



| Award/Grant Amount                        | Project Title  | Description  |
|---|--|--|
| 2022 Sylvia Moss Brown Award for \$15,000 | "Hustle for the Muscle"  | This critical access hospital identified prolonged door to EKG times (21.48 minutes on days and 25.63 minutes on nights) as impacting their ability to comply with the AHA guidelines of 30-minute door to drug times for IV thrombolytic administration in patients with AMI. Through staff education/training in rapid identification and mobilization of key nursing, lab, and respiratory staff, they were able to decrease the door to EKG time down to 10 minutes in 70% of patients presenting with chest pain. The door to drug time was reduced by 9 minutes.   |
| 2022 Grant for \$12,000                   | "Executive Rounding to Influence Connection and Commitment to Zero Preventable Harm" | Health system identified a need to enhance and standardize rounding related to patient safety, HRO, and complaints/grievances to produce meaningful data entities can use across the health system to detect and reduce harm utilizing one consistent rounding platform. Requested grant money to train executive leaders on how to enter their rounding observations in the rounding tool and how to use the 4c's to help improve rounding to influence: connect, check, concerns, and commit.  |
| 2022 Grant for \$12,000                   | "Creation of the Center for Clinical Inquiry".                                       | Requested grant money to train staff, provide promotional materials, and software/technologies to develop and implement a Center for Clinical Inquiry. The Center is designed to provide research on evidence-based practices and will target variance in current patient care practices within the health system.   |
| 2021 Grant for \$12,000                   | "Telemetry or Not Telemetry. That is the Question"                                   | <p>Studies show that hospital admissions with cardiac telemetry monitoring are often over utilized, leading to a shortage of telemetry beds (Rizvi et al., 2017). This has adversely affected Emergency Department (ED) throughput for both telemetry and potential ICU admissions and has extended wait times in the ED lobby. The purpose of this project would be to adopt standardized telemetry criteria utilizing evidence-based models published by the American Heart Association (AHA) and American College of Cardiology (ACC), in an effort to limit the liability associated with boarding telemetry patients in the ED and long ED lobby wait times.</p> <p>This project will include an original innovative strategy using nursing standardized procedures (nurse-driven protocols) for removal of telemetry based upon evidenced based criteria that will be approved by the medical staff. This process will facilitate the timely availability of telemetry beds and result in decompression of ED volume and ED admission holds.</p> |
| 2021 Grant for \$7,000                    | "Cleaning of Operating Rooms to Prevent  | Surgical site infections (SSI) are <i>preventable</i> patient harm events and impose a significant clinical burden   |

|   |  |   |
|---|--|---|
|   | Surgical Site Infections”  | <p>and liability. Contaminated surfaces can be responsible for the transmission of pathogens in the operating room setting. This project will use ATP bioluminescence to demonstrate surface contamination and highlight areas for focused cleaning and increased hand hygiene of staff in the room that are potential contaminants.</p> <p><i>Baseline</i> counts of surface contaminants/bioburden will be measured in high-risk operating rooms where implants, transplants, spine and open abdomen cases are performed. <i>Subsequent</i> serial swabbing using ATP bioluminescence will be done before and after surface cleaning and disinfection at room turnover. The second arm of the study will measure subsequent serial swabbing before and after surface cleaning and disinfection <i>after demonstrated education of best practice cleaning</i>. Patient outcomes will also be monitored.</p> <p>Requesting \$7K to cover the cost of the ATP bioluminescence equipment and the supplies to carry out the project. The results of this study will be used to highlight a correlation, if any, between surface disinfection and room cleaning and preventable patient infections in the OR setting.</p>   |
| 2020 Sylvia Moss Brown Award for \$15,000 | “Improving Outcomes for Mother & Babies Utilizing the Fetal Pillow for Cesarean Delivery at Complete Dilation” | <p>Cesarean section at complete dilation accounts for 2% of all cesarean deliveries and is associated with an increase in maternal and neonatal morbidity. The Fetal Pillow was invented by an obstetrician from the United Kingdom to improve the safety of cesarean section at complete dilation by helping to elevate the fetal head out of the pelvis and facilitate delivery through the uterine incision. It was approved by the FDA in July 2017. It has been shown to decrease the frequency of uterine extensions, NICU stays &gt;24 hours, and low five minute Apgar scores.</p> <p>Our Safety Committee arranged a video conference between the obstetrician who invented the device and the committee members who agreed to trial the device. In August, 2019 we implemented staff and physician training and developed specific criteria for the use of the Fetal Pillow as guidance.</p> <p>All cases where Fetal Pillow was utilized were reviewed for outcomes of the mother and baby. This data was compared to data collected from 2018 before usage of the device which included 49 patients. During the trial period, there were 26 correct uses of the fetal pillow device by 14 different physicians. Physician satisfaction with the device was overwhelmingly positive. There were 6 (12%) term NICU stays of &gt; 5 days with traditional cesarean delivery at complete dilation compared to 1 (4%) following use of fetal pillow.</p> |
| 2020 Award for \$12,000                   | “Safety Stop – Communication & Tools for the Responder”  | <p>Our organization employs a unique approach to responding to safety events, as well as conditions that present a threat of imminent harm. Caregivers throughout our clinical settings (outpatient and acute care) are empowered to call a Safety STOP that triggers an immediate response (house manager or clinical manager) to the location where the call was initiated. Within 75 minutes, a second team arrives, comprised of an administrator and a non-administrative</p>  |

|   |  |  |
|---|--|--|
|   |  | <p>caregiver. We have implemented our Safety STOP process across our entire health system.</p> <p>In the last two years, we have shifted the count of monthly serious safety event per 10,000 adjusted patient days from 1.95 to 1.32 . In addition, based on the frequency of Safety STOP activation, we have identified trended issues as key focus areas requiring improvement, including patient identification and medication errors.</p>   |
| 2019 Sylvia Moss Brown Award for \$15,000 | “Utilizing Behavioral Science to Improve Antibiotic Prescribing in Urgent Care Settings”                               | According to the U.S. CDC, approximately 30% of antibiotic prescribing in the outpatient setting is inappropriate, with acute respiratory tract infections (ARTIs) accounting for an even higher rate (~41%) of non-indicated prescribing. By implementing staff and patient education and peer comparison of provider prescribing practices, the authors saw a 15% reduction in the inappropriate prescription rates for ARTIs.   |
| 2019 Award for \$12,000                   | “Decreased Opioids and Improved Outcomes in an Enhanced Recovery After Surgery (ERAS) Program for Orthopedic Patients” | Realized a 72% reduction in opioid use and an average of 16 hours length of stay reduction in patients who had undergone joint replacement surgeries (hip/knee) by removing opioids from the standing post-operative orders and replacing with non-opioid pain relievers (acetaminophen, celecoxib, gabapentin, methocarbamol). Opioids were still available for breakthrough pain but removed from the scheduled medications.   |
| 2019 Grant for \$12,000                   | “Reducing Brain Injury-associated Aggression on an Inpatient Neuroscience Unit”  | Requesting grant money for staff training and materials on the approach and de-escalation of patients with traumatic brain injuries who exhibit violent outbursts and threatening behaviors as a consequence of their injury. Also planning changes to the neuroscience unit’s environment to enhance sleep and reduce sensory stimulation for patients. Staff has voiced concern about their safety on their culture of safety surveys. Quality measures will include a pre and post-test for staff and the goals include a reduction in the number of “Code Strong” alerts and length of stays for patients who can be safely moved to an outpatient setting for rehabilitation  |
| 2019 Grant for \$12,000                   | “Journey Towards Reaching Zero Suicides”   | Prior to 2017, our organization used a safety event reporting system that did not include specific event types for reporting self-harm behavior, suicide attempts, or suicides. They implemented staff education and incorporated specific event type options for suicidal behavior including preparatory acts and threats of self-harm to capture near miss and barrier catch events related to suicide. Results: The reporting of suicide related events increased by 221%. For the following year, the focus will shift to using the Zero Suicide model for improving the safety of patients at risk for suicide and the foundation for revising the System Suicide Risk Policy to align with steps outlined by program. They plan to collect the data elements and use the workplan prescribed by Zero Suicide to measure their success with the implementing and sustaining Zero Suicide. |