**Doctors of BC-WorkSafeBC Projects and Innovation Committee**

**2015 Project Application Form**

Please submit your application by **June 1, 2015 at 11:59pm** by mail, email or fax to:

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| Cindy Myles | F: 604 638 6054 |
| 115-1665 West Broadway | E: [cmyles@doctorsofbc.ca](mailto:cmyles@doctorsofbc.ca) |
| Vancouver, BC V6J 5A4 |  |

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| **Contact Information** | | | |
| **Name(s)** | Click here to enter text. | **Practice specialty** | Click here to enter text. |
| **Practice Address** | Click here to enter text. | **Profile and/or number of WorkSafe patients you typically treat** | Click here to enter text. |
| **Preferred contact information** | Please provide a phone number. | **Submission date** | Click here to enter a date. |
| Please provide an email address. |

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| **Problem/Opportunity** |
| Please provide a brief description of the problem or opportunity that the project seeks to address.  CLICK HERE TO ENTER TEXT.  As examples, the problem/opportunity may address the following:   * To improve and expedite management of injured workers, including those with complex and work-related mental health issues. * To improve coordination of care between physicians, workers, employers, WorkSafeBC and other healthcare providers. * To improve efficiencies within the case management system. * To improve communication between WorkSafeBC, physicians, employers or workers. |

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| **Project Description** | |
| Please provide a brief description of the project, where applicable. | |
| **Objectives** | Outlines what the project will accomplish, in clear and measurable terms. |
| **Target patient population** | Types and numbers of patients whom the project is targeted to. |
| **Target providers** | Types and numbers of providers who will be involved. |
| **Location** | Where the project will be based. |
| **Key activities** | Key activities that will be provided to the target patient population. |
| **Tracking & Evaluation** | Methods for tracking the project’s key activities and evaluating the project’s outcomes (i.e., changes in target patients and/or providers). |
| **Anticipated resources/costs** | Resources/costs related to project planning, implementation and evaluation. |
| **Timeframe** | Duration of the project. |

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| **Intended Outcomes** | |
| Please describe how the intended outcomes of the project will support the following, where applicable: | |
| **Improving the quality of care of injured workers** | Improving the effectiveness, timeliness or efficiency of care. |
| **Improving early return to work outcomes for injured workers** | Decreasing time spent away from work and enhancing worker-employer attachment. |
| **Maximizing functional abilities for injured workers** | Enhancing workers’ physical abilities for performing work-related tasks. |
| **Minimizing disability for injured workers** | Minimizing the effect of impairment on workers’ ability to complete tasks or duties. |
| **Improving administrative processes between physicians and WorkSafeBC for better outcomes** | Improving efficiency of the case management system, removing of administrative barriers, or enhancing communication between physicians and WorkSafeBC. |

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| **Additional information** |
| Please provide any additional information that you’d like to share with the committee.  Click here to enter text. |