
Hunter New England Local Health District

Improvement Grant Program (IGP)

2024

Guidelines

Open Date: 12 December 2023

Closing Date: 2 April 2024



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1. Introduction

Hunter New England Local Health District (HNELHD) routinely makes a significant investment in research and other initiatives that seek to improve patient/community health outcomes whilst aiming to reduce the cost of healthcare. In recognising that achieving excellence in evidenced-based healthcare and improved patient outcomes is intrinsically linked to the translation and implementation of existing research evidence and clinical guidelines into healthcare practice, HNELHD is implementing the HNE Improvement Grant Program.

The HNE Improvement Grant Program (IGP) aligns with the directions of the [HNELHD Strategic plan](#) and the [Quadruple AIM](#) Initiative. The Improvement Grant Program represents HNELHD's commitment to:

1. Creating a culture of evidence-based improvement that delivers high-value healthcare for people of the HNELHD.
2. Supporting and promoting excellence in high value improvement initiatives by encouraging collaboration between HNE staff, service managers, improvement specialists and patients.
3. Encouraging and supporting Healthcare Professionals across all disciplines to undertake priority and sustainable improvement initiatives that can be **scaled up** to improve the health outcomes of patients, clients and the HNE community.

2. Eligibility and Assessment

2.1 Program Eligibility Criteria:

- **Improvement Grants** are open to employees of the Hunter New England Local Health District (HNELHD) who have an active HNELHD assignment. Collaboration with Aboriginal Medical Services and primary care providers is encouraged.
- **HNEKidshealth Improvement Grants** are open only to teams from HNEKidshealth CYP&F services.

2.2 Assessment Criteria

Applicants will be assessed using the criteria outlined in Table 1 on the next page. Please refer to the [Application Form - HNE Improvement Grant 2024](#) for a more detailed description of assessment criteria. Projects that score below a minimum threshold of 60% will not be eligible to be funded.

Table 1. Assessment Criteria.

Assessment Criteria	Factors relevant to Assessment	Criterion Weighting
Aim	Clear and concise project aim that is Specific, Measurable, Achievable, Result Orientated and Time scheduled	5%
Data based rationale	Clearly describes the existing procedure, model of care, practice, program etc. seeking to be improved. Provides data (published and/or local; qualitative or quantitative) demonstrating the need for its improvement. Describes the potential risk if the project does not go ahead in relation to patients, staff, and service outcomes.	15%
Improvement Priority	Aligns to a local and/or state improvement priority and Value-based healthcare.	5%
Team expertise and stakeholder engagement	Includes relevant team members with the appropriate experience such as literature review, project design, improvement/clinical practice change, evaluation, qualitative/ quantitative measurement and analysis, financial/economic analysis, project management and sponsorship to support the project. Includes a team member that has been trained in QI methodology. Includes relevant key stakeholders such as clinical/department/facility leaders, relevant clinicians, relevant networks/streams, external agencies and partners, Aboriginal staff, patients/consumers etc. Applicant has demonstrated improvement/practice change/ evaluation experience and impact.	20%
Governance Structure	Project governance approach provided, involving a multi-disciplinary team including but not limited to; clinicians, managers, improvement specialists, patient/consumers reps and Aboriginal members.	5%
Budget	Clear budget items and justification included.	5%
Project Plan	Inclusion of key milestones and deliverables feasible within the 18-month timeline: including an indication of when each will be undertaken/completed.	5%
Evaluation	Clear description of what will be measured to assess success of the project. Clear identification of outcome measures (including but not limited to health outcomes, acceptability, implementation, cost). Clear description of the data collection process – what data, collected by whom, how and when). Inclusion of an appropriate data analyses plan.	20%

Assessment Criteria	Factors relevant to Assessment	Criterion Weighting
Sustainability	Describes how sustainability of these improvements following the completion of the project will be ensured. Inclusion of strategies to facilitate the improvement being sustained beyond the life of the project.	5%
Scalability	Describes how the project may subsequently be scaled up is successful.	5%
Aboriginal Health Consideration	Demonstrated consultation with Aboriginal people/ communities in the development and proposed conduct of the project. Demonstrated consideration of Aboriginal health in the improvement project design – eg prevalence, gap and outcome data for Aboriginal peoples, strategies in the design, development and conduct of the project that will ensure access, cultural appropriateness, benefit etc for Aboriginal people.	10%

Please note a minimum level score/threshold exists for successful applications and hence award of six grants is not guaranteed.

3. What will be funded?

The HNE Research Office & HNE Children, Young People and Families (CYP&F) services have identified a total pool of approximately \$150,000 to support up to six improvement initiatives. Each successful applicant may be awarded up to **\$25,000** in funding.

Projects of up to 18 months duration will be considered. Pending applications received, one Improvement Grant will be targeted to the focus of Aboriginal Health.

Improvement initiatives are encouraged that:

- Address identified LHD priorities.
- Are supported by literature or local data from small scale initiatives and/or clinical guidelines.
- Demonstrate collaboration between clinical and service leaders, service providers, improvement/evaluation specialists, networks/streams, patients/consumers and Aboriginal advisors.
- Include supplementary support in terms of (in-kind) resources, staff release time, funding, equipment or resources, consumables etc. from the relevant clinical unit or partners.
- Improve the patient experience of care (including quality and satisfaction).
- Improve health outcomes.
- Reduce the per capita cost of health care.

It is recommended that at least one team member should be trained in or have experience in quality improvement/implementation methodology and be appointed as the project's improvement advisor. Further information regarding the **Safety and Quality Essentials Pathway** may be found here: [Safety and Quality Training | HNE Health Intranet \(nsw.gov.au\)](#)

Out of scope:

- Research projects, i.e. those that generate new knowledge.
- Funding for equipment or upgrades to office/workspace.
- A lead recipient of a HNE Improvement Grant within last 2 years.

These grants are explicitly focused on the ***translation of existing evidence/guideline recommendations*** into sustainable routine care delivery practice. As such, funding will **not** support ***research (knowledge generation)*** initiatives.

4. Aboriginal Health

It is important that all projects consider the distribution of the burden of disease within the population and the unique needs of priority populations to ensure the project undertaken is equitable for Aboriginal people. HNELHD aims to:

1. Ensure that projects are ethical, culturally appropriate and beneficial for Aboriginal peoples; and
2. Increase the quantity and quality of translational Aboriginal health improvement initiatives; and
3. Provide opportunities to increase Improvement capability of Aboriginal people

All applicants are expected to provide data describing the prevalence of the issue the proposed project is addressing among Aboriginal people and as such all applications will be scored by an Aboriginal panel, in terms of need for and benefit of the proposal for the Aboriginal population. In doing so, the panel consider the following when rating each application:

For General (Non-Aboriginal Specific) Projects

10% of the total selection scoring will be applied by an Aboriginal Panel taking into consideration:

1. Demonstrated consultation with Aboriginal people/communities in the development and proposed conduct of the project.
2. Demonstrated consideration of Aboriginal health in the project design – eg. issue prevalence, gap and outcome data for Aboriginal peoples, strategies in the design, development and conduct of the project that will ensure access, cultural appropriateness, benefit etc for Aboriginal people.

For Aboriginal Specific Projects

50% of the total selection scoring will be applied by the Aboriginal Panel for any Aboriginal-specific projects.

In addition to the above criteria, Aboriginal-specific projects must focus on establishing mutually beneficial partnerships, collaboration and Aboriginal ownership from the earliest stage possible and as such the Aboriginal review panel will consider the following when rating each Aboriginal-specific application:

1. Engagement and advice sought from appropriate stakeholders prior to forming the project aims.

2. Collaboration - in a way that ensures Aboriginal input and/or community advice is sought for the project.
3. Completion of an Aboriginal Health Impact Statement.
4. That project methods are ethical and culturally appropriate.
5. Building Aboriginal improvement capacity - including Aboriginal people in the research team; or with an Aboriginal lead or co-lead.

5. Conditions of Award

Successful applicants must accept the offer of the grant by the date nominated by the selection committee. In accepting an offer, applicants must read and sign the 2024 Improvement Grant Program Acceptance Form.

6. Variations

If an applicant's circumstances change following acceptance of an Improvement Grant e.g. change of employer or additional employment or study responsibilities being undertaken, the Program coordinator is to be notified immediately. The notification will need to detail the reasons for and nature of the proposed variation, and its impact on the achievement of the agreed improvement plan objectives. Requests to vary the terms of the Improvement Grant should be made to the Research Development Manager via: HNELHD-ResearchOffice@health.nsw.gov.au

7. What are the grant recipient's responsibilities

7.1 Application and Project and Annual Plans

The Grant Applicant is responsible for engaging with relevant Line and Service Managers and Clinical Leaders in the development of the Application.

Successful Grant Applicants, together with relevant Line and Service Managers and Clinical Leaders, co-investigators and partners are jointly responsible for the conduct of the proposed improvement initiative, with primary responsibility resting with the Grantee.

All Grantees will be required to produce a Project Plan within a month of receiving the Grant, and to provide an Annual Work Plan for each year of the Grant.

All Grantees may be asked to support LHD Improvement initiatives at the request of the HNE Research Office throughout the period of the Grant.

7.2 Progress Reports

All Grantees are required to submit Progress Reports with reference to the project and annual plan to the HNE Research Office, and to attend meetings with the HNE Director of Health Research and Translation, or nominee at both the 6- and 12-month time-points to discuss the results of the Progress Reports. A Progress Report template will be provided to the successful Applicants. Failure of the Grantee to demonstrate progress may result in the withdrawal of the Grant funding.

A Final Report must be submitted to the HNE Research Office within three months of completion or termination of the Grant. A Final Report template will be provided to the successful Applicants and will address:

- I. The objectives of the project.
- II. The extent to which the objectives were achieved.
- III. The results and benefits of the initiative, including evidence of improved patient, health, and/or service efficiency outcomes.
- IV. Recommendations for sustainability and scale-up.
- V. An acquittal statement of the expenditure of funds, certified by the Finance Manager in the department the project is occurring.

7.3 Acknowledgements

Any publication, grant or presentation arising from the grant must include a statement of acknowledgement indicating that the initiative was funded by HNELHD Research Office through the HNELHD Improvement Grant Program.

7.4 Ethics

Applicants should consider in advance whether ethics is required and factor into the project timeline.

8. Responsibility of Managers, Clinical Leaders

Line and Service Managers and Clinical Leaders relevant to the conduct of the proposed initiative play a key role in its development and success, and for the achievement of ongoing benefits for service delivery and patient outcomes. To achieve these outcomes, Line and Service Managers and Clinical Leaders must be engaged at the commencement of planning and development of the improvement initiative and throughout its implementation. Although responsibility for the initial engagement of Line and Service Managers and Health Service/Clinical Leaders rests with the Grant Applicant, responsibility for ongoing engagement rests with both the Grantee and Managers/Leaders.

For the submission of the application, Line/Service Managers are responsible for endorsing the proposed initiative and to the continued implementation of the initiative if it is found to be effective and feasible for ongoing implementation.

9. Selection process

HNELHD Review Panel

The HNELHD Improvement Grant Program is highly competitive, and as such all applications will be subjected to a rigorous selection process. The selection process will consist of a review panel including health service leaders, clinicians and improvement experts, with funding being awarded to the highest scoring application(s) judged according to the **weighting applied to each question within the Application Form** along with scoring from the Aboriginal Review Panel below.

The top ranking ‘*preferred applicants*’ will be selected and invited to meet with the Director of Health Research and Translation to provide feedback and negotiate improvements to applications where applicable.

Aboriginal Review Panel

General (non-Aboriginal specific) Projects - In addition to the above, **10%** of the total score will be rated by an Aboriginal panel, who will be assessing benefit of the study for the Aboriginal population for all General improvement project applications received. For Aboriginal Specific Projects - **50%** of the total score will be rated by an Aboriginal panel, who will be assessing on the considerations provided in section 4 of these guidelines– Aboriginal Health.

The final decision will be made by the Chief Executive and is non-negotiable.

All applications will initially be considered for award of an HNE Improvement Grant. The panel will subsequently, recommend an Applicant to the HNEKidshealth Executive for consideration for an award of a HNEKidshealth Improvement Grant.

10. Important Dates

Call For Applications	12 December 2023
Applications Close: <i>Please refer to item 12 – Submission - and ensure you leave adequate time to complete the online submission by 5pm Tuesday 2 April.</i>	2 April 2024
Notification of Successful Applicants	Late May 2024
Commencement of Project Funding	1 July 2024
Project Funding End	30 December 2025

11. How to apply

Both the Application Form (Word template) and Guidelines documents can be downloaded from [HNE Research Office Portal](#):

Applicants are encouraged to make email contact with HNELHD-ResearchOffice@health.nsw.gov.au to discuss their interest and prospective proposal.

1. Complete the **Application Form – HNE Improvement Grant 2024** – Word template document in accordance with the *Guidelines – HNE Improvement Grant 2024* (strict word limits will apply in Award Force).
2. Seek endorsement from HNELHD Managers relative to each HNE Service/Department/Unit impacted by the project and complete Item 11 - HNELHD Endorsement Page.
3. Save all supporting documentation (including flow chart/s etc.) as well as the items listed below as separate word, jpeg or pdf files.
4. Complete **application via Award Force** <https://hnehealth.awardsplatform.com/>

12. Submission of Application

1. Copy/paste all data from each of the completed fields in your application document into the corresponding fields of the application form in the online platform [Award Force](#).
2. Upload all supporting documentation, which includes but is not limited to, the following:
 - Applicant Brief CV ☐
 - Supporting emails from Team and Stakeholders ☐
 - Signed Endorsement Page ☐
3. Submit applications online via [Award Force](#) by **5pm Tuesday 2nd April 2024**