**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):** | Sheri Goertzen, MLS(ASCP)BB, CLS(CA), CQA(ASQ) |
| **2** | **\*Title/role:** | Supervisor, Transfusion Service |
| **3** | **\*Hospital or Entity Name:** | Valley Children’s Hospital and Healthcare |
| **4** | **\*Healthcare System:** | Valley Children’s Healthcare |
| **5** | **\*Clinical or Operational Area:** | Pediatric Intensive Care Unit and Laboratory Blood Bank |
| **6** | **\*Project/GRANT Title:** | Bedside Storage of Blood Products for ECMO Patients |
| **7** | **\*Mailing Address:** | 9300 Valley Children’s Place, Madera, CA 93636 |
| **8** | **\*Telephone:** | (559)353-6069 |
| **9** | **\*E-mail Address:** | SGoertzen@valleychildrens.org |

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| --- | --- | --- |
| **10** | **\*Name and address of**  **Hospital/Entity (local) Risk Manager:** | Nathan Powell, VP and Chief Risk Officer  NPowell1@valleychildrens.org |
| **11** | **\*Name of and address of SYSTEM Risk Manager if different from above:** | Same as above |
| **12** | **\*Name and address of Hospital/Entity/System CEO** | Todd Suntrapak  Suntrapak@valleychildrens.org |
| **13** | **\*Name and address of Hospital/Entity/System CFO** | Tina Mycroft  TMycroft@valleychildrens.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) Pediatric Intensive Care and the Laboratory Blood Bank*

1. **Briefly describe the project and its importance to the organization:** *(one paragraph maximum)*

*Valley Children’s Hospital has a growing ECMO program whereby pediatric patients (newborn through adult size) are placed on an Extracorporeal Membrane Oxygenation (ECMO) machine for an extended period of time in order to give their heart and lungs time to heal. During this time, the patient is at a great risk of requiring emergency blood transfusions, so it is the best clinical practice to keep crossmatched RBC units in the room with the patient at all times. This is currently being accomplished by using temporary transport coolers that are validated to hold blood products at a required temperature of 1-6 C for up to 24 hours. The cooler and RBC units must be returned to the laboratory blood bank each day before the 24 hour expiration to switch the cooler out with fresh ice blocks. We are requesting the purchase of a small mobile temperature controlled and alarmed refrigerator that can store RBC units at the patient’s bedside indefinitely.*

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

*Being able to store RBC units in a temperature controlled and alarmed refrigerator at the patient’s bedside supports patient safety in a number of ways: 1) Care team staff have immediate access to life-saving RBC units in a rapid bleeding crisis, which is a high risk for patients on ECMO, 2) A mobile refrigerator is able to store blood products according to all FDA and AABB/CAP accreditation requirements which greatly minimizes the risk of blood product wastage due to fluctuation of temperatures that occur in transport coolers, 3) RBC units can remain at the bedside of the patient and do not need to be returned back to the laboratory each day which supports 24/7 continuity of care and emergency transfusion support for the patient.*

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

*Metrics used to measure success include: 1) Emergency need and use of the RBC units stored at the bedside for ECMO patients, 2) Blood product wastage on ECMO patients: Transport Cooler versus Mobile Refrigerator storage, 3) PICU ECMO Care Team and Laboratory Blood Bank Staff satisfaction with streamlined process of maintaining bedside blood availability.*

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)*

*Anticipated results include: 1) 24/7 immediate availability of blood products at the bedside without having to run products back and forth to the lab blood bank each day, 2) Decreased blood product wastage due to unacceptable temperature excursions in the transport coolers, 3) Positive staff feedback regarding improved and streamlined process.*

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

***$9,135 (estimate)*** *– see attached quote*

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?**

*Mobile refrigerator storage of blood products is a proven successful practice at various institutions throughout the country, but has not been fully implemented at Valley Children’s Hospital due to budgetary constraints. As our ECMO program has grown (we often now have 2 to 3 patients on ECMO in our PICU at one time), our ability to support this program also needs to grow to keep up and provide the optimal care for these patients.*

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 storage of blood products at the bedside in a mobile, monitored refrigerator for our ECMO patients aligns with AEIX’s mission by safeguarding the valuable asset of RBC units of blood and protecting them from unnecessary wastage, enhances patient safety by maintaining blood products at the bedside at all times for emergency transfusion when every second is critical, and decreases the potential risk of patient loss of life due to rapid loss of blood.*

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

*Please see the attached brochure for the mobile refrigerator, the picture, and the quote from Roemer Industries. The mobile refrigerator can hold up to 15 units of RBCs, is pushed on wheels (similar to a shopping cart), is continuously temperature monitored and alarmed, and is plugged into the wall but can also run on its battery backup system.*

***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:** Sheri Goertzen

**Title:** Supervisor, Transfusion Service

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

**Contact Phone Number:** (559)353-6069

**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:** Stephanie Van Deelen

**Title:** Laboratory Administrative Director

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

**Contact Phone Number:** (559)353-6034

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 E, 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)

* 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)

Project clearly aligns with the AEIX mission. (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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