Sustainability Completion Report

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| SCC Information *(to be completed by SCC Initiative Liaison)* | | | | |
| **SCC Initiative Liaison Name:** | | | **Phone #:** | **Email:** |
| **Comments:** | | | | |
| **Sustainability Completion Summary** *(to be completed by project team)* | | | | |
| **Date of Submission** | |  | | |
| **Name of Shared Care Initiative** | |  | | |
| **Title of Sustainability Project** | |  | | |
| **Project ID Number** | |  | | |
| **Funding Amount Received** | |  | | |
| **Unspent Funding Remaining** | |  | | |
| **Name of Fund Holder** | |  | | |
| **Name of Project Lead** | |  | | |
| **Time Frame of 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 key activities and/or deliverables** | |  | | |
| **What were the results of the sustainability work?**  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?** | |  | | |
| **Do you anticipate the need for further steps to ensure sustainability?** | |  | | |
| **Did this achieve your outcome goals?** | |  | | |
| **How will you ensure your strategy is sustainable?** | |  | | |
| **Other comments (if needed):** | |  | | |

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