

FRASER HEALTH COLLABORATIVE COUNCIL FUNDING

Information on how to identify and submit initiatives for funding

INTRODUCTION

The Specialist Services Committee (SSC) defines regional engagement as the ability to address broader regional or system-wide issues and facilitate spread and support of successful work undertaken in local settings.

Starting in 2020, SSC one-time funding and Facility Engagement regional funding can be leveraged to identify and implement shared regional priorities between physicians and health authorities that have a high impact on physicians' work environment or patient care for the majority of MSAs across a health authority region or sub-region.

The Fraser Health Collaborative Council (FHCC), comprised of select representatives from the MSA President's Council, PQI Steering Committee, Fraser Health senior leadership and the SSC, will be piloted to make decisions on funding proposals based on regional priorities identified through previous FH/PQI/FE Networking events, MSA Presidents' Council and/or the PQI Steering Committee in partnership with Fraser Health and the SSC. In addition to consideration of new project ideas to address regional priorities, the FHCC will review and assess successful projects funded through FE, PQI, Health System Redesign for possible spread throughout the region.

OUR VISION

Within its Terms of Reference, the FHCC has articulated a vision statement:

The Fraser Health Collaborative Council works to foster regional collaboration and alignment between medical staff, Fraser Health and Specialist Services Committee to promote excellence in patient care and enhance provider experience across the health authority.

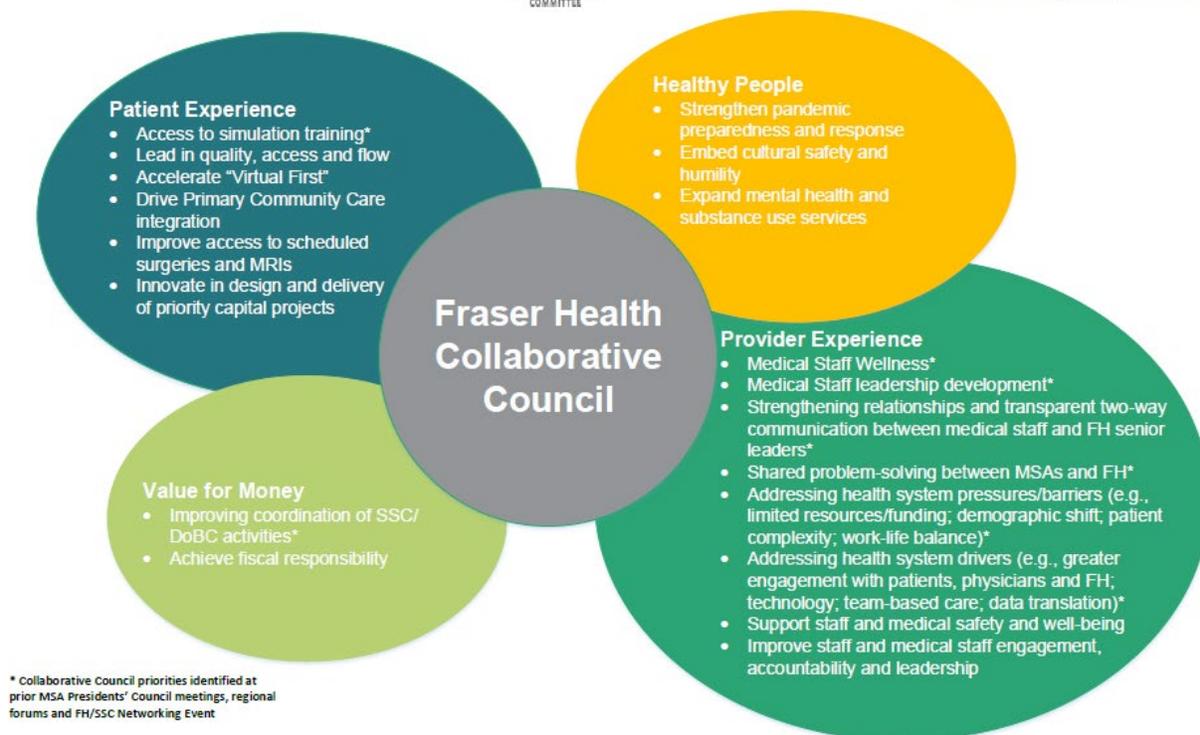
In fulfillment of this vision, the Council will strive to incorporate a collaborative approach into all elements of its work, including the development of funding proposals.

OUR PRIORITIES

The most recent substantial consultation on regional priorities was held in May 2019. Questions posed to the group included:

1. What are some of the anticipated changes or pressures taking place in our industry that will drive us to work better as partners to improve patient care?
2. What gaps exist in the partnership between senior administration and physician leadership that need to be addressed for improved patient/client outcomes?

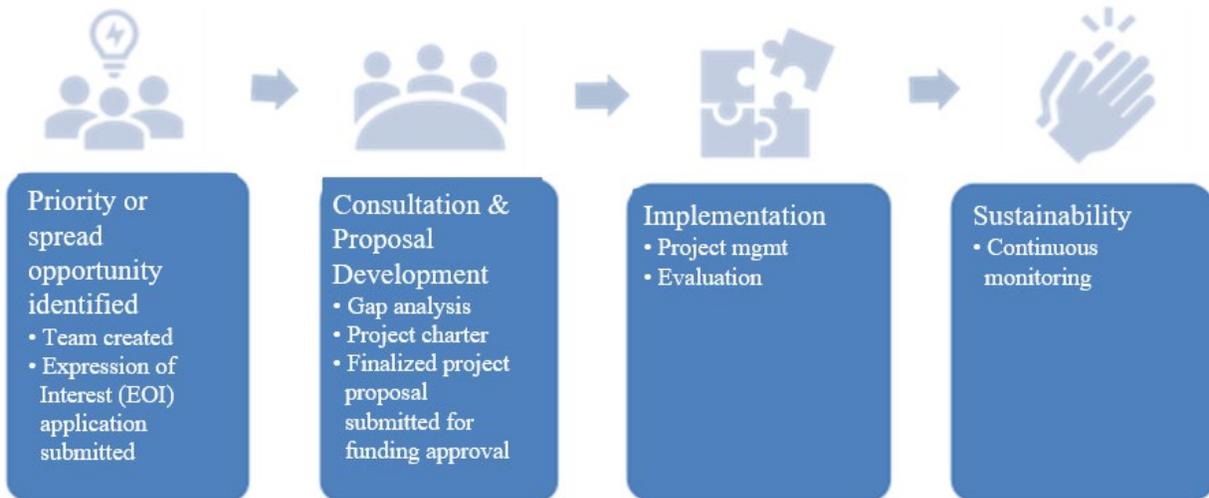
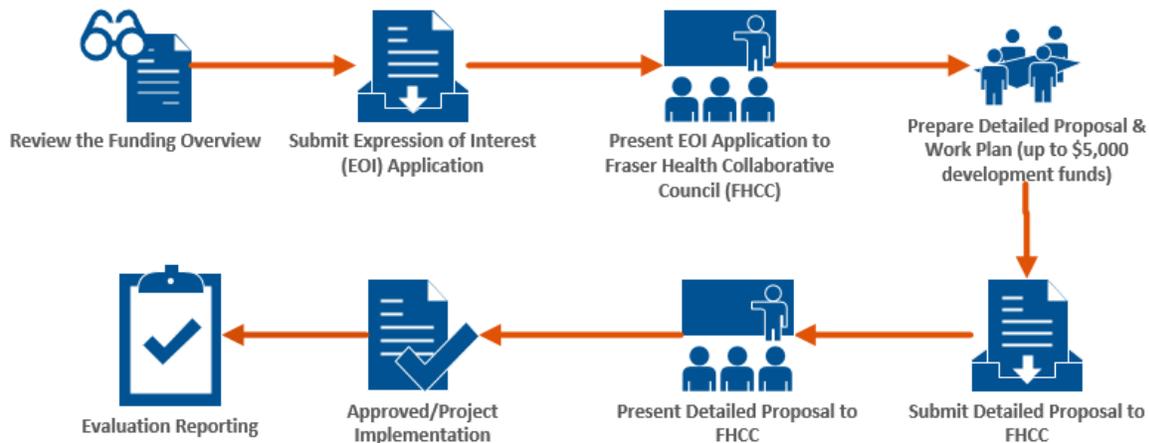
These priorities were collated with the relevant FHA Regional Priorities as below:



In addition to the above noted priorities, the FHCC is open to newly identified regional priorities, as long as the consultation process undertaken to discern priorities is comprehensive and inclusive.

INTAKE PROCESS

The Fraser Health Collaborative Council seeks to support projects and processes which embody collaboration in all elements of its work. In order to support this collaboration, the following process will support cooperative project development from inception to implementation to sustainment.



All projects funded by the Fraser Health Collaborative Council must be led by a collaborative team of physicians and health authority partners. Although not required, it is suggested that physicians will have previously participated one or more other Joint Collaborative Committee activities including: Physician Quality Improvement, Facilities Engagement (through their own MSA), SSC Quality & Innovation Projects, Shared Care, GPSC (through their own Division of Family Practice).

Teams need to involve a minimum of 2 physicians and 1 health authority operational leader. In addition to this core working team, projects should have two sponsors (with regional lens):

1. one Health Authority Administrative Leader
2. one Senior Medical Leader (e.g. RMD, SMD, MSA President)

Sponsorship is required to provide connection between the health authority senior operational leaders and the project team, ensure alignment of priorities and provide oversight. One HA and one physician should be designated as the principal applicants.

During the project development phase, teams will conduct further stakeholder consultations, needs assessments, etc. in order to prepare and submit a finalized project proposal to the FHCC. Refer to the **Funding Guidelines** for a description of the requirements for project initiatives.

DETAILED PROJECT DEVELOPMENT FUNDING

Project Teams may be eligible for up to **\$5,000** to support the development of a detailed project proposal and workplan. Final project, proposals, which are submitted to the FHCC, may be eligible for up to **\$50,000**. As this funding may not be sufficient to cover all projects expenses, supported projects are encouraged to source additional funding from sources such as MSAs, foundations, etc.

HOW TO MAKE A SUBMISSION

Complete the Expression of Interest (EOI) application form and submit it with any relevant supporting documents to Jemimah Membreve, jemimah.membreve@fraserhealth.ca. Fraser Health Collaborative Council (FHCC) meets monthly on the first Wednesday of each month. Project Teams are required to submit an EOI and if EOI is approved will be eligible to subsequently submit a Detailed Proposal for funding approval.

1. Expression of Interest (EOI) application submission.
2. Present EOI to FHCC (if required)
3. Detailed Project Proposal and Workplan Submission
4. Present Project Proposal and Workplan to FHCC (if required)

Submission Deadlines for EOI and Detailed Proposal*

September 23, 2020	October 21, 2020	November 18, 2020	December 23, 2020
February 17, 2021	March 24, 2021	April 21, 2021	May 19, 2021

** Submission deadlines 2 weeks prior to FHCC meetings*

The applicant may be required to present their EOI and/or Project Proposal to the FHCC.

The applicant(s) will receive notification of the status of the application within 4 weeks from date of submission. The FHCC will publish a list of ongoing project proposals and encourage medical staff to review existing proposals so as not to duplicate efforts.

FUNDING GUIDELINES

These funding guidelines are subject to change and will be formally reviewed by the SSC in January, 2021.

Selected activities must meet ALL the criteria noted:

- Activities should be linked to one or more of the following regional priorities which have been identified through various comprehensive consultation processes across MSAs and the HA (see above)
- Activities will require regional HA collaboration and/or strategic coordination.
- Activities may be either System or Quality Improvement projects:

- i. Funds can be used for quality improvement projects that encompass the Institute of Health Improvement Triple Aim (i.e., improving patient outcomes, improving patient and provider experience, reducing costs), involve multiple physician groups and/or collaboration with health authority partners.
- ii. Funds can be used for projects which seek to improve the efficiency or effectiveness of the health system.
 - Activities should be those that are not better addressed by another Joint Clinical Committee initiative (e.g., Shared Care, GPSC, Joint Standing Committee on Rural Issues, Health System Redesign, Facility Engagement local MSA funding, PQI) or HA program or process.
 - If activities include the creation of programs, ongoing sustainability is not the responsibility of the SSC, FE, or HA unless otherwise agreed to by the parties. Ongoing activities need to be able to be sustained on their own without continued external funding.