



ENHANCING THE PATIENT EXPERIENCE THROUGH INNOVATION AND TECHNOLOGY

**APPLICATION DEADLINE: FRIDAY, AUGUST 2, 2019**

**NAME:**

**TITLE:**

**DEPARTMENT:**

**DATE:**

**PROJECT/IDEA**

**SUMMARY OF THE PROJECT (LIMITED TO 200 WORDS)**

**PLEASE CHECK WHICH OF THE FOLLOWING CRITERIA THE PROJECT ADDRESSES:**

- Improving access to care, including reducing waiting lists and wait times
- Improving patient outcomes and the quality of care, including reducing Length of stay and hospital admissions
- Enhancing patient/resident/client/visitor's physical and emotional comfort
- Enhancing communication between patients and families and health care providers
- Promoting/creating wellness and a healthy work environment – improving staff morale, retention and engagement
- Positioning LGH as a Centre of Excellence supporting community and long term care
- Cost effectiveness and sustainability

## FUNDING REQUEST

WHAT IS THE AMOUNT, OR ESTIMATE, OF YOUR FUNDING REQUEST? \$

ARE THERE ONGOING OPERATING COSTS? **YES**      **NO**

IF THE ANSWER TO 4 (B) IS 'YES', PLEASE DESCRIBE WHAT ONGOING OPERATING COSTS WILL BE REQUIRED AND THE ESTIMATED \$ VALUE/YEAR.

## ADDITIONAL COMMENTS (LIMIT 200 WORDS)

PROVIDE ANY ADDITIONAL COMMENTS ABOUT HOW THIS IDEA ORIGINATED AND WHAT ISSUE IT WILL ADDRESS. (LIMIT 200 WORDS)

THANK YOU FOR YOUR SUBMISSION. THE PATIENT EXPERIENCE FUND COMMITTEE WILL MEET ON SEPTEMBER, 2019. YOU WILL BE CONTACTED FOLLOWING THE MEETING.

PLEASE SEND YOUR COMPLETED FORM TO [DELIA.JAMIESON@VCH.CA](mailto:DELIA.JAMIESON@VCH.CA)

FOR ENQUIRIES PLEASE CONTACT:  
DELIA JAMIESON  
EXECUTIVE ASSISTANT  
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