

**Grant Application**

<b>1</b>	<b>Project Title</b>	<b>QuickAlert Panic Buttons: Increasing Safety for Behavioral Health Facilities</b>
<b>2</b>	Clinical or Operational Area	Outpatient Community Behavioral Health Center
<b>3</b>	Healthcare System	The Providence Center
<b>4</b>	Hospital or Entity Name	Care New England
<b>5</b>	Applicant Name	Taylor D’Addario
<b>6</b>	Applicant Title	Grants & Contracts Manager
<b>7</b>	E-mail Address	tdaddario@carene.org
<b>8</b>	Telephone	401-209-8286
<b>9</b>	Mailing Address, City, State, Zip Code	530 North Main Street, Providence RI 02904
<b>10</b>	<b>Please list the names and titles/roles of the additional members of the project team:</b>	
	<b>Name:</b>	<b>Title/Role:</b>
	<b>Benjamin Isaiah, Jr</b>	Chief Operating Officer
	<b>Stephanie Costa</b>	Nurse Director of Acute Care
	<b>Marissa Gravel</b>	Senior Manager of Crisis and Intake
	<b>Dennis Pastina</b>	Security Supervisor
<b>11</b>	Name of Senior Risk Management or Corporate Insurance Representative	Gary Speciale, VP CNE Risk Management
<b>12</b>	Mailing Address, City, State, Zip Code	530 North Main Street, Providence RI 02904

**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)**

Currently, The Providence Center (TPC) has 50 safety buttons in use, which only cover a limited portion of our client meeting rooms. Panic buttons are utilized when a client is presenting as agitated, escalated, or deregulated in a way that causes a concern for safety. Expanding access to additional safety buttons is crucial to ensure comprehensive coverage across all office spaces. Over the past 11 months, the panic buttons have been activated 7 times, achieving an average response time of just 2 minutes. In areas without panic buttons, staff must rely on an overhead paging system, resulting in significantly longer response times, averaging 6 minutes. The installation of panic buttons has demonstrably improved efficiency, reducing response times by 66%. For context, our flagship 530 North Main St location is 72,000 square feet, services over 15,000 people per year, spans four floors and houses over 40 unique treatment programs. This project is asking for additional safety alert buttons to be installed throughout the 530 North Main Street location.

Installing additional alert buttons significantly enhances our safety measures. This innovation improves emergency response by replacing the outdated overhead paging system with panic buttons, reducing response times by 66%. It streamlines communication, enhancing safety and efficiency in critical situations. This swift action is crucial for de-escalating potentially dangerous situations, thereby protecting the well-being of both clients and staff. Enhanced safety measures reflect a trauma informed care approach by providing a secure environment, promoting peace of mind and better care outcomes. Ensuring a safe environment aligns with our commitment to providing high-quality care and maintaining a secure workplace. It also helps build trust with our clients and their families, knowing that their safety is a top priority. Moreover, robust safety protocols can reduce liability risks and enhance the organization's reputation, contributing to overall operational stability and success.

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

This project will enhance patient safety by significantly reducing emergency response times by 66% through the installation of additional panic buttons, ensuring faster intervention in critical situations. By replacing slower, outdated communication methods, the project minimizes the risk of delayed responses, thereby reducing the potential for patient harm. This swift and reliable system lowers the likelihood of incidents that could lead to liability, fostering a safer environment for both patients and healthcare providers.

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

The success of this project will be measured using several key metrics:

Metric 1: The number of safety buttons installed and operational across all office spaces

Metric 2: The response time to incidents after button activation

Metric 3: The frequency of safety incidents tracked through our incident reporting system

Metric 4: Maintain/exceed 66% reduction in response time

Additional metrics will include staff and client feedback on perceived safety improvements and the number of training sessions conducted for proper use of the safety buttons. Collectively, these metrics will provide a comprehensive assessment of the project's impact on enhancing safety and reducing risks within the organization

**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)**

The tangible results of this project include a 66% reduction in emergency response times, which can be directly quantified and highlighted as a best practice for enhancing safety. Additionally, the number of successful interventions following panic button activation can be tracked, demonstrating the system's effectiveness in real-world scenarios. These quantifiable improvements in response efficiency and safety can serve as a model for similar behavioral health providers seeking to reduce risk and enhance emergency preparedness.

**18. Please provide a financial estimate of the project**     \$12,000.00

**19. What is the expected timeframe for completion of this project?**     12 months

**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?**

Click or tap here to enter text.

**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)



**Benjamin Isaiah /S/**

**Chief Operating Officer/Quality  
Management Performance  
Improvement**

**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)

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Signature

Title

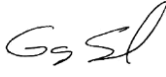
Date

**Senior Risk Management Leader**

**CNE VP Risk Management**

**8/15/2024**

**Gary Speciale**



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Signature

Title

Date

**CEO or CFO of Applicant's Healthcare Facility**

**Chief Operating Officer/Quality  
Management Performance  
Improvement**

**8/15/2024**

**Benjamin Isaiah /S/**



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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.**

Gary Speciale, 	CNE VP Risk Management	8/15/2024
<b>E-Signature</b>	<b>Title</b>	<b>Date</b>
401 681-2810	<a href="mailto:gspeciale@carene.org">gspeciale@carene.org</a>	8/15/2024

Send the completed application in Word format, supporting documentation, and signed evaluation to [ana\\_taylor@premierinc.com](mailto: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.**