|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Total Amount Requested:** $Cdn |  |
| *Amount must including taxes,* *delivery and installation.* |

|  |
| --- |
| **Project Information**  |
| Title of Project/Grant No.  |  |
| Department |  |

|  |
| --- |
| **Team Information**  |
| Name: | 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. |

**Application Type**

|  |  |
| --- | --- |
| **Yes** | Please mark an (X) to the type of project(s) your application focuses on.  |
|  | **Education-Based*** Application focuses on health education for patients or within respective departments using pamphlets, workshops, or programs.
 |
|  | **Technology/Equipment-Based*** Application focuses on purchasing medical equipment or technology (ie: iPads) to improve patient care.
 |
|  | **Activity-Based*** Application focuses on improving patient’s overall mental health or behavior (ie: artwork or fresh paint).
 |

|  |
| --- |
| **Problem Statement.**  |
| \*See instructions on Page 5 |

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

|  |
| --- |
| **SMART Goals**  |
| \*See instructions on Page 5**Short-Term (<3 months)** **Intermediate-Term (6 months)** **Long-Term (>12 months)**  |

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

**Project Timeline**Describe the activities you will be conducting each month to achieve your SMART Goals.

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

**Department Manager Signature**

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

**Application Form: Instructions**

**Problem Statement**

The problem statement describes the current state of the situation, addresses the gaps in performance, and identifies an ideal outcome.

Example: Within the ER department, patient wait-times are increasingly delayed due to the lack of staff and beds. A non-urgent patient waits approximately 6 hours to be treated, which worsens the delivery of care. By improving how we triage patient cases, more patients can be seen quicker.

**SMART Goals**

Each project should have a short, intermediate, and long-term SMART goal to ensure desired goals are attainable within a certain time frame.

**S**pecific (What do I want to accomplish? Why is this goal important? Who is involved?)  **M**easurable (How much do I want to improve? How will I know when it’s accomplished?)  **A**chievable (How realistic is the goal? How can I accomplish this goal?)  **R**elevant (Is this the right time? Does this match our other efforts/needs?)  **T**ime-bound (When? What can I do today?)

Example: Increase the percentage of women presenting to RCH Antenatal clinical with prior fetal movement education to 95% by August 2021. By educational awareness, we can reduce the time for women who present with decreased or altered fetal movement to less than 4 hours. Repeated data collection will be used to measure impact.

**Project Evaluation**

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?
* How many SMART Goals been achieved?

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.