

## Chief Resident in Quality and Patient Safety

### 1. PURPOSE

#### a. Request for Proposals: Chief Resident in Quality and Patient Safety.

This is a Request for Proposals (RFP) for a Chief Resident in Quality and Patient Safety (CRQS). The RFP provides information, policies, and application procedures to Department of Veterans Affairs (VA) facilities and Veterans Integrated Service Networks (VISNs) that wish to submit applications to the Office of Academic Affiliations (OAA) for additional physician chief resident positions for **Academic Year 2015**, which begins July 1, 2014 through June 30, 2015. These positions will be recurring positions and become part of the facility's Graduate Medical Education (GME) 'base' allocation. **Facilities that received temporary CRQS positions for AY2014, should apply via this RFP to make these positions permanent.**

This RFP allows facilities to request new physician chief resident base positions to enhance their ability to care for Veterans by redesigning medical education and patient care to include the area of quality and patient safety. Applicants are expected to demonstrate innovative approaches in educating physicians in the area of quality and patient safety. **The CRQS is a non-accredited, post-residency position.** These chief residents must have completed their primary residency training for initial board eligibility and qualify for credentialing and privileging as licensed independent practitioners (LIPs) in their specialty.

The CRQS is both a teaching and a learning role, which must be distinguished from the more traditional administrative role of chief residents in some specialties. The CRQS position is for one-year. Suggested continuation tracks include Advanced Fellowships in Patient Safety (1-year) or the VA Quality Scholars program (2-3 years).

#### b. Eligibility to Apply.

**1. Applicant facilities and programs** must be willing to transform established educational and patient care systems in order to:

- a) Enhance education and the quality of care while promoting a culture of patient safety;
- b) Promote professionalism, patient-centeredness and continuity of care;
- c) Actively engage residents in systems-based patient safety and quality improvement activities; and
- d) Support the professional development of faculty.

**2. Additional program requirements include a:**

- a) Strong curriculum and teaching role must be outlined for the position; and
- b) **Minimum of 8 other VA physician resident positions in the same core specialty training program for each CRQS in that discipline.**

**3.** Facilities must be committed to continuous improvement in clinical care and have an established track record of, or strong commitment to, innovation in the clinical learning environment.

**4.** The application requires close collaboration with affiliated sponsors of accredited residency training programs.

5. If applying for an additional CRQS position, the facility must have adequate resources and support to provide a high quality experience to all CRQs.
  - a) Application for an additional CRQS position may be undertaken only if the second position will be in a different program (e.g., anesthesiology, internal medicine, or psychiatry) or clinical setting (e.g., ambulatory vs. inpatient) or with a separate affiliate from the first CRQS.
  - b) First-time applicants for a CRQS position may apply for more than one position, but could be awarded only one position. If a CRQS is sought in more than one program, each program application would be evaluated separately.
6. **Program eligibility requirements** (must be documented in the application and institutional letters of support):
  - a) The specialty training program that applies for the CRQS must have a current minimum of a 3-year accreditation cycle and have had no adverse actions (such as probation or 'accreditation with warning') in the prior cycle;
  - b) Must have ABMS (American Board of Medical Specialties) or AOA (American Osteopathic Association) board examination rolling 3-year pass rate of at least 80%;
  - c) Must be willing to participate in joint planning and faculty development activities involving VACO/OAA, National Center for Patient Safety (NCPS), VA Quality Scholars program, and other CRQS innovation sites, including meeting with other CRQS sites and presenting at regional and national meetings. Depending upon VHA's travel guidance and budget at the time of the residency, some activities may be held via VTEL or Live Meeting and some may require travel for face to face activities.
7. The application must be supported by the local VA bodies that supervise GME and by the sponsoring institution's Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC), or equivalents.
8. The facility in collaboration with the affiliated program sponsor must be willing to recruit for and fill the position requested for **AY 2014-15 (beginning July 1, 2014)** and annually thereafter.
9. The facility must demonstrate a willingness to incorporate and actively engage the CRQS and other residents in ongoing, interprofessional patient safety, quality improvement, systems redesign, and risk management programs.
10. The facility and the program must meet the following **faculty requirements**:
  - a) There must be sufficient, high caliber supervising practitioners and faculty mentors in the targeted specialty to provide a high quality educational experience, exemplary resident supervision, and enthusiastic and ongoing participation in the CRQS initiative;
  - b) The facility and faculty must be committed to the premise that a dedicated CRQS position will enhance clinical and educational innovation and promote faculty development in the areas of quality improvement and patient safety;
  - c) Participating faculty must be willing to undertake professional development, as needed, to further their abilities to participate in the initiative, including at least two off-site meetings annually, subject to approval and consistent with VHA's travel guidance during the residency. [*Note: faculty mentors do not need to be experts in patient safety or quality management, but they must have a track record as clinician educators and be willing to develop expertise*]

*in these areas. However, preference will be given to sites with locally available mentors that demonstrate expertise in quality and patient safety];*  
and

- d) Participating faculty must be willing to work with content experts outside their respective specialty areas (e.g., representatives from the National Center for Patient Safety (NCPS) and the VA Quality Scholars program, other interprofessional quality improvement and patient safety experts, system-redesign specialists) and to assist in the oversight and implementation of a national curriculum for the CRQS program.

**10. Applicant facilities** must be willing to provide the following:

- a) Protected teaching time for VA-based faculty and quality improvement and patient safety professionals;
- b) Support for program oversight, administration and evaluation;
- c) Support for VA-based faculty professional development;
- d) Protected time for the CRQS to engage in relevant educational activities; and
- e) Travel support for the CRQS and faculty mentor(s) to attend at least one off-site meeting annually – including one training program involving the NCPS faculty and one gathering of all CRQS sites or presentation of project results at a regional or national meeting. [Note: all travel is subject to VHA's travel guidance and approval process during the CRQS residency period.]

## 2. FOCUS AND SCOPE

### a. What is a Chief Resident in Quality & Patient Safety (CRQS)?

The Chief Residency in Quality and Patient Safety (CRQS) includes training in quality improvement, patient safety and clinical and educational system redesign. Methods include but are not limited to attending National VA Patient Safety Center training and/or the CRQS "Boot Camp" (VA travel policy permitting), participation in patient safety rounds and root cause analyses, appropriate use of clinical reminders, review of hospital and outpatient quality indicators, and working directly with quality improvement and patient safety managers and their interprofessional teams. The CRQS position is a very 'hands-on' position that requires engagement with clinical services, ongoing quality and patient safety activities, and an active teaching role. The CRQS role is distinct from both the traditional, more administrative chief resident role and also from the VA Quality Scholar role, which is more research focused. Nevertheless, the CRQS, in common with other CRs, has a direct relationship with the residents in the core accredited program and serves to guide, mentor, and teach them. In addition, the CRQS should engage in interprofessional educational efforts to include other health professions trainees and VA staff from other health professions.

The CRQS spends time disseminating quality and safety information and methods by overseeing and teaching more junior residents in the program. For example, in one already existing program, the CRQS organizes an "immersion week" for PGY-3s during their continuity clinic and supervises them on specific quality improvement and patient safety rotations. The curriculum includes clinical reminders and quality indicators, including "resident report cards," and is updated annually and delivered in part by the CRQS. Other programs may include "Lean" and "Six Sigma" training for the CRQS, along with the possibility of appropriate certifications.

The CRQS and faculty mentors must commit to participation in the **National Curriculum for CRQS**. This curriculum consists of the following:

- Participation in monthly two-way interactive video conference seminars (TWIVs)
  - Pre-TWIV reading assignments
  - 2-hours in duration with case-based format.
- Use of the special CRQS website, which contains educational and other resources in a password-protected location
- Attendance of a 4 to 5-day CRQS “Boot Camp” in the summer or other approved training early in the course of the CRQS’s tenure [VA travel regulations permitting.]
- One major project (with a suitable mentor) in order to produce a scholarly paper, poster, or presentation as first author. The CRQS is also expected to collaborate on at least one other scholarly project, with either CRQS colleagues or program faculty.

Although to date most CRQS positions have been in internal medicine, the CRQS is not restricted to any program or setting. Current program sponsors include anesthesiology, psychiatry, radiology, and surgery. Many CRQS incumbents are interested in hospital-based medicine, although some programs have focused on ambulatory settings.

Of note, CRQS positions are open only to those licensed physicians who have completed their core residency training and are eligible for credentialing and privileging as licensed independent practitioners. The position may not be used for residents in a “gap year”, who have not completed core training for initial board certification.

CRQS incumbents may engage in specialty-specific clinical activities to maintain their skills and competency, but should restrict clinical activities to no more than 30% of total activities in order to have sufficient time for all of the other activities expected in this role. This role is not intended to fill gaps in service, but may fill gaps in teaching and provide expertise in quality and safety management.

#### **b. Benefits of the CRQS role**

Few residency programs today allow residents the *time* to participate fully in patient safety or quality improvement activities or to participate in related educational activities. Nevertheless, inclusion of quality and patient safety training is now part of ACGME’s Common Program Requirements. However, there is a shortage of faculty qualified to teach quality improvement and patient safety. The CRQS has been developed to address this gap and engender interest in more junior residents in quality and patient. Already the CRQS program has shown promise as being an important career development option for training junior faculty in these vital areas.

The current sites that have already implemented the CRQS program have realized immediate benefits in terms of tangible improvements in hospital performance measures and efficiency of operations and of reductions in the occurrence of serious adverse events. A culture of quality and safety has spread throughout the engaged programs and sparked interest throughout the hospital in general. For example, in some hospitals residents who may recognize safety issues that need to be addressed do not report medical errors, especially ‘near misses’. The reasons for under-reporting are many, but residents may be afraid to admit that they ‘messed up’ or that they will be blamed for the error. Likewise, residents are reluctant to openly criticize supervisors or other healthcare professionals. By having a CRQS, who is closer to the residents and with whom they feel more comfortable sharing information, medical error and patient safety incident reports increase. Several sites have implemented the option of “Patient Safety Consults”, which a resident can initiate at any

time. These consults go directly to the CRQS and his/her team for investigation and action. However, to maintain a high level of reporting, it is important that prompt feedback to the reporting resident(s) be provided regarding corrective, systems-related actions. By building in feedback, residents are likely to be proud to have contributed to a climate of improved patient care. Another major teaching hospital is implementing measures that decrease initial and readmission rates as well as ensuring that patients transferred into their facility from other VA sites are sent to the appropriate unit upon arrival.

#### 4. FACILITY AND PROGRAM EXPECTATIONS

##### a. Facility and Program Structure and Leadership.

Facilities must have a strong academic affiliation with accredited programs in good standing, creative educational leadership – both at the VA and the affiliate – and an appropriate educational and quality and patient safety infrastructure. Program design, implementation and evaluation require the active involvement of program directors, service chiefs and departmental chairs and strong commitment from the VA facility Designated Education Officer (DEO, Associate Chief of Staff for Education, or equivalent) and the VA Chief of Staff. ***Early and on-going support from the Medical Center Director and VISN leadership will be necessary to free up the resources necessary for the program to flourish.***

##### b. Program Implementation.

Facilities may apply for CRQS positions if they are willing to foster and support implementation of educational innovations in quality and patient safety for any ACGME or AOA accredited program that meets the requirements of this RFP. Positions will begin July 1, 2014.

##### c. Evaluation and post award follow-up.

CRQS awardees are expected to have a far-ranging impact on resident training and clinical care models throughout VA. ***CRQS applications must demonstrate a strong local curriculum for the position and willingness to have incumbents and their faculty mentors participate in the national curriculum for the program.*** Involvement of the CRQS in studies leading to regional or national presentations will be part of the success criteria for the program. Sites must be willing to report and communicate with OAA on a regular basis and will be expected to submit program evaluations as requested. We also will track the career paths of persons who undertaken a CRQS year.

#### 5. PROGRAM APPLICATIONS

The facility must submit the information requested to include:

**Formal application is due June 14, 2013** using an online submission process (see Attachment A for specific instructions).

#### 6. POLICIES

a. **Governance.** The Office of Academic Affiliations (OAA) maintains overall responsibility for the administration of VA's CRQS Program. Although the CRQS is a non-accredited position, all programs receiving positions through this RFP will comply with the ACGME or AOA's Program Requirements for Residency Education (see <http://www.acgme.org> or <http://www.osteopathic.org/inside-aoa/Education/OGME-development-initiative/Pages/what-is-aoa-accreditation.aspx>) and with VA provisions for the training of physician residents.

**b. GME Program Sponsorship.** All CRQS positions requested through this RFP must be in association with an ACGME or AOA-accredited parent pipeline program. Programs may be sponsored in the name of an affiliate or in the name of the VA. ***There must be at least 8 full-time positions at the VA in the parent pipeline program.***

**d. Appointment and Compensation of Physician Residents.**

(1) **Appointment authority.** Appointments will be made under 38 U.S.C. 7406.

(2) **Stipend determination.** Per OAA policy, resident stipends will be based on PGY levels indexed to the local affiliate. For example, for a CRQS in Internal Medicine, a PGY-4 stipend would be the base, whereas PGY-5 would be used for an Anesthesiology CRQS. A chief resident 'differential' may be added to the base stipend if that is the local practice at the index hospital. Resident positions can be paid directly or reimbursed under a disbursement agreement. ***Payment will only be made for time spent in educational activities at the VA facility*** (with excused absences as defined by VA policy – e.g., didactic sessions at the affiliate). All stipend rates must be approved in advance by OAA.

**e. VACO Support.** OAA will provide funds to VA facilities for residents' stipends and fringe benefits. Funding of residents' stipends and benefits through a disbursement agreement is recommended. Disbursement agreements cannot fund administrative costs of residency training programs. Currently, facilities receive approximately \$83,000 per year in VERA educational funds as indirect educational support for each physician resident position allocated. ***Facilities applying under the CRQS RFP are particularly encouraged to make use of VERA educational funds to provide faculty with protected time for teaching, support faculty development, support faculty and trainee meeting expenses, and oversee and administer educational programs).***

**f. Liability.** Residents will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d).

**g. Expenses.** Except as specified above, expenses connected to the residents' recruitment or research are not funded under this program. Transportation to the VA facility and housing arrangements are the sole responsibility of the selected residents. Travel to VA-sponsored meetings and regional/national meetings (e.g., to present findings, to meet with other CRQS sites, to train at the National Center for Patient Safety, or to attend the CRQS "Boot Camp") are the responsibility of the local facility, unless otherwise specified. Educational travel for CRQS and faculty mentors is an expected part of the facility's commitment to the program. Such travel should be considered 'medical care' travel and funded as essential, job-related travel. [Note: all travel is subject to VHA's travel guidance and approval process during the CRQS residency period.]

## 7. EVALUATION CRITERIA FOR SELECTION OF SITES & PROGRAMS

Applications will be evaluated by a panel of peer reviewers with expertise in GME, educational evaluation, and quality and patient safety. The following criteria will be used to evaluate proposals.

**a. Affiliations.** The VA facility must be affiliated with a sponsoring institution (medical school or teaching hospital) that provides ACGME or AOA accredited residency training and has ACGME or AOA institutional approval in the specialty training program that will include the CRQS. A strong affiliation relationship and close collaboration in the preparation of the

application must be evident in the proposal and evidenced in the letters of support (see Appendix A).

**b. Site Characteristics.** The facility must provide evidence of committed leadership, appropriate clinical, educational, and interprofessional quality and patient safety activities, and sufficient workload to support a culture of excellence in graduate medical education. The site must demonstrate willingness to:

- Actively engage more junior residents in systems-based, interprofessional quality improvement activities;
- Integrate the CRQS into ongoing interprofessional patient safety and risk management activities;
- Enhance the quality of care and education; and
- Support the professional development of faculty and ancillary staff through provision of protected time to deliver the local curriculum and to participate in the national curriculum.

*Other criteria:*

- 1) VISN, facility, and clinical leadership commitment to build and sustain an outstanding learning environment. Flexibility and commitment to innovation in education is essential.
- 2) Strong leadership by the VA facility's Designated Education Officer (DEO) and Chief of Staff. The Chief of Staff must be committed to educational and clinical re-design efforts, and must be prepared to champion the innovations with facility and VISN leadership.
- 3) A strong partnership between the VA facility and its academic affiliate(s), with a record of committed leadership by academic program director(s) and department chair(s).
- 4) Past experience with, or strong commitment to, patient safety and quality improvement, patient-centered care, continuity of care, and interprofessional training.
- 5) Appropriate clinical activities and ongoing quality improvement and patient safety activities to support the CRQS position.
- 6) Sites with no CRQS position may apply for more than one position/program, but should expect to be awarded at most only one position. Preference will be given to sites that have no CRQS position.
- 7) If the VA already has one CRQS position, application may be made for an additional position, provided the second position is in a different program, clinical setting or with a separate affiliate. Nevertheless, there should be interaction between the two CRQSs and some joint activities, including training and participation in ongoing QI and patient safety activities at the facility level. The site must describe in its application how the two CRQS positions/programs will be integrated, indicate the capacity for training, and what 'added value' the second position will bring. Application for a second CRQS position requires demonstration of success with the initial position, a record of QI/PS accomplishments, and a strong rationale for adding another CRQS position.

**c. Program Characteristics.** The program must provide evidence of committed leadership, appropriate clinical, educational, and quality improvement and patient safety activities, and sufficient workload to support a culture of excellence in graduate medical education. Sites approved for the CRQS Program must have a strong local curriculum supplementing that provided by the National Curriculum, an appropriate infrastructure, and qualified leadership.

The site must demonstrate the following:

- 1) Program eligibility criteria as outlined in **1.b.** must be documented. **If the eligibility criteria are NOT met or if they are NOT explicitly stated as being met, then the proposal will not be considered for review.** [Eligibility information must be included in the core institutional proposal.]
- 2) Appropriate quality improvement and patient safety expertise in local faculty mentors to carry out the proposed training.
- 3) Evidence of **sound strategies for learner evaluation and assessment** and expressed willingness to participate in data collection about the process and outcomes of the innovation. [Evaluation strategies should be provided in the core institutional proposal.] Evaluation plans will reviewed for:
  - i. Correspondence to stated educational objectives;
  - ii. Educational outcomes (both subjective and objective); and
  - iii. Faculty and/or staff satisfaction with the program for examination of short-term impact.
- 4) Willingness to participate in OAA-sponsored meetings to promote and share innovations with other VA sites.

**d. Online Application.** See Attachment A for a description of the online application process and instructions.

## 8. REVIEW PROCESS

**a. Review committee.** An ad hoc, interdisciplinary review committee designated by the Chief Academic Affiliations Officer will assess the merits of the applications. The committee will have expertise and leadership in GME and educational evaluation, experience in educational and clinical system redesign, and experience in quality improvement and patient safety.

**b. Scoring of Applications.** Applications will be scored according to the selection criteria provided. See Evaluation Criteria in 7 above.

## 9. SCHEDULE

March 2013 OAA sends request for applications to eligible facilities, VISNs, and appropriate Central Office officials. RFPs published on OAA website.

**June 14, 2013 Applications are due in OAA via ONLINE process.**

July 2013 Review committee reviews applications and makes recommendations for approval to the Chief Academic Affiliations Officer.

August 2013 OAA notifies facilities about the approval or disapproval of their applications.

August – September 2013 Facility and VISN planning for AY 2015

December 2013 OAA makes final allocations for AY 2015

July 1, 2013 Resident training begins.

February/March 2014 First OAA-sponsored meeting to review existing and new CRQS pilot programs.

## 10. OAA CONTACT PERSONS

**General information:** Please contact **Christy Howard**, OAA/GME Project Manager at 804-675-5062 or by e-mail at [Christy.howard@va.gov](mailto:Christy.howard@va.gov) ; or **Judy Brannen, MD, MBA** at 804 675-5481 or by e-mail at [judy.brannen@va.gov](mailto:judy.brannen@va.gov).

**Technical information:** For assistance with the on-line submission, please email the OAA Help Desk ([oaahelp@va.gov](mailto:oaahelp@va.gov)) or contact **David Bennett** at (803) 695-7935, (314) 277-6476, or by e-mail to [david.bennett@va.gov](mailto:david.bennett@va.gov).

## 11. SUBMISSION INSTRUCTIONS

**a. Preparation of applications.** OAA recommends that considerable thought and dialogue with affiliates precede the actual drafting of an application. VA and affiliate support for the CRQS program in terms of clinical, educational and administrative infrastructure should be addressed candidly. The sponsoring institution's Designated Institutional Official (DIO), GMEC and program directors and VA's educational and clinical leadership (e.g., VA site directors, service chiefs, Chief of Staff) should be involved in these discussions. **The VA DEO should be the focal point for coordination of the application and collation of information from the various programs seeking additional positions.**

**b. Online submission instructions.** Applicants will submit proposals using an OAA Support Center password protected web portal, similar to the submission of other OAA reports. A special application entry point has been set up for submission of applications in response to this RFP. The same password used to access the OAA Support Center may be used. If you have new staff who require a password, go to <http://vaww.oaa.med.va.gov/Login.aspx>, then select "I need to register." See ATTACHMENT A for full instructions. All applications will be submitted by the office of the facility DEO (not the program or site director's office).

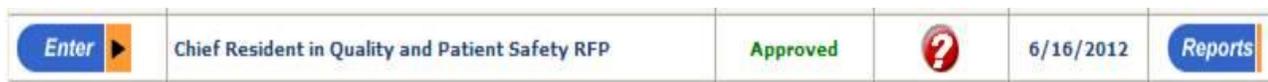
**c. Faxed, e-mailed, or mailed applications will NOT be accepted.**

## ATTACHMENT A

### APPLICATION INSTRUCTIONS

#### 1. GENERAL INSTRUCTIONS

- a. **General.** See **Checklist** for submission of items in ATTACHMENT B. Word or pdf files formats may be used. Letters must include a signature (i.e., they must be a scanned copy of an original, signed document).
- b. **Font and margin sizes.** Font size must be 10-point or larger, with 12 point preferred for narrative portions. Margins must be at least one inch all around (excluding headers and footers).
- c. **RFP Online submission Process.**  
Submit **each required element** of the application **in an electronic format** by logging onto <http://vaww.oaa.med.va.gov/Login.aspx> and going to the "CRQS Application" data entry section. **Deadline for submission is June 14, 2013. Incomplete applications** (i.e., those lacking in one or more elements) **will not be considered** by the review panel. The GME CRQS link above will be **open from April 16, 2013** and ready to accept applications, which may be changed or modified up to the closing date for applications. We encourage you to begin to collect the necessary files as early as possible. Only authorized individuals from the DEO's office may upload files into the application database.



#### 2. FACILITY APPLICATION PACKAGE INSTRUCTIONS

The following elements and information must be submitted in the appropriate location in the GME Enhancement Application database online submission site:

- a. **CORE UPLOAD.** The core institutional narrative proposal **must not exceed 5 pages** in a Word or pdf file (exclusive of the signature page, which should be as a pdf file and can be separate from the core narrative). The core proposal is intended to give the reviewers an overview of the educational environment, program status, the proposal for the CRQS curriculum, and the proposed evaluation methods. The proposal must provide a convincing account of what the CRQS will actually be doing and with whom he will be interacting (i.e., which offices, which types of health professions trainees or VA clinical staff). [NOTE: if your site is applying for CRQS positions in more than 1 program, please notify OAA. You will need to submit a "core upload" for each program in which a CRQS is requested.]

**Use the format and outline below:**

##### I. Program and sponsoring Institution Demographics

- a. Program Name:
- b. Number of VA-assigned residents in core program:

- c. **Number of existing VA-paid CR positions (exclusive of the CRQS position for which application is made) in the applicant program:**
- d. **Program Accreditation Status:**
- e. **Program Accreditation Cycle Length:**
- f. **Rolling Board Pass Rate:**
- g. **Sponsoring Institution Name:**
- h. **Sponsoring Institution Accreditation Status:**
- i. **Sponsoring Institution Accreditation Cycle Length:**

## II. Chief Resident in Quality & Patient Safety (CRQS)

- a. **Goals and Objectives:** Briefly describe your overall goals and objectives for the CRQS position.
- b. **Curriculum:** Provide a convincing description of what the CRQS will do during the program. Briefly describe the curriculum from the standpoint of:
  - 1. What the CRQS will learn
    - a. Describe the formal and informal education the CRQS will be expected to complete, including self-study, over the course of the year;
    - b. Include a summary of the desired competencies of the CRQS and how these will be achieved.
  - 2. What the CRQS will teach
    - a. Describe how the CRQS will interact with and oversee the involvement of more junior residents and other trainees in quality and patient safety activities; and
    - b. Describe how the CRQS and other trainees will be integrated with ongoing facility-level, interprofessional risk management, patient safety, and quality management activities.
  - 3. How the CRQS will be integrated into ongoing QI/PS activities.
  - 4. How much time will be devoted to clinical activities.
  - 5. For those sites applying for an additional CRQS, describe how the additional CR will fit in to the existing program or a separate program and describe common curriculum enhancements or separate “tracks” the additional resident will follow. Describe interaction of the CRQs with each other.
  - 6. Include CRQS attendance at least one session in which VA’s National Center for Patient Safety faculty participate, and
  - 7. Include CRQS and faculty mentor participation in the VA National Curriculum developed for this initiative (participation will include at least 1 off-site session and monthly video-teleconferences); and
  - 8. Include a major study or quality improvement or patient safety project.
  - 9. Describe how you will orient the CRQS to your facility at the beginning of the AY (especially if the CR is new to your affiliate and your VA facility).

- c. **Mentor:** Provide a brief description of the CRQS mentor(s), his/her qualifications, , teaching experience, and especially with respect to interest/experience in quality management and/or patient safety.
- d. **Evaluation:** Describe how you will evaluate:
- 1) **CRQS:** Achievement of desired competencies and other outcomes (e.g., presentation at a national meeting);
  - 2) **Residency program impact:** On trainees in the targeted program and other residency programs at your site or at other VAMCs; and
  - 3) **Institutional outcomes:** Improvements in patient safety or quality programs or measures at your site or other VAMCs.
- e. **Approval Signatures and Dates [include the following statement and signatures on a separate page – DOES NOT count against the 5-page limit on the narrative.] Upload as a separate pdf file.**

**Note:** signing this document indicates your support for the CRQS position and willingness to integrate this position into your facility's quality improvement and patient safety programs. Include the following statement above your signatures:

"We agree to:

- Provide the necessary mentoring support for the CRQS,
- Participate in OAA-sponsored meetings of participants from each approved CRQS site (as appropriate – mentor & CRQS) – as permitted by VA travel policies and approval processes
- Participate in the National Curriculum for the CRQS program (as appropriate – program, mentor, & CRQS) – as permitted by VA travel policies and approval processes

We support the creation of the CRQS position and are willing to integrate this position into our VA facility's interprofessional quality improvement and patient safety programs."

**A. Program Director:**

\_\_\_\_\_  
Printed name:

E-mail:

Telephone:

\_\_\_\_\_  
Date

**B. VA Site Director:**

\_\_\_\_\_  
Printed name:

E-mail:

Telephone:

\_\_\_\_\_  
Date

**C. CRQS Mentor:**

\_\_\_\_\_  
Printed name:  
E-mail:  
Telephone:

\_\_\_\_\_  
Date

**D. Designated Institutional Official (affiliate):**

\_\_\_\_\_  
Printed name:  
E-mail:  
Telephone:

\_\_\_\_\_  
Date

**E. Designated Education Officer (VA)**

\_\_\_\_\_  
Printed name:  
E-mail:  
Telephone:

\_\_\_\_\_  
Date

**III. SUPPORT UPLOADS: Support letters**

Letters of support in the following categories may be entered (uploaded) **as pdf or tif files (scanned from signed originals)**. Please use the outlines for each letter that are provided below in order to ensure that reviewers have the specific information that they will use to evaluate the proposals. Please emphasize your particular leadership perspective. Limit each letter to no more than two pages. The letter should be addressed to “Malcolm Cox, MD, Chief Academic Affiliations Officer (10A2D).”

**i. Medical Center Director and Chief of Staff**

- a. Comment on the clinical & educational environment at the facility.
- b. Indicate support for requested the requested additional position for a CRQS and willingness to support faculty development and protected time to participate in the professional development of the CRQS, especially for the mentor of the CRQS.
- c. Describe the local institutional culture with respect to quality and patient safety, plus the organizational structure for quality management and patient safety.
- d. Describe your level of enthusiasm for integrating the CRQS and other trainees into ongoing quality improvement, patient safety, and risk management activities.
- e. Indicate a willingness to support off-site travel for participation a NCPS course or other national CRQS curriculum-related meetings (subject to VA travel policies and approval processes).
- f. Assess the potential educational and clinical ‘value’ of the CRQS position to the facility

**ii. Network Director**

- a. Describe the relevance of the facility CRQS proposal to the VISN's education and clinical missions.
- b. Specify your rationale for wanting establish a CRQS positions at the applicant site (VISN perspective)
- c. Assess the VISN and facility's ability to productively use a CRQS to meet training needs in quality and patient safety and to act as a change agent in these areas.
- d. Elucidate the perceived merits of the facility proposal from the VISN and national perspective;
- e. Identify the Network POC, i.e., the Network Academic Affiliations Officer or Chief Medical Officer, as appropriate

## ATTACHMENT B

### APPLICATION SUBMISSION CHECK LIST

**INSTRUCTIONS: Incomplete applications will not be considered by the review committee. The following list is to assist your planning and represents the required sections for this application. See ATTACHMENT A for detailed instructions and outlines.**

- CORE UPLOAD: Not to exceed 5 pages – the core upload must use the outline provided in Attachment
- Signature page – with attestations.
- SUPPORT UPLOADS: Letters of Support (facility/VISN letters – must follow the outlines provided):
  - Medical Center Director and Chief of Staff (limit 2 pages)
  - Network Director (through VISN Chief Medical Officer and the Network Academic Affiliations Officer) (limit 2 pages)