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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