EQIC
EASTERN US QUALITY IMPROVEMENT COLLABORATIVE

News
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In This Issue

Workgroup updates

EQIC held its inaugural workgroup meetings last month focusing on the identified high-priority clinical focus areas. Registered members of each workgroup receive email summaries of meeting notes and workgroup priorities, and we will share overall summaries with the entire collaborative via *EQIC News*. This issue covers the first two workgroup meetings for sepsis, pressure injuries, infections and adverse drug events/opioid prescribing. Updates for the health equity, falls, readmissions and patient and family engagement workgroups will be shared in alternating issues.

The workgroups provide a platform for hospitals to develop action plans which enable them to implement tools, resources and workflows to improve performance outcomes and meet our CMS goals. Please contact your project manager if you need to be added to a workgroup's mailing list.

Sepsis

At its April 4 kickoff meeting, the sepsis workgroup reviewed the EQIC sepsis program and workgroup structure. The group discussed the importance of introducing a sepsis performance improvement program as recommended by the Surviving Sepsis Campaign, and hospitals shared how they met quality improvement program elements to improve sepsis care.

During the May 2 meeting, the group discussed focus areas for the months ahead. Goals included improving sepsis bundle compliance, optimizing order sets, electronic health record tools, documentation tools, sepsis screening, early identification and care continuity. Several hospitals shared that they have multidisciplinary sepsis teams/champions in place that include physician and provider champions, nursing leadership, hospitalists and quality representation.

Current challenges identified include SEP-1 compliance, physician/frontline nurse engagement, provider buy-in, EHR tools and staff turnover/stretched resources. Process improvement teams are tracking bundle compliance and mortality rates for severe sepsis and septic shock.

At the next meeting, the group will discuss EQIC's sepsis rapid-cycle improvement program and evaluate processes/systems of care.

Pressure injuries

During the April 5 kickoff meeting, the workgroup discussed pressure injury prevention versus treatment hospital culture. Goals included identifying factors that may contribute to increased PI rates. To ensure patients come in and leave with healthy skin, the group discussed interventions, including equipment investments, turning and positioning regimes, providing caregiver education and starting prevention in the emergency department and continuing it throughout the stay.

During the May 3 meeting, the group defined a PI as a skin impairment or wound that is a result of prolonged or intense pressure impacted by devices in combination with shearing and friction. The EQIC PI data are starting to show positive rates in the stage II or greater per 100 patients and the stage III or IV per 1,000 discharges measures. The workgroup also discussed data collection using an incidence vs. prevalence approach.

Current PI prevention challenges include the unavoidable nature of PIs in palliative care patients with multi-organ failure. Current interventions include applying a preventive dressing on the sacrum of all high-risk patients and creating a "prevention of skin breakdown bundle" that includes the LEAF monitoring program.

At its next meeting, the workgroup will discuss the LEAF program and current hospital practices and interventions related to PI prevention.

Infections

At the April 11 infections workgroup meeting, the group set ground rules and all team members introduced themselves. The group voted to discuss surgical site infections first. Several team members shared successes achieved at their facilities. Plan-Do-Study-Act cycles and leadership huddles were highlighted as interventions leading to positive outcomes.

At the May 9 meeting, the group reviewed SSI data, which indicate low denominators with only a handful of SSI events. Because the denominators are low, when an event occurs there is a large impact on rates. Hospitals were encouraged to review their data to determine if further action is needed at their facilities. The group reviewed best practices for SSI prevention, which were shared in the May 11 *EQIC News*.

One hospital shared an overview of its recent quality work following the identification of SSIs trending in a service line. Direct observation, weekly huddles, flow of traffic revision, SSI audits, surgical prep review, use of standardized agents, chlorhexidine gluconate wipes and data review were used to address the growing SSI trend. Since implementation, zero SSIs have occurred on this service line in the past ten months. The hospital team is looking to expand to additional service lines.

The workgroup identified *C. difficile* as the next topic of interest.

ADE/opioid prescribing

At the April 12 ADE/opioid prescribing meeting, the group introduced themselves and set ground rules for how they would like the meeting to be facilitated. The group then ranked the priority of ADE areas as 1) opioids, 2) anticoagulation and 3) hypoglycemia. Challenges identified for opioids include how to convert to morphine milligram equivalents to understand how much opioid a patient is receiving at a time, screening patients for opioid risk and managing additional medications concurrently with opioids. Hospitals highlighted some of their current opioid work, including tracking patients with opioid use disorder and the Opioid Alto project.

At the May 10 ADE/opioid meeting, the group began a review of the EQIC Opioid ROADE work sprint. The goal is to break down the sprint into manageable change pieces. The first topic discussed was patient screening tools to help identify if a patient might be at risk for an opioid ADE. Tools suggested include Stop-bang, Pasero, SOAP-R and Prodigy.

The second major discussion asked what are patients' pain management goals and how can we use their goals to guide our prescribing. Many hospitals are using smart ways to encourage providers to review their prescribing data, such as provider report cards. Others shared that their EMRs are able to show how many MMEs patients have received during their stay or what prescriptions a patient may have received anywhere in the state.

Tools and resources

Boost your venous thromboembolism prevention activities with EQIC's educational series

EQIC's VTE prevention educational series consists of three 30-minute "quickinars" that provide an efficient understanding of VTE and anticoagulation quality improvement practices. This series provides a framework to support:

- implementation of standardized VTE risk assessment for specific populations;
- prescription of optimal, risk-appropriate VTE prophylaxis; and
- administration of risk-appropriate VTE prophylaxis as prescribed.

EQIC encourages participants to view these webinars and review the presentations to ensure your hospital's patient and family engagement program and VTE prevention protocols reflect these best practices. You can also review your hospital-specific PFE and VTE data on the portal and work with your project manager to approach your QI work.

Education

Thursday, June 8
Reducing hospital-onset *Clostridioides difficile* through diagnostic stewardship
1 - 2 p.m.

C. difficile bacteria can cause life-threatening diarrhea and *C. diff* is one of the most common healthcare-associated infections in the U.S. There were more than 223,000 estimated cases in hospitalized patients in 2017, resulting in more than 12,000 deaths at an estimated cost of $1 billion. This month's CMS community of practice session explores diagnostic stewardship opportunities to reduce hospital-onset CDI through the lens of the UVA Health team's experiences. The speaker will review:

- the importance of the culture set by institutional leadership to generate and sustain engagement;
- the integral role of nurses in testing decisions;
- the information technology support needed to build a dashboard, track data and develop EMR changes; and
- how to use the current state to plan next steps.

Questions

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

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