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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 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 Aug. 15 meeting, workgroup members shared progress toward advancing strategic planning and data collection/use. Hospitals are collecting race, ethnicity and language; social determinants of health; sexual orientation and gender identity, and other demographic data. Hospitals are also working to build fields for consistent data capture in the electronic medical record.

Barriers noted include providing consistent staff education and standardizing collection processes by role. Solutions include adding scripting, tailoring education and working with clinical information services to address format and reporting challenges. Key group takeaways include the importance of standardizing, validating and making good use of data. A brief overview of how root cause analysis can be used to identify and eliminate disparities by applying an "equity lens" set the stage for next month's discussion, which will focus on organizational leadership.

Falls

At the Aug. 17 meeting, the falls workgroup revisited the pros and cons of technology to prevent falls. Hospitals identified issues such as alarm fatigue, alarms not functioning as intended and family members' ability to turn off alarms. Solutions proposed included the use of I-beds to know which alarm is going off, ceiling tile signs to encourage patients to stay in bed, signs that say "for staff use only" on

alarms, “call don’t fall” and a fall contract that commits patients and families to call for assistance when moving.

One hospital is categorizing harms by color, with falls indicated by pink. Pink lights, pink armbands and pink stickers on the chart are used to identify fall risk. The group also revisited the post-fall huddle workflow. The ideal state is that the huddle happens as soon as possible after the fall and includes the patient and clinical staff.

Participants should review the post-fall workflow before the next meeting and reach out to EQIC staff about how the workgroup can support your team.

Readmissions

Discussion at the Aug. 22 meeting covered the next two implementation steps of EQIC’s Care Partner Program: include and prepare. The Maimonides Medical Center team presented its care partner program journey and the hospital was officially designated as an EQIC Care Partner Hospital.

The group discussed potential measures for tracking the progress of the EQIC Care Partner Program, including readmission rates, percentage of care partners identified and Hospital Consumer Assessment of Healthcare Providers and Systems measures.

The workgroup also shared its current readmission work initiatives and suggestions for the group’s next focus to include data sources/chart review tools, transitions of care, condition/diagnosis-specific interventions to prevent readmission and nursing home collaboration to reduce readmission.

Patient and family engagement

The August PFE workgroup meeting was canceled. Hospitals were asked to take time before the September meeting to assess readiness for implementing a patient and advisory committee if they don’t already have one. During July’s meeting, the team reviewed various creative ways of engaging patients at the first point of care and during their hospital stay, and discussed if a patient and family advisory council would be the best platform for patients to share feedback at their hospital.

Participants should come to the next session prepared to discuss the results of the readiness assessment tool and the hospital staff assigned to kick-start the process.

Announcements

Data portal update: No new September data

EQIC identified a data inaccuracy affecting a small number of hospitals in the secure data portal. As a result, the data portal will not be updated in September as we work to correct these data. We will reach out to you directly if your hospital requires a data correction. Data will be updated in October and will be inclusive of all of the most recent submitted data.

Culture of Safety Survey data update

Registration for this year’s Culture of Safety survey opens Sept. 18. Access to previous years’ data is now limited to hospital leads. EQIC requests that all hospitals register to indicate their participation status. For any questions, please contact your project manager.

World Patient Safety Day

Join your colleagues in recognizing [World Patient Safety Day](#) on Sept. 17. This year's slogan is "Elevate the voice of patients!" The World Health Organization calls on all stakeholders to take necessary action to ensure that patients are involved in policy formulation, represented in governance structures, engaged in co-designing safety strategies and active partners in their own care. EQIC's [Care Partner Program](#) and [patient and family engagement](#) work echo this goal and provide a variety of tools and resources to ensure your hospital elevates patient voices.

Tools and resources

September is Sepsis Awareness Month: Take the TIME to know the signs

EQIC and the CDC encourage all of its partners, patients and healthcare professionals to help save lives by raising awareness and sharing how sepsis can be prevented. Sadly, in the 20 seconds it takes to read this post, another person in the U.S. will be diagnosed with sepsis. For those 1.7 million people each year, rapid recognition and treatment are crucial to their survival. @SepsisAlliance is asking everyone to take the TIME (Temperature that's abnormal, signs of Infection, Mental decline, feeling Extremely ill) to save a life this [Sepsis Awareness Month](#). You can also register for the Sept. 27-28 [Sepsis Alliance Summit](#).

CDC launches Hospital Sepsis Program Core Elements 2023 Initiative

The CDC launched its [Hospital Sepsis Program Core Elements initiative](#), providing hospitals with a blueprint for managing medical emergencies stemming from sepsis. Modeled after a similar effort for antibiotic stewardship, the program is intended as a "manager's guide" to organizing staff and making resources available to improve sepsis care and survival rates.

EQIC's Sepsis Workgroup roadmap supports the adoption of these core elements in alignment with our current work to increase the development of multidisciplinary hospital sepsis programs and improve sepsis management and outcomes. EQIC encourages hospital team members who have not yet joined our learning and action affinity group to formally register by contacting your project manager.

2022 NHSN annual survey results: Sepsis program activities in acute care hospitals

The CDC released the [results](#) of its 2022 National Healthcare Safety Network Annual Survey, which evaluated the prevalence and characteristics of [sepsis programs in acute care hospitals](#). In 2022, 73% of hospitals reported having a sepsis program, ranging from 53% among hospitals with zero to 25 beds to 95% among hospitals with more than 500 beds. Only 55% of all hospitals provide sepsis program leaders with dedicated time to manage a sepsis program and conduct daily activities.

What are the implications for public health practice? Opportunities exist to increase institutional support and improve the structure of hospital-based sepsis programs, which is the focus of CDC's Hospital Sepsis Program Core Elements.

Try CDC's Project Firstline for infection reduction

The CDC's [Project Firstline](#) provides innovative and accessible resources for all healthcare workers to learn about infection control. Explore the educational and training content to learn more about where germs live in healthcare settings and how to recognize the risk for them to spread – which is the first

step in understanding when to take action to protect yourself and your patients from infections. EQIC encourages hospitals to prioritize this free resource for all frontline staff.

Additional resource for reducing healthcare-associated infections

Answer the questions in Telligen's [HAI CDI root cause analysis tool](#) to complete an RCA of recent *C. difficile* infection cases on your unit or in your facility to drill down recent CDI cases and identify opportunities for improvement.

Quality control: The misunderstood essential for improvement

When effectively used, quality control methods can help internally monitor performance, assess progress and help systems direct improvement resources to where they are needed most. An experienced improvement advisor shares [three techniques](#) for embedding quality control: standard work, visual management boards and an escalating huddle system.

Education

TODAY!

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, Windham Hospital will share the tools and resources used to facilitate bundle implementation and increase staff knowledge and expectations.

Friday, Sept. 15

[**Sepsis care strategies across five states: A collaborative approach**](#)

1 - 4 p.m.

This free webinar is cohosted by the state hospital associations of New York, Indiana, Kentucky, Tennessee and Washington. Topics to be covered include:

- order set utilization and the New York state sepsis reporting mandate;
 - transforming sepsis care through technology and a clinical command center;
 - implementing the "Hour-1 Bundle" in the emergency department;
 - improving SEP-1 compliance;
 - improving the sepsis handoff; and
 - patient/family sepsis education strategies.
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Questions?

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

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