

# THE BECKWITH INSTITUTE | CLINICAL TRANSFORMATION PROGRAM

## **Welcome to the Clinical Transformation Program, Shared Decision Making Application**

Thank you for your interest in the Clinical Transformation Program. Completion of this Application is the second step in the application process. Please click on "new document" below to begin your submission. Completed applications are due by EOB on Monday, March 30, 2015. Those invited to present at the Selection Committee Meeting will be notified on or after Tuesday, April 21, 2015. The Selection Committee will be held on Monday, April 27, 2015 at Forbes Tower from 3:00 p.m. – 5:30 p.m. Final status correspondence will take place after Monday, May 4, 2015. Please contact Cassandra Heinle at [heinlecm@upmc.edu](mailto:heinlecm@upmc.edu) if you have questions.

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## **AWARD APPLICATION REQUIREMENTS**

### **CRITERIA:**

Applicants are encouraged to focus on one or more of the following criteria. Priority for funding will be given to projects that achieve more than one objective:

- Design and implement tools and processes that will prepare care team members, including physicians, to accept and work with patients as partners in environments of shared decision making.
- Promote techniques that make it easier for patients to take care of themselves, for families to partner in caring for patients, and for families to establish patient and family expectations.
- Emphasize process redesign and/or innovation that is future focused.
- Improve patient care, outcome, and efficiency, while controlling costs of health care delivery.
- Incorporate technology that is applicable across diverse patient populations.

### **SUBMISSION DETAILS:**

An application is considered completed when the following items have been submitted:

- Project letter of intent (due by 10:00 a.m. Monday, March 2, 2015).
- Completed application form (due EOB on Monday, March 30, 2015). Late applications will not be accepted.
- Letter of endorsement, stating management approval of project at the facility, signed by administrative director, or above (due Monday, March 30, 2015).

### **REVIEW PROCESS:**

- The Selection Committee will be comprised of The Beckwith Institute executive director, board chair, and other invited board members.
- The Selection Committee will review all grant submissions and recommend awardees to the board for approval.
- Applicants may be asked to attend a meeting with the Selection Committee and present a presentation.

- If for any reason a Selection Committee member is an applicant for an award, or significantly involved in the proposal, that member will recuse him/herself from voting on that proposal.

## **FUNDING GUIDELINES**

- Individual awards are made in the amount of \$25,000. Projects with exceptional impact/merit will be considered for greater funding.
- Projects will be funded for one year, however recipients may apply for subsequent year funding, depending on the achievement of outcomes and nature of the project.
- Proposals involving human subjects may require review and approval by the University of Pittsburgh Institutional Review Board at the discretion of the Selection Committee.
- Proposals associated with quality improvement projects may require review and approval by the UPMC Total Quality Council at the discretion of the Selection Committee.
- Projects that should be supported by the UPMC operating budget or external sources will generally not be considered.
- Dollar allocation to salary support will only be considered under innovative, short-term, and experimental circumstances.
- Cost sharing by UPMC business units is favorable. This can include matching funds and/or in-kind support including; labor, education, capital equipment, supplies, catering, or other costs that match or support the requested grant amount.
- Unexpended funds will be retained by The Beckwith Institute. However, individual written requests will be considered to extend the budget period.
- Each award application must include, at the time of submission, a budget that includes all dollars spent and at least one estimate for individual budgeted items or services totaling \$500 or more.
- Each award application must include, at the time of submission, a letter of endorsement signed by an administrative director, or above.

## **FINAL REPORT**

- A final report will be submitted at the end of the grant period. The report will include a description of the project, results and budget.
- Grant recipients may be asked to present their final project status to the board at the end of the grant cycle.
- Publications or presentations resulting from the grant must acknowledge support from The Beckwith Institute.
- The grant recipient will provide The Beckwith Institute with a reprint of any publication resulting from the project or a copy of any presentation.



# Application

Text box character limitations are noted in red. If the text exceeds the noted limitation, the box will turn red when a new text field is entered. If this occurs, please return to the red text box and modify your response to meet the character limitation. When submitting, a red box will indicate an error. If errors occur the application will not be submitted.

A red \* denotes a mandatory text field. All mandatory fields must be complete. When submitting, a mandatory field that is left blank will indicate an error. If errors occur the application will not be submitted.

All (\*) indicate a required field

## SECTION 1: GENERAL INFORMATION

Sample For Reference Only

<b>Date of application</b>	<input type="text" value="3/4/2015"/>	*
<b>Applicant's business unit/facility</b> (eg: Corporate Services UPMC McKeesport)	<input type="text"/>	*
<b>Name of applicant</b>	<input type="text"/>	*
<b>Preferred phone number</b>	<input type="text"/>	*
<b>Email</b>	<input type="text"/>	*
<b>Project title</b> <i>(200 characters maximum)</i>	<input type="text"/>	*
<b>Amount of this request</b>	<input type="text"/>	*
<b>Matching funds, including in kind support</b> (Enter 0 if none)	<input type="text"/>	*
<b>Total budget for this project</b>	<input type="text"/>	
<b>Brief description of population served by this project</b> <i>(180 characters maximum)</i>	<input type="text"/>	*

Signature of primary contact (type name)

Email for verification purposes

By entering my name above and checking this box, I hereby indicate my intent to sign this application and attest that all information provided herein is true and correct.

Your responses to information requested in Section Two through Section Six must fit within required space. No additional documents will be accepted.

**SECTION 2: PROJECT FOCUS**

Select the project criteria that best meet your project outcomes (select all that apply):

- Design and implement tools and processes that will prepare care team members, including physicians, to accept and work with patients as partners in environments of shared decision making.
- Promote techniques that make it easier for patients to take care of themselves, for families to partner in caring for patients, and for families to establish patient and family expectations.
- Emphasize process redesign and/or innovation that is future focused.
- Improve patient care, outcomes, and efficiency, while controlling costs of health care delivery.
- Incorporate technology that is applicable across diverse patient populations

1) Describe how your project will impact the criteria you selected above. *(2300 characters maximum)*

Sample For Reference Only

**SECTION 3: STATEMENT OF NEED**

1) What is the problem, challenge, or need that is unaddressed or unmet? Or, what is the patient care benefit that this project will create? *(2300 characters maximum)*

2) What is the evidence, statistics, or research that demonstrates a need or benefit? *(2300 characters maximum)*

**SECTION 4: PROJECT DESCRIPTION AND METHODOLOGY**

Description of project, including:

1) Summary description of overall project, including goals and objectives, to be funded under this grant. *(3000 characters maximum)*

2) Evidence of use of best practices. For example, is this project based on a program that has been shown to be effective in other settings? Is it based on national standards? If the initiative is a pilot project and has not been done before, please list assumptions about why a new approach will succeed. *(2300 characters maximum)*

*maximum)*

3) Description of the new clinical knowledge, processes, and/or tools that will be acquired or developed. *(2300 characters maximum)*

**SECTION 5: EVALUATION AND RESULTS**

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1) Clearly articulate the outcome(s) and corresponding measure(s) that you expect this project to achieve. *(2300 characters maximum)*

**SECTION 6: PROJECT FUNDING PLANS**

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1) Description of cost sharing including matching funds or in-kind support (In-kind support can include labor,

education, capital equipment, supplies, or catering).  
*(525 characters maximum)*


### SECTION 7: REQUIRED ATTACHMENTS

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1) Attach Itemized budget spreadsheet.

 [Click here to attach a file](#)

2) Attach letter of endorsement.

 [Click here to attach a file](#)

3) Attach Estimates: At least 1 per budgeted item over \$500. Estimates must be combined into 1 attachment.

 [Click here to attach a file](#)

Please print a copy of your application for your records. Once submitted you will not be able to access this form. To submit your application, click the Submit button at the top-left of the page. You will receive an email confirming receipt of your submission.

Sample For Reference Only