

Quality Improvement Initiative in Hypertrophic Cardiomyopathy (QIIC)

QII is a process of activities designed to bring about immediate, positive changes in the delivery of healthcare

Applicant Guide

Hypertrophic cardiomyopathy (HCM) is a common genetic heart disease with diverse phenotypic and genetic expression and complex clinical presentation. HCM affects both sexes and many races, and ethnicities¹. It is diagnosed at any time in life from childhood to advanced age^{2,3}. Estimated prevalence is 1:500 in the population, but a minority of cases (10%-20%) are identified clinically⁴, suggesting that HCM and particularly obstructive HCM (oHCM) is underdiagnosed.

Despite management with the actual SOC, symptoms and disease burden persist for many patients with oHCM⁵.

The **BMS Quality Improvement Initiative in HCM** aims to support **Cardiologists, Nurse, pharmacists**, and/or other healthcare professionals (HCPs) involved in the care of oHCM patients within Canadian Hospitals, that focus on improving the diagnosis of oHCM and the management of oHCM patients.

Objective	- The purpose of the BMS Quality Improvement Initiative (QII) in HCM is to support HCPs improving the diagnosis of oHCM and the management of oHCM patients within Canadian Hospitals. The Initiative specifically supports projects with a focus on the operational aspect of quality improvement that have the potential to directly impact the quality of oHCM patient care. - The QII projects should be sustainable and could have broader impact across hospital centers or the healthcare community.
Important dates	- Request for Proposal (RFP) launch: 15-February-2026 - Application deadline: 30-April-2026 - Anticipated notice of decision: 15-June-2026 - Funding will be distributed following a fully executed agreement signed by 15-Aug-2026

¹ B.J. Maron, N. Engl J Med 2018; 379: 655-68

² P.M. Elliott, EHJ 2014; 35: 2733–2779

³ S.R. Omen, JACC 2020; 76: 3022-3055

⁴ B.J. Maron, JACC 2022; 79: 372-389

⁵ E. Ammirati, Eur J Heart Fail 2016; 18: 1106–18

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	Anticipated QI initiative start date: 01-Sept-2026
Eligibility	The BMS QIIC is open to all not-for-profit health care organizations. Healthcare professionals employed by or holding a position in a hospital, and actively involved in the delivery of health care to HCM patients are eligible to apply on behalf of their Institutions. The list of eligible professionals includes, but is not limited to: - Cardiologists - Nurses - Allied health professionals (ex. pharmacists, physiotherapist, sonographers, etc) - Other hospital-based professionals that participate in or who have an interest in improving the delivery of HCM patient treatment A QII proposal shall be a new quality improvement project or a new aspect of an existing project. - Funds will not be awarded for projects currently funded by BMS or via other funding sources (ex. other pharma, private foundations, hospital quality initiatives, etc). - Applicants may have received funding from other sources to increase the budget available to their project, as long as the applicant <u>agrees to the conditions of funding</u> and the QII funds are used to support <u>a new aspect of the larger project</u>. Research proposals will not be eligible for funding.
Funds available	Individual projects requesting up to \$50,000 will be considered. The number of projects funded will depend on the number, quality and budget requested for the applications received.
How to submit	Applicants should download and complete the QII Application Form available and return the completed form to QIICardio@bms.com by April 30th, 2026. Applications received after the deadline will not be reviewed.
Conditions of funding	- Funds for winning projects will be provided to the Applicants' Institution (not-for-profit institutions only). The Institution will be required to enter into a standard written agreement with BMS. - An initial payment will be provided at the time of contract execution, followed by one or more interim payments triggered by achievement of progress milestones (if applicable), and a final payment upon receipt of the project report. - BMS reserves the right to use some sections of the project summary provided in the application (Project Title, Applicant Name and Organization, Unmet medical need, Proposed Intervention) for visibility purposes (ex. public post on the BMS website). - Upon completion of the project, all applicants of winning projects are required to complete a short final project report to BMS. This final report may be used by BMS for

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	visibility purposes (ex. public post on the BMS website) to help the broader healthcare community through knowledge transfer and dissemination. All presented material (oral presentations, posters, publications) must acknowledge BMS as a source of funding.										
Use of funds	- QII funding must be used exclusively for the achievement of the approved QI Initiative. - Applicants of winning projects <u>may not use the funding</u> to: (i) pay travel, lodging, registration fees, or personal expenses; (ii) supplement or replace missing hospital operational resources or human resources; (iii) supplement or replace institutional /clinical operating budgets or (iv) purchase capital equipment such as computers, iPhones, tablets, appliances, machinery, camera equipment, sensors, etc (v) support research projects (clinical research or basic science projects) and (vi) fund initiatives that the Institution may bill to the Provinces or other authorized payors for. - Institutional overhead costs should be included in the total budget.										
Review process	Submissions will be independently evaluated and scored by members of a BMS Review Committee based on the criteria listed below. This will be followed by a group review discussion if needed. A notice of decision is anticipated to be sent by email by June 15th, 2026. Please note that research proposals will not be scored. Only Quality Improvement initiatives will be retained and evaluated. <table border="1"> <thead> <tr> <th>CRITERIA</th><th>SCORE</th></tr> </thead> <tbody> <tr> <td> RELEVANCE - The goal of the project is in line with the general area of interest of this RFP - The project directly impacts HCM patients care quality improvement - The project does not duplicate other projects/materials already developed or available </td><td>/25</td></tr> <tr> <td> FEASIBILITY - The project is realistic within the proposed health care environment, with realistic timelines - The team has the necessary expertise for the success of the project - Does the proposal identify potential challenges and appropriate mitigation strategies? - The proposed budget is realistic to meet the successful completion of the project - The project has received support from relevant Departmental Leadership </td><td>/25</td></tr> <tr> <td> EVALUATION OF IMPACT - There is a plan for evaluating the impact of the project </td><td>/10</td></tr> <tr> <td> SUSTAINABILITY - The sustainability plan is realistic within the healthcare context - There is a plan to financially sustain this solution in the short and long-term (if applicable) </td><td>/20</td></tr> </tbody> </table>	CRITERIA	SCORE	RELEVANCE - The goal of the project is in line with the general area of interest of this RFP - The project directly impacts HCM patients care quality improvement - The project does not duplicate other projects/materials already developed or available	/25	FEASIBILITY - The project is realistic within the proposed health care environment, with realistic timelines - The team has the necessary expertise for the success of the project - Does the proposal identify potential challenges and appropriate mitigation strategies? - The proposed budget is realistic to meet the successful completion of the project - The project has received support from relevant Departmental Leadership	/25	EVALUATION OF IMPACT There is a plan for evaluating the impact of the project	/10	SUSTAINABILITY - The sustainability plan is realistic within the healthcare context - There is a plan to financially sustain this solution in the short and long-term (if applicable)	/20
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		Consideration has been given to other domains of sustainability beyond financial (ex. people, health policy, socioeconomic/culture, environmental)	
		TRANSFERABILITY - The experience gained, or knowledge obtained from the deployment of this project has the potential to be a spread initiative to other healthcare teams, or hospitals - There is a plan for knowledge transfer	/20
		TOTAL SCORE	/100
Contact	For additional inquiries, please contact: Jamila Ennaciri Senior MSL, Cardiovascular QIICardio@BMS.com		