



HEALTH CARE
FOUNDATION
for hospitals & health centres here at home

Comfort in Care™ Grant Application Form 2021

The Health Care Foundation's *Comfort in Care™* program generates funding for items that enhances the comfort and well-being of patients, residents and families.

Thanks to our corporate sponsor, **Johnson Insurance**, the Gary Rowe Comfort in Care fund and all of our other donors who support the *Comfort In Care™* program, we are pleased to offer a total of **\$60,000** in *Comfort in Care™* grants for 2020.

The Health Care Foundation, thanks to the generosity of MedSurg Solutions Inc., will also award two p300 mattresses, valued at \$1,600 each. Please indicate on page 4 of the application form if you wish to be eligible for either of these items, and if so, how it would benefit your unit.

To be eligible for the 17th round of *Comfort in Care™* grants, the following criteria must be met:

- The applicant must work within the facilities we support, including:
 - Health Sciences Centre
 - Nuclear and Molecular Medicine Facility
 - Waterford Hospital
 - Dr. L. A. Miller Centre
 - St. Clare's Mercy Hospital
 - Dr. Walter Templeton Health Care Centre
 - Pleasant View Towers
 - Caribou Memorial Veterans Pavilion; and
 - Le Marchant House
 - Kidney Care Centre

- A maximum of \$2,500 will be awarded per grant. Items that cost more than \$2,500 will not be considered for funding **unless** the program director can provide assurances that the remaining money will be covered through other funding sources. This must be **clearly stated** on the application form.

Please indicate the hospital or health centre facility:

STAFF INFORMATION SECTION

Name: _____

Position/Title: _____

Hospital Unit / Work Area: _____

Work Telephone: _____ **Work E-mail:** _____



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GRANT REQUEST INFORMATION SECTION

Please check the applicable category you are requesting funding for in your unit/area:

Equipment

To assist applicants with the purchase of medical equipment and/or technology that will be beneficial to patient/resident comfort and safety that is not considered a capital equipment purchase.

Special Projects

To assist applicants with the completion of a project that has been approved by the management of Eastern Health that will benefit patient comfort and safety.

Comfort Supplies

To assist applicants with the purchase of medical supplies that would be considered beneficial to the comfort of patients/residents. This is not meant to address individual patient/resident needs.

Education

*To assist applicants with furthering education on comfort and care related issues facing health care. **These grants will not be issued to individuals** but will be used to provide a guest speaker and support associated costs with holding a seminar or conference in St. John's to benefit many staff. The applicant must have an education session developed or a person of interest identified.*

Is this request for the replacement of an existing item? Yes No

What is the dollar amount requested, including taxes? (mandatory) \$ _____
(If this is left blank, your application will not be considered)

Have you obtained a price quote from a supplier? Yes* No

***at least one price quote is mandatory and must be attached to your application form.**

Have you obtained approval from Infrastructure and Facilities Management (if applicable)?

Yes* No

**if yes, please obtain signature from Facilities*

NOTES:

- i) Should your application be approved through the *Comfort in Care™* grants program, the item(s) you have requested will be acquired through the Purchasing Department of Eastern Health in accordance with the Public Tendering Act. As a result, the item(s) purchased may not be the exact item(s) you have requested.
- ii) Should your application be approved through the *Comfort in Care™* grants program, the completed purchase requisition form must be submitted to Eastern Health purchasing by June 30, 2021.
- iii) Your unit will have one year from the date the grant is awarded to complete any additional fundraising to purchase item(s) over the \$2,500 grant amount and submit purchasing documentation to the Health Care Foundation.
- iv) Any requests for equipment which require installation, such as televisions and/or television mounts, must be first approved and signed off by Infrastructure and Facilities management. Any extra costs incurred for installation must be included in the dollar amount requested.



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Description of item/need for which funds are requested (*attach supporting documentation if applicable*):

Please explain how this request would enhance the comfort, safety and/or palliative needs of patients in your unit or area.



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OPTIONAL:

P300 Mattress kindly donated by MedSurg Solutions Inc.
(See page 7 and 8 for features and specifications of mattress.)

If you wish to have your unit/area considered for a mattress, please fill out this section:

This would benefit patient care on my unit by:



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PROGRAM APPROVAL SECTION

(Please have the manager of your unit or area complete the following section and then forward to the program director for signature as indicated below)

MANAGER APPROVAL

By signing this form, I acknowledge that:

- The application does meet the eligibility requirements as stipulated in the *Comfort in Care™* application guidelines.

Manager's Name *(please print)*: _____

Manager's Signature: _____

Manager's Phone/Pager Number: _____

E-mail: _____

Site: _____

PROGRAM DIRECTOR APPROVAL

By signing this form, I acknowledge that:

- I support the above request and agree that it would benefit the comfort and/or safety of patients in my program as outlined.
- The request would not be otherwise available through the capital or operating budgets for my program.
- I am not aware of any reason why the request should not be granted.
- **The program will assume any costs to be incurred above the grant amount.**
- My program will adhere to hospital policy pertaining to infection control, safety, ergonomics, etc., surrounding the purchase of any item(s).

Director's Name *(please print)*: _____

Director's Signature: _____

Director's Phone/Pager Number: _____

E-mail: _____

Site: _____



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INFRASTRUCTURE AND FACILITIES MANAGEMENT APPROVAL (IF APPLICABLE)

By signing this form, I acknowledge that:

- The requested item(s) will have additional cost for installation
 Yes* No

**if yes, how much:* _____

Director's Name (*please print*): _____

Site and Office Phone Number: _____

Signature: _____

Date: _____

APPLICANT APPROVAL

I certify that the information contained in this application is correct and that I have included any necessary supplementary documentation required for my request to be considered by the Selection Committee. Also, I give my consent to participate in activities surrounding the promotion of *Comfort in Care*[™] should my unit be awarded a grant in this round of funding.

Applicant Signature

Date

Please email this completed application form and supporting documentation by **March 8, 2021** to:

hcf@healthcarefoundation.ca

For additional information please contact the Health Care Foundation office at (709) 777-5901.

Hill-Rom®

P300 Wound Surface Prevention and Treatment Surfaces



For those times when you really needed a mattress to treat pressure ulcers...but it just wasn't in the budget

The **Hill-Rom® P300 Wound Surface** is a highly functional wound care prevention and treatment surface combining both alternating pressure and low air loss modalities in one mattress for superior comfort and treatment. The result is an easy-to-use mattress with added safety components that both patients and caregivers will appreciate.

Female/165 lbs./64 in./Setting: 5



0° head elevation



30° head elevation



45° head elevation

At a glance

- Designed for moderate to high-risk patients to prevent and treat Stage I through uncomplicated Stage IV pressure ulcers
- Accommodates patients weighing up to 350 lbs.
- Choice of four alternating pressure cycle times with 10 comfort control settings
- Low air loss for micro-climate control
- Unique cell-on-cell technology provides added support and minimizes bottoming out
- Auto firm function quickly provides uniform firmness to accommodate nursing procedures
- Bi-directional stretch mattress cover to help reduce shear forces
- Vapor permeable and waterproof cover with RF welded seams
- Compact system is lightweight and easily stored by rolling up and weighs less than 25 lbs.
- Optional integrated "cradling" bolster design offers added support during patient care

Interface pressure profiles generated for a patient in several head articulation positions on a **Hill-Rom P300 Wound Surface**. The Hill-Rom P300 Wound Surface helps redistribute pressure to aid in the prevention of skin breakdown.

Hill-Rom®

Enhancing Outcomes for Patients and Their Caregivers.™

Hill-Rom®

P300 Wound Surface Prevention and Treatment Surfaces

Safety!

- Optional integrated “cradling” bolster design with an ingress/egress section promotes safer patient transfers
- Six security straps hold the mattress to the frame
- Anti-skid bottom provides added resistance to movement
- Air sub-matt prevents bottoming-out and remains inflated over eight hours in the event of power failure
- Lock-out function prevents accidental setting changes
- Audible and visual notification alarms in the event of power failure, loss of pressure and system failure



Control Unit



Integrated Bolster Design

Hill-Rom® P300 Wound Surface Control Unit Specifications		
Power Supply	AC 120V 50/60 Hz, 0.17A (for 120V system)	
Fuse Rating	T1A, 250V	
Cycle time	Four settings (10, 15, 20 minute and OptiRest)	
Dimension (L x W x H)	11.4" x 7.9" x 4.6"	
Weight	5 lbs.	
Hill-Rom® P300 Wound Surface Mattress Specifications		
Model	MRS-S (standard)	MRS-B (with bolsters)
Internal Dimension (L x W x H)	80" x 35.4" x 8"	80" x 35.4" x 8"/10"
Weight	16.5 lbs.	17.5 lbs.
Fire Standards	Meets 16CFR1632, 16CFR1633, CAL 129, CAL 603	

Hill-Rom reserves the right to make changes without notice in design, specifications and models. The only warranty Hill-Rom makes is the express written warranty extended on the sale or rental of its products.

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USA 800-445-3730
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www.hill-rom.com