



RBWH Foundation Grants Patient Care Application Guidelines and Supporting materials

The RBWH Foundation, with generous support of our donors, is pleased to provide the RBWH Foundation Grants.

The purpose of the RBWH Foundation is to save lives through the extraordinary power of giving. Our mission is that together, we advance patient care and life-saving research.

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Eligibility Criteria

1. Initiatives that benefit patients treated through the Herston Health Precinct by improving outcomes, enhancing wellbeing, and enriching the patient experience and/or environment.
2. Initiatives where the primary applicant (Lead applicant) holds an appointment with Metro North Health (MNH).
3. Initiatives that can be completed within 12 months of the funding letter being executed.
4. As Lead applicant you do not hold a current RBWH Foundation grant.

Application Submission

- Applications to the RBWH Foundation Grants are accessible and submitted through our online grants' platform: <https://rbwhfoundation.grantplatform.com/>.
- Applicants are to register using an @health.qld.gov.au OR an @...edu.au email address. Applications are limited to **one submission per individual as lead applicant**.
- A **lead applicant** may hold no more than one funded RBWH Foundation Grant at any one time. Where a Lead is in receipt of a RBWH Foundation Grant, they will not be eligible for any subsequent rounds until the initiative is completed, and grant is fully acquitted. A lead applicant may be listed as a collaborator on other submissions.
- Individual grants are capped at \$50,000.
- All **Collaborators** should be listed. There is no limit to the number of collaborators that may be included within a submission, although a description of each collaborator's involvement in the initiative is required. There is no requirement for collaborators to sign their approval of the submission, however, lead applicants are required to confirm that collaborators are aware of the submission.
- The lead applicant has a responsibility to ensure that the initiative expenditure is aligned with the approved application budget, and they will liaise with the relevant Business Manager or Financial Delegate to monitor initiative expenditure.
- **Endorsement steps** upon submission, your listed Business Manager and Service Line Director will receive an automated notification to either approve or reject the application.
 - This will be facilitated by the applicant filling in the correct email addresses of their Business Manager (BM) and Service Line Director (SLD).
 - If the applicant is unsure of the SLD email address, please check with your appropriate BM.
 - BM and SLD should be from MNH (please do not nominate an academic affiliated cost centre).
 - It is advised that the applicant discuss their initiative with their respective BM and SLD prior to submitting their application.

Procurement

Initiative-related costs/procurement of assets, goods or services must be coordinated through Metro North. The RBWH Foundation will not pay external suppliers directly.

Quick Guide to Application

- **Eligibility**
 - Confirm eligibility

- **Applicant’s details**
Including for RBWH Foundation information only:
 - Indicate if the applicant has previously received funding from the RBWH Foundation,
 - Please provide a brief description of how you have/or would like to engage with and/or support the RBWH Foundation.

- **Patient Care Initiative information**
 - See the sample application form (Appendix 1).

- **Budget (excluding GST):** This can include staff time, cost of performing and evaluating the initiative, equipment purchase, and may include costs of acknowledgement of RBWH Foundation funding (e.g. a plaque of a physical item). Institute overheads and indirect costs cannot be funded.
 - Does your application include the purchase of equipment and/or medical devices. If you select yes, you’ll be asked to provide details.
 - Provide a detailed budget for your initiative, encompassing all relevant items. Include in-kind contributions, existing funding sources, and any other elements of initiative delivery that you are not seeking financial support for.

Example budget:

1	In-kind Lead applicant (0.1 FTE, 12 months)	\$35,000
2	Consumer Engagement reimbursement	\$2,000
3	Videography and print resources	\$10,000
4	Workshop costs including facilitator and catering	\$8,000
	Total	\$75,000

 - Specify the amount you’re requesting from the RBWH Foundation at this round.
Example: \$20,000.
 - Specify the numbered items from your budget you are requesting RBWH Foundation funds.
Example: Items 2, 3 and 4.
 - Budget justification: briefly justify the funds requested and the reasoning for each item.

- **List your Collaborators**
 - Collaborator name, email address, position and planned involvement in the initiative.

- **Upload of any supporting documents**
 - Quotes

- **Endorsements**
 - Include contact details of BM and SLD



Review Process

Completed applications that meet the eligibility criteria and align with the RBWH Foundation’s Mission will be assessed by at least three reviewers and an Advisory Panel with representation from RBWH, STARS and consumers. The RBWH Foundation and the Advisory Panel may liaise with other funding agencies to discuss any overlap between applications to avoid duplication of funding.

Applications will be evaluated based upon the information submitted, no further clarification will be sought. Applications will be evaluated on the Impact to Quality of Care (50%), Evaluation of initiative (25%), and Feasibility including consumer engagement (25%) (**Scoring Criteria**, Appendix 2).

Terms & Conditions

The grant is conditional upon the following:

1. Granted funds will be applied to the nominated initiative and no other project, and that expenditure will be aligned with the budget specified in the grant application.
2. The applicant must hold an appointment with Metro North Health (MNH).
3. The submission of two reports via the online grant platform:
 - A progress report to be submitted six months after commencement date.
 - A final report to be provided on completion of the initiative.
4. Appropriate acknowledgment and recognition that the initiative was made possible through RBWH Foundation funding and our generous donors:
 - Physical contributions (equipment, furniture, etc.) are to be acknowledged with a plaque or a framed certificate on spaces, using templates with approved branding, provided by RBWH Foundation, and in accordance with MNH guidelines.
 - The cost of the RBWH Foundation acknowledgement will be part of the approved funding.
5. Any equipment purchased using grant funds is to remain within and property of MNH at the end of the initiative.
6. The recipient agrees to participate in media activities, such as photography and videography, and gives permission for their image to be featured alongside their research on the RBWH Foundation's website and other suitable promotional materials. The recipient agrees to attend and speak at RBWH Foundation events for the purpose of engaging with donors and community partners in an Ambassadorial role.
7. You must notify the RBWH Foundation, as soon as reasonably possible, if any of these conditions have not been or are unlikely to be met.

APPENDIX 1

Sample form, not for offline completion.

Visit <https://rbwhfoundation.grantplatform.com> to apply.



RBWH Foundation

Advancing patient care and life-saving research

RBWHF Grant Round 6 - PATIENT CARE

To streamline application, documentation and communications processes, we strongly recommend that Lead Applicant and the grant writer are the same individual, using the same email address and name.

Project title

By proceeding with the RBWH Foundation Grant application, you agree to the RBWH Foundation Privacy Collection Statement [here](#).

To confirm eligibility and proceed with your application, please click the purple 'Check Eligibility' button.

1. Will your proposed Patient Care initiative benefit patients treated through the Herston Health Precinct by improving outcomes, enhancing wellbeing, and enriching the patient experience and/or environment?

Yes

No

1. Do you hold an appointment at Metro North Health?

Yes

No

1. Is your proposed Patient Care initiative able to be completed within 12months?

Yes

No

4. Are you a Lead Applicant on an currently funded RBWH Foundation Grant?

Yes

Email

It is recommended to use your individual email rather than a shared inbox email address.

Phone

Mobile (optional)

Are you of Aboriginal and/or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Aboriginal and Torres Strait Islander

Have you previously received RBWH Foundation grant or funding? This includes RBWH Foundation co-funding of RBWH-SERTA grants, fellowships, ad-hoc and/or out-of-round funding etc.

Yes

No

Note: the purpose of this question is for data collection and impact understanding. **Your response is only visible to the RBWH Foundation team and will not influence assessment of this application.**

Together, we advance patient care and life-saving research. Please provide a brief description of how you have or would like to engage with and/or support the RBWH Foundation. 150 words

While Foundation support isn't an eligibility criterion for funding, it is only through our collective community effort that funds are available for research and patient care through our Grant rounds.

Initiative title 10 words

Keywords (3-5 words, separated by commas)

Is this a new or existing initiative?

New

Existing

Outline your initiative

400 words

Your outline should address the scoring criteria and include clear rationale, objectives, and intended outcomes. Use this section to describe the potential reach of your initiative across RBWH and/or STARS, highlighting benefits beyond the funding period.

How will the success of this initiative be measured?

300 words

Include outcome measures and indicate evaluation mechanisms e.g. surveys, feedback, initiative deployment that will be used to measure the success of your initiative, e.g. enhancement of patient experience, improvement of patient/family wellbeing during stay, improvement of communication, staff and other resources alleviated.

Please, specify the number of people that will be positively impacted by your initiative

	Group	N. of people positively impacted
1	Patients	
2	Family members	
3	Carers	
4	Staff (clinical and/or admin)	

Patient Care initiatives are focused in providing enhanced environment, experience, satisfaction and wellbeing to patients, their family members, and carers, and ultimately, to the staff (clinical and administrative). Use this table to indicate the approximate number of people that will be positively impacted by your initiative within each group.

Please provide details about the calculation of number of people that will be positively impacted through this initiative.

For example: This could be estimated from the number of patients and staff on a weekly/monthly/annual basis within the department.

There are risks associated with any initiative. List a minimum of 1 identified risk (maximum 3) and the accompanying mitigation strategies.

250 words

Consider any risk related to the estimated cost of delivering your initiative (including changes to equipment pricing, wages).

Does your initiative involve consumer engagement?

Yes

No

In the context of health policy, services and care, a consumer is a person who uses, has used or is a potential user of health services and information. Consumers can participate as individuals, community groups, consumer organisations or consumer representatives.

Do you believe your initiative could have secured funding from other sources?

Yes
No
Unsure

Note: The purpose of this question is for RBWH Foundation data collection. **Your response will not be visible to reviewers and Advisory Panel, and will not influence the assessment of this application.**

OPTIONAL: Attach a Patient Care initiative plan including key milestones and the completion date. (optional)



OPTIONAL Please use font size minimum 11.

- Max 3 pages.

As a guide, we recommend the following content for your initiative plan:

Background - provide a brief background of your initiative, explain why it is needed and how and which aspects of patient quality of care it will improve.

Outline - you can use this section to detail your initiative scope, objectives, evaluation mechanisms and intended outcomes.

Key milestones and outcome measurement explain how success will be measured and provide a timeline of key milestones and expected completion date of your initiative.

Key References

Please note that Grant funding is capped at \$50,000.

Does your application include the purchase of equipment and/or a medical device?

Yes
No

Please provide a full itemised budget for your initiative, encompassing all relevant items. Including, but not limited to, in-kind contributions, existing funding sources, scholarships, and any other financial elements. **Institute overheads and indirect costs cannot be funded.**

Item	Cost
1	
2	
3	

This can include staff time, the cost of performing and evaluating the initiative, equipment purchase cost, cost of disseminating results (**excluding journal publication costs**), and acknowledgement of Foundation funding.

For what numbered items from the above table you are requesting funds from the RBWH Foundation through this application?

E.g. 1, 3, 5 ...

What is the funding amount you are requesting from the RBWH Foundation?

Funds are capped at \$50,000. This should be the sum of the costs associated with the line items indicated on the above response.

Budget justification. Provide a brief justification of your budget. If you're asking funds for staff, include FTE and salary base; staff in-kind details; equipment and consumables details, etc. Don't forget to include Foundation Acknowledgement costs (see hint box for details).

300 words

Appropriate acknowledgment and recognition that the project/initiative was made possible through RBWH Foundation funding and our generous donors:

- Physical contributions (equipment, furniture, refurbishment, etc.) are to be acknowledged with a plaque or a framed certificate on spaces, using templates with approved branding, provided by RBWH Foundation, and in accordance with Metro North Health guidelines.

Will this initiative require collaboration across Herston Health Precinct or with other team members, including from other national or international institutions?

Title

First name

Last name

Email

Position

Involvement

100 words

Please describe briefly the collaborator's contribution to your initiative/project.

Use this tab to submit equipment and/or medical device quotes, if available, or any other document that supports your application.

You can submit Word or PDF files of a maximum of 5MB size.

Business Manager

I confirm I have discussed this application with my Business Manager prior to submission

Yes

Your Business Manager is the relevant person from your department that will review your budget and general aspects of your application, and who will be responsible for overseeing the financial aspects of your funds if you are successful. Make sure you discuss your application with the right BM and provide their correct details. This will facilitate the endorsement period.

Service Line Director

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SAMPLE

RBWH Foundation Patient Care Grant – Scoring Criteria

	Quality of Care Impact (50%)	Evaluation (25%)	Initiative Feasibility (25%)
5	<u>Strongly Patient-centred. Excellent contribution to holistic care approach</u> that enhances patients' and their families' wellbeing, experience, satisfaction, and environment, during their stay.	<u>Well-developed rationale and clear objectives. Describes outcomes that significantly improve patients'</u> and their families' wellbeing.	<u>Strong evidence of detailed planning</u> related to implementing and delivering the initiative in 12 months (risks and mitigation strategies identified and discussed).
	<u>Excellent potential to set new benchmarks</u> for patient care/wellbeing/experience for patients/families across the Herston Health Precinct.	<u>Comprehensively described evaluation mechanisms</u> such as surveys, feedback, initiative deployment etc.	<u>Comprehensive budget that aligns</u> with initiative proposal and is <u>strongly justified</u> (e.g. cost estimates, recent quotes upload).
	<u>Promotes the greatest benefit and reach throughout the departments</u> involved, and/or has <u>large potential to reach</u> to be implemented in other departments or across RBWH and/or STARS.	<u>Strong potential to benefit patients</u> and families <u>beyond the funding period</u> , with potential continuity of improvement.	<u>Strong evidence of consumer engagement</u> across the levels of consultation, involvement and/or partnership with the initiative.
4	<u>Patient-centred. Very good contribution to holistic care approach</u> that enhances patients' and their families' wellbeing, experience, satisfaction, and environment, during their stay.	Has a <u>well-developed rationale and robust objectives. Describes outcomes</u> that are capable of <u>improving patients'</u> and their families' wellbeing.	<u>Good evidence of detailed planning</u> related to implementing and delivering the initiative in 12 months (risks and mitigation strategies identified and discussed).
	<u>Good potential to set new benchmarks</u> for patient care/wellbeing/experience for patients/families across the Herston Health Precinct.	<u>Well described evaluation mechanisms</u> such as surveys, feedback, initiative deployment etc.	<u>Appropriate budget that aligns</u> with initiative proposal and is <u>strongly justified</u> (e.g. cost estimates, recent quotes upload).
	<u>Promotes the substantial benefit and reach throughout the department/s</u> involved, and/or <u>has good potential to reach</u> to be implemented in other departments or across RBWH and/or STARS.	<u>Very good potential to benefit patients</u> and families <u>beyond the funding period</u> , with potential continuity of improvement.	<u>Very good evidence of consumer consultation</u> and involvement with the initiative.

	Quality of Care Impact (50%)	Evaluation (25%)	Initiative Feasibility (25%)
3	<u>Reasonably Patient-centred. A good contribution to holistic care</u> that enhances patients' and their families' wellbeing, experience, satisfaction, and environment, during their stay.	A <u>reasonably developed rationale and good objectives</u> . Describes <u>outcomes</u> that are capable of <u>improving patients'</u> and their families' wellbeing.	<u>Evidence of reasonable planning</u> related to implementing and delivering the initiative in 12 months (some risks and strategies identified).
	<u>Potential to set new benchmarks</u> for patient care/wellbeing/experience at RBWH/STARS.	<u>Reasonable described evaluation mechanisms</u> such as surveys, feedback, initiative deployment etc.	<u>Appropriate budget</u> that <u>aligns</u> with initiative proposal and is <u>justified</u> .
	<u>Promotes the benefit and reach throughout the department/s</u> involved, and/or <u>has potential to reach</u> to be implemented in other departments or across RBWH and/or STARS.	<u>Good potential to benefit patients</u> and families <u>beyond the funding period</u> , with potential continuity of improvement.	<u>Good evidence of consumer engagement</u> at the level of informing, consulting and supporting the initiative.
2	<u>Limited Patient-centred and/or contribution to holistic care approach</u> that enhances patients' and their families' wellbeing.	Weakly developed <u>rationale and limited objectives</u> . <u>Outcomes may be capable of improving patients'</u> and their families' wellbeing.	<u>Limited evidence of planning</u> related to implementing and delivering the initiative in 12 months (few risks identified, no strategies).
	<u>Limited potential to set new benchmarks</u> for patient care/experience for patients/families.	<u>Limited description evaluation mechanisms</u> such as surveys, feedback, initiative deployment etc.	<u>Budget that poorly aligns</u> with initiative proposal and is <u>poorly justified</u> .
	<u>Promotes the benefit but demonstrates weak reach throughout the department</u> involved, has weak potential to reach to be implemented elsewhere.	<u>Limited potential to benefit patients</u> and families <u>beyond the funding period</u> , with potential continuity of improvement.	<u>Limited evidence of consumer engagement</u> at the level of informing and/or consulting with the initiative.
	<u>Not Patient-centred. Unclear contribution to care approach</u> that enhances patients' and their families' wellbeing.	<u>Unclear rationale and unclear objectives</u> . Outcomes have limited potential to improve patients' and their families' wellbeing.	<u>No evidence of planning</u> related to implementing and delivering the initiative in 12 months (no risks and strategies identified nor discussed).
	<u>No potential to set new benchmarks</u> for patient care/experience.	Limited to no description evaluation mechanisms.	<u>Inappropriate budget</u> that <u>does not align</u> with initiative proposal.
	<u>Unclear benefit and weak reach throughout the department</u> involved and has no potential to reach to be implemented in other departments.	<u>No potential to benefit patients</u> and families <u>beyond the funding period</u> , with potential continuity of improvement.	<u>No evidence of consumer</u> informing, consulting, or involvement with the initiative.