Welcome!

• All lines are muted, so please ask your questions in Q&A.
• Please actively participate in polling questions that pop up on the lower right-hand side of your screen.
• Please be aware that this event will be recorded.

We will get started shortly!
HQIC Sepsis

November 17, 2021

Rhonda Bowen, BSHSHS, CIC, CPPS, CPHQ, CPHRM
Amy Ward, MS, BSN, RN, CIC
Hospital Quality Improvement

Welcome from all of us!

COLLABORATORS:
Alabama Hospital Association
Alliant Health Solutions
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza

Making Health Care Better Together
Amy Ward, MS, BSN, RN, CIC
INFECTION PREVENTION SPECIALIST
Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths.
Contact: Amy.Ward@Allianthealth.org

Rhonda Bowen, BHSHS, CIC, CPPS, CPHQ, CPHRM
SENIOR IMPROVEMENT ADVISOR, PATIENT SAFETY
Rhonda has worked in rural and critical access hospitals for over 30 years and directed patient safety, quality and infection prevention and control for the past 14 years. She is passionate about all aspects of patient safety and infection prevention and control, especially the effects of health literacy and organizational safety culture on patient outcomes.
Contact: RBowen@Comagine.org
Learning Objectives

• Learn Today:
  • Understand the HQIC CMS Sepsis Measures
  • Availability of sepsis data in the Alliant portal
  • Tool to conduct gap assessment

• Use Tomorrow:
  • Access your facility's data in the Alliant portal
  • Review portal and internal data
  • Conduct gap analysis
Sepsis – The Big Deal!

• Over 1.1 million Medicare sepsis cases annually in the U.S.  
• Contributes to 270,000 deaths  
  • 1 in 3 patients who die in a hospital is diagnosed with sepsis.  
• Six-month mortality rate: About 60% for septic shock and 36% for severe sepsis among inpatient Medicare Fee-For-Service patients.  
• Annual Medicare Fee-For-Service inpatient cost: $22.4 billion  
• Medicare inpatient and SNF admissions are estimated at $41.5 billion.  

Sepsis Mortality Measure

• Numerator:
  • Number of Medicare patients who died within 30 days of being diagnosed with sepsis.

• Denominator:
  • Number of Medicare patients who were admitted with a primary or secondary diagnosis of sepsis; including sepsis present on admission.

• Display: numerator and denominator as ratio

• Baseline = Calendar Year 2019

• RIR Improvement Goal: Year 1 = 2% Year 2 = 6% Year 3 = 9%

• Measure Shorthand in Graphs: SEPSIS_MORT 2
Sepsis Shock Measure

• Numerator:
  • Post-operative sepsis cases, secondary diagnosis

• Denominator:
  • Elective surgical discharges of persons over age of 18

• Display: numerator and denominator as ratio

• Baseline = Calendar Year 2019

• RIR Improvement Goal: Year 1 = 2% Year 2 = 6% Year 3 = 9%

• Measure Shorthand in Graphs: SEPSIS_SHOCK
Sepsis: Mortality

### Relative Improvement Over Baseline

<table>
<thead>
<tr>
<th>CCN</th>
<th>Hospital Name</th>
<th>Baseline Rate</th>
<th>Target for Year 1</th>
<th>Running Numerator</th>
<th>Running Denominator</th>
<th>Running Ratio</th>
<th>RIR Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO3</td>
<td></td>
<td>264.581</td>
<td>259.289</td>
<td>3,366.00</td>
<td>9,983.00</td>
<td>337.17</td>
<td>-27.44%</td>
</tr>
</tbody>
</table>

### Events Avoided to date (based on baseline rate)

-725
HQIC Sepsis Shock

![Sepsis per 1,000 Elective Surgical Discharges Chart]
HQIC Sepsis Shock

![Relative Improvement Over Baseline Table](image)

- CCN: TO3
- Baseline Rate: 9.549
- Target for Year 1: 9.358
- Running Numerator: 134.00
- Running Denominator: 10,009.00
- Running Ratio: 13.39
- Difference from Target Yr 1: -4.03
- RIR Goal: 2.00%
- RIR Achieved: -40.20%

- Events Avoided to date (based on baseline rate): -38
- Relative Improvement from Baseline Group: Worsen
Measurement Data vs. Improvement Data

- Sepsis data in the portal is Medicare Claims Data; 4-6 month data lag
  - Great for monitoring, evaluation and validating local sources of data

- Need to identify and generate local, identifiable real-time data source
  - Electronic Health Record
  - Health Information Exchange
HQIC Reaching Our Goal

• Identify your hospital real-time data sources

• Where is your organization today?

• Gap assessment tool
Key Takeaways

• Learn Today:
  • CMS measures
  • Alliant Data Portal
  • Gap assessment tool

• Use Tomorrow:
  • Access and review data on Alliant Portal
  • Review internal data resources
  • Conduct gap assessment

How will this change what you do? Please tell us in the chat box.
Next Sessions

Session 2: Gap assessment findings
Session 3: Integrating Health Literacy and Patient Safety
Session 4: Best practice tools
Session 5: Discussion: Share your successes and challenges
Resources

- AHRQ PSI 13 Postoperative Sepsis Rate.pdf
- Hospital Toolkit for Adult Sepsis Surveillance - CDC
- Hospital Toolkit for Adult Sepsis Surveillance - CDC
- Sepsis Early Recognition and Treatment Tool
- Alliant Hospital Quality Improvement Website
- Alliant HQIC Sepsis Coaching Package
Questions?

Email us at HospitalQuality@allianthealth.org or call us at 678-527-3681.
HQIC Goals

Behavioral Health Outcomes & Opioid Misuse
- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services

Patient Safety
- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce C. diff in all settings

Quality of Care Transitions
- Convene community coalitions
- Identify and promote optimal care for super utilizers
- Reduce community-based adverse drug events
Upcoming Events

December 15, 2021

Sepsis: Gap Assessment Findings
12:00 p.m. Eastern, 10:00 a.m. Mountain, 9:00 a.m. Pacific

Amy Ward and Rhonda Bowen

Event registration and information:
www.quality.allianthealth.org
Making Health Care Better Together

Hospital Quality Improvement

Thank you for joining us! How did we do today?