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):** |  |

Version: 06.02.25