



# LIHD POLICY & PROCEDURE COMMUNICATING SENSITIVE INFORMATION



## Contents

|                                   |   |
|-----------------------------------|---|
| INTRODUCTION.....                 | 2 |
| OVERVIEW.....                     | 2 |
| APPLICABILITY .....               | 3 |
| FORMS OF COMMUNICATION .....      | 3 |
| GUIDING PRINCIPLES.....           | 3 |
| REGULAR UPDATE ON ACTIVITIES..... | 4 |
| MANAGING CORRESPONDENCE .....     | 4 |
| WORKING WITH STAKEHOLDERS.....    | 4 |
| CONFIDENTIAL INFORMATION .....    | 5 |
| RAISING CONCERNS.....             | 5 |

# Communicating Sensitive Information

## INTRODUCTION

It is an important part of governance to consider how the LIHD Board and Superintendent communicate with health care partners and other external stakeholders.

This is meant as a guideline to address sensitive topics of communication between the Board, Superintendent and health care stakeholders. It is designed to ensure a clear communication path internally and externally, and defines the accepted processes for dissemination of sensitive information.

As a general rule, the protocols established for communication are outlined in the LIHD Communication Policy. In general, it is important the Board and its representatives communicate:

- a clear and united message, usually through the Board Chair or Superintendent;
- only on issues within the scope or authority of the Board;
- with consideration of the Board's responsibility to the public sector body and its accountabilities;
- with appropriate protocols in place to ensure key stakeholders are informed about the resolutions of topics brought to the Board's attention; and
- with consideration to confidentiality obligations.

Communication refers to exchange of information and direction through:

- Personal interactions (telephone, meetings, conferences)
- Electronic media (emails, social media, SMS)
- Written documentation (letters, reports, briefing papers)
- Industry conferences forum/group activity
- Government and stakeholder policies and programs

We strive to provide a framework that establishes for a particular type of communication:

- who should communicate with whom, and when;
- the scope or extent of what should be communicated; and
- relevant conflict of interest and confidentiality considerations.

## OVERVIEW

This Policy & Procedure about public feedback, comments, concerns and questions, strives to address and achieve the following goals:

- When Commissioners receive a complaint about something that happened with an entity supported by the LIHD, it is clear where to direct the person with the issue.
- If a community member is uncomfortable with the direction received, providing a path so that the issue can be directed to the District Superintendent to share with the appropriate entity rather than only offering a direct path for the community member.
- The LIHD will establish regular meetings with leadership from entities supported by the District to ensure there is an opportunity for all parties to discuss issues.

- If community members want to share complaints at a Commission meeting, they are free to do that in the form of public comment during the Public Comment period. Per Board guidelines, the purpose of the public comment period is for the public to inform the Commissioners about their views on matters before the Board. When presenting a public comment, it is important to note that there is no debate nor discussion, and public comments are limited to three (3) minutes. The Board will receive the information and thank the community member. If appropriate, the Board President could advise the District Superintendent to follow up with the appropriate party, outside of the meeting.
- If a representative from a partner organization receives a complaint and would like to bring it up in a Board meeting, they can share such concerns during public comments, not as part of their report time during the Community Partner updates.

## **APPLICABILITY**

This Policy & Procedure applies to LIHD Commissioners, LIHD Superintendent, community members and other health care stakeholders. It is considered to be a working document to help guide communication between and among all health care stakeholders serving the Lopez Island community. It will be reviewed and refined, as appropriate. Principles and practices outlined herein are not intended to restrict anyone engaging with the Board from exercising their constitutional rights of free speech, and should not be so construed.

## **FORMS OF COMMUNICATION**

Communication between Commissioners, Superintendent, health care stakeholders and the community occur through a variety of channels. These include:

- Regular Board Meetings of the LIHD – held monthly
- Official Committee Meetings of the LIHD (Finance, Quality and Communication) – schedules vary although meetings are usually, at least, held quarterly
- Work Group or other Ad Hoc Meetings
- Monthly Operations Meetings with UW Medicine – 4th Monday of every month
- Board Meetings of other health care partner organizations
- Scheduled meetings with health care partner organizations
- Annual Strategic Planning Meetings

## **GUIDING PRINCIPLES**

This Policy & Procedure aligns with the key principles outlined in the LIHD Communication Policy, and is in compliance with the principles and practices of LIHD Code of Ethics.

## REGULAR UPDATE ON ACTIVITIES

Commissioners and other key stakeholders will be provided with a brief update on issues that have been surfaced and required attention. This will be accomplished via the Superintendent's Operations Report delivered in the monthly Board meetings.

The District Superintendent will include a summary of the general theme of topics to help identify those that are isolated issues versus those that represent a larger issue. This will ensure the entire Board is aware of the magnitude of the problem and how it is being addressed, including a timeline to be resolved.

## MANAGING CORRESPONDENCE

**General Policy** - Letters addressed to a LIHD Commissioner or Superintendent will be maintained in accordance with required records management protocols. This communication will also be referred to the appropriate party to prepare a reply.

This correspondence may include:

- Copies of letters that have also been sent to another party
- Letters about District matters from community members
- Invitations to attend or speak at a civic event or conference

**Comments/Feedback/Complaints Specific to Health Care Partners** - Where the correspondence contains an inquiry or comment about processes or services related to one of the District's health care partners, the LIHD Superintendent will forward the item to the main point of contact. Initiators will be advised who will be responsible for the issue going forward and the response. The individual will also be provided with the contact information for the appropriate party at the organization.

Where appropriate, the receiving entity will provide the LIHD Superintendent with a status as to successful resolution or pending action. Such high-level detail will be included in the Superintendent's monthly Operations Report. This will ensure the Board has an ongoing understanding of any issues that are impacting care delivery.

**Issue with the LIHD Superintendent** - Where a complaint is levied against the District Superintendent, the matter will be referred to the Board President for investigation.

**Issue with an LIHD Commissioner** - Where a complaint is levied against an LIHD Commissioner, the matter will be referred to the LIHD Superintendent for investigation.

## WORKING WITH STAKEHOLDERS

Information flows between the Board and stakeholders should be two-way and ideally should include the Board receiving feedback from stakeholders regarding its stakeholder engagement and communication strategies.

## **CONFIDENTIAL INFORMATION**

**Protecting Confidential Information** – Commissioners and the District Superintendent have responsibilities under the LIHD Code of Conduct and HIPPA to protect confidential information.

They should not:

- Attempt to access records they are not authorized to see.
- Provide unauthorized access to other parties while District records are in their care.
- Disclose confidential information about District business or Protected Health Information (PHI) of a patient involved in a complaint. Under HIPAA Privacy Rule, PHI refers to individually identifiable health information that can be linked to an individual. PHI is health information in any form, including physical records, electronics records, or spoken information.

## **RAISING CONCERNS**

Community members have several avenues for raising concerns. As an Attachment to this Policy & Procedure, a contact sheet will be developed with information on how to submit feedback or issue a complaint to the District as well as the entities for which the District provides a subsidy.

The District Superintendent will ensure all community partners are aware of this Policy & Procedure, once adopted.