	FROM GOOD TO GREAT: IMPROVING ACCESS TO AND USE OF PATIENT VISIT NOTES IN NON-HOSPITAL SYSTEMS
NY HEALTH FOUNDATION *Improving the state of New York's health*	**Deadline: February 3, 2023 (by 1 p.m.)**

PREPARATION

Please read these instructions before starting the application submission process.

All applications must be submitted through [NYHealth's online grantee portal system](#). Remember that some requested information may require collaboration from other departments in your organization.

Helpful tips:

- **Timing Out** – The grantee portal is set to time out after one hour. Please *regularly* save while working.

- **Complete as a Word Document** – It is suggested that you complete the application as a Word document first; then copy and paste into the appropriate online fields. Each section lists a maximum character limit.

- **Online Formatting** – Narrative fields in the online application form are plain text format and do not support any formatting. List any references/footnotes parenthetically in the text.

- **Save and Return** – You do not have to complete the application all at once. You can save your work and return at a later time by logging back on to the grantee portal.

GRANTEE SUPPORT

Interested organizations are encouraged to contact Foundation staff if they have questions about projects. Programmatic questions should be addressed to [opennotesrfp@nyhealthfoundation.org](#).

If you have questions or difficulties using the grantee portal, please contact [gm@nyhealthfoundation.org](#) or call **(212) 584-7675**; please leave your telephone number.

GRANTEE PORTAL LOGIN

Returning Users: If you have applied through NYHealth's online system before, use your existing credentials to log in. Use the credentials you created during your application process to log in (do not create a new account).

- **Forgot Your Password?** Click on "Can't access your account?" to receive a temporary password.

- **Forgot Your Username?** Please contact NYHealth Grants Management as listed above.
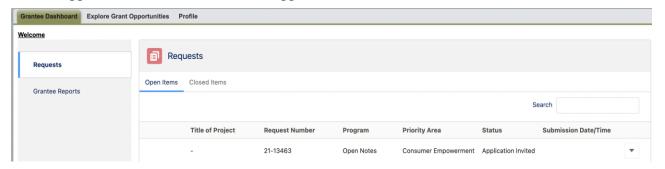
New Users (first-time applicant): If you are a first-time applicant, create a user registration to log in. Click on "New User" link and follow the instructions.

ACCESSING THE OPEN NOTES APPLICATION

Once logged in, you will see this dashboard. Go to the **Explore Grant Opportunities** tab at the top, select the "From Good to Great: Improving Access to and Use of Patient Visit Notes" Online Application, and click on Create Application button.

COMPLETING THE "FROM GOOD TO GREAT: IMPROVING ACCESS TO AND USE OF PATIENT VISIT NOTES IN NON-HOSPITAL SYSTEMS" APPLICATION

I. Organization Information

This section reflects information created during your user registration process.

- Organization Legal Name (pre-populated from your registration information)

- Organization AKA Name (If your organization name is different from your organization's legal name)

- Employer Identification (EIN) Number

- Address (pre-populated from your registration information)

- Organization Type 1 (select from drop-down menu)

- Organization Type 2 (select from drop-down menu)

- Region

- Website URL

- Organization Information *(Maximum length: 2,000 characters with spaces)*: Description of your organization, including size; communities and populations served; and proportion of Medicaid, uninsured, and/or dual-eligible populations served.

- Annual Operating Budget: Do not include a $ sign in this field; only include numbers.

- Year Established

- Number of Employees

Please click on **Save and Next** to go on to the next section.

II. Contact Information

This section reflects contact information created during your user registration process. Please click on **Save and Next** to go on to the next section. If the primary contact for this grant needs to be updated, click on the fields with the highlighted red bars and edit.

*Please Note: If the contact information you are looking at is not yours, you have logged in as someone else. This is common if you decide to share login credentials. Please **DO NOT** edit the contact details in this section if you are not this person. You must log in under your own credentials and update your contact details there.*

Please click on **Save and Next** to go on to the next section.

III. Application Summary

1. Project Title *(Maximum length: 120 characters with spaces)*
2. Amount Requested (Systems can request $50,000 per site for up to 2 sites)
3. Start Date
4. End Date

Please click on **Save and Next** to go on to the next section.

IV. Narrative

The following outlines the required sections and lengths for each. Please provide concise responses for questions in each section in the order they are listed.

1. Background *(Maximum length:1,500 characters with spaces)*

- Describe your organization, including health care services offered and geographic catchment area. (Note: if you are applying for two sites, address responses to describe each site.)
- How many patients do you serve?
- Describe the makeup of your patient population, including any relevant demographic information related to age, race, ethnicity, primary language, insurance status, immigration status, or other key factors.

2. Implementation Plan *(3,500 characters with spaces)*

- Describe your system's progress to date in implementing open notes. (Note: if you are applying for two sites, address any distinctions for each site.)
  - What types of notes are you sharing? Are there any types you are not sharing?
  - Have you taken steps to communicate with providers and staff about open notes? If yes, please describe.
  - Have you done any open notes trainings for providers and staff? If yes, please describe.

- o Have you employed a formal communications strategy to inform patients and their families/caregivers about open notes? If yes, please describe.

- Which electronic health record (EHR) platform does your system use? Have you encountered any EHR barriers related to open notes?

- What percentage of your patient population is registered on the patient portal?

- Have you solicited patient feedback and input in your open notes implementation process? If yes, please describe.

3. Project Management *(Maximum length: 4,000 characters with spaces)*
- Describe the goals and activities of your proposed project to implement open notes in compliance with the 21st Century Cures Act, improve note-sharing, and/or enhance access and use by patients. How would NYHealth grant support, technical assistance, and opportunities for peer learning support these efforts?

- Describe the staff that will comprise the project team.
  - o Applicants are required to engage a project team of 3–4 members for participation. Potential roles to consider include: patient experience/engagement leaders, clinical leaders, EHR implementation or IT leaders, and staff and patient educators. **NYHealth strongly encourages organizations to include at least one patient partner and/or advisor on their teams**. (Note: If you are applying for two sites, the expectation is that at least one representative from each site will be involved in the project team and participate in the monthly learning collaborative sessions.)
  - o Describe the project team's commitment to participate in and contribute to the technical assistance and learning network.

- Describe any patient engagement approaches you plan to implement during the grant period. Examples include—but are not limited to—patients or patient advisors on the project team; routine engagement of Patient and Family Advisory Councils; patient surveys and/or focus groups; and patient navigation.

4. Barriers and Obstacles *(Maximum length: 2,000 characters with spaces).*
- Describe any barriers and/or obstacles you expect to encounter in your open notes implementation. Applicant responses will help inform the technical assistance provided through this program.

5. Statement of Need *(Maximum length:1,500 characters with spaces)*
- Describe executive leadership support for open notes implementation, including, but not limited to, staff participation in the technical assistance and learning network.

V. Grant Terms and Conditions

1. Download the Grant Terms and Conditions from **the Attachments Tab**. Review the grant terms carefully.
2. Upload a signed copy in the **Attachments Tab**.
3. Fill out the fields in the **Grant Terms and Conditions Tab**. The name, title, and signature date on the Terms and Conditions document must match these fields.

Please click on **Save and Next** to go on to the next section.

VI. Head of Organization Contact Information

Please enter the contact information of the person who leads your organization.

Please click on **Save and Next** to go on to the next section.

VII. Attachments

Upload the following to your application. Referenced NYHealth templates are available in the online application.

Application Supporting Materials

1. **Budget** *(Required)*
Download and complete the Budget Template, then upload it here. Please ensure that your budget fits an 8.5 X 11 sheet of paper and full number/dollar amounts are visible in each cell. If a worksheet is "protected," the password is "nyshf."

   Please list how you anticipate using the grant funds. Funds can be used for a range of costs associated with open notes implementation, including, but not limited to, patient education and engagement; staff support and training; EHR configuration; and/or marketing. Given the recent federal rule, it is expected that applicants are already making some level of financial investment to implement open notes within their facilities. NYHealth understands spending plans may change and you will have the opportunity to amend if awarded a grant.

2. **Charts & Tables** *(Optional)*
This upload field is available to applicants who may have charts and/or tables that are not supported in the online application narrative fields. This attachment is limited to two pages maximum. Please note this upload is not **provided for additional narrative space** and **will not be included** with your application review.

Application Due Diligence Materials

1. **Grant Terms and Conditions** *(Required)*
   Please review, sign, and upload one copy of the grant terms to your online application.
   *Important***:** Ensure that the fields in the **Grant Terms and Conditions Tab** are completed and match the uploaded document.

2. **IRS Determination Letter** *(Required)*
   If your organization does not have an IRS Determination letter, please upload a document that explains your status.

VIII. <u>Review/Submit</u>

When you have finished entering and saving all the necessary information under the various tabs, click **Review/Submit** at the top. You will then see your application in its entirety.

If you need to make changes or edits, click **Back to Record** and update accordingly. Once you have reviewed all your information and have no other changes, click **Submit**. Select **Print** if you would like a printed copy of your application. You will receive an automated e-mail indicating that you have successfully submitted the application**. If you do not receive this e-mail, please check your spam or junk mail folders.**

Not ready to submit? Click **Back to Record** and **Save**. Log back on to the grantee portal to continue editing at a later time.

FEEDBACK

We welcome and encourage your comments about your online experience. Please send your feedback to gm@nyhealthfoundation.org.