

Request for Proposals (RFP): Newborn Screening Systems Quality Improvement Projects

Letter of Intent Due Date: July 1, 2019

Application Due Date: August 5, 2019

Technical Assistance Webinar: June 11, 2019

Submit to: [Chenelle Norman](#), Manager, Newborn Screening Quality Improvement, Newborn Screening and Genetics

This project (UG8MC31893) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3.3 million dollars. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov)

RESPONSE REQUIREMENTS

Each complete response packet should include:

1. Appendix A: Applicant Questions
2. Appendix B: Project Charter
3. Appendix C: First Quarter Action Plan
4. Appendix D: Budget and Budget Justification
5. Appendix E: Readiness Tool (if working on a project focused on new disorders)

4- How will you ensure your team be able to meet all program expectations as it relates to attendance, participation and monthly reporting? Please share potential challenges to meeting program expectations, if any.

5- Describe, in detail, the positive impact your CQI project will have on your newborn screening program and/or the communities you serve.

6- How will you sustain the efforts of your improvement project, outside of fee increases, following the conclusion of the funding period? Please describe the steps involved to implement your sustainability plan as it relates to your proposed improvement project. Include the time required to implement steps to achieve sustainability, required regulatory approvals, and other steps needed to gain approval for sustainability plan.

APPENDIX B: PROJECT CHARTER

CHARTER: Complete the charter below. Outline the aim of your project, impact measures, quality indicators, team lead and team members. Click the hyperlinks for helpful examples.

[Project Aim:](#)

Root Cause Explanation: How do you know this is issue that needs to be addressed?

Process and Baseline Measures:

Identify process measures that will enable you to measure progress toward your project goals. Include the baseline (current value) for each measure. Note- you will be expected to work with a NewSTEPs Data Team member, if selected, to further refine your process measures if needed.

Please indicate in your response where this data will be stored, if you require a data storage solution and how long you expect it will take to collect 10 instances of data for analysis (i.e., will you collect this data weekly, monthly, etc.)

You may establish multiple process measures to track change and improvement over time.

[Quality Indicators:](#)

Please submit all Quality Indicator data for 2018 in the NewSTEPs Data Repository. For questions related to data submission please contact Chenelle.Norman@aphl.org

Project Team Leader (s):

Name _____ Title/Role _____ Email _____

Name _____ Title/Role _____ Email _____

CQI Team Members (**NOTE:** your team must include at least one laboratory staff and one follow-up staff):

Name	Title/Role	Email
1.		
2.		
3.		
4.		
5.		

If you are including partners outside the state NBS program, how will you ensure they are included in this project?

Please explain why you do not need any partners outside the state NBS program if applicable.

APPENDIX C: FIRST QUARTER ACTION PLAN

ACTION PLAN: Complete the action plan below. Outline actions needed and people required to accomplish the aim (goal) of your CQI project

Expected change	Tasks required to implement the change	Data needed to evaluate whether the change was an improvement	Person(s) responsible	Time Line ('t' = test; 'i' = implement, 's' = spread)		
				Month		
				September 2019	October 2019	November 2019
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

APPENDIX D: BUDGET

BUDGET: A budget should be presented for completion of activities proposed. The budget should include information detailed in the “Requirements of Funding Request” section above.

Personnel						TOTALS
Name	Position Title	%	Hours per Week	Salary or Stipend	Fringe Benefits	
Equipment (Itemize)						
Supplies/Educational tools and resources (Itemize by category)						
Other Expenses						
TOTAL COSTS						

Budget Justification: Please provide explanation for costs in each category. For personnel please describe staff duties to be covered and experience of staff member.

Personnel:

Equipment:

Supplies:

Other Expenses:

APPENDIX E: READINESS TOOL

All states who are proposing a project to work on statewide implementation of a new disorder (Pompe, MPS I, X-ALD, SMA, as well as any other disorders added to the RUSP during the funding period) are required to initiate Readiness Tool by August 5, 2019 and complete on an on-going basis. Please email Chenelle.Norman@aphl.org to receive necessary log-in information. If you believe the tool is up-to-date please indicate that as well to the email listed above.