|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Total Amount Requested:** $Cdn |  |
|  *Amount must be in under $5,000 in $CDN* *including taxes, delivery and installation.* |

|  |
| --- |
| **Project Information**  |
| Title of Project |  |
| Department |  |

|  |
| --- |
| **Team Information**  |
| Name: | Discipline: | Department: | Email:  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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
* Quality Improvement
* Caritas
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |  | Are you applying for a piece of equipment? If yes, is this item currently on the approved FHA capital equipment list?   |
|  |  | Have you provided supporting documentation? Please attach - quotes, pictures, impact of use, etc. |

|  |
| --- |
| **Problem. Provide a summary of the problem you aim to solve.** |
|  |

|  |
| --- |
| **Solution. How will you solve this problem?** |
|  |

|  |
| --- |
| **AIM Statement. What do you plan to achieve?** (with metrics) |
| **\***see instructions on page 4. |

|  |
| --- |
| **Metrics. How will you know that a change or improvement has been made?** |
| **\***see instructions on page 4. |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Timeline**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Month** | **Month**  | **Month** | **Month** | **Month** |
| **Activity** | **X** |  |  |  |  |
| **Activity** |  | **X** |  |  |  |
| **Activity** |  |  | **X** |  |  |
| **Activity** |  |  | **X** | **X** |  |

 |

**Department Manager Signature**

|  |  |
| --- | --- |
| Name (print): |  |
| Signature: |  |
| Date: |  |

**Application Form Instructions**

**AIM Statement**

An AIM statement outlines what you are trying to achieve or accomplish through your patient experience project. This is your “North Star” that describes what success looks like for your project.

* How much? (outcome measure, numerical goal for the project)
* By when? (time frame)
* For what/whom? (target population, system, process, and/or setting)
* SMART Goal (specific, measurable, applicable, realistic and timely).

Example: “To increase patient mobility on 4S by 50%”.

**Metrics**

Each project should have 1-3 outcome measures to track the impact of the funding. These measures are indicators that patient experience improvements have been made.

* Patient wait times
* Infection rates
* Patient satisfaction at discharge
* Reduced anxiety in patients
* Compliance to post-op care plan

Example: “90% of patients feel the education reduced their anxieties regarding the procedure”.

**Review**

Project leaders must update the Foundation on the progress of their initiative every 6 months until completion. If further funding is required, the project leader can submit an application to for further funding to continue the project.

* What is working?
* What can be improve?
* Steps forward.
* Submit metrics.

When approved, you will be forwarded a project status form to submit your metrics.

**Caritas Fund**

The Caritas Fund supports improvements to patients’ experiences at Royal Columbian Hospital. RCH Family can access funding to delight patients and create positive, memorable experiences.

The goal of the Caritas Fund is to alleviate patients’ stress, quiet their fears and, most importantly, bring them joy during a difficult time in their lives.

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

**Fund Administration**

The Caritas Fund supports patient experience initiatives through two application processes: monthly immediate needs and annual strategic needs.

|  |  |
| --- | --- |
| **Immediate Needs Applications** | **Strategic Needs Applications** |
| * Applications ≤ $5,000
* Evaluated internally
* Funding allocated monthly
* Total annual funding no greater than $60,000
 | * Applications ≥ $5,001
* Evaluated by Caritas Committee
* Funding allocated annually
* Total annual funding no greater than $90,000
 |

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

**Application Deadlines**

Immediate Needs: Applications for immediate needs funding can be submitted at any time to the Foundation office OR by email to alison.cowie2@fraserhealth.ca. Applications will be reviewed monthly.

Strategic Needs: A call for applications will be announced through site-wide communication once a year for strategic needs funding.

**Expenditures of Funds**

Funds must be spent within 6 months of receiving notice of funding.

**Quality Improvement**

Frontline Quality Improvement Project Grants allow clinical teams to develop quality improvement projects to improve the delivery of care and patient’s hospital experience. The committee will only recommend funding applications that align with the relevant fund purposes and criteria. Final approval of all funding will be issued by the Foundation.

**Funding**

Application must not exceed $2,000.

**Application Criteria**

A team’s project must focus on activities which improve an element(s) of the patient’s frontline journey. Team projects must:

* Be based in evidence
* Have measurable outcomes
* Propose a budget (examples of materials to be reimbursed: small equipment, paper, posters, printing costs; not to include regular staff wage time*, after hours only*)
* List team members, their discipline and department/area of work (upon approval of funding, you will be assigned a QI coach for regular check-ins)
* Include interim reporting of progress to the QI League application review sub committee
* Be presented by the team at the Royal Columbian Hospital Frontline Quality Improvement Research Day
* Be endorsed by department manager/department head or delegate

**Application Deadline**

Applications for funding can be submitted at any time to the Foundation office OR by email to alison.cowie2@fraserhealth.ca. Applications will be reviewed monthly.

**Expenditures of Funds**

Funds must be spent within 6 months of receiving notice of funding.