



Grant Application

1	Project Title	Reduction of routine Laboratory Testing for Medical Stabilization in Pediatric Behavioral Health patients
2	Clinical or Operational Area	Emergency Department and Inpatient Units
3	Healthcare System	Bozeman Health
4	Hospital or Entity Name	Bozeman Health Deaconess Regional Medical Center
5	Applicant Name	Alyssa Davies
6	Applicant Title	Pediatric Nurse Coordinator
7	E-mail Address	adavies@bozemanhealth.org
8	Telephone	406-414-4948
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:
	Kiera Pattison	Chief Nursing Officer
	Dr. Katie D'Ardenne	Medical Director of Pediatric Hospital Medicine
	Dr. Kim Borke	Pediatric Hospitalist
	Dr. Angelika Ostrowski	Pediatric Hospitalist
	Mary Hofert	Behavioral Health Coordinator
	Jamie Woolman	Crisis Intervention Specialist
	Dr. Eric Lowe	Emergency Department Physician
11	Name of Senior Risk Management or Corporate Insurance Representative	Rene' Fredette System Risk Manager rfredette@bozemanhealth.org
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) Behavioral Health Services

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*)

The proposed project aims to reduce the frequency of routine laboratory testing during the medical stabilization process for pediatric behavioral health patients seen at Bozeman Health. In 2023, there were approximately 275 pediatric patients with acute mental health concerns that were seen in Bozeman Health's Emergency Department. Currently, 83% of these pediatric patients undergo a broad range of laboratory tests, which are not clinically necessary for every patient. At our facility, we have calculated the cost for medical clearance labs is \$1072 per patient encounter. This project focuses on developing and implementing a more targeted approach to laboratory testing, based on the individual patient needs, clinical guidelines, and evidence-based practices. Previous studies have shown that routine lab testing in this patient population does not change disposition, leads to prolonged Emergency Department visit times and overtreatment, and has an increased cost to the patients' families and the hospital.

This project is led by a multidisciplinary team of Pediatric Hospitalists, ED Physicians, a Pediatric Coordinator, Behavioral Health Coordinator, and members of our Crisis Intervention Specialist team. In preparation for this initiative, we have already engaged in discussions with several inpatient psychiatric facilities, all of which have expressed support for this approach. Their buy-in is crucial as it ensures a collaborative effort across different care settings. The project's interventions include:

- Creation of a structured medical evaluation algorithm to guide clinicians in determining if laboratory tests are necessary based on specific clinical indicators, rather than defaulting to a broad range of routine tests. The creation of this evaluation has been initiated, but not finalized (see attachment).
- Education to staff on the process for use of the medical evaluation algorithm
- Implementation of the medical evaluation algorithm

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

The project will reduce unnecessary laboratory testing through a structured medical evaluation algorithm. We suspect decreasing laboratory testing will decrease risk of incorrect diagnoses, treatment delays, and unnecessary interventions. By limiting tests to those that are clinically indicated, we reduce the chances of complications related to unnecessary procedures. It will also provide a clear and evidence-based framework for clinicians, supporting more accurate and informed decision-making. Additional benefits of this project include minimizing patient discomfort and stress, reducing cost to the patients' families and the hospital, and decreasing ED visit times.

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

Baseline data has been collected utilizing EHR report and manual chart review, when necessary. Inclusion criteria for patients includes age 12-17 years presented to ED or inpatient setting with a behavioral health concern. Certain patients are excluded, including those with developmental delays. We plan to continue data monitoring during and after implementation to determine the effect of the medical clearance algorithm. We will use run charts and other statistical analyses to evaluate any statistically significant changes.

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*)

Tangible results of the project that will be shared include a measurable number of routine laboratory tests performed, a measurable cost per patient for routine labs, and a measurable length of stay in the Emergency Department for pediatric behavioral health patients.

18. Please provide a financial estimate of the project \$5,000 will be used towards the development and implementation of the Medical Evaluation Algorithm, staff training and educational materials, data collection and ongoing quality improvement, outreach to regional accepting facilities, and patient education materials.

19. What is the expected timeframe for completion of this project? December 2025

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

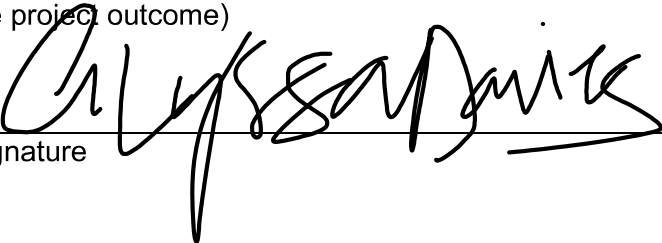
22. Do you have plans to publish the project results in a professional publication or networking forum? Yes No

23. Is there anything else you'd like to share about this project? Pediatric Behavioral Health population has been a focus of our enterprise.




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)

	Pediatric Nurse Coordinator	08/12/2024
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)

	Pediatric Hospital Medicine - Medical Director	08/13/2024
Signature	Title	Date

Senior Risk Management Leader

	System Risk Manager	8/16/2024
Signature	Title	Date

CEO or CFO of Applicant's Healthcare Facility

	Brad Ludford, BH CFO	8/16/2024 14:32 MDT
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)
- X 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)
- X 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)
- X 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. Thank you for this opportunity.

System Risk Manager 8/16/2024

Rene' Fredette

E-Signature

406-414-5554

Phone

Title

rfredette@bozemanhealth.org

Email

Date

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

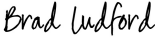
Certificate Of Completion

Envelope Id: 2180EF9B57E14156995521495249DFD9	Status: Completed
Subject: Complete with DocuSign: Pediatric BH 2024 Lighthouse Grant Form completed.pdf	
Source Envelope:	
Document Pages: 6	Signatures: 2
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope 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 brad.ludford@bozemanhealth.org Brad Ludford, BH CFO West Bozeman Surgery Center, LLC Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 205.166.158.17	Sent: 8/16/2024 2:13:52 PM Viewed: 8/16/2024 2:31:46 PM Signed: 8/16/2024 2:32:34 PM

Electronic Record and Signature Disclosure:
Accepted: 8/16/2024 2:31:46 PM
ID: 6d8147ec-2d7b-453d-9add-21a8cbf40b9f

Rene Fredette rfredette@bozemanhealth.org System Risk Manager Bozeman Health Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 174.215.26.35 Signed using mobile	Sent: 8/16/2024 2:13:52 PM Viewed: 8/16/2024 2:21:10 PM Signed: 8/16/2024 2:21:29 PM
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Electronic Record and Signature Disclosure:
Accepted: 4/14/2020 5:38:36 PM
ID: bca0f180-de3b-41b2-9efa-0fa6bfae445b

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	8/16/2024 2:13:52 PM
Certified Delivered	Security Checked	8/16/2024 2:21:10 PM

Envelope Summary Events	Status	Timestamps
Signing Complete	Security Checked	8/16/2024 2:21:29 PM
Completed	Security Checked	8/16/2024 2:32:34 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

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