

## Application for implementation - project Care-NMD-CH

Dear applicant,

we are delighted that you are interested in participating in the study "The Implementation and Evaluation of a Care Management service for patients with Neuromuscular Disease" (Phase C of the Care-NMD-CH project) and welcome you to the application process.

In the study phase C, we aim to implement the evidence-based and family-centred Care-Management service for patients with neuromuscular disease (NMD Care Management) and to evaluate its benefit for patients and families, for health care professionals and at a health care systems level. You can find detailed information on the Care Management service here: [German Version](#); [English Version](#); [French Version](#); [Italian Version](#)

In Switzerland, there are currently 7 neuromuscular centres in place with mostly 2 interprofessional teams offering patient care (one for paediatric patients, one for adult patients). Thus, in total 14 teams are eligible for application and project participation. We plan to implement the service in up to 8 of these teams as part of the project (each "Care Management team" would be sponsored with a total of 84'000 CHF for a study period of 2 years, for instance a paediatric Care Management team would receive 42'000 each year).

Application process:

- For further information on the application process click [here](#)
- The application can be filled in online ([link](#)) OR filled in paperbased (this template) in French/Italian/German OR English
- Please send the application in WORD AND PDF-format to [veronika.waldboth@zhaw.ch](mailto:veronika.waldboth@zhaw.ch) by 30.06.2022

On behalf of the Schweizerische Muskelgesellschaft, the project (Phases A, B, C) was and will continue to be conducted by ZHAW Zurich University of Applied Sciences in collaboration with the Cantonal Hospital St. Gallen, the University Children's Hospital Zurich, the University Hospital Zurich, the Inselspital Bern and the Swiss Foundation for Research into Muscle Diseases, as well as other cooperation partners. You can find further information on the project [here](#).

### In case you have questions, please contact:

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**In the following section, please describe your interprofessional care teams' motivation for participation in the implementation and evaluation of the Care Management for neuromuscular patients and their families.** \* must provide value

(Word limit: 400 words)

Click or tap here to enter text.

**Please describe how your interprofessional care team works together and how you will integrate the new services of the NMD Care Manager as described in the concept.**

\* must provide value

(Word limit: 400 words)

Click or tap here to enter text.

**In the following section we ask you to provide the contact details of the principal investigator/medical supervisor and the care manager.**

*Explanation:*

- *The principal investigator (PI) is responsible for the project as Co-PI of the clinical side and will be reported to the local ethics committee.*
- *The medical supervisor is responsible for the care manager's clinical supervision.*
- *The principal investigator and the medical supervisor can be the same person.*

Surname/First name of the principal investigator: \* must provide value

[Click or tap here to enter text.](#)

Title of the principal investigator: \* must provide value

[Click or tap here to enter text.](#)

Function/position of the principal investigator (e.g senior physician): \* must provide value

[Click or tap here to enter text.](#)

Postal address of the principal investigator (workplace): \* must provide value

[Click or tap here to enter text.](#)

E-Mail address of the principal investigator: \* must provide value

[Click or tap here to enter text.](#)

Telephone number of the principal investigator: \* must provide value

[Click or tap here to enter text.](#)

We might have questions regarding your application. Will you be available for verification? (Also in June/July 2022)? \* must provide value

☐ Yes

☐ No

**If NO**, please provide us with contact details of a person we contact in case we have any questions concerning your application. (This person should also be available in June/July 2022.)

Surname/First name of the contact person: \* must provide value

[Click or tap here to enter text.](#)

Title of the contact person: \* must provide value

[Click or tap here to enter text.](#)

Function/position of the contact person: \* must provide value

[Click or tap here to enter text.](#)

Postal address of the contact person (workplace): \* must provide value

[Click or tap here to enter text.](#)

E-Mail address of the contact person: \* must provide value

[Click or tap here to enter text.](#)

Telephone number of the contact person: \* must provide value

[Click or tap here to enter text.](#)

Is the principal investigator the same person as the medical supervisor? \* must provide value

☐ Yes

☐ No

**If NO**, please provide the contact details of the medical supervisor in the following section.

Surname/First name of the medical supervisor: \* must provide value

Click or tap here to enter text.

Title of the medical supervisor: \* must provide value

Click or tap here to enter text.

Function/position of the medical supervisor (e.g senior physician): \* must provide value

Click or tap here to enter text.

Postal address of the medical supervisor (workplace): \* must provide value

Click or tap here to enter text.

E-Mail address of the medical supervisor: \* must provide value

Click or tap here to enter text.

Telephone number of the medical supervisor: \* must provide value

Click or tap here to enter text.

Do you already know who will take over the function as the care manager in your centre?

\* must provide value

☐ Yes

☐ No

**If YES**, please provide the contact details of the care manager in the following sections.

Surname/First name of the care manager: \* must provide value

Click or tap here to enter text.

Degree of the care manager: \* must provide value

Click or tap here to enter text.

Postal address of the care manager (workplace): \* must provide value

Click or tap here to enter text.

E-Mail address of the care manager: \* must provide value

Click or tap here to enter text.

Telephone number of the care manager: \* must provide value

Click or tap here to enter text.

Will more than one person be taking over the role as care manager? \* must provide value

☐ Yes

☐ No

**If YES**, please explain the reasons why the care managers position will be taken over by more than one person. \* must provide value

(Word limit: 200 words)

Click or tap here to enter text.

Do you already know who will be the second care manager? \* must provide value

☐ Yes

☐ No

**If YES**, please provide the contact details of the second care manager:

Surname/First name of the care manager: \* must provide value

Click or tap here to enter text.

Degree of the care manager: \* must provide value

[Click or tap here to enter text.](#)

Postal address of the care manager (workplace): \* must provide value

[Click or tap here to enter text.](#)

E-Mail address of the care manager: \* must provide value

[Click or tap here to enter text.](#)

Telephone number of the care manager: \* must provide value

[Click or tap here to enter text.](#)

Will the principal investigator or the medical supervisor also be the direct superior of the care manager? \* must provide value

☐ Yes

☐ No

**If NO**, please provide contact information of the direct superior of the care manager:

Surname/First name of the care manager's direct superior: \* must provide value

[Click or tap here to enter text.](#)

Title of the care manager's direct superior: \* must provide value

[Click or tap here to enter text.](#)

Function/position of the care manager's direct superior: \* must provide value

[Click or tap here to enter text.](#)

Postal address of the care manager's direct superior (workplace): \* must provide value

[Click or tap here to enter text.](#)

E-mail address of the care manager's direct superior: \* must provide value

[Click or tap here to enter text.](#)

Telephone number of the care manager's direct superior: \* must provide value

[Click or tap here to enter text.](#)

**In the following section we are interested in how you plan to implement and translate the care management services into practice.**

Please describe how you will implement and translate the care management services of “Area A: Direct clinical practice: services for affected persons and their families” (see concept in the introduction section) into the interprofessional care team offer? (E.g. taking of care management history (“Anamnese”) /counselling, ...) \* must provide value  
(World limit: 400 words)

[Click or tap here to enter text.](#)

Please describe how you will implement and translate the service “Area B: Interprofessional cooperation” (see concept in the introduction section) into the interprofessional care team offer? (E.g. shared decision making, case discussion, round table discussions, ...) \* must provide value  
(World limit: 400 words)

[Click or tap here to enter text.](#)

Please describe how you will implement and translate the service “Area C: Professional development and networking” (see concept in the introduction section) into the care management offer? (E.g. practice development, networking, ...) \* must provide value  
(World limit: 400 words)

[Click or tap here to enter text.](#)

How many consultations does your muscle centre carry out on average per year? \* must provide value

[Click or tap here to enter text.](#)

**In the following section we are interested in the (future) care managers availability.**

What will the annual work percentage of your care manager be? (in %) \* must provide value

Click or tap here to enter text.

How often will the care manager be available for patients and their families face to face, via telephone and via email? \* must provide value

(World limit: 100 words)

Click or tap here to enter text.

How will you cover the care managers' vacation or sick leave absence? \* must provide value

(World limit: 100 words)

Click or tap here to enter text.

Do you already have a substitute person for vacation or sick leave coverage of the care manager? \* must provide value

☐ Yes

☐ No

**If YES**, is the substitute person the same person as the second care manager?

(If it is the same person, you have already provided us with the contact details above) \* must provide value

☐ Yes

☐ No

**If NO**, please provide the contact details of the substitute person.

Surname/First name of the substitute person: \* must provide value

Click or tap here to enter text.

Function/position of the substitute person: \* must provide value

Click or tap here to enter text.

Degree of the substitute person: \* must provide value

Click or tap here to enter text.

Postal address of the substitute person (workplace): \* must provide value

Click or tap here to enter text.

E-mail address of the substitute person: \* must provide value

Click or tap here to enter text.

Telephone number of the substitute person: \* must provide value

Click or tap here to enter text.

Do you already have a job description for the care manager position? \* must provide value

☐ Yes

☐ No

**If NO**, until when do you plan to develop a job description for your care manager?

(state month/year) \* must provide value

Click or tap here to enter text.

Are you willing to share the job description with the research team? \* must provide value

☐ Yes

☐ No

If you already have a job description, please send it to [veronika.waldboth@zhaw.ch](mailto:veronika.waldboth@zhaw.ch).



Are you (PI, medical supervisor and care manager) willing to support the research team with the implementation and evaluation research activities (e.g. chart review, survey, interviews) and willing to collect and provide the research team with anonymised data? \* must provide value

☐ Yes

☐ No

Please confirm that the basic course is compulsorily linked to the project funding and that the care manager will be released to attend and is obliged to attend the basic course. \* must provide value

☐ I confirm

☐ I do not confirm

Do you know whether the other muscle center (paediatric or adult) of your location intends to apply for this project as well? \* must provide value

☐ Yes

☐ No

Please describe how you intend to work together with either the care team of the paediatric / or the adult muscle centre to ensure a smooth transition of patients and their families between the paediatric and the adult care services. \* must provide value  
(Word limit: 200 words)

[Click or tap here to enter text.](#)

Who is responsible for the other (paediatric or adult) muscle centre of your location? Please provide us with the contact information.

Surname/First name of the responsible person of the other muscle centre: \* must provide value

[Click or tap here to enter text.](#)

Title of the responsible person of the other muscle centre: \* must provide value

[Click or tap here to enter text.](#)

Function/position of the responsible person of the other muscle centre: \* must provide value

[Click or tap here to enter text.](#)

Postal address of the responsible person of the other muscle centre (workplace): \* must provide value

[Click or tap here to enter text.](#)

E-Mail address of the responsible person of the other muscle centre: \* must provide value

[Click or tap here to enter text.](#)

Telephone number of the responsible person of the other muscle centre: \* must provide value

[Click or tap here to enter text.](#)

Please describe how your team collaborates with patient organisations, outpatient health care services (e.g. GP, Spitex, etc.) and other regional services (e.g. schools etc. )? \* must provide value

(Word limit: 300 words)

[Click or tap here to enter text.](#)

How do you plan to finance potential services of the care manager, which are not covered by the research project itself? \* must provide value

(Word limit: 200 words)

[Click or tap here to enter text.](#)

How do you intend to secure financing of the care management service in the long term (declaration of intent)? \* must provide value

(Word limit: 200 words)

[Click or tap here to enter text.](#)

Is there anything else you would like to share with us?

[Click or tap here to enter text.](#)

### **Grazie! Merci! Danke!**

Thank you very much for submitting your application. We will be reviewing the applications and provide you with a feedback by 31.07.2022.