

Family Health Teams

Advancing Primary Health Care

BUSINESS AND OPERATIONAL PLAN CHECKLIST REQUIREMENTS

Draft for Distribution - April 6, 2006

Checklist Requirements

The following table is a check list of items that must be present in the submission. References in the text are to Sections in the Business and Operational Plan Guide.

Family Health Team Identification _____

Number	Checklist
1	<p>Strategy</p> <ul style="list-style-type: none"> • Is there an overview of the FHT Planning strategy that shows how the Strategic and Program Plans described in Section 4.1.2 of the guide have been approached and containing population, characteristics, objectives and how the submission address service gaps?
2	<p>Governance and Accountability</p> <p>The following components must be included as per Section 4.1.1:</p> <ul style="list-style-type: none"> • Has the group identified a governance structure? Type of governance can be community, provider or mixed. • Has the group taken the necessary steps to form an appropriate governance or has it demonstrated a plan to do so? Legal arrangement can be non-profit, partnership, professional corporation, non-profit/provider, natural persons. • Has the group developed a framework (Board of Directors, Partnership, Contract of Association, Community Advisory Board) or has it identified a process to create a framework? • FHT name and contact • Name of entity and sponsoring organization • Authorized signing officer • Bank account details
3	<p>Business and Operations Model (Proposed Programs and Services)</p> <p>Does the Plan contain estimated volumes (as per Section 4.1.3) of:</p> <ul style="list-style-type: none"> • Current Patients • Expected Additional patients