Show U Care Grants Program Policy

Department: Administration
Subject: Show U Care Grants
Policy Number: 5-93
Effective Date: 9/5/00, 1/11/05
Review Date: 

Policy:

Through an endowment established by a gift to the University of Washington Academic Medical Center (UWAMC), annual funding exists for patient service-oriented grants. The purpose of the endowment is to improve the experiences for patients, their families and other visitors to UWMC, in ways that operational funding may not otherwise be available. The goal of the grant program is to provide employees, faculty and patient advisors an opportunity to identify service-enhancing programs that will be funded through the endowment. One-time awards will receive preferred consideration, although ongoing programs will be considered. Partnering with other granting organizations or supplemental funding from operating budgets will be considered an advantage.

Procedure: Show U Care Grants Program

1. Semi-annually, funds will be allocated to the Service Grant account through the School of Medicine. An annual amount of approximately $8,000 will be available to UWMC.

2. The Patient and Family Centered Care Committee will review and award the grants.

3. Employees and Faculty will be encouraged to complete the attached application.

4. Grants will be awarded in increments up to $1,000.

Cross-Reference: Service Recovery Program

Process Owner: Cezanne Garcia Date:
Chief Nursing Officer: Susan M. Grant Date:
UNIVERSITY OF WASHINGTON MEDICAL CENTER
SHOW U CARE GRANTS PROGRAM

Grant Application Form

Please complete this form and fax to (206) 598-7821 or mail to the Patient and Family Education Services at Box 358126. You may attach up to two additional pages if you need more space for your answers. If you have questions, call Hollis Ryan at (206) 598-2697;

Instructions:

Grant requests are limited to $1,000 per department. Multiple items (the total of which must not exceed $1,000) may be requested on this application and should be prioritized as to need. To be eligible to receive a grant the department for which you are requesting must have a 08-budget number that designates that it is a UWMC department/service.

The mission of the UWMC Show U Care Grants Program is to:

- Improve the customers experience while visiting and working with faculty and staff at UWMC.
- Better enable our faculty and staff to exemplify the 9 Standards for Service Excellence

1. **Introduce** yourself and explain your role.
2. **Ask** what name a person prefers to be called.
3. **Assist** when someone looks lost or confused.
4. **Escort** people to their destinations whenever possible
5. **Refer** people to those who can give assistance when you are not the one to best meet their needs.
6. Conduct confidential and care-related discussions in the most **Private** settings available.
7. **Respond** to complaints and follow through to resolution.
8. **Apologize** when needed.
9. Always end your conversations with, “Is there **Anything Else** I can do to assist you?”
Grant Application Form

**Patient benefit must be stated clearly.** Also state why, if items are technical, and/or scientific instruments, the item has not been funded through the medical center’s capital budget and how the item will directly improve service to patients.

Grant applications may be typed. For an electronic version of the application, contact the Patient and Family Education Services Department.

Alternative or supplemental funding sources must be investigated and cited.

Once complete, your application must be signed by one of UWMC’s Associate Administrators.

Grant monies must be used for the exact purpose(s) approved in the application. Any deviation without prior approval of the Patient and Family Centered Care Committee will result in loss of grant award.

Department: ____________________________  Budget #08-  __________  Date:

Primary Contact: __________________________________________

Position: ____________________________  Phone:  __________  Box:  __________

E-mail: ____________________________  Best times to contact: ____________________________

1. Briefly describe the program or item(s) and associated costs:
2. What is the goal of the program or item(s)? How will this program or item(s) enhance patient service at UWMC?

3. How do you plan to measure the impact of the program or item(s)? (e.g., patient satisfaction comments) Awardees may be asked to present a summary of their grant and its impact on patients and families.

4. Is there a need for ongoing funding for this program? Yes ☐ No ☐
   If yes, describe your plan for ongoing funding.

5. Has this program/item been submitted by your department for funding in the past?
   No ☐ Yes ☐
   If yes, date submitted: ________________
   Did it receive funding? No ☐ Yes ☐
   If yes, attach a report indicating status or summary of effectiveness.
6. Has this program/item been submitted for operating or capital budget funding?

No ☐ Yes ☐

If yes, date submitted: ____________________

Did it receive funding? No ☐ Yes ☐

Result: ____________________

7. Explain if any space or special arrangements are required for this program or item(s).

8. Person(s) who will be responsible for this project:

Name: ____________________________  Title: ____________________________

Name: ____________________________  Title: ____________________________

Name: ____________________________  Title: ____________________________

9. Departmental support – *I have read and support this application*:

________________________________________________________________________

Dept. Manager/Program Administrator  Date

________________________________________________________________________

Associate Administrator  Date