



ENHANCING THE PATIENT EXPERIENCE THROUGH INNOVATION AND TECHNOLOGY

NAME:

PHONE NUMBER:

EMAIL:

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)

WHEN DO YOU ANTICIPATE COMPLETING THIS PROJECT?

THANK YOU FOR YOUR SUBMISSION.

**FOR ENQUIRIES PLEASE CONTACT:
JENNIFER MCDONALD
LIONS GATE HOSPITAL FOUNDATION
JENNIFER.MCDONALD@VCH.CA
(604)984-5914**

**PLEASE SEND YOUR COMPLETED FORM TO
JENNIFER.MCDONALD@VCH.CA**



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