NMSES
Nanaimo Medical Staff Engagement Society

FE FACILITY ENGAGEMENT
An SSC Initiative
NANAIMO MEDICAL STAFF
ENGAGEMENT SOCIETY

# Nanaimo Medical Staff Engagement Society
# Project Application Form

Thank you for your consideration in applying for project funding from your Nanaimo Medical Staff Engagement Society (NMSES). The Nanaimo Medical Staff Engagement Society (NMSES) is funded by the Specialists Services Committee's Facility Engagement initiative for the purpose of improving physician involvement and engagement with the Health Authority to address matters affecting their work environment and patient care.

**IMPORTANT:** Please read the following information before filling out your application.

Please note that applications falling within Facility Engagement funding guidelines **are not guaranteed for approval.** The ultimate decision to fund a project is with the Advisory Council, and is based upon alignment with current strategic priorities and available funds.

**Approval Process**

Your project application must be completed in full and submitted to NMSES. All new project applications are put forth to the MSA Advisory Council for review at the monthly meeting. Following review, NMSES will inform you whether your project has been "Approved" as-is with possible conditions and/or suggestions, or has been "Rejected" and will provide an explanation.

If approved, the below conditions apply:

**Communication and Reporting Requirements**

Project Leads are required to submit evaluation reports following funding approval to provide an update on the project's progress, challenges, budget use, etc.

Some Project Leads may be required to present a review/update of their project at any Annual General Meetings that falls within the project's lifespan.

Project Leads are required to submit sessional claims and reimbursement requests **within 3 months** from date of occurrence.

**Use of Funds***

As per the funding guidelines of Doctors of BC, please note that the following list indicates the major activities that funds cannot be used to support (*for a more detailed list of funding guidelines, please contact NMSES directly*):

- Clinical time, private enterprise, or profit

- Partnerships or associations with Pharmaceutical companies

- Backpay for project phases completed before project funding approval

- Initiatives/education/projects that would otherwise fall under the responsibility of the Health Authority

*Please click here for more information on FE funding use: Memorandum of Understanding*

**In order to ensure productivity, please note the following time restrictions for inactivity of funds:**

- After 3 months of inactivity NMSES will contact you for follow-up

- After 6 month of inactivity NMSES reserves the right to suspend and reabsorb funds. In order to reacquire funds, Project Leads will need to reapply.

*\*Disclaimer: Facility Engagement Funding Guidelines are subject to change as per the Specialists Services Committee & Doctors of BC. Projects that are funded at one point are not guaranteed future funding.*

Please contact kmcgarry@nmses.ca with any questions or inquiries.

# NMSES Project Funding Structure

Maximum requested funding allowed: **$10K**

Maximum project length allowed: **6 months**

**Applications exceeding $10K or extending beyond 6 months must use a phased approach:**

- Any projects requesting more than $10k, and/or have a timeline of more than 6 months must breakdown the project into <u>phases.</u>

- The initial application will be considered a "Phase 1", and must outline the purpose and deliverables of this phase. When Phase 1 is completed with all deliverables achieved, the Project Lead may apply re-apply for Phase 2 funding, and so on until the project is completed.

- Project applications for each phase are still subject to MSA Advisory Council approval.

- Please note that NMSES cannot back pay sessional time. Please wait to secure funding before beginning work on your project or next phase.

| Phase # | Maximum Funding $ | Maximum Timeframe |
|---------|-------------------|-------------------|
| 1 | 10K | 6 months |
| 2 | 10K | 6 months |
| 3 | 10K | 6 months |
| Etc. | 10K | 6 months |

## Applicant Information

| | |
|---|---|
| Date: | |
| Division/Department: | |
| Project Lead Physician(s): | |
| E-mail: | Phone: |
| Phase # (if applicable) | |

## Project/Initiative Information

| | |
|---|---|
| Project/Initiative Name | |

| | |
|---|---|
| Brief description: | |

| | |
|---|---|
| Purpose and goals of this initiative/project: | |

| | |
|---|---|
| Why is this initiative/project necessary? | |

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| | |
|---|---|
| What are the perceived benefits to the patients, hospital, and MSA staff? | |
| Evaluation: How will the success of this initiative/project be measured? (i.e. data collection and analysis) | |
| Primary partner(s) and/or stakeholder(s): | |

## 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 requires 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 |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Does this project align with an identified HA strategic priority? If yes, please list below:

| Will you require administrative support from NMSES Staff? Y/N |  | Anticipated admin duties: |  |
|---|---|---|---|

| Initiative/Project length: *Maximum 6 months.* |  |
|---|---|

| Which category does this initiative/project relate to? | ☐ HA Engagement<br>☐ Membership Engagement<br>☐ Quality Improvement<br>☐ Capital Projects<br><br>☐ Other_____ (please specify) |
|---|---|

| Additional Comments or Notes: | |
|---|---|

## Project/Initiative Budget

When outlining your budget below, please provide your best estimation rounded to the highest approximated cost. Please note that sessional payments **cannot** be used for clinical time. Please indicate below what type of activities you plan to use sessional payments for.

| Sessional Use: | |
|---|---|

| Type | Amount |
|---|---|
| Sessional costs - General Practitioner:<br><br>How many General Practitioners? _____<br><br>Total hours _____ @ $160.23/hour | $_____ |
| Sessional costs - Specialist:<br><br>How many Specialists? _____<br>Total hours_____ @ $160.23/hour | $_____ |
| Allied Health costs – if applicable *(calculated as per current DoBC rates)*<br><br>How many Allied Health? _____<br>Total hours _____ @ $_____ | $_____ |
| Admin Costs – if applicable:<br><br>Total hours_____ @ $30/hr | $_____ |
| Engagement/Event costs | $_____ |
| Travel costs | $_____ |
| Accommodation costs | $_____ |
| Meal costs | $_____ |
| Other Costs | $_____ |
| Other Costs | $_____ |
| Total requested for this initiative/project: (*Maximum $10K*) | $_____ |

## Sign and Date

| |
|---|
| Signature: |

| |
|---|
| Date: |

| Date reviewed | Result | Signature |
|---|---|---|
| | | |