

Department/Service	Name of initiative	Key Target Audience	Reason for external engagement & timeline	Objective/Goal	Method	Risk/Mitigation	Evaluation	Key Outcomes	Follow-up
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<b>All Clinical units (inpatient and out-patient)</b>		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.
<b>STRATEGY, COMMUNICATIONS &amp; Corporate Communications</b>									
	Patient Family Guide	Patient and Family Advisor members - PFAC, Cardiac PFAC, Emergency PFAC	To see feedback on the guide	Ensuring the information is presented in a way that is user friendly for patients and families	Distributed via email; comments tracked	Limitations on space within the guide; need to manage expectations that all changes will be included	Sent guide back to PFAC for final approval	The guide has been updated reflecting comments and changes	Distribute new guide and continue to see feedback
	RVH website updates - Maps and Directions	Patient family advisory council	Confirming Maps and Directions directory organization on the RVH website.	Consulted with PFAC for feedback to improve user experience on the RVH website	Presentation and discussion.	PFAC confirmed website organization and provided additional key phrasing	After incorporating into the RVH website the new key phrasing was presented to the patient and family group.	Improved user experience on the RVH website	Will reconnect at next stage of website development.
	Map updates and video routes	Patients and visitors;	Over 3 months user testing was completed to confirm navigational routes and location on the RVH website	Consulted with participants for feedback after using maps to improve printed maps and route videos.	In hospital navigational exercise.	Lack of route landmarks, route phrasing, and website formatting. Participants also suggested other hospital location to include in maps.	Incorporated feedback into final maps/video routes product.	Maps and video routes now live on the RVH website.	Will reconnect at next stage of website development.

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MP2 Project - All		RVH has engaged with our diverse and growing community partners. Through the course of our engagement process we have engaged with many different groups including diverse communities such as LGBTQ (Gilbert Centre), francophone (COMPASS), seniors (Sandy Cove), new Canadians (Immigration Partnership), vulnerable sectors (Busby/Eliz. Fry), youth (YAC), Indigenous (BANAC), environmental groups, Patients and Families including our PFAC members, in-patient beds, out-patient, general public, donors, municipal groups, local service clubs, police, paramedic, military, community support agencies, acute care partners, long term care facilities, mental health agencies and transportation organizations.	Engaging with external stakeholders is an important part in determining RVH's plans for the future at our current location as well as a future south campus in south Simcoe County. This includes collecting feedback on current and future services, site selection, site design and other considerations as we move through our Master Planning and Master Programming exercise.	Through our rigorous and transparent engagement process, RVH is educating the community about our current and future needs, informing them about the process and timelines, and consulting them on determining our priorities.	We have created a wide range of methods for engaging with our community. Surveys, focus groups, street teams, social media polls, news letters, beside surveys and partner summits are just some of the 16 ways we have engaged with our community.		A communication and engagement plan has been created and continuously updated to ensure that we are connecting with in a timely and effective manner with our valued partners and stakeholders.	In the end, community engagement will be reflected in the Final Engagement report which will help inform the master plan and master program. An Interim Engagement report has been created to report on our progress to date, share common themes and provide a transparent summary of the engagements we have completed.	A Final Engagement report will be released on our website, promoted through our social media channels and shared with all our partners and stakeholders.
Elected officials		Elected officials including mayors, MPPs, MPs, district chair and county warden	Routine engagement	Educate on RVH initiatives currently in place and future programs/plans for Plan our Future	Annual Elected Officials Breakfast Update; County of Simcoe presentation (Alliance presentation and RVH specific); District of Muskoka presentation; City of Barrie presentation	Elected officials always concerned about lack of services for constituents; future of healthcare in region with ageing population; ensure elected officials of RVH's commitment to accountability and transparency and maintain open dialogue; apprise them of pending issues before they hear about it in media	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

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RVH Health Bytes		All residents of North Simcoe Muskoka	Corp Comm recognized a void in health content in the programming of local radio stations and proactively approached Corus Entertainment (BIG FM /Fresh radio) program manager in 2017 for a meeting to discuss a partnership; she included her promotion, on air and news team. This same meeting was held in 2018 to ensure the renewal of the partnership.	Share valuable health information with the community; and to promote RVH's experts and position RVH as a healthcare leader / authority	Discussed with management team at Corus the type of health information they believe their listeners want based on analysis of demographics and created a year-long calendar of radio spots	Time for Corp Comm staff to book experts/write content/ recorded at station/ and create accompanying video; schedule time accordingly and set realistic goals - this problem was greatly alleviated with the addition of new videographer in the department.	Corus Entertainment was eager to have such content; having recognized a void in health information themselves; they have agreed to a second year of spots on air (seven - 30 second spots a week and a two-minute corresponding video to be housed on their website)	The result was the continuation of the radio/video segment entitled RVH Health Bytes	Every six months we meet with management at Corus Entertainment re success of radio spot; changes; new segments act to keep it valid and fresh
<b>Media Tour</b>		All media outlets in North Simcoe Muskoka	Once a year Corporate Communications meets with members of local media - print, broadcast, and television - at their place of businesses. It is a time to reconnect, meet any new reporters or producers, ask how we can assist them better with their new stories and to let them know of exciting projects or programs at RVH they may want to cover during the upcoming year.	By meeting with media partners on a one-on-one basis, we are establishing trust and relationship with them. When we need them to help us promote a program or project at RVH they are there for us. When they need a story - positive or negative - they know we will do our best to provide them with the correct spokesperson and the correct information.	We physically meet with each media outlet in their location and provide coffee and cookies for an informal meeting. This meeting usually takes place in the summer during a one week period and is booked well in advance to ensure all the key stakeholders are available to attend.	Local media are keen to meet with us so their enthusiasm is not an issue. Organizing the reporters, producers, promotions, editors for a meeting at the same time can be difficult. We target reporters and editors and followup with other key players if they are unable to attend. During this tour we meet with more than 9 media outlets which is time consuming - but considered time well spent.	The success of the Media Tour is found in the trust worthy relationship with have with our media partners. It is also recorded in our annual Media Ratings Report which illustrates how many news stories in which RVH was featured during a year.	Development of new communication	We will continue to hold the Media Tour every year as a means to sustain the important relationships we have with the media in North Simcoe Muskoka.
Corporate Communications: Cardiovascular									
<b>Governance, Policy Office, Art</b>									
Board member participation on Simcoe County Collaborative Governance - CYMH. EVP and or Operations Director Cancer Program also participate as a member of this collaborative.				Establish collaborative approach and shared sense of purpose across community agencies that have impact on delivery of CYMH services.	quarterly meetings	Focus has been on single point of access for all CYMH needs and crisis line.	RVH shows support for the purpose of this group by having RVH Board and senior leader attendance at meetings.	RVH continues to participate in as an active partner in these meetings	Board member provides briefig note to full board.
<b>Volunteer Resources</b>									

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	Expanding scope of volunteer program to include master planning	Members of the Innisfil community	Addition RVH services to be delivered in Innisfil at the Rizzardo Health Centre	Maintain RVH volunteer culture within all services of RVH	Focus groups, meeting with city	Risk site delay - maintain volunteer pool of resources to ensure volunteer assistance upon opening	Communications with onsite staff liaison	Maintaining strong volunteer pool of resources for Rizzardo Health Centre	SLT quarterly report
	High School Co-operative Learning Program	High School students (grade 11 & 12)	Provide approx. 30-40 co-op learning placements per academic year	Offer high school students placements for future career planning & experiential learning	Partner with local school boards to understand needs for student placement in healthcare setting	Proof of annual school board liability insurance and work education agreements for school board coverage of workplace insurance for each student, mandatory attendance at co-op orientation	Co-op teachers work with RVH staff supervisors to develop individual learning assessments for each student	Maintain relations with local school boards for future high school placements	Successful placement of students in programs meeting the student/RVH needs
	Community Partnerships with St. John Ambulance Therapy Dogs, Therapeutic Paws of Canada, Community Arthritis Pool Program, Cancer Society Look Good Feel Better Program	Patients & their families & visitors	Improved patient experience & community needs for therapeutic pool	Enhance the patient experience & assist community with their needs	Pet therapy visits, therapeutic pool classes, Look Good Feel Better sessions for cancer patients	Animal training - community providers provide safe/competent pets through training program. Therapeutic pool therapy - emergency procedures followed with training provided to leaders. Agreement on file. Trained Look Good Feel Better volunteers provided by the Cancer Society.	Rounding with leaders to gain insight to program - asked to continue with therapies	Improved Patient Experience in partnership with community organizations	Monthly patient experience scores shared with leadership team
	<b>Strategy</b>								
	Leadership Education	Leaders in community (WayPoint leadership team for Crucial Conversations)	Partnerships with healthcare organizations to enhance health education across the region	Education sharing of resources from RVH to community members to also build relationships to education share in regional expertise / revenue generation	Formal training sessions in Crucial Conversations	Risk is partner sites do not have contributing courses to offer RVH staff at reduced cost -	Survey of all participants in training at end of session	Relationship building with community partners, revenue generation	On-going dialogue with stakeholders to ensure professional development needs are met.
	Employee Engagement	Community Vendors, (Food Court Vendors, Hospital Vendors, Milestones, Radio Stations, Chapple farms)	Employee engagement activities are supported through community partners to strengthen community relations and employees link to the community	Engage community partners to meet/work with Team RVH members	Donations, community engagement activities/information sharing	Partner sites not engaging with Team RVH members.	# of participants, survey of events	Relationship building with community partners	On-going dialogue with stakeholders
	Team/Employee Development	Healthcare organizations	Enhance the collective knowledge of Path to Trust	Improve teams by sharing how to build trust amongst members	Formal Training session in Path to Trust	Partner sites not engaging with Team RVH members.	# certified Path to Trust participants	Relationship building with University Health Network / Path to Trust	Successful team building sessions
	Employee Development	Healthcare employees	Enhance the collective knowledge of Change Management to improve changes in healthcare	Educate healthcare employees for the successful smooth transitions in Change.	Formal training session in Change Management Foundations / Practitioner - APMG	Partner sites not engaging with Team RVH members.	# certified Change Management Foundations/Practitioners	Relationship building with University Health Network	Successful exam completion
	<b>ACADEMIC &amp; MEDICAL AFFAIRS</b>								
	<b>Research</b>								

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RVH Research Institute website		Researchers, staff, leaders, patients, academic and industry partners, community partners	Historically, research-related activities have been compartmentalized at RVH, making it a challenge for investigators to coordinate their research activities (e.g., REB, Research Office, Clinical Trials Office each had a separate, unlinked website). The RVH Research Institute website now acts as a centralized resource for all research-related activity at RVH and provides information and news/events to all stakeholders.	The RVH Research Institute website provides accurate and updated information to all stakeholders. The website will primarily serve to provide research-related guidance to staff, affiliated physicians, and external collaborators looking to perform research at RVH, but will also serve to attract top industry and academic sponsors and inform staff, physicians, patients, and community partners of news/events.	Information sharing, community outreach, news and events	Website requires ongoing support and maintenance to ensure that timely and accurate information is provided to users	Website wireframe was developed and over a one (1) year period, incorporating feedback from key stakeholders, including the RVH Research Council, hospital leaders, local investigators, and peer organizations. Success of the website is evaluated through ongoing user feedback, website analytics (e.g., user traffic), and through the success of departmental initiatives that are facilitated on the website	We anticipate greater communication of information to stakeholders looking to learn more about research or engage in research activities themselves. The website is also used to solicit research services to academic and industry partners, thus resulting in increased therapeutic opportunities for patients and increased revenue for impacted departments	Relevant outcomes (e.g., website feedback) are provided to impacted leaders at monthly meetings. An annual Research Activity Report is provided by the RVH Research Institute and will highlight success and opportunities that are facilitated through the website
Summer Student Research Awards		Students, researchers	The RVH Summer Student Research Award is a new initiative that supports the scholarly development of students enrolled at a Canadian university or college.	The award enables qualified students to engage in an immersive summer research training experience intended to supplement and give practical meaning to their academic coursework. The objectives of the award are to stimulate interest in applied health research and to help prepare students for post-graduate studies or research-related careers.	Community outreach, training and education, research	The award is based on the National Sciences and Engineering Research Council of Canada's Undergraduate Student Research Awards. Issues of greatest concern involve the level of student-supervisor interactions and quality of proposed applications	The program is ongoing. The success of the program will be evaluated in several ways, including: 1) number of applications; 2) quality of applications; 3) student and supervisor feedback; 4) number of publications resulting from award	Successful candidates will receive compensation in the form of a stipend to help support the following activities: 1) connect with local supervisors to facilitate RVH-led research activities; 2) gain knowledge of scientific techniques and methodologies; 3) implement and conduct new RVH-led research projects; 4) collect and analyze data for RVH-led research; publish and/or present research findings	Annual Research Activity Report, RVH Research Institute 'News and Events', peer-reviewed publications, and increased research outcomes

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VforCES (Volunteers for the Conduct of Experimental and Effectiveness Studies)	Simcoe County High School Students, College Students, University Students, Volunteers	The main goal of this program is to eliminate barriers to the conduct of locally relevant research	To facilitate participation in research amongst our frontline healthcare professionals who have both limited time and minimal funding to support their research interests and activities	VforCES volunteers will be responsible for identifying potential study participants (pre-screening and screening), along with securing both expressed and informed consent (where appropriate), and collecting study data	Minimal risk; research and ethics knowledge base of volunteers, as well as availability were identified as risks. To mitigate risk, volunteers are participate in research ethics training and instructed on how to extract study data from the electronic medical record system (Meditech), and are registered and trained to enter study data into the Research Electronic Data Capture system (REDCap)	The effectiveness of the VforCES program is being evaluated through an REB-approved research project. Volunteer engagement and input is critical to the outcome. Outcomes will be published in a peer-reviewed journal.	RVH patients will benefit by being exposed to increased opportunities to participate in research studies that may have direct and indirect benefits for our population and healthcare system.	Peer-review publication and increased research outcomes	
Research Council	Academic partners, community partners, patient representative	The RVH Research Council consists of members from various health disciplines and community partners. A patient representative provides guidance to the Council on behalf of patients	Advising on research strategy and infrastructure and by providing research leadership through advocacy and mentorship	Quarterly meetings; participation in research oversight	Minimal risk: Maintaining an active member. The RVH Research Office has engaged the Patient and Family Advisory Council for membership	Research Council attendance	Growth of research activities at RVH	Annual Research Activity Report	
<b>Medical Education</b>									
Community Lecture Series	Community of Simcoe County	Provide a service to community and educate the public	Engage and educate the community on various medical topics	Quarterly event held in the evening featuring subject matter experts and patients/families	Minimal risk; only potential risk would be a politically charged/vocal guest who objects to the topic e.g. MAID	Number of participants, satisfaction survey	Relationship building with the community and spreading awareness	Continued presence and improvement in the process	
Health Library	Patients and families visiting RVH	Provide information to support inquiries from patients and families	Inform and improve the validity of health information provided to patients and families	In person consultation in the health library, requests via the internet and patient entertainment system, information sheets on commonly requested topics and links to community resources	Minimal risk - Insuring accuracy and reliability of the information provided. Mitigated by the Health Library staff reviewing the information and resources on a monthly basis	Patient and consumer engagement survey currently underway	Educate the community and provide reliable sources of information	Continue to track and monitor through surveys and evaluation of resources	
<b>PHARMACY PROGRAM</b>									
Pharmacy Leadership: Ontario College of Pharmacists Hospital Practice Advisory Committee (Clinical & Operations Managers)	Hospital Pharmacists, Technicians and Faculty	Provides updates on new and ongoing initiatives related Pharmacy Practice	Collaboration and networking with colleagues at other organizations; understand challenges, etc	Quarterly meetings	Challenges related to meeting standards set out by OCP	OCP accreditation results; relationship building; sharing of information	Solid networking and collaboration with colleagues from other organizations	updates and feedback at team meetings	
Pharmacy Oncology: Cancer Care Ontario: Take Home Cancer Drugs	Interprofessional	To determine a multi-discipline approach to patient education.	Ensure the safe self-administration of oral chemotherapy	Monthly teleconference calls	multi-stakeholder feedback	surveys & incident reports	Increase patient safety	To be determined by CCO	

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Pharmacy Leadership: NSM LHIN Community of Practice	Pharmacy Leaders in NSM LHIN hospitals	To ensure equitable and efficient access to care for NSM LHIN patients from the medication lens	To mitigate impact of drug shortages, external emergency responses etc, from the medication lens	Monthly teleconference calls	Drug shortages management strategies through collaboration with NSM LHIN partners	N/A	Mitigation of impact to patients	Minutes; emails; meeting updates on internal agendas	
Pharmacy Leadership: NSM LHIN: Opioid Strategy	Interprofessional regional stakeholders (physicians, nursing, social work, pharmacists)	To address issues as they pertain to opioid misuse	To ensure collaboration around education & approaches to the management of opioid misuse	Bi-monthly teleconference calls	Opioid Misuse will be dealt with using a multi-factorial approach	N/A	Increased awareness, education for opioid management & decreased incidence of opioid overdoses in NSM LHIN hospital Eds	To be determined by NSM LHIN	
Pharmacy Leadership: Hospital Pharmacy in Canada	Pharmacy Leaders in Canadian hospitals	To ensure consistent best practices in hospital pharmacies	To consult and gather information for benchmarking all elements of Pharmacy management in hospitals	Quarterly teleconferences; semi-annual in-person meetings; bi-annual publications	Benchmarking indicators	Bi-annual statistical analysis	Ensuring RVH's alignment with best practices	Bi-annual report	
Pharmacy Leadership: HealthPRO Pharmacy Advisory	Medication procurement in Canadian hospitals contracted with HealthPRO	To ensure RVH involvement in procurement strategies affecting medications	To collaborate on strategies as they pertain to procurement processes	Monthly teleconferences; semi-annual in-person meetings	Drug procurement strategies for continuity of access with the greatest fiscal benefit through multi-stakeholder engagement	RFPs	Fiscal responsibility with minimal access issues for optimal patient care	Drug Budget increases/decreases, & the number of drug shortages	
Pharmacy Leadership: Ontario Hospital Pharmacy Management	Pharmacy Leaders in Ontario hospitals	To address issues as they pertain to the operations of hospital pharmacies in Ontario	To address issues that are pertinent in a timely manner	Monthly teleconference calls & annual Seminar	Current issues threatening medication management are discussed with key stakeholders throughout the province with experts to lead/facilitate	Surveys	Improved medication management processes	Accreditation Canada assessment; OCP Accreditation assessments	
Pharmacy Leadership: Pharmacy Management Council	Pharmacy Leaders in hospitals in the GTA regions	To address issues as they pertain to legislation and other regulations in hospital pharmacy practice	To address issues that are pertinent in a timely manner	Quarterly meetings	Current issues threatening medication management are discussed with key stakeholders throughout the province with experts to lead/facilitate	N/A	Improved medication management processes	Accreditation Canada assessment; OCP Accreditation assessments	
Pharmacy Leadership: MOHLTC Public Drug Programs: Drug Shortages	Hospital Procurement in Ontario hospitals	To address issues as they pertain to drug shortages at both the provincial & national level	To ensure awareness of drug shortages & factors affecting resupply to develop mitigation strategies for patient care	Monthly teleconferences & semi-annual meetings	Drug shortages management strategies through collaboration with individuals who are involved at the provincial & national levels	N/A	Improved management of drug shortages	To be determined by MOHLTC's PDP division	
<b>Patient Safety, Quality &amp; Risk</b>									
Health and Safety Fair - Accreditation	Patients/Community	Public awareness and education	Improved patient safety	Information sharing	Lack of awareness to organizational activities	Surveys	Successful Accreditation survey	On-going dialogue with stakeholders	
Health and Safety Fair - Ethics	Patients/Community	Public awareness and education	Improved patient safety	Information sharing	Lack of awareness to organizational activities	Surveys	Adoption of Ethical Frameworks	On-going dialogue with stakeholders	
Health and Safety Fair - Patient and Family Experience Office	Patients/Community	Public awareness and education	Improved patient safety	Information sharing	Lack of awareness to organizational activities	Surveys	More use of PFEO tools and resources	On-going dialogue with stakeholders	
Health and Safety Fair - Quality and Risk	Patients/Community	Public awareness and education	Improved patient safety	Information sharing	Lack of awareness to organizational activities	Surveys	More use of Quality and Risk tools and resources	On-going dialogue with stakeholders	
HIROC Presentation - ERM	HIROC, other sites	Education/information sharing	Inform other sites on lessons learned from ERM strategy	Information sharing	Other sites not aware of ERM undertaking	Feedback from HIROC	Offer to provide additional support/coaching	Provide support/coaching as required	
<b>Health Information Management</b>									
Release of Information Customer Survey	Patients/Community	Improvement of patient/customer experience, service	Improved patient/customer experience	Survey	No high risk concerns identified/Results entered into SLS	Positive feedback on a rating scale of 1-5 avg 5	Improved patient/customer experience	Future survey questions will be vetted through Patient Advisory Board	

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Canadian Healthcare	CHA Learning	Students	Support profession/education within	Education - Introduce career options within field	Active participation/Information sharing	No concerns identified	Student performance evaluation provided to CHA	Partnership with College	Student evaluation
NSM	LHIN Regional Meeting	Partners - Coding/Decision Support/HIM Leaders	Information sharing/improved partnerships/quality assurance across the region	Collaboration	Information sharing	No concerns identified	Engagement/high participation	Engagement/Build relationships	Suggested to continue future regional meetings
	Patient Registration Experience Ratings	Patients/Community	Improve patient experience	Improved patient experience. To provide feedback to clerks	Survey	No high risk concerns. Rating scale results shared with individual clerks.	Postitive feedback on a rating scale of 1-5	Improved customer service provided by clerks. Improved patient experience	Scorecard
	Health and Safety Fair - Patient Provider Information: Accuracy Matters	Patients/Community	Public awareness and education	Improved patient safety	Information sharing	Patients not knowing their family provider full name and contact information	Incident reporting	Patient education. Physicians receive reports in a timely manner	On-going dialogue with patients during the registration process
<b>Business Development / Supply Chain</b>									
	Entrance Attendant Program	Visitors and patients of RVH	Improve patient and visitor experience	Improved patient experience by helping to reduce anxiety upon arrival to RVH. Assist with wayfinding, maintain traffic flow to allow for shorter drop off times at entrances, assist with introductions to volunteer team for further directions.	An electronic survey was conducted at the main entrance to determine success of the program. Those that utilized the services of an Entrance Attendant were asked to complete the survey on the lpad that was located beside the Volunteer desk inside the main entrance.	Anxiety of attending the hospital for patients and visitors. Not knowing where to go once entering the facility. Entrance Attendant to assist with questions and introduction to Volunteers.	Through survey results	Increased patient experience results.	Annual Quality Committee feedback
<b>EVP, PATIENT &amp; FAMILY EXPERIENCE</b>									
<b>Simcoe Muskoka Regional Cancer SMRCP Regional Prevention,</b>									
NSM	LGBTQ Network	LGBTQ Community Members	LGBTQ Cancer Strategy Public Engagement and equity	Improved experience and access to services for LGBTQ community members and partnerships with partners from multiple sectors	Quarterly Meetings and ad-hoc working group participation	Lack of culturally safe services for LGBTQ individuals and resulting disparities	Community participation and development of new partnerships ex. Colaboration for survivorship supports	Improved access to care for LGBTQ population	Continued participation and implementation of LGBTQ cancer strategy
NSM	Chronic Disease Prevention and Management Committee	Residents of NSM	New initiative	Improved chronic disease prevention and management infrastructure through community partnerships	Implementation of poverty screening tool in primary care.	Service navigation for community members living in poverty. Mitigated through partnerships Ontario 2-1-1	Survey results and follow up meetings	Improved poverty screening and integration of social determinants of health	Committee reports to LHIN
	Aboriginal Health Circle	Indigenous patients and families	Routine engagement	Improved service delivery in partnership with indigenous leadership, organizations and communities. As guided by SMRCP LOR with AHC.	Monthly Meetings and ad-hoc working group participation	Lack of culturally safe services for Indigenous individuals and resulting disparities	Guided by SMRCP LOR with AHC	Improved access to culturally safe care for indigenous populations	Guided by SMRCP LOR with AHC
	Health Promotion Hub - Mamaway Wiidokdaadwin	Indigenous health and social service providers	Capacity and skill building for culturally integrated health promotion	Support capacity building and integration of westernized and indigenous approaches to health promotion	Monthly Meetings and ad-hoc working group participation	Lack of culturally safe services for Indigenous individuals and resulting disparities	Surveys	Improved access to improved health and wellbeing programming for indigenous populations	Annual reporting



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Regional Advance Care Planning Committee		Community	Routine engagement	Collaborate with region to educate community on advance care planning	Monthly Meetings	Workload from the committee that needs to be completed in addition to everyday duties	# of participants agreeing to host ACP workshops/talks	Improved understanding of ACP	tbd
CCO Tobacco Champions		Tobacco Champions in the RCP's	Routine engagement	Collaboration on program indicators and implementation	Monthly meetings and annual face-to-face meeting			Improved tobacco cessation programming in the RCP's	Quarterly and annual reporting
Barrie Tobacco Cessation Network		Community organizations offering tobacco cessation in the Barrie area	Routine engagement	Update members on the tobacco cessation programs and initiatives occurring in the area	Bi-annual meetings			Increased knowledge of available cessation resources	Committee run by SMDHU
STOP with AHAC's CoP		Indigenous organizations implementing STOP with AHACs	Routine engagement	Inform and collaborate on program implementation	Monthly meetings			Improved support for organizations implementing the STOP study.	Committee run by CAMH
CCO Communication Working group		pts NSM and the province of Ontario	Routine engagement	Collaboration for regional implementation of communications  Sit on committee with RVH Corporate Communications representative	Monthly Meetings and ad-hoc working group participation	Equity in engagement - health literacy, representation of marginalized groups, diversity, language access	CCO mandated surveys and reporting	Collaboration for regional and provincial communications and awareness campaigns.	Annual reporting
<b>Patient Safety, Quality &amp; Risk Management</b>		HQO, other hospitals	Providing input on a provincial incident management reporting system	Aid in development of system including criteria, categories, education	Focus group	Ensuring data is captured correctly and used properly. HQO to lead roll out.	Ongoing	Ongoing	Ongoing
		Patients, hospital staff	Participated in simulated survey through Accreditation Canada	To assess readiness for survey in 2019 and to provide intern surveyors opportunity to develop skills	Survey	Opportunities identified to be addressed prior to 2019 survey	Executive report and ongoing feedback	Ability to implement lessons learned from opportunities noted	Scorecard
		OHA, other hospitals	Presentation for OHA Patient Experience Community of Practice	Focus on improvement strategies for the themes in the Linking Quality to Funding (LQ2F), patient experience indicators, including discharge planning related to the Patient Oriented Discharge Summary (PODS) project	Presentation	Provides structure to discharge communication, focuses the discussion on information deemed to be important and actionable for patients	patient and staff surveys	Improved Patient and Staff experience, improved communication on discharge and overall patient outcomes .	Ongoing
<b>SMRCP Outpatient Clinics</b>									
<b>Patient and Family Experience Survey</b>		PFAC Members	Gather feedback from PFAC on their experience being a spokesperson for the SMRCP	Measure engagement of PFAC and monitor their self-reported experience	In person sharing circle. Also, survey created and distributed in ePREMS	ensuring SMRCP leverages responses to improve	feedback loop with PFAC (individual and group opportunities to voice their interpretation of SMRCPs response to PFA experience survey)	Improved understanding of how our Patient and Family Advisory Council rates their experience as a spokesperson for SMRCP	Ongoing
Gilda's Club of Simcoe Tour & Open House		Community Members	Relationship building and increased awareness of seervices offered	inform, collaborate and optimize resource sharing	Information sharing and SMRCP site tour	SMRCP is regional and Gilda's club is local. Trying to connect patients from outside Barrie with similar supprts and services	verbal feedback, written feedback	Improved understanding of how SMRCP can work to leverage resources at Gilda's club	Ongoing
Regional Satellite Site Visits (HDMH, OSMH)		Community Partners offering on-site Chemotherapy		inform, collaborate, support with resources, build relationships, optimize transparency	Tour,introductions, information sharing	Communication, human resource (clerical), clinical oversight	written feedback, CCO Reported outcome measures, verbal feedback	Effective and efficient, patient centered care close to home	Ongoing - weekly emails, months data sharing, etc.

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Regional Telemedicine Site Visits & Newsletter		Community partners hosting telemedicine visits for patients of the RCP		inform, educate	Newsletter (quarterly)	Continued growth of program emphasizes necessity of consistent, organized communication	written feedback (survey planned for fall 2019)	reduction in booking errors, improved communication, enhanced feeling of support at partner sites	email communication
Operations Committee Teleconference		PFAC, SMRCP staff, Regional Partners		inform, consult, collaborate	Teleconference (monthly)				feedback and outcomes discussed at subsequent committee meetings
Gynecologic Oncology Program		Regional referral partners		Access to specialized care through education, collaboration and consultation.	Teleconference (quarterly), on-site visits.	Optimize patient care journey between multiple areas such as surgical, oncology and primary.	Verbal and written feedback, shared referral EMR program.	Improved patient navigation and access to timely care.	Feedback and outcomes discussed at steering, visioning and quarterly meetings.
<b>Cardiac Services</b>									
Cardiac Diagnostics, Cardiovascular Rehab, Sleep Lab		PFAC, North Simcoe Family Health Team, Georgian Bay Family Health Team, Georgian Bay General and Marine Hospital, Georgian Bay General Hospital, North Simcoe Muskoka Community YMCA's	Engagement, New Initiatives 1. Seeking input and collaboration with community partners in order to bring Cardiac Rehab to the community	Inform - Program Changes - 1. Transition Cardiac Rehab out of the hospitals and into the Community. 2. Rizzardo centre - Adding cardiac diagnostic in Innisfil	Information Sharing - Booked Meetings 1. Program updates are shared at PFAC meeting 2. PFAC member are involved in the development of community programs and Cardiac Website Design 3. MP2 planning meeting for Rizzardo Centre	Programming, Wait times, Access 1. Working with community partners to develop a cardiac rehab program with greater participant capacity in 5 different communities ( Wasaga Beach, Collingwood, Midland, Barrie and Innisfil) 2. Cardiovascular Rehab Coordinator hired to ensure consistency within the programs.	My Care Experience Reports, Referrals, Patient Surveys	Improved Access to Cardiovascular Rehab in Wasaga Beach, Collingwood, Barrie, Innisfil, and Midland and Cardiac Diagnostic Services in Innisfil	PFAC Meetings - Shared Information - Follow up meetings and Informal meetings with community partners.
<b>Spiritual Care</b>									
<b>FOUNDATION</b>									
Donor Recognition event		Major gift donors	Philanthropy, future Partners in Caring events	Thank donors for their ongoing support and to inform them and get input into Master Planning	Reception including booths, surveys and presentations.	Donor retention. Use of engagement to keep donors interested and informed.	attendance and comment feedback	High donor retention and gift revenue	Donor communications both face to face, print and electronic
Central Ontario Broadcasting - Media for Young Minds		Community and media	Listeners of radio stations	Education and engagement for child and youth mental health. Collaborate with media partners	30 second radio spots - from people who support mental health	Ensuring a balance that child and youth mental health program is open and RVH and how the community can continue to help	media spots and feedback from the public	Public awareness, reduce stigma and community support	Work with Central Ontario Broadcasting to ensure we achieve objectives
Direct mail Program		Patients, community	Opportunity for written response/input to be received back	Philanthropic support of RVH programs	3 direct mail appeals - February the signatory was Janice Skot, Spring appeal was a patient and Dec a Doctor - total reach 30,000	People receiving the mailing who do not wish to be engaged using this medium	Gift revenue and notes back thru the return envelope	Revenue and information to donors, past patients	Report to Board re. outcomes
McHappy Day		Community and media	Assist in raising funds - Partners in Caring	Fundraising Revenue and community engagement	Media relations, advance media exposure, day of presence at all Barrie McDonalds restaurants	Ensuring that share helpful mental health information	Revenue, media spots and feedback from store owners and staff	Revenue and information to the community	Follow up media releases
Mash Bash		Community and media	Assist in raising funds - Partners in Caring - feedback from media coverage	Fundraising Revenue, public awareness about patient needs, collaboration with major gift donor	Pre event media campaign - RVH messaging	The message that RVH requires ongoing support	attendance and media value	Revenue	Media value and revenue
Donor/Potential Donor/Corporate Tours/press releases - including CIBC, Scotiabank		Educate current donors and potential donors and business partners, Partners in Caring.	To engage and educate current and potential donors - highlight current and future needs	Inform and promote continued engagement and support	Tour, information sharing, discussion.	Concerns raised regarding access to care throughout region and awareness of proposed services	Funding support renewed by donors. Many inquiries regarding services and research at RVH.	Raising funds, awareness and support for programs	Relationship updates

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Service Clubs - community and region including speakers Janice Skot, Suzanne Legue, Natalie Harris, Zach Hofer		Service clubs and community members	Engage and educate	Inform and promote continued engagement and support	Attendance at meetings, information sharing and presentations	Concerns raised regarding access to care throughout region and awareness of proposed services	Financial support received from clubs	Ongoing support and volunteer engagement	Annual reports, updates, presentations
Township of Essa and Georgian Bay Township cheque presentations		Residents, members of municipal government	Interaction with councillors, opportunity for input	Visibility, appreciation for ongoing support, fundraising.	Municipal information sharing	Concerns raised regarding access to care throughout region and awareness of proposed services	Funding support renewed by donors. Many inquiries regarding services and research at RVH.	Raised awareness	Annual reports, updates, presentations
Women's Forum (New Campaign)		Community Leaders, potential campaign cabinet members, large gift donors, potential donors	To obtain input regarding the new fundraising campaign - messaging, areas of most interest	Information to assist in the direction and messaging of new campaign; identify potential future Board members to increase diversity	Information sharing, networking	Concerns raised regarding access to care throughout region and awareness of proposed services	Attendees identified interest in participation in new campaign by networking, joining committee, influencing other community leaders to get involved	Meaningful and relatable campaign messaging, education, fundraising, additional demographic involvement	Updates, emails, meetings
Radio for Cardiology		Listeners of Radio Stations DOCK and KICX and community in hospital during broadcast	Opportunity to educate and receive call-in Feedback/Potential for Partners in Caring events	Education about cardiac and fundraising revenue, collaboration with Bell Media	information sharing	To make sure the community understands what cardiac services we currently have and will be getting	Revenue and community response	Revenue and maintaining relationship with Bell Media	Revenue and listener comments
<b>HUMAN RESOURCES</b>									
Employee Performance Assessment Presentation at Georgian College		Students, staff, community members	Opportunity to share learnings and garner feedback	Provide information around current internal performance evaluation systems and strategies	information sharing, networking	Ensuring that we share helpful information with staff and students	Attendees identified interest in participation in project by networking, influencing others to get involved	Maintaining a relationship with Georgian College	Updates, emails, further presentations
Employee Performance Assessment Presentation at College of Academic Hospitals of Ontario		HR leaders, community partners, regional partners, Ontario healthcare leaders	Opportunity to share learnings and garner feedback	Provide information around current internal performance evaluation systems and strategies	information sharing, networking	Ensuring that we share helpful information	Attendees identified interest in participation in project by networking, influencing others to get involved	Maintaining relationships with HR leaders, community partners, regional partners and Ontario healthcare	Updates, emails, meetings
Culture Eats Strategy - Performance Conversations presentation, Grey Bruce Health Services		Regional partners, healthcare leaders	Opportunity to share learnings and garner feedback	Provide information around current internal performance evaluation systems and strategies	information sharing, networking	Ensuring that we share helpful information	Attendees identified interest in participation in project by networking, influencing others to get involved	Maintaining relationships with HR leaders, community partners, regional partners and Ontario healthcare	Updates, emails, meetings
Culture Eats Strategy - Performance Conversations presentation, Southlake Regional Health Centre		Regional partners, healthcare leaders	Opportunity to share learnings and garner feedback	Provide information around current internal performance evaluation systems and strategies	information sharing, networking	Ensuring that we share helpful information	Attendees identified interest in participation in project by networking, influencing others to get involved	Maintaining relationships with HR leaders, community partners, regional partners and Ontario healthcare	Updates, emails, meetings
Culture Eats Strategy - Performance Conversations presentation, Peterborough Regional Health Centre		Regional partners, healthcare leaders	Opportunity to share learnings and garner feedback	Provide information around current internal performance evaluation systems and strategies	information sharing, networking	Ensuring that we share helpful information	Attendees identified interest in participation in project by networking, influencing others to get involved	Maintaining relationships with HR leaders, community partners, regional partners and Ontario healthcare leaders	Updates, emails, meetings

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<b>Security &amp; Locating</b>				Assist area Hospitals at their request to provide information and training opportunities for their Security Team to improve service in their Hospital P.A.R.T.Y. Program - Prevent Alcohol and Risk Related Trauma in Youth, program is hosted by RVH. Barrie Police and EMS (Simcoe county) are key note speakers. This educational opportunity is offered to all area High School Students age 15 and older.	Sharing of Emergency Plans, invitation to participate in Mock training events, participating and observing their mock events. Collaboration with our Community Partners to provide education, and hands on learning to the youth in our communities	The current issue with Security at all Hospitals is the increase in Violence and a desire to bring a more standard and experienced approach to dealing with these acts. We are currently in communication with three Hospitals discussing how to improve / better train their Security	We are reached out to frequently by our LHIN Hospitals as well Hospitals throughout Ontario (North Bay / Southlake / Toronto) and advised that they have 'heard of our Security Program' and wish to enhance their program. An evaluation is completed by all students pre and post program and this review shows how impactful and educational the program was to the student from what they thought they knew to what they learned.	The hope is to help Hospitals review and build on their security program to ensure they are working to an optimal level of providing safety and security to the employees, patients and visitors	We provide requested assistance, and answer questions to provide support
Emergency Planning				Share plans and educational training of Mock events with Hospitals in our LHIN	Sharing of Emergency Plans, invitation to participate in Mock training events, participating and observing their mock events	Ensuring Hospital staff know what to do and how to respond to any emergency. Yearly training, and education for staff on how to respond to Emergency events such as CBRN		Improved staff knowledge and response, safety for all	An after action report is completed for all mock training events, and shared with all those who participated with learnings and opportunities.
Patient Food Service	Meals on Wheels, Helping Hands	Routine meet & greet, seeking input for service improvement & assessment		Learning about opportunities to improve relationship/service	Site visit, tour, and interviews	Satisfaction, contract extension, communication-plan to survey group and follow-up meetings	Input/feedback from groups, plan to survey group with evaluation component	Better community engagement with external stakeholders-improved revenue	On going meetings, email communication
<b>PATIENT PROGRAMS</b>									
<b>Imaging Services</b>	Regional image data and report sharing	Provincial collaborative		Enhance patient care with access to medical images	CEO participates on HDRIS Board; monthly newsletters; PACS technical working group to ensure processes are working	On-going communication with technical working group to ensure seamless functionality	Monthly reporting metrics to facility from HDRIS	Improved medical services between providers	Technical outcomes reported back to working group and HDRIS Board
Imaging Services	CPSO IHFA Taskforce	Education on best practice implementation		Education/collaboration	Clinical education	Legislative requirement	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	NA	Student success with certification process	Supply of MRTs for the province	Clinical liaison meetings
Imaging Services	Medical Imaging Evening of Learning	Education on best practice implementation		Education/collaboration	Clinical education	NA	Attendance and comment feedback	Enhanced awareness in community of the best practices we are implementing	Updates via email
<b>Laboratory Services</b>	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.	Opportunity to knowledge sharing		Educational and collaboration	Meetings	NA	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

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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	NA	Written feedback given by participants.	Participation in training of pathology residents for certification and practice in community hospitals	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.	NA	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
<b>Intensive Care</b>									
Intensive Care		Patients and families that have experienced a critical illness		We engage with our external stakeholders for educational purposes, quality improvement and collaboration. This includes obtaining suggestions and input when planning for new initiatives.	Leader rounding on patients/families, ICU patient/family feedback survey, PFAC member on ICU Quality and Operations monthly meeting. Families at interprofessional rounds to provide a transparent and open environment	Communication and managing expectations. Real time feedback and conversations with leadership is important and families are ensured that we follow up with their feedback. Issues relating to space for families is a common theme.	Patient/family satisfaction survey is resulted and presented at ICU Quality and Ops. The results are provided in a percentage and graph format and we post this on the communication board in the ICU.	Families and Patients feel supported, engaged and heard. There is transparent communication between the interprofessional team and our patients and families	Report is through ICU Quality and Ops. Real time service recovery when required. Facetime with families to ensure they feel supported. The results are provided in a percentage and graph format and we post this on the communication board in the ICU.
<b>Emergency Department</b>									
EMS Collaborative		County of Simcoe Paramedic Service	Routine engagement	Sustain EMS offload time improvements (30 min target) Develop collaborative working relationship between Resource Nurses and EMS Supervisors	Focus groups Ongoing meetings (quarterly) to celebrate successes and review opportunities	Being able to sustain 30 min offload time targets and auditing the Transfer of Care documentation tool completion continue as standing agenda items. Individual feedback and education opportunities for staff involved	EMS offload times are included in the provincially reported Pay for Results metrics. RVH Decision Support team and EMS Data Analyst meet regularly to review discrepancies	Continued success with EMS offload times under the provincial target of 30 min	Sustain the process of telephone escalation to the ED Resource Nurse or EMS Supervisors when delays to offload are occurring in real time to offer solutions and strategize collaboratively to meet patient needs
COAST program (Barrie Police, South Simcoe Police, CMHA)		Community partners for mental health and addictions including Police	Launch of a permanent initiative called COAST (Community Outreach and Support Team) between CMHA, Police and RVH ED, RVH Crisis Services	Consistent approach to how COAST is implemented across 2 police forces in the region and how patients present to the ED from the community when in crisis	Information Sharing	More transparency of data and sharing of success stories between agencies to promote the positive outcomes being achieved for patients through this program. Regular meetings scheduled to discuss outcomes and develop communication strategy	Ongoing - Lunch and Learn for ED staff occurred in late February to inform staff of the collaborative and other opportunities being planned	Staff at RVH and staff involved in the COAST program having a shared understanding of the importance of the program and its benefits for our community	Regular meetings with key stakeholders in each organization planned
Transfer of Care (Police & RVH collaboration impacting Mental Health and Emergency departments, Security and Safety)		Barrie Police, South Simcoe Police, OPP	Develop transfer of care policy and practice for all police services in the region	Consult and collaborate with partners to reduce transfer of care time	Focus groups and ongoing (quarterly meetings)	Understanding of legal requirements and risks when transferring high risk patients brought into hospital accompanied by police, under authority of <i>Mental Health Act</i> and <i>Criminal Code</i>	Transfer of care policy and MOU signed and implemented	Reduce transfer of care times for police services when reasonably safe to do so in the circumstances	Quarterly meetings to review metrics with police services. Develop process for escalation in real time when process delay exists.

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Emergency Department	specific PFAC recruitment	Patients or families with lived experience in the ED at RVH	Interested in starting an ED specific PFAC	Successfully recruit 5-8 patients or family members with experience in our ED that would be interested in participating in a regular PFAC	Focus group and ongoing committee meetings	Finding a mix of both positive and negative experiences and perspectives from patients to participate in the committee and contribute to positive changes	Develop PFAC improvement plan and key projects	Implement patient experience suggestions for patients and from patients	Report to ED Quality committee and leadership regarding outcomes.
<b>CESN</b>									
	RVH Spring Fling	Patients and families	Community reintegration supports	educate, local resources, community re-integration	info booth	Information requests related to local resources to support recovery. Information provided at booth from credible sources (i.e. Heart and Stroke), up-to date information available regarding local resources ( i.e.NSM healthline), personal health advice not provided, reinforced role of primary care, health care team in supporting ongoing recovery	Session evaluation completed by attendees	increased awareness of resources to support recovery	Report to stakeholders (i.e. CESN Regional Steering Committee, NSM Stroke Committee)
	Senior & Caregivers Wellness Fair (CHATS)	General public, seniors	stroke awareness, prevention	educate FAST, risk factor management, stroke prevention	info booth	Information requests related to local resources and risk factor management. Information provided at booth from credible sources (i.e. Heart and Stroke), up-to date information available regarding local resources ( i.e.NSM healthline), personal health advice not provided, reinforced follow up with primary care	evaluation of session completed by organizers of event ( CHATS). Verbal feedback received from attendees who visited information booth	increased awareness of signs of stroke, action to take and prevention	Report to stakeholders (i.e. CESN Regional Steering Committee, NSM Stroke Committee)
	Wellness Fair	General public, seniors	stroke awareness, prevention	educate FAST, risk factor management, stroke prevention	info booth	Information requests related to local resources and risk factor management. Information provided at booth from credible sources (i.e. Heart and Stroke), up-to date information available regarding local resources ( i.e.NSM healthline), personal health advice not provided, reinforced follow up with primary care	Verbal feedback received from attendees who visited information booth	increased awareness of signs of stroke, action to take and prevention	Report to stakeholders (i.e. CESN Regional Steering Committee, NSM Stroke Committee)

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	CHATS monthly meeting	Seniors	Stroke awareness, prevention	educate FAST, risk factor management, stroke prevention	talk	Information requests related to local resources and risk factor management. Information provided at booth from credible sources (i.e. Heart and Stroke), up-to date information available regarding local resources ( i.e.NSM healthline), personal health advice not provided, reinforced follow up with primary care	Verbal feedback received from attendees	Increased awareness of signs of stroke, action to take and prevention	Report to stakeholders (i.e. CESN Regional Steering Committee, NSM Stroke Committee)
	A Day for Seniors (two sessions (Midland and Orillia)	Seniors	stroke awareness, prevention	educate FAST, risk factor management, stroke prevention	info booth	Information requests related to local resources and risk factor management. Information provided at booth from credible sources (i.e. Heart and Stroke), up-to date information available regarding local resources ( i.e.NSM healthline), personal health advice not provided, reinforced follow up with primary care	Verbal feedback received from attendees	Increased awareness of signs of stroke, action to take and prevention	Report to stakeholders (i.e. CESN Regional Steering Committee, NSM Stroke Committee)
	3rd Annual Health Links & Self Management Program Skills Day	Community partners/Healthcare providers that interact with Health Link	providing information regarding role of CESN/brochures that support stroke awareness	educate FAST, inform as to what resources & role CESN can provide	Info Booth	No personal health advice provided. Handouts/resources used are from Heart & Stroke and other credible sources	Verbal feedback	Increased awareness of resources and how CESN can support	Report to stakeholders (i.e. CESN Regional Steering Committee, NSM Stroke Committee)
	Community Stroke Partners Day	Stroke service providers from across the continuum of care	Increase awareness amongst health care providers, about community programs that benefit adult stroke survivors	To provide a day for stroke service providers to network, share information, and learn about community agencies and programs that provide services to people with stroke.	Showcase community and health care services which provide support to persons living with stroke in the community;exhibits	Permission received from stroke survivor to share their story at event, presentation slides not disseminated to attendees. Permission received from participants for photographs Details of organizations/agencies involved in care not shared. Information shared, exhibit booths reflected programs, resources identified as enablers to community re-integration in Canadian Stroke Best Practice Recommendations	session evaluation completed by attendees. Verbal feedback from person with stroke, level of engagement in event planning	increased understanding of community re-engagement needs following stroke	Report to stakeholders ( i.e. CESN Regional Steering Committee, Central LHIN Stroke Services Planning Council)
<b>Child and Youth/Adult Mental Health</b>									
	Barrie Collaborative (Situation Table)	Community	Service coordination for complex individuals	Collaborate to ensure appropriate services utilized and effort to reduce Emergency and Crisis Services as necessary	Information sharing	Patient safety and collaborating on coordinated service plan amongst service providers	Consensus/agreement on careplan for individual attendance and participation	Clients with high needs are connected to services	Regular attendance at meetings

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	Meetings with key community partners (Kinark Child and Youth, Newpath, John Howard Society, Mental Health and Addiction Nurses, Simcoe County School Board, Mental Health Services)	Community	Transitions in care between our programs	To ensure clients are appropriately served and transitioned smoothly from hospital to the community	Monthly meetings; information sharing	Appropriate use of acute care services and meeting the mental health needs of Child and Youth clients	Feedback from community partners and smooth transitions of clients	Increased client and family satisfaction	Meeting minutes
	Developmental Trauma Action Alliance	Community - Adoption Council of Ontario	Round table discussion October 30, 2018 to provide feedback on the Tamarack Stakeholder Wheel of Involvement	Provide information on trauma as it relates to Child and Youth and assist in developing resources	Round table discussion	No issues	Feedback from round table discussions	Comprehensive approach to dealing with childhood trauma	Stakeholder engagement wheel
	Child and Youth Family Services Coalition of Simcoe County	Community Agencies	Increase the effectiveness of the service delivery system in Simcoe County for children, youth and families	Collaborate to maximize the capacity, effectiveness and cultural uniqueness of the child and youth family service system	Memorandum of Association Membership	No issues	Membership fees, attendance at meetings, involvement in strategic planning and policy development	Services are well coordinated, integrated and strengths based. Families clearly understand the roles and responsibilities of each participating organization	Regular attendance at meetings; meeting minutes
	Crisis Services	Community	Collaboration and connection between community based teams and hospital services	Collaborate with a goal of transitioning between programs	information sharing	No issues	Consensus	Better transitions between programs	Meeting minutes
	PFAC Representation	Patient and families with lived experience at RVH in MH	Lived experience and service changes to the programs	Collaboration and making positive future program changes	Feedback/Information Sharing	The need to increase PFAC representation on unit and in the Emergency MH department, recent lived experiences	Future vision of program, Changes to current program,		
	CSI (Clinical Services Integration)	NSM LHIN Partners	Coordinate the Regional Acute Care System	Collaborate and Consult	Information Sharing	ECA capacity within the Region, surge planning		standardized care within the region,	Regular meetings
	CMHA (EPI, ACTT, Carah House)	Community Agencies	Coordination of service between community and hospital services	Education, Collaboration of services, community support	Information Sharing	No Issues		coordination of services, decreased return E.R visits	meetings
<b>Patient Flow Program</b>									
	Collaboration with Long-Term Care Homes	Long Term Care Homes	Coordination of service between hospital and LTC.	Consult, educate, and collaborate to improve timely transitions in care for patients returning to LTC.	Site visit, meetings and tours to all LTC homes in Barrie & area by Chief of Patient Flow.	<ul style="list-style-type: none"> <li>o There is no available capacity within the LTC homes. Bed turnover is mandated by the MOHLTC and occurs quite quickly.</li> <li>o Majority of homes expressed concern with delayed access to specialty services offered through SGS and Waypoint. Leading to unnecessary transfers to hospital.</li> <li>o 1 home wanted to connect to RVH NP Led Outreach Team to explore possible MOU.</li> </ul>	Feedback from discharge planning, managers, and LTC leadership on timely transitions in care.	Improved transitions in care.	Post transition follow up



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Collaboration with Retirement Living	Retirement Homes	Coordination of service between hospital and LTC.	Consult, educate, and collaborate to improve timely transitions in care for patients that are NEW or returning to Retirement Home living.	Site visit, meetings and tours to all Retirement homes in Barrie & area by Chief of Patient Flow.	<ul style="list-style-type: none"> <li>o There is significant variation in services offered and models of care amongst the Retirement Homes.</li> <li>o There are concerns regarding the lack of HCC services offered to RH residents.</li> <li>o Majority of homes (excluding homes that are independent living) identified they could continue to support a higher complexity of patient, waiting for crisis placement, if they could receive a higher level of sustained HCC services.</li> </ul>	Feedback from discharge planning, managers, and LTC leadership on timely transitions in care.	Improved transitions in care.	Post transition follow up	
Transitional Care/Bed Initiative	Community, Bayshore HomeHealth, Barrie Manor Retirement Living	Input/engagment of new service.	Consult and collaborate on new transitional bed program in community (Bayshore Rehabilitation Unit).	Site visit, meetings.	Ensure right site for accessibility (rehab).	Performance indicators identified and reported to LHIN.	Improved transitions in care. Reduction in ALC days, improved occupancy.	Regular Meetings	
Seniors at Home Initiative	Simcoe County, NSMLHIN, LOFT, Simcoe Terrace Retirement Living	Input/engagment of expanded service.	Consult and collaborate on expanded bed program in community (LOFT, at Simcoe Terrace).	Site visit, meetings.	Ensure right patients referred to program (requiring specialized service).	Performance indicators identified and reported to LHIN.	Improved transitions in care. Reduction in ALC days, improved occupancy.	Regular Meetings.	
<b>Surgery Program</b>									
Surgery 2	Patients with new and reoccurring fractures and who are over 65 years in age.	Osteoporosis Regional Integration Lead reached out to explore how RVH inpatient surgery 2 can support screening and treatment program for this patient population. Referral process was established.	Educate and inform patients to prevent subsequent fractures. Provide support to family physicians on post fracture care. Highlight the importance of "your first fracture being your last fracture"	A referral to the osteoporosis liason is made at the time a patient is admitted to RVH with a fracture. The liason performs follow up with the patient post discharge to maximize care and minimize future risks of refracturing.	We do not anticipate any barriers or concerns.	Osteoporosis Association tracks referrals, missed opportunities and communicates to manager around opportunities. Seen steady increase in capturing patients.	Work in collaboration with Osteoporosis to track the number of repeat fractures seen via ER and the fracture clinic. Develop information for families on what to expect to support good patient outcomes.	We will use Quality Practice Council to report back to stakeholders.	
Surgery 3	In Patients with Ostomy, Wounds and or post operative pain.	Informal conversations on leader rounding and post discharge call to explore experience for these populations.	To improve understanding of experience and how to provide high quality care for in patients living with osotomy, wounds and post op pain.	Informal interview with leader on daily rounds and discharge call to patients.	Low confidence in self care and fear of procedures and pain experience post operative. Issues addressed with purposeful rounding, coaching and teaching by staff and speciality nurses and inter professional teams.	Informal conversations during leader rounding and post discharge calls with inquiry re. concerns. Analysis of trends in data for experience with ostomy, wounds and pain.	Ongoing inquiry, refresh of quality practice council to review ostomy, wound and pain services for in patients. Establishment of ostomy lead and teaching resouces for staff. Funds for staff to attend education re. ostomy, wound and pain services.	Quality practice council proceedings available to stakeholders. Leader will report outcomes as part of performance matrix quarterly.	
Operating Room and Booking office			improve the flow of information to and from the surgeons offices.	colloborative development of Standard operating procedures (SOP)	improve relationships between RVH and surgeons offices	ongoing assessment of adherence to the SOP's evaluations for updates sent out regularly.	tracking of wait times,STEP, ORBC,	bi annual dinner with offices.	

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Pre-Admission Clinic, Day Surgery, PACU, Endoscopy		Patients undergoing elective MSK surgery (hip, knee shoulder replacement)	Patient Reported Outcome Measures (PROMS)	PROMs are survey tools which allow orthopedic surgery patients to report on their pain, functional status, overall quality of life and orthopedic care.	Patient will complete the survey electronically at different points along their patient journey. Pre-operatively, post operatively (90-12- days) and one year post operatively	TBD as PROMs has just been launched.	The collected data can then be used to measure surgical outcomes in accordance with the Quality Based Procedure for arthroplasty patients, as overseen by the Ministry of Health and Long Term Care.	Improved patient outcomes, service gaps identified, increased uptake of post surgical rehab programs in the community.	Report via CCO, Surgical Quality Practice Council, Orthopaedic Leads.
Pre-Admission Clinic, Day Surgery, PACU, Endoscopy		Day Surgery patients and Families	Seeking feedback on the patient experience	Learning about opportunities to improve relationships and service	NRC picker, Endo once yearly patient survey, leader rounding, bedside report, Discharge patient calls	Space, seating, environmental comfort.	continued feedback through surveys and leader rounding, Discharge patient phone calls	Improved patient satisfaction.	Through Surgical Quality Practice Council, improvements (wins) are shared.
Adult Surgery Amb Care		Patients	Seeking guidance around the provincial implementation of MSK centralized intake	Standardize clinic delivery to meet defined patient outcomes	Participation in LHIN committees	Resources and model changes	Meeting implementation markers	Changes that standardize care	Ongoing input and data to the LHIN
Operating Room		Patients, community	Provide exposure of the OR environment to high school students interested in health care opportunities.	to engage the high school students to expose them to an operating room environment.	annually host a co-op student within the OR	We do not anticipate any barriers or concerns at this time.	assessment related to co-op objectives through volunteer services	on going in collaboration with volunteer services	through volunteer services
Cardiac Diagnostics - Cardiovascular									
Cardiac Renal			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. Unit Specific discharge survey	Improve patient and family experience/ transitions in care. Improve communication with staff/patients and physicians.	Patient satisfaction/ experience results. Discharge survey results and leader rounding.	Improved patient and family experience.	Survey results are discussed at Quality and Operations, PFAC and huddles with the Cardiac Renal team.
Cardiac Intervention Unit		NSMLHIN hospitals	Referral process for patients requiring advanced cardiac service	Education and information provided around the advanced cardiac services now offered at RVH to improve access to care closer to home	Focus groups with Hospital administration, front line staff and physicians	Access to transfer services and repatriation	Ongoing follow up with sites to ensure smooth transition of services offered.	Improved access to care closer to home and decrease the number of conservable days for inpatients	Request data around conservable days at each organization to see if there has been a decrease around CAD.
Cardiac Care Unit		Patients, Internal Cardiac PFAC	Seeking validation of questions asked to patients and families around patient satisfaction. Key drivers.	Collaboration with PFAC to establish meaningful questions for patients to answer about their experiences.	BedSide Shift Report, White boards in patient rooms, DC phone calls, Patient I PAD survey	Will the surveys result in improved patient and family experience	Discharge phone calls, I Pad Survey results	Greater than 80% patient engagement scores for CCU	Reports are shared at unit level quality and operations meetings and at the Cardiac PFAC meetings and huddles with staff.
Renal Program					ORN patient satisfaction survey distributed in October 2018. Results to be available shortly. Inpatient and outpatient rounding by program manager. Newly formed RVH Regional Renal PFAC.	Improve the chronic care experience of both the patient and their family. Patient satisfaction survey results have not yet been received from the ORN.	Increased satisfaction with their experience as expressed in Leader Rounding on both the inpatient and outpatient renal population. Multiple thank you cards received.	Improved patient and family experience and satisfaction.	Survey results will be discussed at Renal Unit Council, PFAC, the Renal Quality Practice Council and in huddles and staff meetings with the renal team
				Collaboration with Newly established PFAC to support various patient surveys and support next steps.	PFAC Meetings, and action planning	Increased pt engagement with physician input	ORN repeats survey annually	Improved patient satisfaction with various indicators	Quarterly meetings with ORN and bi-monthly with Renal PFAC

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Pre-Admission Clinic, Day Surgery, PACU, ACT, Endoscopy		Patients and PFAC Surgical Quality Committee	Patient information sheets, feedback on materials presented at Surgical QPC, through Survey and Follow up phone calls looking for areas for improvement for the patient experience	Consultation and collaboration, How patients would like improvements for improved patient experience	Day Surgery NRC Picker survey, direct consultation with PFAC QPC members, Patient Call Manager, Yearly Endoscopy patient survey and Leader Rounding with Patients.	Improved wait times and patient comfort while awaiting surgery	Continued survey and PCM follow up.	Improved patient experience scores through NRC picker for day surgery.	Survey results discussed at QPC, Operations for OR and ENDO, as well as the Perianesthesia practice Council.
Adult Surgery Amb Care - MSK Changes		Community, patients	Planning, implementation of a new initiative	Ensure feedback around key elements of implementation, including processes	Participation in planning	Improve access and wait times	Data collection around patient experience and wait time metrics	Improved patient experience, efficiencies of pathway supporting shorter waits	Via service contact
<b>Maternal, Newborn, Child &amp; Youth</b>									
Birthing Unit/Obstetrics - Simcoe Hospice		Bereaved/Grieving Families	We have been seeking support from our community partners, including Hospice Simcoe, and recognized gaps in service for bereaved families following discharge from our Mat/Child Program	Provide increased support to our families following a loss once they are discharged from the hospital	Bi-monthly Meetings, emails, telephone calls	Structured referral process at time of loss, following admission a consent is obtained from the patient and faxed to Simcoe Hospice to trigger a phone call/follow-up	We are still in the development phase. Next meeting is in April to determine a structured start date	Improve patient experience and closing the gap in service available to our parents/families once they leave the hospital	Determine the success during routine call/ follow up from our RVH Social Worker and knowledge will be shared within the community and through our PFAC members.
Child & Youth Amb Care - Complex Care Steering Committee		Patients & Community	Ongoing input into service integration and evolution for children with complex needs	Consult with parent rep around family centered service delivery, receive funder input from the LHIN and collaborate with partners	Meetings	Ensuring stable resources, ongoing and building partnerships	Parent feedback, quality metrics	Program Adapation	Ongoing collaborative planning
Child & Youth Amb Care - Blind Low Vision changes		Patients & Community	Program Restructuring	Educate and consult	Direct connection and information sharing	Improvements in service quality	In the midst of significant changes to program structure to address feedback, regular PDSA cycles	Overhaul of program structure and service delivery, increased accountability	Regular contact, eliciting feedback during service
Simcoe Muskoka District Health Unit		Patients and Families - (Education Provided by Nursing staff to patients)	Began this specific partnership last year to grow our standards and meet goals related to BFI.	Educate all nursing staff in the Maternal Child Program to provide standards	SMDHU - Lucy Bray works with RVH Lactation Consultant to provide a full day of education 4x/year to have all of the MAT/CHILD program educated	Improve patient experience. Standardization of materials/education to pt. and family. Improves staff satisfaction to increase career growth and suitable resources/tools to carry out their job duties.	Through patient rounding/feedback Staff share they can better care for their pt. and families	Increased patient satisfaction, better outcomes, improved/timely discharges/reduction of re admission, reduces high bilirubin results if able to successfully breastfeed	Share information with Health unit - ongoing. Through patient rounding. Discuss positive education experience during Performance conversations
Birthing Unit and OBS		Mothers and infants, Families	Improve family outcomes and elevate overall health and well being of babies and their families	working collaboratively within the LHIN and Breastfeeding Committee for Canada towards Baby Friendly(BFI)hospital designation.	establishing the BFI requirements within RVH as a LHIN partner	loss of funds related to formula; anticipated to decrease reliance and costs associated in use of formula	outlined in the BFI	meeting BFI indicators	monthly BFI meeting; Sharing learning and resources with Women and Children Community of Practice
<b>Decision Support</b>									
<b>Environmental Services</b>									

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Communication to patients and Families		Patients & Family	Presented to PFAC to receive input on information we are providing and to ensure it is relevant to the patient.	Improve patient experience by educating them on our services and the products we use.	Environmental services tent card for discharge cleans. Sorry we missed you daily clean card.	Patient satisfaction with room cleaning. Ongoing rounding and information sharing with patient	Patent satisfaction surveys and rounding with patients.	Increased patient satisfaction.	ongoing patient rounding with patients/families.