

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 can be found in a directory, online, or in the U.S. mail system.

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

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
- Rehabilitation facility
- Skilled Nursing Facility
- Other (please describe)

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.

Application submitter

Salutation *

First Name *

Last Name *

Email Address *

Phone #

Applicant Organization Name (if different from healthcare facility)

Applicant Organization Address (if different from healthcare facility)

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.

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 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
- 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 over several testing cycles.

This grant is for quality improvement interventions, not scientific research projects.

AIMS, BACKGROUND, and APPROACH

State the Aim(s) of the project in terms that incorporate SMART (Specific, Measurable, Achievable, Realistic, Timely) attributes. You should provide a clear description of what results you intend to achieve in measurable terms during the grant time frame. (100 words max) *

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

QI Projects will typically have only 1 or 2 Aims. Each Aim would probably have only 1 or 2 sentences. The statements should be well-written and clearly described what you intend to accomplish in SMART terms.

Problem and Background (500 words max) *

Describe the problem you are trying to address/improve supported by data that demonstrates the magnitude of the problem and its importance to improving diagnosis. Your comments should address the importance in improving diagnosis 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).

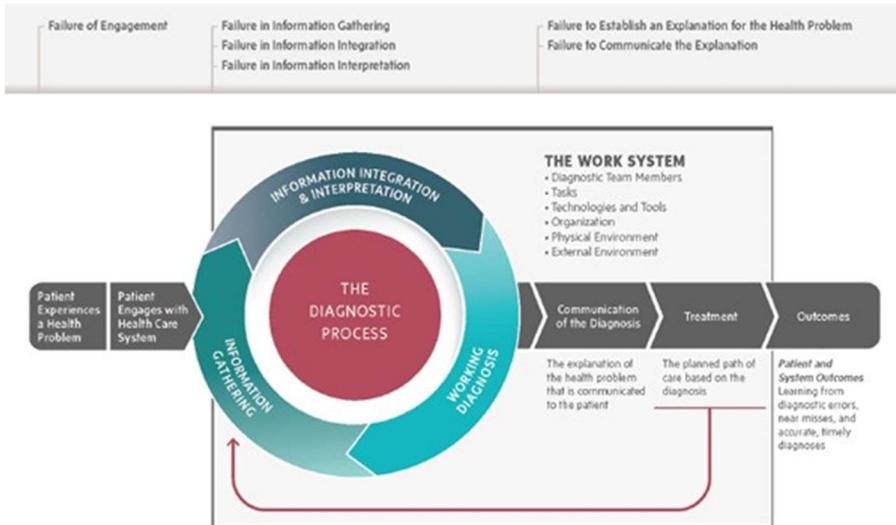
It is important to demonstrate the importance of the problem locally and nationally and demonstrate that you have familiarized yourself with at least some of the literature that describes it.

Intervention and Rationale (500 words max) *

Describe the improvement intervention and the rationale for selecting this intervention indicating how it impacts the diagnostic process and addresses the problem's root causes. If you have indicated your application will address a priority category (Big 3 and/or Disparities), ensure your rationale indicates how it will impact the priority area. 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.

Include in your narrative a description of how the intervention could be scaled and spread to other populations and/or settings, etc.

This should be self-explanatory. This description should tie together the elements of the project—the causes of the problem, the proposed fix, and how you will determine a difference is being made.



Using the Diagnostic Process diagram provided above, select the type(s) of failure this intervention will impact. (Select all that apply)

You should be able to align you intervention with one or more failures in the diagnostic process that it is designed to impact for improvement.

- Failure to access the healthcare system or engage in the diagnostic process
 - *Ex: Delay in patient processing; patient unable to access care.*
- Failure in information gathering
 - *Ex: Failure/delay in eliciting key history and/or physical exam findings; failure to order or perform needed tests; Failure to review test results; wrong tests ordered; tests ordered in wrong sequence; technical errors in the handling, labeling, and/or processing of tests.*
- Failure in Information Integration
 - *Ex: Failure in hypothesis generation; failure to properly prioritize or weight urgency.*
- Failure in information interpretation
 - *Ex: Inaccurate or failed interpretation of history, physical exam findings and/or test results.*
- Failure to establish an explanation for the health problem (diagnosis)
 - *Ex: Delay in considering a diagnosis; suboptimal prioritization; failure to follow-up (i.e., “closing the loop”); scientific knowledge limitations (signs and symptoms not recognized as a specific disease).*
- Failure to communicate the explanation
 - *Ex: Patient not notified; delay in notification; incomplete explanation; patient does not understand explanation.*

PROJECT PLAN

Methodology

Define the population (100 words max) *

Define the population, whether patient, family and/or clinical staff, to which the intervention will be applied. (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. 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) *

Describe the project plan and timing for planning, implementing, testing, evaluating, and improving the intervention. The time allotted for planning, implementing, testing, evaluating, and improving the intervention should be clearly described. If there is a discovery period, it is well defined and time-limited (*no more than 6 mos*), allowing sufficient time for testing of several improvement cycles. Include in your description required organizational resources such as data infrastructure, IT, or other operational support and the roles for healthcare professionals

Describe how you will quantitatively and/or qualitatively measure the effectiveness/impact/success of the intervention in reference to your Aims? (300 words max) *

Describe the specific measures and methodology for determining the impact, success or outcome of your intervention in reference to your Aims. Describe the source(s) for the data that will be used for measurement.

The relationship between the chosen measures of success, the data to be used and its appropriateness for determining project impact/outcomes the applicant seeks to address should be well-described and align with the project's Aims.

Indicate whether the data you will be using to measure and evaluate the impact of your intervention will be readily accessible at the start of intervention implementation? *

Select one option

- Yes. All required data will be readily available at the start of the Cohort
- No. All required data will NOT be readily available at the start of the Cohort
If this intervention requires access to data that is not already readily available, describe how you will ensure necessary access to the required data for appropriate measurement and evaluation prior to the start of intervention implementation. (200 words max) *

Project Timeline

List major milestones (200 words max) *

Please list the 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. Describe how many testing cycles you plan to accomplish during the grant period. A timeline, chart or diagram can be uploaded later in the application.

Your milestones should align with your Aims and project plan, and be reasonable in expectations. At a minimum we would expect to see the project kick-off, completion of any discovery work or pre-intervention work that must be done, the anticipated start-date for each testing cycle, the timing of each planned activity, i.e., training, process change, data review and evaluation points, the duration of each cycle over the course of the 12-month grant period.

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

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).

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, and in its planning, development, and/or evaluation. 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 or encounter barriers, and the most successful projects anticipate and plan for likely challenges and/or barriers. (350 words max) *

All projects experience challenges or encounter barriers, and the most successful projects anticipate and plan for likely challenges and/or barriers. *

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 challenge, i.e., lack of IT support, hiring freezes, IRB approval if needed, administrative delays, competing time demands, etc.

What types of challenges and/or barriers do you imagine facing in project operations and what strategies do you have to address them? Please note, challenges and/or barriers described here should refer to the global project and not to the intervention itself. Refer to [FAQs](#) for guidance.

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

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

I. Core Project Team *

Input must be a whole number

Core Project Team Description

Provide a short description of how these dollars will be used, e.g., protected time for project lead.

II. Other Personnel *

Input must be a whole number

Other Personnel Description

Provide a short description, e.g., purchase data analysis support from an internal department; consultant fees, etc.

III. Materials *

Input must be a whole number

Materials Description

Please provide a short description

IV. Travel *

Transportation, lodging, meals for 3 nights

If awarded a grant, you will be required to use part of the grant proceeds to attend a one-day QI Summit and the 2022 SIDM annual conference as well as a second QI summit and the 2023 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. 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.

V. Registration *

Registration to attend two adjacent SIDM conferences

(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.

VI. Other (please describe) ***Sub-Total ***

Input must be a whole number. Provide a short description of how these dollars will be used.

VII. Indirects *

Indirects (if any) (Additional guidance can be found in the [FAQs](#))

Input must be a number and cannot exceed 12.5% of the total of lines I – VI. Description is not required.

VIII. Total (cannot exceed \$50k) *

This field should auto-calculate.

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 prior to the start of the Cohort.



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 in its commitment to support all **seven** elements described in the RFP. The Executive Sponsor should be an organizational leader who has the authority to address all components of the letter.

Please have your Executive Sponsor complete and sign the template provided or write a letter addressed to the "Society to Improve Diagnosis in Medicine" that includes support for **all seven** elements.

Refer to [FAQs](#) for letter template and additional information

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 PDF document that includes the diagrams, tables and/or figures that support the application. Please label and reference them in the narrative sections of the application.