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:	Using Electronic Medical Record Technology for optimization of Organ Donation Referrals
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.

The project was prompted by the critical need to improve timely organ donation referrals and preserve opportunities for donation during end-of-life care. With thousands of patients waiting for lifesaving organ transplants, our organization identified the need to strengthen referral compliance, reduce missed or untimely referrals, and support staff in recognizing potential donor triggers. The initiative focused on improving the process through standardized workflows, enhanced staff education, and electronic medical record tools designed to prompt timely action.
To complete the project, the organization implemented an Epic EMR Procurement Organization flowsheet

and Best Practice Advisory to guide staff through referral criteria and documentation requirements. Nursing and leadership teams received education on appropriate use of these tools, referral expectations, terminal extubation workflows, and communication with LifeLink, the hospital's Procurement Organization. A dedicated dashboard was also developed to monitor referral trends, identify opportunities for improvement, and support data-driven decision-making. These combined efforts improved process reliability, strengthened staff accountability, and contributed to a reduction in missed or untimely referrals.

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 demonstrated through measurable improvements in organ donation referral compliance and reductions in missed or untimely referrals. The primary indicator used was the percentage of missed or untimely organ donation referrals, which decreased from 11.8% in 2023 to 2.2% during the first six months of 2024. Additional indicators included increased utilization of the Epic Procurement Organization flowsheet and Best Practice Advisory, improved documentation of referral criteria, and more consistent notification of LifeLink within the required referral timeframes.
Workflow improvements also served as key indicators of success. Staff education, standardized terminal extubation orders, and real-time dashboard monitoring supported earlier recognition of potential donor triggers, fewer process gaps, and improved accountability across the Emergency Department and Intensive Care Units. Leadership and staff feedback indicated that the EMR tools and dashboard made the referral process easier to track, reinforced expected behaviors, and provided clearer oversight of organ donation performance.

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 creating a more reliable, standardized process for identifying and referring potential organ donors in a timely manner. By embedding referral criteria, clinical prompts, and documentation expectations into the Epic EMR, staff were better supported in recognizing donor triggers and completing required notifications to LifeLink within established timeframes. This reduced the likelihood of missed opportunities, communication breakdowns, and process variation during critical end-of-life care decisions. The use of staff education, standardized terminal extubation workflows, and real-time dashboard monitoring also strengthened oversight, improved compliance with referral expectations, and supported ethical, timely, and consistent communication with families. Together, these improvements helped reduce risk and potential liability by demonstrating proactive process control, regulatory awareness, and a strong commitment to patient advocacy and organ donation best practices.

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."?

This grant aligns strongly with AEIX's mission and vision by demonstrating a forward-thinking

approach to reducing risk, improving patient safety, and inspiring innovation through technology-driven process improvement. By implementing Epic EMR tools, standardized workflows, staff education, and real-time dashboard monitoring, the project safeguarded organizational assets by reducing missed or untimely organ donation referrals, strengthening compliance oversight, and minimizing potential liability associated with process failures during end-of-life care. The initiative also enhanced patient safety by ensuring timely referral to the Procurement Organization, preserving opportunities for donation, and supporting ethical, consistent, and compassionate care for patients and families. The project reflects AEIX's vision by using collective clinical expertise, multidisciplinary collaboration, and data-driven decision-making to create a leading pathway for managing risk and improving safety in healthcare. The measurable reduction in missed or untimely referrals from 11.8% in 2023 to 2.2% in the first six months of 2024 demonstrates how innovation, leadership engagement, and continuous monitoring can produce meaningful improvements in care processes and organizational reliability. As a grant-supported initiative, this work advances a sustainable model for risk reduction, safety improvement, and healthcare innovation that can be shared, replicated, and expanded across similar care settings.

22. Additional comments:

SGMC Health was awarded the Platinum Award for its efforts to increase organ, eye, and tissue donor registrations across Georgia. This recognition is part of the DoNation Campaign, a nationwide initiative that engages workplaces to emphasize the critical mission of organ and tissue donation and transplantation.
This recognition further reinforces the project's alignment with the AEIX Lighthouse Award by demonstrating measurable impact, sustained commitment to patient safety, and innovative risk reduction through improved organ donation referral processes. By advancing timely referrals, strengthening staff accountability, and supporting the lifesaving mission of donation and transplantation, SGMC Health exemplifies the forward-thinking leadership, quality improvement, and safety-focused innovation celebrated by the AEIX Lighthouse Award.

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

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