

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

*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](http://HRSA.gov)*

APHL is collaborating with the Colorado School of Public Health (including partners from the Center for Public Health Innovation) on this project.



**WELCOME**



# Call Agenda

- Program Overview
  - Program objectives
  - Program eligibility
  - Program expectations
- Funding Overview
- Project Timeline
- Application Requirements
- RFP Resources and Support
- Questions

# Program Overview

The Association of Public Health Laboratories' (APHL) Newborn Screening Technical assistance and Evaluation Program (NewSTEPS) is seeking up to **30 newborn screening (NBS) programs** to participate in a continuous quality improvement (CQI) initiative.

This project (UG8MC31893) supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) is in collaboration between APHL and the Colorado School of Public Health (including partners from the Center for Public Health Innovation).

Activities remain driven by active partnerships with state and territorial NBS programs, pediatric sub-specialists, and stakeholders from the Maternal and Child Health Bureau (MCHB) of HRSA, HRSA funded programs, and the Centers for Disease Control and Prevention (CDC).



# Program Objectives

The Newborn Screening Systems Quality Improvement Project provides tailored support to successful applicants allowing for a customized/collaborative approach to quality improvement and is guided by the following goals:

**GOAL 1:** Assess needs and engage state newborn screening programs for participation in a multidisciplinary collaborative network focused on newborn screening quality improvement projects.

**GOAL 2:** Coordinate and facilitate quality improvement projects and data-driven outcome assessments, utilizing evidence-based quality improvement methodologies within each participating state newborn screening program.

**GOAL 3:** Create a model for replication, sharing and sustainability of continuous newborn screening quality improvement projects.

# Eligible Applicants

Eligible applicants include all US and territorial states including NBS programs and stakeholders who:

- Have identified a quality improvement project of interest.
- Submit a letter of intent demonstrating support from institutional leadership by July 1, 2019.

# Program Expectations

If selected for the NewSTEPs Quality Improvement project participants are expected to:

- Submit *quality indicator data to the NewSTEPs data repository and project data to the listed NewSTEPs staff point-of-contact on a monthly basis* to measure progress.
- Additional possible data requirements will be reviewed on a state-by-state basis prior to awarding funding. For example, states working on implementing new disorders will be required to complete the NewSTEPs Readiness Tool.

# Program Expectations

- Attend and participate in all ***monthly webinars (12) and one annual meeting*** (pending availability of funds) for the duration of the funding period.
- Enter into a ***Memorandum of Understanding (MOU) with the Association of Public Health Laboratories (APHL)*** for data sharing if your state has not done so already.
- Sign a ***contract with APHL for acceptance of funds by September 23, 2019.***

# Memorandums of Understanding

- Between APHL and State Newborn Screening Programs
- An MOU is required to Enter Quality Indicators and Case Definitions in Data Repository
- MOU
  - Data Security
  - Data Privacy
  - Data Ownership

# Funding Overview

All applicants can request funding for any duration between September 1, 2019 through August 31, 2023.

APHL will issue requests for proposals on a bi-annual basis through 2023. As such, please remain mindful of the timeframe required to initiate, execute and sustain the proposed project. **There is no limit to the number of distinct applications a program may submit during the 2019 – 2023 project period.**



# Funding Overview

The award money can be used, **but is not limited to**, the following costs associated with implementing a CQI project including:

- Staff time/Staffing support
- Travel to quality improvement meetings and trainings
- Obtain needed resources to meet project goals and objectives
- Development of educational materials and resources (online and hardcopy)
- Costs associated with hosting in-person sessions and experts for technical assistance
- Laboratory materials and equipment relevant to the project
- Laboratory equipment
- Pilot testing
- Educational outreach and dissemination
- Hosting visitors for implementation related technical assistance
- Engaging a Peer Network Resource Center
- Etc.

# Project Timeline

- June 3 - RFP Issued
- June 11 - TA Webinar
- July 1 - Letter of intent due by 11:59 pm ET to APHL
- August 5 - RFP responses due by 11:59 pm ET to APHL
- August 23 - Awardees notified
- Sept 23 - Contracts ratified between APHL and awardees

**PLEASE NOTE:** Funding begins September 23, 2019. However, the drafting and ratification of contracts may take longer than planned depending on the NBS program. Any modification to this anticipated schedule will be communicated on APHL's procurement website ([www.aphl.org/rfp](http://www.aphl.org/rfp)) and via an email blast to the NBS Programs and the public health laboratories.

# Application Requirements

Appendix A: Applicant Questions

Appendix B: Project Charter

Appendix C: First Quarter Action Plan

Appendix D: Budget and Budget Justification

Appendix E: Readiness Tool (if working on a project focused on new disorders)

# Evaluation Criteria

Scoring Criteria and Points		
<i>Project Data</i> – clearly describe how your team identified the problem (i.e. root cause analysis vs. the symptoms of the problem), provide quality indicator data and baseline data for measuring progress, describe any additional data you will be collecting, if that data already exists in your current system or how you will collect data that is not currently gathered, and how long it will take your team to have 10 observations/instances/pieces of data to analyze for trends.	25 pts	Appendix A/B
<i>Project Charter/Action Plan</i> – identify project lead, team includes individuals representing lab and follow-up, team includes other key partners if needed, demonstrate staff and leadership support. Identify changes you will implement and role/responsibility of each team member.	20 pts	Appendix B/C
<i>Budget and Budget Justification</i> – clearly identify funding needs, clearly connect the funding needs to the goals and objectives of the proposed project, and provide justification for funding for each year of funding requested	20 pts	Appendix D
<i>Impact</i> - describe the public health impact your quality improvement project will have and how the project will improve your newborn screening system and/or the community you serve.	15 pts	Appendix A
<i>Sustainability</i> - Describe how you will sustain the project following completion of the funding cycle and what support you have from your newborn screening system to implement this quality improvement.	15 pts	Appendix A
<i>Readiness Tool</i> - Mandatory ONLY for those implementing new disorders.	5 pts	Appendix E
Maximum Points Attainable (if NOT implementing new disorders)	95	
Maximum Points Attainable (if completing Readiness Tool for new disorders implementation)	100	

## APPENDIX A: APPLICANT QUESTIONS

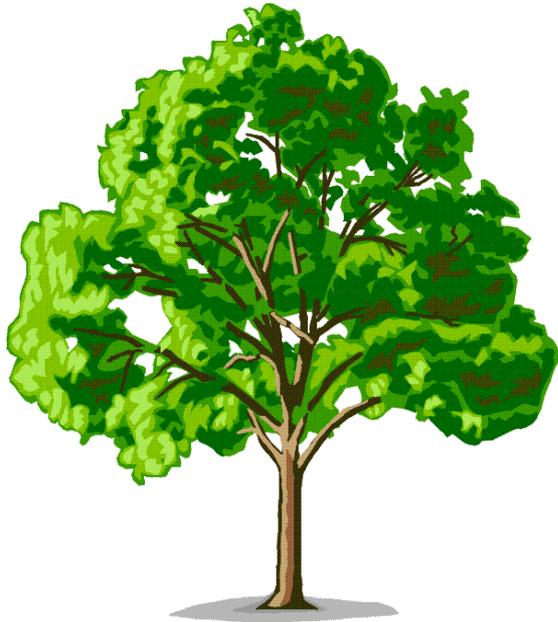
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Complete the following questions below:

- 1- Provide an overview of your CQI project and the current challenges/barriers your team is facing.
  
- 2- How did your team become aware of this challenge or barrier? More specifically, explain how your team was able to identify the root cause of the problem.
  
- 3- What data will your team collect in order to determine if the test of change is having the desired impact or an unintended consequence? Describe any additional data you will be collecting outside of Quality Indicators and Process Measures described in Appendix A.
  
- 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 public health impact your CQI project will have on your newborn screening program.
  
- 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 A – In-depth Discussion

1. Provide an overview of your CQI project and the current challenges/barriers your team is facing.



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*Think about* – clearly articulating the challenge/need, scope/size of challenge, specificity of describing your focus and your small test of change.

# Appendix A – In-depth Discussion

1. Provide an overview of your CQI project and the current challenges/barriers your team is facing.

*Evaluation Criteria Project Data* – clearly describe how your team identified the problem (i.e. root cause analysis vs. the symptoms of the problem), provide quality indicator data and baseline data for measuring progress

# Appendix A – In-depth Discussion

2. How did your team become aware of this challenge or barrier? More specifically, explain how your team was able to identify the root cause of the problem.

# Appendix A – In-depth Discussion

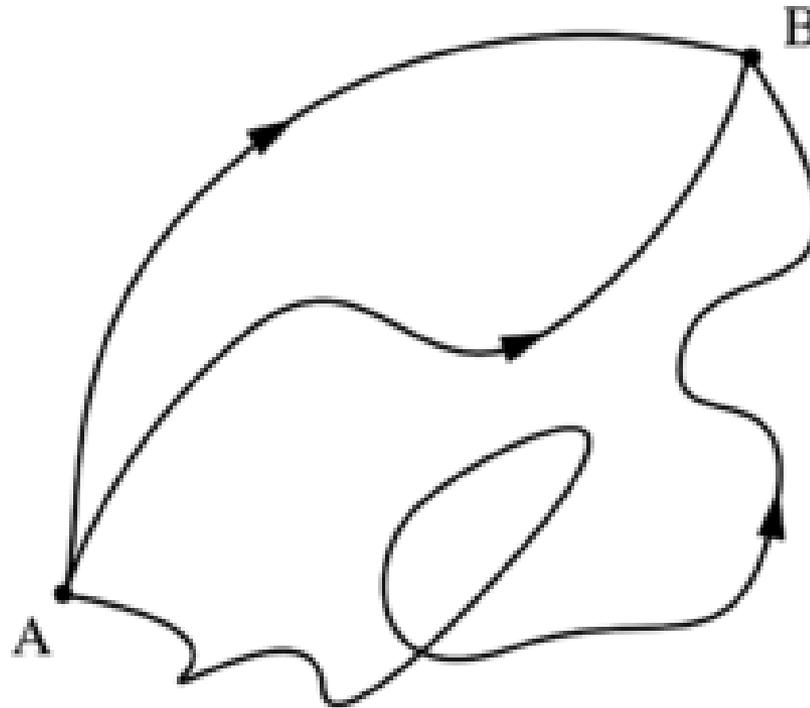
2. How did your team become aware of this challenge or barrier? More specifically, explain how your team was able to identify the root cause of the problem.

*Think about* – mapping the process and identifying what is not working; showing others how you know this is the problem that needs to be focused on.

# Appendix A – In-depth Discussion

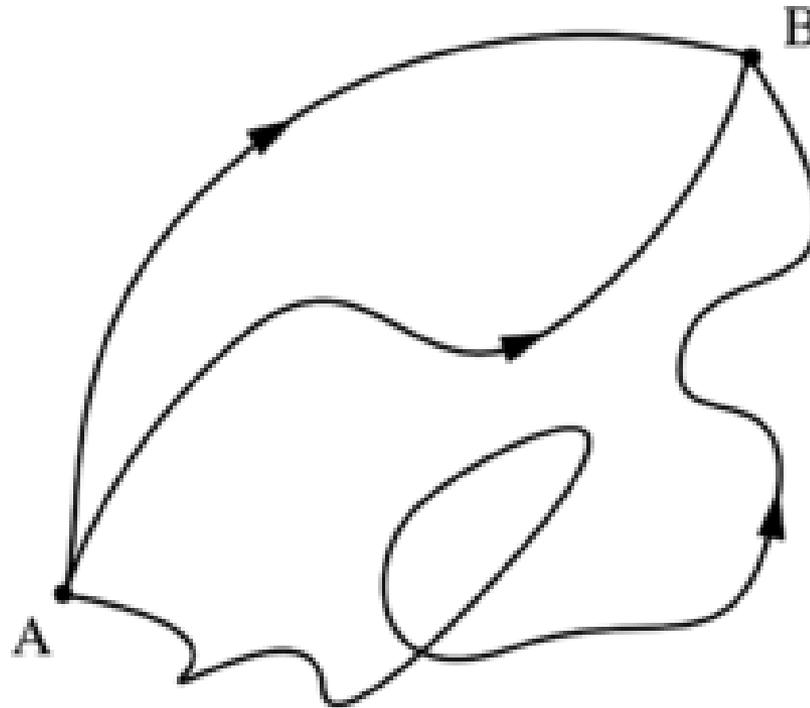
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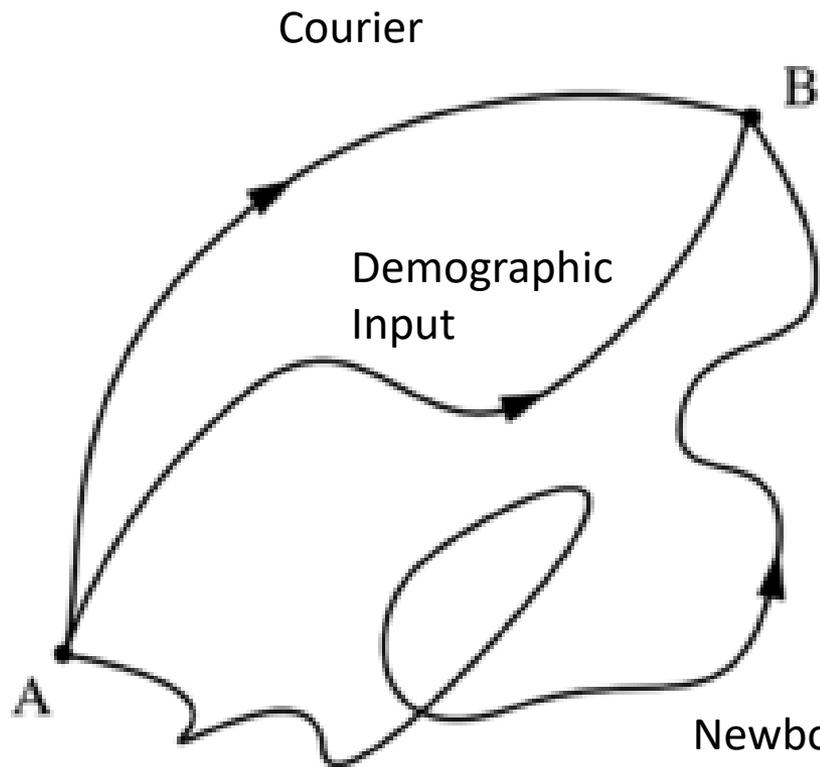
Baby Born

**Baby Born**



**Results  
Reported  
within 5  
Days of life**

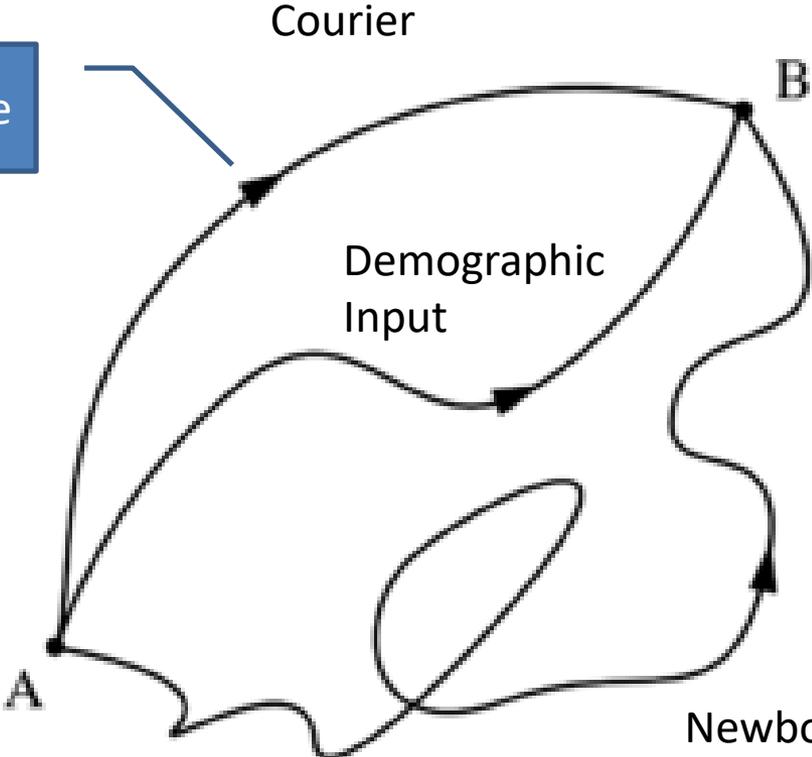
**Baby Born**



**Results Reported within 5 Days of life**

Newborn Screening MS/MS testing

What are the 10 steps here



Results Reported within 5 Days of life

Baby Born

Newborn Screening MS/MS testing

# Appendix A – In-depth Discussion

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*Evaluation Criteria Project Charter/Action Plan* . . . team includes individuals representing lab and follow-up, team includes other key partners if needed.

# Appendix A – In-depth Discussion

3. What data will your team collect in order to determine if the test of change is having the desired impact or an unintended consequence? Describe any additional data you will be collecting outside of Quality Indicators.

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*Evaluation Criteria Project Data* – provide data for measuring progress, describe any additional data you will be collecting, if that data already exists in your current system or how you will collect data that is not currently gathered, and **how long it will take your team to have 10 observations/instances/pieces of data to analyze for trends.**

# Appendix A – In-depth Discussion

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.

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*Evaluation Criteria Project Charter/Action Plan* – identify project lead, team includes individuals representing lab and follow-up, team includes other key partners if needed, demonstrate staff and leadership support. *Identify changes you will implement and role/responsibility of each team member.*

# Appendix A – In-depth Discussion

5. Describe, in detail, the positive impact your CQI project will have on your newborn screening program.

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*Evaluation Criteria Public Health Impact* - describe the public health impact your quality improvement project will have and how the project will improve your newborn screening system. Let's discuss what this might look like.

# Appendix A – In-depth Discussion

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 A – In-depth Discussion

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.

*Evaluation Criteria Sustainability-* Describe how you will sustain the project following completion of the funding cycle and what support you have from your newborn screening system to implement this quality improvement.

# Appendix A – In-depth Discussion

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.

**Think about** – All of the A's in the PDSA cycle – Act, Adapt, or Abandon. If you need to abandon an approach how will you sustain efforts to continuing the CQI process to find a solution you can act upon?

## 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](mailto:Chenelle.Norman@aphl.org)

## APPENDIX B: PROJECT CHARTER

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In order to develop a strong project charter its important that you define a **clear aim** or outcome measure, clearly identify the **root cause**, and develop **process measures** that are relevant to the outcome you are trying to achieve.

[Project Aim:](#)

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# Appendix B– In-depth Discussion

- **Aim Statement:** *define what you will do, by how much, by when and why (i.e. SMART goals). An example:*

*By December 31, 2019 I will reduce my body mass index (BMI) from 33 to 29 to improve my overall health.*

SMART GOALS

SMART



# Appendix B– In-depth Discussion

- **Root Cause:** *What are you seeing or not seeing?*



# Appendix B– In-depth Discussion

- **Process Measures:** *are specific steps in a process that you are changing to test whether the change results in an improvement. Process measures should always connect to the aim. For example:*

*# of miles walked daily*

*Keep in Mind-* it is important that your team is multidisciplinary and encompasses individuals across the state newborn screening program.

If working with other newborn screening stakeholders highlight how you will engage them both during the project and how that relationship will be sustained after the project.

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.						

**Take Note-** For each month in the timeline you will indicate whether you are testing (**t**) a change (this would be your PDSA cycle), implementing (**i**) a change (the change results in an improvement and you'd like to implement it into the lab workflow), or spreading (**s**) the change (the change has been a success and you're sharing it with other departments or labs).



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:

*Keep in Mind-* a good budget justification clearly describes how each line item and/or personnel are essential in achieving project goals and aims, provides rationale for acquiring items and matches and accounts for the total dollar amount requested in the budget.

## APPENDIX E: READINESS TOOL

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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 July 12, 2019 and complete on an on-going basis. Please email [Chenelle.Norman@aphl.org](mailto: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.

- Complete in REDCap
- Update at routine intervals (~6 months)
- To receive your REDCap login email either [Chenelle.Norman@aphl.org](mailto:Chenelle.Norman@aphl.org) or Yvonne Kellar-Guenther at [ykellar-guenther@ciinternational.com](mailto:ykellar-guenther@ciinternational.com) or Sarah McKasson at [sarah.mckasson@cuanschutz.edu](mailto:sarah.mckasson@cuanschutz.edu)

# Support and Resources



# Support and Resources

1. [Sample project charters](#)
2. [Sample root cause analysis](#)
3. [Sample Action plans](#)

# Contact Us

## Email

- [newsteps@aphl.org](mailto:newsteps@aphl.org)
- [Chenelle.Norman@aphl.org](mailto:Chenelle.Norman@aphl.org)
- [Sikha.Singh@aphl.org](mailto:Sikha.Singh@aphl.org)

## Websites

- [www.aphl.org/rfp](http://www.aphl.org/rfp)
- [www.newsteps.org](http://www.newsteps.org)

# Questions?