



ROYAL HOBART HOSPITAL

National Clinical Handover Initiative:

**Nursing and Medical Handover in General Surgery, Emergency
Medicine and General Medicine at the Royal Hobart Hospital**

Stakeholder Engagement Protocol: A “How-to” Guide

Submitted to

**AUSTRALIAN COMMISSION ON
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1 Introduction

This document constitutes the first of four project deliverables generated during the conduct of the clinical handover project at the Royal Hobart Hospital (RHH) between September 2007 and September 2008.

This deliverable: 'Stakeholder engagement protocol: a 'How-to' guide' aims to fulfil two functions. Firstly, it details the approach adopted towards engaging stakeholders in the clinical handover project at the RHH. Secondly, drawing on this experience, it presents a "How to" document to assist others in the process of engaging stakeholders in clinical handover improvement initiatives.

This deliverable directly contributes to the key objective of the clinical handover project at the RHH. This objective is to deliver robust and replicable comprehensive clinical handover solutions: standardised clinical handover protocols for nursing and medical staff and associated training programs for the implementation of the handover protocols.

This stakeholder engagement protocol builds on the preliminary stakeholder engagement protocol developed in November 2007. Our experience of carrying out this project has been incorporated into this revised protocol. Some changes have been made, most noticeably:

- Seven groups of stakeholders have been identified. Our experience in stakeholder engagement through the project has indicated the need to separate some of the stakeholder groups.
- Revisions and additions have been made to continual engagement and feedback.
- A section has been added on the final report and future engagement.

2 Identification of stakeholders

2.1 Funding body

The Australian Commission on Safety and Quality in Health Care (ACSQHC).

2.2 Advisory team

The RHH steering committee, reference groups and University researchers.

2.3 Project team

The project team members.

2.4 Support team

Primary support contacts for each clinical area, which include managers, heads of department, senior clinical members and educators.

2.5 Participants

All participants and potential users of the standardised operating protocols and education and training programs.

2.6 External stakeholders: Implementation stage

National and international organisations and institutions who are currently undertaking clinical handover improvement projects.

2.7 External stakeholders: Planning stage

National and international organisations and institutions who are planning to undertake clinical handover improvement projects.

3 Steps for advisory team engagement

For any quality and safety project to be successful and sustainable, it is essential to obtain the mandate and support of senior health professionals and administrators. Their main roles include the provision of support for the project team, provision of administrative guidance and provision of experience and advice for the project team.

3.1 Initial contact

Objective:

To ensure all representatives across the various departments and fields of expertise are included in the Advisory Teams.

Guidelines:

1. Initial contact should preferably be quick and provide a simple summary of the project.
2. The Steering Committee should include senior representatives from each major area involved in the project. At the RHH this includes:
 - Health Department representatives
 - Chief Executive Officer of the Hospital or representative
 - Director of Medicine or representative
 - Director of Nursing or representative
 - Quality & Safety Unit representative
 - University representative
 - Health Department Information Systems Division representative
3. The Reference Groups should include staff working in each of the major areas involved in the project. At the RHH this includes:
 - Heads of Departments
 - Medical education officers and the Director of Clinical Training
 - Director or representative from postgraduate medical councils
 - Junior medical officers
 - Nursing staff
 - Change management consultants
 - Nurse educators
 - Nurse managers

Challenges and proposed solutions:

1. Senior representatives are busy and have a range of competing interests and priorities. As a result it is frequently difficult to obtain their participation, 'buy-in' and time. Initial contacts should be brief, concise and clearly articulate what is being requested in terms of time and resource commitments, the value propositions for engagement and the broader vision around the project.
2. Senior representatives are also powerful individuals who will frequently wish to utilise projects they participate in. Sometimes, their agendas may conflict with those of other senior representatives or worse, the goals of the project. It is critical to be sensitive to these potential conflicts and to try to 'head them off'. One important strategy in this regard is to establish a clear governance structure from the outset of the project and to re-iterate this throughout the duration of the project.

3. With the reference groups it is important to acknowledge the diversity of enthusiasm, energy, personal commitment, resources and time that individuals may wish to allocate. Therefore, it is important at the outset to provide clarity around their potential contributions.

3.2 Project briefing and initial engagement

Objective:

To ensure that all members of the Advisory Team are given a full briefing of the project.

Guidelines:

1. Face-to-face meetings should be conducted with the members of the Steering Committee, the Reference Groups and respective Heads of Departments to discuss the project and answer any questions that arise. Contact details should be provided.
2. Information regarding the project, either in electronic or printed format, should be provided upon request.
3. A printed one-page summary of the handover project should be distributed to all members.

Challenges and proposed solutions:

1. Given that senior representatives are busy, it is essential that during face-to-face contact the aims and objectives of any project are communicated clearly to avoid any subsequent miscommunication around the project. Senior representatives may have an important role to play in perception management around the project and assist in avoiding scope creep.

3.3 Maintaining engagement

Objective:

Regular updates are required in order to maintain stakeholder engagement.

Guidelines:

1. Regular steering committee meetings should be conducted with short and concise reports from the project team. In addition, a formal risk register should be developed for risk identification and management.
2. Regular email updates should be provided to all members within the reference groups.
3. Regular updates through a newsletter should also be provided.
4. The utilisation of branding and marketing techniques to encourage awareness of the project should be considered
5. Steering Committee members should be invited to participate in project activities.

Challenges and proposed solutions

1. A major challenge in keeping members informed and up-to-date about the project is the balance between too much or too little information. A briefing along with details of where more comprehensive information can be located should be provided on a regular basis. Regular emails and newsletters are helpful.
2. Branding and marketing techniques provide a range of options for increasing awareness of the project. A challenge is clearly to select the most appropriate techniques within budget that appeal to both advisory members and participants.

3. Advisory team members are experienced members within the healthcare services and research. Their endorsement of the project often proves useful during the implementation phase. Steering Committee members and advisory team members should be invited to participate in project activities throughout the project.

3.4 Obtaining feedback and advice

Objective:

To fully utilise the expertise of the Advisory Team to assist project design and implementation.

Guidelines:

1. Different members of the Advisory Team can provide feedback and advice across different aspects and phases of the project.
2. Project Advisory Team can provide useful feedback for project deliverables.
3. Project Advisory Team can assist in the implementation phase of the project through their experience and expertise.

Challenges and proposed solutions:

1. Targeting senior representatives' specific expertise through formal steering committee meetings is frequently not the most effective use of their time or expertise. The steering committee can be used more effectively to ensure that the project stays on track. Identifying and approaching these individuals as and when required for feedback and advice can be more effective, both in terms of their time and in obtaining accurate and appropriate advice.
2. Determining when to approach senior representatives or staff in individual units is also a challenge and contingent on the nature of the issue to be addressed. Close interaction amongst project team members in making a targeted selection of the appropriate individual to approach can save time and resources.
3. It is important to note that senior clinicians normally require some time to read through project deliverables and to provide feedback. Therefore, it is important that project timelines build in adequate flexibility to accommodate these variables.

3.5 Final report and engagement for future projects

Objective:

To provide project closure and to engage the Advisory Team for future projects.

Guidelines:

1. The final report should be provided to all members of the Advisory Team.
2. Presentation sessions to all members of the Advisory Team are desirable at the close of the project.
3. All members of the Advisory Team should be sent a letter of appreciation.

Challenges and proposed solutions:

1. The final report might contain too much information. A summary of the project should be provided to the Advisory Team. The full version of the final report should be made available upon request.
2. Steering Committee members should be provided with a short presentation regarding the project and this should be scheduled during the final Steering Committee meeting.

3. It will be difficult to provide presentation sessions to all Advisory Team members. These sessions, however, should be made available upon request.

4 Steps for project team engagement

4.1 Initial contact

Objective:

To identify potential project team members who have the ability to work in a team and have the capacity to contribute substantially to the project.

Guidelines:

1. The initial contact should include socialisation to assess communication skills, interpersonal skills and the ability to work in a team. The attributes sought include the ability to learn quickly, communicate well and critically reflect on what works and what doesn't.
2. The initial contact should provide an introduction to the project.
3. Project team members should be individuals who have a commitment to safety and quality in health care, especially in clinical handover.

Challenges and proposed solutions:

1. Individuals who are already working on clinical handover projects may be unavailable, or may feel threatened by a new project if they perceive it is encroaching on their existing project. It is therefore essential that initial contacts are informal and allay any such concerns. Informal contacts also open up the opportunity for collaboration if direct involvement is not possible.

4.2 Project briefing and initial engagement

Objective:

To provide individuals who have provided an expression of interest, an understanding of the scope, aims and objectives of the project.

Guidelines:

1. Face-to-face meetings with the whole project team should be conducted to provide a project briefing, especially the scope, aims and objectives of the project including all tasks they will be required to complete as well as administration issues such as remuneration.
2. A copy of the project proposal should be made available to all project team members.
3. It is important that initial engagement includes socialisation amongst members of the project team to assess the potential for cross-fertilisation and information sharing.

Challenges and proposed solutions:

1. It is difficult to provide just the right amount of information for project team members. Therefore, a short face-to-face meeting, supplemented by the project proposal is a good starting point.
2. Project proposal should be summarised and areas which require work by project team members should be highlighted.

3. Remuneration rates for work performed in the project may be a disincentive to participation for some team members. It is therefore important to emphasise the non-salary benefits of project participation including professional development.
4. Project team members' collaboration and team engagement might be difficult to achieve. The socialisation process is therefore essential to assess project team spirit.
5. It is very important that clear expectations be established during the initial engagement, both from perspectives of time required and quality of work expected.

4.3 Project team intensive workshops

Objective:

To provide project team members with adequate knowledge, skills and equipment in order to participate and contribute to the project.

Guidelines:

1. Workshops should preferably be conducted outside normal working environments. Two half-day workshops were conducted for the RHH team.
2. Workshops should provide numerous opportunities for question and answer to ensure all team members understand the project and are actively engaged.
3. Workshops should consist of "hands-on" practices in order to ensure skill and practical knowledge transfer.
4. Workshops should include socialisation to encourage team member collaboration and team building.
5. A workshop manual should be provided to reinforce knowledge and skills acquired.

Challenges and proposed solutions:

1. Project members may have difficulty in agreeing to a specific time to participate in workshops. It is therefore important to ensure the engagement of senior managers (possibly through the Advisory Team) to support their attendance at workshops.
2. Workshops often create 'information overload'. It is therefore important to ensure that information is presented in 'easily digestible' parts with numerous breaks for informal socialisation and 'cross-checking' of understanding amongst team members.
3. The engagement of project team members may be difficult to achieve during workshops. It is therefore essential that workshops are delivered in a dynamic manner to encourage participation and interaction amongst project team members.
4. Project team members will likely have different expertise. It is very important to utilise these expertise during workshops to achieve best outcomes.
5. Project team members might come from different backgrounds and have different expectations; it is important that these expectations, particularly professional hierarchy, be addressed early and all project members should be considered as equals for the purpose of the project.

4.4 Communication strategies

Objective:

To ensure that all project teams communicate and remain engaged throughout the project.

Guidelines:

1. A Project member directory should be created with contact details kept up-to-date.
2. Fortnightly email communication with project team members should be provided.

3. Monthly newsletters should be distributed to project team members and all members should be encouraged to contribute.

Challenges and proposed solutions

1. It is essential that communication strategies include both electronic and printed media. Therefore, emails and newsletters will be utilised.
2. Face-to-face communication might be necessary if electronic or written communication does not achieve the desired outcomes.

4.5 Early identification of problems

Objective:

To assess progress and to identify problems early, so that project team members can maintain engagement throughout the project.

Guidelines:

1. All communications should be acknowledged and replied to within 24 - 48 hours.
2. Clear lines of responsibility for communication with specific issues should be identified so that all team members know who to direct their questions/suggestions or feedback to.
3. There should be a shared physical space for the project leader, project manager and project team members to exchange ideas and to voice concerns early should be provided.

Challenges and proposed solutions

1. It is important to remain approachable at all time, but this may lead to project leaders being always 'on-call', so it is important to have strategies in place to avoid burn-out.
2. Responding rapidly can sometimes be difficult. However, even acknowledging that there may be a delay in responding is important to ensure continuity with all team members.

4.6 Maintaining engagement

Objective:

To provide project members with progress reports to maintain enthusiasm and engagement in the project.

Guidelines:

1. Monthly face-to-face meetings should be held to celebrate successes, share ideas and reflect on ongoing challenges. These meetings provide an opportunity for interaction and engagement.

Challenges and potential solutions:

1. There may be delays and problems throughout the project, maintaining engagement and enthusiasm are important. Therefore, monthly meetings will be organised to celebrate progress and successes.

4.7 Final report and engagement for future projects

Objective:

To provide details on the conclusions of the project in a final report and to provide project team members with incentives for sustaining the handover projects.

Guidelines:

1. The final report should be sent to each project member electronically (and in print upon request).
2. A final report presentation to project members should be organised and members acknowledged for their contributions.
3. A final report presentation should be organised for each department and ward and project members should be encouraged to present the report to their respective departments or wards.

Challenges and proposed solutions:

1. It is important that project members be acknowledged for their contributions and therefore an opportunity for them to present the report to their peers be organised.

5 Steps for support team engagement

5.1 Initial contact

Objective:

To identify individuals who have the ability or those who hold an important position for the success of the project.

Guidelines:

1. Project team members will assist the identification of essential support for the success of the project within certain clinical areas. These individuals not only include managers, heads of departments, but also those individuals who enjoy high “social reputation” as leaders among peers. It is important to know that these individuals might not hold any formal management position and yet they are instrumental for the success of the project.
2. The initial contact should include invitation for them to participate and provision of a short introduction to the project.
3. The support team members should be supportive of the concept and willing to assist in the design and implementation of the project.

Challenges and proposed solutions:

1. Some support team members are already interested in the area of clinical handover and therefore the initial contact is an easy process. Other members might be resistant to the idea and will require further engagement through socialisation.

5.2 Project briefing and initial engagement

Objective:

To provide individuals who have been engaged to support the project, an understanding of the scope, aims and objectives of the project, as well as their potential contribution.

Guidelines:

1. One-to-one face-to-face meetings with each support team member should be conducted to provide a project briefing, especially the scope, aims and objectives of the project and their potential contribution to the project.
2. A copy of the project proposal should be made available to all support team members.
3. It is important that initial engagement includes socialisation which acknowledges their expertise and work in their respective areas.

Challenges and proposed solutions:

1. While one-to-one face-to-face meetings are time-consuming, it is essential that these meetings are organised early in the project. Project support team members are essential for the success of the project and their early “buy-in” will assist in the project implementation.
2. It is difficult to provide just the right amount of information for support team members. Therefore, a face-to-face meeting should be supplemented by the full project proposal.
3. Some resistance might be faced during the project briefing and initial engagement phase. This could be minimised by highlighting the area of expertise of the team member, as well as the highlighting the work which has been done by them in the area of quality and safety. The relationship between their area of expertise and this project should be clearly articulated. Clear expectations should be communicated regarding their potential contribution and time commitment to this project.

5.3 Maintaining engagement

Objective:

To provide project members with progress reports to maintain enthusiasm and engagement in the project.

Guidelines:

1. Regular updates through newsletters and emails should be provided for support team members.
2. Face-to-face meetings and updates should be organised twice monthly for support team members to maintain engagement.
3. Support team members should be encouraged to participate in project activities.
4. Identification of the area of interests of support team member is essential and the project team should assist the development of their area of interests in regards to handover.
5. Support team members might already have done work in the area of handover and it is important to assist the alignment of all these projects to achieve the same outcomes.

Challenges and potential solutions:

1. Support team members are often busy. Regular updates through newsletters or email, however, might not achieve the expected impact. It is very important that face-to-face meetings be organised to maintain engagement.
2. Support team members might already have conducted some work in the area of handover themselves. It is important that new projects acknowledge these efforts and attempt should be made to integrate and align all these projects together. It is especially important to emphasise the positives of a integrated project.
3. Support team members should be engaged to assist the handover project in their area of interests.

5.4 Final report and engagement for future projects

Objective:

To provide details on the conclusions of the project in a final report and to provide support team members with incentives for sustaining the handover project.

Guidelines:

1. The final report should be sent to each support member electronically (and in print upon request).

2. A final report presentation to support members might be organised and members acknowledged for their contributions.
3. Assistance should be provided to support team members, if appropriate, to achieve other handover improvement objectives outside the project.

Challenges and proposed solutions:

1. Support team members often have their own objectives that they want to achieve regarding clinical handover improvement. It is important that support and assistance, such as assistance in evaluation design or preparation for conference presentations, be given whenever appropriate to assist engagement for future projects.

6 Steps for participant engagement

The project will only be successful with active participation by doctors and nurses. It is therefore very important to engage nurses and doctors working in their respective clinical areas to ensure successful implementation of the project. The engagement protocol must generate peer pressure and momentum for project implementation.

6.1 Initial contact

Objective:

To ensure the participants understand the nature of the project.

Guidelines:

1. Participants in their respective areas should be informed of the project through verbal presentations during their regular ward /departmental meetings.
2. A brief one-page summary of the project, specifically designed for participants should be distributed. Posters of the project should be displayed through the work areas.
3. Participants should be informed of the project informally, especially during the beginning or the end of their shifts.

Challenges and proposed solutions

1. The initial engagement should try to ensure awareness amongst all ward and departmental staff of the scope, aims and objectives of the project. The aims are to gather support and allay concerns about the nature of the project.
2. Participants are usually busy and generally will not reply to email requests. It is therefore important that initial contact be made by project team members on the job 'there and then' at a time convenient to project participants.
3. A "top-down" approach, while efficient, might not be very effective within the Australian healthcare context. It is therefore important that project team members informally contact participants through socialisation. Project team members might need to be present during shift time, to introduce themselves to participants and to provide them with refreshments at the end of their shift as a strategy to attract attention.

6.2 Project briefing and initial engagement

Objective:

To generate momentum for the project.

Guidelines:

1. Project briefing sessions should be specifically held to explain the project and invite contributions from all participants. It is important to be explicit about the objective of the project.
2. Incentives, such as refreshments and project-branded pens and USB drives, should be provided to encourage participation at project briefings.
3. Individual participants who show an interest in the project should be engaged as change agents.

Challenges and proposed solutions

1. It is often difficult to generate momentum for change. Project briefing sessions therefore must offer incentives for participants to attend. These briefings should also be held throughout the project so that 'late-comers' or new members of staff can become involved at any stage. Provision of refreshments and incentives are especially important to attract participants.
2. The success of the initial engagement with participants is dependent on the perception of the project. In order to avoid "scope creep" and to avoid boundary issues, it is very important to inform all participants regarding what this project is NOT about.
3. Health professionals often draw clear boundaries between "self" and "non-self". It is very important for external project members to "embed" themselves in field-sites and commence building relationships, trust and knowledge on the wards and units and their processes, personalities and procedures at the beginning of the project. During nights and weekends, hospital and wards are often short-staffed. The provision of good-will gestures (such as food), can be a successful strategy for building trust and acquiring important insights about work practices.

6.3 Identification of champions to engage participants

Objective:

To improve engagement of participants through local change champions.

Guidelines:

1. Individual participants who express an interest to assist in the project should be invited to a full project briefing and to identify areas of interest for their active participation.
2. Change champions, especially junior staff, should be provided with opportunity to participate in the project as a valuable member.
3. Strategies to attract change champions should include opportunities for professional development such as conference presentation and paper submissions.

Challenges and proposed solutions:

1. There are often local champions who ensure sustainability of projects and they require further support and engagement to become active change champions. A full briefing and identification of areas of interest will help utilise their expertise and capacity for the success of the project. More importantly, the project team should avoid over-reliance on any single individual due to the risk that they might subsequently leave or be unavailable.
2. Change champions, especially junior staff, are often not valued for their opinion and contribution to projects. It is very important that change champions are engaged thoroughly as a valuable member for the project. Their opinions should be considered and their contributions acknowledged by a certificate of participation and other strategies.

3. Change champions, especially junior staff, are often busy. More importantly, financial incentives, such as payment, might not be an attractive incentive for them to participate in the project. It is important to understand and deploy incentives which might be useful for junior staff. These include opportunities for professional development such as training courses for certain skills, conference presentation and paper submissions. These activities will assist change champions to secure a position for future training.

6.4 Maintaining engagement

Objectives:

To maintain stakeholder engagement of participants, as an active member of the project.

Guidelines:

1. Regular email and newsletters updates on project progress should be delivered to all participants.
2. Regular short presentations during ward or departmental meetings should be delivered.
3. Innovative activities, such as quiz shows or raffles, should be organised to ensure the maintenance of enthusiasm and ongoing commitment and participation.
4. Equipment and tools to improve safety, especially related to handover activities, should be provided with clear acknowledgement of the contribution from the handover team.
5. Informal feedback, discussion and progress reports should be carried out with participants throughout the project life-span through an innovative approach.

Challenges and proposed solutions:

1. The maintenance of engagement by participants throughout the project is a serious challenge. Therefore, innovative activities should be organised to generate and maintain momentum for the project.
2. Many clinicians are busy with their routine work and might not attend specific presentations regarding the progress of the project. It is therefore important that short presentations be provided on a regular basis during their scheduled meeting time, such as compulsory intern training tutorials. More importantly, the project team should attend informal functions and should be seen to be “present” at areas where participants often gather at the end of their shift, in order to informally provide progress reports and receive feedback regarding the project.
3. Some clinical areas might lack certain equipment or tools, which are regularly used and play a role during handover. The provision of financial assistance to obtain these equipment and tools by the project forms a powerful engagement strategy. This might include the provision of sphygmometers for clinical areas.

6.5 Final report and engagement for future projects

Objective:

To provide project conclusion and to engage participants for future projects.

Guidelines:

1. A summary of the project final report should be generated and distributed to all participants.
2. Report presentation sessions should be organised for interested participants, with special emphasis on anticipated outcomes.
3. All local champions should be formally acknowledged through public announcements and certificates of appreciation.

Challenges and proposed solutions:

1. Many clinicians and participants receive a final project summary, which might have little relevance to their clinical practice. It is very important that the final project report be summarised and presented to participants in a short and concise manner. More importantly, positive outcomes should be emphasised and potential future steps should be presented.
2. Report presentation sessions need to focus on empowering participants and engaging them for future improvement. Therefore, the contribution of participants and positive outcomes should be emphasised.
3. Local change champions are often volunteering their time for these projects. Their contributions should be clearly acknowledged, through public presentations of certificates of appreciation and/or public acknowledgement of their involvement. Junior staff should be encouraged to include their involvement in these projects in their curriculum vitae to enhance their chances for future employment.

7 Steps for external stakeholder engagement: Implementation phase

As this project aims to develop standardised operating protocols which have a potential for transferability, it is essential for the project team to engage with other institutions and organisations that are implementing handover improvement. The engagement of external stakeholders will allow the project team to learn from the experiences of others, to validate findings and to ensure the distribution of the protocols.

7.1 Identification of external stakeholders: Implementation phase

Objective:

To identify institutions or organisations with expertise in the area, or those with an interest and are engaging in the implementation of strategies to improve clinical handover.

Guidelines:

1. Communication should be established with organisations which are implementing clinical handover improvement through ACSQHC.
2. Literature review should be conducted and authors of relevant publications contacted.
3. Authors and presenters at recent related conferences should be contacted.

Challenges faced and potential solutions:

1. The biggest challenge in trying to identify external stakeholders is the lack of information regarding existing clinical handover projects both nationally and internationally. External stakeholders who are implementing clinical handover improvement projects could be identified through various means, including communication and networks through ACSQHC, contact with other organisations and individuals through published literature and contact with presenters at recent related conferences.

7.2 Initial engagement: Implementation phase

Objective:

Ensure external stakeholders understand the nature and scope of the project.

Guidelines:

1. Interested individuals should be sent an email, containing a short summary of the project.
2. Face-to-face meetings or other networking activities should be arranged to provide a summary of the project and to discuss potential collaboration.
3. Video and/or tele-conferences should be organised for interstate or international colleagues to explain the project and to request information on handover initiatives elsewhere.

Challenges and proposed solutions:

1. The great challenge is the provision of adequate information for external stakeholders without information overload. Therefore, a short summary should be created for all external stakeholders.
2. Many authors or individuals might have information regarding clinical handover which have not been published. It is important that these individuals be contacted to explain the current project, but also to ask for advice and lessons learnt from other projects.

7.3 Regular updates on progress: Implementation phase

Objective:

Regular updates are required in order to maintain stakeholder engagement.

Guidelines:

1. Regular emails and short newsletters should be provided to external stakeholders. Informal networking is an important process in sharing ideas on 'best-practice' around handover.
2. Presentation at conferences and research-in-progress papers, if possible and appropriate, should be prepared and delivered in order to engage external stakeholders.
3. A summary of the final report may be delivered to external stakeholders upon request and subject to permission from ACSQHC.

Challenges and proposed solutions:

1. The maintenance of engagement by participants throughout the project is a great challenge. Therefore, it includes electronic means and informal networking when appropriate.
2. Many individuals from other organisations have important and relevant information to assist this project. The knowledge however is not widely known or published. It is very important that key individuals be contacted and discussion initiated in order to identify best solutions to problems faced.
3. Presentation at conferences forms an important informal networking opportunity to share experiences and strategies for problem solving. More importantly, research-in-progress papers, if appropriate, can provide external stakeholders with some useful information.

8 Steps for external stakeholder engagement: Planning phase

As this project aims to develop standardised operating protocols which have a potential for transferability, it is essential for the project team to engage these external stakeholders without providing information/protocols which have not been validated. The approach to engage these stakeholders, however, is important to ensure future collaboration.

8.1 External engagement of stakeholders: Planning phase

Objective:

- To ensure external stakeholders understand the nature and scope of the project.
- To ensure relevant regular updates are provided to external stakeholders in the planning phase of their project.
- To engage external stakeholders for future investigation of transferability of the protocols established.

Guidelines:

1. Initial contacts by external stakeholders in the planning phase should be given the provision of a summary of the current project, including the aim of the project, the nature of the project and anticipated completion time.
2. Regular updates should be provided to external stakeholders, not only to ensure continual engagement but also to understand the progress of their projects.
3. External stakeholders should be informed of the potential date when the final product of interest will be available, in consultation with ACSQHC.

Challenges and proposed solutions:

1. Given the lack of validated protocols in this field, external stakeholders are interested and eager to obtain the preliminary outputs and products of this project. It is very important to explain carefully that the current products and protocols will not be validated until the end of the project. More importantly, it has not been validated in other institutions.
2. External stakeholders often would like to know a specific time-frame of the availability of the final product. They often would like the lessons learnt through this project for their own institution. It is important that the project aims and nature be explained thoroughly to external stakeholders. More importantly, external stakeholders should be clearly informed that transferability has not been validated.

9 Conclusion

This document has been prepared as the first of four project deliverables generated during the conduct of the clinical handover project at the RHH between September 2007 and September 2008.

This document has provided a “How-to” guide in engaging stakeholders, based on our experience of stakeholder engagement. It has detailed the successful approach adopted in engaging stakeholders in the clinical handover project at the RHH. It is hoped that our insight will assist others who are in the process of engaging stakeholders in clinical handover improvement initiatives.

There are lessons learnt throughout the engagement process, not only on “How-to” but also on “How-not-to”. We believe that our understanding of stakeholder engagement process for clinical improvement is valuable for other institutions and it is our intention to continue further analysis of our approach and experience.