Project Funding Request

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| SCC Information (to be completed by SCC Initiative Liaison) | | | |  |
| **SCC Initiative Liaison Name:** | | **Phone #:** | **Email:** | **Project ID:** |
|  | | | | |
| **EOI/Proposal Summary**–Please complete prior to submission to SCC Initiative Liaison | | | | |
| **Title of Proposed Project** |  | | | |
| **Date of Submission** | Click or tap to enter a date. | | | |
| **Submission Type** | Choose an item. | | | |
| **Funding Amount Requested (Rounded number)** |  | | | |
| **Fund Holder, Location** |  | | | |
| **Project Lead Name** |  | | | |
| **Shared Care Initiative** | Choose an item. | | | |
| **Length of Project** | 3- 6 month (EOI)  12 months  18 months  2 years | | | |
| **If conducting online surveys, identify the survey platform that you will use** | Checkbox 7  Other – please specify: | | | |
| **Project Summary**  **(100 words maximum)** | *Please refer to the* [*SCC guidelines*](https://sharedcarebc.ca/sites/default/files/SCC%20-%20Guidelines%20-%20Project%20Funding%20Guidelines%20-%20V22.00.00.pdf) *for further information.* | | | |

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| **EOI/Proposal Details** – Please complete prior to submission to SCC Initiative Liaison  **If submitting an EOI, please provide brief outlines to the questions below, and indicate where information is not yet available.**  **If submitting a Proposal, please provide more in-depth responses to the questions below.** | | | |
| 1. Project Aim Statement  Please provide a **one-sentence project aim statement** summarizing the problem or opportunity, who the project will benefit, where it will take place, by when and by how much? This statement provides initial orientation toward activities of improvement initiatives.  ***Sample:*** *The Breastfeeding support program will increase access to in-person breastfeeding support services in the community of Comox by 25% by April 1, 2023.*  ***Sample:*** *Over the next 12 months, we will identify and implement processes to foster a team based approach to delivering cancer care that will address the unique needs of rural patients, and foster improved coordination and collaboration between cancer care providers, including Family Physicians, General Practitioner Oncologists, Specialists and allied health.* | | | |
| 2. Please provide a **brief patient story** that illustrates the challenges faced or gaps that need to be addressed and why addressing these gaps is important.  *As is relevant for the stage of your request (EOI/Proposal), include information on relevant data, literature, best practices or sources to support this choice*. | | | |
| 3. Describe the activities and/or improvement strategy the project team plans to take to address the gap(s) in care.  *EOI example for successful strategies: In order to understand current gaps in care, we will: conduct an environmental scan to investigate the current resources in the region, a needs assessment questionnaire for patients and their families attending the clinic; establish a list of recommendations to address the gaps.* | | | |
| 4. Using the boxes below, identify which outcomes will be addressed by the project (**suggestion of 3-4**). This information will assist in identifying the relevant Shared Measures for your project: | | | |
| More effectively utilize physician and other healthcare resources [SCOO1]  Integrate and align physician services with other health service delivery [SCOO2]  Improve patient care [SCOO3]  a. Make the patient’s journey seamless, with appropriate and timely access [SCOO3a]  b. Patients are supported to better manage their own care with fewer unnecessary medical interventions [SCOO3b]  Achieve measurable savings in expenditures that could be reallocated for more optimal provision of healthcare services [SCOO4]  a. Reduce duplication of effort and utilization of resources on a per-capita basis [SCOO4a] | Increase appropriate collaborative practice with other physicians and the integration of physicians with other healthcare professionals in the delivery of services [SCOO5]  a. Enhanced relationships between providers [SCOO5a]  b. Enhanced relationships between providers and the broader system [SCOO5b]  Improve patient and provider experience [SCOO6]  a. Reduce the hassles and frustrations experienced by patients and providers [SCOO6a]  Improve population health [SCOO7]  Improve the quality and evidence-base of care delivery [SCOO8]  Reduce unwarranted variations in care [SCOO9]  Implement shared care and appropriate scopes of practice between General Practitioners, Specialist Physicians, and other healthcare professionals [SCOO10] | | |
| What **patient populations** would the project target? Please check all that apply:  General Population  Adults  Child & Youth  End of life / Palliative  Maternity  Older Adults & Seniors  Other (please list): | Identify the primary and secondary [Dimensions of Quality](https://bcpsqc.ca/what-is-quality/#:~:text=Dimensions%20of%20Quality&text=Accessibility%3A%20ease%20with%20which%20health,benefits%20according%20to%20population%20need) that are being addressed. | | |
|  |  | Primary (select one) | Secondary (select one) |
|  | Accessibility |  |  |
|  | Appropriateness |  |  |
|  | Effectiveness |  |  |
|  | Efficiency |  |  |
|  | Equity |  |  |
|  | Respect |  |  |
|  | Safety |  |  |
| 5. **Engagement strategy:** Which partners or stakeholders would you involve into the project to meet outcomes? Identify level of participation i.e. stakeholders were informed, consulted, are active collaborators, etc. *(Health Authorities, NGOs, Indigenous Communities, MSA, Divisions of Family Practice, etc.) Please refer to the* [*SCC guidelines*](https://sharedcarebc.ca/sites/default/files/SCC%20-%20Guidelines%20-%20Project%20Funding%20Guidelines%20-%20V22.00.00.pdf) *for further information.* | | | |
| 6. **Engagement strategy**: How will you engage the patient family caregiver voice, inclusive of diverse populations, and capture the patient experience?*) Please refer to the* [*SCC guidelines*](https://sharedcarebc.ca/sites/default/files/SCC%20-%20Guidelines%20-%20Project%20Funding%20Guidelines%20-%20V22.00.00.pdf) *for further information.* | | | |
| 7. **Which Indigenous communities** will/have be engaged throughout this project and in what capacity? If these communities will/have not being engaged meaningfully, please explain why. | | | |
| 8. Does this project **align with other quality improvement activities related to this work** (if so, please list)? Does it link to any other BC health system priorities, and if so, how? i.e. PCN and PMH work. | | | |
| 9. Are there **particular barriers** that could prevent your communities moving forward with the needs assessment, engagement, and planning? What is your plan for addressing these barriers? (i.e. COVID-19 restrictions) | | | |
| 10. If successful, **how will these improvements be sustained**? Include how it will be operationalized and supported post project (See Appendix C for optional sustainability assessment) | | | |
| 11. Do you have a **governance structure or Steering Committee** in place that will oversee this work in your community? If yes, what is that structure? | | | |
| 12. Do you have any additional comments to add? | | | |
| 13. Please identify which Family Physicians/Specialists/Family Physicians with Focused Practice, other health care providers, and project manager will be involved and identify which are project leads:   |  |  |  |  | | --- | --- | --- | --- | | **Family Physician Name** | **Email** | **Community** | **Lead** | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Specialist Name** | **Email** | **Specialty** | **Lead** | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Family Physician with Focused Practice** | **Email** | **Focus Area** | **Lead** | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Health Authority Representative** | **Email** | **Community** |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Indigenous and Patient Partner** | **Email** | **Community** |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Allied Health Professionals** | **Email** | **Focus Area** |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Project Manager and/or Others** | **Email** | **Focus Area** |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | |

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| 14. Budget & Work Plan | | |
| **Appendices** | **Yes** | **No** |
| Appendix A: Budget (click [HERE](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=aaf19685a42fb17822ab6bcef2cafd1b64aaba45cb07f3ea298102a4455c43cf&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5) for required budget template) |  |  |
| Appendix B: Detailed Work Plan for **Proposals only** (click [HERE](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=927c93cc4970441f760a26dbf9597eac178a5856b9a88ee5b9bd5399d16ddb52&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5) for a Work Plan Guide) |  |  |
| Appendix C: Evaluation plan template – this is to be completed for **Proposals only** and submitted either at the time of proposal submission, or with the first quarterly report following distribution of funds. |  |  |
| Appendix D: Sustainability Assessment for **Proposals only** (optional) |  |  |

## Questions?

[shared\_care@doctorsofbc.ca](mailto:shared_care@doctorsofbc.ca)

[Shared Care Team Contacts](http://www.sharedcarebc.ca/about-us/committee-members/our-team)

## Submission Instructions

For **EOI submissions**, please include the following documents:

Project funding request form – please submit in .doc format

Appendix A: Budget

For **proposal submissions**, please include the following documents:

Project funding request form – please submit in .doc format

Appendix A: Budget

Appendix B: Detailed work plan

Appendix C: Evaluation plan (or at time of submission or first quarterly report)

Appendix D: Sustainability assessment (optional)

**APPENDIX A – Budget**

(Screen snip from Budget Template)

**APPENDIX B – Workplan**

Add Fields as appropriate to your Project. Projects may use any workplan format.

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| **Activities/Milestone** | **Key Stakeholders** | **Outcomes/Alignment with Goals** | **Target Date/Date Range** |
| **Project Planning:**   1. Appoint Steering Committee 2. Book Steering Committee Meetings 3. Book Project Meetings/Workshops 4. Develop detailed Project Plan |  |  |  |
| **Evaluation – Current State/Needs Assessment:**   1. Conduct Patient Surveys 2. Conduct Provider Surveys 3. Evaluate Results 4. Update Project Goals |  |  |  |
| **Project Execution:**   1. Conduct Project Meetings/Workshops 2. Identify Opportunities & Best practices 3. Develop Future State Vision 4. Design/Strategy Development 5. Implementation |  |  |  |
| **Evaluation – Future State:**   1. Data Collection (document review, surveys, interviews, etc.) 2. Data analysis 3. Make recommendations 4. Create Final Evaluation Report |  |  |  |
| **Project Close:**   1. Follow Shared Care Project Close Guidelines 2. Create Project Close Report |  |  |  |

**APPENDIX C: Evaluation plan**

For examples of how to fill out this form, please see the Shared Care Learning Centre

Shared Care Evaluation Plan Template

|  |  |
| --- | --- |
| **Project Title** |  |
| **Estimated Timeline** (start to end) |  |

# overview / background

State what problem you are addressing and why it is important. Include relevant data, literature, best practices, or sources to support the project. Describe who will benefit from the project (consider both the individual and organization) and how it will impact patients.

Click or tap here to enter text.

# Aim statement

What is the problem or opportunity, who will the project benefit, where, by when and by how much? Provides initial orientation toward activities of improvement initiatives.

Click or tap here to enter text.

# Objectives

*Objectives are specific and measurable steps. Objectives are narrow, precise and concrete. Make your objectives SMART – Specific, Measurable, Achievable, Realistic, and Time bound. In the section titled Evaluation Framework, be sure to identify the measures and data collection tool that will capture the necessary data to indicate if the objective has been achieved*.

Click or tap here to enter text.

# Target Population

Identify who will your participants be, how will you select them and why? How will you approach people to participate in your project? What are your inclusion and exclusion criteria and why? Consider including a brief Participant Communication Plan (optional). This component of the plan will likely need to be updated / altered as the project progresses and the problem / issue is better understood.

Click or tap here to enter text.

# PROJECT deliverables

*Provide a list of the deliverables that you will produce at the conclusion of your projects. In addition to having a clear aim statement and objectives, clearly identifying the deliverables may assist you in focusing your evaluation plan. This list can be added / adjusted throughout the life of a project as new ideas emerge over time.*

Click or tap here to enter text.

# Evaluation Framework

Define measures (quantitative and/or qualitative) used to monitor the impact of this improvement effort. Customize the table and include additional columns according to your approach. For examples illustrating of a completed matrix, please see the Evaluation Planning Toolkit on the [Shared Care Learning Centre](https://sharedcarelearningcentre.ca/evaluating-monitoring/%20.).

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| --- | --- | --- | --- |
| **IHI Modified Triple Aim** | **Expected Outcome** | **Data Source** | **Measure** |
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**Appendix D: Optional Sustainability Assessment**

Please refer to the sustainability toolkit and evaluation on the [Shared Care Learning Centre.](https://archive.sharedcarelearningcentre.ca/sustain-a-project/)