Click here to view this email in your browser.

EQIC
EASTERN US QUALITY IMPROVEMENT COLLABORATIVE

NEWS
July 25, 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
Pressure injuries	Wednesday, July 31
Falls	Thursday, Aug. 22
Readmissions	Tuesday, Aug. 27
Sepsis	Tuesday, Sept. 3

Announcements

CMS visits EQIC hospitals

EQIC welcomed CMS liaisons and partners recently for onsite hospital visits to Catholic Health Services of Long Island's Good Samaritan Hospital in West Islip, New York and Saint Barnabas Hospital in the Bronx. These visits allowed EQIC leadership to showcase the outstanding work of our participating hospitals and the program's impact on local communities.

Good Samaritan highlighted its work in infection and hospital-acquired harm prevention. During a tour of the hospital, Good Samaritan staff demonstrated consistent use of quality improvement strategies, including publicly displaying data and projects on units and using evidence-based practices in its emergency department.

The team at St. Barnabas discussed their work with the community to reduce health equity disparities and the various approaches they use to improve patient and family engagement in healthcare. The CMS visitors had the opportunity to see St. Barnabas' new Wellness Center, which boasts a rooftop garden, commercial kitchen and state-of-the-art gym to engage the community in healthy living.

EQIC thanks these two hospitals for hosting our CMS colleagues and for their commitment to patient safety.

End of contract dates to remember

The EQIC contract ends 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 on the portal through Sept. 17.

Tools and resources

Adverse drug event resource refresh

EQIC compiled a collection of best practice tools to use in your efforts to reduce adverse drug events related to three high-alert medications.

- Anticoagulants
  - Anticoagulation surveillance tool
  - Venous thromboembolism surveillance tool
  - Rapid-cycle improvement program VTE assessment
- Insulin
  - Glycemic management surveillance tool
  - RCIP glycemic management assessment
- Opioids
  - Best practice summary
  - Opioid surveillance tool
  - Adverse drug event gap analysis for opioids

Education

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

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

Reducing hospital-acquired pressure injury rates

Canton-Potsdam Hospital, St. Lawrence Health

Submitted by Sarah Horan, BSN, RN, Inpatient WOund Care Nurse

Background

Canton-Potsdam Hospital at St. Lawrence Health System identified the opportunity to reduce hospital-acquired pressure injuries. The team partnered with EQIC to better understand the system's specific needs, assess current practices in comparison to best practice standards and develop an approach to address the needs identified. The timeline was set for one year.

Approach and collaboration

In the second quarter of 2023, CPH assembled a multidisciplinary team of representatives from administration, unit leadership, respiratory therapy, environmental services, nursing, nursing professional development and physical therapy.

Through the EQIC rapid-cycle improvement program assessment and in conjunction with a hospital data analysis and policy and procedure review, the team identified three primary improvement areas:

1. **The need for further PI prevention education for patients and families.** The team planned to develop and disseminate a brochure for patients and families with information on staff PI prevention efforts, how those might look and what the patient can expect during their stay. The brochure also describes strategies to continue PI prevention after discharge. The goal was to have environmental services place the brochure in all newly cleaned patient rooms beginning in the fourth quarter of 2023.

2. **Create a skin care champion pilot program on one of the medical-surgical units.** At the end of Q3 2023, a staff nurse volunteered for this role and was provided PI-specific education to act as a clinical resource for staff and was supported by the wound care nurses.

3. **Hold quarterly PI prevention meetings with nursing leadership, quality and clinical nurses**. These meetings have enabled staff to discuss documentation, address unit-specific trends in PI occurrences and continue to assess current and developing QI needs.

Results and impact

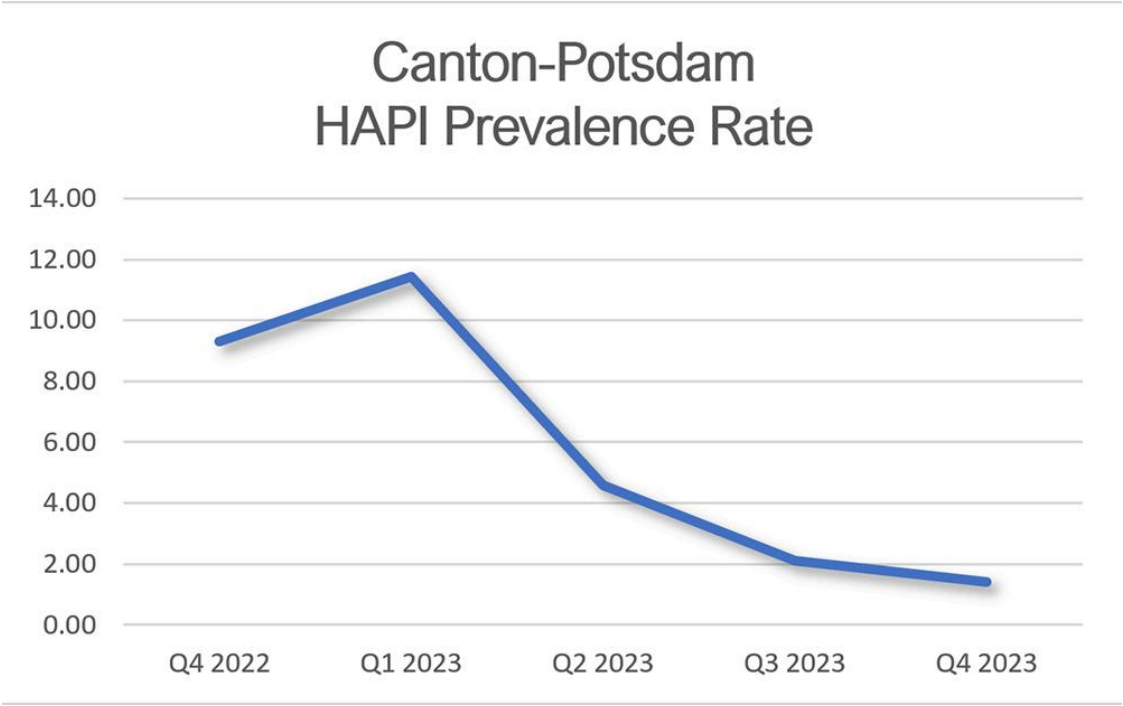
CPH’s skin care champion program has resulted in more consistent PI prevention strategies used by nursing and ancillary staff, as evidenced by monthly chart audits and rounding by wound care nurses. More patients consistently have specialty surfaces and off-loading equipment, such as heel off-loading boots and PI prevention pillows for chairs. The goal is to expand this skin care champion program to all units at CPH and all three St. Lawrence Health hospitals by the end of 2024.

The quarterly PI prevention meetings have increased communication with wound care, leadership and quality, allowing the team to quickly identify trends and potential areas for QI and make timely necessary changes to practice and policy. The committee’s goal is to continue to grow membership and encourage more direct care nurses to join so that open and effective communication between leadership, direct care nursing and wound care is maintained, and any areas of opportunity are addressed quickly and cooperatively.

The patient and family PI education brochures are not yet in full circulation, but the team

expects to see a continued reduction in HAPI rates by educating patients and families on the importance of turning and repositioning patients throughout their stay. The goal is to have every clean patient room contain a PI prevention brochure for each new patient and family by June 2024.

In conjunction with the addition of two full-time wound care nurses at three system hospitals for education and clinical support, these initiatives have reduced HAPIs.



Sepsis improvement journey

Lewis County Health System

Submitted by Rebecca Keefer, RN, Clinical Informaotn Liaison

Background

The team at Lewis County Health System acknowledged the need to improve sepsis care. Sepsis recognition was low, and bundle compliance was inconsistent. Under new leadership and with support from the chief executive officer and chief nursing officer, the staff development department initiated a mission-driven sepsis improvement campaign using evidence-based best practices and innovative new technology to facilitate early identification and sepsis patient management.

Approach and collaboration

The foundation for improvement was creating the right team with key stakeholders. These included frontline nursing staff from every department, a pharmacist, an emergency department nurse manager, the ED medical director and the staff development coordinator. The clinical informatics liaison nurse, who abstracts sepsis data, was assigned the role of sepsis coordinator. A charter guided the team with meeting dates, problems, goals, objectives and deliverables.

The team created a nurse-driven sepsis alert process in which all nurses and nursing supervisors were educated and empowered to call a sepsis alert upon recognizing systemic inflammatory response syndrome plus suspected or known infection. The sepsis coordinator or nursing supervisor responded and reviewed the chart to ensure all protocols were followed appropriately in real-time.

In a three-month period, 70 sepsis alerts were called, 35 of which met severe sepsis or septic shock criteria. This sepsis alert process has led to rapid recognition of sepsis and the potential for preventing further deterioration.

Notably, the team collaborated with the information services department to implement a Meditech system upgrade that allowed for program surveillance. The surveillance tool

works in the background of the electronic health record to give real-time, meaningful information to evaluate and determine if a patient meets the criteria for sepsis. If so, the information is pushed to the physicians' patient tracker using an early warning system as a "possible sepsis" alert. This process augments nursing communication with the providers, and the sepsis coordinator also receives messages on any patients who meet systemic inflammatory response syndrome criteria.

With goals of 100% compliance with three-hour and six-hour bundles, and 100% compliance with shock fluid bolus and documentation, LCHS initiated a plan that included:

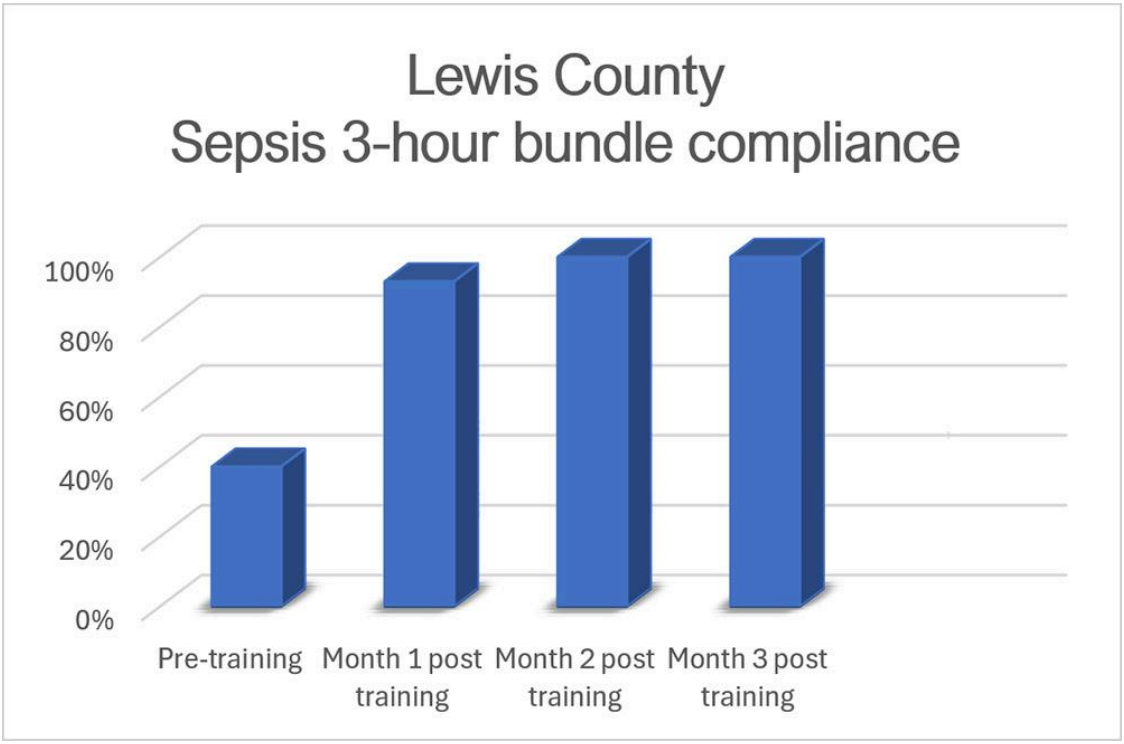
- data collection and planning: bundle compliance dashboard;
- policy review and a sepsis training plan, including:
    - sepsis training during skills day;
    - forming a sepsis team;
    - reviewing the sepsis policy;
    - working on "Code Sepsis;"
    - using a failure modes and effects analysis to identify and address potential problems or failures and their resulting effects on the system or process before an adverse event occurs;
    - conducting ongoing Plan-Do-Study-Act cycles to run small tests of change;
- ongoing improvements included:
    - initiating a sepsis alert;
    - using Meditech for sepsis surveillance;
    - continuing sepsis education through skills days; and
    - creating sepsis training tools.

Results and impact

The sepsis improvement initiative's results showed overall compliance climbing from below 40% to consecutive months of 100%. For ten months, compliance was greater than the New York state and national average.

The use of the surveillance program has decreased the number of charts audited, thereby increasing competency and accurate recognition.

Compliance with the three-hour sepsis bundle for three months following the training was 93%, 100% and 100%. Compliance for the six-hour sepsis bundle for three months was 100%, 100% and 100%.



Questions?

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