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
"THE FUTURE ISN'T WRITTEN. IT CAN BE CHANGED."
Guest Speaker

Columbus Regional Health
Columbus, Indiana

Chris Newkirk, BS, RN
Clinical Quality Advisor
Columbus Regional Health
## IHA 2022 Sepsis Awareness Month Webinars

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td>1-Sept.</td>
<td>3 p.m. ET</td>
<td>Indiana Sepsis State of the State</td>
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<tr>
<td>8-Sept.</td>
<td>3 p.m. ET</td>
<td>Sepsis Pathophysiology &amp; Bundle Compliance</td>
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<tr>
<td>15-Sept.</td>
<td>3 p.m. ET</td>
<td>Sepsis Diagnostic Advances</td>
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<tr>
<td>22-Sept.</td>
<td>3 p.m. ET</td>
<td>Maternal Sepsis</td>
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<td>29-Sept.</td>
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<td>Sepsis Fluid Management Advances</td>
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<td>6-Oct.</td>
<td>3 p.m. ET</td>
<td>Personal Hygiene and Sepsis Prevention</td>
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Click on link to register for each webinar

[Click on link to register for each webinar](#)
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

IHAconnect.org/Quality-Patient-Safety
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

IHAconnect.org/Quality-Patient-Safety
Thank you!

Central Southwest Patient Safety Coalition

Harrison County Hospital

Columbus Regional Health

IU Health
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
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  
- 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
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 ≥ 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?


IHAconnect.org/Quality-Patient-Safety
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

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<tr>
<th>Facility Name</th>
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<tr>
<td>COLUMBUS REGIONAL HOSPITAL</td>
<td>93</td>
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<tr>
<td>MONROE HOSPITAL</td>
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<td>HARRISON COUNTY HOSPITAL</td>
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<td>TERRE HAUTE REGIONAL HOSPITAL</td>
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<td>PARKVIEW DEKALB HOSPITAL</td>
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<td>MEMORIAL HOSPITAL (Logansport)</td>
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### Sep-1 Bundle Compliance Most Improved

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<tr>
<th>Hospital</th>
<th>Sep-1 % 4Q2019 to 3Q2020</th>
<th>Sep-1 % 4Q2020 to 3Q2021</th>
<th>Difference</th>
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<td>78</td>
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CDC Sepsis Mortality 2020

Source: https://wonder.cdc.gov

Deaths per 100,000 population
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%
Columbus Regional Initial Sepsis Timeline

2015 Project Charter
• CMS specs manual,
• Physician buy in;
• Leadership buy in;
• ED Sepsis power plan,
• CCU sepsis power plan;
• Medical floor power plan;
• Provider documentation templates;
• Individual case reviews with transparent data;
• Physician leads identified

2016 Assessment of Current State
• Successes
  • Transparent data sharing
  • Reinforcing key relationships—ED, CCU, Hospitalist teams
  • Sepsis Nursing Grand Rounds
  • Lactates and IVF bolus support
  • Reflex lactates
• Challenges
  • Inability to ID septic patients per CMS specs
  • Lack of clinical decision-making tools—trialed ED sepsis screening tool
  • Lack of nursing protocols—education across all disciplines
  • Sepsis nursing grand rounds—education across all disciplines
    “What is sepsis” “What are EBP practices”
  • Lactate and IVF bolus with support of nephrology
  • Reflex lactate put in place

2017 Project Charter
• Successes
  • ED focused PI
  • Cerner Sepsis Solution Build implemented May/June
  • Order sets with source driven ATB options
  • IVF bolus orders
  • Lactates
  • More education
  • Initial report up to Board of Trustees
2022 and Beyond - Constant journey
Focused work team
Strong Physician leadership
Strong organizational leadership
Continue to always highlight work with Sepsis September

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
Columbus Regional Hospital
Sep-1 % Bundle Compliance
Hospital Compare

IHAconnect.org/Quality-Patient-Safety
Hospital Control Chart by Sepsis-1(ICD-10 Codes) Excluding Palliative Care

Hospital Sepsis Trendline

Columbus Regional Hospital

Outliers Legend
- Outside 1 SD
- Within 1 SD

Celebrations

• Share your celebrations with sepsis!
• Share your September plans!

• E-mail rhancock@ihacconnect.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

**Goals**

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**Hospitals’ Specific Goals?**

Hospitals' Specific Goals?

- Oral Hygiene?
- Hydration?
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
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

IHAconnect.org/Quality-Patient-Safety
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

Michael Steele
Former RNC Chair

John Riggi
National Advisor for Cybersecurity and Risk, AHA

Alan Beaulieu
President ITR Economics

Political Point/Counterpoint
Cybersecurity
Health Care Economic Forecast
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