

**Pfizer Independent Grants for Learning & Change
Request for Proposals (RFP)
Quality Improvement Activities to Prevent Fatal Pulmonary Thromboembolism**

I. Background

The mission of Pfizer Independent Grants for Learning & Change (IGLC) is to partner with the global healthcare community to improve patient outcomes in areas of mutual interest through support of measurable learning and change strategies. “Independent” means that the projects funded by Pfizer are the full responsibility of the recipient organization. Pfizer has no influence over any aspect of the projects and only asks for reports about the results and the impact of the projects in order to share them publicly.

The intent of this document is to encourage organizations with a focus in healthcare professional education and/or quality improvement to submit a letter of intent (LOI) in response to a Request for Proposal (RFP) that is related to improvement strategies in a specific disease state, therapeutic area, or broader area of need. The RFP model is a two-stage process. Stage 1 is the submission of the LOI. After review of the LOI, you may be invited to submit your Full Grant Proposal. Stage 2 is the submission of the Full Grant Proposal.

When a RFP is issued, it is posted on the Pfizer IGLC website (www.pfizer.com/independentgrants) in the Request for Proposals section and is sent via e-mail to all registered users in our grants system. Some RFPs may also be posted on the websites of other relevant organizations, as deemed appropriate.

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Note this RFP is also available in [Japanese](#) for your convenience.

II. Eligibility

Geographic Scope:	<input checked="" type="checkbox"/> <u>Japan Only</u>
Applicant Eligibility Criteria:	Applications are invited from organizations such as 1. Medical, nursing, allied health, and/or pharmacy professional schools 2. Health care institutions, medical organizations, associations, or government agencies 3. Other entities with a mission related to healthcare improvement. Grants can only be awarded to organizations, not individuals.

III. Requirements

Date RFP Issued:	May 7, 2018
Clinical Area:	Pulmonary Thromboembolism

<p>Specific Area of Interest for this RFP:</p>	<p>It is our intent to support projects that focus on the prevention of fatal pulmonary thromboembolisms by improving the quality of diagnosis and treatment.</p> <p>Quality improvement activities to prevent fatal pulmonary thromboembolism.</p> <p>The incidence of fatal pulmonary thromboembolism (PE) is increasing with environmental changes such as those in dietary and lifestyle habits. There are some reports showing that the number of the patients diagnosed with PE has increased about fivefold compared to that in the past. To reduce death from PE is an urgent key issue to be addressed in Japan.</p> <p>One of the major causes of PE is deep venous thrombosis (DVT). The disease usually happens when a clot formed in the vein, particularly in the deep leg vein, travels to the lung and blocks pulmonary blood flow.</p> <p>Therefore, the followings are important for preventing death from PE:</p> <ol style="list-style-type: none"> 1. To prevent the onset of PE by accurately diagnosing DVT and provide an optimal prophylactic treatment 2. To establish an accurate diagnosis of Venous Thromboembolism (VTE) as early as possible to provide an optimal VTE treatment if VTE were to develop. <p>Owing to advances in medical care as well as growing awareness of the diseases, diagnostic rates of DVT and of PE have been improved. However, the symptoms of PE and DVT are not specific and it is still difficult to find the suspected patients and diagnose them early.</p> <p>In addition, lower awareness among doctors who are not the specialists of cardiology is also an obstacle for diagnosis of the diseases and prevention of fatal PE. 1)</p> <p>" Quality improvement activities "</p> <p>Proposals aimed at improving the quality of diagnosis and treatment of PE would be eligible for the support.</p> <p>When developing a proposal, please include the previous experiences of similar or related activities in the RFP if any, which may include, but not limited to, the followings,</p> <ul style="list-style-type: none"> ● Involved in the programs to improve disease awareness in HCPs including non-specialists ● Developed materials to increase knowledge about a disease and/or a method for accurate diagnosis ● Developed materials to help patients to fully understand the clinical signs or symptoms of a disease ● Involved in establishment of a collaboration network within a hospital <p><i>It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered.</i></p> <p>Information on how to submit requests for support of clinical research projects can be found at www.Pfizer.com/iir.</p>
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Target Audience:	Healthcare providers who care for patients at risk for VTE or those who have interest in activities to improve the quality of diagnosis and/or treatment of VTE.
Recommendations and Target Metrics:	<p>Related Guidelines and Recommendations</p> <ul style="list-style-type: none"> • Guidelines for the Diagnosis, Treatment and Prevention of Pulmonary Thromboembolism and Deep Vein Thrombosis (JCS 2009). • Editorial Committee on Japanese Guideline for Prevention of Venous Thromboembolism. • Kristiansen A, Brandt L, Agoritsas T ,et al.: Applying New Strategies for the National Adaptation, Updating, and Dissemination of Trustworthy Guidelines: Results From the Norwegian Adaptation of the Antithrombotic Therapy and the Prevention of Thrombosis, 9th Ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Chest. Volume 146, Issue 3, September 2014, Pages 735-761. • Konstantinides SV, Torbicki A, Agnelli G ,et al.: Task Force for the Diagnosis and Management of Acute Pulmonary Embolism of the European Society of Cardiology (ESC). 3.10.1 Suspected pulmonary embolism with shock or hypotension. 2014 ESC guidelines on the diagnosis and management of acute pulmonary embolism. Eur Heart J. 2014 Nov 14;35(43):3044-45.
Gaps Between Actual and Target, Possible Reasons for Gaps:	<p>HCPs fully understand about acute PE and are aware that every patient may have the risk of developing PE. They should always assess the risk of PE for each patient and ensure that the information is shared with all members who are responsible for the care of the patient.</p> <p>It is also important for patients to understand about acute PE and know the extent of their own risk of developing PE. This could move the patients to voluntarily take the preventive measures and to report the symptoms to the HCPs when acute PE is suspected.</p> <p>Physicians in charge should perform ultrasound examination for lower extremity venous thrombosis if DVT is suspected.</p> <p>Physicians in charge should perform a diagnostic imaging procedure such as contrast computed tomography for early detection of PE if acute PE is suspected from clinical symptoms.</p> <p>Establishment of a communication network by which information regarding how to assess the risk of DVT/PE and how to prevent, diagnose and treat the diseases are effectively shared in the hospital. Additionally, an inter-hospital collaboration network is established if necessary.1)</p>
Barriers:	Awareness of DVT and PE is not high enough among both healthcare providers (HCPs) and patients. This is one of the critical reasons why the diseases are overlooked and the patients die from PE without being accurately diagnosed. 1)

<p>Current National Efforts to Reduce Gaps:</p>	<p>Japan Medical Safety Research Organization has done some analysis on acute pulmonary embolism-related deaths and issued the recommendations, in which health-care providers (HCPs) are encouraged to undertake all possible measures to prevent the recurrence. In addition, they expect academic societies and pharmaceutical companies to support and lead every activity aimed at prevention of the recurrence.1)</p>
<p>Expected Approximate Monetary Range of Grant Applications:</p>	<p>Individual projects requesting up to \$100,000 will be considered. The amount of the grant Pfizer will be prepared to fund for any project will depend upon the external review panel’s evaluation of the proposal and costs involved, and will be stated clearly in the approval notification.</p>
<p>Key Dates:</p>	<p>RFP release date: May 7, 2018</p> <p>LOI due date: June 22, 2018 Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Review of LOIs by External Review Panel: Mid-July 2018</p> <p>Anticipated LOI Notification : End-July 2018</p> <p>Full Proposal Deadline: Mid-September 2018 *Only accepted LOIs will be invited to submit full proposals Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Review of Full Proposals by External Review Panel: Mid-October 2018</p> <p>Anticipated Full Proposal Notification: End-October 2018</p> <p>Grants distributed following execution of fully signed Letter of Agreement</p> <p>Performance start: On or after January 1, 2019</p>
<p>How to Submit:</p>	<p>Please go to www.cybergrants.com/pfizer/loi and sign in. First-time users should click “REGISTER NOW”.</p> <p>Select the following Area of Interest: Quality improvement activities to prevent fatal pulmonary thromboembolism</p> <p>Requirements for submission: Complete all required sections of the online application and upload the completed LOI template (see Appendix).</p> <p>If you encounter any technical difficulties with the website, please click the “Need Support?” link at the bottom of the page.</p> <p>IMPORTANT: Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.</p>

Questions:	If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Akihiro Kamina (meg.japan@pfizer.com), with the subject line "Quality improvement activities to prevent fatal pulmonary thromboembolism."
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 or to make a summary presentation during the review period.

References:

- 1) Analysis of death cases related to acute pulmonary thromboembolism - Japan Medical Safety Research Organization (4.Recommedations and explanations for preventing recurrence : 10-19)

IV. Terms and Conditions

Please take note every Request for Proposal (RFP) released by Pfizer Independent Grants for Learning & Change (IGLC), as well as a RFP released jointly with a Partner(s), is governed by specific terms and conditions. Click [here](#) to review these terms and conditions.

Appendix: Letter of Intent Submission Guidance

LOIs should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 3-page limit in the main section of the LOI. ***LOIs not meeting these standards will not be reviewed. It is helpful to include a header on each page listing the requesting organization.***

LOIs should include the following sections

Main Section (not to exceed 3 pages):

A. Title

B. Project Classification

1. There are multiple project types that are eligible for funding through this RFP. Please indicate which of the following best represents your project. More information on these classifications can be found in the [Decision Matrix](#) posted on the [Tips & Templates](#) tab the IGLC website.

- Dissemination and Implementation (D&I) Research
- Quality Improvement
- Education or Educational research

2. Background Information

- It is expected that D&I research projects follow generally accepted principles. For all research projects the institution(s) must agree to assume all responsibilities as sponsor of the study as outlined in the proposal. These are listed in the [RFP Terms and Conditions](#) (specifically, term #9).
 - At the time of approval of a full proposal, applicants will be required to sign a research contract, submit IRB approval and a research protocol.
- Quality improvement projects should be described in terms of generally accepted principles of improvement science such as those described by the IHI model for improvement or LEAN.
 - At the time of approval of a full proposal, applicants will be required to sign a letter of agreement.
- Educational projects should be planned using generally accepted principals of adult learning. More information on principals of learning and behavior change for health professionals can be found at www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange_AFewPrinciples.pdf.
 - At the time of approval of a full proposal, applicants will be required to sign a letter of agreement.

C. Goal and Objectives

1. 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).
2. 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.

D. Assessment of Need for the Project

1. 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. The RFP includes a national assessment of the need for the project. Please do not repeat this information within the LOI (you may reference the RFP, if necessary). Only include information that impacts your specific project, linking regional or local needs to those identified on the national basis, if appropriate.

E. Target Audience

1. 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

F. Project Design and Methods

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

G. Innovation

1. Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.
2. 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.

H. Evaluation and Outcomes

1. 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.
2. Quantify the amount of change expected from this project in terms of your target audience.
3. Describe how the project outcomes will be broadly disseminated.

I. Anticipated Project Timeline

J. Requested Budget

1. A total amount requested is the only information needed for the LOI stage. Full Budget is not required. This amount can be adjusted at the Full Proposal stage as applicable.
2. The budget amount requested must be in U.S. dollars (USD).
3. While estimating your budget please keep the following items in mind:
 - Institutional overhead and indirect costs may be included within the grant request. Examples include human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, and building maintenance as well as additional project expenses such as costs for publication, IRB / IEC review fees, software license fees, and travel. Please note: Pfizer does not provide funding for capital equipment.

- The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.
- It should be noted that grants awarded through IGLC cannot be used to purchase therapeutic agents (prescription or non-prescription).
- Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects.

K. Additional Information

1. If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize it in within the page limitations.

Organizational Detail (not to exceed 1 page)

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. Letters of support from partner organizations will be required at the Full Proposal stage only and should not be included with the LOI.

Please note that any project partners listed in this section should also be listed within the online system. Tax-IDs of partner organizations will be requested when entering this information. If a partnership is only proposed, please indicate the nature of the relationship in the Organizational Detail section of your LOI.

LOIs should be single-spaced using Calibri 12-point font and 1-inch margins. There is a 3-page limit for the main section and a 1-page limit for organizational detail. If extensive, references may be included on 1 additional page. **Final submissions should not exceed 5 pages in total** (3 pages for the main section, 1 page for organizational detail, and 1 page for references).

All required sections should be combined in one document (MS Word or Adobe PDF). There is no need to submit the organization detail or references in a document separate from the main section of the LOI.

*Please note the formatting and page limit for the LOI. The LOI is inclusive of additional information of any kind. A submission exceeding the page limit **WILL BE REJECTED and RETURNED UNREVIEWED.***