**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):** | Sherri Randolph MSN, RN, CPHQ |
| **2** | **\*Title/role:** | Executive Director of Performance Improvement |
| **3** | **\*Hospital or Entity Name:** | Baptist Health Louisville |
| **4** | **\*Healthcare System:** | Baptist Health Inc |
| **5** | **\*Clinical or Operational Area:** | Nursing |
| **6** | **\*Project/GRANT Title:** | Reducing Injury Falls in hospitalized inpatients and improving workplace safety through Non-Pharmacological Interventions designed to decrease agitation related to Delirium |
| **7** | **\*Mailing Address:** | 4007 Kresge Way  Louisville, Ky. 40207 |
| **8** | **\*Telephone:** | 502-897-8367 |
| **9** | **\*E-mail Address:** | sherri.randolph@bhsi.com |

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| **10** | **\*Name and address of**  **Hospital/Entity (local) Risk Manager:** | David Mattingly RRT  4007 Kresge Way  Louisville, Ky. 40207 |
| **11** | **\*Name of and address of SYSTEM Risk Manager if different from above:** | Lynn Rikhoff Kolokowsky, JD CPHRM  1901 Campus Place  Louisville, Ky. 40299 |
| **12** | **\*Name and address of Hospital/Entity/System CEO** | Ger Colman  1901 Campus Place  Louisville, Ky. 40299 |
| **13** | **\*Name and address of Hospital/Entity/System CFO** | Rick Carrico  1901 Campus Place  Louisville, Ky. 40299 |

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)*

Sixty percent of inpatients at Baptist Health Louisville are over the age of 65. Hospital acquired delirium affects 50% of elderly hospital inpatients and up to 80% of Intensive Care Unit inpatients (Al Farsi et al., 2023). Individuals with dementia or other cognitive impairments are at higher risk of developing delirium and are less likely to fully recover their baseline function (Cole et al., 2015). A key non pharmacologic intervention for managing and potentially preventing delirium is providing patients with diversional activities. Providing cognitive stimulation through activity mats, games, puzzles, and coloring books and other activities can provide distraction and calm the patient. The American Delerium Society provides a Comprehensive List of Nonpharmacological Items that can be used for this purpose. Studies suggest that individualized therapeutic activities can decrease agitation levels (Hshieh, et al., 2015). Delerium is a serious issue for hospitals as it can lead to falls, increased length of stay and even workplace violence.

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

BHLOU is seeking funding for purchase and distribution of diversional activities and non-pharmacological items that can be given to patients to use during their hospitalization to help manage delirium symptoms. Hospitalized patients with delirium are at a substantially higher risk of falls compared to non-delirious patients and falls are the most frequently reported safety incidents involving serious injuries and fractures. One study found delirious patients had 2.81 times the odds of falling compared to non-delirious patients (Kalivas et al., 2023). The typical cost of a fall in the hospital setting, including both direct medical costs and indirect costs like legal expenses, can range from $7000 to $30,000 or more, depending on the severity of the illness (McNee, 2023). The ability to provide these activities would stimulate cognitive function, reduce agitation, promote mobility, and decrease the incidence of delirium. These mats have been used effectively in dementia care and are increasingly recommended in acute care settings to support non-pharmacological delirium prevention strategies. Most of these items would be given to the patient to take home upon discharge consistent with facility infection control practices so the funds would help secure a large number of mats and assist with documenting supportive efforts to sustain the program long termAnother expected impact of this project will be the reduction in workplace violence episodes against healthcare workers. Patients with delirium may exhibit aggressive and violent behavior as a result of their confusion, agitation and disoriented state (Sjoberg, et al., 2024). Staff intervening in these episodes experience workplace injury at a high rate resulting in

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

Metrics used will include: Number of inpatient falls resulting in minor or moderate injury; number of inpatient falls resulting in major injury or death; number of patients who screened positive for delirium without diversion activities that fell vs number of inpatients that screened positive for delirium that were given a diversion activity that fell; number of workplace violence incidents in patients who screened positive for delirium and were given a diversional interventions vs not

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)*

Evidence supports the use of diversion activities as a method to reduce patient injury related to falls as well as injury to healthcare workers resulting from workplace violence associated with the hospitalized inpatient delirium population. We will be able to track the impact based on the previously mentioned metrics and can share our findings across our sister facilities including what worked well along with any barriers we encounter in the process. We will also seek to share any relevant data with any AEIX partners of interest in compliance with organizational policies and applicable regulations.

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

200 Activity Mats at a cost of $40 each or a total of $8,000.00. An additional $2000.00 for the purchase of various other items to be used as non-pharmacological interventions to address delirium such as puzzles, games, etc.

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 project is well supported in existing literature, but we currently do not have an internal program at Baptist Health Louisville

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***.”?**

Any action, large or small that can help reduce the incidents of falls and decrease the severity and occurrence of delirium supports this mission. Patient falls are consistently a precursor to litigation filed against our facility which jeopardizes our organizational assets. In addition, the impacts of delirium as a safety risk in healthcare is well documented and supported, but the focus has primarily been on the sub acute healthcare industry. A growing body of literature supports delirium as at least if not higher safety risk in the acute care environment. Despite the evidence, non pharmacological and non restrictive programs to address and decrease the incidents of delirium in the acute care setting are uncommon and the results are negatively impacting patients through injury, increased length of stay and perhaps most importantly, strong evidence showing patients who experience prolonged delirium never return to their pre-delirium cognitive baseline. The impacts of that stretch far beyond the walls of any healthcare facility and into the communities they serve.

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

**References** Al Farsi, R.S., Al Alawi, A.M., Al Huraizi, A.R., Al-Saadi, T., Al-Hamadani, N., Al Zeedy, K., & Al-Maqbali, J.S. (2023). Delirium in medically hospitalized patients: Prevalence, Recognition and Risk Factors: A prospective cohort study. *The Journal of Clinical Medicine 12,* 3897. Cole, M.G., Bailey, R., Bonnycastle, M., McCusker, J., Fung, S., Ciampi, A. Belzile, E., & MMath, C. B. (2015). Partial and no recovery from delirium in older hospitalized adults: Frequency and baseline risk factors. *Journal of the American Geriatrics Society, 63,* 11. Hshieh TT, Yue J, Oh E, Puelle M, Dowal S, Travison T, Inouye SK. (2025). Effectiveness of multicomponent nonpharmacological delirium interventions: a meta-analysis. *Journal of Internal Medicine 175*, 4. Kalivas, B., Zhang, J., Harper, K., Thomas, M.K, Dullin, J., Marsden, J., Robbins, P., Hunt, K. J., Mauldin, P. D., Moran, W. P., Rudolph, J. & Heincelman, M. (2023) The association between delirium and in-hospital falls: A cross-sectional analysis of a delirium screening program. *The Journal of Aging Research.* McNee, B. (2022). Financial effect of fall prevention can be significant. *Healthcare Risk Management,* August 1, 2022. Sjoberg, F., Salzmann-Erikson, M., Akerman, E., Joelsson-Alm, E.& Schandl, A. (2024). The paradox of workplace violence in the intensive care unit: a focus study group. *Critical Care 28,* 232.

***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:**Sherri Randolph MSN, RN, CPHQ

**Title:** Executive Director of Performance Improvement

**Contact Email:**sherri.randolph@bhsi.com

**Contact Phone Number:**502-897-8367

**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:** Cindy Willimas, MBA, PMP

**Title :**Clinica Project Manager

**Contact Email:**cindy.williams@bhsi.com

**Contact Phone Number:**502-896-5081

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 have minimal 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)**.**

**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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*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.*