|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** |  | | **Total Amount Requested:** $Cdn |  | |
| *Amount must be in $CDN including taxes, delivery and installation* | | | | | |
| **Name:** | |  | | |  |
| **Title:** | |  | | |  |
| **Email Address:** | |  | | |  |
| **Phone Number:** | |  | | |  |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Proposal Information** | Title of Proposal |  |
| Department |  |

Please answer the following questions:

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | Have you applied to any other committees for funding through RCH Foundation?   * PAIF * Major Equipment * Auxiliary * CARE * AIM * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Is this item currently on the approved FHA capital equipment list?  *\*If not, please explain the rationale for the funds in the Description of Improvement section \** |
|  |  | Has supporting documentation been provided? Please attach - quotes, pictures, impact of use, etc. |

|  |
| --- |
| **Provide a description of the patient experience improvement.** |
|  |

|  |
| --- |
| **What is the need for this initiative and how will it enhance patient experience? Will this initiative impact patient outcomes?** |
|  |

|  |
| --- |
| **How many patients will this initiative impact? How often will it be utilized?** |
|  |

|  |
| --- |
| **If this is an equipment request, does RCH have this piece of equipment on-site? If so, is there an opportunity to share between departments?** |
|  |

|  |  |
| --- | --- |
| **Budget** | |
| **Cost(s):** |  |
|  |  |
|  |  |
| **Additional Costs:** |  |
| (Tax, shipping, maintenance) |  |
|  |  |
| **Total Cost:** |  |

*\*please attach quote(s) for the above purchase(s).*

|  |  |
| --- | --- |
| **Signatories** | |
| **Program Administrator**  Name (printed):  Title:  Signature: | **Program Director** \**required for requests $5,000+.*  Name (printed):  Title:  Signature: |

**Submit this application by October 31st, 2019 to:**

RCH Foundation Office Attention: Alison Cowie [alison.cowie2@fraserhealth.ca](mailto:alison.cowie2@fraserhealth.ca)

**About the Caritas Patient Experience Fund**

The Caritas Fund provides the Royal Columbian Hospital Family funding to improve patient experience. The purpose of the fund is to improve patient comfort and security, alleviate anxieties and enhance recovery through creative medical or non-medical products, programs and initiatives.

Examples of solutions funded by the Caritas Fund include ways to:

* Put patients at ease while waiting for their appointments
* Improve patient experience during hospital procedures
* Entertain patients during their hospital visit
* Emulate the comforts of home during long-term hospitalization
* Improve the welcome or departure of patients from a department

The Caritas Fund will distribute funds towards patient experience initiatives through semi-annual application periods. Applications should not normally exceed $10,000. Applications exceeding $10,000 may be approved upon special consideration.

Anyone working at the Royal Columbian Hospital is eligible to submit an application.

**Application Deadlines**

There are two funding periods per year. Application for funding can be submitted at any time to the Foundation office OR by email to [alison.cowie2@fraserhealth.ca](mailto:alison.cowie2@fraserhealth.ca). The submission deadline for each review is as follows:

|  |  |
| --- | --- |
| **Application Deadline** | **Committee Review & Funding Approval** |
| October 31 | November |