



In This Issue

[Workgroup updates](#)
[Announcements](#)
[Tools and resources](#)
[Education](#)

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 health equity, falls, readmissions and patient and family engagement. Summaries for the sepsis, pressure injuries, infections and adverse drug events/opioid prescribing workgroups are shared in alternating issues.

Health equity

At the July 18 meeting, Mount Sinai Health System shared its health equity data journey and six-step roadmap to advance equity through quality measurement. Key discussion points included prioritizing system-wide data integrity, improving patient demographic data collection and use (i.e., race, ethnicity, and language; social determinants of health; and sexual orientation and gender identity) and ensuring compliance with routine measures of patient outcomes and experience to inform effective interventions.

Sharing results with patients and families was discussed as a patient-centered approach to further promote health equity. The open discussion centered on hospital data collection and use, and commonly shared barriers and solutions to assessing staff education/training needs, standardizing data collection and streamlining processes. The next meeting will cover root cause analysis with an equity lens.

Falls

At the July 20 meeting, hospitals shared the work done since the workgroup began in April. Success stories include:

- an implementation plan of proactively scheduled toileting for a specific high-risk population;
- rolling out a “known faller” initiative with a toileting schedule;

- reducing falls after completing a root cause analysis for why patients were falling after returning from physical therapy and retraining staff to fix the root cause; and
- changing the risk assessment tool to more accurately capture patients at risk.

The group reviewed the pros and cons of different fall prevention technologies. Members were challenged to assess how best to modify or improve current technology that is not working at its best for patients. Members also were asked to review post-fall huddles to determine if the current post-fall assessment is best serving patient safety goals.

Readmissions

At the July 25 meeting, the EQIC readmissions workgroup had a robust roundtable discussion on the progress made to date on care partner program implementation. Challenges and strategies were shared on educating staff and patients on the value of patients identifying and engaging the care partner as part of the healthcare team.

Patient and family engagement

At the July 27 meeting, workgroup leads discussed the continued focus on reducing healthcare-associated infections and improving patient safety through PFE by directly involving the patient and their families at the point of care. The workgroup recapped the action items and steps previously discussed to implement admission planning and discharge checklists. Workgroup members shared creative ways of asking the right questions and engaging the hospital staff and patients. Participants also had a roundtable discussion on current engagement strategies, creative ways of engaging patients in their care, success stories and challenges that prohibit engagement.

Before the next meeting, hospitals are encouraged to review current PFE work plans, if any, and complete a patient and family advisory council readiness assessment if interested in kick-starting a PFAC.

Announcements

We want to hear from you! Survey reminder for hospital liaisons

An email was sent to EQIC hospital liaisons on July 19 urging them to complete a [brief survey](#). EQIC and CMS are interested in your hospital's status in the key areas of patient and family engagement, staff training, workplace violence and high reliability.

We are asking hospital liaisons to complete the survey by **Monday, Aug. 14**. Please contact your project manager with any questions.

Tools and resources

New EQIC pressure injuries and sepsis assessment tools are available

As part of EQIC's rapid-cycle improvement programs, we are providing new and updated assessment tools. These tools can be used to compare your current operations and outcomes in various harm areas to evidence-based best practices and create improvement plans. The first of our refreshed tools are now available for use: [pressure injuries](#) and [sepsis](#). EQIC recommends consulting with your project

manager for further explanation and optimized use of the tools. EQIC will advise as other RCIP assessments become available.

Education

TODAY!

Thursday, Aug. 10

[Back to basics: A CAUTI reduction journey](#)

1 - 2 p.m.

Catheter-associated urinary tract infections are among the most common types of healthcare-associated infections. Research suggests that CAUTIs are highly preventable—up to 70% may be avoided. The Agency for Healthcare Research and Quality states that complications associated with CAUTI include longer lengths of hospital stays, patient discomfort, excess healthcare costs and increased mortality. This month's CMS Community of Practice call will review how the University of Texas Medical Branch used its *Journey to Zero* program to reduce its CAUTI rate using a back-to-basics and best practice bundle approach.

Wednesday, Aug. 16

[Partnering with law enforcement to help address violence in healthcare](#)

2 - 3 p.m.

During the next session in HANYS' *Responding to aggressive behavior in healthcare settings* series, leadership from the New York State Police Intelligence Center and the New York City Police Department's Shield program will provide an update on law enforcement initiatives that help address violence in healthcare and overview how healthcare settings can successfully engage with law enforcement in circumstances where there is a concern, threat or act of violence.

Thursday, Sept. 14

[Building reliable sepsis mortality prevention practices: How does your organization measure up?](#)

1 - 2 p.m.

This CMS Community of Practice call features a discussion among EQIC and another HQIC team to describe practical strategies for the early identification and response to sepsis with two examples from the field. First, the discussion will focus on an innovative approach to using measurement as a driver for improvement using the Sepsis Honor Roll self-assessment. Second, EQIC's Windham Hospital in Connecticut will describe its successful practices from the frontlines of care. Specifically, the tools and resources used to facilitate bundle implementation and increase staff knowledge and expectations will be shared.

Questions?

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

[Unsubscribe](#)

One Empire Drive, Rensselaer, NY 12144