

## **Ligums Family Transition Medicine Grant Announcement**

### **2020 Grant Cycle**

**Letter of Intent Deadline: 5:00 PM CDT, October 30, 2020**  
**Application Submission Deadline: 5:00 PM CDT, January 15, 2021**

**For More Information Contact:**

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## Introduction

Through a generous gift from the Ligums family, the Baylor College of Medicine & Texas Children's Center for Transition Medicine announces the availability of one-year grant funds to support projects that will:

1. Focus on quality improvement (QI), incorporating true process and outcome metrics.
2. Target late adolescents and young adults who:
  - a. Have chronic conditions originating in childhood; and
  - b. Are transitioning from pediatric to adult care.
3. Include input from patients and their families.
4. Demonstrate partnering with appropriate organizational leaders and/or interest groups.

It is anticipated that the Ligums Family Transition Medicine Grants will be offered annually to Baylor College of Medicine faculty. The maximum amount of annual support is \$20,000, with the possibility of renewal for a second year at \$10,000 to \$20,000 upon successfully meeting proposed goals and objectives.

## Eligibility

The grant awards are open to all healthcare providers, including medical students, residents, faculty members, social workers, nurses, etc. However:

1. The proposal must be submitted by two Co-Principal Investigators (Co-PIs):
  - a. One who provides adult patient care; and
  - b. One in pediatrics.
2. At least one Co-PI must be from Baylor College of Medicine.
3. All non-faculty investigators must have a faculty sponsor.

## Important Dates

1. Interested applicants must submit a letter of intent (LOI), by October 30, 2020. The LOI does not commit investigators to submit a full proposal, but it is required.
2. Completed applications must be submitted by January 15, 2021.

## Letters of Support

Each proposal must have two letters of support, from:

1. The second Co-PI reflecting their role and participation in the project.
2. A QI coach, reflecting their role and helping to assure that the project will:
  - a. Integrate proper QI methodology throughout the project lifespan, including both process and outcome metrics expressed in terms of the "Plan, Do, Study, Act" (PDSA) cycle; and
  - b. Be either a planning or implementation grant (**not both**) and be achievable in the time allotted.

## Application Guidelines

Reviewers may include individuals who are not experts in the concerns of every application. Therefore, proposals should:

1. Focus on demonstration projects concerned with quality improvement (QI) that achieves results, i.e., NOT hypothesis testing research or basic science.
2. Avoid specialized jargon.
3. Provide definitions of technical terms and brief descriptions of technical procedures.

The application narrative must be limited to a **maximum** of six (6) pages and should include:

1. Clear statement identifying whether the application is for a planning grant or an implementation grant. (See Appendix A for the guidelines and criteria defining the two types of grants).
2. Problem to be addressed
3. Background, Need, and Significance
4. Specific Aims
5. Methods – The Model for Improvement, including specific PDSA cycles to be followed or other QI methods. (See Appendix B for a glossary of QI terms.)
6. Explanation of how patients and/or their families will be involved, e.g., as advisory group members
7. Evaluation, with concrete and measurable process and outcome metrics
8. Dissemination, including how project results can be spread to other departments, local or national conferences, publications, etc.
9. Budget, with narrative budget justification.
  1. Allowable costs include:
    - (1) Expenses directly related to transition project activities
    - (2) Bio-statistician services
    - (3) IT services
    - (4) Data Entry services
  2. Costs **NOT** allowed include:
    - (1) Faculty Salary
    - (2) Indirect costs
    - (3) Payment for individual clinical encounters
    - (4) Travel related to conference attendance (allowable only if selected to present Ligums Grant material – please state this in the application)
    - (5) Costs to build an Epic resource tool – the Transition Planning Tool should be used if applicable

## Reporting

Funded investigators will:

1. Present their report to the Ligums Family Transition Medicine Grant Steering Committee at the end of the project year. At that time, the investigators and Steering Committee will have the opportunity to discuss continuation of funding if warranted by the project results.

Investigators will also be expected to make professional presentations appropriate to planning or implementation grant results. Examples include:

1. Quality, service & safety committee (for planning grants).
2. The annual Baylor College of Medicine Quality conference on Improvement and Patient Safety
3. The annual Texas Children's Hospital conference on Transition from Pediatric to Adult-based Care.
4. National conferences for implementation grants
5. Manuscript submission for publication

### **Submission Date**

Completed applications must be emailed in PDF format to Maggie Weimer (mrmiller@texaschildrens.org) no later than 5:00 PM CDT on January 15, 2021.

### **Review of Applications**

The Ligums Family Transition Medicine Grant Advisory Board will review the applications using the following evaluation criteria:

1. Significance of the project with regard to QI in the transition experience of late adolescents and young adults who:
  - a. Have severe chronic conditions originating in childhood; and
  - b. Are transitioning from pediatric to adult care
2. Appropriate project design.
3. Involvement of patients and/or families.
4. Feasibility of the procedures outlined in the application, including the ability to complete the project in one year.
5. Applicant's experience with and knowledge of transition and/or experience relevant to successfully completing the proposed project.
6. Appropriateness and adequacy of the budget and budget justification.

### **Announcement of Awards**

The Advisory Board will announce the 2020 awardees by February 12, 2021, with funding to begin March 1, 2021.

### **Contact Information**

For more information about:

- The Ligums Family Transition Medicine Grant program, please contact Maggie Weimer at mrmiller@texaschildrens.org or 832-826-4415.
- Obtaining MOC credit for your project, please contact Krystle Bartley at kxbartle@texaschildrens.org or 832-824-6026.

## Appendix A: Guidelines for Planning and Intervention Grant Applications

### Planning grant projects must:

1. Include planning activities only, ideally laying the foundation for a future implementation project.
2. Show how planning activities will lead to a program that improves transition for late adolescent and early adult individuals with disabilities.

### Implementation grant projects must:

1. Address implementation of a pilot or new program.
2. Increase access to or improve the quality of needed transition health services.
3. Note: Implementation projects can include planning activities. However, if your proposal includes no implementation activities, it should be submitted as a planning grant.

### Both planning and implementation grant applications should address the following requirements:

#### Personnel

1. Be submitted by a partnership of two principal investigators, one involved in adult patient care and one in pediatrics.
2. Identify a quality improvement coach who will help ensure the project is achievable in the time allotted.

#### Global Aim

1. State overall goals and specific objectives of the project.

#### Problem to be addressed

1. Describe the target population, including how identified, demographic information, etc.
2. Identify targeted barrier(s) or other important need(s) in the transition experience of late adolescents and young adult patients who (1) have chronic conditions originating in childhood and (2) are transitioning from pediatric to adult care.

#### Background

1. Describe background and factors that impact the targeted barriers or needs to be addressed.
2. Show how the project will lead to improving transition in terms of reducing the targeted barriers and needs, providing currently unavailable services and care, and/or improving the quality of currently available services and care.

#### Methods

1. Describe the proposed project activities.
2. Show how the project activities will achieve the project goals and objectives.
3. Provide a timeline of project activities

**Evaluation Plan**

1. Describe how achievement of project goals and objectives will be measured.
2. Both process and outcome metrics should be clearly listed and described. Specific metrics must be appropriate to the proposed project, however examples include:
  - a. Process Metrics
    - (1) Survey of patients, family, and medical staff. Description should include both survey administration and analysis.
    - (2) Completing the TPT in EPIC
    - (3) A psychologist meeting with the patient, with appropriate description of purpose and results.
  - b. Outcome Metrics
    - (1) Patient's score on the TPT in EPIC
    - (2) Summative survey results at end of project activity
    - (3) Overall transition success, with clear definition of transition criteria and how they will have been measured.

**Dissemination Strategy**

1. In addition to reporting to the Ligums family, indicate plans for disseminating results of your project.

**Budget**

1. Provide appropriate budget and budget justification provided, including appropriate expenses.
2. Link the budget to the project timeline and activities.

**Miscellaneous**

1. Demonstrate creativity or innovation
2. Describe present and future collaborative partners
3. Identify past, current and potential future funding sources
4. Include plans for achievable sustainability, i.e. continuation or expansion of project activities after the period of grant funding comes to an end.

## Appendix B: Quality Improvement Definitions

“Health care operations” are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment...”(Source: 45 CFR 164.501)

“The combined and unceasing efforts of everyone---health care professionals, patients and their families, researchers, administrators, payers, planners, educators---to make changes that will lead to better patient outcomes, better performance and better professional development.” (Ogrinc, 2013).

### Key Terms (Source: Institute for Healthcare Improvement)

**Aim:** A written, measurable, and time-sensitive statement of the expected results of an improvement process.

**Cycle or PDSA Cycle:** A structured trial of a process change. Drawn from the Shewhart cycle, this effort includes the following:

**Plan** - a specific planning phase

**Do** - a time to try the change and observe what happens

**Study** - an analysis of the results of the trial

**Act** - devising next steps based on the analysis

This PDSA cycle will naturally lead to the Plan step of a subsequent cycle.

**Measure:** An indicator of change. Key measures should be focused, clarify your team’s aim, and be reportable. A measure is used to track the delivery of proven interventions to patients and to monitor progress over time.

**Model for Improvement:** An approach to process improvement, developed by Associates in Process Improvement, which helps teams accelerate the adoption of proven and effective changes.