

**Healthcare-Associated Infection Prevention Project**  
**RFA #1203311156**  
**Questions & Answers**

**QUESTION #1**

- a) Is the Healthcare Associated Infections RFA funding available to healthcare institutions outside of New York State?

**ANSWER #1**

- a) No, funding is only available to healthcare entities located in New York State.
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**QUESTION #2**

- a) Please clarify what is meant by "collaborating healthcare facilities." Must these be separate legal entities, or could they be different acute and long term care facilities within one health care system under one tax ID (For example, could the facilities include 2 hospitals and three nursing homes within one health system-again one tax ID)?

**ANSWER #2**

- a) Collaborating healthcare facilities means that each of the participating facilities named in the application must collaborate or work together toward a similar goal (i.e., to implement proposed interventions to reduce HAIs). Participating collaborative facilities may be part of a healthcare system under one tax ID number, or have different tax ID numbers.
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**QUESTION #3**

- a) Re Section 1.B. paragraph 3, will you consider projects looking at HAIs not currently publically reported in NY state? (e.g. CAUTI)?
- b) Re Section II. A., will you consider projects from applicant organizations not in NY state?
- c) Will you consider projects with participating facilities not in NY state?
- d) Does the applicant organization have to participate in the clinical work, or can it serve solely as the project leader?

**ANSWER #3**

- a) Yes, see the last paragraph on page 5 of the RFA where it states "*The infections, organisms, or population groups are not limited to those currently required to be reported in the implementation of Public Health Law 2819*".
- b) No, per amendment #1 posted on 11/20/12, "*Organizations eligible to submit applications for funding must be located in New York State*".
- c) No, per amendment #1 posted on 11/20/12, "*The applicant organization must be comprised of, or have a minimum of, five (5) collaborating healthcare facilities within New York State participating in the project (the applicant*

organization may or may not count as one).” Also see answer to Question #3b above.

- d) The applicant organization does not have to participate in the clinical work but must have a collaborative relationship with the participating facilities to ensure adequate monitoring and oversight of required activities and outcome measures.
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**QUESTION #4**

- a) Do long term care facilities qualify for this RFA and can be counted as one of the facilities?

**ANSWER #4**

- a) Yes, long term care facilities are a qualifying applicant, and can also be counted as a participating facility.
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**QUESTION #5**

- a) Can you please define the term “healthcare facilities” on pg. 4, section II. Who May Apply, second bullet, first sentence?

**ANSWER #5**

- a) NYSDOH does not specifically define the term “healthcare facility”. For the purposes of this RFA, “healthcare facility” is intended to apply to any not-for-profit facility that directly provides healthcare to patients as a primary function. Healthcare facilities may include, but are not limited to, hospitals, nursing homes, dialysis centers, and ambulatory surgery centers.
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**QUESTION #6**

- a) Does the funding opportunity above have a geographic restriction to NY State? If so, would including one NY hospital be enough, or should all health care facilities be in the NY State?

**ANSWER #6**

- a) Yes, per amendment #1 posted on 11/20/12, *“The applicant organization must be comprised of, or have a minimum of, five (5) collaborating healthcare facilities within New York State participating in the project (the applicant organization may or may not count as one).”* Therefore, all participating healthcare facilities must be located within New York State.
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## **QUESTION #7**

- a) Re: the requirement that the project leadership team must include persons with experience in conducting epidemiologic research, surveillance, and infection control. If one member is certified in infection control (CIC) can the other members be nurses or medical staff that currently work in infection control roles at each facility?
- b) What level of “experience” is needed for the other team members?
- c) Does the individual with the infection control certification have to be a staff member of the one of the facilities participating in the grant, or can that individual be a contracted employee from a larger facility outside our network (not partnering on the grant)?
- d) Do the individuals on the leadership team with experience in conducting epidemiologic research, surveillance, and infection control and with infection control certification have to be staff members of one of the facilities participating in the grant, or can that individual be a contracted employee (contracted for the purpose of carrying out this grant) and therefore outside our network (i.e., the contracted employee would not be a staff member at one of the healthcare facilities partnering on the grant)?
- e) On pages 13-14, the program summary/overview and components sections of the application are described. Do these sections have to be organized by grant year, one through five or can these sections be written in a general sense for the entirety of the grant?
- f) On page 18, the RFA states, “Describe your organization’s policies/procedures to ensure the needs of racial/ethnic minorities and persons with disabilities are met.” Is it sufficient to have a statement in the lead organization’s bylaws as opposed to a specific policy/procedure?
- g) If the lead organizations does not have any organizational policies and procedures given they do not employ staff and are a stand-alone not for profit organization, can the participating healthcare facilities’ policies/procedures be used to meet this criteria?

## **ANSWER #7**

- a) Yes, other members (who may or may not be certified in infection control) of the project leadership team can be nurses or medical staff that currently work in infection control roles at each facility. Per section II. A. of the RFA (pg. 5), *“The project leadership team must include persons with experience in conducting epidemiologic research, surveillance, and infection control.....documented by attaching curricula vitae for these leadership team members.”*
- b) As stated above, the project leadership team must include persons with experience in conducting epidemiologic research, surveillance, and infection control. It is important that team members have the requisite experience commensurate with their roles and responsibilities outlined in the application.
- c) The Individual with infection control certification (CIC) on the leadership team does not need to be a staff member of one of the participating facilities and can be a contracted employee from outside the network. As a member of the

- leadership team, the CIC-credentialed member should have an active role in the project. Please note, CIC credentials are a preferred qualification.
- d) Other members of the leadership team (including the member with CIC) do not need to be staff members of one of the participating facilities and can be contracted employees from outside the network. All members of the leadership team should have an active role in the project.
  - e) The program summary/overview and components sections of the application should include concrete plans for year 1. Contingent plans for years 2-5 may be combined and summarized.
  - f) Yes.
  - g) Yes, as long as the policies and procedures of the participating facilities are described and will be followed by the lead organization.
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**QUESTION #8**

- a) Can separate and distinct hospitals under the umbrella of a health care system and all sharing the same hospital operating certificate number be considered eligible partners in the required five collaborating facilities if the health care system is the applicant?
- b) Are skilled nursing facilities eligible partners?

**ANSWER #8**

- a) Yes.
  - b) Yes.
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**QUESTION #9**

- a) Do 10% indirect costs come out of total or are the IDC in addition to the stated fund amounts?
- b) Is there a salary cap?
- c) Is a cost of living increase okay?
- d) Can a university affiliated physician be the PI representing hospital?
- e) Is in-kind salary support okay?
- f) What format should CV's be in? Should we use NIH biosketch or other?
- g) Who are considered the institutions: can this be hospital sites + university sites?
- h) Is it permissible to use existing tools, e.g., checklists?
- i) Will NYS DOH team be involved in publications?

**ANSWER #9**

- a) The 10% indirect costs come out of the total award.
- b) Yes, per Executive order 38 (<http://www.governor.ny.gov/executiveorder/38>), "State financial assistance or State-authorized payments shall not be provided for compensation paid or given to any executive by such provider in an amount greater than \$199,000 per annum". Also, proposed salaries should be reasonable (usual and customary for the services provided in the region).

- c) Yes. Also, if a cost of living increase is requested for staff in years 2-5, the increase should be justified in attachment #3.
  - d) Yes.
  - e) Yes.
  - f) There is no prescribed format for CV's.
  - g) Institutions that can serve as a collaborating healthcare facility may be both hospital sites and/or university sites as long as they meet the definition of "healthcare facilities" provided in question 5.
  - h) Yes.
  - i) NYSDOH may or may not be involved in contributing to publications related to the funded projects. Per Appendix A-2 (attachment #5), NYSDOH must review the final draft of the publication before it is submitted to a peer review committee.
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**QUESTION #10**

- a) Do applicants need to have every hospital they would be working with committed upon submission of the application, or could the applicant get an approximate number of institutions that would be committed to working on the initiative?
- b) Along the same lines, if we were to form a Clinical Advisory Group for the project we propose, would we need to have commitment from all of the clinical experts who would be involved upon submission of the application, or could the applicant get an estimation of who would be on the Clinical Advisory Group?

**ANSWER #10**

- a) No, signed letters of agreement from participating facilities must be included with the application for funding (see RFA pg. 5, second bullet).
- b) If your clinical advisory group is also your project leadership team, then you will need to list the members (and their experience) in attachment #1. If the clinical advisory group is separate from the project leadership team, then you do not need to provide evidence of a commitment from its members.