Spotlight Series Form Questions

Thank you for your interest in our Spotlight Series. Below are the questions you can expect to see on this form. Sample questions shaded in dark grey below are simply to provide examples and context to what you might can include. By no means, we expect you to capture or answer all the questions.

The intent of the Spotlight Series is to show models of team-based care. How it works and its impact on patients.

Step 1: Contact Information

Contact Information – ***Please provide your name, clinic/organization name, email address, and phone number, website. Please provide an alternate contact information.***

Are you open to others in the province contacting you to learn more about your team? Y/N
If yes, your name/contact information will be shared with the submission.

Step 2: Background

Clinic Overview – ***Please provide a brief description of your clinic including (but not limited to) the following (max of 100 words).***

Things you might include:

- Name and location (town/city/province)
- Rural/urban setting
- Type of Clinic (primary care, specialty access, etc.)
- Size of clinic (combined panel size, and/or # served annually)
- Specialty population? ex: Seniors Care, Maternal Health, Women's Health, Indigenous Community, etc.?)
- Do you have a co-located or virtual team?

Section 3: Team-Based Care Description

Team Composition & Description – ***Share and describe how your team works. Your response can touch upon or include (but not limited to) the following (max of 100 words).***

Things you might include:

- **Team Composition and Workflow (Describe the roles on the Team)**
  - What roles are part of the team? e.g., physicians, nurse practitioners, registered nurses, pharmacists, social workers, dietitians, mental health counselors, administrative staff)
  - How do the roles work together? Briefly describe the workflow.
  - Does the team use QI, processes, templates or decision support tools to support team functioning? If so, please describe.
- **Team Resourcing**
  - How is your team resourced? (For example, type of funding model: fee for-service, Alternative Relationship Plans (ARPs), capitation, alternative funding arrangements)
  - Other Funding sources: (provincial programs, grants, private funding, etc.)

Step 4: Patient Experience

Describe how your team involves patients in decision making, evaluates patient experience, and puts patients at the centre of the team. What difference is your team making for patients?

Things you might include:

- *Were any patients involved in the development of this program?*
  - *If so, how were they engaged and what role did they play?*
- *How does your team involve patients, incorporate feedback, and center care around patient needs?*
- *What difference has this made for patients?*

Step 4: Impact and Outcomes

Solution Impact Description – ***Share and describe the impact your team-based care solution has had on your clinic, providers, staff, and/or patients. Your description can touch upon or include (but not limited to) the following (max of 100 words).***

Things you might include:

- **Measurement and Evaluation of Team Effectiveness**
  - How do you measure impact and effectiveness (e.g., patient/provider satisfaction, outcomes, access, etc.)?
  - What factors contributed most to your success (e.g., tools, processes, role definition, etc.)?
- **Were any tools, frameworks, or resources used in developing your current transdisciplinary model?**
  - If so, could you share more about those resources and describe how the model functions in practice?
- **Advice for other teams**
  - What one piece of advice would you offer other teams?

Step 6: Story Enhancement

- **Provide a testimonial**
- **Provide a clinic logo or team photo**

Testimonial Photo Upload

Step 7: Consent

- **How did you hear about this form?**
- **Website, Social Media, and Webinar Release**
  - Yes – I would like to be a participant in a webinar showcasing Team Based Care
  - Yes – I would like to participate in a webinar, but to listen, learn and connect
  - Yes – I consent to have our story added to a CPHC newsletter.
  - Yes – I consent to have our story added to CPHC social media or website.

Acknowledgement

By submitting this intake form, you agree to showcase your team on the CPHC website.

Date/Sign

You also allow your contact information to be shared with others.