**Integrated Community Case Management System (ICCMS)**

*Expression of Interest*

**Background**

**Role requirements**

* Relevant service planning and development experience
* Experience and interest in Digital and eHealth and their application in Primary and Community CAre Services
* Ability to collaborate with other group members
* Leadership and influencing Skills
* Ability to commit to the time required to participate in this role including reading documents
* Line manager support to release staff member from core work to take up this role

The Integrated Commuity Case Management System (ICCMS) is a key development for community services which will support

* Improved patient care such as referral management, appointment scheduling, triage and wait list management
* Case management and integrated working
* Workload and team management
* Operational management and strategic decision making

The governance for the ICCMS is through the ICCMS Steering Committee which reports to the Community Digital Oversight Group.

**There are 2 workstreams for which HSCP representation is sought:**

**1) User Experience & Pathways**: To support the creation of the ICCMS system structure to ensure it mirrors the operational pathways of care required for maximum patient and / or service user satisfaction and front-line colleague experience

**2) Our People & Change**: Early engagement is imperative to ensure Our People (Staff and Patient and / or Service Users) and key stakeholders are fully informed that ICCMS is in development and the positive benefits that this programme will produce.

Meetings will take place virtually every 2 weeks for 1 hour.

As there are 4 work streams please highlight which work stream(s) you are applying for in the ***interest/relevant experience*** section of the application.

HSCP are invited to submit their expression of interest to richard.smith@hse.ie by COB **Monday 21st February.**

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| **Details and Application** |
| **Name:** |
| **Statement by Nominee:*** **I agree to allow my name to go forward for the above stated role**
* **I understand that if my expression of interest is approved, I will have to fulfil certain obligations**
 |
| **Signature:** | **Date:** |
| **(please print)** |  |
| **Contact phone number** | **Email address:** |
| **Current position/job title:****CORU Registration Number (if applicable)** |
| **Place of work:** |
| **Interest/experience in relevant area**(Please demonstrate evidence of meeting the role requirements criteria listed above)***\* Please indicate which work stream you wish to be involved in.*** |
| **Publications/presentations**: |
| **Experience of advocacy for the profession:** |
| **Any other information relevant to the application:** |