

**Banting & Best Diabetes Centre
Innovative Diabetes Quality Improvement Grants 2024/2025
Application Form**

This program provides funding of up to \$10,000 per application for diabetes quality improvement projects which are a maximum of one year in duration. It is intended to support scholarly and innovative research initiatives in the following general areas:

- Quality improvement in diabetes care
- Patient safety in diabetes care

To be eligible to apply, the principal applicant must be a health care professional working full-time at a University of Toronto fully affiliated, associate affiliated, or community affiliated institution. The principal applicant must be able to apply for and hold a research grant as a principal investigator at their hospital/institution.

Application Submission Instructions

Format: Text throughout the application must be single spaced. Font size must not be smaller than 11 point, Helvetica or similar.

E-mail this application form as one PDF document to Sanam Tajadod at admin.bbdc@utoronto.ca.

Applications must be received by 4 p.m., January 24, 2024. Late or incomplete applications will not be considered.

The BBDC will confirm all applications received by e-mail. If you do not receive confirmation of application receipt, please send a separate e-mail requesting confirmation.

Note on Research Ethics Approvals: If this project involves human subjects or data collected on human subjects, the principal applicant will be required to obtain Research Ethics Board (REB) approval(s) from their institution by the time of funding commencement on July 1, 2024. Approvals are not required to be submitted with this application; however, funds will not be released to successful applicants until all approvals have been obtained or a waiver of REB approval has been granted.

Inquiries:

Sanam Tajadod

Phone: (416) 978-3498

E-mail: admin.bbdc@utoronto.ca

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SECTION A – PROJECT DEMOGRAPHICS

Project Name

Principal Applicant's Name

Job Title and Institution

Department or Division

Principal Applicant's Mailing Address

Principal Applicant's Phone #:

Principal Applicant's Email:

List the project team members, if any. Include their names, titles, and roles and responsibilities for this project.

Total Amount Requested for 1-year Project \$ _____

Primary Location Where Project Will Be Conducted

List names of collaborators on this project other than the project team members. (For the purpose of avoiding conflict of interest during reviewer assignment)

Will you be seeking and/or receiving external funding for this project?

Yes No

If yes, list any overlap of funding with this application and support currently held or applied for by the principal applicant or team members.

Have you obtained approval/waiver from your institution's Research Ethics Board for this project?

Yes Not yet

(REB approval is not required to be submitted with this application. However, funds will not be released to successful applicants until approval has been obtained or a waiver of REB approval has been granted.)

What other resources or approvals (if any) are required for this project to be successful?

SECTION B – PROJECT DESCRIPTION

1.0 Problem & Background: Describe the precedent, rationale, potential benefits for this project and its relevance to diabetes. Do not exceed the space provided below.

(What is the core quality issue or practice gap you are trying to address/improve? Why is this an important problem or opportunity to tackle? What are the expected benefits? Please include references to existing literature, practice guidelines, etc.)

2.0 Aim Statement: Describe the aim, objective(s) and/or deliverables of this project. Do not exceed the space provided below.

What do you aim to accomplish? For example: what, by when, and by how much? Try to ensure the aim is SMART: specific, measurable, actionable, realistic, time-defined. (*E.g., Increase the percentage of patients with a documented foot exam from 35% to 80% within two years.*)

For reference, please visit the [Institute for Health Improvement](#) and [SMART Fact Sheet](#).

3.0 Measures/Evaluation Questions: Describe the outcome, process and balancing measures in your project. Include the data source for each measure. Do not exceed the two pages provided.

Outcome measures: Voice of the participant – what are the end results of the work?

Process measures: Voice of the workings of the system – what are the steps/processes that will change?

Balancing measures: What could be unintended consequences occurring as a result of the project?

Outcome Measure (Data Source)	Process Measure (Data Source)	Balancing Measure (Data Source)
<i>E.g., % of eligible patients that underwent diabetic foot screening within the last 12 months</i> <i>(Data Source: audit of clinic EMR)</i>	<i>E.g., % of CDEs who feel confident or very confident in performing foot screenings</i> <i>(Data source: periodic staff survey or observed physical exam during staff training)</i>	<i>E.g., excess time in minutes for CDE to complete consultation</i> <i>(Data source: check-in/check-out time in clinic's scheduling/emr software f</i>

3.0 Measures/Evaluation Questions (continued)

Outcome Measure (Data Source)	Process Measure (Data Source)	Balancing Measure (Data Source)

4.0 List and describe the intervention(s) or practice/process change(s) that are being considered as part of this project. Do not exceed the space below.

What changes will you make to result in an improvement? E.g., education, policy or procedure changes, adapted management and treatment guidelines, etc. We understand the specifics may not yet be known. Please describe potential/discussed changes to the best of your ability.

Intervention(s) or Change Ideas(s)	Description(s)

SECTION C – PROJECT BUDGET AND DISSEMINATION

1.0 Provide a budget for this project in the space below. Justify the need for each item and amounts requested. Do not exceed the space below.

The maximum award for this grant will be \$10,000. Please refer to the [award terms on the BBDC's website](#) for a list of eligible and ineligible expenses.

2.0 In the space below, describe how you plan to share the results from this project (Examples: publications; conference presentation/poster; education outreach/social media; internal meetings, committees or events)

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SECTION D – INSTITUTION & FINANCIAL OFFICER WHO WILL RECEIVE THE FUNDS

If this application is funded, the grant should be administered by the institution where the project will take place.

Name of Institution:	Name of Research Financial Services Officer:
Complete Mailing Address:	Phone:
	E-mail:

SECTION E – SIGNATURES

Signing this application form constitutes an agreement of the terms and conditions set out by the BBDC Innovative Diabetes Quality Improvement Grants program. The principal applicant certifies that the information provided in this application is true and complete.
Digital signatures are acceptable.

Principal Applicant	Hospital Research Institute Director
Print Name:	Print Name & Title:
Signature:	Signature:
Date:	Date: