



Transforming health care through research and education

Hospital Perinatal HIV Learning Collaborative

With Special Emphasis on Engaging Physicians and
Linking Infected Patients to Care

Request for Proposals for Learning Collaborative Participants

Open to Sole Community Hospitals and Rural Referral Center Hospitals

RFP release date: August 10, 2010

Proposals due: Friday, September 17, 2010

Optional Applicant Informational Calls:

Friday, August 20, 2010, at Noon ET/11 a.m. CT/10 a.m. MT/9 a.m. PT

To register, go to <http://bit.ly/Aug20AudioConf>

Or

Wednesday, August 25, 2010, at 3 p.m. ET/2 p.m. CT/1 p.m. MT/Noon PT

To register, go to <http://bit.ly/Aug25AudioConf>

Coordinator:

Joan M. Miller, MHA
Health Research & Educational Trust
155 No. Wacker, Suite 400
Chicago, IL 60606
312-422-2619
jmiller@aha.org

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STD and TB Prevention
Division of HIV/AIDS Prevention
Epidemiology Branch

TABLE OF CONTENTS

Introduction	1
Organizational Background	1
Goals and Objectives	2
Benefits to and Expectations of Participants	2
Eligibility	3
Proposal Guidelines	4
Selection Process and Criteria	5
Time Line	5
Additional Project Information and Questions	6

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Introduction

The Health Research & Educational Trust (HRET) is pleased to announce a Request for Proposal to identify participants for a Hospital Perinatal HIV Learning Collaborative, with special emphasis on engaging physicians in HIV testing and linking infected patients to care. The collaborative is open to Sole Community Hospitals and Rural Referral Center Hospitals. Proposals are due Friday, September 17, 2010.

The Learning Collaborative is being created to identify and advance the ways in which hospitals can increase perinatal HIV testing rates and collaborate with physicians, public health departments, and other partners to eliminate mother-to-child transmission of HIV. Six sites will be selected through this Request for Proposal process.

The Learning Collaborative will work with selected participants for one year to identify unmet needs, discover key replicable elements of successful programs, foster enhancements to those programs, codify lessons and effective practices, and disseminate practical guidance for others to adopt similar initiatives in their own communities and regions.

The Learning Collaborative benefits each participating hospital through a facilitated peer learning network and expert consultation to support perinatal HIV prevention. The project pays participants' travel costs to Learning Collaborative events and the costs of expert consultation made available to the collaborative members. Participants do not receive cash grants to fund staff or programs.

While the dramatic reduction of perinatal HIV transmission is hailed as a public health success story, the fact that babies in the United States are still born infected with HIV means victory is not complete. Sole Community Hospitals and Rural Referral Center Hospitals have particular challenges in preventing transmission, and are faced with critical staffing and resource issues.

This Learning Collaborative is funded by the Centers for Disease Control and Prevention (CDC); National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention; Division of HIV/AIDS Prevention; Epidemiology Branch.

The proposal due date is **Friday, September 17, 2010**.

Organizational Background

HRET is the not-for-profit research and education affiliate of the American Hospital Association. It focuses on identifying and exploring key issues affecting the health care delivery system.

HRET's applied research seeks to create new knowledge, tools, and assistance in improving the delivery of health care by providers and practitioners within the communities they serve.

For the past several years, HRET has served as a national partner of CDC, developing tools and conducting educational activities to help hospitals eliminate mother-to-child transmission of HIV.

Goal and Objectives

The Hospital Perinatal HIV Learning Collaborative will examine, advance and disseminate effective practices and policies for perinatal HIV prevention in the context of local and regional hospital-based partnerships.

Specifically, this initiative will:

1. Create a "learning collaborative" peer network among innovative hospitals focused on eliminating mother-to-child HIV transmission, with a special emphasis on engaging physicians and linking infected patients to care;
2. Discover and implement enhancements to participants' programs by identifying unmet needs and adapting and applying the successful practices of other participants in the peer network, as well as the CDC's recommendations on prevention policies and programs and other expert technical assistance;
3. Disseminate lessons and practices from the Learning Collaborative to hospitals throughout the country, and elicit additional promising clinical prevention practices from them; and
4. Develop operational guidance for hospitals to implement effective perinatal HIV prevention programs and policies in their communities.

Benefits to and Expectations of Participants

The Learning Collaborative is intended to be an active and interactive opportunity to:

- examine and document promising and effective practices;
- identify and implement improvements to existing programs or policies, with experienced peer support and expert consultation; and
- share successes and shortcomings for the benefit of other Learning Collaborative participants and the broader field.

The Learning Collaborative's work is designed to benefit each participant directly through a peer learning network and expert consultation, with resulting program enhancements and improved clinical outcomes. Participants will also have an opportunity to share their work with national audiences.

It is vitally important to the success of the Hospital Perinatal HIV Learning Collaborative that all selected sites participate in all project activities. The quality and value of the Learning Collaborative experience are dependent on the involvement of its constituent organizations, and on full and consistent participation in the learning and advancement of all participants.

The Learning Collaborative pays participants' travel costs to the in-person member meeting, as well as costs of conference calls, coaching calls, and the costs of expert consultations. Participants do not receive cash grants to fund staff or programs.

Specifically, selected sites will:

1. Assign two individuals to participate for 12 months.
2. Share perinatal HIV prevention strategies, tactics, operations, and data openly. This includes sharing information in the Learning Collaborative peer network, in telephone or Web conferences for other professionals, and in published guidebooks, fact sheets or Web sites.
3. Describe their current initiatives using a standard framework of goals, objectives, assumptions about causal factors and leverage for change, interventions, and data and evaluation.
4. Participate in ongoing Learning Collaborative peer network activities, including:
 - a. Quarterly conference calls, the first of which is at 3 p.m. ET Wednesday, October 27, 2010;
 - b. Coaching calls as needed with defined experts; and
 - c. E-mail list serv or other electronic communication.
5. Send two principal staff to a Learning Collaborative meeting in Chicago at the American Hospital Association headquarters from 8:30 a.m. to 4 p.m. on November 4, 2010. Travel expenses will be reimbursed.

Eligibility

Eligible applicants include any hospitals designated as a Sole Community Hospital or Rural Referral Center Hospital.

Consideration will be given to hospitals that have experienced births of HIV-infected infants and have limited access to HIV care providers.

Proposal Guidelines

Please follow the specifications and guidelines below in developing your proposal. In fairness to other applicants and to help ensure an efficient review process, proposals that do not follow these guidelines will not be considered.

Proposals should be no more than four pages in length, excluding cover letter, submitted on hospital letterhead, and signed by the hospital chief executive officer and birthing center manager. The document must include the following sections:

Principal Participants: Include the names, titles, email addresses and phone numbers for the two principal participants who will be the primary leaders from the hospital, attending all conference calls and the in-person meeting.

Hospital Overview: Describe your hospital and its birthing center's perinatal HIV experience. Include information on the number of annual births, the number of babies born to HIV-infected women, and the number of births to HIV-infected newborns. In addition, if the data are available, include a summary of HIV testing protocols, the percentage of women tested for HIV and the region's HIV prevalence. (Participants are not required to have perinatal HIV testing programs to participate.) In addition, provide information on the demographics of your patients and the overall community.

Engaging Physicians in Perinatal HIV Testing: Discuss both the successes and challenges you have experienced in engaging physicians and other providers in perinatal HIV prevention.

Linking HIV-Infected Patients to Care: Describe both the successes and challenges in linking HIV-infected patients to care.

Commitment: Discuss your organization's level of commitment to eliminating perinatal HIV infection. Why should your hospital be selected?

Vision and Plans: Relate your aspirations for the program in concrete terms. Where do you want your perinatal HIV efforts to be in one year, in terms of process improvements, increased testing rates, health outcomes, number of women tested or other characteristics? What is your plan to get there?

Submission Format Specifications

- Four-page maximum, not including cover page
- 12-point font
- Numbered, double-spaced and single-sided pages with 1-inch margins
- Applicant organization name as a header on every page
- Applications due Friday, September 17, 2010
- Send to Joan Miller at HRET at jmiller@aha.org

Selection Process and Criteria

Proposals that meet the Guidelines and Format Specifications above will be reviewed by a panel of national perinatal HIV experts. The following specific criteria and weighting will be considered:

- Commitment (30 points): Does the hospital exhibit evidence of a commitment to learn, share and improve?
- Collaborative Spirit (20 points): Does the hospital exhibit evidence of current or potential partnership and collaboration on perinatal HIV with physicians, public health, and other providers and agencies? Has the applicant taken a community leadership role in addressing perinatal HIV? Will the applicant be an engaged, contributing participant in the Learning Collaborative?
- Sustainability (30 points): Does the hospital demonstrate a commitment to sustainable improvement, including evidence of leadership commitment, resources and any capacity-building activities to institutionalize perinatal HIV prevention efforts?
- Replicability (20 points): Is there potential to replicate successes and expand impact to other hospitals?

Time Line

Request for Proposals Released:	August 10, 2010
Optional RFP Audio Conferences:	Noon ET, Friday, August 20 or 3 p.m. ET Wednesday, August 25
Applicant Proposals Due:	September 17, 2010
Successful Applicants Notified:	September 30, 2010
Learning Collaborative Conference Calls	3 p.m. ET Wednesday, October 27 TBD January 2011 TBD April 2011 TBD July 2011 TBD October 2011
Learning Collaborative Meeting in Chicago American Hospital Association	8:30 a.m. to 4 p.m. Thursday, November 4
Learning Collaborative Expert Consultation	Ongoing – January to October 2011

Additional Project Information and Questions

Two optional conference calls will be offered to explain the purpose of the Learning Collaborative, outline the application process and answer any questions.

Friday, August 20, 2010, at Noon ET/11 a.m. CT/10 a.m. MT/9 a.m. PT

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