



**PICKER INSTITUTE
ALWAYS EVENTS™ CHALLENGE GRANT PROGRAM
REQUEST FOR PROPOSALS**

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OVERVIEW AND PURPOSE

Picker Institute is dedicated to enhancing the delivery of patient- and family-centered care throughout the U.S. healthcare system. In furtherance of its mission, Picker Institute has adopted an organizing principle focused on the concept of Always Events™.

Always Events™ are defined as “those aspects of the patient and family experience that should **always** occur when patients interact with healthcare professionals and the delivery system.”

The purpose of Picker Institute’s Always Events™ (AE) Challenge Grant Program is to provide matching grants of up to \$50,000 each that will support the development and implementation of innovative projects designed to demonstrate how the Always Events™ concept can be implemented in practice. The overall intent of the demonstration projects is to encourage development and adoption of strategies, programs, and processes for achieving selected Always Events™ that can be replicated across a variety of healthcare delivery settings, and thus contribute to widespread improvements in patient- and family-centered care.

This Request for Proposals (RFP) solicits proposals for projects that will run from March 28, 2011 through March 26, 2012. All awards will be made on a matching grant basis. Projects will be subject to periodic progress reporting and review by Picker Institute. A Letter of Intent (LOI) in response to this RFP is due by November 8, 2010. Applicants who pass the LOI evaluation process will be invited to submit a full proposal, due on or before January 17, 2011. AE Challenge Grant awards will be announced on March 7, 2011.

THE PICKER MISSION

Picker Institute Inc. is an independent nonprofit organization dedicated to the global advancement of the principles of patient-centered care. Picker Institute sponsors research and education in the fields of patient-centered care in support of and in cooperation with educational institutions and other interested entities and persons. The Institute’s mission is to foster a broader understanding of the concerns of patients and other healthcare consumers, and of the theoretical and practical changes needed to facilitate a more patient-centered approach. As a world leader in these efforts, and in the measurement of patient experience, Picker Institute is recognized as an important resource for information, advice and assistance. In keeping with this reputation and in fulfillment of its mission, Picker Institute supports the advancement of the patient-centered care approach through a variety of education programs, awards, research and dissemination of evidence-based knowledge focused entirely on fostering continued improvement in healthcare from the patient’s perspective.

PROPOSALS SOUGHT

The Picker Institute Always Events™ Challenge Grant Program is seeking proposals from healthcare organizations, as well as other community, regional, or national organizations committed to improving healthcare delivery for patients and families, that will demonstrate innovative approaches for achieving specific Always Events™ in practice, with the aim of making measurable improvements in patient- and family-centered care.

Areas of Focus

Picker Institute will consider initiatives aimed at achieving improvements in the following patient and family-centered care areas:

- Communication: This broad theme refers to interactions and the exchange of information between patients and providers, as well as among all members comprising the team of providers responsible for a patient’s care,

aimed at effective listening and communicating, shared decision-making, and responsiveness to the needs and preferences of patients and families, and

- Care Transitions: Transitions refer to experiences of patients and their family members as they move from one provider or healthcare setting to another (for example, from primary care doctor to specialist, from hospital to home, long term care or rehabilitation facility, and from emergency department to inpatient unit).

While the two areas of Communication and Care Transitions are a significant focus for this first cycle of Always Events™ grants, Picker Institute will also consider proposed Always Events™ demonstration projects that are consistent with other key dimensions included in the Picker Institute's Eight Principles of Patient-Centered Care. The full list of principles is documented for reference in the Appendix of this RFP.

Criteria for Selecting an Always Event™

Within these areas of focus, Picker has identified four criteria that applicants should follow in selecting one or more specific Always Events™ to be the focus for demonstrating improvements:

- Important: Patients have identified the experience as fundamental to their care;
- Evidence-based: The experience is known to be related to the optimal care of and respect for the patient;
- Measurable: The experience is specific enough that it is possible to accurately and reliably determine whether or not it occurred; and
- Affordable: The experience can be achieved by any organization without substantial renovations, capital expenditures or the purchase of new equipment or technology.

Example of an Always Event™ Demonstration Project

Demonstration projects should be designed to show how an Always Event™ (AE) selected according to the above criteria can be implemented in practice through an innovative process, program, or intervention strategy. For example, a hospital could propose a project to demonstrate an intervention or strategy to make sure that patients and staff always discuss discharge instructions and medications before the patient leaves the hospital. In this example, the AE is assuring that patients get needed information on discharge; the AE fits the areas of focus related to both Communication and Care Transitions, and meets the selection criteria of important, evidence-based, measurable, and affordable. Examples of interventions for achieving the AE may be an innovative staff training program or a new process or system that helps communicate the needed information to the patient. A validated measure to determine if the AE happened or not could be the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) questions related to discharge information.

The above example is provided for illustrative purposes only. Applicants are encouraged to propose their own Always Events™ and measures along with creative strategies for achieving them. Picker Institute is particularly interested in proposals that will demonstrate strategies for achieving Always Events™ that: 1) can be sustained beyond the challenge grant period, 2) can be replicated by other organizations, 3) can achieve broad impact through leveraged approaches (e.g., involving multiple organizations at the community level), and 4) have the potential to break new ground in advancing patient- and family-centered care.

PROPOSAL REQUIREMENTS

Proposals must include the following:

1. Specification of Always Events™: Applicants must specify one or more Always Events™ that are consistent with the above areas of focus (or related Picker principles) and selection criteria. The proposed Always Event™ should be a discrete, affordable, and measurable experience that is important to patients and known to be related to optimal care. Applicants should include a rationale for their proposed selection of Always Event(s)™.
2. Strategies for Implementation: Applicants must describe the specific strategies, programs, or interventions that will be implemented to achieve the proposed Always Event(s)™. Applicants are encouraged to consider ways to include patients and families (e.g., patient and family advisors) as partners in the planning, implementation, and oversight of the proposed project.
3. Measures: Applicants must describe the measure(s) that will be used to determine if the Always Event(s)™ occur or not. Ideally, any proposed measures should already have been demonstrated to be valid and reliable, and appropriate citations reflecting this validation should be included in the proposal. For a proposed Always Event™ that does not have an existing validated measure, applicants must describe how appropriate measures will be developed and tested.
4. Outcomes and Evaluation: Applicants must describe the expected outcomes of the demonstration project and specific plans to evaluate the Always Events™ initiative. Evaluations must include the use of validated measures to assess results.
5. Sustainability and Replicability: Applicants must demonstrate a clear commitment to sustaining the project after completion of the one-year grant period. Applicants should also indicate a rationale suggesting how the initiative is capable of being implemented by other like organizations using the same or similar efforts.
6. Dissemination: Applicants must describe how the results of their Always Event™ initiative will be disseminated to key audiences that are appropriate for the specific Always Event(s)™ that are the focus of their demonstration project.

FUNDING LEVEL

Picker Institute will fund up to 12 deserving proposals in the amount of up to \$50,000 per grant for a period of one year. Grantees and/or their institutions will be required to provide (at a minimum) a matching contribution to the proposed project in the form of financial resources, dedicated and measurable time by project staff, other approved matching commitments, or a combination of these.

ELIGIBILITY CRITERIA

Applicant organizations must be non-profit organizations either directly engaged in the delivery of healthcare services or committed to improving the delivery of patient- and family-centered care at the community, regional, or national level. Applicants are encouraged to partner with one or more eligible organizations to develop a project proposal with maximum leverage and impact.

KEY DATES FOR THE 2011– 2012 CHALLENGE GRANT CYCLE

DATE	MILESTONE
October 8, 2010	Distribution of AE Challenge Grant Request for Proposal (RFP)
November 8, 2010	Deadline for e-mailing Letter of Intent (LOI) to submit a full proposal
December 6, 2010	Applicants submitting a successful LOI will be invited to submit a full proposal
January 17, 2011	Deadline for submitting the full AE Challenge Grant Proposal via e-mail
March 7, 2011	Announcement of AE Challenge Grant awards
March 28, 2011 to March 26, 2012	AE Challenge Grant Project cycle (<i>subject to receipt of signed grant agreement</i>)
April 16, 2012	Submission of AE Challenge Grant Project final report

LETTER OF INTENT: Due on or before November 8, 2010

All applicants must submit a Letter of Intent (LOI) to the Picker Institute by November 8, 2010. Submission of the LOI is a prerequisite for an AE Challenge Grant award.

The LOI must succinctly explain, in no more than 600 words, the project's proposed Always Event(s)TM; the specific programs, innovations, or strategies for achieving them; the proposed measure(s) that will be used for determining if the AE occurs or not; a commitment to sustainability and replicability of the project after the one-year grant period; and the plan for assessing project outcomes and disseminating the results.

Electronic submission is required. Letters should be addressed to the Picker Institute Challenge Grants Committee using the contact information provided at the end of this RFP. The letter may be included in the text of an e-mail or submitted as an electronic attachment. A Word or PDF document will be acceptable.

The LOI must also include the following:

- Institution/financial liaison name, mailing address, telephone and fax numbers, and e-mail address
- Principal investigator name, mailing address, telephone and fax numbers, and e-mail address

FULL PROPOSAL: Due on or before January 17, 2011

If an applicant's LOI qualifies them to submit a full proposal, the applicant will be notified by December 6, 2010 and invited to submit a full proposal that must be submitted to the Picker Institute by January 17, 2011. Electronic submission is required.

Applicants must submit the following required materials:

- ⇒ Cover Sheet (to be provided)
- ⇒ Proposal (word limit: 2,000 words)

- ⇒ Budget with Timetable of the Project
- ⇒ IRB Statement (if necessary)
- ⇒ Curriculum Vitae of Key Personnel
- ⇒ Annual report for organization (if available)
- ⇒ Letter(s) of Support

Proposal Content

A narrative description of the proposed demonstration project should include the following (not to exceed 2,000 words):

- Specific aims of the project
- Background and rationale for the overall approach, including literature review
- Specification of Always Events™ with rationale for selection, including areas of focus and/or Picker Principles that will be addressed
- Project methods, work plan and deliverables.
- Measures for the proposed Always Events™, with evidence of validity and reliability
- Expected outcomes, including products and deliverables, and plans for evaluation
- Plan for how the AE initiative will be sustained after the grant period, with an assessment of replicability
- Dissemination plan for communicating the project outcomes

Curriculum Vitae

Proposals should include the CV for each principal investigator and biosketches for each primary project staff member (biosketches should be no more than 300 words and should focus on experience applicable to the proposed project).

Evidence of Institutional Support

- A letter of commitment and support is required from the prospective grantee's designated (authorized) institutional official, to ensure institutional support for the applicant's work, indicating the institution's intent to consider adoption of the project in other departments, and the broader healthcare system as appropriate.
- As a demonstration of support, this letter must include an agreement on project cost-sharing (see budget information for details).

Institutional Review Board Approval

All applicants must indicate whether IRB approval is necessary for their project proposal and, if so, whether they have received IRB approval, or whether they have applied for such approval. If IRB approval has not yet been obtained, applicants should provide an expected timeline for the decision.

Budget and Timetable

A budget with timetable must be included with the project proposal. Budget should include costs associated with planning, implementation, evaluation and dissemination of the project. Picker grant funds may not be used to purchase new equipment or technology. Note on indirect costs: Picker Institute policy allows for grant funds to cover

overhead costs at a rate not to exceed 10 percent of total direct costs. The 10 percent allowance is intended to include space rental, furniture, equipment, heat, electricity, accounting services, library services and the like. Subcontracts with an institution and direct educational support (including fellowships, scholarships, tuition and stipends) are excluded from the indirect cost calculation.

Institutional Cost-Sharing

The grantees and/or their institutions will be required to provide a matching contribution in the form of financial resources, dedicated and measurable time by project staff, other approved matching commitments, or a combination of these. The budget must clearly detail how the applicant or applicant's institution proposes to fulfill this requirement.

SELECTION PROCESS

Letters of Intent and the full proposals that are subsequently invited will be reviewed by the administrative offices of Picker Institute to ensure eligibility and completeness. Proposals will be deemed ineligible if they do not comply with the RFP guidelines.

An expert external review committee, convened by Picker Institute, will then evaluate proposals using the following criteria:

- ⇒ The extent to which the proposed project represents an innovative and/or compelling approach to advancing patient-and family centered care through the application of the Always Events™ concept;
- ⇒ The quality and feasibility of the project design and methodology;
- ⇒ The quality of the evaluation and assessment process;
- ⇒ How the effort will be extended after the end of the grant;
- ⇒ How the results will be disseminated to the broader U.S. healthcare community; and
- ⇒ The qualifications of the principal investigator and primary project staff.

The AE Challenge Grants Committee will make final selections of proposals utilizing the evaluative input of the expert reviewers and the following additional criteria:

- ⇒ The relevance and significance of the proposal to the purpose and goals of the Picker Institute Always Events™ Challenge Grant Program; and
- ⇒ The adequacy of the budget, timetable and other key resources.

The actual number of Challenge Grants awarded will depend on the nature, quality and level of requests received in the 2011-12 Challenge Grant Program year. In addition to funding individual Challenge Grants, Picker will sponsor a cross-grantee Learning Network that will support communication and information exchange among the grantees throughout the grant cycle. Grantees will be expected to present their progress and findings as part of the Learning Network, through one or more webinars as well as through attendance (by the project principal investigator(s) and other senior members of the project team) at a Picker Institute Educational Workshop to be convened at the conclusion of the 2011-2012 award cycle.

TERMS AND CONDITIONS

Grants will be contingent on the mutual agreement of Picker Institute and the grantee to applicable terms and conditions of grants, such as provision of proof of matching contribution, right to review and comment on potential publications, grantor acknowledgment, prior approval requirements, required fiscal and progress reports and so forth.

Current Picker Institute policy prohibits the funding or financial support of commercial survey activities or, in the case of survey instruments or survey instrument language, funding or financial support of dissemination to the general public or for use by any entity other than the grantee without the express permission of Picker Institute. This is in contrast to the internal application of a survey instrument, where any results or conclusions resulting there from are used to expand or promote best practices in patient-centered care.

PROPOSAL SUBMISSION

Electronic submission in Microsoft Word or PDF format is required for both the Letter of Intent (due November 8, 2010) and, if invited, the full proposal (due January 17, 2011). In the case of the full proposal, all materials related to the proposal must be compiled into one electronic document and sent by e-mail to Picker Institute.

CONTACT INFORMATION

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APPENDIX

The Eight Picker Principles of Patient-Centered Care

The Picker Principles of Patient-Centered Care embody Picker Institute's conviction that all patients deserve high-quality healthcare, and that patients' views and experiences are integral to improvement efforts. The Picker Principles were codified in 1989 in response to the qualitative patient research conducted in 1988 that led to the design of the first Picker inpatient survey and a national study of patients' experiences of care in U.S. hospitals in 1989.

Respect for patients' values, preferences and expressed needs

Patients want to be kept informed regarding their medical condition and involved in decision-making. Patients indicate that they want hospital staff to recognize and treat them in an atmosphere that is focused on the patient as an individual with a presenting medical condition.

- Illness and medical treatment may have an impact on quality of life. Care should be provided in an atmosphere that is respectful of the individual patient and focused on quality-of-life issues.
- Informed and shared decision-making is a central component of patient-centered care.
- Provide the patient with dignity, respect and sensitivity to his/her cultural values.

Coordination and integration of care

Patients, in focus groups, expressed feeling vulnerable and powerless in the face of illness. Proper coordination of care can ease those feelings. Patients identified three areas in which care coordination can reduce feelings of vulnerability:

- Coordination and integration of clinical care
- Coordination and integration of ancillary and support services
- Coordination and integration of front-line patient care

Information, communication and education

Patients often express the fear that information is being withheld from them and that they are not being completely informed about their condition or prognosis. Based on patient interviews, hospitals can focus on three kinds of communication to reduce these fears:

- Information on clinical status, progress and prognosis
- Information on processes of care
- Information and education to facilitate autonomy, self-care and health promotion
- Communication should always be empathetic and take in to account how a patient may react and interpret such information

Physical comfort

The level of physical comfort patients report has a tremendous impact on their experience. From the patient's perspective, physical care that comforts patients, especially when they are acutely ill, is one of the most elemental services that caregivers can provide. Three areas were reported as particularly important to patients:

- Pain management
- Assistance with activities and daily living needs
- Hospital surroundings and environment kept in focus, including ensuring that the patient's needs for privacy are accommodated and that patient areas are kept clean and comfortable, with appropriate accessibility for visits by family and friends

Emotional support and alleviation of fear and anxiety

Fear and anxiety associated with illness can be as debilitating as the physical effects. Caregivers should pay particular attention to and engage their patients in dialogue around such issues as:

- Anxiety over clinical status, treatment and prognosis
- Anxiety over the impact of the illness on themselves and family
- Anxiety over the financial impact of illness

Involvement of family and friends

Patients continually addressed the role of family and friends in the patient experience, often expressing concern about the impact illness has on family and friends. These principles of patient-centered care were identified as follows:

- Accommodation, by clinicians and caregivers, of family and friends on whom the patient relies for social and emotional support
- Respect for and recognition of the patient “advocate’s” role in decision-making
- Support for family members as caregivers
- Recognition of the needs of family and friends

Continuity and transition

Patients often express considerable anxiety about their ability to care for themselves after discharge. Meeting patient needs in this area requires staff to:

- Provide understandable, detailed information regarding medications, physical limitations, dietary needs, etc.
- Coordinate and plan ongoing treatment and services after discharge and ensure that patients and family understand this information
- Provide information regarding access to clinical, social, physical and financial support on a continuing basis

Access to care

Patients need to know they can access care when it is needed. Attention must also be given to time spent waiting for admission or time between admission and allocation to a bed in a ward. Focusing mainly on ambulatory care, the following areas were of importance to the patient:

- Access to the location of hospitals, clinics and physician offices
- Availability of transportation
- Ease of scheduling appointments
- Availability of appointments when needed
- Accessibility to specialists or specialty services when a referral is made
- Clear instructions provided on when and how to get referrals