SEPSIS
Indiana’s Race to Excellence in Early Detection & Treatment

September 25, 2015
Webinar Objectives

- Describe sepsis-related statistics and the associated impact
- Define systemic inflammatory response syndrome (SIRS), sepsis, severe sepsis and septic shock
- Examine components of sepsis screening and the value of early identification
- Describe the 3 and 6 hour bundle elements related to Centers for Medicare & Medicaid Services (CMS) core measure requirements
- List resources to guide best practices
Indiana’s Bold Aim

To make Indiana the safest place to receive health care in the United States... 
*if not the world*

*Inaugural Indiana Patient Safety Summit – March 2010*
Double Click the Image to View Video

https://youtu.be/12Qbnn6XfHo
Why Focus on Sepsis in Indiana?
“State of the State”

State Sepsis Mortality Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
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</thead>
<tbody>
<tr>
<td>2008</td>
<td>15.97%</td>
</tr>
<tr>
<td>2009</td>
<td>16.11%</td>
</tr>
<tr>
<td>2010</td>
<td>12.45%</td>
</tr>
<tr>
<td>2011</td>
<td>11.03%</td>
</tr>
<tr>
<td>2012</td>
<td>10.20%</td>
</tr>
<tr>
<td>2013</td>
<td>10.62%</td>
</tr>
<tr>
<td>2014</td>
<td>9.13%</td>
</tr>
<tr>
<td>2015</td>
<td>7.25%</td>
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</tbody>
</table>
Members agree not to compete on patient safety

Layered model of regional coalitions and affinity groups supports transformation, learning and spread

Benefits:
• Innovate at the front lines
• Align with state and national efforts, and standardize when beneficial
• Builds local and hospital-specific capacity for improvement and innovation
• Encourages safety leadership at all levels across multiple professions
Septicemia Mortality Coalition Comparison

Source: IHA Inpatient Discharge Study (IDS)
Septicemia Mortality
Hospital Breakdown Example

Source: IHA Inpatient Discharge Study (IDS)

<table>
<thead>
<tr>
<th></th>
<th>1Q2014</th>
<th>1Q2014</th>
<th>2Q2014</th>
<th>2Q2014</th>
<th>3Q2014</th>
<th>3Q2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients – 31</td>
<td>6.45%</td>
<td>0.00%</td>
<td>Patients – 32</td>
<td>0.00%</td>
<td>Patients – 33</td>
<td></td>
</tr>
<tr>
<td>Mortalities – 2</td>
<td></td>
<td></td>
<td>Mortalities – 0</td>
<td></td>
<td>Mortalities – 0</td>
<td></td>
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</tbody>
</table>
Top 5 Statewide APR-DRGs with Highest Number of Mortalities
Adjusted Risk of Mortality Index CY 2014

- Septicemia: 7%
- Pulmonary edema & respiratory failure: 9%
- Heart Failure: 12%
- Respiratory system diagnosis with ventilator support ≥ 96+ hours: 17%
- Simple pneumonia: 55%

Source: IHA’s Inpatient Discharge Study (IDS)
In 2014, 3,242 Hoosiers DIED from Sepsis

What Does This Look Like?
Opportunities to Save Hoosier Lives

- Raise awareness of the impact of sepsis in Indiana
- Formation of sepsis faculty from hospitals across the state
- Support early recognition and prompt treatment
- Deploy sepsis care recommendations
September is Sepsis Awareness Month

http://www.sepsisalliance.org/sepsisawarenessmon

http://world-sepsis-day.org/?MET=HOME&vLANGUAGE=EN
If you are interested in receiving the Indiana Patient Safety Center newsletters, please contact Kaitlyn Boller at kboller@IHAconnect.org with your name, affiliated organization and e-mail address.

September 4, 2015 Newsletter

September is Sepsis Awareness Month

2015

Sepsis is the body’s response to an infection which can lead to tissue damage, organ failure and death. Over 1 million cases of sepsis occur each year in the United States, and half of the patients who get sepsis will die.

Hear and experience the personal stories of sepsis victims and survivors in Faces of Sepsis, an original short film from Sepsis Alliance.

During the month of September, the Centers for Disease Control and Prevention (CDC) is teaming up with patient advocates and clinical professional organizations to increase awareness of sepsis in observance of Sepsis Awareness Month. Throughout the month, CDC will be promoting a variety of patient and clinician educational resources, including:

- **Video** from CDC Director and World Sepsis Day Ambassador, Dr. Tom Frieden, reminding patients and providers on the importance of detecting sepsis early
- **Patient fact sheets** created in collaboration with the Sepsis Alliance, Perry Stauton Foundation and the CDC Foundation
- **Sepsis early detection and care improvement bundles** from the Surviving Sepsis Campaign and the Society for Critical Care Medicine
- **Webinar** on pediatric sepsis from the Children’s Hospital Association
**Thank You to Our Sepsis Faculty!**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Chelsea Bibelhauser</td>
<td>Sepsis Coordinator</td>
<td>Clark Memorial Hospital</td>
</tr>
<tr>
<td>Mary Ann Gregg</td>
<td>Critical Care Educator</td>
<td>Porter Regional Hospital</td>
</tr>
<tr>
<td>Robert Hattabaugh</td>
<td>Clinical Nurse Specialist</td>
<td>Johnson Memorial Hospital</td>
</tr>
<tr>
<td>Robin Bingham</td>
<td>Quality Manager Sepsis Team</td>
<td>Franciscan St. Francis Health</td>
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<td></td>
<td></td>
<td>Indianapolis</td>
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<tr>
<td>Jackie Molter</td>
<td>Quality Director</td>
<td>Franciscan Health-Rensselaer</td>
</tr>
<tr>
<td>Angela Mounsey</td>
<td>Quality Improvement/Care Continuum Manager</td>
<td>Marion General Hospital</td>
</tr>
<tr>
<td>Leslie Propst</td>
<td>Clinical Pharmacist</td>
<td>Union Hospital</td>
</tr>
<tr>
<td>Brandee Wornhoff</td>
<td>Clinical Nurse Specialist</td>
<td>Hendricks Regional Health</td>
</tr>
<tr>
<td>Carol Yager</td>
<td>Infection Preventionist</td>
<td>Fayette Regional Health System</td>
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Additionally, we are grateful to content experts within each of our faculty organizations who have shared their insight. This includes but is not limited to front-line clinical staff, core measure abstractors, coding personnel and administrators.
Sepsis Faculty Recommendations

To decrease Indiana’s sepsis mortality rate through early recognition and action, it is recommended that all Indiana hospitals:

• Create a multidisciplinary team to focus on sepsis processes and outcomes (Recommended list compiled along with a Core Measure/Clinical Decision-making guide)

• Implement a sepsis screening tool for early recognition

• Provide sepsis-focused staff development annually (Creating a Sepsis 101 modifiable template)

• Engage a physician champion for peer development
Multidisciplinary Team
Multidisciplinary Team Formation

Including various disciplines in the review of sepsis care is essential for everyone to understand how their role impacts outcomes.

This list provides suggestions for team membership inclusion:

- Physician/APN/PA**
- Nursing-All areas
- Laboratory
- EMS
- Physician Office Staff

**Core Measure Abstractors**

**Coding/Documentation Specialists**

**Pharmacy**

**Extended Care Partners**

**Having a physician/provider champion is essential!**
Blending Best Practices to Improve Outcomes

SEVERE SEPSIS & SEPTIC SHOCK
A GUIDE FOR INDIANA HOSPITALS

January 2018, the Indiana Hospital Association’s Patient Safety Center (IPSC) began a review of state performance to identify opportunities in areas where collective focus could positively impact the health and wellness of those seeking care from Indiana hospitals.

One identified opportunity is to reduce mortality related to sepsis across the state. This focus also aligns with national and international advocates and calls for actions to identify and treat individuals who present with specific symptoms so that their illness can avoid progression to severe sepsis, septic shock, and death.

Understanding the complexities of operationalizing best practices among individual hospitals with unique and different resources, the IPSC created a dynamic, multidisciplinary sepsis safety net across the state. This effort was charged with removing the science, current guidelines, and available resources to provide general recommendations to Indiana hospitals regarding sepsis practices in an effort to support the D30 Call to Action.

To make Indiana the safest place to receive health care in the nation, if not the world!

The following pages represent an initial guide to all Indiana hospitals to reduce preventable costs to improve sepsis outcomes, review current practices, and improve patient outcomes.

September 2018
Screening for Sepsis
How is your hospital screening for sepsis?
Does your hospital have the three and six-hour bundles built into your practice?
Resources

- Surviving Sepsis Campaign
  http://www.survivingsepsis.org/About-SSC/Pages/default.aspx

- IHI (Institute for Healthcare Improvement)
  http://www.ihi.org/Topics/Sepsis/Pages/default.aspx

- HRET (Health and Educational Research Trust) HEN (Hospital Engagement Network) website
Staff Development
The slide deck is being created so that hospitals may customize using their own unique logo and presentation design along with insertion of screen shots how best practices will be operationalized.
Next Steps

2016 Quarterly Sepsis Webinars

Potential topics:
- Physician Engagement
- Documentation and Coding
- Public Awareness
- Acute Care and Long-term Care Partnerships

We welcome your suggestions and organization’s sepsis care initiative stories

Please forward to ahandy@IHAconnect.org
Evaluation of Today’s Webinar

Your feedback is very important to our team in creating meaningful programs to meet your needs.

Please take a few moments to complete a brief 5-question survey which can be accessed through the link below:

https://www.surveymonkey.com/r/IHAsepsiswebinar
Your IPSC Team

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We welcome to our team, Alexandra Simonton and Ellery Steele who will serve as interns to the IPSC
Thank you!