2020 VHA Shark Tank Competition

Application

# Introduction

Thank you for your interest in the 2020 VHA Shark Tank Competition. To compete, submit the application form below by **11:59 PM PT on July 10, 2020**.

To be eligible, your practice must address one of the 2020 VHA Shark Tank Priorities:

* Access
* Health Care After COVID-19
* High Reliability Culture Change: Commit to Zero Harm
* Rural Women Veterans: A Diverse Community
* Veteran and Employee Experience
* Whole Health
* Upstream Suicide Prevention

Additionally, you must have successfully implemented your practice in at least one facility. Successful implementation requires launching your practice and having data-based results collected for a minimum of one month.

**The application tool does not auto save. We recommend saving your answers in this word document as you progress through the application.** If you cannot complete your application at one time, do not close your web browser or you will lose your responses**. Additionally, we do not accept attachments.** Please include all relevant information related to your practice in the application.

**Please do not include any Protected Health Information (PHI) or Personally Identifiable Information (PII) in your application.**

If you have any questions, please email the [VA Innovation Support Team](mailto:VAInnovation@atlasresearch.us).

# Applicant Contact Information and Practice Eligibility

1. Applicant First Name (required)
2. Applicant Last Name (required)
3. Applicant Email Address (required)
4. Applicant Phone Number (required)
5. VISN and Facility Name (required)
6. What is your position title? (required)
   * Chaplain
   * Health Systems Specialist/Non-Clinician Administrator
   * Medical Support Assistant
   * Nurse
   * Nurse Practitioner or Advanced Practice Nurse
   * Nursing Assistant
   * Other (please specify)
   * Pharmacist
   * Physician
   * Physician Assistant
   * Police Officer
   * Program Manager/Analyst
   * Psychologist
   * Social Worker
   * Support Services (e.g., Environmental Services, Transport)

To be eligible, you must have successfully implemented your practice in at least one facility. Successful implementation requires launching your practice and having data-based results collected for a minimum of one month.

1. Based on the definition above, has your practice been successfully implemented in at least one facility? (required)
   * Yes
   * No
2. Based on the definition above, how many facilities have successfully implemented your practice? (required)
   * 0
   * 1
   * 2
   * 3
   * 4
   * 5
   * 6
   * 7
   * 8
   * 9
   * 10+

# Team Member Information

1. Is your supervisor aware of your application submission? (required)
   * Yes
   * No
2. Supervisor First Name (required)
3. Supervisor Last Name (required)
4. Supervisor Title (required)
5. Supervisor Email (required)
6. Please provide names, positions, and VA email addresses of any key members involved in this effort. (optional)

# Practice Priority Area

The 2020 VHA Shark Tank Priorities are:

* **Access** – Improving the ease with which a Veteran can receive timely care including same day services, standardizing core processes and leveraging innovative practice solutions across specialties to optimize provider and care team productivity, integrating community care, and increasing access to quality care for our nation’s Veterans
* **Health Care After COVID-19** – Clinical and operational practices to promote Veteran, employee, and citizen health and safety to address the COVID-19 pandemic, and future emergency situations; this is inclusive of virtual care models to enable remote service delivery
* **High Reliability Culture Change: Commit to Zero Harm** – Develop standard work practices for leaders and staff and share best practices to support the enterprise effort to build a *Just Culture* of safety and drive to zero harm
* **Rural Women Veterans: A Diverse Community** – Develop and expand innovative practices to support rural women veterans, with an emphasis on minority women living in rural areas
* **Veteran and Employee Experience** – Restoring pride, public trust, and confidence in VA by delivering patient experiences marked by effectiveness, ease, and engagement; delivering employee experiences and tools to promote engagement, trust, and retention of our most valuable resource
* **Whole Health** – An approach to health care that empowers and equips people to take charge of their health and well-being and live their life to the fullest
* **Upstream Suicide Prevention** – Improving the ability of Veterans, caregivers, their friends, family members, and VA to identify when a Veteran may be at increased risk for suicide and appropriately intervene to save their life and improve their wellness

1. Select the 2020 VHA Shark Tank Priority most relevant to your practice. (required)
   * Access
   * Health Care After COVID-19
   * High Reliability Culture Change: Commit to Zero Harm
   * Rural Women Veterans: A Diverse Community
   * Veteran and Employee Experience
   * Whole Health
   * Upstream Suicide Prevention

# Practice Information and Metrics

1. Practice Title (required)
2. Provide a problem statement for your practice. Please elaborate on what data demonstrated a need for your practice and provide its source. (required | **200 words**)
3. Provide a 2-3 sentence summary of your practice including its impact on the target population. (required | **100 words**)
4. Please select the target population your practice benefits. (required)
   * All Veterans
   * LGBTQ Veterans
   * Older American Veterans
   * Post-9/11 Veterans
   * Pre-9/11 Veterans
   * Rural Veterans
   * Women Veterans
   * VA Employees
   * Veteran Caregivers
   * Other (please specify)
5. Describe how your practice delivers direct or indirect benefit to Veterans and/or VA employees (e.g., changing Veteran lives, saving Veteran lives, building trust, restoring hope, change/improve how employees do their work and deliver care). (required | **150 words**)
6. What is the **primary** metric used to measure your practice’s success in resolving your problem statement (e.g., reduced infection rates, improved patient/employee satisfaction, demonstrated cost savings or avoidance)? (required | **25 words**)
7. Describe how primary metric data is tracked and collected to determine your practice’s success. (required | **100 words**)
8. Provide a sample ofprimary metric data collected to date and explain how it demonstrates your practice’s impact. (required | **100 words**)
9. Describe any other metrics you use to evaluate the effectiveness of your practice and include data for each. (required | **100 words**)

# Practice Implementation and Replication

1. Please describe the specific steps you took to implement your practice and the timeline/timeframe for each. (required | **250 words**)
2. How long do you anticipate it will take to replicate your practice in another VHA facility? (required)
   * 1-3 months
   * 4-6 months
   * 7-9 months
   * 10-12 months
   * 12+ months
3. On a scale of 1-5, with 1 being **very easy** to replicate and 5 being very difficult to replicate, please indicate the ease of replicability of your practice in a new facility. (required)
   * 1
   * 2
   * 3
   * 4
   * 5
4. Describe any potential risks or barriers to implementing your practice. (required | **100 words**)
5. List the names of individuals from your facility, VISN, or central office management that were critical to your practice’s implementation. (required | **100 words**)
6. List the personnel resources (e.g., number of full-time equivalents (FTEs), number of part-time employees, specific certification holders) needed to replicate your practice. (required | **100 words**)
7. Estimate the total personnel resource cost required for your practice. (required | **numerical value only**)
8. List the material resources (e.g., equipment, information technology (IT) support, space) needed to replicate your practice. (required | **100 words**)
9. Estimate the total material resource cost required for your practice. (required | **numerical value only**)
10. Are there any proprietary components for your practice?
    * Yes
      1. If yes, please elaborate.
    * No
11. Does your practice require external contracting support to implement?
    * Yes
      1. If yes, please elaborate.
    * No
12. Have you produced any peer reviewed studies related to your practice?
    * Yes
      1. If yes, please elaborate and provide the link(s) to the abstract.
    * No
13. Did your practice receive Spark, Seed, and/or Spread funding from the VHA Innovators Network? (required)
    * Yes
    * No
14. Did your practice receive funding from a source other than the VHA Innovators Network? (required)

* Yes
* No

1. If you responded yes to the question above, please provide: (optional)
   * Name of Funding Source
   * Total Funding Amount
   * Duration of Funding
2. Does your practice have any support other than funding from a National Program Office (e.g., Office of Rural Health, Office of Connected Care, Office of Mental Health and Suicide Prevention)? (required)
   * Yes
     1. If yes, please elaborate.
   * No
3. Provide any additional information on your practice below. (optional)

# Feedback (Optional)

1. How did you hear about the VHA Shark Tank Competition? (optional)
   * All Employee Email
   * Blog Post
   * Facility Poster/e-Board
   * Innovation Specialists
   * Social Media
   * VA Pulse
   * VA Colleague
   * Other
2. What would you like to see improved on the next VHA Shark Tank Competition application? (optional)