of individuals. Nor does AHS restrict individuals from speaking on behalf of a profession or organization.
- 3.2 Patient advocacy is one of the most important ways in which health care can be improved. AHS stands behind physicians and other health care providers who advocate on behalf of their patients.

- 3.3 Communication is expected to be fair, transparent, accountable, professional, and consistent with the *Code of Conduct*. However, it is the responsibility of the individual to clearly indicate when the individual is expressing personal or private views, or opinions on behalf of an organization or profession. It is often difficult for the media or the public to differentiate an individual's views as an AHS Representative or in another capacity. Therefore, it is very important for an individual to clearly indicate whether they are speaking as an AHS representative or not.

4. Duty of Fidelity

- 4.1 An employee's "duty of fidelity" is also referred to as their duty of loyalty to their employer and refers to the obligation of an employee to serve the employer honestly and faithfully. This duty is an implied term of an employment or appointment contract.
- 4.2 When speaking on behalf of AHS in an official capacity, an employee is expected to act in good faith toward AHS, be loyal to AHS, and to exercise discretion in communicating information, judgements, and beliefs about AHS and should not make public statements adverse to the interests of AHS. This requirement does not limit any rights when speaking in a personal capacity (see Section 3).
- 4.3 All employees should utilize internal AHS resources designed to help them address concerns and issues. This includes communication and consultation with supervisors, senior AHS officials, Human Resources, and appropriate advisors including the Office of Ethics and Compliance. Those who are subject to collective agreements may find mechanisms specific to their collective agreements that can help address their concerns or issues.
- 4.4 The duty of fidelity does not impose a ban or suppress an individual from making comments in the best interests of the public including, but not limited to, safety, security, or evidence of wrongdoing as guided by the AHS *Whistleblower Policy*.
- 4.5 Public comments regarding AHS made by AHS employees must comply with applicable standards. Without limiting the generality of this obligation, such public comments must:
- a) be reasonable, responsible, accurate, and consistent with the principles of the *Code of Conduct*, the *Health Plan and Business Plan*, and AHS' values of respect, accountability, transparency, engagement, safety, learning, and performance;
 - b) uphold the integrity and obligations of relationships with the individual, his/her colleagues, and AHS;
 - c) meet legal and ethical principles as well as professional standards;
 - d) respect the integrity of opposing viewpoints;

- e) strictly protect the health and personal information of AHS patients, staff, physicians, and other individuals; and
- f) strictly protect and maintain the confidentiality of information (such as, but not limited to, financial information, personal information, health information, statistical information, corporate or business information, and the information AHS receives from its business partners, suppliers, and other third parties) that are protected by confidentiality obligations found in AHS policies, contracts, legislation, professional guidelines, and elsewhere.

5. Community and Cultural Event Participation

- 5.1 Alberta Health Services supports AHS representatives participating in community and cultural events which foster community relationships and good-will.
- 5.2 Participation by any AHS representative is voluntary. No AHS representative should feel obligated to participate in such an event.
- 5.3 AHS representatives who participate in an event should do so on their own time, or at the approval and discretion of the manager subject to operational needs.
- 5.4 AHS representatives shall be permitted to wear their uniforms or other AHS identifiable clothing as long as it meets the standards expected of anyone wearing such clothing.
- 5.5 Employees representing AHS or who are recognizable as employees of AHS shall act in a professional manner and adhere to the AHS *Code of Conduct* at all times.
- 5.6 Unless prior approval is provided by a manager, any costs associated with participating in the event shall be the responsibility of the participants.
- 5.7 AHS equipment or resources may be used to support the community or cultural event provided their use is approved by the appropriate manager and the use does not negatively impact patient care or AHS business operations.
- 5.8 AHS representatives shall not be permitted to participate in a way that identifies themselves as AHS representatives or may lead members of the public to believe that AHS is supporting any event which are contrary to Alberta Health Services' values or legitimizes groups or organizations that violates, or promotes a violation of human rights under the *Alberta Human Rights Act*.

Note: Community and cultural events excludes events, protests, or rallies that are regarding a political activity, as defined in the AHS *Conflict of Interest* Bylaw. AHS representatives who wish to participate in an event regarding a political activity may do

so in a personal capacity on their own time. See the *Conflict of Interest* Bylaw for more information.

6. Community Engagement

- 6.1 As noted earlier (see Section 2.2), individuals, departments, areas, and groups embarking on community engagement initiatives (e.g. providing opportunities to share information and to discuss health services with Albertans and for them to provide their insight and perspective) are required to consult with the Community Engagement and Communications Department and follow guidance and direction provided before engaging in community engagement initiatives or before using related AHS Communication or Community Engagement tools.
- 6.2 Public participation is essential to improving the quality and accountability of health services. Engagement activities shall seek to involve those who are affected by decision making processes.
- 6.3 All engagement activities are expected to be meaningful, impactful, and well managed. Individuals involved shall understand the goal of the engagement and the role of those involved. The impact of the engagement shall be reported back to all parties involved.
- 6.4 Engagement involving business information of a confidential nature shall clearly be described as such and all participants shall be asked to confirm their commitment to maintain the confidentiality of the information being shared.

7. Media

- 7.1 Media inquiries and requests for comment on behalf of AHS shall be directed to and coordinated through the AHS Community Engagement and Communications Department.
- 7.2 The on-call numbers for AHS Communications and contacts for media inquiries are available on the external AHS website (Contact Us – Media) and internal AHS website (Communications – Media Relations).
- 7.3 External communication and media requests for information and interviews shall be responded to in a timely, fair, and equitable manner and in compliance with relevant AHS bylaws and policies and any applicable legislation.

8. Social Media

- 8.1 The following must be considered when using social media:
 - a) An individual's personal, public, and professional identities are easily confused through social media, and information posted or transmitted can be open to misinterpretation and misrepresentation on social media.

- b) Professional and legal obligations are relevant to an employee's off-duty conduct, including participation in online conversations.
 - c) Choosing to include information about one's credentials, professional designation, or position of employment at AHS in personal social media profiles may be perceived as an indication that comments made from that account are associated with, or connected to, a specific position at AHS or profession.
- 8.2 Individuals communicating on social media must comply with this Policy, the AHS *Social Media* Policy, and related governance, and are prohibited from disclosing any AHS business information or health and/or personal information of other AHS Representatives or patients, except as permitted by applicable legislation and AHS policies.

9. Web Communications

- 9.1 AHS' web presence, including all websites, applications, mobile applications, and web-based payment methods, shall be developed with authorization from the Community Engagement and Communications Department. This ensures that:
- a) AHS' web presence is consistent and meets the AHS *Brand Toolkit*;
 - b) AHS' reputation and brand is preserved;
 - c) all web content is accounted for;
 - d) with limited exceptions (e.g. special projects, campaigns), all web content is hosted on www.albertahealthservices.ca.

Note: all exceptions must be approved by the Community Engagement and Communications Department.

- e) all domains owned by AHS are managed by the Community Engagement and Communications and Information Technology (IT) Department to ensure proper inventory, security, and renewal practices are in place;
- f) all domains are hosted in a manner approved by the Community Engagement and Communications and IT Departments and developed using approved architecture;
- g) all web content is developed by AHS, or by an approved vendor;
- h) information and privacy policies are followed (e.g. ensure that no health or personal information is shared online); and
- i) all web-payment methods are developed in a secure manner that meets the organization's requirements.

10. Corporate Visual Identity

- 10.1 Use of AHS' logos, name, design, and presentation shall comply with the AHS *Brand Toolkit*, relevant third-party agreements, or have the approval of the Community Engagement and Communications Department.

11. Third-Party Endorsements

- 11.1 In general, AHS does not endorse, provide quotes, or allow its name to be used in any third party press releases, advertising, promotional material, or other formal communications.
- 11.2 If a product or service has a direct positive impact on patient care and other key AHS priorities, the Community Engagement and Communications Department shall consider potential communications options on a case-by-case basis.

12. Health-Related Education Information

- 12.1 Information shall be provided to assist the public, stakeholders, and delivery partners to understand AHS' goals, programs, services, and plans for delivery of quality patient care, in accordance with applicable legislation and AHS policies.
- 12.2 Health-related educational material, provided by or through AHS, shall be from reliable sources.

DEFINITIONS

AHS Representatives means, for the purposes of this Policy, AHS' governing body, employees, medical and other professional staff, students, volunteers, AHS Advisory Councils, Health Foundations and/or Trusts, and other persons acting on behalf of AHS (including contracted services providers as necessary).

Health Information means information that identifies an individual and is stored in any format that relates to:

- a) diagnosis, treatment and care; and
- b) registration information (e.g. demographics, residency, health services eligibility, or billing).

Personal Information means recorded information, not including Health Information, of any kind stored in any format that identifies an individual including, but not limited to:

- a) address and contact Information (including an identifying number or symbol assigned to an individual);
- b) race, ethnic origin, gender or marital status;

- c) educational, financial, employment or criminal history;
- d) opinions of others about the person; and
- e) personal views and opinions of a person (except if these are about another person).

REFERENCES

- Alberta Health Services Governance Documents
 - *Code of Conduct*
 - *Collection, Access, Use, and Disclosure of Information Policy* (#1112)
 - *Conflict of Interest Bylaw*
 - *Information Technology Acceptable Use Policy* (#1109)
 - *Medical Staff Bylaws*
 - *Social Media Policy* (#1139)
 - *Whistleblower Policy* (#1101)
- Alberta Health Services Resources
 - *Brand Toolkit*
 - *Community Engagement and Communications Insite Page*
 - *Health Plan and Business Plan*
 - *Alberta Health Services' Values Booklet*
- Non-Alberta Health Services Documents
 - *Alberta Human Rights Act*
 - *Copyright Act* (Canada)
 - *Freedom of Information and Protection of Privacy Act* (Alberta)
 - *Health Information Act* (Alberta)

VERSION HISTORY

Date	Action Taken
August 26, 2010	Revised
October 07, 2015	Revised
March 02, 2017	Revised
July 02, 2019	Non-substantive change
November 01, 2019	Non-substantive change
Click here to enter a date	