KAUL PEDIATRIC RESEARCH INSTITUTE
QUALITY AND SAFETY GRANTS

Background:

The Boards of Trustees of The Children's Hospital of Alabama and Alabama Children's Hospital Foundation ("Children's") established Kaul Pediatric Research Institute ("KPRI") as a component of the Alabama Children's Hospital Foundation for the purpose of promoting the research and education missions of the Hospital, with the ultimate goal of improving child health. The Foundation recognizes that a key component of this mission is to improve the quality and safety of care delivered to children. The Quality and Safety Grants initiative seeks to forward this goal by creating a process for quality and safety proposals that is distinct from the standard KPRI Competitive Grants.

Quality and Safety Grants from the Kaul Pediatric Research Institute:

The major goal of the KPRI quality and safety grant program is to allow teams to identify and address specific quality and safety issues that cannot easily be addressed using existing operational resources or structures.

The significance of all efforts must be readily apparent. Priority will be given to applications that align with the priorities established annually by the Quality Improvement Council (QIC). In addition, special consideration will be given to collaborative projects that involve multidisciplinary teams.

Eligibility:

All members of Children's medical staff, full-time UAB faculty in a pediatric discipline, and Children's employees are eligible to apply for these awards. No prior research or grant experience is required.

Award Process:

Applications for awards must be submitted electronically to mary.aiken@childrensal.org by **4:30 PM on the 15th of April (or the Monday after in the event this falls on a weekend).** Late applications will not be considered. Applications must comply with a standardized format (see attached application package) for the application to be reviewed.

All applications will be reviewed by a Quality Safety Proposal Review committee (QSPR). The QSPR committee will consist (by virtue of their positions) of the Patient Safety Officer; the Vice President, Risk Management and Patient Safety; the Chief Nursing Officer; the Vice-Chair of Clinical Affairs for the UAB Department of Pediatrics), and the NSQIP Surgical Physician Champion.

Competitive applicants will present to QSPR committee during May. The committee will present projects for approval to the QIC at their June meeting. The Chair of the QIC will present those approved by the QIC to the KPRI Committee at their June meeting. Awards will be announced after the KPRI meeting on July 1.

Up to $50,000 will be committed annually. In general, the first year of funding for each proposal will be for $25,000 or less, but exceptions will be considered based if appropriately justified. The amount of funding per proposal and the duration of funding per proposal will vary depending on demonstrated project needs. Reports are expected at the completion of each project. Should a term of greater than a year be funded, reports must be provided to the selection committee by July 1 annually. Grant

amounts are designated for direct costs only. Indirect costs are not covered under this grant application. Salary support for the PI is not covered. Unexpended funds will be returned to the KPRI.

Funding Cycle Time Line:
a. April 15   Grant applications due
b. April 30   Initial review by QSPR committee complete
c. May   Presentations to QSPR committee of select applications
d. First Tues June   Presentation to QIC for approval
e. June   Presentation to KPRI committee for funding
f. July 1   Funding announced

Review Process:

All acceptable applications will be reviewed by the QSPR committee. Those receiving funding will have ongoing input and support provided by the QSPR committee.

Grant Format:
The format for applications is presented below:

1. Face page (use form)
2. Project Summary, Relevance, Key Personnel (use form)
3. Table of Contents (use form)
4. Budget
5. Quality Improvement/Patient Safety Plan
6. Other Letters and Documentation

It is assumed the IRB approval will not be necessary for Quality and Safety applications. The QSPR committee can, however, require applicants to obtain IRB approval should they deem it necessary.

It is suggested that the Quality Improvement/Patient Safety Plan (element 5 in the format section referenced above) include the sections below:

1. **Specific Aim Statement (what you will accomplish, by how much, by what date)**
2. **Project Methodology** Organize the Methodology into the following sections –
   i. **Identify a problem:** Describe the problem with the current process. This could take the form of a problem with too much variation in a process or an outcome that needs to be improved.
   ii. **Organize a team:** Describe the members of your improvement team. Your team may include more people than listed on this application. Remember that it is critical to quality improvement/patient safety that all frontline providers who are a part of your process be involved.
   iii. **Define the process to be improved:** Describe how you will determine your high-level process as well as your detailed process map/value stream map. Who will be involved? By what method will you gather this critical information?
   iv. **Use data to understand current process performance:** What is your data collection strategy? Does baseline data already exist? How will you display your data (statistical process control charts, pareto charts, affinity diagrams, etc.)?
   v. **Select your improvement(s):** How will you determine best solutions to improve your current process? Will you use pareto charts to leverage steps in your current process that need specific improvement?

vi. **Implementation strategy:** How will you pilot your solution? How will you measure if your solution is an improvement?

vii. **Plan for spread and sustainability:** Once you have successfully piloted your improvement, how will you spread the improvement? Will you be the process owner after this project is implemented, or will you need to design a handoff of this project to someone else?

viii. **Return on investment:** Describe plans to determine return on investment for this project (both direct and indirect).

ix. **Letters of support:** If IT, laboratory or other services are involved in this quality or safety project, and they are not direct members of your improvement team, please include a letter of support from the relevant parties.

Children's of Alabama

KPRI Quality Award Grant Application 2019

Applications should be sent to Mary Aiken at: mary.aiken@childrensal.org

1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*			
2. Team Lead			
2a. NAME *(Last, first, middle)*		2b. DEGREE(S)	
2c. POSITION TITLE		2d. TELEPHONE	
2g. DEPARTMENT		2f. E-MAIL ADDRESS	

6. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*		7.COSTS REQUESTED Direct Costs ($)	
From 07/01/19	Through 06/30/20	Total Costs ($)	

10. The undersigned reviewed this application for a KPRI quality award and is familiar with the policies, terms, and conditions of the KPRI concerning support and accept the obligation to comply with all such policies, terms, and conditions.

Team Lead:	Director/Supervisor of Team Lead:	
Signature of Primary Applicant (Team Lead) — Date	Signature of the Director/Supervisor of Team Lead – signature indicates that time and effort are appropriate as salary support for team lead is not provided	Date

Team Lead (Last, First, Middle):

USING LAY LANGUAGE, BRIEFLY DESCRIBE THE PROJECT AND RELEVANCE TO IMPROVING THE QUALITY/SAFETY OF PATIENT CARE:

KEY PERSONNEL. *Use continuation pages as needed* to provide the required information in the format shown below.
Start with Team Lead. List all other team members in alphabetical order, last name first.

Name	Organization	Role on Project

DETAILED BUDGET FOR INITIAL BUDGET PERIOD

		FROM	THROUGH
		07/01/19	06/30/19

PERSONNEL (Applicant organization only)		Months Devoted to Project				DOLLAR AMOUNT REQUESTED (omit cents)		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Team Lead					0	0	0
SUBTOTALS								

CONSULTANT COSTS	
EQUIPMENT (Itemize)	
SUPPLIES (Itemize by category)	
TRAVEL	
PATIENT CARE COSTS INPATIENT	
OUTPATIENT	
ALTERATIONS AND RENOVATIONS (Itemize by category)	
OTHER EXPENSES (Itemize by category)	

TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (Item 7, Face Page) $