



Patient Safety Award

## LAMMICO Patient Safety Award & Grant Application

**2020 TOPIC: CAUTI Prevention**  
APPLICATION DUE DATE: MAY 31, 2021

### Award Description

The application period for this award begins July 1, 2020, and ends May 31, 2021. Entries must be received by midnight of the posted application due date. Promotion is subject to local, state and federal laws, and is void where prohibited. Application submission implies acceptance of and agreement with award rules and conditions.

### Background Information

Urinary tract infections are one of the five most common types of healthcare-associated infections. Catheter-associated urinary tract infections (CAUTIs) have been associated with increased risks, increased morbidity, mortality, hospital cost and length of stay.

LAMMICO's learning management system includes two educational activities, "CAUTI Prevention: Nurse Focus" and "CAUTI Prevention: Physician Focus," offered free of charge to Louisiana, Arkansas and Mississippi hospitals and facilities. These programs provide an overview of strategies to prevent CAUTIs, including appropriate indications for indwelling urinary catheters, alternatives to indwelling catheters, insertion and maintenance bundles, and stewardship measures.

To access the learner activities, please use the following links:

<https://medicalinteractive.net/courses/50734> for Nurses

<https://medicalinteractive.net/courses/50743> for Physicians

### Award Entry

No purchase is necessary to apply for the grant or to win. Hospital/facility applicants will enter by submitting this application. After the hospital/facility staff complete the educational activity, assess and analyze your current CAUTI rates to determine a baseline measurement.

Review your current policies, procedures, protocols and/or processes to identify opportunities for improvement to reduce the CAUTI rate and improve patient safety. Assess and analyze your CAUTI rates after implementation of changes. Report your changes and impact. To participate in the 2020 LAMMICO Patient Safety Award and Grant program, applicants are required to submit hard copy (print) or digital (electronic) examples of changes and improvements made to their current policy, procedure, protocol, and/or process and the amount of improvement that was realized in your CAUTI rates (rates may be for the entire hospital or a particular unit).

### Eligibility

The award is open to hospitals and facilities in Louisiana, Arkansas and Mississippi. Applicants are not required to be underwritten by LAMMICO to participate in the competition. Learn more about this year's program at [lammico.com/grant](http://lammico.com/grant).

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## Selection

To further enhance your efforts toward patient safety, LAMMICO sponsors this Award and Grant for the hospital or facility that demonstrates the best improvements (in policies, procedures, protocols and/or processes) related to a reduction in CAUTI as determined by a committee of LAMMICO Risk Management professionals. All judging decisions are final.

## Prizes

The hospitals or facilities that demonstrate the best improvements related to a reduction in CAUTI rates will be awarded:

- A **\$10,000** grant to the **winner** to be used for nursing professional development
  - One-year risk manager membership to the American Society for Health Care Risk Management (ASHRM)
  - One-year complimentary membership to Medical Interactive Community for all employees to access our risk management CME/CNE/MOC courses online
- A **\$5,000** grant to the **second place** participant to be used for nursing professional development
  - One-year risk manager membership to the American Society for Health Care Risk Management (ASHRM)
  - One-year complimentary membership to Medical Interactive Community for all employees to access our risk management CME/CNE/MOC courses online

## Winner Notification

Winners will be notified within 15 days after determination date. Employees of LAMMICO will communicate directly with winning facility representatives to coordinate prize distribution, announcements and celebration logistics.

## General Conditions

Contestants hereby grant LAMMICO a non-exclusive, perpetual, worldwide license to broadcast, publish, store, reproduce, distribute, syndicate, and otherwise use and exhibit the Submission (along with submitted names, motivational communication samples, voices, performance, images, and/or likenesses obtained as a result of this Submission) in all media for the purposes of trade or advertising without further compensation. The official rules are subject to modification by LAMMICO. In the event of a dispute, all decisions made by LAMMICO are binding and final.

## Contact Information

Please contact LAMMICO's Hospital Risk Management Specialist, Lynne Vega, BSN, RN, CNOR (E) at [lvega@lammico.com](mailto:lvega@lammico.com) or 504.841.2738 for additional inquiries and to submit your application.

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<b>Name of Organization</b>		
<b>Address of Organization</b>		
<b>Name of CEO</b>		
<b>Name &amp; phone of CNO</b>		<b>Phone:</b>
<b>Name of Medical Director</b>		
<b>Name of Risk Manager</b>		
<b># of Beds</b> _____	<b>Average Daily Census</b> _____	

1. Did staff complete the learning activity <i>CAUTI Prevention: Nurse Focus</i> ; <i>CAUTI Prevention: Physician Focus</i> . Yes or No (please circle). If yes, please provide the number of nurses and physicians who completed the activities.	RNs _____ LPNs _____ MDs _____
2. Describe policy, procedure, protocol and/or process changes implemented after viewing the educational activities. (Some strategies that have resulted in a decrease in CAUTI rates include, but are not limited to, developing a CAUTI Team that meets regularly, develop a catheter insertion checklist, have catheter removal stop orders or a nurse approved catheter removal protocol)	Please Circle Yes    No
3. Calculate CAUTI infection rates for 3-6 consecutive months prior to and post implementation of strategies/changes in policy, etc. and submit the percentage of improvement that was realized.	% CAUTI Rate Improvement
4. Submit this signed attestation statement.	

**I attest that the information provided above is correct and I have attached a copy of our implemented strategies, policy changes, etc.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Title** \_\_\_\_\_