

# Queen's University Improving Cancer Care (QUICC) Research Grant Application Form- Due Feb 28, 2023

## Project Identification

**Project Title:**

## Quality Improvement

**Healthcare Quality Themes:** (Indicate all that apply)

- Safety
- Efficacy
- Patient Centeredness
- Timeliness
- Efficiency
- Equity
- Sustainability
- Other: Specify \_\_\_\_\_

## Principal Applicant

**Principal Applicant**

Name:

Title:

Department/Division:

## Team Members

**Please add additional members as needed and justify the need for the additional role. For applicants are outside of the oncology department, you may attach a copy of their CV.**

Name:

Title:

Department/Division:

Name:  
Title:  
Department/Division:

Name:  
Title:  
Department/Division:

Name:  
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Department/Division:

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Department/Division:

Name:  
Title:  
Department/Division:



## Project Proposal

### Instructions:

Attach a maximum 5 page proposal (minimum 11 point font) addressing the following sections:

### Background:

Why is this project important? What has already been done in the past?

### Project Goals:

What is your project aiming to do? What improvements do you hope to make?

### Potential Measures:

What outcomes will be evaluated? What data would be needed and where could it be accessed? Are there any anticipated barriers to data acquisition or other aspects of the project? How will baseline be determined and how will any improvements be measured?

### Expected Benefits:

Describe who may benefit (ie specific patients, healthcare providers, regional care systems etc.) and in what way?

### Impact/Strategic Alignment:

How would your project impact the future of cancer care? Why is this relevant for healthcare in our region?

### Sustainability:

What would be the next steps to ensure the sustainability of your improvements?

**Budget Proposal (Maximum 1 page)**

**Project Supports Requested:**

What tasks will your project need supported?

**2. Travel/Publication Fees Requested (Maximum \$5,000)**

**Project Authorization**

Principal Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Team Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

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Date: \_\_\_\_\_

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