

Annual Community (External) Engagement Tracker - 2016-17



Department/Service	Name of initiative	Key Target Audience	Reason for external engagement & timeline	Objective/Goal	Method	Risk/Mitigation	Evaluation	Key Outcomes	Follow-up
		e.g. patients, community, special interest group etc. (be specific)	Were you seeking input for a service change/ new initiative or routine engagement?	What are you trying to achieve? (e.g. educate, inform, consult, collaborate) and for what purpose?	e.g. information sharing, focus group, survey, Town Hall etc.	What are the issues of greatest concern revealed during engagement? How do you plan to address these?	How did you evaluate the success of your engagement?	What will be the result of your engagement?	How will you report back to stakeholders re: the outcome?
All Clinical units (inpatient and out-patient)		patients & families	Seeking patient experience and input on care. Validating best practices.	Consult families on care. Inform/educate on roles.	Leader Rounding Bedside shift handover In-room whiteboards Post discharge phone calls.	Improve patient and family experience/ transitions in care.	Patient satisfaction/ experience	improved patient and family experience	Service recovery done in real time to ensure that patients/families remain engaged.
STRATEGY, COMMUNICATIONS & STAKEHOLDER RELATIONS									
Corporate Communications									
MEDAID		Patients and general public	seeking input on what to consider when communicating / provide medical assistance in dying which was a new initiative. Needed to have surveys done prior to June 2016	wanted to ensure we were able to answer or address people's concerns and questions in communication materials	Survey; Lunch and learn	religious/moral concerns; psychological impacts on staff; referral process; privacy issues; how it occurs - these questions were raised and all addressed in a very detailed FAQ document	The number of responses to the survey - 633	This enabled us to develop a very detailed FAQ document and to address the issues and concerns in an open manner	Newsletter / press release / memo
Film Festival		Community partners	exploring possibility of expanding event to the community; April - June 2016; Fall 2016	create awareness and get film festival entries from kids in the community	face to face meetings with school boards	how to communicate the film festival (this is being handled by school boards); and how to handle the potential volume of entries (short lists being created by school boards)	Excellent - complete cooperation from both boards as well Unity Christian	New element for the Film Festival - community entries. Opportunity for kids to tell us why RVH matters; will make a good media story /opportunity	ongoing social media posts; invite to Vickies event (school boards and the winning videos); shared press release for distribution and shared newsletter story
Healing Circle		Patients/Community partners	seeking input for an event dedicating the Healing Circle sculpture; April / May 2016 - new initiative	Ensure we were being appropriate and sensitive to the aboriginal community	face to face meetings; emails	to ensure the ceremony was culturally sensitive and diverse; the ceremony required a certain length of time and certain activities for it to be genuine and this amount of time was typically longer than we would keep people for an event so we needed to compromise a bit on time, location and invite list to accommodate	Excellent - the event was very well attended, culturally significant and sensitive and the members of the aboriginal communities were pleased with the outcome	a successful event; improved relationships and trust with aboriginal stakeholders	memo; newsletter story and press release were issued
RVH Buy and Sell		External al organizations who have existing buy and sell pages; GBGH, County of Simcoe; School Board	Seeking input on team rvh buy and sell page on facebook; determining best practices from other organizations - new initiative ; Spring 2016	What would need to be considered; concerns or issues from other organizations	face-to-face meetings; phone calls; reviewing of other sites	biggest risk was the time management involved from comm team; needed to be developed in a way that comms daily interaction was minimal; needed to ensure we developed very specific guidelines for appropriate use	Feedback received very positive; page has 339 members to date	this is something that staff had asked for when we developed the new intranet in 2012 - lots of support for a buy and sell feature; providing this service is a boost for employee engagement; value people and respnding to feedback	ongoing monitoring of the buy and sell pages; continued promotion of the pages
Holiday Market		Vendors	New initiative; Follow up survey post event Dec 2016 to vendors	The holiday market was a new venture for 2016. A post event survey was sent to vendors to help us determine if their needs were met; their level of success and their interest for next year	Survey	No real risk as we wanted the feedback so we can improve the event	Very positive feedback on how the event went; 11 replied and all want to return	Based on the information received we can continue to grow the event	We will communicate the 2017 holiday market changes / event details closer to the date

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Child and Youth mental health consultation	Indigenous leaders	Met with leaders in the spring to identify Indigenous children and youth who would be available for feature stories / speaking engagements to promote the need for child and youth mental health services and to validate the need particularly with this population for the service	Identify children and youth for future events / feature stories and discuss appropriate language and focus of communication products.	Face to face meeting	Due to the stigma surrounding mental health as well as the general distrust this population has in the health system, we were concerned we would not be able to find a suitable subject	Very positive meeting and identification of potential children and youth who would be suitable	Drives forward the child and youth mental health strategy	Future stories / speakers
Flu shot campaign	Public Health	Routine engagement	Determine key messages; delivery dates	Meetings/phone calls	Effectiveness of vaccine; availability	Enough communication regarding vaccine and timeliness	Increased flu shots and return of forms; patient safety	Information will be captured in annual highlights
Simcoe County Council	County councillors, media, community	Annual Hospital Alliance presentation to council	Ensure councillors understand the impact Simcoe County's \$30 million contribution to the Hospital Alliance; update community on current projects, initiatives	Presentation at council; breakfast meeting with councillors	Encourage ongoing financial support	Feedback from councillors	Renewal of 10-year commitment	ongoing communication
Elected officials	Elected officials (including mayors,	Routine engagement	Educate on RVH initiatives currently in place and future programs/plans for advanced cardiac and child and youth mental health	Annual Elected Officials Breakfast Update	elected officials always concerned about lack of services for constituents; future of healthcare in region with aging population	Feedback and support from all levels of government for RVH program plans; ongoing dialogue with elected officials; funding where appropriate/possible	Regional elected officials are informed on RVH program plans	ongoing dialogue throughout the year with elected officials; presentations to municipal councils when possible
Governance, Policy Office, Art Committee								
Board Member attendance at LHIN and OHA conferences, regional governance sessions	NSM LHIN Board and other HSP Boards	Routine engagement	Discuss issues from a systems perspective	Semi-annual mtgs with Board Exec, other LHIN regional governance mtgs, OHA Conferences	Discuss issues from a systems perspective (e.g. ALC).	Provide attendees with update on RVH and hear about their issues and good news stories, etc.	Further understanding of issues faced by other HSP Boards	Continue to attend meetings as appropriate and provide input and updates.
Policy Review - PFAC member involvement in policy endorsement	Patient Family Advisory Council	Review new policies to obtain patient and stakeholder feedback and endorsement	Ensure voice of patient and community in appropriate policies - i.e. Dress Code, MEDAID	Policy Owner provides education session to PFAC and council has time to provide valuable input	PFAC involvement ensures voice of the patient	PFAC endorsement has been provided on several corporate policies.	Increased patient involvement ensures patient is involved in policies affecting their care.	Successful outcomes for patients.
Art Committee - Inclusion of PFAC member	Patient Family Advisory Council	Ensure patient voice and stakeholder engagement in the RVH Art Collection.	Engage PFAC member to assist Art committee with patient centred approach to Art at RVH as well as learning opportunity for PFAC member.	PFAC member to join Art @ RVH Committee.	PFAC members do not need to be art experts but should have an open mind towards contemporary art in alignment with RVH's art philosophy.	Evaluate effectiveness of PFAC member participation and attendance at meetings. Follow up with PFAC member to determine their satisfaction / thoughts on their participation.	Ensure the RVH art collection contributes to enrich the experience of patients and visitors	PFAC member will be able to provide PFAC committee with update and / or annual ART @ RVH update to PFAC
Volunteer Resources								
Volunteer Management Presentation	Coordinator presented Volunteer Management information to Georgian College fundraising students	New initiative	Inform	Information sharing	NA	Feedback from participants	NA	NA
Volunteer & Coop Information Presentation	Advisor presented at RVH's Annual Take Your Kids to Work Day	New initiative	To recruit future student volunteers and co-op students	Information sharing	NA	NA	NA	NA
Partnerships with Public, Catholic & French Catholic School Boards	Partnership with 3 school boards	Routine engagement	To offer high school co-operative learning placements to approx. 35-40 students per academic year in both clinical and non-clinical departments	Education credits	NA	Ongoing participation by School Boards	Students can make better choices re careers	Stakeholders report back to us
Birthing Unit Tours	Escort pre-natal participants on a tour of the Birthing Unit once a month	Routine engagement	Educate soon to be families about the Birthing Unit and RVH	Information sharing, guided tours	NA	NA	Patients will be more comfortable coming to the hospital	NA
Hospital Tours	Lead COPE dog tours	Routine engagement	To get the dogs familiar with hospital settings for patients	Information sharing, guided tours	NA	NA	Service dogs became familiar and comfortable in a hospital setting	NA

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Post Secondary Student Hospital Tours	Lead hospital tours for Georgian College nursing students	Routine engagement	To educate and get the students familiar with RVH layout	Information sharing, guided tours	NA	NA	Nursing students comfortable in the hospital environment	NA
Look Good Feel Better Program	Look Good Feel Better program Volunteers with Canadian Cancer Society	Routine engagement	To help woman battling cancer feel good about themselves	Information sharing	NA	Feedback from participants	Lessen the effect chemo has on a woman's self esteem	NA
Arthritis Pool Program	Arthritis Pool Volunteer program	Routine engagement	To support people with arthritis in Barrie and surrounding area	Equipment sharing	NA	Feedback from participants	Improved health	NA
Pet Therapy Dog volunteer visitations	St. John's Ambulance Therapeutic Paws of Canada (TPOC)	Routine engagement	Providing animal therapy to enhance a patient's stay	Improve patient experience	NA	Patient satisfaction	Enhance patient experience	NA
ACADEMIC & MEDICAL AFFAIRS								
Research - Research Vision 2016-2020	Patients, community partners, academic institutions, and peer health centres (North Simcoe Muskoka LHIN , City of Barrie , Barrie and Community Family Health Team, Simcoe Muskoka District Health Unit, Waypoint Centre for Mental Health, Orillia Soldiers' Memorial Hospital, VentureLab, Georgian College, University of Toronto, University of Waterloo, York University, Sunnybrook Health Sciences Centre, Trillium Health Partners	Consultation and feedback for the RVH Research Vision 2016-2020 (new initiative)	An extensive external engagement and benchmarking exercise was conducted to understand the research structures and supports at peer institutions, enhance our understanding of external research strategies, and provide ideas about future funding and partnership opportunities. All stakeholders were asked to provide feedback on their ideas and opinions about the future of research at RVH.	Survey, focus groups, one-on-one meetings, peer benchmarking sessions	A SWOT analysis of our engagement sessions was performed to identify opportunities and risks. These risks are naturally inherent to the development of any research program, but are being mitigated through continual process of engagement with external stakeholders (e.g., IGNITE conference, research partnerships) . In general, it was revealed that the development of a long-term Research Vision for RVH should align with the My Care strategy to Accelerate Teaching and Research, and to build on our existing strengths in Applied Health Research and Clinical Trials	The RVH Research Vision 2016-2020 was approved by the Board of Directors in Sept. 2016. We are continuing to engage stakeholders to refine and modify our process. We have received positive feedback from all stakeholders regarding our current direction.	1. Enhanced patient-centred research 2. Creation of an institutional "Culture of Inquiry" 3. Development of a healthy community 4. Advanced innovative partnerships	The success of the RVH Research Institute will be measured through both traditional methods (e.g., research publications; research funding; quality initiatives involving research; conference/speaking engagements) and non-traditional methods (e.g., quality improvement reports; Royal Review articles)
Research - IGNITE Research Conference 2016	Community partners, academic institutions, peer health centres (attendees included representatives from: Barrie Community Family Health Team; Eagleridge Family Health Centre; Eastview High School; Georgian College; PureHealth Pharmacy; Simcoe Muskoka District Health Unit; Sanofi Pasteur; University of Waterloo; Waypoint Centre for Mental Health Care; Western University)	To showcase healthcare research throughout the North Simcoe Muskoka Region.	The conference is an annual opportunity for healthcare researchers to come together in the spirit of collaboration and networking, and to share new ideas about ongoing research and innovation.	Keynote speaker, oral presentations, breakout poster sessions, lunch, and refreshment breaks	Of greatest concern revealed during this conference was the general lack of protected time for qualified staff and physicians to participate in research. As a regional health centre, RVH is addressing this issue by investing in the Accelerate Teaching and Research component of the MY CARE strategy. The RVH Research Office and Clinical Trials Office are expanding the breadth and depth of our research programs and actively applying to new funding opportunities to support researchers seeking protected time.	Satisfaction Surveys were given to all participants. Surveys provided a Likert-scale of satisfaction (1-5) for Registration, Space, Food/Beverage, Keynote Speaker, Oral Presenters, and Poster Presenters. Participants were also afforded the opportunity to provide open-ended comment at the end of the survey.	Greater collaboration among researchers and increased awareness of research and innovation across the NSM LHIN. The research conference was a success, surpassing previous conferences in terms of the number of registrants and presentations, including over 80 attendees, 11 oral presentations, and 15 poster presentations. The next research conference will be held in May 2018 to coincide with our FMTU Resident Research Day; here, we will target a larger provincial audience to generate interest applied health research.	RVH's Corporate Communications Office has written an article describing the conference in RVH's publically available Royal Review publication. Sponsors have been sent personal thank-you notes, and presenters have been provided with gift-cards to Cafe Royale as a token of our appreciation. The RVH Research Office has also presented Grand Rounds for Academic and Medical Affairs and has mentioned the annual research conference. Finally, participants seeking credits for this self-approved group learning activity were sent Certificates of Attendance.

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Research Council Meetings	Internal and external members sitting on Research Council. External members include Georgian College and Simcoe Muskoka District Health Unit	Research Council Meetings provide feedback and guidance towards new initiatives and research integrity	Identifying expert opinions on new opportunities to Accelerate Teaching and Research. Educate current members about the direction of research at RVH	Meetings; round-table discussions	Engaging staff to perform research at RVH. Identifying funding opportunities for research and QA/QIP programs	Research Council Meetings are structured and input/feedback is recorded for future consideration	Growth of the RVH Research Office and Clinical Trials program	Research Council Meetings are held every 4-6 months. Council members are informed of new initiatives and ongoing issues through these meetings
PHARMACY PROGRAM								
Pharmacy Admin (Director): HealthPRO Pharmacy Advisory Committee	Directors of Pharmacy from hospitals across Canada & HealthPRO executive & staff from the Pharmacy Portfolio	Routine engagement to discuss medication contracts and other issues around medication management	Sharing of information as it pertains to contracting & procurement of medications by the GPO. Identifying strategies to leverage increase efficiencies & safety from a drug supply perspective.	Semi-annual meetings	Ensure attendance to keep up to date on contract negotiations and outcomes maintaining RVH's awareness of drug cost impacts in a timely way.		Enhanced collaboration and partnership as well as continued best practices for contracting & procuring of medications	Biannual reports are shared within the Pharmacy Program as well as with Finance & Decision Support through the DSC
Pharmacy Admin (Director): HealthPRO Pharmacy Oncology Specialties Committee	A subcommittee of the Pharmacy Advisory Group for HealthPRO	Routine engagement to discuss medication contracts and other issues around medication management of oncology medications	Sharing of information as it pertains to contracting & procurement of oncology medications by the GPO	Semi-annual meetings & monthly teleconferences.			Enhanced collaboration and partnership as well as continued best practices for contracting & procuring of oncology medications	
Pharmacy Admin (Director): Co-Chair for The Association of Ontario Hospital Pharmacy Managers of Toronto & Area	Directors of Pharmacy from hospitals from the GTA & its surrounding areas	Routine engagement dealing with hospital pharmacy related challenges pertaining largely to legislation & standards	Ensure maintenance of best pharmacy management practices	Quarterly meetings	Ensure attendance to keep up to date on legislation and standard changes to ensure RVH's awareness of any impacted changes in a timely way.		Enhanced collaboration and partnership as well as continued best practices for hospital pharmacy	Communication of meeting outcomes with Pharmacy leadership team.
Pharmacy Admin (Director): Cancer Care Ontario: Non-Drug ST-QBP Working Committee	Representation from Pharmacy Services within regional Ontario cancer centres	Targeted working group to look at cost of equipment and supplies to meet standards of practice for the preparation of hazardous sterile & non-sterile medications. Establish workload standards as it pertains to the preparation and dispensing of oncology related medications.	Establish standardized workload measurement & financial reporting into MIS as it pertains to oncology related activities. Establish a standardized cost of preparing and dispensing of hazardous sterile & non-sterile medications for oncology patients.	Monthly teleconferences until complete.				
Pharmacy Admin (Director): Hospital Pharmacy in Canada Executive Advisory Board	Hospital Pharmacy leadership across Canada	Facilitate the collection of data relevant to the operations & practice standards of all elements of hospital pharmacy practice. It compiles and analyses human resource needs as well as well as other requirements to ensure safely & effectively meeting standards as it relates to medication management in the hospital setting.	Cross Canada surveys of all hospitals that have greater than 50 beds. Data is analysed to provide a basis for standards of practice both within each province/territory as well as nationally. This data provides the foundation for benchmarking data across Canada.	Quarterly meetings (mix of in-person & teleconferences). On-line Drop-Boxes with questions to be developed to support the collection of the appropriate data elements and access to the data to be analysed.				
Pharmacy Clinical Services: Drug Utilization Pharmacists for the Toronto & Area	Pharmacy staff involved in decision making around medication utilization and access	Routine engagement to keep up to date on new medications, changing protocols and drug shortages.	Maintenance of knowledge for formulary management & drug shortage strategies	Quarterly meetings	Ensure attendance to keep up to date on drug use best practices to ensure RVH's awareness of any impacted changes in a timely way.		Enhanced collaboration and partnership as well as continued best practices for formulary & drug shortage strategies	Communication of meeting outcomes with Pharmacy leadership team & clinical Pharmacists, and P&T membership

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Pharmacy Clinical Services: Simcoe County Seniors Initiative: Antipsychotic Prescribing	Healthcare providers (physicians, nursing, pharmacists etc) who work with seniors who are prescribed or potentially prescribed anti-psychotic medications.	To improve the rational use of antipsychotics in a population vulnerable to falls & other CNS adverse outcomes from this class of medications for patients in LTCHs in Simcoe County.	To increase the knowledge base of healthcare providers who prescribe & administer antipsychotic medications to seniors in an attempt to decrease the number of patients on these medications and to increase the appropriateness of type & dose for those who require them.	Focused initiative with a finite timeline				
Pharmacy Clinical Services: NSM LHIN Pharmacy Leadership meetings	NSM LHIN Pharmacy Leaders & LHIN Representative	Routine engagement to discuss challenges and find solutions through collaborative support. To provide the LHIN with information as required by the MOHLTC as it pertains to access to medications.	Communications tool for two way exchange of information around drug shortages, provincial challenges & specific hospital challenges.	Monthly Teleconferences	Ensure communications at the LHIN & provincial level are informed of NSM LHIN hospital status with drug shortages & communications from MOHLTC to hospitals about their role/actions dealing with specific drug shortages.		Improved management of drug shortages at a LHIN level for better access to drugs in a limited supply for residents of NSM LHIN.	Minutes are distributed post t-conference by NSM LHIN.
Pharmacy Clinical Services: NSM LHIN Opioid Strategy	NSM LHIN healthcare providers involved with opioid medications	To address issues related to the management of opioid overdoses in the community.	To comply with new legislation. To support individuals who have overdosed on opioid medications	Monthly meetings (mixture of in person & teleconferences)				
Pharmacy Clinical Services: University of Toronto's PharmD Experiential Program & University of Waterloo's PharmD Experiential Program	Individuals involved in the teaching of Pharmacists	Routine engagement	Ensure establishment of standards of practice for training pharmacists for hospital pharmacies	Quarterly meetings				
Pharmacy Dispensing/Distribution Services: Georgian College Advisory Board for Regulated Pharmacy Technician Program	Individuals involved in the teaching of Pharmacy Technicians	Routine engagement	Ensure establishment of standards of practice for training technicians for hospital pharmacies	Quarterly meetings			Enhanced collaboration and partnership as well as continued best practices for hospital pharmacy	
Pharmacy Dispensing/Distribution Services: Extended Stability Working Group	Representation from Pharmacy Services with sterile IV preparation capabilities from across Canada	Targeted working group to establish standards for dating of medications after reconstitution either in vials, IV bags or syringes that comply with USP <800> standards.	Establish standardized dating of medications post manipulation to minimize wastage and expiring of very expensive medications that meet industry standards.	Monthly until complete.				
Pharmacy Oncology Services: Cancer Care Ontario: Evidence Informed Regimens Committee		Routine engagement	Development of standardized regimens involving oncology medications	Bi-monthly meetings			Standardized medical oncology regimens	
Pharmacy Oncology Services: Cancer Care Ontario: ST-QBP Working Committee	Representation from Pharmacy Services within regional Ontario cancer centres	Targeted working group to look at rationale for targeted systemic therapies based on research.	Establish standardized protocols for CCO QBPs.	Quarterly or as needed.				
Pharmacy Oncology Services: Cancer Care Ontario: BUD Working Committee	Representation from Pharmacy Services within regional Ontario cancer centres	Targeted working group to establish standards for dating of medications after reconstitution either in vials, IV bags or syringes that comply with USP <800> standards as it relates to oncology medications	Establish standardized dating of medications post manipulation to minimize wastage and expiring of very expensive medications that meet industry standards as it relates to oncology medications	Monthly until complete.				
Pharmacy Oncology Services: Cancer Care Ontario: eTools Working Committee	Representation from Pharmacy Services within regional Ontario cancer centres	Targeted working group to develop tools to support efficient utilization of medications.	Establish tools that will improve & support better management of oncology medications	Monthly until complete.				
Patient Safety, Quality & Risk Management								

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Privacy	PFAC	Seeking feedback on Privacy policies	Gain patient's perspective when dealing with PHI protection	Meeting	PFAC wanted to ensure they were not liable when approving policies. Extensive feedback explaining legislation and obligations	Policy endorsement	Policy approval	n/a
Quality Improvement Plan	PFAC	Seeking engagement on Quality Improvement Plan	Patient engagement in development of QIP	Several meetings and email survey asking for questions that are important to them	Prioritization. Captured all as follow up items	Feedback from PFAC committee	Engagement in creation of narrative	Ongoing reporting of QIP metrics
Information Technology and Clinical Informatics and Applications								
JITSC and Regional Tech/Apps Committee meetings	Regional Partners ITS Leadership teams/JITSC, Regional Apps/Tech Apps	provide leadership for the Regional Partnership in the delivery of an electronic health record and related services; seeking input, information sharing, discuss regional strategy to leverage financial benefits and incentives, shared knowledge & resources	ensure the Regional Partnership is aligned with the strategic goals of the member organizations and all decisions are transparent and appropriate and communicated effectively, monitor key perf indicators for partnership initiatives; Tech/Apps teams goals collaboration, opportunities for shared systems and software, resource sharing, knowledge transfer, identify opportunities for improving patient and clinician experiences for consistent experience accessing systems and patient information, sharing knowledge, sharing of resources as needed	quarterly meetings, change management and regional Change advisory board weekly meetings,	ensuring thorough communication and follow up	input/feedback from groups, rate meetings, plan to survey group with evaluation	continue to improve relationships and partnership	ongoing meetings, email communication
Southlake Markham Stevenson HIS Project Council	Southlake Markham Stevenson HIS Project team, ITS regional team	Act as observer and SME to assist/facilitate project planning, as a collaborative partner	achieve successful multi partner MT 6.1 implementation and provide expertise and direction on process	meetings, functional planning	to facilitate discussions and remain impartial/ unbiased, timelines are very tight so following strong pm methodologies	successful adoption of standards and timelines met, implementation is successful for the Southlake Markham Stevenson HIS project	adoption of standards, meeting milestones, project deliverables with shared governance	meetings, minutes, action items, email communication, reporting to CFO RVH and JITSC
Health Information Management								
Health Records - Patient Information Forms	PFAC	Ongoing initiative	Created a collaborative practice in the planning and development of the forms	PFAC	Value suggestions	Created space for dialogue and suggestions	Demonstrate effectiveness of the forms patients complete	Reviewed at Forms Committee
Central Registration	Patient Registration Network of Ontario (PRNO)	seek input, information sharing on new and routine practices	collaborate and define best practice methods	quarterly PRNO meetings & MOH Data Quality Working Group	inconsistent practices between facilities, sharing guidelines & tools	data quality rates, feedback from areas using data collected	adoption of standard practices	Hospital Registration User's Group meetings
Coding - WPSHC Audit	WPSHC HIM Dept.	Requested through Regional Partnership with DSU	Demonstrate value to WPSHC that there would be significant benefit to a enhanced partnership beyond Decision Support, ie., coding support	RVH provided a leader and and 2 inpatient coders who went onsite to review coding of WPSHC coded records.		An increase in HIG weight was seen overall based on changes in coding recommended by RVH. This will impact on funding for WPSHC if they accept the recommended changes.	Successful review that can produce positive outcomes for WPSHC.	A meeting should be set to review all coding comments and changes that were recommended by RVH.
Business Development / Supply Chain								
Business Development		advertising guidelines	input on advertisers and involvement in approval process	PFAC	1 of the advertisers, we removed it	if there are an future community or staff concerns	PFAC having their input	
Business Development / Supply Chain		Hpass parking implementation	input on pricing	PFAC	nothing major arose	limited negative feedback received		
EVP, PATIENT & FAMILY EXPERIENCE								
Simcoe Muskoka Regional Cancer Program								

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Regional Cancer Program - SAR Support Service	Primary Care Providers (PCP) in NSM	Routine	To increase regional cancer screening rates (breast, cervical and colorectal) and use of the SAR (Screening Activity Report)	Provide support for registration and navigation of the SAR	Engaging low screening offices and those who do not belong to a Patient Enrollment Model (PEM) practice	Track number of PCP supported and whether it increases their practice cancer screening rates. Also collect evaluations of education events and engagement sessions.	PCP with enhanced knowledge of cancer screening programs and tools to support their patients. Maintain top performance of % PCP utilizing this tool among RCP in province.	Outline regional accomplishments of SAR use in quarterly PCP newsletters and at NSM PCP Network meetings.
Regional Cancer Program - GI Endo Regional Engagement	GI Endo Facility Leads in NSM	Routine	Provide updates to GI Endo facility leads for them to share with their teams. Educate providers on upcoming changes to screening and data collection	Presentation and Dinner. Information Sharing and networking	Some facilities do not have the capacity / support to implement data collection changes	Attendance and engagement	Enhanced knowledge and a forum for facilities to ask questions re: upcoming changes to CCC screening and funding for endoscopy procedures	Regional GI Endo Lead to follow up with facility leaders individually
Regional Cancer Program - Youth Advisory Council	Youth in NSM	Ongoing initiative	Provide peer to peer education on cancer prevention (sun safety, commercial tobacco, HPV, health lifestyles, alcohol and cancer). Youth led initiatives as part of SMRCP youth strategy.	Group of 3 youth employees meet once a week to plan, implement, and evaluate initiatives. Including sports tournaments, toolkit development, and community information booths.	Regional representation - YAC is entirely made up of Barrie high schools. Young employees are distinct from adult employees and have different onboarding needs.	YAC completes assessments after every event. YAC students provide an exit interview for experience measuring as well as ongoing feedback.	Youth leaders in the community for cancer prevention and healthy lifestyles. YAC as a health promotion resource for youth organizations in NSM.	Year end report detailing accomplishments, YAC produced poster detailing accomplishments, ongoing feedback.
Regional Cancer Program - Simcoe Muskoka Cancer Screening Hotline	NSM Public - primary target = individuals without a PCP/individuals unable to see PCP	Expansion of past initiative	Provide navigation service for cancer screening in NSM. Work with network of providers to create options for individuals with no PCP and individuals unable to see PCP	Central toll-free number; targeted promotions (e.g. mailouts through Ontario Works); PSE staff member navigator; community partnerships with MD and NPs	Missed opportunities for screening - callers unable to be connected with providers	Call volumes, number of calls from sub geographies	The hotline will serve as a call to action for community promotions and events. NSM residents will have increased assistance to access screening programs	Hotline poster presentation, reports as needed.
Regional Cancer Program - FNMI Communities Engagement	Indigenous communities in NSM	Routine	Community based educational interventions and events to increase access to and knowledge of cancer screening. Share culturally relevant information	Various community presentations, information booths, Pap clinics, ongoing initiatives, etc.	Ensuring access to culturally relevant support. Cancer screening awareness increased and rates improved. Inequities of access to required supports and resources.	Feedback from participants including support staff. Participation level. Implementation of specialized programming (i.e. Pap Clinic on Christian Island)	Increased use of cancer screening services by members of the individual communities. Building capacity within communities to address screening.	Periodic updates will be provided through presentations, health fairs, sharing circles, etc. across the region.
Regional Cancer Program - LGBT Communities Engagement	LGBTQ+ individuals in NSM	New initiative	Increase visibility and accessibility of cancer prevention and screening services in the LGBTQ+ community.	Community booths at Pride events. Communication with key internal stakeholders to make spaces positive for LGBTQ+ individuals (e.g. social work counsel rooms)	Ensuring access to culturally relevant support. Cancer screening awareness increased and rates improved. Inequities of access to required supports and resources.	Feedback from community pride organizations. Engagement at community booths.	Increased visibility and accessibility of cancer screening and prevention services in NSM for LGBTQ+ individuals. Better understanding of current, local barriers	Reports as needed; make changes to resources and programming as identified and required.
Regional Cancer Program - Patient and Family Advisory Council	Patients of SMRCP and caregivers.	Input for service change and also new initiatives.	Key engagement examples include: Patient Education Survivorship/after treatment Hiring of new staff and physicians (part of the interview panel) Partnering at regional cancer prevention/screening outreach events Signage and wayfinding Transforming Care Reviewing data on patient satisfaction and providing recommendations	Group discussion at monthly meeting, PFAC members volunteering to be part of SMRCP committees, participation in direct-to-public/patient activities.	There is a strong consensus among the PFAC members that survivorship/after treatment care is lacking. PFAC is currently collecting data from patients after active treatment to narrow down the areas of greatest need to provide maximum benefit for patients. PFAC is also looking at ways to partner with existing QI projects surrounding survivorship.	Evaluation on PFAC member satisfaction on type and level of engagement, feedback from staff on PFAC member engagement at committee meetings.	A more person-centered approach when making decisions and changes to clinic operations.	Results of PFAC engagement are reported back to PFAC members via monthly meetings and communication.

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	e.g. patients, community, special interest group etc. (be specific)	Were you seeking input for a service change/ new initiative or routine engagement?	What are you trying to achieve? (e.g. educate, inform, consult, collaborate) and for what purpose?	e.g. information sharing, focus group, survey, Town Hall etc.	What are the issues of greatest concern revealed during engagement? How do you plan to address these?	How did you evaluate the success of your engagement?	What will be the result of your engagement?	How will you report back to stakeholders re: the outcome?
Regional Cancer Program - Regional Provider Engagement	Regional providers (CCAC, Gilda's Club)	Routine engagement	Educate Primary Care Providers (PCP) on various cancer related topics to keep them up-to-date and knowledgeable on information, programs and services. Educate/update other regional providers (i.e. CCAC, Gilda's Club, Satellite Site staff)	Regional information sharing events, including roadshows, full/half day events, newsletters, mailouts, office visits	Reaching providers regionally. We address this by hosting events in different regional cities, providing info via mail, fax, email. We also offer OTN sessions as appropriate.	Evaluations are completed at all engagement education events	Providers with enhanced knowledge of cancer related topics which will improve upon patient care and experience	Ongoing education is designed to incorporate feedback received by providers (i.e. event evaluations, one-no-one conversations). PCP quarterly newsletters and regular SMRCP newsletter.
Regional Cancer Program - Updates in Oncology	Regional providers	Annual educational initiative	Educate Primary Care Providers (PCP) on various cancer related topics to keep them up-to-date and knowledgeable on information, programs and services. Educate/update other regional providers (i.e. CCAC, Gilda's Club, Satellite Site staff)	Full day event for regional healthcare providers. Engaged multiple regional providers for agenda topic and speaker selection.	Ensuring UIO topics are relevant to the PCP audience. Review of past UIO evaluations and engaging regional PCPs to ensure a relevant agenda was created.	Number of registrants for the event and evaluations were completed by participants	Providers with enhanced cancer related topics that are of interest and relevant to their practice.	Evaluations incorporate feedback and we carry suggestions forward to the next UIO event.
Regional Cancer Program - SAR Support Service	Primary Care Providers (PCP) in NSM	New initiative	To increase regional cancer screening rates (breast, cervical and colorectal) and use of the SAR (Screening Activity Report)	Provide support for registration and navigation of the SAR	Engaging low screening offices and those who do not belong to a Patient Enrollment Model (PEM) practice	Track number of PCP supported and whether it increases their practice cancer screening rates. Also collect evaluations of education events and engagement sessions.	PCP with enhanced knowledge of cancer screening programs and tools to support their patients. Maintain top performance of % PCP utilizing this tool among RCP in province.	Outline regional accomplishments of SAR use in quarterly PCP newsletters and at NSM PCP Network meetings.
Regional Cancer Program - Transitions in Care	Patients and Families	New initiative. Several engagement sessions throughout Fall-Winter 2016.2017. Program to initiate Spring 2017.	Collaboration with Gilda's Club to receive input from patients to aide in program development.	Several focus groups were held.	Common themes patients encounter upon the transition of active treatment to surveillance. These themes will be used to develop program.	Quality and quantity of feedback received from sessions, along with anecdotal feedback from participants.	A quality, person-centred initiative developed that will meet the needs of the target audience.	The group will be offered to the stakeholders, and group participants were also informed that their feedback was to guide program development.
Regional Cancer Program - Gyne Oncologic Program	Sudbury Regional Cancer Program	Shared care model - existing program	Provision of high quality care for patients as this program consists of a partnership between our Gyne Oncology MDs and RNs, along with the Sudbury team.	Monthly teleconference between both teams.	Challenges related to communication. Trialing a new Quality Checklist, and along creating an MOU. Open and regular touch-points.	Ongoing, however, there seems to be a more recent improvement in working relationship with Sudbury RCP.	High quality patient care and care close to home	Ongoing based on current mechanisms set up and there is also a quarterly meeting that includes SLT, physicians and team.
Regional Cancer Program - Brachytherapy Program	Princess Margaret Cancer Centre Radiation Program	New initiative, implemented November 2016, and expansion in Fall 2017	Collaboration with PMCC to provide brachytherapy at PMCC for gyne patients by SMRCP RO one day per week.	Remote meetings to develop MOU and followup	Shared access to patient information in timely fashion to facilitate safe and accurate treatment. Followup meetings with providers from each centre			
Regional Cancer Program - CT Simulator replacement process	Southlake Regional Cancer Centre Radiation Program	Southlake and SMRCP are single CT Simulator sites which will have equipment replacement coming up in near future. Without access to CT Simulator, patient treatments delayed. If extended time, delays impact care. Tentative 2018/19	Collaboration between centres to develop innovative shared model so as not to impact care delivery at respective sites during extended downtime.	Site visits; remote meetings	Liability issues with staff onsite at alternate sites. Engagement of corporate Risk, HR, Finance at each centre to overcome.			
Regional Cancer Program - Haeme Program	PMH	Shared care model - existing program to provide care closer to home	Provision of high quality care for patients as this program consists of heme patients that receive care at both PMH and SMRCP	RN has regular dialogue with PMH team re: patient cases. Bimonthly meeting with Manager and PMH team.	Difference in vision for future service delivery; to be explored further.	Ongoing	High quality patient care and care close to home	Ongoing based on current mechanisms set up
Regional Cancer Program - Equicare	Patients	Asking PFAC members, primary care and external organizations what they might find valuable	Provide patient information to them, survivorship management for primary care	Discussion to meetings, survey	How the portal will be managed and how best to use it	patient and provider satisfaction	Patients will be more informed, care givers more informed	Results or expansion will communicated via meetins, emails. Newsletters

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Regional Cancer Program - Outpatient clinic quality improvement initiatives	SMRCP Patient and Family Advisory Council	Input for service change and also new initiatives.	6 Outpatient QI initiatives were developed to address challenges/issues surrounding: wayfinding, patient confidentiality, wait times, clinic flow, patient experience.	Discussion at monthly meeting, PFAC members volunteering to be part of QI initiative committee.	From the 6 QI initiatives, PFAC members felt that improving wayfinding was most critical. Since our initial meetings in Fall 2016, we have amended the reception area to be staffed with a dedicated volunteer to confirm their appointment and direct patients to the right location.	Evaluation on PFAC member satisfaction on type and level of engagement, feedback from staff on PFAC member engagement at committee meetings.	A more person-centered approach when making decisions and changes to clinic operations.	Results of PFAC engagement are reported back to PFAC members via monthly meetings and communication.
Regional Cancer Program - Symptom Management	SMRCP Patient and Family Advisory Council	To leverage peer-to-peer communication on the importance of symptom screening.	To increase awareness and importance of symptom screening.	Presentation at discussion at monthly PFAC meeting.	Patients continue to lack understanding in why and when to do their symptom screening. We organized a "Symptom Management Awareness Week" where our staff, physicians and PFAC members set up a booth and explained the why and when to do symptom screening for patients and caregivers who stopped at the booth.	Number of visitors to booth, anecdotal feedback.	Expand touchpoints where patients and caregivers are learning about symptom screening, especially on the why and when to do symptom screening.	Results of PFAC engagement are reported back to PFAC members via monthly meetings and communication.
Cardiac Services	Cardiovascular Rehabilitation LHIN Steering Committee	Plan and develop a regional CVRH model. Ongoing, meets Q2months	Standardized CVRH programs and models throughout the LHIN, common metrics. PFAC members from 2 communities on the committee	Face to face meetings, teleconference. Structured meetings	Develop 3 common metrics that is shared at the Intergrated Vascular committee. To develop common educational video's, utilize common education tools and to develop a plan to rollout partnerships within the LHIN with the YMCA and the CVRH programs	PFAC members satisfaction and LHIN partner input and satisfaction	Share common metrics regionally, quarterly, provide You Tube videos, OTN access to residence of NSM	share at meetings and email
Spiritual Care	Community Faith Leaders	To require an orientation of the faith leaders if RVH providing a badge and parking pass	Education and Relationship. To let them know about CPE program for students and to find persons for the RVH On call team	structured meeting with participation by other RVH staff	How to communicate with nursing staff when on the units (by the faith leaders)	verbal feedback and email feedback	offering orientations four times a year	email communication
							Developed a data base of	
FOUNDATION								
Service Club presentations(ongoing)	Service Club members - community leaders, business owners, engaged citizens	Awareness, information and solicitation of funds	SPEAKING ENGAGEMENTS Raising awareness of need for capital funding, informing about specific health programs and current gaps in care being addressed through new programs. Raise funds for Hearts and Minds Campaign	Powerpoint presentations to club membership. Proposals made for funding grants.	Presentations address the role of community vs. government.	Approximately 10 presentations totalling 400 attendees.	Engaged service clubs, pledges of support to Hearts and Minds Campaign.	Annual follow-up letter and presentations on the result of funds raised, outcomes of projects.
Inspiring Leaders breakfast tours (May, Aug., Sept, Nov. 2016)		Philanthropy	DONOR EVENT customized behind-the-scenes tours of RVH, focusing on specific areas of need and assessing philanthropic interest of attendees	Donor tours of cardiac, imaging, emergency, and explaining the future children's mental health program	Interfering with patient services. All impacted areas participate in tour route decisions, on the day double check to ensure we can go into the area.	Major gifts given by guests	Major gifts of \$10,000 and above	Report back through thank you letters and donation receipts and continually updated website and social media reports
Donor Appreciation Event (Sept. 2016)	Major gift donors (250 guests)	Philanthropy Partners in Caring	DONOR EVENT annual thank you event	Donor displays and presentations regarding 119 years of RVH.	Some areas of concern are managing hospital resources as we utilize staff for the event. As well that donor attendance is high	Number of donors in attendance	Donors feeling connected to RVH and continuing to donate	Donor newsletter and reports
Radio for Cardiology Radiothon (May 2016)	listeners of radio stations DOCK and KICX	Partners in Caring	PARTNERSHIP advanced cardiac fundraising	DOCK (39 events) 1344 promos KICX (37 events) numerous on-air mentions website exposure	To ensure patient stories align with the need as well as demonstrating progress.	Funds raised by event as well as media stories	Funds raised toward 500k pledge	Follow up with Larche communications and continue to give them media material

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Media for Young Minds (summer 2016)	Barrie businesses	Partners in Caring	PARTNERSHIP Child & Youth Mental Health fundraising	48 articles	Need to balance resources with outcome of funds raised	Funds raised and businesses involved	Funds raised and media stories	Follow up with Metroland and businesses with recognition event
RBC Breakfast (May 2016)	Community leaders (226 guests)	Philanthropy	PARTNERSHIP Child & Youth Mental Health awareness	Breakfast event - personalized RVH everyone	Transforming interest into major gifts	Major gifts given by guests	Education exposure, RVH credibility as a leader and new/stronger donor relationships	Newsletter to attendees
HUMAN RESOURCES								
Security & Locating								
Emergency Planning								
	Barrie Police / County of Simcoe Paramedic Services	Seeking input and expertise for Code Silver - Person with a Weapon (Active Shooter)	Process and policy development for RVH and Response of Police & EMS in hospital	Mock Exercise - training session / Planning & development meetings / Interactive lunch & learn	How to provide tools to a very catastrophic event in a very simple way, using the mock exercise as a training video to provide knowledge and tools	number of staff / physicians / volunteers trained (over 1,700) and development of policies and processes	community partnership with reciprocal responses to any emergency situation	Final report to community partners with training video for both internal and external community partners. (both in the LHIN and to provincial partners)
PATIENT PROGRAMS								
Imaging Services								
Imaging Services	Monthly OP Rounding with 40 patients	Routine engagement	Clinical feedback from patients	Survey	N/A	Monthly review of surveys taken	Areas identified for improvements will be examined for efficiencies	Periodic Updates
Imaging Services	GTA West DI-R Executive Council	Routine engagement/new initiative awareness	Education/collaboration	Clinical education	Monthly Executive Council Mgs/Working Group Mtgs	Cdn Health Inforway / eHealth initiatives	Enhanced awareness in the best practices we are implementing re access to medical imaging	Periodic updates
Imaging Services	GTA West DI-R Technical Working Group	Monthly engagement on Program from a functional level	Education / Product Updates / Collaboration	Regional image data and report sharing	Linkage between HDIRS and GTA West	Project plans to integrate HDIRS and GTA West	Full collaboration between 2 DI-R systems	Once the pilot project complete notify stakeholders of it.
Imaging Services	CPSO IHFA Taskforce	Education on best practice implementation	Education/collaboration	Clinical education	Discussion re impacts and enabling strategies	Legislative requirement	Enhanced awareness in community of the best practices we are implementing	CPSO website updates
Imaging Services	CPSO IHFA Taskforce	Education on best practice implementation	Education/collaboration	Clinical education	Discussion re impacts and enabling strategies	Legislative requirement	Enhanced awareness in community of the best practices we are implementing	CPSO website updates
Imaging Services	MRT students from Michener and Cambrian Colleges	Education of new technologists	Education/collaboration	Clinical education	n/a	Student success with certification process	Supply of MRTs for the province	Clinical liaison meetings
Laboratory Services								
Laboratory Services	College of Medical Laboratory Technologists of Ontario (CMLTO)	Quality Assurance Committee membership	Review of portfolio submissions and competency testing to ensure public safety.	Committee meetings	n/a	Legislative requirement	Ongoing self-regulation of MLTs in Ontario	n/a
Laboratory Services	Resident Academic Half Days	Education	Lectures to general pathology residents in training at McMaster University by Dr. Price, Clinical Assistant Professor of Pathology	Periodic half-day lectures by videoconference	N/A	Written feedback given by participants.	Participation in training of pathology residents for certification and practice in community hospitals	N/A
Laboratory Services	Ontario Association of Pathologists	Governing body promoting pathologist education, practice standards and government relations	Dr. Price is current president of the OAP working to promote the objectives of the organization to Ontario pathologists	Ongoing leadership of executive board and planning for annual general educational meeting	N/A	Feedback from members at AGM and to OAP Board throughout the year	Promoting the goals and objectives of the OAP	Presentation at Annual General Meeting and by way of correspondence throughout the year.
Laboratory Services	CCO Pathology and Laboratory Medicine Committee	Promoting best practice in cancer pathology reporting in the province of Ontario	Dr. Price is member of the CCO PLMP attending quarterly meetings and disseminating information to pathologists in the LHIN as the Regional Pathology Lead.	Distribution of the proceedings of PLMP meetings to all pathologists in LHIN 12. Presenting metrics on cancer pathology reporting to the Regional Cancer Program Steering Committee.	N/A	Cancer reporting metrics tracked by CCO and reported to Dr. Price as the Regional Pathology Lead.	Maintain better than benchmark performance against CCO metrics.	Reporting by email and in person at regional cancer program meetings
Intensive Care								

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	e.g. patients, community, special interest group etc. (be specific)	Were you seeking input for a service change/ new initiative or routine engagement?	What are you trying to achieve? (e.g. educate, inform, consult, collaborate) and for what purpose?	e.g. information sharing, focus group, survey, Town Hall etc.	What are the issues of greatest concern revealed during engagement? How do you plan to address these?	How did you evaluate the success of your engagement?	What will be the result of your engagement?	How will you report back to stakeholders re: the outcome?
Intensive Care	Patient and families in the ICU	Seeking real time feedback and information about services provided as well as physical space and access to patient.	ensure we were meeting and exceeding the needs of our patients and their families	Hard copy survey given when patients are transitioning out of the ICU	Initially issues were access and understanding the entire team who is working with their loved one. Receiving timely information and having time with the Intensivist	Reporting on survey results to the ICU Quality and Ops monthly meeting. As well as tracking and trending the results/responses.	Ongoing. We need to continually monitor and evaluate our patients and families perceptions of their care and address their concerns.	Results posted on the communication board in the ICU.
CESN								
WISE Clubhouse (4/4/2017)	Community , Seniors	Stroke Awareness and Prevention	educate	presentation	lack of local services/NSM Integrated Stroke Program	evaluation form	increased awareness	
WISE Clubhouse (13/04/2017)	Community , Seniors	Stroke Awareness and Prevention	educate	presentation	lack of local services/NSM Integrated Stroke Program	evaluation form	increased awareness	
NSM Advanced Care Planning Event (16/04/2017)	Community , Seniors	Stroke Awareness	educate	information booth			increased awareness	
NSM Advanced Care Planning Event (26/04/2017)	Community , Seniors	Stroke Awareness	educate	information booth			increased awareness	
RVH Spring filing	RDP families, clients	risk factors, community services	educate	information booth			increased awareness	
Orillia Stroke Support Group	Clients, Families	Healthline, Navigation	sharing information and experiences	discussion, sharing resources			increased awareness of healthline and online resources	
VON SMART Education Day	VON SMART instructors	presentation - stroke and exercise	educate	presentation		evaluation - conducted by VON	increased awareness of specific considerations related to stroke/exercise and the community ex guidelines	
CHATS Seniors Fair	Seniors	Stroke Awareness and Prevention	0	0			increased awareness	
Ministry with Maturing Adults - St. Mary's Church Barrie	seniors	Exercise and Chronic Disease Prevention - presentation, stroke prevention/risk factors info booth	educate, increase awareness	presentation, health fair booth		evaluation conducted by organizers	increase awareness	
End Falls This Fall	HeALTH CARE Providers and Care givers	Routine engagement and Increase awareness	Educate	Presentation	Public awareness	Good	Continue to increase public and front line awareness of risk factors and signs of Stroke	Not required
Muskoka Stroke Support Group	Clients, Families	Healthline, Navigation	sharing information and experiences	discussion, sharing resources			increased awareness of healthline and online resources	
Beaverton Stroke Support Group	Clients, Families	Healthline, Navigation	sharing information and experiences	discussion, sharing resources			increased awareness of healthline and online resources	
Surgery Program								
Surgery 3/SSDU	Patients getting ostomy/bowel surgery	to promote the discharge process and educate the patient. Fall 2017	educate/ pre op teaching	hands on with necessary equipment for practice and a pre op class developed through our practice council and supported by the wound nurse.	Great risk is referral from MD and insufficient reach.	patient feedback. Review of utilization of program at the 3, 6 and 12 month mark. Feedback from education delivery team.	Increased opportunity to reach patients in advance of procedures and admission to program. Promote improved outcomes post operatively.	Through our surgical QPC
Surgery 2	Patients with fractures.	Osteoporosis Regional Integration Lead reached out to explore how RVH inpatient surgery 2 can support screening and treatment program for this patient population	Educate and inform patients to prevent subsequent fractures.	In development with Suggery 2's Quality Practice Council and Osteoporosis Canada team members.	We do not anticipate any barriers or concerns at this time.	We will review the number of fractures which are screened and compare to previous numbers to determine the additional patients touched by the new program.	Work in collaboration with Osteoporosis and Dr Crawford to track the number of repeat fractures seen via ER and the fracture clinic.	We will use Quality Practice Council to report back to stakeholders.

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	e.g. patients, community, special interest group etc. (be specific)	Were you seeking input for a service change/ new initiative or routine engagement?	What are you trying to achieve? (e.g. educate, inform, consult, collaborate) and for what purpose?	e.g. information sharing, focus group, survey, Town Hall etc.	What are the issues of greatest concern revealed during engagement? How do you plan to address these?	How did you evaluate the success of your engagement?	What will be the result of your engagement?	How will you report back to stakeholders re: the outcome?
Operating Room			Working with surgeons offices to improve the patients experience right from the time the decision to operate is made	educating surgeons admins on process changes that will effect the booking of patient, with the goal being that all offices are follow proper protocol and procedure and booking all the same way	the greatest concern is that we don't have buy in from all the offices and that some offices will continue to do things their way, therefore potentially causing a cancelation of surgery	no patients being deferred	increase patient satisfaction in the surgical program	Review new metrics with the booking office staff
Cardiac Care Unit	Cardiac PFAC	Seeking input on new Advanced Cardiac Care services, including the patient experience for CCU	Meet all the needs of our patient population and achieve an Increased overall score for CCU would you recommend and obtain endorsement on several Advanced Cardiac Care educational materials and website re-design	Monthly 90 minute meetings	SBARD bedside shift report, 100% of the time would help shift the would you recommend to be higher. Plan to address with action planning and having the resource nurses own this action plan and auditing of staff SBARD participation. Group also recommended specific Cardiac education folders to gather readers attention and better organize the educational materials, Plan to address is to source an inexpensive binder that is sturdy.	Meeting feedback	Increased patient satisfaction and a collaborative approach to website design and educational material creation.	Review of new metrics based on interventions put into place
Cardiac Diagnostics								
Cardiac Renal		Seeking input related to cardiac expansion and redesign related to patient satisfaction on cardiac renal	Engage patients and families to improve experience on cardiac and renal	Sharing monthly patient satisfaction survey at Cardiac PFAC	Patitent want staff to consistently utilize SBARD	Evaluation tools, survey, leader rounding	Increased patient satisfaction, target >75%	To the PFAC committee, Cardiac Quality and Operations, and cardiac and renal working group, staff huddles.
Cardiac Renal		Revision to patient edcuation teaching tools based on best practice.	Consult families on care. Inform/educate on roles utilizing cardiac PFAC committee.	Clinical eduaction, working groups and PFAC	Ongoing engagement with PFAC	Meeting feedback	Increased patient satisfaction and collaboration.	To the PFAC committee, Cardiac Quality and Operations, and cardiac and renal working group, staff huddles.
Renal Program		Seeking input related to CKD clinic redesign of 66 Wellington clinic, PFAC engagement has been requested	Expansion and redesign of clinical services	Working group and PFAC	Redesign potentially not accommodating enough space for patient and family waiting Room, - ongoing engagement with PFAC and planning and redevelopment	Meeting feedback	Increased patient satisfaction and collaboration.	Through renal steering committee
Renal Program				Working group and PFAC	Installation of centralized water plant and removal of current portable RO's. Ongoing engagement with PFAC, facilities, Gambro and OSMH	Meeting feedback	Increased pt. satisfaction and collaboration	Via renal steering committee.
Renal Program				Working group and PFAC	RVH renal staff to assume Critical Care Dialysis within CCU, ICU and SSDU. Ongoing engagement with PFAC, planning and development and the Regional Program	Meeting feedback	Increased patient satisfaction and continuity of care.	Ongoing engagement and the renal steering committee.

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Pre-Admission Clinic, Day Surgery, PACU, ACT, Endoscopy			Working with surgeons offices to improve the patients experience right from the time the decision to operate is made	educating surgeons admins on process changes that will effect the booking of patient, with the goal being that all offices are follow proper protocol and procedure and booking all the same way	the greatest concern is that we don't have buy in from all the offices and that some offices will continue to do things their way, therefore potentially causing a cancelation of surgery	no patients being deferred	increase patient satisfaction in the surgical program	
Adult Surgery Amb Care								
Maternal, Newborn, Child & Youth Program								
Birthing Unit and Postpartum			Input on Family Integrated Care(FI Care). Research project in collaboration with Mt Sinai. Barrie Breastfeeding Action Team Multi-disciplinary, multi-collaborative effort to support breastfeeding in the community	Input on Family Integrated Care(FI Care). Research project in collaboration with Mt Sinai. Barrie Breastfeeding Action Team Multi-disciplinary, multi-collaborative effort to support breastfeeding in the community	Input on Family Integrated Care(FI Care). Research project in collaboration with Mt Sinai. Barrie Breastfeeding Action Team Multi-disciplinary, multi-collaborative effort to support breastfeeding in the community	NRC Clinical tactics audits	Audits, parent education, regular follow-up at 8 weeks and 4 months post discharge Increased exclusive breastfeeding rates	Empowered parent, increased parent satisfaction, increased education BORN data at QPC Meetings, staff huddles
Child & Youth Amb Care	Families, Children and Youth and Community	Seeking input from parents and other stakeholders around the effective delivery of children's rehab services	Collaboration around the planning and implementation of system transformation towards a family centered service system	Participation within planning table and focus group	Integration of services	Plan approved by Ministry	Evaluation of implementation of service changes	Ongoing engagement
Complex Care Clinic	Parents	Seeking support around clinic operations	Collaboration around operations and service delivery	Participation in steering committee meetings as a member	Patient perspective around access and continuum of care	Ongoing work, success would be full parent participation, ongoing in planning	Parent perspective as part of planning	Ongoing engagement
Complex Care Clinic	Families	Seeking input around improving information flow from the complex care clinic to emerg and peds	Implement a flag for emerg for children with complex needs that directs them to a care plan which highlights key information for treatment in acute medical situations	One to one discussion with families in clinics, having them review proposed tools	Communication	Effective plan and understanding of how to address needs	Additional tools that will support information sharing between community and outpatient services and emerg, tools that are family driven	Ongoing engagement
Decision Support								
Decision Support - Health Link Data Quality	Regional Health LINKS	Demonstration of HealthLink data sources	To be able to standardize data and development tools to provide and optimize care for the "high user" target population.	Face to Face series of meetings with other HealthLinks, Primary Care and LHIN	inconsistent practices between facilities, sharing guidelines & tools	Feedback from stakeholders as well as outcome indicators (reduced High User visitation) at RVH	Reduced High User visitation at RVH and enhanced regional role fro Decision support, demonstrating RVH willingness to partner and develop strategic relationships.	Continued Meeting with stakeholders, LHIN and HealthLink groups.
Decision Support - Simcoe County EMS	Simcoe County EMS patients, RVH ED patients.	Demonstrate Mathematical models to facilitate the alignment of data from Simcoe County EMS and RVH reported Data	To build a rationale / basis to allow for a mathematical model to insure fair and equitable monitoring of performance from Simcoe county and RVH around Ambulance off-load times. That the decisions are informed by high quality, aligned and accurate data.	Face to Face series of meeting over Q3 and Q4 of Fiscal 2016-17	inconsistent practices between facilities and allocations being made on hypothesis and speculation. RVH was at risk of potential significant decrease in funding if patient patterns, utilization and service rates were not standardized and used at the beginning to build a estimated allocation framework.	Feedback from stakeholders and partners that demonstrated success and appreciation for RVH DSU team to provide a "starting" point for analysis	A modeling provided basis for extended discussion that did end with consensus and requirements for enhanced data quality as well as data acquisition standardization. Also, a accurate reflection of RVH ambulance off-load times and public perception of RVH performance in ED wait times.	Continued Meeting with group to facilitate future planning when required, data standardization and data quality processes.
Decision Support - Georgian College (Research Grant)	Patients and providers of NSM LHIN	Joint development of research grant to attain funding to support the research that will ultimately lead to Health System improvement.	To develop a joint proposal between college and RVH to submit to the MOHLTC Health Transformation grant request process.	Face to Face series of meeting, collaboration on proposal Q4 of Fiscal 2016-17	Risk that if not awarded, that patients, physicians in rural areas will continue to operate and provide care void of current outcome and best practices related to utilization of existing information and resources.	Successful Grant application.,	Enhance dissemination of information and research and apply this specifically to target outcomes of the rural areas of NSM LHIN.	TBD post acknowledgment and success of grant application

Department/Service Name of initiative	Key Target Audience	Reason for external engagement & timeline	Objective/Goal	Method	Risk/Mitigation	Evaluation	Key Outcomes	Follow-up
	e.g. patients, community, special interest group etc. (be specific)	Were you seeking input for a service change/ new initiative or routine engagement?	What are you trying to achieve? (e.g. educate, inform, consult, collaborate) and for what purpose?	e.g. information sharing, focus group, survey, Town Hall etc.	What are the issues of greatest concern revealed during engagement? How do you plan to address these?	How did you evaluate the success of your engagement?	What will be the result of your engagement?	How will you report back to stakeholders re: the outcome?
Decision Support - Stevenson Memorial - Quality Committee	Stevenson Quality Committee of their Board, patients of Stevenson Memorial Hospital.	Request by SMH Quality committee for presentation on effective use of data and information for effective performance measurement and good governance.	To evaluate the current SMH quality committee scorecard and proved an revised framework based on RVH experience and expertise.	Face to Face series of meeting, collaboration, on site visit(s) for all of Fiscal 2016-17	Minimal risk to RVH	Feedback (customer survey satisfaction) as well as continued and enhanced partnerships with SMH.	continued positive feedback and enhanced partnerships with SMH.	Continued partnership
Decision Support - OHA - Executive Governance Information	OHA research group, other OHA members and governing bodies.	Request by OHA research team on effective use of data and information for effective performance measurement and good governance.	To evaluate the current RVH board scorecard and proved insights into performance evaluation and good governance framework based on RVH experience and expertise.	Phone Interview with OHA, Director Governance and CAO	Minimal risk to RVH	Feedback from OHA (was positive)	Enhance dissemination of information and expertise with OHA and partners	TBD post OHA report?
Decision Support - HSFR / QBP reporting	HSFR - Local Partnership (all regional DSU / CFO leads)	Requested by LHIN	To be able to standardize data and development tools to provide and demonstrate RVH performance evaluation frameworks.	Face to Face series of meeting, collaboration, on site visit(s) for all of Fiscal 2016-17	Minimal risk to RVH	Feedback from HSFR LP group	ultimately leading to additional partnerships	Continued engagement with regional Executive teams and CFOs
Decision Support - Stevenson Memorial Partnership	SMH CEO, CFO & CNO	Expansion of Regional DSU	To build data and information sharing infrastructure to inform better planning and decisions	Assist SMH senior management with investigative projects and performance framework	Minimal risk to RVH	Feedback (customer survey satisfaction) as well as continued and enhanced partnerships with SMH.	continued positive feedback and enhanced partnerships with SMH.	Continued partnership
Decision Support - West Parry Sound Partnership	WPSHC CFO & CNO	Expansion of Regional DSU	To build data and information sharing infrastructure to inform better planning and decisions	Assist WPSHC senior management with investigative projects and performance framework	Minimal risk to RVH	Feedback (customer survey satisfaction) as well as continued and enhanced partnerships with WPSHC	continued positive feedback and enhanced partnerships with WPSHC	Continued partnership
Decision Support - Capital Funding Allocation (\$30M)	Simcoe County CFOs & CEOs (SCHA)	Develop methodology for funding allocation	To create a transparent atmosphere and establish RVH as a leader in diplomacy	A HIG composite score was developed to assess the complexity of non medical acute services	The SCHA was able to endorse a model that supported the growth of SMH & CGMH over the next 20 years	The funding structure has been set for the next 20 years based on RVH methodology	RVH was viewed as a major player in the collaboration of the agreement	Continued Meeting with group to facilitate future planning when required (likely 3 - 5 years)