

Here we go....

Optimizing the EQIC program

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EQIC

EASTERN US QUALITY
IMPROVEMENT COLLABORATIVE

Agenda



- CMS directives
- EQIC programming
 - Three sections (CMS Goals I,II, and IV)
 - Other CMS focuses
- Models/approaches
- Next steps
- Q&A

CMS Directives

CMS Goal I

Medication management and ADE reduction

- Decrease opioid adverse drug events by 7%, including deaths in Medicare population
- Decrease opioid prescribing by 12%
- Decrease adverse drug events by 13%

Sprints

CMS Goal II

Safety across the board

- Decrease all-cause harm by 9% or more
- Decrease the ADE and Readmissions in their goals
- Decrease Clostridioides difficile

Webinars

Unit-based safety (UBS)

CMS Goal IV

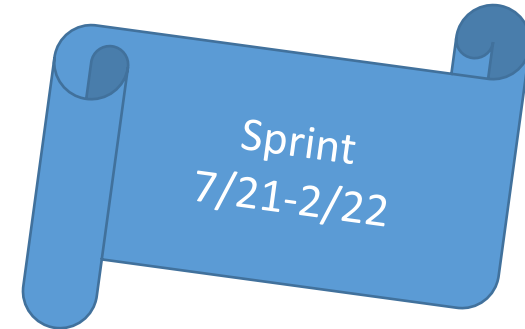
Readmission reduction

- Decrease readmissions by 5%

Sprints

Medication Management and Prevention of Adverse Drug Events (ADEs)

- Opioid management
 - In-patient prescribing/dosing (naïve to addictive)
 - Monitoring and interventions
 - Co-occurring prescription of opioids, benzodiazepines
 - Referral and support (MATs)
- Insulin management
 - In-patient basal-bolus management
 - Team approach (MD, RN, pharmacist, nutrition, CDE)
 - Transition to oral agent / smooth transition to home



Medication Management and Prevention of Adverse Drug Events (ADEs)

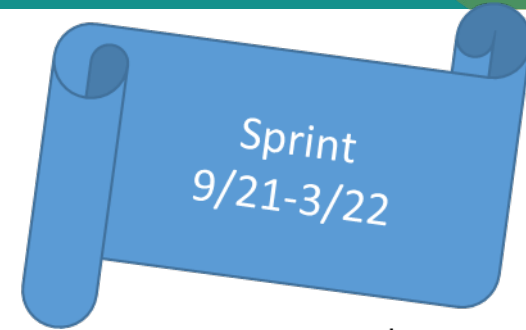
- Anticoagulation management
 - In-patient prescribing
 - Transition to oral medications
 - Newer anticoagulants
 - Risk assessment and prevention of VTE
 - Team-based protocols (MD, RN, pharmacist, therapy)
- *Very* high-risk medications in the elderly
 - NQF 0022
 - Examples: Central nervous system antidepressants, barbiturates, vasodilators, hypnotics



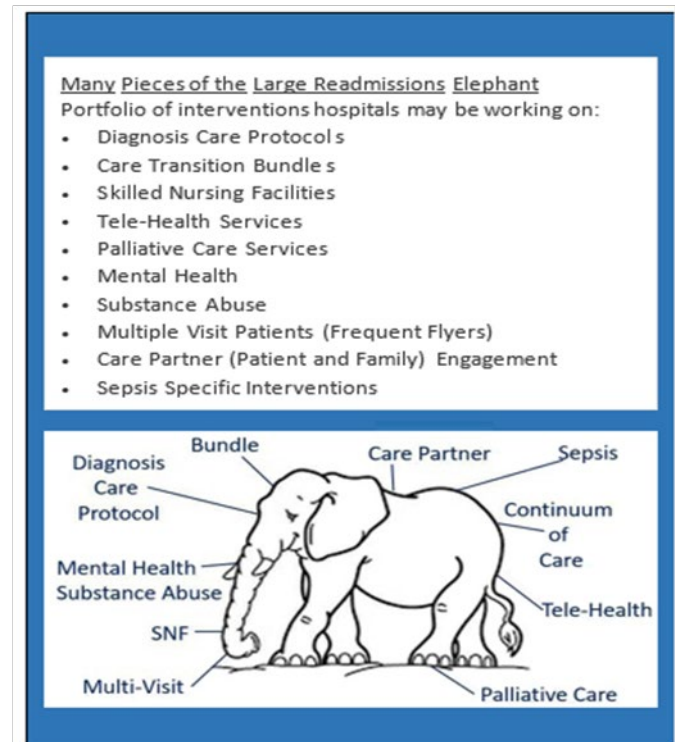
Readmission Reduction Management

• Care Partner Model Program

- Designate family or friend to help represent the patient throughout the hospitalization through post-hospital care
- Very formal “inclusion” steps
 - Admission
 - Education and post-hospital preparation
 - Smooth transition of care
- Operationalized patient-centered care
- AARP Care ACT / Federal Registry
- High Impact – Readmission reduction and HCAHPS scores



CMS Readmission Affinity Group Graphic

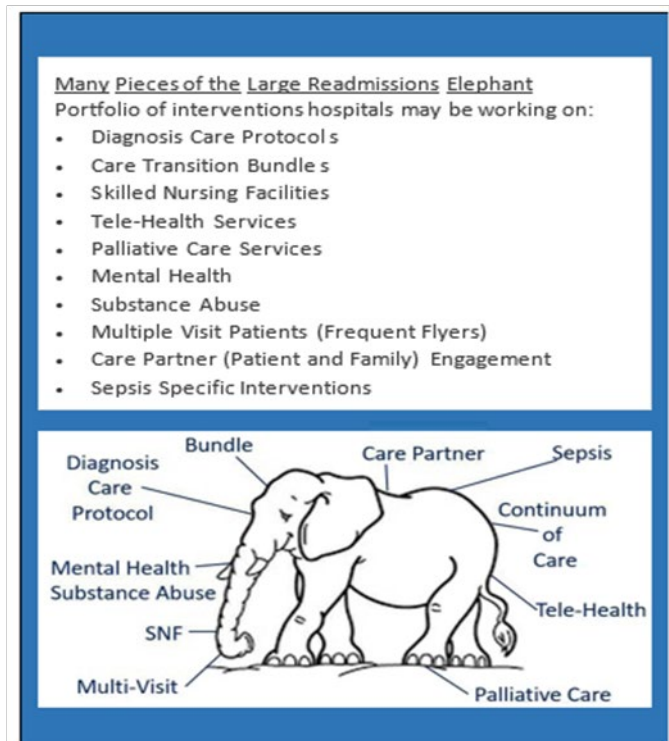


Readmission Reduction Management

- Advanced discharge planning bundle
- SNF pilot partnerships
(can translate to Home Health)
- Multi-visit or high utilizers
- *Diagnosis-specific analytics and action*

Listserv

CMS Readmission Affinity Group Graphic



Safety Across the Board

"No-harm across the board"

"Zero defects"

"Unit-based safety"

"All-cause harm"



ADE and Opioids



ASP, C. diff,
MRSA



CAUTI



CLABSI



Culture



Falls



Health Equity



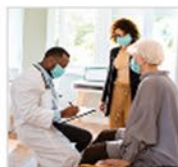
PFE



Pressure Injury



Public Health
Emergencies



Readmissions



Sepsis



SSI



UBS



VTE



CMS all-cause harm



CMS emerging priorities

Review

- **ADE and medication management**

- Primarily sprints
- Primarily the 4th Tuesday of the month, 1-2 pm
- Kick-off: July, 27, 2021

- **Readmissions**

- Primarily sprints
- Primarily the 3rd Thursday of the month, 1-2 pm
- Kick-off: September 9, 2021

- **UBS Wednesdays**

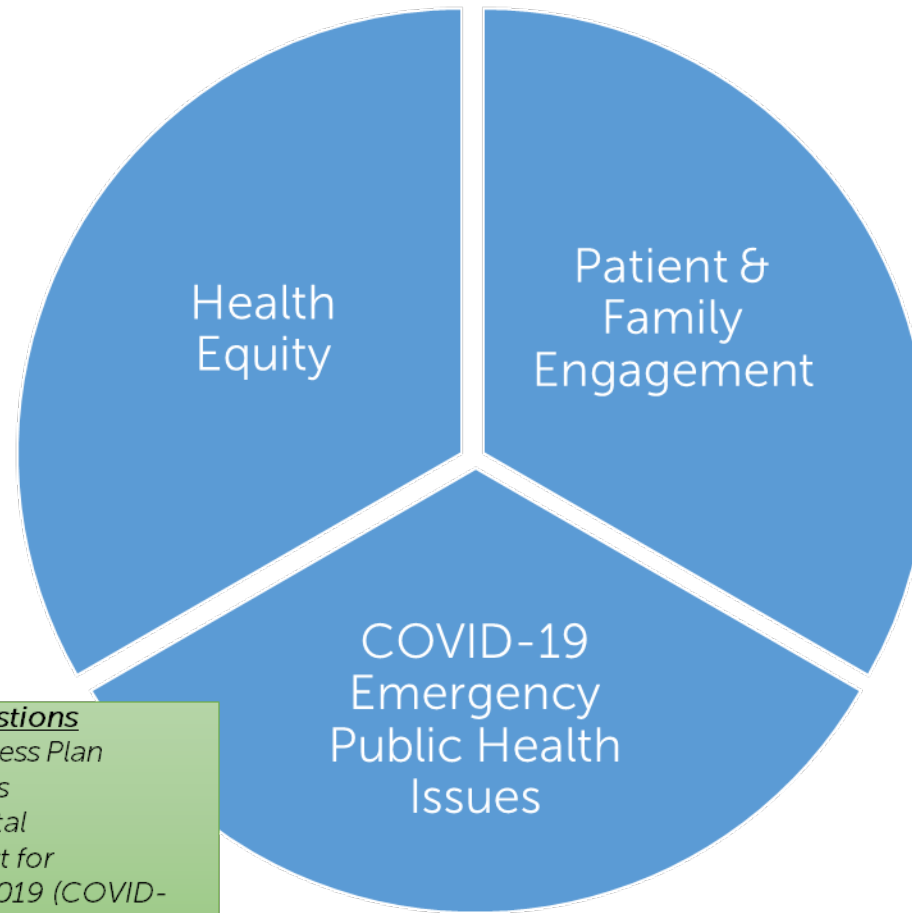
- Monthly webinars
- Primarily the 2nd Wednesday of the month, 1-2 pm
- Kick-off: July 14, 2021

Will get registration updates

Always double-check the events page on the website

CMS Emerging Initiatives

- Health Equity REaL Data Study and Report
- HE Readmission Reports
- HE HAC Reports
- Awaiting CMS measures



CMS Measurement Questions

- Emergency Preparedness Plan
- Utilization of the CDC's Comprehensive Hospital Preparedness Checklist for Coronavirus Disease 2019 (COVID-19)

CMS Measurement Questions

- Hospital has a physical planning checklist that is discussed with every patient who has a scheduled admission.
- Hospital conducts shift-change huddles or bedside reporting with patients and family members in all feasible cases.
- Hospital has a designated individual (or individuals) with leadership responsibility and accountability for PFE.
- Hospital has an active Patient and Family Advisory Council (PFAC) or at least one patient who serves on a patient safety or quality improvement committee or team.
- Hospital has one or more patient(s) who serve on a governing and/or leadership board as a patient representative.

*** PFAC Sprint

Critical Access Hospital Domain

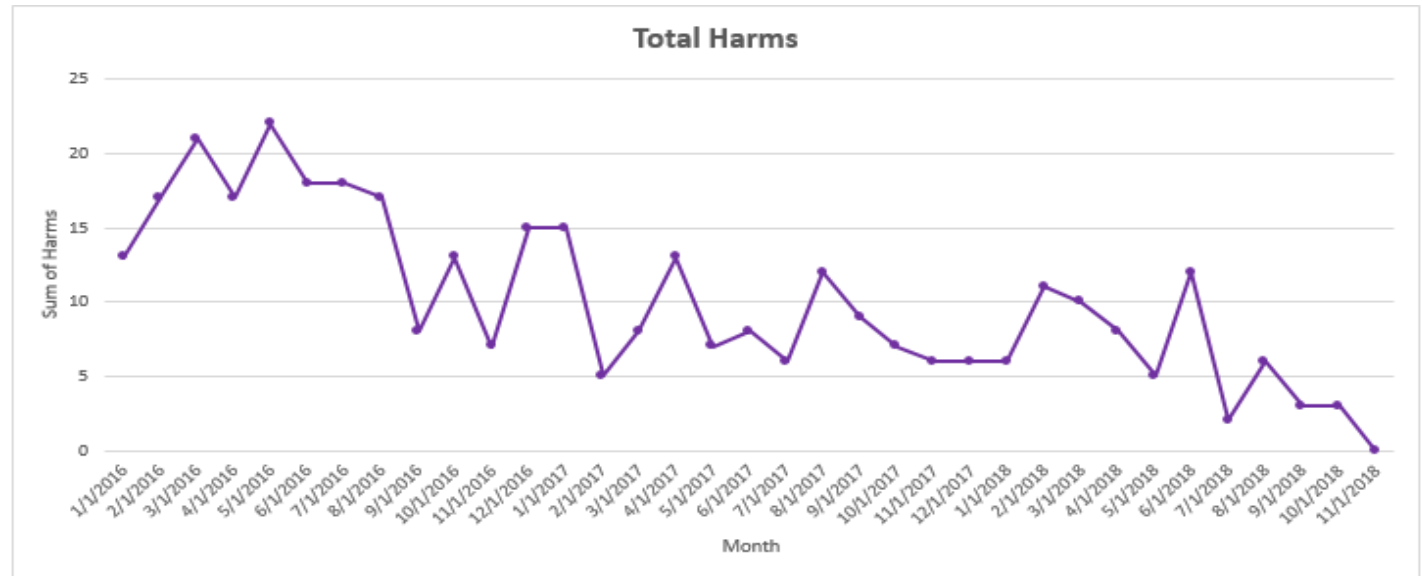
Plan of action

- CAH priorities

Specific CAH data analytics

All teach, all learn formats

- Listserv



How do we optimize EQIC?



Sprints are **key** activities to attend!

If not in place, develop an ADE/Opioid and Readmission QI Team

- ADE/Opioid: MD, RN, Pharmacy, Behavioral Health, QI
 - *Team members may vary based on the sprints from opioids to insulin to anti-coagulants, etc.*
 - *Core team and sub-groups*
- Readmission: MD, Hospitalist, RN, Case Management/ Discharge Planning, Social Work, PT, Pharmacy, Health Equity staff **, PFE staff
 - *Team members may vary based on the sprints from care partner to advanced discharge planning, SNF pilot to data analytics*
 - *Core team and sub-groups*

How do we optimize EQIC?



UBS Wednesday webinars

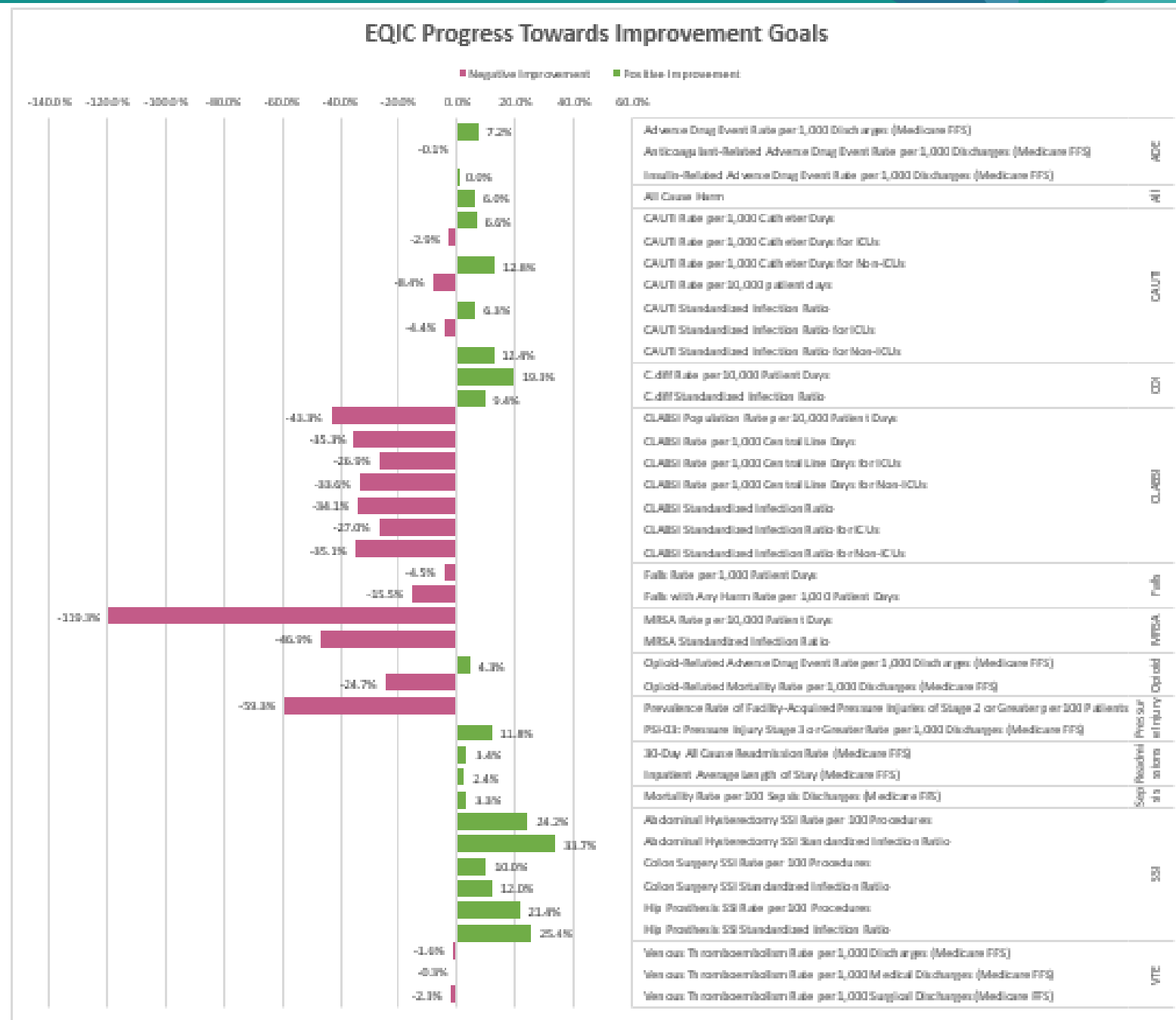
- Driven by EQIC outcome data
- Driven by hospital feedback
- Rolling planning calendar ~ 3-6 months in advance

Attendees:

- Priority area: yes/no
- QI department referral
- Internal hospital leads or teams
- Designated “champions,” particularly good for hospitals that are doing well in the initiative area

Robust internal tracking

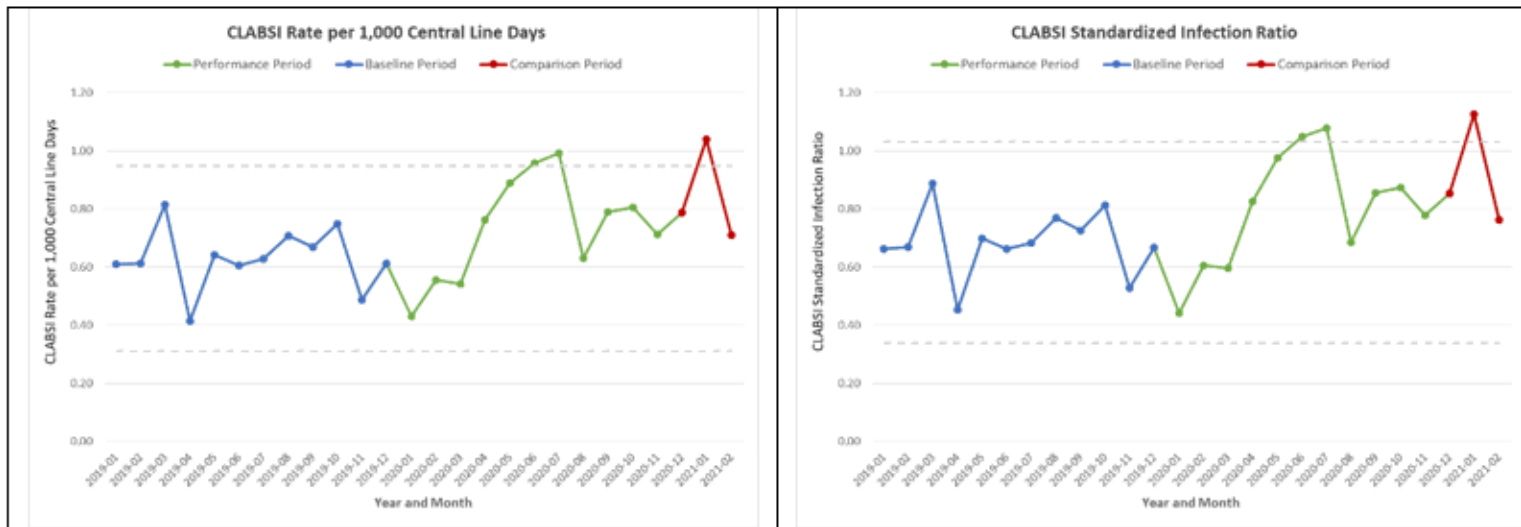
- Power-pivot tables
- Comparative charts
- Analytics



How do we optimize EQIC? UBS Wednesdays



CLABSI Rate and SIR 1/2019 to 1/2021



1st UBS Wednesday Webinar
July 14, 2021
CLABSI prevention

UBS Wednesdays

1-2 pm, 2nd Wednesday of the month



2021

- July: CLABSI
- August: Unit-based Safety model
- September: Falls
- October: Pressure injuries
- November: Health equity
- December: Patient and family engagement

How do we optimize EQIC?

READ THE NEWSLETTER!

Tools and resources

HHS released new buprenorphine practice guidelines

HHS released the new guidelines in a quest to expand access to treatment based Opioid Use Disorder, which among other things, removes the long barrier to training often seen as a major barrier. The [Practice Guidelines for the Buprenorphine for Treating Opioid Use Disorder](#) exempt eligible physicians, nurse practitioners, clinical nurse specialists, certified registered nurse midwives from federal certification requirements relating to and other ancillary services that are part of the process for obtaining a "notice of intent" in order to prescribe buprenorphine. They would be able to treat more than 30 patients located in their practicing state. This opportunity can be a first step. Given the multiple challenges faced by the vulnerable populations in rural and underserved communities, a coordinated multi-provider team is an approach.

EQIC still supports the recommendations around training, education and plans including psycho-social and behavioral therapies. The use of [Start Guide](#) can be a first step. Given the multiple challenges faced by psychiatric comorbidities, a coordinated multi-provider team is an approach.

As we work diligently on inpatient opioid prescribing and treatment opioid adverse drug events, including death, there will likely be a partner with and/or promote Medication-Assisted Treatment (MAT) access to care for patients.

COVID-19 Corner

Increasing Vaccine Confidence to End COVID-19



News
May 13, 2021

In This Issue

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[State events open to EQIC participants](#)
[Announcements](#)
[Tools and resources](#)
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EQIC event

Wednesday, June 9
[EQIC Programming Kickoff](#)
1 - 2 p.m.

Thursdays, June 3, 10 and 17
[High Reliability Health Care Academy](#)
1:30 - 2:30 p.m.

The Connecticut Hospital Association invites you to the webinar series, *Embracing High Reliability to Build Our New Normal*, hosted by Jefferson's College of Population Health. Over three consecutive weeks, the series will review the leadership skills, activities and behaviors that can create happier, healthier teams and lead to better experiences for patients.

Expert faculty and participants will reflect together on multiple case studies and experiences to examine the individual, team and organizational interventions that create the greatest impact. Topics covered will include key tenets of High Reliability culture: accountability, psychological safety, and resilience.

- June 3: Psychological Safety & Personal Accountability
- June 10: Increasing Resilience & Reducing Burnout
- June 17: The New Normal - Emerging Stronger from the Pandemic

Note: There is a nominal cost for these webinars.

Thursday, June 24
[Virtual Patient and Family Engagement](#)
11 a.m. - 12 p.m.

The Foundation for Healthy Communities/New Hampshire Hospital Association invites you to this webinar that will explore the many ways that healthcare organizations virtually engaged patient and family advisors at the organization and state levels during the COVID-19 pandemic. These innovative practices of new ways to engage provide important lessons that can be utilized, even as the need for virtual interactions reduces, to work towards a more diverse inclusion of the lived experience.

How do we optimize EQIC? Hospital-level Interventions



- Each hospital has an assigned project manager
- Project manager's role:
 - Link hospitals to all resources and EQIC support
 - Hands-on tailored hospital and team support, coaching, education and technical assistance
 - Access to analytics questions as needed
 - Connections to other facilities and best practices
 - Manages your organizational assessment plan of action
- EQIC
 - SME
 - Curriculum development
 - Work with expert staff and advisors
 - Teach material

Example Hospital-level QI

HOSPITAL PRIORITY

High-level overview of full process

Assess hospital-level performance analytics with hospital staff.

Identify opportunities for improvement, review action plan and determine the appropriate interventions.

As needed, determine which type of diagnostics tools will add value. Choose from gap analysis, discovery (process measure detail) tools or review checklist.

Analyze findings with the hospital staff and determine further performance improvement interventions and approaches

Provide necessary resources, including tools, materials and intermittent coaching and guidance.


Reassess the improvement, add additional resources and support as deemed valuable.

If progress is not made, consider a Rapid-Cycle Improvement Project (RCIP).

Continue PDSA cycles until progress has been achieved, and coach hospital staff on hard-wiring and sustainability.

Library of Tools and Resources

Focus Area Discovery Tools (Process Measures)




Discovery Tool: Catheter-associated urinary tract infections

In the section below, please enter an "y" or "n" for patient being tracked to indicate if the following elements were completed. Note: All fields must be filled in.

Dates being tracked: Please enter the current period being tracked here:

Element	Best Practice	Patient Sample												
		1	2	3	4	5	6	7	8	9	10	11	12	13
Patient ID# (optional)		ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE
Appropriate indication for urinary catheter per policy	Physician order													
	Documented indication													
Catheter insertion	Insert catheters using aseptic technique and sterile equipment													
	a. Perform hand hygiene before													



Discovery Tool: Sepsis

In the section below, please enter an "y" or "n" for each patient being tracked to indicate if the following elements were completed. Note: All fields must be filled in.

Dates being tracked: Please enter the current period being tracked here:



Element	Best Practice	Patient Sample										
		1	2	3	4	5	6	7	8	9	10	11
Patient ID# (optional)		ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE
Identification and screening	Screening for sepsis by geographic location:											
	ED triage											
	ICU admission											

Library of Tools and Resources

RCIP (rapid-cycle improvement projects)

RCIP WORKPLAN

The following is a list of the quality improvement activities and core interventions to be performed by EQIC staff in coordination with hospital teams to support hospital progress toward the RCIP goals.

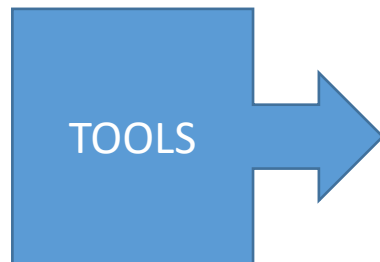
MILESTONE	TARGET COMPLETION DATE	OWNER(S)	STATUS	REPORTS/ TOOL(S)
1. Pre-Planning Meeting		EQIC lead and Hospital Project Team	NOT STARTED	 Trace Pre-Planning Template G.Mdocx  Glycemic Control Process Measures.xlsx
• Review Project Charter, RCIP process, pre-assessment activities and overall project plan	Click here to enter a date.			
• Request Hospital Policies and Protocols	Click here to enter a date.			
• Provide chart review tool	Click here to enter a date.			
• Identify preliminary schedule for RCIP activities and meetings	Click here to enter a date.			
2. Hospital Project Team Pre-Assessment Activities			NOT STARTED	
• Send Hospital Policies and Protocols	Click here to enter a date.			
• Complete Chart Audit #1 and send to EQIC Team	Click here to enter a date.			
3. Hospital Facility Assessment			NOT STARTED	Insert 360 Tool
• Conduct 360 Degree Assessment	Click here to			

PRESSURE INJURY 360 DEGREE ASSESSMENT (continued)

5 of 10

DESIRED EVIDENCE-BASED PRACTICE	Per staff, is there a policy in place to address the desired practice?	DOCUMENTATION IN EMR	DISCUSSED ON ROUNDS?	DISCUSSED ON HANDOFF?
Nutritional status risk considered for patients who are nil per oral (NPO) or at high risk of malnutrition from their illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient and care partner participate in risk assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risks identified explained to patient and care partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SKIN CARE				
Inspect skin upon admission within eight hours of admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect the skin for signs of pressure injury, especially non-blanchable erythema (at least daily assessments)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment includes: 1. Skin temperature	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Skin color	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Skin moisture	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Skin turgor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Skin integrity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Library of Tools and Resources



Injuries from Falls and Immobility:

Overview
Top Prevention Highlights
Tools and Resources
Webinars
Focus Areas



Top Prevention Highlights

Falls evidence-based practice and top prevention techniques

Assessment

- Assess fall risk on admission (and in the emergency department).
- Reassess fall risk daily or if there are changes in the patient's condition or status.
- Use an evidence-based risk assessment scale:
 - Morse
 - STRATIFY
 - Hendrich II
- Recognize medications that can increase fall risk.

Prevention

- Conduct hourly 5Ps purposeful rounding: pain, personal needs/potty, position/comfort, possessions in reach and peaceful environment.

ADE and OPIOIDS

- Team Action Planning Gap Analysis Medication Reconciliation
- Team Action Planning Gap Analysis: Insulin
- Team Action Planning Gap Analysis Anticoagulants
- Glycemic Control Rapid Cycle Improvement Planning
- Basal-Bolus Glucose Management
- Opioid Management RADEO Toolkit
- AHRQ's Improving Hospital Discharge Through Medication Reconciliation and Education
- The AHRQ MATCH Medication Reconciliation Toolkit
- The SHM Glycemic Control Implementation Guide
- Core Elements of Anticoagulation Stewardship Program

ASP/C. diff/MRSA

- ASP Gap Analysis _ CDC 10 Steps EBP
- Instituting the CDC Core Elements of Antibiotic Stewardship
- Clinical Practice Guidelines for Clostridium Difficile Infection in Adults and Children.
- CDC TAP Strategy

CAUTI

- CAUTI ED Pilot Program
- CAUTI Insertion Bundle
- CAUTI Maintenance Bundle
- MD ordered-Nurse driven catheter removal QI
- Lower Level of Care Removal Process – Implementation of a protocol
- CAUTI eLearning
- APIC CAUTI implementation guide
- CDC Guidelines for Prevention of Catheter-associated Urinary Tract Infections
- CAUTI TAP implementation guide

CLABSI

- Tracking Tool: Central Line Necessity
- CLABSI Insertion Bundle
- CLABSI Maintenance Bundle
- CLABSI eLearning
- AHRQ's Toolkit for Reducing Central Line-Associated Blood Stream Infections includes best practices for properly inserting and maintaining central lines.
- CDC TAP implementation guide

FALLS

- Fall Bundle
- Falls eLearning
- Progressive Mobility videos/infographics
- AHRQ Preventing Falls in Hospitals
- VHA National Center for Patient Safety Falls Toolkit
- Progressive mobility videos/infographics

PRESSURE INJURIES

- NPIAP 2019 Guidelines
- Pressure Injury Bundle
- Pressure Injuries eLearning
- AHRQ's Preventing Pressure Ulcers in Hospitals: A Toolkit for Improving Quality of Care



Unit-based Safety

Safety Across the Board — The Unit-Based Approach



UBS: An Integration of Multiple Principles and Processes

Nurse Leadership and Coaching

Daily Unit Safety Checks

Patient Safety Protocols

Unit Structures

- Hospital/Nursing QI programs
- Unit QI staff
- 24/7 Staff Champions

Science of Quality

- QI Methods
- Build capacity

Communication and Teamwork

Shared Governances or like models

Staff Education

Always Behaviors, Never Behaviors

High Reliability Practices

Continuous Use and Review of Data

Patient and Care Partner Engagement

Safety Practices

- Bedside Report
- Purposeful Rounding
- Effective Use of White Boards

Care and Safety of the Staff

- Resilience
- Joy at Work

CULTURE:

- Continuous Learning
- Safety
- Just Culture

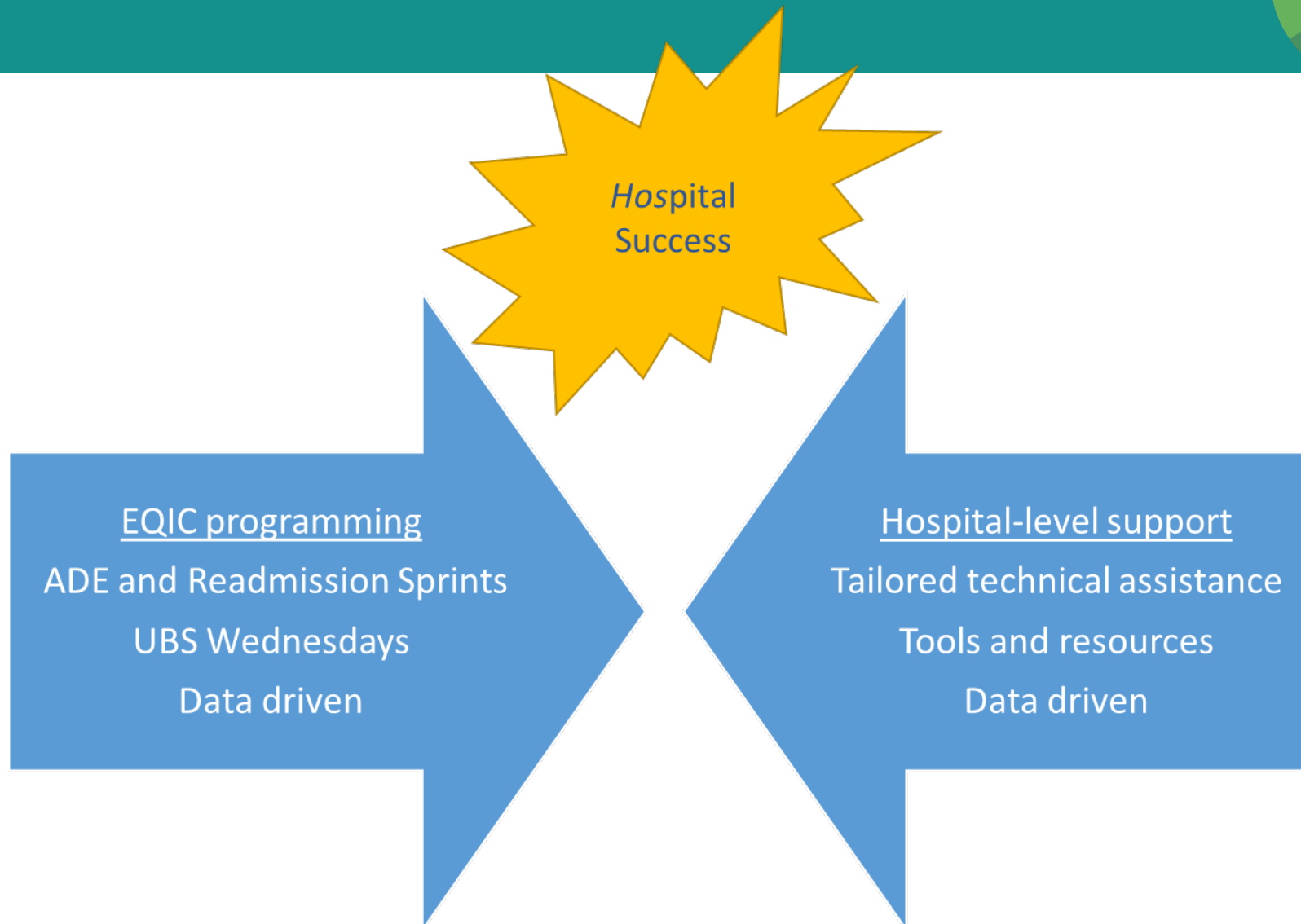


Data reminder - Tentative timeline

EQIC Data Steps	Qtr. I – 2021	Qtr. II – 2021	Qtr. III – 2021	Qtr. IV– 2021
Set –up source data and complete exchanges	X	X		
Begin displaying measurement run charts and tables		X		
Begin adding SPC and distribution chart analytics with the run charts			X	
Begin to make various comparable data available				X
Begin to provide special reports				X

Hospital (State) Data Steps	Qtr. I – 2021	Qtr. II – 2021	Qtr. III – 2021	Qtr. IV– 2021
Ensure data exchanges are set up for pharmacy/lab and claims	X	→		
Confer rights (NHSN); sign waiver (NDNQI)	X			
Submit portal measures as needed ▪ September 2020 to present		By April 30 X		

Summary



Questions?

Thank you.

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