

Instructions to Complete a DxQI Grant Application

* (required)



DEMOGRAPHICS

Facility

Name of healthcare facility (project/performance site) *

Enter the name of the brick-and-mortar healthcare facility where the project will be conducted. It could be the name of a clinic, a hospital, or some other healthcare entity where direct patient care is provided and whose address is can be found in a directory, online, or in the U.S. mail

Address *

Street: _____ Line2: _____ City: _____
Country Code: _____ State: _____ Zip/Postal Code: _____

For non-U.S. locations, use a postal code instead of a Zip code. State might refer to a province or other designation in your country.

Select the types of healthcare facility where the project intervention will be implemented. The facility must be a "brick-and-mortar" facility that delivers direct patient care *

(Check all that apply) Select one or more options

- Office-based primary care
- Office-based specialty care
- Clinic (e.g. Urgent Care, Acute Care)
- Other Ambulatory Center (e.g., Surgical, Imaging)
- Hospital

It is possible that more than one designation will be appropriate e.g., the facility could be a hospital or clinic within an Integrated Delivery System. In that case, check both.

Hospitals *

Please select the type of hospital from the list below. Select one or more options

- Community hospital
- Academic medical center
- Psychiatric hospital
- Safety net hospital
- Critical access hospital
- VA & military centers
- Member of Integrated Delivery System
- Federally Qualified Health Center
- Rehab facility
- Skilled Nursing Facility
- Other (please describe)

Application submitter

The application submitter should be the individual who establishes a log-in to work on and submit the application. It can be the project lead or a support staff. In either case, it should be the individual who will be the main contact for application correspondence. The project lead will be entered (or reentered) later in the application process.

Salutation *

First Name *

Last Name *

Email Address *

Phone #

Applicant Organization Name (if different from healthcare facility)

Applicant Organization Address (if different from healthcare facility)

PROPOSAL SUMMARY

Proposal Title *

Title should be descriptive, but there is no special requirement.

Priority Categories *

Select one or more options

- "Big 3" Diseases (see descriptions in [RFP](#))
- Disparities-focused diagnostic quality project
- None of the above

Check this box if your project's Aim is to directly impact one of the "Big 3" disease categories as described in the [RFP](#) and [FAQ](#) documents.

Check this box if your project's Aim is to directly benefit the diagnostic outcomes of underserved populations or those impacted by bias as described in the [RFP](#) and [FAQ](#) documents. Proposals that seek to reduce the risk of diagnostic error or delayed treatment and improve diagnostic outcomes related to health disparities associated with age, race/ethnicity, sex and/or other social determinants of health are encouraged to address both "Areas of Improvement" identified in the [RFP](#): "Big 3" and "Diagnostic Quality Disparities."

Which of the four categories best describes your intervention? *

Select one option (must select one to qualify for this grant)

- A well-defined problem and discovery period (maximum six months) followed by adequate time for a to-be-defined intervention that will be tested and improved
- A well-defined intervention that will be tested and improved
- An implemented, but unevaluated intervention with a well-defined evaluation plan and an opportunity to improve
- An implemented, evaluated intervention that will be tested and improved in a novel setting or with a novel population

AIMS, BACKGROUND, and APPROACH

Describe the Aim(s) of the project in terms that incorporate SMART (Specific, Measurable, Achievable, Realistic, Timely) attributes (100 words max) *

Refer to [FAQ](#) for examples of SMART Aims.

Projects will typically have only 1 or 2 Aims. Each Aim would probably have only 1 or 2 sentences. The statement should clearly describe what you quantitatively want to accomplish in the allotted time frame. Refer to the [FAQs](#) for examples of well-written Aims statements.

Problem and Background (500 words max) *

Describe the problem you are trying to solve supported by data that demonstrates the magnitude of the problem and its importance to improving diagnosis. Your comments should address the importance for both your site locally and the nation-at-large. International locations must address the importance of the problem to the U.S. healthcare system. Cite relevant literature that demonstrates what is known about the problem related to the targeted population (you will have an opportunity to upload a short bibliography later in the application process).

It is important to demonstrate the importance of the problem and demonstrate that you have familiarized yourself with at least some of the literature that describes it.

Intervention and Rationale (500 words max) *

Describe the improvement intervention and the rationale for selecting this intervention indicating how it addresses the problem's root cause. If you have indicated your application will address a priority category (Big 3 and/or Disparities), ensure your rationale indicates how it will impact one or both priority area(s). International locations should demonstrate that the proposed intervention would be applicable in the U.S. Cite key literature, if any is available, that demonstrates what is known about this intervention (you will have an opportunity to upload a short bibliography later in the application process). For ways in which to address disparities in your intervention and rationale, refer to [FAQs](#).

This should be self-explanatory. It is important to demonstrate the viability and potential value of the intervention, and to demonstrate that you have familiarized yourself with at least some of the literature that describes it.

PROJECT PLAN**Methodology**

Define the population (100 words max) *

Define the population, whether patient, family or clinical staff, which will be receiving the intervention (inclusion/exclusion criteria) consistent with the Aims. If the project will be limited to one portion of a facility, e.g. memory unit, ICU or ER, include that in your description of the population. If your intervention will address Disparities, the population experiencing the disparity needs to be described here. Refer to [FAQs](#) for more guidance.

Describe the project plan and timing for planning, implementing (or testing), evaluating, and improving the intervention. (300 words max) *

The time allotted for planning, implementing (or testing), evaluating, and improving the intervention should be clearly described. If there is a discovery period, it is well defined and time-limited, with sufficient time allowed for testing. Include in your description required organizational resources such as data infrastructure, IT, or other operational support and the roles for healthcare professionals that are not part of the core project team but involved in implementing the intervention.

Describe how you will measure the effectiveness/impact of the intervention? (300 words max) *

Describe the measures and methodology for determining the impact or outcome of your intervention? Describe the source(s) for the data that will be used for measurement.

Will the required data be readily accessible at the time of implementation? *

Select one option

- Yes, all required data will be readily available at the time of implementation.
- No, not all required data will be readily available
If this intervention requires data access that is not already readily available, describe how you will ensure necessary access to these resources (200 words max) *

Project Timeline**List major milestones (200 words max) ***

Please list your major milestones and associated deliverables including pre-intervention phase (start-up work) e.g. root cause analysis or training, the intervention phase, and the assessment phase. Do you expect multiple improvement cycles? If so, describe how many cycles you hope to accomplish during the grant period.

A one-year QI project should not have too many milestones, but at a minimum we would expect to see the project kick-off, completion of any discovery work that must be done, the start-date for the first intervention cycle, the end of the first cycle (if known), the submission of the mid-project report, the end of the final testing period, and the submission of the final project report.

ORGANIZATIONAL RATIONALE**Core Team**

Provide the core project team roster and describe the training and experience of each member relative to meeting the stated Aims. The team should be interdisciplinary and address the skills, competencies, and authority needed to execute the project plan. The team should also include members who have appropriate training and/or experience in quality improvement and/or change management

You will be able to use the ADD TEAM MEMBER button to cover everyone on the CORE project team.

Project Lead**Salutation *****First Name *****Last Name *****Title ***

Some titles don't really tell the responsibility of the individual that would be relevant to this initiative. In that case, indicate both title & more descriptive role (this is not the same as the role on the project, e.g. Lead).

Departmental affiliation ***Phone number *****Email Address *****Bio (200 words max) ***

We wish to know the departmental home of the project lead which might not be clear from their title and role. For example, someone could be in an administrative director vs a clinical department director, in risk management or the ED. This response helps us judge the appropriateness of the executive sponsor.

List up to 5 additional team members. Include their project role, email and a short bio

Describe why this team is well-suited to successfully carry out this improvement project *

(200 words max)

The response could consider previous QI work, previous work as a team, domain expertise, etc.

Patient and Family Engagement (200 words max) *

Describe how patients or family members will be meaningfully involved in the use or facilitation of the intervention (such as, "Proposal describes how a test result communication tool will be understandable and accessible to patient/family"), and in the planning, development, and/or evaluation of the intervention (such as, "Proposal describes how patient and family partners will help develop and evaluate a test result communication tool"). If patient or family engagement in the use of the intervention or in the planning, development, and/or evaluation of the intervention is not possible or not believed to be beneficial, provide your rationale. Refer to [FAQs](#) for more guidance.

RISKS and RISK MITIGATION

Describe any potential negative unintended consequences (200 words max) *

Improvement activities can have unintended consequences, both positive and negative. Describe the negative consequences you have considered and what balance measures you will use to evaluate whether any negative consequences occur.

All projects experience challenges, and the most successful projects anticipate and plan for likely challenges (350 words max) *

What types of challenges do you imagine facing in project operations and what strategies do you have to address them? (Please note, challenges described here should refer to the global project and not to the intervention itself)

If the success of your intervention will be dependent upon availability or hiring of resources not currently available, you need to describe how you will plan for such challenges such as lack of IT support, hiring freezes, IRB, administrative delays, competing time demands, etc.

BUDGET JUSTIFICATION (Refer [FAQs](#) for Budget submission guidance)

Total amount entered cannot exceed **\$50,000**.

<p>I. Core Project Team *</p> <p>Core Project Team Description</p>	<p>→ Input must be a whole number</p> <p>→ <i>Provide a short description of how these dollars will be used e.g., protected time for project lead.</i></p>
<p>II. Other Personnel *</p> <p>Other Personnel Description</p>	<p>→ Input must be a whole number</p> <p>→ <i>Provide a short description e.g., purchase data analysis support from an internal department.</i></p>
<p>III. Materials *</p> <p>Materials Description</p>	<p>→ Input must be a whole number</p> <p>→ <i>Please provide a short description</i></p>
<p>IV. Travel *</p> <p>Transportation, lodging, meals for 3 nights</p>	<p>→ <i>If awarded a grant, you will be required to use part of the grant proceeds to attend a one-day QI Summit and the 2021 SIDM annual conference as well as a second QI summit and the 2022 SIDM annual conference approximately six months after the grant period. You should budget for transportation, lodging and meals. We have suggested \$2,000 per Summit/Conference per person, but you can modify that number if you believe something else would be more appropriate, but no less than \$2,000 total. In 2021, the QI Summit and the SIDM conference will be convened virtually due to the ongoing COVID-19 pandemic so no travel funds are necessary. The 2022 Conference is planned for Minneapolis, MN. Refer to the SIDM website and FAQs for updates to conference plans. No additional description is necessary.</i></p>
<p>V. Registration *</p> <p>Registration to attend two adjacent SIDM conferences</p>	<p>→ <i>(non-editable at \$1,000) - We are providing a discounted registration fee for the conference of \$500 per year. Description is already provided. If you wish to add a second person to the adjacent SIDM conference, you can do so at \$500 per person and include that sum in the "Other" line.</i></p>
<p>VI. Other (please describe) *</p> <p>Sub-Total *</p>	<p>→ <i>Input must be a whole number. Provide a short description of how these dollars will be used.</i></p>
<p>VII. Indirects *</p> <p>Indirects (if any) (Additional guidance can be found in the FAQs)</p>	<p>→ <i>Input must be a number and cannot exceed 12.5% of the total of lines I – VI. Description is not required.</i></p>
<p>VIII. Total (cannot exceed \$50k) *</p>	<p>→ <i>This field should auto-calculate.</i></p>

ACKNOWLEDGEMENTS and ATTACHMENTS

Acknowledgements

Acknowledgement *

We acknowledge that, should we be granted this award, the core project team commits to:

1. Submitting bi-monthly status reports as described in [RFP](#);
2. Submitting formal 6-month mid-project and year-end final reports;
3. Participating in quarterly calls;
4. Participating in the online community; and
5. Attending two designated QI Summits at future Diagnostic Error in Medicine National Conferences.

By acknowledging this statement, we also confirm that:

1. No additional external funding is available to do this work and
2. The IRB is aware of this project and appropriate authorization, if required, has been or will be obtained prior to the start of the project.

We agree → (check agree box)

Attachments

Executive sponsor support letter * (PDF only) [File Upload]

The Executive Sponsor letter is a critical component to the application and **must** address **all seven** elements described in the [RFP](#) for the application to be considered for grant award. The letter should be addressed to The Society to Improve Diagnosis in Medicine.

Short bibliography (PDF only) [File Upload]

Please upload a short bibliography of key articles that support the importance of the problem and/or the suitability of the intervention, if available.

In earlier sections of the proposal, you were asked to cite literature. The full citations should be added to a bibliography and uploaded.

Letter of support from 3rd party partner, if critical to project plan. (PDF only) [File Upload]

Most proposals will not involve third parties, such as for-profit vendors or professional societies or other healthcare entities. But if you will use a third party and it is a key component of your work, then the third party should provide a letter of support.

Supplemental tables or figures (PDF only) [File Upload]

You may upload a single document with tables or figures that support the application. Please label and reference them in the narrative sections of the application.