

## PDF Reference Copy of the Submission Form

### **Tips:**

- Download the PDF Reference Copy of the Summit/Expo submission form for reference as you prepare your submission.
- We recommend that you consider preparing your submission in a word format first, and then simply paste your finalized text into the submission form when you are ready to submit.
- Please be aware that submissions must be completed and submitted in one session. It is not possible to save your submission and return to it in another session.

### **Instructions:**

- Write out any acronyms in full.
- Do not use any word abbreviations.
- Submit a separate submission form for each project.
- Complete all fields included in the submission.

### **Project Information:**

**Name of Organization:**

**Innovation Title:**

*(limit to 75 characters)*

**Project Team Members:**

*(list full names and job titles)*

### **Contact Information:**

**Primary Contact Name:**

*(will act as contact for all Summit/Expo communications)*

**Job Title:**

**Address:**

**Email:**

**Phone:**

**Organization: Choose the category that best describes your organization.**

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- |                                                                                          |                                                                           |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Acute/Emergency Department                                      | <input type="checkbox"/> Hospital                                         |
| <input type="checkbox"/> Association and/or Regulatory College                           | <input type="checkbox"/> Laboratory                                       |
| <input type="checkbox"/> Community Care Access Centre                                    | <input type="checkbox"/> Local Health Integration Network                 |
| <input type="checkbox"/> Community Health Centre                                         | <input type="checkbox"/> Long-Term Care Facility                          |
| <input type="checkbox"/> Community Mental Health and Addiction Agency                    | <input type="checkbox"/> Multi-organizational Partnership, Please Specify |
| <input type="checkbox"/> Community Support Service Agency                                | <input type="checkbox"/> Physician Group                                  |
| <input type="checkbox"/> Complex Continuing Care Hospital and/or Rehabilitation Hospital | <input type="checkbox"/> Pre-Hospital Medicine/EMS Services               |
| <input type="checkbox"/> Education and/or Research Institution                           | <input type="checkbox"/> Primary Care Facility                            |
| <input type="checkbox"/> Family Health Team                                              | <input type="checkbox"/> Public Health Unit                               |
| <input type="checkbox"/> Government (Municipal, Provincial or Federal)                   | <input type="checkbox"/> Tele-health                                      |
| <input type="checkbox"/> Health Promotion                                                | <input type="checkbox"/> Transport Health                                 |
| <input type="checkbox"/> Home Care                                                       | <input type="checkbox"/> Other, Please Specify                            |

**LHINs: Which Local Health Integration Network (LHIN) does your organization belong to? If you are uncertain, please visit [www.lhins.on.ca](http://www.lhins.on.ca) for more information about LHINs.**

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- |                                                                        |                                                           |
|------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Erie St. Clair                                | <input type="checkbox"/> South West                       |
| <input type="checkbox"/> Waterloo Wellington                           | <input type="checkbox"/> Hamilton Niagara Haldimand Brant |
| <input type="checkbox"/> Central West                                  | <input type="checkbox"/> Mississauga Halton               |
| <input type="checkbox"/> Toronto Central                               | <input type="checkbox"/> Central                          |
| <input type="checkbox"/> Central East                                  | <input type="checkbox"/> South East                       |
| <input type="checkbox"/> Champlain                                     | <input type="checkbox"/> North Simcoe Muskoka             |
| <input type="checkbox"/> North East                                    | <input type="checkbox"/> North West                       |
| <input type="checkbox"/> Other (provincial/cross-LHIN), please specify |                                                           |

**Results Overview: Describe the topline results or outcomes achieved.**

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(limited to 500 words)

**Abstract: In 150 words or less, describe your project in terms easily understandable by a public audience.**

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(limited to 150 words)

*Please note: this abstract will appear in the program and online.*

.../more

**Website: Is there a web address associated with this innovation project?**

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- No
- Yes (if yes, please specify website)

*Please note: If your innovation is exhibited at the Summit/Expo, this web address will appear in the program and online.*

**How did you learn about the Summit/Expo?**

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- |                                               |                                                |
|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Through CEO's Office | <input type="checkbox"/> Newsletter            |
| <input type="checkbox"/> MOHLTC               | <input type="checkbox"/> LHIN                  |
| <input type="checkbox"/> Email Notice         | <input type="checkbox"/> Other, please specify |

**Permission to publish material on Ministry of Health and Long-Term Care and Health Quality Ontario websites.**

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The Ministry of Health and Long-Term Care (MOHLTC) and Health Quality Ontario (HQO) are requesting permission to publish this submission with the intent of fostering a culture of continuous quality improvement in Ontario's healthcare system by leveraging the collective experiences of healthcare providers. **This includes your Summit/Expo submission also being considered for inclusion in MOHLTC's Healthcare Improvement Practices Registry ([www.improvementpractices.on.ca](http://www.improvementpractices.on.ca)).**

We will ensure that the MOHLTC and HQO give you and/or your organization the proper credit as the source of the material. Please note that by granting the MOHLTC and HQO permission to publish your material on a website you are also agreeing to the terms and conditions stated below.

**Information that you put on a website**

When you submit materials or content to the MOHLTC and HQO, you are giving the MOHLTC and HQO an irrevocable, perpetual license to use those materials or content. We will consider requests to remove information that you make publicly available on an individual basis. We reserve the right to remove any such content at any time without your consent.

- I agree
- I disagree

.../more

**Permission to publish contact information**

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The MOHLTC and HQO are requesting permission to publish the contact information provided so that users may e-mail or call for more information.

- I agree
- I disagree

Thank you for your interest in this year's Leading Healthcare Quality Summit & Innovations Expo, and for your submission to exhibit your innovation at the event!

- Email me a copy of my submission.