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NEWS
August 8, 2024

In this issue:

[Workgroup updates](#)

[Announcements](#)

[Success stories](#)

Workgroup updates

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

Focus area	Next meeting
Falls	Thursday, Aug. 22
Readmissions	Tuesday, Aug. 27
Sepsis	Tuesday, Sept. 3

Announcements

Once again, the EQIC team would like to thank you for your unwavering commitment during the four-year program. In addition to your hard work and dedication, strong data integrity and access to key data elements for analysis and action planning were key to the program's success.

In preparation for the EQIC contract end date, here are important pieces of information:

Contract requirements:

- The EQIC contract officially ends Sept. 17, 2024.
- There is nothing you or your hospital need to do to terminate your EQIC contract.

Dates:

- Aug. 14: SFTP connections terminate. Last date to manually enter data into the portal. EQIC manual portal closes.
- Aug. 15: Final EQIC data pull for analysis.
- Sept. 17: EQIC contract ends; data portal closes, including access to charts and reports.

Sepsis Alliance events

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

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](#)



Success stories

Addressing the human experience in healthcare

SBH Health System

Submitted by Joan Dauhajre, LCSW, MS, Assistant Vice President, Chief Experience Officer

Background

SBH Health System has implemented numerous patient experience initiatives to enhance quality and patient satisfaction. As a Planetree-designated facility, SBH emphasizes person-centered care, focusing on empathy, patient engagement and a healing environment.

Approach and collaboration

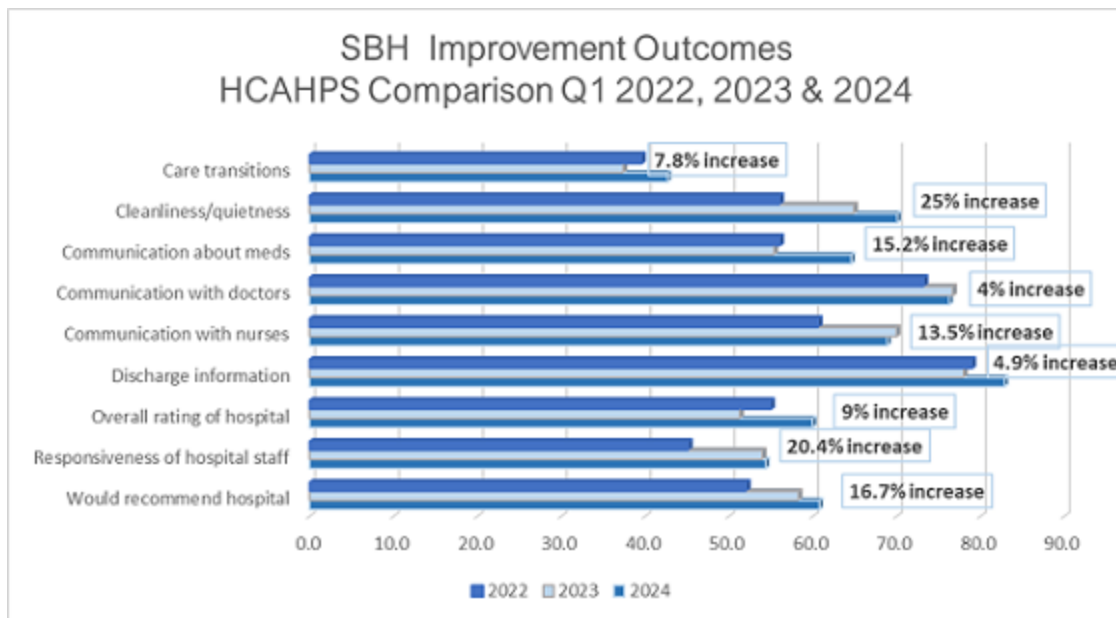
In recent years, SBH implemented various programs to directly improve patient outcomes, such as patient satisfaction, as measured by Hospital Consumer Assessment of Healthcare Providers and Systems scores.

Key initiatives include:

- **National Research Corporation experience platform:** 100% of patients receive discharge phone calls to address real-time concerns and staff perform service recovery for outstanding concerns and issues.
- **Adopt-a-unit:** Weekly leadership rounds monitor performance and address patient concerns on specific units.
- **Patient experience physician liaison:** This new role educates clinical staff on patient engagement skills, participates in family meetings and focuses on clinical HCAHPS domains.
- **Emergency department patient representative coverage:** The representative provides proactive rounding and serves as the voice of ED patients.
- **Pre-health student ambulatory care and ED rounding:** Daily student rounding addresses patient concerns and facilitates waiting room communication.
- **Patient television services:** Complimentary TV services provide patients with distraction, socialization and pain management.
- **“GNITE” rounds:** Hospitalist rounds are conducted daily to discuss medications, treatment plans and patient expectations.
- **Medication management/meds to beds program:** A multidisciplinary approach to patient medication education provided by nursing and pharmacists. Pharmacists dispense medications to patients and review each medication and any potential side effects at discharge.
- **Patient/family advisory council:** Gathers feedback from patients and community constituents on existing and newly proposed initiatives.

Results and impact

The impacts of the patient experience and patient satisfaction initiatives are reflected in SBH's HCAHPS survey results, which have progressively improved in all areas over the last several years.



Reducing the rate of hospital-acquired pressure injuries

Valley Regional Hospital

Submitted by Katharine Bak, RN, MSN, Director, Nursing and Rachel Noyer, RN, WCC, Interim Inpatient Nurse Manager

Background

Valley Regional Hospital had three hospital-acquired pressure injuries in the first quarter of 2023 and subsequently completed a root cause analysis.

The RCA team included members from quality, risk/compliance, nursing leadership and staff RNs directly involved in patient care. The team identified gaps, including:

- staff failure to recognize/stage pressure-related wounds;
- lack of knowledge related to mandatory reporting of HAPIs;
- lack of a defined process for recognition/documentation/reporting;
- lack of education upon orientation and ongoing competency validation;
- inconsistent handoff processes between shifts;
- lack of individual responsibility and accountability around PI prevention; and
- lack of a hospital policy or any other supportive tool for nurses to reference.

Approach and collaboration

The team used the Institute for Healthcare Improvement's Plan-Do-Study-Act cycle tool to guide a performance improvement project to address these gaps.

For the "Plan" phase, the team asked, "How can we reduce HAPIs on the inpatient unit?" They predicted that increased awareness, education and knowledge of the contributing factors related to PI development would reduce rates. The team collected PI data before implementing interventions.

The team involved nursing staff from the inpatient unit, emergency department and nursing leadership to assess current knowledge using the National Database of Nursing Quality Indicators Module 1, direct observations and discussions.

Based on results from the assessment, during the "Do" phase, VRH:

- completed the nursing quality checklist;
- incorporated a monthly chart review of skin assessments;
- created a PI identification and wound care process map to outline the necessary

steps for staff to take;

- assessed staff knowledge;
- provided education/mandatory skills day, hospital policies and wound care resources;
- tracked PI with a quality dashboard; and
- implemented wound care nursing consults.

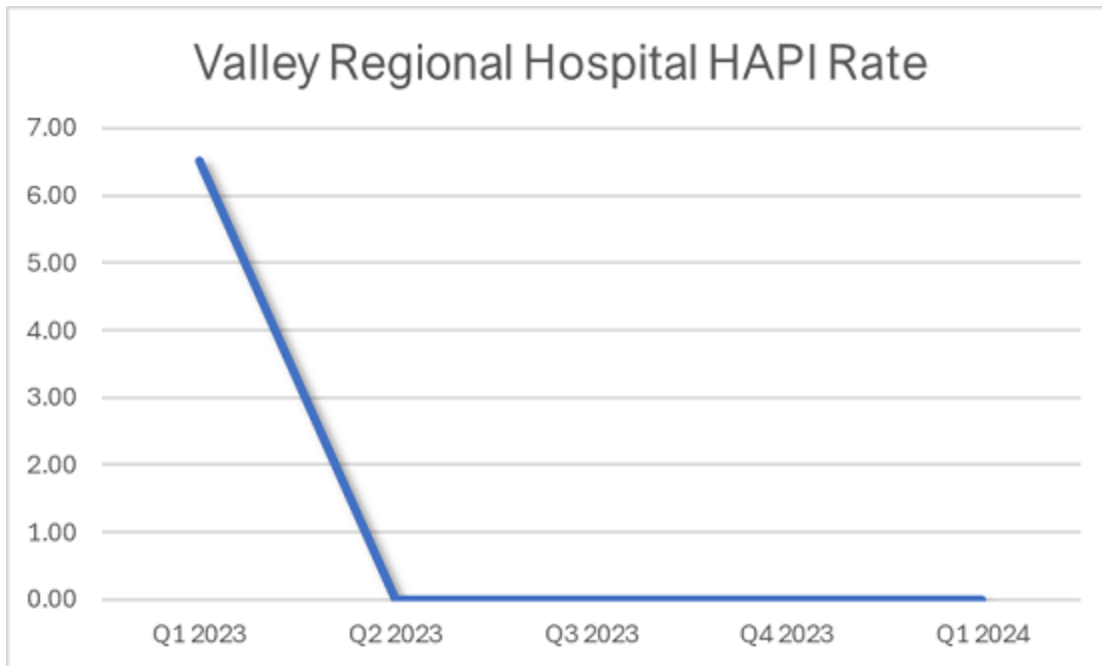
Results and impact

For the “Study” phase, the team analyzed the impact of these interventions on their predictions and found that increased awareness, education and knowledge of the contributing factors related to PI development *did* reduce HAPI rates.

The hospital increased its attention and focus on PI prevention and treatment and provided tools to support staff’s roles in preventing, assessing and treating PI and other wounds.

As a result, staff demonstrated more knowledge of PI staging, communication and documentation.

For the “Act” phase, the team implemented a prevalence study tool, included hospital-acquired injuries and infections in clinical staff orientation and continues to monitor staff competencies. VRH is also planning for the next PDSA initiative using data from a rapid-cycle improvement program.



Questions

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

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