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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):**  | Jacob Nole RN |
| **2** | **\*Title/role:** | Simulation Coordinator |
| **3** | **\*Hospital or Entity Name:**  | Valley Children’s Hospital |
| **4** | **\*Healthcare System:**  | N/A |
| **5** | **\*Clinical or Operational Area:**  | Clinical Simulation |
| **6** | **\*Project/GRANT Title:**  | RN Orientation Simulation Program |
| **7** | **\*Mailing Address:**  | 9300 Valley Children’s Place, Madera, Ca 93636 |
| **8** | **\*Telephone:**  | (559) 353-5087 |
| **9** | **\*E-mail Address:**  | jnole@valleychildrens.org |

|  |  |  |
| --- | --- | --- |
| **10** | **\*Name and address of** **Hospital/Entity (local) Risk Manager:** | Nathan Powell9300 Valley Children’s Place, Madera, Ca 93636 |
| **11** | **\*Name of and address of SYSTEM Risk Manager if different from above:** | N/A |
| **12** | **\*Name and address of Hospital/Entity/System CEO** | Todd Suntrapak9300 Valley Children’s Place, Madera, Ca 93636 |
| **13** | **\*Name and address of Hospital/Entity/System CFO** | Tina Mycroft9300 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

[x] 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)*

Medical simulation has been growing in popularity as a preferred method of education and training for medical staff. Staff have opportunities to gain the hands-on training in a controlled environment with the equipment they will use on real patients. Giving them opportunities to practice low frequency/high importance scenarios (such as medical emergencies), in a safe learning environment. We integrate findings from real world quality and performance improvement programs, so that bedside staff are aware of common errors, and how to recognize and prevent those errors. I am developing a new hire RN orientation program to provide these educational opportunities to new nurses. We hope to reduce errors and common patient safety events by proactively addressing those issues through simulation. We piloted a program with one of our units, and the response was very positive. I am currently developing simulations for the other 5 units, tailored to their specific diagnoses, equipment, and safety concerns. With this grant, I hope to purchase training equipment and medical supplies so staff can train with the equipment they will actually use.

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

As I am developing this project, I amcollaborating with each unit’s leadership, safety, quality improvement, nurses, and other disciplines to identify common errors, safety issues opportunities to improve our care. During this collaborative process, we have improved the care we provide by challenging our policies, finding better equipment, and strengthening the communication between disciplines. Providing a safe learning environment for staff to handle stressful and critical situations in a productive manner. Increasing staff familiarity with equipment, especially in pediatrics due to the wide variety of ages and sizes of our patients.

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

With the pilot program we utilized Pre- and Post- knowledge surveys to evaluate participant satisfaction with the training. There have been favorable responses from preceptors and educators as well. We hope to see declines in the number of Patient Safety Alerts/incident reports related to specific errors that we are proactively addressing.

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)*

I am expecting to have reduced rates of harm to our patients. Error reporting and recognition is very important, but there also needs to be timely and effective training to stop those errors from occurring. Experiential, hands-on, learning has been proven as an effective educational tool for adult learners, over lectures or memos. Our Simulation department is intended to be a responsive force to provide that training to all of our bedside staff, who are the effectors of change. As our Simulation program is growing, the goal is to have an enhanced orientation program, recurring skills labs, and Just-In Time Training to address unexpected issues or safety concerns that arise. I will be addressing common Solutions for Patient Safety, National Patient Safety Goals, and preventing Healthcare Acquired Conditions. Over time, I am hoping to improve the trends in those errors, and will tailor future education to the most frequently occurring issues.

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 is an original concept to ensure new nurses have a comprehensive orientation. Not all situations and equipment are always encountered during the course of orientation. We hope to increase staff familiarity and comfort with medical emergencies, low frequency skills, and stressful situations. The orientation will also be tailored to the specific needs of the learner, as staff have different life experiences, strengths and weaknesses.

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***.”?**

Medical Simulation is an innovative way to deliver education over traditional classroom settings. Many of the interventions we provide are based on knowledge and the medical equipment needed to perform those procedures. We hope to provide a safe environment for staff to operate the equipment, so they are optimally proficient before reaching the patient. This grant will provide the necessary materials and equipment needed to carry out the training.

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:**Jacob Nole RN

**Title:** Simulation Coordinator

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

**Contact Phone Number:**(559) 353-5087

**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:**Kim Bilskey RN

**Title:**Simulation Program Manager

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

**Contact Phone Number:**(559) 353-5898

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:**

[ ]  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)

[x]  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 have minimal or no alignment with the AEIX mission. (1)

[ ] Project appears to have some alignment with the AEIX mission. (2)

[x] Project clearly aligns with the AEIX mission. (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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*Blanks and/or incomplete information may result in disqualification if the deadline for application submission has passed.*