**FACILITY ENGAGEMENT FUNDING PROJECT PROPOSALS**

Kootenay Boundary Physicians Association (KBPA)

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| **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 Physician Project Lead:** **Names of other known participating physicians and/or medical staff:** **Phone:** **E-mail:**  |
| **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) protection of vulnerable populations

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 KBPA’s vision/mission to support physician engagement in the running of the local medical facility and to leverage physician expertise in the optimization of facility function. How does the project relate to the strategic goals of the hospital and the Health Authority?CLICK HERE TO ENTER TEXT. |

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| **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? We will need to bring an expert in from out of region to do the educational event. This topic involved medical and legal expertise due to its complexity. 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.  |

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| **10. Project Expenses** |
| Please indicate what expenses will be associated with this project as well as any other sources of funding. Provide the most accurate estimates that you can.CLICK HERE TO ENTER TEXT.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: KBPA@facilityengagement.ca