REQUEST FOR PROPOSAL: AHRQ-02-0010, Amendment No.2

TITLE: PATIENT SAFETY PROGRAM EVALUATION CENTER

DATED : April 26, 2002

Effective May 20, 2002, the RFP is amended to provide responses to the 52 questions received. The questions and responses follow:

Issued by: Mary Haines, Contracting Officer
Agency for Healthcare Quality and Research

1. Are consultants also capped at a salary of $80.14/hour, exclusive of fringe?

Response: Costs proposed for consultants are not subject to the salary cap.

2. The RFP mentions a single two-year option, but pg. 22 says the options if exercised increase the period of performance by twelve months for each option exercised. Do you want us to propose one two-year option, or two one-year options?

Response: Section F.2 PERIOD OF PERFORMANCE is revised to state:

> The period of performance for this contract shall be from the effective date of the contract through forty-eight (48) months thereafter. If the option is exercised the period of performance would increase by twenty-four months.

3. If the option is exercised, is it correct to assume that the reports developed under the Base contact will not be distributed/ disseminated (task 1.10)? Are they even to be prepared? That is, are one set of reports to be prepared (but not distributed) at the end of year 4, and another set prepared and distributed at the end of year six?

Response: If the option is exercised, the interim report will serve as the final report for the base period of the contract.

4. Since the exercised option eliminates a task in the Base Contract (1.10), how would you like this shown in the budget we submit? Do you want one budget for the Base Contract, and a second budget for the Base + Option?

A budget should be submitted for the entire scope of work (summary), one for the Base Contract and one for the Option.

5. Page 72 (Reference L.8 Technical Proposal Instructions, paragraph D. Key Personnel) states that 'if a ratio of less than 70% full time core staff to 30% consultants/ subcontractors is proposed?' Does this imply that all core project staff working for the prime contractor must be full time on the project?

Response: AHRQ considers the core staff or core personnel to be the proposed Project Director, Project Manager and Senior evaluation personnel. The level of effort for these type of labor categories should be sufficient for performance of the scope of work.

6. There is an additional requirement (see #5 above) that 25% of the work be done by small, disadvantaged and woman-owned businesses. This requires a very precise allocation of work between prime and subcontractors where the only subs must really be small, disadvantaged and woman-owned businesses, or the 70/30 rule will be violated. Can you comment on these possibly conflicting requirements?

Response: There is no conflict. The so called 70/30 rule refers to "core personnel" or "core staff," meaning the PD, PM and senior evaluation personnel. The Small Business Goals are based on a percentage of the total contract value.

7. What does it mean to provide 'length and currency' of the overall education of the Project director, Project Manager and other key personnel?

Response: Length and currency means job tenure. Provide the length of time the person has worked in a particular position and the currency (dates of employment).

8. Concerning the clarified Special Eligibility Notice defined in Amendment 1, one would assume that any grant recipients for patient safety research and/or development work would also be ineligible to participate on this RFP, because they would be, in effect, evaluating their own work. Is this correct? Additionally, are subcontractors of prime contractors or grant recipients that received patient safety research and/or development work eligible to participate on this RFP?

Response: In general grantees as well as major subcontractors within those grants would be considered ineligible if they have played a major and substantive role that would be evaluated.

9. The RFP states that the offeror will need to develop baseline measures for determining context and antecedent conditions, but also states that measures currently being developed by the Barents Group at KPMG will be used for similar purposes. To what extent does AHRQ anticipate that measures beyond those already under development will need to be developed?

Response: The baseline measures, the number and kind, are up to the offeror to propose. The number of measures should be determined by the evaluation design.

10. On page 14 under task 1.4, the RFP states that one person per month per year will need to be allocated for coordination and that two person months per year will need to be allocated to consultative activities with the PSRCC at WESTAT. Does this mean that one FTE throughout the life of the contract will need to be devoted to coordination activities and an additional two months per year will need to be allocated to consultation?

Response: Yes

11. The key personnel section of the RFP on page 73 is explicit in describing the characteristics of the project director and project manager. Both positions require extensive program evaluation and specialty skills experiences, although knowledge of patient safety issues is stated specifically only under the project manager description. The exclusionary criteria that are described clearly in the solicitation form and the first amendment, however, place substantial limits on participation for personnel in the field who currently are providing leadership to this relatively new area of research inquiry. Is there any flexibility regarding the depth of patient safety experience necessary for staffing these two positions? Please clarify.

Response: While patient safety expertise is necessary for a proposed team the thrust of the expertise should be program evaluation. Accordingly, the exclusion requirements should not pose a significant problem. There are a number of individuals who have patient safety expertise who are not playing a major role in AHRQ funded Patient Safety projects.

12. The past performance section on page 74 indicates that all contracts and subcontracts currently in process must be included, and on page 85 a clause has been attached under scoring stating that evaluations will be based on past performance since June 1, 1998. For large private entities this represents a substantial amount of information that may require extensive time to fully evaluate. Please clarify this requirement to indicate the extent of information desired.

Response: Section M, Paragraph F, Past Performance, is revised to delete the parenthetical clause "(since June 1, 1998)". FYI the date refers to the date the Government was required to use Past Performance Evaluations in the evaluation of contractor proposals

13. Section C. (Statement of Work), C.1.3 states "This plan should be consistent with all Agency objectives and GPRA requirements and identified measures." Please provide a copy of the affected patient safety GPRA measures.

Response: As you likely know, we address GPRA using (with increasing specificity) "goals," "objectives" and "indicators." There are seven (7) goals for Fiscal Year '02 and among these "patient safety" is identified in Goal 2, 3 and 4.

Here are the **SIX** "indicators" that specifically note "patient safety":

> GOAL 2: establish baseline for number of science advances in patient safety covering three research goal areas (outcomes; quality; cost, access and use) that will be included in future accountability reports to the Congress.
> GOAL 3: First, patient safety research findings will be disseminated to 1000 providers through the Patient Safety dissemination and education program. Second, establish at least one patient safety investigator training program.
> GOAL 4: First, fund evaluation of the number and types of patient safety events reported to system grantees. Second, fund the interim evaluation of the extent to which patient safety best practices, identified in July 2001 EPC report, have been adopted by health care institutions. Third, user's panel (with composition similar to that of September 2000 patient safety research summit) will evaluate progress on patient safety research agenda defined by September 2000 summit. Evaluation criteria will be progress made in at least 50% of the research priorities as a result of the Agency's FY '01 RFAs.

14. Statement of Work, paragraph C.2.9, the description of activities to be performed during the base period of the contract, states “The contractor will develop an adoption evaluation plan to be implemented during optional years of the contract.” Section C.E.3.1, Specific Requirements for Optional Period, requires that “The Contractor shall prepare an adoption evaluation plan for the optional year(s) of the contract.” Section F.3 shows the adoption evaluation plan deliverable in the option period. Should the adoption evaluation plan be prepared during the base period or the optional period of the contract?

Response: An adoption evaluation plan shall be developed as part of the base contract. This adoption evaluation plan should serve as the core and it will be expanded for the option period. The adoption evaluation plan should be submitted by 47 month EDOC.
The Deliverable Schedule, is revised to reflect this deliverable, and correct the reference numbers for the deliveries related to the interim and final reports and the presentations.

F.3 DELIVERY SCHEDULE is revised for tasks 1.9, 1.10, 2.9. 2.10 and 2.11, as set forth below:

Task	**Description**	**Quantity**	**Delivery**
1.9, 2.10	Submit drafts of final reports, including separate executive summary	5*(4 hardcopy & 1 electronic)	6 months prior to contract completion
1.10, 2.10	Final Evaluation Reports and Executive Summaries	5*(4 hardcopy & 1 electronic)	3 months prior to contract completion
2.11	Provide formal presentation of results to AHRQ	5*(4 hardcopy & 1 electronic)	2 months prior to contract completion
2.9	Submit adoption evaluation plan	5*(4 hardcopy & 1 electronic	47 months EDOC

(*One copy to Contracting Officer)

15. Section L.8 limits the Technical Proposal to 125 pages. Section L.8.a. requires a cover page and table of contents. We assume the cover page and table of contents are not included in the 125 page limitation. Is this correct?

Response: No, the cover page and table of contents are included in the 125 page limitation.

16. Section L.8.B.3 states “The offeror shall address the technical approach proposed for each task required by the Statement of Work.” Should we include tasks required during the option period?

Response: Yes, the offeror shall address tasks required during the option period?

17. Section L.8.C.2.(c) states “the percentage of full time core personnel (if a ratio of less than seventy percent full time core staff to thirty percent consultants/ subcontractors is proposed.. ..)” but does not address the ratio of full time core personnel to less than full time personnel that are employees of the offeror, rather than consultants or subcontractors. We suggest the following revision to Section L.8.C.2.(c):; “detailed explanation of how the proposed staffing plan ensures that the work is conducted by individuals with a mastery of the technical requirements of the Statement of Work. If less than seventy percent full time core staff is proposed, specifically address how the offeror will ensure that all SOW requirements are met.”

Response: The proposal should address how the work is to be accomplished with the staffing

levels proposed.

18. Section L.9.C.7 requires "a signed agreement, e.g., a letter of commitment, between the Offeror and any personnel other than current direct employees." We assume these letters would not be included in the 125 page limitation for the Technical Proposal. Is this correct?

Response: No, the signed agreement or letter of commitment is included in the 125 page limitation for the Technical Proposal.

19. Section L.8.C.3 requires that we "indicate clear lines of authority and delineation of staff responsibilities," Section L.8.C.5 requires that we "provide an organizational chart," and Section L.8.C.8 requires that we provide "an organization chart indicating clear lines of authority, delineating staff responsibilities." To eliminate this apparent duplication, we suggest the government delete Section L.8.C.3 and delete the organizational chart requirement from Section L.8.C.5 (leaving the Pert Chart). Section L.8.C.8 should remain as is.

Response: There is a difference between an organization chart and a PERT chart, both should be submitted in response to the RFP. In addition a person loading chart should also be provided.

20. Section L.9 (1) requires "A list of the last five (5) contracts and subcontracts completed during the past three years and all contracts and subcontracts currently in process." A list of all contracts currently in process for our company would be quire extensive, and many of these contracts have little, if any, applicability to the current solicitation. We suggest the government revise the text of Section L.9(1) as follows: "A list of the five most relevant contracts and subcontracts completed during the past three years and any relevant contracts and subcontracts currently in process."

Response: The Past Performance information submitted should be of sufficient detail so that the Government can make an informed determination of the offeror's past performance.

21. Section L.9 states that "Offerors shall submit the following information as part of their proposal for both the Offeror and proposed major subcontractors:" Section L.9.(1) requires "A list of the last five (5) contracts and subcontracts completed during the past three years and all contracts and subcontracts currently in process." Should we list the five most recent contracts and subcontracts completed during the past three years for ourselves and our major subcontractors inclusively or five each for ourselves and each major subcontractor?

A variation of this question also applies to the second part of the Section L.9.(1) citation above concerning "all contracts and subcontractors currently in process." Should we provide this information for the five most recent contracts and subcontracts completed during the past three years identified in Section L.9(1) or for all contracts and subcontracts currently in process, or both?

Response: See the response to #21 above.

22. Section L.9.(1)a. - - requires a series of data (e.g., name of contracting activity, contract number) about each contract and subcontract. Should we provide this information of the five most recent contracts and subcontracts completed during the past three years identified in

Section L.9.(1) or for all contracts and subcontracts currently in process, or both?

Response: See the response to #21 above.

23. Section L.9 (2) requires information on problems encountered and corrective actions taken on contracts and subcontracts in Section L.9 (1). Should we provide this information for the five most recent contracts and subcontracts completed during the past three years identified in Section L.9.(1) of for all contracts and subcontracts currently in process, or both?

Response: See the response to #21 above.

24. Section L.9(4) requires that the offeror provide Past Performance Questionnaires and Contractor Performance Forms to its references identified in Section L.9.(1). We assume that we should provide the questionnaires and forms only to the references for the five most recently completed contracts and subcontracts during the past three years, rather than also for those contracts and subcontracts currently in process. Is this correct? If questionnaires and forms are also required for all contracts and subcontracts currently in process, we strongly recommend that the government place a limit (e.g., five) on the number of projects for which questionnaires and forms are submitted by each contractor, in order to make this process manageable for the government and contractors.

Response: See the response to #21 above.

25. Our interpretation of the direction in Section L.9 is that past performance questionnaires and forms are also to be provided by our major subcontractors. Is this correct?

Response: Yes.

26. What is the government's definition of "major" subcontractor. Is it subcontractors that will perform above a certain percentage, e.g., 20% of total contract value?

Response: There is not a specific definition of a "major" subcontractor. Past performance questionnaires should be provided by subcontractors that are providing a substantive portion of the work. If a subcontractor is proposed to provide 20% of the total value of the contract work, past performance questionnaires should be provided.

27. The Project Director qualifications (p.73) requires at least 8 years in the SOW's specialty service field. We understand the specialty services field in this case to be that of "program evaluation," which would cover a diverse set of disciplines. Is that correct?

Response: Yes.

28. Page 11 of the RFP states: There are 94 individually funded projects to be included in the program evaluation activity of the center." However, pages 9-10 delineate seven areas of funding summarized below:

Area	# of Grantees
Patient Safety Best Practices	6
Center of Excellence for Patient Safety Research and Practice	3
Developmental Centers for Evaluation and Research in Patient Safety (DCERPS)	18
Improving Patient Safety: Health Systems Reporting, Analysis, and Safety Improvement Research Demonstrations	16
Clinical Informatics to Promote (Patient Safety (CLIPS)}	11
Effect of Working Conditions on Quality of Care and Patient Safety	5
Patient Safety Research Dissemination and Education	6
Total	65

The text on p. 10 goes on to indicate 5 additional patient safety projects dealing with interdisciplinary team training. And its relationship to patient safety, and p. 11 indicates there are 7 Pursuing Perfection grants from the Robert Wood Johnson Foundation that also should be included in the overall effort. This brings the total of identified projects to 77.

Then there is an unspecified number of joint US/UK efforts defined as part of the scope of the center. Is it reasonable to assume that the difference of 17 between the 94 stated total and the 77 identified projects is accounted for by these US/UK joint efforts?

Response: No, it is not reasonable to assume there are 17 US/UK joint efforts. Please see the response to #29 below.

29. Page 13 indicates that there are 6 awards under the Systems-related Best Practices RFA release in FY 2000 and 94 projects under the RFA in FY 2001. (Indeed, the link provides lists exactly 94 funded projects for FY 2001.) The same paragraph indicates that there are an additional 5 HRSA funded interdisciplinary patient safety grants and 6 *Pursuing Perfection* grantees that are included in the scope of the effort. This suggests that the total number of grants, not counting future grants during FY 02, 03 and 04, and not counting US/UK joint efforts, is 111 as summarized below:

Area	# of Grantees
FY 2000 awards	6

FY 2001 awards	94
Additional HRSA grants	5
Pursuing Perfection grantees	6
TOTAL	111

Is this correct?

Response: Yes, the total number of grants, not counting future grants during FY 02, 03 and 04, and not counting US/UK joint efforts is 111, as summarized above.

30. The link provided for the Pursuing Perfection program suggests that there are 12 Pursuing Perfection organizations? Is the number included in this effort 12, 6 or 7? Can you identify specifically which ones are included?

Response: There are six (6) *Pursuing Perfection* organizations. The identity of the six *Pursuing Perfection* organizations will be provided to the winning offeror after contract award. They will be identified by the Robert Wood Johnson Foundation through the Project Officer.

31. Can you provide the upper and lower limits of a reasonable estimate for the number of joint US/UK efforts that will be included in the scope of this effort?

Response: No, we can't provide the upper and lower limits of a reasonable estimate for the number of joint US/UK efforts that will be included in the scope of this effort. For budget purposes, assume 5 US/UK efforts.

32. Can you provide the upper and lower limits of a reasonable estimate for the number of FY 02,03 and 04 efforts that will be included in the scope of this effort?

Response: We can't say definitively at this time, since the FY 02 grants have not been awarded and the FY 03 and FY 04 budgets have not been executed. For budgeting purposes, therefore, assume fifteen (15) total new projects.

33. Can you provide a complete listing of all the known programs that are to be included in the scope of this effort?

Response: See the AHRQ web site (www.ahrq.gov).

34. Would winning this contract preclude us from bidding on future IT procurements issued by the Center for Quality Improvement and Patient Safety (CQUIPS), such as the upcoming collaborative medical events RFP involving CMS, FDA, CDC, and AHRQ?

Response: Yes, winning this contract would preclude an offeror from being considered for additional AHRQ patient safety contract activities. The upcoming collaborative medical events requirement mentioned is considered a Patient Safety project.

35. Is it possible to get a copy of the two KPMG instruments: The Patient Safety Cultural

Assessment and the Event Reporting Adoption Survey? If not the instruments, could we get information about the size of these instruments (number of items), whether there are open ended questions, etc. for budgeting purposes, so that all bidders are equally informed?

Response: The instruments are not yet available for release. The Safety Culture Survey is a set of 115 questions with a Likart-type response measuring 20 (twenty) dimensions of culture in a hospital setting. The Event Reporting Questionnaire is designed to gather information as to the extent and manner in which events are currently being reported with a hospital setting. The instrument is a branching questionnaire of 35 (thirty-five) items which is to be administered as a telephone survey. Hospital risk managers and departmental quality assurance officers are the focus of the survey.

36. Is there a sampling plan for either of the KPMG instruments? For budgeting purposes, can you tell us how many institutions are to be surveyed with these existing instruments, so that all bidders are proposing the same scale survey?

Response: The use and sampling of the baseline instruments should be part of the evaluation design.

37. Is it possible to get a previous version of the National Quality Report? If the report has not yet been issued, is there a table of contents available?

Response: The National Quality Report to be issued in Fiscal Year 03 will be the first. The proposed Table of Contents is not available. There is an IOM Report called "Envisioning the National Quality Report" which is available from the National Academy's Press.

38. Is this Contract the award the first of its kind? If not, what other type of agencies/ companies have received this award in the past? Are we able to look at former winning proposals?

Response: Yes, this a new procurement.

39. What's your definition of a Small Disadvantaged Business you refer to under Section L.10?

Response: The definition of a Small Disadvantaged Business is provided in the RFP, in Section K, Representations, Certifications and Statements of Offerors at K.9, "Small Disadvantaged Business Status."

40. What's your definition of a Small Business referred to in Section L.11.B?

Response: The definition of a Small Business is provided in the RFP, Section K. Representations, Certifications and Statements of Offerors at K. 8, "Small Business Program Representations."

41. What's the difference between a Small Business and a Small Disadvantaged Business?

Response: See Section K of the RFP, specifically K.8 Small Business Program

Representations and K.9 Small Disadvantaged Business Status.

42. How are you determining a Small Business? Is it by its revenue, size or what attribute?

Response: Section K, specifically K.8 Small Business Program Representations provides the criteria for determining a Small Business for the purposes of this procurement.

43. Does a Physician Group count as a Small Business?

Response: It would depend on whether it meets the criteria set forth in Section K.8, Small Business Program Representations.

44. Are we expected to list all vendors that are part of our patient safety initiatives?

Response: The proposal should address the requirements of the Statement of Work, so the inclusion of such material in a proposal would be determined by the offeror.

45. If awarded the contract, what percentage of the award are we expected to allocate to our Small Businesses/Small Disadvantaged Businesses?

Response: The cover letter of the RFP sets forth the Small Business Goals. The information is repeated below:

NOTICE OF SMALL BUSINESS GOALS: All offerors (other than small businesses) must submit a complete subcontracting plan with their initial proposal. The requirement to submit a subcontracting plan also applies to colleges, universities, and non-profit organizations, as well as large business concerns. The AHRQ recommended goal (as a percentage of total contract value for the base period) is **23% for Small Businesses,** which shall include at least **5%** (as a percentage of total contract value for the base period) for **Small Disadvantaged Businesses,** at least **5%** (as a percentage of total contract value for the base period) for **Women-Owned Small Businesses,** at least **2%** (as a percentage of total contract value) for **HUBZone Small Businesses,** at least **3%** (as a percentage of total contract value) for **Veteran-Owned Small Businesses.** These goals represent AHRQ's expectation of the minimum level for subcontracting with small businesses at the prime contract level. Any goal stated less than the AHRQ recommended goal shall be justified and is subject to negotiation.

46. Are KPMG/Barents survey instruments mandatory or does the contractor have discretion on whether or how to use them?

Response: Yes use of the KPMG/Barents survey instruments is mandatory for this project, there is no discretion.

47. Please provide a copy of the AHRQ patient safety measures, which the RFP said were available upon request. Is this a final set of measures or still under development? What additional work remains?

Response: The measures are under development and should be available in October 2002.

48. Would those who bid on this RFP as prime or subcontractors be ineligible for future Patient Safety grants?

The winning offeror for this particular RFP would be ineligible for future Patient Safety grants. The winning offeror's subcontractor(s) may be ineligible depending on whether they provided a substantive portion of the work under the contract.

49. Should we budget for attendance at user liaison program meetings, or any other similar types of meetings?

Response: Yes.

50. Do the project grants or contracts require the projects to participate in and provide data for the overall evaluation of the patient safety program?

Response: There is an expectation that all grantees and contractors will participate in this evaluation. The requirement for participation, however, may not be specifically detailed in each grant or contract.

51. Once funded, will the contractor awarded the evaluation center contract be able to obtain the proposals submitted by all the funded projects that are included in the evaluation.

Response: Yes.

52. Please provide descriptive information about the HRSA grants on interdisciplinary team training for patient safety. We could not find any information about these grants on the HRSA web site.

Response: Descriptive information about the HRSA grants on interdisciplinary team training for patient safety is provided below:

Program: <u>Cooperative to Develop & Manage a Program for Faculty Leadership in Interdisciplinary Education to Promote Patient Safety:</u> (1 awardee)

Awardee:	**University of Washington (Seattle)**
Ttile:	**Interprofessional Leadership & Patient Safety**
HRSA Grant Number:	1 D50 HP 10006 01
Program Director:	Dr**.** Pamela H. Mitchell, Elizabeth S. Soule Professor, Associate Dean for Research, School of Nursing, & Adjunct Professor, Department of Health Services, SPHCM Director, Center for Health Sciences Interprofessional Education Box 357265, University of Washington Seattle, WA 98195-7265 206-685-1525 (Office for Nursing Research), 206-616-1463 (voice mail)

206-543-4771 (BNHS FAX) 206-685-9264 (Research Office FAX)
206-731-3303 (Harborview office & voice mail)

Summary: This is a "train-the-trainer" model of faculty development for development of knowledge, skill, behaviors, & attitudes that improve communications and teamwork among health professionals with a content focused on the elements of the continuum of care central to reducing error and patient injury. Initial trainees will be nursing and medical faculty but other health professionals will be included later. Specific objectives to:
(1) Develop a curriculum for training faculty in skills of interdisciplinary leadership & teaching.
(2) Develop an interprofessional curriculum for improving patient safety.
(3) Test curriculum integration with pilot workshop for medicine & nursing faculty in Year 1
(4) Implement integrated curricula in faculty development workshops for interprofessional teams.
(5) Evaluate the program
(6) Disseminate curricula & tools nationally via print & electronic methods.

Program: <u>Cooperative Agreement to Develop & Implement Safe Practices at the Patient Care Delivery Level Through Collaborative, Interdisciplinary Education to Prepare Physicians & Nurses:</u> (4 awardees)

Awardee: **University of Mississippi**
Title: Building Teams for the Future of Patient Safety
HRSA Grant Number: 1 D51 HP 10000 01
Program Director:

Anne G. Peirce, R.N., Ph.D.
Professor & Dean
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Summary: This program will develop an interdisciplinary safety curriculum for students at the state's only medical school & all 5 of the state's nursing schools that offer graduate programs. The curriculum will be based on a series of "Dialogues" following the 10 rules outlined in the Institute of Medicine Report to guide transformation to a safer health care system. There will be 12 one-hour sessions plus an introductory & summary week. Dialogues will teach communication skills through a "tool box" to be developed. Nursing students from outside that area will participate via teleconferencing. Materials will be disseminated statewide via an internet "Blackboard" system, which will also contain more general information. The designated Executive & Advisory Committee's will guide planning, implementation, & evaluation of both process & outcomes of the project.

Awardee: **University of Colorado (Aurora, CO)**
Title: **Interprofessional Education to Improve Patient Safety**
HRSA Grant Number: 1 D51 HP 10003 01
Program Director:

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Executive Director
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Summary: This program focuses on improving patient safety in primary care and long-term care through evidence-based safety practices to prevent adverse drug events, control infections, prevent falls in ambulatory & institutionalized elders, improve high risk drug protocols and acute pain services, and other areas suggested by their expert Advisory Committee. Curricula for interprofessional training in patient safety will be developed with close consultation between the Executive Committee & Advisory Committee. Team training of physicians & nurses to bridge the separate cultures by collaborating to improve systems for safe patient care will be managed at 3 clinical sites by the Colorado AHEC with the University of Colorado Schools of Nursing & Medicine. The diverse composition included in the Executive & Advisory Committees will be used to leverage incorporation of project curricula into permanent curricula of the University of Colorado Health Sciences Center.

Awardee: **University of California – San Francisco**
Title: **USCF Vascular Access Patient Safety Interdisciplinary Education Project**
HRSA Grant Number: 1 D51 HP 10004 01
Program Director:

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Summary: This project will: (a) Develop & present a 10 hour/1 academic unit vascular access device (VAD) patient safety graduate seminar including a web-based module & clinical simulations; (b) Disseminate the VAD patient safety translated into continuing professional education for Medical Center nurses, advanced practice nurses, physicians, & faculty & students in the Schools of Nursing, Medicine, & Pharmacy; (c) Evaluate the content & process of the programs & clinical outcomes for VAD use in practice; (d) Disseminate findings. The project will link faculty & students in the Schools of Nursing, Medicine, & Pharmacy & Medical Center staff to expedite improvement methods, evidence-based medicine, and interdisciplinary professional education. This will be designed to provide a template for high volume, high risk, error prone, highly collaborative process improvements through interdisciplinary education.

Awardee: **Health Research and Educational Trust (Chicago, IL)**

Title: **Creating a Culture of Safety Through Executive WalkRounds**

HRSA Grant Number: 1 D51 HP 10001 01

Program Director:

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Health Research and Educational Trust
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Summary: This project will develop choreographed Executive WalkRounds that promote open discussion of adverse events and harm. The information gathered will be used to direct change. The relationship between discussion and change will be celebrated. This is intended to develop a patient safe culture and will be supported by an information-to-action feedback loop designed to improve leadership knowledge of patient safety and awareness if issues faced by employees, and lay the groundwork for improvements in patient safety education and implementation of safety-based clinical practice.