

**Subaward 5749sc**  
**between**  
**The Regents of the University of California**  
**and**  
**San Mateo Medical Center**  
**Grant Award Number: 1814.01**  
**DPA / Fund Numbers: 628068 / 15071-01**

This Agreement ("Agreement") is executed by and between The Regents of the University of California, on behalf of its San Francisco campus, a corporation of the State of California ("University") and San Mateo Medical Center ("Subcontractor").

WHEREAS, University is the recipient of Grant Award Number 1814.01 ("Award") from Gordon and Betty Moore Foundation ("Agency") for the conduct of a program titled "Integrated Nurse Leadership Program"; and

WHEREAS it is considered in the best interests of Agency and University for Subcontractor to participate in this project;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, University and Subcontractor agree to a fixed-cost agreement under said Award.

**Article I – Scope of Work**

The Subcontractor shall perform those tasks described in Attachment A, Scope of Work, attached hereto and incorporated by reference.

**Article II – Principal Investigators**

Edward O'Neil, PhD is the Principal Investigator designated for University. Any significant changes in the performance of this Agreement as outlined in Subcontractor's proposal and Scope of Work require authorization by the University's Principal Investigator. Subcontractor has designated Susan Ehrlich, MD, MPP, as Project Director who shall be responsible for the technical and administrative conduct of the project covered by this Agreement. In the event that a change in Subcontractor's Project Director is necessary, University must be notified in writing immediately and University has the right to approve any Subcontractor Project Director.

**Article III – Term**

The term of this Agreement shall begin on 4/1/2009 ("Commencement Date") and shall not extend beyond 4/30/2011 ("Termination Date"), unless agreed to in writing by both parties. Subcontractor will submit a continuation application to University in the form and time designated by University if continuation is intended beyond the above referenced termination date.

**Article IV- Compensation**

For the performance of this Agreement University shall pay Subcontractor the cost thereof determined by University to be allowable in accordance with:

(1) The Budget included herein as Attachment B and incorporated by reference. The total amount available to Subcontractor is \$60,000.00 for the term reflected in Article III. This amount shall not be exceeded nor shall any portion be carried forward beyond the term without the University Principal Investigator's written authorization and subsequent formal amendment to this Agreement,

(2) The Agency's policies and the terms and conditions of Award are incorporated by reference and included as Attachment D,

(3) The terms of this Agreement.

**Article V- Method of Payment, Financial Report Requirements**

Based on the fixed-price schedule detailed in Attachment B, Subcontractor shall submit invoices for the allowable costs incurred in the performance of the work hereunder to University. Subcontractor invoices shall be in the format shown in Attachment C, attached hereto and incorporated by reference. Subcontractor invoices shall be submitted by mail or email and indicate by reference the assigned Agreement Number and be sent to the attention of:

University of California  
Accounting Office - Accounts Payable  
Attn: Subcontracts Desk  
Box 0812  
San Francisco, CA 94143-0812  
subcontract@accounting.ucsf.edu

Substantiating documents such as travel receipts, purchase orders, time records, and so forth, shall be retained as provided in Article XVII and the Subcontractor is expected to keep an accurate accounting of all costs incurred in the performance of this Agreement. All costs incurred under this Agreement must be based on actual costs. Final payment will be made only upon receipt of a progress report and a report of expenditures for the budget period as provided in this Agreement.

The final invoice, clearly marked **final**, shall be submitted within forty five (45) days after the term indicated in Article III and shall include only those charges incurred during the referenced term. Funds not expended during this term will revert to University unless prior written approval has been obtained for carry forward. If the final invoice cannot be submitted within such 45-day period, Subcontractor shall notify University's Extramural Funds Section of the Accounting Office in writing within the 45-day period, indicating the reason for the delay; otherwise, funds will not be available to Subcontractor.

#### **Article VI - Rebudgeting of Funds**

Rebudgeting is allowable provided that it is in compliance with the terms of the Award and the Agency's guidelines or policies.

#### **Article VII – Progress Reporting Requirements**

Interim progress reports are required if continuation is intended beyond the Termination Date and shall be submitted at the time of continuation application. Terminal progress reports must be submitted to University within ninety (90) days after the Termination Date of this Agreement. The report should include a summary statement of progress toward the achievement of the originally stated aims, a list of the positive and negative results which are considered to be significant by the Project Director, and a list of publications resulting from the project with plans (if any) for further publication. All progress reports shall be submitted to University's Principal Investigator.

#### **Article VIII – Publicity and Publication**

Neither party will use the name, trademarks or logos of the other party or its affiliates or related entities, or employees in any advertisement, press release, Internet sites, or other publicity without the prior written approval of the other party. Subcontractor understands that the California Education Code section 92000 provides that the name "University of California" is the property of the State of California and that no person shall use that name without permission of The Regents of the University of California. Such permission may be granted by the Chancellor or his designee. University has the right to acknowledge Subcontractor's participation in and support of the work performed under this Agreement in scientific publications, and other scientific communications.

Subject to the provisions of the Award, each party shall have the right to publish and disseminate information derived from the performance of its work under this Agreement. Each party shall provide the other party with a copy of any proposed manuscript or presentation for review and comment no less than thirty (30) days prior to submission or presentation. Qualification for authorship and contributorship shall be determined in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," published by the International Committee of Medical Journal Editors (ICMJE). In compliance with HIPAA, no publication or public disclosure shall contain any protected health information or provider

information.

Notwithstanding anything to the contrary in this Agreement, no publication or public disclosure related to the work in this Agreement shall contain any of Subcontractor's patient identifiable or member identifiable or provider identifiable information.

Notwithstanding anything to the contrary in this Agreement, no publication or public disclosure related to the work in this Agreement shall contain any of Subcontractor's patient identifiable or member identifiable or provider identifiable information.

#### **Article IX – Copyrights**

Subcontractor understands that, except as otherwise provided in the conditions of the Award, when publications or similar materials are developed from work supported in whole or in part by this Agreement, a copy of such materials and a royalty-free and other fee-free license to use them for educational and research purposes shall be provided to University. Any such copyrighted or copyrightable materials shall be subject to a royalty-free, nonexclusive, and irrevocable license to the University to reproduce, publish, or otherwise use them and to authorize others to do so for educational and research purposes. Similarly, the University understands that, except as otherwise provided in the conditions of the Award, when publications or similar materials are developed from work supported in whole or in part by this Agreement, a copy of such materials and a royalty-free and other fee-free license to use them for educational and research purposes shall be provided to Subcontractor.

#### **Article X – Patents and Inventions**

Each party shall promptly and fully disclose in writing to the other party any invention that is made with the financial support, in whole or in part, under this Agreement. All disclosures shall include a transmittal letter report about the invention and shall include this Agreement Number along with the transmittal.

Inventorship of inventions conceived and reduced to practice in the performance of the Agreement ("Inventions") shall be determined in accordance with United States Patent Laws, and ownership will follow inventorship. Ownership of Inventions conceived and reduced to practice solely by University or parties required to assign their patent rights to University shall be owned by University. Ownership of Inventions conceived and reduced to practice solely by Subcontractor or parties required to assign their patent rights to Subcontractor, shall be owned by Subcontractor. Ownership of Inventions conceived and reduced to practice jointly by University and Subcontractor shall be jointly held. For Inventions which are jointly held, University and Subcontractor will enter into an interinstitutional agreement specifying which party will be responsible for managing the joint patent rights. No patent or patent application shall be abandoned by the responsible party without first notifying the joint owner in writing ninety (90) days in advance of abandoning the patent or patent application, and according the joint owner the opportunity to continue to prosecute and/or maintain the patent rights at its own expense. If the joint owner declines to prosecute and/or maintain the patent rights, it will notify the other joint owner(s) in writing sixty (60) days in advance of abandoning the patent or patent application.

#### **Article XI – Equipment Accountability**

Subcontractor shall utilize sound purchasing and inventory procedures and maintain adequate records to account for the purchase, inventory and disposition of equipment acquired under this Agreement.

#### **Article XII – Program Income**

Subcontractor will inform University of any income generated under this Agreement. Subcontractor shall remain accountable for such funds pending direction from University on disposition of these funds.

#### **Article XIII – Independent Contractor**

Subcontractor is deemed at all times to be an independent contractor and shall be wholly responsible for the manner in which it performs the services required of it by the terms of this Agreement. Nothing contained herein shall be construed as creating the relationship of employer and employee between University and Subcontractor or its officers, agents, and employees.

#### **Article XIV – Indemnification**

Subcontractor shall defend, indemnify, and hold University, its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Subcontractor, its officers, employees, or agents.

University shall defend, indemnify, and hold Subcontractor, its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of University, its officers, employees, or agents.

The indemnitee shall give the indemnitor notice of any claim, action, or suit brought promptly after the indemnitee is notified or becomes aware that such claim, action or suit exists which is in any way connected with activities under this Subcontract and is applicable to this indemnification. Indemnitor shall have the right to assume, at its own expense, the defense of any claim subject to this indemnification, including the right to select legal defense counsel and the right to settle any such claims or suits at its discretion, provided that indemnitor shall not settle or compromise any claim or suit in a manner which imposes any restriction, liability or obligation upon the indemnitee, without the indemnitee's written consent. Such consent shall not be unreasonably withheld.

#### **Article XV – Early Termination**

Notwithstanding the provisions of Article III above, either party may terminate this Agreement upon thirty (30) days written notification to the other. In the event of such early termination, Subcontractor shall take all reasonable steps to minimize further costs, and shall be entitled to reimbursement for costs and noncancellable obligations incurred prior to the effective date of such early termination, except in no event shall such reimbursement exceed the amount set forth in Article IV. If the Agreement is terminated early, then Subcontractor shall deliver such information and items completed up to the early termination date to the University, including partially completed plans, drawings, data, documents, surveys, maps, reports and models.

#### **Article XVI – Protection of Human Subjects**

If research involving human subjects is performed under this Agreement, Subcontractor shall comply with Department of Health and Human Services ("DHHS") policies and regulations on the Protection of Human Subjects (45 CFR 46 as amended). Subcontractor shall provide to University evidence of approval by Subcontractor's Institutional Review Board.

#### **Article XVII - HIPAA Compliance**

The parties may receive from or create on behalf of each other certain health or medical information in the performance of this Subcontract ("Protected Health Information" or "PHI," as defined in 45 C.F.R. Section 164.501). Use or disclosure of PHI is subject to protection under State and Federal law, including the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 ("HIPAA") and implementing regulations. Each party shall comply with such law and implementing regulations during the term of this Subcontract and after termination.

#### **Article XVIII – Scientific Integrity**

In accepting this Agreement, Subcontractor certifies that it has filed an assurance with the Public Health Service ("PHS") regarding procedures for dealing with and reporting possible misconduct in science. If no assurance has been filed with PHS, Subcontractor agrees to conform to University's policies regarding possible scientific misconduct with respect to the research supported through this Agreement.

## **Article XIX – Objectivity in Research**

Subcontractor hereby assures University that it has implemented a policy on conflict of interest that complies with the PHS regulations on Objectivity in Research, 42 CFR 50, Subpart F. Subcontractor's policy will be made applicable to activities under this award. Prior to Subcontractor's expenditure of any funds under this Award, Subcontractor will report to University the existence of a conflict of interest (but not the nature of the interest or other details) found by Subcontractor and assure that the conflict of interest has been managed, reduced or eliminated in accordance with the PHS regulations. For any interest that Subcontractor identifies as conflicting subsequent to Subcontractor's initial report under this award, the report will be made and the conflicting interest managed, reduced, or eliminated, at least on an interim basis, within sixty (60) days of that identification.

## **Article XX – Audit and Records**

A. Financial records, supporting documents and other records pertinent to this Agreement shall be retained by Subcontractor for a period of four (4) years from the date of submission of the final expenditure report, except that records pertaining to audits, appeals, litigation or settlement of claims arising out of performance of this Agreement shall be retained until such audits, appeals, litigation or claims have been disposed of.

B. All research records, including but not limited to original data and primary data-yielding materials, secondarily derived tables and figures, and statistical tabulations and other summaries, pertinent to this Agreement shall be made available to University upon its request and shall be retained by Subcontractor for a period of four (4) years from the termination date of this Agreement, except that records pertaining to any allegation of scientific misconduct or investigation, appeal, administrative proceeding or litigation relating to any charge arising out of the scientific performance of this Agreement shall be retained until three (3) years after the later of the conclusion of the allegation, investigation, appeal, administrative proceeding, litigation or acceptance by PHS of a final report pertaining thereto.

C. Subcontractor acknowledges and agrees that, as part of University's implementation of OMB Circular A-133, University will monitor Subcontractor's performance under this Agreement and, in the event of incomplete performance, University may require Subcontractor to obtain, at Subcontractor's sole expense, an independent audit of costs claimed under this Agreement.

D. If any audit report reflects major shortcomings in Subcontractor's internal control systems, University may impose more stringent prior approval requirements for certain types of expenditures and/or rebudgeting and may require detailed supporting documentation for all claims for reimbursement until University is satisfied that necessary corrective action has been, or will be taken.

E. University and any of their duly authorized representatives shall have access at any reasonable time after prior written notification to pertinent books, documents, papers and records of Subcontractor in order to make audits, examinations, excerpts and transcripts. In the event that any payment made to the Subcontractor is determined on the basis of such audits to be unallowable the Subcontractor shall promptly refund the unallowable amount to University upon demand.

## **Article XXI – Civil Rights and Equal Employment Opportunity**

Subcontractor agrees to comply with Title VI of the Civil Rights Act of 1964 and Executive Order 11246 and have on file with the DHHS an Assurance of Compliance with the Civil Rights Act of 1964 (Form HHS 441).

## **Article XXII – Notices**

Notices required or permitted under this Agreement shall be effective only if given in writing and delivered by personal service, registered mail, or email addressed as follows:

To University: The Regents of the University of California  
Attention: Contracts and Grants Officer  
Office of Sponsored Research  
University of California

3333 California Street, Suite 315  
San Francisco, CA 94143-0962  
[gbaleria@thecenter.ucsf.edu](mailto:gbaleria@thecenter.ucsf.edu)

To Subcontractor: Susan Ehrlich, MD, MPP, CEO  
San Mateo Medical Center  
222 W. 39<sup>th</sup> Avenue  
San Mateo, CA 94403  
[sehrlich@co.sanmateo.ca.us](mailto:sehrlich@co.sanmateo.ca.us)

**Article XXIII – Governing Law**

This Agreement is governed by applicable laws of the State of California, excluding its choice of law rules.

**Article XXIV - Modifications**

No modification, amendment, supplement to, or waiver of this Agreement shall be binding upon the parties unless made in writing and duly signed by both parties.

**Article XXV – Entire Agreement**

This Agreement, including attachments, A, B, C, and D, states the entire agreement between the parties with respect to the subject matter of this Agreement and supersedes any previous or contemporaneous written or oral representations, statements, negotiations or agreements. Subcontractor acknowledges that it has not been induced to enter into this Agreement by any oral or written statements or representations not expressly provided in this Agreement.

**Article XXVI – Signatory**

Subcontractor warrants that the signatory has the authority to execute this Agreement on behalf of Subcontractor.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the month, day and year specified below.

**The Regents of the University of California**

**San Mateo Medical Center**

By



By

\_\_\_\_\_

John Radkowski  
Contracts and Grants Officer  
Office of Sponsored Research

Name:  
Title:

Date

11-9-09

Date

\_\_\_\_\_

**Scope of Work: INLP Sepsis Cohort  
Supplemental Grant**

**1. Program Overview:** Participating hospital agrees to work on developing, spreading and sustaining the sepsis project to units in the hospital. The focus for each hospital is on implementation of best practices for severe sepsis screening and administration of early goal directed therapy, with 95% compliance rate with sepsis screening and 85% compliance with key elements of early goal directed therapy in 8 hospitals and development of a business case for sepsis care best practices. In addition, each hospital will develop a sustainment plan outlining how they will embed and maintain results when the official INLP supported project closes in September 2010.

This Grant is in support of Phase II of the Integrated Nurse Leadership Program, which will provide nurse release time and specific programming aimed at physician and executive engagement that will ensure successful implementation of a program for early identification and treatment of sepsis, and reduce inpatient mortality from severe sepsis in eight San Francisco Bay Area adult acute care hospitals by 15 percent.

**2. Program Structure and Meetings:** Hospitals will create a hospital-wide Core Resource Team (CRT) of 7-9 multi-disciplinary members to manage and lead the project at the hospital. The team should include

- 1 director
- 2-3 nurses (front-line and first level managers)
- 2-3 other clinicians or service line representative (pharmacy, laboratory)
- 1 data/QI analyst or manager
- 1 senior physician to serve ad-hoc
- 1 other administrative analyst position (optional)

The hospital will also create Unit Deployment Team (UDT) of 4-6 members from each participating unit with 2 UDT members to serve as Unit Deployment Team Leads (UDTL) and lead unit project efforts.

The CRT will meet at least once a month and the UDT teams will meet at least twice a month on hospital time. CRT and UDT team leads (or their designee/s) will meet with other participating hospitals on the following dates: (all dates are subject to change, but attendance by appropriate teams required)

<i>Pre Core Resource Team Training (4 hours)</i>	<i>December 4, 2008</i>
Off-site Meeting 1	03/18/09 - 03/19/09
(first day, CRT only)	
Off-site Meeting 2	04/29/09
Off-site Meeting 3	06/17/09
Off-site Meeting 4	09/16/09
Off-site Meeting 5	11/18/10
Off-site Meeting 6	03/16/10
Off-site Meeting 7	06/08/10
Off-site meeting 8	09/21/10

These meetings are required at a compliance rate of 80% or greater for all INLP team members.

The CRT and UDT will meet for three-hour planning and training sessions at the hospital. These meeting will occur in the following months:

Hospital UDT/CRT On-site 1	May, 2009
Hospital UDT/CRT On-site 2	July, 2009
Hospital UDT/CRT On-site 3	October, 2009
Hospital UDT/CRT On-site 4	January, 2010
Hospital UDT/CRT On-site 5	February, 2010
Hospital UDT/CRT On-site 6	April 2010
Hospital UDT/CRT On-site 7	May 2010
Hospital UDT/CRT On-site 8	July 2010

All INLP team members (Core Resource Team, Unit Team and Unit Team Leads) must have an on-site session attendance rate of rate of 50% compliance (or greater) for the Unit meetings and have a attendance compliance rate of 80% of the time if they for Core Resource members.

Attendance Commitment for Senior Leadership: Senior Leadership must attend the executive grand rounds scheduled for \_02/04/10, 05/11/10, and 11/16/10)Senior Leadership is defined (for this purpose) as the CEO (or his/her designee), CNO, Quality Director, CMO/Chief of Staff, ED or ICU Medical Director. One or two team leads will also be invited to attend. The INLP executive grand rounds will be for executives and physician leaders to openly discuss and share each hospital's data. National experts will be brought into facilitate each meeting. all meetings will occur at the Moore Foundation in Palo Alto.

Participants are to attend each training session they are required to attend depending on their role (CRT, UDT, or UDTL), as specified above. These include all of the off-sites, the on-sites, and the team meetings. UDT members are to meet, conduct tests of change, complete data collections, and submit progress reports and plan of actions to the CRT. CRT members are to oversee, direct and coach the UDT to assure the implementation, spread and sustain process is moving toward achieving the targets, submit summary reports to INLP and the Gordon and Betty Moore Foundation. All participants are to complete the assigned surveys or requests for data requested for the program.

### **3. Data and reporting requirements: Monthly Process Data:**

The CRT will be requested to turn in the 1) nursing screening tool (once determined) which will be conducted on all patients participating in INLP and 2) compliance rate on the 4 aspects of the early goal directed therapy (EGDT) for those patients that meet early sepsis criteria.

The data will be collected by the UTLs and assisted by the data analyst and other CRT members to ensure there is a process in place for data collection, review and tracking.

#### Periodic Outcomes' Data:

Additionally, at four points over the project, we will be requesting data on sepsis mortality, These data will be collected at the following time intervals:

Baseline (February 2009);

At 6 months (August 2009);

Near the close of the program (August 2010); and,

At a post program collection 6 months after the last training session (March 2011).

The data collected will be on 100% of "sepsis related" charts (with specific ICD-9 codes.) These will be audited from the units to evaluate progress on meeting our outcome goal of reducing mortality from sepsis.

The data will be collected by the UTLs and assisted by the data analyst and other CRT members to ensure there is a process in place for data collection, review and tracking.

Specifics will be determined at our data meetings.. Each hospital will need to survey their internal IT infrastructure and data collection approach based on the data collection requirements. Each hospital will need to provide a written plan (short, 1-3 pages) on how they will identify, collect and review all required data elements and who will be responsible for each unit and for hospital-level support. Exact plans on the processes to identify, collect and review all data elements are critical to the success of this project.

#### Timeline

Baseline data will be collected and submitted by February 28, 2009 with monthly progress data and periodic sepsis mortality data to be submitted through March 2011.

### **4. Activity Requirements:** Hospitals will provide INLP and the Gordon and Betty Moore Foundation the following:



1. Periodic data information (monthly tracking data and periodic sepsis mortality data)
2. Bi-weekly project updates including roster of team participants
  3. Documents/policies/tools created to advance the project.
4. A sustainment plan of embedding the project into the governance structure to sustain the work after the official project and Gordon and Betty Moore Foundation resources cease in March 2011.
5. Participation the CalNOC medication safety administration safety data collection initiative
6. Participation in the Regional Nurse Network.
7. If selected to participate in the Business Case Harm Prevention Analysis, provide all necessary documentation requested to produce a sound comprehensive business case.

**5. Resources:** The INLP will provide:

- a. Training at all the scheduled off-sites to help teams achieve the intended outcomes outlined in #1.
- b. Training material for the hospital on-sites for CRT run and facilitated training sessions to help advance the project.
- c. Intersession assignments and tools for the hospital participants to help stay on track in spreading and sustaining the work

The hospitals will assure:

- a. All staff attending the off-sites, on-sites and team meetings are provided the time to be released from work and this is shared with the participant's direct supervisor.
- b. All staff running tests of change and collecting data are provided the necessary time for these quality improvement/patient safety activities.
- c. Senior leadership provides additional support or influence in the organization necessary to assure the project is spread to all required units.

**6. Communication of Project Results:** The hospital agrees to share the results of the INLP project with the Board of Directors sometime between October 2010 and April 2011.

**Integrated Nurse Leadership Program: Sepsis Cohort  
Subcontract Budget**

Hospital Name: San Mateo Medical Center

Staff Leave Time \$60,000

Total \$60,000

INVOICE

ATTACHMENT C

The Regents of the University of California  
 Controller's Office, Box 0812  
 San Francisco, CA 94143-0812  
 Attn: Accounts Payable/Subcontracts Desk  
 Tel. Nos: 415-476-7907; 415-476-8461; FAX #415-476-6168

Sub Contractor's Name \_\_\_\_\_  
 Sub Contractor's Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Telephone # \_\_\_\_\_

Wire Information: (if to be paid by Wire) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sub Contract No: \_\_\_\_\_  
 Invoice No: \_\_\_\_\_  
 Period Covered: \_\_\_\_\_  
 Date of Invoice: \_\_\_\_\_  
 Final: Yes \_\_\_\_\_ No \_\_\_\_\_

ITEM	BUDGET	CURRENT EXPENSE	CUMULATIVE EXPENSES TO DATE	UNEXPENDED BALANCE
<b>Personnel Costs</b>				
Salaries				
Benefits				
<b>TOTAL PERSONNEL</b>				
<b>Operating Costs</b>				
Consultants				
Equipment				
Supplies				
Travel				
Patient Care				
Alterations/Renovations				
Consortium/Contractual				
Other Expenses				
<b>TOTAL OPERATING</b>				
<b>TOTAL DIRECT COSTS</b>				
Indirect @ ____%				
Base : Personnel, TDC, MTDC				
Other (Circle one)				
<b>TOTAL COSTS</b>				
<b>PROGRAM INCOME*</b>				
<b>TOTAL NET COST</b>				
<b>EXPENSE REQUEST THIS INVOICE</b>				

I certify that all expenditures reported are for appropriate purposes and in accordance with the terms and conditions of the contract.

Invoice form is available in Excel & can be requested by E-mail to: [tsuzara@accounting.ucsf.edu](mailto:tsuzara@accounting.ucsf.edu) [jgalloway@accounting.ucsf.edu](mailto:jgalloway@accounting.ucsf.edu)

\_\_\_\_\_  
 Date Signature & Title

PROGRAM INCOME IS ENTERED AS ACREDIT TO OFFSET TOTAL COST

Revised 04/07



**George W. Bo-Linn, MD**  
Chief Program Officer, San Francisco  
Bay Area Program and Betty Irene  
Moore School of Nursing

[George.Bo-Linn@moore.org](mailto:George.Bo-Linn@moore.org)  
(650) 213-3021

**VIA ELECTRONIC MAIL**

October 26, 2009

Ms. Joan Kaiser  
Grants Officer  
University of California, San Francisco Center for the Health Professions  
3333 California Street, #410  
San Francisco, CA 94143  
Email: [jkaiser@research.ucsf.edu](mailto:jkaiser@research.ucsf.edu)

Re: Grant Award Letter Agreement for University of California, San Francisco Center for the Health Professions (#1814.01)

Dear Ms. Kaiser:

On behalf of the Gordon and Betty Moore Foundation (the "Foundation"), it is a pleasure to inform you that the Regents of the University of California, San Francisco Center for Health Professions ("UCSF") has been awarded a grant in the amount of \$511,000 (Five Hundred Eleven Thousand Dollars) ("Grant"). This Grant is in support of Phase II of the Integrated Nurse Leadership Program, which will provide nurse release time and specific programming aimed at physician and executive engagement that will ensure successful implementation of a program for early identification and treatment of sepsis, and reduce inpatient mortality from severe sepsis in eight San Francisco Bay Area adult acute care hospitals by 15 percent.

This Grant is to be used to achieve the outcomes and/or outputs described in Attachment 1 (collectively "Purposes"), in accordance with the payments and requirements plan in Attachment 2, and the budget in Attachment 3 (the "Budget"). This grant award letter agreement (including all attachments), is collectively referred to as the "Grant Agreement."

By signing this Grant Agreement, UCSF agrees to the following terms in connection with the Foundation's Grant:

1. Payments:

- (a) Payment Disbursements: Grant funds will be disbursed according to the schedule in Attachment 2, subject to the conditions of this Grant Agreement.

- (b) Use of Grant Funds: UCSF will use the Grant funds solely for the Purposes of this Grant Agreement. UCSF will repay to the Foundation any portion of the amount granted that is not used for these Purposes. UCSF understands that this Grant is not a “gift,” and understands and agrees that funds are being granted to UCSF to pursue the Purposes outlined in this Grant Agreement.
- (c) Treatment of Interest: Any interest earned on the Grant funds by UCSF from the investment of such funds should be used by UCSF to cover project-related activities supporting the Purposes of the Grant.
- (d) Right to Curtail or Terminate Grant: The Foundation reserves the right to curtail or terminate the Grant if at any time the Foundation determines that the Grant Purposes or terms and conditions of the Grant Agreement are not being met or are unlikely to be met. The Foundation will endeavor to give UCSF reasonable written notice prior to curtailment or termination to discuss the Foundation’s concerns, but the determination to continue, curtail or terminate the Grant will remain in the Foundation’s sole discretion. Any unspent or uncommitted funds as of the date of the Foundation’s notice must be repaid to the Foundation.

2. Reporting and Notifications:

- (a) Grant Reports: UCSF will deliver a written report(s) to the Foundation (each a “Grant Report”), according to the schedule in Attachment 2. The Grant Report will contain a detailed narrative report and financial report. Grant Reports will be submitted to the Foundation, by electronic mail where possible, to the attention of Martha Nicholson, Senior Program Officer ([Martha.Nicholson@moore.org](mailto:Martha.Nicholson@moore.org)) and Grants Administration, ([GrantsAdmin@moore.org](mailto:GrantsAdmin@moore.org)).
- (b) Narrative Reports: The narrative report should describe what was accomplished by this Grant as of the date of the Grant Report, outlining the activities that were undertaken by UCSF, the strategic choices that were made as a result of the Grant, and achievement of Grant Purposes described in Attachment 1. In addition, the narrative report should also include the specific names of attendees from each hospital at each of the meetings and special events, as well as the attendance of Integrated Nurse Leadership Program (INLP) team members at each of the on- and off-site meetings for the sepsis project.
- (c) Financial Reports: The financial report should reflect the expenditures of the Grant funds, and any income earned thereon, in accordance with the Budget, as of the end of the reporting period and cumulative across the Grant term (in US dollars). The financial reports should include an analysis of Budget versus actual spending by outcome or output at the level of detail contained in the Budget, and include a narrative explanation of the Budget variances. Total project spending, in addition to Foundation Grant spending, will also be

provided. In addition, the financial reports must include proposed Budget revisions for future years, if applicable.

- (d) Grant Report Follow-up: The Foundation may request in-person meetings with UCSF to discuss details of the Grant Report, and if any Reports are deemed inadequate in the Foundation's reasonable discretion, the Foundation may require additional supporting documentation or clarifications to the Grant Report prior to release of the next scheduled payment. Upon completion of the Grant, UCSF will submit a Final Grant Report according to the schedule in Attachment 2. If any funds are remaining to be expended after the reporting period, UCSF will submit one or more additional Grant Reports until all Grant funds are expended in full or the Grant is otherwise closed.
- (e) Notification for Collaborative Projects: UCSF will notify the Foundation in writing of any substantive issues or concerns that may develop between UCSF, other Foundation grantees and/or other UCSF partners (including but not limited to each of the eight hospitals participating in the INLP project) that have the potential to significantly impair or impact the Purposes, progress or schedule of this Grant.
- (f) Notification of Change in Key Personnel, and Succession Approval as Condition to Funding: UCSF will notify the Foundation immediately of any change in UCSF executive staff, key Grant staff or consultants responsible for achieving the Grant Purposes. In addition, the Foundation must be immediately notified of any pending changes in the employment or consulting status of Julie Klinger (Consultant, CHP), Ed O'Neil, PhD (Director, CHP), or Gina Baleria (Program Manager, CHP) or other key personnel who are hired during the course of the project. UCSF agrees to engage in active discussions with the Foundation regarding the effects on the INLP Phase II project due to changes in the consulting or employment status of any of these individuals. UCSF agrees that ultimately, the Foundation reserves the right to terminate the Grant if any of these key personnel leave UCSF, CHP or the project, and it is not satisfied with UCSF's plans for continuation.
- (g) Notification of Project Delays: UCSF agrees to immediately notify the Foundation of any anticipated challenges or delays to the project schedule that are listed in Attachment 1.
- (h) Notification of Organizational Changes at Participating Hospitals: UCSF will immediately notify the Foundation of any pending changes in the organizational or legal status of any of the participating hospitals in the San Francisco Bay Area.
- (i) Addenda to Memoranda of Understanding: UCSF will negotiate signed (by the CEO of each hospital) addenda to the existing Memoranda of Understanding (MOUs) with any hospital that requests additional funds to cover release time for nurses and will submit these to the Foundation. These

addenda to the MOUs will include requirements of the hospitals participating in the Grant-funded INLP sepsis program including: 1) attendance of all nurses involved in the project at all of the offsite workshops as well as a quorum representation at each onsite project meeting, 2) identification of a physician champion and attendance of the physician champion and CEO at meetings to discuss the sepsis data, 3) data submission requirements through 2013, 4) sharing the INLP project and results with the hospital's Board of Trustees, and 5) hospital agreement to formally participate in and commit to achieving Beacon (the Bay Area Patient Safety Collaborative) outcome improvement goals. UCSF will create a contract with each hospital requesting additional funds (up to a maximum of \$40,000 per hospital) that includes terms to ensure that: 1) Funds will be used solely for nurse backfill time to participate in INLP and 2) Payments are structured in two equal payments with the second payment contingent upon the hospital meeting all of the terms of the MOUs. UCSF agrees to immediately notify the Foundation of any hospital not meeting all terms of the MOU, including its addendum, and it agrees to return any funds not regranted to hospitals for nurse backfill time to the Foundation.

- (j) Participation in Betty Irene Moore Nursing Initiative Programs: Upon request, UCSF will collaborate with other grantees and will participate in other programs of the Foundation's Betty Irene Moore Nursing Initiative (BIMNI). UCSF agrees to attend and if requested, present, at the Foundation's Annual BIMNI All Grantee Summit and other sessions as mutually agreed upon.
3. Grant Modifications: The terms and conditions of this Grant Agreement may not be amended or modified, except as agreed to by the parties in writing. Any change in the Purposes for which Grant funds are spent must be approved in writing by the Foundation before implementation. Moreover, UCSF must obtain the prior written approval of the Foundation for any Budget modification that results in a variance to any annual expense category sub-total or annual output or outcome total in the Budget greater than 20 percent, whether or not the requested variance will affect the Grant Purposes. Annual sub-totals refer to the expense categories present in the Budget and may include any or all of the following: Personnel, Consultants & Contractors, Sub-grants, Scholarships & Awards, Other Direct Expenses, and Equipment & Capital Expenditures. In addition, no reallocation of Grant funds may be made to a category of Overhead or Indirect Costs.
4. Maintenance of Financial Records: UCSF will maintain its financial books and records in such a fashion that it can provide the Foundation with sufficient detail to substantiate all expenditures related to the Grant. UCSF will make such books and records available to the Foundation at reasonable times. UCSF will keep copies of all books and records and all reports to the Foundation for at least four years after completion of the use of Grant funds.

5. Selection of Entities by UCSF: With respect to the identification, selection, organization, management and control of any consultants, contractors, subgrantees or other entities (“Entities”) to assist (either individually or collectively) in carrying out the Purposes of the Grant, UCSF retains full discretion and control over these Entities, acting completely independently of the Foundation. There is no agreement, written or oral, by which the Foundation may cause UCSF to choose or otherwise manage any of these Entities.
6. Compliance with Laws:
  - (a) UCSF agrees to comply fully with all laws and regulations (federal, state and local) applicable to any of its activities associated with this Grant.
  - (b) UCSF specifically agrees to comply with provisions of the United States Internal Revenue Code (“Code”) and regulations applicable to UCSF as a tax exempt organization. This Grant is not earmarked for lobbying (within the meaning of Section 4945(d)(1) of the Code). Neither UCSF nor the Foundation has entered into any agreement, written or oral, nor made any representation to the effect that any portion of the funds to be provided under this Grant may be earmarked for lobbying. UCSF will not use any portion of the Grant funds to influence the outcome of any specific election for candidates to public office or to carry on any voter registration drive except as provided in Section 4945(f) of the Code.
7. Publicity and Acknowledgements:
  - (a) Foundation Reporting and Website Publication: The Foundation may include basic information about this Grant in its periodic public reports, once the Foundation receives a fully-executed Grant Agreement. Additionally, information will be posted on the Foundation’s website immediately following receipt of the fully-executed Grant Agreement, unless the parties make alternative arrangements.
  - (b) Publicity and Acknowledgements by UCSF: All press releases, announcements, publicity or other references to the Gordon and Betty Moore Foundation concerning the Grant, including use of the Foundation’s logo must be approved in advance by the Foundation’s Communications Department ([communications@moore.org](mailto:communications@moore.org) or 650-213-3000). Additionally, UCSF agrees to obtain advance written approval from the Foundation’s Communications Department of any communication that may reasonably be understood to represent the views of the Foundation and to provide the Foundation with reasonable opportunity to review, comment and approve the communication in advance.
  - (c) Pre-Approved Attribution Language: UCSF may use the following standard language in making attributions for funding without prior approval of the Communications Department. However, all other references to the



Foundation in press releases or other Grant publicity will require advance written approval of the Foundation's Communications Department:

- (i) *About the Gordon and Betty Moore Foundation:*  
"The Gordon and Betty Moore Foundation, established in 2000, seeks to advance environmental conservation and cutting-edge scientific research around the world and improve the quality of life in the San Francisco Bay Area. For more information, visit [www.moore.org](http://www.moore.org)."
- (ii) *Attribution for full Grant funding:*  
"This (research, publication, project, Web site, report, etc.) is funded by the Gordon and Betty Moore Foundation."
- (iii) *Attribution for partial Grant funding:*  
"This (research, publication, project, Web site, report, etc.) is funded in part by the Gordon and Betty Moore Foundation."

(d) Logo: The Foundation encourages the use of its logo in connection with Grant Publicity. Various file formats may be obtained by contacting the Foundation's Communications Department at [communications@moore.org](mailto:communications@moore.org) 650-213-3000. Supported uses of the logo include presentation materials, papers, symposia and conference brochures; use of the logo for promotional materials or commercial use (e.g., caps, jackets, mugs, tote bags, etc.) are not permitted. UCSF may use the Foundation logo in connection with Pre-Approved Attribution Language without the prior approval of the Communications Department. UCSF will obtain the Foundation's advance written approval from the Communications Department for all other uses of its logo.

8. Foundation's Collection of Grant Information: UCSF acknowledges and agrees that, in addition to research that will aid the Foundation in its evaluation of the success of the project being funded, the Foundation may collect information about this Grant, UCSF, and the issues relating to and being addressed by this Grant. In that connection, the Foundation may film, interview, and otherwise document what is being learned through the project being funded by this Grant. UCSF agrees to cooperate with the Foundation in these efforts. The Foundation agrees to seek coordination from the UCSF Public Affairs office prior to the publication or other general dissemination of Grant information. UCSF agrees that such coordination will not be unreasonably withheld or delayed. All video, audio, written, and other materials produced by the Foundation in this connection (collectively, the "Works"), including any and all copyrights in the Works, will be the sole property of the Foundation and may be made available by the Foundation to third parties in the Foundation's sole discretion. In addition, the Foundation intends to share with third parties much of the materials produced in this connection, but may impose reasonable limitations upon its use, including registering and enforcing copyrights in the Works and licensing use of the Works to UCSF and others, all in the Foundation's discretion.

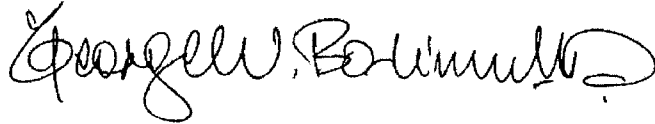
9. Information and Data Sharing: The parties understand that a material condition of this Grant Agreement is that UCSF makes the data, research, knowledge and other information developed with any Grant funds, including but not limited to the INLP model, evaluation, business cases and published articles, freely accessible to the Foundation, other grantees of the Foundation and other interested parties, consistent with the charitable purposes of this Grant. UCSF agrees to share any articles or other materials with the Foundation prior to publication.
10. Intellectual Property: UCSF will retain ownership of all databases, evaluations, publications, curriculum and other intellectual property produced by it with any Grant funds ("Grant Works"). UCSF agrees to provide the Foundation, other grantees of the Foundation and interested parties with a royalty-free, non-exclusive license to freely use all Grant Works, consistent with the non-commercial, charitable purposes of the Grant, during the term (as defined by the Foundation) of the Betty Irene Moore Nursing Initiative.
11. UCSF's Tax Exempt Status: By entering into this Grant Agreement, UCSF confirms that its tax-exempt status has not been revoked or modified, and agrees to maintain this status during the term of the Grant. UCSF will notify the Foundation immediately of any change in UCSF's tax-exempt status or its non-private foundation status. UCSF has a reasonable basis for determining it will not fail to qualify as a public charity within the meaning of the Code during the term of the Grant.
12. No Promise of Future Funding: UCSF acknowledges that the Foundation and its representatives have made no actual or implied promise of funding except for the amounts specified by this Grant Agreement. However, the foregoing is not intended to prohibit the Foundation from providing a future grant to UCSF, if the Foundation in its sole discretion determines that a future grant is appropriate.
13. Miscellaneous Provisions: This Grant Agreement supersedes any prior oral or written understandings or communications between the parties and constitutes the entire agreement between the parties with respect to the subject matter. Any dispute arising from or related to this Grant Agreement will be resolved by the laws of and in the State of California.

If this Grant Agreement correctly sets forth your understanding of the terms of this Grant, please indicate your organization's agreement to its terms by having an authorized officer of UCSF sign a copy of this letter and return it to the Foundation to the attention of Grants Administration, by electronic mail if possible to ([GrantsAdmin@moore.org](mailto:GrantsAdmin@moore.org)), or by fax (866-913-8929). We will arrange for the payment of the Grant, by wire transfer within two weeks of our receipt of the countersigned copy of this Grant Agreement and subject to completion of any contingencies in Attachment 2. To facilitate your receipt of the funds, please complete the attached Request for Wire Transfer form and return it with your signed Grant Agreement.

Ms. Joan Kaiser, Grants Officer  
University of California, San Francisco Center for the Health Professions  
October 26, 2009

Congratulations on your Grant. On behalf of the Foundation, I extend every good wish for the success of Phase II of the Physician and Executive Engagement for the Integrated Nurse Leadership Program.

Best regards,



George W. Bo-Linn, MD  
Chief Program Officer  
San Francisco Bay Area Program and  
Betty Irene Moore School of Nursing

cc: Ms. Gina Baleria, Program Operations Director  
Email: [gbaleria@thecenter.ucsf.edu](mailto:gbaleria@thecenter.ucsf.edu)

Mr. Jake Blackshear, Program Financial Analyst  
Email: [jblackshear@thecenter.ucsf.edu](mailto:jblackshear@thecenter.ucsf.edu)

Ms. Julie Kliger, Program Director  
Email: [Julie@kligerconsulting.com](mailto:Julie@kligerconsulting.com)

Dr. Edward O'Neil, Director and Professor  
Email: [eonil@thecenter.ucsf.edu](mailto:eonil@thecenter.ucsf.edu)

Attachments 1, 2 and 3  
Enclosure (Request for Wire Transfer Form)

**AGREED AND ACCEPTED for The Regents of the University of California:**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT 1  
GRANT OUTCOME PLAN (#1814.01)**

Outcome - 15% reduction in mortality rate from severe sepsis through improved early recognition and treatment in 8 <sup>1</sup> San Francisco Bay Area adult acute care hospitals. <sup>2</sup> <b>Expected Date:</b> December 2013						
<i>Output</i>	<i>Activities / Indicators</i>	<i>Expected Completion Date</i>	<i>Monitor Check (x<sup>3</sup>)</i>	<i>Progress</i>	<i>% Complete / Actual Completion Date</i>	
1. Implementation of best practices for severe sepsis screening and administration of early goal directed therapy, with 95% compliance rate with sepsis screening and 85% compliance with key elements of early goal directed therapy in 8 hospitals and development of a business case for sepsis care best practices	<b>Provide additional funding to hospitals to cover nurse backfill time</b> 1.1 Solicit applications for additional funding to support nurse backfill time (up to \$40,000/hospital) from hospitals who wish to participate, indicating terms and conditions of participation	09/30/09				
	1.2 Submit proposed language for addendum to the Memorandum of Understanding to the Foundation for review	09/30/09	X			
	1.3 Review applications and select which hospitals will receive additional funds and the amount they will receive and report to the Foundation	10/15/09	X			
	1.3 Forward updated and signed addenda to the MOUs to the Foundation	10/30/09	X			
	1.4 Disburse half of money each hospital granted	11/30/09	X			
	1.5 Monitor attendance at hospital-level meetings and at offsites as detailed in addendum to MOU and include report on attendance to the Foundation with other	05/31/11	X			

<sup>1</sup> Hospitals participating in the INLP severe sepsis program are: Sequoia, Alameda County Medical Center, San Francisco General Hospital, El Camino Hospital, St. Rose Hospital, Kaiser Hayward, Kaiser Fremont and San Mateo Medical Center.

<sup>2</sup> This clinical outcome is the same as Outcome 2 of Grant #1814, and will be achieved largely through the activities supported by grant #1814, with adjunctive support from this grant.

<sup>3</sup> Progress on these checked activities/indicators should be reported in all narrative reports

ATTACHMENT 1  
GRANT OUTCOME PLAN (#1814.01)

Outcome - 15% reduction in mortality rate from severe sepsis through improved early recognition and treatment in 8 <sup>1</sup> San Francisco Bay Area adult acute care hospitals. <sup>2</sup> <b>Expected Date:</b> December 2013						
<i>Output</i>	<i>Activities / Indicators</i>	<i>Expected Completion Date</i>	<i>Monitor Check (x<sup>1</sup>)</i>	<i>Progress</i>	<i>% Complete / Actual Completion Date</i>	
	quarterly reports due under Grant #1814					
	1.6 Disburse second payment for nurse backfill time to hospitals meeting satisfying MOU terms	06/30/10	X			
	<b>Physician and Hospital Executive Engagement in sepsis</b> 1.6 Identify at least one physician champion from each of the INLP hospitals and schedule physician and leadership convenings	09/14/09	X			
	1.7 Schedule individual consultations for hospitals with local sepsis physician expert	10/31/09				
	1.8 Collect data from each hospital and send out unblinded data to each participating physician and hospital executive in advance of meeting	01/15/10	X			
	1.9 Hold first data meeting with national expert for physicians and hospital leaders with 100% of hospitals sending representatives	02/04/10	X			
	1.10 Collect data from each hospital and send out unblinded data to each participating physician and hospital executive in advance of meeting	04/20/10	X			
	1.11 Hold second data meeting with national expert for physicians and hospital leaders	05/11/10	X			

ATTACHMENT 1  
GRANT OUTCOME PLAN (#1814.01)

Outcome - 15% reduction in mortality rate from severe sepsis through improved early recognition and treatment in 8 <sup>1</sup> San Francisco Bay Area adult acute care hospitals. <sup>2</sup> Expected Date: December 2013						
<i>Output</i>	<i>Activities / Indicators</i>	<i>Expected Completion Date</i>	<i>Monitor Check (x<sup>3</sup>)</i>	<i>Progress</i>	<i>% Complete / Actual Completion Date</i>	
	with 100% of hospitals sending representatives					
	1.12 Collect data from each hospital and send out unblinded data to each participating physician and hospital executive in advance of meeting	11/01/10	X			
	1.13 Hold third data meeting with national expert for physicians and hospital leaders with 100% of hospitals sending representatives	11/16/10	X			
	1.14 CHP forwards each hospital's 2011 annual sepsis mortality data to the Foundation	12/1/11	X			
	1.15 CHP forwards each hospital's 2011 annual sepsis mortality data to the Foundation	06/31/12	X			
	1.16 CHP forwards each hospital's 2011 annual sepsis mortality data to the Foundation	11/30/12	X			
	1.17 CHP forwards each hospital's 2011 annual sepsis mortality data to the Foundation	07/1/13	X			
	1.18 CHP forwards each hospital's 2011 annual sepsis mortality data to the Foundation	12/2/13	X			

**ATTACHMENT 2  
GRANT PAYMENTS AND REQUIREMENTS PLAN (# 1814.01)**

<i>Year</i>	<i>Payment Amount</i>	<i>Projected Payment Date</i>	<i>Financial Rpt Due<sup>1</sup></i>	<i>Narrative Rpt Due<sup>2</sup></i>	<i>Other Scheduled Activities or Events</i>	<i>Scheduled Meeting Date</i>	<i>Conditions for Payment / Other</i>
2009	\$511,000	10/29/09			10/23/09		Fully Executed Grant Agreement. Hospital application and addenda to MOU template approved by Foundation.
2009					11/2/09		Foundation receipt of signed addenda to the MOUs from hospitals selected for additional funding.
2010			7/01/10	7/01/10		7/08/10	Receipt of financial and narrative Grant Reports submitted with financial and narrative report for Grant #1814.  Narrative must include evidence of appropriate attendance for each hospital at offsites and onsite meetings as well as evidence of 100% representation of hospitals at physician/executive engagement meetings.
2011			5/31/11	5/31/11		6/15/11	Receipt of annual financial and annual narrative Grant Reports submitted with reports for Grant #1814.
2011					12/01/11		Forward each hospital's 2011 sepsis mortality rate to the Foundation, with demonstrated sustained 15% improvement in each hospital's sepsis mortality rate.

<sup>1</sup> Financial Report should include budget vs. actual according to Budget Plan Attachment

<sup>2</sup> Narrative Report should include progress updates to Grant Outcome Plan attachment.

**ATTACHMENT 2  
PAYMENTS AND REQUIREMENT PLAN (# 1814.01)**

<i>Year</i>	<i>Payment Amount</i>	<i>Projected Payment Date</i>	<i>Financial Rpt Due<sup>1</sup></i>	<i>Narrative Rpt Due<sup>2</sup></i>	<i>Other Scheduled Activities or Events</i>	<i>Scheduled Meeting Date</i>	<i>Conditions for Payment / Other</i>
2012					6/30/12		Forward each hospital's 2012 sepsis mortality rate to the Foundation, with demonstrated sustained 15% improvement in each hospital's sepsis mortality rate.
2012			11/30/12	11/30/12	11/30/12		Forward each hospital's 2012 sepsis mortality rate to the Foundation, with demonstrated sustained 15% improvement in each hospital's sepsis mortality rate.  Receipt of annual financial and annual narrative Grant Reports.
2013					7/1/13		Forward each hospital's 2013 sepsis mortality rate to the Foundation, with demonstrated sustained 15% improvement in each hospital's sepsis mortality rate.
2013			12/2/13	12/2/13	12/2/13		Forward each hospital's 2013 sepsis mortality rate to the Foundation, with demonstrated sustained 15% improvement in each hospital's sepsis mortality rate.  Receipt of final financial and annual narrative Grant Reports.



ATTACHMENT 3  
Budget (1814.01)

INLIP physician engagement 1814.01	TOTAL (Years 1 - 5)																	
	YEAR 1 (Period: 06/09 - 5/10)			YEAR 2 (Period: 06/10-05/11)			YEAR 3 (Period: 06/11-05/12)			YEAR 4 (Period: 06/12-05/13)			YEAR 5 (Period: 06/13-12/13)			TOTAL (Years 1 - 5)		
	GBMF	OTHER	TOTAL	GBMF	OTHER	TOTAL	GBMF	OTHER	TOTAL	GBMF	OTHER	TOTAL	GBMF	OTHER	TOTAL	GBMF	OTHER	TOTAL
<b>Detailed Budget Total</b>																		
<b>Personnel</b>																		
Gina Baleria	0	0	0	0	0	0	2,150	0	2,150	0	2,150	0	2,150	0	2,150	0	1,075	5,375
James Koontz	0	0	0	0	0	0	1,350	0	1,350	0	1,350	0	1,350	0	1,350	0	675	3,375
Vince Lok	0	0	0	0	0	0	2,430	0	2,430	0	2,430	0	2,430	0	2,430	0	1,350	6,210
<b>Benefits</b>	0	0	0	0	0	0	608	0	608	0	608	0	608	0	608	0	338	1,553
<b>Subtotal Personnel Salaries</b>	0	0	0	0	0	0	6,538	0	6,538	0	6,538	0	6,538	0	6,538	0	3,438	16,513
<b>Consultants and Contractors</b>																		
Julie Kiger	0	0	0	0	0	0	12,000	0	12,000	0	12,000	0	12,000	0	12,000	0	6,000	12,000
Brent James	20,000	0	20,000	10,000	0	10,000	0	0	0	0	0	0	0	0	0	0	0	30,000
Kenneth Kizer	8,000	0	8,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,000
Manny Rivers, MD	4,000	0	4,000	2,000	0	2,000	0	0	0	0	0	0	0	0	0	0	0	6,000
Physician attendees	49,500	0	49,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	49,500
Ron Elkin, MD	22,000	0	22,000	22,000	0	22,000	0	0	0	0	0	0	0	0	0	0	0	44,000
<b>Subtotal Consultant &amp; Contractor Fees</b>	103,500	0	103,500	34,000	0	34,000	12,000	0	12,000	12,000	0	12,000	12,000	0	12,000	6,000	0	149,500
<b>Sub-Grants</b>																		
Hospital grants	120,000	0	120,000	120,000	0	120,000	0	0	0	0	0	0	0	0	0	0	0	240,000
<b>Subtotal Sub-Grants</b>	120,000	0	120,000	120,000	0	120,000	0	0	0	0	0	0	0	0	0	0	0	240,000
<b>Other Direct Expenses</b>																		
Travel (Transportation & Lodging)	6,600	0	6,600	4,400	0	4,400	0	0	0	0	0	0	0	0	0	0	0	11,000
Training & Conferences	11,440	0	11,440	5,720	0	5,720	0	0	0	0	0	0	0	0	0	0	0	17,160
Communication & Publications	52,822	0	52,822	0	0	0	0	0	0	0	0	0	0	0	0	0	0	52,822
Consumables & Supplies	10,500	0	10,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,500
Computers/Software	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Subtotal Other Direct Expenses</b>	81,362	0	81,362	10,120	0	10,120	0	0	0	0	0	0	0	0	0	0	0	91,482
<b>Equipment &amp; Capital Expenditures</b>																		
Scientific Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Subtotal Equipment &amp; Expenditures</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Direct Costs</b>	304,862	0	304,862	164,120	0	164,120	18,538	0	18,538	18,538	0	18,538	18,538	0	18,538	9,438	0	497,495
<b>Indirect Costs</b>	10,170	0	10,170	1,265	0	1,265	820	0	820	820	0	820	820	0	820	430	0	13,505
<b>Total Costs</b>	315,032	0	315,032	165,385	0	165,385	19,358	0	19,358	19,358	0	19,358	19,358	0	19,358	9,867	0	511,000