**RISK MANAGEMENT FOCUSED AWARD APPLICATION**

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**DEFINITION:**

The Lighthouse Award category focuses on Risk Management or Patient Safety Projects that have already been *completed*. There is no requirement for accompanying data to demonstrate the project's impact. However, applications will be scored on the projects’ potential ability to impact risk mitigation and patient safety.

**ELIGIBILITY:**

Members of AEIX. “Member” includes any organization (hospital, clinic, long term care, urgent care, behavioral health, outpatient services, etc.) within the member system. For this award, the eligible departments include the organizations Patient Safety, Risk Management, or the equivalent department.

**Please share this application with all patient safety and/or risk management staff within your organization** that may be interested in applying for an AEIX Risk Management Award.

**INSTRUCTIONS:**

1. Complete the application in its entirety.
* In the event of missing or incomplete information, *if* the timeline allows, AEIX will send applications back to the member and request completion and/or clarification of the application.
* Blanks and/or incomplete information may result in disqualification if the deadline for application submission has passed.
1. Applications must be submitted to AEIX in **WORD** format.
* Applications must be completed electronically (typed) and be sent in an editable format (do not scan and send the document or send in a non-editable format such as a pdf).
1. Completed applications should be sent via email, as a WORD document attachment,  with a copy to the organization’s risk management leader, to the following email: aeixawards@premierinc.com.
2. Please note, award monies are not intended to be used for reimbursing hospital staff or the project participants to compensate them financially for their efforts.

**DEADLINE FOR AWARD APPLICATIONS IS FRIDAY JULY 18th, 2025**

**AEIX Lighthouse Risk Management AWARD Application**

**ALL fields/questions within the application must be completed prior to the submission.**

|  |  |  |
| --- | --- | --- |
| 1 | Applicant Name(s):  | Click or tap here to enter text. |
| 2 | Title/Role at organization: | Click or tap here to enter text. |
| 3 | Hospital or Entity Name:  | Click or tap here to enter text. |
| 4 | Healthcare System:  | Click or tap here to enter text. |
| 5 | Clinical or Operational Area: (Risk, Patient Safety, Quality, Perinatal, OR, Med-Surg, etc.) | Click or tap here to enter text. |
| 6 | Project Title:  | Click or tap here to enter text. |
| 7 | Mailing Address:  | Click or tap here to enter text. |
| 8 | Telephone:  | Click or tap here to enter text. |
| 9 | E-mail Address:  | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| 10 | Name and address of Hospital/Entity (local) Risk Manager: | Click or tap here to enter text. |
| 11 | Name of and address of SYSTEM Risk Manager if different from above: | Click or tap here to enter text. |
| 12 | Name and address of Hospital/Entity/System CEO | Click or tap here to enter text. |
| 13 | Name and address of Hospital/Entity/System CFO | Click or tap here to enter text. |

1. **The best practice/improvement project 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)*

Click or tap here to enter text.

1. **Briefly describe the practice or project:** *(what prompted the project – the why, the process to complete the project – the how)* ***Please limit the response to two paragraphs maximum.***

Click or tap here to enter text.

1. **Were any metric(s) used to measure and to sustain success?** [ ] **Yes** [ ] **No**

***If yes*** (*metrics are not required for this award category*)**, please explain:** *(one paragraph maximum plus*

*before and after data)*

Click or tap here to enter text.

1. **Briefly describe how this practice or project demonstrates novel approaches or innovative solutions to healthcare risk management challenges by introducing unique methodologies, tools, or practices not widely implemented (*please limit your response to one paragraph*):**

Click or tap here to enter text.

1. **Briefly describe how this project adheres to established clinical risk management guidelines and standards or creates new ideas to improve previously established guidelines (*please limit your response to one paragraph*):**

Click or tap here to enter text.

1. **Briefly describe how the project is/was cost effective, i.e., how it demonstrates an efficient use of resources (please limit your response to one paragraph):**

Click or tap here to enter text.

1. **Explain how the project aligns with AEIX’s mission of “*To partner with forward-thinking healthcare leaders to safeguard assets, enhance patient safety, and inspire innovation” and vision of “Through our collective experience and unique expertise, we will provide the leading pathway for managing risk and improving safety in healthcare*.”?**

Click or tap here to enter text.

***You may attach any supporting documentation such as graphs, tables, posters, PowerPoint to the application.***

1. **Are you willing to allow other AEIX members to have access to your application upon request?**

[ ]  **Yes**

[ ]  **No**

1. **Was this project an *original concept* created by the project team?** [ ]  **Yes** [ ]  **No**

**Additional notes/explanation *if needed*:** Click or tap here to enter text.

1. **Additional comments:**

Click or tap here to enter text.

***You may attach any supporting documentation such as graphs, tables, posters, PowerPoint to the application.***

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*It is recommended that applications are submitted well in advance of the deadline as in the event of missing or incomplete information, if the timeline allows, AEIX will send applications back to the member and request completion and/or clarification of the application.*

*Please complete the application thoroughly as blanks and/or incomplete information may result in disqualification.*

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**RISK MANAGEMENT FOCUSED**

**AWARD APPLICATION EVALUATION**

**The following questions (I. A through D, and II) must be completed by the applicant *or* by a Risk Management or Patient Safety Leader:**

1. **Using the following criteria, applications will be evaluated and scored on a scale of 1-3, with three (3) being highest:**
	1. **Innovation and Creativity:**

[ ]  Practice appears to minimally impact approaches or innovative solutions to healthcare risk management challenges by introducing unique methodologies, tools, or practices not widely implemented. (1)

[ ]  Practice appears to have *some* impact on approaches or innovative solutions to healthcare risk management challenges by introducing unique methodologies, tools, or practices not widely implemented. (2)

[ ]  Practice appears to have a *strong* impact on approaches or innovative solutions to healthcare risk management challenges by introducing unique methodologies, tools, or practices not widely implemented. (3)

* 1. **Alignment with Best Practices:**

[ ]  *The project demonstrates minimal adherence to established clinical risk management guidelines and standards or the creation of new ideas to improve previously established guidelines.* (1)

[ ]  *The project demonstrates moderate adherence to established clinical risk management guidelines and standards or the creation of new ideas to improve previously established guidelines.*

[ ]  The project demonstrates strong adherence to established clinical risk management guidelines and standards or the creation of new ideas to improve previously established guidelines.

* 1. **Cost Effectiveness**

[ ]  The project does not demonstrate an efficient use of resources (i.e., it is – or has the potential to be expensive). (1)

[ ]  The project demonstrates a moderately efficient use of resources. (2)

[ ]  The project demonstrates an efficient use of resources (it is not costly to implement). (3)

* 1. **Alignment with AEIX’s mission “*To partner with forward-thinking healthcare leaders to safeguard assets, enhance patient safety, and inspire innovation” and vision of “Through our collective experience and unique expertise, we will provide the leading pathway for managing risk and improving safety in healthcare.*”:**

[ ] Project appears to have minimal or no alignment with the AEIX mission. (1)

[ ] Project appears to have some alignment with the AEIX mission. (2)

[ ] Project clearly aligns with the AEIX mission. (3)

1. **Applicant or Risk/Patient Safety Comments:**

Click or tap here to enter text.

**III. ATTESTATION:**

[ ]  **Yes, I (the applicant), attest to the notification of my organization’s Risk Management Leadership of this application and its content.**

1. **Completed applications should be sent via email, as a WORD document attachment,  with a copy to the organization’s risk management leader, to the following email:** **aeixawards@premierinc.com****.**

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*Blanks and/or incomplete information may result in disqualification if the deadline for application submission has passed.*

**TIMELINE**

* **5/12/2025** - Application period opens
* **7/18/2025** - Application period closes
* **8/19/2025** - Awards & Grants Subcommittee meeting (review applications and vote on winners)
* **9/16/2025** - Subcommittee recommendations to IAC the slate of winners for approval
* **11/11/2025 – SAC/Board Meeting – final approval of winners**

*Notification of winners/non-winners via U.S. Mail occurs following the SAC meeting.*