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**NEWS**  
May 9, 2024

**In this issue**

- [Workgroup updates](#)
- [EQIC events](#)
- [Announcements](#)
- [Tools and resources](#)
- [Education](#)
- [Success stories](#)

**Workgroup updates**

Thank you for your continued participation in EQIC's affinity [workgroup meetings](#). Upcoming meeting dates are listed below. All meetings are 1 to 2 p.m.

<b>Focus area</b>	<b>Next meeting</b>
Falls	Thursday, May 16
Readmissions	Tuesday, May 28
Sepsis	Tuesday, June 4
Adverse drug events/opioid prescribing	Wednesday, June 12
Infections	Tuesday, July 9
Health equity	Tuesday, July 16
Patient and family engagement	Thursday, July 25
Pressure injuries	Wednesday, July 31

## EQIC events

### Join EQIC on May 29 for the next QI webinar

EQIC encourages hospital team members at all levels to participate in the next two sessions in our 2024 quality improvement webinar series, [Maintaining and sustaining a highly reliable quality improvement strategy](#). The May 29 event includes identifying QI opportunities using data analytics and gap analysis.

This series is designed to orient and refresh quality teams on the fundamentals of a strong quality improvement strategy and strengthen the skills and confidence of hospital staff to sustain ongoing patient safety work. Registration provides access to all sessions and materials from the [March 26 kickoff session](#) are available online.

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

### EQIC shared hospital successes at the CMS Quality Conference

EQIC had a strong presence at the CMS Quality Conference, held April 8-10.

Project manager Nicole Ford collaborated with other HQIC contractors to present *Supporting Equity at Scale Across HQIC-enrolled Hospitals*, which described organizational approaches to addressing and advancing health equity. Ford shared EQIC's experience developing and administering its [health equity gap analysis](#) assessment and how hospitals have used the tool, identified gaps and taken action to implement practice recommendations across all seven assessment categories.

Elizabeth Perry of the EQIC leadership team participated in a CMS roundtable that provided feedback to CMS on contract deliverables.

Two EQIC hospitals' quality improvement project posters were selected for the conference gallery walk:

- *Keeping our patients safe: Three strategies to reduce inpatient falls*, submitted by Guthrie Corning Hospital
- *Making health equity a reality: A data-driven approach to reducing health disparities for a New York City healthcare system*, submitted by Jamaica Hospital Medical Center

EQIC is proud of our hospitals' quality improvement work and to be able to share it with our colleagues across the country!



L to R: *Robin Cooper and JoeAnna Schwartz from Guthrie Corning Hospital; Nicole Ford presenting; Naa Djama Attoh-Okine and Regina Guevarra from Jamaica Hospital Medical Center*

Additionally, CMS recognized two EQIC hospitals for focus area quality improvement in recent months based on a review of their submitted data. EQIC is pleased to have shown improvements in many areas and to be specifically lauded for data-supported achievement by these hospitals.

### May 12 - 18 is National Hospital Week

National Hospital Week is an opportunity to highlight our hospitals, health systems and healthcare workers and the innovative ways they support their communities. Use the [American Hospital Association's tools](#), including videos, a toolkit and graphics, to help you prepare and celebrate.

EQIC recognizes the important role of hospitals in our communities and honors the work of all our nurses and healthcare professionals during this week and all year round. Thank you for all you do to keep patients safe!

## Tools and resources

### Care coordination best practices toolkit

Reducing preventable 30-day hospital readmissions is a CMS priority. Health Services Advisory Group met with providers to produce an overview of care coordination best practices to avert hospital readmissions. This [toolkit](#) provides resources for improving care transitions and coordination across the continuum and readmission prevention.

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## Education

### **TODAY!**

**Thursday, May 9**

[Enhancing capacity: Reengineering fall and fall injury programs](#)

1 - 2 p.m.

This month's CMS Community of Practice call features national subject matter expert and nurse consultant Pat Quigley, PhD, MPH, ARNP, CRRN, FAAN, FAANP, who will discuss essential elements and guidelines for fall and injury prevention programs to enhance infrastructure, capacity and sustainability. Samaritan North Lincoln Hospital, a 25-bed critical access hospital in Oregon, will highlight what they learned from Dr. Quigley to redesign their falls program by organizing a team, conducting a gap analysis, developing a bundle and implementing risk-based interventions.

**Wednesday and Thursday, May 29 – 30**

[CMS Health Equity conference](#)

8:30 a.m.

Join CMS for this virtual conference that convenes health equity leaders from federal and local agencies, health provider organizations, academia, community-based organizations and others to sustain health equity through action. Attendees will hear from CMS leadership on recent developments and updates to CMS programs, explore the latest health equity research, discuss promising practices and creative solutions, and collaborate on community engagement strategies.

### HQIC reliability and resilience learning action series

Convergence Health is hosting the [HQIC Reliability and Resilience Learning Action Series](#) to educate and activate hospital leaders on the concepts and practices of resilience and high reliability in healthcare.

Featuring live and recorded presentations from hospital quality improvement contractors like EQIC, these sessions are for those interested in deepening their foundational knowledge about the concepts, theories and activities related to resiliency and high-reliability organizations.

**Next session: Friday, June 21**

*Stories from the field: Hospital case studies of reliability and resilience in action at the local level*

1 - 2 p.m.

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## Fall prevention and reduction

### Bertrand Chaffee Hospital

*Submitted by Lexi Wilson, BSN, RN, Nurse Manager, Med-Surg*

#### Background

In late 2022, the nurse manager, administration and staff at Bertrand Chaffee Hospital were determined to find a way to decrease the number of falls on the medical-surgical floor. The team found the 25 falls in 2022 unacceptable and decided to work together to prevent patient harm.

#### Approach and collaboration

The team realized they needed to identify the cause of most patient falls and make necessary changes to help prevent them. Intervention planning took place from September to December 2022.

The first priority was to interview the staff. Nurses and nursing assistants were interviewed individually since they are a direct line to the patients. Knowing and understanding what they see daily is important for recognizing trends and issues in current processes. Through this work, the team was able to determine the common causes of patient falls and how to help staff better recognize patients at high risk for falls.

Interventions included:

- updates to current policies;
- bimonthly staff education;
- updating signage, including new visual cues that were created to attach to the improved “fall leaves” visual fall-risk tool for staff recognition, prior to entering the patient's room (such as why the patient might fall, e.g., confusion);
- implementing a fall-risk assessment for each patient; and
- circulating screen savers on monitors to remind staff of patient fall interventions.

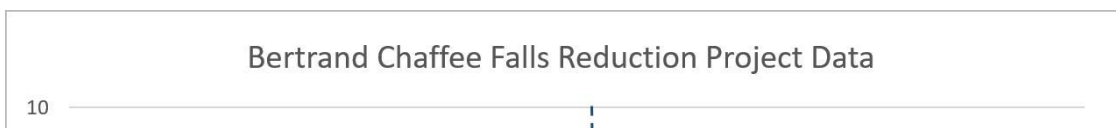
The team launched the new initiatives in January 2023 and provided regular data updates to staff so they could see how their efforts were helping. The team also provided a final update at year-end to show how staff efforts, knowledge and care reduced patient falls.

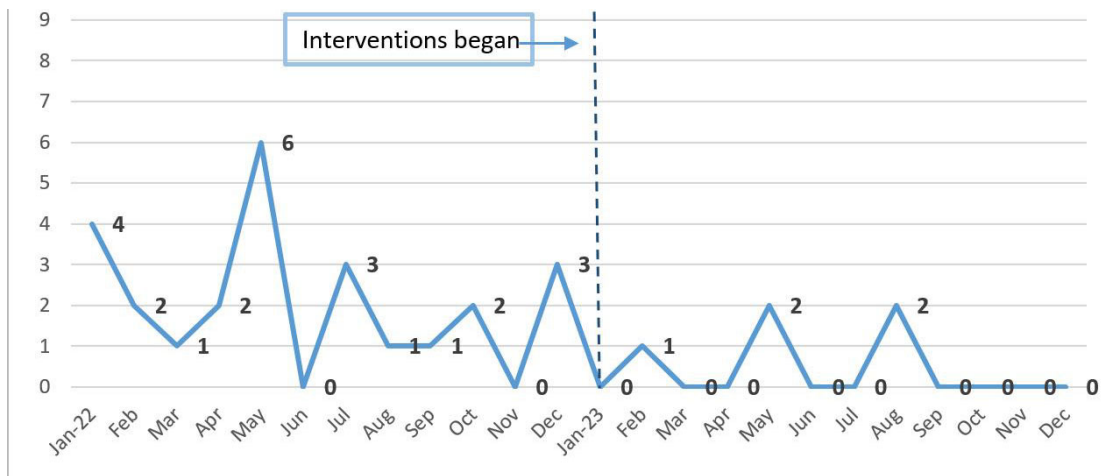
#### Results and impact

Falls were reduced from 25 in 2022 to five in 2023; a 77% reduction. The hospital also went four consecutive months without any falls.

Staff knowledge regarding the reasons patients fall expanded and staff morale improved as they continued to see their work pay off and falls reduced.

The next steps are to recognize if any of the falls in 2023 were caused by issues not previously identified when the improvement process began. Education will also continue to be updated and reinforced. Each month, fall numbers will be shared so that the team can identify what caused the fall and adjust workflows, as needed. The team will continue to give praise and credit where it is due.





## Pressure injury prevention committee

### Rutland Regional Medical Center

*Submitted by Liza Eddy, MHA, BSN, RN; RN Manager of Patient Safety*

#### Background

Pressure injuries are associated with extended hospital stays, sepsis and mortality. An estimated 60,000 U.S. hospital patients die each year from complications due to hospital-acquired pressure injuries. Unstageable, Stage 3 and Stage 4 HAPIs are serious, reportable events — and preventable if assessments and interventions occur regularly.

Rutland Regional Medical Center instituted a pressure injury prevention committee to improve the quality of care for patients in all clinical departments by reducing the overall incidence of serious, reportable HAPIs. The PIP committee worked with affected departments to decrease their incidence of HAPIs by 5% over a six-month period to help RRMC reach its fiscal years 2023 and 2024 goal of reducing HAPI incidence to zero.

The project focused on supporting and improving the day-to-day activities of bedside staff, including care interventions directly related to skin condition, injury prevention, wound identification and wound treatment. The project did not focus on medical equipment or processes that do not impact skin integrity (e.g., intravenous pumps, bed frames).

Critical success factors include reduced incidence of serious, reportable HAPIs and the development of improved tools and resources for bedside staff.

#### Desired outcomes:

- **Education and training**
  - Develop/provide educational content for bedside staff that improves their understanding of PI staging and management.
- **Supportive tools and resources**
  - Examine existing policies and procedures to ensure they align with best practice standards.
  - Provide algorithms to assist in PI management and prevention.
  - Ensure that documentation in the electronic health record reflects best practice standards and improves workflows for bedside staff.

#### Approach and collaboration

Formed in early 2023, RRMC's multidisciplinary PIP committee is comprised of wound, ostomy and continence nurses, representatives from all nursing units, physical/occupational therapy, hospitalists, general surgery, case management, information technology, education, quality and safety and biomed. Participants include



One of the initial challenges of the project was a lack of baseline and current data. The organization had a robust system in place to complete once-monthly skin checks and submit the results to the National Database of Nursing Quality Indicators®. Frontline staff entered patient safety event reports for any serious reportable PI. To ensure no data point was missed, a process was developed to run monthly reports based on diagnosis codes. All data sources were then filtered through a central location (RN manager of patient safety). As data then became available, information was regularly shared with the PIP committee, inpatient units and RRM leadership.

Through the PIP committee and a root cause analysis process for reportable PI, system deficiencies were identified in the areas of policies, documentation, education, resources, staffing and equipment. The RCAs suggested that many HAPIs had been present on admission but were incorrectly staged. With the new “4 Eyes in 4 Hours” process change, RRM improved the ability to accurately record and document any skin abnormalities that are present on admission, identify patients at risk for pressure injuries and use teamwork and critical thinking with RN partners to improve patient care.

### Results and impact

In April 2023, RRM’s HAPI rate was 3.7%. In March 2024, the rate had improved to zero. Two hospital departments have maintained a HAPI rate of zero for five months and every department’s HAPI rate has improved. While additional efforts still are needed, staff and leaders are encouraged by the overall improvement and are committed to continuing PIP.

- **Data collection**

- The two existing processes to report HAPIs left gaps in data collection. Centralizing the reporting and data collection and developing a regular monthly report based on diagnoses helped ensure data were complete, accurate and thorough.

- **Education**

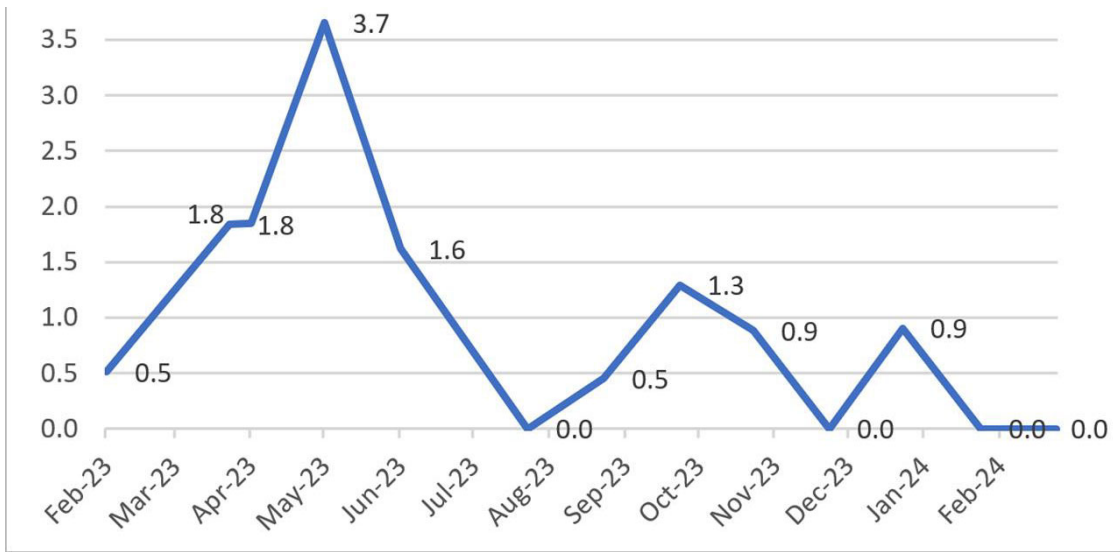
- The Wound Ostomy Care NDNQI Pressure Injury and Skin Care modules were assigned to every RN and new hire RN. The modules are now required annually to ensure staff stay informed of any updates to best practice recommendations. The WOC nurse also reviewed and updated the skin and wound care resources and training materials available in each unit.
- The education rollout helped set the stage for the 4 Eyes in 4 Hours project. When the organization updated its policy to require that two RNs complete the admission skin assessment, there was an immediate and drastic improvement in documentation of skin abnormalities present on admission and improvement in HAPI prevention.

- **Support surfaces**

- During the RCAs, it became clear that low air-loss mattresses (“KCI overlay”) were inconsistently ordered and often not used when indicated. The process of putting the KCI overlay in place was cumbersome and required a maintenance ticket to request the pump and new bed with the overlay in place. The quality and safety department worked with the WOC team to develop a support surface algorithm and support RN clinical decision making.
- A mattress assessment was completed in May 2023, identifying deficiencies related to the integrity of the mattresses. A new fleet of mattresses and bed frames was put in place in March and April 2024. The new integrated mattress surfaces offer improved low air-loss systems and eliminate the need to change a patient’s bed or mattress.

## RRMC HAPI RATE PER 1,000 PATIENT DAYS

4.0



**Questions?**

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

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