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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):**  | Stacey Leclerc |
| **2** | **\*Title/role:** | Grants & Contracts Coordinator |
| **3** | **\*Hospital or Entity Name:**  | The Providence Center |
| **4** | **\*Healthcare System:**  | Care New England |
| **5** | **\*Clinical or Operational Area:**  | Outpatient Community Behavioral Health Center |
| **6** | **\*Project/GRANT Title:**  | Shield of Hope: Securing Behavioral Health Spaces with Industry-Leading Glass Laminate |
| **7** | **\*Mailing Address:**  | 528 North Main Street Providence, RI, 02904 |
| **8** | **\*Telephone:**  | 401-500-5564 |
| **9** | **\*E-mail Address:**  | SLeclerc@carene.org |

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| --- | --- | --- |
| **10** | **\*Name and address of** **Hospital/Entity (local) Risk Manager:** | Gary Speciale4 Richmond Square, Providence, RI 02906 |
| **11** | **\*Name of and address of SYSTEM Risk Manager if different from above:** | N/A |
| **12** | **\*Name and address of Hospital/Entity/System CEO** | Michael Wagner, MD (CNE)4 Richmond Square, Providence, RI 02906 |
| **13** | **\*Name and address of Hospital/Entity/System CFO** | Todd Conklin (CNE)4 Richmond Square, Providence, RI 02906 |

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

[x] Ambulatory Care

[x] Emergency Services

[ ] Hospital/System-wide Focus

[ ] Obstetrics/Perinatal

[ ] 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)*

Installing industry-leading glass laminate at The Providence Center is a vital step in enhancing staff safety and facility security. Behavioral health staff operate in high-stress environments where the risk of violence or disruption is real. Reinforced glass not only protects against breakage and potential harm but also improves staff morale, reduces anxiety, and supports workforce retention in a field already strained by burnout. Additionally, this security measure helps prevent forced entry and external threats, providing a crucial buffer that delays intrusion and allows time for emergency protocols or law enforcement responses, ultimately safeguarding both staff and clients.

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

Installing industry-leading glass laminate will significantly improve patient safety and reduce the potential for liability at The Providence Center. In behavioral health settings, patients may experience heightened agitation, confusion, or distress, which can lead to incidents of self-harm or property damage. Standard glass poses a serious risk in these situations, potentially causing severe injury. Laminated safety glass minimizes the chance of breakage and injury, creating a safer therapeutic environment. From a liability standpoint, this proactive safety upgrade demonstrates a commitment to risk management and duty of care—reducing the likelihood of costly incidents, legal claims, or regulatory citations related to preventable harm or insufficient facility safeguards.

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

 **Incident Involving Glass or Property Damage**
Baseline: Number of incidents involving **Reports of** broken glass or damaged windows prior to installation.
Success Indicator: Reduction in these incidents after installation.

 **Security Response to Support Calls involving disruptive behaviors**
Baseline: Number of incidents involving **Reports of** broken glass or damaged windows prior to installation.
Success Indicator: Reduction in these incidents after installation.

 **Staff Safety & Satisfaction Surveys**
Baseline: Pre-installation survey measuring perceived safety and stress related to facility vulnerabilities.
Success Indicator: Improved staff confidence in workplace safety and increased morale in follow-up surveys.

 **Patient Incident Reports Related to Self-Harm or Environmental Risk**
Success Indicator: Fewer patient-related injuries tied to glass breakage or unsafe infrastructure.

 **Insurance Claims or Liability Events**
Baseline: Claims related to facility safety risks prior to upgrade.
Success Indicator: Fewer claims or inquiries after installation, potentially reducing premiums over time.

 **Accreditation or Risk Assessment Scores**
Success Indicator: Positive feedback or score improvements from accreditation bodies or facility safety audits.

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)*

The proposed installation of industry-leading safety glass laminate at The Providence Center is expected to yield several measurable outcomes that can inform best practices across the AEIX network. Tangible results include a projected 75–100% reduction in incidents involving broken glass or window-related injuries (where laminate is installed), as well as a 20–30% increase in staff-reported feelings of safety and security, based on post-installation surveys. Additionally, the center anticipates a measurable decline in emergency responses related to environmental hazards, attributed in part to improved working conditions. These outcomes will be documented through incident tracking, and staff feedback.

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

$12,000

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?**

Recommended through Risk assessment

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***.”?**

The Providence Center’s proposed installation of industry-leading glass laminate directly supports AEIX’s mission and vision by exemplifying proactive, innovative leadership in healthcare risk management and safety. This project reflects a **forward-thinking investment** in physical infrastructure that safeguards both human and organizational assets. By reinforcing windows and vulnerable entry points with law enforcement-grade laminate, the center is taking tangible steps to **enhance patient safety**, protect staff, and reduce the potential for costly incidents, all of which are core to AEIX’s commitment to risk reduction.

From a broader perspective, this initiative is **innovative in its integration of law enforcement safety standards into behavioral healthcare environments**, addressing a growing concern across the industry: the intersection of patient care and facility security. It advances AEIX’s vision by transforming a facility vulnerability into a model of resilience that other healthcare organizations can replicate. The center will track outcomes through data-driven metrics—including reductions in safety incidents, improved staff retention, and increased perceived safety—thereby generating scalable**, evidence-based best practice**.

Ultimately, this project contributes to AEIX’s goal of being the leading pathway for managing healthcare risk by demonstrating how even small infrastructure upgrades, when guided by expertise and foresight, can produce outsized impacts on patient outcomes, staff well-being, and organizational liability.

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

 Please see TPC Final Report from AEIX

***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:** Anna Moore

**Title:** Director of Facilities

**Contact Email:** AMMoore@CareNE.org

**Contact Phone Number:**

**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:** Donna Bagdasarian

**Title:** Director of Compliance and Quality Improvement

**Contact Email:** ospr@carene.org

**Contact Phone Number:**

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)

[ ]  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)

[x]  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 l iterature 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.*