

BC Emergency Medicine Network Logic Model
Executive Lead: Dr. Jim Christenson

VISION
Exceptional emergency care. Everywhere.

MISSION
Sharing, supporting and innovating to improve patient care.

SITUATION
Knowledge and skills pertinent to emergency medicine practice is growing rapidly and not applied consistently across BC.

STAKEHOLDERS

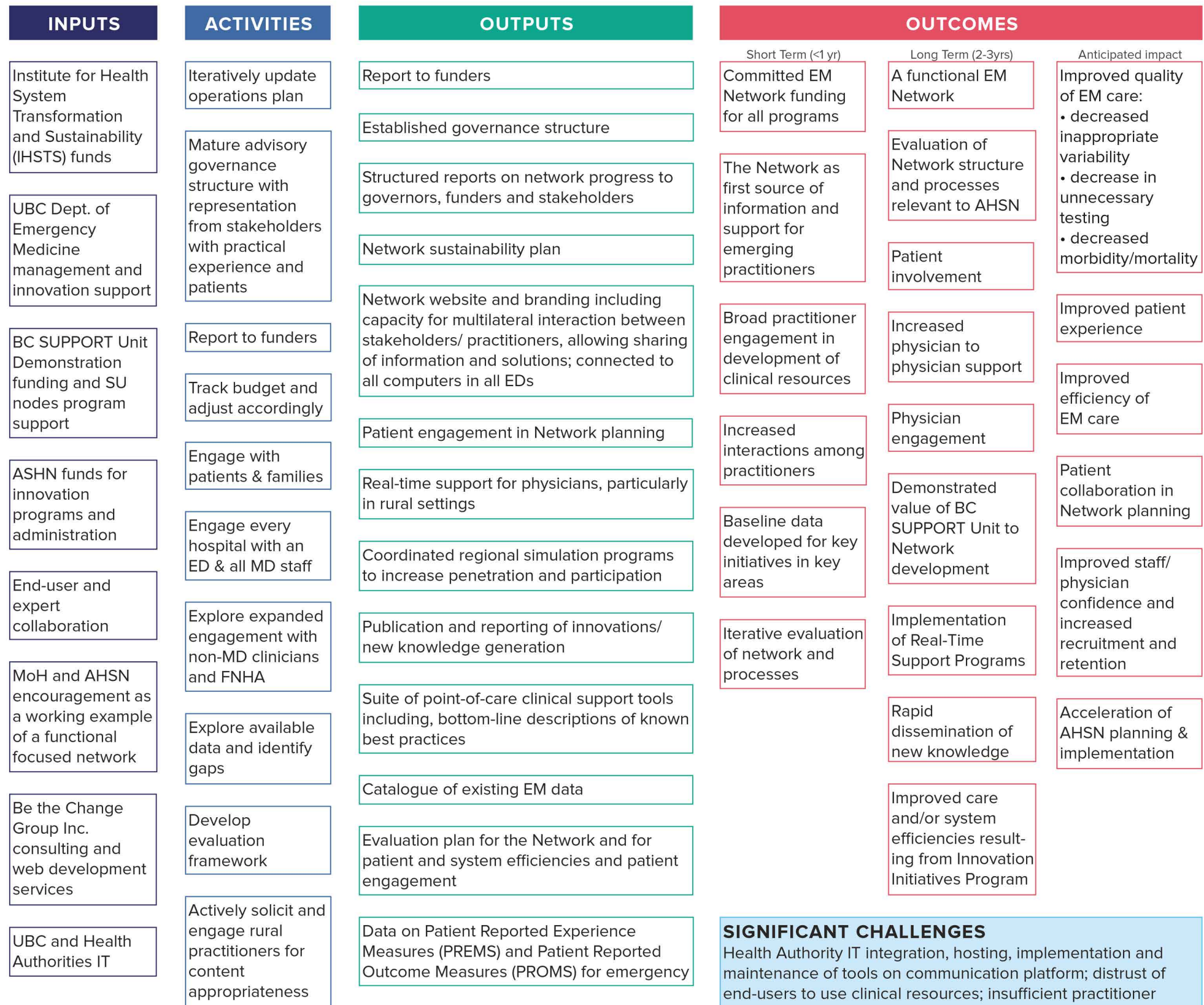
- BC EM practitioners
- ED patients and families
- EM innovation leaders
- UBC Faculty of Medicine/ UBC Dept of EM
- Provincial Health Authorities (HAs)
- Provincial Health Services Authority (PHSA)
- BC Ministry of Health (MoH)
- Academic Health Sciences Network (AHSN)
- BC Support Unit
- IHSTS
- BC Quality Network/ BC Patient Safety and Quality Council (BCPSQC)
- Rural Coordination Centre of BC (RCCbc)

PRIORITY GOALS

Refine: Network communications infrastructure; governance and advisory structure; financial support and administrative leadership.

Develop component programs: publish up to 25 priority Clinical Resources and other resource tools on Network website; track innovation projects in progress; expand Continuing Professional Development Program; evaluate Real-Time Support Pilot.

Establish framework to evaluate: network, patient and system outcomes, patient engagement



SIGNIFICANT CHALLENGES

Health Authority IT integration, hosting, implementation and maintenance of tools on communication platform; distrust of end-users to use clinical resources; insufficient practitioner engagement; inability to obtain data and/or lack of outcomes to measure broad system or patient level improvements; commitment for sustainable financial support.