



RACIAL DISPARITY: INCIDENCE, CARE, AND OUTCOMES OF SEPSIS IN VULNERABLE POPULATIONS

October 28, 2020

CONTINUING EDUCATION

- The link for the evaluation of today's program is: <https://www.surveymonkey.com/r/SEPSIS-October2020>
- Please be sure to access the link, complete the evaluation form, and request your certificate. The evaluation process will remain open **two weeks** following the webcast. Your certificate will be emailed to you when the evaluation process closes after the 2 week process.
- If you have any questions please contact Dorothy Aldridge (Dorothy.Aldridge@ohiohospitals.org)

SEPSIS WEBSITE

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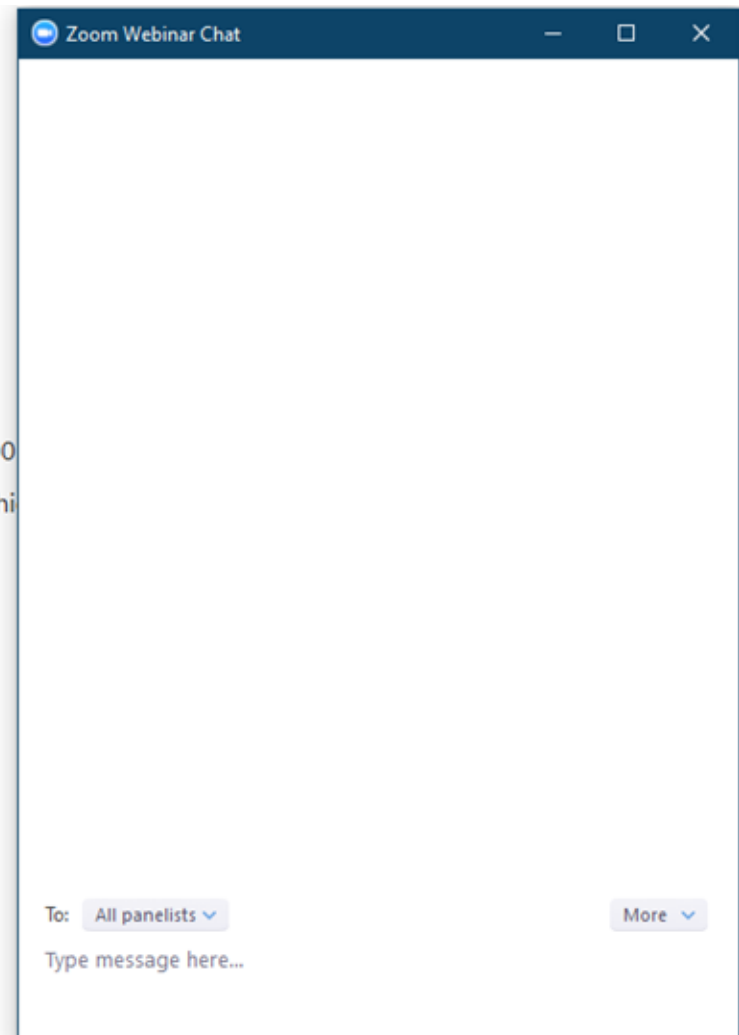
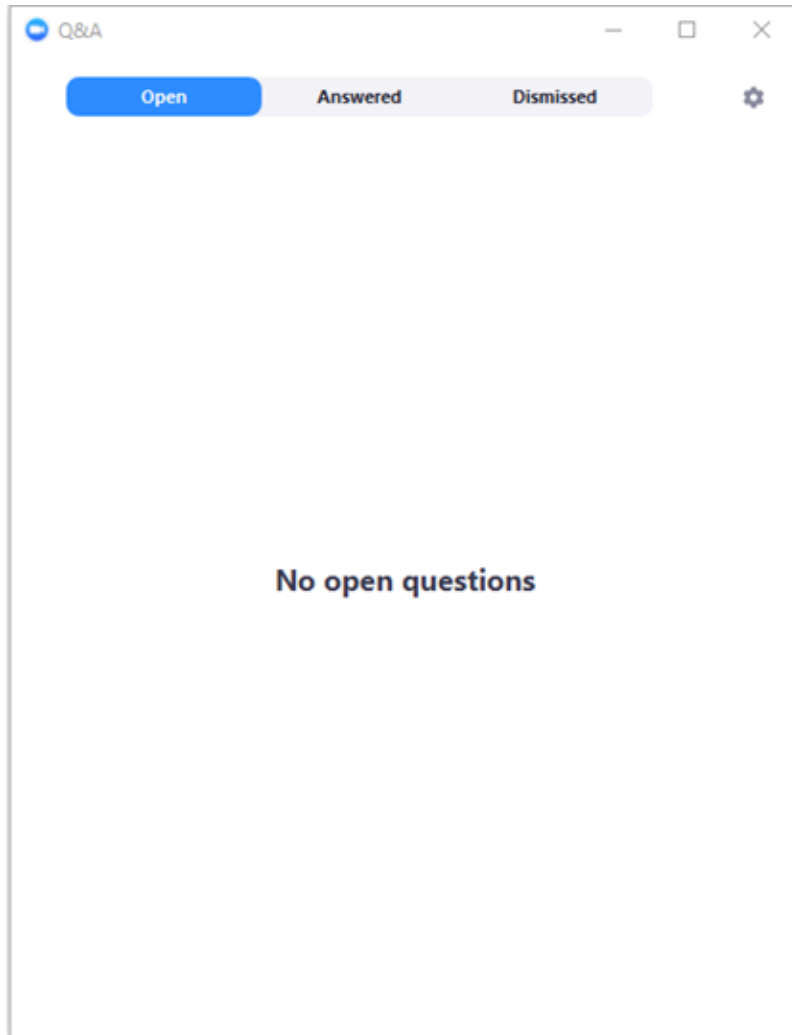


Sepsis

Reducing Sepsis Mortality in Ohio Through Early Recognition, Appropriate Intervention

The OHA Board of Trustees identified reducing sepsis mortality in Ohio as one of the key focus areas for OHA and Ohio hospitals. Sepsis is the body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure and death. In other words, it's your body's over active and toxic response to an infection. Sepsis impacted an estimated 41,000 Ohioans in 2017. Early recognition and treatment can reduce the morbidity and mortality of sepsis.

SUBMITTING QUESTIONS



Healthcare-Associated Infection Mini-Summit December 10, 2020 12:00pm – 3:30pm EST

Free virtual event

Free nursing continuing education contact hours

Expert presentations on:

ventilator- and non-ventilator-associated pneumonia

C. difficile • intra-abdominal infection

cardiac device infection • prosthetic joint infection

To register, visit:

sepsis.org/event/healthcare-associated-infection-mini-summit/



*This event is supported by an
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from Merck.*



Sandy Cayo, DNP, FNP-BC
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NJHA's Health Research and Educational Trust
of NJ

RACIAL DISPARITY:

Incidence, Care, and Outcomes of Sepsis in Vulnerable Populations

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Disclosure

- ▶ I have no conflicts to disclose.

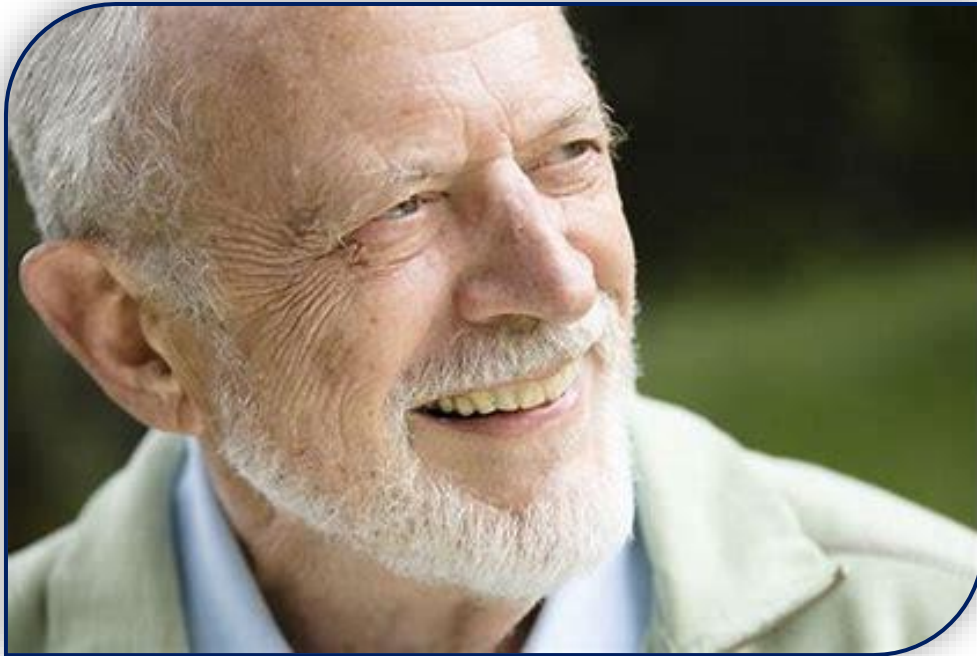
Objectives

1. Discuss the disparity in sepsis treatment and management among vulnerable populations
2. Describe underlying causes for disparity in racial and ethnic groups related to sepsis
3. Identify sustainable and evidence-based approaches to manage disparity in sepsis care

Case 1



Case 2



Case continued

- ▶ What differences did you identify in the HPI of these 2 patients?
- ▶ Are there any risk factors for sepsis among these patients?
- ▶ What do you anticipate the outcomes will be?

Background

- ▶ Sepsis is the body's overwhelming and life-threatening response to infection which can lead to systemic inflammation, tissue damage, organ failure and death.
- ▶ Sepsis continues to be one of the leading causes of death among critically ill people.
- ▶ Common sites for sepsis include respiratory tract, gastrointestinal and genitourinary tract.
- ▶ Often times can worsen pre-existing conditions.
- ▶ In 2016 - Sepsis cost = **\$38 billion**

Background

- ▶ Some of the most vulnerable populations at risk for for developing sepsis include:
 - Older adults
 - Male gender
 - Immunocompromised
 - Hx of chronic conditions
 - Black/African American race

Background

- ▶ Typically older age presents as a risk factor, however, sepsis impacts all ages from newborn to elderly.
- ▶ Studies show specifically in neonates insurance payer status, income, race, and gender were strong indications for increase sepsis mortality.
- ▶ Despite standardization of care through evidence-based practice bundles, wide disparity among races still exist.

Facts and Stats!

- ▶ One of the main drivers to disproportionate sepsis care is access to high quality care.
- ▶ Vulnerable minority patients may only have access to care in more urban, poor performing hospitals which has an impact on individual outcomes and increased mortality.
- ▶ Literature suggests indications from an organizational and systems-level as a better approach than individual to help mitigate sepsis among vulnerable groups.

Facts and Stats: *Racism in Healthcare*

- ▶ Racism is a well-studied risk factor contributing to disparities in healthcare, but is scarce in literature describing racism in sepsis care
- ▶ Significant racial differences have been observed in the emergency department (ED) as well as primary and specialty care settings.
- ▶ 2018 study by DiMeglio et al., found that black patients presenting to the ED were found to receive lower acuity ratings and experienced significantly longer wait times following triage compared to white patients.

Facts and Stats: *Implicit Bias*

- ▶ Implicit bias, or the unconscious association of negative attitudes to individuals based on irrelevant characteristics such as race or gender, has been observed among healthcare professionals.
- ▶ Little to no studies look at the role of implicit bias in the identification and management of sepsis.
- ▶ Implicit bias among providers has shown to diminish relationships as well as trust among providers.

Facts and Stats:

Sepsis Disparity in Post-Acute

- ▶ 25% of patients diagnosed with sepsis are transferred to post-acute facilities
- ▶ Variability in care in post-acute skilled nursing
- ▶ Black patients are more likely to be discharged home vs. white patients discharged to skilled facility
- ▶ More research is needed on outcomes post-discharge and readmissions
- ▶ Insurance plays a role in management of sepsis for outpatient settings

Opportunities: *Policy and Legislation*

- ▶ Advocate for mandated sepsis protocols



Opportunities and Innovation:

The Role of Quality

- ▶ Quality improvement initiatives focused on underserved hospitals
- ▶ Improving access to care and insurance enrollment for eligible patients
- ▶ Improving primary care services accessibility to patients

Next Steps: *Improving Research*

- ▶ Interventions that address the lack of inclusion of minority patients in research studies related to sepsis
- ▶ Reduce burden of chronic disease in vulnerable groups
- ▶ Minimize bias through adherence to treatment protocols and establishing standardized order sets for admission and discharge

Next Steps: *Recommendation for Best Practice*

- ▶ **Stereotype replacement** — Recognizing that a response is based on stereotype and consciously adjusting the response
- ▶ **Counter-stereotypic imaging** — Imagining the individual as the opposite of the stereotype
- ▶ **Individuation** — Seeing the person as an individual rather than a stereotype (e.g., learning about their personal history and the context that brought them to the doctor's office or health center)
- ▶ **Perspective taking** — “Putting yourself in the other person's shoes”
- ▶ **Increasing opportunities** for contact with individuals from different groups — Expanding one's network of friends and colleagues or attending events where people of other racial and ethnic groups, gender identities, sexual orientation, and other groups may be present
- ▶ **Partnership building** — Reframing the interaction with the patient as one between collaborating equals, rather than between a high-status and a low-status person.

Implicit Associations on Test

Arab-Muslim IAT

Arab-Muslim ('Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.

Gender-Science IAT

Gender - Science. This IAT often reveals a relative link between liberal arts and females and between science and males.

Race IAT

Race ('Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.

Weapons IAT

Weapons ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.

Native IAT

Native American ('Native - White American' IAT). This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.

Age IAT

Age ('Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.

Religion IAT

Religion ('Religions' IAT). This IAT requires some familiarity with religious terms from various world religions.

Sexuality IAT

Sexuality ('Gay - Straight' IAT). This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.

Skin-tone IAT

Skin-tone ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

Disability IAT

Disability ('Disabled - Able' IAT). This IAT requires the ability to recognize symbols representing abled and disabled individuals.

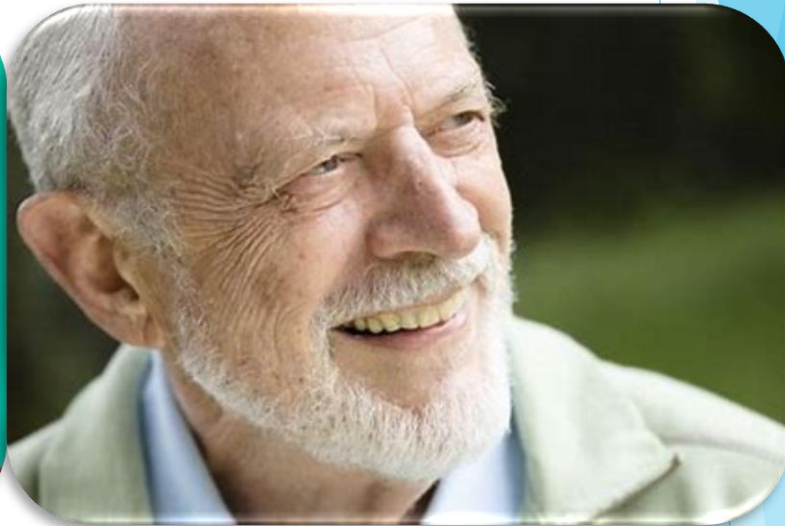
Gender-Career IAT

Gender - Career. This IAT often reveals a relative link between family and females and between career and males.

Asian IAT

Asian American ('Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.

Case Summary



QUESTIONS?



References

- ▶ Barbash, Ian J. MD, MS Disparities in Sepsis Outcomes: A Problem in Need of Solutions*, Critical Care Medicine: July 2020 - Volume 48 - Issue 7 - p 1079-1080 doi: 10.1097/CCM.0000000000004390
- ▶ Bohanon, F. J., Nunez Lopez, O., Adhikari, D., Mehta, H. B., Rojas-Khalil, Y., Bowen-Jallow, K. A., & Radhakrishnan, R. S. (2018). Race, Income and Insurance Status Affect Neonatal Sepsis Mortality and Healthcare Resource Utilization. The Pediatric infectious disease journal, 37(7), e178–e184.
<https://doi.org/10.1097/INF.0000000000001846>
- ▶ DiMeglio, M., Dubensky, J., Schadt, S., Potdar, R., & Laudanski, K. (2018, December). Factors Underlying Racial Disparities in Sepsis Management. In Healthcare (Vol. 6, No. 4, p. 133). Multidisciplinary Digital Publishing Institute.

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