**Award Application**

|  |  |  |
| --- | --- | --- |
| 1 | Project Title |  |
| 2 | Clinical or Operational Area |  |
| 3 | Healthcare System |  |
| 4 | Hospital or Entity Name |  |
| 5 | Applicant Name |  |
| 6 | Applicant Title |  |
| 7 | E-mail Address |  |
| 8 | Telephone |  |
| 9 | Mailing Address, City, State, Zip Code |  |
| 10 | **Please list the names and titles/roles of the additional members of the project team:** |
| **Name:** | **Title/Role:**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 11 | Name of Senior Risk Management or Corporate Insurance Representative |  |
| 12 | Mailing Address, City, State, Zip Code |  |

**13. 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)*

Click or tap here to enter text.

**14. Can the project be duplicated to support patient safety/risk mitigation strategies at other organizations?** [ ] Yes [ ] No

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

Click or tap here to enter text.

**16. Describe how this project has reduced the potential for liability and improved patient safety. *(one paragraph maximum)***

Click or tap here to enter text.

**17. What metric(s) have been used to measure and/or sustain success? *(one paragraph maximum)***

Click or tap here to enter text.

**18. Are you willing to share this project with other members of AEIX?** [ ]  **Yes** [ ]  **No**

**19. Was this project an original concept created by the project team?** [ ]  **Yes** [ ]  **No**

**20. Was this project based on successful practices evaluated from literature or other healthcare providers?** [ ]  **Yes** [ ]  **No**

**21. Is this project being implemented in your health system for the first time?** [ ]  **Yes** [ ]  **No**

**22. Do you have plans to publish the project results in a professional publication or networking forum?** [ ]  **Yes** [ ]  **No**

**23. Is there anything else you’d like to share about this project?**

Click or tap here to enter text.

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

- Please save this document in Word format and gather your supporting documentation.

- Forward the application and documentation to your senior risk management leader or corporate insurance

 representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of*

 *the application before submitting it to American Excess Insurance by* ***Friday August 16, 2024****.*

**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 indicating the best answer to the question.

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

[ ]  Little effect on safety and liability (1)

[ ]  Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained (2)

[ ]  Strong effect with clearly defined metrics (3)

* 1. **What is the potential to share this project or practice with other AEIX members?**

[ ]  Little potential – i.e. *implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (1)

[ ]  Some potential but process may be hard for another organization to implement, and/or its application may be limited *- i.e. major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined (2)*

[ ]  Strong potential for producing best practices (3)

* 1. **What level of impact will this project or practice have on the severity of risk exposure?**

[ ]  Little chance of impacting severity of risk but could address other issues (1)

[ ]  Some potential to impact risk exposure (2)

[ ]  Strong ability to impact severe malpractice exposure caused by significant risk events (3)

* 1. **What level of innovation best describes this project?**

[ ]  Project/practice is new to this organization and is based primarily on firmly established best practices (1)

[ ]  Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-established best practices with additional innovative features (2)

[ ]  Project/practice was created solely by applicants and could be included in established literature or industry best practices (3)

* 1. **Share your comments or recommendations.**

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **E-Signature** | **Title** | **Date** |
| Click or tap here to enter text. |
| **Phone** | **Email** |  |

Send the completed application in Word format, supporting documentation, and signed evaluation to lana\_taylor@premierinc.com *by* ***Friday August 16, 2024.***

**Thank you for your submission.  In continued pursuit of our mission and vision to partner with forward-thinking healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share your project with other members of American Excess. However, this project will not be shared outside of the American Excess Insurance membership without your prior consent.**