

SCC Contact Information (for internal use only)	
SCC Contact Name:	Phone #:
Email:	
SCC Contact Comments:	
<p>Please note this is a fillable PDF.</p> <p><i>Please save a copy and send the completed form to your SCC contact by the appropriate monthly deadline:</i></p> <p>January 15, 2019 February 6, 2019 March 1, 2019 April 2, 2019 April 29, 2019 July 8, 2019 August 2, 2019 August 30, 2019 September 30, 2019 October 29, 2019</p>	
EOI/Proposal Summary – Please complete prior to submission to SCC contact	
Date of Submission	
Submission Type (EOI or Proposal)	
Name of Shared Care Initiative (PiC/TiC, Spread Network, Coordinating Complex Care, etc.)	
Title of Proposed Project	
Funding Amount Requested	
Name of Fund Holder	
Time Frame of EOI/Proposal	
Region	
Local Division of Family Practice & Community	
Project Clinical Leadership	GP Lead(s)
	Specialist/GP with Focused Practice Lead(s) & Specialty/Focus
	Other Health Care Providers (if applicable) & Specialty/Focus
Project Partners Organizations & Contact Names (HA, Pain BC, BCCSU, etc.)	
Project Summary (maximum 100 words)	
Community Project Lead Name	

EOI/Proposal Details – Please complete prior to submission to SCC contact

Please note that the EOI and Proposal share the same template. If submitting an EOI, please provide brief outlines to the questions posed, and indicate where information is not yet available. If submitting a Proposal, please provide more detailed information to the questions posed.

1. Please outline a brief patient or provider story that illustrates the challenges faced or gaps that need to be addressed. *What is the current experience for patients, families and/or providers, and how does it impact the provision of coordinated, quality care?*

2. Briefly outline the activities or improvement strategy the project team plans to take to address the gap(s) in care.

3. What patient populations would the proposed project target?

4. What is the anticipated improved outcome for patients and providers?

5. How will this improved outcome be measured?

6. If successful, how will this improvement be sustained?

7. How will you engage the patient and family caregiver voice, and capture the patient experience and improved patient outcomes?

8. Please identify which GP/Specialist/GP with Focused Practice physicians and other health care providers will be involved:

GP's

Name: _____ Email: _____
Name: _____ Email: _____

Specialists

Name: _____ Email: _____ Specialty: _____
Name: _____ Email: _____ Specialty: _____

GP's with Focused Practice

Name: _____ Email: _____ Focus: _____
Name: _____ Email: _____ Focus: _____

Other Providers

Name: _____ Email: _____ Role: _____
Name: _____ Email: _____ Role: _____
Name: _____ Email: _____ Role: _____
Name: _____ Email: _____ Role: _____

9. Which partners or stakeholders would you collaborate with to meet outcomes? And what will their role be? Have you discussed plans with partners and stakeholders to move forward on this work? Are there any commitment implications for certain stakeholders, and if so, are they in agreement with their role?
(Health Authorities, community partners, MSA, Divisions of Family Practice, etc.)

10. 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?

11. 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?

12. Do you have a governance structure in place that will oversee this work in your community? If yes, what is that structure?

13. Who is the fund holder and who will they report to?

14. Do you have any additional comments to add to your EOI/Proposal?

Budget & Work Plan:

Please identify the amount of funding requested for this EOI or Proposal by attaching a detailed budget as Appendix A. If in the Proposal phase, please also attach a detailed Work Plan as Appendix B.

Attachments	Yes	No
Appendix A: Budget for EOI or Proposal Activities	<input type="checkbox"/>	<input type="checkbox"/>
Appendix B: Detailed Work Plan for Proposal activities	<input type="checkbox"/>	<input type="checkbox"/>

Questions?

shared_care@doctorsofbc.ca

[Shared Care Team Contacts](#)