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**Patient Safety Grant Application**

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**General Information**

**Hospital (must be a Missouri Hospital Plan member):**

**Summary of the hospital’s mission that supports the project’s goal:**

**CEO of Hospital:**

Name:

Phone:

Email:

**Project Coordinator:**

Name:

Phone:

Email:

**Risk Manager (if not Project Coordinator):**

Name:

Phone:

Email:

**Project Description:**

**Problem/Needs Statement**

1. **What patient safety or risk management initiative have you identified to reduce occurrences and or/improve patient outcomes?**
2. **How does this project have the potential to improve safety or outcomes?**
3. **How will physicians be involved in the project and in facilitating the project outcomes?**
4. **What resources, data, statistics, or evidence-based best practice supports the need to address the problem? Provide any baseline data that will be used to measure project outcomes.**

**Goals/Objectives**

1. **Describe the project short-term and long-term goals (Clearly state the overall end result of the project.):**
2. **Describe the specific project objectives to support the goal.**
3. **Describe the measures used to evaluate the project objectives.**

**Project Development**

1. **How will the level of physician participation contribute to successful program outcomes?**
2. **What is the specific patient population to be impacted by the project?**
3. **What activities (methods) do you plan to use to achieve the stated objectives?**
4. **Describe how this project is an innovative approach to addressing patient safety issues.**
5. **What resources such as materials and personnel do you need to carry out the project?**
6. **Describe the team to accomplish the project.**
7. **Identify all collaborating departments and their roles in the project development.**
8. **Provide your proposed project timeline and milestone schedule.**
9. **How can your project be adapted for use by others?**

**Project Management**

1. **Describe your quality improvement/change management process for evaluating the project goals, objectives, and activities, including your standard to determine success.**

1. **Describe your plan for sustaining this project beyond the grant period, including staff and financial resources.**

1. **Describe how leadership supports the project.**



**Proposed Project Budget**

Organization ID:

Project Description:

|  |  |  |
| --- | --- | --- |
| **Expense Category** | **Description** | **Dollars Requested** |
| **PERSONNEL**  Estimated salaries, wages and fringe benefits for staff devoted to project |  |  |
| **TRAVEL**  Transportation, lodging and related expenses |  |  |
| **INCENTIVES**  Physicians' compensation |  |  |
| **CONSULTANTS** |  |  |
| **SUPPLIES & ADVERTISING** |  |  |
| **CAPITAL COSTS (explain in description)** |  |  |
| **ADMINISTRATIVE GENERAL/OVERHEAD** |  |  |
| **OTHER (explain in description)** |  |  |
| **TOTAL GRANT REQUEST** |  |  |

Are you receiving any contributions toward this grant from your hospital? If yes, Amount: $

Are you receiving any contributions towards this grant from other sources? If yes Amount: $

**Certification**

**(This certification page will be required of all grant awardees, after award notifications are made.)**

As a condition of receiving a grant, the applicant agrees to:

1. Implement activity and program plan as outlined in application.
2. Comply with Patient Safety Grant program guidelines and budgetary requirements.
3. For consideration that I acknowledge, I consent to the recording of my/our statements and grant to the Healthcare Services Group Charitable Foundation, its assignees, licensees, and successors, the right to copy, reproduce and use all or a portion of the grant application for all purposes, including advertising, trade, or any commercial purpose throughout the world and in perpetuity. This authorization extends to and includes my/our permission to distribute, display, and reproduce any related video productions resulting from this grant application.

I grant the right to use my/our image, name, and logo in connection with all uses of the Grant Application and waive the right to inspect or approve any use of my/our project and/or related video productions information should we be chosen to receive funding.

For successful applicants, the chief executive of the organization will be required to sign the grant application accepting the above terms before the grant is awarded.

Submitted by:

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Signature of CEO/Administrator Date Submitted

Hospital Name

Address

Email Address

Phone Number