



Health System Improvement Proposal (HSIP) Form

**Ontario Health Central Region Funding Application Form**

**Submission Instructions**

**Completed forms** are to be sent electronically to  
[OH-Central.SystemImprovement@OntarioHealth.ca](mailto:OH-Central.SystemImprovement@OntarioHealth.ca)

**NOTES:**

- Please ensure all sections are completed before you submit your application
- The Ontario Health (OH) Central Region evaluation panel will review all applications and contact all successful applicants.
- For confirmation of receipt, please enable delivery receipts along with your submission

**General Information**

**Primary Health Service Provider Information**

<b>Legal Name of Organization Submitting:</b>	Enter name of OH Central funded HSP		
<b>Primary Contact Name:</b>	Enter contact name, position		
<b>Email:</b>	Enter email address	<b>Telephone:</b>	Enter primary telephone number
<b>Submission Date:</b>	Enter 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

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

# Proposal Qualitative Information

## Section 1 – Integration/Community Engagement/Partnerships

### Description(s)

**1.1 – Integration:** Extent to which program/initiative improves coordination of health care among health service providers, including Ontario Health funded and non-funded providers and community providers to ensure continuity of care in the local health system and provision of care in the most appropriate setting as determined by patient/client's needs.

**Question:** Describe how this proposed improvement supports system integration through partnerships and the stakeholder engagement(s) used to develop it. This includes coordination of health care among health service providers, both OH funded and non-funded, to ensure continuity of care in the local health system and provision of care in the most appropriate setting as determined by patient/client needs.

Enter details

**1.2 – Community Engagement:** Level of involvement of target population and other key stakeholders in defining the project and planned involvement in evaluating its impact on population health and key system performance.

**Question:** Include the stakeholder engagement activities completed in preparation for this proposal. Additionally, who was engaged in the proposal development, and what were the outcomes? Please also provide highlights of the concerns raised in the feedback and indicate how these concerns have been addressed in your proposal.

Enter details

**1.3 – Partnerships:** Degree to which appropriate levels of partnership and/or appropriateness of partnerships, both OH funded and non-OH funded, will be achieved in order to ensure service quality enhancement, improved comprehensiveness, optimal resource use, minimal duplication, and/or increased coordination.

Please Identify partner organizations that collaborated in developing this proposal and that have agreed they will actively collaborate on the proposed improvement. Include a brief description of the nature and objective of the collaboration.

<b>Name of Partner Organization:</b>		Enter Organization Name	
<b>Nature and Objective of the Collaboration:</b> Enter description of the collaboration			
<b>Primary Contact Name:</b>		Enter contact name, position.	
<b>Email:</b>	Enter email address	<b>Telephone:</b>	Enter primary telephone number
<i>As an identified partner in this proposal, I support the project and my role as described herein</i>			
Enter CEO or ED Name		Partner CEO/ED Signature	
Signed Date: Enter date			
<b>Name of Partner Organization:</b>		Enter Organization Name	
<b>Nature and Objective of the Collaboration:</b> Enter description of the collaboration			
<b>Primary Contact Name:</b>		Enter contact name, position.	
<b>Email:</b>	Enter email address	<b>Telephone:</b>	Enter primary telephone number
<i>As an identified partner in this proposal, I support the project and my role as described herein</i>			
Enter CEO or ED Name		Partner CEO/ED Signature	
Signed Date: Enter date			

**Note:** If additional partnerships are required, please see the “Partnerships” section of the **Budget template** (attached at the end of this document).

## Section 2 – Business Case Detail

### 2.1 – Business Case Overall Program Description

Please describe the issue the proposal is intended to address; include a summary of the enhancement and/or expansion of services and/or new services being proposed. Please include evidence of need, supported by recent data and/or research (limit 1,500 characters).

Please include the following (if applicable, but not limited to):

- Client/Patient Flow,
- Referral Patterns for Bedded Programs
  - Average Length of Stay (ALOS)
  - Number of Beds;
- Program Site Address
- Ontario Health Team (OHT) Catchment Area

Enter details

## 2.2 – Strategic Fit and System Alignment

Please select from **Table 1** the strategic priority the proposal addresses, (select all that apply) and describe how the proposal advances the priority.

Strategic Priority	Description	Strategic Priority Alignment (Yes/No)	Proposal – Advancement of Strategic Priorities
<b>Reduce Health Inequities</b>	Improving care with and for those who need it most; Engaging those we serve to understand health and wellness from their perspectives and partnering to take action to make improvements; Working to address the distinct needs of individuals and communities across the province; and, Focusing on the full care continuum, including our role and the health system's role in contributing to upstream social determinants of health and preventative care.	Choose an item.	Enter details (if applicable)
<b>Enhance Clinical Care and Service Excellence</b>	Putting the holistic health and wellbeing of people in Ontario first in everything we do; Advancing positive health outcomes for all; and, Improving experiences across the health care system.	Choose an item.	Enter details (if applicable)
<b>Maximize System Value by Applying Evidence</b>	Strengthening the capacity to collect, share, integrate, analyze and react to data and evidence; and, Achieving the best possible quality and value for public investments.	Choose an item.	Enter details (if applicable)

Strategic Priority	Description	Strategic Priority Alignment (Yes/No)	Proposal – Advancement of Strategic Priorities
<b>Transform Care with the person at the Centre</b>	<p>Supporting people in Ontario to take an active role in their care, including preventative care;  Collaborating with patients in order to continuously improve planning and delivery of quality care;  Asking how care can be better delivered using both existing and new approaches and tools; and,  Working with Ontario ministries, funded and non-funded partners including municipalities and social services to support and enable more connected and coordinated care.</p>	<p>Choose an item.</p>	<p>Enter details (if applicable)</p>
<b>Strengthen Ontario Health's Ability to Lead</b>	<p>Building a strong organizational culture that unifies and empowers Ontario Health team members across the province;  Investing in our people and committing to our own continuous improvement;  Continuing to establish ourselves as a reliable leader and partner;  Challenging the status quo and embracing transformation in order to continuously strengthen our organization and the health system;  Leading by example both locally and provincially, with all of our teams providing valued contributions.</p>	<p>Choose an item.</p>	<p>Enter details (if applicable)</p>

## Section 3 – System Performance and Population Health

**3.1 – Access:** Extent to which program/initiative improves physical, cultural, linguistic and timely access to appropriate level of health services for defined population(s) in the **local** health system.

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

[Enter details](#)

**3.2 – 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.

**Question:** 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.

[Enter details](#)

**3.3 – 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.

**Question:** 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.).

[Enter details](#)

## Section 4 – Quality

**4.1 – Quality:** Extent to which program/initiative improves safety, effectiveness, and client experience of health services(s) provided.

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

Enter details

**4.2 – 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. 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)?

Enter details

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

Enter details

**4.3 – Client-Focused:** Extent to which program/initiative 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.

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

Enter details



**4.4 – Efficiency:** Extent to which program/initiative contributes to efficient utilization of health services, financial, and human resources capacity to optimize health and other benefits within the system.

**Question(s):** 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.).

Enter details

## Section 5 – Budget Submission

Please access the budget portion of this process via the embedded file below. Completion instructions are included on the **ReadMe** page within it.



Business\_Case\_Bud  
get\_Template.xlsx