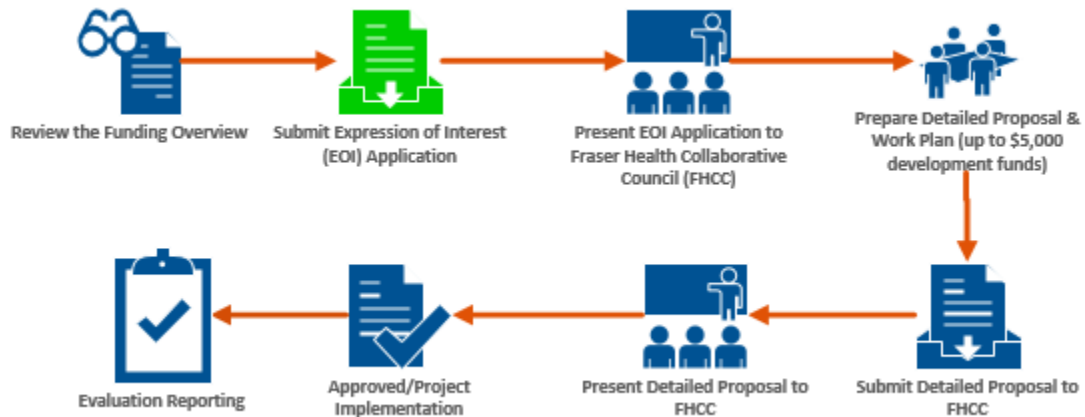


FRASER HEALTH COLLABORATIVE COUNCIL (FHCC)

EXPRESSION OF INTEREST (EOI) APPLICATION



1. Team

Project title:

Aim:

Propose Change Ideas:

Preliminary Resources Required Estimate:

Name of Principal Applicants: (Project Champions):

Names of other participating physicians, medical staff, health authority partners:

Main Contact Name (s):

Phone:

E-mail:

Application completed by (name(s)):

2. Application type:

- Spread New project development

3. Spread information (as applicable):

Provide more information on the project(s) that you want to spread. What outcomes were associated with the initial project or pilot?

4. What FHCC/FHA regional priority area(s) are impacted?

Identify all areas that resolution to this issue would affect:

Patient Experience

- Access to simulation training
- Lead in quality access and flow
- Accelerate "Virtual First"
- Drive Primary Community Care integration
- Improve access to scheduled surgeries & MRIs
- Innovate in design and delivery of priority capital projects

Value for Money

- Achieve fiscal responsibility
- Improving coordination of SSC/DOBC activities

Healthy People

- Strengthen pandemic preparedness and response
- Embed cultural safety and humility
- Expand mental health and substance use services

Provider Experience

- Medical staff wellness
- Medical staff leadership development
- Strengthening relationships and transparent two-way communication between medical staff and FH senior leaders
- Shared problem-solving between MSAs & FH
- Addressing health system pressures/barriers (e.g., limited resources/funding; demographic shift; patient complexity; work-life balance)
- Addressing health system drivers, (e.g., greater engagement with patients, physicians and FH; technology; team-based care; data translation)
- Support staff and medical staff safety & well-being
- Improve staff and medical staff engagement, accountability and leadership

Other (please specify) :

5. Problem/Gap

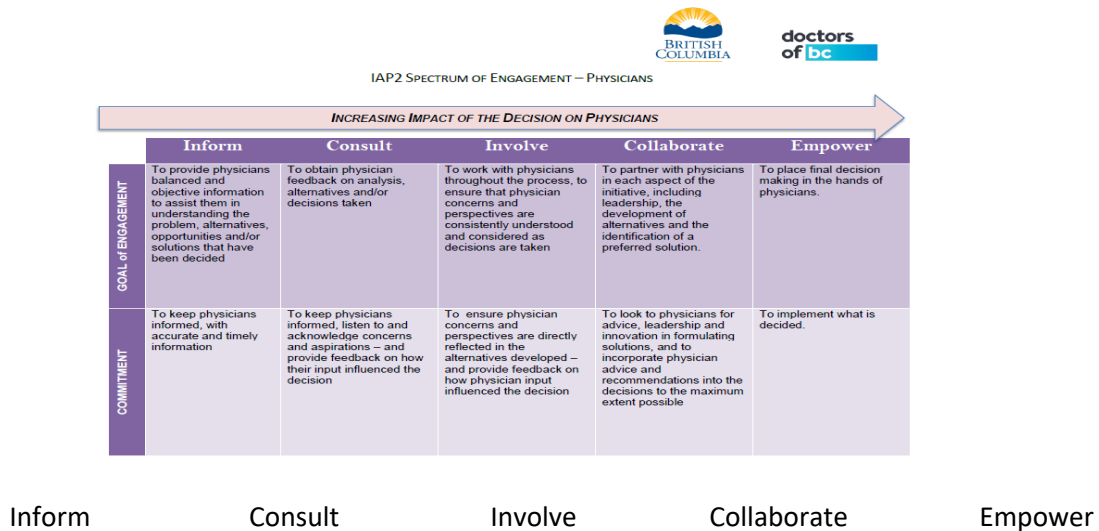
Describe the problem that you are trying to address.

6. Collaboration to date

Describe what discussions/collaborations about the priority have occurred to date.

7. Engagement Plan/Learning More

Utilizing the [Ministry of Health Engagement Planning Guide](#) as a reference, describe how and with whom you would engage to learn more about the regional priority. Please confirm the anticipated level of engagement with medical staff and other stakeholders from the IAP2 spectrum below.



8. Expenses for creation of detailed work plan (up to \$5,000)

Please indicate an estimate of the expenses that will be associated with development of a detailed proposal and workplan.

9. Sponsors (FH Administrative Leader and Senior Medical Leader) & Team Members

Please list all team members (HA & medical staff) and their experience:

Name	PQI	Fraser Health	MSA	Shared Care	Health System Redesign	Other
Mary Smith	x		x			

Comments:

PQI Cohort #7 – Project Title: Improving Emergency Department Flow

MSA project – SMMH – Emergency Department – team building

Name	PQI	Fraser Health	MSA	Shared Care	Health System Redesign	Other

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Name	PQI	Fraser Health	MSA	Shared Care	Health System Redesign	Other

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Name	PQI	Fraser Health	MSA	Shared Care	Health System Redesign	Other

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Name	PQI	Fraser Health	MSA	Shared Care	Health System Redesign	Other

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