



# island health

## Evidence-into-Practice Application 2024

Please complete the application form below.

- We recommend drafting your answers before completing this online form.
- All text boxes are limited to 200 words maximum.
- If you are unable to access or complete your application online, or wish to request an accommodation or an alternate format, please email [Isabel.Moore@islandhealth.ca](mailto:Isabel.Moore@islandhealth.ca) to discuss options.

### To Save Your Answers and Return Later:

- Click the **Save and Return Later** button at the bottom of the page.
- On the next screen, enter your **email address** and a survey link with your saved responses will be emailed to you. You can return to continue working on the application at any time by clicking on that link.

1) **Lead Applicant Name**

\* must provide value

2) **Lead Applicant Email**

\* must provide value

3) **Applicant Role/Job Title**

\* must provide value

4) **Project Title**

\* must provide value

5) **Additional Team Members and Departments:** Identify all other team members and roles, as well as all departments or Island Health sites involved in or impacted by this project.

\* must provide value

6) **Project Summary:** In plain language, describe the evidence you used (or are using), how you implemented it, and what the outcomes were. This summary should be suitable for a general audience. (See this [blog post](#) for some tips and resources.) (200 words maximum)

\* must provide value

200 words remaining

**7) Geographic Region:** Indicate where your project took place. Select island-wide if all of the above.

\* must provide value

- Campbell River, Comox, Courtenay, Mt. Waddington, Strathcona
- Port Alberni, West Coast, Nanaimo, Oceanside
- Cowichan Valley, Ladysmith, Saanich (Northern), Gulf Islands
- Victoria, Saanich (Southern), Esquimalt, Sooke, West Shore
- Island-wide

**8) Research Priority Areas:** Please indicate the priority areas addressed by your project. Select all that apply.

\* must provide value

- Indigenous Health
- Equity, diversity, and inclusion
- Mental Health and Substance Use
- Seniors Health
- Primary Care Networks and Clinics
- Home and Community Care
- Population Health and Health Promotion
- Under-Resourced Communities and/or people who are unhoused
- Acute and Ambulatory Services
- Palliative and End-of-Life Care
- Care Team Safety and Wellness
- Virtual and Technology-Enabled Care
- COVID-19
- Child and Family, including Maternal Health

**9) Alignment with Island Health's Strategic Framework:** Indicate the goal(s) this project supports. Select all that apply.

\* must provide value

- Improve experience, quality & outcomes for the people we serve.
- Improve the experience, health & wellbeing of all people at Island Health.
- Increase value & ensure sustainability.
- Improve population health & wellness and reduce health inequities.

**10) Alignment:** How does your project address the Island Health goals and priorities you selected above? You can refer to other planning documents or priorities as appropriate. (200 words maximum)

\* must provide value

200 words remaining

**11) Evidence:** Summarize the evidence you used to make the change. How did you generate, identify, evaluate, and/or synthesize that evidence, and what were your sources? (200 words maximum)

\* must provide value

200 words remaining

**12) Change:** What was the existing practice or previous process, and how did it compare to the change you made based on the evidence above? (200 words maximum)

\* must provide value

200 words remaining

**13) Planning and Implementation:** How did you plan for and take action to implement the change? (200 words maximum)

\* must provide value

200 words remaining

**14) Challenges:** What barriers or challenges did you encounter in making change, and how did you overcome them? (200 words maximum)

\* must provide value

200 words remaining

**15) Audience and Engagement:** Who were your target audiences and collaborators (e.g. co-workers, patients, decision-makers), and how did you engage them in planning and implementation? (200 words maximum)

\* must provide value

200 words remaining

**16) Equity, Diversity, and Inclusion:** How did you incorporate equity, diversity, and inclusion throughout your project to ensure that everyone involved (including team members) was able to participate fully, safely, and fairly? (200 words maximum)

\* must provide value

200 words remaining

**17) Impact:** How did you measure the change and evaluate the outcomes? Include details about your measurements and any relevant data. (200 words maximum)

\* must provide value

200 words remaining

**18) Sustainability and Spread:** What strategies have you used to sustain the change you made? Have you expanded to other areas or departments within Island Health, or do you plan to do so? (200 words maximum)

\* must provide value

200 words remaining

**19) References:** If you have cited any references in your answers above, you may upload a list here as a PDF document.

### Declaration

**20)** I confirm that my immediate supervisor is aware and supportive of this application. If my application is successful, they agree to manage the funds through the departmental operating account.

\* must provide value

Yes

**21) Supervisor Name**

\* must provide value

**22) Island Health Operating Account Number:** If my application is successful, funds should be deposited in the following account (enter number)

\* must provide value

**How to save your work and return later**

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**Self-Identification Questionnaire**

When you submit this application, you will be automatically redirected to a brief and anonymous self-identification questionnaire, which collects important data on gender, age, identity, and disability.

Please take a minute to provide this information so that we can improve access and equity for future applicants.

**Submit**

**Save & Return Later**