EQIC
EASTERN US QUALITY IMPROVEMENT COLLABORATIVE

News
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In This Issue

Workgroup updates

Thank you for participating in EQIC's monthly affinity workgroup meetings.

This issue of *EQIC News* covers the most recent workgroup meetings for sepsis, pressure injuries, infections and adverse drug events/opioid prescribing. Summaries for health equity, falls, readmissions and patient and family engagement are shared in alternating issues.

Sepsis

Discussion at the Oct. 3 meeting focused on improving the continuity of care between the emergency department and inpatient floors. Hospitals discussed processes and structures to support effective communication and handoffs for patients with sepsis or septic shock. Examples of hospital guidelines and standardized care pathways were shared to enhance the effectiveness of sepsis programs and establish clear recommendations for care during transitions.

Group members discussed who follows the sepsis patient and the use of dedicated sepsis coordinators to oversee the day-to-day implementation of sepsis program activities. Dedicating time to these responsibilities remains a significant challenge for many. Beyond tracking outcome metrics, chart reviews of sepsis hospitalizations are used for education, process improvement, root cause analysis of adverse events and clinician feedback.

Participants will continue working on team priority action steps identified at the Sept. 5 meeting, review EQIC sepsis data and conduct a needs assessment to establish program goals based on the needs analysis. This month's sepsis roadmap team activity is to develop a high-level process map for two to three patients identified in the emergency department and inpatient floor to pinpoint delays or constraints (timing, handoffs, monitoring) and complete a Plan-Do-Study-Act based on areas of opportunity. The next meeting will focus on sepsis mortality.

Pressure injuries

At the Oct. 4 meeting, the workgroup discussed prevention strategies to decrease PI rates and how to review the accuracy of documentation of the Braden Scale for risk assessment. The group further discussed the Braden Scale, its six subscales and corresponding best practice interventions using case studies. Hospitals then shared their successes, including:

- staff competency fairs and educating patient care technicians regarding moisture;
- use of technology with the Rover app in EPIC, which allows for the use of photos to document wounds;
- the Hercules Patient Repositioner, an offloading, low-air loss bed that allows a caregiver to reposition a patient in bed with the push of a button;
- two-person ("four eyes") skin assessment and implementing bedside shift reporting with patient and care partner participation;
- using data to engage frontline staff in prevention as PIs are discussed and monitored daily; and
- implementing quality PI rounding audits for correct interventions of the Braden score.

Members also discussed:

- clinical nutrition screening;
- bed maintenance;
- rapid-cycle improvement program as an assessment tool to identify opportunities to reduce the risk of a patient developing pressure injuries; and
- management of medical devices.

The teams were asked to initiate a rapid-cycle improvement program and report back at the December meeting.

Infections

The October workgroup meeting was canceled. Before the Nov. 14 meeting, hospitals are encouraged to review their central line-associated bloodstream infection data and to implement one of the CLABSI prevention strategies previously discussed. Please reach out to your project manager for any assistance.

Adverse drug events/opioid prescribing

At the Oct. 10 meeting, the group met with subject matter expert James Desemone, MD, FACP, CPE, Associate Professor of Medicine, Diabetes, Endocrinology and Metabolism, Quality and Patient Safety Officer for Graduate Medical Education, Director of Quality, Department of Medicine at Albany Medical Center, who discussed:

- the goal of basal insulin replacement;
- how "piggybacking" IV insulin with maintenance fluid reduces its potency;
- how to convert from IV to SQ insulin replacement when a patient is on tube feeds; and
- how to calculate the I:CHO ratio for a patient on tube feeds.

For further work on glycemic management, review the EQIC RCIP glycemic management assessment and the EQIC bedside glycemic management best practices. The Nov. 8 meeting will cover anticoagulation adverse drug events.

Announcements

Positive impact of high-reliability and just culture principles on patient safety shared at EQIC conference

EQIC hosted an Oct. 12 virtual conference featuring national experts on high-reliability organizations and just culture. Participating hospital staff joined the event to learn more about the HRO framework and how to operationalize the work. Attendees benefitted from the real-life experiences and examples of the speakers.

The day opened with Mary Reich Cooper, MD, JD, program director, healthcare quality and safety and operational excellence and associate professor, population health, Jefferson College of Population Health, Thomas Jefferson University, who introduced HRO concepts through a bingo game of common terms.

The morning's speakers included Craig Clapper, PE, CRE, founder and chief knowledge officer, Reliability 4 Life; Oren Guttman, MD, MBA, the Edward Asplundh chief quality and patient safety officer and Stephen G. Jones, MD, senior advisor and chief medical officer, The Just Culture Company. Clapper covered HRO fundamentals, Dr. Guttman dove further into the human factors and resiliency engineering of this work and Dr. Jones tied together the concepts of high reliability and just culture with real-world examples. The morning wrapped up with a question-and-answer session with all speakers, facilitated by Dr. Cooper.

After lunch, Lesli Giglio, RN, MPA, CPHRM, CHPC, CPPS, senior vice president, chief risk officer and chief privacy officer and Chhavi Katyal, MD, MBA, MS, FCCM, senior vice president, system chief quality officer and system chief patient experience officer of EQIC's Catholic Health (Long Island), shared their facility's experience in becoming a high-reliability organization. Key takeaways for success include:

- staff partnering in their safety work and holding each other accountable; and
- leadership actively rounding on units to mitigate issues before they snowball.

The day concluded with EQIC staff summarizing the day's presentations with a riveting game of tic tac toe to ensure attendees understood and retained the concepts. EQIC looks forward to seeing the progress of our hospitals implementing and operationalizing HRO and just culture practices into their quality improvement work to enhance patient safety.

We thank all those who attended and all contributions to our interactive sessions. For those unable to attend *Advancing healthcare excellence: The power of high reliability and just culture to improve patient safety* or those wishing to revisit the teachings to bring to your team meetings, session recordings, presentations and a bibliography are available.

Reminder: Culture of Safety Survey closes Nov. 13

EQIC's 2023 Agency for Healthcare Research and Quality Hospital Survey on Patient Safety Culture (Culture of Safety Survey) is **now live and will be open through Nov. 13** for registered hospitals.

We encourage you to promote the survey throughout the open survey period to achieve the best possible response rate and obtain the most accurate results. Also, consider including information about the survey's purpose in hospital publicity materials, as describing how the data will identify ways to improve patient safety culture is helpful. Additional tools and support materials are available on EQIC's website.

Tools and resources

Long COVID infographic

This infographic was produced by TMF Networks to educate healthcare providers, people with Medicare and their families, and nursing home and hospital leadership about long COVID or post-COVID conditions, including symptoms, risks, prevention and treatments

Naloxone saves lives: Resources for patients, families, care partners and pharmacists

This resource describes what naloxone is, how it works, why it is offered to individuals with an opioid prescription and signs of opioid overdose. It is also available in Spanish.

Recognizing that patients may not be comfortable speaking about naloxone due to stigma associated with opioid use, the *Naloxone Conversation Starter for Pharmacists* guides pharmacists through the potentially difficult conversation when offering naloxone to patients at risk for opioid overdose.

Education

Thursday, Nov. 9
The core elements of antibiotic stewardship: National updates and promising practices
1 - 2 p.m.

Antibiotic stewardship remains a national priority aimed at optimizing antibiotic use to effectively treat infections, protect patients from harm caused by unnecessary use and combat antibiotic resistance. This CMS Community of Practice call features national trending data from the CDC, strategies and best practices to address AS challenges and a hospital success story of engaging leaders, providers and frontline staff in hospital-wide AS efforts to improve outcomes.

Questions?

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