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**NEWS**  
February 29, 2024

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## Workgroup updates

Thank you for your continued participation in EQIC's 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. Please note scheduling changes below.

### Health equity

The 2024 health equity meetings are now quarterly and will be held as office hours. Please let your project manager know of any topics you would like to discuss and mark your calendars to reflect the revised schedule:

Tuesday, April 16, from 1 to 2 p.m.

Tuesday, July 16, from 1 to 2 p.m.

We encourage hospitals to continue working with your PM on the action steps identified from your [gap analysis](#) assessment and tap into our recently updated [resources](#) and [training tools](#) for supporting guidance as you move along the equity continuum.

### Falls

At the Feb. 22 meeting, the group reviewed EQIC-wide falls data. Overall, hospitals are performing very well, and we are so proud! One trend identified was that even though the "all injuries" measure was not improving, the measure of severe harm was improving, which means that fall injuries are less severe overall. Please check your hospital-specific data in the EQIC data portal.

Successful hospital interventions of EQIC hospitals include:

- increased frequency of falls meetings to weekly — unit falls are reviewed and response strategies developed, including bedside staff to explore root causes;
- encouraging use of low beds, as a significant decrease in injury has been shown with low bed use;
- no pass zones instituted where all staff are responsible for patient safety;
- focusing on higher-risk patients so that the fall-risk population is manageable;
- scheduled toileting to ensure patients are toileted before shift changes;
- intentional rounding;
- dedicating a proactive rounder for high-risk patients, which has led to no falls;
- shifting the staffing model to meet patient needs;
- geriatric medication screening where clinical decision support was implemented so that prescribers are not shown high-risk dosing options (can be overridden); and
- using activity carts for dementia patients.

The format of the falls meeting will be changing to an office hour and will be held quarterly after the March meeting. Please come prepared to discuss your work and challenges.

### Readmissions

This workgroup met on Feb. 27; a summary will be shared in an upcoming newsletter.

### Patient and family engagement

At the Jan. 25 meeting, participants discussed unique ways that hospitals engaged patients and encouraged staff members to view patients as resources for feedback. Workgroup members shared ideas and were provided with the [EQIC PFE eLearning](#) as a resource to kickstart the orientation of newly recruited patient and family advisors.

Members also shared other resources and ideas to sustain a patient and family advisory council. These include promoting staff engagement, developing agendas in advance and using a PFAC for big or small quality improvement projects. The next meeting is scheduled for April 25.

## EQIC events

**Tuesday, March 5**

**[Understanding and optimizing sepsis care through informatics](#)**

**1 - 2 p.m.**

EQIC is pleased to invite all participating hospitals to the next meeting of the sepsis workgroup, where a team from Jefferson Health will share their sepsis improvement journey. The guest speakers will provide a brief overview of informatics in healthcare and its importance in optimizing sepsis management. The session also will highlight how health equity plays a significant role in and is a crucial part of efforts to eliminate preventable sepsis mortality disparities.

We encourage informatics teams to join this session to learn the benefits of using technology in sepsis care and how it was transformative for Jefferson Health toward improving healthcare equity, safety, quality and outcomes.

### **Register for EQIC's new webinar series**

Next month, EQIC kicks off our 2024 quality improvement webinar series, [Maintaining and sustaining a highly reliable quality improvement strategy](#). These sessions will:

- orient and refresh quality teams on the fundamentals of a strong quality improvement strategy; and
- build knowledge to strengthen the skills and confidence of hospital staff to sustain ongoing patient safety work.

Registration provides access to all three sessions. EQIC encourages all levels of hospital teams to participate.

Tuesday, March 26

**Session 1: Unit-based safety and high reliability**

Noon - 1 p.m.

Wednesday, May 29

**Session 2: Closing the gap: Structures, processes and outcomes**

1 - 2 p.m.

Wednesday, June 26

**Session 3: Data in action: Ready, set, go!**

1 - 2 p.m.

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## Announcements

### **Reminder: Share your QI success stories with EQIC!**

EQIC is calling for success story submissions to recognize quality improvement initiatives by our participating hospitals. Success stories are QI, patient safety and/or care transition initiatives in which results can be measured through quantitative data.

The stories will be shared among the collaborative, CMS and other CMS QI contractors. Interested hospitals should complete this [submission form](#), email it to [eqic@hanys.org](mailto:eqic@hanys.org) and copy your PM by 5 p.m. on March 15. Please be sure to secure the necessary organizational approvals before submitting.

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## Tools and resources

### **EQIC QI primer**

EQIC compiled a selection of key resources in our key clinical and patient safety areas to use for your quality improvement work. These tools can be used as a [primer](#) for onboarding new quality staff and continuing education.

### **NHSN data checklist**

To facilitate data submission through the National Healthcare Safety Network, EQIC created this [NHSN Data Checklist](#). Please refer to the list to ensure you properly report your facility's data to NHSN and fully share it with EQIC. Contact your PM with any questions.

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## Education

Thursday, March 14

[Ready Set Go! Bridging the gaps to revolutionize care transitions](#)

1 - 2 p.m.

Improving care transitions requires planning and partnership, from admission to discharge. During this month's CMS Community of Practice call, speakers will share *Ready Set Go!*, a new tool to help hospitals achieve a smooth, no-surprises discharge. Hospital staff and patient family partners designed the tool to address and connect the critical processes that take place between admission planning, bedside rounding and discharge planning to reduce hospital readmissions.

*Ready Set Go!* includes key insights and five embedded tools to enhance current hospital processes.

### Patient and family engagement and health equity education series

CMS' Five Metrics for Person and Family Engagement provide a framework to engage patients and families in their care. Health Services Advisory Group created a series of 30-minute presentations to discover how to achieve these metrics, keep patients and families at the center of care and engage staff to form an alliance with patients and families.

This series addresses the criteria to meet these measures and assists your facility in improving your patient and family engagement.

Part 1: [Introduction to PFE](#)

Part 2: [Achieving patient and family-centered care](#)

Part 3: [Preparing for PFE programs](#)

Part 4: [Engaging the patient and care partner to prepare for hospital admission](#)

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### Questions?

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