**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): | Sara Olsen |
| 2 | Title/Role at organization: | Director, Center for Nursing Excellence |
| 3 | Hospital or Entity Name: | Kootenai Health |
| 4 | Healthcare System: | Kootenai Health |
| 5 | Clinical or Operational Area:  (Risk, Patient Safety, Quality, Perinatal, OR, Med-Surg, etc.) | Center for Nursing Excellence |
| 6 | Project Title: | BLS Mock Codes |
| 7 | Mailing Address: | 2003 Kootenai Health Way |
| 8 | Telephone: | 2086256192 |
| 9 | E-mail Address: | skolsen@kh.org |

|  |  |  |
| --- | --- | --- |
| 10 | Name and address of  Hospital/Entity (local) Risk Manager: | Mary Wagner  2003 Kootenai Health Way, CDA, ID 83814 |
| 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 | Jamie Smith  2003 Kootenai Health Way, CDA, ID 83814 |
| 13 | Name and address of  Hospital/Entity/System CFO | Michele Bouit  2003 Kootenai Health Way, CDA, ID 83814 |

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 –** Clinical skill reinforcement through simulation

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.***

While reviewing a patient safety event, it was identified that some of our medical surgical staff were not fully comfortable with our Code Blue process. A Code Blue on an inpatient unit signals a critical medical emergency requiring immediate intervention for a patient who has stopped breathing or whose heart has stopped. Rapid and efficient action by nursing staff is essential to improve outcomes. However, these high-stress situations occur very infrequently outside of the ICU and Emergency Department, and nurses are only required to renew their Basic Life Support (BLS) certification every two years, which can lead to skill degradation. Recognizing this gap, the Code Blue Committee partnered with the Center for Nursing Excellence’s (CNE) Preceptor Resource Nurse (PRRN) team, a 24/7 bedside educational support team, to implement bedside BLS mock codes. The project aimed to enhance staff confidence, knowledge, and performance during the first three minutes of a Code Blue, while also monitoring the return of spontaneous circulation (ROSC) outcomes.

The process is simple, practical, and embedded into daily operations. A CPR manikin is set up in an empty patient room, and small groups of two to three staff members are pulled during their shift to participate in a simulated three-minute Code Blue. Following the simulation, a brief debrief allows for reflection and hands-on practice with any unfamiliar equipment. Representatives from the Code Blue Committee, unit leadership, and the CNE PRRN team collaborated to launch this initiative within the progressive care unit and five medical-surgical departments. The PRRN team committed to facilitating monthly sessions for each department across both day and night shifts. Staff knowledge and confidence were tracked by the PRRN team through evaluations, while the Code Blue Committee monitored patient outcome data to assess the impact of the project.

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

*before and after data)*

A Power BI dashboard is used to monitor Code Blue performance metrics and return of spontaneous circulation (ROSC) rates. The primary metric targeted by the project was “initiation of high-quality chest compressions within one minute of arrest recognition,” as this early intervention is foundational to improving downstream performance metrics including time to first shock (≤ 2 minutes), administration of epinephrine in pulseless adults (≤ 5 minutes), confirmation of airway placement, and first rhythm analysis (≤ 2 minutes). Timely initiation of CPR requires staff to quickly assess, activate resources, and prepare the environment for advanced interventions. In addition to clinical metrics, staff confidence and knowledge were tracked through pre- and post-evaluations following mock Code Blue simulations. These evaluations provide measurable insight into staff preparedness and are used to guide ongoing training and sustain improvements. *All data is included in the attached supporting documents.*

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

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

Code Blue events are high-risk, time-sensitive emergencies that require staff to act with speed and precision to save a patient’s life. This project improves patient safety by providing staff with regular, hands-on simulation of low-frequency but critical resuscitation skills. Staff who routinely practice these scenarios are more confident and capable of initiating life-saving interventions within the first vital minutes. Evaluation data from the first year showed a clear increase in staff confidence and competence. Additionally, the simulations include a safety check for Do Not Resuscitate (DNR) status before beginning CPR, which helps ensure patients’ wishes are respected and reduces legal and ethical liability. By reinforcing both clinical skill and safe practice protocols, this project meaningfully reduces risk and improves patient outcomes.

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*:** NA

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:**

This project applied evidence-based resuscitation practices through the implementation of focused, in situ BLS simulations. While mock codes have been used in some areas before, this is the first time they have been delivered consistently across all inpatient units, on all shifts, using a structured and sustainable model. The 24/7 availability of the PRRN team made it possible to reach staff hospital-wide, ensuring equitable access to critical skill reinforcement. By limiting the time and scope of each simulation to core BLS actions and targeting the first three minutes of a Code Blue, staff have been able to build confidence and proficiency in a realistic, manageable format. This reapplication of best practices with an innovative delivery model has led to widespread engagement and measurable improvement.

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.”?**

This project demonstrates strong alignment with AEIX’s mission and vision by partnering with healthcare leaders, including the Code Blue Committee, nursing education and nursing leadership, to proactively improve patient safety through targeted education and simulation training. The initiative safeguards assets by reducing clinical risks associated with delayed or inadequate emergency response. It inspires innovation by embedding practical, bedside mock codes that foster continuous learning and enhance staff preparedness. The project’s use of data-driven metrics and collaborative implementation embodies AEIX’s commitment to managing risk and improving safety through collective expertise.

**Additional comments:**

Beyond the marked improvement shown through the attached supporting documents, the success of this project has been reflected in multiple ways. It has been featured in nurse residency narratives, the organization’s annual nursing report, and submitted as a Magnet© narrative, highlighting its value to professional development and excellence in nursing practice. The initiative has expanded beyond the original pilot units to include critical care, and the team has recently been invited to implement the program in the emergency department and women’s and children’s. Notably, staff have demonstrated strong engagement by proactively reaching out to the PRRN team outside of scheduled sessions to request additional practice. This level of enthusiasm underscores the program’s relevance, accessibility, and sustained impact on both clinical readiness and patient safety.

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

**Attached documents include:**

1. KH BLS Mock Code Presentation (condensed version showing confidence and knowledge evaluation data from 2024)
2. KH Code Blue Metrics
3. KH Magnet© Story – Mock Code ROSC Outcomes (graph, page 6)
4. KH 2024 KH Nursing Annual Report (pages 26 & 27 showcase the BLS Mock Code work)
5. KH Example BLS Mock Code Activity Form (shows elements reviewed during activity)
6. KH Example BLS Mock Code Instructor Guide (accompanies activity form to ensure consistency among instructors)

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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)

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:**

This project demonstrates strong alignment with AEIX’s mission and vision by partnering with healthcare leaders, including the Code Blue Committee and nursing leadership, to proactively improve patient safety through targeted education and simulation training. The initiative safeguards assets by reducing clinical risks associated with delayed or inadequate emergency response. It inspires innovation by embedding practical, bedside mock codes that foster continuous learning and enhance staff preparedness. The project’s use of data-driven metrics and collaborative implementation embodies AEIX’s commitment to managing risk and improving safety through collective expertise.

**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.*