**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](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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*If you have any questions about the program or participation, please email us at* [OH-HQO\_GeMQIN@ontariohealth.ca](mailto:OH-HQO_GeMQIN@ontariohealth.ca)