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Announcements



EQIC is thankful for all you do!

EQIC is grateful for the work of our participating hospitals. In 2023, hospitals continued to work through ongoing challenges with patience and dedication. We acknowledge and appreciate all you do to improve hospital quality and patient safety. Your commitment to serving your communities is evident in your efforts to improve care and the time you have devoted to EQIC. This Thanksgiving, and always, we thank you and your staff for all you do and look forward to continuing our journey to improve patient safety.

Culture of Safety Survey update

EQIC's 2023 Agency for Healthcare Research and Quality Hospital Survey on Patient Safety closed last week. EQIC thanks all the registered hospitals for their participation. Results will be available in the first quarter of 2024, and we will provide more information on how to interpret the reports and create action plans. Contact your project manager with any questions.

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 the health equity, falls, readmissions and patient and family engagement workgroups are shared in alternating issues.

Sepsis

The November meeting was canceled and the next meeting will be held Tuesday, Dec. 5. If you have not yet committed to working on a priority action step from our roadmap, please review and identify a step to work on from the list below. Then, gather your team and come prepared to discuss your work with your peers at our January meeting. We look forward to celebrating your progress, learning and sharing successes!

Hospital team priority action steps:

1. Complete the [EQIC rapid-cycle improvement program sepsis assessment](#).
2. Review the new 2023 CDC Hospital Sepsis Program Elements and complete the Assessment Tool.
3. Provide enhanced clinical staff training/education in early recognition and treatment (i.e., simulation or case-based training, pocket cards).
4. Develop a workflow/process map and complete a Plan-Do-Study-Act cycle based on identified opportunities.
5. Conduct a needs assessment of sepsis screening processes, treatment guidelines and order sets to establish goals.
6. Implement a standardized process to screen for sepsis on presentation and throughout hospitalization.
7. Develop guidelines or standardized care pathways to address sepsis management across the hospital care continuum.
8. Develop templated electronic medical record order sets for managing sepsis.
9. Develop a "Code Sepsis" protocol and/or initiate a sepsis rapid response team.

Pressure injuries

The November meeting was canceled and the next meeting will be held Wednesday, Dec. 6. Hospital teams are tasked with initiating a Rapid-Cycle Improvement Program and coming prepared to discuss your work with your peers at our December meeting. Teams should complete the [EQIC RCIP pressure injuries assessment tool](#) and contact your project manager for assistance.

Infections

At the Nov. 16 meeting, Thomas Workman, PhD, presented on *Employing patient and family engagement to reduce hospital-acquired infections*. By focusing on the five PFE best practices and where and when to engage, Dr. Workman discussed how partnership occurs when clinical practices and strategies are integrated into the lifestyle and preferences of patients and family members. He stressed the necessity of learning from patient experiences to better understand the needs, preferences and capabilities of patients and families. Several resources were shared with the workgroup to best use PFE to reduce healthcare-acquired conditions.

The workgroup meetings for December and January have been canceled and the workgroup will meet again Feb. 13, from 1 to 2 p.m.

Adverse drug events/opioid prescribing

At the Nov. 8 meeting, the group discussed current challenges relative to anticoagulation medications and venous thromboembolism prevention, which include lack of risk assessments and standardized order sets. The group reviewed data on the top primary diagnosis conditions that are experiencing VTEs, including sepsis, hypertensive heart and kidney disease, pneumonia, COVID-19 and femur fractures (med and surg). The group then reviewed the purpose, contents and plan for EQIC's anticoagulation/rapid-cycle improvement program assessment tool. The ask and next steps for the group are to consider which ADE areas need attention (opioids/glycemic management/ anticoagulation) and assess your primary gaps and opportunities for improvement. EQIC has assessment tools for each of these areas on our website: <https://qualityimprovementcollaborative.org>. Once the assessment is completed, please review the opportunities and choose one for a PDSA cycle. We will discuss the group's work when we meet again in February.

The December and January meetings have been canceled; the next meeting will be on Feb. 14. Please come prepared to discuss findings from your assessments and the interim work you have completed.

Tools and resources

Improving well-being for healthcare workers

The National Institute for Occupational Safety and Health's [Impact Wellbeing™ campaign](#) gives hospital leaders evidence-informed solutions to reduce healthcare worker burnout, sustain well-being and build a system where healthcare workers thrive. Although some causes of burnout may take time to address, there are many feasible ways to champion a healthy workforce and hospital system. Hospital leaders can use the campaign tools to improve healthcare worker well-being by:

- understanding how their workforce is doing and identifying ways to improve healthcare worker well-being at their hospital;
- using the toolkit from the Dr. Lorna Breen Heroes Foundation to help remove intrusive mental health questions from their hospital's credentialing applications; and
- exploring NIOSH's Fundamentals of Total Worker Health to improve the safety, health and well-being of their workforce.

Education

Tuesday, Dec. 5

[Standardized pressure injury prevention protocol: Shortcut to the guidelines](#)

11 a.m. - Noon

Join the National Pressure Injury Advisory Panel and its President, Joyce M. Black, PhD, RN, FAAN, for an introduction to the Standardized Pressure Injury Prevention Protocol, which is derived from the 2019 NPIAP Guidelines and includes new research findings. NPIAP created a “short cut,” as SPIPP is designed as a checklist for daily assessment. The event will review how SPIPP can help nurses in critical care closely examine the interventions for pressure injury prevention. This virtual webinar is provided at no cost and includes options for continuing education credit.

Thursday, Dec. 7

[Spreading bundle tools and resources on high-reliability culture](#)

10 a.m. - 4:30 p.m.

This CMS event focuses on the use of high-reliability tools that have proven to be instrumental in achieving safety, quality and efficiency targets in numerous hospitals. The aim is to build a culture and establish processes that significantly reduce systemic failures and enable effective responses when such failures do arise. Those who attended [EQIC's conference](#) last month can hear about how other healthcare quality improvement contractors are applying these principles, as CMS will showcase the success stories of hospitals that have effectively engaged leaders, providers and frontline staff in a collective endeavor to enhance outcomes.

All hospital staff are encouraged to attend, including executive leadership, clinical leaders, managers, quality improvement team and bedside staff.

High-reliability organization video series

This video series was created by TMF Networks, a fellow HQIC, for healthcare providers, hospital staff and leadership to share what it means to be an HRO and how that relates to healthcare organizations.

- Vignette 1: [Introduction to HRO framework](#)
- Vignette 2: [HRO culture](#)
- Vignette 3: [Knowledge](#)
- Vignette 4: [Learning system](#)
- Vignette 5: [HRO leadership](#)
- Vignette 6: [HRO other considerations](#)

Saturday, Dec. 9

[WOCN Wound Education Day](#)

10 a.m. - 5:30 p.m.

The Wound, Ostomy and Continence Nurses Society is pleased to present its inaugural Wound Education Day. This free event is aimed at advancing wound care through education and equipping wound care professionals with the most current evidence-based knowledge to teach, prevent and effectively heal even the most challenging wounds. The day features nine sessions brought to you by experienced WOC nursing professionals and subject matter experts and will award a total of 6.75 Contact Hours and 0.50 Pharmacology Credits.

Questions

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

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