# October 18, 20017

**Anita Reddy, MD, FCCP, FCCM**

**Caroline Armstrong, BSN, MBA, RN, CPHQ**

**Rebecca Rosario, MSN, RN, NE-BC**

# Cleveland Clinic Today

- 49,000 caregivers

- 6.6 million total visits

- 164,000 hospital admissions

- 3,400 physicians
  & scientists

- 1,888 residents & fellows

# 10 NEO Regional Hospitals

Cleveland Clinic Locations

# Cleveland Clinic Way

**Behaviors**

- Lead through change

- Demonstrate character & integrity

- Develop myself & others

- Foster teamwork

**Mission**

To provide better care of the sick, investigation into their problems, and further education of those who serve.

**Strategy**

With Patients First, transform to value and use as basis for System growth

## Goals

| Patients First | Caregivers | Affordability | Growth | Impact |
|---|---|---|---|---|

## Clinical Enterprise Priorities

- Engagement
- High Reliability
- Access
- Care Paths
- Virtual Health/Telemedicine

- Top of License/Caregiver Roles
- Documentation
- Population Health
- System Development

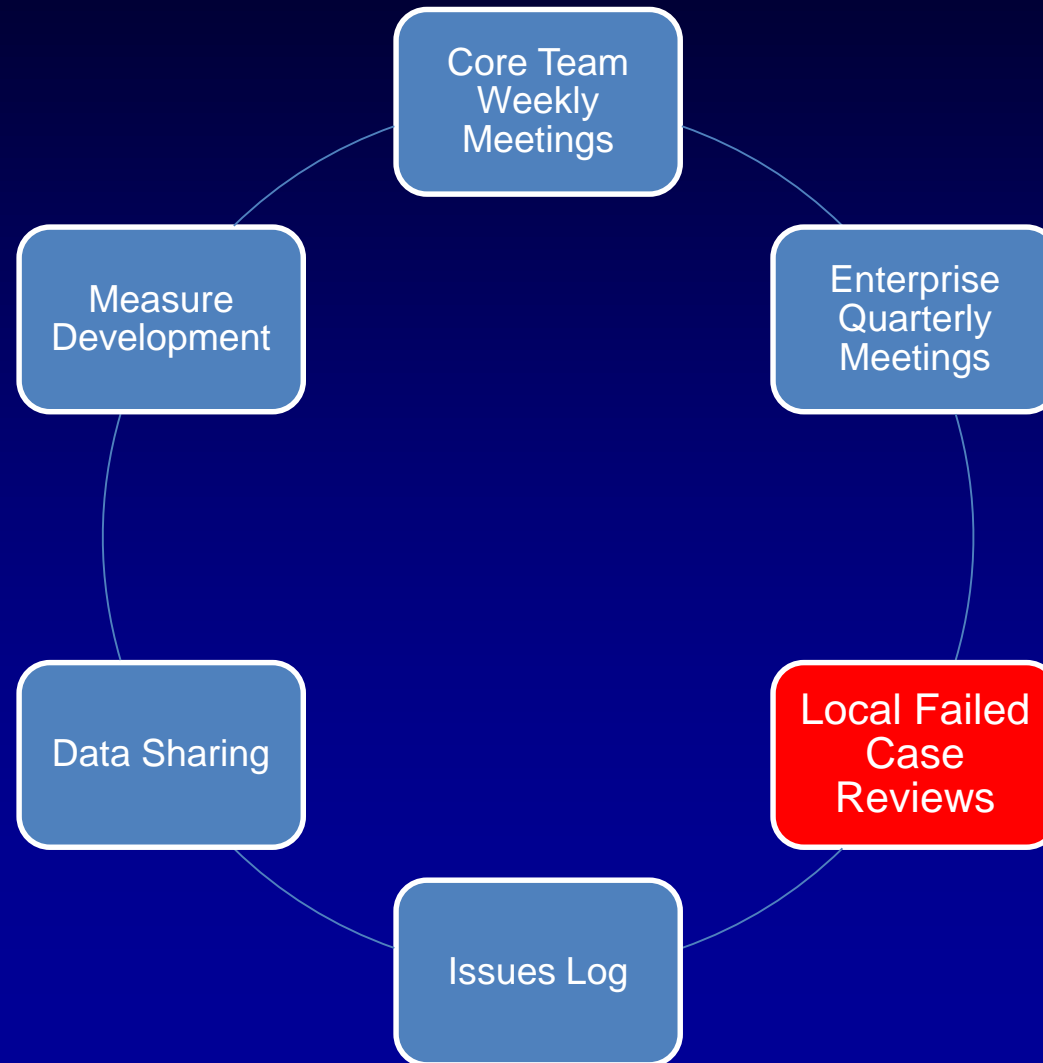# ENTERPRISE SEPSIS STEERING COMMITTEE

# ESSC

- Formed in 2015
- Primary goal: Decrease sepsis-related mortality
  - 2017: Non-POA mortality
  - 2018: All mortality
- Secondary goal: Increase SEP-1 measure compliance

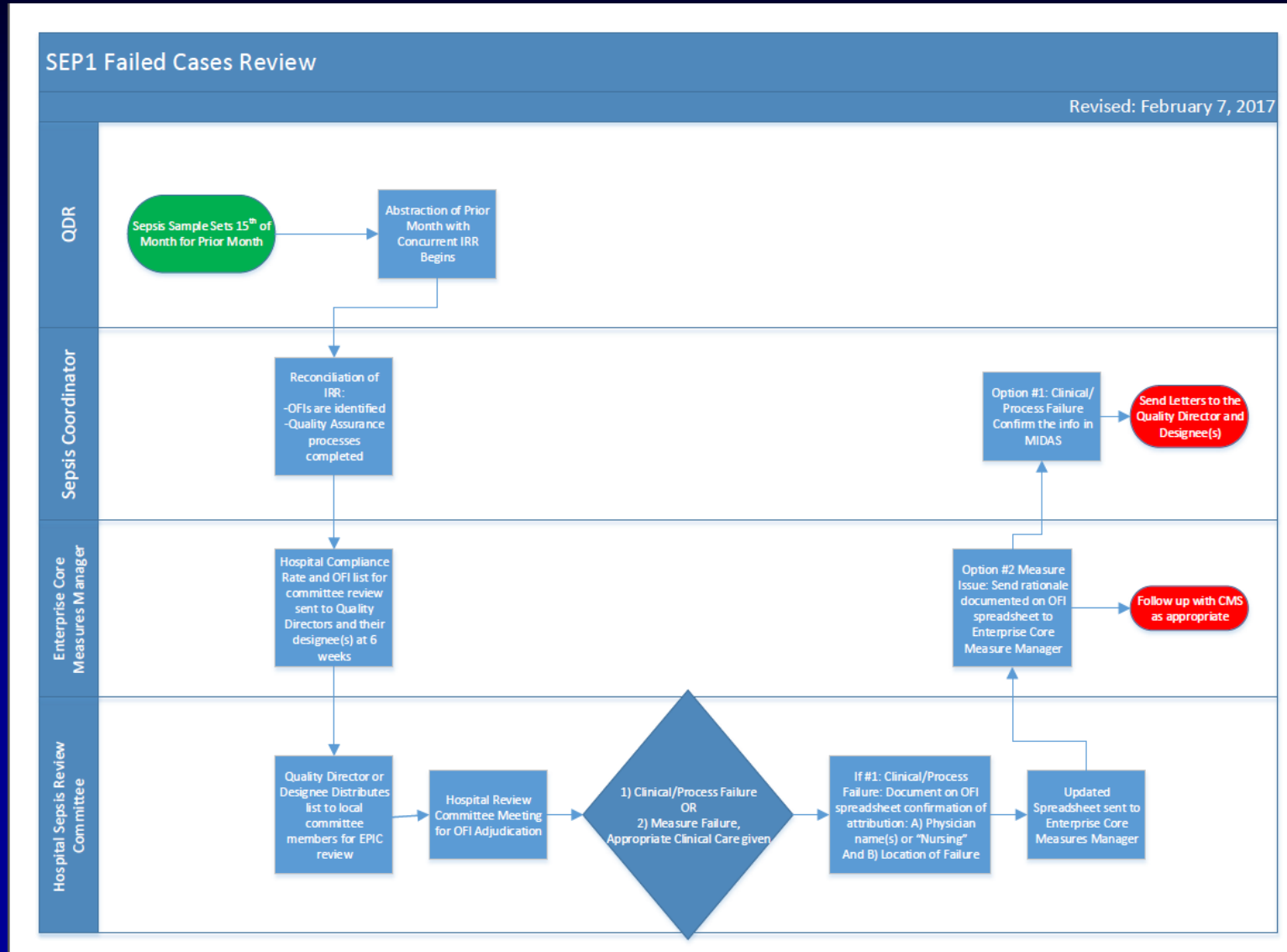# ESSC Infrastructure
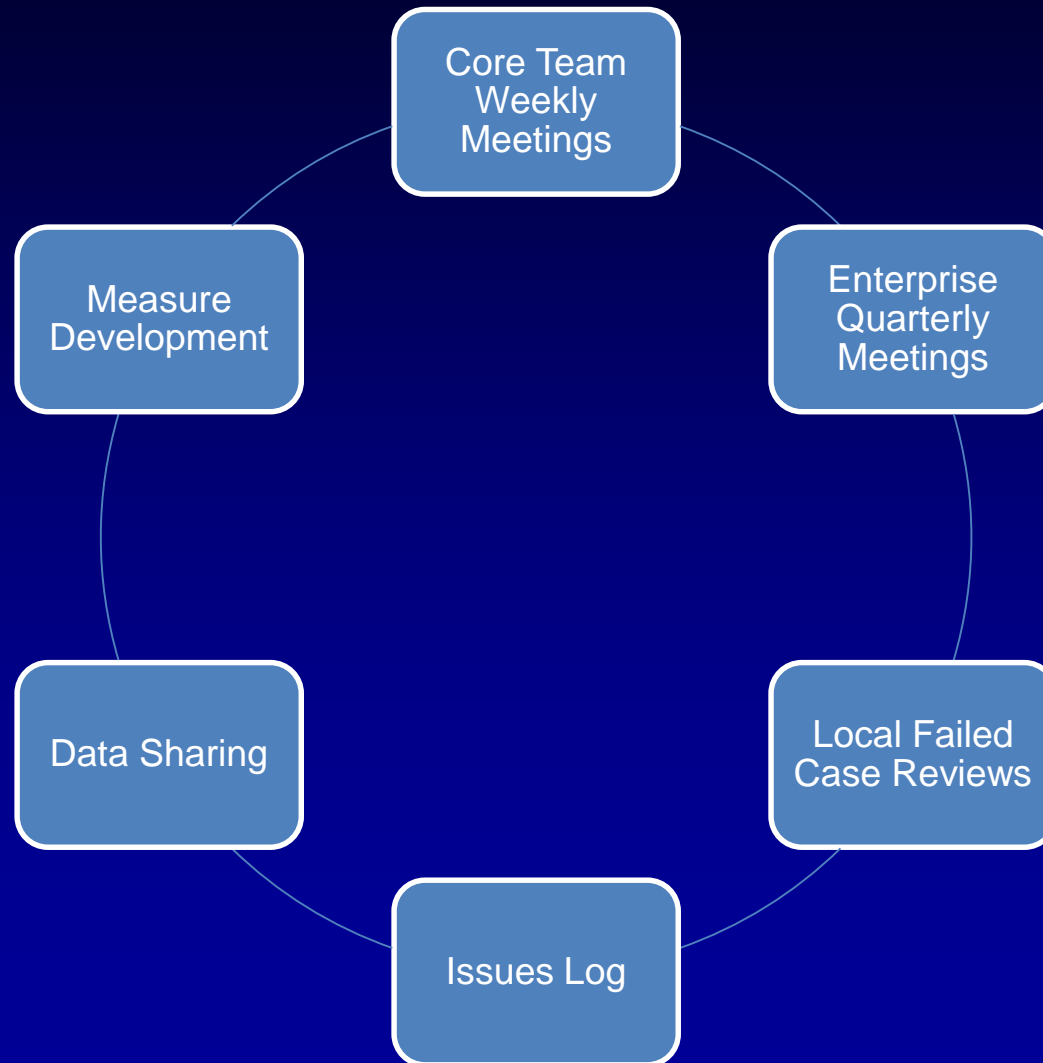
# ESSC Infrastructure, 2

# FAILED CASE REVIEWS

# Quality Data Registries

- **>500 SEP-1 cases reviewed each quarter**
- **100% IRR**
- **Third review of all OFIs**
- **Team of 5 reviewers**
- **Library of hundreds of questions**
- **Frequent communication with QNET**

# Failed Case Review

# Failed Case Reviews, 2

- **Occur at each of our 10 hospitals**
- **Once a month to review all failed cases**
- **Interdisciplinary committee**
  - **Physicians**
  - **Pharmacy**
  - **Lab**
  - **Nursing**
  - **Quality**
  - **Quality Data Registries**

# Failed Case Review Process

- Review of case prior to meeting
- Meeting leader familiar with case and able to give background story of patient
- Collaboration between ED and Inpatient, Nursing & LIP
- ED, Hospitalist and ICU MD presence
- Nurse Manager for department with Nursing OFI present
- Pharmacy present for clinical expertise and to review process issues with obtaining antibiotics
- Lab representation as needed

**Interdisciplinary teams allow you to build and diversify your hospital's SEP experts**

# Failed Case Review Results

- **Record area/department involved**
  - **Keep track of order set usage**
- **Identify areas for improvement in processes**
- **Give feedback to those involved via failed case notification letters**
  - **Ideally are present during the review or provide feedback on decision making prior to meeting**

# Failed Case Review Results, 2

- **Helps drive process improvement**
  - **Antibiotic cards**
  - **Changes in order set**
  - **Sepsis posters**
  - **Sepsis pocket cards for LIPs**
  - **Sepsis pocket cards for Nursing**
  - **Sepsis education module for Nursing and LIPs**

# Failed Case Review Challenges

- Frequent updates to measure
- Varying levels of confidence in the measure
- Inability to clearly identify true time zero while caring for patient
- Cultural differences within Enterprise hospitals
- Education across a health system
- Documentation

# COLLABORATION WITH MEASURE STEWARDS

# Collaboration with Measure Stewards, 2

- Phone conferences regarding SEP-1 measure and opportunities for improvement
- Discussion at national meetings
- Email communication regarding clinical scenarios and abstraction

# SEP-1 Updates – Jan. 2018

- **Documentation of ESRD with hemodialysis or peritoneal dialysis excludes elevated creatinine levels.**

- **Documentation of CKD or chronic renal insufficiency with a baseline creatinine will exclude creatinine values up to 0.5 above baseline.**

# SEP1-Updates

- **Documentation that patient was given an anticoagulant from approved table of medications excludes elevated INR and aPTT**

- **Fluids given by EMS or in OR can be used without an order. The documentation must include the type of fluid, volume, initiation date/time and rate, duration or end time**

# ANALYSIS AND PRODUCTIVITY

# National Meeting Presence

- **IRR process**
  - **Difficult measure to abstract**
  - **Abstraction can vary between individuals**
- **Patients with bundle compliance had a lower mortality**
- **Patients with bundle compliance had a lower risk of readmission**