

Maternal Newborn Child & Youth
Strategic Clinical Network™

Health Outcomes Improvement Fund (HOIF) 3.0

Guide

2023

Table of Contents

Table of Contents.....	2
Background and Purpose.....	3
Who Can Apply?.....	3
Application Process and Deadlines.....	4
MNCY SCN Priorities.....	4
Application Requirements.....	5
Funding Criteria.....	7
Evaluation Criteria.....	8
HOIF 3.0 Policies.....	11
Contact Details.....	11

Background and Purpose

The mission of the Maternal Newborn Child and Youth Strategic Clinical Network™ (MNCY SCN™) is “to bring together people, evidence and data to achieve the best possible health outcomes for mothers, newborns, children and families within a sustainable, publicly funded health care system.” To facilitate this mission, funds have been made available to the MNCY SCN to be used **for projects in support of the mission and vision of AHS, which address MNCY SCN priorities and have potential to directly impact/improve patient outcomes of mothers, infants, children, and/or youth in the AHS healthcare system during the funding period.**

The MNCY SCN can fund up to three projects that can be completed within a two-year timeframe (project budgets of \$250,000 to \$450,000 total).

Who Can Apply?

You should apply for this grant if:

- You are an Alberta-based researcher and/or clinician and are eligible to hold project funds at your university.
- You have partnered with an AHS operational leader, and they are part of your project team.

Successful proposals will:

- Address one or more of the MNCY SCN priorities listed below AND have strong support from an AHS operational program/area/leader.
- Focus on testing or implementing an intervention with the potential to impact delivery of services to improve patient care and outcomes and/or utilization of health system resources.
- Scale and spread of proven interventions will also be considered if they can be completed within the timeframe and budget parameters.
- Demonstrate methodological and scientific rigor for the implementation and evaluation of the project, including clearly identified outcomes and/or measures of success.
- Demonstrate a strong patient and family focus including having patients and families as project team members.
- Demonstrate feasibility through codesign/engagement with frontline practitioners.
- Address Equity, Diversity, and Inclusion in the project team and proposed interventions.
- Sustainability beyond the funding period is not guaranteed, so including considerations for how to sustain a positive impact in the project design is strongly recommended.

Application Process and Deadlines

- Complete an “Intention to Apply” form by July 14 (see section below for the link). This form will be used to identify potential reviewers.
- Proposals will undergo a scientific review to assess methodological and scientific rigor.
- Only projects that meet methodology/scientific review criteria will be considered for funding.
- An internal review will ensure only projects of highest priority and within the available funding envelope will be awarded.
- Results of the competition will be communicated by Friday, December 8, 2023.

Competition opens:	Monday, May 29, 2023
Intention to apply due:	4:00 pm (MDT) Friday, July 14, 2023
Applications due:	4:00 pm (MDT) Monday, September 18, 2023
Communicate results:	Friday, December 8, 2023

MNCY SCN Priorities

MATERNAL FETAL NEWBORN PRIORITIES

- Develop and implement standardized pregnancy pathways to reduce variation in assessment and care for both the average and at-risk obstetrical and newborn patient.
- Identify and support strategies to improve access to perinatal care for rural and remote communities and marginalized populations.
- Identify and support strategies that will facilitate the effective and efficient care of the obstetrical and neonatal patient in the right place with the right resources according to the level of presenting risk.

NEONATAL INTENSIVE CARE UNIT (NICU) PRIORITIES

- Identify and support strategies to improve breastfeeding and breastfeeding duration in the NICU.
- Identify and support adoption of models of care that keep mothers and babies (who require higher level of care) together.

CHILD & YOUTH PRIORITIES

- Identify and support strategies to optimize pediatric capacity across the province.
- Facilitate transitions for children with chronic and/or complex care needs to adult health services.
- Improve healthcare support for the medically complex child and family.
- Identify and support strategies that will improve access to developmental assessment, care, and management.
- Partner with AHS Provincial Addiction & Mental Health (PAMH) to identify and support strategies that will improve access to mental health assessment, care, and management.

INDIGENOUS MATERNAL CHILD HEALTH PRIORITIES

- Improve Indigenous mother, newborn, and child outcomes, incorporating Indigenous cultural knowledge.

Application Requirements

Using the link to the online Full Application submission (emailed to you after receipt of your Intention to Apply), submit all requested information by filling in the fields or uploading required documents.

General project information (fields):

- Primary applicant name and contact information.
- The primary applicant's current 5-page CV (focused on most recent work relevant to the project)
- AHS Operational Lead (project partner) name and contact information.
- Title of project
- The type of project you are submitting.
- Amount of funding requested.
- Anticipated start date.
- Abstract (one paragraph).
- MNCY SCN priority your project aligns.
- Project team members and their responsibilities and qualifications as related to the project.

Proposal (upload document):

An eight-page proposal (in Word or PDF format (not scanned)). It must be single spaced, 11-point Arial font, with 1-inch margins. Applications that do not follow page-limit, spacing, and font size will not be considered for review.

Your proposal should be organized according to the following headings (*see evaluation criteria section for more details*):

1. Background and rationale for the project
2. Research question/improvement aim
3. Relevance of the proposed work to MNCY SCN priorities as well as AHS operational support
4. Methodology/implementation strategy and evaluation (2x weight of other criteria)
5. Anticipated results and impact of the project
6. Engagement
7. Address Equity, Diversity, and Inclusion (EDI) in the project team and proposed interventions
8. Sustainability, Scale, and Spread
9. Feasibility and risk*

* If successful in the HOIF competition, projects are advised to submit their projects for research ethics board (REB) review - to either get approval or an official letter stating that REB approval is not required

10. If projects include work with Indigenous populations, the team must abide by
- Tri-Council Guidelines for Research involving the First Nations, Inuit, and Métis Peoples of Canada - https://ethics.gc.ca/eng/tcps2-eptc2_2022_chapter9-chapitre9.html AND OCAP principles - <https://www.fnigc.ca/ocap-training/>

In addition to the 8-page proposal, you can upload the following (maximum page length in brackets).

Appendices (*upload documents*):

- References (no page limit)
- Additional team members (no page limit)
- Timelines (1 page)
- Environment (e.g., institutional support, available facilities and equipment, access to data) (½ page)
- Ethical considerations, if any (1 page)
- Project deliverables (1 page)

Budget (*upload document*):

Use the template provided on the full application online submission page.

- The online full application includes additional space to provide details of financial and in-kind contributions you have or will seek.

Letters of support from collaborators (*upload document, if applicable*)

Signatures (*upload*):

Use the provided signature page (download from online full application) to obtain signatures approving the submitted proposal and upload a scanned copy.

- Primary applicant
- AHS operational lead
- Primary Applicant's Department Head (university) or AHS Executive Director (or higher), as applicable
- University Research Office (or delegate) if funds to be held at a university – applicants may follow established signature processes at the university OR
- If funds will not be held at a university, a signature from financial services at the organization where funds will be held (organization must be pre-approved by the MNCY SCN).

Funding Criteria

Eligible Expenses

- Purchase of materials, supplies, expendables specific to the project.
- Purchase or rental of minor equipment required to carry out the project.
- Computer software programs.
- Research-related travel expenses, including mileage, conference fees, airfare, accommodation, etc., up to a maximum of \$3,000.
- Purchase of books (excluding periodicals and journals).
- Publication costs associated with submitting a publication to an eligible open access journal, when these fees are not covered by the Host Institution, are an eligible expense, up to \$4,000 (Canadian).
- Salaries/stipend support for trainees, research assistants, or technicians, provided they are not full-time academics.
- Costs of research related activities such as (but not limited to) focus groups (including honorariums), transcription services, statistician consulting services, health record chart pulls, etc.
- Course buyouts up to \$7,000.

Ineligible Expenses

- Previously incurred expenses: funding will not be provided for expenses incurred prior to implementation of the grant.
- Hospitality and entertainment expenses.
- Education-related expenses such as tuition, thesis defense, course fees.
- Indirect costs (i.e., medical insurance) or administrative costs (standard office equipment such as printers, furniture, stationary, etc.).
- Organizational (university) overhead costs.
- Personal costs to the researcher or project team members during the course of the project, such as childcare costs or daily living expenses.
- Expenses related to professional activities, such as teaching, that are unrelated to the proposed project.
- Stipend or salary support for team members with academic affiliations.
- Discretionary severance and separation packages.
- Legal or patent fees, membership fees, academic fees, secretarial support.
- Any expenses unrelated to the outlined project or expenses that have not significantly related to the project.
- Other expenses deemed ineligible by the institution holding funds.

The above lists are not exhaustive. The MNCY SCN or the HOIF 3.0 project manager reserves the right to determine eligible and ineligible expenses on a case-by-case basis. If there is a question about the eligibility of an expense, please contact the MNCY SCN or the HOIF Fund project manager prior to making the expenditure.

Grantees may adjust their original budget within the terms of the grant. It is the responsibility of the research team to notify the MNCY SCN (HOIF 3.0 project manager) of any substantive changes to the budget.

Evaluation Criteria

To support the objectives of this funding opportunity, the following evaluation criteria will be used.

		Possible points
1	<p>Research Question or Improvement Aim (background/rationale)</p> <ul style="list-style-type: none"> Does the proposal clearly identify a gap in knowledge or gap in clinical practice that this project will fill, or is there a problem that is clearly defined with a corresponding opportunity that the question or aim addresses? Does the proposal describe a compelling argument for why this project is needed (including, if applicable, preliminary data)? Is there enough background information to justify the question/aim and methods? <p>Comments for QI projects:</p> <ul style="list-style-type: none"> A quality improvement project should have one or more improvement aims rather than a research question. The primary purpose of a quality improvement project is not to create knowledge or answer a question, but rather to improve performance in order to reach an improvement aim. A problem and a gap in quality should be clearly identified. An improvement aim should be SMART (specific, measurable, attainable, relevant, and time bound). 	8
2	<p>Methodology/Implementation Strategy and Evaluation (weighted 2x other criteria)</p> <ul style="list-style-type: none"> Are the methods chosen appropriate to reliably answer the research question or measure the impact of improvement efforts? Is there sufficient detail included for data collection, storage, and analysis? Were any key pieces of information missing? Is a clear timeline for the project and potential/actual implementation provided? Are outcomes linked to the research question/problem/aims and are they clearly described with meaningful measures of success/effectiveness? <p>Comments for QI Projects:</p> <ul style="list-style-type: none"> A strong QI project will clearly articulate the problem to be addressed and will include a clear improvement aim. Aims should have corresponding process and/or outcome measures. Balancing measures are often appropriate to identify unintended consequences of change. Generally, more than one system change is required to reach an improvement aim. A proposal should describe planned changes but will likely allow for change ideas (unplanned a priori) to be added based on learning. The target population should be clearly defined (e.g., all patients of a particular unit), and the measurement strategy should ensure appropriate sampling of the target population. Measurement may involve all patients in the target population or systematic sampling. Patient-level randomization is generally not in a QI project, as the purpose is to improve system performance. A QI project will not usually have a sample size. The number of patients chosen for measurement will usually be a pragmatic decision based on ability to achieve a reliable estimate. Generally, a QI project will continue until there is satisfactory progress toward improvement aims. 	8 x 2 = 16 pts

		Possible points
	<ul style="list-style-type: none"> Changes are typically tested on small scale in Plan-Do-Study-Act (PDSA) cycles before being fully implemented. Interventions may need to be modified based on learnings gained from PDSA cycles. Impact is demonstrated by plotting data over time. Using a Run Chart or a Statistical Process Control (SPC) Chart allows the project team to monitor progress toward improvement goals while engaging in tests of change. A Run Chart or SPC Chart is used to identify “special cause” in a system (i.e., non-random variation). Run Charts and SPC Charts do not generate a p value. Interpretation is based on a set of probability-based rules to identify non-random change, also known as “special cause.” The primary purpose of a QI project is to reach an improvement aim and Run Charts or Statistical Process Control (SPC) Charts are used to identify in real time whether “special cause” has occurred in a system after changes are made. After completion of a QI project, additional statistical methods may be used to assess contribution of baseline trends (e.g., interrupted time series) or determine significance of change. This secondary analysis is not typical but may be useful in confidently attributing improvement to the interventions but does not outweigh the primary purpose of measuring improved performance. 	
3	<p>Anticipated Results and Impact of the Project</p> <ul style="list-style-type: none"> Does the proposal clearly identify outcomes and/or measures of success? AND Does it describe the likelihood these will lead to meaningful improvements in patient care/outcomes, use of healthcare resources, and address the problem identified? What is the likelihood that the project will achieve the anticipated results? <p><u>Same for QI Projects</u></p>	8
4	<p>Engagement</p> <ul style="list-style-type: none"> What is the likelihood the engagement plan will contribute to the success of the project? <ul style="list-style-type: none"> Does the proposal describe clearly how patients and families have been engaged in a meaningful way in the design/participation of the study/project? Does the proposal describe how frontline staff/clinicians have been/will be engaged in the project? <p><u>Same for QI Projects</u></p>	8
5	<p>Equity, Diversity, and Inclusion (EDI)</p> <ul style="list-style-type: none"> Does the proposal describe how EDI has been addressed in the project team and/or in the project design? What is the likelihood that the project will improve EDI in team composition and/or project design? <p><u>Same for QI Projects</u></p>	8
6	<p>Sustainability, Scale and Spread</p> <ul style="list-style-type: none"> Does the proposal identify potential ways to sustain, scale or spread the proposed intervention beyond the funding period, if successful/appropriate? Has thought been given to how improvements in care or lessons learned can be sustained beyond the end of the funding period? If appropriate, has it been shown how insights will be shared in other related areas? Is there a knowledge translation and implementation plan that is appropriate to the quality and generalizability of information being created that targets Alberta and is specific to non-academic stakeholders? 	8

		Possible points
	<p>Comments for QI Projects:</p> <ul style="list-style-type: none"> A QI project generally does not have a knowledge translation or implementation plan since the project itself is a knowledge translation/implementation activity. Rather, there should be a plan to disseminate learnings from the improvement project and to scale up and spread to other areas if appropriate. 	
7	<p>Feasibility and Risk All Projects</p> <ul style="list-style-type: none"> Are the timelines clear and feasible within funding duration? Is there evidence of access to relevant resources (i.e., facilities, data, staff, equipment, etc.)? Does the team have the necessary expertise, qualifications, and experience to undertake this project? Is there adequate budget detail provided and is the budget realistic? Are potential risks to participants identified and have mitigation strategies been provided? As well, have ethical, privacy, and informed consent considerations been addressed? Is it feasible that this project will successfully meet the requirements of the Research Ethics Board (REB), if applicable, and/or the ARECCI Process for QI projects? 	8
Total points available		64

Additional categories for reviewer comments (no points associated)	
A	<p>Relevance to MNCY SCN Priority</p> <ul style="list-style-type: none"> Does the proposal address how the project is relevant to the chosen MNCY SCN priority or priorities? Is it clear how the project, if achieved, will contribute to improvement/potential solutions in the priority?
B	<p>Operational Support</p> <ul style="list-style-type: none"> Is there clear evidence that this project has involved AHS operations and is a priority for them?
C	<p>Overall Assessment and Comments</p> <ul style="list-style-type: none"> Overall, do you think this application should be awarded funding? Why/why not? <i>Are there any other reflections you would like to share regarding this application that have not been captured above?</i>
D	<p>Work with Indigenous Populations</p> <ul style="list-style-type: none"> If working with Indigenous Populations, did the applicant state they are adhering to Tri-Council Guidelines on Research Involving the First Nations, Inuit, and Métis Peoples of Canada (https://ethics.gc.ca/eng/tcps2-eptc2_2022_chapter9-chapitre9.html) AND to the First Nations principles of OCAP – Ownership, Control, Access, and Possession – which “assert that First Nations have control over data collection processes, and that they own and control how this information can be used” (FNIGC, OCAP-training, 2023)? (Note: this requirement is stated in the application and the proposal should address this) Does the applicant have existing relationships with or connections to Indigenous communities (2 years is not enough time to do a project without strong pre-existing relationships)? Have they engaged with and include involvement of an Indigenous Elder/Knowledge Keeper in the project?

The following rubric will be used for evaluation:

Impact	Score	Descriptor	Additional Guidance on Strengths/Weaknesses
High	8	Exceptional	Exceptionally strong with essentially no weaknesses
	7	Outstanding	Extremely strong with negligible weaknesses
	6	Excellent	Very strong with only some minor weaknesses
Medium	5	Very Good	Strong but with numerous minor weaknesses
	4	Good	Strong but with at least one moderate weakness
	3	Satisfactory	Some strengths but also some moderate weaknesses
Low	2	Fair	Some strengths but with at least one major weakness
	1	Marginal	A few strengths and a few major weaknesses
	0	Poor	Very few strengths and numerous major weaknesses

HOIF 3.0 Policies

- The Primary Applicant may only hold a single active grant from the MNCY SCN but may be a collaborator on other proposals.
- Grants will not be awarded to the same project more than once.
- All unused funds at the end award term (2 years) must be returned to the MNCY SCN.
- The grant is non-renewable.
- All publications and presentations, including public messages, arising from the MNCY SCN HOIF 3.0 must acknowledge the support of Alberta Health Services and the Maternal Newborn Child & Youth Strategic Clinical Network.
- Late or incomplete applications will not be considered.

Contact Details

If you have any questions about the HOIF 3.0 competition, please contact:

Dr. Seija Kromm, Assistant Scientific Director, MNCY SCN

Phone: 403-808-2081

Email: seija.kromm@ahs.ca