



Adopting Research to Improve Care (ARTIC) Program

ARTIC Spread Project 2018 Applicant Call for Proposals & Information Package

IMPORTANT DATES

Letter of Intent (LOI) Submission Information Sessions (Webinar):	March 26, 2018 and April 19, 2018
LOI Deadline:	May 25, 2018
Full Submission Applicant Information Session (Webinar):	July 26, 2018
Full Submission Deadline:	September 24, 2018
Contract Signed by Host Institution:	December 14, 2018

Contents

1.0 What is the Adopting Research to Improve Care (ARTIC) Program?	4
Program Background and Goals	4
ARTIC Implementation Enablers	5
2.0 What is the ARTIC Call for Proposals 2018?	5
Overview	5
Theme for 2018 Call	5
Spread Partner Selection	6
Funding Available	6
Project Eligibility	7
3.0 How do you apply?	7
4.0 Guidelines for Preparing a Letter of Intent	8
Letter of Intent Format	8
5.0 What are the timelines?	12
6.0 What are the next steps?	12
Appendix A: Information about the ARTIC Program	13
What is ARTIC?	13
Why ARTIC?	13
ARTIC Implementation Infrastructure	13
ARTIC Implementation Enablers	13
ARTIC Governance Structure	14
Appendix B Quality Standards at Health Quality Ontario	16
Appendix C: Full Submission Guidelines	17
Full Submission Supporting Documents/Appendices:	19
Appendix D: 2018 ARTIC Call for Proposals Overall Timeline	22
Appendix E: ARTIC Program Evaluation Framework	23
Appendix F Frequently Asked Questions	24
Why should I apply to the ARTIC Program?	24
What types of supports are offered to ARTIC Project Leads?	24
What are the expectations of the project team leads?	24
What are the expectations of the spread partners?	25
Am I able to submit my application in French?	25
What happens if my project is selected?	25

What are some common pitfalls to avoid when preparing my Letter of Intent? 25

Who are the CAHO Member Hospitals? 26

Any additional questions? 26

Who should apply to ARTIC:

Apply to ARTIC if you have a clinical intervention or practice change that:

- ✓ Advances care in the areas identified by one or more of the following finalized [HQO Quality Standards](#):
 - Behavioral Symptoms of Dementia
 - Schizophrenia Care for Adults in Hospitals
 - Major Depression
 - Heavy Menstrual Bleeding
 - Hip Fracture
 - Wound Care (Diabetic Foot Ulcers)
 - Wound Care (Venous Leg Ulcers)
 - Wound Care (Pressure Injuries)
 - Opioid Use Disorder (Opioid Addiction)
 - Opioid Prescribing for Acute Pain
 - Opioid Prescribing for Chronic Pain
 - Palliative Care
- ✓ Has successfully bridged the gaps between current care and the care outlined in a Quality Standard or the quality statements within the Standard in at least one organization or setting
- ✓ Is ready for further spread
 - Has an experienced team ready to act as change agents and spread the intervention/practice change further
 - Involved patient and family engagement in its development and future spread
 - Has gained interest and support from other organizations as potential spread partners

1.0 What is the Adopting Research to Improve Care (ARTIC) Program?

Spreading innovations that improve quality of care for patients is both our greatest challenge and our ambition in Ontario. ARTIC is about spread. Spreading proven innovations.

Program Background and Goals

The Adopting Research to Improve Care (ARTIC) Program is a proven model for accelerating the implementation of research evidence into broader practice, contributing to improving the quality of care across Ontario. It is a continuing partnership co-led by Health Quality Ontario (HQO) and the Council of Academic Hospitals of Ontario (CAHO) and brought to life through the Program's engagement with a wide array of system partners.

Too often, research evidence that improves the quality of care are successfully implemented and adopted into practice in one organization, yet this knowledge is never spread to other

organizations. Effective evidence implementation and change management require an investment of time, knowledge, expertise, and funding. The ARTIC Program is designed to support and accelerate the implementation and spread of proven clinical interventions or practice changes by strengthening enablers and addressing barriers to support adoption and spread of research evidence across organizations to achieve optimal impact and outcomes.

ARTIC Implementation Enablers

The ARTIC Program has established five key implementation enablers that form the basis of its efforts to support implementation. These include:

- Strategic selection of evidence-based projects;
- Executive champions and governance, where senior leaders are accountable to provide vision, direction, support and clear priorities;
- Implementation supports, including central project coordination by the ARTIC Program team and development of a community of practice across all organizations involved;
- Common education and training for project members within and across organizations;
- Evaluation, including regular performance monitoring and evaluation of outcomes and lessons learned.

Funding is provided for the execution of all components of the ARTIC model. Funding is to be used for both the lead project team and the sites where spread is occurring.

Please refer to [Appendix A](#) for more details about the ARTIC model.

2.0 What is the ARTIC Call for Proposals 2018?

Overview

Each year, the ARTIC Program selects one or more projects to receive the funding and supports that the Program provides. The projects that are selected will use all components of the established ARTIC model to support the implementation of clinical interventions or practice changes at multiple sites (“spread partners”) across the province.

Theme for 2018 Call

The overarching theme for the 2018 call is Adopting **HQO Quality Standards**, specifically in the following areas of need

- Behavioral Symptoms of Dementia
- Schizophrenia Care for Adults in Hospitals
- Major Depression
- Heavy Menstrual Bleeding
- Hip Fracture
- Wound Care (Diabetic Foot Ulcers)
- Wound Care (Venous Leg Ulcers)

- Wound Care (Pressure Injuries)
- Opioid Use Disorder (Opioid Addiction)
- Opioid Prescribing for Acute Pain
- Opioid Prescribing for Chronic Pain
- Palliative Care

Established and published by Health Quality Ontario, Quality Standards outline for clinicians and patients what quality care looks like. A number of system issues were identified in the development of the quality standards, these include but are not limited to training and education, IT and system connectivity, communication and collaboration across care settings, access to data, and tools and resources to support implementation. HQO has developed Recommended for Adoption based on research and best practice to address these and other gaps. This adoption support is described in detail on [HQO Quality Standards website](#).

The purpose of this call for proposals theme is to increase the uptake on these well established, evidence-based Quality Standards through the ARTIC Program. A project proposal may address any of the HQO Quality Standards or their elements, including individual quality statements, addressing identified gaps and supporting recommendations for adoption.

Spread Partner Selection

For this call for proposals, applicants are requested to identify a subset of at least three spread partners that have committed to fully implementing the clinical intervention or practice change by LOI submission. Applicants need to describe in detail about why these partners were selected, e.g. were the partners sites selected to test the intervention in similar settings or different types of settings; how the partners will participate; expected volumes of patients for each partner site, if applicable; and the planned supports/leadership at the site to participate.

To maximize spread potential, the ARTIC Program will engage with/through the LHINs and other associations to identify other spread partners that may be interested in implementing the intervention given their priorities and/or needs in the region. Applicants should expect more than the planned spread partners and reserve/identify the potential resources in the proposed budget that would be made available to support each additional spread partner as part of the application process. The goal will be to strategically identify these partners/locations based on needs of population. Cost per partner site implementation will be a driver of determining the total number of spread partners.

Funding Available

For 2018/2019 fiscal year, The ARTIC Program will be funding **at least one** spread project over a 24-month period. The maximum funding available for projects selected in this call for proposals is **\$1,000,000**.

Please note that ARTIC projects must be rooted in strong evidence. The ARTIC program is not designed as a call for research proposals of new interventions or models of care.

Project Eligibility

Proposed projects **must**:

- Involve clinical interventions or practice changes that have addressed **at least** one statement from a finalized Quality Standard and/or its corresponding Recommendation for Adoption and have already been successfully implemented in the Ontario context.
 - Provided that the project satisfies the above criterion, interventions/changes implemented prior to HQO Quality Standards' final release are also deemed eligible.
- Be willing to conduct an evaluation using the ARTIC Program Evaluation Framework ([Appendix F](#)).

Examples of eligible projects within these areas of focus could include, but are not limited to:

- Heavy Menstrual Bleeding Quality Statement 4 indicates that patients who exhibit risk factors for endometrial cancer or endometrial hyperplasia should be offered an endometrial biopsy. The Recommendations for Adoption for this Quality Standard note that there is a gap in training for primary care physicians in performing endometrial biopsy. Organization A has developed and spread a training program for primary care related to developing this skill, including data about the effectiveness of the training, and could apply to ARTIC to support further spread. Or alternatively, a decision aid has been developed and integrated into care, and a similar approach could be used to spread to other sites.
- Organization B has developed an integrated care pathway to support various elements (comprehensive assessment, titration of psychotropic medication etc.) identified in the Behavioural Symptoms of Dementia Quality Standard. This pathway has been spread to a few other organizations and is ready to be spread further with help from ARTIC.

Please note that:

- Interventions that are a commercial product, require the use of a protected patent, or have commercial intent are not eligible; and
- Funding must be used to support implementation rather than operation of the clinical intervention or practice changes.
 - Projects that require operational funding should identify the source of funding, separate from the ARTIC Program.

3.0 How do you apply?

Please follow all instructions on preparing a Letter of Intent as outlined in this document. Letters of Intent that fail to meet the outlined criteria will not be considered further as candidates for the ARTIC Program.

The ARTIC Program Team can be contacted at artic@hqontario.ca for more information.

Two information webinars will be held on **March 26, 2018** and **April 19, 2018** to outline the application process and address any questions applicants may have. These sessions are identical in content and therefore applicants only need to attend one. Please contact the ARTIC Program Team (artic@hqontario.ca) for more information on how to access the webinars.

Applicants are required to submit their Letter of Intent via an online submission tool on HQO ARTIC webpage. Click [here](#) for access. Please note this online tool will only be available between **April 30, 2018** and **May 25, 2018**. All applications will be acknowledged within 24 hours. **Late applications will not be accepted.**

Submit a Letter of Intent (**up to 6 pages in length**) that includes a brief outline of your proposed project. The proposed projects outlined in these Letters of Intent will be assessed for eligibility and evaluated based on the criteria below. The projects that have the best performance on the evaluation criteria will be 'short-listed', and applicants will be asked to prepare full proposals.

4.0 Guidelines for Preparing a Letter of Intent

Letter of Intent Format

To be considered for ARTIC Project funding, applicants must complete the ARTIC Letter of Intent template (**maximum 6 pages**). Letter of Intent submissions will be evaluated on the criteria outlined below in the section headings.

- Use template provided (name at top of each page, page numbers, 1" margins, letter size page)
- Minimum font size of 10 point, black ink (condensed type or spacing is not permitted)

Project proposals will be screened against the eligibility criteria outlined above. Projects meeting the eligibility criteria will then be evaluated based on the quality of each of the following sections of the Letter of Intent:

- 1. Title of Project**
- 2. Rationale for submitting an application:** Explain why you are submitting an application to the ARTIC Program and describe how your project will capitalize on the opportunity for spread using the ARTIC infrastructure.
- 3. Project Summary:** Begin with a clear description of the project that explains:
 - a. The proposed clinical intervention or practice change
 - b. Where/how it has been implemented and provide data on the results achieved
 - c. How/why it adopted at least one statement of HQO's Quality Standard(s) by implementing the recommendations for adoption
 - d. The opportunity for spread

- 4. Potential Impact:** Describe the expected impact of the project in terms of quality (with consideration for the six dimensions of quality care: safety, effectiveness, patient-centredness, efficiency, timeliness and/or equity), including:
- a. The client/patient/resident population(s) affected
 - b. The type and number of organizations that could benefit
 - c. Expected impacts to patient outcomes, and
 - d. Any other impacts on the provision of care

Please be specific in terms of quantifying impact within the term of the project, based on the data from implementation at the lead organization and factoring in the time needed to establish the intervention with each partner. Please also estimate future impact for the next three years or more based upon sustainment of the intervention after the project term has been completed and without additional implementation funding.

- 5. Quality Standards Adoption:** Provide a summary of the Quality Standards statements that have been adopted, including:
- 1) Identify the Quality Standards statements the clinical intervention or practice change addresses;
 - 2) Describe any additional information about the clinical intervention or practice that relates to the quality standards statements and what is known about the gap and/or need in care that exists;
 - 3) Describe the benefit/effectiveness of the clinical intervention or practice change;
 - 4) Describe your organization's previous implementation (i.e., where was it implemented, what was implemented, how were the strategies selected, the results and outcomes achieved, and provide evidence to support what guided the approach and/or initial evaluation information); and
 - 5) Describe the implementation strategies approach to be used to facilitate adoption of the intervention at the spread partner sites. Describe any key findings from the previous implementation that might necessitate adaptation in the original implementation plan when spreading to other sites.
- 6. Implementation Plan:** Provide a high-level project implementation overview and associated timeline outlining the spread of the intervention. Please refer to [Appendix A](#) for more information about the ARTIC model. Ideally, the plan will:
- 1) Outline the steps required to spread the clinical intervention or practice change including consideration of implementation strategies, implementation science evidence that guides this plan, and anticipated challenges and recommended solutions.
 - 2) Identify at least 3 likely spread partners, including a description as to why they would want to participate and what characterizes them as ideal spread sites. Describe the plan to support the additional spread sites that will be recruited through LHINs, clinical leads, and other associations
 - 3) Include a conceptual framework that outlines how the proposed implementation methodology best achieves the intended practice change.

- 7. Patient and Family Engagement:** Describe the involvement of patients and/or family members in the development and/or implementation of this clinical intervention or practice change, including both past involvement and planned involvement going forward.
- 8. Communication Strategy:** Describe briefly how the team will keep their stakeholders, especially ARTIC Program team, informed of their progress, including risks and issues at regular intervals.
- 9. Evaluation:** Provide a brief overview of how the team will evaluate the project using representative measures from each category of the ARTIC Program Evaluation Framework. It is expected that project teams will also support the overall ARTIC Program evaluation by collecting a set of core measures that are consistent across all ARTIC Projects. Please refer to the ARTIC Program Evaluation Framework ([Appendix D](#)) for further information on the measurement categories. ARTIC core measures will be confirmed and shared with teams prior to development of full project proposals (next stage).

One critical piece to this proposal is to ensure ARTIC is supporting a clinical intervention or practice that has been proven to have significantly improved on the outcome of the patients affected by this change of practice. A set of indicators has been provided under each Quality Standard condition to help clinicians and organizations assess the overall quality of care they are delivering. These indicators measure structure, process and outcomes. Applicants are strongly encouraged to adopt these indicators. Please refer to [Appendix B](#) for more information.

- 10. Budget and Justification:** Describe the major cost categories that will be directly supported by the project funding and any in-kind or complementary resources that may be used for successful implementation/spread (e.g., human, financial, equipment, in kind resources, etc.). Please note that operational or infrastructure costs will not be supported by the ARTIC Program. The maximum funding available is **\$1,000,000**, to be used over a **24-month** period. Outline the funding to be allocated to each participating partner site, including the spread partners to be recruited through the LHINs and relevant associations.
- 11. Project Team Qualifications and Leadership:** Identify the project lead(s) and core project team members. A core team member is defined as a person who will be active in day-to-day leadership of implementation of the project. Provide a short description outlining:
 - a. The team's qualifications, specifically on project implementation and change management
 - b. Previous experience working together to implement this intervention
 - c. The team's ability to provide leadership in this area

The strength of the partnership of the project team will be carefully considered. Strong project teams will include substantive representation from end users i.e., those who will

work with the clinical intervention or practice change directly. Please clearly identify who these end users are and their roles in the project.

Noting the change management capacity already established through previous ARTIC projects, teams are encouraged to include at least one CAHO member hospital in the proposal. This can include representation as a member of the core project team or as a participating organization (i.e., a spread and implementation partner). Planned partnership and leadership capacity will be more fully evaluated in the full submission/presentation process.

12. Readiness Assessment: Describe the high-level change readiness of both leading organization and their spread partners by focusing on the strengths and weaknesses of the organization with regard to change readiness, as well as the specific actions required to fully position the organizations for success.

Though in previous rounds ARTIC Program has placed a strong emphasis on interventions with strong evidence base, the development of Quality Standards at Health Quality Ontario required a strong review of evidence to inform the content of the statements. Therefore, there is no need for teams to rearticulate the evidence to support the care articulated in the statement or Quality Standard. However, teams should include evidence related to the implementation approach that is being suggested in the proposal. This and other elements of the proposal will form the basis of review.

5.0 What are the timelines?

Please refer to [Appendix D](#) for overall 2018 ARTIC Call for Proposal Timeline.

6. 0 What are the next steps?

Interested parties are invited to attend the ARTIC LOI Information webinar on March 26, 2018 and April 19, 2018. The prospective applicants can learn more on the ARTIC Program, how to prepare LOI, and how LOI submissions will be evaluated. The applicants will have opportunities to ask questions towards the end of the information session. Both sessions are identical, therefore applicants only need to attend one.

All applications will be acknowledged as received by ARTIC Program. Applicants will be notified if their LOI submission has been selected to proceed to the full submission stage by July 3, 2018. At this stage, the guidelines below will be re-circulated to applicants selected to proceed to the full submission stage (See [Appendix C](#) for full submission guidelines).

Similar to the LOI, full project submissions will be evaluated on the criteria outlined in the section headings. The full submission allows you to write a more complete and compelling description of each section, including figures or diagrams to support your content. The guidelines for page allocations for the full submission are included to help applicants gauge the importance of each section. Applicants may deviate from the suggested page allocation for each section as deemed appropriate, but may not exceed a total of 15 pages, plus project team partnership (from no less than 3 organizations) and qualifications, letters of support and appendices. Proposals that do not follow the requested submission format will not be reviewed. Please note the shortlisted applicants will be asked to prepare a short interview in addition to full submission and meet with ARTIC Operational Committee for questions. This is also described in full submission guidelines.

Once one or more projects have been selected to receive funding, the ARTIC Program will assist the Project Lead Teams in finding additional spread partners through LHINs and other associations. The Project Lead Team is expected to finalize their additional spread partners selection before the funding agreement is signed.

Appendix A: Information about the ARTIC Program

What is ARTIC?

The Adopting Research to Improve Care (ARTIC) Program is a proven model for accelerating the implementation of research evidence into broader practice, contributing to improving the quality of care across Ontario. It is a continuing partnership co-led by Health Quality Ontario (HQO) and the Council of Academic Hospitals of Ontario (CAHO) and brought to life through the Program's engagement with a wide array of system partners.

Why ARTIC?

Too often research evidence and best practices that improve quality care are successfully implemented and adopted into practice in one organization, yet this knowledge is never spread to other organizations. The ARTIC Program's model of supporting and accelerating the use of proven evidence means we're able to implement change and improve patient care a lot faster – within 2 years, instead of 17. By facilitating the implementation of evidence quickly and efficiently, patients receive the highest quality care, faster.

ARTIC Implementation Infrastructure

Implementation infrastructure, when properly designed, coordinated and resourced, produces significant benefits for the system, organizations and patients. Such an infrastructure brings together a community of stakeholders with the interest, expertise and commitment to guide the program and project selection. A central resource that includes qualified program management and a clear governance structure to ensure accountabilities and sharing of information across the participating health care providers is an essential programmatic component. The ARTIC Program leverages this infrastructure and partners with project leads to support and assist implementation across multiple organizations to successfully spread proven clinical interventions or practice changes across Ontario.

ARTIC Implementation Enablers

Based on learnings developed to date, the following five enablers are the essential components of supporting accelerated implementation:

Strategic selection of evidence: Project selection is guided by a health system priority and key criteria. The proposals are assessed based on robust research evidence with high potential for system impact, feasibility of implementation, and an evaluation plan that measures impact and outcomes. There will be three phases to this selection process, which will engage individuals from senior leadership teams to front-line staff members to ensure buy-in and support for the selected projects.

Executive Champions and Governance: Senior leaders work together based on mutual accountability to provide leadership, support and resources to manage the change needed to implement evidence. While the ARTIC Program is not a top-down model, the success of each ARTIC project is enabled from the top through the clear commitment at the executive levels of all participating organizations.

Implementation Supports: Central Program coordination from ARTIC Program Staff will provide the necessary link between projects and ensures that information and knowledge sharing are occurring efficiently and effectively. By doing this work together across a community of practice, rather than as single organizations, the pace of change is accelerated, and the standardization of best practice based on evidence is promoted.

Education and Training: Implementation at scale requires common education and training, including coaching, written materials and applied training to facilitate the adoption of research evidence within and across organizations. Common training materials and programs ensure consistency across the system.

Evaluation: Each project assesses the outcomes and lessons learned. Regular performance monitoring and evaluation ensures fidelity to the intervention and implementation plan, and provides opportunities for continuous quality and process improvement.

Funding is provided for the execution of all components of the ARTIC model.

ARTIC Governance Structure

There are several structures in place to support the success of the ARTIC program:

ARTIC Governing Council

- Provides strategic oversight and final funding approvals
- Comprised of President and CEO, Health Quality Ontario, Executive Director, CAHO, Associate Deputy Minister MOHLTC, Transformation Secretariat and Associate Deputy Minister MOHLTC, Delivery and Implementation

ARTIC Operational Committee

- Provides operational program oversight, leads the selection of the ARTIC Projects and supports the dissemination and uptake of ARTIC findings
- Comprised of leaders from across the health care system

Executive Champion Committee (project specific – to be established after the project is selected)

- Each Executive Champion provides executive leadership to the ARTIC Project within their organization, and collectively as a group are accountable to one another for the success of the project
- Each Executive Champion is responsible for signing the letter of agreement, ensuring allocation of resources, providing change management support and actively participating in executive champion meetings to share information across organizations and sectors to facilitate the rapid adoption of evidence across the province

ARTIC Lead Project Team

- Selected as the successful proponent from the Request for Proposals
- Leads the implementation of the intervention across participating organizations by providing expertise, education/training, implementation materials, coaching and establishes a community of practice.

- Is accountable to the ARTIC Operating Committee actively working through the Central Program Staff
- Develops and manages project timelines, deliverables and budget

ARTIC Program Staff

- Works closely with the Project Team to support the successful implementation of the ARTIC project
- Provides program management and issues management support to the Governing Council, Operational Committee, Executive Champion Committee, ARTIC Lead Project Team and participating organizations
- The central program staff provides implementation support, and ensures that information and knowledge sharing are occurring efficiently and effectively

Appendix B Quality Standards at Health Quality Ontario

A quality standard is a set of 5 to 15 statements that describe what high-quality care looks like across the Ontario health system, based on the best available evidence. Each quality standard addresses an area where there is currently high variation in care in the province and where data demonstrate that there are opportunities for improvement.

Developed in collaboration with physicians, nurses, other clinical experts, patients/residents, families, caregivers, and organizations across the province, Health Quality Ontario's quality standards are designed to help:

- Health care professionals offer the highest quality care based on the evidence
- Patients/residents know what to discuss about their care with their health care professionals
- Health care organizations and professionals measure, assess, and improve the quality of their care
- Health system planners create the environment for health care professionals and organizations to deliver quality care.

Each quality standard is accompanied by a guide for patients; a guide for clinicians; an information brief demonstrating why the quality standard is needed; quality improvement tools and resources; and performance indicators to help clinicians and organizations track their progress against the standard. These tools and resources are designed to support clinicians and organizations in their quality improvement efforts.

Please refer to [Health Quality Ontario Quality Standards](#) webpage for more details.

Appendix C: Full Submission Guidelines

Full Submission Format

- Use template provided (name at top of each page, page numbers, 1" margins, letter size page)
- Minimum font size of 10 point, black ink (condensed type or spacing is not permitted)

Title

Executive Summary (1 page)

Provide a one-page executive summary, suitable for a lay audience, of the clinical intervention or practice change, the previous results achieved and the proposed plan for spread

Clinical Intervention or Practice Change (0.5 page)

Provide a description of the clinical intervention or practice change proposed for the ARTIC Project, including how this intervention differs from and improves on the current practice, and how the practice change will specifically address one or more statements of the HQO Quality Standard(s) described in the Call for Proposals

Potential Impact (1 page)

- Based on experience to date, describe the known impact at a small scale and then the potential value and impact of spreading the implementation of this clinical intervention or practice change:
 - Based on the scope of this project across intended partner sites; and
 - More broadly across Ontario
- Describe what client/patient/resident population(s) and/or type of organizations may be affected by the implementation of this clinical intervention or practice change
- Describe the anticipated benefits of the clinical intervention or practice change at the individual, organizational and system level. To what extent will the clinical intervention or practice change improve quality across any of the six dimensions of quality care (safety, effectiveness, patient-centredness, efficiency, timeliness and/or equity)?

Please be specific in terms of quantifying impact within the term of the project, factoring in the time needed to establish the intervention with each partner. Please also estimate future impact for the next 3 years or more based upon sustainment of the intervention after the project term has been completed and without additional implementation funding.

Quality Standards Adoption (2 pages)

Provide a summary of the Quality Standards statements that have been adopted, including:

- Identify the Quality Standards statements the clinical intervention or practice change addresses;
- Describe how the clinical intervention or practice change addresses gaps;
- Describe the benefit/effectiveness of the clinical intervention or practice change;

- Describe your organization's previous implementation (i.e., where was it implemented, the results and outcomes achieved, and provide evidence to support what guided the approach and/or initial evaluation information); and
- Describe the implementation strategies/knowledge translation approach to be used to facilitate adoption of the intervention.

Implementation Plan [Feasibility] (3 pages)

- Include a detailed project timeline/plan that outlines the major milestones and timelines associated with implementing and evaluating the project
- Include a description of the conceptual framework, theory, or model that outlines how the proposed implementation methodology best achieves the intended practice change, as well as the implementation science evidence that guides this plan
- Identify potential enablers and barriers in implementing this project including (1) performing the specific practice change, and (2) for implementing strategies within the selected organizational contexts; and propose strategies to address those barriers (e.g., financial investment, IT infrastructure, clinician interest, in-kind contributions etc.)
- Include a description of the strategy for leading a coalition of partners, with emphasis on those organizations not specifically represented within the lead team. The plan should describe how the teams will work together with their executive champions to remove barriers and support organizational change
- Outline how the clinical intervention or practice change will be sustained beyond the end of ARTIC project funding, and that sustainability is specifically designed into the implementation plan.
- The implementation plan should include a training/education component, involvement of senior leadership, and establishment of a network to share and learn from one another (e.g., community of practice). Please refer to [Appendix A](#) for more detailed information on the ARTIC implementation enablers.
- The implementation plan should allow for additional partners to be identified and assessed through a collaborative process with invested system stakeholders (e.g. Local Health Integration Networks [LHINs], the Ministry of Health and Long-Term Care, the ARTIC Program)
- A portion of the proposed budget must allow for the addition of partners (up to the maximum funding) to allow for greater spread (see note below)

Patient and Family Engagement (1 page):

Describe the involvement of patients and/or family members in the development and/or implementation of this clinical intervention or practice change, including both past involvement and planned involvement going forward.

Communication Plan (0.5 page):

Describe how the team will keep their stakeholders informed of the progress, including how the team will keep ARTIC Program updated on current progress, risks and issues reporting.

Evaluation Strategy (2 pages):

- Propose the project evaluation strategy, and measures to monitor and provide feedback to the spread partners on the project progress and outcomes
 - The proposed project evaluation strategy must reference and reflect measures in **all** of the categories outlined in the ARTIC Program Evaluation Framework ([Appendix E](#)) (i.e., implementation success, quality dimensions, integration, value/cost savings, spread/reach, sustainability, capacity)
 - A subset of core measures from the ARTIC Program Evaluation Framework will be confirmed and shared with teams prior to development of full project proposals
- Include a description of the data collection methodology and data sources required to track performance measures
- Describe the potential challenges to evaluating the impact of implementing this project and propose solutions to address those challenges (e.g., data collection, privacy, etc.)

Budget and Budget Justification (1 pages)

- Complete the template provided outlining an itemized budget identifying the anticipated resources required (e.g., in-kind, human, financial, IT, equipment, etc.) to support implementation. The budget should be scalable depending on the number of institutions participating. A portion of the ARTIC funding must be allocated to the spread partners to support their implementation of the project
- The total available funding is a maximum of **\$1,000,000** over a 24-month period
- Describe any cash or in-kind contributions from the lead organization and partner organizations that have been negotiated/secured
- Describe any additional sources of revenue that may be leveraged as part of this project
- Identify the portion of the total funding amount to be allocated to additional partner sites to support further spread of the initiative
- As referenced in the Implementation Plan section, the project should be sustainable beyond the end of funding.
- Teams are expected to meet all deliverables on budget.

Presentation to accompany full submission

Applicants that are invited to submit full proposals will also be asked to prepare and deliver a short presentation (approximately 10 minutes) and meet with the selection committee for questions.

Full Submission Supporting Documents/Appendices:

Project Team Structure and Qualifications (maximum 10 pages)

- Identify the project lead(s) and core project team members. For each core team member (i.e., those who will lead and be active in day-to-day implementation of the project), please provide one page outlining their qualifications and experience with implementing evidence

- For advisory team members (i.e., team members who will advise on specific issues or overall implementation), please provide 0.5 page (maximum) outlining their skills and qualifications to advise on the implementation and spread of this project
- Describe the team's working partnerships/relationships, with explicit identification of partners, stakeholders and researchers (i.e., who will be involved and their roles)

Letters of Support from Lead Organizations

- Provide a letter of support from the lead organization's senior leadership (VP, CEO, Executive Director, Principal level) indicating their endorsement and support for the implementation of this clinical intervention or practice change.
- This letter should confirm who the executive champion will be for the project on an ongoing basis.

Letters of Support from Spread Partners

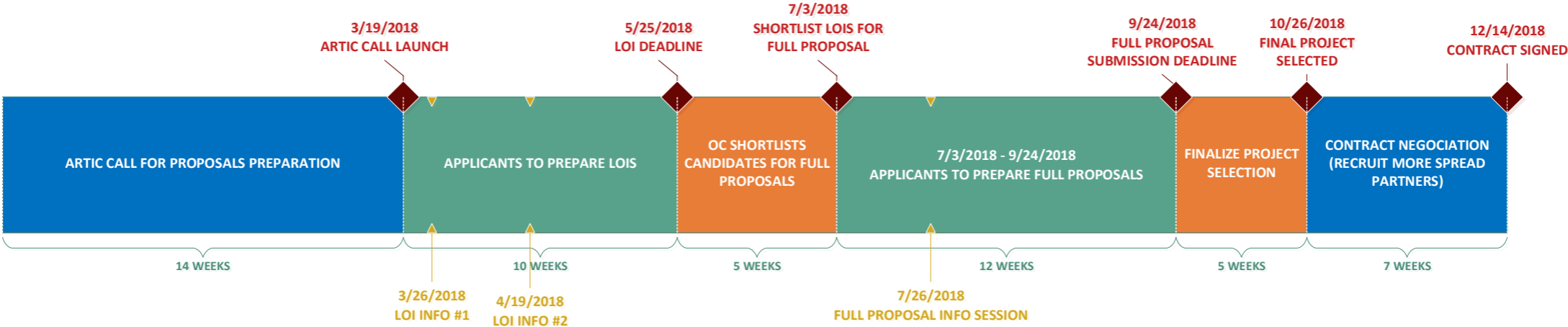
- The objective of this program is to accelerate and support the implementation of research evidence into practice. It is important that the selected project is of interest and can be implemented in a critical mass of participating organizations. Therefore, the ARTIC Program requests that applicants provide letters of support from no fewer than three spread partners. These spread partners are organizations (or partner teams consisting of multiple organizations) that have indicated an expression of interest in participating in the project. Additional spread partners will be identified as part of a site selection process once a project has been selected.
- Each letter of support must include the following information:
 - Expression of support from both senior leadership (executive level) and clinician leadership
 - A statement that the project aligns with the institutional/organizational priorities
 - Confirmation that the organization serves a critical mass of clients/patients/residents who would benefit from the intervention
 - Acknowledgement of the in-kind resources required to fully implement and sustain the clinical intervention or practice change, to be contributed by the spread partner
 - A description and commitment of the executive lead to supporting the project
 - A statement outlining the organization's capacity to successfully manage significant change initiatives
- **Each letter must demonstrate a full understanding of what is required as part of committing as a spread partner.** Past proposals have revealed that this is not always the case, and the committee will be specifically looking for this as part of the review of the proposals. It is highly recommended that spread partners be engaged early in the application process and help to shape how the clinical intervention or practice change will translate to their environments.

Readiness Assessment

The purpose of the readiness assessment is to assist organizations in determining the scope of commitment and estimate length of time that will be required to mobilize the required resources to implement the project.

- An appropriate readiness assessment should be developed and undertaken as a checklist of critical success factors and enablers within the lead and participating organizations prior to implementing the project (e.g., health human resources, IT, facility/space and data collection requirements).
- Outline of key stakeholders across participating organizations (i.e., individuals whose engagement is a key success factor for the project's implementation).

Appendix D: 2018 ARTIC Call for Proposals Overall Timeline



Appendix E: ARTIC Program Evaluation Framework

				Level of measurement			
Cat.	Domain	Measures (examples)	Data Source/ Responsibility	Proj	Prog	Sys	Exp. Term
Implement ation Success	Adoption	Full Implementation of the intervention	Survey & interviews (PT/AT)	Y	Y	Y	S, M, L
		Partial Implementation of the intervention	Survey & interviews (PT/AT)	Y	Y	Y	S, M, L
Quality Dimensions / Outcomes	Timely/ Access	e.g. time from referral to appt, time to spec post discharge	Source varies: project level records, admin databases, PCP EMRs (PT)	Y	Y	Y	S, M, L
	Equitable	e.g. reduced variation, standard followed		Y	Y	Y	S, M, L
	Effective	e.g. reduced opioid related deaths, ED usage, BDI, PACS		Y	Y	Y	S, M, L
	Patient Centred	e.g. continuity, pt exp & satisfaction, capacity to cope		Y	Y	Y	S, M, L
	Safe	e.g. reduced SSI, Nosoc infection, falls		Y	Y	Y	S, M, L
	Efficient	e.g. antimicrobial use, reduced ED usage, admissions		Y	Y	Y	S, M, L
Integration	Service Planning	e.g. shared QIPs, regional COEs	(PT/AT)	Y	Y	Y	S, M, L
		Length of Stay (LOS)	(PT/AT)	Y	Y	Y	S, M, L
		Wait time / time to service	(PT/AT)	Y	Y	Y	S, M, L
		Readmissions	(PT/AT)	Y	Y	Y	S, M, L
	Care Coord	e.g. # of care plans created & shared demonstrated active use of care plans	(PT/AT)	Y	Y	Y	S, M, L
Value/ Cost / Savings	Cost savings and/or avoidance	will include multiple measures of value, specific to each project, also aggregated to portfolio and extrapolated for system est.	TBD, Partial Cost Ben Analysis (PT/AT)	Y	Y	Y	S,M,L
Spread / Reach	Pt. Population	i. count of pts reached ii. % of population (outcome of spread)	Project records, surveys (PT)	Y	Y	Y	S, M, L
	Org/Provider Participation	i. # of organizations ii. # trained iii. time to uptake (process of spread)	Project records, aggregation, extrapolation (PT, AT)	Y	Y	Y	S, M, L
Sustainability	NHS Dimensions	e.g. i) Senior & Clinical Leadership engaged & supportive ii) Staff buy-in iii) Infrastructure in place to sustain iv) Provider outcomes to be included to assess sustainability	Survey & interviews (AT)	Y	Y	Y	S, M, L
	Knowledge Transfer	COP Participation	Project reported & survey (PT/AT)	Y	Y	Y	S,M,L
Capacity (Implement'n)	Org Capacity	e.g. leading other change projects, in own org	Survey & interviews (AT)	Y	Y	Y	M, L
	System Capacity	e.g. leading other change projects - multi-org.		Y	Y	Y	M, L
ARTIC Approach	Ev Cham pions al/ Gov n	Measures tbd - will include description of a clear causal pathway - the methodology of how ARTIC works, and then assess those elements.	Mixed methods approach including surveys and interviews with participating orgs to assess each component, as well as assessment of overall program. (AT)	Y	Y	N	M
	Impl Supp ort			Y	Y	N	M
	Educ/ Trainin g			Y	Y	N	M
	Selecti on			Y	Y	N	M
				Y	Y	N	M
Legend:							
PT: Project Team		Expected Term: Short (S), Medium (M), Long (L)					
AT: ARTIC Team							

Appendix F Frequently Asked Questions

Why should I apply to the ARTIC Program?

The ARTIC Program partners with project leads to provide an opportunity to implement and spread a proven clinical intervention or practice change across multiple organizations. Based on our learnings from previous ARTIC projects, project teams are provided with support from a centralized team with expertise in implementation in order to support the successful spread of the intervention.

What types of supports are offered to ARTIC Project Leads?

- Funding to support implementation of intervention
- Project management, implementation and change management support, advice and guidance
- Risks and issues management support (e.g., work with the lead project team and participating sites to address barriers and strengthen enablers)
- Guidance on how best to evaluate improvements resulting from the intervention or practice change
- Assistance in establishing a community of practice and executive champion committee
- Assistance in facilitating letters of agreement and commitments to participate from spread partners (and the necessary in-kind resources)
- Assist with resource allocation and champion identification at each organization
- Communications support to profile and share lessons learned with the health care community

What are the expectations of the project team leads?

Project team leads must be credible, well-respected opinion leaders in their field, with experience in knowledge translation and leading evidence implementation initiatives that have demonstrated improvements in outcomes, effectiveness and quality. Project team leads should have prior experience in leading cross-organizational change. These qualities will be demonstrated in a strong forward-looking implementation plan that outlines engagement strategies for both new and existing partners.

Project team leads will be expected to:

- Demonstrate understanding of issues faced by other sectors and disciplines as they relate to project implementation
- Partner and work closely with ARTIC Program staff to facilitate the implementation of their intervention across multiple organizations
- Provide regular updates and reports to the ARTIC Operational Committee
- Champion, present and engage in public forums on the ARTIC Program and their specific ARTIC Project
- Provide leadership, mentorship and expertise to spread partners, which may include site visits, regular phone calls and email communication, etc.
- Provide education and training to all participating organizations

- Establish a network/community of practice to facilitate the sharing of knowledge and learnings across all participating organizations
- Provide advice to the Executive Champion Committee
- Evaluate and facilitate a culture of continuous learning

What are the expectations of the spread partners?

The spread partners will need to:

- Identify an Executive Champion who will provide leadership, sign a letter of support, ensure necessary resources are allocated to the project and actively champion the project, as well as actively participate in the Executive Champion Committee.
- Allocate necessary resources to facilitate successful implementation of the intervention
- Ensure engagement and participation from key clinical and administrative staff within the organization
- Allocate time for staff to participate in training and network/community of practice meetings, and support implementation at the local organization

Am I able to submit my application in French?

Yes. Because English is the primary language of the majority of reviewers, French-language proposals will be translated from French to English to facilitate the review as necessary.

What happens if my project is selected?

An agreement will be established with the ARTIC Program, the Project Lead and the lead organization, respectively, to clarify roles and responsibilities, expectations and deliverables, and project timelines. It is expected that the lead organization will process and approve the agreement by **December 14, 2018**.

What are some common pitfalls to avoid when preparing my Letter of Intent?

Certain common pitfalls have been noticed on review of proposals in previous years. These often lead to potentially excellent projects being eliminated from consideration. Pay special attention to the following points when preparing your letter of intent:

- Ensure that your project relates to one or more of the Quality Statements from HQO's Quality Standards. More information is presented in [section 2.0](#) and the link below.
- Ensure that you identify no fewer than three spread partners who are prepared to submit a letter of support indicating their willingness to participate as a spread partner if your application is selected to submit a full proposal. More information on the roles of spread partners is presented in the [full submission guidelines](#).

Who are the CAHO Member Hospitals?

- Baycrest Health Sciences
- Bruyère Continuing Care
- Centre for Addiction and Mental Health
- Children's Hospital of Eastern Ontario
- Hamilton Health Sciences
- Health Sciences North
- Holland Bloorview Kids Rehabilitation Hospital
- Hôpital Montfort
- The Hospital for Sick Children
- Hotel Dieu Hospital
- North York General Hospital
- Providence Care
- Kingston General Hospital
- London Health Sciences Centre
- Mount Sinai Hospital
- St. Joseph's Healthcare Hamilton
- St. Joseph's Health Care London
- St. Michael's Hospital
- Sunnybrook Health Sciences Centre
- The Ottawa Hospital
- The Royal Ottawa Health Care Group
- Thunder Bay Regional Health Sciences Centre
- University Health Network
- Women's College Hospital

Any additional questions?

Please contact artic@hgontario.ca.