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Workgroup updates

Thank you for participating in EQIC's monthly affinity [workgroup meetings](#).

This issue of *EQIC News* covers the most recent workgroup meetings for sepsis, pressure injuries, infections and adverse drug events/opioid prescribing. Summaries for the health equity, falls, readmissions and patient and family engagement workgroups are shared in alternating issues.

Sepsis

At the July 6 meeting, the sepsis workgroup reviewed the role of technology relative to early identification and sepsis care management. One hospital shared how it operationalized the Surviving Sepsis Campaign's Hour-1 Bundle to support rapid diagnosis and immediate intervention.

Members discussed challenges in achieving bundle compliance and processes related to providing clinical performance feedback. Challenges related to optimizing order sets include increasing provider buy-in, standardization and consistent use.

Before the next meeting, participants should review the sepsis presentation from the February [EQIC Conference](#) and identify action steps from the workgroup roadmap (i.e., people, process/systems of care, technology) to guide improvement work.

Pressure injuries

Members at the July 5 meeting shared what they have implemented or plan to implement as they move forward on their PI reduction journey. Completed or planned actions include re-education on prevalence studies to improve accuracy, frequency and consistency, implementation of the "4 eyes" skin assessment and creation of standards of care for patients entering the ED with a wound.

The group then discussed how PI education occurs during orientation with annual and just-in-time updates. Education includes information on screening and assessment tools, data collection, best practice prevention and treatment, staging and patient education. They discussed challenges such as provider assessment and including wounds as a diagnosis with appropriate interventions, as providers may not have formal education in PI staging.

Participants noted that not all hospitals use a specific skin assessment tool, but the Braden scale is the most commonly used and the Scott Triggers tool is used in the operating room.

Infections

The July 11 workgroup meeting focused on *C. difficile* and antimicrobial stewardship. Members discussed *C. diff* testing and were polled on what type of testing was conducted at their facility. While nearly 45% of hospitals have implemented a two-step methodology, several hospitals are conducting PCR-only testing. EC Health Network shared that previously, PCR-only testing was done at the facility, but two-step testing has been conducted recently for any positive PCR test.

Additionally, special focus has been given to the distribution of stool charts and documentation for type and consistency. These interventions have helped reduce *C. diff* rates.

Several workgroup members shared that antimicrobial stewardship teams were being reinstated in their facilities. New disciplines such as surgery and outpatient teams are being added to create a multidisciplinary approach.

Adverse drug events/opioid prescribing

The July ADE/opioid workgroup meeting was canceled. Hospitals were asked to take time before the August meeting to work on next steps in their opioid prescribing framework. At the June meeting, the group decided that a good approach to achieving a safe opioid prescribing environment hospital-wide is by implementing a guideline or policy document with the goal of training prescribers and care teams on the best opioid prescribing approaches.

Participants should come to the next session prepared to discuss work done over the last month to improve hospitals' opioid prescribing work, including barriers and successes.

Announcements

Website sign-in system updated on July 25

EQIC is now using the Okta sign-in system across our online applications — meaning stronger digital security with a simpler sign-in experience. Any time you sign into the EQIC portal or register for an EQIC event, you'll see a new login screen that will ask you to verify your email address. If you have logged in before, you will be able to access the site. If you are a new user to our systems, you will be prompted to create an online user account. Once you do that, you will receive an email from noreply@okta.com to finish setting up the account. Please contact UserAccountSupport@hanys.org or call 518.431.7670 with any questions.

Tools and resources

Supporting health equity

EQIC is pleased to share the following resources to help our providers and partners support health equity.

- CMS updated its [Framework for Health Equity](#) with five overarching priorities for the agency and stakeholders.
- Health Quality Innovators created [Best Practices in Health Equity: Advice from Peer Hospitals](#), which are aligned with each of the seven categories of the health equity organizational assessment.
- HQI's [Quick Start Guide](#) contains resources and instructions on how to meet new final rule requirements in calendar year 2024.
- Alliant's [Health Equity Coaching Package](#) includes top health equity interventions with accompanying resources that align with Health Equity Organizational Assessment categories.

Education

TODAY!

Thursday, July 27

[Novel research: How a positive safety climate improves patient outcomes and occupational health](#)

Noon - 1 p.m.

Despite the infection prevention and safety benefits associated with standard precautions, consistent adherence has been notoriously challenging. This webinar will highlight new research findings that show how safety climate and standard precautions impact healthcare-associated infection occurrence among patients and occupational health outcomes among staff. Presenters will share modifiable features within hospitals and safety climates that can improve these outcomes, policy implications and practical applications for infection preventionists, occupational health and quality.

Questions?

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

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