**A logo for a lighthouse award

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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](mailto: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): | Kimberly Shea RN, BSN |
| 2 | Title/Role at organization: | Cardiovascular Quality Coordinator |
| 3 | Hospital or Entity Name: | Baptist Health Louisville |
| 4 | Healthcare System: | Baptist Health Inc. Kentucky |
| 5 | Clinical or Operational Area:  (Risk, Patient Safety, Quality, Perinatal, OR, Med-Surg, etc.) | Cardiovascular Services |
| 6 | Project Title: | Decreasing Troponin Turnaround Time for Unstable Angina and Low-Risk Chest Pain Patients in the Emergency Department |
| 7 | Mailing Address: | 4000 Kresge Way  Louisville, Ky. 40207 |
| 8 | Telephone: | 502-259-4556 |
| 9 | E-mail Address: | kimberly.shea2@bhsi.com |

|  |  |  |
| --- | --- | --- |
| 10 | Name and address of  Hospital/Entity (local) Risk Manager: | David Mattingly RRT  4007 Kresge Way  Louisville, Ky. 40207 |
| 11 | Name of and address of SYSTEM Risk  Manager if different from above: | Lynn Rikhoff Kolokowsky, JD CPHRM  1901 Campus Place  Louisville, KY 40299 |
| 12 | Name and address of  Hospital/Entity/System CEO | Ger Colman  1901 Campus Place  Louisville, KY 40299 |
| 13 | Name and address of  Hospital/Entity/System CFO | Rick Carrico  1901 Campus Place  Louisville, KY 40299 |

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.***

Early diagnosis of acute myocardial infarction is a key component in timely revascularization and improved patient outcomes. Additionally, efficient rule-out of low-risk chest pain patients reduces length of stay and prioritizes hospital resource allocation. Cardiac troponin testing is an integral component of this timely evaluation. This project utilized multidisciplinary collaboration to improve troponin turnaround times for unstable angina and low-risk chest pain patients while being evaluated in the emergency department. Chest Pain-MI registry data showed consistent increased troponin turnaround times (TAT) above the American College of Cardiology (ACC) benchmark of 60 minutes. Over a two-year period beginning in January 2023, the existing multidisciplinary chest pain center process improvement (PI) team reviewed data and performed a stepwise evaluation of the TAT process from arrival to order, order to collection, collection to result and overall arrival to result for Unstable Angina and Low Risk chest pain patient populations. Key process review, idea sharing and collaborative discussion lead to multiple initiatives that impacted all steps of the TAT process. These included conversion to high sensitivity troponin assay, updated ED triage process with a first and second look evaluation, addition of an EPIC BPA tied to ECG orders with chest pain protocols, as well as added ED specific phlebotomy staffing supported by both lab and ED budgets to prioritize collection of the troponin in triage. The interventions were applied to impact each step in the TAT process and drive overall median results to below the ACC goal of 60 minutes or less.

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

*before and after data)*

In January of 2023, the median time for initial troponin turnaround for unstable angina (UA) and low-risk (LR) chest pain patients in the emergency department was 87 minutes, 27 minutes above the ACC benchmark. Over the two-year period the monthly median troponin turnaround time decreased from 87 minutes to 56 minutes. A reduction of 31 minutes, a 35.6% improvement. Additionally, the percentage of total collections that met the goal of 60 minutes or less improved from 16% to 60%, a 44% improvement

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

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

This project improved patient safety by ensuring timely resulting of troponin assay, a crucial component in identification of acute myocardial infarction and subsequent early intervention and revascularization, which have proven impact on mortality reduction. Additionally, timely resulting, leading to rule-out of acute myocardial infarction allows for earlier adjustment in diagnosis assessment and appropriate treatment as well as reduced length of stay. These improvements also help improve efficiencies in the Emergency Department with improved through put and spill-over effects that help improve door to doc time and decrease patient wait and hold times, all of which have positive impacts on patient safety and 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?**

**Yes**

**No**

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

**Additional notes/explanation *if needed***: Yes and No. The metric itself is an established expectation and goal from the American College of Cardiology with set goals for chest pain-MI accreditation.

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?**  **Yes  No**

**Additional notes/explanation if needed:**  see previous. There are established recommendations and suggested interventions that the American College of Cardiology provides to guide process improvement, but they are not required to

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.”?**

The primary focus of this project was to improve patient safety directly and indirectly as well as ensuring high quality care and improved patient outcomes. The impacts of the improvements realized in this project are well supported and sustainable. All or specific individual components of the troponin turnaround process changes can be replicated at other hospitals based on identified areas of opportunity. Ideally success, specifically seen from a multifactorial approach versus unilateral action, can be applied to numerous hospital quality goals within the cardiovascular service line as well as other areas of specialty. In addition, this project demonstrates how a consistent focus and effort across multiple departments and job roles with a dedicated focus on a goal, can inspire multidisciplinary collaboration in an increasingly complex healthcare environment that helps ensure the delivery of safe, high- quality healthcare to the communities and the people we serve.

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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AI-generated content may be incorrect.**

**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)

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.

*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)

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:**

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)

Project clearly aligns with the AEIX mission. (3)

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

As the challenges facing healthcare continue to grow in complexity, it becomes increasingly important for organizations to focus on not only innovating, but on getting established practices to a level of high reliability. Cardiovascular disease continues to be the leading cause of death in the United States and how we respond to the early signs of trouble and our ability to intervene early and efficiently can and does save lives. Ensuring patients get to the correct level of care is growing in importance as access to healthcare is on a downward trajectory. This makes throughput a key measure of success for large hospital like BH Louisville and this project touches on all of this. Patients sitting around for over an hour while a diagnostic test results, potentially occupying a bed that another patient in the waiting room desperately needs or even more concerning, standing by while a catastrophic escalating condition lies in wait to potentially result in avoidable harm is unacceptable. The team that spearheaded this initiative recognized this and most importantly they committed to making it better and succeeded. They remain committed to not only sustaining the progress they made, but building on it and for that they deserve to be commended and recognized.

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

**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**](mailto: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.*