

# PHSA HEALTH SYSTEM REDESIGN - APPLICATION FOR FUNDING 2026-2027

**Submission Deadline:**

**April 10, 2026**

Return completed application and budget by email to [martina.francisco@phsa.ca](mailto:martina.francisco@phsa.ca)

<b>Project Title (Up to 10 words)</b>	
<b>Project Lead (see Page 3)</b>	
<b>Physician Lead(s) (FP &amp; SP) (see Page 4)</b> <i>(Please indicate if FP or SP.)</i>	
<b>Executive Sponsor (see Page 4)</b>	
<b>Primary Specialty (see Page 5)</b> <i>(Please choose one from the list.)</i>	
<b>Secondary Specialty (see Page 5)</b> <i>(Optional; Please choose one from the list.)</i>	
<b>Activity Type (see Page 6)</b> <i>(Please choose one from the list.)</i>	
<b>Health System Priority Population (see Page 7)</b> <i>(Please choose one from the list.)</i>	
<b>IHI Quintuple Aim Addressed by Project (Primary)</b> <b>(see Page 8)</b> <i>(Please choose one from the list.)</i>	
<b>IHI Quintuple Aim Addressed by Project (Secondary)</b> <b>(see Page 8)</b> <i>(Please choose one from the list.)</i>	
<b>JCC Key Theme (see Page 9)</b> <i>(Please choose one from the list.)</i>	
<b>How does the project outcome relate to the PHSA strategic priorities within your Work Plan?</b> <i>(optional; If you feel your work does not closely align with the Quintuple Aims and/or Priority Populations, please indicate how it relates to PHSA strategic priorities; 255 Characters max.)</i>	
<b>Start and End Months (MM/YY-MM/YY)</b> <i>(Project funding may be available from April to March.)</i>	
<b>Application Category (Select one)</b>	<b>NEW PROPOSAL    TERM EXTENSION    ADDITIONAL PHASE OF COMPLETED PROJECT</b>

<p><b>Executive Summary of engagement Activities</b></p> <p>(Up to 50 words)</p>	<p>Provide a brief description of the project. If a project outline, charter or similar document is available, please provide.</p>
<p><b>Intended Outcomes</b></p> <p>(Up to 100 words)</p>	<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. <b>Inform</b>	To keep physicians informed, with accurate and timely information
2. <b>Consult</b>	To keep physicians informed, listen to and acknowledge concerns and aspirations – and provide feedback on how their input influenced the decision
3. <b>Involve</b>	To ensure physician concerns and perspectives are directly reflected in the alternatives developed – and provide feedback on how physician input influenced the decision
4. <b>Collaborate</b>	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. <b>Empower</b>	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				
<b>FY 26/27 FUNDING REQUEST</b>				

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.

<b>Project Lead Signature:</b>		<b>Date</b>	
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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 FY2026/27 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.

<b>Executive Sponsor Signature:</b>		<b>Date</b>	
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<b>Physician Specialties List</b>
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
<b>Other: Specify</b>

<b>Activity Types List</b>
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

*Please select 1 of the 6 priority patient populations; or specify "Not Applicable" if it does not fall under one of the PSC identified priorities.*

<b>Health System Priority Population (PSC Identified Priorities)</b>
Emergency Department Stabilization
Cancer Care
Mental Health and Substance Use
Seniors Care
Surgical Care
Maternity/Reproductive Care
Not Applicable

**IHI Quintuple AIM**

*Provider Experience: encompasses patient care, systems, workplace dynamics, and relationships. It reflects professional aspects of care and the emotional elements (e.g., feeling respected and supported).*

*Patient Experience: all interactions between a patient and the healthcare system. It includes the patient's values, structural elements (e.g., access to information) and interpersonal dynamics (e.g., feeling heard).*

*Health Outcomes: physical and mental well-being across individuals or defined groups (e.g., urban and rural), reflected through behavioural factors (e.g., smoking status) and clinical health indicators (e.g., blood pressure, depression).*

*Health Equity: distribution of health opportunities, resources, and outcomes across populations that enables all individuals to achieve full and healthy lives (e.g., addressing structural inequities, relational dynamics, and mental models).*

*Cost: sustainable allocation and utilization of resources within healthcare delivery and operations, such as the appropriate and effective delivery of care, as well as efficient operational processes to maximize value.*

**NOTE. Please select a primary Quintuple Aim listed below; if relevant, please select a secondary aim (optional) that will also relate directly to your project aim and planned methodology for data collection and analysis.**

<b>IHI Quintuple Aim</b>
Provider Experience
Patient Experience
Health Outcomes
Health Equity
Cost of Care
Planetary Health

*The JCC's work is organized under a set of key themes. This structure provides a clear, organized approach to align, track, and communicate the collective impact of the JCCs.*

<b>JCC Key Themes</b>
We enable health system collaboration.
We create physician system innovators and change agents.
We increase access to care.
We enable retention.