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**Adopting Research to Improve Care**

**(ARTIC) Program**

**LETTER OF INTENT 2018**

***Instructions:***

* ***Please complete all sections of LOI template. Guidance for each section is described in the ARTIC 2018 Applicant Call for Proposals and Information Package. Section lengths following this cover page are not fixed.***
* ***Note that the six (6) page maximum limit applies to sections following this cover page (i.e. beginning with Rationale for applying to the ARTIC Program)***

**Project Title:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Lead(s) Information** | | | | |
| **Title**: | **Surname**: | | **Given Name & Initial**: | |
| **Email Address**: | | | | **Phone Number**: |
|  | | | | |
| **Title**: | **Surname**: | | **Given Name & Initial**: | |
| **Email Address**: | | | | **Phone Number**: |
|  | | | | |
| **Host Organization:** | |  | | |
| **Mailing Address**: | | | | |

**Do not include additional information about the project other than requested above on this cover page.**

**Rationale for applying to the ARTIC Program**

*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.*

**Project Summary**

1. *The proposed clinical intervention or practice change*
2. *Where/how it is currently being implemented and the results achieved*
3. *How/why it adopted at least one statement of HQO’s Quality Standard(s) by implementing the recommendations for adoption*
4. *The opportunity for spread*

**Potential Impact**

1. *The client/patient/resident population(s) affected*
2. *The type and number of organizations that could benefit*
3. *Expected impacts to patient outcomes, and*
4. *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.*

**Quality Standards Adoption** *(address all four subsections)*

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.

**Implementation Plan/Timeline**

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.

**Patient & 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.

**Communication**

Describe briefly how the team will keep their stakeholders, especially ARTIC Program team, informed of their progress, including risks and issues at regular intervals.

**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 for further information on the measurement categories.

**Budget & 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.

**Project Team Qualifications & 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:

1. The team’s qualifications, specifically on project implementation and change management
2. Previous experience working together to implement this intervention
3. 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 identity who these end users are and their roles in the project.

**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.