APPLICATION WORKSHEET

Use this worksheet to compose your responses before uploading them to the Research Portal. Word will spellcheck and ensure responses are within the indicated **word limits**.

**Project Info. Tab**

**Project Title: required**

**Start Date:** (optional)

**End Date:** (optional)

**Keywords:** (optional)

**Project Team Info. Tab**

Do not type data in this tab; it will be auto-filled for all team members who have created an account in the Research Services Portal. Refer to the application package on [the research website](https://www.islandhealth.ca/research-capacity-building/funding-agreements/internal-grant-opportunities) for instructions.

**Evidence-into-Practice Awards 2020 Tab**

**1. Project Summary**

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| **#** | **Question** | **Answer** |
| 1.1  | Lay Summary: In plain English, describe the evidence you used (or are using), how you implemented it, and what the outcomes were. This summary should be suitable for publication or press release. CHARACTER LIMIT: 1,500 (including spaces); approximately 200 words. See this [tip sheet](https://beta.mssociety.ca/uploads/files/guide-to-writing-lay-summary-eng-final20130726.pdf) on how to write effective summaries. |  |
| 1.2  | Team Members and Departments: List all team members and roles, as well as all departments or Island Health sites involved in or impacted by this project. CHARACTER LIMIT: 10,000 (including spaces) |  |
| 1.3  | Geographic Region: Indicate where your project took place. Select all that apply. If island-wide, select all. |  |
| 1.4  | Quadruple Aim: Which of the four aspects of the quadruple aim does your project address? Select all that apply. | * enhancing patient experience
* enhancing clinician experience
* improving population health
* reducing costs
 |
| 1.5  | Quadruple Aim: Describe how your project addresses the aspects selected above.CHARACTER LIMIT: 2,250 (including spaces); approximately 300 words. |  |
| 1.6 | Island Health Alignment: Describe how your project addresses current Island Health priorities. **Reference specific** planning documents or priority plans as appropriate. CHARACTER LIMIT: 2,250 (including spaces); approximately 300 words. |  |

**2. Project Description**

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| **#** | **Question** | **Answer** |
| 2.1  | Evidence: What was your source (or sources) of evidence, and what did it say? Describe how you generated, identified, evaluated, and/or synthesized the evidence. CHARACTER LIMIT: 2,250 (including spaces); approximately 300 words |  |
| 2.2  | Change: What was the existing practice or process, and how did it compare to the change you made based on the evidence above? CHARACTER LIMIT: 2,250 (including spaces); approximately 300 words |  |
| 2.3  | Planning and Implementation: How did you plan for and take action to implement the change? CHARACTER LIMIT: 2,250 (including spaces); approximately 300 words |  |
| 2.4  | Audience and Engagement: Who were your target audiences and stakeholders (e.g. coworkers, patients, decision-makers), and how did you engage them in planning and implemention? CHARACTER LIMIT: 2,250 (including spaces); approximately 300 words |  |
| 2.5  | Challenges: What barriers or challenges did you encounter in making change (for instance, institutional or within your team), and how did you overcome them? CHARACTER LIMIT: 2,250 (including spaces); approximately 300 words |  |
| 2.6  | Impact: How did you measure the impact of the change and evaluate the outcomes? Include details about your measurements and any relevant data. CHARACTER LIMIT: 2,250 (including spaces); approximately 300 words |  |
| 2.7  | Sustainability: What strategies have you deployed to sustain the change and the use of evidence? CHARACTER LIMIT: 2,250 (including spaces); approximately 300 words |  |

**3. Declaration and Deposit**

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| **#** | **Question** | **Answer** |
| 3.1  | I confirm that my manager and director (or executive director) are aware and supportive of this application. If my application is successful, they agree to manage the funds through the departmental operating account. |  |
| 3.2  | Island Health Operating Account Number: If my application is successful, funds should be deposited in the following account (enter number): |  |