



2017 E³ – Effectiveness, Efficiency and Excellence in Healthcare Grant Program

Request for proposal guidelines and instructions

Thank you for your interest in the Cardinal Health Foundation's E³ – Effectiveness, Efficiency and Excellence in Healthcare Grant Program. Over the past nine years, the Foundation has invested \$8.6 million in 297 grants to hospitals, health systems or other health-related organizations. These projects have produced some very significant outcomes and insights. Please take a look at our website for some of the most recent case studies. www.CardinalHealth.com/community

We believe improving patient outcomes and increasing the efficiency and effectiveness of healthcare continue to be compelling and important for patients and the industry.

In addition to being committed to the best patient outcomes at a reasonable cost, we see this funding as a catalyst for change and we focus our investments on projects that

- Implement emerging innovations that have been tested and are supported by data showing success in improving outcomes, reducing cost or accelerating the rate of change in healthcare. We are not about research but rather projects that implement and take to scale what has worked in healthcare.
- Help accelerate the rate of change in healthcare. Some say it takes 17 years from protocol development to full implementation. We hope to influence that and effect change much more quickly.

Each year we revisit the specifics for this request for proposals (RFP) based on prior experience taking into account our rapidly changing world of healthcare. The following factors guided the development of this RFP.

- An increased realization of the importance of the patient and the family as key partners in care.
- New work that provides guidance about how to best engage patients.
- A renewed appreciation for the value medications play, when used appropriately, in positive patient outcomes.

Specifically, we are seeking proposals that include the following in 2017:

Medication safety especially at transitions across the continuum of care from the hospital to home or to ambulatory settings, etc. Our emphasis is on helping patients achieve their clinical goals for **diabetes or multiple chronic diseases**. In addition to measuring clinical outcomes, grantees will also be asked to measure reduced lengths-of-stay and readmissions. It will be critical that solid partnerships are developed with other organizations in the ambulatory world such as pharmacies, long-term care,

independent and assisted living facilities and home health, as appropriate. Our website includes PDF resources that may be helpful to those applying for funding.

Engaging patients and their families and/or their caregivers: It has been said that patient involvement might just be the new miracle drug in healthcare. We agree that involving patients and their families and/or their caregivers can make a huge difference in their health. For this reason all requests should include substantive work in this area that utilize new learnings from the following organizations.

- Centers for Medicare and Medicaid Services (CMS) Partnership for Patients: <https://partnershipforpatients.cms.gov>
- CMS Transforming Clinical Practice Initiative: <https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/>
- CMS Quality Improvement Organization-Quality Improvement Network Campaign for Meds Management: <http://www.qioprogram.org/campaign-meds-management>
- American Institute for Research: <http://www.air.org/project/roadmap-guides-patient-and-family-engagement-healthcare>
- Patient and Family Engagement in Healthcare: <http://patientfamilyengagement.org/>
- Healthcare Information and Management Systems; Center for Patient and Family-Centered Care: <http://www.himss.org/library/NEHC>; <http://www.himss.org/library/patient-engagement-toolkit>
- Minnesota RARE (Reducing Avoidable Readmissions Effectively) Campaign: <http://www.rarereadmissions.org>

While each of the above provide insight, the CMS protocol for a patient engagement includes five areas of focus that should be included in the grant application:

1. **Discharge planning**
2. **Shift change/huddles with family members** during hospitalizations or residential care or inclusion of patient participation during handoff processes in ambulatory care settings.
3. **Organizational structure** that explicitly designates an organizational unit or personnel responsible for patient and family engagement.
4. Development of an **active patient family engagement committee** charged with medication safety work or with another process to include patients and family members on a provider team on medication safety improvement.
5. Plans for a **patient representative** on the healthcare organization's governance board.

We understand the patient representative in governance may be challenging and, as a part of this grant, those funded would be invited to attend one of the Solutions for Patient Safety/Cardinal Health Board Leadership Programs during the year. Attendance should include a lead clinician (CMO, CNO, CEO...), board member **and** patient.

What to measure? There are many process measures that are important to the work but we also ask that each applicant have baseline data as well as a plan to measure lengths-of-stay, readmissions and specific patient clinical outcomes.

Participating in a learning collaborative, publishing and sharing results: We learn from one another and ask all who receive funding to actively participate in a learning collaborative and develop a plan to publish or otherwise share their de-identified data with others.

Innovation and sustainability are critical in these projects. While implementation of evidenced-based practices with quantifiable outcomes is the goal, we also encourage grantees to be innovative in the way the projects are implemented so that the work can be sustained as well as spread to other institutions.

Level of support: One year requests of up to \$35,000 are being solicited this year and eligible applicants include non-profit healthcare institutions including those in acute and ambulatory settings working in partnership with each other as well as with other entities in the community. Collaboratives are also eligible.

Proposal criteria

Due date: This proposal is due Friday, December 9, 2016. Extensions will not be granted. An electronic application can be found at cardinalhealth.com/community

Note: Hard copy or email proposals will not be accepted and proposals received after this deadline will not be considered.

Webinars: To assist prospective grantees some successful proposals from the past are available online. Also, **webinars will be held on October 17th at noon EST and on October 26th at 1:00 p.m. EST** to provide an overview and answer questions. Call-in and meeting information will be provided on our website by October 7th.

Format

Use 12 pt, Arial font; 1" margins, single-spaced and include page numbers. Five pages limit, exclusive of the cover letter, budget and budget narrative and any charts or graphic representations your organization would like to include.

If possible, consolidate the documents into one file. If you are unable to do this, you will have the option of uploading each document individually.

Content

As described previously, 2017 funding focuses on projects that:

- 1) Engage patients and their families in their care with a focus on diabetes and multiple-chronic diseases.
- 2) Focus on medication safety at transitions across the continuum of care from the hospital to home and/or ambulatory settings, etc.
- 3) Make a solid connection from the acute to the ambulatory world and form strategic partnerships with other organizations, when necessary. Joint proposals or letters of support would be considered positively.
- 4) Utilize the evidence-based metrics identified by CMS
- 5) Participate in the Solutions for Patient Safety/Cardinal Health Leadership Development Program
- 6) Share learning through publications and speaking engagements.
- 7) Commit to being part of a learning network.

What to include in the proposal

Include the following information in the proposal:

1. **Cover letter** on organization letterhead signed by the CEO, president of organization (or board president) endorsing the program and briefly recapping the outcomes proposed (one page; not included in the five page limit). Cover letters may be addressed to Dianne Radigan, Vice President of Community Relations.
2. **Description of program or project** addressing the following:
 - A. **General description of your organization**
 - B. **Detailed description of previous experience** with the specific project being proposed.
 - C. **Detailed description of the relationship** between the institution applying for the funding and other partners who will support the patient.
 - D. **Specific objectives for this project** which must include:
 - Specific baseline data and/or metrics and outcomes including
 - Clinical data regarding patient outcomes related to diabetes management or multiple-chronic disease management
 - Current experiences in patient and family engagement
 - Readmissions for the patient population identified
 - Length-of-stay for the current patient population identified
 - What will be done to impact the baseline
 - How you will know you have accomplished your objectives? Include projected changes for each baseline measure described above. Be very specific; general metrics will not be considered; a graphic representation of data is appreciated.)
 - E. **Calendar/timeline for all aspects of the project including any IRB approval processes anticipated**
 - F. **Outcomes anticipated** (again, be very specific)
 - Project patient clinical outcomes anticipated.
 - Specify the number of days, dollars and lives that will be saved from this intervention.
 - Specify the impact on hospital readmissions projected.
 - Describe the processes of care outcomes.
 - Describe how you see patient and family engagement changing over the course of the grant.
3. **Program budget** (use the template provided). Include all costs associated with the project, detailing what is requested from the Cardinal Health Foundation and what will be provided by other funders or as in-kind contributions from the organization.

Examples of costs that are appropriate and eligible include attendance at the one day Board Leadership conference, data collection, personnel/staff (nurse, pharmacist, MD, clinicians, data managers, etc.), consulting services and other professional fees, training, research, communication, IT software, and supplies (i.e.: kits and other materials critical to the program), materials needed for patient education and engagement. The Cardinal Health Foundation will NOT fund the purchase of Cardinal Health products or services. Indirect costs should not exceed 15%.

4. **Budget narrative** that describes expenses and revenue sources

Timeline

October 3, 2016	RFP announced
October 17 and 26	Webinars
December 9, 2016	Online proposals due
March 2017	Grant awards announced

Participation in a learning collaborative

Grantees will be included in a learning collaborative that will convene virtually.

Reporting

Grantees will be asked to submit a 12-month, final report describing progress with proposed objectives and outcomes.

Scoring

The review committee will consider each proposal based on the following point system:

- Cover letter (0-5 pts)
- Description of program (0-80 pts)
- Budget/budget narrative (0-15 pts)

Press and publicity

Press releases and media announcements will be made on an on-going basis.

If you have questions, contact the Cardinal Health Foundation at communityrelations@cardinalhealth.com.

Best of luck!