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| 1 | Applicant Full **Name:** | Jami de Santiago | | | | 2 | **Date** Application Completed: | July 15, 2025 |
| 3 | Applicant **Email:** | jdesantiago@valleychildrens.org | | | | 4 | **Title** of Applicant: | Patient Safety Manager |
| 5 | Applicant’s Risk Management System Leader **Name:** | Nathan Powell | | | | 6 | **Title** of Applicant’s System Leader: | VP & Chief Risk Officer |
| 7 | Applicant’s Risk Management System Leader **Email:** | NPowell1@valleychildrens.org | | | | | | |
| 8 | Member Organization:  (Name of the system) | Valley Childrens Healthcare | | | | 9 | Member Location:  *Include full address* | 9300 Valley Children’s Place  Madera, CA 93636 |
| 10 | Number of years applicant has been at the organization: | 1.5 years | | | | 11 | Years in Risk Management or Patient Safety Role: | 6 years |
| 12 | Education Requested: | Certification in Patient Safety (CPPS) | | | | 13 | Cost of Education: | $450 for review course; $549 for exam: Total $1000 |
| 14 | Date of Education:  (when do you plan on completing the education?) | 12/2026 | 15 | Where is the education located: | | X Virtual *or*  City: Click or tap here to enter text.  State: Click or tap here to enter text. | | |
| 16 | Copy and Paste the link to education here→→  *(if a link is not available, attach information about the education to the email as separate documents)* | | | | <https://www.ihi.org/cpps-examination> | | | |
| 17 | Does your organization have a reimbursement program in place for this type of education? | | | | | | Yes No | |
| Notes/Explanation for financial need:  (*i.e. the certification itself is covered by the organization, but the prep-course is not; or – there is no budget for this type of education, etc.)*  There are no budgeted funds for this certification or prep courses. | | | | | | | |
| 18 | How does the education support your organization’s strategic goals as it relates to the advancement of healthcare risk management and patient safety?  Advancing my education and obtaining national certification in patient safety directly supports my organization’s strategic goal of Zero Patient Harm. This specialized training will deepen my understanding of risk management principles, evidence-based safety practices, and regulatory standards. With this knowledge, I can more effectively lead multidisciplinary teams in identifying system vulnerabilities, implementing preventive strategies, and fostering a culture of safety. Ultimately, this education will enhance my ability to reduce hospital-acquired conditions and drive sustainable improvements in patient outcomes. | | | | | | | |
| 19 | Describe the potential impact of the education on your organization’s patient safety and risk management programs:  This education will significantly enhance our patient safety and risk management programs by equipping me with advanced tools and methodologies to identify, assess, and mitigate risks more effectively. With a deeper understanding of national safety standards and best practices, I will be able to lead proactive initiatives that reduce preventable harm, improve compliance, and strengthen our safety culture. The knowledge gained will also support data-driven decision-making, enhance root cause analyses, and foster continuous improvement across departments—ultimately contributing to safer, more reliable patient care. | | | | | | | |
| 20 | How does the education 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*”?  Pursuing advanced education in patient safety and risk management directly aligns with AEIX’s mission to partner with forward-thinking healthcare leaders. By deepening my expertise, I will be better equipped to safeguard organizational assets through proactive risk mitigation, enhance patient safety through evidence-based strategies, and contribute to innovative solutions that improve care delivery. This education also supports AEIX’s vision by enabling me to apply collective knowledge and best practices to lead initiatives that strengthen our safety culture and establish a clear, effective pathway for managing risk and improving outcomes in healthcare. | | | | | | | |

**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**

*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.*

**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.*

**RD APPLICATIONS IS FRIDAY JULY 18th, 2025**