

**MNCLHD EVIDENCE IN PRACTICE (EVIP)GRANT**

**Application Form**

**Closing Date: 8am April 1, 2019**



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| **INSTRUCTIONS TO APPLICANTS** |

**SUPPORT RESOURCES**

It is strongly recommended that applicants read the *Evidence In Practice (EVIP) Guidelines for Applicants* prior to developing their Application. The Guidelines provide information on the eligibility and selection criteria, plus outline a number of key support resources for applicants. The Guidelines are available at: <http://mnclhd.health.nsw.gov.au/research/research-capacity/grants-and-funding/>

The EVIP application form is based on the NSW Ministry of Health Translational Research Grant Scheme Expression of Interest form, with appropriate changes. Additional resources are available on the following websites:

* <https://www.medicalresearch.nsw.gov.au/translational-research-grants-scheme/>
* <https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0008/192437/Framework-Program-Evaluation.pdf>
* <https://www.health.nsw.gov.au/research/Publications/evaluation-guide.pdf>

**Completing the APPLICATION Form**

All applications must be submitted using this form.

All sections of this form and attachments must conform to the following:

* Left and right margins of at least 2cm
* Font no smaller than 11 point (preferred font is Arial)
* Line spacing of 1.15

When saving this form, please use the naming convention: EVIP2019\_ Chief Investigator name (e.g. EVIP2019\_JaneLEE). Attachments should be saved as Chief Investigator name\_Ref1, Chief Investigator name\_Ref2 etc. (eg JaneLEE\_Ref1, JaneLEE\_Ref2)

Information provided in this application may be provided to advisors supporting the EVIP Review Panel for the purpose of assessment and identifying synergies between projects.

**Submitting the APPLICATION**

Application form and attachments must be submitted to MNCResearch by **8am April 1, 2019.**

**Two versions** of the Application should be submitted:

• A Word version (excluding the certification by the Line Manager and Senior Executive Team Member)

• A full pdf version (including the certification by the Line Manager and Senior Executive Team Member)

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| **SECTION A – OVERVIEW**  |  |
| Is this application specifically targeting Closing the Gap initiatives? | Yes [ ]  No [ ]  |
| Chief Investigator (applicant)*Please include title/salutation* |  |
| Project title |  |
| Project summary (300 words)*Summarise your translation project and methodology. Outline the potential benefits, including how this project will be translated into practice change that will impact patient outcomes or population health and wellbeing* |  |
| List all sites in which the project will be conducted: |  |
| Total amount requested (excluding GST)*Not to exceed $50,000 Details to be provided in Section E* | $ |
| Project duration*Up to 15 months* |  |
| Submissions to other funding sources for this project*Include past, planned or submitted applications. List the funder, expected date of notification of success and the amount(s) requested.*  |  |
| List the organisations (external to MNCLHD) involved in this project. *e.g. UNSW, Galambila etc.* |  |

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| List the level of evidence for the basis of this project and provide references. *Attach the articles to the submitted application using the naming convention Chief Investigator name\_LvlRef1 etc.* |
| Item | Level of current evidence *(select from drop-down list)* | Reference *(submit references with application)* |
| LvlRef\_1 | Choose an item. |  |
| LvlRef\_2 | Choose an item. |  |
| LvlRef\_3 | Choose an item. |  |
| *Add more rows if necessary* | Choose an item. |  |

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| Are there mixed methods or qualitative data to support your intended approach in this grant? *Attach the articles to the submitted application using the naming convention Chief Investigator name\_SupRef1 etc.* |
| Item | Type of study *(select from drop-down list)* | Reference *(submit references with application)* |
| SupRef\_1 | Choose an item. |  |
| SupRef\_2 | Choose an item. |  |
| SupRef\_3 | Choose an item. |  |

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| **SECTION B – ELIGIBILITY CRITERIA** |

## B.1 Priority

Describe why this project will answer a question that is a priority for the MNCLHD. Include reference to relevant State or MNCLHD strategic plans (150 words).

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## B.2 Governance structure

Provide a brief description of the governance structure for the project, including project Steering Committee with links to the Executive structure and clinical streams (150 words).

Include the translation oversight function within the governance structure, identifying members of the team(s) that will steer the project from a technical perspective and note how and when they will be involved.

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## B.3 Eligibility checklist

Eligibility in relation to the following criteria will be assessed through the responses provided in other sections of this form.

Please check off the items below to confirm that:

[ ]  The project is based on published high quality evidence (Level 1 or 2 NHMRC Evidence) and the references are attached.

[ ]  The project involves at least one of the local MNCLHD university partners (i.e. CSU, SCU, UNSW or UoN).

[ ]  The project involves at least one of the NSW Health Pillars (ACI, BHI, NSWCI, CEC, HETI), as an active partner.

[ ]  A pre-mortem with relevant stakeholders has been undertaken and documented prior to submission of this application. This has been used to identify and address potential weaknesses in the methodology.

[ ]  The project includes contingency for the conduct of a health economics assessment, plus projections for subsequent uptake across the MNCLHD if the intervention is demonstrated to be effective.

[ ]  The project includes the completion of an assessment of the readiness to adopt recommended changes within the MNCLHD (acceptability, adoption, feasibility, fidelity, penetration). This includes the identification of strategies to address barriers where they exist.

 [ ]  The project has the potential to impact policy and/or practice and for results to be scaled across settings, for example in other Organisations or state-wide.

[ ]  Demonstrated consultation and input from local Aboriginal communities if the project(s) has/have an Aboriginal health focus.

[ ]  Relevant stakeholders have been engaged in the development of the proposal (e.g. clinicians, consumers, health service management, researchers, patient groups, policy makers).

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| **SECTION C – TEAM** |

## C.1 Chief Investigator details

The Chief Investigator (applicant) must be employed by the MNCLHD.

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| --- | --- |
| Full Name*Please include title/salutation* |  |
| Position |  |
| Organisation |  |
| Contact phone number |  |
| Email |  |
| Postal address |  |

## C.2 Associate Investigator(s) and translation partners

Include other proposed investigators in this section (maximum 10). Partners are unlimited.

An investigator is expected to steer the project and is actively involved in the translation process. Ideally the team of investigators needs to include senior researchers, managers, policy makers and clinicians from a range of organisations.

The list should also include essential partners required for successful conduct of the project and implementation of the outcomes (e.g. LHD Director of Clinical Governance, Director of Nursing etc.).

Applicants must partner with at least one university that has a local footprint in the MNCLHD (CSU, SCU, UoN, UNSW) and one of the NSW Health Pillars (ACI, BHI, NSWCI, CEC, HETI).

**Investigators**

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| --- | --- | --- | --- | --- |
| **#** | **Full Name** | **Position** | **Organisation** | **Contribution** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
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| 10 |  |  |  |  |

**Partners**

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| --- | --- | --- | --- | --- |
| **#** | **Full Name** | **Position** | **Organisation** | **Contribution to the project** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
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| 11 | *Add rows as required.* |  |  |  |

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| **SECTION D –PROPOSAL** |

## D.1 Describe the problem and the key outcome that the change in practice/service will address. Outline the level of existing evidence supporting your proposed modification. (400 words).

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## D.2 Provide a summary of your findings from the pre-mortem undertaken with relevant stakeholders. \* Specify how items identified in this process are being addressed within your proposal (300 words).

## \* Assistance on conducting a pre-mortem can be found here at the [Johns Hopkins - Armstrong Institute for Patient Safety & Quality](https://www.hopkinsmedicine.org/armstrong_institute/_files/cusp_toolkit_new/Premortem-Tool.pdf)

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## D.3 Describe the implementation approach you will use for this project including changes in practice/service design and methods (800 words). Include details such as study design, intervention, sample and setting including control group where appropriate, primary and secondary outcomes, data sources/research tools, data collection methods including time points for baseline and follow up periods, sample size and power calculations, statistical analysis plan.

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## D.4 List key approvals that will be required before the project can proceed, i.e. outline ethical considerations and required governance approvals as applicable (200 words).

## NB. For applications addressing Closing the Gap initiatives, an Aboriginal Health and Medical Research Council (AHMRC) ethics will be required.

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## D.5 Outline the approach that will be used to complete the economic assessment for the project and who will have responsibility for this aspect (300 words).

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## D6. Describe the method that will be used as part of the project to assess the readiness to adopt change in the MNCLHD (acceptability, adoption, feasibility, fidelity, penetration) (150 words).[[1]](#footnote-1)

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## D.7 What are the likely impacts of the results of the project on disease prevention at a population level, individual patient care or for health service delivery? (300 words)

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**D.8 Which of the NSW Health Pillars are you collaborating with on this project and describe how this may ensure changes made are embedded in practice within the MNCLHD and possibly state-wide (300 words).[[2]](#footnote-2)**In this section include details such as the mechanism/vehicle by which the project can be translated into change (e.g. communication with state and local decision maker, funder, committee, network, agency), key stakeholders that you will engage with to scale up your project (e.g. MoH, ACI, NSWCI, CEC, eHealth NSW, HETI, state-wide clinical networks, other LHDs/speciality networks), how the results of your study can support or integrate with existing State or regional initiatives or health services.

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## D.9 Describe how stakeholders have been involved in the development of the proposal and how they will continue to be involved in implementing the outcomes (300 words)

This might include clinicians, consumers, policy makers, community and patient groups, and others.

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## D.10 Milestones

Provide a timetable for key project milestones (e.g. ethics approval, site/participant recruitment, completion of data collection, data analysis, final reporting). Add rows as necessary.

| **Key milestone** | **Achievement date (mm/yyyy)** |
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| **SECTION E – REQUESTED BUDGET** |

Please provide details of requested funds and co-contributions. The requested funds should include all anticipated EVIP funding required for the project and activities to support translation. For salaries, please specify the salary level, on-costs (25.7%) and FTE.

Note that the requested funding allocation in the table below (E.1) will be used for the budget allocation over two financial years. The funds must be expended by June 30, 2020.

## E.1 EVIP funding requested

Grants range up to $50,000 over 12-15 months.

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| **Budget Item**†*e.g. Salary (CI, AI, research assistant)* | **Funding requested (excl. GST)** | **Description***(<100 words per item)* |
| **Year 1 (2018/19)** | **Year 2 (2019/20)** |
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|  |  |  |  |
|  |  |  |  |
| **TOTAL** | **$** | **$** |  |

†EVIP funding may be used for costs associated with the project, but cannot be directed towards conference attendance (including travel and accommodation), publication costs, capital works, medical equipment, general maintenance costs, telephone/communication systems, basic office equipment such as desks and chairs, rent and the cost of utilities.

## E.2 Cash contributions

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| --- | --- | --- | --- |
| **Source***Organisation* | **Budget item** | **Funding (excl. GST)**  | **Description***(<100 words per item)* |
| **Year 1 (2018/19)** | **Year 2 (2019/20)** |
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|  |  |  |  |  |
|  |  |  |  |  |
|  | **TOTAL** | **$** | **$** |  |

## E.3 In-kind contributions

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| **Source***Host or Partner Organisation* | **Budget item** | **Description***(<100 words per item)* |
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| **SECTION F – CERTIFICATION BY LINE MANAGER AND SENIOR EXECUTIVE** |

I certify that:

1. The appropriate financial and/or in-kind support for the project as described in this application will be provided.
2. All funds awarded as part of the EVIP will be used only for the purpose for which they were awarded.
3. Practice change will be implemented based on the results of the project/evaluation.
4. I note that this Application will be reviewed by the EVIP Review Panel.

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<Insert Name>

Line Manager, <Insert Department/Ward>

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Date

**Senior Executive Team Member:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Insert Name>

Director, <Insert Directorate>

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Date

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| ***If this certification is not signed by the Line Manager and Senior Executive the Application is not valid.*** |

1. Ruppertsberg AI, Ward V, Ridout A, Foy R. The development and application of audit criteria for assessing knowledge exchange plans in health research grant applications. *Implementation Science* 2014;9:93. <http://www.biomedcentral.com/content/pdf/s13012-014-0093-0.pdf> [↑](#footnote-ref-1)
2. Centre for Epidemiology and Evidence. Milat AJ, Newson R, and King L. *Increasing the scale of population health interventions: A guide.* Sydney: NSW Ministry of Health, 2014. [www.health.nsw.gov.au/research/Publications/scalability-guide.pdf](http://www.health.nsw.gov.au/research/Publications/scalability-guide.pdf) [↑](#footnote-ref-2)