**Award Application**

|  |  |
| --- | --- |
| Project Title |  |
| Clinical or Operational Area |  |
| Applicant Name |  |
| Title |  |
| E-mail Address |  |
| Telephone |  |
|  |  |
| Co-Applicant Name |  |
| Title |  |
| Name of Senior Risk Management or  Corporate Insurance Representative |  |
| Healthcare System |  |
| Hospital or Entity Name |  |
| Mailing Address, City, State, Zip Code |  |

1. **The best practice/improvement submitted for consideration is a: *(Check all that apply)***

Clinical Policy

Performance Improvement Strategy *(Six Sigma, etc.)*

Communication Strategy *(Briefing before surgical procedure, senior management rounds, etc.)*

Other *(Please specify)*

1. **Briefly describe the project: *(two paragraphs maximum, please attach any supporting documentation)***

1. **Describe how this project has reduced the potential for liability and improved patient safety. *(one paragraph maximum)***
2. **What metric(s) have been used to measure and/or sustain success? *(one paragraph maximum)***
3. **Are you willing to share this project with other members of AEIX?  Yes  No**
4. **Was this project an original concept created by the project team?  Yes  No**
5. **Was this project based on successful practices evaluated from literature or other healthcare providers?  Yes  No**
6. **Is this project being implemented in your health system for the first time?  Yes  No**
7. **Do you have plans to publish the project results in a professional publication or networking forum?  Yes  No**
8. **Is there anything else you’d like to share about this project?**

Thank you for completing the application. Please follow these next steps.

1. Please save this document in Word format and gather your supporting documentation.
2. Forward the application and documentation to your senior risk management leader or corporate insurance representative. They will need to complete the Evaluation of Awards Application Form before signing and submitting it to American Excess Insurance.

**Evaluation of Award Application**

The evaluation must be completed and signed by the senior risk manager or corporate insurance representative. Please evaluate the Award Application by circling the best answer to the question.

* 1. **How will this project improve safety and/or reduce liability?**

1. Little effect on safety and liability
2. Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained
3. Strong effect with clearly defined metrics
   1. **What is the potential to share this project or practice with other AEIX members?**
4. Little potential *(implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined)*
5. Some potential but process may be hard for another organization to implement, and/or its application may be limited *(major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined)*
6. Strong potential for producing best practices
   1. **What level of impact will this project or practice have on the severity of risk exposure?**
7. Little chance of impacting severity of risk but could address other issues
8. Some potential to impact risk exposure
9. Strong ability to impact severe malpractice exposure caused by significant risk events
   1. **What level of innovation best describes this project?**

1. Project/practice is new to this organization and is based primarily on firmly established best practices
2. Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-established best practices with additional innovative features
3. Project/practice was created solely by applicants and could be included in established literature or industry best practices
   1. **Share your comments or recommendations.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** | **Title** | **Date** | |
|  | | | |
| **Phone** | **Email** | |  |

Send the completed application in Word format, supporting documentation, and signed evaluation to [mary\_danner@premierinc.com](file:///C:\Users\dborg\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\YNCCMT8T\mary_danner@premierinc.com).