



MEMORANDUM

Date: December 21, 2021

To: MetroHealth System

From: Jolene Defiore-Hyrmer, Chief Bureau of Health Improvement and Wellness Ohio Department of Health *JDH*

Subject: Heart Disease & Stroke Prevention HD23 6/30/22 to 6/29/23

The Ohio Department of Health (ODH), Office of the Medical Director, Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., February 14, 2022 Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the FY22 Solicitation for more information. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Michele Shough at e-mail at michele.shough@odh.ohio.gov

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

X Base Only Funding **Base and Deliverable Funding**

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the FY22 Solicitation. This Solicitation pertains to budget period: [June 30, 2022 - June 29, 2023] of the total project period, [beginning June 30, 2021 and ending June 29, 2024]. Reference the FY22 Solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available: *[Funds for this subgrant are supported by Centers of Disease Control and Prevention cooperative agreement DP21-2102. One grant will be provided for a total of up to \$220,000.]*

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

C. Formatting Requirements for Attachments:

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday [February 14, 2022.]**

II. PROGRAM UPDATES:

Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.

B. Program Narrative: Complete and submit a narrative statement (do not exceed [10] pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding.

C. Objectives and Work Plan: Based on a review of the Progress Plans submitted to date, provide a brief report addressing the current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed for the following elements:

1. Clinical Consultation and Technical Assistance
2. Meeting/Conferences/Webinars attended by MetroHealth Coverdell staff
3. Trainings/Webinars provided by MetroHealth Coverdell staff
4. Hospital Onboarding/Site Visits
5. Reabstractions/Inter-Rater Reliability process
6. Quality Improvement
7. Data Collection and Analysis

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:

Health Equity and Disparity Reduction Activities were not addressed in the FY22 Solicitation. In the Program Narrative, provide a brief description of the pilot Stroke Coach Service Project including which social determinants of health (e.g., transportation), social service (job training), and medical needs (e.g., behavioral health, hypertension risk factor management such as self-measured blood pressure monitoring and tobacco cessation, medication management) stroke patients will be assessed for to determine if a referral to the Better Health Partnership HUB can help address factors which contribute to health disparities. Also include a description of which data elements and criteria (i.e., race, ethnicity, disability, age, insurance status, geographic region) will be utilized to recruit patients for the pilot project.

E. Program Budget: Prior to completion of the budget section, reference the FY22 Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

For your convenience, a budget justification narrative example is available at
<https://odhgateway.odh.ohio.gov/gmis/forms/AttachmentForm.aspx?id=994056>

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.]

- 2. [2023] Budget via GMIS:** Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period June 30, 2022 to June 29, 2023. Funds may be used to support personnel, staff training, travel (see OBM website <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule>), and supplies directly related to planning, organizing and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant funds.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

- 3. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;

11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
23. [Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.]

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information

4. Indirect (Facilities and Administration):

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.11 of OGAPP.

F. Other Application Requirements: None

a. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget’s website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

[☐ Applicable ☒ Not Applicable to Ohio Coverdell Stroke Program]

H. Post Submission Requirements:

Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. [Additional language is optional.] **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
June 30-July 31, 2022	August 10, 2022
August 1-31, 2022	September 10, 2022
September 1-30, 2022	October 10, 2022
October 1-31, 2022	November 10, 2022
November 1-30, 2022	December 10, 2022
December 1-31, 2022	January 10, 2023
January 1-31, 2023	February 10, 2023
February 1-28, 2023	March 10, 2023
March 1-31, 2023	April 10, 2023
April 1-30, 2023	May 10, 2023
May 1-31, 2023	June 10, 2023
June 1-29, 2023	July 10, 2023

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

[Period	Report Due Date
June 30-July 31, 2022	August 10, 2022
August 1-31, 2022	September 10, 2022
September 1-30, 2022	October 10, 2022
October 1-31, 2022	November 10, 2022
November 1-30, 2022	December 10, 2022
December 1-31, 2022	January 10, 2023
January 1-31, 2023	February 10, 2023
February 1-28, 2023	March 10, 2023
March 1-31, 2023	April 10, 2023
April 1-30, 2023	May 10, 2023
May 1-31, 2023	June 10, 2023
June 1-29, 2023	July 10, 2023

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023
April 1 – June 30, 2023	July 10, 2023

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 5, 2023. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient Program and Expenditure Reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 - Base Only (not applicable to Coverdell Stroke Program)
- C. Evidence of Health Equity Strategies Checklist
- D. Coverdell Subgrant Year 2 Work Plan

Appendix A

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

Ohio Department of Health
Office of the Medical Director
Bureau of Health Improvement and
Wellness

ODH Program Title:
Heart Disease & Stroke Prevention
HD23

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by [January 12, 2022]

Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Appendix B1

Name of Subgrant Program:

Budget Period:

of Deliverables:

Use Budget Justification Scenario #:

☐ **Base and Deliverables**

☐ **Deliverables Only**

☒ **Base Only**

Deliverable — Objective 1: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 2: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 3: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 4: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 5: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 6: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Appendix C

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).

- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

Heart Disease & Stroke Prevention SUBGRANT YEAR 2 WORK PLAN

CLINICAL CONSULTATION AND TECHNICAL ASSISTANCE				
	OBJECTIVES	CDC COVERDELL STRATEGY	ACTIVITIES PLANNED	EVALUATION MEASURE
1	Provide technical assistance via webinar, phone, email or in person to a minimum of 10 Coverdell hospital stroke teams.	C5		Log of technical assistance provided in Monthly Program Reports
2	Attend a minimum of one meeting with ODH Coverdell Stroke Program staff to provide feedback on the development and implementation of a stroke media campaign or to assist with other public awareness activities.	C9		Log of meetings provided in Monthly Program Reports
MEETINGS/CONFERENCES/WEBINARS				
3	Participate in one new grant year kick-off meeting with ODH Coverdell program staff within 15 days of notification of grant award to review scope of work and activities and monthly reporting requirements (i.e., Monthly Program Report template).	N/A		Log of meeting provided in Monthly Program Report
4	Participate in 12 monthly conference calls with ODH to provide progress on activities and plan for upcoming events.	N/A		Log of conference calls provided in Monthly Program Reports
5	Participate in a minimum of 12 monthly conference calls with CDC and other relevant CDC Coverdell workgroups, as appropriate.	N/A		Log of conference calls provided in Monthly Program Reports
6	Participate in one ODH programmatic desk audit or site visit (in-person or virtual) during the program period.	N/A		Log of desk audit or site visit provided in Monthly Program Reports
7	Give presentations and/or facilitate agenda topics during Ohio Coverdell Statewide Meeting.	C4		PowerPoint presentation and/or statewide meeting agenda
8	Participate in a minimum of one relevant stroke-related meeting, conference, and webinar to share information about the Ohio Coverdell Stroke Program and best practices with peers and learn about latest developments in the field.	C3, C4, C5		Meeting/conference/webinar agenda

TRAININGS/WEBINARS

9	Provide a minimum of two webinars to Coverdell hospitals/EMS agencies on Get With The Guidelines®-Stroke data findings.	C4, C5		Webinar PowerPoint presentations
10	Provide a minimum of two webinars to Coverdell hospitals on changes to Specifications Manual for Joint Commission National Quality Measures.	C5		Webinar PowerPoint presentations
11	Provide a minimum of one educational webinar to Coverdell hospitals regarding work of existing stroke navigators, transfer coordinators, and trauma coaches.	C8		Webinar PowerPoint presentation
12	Provide a minimum of two stroke care clinical trainings to Coverdell hospitals and EMS.	C4, C5		Training PowerPoint presentations
13	Provide a minimum of two abstraction trainings for Coverdell hospitals.	C5		Training PowerPoint presentations
14	Provide a minimum of one comprehensive stroke center training for comprehensive and thrombectomy-capable hospitals.	C5		Training PowerPoint presentation

HOSPITAL ONBOARDING/SITE VISITS

15	Provide an introductory call and at least one in-person or virtual site visit to each new Coverdell hospital.	C2		Log of introductory calls and site visits included in Monthly Program Report; Site visit agenda
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RE-ABSTRACTIONS/INTER-RATER RELIABILITY (IRR) PROCESS

16	Review and update, if necessary, the Case Ascertainment Guidance and the Re-Abstraction Process instructions 30 days after NOA is received.	C5		Case Ascertainment Guidance; Re-Abstraction Process instructions
17	Administer re-abstraction process quarterly as per the Re-Abstraction Process instructions.	C5		Copies of Inter-rater Reliability Reports sent to Coverdell hospitals
18	By July 31, 2022, submit to ODH a statewide Annual Re-abstraction Report that includes overall statewide IRR rates by item and by hospital, as well as common issues and problems found, written recommendations and a plan to provide education and training for quality improvement for the next grant year.	C5		Annual Re-abstraction Report

QUALITY IMPROVEMENT

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Implement the pilot Stroke Coach Service project protocol and monitor progress (e.g., conduct periodic meetings between the HUB, CHWs/Stroke Coaches, and MetroHealth to review progress of patients and adjust plans as appropriate); and collect data (i.e., race, gender, geographic location, etc.) needed to evaluate the project.

C8

Updates on the pilot project included in Monthly Program Reports; Pilot project data submitted to ODH

DATA COLLECTION AND ANALYSIS

20

Attend planning meetings with ODH to analyze data from various sources (i.e., Hospital Inventory; quality improvement and EMS care/training needs assessments, Hospital Benchmark Reports, etc.) to identify training needs across the stroke continuum of care; monitor progress on Ohio Coverdell work plan strategies and activities and identify quality improvement activities.

C4

Log of planning meetings attended included in Monthly Program Reports