

# Shared Care Expression of Interest

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Shared Care Information (to be completed by the Review Panel/Initiative Liaison)

Initiative Liaison Name:      Select One                      Project ID:      Click or tap here to enter text.

Summary Comments:

Click or tap here to enter text.

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## EOI Summary – Please complete prior to submission to Shared Care

Title of proposed project:      Click or tap here to enter text.

Health System Priority:      Choose an item.

Date of submission:      Click or tap to enter a date.

Funding Amount requested:      Click or tap here to enter text.

Fundholder, Location:      Click or tap here to enter text.

Project Lead Name:      Click or tap here to enter text.

Has the Project Lead completed PQI Level 1 Training or the equivalent?    Yes     No     Other: (Identify training):

Click or tap here to enter text.

Length of Project:                       3-6 months

Project Summary (100 words maximum):

Click or tap here to enter text.

## Expression of Interest Details

### 1. Project Aim Statement

Please provide a **one-sentence project aim statement** summarizing the problem or opportunity, who the project will benefit, where it will take place, by when and by how much? This statement provides initial orientation toward activities of improvement initiatives.

**Sample:** *The Breastfeeding support program will increase access to in-person breastfeeding support services in the community of Comox by 25% by April 1, 2023.*

Click or tap here to enter text.

### 2. Patient Story

Please provide a brief patient story that illustrates the challenges faced or gaps that need to be addressed and why addressing these gaps is important.

Include information on relevant data, literature, best practices, or sources to support this choice.

Click or tap here to enter text.

### 3. Activities/Improvement Strategy

Begin by outlining the specific activities and strategies the project team intends to implement during the EOI phase to identify care gaps. Present the response in either bullet point format or in one to two concise paragraphs and ensure clarity and coherence in describing each activity or strategy, highlighting its relevance to identifying care gaps.

*Example: In order to understand current gaps in care, we will: conduct an environmental scan to investigate the current resources in the region, a needs assessment questionnaire for patients and their families attending the clinic; establish a list of recommendations to address the gaps.*

Click or tap here to enter text.

### 4. Shared Measures/Patient Population/Dimension of Quality

Using the boxes below, identify which outcomes will be addressed by the project (**suggestion of 3-4**). This information will assist in identifying the relevant Shared Measures for your project:

*What objectives do you intend to achieve with this project?*

- Improved patient health outcomes
- Improved patient experience
- Improving provider experience
- Improving health equity
- Reducing cost to the health care system/improving sustainability

Learn more about the [IHI Quintuple Aim](#)

#### *Shared Measures*

- SCC1** - Improved patient care and health outcomes
- SCC2** - Improved patient ability to self-manage care
- SCC3** - Improvements in physician and other health provider coordination, flow of care and communication
- SCC4** - Improved patient transitions between provider and care environments
- SCC5** - Improvements in FP access to specialist consultations
- SCC6** - Improve timeliness of patient access to physician care
- SCC7** - Improvements in appropriateness of GP referrals to specialist physicians
- SCC8** - Improved per capita cost of care or improved sustainability

*Patient Populations (Check all that apply)*

- General Population
- Adults
- Child & Youth
- End of life / Palliative
- Maternity
- Older Adults & Seniors
- Other (please list): Click or tap here to enter text.

<i>Dimensions of Quality</i>	<b>Primary</b>	<b>Secondary</b>
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>
Appropriateness	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency	<input type="checkbox"/>	<input type="checkbox"/>

Equity	<input type="checkbox"/>	<input type="checkbox"/>
Respect	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>

## 5. Engagement Strategy

Which **partners or stakeholders** would you involve in the project to meet outcomes? Identify level of participation i.e., stakeholders were informed, consulted, are active collaborators, etc. (Health Authorities, NGOs, MSAs, Divisions of Family Practice, etc.) Please refer to the SCC guidelines for further information.

Click or tap here to enter text.

How will you engage the **patient and family caregiver voice**, inclusive of diverse populations, and capture the patient experience? *Please refer to the [SCC guidelines](#) for further information.*

Click or tap here to enter text.

Which **Indigenous communities** will be engaged throughout this project and in what capacity? If these communities will/have not being engaged meaningfully, please explain why.

Click or tap here to enter text.

## 6. Alignment

Does this project **align with other quality improvement activities related to this work** (if so, please list)? Does it link to any other BC health system priorities, and if so, how? i.e. Health Authority and Ministry priorities, PCN, and PMH work.

Click or tap here to enter text.

## 7. Barriers

Are there **particular barriers** that could prevent your communities moving forward with the needs assessment, engagement, and planning? What is your plan for addressing these barriers?

Click or tap here to enter text.

## 8. Sustainability

If successful, how will these improvements be sustained? If know, include how it will be operationalized and supported post-project.

Click or tap here to enter text.

## 9. Governance

Do you have a **governance structure or Steering Committee** in place that will oversee this work in your community? If yes, what is that structure?

Click or tap here to enter text.

## 10. Digital Health/IT

Will your project include a requirement to review, develop or change a **Digital Health system or IT solution** (i.e., an EMR, electronic form (referral, order, etc.), electronic messaging between providers):

- No Digital Health system review/changes
- Referrals/Orders or forms
- Virtual Care/Secure Messaging
- EMR Changes (please describe)
- Other (please describe)

Please describe, if applicable:

Click or tap here to enter text.

### 11. Comments

Click or tap here to enter text.

### 12. Participants:

By submitting this form, you are consenting to receive marketing emails from Shared Care.				
Family Physician Name	Email	Community	Lead	Completed PQI Level 1 Training?
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		
Specialist Name	Email	Specialty	Lead	Completed PQI Level 1 Training?
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		
Family Physician with Focused Practice	Email	Focus Area	Lead	Completed PQI Level 1 Training?
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
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Health Authority Representative	Email	Community		
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Indigenous and Patient Partner	Email	Community		
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<b>Allied Health Professionals</b>	<b>Email</b>	<b>Focus Area</b>		
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<b>Project Manager and/or Others</b>	<b>Email</b>	<b>Focus Area</b>		
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#### 14. Budget & Work Plan

##### **Appendices**

**Yes**

**No**

Appendix A: Budget (click [HERE](#) for required budget template)



Appendix B: Detailed Work Plan (click [HERE](#) for detailed work plan template)



\*Note: Detailed Work Plan not required at EOI stage.