Introducing a fee structure for grants and surveys
to support PRIS infrastructure and growth
January 2021

Dear PRIS Member Sites and research collaborators,

This is a tremendously exciting time to be a pediatric hospitalist. Over the past 10 years, PHM has experienced extraordinary growth, and the number of investigators doing important, innovative, actionable research is growing rapidly. In order for PRIS to respond and grow the services that we are able to provide to support your research efforts, we need to expand our infrastructure. That requires making some changes to our funding model. In return, we are developing a strategy to be implemented in the coming 10 years that we hope will provide expanded research mentoring and works-in-progress experiences for PHM fellows and junior faculty, pilot grant opportunities, and more comprehensive research support from PRIS staff for multicenter studies. In order to make this strategy a reality, we are implementing the following changes:

1. Assessing a nominal network access and support fee for K award projects performed in the PRIS Network and asking that all K awardees using PRIS attend an annual meeting of the PRIS Executive Council
2. Assessing a network access and support fee for larger grants performed in the PRIS Network based on the grant's annual direct costs
3. Assessing a survey fee to conduct surveys of PRIS member sites, with a guaranteed minimum response rate and optional centralized distribution and response tracking
4. Offering optional add-ons to the network access fees to provide more comprehensive research services

The details of each of these changes are outlined below, and are effective immediately for new concept proposals submitted to PRIS. Please feel free to contact us with any feedback or concerns. **At the end of this document, we have included templated text for Specific Aims, Approach, Facilities, and Budget Justification sections that can be modified for your grant applications.**

1. PRIS Network Access Fees for K Awards

Career Development (K) Awards: In exchange for network access and PRIS Executive Council feedback and support, PRIS will assess a fee of $1000 per year to K awards conducting multicenter research that engages the PRIS Network. This fee supports growth and development of PRIS infrastructure. In addition to the $1000, the K Award PI will be asked to budget separately (either as part of the K award budget or internal funding) to travel to attend an annual meeting of the PRIS Executive Council (if held in person), preferably the fall meeting.

During the in-person meeting, the K Award PI will present annual updates on research activities and career development. This will provide the PI with an opportunity to obtain advice on issues related to design, recruiting, analysis, publication, and future funding opportunities from PRIS Executive Council members.

2. PRIS Network Access Fees for all other grants

All other grants (federal, foundation, internal): In exchange for network access, assistance with dissemination of results, and PRIS Executive Council feedback and support, PRIS will assess a fee based on the grant's total direct costs to conduct research in the PRIS Network. This fee supports growth and development of PRIS infrastructure. In addition, the PI will be invited to attend each PRIS Executive Council biannual in-person or virtual meeting during the funding period (the PI should budget separately for this travel). Each in-person meeting will include a dedicated session devoted to oversight of the funded project and an opportunity for the PI to obtain advice on issues related to design, recruiting, analysis, publication, and future funding opportunities from PRIS Executive Council members. PRIS will also assist with dissemination of results, working with the PI to develop and implement a communications campaign to broadly disseminate the key findings of your study across PRIS Network hospitals. PRIS will also provide the opportunity for central communication of research findings through our webinar series and dissemination of resources and toolkits supported by evidence generated in the study (e.g. educational materials, clinical pathway documents, and electronic health record implementation guides) via email and our digital media channels, and during presentations at national or regional meetings.

Fee ladder (effective 1/16/2021):

Annual direct costs	**Annual network access fee in each grant year**
< $200,000	$2000
$200,000 - $500,000	$3000
≥ $500,000	$5000

3. PRIS Survey Fee

PRIS will assess a fee of $2000 (regardless of the funding source) to distribute a survey to PRIS site leads, the number of which is known and can be used to track, and then publish, response rates. Survey proposals are still required to go through the concept capsule process. In exchange for the fee, the survey will be reviewed and edited by members of the PRIS Executive Council to optimize readability, length, and data quality. PRIS administrative staff will assist in distributing the survey and track responses, providing personal reminders to respondents until a minimum of a 60% site-level response rate is achieved. *If a 60% site-level response rate is not achieved, the survey fee will not be assessed.*

Note: Financial management and logistics for network access fees

Fees will be assessed as purchased service agreements (fixed fee contracts) with Cincinnati Children's (the financial home for PRIS). These do not require a traditional grant subcontract and should not incur additional indirect costs. The grants office in Cincinnati will provide all regulatory and compliance oversight.

Additional services.

PRIS is developing additional offerings to support research in the PHM community. If any are of interest, please reach out to us and we can give an update on its availability and provide a fee estimate.

- **Available now, inquire for fees and additional information:**
  - **Intensive grant proposal review.** Two members of the PRIS Executive Council will independently review a full draft of the Specific Aims and Research Strategy and provide comprehensive constructive feedback on scientific aspects of the proposal in the same format as an NIH summary statement. The grant proposal does not need to involve the PRIS Network. 14-day turnaround.

  - **Advisory committee services.** While you are in the process of developing your grant proposal, PRIS Executive Council or Associate Executive Council members will meet with the PI and key co-investigators to determine potential composition of an advisory committee for your grant, in the event that it is funded. PRIS will then request participation from potential members, draft a comprehensive group letter of support to be included with your application, create a budget for advisory committee members (if the advisory committee is to be paid for their time), and convene advisory committee meetings during the award period.

  - **Data and Safety Monitoring Board (DSMB) services.** For clinical trials, PRIS can assist with the formation of a DSMB and identification of a medical monitor, provide conflict of interest review for potential members, manage the budget for reimbursement of DSMB members, arrange meetings, take meeting minutes, and coordinate action items with the DSMB Chair and funding organization.

- **In development, inquire about availability if interested:**
  - **Consultation and assistance with coordination of a single IRB model** in accordance with NIH Single IRB Review policy. We favor, and will help to support the use of SMART IRB to establish reliance agreements with participating sites whenever possible.

  - **Data coordination services.** Depending on the needs of the study, PRIS can provide centralized data collection form development, provision access to approved investigators and staff, perform data quality checks, and provide data reports and a final locked database at the conclusion of the study.

- **Project management and coordination.** PRIS staff will provide day-to-day project management support. PRIS project managers will serve as the primary point-of-contact for local site leaders. PRIS will schedule and facilitate individual site calls and study-wide calls, track action items using an online software platform, oversee videoconferences, and share key lessons learned from individual sites to facilitate overall study operations.

Example of templated text that can be used in grants, from funded EMO study:

Specific Aims page

In the Specific Aims below, we propose a plan to develop a multifaceted de-implementation strategy using the Pediatric Research in Inpatient Settings Network (PRIS)[1] as a natural laboratory. Led by members of our team, PRIS conducts large multicenter studies in its 117 member hospitals covering areas of inpatient pediatrics relevant to the decisions clinicians face when caring for children and their families.[2] PRIS sets the agenda for pediatric hospital medicine research nationally,[3] and has served as the platform for high-impact studies of hospital care.[4–7] Thirty-eight PRIS hospitals have agreed to participate in this proposal.

Approach section

The Pediatric Research in Inpatient Settings Network (PRIS) is the foundation of this grant proposal and the subsequent hybrid trial. PRIS is an independent hospital-based research network that aims to improve the health of and healthcare delivery to hospitalized children and their families. The value of PRIS lies in its ability to actively engage its 117 member hospitals ranging in geographic location, size, staffing models, and care practices. The PRIS Executive Council effectively sets the agenda for pediatric hospital medicine research nationally,[3] and has experience leading large, high-impact studies of hospital care in children.[4–7] For this proposal, 38 PRIS member sites have signed on to participate (see group letter of support), demonstrating their appetite for, and interest in, pulse oximetry de-implementation.

Facilities section

Other Resources

Pediatric Research in Inpatient Settings (PRIS) Network: PRIS is an independent, hospital-based research network that aims to improve the health of and healthcare delivery to hospitalized children and their families. The unique value of PRIS lies in its ability to reach and actively engage over 120 member hospitals ranging in geographic location, size, staffing models, and utilization of care practices. PRIS effectively leverages this network to conduct multi-institutional studies that have led to paradigm shifts in pediatric hospital medicine. Such studies include the Prioritization of Comparative Effectiveness Research Topics in Hospital Pediatrics Project, which set the agenda for pediatric hospital medicine research (Keren et al., Arch Pediatr Adolesc Med

2012). A multicenter implementation study of I-PASS, a standardized handoff and communication program developed by PRIS researchers, led to a 30% reduction in injuries due to medical errors (Starmer et al., New Engl J Med 2014). PRIS also enjoys a high level of engagement and responsiveness from member sites, with recent studies receiving remarkably high (>90%) response rates to questionnaires and interview requests. These engagement levels allow for high quality data collection with far-reaching implications on improving care for patients and families across the nation. See enclosed letter from PRIS Executive Council Chair and Vice-Chair Karen Wilson, MD, MPH and Samir Shah, MD, MSCE.

Budget Justification

PRIS Collaborative Support Fee (PCSF). Support from the PRIS Executive Council is critical to the success of this study. For that reason, funds are requested to partner with the PRIS Network through a Collaborative Support Fee that will allow PRIS to provide essential research support services to this project. This support includes a platform for identifying and engaging site principal investigators as well as administrative assistance with distributing study communications and materials. PRIS also assists with dissemination of results, working with the PI to develop and implement a communications campaign to broadly disseminate the key study findings across PRIS Network hospitals. In addition, the entire PRIS Executive Council provides extensive in-person scientific input on and oversight of the project's design, progress, and future funding proposal plans during biannual in-person meetings. The Executive Council is also available for scientific input on an ad-hoc basis during monthly conference calls. For this grant, the PCSF will help to support travel expenses for the PRIS Executive Council members to attend the biannual in-person PRIS Executive Council meetings, partial salary support for the PRIS administrator, and costs associated with teleconferencing software and equipment. The total fee assessed by the PRIS Executive Council for this grant is $XXXX. This is based on the Network's established fee structure based on the grant's total direct costs to conduct research in the PRIS Network. This funding will support effort of the PRIS administrator, travel costs of the PRIS Executive Council to the biannual in-person meetings for the XXXX meetings that will occur during the study period for which a portion of the agenda of each meeting will be devoted to PRIS scientific input and oversight of this project.

1. Simon TD, Starmer AJ, Conway PH, et al. Quality improvement research in pediatric hospital medicine and the role of the Pediatric Research in Inpatient Settings (PRIS) network. *Acad Pediatr*. 2013;13(6 Suppl):S54-60. doi:10.1016/j.acap.2013.04.006

2. The Pediatric Research in Inpatient Settings (PRIS) Network. http://www.prisnetwork.org/. Accessed July 29, 2017.

3. Keren R, Luan X, Localio R, et al. Prioritization of comparative effectiveness research topics in hospital pediatrics. *Arch Pediatr Adolesc Med*. 2012;166(12):1155-1164. doi:10.1001/archpediatrics.2012.1266

4. Starmer AJ, Spector ND, Srivastava R, et al. Changes in medical errors after implementation of a handoff program. *N Engl J Med*. 2014;371(19):1803-1812. doi:10.1056/NEJMsa1405556

5. Khan A, Coffey M, Litterer KP, et al. Families as partners in hospital error and adverse event surveillance. *JAMA Pediatr*. 2017;171(4):372-381. doi:10.1001/jamapediatrics.2016.4812

6. Landrigan CP, Stockwell D, Toomey SL, et al. Performance of the Global Assessment of Pediatric Patient Safety (GAPPS) tool. *Pediatrics*. 2016;137(6). doi:10.1542/peds.2015-4076

7. Keren R, Shah SS, Srivastava R, et al. Comparative effectiveness of intravenous vs oral antibiotics for postdischarge treatment of acute osteomyelitis in children. *JAMA Pediatr*. 2015;169(2):120-128. doi:10.1001/jamapediatrics.2014.2822