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EQIC
EASTERN US QUALITY IMPROVEMENT COLLABORATIVE

NEWS
July 11, 2024

In this issue

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
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

Announcements

End of contract dates to remember

As previously noted, the EQIC contract will end Sept. 17. Please continue to submit data through Aug. 15. After that, data entry in the secure portal will be closed. However, you will still have access to your hospital-specific and EQIC-wide data and reports through Sept. 17.

If you have questions, contact Cathleen Wright or your project manager.

EQIC's QI webinar series prepares hospitals for ongoing quality improvement

EQIC's *Maintaining and Sustaining a Highly Reliable Quality Improvement Strategy* series oriented and refreshed quality teams on the fundamentals of a strong QI strategy and strengthened hospital staff's skills and confidence to sustain ongoing patient safety work.

The first of the series' three sessions on March 26 focused on unit-based safety and high reliability. Oren Guttman, MD, MBA, of Jefferson Health presented strategies to ensure that teams and systems are resilient and adaptable. He reviewed multiple real-world examples and demonstrated ways frontline staff can contribute to a highly reliable organization.

At the May 29 event, presenters explained how to identify QI opportunities using both data analytics and gap analysis. The discussion included how to create and read data charts, and where to find data resources that hospitals can use to measure and track their outcomes. The EQIC rapid-cycle improvement tools were also presented as a mechanism to identify gaps in processes and workflows.

The June 26 session culminated and expanded on the previous sessions by applying the shared QI techniques to a real-world example. In addition, the presentation explored QI tools, such as the fishbone diagram, and its place in a QI project. Speakers also reviewed how and when to use a Plan-Do-Study-Act cycle and wrapped up with how to develop a plan for sustainability.

We encourage you to review these sessions as you plan for ongoing and sustaining QI work.

Tools and resources

EQIC RCIP assessment tools

As reviewed in our QI webinar series, EQIC's rapid-cycle improvement program tools can help you jumpstart your next QI project with an assessment of current best practice applications.

You can use the RCIP assessments to compare your current operations and outcomes to evidence-based best practices, and create improvement plans in the following harm areas:

- falls;
- glycemic management;
- pressure injuries;
- sepsis; and
- venous thromboembolism.

EQIC recommends consulting with your project manager for further explanation and optimized use of the tools.

Education

The Sepsis Alliance announced the following free training and events with available continuing education credit hours:

Thursday, July 18
Awareness and advocacy: Trailblazing Sepsis Awareness Month at your organization
2 - 3 p.m.

Thursday, Aug. 1
Sepsis Alliance symposium: Sepsis in immunocompromised patients
Noon - 4 p.m.

Wednesday, Aug. 21
Saving lives with early sepsis detection: One hospital's experience with IntelliSep
2 - 3 p.m.

Wednesday - Friday, Sept. 25 - 27
Sepsis Alliance Summit

Fall prevention program

Carthage Area Hospital

Submitted by Emmylu Stevens, Director of Quality

Background

In 2020, Carthage Area Hospital identified fall reduction as an organizational priority and developed a robust fall review committee to create a successful fall reduction program. The committee includes members of the nursing, therapy and quality teams. As the committee chair, Cheryl Tousant, PT, DPT, GCS, championed the project and applied a high-reliability approach to the program. Through her engagement and leadership, the organization developed a focus on zero harm as it relates to patient falls.

Dr. Tousant and the fall review committee immediately identified a need for more meaningful, clear and transparent falls data, and selected the medical-surgical floor as a primary focus area.

Approach and collaboration

After establishing benchmarks and goals, the team engaged with frontline staff to collaboratively identify areas contributing to patient falls. Through focus group meetings, they identified potential influencing factors, including a large swing-bed population and care trends occurring during night shifts, at shift changes and those resulting from a full census.

The team developed a post-fall audit tool, and by 2021, every fall was immediately evaluated using the PFAT. This approach enabled the team to make real-time, immediate interventions while providing the quantifiable data needed to identify more impactful, thoroughly planned interventions, including:

- posting color-coded signs outside each patient room indicating the Morse fall risk level and recommended level of assistance for each patient;
- displaying a “fall board” in the nurses’ station, which transparently shared past fall trends to frontline clinical staff; and
- upgrading the chair alarm monitoring system to a wireless device system integrated into the existing nurse call system.

At the end of 2021, Dr. Tousant and her team conducted a comprehensive review of the data and found they were mostly *incorrect* about the contributing factors impacting patient falls. The team regrouped and instituted a “please call, don’t fall” campaign. In 2022, interventions were implemented around the use of safety companions or “sitters” and the proper use of chair and bed alarms.

In 2023, Carthage formed a subcommittee to focus more strategically on frontline clinician critical thinking and barriers to alarms. The most recent prevention strategies include:

- a med-surg unit change of shift safety huddle;
- a standardized nurse-to-nurse reporting sheet that includes bed and chair alarms;
- bed and chair alarm signage outside of each patient room;
- nurse leader census rounding;
- quality census rounding; and
- a standardized charge nurse checklist.

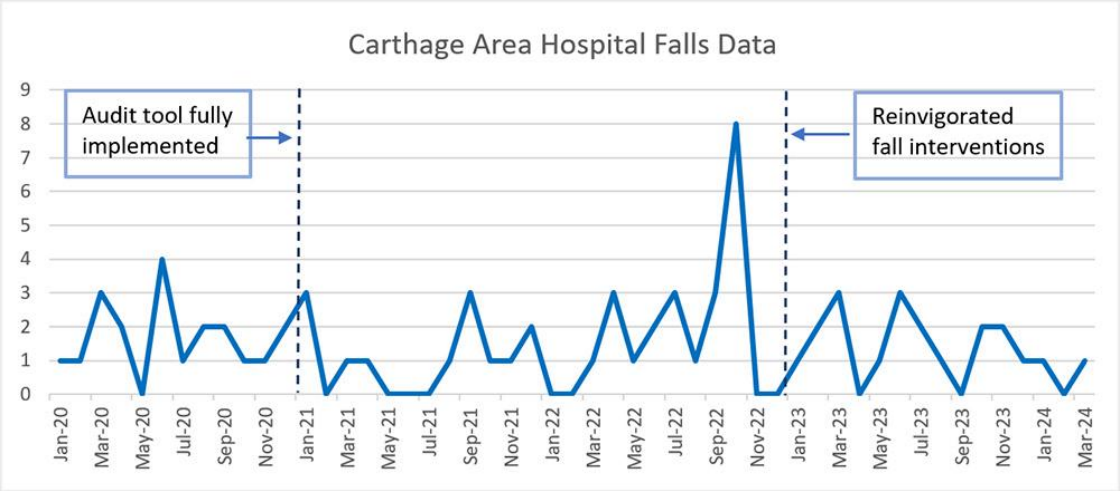
Since implementing these interventions, the med-surg floor has gone 87 days without a fall!

Results and impact

The fall prevention journey at Carthage created a better understanding of fall influences, specifically in the med-surg unit. Given the program’s success, the organization now uses

specifically in the med-surg unit. Given the program's success, the organization now uses the PFAT for parking lot and sidewalk falls and anticipates similar success. Additionally, the fall review committee has expanded to include a safe patient handling and mobility program.

The fall prevention program developed and maintained by Dr. Tousant and her team is a true value to patients at Carthage. Without a process improvement champion with the dedication and leadership to remain engaged, the same success would not have been achieved.



Reducing pressure injury using the LEAF patient monitoring system

WVU United Hospital Center

Submitted by Stephanie Constable, BSN, RN, CWOCN, Wound and Ostomy Care Nurse

Background

WVU Medicine United Hospital Center has always strived to reduce patient harm events, with pressure injuries being a top priority. WVU closely monitors hospital-acquired pressure injury rates and evaluates each instance independently. The goal is to determine the root cause and improve processes to prevent HAPI recurrence.

In 2021, a slight increase in the number of HAPIs prompted the team to evaluate wound care protocols, enhance the PI prevention team and re-educate nurses at the bedside. Despite these interventions, the number of HAPIs increased even further in 2022. The team began to look for other resources and decided to pilot the LEAF patient monitoring system.

Approach and collaboration

With the support of nursing leadership and the quality improvement department, the wound care team requested permission from the value analysis committee to pilot the LEAF system in the critical care unit, which has patients at the highest risk of developing a HAPI. The team also wanted to trial the technology on a medical-surgical unit to determine the estimated monthly usage in this patient population and identify any complications of initiation/use. The team was hoping to see a reduction in the number of HAPIs in the CCU compared to the 11 that developed between January and February of 2022.

The team completed a month-long LEAF system pilot in the CCU and on a medical-surgical unit in March 2022. The goal was to determine the nurses' ability to initiate the technology on the appropriate patients using a pre-determined decision tree to achieve an overall turn score of at least 85% compliance. After the successful completion of the pilot, the hospital's new goal became greater than or equal to a 10% reduction in the number of HAPIs after hospital-wide LEAF system implementation.

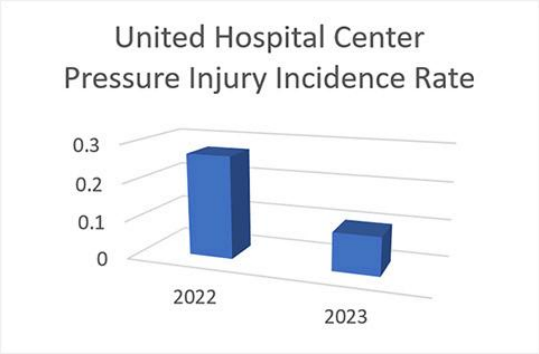
The team began the pilot with bedside nurse education and training and identified a super user group for each unit. The pilot was a success on both units according to the pre-determined goals. After seeing the results, the value analysis committee voted to move

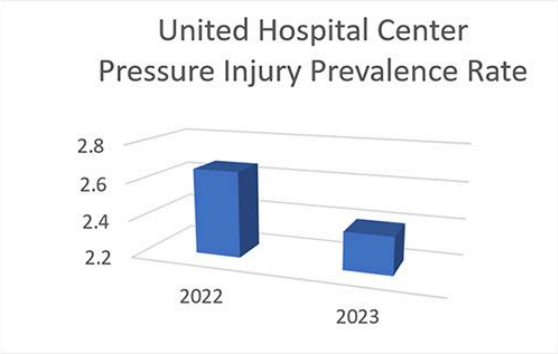
forward with hospital-wide implementation. It took several months to install all the necessary technology and provide hospital-wide nursing education; the LEAF patient monitoring system went live on Nov. 1, 2022.

Results and impact
The LEAF system had a positive impact on the number of HAPIs from 2022 to 2023, with a 46% reduction in the number of patients developing a HAPI and a 62% reduction in the number of total PI.

In 2023, the hospital's HAPI prevalence rate was 2.4% and the incidence rate was 0.1%. Throughout this process, the team identified inconsistencies in the number of HAPIs identified by wound care and those captured by coding and MountainZERO, WVU's systemwide patient safety initiative to increase communication and eliminate preventable harm events. Implementing the LEAF system improved the bedside nurses' ability to identify patients at risk for skin breakdown early and implement appropriate preventive measures. Hospital-wide focus on this patient population, coupled with the LEAF decision tree, drove an increase in early identification by nursing.

Through LEAF technology and reporting, the hospital identified and improved upon the typical turn pattern of nursing to decrease the time patients spend on their backs. Previously, patients were typically turned to their back between every right and left turn. The team educated nurses and nursing assistants on proper turn techniques and schedules (i.e., turn rotations should be back/right/left repeat unless a patient has a restricted side). With continuous re-education and oversight, this change has reduced the average patient time spent on the back from 55% to around 46%.





Questions?

Please contact Cathleen Wright or your EQIC project manager with any questions.