**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): | Taylor Coffman and Clara Robertson |
| 2 | Title/Role at organization: | Nurse Educator and Cardiovascular Coordinator |
| 3 | Hospital or Entity Name: | Baptist Health Hardin |
| 4 | Healthcare System: | Baptist Health |
| 5 | Clinical or Operational Area:  (Risk, Patient Safety, Quality, Perinatal, OR, Med-Surg, etc.) | Critical Care |
| 6 | Project Title: | Medical Alert Readiness |
| 7 | Mailing Address: | 913 N Dixie Avenue, Elizabethtown, KY 42701 |
| 8 | Telephone: | 270.979.2058 |
| 9 | E-mail Address: | [Taylor.Coffman@bhsi.com](mailto:Taylor.Coffman@bhsi.com) and [Clara.Robertson@bhsi.com](mailto:Clara.Robertson@bhsi.com) |

|  |  |  |
| --- | --- | --- |
| 10 | Name and address of  Hospital/Entity (local) Risk Manager: | Jennifer Richardson  Director of Risk Management and Patient Safety  913 N Dixie Avenue Elizabethtown, KY 42701 |
| 11 | Name of and address of SYSTEM Risk  Manager if different from above: | Lynn Kolokowsky  Vice President, Risk Management & Insurance Services  1901 Campus Place Louisville, KY 40299 |
| 12 | Name and address of  Hospital/Entity/System CEO | Gerard Colman  System President/CEO  1901 Campus Place Louisville, KY 40299 |
| 13 | Name and address of  Hospital/Entity/System CFO | Rick Carrico  Chief Financial Officer  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.***

Historically, Baptist Health Hardin (BHH) evaluated inpatient code management competency by level of certification (ACLS/BLS). The opportunity was recognized to individualize the experience for staff members that serve as code team. In 2024, a multidisciplinary team of various subject matter experts collaborated to develop Medical Alert Readiness. This evaluation course was composed of immersive simulations that would assess staff’s ability to effectively recognize, respond, and manage clinical emergencies. Scenarios were developed with consideration of themes seen in code-blue debriefs, staff perceptions, regulatory benchmarks, and identified high risk areas from internal investigations. Since our hospital transitioned to Epic, we observed a decline in the accuracy and completeness of code documentation. To address this, we implemented a requirement for staff to demonstrate and practice charting each scenario. Real-time feedback and recommendations were provided, which helped uncover gaps in awareness.

Following our initial Medical Alert Readiness session, we saw outstanding staff satisfaction, notable gains in confidence and skill, and clear performance improvements. As a result, the decision was made to extend the program through 2025 and enhance the scenarios to be even more immersive and challenging.

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

*before and after data)*

Data showed a significant increase in the number of recorded rapid response team (RRT) events after our first year following implementation. Our percentage of cardiopulmonary arrest (CPA) events excluded from abstraction due to incomplete charting significantly decreased as well. Participant evaluations showed this was a preferred learning environment and specialized skill competency format. In 2025, Medical Alert Readiness became the mandatory code competency for every ICU/CCU nurse at BHH. In 2025, after our second annual Medical Alert Readiness, we are close to eligibility for award status for our data through Get With The Guidelines Resuscitation, this would be the first time BHH received award status for Resuscitation.

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

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

Complete and accurate documentation is an essential standard under ACHC guidelines. Through our Medical Alert Readiness program, we have seen a measurable enhancement in the quality and consistency of charting during emergency events. Realistic scenarios have also significantly boosted staff confidence in responding to medical emergencies. Staff's heightened preparedness and competence has directly translated to improved patient outcomes, reduced clinical risk, and reduced institutional liability. Medical Alert Readiness has transformed our performance and demonstrated our commitment to excellence, safety, and continuous improvement.

***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*:** Click or tap here to enter text.

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:** Click or tap here to enter text.

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 Medical Alert Readiness (MAR) initiative directly reflects AEIX’s mission to “partner with forward-thinking healthcare leaders to safeguard assets, enhance patient safety, and inspire innovation.” MAR introduced immersive simulation-based training tailored to staff roles to ensure individualized readiness while responding to the evolving demands of clinical emergencies. This customized approach not only enhanced team preparedness but also optimized code documentation, a critical safeguard for organizational and legal integrity. MAR's focus on realism, continuous feedback, and iterative improvement demonstrates true innovation in competency evaluation and development. By identifying performance gaps and elevating clinical response, MAR has measurably improved patient safety and reduced institutional risk. In extending MAR through 2025 with even more challenging scenarios, BHH remains committed to proactive risk management and the advancement of high-reliability care.

1. **Additional comments:**

The success of Medical Alert Readiness has exceeded our expectations in improving emergency response metrics and documentation standards, but also in reinforcing a culture of safety, preparedness, and collaboration. We believe this initiative exemplifies the kind of forward-thinking, risk-conscious leadership AEIX aims to celebrate through the Lighthouse Award.

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

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*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:**

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,**

**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.*