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**GRANT APPLICATION**

**DEFINITION:**

The Lighthouse Grant category focuses on quality and patient safety risk mitigation activities a member organization would like to complete within the next eighteen months.

**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 (for example an ICU, Med-Surg, Peri-natal, Environmental Services, Human Resources/Talent, Education department, etc.) within the member system.

**Please share this application with all clinical and operational departments within your organization** that may be interested in completing a new risk reduction project and who may be interested in applying for an AEIX Risk Management Grant.

* Grants are limited to projects that are forecasted to be completed within the next eighteen (18) months.
* Grants are typically awarded for amounts of $12,000 or less.
	+ However, the committee has some limited flexibility in determining the amount of the grant that is awarded.
* Grants must have accompanying information that supports the project’s goals in demonstrating improved patient safety (risk reduction).

**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).
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, grant 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**

**If selected for a GRANT award - GRANT Funds become available January 1, 2026.**

**Lighthouse Award GRANT Application**

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

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| **1** | **\*Applicant Name(s):**  | Melissa Kitzmiller |
| **2** | **\*Title/role:** | Radiologic Technologist/MRI Technologist |
| **3** | **\*Hospital or Entity Name:**  | Valley Children’s Hospital |
| **4** | **\*Healthcare System:**  | Valley Children’s Healthcare |
| **5** | **\*Clinical or Operational Area:**  | Magnetic Resonance Imaging |
| **6** | **\*Project/GRANT Title:**  | Sound Attenuation During MRI Exams |
| **7** | **\*Mailing Address:**  | 3159 El Capitan Ave. Merced, CA 95340 |
| **8** | **\*Telephone:**  | (831) 566-9464 |
| **9** | **\*E-mail Address:**  | MKitzmiller@ValleyChildrens.org |

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| --- | --- | --- |
| **10** | **\*Name and address of** **Hospital/Entity (local) Risk Manager:** | Nathan Powell, VP and Chief Risk Officer NPowell1@ValleyChildrens.org9300 Valley Children’s Place, Madera, CA 93636 |
| **11** | **\*Name of and address of SYSTEM Risk Manager if different from above:** | Nathan Powell, VP and Chief Risk Officer. NPowell1@ValleyChildrens.org9300 Valley Children’s Place, Madera, CA 93636 |
| **12** | **\*Name and address of Hospital/Entity/System CEO** | Todd Suntrapak, CEO9300 Valley Children’s Place, Madera, CA 93636 |
| **13** | **\*Name and address of Hospital/Entity/System CFO** | Tina Mycroft, CFO9300 Valley Children’s Place, Madera, CA 93636 |

1. **The project being proposed involves the following clinical areas** *(Check all that apply)***:**

[ ] Ambulatory Care

[ ] Emergency Services

[ ] Hospital/System-wide Focus

[ ] Obstetrics/Perinatal

[x] Radiology/Imaging Services

[ ] Surgical/Peri-Operative

[ ] Other *(Please specify)*Click or tap here to enter text.

1. **Briefly describe the project and its importance to the organization:** *(one paragraph maximum)*

As a dedicated pediatric hospital, we are consistently seeking ways, as a team, to bring our best, so that our patients and families receive the best care possible. This project is the true embodiment of advocacy for patient safety. MRI is a versatile, and diverse modality with unparalleled potential but does not exist without risk. One of the most preventable risks is sound exposure during exams. This risk is mitigated through the use of hearing protection, in the form of earplugs and headphones; albeit most, are adult sized. This project poses the possibility that the currently implemented hearing protection solutions could be improved upon. We aim to prove that coupling current hearing protection with a novel, pediatric specific, hearing protection solution, will effectively reduce the risk of hearing related injuries due to sound exposure.

1. **Explain how the proposed project described in Question #15 will improve patient safety or reduce the potential for liability: (***one paragraph maximum)*

This project helps create awareness of one of the most preventable safety risks in MRI. With appropriately sized, properly applied hearing protection, hearing related injuries, from sound exposure during MRI exams, are preventable. Sound is an inherent part of MRI exams, whether it be from steep switching of gradients, the cold head, or mechanized noise of the machine housing. Many providers choose to order MRI exams because of the exceptional detail of three-dimensional space, ability to better delineate fine detail of adjacent structures, and the ability to image both static and dynamic structures within the body. MRI is a versatile diagnostic imaging tool that can help providers create and modify treatment plans, as well as, provide visual confirmation of pathology. Protecting the hearing capability of our littlest patients is the best strategy for reducing the risk of a sound related, hearing injury.

1. **List the metric(s) that will be used to measure and to sustain success?** *(one paragraph maximum)*

Measurements of baseline sound pressure levels, from within the bore, prior to patient positioning, will help us identify the areas within the bore (i.e., near the center, at the entry opening of the gantry, routine scanning landmark positions) that will have the loudest sound pressure level measurement. Thereafter, measurements of sound pressure levels can be taken after currently implemented hearing protection is applied. Finally, Dreamies-TM will be applied (in addition to currently implemented hearing protection) and sound pressure levels will again be measured and collected. The results of this initial survey will help us verify the manufacturer’s sound attenuating decibel rating prior to implementing Dreamies-TM with our patient population. Additionally, measurements for individual sequences (i.e., T1, T2, FSE, SSFE, etc.) both without and with hearing protection will be collected. This information will help us prove our hypothesis that a combined, hearing protection strategy is the best method for attenuating sound during MRI exams. Sustaining the improved hearing protection initiative will involve training technologists on proper application and use of combined hearing protection. Sound pressure level measurements can be periodically retaken as a quality assurance measure that will help ensure our hearing protection strategy is still the most effective means of protecting the hearing of our littlest patients.

1. **Please describe the anticipated tangible results of the proposed project that can be quantified and shared *as Best Practices* with other members of AEIX:** *(one paragraph maximum)*

It is the hope of this project team that the numbers will speak for themselves. Through careful collection of sound pressure levels and correct application of hearing protection we hope to first identify the disparities in protection by establishing baseline sound pressure levels from within the bore. From there, we can record the measurable difference once hearing protection is applied. The tangible result will be evident from the overall sound attenuating potential. We hope the result will encourage others to adopt a more effective hearing protection strategy.

1. **Provide the amount you are requesting from AEIX for your GRANT:**

$11997.28 (Budget – to include itemized cost breakdown - included with additional materials)

AEIX grants may not exceed $12,000.

1. **Is this practice an original concept created by the project team, or is it based on successful practices that have been evaluated from literature or other healthcare providers which are being implemented for the first time?**

Our project began by evaluating peer reviewed literature in an effort to create a foundation of understanding prior to looking for solutions. Although implementing a new hearing protection product is not an original concept, implementing a combined approach to hearing protection, couples current processes with a process improvement idea. The important piece is acknowledging the risks associated with sound exposure in a measurable fashion and creating a solution that completely and effectively mitigates the risk. Obtaining a grant will help us quantify a measurable impact, which, will hopefully translate to a process change that better protects our littlest of patients.

1. **How does the grant 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***.”?**

Our team drives innovation by continuously re-evaluating our processes in an effort to create better outcomes. Improving upon already existing solutions helps us streamline care and protect our assets in a rapidly changing field. Pediatric patients are one of the most vulnerable populations and we have an inherent responsibility to do everything we can to provide them with the best support and protection possible. Adopting a multimethod hearing protection strategy will help us better mitigate one of the most preventable risks during Magnetic Resonance Imaging exams. This grant will help us quantify the importance of our work. We hope to set the example, by creating an experience for our kiddos like no other.

1. **Additional information to support the quality of your grant proposal:**

Please see attached materials.

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

**Indicate the “Primary Clinical Sponsor”** *(Responsible for monitoring the progress of the initiative which is the basis of the grant, and for submitting receipts and other documentation supporting the use of grant funds, including a one to two-page summary of the grant’s outcome.)*

**Name:** Melissa Kitzmiller

**Title:** Radiologic Technologist III/MRI Technologist I

**Contact Email:** MKitzmiller@valleychildrens.org

**Contact Phone Number:** (831) 566-9464

**Indicate an “Alternate Clinical Sponsor**” *(Responsible for supporting the responsibilities of the Primary Clinical Sponsor, and assuming those responsibilities if the Primary Clinical Sponsor is unable to fulfill the requirements of the project.)*

**Name:** Bernie Orcutt

**Title:** MRI Lead Technologist

**Contact Email:** BOrcutt1@valleychildrens.org

**Contact Phone Number:** (559) 286-1050

Grant monies are not to be used for compensating (paying salaries, overtime, or time spent conducting the grant work) the organization’s staff for their efforts related to the grant.

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**The following questions (I. A through D, and II) must be completed by the applicant and submitted with grant application.**

1. **Using the following criteria, in your opinion, how would you evaluate your application on a scale of 1-3, with three being the 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 clear

 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; the 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:**

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

 in the industry. (1)

[x]  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)

**II. ATTESTATION:**

[x]  **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****.**

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

**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.*

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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.*

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