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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):**  | Kimberly Bilskey |
| **2** | **\*Title/role:** | Simulation Manager |
| **3** | **\*Hospital or Entity Name:**  | Valley Children's Healthcare |
| **4** | **\*Healthcare System:**  | N/A |
| **5** | **\*Clinical or Operational Area:**  | Clinical Hospital Simulation |
| **6** | **\*Project/GRANT Title:**  | CPR Coach Improves CPR Quality  |
| **7** | **\*Mailing Address:**  | 9300 Valley Children’s Place Madera CA 93636 |
| **8** | **\*Telephone:**  | 559-353-5898 |
| **9** | **\*E-mail Address:**  | kbilskey@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)*

In 2020 the American Heart Association recommended adding a CPR coach to resuscitation teams providing guidelines for their responsibilities and the benefits of the role. However, they do not provide curriculum outlining how to train the coaches and the healthcare industry doesn’t have best practices for training. In collaboration with our Emergency Medical Response Team leadership, we created our own evidence-based curriculum for training CPR coaches for our organization. It is a mixture of didactic and hands on simulation scenarios for pediatric and adult patients. This project aligns with the mission and vision of Valley Children's Healthcare. Our mission is to provide high-quality, comprehensive healthcare services to children, regardless of their ability to pay, and to continuously improve the health and well-being of children. Our vision is to provide the nation's best healthcare for kids and to become the nation's best children's hospital.

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

Our goal is to consistently achieve high quality CPR in all areas of the hospital and improve patient outcomes. Studies show that skill degradation begins after a few months especially if the skills are not used. This project in conjunction with other simulation activities will allow us to increase the number of CPR training sessions we offer to our staff.

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

The simulation program utilizes the Zoll R-series defibrillator with OneStep pads that provide CPR feedback in real time during the simulation and Zoll RescueNet CaseReview software to review the CPR quality during the simulation debriefing. Both tools provide objective data about CPR quality and the areas of opportunities for improvement that can be immediately discussed with the team.

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)*

With the addition of the CPR coach to the resuscitation team we anticipate seeing the transfer of CPR knowledge, skill and muscle memory from the simulation training sessions to the patient care setting. Optimizing patient safety and outcomes by consistently providing high quality CPR is our goal. We plan to publish a CPR Coach Training curriculum that is applicable to all healthcare settings who utilize the Zoll R-series defibrillators, OneStep pads, and Zoll RescueNet CaseReview software.

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?**

The concept comes from the American Heart Association recommendation to add a CPR coach to resuscitation teams. The training curriculum was created by our team incorporating the best practices from literature about CPR and simulation-based education.

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 took the initiative to create a training curriculum and formally implement the CPR coach role in our organization. We recognized the need for the CPR coach role and increased training beyond the basic life support class that is required every 2 years. We plan to publish our project in the future. We are working collaboratively with our leadership’s support to ensure we provide high quality CPR to enhance patient safety and outcomes.

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

The grant money would be used to purchase CPR capable manikins and consumable supplies for training.

***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:** Kimberly Bilskey

**Title:** Simulation Program Manager

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

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

**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:** Jacob Nole

**Title:** Simulation Coordinator

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

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

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 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.*

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