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| **PHSA HEALTH SYSTEM REDESIGN - APPLICATION FOR FUNDING 2023-24**  **Submission Deadlines:**  **March 6, 2023, June 2, 2023, September 8, 2023, and November 1, 2023**  **Return completed application and budget by email to** [**yuriko.ryan@phsa.ca**](mailto:yuriko.ryan@phsa.ca) | | |
| **Project Title (Up to 10 words)** | |  |
| **Project Lead (see Page 3)** | |  |
| **Physician Lead(s) (see Page 3)** | |  |
| **Executive Sponsor (see Page 3)** | |  |
| **Physician Specialties (see Page 4)** | |  |
| **Activity Types (see Page 5)** | |  |
| **Start and End Months (MM/YY-MM/YY)** | |  |
| **Application Category (Select one)** | | **NEW PROPOSAL, TERM EXTENSION, ADDITIONAL PHASE OF COMPLETED PROJECT** |
| **Executive Summary of engagement Activities**  **(Up to 50 words)** | **Provide a brief description of the project. If a project outline, charter or similar document is available, please provide.** | |
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| **Intended Outcomes**  **(Up to 100 words)** | **Provide a brief description of the intended outcomes.** | |
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| **The overall goal of physician engagement for this initiative is to (select 1 only):**  **If multiple levels are applicable to this proposal, please highlight the highest level (e.g. your team aims to achieve Consult, Involve, and Collaborate levels, highlight Collaborate.)** | |
| **Level** | **IAP2 Spectrum of Physician Engagement** |
| 1. **Inform** | To keep physicians informed, with accurate and timely information |
| 1. **Consult** | To keep physicians informed, listen to and acknowledge concerns and  aspirations – and provide feedback on how their input influenced the decision |
| 1. **Involve** | To ensure physician concerns and perspectives are directly reflected in the alternatives developed – and provide feedback on how physician input influenced the decision |
| 1. **Collaborate** | To look to physicians for advice, leadership and innovation in formulating solutions, and to incorporate physician advice and recommendations into the decisions to the maximum extent possible |
| 1. **Empower** | To implement what is decided. |

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| **FUNDING REQUEST** | **Please provide a summary of engagement activities and quarterly budget.**  Funding is approved on a quarterly basis; unspent funds are not permitted to roll into the next quarter (i.e. unspent Q3 funds cannot be used in Q4). Please provide estimated cumulative numbers of physicians per physician category. Please use **the new JCC rate $169.04 per hour (effective April 1, 2023)** for budget development.    *Example:* Q1: Monthly working group meetings (1.5hrs x 2)*,* 5 SPs, 3 GPs = $4056.96  Physician meetings with program leaders (2SPs-10 hrs) = $1690.40  7 SPs, 3 GPs , Q1 Budget $5,747.36 | | | | |
|  | **Summary of Engagement Activities** | **SPs (#)** | **GPs (#)** | **TOTAL($)** |
| **Quarter 1**  **APR-JUN** |  |  |  |  |
| **Quarter 2**  **JUL-SEP** |  |  |  |  |
| **Quarter 3**  **OCT-DEC** |  |  |  |  |
| **Quarter 4**  **JAN-MAR** |  |  |  |  |
| **FY 23/24 FUNDING REQUEST** | |  |  |  |

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| By signing below, the **Project Lead** agrees that:  \*\* Physician Lead may assume the Project Lead role.\*\*   * 1. Submitting this application indicates that your are actively engaged in the project proposal and budget development, and if required, you arrange necessary administrative and project management support to meet the anticipated outcomes indicated in the application;   2. You verify and approve invoices to be submitted by physicians participating in your project; and   3. You participate in quarterly check-in meetings with PHSA Health System Redesign (HSR) Lead and communicate with participating physicians and PHSA HSR Lead on behalf your project team. | | | |
| **Project Lead**  **Signature:** |  | **Date** |  |
| By signing below, the **Executive Sponsor** agrees that:   1. Funding will be used to compensate physicians only for activities that meet the funding eligibility criteria (**See PHSA FY23/24 HSR funding guidelines**). Executive Sponsor act as PHSA signing authority to confirm that **funding is not intended for ongoing program administration, standing committee work or to cover the cost of physician staff positions**; 2. Submitting this application indicates that your program/department/network is actively engaged in the project, and if required, you provide the necessary administrative and/operational leadership to meet the anticipated outcomes indicated in the application; and 3. If required, Executive Sponsor assume the role of Project Lead. Duties may include progress reports and communication with participating physicians and PHSA HSR Program Lead. | | | |
| **Executive Sponsor**  **Signature:** |  | **Date** |  |

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| **Physician Specialties List** |
| Allergy & Immunology |
| Anesthesiology |
| Cardiac surgery |
| Cardiology |
| Community and Rural |
| Critical Care Medicine |
| Dermatology |
| Emergency Medicine |
| Endocrinology and Metabolism |
| Gastroenterology |
| General Practice |
| General Surgery |
| Geriatric Medicine |
| Hematology & Oncology |
| Hospital Medicine |
| Infectious Diseases |
| Internal Medicine |
| Laboratory Medicine |
| Nephrology |
| Neurology |
| Neurosurgery |
| Nuclear Medicine |
| Obstetrics & Gynecology |
| Occupational Medicine |
| Ophthalmology |
| Oral and Maxillofacial surgery |
| Orthopaedics |
| Otolaryngology |
| Pain Medicine |
| Palliative Medicine |
| Pathology |
| Pediatrics |
| Physical Medicine & Rehabilitation |
| Plastic Surgery |
| Psychiatry |
| Public Health and Preventative Medicine |
| Radiology |
| Respiratory Medicine |
| Rheumatology |
| Sport and Exercise Medicine |
| Thoracic Surgery |
| Urology |
| Vascular Surgery |
| **Other: Specify** |

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| **Activity Types List** |
| Workforce/Human Resource Planning, Recruitment & Retention |
| Standardization of Patient Care Plans |
| Infrastructure Design/Redesign |
| Development of Educational Resources (i.e. Software/Video Development) |
| Discharge and Care Planning/Transition from Acute Care to Community Care |
| Improve Bed Utilization/Allocation; Improved & Efficient Patient Flow |
| Share Care/Multidisciplinary Care/Interprofessional Care |
| Development of Guidelines/Protocols |
| Review of Internal Business Process/Administration/Medical Leadership |
| Health Promotion and Prevention Initiatives |
| Improve Operating Room Flow; OR Booking System; Pre-Surgery Screenings |
| In-Patient Safety Initiatives (i.e., Medication Management/Infection Control) |
| Improve Out-Patient Care (i.e. Home Care, Community Care, Primary Care Clinics) |
| Improve In-Patient Care (i.e. Quality of Care, Patient Experience, Reduce Length of Stay) |
| Review of Hospital Programs (i.e., Hospitalists) |
| Physician Wellness |
| Medical Structure Review |
| Other: Please Specify |