



**Indiana Patient
Safety Center**

of the Indiana Hospital Association

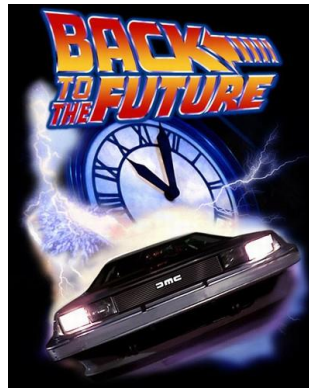
Sepsis Awareness Month Back & To the Future: State of the State and Resources

Sept 1, 2022



Objectives

1. Describe Indiana's progress on sepsis mortality and sepsis care
2. Apply resources for sepsis performance improvement
3. Describe hospital journeys in sepsis hardwiring



The Perfect Sepsis Lap





Guest Speaker



Columbus Regional Health
Columbus, Indiana



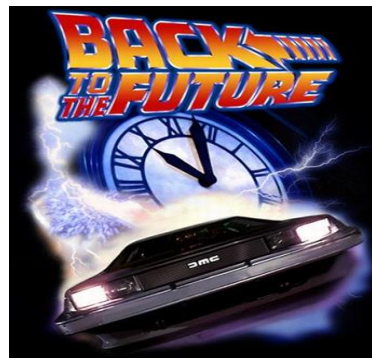
Chris Newkirk, BS, RN
Clinical Quality Advisor
Columbus Regional Health

Sepsis: Back and to the Future

IHA 2022 Sepsis Awareness Month Webinars

1-Sept.	3 p.m. ET	Indiana Sepsis State of the State
8-Sept.	3 p.m. ET	Sepsis Pathophysiology & Bundle Compliance
15-Sept.	3 p.m. ET	Sepsis Diagnostic Advances
22-Sept.	3 p.m. ET	Maternal Sepsis
29-Sept.	3 p.m. ET	Sepsis Fluid Management Advances
6-Oct.	3 p.m. ET	Personal Hygiene and Sepsis Prevention

Click on link to register for each webinar



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Sepsis Webinar Details

2022 IHA Clinical Webinar Series - 3 - 4 p.m. ET

Sepsis: Back & to the Future (Click link to register)

Sept. 1: [Indiana Sepsis 2022: Current State of the State and New Resources](#),

Rebecca Hancock PhD, RN, CNS, Patient Quality & Safety Advisor, IHA

Chris Newkirk, BSN, RN, CCM, Clinical Quality Advisor, Columbus Regional Health

Sept. 8: [Sepsis Back to Basics: Pathophysiology and Bundle Compliance](#),

Tom Ahrens, PhD, RN, FAAN

Sept. 15: [Sepsis Future: Advances in Sepsis Diagnostics](#),

Dr. Sandy Estrada, Pharm.D., Clinical Consultant

Sept. 22: [Sepsis Future: Focus on Maternal Sepsis](#),

Brittany Waggoner, Patient Safety & Quality Advisor, RN, MSN, CNS, IHA

Sept. 29: [Sepsis Future: Fluid Management](#)

Danielle Herr BSN, CCRN, Therapy Development Specialist

Vince Holly, MSN, RN, CCNS, ACNS-BC, CCRN, FCNS, Indiana University Health-Bloomington

Oct. 6: [Back to the Basics with Personal Hygiene for Infection Prevention](#)

Rebecca Hancock, Patient Quality & Safety Advisor, IHA

Annette Handy, Clinical Director, Patient Safety Center, IHA

September is Sepsis Awareness Month—SET YOUR HOSPITAL GOALS!

- Updated 2022 Sepsis Toolkit coming August
 - Updated Social Media messages—connect with your marketing department & share IHA posts
 - Send photos of sepsis/COVID-19 infection prevention activities with caption to
 - Casey Hutchens, chutchens@ihaconnect.org
 - Patient & Caregiver Education QR Codes on table tents, & posters
 - Consider local mayoral proclamation for Sept 13, World Sepsis Day
 - Share “I am a Sepsis Champion” selfies on Sept 13 via social media
 - Updated data-based state sepsis goals
- September Webinars, Thursdays 3-4pm
Back & to the Future with Sepsis



www.survivesepsis.com



Sepsis Patient Discharge Education (Updated)



English



Spanish

SEE IT.
STOP IT.
SURVIVE IT.

Sepsis Patient
and Family Education



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www.survivesepsis.com

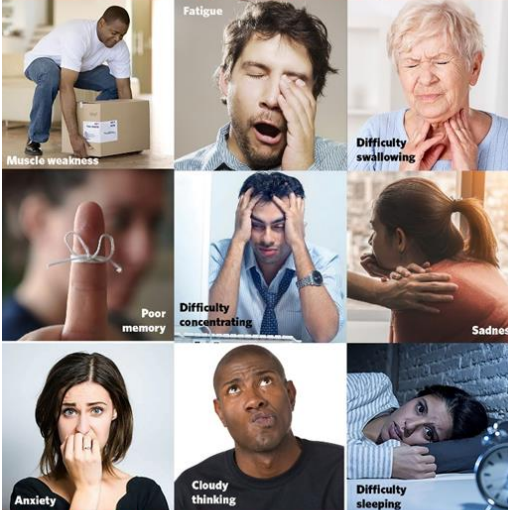
SEE IT. STOP IT. **SURVIVE IT.**
I am a sepsis survivor, what now?

What can I do to improve my recovery?

Caregiver Instructions for Patients Recovering from Sepsis



Common Symptoms After Sepsis



SEE IT. STOP IT. SURVIVE IT.

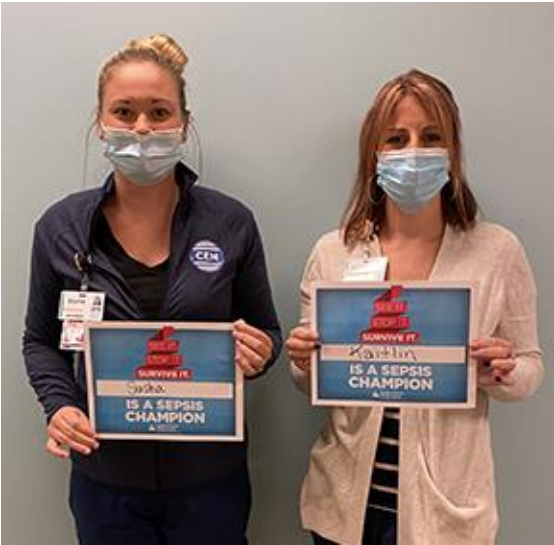
Thank you!



Central Southwest
Patient Safety Coalition



Harrison County Hospital



Columbus Regional Health



IU Health

Sepsis Coaching & Resources

IHA-hosted Sepsis Office Hours

- Third Tuesday of every odd month
- 11:30 a.m. – 12:00 p.m. ET

Next session is Nov 15-Patient Narratives (omitting September)

To Join: <https://us02web.zoom.us/j/87049736644?pwd=NE8vVGtEUEw5cVZjMTF0ZGw3UDZIZz09>

Meeting ID: 870 4973 6644

Passcode: 559224

IHA Primary Contact for Sepsis: Becky Hancock, rhancock@IHAconnect.org

See also [Cynosure Learning & Improvement Connection Sepsis Resources](#)

IHA 2022 Sepsis Toolkit QI Resources

IHA Sepsis Care Process Inventory

- [Excel](#)
- [Word](#)

Cynosure Learning & Discovery Tools

- [Cynosure Learning & Improvement Connection Educational Platform](#)
- [Post Op Sepsis Chart Discovery Tool](#)
- [Sepsis Screening & Transfer Tool](#)
- [Sepsis Mortality Reduction Overview](#)
- [Sepsis Change Package](#)
- [Sepsis Mortality Reduction Change Package](#)
- [Sepsis Process Improvement Chart Discovery & Tracking Tool](#)
- [Sepsis Driver Diagram](#)
- [Sepsis Transfer Process Improvement Chart Discovery & Tracking Tool](#)

Primary Drivers	Check if present	Check if needs improvement	Sepsis Care Processes	
			Secondary Drivers	
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	Senior leadership support	
	<input type="checkbox"/>	<input type="checkbox"/>	Board of Directors actively support sepsis activities	
	<input type="checkbox"/>	<input type="checkbox"/>	Staff person with dedicated time to coordinate sepsis activities	
	<input type="checkbox"/>	<input type="checkbox"/>	Sepsis physician champion	
Screening	<input type="checkbox"/>	<input type="checkbox"/>	Multi-disciplinary Sepsis Team	
	<input type="checkbox"/>	<input type="checkbox"/>	Process of Care Gap Assessment Process	
	<input type="checkbox"/>	<input type="checkbox"/>	Utilizing sepsis screening tool or process in all patient care departments	
	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Department screening every adult patient during initial eval	
	<input type="checkbox"/>	<input type="checkbox"/>	Automated EMR sepsis screening with early warning system	
	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric screening process if applicable	
	<input type="checkbox"/>	<input type="checkbox"/>	SIRS screening process	
	<input type="checkbox"/>	<input type="checkbox"/>	qSOFA use for sep-3 criteria & insurers	
Interventions	<input type="checkbox"/>	<input type="checkbox"/>	Adult inpatient screening every shift, likely automated	
	<input type="checkbox"/>	<input type="checkbox"/>	Sepsis screening process for acute changes in patient condition	
	<input type="checkbox"/>	<input type="checkbox"/>	Electronic aids for sepsis timed treatments	
	<input type="checkbox"/>	<input type="checkbox"/>	Rapid Response Team or process for prompt escalation and action from care providers	
	<input type="checkbox"/>	<input type="checkbox"/>	Nurse driven protocol to start treatment	
	<input type="checkbox"/>	<input type="checkbox"/>	Standardized sepsis guideline-based initial order set	
	<input type="checkbox"/>	<input type="checkbox"/>	time zero identification	
	<input type="checkbox"/>	<input type="checkbox"/>	blood cultures prior to antibiotic administration	
	<input type="checkbox"/>	<input type="checkbox"/>	measure initial lactate	
	<input type="checkbox"/>	<input type="checkbox"/>	administer proper antibiotics within 3 hours	
	<input type="checkbox"/>	<input type="checkbox"/>	administer required fluid bolus	
	<input type="checkbox"/>	<input type="checkbox"/>	septic shock tissue perfusion re-assessment	
Metrics	<input type="checkbox"/>	<input type="checkbox"/>	initiate vasopressors	
	<input type="checkbox"/>	<input type="checkbox"/>	measure repeat lactate	
	<input type="checkbox"/>	<input type="checkbox"/>	Code sepsis for prompt escalation from care providers	
Documentation & Feedback	<input type="checkbox"/>	<input type="checkbox"/>	Palliative care of end of life planning as specified step in sepsis care	
	<input type="checkbox"/>	<input type="checkbox"/>	Collecting and analyzing sepsis mortality trends	
Education	<input type="checkbox"/>	<input type="checkbox"/>	Analysis of post-op sepsis cases	
	<input type="checkbox"/>	<input type="checkbox"/>	Analysis of sepsis bundle compliance trends	
	<input type="checkbox"/>	<input type="checkbox"/>	Routine audit of MD, DO, APRN sepsis guideline compliance and feedback on deviations	
	<input type="checkbox"/>	<input type="checkbox"/>	Clinical documentation specialist participating in coding and chart documentation improvements	
	<input type="checkbox"/>	<input type="checkbox"/>	Focus on sepsis staff education in daily safety huddles &/or interdisciplinary rounds	
	<input type="checkbox"/>	<input type="checkbox"/>	Routine education for nursing staff on sepsis screening and treatment	
	<input type="checkbox"/>	<input type="checkbox"/>	Education for physicians, APRNs, PA's for identifying and treating sepsis	
	<input type="checkbox"/>	<input type="checkbox"/>	Ancillary staff education on identifying and treating sepsis (e.g. dietary, EVS, CNA's)	
	<input type="checkbox"/>	<input type="checkbox"/>	Each and education for sepsis signs and symptoms	
	<input type="checkbox"/>	<input type="checkbox"/>	Sepsis patient discharge education materials	

Sepsis Process Improvement Discovery & Tracking Tool

Medical Record #									
Screening									
Patient was screened for sepsis within 30 minutes of arrival to the emergency department.									
Inpatient sepsis screen completed at least once per shift. (N/A once sepsis identified in ED or inpatient unit)									
3-hour bundle compliance (Orange colored cells indicate HOUR ONE BUNDLE)									
Blood cultures drawn within 30 minutes of positive sepsis screen AND prior to antibiotic administration.									
Serum lactate drawn and resulted within 60 minutes of positive sepsis screen.									
Broad spectrum antibiotics initiated within 60 minutes of positive sepsis screen.									
If pt is hypotensive SBP < 90 or a lactate is > 2mmol/dL, fluid resuscitation of 30ml/kg initiated within 60 minutes of positive sepsis.									
6 Hour Bundle Compliance									
If patient has a MAP of < 65 mmHG vasopressors administered.									
If the initial elevated lactate draw was > or = to 2.0, a repeat serum lactate was drawn & resulted within 6 hours.									



CMS Sepsis Bundle


Numerator

Type of Measure: Process

Improvement Noted As: An increase in the rate

Numerator Statement: Patients who received ALL of the following:


Within three hours of presentation of severe sepsis:

- Initial lactate level measurement
- Broad spectrum or other antibiotics administered 
- Blood cultures drawn prior to antibiotics

AND received within six hours of presentation of severe sepsis. ONLY if the initial lactate is elevated:

- Repeat lactate level measurement

AND within three hours of initial hypotension:

- Resuscitation with 30 mL/kg crystalloid fluids 

OR within three hours of septic shock:

- Resuscitation with 30 mL/kg crystalloid fluids

AND within six hours of septic shock presentation, ONLY if hypotension persists after fluid administration:

- Vasopressors are administered

AND within six hours of septic shock presentation, if hypotension persists after fluid administration or initial lactate ≥ 4 mmol/L:

- Repeat volume status and tissue perfusion assessment is performed

Denominator/Exclusions

Denominator Statement: Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis, or Septic Shock and not equal to U07.1 (COVID-19).

Included Populations: Discharges age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis, or Septic Shock as defined in Appendix A, Table 4.01.

Excluded Populations:

- Patients with an ICD-10-CM Principal or Other Diagnosis Code of U07.1 (COVID-19)
- Directive for Comfort Care or Palliative Care within six hours of presentation of severe sepsis
- Directive for Comfort Care or Palliative Care within six hours of presentation of septic shock
- Administrative contraindication to care within six hours of presentation of severe sepsis
- Administrative contraindication to care within six hours of presentation of septic shock
- Length of Stay >120 days
- Transfer in from another acute care facility
- Patients enrolled in a clinical trial for sepsis, severe sepsis or septic shock treatment or intervention
- Patients with severe sepsis who are discharged within six hours of presentation
- Patients with septic shock who are discharged within six hours of Presentation
- Patients receiving IV antibiotics for more than 24 hours prior to presentation of severe sepsis

CMS Fluid Specs 1/1/2022

1. *Crystalloid fluid volumes ordered that are equivalent to 30 mL/kg or a lesser volume with a reason for the lesser volume specifically documented by the physician/APN/PA are the target ordered volume.*
2. *A physician/APN/PA order for a volume of crystalloid fluids that is within 10% less than 30 mL/kg is acceptable for the target ordered volume. Documentation of a reason for a volume that is within 10% less than 30 mL/kg is not required.*
3. *There is a physician/APN/PA order for the lesser volume of crystalloid fluids as either a specific volume (e.g. 1500 mL) or a weight-based volume (e.g. 25 mL/kg).*
4. *The ordering physician/APN/PA documented within a single note in the medical record all of the following:*
 - The volume of fluids to be administered as either a specific volume (e.g. 1500 mL) or a weight-based volume (e.g. 25 mL/kg) AND a reason for ordering a volume less than 30 mL/kg of crystalloid fluids.
 - Reasons include and are not limited to:
 - concern for fluid overload
 - heart failure
 - renal failure
 - blood pressure responded to lesser volume
 - a portion of the crystalloid fluid volume was administered as colloids (if a portion consisted of colloids, there must be an order and documentation that colloids were started or noted as given)

2022 Indiana Hospital Sepsis Goals

Goals

- Goal of $\geq 79\%$ sepsis bundle compliance or 10% increase for Indiana hospitals by Sept 2023.
- Improve hospital mortality rate to at or better than 2019 rates by Sept 2023
- Focused work with low bundle compliance / high sepsis mortality hospitals through June 2023 (over 16 consults completed in 2021-22)
- Focus QI on hospital onset inpatient sepsis care and oral hygiene

Hospitals' Specific Goals?



Oral
Hygiene?
Hydration?
Patient
Education?
Maternal
sepsis?



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IHA Sepsis Update

Sep-1 Bundle Compliance

Hospital Compare Oct 2020 to Sep 2021

Retrieved 7/28/2022

Indiana Sep-1 % Compliance Top Hospitals

Oct 2020 – Sept 2021

Hospital Compare

6 hospitals at or above 79%
top decile

Facility Name	Sep-1
COLUMBUS REGIONAL HOSPITAL	93
MONROE HOSPITAL	90
HARRISON COUNTY HOSPITAL	84
TERRE HAUTE REGIONAL HOSPITAL	82
SCHNECK MEDICAL CENTER	80
DECATUR COUNTY MEMORIAL HOSPITAL	79
ST JOSEPH HEALTH SYSTEM, LLC	78
FRANCISCAN HEALTH HAMMOND	77
ST MARY MEDICAL CENTER INC	76
FRANCISCAN HEALTH MUNSTER	75
PARKVIEW DEKALB HOSPITAL	73
MEMORIAL HOSPITAL (Logansport)	71
JOHNSON MEMORIAL HOSPITAL	70

Sep-1 Bundle Compliance Most Improved

Hospital	Sep-1 % 4Q2019 to 3Q2020	Sep-1 % 4Q2020 to 3Q2021	Difference
KING'S DAUGHTERS' HEALTH	50	69	19
SCHNECK MEDICAL CENTER	61	80	19
INDIANA UNIVERSITY HEALTH NORTH HOSPITAL	35	53	18
FRANCISCAN HEALTH CRAWFORDSVILLE	43	60	17
FRANCISCAN HEALTH RENSSELAER, INC	35	48	13
COLUMBUS REGIONAL HOSPITAL	80	93	13
INDIANA UNIVERSITY HEALTH FRANKFORT INC	54	67	13
DUPONT HOSPITAL LLC	38	50	12
ST MARY MEDICAL CENTER INC	65	76	11
FRANCISCAN HEALTH HAMMOND	67	77	10
FRANCISCAN HEALTH MUNSTER	65	75	10
ST JOSEPH HEALTH SYSTEM, LLC	68	78	10

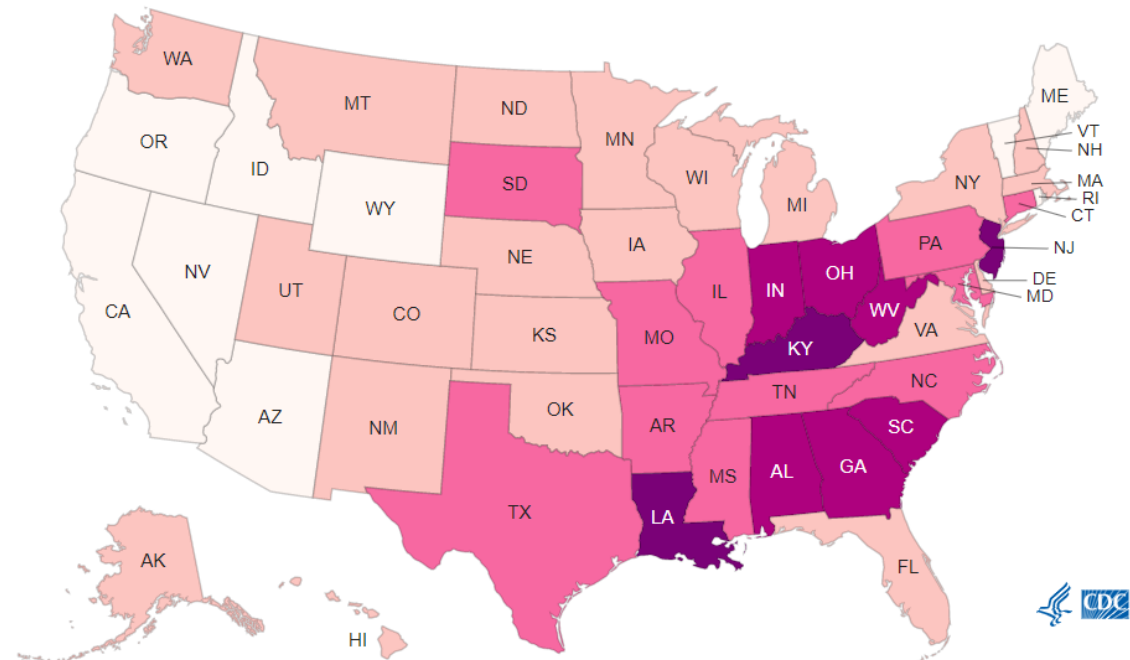
Septicemia Mortality by State

Sepsis is the body's extreme response to an infection. If not identified and treated quickly, sepsis may lead to serious medical consequences and death. [For more information on sepsis](#)

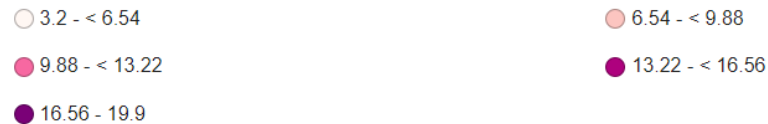
CDC Sepsis Mortality 2020

Source: <https://wonder.cdc.gov>

Deaths per 100,000 population



Age-Adjusted Death Rates¹



Filters

Year

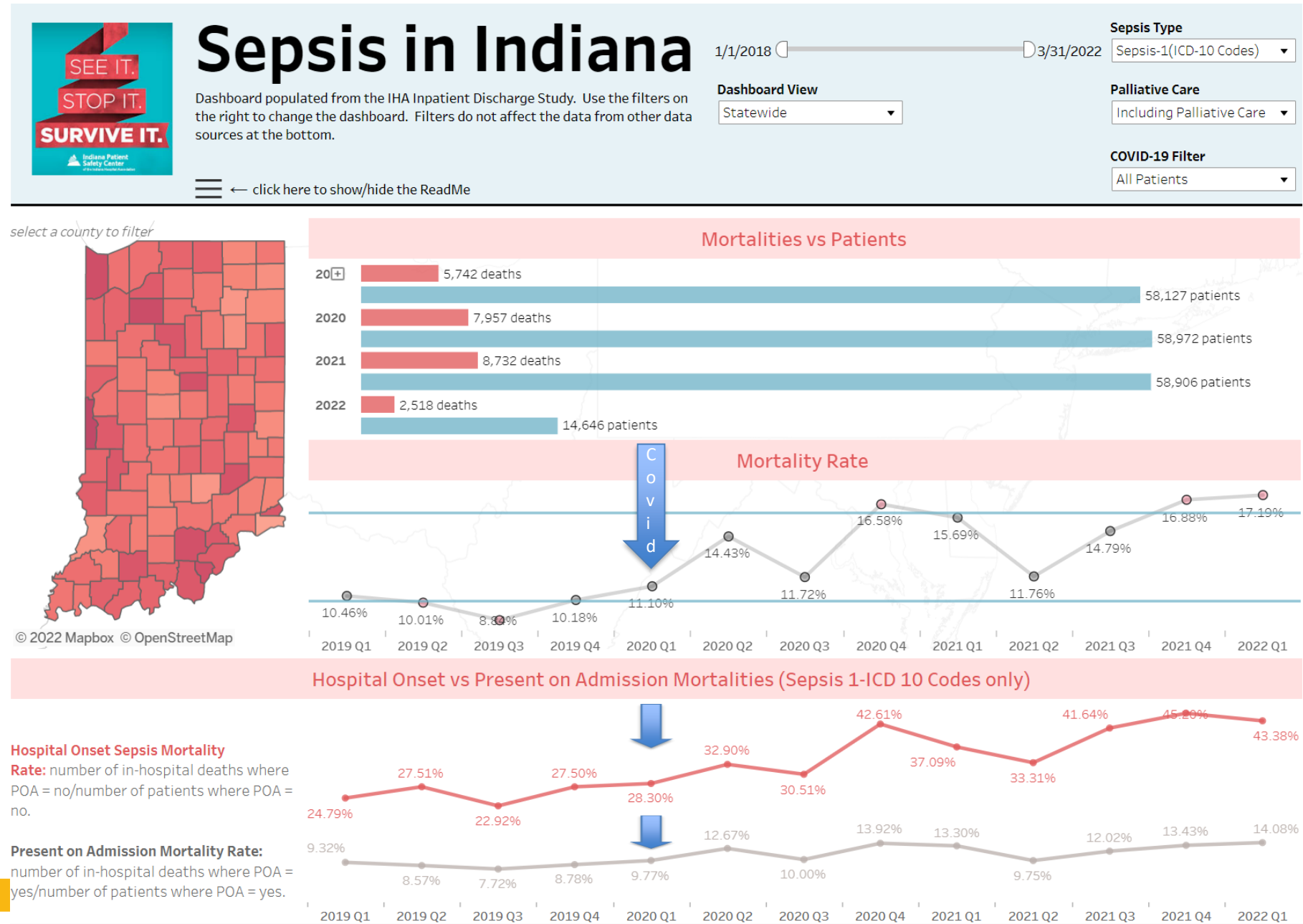
2020 ▼

Indiana Sepsis Mortality

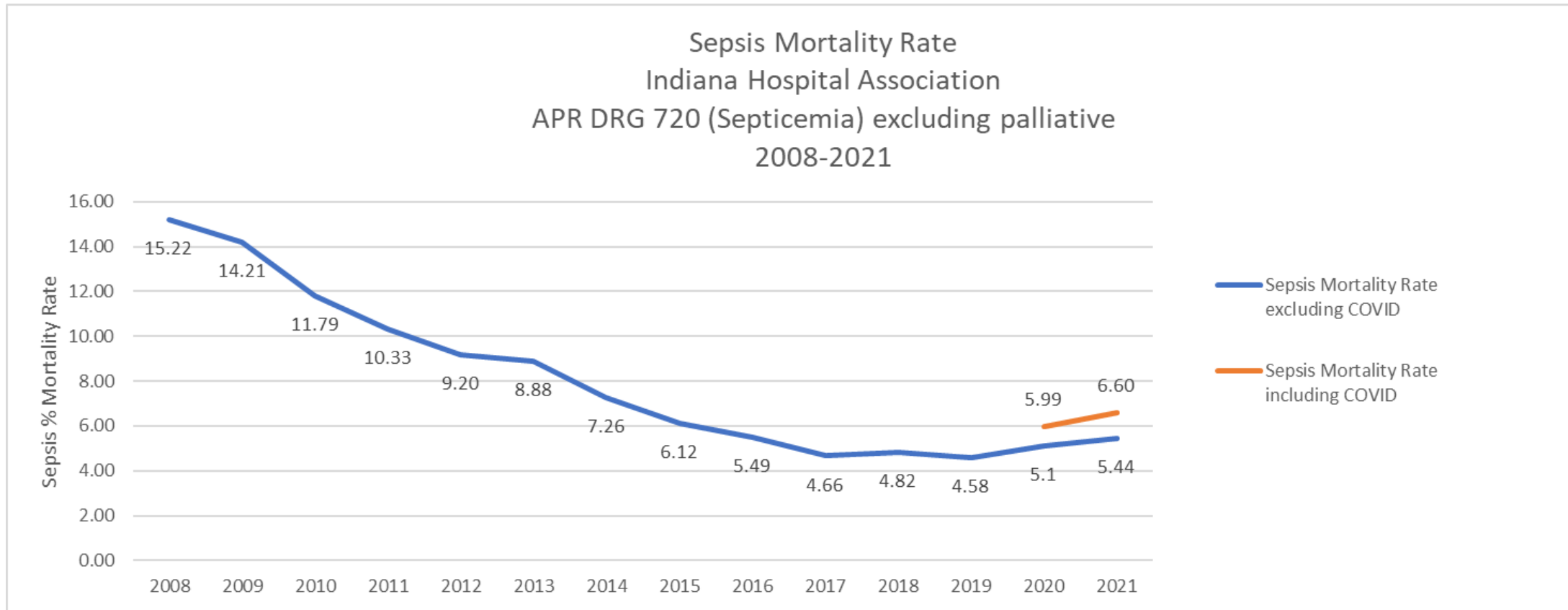
Sepsis mortality

- Trending up since Q1 2020
- Hospital Onset
 - Trending up since Q2 2020
- Present on Admission
 - Trending up since Q1 2020
- Impacted by COVID-19

Source: IHA Datalink, includes palliative & covid, Sep-1 population

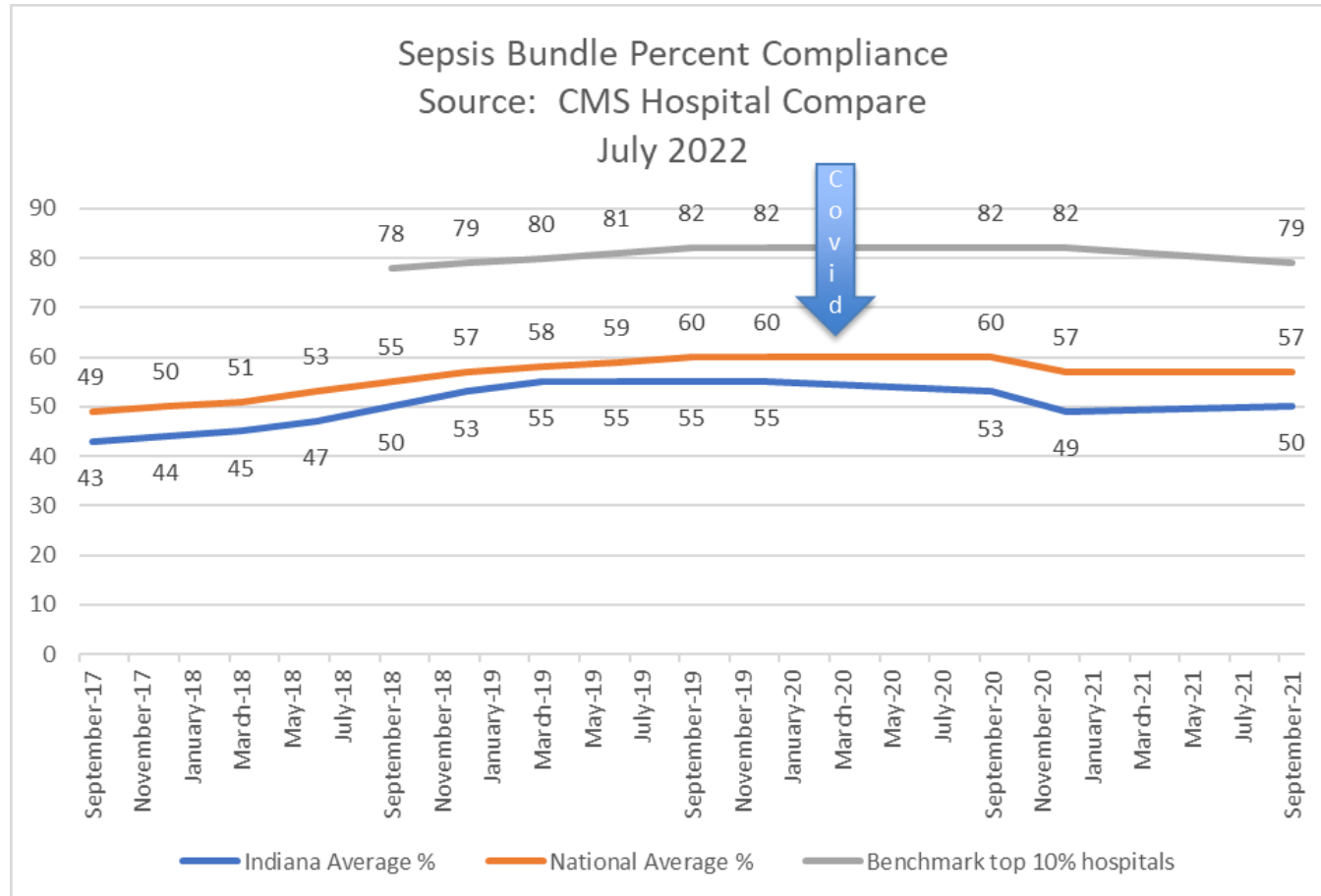


Indiana Septicemia Mortality



Sep-1 Compliance

Indiana vs Nation: Oct 20-Sep 21



- Indiana ranked 49/52 states and principalities—ahead of DC, NM, PR
- Range for Indiana hospitals 20-93% Compliance
- Indiana up 1%; Nation down 3%





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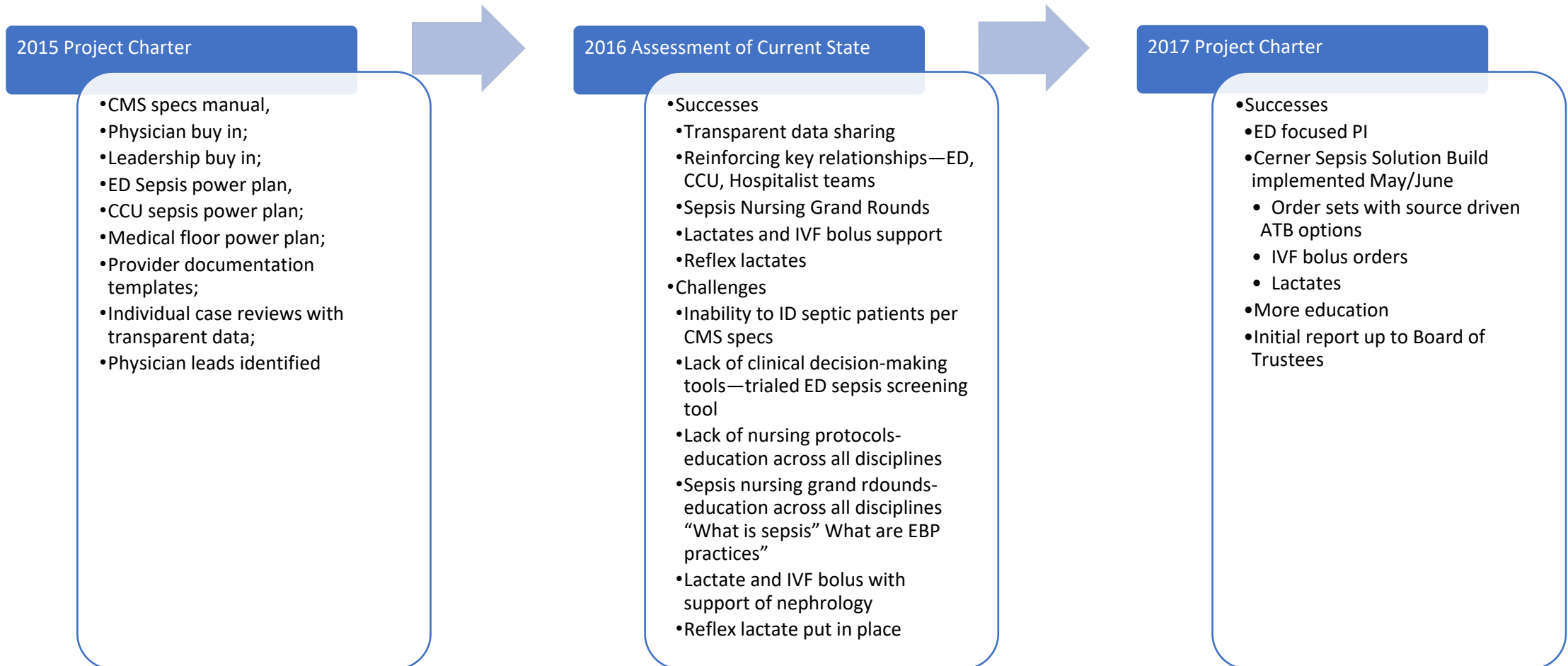
Columbus Regional Health

Chris Newkirk, BSN, RN, CCM

Clinical Quality Advisor / Bartholomew county FIMR co-lead

September 1, 2022

Columbus Regional Initial Sepsis Timeline



2018 More education

Successes:

- Education added to nurse residency program
- EMS team
- Community education
- ECF education
- Sharing updates regularly with our Board of trustees

2019- Prep for new EMR- Epic

Successes:

- Revamping of new AI program
- Multidisciplinary education
- More community work added- building partnerships with ECFs

2020- Evolving team

Successes:

- Nursing education added to annual competencies and educational fall fair
- Continued community work

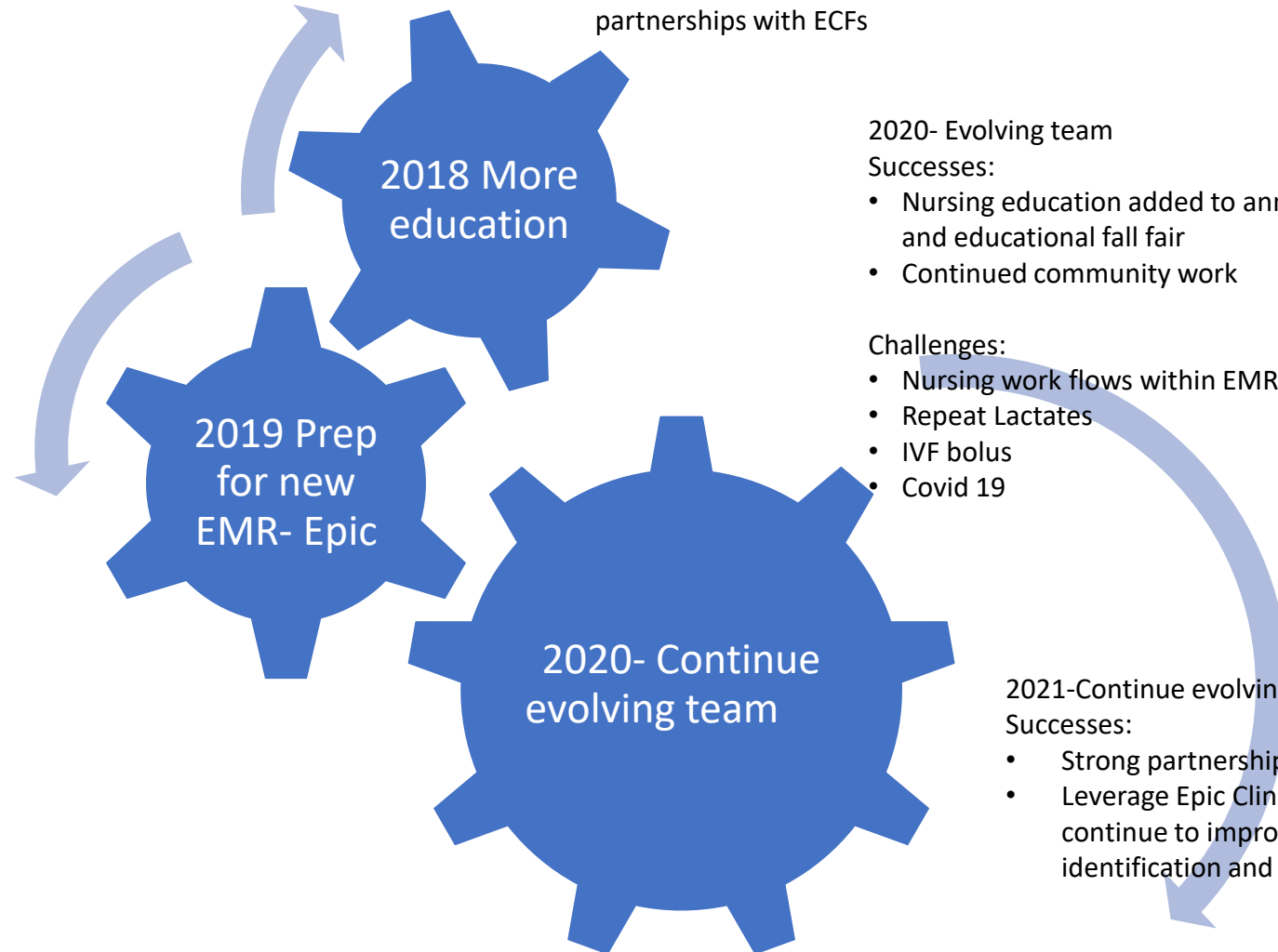
Challenges:

- Nursing work flows within EMR
- Repeat Lactates
- IVF bolus
- Covid 19

2021-Continue evolving team

Successes:

- Strong partnerships with ECFs
- Leverage Epic Clinical programs to continue to improve early identification and treatment



2022 and Beyond- Constant journey

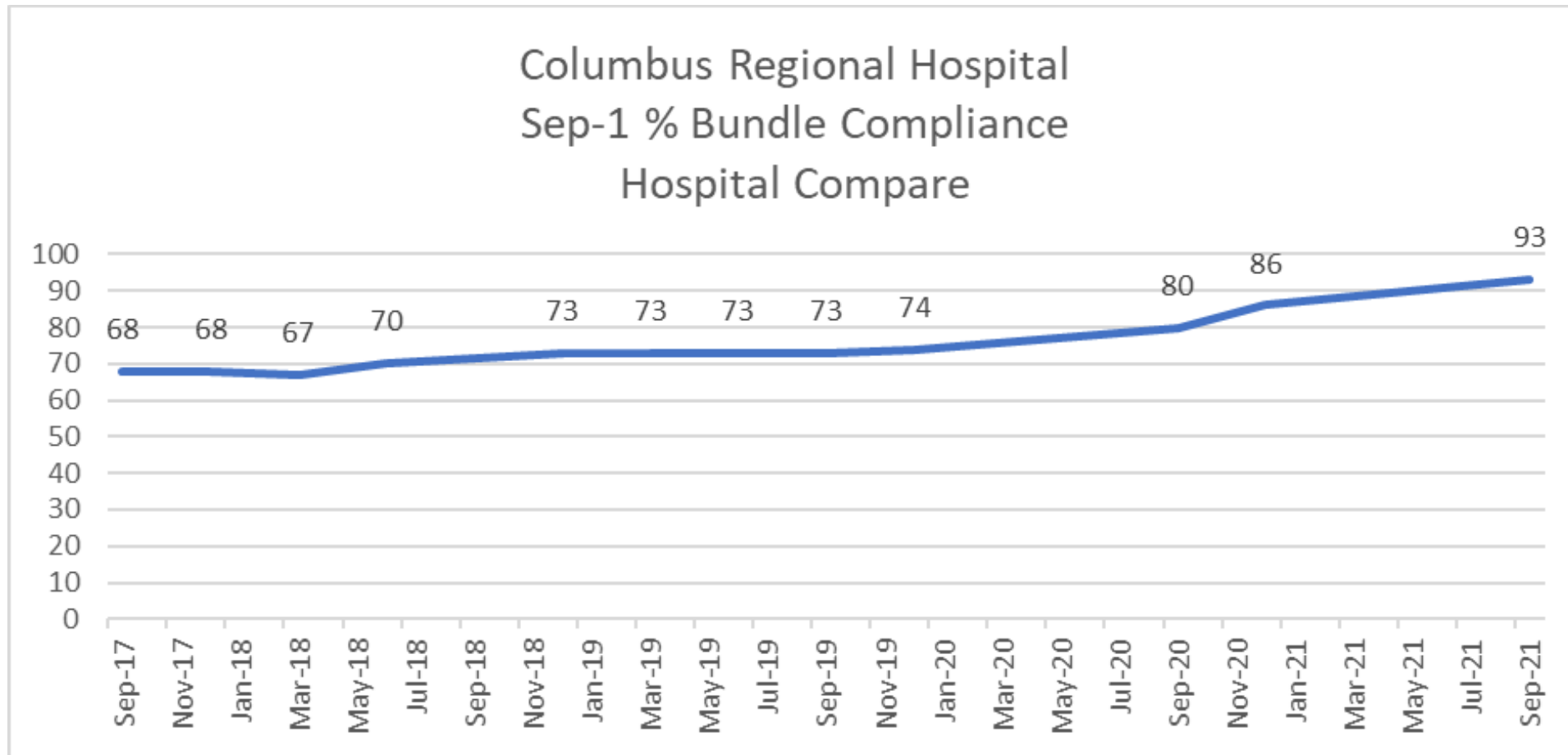
Focused work team

Strong Physician leadership

Strong organizational leadership

Continue to always highlight work with Sepsis September

Columbus





Select Sepsis Type

Sepsis-1(ICD-10 Codes)

Select a Hospital

Columbus Regional Hospital



Indiana Patient Safety Center

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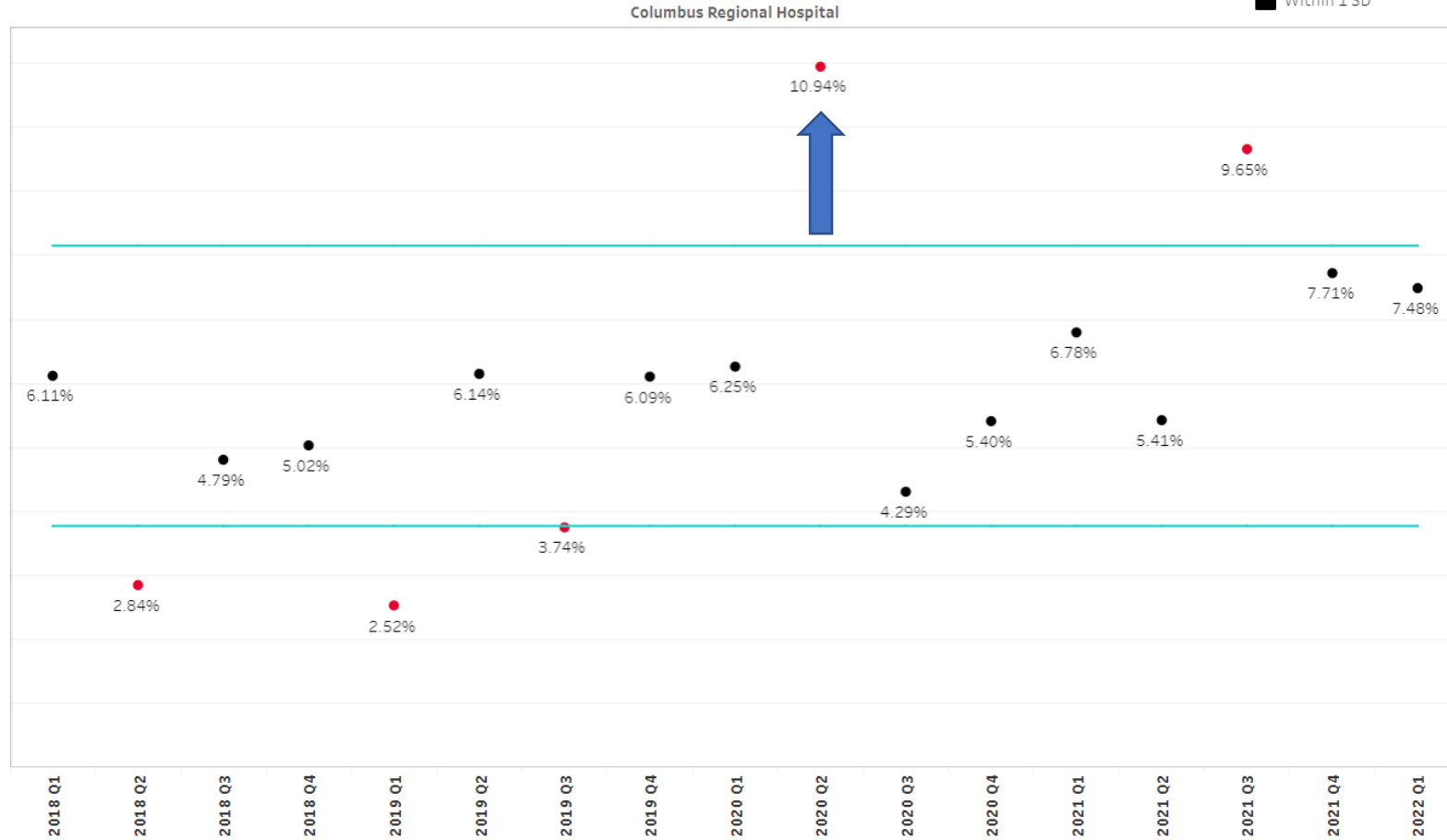
Hospital Control Chart by Sepsis-1(ICD-10 Codes) Excluding Palliative Care

Hospital Sepsis Trendline

Outliers Legend

■ Outside 1 SD

■ Within 1 SD





Sepsis in Indiana

Dashboard populated from the IHA Inpatient Discharge Study. Use the filters on the right to change the dashboard. Filters do not affect the data from other data sources at the bottom.

☰ ← click here to show/hide the ReadMe

1/1/2018 3/31/2022

Sepsis Type
Sepsis-1(ICD-10 Codes)

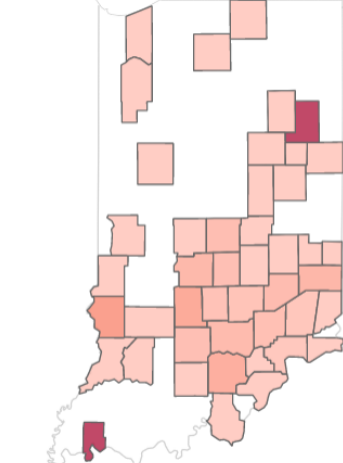
Dashboard View
Hospital

Select a Hospital
Columbus Regional Hos...

Palliative Care
Including Palliative Care

COVID-19 Filter
All Patients

select a county to filter

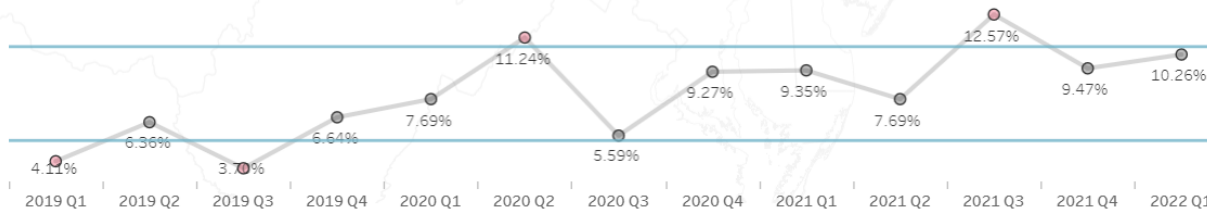


© 2022 Mapbox © OpenStreetMap

Mortalities vs Patients



Mortality Rate



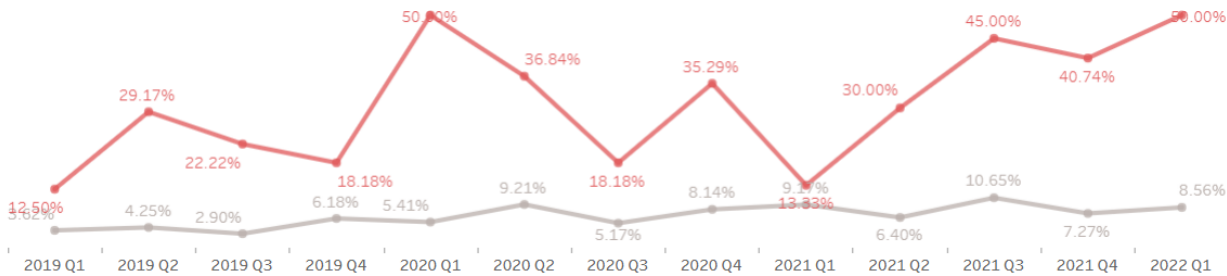
Hospital Onset vs Present on Admission Mortalities (Sepsis 1-ICD 10 Codes only)

Hospital Onset Sepsis Mortality

Rate: number of in-hospital deaths where POA = no/number of patients where POA = no.

Present on Admission Mortality Rate:

number of in-hospital deaths where POA = yes/number of patients where POA = yes.





Select Sepsis Type

Sepsis-1((ICD-10 Codes) ▼

Select a Hospital

Columbus Regional Hospital ▼



Indiana Patient Safety Center

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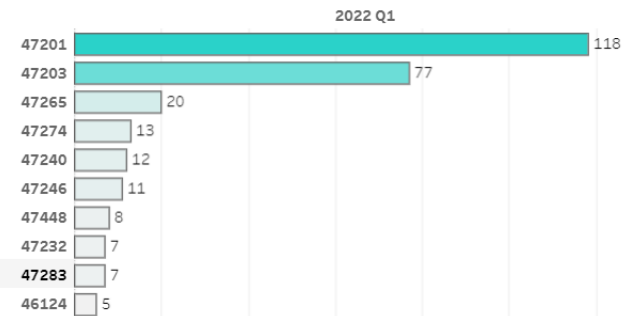
Hospital Patient Demographics by Sepsis-1(ICD-10 Codes) Excluding Palliative Care

Columbus Regional Hospital

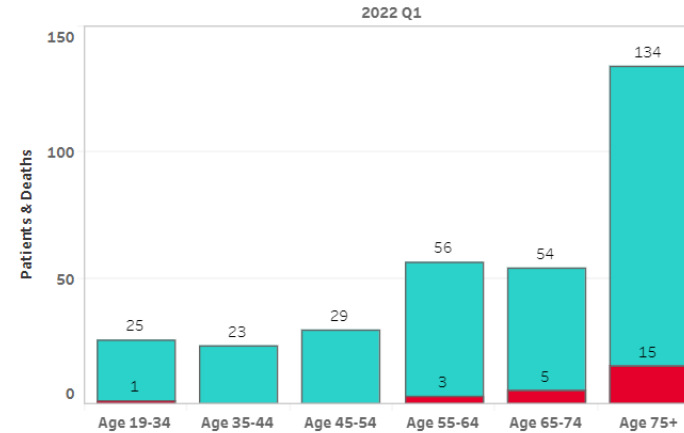
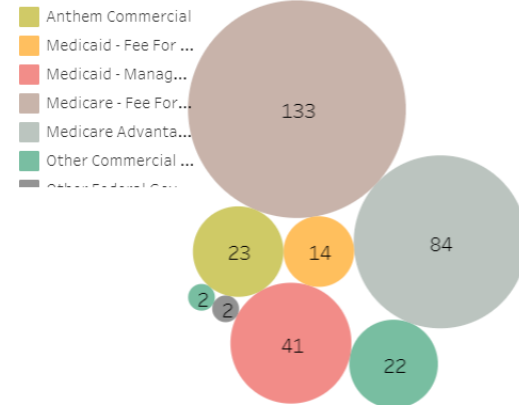
Point of Origin Sepsis Patients per Quarter

	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Clinic or Physician office	3			
Clinic Referral	1	12	8	5
Court/Law Enforcement			1	
Non-Health Care Facility	217			
Physician Referral	74	277	336	264
Transfer from a hospital (different facility)	36	18	26	22
Transfer from another ..	1		2	4
Transfer from SNF	18	35	29	26
Unknown	1			

Top 10 Zip Codes of Sepsis Patients



Primary Pay Source



Celebrations

- *Share your celebrations with sepsis!*
- *Share your September plans!*
- *E-mail rhancock@ihaconnect.org if you are a new sepsis leader for our outreach.*

Sepsis Program Review

Strengths

- DataLink trended mortality (filterable), bundle compliance, post-op sepsis, maternal sepsis rates
- Sepsis leader list for information sharing and networking
- Sepsis office hours on requested topics
- Coalition focused mortality and bundle compliance data
- Monthly leader email for information and sharing
- HQIC focus on sepsis with sprints, discovery chart review tools
- Small Rural Hospital Improvement Program (SHIP) sepsis simulations
- Payor focus on inpatient quality improvement
- IHA website and toolkit clinical and community resource, discharge education, and webinar library
- Annual Sepsis Awareness Month focus

Opportunities

- Increase bundle compliance
- Decrease mortality experienced during the pandemic
- Focus on maternal inpatient sepsis mortality
- Provide clinician education for new staff
- Improve patient and caregiver sepsis education use
- Engage physicians more effectively
- Use CMS antibiotic and fluid management specifications manual

2022 Indiana Hospital Sepsis Goals

Oral
Hygiene?
Hydration?

Goals

- Goal of $\geq 79\%$ sepsis bundle compliance or 10% increase for Indiana hospitals by Sept 2023.
- Focused work with low bundle compliance / high sepsis mortality hospitals through June 2023 (over 16 consults completed in 2021-22)
- Focus QI on hospital onset inpatient sepsis care and oral hygiene

Hospitals' Specific Goals?



Back & to the Future!



Teamwork to identify
sepsis time zero!

2022 Patient Safety Summit



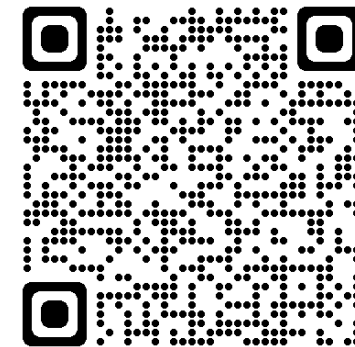
Tues., Sept. 20, 2022

Embassy Suites, Plainfield

9 a.m. – 3:30 p.m. ET

[Event flyer](#)

To register, visit [here](#) or use the QR code



\$99 registration fee

IHAconnect.org/Quality-Patient-Safety

2022 Patient Safety Summit



Finding the Silver Linings
Craig Deao, MHA



Reimagining (and
Revitalizing) Quality,
Safety, & High
Reliability Leadership
*Vikki Choate, MSN,
R.N., NEA-BC, CPHQ*



Achieving a Culture of
Zero Violence:
Leadership Strategies to
Reduce the Risk &
Anxiety of Patients,
Staff, & Visitors
*Brian Uridge, MPA,
CHPA, CPP*



Re-engineering Care to
Ensure Patient Safety
When a Cyberattack Hits
Member Panel



Nov. 1 – 2

The Westin Indianapolis

Learn more and register on our website:



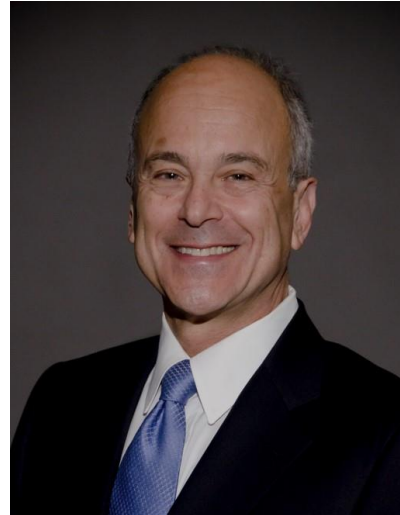
Annual Meeting Keynote Speakers



Sean Astin

Actor & Director

Mental Health



Dr. Mark Chassin

President Emeritus,
The Joint Commission

Quality & Patient
Safety



Steve Cadigan

Former VP of Talent, LinkedIn

Workforce &
Culture

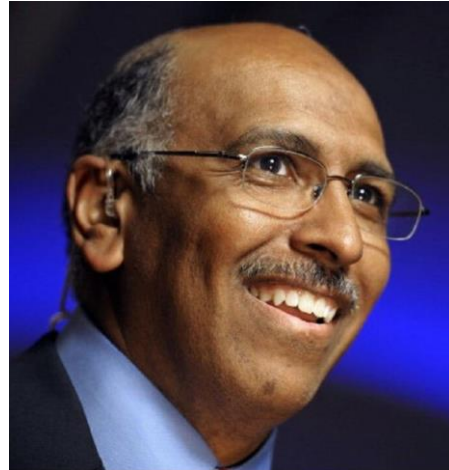
Annual Meeting Keynote Speakers



Donna Brazile

Veteran Democratic
Political Strategist

Political Point/Counterpoint



Michael Steele

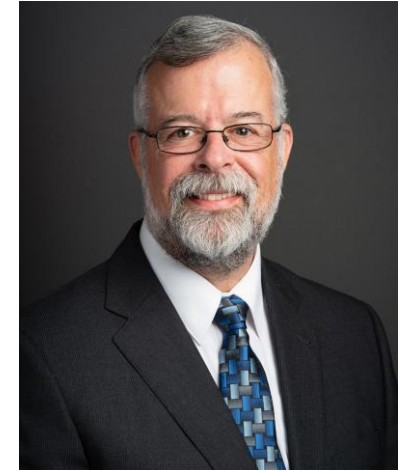
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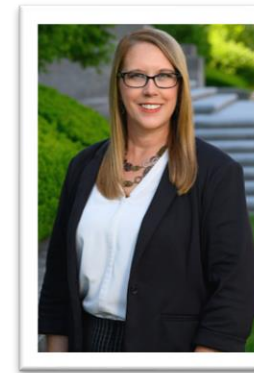


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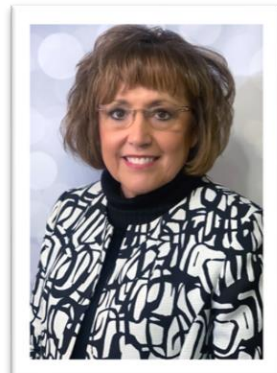


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