ADVANCING **HOSPITAL QUALITY** AND **PATIENT SAFETY**

EQIC FINAL REPORT | SEPTEMBER 2024

Executive Summary

The Eastern US Quality Improvement Collaborative was established in 2020 to deliver technical support for the Centers for Medicare and Medicaid Services' Hospital Quality Improvement Contract. HQIC's objective was to advance the quality and safety of healthcare provided by hospitals.

EQIC enrolled 161 hospitals from six states. Improvement work included providing education, tools, resources and direct project management support to achieve the CMS HQIC goals. EQIC engaged in the high-priority areas of medication management, hospital-acquired conditions and care transitions.

EQIC is proud of the participating hospitals, which met and surpassed all the CMS improvement goals.

EQIC provided each hospital with performance analytics, clinical programming, various tools and materials, and an assigned project manager for tailored one-on-one technical support. Educational programming consisted of training with subject matter experts, on-demand eLearning modules and focus area affinity groups during which participants shared best practice information, successes and challenges. EQIC wove the overarching themes of culture and leadership, health equity and patient and family engagement into all its work.

EQIC addressed the unique needs of Critical Access Hospitals through its CAHort. All 64 participating CAHs were invited to quarterly sessions to review CAHort-specific data and focus on improvement opportunities such as initiating or enhancing a patient and family advisory council or implementing a care partner program.

EQIC collected, analyzed and published data monthly on more than 70 measures in these focus areas:

- preventable readmissions;
- infections;
- pressure injuries;
- severe sepsis and septic shock;
- adverse drug events; and
- injuries from falls and immobility.

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In addition to providing initiative-specific training and education, EQIC hosted collaborative-wide conferences on patient safety, quality improvement and high reliability. EQIC hospitals participated in various CMS programs and conferences, including presenting posters and speaking at webinars and on monthly calls.

Throughout the contract, EQIC communicated with participating hospitals biweekly through *EQIC News*. Content included workgroup updates, event announcements, QI tools and resources, and other educational offerings.

Chief executive officers at participating hospitals received quarterly updates containing a hospital-specific performance dashboard across select measures, a summary of the focus areas teams worked on and highlights of EQIC-wide programming. Hospitals relied on the EQIC website, qualityimprovementcollaborative.org, as a hub for all educational materials.

After four years of intensive work, the hospitals continue to demonstrate resilience and commitment to patient safety. EQIC commends and thanks the hospitals for their hard work and commitment. EQIC is confident they will use the skills and knowledge gained to sustain their QI efforts.

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Background

The Eastern US Quality Improvement Collaborative, known as EQIC, was established in 2020 to deliver technical support for the Centers for Medicare and Medicaid Services' Hospital Quality Improvement Contract to advance the quality and safety of healthcare provided in hospitals.

EQIC is an initiative of the Healthcare Association of New York State in partnership with:

- Connecticut Hospital Association;
- New Hampshire Hospital Association/Foundation for Healthy Communities;
- North Carolina Healthcare Foundation;
- Vermont Association of Hospitals and Health Systems/Vermont Program for Quality in Health Care, Inc.; and
- West Virginia Hospital Association.

EQIC supported participating hospitals' quality improvement work by providing education, tools, resources and direct project management support to achieve the CMS HQIC goals. EQIC engaged in the high-priority areas of medication management, hospital-acquired conditions and care transitions.

HOSPITAL PARTICIPATION

EQIC enrolled 161 hospitals from the six participating states, with the following breakdown:

	CAH	Rural IPPS	Urban	Tribal	Total
Connecticut	0	2	8	0	10
North Carolina	7	8	4	1	20
New Hampshire	13	4	0	0	17
New York	18	23	34	0	75
Vermont	4	4	1	0	9
West Virginia	22	6	2	0	30
Total	64	48	49	1	161

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CMS GOALS

EQIC hospitals exceeded all CMS improvement goals. The table below details the percent improvement from the baseline period for each area evaluated in the CMS contract. In addition to these harm areas, EQIC pursued improvement work in falls, venous thromboembolism and surgical site infections.

Evaluation measure	CMS improvement goal	EQIC achievement
Opioid-related adverse drug event rate per 1,000 discharges (Medicare fee-for-service)	7%	31.74%
Percentage of patients with daily opioid dosage of > or = 90 MME at discharge (Medicare FFS)	12%	12.84%
All-cause patient harm • Agency for Healthcare Research and Quality Patient Safety Indicator 13: Post-operative sepsis rate per 1,000 elective surgical discharges (Medicare FFS) • AHRQ PSI 3: Stage III or IV pressure injuries per 1,000 discharges (Medicare FFS) • Central line-associated bloodstream infection rate per 1,000 central line days • Mortality rate per 100 sepsis discharges (Medicare FFS) • *C. difficile* rate per 10,000 patient days • Catheter-associated urinary tract infection rate per 1,000 catheter days • Methicillin-resistant *Staphylococcus aureus* rate per 10,000 patient days	9%	13.87%
Anticoagulant-related ADE rate per 1,000 discharges (Medicare FFS) Hypoglycemic ADE rate per 1,000 discharges (Medicare FFS)	13%	21.18%
30-day all-cause readmission rate (Medicare FFS)	5%	12.39%

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EQIC data

EQIC DATA APPROACH

EQIC helped drive improvement by strategically reviewing, analyzing and interpreting data to plan for hospitals' needs. This work happened at both the EQIC collaborative and hospital-specific levels to predict and mitigate concerns.

EQIC collected data from sources including:

- administrative, all-payer claims;
- data portal submissions;
- laboratory and pharmacy electronic medical record data;
- Medicare fee-for-service;
- National Healthcare Safety Network; and
- National Database of Nursing Quality Indicators.

DATA PORTAL

The EQIC data portal provided a platform to securely share hospital-specific data with identified facility staff and included charts, analytics, comparative and benchmarked data and hospital-specific reports. Data were refreshed monthly and served as the crux of all quality improvement programming. EQIC analyzed and published more than 70 measures monthly.

Sample hospital data on portal's performance analytics tab

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EQIC's approach to quality improvement

EQIC provided each hospital with performance analytics, clinical programming and various tools and materials. Importantly, each hospital was assigned a project manager for tailored one-on-one technical support, helping hospitals stay engaged and enthusiastic about the work.

Collaborative-wide education was provided via:

- interactive and participation-based webinars with subject matter experts for harm areas;
- on-demand eLearning modules;
- a library of quality improvement tools and resources;
- networking among hospitals;
- CMS community of practice calls and other learning opportunities; and
- affinity groups for each focus area, where participants shared best practice information, successes and challenges.

This icon represents an amalgamation of the best practices that hospitals discussed, trialed and implemented through the EQIC affinity groups and webinars, among subject matter experts and their peers.

This icon represents the number of hospitals that did not have any events in the specific measure throughout the entire EQIC contract.

AFFINITY WORKGROUPS

EQIC created affinity workgroups to enhance its educational programming to advance hospitals' quality improvement work from "paper to the bedside." The primary goal of the affinity workgroups was to network and motivate hospitals to act and implement tools, resources and workflows to improve performance outcomes.

Every month, EQIC hosted meetings for each harm area facilitated by EQIC project manager subject matter experts. Each workgroup had an activities/program schedule that explored opportunities for improvement, including:

- data analysis;
- peer-to-peer learning and networking;

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- showcasing hospital success;
- quality projects that hospitals have trialed;
- health equity and patient and family engagement opportunities; and
- feedback and suggestions from subject matter experts.

CAHORT

To address the unique challenges CAHs face due to limited resources and the patient populations served, EQIC formed the CAHort. All 64 CAHs were invited to participate in the CAHort, which met quarterly. Through these sessions, EQIC staff reviewed CAHort-specific data and focused on improvement opportunities such as initiating or enhancing a patient and family advisory council or implementing a care partner program.

CULTURE AND LEADERSHIP

A culture that promotes patient safety and high reliability is foundational to quality excellence. EQIC collaborated with hospitals to develop an infrastructure focused on teamwork and communication skills training, effective patient and family engagement, and administrative and clinical leadership support. By implementing cross-cutting practices at the unit level, hospitals could reduce a broad range of hospital-acquired conditions and promote safety across the board.

The centerpiece of EQIC's quality improvement strategy was the unit-based safety approach that engages frontline staff in QI efforts, garners leadership support and develops a culture of safety. This approach is detailed in the Unit-based patient safety and quality improvement toolkit and its seven accompanying performance improvement tools. To supplement this work, EQIC provided its Quality improvement primer and Leading a quality improvement project documents.

Culture of safety survey

EQIC administered the Agency for Healthcare Research and Quality Hospital Surveys on Patient Safety Culture® in 2021, 2022 and 2023 for all interested hospitals. This survey satisfied hospitals' biannual accreditation requirements and, through hospital-, unit- and department-level survey reports, provided leadership with insight into staff perception and experience. EQIC also provided report debriefing and action planning tools.

Training

- Culture of Safety Survey overview
- Culture of Safety Survey reports, debrief and action planning

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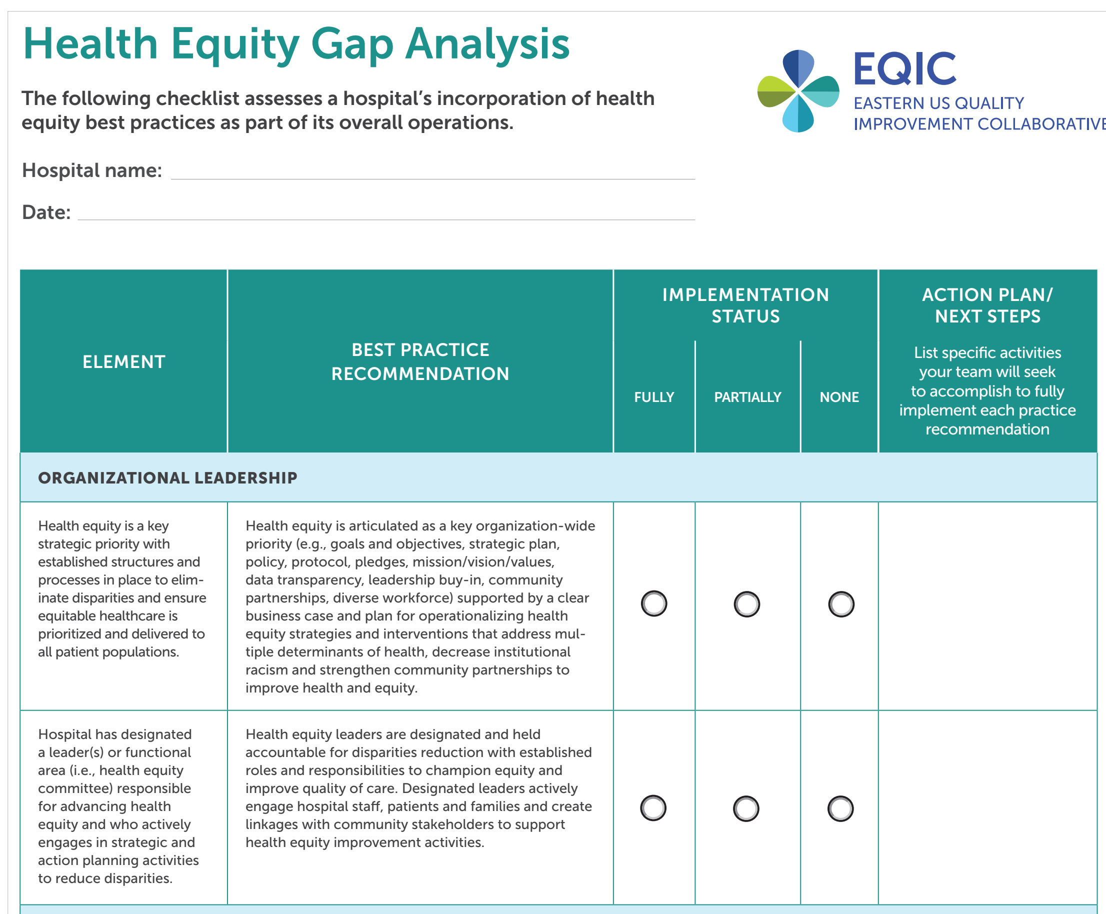
HEALTH EQUITY

EQIC's work supported hospitals and health systems to advance HE by:

- developing a methodology for improving the collection of standardized race, ethnicity, preferred language and other patient demographics data;
- stratifying race, ethnicity and language data to better inform patient-centered care and targeted QI interventions to eliminate health disparities; and
- applying cross-cutting, equity-focused strategies at the unit level to reduce harm and promote safety across the board.

Notably, EQIC developed a health equity gap analysis tool for hospitals to evaluate their current status and facilitate the identification of process improvement opportunities to advance and achieve HE. It included best practice recommendations to guide team action planning and specific strategies and approaches. This EQIC tool was recognized by The Joint Commission and was presented at the 2024 CMS Quality Conference.



Health Equity Gap Analysis

EQIC
EASTERN US QUALITY IMPROVEMENT COLLABORATIVE

The following checklist assesses a hospital's incorporation of health equity best practices as part of its overall operations.

Hospital name: ______________________

Date: ______________________

ELEMENT	BEST PRACTICE RECOMMENDATION	IMPLEMENTATION STATUS			ACTION PLAN/ NEXT STEPS
		FULLY	PARTIALLY	NONE	List specific activities your team will seek to accomplish to fully implement each practice recommendation
ORGANIZATIONAL LEADERSHIP					
Health equity is a key strategic priority with established structures and processes in place to eliminate disparities and ensure equitable healthcare is prioritized and delivered to all patient populations.	Health equity is articulated as a key organization-wide priority (e.g., goals and objectives, strategic plan, policy, protocol, pledges, mission/vision/values, data transparency, leadership buy-in, community partnerships, diverse workforce) supported by a clear business case and plan for operationalizing health equity strategies and interventions that address multiple determinants of health, decrease institutional racism and strengthen community partnerships to improve health and equity.	○	○	○	
Hospital has designated a leader(s) or functional area (i.e., health equity committee) responsible for advancing health equity and who actively engages in strategic and action planning activities to reduce disparities.	Health equity leaders are designated and held accountable for disparities reduction with established roles and responsibilities to champion equity and improve quality of care. Designated leaders actively engage hospital staff, patients and families and create linkages with community stakeholders to support health equity improvement activities.	○	○	○	

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HE training

EQIC provided training on the HE reports and HE's relationship to other clinical areas, focusing on:

- the impact of health disparities and social determinants of health on readmission;
- paving the road to eliminating disparities and achieving HE; and
- the path forward: improving HE through data collection, stratification and use.

HE interventions:

- **identify health equity as an organizational priority and strategy;**
- **collect and stratify self-reported patient demographic data (e.g., REaL, SDOH, SOGI);**
- **create equity reports or a "disparities dashboard" to monitor key quality metrics;**
- **tailor equity-focused interventions to reduce all-cause harm; and**
- **team up with community-based partners to eliminate disparities.**

HE reports

HE reports provided information on the communities each hospital serves and areas where improvements could be made. Specifically:

- race, ethnicity, sex and age group reporting;
- language and limited English proficiency from within the census catchment area; and
- comparisons of race and ethnicity data from the hospital-submitted claims data with census data from the geographical area where the patients live.

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PATIENT AND FAMILY ENGAGEMENT

Research shows that patient engagement in healthcare can lead to measurable improvements in safety and quality. EQIC's programming covered CMS' five PFE best practices for patient and family engagement.

Implementing a patient and family advisory council was a critical piece of PFE. Education included a webinar series on PFAC implementation, a patient and family advisor orientation program and team action planning worksheets to facilitate the process.

PFE training

- The CMS PFE best practice series covered:
    - the importance of implementing a preadmission planning checklist for patients with a scheduled admission and a discharge planning checklist for all patients; and
    - methods for effective bedside reports and shift-change huddles and the barriers they present.
- EQIC provided a two-part, interactive PFAC implementation series with Mary Minniti from the Institute for Patient- and Family-Centered Care, who shared evidence-based best practices and materials for a more integrated approach with patients and families.

PFE interventions:

- **implement and maintain PFACs;**
- **institute an EQIC Care Partner Program;**
- **collaborate with community-based organizations;**
- **apply PFE techniques to reduce infections;**
- **develop pre-admission and discharge planning checklists;**
- **involve patients and families in handoffs; and**
- **engage hospital executives in PFE activities.**

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EQIC focus areas

PREVENTABLE READMISSIONS

EQIC's interventions helped hospitals address the complex nature of readmissions by determining risk factors, identifying at-risk patients and providing tools to prevent avoidable readmissions. EQIC offered several improvement approaches.

Care partner program

The care partner delivery model can decrease readmissions and improve patient satisfaction. The care partner becomes an active part of the healthcare team, participates in the development of the patient's care plan and acts as a navigator for managing the post-hospital care plan.

EQIC's care partner program includes evidence-based practices to facilitate patient-centered care throughout hospitalization and discharge. EQIC developed a syllabus, framework, implementation guide, checklist and materials.

Care Partner program training

Education centered on program implementation using EQIC's four-step framework:

- commit to becoming a care partner hospital;
- identify patients' care partner;
- include care partners as part of the healthcare team; and
- prepare the patient and the care partner for the transition of care while managing and addressing transitional care needs across the continuum of care.

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Care Partner tools:

- Syllabus
- Framework
- Implementation guide
- High-risk factors for readmission patient tracking tool

Hospitals that successfully implemented the required elements of the framework were recognized with EQIC's Care Partner Hospital designation:

- Bon Secours Community Hospital (NY)
- Carteret Health (NC)
- Erlanger Western Carolina Hospital (NC)
- Good Samaritan University Hospital (NY)
- Maimonides Medical Center (NY)
- Northwestern Medical Center (VT)

Multiple-admission Patient program

Hospitals used EQIC's MAP program to identify patients frequently admitted to the hospital (four or more admissions within a 12-month period), provide patient-specific interventions to address contributing factors and engage community-based organizations to reduce preventable readmissions. As part of this program, EQIC developed hospital-specific reports to facilitate identifying MAPs by including the top ten diagnosis-related groups for admissions.

MAP program training

- Design the program and identify MAPs;
- Assess patients at risk for multiple admissions and readmissions;
- The impact of health disparities and social determinants of health on readmission;
- Interventions for the MAP program;
- The role of the emergency department – 15 years of ED case management; and
- Using community collaborative care planning to support interventions for high-risk multiple-admission patients.

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MAP program tools:

- Implementation guide
- Transitional care community resource list
- Patient and care partner interview tool
- Circle back interview tool

Partnering with skilled nursing facilities

EQIC provided a model for hospital and SNF teams to work together to reduce readmissions. The model includes best practices such as implementing workflows and tools to strengthen communication between facilities.

SNF program training

- Reducing hospital readmissions by partnering with skilled nursing facilities.

SNF program tools:

- Implementation guide
- Data abstraction tool
- SNF partner contact list

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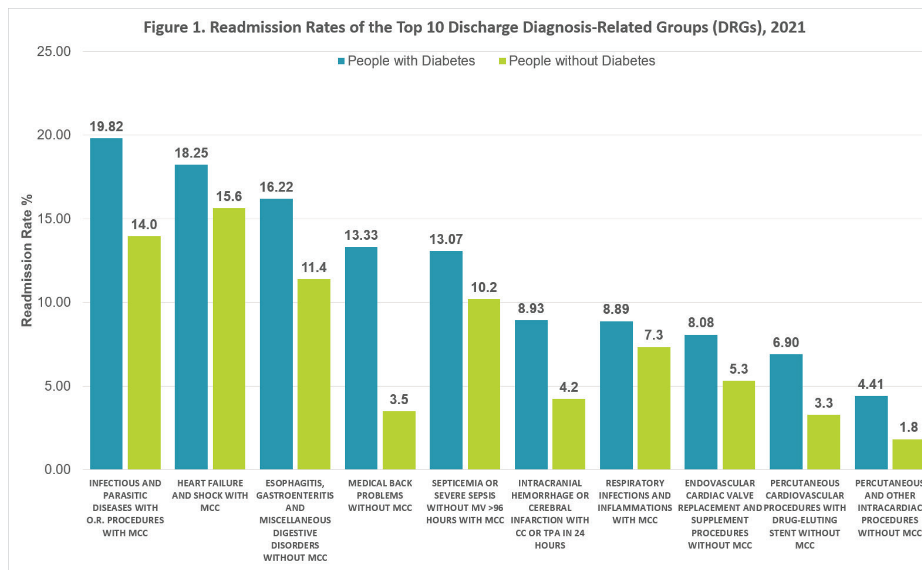
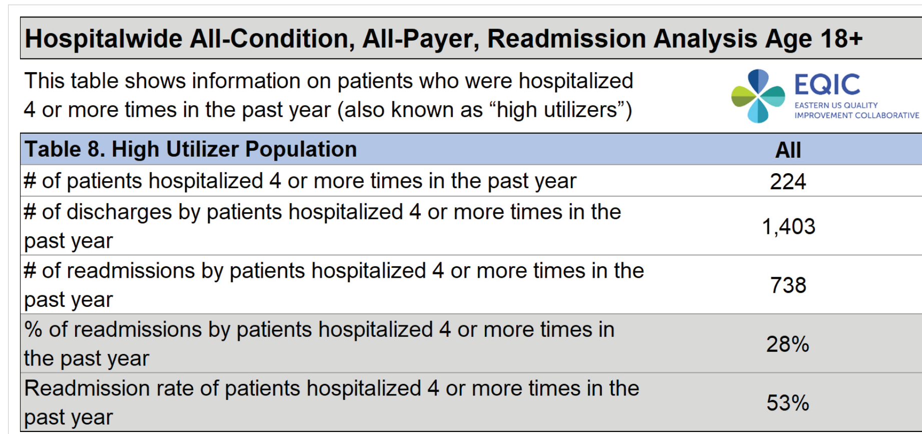
Special reports: Readmissions and diabetes

EQIC provided hospital-specific diabetes readmission reports, which identified hospitals' top ten readmission diagnoses and stratified the patient population by patients with and without diabetes. In addition to this special report, EQIC reported readmissions stratified by sepsis and dual-eligibility admissions monthly.

EQIC also produced reports of high-utilizer patients, including top readmission Diagnosis-Related Groups, behavioral health comorbidities and discharge disposition.

Samples of diabetes and readmission special reports.





Hospitalwide All-Condition, All-Payer, Readmission Analysis Age 18+

This table shows information on patients who were hospitalized 4 or more times in the past year (also known as "high utilizers")

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Table 8. High Utilizer Population	All
# of patients hospitalized 4 or more times in the past year	224
# of discharges by patients hospitalized 4 or more times in the past year	1,403
# of readmissions by patients hospitalized 4 or more times in the past year	738
% of readmissions by patients hospitalized 4 or more times in the past year	28%
Readmission rate of patients hospitalized 4 or more times in the past year	53%

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INFECTIONS

EQIC's infection prevention strategy focused on reducing catheter-associated urinary tract infections, central line-associated bloodstream infections, *clostridioides difficile*, Methicillin-resistant *Staphylococcus aureus* and surgical site infections.

Zero harm heroes!

Number of hospitals with zero events throughout the contract

41	CAUTI rate per 1,000 catheter days
68	CLABSI rate per 1,000 central line days
26	*C. difficile* rate per 10,000 patient days
66	MRSA rate per 10,000 patient days
47	Abdominal hysterectomy: SSI rate per 100 procedures
26	Colon surgery: SSI rate per 100 procedures
19	Hip prosthesis: SSI rate per 100 procedures

CAUTI

EQIC worked with hospitals to implement best practices for reducing CAUTIs including discontinuing unnecessary indwelling urinary catheters and decreasing utilization. The CAUTI surveillance tool allowed hospitals to track these best practices.

CLABSI

Vascular access is among the most common invasive procedures performed in healthcare. A standardized approach to insertion, care, maintenance and removal of vascular access devices improves patient care quality. EQIC tools encourage daily assessment of medical necessity.

Notably, the COVID-19 pandemic led to an increase in CLABSI, and EQIC held a webinar to address a recovery strategy for CLABSI rates.

C. difficile

EQIC's *C. diff* surveillance tool enabled hospitals to track best practice applications for prevention and treatment. EQIC also tracked prescription orders for high-risk antibiotics.

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MRSA

EQIC work focused on MRSA rates in the overall and surgical population. Throughout the contract, MRSA rates remained low, with no need for intervention.

Surgical site infections

EQIC worked with hospitals to implement processes to reduce SSIs in colon, hysterectomy and hip prosthesis procedures. Teams used EQIC's SSI surveillance tool to track the application of best practices for infection prevention before, during and after surgery.

CDC TAP programs

EQIC used data to identify 15 hospitals that would benefit from participation in the CDC's Targeted Assessment for Prevention programs.

Teams worked with their project managers and the CDC to assess unit-based data and TAP reports and make informed decisions about which units to include in the initiative. The CDC then reviewed how to interpret assessment results and shared and explained tools to support actionable next steps.

Infections interventions:

- incorporate optimal catheter use in the ED;
- implement bundle elements and blood culture contamination prevention;
- assess line needs daily;
- adopt SSI bundle elements and pre-operative antibiotic timing;
- focus on diagnostic stewardship-testing algorithm for *c. diff.*, including when to test and two-stage testing (using a PCR if positive toxin confirmed);
- engage patients and families to prevent infection;
- hardwire hand hygiene best practices;
- establish brief, weekly huddles to track intervention success and close the loop with OR staff;
- update interventions and operations, including OR traffic flow, SSI audits, surgical prep review, use of standardized agents and CHG wipes, and data review; and
- provide non-punitive feedback to staff members about the receipt of contaminated blood cultures.

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PRESSURE INJURIES

EQIC assisted hospitals in implementing and hardwiring best practices to address pressure injuries. This included identifying at-risk patients and protocols for intervention, treatment and standardized staging. Hospitals used EQIC's PI surveillance and RCIP assessment tools to determine the use of best practices and identify improvement areas.

Zero harm heroes!

Number of hospitals with zero events throughout the contract

35 Prevalence rate of facility-acquired pressure injuries of stage II or greater per 100 patients

PI training

PI training covered:

- preventing PI from standardization to sustainability; and
- reducing PI using a learning health system approach.

PI interventions:

- adhere to turning positioning regimes;
- leverage technology (e.g., the LEAF program);
- start prevention in the ED;
- implement Braden Scale interventions;
- accurately identify PI or skin failure;
- include care partners in prevention strategies; and
- implement unit-level skin champion programs, which provided an expert resource for staff.

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SEVERE SEPSIS AND SEPTIC SHOCK

EQIC provided educational resources on protocol adherence for frontline staff to improve outcomes related to severe sepsis and septic shock, including early recognition of risk factors and knowledge of signs and symptoms. EQIC's sepsis surveillance and RCIP assessment tools allowed hospitals to determine best practices and identify improvement areas.

Zero harm heroes!

Number of hospitals with zero events throughout the contract

58	Mortality rate per 100 sepsis discharges (Medicare FFS)

Sepsis training

A highlight of the sepsis education was an affinity workgroup presentation from Jefferson Health on understanding and optimizing sepsis care through informatics.

Sepsis interventions:

- provide education and training in early sepsis recognition and treatment (i.e., staff, patients, care partners);
- implement sepsis care bundles and track compliance (i.e., Hour-1);
- develop standardized sepsis screening processes, protocols and order sets;
- leverage technology to optimize sepsis care processes;
- integrate evidence-based guidelines into clinical practice and measure performance;
- provide daily just-in-time feedback of measure compliance, or the lack thereof, to providers; and
- include pharmacy on the sepsis team to expedite antibiotics upon sepsis recognition.

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ADVERSE DRUG EVENTS

EQIC designed this initiative for hospitals to implement standardized best practices for managing three high-alert medications: anticoagulants, insulin and opioids. This included providing education on medication safety, safe prescribing practices and administration, and enhancing pharmacists' involvement in patient safety.

Zero harm heroes!

Number of hospitals with zero events throughout the contract

51	Opioid-related ADE rate per 1,000 discharges (Medicare FFS)
107	Hyperglycemic ADE rate per 1,000 discharges (Medicare FFS)
107	Hypoglycemic ADE rate per 1,000 discharges (Medicare FFS)
63	Anticoagulant-related ADE rate per 1,000 discharges (Medicare FFS)
78	AHRQ PSI 12: perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges (Medicare FFS)
45	VTE rate per 1,000 discharges (Medicare FFS)

Opioids

EQIC's approach to reducing opioid-related ADEs included preventing unnecessary opioid prescribing and identifying patients at high risk for complications. Hospitals used EQIC's opioid surveillance tool, ADE gap analysis and EQIC Opioid Best Practice summary to gather current data on applying best practices and determining improvement areas.

Opioid ROADE work sprint

EQIC's programming in this area centered around Reducing Opioid Adverse Drug Events, known as ROADE work, based on the Society of Hospital Medicine's RADEO toolkit. EQIC's program covered:

- opioid prescribing guidelines and best practices;
- opioid ADEs, pain management and opioid alternatives;
- targeted improvement areas: ED, OR and transitions of care; and
- stigma's impact on opioid treatment.

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Opioid interventions:

- avoid co-prescribing opioids and benzodiazepines and/or prescribing more than one opioid at a time;
- avoid the exclusive use of opioids for pain management;
- leverage technology and clinical decision support where possible;
- always start with the lowest effective dose and reassess regularly;
- have a patient-specific plan for tapering; and
- consistently monitor for the effects of opioids.

Glycemic management

EQIC's approach to glycemic management is based on the American Diabetes Association's inpatient glycemic standards of care and advocates using basal-bolus therapy. Tools provided include the EQIC glycemic management surveillance tool, RCIP assessment and bedside best practices.

Glycemic management training

EQIC's glycemic management sprint reviewed best practices for achieving glycemic targets, nutrition considerations, glucose modifications pre- and post-surgery, medication administration and discharge planning. Webinars included:

- Inpatient Glycemic Management 101: Kickoff and introduction to basal-bolus therapy;
- Inpatient Glycemic Management 201: Optimizing glucose management in hospitalized patients;
- Medication management and discharge planning; and
- Perioperative glycemic management.

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Glycemic management interventions:

- **use basal-bolus insulin therapy;**
- **avoid using IV maintenance line for IV insulin administration;**
- **calculate the carbohydrate ratios for diabetic patients and work with clinical nutrition to ensure counts are appropriate;**
- **time insulin around meals; and**
- **educate inpatients on glycemic self-management.**

Anticoagulation and venous thromboembolism

EQIC's anticoagulation and VTE programming focused on prevention and prophylaxis. EQIC developed surveillance tools for VTE and anticoagulation and provided an RCIP assessment tool that allows hospitals to identify improvement opportunities in VTE prevention.

VTE prevention training

EQIC shared its three-part educational series on prescribing anticoagulation medications and preventing and treating VTE. These brief, 30-minute "quickinars" provided an efficient understanding of VTE and anticoagulation quality improvement practices and shared a framework to support:

- implementation of standardized VTE risk assessment for specific populations;
- prescription of optimal, risk-appropriate VTE prophylaxis; and
- administration of risk-appropriate VTE prophylaxis as prescribed.

VTE interventions:

- **standardize order sets;**
- **implement pharmacist-driven protocols;**
- **educate patients about the importance of prophylaxis compliance; and**
- **provide education to nurses and providers to ensure knowledge of VTE best practice prevention methods.**

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INJURIES FROM FALLS AND IMMOBILITY

EQIC worked with hospitals to implement evidence-based strategies to prevent and reduce the incidence of inpatient falls and associated injuries. Programming focused on identifying patients at high risk for falls and injury, conducting fall-risk assessments, ensuring that at-risk patients have a specific plan for fall prevention and completing post-fall huddles. EQIC's fall reduction work also included progressive mobility.

Hospitals used EQIC's fall surveillance tool and the RCIP fall prevention assessment to gather current data on best practices and determine improvement areas.

Zero harm heroes!

Number of hospitals with zero events throughout the contract

90	Falls with moderate or greater injury rate per 1,000 discharges (Medicare FFS)
48	Falls HAC rate per 1,000 discharges

Falls training

Webinar topics included:

- Promoting mobility to avoid hospital-acquired harms during challenging times; and
- Reexamining fall prevention practices during the pandemic.

Falls interventions:

- use toileting schedules;
- implement a Ready, Steady, Balance program;
- use sitters (local nursing schools, staff, etc.);
- install "No Pass Zones"/LAMP program (Look At Me, Please);
- hold interdisciplinary huddles;
- apply patient and family engagement prevention strategies (tiles on the ceiling, patient contracts);
- create patient-specific fall care plans (ABCs);
- conduct environmental factor assessments;
- implement post-fall huddle workflows; and
- use low beds and floor mats.

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Success stories

EQIC hospitals had many quality improvement successes over the course of the contract that were shared in affinity workgroup presentations and with CMS. To celebrate those achievements, teams were asked to submit stories of QI, patient safety or care transition initiatives with measurable success. EQIC was pleased to share the submissions from these 16 hospitals in the areas of falls, health equity, infections, opioids, patient and family engagement, pressure injuries, readmissions and sepsis via *EQIC News* and this compilation.

Participation in CMS programming

- EQIC hospitals attended monthly Community of Practice Calls, sharing the following presentations:
  - Readmission reduction: Transforming into a Care Partner Hospital
  - Readmissions: Multiple-admission patients
  - Successful strategies for CLABSI prevention
  - Building reliable sepsis mortality prevention practices: How does your organization measure up?
  - Pressure injury prevention: Zero harm
  - From HRO to resiliency engineering: The future of patient safety
- EQIC hospitals participated in and presented at the CMS-led HQIC initiative-focused event series and at the High-Reliability educational sessions.
- For CMS Quality Conferences, EQIC hospitals submitted session and poster presentations.
- EQIC hospitals participated in HQIC collaborative workgroups.

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Conferences

In addition to the initiative-specific training and education outlined above, EQIC hosted collaborative-wide conferences covering patient safety, quality improvement and high reliability.

PATIENT SAFETY: NAVIGATING THE NEW NORMAL | Feb. 7-8, 2023

EQIC's first virtual conference focused on clinical best practices for all-cause harm. The event featured nationally recognized subject matter experts. Sessions explored clinical approaches for fall and fall injury prevention, pressure injuries, sepsis care and infection prevention. The presenters also examined the culture of quality and safety, and leadership's role in creating and maintaining that culture. Additionally, hospitals shared 14 poster presentations demonstrating success, innovation and improvement in healthcare delivery.

ADVANCING HEALTHCARE EXCELLENCE: THE POWER OF HIGH RELIABILITY AND JUST CULTURE TO IMPROVE PATIENT SAFETY | Oct. 12, 2023

EQIC recognized the potential to improve patient safety by creating systems that prevent errors and encourage early identification and harm reporting. This event featured speakers who discussed how to accomplish this by becoming highly reliable organizations and implementing just culture principles.

The conference also focused on challenging conventional thinking around patient safety and encouraged attendees to expand their approaches to harm prevention.

MAINTAINING AND SUSTAINING A HIGHLY RELIABLE QUALITY IMPROVEMENT STRATEGY | 2024 webinar series

EQIC's three-part webinar series was designed to reorient and refresh quality teams on the fundamentals of a strong quality improvement strategy. The goal was to build knowledge to strengthen the skills and confidence of hospital staff to sustain ongoing patient safety work.

To wrap up the contract and prepare hospitals for sustainability going forward, the series reinforced unit-based safety and high reliability; explored structure, process and outcome opportunities for improvement; and used QI tools, including the Plan-Do-Study-Act cycle, for continuous improvement.

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EQIC communications

EQIC WEBSITE

EQIC's public-facing website, qualityimprovementcollaborative.org, served as a repository for all educational materials.

The focus area pages feature a tools and resources library, including assessments, toolkits and guidelines, strategies for improvement and webinar recordings.

EQIC
EASTERN US QUALITY
IMPROVEMENT COLLABORATIVE

Home | Who We Are | Focus Areas | Events | News and Updates | Data Portal | Contact Us

Pressure injuries
Training
Data
Process improvement
Back to focus areas

Pressure injuries

EQIC helps hospitals implement and hardwire protocols to address the prevention and treatment of pressure injuries, reducing PIs and further degradation. Our goal is to help hospitals improve the entire continuum of care, from the identification of patients at risk for PI to advanced early identification techniques, by implementing appropriate protocols for intervention, treatment and standardized staging.

QUARTERLY CEO MAILINGS

EQIC sent quarterly CEO communications to engage hospital leadership and boards of directors in quality improvement work. Hospital CEOs received emails containing a hospital-specific performance dashboard across select EQIC measures, a summary of the focus areas teams worked on and highlights of EQIC-wide programming. This high-level update provided leadership with a snapshot of the progress in QI work as a part of the EQIC program.

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BIWEEKLY NEWSLETTER

Throughout the contract, EQIC sent a biweekly newsletter containing the latest quality improvement and program updates in the following areas:

- Events
- Announcements
- Tools and resources
- Education
- Workgroup updates

NEWS
April 25, 2024

In this issue

Workgroup updates
EQIC events
Tools and resources
Education
Success stories

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Conclusion

After four years of intensive work, EQIC is proud of the improvement the 161 participating hospitals have achieved. They have demonstrated resilience and commitment to patient safety in the face of a pandemic. We commend them all for their outstanding work. The next step is sustainability!

ACKNOWLEDGEMENTS

The EQIC leadership team would like to acknowledge the hard work of everyone involved:

- The participating hospitals
- EQIC project managers and staff from our state partners:
  - Connecticut Hospital Association
  - New Hampshire Hospital Association/Foundation for Healthy Communities
  - North Carolina Healthcare Foundation
  - Vermont Association of Hospitals and Health Systems/Vermont Program for Quality in Health Care, Inc.
  - West Virginia Hospital Association
- HANYS operational staff, including:
  - Executive leadership
  - Communications and Marketing
  - DataGen®, Inc.
  - Corporate Finance
  - Healthcare Educational and Research Fund, Inc.
  - Information Services
  - Legal
- Centers for Medicare & Medicaid Services
- EQIC's CMS Contract Officer Representative, Latrail Gatlin
- HQIC colleagues
- Collaborating subject matter experts

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