

Health System Funding Proposal (HSFP)

Application Form

Submission Instructions:

Completed forms are to be sent electronically to:

OH-East_Submissions@OntarioHealth.ca

Important: Please submit a Signed PDF version.

NOTES:

Given the current limited availability of discretionary funds, unsolicited requests will only be considered if they meet the following parameters:

- For urgent health and safety related One-Time request under \$150,000, please use the “One-Time Urgent Request Form”.
- This form is intended to capture unsolicited requests only.
- A separate form must be completed and submitted for each unique initiative (please do not combine multiple initiatives within one submission).
- The Ontario Health (OH) East Region evaluation panel will review all applications and contact all successful applicants. Cross-sector collaborations are welcome; however, the lead for project must be an Ontario Health funded Health Service Provider with a SAA.
- HSPs should refer to [Strategic Priorities and Business Plan | Ontario Health](#) to ensure that the proposal is in alignment with Ontario Health Strategic priorities.
- For service-related proposals, completion of HEIA tool is highly recommended to help identify health equity impacts and support equity-based improvements in program or service design.
- Funding Proposal submissions will be saved until March 31 of the current fiscal year. After March 31, a new HSFP would be required for proposal to be considered in the new fiscal year.
- Please ensure all sections are completed before submitting your application.
- For confirmation of receipt, please enable delivery receipts along with your submission.

Section 1: General Information

Health Service Provider Information

Legal Name of Organization Submitting:			
Primary Contact Name:			
Email:		Telephone:	
Submission Date:			

Authorization of Proposal and Acknowledgement

As the ED/CEO of the Lead Organization submitting this proposal, I support the project and my role as described herein:

CEO or ED Name:	CEO/ED Signature
Signed Date:	

Section 2: Proposal Details

Proposal Title	
Submission Date	
Has this proposal been previously submitted to OH East?	

Sector	<input type="checkbox"/> Hospital <input type="checkbox"/> LTC <input type="checkbox"/> Community <input type="checkbox"/> Primary Care
---------------	---

TPBE	<input type="checkbox"/> Hospital <input type="checkbox"/> LTC <input type="checkbox"/> CSS <input type="checkbox"/> ALSSH <input type="checkbox"/> OH-HC <input type="checkbox"/> CMHA <input type="checkbox"/> CHC
-------------	--

2.1 Proposal Funding Amount Requested

HSFP Funding Summary			
Fiscal Year	Funding Amount & Type		
	Base		One-Time
	Prorated	Annualized	
Total			

*(*Note: Budget template must also be completed – refer to Section 9)*

Section 3 – Business Case Details

3.1 Proposal Purpose/Objective

Please describe the proposal and the healthcare challenge or opportunity your proposal seeks to address. Provide data and evidence to support the significance of the issue, including relevant statistics, trends and potential consequences if the challenge is not addressed. (Limit 1,500 characters).

3.2 Advancement of the Ontario Health Strategy Priorities

Please describe (where applicable) how the proposal will advance the following OH Strategic Priorities.

3.2.1 Reduce Health Inequities

Briefly explain how the proposal will contribute to improved health outcomes for equity deserving individuals:

3.2.2 Transform Care with the person at the Centre

Summarize how the proposal will lead to transformation of care with the person at the centre emphasizing the expected positive impact on patient outcomes, satisfaction, and overall client healthcare experience:

3.2.3 Enhance Clinical Care and Service Excellence

Summarize how the proposal will have an impact on clinical care and service excellence. Explain how the initiative will lead to improved outcomes, satisfaction, and overall organizational success.

3.2.4 Maximize System Value by Applying Evidence

Outline any evidence-based strategies and interventions your proposal will fund to maximize system value. Highlight relevant research, evaluation, or best practices used to inform the proposal.

Section 4 – System Performance and Population Health

4.1 Access: Extent to which the proposal improves physical, cultural, linguistic and timely access to appropriate level of health services for defined population(s) in the local health system.

Describe the impact of the proposed system improvement on access to health services.

4.2 Sustainability: Impact on health service delivery, financial, and human resources capacity over time. The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people’s health needs.

Describe the impact of the proposed improvement on system sustainability, including health service delivery, financial, and human resources capacity over time. Consider the need for sufficient resources (e.g., qualified providers, funding, etc.) to address the population’s health needs. Describe how the proposed system improvement will be sustained over time.

4.3 Health Status (Health outcomes & Quality of Life): Impact on health outcomes for the patient/client and/or community, including risk of adverse events, and/or impact on physical, mental or social quality of life, as compared to current practice or service.

Describe the impact of the proposed system improvement on health outcomes and quality of life for the patient/client and/or community (e.g., risk of adverse events, impact on physical, mental or social quality of life, etc.).

Section 5 – Quality

5.1 Quality: Extent to which proposal improves safety, effectiveness, and client experience of health services(s) provided.

Describe the impact of the proposed system improvement in addressing patient/client safety and effectiveness of the care being provided.

5.2 Equity: Impact on the health status and/or access to service of recognized sub-populations where there is a known health status gap between this specific population and the general population as compared to current practice/ service. The absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, culturally, linguistically, or geographically.

Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are.

1. It is highly recommended HSP complete the Health Equity Impact Assessment (HEIA) tool. **The tool can be found on the “HEIA” tab of the embedded budget template.**
2. Using the insights gathered from completing the HEIA, what adjustments were made to your program/service delivery to meet the needs of a specific underserved population(s) (e.g. communities who are often subject to prejudice, stigma or discrimination)?

3. How does your proposal help reduce health and social inequities for these population(s)?

5.3 Client-Focused: Extent to which proposal meets the health needs of a defined population and the degree to which patients/clients have a say in the type and delivery of care.

Describe how the needs of the defined target population meet the client-focused outcomes.

5.4 Efficiency: Extent to which proposal contributes to efficient utilization of health services, financial, and human resources capacity to optimize health and other benefits within the system.

Describe how the proposed system improvement contributes to the efficient utilization of health services, financial, and human resources capacity to optimize the system. Consider how existing resources, innovation, economies of scale, and other factors might be leveraged and identify any specific benefits of the identified system improvement (e.g., time savings, increased output, improved outcomes with the proposed investment, etc.).

Section 6 – Project Collaboration with Partners

Collaboration is a cornerstone of successful healthcare initiatives. In this section, please identify healthcare partners that have either been engaged in the development of this proposal or strategy for collaboration with healthcare partners, both within and outside your organization addressing the following points:

- Partnership Identification – Key organizations or stakeholders you plan to collaborate. Why these partnerships are crucial to the success of the proposal.
- Roles and Responsibilities: Define the roles and responsibilities of each partner involved and any expertise or resources contributed to the proposal initiative.
- **How has your local OHT(s) been involved in the development of this proposal? If there has been involvement, please identify the OHT(s).**

Section 7 – Implementation Timelines & Program Evaluation

7.1 Implementation Timeline

Please list and describe major milestones for the development, implementation and evaluation of this proposal. **At a minimum, please include anticipated date for first client to receive service and anticipated date when program is at full capacity.**

Milestones	Description	Target Start Date	Expected Completion Date

7.2 Program Evaluation

Summarize the key components of the program evaluation plan, emphasizing its significance in assessing the program's impact and effectiveness. Discuss how the evaluation findings will inform recommendations for program improvement and how these recommendations will be implemented and monitored.

Program evaluations are expected to be proportional to the magnitude and scope of the service change or enhancement being proposed and may include a discussion of relevant research and project sustainability or future project scope.

Section 8 – Communication Plan

Describe how the proposal will be communicated to your organization, regional partners, OHT and the public?

Section 9– Budget Detail

Please access the budget portion of this process via the attached Excel file. Completion instructions are included in the Readme tab with it.

Appendix 1: OH Funding Proposal Review Criteria

Health System Funding Proposal Funding Proposal Review Team - Scoring Criteria		
Domain	Criteria & Weight	Description
Population Health	1. Alignment with OH Objectives Population and Patient Outcomes Weight =25%	(1)Extent to which program/ initiative improves timely access to appropriate level of health services for defined population(s) in a local health system. (2)Proposal if funded will improve clinical outcomes for the patient/client, including risk of adverse events, and/or impact on physical, mental or social quality of life as compared to current practice/service.
System Performance	2. Alignment with OH Objectives Health Equity Weight= 30%	(1) Impact on the health status and/or access to service of recognized subpopulations where there is a known health status gap between this specific population and the general population as compared to current practice/service Proposal will benefit populations where there is a known health status gap (i.e. groups defined socially, economically, demographically, culturally, linguistically or geographically).
	3. Feasibility & Implementation & Sustainability Weight=10%	Proposal demonstrates that implementing the proposed initiatives is both feasible and practical.
	4. Innovation and Creativity: Weight = 10%	Degree to which proposal stimulates advancement , addresses emerging challenges, improves patient access. Proposal includes details on how the HSP has leveraged innovation in developing their proposal including summarizing relevant research used to inform this proposal
	5. Budget and Cost-effectiveness: Weight = 15%	Proposal delivers value for money, promotes sustainability. Demonstrates strong evidence base for cost effectiveness (i.e at or Performance expected to be at or below 50%tile Peer benchmark)
System Values	6. Collaboration and Partnerships: Weight = 10%	Proposal demonstrates diverse perspectives, fosters synergy and the integration of complementary skills , sharing of knowledge, best practices, pooling of expertise and knowledge from multiple stakeholders.

Need this information in an accessible format?
 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca
 Document disponible en français en contactant info@ontariohealth.ca