



Grant Application

1	Project Title	Emergent Blood Stored in Emergency Department
2	Clinical or Operational Area	Emergency Department
3	Healthcare System	Bozeman Health
4	Hospital or Entity Name	Bozeman Health Deaconess Regional Medical Center
5	Applicant Name	Heather Wicks
6	Applicant Title	Trauma Manager
7	E-mail Address	hwicks@bozemanhealth.org
8	Telephone	406-414-5307
9	Mailing Address, City, State, Zip Code	915 Highland Blvd. Bozeman, MT 59715
10	Please list the names and titles/roles of the additional members of the project team:	
	Name:	Title/Role:
	Dr. Parks	Trauma Medical Director
	Dr. Lowe	ED Medical Director
	Doug Smoot	Laboratory and Blood Bank Manager
	Chris Grimes	ED Manager
	Rebecca Williamson	Director of Nursing
	Dr. Emerick	Pathologist
	Dr. Luem	Blood Bank Director
	Dr. Nero	Pathologist
	Heather Wicks	Trauma Manager
11	Name of Senior Risk Management or Corporate Insurance Representative	Rene' Fredette System Risk Manager
12	Mailing Address, City, State, Zip Code	915 Highland Blvd. Bozeman, MT 59715

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

- Ambulatory Care
- 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)

In April 2023, we embarked on a project to update and enhance our emergent blood release and Massive Transfusion Protocol (MTP). During our evaluation, we identified that the distance between the blood bank, located on a different floor across the hospital, and the Emergency Department (ED) posed significant challenges. This distance hinders the timely availability of emergent blood products, which can impact trauma care, patient outcomes, and mortality rates. Evidence supports that having blood products readily available in the ED improves outcomes, particularly for trauma patients experiencing hemorrhagic shock, by ensuring rapid and effective treatment. The goal of the project is to relocate emergent blood products that currently arrive in emergent blood coolers to an Emergency Department Storage area and only be removed when blood resuscitation is required.

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

Currently, we have a system where an emergent blood cooler is ordered and prepared before a trauma patient's arrival. However, this system has limitations, particularly for patients arriving by private vehicle (30% of cases) and during simultaneous multiple trauma incidents, which strain our resources and increase the risk of cooler mix-ups. In 2023, only 10% of trauma patients required blood administration. Storing emergent blood products directly in the ED would allow staff to retrieve and administer blood based on patient need, improving efficiency and safety. This approach would ensure timely resuscitation and reduce the chances of errors and patient harm by aligning the blood retrieval process with patient identification protocols.

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

Progress will be measured by the successful implementation of infrastructure and equipment, including the acquisition of a blood refrigeration system for the Emergency Department, development of inventory management practices, and the creation of safety and compliance protocols. Key milestones also include the completion of staff training and education, and effective coordination with the blood bank for restocking procedures and MTP activation.

The project's success will be evaluated based on several criteria: achieving zero adverse reports related to emergent blood release, ensuring that the time from blood release order to administration is under 10 minutes for at least 90% of cases within the first year, and achieving 100% compliance with emergent blood release protocols and documentation.

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)

We could share a safe and effective process and structure to store emergent blood products in an Emergency Department.

18. Please provide a financial estimate of the project \$10,000

19. What is the expected timeframe for completion of this project? 1/1/2026 including evaluation phase

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? 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?

This project is driven by our mission "to improve community health and quality of life".

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)

<i>Kiera Pattison</i>	Chief Nursing Officer	8/15/2024
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)

<i>Jasmine Rickert</i>	System Manager Legal Services	8/16/2024 13:16 PDT
Signature	Title	Date

Senior Risk Management Leader

<i>Keri Endette</i>	System Risk Manager	8/15/2024
Signature	Title	Date

CEO or CFO of Applicant’s Healthcare Facility

<i>Brad Ludford</i>	Brad Ludford, BH CFO	8/15/2024
Signature	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?

- 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.

**The project will significantly reduce the potential of blood administration for an unintended patient.
Thank you for this opportunity.**

Rene' Fredette	System Risk Manager	8/15/2024
E-Signature	Title	Date
406-414-5554	rfredette@bozemanhealth.org	
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.


Certificate Of Completion

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Source Envelope:	
Document Pages: 5	Signatures: 4
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Jasmine Rickert
Time Zone: (UTC-07:00) Mountain Time (US & Canada)	915 Highland Blvd
	Bozeman, MT 59715
	JMiller4@bozemanhealth.org
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Signer Events	Signature	Timestamp
Brad Ludford		Sent: 8/15/2024 1:22:48 PM
brad.ludford@bozemanhealth.org		Viewed: 8/15/2024 2:00:17 PM
Brad Ludford, BH CFO		Signed: 8/15/2024 2:00:31 PM
West Bozeman Surgery Center, LLC		
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
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Jasmine Rickert		Sent: 8/15/2024 1:22:48 PM
jrickert@bozemanhealth.org		Resent: 8/16/2024 1:38:15 PM
System Manager Legal Services		Resent: 8/16/2024 2:15:01 PM
Bozeman Health-RON		Viewed: 8/16/2024 2:15:58 PM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	Signed: 8/16/2024 2:16:08 PM
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Electronic Record and Signature Disclosure:
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ID: fd38ba2e-c842-4243-aed7-f4336197b36c

Kiera Pattison		Sent: 8/15/2024 1:22:48 PM
KPattison@bozemanhealth.org		Viewed: 8/15/2024 1:50:39 PM
CNO		Signed: 8/15/2024 1:50:52 PM
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Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
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	Signed using mobile	

Electronic Record and Signature Disclosure:
Accepted: 3/13/2023 11:40:49 AM
ID: 7b6134ea-cc4e-46ca-899a-71585f0bfd2e

Rene Fredette		Sent: 8/15/2024 1:22:49 PM
rfredette@bozemanhealth.org		Viewed: 8/15/2024 1:27:47 PM
System Risk Manager		Signed: 8/15/2024 1:28:10 PM
Bozeman Health		
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
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	Signed using mobile	

Electronic Record and Signature Disclosure:
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In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/15/2024 1:22:49 PM
Envelope Updated	Security Checked	8/16/2024 2:15:00 PM
Envelope Updated	Security Checked	8/16/2024 2:15:00 PM
Certified Delivered	Security Checked	8/15/2024 1:27:47 PM
Signing Complete	Security Checked	8/15/2024 1:28:10 PM
Completed	Security Checked	8/16/2024 2:16:08 PM
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