

MSH UHN AMO Management Committee

Yesterday the MSH UHN AMO Executive Committee met to discuss an emergency calls for Innovation Fund proposals that would help front line staff protect themselves and manage patients during the COVID-19 pandemic, and unanimously endorsed Management's decision to use \$2.5M of Innovation Funds for this purpose. To provide the greatest clarity possible to applicants for this fund, we are communicating items discussed at the Executive Committee meeting, with a focus on which proposals will receive priority.

Priorities

The emphasis for these funds is to support front-line staff as they care for patients with COVID-19. Accordingly, the AMO will prioritize two broad categories of projects:

1. Projects that can immediately impact the safe delivery of clinical care. These projects must provide pragmatic solutions to clinical challenges that have emerged during the pandemic. Such projects could include the use of 3D printers to manufacture face shields for use by front line medical workers, the design and implementation of solutions that enable expansion of ventilator capacity in critically ill patients, and devices that protect staff during aerosol generating medical procedures (AGMP).
2. Projects that support the mental health and well-being of front-line medical workers. For example, development and implementation of programs within SHS and UHN that would help staff deal with pandemic-related stress, anxiety and depression.

This AMO funding opportunity is not targeting mechanistic studies focused on the biology of COVID-19, or on clinical trials research. These types of projects will not be prioritized in this competition.

Process

In order to accelerate the awarding of funds, the application process will be streamlined. The Principal Investigators (PI) must submit a 1-page proposal, supported by a 1-page budget. A list of the research team members must also be included. Further pages will not be considered. Important items to note:

1. PIs MUST be MSH/UHN AFP Group Physicians. Nonetheless, we strongly encourage partnerships on applications with other health care professionals, including but not limited to nurses, pharmacists, and allied health professionals.
2. The MAXIMUM budget for each project is \$500,000.
3. Unlike other Innovation Fund competitions, the purchase of equipment or infrastructure that is required to operationalize and implement the project will be acceptable.
4. The ONLY LIMITATION to the budget relates to physician reimbursement. These costs must adhere to IFPOC guidelines (see attached - Appendix C from IFPOC Framework & Guidelines).
5. The proposal and budget must be submitted as a single document (PDF) and emailed directly to Richard Getty (richard.getty@uhn.ca) **by no later than 4:00pm Thursday April 9, 2020.**

Review and Funding Timeline

The AMO Management Committee will adjudicate the proposals and announce the successful applicants on **Monday April 13, 2020** by email. Funds will be made available to the PIs immediately so that projects can begin without delay.

Appendix C

AHSC AFP Innovation Fund Year XII (2019-20)

OMA per Diem Guidelines¹

Please note: If permitted in your institution, physician compensation is eligible for funding based on the time involved at a rate no higher than the OMA per diem rates whether or not remuneration is for actual clinical activity (see attached Appendix “C”)

Use of funds: Innovation Funds may be used to compensate participating physicians for evaluating the quality of existing or new health care services, to enable the development of new models of health care delivery, and to optimize health care delivery within the framework of the current health care system.

OMA – Claim Guidelines JANUARY 1, 2018

Honorarium and out-of-pocket expenses may be claimed by members participating in OMA related business meetings per the Financial Matters Policy summarized below:

- OMA Council & Board of Directors
- CMA Council: Delegates appointed by the Board
- Committees, Subcommittees, Task Forces and Working Groups: established according to policy and subject to funding.
- Section, Medical Interest Group, Branch Society and District: meetings other than their Annual General Meeting.
- Others: meetings in which members take part on the request of, and are responsible to, either Council or the Board of Directors.

1. HONORARIUM

A. Rates for Meeting, Teleconference, and Travel Honorarium:

OMA Honorarium Basic Rates	Meeting Attendance (hourly rate only used for meetings up to 2 hours)		Teleconference	Travel
Days served since January 1	Hourly rates	Half Day Rate	Hourly Rate	Hourly Rate
Up to 15	\$116	\$407.50	\$116	\$116
15.5 to 25	\$142	\$497.50	\$142	\$142
More than 25	\$164	\$572.50	\$164	\$164

B. Honorarium for Meetings:

Meeting duration	Basis for honorarium
0.5 to 2.0 hours	Hourly
2.5 to 4.5 hours	One half-day
5.0 to 9.5 hours	One full day
More than 9.5 hours (on same calendar day)	Three half-days
Teleconferences and travel are calculated to the nearest half hour	

- Members will be paid at the highest tier for all days served during the calendar year, retroactively if necessary.
- Members of designated bodies and Committee chairs will be paid a premium rate of 25% for meetings of the designated body to reflect time spent outside formal meetings which would not otherwise be paid