

Grant Application

1	Project Title	Hospital Acquired Pressure Injury Quality Improvement Initiative
2	Clinical or Operational Area	Inpatient Wound Care (involves entire hospital clinical staff – EMS, ED, Medical & Surgical Oncology floors, ICU)
3	Healthcare System	St Peters Healthcare
4	Hospital or Entity Name	St Peters Healthcare
5	Applicant Name	Jane O’Driscoll
6	Applicant Title	Director Wound Care
7	E-mail Address	jodriscoll@sphealth.org
8	Telephone	406-457-4245 or 406-439-2990 (cell)
9	Mailing Address, City, State, Zip Code	2525 E Broadway, Ste 200, Maria Dean Bldg; Helena, MT 59601
10	Please list the names and titles/roles of the additional members of the project team:	
	Name:	Title/Role:
	Sarah Maddock	Manager ICU
	Heidi Abbott	Director Acute Care
	Carissa Petty	Manager Medical floor
	Kelli Daily	Manager Surgical Oncology Floor
	Angela Tacey	Wound Ostomy RN
	Brigid Byrne	Quality Safety Specialist
	Jeremiah Coon	Project Management Manager
	Jane O’Driscoll	Director Inpatient & Outpatient Wound Care
	Jennie Belt	Critical Care Nurse Educator
	Kim Guerrero	Acute Care Nurse Educator
11	Name of Senior Risk Management or Corporate Insurance Representative	Michelle Rush
12	Mailing Address, City, State, Zip Code	2475 Broadway, Helena, MT 59601

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.

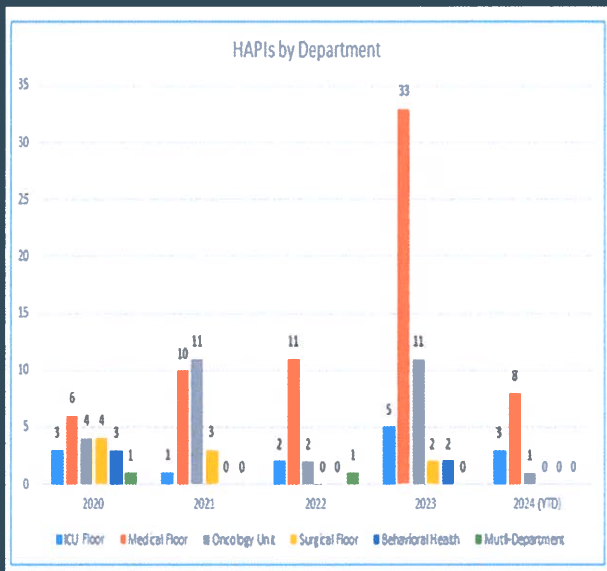
14. Briefly describe the project and its importance to the organization: (two paragraphs maximum, please attach any supporting documentation)

Our Hospital Acquired Pressure Injury (HAPI) rate went from 15 in 2022 to 53 in 2023. Per our accreditation and safety standards, we cannot continue doing the same thing and expect to get better. Historically, we have not had a way to capture broad data on what, when, where, and why they occurred outside of our internal safety reporting system. We now have a new EMR that will help us to extract some of this data. This will help us determine where we need to place efforts. (POA = Present on Admission, PI = Pressure Injury)

Project components:

1. Work group formed in April 2024.
2. Identifying barriers and where our process breaks down via trends – current state.
3. Understand root of what is resulting in HAPIs.
4. Tracking each HAPI or POA PI while patient is in our care.
5. Biannual education to all EMS, ED, and nursing and clinical support staff – wound types, dressing types, policy and process.
6. Periodic training and education on new dressing prevention products for possible adoption and use in house.
7. House wide support surface inventory and analysis – do we have the proper off-loading surfaces and do we have enough of them?
8. Determine who provides what intervention and when?
9. Prevalence Incidence studies done, data gathered and analyzed, and metrics presented to staff.
10. Determine where improvements needed and implement.

St Peter's Health HAPI Data



Department	2020	2021	2022	2023	2024 as of 4/3/24
ICU Floor	3	1	2	5	3
Medical Floor	6	10	11	33	8
Oncology Unit	4	11	2	11	1
Surgical Floor	4	3	0	2	0
Behavioral Health Unit	3	0	0	2	0
TOTALS	20	25	15	53	12

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

Our Hospital Acquired Pressure Injury Quality Improvement Initiative will reduce the length of hospital stay for patients, reduce the cost of care, improve patient quality of life, and reduce potential for liability around our quality of care. Our goal is to recognize a 70% reduction in HAPIs over the next two years.

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

1. Prevalence Incidence study implemented July 2024 with monthly monitoring for our organization.
2. Initiate Prevalence Incidence studies going forward at regular intervals to monitor how we are doing and if we are improving. If not, why?
3. Will monitor what floors HAPIs occur on, at what day in their stay they occur, what stage is the HAPI, was a skin assessment done within 4 hours of admit to the floor?, if patient came through the ED – at what point was a skin assessment done?
4. Data will be analyzed, published, and distributed to the floors for understanding and intervention implementation.

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 anticipate significant results with our project as outlined, and particularly in improved safety and quality of care. Our goal is to recognize a 70% reduction in HAPIs over the next two years. We plan to disseminate the results of our project on a regional level with other hospitals, and on a national level as opportunities arise.

18. Please provide a financial estimate of the project. Our project will require current staff time resources to implement the project components as outlined above, which is difficult to put an estimate to. If awarded the grant, we will use the funding to support off-loading surfaces, equipment, and supplies identified as a need.

Estimated costs for 1 year: Reusable: Pressure relief mattresses x 20 at \$1600 each = \$32,000

Consumable: assumes 1 year supply using 15 of each per week

Optiview sacral and heel dressings = \$7200

Z flow offloading positioners = \$88,000

Total yearly cost = \$127,200

19. What is the expected timeframe for completion of this project? We anticipate completion of the project in 1 - 1.5 years.

20. Is this project based on successful practices evaluated from literature or other healthcare providers? Yes

No However, our approach is unique and innovative as it is taking many components and interventions that have been shown to be effective and blending them together (process with strongly defined roles on who does what and when, interventions and products utilized at the proper time within that process, and proper and timely documentation of skin assessment(s), interventions, and continuous monitoring).

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?

The project was developed in collaboration with bedside staff, internal subject matter experts, as well as departmental and executive level leadership. Stakeholders at all levels are engaged and enthusiastic for this important work.

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)

Jane O'Driscoll	Director of Inpatient and Outpatient Wound Care	7/23/24
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)

Stormy Lantz	Practice Administrator Primary and Specialty Care	8/7/24
Signature	Title	Date

Senior Risk Management Leader

	Corporate Compliance & Risk Officer	8/12/2024
Signature	Title	Date

CEO or CFO of Applicant's Healthcare Facility

	Chief Financial Officer	8/12/2024
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.

I recommend AEIX financially support this project and share results with AEIX membership.

	Corporate Compliance & Risk Officer	8/12/2024
E-Signature	Title	Date
406 447 2593	mrush@sphealth.org	
Phone	Email	

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