

# SPACE IS LIMITED.

Register today: \$65 (\$75 after March 8.)

Tuesday, March 15, 2011 • 8 a.m. – 3:30 p.m.

Alex Aidekman Family Jewish Community Campus  
901 Route 10, Whippany, NJ

## Promoting Transitional Care in New Jersey:

*Reducing Rehospitalizations and  
Improving the Continuum of Care*



**Keynote speakers, national experts, and leaders in transitional care to include:**

- **ERIC A. COLEMAN**, MD, MPH, AGSF, FACP, Professor of Medicine and Director, Care Transitions Intervention™ Program (CTI), University of Colorado at Denver
- **MICHAEL PAASCHE-ORLOW**, MD, MA, MPH, Co-Investigator, Project RED (Reengineering Discharge), Boston University School of Medicine
- **MARY D. NAYLOR**, PhD, RN, FAAN, Marian S. Ware Professor in Gerontology and Director, New Courtland Center for Transitions and Health, University of Pennsylvania School of Nursing—Transitional Care Model (TCM)

This conference will promote the understanding and use of evidence-based models of care that will affect at-risk seniors who move across health care settings and community settings. » [more](#)

### ***ONLINE REGISTRATION ONLY***

For more information or to register, visit: [www.grottafund.org/caretransitions](http://www.grottafund.org/caretransitions)

### ***Jointly-sponsored by:***

New Jersey Hospital Association/HRET • The Grotta Fund for Senior Care

### ***Co-sponsored by:***

New Jersey Foundation for Aging • The John A. Hartford Foundation  
Wallerstein Foundation for Geriatric Life

*The Grotta Fund for Senior Care is an Advisory Council Fund  
of the Jewish Community Foundation of MetroWest NJ.*

*Questions? Please contact Renie Carniol, Director of The Grotta Fund for Senior Care,  
(973) 929-3097, or [rcarniol@ujcnj.org](mailto:rcarniol@ujcnj.org).*

## **Grotta Fund for Senior Care of the Jewish Community Foundation of MetroWest New Jersey SPRING 2011 GRANT REQUEST FOR PROPOSAL AND APPLICATION**

### **History and Mission**

The Grotta Fund for Senior Care of the Jewish Community Foundation of MetroWest (JCF) was established with proceeds from the sale of the Grotta Center for Senior Care in West Orange NJ, and formerly The Theresa Grotta Center for Long Term and Rehabilitative Care. Grotta is dedicated to positively impacting the lives of seniors and their families, primarily living in Essex, Morris and Union counties. To fulfill our mission, Grotta funds innovative, demonstration and collaborative programs and services which directly benefit older adults and their families and facilitate their ability to age in place in their homes and communities. Grants are selected on a non-sectarian basis and are awarded through the Jewish Community Foundation of MetroWest NJ.

### **Introduction**

The Grotta Fund for Senior Care considers every senior adult to have immeasurable value, no matter how frail, difficult, or needy. We seek to facilitate their ability to age in place with dignity, safety, and compassionate care. As concerned grantmakers, we monitor trends that are causing reduced independence and quality of life of seniors. Recently we reviewed the statistics regarding the increasing number of transitions that seniors are experiencing between various healthcare and community settings (e.g. home to and from institutional settings, such as hospitals, long term care facilities and alternative housing settings). We are troubled by the significant challenges these multiple transitions are having on the physical, emotional and general well being of seniors as well as their families and caregivers.

Eric Coleman defines transitional care as a “set of actions designed to insure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location”. These transitions often magnify the inadequacies and disconnections between silos of health care and social services. Each year older people experience over 13 million transitions from acute or rehabilitation facilities to home.

Of great concern is that, according to a NEJM article in 2009, 20% of Medicare fee-for-service patients were readmitted to the hospital within 30 days of discharge. These unplanned readmissions cost Medicare \$17.4 billion in 2004. In addition to financial implications, avoidable readmissions are increasingly seen as poor quality by patients, payers and health organizations.

The reasons for high readmissions rates are multifold. For one, care that was provided in hospitals in the past is now being provided in patient's homes, physician's offices, nursing homes, other care/housing settings. Additionally, hospital discharge planners and case managers are not adequately preparing seniors for their journey to recovery. As well, aged family members or other caregivers often are responsible for the care of a frail elder. With the rapid release from hospitals, these caregivers are ill equipped to meet the needs of their loved one. The frail elder often returns to the emergency room, due to medication mismanagement, recurrent illness and misunderstanding of their treatment regimens and follow up care, and which likely results in a readmission.

A comprehensive infrastructure offering seamless transfer of information between providers does not exist in our current health care delivery system, and this process is impeded further by privacy considerations. Key to the confusion in the system is that, as Mary Naylor notes, “there is no recognized ‘point’ person in our current health care system for managing care across place, time and profession and little acknowledgement that individuals with chronic disabilities shift among physicians, hospitals, nursing homes and their own homes”.

In the past ten years there has been extensive research that documents high readmissions rates and the range of difficulties that older adults and their caregivers experience during care transitions. As reported in the Health Leaders Action Guide to Reduce Avoidable Readmissions, January 2010, many interventions have been developed and implemented, with a range of supporting evidence. Three such models will be presented to New Jersey healthcare leaders at Transitions in Care conference on March 15, 2011. These include Transitional Care Model (TCM), Project RED (Re-engineering Discharge) and Care Transitions Programs. These evidence-based models and others are poised to expand their applications to facilities and agencies in New Jersey.

Key to successfully implementing these models is forming connections between and among providers, facilities and other care settings. Amy Berman, Senior Program Officer of the Hartford Foundation, states, “Success in reducing readmissions lies in effectively partnering to not only achieve better outcomes but also to reduce the fragmentation and lack of support that so often comes with transitions between providers and care settings.” Additionally all of these evidence-based national models stress the importance of improved communications among and between providers, care settings and families. They address actively engaging patients and their families in their care since communication breakdowns followed by readmissions often occur due to their lack of understanding of three issues: their diagnosis, the care they receive, and their discharge instructions.

Since 2006, the National Transitions of Care Coalition (NTOCC), has convened health care leaders, patient advocates, and health care providers from various care settings to address ways to improve care coordination and communication during transitions. In addition to collecting resources such as white papers, journal articles, and websites that a “Transitions of Care” professional or interested consumer might find useful in their practice or medical situation, they have identified “Seven Essential Intervention Categories” of successful models of transitional care.

### **Spring 2011 Priorities**

In this funding cycle, Grotta aims to improve quality of care for at-risk seniors who undergo frequent transitions between various health care and community settings. To achieve these goals, Grotta will support the implementation of an evidence-based model

of transitional care that will demonstrate reduced unnecessary rehospitalizations and improved care coordination for frail seniors. Grotta also expects that seniors will become more engaged in their care and communications between providers, hospitals, care settings, and care agencies and families will be improved. Grants will be provided to initiatives or projects that propose new strategies and processes to improve patient understanding during and following hospitalization, engage family members, improve transition planning, extend post discharge follow up and care, and offer new methods for transferring patient information across settings. The project should offer ways to improve care across multidisciplinary care teams and enhance medication management.

The proposed project should target a vulnerable population of seniors with multiple severe chronic health conditions at risk for rehospitalizations. These can include frail elderly, low income, ethnic or minority status, low health literacy, physical, cognitive and mental disabilities. A partnership/strong service collaborative arrangement between care settings is encouraged, involving two or more of the following: hospital, subacute care and long term nursing home, assisted living facility, home health agency, academic institution, federally qualified health center, insurance payor, physician provider group, social service organization, and mental health organization.

The grant project is expected to begin on September 1, 2011 and end on August 31, 2012, unless otherwise noted.

### **Selection Criteria**

Priorities will be given to proposals for programs with the following features:

- Clear identification of a targeted population of seniors at high risk for rehospitalizations
- Solid relationship with one or more partnering and collaborating agencies
- Establishment of a core interdisciplinary team or committee with a project leader to implement and oversee the project
- Sound reasoning for implementing specific evidence-based method or program, associated with a national model of transitional care
- Plan for implementing the Care Transitions bundle of seven key elements of successful transitions models as defined by NTOCC Care Transition Bundle: Seven Essential Intervention Categories <http://www.ntocc.org/Portals/0/PDF/Compendium/SevenEssentialElements.pdf>. This plan should specify the tools and new approaches and an incremental roll out of these elements.
- Defined methods for demonstrating how the organization(s) will be made accountable for facilitating effective transitions including performance standards, new policies and procedures for transitioning, involvement of practitioners and other stakeholders.
- Clear indication of commitment by the partnering organizations to learn from and with model developers and/or others involved in implementing new models of transitional care. Willingness to share this learning within their agencies as well as with others in NJ.
- Specific commitment by leadership in the organizations to the project; use of in-kind support and leveraging of other grant funding.
- Compelling sustainability plan for the project.

### **Total Awards**

- Up to \$100,000 over a **one year** period.
- Successful grantees may apply for up to two additional years of funding upon satisfactory completion of initial year's benchmarks. Funding of subsequent years is usually for a lesser amount, unless the program is expanding its reach and/or significantly enhancing the program elements.

### **Information Sharing**

On Tuesday, March 15, 2011 at 901 Route 10, Whippany, NJ, the Grotta Fund will be holding an all day program to promote the understanding and use of evidence-based models of care. The Conference will showcase national leaders in this field including keynote speakers, Dr. Eric Coleman, Dr. Paasche-Orlow, and Dr. Mary Naylor. Discussion sessions will offer descriptions of programs that are implementing these models. At a final session of the conference, Grotta will be available for discussion and questions regarding this RFP. There will be time for networking and collaboration building as well. Attendance is encouraged, but not required. For more information and to register, please go to [www.grottafund.org/caretransitions](http://www.grottafund.org/caretransitions). A follow-up discussion on tools and resources available through NTOCC and questions and answers regarding the Grotta RFP will be offered on March 30, 2011. Details will be posted on our website on March 15, 2011 and distributed at the conference.

### **Grant Information, Deadline and Award Notification**

- Promoting Care Transitions in New Jersey Conference: **March 15, 2011**
- RFP Webinar: **March 30, 2011, 11:00 am- 12:30 pm**
- Application Deadline: **May 10, 2011, 5:00 pm.**
- Notification: **July 20, 2011**

### **Eligibility and Restrictions**

- The proposed project will serve seniors and/or their families primarily living in Essex, Morris and Union County, New Jersey.
- Applicants are limited to one proposal submission from an organization. Organizations that are partnering must select one organization as the designated lead organization.
- All applicants must commit to shared learning with other grantees during the course of the grant period. These learning sessions may involve travel and/or conference calling with other grantees receiving funds to support transitional care initiatives in NJ.
- Funds may be used for costs directly associated with implementing a project including personnel and benefits, supplies, project related equipment, materials, marketing, data collection and analysis, evaluation, and travel, as needed. Grant

funds will not support individuals or general operating expenses, loans, fundraising or capital campaigns, agency deficit financing, major capital expenditures or research costs, or continuation of an ongoing program.

- Grants are limited to a 501(c) (3) (not-for-profit) corporation or governmental agency.

### **Award Payments**

Grant funding is disbursed, contingent upon satisfactory review of these reports, as follows:

- Acceptance and receipt of signed contract- 50%;
- Approval of a six month report- 40%; and
- Satisfactory review of a year end report- 10%.

### **Reporting Requirements**

Award recipients are expected to pursue the proposed project goals and objectives and budget, according to deadlines and processes set forth in the Grotta grant award letter of agreement. Grotta's Director is available for technical assistance during the grant period. Grant recipients are required to submit six-month and final year-end reports that provide financial and performance accountability. The requirements for report content, format and deadlines will be provided upon receipt of the grant award. Grotta may request a site visit before or during the project period.

### **Application Assembly**

Please assemble your application package in the following order:

- **Cover Sheet (word document)**
- **Grant Project Narrative (word document)**
- **Grant Project Plan (word document)**
- **Project Budget Worksheet (Excel or word document)**
- **Attachments- (PDF, word document or hard copies)**

The entire application must be submitted IN TWO FORMATS, one electronic copy (with attachments as PDF), to [rcarniol@ujcnj.org](mailto:rcarniol@ujcnj.org) and one hard copy (with signatures and attachments) to:

**The Grotta Fund for Senior Care,  
c/o Jewish Community Foundation of MetroWest NJ,  
901 Route 10 East, Whippany, New Jersey 07981  
Attn: Renie Carniol**

### **Questions**

Please direct all questions to Renie Carniol, Grotta Fund Director at [rcarniol@ujcnj.org](mailto:rcarniol@ujcnj.org) or call (973) 929-3097.

### **Application Checklist**

- √ Cover Sheet
- √ Grant Project Narrative
- √ Grant Project Plan
- √ Grant Project Budget
- √ Attachments
  - A copy of your most recent IRS letter indicating the agency's tax exempt status and specifying whether you are a 501(c)(3), 509(a)(1), 509(a)(2), or 509(a)(3) organization
  - Most recent financial statement audited if available; operating budget for the most recent fiscal year; copy of most recent 990. The agency's most recent annual report, if available.
  - Half-page biographical summaries of key staff and collaborators
  - Needs assessment, if applicable
  - Timeline of program deliverables or activities and milestones.
  - List of the agency's board of directors with business affiliations.
  - Letters of support from key collaborators, etc.



**Grotta Fund for Senior Care of the Jewish Community Foundation of MetroWest New Jersey  
Grant Project Narrative**

Please provide a detailed program description on a separate document entitled “**Grotta Fund for Senior Care Spring 2011 Transitions in Care Grant Application, Agency\_\_\_\_\_ Project Title\_\_\_\_\_**”. List the bold headings which appear below followed by your answers to the questions (no need to restate the questions). Please single space your submission and use a font such as 11 or 12 point Arial, Times New Roman or Georgia. Please leave one inch margins. Do not bind or place proposal in a notebook. **Five pages maximum, exclusive of attachments**

**A. Background:** Describe the work of your agency

- A brief description of your organization’s history and mission, including its vision and goals
- Report on the demographics of your population served, including geographic location, socio-economic status, race, ethnicity, gender age, physical ability, and language
- Clarify the current relationships with other organizations working to meet the same needs
- Previous Grotta grants- dollars, results and current status

**B. Project Need and Target Population**

- Describe the unmet needs causing unnecessary rehospitalizations, poor continuity and fragmentation of care for seniors in your organization and partnering organization. Clarify how you aware of this need (e.g. through a study, report). Attach a needs assessment if applicable.
- Indicate why the need be addressed at the proposed location(s) and why now.
- Describe the project’s target population (geographic location, socio-economic status, race, ethnicity, gender age, physical ability, and language). Clarify why you have selected this population to be targeted. Indicate the number of unduplicated individuals that you intend to serve.

**C. Goals, Objectives and Activities**

- Describe the proposed project goals and how they were determined.
- Provide a description of the project design, activities to be performed and deliverables that will address the stated need and desired project goals. Attach a timeline, including start-up activities and steps to be taken to reach these ends. Identify the collaborative aspects of the programs. Describe the anticipated measurable improvements to be achieved in the following areas:
  - Medication management
  - Safe transition planning from one level of care or care setting to another including hospital, home and other health care facilities.
  - Patient and family engagement and education
  - Information transfer
  - Follow up care
  - Healthcare provider engagement
  - Shared accountability across providers and organizations

**D. Outcomes/Impact of the Program and Dissemination of Results**

- Indicate the aspects of the project that will reduce unnecessary rehospitalizations and improve continuity of care for seniors
- Describe how each of the new processes, methods and behaviors of health care providers will impact the health care delivery system in the community.
- Describe how your successes and lessons learned will be disseminated to others in the medical/ healthcare communities and the community at large.
- Describe what a successful year one would look like and if successful, what is planned for year two.

**E. Leadership and Commitment**

- Identify the names, roles and responsibilities of key personnel and members of the collaborative partnership.
- Identify the champion for the project. Describe their role and responsibilities.
- Indicate the degree to which the relationships are already in place.
- What is the rationale for and commitment of your collaborators?
- How has the organization and/or collaboration managed similar endeavors of equal size, scale and focus?

**F. Evaluation**

- Describe the program activities, measures and tools to be used to assess program progress both during the year and upon one year’s completion.
- Specify the person/committee who will be responsible for evaluation and assessment of lessons learned.
- Clarify your anticipated schedule for monitoring and evaluation.
- Tell about how the information will be communicated to optimize performance and learning, both within the organization and beyond, to others in the field.

**G. Funding and Future Sustainability**

- List each agency’s contribution of staff, oversight, volunteers, etc.
- How would partial funding affect your project?
- How do you anticipate that the agencies and organizations will support this program after the Grotta funding period?

**Grotta Fund for Senior Care of the Jewish Community Foundation of MetroWest New Jersey  
Grant Project Plan**

Please specify your project goals, measurable objectives with clearly defined units of service, and desired outcomes. Please be reminded that this information must be conveyed on the timeline. (*You can use 9 or 10-point font, or submit this in landscape layout*)

**Agency:**

**Project Title:**

<p align="center"><b>Goals</b></p> <p>List one or more goals or purposes of the project.</p>	<p align="center"><b>Project Objectives/Benchmarks</b></p> <p>List objectives that are specific and measurable of outputs that directly relate to the project goals. (e.g., # of recipients, events, hours, visits, referrals)</p>	<p align="center"><b>Expected Project Outcomes</b></p> <p>Indicate what differences this project will make to the recipients (e.g., cognitive, behavioral, or functional changes, satisfaction).</p>
<p><i>Sample:</i> 1) To identify and improve medication management of homebound elderly living in XXX.</p>	<p><i>Sample:</i> 1a) A health professional will perform 150 one-hour visits to 35 or more seniors aged 70 or older living in three apartment complexes in XXX. 1b) The health professionals will perform 35 medication management assessments and provide x# of new tools including BB, CC and DD to increase understanding and adherence.</p>	<p><i>Sample:</i> 1a) Rehospitalizations will be reduced from x% to y%, 1b) Inappropriate use of emergency care will be reduced from a% to b%. 1c) 80% of the involved seniors will demonstrate 20% greater understanding of their medications and 70% will use new medication reminder tools as measured by interviews and written score surveys every six months.</p>
1.	1a. 1b. 1c.	1a. 1b. 1c.
2.	2a. 2b. 2c.	2a. 2b. 2c.
3.	3a. 3b. 3c.	3a. 3b. 3c.
4.	4a. 4b. 4c.	4a. 4b. 4c.
5.	5a. 5b. 5c.	5a. 5b. 5c.
6.	6a. 6b. 6c.	6a. 6b. 6c.

**Grotta Fund for Senior Care of the Jewish Community Foundation of MetroWest New Jersey  
Grant Budget Worksheet**

*(You can use 9 or 10-point font, or submit this in landscape layout)*

<b>Agency:</b>	<b>Project Title:</b>		<b>Grant Period:</b>
	<b>Total Project Budget</b>	<b>Grotta Requested Amount</b>	<b>Justification (required for each line item- can be on a separate attached page)</b>
<b>A SUPPORT AND REVENUE</b>			
1. Agency Contribution/In-kind* (please specify which expenses the agency will cover)			
2. Contributions			
3. Fees for services rendered (Please explain)			
4. Grotta Grant Request			
5. Other Grants/Contract (list)*			
6. Special events, fundraisers			
7. Other (please specify):			
<b>TOTAL SUPPORT AND REVENUE</b>			
<b>B. EXPENSES</b>			
1. Salaries – indicate name, position, full-time or part-time, rate, and % of time on project			
2. Benefits @ ___ %			
3. Program Expenses (list and justify)			
Consultants and professional fees			
Supplies			
Equipment			
Training/Staff Development			
Printing and copying			
Telephone and fax			
Travel			
Evaluation			
Other (please specify):			
<b>TOTAL EXPENSES</b>			
<b>C. TOTAL SUPPORT AND REVENUE MINUS TOTAL EXPENSES</b>			

<b>PROGRAM BUDGET REVENUE</b>			
<b>SOURCE* (i.e. RWJFoundation/ NJHI, in-kind)</b>	<b>COMMITTED (Yes or No)</b>	<b>Amount</b>	<b>Purpose</b>

**Grotta Fund for Senior Care of the Jewish Community Foundation of MetroWest New Jersey  
ATTACHMENTS**

**Please label and include all requested information:**

- A. A copy of your most recent IRS letter indicating the agency's tax exempt status and specifying whether you are a 501(c)(3), 509(a)(1), 509(a)(2), or 509(a)(3) organization
- B. Most recent financial statement audited if available; operating budget for the most recent fiscal year; copy of most recent 990. The agency's most recent annual report, if available.
- C. Half-page biographical summaries of key staff and collaborators. Include qualifications relevant to the specific request, involvement in other collaborative efforts and their results and a clear statement of commitment to the project.
- D. Needs assessment, if applicable.
- E. Timeline of program deliverables or activities and milestones if not already included in the narrative.
- F. List of the primary agency's board of directors with business affiliations.
- G. Letters of support from key collaborators, article or letter validating the proposed program is based on an evidence-based program or model, or other relevant information for consideration of this request.