

**Grampians Integrated  
Cancer Service (GICS)**

# **HOW TO APPLY FOR** **CANCER SERVICE** **IMPROVEMENT PROJECT (CSIP)** **FUNDING**



**Cancer Reform  
A DHS Initiative**

Version 3 May 2008

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## **Introduction**

Integrated Cancer Services (ICS) were developed to improve integration and co-ordination of services within a specific geographic area. The Grampians Integrated Cancer Service (GICS) covers the Grampians region in Western Victoria. GICS overall governance structure is outlined **diagrammatically in Appendix 1**.

## **The Cancer Service Improvement Program (CSIP) Priority Project funds**

The CSIP is funded as part of the *Fighting Cancer Policy* Cancer Care Fund. This policy commits to supporting coordinated approaches to improving service delivery and patient care.

CSIP provides specific funding for health service initiatives that promote improvements to cancer service delivery coordination and design, based on evidence of best practice, with the overall aim of improving patients' experience of the cancer service system and improving treatment outcomes.

Development of service coordination and improvement activities supported through CSIP is part of the broader cancer service reform agenda, through implementation of the Cancer Services Framework for Victoria.

## **CSIP Priority Project funds will support projects that:**

- Are consistent with the principles outlined in the cancer services framework [www.health.vic.gov.au/cancer](http://www.health.vic.gov.au/cancer).
- Focus on system improvement, redesign and innovation rather than routine care
- Encourage cross-institutional and multidisciplinary collaboration in providing a continuum of quality health care.
- Are transferable to other institutions in the Grampians and beyond
- Actively involve consumers as partners in health care service planning and delivery.
- Address one or more of the priority areas across tumour streams
  - Multidisciplinary Care
  - Care Coordination
  - Supportive Care
  - Reduced Unwanted Variation in Care Address issues identified as important by the local collaborating tumour groups within GICS.
- Demonstrate knowledge of other federally and state funded programs with which this project may interact.
- Help inform GICS of gaps in service delivery which can be factored into ongoing service improvement initiatives or strategic service planning

Please note that this funding is limited in time and scope and does not imply any ongoing support from GICS for projects or other expenditures that extend beyond the time frame and budget of the submitted project. If additional funds are required to develop issues arising out of this project, a separate project application needs to be made.

In general project funding will not fully support the purchase of capital equipment that has a significant use beyond the term of the project or the development of documentation or other resources that would be regarded as part of the basic provision of any health care service.

Project officers that operate within health care services have the usual line management reporting relationships within those health care services.

Completed applications will be submitted to the Executive of the Grampians Integrated Cancer Services for consideration by the executive for projects exceeding \$5000 funding if approved. Projects may require modification to ensure they are compatible with GICS Policy objectives ([www.gics.com.au](http://www.gics.com.au)).

### **Submitting your proposal**

- Your organisation may submit more than one proposal. Where there is more than one proposal from the same organisation, proposals should be ranked in priority where indicated on the proposal submission.
- A separate proposal submission form must be completed for each proposal.
- A letter of support from the Director or Manager of Services in which the project is to take place must accompany your application.
- It is the responsibility of the person submitting the project application to establish whether or not ethics approval is required. GICS may approve a project requiring ethics approval before the ethics process is finalised however, in such a case, no payments will be made by GICS until proof of ethics approval is presented.

The successful applicant will be responsible:-

- To manage their funds
- Work within agreed timeframes
- Provide a written synopsis for publications internally and externally
- To provide regular reports to GICS and their line management on an agreed time basis concerning the progress of the project.

- Complete project close out and finalization procedures:
  - Complete a project completion report summarizing outcomes of the project both positive and negative
  - Make a presentation to GICS senior management

Please use the project application form template from the GICS Website ([www.gics.com.au](http://www.gics.com.au)) and either submit your hard copy to -

**Cancer Services Improvement Program (CSIP)  
Grampians Integrated Cancer Services  
PO Box 577  
Ballarat Vic 3353**

OR email your application to

[sarahg@bhs.org.au](mailto:sarahg@bhs.org.au)

Please feel free to contact Robyn McIntyre, on (03) 53 20 4767 Projects Co-ordinator if you have any questions

**The following 8 instructions relate directly to the sections to be completed on the application form.**

**1. Brief background information identifying the need to undertake the project and its reference to cancer health service delivery and patient outcome.**

Please provide sufficient information in your project application on the following:

**Introduction:**

- Brief statement outlining the project proposal

**Background information:**

- The nature of the problem being addressed
- Available evidence related to the objectives of the project (please provide relevant information as attachments)
- How will the proposed project improve cancer service delivery and patient outcomes
- How does the project relate to DHS Cancer Services Framework for cancer reform i.e. how does the project align with the GICS policy objectives?
- A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis may be helpful to quantify the project. Please see Appendix 2

**2. The tumour stream or streams that this project will address. (Where projects are not directly referable to a particular tumour stream, this section can be omitted).**

If your project will only involve certain tumour streams as listed in the DHS Framework for Cancer Reform, (refer to [www.health.vic.gov.au/cancer](http://www.health.vic.gov.au/cancer) for further information), this must be specified in this section.

### **3. The Health Care providers and stakeholders who are involved**

Please list those who will be involved or have an interest in the project or project outcomes. Examples may include project sponsor, project fund holder, project team members, health service providers, patients and carers.

### **4. Give clear description of the aims and timeline of the project including interim and final reports to GICS.**

Please provide sufficient information on the projects aims or objectives and list the project milestones with timelines. It may be helpful to represent project milestones and timelines diagrammatically, please see Appendix 3 for examples.

Periodic reports will be required to monitor project progress. The frequency of reporting will be dependent on the given timeline and negotiated and agreed with GICS upon project acceptance. Please see Appendix 4 for examples of periodic reporting template.

A final report will be required upon project completion.

### **5. Outline anticipated methodology and how it will be integrated with other systems, projects or initiatives.**

What is the project process: Is it a service mapping exercise to establish a gap in service delivery or an initiative to improve or expand on service delivery?

How will the proposed project be integrated into service delivery or be sustained beyond the project funding and/or, inform further projects or initiatives?

### **6. Describe and outline how the project aims and / or objectives will be measured.**

Please provide information on how the project aims/objectives will be measured. Using dot points to state key deliverables or key performance indicators may be useful.

An example may be:

*Organizing a conference for Health Care Professionals:*

*Key deliverables may include:*

- *The conference content will be relevant, practical and informative to conference delegates*
- *That it will meet or exceed the targeted number of delegates.*
- *80% return rate of questionnaire or 80% good comments.*

*Metrics for this may include the following:*

- *Conference delegate evaluation forms measuring the level of delegate satisfaction with conference content*
- *The number of delegates attending the conference against the target number*
- *The % of positive feedback against the % of received evaluation forms from conference delegates*

**7. Please outline how this project will be used either as part of a research towards a higher degree or as a preliminary process prior to application to other funding sources.**

Please provide information as to whether the project will form part of ongoing research and education or is a project to obtain evidence of service improvement prior to obtaining ongoing funding from other sources.

**8. Budget: Proposed budget**

You may find it helpful to establish the project budget against the project milestones and timeline to establish required resources.

**Payment Schedule:**

It is GICS policy to pay project funding in installments linked to project milestones, for example:

- *30% 1<sup>st</sup> installment*
- *25% 2<sup>nd</sup> installment*
- *25% 3<sup>rd</sup> installment*
- *20% Final installment*

GICS will negotiate a payment schedule in association with the Executive and project applicant at the time of project submission to the Executive.

**Staffing costs**

Please include a breakdown of all project staff costing including the following examples:

- Project Officer
- Project Manager (if appointed)
- Administration Staff

**Administration costs**

Please include a breakdown of costing for the following examples:

- Office space (if applicable)
- Stationary
- Photocopying
- Printing
- Promotional materials and advertising

**IT Support**

Please include a breakdown of costing on:

- Phone use and cost
- Required IT software and IT support

**Accommodation, Travel and Education**

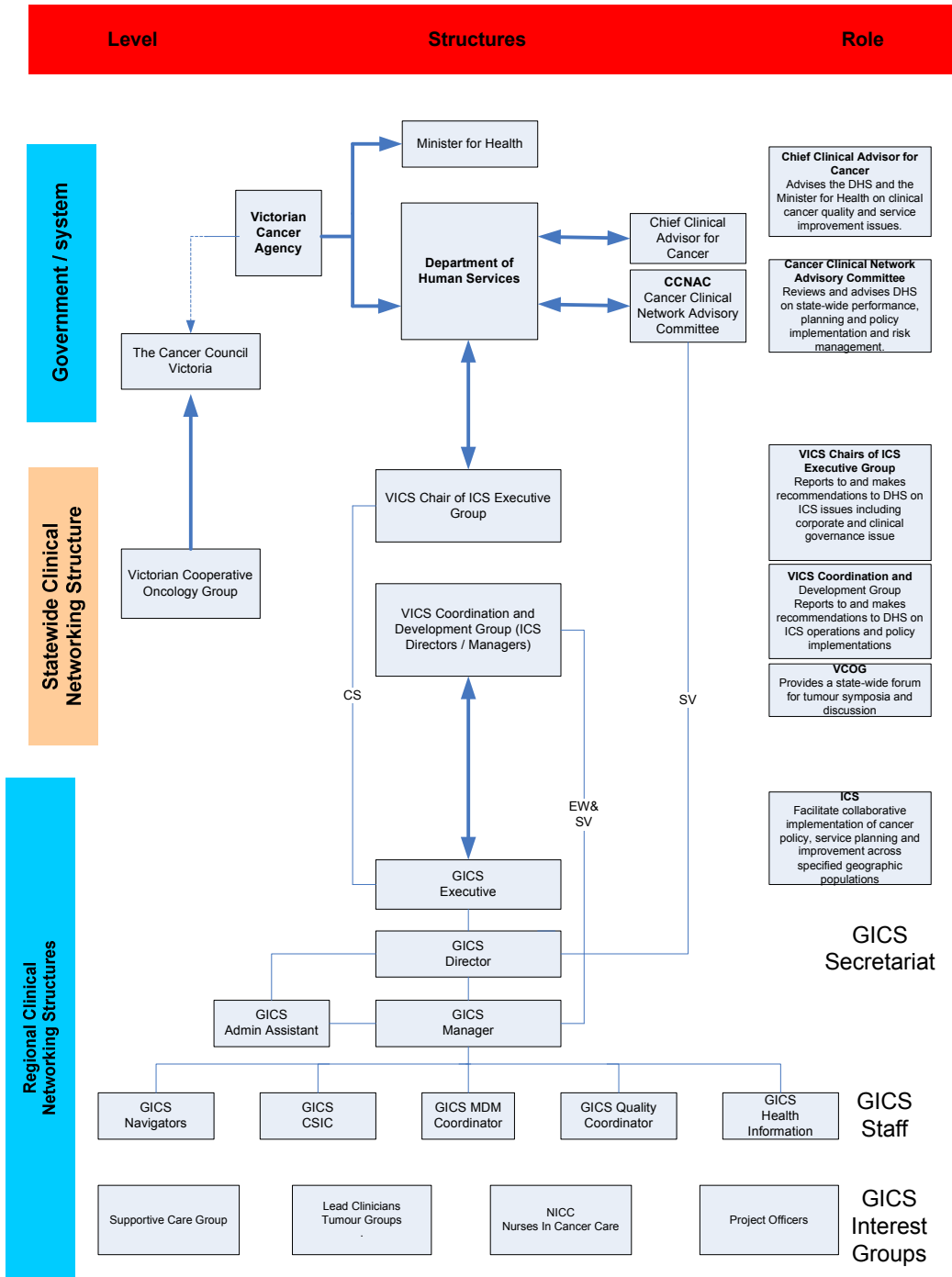
Please include a breakdown of costing on:

- Travel (vehicle and other transport)
- Accommodation (if applicable)
- Education of project officer and/or project staff

**Total Budget Cost**

Note - GST only applies to external Ballarat Health Service projects

# Appendix 1: – GICS Local Governance



## **Appendix 2: – Victorian Government Cancer Initiatives – Cancer Service Improvement Program**

The Cancer Services Improvement Program (CSIP) is funded as part of the *Fighting Cancer Policy* Cancer Care Fund. This policy commits to supporting coordinated approaches to improving service delivery and patient care.

CSIP provides specific funding for health service initiatives that promote improvements to cancer service delivery coordination and design, based on evidence of best practice, with the overall aim of improving patients' experience of the cancer service system and improving treatment outcomes.

Development of service coordination and improvement activities supported through CSIP is part of the broader cancer service reform agenda, through implementation of the Cancer Services Framework for Victoria.

### **Key features of the Program**

- Assist ICS to address gaps and deficiencies in the current services system identified through the service mapping by tumour streams.
- Develop best practice models of care to address these gaps/deficiencies.
- Encourage the use of cancer care practices known to improve service delivery and health outcomes.
- Redesign services to promote best practice in cancer care and develop organisational system improvement strategies.
- Inform the work plan for the Local Collaborating Tumour Groups with the ICS.
- Inform the development and implementation of the strategic cancer service plan in each ICS.
- Encourage a coordinated and planned approach across the ICS to the collection and analysis of information. Priority areas for service improvement.

### **Priority areas for service improvement**

The priority areas for service improvement across all tumour streams include:

- Developing multidisciplinary approaches to treatment planning and ongoing service improvement.
- Ensuring early diagnosis and referral for appropriate specialist care.
- Coordination of patient care, and ensuring continuity of care across acute, community and primary care settings.
- Development of psychosocial assessment, support and referral services.
- Care of patients with advanced disease including links to palliative care services.
- Workforce training and support.
- Improving accountability through protocol development and audit.
- Reducing variations in practice.

**Appendix 3 – Example of SWOT Analysis: Mapping the transport needs of cancer patients living in the Wimmera rural region who do not qualify for transport assistance schemes**

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>➤ There is strong support for the initiative from stakeholders</li> <li>➤ It is a project that will develop colloquial relationships between project sponsors</li> </ul>	<ul style="list-style-type: none"> <li>➤ Financial assistance offered under the project is not ongoing</li> </ul> <p><b>Contingencies:</b></p> <ol style="list-style-type: none"> <li>1. Requisitions for reimbursement will be forwarded ASAP to ensure prompt payment. (Payment on requisitions will be made at the end of each month)</li> <li>2. Where funds do run out patients can be referred to one of the identified service providers to provide ongoing assistance</li> </ol>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>➤ The project will offer information for ongoing strategic planning in cancer service delivery</li> <li>➤ The information will contribute to the body of evidence related to transport</li> </ul>	<ul style="list-style-type: none"> <li>➤ Human resources to facilitate the pilot project</li> <li>➤ The funds designated for transport assistance will be depleted before project finalization</li> </ul> <p><b>Contingencies:</b></p> <ol style="list-style-type: none"> <li>1. Project workload will be shared between project officer and GICS staff</li> <li>2. See item 2 in weaknesses</li> </ol>

## Appendix 4: - Milestone Template

### Work Breakdown Structure:

Milestone	Phase, principal activity, or deliverable	Time	Cost
1			
2			
3			
4			
5			

## **Appendix 5: - Periodic Reporting Template**

**Project Name:**

**Prepared By:**

**For Period:**

### **1. Overview**

Statements indicating the progress of the project against timeline and cost. Highlight any significant issues.

### **2. Progress in the reporting period**

List milestones and other significant progress achievements against the project schedules

### **3. Planned work not completed**

List activities planned for completion during the reporting period that were not achieved. Provide brief reasons. Provide brief reasons for their non-achievement and identify likely completion dates. Describe how the incomplete work will influence achievement of project objectives.

### **4. Problems and issues**

Provide a summary of problems and issues that arose during the reporting period and describe how they were resolved. Describe how and when outstanding issues or problems will be resolved. State any identified risks and report on the status of any change requests.

### **5. Activities planned for the next reporting period**

List work activities planned for the next reporting period, indicating any variations from the current project plan and the impact it may have on project timeline, resources and cost.

### **6. Foreseen risks**

Provide an update on any foreseen risks highlighting any risks that could eventuate in the Reporting period. Provide a summary of response measures.

### **7. Other significant issues**

Describe issues not covered in the preceding paragraphs that need to be brought to the attention of stakeholders.

### **8. Recommendations**

Include any recommendations and any update to project timeline and budget.

**9. Budget breakdown of project expenditure to date:**

<b>Staffing costs</b>	
<b>Administration costs</b>	
<b>IT Support</b>	
<b>Accommodation, Travel &amp; Education</b>	
<b>Total Budget Cost</b>	<b>\$</b>
<b>GST (applies to external BHS projects only)</b>	<b>\$</b>
<b>Total Cost Budget</b>	<b>\$</b>