

PHSA HEALTH SYSTEM REDESIGN - APPLICATION FOR FUNDING 2025-2026

Submission Deadline:

April 4, 2025

Return completed application and budget by email to martina.francisco@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)	<p>Provide a brief description of the project. If a project outline, charter or similar document is available, please provide.</p>
Intended Outcomes (Up to 100 words)	<p>Provide a brief description of the intended outcomes.</p>

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
2. Consult	To keep physicians informed, listen to and acknowledge concerns and aspirations – and provide feedback on how their input influenced the decision
3. Involve	To ensure physician concerns and perspectives are directly reflected in the alternatives developed – and provide feedback on how physician input influenced the decision
4. 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
5. Empower	To implement what is decided.

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 \$176.18 per hour

Example: Q1: Monthly working group meetings (1.5hrs x 2), 5 SPs, 3 GPs = \$4228.32

Physician meetings with program leaders (2SPs-10 hrs) = \$1761.80

7 SPs, 3 GPs , Q1 Budget \$5,990.12

	Summary of Engagement Activities	SPs (#)	GPs (#)	TOTAL(\$)
Quarter 1 APR-JUN				
Quarter 2 JUL-SEPT				
Quarter 3 OCT-DEC				
Quarter 4 JAN-MAR				
FY 24/25 FUNDING REQUEST				

By signing below, the **Project Lead** agrees that:

**** Physician Lead may assume the Project Lead role.****

- a) Submitting this application indicates that you 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;
- b) You verify and approve invoices to be submitted by physicians participating in your project; and
- c) 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:

- a) Funding will be used to compensate physicians only for activities that meet the funding eligibility criteria ([See PHSA FY2025/26 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**;
- b) 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
- c) 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

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

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