EOI Completion Report

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| SCC Information (to be completed by SCC Initiative Liaison) | | | | | | |
| **SCC Initiative Liaison Name:** | | | **Phone #:** | | **Email:** | |
| **Comments:** | | | | | | |
| **EOI Completion Summary**–Please complete prior to submission to SCC Initiative Liaison | | | | | | |
| **Date of Submission** | | Click or tap to enter a date. | | | | |
| **Name of Shared Care Initiative** | | Choose an item. | | | | |
| **Focus Area(s) Being  Explored/ Addressed**  Please check all that apply. Complete this question **only** if your project falls within one of the four listed initiatives: | | **AMHSU Spread Network**  Mental Health  Substance Use  Youth to Adult Transitions | | **Chronic Pain Spread Network**  Enhanced Access/New Models of Care  Patient Self-Management  Enhancing Skills/Capacity  Opioid Use Disorder Prevention & Treatment | **Coordinating Complex Care for Older Adults**  PPhRR/Med Mgmt  Communication  & Referrals  Coordinated  Care Plans | **Maternity Spread Network**  Clarify Maternity Pathway  Strengthen  Team-Based Care  Clarify Roles/ Standardize Care  Communication & Referrals  Patient Self-Management |
| **Title of Approved EOI** | |  | | | | |
| **Project ID Number** | |  | | | | |
| **Funding Amount Received** | |  | | | | |
| **Unspent Funding Remaining** | |  | | | | |
| **Name of Fund Holder** | |  | | | | |
| **Time Frame of EOI Activities** | |  | | | | |
| **Local Division of Family Practice/Community & Region** | |  | | | | |
| **Project Clinical Leadership** | **Family Physician Lead(s)** |  | | | | |
| **Specialist/GP with Focused Practice Lead(s) & Specialty** |  | | | | |
| **Other Health Care Providers (if applicable) & Specialty** |  | | | | |
| **Project Partners:**  **Contact Names & Organizations**  (e.g. John Doe, VIHA; Jane Doe,  Pain BC, etc.) | |  | | | | |
| **Please provide a summary of EOI key activities and / or deliverables** | |  | | | | |
| **What were the results of the EOI**  Please include data (qualitative and quantitative) that you have collected over the project | |  | | | | |
| **What were the lessons learned?**  **What worked well and what didn’t?** | |  | | | | |
| **Please explain the reason(s) this EOI will not be moving on to a full proposal submission** | |  | | | | |
| **Project Lead Name** | |  | | | | |

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