**SPS PROPOSAL SUBMISSION FORM**

SPS wants to hear about concepts, innovations, and harm areas that would benefit from the power of 140+ children’s hospitals driving a safer environment for patients and employees. While we stay laser focused on our current portfolio and interventions to improve safety, we know both assuring that we are working in the right areas and looking ahead to the future are equally important.

SPS has established a formalized process to review ideas that may result: 1) **new work** that has not yet been addressed by the SPS network or 2) **related work,** which are advancements to the current SPS portfolio. Thank you for taking the time to document your proposed concept or harm area to tackle; our leadership team is eager to hear your ideas!

Note: as a network, our focus is on achieving safety outcomes through quality improvement science and collaborating to advance safety culture; requests for product promotions or dissemination will not be considered.

Please send submissions to OCHSPS@cchmc.org. All proposals will receive confirmation of receipt, as well as an indication of the review timeline.

# **Submission Contact Information**

|  |  |
| --- | --- |
| Hospital Name/Company |  |
| Hospital/Company Address |  |
| Name & Credentials |  |
| Title |  |
| Cell Phone |  |
| Email |  |

 **Basic Information**

|  |  |
| --- | --- |
| Concept Title | Click or tap here to enter text. |
| Brief concept description (1-2 sentences) | Click or tap here to enter text. |
| Related Work or New Work? | Related Work [ ]  | New Work [ ] *Please indicate if this work is best described as a brand new effort for the SPS network (New Work), or an advancement of efforts currently in the* [*SPS portfolio*](https://www.solutionsforpatientsafety.org/our-results/) *(Related Work).*  |
| Does your intervention require use of a product not yet commercially available (e.g., clinical testing stage, etc.)  | Yes [ ]  | No [ ] If Yes, briefly explain: |
| Does your intervention require use of a product that is a specific brand or company? | Yes [ ]  | No [ ]  If Yes, briefly explain: |
| Does your proposal require SPS collecting Patient Health Information (PHI)? *Currently SPS only collects aggregate data*  | Yes [ ]  | No [ ]  If Yes, explain: |
| Please disclose any potential conflicts of interest (if applicable) |  |

**Submission Details**

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| State the problem to be solved, including the target population. Summarize your proposal and the proposed SPS involvement. |
| Click or tap here to enter text. |
| State briefly how this proposal supports the SPS mission of *eliminating serious harm across all children’s hospitals.* |
| Click or tap here to enter text. |
| Briefly summarize the evidence and literature supporting your proposal. |
| Click or tap here to enter text. |
| Share available knowledge and evidence to estimate the potential impact of harm reduction efforts in this area. Please explain the estimated number of children or employees/staff who currently suffer this type of harm. |
| Click or tap here to enter text. |
| Are there any known inequities and/or outcome disparities related to the proposed initiative? What impact will this work have? Please describe and cite any references. |
| Click or tap here to enter text. |
| Briefly describe any efforts already undertaken by children’s hospital(s) to address this type of harm, including any successful tests and the scale of tests. If applicable, consider attaching communication from hospitals indicating their willingness and ability to engage actively in this work moving forward. |
| Click or tap here to enter text. |

**please provide the testing protocol – if unknown, provide draft concepts:**

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| Describe your test interventions. |
| Click or tap here to enter text. |
| Describe in detail the test success criteria (e.g., how the success of the test will be determined) *Be specific* |
| Click or tap here to enter text. |
| List the proposed measurement methods and measures (outcomes, process, balancing, etc.) |
| Click or tap here to enter text. |
| Detail the scale of the test (e.g., number of uses, range of conditions, number of sites, power calculations). |
| Click or tap here to enter text. |
| Provide an indication of the proposed project timeline including planning phase, testing phase, etc. |
| Click or tap here to enter text. |
| List the testing site(s) resources needed (e.g., FTEs by skill set, including FTEs for collecting data/reporting; supplies; equipment) |
| Click or tap here to enter text. |
| Describe the effort required to integrate the proposal into current hospital systems. |
| Click or tap here to enter text. |
| Describe the ability to spread beyond the initial target population. |
| Click or tap here to enter text. |