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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):**  | Jacqueline Mincy |
| **2** | **\*Title/role:** | Director of Women Services |
| **3** | **\*Hospital or Entity Name:**  | Princeton Community Hospital |
| **4** | **\*Healthcare System:**  | WVU Medicine |
| **5** | **\*Clinical or Operational Area:**  | Womens Center |
| **6** | **\*Project/GRANT Title:**  | Enhancing Maternal-Fetal Health Education Through High-Fidelity Simulation: Acquisition of the Noelle Birthing Simulator |
| **7** | **\*Mailing Address:**  | 122 12th Street Princeton, WV 24740 |
| **8** | **\*Telephone:**  | 304-431-5021 |
| **9** | **\*E-mail Address:**  | Jacqueline.mincy@wvumedicine.org |

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| --- | --- | --- |
| **10** | **\*Name and address of** **Hospital/Entity (local) Risk Manager:** | Princeton Community Hospital122 12th StreetPrinceton, WV 24740 |
| **11** | **\*Name of and address of SYSTEM Risk Manager if different from above:** | Rosa Moody122 12th StreetPrinceton, WV 24740 |
| **12** | **\*Name and address of Hospital/Entity/System CEO** | Karen Bowling122 12th StreetPrinceton, WV 24740 |
| **13** | **\*Name and address of Hospital/Entity/System CFO** | Diane Spencer122 12th StreetPrinceton, WV 24740 |

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

[ ] Ambulatory Care

[ ] Emergency Services

[ ] Hospital/System-wide Focus

[x] 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)*

Maternal and neonatal health outcomes are closely tied to the quality of clinical training healthcare providers receive. To address the growing need for competent, confident, and well-prepared medical professionals in labor and delivery care, we propose the acquisition of the **Noelle Birthing Simulator**, a high-fidelity, state-of-the-art childbirth simulation mannequin. This simulator will be a cornerstone in advancing experiential learning for nursing, midwifery, and medical students, offering hands-on practice in normal and emergency obstetric scenarios, including shoulder dystocia, breech birth, postpartum hemorrhage, and neonatal resuscitation.

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

Through realistic, repeatable simulation-based education, the Noelle system will enhance clinical decision-making, interdisciplinary communication, and crisis response skills, ultimately reducing the risk of maternal and neonatal complications. The simulator will also support interprofessional training, community outreach, and continuing education for practicing clinicians, especially in underserved or rural areas with limited access to real-time obstetric training. This investment directly aligns with our institutional mission to improve health outcomes through innovation, education, and equity-driven care.

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

To ensure the effective implementation and long-term impact of the Noelle Birthing Simulator, we will use both quantitative and qualitative metrics to evaluate success. These metrics fall into three primary categories: educational outcomes, clinical performance, and program sustainability.

**Educational Outcomes**

* **Pre- and post-simulation assessments:** Track improvement in staff knowledge, confidence, and clinical decision-making skills.
* **Skills competency evaluations:** Using standardized rubrics to measure performance in obstetric scenarios (e.g., shoulder dystocia management, neonatal resuscitation).

####  **Program Engagement and Sustainability**

* **Utilization rate:** Track the number of hours the simulator is in use across departments and courses.
* **Participant reach:** Measure the number of students, clinicians, and community members trained annually.
* **Satisfaction surveys:** Collect feedback from students and faculty to assess simulation realism, learning value, and areas for improvement.
* **Ongoing professional development:** Monitor the number of faculty trained to facilitate simulation scenarios and incorporate evidence-based practices.

**Sustaining Success**

* **Annual program review:** Conduct comprehensive evaluations to refine training modules, maintain simulator functionality, and update curricula based on best practices.
* **Community partnerships:** Establish collaborations with local hospitals and clinics to expand real-world application and outreach.
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 implementation of the **Noelle Birthing Simulator** will yield measurable, evidence-based outcomes that directly enhance maternal and neonatal care training. These results will be documented, analyzed, and formatted into sharable best practices for AEIX member institutions. Anticipated tangible and quantifiable results include:

**1. Training Volume and Reach**

* **At least 50-100 students and clinicians** will receive structured simulation training annually.
* **Increased participation in interdisciplinary simulations** involving nursing, medical, and emergency department staff to improve team-based care.

**2. Clinical Competency Gains**

* **80%+ improvement in simulation scores** from pre- to post-assessment based on standardized obstetric emergency scenarios.
* **20%+ increase in staff confidence** in managing obstetric complications, as measured by validated self-assessment tools.

**3. Reduction in Simulation Errors**

* **Reduction of critical simulation-based errors** (e.g., improper management of shoulder dystocia or delayed neonatal resuscitation) by at least **30% over one year**, indicating improved clinical decision-making under pressure.

**4. Curriculum Integration**

* Full integration of the Noelle simulator into competency and simulation training within the first year.
* Development of **10+ standardized simulation scenarios** aligned with national guidelines (AWHONN, ACOG, NRP).

**5. Faculty and Staff Development**

* **100% of obstetrics faculty trained** in simulation best practices and debriefing techniques.
* Creation of a **simulation facilitator guide** to support consistency and reproducibility across training sessions.

**6. AEIX Knowledge-Sharing**

* A formal **Best Practices Report** summarizing outcomes, lessons learned, and implementation challenges will be developed and submitted to AEIX within 12 months of project completion.
* Opportunities for **peer presentations, webinars, or posters** at AEIX-sponsored events, showcasing the simulator’s role in improving obstetric training and patient safety.
* Contribution of **standardized simulation modules and assessment tools** to the AEIX shared resources repository for member adaptation and use.
1. **Provide the amount you are requesting from AEIX for your GRANT:**

**$11,500.00**

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?**

The use of the **Noelle Birthing Simulator** for obstetric training is **not an original concept** developed solely by this project team; rather, it is a **well-established, evidence-based educational practice** grounded in clinical literature and widely adopted by leading healthcare institutions globally. The innovation of this project lies in the **strategic implementation, customization, and integration** of this proven technology into our specific curriculum, tailored to the needs of our student population, faculty capabilities, and regional healthcare gaps.

This practice draws upon successful models cited in:

* **Simulation-based obstetric emergency training programs**, such as PRONTO, PROMPT, and TEAMSTEPPS, which have demonstrated measurable improvements in clinical outcomes and reductions in adverse maternal events.
* **Peer-reviewed literature** showing that high-fidelity simulation improves clinical skill retention, enhances interdisciplinary communication, and reduces patient harm in high-risk scenarios (e.g., obstetric hemorrhage, eclampsia, neonatal resuscitation).
* Recommendations from national and international bodies such as the **American College of Obstetricians and Gynecologists (ACOG)** and the **Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)**, which strongly support simulation as a critical component of obstetric education.

What sets this project apart is its **first-time implementation at our institution** with a structured, data-driven approach and a commitment to continuous improvement. The project team has adapted evidence-based strategies to our unique educational environment, and we intend to evaluate and refine our implementation process to create a replicable model that can be shared with other AEIX members.

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 proposal aligns closely with AEIX’s mission **“to partner with forward-thinking healthcare leaders to safeguard assets, enhance patient safety, and inspire innovation”**, as well as its vision to be the **leading pathway for managing risk and improving safety in healthcare.**

**Safeguarding Assets & Managing Risk**

* By training healthcare providers in **high-risk obstetric scenarios** using a realistic, controlled simulation environment, the Noelle Birthing Simulator directly reduces the potential for **costly medical errors, litigation, and adverse outcomes**—all of which are significant liabilities in obstetric care.
* Enhanced clinical preparedness leads to **fewer preventable complications**, aligning with AEIX’s emphasis on **risk mitigation and resource stewardship**.

**Enhancing Patient Safety**

* The simulator will improve **competency, confidence, and communication** among healthcare teams, leading to safer real-world labor and delivery outcomes.
* Training scenarios include management of **life-threatening emergencies** such as shoulder dystocia, postpartum hemorrhage, and eclampsia—areas where patient safety depends on immediate and coordinated responses.
* Simulation allows learners to **make mistakes in a safe setting**, helping prevent those mistakes from happening with real patients.

**Inspiring Innovation**

* This project represents an **innovative educational approach**, leveraging technology to simulate rare but critical clinical events that students may not otherwise experience during training.
* The simulator fosters a **culture of continuous learning and improvement**, aligning with AEIX’s commitment to forward-thinking strategies that push healthcare quality forward.
* Outcomes and best practices developed through this project will be **shared with AEIX members**, contributing to system-wide innovation across the network.

**Collective Experience & Expertise**

* The project team includes experienced educators and clinicians who will adapt proven simulation models to fit our institution’s specific needs, creating **a replicable and scalable framework**.
* Through collaborative data collection and best practice sharing, the project will contribute to AEIX’s broader efforts to create **a shared pathway for safety improvement** across member organizations.
1. **Additional information to support the quality of your grant proposal:**

To further demonstrate the quality, feasibility, and impact of this proposal, the following supporting elements underscore our project’s strength: Evidence-Based Foundation: The Noelle Birthing Simulator is backed by a strong body of peer-reviewed research demonstrating its effectiveness in improving obstetric outcomes, clinical decision-making, and teamwork in high-stakes environments. Multiple studies have shown that simulation-based training leads to improved perinatal safety, reduced response times in obstetric emergencies, and enhanced patient satisfaction. Institutional Readiness: Our institution already has a simulation lab infrastructure, trained faculty, and established clinical partnerships, ensuring immediate and seamless integration of the simulator into existing curricula. Staff development sessions and scenario workshops are already planned to ensure consistent, high-quality simulation delivery.

***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:**Jackie Mincy

**Title:**Director of Women’s Center

**Contact Email:** Jacqueline.mincy@wvumedicine.org

**Contact Phone Number:**304-431-5021

**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:**Natalie Kemp

**Title:**Supervisor Nurse Navigator

**Contact Email:**Natalie.kemp@wvumedicine.org

**Contact Phone Number:**304-431-5018 ext 9298

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 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)

[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.*

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

*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.*