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**AWARD APPLICATION**

**DEFINITION:**

The Lighthouse Award category focuses on quality and patient safety risk mitigation activities that have already been *completed*, with accompanying data to demonstrate the project's impact.

**ELIGIBILITY:**

Members of AEIX. “Member” includes any organization (hospital, clinic, long term care, urgent care, behavioral health, outpatient services, etc.) and department (Risk Management, Patient Safety, Quality, High Reliability Team, or an individual unit such as an ICU, Med-Surg, Peri-natal, Environmental Services, Human Resources/Talent, Education department, etc.) within the member system.

**Please share this application with all the clinical and operational departments within your organization** that may have completed a risk reduction or quality improvement project who may be interested in applying for an AEI Risk Management Award.

* Awards are limited to projects that have been completed within the past twelve (12) months.
* Awards must have accompanying data that validate the project was successful in demonstrating improvement (risk reduction/quality improvement).

**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 AWARD Application**

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

|  |  |  |
| --- | --- | --- |
| 1 | Applicant Name(s):  | Pamela Carnes MPH, BSN, RN, CIC |
| 2 | Title/Role at organization: | Director, Infection Prevention |
| 3 | Hospital or Entity Name:  | TriHealth |
| 4 | Healthcare System:  | TriHealth of OH |
| 5 | Clinical or Operational Area: (Risk, Patient Safety, Quality, Perinatal, OR, Med-Surg, etc.) | Infection Prevention |
| 6 | Project Title:  | Reducing Catheter Associated Urinary Tract infection (CAUTI) Standardized Infection Ration (SIR) in a Cardiovascular Intensive Care Unit with a Multidisciplinary Approach. |
| 7 | Mailing Address:  | 625 Eden Park Drive, Cincinnati OH 45202 |
| 8 | Telephone:  | 513.569.9338 |
| 9 | E-mail Address:  | Jennifer\_rainer@trihealth.com |

|  |  |  |
| --- | --- | --- |
| 10 | Name and address of Hospital/Entity (local) Risk Manager: | Monica McPeek, TriHealth625 Eden Park Drive, Cincinnati OH 45202 |
| 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 | Mark Clement625 Eden Park Drive, Cincinnati OH 45202 |
| 13 | Name and address of Hospital/Entity/System CFO | Todd Anderson625 Eden Park Drive, Cincinnati OH 45202 |

1. **The best practice/improvement project submitted for consideration is a:** *(Check all that apply)*

[ ]  **Clinical Policy**

 [x]  **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.***

The calendar year (CY) 2023 outcome data from a 31-bed Cardiovascular Intensive Care Unit (CVICU) in a 400+ bed hospital system in Ohio demonstrated an opportunity for improvement in the reduction of Catheter Associated Urinary Tract Infections (CAUTIs). Variations with practice warranted a multidisciplinary approach, action planning, and intervention.

A structured quality improvement project targeting insertion, maintenance, and diagnostic stewardship was launched. Physican engagement provided support for the initiative, and nursing leadership identified a nurse champion to lead Foley catheter care improvements. A physician champion, the intensivist, provided oversight for all urinalysis orders in the CVICU. Comprehensive training on the new foley care process was provided. Foley care times were established across the unit to ensure consistency. Regular audits were conducted to ensure compliance with real-time coaching and feedback utilized. Daily huddles and unit meetings were utilized to disseminate data, process updates, and improvement opportunities. Unit success was celebrated to maintain engagement and morale.

1. **List the metric(s) have been used to measure and to sustain success?** *(one paragraph maximum plus*

*before and after data)*

Data from the National Healthcare Safety Network (NHSN) was used to calculate and display Standard Infection Ratio (SIRS) to compare CY and FY 2023 to CY and FY 2024. The CY 2023 CAUTI SIR = 0.713 and Fiscal year (FY) 2023 CAUTI SIR = 2.864. Significant reductions were noted to both CY and FY SIR data: CY 24= 0, CY 25 to date = 0, FY24 = 0.356, FY25 to date = 0.

1. **Briefly describe how this practice or project has improved patient safety, reduced risk and subsequent**

**liability)** *(****one paragraph maximum****).*

The success of this project has led to dissemination and implementation of these tactics across the health system. A reduction of 100% for CY24 was achieved with sustained success. The reduction of healthcare associated infections improves morbidity and mortality and improves patient outcomes.



***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 and data upon request?**

[x]  **Yes**

[ ]  **No**

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

**Additional notes/explanation *if needed***:

1. ***Or* was the project based on evidence-based best practices being applied (or reapplied with improvement strategies) at your healthcare system for the first time?** [x]  **Yes** [ ]  **No**

**Additional notes/explanation if needed:**

We utilized resources through APIC, AHRQ, AJIC, CDC, NIH, and ANA to determine the necessary approach for our organization.

1. **How does the Project align 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.”?**

Preventing hospital acquired infections is a key element of patient safety and decreased liability for the care we give.

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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**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. **Potential to improve safety and reduce liability:**

[ ]  Practice appears to have had *little* effect on improving safety and reducing liability. (1)

[ ]  Practice appears to have had *some* effect on improving safety and reduced liability, but metrics are

 not distinctly defined and/or it is unclear that measurable effect can be sustained. (2)

[x]  Practice appears to have had a *strong* effect on improving safety and reducing liability with clearly

 defined metrics and sustainability. (3)

* 1. **Potential to share best practice among AEIX members:**

[ ]  *Little* potential for sharing with or translation of best practices to other organizations (e.g.,

 implementation requires major budgetary commitment; topic is highly specialized and/or metrics are

 not clearly defined). (1)

[ ]  *Some* potential for sharing or translation of best practices to other organizations; however, the

 implementation process may pose challenges *due to f*actors such as significant budgetary

 commitments or the specialized nature of the topic.

* While certain practice settings, such as behavioral health, may find the application relevant, the overall applicability may be limited. Additionally, the metrics for evaluation are not clearly defined.

[x]  *Strong* potential for sharing with and translation of best practices to other member organizations. (3)

* 1. **Potential to impact severity of risk exposure:**

[ ]  Appears to have potential for addressing an issue which may be important from other perspectives,

 such as patient satisfaction or reporting of data, but it is *unlikely to impact severity of risk in the clinical*

 *or safety area*.(1)

[x]  Appears to have potential for addressing an issue which may not result in catastrophic loss, but which

 is nevertheless significant regarding patient safety or clinical outcomes (e.g., preventing burns from

 hot liquids on dietary trays). (2)

[ ]  Appears to have potential for addressing an issue which clearly affects severe malpractice exposure

 caused by significant risk events (e.g., birth injury). (3)

* 1. **Innovation level of the Project:**

[x]  Project/practice is new to this organization but is based primarily on best practices firmly established

 in the industry. (1)

[ ]  Project/practice was developed primarily by applicants with some assistance from outside entities,

 and/or it contains well-established best practices but includes additional innovative features which

 may benefit other organizations. (2)

[ ]  Project/practice was created primarily (or solely) by applicants and could add to established literature

 or industry best practices. (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 minimally or no alignment with the AEIX mission. (1)

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

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

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

Click or tap here to enter text.

**III.** **ATTESTATION:**

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

**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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**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.*