



September 6, 2016

Focus: See it.

Agenda

- 1500-1510 IHA Introduction & Historical Perspective
- 1510-1515 Maryanne Whitney, Cynosure Health Improvement Advisor
- 1515-1530 *See it.* Hospital Feature-Johnson Memorial Health
- 1530-1540 Maryanne Whitney-Reflection & Best Practices
- 1540-1555 Open lines to share successes & challenges
- 1555-1600 IHA wrap-up & Next steps

Learning Objectives & Housekeeping

Learning Objectives

- Describe the Indiana sepsis mortality impact
- Define rapid assessment steps for prompt identification to prevent sepsis progression: **See it.**
- List Indiana Sepsis Awareness Campaign resources

Housekeeping Items

- Slide deck and recording will be posted to inhen.org website under the News & Events tab
- Chat feature will be monitored throughout the hour
- All lines will be opened for discussion following the hospital feature. If not speaking, please mute your line and do not place on hold

Indiana's Bold Aim



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



SEE IT.
STOP IT.
SURVIVE IT.

This year, more than
one million people
in the United States
will get Sepsis.*

Up to half of those people will die.
Start a conversation with your
doctor today.

SurviveSepsis.com

*Centers for Disease Control and Prevention

Indiana Patient
Safety Center
of the Indiana Hospital Association

SEE IT.
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ALMOST
3,500
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DON'T BE A STATISTIC.

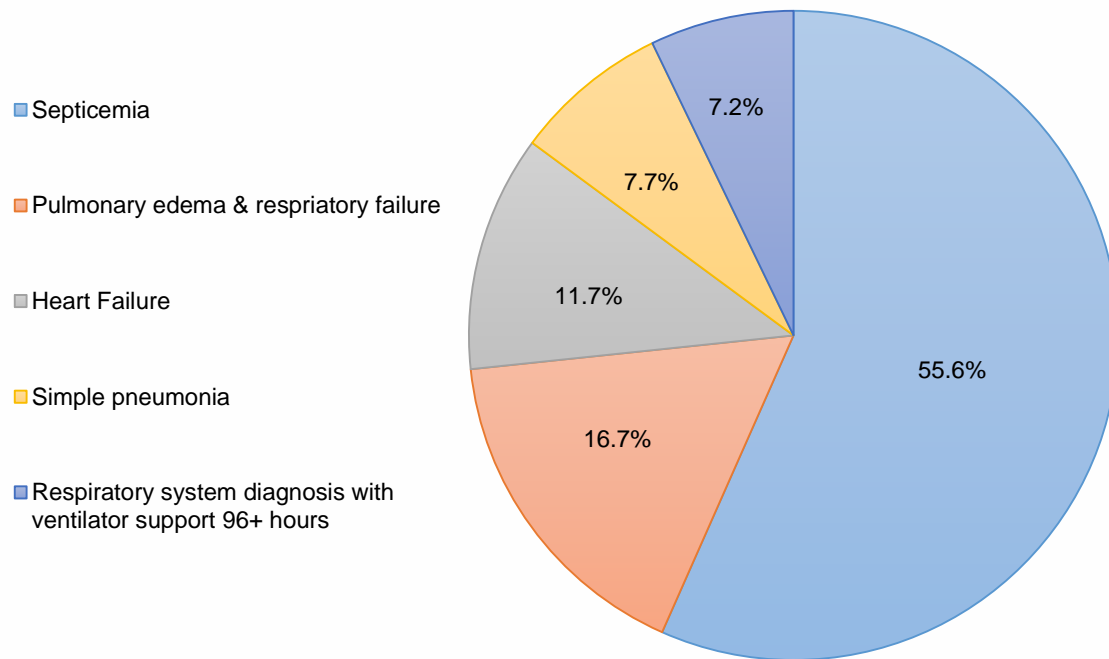
SurviveSepsis.com

*2015 Indiana Hospital Association Inpatient Discharge Study

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Sepsis: The Indiana Impact

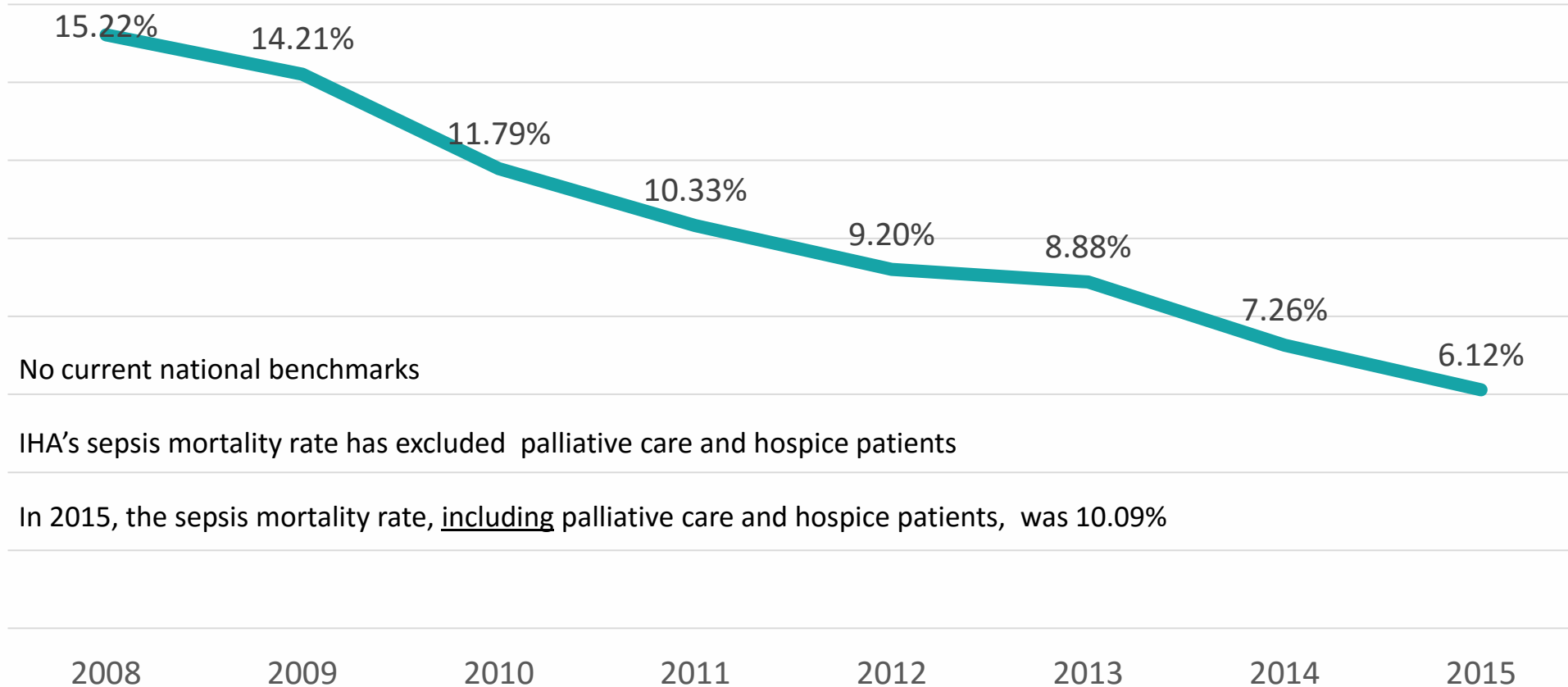
Top 5 Statewide APR-DRGs with
Highest Number of Mortalities
Adjusted Risk of Mortality Index
CY 2015



Source: IHA's Inpatient Discharge Study (IDS)

- Average charges for a patient with a sepsis diagnosis are approximately \$44,000
- Sepsis as the primary diagnosis is the highest utilization of inpatient stay charges

Indiana Inpatient Hospital Sepsis Annual Mortality Rate



No current national benchmarks

IHA's sepsis mortality rate has excluded palliative care and hospice patients

In 2015, the sepsis mortality rate, including palliative care and hospice patients, was 10.09%

NOTE: Septicemia mortality is calculated using all discharges grouped to APR-DRG 720 Septicemia, excluding records with a diagnosis code V66.7 Palliative Care and ICD-10 code Z51.5 for Palliative Care starting with 4th quarter 2015.

IHA Inpatient Discharge Study

- May 3: IHA hosts Sepsis Coaching Call & features two Indiana hospital teams
<http://inhen.org/news-and-events/>
- June 7: IHA hosts annual Indiana Patient Safety Summit including focus on sepsis
- September: Indiana Hospital Association launches statewide Sepsis Awareness Campaign; *Sepsis: See it. Stop it. Survive it.*
- Sept. 23: HEN 2.0 concludes

2016

Indiana Sepsis Awareness Campaign

HEN 2.0 & Core Measure

2015

- April: IHA convenes multidisciplinary work group/faculty to review evidence-based interventions for sepsis identification, treatment and survival
- Sept. 4: IHA Sepsis Awareness Month Newsletter
- Sept. 11: Faculty recommendations to the IHA Council on Quality & Patient Safety (CQPS)
- Sept. 25: Faculty webinar to release tools and resources to improve early recognition, prompt treatment and sepsis survival
<https://www.ihaconnect.org/Quality-Patient-Safety/Pages/Sepsis.aspx>

- Sept 24: CMS deploys HEN 2.0 for one year to continue harm reduction work
- 97 acute care hospitals partner with IHA and HRET to continue and expand harm reduction work
- HEN 2.0 includes sepsis as an “additional” topic for reporting
- Beginning with Oct. 1 2015 inpatient discharges, CMS launches Severe Sepsis/Septic Shock Core Measure reporting
- Dec: IHA CQPS directs increased focus on sepsis

2015

Sepsis Faculty Convened

Partnership for Patients

2012-2014

- IHA collaborates with member hospitals and eleven regional patient safety coalitions to reduce sepsis mortality
- Outcome data is provided for individual hospitals and coalition-wide performance and comparison

- CMS deploys the Hospital Engagement Network (HEN) Partnership for Patients (PfP) initiative to reduce health care associated harm
- 116 Indiana acute, long-term care and rehabilitation hospitals partner with IHA and the Health Research & Educational Trust (HRET)
- Sepsis is an “optional” topic for hospitals to report
- Program concludes Dec. 8, 2014

2008

Sepsis Mortality Data

2016 Indiana Patient Safety Summit



Ciaran Staunton,
Co-Founder & Dad
The Rory Staunton Foundation



2016 Innovation Award Recipient
Sepsis Team
Franciscan St. Anthony Health
Michigan City



Thomas Ahrens, PhD
Nurse Researcher & Educator

2016 SEPTEMBER SEPSIS SAY SEPSIS SAVE LIVES

SEPSISAWARENESSMONTH.ORG



Indiana Campaign



September
is Sepsis
Awareness
Month

SEE IT.
STOP IT.
SURVIVE IT.

 **Indiana Patient
Safety Center**
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SURVIVESEPSIS.COM

The graphic features a teal background with a red ribbon that spirals upwards from the bottom right. The ribbon contains the text 'SEE IT.', 'STOP IT.', and 'SURVIVE IT.' in white, with 'SURVIVE IT.' in a larger, bold font. The text 'September is Sepsis Awareness Month' is written in white on the left side. The logo for the Indiana Patient Safety Center is in the bottom left, and the website URL 'SURVIVESEPSIS.COM' is at the bottom center.



See it. Stop it. Survive it.

SEPTEMBER: SEPSIS AWARENESS MONTH // SURVIVESEPSIS.COM

- Recognize high risk individuals
- Prompt identification upon presentation: leverage clinical judgement and critical thinking beyond checklist and technology alerts
- Community awareness
- Always ask, “Could it be sepsis?”

See it. Polling Question #1

Sepsis screening implementation success can vary by department or discipline

Which group has experienced the smoothest implementation at your facility?

- a) Emergency Department
- b) Physician providers
- c) Critical Care units
- d) Inpatient wards

See it. Polling Question #2

What do nurses do if their patient screens positive for sepsis?

- a) Call M.D.
- b) Nothing, everybody has SIRS
- c) Call the rapid response team
- d) Draw a blood culture and lactate
- e) Activate the sepsis order set

Welcome our Subject Matter Expert



Maryanne Whitney, RN CNS MSN

- Improvement Advisor with Cynosure Health
- Over 25 years of hospitals operations and nursing leadership at Kaiser Permanente
- Extensive Experience in Critical Care, Patient Safety, ABCDEF Bundle and Rapid Response Team implementation and Sepsis Mortality Reduction

Johnson Memorial Health



Located in Franklin, IN
125 bed acute hospital

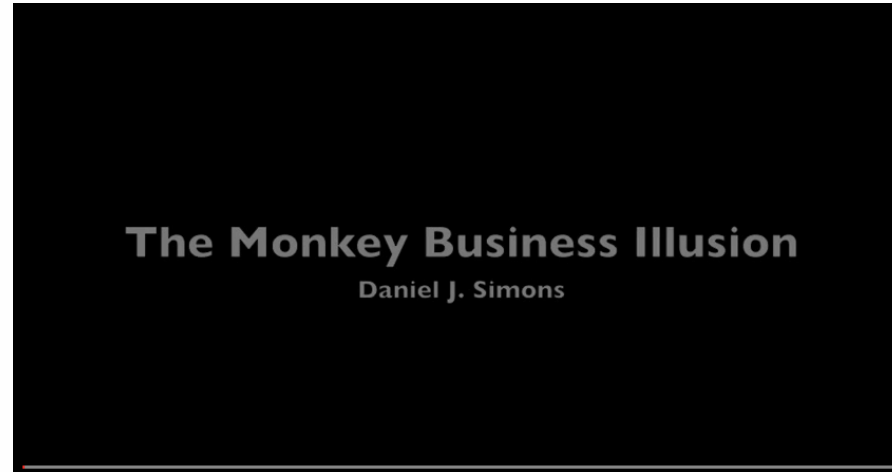
Our Patients Have Spoken



WOMEN'S CHOICE AWARD®
AMERICA'S 100 BEST HOSPITALS
FOR PATIENT EXPERIENCE
&
AMERICA'S BEST HOSPITALS
EMERGENCY CARE



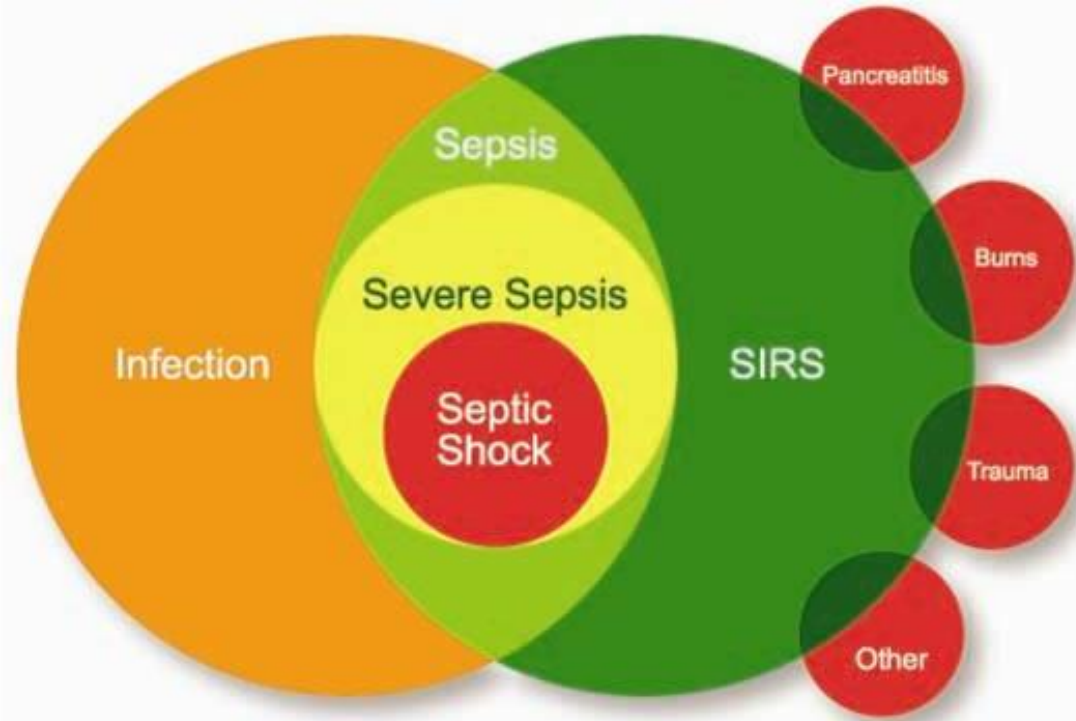
See It – Inattentional Blindness



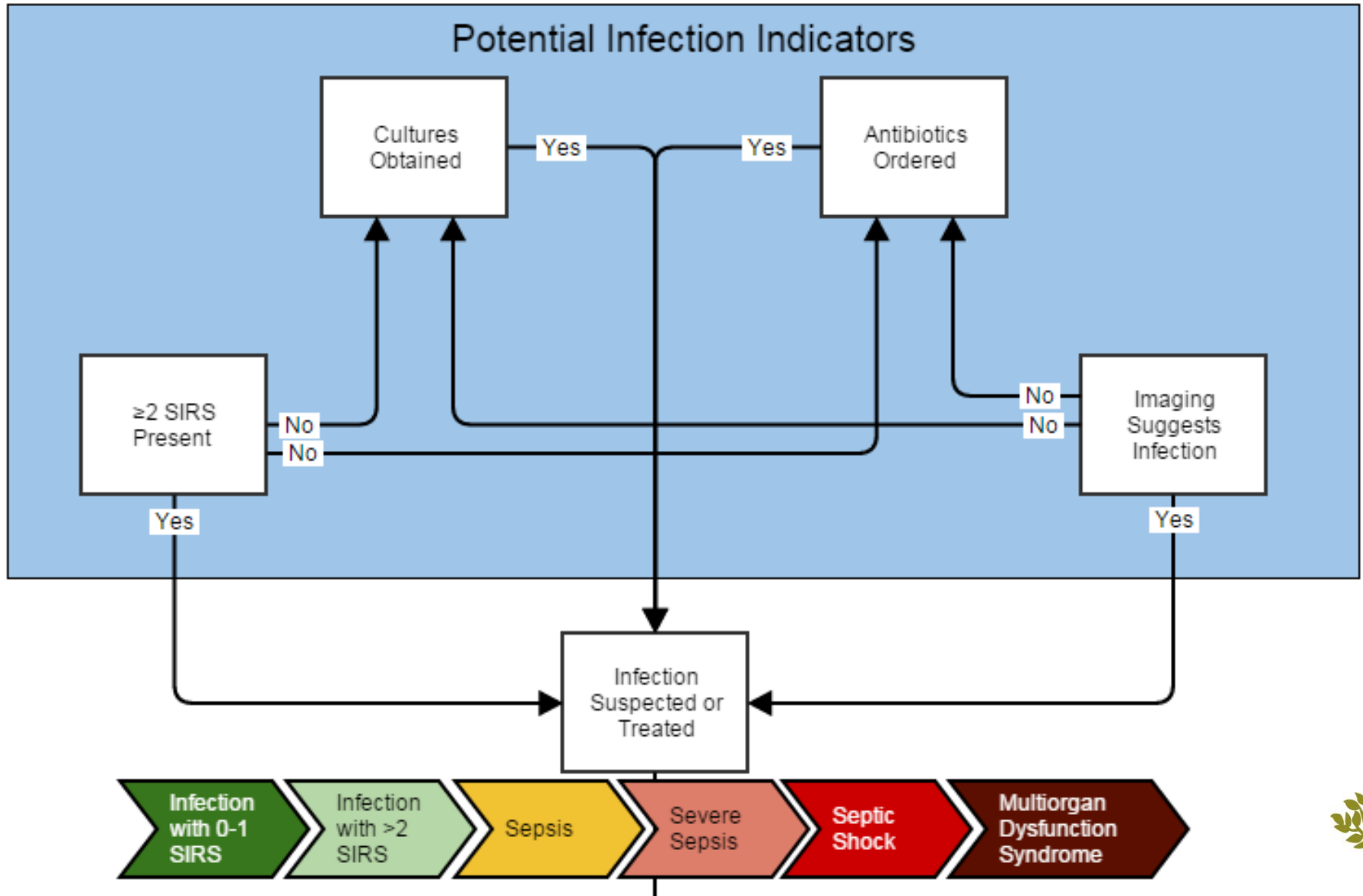
https://www.youtube.com/watch?v=IGQmdoK_ZfY

We often miss what we
don't expect to see

Sepsis/Infection is a Spectrum



Bone et al. Chest 1992; 101:1644



Education

- Hospital Grand Rounds presentation in anticipation of Oct '15 launch of core measure



**CMS National Hospital Inpatient Quality
Measure
Oct 2015**

Jason Cadwallader MD MS
Medical Director Hospitalist Program
Physician Lead Clinical Informatics
Johnson Memorial Hospital

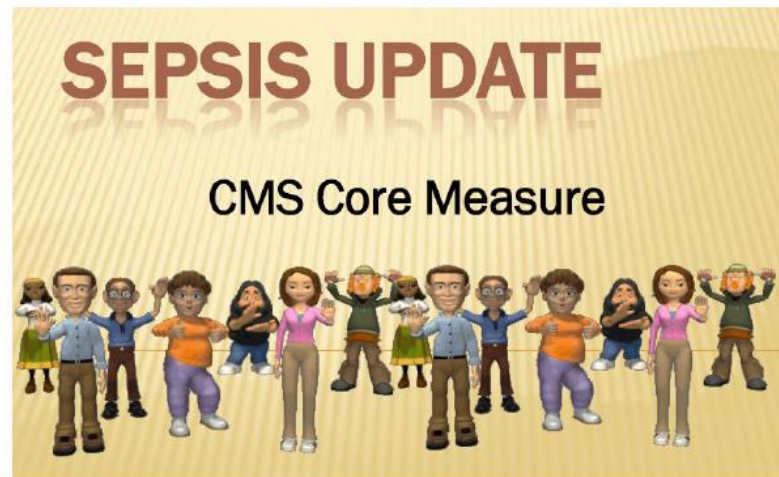


Required Education Module

Mandatory InfoNet Module

RN's/Medics

ARU, CCU, ED, Maternity, House Supervisors



This module is designed to introduce and educate front line staff on the Sepsis CMS Core Measure.

By the end of this module, participants should be able to:

- Recognize the nurse's role in early identification and treatment of Sepsis, Severe Sepsis or Septic Shock as related to the CMS Core Measure
- Recall the *Surviving Sepsis Campaign* 3 and 6 hours bundles
- Identify changes to the Sepsis Screening tool in Meditech
- Describe appropriate utilization of the Severe Sepsis/Septic Shock Checklist

Nursing Triage & Repeat Assessments

SEPSIS SCREEN:

Has this patient undergone surgery within the last 2 days?

Has a diagnosis of sepsis been made?

Criteria for positive sepsis screen: Most recent documented U/S:

Temp: 101 degrees F or higher

Temp:

Temp: 96.8 degrees F or lower

Pulse:

Heart Rate: above 90/min

Respirations:

Resp Rate: above 20/min

Acute Altered Mental Status

B/P:

SBP less than 90 mm Hg

Review labs?

MAP less than 70 mm Hg

SBP decrease more than 40 mm Hg, from baseline, in adults

Blood Glucose more than 140mg/dL, in the absence of diabetes

Normal WBC with more than 10% immature neutrophils (bands)

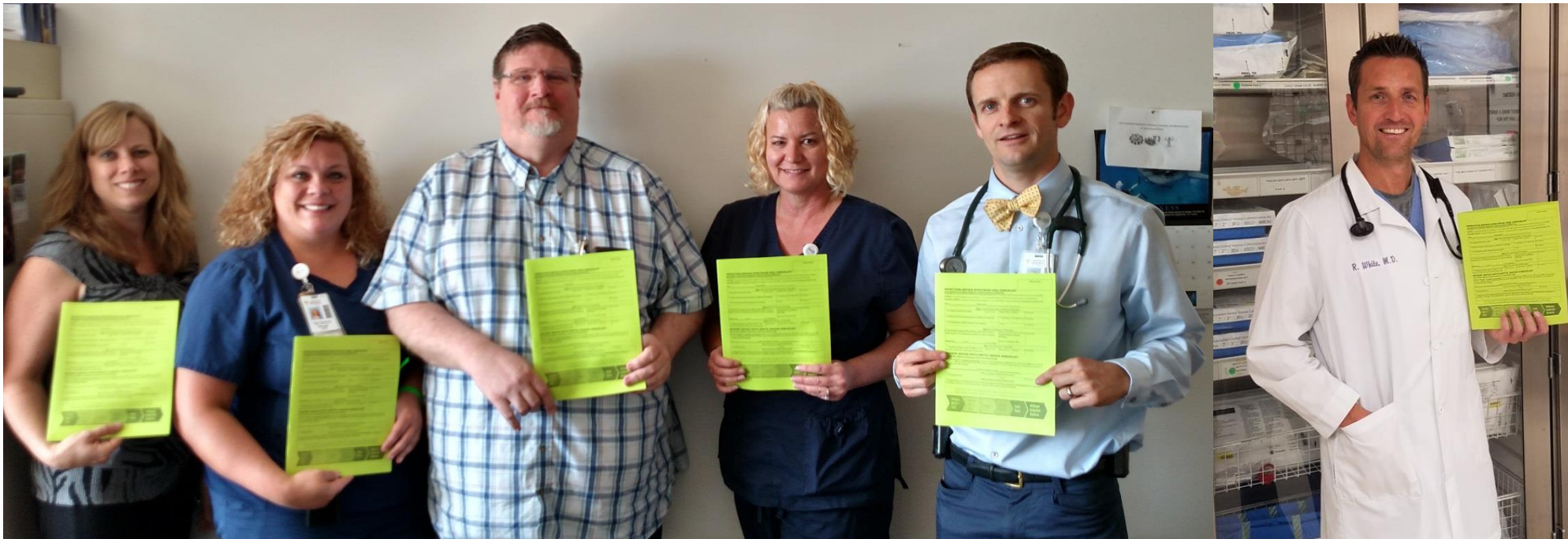
WBC more than 12,000 or less than 4,000

Is an infection documented or suspected?

Are any TWO of the criteria present AND NEW? not chronic or persistent despite



Sepsis Green Sheet



Green Arm Band

- Indicates Blood Culture Obtained



Inpatient Sepsis 6hr Follow-up Assessment Note Template

Sepsis

- SIRS criteria of: fever, hypothermia, tachycardia, tachypnea, leukocytosis, leucopenia
- Suspected site of infection: Pulmonary, GI, Urinary, CNS, Skin
- In-hospital concurrent diagnoses: leukocytosis, leucopenia, bandemia, neutropenia, thrombocytopenia, coagulation abnormalities, hyperbilirubinemia, hyperlactatemia, arterial hypotension, elevated cardiac index, arterial hypoxemia (P/F), acute oliguria, increased creatinine, acute renal failure, paralytic ileus, altered mental status
- Cultures:
 - Blood:
 - Urine:
 - Sputum:
 - CSF:
- Fluid Resuscitation: 30mL/kg target:
- Vasopressors: Norepinephrine, Vasopressin, Dopamine, Dobutamine
- Medications: (- present)

Direct Provider Feedback Loop

- Data collection
- Sepsis Committee Review
- Champion feedback to providers
 - Global statistics/trends
 - Specific cases they were involved in

Sepsis Core Measure Checklist Review

All Patients with Infection/Possible Sepsis Spectrum:

- Infection identified/documented in ED with relevant sepsis orders initiated
- Lactate result (not order)
- IF > 2.0 mmol/L:
 - Documentation calling this "Severe Sepsis"
 - Repeat Lactate result (order 2hrs after prior draw time through "Infection" Order Set)
- Blood Cultures drawn not ordered (prior to ATB)
- Broad Spectrum IV Antibiotic (ATB) initiated (not ordered) within 3 hours of Time Zero
 - Selection from Empiric Broad Spectrum Antibiotic List (on green sheet)
- Sepsis Template used in note
 - SIRS criteria indicated
 - Suspected site(s) indicated
 - In-hospital concurrent diagnoses indicated
 - Cultures indicated
 - 30mL/kg Target documented
 - Antibiotics/Medications indicated
- Assessment for 2^o organ dysfunction indicating Severe Sepsis (Lactate > 2.0 mmol/L, INR > 1.5, PTT >60sec, Platelet < 100,000, Bilirubin > 2, Creatinine >2, Urine output <0.5 mL/kg/hr for 2 hours, SBP <90, MAP <65, SBP decrease by >40 from previous "normal", Acute Respiratory Failure w/ intubation or BiPAP) but not when Chronic or due to Medication

IF Severe Sepsis:

- Consider 30 mL/kg Crystalloid Fluid Bolus (0.9% NS or LR)
- Repeat Lactate result (order 2hrs after prior draw time through "Infection" Order Set which will order 2 additional Lactates)
- Documentation calling this "Severe Sepsis"

IF Septic Shock:

SEPTIC SHOCK = **Lactate \geq 4.0 and/or Sepsis-induced hypotension (SBP less than 90 mmHg, MAP less than 65 mmHg, or SBP decrease greater than 40 mmHg from baseline) in the hour after fluid resuscitation (30mL/kg) for \geq 2 consecutive BP readings**

- Documentation calling this "Septic Shock with Severe Sepsis"
- 30 mL/kg Crystalloid Fluid Bolus (0.9% NS or LR) for Hypotension or Lactate \geq 4
 - >125mL/hr
 - 30mL/kg Target achieved within 6 hours of Time Zero of Lactate \geq 4.0 and/or Sepsis-induced hypotension
- Vasopressors (Norepinephrine 1st choice unless compelling reason for alternative)
- Within 6 hours of Time Zero of Lactate \geq 4.0 and/or Sepsis-induced hypotension
- Repeat Volume Status and Tissue Perfusion Assessment Note consisting of including vital signs, cardiopulmonary, capillary refill, pulse, and skin findings (you may write the note after 6 hours so long as you document the time you examined the patient which must be <6hrs)

JMH Top Issues of Focus

- Broad spectrum antibiotic AND delivered within 3 hours
- ED provider not thinking/documenting/acting upon sepsis in treatment plan
- Infection/Sepsis Screen not suspected while in ED
- 30mL/kg ordered as one target volume based upon weight rather than small repeated boluses
- Inpatient delay in timing of antibiotic administration from time ordered in Iatric
- Communication from Inpatient provider to ED team on additional sepsis orders on admission
- Blood cultures within 3 hours
- Lack of 6hr Repeat Assessment note for Septic Shock cases

Shift the Culture

Think Sepsis, Think Emergency!

Reflections/Best Practices-Maryanne Whitney

- Screen all adult patients in ED at triage
- Screen all inpatients for sepsis every shift and at transfers
- Use the EMR- build to work for your facility
- Develop Alerts- overhead and electronic
- Optimize Rapid Response Team (RRT) involvement
 - Sepsis Alerts
 - Proactive rounding
 - +sepsis screen
 - Screen all RRT calls for sepsis
 - Lactate reports

Open Lines or Chat In

See it: Successes & Challenges

1. What type of staff development are you doing re: sepsis recognition and who are you including?
2. How are you informing and engaging your community to raise awareness about sepsis?

Call to Action-See it.



Staff Development



Community Engagement

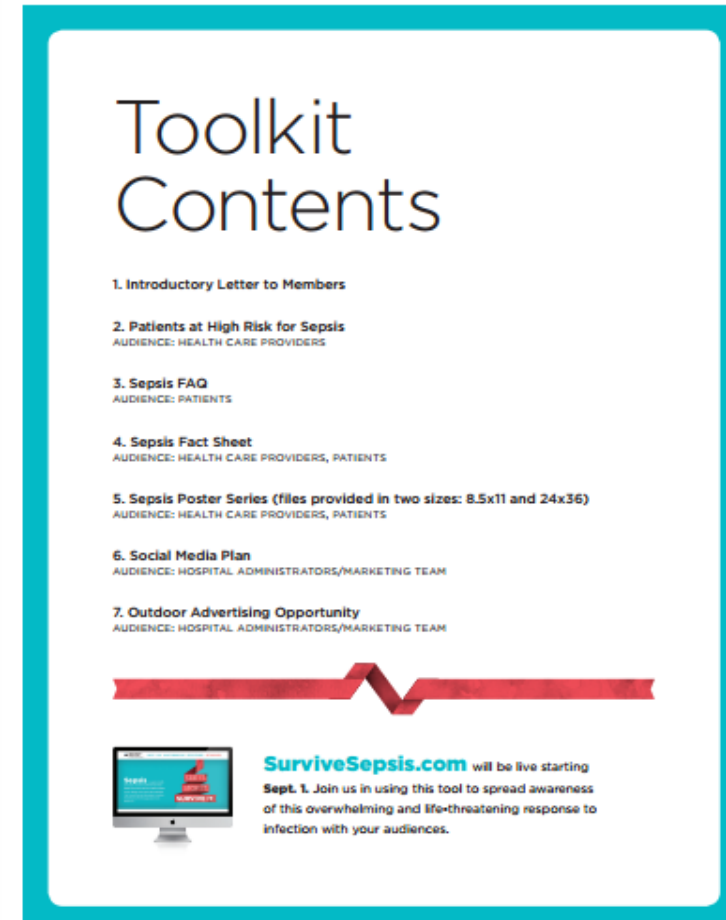
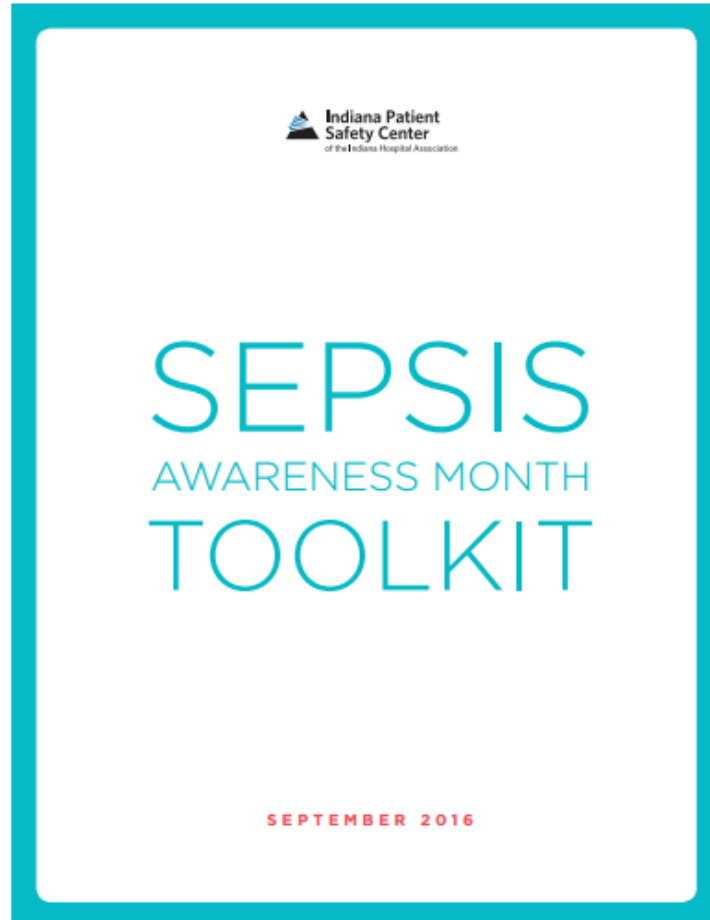


Sepsis Awareness Month Resources


- Aug. 9 Deployment of IHA Sepsis Awareness Toolkit
- Sept. 1 Launch of IHA sepsis site: *SurviveSepsis.com*
- Sept. 22 Empowering Nurses for Early Sepsis Recognition
2pm ET Register: <https://cc.readytalk.com/r/jgtxnnpp9bw2&eom>
- Other web resources:
 - IHA:** ihaconnect.org
 - IHA HEN 2.0** microsite: inhen.org
 - HRET**(Health Research & Educational Trust): hret-hen.org
 - CDC:** cdc.gov/sepsis
 - Sepsis Alliance:** sepsis.org
 - The Rory Staunton Foundation:** rorystauntonfoundationforsepsis.org
 - Surviving Sepsis Campaign:** survivesepsis.org
 - Global Sepsis Alliance:** global-sepsis-alliance.org

To access the toolkit, visit:

<https://www.ihaconnect.org/Quality-Patient-Safety/Pages/Sepsis.aspx>



High Risk Patients & Fact Sheet

 **Indiana Patient Safety Center**
of the Indiana Hospital Association

SEPTEMBER: SEPSIS AWARENESS MONTH

Patients at High Risk for Sepsis

1. Ask yourself: "Could it be sepsis?"
Sepsis can be confusing and hard to diagnose. It shares many symptoms, such as fever and difficulty breathing, with other conditions. What might seem like a simple run-of-the-mill, flu-like illness can actually be a silent killer.

2. Recognize patients at high risk for sepsis.
While sepsis can affect anyone, the CDC highlights some patients are more at risk, including those who:

- Have a weakened immune system
- Are under age 10 or over age 65
- Have an indwelling catheter or IV
- Recently had surgery or have been hospitalized
- Have a chronic illness (diabetes, AIDS, cancer, kidney or liver disease, etc.)
- Have a severe burn or wound


3. Assess clinical presentation.
If you suspect sepsis, check your patient for any of these signs and symptoms:

- Fever
- Hypothermia
- Heart rate >90 beats per minute
- Fast respiratory rate
- Altered mental status (confusion/coma)
- Edema
- High blood glucose without diabetes
- Feeling worse than he/she has ever felt before

4. Provide prompt treatment.
For evidence-based treatment guidance, visit Surviving Sepsis Campaign at survivingsepsis.org. Three- and six-hour bundle elements can be found here.

5. Emphasize preventative/protective measures.
As health care professionals, it is our responsibility to educate our patients about what sepsis is and the importance of prompt recognition and treatment. Keep sepsis education materials available in waiting areas and treatment rooms and routinely discuss the possibility of sepsis with patients.

For more information, visit SurviveSepsis.com

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SEPTEMBER: SEPSIS AWARENESS MONTH

Sepsis Fact Sheet

Sepsis is a global health care problem. According to the Global Sepsis Alliance, it is more common than heart attacks and claims more lives than any cancer. Yet, in even the most developed countries, less than half of the adult population has heard of it. Sepsis is the body's overwhelming and potentially life-threatening response to an infection. It can lead to tissue damage, organ failure and even death.

Worldwide/National Facts

1. Every three seconds, someone around the world dies of sepsis.¹
2. Globally, sepsis is the leading cause of death by infection.²
3. More than one million people get sepsis each year in the United States, and up to half of those people will die.³
4. Sepsis can occur from even a minor infection.⁴
5. Sepsis does not discriminate. It affects everyone, regardless of age or level of health.⁴
6. Sepsis kills 258,000 people in the United States each year.⁴
7. Every two minutes, an American dies from sepsis.⁵
8. Sepsis kills more people than prostate cancer, breast cancer and AIDS combined.⁶
9. More than 42,000 children in the United States develop severe sepsis each year, and 10 percent of these children die – more than from cancer.⁷
10. Sepsis causes at least 75,000 maternal deaths every year worldwide and is driving increases in pregnancy-related deaths in the United States.⁸
11. Just 47 percent of American adults have heard of sepsis.⁹


State of Indiana Facts¹⁰

1. Almost 3,500 Hoosiers die each year from sepsis.
2. In 2015, there were more inpatient deaths from sepsis than any other diagnosis.
3. The average charges for a patient with a sepsis diagnosis in Indiana amount to about \$44,000.
4. Sepsis is the most frequent inpatient discharge, aside from deliveries.
5. In 2015, sepsis as the primary diagnosis resulted in the highest utilization of inpatient care charges.

References

¹ World Sepsis Day Organization worldsepsisday.org/WE1-3/SHOWCARDABLES/CONFABLED-02
² World Sepsis Day Organization worldsepsisday.org/WE1-3/SHOWCARDABLES/CONFABLED-11
³ CDC cdc.gov/sepia/pdf/sepsis_integrated_final.pdf
⁴ CDC cdc.gov/sepia
⁵ Surviving Sepsis Campaign survivingsepsis.org/WhatIsSepsis.html
⁶ National Institute of General Medical Science nigms.nih.gov/education/Pages/factsheet_sepsis.aspx
⁷ Sepsis Alliance sepsisalliance.org/Download/2017_sepsis_46_factsheet_sepsis.pdf
⁸ Sepsis Alliance sepsisalliance.org/Download/2017_sepsis_46_factsheet_sepsis.pdf
⁹ Sepsis Alliance sepsisalliance.org/Download/2017_sepsis_46_factsheet_sepsis.pdf
¹⁰ Sepsis Alliance sepsisalliance.org/Download/2017_sepsis_46_factsheet_sepsis.pdf
¹¹ Facts for the state of Indiana come from the 2015 IHA Inpatient Discharge Study

Frequently Asked Questions

 **Indiana Patient Safety Center**
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SEPTEMBER: SEPSIS AWARENESS MONTH

Sepsis FAQ

According to the Global Sepsis Alliance, sepsis is the leading cause of death following an infection, but with early detection and proper treatment, deadly consequences can be diminished. The following FAQ are according to the Centers for Disease Control and Prevention (CDC) and aim to demystify the often misunderstood and unrecognized deadly complication to infection.

What is sepsis? Sepsis is the body's overwhelming and potentially life-threatening response to an infection. It can lead to tissue damage, organ failure and even death.

What causes sepsis? Any type of infection, anywhere in the body, can cause sepsis. This can include seemingly minor infections on the skin to urinary tract infections, pneumonia or appendicitis.

How common is sepsis? According to the CDC, there are more than 1 million cases of sepsis each year, and up to half of the people who become septic will die.

Who can get sepsis? Sepsis can affect any person of any age, from any type of infection, no matter how minor.

Are some people more at risk for getting sepsis? While sepsis can affect anyone, you may be at a higher risk if you:

- Have a weakened immune system
- Are under age 10 or over age 65
- Have an indwelling catheter or IV
- Recently had surgery or have been hospitalized
- Have a chronic illness (diabetes, AIDS, cancer, kidney or liver disease, etc.)
- Have a severe burn or wound

What are the signs or symptoms of sepsis? There is no single sign or symptom of sepsis. Because sepsis stems from infection, symptoms can include common infection signs, such as diarrhea, vomiting and sore throat. Additionally, symptoms can include any of the following:

- Shivering, fever, feeling very cold
- Extreme pain or feeling worse than ever
- Pale or discolored skin
- Sleepiness, difficulty waking up, confusion
- I feel like I might die
- Shortness of breath

If you have an infection along with any of these symptoms, you should seek medical treatment immediately.

How is sepsis diagnosed? Sepsis can be difficult to diagnose because it shares many signs and symptoms with other conditions. Health care providers look for signs of sepsis like increased heart and breathing rates and temperature. They also rely on lab tests that check for signs of infection that may not be visible to the naked eye.

How is sepsis treated? Sepsis is a serious complication of infection that should be treated in a hospital. Health care providers typically administer antibiotics and work to treat the infection, keep vital organs healthy and prevent a drop in blood pressure.

In some cases, other types of treatment may be required, including oxygen and intravenous (IV) fluids, or assisted breathing with a machine or kidney dialysis. In severe cases, surgery may be required to remove tissue damaged by infection.

How can I prevent sepsis? While there is no way to completely prevent the possibility of sepsis, there are many ways to reduce your risk including:

- **Be vaccinated.** Protect yourself against the flu, pneumonia and other infections that could lead to sepsis. Talk to your health care provider for more information.
- **Be thorough.** Properly clean and treat scrapes and wounds and practice good hygiene (i.e. hand washing, bathing regularly).
- **Be vigilant.** If you have an infection, look for signs like fever, chills, rapid breathing and heart rate, confusion and disorientation.

Are there any long-term effects of sepsis? Many sepsis survivors recover completely, and their lives return to normal. However, some people may experience organ damage, tissue loss or may require amputation of arms or legs.

Additionally, according to the Sepsis Alliance, post-sepsis syndrome is a condition that affects up to 50 percent of sepsis survivors. They are left with physical and/or psychological long-term effects, such as:

- Insomnia, difficulty getting to sleep or staying asleep
- Nightmares, vivid hallucinations and panic attacks
- Disabling muscle and joint pains
- Extreme fatigue
- Poor concentration
- Decreased mental (cognitive) functioning
- Loss of self-esteem and self-belief

If you suspect that you or a loved one has post-sepsis syndrome, talk to a health care provider about resources for emotional and psychological assistance.

For more information, visit SurviveSepsis.com

Community Awareness-*See it.*

SEE IT.
STOP IT.
SURVIVE IT.

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- E**xtrême pain or feeling worse than ever
- P**ale or discolored skin
- S**leepiness, difficulty waking up, confusion
- I** feel like I might die
- S**hortness of breath

If you have an infection along with any of these symptoms, you should seek medical treatment immediately.

SurviveSepsis.com

*Centers for Disease Control and Prevention

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Sepsis
It could be life or death.

SEE IT.
STOP IT.
SURVIVE IT.

SurviveSepsis.com

Billboard Template-Outdoor Advertising

See it. Social Media & Posters



Use these hashtags throughout the month:

#SurviveSepsis #SaferHoosiers #SepsisAwarenessMonth



September 13, 2016

World Sepsis Day

Indiana Sepsis Awareness Day

Rally Against Sepsis

9:30 – 11 a.m. ET

Indianapolis Artsgarden,
downtown Indianapolis



As the Series Continues . . .

September 13

Stop It.

September 20

Survive It.

September 27

Pulling It All Together

Please share and invite your colleagues

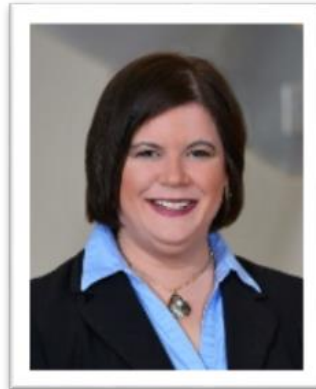
Your IPSC Team



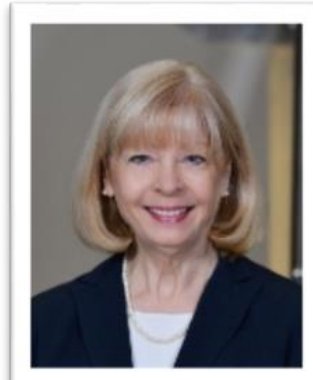
Kaitlyn Boller
Data Analyst
Data Coordinator
317-423-7742
kboller@IHAconnect.org



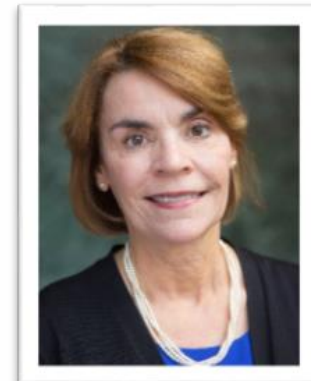
Annette Handy
Patient Safety & Quality Advisor
317-423-7795
ahandy@IHAconnect.org



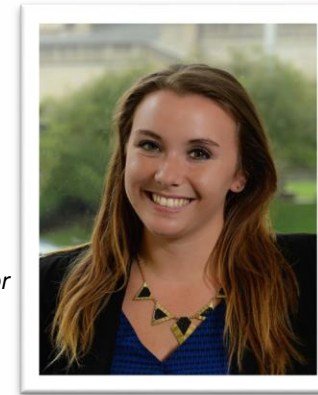
Karin Kennedy
Administrative Director
317-423-7737
kkennedy@IHAconnect.org



Carolyn Konfirst
Clinical Director
317-423-7799
ckonfirst@IHAconnect.org



Kim Radant
Patient Safety & Quality Advisor
317-423-7740
kradant@IHAconnect.org



Cynthia Roush
Patient Safety Support Specialist
317-423-7798
croush@IHAconnect.org

Julie Brackemyre, *IHA Communications Specialist*

Alex Simonton and Ellery Steele, *Patient Safety Interns*