LIGHTHOUSE AWARDS
American Excess Insurance

AMERICAN EXCESS INSURANCE EXCHANGE

Mission *To partner with forward-thinking healthcare leaders to safeguard assets, enhance patient safety, and inspire innovation.*

Vision *Through our collective experience and unique expertise, we will provide the leading pathway for managing risk and improving safety in healthcare.*

LIGHTHOUSE AWARD APPLICATION

DEFINITION

The Lighthouse Award category focuses on patient safety, risk mitigation and management, and quality of care activities that have been completed within the past twelve (12) months.

ELIGIBILITY & STRUCTURE

- Members of AEIX are eligible to apply. For purposes of this application, "Member" includes any organization (e.g., hospital, clinic, long-term care, urgent care, behavioral health, outpatient services) as well as any department (e.g., Risk Management, Patient Safety, Quality, High Reliability Team) or individual unit (e.g., ICU, Med-Surg, Perinatal, Environmental Services, Human Resources/Talent, Education) within a member system.
- **Please share this application with all clinical and operational departments within your organization** that may have completed a patient safety improvement or risk reduction project and may be interested in applying for an AEIX Lighthouse Award.
- Awards are limited to projects that have been completed within the past twelve (12) months.
- Projects submitted in this category should include descriptions of how the work reduced risk or strengthened patient safety and/or quality within the organization.
    - The supporting documentation should include one or more of the following:
        - Measurable data and results
        - Stakeholder or staff feedback
        - Evidence of improved workflows, or
        - Other indicators of improvement that demonstrate changes in processes, behaviors, systems, or oversight (even if formal metrics are not available).

EXAMPLES OF PAST LIGHTHOUSE AWARD WINNERS

Decreasing Troponin Turnaround Time for Unstable Angina and Low-Risk Chest Pain Patients in the Emergency Department Over two years, troponin turnaround time in the ED for unstable angina and low-risk chest pain patients improved by 31 minutes, bringing median results within benchmark and substantially increasing the percentage of results completed within 60 minutes.	**Decreasing Serious Safety Events** Over 18 months, the member reduced its Serious Safety Event Rate by 63.5% by strengthening safety culture and reliability practices. Key drivers included improved daily safety huddles, easier event reporting, stronger clinical leadership involvement, standardized and high-leverage RCA processes, systemwide sharing of learning (e.g.,

	Good Catches, HRO tools), and closed-loop feedback—resulting in a sustained, systemwide reduction in harm.
BLS Mock Codes The project aimed to enhance staff confidence, knowledge, and performance during the first three minutes of a Code Blue, while also monitoring the return of spontaneous circulation (ROSC) outcomes. The focus was on improving staff performance in the first three minutes of a Code Blue. The project resulted in a meaningful improvement in ROSC rates and statistically significant gains in staff confidence, particularly in CPR initiation, rhythm recognition, team communication, and defibrillator use. Debrief feedback also reflected greater comfort assuming leadership roles, activating code responses, and using the code cart.	

INSTRUCTIONS

APPLICANT INSTRUCTIONS

1. **Complete** the application in its entirety by typing into the fields. Handwritten applications will not be accepted.
2. **Submit** your application in WORD format. Do not scan and send the document or send in a non-editable format.
3. **Send** your completed application to your system (corporate) Risk Management Leader - or equivalent for your organization - for review and submission to AEIX.
   - *Before sending the application to your system (corporate) Risk Management Leader (or equivalent for your organization), applicants should collaborate with their local Risk Management and/or Patient Safety leaders in accordance with internal expectations*.

RISK MANAGEMENT LEADER (CORPORATE OR SYSTEM)

1. **Review** the application for completeness. Blank fields or incomplete information may result in disqualification.
2. **Submit** the application(s) to AEIX at **aeixawards@premierinc.com.** We cannot accept applications directly from the applicant.

Application period opens Monday, May 11, 2026 and closes on Friday, July 17, 2026.

Notifications of winning and non-winning applications will be sent on or before Friday, November 20, 2026.

Please complete all questions and fields in the application. Incomplete applications may be disqualified.

LIGHTHOUSE AWARD APPLICATION

1	Applicant Name(s):	Scarlett Rivera
2	Title(s):	Director of Quality and Patient Safety
3	Hospital or Entity Name:	SGMC Health
4	Healthcare System:	SGMC Health
5	Clinical or Operational Area:	
6	Project Title:	Advancing High Reliability in Healthcare
7	Mailing Address: (where the notification of the winning applications and the award check should be sent):	2501 N. Patterson Street Valdosta, GA 31602
8	Telephone:	229-259-4647
9	E-mail Address(s):	Scarlett.Rivera@sgmc.org
10	Name and address of Hospital/Entity (LOCAL) Risk Manager:	Susan Hurley 2501 N. Patterson Street Valdosta, GA 31602
11	Name of and address of SYSTEM Risk Manager (or equivalent role) if different from above:	Same as above
12	Name and address of Hospital/Entity/System CEO	Ronald Dean, CEO 2501 N. Patterson Street Valdosta, GA 31602
13	Name and address of Hospital/Entity/System CFO	John Moore, CFO 2501 N. Patterson Street Valdosta, GA 31602

14. The best practice/improvement project submitted for consideration is a: (Check all that apply)
    - ☐ Clinical Policy, Practice, Procedure, Process, or Guideline
    - ☒ Performance Improvement Strategy (Workflows, Culture, Oversite, etc.)
    - ☐ Communication Strategy (Briefing before surgical procedure, senior management rounds, etc.)
    - ☐ Other (Please specify) Click or tap here to enter text.

15. Briefly describe the practice or project: (what prompted the project – the "why", the process to complete the project – the "how") Please limit the response to **two** paragraphs maximum.

Why Advancing High Reliability Matters to Our Project: For our project, Advancing High Reliability was essential to reducing serious safety events by changing how risk was recognized, reported, measured, and addressed across the organization. Safety data highlighted opportunities to improve near-miss reporting, escalation of concerns, consistency in practice, and use of a shared language for error prevention. Through our partnership with Press Ganey and use of the Reliability Implementation and Sustainability Index (RISI), we identified organizational readiness and focused improvement priorities, helping teams shift from reactive responses to proactive behaviors that protect patients before harm occurs.
How Our Project Advanced High Reliability: Our project advanced high reliability through a phased,

organization-wide approach that connected leadership behaviors, frontline engagement, universal reliability skills, and local learning systems. HRO tools and huddle boards created space for real-time safety conversations, while leader bootcamp, employee training, and orientation integration built a consistent foundation for reliability. Tools such as ARCC, STAR, Wingman, and SBAR strengthened communication, handoffs, escalation, and peer accountability. Ongoing use of RISI, local champions, coaching, and safety culture feedback helped sustain progress and contributed to improved patient experience scores, fewer grievances, and stronger staff perceptions of teamwork, communication, and psychological safety.

16. List the indicator(s) that were utilized were utilized to demonstrate success? (Please limit your response to **two** paragraphs). Indicators may include measurable data and results, stakeholder and/or staff feedback, evidence of improved workflows (efficiency/time, fewer errors, etc.), or other indicators of improvement that demonstrate changes in process, behaviors, systems, or oversight.

Success was measured through improvements in patient experience, grievance trends, safety culture feedback, and RISI progress. HCAHPS top-box scores improved from 68 in 2023 to 73 in July 2024, while grievances decreased by 25% from 2022, reflecting stronger communication, responsiveness, and trust. RISI helped assess organizational readiness, identify improvement priorities, and measure sustainability of high reliability practices.
Additional indicators included improved workflows and staff adoption of universal reliability tools. Huddle boards supported real-time safety conversations, risk identification, and follow-up, while safety culture feedback reflected stronger teamwork, communication, and psychological safety. Increased use of ARCC, STAR, Wingman, and SBAR demonstrated more consistent escalation, safer handoffs, peer accountability, and proactive prevention of harm.

17. Please describe any other information that you feel met how this practice or project has improved patient safety, reduced risk and subsequent liability. (**one** paragraph maximum).

This project improved patient safety and reduced organizational risk by embedding high reliability principles into daily operations rather than treating safety as a separate initiative. Through leadership training, frontline engagement, huddle boards, local learning systems, and universal reliability tools such as ARCC, STAR, Wingman, and SBAR, staff became better equipped to identify risk earlier, escalate concerns, communicate consistently, and prevent harm before it reached the patient. The structured use of RISI and safety culture feedback strengthened oversight and helped sustain accountability across departments. As a result, the organization demonstrated measurable improvements in patient experience, reduced grievances, stronger teamwork and psychological safety, and a more proactive culture of risk reduction, all of which support decreased liability and safer care delivery.

18. Are you willing to share your project with our AEIX membership? ☒ Yes ☐ No

19. Was this project an *original concept* created by the project team? ☒ Yes ☐ No

20. *Or* was the project based on the application (or re-application) of evidence-based best practices? ☐ Yes ☐ No

21. 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 grant aligns closely with AEIX's mission and vision by supporting a forward-thinking, organization-wide approach to reducing risk, improving patient safety, and inspiring innovation through high reliability. This project partnered leadership, frontline teams, and Press Ganey expertise

to identify system vulnerabilities, strengthen safety behaviors, and embed universal reliability tools into daily work. By using RISI to assess readiness, guide improvement priorities, and measure sustainability, the project created a structured pathway for managing risk and reducing the likelihood of preventable harm and liability. The initiative also reflects AEIX's vision by leveraging collective experience and evidence-based expertise to create a leading pathway for safety improvement in healthcare. Through leadership development, huddle boards, local learning systems, and tools such as ARCC, STAR, Wingman, and SBAR, the project transformed safety from a reactive process into a proactive, measurable, and sustainable culture. This work demonstrates innovation in risk management by aligning people, processes, and oversight to safeguard organizational assets while improving outcomes for patients, families, and staff.

22. Additional comments:

SGMC Health's high reliability journey reflects a sustained, systemwide commitment to reducing preventable harm, strengthening safety culture, and advancing zero harm across the organization. The impact of this work has been externally recognized through multiple HX Achievement Awards, underscoring measurable progress in serious safety event reduction and continued commitment to safer care delivery across SGMC Health facilities.

HX Achievement Award for Serious Safety Event Rate Reduction – SGMC Health Main and Smith Northview
HX Achievement for Zero Harm Award – SGMC Health Lanier
HX Achievement for Zero Harm Award – SGMC Health Berrien

Together, these outcomes directly align with the AEIX Lighthouse Award criteria by demonstrating measurable improvement in patient safety, reduced organizational risk and liability, strengthened quality of care, and sustainable systemwide practices that advance zero harm.

You may attach any supporting documentation such as graphs, tables, posters, feedback, or PowerPoints to the application.

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