

Health Innovation Submission

Return to innovation@ahs.ca

Health Innovation is defined as *new or improved ways of doing things of value*. Value is defined as better quality and safety of care, better patient outcomes or experience or greater productivity, efficiency or savings. AHS priority is on commercially available products.

Instructions:

The purpose of this form is to help us understand the health innovation that you would like to introduce into Alberta Health Services. Please answer all sections as completely as possible. **Once received, your submission is logged into our database and placed into the queue for review to determine next steps. You will receive an email regarding follow up from one of the team members. If you have previously engaged with the Innovation & Business Intelligence Team, we will have your information on file; you do not need to complete this form again unless there have been developments to your innovation.**

If you have any questions about completing the form, please email us at innovation@ahs.ca.

Name of Innovation		Date (dd-Mon-yyyy)
Submitter Contact Information (May be the innovator, distributor or interested party)		
Last Name	First Name	
Organization (if AHS, specify Zone/Department/Site)		
Position/Title	Phone	
Email		
Innovator Contact Information (if different from above)		
Last Name	First Name	
Organization		
Is your Organization a Small-to-Medium Size Enterprise or a Multinational Enterprise?		
<input type="checkbox"/> SME <input type="checkbox"/> MNE <input type="checkbox"/> Neither		
Position/Title	Phone	
Email		
Website		
Previous Engagement with AHS		
Have you previously engaged with others in AHS? <i>Please specify the individual and area, and any relevant details of the engagement</i>		
Does your company currently have a contract(s) with AHS? <i>Please specify reference number and Contracting Coordinator name</i>		

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What is the primary application of the innovation?

- Clinical Process
- Model of Care
- Medical Device/Test
- Pharmaceutical
- Treatment/Therapy
- Information Technology
- Other _____

Does the innovation potentially replace something that is currently in use in AHS?

- Unknown No Yes ▶ *please specify what it will replace, how it is different and why it is better.*

Current State of Development, Evidence and Funding Stage of Development - *Please provide any additional relevant details below*

- Commercially available: Canada USA International
 If commercially available, indicate where/how can it be purchased in the box below.
- Tested prototype (*approved by Health Canada; some evidence, but not yet widely available*)
 - Prototype undergoing testing or trials
 - Research

To which Strategic Clinical Networks and/or Provincial Program would your innovation likely apply? *Check all that apply*

- | | |
|---|--|
| <input type="checkbox"/> Bone & Joint SCN | <input type="checkbox"/> Surgery SCN |
| <input type="checkbox"/> Cancer SCN | <input type="checkbox"/> Primary Health Care Integration Network SCN |
| <input type="checkbox"/> Cardiovascular Health & Stroke SCN | <input type="checkbox"/> Provincial Addiction & Mental Health SCN |
| <input type="checkbox"/> Critical Care SCN | <input type="checkbox"/> Provincial Population & Public Health SCN |
| <input type="checkbox"/> Diabetes Obesity & Nutrition SCN | <input type="checkbox"/> Provincial Seniors Health & Continuing Care SCN |
| <input type="checkbox"/> Digestive Health SCN | <input type="checkbox"/> Indigenous Wellness Core SCN |
| <input type="checkbox"/> Emergency SCN | |
| <input type="checkbox"/> Acute Care/Hospital | |
| <input type="checkbox"/> Primary Care | |
| <input type="checkbox"/> Continuing Care | |
| <input type="checkbox"/> Home Care | |
| <input type="checkbox"/> Pharmacy | |
| <input type="checkbox"/> Laboratory Services | |
| <input type="checkbox"/> Diagnostic Imaging | |
| <input type="checkbox"/> Infection Prevention & Control | |
| <input type="checkbox"/> Nutrition, Food Services | |
| <input type="checkbox"/> People, Legal & Privacy (eg: Human Resources, Workplace Health and Safety) | |
| <input type="checkbox"/> Finance | |
| <input type="checkbox"/> Information Technology/Management | |
| <input type="checkbox"/> Capital Management / Facilities Management | |
| <input type="checkbox"/> Other (<i>Please specify</i>): _____ | |

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What is your request of AHS? - provide relevant details below

- Advice from AHS experts and clinicians
- Advancing innovation to bring to market
- Information about how AHS assesses and advances innovation
- Consideration for Adoption
- Research
- Other (Please specify): _____

Please provide a complete description of the innovation. You may attach a pamphlet or document, if available

Describe the purpose for the innovation. *What problem(s) in healthcare delivery does it address? Which patient groups and care providers would be involved?*

Please describe the benefits and impact of the innovation for patients and/or AHS.

e.g. How does it alter process/care, improve efficiency or reduce costs? Does it affect health outcomes? Does it support PROMS/PREMS?

Provide evidence, publications or reports relevant to the innovation. Attach document as necessary

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Licensing of Medical Devices

The following questions pertain to the classification and licensing of medical devices determined by Health Canada. If you require additional information, please refer to the Health Canada website:
<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/legislation-guidelines.html>

Classification and Licensing of the Medical Device

Which class is your device categorized?

- Class I Class II Class III Class IV Not Applicable

Do you have a **Medical Device License** from Health Canada?

- Yes ► provide the Medical License number _____
 No
 Establishment License
 Not Applicable
 In Process - *provide details below:*

Does your innovation have approval from other major regulatory bodies?

- FDA, License _____
 CE Mark License _____
 Other – *please specify with details below*

Funding *Please identify and describe any awards, grants and/or external funding that you have received or are applying for in order to develop and/or test the health innovation.*

Application planned or in process:

Received:

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Consent

The personal information you provide in this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta) and will be used to help us understand the innovation you would like to introduce into AHS, as well as to identify opportunities for testing, further development, feedback and/or possible commercialization of your innovation.

If support is needed for testing and/or development purposes, we may disclose certain information to one of our partners (see our AHS website **Our Partners | Alberta Health Services**) to determine funding opportunities or assistance in the evaluation or analysis of the innovation. If you have any questions about how the information you provide may be used or disclosed, please email <mailto:innovation@ahs.ca> or write us attention Director, Innovation & Business Intelligence, AHS, 100, 1509 Centre Street SW, Calgary, AB, T2G 2E6. Please indicate your consent below:

I consent to AHS disclosing my information to external partners to further my innovation through AHS' innovation management processes, including identifying opportunities for testing, further development, feedback, and/or commercialization of my innovation.

Our preferred method of communication is by email and from time to time, we may include your email address in AHS mail outs for other opportunities that may be of interest. Please indicate your consent to receive communications from AHS by checking the box below. You may unsubscribe from these emails at any time by replying "Unsubscribe" to the email.

Please send me information and opportunities (*such as hackathons, forums, idea competitions, .etc.*) about innovation in Alberta. This includes AHS information and opportunities and external information and opportunities forwarded by AHS

AHS will not disclose your email address to any third parties noted above. AHS is not responsible for any communications that you initiate of your own accord with any of the third parties noted above (e.g. applications to participate in non-AHS forums, competitions, etc.)