**Micro-Project Application Form**

Northern Interior Rural Division of Family Practice

### About the NIRD Micro-Project Initiative

The Northern Interior Rural Division of Family Practice is happy to support locally-informed and led projects to address gaps in care, health care issues, or opportunities for improvement within the community.

Micro-project funding is in place to support small, practice-based changes you would like to lead. These micro-projects can target office efficiencies, improvements you would like to see in your scorecard stats, improved patient care for specific populations (e.g. frail elderly, pediatrics) or for specific health issues (e.g. mental health, diabetes, COPD, CHF) or stress-related health issues (e.g. Asthma, gastrointestinal problems).

Help is available to identify the scale, scope, and funding allocation for any ideas you may have. In-community project support may be an option depending upon staff availability and project scope.

### Micro-Project Objectives

### Satisfy the goals of the Quadruple Aim

* Enhance patient experience
* Improve population health
* Lower per capita cost of care
* Care team well-being

### Enhance Local Collaboration

* + Micro-projects are to be locally-informed and locally-led
  + Project leads are encouraged to include specialists, family physicians, community partners, team members, and/or allied health care professionals where possible.

### Funding Criteria

* Projects may be new ideas or replication/modification of existing projects from other divisions or elsewhere.
* The intention of this funding is that the project will either be a one-time project with a definitive end-date, or will be able to be sustained by other means when the funding ends, if there are plans to continue.
* Project funding will be limited to a maximum of $10,000 per project with sessional payments totaling no more than 50% of the micro-project budget.
* Project leads will be asked to complete a mid-point evaluation survey and an end-point evaluation survey.
* Financial information is to be tracked in order to document project spending.
* Quantitative and qualitative data will be collected throughout the project to help demonstrate project impact and learnings*. Some project support for this is available if needed*.
* Funding can be used towards project costs such as sessional fees, equipment/supplies, meeting costs, etc.
  + - * **NOTE:** For Health authority staff involved in the project: project funding can be used for activities such as a needs analyses, process development, training and mentoring, but maynot be used to fund clinical care.
* Brief project updates (short phone calls) will take place each quarter.

Additional Considerations for Micro-Project Proposals

* The Physician Lead is to arrange for project management and will create a simple and concise project management plan. This plan can either be submitted alongside this application or within the first month of the project.
* To ensure that all NIRD communities have an opportunity to access funding, there is a limit of 3 active micro-projects per community.
* We ask that you continue tracking your activities and outcomes throughout the project’s lifespan and see the project through to completion.

*For questions about the micro-project initiative, completing the application, or support with the project management plan, please contact Amber Metz at ametz@divisionsbc.ca*

**Micro-Project Application Form**

A. Project Description

|  |  |
| --- | --- |
| Project name |  |
| Community |  |
| Is this a new project? | ⬜ Yes ⬜ No |
| Have you discussed funding with your HSA and what was the outcome? |  |
| Project Lead(s) |  |
| Additional Project Members  *(please include their organization and role)* |  |
| Contact Information for all Project Members  *(email, telephone)* |  |
| Proposed start date |  |
| Proposed end date |  |

B. Project Deliverables

|  |  |
| --- | --- |
| Background |  |
| Project objective(s)  *(what is the change you hope to make?)* |  |
| Key activities  *(how will you achieve your objective(s)?)* |  |
| Expected outcomes |  |
| Project scope  *(who/what is included and excluded in your project?)* |  |
| Project indicators/measures  *(how will you know if you’re achieving your outcomes?)* |  |
| Proposed methods to measure the indicators  *(how will you collect data for your indicators?)* |  |
| Please briefly describe plans for sustainability |  |

C. Financial

|  |  |
| --- | --- |
| Total amount requested |  |
| Anticipated costs |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Signature Date

*Please submit your completed application to Amber Metz* [*ametz@divisionsbc.ca*](mailto:ametz@divisionsbc.ca)

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**Rubric for assessing micro-project proposals**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 3 points | 2 points | 1 point |
| **Fosters Collaboration** | The proposal involves three or more community partners, health authority staff, and/or allied health professionals. | The proposal involves two or more community partners, health authority staff, and/or allied health professionals. | The proposal does not involve community partners, health authority staff, and/or allied health professionals. |
| **Project readiness** | Key activities and outcomes are identified and clearly support the project objective(s). | Key activities and outcomes activities are identified, but it is somewhat unclear how they support the project objective(s). | Key activities and outcomes activities are poorly identified. It is not clear how they support the project objective(s). |
| The project activities and expected outcomes seem feasible given the project’s timeline. | The project activities and expected outcomes may be challenging given the project’s timeline. | It is unlikely that the project activities and expected outcomes can be achieved given the project’s timeline. |
| The proposal has well-defined indicators/measures. | The proposal has attempted to define indicators/measures, but they could be more clearly linked to activities and outcomes. | The proposal has not attempted to define indicators/measures, or has identified indicators/measures that are not related to the project activities and outcomes. |
| The proposal has a plan for how data will be collected. | The proposal has considered what data should be collected, but it is somewhat unclear how this will be done. | The proposal has not considered what data should be collected or how. |
| **Sustainability** | Sustainability has been considered. | Sustainability has been minimally considered, or does not seem very feasible. | Sustainability has not been considered. |
| **Financial considerations** | Anticipated costs are clearly identified and support the project objective(s). | Anticipated costs are identified, but some clarification is needed to show how they support the project objective(s). | Anticipated costs are not identified, or have been identified but do not appear to support the objective(s). |
| **Scalability** | Demonstrates strong potential in its ability to scale-up and transfer knowledge after its initial implementation. | Demonstrates moderate potential in its ability to scale-up and transfer knowledge after its initial implementation. | The proposal has not attempted to identify the capacity of the project to result in outcomes that can be documented, measured and shared. |
| **Quadruple Aim** | Directly supports the Quadruple Aim of Care Team well-being. | Supports the Quadruple Aim of Care Team well-being over the longer view. | Does not support the Quadruple Aim goals. |

Total Score: \_\_\_\_ / 27

Are there fewer than 3 projects currently active in this community? Yes No