

Frequently Asked Questions (FAQs)

Why was my Lantern Award application not successful?

The following themes have been noted in applications that were not successful:

- The application appeared to be written hurriedly and lacked clarity. **Proof-reading is a must.**
- The responses did not answer the question asked. Avoid responses that skirt around the requested information.
- The narratives did not take advantage of the allotted word count; narratives **must** describe and demonstrate process, improvements, and effects on outcomes.
- There was no evidence to demonstrate that staff were included in problem-solving; decisions were leadership-based only. **The Lantern Award encourages the engagement of nurses in problem-solving, research, and shared governance.**
- There were numerous changes in leadership in the last three years that may have negatively impacted performance metrics.
- A single project was used as an example throughout the application. Please note that successful applications demonstrate a **variety** of diverse initiatives throughout the application with quantifiable outcomes, sustained improvements, and innovative processes (stated on page 4 in the complete Lantern Award Coaching Guide).
- There was little to no data or outcomes provided. **Sufficient data and outcomes must be provided where requested.**
- The response to the Patient Safety Never Events question did not describe a current, recognized Serious Reportable Events, or "Never Events" listed at:
https://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx

Never Events consist of 29 events grouped into 7 categories:

- Surgical or procedural
 - Product or device
 - Patient protection
 - Care management
 - Environmental
 - Radiologic
 - Criminal
- The graphs and narratives did not match (i.e., narrative stated improved outcomes, but graph did not reflect this); or graphs were missing one or more of the six required labels (name of indicator/outcome, measurement period, sample size, target/goal, labels for X and Y axes).
 - There was evidence of substandard performance on nationally recognized metrics (e.g., throughput-patient flow, timely and effective care), or metrics were not tracked.