**A logo for a lighthouse award

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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](mailto: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):** | Stormy Lantz |
| **2** | **\*Title/role:** | Practice Administrator |
| **3** | **\*Hospital or Entity Name:** | St. Peter’s Health |
| **4** | **\*Healthcare System:** | St. Peter’s Health System |
| **5** | **\*Clinical or Operational Area:** | St. Peter’s Health Medical Group |
| **6** | **\*Project/GRANT Title:** | Clinic Administered Medication Safety |
| **7** | **\*Mailing Address:** | 2500 Broadway, Helena MT 59601 |
| **8** | **\*Telephone:** | 406.447.5957 |
| **9** | **\*E-mail Address:** | slantz@sphealth.org |

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| --- | --- | --- |
| **10** | **\*Name and address of**  **Hospital/Entity (local) Risk Manager:** | Michelle Rush, Corporate Compliance & Risk Officer  mrush@sphealth.org |
| **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** | Wade Johnson, FACHE  WCJohnson@sphealth.org |
| **13** | **\*Name and address of Hospital/Entity/System CFO** | Nathan Coburn, CFO  NCoburn@sphealth.org |

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

Ambulatory Care

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)*

The Clinic Administered Medication Safety project represents a critical step in advancing medication safety and reducing risk across our ambulatory clinics, where infrastructure for safe medication management has historically been limited. By overhauling workflows, implementing clear policies for provider orders, and preparing for the integration of technologies like ACCUVAX and Omnicell, we are building a safer, more standardized system for medication storage, dispensing, and administration. As ambulatory volumes grow and complexity increases, this initiative is essential to protecting patients, supporting staff, and aligning our outpatient practices with the same high standards of safety and accountability found in inpatient care. This initiative represents a significant cultural and operational shift with the goal of creating safer, more reliable medication practices across our outpatient care environment. The funding would help us purchase the ACCUVAX and Omnicells.

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 will improve patient safety by creating a closed-loop medication administration process in our ambulatory clinics—something that has not previously existed. The implementation of ACCUVAX and Omnicell, which integrates with our EHR, will ensure that medications, especially vaccines, are dispensed accurately based on provider orders, securely stored, and verified through barcode scanning prior to administration. These safeguards will significantly reduce the risk of medication errors, such as wrong drug or wrong patient events, while improving documentation and traceability. By standardizing these high-risk processes, we decrease variability in practice, reduce the likelihood of adverse events, and ultimately lower our exposure to liability.

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

Success will be measured through several key metrics, including a reduction in reported medication errors—particularly wrong vaccine, wrong dose, or wrong patient events—in our ambulatory safety reporting system. Additional metrics include compliance rates with provider order documentation, barcode scanning adherence prior to medication administration, and inventory discrepancies tracked through ACCUVAX and Omnicell reporting tools. Sustained success will be supported through regular auditing, staff education, and integration of medication safety compliance into ongoing quality and risk management reviews.

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 anticipated tangible results of this project include a measurable reduction in ambulatory medication errors, improved compliance with medication ordering and administration protocols, and near 100% barcode scanning rates for vaccine and medication administration once ACCUVAX and Omnicell systems are implemented. We also expect to see improved inventory accuracy and reduced waste through real-time tracking and secure dispensing. These quantifiable outcomes, combined with standardized workflows and policies, will create a replicable model for outpatient medication safety that can be shared as a best practice across AEIX member organizations seeking to strengthen safety and reduce risk in the ambulatory setting.

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?**

This practice is based on proven strategies from other healthcare settings—specifically, the use of closed-loop medication systems and automated dispensing technologies that are well-established in inpatient environments—but is being implemented for the first time in our ambulatory clinics. While the concept itself is not entirely original, its **adaptation and application in the outpatient setting** is both innovative and tailored to our unique workflows, staffing models, and patient needs. Additionally, the development of standardized policies, provider order protocols, and staff training tailored specifically to the ambulatory setting represents a unique and scalable methodology for reducing risk, improving safety, and addressing longstanding gaps in medication management outside the hospital walls.The project team has drawn from industry best practices and literature to inform our approach, while customizing policies, technology integration, and staff training to fit the ambulatory care context.

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***.”?**

This grant aligns strongly with AEIX’s mission and vision by supporting a proactive, forward-thinking initiative that addresses a critical gap in ambulatory medication safety. Our project team is working to implement innovative solutions—such as ACCUVAX and Omnicell—paired with policy development and workflow redesign, to create a safer, standardized medication process in a setting that has historically lacked these safeguards. This project adapts and extends traditional inpatient safety models to meet the unique challenges of outpatient care, thereby advancing the evolution of risk management standards in a growing care environment. By leveraging technology, clinical expertise, and cross-disciplinary collaboration, we are not only enhancing patient safety but also reducing organizational risk. This initiative reflects the very essence of AEIX’s mission to inspire innovation and safeguard assets, while serving as a model pathway for managing risk in the evolving outpatient care environment.

The ACCUVAX system not only enhances patient safety but also automates several functions required for participation in the Vaccines for Children (VFC) program—such as temperature monitoring, inventory tracking, and reporting—eliminating the manual labor and administrative burden currently placed on staff. This automation reduces labor costs and improves compliance, while also enabling us to participate in the VFC program, which provides significant cost savings on vaccines. These combined efficiencies offset the initial investment and contribute to long-term financial and operational sustainability.

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

Click or tap here to enter text.

***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:** Stormy Lantz

**Title:** Practice Administrator

**Contact Email:** slantz@sphealth.org

**Contact Phone Number:** 406.447.5957

**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:** Sydney Carpenter

**Title:** Practice Manager

**Contact Email:** scarpenter@sphealth.org

**Contact Phone Number:** 406.495.6905

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)

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.

*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)

**II. ATTESTATION:**

**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**](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.*

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