



Grant Application

1	Project Title	Team ST	EPPS						
2	Clinical or Operational Area	Birth Cent	er Departments- Labor and Delivery, OB ED, Mother Baby	, NICU					
3	Healthcare System	AdventHe	r Departments- Labor and Delivery, OB ED, Mother Baby, Nothing the Shawnee Mission rix It is ve Director Women's and Children's Services and Children		AdventHealth				
4	Hospital or Entity Name	AdventHealth Shawnee Mission							
5	Applicant Name	Judy Hen	nter Departments- Labor and Delivery, OB ED, Mother Babeealth ealth Shawnee Mission indrix rative Director Women's and Children's Services drix@adventhealth.com 2396 4th St; Shawnee Mission, KS 66204 the additional members of the project team: Title/Role: Labor and Delivery Director Mother Baby and Newborn Observation Unit Director NICU Director Labor and Delivery Educators Mother Baby and NICU Educators Mother Baby and NICU Educators						
6	Applicant Title	Administra	ative Director Women's and Children's Services						
7	E-mail Address	judy.hend	THE RESIDENCE OF THE PARTY OF T						
8	Telephone	913-676-2396							
9	Mailing Address, City, State, Zip Code	9100 W 74	96 n St; Shawnee Mission, KS 66204						
10	Please list the names and titles/roles of the additional members of the project team:								
	Name:	THE STATE OF THE S	The state of the s						
	Lauren Galli	Albania de la compania del compania del compania de la compania del compania del compania de la compania del							
	Ashley Jones								
	Ellen Acinger		NICU Director						
	Kimberly Nash, Katie D	avis							
	Melanie Bolten and Ro	chelle Brown							
11	Name of Senior Risk Mana Corporate Insurance Repre		Lorì Cue BSN, MA, CPHQ, CPHR						
12	Mailing Address, City, Stat	e, Zip Code	9100 W 74th St; Shawnee Mission, KS 66204						

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

Ц	Αm	bu	latory	Care
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☐ Emergency Services

☐ Hospital/System-wide Focus

□ Obstetrics/Perinatal

☐ Radiology/Imaging Services

☐ Surgical/Peri-Operative

☐ Other (Please specify)

Click or tap here to enter text.

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

Click or tap here to enter text.

TeamSTEPPS is an evidence-based set of teamwork and communication tools designed to optimize team performance and ultimately improve patient outcomes, increase staff and patient satisfaction, foster workforce well-being and support change management efforts. The TeamSTEPPS Master Training course will teach participants all the TeamSTEPPS tools and principles - what they are, how to use them, and how to implement them. Participants will gain skills and resources for training others and facilitating a TeamSTEPPS rollout to create meaningful and lasting Pagellurist change.

The COVID pandemic impacted RN turnover significantly, especially in Labor and Delivery. Due to difficulty hiring experienced Labor and Delivery RNs, our new RNs are mostly new graduates. This specialty has a steep learning curve. Information from RCAs, Event Debriefs, a corporate Perinatal Risk Assessment describes the relationships between staff and physicians and ineffective communication skills have eroded the culture of safety in this unit. The staff from each unit within the Birth Center are cross trained to assist their sister units, so the decrease in the culture of safety has been experienced by each unit.

15. Describe how this project will improve patient safety or reduce the potential for liability. (one paragraph maximum)

Click or tap here to enter text.
This project will train 12 individuals as Team STEPPS Master Trainers. These Master Trainers will facilitate education about Team STEPPS and implement the tools provided to improve safety and communication for all clinical staff in the Birth Center units. At least one physician will be included as a Team STEPPS Master Trainer. The goal is to have Team STEPPS skills interwoven throughout our team huddles, orientation, handoffs, and education to create a foundation of safety.

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

Clirke 2024 Safety Culture Survey is currently underway in our hospital. This will establish a baseline metric. When re-evaluated in 2025-26 surveys we would expect to see a favorable improvement of perception of safety. RN Turnover is another metric that reflects the culture and safety of a unit. We would expect to see an improvement in RN Turnover from year to year as Team STEPPS is interwoven into our culture.

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)

Click or tap here to enter text.

A decreased number of potentially compensible events where communication is identified as a root cause is a tangible result of this project.

I would also expect to see a decrease in the number of event reports citing a physician behavior as an issue with the development of effective communication skills and tools by both staff and physicians.

- 18. Please provide a financial estimate of the project \$7,800,00lick or tap here to enter text.
- 19. What is the expected timeframe for completion of this project?

 Virtual training sessions are Sentember 19 November 7, 2024. Project to be identified and implemented in 2025.
- 20. Is this project based on successful practices evaluated from literature or other healthcare providers? ☑ Yes ☐ No
- Is this project based on an original concept created by the project team?
 ☐ 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.
Improving the culture of safety and decreasing staff turnover in the Birth Center will provide safer patient care and improved maternal and neonatal outcomes.

Signatures required to submit this application

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)

CW SI/W/J-F

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)

Judy Hendrix Adm Director William Children Signature

Fittle Date

CEO or CFO of Applicant's Healthcare Facility

CEO Title Date

Title Date

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)
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?
\ 4.	□ 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) Ties in withour risk assessment of surround caused by significant risk events (3) What level of innovation best describes this project? 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.
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Pl	hone Cell 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 healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share you with other members of American Excess. However, this project will not be shared outside of the American Insurance membership without your prior consent.	our project
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AdventHealth Shawnee Mission Birth Center RN Turnover 2021-2024

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