

ARTIC Letter of Intent Webinar Q&A – Session #1 (March 26, 2018)

1. Could you please further define operational costs?

Examples for operational costs in the context of ARTIC would be funding for IT system, clinical service such as physiotherapist, or expenses required to keep the operation running once the project implementation is completed. ARTIC is intended to support implementation of a proven intervention and its associated ongoing change management. Any kind of funding that goes straight to operational dollars would not be funded through ARTIC.

2. What counts as evidence? RCT? Are other studies designs acceptable?

Because this call is about adoption and spread of HQO Quality Standards and the statements within the standards, the evidentiary base is there through their development. The ARTIC Program will be looking for supporting evidence around the specific intervention, i.e. where/how it has been implemented and provide data on the results achieved, how/why it adopted at least one statement of HQO Quality Standard(s) by implementing the recommendations for adoption. We would encourage these organizations to submit this evidence as part of their submission/application.

3. Are only hospital settings allowed? Or can we include primary care and community projects?

CAHO and HQO partnership is about the integration of care. We are looking for projects that span across multiple settings to the extent possible. This call is about HQO Quality Standards so it would have to make sense in that context. We strongly encourage projects to across sectors.

4. How many projects do you expect to fund?

We're looking for the best projects that have really good potential to spread in a way that is sustainable. Depending on the submissions, upwards of two projects can be funded as long as the combined funding does not exceed \$1 million budget.

5. What are the eligibility and selection criteria

The eligibility criteria are specified in LOI package. Please note the following interventions are not eligible:

- Interventions that are a commercial product, require the use of a protected patent, or have commercial intent are not eligible; and
- Funding that must be used to support implementation rather than operation of the clinical intervention or practical changes. Projects that require operational funding should identify the source of funding, separate from the ARTIC Program.

In terms of selection criteria, some elements the Program is looking for are the project's ability to spread, number of spread partners, number of different partners you have (hospital, primary care etc.), potential impact, etc. The Program is looking for the best projects that satisfy the eligibility criteria outlined in the LOI package, best bang for the buck so to speak.

6. Must the project have been successfully implemented in ONE setting, and the plan must include spread to at least THREE MORE sites? Or, does the project have to have already been successful in 3 or more sites?

ARTIC is about spread. In order to be eligible, a project must have been successfully implemented in your home organization and, ideally already spread to at least one other organization. We do recognize this might not always be possible, so we ask you to demonstrate what else your team have spread. We are looking for infield leadership and a project team that has a successful track record of either having spread that intervention or another intervention. It's challenging to spread in your own organization let alone in multiple external organizations. Applicants are required to come to the table with at least 3 other committed spread partners. This demonstrates your ability to convince other organizations that this is the right thing to do. The timeframe for ARTIC project is short, project team will face challenges if they don't have a lot of experience in spreading or have some committed partners.

7. Do the project sites have to be spread across the province, or can the sites be clustered in one region (e.g., SE Ontario)?

The project sites do not have to be spread across the province. We ask applicants to come with at least 3 spread partners. ARTIC Program will work with the selected project team to look at how to amplify that number to at least 10 or so. The more spread partners you have, the greater impact you will have, which is what ARTIC is trying to achieve. The more spread partners you are likely to have, the more likely you will be selected. You need to justify the impact you will be able to achieve with a million dollars.

8. Can private organizations participate by supporting a project team using a commercial product that has already been procured and would not need to use any ARTIC funding?

Initial answer would be no. If all of healthcare organizations the intervention is trying to spread to have procured the product that might be an option.

For example, supposing there's a hospital that has procured a product, following all of the directives and that is supporting their initiative. Unless all the spread partners also have procured that product through a competitive process they would not be able to use that product since they will not be able to procure that product through ARTIC funding.

9. We are interested in the Hip fracture model of care that was done at Sinai. From the angle of a prospective spread partner, do we need to partner up with other hospitals in order to have said model of care spread to our organization?

ARTIC is looking for projects where the project team has implemented an intervention that satisfies the overarching theme of this year's call, that has spread to several other hospitals, and is now ready to spread across the province. The project team must have the necessary leadership, project management, and change management skills to make the spread happen.

For a prospective spread partner who is interested in adopting an intervention from another organization, we encourage you to reach out to that organization directly and find out whether or not that organization/department is interested in applying for ARTIC funding to support their spread.

10. Is evaluation plan or study design an important part of the proposal or is the focus on the change management? The evaluation is more about the effectiveness, as opposed to the impact of this large-scale spread.

ARTIC evaluation framework has elements in outcomes and impact, along with elements of change management (effectiveness, sustainability etc.). Across all the different Domains of quality, we have set what the evaluation should look like. At its core the ARTIC program is a change management framework. All of the funding through ARTIC should be aimed at implementing the change and supporting the change management in order to take whatever the evidence is and translate it into practice and then evaluating whether or not the change has been sustained and effective.

Our past projects have been evaluated on a change management framework not RCT.

11. An organization is using a new technology to assess something or support a practice change through a new technology. If another organization had access to this technology, is this acceptable? Are we talking about pure practice change not using any technologies at all.

The challenge is how we introduce this new technology to other organizations without them going through procurement themselves. A potential scenario would see the entire group of organizations had already procured a technology. And this particular practice change was already embedded in a field within a pre-existing technology.

In the scenario where one organization has procured the technology and others haven't and the proposal asks other organizations that do not have the technology to go and procure this technology with funding from ARTIC, this would be a breach of directive.

Funding for ARTIC cannot be dedicated wholly to implementation or change management associated with the implementation of a new technology. It's generally for implementation or change management of an integrated pathway, clinical practices or interventions. Not for big IT infrastructural overhauls.

12. Can only CAHO members apply?

The answer is not just CAHO members. And this is part of the reasons why ARTIC Program is led in partnership with HQO so that the Program can take the ARTIC framework and turn it into a provincial resource. Projects are encouraged to include as many types of health service providers across as many different sectors as possible.

13. Can inter-LHIN projects be submitted?

Not sure what it was meant by inter-LHIN, the program is looking to spread the selected project across as many LHINs as possible.

14. What kind of information are you looking for to support site readiness for change?

Ideally the project has been implemented within the home organization and has spread to at least one other organization or department. Has at least 3 committed spread partners. Also has the infrastructure such as executive sponsor signed off for spread, educational material, the project planning expertise the

pieces that enable you to quickly get up to speed as quickly as possible because the project timeframe is very short.

15. Other than providing the funding, how does ARTIC assist with the spread of information? Are we expected to provide the man-power to manage this with our home institution team.

The lead project team should expect active participation from the ARTIC program team from regular touch point meetings. The ARTIC team will assist with troubleshooting should issues arise, project planning, budgeting, planning for the evaluation, etc. The ARTIC Operational Committee can also be a great pool of resources for strategic directions. For example, working with colleagues at HQO, the OC primary care lead, Frank Martino, connected META PHI project team with LHIN leads and went to other primary care forums to communicate and alleviate some of the concerns, which was contributed as one of the main success factors by the META PHI Project lead.

20. Is there any forum where interested parties can collaborate to find partners for a project?

Great question. For the time being, we are asking applicants to come in with at least three committed partners and the Program Team will work with the applicants and assist with recruiting other spread partners through various associations and LHIN clinical leads.

18. For example, after the development of best practice guideline into a "standardized care bundle" and you want to spread this throughout other centres. While we can submit a plan of how we would like to implement this provincially throughout hospitals, are we required to hire the necessary personnel, etc. to make this happen if the initiative was accepted for funding or does ARTIC or health quality Ontario work alongside us.

The applicants are expected to come to the table with their own project team, which should have experience in implementing the initiatives, change management and ability to spread to other organizations. Because it's a very short window for the ARTIC funding, the project team must be ready in order for the project to succeed.

8. Is funding for indirect costs / overhead an eligible expense? If so, what is the overhead rate?

Yes the overall ARTIC funding should include indirect/overhead costs. In the past the overhead rate has been around 10%.

23. what about emerging technologies? can we apply for a project for those listed in quality standards?

Unfortunately, ARTIC funding cannot be used to support the implementation of an emerging technology. The ARTIC framework itself is designed to support clinical practice changes and associated change management.

10. Just to clarify your comments about operational expenses. Are evaluation systems considered operational costs?

The ARTIC Program Evaluation Framework clearly outlines what evaluation system should consist within the ARTIC funding period. Elements outlined in this framework are not considered operational costs.