



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

MEMORANDUM

Date: October 15, 2012

To: Prospective Applicants for Coverdell Stroke Program Grant

From: Steven Wagner, JD, MPH, Acting Chief
Division of Prevention and Health Promotion
Ohio Department of Health

Subject: Notice of Availability of Funds
Competitive Grant Application
Program period: January 1, 2013 – June 29, 2015
Budget period: January 1, 2013 – June 29, 2013, then annually through 6-29-15

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion, Bureau of Healthy Ohio, announces the availability of grant funds to assist ODH in implementing the Coverdell Stroke Program. The Coverdell Stroke Program is a data-driven quality improvement program to assist participating hospitals in implementing the latest evidence based stroke treatment, and thereby reduce deaths and disabilities due to stroke, and reduce recurrent strokes. The Clinical Consulting Team will provide clinical and quality improvement consultation, technical advice and assistance, training and education to ODH Coverdell staff and to staff in participating Coverdell hospitals statewide. This grant reflects the commitment of ODH to improve acute inpatient stroke treatment and patient outcomes by implementing this program in Ohio.

One grant may be awarded for a total amount not to exceed \$80,000 for the first budget period identified above. No sub-grantee is guaranteed a certain percentage of the total funds available. No grant award will be issued for less than \$30,000.

All interested parties must complete and submit the attached Notice of Intent to Apply (NOIAF) Form no later than **Monday November 5, 2012** to be eligible to apply for funding. It should be emailed to Diane Nutter at diane.nutter@odh.ohio.gov or faxed to 614-564-2409.

All grant proposals must be submitted via the Internet using the the Grants Management Information System (GMIS 2.0). Therefore, all applicants must attend GMIS 2.0 training, unless they have previously completed this training. The completion of this training is required in order to submit an application in the GMIS 2.0 system. All applicants who have not previously attended GMIS 2.0 training must complete and return the GMIS 2.0 training form (attached to the RFP) if this training is needed. This training will allow you to submit an application via the Internet using GMIS 2.0.

The attached Request for Proposals (RFP) will provide detailed information about the scope of the grant, policy, procedures, performance expectations, and general information and requirements related to the administration of the grant. Please read and follow the directions carefully.

Applications are due and must be submitted in GMIS 2.0 no later than Monday December 3, 2012 at 4:00 pm. Any applications received after this date and time are late, and will not be considered.

Applications must be complete in order to be considered. Applications that are incomplete will not be considered.

Conference call: Potential applicants may participate in a conference call for additional information about this funding opportunity. This call will be held on Thursday November 1, 2012 at 11:00 am. To participate, call 1-800-510-7500, code 379452#.

Questions about application or program: If you have any questions about this Request for Proposal, please email them to Diane Nutter at diane.nutter@odh.ohio.gov. All questions must be submitted by email, and they will be responded to in writing. If you would like to receive questions and responses, please email your request to Ms. Nutter at the email address above.

Questions about Grants Management Information System or Grants Administration Policies and Procedures: For these questions, please email Gail Byers at Gail.Byers@odh.ohio.gov

**Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High Street
Columbus, OH 43215**

Applicant Notification of Competitive Grant Cycles

The purpose of the competitive grant cycle notification process is to announce the availability of grant funding, solicit interested applicants, and to make subgrantee award selections from applications submitted via GMIS. The ODH notification process for competitive grant cycles is a two-part procedure.

In part one, potential applicants receive a cover memo and a *Notice of Availability of Funds* letter. That notice outlines the amount of funding available for a particular program, eligibility requirements, dates of the project period, and instructions on how to obtain a Request for Proposal (RFP).

The RFP outlines detailed information about the background, intent and scope of the grant, policy, procedures and performance expectations, and general information and requirements associated with the administration of the grant.

In part two, potential applicants mail to ODH the completed *Notice of Intent to Apply for Funding* letter that alerts ODH that a GMIS grant application is forthcoming. The notice captures required information from potential applicants and allows ODH to establish an account number that allows for the submission of a GMIS grant application.

Required Timelines for the Notification Process

1. The cover memo with the *Notice of Availability of Funds* letter is due to BHSIOS two weeks before the actual mailing date of the *Notice of Availability of Funds* letter.
2. The cover memo and the *Notice of Availability of Funds* letter is mailed thirty (30) days prior to the RFP mail date.
3. Completed *Notice of Intent to Apply for Funding* letters from potential applicants are due to ODH no less than thirty (30) days before the GMIS application submission due date. This time is needed to plan and provide training of potential applicants if needed.

NOTICE OF INTENT TO APPLY FOR FUNDING

From Ohio Department of Health
Division of Prevention and Health Promotion
Bureau of Healthy Ohio

ODH Program Title: Ohio Coverdell Stroke Program

Due Date: This completed form must be received by ODH by Monday November 5, 2012

ALL INFORMATION REQUESTED MUST BE COMPLETED.

(Please Print Clearly or Type)

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency

(Check One)

County Agency

Hospital

Local Schools

City Agency

Higher Education

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Please check all applicable:

Yes, our agency will need GMIS 2.0 training

No, our agency has completed GMIS 2.0 training

First time applying for an ODH grant

E-mail or fax completed form to:

Diane Nutter, Manager
Ohio Coverdell Acute Stroke Program
Ohio Department of Health
246 N. High Street, Floor 8
Columbus, Ohio 43215
E-mail: diane.nutter@odh.ohio.gov
Fax: 614-564-2409



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

**DIVISION OF
PREVENTION AND HEALTH PROMOTION**

**BUREAU OF
HEALTHY OHIO**

**OHIO COVERDELL STROKE PROGRAM
REQUEST FOR PROPOSALS (RFP)**

**FOR
FISCAL YEAR 2013
(1/1/2013 – 06/29/2013)**

COMPETITIVE GRANT APPLICATION INFORMATION

Table of Contents

I. <u>APPLICATION SUMMARY and GUIDANCE</u>	
A. Policy and Procedure	1
B. Application Name	1
C. Purpose.....	1
D. Qualified Applicants	1
E. Service Area.....	2
F. Number of Grants and Funds Available	2
G. Due Date	2
H. Authorization	3
I. Goals	3
J. Program Period and Budget Period.....	3
K. Public Health Accreditation Board Standards	3
L. Public Health Impact Statement.....	3
M. Incorporation of Strategies to Eliminate Health Inequities.....	4
N. Appropriation Contingency	5
O. Programmatic, Technical Assistance and Authorization for Internet Submission ...	6
P. Acknowledgment	6
Q. Late Applications	6
R. Successful Applicants	6
S. Unsuccessful Applicants	6
T. Review Criteria	6
U. Freedom of Information Act	7
V. Ownership Copyright.....	7
W. Reporting Requirements	8
X. Special Condition(s).....	9
Y. Unallowable Costs	9
Z. Audit	10
AA. Submission of Application.....	11
II. <u>APPLICATION REQUIREMENTS AND FORMAT</u>	
A. Application Information.....	13
B. Budget	13
C. Assurances Certification	14
D. Project Narrative	14
E. Civil Rights Review Questionnaire – EEO Survey	18
F. Federal Funding Accountability and Transparency Act (FFATA) Requirement ...	18
G. Electronic Funds Transfer (EFT) Form	18
H. Internal Revenue Service (IRS) W-9 Form and Vendor Forms	18
I. Public Health Accreditation Board Standards	19
J. Public Health Impact Statement Summary	19
K. Liability Coverage	19
L. Non-Profit Organization Status.....	19
M. Attachment(s).....	19
III. <u>APPENDICES</u>	
A. GMIS Training Form	
B. Grant Application Review Rating Form - Competitive	
C. Coverdell Stroke Program Leadership Team	
D. Coverdell Stroke Program Work Plan	
E. Coverdell Hospitals: Benefits and Responsibilities of Participation	
F. Coverdell Stroke Program: Sub-Grantee Monthly Activity Report	

I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted by the due date indicated in sections I.D and I.G will result in the entire application not being considered for review.**

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Sub-grantee applications. The GAPP manual is available on the ODH website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP”) Please refer to Policy and Procedure updates found on the GMIS bulletin board when you log into your GMIS account.
- B. Application Name:** **Ohio Coverdell Stroke Program (“Coverdell” or “Program”)**
- C. Purpose:** [To assist ODH in achieving the goals and objectives of the Coverdell Stroke Program and successfully implementing this program in Ohio by providing clinical and quality improvement consultation, technical advice and assistance, training, education and program implementation assistance to ODH Coverdell staff and staff at hospitals participating in the Coverdell Stroke Program, as described in this RFP.]
- D. Qualified Applicants:** [Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT).

The following criteria must be met for grant applications to be eligible for review:

1. Applicant doesn’t owe funds in excess of \$1,000 to the ODH.
2. Applicant isn’t certified to the Attorney General’s (AG’s) office.
3. Applicant has submitted application and all required attachments **by 4:00 p.m. on Monday December 3, 2012.**

Qualified applicants will meet all of the following criteria: (1) An Ohio hospital with a Primary Stroke Center (PSC) that is certified by The Joint Commission (TJC), has maintained this PSC certification for at least the past two years, and will maintain either this PSC certification or the TJC’s new Comprehensive Stroke Center certification for the duration of this sub-grant; (2) the hospital subscribes to Get With

The Guidelines® - Stroke (GWTG) data collection and reporting platform owned by the American Heart Association / American Stroke Association and operated by Outcome Sciences, Inc., enters its adult acute inpatient stroke treatment data into GWTG, and will continue to do so for the duration of this sub-grant; (3) the hospital is participating in the Ohio Coverdell Stroke Program, and will continue to do so for the duration of this sub-grant; and (4) the hospital is willing and able to provide ODH and the Ohio Coverdell Stroke Program with a Clinical Consulting Team (CCT) that meets all of the requirements in this RFP; and (5) the hospital assures that all members of the Clinical Consulting Team (CCT) will actively participate in the Ohio Coverdell Stroke Program, and assist ODH Coverdell staff and participating hospitals to meet the goals and objectives of this program. |

- E. Service Area:** |The service area is statewide. It is expected that the vast majority of the work will be done by computer, email, telephone and video conference. Travel will be required to attend at least eight (8) full day meetings per year in person in Columbus, and additional trainings statewide that are presented by the CCT. Limited travel may also be required for a nurse from the clinical consulting team to visit some participating hospitals throughout the state each year, based on hospital needs, as determined by review of hospital stroke treatment data and other hospital information, and in consultation with hospital staff and ODH Coverdell staff. |
- F. Number of Grants and Funds Available:** |This sub-grant is funded with State of Ohio general revenue funds from the Ohio Department of Health, Division of Prevention and Health Promotion, Bureau of Healthy Ohio, Coverdell Stroke Program (ODH). ODH may award one sub-grant per year for a total amount of up to \$80,000.00 per year, for up to three years. Eligible applicants may apply for up to \$80,000.00. |

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

- G. Due Date:** All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery **by 4:00 p.m. on Monday December 3, 2012.** Applications and required attachments received late will not be considered for review.

Questions about application or program: Email these questions to Diane Nutter, Coverdell Stroke Program Manager, at diane.nutter@odh.ohio.gov and ODH will provide written responses. Potential applicants may request a copy of all questions and ODH responses by sending an email to diane.nutter@odh.ohio.gov and asking to receive Coverdell RFP Questions and Responses.

Questions about Grants Management Information System or Grants Administration Policies and Procedures: Email these questions to Gail Byers at

Gail.Byers@odh.ohio.gov

Conference call: Potential applicants may participate in a conference call for additional information about this funding opportunity. This call will be held on Thursday November 1, 2012 at 11:00 am. To participate, call 1-800-510-7500, code 379452#

In the application section “Programmatic, Technical Assistance and Authorization for Internet Submission”, enter Diane Nutter as the contact name.

- H. Authorization:** Ohio general revenue funds from the Ohio Department of Health, Division of Prevention and Health Promotion, Bureau of Healthy Ohio, support this funding opportunity.
- I. Goals:** [The goals of this funding opportunity are to assist ODH and participating hospitals to successfully implement the Coverdell Stroke Program in Ohio by: (1) Providing a Clinical Consulting Team (CCT) to the ODH Coverdell Stroke Program. This team shall consist of at least one consulting neurologist and one registered nurse, and may include additional team members. All team members shall have relevant acute inpatient stroke treatment experience and expertise, as demonstrated by education, training and at least three years of acute inpatient stroke treatment experience; and (2) Providing clinical and quality improvement consultation, technical advice and assistance, training, education and program implementation assistance to ODH Coverdell staff, the Coverdell Leadership Team, and to staff at hospitals participating in the Coverdell Program to assist hospitals in continually improving their implementation of evidence based stroke treatment, and thereby reduce patients’ deaths and disabilities from stroke, and reduce recurrent strokes.]
- J. Program Period and Budget Period:** The program period will begin 1/1/2013 and end on 6/29/2015. The budget period for this application is 1/1/2013 through 6/29/2013.
- K. Public Health Accreditation Board (PHAB) Standard(s):** *This grant program will address PHAB standard 1.4: “Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Program or Interventions”. The PHAB standards are available at the following website:*

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>
- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.
 - 1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the

grant application to ODH. The program summary, not to exceed one page, must include:

- a) The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups);
 - A summary of the services to be provided or activities to be conducted; and,
 - A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. *Public Health Impact Statement of Support* - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available.

M. Incorporation of Strategies to Eliminate Health Inequities

The ODH Heart Disease and Stroke Prevention Program and the Coverdell Stroke Program are addressing health inequities and strategies to eliminate them, and the sub-grantee will implement these ODH strategies through its work under this RFP. **Therefore, the applicant is not required to incorporate any strategies to eliminate health inequities in its application, or to otherwise address in its application the requirements of Section M.**

Health Equity Component (Standard Health Equity Language)

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to be healthy. Throughout the various components of this application (Program Narrative, Objectives, and Workplan), applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experiences a

disproportionate burden of disease or health condition (This information must be supported by data.);

- (2) Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
- (3) Explain how proposed program interventions will address this problem.

The following section will provide a basic framework and links to information to understand health equity concepts.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people, live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

For more resources on health equity, please visit the ODH website at:

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The Sub-grantee agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). For questions regarding this RFP, please contact Diane Nutter by email at diane.nutter@odh.ohio.gov

Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for Internet submission.

- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday December 3, 2012**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
 2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;

5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the RFP;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to GAPP, Chapter 100;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases, health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Applicant describes activities which supports the requirements outlined in this RFP.

The attached Grant Application Review Rating Form provides additional information about review criteria and the scoring of applications.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given RFPs. **There will be no appeal of the Department's decision.**

- U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed.
- V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded in whole or in part by a grant awarded by the Ohio Department of Health, [Division of Prevention and Health Promotion, Bureau of Healthy Ohio], [Ohio Coverdell Stroke Program]. The opinions of the authors are not necessarily those of ODH or the Coverdell Stroke Program.”

Confidentiality Agreement Required: The sub-grantee will have access to confidential de-identified personal health information and other sensitive information, and will be required to sign a confidentiality agreement with ODH to ensure the protection of this confidential and sensitive information.

- W. Reporting Requirements:** Successful applicants are required to submit sub-grantee program and expenditure reports. Reports must adhere to the ODH GAPP manual. Reports must be received before the department will release any additional funds.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- 1. Program Reports:** Sub-grantees' Program Reports must be completed and submitted via GMIS, as required by the Sub-grant program by the following dates:

A Monthly Program Activity Report and all required attachments are due on the 10th of each month for the preceding calendar month.

These reports shall be submitted on the report template provided by ODH. All attachments to program reports shall contain headings that include "Ohio Coverdell Stroke Program", identify the document's contents and the time period covered, and all margins shall be at least one inch wide. The sub-grantee cannot delegate this reporting responsibility to a contractor.

Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.**

Submission of Sub-grantee Program Reports via the ODH's Grants Management Information System indicates acceptance of the ODH GAPP.

- 2. Periodic Expenditure Reports:** Sub-grantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: [1st Quarter: January 1 through March 31, 2013 due April 15, 2013; 2nd Quarter: April 1 through June 29, 2013 due July 15, 2013.]
- 3. Final Expenditure Reports:** A Sub-grantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 15, 2013. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Sub-grantee Final Expense Report. The Sub-grantee Final Expense Report serves as an invoice to

return unused funds.

Submission of the periodic and final Sub-grantee expenditure reports via the GMIS system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

4. **Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the Sub-grantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Sub-grantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.
- X. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the Sub-grantee’s first payment. The 30 day time period, in which the Sub-grantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.
- Y. Unallowable Costs:** Funds **may not** be used for the following:
1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
 2. To disseminate factually incorrect or deceitful information;
 3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
 4. Bad debts of any kind;
 5. Lump sum indirect or administrative costs;
 6. Contributions to a contingency fund;
 7. Entertainment;
 8. Fines or penalties;
 9. Membership fees or subscription costs, unless justified in an itemized budget approved by ODH;
 10. Interest or other financial payments;
 11. Contributions made by program personnel;
 12. Costs to rent equipment or space owned by the funded agency;
 13. Inpatient services;
 14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
 15. Satisfying any requirement for the expenditure of non-federal funds as a

- condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/TravelRule> then click on OBM Travel Rule.)
 17. Costs related to out-of-state travel, unless justified in an itemized budget approved by ODH;
 18. Training costs, unless justified in an itemized budget approved by ODH;
 19. Contracts for compensation with advisory board members;
 20. Grant-related equipment costs greater than \$300, unless justified in an itemized budget approved by ODH;
 21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
 22. Payments to hospitals;
 23. Re-abstraction of hospital medical records, unless approved by ODH in writing in advance;
 24. Clinical care;
 25. Research;
 26. Writing abstracts, manuscripts, or other documents for publication unless approved by ODH in writing in advance; and
 27. Food or beverages for any purpose other than meals per diem in connection with overnight travel and as allowed by OBM Website: <http://obm.ohio.gov/MiscPages/TravelRule> Then click on OBM Travel Rule. |

Use of grant funds for prohibited purposes will result in the loss and/or recovery of those funds.

- Z. Audit:** Sub-grantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the sub-grantee's fiscal year.

Sub-grantees that expend \$500,000 or more in federal awards per fiscal year are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Sub-grantees that expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to the ODH, Grants Services Unit, Central Master Files address within 30 days. Reference: GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Sub-grantee audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on sub-grants passed-through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 30 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
 - a. Hospital Table of Organization
 - b. Position description and curriculum vita or resume of each Clinical Consulting Team member
 - c. Training and Education Plan
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary

5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Electronic Funds Transfer (EFT) form (**Required if new agency, thereafter only if banking information has changed.**)
9. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form (**New Agency Only**)
 - b. Vendor Information Change Form (**Existing agency with tax identification number, name and/or address change(s).**)
 - c. Change request in writing on Agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
10. Public Health Impact Statement
11. Statement of Support from the Local Health Districts
12. Liability Coverage (**Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.**)
13. Evidence of Non-Profit Status (**Non-Profit organizations only**)
14. Attachments as required by Program. See Section I.AA.2 above.

One copy of the following documents must be e-mailed to audits@odh.ohio.gov or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

One copy of the following documents must be mailed to the address listed below:

**Complete
Copy &
Mail To
ODH**

1. An original and three copies of **Attachments** (non-Internet compatible) as required by program:

Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Access to GMIS, will be provided after GMIS training for those agencies requiring training. All others will receive access after the RFP is posted to the ODH website.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of ODH GAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.

- A. **Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. **Budget:** Prior to completion of the budget section, please review pages 9-10 of the RFP for unallowable costs.

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the budget narrative may be used to identify additional funding information from other resources.

- 1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.
- 2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period 1/1/2013 to 6/29/2013.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/MiscPages/TravelRule> and supplies directly related to planning, organizing and conducting the initiative/program activity described in this announcement.

The applicant shall retain all contracts on file. The contracts should not be sent to ODH. A completed “Confirmation of Contractual Agreement” (CCA) form must be submitted via GMIS for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

CCAs cannot be submitted until after the first quarterly grant payment has been issued.

The applicant shall itemize all equipment (**minimum \$300 unit cost value**) to be purchased with grant funds in the Equipment Section.

3. **Compliance Section D:** Answer each question on this form as accurately as possible. *Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.*
4. **Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.

C. **Assurances Certification:** Each Sub-grantee must submit the Assurances (Federal and State Assurances for Sub-grantees) form. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the Sub-grantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. **Executive Summary:**

Purpose: Provide a *concise* summary (maximum of 2 pages) of the applicant’s plan to assist ODH in implementing the Coverdell Stroke Program and provide clinical support to ODH Coverdell staff and the staff in participating hospitals to successfully achieve the goals of the Coverdell Program. Include a description of how the project will be managed and evaluated.

Target population: Describe the target population to be served by the applicant as part of the Coverdell Program.

Services to be provided: Provide information about the Clinical Consulting Team (CCT) the applicant will provide to the ODH Coverdell Stroke Program.

Note: This summary may be provided by ODH in a response to a legislative, public or other inquiry. |

2. **Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Attach a Table of Organization that shows where the CCT fits within the applicant's organizational structure.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include as attachments position descriptions and curriculum vita or resume of each CCT member.

3. **Methodology:** In narrative form and through applicant's attachments, identify the program goals, objectives and proposed activities consistent with this RFP and its attachments. Objectives and activities should be **Specific, Measurable, Attainable, Realistic & Time-Phased (SMART), and focused on process, impact and/or or outcomes**, and how the sub-grantee proposes to meet them. Indicate how sub-grantee will evaluate them to determine the level of success of the sub-grantee's work and of the program.

The following program requirements and information should be considered in writing this section of the application:

- a. **Confidential information:** ODH will provide the CCT with access to a GWTG Super-user account at no cost to CCT, so that the CCT has access to Ohio Coverdell data in GWTG. The applicant will be required to sign a confidentiality agreement to ensure the protection of confidential de-identified personal health information and other sensitive information. See Section I.V on page 7.
- b. **Hospital site visits:** The CCT shall provide an in person site visit to each new Coverdell hospital within 45 days of the hospital's initial participation in Coverdell. In person site visits to hospitals currently participating in Coverdell will be limited in number, and will be determined on the basis of need, as documented by hospital data and information, and as assessed by CCT in consultation with ODH Coverdell staff and hospital staff.
- c. **Online training:** ODH plans to professionally record at least one medical records abstraction or re-abstraction training to be presented by CCT to staff at participating hospitals, and ODH will make this training available

online. ODH will be responsible for recording this training and hosting it online. The logistics of scheduling, preparing, presenting and recording the training will be coordinated between ODH and CCT.

Objective A: Assist ODH Coverdell Staff and Coverdell Leadership Team -

The CCT will provide clinical and quality improvement consultation, technical advice and assistance, education, and program implementation assistance to ODH Coverdell staff and to the Coverdell Leadership Team. Summarize the proposed structure and functioning of the CCT, including but not limited to the following: name and title of each member of the CCT, name and title of each person who will provide direct supervision of each team member, and where the CCT fits within the hospital's table of organization. Describe CCT members' roles, how the team will function, how team members will coordinate among themselves, identify which team member will have primary responsibility for ensuring that each required Coverdell activity is met, who will be responsible for submitting program and financial reports to ODH in GMIS. Describe how the CCT will collaborate with ODH Coverdell Program Manager, QI Coordinator, Researcher and with the Coverdell Leadership Team.

- a. Describe the role of the consulting neurologist, and how he/she will contribute to the Coverdell Program. Include how the consulting neurologist will work with ODH Coverdell staff and the Coverdell Leadership Team.
- b. Identify proposed contractors, if any, and their roles and responsibilities. Describe how the CCT will monitor and evaluate contractors' performance and evaluate progress in meeting program goals, objectives and activities. Sub-grants are prohibited.

Objective B: Quality Improvement – Describe how the CCT will provide clinical and quality improvement consultation, technical advice and assistance, training and education to ODH Coverdell staff and to staff at hospitals participating in the Coverdell Program to support hospitals' continually improving their implementation of evidence based stroke treatment, as documented by standards of national accrediting organizations, GWTG and the Coverdell Program.

- a. Describe the experience and accomplishments of each CCT member in implementing a data-driven quality improvement program, preferably related to the Coverdell Program or stroke treatment, or transferable experience from another area.
- b. Describe how you will collaborate with the ODH Coverdell QI Coordinator to implement the attached ODH Coverdell Work Plan objectives and activities.

- c. Describe how the CCT will support and advance Coverdell as a data driven quality improvement program consistent with the attached ODH Coverdell Work Plan.
 - i. Include CCT's proposed quality improvement topics, methods, processes and outcomes; how they will be implemented and implementation timeline; evaluation methods, processes, and timeline.
 - ii. Describe the role and responsibilities of the consulting neurologist in supporting the QI Plan, including the neurologist's interactions with hospital physicians, hospital stroke teams, and ODH Coverdell staff.
 - iii. Include the proposed methods of assessing and verifying the validity, reliability and consistency of hospital data entered in Get With The Guidelines®-Stroke (GWTG) and reabstraction documentation submitted by participating hospitals; and quality improvement methodology for improving hospitals' delivery of evidence based stroke treatment as demonstrated by stroke performance data in GWTG.
 - iv. Describe your proposed communication plan with ODH and Coverdell member hospitals. This should include ways issues will be identified, how they will be researched and resolved, and the process that will be used to communicate the information to the QI Coordinator and hospitals in order to ensure consistent messages are communicated to all regarding technical assistance findings, resolution of issues, and updates to resources and clinical information. Include your proposal for monitoring how hospitals are incorporating this information into their clinical practices.

Objective C: Training and Education - Describe in the narrative and attach a Training and Education Plan that identifies the training and education the applicant proposes to provide through June 2015. The plan should be in chronological order by year. It should be consistent with and build on the attached ODH Coverdell Work Plan. It should include the following: medical records abstraction and re-abstraction training, education and training in future Coverdell statewide hospital meetings (3 per year), statewide quality improvement webinars (up to five one hour webinars per year), "Transitions of Care" Workgroup meetings (two from January to June 2013) and any other training and education applicant proposes that CCT will provide through June 2015.

For all medical records abstraction and re-abstraction trainings, CCT shall provide continuing education units (CEU) credit approved by the Ohio Board of Nursing. The application shall include the applicant's ability to do this and identify the CCT team member who will be responsible for the CEU process,

including providing documentation to the Ohio Board of Nursing, participants and ODH. |

Objective D: Applicant's Strengths and Challenges - Attach a summary of applicant's strengths and anticipated challenges in implementing this RFP.

E. Civil Rights Review Questionnaire - EEO Survey: The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Sub-grantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:

FFATA was signed on September 26, 2006. FFATA requires ODH to report all Sub-grants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.

Information on Federal Spending Transparency can be located at www.USAspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at www.whitehouse.gov/omb/open.

(Required by all applicants, the FFATA form is located on the GMIS Application Page and must be completed in order to submit the application.)

G. Electronic Funds Transfer (EFT) Form: Print in PDF format and attach in GMIS. **(Required only if new agency; thereafter, only when banking information has changed.)**

H. Internal Revenue Service (IRS) W-9 and Vendor Forms: Print in PDF format and attach in GMIS. **(Required if new agency; thereafter, only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**

1. **Vendor Information Form (New Agency Only), or**
2. **Vendor Information Change Form (Existing agency with tax identification number, name and/or address change(s).)**
3. **Change request in writing on Agency letterhead (Existing agency with tax identification number, name and/or address change(s).)**

Print in PDF format and mail to ODH, Grants Services Unit, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy of each.

- I. Public Health Accreditation Board Standards:** Attach in GMIS the PHAB Standard that will be addressed by grant activities. See Section I.K.
- J. Public Health Impact:** Only for applicants which are not local health departments, attach in GMIS the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s). See Section I.L.
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Attach in GMIS the Certificate of Insurance Liability (**Non-Profit organizations only; current liability coverage and thereafter at each renewal period.**)
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.
- M. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address **by 4:00 p.m. on or before Monday December 3, 2012**. All attachments must clearly identify the authorized program name and program number. All attachments must be submitted as a PDF, Microsoft Word or Microsoft Excel document. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. *[A minimum of an original and three copies of non-Internet attachments are required.]*

III. APPENDICES

- A. GMIS Training Form
- B. Grant Application Review Rating Form
- C. Coverdell Stroke Program Leadership Team
- D. Coverdell Stroke Program Work Plan
- E. Coverdell Hospitals: Benefits and Responsibilities of Participation
- F. Coverdell Stroke Program: Sub-Grantee Monthly Activity Report

**Ohio Department of Health
GMIS TRAINING**

**ALL INFORMATION REQUESTED MUST BE COMPLETED FOR EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMIS TRAINING SESSION.
(Please Print Clearly or Type)**

Grant Program _____

RFP Due Date _____

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS Training Authorized by: _____
(Signature of Agency Head or Agency Fiscal Head)

**Required
Please Check One:**

**Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHS, etc.)**

No – I DO NOT have access to the ODH GATEWAY

Please indicate your training date choices: 1st choice _____, **2nd choice** _____, **3rd choice** _____

Mail, E-mail, or Fax To: Evelyn Suarez
Grants Services Unit
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: evelyn.suarez@odh.ohio.gov, Fax: 614-752-9783

CONFIRMATION OF YOUR GMIS TRAINING SESSION WILL BE E-MAILED TO YOU

Ohio Department of Health
Division of Prevention and Health Promotion
Bureau of Healthy Ohio
Ohio Coverdell Stroke Program
Grant Application Review Rating Form – COMPETITIVE
For FFY Ending 6-29-13

Applicant's name _____

Reviewed by _____ Recommended funding level _____

Narrative and Attachments (maximum possible score)	Maximum Possible Score	Actual Score
Executive Summary	4	
Description of applicant, documentation of eligibility/qualifications, table of organization, position descriptions and curricula vita	3	
Methodology: how applicant will meet goals, objectives, activities, and evaluate that they have been met: Objective A	14	
Methodology: how applicant will meet goals, objectives, activities, and evaluate that they have been met: Objective B	40	
Methodology: how applicant will meet goals, objectives, activities, and evaluate that they have been met: Objective C	14	
Training and Education Plan	14	
Methodology: Objective D: Applicant's Strengths and Challenges	3	
If applicant has had a sub-grant from ODH in the past two years: evaluate compliance with GMIS procedures, GAPP Manual, and required reporting: compliance (-4 to +4) and timeliness (-4 to +4)	-8 to +8	
Maximum possible score	100	
Minimum score required to be recommended for funding	70	

Recommendations of Reviewer:

Approval (funding) of proposal as submitted (no conditions): Yes No

Approval (funding) of proposal with conditions listed below:

- 1.
- 2.
- 3.

Disapproval of project. State reason(s) below:

- 1.
- 2.
- 3.

Reviewer's Printed Name and Signature

Date

**Ohio Coverdell Stroke Program
Leadership Team**

Appendix C

Updated Sept. 2012

Name	Title	Organization	Role
Barbara Pryor, MS, RD, LD	Heart Disease and Stroke Prevention Program Director	Ohio Department of Health	Leadership and Integration of Coverdell with HDSP
Diane Nutter, JD	Coverdell Program Manager	Ohio Department of Health	Program Manager
Stacy Lender, RD, LD	Coverdell QI Coordinator	Ohio Department of Health	Quality Improvement
Abrea Johnson, MPH	Coverdell Researcher	Ohio Department of Health	Research
Vacant	Clinical Consulting Team, Consulting Neurologist	TBD	Clinical Consultation, Training, Education and Quality Improvement
Vacant	Clinical Consulting Team, Nurse Consultant	TBD	Clinical Consultation, Training, Education and Quality Improvement
Janet Prvu Bettger, ScD, FAHA	Assistant Professor and Transitions of Care Consultant	Duke University School of Nursing	Consultant on Transitions of Care
Starr Block, MS, BSN, RN	Senior Director, Systems and Quality Improvement	American Heart Association / American Stroke Association	GWTG and Quality Improvement Consultant
Abby Loechler, MPH	Director, Quality and Systems Improvement	American Heart Association / American Stroke Association	GWTG and Quality Improvement Consultant

Goal 1: The Ohio Department of Health will successfully implement the Coverdell Stroke Program as a data driven quality improvement program.						
Objectives	Key Activities	Evaluation Indicator	Time Line			Assigned Lead Partners Involved
			Year 1	Year 2	Year 3	
1. Provide the appropriate infrastructure, staffing, management and support to effectively implement the Ohio Coverdell Acute Stroke Program	a) Develop an Ohio Stroke Care Plan that encompasses the continuum of care from pre-hospital through all post discharge phases.	Ohio Stroke Care Plan developed and disseminated.		X		ODH Coverdell Manager, CCT, HDSP Council, Coverdell Partners, Hospitals, TOCC
	b) Implement the Ohio Stroke Care Plan.	Plan implemented			X	ODH Coverdell Manager, CCT, HDSP Council, Coverdell Partners, Hospitals
	c) Maintain partnerships with current Ohio Coverdell Hospitals.	Number of Coverdell Hospitals maintained at current level or above.	X	X	X	ODH Coverdell staff, Hospitals, CCT, AHA/ASA
	d) Establish and maintain partnerships to create and implement the stroke care plan.	Lists of partnerships engaged in developing / implementing state stroke care plan	X	X	X	ODH Coverdell staff, HDSP Council, Coverdell Partners, Hospitals, CCT, AHA/ASA
	e) Produce an annual written report on the effectiveness of partnerships with stroke-related organizations.	Partnership evaluation and written report submitted to CDC	X	X	X	ODH Coverdell Manager, ODH Coverdell QI Specialist, ODH Coverdell Researcher, HDSP Council, Coverdell Partners, Hospitals, CCT, AHA/ASA, TOCC
	f) Develop plan for sustainability of Ohio Coverdell Stroke Program that leverages available resources.	Plan developed and submitted to CDC		X	X	ODH Coverdell Manager, ODH Coverdell QI Specialist, ODH Coverdell Researcher, HDSP Council, Coverdell Partners, Hospitals, CCT, AHA/ASA, TOCC

Goal 1: The Ohio Department of Health will successfully implement the Coverdell Stroke Program as a data driven quality improvement program.						
Objectives	Key Activities	Evaluation Indicator	Time Line			Assigned Lead <i>Partners Involved</i>
			Year 1	Year 2	Year 3	
	g) Attend and participate in all CDC-sponsored trainings and/or meetings by at least 2 program staff.	Attendance at meetings	X	X	X	ODH Coverdell Manager, ODH Coverdell QI Specialist, ODH Coverdell Researcher
2. Inform funding source of progress and new initiatives for each Coverdell grant year.	a) Submit annual end of year report to CDC within 90 days of the end of each year of funding.	Reports written and submitted	X	X	X	ODH Coverdell Manager, ODH Coverdell QI Specialist, ODH Coverdell Researcher, CCT
	b) Submit annual continuation application for each year of continued funding	Report developed and submitted	X	X	X	ODH Coverdell Manager, ODH Coverdell QI Specialist, ODH Coverdell Researcher, CCT
3. Maintain appropriate fiscal management for implementation of program activities.	a) Establish contracts, grants and MOUs with key partners	Contracts, grants and MOUs developed, signed and implemented	X	X	X	ODH Coverdell Manager
	b) Track spending on a regular basis to ensure minimal unobligated funds and appropriate submission of federal financial reports	Analyze ODH quarterly budget reports, adjust expenditures and budget as needed. Submit financial reports by due date.	X	X	X	ODH Coverdell Manager
4. Monitor the performance of the program and implement evaluation strategies to assess effectiveness of interventions.	a) Incorporate evaluation strategies and plans into the Coverdell system including TOC initiative	Evaluation plan documentation included in planning process.	X	X		ODH Coverdell Manager, ODH Coverdell QI Specialist, ODH Coverdell Researcher, CCT, TOCC
	b) Revise evaluation plan (process and outcome evaluation) including reach and impact	Written evaluation plan revised and submitted to CDC	X	X	X	ODH Coverdell Manager, ODH Coverdell QI Specialist, ODH Coverdell Researcher, TOCC, CCT

Goal 1: The Ohio Department of Health will successfully implement the Coverdell Stroke Program as a data driven quality improvement program.						
Objectives	Key Activities	Evaluation Indicator	Time Line			Assigned Lead <i>Partners Involved</i>
			Year 1	Year 2	Year 3	
4. Monitor the performance of the program and implement evaluation strategies to assess effectiveness of interventions (contd.)	c) Submit report on progress of evaluation activities to CDC	Report developed and submitted by due date		X	X	ODH Coverdell Manager, ODH Coverdell QI Specialist, ODH Coverdell Researcher
	d) Revise logic model	Written logic model submitted to CDC	X	X	X	ODH Coverdell Researcher, ODH Coverdell Staff
	e) Participate in the planning of nationally coordinated evaluation activities.	Participation documentation	X	X	X	ODH Coverdell Staff
	f) Develop and disseminate a unique document created for program stakeholders or community-at-large that explains the effectiveness of the program.	Document developed and disseminated			X	ODH Coverdell Staff, CCT, AHA/ASA, TOCC, hospitals, Coverdell Partners
	g) Evaluate Stroke Systems of Care implementation including reach and impact.	Evaluation report written and submitted to CDC			X	ODH Coverdell Staff
	5. Improve quality of clinical care through maintaining open communication with the hospitals and partners	a) Maintain and update the Coverdell section of the ODH Heart Disease and Stroke Prevention Website.	Annual review of website for currency and relevance; revisions as needed.	X	X	X

Data Plan

Goal 2: The Ohio Department of Health will employ a comprehensive plan for data collection, usage, analysis and dissemination to improve the implementation of evidence based stroke treatment by hospitals participating in the Coverdell Stroke Program.						
Objective	Key Activities	Evaluation Indicator	Time Line			Assigned Lead <i>Partners Involved</i>
			Year 1	Year 2	Year 3	
6. Increase the scope and effectiveness of Quality Improvement activities through data collection, analysis, and sharing.	a) Continue hospital based data collection through GWTG data platform.	The number of new patient entries will increase each quarter.	X	X	X	Hospitals, ODH Coverdell Staff, Outcome Sciences, CCT, AHA/ASA
	b) Transmit GWTG hospital data to CDC quarterly.	Confirmation of transmission completed each quarter.	X	X	X	ODH Coverdell Researcher, CDC, Outcome Sciences
	c) Hospitals begin reporting data in the GWTG Ohio Only Special Initiatives Tab.	The number of hospitals reporting data in the GWTW Ohio Only Special Initiatives Tab.	X	X	X	Hospitals, ODH Coverdell Staff, CCT, AHA/ASA, Outcome Sciences
	d) Review and update GWTG Ohio Only Special Initiatives Tab data elements.	Updates processed by Outcome Sciences and data collection begins/continues.	X	X	X	ODH Coverdell Staff, Hospitals, CCT, AHA/ASA, Outcome Sciences, TOCC
	e) Facilitate TOC Workgroup to identify and define standard data elements to be collected from other sources outside GWTG.	TOC data elements defined.	X	X	X	ODH Coverdell Staff, TOCC, TOC Workgroup, Hospitals, CCT, AHA/ASA, Partner organizations
	f) Provide quarterly hospital data quality reports to hospitals in order to improve the quality of data reporting.	The percentage of errors that were corrected based on hospital error correction column.	X	X	X	ODH Coverdell Researcher, Hospitals, CCT

Goal 2: The Ohio Department of Health will employ a comprehensive plan for data collection, usage, analysis and dissemination to improve the implementation of evidence based stroke treatment by hospitals participating in the Coverdell Stroke Program.						
Objective	Key Activities	Evaluation Indicator	Time Line			Assigned Lead
			Year 1	Year 2	Year 3	<i>Partners Involved</i>
	g) Provide quarterly trending reports that include information on all Coverdell hospital performance measure trends.	All hospitals receive report.	X	X	X	ODH Coverdell Researcher, Hospitals
	h) Provide annual hospital benchmarking reports to each hospital on a yearly basis.	All hospitals receive report.	X	X	X	ODH Coverdell Researcher, ODH Coverdell Staff
	i) Analyze baseline data including abstraction and reabstraction data to guide QI initiatives.	Analysis completed and documented.	X	X	X	ODH Coverdell Researcher, ODH Coverdell QI Coordinator, CCT
	j) Evaluate effectiveness of QI initiatives by re-examining baseline data.	Comparison of baseline data to currently available data.		X	X	ODH Coverdell Researcher, ODH Coverdell QI Coordinator, CCT
7. Increase the scope and effectiveness of Quality Improvement activities through data collection, analysis, and sharing.	a) Develop a TOC plan to receive and link data after hospital discharge.	TOC Data Plan is developed.	X			ODH Coverdell Staff, TOC Workgroup, TOCC, Hospitals, CCT, AHA/ASA, , Partner organizations, CDC
	b) Implement plan to receive and link data after hospital discharge.	Plan for TOC data elements is completed and partners are actively assisting Coverdell in data collection.		X	X	ODH Coverdell Researcher, ODH Coverdell Staff, TOCC, TOC partners, CCT
	c) Analyze and share TOC data.	Documentation of TOC data analyzed and shared.			X	ODH Coverdell Researcher, CDC, TOCC, CCT, hospitals, TOC Partners

Quality Improvement Plan

Goal 3: The Ohio Department of Health will successfully implement a continuous quality improvement program to assist participating hospitals in providing evidence based stroke treatment.						
Objectives	Key Activities	Evaluation Indicator	Time Line			Assigned Lead <i>Partners Involved</i>
			Year 1	Year 2	Year 3	
8. Improve quality of clinical care and transitions of care through education and coordination with key partners	a) Schedule and conduct three statewide QI resource and training meetings for hospital personnel and partners yearly	Three meetings scheduled, conducted and evaluated by participants	X	X	X	ODH Coverdell QI Specialist, ODH Coverdell staff, Hospitals, CCT, AHA/ASA, selected speakers and guests
	b) Schedule and conduct four yearly statewide QI webinars for hospital and partners focusing on QI initiatives, updates and information.	Number of webinars scheduled and conducted. Number of individuals and hospitals participating.	X	X	X	ODH Coverdell QI Specialist, CCT, Hospitals, AHA/ASA, selected speakers and guests
	c) Provide abstraction training and GWTG update training for hospitals.	Number of trainings scheduled; names of persons and hospitals trained and evaluation by participants	X	X	X	CCT, AHA/ASA, Hospitals, ODH Coverdell staff
	d) Revise reabstraction process with hospitals.	Reabstraction procedures written and disseminated.	X			ODH Coverdell QI Specialist, Hospitals, AHA/ASA, CCT, ODH Coverdell staff.
	e) Provide training on reabstraction process to hospitals.	Number of staff trained and training evaluations	X	X	X	CCT, Ohio Coverdell staff, Hospitals, AHA/ASA staff
	f) Implement reabstraction process statewide to produce reliable data for QI trending	Evaluation of new reabstraction process by hospitals. Data reliability reports.		X	X	ODH Coverdell Staff, Hospitals, AHA/ASA, CCT

Goal 3: The Ohio Department of Health will successfully implement a continuous quality improvement program to assist participating hospitals in providing evidence based stroke treatment.						
Objectives	Key Activities	Evaluation Indicator	Time Line			Assigned Lead <i>Partners Involved</i>
			Year 1	Year 2	Year 3	
8. Improve quality of clinical care and transitions of care through education and coordination with key partners (contd.)	g) Track and trend aggregate findings of reabstractions in order to provide education to member hospitals to improve data quality and consistency.	Review of reabstraction findings with tracking of consistent deficiencies identified. Presentations of corrections to findings via statewide meetings and/or QI conference calls.	X	X	X	ODH Coverdell Researcher, CCT, AHA/ASA, Hospitals, ODH Coverdell staff
	h) Conduct an annual learning needs assessment for hospitals to determine topics for meetings/QI webinars	Needs assessment tool revised; needs assessment administered and returned; analysis of assessment shared with Coverdell hospitals	X	X	X	ODH Coverdell Staff, CCT, AHA/ASA, Hospitals
9. Improve quality of clinical care by developing and implementing QI initiatives which are data driven.	a) Identify areas for QI initiatives from the analysis of available data sources.	Analysis documentation Areas identified for statewide QI initiatives.	X	X	X	ODH Coverdell QI Specialist, CCT, ODH Coverdell Researcher, hospitals, AHA/ASA
	b) Provide resources to partners to implement hospital quality initiatives on performance measures and TOC aspects.	Number and types of resources provided; reporting of QI initiatives by hospitals	X	X	X	ODH Coverdell QI Specialist, ODH Coverdell staff, CCT, AHA/ASA, hospitals
	c) Provide liaison between Coverdell hospitals & researcher on data resources/issues.	Number and types of data resources provided to hospitals.	X	X	X	ODH Coverdell QI Specialist, ODH Coverdell Researcher, CCT, Hospitals

Goal 3: The Ohio Department of Health will successfully implement a continuous quality improvement program to assist participating hospitals in providing evidence based stroke treatment.						
Objectives	Key Activities	Evaluation Indicator	Time Line			Assigned Lead <i>Partners Involved</i>
			Year 1	Year 2	Year 3	
10. Improve quality of clinical care through maintaining open communication with the CCT, hospitals and partners	a) Maintain and update at least monthly the Ohio Coverdell Hospital Wiki website.	Number and types of postings; at least one key staff member from each hospital is an active member of the on-line Wiki, Wiki utilization reports	X	X	X	ODH Coverdell QI Specialist, ODH Coverdell staff, hospitals, CCT
	b) Create, maintain and update Ohio Coverdell Wiki site for TOC initiatives.	Wiki site created. Evaluation conducted with users.	X	X	X	ODH Coverdell QI Specialist, Coverdell Staff, Hospitals and Partners, TOCC, TOC Workgroup
	c) Recruit new hospital staff and partners to join the Wiki by sending personal “invite” e-mail messages	Number of invite messages sent; Wiki utilization reports	X	X	X	ODH Coverdell QI Specialist, ODH Coverdell staff, hospitals, CCT
	d) Update Coverdell Contacts directory on a regular basis.	Coverdell Contacts Directory is distributed and posted to the Wiki site.	X	X	X	ODH Coverdell QI Specialist
	e) Encourage use of the forum (discussion) area by Coverdell hospitals to network on stroke care.	Number of forum postings and discussion threads initiated. Number of responses.	X	X	X	ODH Coverdell QI Specialist, CCT, hospitals
	f) Share time-sensitive information to/from Ohio hospitals and partners through blast e-mails.	Number and types of date-sensitive blast e-mails sent and received.	X	X	X	ODH Coverdell QI Specialist, ODH Staff, CCT, hospitals and partners
	g) Update QI database information on a yearly basis.	Database information updated and verified from hospital inventory and phone interviews.	X	X	X	ODH Coverdell QI Specialist, hospitals

Goal 3: The Ohio Department of Health will successfully implement a continuous quality improvement program to assist participating hospitals in providing evidence based stroke treatment.						
Objectives	Key Activities	Evaluation Indicator	Time Line			Assigned Lead <i>Partners Involved</i>
			Year 1	Year 2	Year 3	
10. Improve quality of clinical care through maintaining open communication with the CCT hospitals and partners (Contd.)	h) Compile and reorganize QI database information to share best practices with all Coverdell hospitals and partners.	Documents posted to the Wiki – sharing best practices.	X	X	X	ODH Coverdell QI Specialist, CCT, hospitals and partners

Key: AHA/ASA American Heart Association/American Stroke Association
 CCT Clinical Consulting Team
 CDC Centers for Disease Control and Prevention
 GWTG Get With the Guidelines®
 HDSP Heart Disease and Stroke Prevention Council
 ODH Ohio Department of Health
 QI Quality Improvement
 TOC Transitions of Care
 TOCC Transitions of Care Consultant

Ohio Coverdell Stroke Program Benefits and Responsibilities of Participation

Updated 10-3-12

The Ohio Department of Health / Coverdell Acute Stroke Program will:

- Provide stroke specific quality improvement resources related to improving stroke performance measures, education and training to assist hospitals to improve acute inpatient stroke treatment. This will be provided through three Coverdell meetings per year, and three to six one-hour teleconferences/webinars per year, and Wiki and in other ways.
- Provide an experienced neurology nurse for clinical consultation with hospitals about stroke treatment, TJC and HFAP stroke center certification standards and their alignment with GWTG's Coverdell overlay, and related clinical issues.
- Provide at least two trainings per year on Coverdell medical records abstraction and reabstraction.
- Assure that Coverdell hospitals meet CDC and either TJC or HFAP sampling standards.
- Safeguard the confidentiality of stroke patients' protected health information that hospitals enter into GWTG, and to which ODH has access through Outcome Sciences, Inc./GWTG.
- Share patient level data only with the hospital where the patient received treatment. All other Coverdell data shared by ODH will be aggregate data.
- Develop and share the following data reports with hospitals: quarterly hospital data and data trend reports, Annual Benchmarking Report (that compares each hospital's stroke performance measures to aggregate stroke performance measures from all Ohio Coverdell hospitals), and quarterly Ohio Coverdell and national Coverdell data reports.
- Provide leadership for implementing statewide QI Initiatives, including both acute inpatient and new "transitions of care" initiatives.
- Share with hospitals best practices and other resources from the Centers for Disease Control and Prevention (CDC) and other Coverdell states.
- Provide access to a Coverdell "members only" website with QI resources that include sample stroke orders, best practice protocols, training materials, a discussion forum, research publications, stroke news and a calendar of events.
- Facilitate referrals between stroke coordinators for peer-to-peer mentoring opportunities and to share best practices.
- Keep hospitals informed of any state and national changes to the Coverdell Program.

Participating Hospitals are expected to:

- Subscribe to, and report their acute inpatient stroke treatment data in, the American Heart Association / American Stroke Association's *Get With The Guidelines-Stroke™ Coverdell Module*, managed by Outcome Sciences, Inc.
- Sign an Ohio Coverdell Stroke Registry Program Amendment with Outcome Sciences, Inc. to authorize Ohio Coverdell data to be shared with ODH.
- Provide a clinical coordinator to identify acute inpatient stroke patients and t-PA administered according to the CDC Coverdell case definitions.
- Complete the Coverdell medical records abstractions and reabstractions required by CDC and ODH.

- Assemble a Stroke Team that includes a Stroke Coordinator and other staff.
- Keep ODH Coverdell informed of stroke team member's names, titles and contact information (email address, USPS mailing address, phone number).
- Ask stroke team members to join the Coverdell Wiki website so they have access to important information and updates.
- Participate in each of the three Coverdell meetings (all day) and three to six conference calls/webinars per year (one hour each) by sending at least one representative to each.
- The Stroke Coordinator or Stroke Team is expected to work in partnership with Coverdell staff to analyze the hospital's quarterly data reports, respond to related questions from ODH, and make changes if needed to meet established stroke performance measures.
- Provide feedback to ODH on what your stroke team's needs are for education, training and other QI resources to support the hospital in continuing to improve the stroke treatment you provide to your patients, so we can do our best to be responsive to your needs.
- Complete the annual Ohio Coverdell Acute Stroke Program Hospital Inventory, and provide ODH with updates during the year if major changes occur in the hospital's stroke program.
- The hospital Stroke Coordinator agrees to provide periodic feedback and updates regarding hospital quality improvement initiatives to the Coverdell QI Coordinator. This will include completing short, periodic written surveys to assess the effectiveness of the hospital's stroke program and provide the Coverdell QI Coordinator with information about the hospital Stroke Team's needs for education and training from Coverdell. It will also include participating in a standardized annual telephone interview (time estimate 30 minutes).
- Each hospital will have the opportunity to participate in at least one Coverdell Transitions of Care project, if the hospital wishes to do so.

