

## BRIEFING NOTE

**Date:**

**Title:**

**Issue:**

(Provide a brief description of the intent of the briefing note, should be no more than two sentences.)

**Recommendation:**

**Clearly indicate whether briefing note is for information or if a decision is required, multiple recommendations or recommendations with distinct parts should be written in point/bullet form (please indicate a recommended option if applicable.)**

**Key Messages:**

**Background and Current Situation:**

(Rationale for the recommendation, what information has been considered and who has considered the issue – ie. management, board committee, external groups, etc. All relevant supporting evidence should be included or attached as appendixes to the briefing note. Where possible, provide information in chronological order.)

**Budget Considerations:**

(If new or recurring costs apply, clearly identify funding source and appropriate cost centres. If this section is applicable, the briefing note will require Finance / Business Advisory Services sign off).

**Risk Management Considerations:**

Category	Description
<b>Quality &amp; Patient Safety</b>	(Provide an overview of any incidents/ risks that could affect the provision of key services or affect quality and/or patient safety, if applicable.)
<b>Policy, External Environment &amp; Public Confidence</b>	(Provide an overview of any risks which are inconsistent with political/strategic mandate for health care delivery. Identify any significant legal or contractual risks or risks to the reputation of AHS.)
<b>Human Capital</b>	(Provide an overview of any impact to the workforce or risks which affect the delivery of health services or threaten the safety or wellness of AHS personnel. If this category is applicable, please have HR sign off on the briefing).
<b>Infrastructure</b>	(Provide an overview of risks to disruption of service due to absence of appropriate infrastructure (e.g. capital equipment, IT, data systems

**[CHOOSE ONE] Approved / Noted:**

**[NAME OF APPROVER]**

**Date:** \_\_\_\_\_

**Comments/Questions:**

	and/or building systems. This would include any risks to information management and/or privacy.)
<b>Finance</b>	(Provide an overview of risks resulting from inadequate or failed internal financial systems and/or from business practices that are inconsistent with generally accepted finance regulations and practices or that would have a significant impact on AHS financially. If there are applicable budget considerations, please have Finance sign off on the briefing.)

### **Legal Services Review**

(In accordance with the Use of Legal Resources Policy)

### **Engagement:**

(Briefly identify current stage in engagement cycle. If applicable, provide name and title of individuals consulted. Identify specific stakeholder groups, physicians, government, etc.)

	<b>Engagement Status</b>	<b>What has been achieved to date?</b>	<b>What is planned?</b>
<b>Internal</b>			
<b>External</b>			

### **Linkage to Transformational Improvement Programs (TIPs):**

(If applicable, identify any linkages to one or more of the five TIPs).

### **Communications Plan:**

(A summary of the intended internal and external communications plan, if any.)

### **Compliance with Policy:**

(An overview of compliance with all applicable policies.)

### **Next Steps if Approved:**

(Identify proposed next steps, i.e. Preparation of a Project Charter, Business Plan, etc.)

### **PREPARED BY:**

**Name:**

\_\_\_\_\_  
Name and Title

**Phone:**

\_\_\_\_\_

### **EXECUTIVE COMMITTEE MEMBER SPONSOR:**

**Name:**

\_\_\_\_\_  
Name and Title

**Phone:**

\_\_\_\_\_

**COMMUNICATIONS SIGN OFF: (please remove if not required)**

**Name:** \_\_\_\_\_  
**Name and Title**

**Phone:** \_\_\_\_\_

**FINANCE / BUSINESS ADVISORY SERVICES SIGN OFF: (please remove if not required)**

**Name:** \_\_\_\_\_  
**Name and Title**

**Phone:** \_\_\_\_\_

**HUMAN RESOURCES SIGN OFF: (please remove if not required)**

**Name:** \_\_\_\_\_  
**Name and Title**

**Phone:** \_\_\_\_\_

**Attachment(s):**  
N/A or list of attachments