NMIC Patient Safety Improvement Grant Application

Introduction
Northwestern Memorial Insurance Company (NMIC) is a wholly owned subsidiary of Northwestern Memorial Healthcare (NMHC) which provides professional liability and general liability coverage for NMHC and its affiliate corporations. In support of Northwestern Medicine’s ongoing commitment to patient safety, NMIC has established the NMIC Patient Safety Improvement Grant program. Through these grants NMIC endeavors to improve patient safety and reduce adverse outcomes across Northwestern Medicine. Grants will be awarded on an annual basis for one year and must be related to programs indemnified by NMIC. The grant review committee includes NM leadership and researchers, led by Dr. Karl Bilimoria, Vice President Quality, NMHC.

Grant Oversight
Recipients of a Patient Safety Improvement Grant will participate in monitoring to ensure successful execution in the following ways:

- Updates to the Grant Review Committee as requested
- Participation in up to three roundtable meetings during the grant year to share progress, identify any barriers encountered, and generate solutions
- Submission of a mid-year report including an accounting of how grant funds have been used to date
- Submission of a year-end report including an accounting of how grant funds were ultimately used
- Submission of a summary of work for dissemination within Northwestern Medicine and for presentation at Improvement Day
- Submission of findings for potential publication in peer review publication(s) and for potential presentation at a professional conference

Projects that are not making satisfactory progress toward approved objectives or are at risk for failure (as determined by the Grant Review Committee) may be subject to termination of funding. Projects that are not completed within the one year period are eligible for a one-time one year no cost extension.

Grant Funding
Grants will be funded for a one-year time period. Awardees may be eligible for a second year of funding if a compelling case can be made to justify additional funding. A second year of funding will again be a competitive process and judged against other renewal applications and new proposals. Awarded projects begin September 1, 2021 and must be completed by August 31, 2022.

Grants are not intended to fund permanent positions. Salary expenses are allowed only during the Grant period. Similarly, Grants may not be used as a permanent source of funding or to cover
recurring operating expenses. No indirect costs can be included in the funding request. Grant applications seeking such funds will be rejected.

All changes in scope, budget, and personnel must be submitted in writing to Dalya Durst for pre-approval by sending an e-mail to Dalya.durst@northwestern.edu.

**Award Amounts**
The annual funding commitment is $250,000, and grants will be awarded until funds are exhausted. Grants of different amounts can be funded. The Grant Review Committee recommends individual project applications be within a $50,000 - $100,000 range.

**Strategic Linkages**
Grant requests must be related to the programs indemnified by NMIC, and proposals addressing key patient safety priorities will be strongly favored in the application process. These top priorities include:

- Care team communication and handoff
- Delayed diagnosis and results management
- Delayed response
- Medication safety
- Obstetrics safety events
- Opioid overprescribing
- Patient falls
- Patient identification
- Pressure ulcers
- Specimen management
- Intraoperative surgical safety events
- Airway management
- Equipment and Medical Device safety

**Review Criteria**
The Grant Review Committee will review all proposals and notify applicants in writing no later than the end of August 2021. Applications with NMHC-wide implications will be given greater priority.

Applications will be evaluated on the following criteria:

- Strategic Linkage: Addresses a key NM patient safety priority or vulnerability
- Likelihood of Success: Likelihood of proposal to improve patient safety
- Measurement System: Measureable goals and sustainable measurement systems
- Implementation Plan: Thorough implementation plan including perceived barriers and solutions
- Team Composition: Multi-disciplinary, team aligned with the scope of work for the grant
- Dissemination Plan: Plan to spread results within NM system and through presentation and publication

**SUBMISSION DEADLINE**

**By 5 PM August 1, 2021**

Electronic copies of applications are to be submitted to Dalya Durst (Dalya.durst@northwestern.edu)
Proposal Format
All proposals should be no more than four pages in 11-point font (excluding references and attachments) and include the following information:

I. Project Overview – FOUR PAGES MAXIMUM
   a. Project title
   b. Statement of how project addresses a key NM patient safety priority or vulnerability
   c. Project introduction and background
   d. Specific problem definition, goals, and objectives
   e. Project scope
   f. Implementation plan including perceived barriers and solutions
   g. Expected outcomes and how each outcome will be measured
   h. Connectivity with other previous or existing projects and programs
   i. Critical success factors
   j. Key project team members and a brief, relevant description of experience
   k. Project timeline (outline major stages and key specific steps)
   l. Dissemination plan

II. Required Attachments
   a. Attachment 1: Detailed project budget in the format included on page 4 along with a budget justification outlining resource need and intended use of funding and additional current and pending sources of funding for this project
      Note: Budgets may be reduced based on Committee’s comments. Principal Investigators may be asked to resubmit revised budgets if necessary.

   b. Attachment 2: Letter of support from NM Health System Clinical Collaborative (HSCC) co-lead for projects that fall under the NM research alignment process
      Note: To find out more information regarding the HSCC and the NM research alignment process, please click here.

III. Optional Attachments
   a. Up to three additional letters of support from clinical or administrative leadership or key stakeholders relevant to the scope and/or importance of the work
### Detailed Budget

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE ON PROJECT</th>
<th>Cal. Months</th>
<th>INST. BASE SALARY</th>
<th>SALARY REQUESTED</th>
<th>FRINGE* BENEFITS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONSULTANT COSTS (Itemize)**

**EQUIPMENT AND SOFTWARE (Itemize)**

**SUPPLIES (Itemize by category)**

**TRAVEL**

**INPATIENT CARE COSTS**

**OUTPATIENT CARE COSTS**

**ALTERATIONS AND RENOVATIONS (Itemize by category)**

**OTHER EXPENSES INCLUDING NM ANALYTICS AND IS (I.E., EPIC) SUPPORT (Itemize by category)**

**TOTAL COSTS** $

*Fringe rates for FY22:
NMHC: 26.0%
NU: 28.60%