EQIC
EASTERN US QUALITY IMPROVEMENT COLLABORATIVE

News
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In This Issue

Workgroup updates

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

Health equity

At the April 18 kickoff meeting, health equity workgroup members reviewed EQIC's program goals and workgroup structure. Participants watched IHI's Open School session "Why does health equity matter?" and discussed making equity a strategic priority.

Peer highlights included forming a social determinants of health task force, building community partnerships to address SDOH, working with local social justice groups and departments of health to foster solutions and developing recommendations to address equitable data use.

Hospital challenges and shared strategies included where to start disparities-reduction efforts, the importance of using both qualitative and quantitative data, providing staff training to improve data collection processes, report development to enable stratification and accessing community data sources to inform action. Tools highlighted to identify priority populations and drive quality improvement interventions were CMS' *Disparities Impact Statement* guide and EQIC's Health Equity Special Report and Gap Analysis.

At the May 16 session, the group discussed priorities and goals, including meeting new CMS and The Joint Commission measures. The group reviewed a brief crosswalk of the new CMS Hospital Commitment to Health Equity measure and TJC standards. At the next meeting, hospitals will discuss activities underway to meet these new requirements and the power of qualitative data and storytelling to bring equity to the bedside and beyond.

Falls

During the April 20 kickoff meeting, the workgroup discussed future goals for a year from now, including eliminating preventable falls and reducing injury from falls. Current challenges identified include alarm fatigue and caring for an elderly population. Current fall prevention interventions include LAMP (look at me, please) and ready-steady-balance programs, non-clinical sitters, no pass zones and interdisciplinary huddles. In the next meeting, the group will discuss risk assessments and plans for prevention.

In the May 18 meeting the group discussed prevention methods for different scenarios, including in the emergency department, in inpatient units and during transitions of care. The group reviewed patient fall risk screening tools and discussed why a hospital might choose one over another. The workgroup also discussed the difference between screening a patient for risk of falls and identifying a reason a patient is falling, such as a medical condition. Hospitals shared a variety of fall prevention tactics, including putting at-risk patients closer to the nurses' station, using non-clinical sitters, involving family/caregivers in prevention and communicating constantly throughout the whole care team.

Readmissions

The April 27 kickoff meeting included introductions, identifying ground rules for the workgroup and sharing the composition of participants' multidisciplinary readmission teams. Additionally, participants discussed goals for the workgroup and set priorities for meetings going forward.

In the May 23 meeting, the group discussed goals for readmission work, which include improving transitions of care, engaging patients and care partners, improving patient experience and reducing readmissions. Current challenges include engaging care partners as part of the hospital team and improving analytic data capabilities. Participants shared successes and challenges of implementing EQIC's Care Partner program.

Patient and family engagement

At the April 27 kickoff meeting, ground rules were set for the workgroup, including showing respect, sharing and celebrating success. The group members shared why they wanted to be a part of the workgroup and which of the five CMS PFE measures were their priorities. By unanimous voting, the group decided to focus on reducing all-cause harm by implementing PFE best practices 1 (implementing a planning checklist for planned admissions), 4 (designating a PFE leader) and 5 (creating an active person and family engagement committee or other committees where patients are represented and report to the board.)

At the May 25 meeting, the group discussed how PFE best practices can be implemented to reduce all-cause harm and improve patient safety, starting with PFE best practice 1. Goals include improving communication and partnership with the patient and family members or care partners. Strategies shared include identifying current practices to communicate with patients prior to scheduled admissions and conducting a two- to three-week Plan-Do-Study-Act cycle to implement a checklist and track measurable impact.

Education

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

C. difficile 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 electronic medical record changes; and
- how to use the current state to plan next steps.

Thursday, July 13
Innovative approaches to addressing health equity and social determinants in rural communities
1 - 2 p.m.

Advancing health equity is a national priority and this CMS community of practice session aims to increase participants' understanding of health equity and support the implementation of equitable quality improvement interventions. This event features a discussion of the Rural Health Information Hub's Rural Health Equity Toolkit, including examples of how rural community health programs have sought to advance health equity. Considerations for implementation, evaluation and sustainability of interventions will be included. Additionally, two HQIC hospitals will share promising practices for advancing health equity, including improved SDOH screening, using SDOH data to identify patients at risk for increased length of stay and readmissions, and developing a robust patient and family advisory council in a diverse community.

Questions?

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