

Award Application

1	Project Title	Insourcing of inpatient Dialysis Through the use of Tablo Hemodialysis System
2	Clinical or Operational Area	Hospital-wide
3	Healthcare System	Baptist Health
4	Hospital or Entity Name	Baptist Health Floyd
5	Applicant Name	Brooke Hanger-Yates, BSN, RN
6	Applicant Title	Manager, Internal Float Pool, Sitter Pool, Vascular Access & Dialysis
7	E-mail Address	Brooke.HangerYates@bhsi.com
8	Telephone	812.941.4701
9	Mailing Address, City, State, Zip Code	1850 State Street, New Albany, IN 47150
10	Please list the names and titles/roles of the additional members of the project team:	
	Name:	Title/Role:
	Scott Profitt, MSN, RN	Supervisor, Dialysis Unit
11	Name of Senior Risk Management or Corporate Insurance Representative	Lynn Rikhoff Kolokowsky, JD, CPHRM
12	Mailing Address, City, State, Zip Code	1901 Campus Place, Louisville, KY 40299

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*)

The project is designed to improve patient access, quality of care and cost reduction.

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)

The hospital identified an opportunity to enhance patient care and operational efficiency via insourcing dialysis services. The integration of dialysis into existing hospital operations to improve scheduling efficiency and cost reduction while elevating patient safety.

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

Prior to insourcing dialysis, Baptist Health Floyd had a total of 8 safety events in 2023, 5 of which resulted in patient harm attributed to the contracted service. Post implementation, we have had zero safety events.

The project has a projected annual financial savings of \$168,059.00

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

Number of Safety Events

Monthly Operational Cost Reports

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?

The implementation date for the project was January 1, 2024.

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)

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)

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.

Lynn Rikhoff Kolokowsky VP, Risk Management & Insurance August 2, 2024

E-Signature

Title

Date

502.253.5979 lynn.kolokowsky@bhsi.com

Phone

Email

Send the completed application in Word format, supporting documentation, and signed evaluation to ana_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.