Section 2.1 Plan

Communication Plan

Regular communication with all stakeholder groups helps reduce the uncertainty inherent in adopting Health Information Technology (HIT), and engages all stakeholders. Build your Communication Plan using this template.

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| **Time needed**: 4 hours to start – ongoing maintenance of the plan  **Suggested other tools**: NA |

# Introduction-Why Communication Planning is So Important

Regular communication with all stakeholders about new or major events helps reduce the uncertainty about the changes. Engage all stakeholders at the appropriate level of participation in planning, implementing, and identifying opportunities for improvement.

In small behavioral health clinics or centers it may seem like overkill to develop a communication plan. However, too often, key pieces of information get lost in the daily scramble of seeing clients, paying bills, and maintaining the existing IT infrastructure. When you develop a written plan and make sure you check off completed tasks, you reduce the risk of miscommunication. By creating and following a plan, you can be sure that every member of the organization has appropriate awareness, interest, knowledge, and engagement in the project.

The major theme of the communication plan is CHANGE. As soon as the need for change arises, you should begin to build awareness. As the vision for the change unfolds, creating desire for the change or outcome helps turn uncertainty into interest. Throughout the planning process, stakeholders need to become more knowledgeable about the change in order to make decisions. During implementation, stakeholders need to understand change as it is happening and promote celebrating the change. Communication does not end with implementation, since implementation is only the end of the beginning. The road to meaningful and effective use is a continuous one, and success will require regular and consistent communication.

* What are steps or phases of your project
* Who needs to know about what topics
* When and how frequently (especially for recurring communication tasks like team updates)

Consider the various types of communication: awareness building, decision making, project progress and updates, advisories, reminders, encouragement and celebration of milestone achievements. Some communications are two-way, such as meetings, phone calls, and discussions, but many are one-way, including the organization’s website, email, memos, bulletin boards, newsletters, and even social networking sites such as Facebook. One-way communication lacks an immediate feedback mechanism, so plan ways to obtain feedback. Be sure to communicate using plain language, not “techie-speak.”

# Step-by-Step Instructions

Build your communication plan using the template supplied below. Keep in mind, this is only a template, the stakeholder groups and individuals with whom you need to communicate will be different based on your organization’s needs. The value of the template is in the columns, which help you organize your communication efforts. The types of messages you place in the rows depend on your practice. Perhaps the most important column is the one labeled Done? A communication plan that isn’t implemented is a complete waste of time.

We have filled in a few samples for each of the project’s phases. The examples may or may not pertain to you. Remember the value of communication is in its relevance to the people who it affects. Random blah-blah is tuned out. Specific information about our lives and the way in which we work is usually heard through the din.

Here are the steps to complete:

* Assemble the team of people who will build and implement the plan. In the case of a small clinic this might be one or two. In a larger organization, decide on a sub-team of 3 -5 people
* Hold a brainstorming session to identify all the constituents and stakeholders with whom you will need to communicate. Some examples include:
  + physicians, PAs, RNs, LPNs, NPs, other providers
  + “Super Users” (individuals who have experience and/or aptitude with technology and have learned how to use it), team members, IT support staff
  + your steering committee, administrative staff
  + your project sponsor and board of directors
  + clients, the community that you serve,etc.
* This list of constituents will populate the To Whom column of your plan
* For each of the constituents, brainstorm a list of concerns, issues, and other types of project-specific updated/information they will need or want to know. (Remember to think especially hard about the worries and concerns people will have.) Effective communication addresses emotions as well as facts.
* The hardest step – for each concern/issue/informational topic, create a response. Note that:
  + For the plan, you don’t have to write out the entire response. Instead, note the content of the response. You can leave the final details of the message to the person who will deliver it.
  + If you have brainstormed many issues and many constituents, you don’t have to complete this step for all issues. Instead, make sure you address the most urgent – either the issues that will come up soonest, or the issues that have the greatest emotional impact. Since you will revisit the communication plan every couple of months, you can add the less urgent or immediate messages to your plan later.
* This list of responses will populate the Key Messages column.

NOTE: You may already realize that the communication planning process is iterative. At this early stage you won’t know everything all the constituents need or want to know. So, you will need to return to the plan at least every two months. The constituents probably won’t change much – some may drop out and you may realize you’ve identified some new ones – but the messages will change.

* For each Key Message/To Whom combination assign a From Whom person. In general, the most appropriate person would be the one with the most influence with the specific audience, who will actually have the time to do it! (If you assign all your communication to the clinical director, chances are it won’t all get done). Spread the tasks around, but make sure the person who delivers the most important messages is well respected and highly placed in the organization.
* For each Key Message/To Whom combination, determine a Medium for the message. Email may be appropriate for many routine advisory and project updates, whereas an in-person weekly or monthly meeting is better for decision making or consensus. Communication to clients may include handouts in your reception area or even signage. Don’t forget piggybacking on existing methods of communication, such as internal and external newsletters, the organization’s website, and social networking sites.
* Determine a date when the communication should go out. Fill this in the Date column

The first iteration of your communication plan is complete!

# Planning Is Wasted Effort without Implementation

As mentioned above, the most important step comes after planning – you need to follow the plan. The project manager should check to see that communication messages go out as planned. When they are complete, put a check mark in the final column. Review progress on the plan at each team meeting. Review past communication activities:

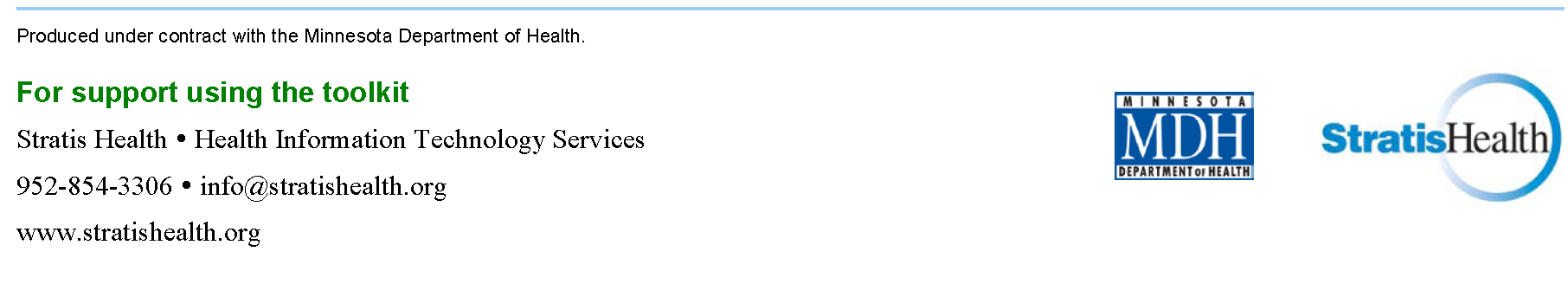
* Were they completed on time?
* How were they received?
* What could we do better?

Periodically (at least every two months) revise the plan. Add new topics and update any that are ongoing. Make sure you are addressing the real concerns of the people in your organization.

# Communication Plan Template with Sample Activities

Note: depending on organization size and structure, “CEO” can mean Chief Executive Officer, Clinic Administrator, or Office Manager

| **Key Message** | **To Whom** | **From Whom** | **Medium** | **Date** | **Done?** |
| --- | --- | --- | --- | --- | --- |
| **All Project Phases** | | | | | |
| Weekly project status | Team members | Project Manager | Team Meeting | Throughout EHR project |  |
| Monthly organizational update | All staff, management, Board | Project Manager | As appropriate (email/meeting/internal web site, etc.) | Throughout EHR project |  |
| Assess Phase | | | | | |
| The organization is interested in HIT and/or EHR Meaningful Use, and we want board support | Board of directors | CEO | Meeting | Fill in date based on your project plan |  |
| The organization knows we have to adopt an electronic record to better serve our clients and remain competitive in our market | All staff | CEO | Various: all staff meeting, newsletters, supervisor communications, other means within your organization | Fill in date based on your project plan |  |
| Who will lead our HIT project? These are the “go-to” people. Our project manager is <name> and our “provider champion” is <name> | All staff | CEO | Various: all staff meeting, newsletters, supervisor communications, other means within your organization | Fill in date based on your project plan |  |
| Plan Phase | | | | | |
| HIT means (fill in meaning for organization) | HIT steering committee  clinical and therapeutic staff  Front line supervisors | Chair of project steering committee | Various educational programs | Fill in date based on your project plan |  |
| Here are some concerns we’ve heard about EHRs and how we plan to address them. | Clinical staff | Lead Therapist/Lead clinician Project champion | Lunch and learn roundtable discussions | Fill in date based on your project plan |  |
| Select Phase | | | | | |
| We are holding a vendor fair/in-house demos and want everyone to participate and complete score card | All staff | Lead Therapist/Lead clinician Project champion  Project manager | Memo or newsletter | Fill in date based on your project plan |  |
| Vendor has been selected and we seek approval to begin contract negotiation | Board of directors | HIT steering committee | Meeting  Approval request | Fill in date based on your project plan |  |
| These are the terms of the contract and we request approval to sign | Board of directors | CEO | Meeting  Approval request | Fill in date based on your project plan |  |
| Implement and Optimize Phase | | | | | |
| Here is an overview of the implementation plan and how it will impact each stakeholder group | All staff | CEO  Lead Therapist/Lead clinician Project champion  Project manager | Site and department meetings  Newsletter | Fill in date based on your project plan |  |
| We seek representatives to participate on implementation teams and domain teams. | Clinical and therapeutic staff  Department managers  Front line supervisors | CEO  Lead Therapist/Lead clinician Project champion  Project manager | Personal communications with applicable counterparts  Organization chart for project | Fill in date based on your project plan |  |
| We are constructing a new system to manage your records and want you to know what this is, how it will help you, how secure it is, how it will affect you during implementation, and answer any questions. | clients | CEO  Lead Therapist/Lead clinician Project champion  Project manager Each person with client contact | Brochures  Web site  On-hold telephone message for client care  Article in local newspaper  Under construction signs | Fill in date based on your project plan |  |
| We are the support team to help you during go live | All staff | Project manager  Super users | Hot line  Badges, hats, coats, or something else to distinguish helpers | Fill in date based on your project plan |  |
| Ongoing Initiative | | | | | |
| Continual process improvement—how is it going? | Clinical and therapeutic staff | Lead Therapist/Lead clinician Project champion  Project manager Each person with client contact CEO | Informal feedback  User satisfaction survey  Check-ins | Fill in date based on your project plan |  |
| Outcomes analysis—here are our quality assurance results | Clinical and therapeutic staff | CEO | Meetings  Report cards | Fill in date based on your project plan |  |
| Our next steps for HIT are (describe based on your strategic plan) | All staff | CEO | Newsletter | Fill in date based on your project plan |  |

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