



Institute for Healthcare Quality,
Safety and Efficiency

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Clinical Effectiveness & Patient Safety Grant Program Letter of Intent Outline

Below are the questions for the CEPS LOI application.

[Click here to complete the application.](#)

Please note:

- Projects requiring changes to Epic must obtain an Epic letter of support to be included in the submission.
- Resident and Fellow applicants must provide:
 - A copy of the faculty mentor's CV.
 - A letter of support from a SOM faculty member with privileges at CHCO/UCH who is willing to serve as a mentor for the project. The letter must include:
 - Relationship to resident/fellow applicant (project mentor, program director, etc.).
 - Description of how faculty will provide support to applicant (e.g., plans for regular meetings, etc.).
 - Commitment to attend quarterly work-in-progress meetings.

LOI Form Fields

Project Title

Background and Significance: Provide a brief overview of the problem that this project addresses, what is known about this problem, and why you chose to perform this project.
(1,500 character limit)

Project Aim: Clearly state the project's overarching goal(s). An aim statement should address HOW MUCH improvement (e.g. increase from X to X), WHERE (e.g., clinical unit) and by WHEN (e.g. w/in 12 months). EXAMPLE: Reduce CLABSI from 30% to 10% in ICU within one year.
(1,000 character limit)

What IOM Dimensions of Quality Care will this project impact?

- Safety
- Timeliness
- Effectiveness
- Equity
- Efficiency
- Patient-centered care

Team: List the members of your team and their position/roles. A CUSOM faculty member must be a part of the project but does not have to be the leader. Multidisciplinary teams are encouraged.
(1,000 character limit)



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Methods/Interventions: Briefly describe how you will examine the problem and the changes that will be implemented to address the project aim(s). If you have already performed analyses on baseline data, please describe your findings.

(2,000 character limit)

Timeline: Please describe your estimated one-year timeline for the project.

(1,000 character limit)

Are you interested in having a CUSOM medical student help with your project?

- Yes
- No
- Possibly

Please estimate your budget including the expense type (e.g., research assistant, statistical analysis, supplies, etc.), the cost, and justification. If your team is invited to submit a full grant proposal, you will be asked to submit an itemized budget request.

(1,500 character limit)

Optional Attachments: You may attach additional supporting documentation (e.g., graphs, tables, questionnaires) relevant to your submission. Please limit TOTAL attachments to two pages. Excessively large attachments will not be included in LOI review. If you are including a PowerPoint presentation, please convert the attachment to multi-slide pages. Please do not include lengthy questionnaire.