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| **Application Form and Innovation Project Plan** |
| **2019-20 and 2020-21 PSW Training Fund Program** |
| **Instructions:**1. **Before completing this form, please read the PSW Training Fund Program Description to become familiar with the goals of this funding stream.**
2. **Applications from employers of Personal Support Workers in the home care sector will be accepted. The projects may be in partnership with other health care or educational organizations, however a PSW employer in the home care sector must lead.**
3. **Incomplete applications will not be considered for funding. It is the sole responsibility of the applicant to ensure that sufficient information has been included in all fields in all six sections of this application.**
4. **Applications must be submitted to the appropriate Coordinating Organization via email by attaching a completed form. The subject line of the email should read “Submission: 2019-20 PSW Training Fund Innovation Project <Organization Name>”.**
5. **Partial, incomplete and/or late submissions will not be reviewed or considered for funding.**
6. **A confirmation email will be sent within three business days. If you do not receive confirmation, please telephone the Coordinating Organization and leave a message clearly stating your name, the date and time of your call, reason for your call, name of your organization and your contact information.**
7. **Submission of an application form does not guarantee funding.**
8. **SUBMISSION DEADLINE: November 29, 4:00 pm EST**

 **Please see contact information for Coordinating Organizations listed in the Application Guideline** |

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| **Section 1: Organization Information (Mandatory)** |
| **This section collects information that will be used to communicate with the organization and to facilitate payment if funding is approved. Please ensure that all information is entered accurately. Incomplete or incorrect information (e.g., Facility/Recipient numbers, email addresses or telephone numbers) may delay the review of an application or communication back to the submitting organization. Individual sites from a multi-site organization must indicate the main organization to which they belong** |
| **Organization Information** |
| **Applicant Organization****Operating Name** |  |
| **Applicant Organization Legal Name** |  |
| **Multi-site Organization?** | **Check if Yes Number of sites:**   |
| **If Multi-Site Organization, Main Organization Operating Name** |  |
| **If Multi-Site Organization, Main Organization Legal Name** |  |
| **Facility Type** |  |
| **Facility Number/Recipient Number** |  |
| **Organization Address** |
| **Street Address** |  |
| **Office # / Suite/ P.O. Box** |  |
| **City** |  |
| **Postal Code** |  |
| **LHIN** |  |
| **Member of Provincial Parliament (MPP)** | **Name: Riding:**  |

\*Home care organizations should enter their Recipient Number or indicate "Recipient Number Unknown”

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| **Primary Contact Information** |
| **Salutation:**  | **NAME:**  |
| **Title:** |  |
| **Phone Number:** |  **Ext.**  |
| **Email:** |  |

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| **Senior PSW Leader or Equivalent (e.g., Director of Care)** |
| **Same as Primary Contact?** | **Check if Yes** |
| **Salutation:**  | **NAME:**  |
| **Title:** |  |
| **Phone Number:** |  **Ext.**  |
| **Email:** |  |

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| **Chief Executive Officer or Equivalent (e.g., Administrator)** |
| **Same as Primary Contact?** | **Check if Yes** |
| **Salutation:**  | **NAME:**  |
| **Title:** |  |
| **Phone Number:** |  **Ext.**  |
| **Email:** |  |

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| **Board Chair or Equivalent (e.g., Administrator)** |
| **Same as CEO or Equivalent?** | **Check if Yes** |
| **Salutation:**  | **NAME:**  |
| **Title:** |  |
| **Phone Number:** | **Ext.** |
| **Email:** |  |
| **Chief Financial Officer****Chief Financial Officer** |
| **Salutation:**  | **NAME:** |
| **Title:** |  |
| **Phone Number:** | **Ext.** |
| **Email:** |  |

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| **Chief Executive Officer of Partner Organization** |
| **Salutation:**  | **NAME:** |
| **Title:** |  |
| **Phone Number:** | **Ext.** |
| **Email:** |  |

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| **Section 2: Approval and Consent (Mandatory)** |
| **This section confirms that the applicant organization understands the conditions of the PSW Training Fund Innovation Stream. Please review the approval and consent section carefully and confirm the Senior PSW Leader name and title as required.** |
| **By submitting this application I, the Senior PSW Leader, , hereby declare that my organization agrees to the following:**1. **All information provided by the applicant is up-to-date and correct to the best knowledge of the applicant. The application form must be received by the Coordinating Organization on, or prior to, the application closing deadline. The Coordinating Organization is not responsible for applications that are lost, delayed, misplaced, or misdirected. If you do not receive confirmation within three business days of submission, please telephone the Coordinating Organization contact and leave a message clearly stating your name, the date and time of your call, reason for your call, name of your organization, and your contact information.**
2. **The applicant sought all necessary legal and financial advice needed to complete this application form, as applicable.**
3. **This is not a competitive procurement/tender and determination of the successful candidates for funding shall be made at the ministry’s sole and absolute discretion. In reviewing applications, the ministry reserves the right to discuss and disclose the contents of such applications within the broader public sector (e.g., Coordinating Organizations, Local Health Integration Networks).**
4. **The ministry shall have the right to cancel this call for applications, at any time, either prior to, or after the closing date of the call for applications without award. Thereafter, the ministry may issue a new call for applications or revoke the original call for applications and refrain from providing future calls for applications related to this project. The ministry shall not be obligated to provide reasons for the cancellation.**
5. **The applicant organization will enter into an accountability agreement with the Coordinating Organization prior to the receipt of funding, should all or part of this application be approved.**
6. **Successful applicants will fulfill reporting requirements to the Coordinating Organization and ministry.**

**I agree to the above statements: Check if Yes** |
| **Do you consent to having a researcher contact you to participate in future PSW Training Fund program evaluations?** | **Check if Yes** |

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| **Section 3: Innovation Project Participants (Mandatory)** |
| **The ministry may fund up to 10 participants per organization or per site for multi-site organizations. (NOTE: If submitting by site, each site must submit a separate application form.) The PSW must have certificate education as a PSW and currently working in a permanent full-time position (according to the applicant’s human resources policies and/or applicable collective agreements) or a permanent part-time position (e.g., not casual). To qualify, all participants must have worked, on average, a minimum of 15 hours per week over the past three months. In addition, the organization must commit to maintaining this level of hours over the course of the PSW’s participation in the Innovation Project. Do not include the PSWs name.**  |
| **Number of Participants** |
| **(Total must not exceed 10)** |

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| **PSW Type** | **Number of PSWs Working 25.0+ Hours/Week** | **Number PSWs Working 15.0-24.9 Hours/Week** | **Total Number of Participants** |
| 0 to 4.9 years since certificate |  |  | 0 |
| 5.0 to 9.9 years since certificate |  |  | 0 |
| 10 or more years since certificate |  |  | 0 |
| **TOTAL** | **0** | **0** | **0** |

\*PSWs in casual employment who work fewer than 15 hours per week are not eligible for the PSW Training Fund Innovation Stream.

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| **Section 4: Supporting Infrastructure (6 points)** |
| **Identify the infrastructure(s) your organization has in place to support PSWs in successfully implementing the proposed project(s). Provide details on the infrastructure supports you select.** |
|  | Dedicated work space (e.g., physical space such as an office). Please Explain: | Staffing support for PSW participant(s)(e.g., management). Please Explain: |
|  | Organizational policies supporting professional development (e.g., access to resources for the PSW participant(s) to obtainthe necessary skills to complete her/his Innovation project(s)). Please Explain: | Availability of resources to implement PSW Innovation project(s) (e.g., computer, internet, educational resources).Please Explain: |
|  | Calculation of backfill resources required for clinical service to continue with Project PSW(s) deployed to the ProjectPlease Explain: | Other (please specify): Please Explain: |

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| **Section 5: Engagement of Key Stakeholders (10 points)** |
| **Identify who was engaged in the design and implementation of the proposed 2019-21 PSW Innovation projects and provide an explanation about how they were engaged and if they support the Innovation projects).** |
| PleasePSW(s) was/were engaged Explain: |
| PleaseUnion(s) was/were engaged Explain: |
| PleaseInterdisciplinary Health Explain:Team(s) the PSW(s) work with was/were engaged |
| PleaseOrganizational leadership Explain: was engaged |
| Other Key Stakeholders: Please(Please specify) Explain: |

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| **Section 6: Planned Projects (25 points)** |
| **This section requires the organization to describe how PSW recruitment and/or retention will be improved with Innovation Project funding requested. Projects should be tied to healthcare priorities and have describe how the impact on PSWs, client care, and/or the organization will be measured. High scoring applications will describe in detail the objectives, implementation, and expected outcomes associated with each project, indicating the organization’s readiness to execute the projects successfully.** |
| **Number of Projects:** xx (enter minimum 1 and maximum 4)**This is the number of projects that will be implemented by PSWs with Innovation Stream funding. You will be required to provide information on each project. Note that more than one PSW may work on a single project, each fulfilling complementary alternate roles.** |

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| **Innovation Project Priorities** |
| **Each project must support the goal of this stream of funding to strengthen PSW recruitment, professional development and retention. Please refer to this chart when completing the required information for each project priority** |
| **Areas of Focus**1. **Effective transition to practice through on-boarding/mentoring**: Tools, processes and activities to effectively on-board and mentor new PSWs so they are well prepared and effectively integrated to provide high quality care for clients.
2. **Engagement in client health outcome and quality improvement**: Tools, processes and activities to engage PSWs in the work of quality and performance improvements to achieve excellence in clinical care and client health outcomes.
3. **Enhancing inter-professional teamwork and communication**: Tools, processes and activities to enhance collaboration and communication in healthcare teams to improve health outcomes, client experience and client safety.
 | **Examples** Supporting mentorship and knowledge transfer* Mentoring and developing the professional practice of PSWs
* Educating and preparing new mentors/preceptors

 Collaborating/ implementing best practices to improve care outcomes/implement* Supporting quality client-centred care and safety in PSW practice through implementation of best practices such as:
	+ Falls prevention and/or management
	+ Skin and wound prevention and/or management
	+ Mental health and addictions
	+ Palliative and end-of-life care
	+ Information and communication technologies at the point-of-care

Collaborating to improve communication in health care teams * Bringing health care providers together to better coordinate care for clients with complex medical conditions
* Supporting initiatives that improve care outcomes through collaboration/ teamwork, including optimizing role competencies, work redesign, and/or communication
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| **Project 1** |
| **Project Name:**  |
| **1. Number of PSWs that are anticipated to work on this project:**  | **2. Select the main area of focus that this project addresses (see page 9 for descriptions)**A Mentorship/Onboarding B.Health outcome/quality improvement C.Teamwork/communication |
| **3. Describe this project and how it relates to the main area of focus. (5 points)**  |
| **4. For the project, outline the key deliverables in each timeframe below: (10 points) Weeks 1 – 4**: **Weeks 5 – 8:** **Weeks 9 – 11:** **Weeks 12 – Project End (in number of weeks):**  |
| **5.** Provide budget and **describe the impact and expected outcome of this project on PSWs (e.g. education, satisfaction, retention and/or the quality of the PSW work environment) [5 points] and client care (safety, infection control, better care provision, etc) [5 points]. How will this project help end hallway healthcare? (10 points total)** |

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| **Project 2** |
| **Project Name:** |
| **1. Number of PSWs that are anticipated to work on this project:** | **2. Select the main area of focus that this project addresses (see page 9 for descriptions)**A Mentorship/Onboarding B.Health outcome/quality improvement C.Teamwork/communication |
| **3. Describe this project and how it relates to the priority area. (5 points)**  |
| **4. For the project, outline the key deliverables in each timeframe below: (10 points) Weeks 1 – 4**: **Weeks 5 – 8:** **Weeks 9 – 11:** **Weeks 12 – Project End (in number of weeks):**  |
| **5.** Provide budget and **describe the impact and expected outcome of this project on PSWs (e.g. education, satisfaction, retention and/or the quality of the PSW work environment) [5 points] and client care (safety, infection control, better care provision, etc) [5 points]. How will this project help end hallway healthcare? (10 points total)** |

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| **Project 3** |
| **Project Name:** |
| **1. Number of PSWs that are anticipated to work on this project:** | **2. Select the main area of focus that this project addresses (see page 9 for descriptions)**A Mentorship/Onboarding B.Health outcome/quality improvement C.Teamwork/communication |
| **3. Describe this project and how it relates to the priority area. (5 points)**  |
| **4. For the project, outline the key deliverables in each timeframe below: (10 points) Weeks 1 – 4**: **Weeks 5 – 8:** **Weeks 9 – 11:** **Weeks 12 – Project End (in number of weeks):**  |
| **5. Provide budget and describe the impact and expected outcome of this project on PSWs (e.g. education, satisfaction, retention and/or the quality of the PSW work environment) [5 points] and client care (safety, infection control, better care provision, etc) [5 points]. How will this project help end hallway healthcare? (10 points total)** |

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| **Project 4** |
| **Project Name:** |
| **1. Number of PSWs that are anticipated to work on this project:** | **2. Select the main area of focus that this project addresses (see page 9 for descriptions)**A Mentorship/Onboarding B.Health outcome/quality improvement C.Teamwork/communication |
| **3. Describe this project and how it relates to the priority area. (5 points)**  |
| **4. For the project, outline the key deliverables in each timeframe below: (10 points) Weeks 1 – 4**: **Weeks 5 – 8:** **Weeks 9 – 11:** **Weeks 12 – Project End (in number of weeks):**  |
| **5. Provide budget and describe the impact and expected outcome of this project on PSWs (e.g. education, satisfaction, retention and/or the quality of the PSW work environment) [5 points] and client care (safety, infection control, better care provision, etc) [5 points]. How will this project help end hallway healthcare? (10 points total)** |

# Submitting the Application Form

## Submission of an Innovation Project application for PSW Training Fund program funding does not guarantee funding**.**

Expressions of Interest must be completed and submitted via email by **November 29, 2019 at 4 p.m. EST.**

The subject line of the email should read “Submission: 2019-20 PSW Training Fund Innovation Project <Organization Name>” and be sent to the appropriate Coordinating Organization contact.

Applications will not be accepted by fax or surface mail.

A confirmation email will be sent within three business days. If you do not receive confirmation, please telephone the Coordinating Organization contact and leave a message clearly stating your name, the date and time of your call, reason for your call, name of your organization and your contact information.

**SUBMISSION DEADLINE: November 29, 2019 at 4:00 p.m. EST**