

RBWH Foundation Aboriginal and Torres Strait Islander Grant – Scoring Criteria

	Impact and Improvement (40%)	Methodology (30%)	Project Feasibility (30%)
5	<u>Highly developed and well-articulated project plan</u> , that will directly improve access and/or outcomes for Aboriginal and/or Torres Strait Islander patients and community.	The project aims and activity plan have: • A well-developed rationale with clear and robust objectives • The ability to influence positive practice • The ability to build and/or support workforce capacity	<u>Applicant: Evidence of connection with Community</u> , with excellent support identified through listed collaborators, and their <u>mentorship is well described</u> .
	<u>Addresses an important identified unmet need</u> for Aboriginal and/or Torres Strait Islander patients (and community) treated through services on Herston Health Precinct.	<u>Project has defined and robust evaluation mechanisms</u> such as surveys, feedback, and methods described to assess improvement activity.	<u>Risks and potential delays</u> have been identified, and strategies to manage these have been described. The project is highly likely to be <u>delivered</u> in 12 months.
	<u>Strong evidence of Partnership or engagement</u> with Aboriginal and/or Torres Strait Islander <u>Community</u> .	<u>Project strongly aligns with at least one MNH Health Equity strategic priority</u> and/or Reconciliation Actions and has explained how the need was identified.	<u>Comprehensive budget</u> that <u>aligns</u> with project proposal and is <u>strongly justified</u> (e.g. cost estimates, recent quotes upload).
4	<u>Clearly articulated plans</u> for quality improvement activity that will improve access and/or outcomes for Aboriginal and/or Torres Strait Islander patients.	The project aims and activity plan have: • A well-developed rationale with clear objectives • The ability to influence positive practice • The potential to build workforce capacity	<u>Applicant: Evidence of some connection with Community</u> , with their <u>mentorship well described</u> , and support evident through listed collaborators.
	<u>Addresses an identified unmet need</u> for Aboriginal and/or Torres Strait Islander patients and community, treated through Herston Health Precinct.	<u>Project has defined evaluation mechanisms</u> such as surveys, feedback, and methods described to assess improvement activity.	<u>Risks and potential delays</u> have been identified, and some strategies to manage that have been described. The project is likely to be <u>delivered</u> in 12 months.
	<u>Strong evidence</u> of engagement with patients and <u>Community</u> and/or proposed partnership with Community.	<u>Project aligns</u> with at least one selected MNH Health Equity strategy and/or Reconciliation Action and has explained how the need was identified.	<u>Appropriate budget</u> that <u>aligns</u> with project proposal and is <u>well justified</u> (e.g. cost estimates, recent quotes upload).

	Impact and Improvement (40%)	Methodology (30%)	Project Feasibility (30%)
3	<u>Clearly potential</u> for quality improvement activity that will improve access and/or outcomes for Aboriginal and/or Torres Strait Islander patients.	The project aims and activity plan have: • A rationale with indicated objectives • The ability to influence work practice • Possibility to build workforce capacity.	<u>Applicant has some support and mentorship</u> , but with one or more clear weaknesses or gaps in expertise and <u>limited connection with Community</u> .
	<u>Builds on work addressing an identified need</u> for Aboriginal and/or Torres Strait Islander patients and community, treated through Herston Health Precinct.	<u>Project has some evaluation mechanisms</u> such as surveys, feedback, and methods described that potentially assess the quality improvement activity.	<u>No risks</u> or potential delays identified and described. Highly unlikely to be delivered in 12 months.
	<u>Some engagement</u> with patients and consumers and Community is indicated/planned.	<u>Project somewhat aligns</u> with at least one selected MNH Health Equity strategy or Reconciliation Action and has explained how the need was identified.	<u>Appropriate budget</u> that <u>aligns</u> with project proposal and is <u>reasonably justified</u> (e.g. cost estimates, recent quotes upload).
2	<u>Possible potential</u> for the quality improvement activity to improve access and/or outcomes for Aboriginal and/or Torres Strait Islander patients.	The project aims and activity plan have: • A rationale with indicated objectives • Possibility to influence work practice • Low potential to build workforce capacity.	<u>Applicant has provided limited information</u> about mentorship and support, <u>clear and obvious gaps in expertise</u> , <u>no connection with Community</u> .
	Possibility that it addresses an <u>identified need</u> for Aboriginal and/or Torres Strait Islander patients.	<u>Project has limited evaluation mechanisms</u> such as surveys, feedback, and poorly described methods to assess the quality improvement activity.	<u>No risks</u> or potential delays identified and described. Highly unlikely to be delivered in 12 months.
	<u>Little evidence of engagement</u> with patients, consumers and/or Community.	<u>Project somewhat aligns</u> with at least one selected MNH Health Equity strategy or Reconciliation Action, with limited explanation of identified need.	<u>Inappropriate budget</u> that <u>does not align</u> with improvement activity proposal.
1	<u>No clear potential</u> for the quality improvement activity to improve access and/or outcomes for Aboriginal and/or Torres Strait Islander patients.	The project aims and activity plan have: • Poorly described objectives • Low potential to influence work practice, or build workforce capacity.	<u>Applicant has no connection with Mob or Community</u> . <u>Feasibility of overall project is doubtful</u> . Evident lack of support, mentorship, and expertise.
	<u>Repetition of previous work</u> addressing an <u>identified clinical need</u> for Aboriginal and Torres Strait Islander patients.	<u>Project has limited evaluation mechanisms</u> and poorly described methods to assess the quality improvement activity.	<u>No risks</u> or potential delays identified and described. Highly unlikely to be delivered in 12 months.
	<u>Little to no evidence of engagement</u> with patients, consumers, and Community	<u>Project does not align</u> with at least one selected MNH Health Equity strategy or Reconciliation Action and no explanation of identified need.	<u>Inappropriate budget</u> that <u>does not align</u> with improvement activity proposal.

