

Pfizer Independent Grants for Learning & Change Request for Proposals (RFP) *Antimicrobial Stewardship in the Asia-Pacific Region*

I. Background

The Joint Commission, in collaboration with Pfizer Independent Grants for Learning & Change, is initiating this Request for Proposal (RFP) for research projects focused on the implementation and/or assessment of antimicrobial stewardship programs in the Asia-Pacific region.

About The Joint Commission

The Joint Commission is an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized globally as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. The mission of the Joint Commission is to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations, providing metrics and inspiring them to excel in providing safe and effective care of the highest quality and value.

About Joint Commission International

Founded in 1994 by The Joint Commission, Joint Commission International (JCI) has worked in more than 90 countries. To date, JCI has accredited 977 international health care organizations and certified 93 clinical programs. JCI has a presence five continents and fields a well-trained team of international accreditation surveyors and consultants. JCI identifies, measures, and shares best practices in quality and patient safety with the world. The mission of JCI is to improve the safety and quality of care in the international community through education, publications, consultation, and evaluation services.

About Pfizer Independent Grants for Learning & Change

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 research and/or quality improvement to submit a letter of intent (LOI) in response to a Request for Proposal (RFP) that is related reducing antimicrobial resistance through the implementation of robust antimicrobial stewardship practices. 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.

This RFP is posted on the Pfizer IGLC website (www.pfizer.com/independentgrants) in the Request for Proposals section.

II. Eligibility

Geographic Scope:	International: Asia-Pacific Region
Applicant Eligibility Criteria:	<p>Hospitals, healthcare systems, healthcare institutions (both large and small), professional associations/societies and others with a mission related to health care improvement may apply.</p> <p>Note: Organizations that are eligible for Joint Commission International Accreditation must be accredited to apply.</p> <p>Collaborations among Joint Commission International accredited and non-accredited organizations are acceptable. Please note all collaborating organizations should have relevant roles in the project and the submitting organization must play a principle role (i.e., no pass-through arrangements).</p>

III. Requirements

Date RFP Issued:	March 14, 2018
Clinical Area:	Antimicrobial Stewardship
Specific Area of Interest	<p>In order to reduce the development and spread of resistant bacteria and deliver better patient outcomes, healthcare organizations must implement measures to ensure optimal use of antibiotics. Implementation of an antimicrobial stewardship program will help organizations reach the goal of providing patients requiring antibiotic treatment with the right antibiotic(s), at the right time, at the right dose, and for the right duration.¹</p> <p>We are seeking quality improvement research, health services research and/or educational research applications that identify and evaluate practices for successfully implementing key elements of antimicrobial stewardship programs within hospitals and other healthcare organizations. These elements could include: tracking patterns of antibiotic prescribing and resistance; informing staff on antibiotic use and resistance on a regular basis; educating staff about optimal antibiotic use; regulating antibiotic use; clinical and/or health economic outcomes from stewardship initiative; barriers to stewardship implementation, etc. It is imperative for the program to have the support of hospital/organizational leadership, which includes leadership's commitment to providing support that includes staffing, financial, evidence-based resources, and information technology to ensure an effective stewardship-based study/education program.</p>

Specific Area of Interest for this RFP (continued):

In addition to infection prevention and control professionals, the antimicrobial stewardship program involves physicians, nurses, pharmacists, trainees, patients, families, and others.²

Applications should:

1. Involve infection prevention and control professionals, physicians, nurses, pharmacists, trainees, patients, families, and others, where applicable.
2. Be based on scientific evidence, accepted practice guidelines, and local laws and regulations.
3. Include guidelines for the optimal use of antibiotic therapy for treatment of infections, including the proper use of prophylactic antibiotic therapy.
4. Include a mechanism to oversee the program for antibiotic stewardship.
5. Monitor the effectiveness of the antibiotic stewardship program.
6. Have measurable outcomes and data collection to demonstrate the impact of the initiative on usual practices, patient outcomes and/or how it fit within existing health services

Initiatives that solely focus on knowledge improvement (e.g., journal clubs, grand round programs, lectures) will not be eligible for consideration.

We are seeking applications that span a broad range of implementation levels. Applicants are encouraged to submit quality improvement research, health services research and/or educational research proposals that either establish new stewardship mechanisms and/or evaluate the effectiveness, barriers and/or outcomes of existing antimicrobial stewardship programs (e.g., novel approaches to initial implementation, challenges and barriers to implementation or continuation, clinical outcomes of programs, and/or solutions to overcome barriers to full implementation). Applications associated with more mature antimicrobial stewardship programs should focus on evaluation and reducing antimicrobial resistance, improving patient outcomes and/or demonstrating consistency with current guidelines. Since the goal of this program is to encourage more rapid adoption and/or improving current paradigms of antimicrobial stewardship programs, applicants should consider how their research may be disseminated and adopted by other organizations.

<p>Specific Area of Interest for this RFP (continued):</p>	<p>If applicants focus on information technology and use of electronic healthcare records (i.e., utilizing computerized order entry and electronic surveillance), applicants should describe how such solutions may be disseminated and adopted by other organizations.</p> <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> Information on how to submit requests for support of clinical research projects can be found at www.Pfizer.com/iir.</p>
<p>Target Audience:</p>	<p>Small and large hospitals, academic medical centers, community hospitals, and ambulatory care settings.</p>
<p>Disease Burden Overview:</p>	<p>The overuse and misuse of antibiotics has resulted in the growth of multi-drug resistant pathogens. The Institute for Healthcare Improvement reported that 25,000 people die each year in Europe from pathogens demonstrating antimicrobial resistance, and microbial resistance is growing in the Middle East, Africa, and Asia.³⁻⁵ Some estimate that more than 700,000 deaths occur worldwide per year due to antibiotic resistance.⁶</p> <p>Increasing resistance of clinical isolates require more aggressive and often multiple antibiotics increasing the risk of adverse events and/or complications to treatment, including acquiring <i>Clostridium difficile</i>, kidney or liver damage, hearing loss, hemolytic anemia, and other such complications. The misuse of antibiotics increases the risk of complications without any benefit to the patient and increases the pressure on bacteria to become resistant.</p> <p>Health care practitioners contribute to the development of antimicrobial resistance by continuing antibiotics when they are no longer necessary, using a broad-spectrum antibiotic when it is not required or continuing the broad-spectrum antibiotic unnecessarily after the sensitivity results are received, using the wrong antibiotic or prescribing the wrong dose, or continuing the prophylactic antibiotic after it is no longer recommended.</p> <p>An antimicrobial stewardship program strives to reduce antibiotic overuse/misuse thereby reducing the pressure to develop antibiotic resistance. Antimicrobial stewardship programs have been shown to improve prescribing practices, reduce healthcare-related costs, improve patient outcomes, and slow antibiotic resistance.⁷</p>

<p>Expected Approximate Monetary Range of Grant Applications:</p>	<p>Individual projects requesting up to \$250,000 will be considered. The total available budget related to this RFP is \$1,000,000.</p> <p>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: Wednesday, March 14, 2018</p> <p>LOI due date: Friday, May 4, 2018 Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Review of LOIs by External Review Panel: early June 2018</p> <p>Anticipated LOI Notification Date: Friday, June 15, 2018</p> <p>Full Proposal Deadline: *Friday, August 3, 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: September 2018</p> <p>Anticipated Full Proposal Notification Date: Friday, October 26, 2018</p> <p>Grants distributed following execution of fully signed Letter of Agreement</p> <p>Period of Performance: 18 to 24 months</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: Antimicrobial Stewardship in the Asia-Pacific Region</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, Angelo Carter (angelo.carter@pfizer.com) with the subject line "Antimicrobial Stewardship in the Asia-Pacific Region".
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. National Quality Forum. National Quality Partners Playbook: Antibiotic Stewardship in Acute Care. A Practical Playbook. May 2016. Accessed Nov 11, 2016. http://www.qualityforum.org/Publications/2016/05/National_Quality_Partners_Playbook_Antibiotic_Stewardship_in_Acute_Care.aspx.
2. Centers for Disease Control and Prevention. Core Elements of Hospital Antibiotic Stewardship Programs. 2016. Accessed Nov 11, 2016. <http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>.
3. Habibzadeh F. Use and misuse of antibiotics in the Middle East. *Lancet*. 2013 Nov;382:1. Accessed Sep 8, 2016. http://www.thelancet.com/pb/assets/raw/Lancet/global-health/middle-east/Nov13_MiddleEastEd.pdf?elsca1=220713&elsca2=%20MIDDLEEADTED&elsca3=segment.N
dihokubwayo JB, et al. WHO, Regional Office for Africa. Antimicrobial resistance in the African Region: Issues, challenges and actions proposed. *African Health Monitor*. 2013 Mar. Accessed Sep 8, 2016. <https://www.who.int/en/ahm/issue/16/reports/antimicrobial-resistance-african-region-issues-challenges-and-actions-proposed>.
4. World Health Organization. Central Asian and Eastern European Surveillance of Antimicrobial Resistance. Annual Report 2014. 2015. Accessed Sep 8, 2016. <http://www.euro.who.int/en/health-topics/diseaseprevention/antimicrobial-resistance/publications/2015/central-asian-and-eastern-european-surveillance-of-antimicrobial-resistance.-annual-report-2014>.
5. Review on Antimicrobial Resistance. Antimicrobial Resistance: Tackling a Crisis for the Health and Wealth of Nations. 2014. Accessed Sep 8, 2016. https://amr-review.org/sites/default/files/AMR%20Review%20Paper%20-20Tackling%20a%20crisis%20for%20the%20health%20and%20wealth%20of%20nations_1.pdf
6. Centers for Disease Control and Prevention. Antibiotic Prescribing and Use in Hospitals and Long-Term care. 2018. Accessed Mar 2, 2018. <https://www.cdc.gov/antibiotic-use/healthcare/>

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.

This project is a multi-year endeavor being conducted in collaboration with Pfizer. The Joint Commission and Pfizer are not obligated to take any course of action as the result of this RFP. The Joint Commission and Pfizer are not responsible for any costs incurred by any recipient company or other companies engaged by the recipient in its RFP response process. The Joint Commission reserves the right to modify this RFP at any time and reserve the right to reject any and all responses to this RFP, in whole or in part, at any time.

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.
- 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.***