

## Consent to Use and Display Content

I/We\* (\*Delete as applicable) \_\_\_\_\_ **[INSERT FULL NAME OF PROFESSIONAL AND PRACTICE NAME OR ORGANIZATION]** have read the information sheet “OASIS - Listing of Community Services to Support Arthritis Patients” provided by Vancouver Coastal Health Authority (“VCHA”) and wish to contribute informational content about my/our services to the OASIS Website. I/We agree and consent to participate as follows:

1. VCHA may post and publicly display all or part of the information contained in the table below on the OASIS Website, and any additional information submitted by me/us to VCHA for informational and educational purposes for the OASIS Website (“Content”);
2. VCHA may also copy, distribute, adapt, modify, translate and use all or part of the Content for internal and related health care purposes, including compiling an internal database of information about service providers and sharing the database with other health authorities and health related organizations;
3. If our services and other business information changes, I/We will provide updates to VCHA in respect of the Content;
4. VCHA may continue to display or otherwise use the Content as set out in this form as long as it wishes to do so. If I/We no longer wish my/our services to be displayed on the OASIS Website, I/We will advise VCHA and request that the Content be removed;
5. VCHA may withdraw any part or all of the Content from the OASIS Website for any reason, including cancellation of the OASIS Website or inappropriate content;
6. I/We confirm that the Content provided to VCHA is accurate and up-to-date;
7. Use of the OASIS Website will be subject to the applicable website terms of use displayed on the OASIS Website. VCHA does not make any representations or guarantees, express or implied, in respect of the OASIS Website;
8. Submission of the Content to VCHA does not guarantee that it will be posted on the OASIS Website and VCHA may select only a sample of professionals/organizations to be displayed. VCHA may also amend, reduce or expand the Content of the listing of services at any time.

\_\_\_\_\_  
 Signature of Professional / Authorized Signatory of Organization

If you wish to contribute to the OASIS Website and listing, **please complete the table** below and **sign the Consent form** as shown above. Before submitting the form to us, please ensure the information noted in the attached table is correct.

Please **Fax** the Consent form and completed table to: **604-875-4298** by .....

<input type="checkbox"/> Yes, I would like to participate in the OASIS listing of services as set out in the attached form (Please confirm/complete information and sign the form attached)  <input type="checkbox"/> No, I do not wish to participate in the OASIS listing of services
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Please complete the following additional information that would help us understand the nature of the services you offer (i.e. pamphlets, flyers, brochures etc.) may be mailed to us at your earliest convenience.

Business/Organization Information	Information Required
Program <b>Name</b> (Public)	
Program <b>Facility</b> Name (Public)	
Program <b>Address</b> (Public)	Street..... City..... Postal Code..... Province.....
Program <b>Phone</b> Number (Public)	
Program <b>Toll Free</b> Number(Public)	
Program <b>Fax</b> Number (Public)	
Program <b>E-Mail</b> (Public)	
Program <b>Website</b> (Public)	
Program <b>Contact Name</b> ( Private)	
Program <b>Contact Position</b> ( Private)	
Program <b>Contact Phone</b> Number ( Private) *If different from the above	
Program <b>Contact Fax</b> Number ( Private) *If different from the above	
Program <b>Contact E-mail</b> ( Private)	
<b>Description</b> of service provided (Public)	
Description of Appropriate <b>Clients</b> (Public)	
Method of <b>Intervention</b> ( Group vs. Individual, Registration vs. drop-in, etc) (Public)	
Please describe staff <b>qualifications</b> / Expertise (Private)	

Business/Organization Information	Information on file
Is there a <b>fee</b> charged? (Public)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are services covered by <b>MSP</b> ? (Public)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some
Is <b>referral</b> required? (Public) If Yes, referral <b>from</b> whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a <b>waitlist</b> ? (Public) If Yes, on average, <b>how</b> long is it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a <b>priority</b> process? If Yes, <b>how</b> do you prioritize? (Public) Please specify if "other".	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Referral <input type="checkbox"/> Type/Acuity of the disease <input type="checkbox"/> Other.....

Organizations that offer several different programs/services may have different Provider information. For example, the City of Richmond (Provider) offers many different programs at their various community centers (programs). If this is the case with your organization, or you have different provider contact information *please complete the following section.*

Provider of Program Information	
Provider <b>Name</b> ( Public) *If different from program Name	
Provider <b>Address</b> ( Private)	Street..... City..... Postal Code..... Province.....
Provider <b>E-mail</b> ( Private)	
Provider <b>Website</b> ( Public)	
Provider <b>Contact Name</b> ( Private)	
Provider <b>Contact Position</b> ( Private)	
Provider <b>Contact Phone</b> Number( Private) *If different from program Name	
Provider Contact <b>E-mail</b> ( Private)	
Provider Contact <b>Fax</b> ( Private)	

Legend: Public = Information available to public; Private= Information for OASIS use only.

## INFORMATION SHEET

### OASIS – LISTING OF COMMUNITY SERVICES TO SUPPORT ARTHRITIS PATIENTS

The Vancouver Coastal Health Authority (VCHA) has developed a multidisciplinary service called OASIS – OsteoArthritis Service Integration System. The objective of the service is to identify patient needs and to facilitate equitable and timely access to a range of services that support individuals in navigating the system and in managing the disease through the various stages of the care continuum – from non-operative care through to post-operative care.

Focus will be on both non-operative patients and patients waiting for hip and knee surgery. OASIS staff will assess patient condition and identify treatment and coping requirements. This assessment will result in a personalized action and referral plan. In addition, OASIS will promote patient self-management through education and development of skills.

In the planning stages of the program, one of the gaps in care identified by patients and their primary care physicians is the need for an up-to-date and coordinated listing of services and supports. This listing provides an initial collection of resources and services available to both arthritis patients and their care providers.

**Key features of the listing** are as follows:

- The listing includes contact information for both public and private sector professionals and organizations, therefore providing a wide range of services with variable cost structures and access options;
- Information can be sorted by community including Vancouver, Richmond, Bella Coola, etc.
- The services in the listing include Education, Exercise, Rehabilitation, Nutrition, Housing, Transportation, Equipment, Employment, In-Home Support, Financial Assistance, etc.
- Services included reflect needs ranging from mild to severe arthritis. Each program or service listed may not be appropriate for all individuals, and individuals must use their own judgment in selecting services and professional advice.

#### **Access to Information**

It is anticipated that this listing will need to be promoted through a number of vehicles including:

- \* OASIS Website;
- \* The Arthritis Society Peer Support Program;
- \* The Vancouver Coastal Primary Care Network
- \* OASIS Assessment Clinics and Education Sessions
- \* OASIS Education Partners

In addition to on-line access to information, a hard copy pamphlet will be printed and available for distribution.

### **Updating and Maintaining the Information**

Continued and regular updating of the listing will be an ongoing challenge and will be important to sustain the success of this information resource. Several options are under consideration.

The OASIS program is the first of its kind in British Columbia and is being rolled out in phases, with the team currently working with small groups of physicians, patients and allied health professionals to develop and test tools and processes before launching the full program in early 2007.

### **Responsibility for Third Party Content**

VCHA will rely on contributors (public and private sector professionals and organizations providing information about their services) to update their own information for the OASIS Website, which will be provided for informational purposes only. Links may be provided to other websites through the OASIS website. However, VCHA will not be responsible for vetting links and third party content on other sites. Although the OASIS Website will identify contributors and services that support patient needs, this does not mean that the professionals and organizations and the services described are specifically endorsed and promoted by VCHA. Patients will be expected to choose the most appropriate service provider for them, based on their own assessment of the information available. Users of the OASIS Website will be subject to VCHA's standard website terms of use.