

LINK and SEED Innovation Funding Grant 2022/2023

What is LINK and SEED Innovation Funding?

The LINK Funding Grant (Leading Innovation through Networking and Knowledge-sharing) was introduced in 2015 and has been a significant Metro North Health commitment that recognises the importance of delivering person-centred, connected and integrated care. We believe complex health issues cannot be addressed by acute hospitals and health services acting alone and that partnership strengthens our ability to provide appropriate care for our consumers. **The primary applicant for LINK applications (MN staff member) must demonstrate a sustainable partnership with at least one external organisation.**

SEED Funding Grant (Support, Explore, Excel, Deliver) is accessible to inspirational and creative staff, to conceive and deliver new and improved health services for the benefit of our consumers. MN is committed to and recognises the significant contribution SEED has made to driving innovation and staff led improvements, to benefit health outcomes in the community. **SEED funding is only available for MN staff applicants.**

LINK and SEED are supported administratively under the one program, but they stand alone as two separate funding opportunities.

What is Innovation?

Innovation is the generation and application of new ideas to produce better outcomes, and in a public sector context, involves the creation and implementation of new processes, products, services and methods of delivery which result in significant improvement in the efficiency, effectiveness and quality of outcomes.

Innovation can be categorised as:

- Incremental - building on and improving existing practices;
- Transformational - a completely new approach to solving existing problems; or
- Revolutionary - the creation of an entirely new and unexpected care paradigm.

The LINK and SEED Innovation Funding Program is intended to facilitate the implementation of new ideas that improve the healthcare of local communities. Applications should be locally innovative (rather than a replication of existing services within Metro North Health) and will address existing gaps/issues in service delivery in a new way.

Applicant and Idea Details

* indicates a required field

Confirmation of Eligibility

Please ensure you have read the LINK and SEED Innovation Funding Guidelines before completing this application.

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Form Preview

Incomplete applications and/or applications received external to SmartyGrants will not be considered.

You must meet all the following criteria to proceed with your application.

I have read and understand the LINK and SEED Innovation Funding Grant Guidelines *

Yes No

I am an employee of Metro North Health *

Yes No

Type of Funding Request

What type of innovation funding are you applying for? *

LINK SEED

LINK Funding is for ideas that propose a collaborative partnership with organisations external to Metro North Health. External Partners must provide a financial contribution and/or significant in-kind support for a true partnership to occur.

Applicant Contact Details

Applicant Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This person will be the key contact for this project submission.

What is your professional stream? *

- Administration
- Allied Health
- Information Technology
- Medical
- Medical Imaging
- Nursing & Midwifery
- Operational

Position held in Metro North Health *

Applicant contact number *

Applicant email *

Must be a QHealth email address

Do you have any project management experience? *

Yes No

This information will be used to determine how LINK and SEED Program can best support you.

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Would you like to add project collaborator/s?

Yes No

Note: Only the applicant can view, edit, and submit this application. Collaborators will not be contacted regarding the project submission.

Project Collaborator Details

Collaborator Name

Individual Organisation

Organisation Name

First Name

Last Name

Project involvement

Please explain the nature of the collaborator's involvement in the project. i.e. team member, external partnership, internal partnership.

Collaborator Name

Individual Organisation

Organisation Name

First Name

Last Name

Project involvement

Please explain the nature of the collaborator's involvement in the project. i.e. team member, external partnership, internal partnership.

Collaborator Name

Individual Organisation

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Title

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Collaborator Name

Individual Organisation

Organisation Name

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Title	First Name	Last Name

Project involvement

Please explain the nature of the collaborator's involvement in the project. i.e. team member, external partnership, internal partnership.

Project Location and Governance

Proposed location for implementation *

- Caboolture / Kilcoy Hospital and Woodford Correctional Centre
- Community & Oral Health facilities
- Redcliffe Hospital
- Royal Brisbane and Women's Hospital
- STARS
- The Prince Charles Hospital

Please select all proposed location/s for implementation.

Please indicate the stream/service line associated with the idea. *

- | | | |
|--|---|--|
| <input type="checkbox"/> Cancer Care | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Patient Services |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Medical Imaging | <input type="checkbox"/> Patient Safety, Quality and Improvement |
| <input type="checkbox"/> Emergency Medicine
Clinical Services | <input type="checkbox"/> Medicine | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Heart and Lung | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Indigenous Health | <input type="checkbox"/> Oral Health | <input type="checkbox"/> Women's & Children's |

At least 1 choice must be selected. Include areas directly or indirectly impacted if your idea implemented.

Line Manager's Name *

Please enter name of your direct line manager

Does your line manager support the submission of this application? *

- Yes No

Projects without Line Manager support will not progress.

Executive Director/ Executive Sponsor Name *

Please enter name of Executive Director of Project Location or Executive Sponsor (if known)

Does your Executive Director/ Executive Sponsor support the submission of this application? *

- Yes No

Projects without Executive Sponsor support will not progress. If your application progresses to stage two, you will be required to complete a "Confirmation of support" document and forward to your Business Manager and Executive Director for endorsement.

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Idea Proposed

* indicates a required field

Idea details

Title of implementation idea *

Please provide a short summary of the problem or issue this idea will address. *

Word count:

Describe relevant history and need for project. Describe the service context and issue(s) or opportunities to be addressed? Must be no more than 200 words.

What is your idea or solution that you propose? *

Word count:

Provide a short description of your idea - what do you plan to achieve? Must be no more than 200 words.

How will you measure your outcomes? *

Word count:

Please provide a brief overview of your evaluation, indicating the key indicators of success. How will you know it has worked? What will you need to inform the potential for sustainability? Must be no more than 150 words.

Please outline how your idea addresses these Key Priority Areas:

- 1.Reducing health inequality for First Nations.
- 2.Addressing demand Management across the continuum of care within Metro North Health.
- 3.Supporting Emergency Department and general hospital avoidance.
- 4.Improving patient flow.

or the MN Strategic Plan and/or associated Strategies.

These specific priority areas do not preclude you from submitting your application, however, ***preference will be given to those in alignment with it and those who demonstrate an alignment with one or more objectives outlined in [MNHHS Strategic Plan and associated strategies](#).***

*

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Word count:

Must be no more than 300 words.

Consumer involvement: How will you involve consumers in the initiative? *

Word count:

Please refer to Metro North's Consumer and Community Engagement team for support and tools. Must not be no more than 150 words.

Implementation Timeframe: Will an intervention be applied to patients within the project funding period? *

Yes No

If no, your project will not be eligible for LINK and SEED Innovation Funding Grant.

Does the initiative include a digital or information technology component? *

Yes No

If yes, it is essential you contact Digital Metro North via DMN-DigitalPMO@health.qld.gov.au for further advice regarding your application.

Please confirm you have contacted Digital Metro North if applicable. *

Yes No N/A

Have you or anyone else ever applied for alternative funding from other sources for the proposed initiative? *

Yes No

If yes, please provide details of all funding applications including successful, unsuccessful, and pending.

What is the approximate funding amount requested for your project? *

- \$0- \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$150,000
- \$150,000 +

This is an estimate only. Detailed budgets are required for applications that progress to Stage 2.

Partnership

* indicates a required field

External Partnership Details (LINK applications only)

Name of External Partner

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Intellectual property: How will you share the results and ownership rights? *

Resources: What will each partner organisation require and contribute to the project? *

External partners must provide a financial contribution and/or significant in kind of contribution for a true partnership to occur.

Conflict of Interest

Please advise if you have a conflict of interest with the external partner organisation.

I do NOT have an actual, potential or perceived conflict of interest with the partner organisation.

I do have an actual, potential or perceived conflict of interest with the partner organisation.

If you have a conflict of interest and are successful during the EOI stage of this application, you will be asked to explain your strategies to manage the actual, potential or perceived conflict of interest in the final stage of the application.

Certification and Feedback

* indicates a required field

Certification by Applicant

I certify that to the best of my knowledge, the statements made within this Expression of Interest form are true and correct.

I understand that if shortlisted for selection, I will be required to:

- **provide additional information about my proposal in relation to project costs, project implementation and outcomes, before any funding decision is made by Metro North Health.**
- **required to submit a short PITCH video to be published on the LINK and SEED Innovation QHEPS page for MN staff feedback. The video submission will be required prior to the closing date of the final application.**

I also understand that if the proposed idea is approved for funding, I will be required to accept the terms and conditions outlined in a contract document (LINK) or Letter of Approval (SEED).

I, the applicant, agree *

Yes

No

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Applicant Feedback

Before you review your application and click the SUBMIT button please take a few moments to provide some feedback.

How did you find out about the LINK and SEED Innovation Funding Grant? *

- | | |
|---|--|
| <input type="checkbox"/> Email from manager/colleague | <input type="checkbox"/> Current or previous participant |
| <input type="checkbox"/> Email from ED | <input type="checkbox"/> Screensaver - on computer |
| <input type="checkbox"/> MN wide newsletter | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Site specific newsletter | |

Please indicate how you found the online application process: *

- Very easy Easy Neutral Difficult Very difficult

Please provide us with your suggestions for any improvements and/or additions to the application process.

Advising of Outcome

All applicants will be notified of the outcome in writing. An email will be sent to the applicant's email address with a letter attached advising of your Expression of Interest outcome.

Due to the volume of LINK and SEED submissions, individual feedback on Stage 1 EOI will not be provided.

Thank you for your interest in the LINK and SEED Innovation Funding Grant.