EQIC
EASTERN US QUALITY IMPROVEMENT COLLABORATIVE

News
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In This Issue

EQIC events

Thursday, March 30
Reducing hospital readmissions by partnering with skilled nursing facilities
1 - 3 p.m.

During this two-hour caucus, EQIC will present its newest initiative to reduce hospital readmissions by partnering with skilled nursing facilities. We will provide best practices for improving the patient and care partner experience across care transitions by implementing workflows and tools to strengthen communication between facilities. Hospitals will learn how to partner with SNFs that have frequent readmissions to their facility and reduce readmission rates through a collaborative work approach.

Announcements

Culture of Safety Survey frequently asked questions

EQIC held a Feb. 1 webinar to review reports and data derived from the various dimensions of the Agency for Healthcare Research and Quality Hospital Survey on Patient Safety Culture Version 2.0 that was administered last fall to participating hospitals. Below are frequently asked questions on accessing, reviewing and operationalizing the survey reports, which are available on EQIC's data portal. If you have additional questions, please contact your EQIC project manager.

How do I view my report?
Downloadable reports, raw data files and overall and unit-level debriefing tools and action plans can be found on the EQIC survey portal.

Who can view reports?
Culture of safety hospital leads have access to downloadable reports, raw data files and overall and unit-level debriefing tools and action plans on the survey portal. If your hospital provided custom units,

designated unit leads also will have access to the overall and unit-level debriefing tool. If you are unsure of your role, contact your PM.

Why is the response rate shown on the final report different than the rate shown during the survey period?
During the survey period, EQIC provided real-time response rates based on the expected number of participants provided for the overall hospital and custom units, if provided. Those response rates simply captured the number of respondents who answered at least one question. During the processing and scrubbing of the final surveys, additional criteria were applied to ensure validity and accuracy. Surveys that met the following criteria were excluded:

- responses are completely blank; contain "Does not apply/Don't know" responses for all survey items in Sections A, B, C, D, and F; or contain responses only for the background survey item; or
- responses contain the exact same answer to all the items in the survey (since a few survey items are negatively worded, the same exact response to all items indicates the respondent likely did not pay careful attention and the responses are not valid).[1]

What does "reversed score" mean?
The survey includes both positively worded items (e.g., "In this unit, we work together as an effective team") and negatively worded items (e.g., "We have patient safety problems in this unit"). Calculating the percent positive response on an item is different for positively and negatively worded items. For positively worded items, percent positive scores are the combined percentage of respondents within a hospital who answered "Strongly agree" or "Agree" or "Always" or "Most of the time." For negatively worded items – indicated by "Reverse scored" notation under the question, percent positive response is the combined percentage of respondents within a hospital who answered "Strongly disagree" or "Disagree," or "Never" or "Rarely," because a negative answer on a negatively worded item indicates a positive response.[1]

Why does my report not show data in all tabs?
This year, EQIC offered three supplemental surveys: Health Information Technology Patient Safety, Value and Efficiency and Workplace Safety. If your hospital did not participate in these supplements, you will see tabs for these sections but you will not see data.

Employees in my hospital/unit participated, but I am not seeing their results.
To protect the confidentiality of individual respondents, data are suppressed if they do not meet the following minimum number of responses:

- for the hospital if fewer than 10 respondents;
- for specific units with >=5 respondents and >=3 respondents to a survey question; or
- for the raw data file if fewer than 5 respondents reported the same value.

I've reviewed my report and overall and unit-level debriefing tools. Now what?
Results from this survey can help hospitals identify opportunities to improve. EQIC encourages culture of safety leads and hospital leadership to work together to identify these areas, focusing on survey result areas with low scores or scores that are low relative to other benchmarks, such as scores in other units or other organizations. EQIC's debriefing tool—available for the overall hospital and custom units, if provided—provides a summary chart with benchmarks, discussion points to encourage action planning conversations and resources from EQIC, AHRQ and other subject matter experts for each survey area. After reviewing your survey report and debriefing tool, identify one or two areas for improvement. EQIC's action planning tool is available to help you develop action plans for these identified areas. The tool provides a space to list and develop detailed plans for each improvement area.

Additional culture of safety survey resources can be found on EQIC's website.

[1] https://www.ahrq.gov/sites/default/files/wysiwyg/sops/surveys/hospital/AHRQ-Hospital-Survey-2.0-Users-Guide-5.26.2021.pdf

Tools and resources

During EQIC's conference, *Patient safety: Navigating the new normal,* speaker Maureen Seckel led the session, "Sepsis care: Taking the bundle from paper to the bedside." As a follow-up to her presentation, Seckel has answered some outstanding questions regarding sepsis management and CMS' SEP-1 5.13 Hospital Inpatient Specifications Manuals.

Is there a place to select for a delay in lactic acid? I have only seen it available for blood cultures.
Yes, and see below for the criteria and how to document. However, the only real delay is if it was ordered, but unable to obtain, error or lost.

Measure: An initial lactate level was drawn with the specified time frame.

- If a lactate level is ordered and there is an attempt to collect it, but the attempt results in failure to collect the specimen (too dehydrated to get a vein) or the specimen was contaminated during or after the draw, select Value 1 (Value 1 = yes to the measure).
- If the lactate level is drawn but there are no results in the chart, choose Value 1.
- If within 24 hours of the severe sepsis presentation time there is provider or nursing documentation that a lactate level is invalid, erroneous or questionable, disregard that value.

Does the antibiotic need to be totally infused within three hours, or just started?
No, it just needs to be started.

Measure: A broad spectrum or other antibiotic was administered within the specified time.
The antibiotic needs to be ordered by a provider and documented as given/started with date/time in the EMR as hung/given. The antibiotic does not need to be totally or completely infused to be documented as given/started.

Does EMS fluid documentation need to have stop-time counted in?
No, there are slightly different criteria for fluids prior to arrival.

Measure: Targeted volume of crystalloid fluids were ordered and initiated with the specified time frame. Additionally, the target ordered volume was completely infused.

Exception for Prior to Arrival: Documentation of crystalloid fluids administered prior to arrival to the hospital (e.g., ambulance, nursing home) that are part of the medical record are acceptable if the documentation of fluid administration contains the type, volume, start time, and **either a rate, duration, or end time of the fluid infusion**. A provider order for fluids administered PTA is not required.
Example: Patient received 2 L NS bolus at 15:44 in the field.

Does fluid need to be completely infused by six hours to diagnose persistent hypotension and septic shock?
Yes.

Measure: Persistent hypotension or new onset of hypotension was present within one hour of when the target ordered volume of crystalloid fluids was completely infused.

Value 1 if only BP within the hour is low AND a vasopressor was given.
Value 1 if there is a low BP followed by another low BP.
Value 1 if there is a normal BP followed by a low BP and a vasopressor is administered.

We are struggling with Persistent Hypotension documentation and this could be for the patient who has organ dysfunction but not necessarily hypotension at this time. Do you have any suggestions on how to handle this situation?
Even if the patient gets fluids but they don't qualify by lactate greater than or equal to 4 mmol/L OR initial hypotension, you should not need to abstract the fluids or PH. Sometimes, sepsis to septic shock does evolve and the sepsis/severe sepsis time may be different from the septic shock time. The manual is specific about severe sepsis time with hypotension as 6 hours prior to or within 6 hours following severe sepsis date and time.

When documenting refusal of blood draw or difficult stick, must the clinician also mention verbiage addressing the SEP-1 bundle in the same sentence/paragraph?
No, the documentation does not have to be that detailed.

Measure: A blood culture was collected at the specified time frame.
Select Value 1 if a blood culture was ordered and there was an attempt to collect it, but the attempt resulted in failure to collect (too dehydrated) or the specimen was contaminated during or after the draw.
Examples:

- *BC attempted*
- *BC x's 3 attempt*
- *Unable to collect BC*

Select Value 1 if there is documentation supporting an acceptable delay in the collection of a blood culture.

- Surgical patients who receive a pre-op or post-op prophylactic antibiotic within 24 hours before severe sepsis was identified and had a blood culture drawn after the prophylactic antibiotic was started.
- Antibiotics were started in the hospital for an infection within 24 hours before severe sepsis was identified and a blood culture was drawn sometime after the antibiotic dose was started.
- Antibiotics were started prior to hospital arrival within 24 hours before severe sepsis was identified and a blood culture was drawn after the pre-hospital antibiotics were started.
- A physician/APN/PA-documented reason for the delay that makes it clear that waiting to start the antibiotic would be detrimental to the patient.
    - Examples:
        - *ED Physician Note: Patient condition worsening, IV Vancomycin ordered stat, blood and urine cultures ordered, awaiting CXR.*
        - *Hospitalist Progress Note: Patient's deteriorating condition concern for rapidly advancing infection, starting IV antibiotics now, lab on way to collect blood cultures.*
        - *Obstetric patients given prophylactic antibiotics for ruptured membranes, group B strep or prior to a caesarean section.*

Questions

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

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