Project Funding Request

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| SCC Information (to be completed by SCC Initiative Liaison) | | | | | | | |
| **SCC Initiative Liaison Name:** | | | **Phone #:** | | **Email:** | | |
| **Comments:** | | | | | | | |
| **EOI/Proposal Summary**–Please complete prior to submission to SCC Initiative Liaison | | | | | | | |
| **Date of Submission** | | Click or tap to enter a date. | | | | | |
| **Submission Type** | | Choose an item. | | | | | |
| **Name of Shared Care Initiative** | | Choose an item. | | | | | |
| **Focus Area(s) Being  Explored/ Addressed**  Please check all that apply. Complete this question **only** if your project falls within one of the four listed initiatives: | | **AMHSU Spread Network**  Mental Health  Substance Use  Youth to Adult Transitions | | **Chronic Pain Spread Network**  Enhanced Access/ New Models of Care  Patient Self-Management  Enhancing Skills/ Capacity  Opioid Use Disorder Prevention & Treatment | **Coordinating Complex Care for Older Adults**  PPhRR/Med Management  Communication  & Referrals  Coordinated  Care Plans | **Maternity Spread**  **Network**  Clarify Maternity Pathway  Strengthen  Team-Based Care  Clarify Roles/ Standardize Care  Communication & Referrals  Patient Self-Management | **Palliative Spread Network**  Communication & Referrals  Access to Resources & Support  Team Based Care  Enhanced Provider Knowledge |
| **Title of Proposed Project** | |  | | | | | |
| **Funding Amount Requested** | |  | | | | | |
| **Name of Fund Holder** | |  | | | | | |
| **Length of Project** | |  | | | | | |
| **Local Division of Family Practice/Community & Region** | |  | | | | | |
| **Project Clinical Leadership** | **FP Lead(s)** |  | | | | | |
| **Specialist/FP with Focused Practice Lead(s) & Specialty** |  | | | | | |
| **Other Health Care Providers (if applicable) & Specialty** |  | | | | | |
| **Project Partners:**  **Contact Names & Organizations**  (e.g. John Doe, VIHA; Jane Doe,  Pain BC, etc.) | |  | | | | | |
| **Project Summary**  OR  **Reason for Additional  Funds Request** | |  | | | | | |
| **Is this Funding Request related  to changes as a result of the COVID-19 Pandemic?**  **If yes, please describe:** | |  | | | | | |
| **Project Lead Name** | |  | | | | | |

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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.*  *If submitting an Additional Funds Request, you are not required to complete #s 1-15.* | | |
| **1. Please outline a brief patient story that illustrates the challenges faced or gaps that need to be addressed.**  *What is the current experience for patients, families and/or providers, and how does it impact the provision of coordinated, quality care?* | | |
| **2. Briefly outline the activities or improvement strategy the project team plans to take to address the gap(s) in care.** | | |
| **3. What patient populations would the proposed project target?**  Please check all that apply:  Maternal Women & Babies  Children & Youth  Adult & General Population  Older Adults & Seniors  End of Life/Palliative  Other (please list): | **What themes would be explored and/or addressed?**  Please check all that apply:  Cancer  Chronic Pain/Illness  Diabetes  Maternity  Mental Health and/or Substance Use  Surgical  Virtual Care  Other (please list): | **Which of the following outcomes will this project aim to achieve?**  Please check all that apply:  Improved Patient Access  Improved Patient Experience of Care  Improved Provider Experience of Care  Improved Patient Health Outcomes  Reduced Health Care Costs / Improved Health Care Sustainability |
| **4. What are the anticipated improved outcomes for patients, families, caregivers, and providers?** | | |
| **5. How will the improved outcomes be measured?** | | |
| **6. If successful, how will these improvements be sustained?** | | |
| **7. How will you engage the patient and family caregiver voice, and capture the patient experience and improved  patient outcomes?** | | |
| **8. Which Indigenous communities and other diverse populations are being engaged throughout this project and in what capacity?** | | |
| **9. Please identify which FP/Specialist/FP with Focused Practice physicians and other health care providers will  be involved:**   |  |  |  |  | | --- | --- | --- | --- | | FP’s | | | | | Name: |  | Email: |  | | Name: |  | Email: |  | | Name: |  | Email: |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | SPECIALISTS | | | | | | | Name: |  | Email: |  | Specialty: |  | | Name: |  | Email: |  | Specialty: |  | | Name: |  | Email: |  | Specialty: |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | FP’s WITH FOCUSED PRACTICE (if applicable) | | | | | | | Name: |  | Email: |  | Focus: |  | | Name: |  | Email: |  | Focus: |  | | Name: |  | Email: |  | Focus: |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | OTHER PROVIDERS (if applicable) | | | | | | | Name: |  | Email: |  | Role: |  | | Name: |  | Email: |  | Role: |  | | Name: |  | Email: |  | Role: |  | | | |
| **10. Which partners or stakeholders would you collaborate with to meet outcomes? And what will their role be? Have you discussed plans with partners and stakeholders to move forward on this work? Are there any commitment implications for certain stakeholders, and if so, are they in agreement with their role?**  (Health Authorities, community partners, MSA, Divisions of Family Practice, etc.) | | |
| **11. 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, (ie PCN) and if so, how?** | | |
| **12. 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?** | | |
| **13. Do you have a governance structure in place that will oversee this work in your community? If yes, what is that structure?** | | |
| **14. Do you have any additional comments to add to your EOI or Proposal?** | | |
| **15. As Project Lead, I have read and understand the Shared Care Funding Guidelines, and acknowledge that during the Proposal phase:**   1. I will be required to complete bi-monthly status reports and submit to my SCC Initiative Liaison by the appropriate deadlines. 2. I will be required to complete a Final Project & Evaluation Report upon completion of my project and submit to my SCC Initiative Liaison by no later than 90 days after project completion. 3. I may be asked by my SCC Initiative Liaison to complete a *Project Profile* for the [Learning Centre website](http://www.sharedcarelearningcentre.ca/), once my project is complete, for which support is available.  |  |  |  |  | | --- | --- | --- | --- | | NAME: |  | SIGNATURE: |  | | | |

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| **16.** **Budget & Work Plan**  *Please identify the amount of funding requested by attaching a detailed budget as Appendix A.*  *If this is a Proposal or Additional Funding Request, you must also attach a detailed Work Plan as Appendix B.* | | |
| **Attachments Included** | **Yes** | **No** |
| Appendix A: Budget (click [HERE](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=aaf19685a42fb17822ab6bcef2cafd1b64aaba45cb07f3ea298102a4455c43cf&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5) for example Budget template) |  |  |
| Appendix B: Detailed Work Plan for **Proposal** or **Additional Funding Request** activities (click [HERE](https://mfiles.doctorsofbc.ca/SharedLinks.aspx?accesskey=927c93cc4970441f760a26dbf9597eac178a5856b9a88ee5b9bd5399d16ddb52&VaultGUID=D43316D7-A660-4C25-A7F3-285FB47DAEC5) for a Work Plan Guide) |  |  |

## Questions?

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

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

VERSION: 21.1.21

**APPENDIX A – Budget**

(See Excel Budget Template)

**APPENDIX B – Workplan**

Add Fields as appropriate to your Project

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| **Activities/Milestone** | **Key Stakeholders** | **Outcomes/**  **Alignment with Goals** | **Target Date/Date Range** |
| Project Planning:   * Appoint Steering Committee * Book Steering Committee Meetings * Book Project Meetings/Workshops * Develop detailed Project Plan |  |  |  |
| Evaluation – Current State/Needs Assessment:   * Conduct Patient Surveys * Conduct Provider Surveys * Evaluate Results * Update Project Goals |  |  |  |
| Project Execution:   * Conduct Project Meetings/Workshops * Identify Opportunities & Best practices * Develop Future State Vision * Design/Strategy Development * Implementation |  |  |  |
| Evaluation – Future State:   * Conduct Patient Surveys * Conduct Provider Surveys * Evaluate Results * Create Final Evaluation Report |  |  |  |
| Project Close:   * Follow Shared Care Project Close Guidelines * Create Project Close Report |  |  |  |