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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 Aug. 1 meeting, members discussed early identification of sepsis on inpatient units. Participants shared action steps taken since the last call, including:

- revising sepsis tools and using them in conjunction with Sepsis Advisor to support nursing and other provider workflow;
- exploring the use of a sepsis paging system to improve response time and enhance communication;
- harnessing technology to flag bundle elements and increase visibility for nursing and provider use;
- engaging with the pharmacy to expedite antibiotics upon sepsis recognition; and
- tracking initial lactate.

The biggest challenges related to improving identification include "Thinking SEPSIS First" upon screening, competing priorities, education, staffing and Best Practice Alert fatigue. Group reflection questions focused on the role of nurse and physician communication and documentation. For team action planning and next steps, hospitals will develop a process map and come prepared to share identified steps to take when a patient suspected of being septic is admitted to the your unit.

## Pressure injuries

At the Aug. 2 meeting, the group discussed incorporating skin champions into the care team. Hospitals shared their processes, including having wound consults when a skin champion is not available, real-time training of physicians, and improving nurse confidence with wound identification and preventive measures. Educational offerings include programs that are facilitated by the wound skin nurse each shift and focus on skin care, staging and treatment of wounds. Resources used to develop skin champions include the Web WOC program, The National Database of Nursing Quality Indicators® modules; Wound, Ostomy and Continence Nursing certification; quarterly meeting with a prevalence study; and a PI staging course with a test. Challenges identified are staff burnout and turnover, scheduling, time commitment and education.

Contributing factors to the EQIC pressure injury rate include nurses' inability to order bundles independently, lack of turning, staff turnover, lack of education and standardization, inconsistent completion of the Braden risk assessment and lack of a plan for interventions. Solutions discussed include the implementation of standing orders, adding skin as an agenda item at staff meetings and whiteboards, adding pillows and supplies as part of room preparation and use of prevention equipment.

## Infections

Mark Povroznik, MD, from WVU Medicine – United Hospital Center presented at the Aug. 8 meeting. He spoke on blood culture contamination, which is linked to several outcomes including inappropriate antibiotic use, increased *C. difficile* rates and false positive central line-associated bloodstream infection.

During his presentation, Dr. Povroznik reviewed the multi-phase approach that was adopted at WVU Medicine to reduce blood culture contamination rates at his facility. There was a significant focus on policy review, education, data monitoring and in-depth analysis of system-attributed costs per contaminated blood sample. Additionally, a leadership-supported culture change, the adoption of available technology, staff notification and real-time investigations were key in reducing blood culture contamination rates.

Those interested in following up on blood culture contamination can access Dr. Povroznik's [recent publication](#) online, email him at [mark.povroznik@wvumedicine.org](mailto:mark.povroznik@wvumedicine.org) with "EQIC Blood Culture Question" in the subject line or call his office at 681.342.1690 and leave a message saying who you are and that you are calling about the EQIC blood culture discussion.

## Adverse drug events/Opioid prescribing

At the Aug. 9 meeting, the workgroup reviewed the content discussed thus far, including "101" quality improvement work, getting leadership engagement, forming an opioid team and data collection. The group revisited all of the areas in which a policy or guideline could be written/implemented to impact opioid prescribing and opioid-related adverse drug events.

Ideas for Plan-Do-Study-Act cycles were discussed, including:

- implementing a stepwise approach to prescribing;
- using an Morphine Milligram Equivalent converter to know how much opioid a patient is receiving daily;
- instituting policies and training around avoiding dual ordering opioids and co-prescribing opioids and benzodiazepines;
- training providers on tapering and weaning;
- limiting the number of doses prescribed; and
- co-prescribing opioids with naloxone upon discharge.

Matthew Jared, MD, from SSM Health spoke to the group about ways to improve opioid prescribing and reduce ADEs, including:

- implementing the [Pasero Sedation Scale](#);
- using a multimodal approach to prescribing;
- incorporating a sedation assessment with pain assessments and recommendations of medication adjustments with sedation tools;
- establishing functional goals, including:
  - incorporating in conversations with patients that taking opioids should be to meet a functional goal — e.g., for physical therapy, not as an all-the-time medication; and
- engaging prescribers, including:
  - tracking data on opioid prescriber rates;
  - engaging physician champions and leadership; and
  - having meaningful check-ins and conversations with prescribers who are not meeting goals, keeping them engaged and using evidence of what is the safe amount to prescribe.

Dr. Jared said the most overall success he has seen results from interacting with prescribers to know and feel comfortable about the evidence and engaging nurses in sedation risk assessments.

The next several ADE workgroup meetings will focus on glycemic management. Please ensure staff who are working on this focus area are aware and registered to attend.

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## Announcements

### Save the date for EQIC's fall conference!

**Thursday, Oct. 12**

**Advancing Healthcare Excellence: The Power of High Reliability and Just Culture to Improve Patient Safety**

**9 a.m. - 3 p.m.**

EQIC is excited to present our fall 2023 conference! This one-day virtual event will cover the foundations of high-reliability organizations and just culture. Hospitals will learn how they can apply these concepts to impact their quality improvement work, advance staff satisfaction and improve patient outcomes. Watch for more details and registration information.

### Updated ADE codes reflected in EQIC portal

EQIC recently updated its code list for ADE measures (including ADE rate, opioid-related ADE rate, hypoglycemic ADE rate and anticoagulation-related ADE rate) in order to align with a recent CMS request. Due to this change, you may have noticed a decrease in the number of events from what was previously shown on EQIC's secure data portal. Changes to measurement specifications or code lists are applied retroactively. Therefore, the same code list is utilized for each month of reported data. The updated code list is available [online](#).

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## Tools and resources

### Words matter wallet card/badge reel

To encourage people-first language, the Telligen Hospital Quality Improvement Contractor has created an easy reference that can be kept on a badge reel or in your wallet. This [tool](#) shares which words to use and which to avoid when referencing substance use disorder and reminds healthcare personnel to keep people first in their communications and interactions.

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## Education

**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 will feature 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, an innovative approach to using measurement as a driver for improvement using the Sepsis Honor Roll self-assessment will be introduced. 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.

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### Questions?

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

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