KGHPS FACILITY ENGAGEMENT FUNDING APPLICATION

***(Please review Funding Guideline 002 –*** [***click or tap here***](https://www.kelownaphysicianssociety.ca/documents/)***)***

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

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| **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/budget remaining if the project is anticipated to be carried over to the next fiscal year.* |
| **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.  ☐ Patient Care ☐ Patient Safety  ☐ Physician Work Environment ☐ Use of Allied Health Professionals  ☐ Population Health ☐ Electronic Systems  ☐ Reduction in Per Capita Cost ☐ Communication with Physicians  ☐ Capacity & Flow ☐ Communication with Health Authority  ☐ Physicians Representation/Input Mechanisms ☐ Delivery of Program Services  ☐ Other (please specify) ☐ Passion & Energy |

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| **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? |

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| **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. | |

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| **12. Project Expenses** |
| ***Sessional fees are $158.97 per hour. Maximum meal expenses for dinner meetings: $75.00 per person (including gratuities, taxes, and service fees – alcohol cannot be funded). Funding cannot be provided for retroactive projects 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 and expense claims must be submitted in FEMS within 90 days of the meeting or activity taking place; otherwise, they will not be funded. Please be sure to complete the ‘Description’ field in FEMS and enter sessional time as it occurs rather than one lump sum.)***  **Implementation Expenses, i.e., # of hours, # of physicians involved, meal costs:**  ***(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: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant

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

Departmental Team Lead,

KGHPS Working Group

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

*Rev: October 2019, November 2020, January 2022*

*For review: June 2022*

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| *For Office Use Only:* | |
| Date Received: |  |
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