ALLIANT HEALTH SOLUTIONS | HQIC Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

HQIC Patient Safety: Sepsis

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

December 15, 2021

Rhonda Bowen, BHSHS, CIC, CPPS, CPHQ, CPHRM

Amy Ward, MS, BSN, RN, CIC

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Making Health Care Better *Together*

COLLABORATORS:

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Alliant Health Solutions
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza

Hospital Quality Improvement

Welcome from all of us!

ALABAMA HOSPITAL ASSOCIATION

ALLIANT HEALTH SOLUTIONS

Comagine Health

GHA Georgia Hospital Association

kfmc HEALTH IMPROVEMENT PARTNERS

KONZA

HAI Reduction Co-Leads

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

- Gap analysis results
- Early identification tools
- Value of "code sepsis"
- Implementing "code sepsis"

Review of Sepsis – The Big Deal!

- Over 1.1 million Medicare sepsis cases annually in the United States
- Contributes to 270,000 deaths every year
  - 1 in 3 patients who die in a hospital are 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.

https://www.healthleadersmedia.com/clinical-care/new-data-sepsis-prevalence-and-costs-astonished-dhhs-researchers

Health Leaders Media Sepsis 2/20

Review of Sepsis – The Big Deal! (continued)

- Sepsis is a major public health threat.
- With over 19 million cases each year worldwide, sepsis accounts for 10% of all intensive care unit (ICU) admissions.
- Not only are sepsis mortality and septic shock important safety measures, but sepsis also ties into our readmission prevention work.
  - 18-26% of sepsis patients are readmitted. This is across clinical settings ranging from community hospitals to large, academic tertiary care centers.

Sepsis Measures Reminder - Mortality

- Numerator: Number of Medicare patients who died within 30 days of being diagnosed with sepsis.
- Denominator: Number of Medicare patients admitted with a primary or secondary diagnosis of sepsis, including sepsis present on admission.

n=135/150

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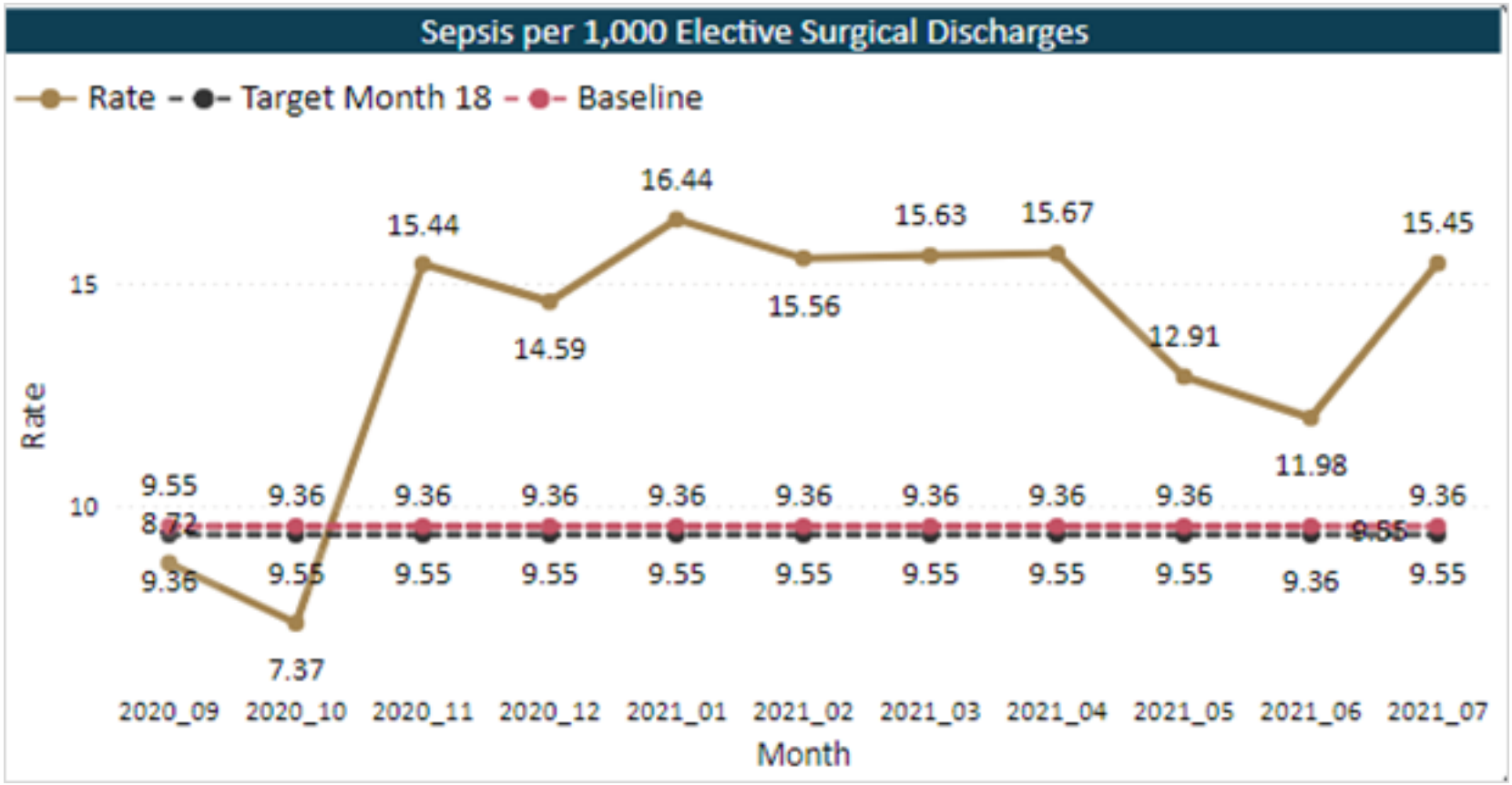
Sepsis Measures Reminder – Sepsis Shock

- Numerator: Post-operative sepsis cases, secondary diagnosis
- Denominator: Elective surgical discharges of persons over age of 18



n = 95/108

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Gap Analysis

- What are your top 3 gaps?
  - Type your answers in the chat

Chat in your top 3 gaps!

HQIC Reaching Our Goal

Three key areas to reducing mortality/sepsis shock:

- Early identification
- Early intervention
- Leveraging data for identifying and monitoring

We all know it is so much more! Reaching our goal is dependent on organizational leadership, a culture of safety, patient factors
such as race/ethnicity, health literacy and comorbidities.

Key Element: Early Identification

DETECT

IDENTIFY SEPSIS EARLY

Early identification is paramount – delays are lethal. Sepsis is an infection with an abnormal physiologic response, meaning organ duress or failure and immunologic dysregulation. The response is what separates sepsis from simple infection. Septic shock is the most severe form and exists when infection induces a failed hemodynamic response; often hypotension refractory to fluids and requiring vasopressor support to correct are present.

Failing to recognize sepsis and septic shock will cause delays in therapy – especially resuscitation and antibiotics – and worsen outcomes.[1,2]

Use screening at triage and during ED care by physicians, nurses, or electronic tools to increase early sepsis identification.[3] It often takes more than one look to detect sepsis or septic shock.

Suspect sepsis/septic shock in clear cases such as those with fever, leukocytosis, and hypotension.

Sepsis also **presents without classic findings** – think of it when caring for someone with unexplained altered mental status, respiratory failure, or if clinical instinct suggests something is "not right" in a patient with a seemingly routine infection or suspected infection.

If you think sepsis *may* be present (e.g., any signs of infection and organ dysfunction) **start therapy quickly**, order cultures, and give antibiotics.

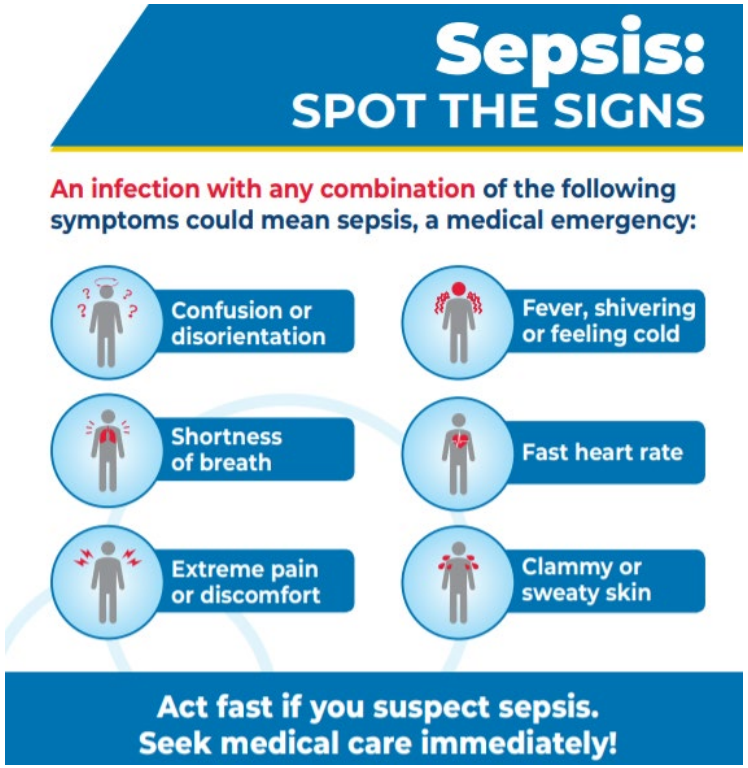
Reassess after initial evaluation. **Some patients will develop sepsis after the initial assessment** when it might not have been present at triage, and many need more or different therapy to reverse sepsis.

American Academy of Emergency Physicians DART Tool, 2015

Key Element: Early Identification

- Resources/tools
  - American Academy of Emergency Physicians Sepsis : Detect, Act, Reassess, Titrate
  - Surviving Sepsis Campaign Early Identification

    "The higher risk of death for patients on the medical surgical floors has been largely attributed to delayed recognition of their deteriorating condition." (Surviving Sepsis Campaign)
  - Surviving Sepsis Campaign, 1 hour bundle and badge cards
  - For Patients and Families: Spot the Signs Magnet



"Code Sepsis" Evidence

The study:

- All patients in the ED with sepsis in a six-month period.
- 114 patients, two groups (one with code sepsis activation and the other without).

Results:

Among patients with code sepsis activation, there was an improvement in adherence to the sepsis bundle, decrease in intensive care admissions, decrease in average length of stay and decrease in mortality. (Boter et.al., 2018)

"Code Sepsis" Evidence

The study:

- A retrospective cohort study in a 35-bed tertiary care hospital ED from December 2016 to February 2018.
- 450 patients were in the final analysis.

Results:

The implementation of code sepsis in the ED significantly increased the rate of sepsis bundle measure adherence, reduced inpatient mortality and improved the time to initiation of effective antimicrobial therapy. (Whifield et al. 2020)

Implementing Code Sepsis:
One Hospital's Process and Experience

Key Takeaways

- Conduct gap analysis.
- Prioritize gap improvement work.
- Review early recognition process and tools.
- Talk about concept of "code sepsis" at your next sepsis meeting.
  - Develop a SBAR for support.
  - Need help? Send us your draft SBAR for review and feedback!

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

Next Sessions

These sessions are for YOU and may change based on your needs and feedback!

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
- Sepsis Early Recognition and Treatment Tool
- Alliant Hospital Quality Improvement Website
- Alliant HQIC Sepsis Coaching Package
- Alliant Sepsis Gap Assessment Tool
- For Patients and Families: Sepsis-Spot-the-Signs-Magnet
- Alliant Infection Prevention Tools
- Alliant Postop Sepsis Process Discovery Tool
- Alliant Sepsis Process Discovery Tool

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References

Whitfield, P. L., Ratliff, P. D., Lockhart, L. L., Andrews, D., Komyathy, K. L., Sloan, M. A., Leslie, J. C., & Judd, W. R. (2020). Implementation of an adult code sepsis protocol and its impact on SEP-1 core measure perfect score attainment in the ED. *The American journal of emergency medicine*, *38*(5), 879–882. https://doi.org/10.1016/j.ajem.2019.07.002

Robert Boter N, Mòdol Deltell JM, Casas Garcia I, Rocamora Blanch G, Lladós Beltran G, Carreres Molas A. Activation of a code sepsis in the emergency department is associated with a decrease in mortality. Med Clin (Barc). 2019 Apr 5;152(7):255-260. English, Spanish. doi: 10.1016/j.medcli.2018.02.013. Epub 2018 Apr 16. PMID: 29673855.

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 optical care for super utilizers
- ✓ Reduce community-based adverse drug events

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Upcoming Events

January 19, 2022

Sepsis

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

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

Alliant Health Solutions

AlliantQIO

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