**Expression of Interest**

By completing and submitting the enclosed Expression of Interest Form, you are confirming your interest in participating in the Ontario General Medicine Quality Improvement Network (GeMQIN).

Specifically, submitting a completed form indicates that your hospital/organization is interested in actively participating in the GeMQIN Community of Practice but not necessarily the data-sharing components of the program.

This includes:

* Attending monthly CoP calls on a regular basis
* Sharing lessons learned, experiences and relevant resources with CoP members to accelerate the spread of emerging best practices
* Contributing to online discussions regarding strategies to care for COVID and non-COVID patients.

In order to confirm your participation in the GeMQIN Community of Practice, please submit your Expression of Interest to OH-HQO\_GeMQIN@ontariohealth.ca

There are also opportunities for greater involvement in GeMQIN, which include sharing hospital data to enable quality measurement. GeMQIN produces standardized and customized physician-level *MyPractice* reports and hospital-level benchmarking reports to support quality improvement. If you are interested in this additional level of involvement, please contact: OH-HQO\_GeMQIN@ontariohealth.ca

**Expression of Interest Form**

Please fill in the information below for your hospital site.

|  |
| --- |
| **Legal Organization Name, including site name:** |
| **Hospital type:** * Academic/teaching
* Community
* Small/Rural

Number of beds in General Medicine Unit (participating site): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| *CoP Participants can be clinicians or administrators who are interested in participating in the Community of Practice. For more information about the GEMQIN Community of Practice and for a brief description of what being a member of the CoP involves please refer to the document entitled: GeMQIN Community of Practice overview* |
| **CoP Participant:** Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CoP Participant:**Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CoP Participant:**Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*By completing and submitting the Expression of Interest Form to* OH-HQO\_GeMQIN@ontariohealth.ca  *you are confirming your hospital/organization’s interest in participating in the Ontario General Medicine Quality Improvement Network (GeMQIN).*

*If you have any questions about the program or participation, please email us at* OH-HQO\_GeMQIN@ontariohealth.ca