



Grant Application

1	Project Title	Utilizing ATP Testing to Improve Patient Safety Through Reduction of Contamination		
2	Clinical or Operational Area	Infection Prevention Department		
3	Healthcare System	AdventHealth		
4	Hospital or Entity Name	AdventHealth Shawnee Mission		
5	Applicant Name	Tammy Cunningham		
6	Applicant Title	Infection Prevention Manager		
7	E-mail Address	Tammy.cunningham@adventhealth.com		
8	Telephone	913-676-2063		
9	Mailing Address, City, State, Zip Code	9100 W. 74 th Street Infection Prevention Department Shawnee Mission, KS 66204		
10	Please list the names and titles/roles of the additional members of the project team:			
	Name:		Title/Role:	
	Catherine Miller		Infection Preventionist	
	Kelly Case		Infection Preventionist	
	Dennis McKenzie		Infection Preventionist	
11	Name of Senior Risk Management or Corporate Insurance Representative		Lori Cue Administrative Director of Quality, Risk, and Safety	
12	Mailing Address, City, State, Zip Code		9100 W. 74 th Street Quality Department Shawnee Mission, KS 66204	

13. The issue being addressed involves the following clinical areas: (Check all that apply)

- X Ambulatory Care
- X Emergency Services
- X Hospital/System-wide Focus
- X Obstetrics/Perinatal
- X Radiology/Imaging Services
- X Surgical/Peri-Operative
- X Other (Please specify): Endoscopy areas

14. Briefly describe the project and its importance to the organization: (two paragraphs maximum, please attach any supporting documentation)

ATP measures adenosine triphosphate, an enzyme present in all organic matter, living and once living. ATP testing is done by swabbing high-touch areas, then inserting the swab into the ATP machine, also called a luminometer, which detects residual ATP.

The presence of ATP is an indication that surfaces have had improper cleaning and/or the presence of contamination. The Infection Prevention Department at AdventHealth Shawnee Mission would like to begin using ATP testing to monitor the presence of contamination on high-touch surfaces throughout the facility, including all inpatient units, emergency departments, imaging services, and ambulatory areas.

AdventHealth Shawnee Mission has seen an increase in healthcare-associated infections (HAIs). ATP testing of high-touch areas throughout the hospital would help the Infection Prevention department identify possible areas of contamination due to inadequate cleaning practices. Contamination can lead to patient HAIs, which in turn can lead to increased length of stay, increased morbidity and mortality for our patients, and potentially decreased reimbursements.

15. Describe how this project will improve patient safety or reduce the potential for liability. (one paragraph maximum)
Inadequate cleaning processes can lead to patient infections due to contamination. ATP testing can help to identify when areas have been inadequately cleaned due to the presence of adenosine triphosphate. Infection Prevention will used the data to find trends and potential gaps in processes. Once these gaps have been identified, action items can be developed to change processes, allowing for improved cleaning areas. Patient areas, particularly patient rooms, have a high turnover with rapid cleaning being performed after patients are discharged, so that a new patient can be admitted. Ensuring patients are admitted to a room that is properly cleaned of infectious materials is paramount to improving patient safety, and reducing morbidity and mortality.

16. What metric(s) will be used to measure progress and determine the success of this project?? (one paragraph maximum)

Infection Prevention plans to perform a sampling of ATP swabs throughout unit/department. Before and after cleanliness will be identified through this testing. When contamination is found, identifying possible process gaps will be done and action items developed. Making small process changes, implementing these changes, and evaluating improvement will then be done. Measuring progress will be identified not only through decreased HAIs in patients, but in the number of ATP swabs found to not have residual ATP.

17. Please describe the tangible results of the project that can be quantified and shared as best practices with other AEIX members? (one paragraph maximum)

Improved cleaning processes through ATP testing can be quantified and shared with other AEIX members. Best practices would include any deficiencies in cleaning practices, identified barriers to proper cleaning, and improvements made in any process gaps. Decreased HAI numbers can also be shared.

- 20. Is this project based on successful practices evaluated from literature or other healthcare providers? ⊠ Yes □ No
- 21. Is this project based on an original concept created by the project team? oxtimes Yes \odots 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.

Signatures required to submit this application

Signature

Title

Date

Alternate Clinical Sponsor (The individual responsible for supporting the responsibilities of the Primary Clinical Sponsor, and assuming those responsibilities if the Primary Clinical Sponsor is unable to fulfill the requirements of the project)

The Date

Alternate Clinical Sponsor (The individual responsible for supporting the responsibilities of the Primary Clinical Sponsor, and assuming those responsibilities if the Primary Clinical Sponsor is unable to fulfill the requirements of the project)

Title

Senior Risk Management Leader

Title

Date

CEO or CFO of Applicant's Healthcare Facility

Title

Date

Title

Date

Primary Clinical Sponsor (The individual responsible for monitoring progress of the project, submitting receipts and other documentation supporting the use of grant funds, and will provide a summary report of the project outcome)

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

- 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 Grant 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) Ve Search Shows Clear Liberty When proves clear Liberty
2.	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)
3.	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) What level of innovation best describes this project?
4.	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)
5.	Share your comments or recommendations.
	Signature Title Date Title Date Title Title
C	a los obloso cell lovi cue lo hadventhealth. com
	Lingii

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.