Insert Facility Name or Physician Society

FACILITY ENGAGEMENT FUNDING PROPOSALS

Information for medical staff to identify and submit initiatives for funding

INTRODUCTION

Increasing support for facility-based physicians is a first of its kind initiative in Canada—resulting from the 2014 Physician Master Agreement between Doctors of BC and the Government of BC. A Memorandum of Understanding (MOU) on Regional and Local Engagement, signed by all the Health Authority CEOs, provides support and funding to medical staff associations to facilitate discussions among physicians and departments around issues that affect our patients and work environment.

Funding can be used to pay physicians for their time, hire staff, and support a number of prioritized projects and initiatives, ranging from patient care and system improvements to technology needs, to improving communication and consultation with Health Authority administration.

TYPES OF INITIATIVES

Identify challenges that impact physicians and/or patient care, and opportunities to work on solutions. Initiatives do not necessarily have to be large in scope and can range from no-cost proposals to changing how some work is done, to larger issues that have significant impacts.

Consider how opportunities can build relationships and effective communications within and across physician groups, and forge closer communication, trust and shared accountability between physicians and health authority leadership, while championing facility and system improvements.

Facility Engagement funding cannot be used for the following: Advertising with the exception of physician recruitment ads; compensation for clinical services; purchase of real estate and vehicles; purchase of clinical equipment; donations to charities or political parties; meeting attendance that is presently required as part of maintaining privileges.

You also need to be a member in good standing of the Medical Staff Society (paying current year medical staff dues) for your application to be eligible.

HOW TO MAKE A SUBMISSION

Complete the attached form and submit it with any relevant supporting documents to [insert physician society e-mail address] [by a certain date?] A confirmation of your submission will be sent to you.

The Working Group will review and rank all submitted proposals and make decisions on funding allocations. The applicant may be asked to present or provide additional information.

The applicant will receive notification of the status of the application within 8 weeks from date of submission. The Working Group will keep a list of ongoing proposals and encourage medical staff to review existing proposals so as not to duplicate efforts.

FACILITY ENGAGEMENT FUNDING APPLICATION

Insert Facility Name or Physician Society

|  |
| --- |
| **1. Project Identification** |
| **Project Title:****Expected Timeframe:****Total Funding Amount Requested** (Fill in specifics in Expense section on the last page):**Submitting Department(s) / Division / Group:** Name of Principal Physician Applicant: (Project Champion)**Names of other participating physicians and/or medical staff****Project Manager:****Main Contact Name (s):****Phone:** **E-mail:** **Application completed by (name):** |
| **2. Statement of the Problem or Need** |
| Concisely summarize the issue and relevant background information (i.e. what led up to this issue? how has it evolved?). Describe the current situation. What problem is this project designed to address?CLICK HERE TO ENTER TEXT. |
| **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) CLICK HERE TO ENTER TEXT. |
| **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 is to achieve, create, or deliver. Please identify who will derive a direct benefit from the expected outcome.CLICK HERE TO ENTER TEXT. |
| **5. Strategic Context** |
| Explain how the project relates to the vision/mission of the Medical Staff Society as well the strategic goals of the hospital and the Health Authority.CLICK HERE TO ENTER TEXT. |

|  |
| --- |
| **6. Time Factors** |
| Are there are any time factors, such as deadlines, that should be considered? CLICK HERE TO ENTER TEXT. |
| **7. Special Provisions** |
| Are there any environmental factors, such as regulatory requirements, ethical considerations, or legal ramifications that should be considered?CLICK HERE TO ENTER TEXT. |
| **8. Related Projects** |
| Identify any projects that may affect this project and/or may be affected by this project. If this project is one of a series of related projects, be sure to identify the sequence of projects.)CLICK HERE TO ENTER TEXT. |
| **9. Project Assumptions and Constraints** |
| Have any assumptions made so far or constraints been identified? *Assumptions: any factors that are considered to be true and will be assumed to be true during the planning of the project. Constraints: anything that would restrict the ability to successfully achieve the project objectives.*CLICK HERE TO ENTER TEXT. |

|  |
| --- |
| **10. Project Expenses** |
| Please indicate what expenses will be associated with this project as well as the sources for the funding. Provide the most accurate estimates that you can.Implementation Expenses: *Those expenses that will be required to complete the project*CLICK HERE TO ENTER TEXT.Post-Implementation Expenses: *Those expenses that will be required for after project maintenance and support.*CLICK HERE TO ENTER TEXT. |

SUBMIT THIS FORM TO: [Insert e-mail address and mailing address]