

# KGHPS FACILITY ENGAGEMENT FUNDING APPLICATION

*(To be received by the KGH Physicians Society no later than the first Friday of each month)*

## 1. Project Identification

**Project Title:**

**Expected Timeframe\*\*:**

**Total Funding Amount Requested:**

**Submitting Department(s) / Division / Group:**

**Name of Principal Physician Applicant:**

**Names of other participating physicians and/or medical staff:**

**Project Manager:**

**Main Contact Name (s):**

**Phone:**

**E-mail:**

**Application completed by (name):**

*\*\* Projects are funded on a fiscal year basis (April 1 to March 31). At the end of the fiscal year, physician leads will be notified as to next steps if the project is ongoing.*

## 2. Statement of the Problem or Need

Concisely summarize the issue and relevant background information, i.e. what led up to the issue? How has it evolved? Describe the current situation. What problem / need is the project designed to address?

## 3. Area(s) of Impact

Identify all areas that resolution to this issue would affect.

- |   |  |
|---|--|
| <input type="checkbox"/> Patient Care                               | <input type="checkbox"/> Patient Safety                      |
| <input type="checkbox"/> Physician Work Environment                 | <input type="checkbox"/> Use of Allied Health Professionals  |
| <input type="checkbox"/> Population Health                          | <input type="checkbox"/> Electronic Systems                  |
| <input type="checkbox"/> Reduction in Per Capita Cost               | <input type="checkbox"/> Communication with Physicians       |
| <input type="checkbox"/> Capacity & Flow                            | <input type="checkbox"/> Communication with Health Authority |
| <input type="checkbox"/> Physicians Representation/Input Mechanisms | <input type="checkbox"/> Delivery of Program Services        |
| <input type="checkbox"/> Other (please specify)                     | <input type="checkbox"/> Passion & Energy                    |

#### 4. How will the funds be used? Project Deliverables and Beneficiaries

Describe the objective of the project; how funds will be used and potential outcomes. What is the project designed to achieve, create or deliver? Please identify who will derive benefit from the expected outcome.

#### 5. Strategic Context

Explain how the project relates to the vision/mission of the KGH Physicians Society as well as the strategic goals of hospital / Interior Health.

#### 6. Time Factors

How long is the intended project to last? Are there any deadlines to consider? Please note funding for FE Projects is annualize and does not carry over automatically into next fiscal year.

#### 7. Special Provisions

Are there any environmental factors, such as regulatory requirements, ethical considerations or legal ramifications to be considered?

**8. Related Projects**

Identify any other projects that may be related to this one or that may be affected by this initiative.

**9. Project Assumptions and Constraints**

Identify any assumptions or constraints that have been identified, i.e. any factors that are considered to be true and will be assumed to be true during the duration of this project or anything that will restrict the ability to successfully achieve the project objectives.

**10. Health Authority (HA) Engagement**

Note: Any proposed activities involving patient care, flow, environment, data analytics, allied health, resources for sustainability would benefit from early consultation with HA.

Indicate how/if the HA has been/will be informed of the activity, consulted with, involved, and/or a collaborative partner, as applicable.

- This project would benefit from HA involvement as it required input, data, implementation, financial or in-kind resources, etc.
- I need help finding the appropriate HA contacts.
- I am aware of the appropriate HA contacts and have included them below:

Name	Title	Department	Contribution

**11. Evaluation Plan**

Indicate how you will assess whether the activity’s objectives are being met. Consider **how** and **when** data (i.e., indicators) will be collected and analyzed. Please advise if you require assistance developing an evaluation plan.

## 12. Project Expenses

*Sessional fees are \$158.97 per hour. Maximum meal expenses for dinner meetings: \$75.00 per person (including taxes, gratuities and service fees – alcohol cannot be funded). Funding cannot be provided for retroactive project work except for up to 5 hours for Project Lead for working on application. **NOTE:** The Director, Facility Engagement can assist you in developing the Project Budget within the guidelines.*

**Please Note: Sessional Fees must be submitted within 90 days of the meeting or activity taking place; otherwise, they will not be approved.**

### Implementation Expenses:

(For larger, more complex projects expenses can be divided into planning, implementation, evaluation or dissemination phases – please work with the Facility Engagement Director to assist you in developing the budget.)

### Post-Implementation Operational Expenses:

Signed: \_\_\_\_\_  
Applicant

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Departmental Team Lead,  
KGHPS Working Group

Date: \_\_\_\_\_

**SUBMIT THIS FORM TO: [KGHPhysiciansSociety@gmail.com](mailto:KGHPhysiciansSociety@gmail.com)**

Rev: October 2019, November 2020  
For review: November 2021

<i>For Office Use Only:</i>	
Date Received:	