Pfizer Quality Improvement Request for Proposals

Competitive Grant Program – using Pfizer Internal Review Process

Optimizing RSV diagnosis by improving RSV detection in patients admitted to ED/hospitalized due to respiratory symptoms

Overview

This competitive Quality Improvement (QI) program invites proposals to implement sustainable, system-level changes that improve timely and guideline-concordant RSV laboratory testing in adult patients admitted to the Emergency Departments (ED) or hospitalized with respiratory symptoms.

Projects should translate existing evidence on RSV diagnostics into local practice by strengthening testing pathways, raising clinical awareness, and enhancing reporting mechanisms to support improved patient management and surveillance.

Geographic Scope

Austria, Belgium, Bulgaria, Czech Republic, Finland, Greece, Ireland, Israel, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Sweden, Switzerland

Project Types and Area of Interest

Available evidence shows that key barriers to improved RSV detection in adults lie not in diagnostic technology, but in implementation gaps, as workflow integration, sampling practices, turnaround time, and reporting. QI initiatives targeting these system-level factors can translate existing evidence into routine practice.

Applicants are encouraged to propose data-guided initiatives addressing these barriers, with baseline assessments and measurable targets.

Key Milestones

Submission Deadline	Anticipated Grant Award	Anticipated Project Start Date
25 JUN 2026	JUL 2026	SEP 2026

Funding Range and Project Length

Individual projects requesting up to **50,000.00 USD** will be considered.

Maximum project length is 12 months.

I. Eligibility

Geographic Scope/Location of Project:

- Austria, Belgium, Bulgaria, Czech Republic, Finland, Greece, Ireland, Israel, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Sweden, Switzerland

Applicant Eligibility Criteria

- The following may apply: medical, dental, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional organizations; government agencies; and other entities with a mission related to healthcare improvement.
- Only organizations are eligible to receive grants, not individuals or medical practice groups (i.e., an independent group of physicians not affiliated with a hospital, academic institution, or professional society).
- Collaborations within institutions (e.g., between departments and/or inter-professional), as well as between different institutions / organizations / associations, are encouraged. Please note all partners must have a relevant role and the requesting organization must have a key role in the project.
- The applicant must be the Project Lead/Principal Investigator (PI) or an authorized designee of such individual (e.g., Project Lead/PI's grant/research coordinator).
- The Project Lead/PI must be an employee or contractor of the requesting organization.
- Requesting organization must be legally able to receive award funding directly from Pfizer LLC. We strongly recommend that applicants confirm this with their organization or institution prior to submitting an application. Grants awarded to organizations that are subsequently found to be unable to accept funding directly from Pfizer LLC may be subject to rescission.

II. Requirements

Primary Area of Interest:

- Infectious Disease – Respiratory Syncytial Virus (RSV) – Older adults

General Area of Interest for this RFP:

It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered, as well as the projects that are purely educational by nature of activities.

We intend to support data-guided projects that deliver sustainable, measurable improvements in RSV testing within routine hospital care and surveillance settings.

Core Project Components may include:

- **Baseline assessment** of current RSV testing practices (proportion of eligible patients tested, test modality, turnaround time, and reporting completeness) to identify local gaps and root causes.
- **Standardized clinical pathways and ordering prompts** to support appropriate, timely RSV testing and reduce time from presentation to result.

- **Laboratory and workflow interventions** to improve testing availability and turnaround time, coupled with targeted training and audit-and-feedback to sustain gains.
- **Establishment or upgrade of active sentinel hospital RSV surveillance,** systematically sampling and testing patients who are influenza- and SARS-CoV-2-negative for RSV.

Diagnostic and Specimen Standards

- **Molecular diagnostics (NAATs)**, including RT-PCR, provide substantially higher diagnostic accuracy for RSV than antigen-based assays, particularly in adults. Point-of-care NAATs demonstrate consistently high specificity and clinically meaningful sensitivity. Projects should encourage standardization of RSV detection using NAAT-based methods.
- **Optimized specimen collection** is strongly encouraged. Evidence shows that combining specimen types (e.g., nasopharyngeal with oropharyngeal swabs, or lower respiratory samples when clinically indicated) can significantly improve diagnostic sensitivity [1-5].

Reporting Requirements

- At a minimum, RSV detection data should be reported **weekly** during the respiratory illness season (weeks 40–20) and **monthly** thereafter [6].

Additional Priorities

- Projects proposing measurable reductions in unnecessary antibiotic use, improved infection control, and more efficient hospital resource utilization are strongly aligned with QI principles.
- **Multidisciplinary collaborations** (e.g., emergency medicine, pulmonology, infectious diseases, microbiology, infection prevention, public health) are encouraged where appropriate; all partners must have a relevant role.
- Projects should be evidence-based, follow accepted scientific and QI principles, and demonstrate feasibility, sustainability, and direct impact on patient care and system performance.
- **High priority** will be given to proposals that include overt descriptions of system changes—updated triage/testing protocols, lab workflow redesign, standardized result communication, audit-and-feedback dashboards, or governance processes to sustain testing improvements.

Target Audience

- **Primary audience:** healthcare professionals and laboratory teams involved in assessment and testing of patients with acute respiratory illness (e.g., emergency departments, internal medicine, pulmonology, infectious diseases, ICU, pediatrics) in Austria, Belgium, Bulgaria, Czech Republic, Finland, Greece, Ireland, Israel, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Sweden, Switzerland.
- **Target patient population** include Adults admitted to Emergency Department or Hospitalized with respiratory symptoms, who are tested negative for influenza virus and/or **SARS-CoV-2.**

Disease Burden Overview

- RSV is one of the leading causes of respiratory illness in older adults and those at high risk, including individuals with compromised immune systems and underlying cardiopulmonary or renal disease [7-10], yet RSV infection in adults remains significantly underrecognized. As RSV is clinically indistinguishable from other viral respiratory infections based on symptoms alone, laboratory testing is required to confirm diagnosis; however, testing is not routinely performed or may be substantially delayed due to low clinical awareness, the absence of RSV-specific antiviral treatment [11], lack of clear local guidance, and operational limitations of available testing modalities, such as suboptimal sensitivity of rapid antigen tests in older adults and longer turnaround times for some methods [12-14]. Furthermore, most existing RSV surveillance is conducted within the context of influenza surveillance systems [15-16], which may further contribute to underestimation of the true disease burden. Improving access to sensitive molecular testing and strengthening end-to-end testing pathways can reduce diagnostic delay and improve both surveillance and patient care.

Recommendations and Target Metrics

- Projects should align with locally applicable guidance for management of acute respiratory infections and hospital infection prevention, and should operationalize the principle that RSV cannot be diagnosed clinically and requires laboratory confirmation.
- Target metrics may include (examples): (1) increase in the proportion of eligible patients with acute respiratory illness/LRTI who receive RSV testing; (2) reduction in time from presentation/order to specimen collection and to result; (3) increased use of high-sensitivity molecular assays (singleplex or multiplex RT-PCR) where feasible; (4) improved completeness and timeliness of result reporting to clinicians and, where applicable, public health surveillance systems, as well as (5) decrease in the level of unnecessary antibiotic administration based of improved testing for viral agents.

Gaps Between Actual and Target, Possible Reasons for Gaps

- Common gaps may include: low RSV test ordering among eligible patients delayed testing after symptom onset or hospital presentation, limited access to molecular diagnostics, inconsistent specimen collection technique/choice of specimen, prolonged laboratory turnaround time, and delayed or incomplete reporting of results. Potential reasons include limited awareness that clinical diagnosis is unreliable, lack of standardized protocols and triggers for testing, competing priorities during peak respiratory seasons, staffing/workflow constraints in laboratories, procurement/stockouts, and cost or reimbursement barriers.

Barriers

- **Barriers may include:** Poor/inconsistent sampling technic, limited availability of RT-PCR platforms or reagents; reliance on low-sensitivity rapid antigen tests in adults; lack of trained staff for specimen collection and laboratory procedures; fragmented ordering and reporting processes (paper-based workflows, lack of electronic alerts); long transport times between sites and laboratories; variable clinician awareness and competing diagnostic considerations; and limited feedback on performance (no routine monitoring of testing rates or turnaround times). Low sensitivity and/or specificity for different testing technics that can contribute to under detection of the virus as there is no combination of methods in clinical practice.

Current National Efforts to Reduce Gaps

- Existing efforts vary by country and may include seasonal influenza and SARS-CoV-2 surveillance programs, broader acute respiratory infection (ARI) or severe acute respiratory infection (SARI) monitoring, laboratory capacity strengthening initiatives, and hospital infection prevention and control programs. However, RSV testing may remain inconsistently implemented, particularly in adults, and may not be integrated into routine clinical pathways. Proposals should describe how their project complements (and does not duplicate) current national or institutional respiratory surveillance and diagnostic initiatives.

Expected Approximate Monetary Range of Grant Applications

IMPORTANT: Grants will be distributed following a fully executed agreement and submission of Final Protocol, Documentation of IRB/IEC Approval, Regulatory Approval (if applicable), Exemption or Waiver.

- **Individual projects** requesting **up to 50,000.00 USD** will be considered. The estimated total available budget related to this RFP is 350,000.00 USD.
- Award amounts include direct costs, institutional overhead costs (capped at 28% per Pfizer policy), and indirect costs.

Key Dates:

IMPORTANT: Be advised applications submitted after the due date will not be reviewed.

*Please note the deadline is 23:59 Eastern Standard Time (e.g., New York, GMT -5)

How to Submit:

IMPORTANT: Please read this section carefully since applications submitted not following these instructions will not be accepted and will be cancelled.

- Please go to www.cybergrants.com/pfizer/QI and sign in.
  - Note: there are individual portals for each grant application type. Please be sure to use the URL above.
  - First-time users should click “Create your password”.
- Click the “Start A New Quality Improvement Grant Application” button.

- Requirements for submission:
  - Complete all required sections of the online application
  - **IMPORTANT: Upload proposal (see Appendix) in the Proposal/Protocol field.**
- In the application:
  - For the question "**Competitive Grant?**" select "**Yes**"
  - Select the following Primary Area of Interest: **Infectious Disease – Respiratory Syncytial Virus (RSV) – Older adults**
  - Select the following Competitive Grant Program Name: **2026 Vac Eastern Cluster RSV Detection QI**

Questions:

- If you encounter any technical difficulties with the website, please click here or the "Technical Questions" link at the bottom of the page in cybergrants.
- Please click here to view "Frequently Asked Questions" regarding the Competitive Grant Program.
- If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Nicola Fenderico (Nicola.Fenderico@Pfizer.com), with the subject line "**Optimizing RSV diagnosis by improving RSV detection in patients admitted to ED/hospitalized due to respiratory symptoms**"

Review and Approval Process

- Grant requests received in response to a general RFP are reviewed by Pfizer to make final grant decisions.

Mechanism by which Applicants will be Notified:

- All applicants will be notified via email by the dates noted above.
- Applicants may be asked for additional clarification during the review period.

Grant Agreements:

- If your grant is approved, your institution will be required to enter into a written grant agreement with Pfizer. Please click here to view the core terms of the agreement.
- Under Pfizer's competitive grant program, modifications to grant agreements will not be reviewed unless a genuine conflict exists as between applicable law and the terms of the relevant grant agreement. Applicant is encouraged to share the core terms with counsel for approval prior to submitting an application.
- Except where prohibited by applicable law and, in any case, subject to review by Pfizer Legal, payment of grant funding may only be paid to the grantee organization.
- This RFP is supported by Pfizer International LLC and, if approved the payment will be issued by a Pfizer US based legal entity.

About Pfizer Grants

Pfizer supports the global healthcare community's independent initiatives (e.g., research, quality improvement or education) to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer's medical and/or scientific strategies.

Pfizer's competitive grant program involves a publicly posted general Request for Proposal (RFP) that provides detail regarding a general area of interest, sets timelines for review and approval, and uses an internal Pfizer review process to make final grant decisions. Organizations are invited to submit an application addressing the research gaps as outlined in the specific RFP.

For all quality improvement grants, the grant requester (and ultimately the grantee) is responsible for the design, implementation, and conduct of the independent initiative supported by the grant. Pfizer must not be involved in any aspect of project development, nor the conduct or monitoring of the quality improvement program.

About Pfizer QI Grants

Quality improvement (QI) projects are systematic, data-guided, sustainable activities designed to bring about immediate, positive changes in the delivery of healthcare in particular setting [17]. Quality improvement seeks to standardize structure and processes to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations. Structure includes things like technology, culture, leadership, and physical capital. Process includes knowledge capital (e.g., standard operating procedures) or human capital (e.g., education and training) [18].

QI projects systematically apply what is already known into the local practice, intended to quickly improve patient care within a specific setting. The goal of QI projects is to close a gap in performance at a specific health care system. The "performance" is a standard in health care that is not efficiently/appropriately/consistently being done [19]. For these reasons, QI focuses on translating existing knowledge into programs or practices to immediately improve the quality of services to individuals and populations within a local institution or setting [20]. The risk of participation in QI is the same as the risk of receiving standard clinical care [21] since the standard of care remains the same for all patients.

In contrast, research projects use a systematic approach to discover something that is unknown. Research projects add new knowledge to what was previously unknown in literature through testing of a hypothesis or a scientific question [19]. Research aims to generate knowledge with broad applications, often through controlled studies. The subjects may or may not benefit directly from the knowledge gained. Research studies aim to evaluate an innovation, study something new, or analyze a process not yet rigorously studied [21].

References

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19. *Jackson C, Research Quality Manager, Office of Research and Scholarship University of Maryland, Baltimore School of Nursing.*
20. *Columbia University Institutional Review Board Guidance for the Classification of Quality Improvement Activities Versus Research with human Subjects, 2023.*
21. *Newhouse RP. Examining the support for evidence-based nursing practice. J Nurs Ad. 2006.*

Appendix

IMPORTANT: RFP Submission Requirements

Applications will be accepted via the online portal listed in the How to Submit section. Project Proposals/Protocols should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 15-page limit exclusive of references. When uploading your Full Proposal please ensure it addresses the following sections:

Goals and Objectives

- Briefly state the overall goal of the project. Also describe how this goal aligns with the focus of the RFP and the goals of the applicant organization(s).
- List the overall objectives you plan to meet with your project both in terms of learning and expected outcomes. Objectives should describe the target population as well as the outcomes you expect to achieve as a result of conducting the project.

Assessment of Need for the Project

- Please include a quantitative baseline data summary, initial metrics (e.g., quality measures), or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in your target area. Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed. If a full analysis has not yet been conducted, please include a description of your plan to obtain this information.

Target Audience

- Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population

Project Design and Methods

- Describe the planned project and the way it addresses the established need.
- If your methods include educational activities, please describe succinctly the topic(s) and format of those activities.

Innovation

- Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.
- Describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.

Evaluation and Outcomes

- In terms of the metrics used for the needs assessment, describe how you will determine if the practice gap was addressed for the target group. Describe how you expect to collect and analyze the data.
- Quantify the amount of change expected from this project in terms of your target audience.
- Describe how the project outcomes will be broadly disseminated.

Anticipated Project Timeline

- Provide an anticipated timeline for your project including project start/end dates.

Additional Information

- If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize here.

Organization Detail

- Describe the attributes of the institutions / organizations / associations that will support and facilitate the execution of the project and the leadership of the proposed project. Articulate the specific role of each partner in the proposed project.

Budget Detail

- The budget amount requested must be in U.S. dollars (USD).
- While estimating your budget please keep the following items in mind:
- General organizational running costs such as legal fees, insurance, heating, and lighting etc. should be included in an Institutional Overhead (if required). These costs are not specific to a grant request and therefore, should not appear as line items in budgets. However, costs that are specific to the study (e.g., some countries require insurance to be taken out on a per-study basis for clinical research) would be acceptable to be included as line items.
- The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.
- Pfizer does not provide funding for capital purchases (infrastructure expenses such as equipment, purchases of software or software licenses, technology or bricks and mortar). Equipment hire/leasing is acceptable and may be included in project budget.

  It should be noted that grants awarded through ER&G cannot be used to purchase Pfizer therapeutic agents (prescription or non-prescription).
- Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects. Please click here for details.

Required Documents

- Project Plan or Proposal