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Welcome

Thank you for choosing to represent your community’s voice as an Advisory Council member. Alberta Health Services (AHS) is committed to working together with Albertans whenever possible as we plan, deliver and evaluate safe, quality healthcare.

Alberta Health Services values Advisory Council members as volunteers, leaders and partners in healthcare planning. Through your efforts, you help build a stronger relationship between the people in your community and those who work in the health system.

This handbook is for members of Health Advisory Councils (HACs), Provincial Advisory Councils (PACs) and the Wisdom Council. By volunteering your time on an Advisory Council, you’re creating a stronger healthcare system for all Albertans, now and in the future.

In this handbook, you will learn about being a Council member and volunteer with AHS. This handbook includes information on community engagement at AHS, your role as a Council member, how AHS works with Councils, where to get more information, and frequently asked questions.
Partnering with Alberta Health Services

Alberta Health Services is committed to partnering with Albertans. As a member of your community, you have valuable insights that can be shared at Council meetings and with AHS leaders. We create a stronger health system and build healthier communities when we listen to each other, build solutions together, and work as a team.

At AHS, our goal is to make sure that the voice of the communities we serve is included in our health decisions and planning whenever possible.

Our vision for the future

Healthy Albertans. Healthy Communities. Together.

Everything we do must focus on the people who rely on us so they can live healthy lives and get what they need from our healthcare system. Our vision, ‘Healthy Albertans. Healthy Communities. Together.’ and our core values are at the heart of everything we represent. They guide how we work together to build healthy communities and support Albertans leading healthy lives. We live our values together, because we are stronger together.

Our values

compassion accountability respect excellence safety

At AHS, we strive for excellence. We provide people with compassionate care, while working to always improve quality and safety. Our five values form the framework for all our decisions. They express what’s important to us and how we choose to act daily so that patients, clients and their families can have quality care in every experience.
Four foundational strategies

With a clear vision, core values and our four foundational strategies, we have the path for how we provide excellent patient and family-centred care.

- Patient First Strategy
- Our People Strategy
- Clinical Health Research, Innovation and Analytics Strategy
- Information Management/Information Technology Strategy
Our history

Formed in 2008, Alberta Health Services is Canada’s first and largest provincewide, fully integrated health system.

Founded May 2008

Brought together 9 regional health authorities and 3 agencies

Largest, fully-integrated health system in Canada
Our people

AHS is responsible for delivering health services to the over four million people living in Alberta. AHS has more than 108,000 employees and more than 15,000 volunteers, making us the largest employer in Alberta.

- **108,000** Employees
- **Serving 4.2 million** Albertans
- **9,700** Physicians
- **15,900** Volunteers
- **650** Facilities across the province
- **3.2 per cent** of total expenses spent on administration, among the lowest in Canada
Caring for the health of Albertans

Programs and services are offered at over 650 facilities throughout the province, including hospitals, clinics, continuing care facilities, cancer centres, mental health facilities and community health sites. The province also has an extensive network of community-based services designed to assist Albertans.

- **116,462** Unique home care clients
- **755,334** Calls to Health Link
- **616,237** Cancer patient visits
- **55,281** Births
- **24,704** Long-term care and supportive living beds/spaces
- **92,857** Food safety inspections
- **1.14 million** Seasonal influenza immunizations
- **2.81 million** Total hospital days
- **8,968** Acute and sub-acute care beds/spaces
- **517,640** EMS events
- **2,468** Addiction and mental health beds/spaces
- **2.13 million** Emergency department visits
Community Engagement at AHS

Community engagement involves people working together to create solutions by setting priorities, planning, and solving problems that affect them, their families and their communities. Community engagement invites people to participate in decision making.

At AHS, engagement may involve patients, staff, physicians, volunteers, and communities. Advisory Councils, along with other engagement strategies and Albertans, provide critical feedback that inform decisions that affect how AHS delivers health services and cares for Albertans.
Meaningful community engagement:

- Is an ongoing practice, rooted in the way we work
- Is approached from a position of good faith and respect
- Requires willingness from all participants
- Involves stakeholders in planning participation activities
- Gives people the information they need for meaningful participation
- Encourages genuine conversations
- Creates a shared understanding
- Balances ideas and solutions
- Provides opportunities to influence decisions
- Builds trust and relationships.

Communities are more than where people live. They are also groups of people who are linked by culture, social ties, health conditions, values and shared goals. For example:

- HACs might work with youth or seniors’ communities to identify their health needs
- PACs work closely with members of the cancer, addiction and mental health, and LGBTQ2S+ communities to bring their voice forward in health planning
- The Wisdom Council works with Alberta’s First Nations, Inuit, and Metis communities to design appropriate health services for Indigenous peoples.
AHS Advisory Council Handbook

Why do we engage?

Everyone who interacts with the healthcare system benefits through authentic community engagement. Albertans benefit by having their needs reflected in planning and decisions. AHS and the healthcare system benefit through better, more sustainable outcomes.

We’ll always strive to give Albertans opportunities to share their experiences, ideas and insights. Our five values guide how we engage with Albertans and how we make decisions.

<table>
<thead>
<tr>
<th>Values</th>
<th>What they mean</th>
<th>How engagement shows the values</th>
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| Compassion | We show kindness and empathy for all in our care, and for each other. | • Putting patients, families and communities at the center of engagement  
• Treating people as partners |
| Accountability | We are honest, principled and transparent. | • Being open and honest  
• Sharing information that’s easy to access and understand  
• Having clear goals and expectations in work plans  
• Sharing the outcomes of engagement  
• Sharing how Council or AHS uses feedback to make decisions |
| Respect | We treat others with respect and dignity. | • Accepting differences  
• Listening to learn from each other  
• Speaking and acting with courtesy  
• Creating engagement opportunities that reflects the values and beliefs of diverse communities |
| Excellence | We strive to be our best and give our best. | • Providing opportunities for creative solutions, drawing on the strengths of the Council and their communities  
• Being open to new ideas on current and past practices  
• Acknowledging and learning from mistakes |
| Safety | We place safety and quality improvement at the center of all our decisions. | • Creating a safe environment for people to share views  
• Promoting engagement activities that respect the value and well-being of everyone  
• Protect the mental, spiritual, emotional and physical well-being of everyone |
AHS Advisory Council Handbook

What are some of the ways AHS engages?

AHS has engaged Albertans and communities for many years, including through:

- The 12 regional Health Advisory Councils
- The four Provincial Advisory Councils including Cancer, Addiction & Mental Health, Seniors & Continuing Care, and Sexual Orientation, Gender Identity & Expression
- The Wisdom Council, which focuses on the health of Alberta’s Indigenous communities
- The 69 health foundations and trusts
- The Patient and Family Advisory group
- Provincial, regional, community-based and individual relationships and community engagement initiatives
- Patient and clinical engagement groups, including Strategic Clinical Networks
- Inter-governmental and inter-ministerial committees
- Members of the legislative assembly and municipal governments
- Regulatory bodies, professional associations and labour unions
- Program and portfolio specific community interactions
- Groups that advance research and innovation, including post-secondary institutions
- Traditional and social media
- Community education events such as Apple Talks and open houses
- The information and referral service Health Link (811)
- Local or site public Councils, such as the Alberta Children’s Hospital Child and Youth Advisory Council and the South Health Campus Citizen Advisory Team
- The general inquiry email ahs.info@ahs.ca and community.engagement@ahs.ca. …….and much more!

As an Advisory Council member, you contribute to public participation in Alberta’s health care system. Like a piece in a puzzle, all engagement activities are connected and help to build a better health system.
The levels of community engagement

Sometimes Councils represent communities and provide input to AHS. Sometimes Councils work with communities first to gather more information. The chart shown has been adapted from the International Association of Public Participation’s model to reflect AHS and Council activities (iap2.org). This chart might help you understand how AHS engages with you and your Council. It also shows the different levels of engagement that you can use when you work with communities.

There are five levels of community engagement. The level of engagement that is used will also depend on how well it suits the situation, the organization, and the needs of the public. Whenever possible, AHS will work with a community to determine the best engagement solution.

<table>
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<tr>
<th>Levels of engagement</th>
<th>What it means</th>
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<tbody>
<tr>
<td>Inform</td>
<td>• Decisions have been made: AHS informs the Councils, and Councils inform communities</td>
</tr>
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</table>
| Consult              | • AHS gathers input from Council  
  • Council gathers information from community for consideration in decisions |
| Involve              | • Council hosts events to give the community a chance to shape health outcomes  
  • Council encourages conversation with the community and AHS |
| Collaborate          | • There is an opportunity for setting a shared agenda and flexible time frames  
  • Council hosts events where the community can help shape policy and program decisions  
  • Council helps guide community conversations that are complex |
| Empower              | • Council, AHS and community are enabled to partner on addressing challenges, issues and concerns |
At AHS, there are many different types of public, patient, and citizen advisory roles. This handbook focuses on those in Health Advisory Councils (HACs), Provincial Advisory Councils (PACs), and Wisdom Council roles.

Public members of the HACs, PACs, and Wisdom Council are Albertans who care about health and their communities. Advisory Council members are connected to the public in many different ways. They provide a grassroots perspective and an understanding of their communities’ health needs. They are interested in listening to the people and committed to giving valuable feedback to AHS.
What is an Advisory Council?

Advisory Councils represent many different experiences, cultures and ages. Councils have the unique ability to see the big picture through a local and public lens.

**Advisory Council members:**
- Are volunteers who represent their community and AHS
- Act as a channel for the flow of information between Albertans and AHS or the Board of Directors
- Are passionate about health
- Believe in public participation and building positive relationships
- Are team players and open to different perspectives
- Believe in contributing to their community through volunteer work.

The Wisdom Council uses reconciliation as a foundation for healing and health. HAC and PAC members are encouraged to become familiar with the concept and principles of reconciliation, especially when engaging with Indigenous peoples.

For more information, visit www.trc.ca/websites/trcinstitution/index.php?p=3
HACs

There are 12 HACs in Alberta, made up of people that live within certain geographic areas. The regions represented by each of the 12 HACs are shown on the next page.

PACs

There are four PACs in Alberta that focus on different areas of health:
1. Cancer
2. Addiction and Mental Health (AMH)
3. Seniors and Continuing Care
4. Sexual Orientation, Gender Identity & Expression

Wisdom Council

The Wisdom Council is a provincial Council that focuses on Indigenous health priorities, services, and resources. This Council is made up of public members from across treaty areas and Alberta’s health zones.

Members are Indigenous peoples living in Alberta. Representation can include:
- Those on and off-reserve, as well as status and non-status
- First Nation, Métis, and Inuit Elders
- Traditional Knowledge Keepers
- Traditional Healers
- Non-Government Organizations, such as Indigenous Friendship Centres.
Membership geography

Albertans are represented by 12 HACs. Areas are determined by population and travel routes, and are detailed on this map.

The four PACs and Wisdom Council operate provincially. Their membership spans all of Alberta.

For a map of treaty areas and Indigenous communities in Alberta, visit: http://indigenous.alberta.ca/InteractiveMap.cfm

Please visit these sites for more information on membership:

- HACs:
  https://www.albertahealthservices.ca/ac/hac.aspx
- AMH PAC:
  http://www.albertahealthservices.ca/about/Page6070.aspx
- Cancer PAC:
  http://www.albertahealthservices.ca/about/Page4312.aspx
- Seniors and Continuing Care PAC:
  https://www.albertahealthservices.ca/ac/Page13509.aspx
- Sexual Orientation, Gender Identity & Expression PAC:
  https://www.albertahealthservices.ca/ac/Page13509.aspx
- Wisdom Council:
  http://www.albertahealthservices.ca/about/Page7302.aspx
Governance

From a governance perspective, Health Advisory Councils (HACs) and Provincial Advisory Councils (PACs) report to the Community Engagement Committee of the AHS Board. All Councils work closely with AHS zone or portfolio leadership teams.

From an operational perspective, Councils report to the different departments in AHS that help them carry out their day to day operations. See the chart for the operational reporting for HACs, PACs and the Wisdom Council.

For more information on how these groups work together to address topics, please see page 32.

Partnering with AHS leadership

HACs work closely with AHS zone leaders. PACs and the Wisdom Council work closely with program leadership. Each Council works differently with their leadership teams in a unique partnership. Together, they develop Council priorities, identify opportunities for engagement and provide feedback to AHS. This partnership aligns community needs with AHS decision making, fostering meaningful engagement that benefits Albertans.

See more about the role of AHS leadership teams in Council activities on page 22.
Health Advisory Councils & Wisdom Council

- President & CEO, AHS Board, Minister of Health
- Community Engagement Committee of the Board
- Community Engagement & Communications

Zone Leadership

Health Advisory Councils

Community Engagement & Communications

Wisdom Council

Population, Public and Indigenous Health
Provincial Advisory Councils

President & CEO, AHS Board, Minister of Health

Community Engagement Committee of the Board

Operations – North & South Sector
SOGIE PAC

Addictions & Mental Health – provincial
AMH PAC

Seniors & Continuing Care – provincial
SCC PAC

Cancer Control Alberta
Cancer PAC

Community Engagement & Communications
For the full AHS organizational chart, visit:
www.albertahealthservices.ca/assets/about/org/ahs-org-orgchart.pdf

To find out more about AHS zones, visit:
http://www.albertahealthservices.ca/zones/zones.aspx
Responsibilities

There are many people and teams who are committed to Advisory Councils’ success. Here are some of their responsibilities:

**Advisory Council Chair**
- Calls and leads formal and working meetings
- Guides direction of Council activities
- Welcomes public and media members to meetings
- Manages conflicts or concerns within Councils
- Keeps members informed of information that impacts the Council
- Acts as the conduit between all Councils and the Board of Directors

**Advisory Council Vice Chair**
- Assumes all duties and responsibilities of the Council Chair in his or her absence
- Assists the Chair in leading and guiding Council activities

**Advisory Council Member**
- Works with the Advisory Council Coordinator to develop meeting agendas and Council documents
- Assists with interviewing potential new members
- Participates in the Council of Chairs and reports back to Council.

Information on how Chairs are elected can be found in the Bylaws: [www.albertahealthservices.ca/assets/wf/hac/wf-hac-bylaws.pdf](http://www.albertahealthservices.ca/assets/wf/hac/wf-hac-bylaws.pdf)

Members commit to attending all Council meetings.

They work with Council to:
- Bring forward health topics and give advice
- Create an annual work plan and regularly report engagement activities
- Track progress against the work plan at each meeting
- Promote Advisory Council meetings and activities.
Advisory Council Coordinator

- Promotes community engagement and education
- Manages issues in partnership with the chair and AHS leads
- Provides channels and support for reporting concerns and upcoming issues
- Main point of contact at AHS
- Connects Councils with other areas of AHS
- Advises on how Council activities can be linked with the Health Plan and other appropriate health strategies
- Leads recruitment activities
- Guides Council in work plan development and reporting
- Sends Council relevant information and reports
- Provides tools and materials to help with Council work

- Coordinates speakers and content for meetings
- Seeks out information requested by Councils
- Works with chair to develop Council agendas
- Records meeting minutes.
- Oversees Council budget

Council of Chairs

The Council of Chairs is a separate group, made up of all Advisory Council Chairs.

The Council of Chairs:

- Furthers the roles and responsibilities of Advisory Councils
- Helps plan Advisory Council activities at a provincial level
- Advises on key elements of the annual Health and Business Plans
- Brings forward community issues and perspectives on provincial programs.

Co-Chairs of the Council of Chairs

The Council of Chairs is co-lead by two Advisory Council Chairs. Co-chairs serve in two and three year terms to make sure that there is overlapping leadership.

They work together to:

- Lead the Council of Chairs
- Facilitate meetings
- Make sure that all Advisory Councils are represented.
AHS Leadership Teams

HACs work closely with AHS zone leaders. PACs and the Wisdom Council work closely with leaders who specialize in their area of focus. These AHS leaders make sure that Council input is considered when making decisions in health planning. AHS leadership provides:

- Opportunities for conversation with other leaders from AHS sites and programs
- Topics for input and action
- Activities for Council involvement
- Statistics and reports that are useful to Council
- Reports back to the Council on how their input was used.

AHS Community Engagement Team

The AHS Community Engagement team partners with Councils and health leaders to support community engagement activities. Their responsibilities include:

- Developing, executing or supporting community engagement strategies across all AHS operations
- Supporting activities to increase community involvement
- Directing requests from the media to Council Chairs
- Creating awareness of Councils across AHS and to the public
- Developing processes and tools that help Councils meet their goals
- Coordinating documents to be sent forward to the Board
- Involving Councils in a variety of engagement and decision making processes
- Administrative function and information flow between Councils and AHS and Board.

Community Engagement Committee of the Board

- Provides oversight to AHS’ community engagement strategy
- Recommends new Advisory Council members to the full Board for approval
- Gives feedback on matters forwarded by Chairs
- Reviews Councils’ annual work plans
- Reviews minutes of Council meetings
- Attends Council of Chairs meetings as appropriate
- Attends a province-wide yearly meeting with Council members and AHS staff
- Reviews regular reports on engagement activities and work plan progress.
AHS Advisory Council Handbook

AHS Board
Responsibilities relevant to Advisory Councils include:
- Governing Advisory Council policy and guidelines, including bylaws
- Approving Council membership
- Approving the annual reports.

AHS Volunteer Resources, Provincial Programs
Volunteer Resources guides volunteer involvement across AHS. They are responsible for:
- Coordinating formal volunteer activities to help you get started, such as criminal records checks
- Developing volunteer policies and programs
- Working with the AHS Community Engagement team to make sure Council members have volunteer information and resources they need.

AHS Executive Leadership Team (ELT)
The ELT reports directly to the CEO and is made up of AHS Vice Presidents. Responsibilities related to Advisory Councils include:
- Reviewing Advisory Council documents and strategic plans
- Giving feedback on Advisory Council documents and direction
- Making sure that Advisory Councils are aligned with AHS strategies, policies, provincial programs, and direction.

Alberta Health
Alberta Health is the provincial government ministry that:
- Develops policy, standards, and legislation for the health system
- Sets direction and health funding for public health care in Alberta
- Administers some provincial programs, such as the Alberta Health Care Insurance Plan
- Gives direction and guidelines on public health policy to AHS
- Gives information to the public about communicable diseases and public health programs.
What is the difference between an advisor and an advocate?

The main role of an AHS Council member is as an advisor. Sometimes, in the process of advising and making recommendations, Councils may also advocate on behalf of Albertans or on behalf of health services. Decisions to advocate, such as writing letters of support for a certain program, are usually made after the Council has the opportunity to discuss the topic with AHS leadership and make the decision together.

Here is the main difference between an advisor and an advocate:

- Advisors seeks to inform processes
- Advocates seeks to influence outcomes.

Your Council role is that of an advisor.

When an individual seeks to inform a decision-making process, the goal is to share their views, not to assure a specific outcome.

In your advisory role you will:
- Help make improvements to Albertans’ health by sharing local perspectives
- Help create a safer, more patient-centred healthcare system
- Contribute to the success of AHS’ strategic objectives, four foundational strategies and the Council work plan.

For more information on the AHS Health Plan and AHS Business Plan, including AHS’ four foundational strategies, visit: www.albertahealthservices.ca/about/Page11983.aspx

Your Council Coordinator can support and help you through any challenges. We value your feedback about your volunteer and engagement experiences.
AHS Advisory Council Handbook

The Role of Council Members
Balancing Council activities is like balancing a scale. It’s important to use a mix of reactive, proactive, and predictive activities to make sure that the scale doesn’t tip too far to one side. Councils are tuned into the health needs of local communities while also participating in engagement opportunities led by AHS. This balance allows Councils to set priorities, successfully achieve their goals and effectively share the voices and priorities of the communities they represent.

Council members carry out their responsibilities in three ways:

- **Reactive**: evaluate events that have already happened and provide feedback on current programs or situations
- **Proactive**: seek out the diverse perspective of communities
- **Predictive**: balance what you hear from the community with Council work and health planning.

Here are some examples of reactive, proactive, and predictive work:

- **Proactive**
  - Hosting community workshops

- **Predictive**
  - Identifying Council work plan priorities based on the needs of the community

- **Reactive**
  - Providing feedback on health programs
AHS Advisory Council Handbook

What is my role?

Council members work with their communities and AHS to advise on community health promotion, priorities, and projects. This allows AHS to consider the views of the community before making decisions that affect them.

As a member of Council you:

- Share your communities’ priorities with AHS
- Give advice and help to inform the decision-making process
- Participate in all public and other Advisory Council meetings
- Promote and participate in activities, including activities outside of regularly scheduled meetings, that enhance Albertans’ health
- Engage with the community using tools such as focus groups or information sessions to understand community perspectives and support the Council work plan
- Give feedback on public education materials, policies, or discussion topics
- Communicate regularly through e-mail, phone, or online
- Follow-up on commitments made to your community on behalf of the Council
- Share public information with your community
- Act as a partner to AHS and have an open, constructive relationship that contributes to shared goals.

Members may also be asked to sit on health committees and working groups, when appropriate. Participation in these working groups and committees will be thoughtfully requested to maintain the community focus of Council work.

Council members talk to their communities to learn diverse and under-represented views and bring all perspectives forward. When engaging with the community, Council members recognize the difference between issues in individual patient cases and system-wide trends. They direct community members to other sources of help when appropriate.
What is not my role?

Council members often find it helpful to have information about the activities and actions that are not part of their role.

Advisory Council members do not:

• Promise changes or results to their community
• Bring forward individual patient concerns or cases
• Use their volunteer role to further personal issues or interests
• Use Council events and activities to voice personal issues
• Raise issues in individual patient cases as system-wide problems
• Voice opinions on behalf of a community without consulting them first
• Give medical advice.

Sometimes, members of your community may want to talk to you about their health concerns or experiences, or share their story of being a patient. While these aren’t usually brought to Council meetings, you can direct them to:

• Call Patient Concerns and Feedback at 1-855-550-2555 or visit http://www.albertahealthservices.ca/about/patientfeedback.aspx
• Call Health Link at 811 for health advice 24 hours a day, seven days a week
• Visit MyHealth.Alberta.ca for wide range of trusted health information
• Visit thanksforcaring.ca to thank their healthcare team
Meeting Etiquette

What do I need to know?

- Watch for the meeting agenda and previous meeting minutes, sent from your Coordinator by e-mail.
- RSVP for all regular meetings as soon as possible. A meal is provided and knowing final numbers helps manage costs.
- Travel and meals are handled by AHS.
- Track your mileage to each meeting, as well. Your Coordinator will have expense claim sheets available for you to fill in and sign at the end of each meeting to claim reimbursement for the mileage.
- Notify your Council Coordinator of any food sensitivities or dietary restrictions you may have.
- Keep track of your volunteer hours and submit these through myvolunteerpage.com, so AHS can track your time investment.
- Complete a Conflict of Interest form at the start of every Council term and inform AHS of any changes through the course of your term.
- If a conflict of interest arises during a meeting, please excuse yourself from the meeting. For more on Conflict of Interest, please see page 37.
What do I need to do during public meetings?

Each Council meeting is led by the Chair and follows an agenda. While there are no strict rules, there are a few things to remember to keep meetings on time and on topic.

**If you are unsure, follow the Chair’s lead**
- The Chair introduces the agenda topics and invites members to participate.

**Stick to the agenda**
- Bring up ideas and comments that are related to agenda topics
- When a decision has been made to move onto the next topic, try not to bring up past agenda items. You can always discuss topics further with your Council Chair or Coordinator after the meeting.

**Respect everyone in the room**
- Do not have side conversations during the meeting
- Resolve conflict by working towards a common understanding
- Respect others and allow them to share. This will help build mutual respect and positive relationships
- Remember that some of what is shared at meetings is either sensitive or confidential information, be aware of this and the AHS Code of Conduct, see page 31.

Always keeps lines of communication open and respectful.

**Participate**
- You bring unique views and skills to the table, which can only benefit the Council
- Actively listen and participate in meetings to make sure your input is heard, increase your satisfaction, and contribute to Council goals
- Information or materials may be sent out before or after meetings, it is important to check emails regularly and respond to any requests in a timely manner.
- Have fun!

**Come prepared**
- Review any documents sent before the meetings and come ready to share your thoughts
- Raise the points that are most important to you and best contribute to the topic.
AHS Advisory Council Handbook

A safe place

As with any team, tensions between members can sometimes occur. Most times, these tensions are short-lived and lead to better discussions, creativity, and solutions. However, sometimes tensions between members are more intense and need to be addressed. Remember to address any issues or tensions in a calm and professional way, focusing on the issue instead of the person. This will help people feel safe, respected, and open to working together to resolve issues. Keep in mind it can be helpful to wait 24 hours before taking action on something important. This provides time to step back and think about the situation and avoid emotional decision making.

Create a safe place to share honest and meaningful conversation.

Advisory Council work can be challenging. Take pride in the small victories and celebrate your successes. Always take care of yourself, be aware of your limitations, and seek support from your Council Coordinator or Chair, if needed.

Guidelines for conduct

As a volunteer, you act as a representative of AHS, your community and the Council. The AHS Code of Conduct describes how we can build trusting relationships with the communities we serve through our own actions. Like a house with a strong foundation, the reputation of AHS is built by staff and volunteers’ actions.

The Code of Conduct gives five general points that guide our behaviour as volunteers and staff:

• Treat people with respect, compassion, dignity and fairness
• Be open, honest and loyal
• Act ethically and professionally
• Take responsibility for your own actions and expect others to do the same
• Respect confidentiality and privacy.

You can find the Code of Conduct online by visiting www.albertahealthservices.ca/assets/about/policies/ahs-pub-code-of-conduct.pdf
Communications

Council members are active in their communities and as AHS volunteers. Two main ways that they communicate are by:

- Sharing the health information they receive from Council meetings with their communities
- Gathering input from the community to bring to Council work.

Sometimes, community ideas, issues, or views may need to be brought forward to the AHS Community Engagement department, zone leads, or the AHS Board. Please talk to your Advisory Council Coordinator and Chair if you have a topic or issue you would like to bring forward.

AHS is a large organization and the lines of communication may seem difficult to map. Always remember that your Coordinator will help you navigate. The diagram shown is a general outline of how information flows from community to Councils, AHS and the Board. Your Advisory Council Coordinator will also send copies of announcements, media releases, and other relevant information to share with your community on a regular basis.
Speaking on behalf of Council

The Chair is the spokesperson for each Council but can appoint another member of Council to speak on his or her behalf. The Chair also communicates with the Board, through the Council of Chairs. However, any media requests should be shared with your Coordinator for discussion to determine if it is appropriate for the Council or AHS to respond to media.

Councils are united teams that work for and with the community. When you are asked to speak on behalf of your Council to the media or at a public event, express the views of the Council rather than personal opinion. Talk to your Coordinator for more information. Media training and coaching are available.

The AHS Community Engagement and Communications team is available to support Councils with speaking or other communications requests. They can work with Council members to create key messages and help with the process. The AHS Communications Policy can be found here: https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-communications.pdf.

Follow these guidelines when asked to speak for Council:

- Share all media requests with your Coordinator for tracking and discussion
- Redirect public questions to the Chair if you are uncomfortable or unsure what to say
- Present information that you know is credible
- Respect confidential information that has not been released by AHS or the community
- Avoid sharing personal or private information about Council and community members
- Do not share information which may be the subject of legal proceedings.
Social media

Alberta Health Services’ communication guidelines extend to social media, such as Facebook and Twitter. For example, AHS’ Code of Conduct asks you not to engage in public discussions or comment about confidential information, whether it is about patients, clients, employees, or AHS business.

Respecting confidentiality, privacy, and each other is critical

The AHS Social Media policy can be found here: https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-social-media.pdf

Council members sign confidentiality agreements agreeing not to release any confidential or private information, including through social media. This is taken very seriously, as the release of confidential or private information can cause harm to patients, families, and health professionals.

Three tips for using social media in your Council role:

• Don’t post anything on the Internet that you don’t want to be responsible for later
• Clearly communicate that your comments are either your own personal views or on behalf of Council
• Do not post any descriptions of patients, families, and patient cases that could lead to identifying a patient—especially in small communities.

You are encouraged to like, follow and share AHS on social media.

AHS has a number of social media channels which can be found here: www.albertahealthservices.ca/about/socialmedia.aspx

Visit “AHS Advisory Councils” on Facebook www.facebook.com/AHS-Advisory-Councils-296571490474826/?ref=hl

Visit “@ahs_hacs” on Twitter https://twitter.com/ahs_hacs
HACs and PACs have bylaws and terms of reference or charters that outline specific information related to Council regulations, membership, and procedures. As a Council member, it is important to read and understand these documents:

HAC Bylaw
www.albertahealthservices.ca/assets/wf/hac/wf-hac-bylaws.pdf

HAC Charter
www.albertahealthservices.ca/assets/wf/hac/wf-hac-charter.pdf

Cancer PAC Bylaw
www.albertahealthservices.ca/assets/about/ac/ahs-pac-cancer-bylaws.pdf

Cancer PAC Terms of Reference

Addiction and Mental Health PAC Bylaw
www.albertahealthservices.ca/assets/about/ac/ahs-pac-amh-bylaws.pdf

Addiction and Mental Health PAC Terms of Reference
www.albertahealthservices.ca/assets/about/ac/ahs-pac-amh-tor.pdf

Seniors and Continuing Care Bylaw
https://www.albertahealthservices.ca/assets/about/ac/ahs-pac-scc-bylaws.pdf

Seniors and Continuing Care Terms of Reference
https://www.albertahealthservices.ca/assets/about/ac/ahs-pac-scc-council-tor.pdf

Sexual Orientation, Gender Identity & Expression Terms of Bylaw
https://www.albertahealthservices.ca/assets/about/ac/ahs-pac-sogie-bylaws.pdf

Sexual Orientation, Gender Identity & Expression Terms of Reference
https://www.albertahealthservices.ca/assets/about/ac/ahs-pac-sogie-tor.pdf

Contact your Advisory Council Coordinator if you need a printed copy of any of these documents, or if you have any questions about their content. A complete list of AHS Policies and Bylaws can be found here:
www.albertahealthservices.ca/about/Page210.aspx
Confidentiality

You are encouraged to communicate openly about Council business and activities, including sharing information provided by AHS. However, information identified as “confidential” may not be shared outside of Council. You are also asked not to bring individual patient cases forward to a public forum unless you have permission to do so and the information being presented relates to Council business. All Council members are required to sign a confidentiality agreement upon joining the Council.
Conflict of interest

AHS is committed to promoting a standard of conduct that maintains and enhances public confidence in health activities. AHS relies on its representatives to uphold these standards and make sure that their personal, professional, or financial interests do not affect the decision-making processes. As a volunteer, you are asked to identify any potential, perceived, or real conflicts of interest.

Some examples of groups that may need to disclose a conflict are:

- Elected government officials
- Those involved with special interest or advocacy groups
- AHS employees

If you feel that you may be in a potential, real, or perceived conflict of interest please speak with your Council Chair or Coordinator. We can guide you through the Conflict of Interest Policy and help develop a plan for your continued involvement.

The completed conflict of interest form will be reviewed to determine if any management plan is needed. If a suitable management plan cannot be established, and any individual is deemed to have a conflict preventing effective Council participation, further steps will be taken.

Detailed information is on our external website: www.albertahealthservices.ca/assets/wf/hac/wf-hac-bylaws.pdf.

Personal information of Council members

AHS will need to collect some personal information, such as contact information. This will not be available to the public but may be used to create a Council contact list so that you can receive material such as agendas and minutes.
Why do I need to keep a record of my hours?
Recording your hours helps develop statistics and recognize your activities. Hours are also recorded for legal and volunteer liability coverage.
You can record your volunteer hours through www.myvolunteerpage.com.

Will I need to sign a Confidentiality Agreement?
Yes, all representatives of AHS are required to sign a Confidentiality and User Agreement. This is a legal document. By signing this, you will agree not to share confidential or private information during or after your term on Council.

Will I need to complete a Conflict of Interest form?
Yes, all representatives of AHS are asked to complete a Conflict of Interest form and identify any potential, perceived, or real conflicts of interest. This is standard practice across public institutions and it is not meant to “single out” certain individuals. Rather, conflicts of interest policies are meant to protect the individual, the Council, and AHS from actions that are, or can be perceived as, unethical. To see more on this topic, go to page 37. If you have any questions about the Conflict of Interest policy, please speak to your Coordinator.

What do I do if I am no longer able to participate in my role?
Please tell your Coordinator and Chair if you are no longer able to be a Council member.

What if I have a personal story or concern that I want to share with Council?
Individual patient stories or personal concerns are not usually brought to Council. Talk to your Coordinator or Chair for clarification. To see more on this and general information about your role see pages 26 to 28.

How long is my term?
HAC member terms are three years. However, members can apply for one additional three-year term to a maximum of six years. PAC members may serve two or three-year terms to a maximum of six years. Wisdom Council member terms are two or three years, to a maximum of two terms (six years).
For all Councils, extensions can be granted for special situations.
Why does it take so long to process information through AHS or the Board?

The Community Engagement Committee of the AHS Board meets approximately five times per year. This is where official Council items are discussed and approved. Any items that go forward to the Board are first reviewed and packaged with other submissions by the AHS Community Engagement team and the Executive Leadership Team. Although this process sometimes leads to longer response times, it helps to make sure that information presented to the Board is comprehensive, valid, relevant, and clearly understood.

Why do we work with the AHS Community Engagement team?

The Community Engagement team provides tools, expertise, and guidance on community engagement activities across AHS. They connect Advisory Councils to the right people, places, and resources. The Community Engagement team is dedicated to raising awareness of Advisory Councils throughout Alberta and within AHS, making sure that the public voice is included in health planning.

Can we use video conference?

AHS has a video conference network that is supported by local technicians and facilities. AHS employees video conference regularly to connect with each other and save money on travel costs. As volunteers with AHS, you are encouraged to use video conferencing when appropriate.

Generally, Council members are asked to attend their regularly scheduled public meetings in person. This is because many rural community centres do not have access to teleconferencing or video conferencing. Attending public meetings in-person also helps build relationships with community members. In times when it becomes unsafe to travel, such as bad weather, teleconferencing and video conferencing may be the best option. Please speak with your Coordinator if you have any questions relating to teleconference or video conference.
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**Health and safety**

All volunteers must comply with AHS health and safety protocols. Please speak with your Coordinator or Volunteer Resources if you have questions about this.

**Am I covered by any insurance?**

Volunteers must act within the scope of their assignment. All active and registered volunteers are covered by AHS liability insurance; an exception would apply if the volunteer’s actions were willfully negligent or criminal in nature.

**Will I need to be immunized?**

AHS strongly encourages you to get yearly flu shots. This protects you and community members from becoming ill. This is especially important if you are meeting in a hospital or other area where patients are present. Additional information can be found at [www.albertahealthservices.ca/influenza/influenza.aspx](http://www.albertahealthservices.ca/influenza/influenza.aspx)

**Health and safety screening**

If your role changes or you take on additional volunteer roles within an AHS facility (such as a hospital or community care site) you will require additional health screening.

**How do I report a health and safety incident (in the rare event that one happens)?**

If you become ill or injured while volunteering with us, please report the incident immediately to your Coordinator or Chair.

**What is AHS’ smoking policy?**

AHS policy does not allow smoking in any AHS owned, managed or leased property, vehicles, and buildings or on the grounds.

**How can I learn more about policies mentioned in this handbook?**

All Bylaws & Corporate Policies can be found at [www.albertahealthservices.ca/210.asp](http://www.albertahealthservices.ca/210.asp)
Contact Us

Advisory Council Website

The Advisory Council website is an excellent resource for Council members. This includes schedules of upcoming meetings. Visit the website anytime to look at Council documents and access information:
www.albertahealthservices.ca/about/communityrelations.aspx

AHS Community Engagement

E-mail: community.engagement@albertahealthservices.ca

Or see our Health Advisory Council contact page to find out about your specific Health Advisory Council: www.albertahealthservices.ca/about/Page6430.aspx

Cancer Provincial Advisory Council:
PAC.Cancer@albertahealthservices.ca

Addiction and Mental Health Provincial Advisory Council:
PAC.AMH@albertahealthservices.ca

Seniors and Continuing Care Provincial Advisory Council:
CC.PAC@ahs.ca

Sexual Orientation, Gender Identity & Expression Provincial Advisory Council:
SOGIE.PAC@ahs.ca

Volunteer Resources

To find local Volunteer Resources contacts please go to the provincial website:
www.albertahealthservices.ca/volunteers.asp

You can also find Volunteer Resources on Facebook: www.facebook.com/AHSVolunteers/

*Photos of current and past Council members are featured throughout this document. Thank you to all for participating!
Appendix: words and acronyms

Over the course of your involvement with AHS, you may hear unfamiliar words or acronyms. Below is a list of those you may hear most often. If you come across an acronym not listed, we encourage you to speak up and someone will be glad to help clarify.

AHS: Alberta Health Services

AHW: Alberta Health and Wellness

AH: Alberta Health (formerly Alberta Health and Wellness)

AIW: AHS Improvement Way

CE&C: AHS Community Engagement and Communications department

ELT: The Executive Leadership Team of AHS (Those who report to the AHS CEO)

CEO: Chief Executive Coordinator

Community: May refer to geographic communities, or communities of people who are linked by culture, social ties, health conditions, values and shared goals. Community members are stakeholders and partners.

Family: anyone acting in a support role to a person receiving health care services

FTE: Full Time Equivalent (a person working full time is 1.00 FTE versus for example, a person who works three days a week who is .6 FTE)

FOIPP: Freedom of Information Protection of Privacy Act (rules around use, collection, and disclosure of personal information)

HAC: Health Advisory Council

IAP2: International Association of Public Participation

On boarding: the process of registering as a volunteer with Volunteer Resources

PAC: Provincial Advisory Council

PACER: Patient and Community Engagement Research/Researcher – formally called Patient Engagement Research (PER)
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**PFCC or PCC:** Patient and Family Centred Care or Patient Centred Care

**Patient:** A broad term that may refer to any person receiving care in a hospital or medical facility, and broadly encompasses their supporting family or care network; clients who receive services in community-based or outpatient settings, as well as residents of long-term care facilities or in supported living environments.

**PFG:** Patient and Family Advisory Group A formalized provincial volunteer group of Patient Advisors since 2010, who consult on quality and safety issues across AHS. Activities include reviewing policies and initiatives, as well as participating on many quality, safety, and patient experience committees.

**SCN:** Strategic Clinical Network

**The Board:** The AHS Board

**VR:** Volunteer Resources - A general term referencing the varying departments who coordinate the approximately 16,000 volunteers working for AHS.

**ZEL:** Zone Executive Leadership teams; ZELs work closely with HACs

**Zone:** Regionally, Alberta Health Services has five designated zones throughout the province: North Zone, Edmonton Zone, Central Zone, Calgary Zone and South Zone.