**Improvement Scholars Program Application**

**UNC Institute for Healthcare Quality Improvement**

**Purpose**

The UNC Institute for Healthcare Quality Improvement (IHQI) invites applications from UNC School of Medicine and UNC Health clinicians who want to develop improvement leadership skills by participating in the IHQI Improvement Scholars Program.

**Improvement Scholars Program**

The Improvement Scholars Program is a structured, experiential learning program. Improvement Scholars learn clinical improvement leadership by proposing, designing and leading a project with guidance and support from experienced clinical improvement leaders.

Improvement Scholars receive training, mentorship and guidance from IHQI Faculty Coaches as well as half-time support of an IHQI project manager for 12 months. Improvement Scholars and project managers meet with IHQI Faculty Coaches approximately monthly. In addition, Improvement Scholar project teams meet together with IHQI Faculty Coaches and IHQI staff for periodic learning sessions. During learning sessions, Improvement Scholars present project work-to-date and participate in workshop-style education about improvement methods. (Learning sessions may be in-person or virtual depending on public health measures. There are approximately 10 hours allocated to learning sessions over the course of the year.) Improvement Scholars present project results at the annual IHQI Improvement Scholars Symposium and are expected to publish project results in an academic or professional journal.

As a result of participating in the program, Improvement Scholars gain experience with the following:

* [Lean](https://www.lean.org/WhatsLean/) and [IHI-QI](http://www.qualityimprovementfundamentals.com/ihi-qi/)
* Project Leadership
* Teamwork
* Partnering with Patients and Families
* Using Data for Improvement
* Presenting and Publishing Improvement Results

**Improvement Projects**

Projects are intended to improve clinical care and outcomes for a population of patients by implementing proven and/or expert-recommended strategies and approaches. Projects should consider strategies for reducing cost of care, unwarranted care variation and health disparities. Proposals to research new interventions for efficacy and/or effectiveness will not be selected.

Projects aligned with UNC Health improvement priorities are encouraged. If you have a project idea that aligns with an improvement priority not listed below, please contact Laura Brown at IHQI to provide information about the institutional priority and discuss the feasibility of IHQI support for the proposed project.

Project applicants should discuss project ideas and seek guidance and approval from leaders of UNC Health improvement initiatives prior to submitting a letter of intent. IHQI will consult with leaders of improvement initiatives prior to supporting proposals from prospective scholars.

**UNC Health Improvement Priorities**

* Mortality Reduction
* Sepsis
* Reducing Readmissions/Improving Transitions (Inpatient to Outpatient)
* Reducing ED/Hospital Use/Unnecessary Procedures
* Preventing Patient Harm – includes Healthcare-Associated Infections
* Medication Safety and Stewardship (Antibiotics, Opioids, etc.)
* Heart Failure
* Colorectal Cancer Screening
* COPD
* Diabetes
* Hypertension
* Coronary Artery Disease
* Advance Care Planning
* Access to Care

**Application Process**

The first step in the application process is to submit a one-to-two-page letter of intent. If your letter of intent meets initial selection criteria, you will be invited to submit a full project proposal.

**Dates**

|  |  |
| --- | --- |
| RFP Published | Oct 29, 2020 |
| Competitive Letter of Intent Due | Dec 3, 2020 |
| Invitation to Apply  | Dec 11, 2020 |
| Proposals Due | Feb 5, 2021 |
| Notification of Awards | Mar 26, 2021 |
| IHQI Project Support Begins | Sep 1, 2021 |

**Competitive Letter of Intent**

Please submit a one-to-two-page letter of intent (single-spaced, minimum 11-point font, 1-inch margins) that addresses these questions:

1. What do you hope to gain in terms of professional development by participating in the Improvement Scholars Program?
2. Which UNC Health improvement priority will your project address?
3. What is the problem or gap in quality you seek to improve?
4. How will you know if you have improved (what is the main outcome to be measured)?
5. Where is this problem occurring (specify hospital unit, outpatient practice setting, etc.)?
6. How has this problem been addressed successfully in other settings?
7. How do you propose to solve this problem/close the gap in quality?

Submit your letter of intent to Laura Brown (laura.brown@unchealth.unc.edu) by 5pm on Dec 3, 2020. Invitations to submit a full proposal will be communicated on Dec 11, 2020 with proposals due Feb 5, 2021.

**Proposal Format and Length**

If you are invited to submit a full proposal, please include the items below in your proposal. Format proposals using 11-point font, 1-inch margins and double-spaced text.

1. Project Lead/Key Contact (name, email & phone number)
2. What do you hope to gain in terms of professional development by participating in the Improvement Scholars Program?
3. Which UNC Health improvement priority will your project address?
4. What are you trying to accomplish? What is the problem or gap in quality you seek to improve? (1/2 page)
5. Describe the patient population affected, scope and impact of the problem (1 page)
6. What is the specific patient population your project will impact?
7. How many patients are in the population?
8. How frequently does the problem occur?
9. What is the impact of the problem?
10. What do you think are the underlying causes of the problem? Why do you think the problem is happening? (1/2 page)
11. Please complete the “[Measures Table](https://www.med.unc.edu/ihqi/improvement-scholars/measures-table-example/)”. Please describe the anticipated outcome measure(s), 2-3 process measures and one balancing measure. Please do not include more than 5 measures total.
12. What ideas do you have for changes that will result in improvement? (1-2 pages)
13. Please describe how this problem has been addressed successfully in other settings and/or the evidence base for the proposed improvement. (1 page)
14. Please describe how your project addresses each of the six aims of quality listed below and described in “[Crossing the Quality Chasm: a New Health System for the 21st Century](https://www.ncbi.nlm.nih.gov/books/NBK222265/)”. (1 page)
	1. Safety
	2. Effectiveness
	3. Patient-centeredness
	4. Timeliness
	5. Efficiency
	6. Equity
15. Please describe the support and engagement you have from leadership for the work you are proposing. Please indicate leaders with whom you have consulted about this proposal. (1/2 page)
16. Project team: List names and roles of each team member, describe how the project team will function and how the team’s work impacts other teams/units and/or is impacted by other teams/units. Successful improvement project teams are interprofessional, multidisciplinary and often include patient and family members. [Helpful information about improvement teams.](http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx) (1/2 page)
17. Improvement facilitators and barriers: What is the motivation for change within the unit/department that will be involved in the improvement effort? What are the barriers to the improvement? (1 page)
18. Sustainability plan: What ideas do you have for sustaining the improvement? How do you see the work you start with IHQI’s support continuing? (1/2 page)
19. Implementation Timeline (1 page)
20. References
21. Letters of Support: Two letters of support are required. One from the project sponsor (defined below) and one from your supervisor.

Project Sponsor

The project sponsor (e.g., Division Chief, Service Leader, Department Chair, Nursing Supervisor, Vice President, etc.) has executive authority and provides liaison with other areas of the organization, serves as a link to senior management and the strategic aims of the organization, and provides resources and removes barriers on behalf of the team.

The Improvement Scholar and project team are accountable to the Project Sponsor for project results. The sponsor is not a day-to-day participant in team meetings and testing. The sponsor reviews the team's progress on a regular basis. The sponsor must meet at least quarterly with the project team.

The project sponsor’s letter of support should describe his/her commitment to supporting change within the unit and working to facilitate changes outside the unit as needed.

Supervisor

The supervisor’s letter of support should describe his/her commitment to ensuring that the Improvement Scholar will have sufficient time to:

* 1. Attend IHQI meetings and just-in-time training (see page 1)
	2. Conduct the improvement project

Improvement Scholars should plan to dedicate an average of 2 hours per week over the course of the year.

**IHQI Support**

IHQI intends to include up to six projects in the Improvement Scholars Program for the period Sep 1, 2021 – Aug 31, 2022. IHQI provides the following support to Improvement Scholars:

* IHQI Improvement Project Manager (.50 FTE)
* IHQI Faculty Coach
* Up to $1,500 for non-personnel project expenses (e.g. meetings, educational materials)

The Improvement Scholars Program does not provide salary funding. Typically, Improvement Scholars use academic or administrative time to lead project work and rely on the half-time IHQI Project Manager to manage day-to-day project operations (see appendix for Project Manager Role description).

Improvement Scholars should plan to dedicate an average of 2 hours per week over the course of the year. This time should be discussed with the Improvement Scholar’s supervisor during the application process to reach a shared understanding of time available for the project. Recipients who hold clinical leadership positions such as medical, program, or service line director positions may integrate Improvement Scholars program participation with their existing leadership role. If you anticipate needing additional non-clinical administrative time to lead an IHQI Improvement Scholars Project, you should approach your supervisor about salary support.

Applications will be strengthened by the commitment of additional resources from the applicant’s home department. Such an investment is not required, but is desirable as a demonstration of departmental support of the proposal.

**Review Process**

Each project proposal will be evaluated by three reviewers. IHQI leaders will make final support decisions.

Review criteria include:

1. likelihood of sustainable improvement in clinical care and outcomes
2. potential for developing clinician capacity to lead healthcare improvement
3. project’s impact on safety, effectiveness, efficiency, equity, timeliness and patient-centeredness
4. clarity of the improvement strategy

**Application Procedure**

Please submit a one-to-two-page letter of intent by 5pm on Dec 3, 2020 to Laura Brown (laura.brown@unchealth.unc.edu).

Invitations to submit a full project proposal will be extended by Dec 11, 2020.

If you are invited to submit a proposal, please submit by email to: laura.brown@unchealth.unc.edu by 5pm on Feb 5, 2021.

Late applications will not be reviewed.

Please address questions about the Improvement Scholars Program to Laura Brown laura.brown@unchealth.unc.edu, 919-818-3558.

**Appendix**

**IHQI Project Manager Responsibilities**

A half-time IHQI project manager will be assigned to supported projects for twelve months. The IHQI Project Manager works very closely with and under the direction of the Project Lead/Improvement Scholar. The IHQI Project Manager’s responsibilities include:

* Develop and monitor project plan including deliverables, milestones, tasks, and timeline
* Plan, coordinate, facilitate and document meetings and improvement activities including, but not limited to, project team meetings, sponsor updates, advisory meetings, express workouts, training sessions, etc.
* Communicate with project stakeholders and team members regarding project status, tasks, implementation challenges, etc. during and between meetings and improvement activities
* Create project documents and materials based on input from project team (including but not limited to):

|  |  |
| --- | --- |
| * Charter
* Stakeholder communication
* Key Driver Diagram
* PDSA Tracker
* A3
* Statistical process control charts
 | * Standard work
* Training materials
* Tools to support clinical operations
* Implementation guides
* Progress reports
* Presentations
 |

* Identify and facilitate resolution of project issues involving resource constraints, project delays, and conflicts
* Coach project team and clinical staff to apply improvement methods and tools
* Collect, track, analyze and report data to monitor improvement (working closely with data analyst as available and appropriate)
* Manage project budget and expenditures
* Facilitate NC MOC application process
* Assist with IRB application, presentations, and manuscripts