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## 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 health equity, falls, readmissions and patient and family engagement. Summaries for the sepsis, pressure injuries, infections and adverse drug events/opioid prescribing workgroups are shared in alternating issues.

### Health equity

October was Health Literacy Month! At the Oct. 17 meeting, health equity workgroup members shared the key organizational leadership elements brought back to their executive teams for discussion and integration into overall operations. Members also celebrated individual health equity journeys and created a health equity vision board to inspire continued action.

Open discussion focused on health literacy and the use of a universal precautions approach to promote and spread awareness. Hospitals have employed a range of proactive strategies to activate and engage patients as partners in their care. Examples include adopting a health literacy assessment process, skills training, teach-back, screening, developing wayfinding systems and using tools to evaluate the understandability and actionability of patient education materials.

Before the next call, teams will review the Agency for Healthcare Research and Quality Quick Start Guide, conduct a health literacy needs assessment and/or develop a health literacy-focused Plan-Do Study-Act project (i.e., test screening tool or visual aid, provide teach-back) to enhance support for patients of all health literacy levels. The November meeting has been canceled and the December meeting will focus on cultural competence.

### Falls

At the Oct. 19 meeting, the workgroup discussed how ensuring communication is smooth, consistent and complete during patient handoffs is important for patient safety. A proper handoff includes:

- transfer of responsibility and accountability;
- clarity of information;
- appropriate communication of information;
- acknowledgment by the receiver; and
- opportunity to ask questions and review.

Strategies for handoff communication include using tools such as [SBAR](#) (Situation, Background, Assessment, Recommendation and Request) and I PASS the BATON (Introduction, Patient, Assessment, Situation, Safety, Background, Actions, Timing, Ownership, Next) from [TeamSTEPPS](#).

The group also reviewed content from the [October EQIC conference](#), including the five tenets of highly reliable organizations, how these concepts can be applied in the context of fall prevention and patient safety, and the types of errors that just culture discusses, including human error and at-risk and reckless behavior. The next workgroup meeting will be held Nov. 16, and the December and January meetings have been canceled.

HANYS will host a [Nov. 15 falls webinar](#) that includes team communication and daily management boards presented by Mount Sinai Morningside. See details in the Education section below.

## **Readmissions**

At the Oct. 24 meeting, the readmission workgroup completed a mock root cause analysis and discussed recent root causes for readmission and potential solutions. Three common causes were identified: medication discrepancies/issues, chronic illness and social issues.

Potential solutions discussed included:

- providing medication at the bedside before discharge;
- medicine reconciliation and early prescribing, especially prior to a weekend;
- partnerships with community pharmacies;
- palliative/hospice care consultations;
- identification of chronic illness;
- providing teaching and support during admission;
- connecting to community-based organizations around social reasons for readmission such as food pantry/collaboratives;
- respite care identification for patient and family support; and
- telemedicine support groups.

Additionally, Northwestern Medical Center presented on its Care Partner Program journey and was designated as an EQIC Care Partner Hospital. With the November and December workgroup meetings canceled, members are tasked with doing a readmission prevention initiative PDSA in the coming months and are asked to share the results at the next workgroup meeting in January.

## **Patient and family engagement**

The Oct. 26 meeting focused on assisting hospitals in developing a hospital or system-wide PFE workplan and on phase II of patient and family advisory council implementation — structure and recruitment. Hospitals shared strategies they use to engage patients that could be a part of their overall PFE workplan and discussed ideas for PFAC structures such as charters, bylaws, advertisement examples, community partnership, staff and new advisor education.

The November and December meetings have been canceled. Hospitals are encouraged to review their current patient engagement strategies and implement policies and practices to strengthen their PFE

workplan along with kickstarting a patient and family advisory committee, if feasible, to incorporate patient voices.

**Note:** Due to the upcoming holidays, the workgroup meeting schedule has been adjusted. Please reach out to the workgroup leads with any questions.

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## Announcements

### Reminder: Culture of Safety Survey closes Nov. 13

EQIC's 2023 AHRQ [Hospital Survey on Patient Safety Culture](#) will be open through Nov. 13. Please be sure to have staff complete the survey before it closes next week.

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## Tools and resources

### Updated lab and pharmacy data specifications and training

To help facilitate submission of opioid and glycemic adverse drug events data using EQIC's flat-file specifications, EQIC recently updated the [specifications document](#) and developed a [training video](#) that reviews the workbook.

For hospitals already using these specifications to submit their laboratory and medication data directly to EQIC, note that the exact fields needed for each of the lab and pharmacy reports have not changed. However, the various drug code lists provided in the workbook have been updated and additional details were added clarify what is needed for each report. For hospitals still developing the reports and planning to send them, please refer to the updated workbook and the recording to better understand the submission process.

CMS has prioritized improving the rates of opioid and glycemic adverse drug events; collecting high-quality data on these events is critical to EQIC analysis and quality improvement planning. Thank you for providing these data EQIC can use for opioid and glycemic ADE improvement.

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## Education

**TODAY!**

**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.

**Wednesday, Nov. 15**

[The Lean journey to falls reduction](#)

## Noon - 1 p.m.

Through systematic use of Lean strategies, dedicated teamwork and foundational nursing practices, Mount Sinai Morningside's medicine telemetry unit successfully reduced patient falls from 50 in 2022 to 20 in 2023 (annualized). During this session, learn how these principles can be applied to your organization's patient safety initiatives and help you achieve continuous improvement.

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## Questions?

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

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