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NEWS
June 20, 2024

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Workgroup updates

Thank you for your continued participation in EQIC's affinity [workgroup meetings](#). Upcoming meeting dates are listed below. All meetings are 1 to 2 p.m.

Focus area	Next meeting
Infections	Tuesday, July 9
Health equity	Tuesday, July 16
Patient and family engagement	Thursday, July 25
Pressure injuries	Wednesday, July 31
Falls	Thursday, Aug. 22
Readmissions	Tuesday, Aug. 27
Sepsis	Tuesday, Sept. 3

EQIC events

Join EQIC's QI webinar series finale next week

EQIC looks forward to you joining us as we wrap up our quality improvement webinar series next week! The [June 26 session](#) will discuss using available data to take action and sustain progress with QI tools and interventions.

We designed the *Sustaining a Highly Reliable Quality Improvement Strategy* series to orient and refresh quality teams on the fundamentals of a strong QI strategy and strengthen hospital staff's skills and confidence to sustain ongoing patient safety work.

The [March 26 session](#) focused on unit-based safety and high reliability, and the [May 29 event](#) covered identifying QI opportunities using data analytics and gap analysis.

EQIC encourages hospital team members at all levels to participate.

Tools and resources

CMS Quality Co-Op website

EQIC encourages you to visit the [CMS Quality Co-Op](#). In addition to materials shared by EQIC, it contains tools, resources and events provided by other HQICs and quality improvement contractors across the country. If you do not already have a free Quality Co-Op account, please register with your email address for access.

Education

Thursday, July 11

[From HRO to resiliency engineering: The future of patient safety](#)

1 - 2 p.m.

Frequent EQIC guest speaker Oren Guttman, MD, MBA, Jefferson Health, will be featured at the July CMS Community of Practice call on high-reliability organizing. This presentation will explain how to use meaningful and practical applications of HRO tactics to positively impact patient safety, staff satisfaction and clinical and operational outcomes.

After this session, you will understand the significance of resiliency engineering, the value of using frontline staff in QI work and how incorporating high-reliability principles into patient care at the bedside leads to a safer environment.

Pressure injury prevention: Zero harm

Community Memorial Hospital

Submitted by Tamara Young, BSN, RN, CWOCN, WOC, Nurse Educator

Background

Community Memorial Hospital developed and implemented a pressure injury prevention program based on best-practice research and innovative advances in prevention techniques. The PIP quality improvement program used a multidisciplinary approach including early risk identification and comprehensive data collection methods to guide prevention and treatment decisions.

A gap analysis conducted by the wound ostomy continence nurse (a new position at CMH) in the spring of 2023 identified three main areas where processes or supplies were lacking:

- **People:** No skin and wound care committee, interdisciplinary approach or PIP awareness and education.
- **Products:** No pressure redistribution devices, evidence-based practices or standardized care and formulary.
- **Process:** Outdated PIP policy, need for electronic medical record updates and new data collection methods.

Approach and collaboration

Adding the WOC nurse was the impetus for this change, but it required a culture shift to get everyone on board with the new PIP program. As the project lead, the WOC nurse fostered that culture change by being visible on the unit, providing support to frontline staff, acting as a resource and seeing 100% of patients at risk of or currently having PI.

This approach fostered buy-in from nursing staff and facilitated the program's rollout as staff were eager to seek guidance and learn more about PI prevention and treatment.

The creation of a Skin and Wound Care Committee provided an interdisciplinary approach to program development, bringing together the various levels of expertise necessary to address the multifaceted nature of PIP.

The committee instituted various educational approaches to ensure staff understood the "why" behind prevention. These included real-time bedside education, five-minute unit huddles, product in-services, clinical orientation and annual education.

The PIP program focused on six basic components: skin inspection, risk assessment, pressure redistribution and offloading, maintaining skin health, nutrition and hydration, and patient and family education. To address these components, the team emphasized awareness and accountability for PIs and implemented device selection algorithms, standardized formularies, Braden Scale interventions and prophylactic dressings.

Comprehensive skin and Braden Scale assessments are now completed within 12 hours of admission, twice daily on shift changes and any time a patient transfers between units or if their condition changes.

CMH invested in Skin Health Solutions and Lippincott Solutions to support training and education needs, standardize care and stay up to date with evidence-based practice. The electronic medical record was updated to make the Braden assessment mandatory and make supportive interventions and patient education on PIP available. These practices ensure consistent documentation that accurately reflects the care provided.

As any QI program requires ongoing evaluation, EQIC performed a rapid-cycle improvement program assessment and identified areas for improvement. For any hospital-

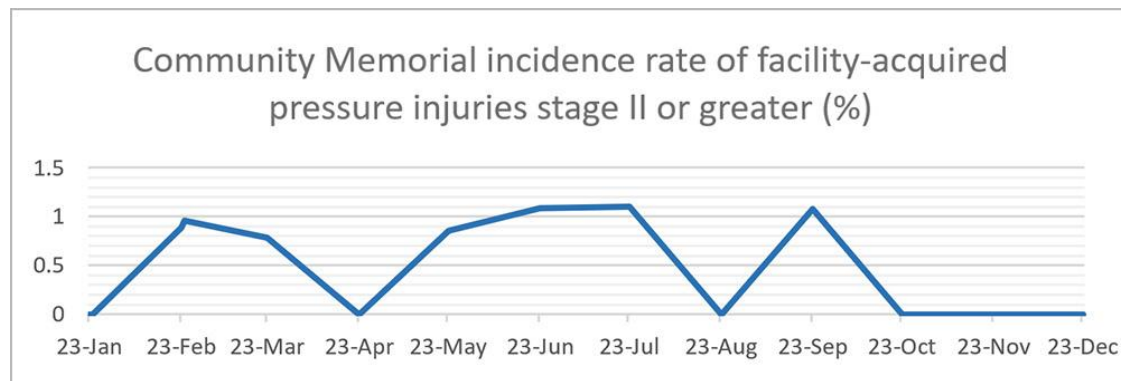
acquired PI, the WOC nurse conducts a root cause analysis, starting with a post-PI bedside huddle with real-time education then a daily PI incident review at each shift for one week and a review of the incident at the morning leadership safety meeting.

Results and impact

CMH significantly reduced the incidence of PI by fostering a culture that values prevention, educates staff and patients, encourages collaboration and uses data to drive improvement. The PI prevalence rate has been maintained at zero and the incidence rate has declined by 50%. Notably, the hospital did *not* have a PI from Sept. 9, 2023, to Feb. 2, 2024.

As of 2024, wound ostomy is an official department at CMH participating in the hospital's performance improvement program.

The organization maintains the PIP program by reevaluating the process, staying up to date with best practices and conducting ongoing staff training and data collection and analysis. The WOC nurse collects and presents quality data to improve care quality and patient outcomes. The Skin and Wound Care Committee meets regularly to review PI prevalence and incidence rates, identify trends and barriers to care, review products and identify education needs.



IV therapy infection reduction project

UVM Health Network CVPH Medical Center

Submitted by Jonathan J. Versept, RN, IV Therapist

Background

In 2022, Champlain Valley Physicians Hospital had seven central line-associated bloodstream infections and identified the need to eliminate or dramatically reduce CLABSIs for patient safety. CVPH's team began meeting in September 2022 to develop a quality improvement plan for reducing CLABSIs.

The team pursued the initiative in conjunction with the IV therapy department and included several improvement strategies across different hospital units. The timeline for research, implementation and change was calendar year 2023 with a goal of zero CLABSIs.

Approach and collaboration

CVPH developed a plan in January 2023 and implemented strategies in March 2023. Working with EQIC and the CDC, the team began gathering information. From the results of a gap analysis, CVPH determined the need to build leadership support, compliance audits, policies and procedures, and staff knowledge/education.

Leadership support: With leadership support, the hospital invested in staffing for IV therapy. Having a fully staffed IV therapy department is critical to patient care.

Compliance audits: Best practice initiatives instituted by the team included:

- daily central line monitoring, dressing monitoring and IV tubing system monitoring, with a goal of 100% compliance;
- instead of adding any reinforcement to the existing dressings, sterile dressing changes were completed to ensure adhesion; and
- during daily IV therapy rounds, the IV tubing system was examined. This included

any IV tubing lines and ports attached or present in patient rooms. Any open-ended IV line or line with no sterile needleless connector was discarded. Any IV tubing “looped back” to the first port was discarded.

Policies and procedures: CVPH updated its CLABSI prevention policies and procedures to comply with those of the Infusion Nurses Society and Association for Vascular Access, two highly respected authoritative bodies.

Staff knowledge/education: CVPH held monthly CLABSI meetings, in which the team:

- reviewed best practices;
- audited findings; and
- consistently re-evaluated training needs and education gaps.

Through these discussions, the team also discovered a need to include more nursing unit members in the CLABSI prevention compliance meetings.

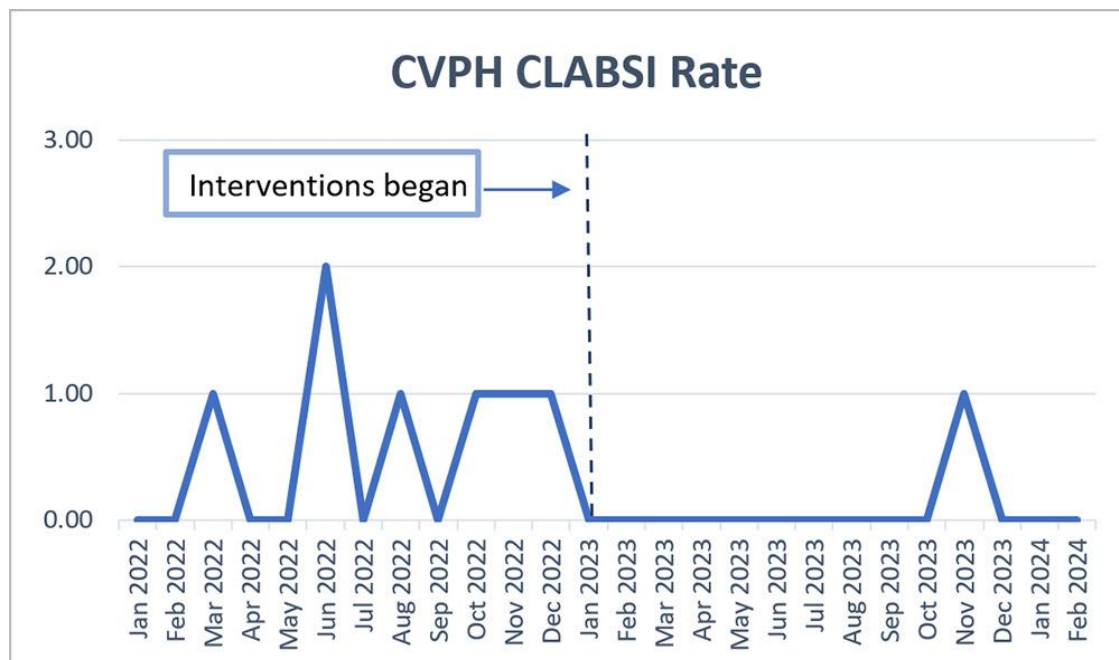
The IV therapy unit rolled out staff education in March 2023 via an IV therapy newsletter, email and shoulder-to-shoulder training at the bedside with floor staff nurses and clinical assistants. Education focused on best practices found in the Infusion Nurses Society guidelines. Staff discarded more than 50 IV tubing sets within the first three weeks due to non-compliance with best practices. Within a few months, the amount of improper IV tubing care dropped to only a handful a month.

The IV therapy staff provided day-long grand rounds education to all staff in April 2023 and shared actual CVPH patient case study data.

The team sent monthly IV therapy newsletters to all clinical units and staff throughout 2023 that continued to reinforce best practices, highlight bad practices and show current successes. Unit champions for IV therapy helped guide daily practice in the respective units. Previously, only one staff IV therapist provided all education. Now, the entire IV team has the authority to provide staff education, which broadens access to clinical staff.

Results and impact

- CLABSI incidents dropped from seven in 2022 to one in 2023. The team maintains tight standards, including education updates and tracking bloodstream infection rates hospital wide.
- Staff education beyond the initial rollout continues with the monthly newsletter and face-to-face training on evidence-based practices. A better working relationship and engagement has been established between the operating room clinical staff, the IV team and infection control by including them all in the meetings.
- Unit leaders now provide training on the updated policies and procedures.



Questions?

Please contact [Cathleen Wright](#) or your [EQIC project manager](#) with any questions.

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