



# **CK22-2203: Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States**

**Informational Webinar**

**Division of Healthcare Quality Promotion**

**January 2022**

# Housekeeping and administrative announcements

- Ask questions using the Zoom Q&A box
- Presenters will answer as many questions as possible during the webinar
- If you have any technical difficulties during the webinar, please contact [qzv3@cdc.gov](mailto:qzv3@cdc.gov)
- Webinar will be recorded, and the slides and webinar will be posted on CDC.gov
  - [CDC NCEZID 2022 Grants - Healthcare Infection Control](#)
- Any NOFO amendments will be published on grants.gov
  - [CK22-2203 on grants.gov](#)
- Send all inquiries to: [healthcareIPCcoag@cdc.gov](mailto:healthcareIPCcoag@cdc.gov)

# NOFO background

- The COVID-19 pandemic highlighted gaps in infection prevention and control (IPC) knowledge and practice in U.S. healthcare settings
- IPC in healthcare stops the spread of infections, preventing illness and death and protecting patients and healthcare personnel
- There is a need to strengthen healthcare IPC practices, inform IPC recommendations, improve how healthcare personnel IPC competencies are assessed, and develop evidence-based approaches to IPC training and education
- This NOFO provides real-world implementation solutions for CDC's evidence-based guidance, during both normal operations and during emergencies

# NOFO purpose

- **Support strategies to make the delivery of healthcare safer for healthcare personnel and patients by**
  - Improving IPC implementation
  - Ensuring the healthcare environment is safe
  - Improving IPC training, education, and competency assessment
  - Strengthening healthcare IPC preparedness
- **Establish and expand partnerships with academic, healthcare, non-governmental, and other organizations**
- **Support Project Firstline implementation**

# Target population

The target population includes, but is not limited to, all individuals engaged in any aspect of patient care and healthcare delivery, including:

- Community, ambulatory, pre-hospital, acute care, long-term care, surgical and other procedural care
- Subspecialty practices and procedures
- Environmental services
- Material management
- Healthcare facility engineering
- Healthcare facility and system leaders and managers
- Payors

# Component 1 long-term outcomes

**Component 1: Improving the safety and quality of healthcare and protecting healthcare personnel and patients by strengthening infection prevention and control (IPC)**

**Long-term outcomes:**

- **1i. Improved healthcare IPC policies, procedures, practices, and implementation across diverse healthcare facilities and systems**
- **1ii. More effective IPC implementation by healthcare facilities serving underserved and under-resourced populations**
- **1iii. Healthcare facilities and systems implement improved and/or novel tools, materials, and other resources that support day-to-day activities and can be scaled up and/or adapted to support IPC implementation during emergencies**

# Component 1 strategies and intermediate-term outcomes (1 of 2)

- **Strategy 1a. Improve healthcare facility structure, design, engineering, and organization to enable safe, quality healthcare delivery and protect healthcare personnel and patients**
  - Outcome 1ai. Improvements in the safe provision of quality healthcare
  - Outcome 1aii. Improvements in IPC practices across diverse healthcare settings
- **Strategy 1b. Optimize materials and equipment design and safe use across healthcare settings**
  - Outcome 1bi. Improved IPC implementation related to materials, equipment, and devices in diverse healthcare setting
  - Outcome 1bii. Improvements and innovations in healthcare materials and equipment
- **Strategy 1c. Improve IPC work processes, procedures, and practices to enable safer and consistently higher quality healthcare**
  - Outcome 1ci. Improvements in IPC work processes, procedures, and practices across diverse healthcare settings

# Component 1 strategies and intermediate-term outcomes (2 of 2)

- **Strategy 1d. Implement standard practices to ensure healthcare environments are safe for healthcare personnel and patients**
  - Outcome 1di. Reduction or elimination of barriers and challenges related to optimizing the safety of the air, water/plumbing, and surfaces in the healthcare environment
  - Outcome 1dii. Strengthened environmental services and sterile processing services in healthcare facilities, including provision of education and training for responsible healthcare personnel
- **Strategy 1e. Strengthen healthcare IPC preparedness in the United States to respond to infectious disease threats and other public health emergencies rapidly, safely, and effectively**
  - Outcome 1ei. Demonstration of the value of structural, organizational, staffing, and other IPC preparedness activities to readiness and resilience of healthcare personnel, healthcare facilities, and healthcare systems



# Component 2 long-term outcomes

## Component 2: Strengthening healthcare personnel IPC training, education, and competency assessment

### Long-term outcomes:

- **2i. Improved IPC knowledge, competencies, skills, and practices of targeted populations of U.S. healthcare personnel**
- **2ii. Increased effectiveness of formal and informal healthcare IPC training and education**
- **2iii. Improved ability of health department HAI/AR programs to effectively support implementation of healthcare IPC and the prevention of and response to HAIs and AR in their jurisdiction**
- **2iv. Greater partnership and integration between public health and healthcare systems, including academic entities within regions, on infection control action and investments**

# Component 2 strategies and intermediate-term outcomes (1 of 2)

- **Strategy 2a. Develop and evaluate innovative and effective IPC training and education approaches to reach all U.S. healthcare personnel**
  - Outcome 2ai. Demonstration of the effectiveness of new, improved, and/or innovative healthcare IPC training and education approaches
  - Outcome 2aii. The diverse learning levels, cultures, languages, and needs of healthcare personnel are met as part of IPC training and education
  - Outcome 2aiii. Improved training of healthcare personnel that is shown to improve the maintenance of healthcare facility environments
- **Strategy 2b. Implement improved and novel approaches to effective healthcare personnel competency assessment**
  - Outcome 2bi. Enhanced assessment of healthcare personnel IPC competencies by U.S. healthcare facilities and systems
  - Outcome 2bii. Effective integration of IPC into healthcare personnel competency assessment

## Component 2 strategies and intermediate-term outcomes (2 of 2)

- **Strategy 2c. Improve the ability of the U.S. public health workforce to support healthcare IPC and the prevention of and response to healthcare-associated infections (HAI) and antibiotic resistance (AR)**
  - Outcome 2ci. Increased knowledge and capacity within the U.S. public health workforce (specifically staff in health department HAI/AR programs) in the areas of healthcare IPC, HAI/AR prevention and response, and other focused areas of specialization

# Addressing health disparities and strengthening health equity

- This cooperative agreement includes program activities that can be used to target occupational groups and healthcare facilities/setting that serve populations at disproportionate risk of infectious disease and/or adverse outcomes
- CDC seeks to fund organizations that specialize in reaching populations that may be lower income, in rural areas without easy access to healthcare or other healthcare organizations, and/or members of minority communities that might experience higher rates of preventable infectious diseases or adverse outcomes and/or be limited by access to tailored IPC tools and information that meet their specific needs
- Applicants are encouraged have a plan in place to be inclusive of populations that might be directly impacted or have increased risk for various infectious diseases, including but not limited to rural and native populations with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; people with limited health literacy; immunocompromised persons; and/or other at-risk populations

# Funding strategy (1 of 2)

- **Full and open competition**
- **Fund organizations uniquely suited to make substantial contributions to the strategies and outcomes in the logic model**
- **Applicants can apply to one or both components**
  - Within each component applied to, an applicant can include a maximum of 2 strategies (as defined in the logic model)
  - Clearly state the components and strategies included in the Project Abstract Summary
- **Components funded on an annual basis**
  - For planning purposes, estimate an average annual funding level of \$1 million per component
- **Will establish a roster of approved but unfunded recipients**

## Funding strategy (2 of 2)

- Funding contingent on availability and is at CDC's sole discretion
- Estimated total funding: \$100,000,000
- Estimated year 1 funding: \$12,000,000
- Period of performance length: 5 years
- Estimated number of awards: 12
- Planning level for year 1 budget narratives: \$1,000,000 per component
- Award ceiling / floor: \$0 / \$0
- Budget period length: 12 months

*All funding amounts and numbers of awards are subject to the availability of funding and at the sole discretion of CDC.*

# Evaluation and performance measurement

- Each applicant must propose an evaluation and performance measurement plan
- CDC and recipients will have 6 months post-award to revise the plan
- Each applicant should propose process and outcome measures
- A data management plan (DMP) is required if the activities proposed by the applicant involve the collection or generation of public health data
- NOFO describes a framework the applicant should use to propose process and outcomes measures specific to strategies included in their application
- Process measures proposed by an applicant should be specific to the key milestones of the applicant's proposed activities and demonstrate progress toward project goals
- The outcome measures proposed by an applicant should link clearly and directly to the bolded outcomes in the NOFO logic model that align with the specific strategy or strategies the applicant has applied to

# Organizational capacity of applicants

- Applicants must have the unique and specialized technical expertise, established infrastructure, partnerships, and management capabilities as outlined in the organizational capacity section of this NOFO
- Applicants must demonstrate how they are uniquely suited to implement the activities proposed in their work plan and significantly contribute toward the bolded outcomes defined in the logic model within the NOFO period of performance.
- Applicants should demonstrate:
  - Relevant experience and capacity
  - Experience and capacity to design and implement the evaluation plan
  - Sufficient staffing plan and project management
  - Financial management system
  - Ability to manage the required procurement efforts
- Applicants are required to submit a current organizational chart
- NOFO provides detailed descriptions of capacities for components 1 and 2





# Application contents

- **Carefully review NOFO for detailed guidance on application contents and required registrations**
- **Application contents**
  - Table of contents – no page limit
  - Project abstract summary – no page limit, but should be brief and specify which component(s) and strategy(ies) included in the application
  - Project narrative
    - Maximum of 15 pages for base content + 4 additional pages per component (OK to not use maximum allowed page limit)
    - Background, Approach, Evaluation and Performance Measurement Plan, Organizational Capacity, Work Plan
  - Budget narrative
    - Budget narrative should only cover year 1, not the full 5-year period of performance
- **See NOFO for list of required and optional attachments**

# Work plan: overview

- **For the work plan, applicants should complete a work plan template table for each strategy included in their application (maximum of two strategies per component)**
- **Work plans should include**
  - Detailed description of the work to be completed in year 1
  - Projection of activities to be completed across the 5-year period of performance
- **If selected for award, recipients and CDC can work together to revise work plans**





# Application submission readiness

- **Review the Notice of Funding Opportunity (NOFO) PDF posted on website**
- **Obtain a Data Universal Numbering System (DUNS)**
  - For additional help, contact [SAMHelp@dnb.com](mailto:SAMHelp@dnb.com) or call 1-866-705-5711.
- **Register for a System for Award Management (SAM) account**
  - Reference Registration instructions for SAM and the SAM Quick Start Guide for additional information.
  - For help, contact the supporting Federal Service Desk (FSD) at <https://www.fsd.gov/> or call 1-866-606-8220.
- **Register your organization on Grants.gov**
  - Reference the Grants.gov Online Help Portal for additional information.
  - For help, contact [support@grants.gov](mailto:support@grants.gov) or call 1-800-518-4726.

# Review and selection process

- **Phase 1 review**

- Applications reviewed for eligibility and completeness

- **Phase 2 review**

- Objective review panel evaluates complete and eligible applications in three areas
  - Approach
  - Evaluation and performance measurement
  - Applicant's organizational capacity to implement the approach
- Applicants will be scored at the component level
- Applications will be rank-ordered per component

- **Phase 3 review**

- Program funding decisions (by component)
- CDC recognizes the need to potentially fund out of rank order
- Approved but unfunded list generated

# Phase 2 review criteria: approach (1 of 2)

## Maximum points: 35

### Components 1 and 2

- To what extent does the applicant illustrate and justify the U.S. healthcare IPC, patient safety, and/or healthcare IPC preparedness need for the proposed project consistent with the purpose and objectives of this NOFO?
- To what extent does the applicant describe an overall strategy and activities consistent with the logic model and outcomes?
- To what extent does the applicant present a work plan consistent with the content and format proposed by CDC and aligned with NOFO strategies and activities, outcomes, and performance measures described in the approach?
- To what extent has the applicant provided estimated timelines for completion of work plan activities that are reasonable and within the period of performance?
- To what extent does the applicant describe approaches and methods that are evidence-based, realistic, and achievable to meet the objectives of this NOFO?

# Phase 2 review criteria: approach (2 of 2)

## Maximum points: 35

### Component 1

- To what extent does the applicant describe specific activities to be implemented that will improve healthcare IPC implementation and/or healthcare IPC preparedness and demonstrate how they will achieve project outcomes?
- To what extent does the applicant describe engagement of the target healthcare setting and/or healthcare personnel target population and other partners?

### Component 2 - To what extent does the applicant describe specific activities to be implemented that will:

- Strategies 2a and 2b: Improve healthcare IPC training, education, and competency assessment; describe engagement of the target population/setting and partners; and demonstrate how they will achieve project outcomes?
- Strategy 2c: Improve the ability of the U.S. public health workforce to detect, prevent, and respond to healthcare-associated infections (HAI) and antibiotic resistance (AR) threats through training and resources; describe engagement of target partners; and demonstrate how they will achieve project outcomes?

# Phase 2 review criteria: evaluation and performance measurement

**Maximum points: 30**

## Components 1 and 2

- To what extent does the applicant's evaluation and performance measurement plan include and adequately describe quantitative and qualitative process and outcome measures?
- To what extent does the applicant describe available data systems and feasibility of collecting appropriate evaluation and performance measurement data?
- To what extent does the applicant demonstrate experience and capacity to implement evaluation and performance measurement activities?
- To what extent does the applicant describe how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement?
- Does the applicant provide a data management plan, if one is required? If a data management plan is not required, does the applicant provide a clear justification for a data management plan not being required?



# Phase 2 review criteria: organizational capacity (1 of 3)

## Maximum points: 35

### Component 1

- To what extent does the applicant include qualified staff with appropriate technical expertise and context-appropriate experience to effectively implement proposed activities? Does the applicant include a clear organizational chart?
- To what extent does the applicant's proposed management structure for the project demonstrate a clear plan and capacity for administration and management of proposed activities, management of program resources, preparation of required reports, implementation of monitoring and evaluation activities, and collection and analysis of performance measurement data?
- To what extent does the applicant have the unique and specialized organizational capacity to form and deliver new insights and innovative solutions to healthcare IPC implementation?
- To what extent does the applicant have the necessary infrastructure (e.g., specialized subject matter expertise, access to healthcare settings, specialized equipment or technology) to implement activities in support of at least one (1) of the program strategies in component 1?
- To what extent does the applicant demonstrate the capacity to monitor and report on their work related to the healthcare IPC and/or healthcare IPC preparedness strategies included in their work plan?

# Phase 2 review criteria: organizational capacity (2 of 3)

## Maximum points: 35

### Component 2

- To what extent does the applicant include qualified staff with appropriate technical expertise and context-appropriate experience to effectively implement proposed activities? Does the applicant include a clear organizational chart?
- To what extent does the applicant's proposed management structure for the project demonstrate a clear plan and capacity for administration and management of proposed activities, management of program resources, preparation of required reports, implementation of monitoring and evaluation activities, and collection and analysis of performance measurement data?
- To what extent does the applicant have the organizational capacity to:
  - Strategies 2a and 2b: Form and deliver new insights and innovative solutions to healthcare IPC training, education, and/or competency assessment (e.g., identification and engagement of the target setting/population, identification of gaps/needs, description of an appropriate implementation approach, and evidence for likely success of the approach)?
  - Strategy 2c: Establish a network of CDC-funded HAI/AR programs within a defined region and provide ongoing engagement and support of those programs

# Phase 2 review criteria: organizational capacity (3 of 3)

## Maximum points: 35

### Component 2

- To what extent does the applicant have the necessary infrastructure and specialized subject matter expertise to implement activities in support of at least one (1) of the program strategies in component 2?
- To what extent does the applicant describe:
  - Strategies 2a and 2b: How they can support, reach, and engage a national, regional, or local network of an occupational category(ies) or healthcare facility(ies) that is integral to healthcare IPC training, education, and/or competency assessment?
  - Strategy 2c: How they can strengthen public health department capacity through online and in-person resources and training for detecting and responding to healthcare-associated infections (HAI) and antibiotic resistant (AR) threats?
- To what extent does the applicant demonstrate the capacity to monitor and report on their work related to:
  - Strategies 2a and 2b: healthcare personnel IPC training, education, and/or competency assessment
  - Strategy 2c: Supporting the U.S. public health workforce and health department capacity

# Phase 2 review criteria: budget

- **Not scored**
- **Criteria the same for components 1 and 2**
- **Criteria**
  - To what extent is the proposed budget consistent with stated program strategies and planned program activities?
  - To what extent is the proposed budget adequately justified?

# Important dates

- **NOFO published on grants.gov: 12/3/2021**
- **Informational webinar: 1/12/2022**
- **Letters of intent due: 1/28/2022**
  - Recommended by not required
  - Should include the components/strategies included in application
  - Help CDC plan for the objective review process
- **Applications due: 2/11/2022**
- **Award date (estimated): 7/25/2022**
- **Project start date (estimated): 8/1/2022**

**All dates are subject to change.**

# Points of contact

**Program office contact**

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For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

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