



September 27, 2016

Focus: Putting It All Together

Agenda

- 1500-1505 IHA Introduction & Historical Perspective
- 1505-1530 Maryanne Whitney, Cynosure Health Improvement Advisor
Reflections on webinar series, lessons learned and best practice recommendations
- 1530-1550 Open lines for Q & A and to share successes & challenges
See it. and Stop it. feature hospitals return to field questions
- 1550-1600 IHA wrap-up & Next steps

Housekeeping

- 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 series reflection. If not speaking, please mute your line and do not place on hold

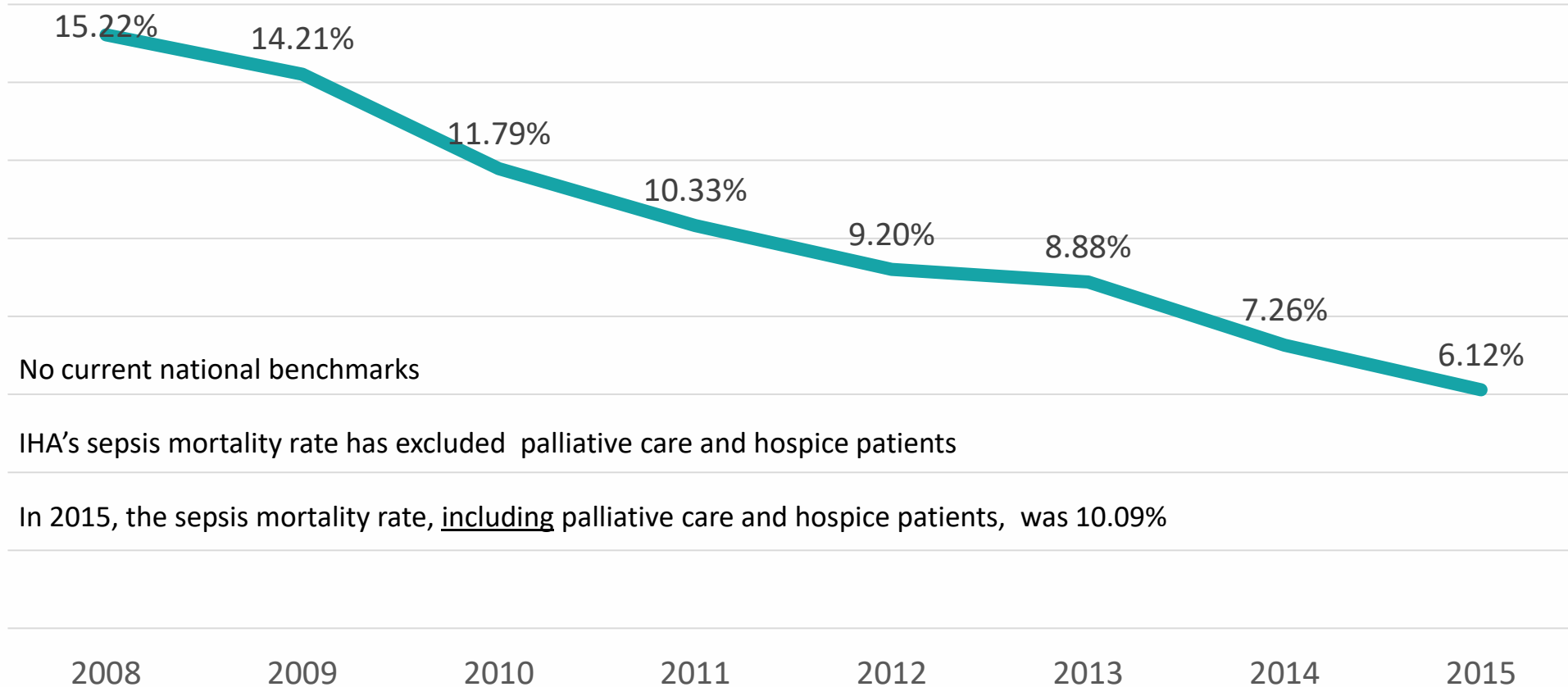
Indiana's Bold Aim



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



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: Sepsis mortality is calculated using all discharges grouped to APR-DRG 720 Sepsis, 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

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

STATE OF INDIANA
EXECUTIVE DEPARTMENT
INDIANAPOLIS
PROCLAMATION

Executive Order

TO ALL TO WHOM THESE PRESENTS MAY COME, GREETINGS:

- WHEREAS, sepsis is a life-threatening illness with more than one million cases each year, according to the Centers for Disease Control and Prevention; and
- WHEREAS, sepsis impacts many Hoosiers each year; and
- WHEREAS, sepsis is very common and also very deadly, but is unknown to much of the public; and
- WHEREAS, sepsis is the body's toxic reaction to infection that injures its own tissues and organs and can lead to organ failure and death, especially if sepsis is not recognized early and treated promptly; and
- WHEREAS, people with sepsis can be in extreme pain, experiencing symptoms that can include fevers, shivering, discolored skin and shortness of breath, among others; and
- WHEREAS, the Indiana Hospital Association and other organizations have joined together to advocate for sepsis awareness, education and a better future through early diagnosis and treatment;

NOW, THEREFORE, I, Michael R. Pence, Governor of the State of Indiana, do hereby proclaim September 13, 2016 as

SEPSIS AWARENESS DAY

in the State of Indiana, and invite all citizens to duly note this occasion.

*In Testimony Whereof, I have
set my hand and cause to be affixed the
Great Seal of State, Done at the
City of Indianapolis, this 2nd
day of August in the year of our
Lord 2016 and of the Independence
of the United States 241.*



BY THE GOVERNOR:

SEE IT.

STOP IT.

SURVIVE IT.

**ALMOST
3,500
HOOSIERS**
DIE EACH YEAR FROM
SEPSIS*

DON'T BE A STATISTIC.

SurviveSepsis.com

*2016 Indiana Hospital Association Inpatient Discharge Study

Indiana Patient
Safety Center
of the Indiana Hospital Association

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



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 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 Results

Question #1

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

- a) Greater than 90% **11%**
- b) Greater than 75% **25%**
- c) Greater than 50% **28%**
- d) Unknown **36%**

Question #2

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

- a) Yes **51%**
- b) No **49%**

Shift the Culture

Think Sepsis, Think Emergency!

Reflections/Best Practices-Maryanne Whitney

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



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

SEPTEMBER: SEPSIS AWARENESS MONTH // SURVIVESEPSIS.COM

- How is your organization supporting patients and families who are impacted by sepsis?
- Community awareness
- Always ask, “Could it be sepsis?”

Survive it. Polling Results

Question #1

Have you had first-hand experience with sepsis in your family or someone close to you?

- a) Yes 60%
- b) No 40%

Question #2

Does your organization have a PFE (Patient/Person and Family Engagement) advisor on your sepsis committee?

- a) Yes 3%
- b) No 97%

Shift the Culture Think Sepsis, Think Emergency!

Reflections/Best Practices-Maryanne Whitney

- Suspect sepsis until proven otherwise
- Trust your patient and trust your instinct
- Often we neglect patients post septic event
- Testimonials | HRET-HEN

<http://www.hret-hen.org/topics/testimonials/testimonials.shtml>

Shift the Culture Think Sepsis, Think Emergency!

Reflections/Best Practices-Maryanne Whitney

- Ensure PFE advisor has a seat on your sepsis committee
- Develop follow-up plans for patients and families
 - Support groups
- Adjust discharge teaching
 - 30% of patients readmitted within 30 days had sepsis as a primary or secondary diagnosis

Q & A – Open Phone Lines

Our *See it.* and *Stop it.* feature hospitals are available to take questions:

See it. Johnson Memorial Health - Gina Croxford, Infection Preventionist

Stop it. Franciscan Health Indianapolis – Lori Hodges, Sepsis Coordinator
and Becky Hancock, Data Analyst Healthcare Quality

- What is your greatest success?
- What is your biggest challenge?
- What type of programming can IHA provide that would best support your team's improvement efforts?

Call to Action

What will you do by next Tuesday?



Could it
be
SEPSIS?



Rally Against Sepsis

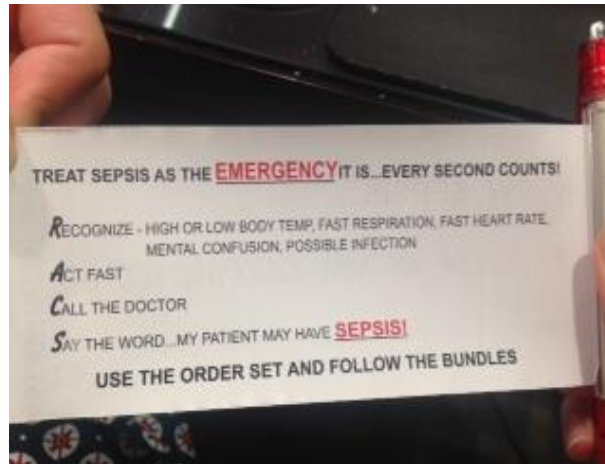
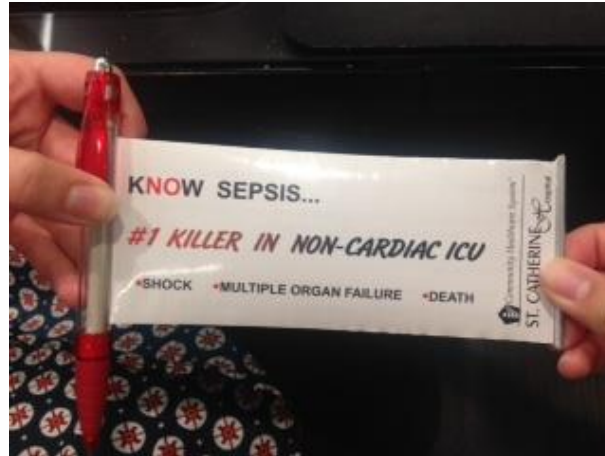


Awareness Across the State

- 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

Awareness in Action!



Sepsis Awareness Month Resources

- Aug. 9 Deployment of IHA Sepsis Awareness Toolkit
- Sept. 1 Launch of IHA sepsis site: *SurviveSepsis.com*

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

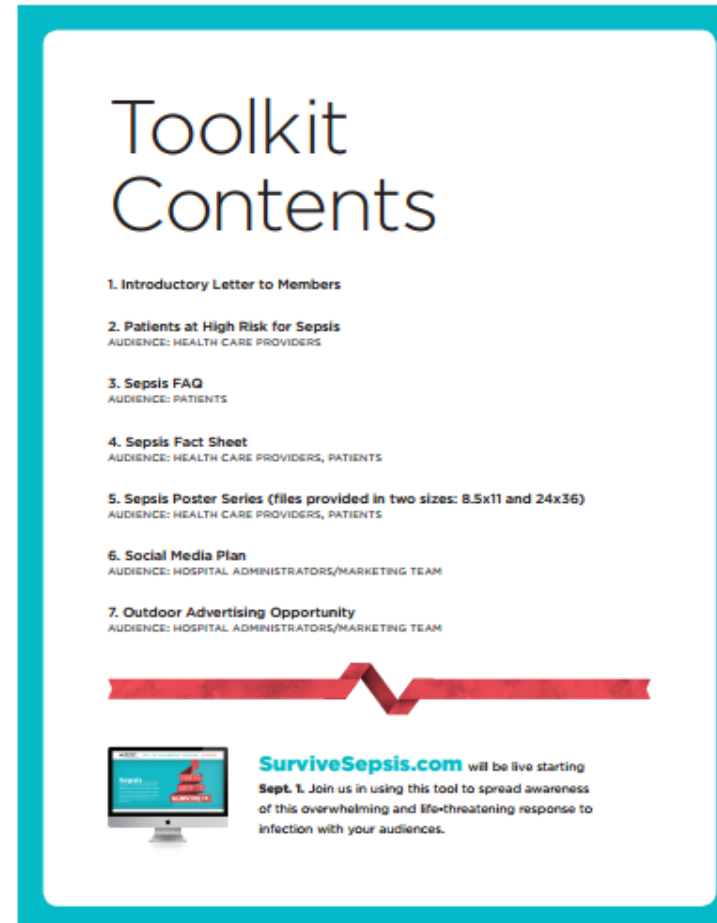
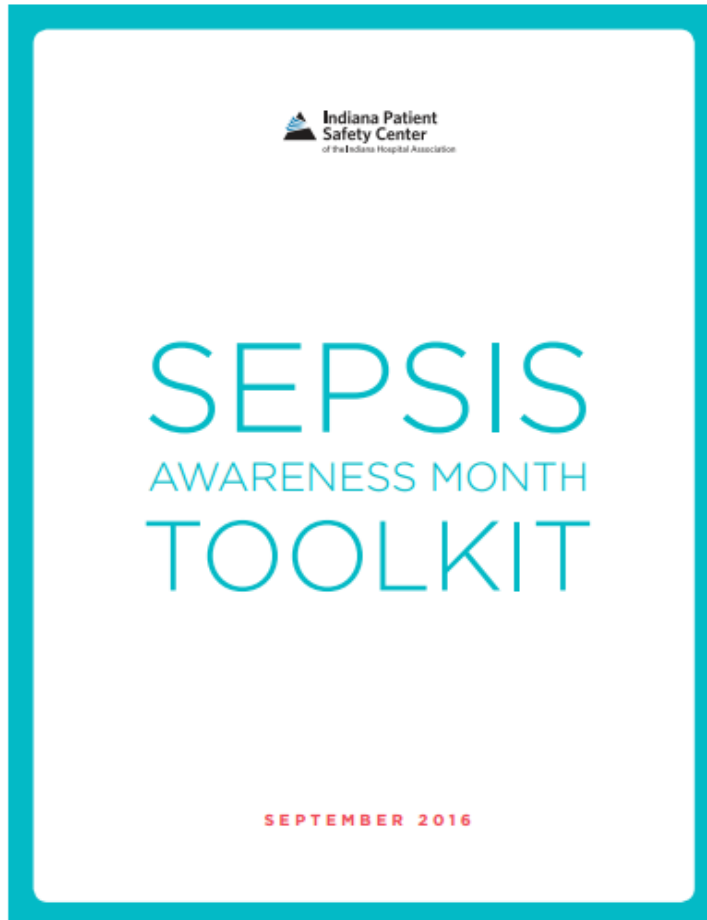
The Rory Staunton Foundation: rorystauntonfoundationforsepsis.org

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 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/ME-T-SHOWCONTAINER&CONTAINERID=501
- ² World Sepsis Day Organization worldsepsisday.org/ME-T-SHOWCONTAINER&CONTAINERID=11
- ³ CDC cdc.gov/sepsis/pubs/brpsepsis_bkspg1e_09a.pdf
- ⁴ CDC cdc.gov/sepsis
- ⁵ SurviveSepsis.com
- 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

**SEE IT.
STOP IT.
SURVIVE IT.**

What are the signs or symptoms of sepsis? There is no single sign or symptom of sepsis. Symptoms can include any of the following:

- S**hivering, fever, feeling very cold
- 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

Indiana Patient Safety Center
of the Indiana Hospital Association

*Centers for Disease Control and Prevention



Hoosier pride in raising awareness!



Social Media & Posters



Use these hashtags throughout the month:

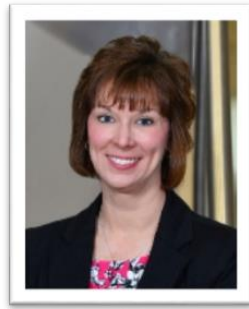
#SurviveSepsis #SaferHoosiers #SepsisAwarenessMonth



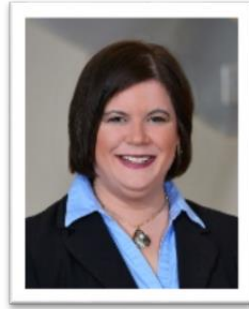
Your IPSC Team



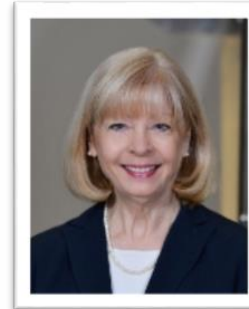
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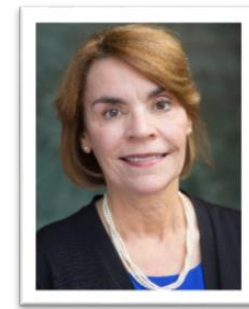
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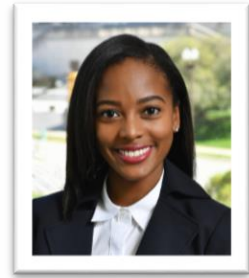
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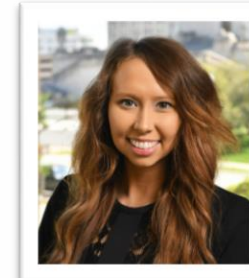
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