# Cardiovascular ambassador project

Application form

Thank you for applying for the Cardiovascular ambassador project. Answering the questions below will help us determine eligibility for the project and assess the likelihood that hospital sites will be able to achieve the project aim to reduce cardiac readmissions.

|  |
| --- |
| Please read the information pack and ‘Model of care explainer’ before filling in this form. |

|  |  |  |
| --- | --- | --- |
| Health service and hospital campus | | |
| *Health service applying for the Cardiovascular ambassador project.* | | |
| **Health service:** | Click or tap here to enter text. | |
| **Hospital site:** | Click or tap here to enter text. | |
| **Hospital address:** | Click or tap here to enter text. | |
| Is your health service applying for more than one hospital campus? Please identify (*one application per hospital campus is required).* | | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant details |  | | |
| *Key contact completing this form.* | | | |
| **Title:** | Click or tap here to enter text. | | |
| **Full name:** | Click or tap here to enter text. | **Organisation:** | Click or tap here to enter text. |
| **Position title:** | Click or tap here to enter text. | **Email:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |  |  |
| **Alternate contact:** | Click or tap here to enter text. | **Email:** | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| 1. Priority assessment question (please see page 2 of the information pack) | | |
| *First preference will be allocated to sites participating in SCV’s Heart Failure Collaborative.* | | |
| **Has your health service applied to participate in SCV’s Heart Failure Collaborative?** | Yes | No |
| **If no, please provide rationale for your non-participation** | Click or tap here to enter text. | |

|  |
| --- |
| 1. Model of care draft proposal |
| *Please complete the following questions as a* ***draft proposal*** *outlining how you intend to use the cardiovascular ambassador resource and the focus of your model of care. Please provide evidence to support your application. If successful, this proposal will be further refined in the first stage of the project.* |
| 1. **Which cardiac condition/s do you intend to focus on in your hospital’s model of care as part of the Cardiovascular ambassador project?**   Hospitals with less than seven admissions a week for one condition should consider focusing on more than one cardiac diagnosis.  Heart failure  Atrial fibrillation  Ischaemic heart disease  Other: Click or tap here to enter text. |
| 1. **What problem or gap in the care of cardiac patients do you intend to address through the cardiac liaison nurse resource and your new model of care?** (Limit 250 words)   (Include data or evidence of the problem or gap)  Click or tap here to enter text. |
| 1. **Briefly describe the focus of your proposed Cardiovascular ambassador model of care.** (Limit 250 words)   (Include interventions and activities, refer to ‘Model of care explainer’)  Click or tap here to enter text. |
| 1. **In which health settings, and with which disciplines and clinical specialities, do you intend to collaborate on the proposed model of care?** (Limit 150 words)   (Consider where activity will occur such as inpatient, clinics or community and with which other units, such as general medicine, palliative care, or local general practice)  Click or tap here to enter text. |
| 1. **Please estimate how many (provide data) and which cohorts of patients will benefit from your proposed model of care.** (Limit 100 words)   (Consider patients admitted to hospital, specialist clinics or sub-acute services. Cohorts may include new diagnosis, complex patients, high risk, those you experience disadvantage)  Click or tap here to enter text. |
| 1. **Do you currently have dedicated nursing staff who work in liaison positions coordinating care for heart failure, atrial fibrillation and ischemic heart disease patients, and are particularly focused on reducing readmissions?**   Yes  No |
| 1. **If yes, please describe the current cardiac liaison activity/model of care.** (Limit 100 words)   Click or tap here to enter text. |
| 1. **If yes, how does the activity of the Cardiovascular ambassador project differ or expand upon what is already established?** (Limit 100 words)   Click or tap here to enter text. |
| 1. **Please describe how you would recruit the cardiac liaison nurse and your level of confidence in securing this resource before 15 October 2021.** (Limit 100 words)   Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| 3. Endorsement by Executive and Head of Department | | |
| *Please acquire the endorsement of the hospital Chief Executive Officer and the Head of Department where the majority of cardiac care occurs (Head of Cardiology, Head of Medicine) to participate in the Cardiovascular Ambassador project.* | | |
| **Chief Executive Officer endorsement** | | |
| **Name:** Click or tap here to enter text. | Signature: | |
| **Title:** Click or tap here to enter text. |
| **Head of Department (Cardiology/Medicine) endorsement** | | |
| Name: Click or tap here to enter text. | | **Signature:** |
| Title: Click or tap here to enter text. | |

*Digital signatures are accepted.*

**Please submit this form to** [**cardiac.clinicalnetwork@safercare.vic.gov.au**](mailto:cardiac.clinicalnetwork@safercare.vic.gov.au) **by 5pm 25 August 2021.**

If you have any trouble completing the form by the due date or have any questions regarding the application process, please email [cardiac.clinicalnetwork@safercare.vic.gov.au](mailto:cardiac.clinicalnetwork@safercare.vic.gov.au)