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 GRANT APPLICATION

DEFINITION

The Lighthouse Grant category focuses on quality and patient safety risk mitigation activities that a member organization would like to complete within the next eighteen months.

ELIGIBILITY & STRUCTURE

- AEIX Members 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.
- Grants are limited to projects that are forecasted to be completed within the next eighteen (18) months.
- Grants are typically awarded for dollar amounts up to $12,000 or less.
- Details of the requested amount must be provided (breakdown of the anticipated costs)
- Grants must have accompanying information that supports the project's goals in demonstrating improved patient safety (risk reduction).
- Grant Application Winners: Receipts are sent to AEIX and reimbursed to the member organization.

EXAMPLES OF PAST LIGHTHOUSE GRANT WINNERS

Implementation of Mobile Triage in the Emergency Setting This Initiative was designed to proactively support patients through high-risk transitions of care. Its goal was to reduce preventable harm, improve outcomes, and optimize the patient experience.	**Clinic Administered Medication Safety** The project represented a critical step in advancing medication safety and reducing risk across our ambulatory clinics, where infrastructure for safe medication management has historically been limited funding would help us purchase the ACCUVAX and Omnicells.
Connected Care Front Door Initiative was designed to proactively support patients through high-risk transitions of care. Its goal was to reduce preventable harm, improve outcomes, and optimize the patient experience.	**RN Orientation Simulation Program** The grant focused on the purchase of simulation equipment to enhance nursing orientation to improve skills, competency, and outcomes.
Enhancing Maternal-Fetal Health Education Through High-Fidelity Simulation & the Acquisition of the Noelle Birthing Simulator The grant focused on the quality of clinical training healthcare providers receive and addressed the growing need for competent, confident, and well-prepared medical professionals in labor and delivery.	

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.

Grant monies are **not** to be used for compensating the organization's staff for their efforts related to the grant including paying salaries, overtime pay, or time spent conducting the grant work.

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 GRANT APPLICATION

1	Applicant Name(s):	Kimberly Guerrero, MSN-Ed, RN, NPD-BC, C-EFM, C-OB
2	Title(s):	Supervisor of People Education
3	Hospital or Entity Name:	St. Peter's Health
4	Healthcare System:	Mountain States Healthcare Reciprocal Risk Retention Group
5	Clinical or Operational Area:	People Development
6	Project Title:	RQI Implementation
7	Mailing Address: (where the notification of the winning applications and the award check should be sent):	2475 Broadway, Helena, MT 59602
8	Telephone:	406-441-5153
9	E-mail Address(s):	kguerrero@sphealth.org
10	Name and address of Hospital/Entity (LOCAL) Risk Manager:	Michelle Rush, Corporate Compliance & Risk Officer 2500 Broadway Helena, MT 59602
11	Name of and address of SYSTEM Risk Manager (or equivalent role) if different from above:	
12	Name and address of Hospital/Entity/System CEO	Wade Johnson, CEO 2500 Broadway Helena, MT 59602
13	Name and address of Hospital/Entity/System CFO	Nathan Coburn, CFO 2500 Broadway Helena, MT 59601

14. The project being proposed involves the following clinical areas (Check all that apply):

- ☒Ambulatory Care or Clinic
- ☒Emergency Services
- ☒Hospital/System-wide Focus
- ☐ Infection Prevent
- ☒Obstetrics/Perinatal
- ☒ Patient Safety or Risk Management
- ☒ Quality
- ☒Radiology/Imaging Services
- ☒Surgical/Peri-Operative
- ☐Other (Please specify) Click or tap here to enter text.

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

This project aims to transition Basic Life Support (BLS) training from the traditional biennial classroom recertification model to the American Heart Association's Resuscitation Quality Improvement (RQI)

program, a low-dose, high-frequency simulation-based approach. Current evidence demonstrates that CPR skill competency declines significantly within months of classroom-based training, leaving staff underprepared for much of the two-year certification cycle. RQI addresses this gap by combining brief, quarterly hands-on simulation sessions at point-of-care kiosks with adaptive cognitive eLearning, allowing staff to maintain skill proficiency continuously rather than in a single high-stakes session every two years. This model also reduces staff time away from patient care units and offers built-in performance analytics for real-time competency tracking, aligning with AHA's evidence-based resuscitation education guidelines. Grant funding would support the purchase of RQI program licensing and implementation costs.

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

By replacing infrequent, high-volume training with continuous low-dose practice, RQI keeps staff resuscitation-ready at all times rather than allowing the well-documented skill decay that occurs in the months following traditional BLS certification, translating into faster response times, higher-quality compressions, and better outcomes during actual cardiac arrest events. Real-time feedback and analytics also allow educators to identify and remediate individual competency gaps proactively, rather than discovering them only at recertification or during an actual code. From a liability standpoint, this creates a continuous, documented record of staff competency rather than a single point-in-time certification, giving the hospital stronger evidence of ongoing readiness and standard-of-care compliance in the event of an adverse outcome or litigation, while reducing exposure to claims of inadequate training or negligent retention.

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

Program success will be evaluated using a combination of process and outcome metrics tracked through RQI's built-in analytics dashboard and existing hospital quality data. Process measures include staff compliance rates with quarterly RQI sessions, individual and unit-level competency scores (compression depth, rate, recoil, and ventilation quality), and time-to-completion trends. Outcome measures include in-hospital cardiac arrest response times, code team performance during actual events, return of spontaneous circulation (ROSC) rates, and survival-to-discharge rates, benchmarked against pre-implementation data and national registries such as the AHA's Get With The Guidelines-Resuscitation. Sustained success will be monitored through quarterly reporting to nursing and quality leadership, ongoing analysis of skill-decay trends to confirm the model is preventing the gaps seen under the previous biennial system, and periodic staff feedback surveys to assess usability and identify barriers to compliance. These metrics will also inform continuous refinement of remediation workflows, ensuring underperforming staff are identified and coached promptly rather than allowed to persist until the next certification cycle.

18. Please describe the anticipated tangible results of the proposed project that could be shared *as Best Practices* with other members of AEIX: (**one** paragraph maximum)

Anticipated tangible results include measurable improvements in code team performance, such as reduced time to first compression and defibrillation, higher rates of high-quality CPR (meeting AHA depth/rate/recoil targets), and improved ROSC and survival-to-discharge rates for in-hospital cardiac arrest events. The hospital can expect near-100% ongoing competency compliance rates (versus point-in-time certification compliance), along with data showing elimination of the skill-decay dip historically seen in months 6-24 of the biennial cycle. Operationally, results would include reduced staff time away

from patient care units for training (quarterly 5-10 minute sessions versus a multi-hour biennial class), decreased scheduling/staffing burden for education departments, and cost savings from reduced instructor hours, classroom space, and manikin/equipment maintenance associated with traditional courses. Documentation benefits include a robust, auditable competency record for accreditation surveys and risk management purposes, along with quantifiable data demonstrating the organization's commitment to evidence-based, current resuscitation science that can be shared with leadership, the board, and grant funders as evidence of return on investment.

19. Provide the amount you are requesting from AEIX for this project. AEIX grants may not exceed $12,000.

    $12,000

20. Provide a breakdown of costs for your grant (details of costs):

    One-time activation fee per user is $14.00. We anticipate 900-1000 users for a total of $12,600 - $14,000. License fees are $58.10 per user annually.

21. 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 builds on the demonstrated success of RQI adoption at neighboring healthcare facilities and regional health systems that have transitioned away from traditional biennial BLS recertification, several of which have reported improved CPR quality metrics, higher sustained competency rates, and reduced training burden following implementation. This also aligns with a growing body of peer-reviewed literature supporting low-dose, high-frequency resuscitation training as superior to traditional mass-training models for preventing skill decay and improving code-event outcomes.

22. 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."?*

    By replacing outdated, compliance-driven BLS recertification with RQI's evidence-based, continuous competency model, our hospital is embracing an innovative, forward-thinking approach to resuscitation education, one that safeguards institutional assets by strengthening documentation and reducing liability exposure, while directly enhancing patient safety through improved code team readiness and outcomes. This initiative also supports AEIX's vision of providing "the leading pathway for managing risk and improving safety in healthcare," as the shift from point-in-time certification to ongoing, data-driven competency verification represents exactly the kind of proactive risk management and safety innovation AEIX aims to champion among its partner facilities. By investing in this project, AEIX would be directly enabling a partner hospital to adopt a nationally recognized best practice that reduces risk, improves patient outcomes, and demonstrates measurable return on investment, reinforcing AEIX's role as a leader in advancing safety and risk management across the healthcare organizations it serves.

23. Additional information to support the quality of your grant proposal:
    See attached RQI flyer.

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

24. 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: Kimberly Guerrero, MSN-Ed, RN, NPD-BC, C-EFM, C-OB
    Title: Supervisor of People Education
    Contact Email: kguerrero@sphealth.org
    Contact Phone Number: 406-441-5153

25. 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: Brook Feist
    Title: Student and Education Coordinator
    Contact Email: bfeist@sphealth.org
    Contact Phone Number: 406-457-4257

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