



Committee of Interns and Residents
*SEIU*Healthcare.

Patient Care Trust Fund Of CIR



Application Packet

Table of Contents

Introduction to the HHC-CIR Patient Care Trust Fund	2
Instructions for Applying	3
Patient Care Trust Fund Application	6& 7
Sample Letter #1	8
Sample Letter #2	9
Sample Letter #3	10

USING THE HHC-CIR PATIENT CARE TRUST FUND A GUIDE FOR CIR MEMBERS

The following information is provided to help you use the Patient Care Trust Fund. Please feel free to call our office at 212-356-8180 if you have questions regarding the application process.

*****SPECIAL NOTE*****

Only residents who are working at HHC hospitals and members of CIR are eligible to use the Patient Care Trust Fund (PCTF).

The Patient Care Trust Fund meets every two months at the CIR Office in New York City.

Meeting Dates

February 17, 2009
April 21, 2009
June 16, 2009
August 18, 2009
October 20, 2009
December 15, 2009

Application Due Dates

January 20, 2009
March 17, 2009
May 19, 2009
July 21, 2009
September 15, 2009
November 17, 2009

Prior to submitting an application you must present it at your hospital chapter meeting for discussion with other residents. Applications must be received in the CIR Benefits Staff office by the due date. Late applications will be held for the following meeting.

**PLEASE CONFIRM YOU ARE ON THE AGENDA BEFORE
ATTENDING A PCTF MEETING.**

**THE TRUSTEES WILL ONLY HEAR REQUESTS FROM THOSE WHO
ARE ON THE AGENDA.**

INSTRUCTIONS FOR APPLYING

I. Before Applying

- A. Speak to other residents and discuss the needs of your patients.
- B. Determine if your request will be covered by PCTF.

What is covered under PCTF?

The following was developed by the Trustees of the Patient Care Trust Fund as a general guideline to administer the Fund. The Trustees favor requests that directly aid patient's standard of care, and other creative and innovative uses.

LIMITS ON SIZE OF GRANTS:

The Trustees reserve the right **not** to fund any request. For books and computers, the fund will approve up to \$1,500 and up to \$3,000 for CD ROM's, DVD's and Video's per resident year.

Types of items that the Trustees would like to consider funding:

Microscopes	Glidescopes
Textbooks & Software (see limits)	Ultrasound Machines
Patient Screening and Education Programs	

Types of items that in general fall outside the guidelines:

CAT, PET, SPECT scanners, Cat Scan Upgrades	Satellite Dishes
Diagnostic Equipment	Untested equipment
MRI	Office equipment (telephones, copiers, pens, pencils)

Funding Clauses:

1. Trustees reserve the right to refuse funding for requests deemed repetitious.
2. Trustees reserve the right to fund all or a part of the request.
3. Trustees encourage joint funding of "expensive" items between PCTF and the hospital.
4. In the case of audiovisual equipment/projectors, the Trustees require the hospital to set up a central location accessible to all residents. A letter stating that the department will be responsible for the equipment **must** accompany the request.
5. Requests will be screened by the Chairperson before the Trustees meeting.

C. Contact your Contract Administrator/Organizer if you would like to submit a request for consideration from the PCTF.

II. The Application Process

1. Read the two-page application form to determine what information is needed before submitting your request.

2. If you are requesting equipment, contact potential vendors (suppliers) to select a model that is best suited for your hospital. **All requests must include a requisition from your hospital purchasing department, vendor quotes (prices) for the equipment and the cost of a 2 or 3 year extended warranty clearly written on the application.**
3. For purchases over \$2,000, your application must include **two** vendor quotes, and an explanation of why one vendor was chosen over the other.
4. Vendor quotes must be provided for all requests including books and software.
5. You must also submit a letter from your hospital's Executive Director/Department Director, stating why the hospital is unable to purchase the requested items. The letter must also include the following language: (**See Sample Letter #1, page 8**)
6. Fill out and attach the following:
 - a. The application form
 - b. Vendor quote(s)
 - c. Letter from your hospital (**Sample Letter #1**)
7. Present your application at a hospital chapter meeting before the PCTF meeting. If you did not receive a notice about the meeting, call your CIR Contract Administrator/ Organizer for date and time. (NOTE: This chapter meeting may occur after you submit your application).
8. Submit the PCTF application either through your Contract Administrator/Organizer, by mail to: 520 Eighth Avenue, Suite 1200, New York, NY 10018 or fax to 212-356-8181. **Keep a copy for your records.**
9. (a) ****PLEASE NOTE: KINGS COUNTY RESIDENTS ONLY:**
You must submit your completed application to Lula Blake or Hope Mason in *Strategic Planning* before you submit it to PCTF.
9. (b) **ALL APPLICATIONS MUST INCLUDE A REQUISITION AND VENDOR QUOTES, IN ADDITION, LETTERS SHOULD BE TYPED OR CLEARLY WRITTEN. FAXED COPIES THAT ARE DIFFICULT TO READ WILL BE RETURNED.**
10. Application Deadline -- Applications must be received by application deadlines. Applications not received on time will be scheduled for the next meeting. Applications that are incomplete will not be considered.

III. Trustees Meeting

1. You are required to attend the meeting to present your request and answer any questions the Trustees may have. Only you or a resident from the department requesting the funds may present the request at the meeting.
2. It is the requester's responsibility to call the PCTF office to obtain the date, time and confirm your placement on the agenda.

IV. Notification of Decision

1. Decisions are usually made at the meeting at which you present your request. You will be given a letter at the meeting stating your request was approved, denied or waiting for additional information. A sample is attached (**Sample #2 Page 9**).
2. If your request is approved by the Trustees, a letter from PCTF will be sent to HHC requesting their approval.
3. HHC will inform PCTF that they agree with the Trustees recommendation(s.) It usually takes between 3-5 weeks.
4. Once the request is approved by PCTF and HHC, a letter will be sent to the requester with a copy of the approval letter from HHC (**Sample Letter #3 Page 10**). Once you receive this letter, the purchasing process can begin. It is strongly suggested that you work with your department and the purchasing department to complete the process.

Equipment Purchases

Once approved by the PCTF and HHC, equipment purchases are made by the hospital, **all invoices are to be billed to the Patient Care Trust Fund**. The requester must oversee the entire process to make sure it moves smoothly and complies with both HHC and PCTF regulations.

The process is as follows:

- a. Once an item is approved, the purchasing department or your department must complete a purchase order as if the hospital were purchasing the item. All invoices should be sent to: Patient Care Trust Fund, 520 Eighth Avenue-Suite 1200, New York, NY 10018 as the "bill to" address.
- b. Once the item is received by the department, PCTF will make payment to the vendor. The requester must work with the purchasing department to make sure the purchase is made within 120 days, and that they comply with any other guidelines of the Fund. You must notify the **PCTF** once the item is received so that payment can be made to the vendor.

Book Purchases

Book approvals are purchased by the PCTF and sent directly to the requester or the department director at the hospital.

Time Limit on Availability of Funds

Equipment or other items to be purchased by the hospital must be purchased within 120 days from the date of approval by PCTF and HHC, as funds may not be available beyond that time.

Children's Holiday Fund

It has become a tradition for many years for PCTF to provide financial help for patients at HHC hospitals during the Holiday Season. The fund normally provides refreshments, gifts and sometimes entertainment for the children. Generally, 10 percent—of the grant is required to purchase books or other reading materials that must remain at the hospitals.

CIR PATIENT CARE TRUST FUND APPLICATION

Requester

Hospital

Name _____

Name of Hospital _____

Address _____

Department _____

Phone: (W) _____

Dept. Director _____

(H) _____

Dept. Phone _____

Beeper _____

Address _____

E-mail _____

Cell Phone _____

Executive Director _____

*****Name, phone number and address of hospital employee responsible for purchasing**

equipment(s): Name _____ Ph# _____

Mailing Address _____

Item Requested

Item Name _____

Model _____

Vendor#1 _____ Cost Estimate _____

Comparison Data (for all requests over \$2,000):

Vendor #2 _____ Cost Estimate _____

Justification for Vendor Choice: _____

Attachments

- Request Justification (sample)
- Letter from hospital: (must include mandatory language -- see sample letter #1)
- Vendor quotes

Do not write below this line:

Project # _____ Received all _____ Trustees Decision Y N P Mtg. Date _____

Letter to HHC _____ Letter from HHC _____ Letter to Requester _____ Check # _____

CIR PATIENT CARE TRUST FUND APPLICATION:

REQUEST JUSTIFICATION

(Fill in below and/or attach additional sheet if needed)

1 Give a brief description of requested item(s): _____

2 Purpose of item(s): Does it meet a patient care or educational need? Explain. _____

3 Is item(s) new or a replacement? If new, how would it change the service now provided? If the item is a replacement, what condition is the present item in? _____

4 Who will use the item(s)? If the item is not to be used by residents, is trained staff available to maintain items? _____

5 Describe the projected amount of use for the item(s). Quantify the usage if possible, e.g. the number of patients who may utilize the equipment per week or number of residents using educational tools, etc.. _____

6. Where will the item(s) be located? How will the item(s) be protected from theft?

7. Additional Comments: _____

SAMPLE LETTER #1

SAMPLE LETTER FROM YOUR HOSPITAL TO ACCOMPANY APPLICATION

(Date)

Luella Toni Lewis, M.D.
Chairperson of Patient Care Trust Fund
of the Committee of Interns & Residents
520 Eighth Avenue - Suite 1200
New York, NY 10018

Dear Dr. Lewis:

I am writing in support of Dr. (Resident's Name) request that the Patient Care Trust Fund of the Committee of Interns & Residents underwrite the purchase of (Requested Item(s)).

I certify that (Name of Hospital) is unable to fund the purchase of the item(s) at this time, and the funds are not in our budget for this year or in the near future. I further certify that we will sustain all costs of maintaining the requested item(s) should the Patient Care Trust Fund agree to purchase it.

If approval is granted, I understand that the Hospital has four months from the date of approval to purchase the requested item(s). If we are unable to make the purchase within that time, we understand we relinquish our right to the funds, and can reapply.

Thank you for your continuing support of patient care in our hospitals.

Sincerely,

(Name)
Executive Director

Application #

SAMPLE #2

**SAMPLE RESPONSE LETTER
GIVEN TO APPLICANT AT PCTF MEETING**

**PATIENT CARE TRUST FUND
Committee of Interns and Residents**

Application Response

At the _____ meeting of the Patient Care Trust Fund,
Dr. _____ from _____ Hospital,
Department of _____,
made a request for _____

After hearing the request, the Trustees made the following decision, pending approval from HHC.

Your request is approved in the amount of _____

Your request is denied _____

We are waiting for the information listed below:

Luella Toni Lewis, MD
Chairperson

SAMPLE #3

SAMPLE NOTIFICATION LETTER FROM PCTF TO REQUESTER

(Date)

Dr. (Resident's Name)
(Address 1)
(Address2)

Dear Dr. (Resident's Name)

Re: Project #

We are pleased to inform you that the Trustees of the Patient Care Trust Fund and the Health and Hospitals Corporation have approved your request for [*requested item(s)*].

We urge you to purchase the approved equipment right away. The funds that have been approved for your project are available now and will be available for four months from the date of this letter. Unfortunately, we cannot guarantee that such funds will still be available beyond that time.

Congratulations on your application and approval for this very important addition to your hospital. We hope you will inform other CIR members of your use of the PCTF and encourage them to apply for necessary equipment to improve patient care.

Sincerely,



Luella Toni Lewis, M.D.
Chairperson

Enc: PCTF letter to HHC approving request
HHC letter to PCTF approving request

cc: Department Director
Executive Director of Hospital