

MEMORANDUM OF UNDERSTANDING (MOU)

BETWEEN

ORGANIZATIONS A, B, C etc.,

Palliative Care Community Based Shared Care Outreach Teams

The Palliative Care Community Based Shared Care Outreach Teams model is part of an integrated service delivery approach that fosters inter-professional collaborative, patient-centred practice. These outreach teams are a proven-evidence based best-practice model.

Shared care involves primary care providers in a team partnership of care with expert clinicians who together share the care of the patient in an integrated and seamless manner. The teams are defined by population /geography. They provide:

- Consultation/education by specialist to primary care, building community capacity
- 24/7 access to specialist clinician support
- Crosses continuum of patient care settings
- Coordinated system navigation
- Standardized assessment, processes of referral, patient records, evaluation and documentation
- Locally driven partnerships with a consortium based governance model
- Customization at the local level with overall adherence to iterations of a shared care, consultative model

Teams typically consist of an expert Palliative Care Physician, a Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS), a Psycho-Spiritual Clinician, a Bereavement Clinician, a Care Coordinator, working in conjunction with Primary Care and CCAC Palliative Care Case Managers. .

1. Purpose of this MOU

The purpose of this Memorandum of Understanding is to clearly identify the roles and responsibilities of the Team Members as they relate to their role with regards to the provision of the Community Based Shared Care Outreach Team services.

2. Terms

This MOU will be reviewed every year by all parties.

3. Description

The Shared Care Outreach Team will be located at: (Host Site) in the city of _____

The Shared Care Outreach Team will provide services to eligible clients living within the geographic areas of:

4. Team Processes

The team has agreed to use the following processes:

- a. Admission Criteria
- b. Referrals
- c. Intake/triage
- d. Assessment Tools
- e. Consent
- f. Client Profile
- g. Client Roster
- h. Clinical Rounds
- i. Charting/Progress Notes/Documentation
- j. Communication
- k. Data Collection

5. Roles and Responsibilities of relevant team members:

- a. Expert Palliative Care Physician
- b. Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS)
- c. Psycho-Spiritual/ Bereavement Clinician
- d. Care Coordinator
- e. Primary Care Physician

6. Roles and Responsibilities of each party

a. The leadership of all parties in this agreement will form a Management Committee responsible for the Human Resource, accountability and reporting issues related to the Shared Care Outreach Team collaborative membership.

.b. The Management Committee will meet ...

7. Conditions

It is understood that parameters may be adjusted and-or revised. Such adjustments and or revisions will be identified and approved by all parties in the agreement and may or may not affect the scope and action of this MOU.

8. Termination

This MOU may be cancelled or terminated without cause by either party by giving ninety (90) calendar days advance written notice to the other party.

This MOU will be effective upon signature and will be reviewed on an annual basis.

I agree to the terms and conditions outlined in this MOU.

Date:

Date:

Date:

Date: