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):	Alice Haug, BSN, RN
2	Title(s):	Registered Nurse
3	Hospital or Entity Name:	St. Peters Hospital
4	Healthcare System:	Mountain States Healthcare Reciprocal Risk Retention Group
5	Clinical or Operational Area:	Intensive Care Unit
6	Project Title:	"The Pause"
7	Mailing Address: (where the notification of the winning applications and the award check should be sent):	2475 E. Broadway, Helena, MT 59601 Attn: ICU Dept. Sarah Maddock & Alice Haug
8	Telephone:	406-447-2673
9	E-mail Address(s):	AHaug@sphealth.org
10	Name and address of Hospital/Entity (LOCAL) Risk Manager:	Michelle Rush, Corporate Compliance & Risk Officer 2475 E. Broadway Helena, MT 59601
11	Name of and address of SYSTEM Risk Manager (or equivalent role) if different from above:	Michelle Rush Address is the Same
12	Name and address of Hospital/Entity/System CEO	Wade Johnson Address is the Same
13	Name and address of Hospital/Entity/System CFO	Nate Coburn Address is the Same

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)

'The Pause' is a patient focused, end-of-life project that supports patients, families, and staff throughout the organization by formalizing a structured moment of stillness and providing supportive care items for families during end-of-life. During 'The Pause' the care team honors a patient's life, acknowledges the emotional weight of the loss, and recognizes the collective effort of everyone involved. 'The Pause' will allow staff to honor the life of each patient while also offering support for staff who experience repeated exposure to

death. Its importance lies in strengthening a culture of respect, reducing moral distress, improving caregiver and provider burnout and compassion fatigue, and fostering team cohesion, ultimately improving caregiver well-being and the quality of patient centered care. It also decreases provider burnout by acknowledging the emotional impact: Caring for dying patients can be emotionally demanding. Taking a short pause validates that the patient's life mattered and that providers may have emotional responses.

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

'The Pause' after a patient dies strengthens patient safety and reduces liability by creating a consistent, reflective practice that helps teams process what happened and identify any immediate safety concerns. By briefly gathering the care team, acknowledging loss and taking a moment to process grief and honor our patients the Pause encourages mindful review of the clinical course, reinforces adherence to protocols, and reduces the risk of errors being overlooked during emotionally charged moments. It also supports staff well-being, which is directly linked to fewer mistakes and better decision-making. From a liability standpoint, the Pause demonstrates an organizational commitment to respectful, high-quality care and fosters clearer communication among team members—two factors that reduce misunderstandings, documentation gaps, and potential claims.

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

Success for the Pause after a patient dies can be measured through a mix of quantitative and qualitative indicators, including the percentage of eligible cases in which the Pause is completed, staff participation rates, and trends in staff reported well-being or moral distress on post-event surveys. Additional metrics include improvements in team communication scores, reductions in documentation errors immediately following patient death, and qualitative feedback from debriefs that reflects stronger teamwork and emotional support. Sustaining success will rely on ongoing monitoring of these measures, regular review by leadership, and integrating the Pause into standard workflows so it remains a consistent, meaningful practice.

- Press Ganey Patient Experience Surveys: Monitor improvements in the "Staff worked together to care for me" and "Likelihood to recommend the hospital" domains. While families may not directly witness *The Pause* in every circumstance, consistent demonstrations of compassion and teamwork during end-of-life care may positively influence their overall perception of care.
- AACN Healthy Work Environment (HWE) Assessment: Compare baseline and post-implementation scores in the domains of Meaningful Recognition, True Collaboration, and Authentic Leadership. Improvements in these areas would suggest that *The Pause* is fostering a more supportive and emotionally healthy work environment.
- Staff Well-Being Survey: Develop and administer a brief anonymous survey before implementation and at 6- and 12-month intervals. Survey questions would assess:
- Staff perception of emotional support following a patient death.
- Feelings of closure after participating in *The Pause*.
- Perceived impact on compassion fatigue and burnout.
- Willingness to participate in future Pauses.
- Overall satisfaction with organizational support after difficult clinical events.
- Process Measures: Track implementation fidelity by documenting:
- Number and percentage of eligible patient deaths in which *The Pause* was offered.

- Participation rates among interdisciplinary team members.
- Unit-specific adoption rates over time.
- Qualitative Feedback: Collect staff comments during shared governance meetings, debriefings, or focus groups to identify strengths, barriers, and opportunities for improvement. Family feedback, when voluntarily shared through patient experience comments or bereavement outreach, may also provide valuable insight into the perceived compassion of end-of-life care.

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)

The anticipated tangible results of implementing the Pause after a patient dies include a measurable increase in team cohesion, more consistent communication during end-of-life transitions, and improved staff well-being reflected in reduced reports of moral distress. Units adopting the Pause often demonstrate fewer documentation errors immediately following a death, more reliable adherence to post-mortem protocols, and stronger interdisciplinary collaboration. Qualitative feedback also shows that the Pause enhances a culture of respect and compassion, which can be replicated across departments and shared with AEIX members as a scalable, low-cost Best Practice that strengthens both caregiver resilience and organizational safety culture.

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

$7780

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

"The Pause"
Annual Budget 2026

Departments	**WAC/L&D**	**Surgical**	**Oncology**	**Medical**	**ER**	**ICU**			
Items & Amount needed							Total	Cost/unit	Total Cost
Posters	4	4	4	4	4	4	24	3	72
Pamphlets	40	40	60	40	40	40	260	1	260
Flags	2	10	10	5	5	10	42	135	5670
Comfort Blankets	10	10	15	10	10	15	70	20	1400
Employee Education Materials	20	20	20	20	20	20	120	0.25	30
Post Death Belonging Bags	10	10	10	10	10	20	70	2.25	157.5
Protein Snacks for comfort trays	50	75	75	75	50	100	425	0.45	191.25

Total 7780.75

- Comfort items for families (blankets): Soft blankets and tissues can provide physical comfort and demonstrate compassion to family members who remain at the bedside during or after a loved one's death. These items support a calming, dignified environment during an emotionally difficult time.
- Refreshments for staff (snacks and beverages): Caring for dying patients can be emotionally taxing. Providing light refreshments following particularly difficult patient deaths or during staff debriefings acknowledges the emotional impact of end-of-life care and encourages participation in supportive practices. While not a required component of *The Pause*, these refreshments can promote staff well-being, foster team connection, and reinforce the organization's commitment to supporting caregivers.
- Educational materials: Funds may also be used to develop educational handouts, laminated scripts, posters, or quick-reference cards that help staff understand when and how to facilitate *The Pause* consistently across units.
- Placing a flag with the deceased veteran, when consistent with the patient's or family's wishes and organizational policy, can provide comfort to loved ones by acknowledging the veteran's service to the nation. It also reminds healthcare staff to pause and recognize the individual's life beyond their illness, reinforcing compassionate, person-centered care.

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?

    The Pause after a patient dies is not an original concept created by the project team; it is an evidence-informed practice that has been adopted and adapted across many healthcare organizations. Originally introduced by emergency medicine physician Jonathan Bartels, the Pause has been described in the literature as a simple, low-cost intervention that supports staff well-being, honors the patient, and strengthens team cohesion. The proposed project builds on these established best practices and brings them into our organization in a structured, consistent way for the first time. By implementing a model already shown to be effective in other clinical settings, the team is leveraging proven approaches while tailoring them to our culture and workflows.
    An Integrative Review of "The Pause" After Patient Death - Bridget Webb, Heather Carter-Templeton, Tim Cunningham, 2025

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."?*

    The Pause after a patient dies directly aligns with AEIX's mission by strengthening a culture of safety, compassion, and accountability—core elements of safeguarding organizational assets and enhancing patient safety. By implementing a structured, evidence-based practice that supports staff well-being and reduces the risk of communication errors during high-stress moments, the project reflects forward-thinking leadership and meaningful innovation in end-of-life care. It also supports AEIX's vision by leveraging collective experience from other healthcare systems and translating it into a standardized, low-cost intervention that reduces risk, improves team performance, and elevates safety practices across the organization. This initiative embodies the type of practical, scalable improvement AEIX seeks to champion and share across its membership.

23. Additional information to support the quality of your grant proposal:
The Pause after a patient dies is a brief, intentional moment of silence observed by the care team to honor the life of the patient, acknowledge the emotional impact of the loss, and recognize the efforts of everyone involved in their care. This simple practice creates space for reflection, supports staff well-being, and reinforces a culture of dignity, respect, and teamwork during one of the most emotionally charged moments in healthcare. By grounding the team before they move on to the next task, the Pause strengthens communication, reduces stress, and contributes to safer, more compassionate care across the organization.

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: Sarah Maddock
Title: ICU Manager
Contact Email: smaddock@sphealth.org
Contact Phone Number:406-447-2673 OR 406-459-8753

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: Ezekial Sharples
Title: Palliative Care Doctor
Contact Email: esharples@sphealth.org
Contact Phone Number:406-447-2480

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.