



September 13, 2016

Focus: Stop it.

Agenda

- 1500-1510 IHA Introduction & Re-cap of Sept. 6 *See it.* Webinar
- 1510-1515 Maryanne Whitney, Cynosure Health Improvement Advisor
- 1515-1530 *Stop it.* Feature-Franciscan Health Indianapolis
- 1530-1540 Maryanne Whitney-reflection & best practices
- 1540-1555 Open lines to share successes & challenges
- 1555-1600 IHA Call to Action & Wrap Up

Welcome & Learning Objectives

Learning Objectives

- Describe time-sensitive nature and consequence of failure to promptly treat
- Define elements of successful audit
- Apply communication techniques for staff performance and patient outcomes

Housekeeping Items

- Slide deck and recording will be posted to INHEN.org 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

September 13, 2016-Today!

World Sepsis Day

Indiana Sepsis Awareness Day

Rally Against Sepsis

9:30 – 11 a.m.

Indianapolis Artsgarden,
downtown Indianapolis



How will you recognize the day?



Awareness Across the State

- Sepsis Classes-led by clinical staff including physicians
- Targeted unit rounding
- Display Boards
- E-mail blasts/Screen savers
- Daily 4-question quiz
- *Faces of Sepsis* video
- “Roving” game
- Pens and badge buddies
- Table tents & posters in common/public areas

- Newsletter articles
- Radio spots
- Billboards
- Meetings with extended care incorporate sepsis
- Including sepsis with morning safety huddles
- Cake and punch!
- Use of IHA toolkit elements

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.
STOP IT.
SURVIVE IT.

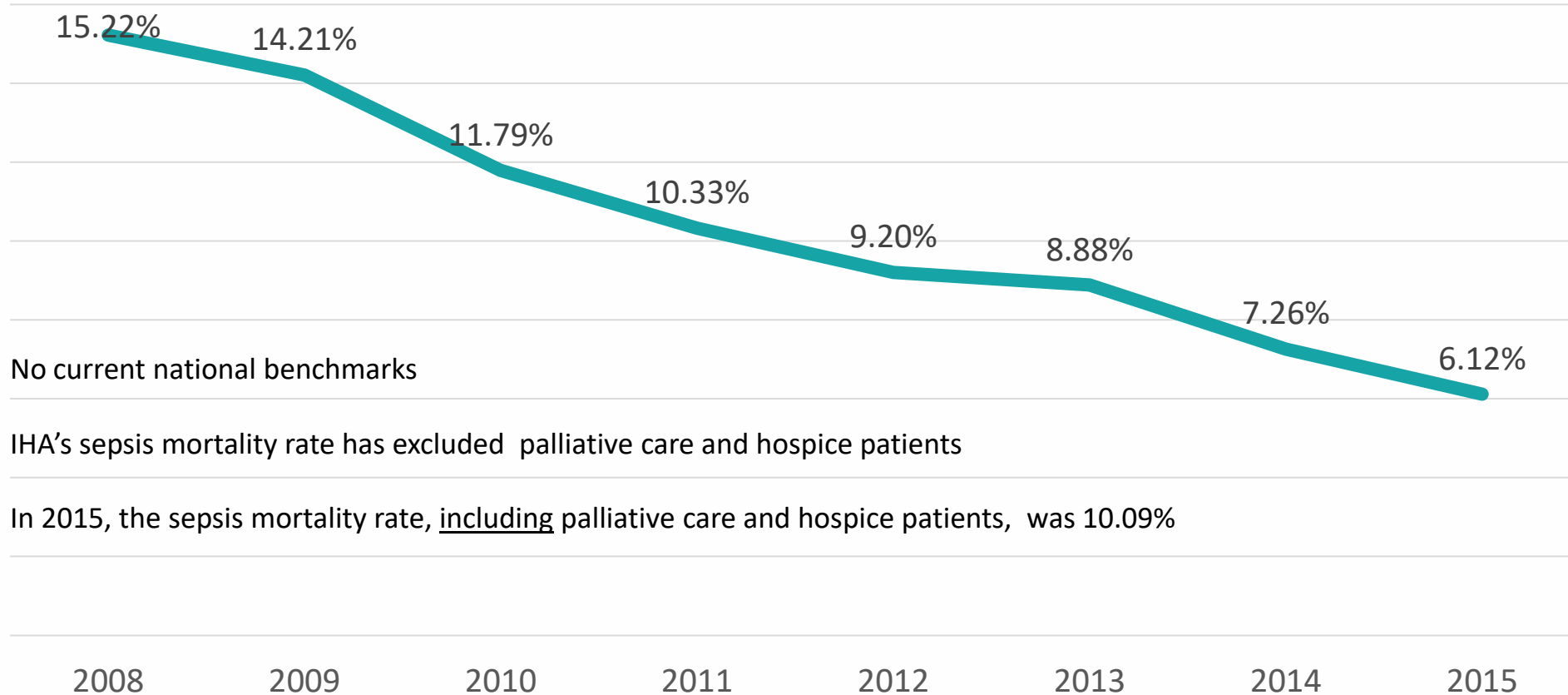
ALMOST
3,500
HOOSIERS
DIE EACH YEAR FROM
SEPSIS*
DON'T BE A STATISTIC.

SurviveSepsis.com

*2015 Indiana Hospital Association Inpatient Discharge Study

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Safety Center
of the Indiana Hospital Association

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

Indiana Awareness Campaign

A graphic for the Indiana Awareness Campaign. It features a teal background with white text on the left and a red ribbon graphic on the right. The ribbon is shaped like a staircase with three steps. The text on the ribbon reads "SEE IT.", "STOP IT.", and "SURVIVE IT." in white, bold, uppercase letters. Below the ribbon, the website "SURVIVESEPSIS.COM" is written in white, uppercase letters. In the bottom left corner of the graphic, there is a logo for the Indiana Patient Safety Center, which includes a stylized white icon of a person and the text "Indiana Patient Safety Center of the Indiana Hospital Association".

September
is Sepsis
Awareness
Month

SEE IT.
STOP IT.
SURVIVE IT.

SURVIVESEPSIS.COM

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

Sept. 6 *See it* Re-cap

- 176 attendees!
- Slide deck & webinar recording available
inhen.org-News & Events tab
ihaconnect.org-Quality & Patient Safety tab

Key points from Johnson Memorial Health:

Physician champion, staff development/Grand Rounds-Sepsis Spectrum, provider feedback loop, leveraging EHR and technology, “green sheet” communication tool and visual green arm band cue following blood culture collection

Sept. 6 Polling Results

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 **60%**
- b) Physician providers **8%**
- c) Critical Care units **20%**
- d) Inpatient wards **12%**

Question #2

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

- a) Call M.D. **31%**
- b) Nothing, everybody has SIRS **0%**
- c) Call the rapid response team **6%**
- d) Draw a blood culture and lactate **13%**
- e) Activate the sepsis order set **50%**

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

See it. **Stop it.** Survive it.

SEPTEMBER: SEPSIS AWARENESS MONTH // SURVIVESEPSIS.COM

- If sepsis is suspected or present, promptly initiate treatment

The clock is ticking!

- Community awareness
- Always ask, “Could it be sepsis?”



Stop it. Polling Question #1

What percentage of patients receive antibiotics within an hour of a positive sepsis screen?

- a) Greater than 90%
- b) Greater than 75%
- c) Greater than 50%
- d) Unknown

Stop it. Polling Question #2

Do you use alerts (electronic or other) to facilitate the three and six-hour bundle implementation?

- a) Yes
- b) No

Welcome our Facilitator



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

Our Story



Franciscan Health Indianapolis
450-bed acute care hospital
Part of the Franciscan Alliance
Healthcare System



Lori Hodges, MSN RN
Sepsis Coordinator

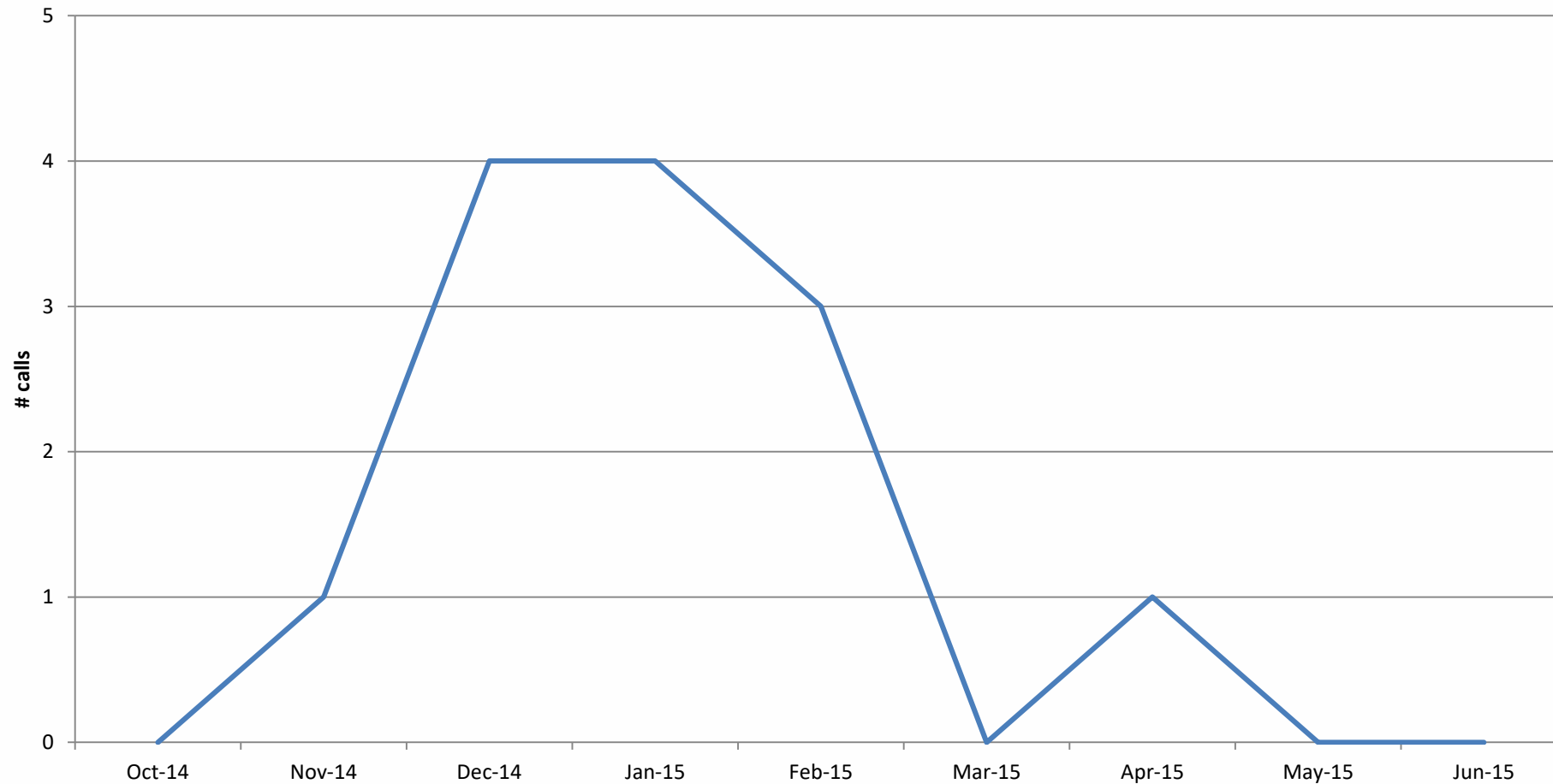
Becky Hancock, MSN, RN
Data Analyst III
Healthcare Quality



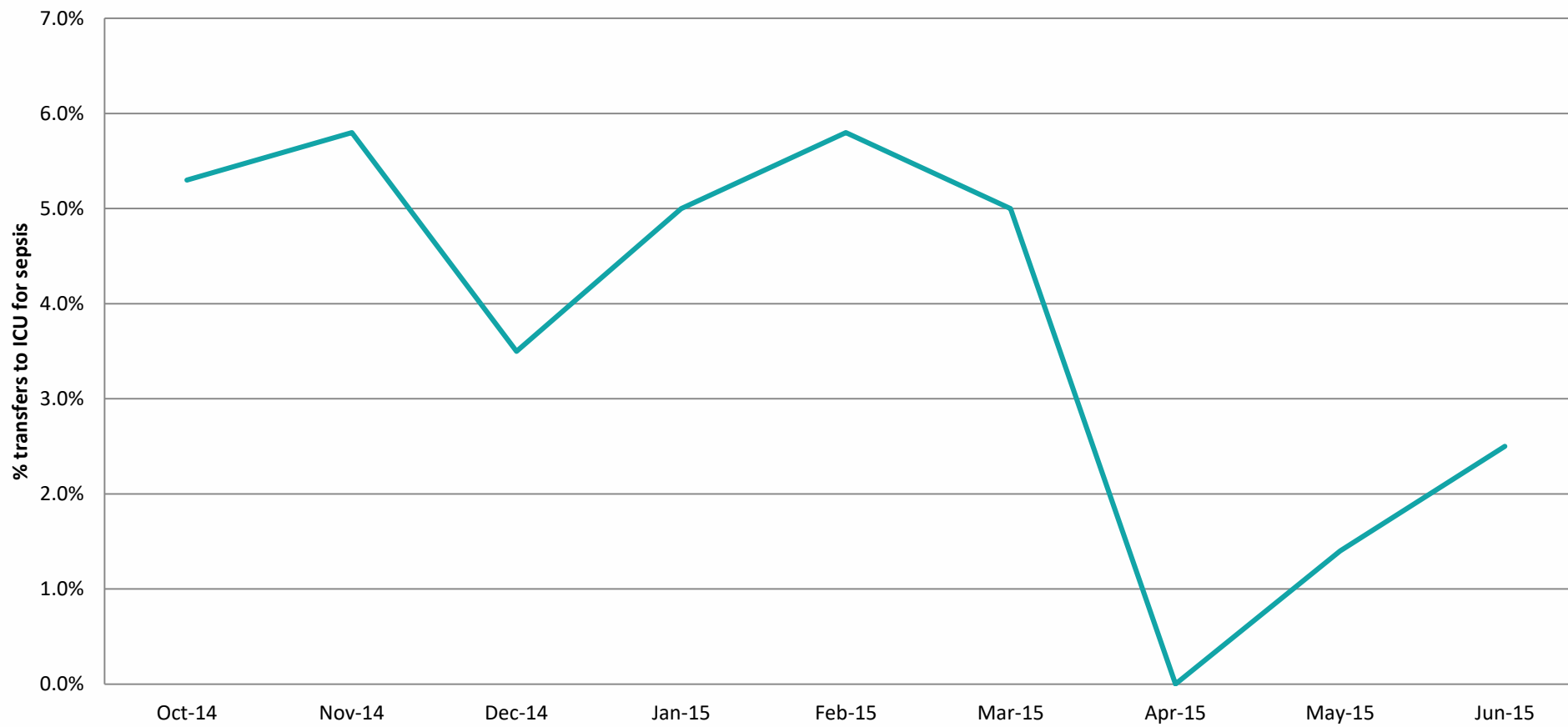
Summary

- White board, huddles, staff meetings, real-time coaching “boots on the ground” approach. 2014-2015 SIRS screening on one unit outside the ICU
- Oct. 2015- ED six sigma project completed that identified the barriers to ED SEP I compliance
- March 2016- ED sepsis alert compliance at 58% by RN staff.
- April 2016 Education to ED staff.
- June 2016 No improvements
- July 2016 daily audits, positive recognition
- January 2016 monthly Sepsis Committee meetings

Number of Sepsis Calls to Rapid Response Team



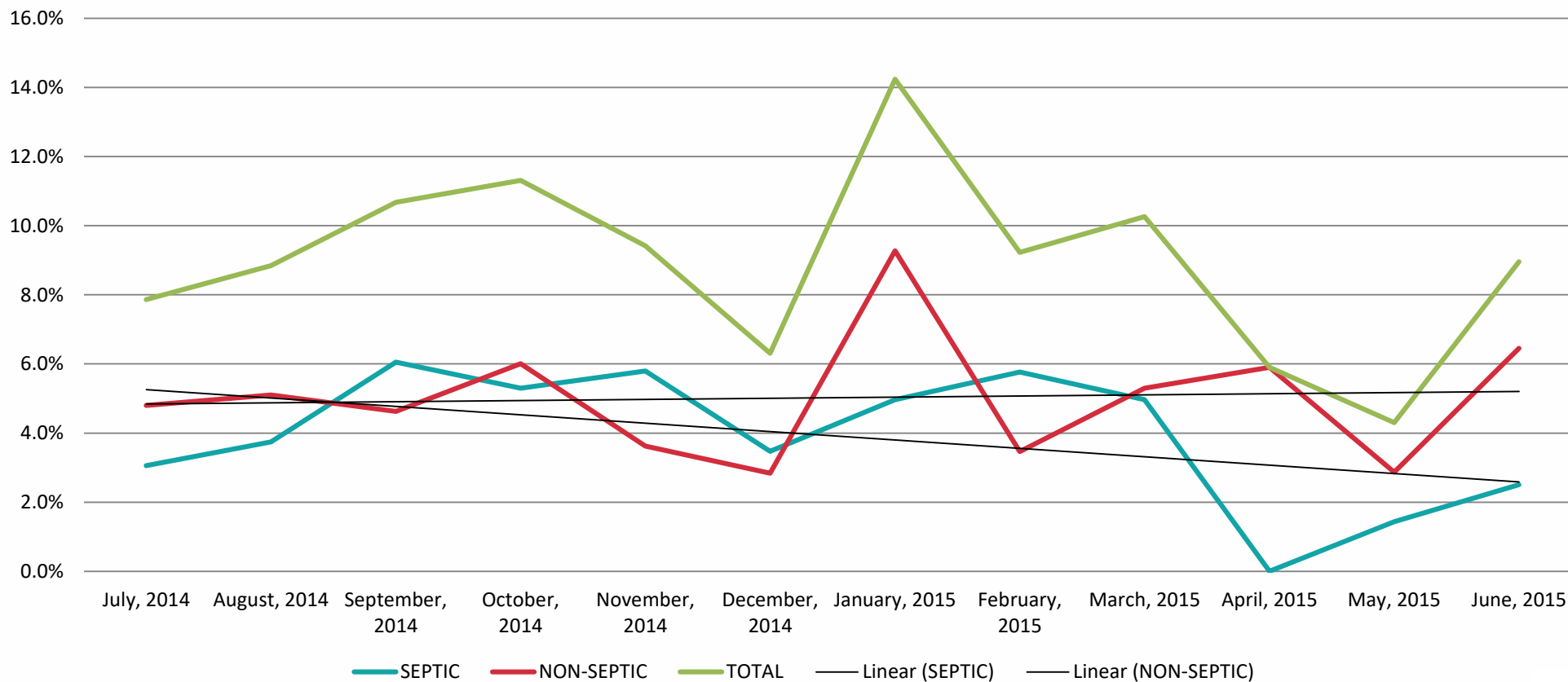
Percentage of patients transferred to ICU for Sepsis



Transfers from 5W to Critical Care

(Decrease in sepsis transfers to ICU)

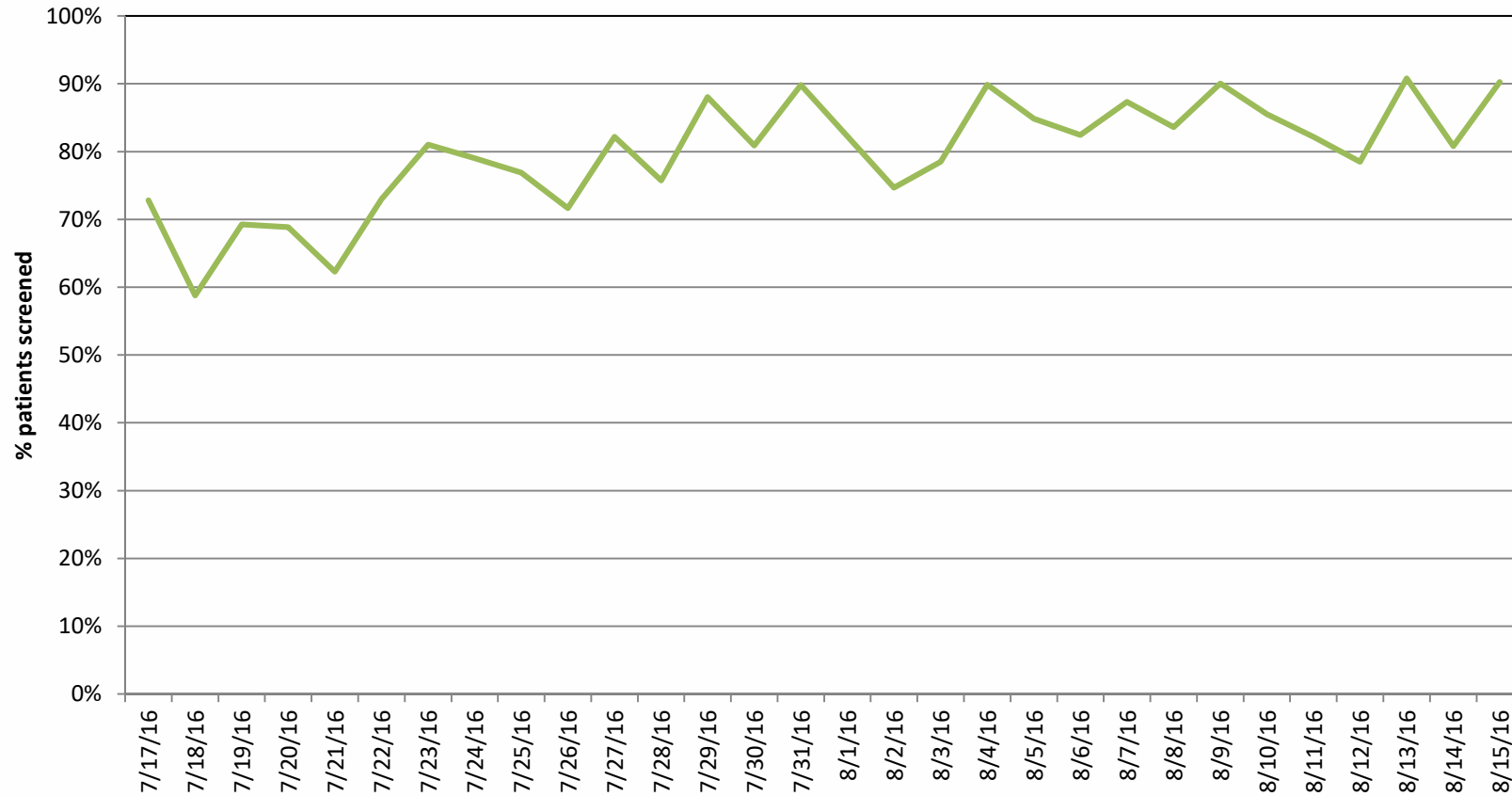
Transfers from 5W to Critical Care



New Direction

- ED recognition, treatment
- 80% of our septic patients enter our system via the ED
- Surveillance is Imperative!!!!

Daily Percentage of Compliance with RN ED Sepsis Alert Screening



Surveillance in the ED today

- **SEPSIS SCREENING Alert tool in EPIC our EMR system.**
 - **Developed by ED physician champion.**
 - **3 or more new symptoms;**
 - **Suspected Infection “Recognize/Resuscitate/Refer”**
 - **Altered mental status**
 - **Temp > 100.4F**
 - **Temp < 96F**
 - **RR >20**
 - **SpO2 <90**
- = Sepsis Alert**
- **Notify the ED MD Immediately.**
 - **09/2016- spectra link “code sepsis alert”**
 - **Immediate response by ED MD, Primary RN, Pharmacist and Charge RN.**
 - **Order sets- follows CMS SEP 1 bundle**

Surveillance in the ED Today

- Evaluating care based on 3 hour bundle

Next Inpatient Unit

- Mirror what we did on geriatrics
- Take our successes and apply the same thing to the next unit.
- 3 months
- Then roll out housewide until all units are functioning appropriately with recognition and treatment

Frontline Team Protocols for the Bedside Nurse

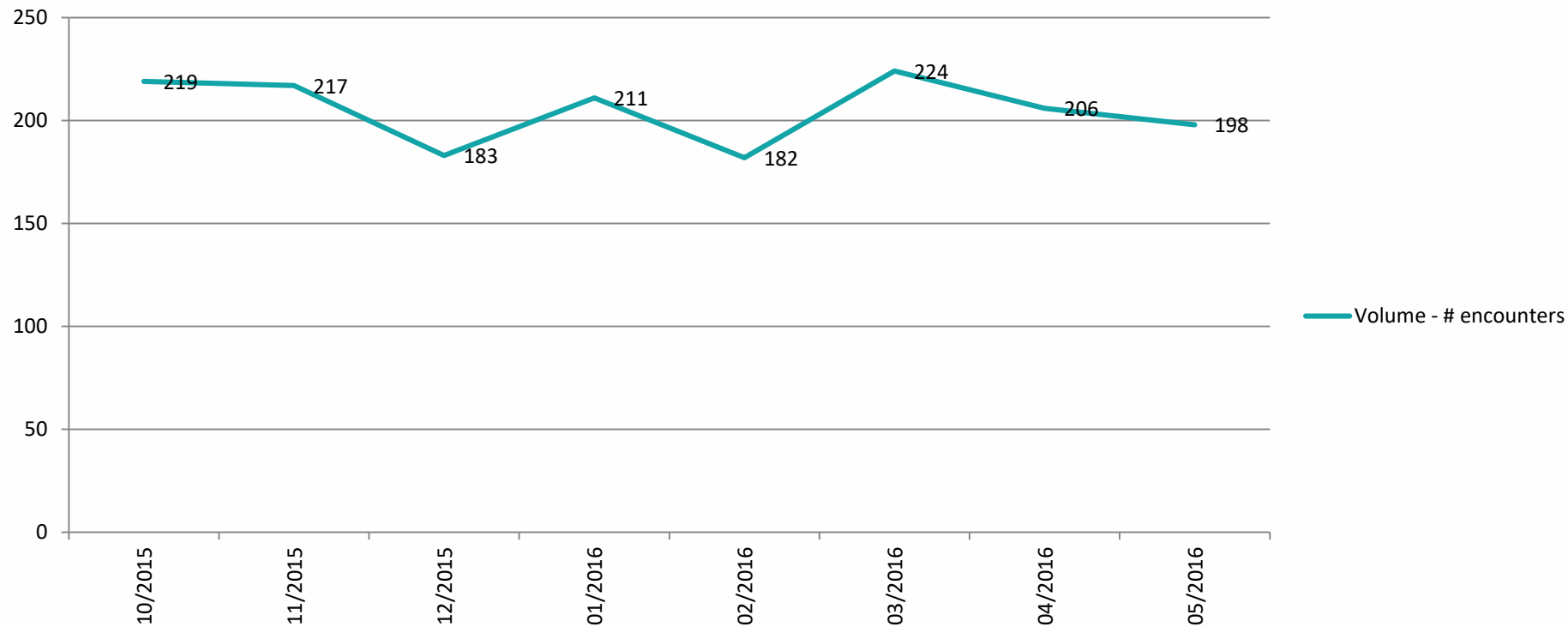
- Nurses will screen all of their patients for SIRS within 2 hours of the start of their shift. Each change in care giver will screen also within 2 hours of the start of their shift.
- This screen should be based on recent vital signs; i.e.. No greater than 2 hours old
- Initiate protocols based on SEP 1 bundle
- RRT assisting

Sepsis Surveillance & Treatment = What?

- Decreased LOS
- Decreased Mortality
- Decreased readmissions

Sepsis Patients CMS Population (ICD-10)

SF-IN Sepsis Volumes
All Age ICD-10 Definitions; Range 183-224/mo.; Avg 205



Next Steps

- Data: ED presentation of Severe Sepsis?
- Documentation of fluid contraindication (NOT a criteria for exclusion)
- Consistent reporting of
 - processes (SEP-1),
 - outcomes (mortality, readmissions)

Reflections & Best Practices-Maryanne Whitney

- Engage front line staff
- Alerts
- Optimize Rapid Response Teams
- Monitoring: outcomes & compliance
- Small test of change
- Spread & sustainability

“Every hour a patient in septic shock doesn’t receive antibiotics, the risk of death increases 7.6%”

Activate Rapid Response Team!

100 seeing sepsis

100 ↑ Is the patient’s **temperature** above 100?

100 ↑ Is the patient’s **heart rate** above 100?

100 ↓ Is the patient’s **blood pressure** below 100?

And does the patient just not look right? **Screen for sepsis and notify the physician immediately.**

Minnesota Hospital Association Sepsis Act Fast Poster

American College of Emergency Physicians
ADVANCING EMERGENCY CARE

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DART
DETECT • ACT • REASSESS • TITRATE

An evidence-driven tool to guide the early recognition and treatment of sepsis and septic shock. Developed by the **ACEP Expert Panel on Sepsis.**

DETECT

- > IDENTIFY SEPSIS EARLY
- > MEASURE LACTATE

ACT

- > GIVE A 1 L CRYSTALLOID BOLUS TO START AND 30 CC/KG TARGET IN AN HOUR
- > START ANTIBIOTICS EARLY

REASSESS

- > REMEASURE LACTATE
- > REASSESS AFTER BOLUSES

TITRATE

<https://www.acep.org/dart/>

Open Lines or Chat In *Stop it: Successes & Challenges*

1. How are your teams communicating sepsis for prompt and appropriate treatment?
 - a) Is it different for the ED and inpatient settings?
2. What type of performance/outcome audits are you conducting?
 - a) Are audits concurrent or retroactive?
 - b) How is staff performance feedback provided?
 - c) How are patient outcome results provided?

Call to Action-*Stop it.*



Effective Team
communications

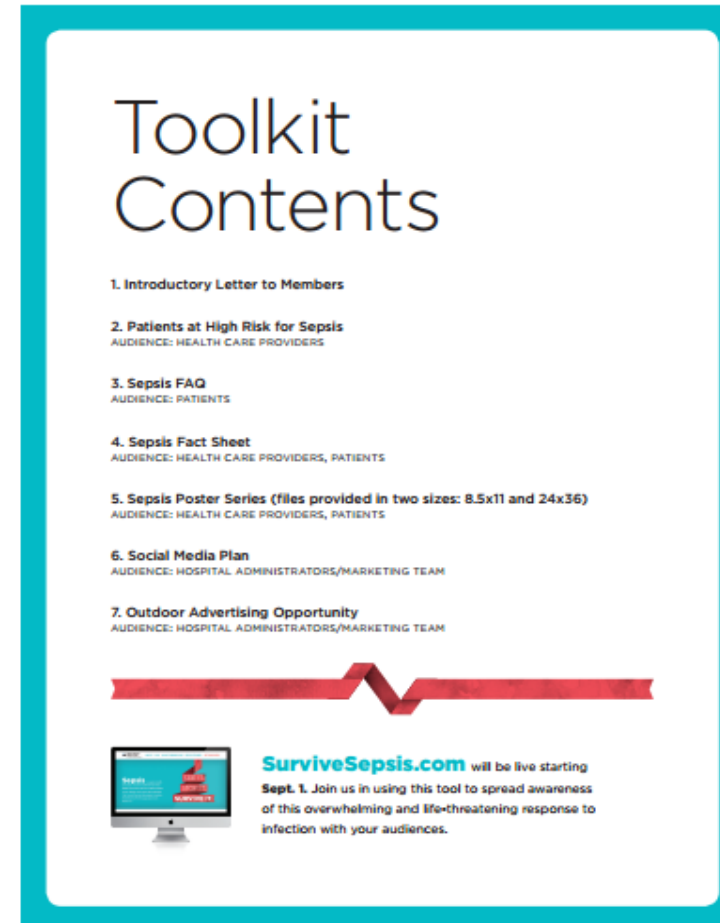
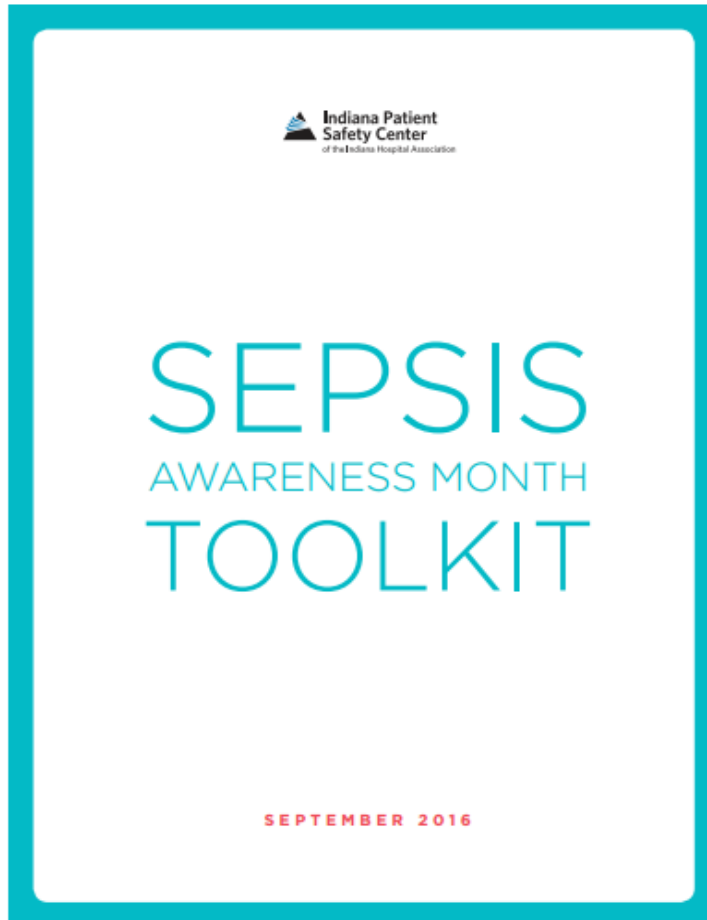


Sepsis Awareness Month Resources

- 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



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



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 Facts ¹⁰

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/ME1-SHOWCONTAINER&CONTAINERID=501
- ² World Sepsis Day Organization worldsepsisday.org/ME1-SHOWCONTAINER&CONTAINERID=11
- ³ CDC cdc.gov/sepsis/pubs/brpsepsis_bkspg1e_09a.pdf
- ⁴ CDC cdc.gov/sepsis
- ⁵ SurviveSepsis.org/WhatIsSepsis.html
- ⁶ National Institute of General Medical Science nigms.nih.gov/Education/Pages/factsheet_sepsis.aspx
- ⁷ Sepsis Alliance sepsis.org/resources/2012_sepsis_101_fact_sheet_sepsis.pdf
- ⁸ Sepsis Alliance sepsis.org/resources/2012_sepsis_101_fact_sheet_sepsis.pdf
- ⁹ Sepsis Alliance sepsis.org/resources/2012_sepsis_101_fact_sheet_sepsis.pdf
- ¹⁰ Facts for the state of Indiana come from the 2015 IHA Inpatient Discharge Study

Frequently Asked Questions

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

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.

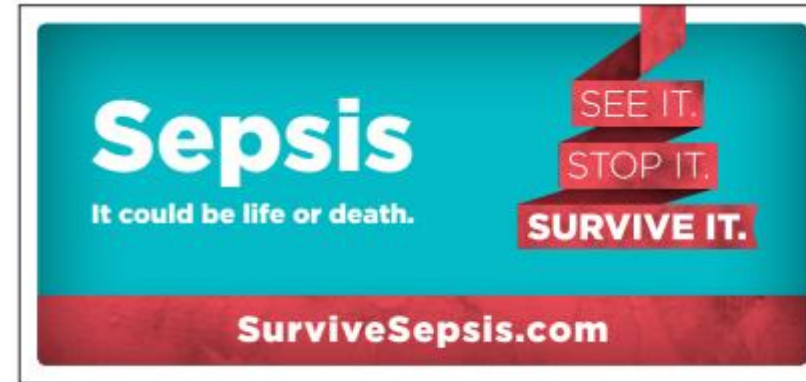
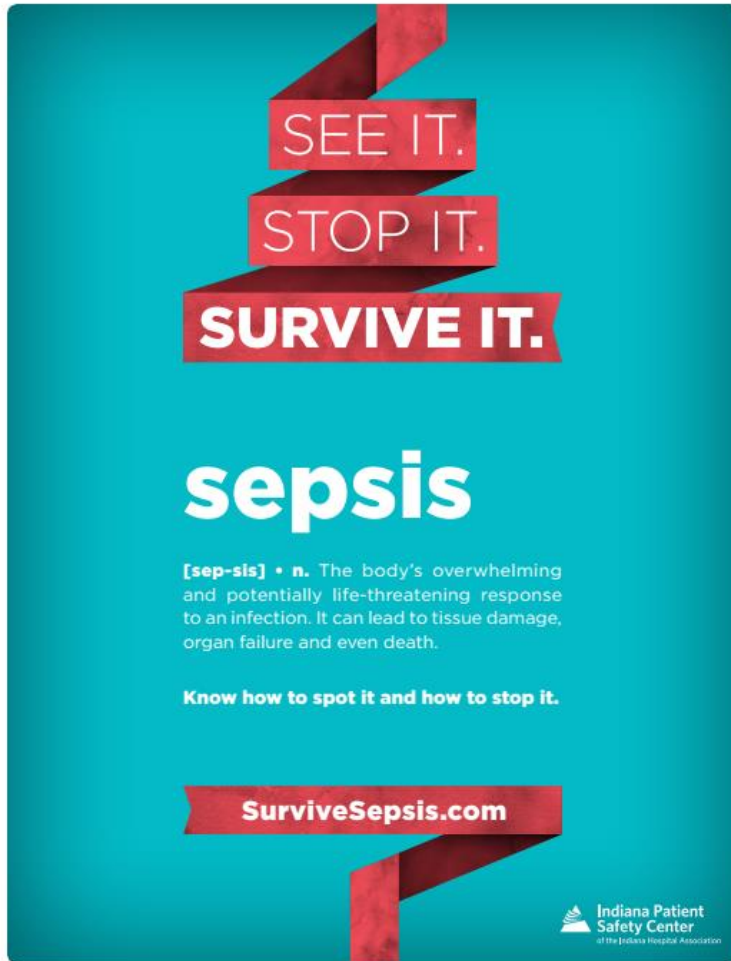
Additionally, according to the Sepsis Alliance, post-sepsis syndrome is a condition that affects up to 50 percent of sepsis survivors. They are left with physical and/or psychological long-term effects, such as:

- 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](https://www.SurviveSepsis.com)

Community Awareness-*Stop it.*



Billboard Template-Outdoor Advertising



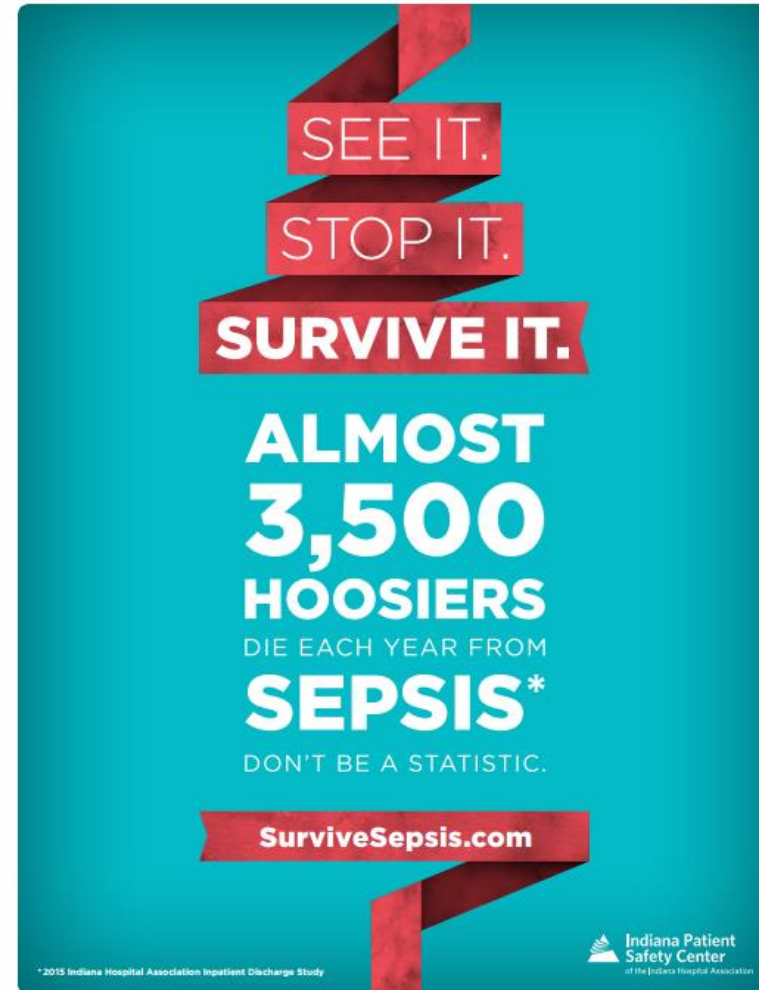
Central Southwest Indiana Patient Safety Coalition

Stop it. Social Media & Posters



Use these hashtags throughout the month:

#SurviveSepsis #SaferHoosiers #SepsisAwarenessMonth



As the Series Continues . . .

September 20 Survive It.

September 27 Pulling It All Together

Please share and invite your colleagues

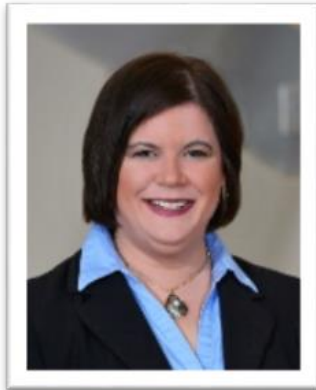
Your IPSC Team



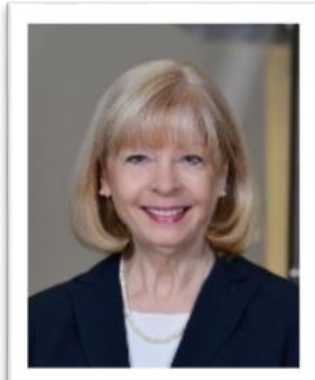
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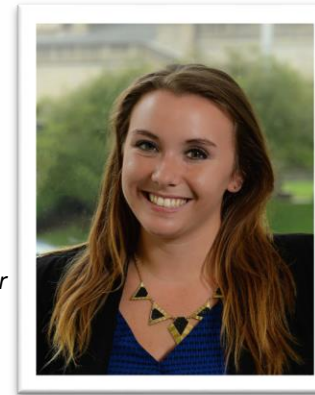
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