POST-ACUTE CONSIDERATIONS IN SEPSIS CARE

OHA Statewide Sepsis Initiative

March 15, 2017

OHA QUALITY PROGRAMS TEAM

Collaborating for a Healthy Ohio

Amy Andres
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Rhonda Major-Mack

Paul Hicks

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REGIONAL PROGRAMS

- Interactive programming presented by James O'Brien, MD, MS – Chair, Sepsis Alliance Board of Directors

- 2.0 AMA PRA Category 1 credits

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REGIONAL OUTREACH

- "Sepsis: A Medical Emergency"

  Targeting providers in the regions of Ohio
    - **SE**: Feb. 14, 10 a.m.-noon at Union Hospital, Dover
    - **NE**: March 9, 2:30 p.m.-4:30 p.m. at Summa Health, Akron
    - **NW**: March 23, 10:30 a.m.-12:30 p.m. at Hilton Garden Inn, Perrysburg
    - **Central**: April 24, 7:30 a.m.-9:30 a.m. at Mount Carmel East Siegel Center, Columbus

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SAVE THE DATE

- 10th Annual OHA Quality Summit
  Wednesday – June 14
  Hilton at Easton, Columbus, Ohio

  Topics:
  - Antimicrobial Stewardship
  - Iatrogenic Delirium
  - Sepsis

  Poster Presentations are encouraged
  Direct any questions to:
  james.guliano@ohiohospitals.org

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AGENDA

OHA Statewide Sepsis Initiative

I.   Post-Acute Provider Committee
II. Educational Perspective
III. Data Overview
IV. Long-Term Care Perspective
V.   SBAR Communication Tool
VI. Question-Answer/Opportunity

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SOUTHEASTERN OHIO REGIONAL MEDICAL CENTER

Cambridge, Ohio

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ABOUT SOUTHEASTERN

Southeastern Med

- Established in 1952
- 98-Bed facility, JACHO accredited
- Smoke free facility leader
- CMS 4 Star rating on Patient Satisfaction
- Offers joint replacement, cardiac care, vascular interventions, oncology, neurology and childbirth services
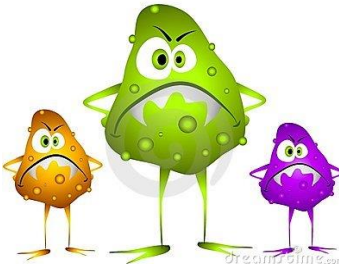- Affiliated with OhioHealth and Nationwide Children's Hospitals

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POST-ACUTE PROVIDER

Committee Concept

Presenter – Rick Degenhart, LSW

READMISSION AND SEPSIS

LOOKING AT READMISSIONS

- Our Senior Management has been very involved in reducing readmissions.
- Senior Management also has been supportive of initiatives that strive to reduce our patient readmissions.
- As we all know, reducing readmissions is imperative in order to avoid financial fines or penalties.

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WHAT HAS BEEN DONE TO REDUCE READMISSION?

- Our hospital became involved with the East Ohio Care Coordination Steering Committee chaired by Rosalie McGinnis from Health Services Advisory Group.
- The East Central Committee meets quarterly and includes area hospitals, Area Agency on Aging 9, nursing homes, home health agencies and the senior center as well as others. We discuss what we are doing in each facility to reduce readmissions.

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POST-ACUTE PROVIDER COMMITTEE

- From the East Central Committee we established a sub- committee, the Post-Acute Provider Committee with the assistance of Rosie.
- On Sept. 21, 2016 the first Post-Acute Provider Committee met.
- The Post-Acute Provider Committee members consist of nursing homes, home health agencies, assisted living and hospice in the area.
- We meet monthly to discuss and implement assessments/procedures to improve continuity of care of patients to reduce readmissions.

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POST-ACUTE PROVIDER MEETING

- In our meetings and under the direction of Rosie, we discussed sepsis and how this has impacted readmissions.
- One outcome of our discussions was the need to develop a capability directory for each facility. In the Directory, each facility lists what it can and cannot do regarding treatment. This allows the ED and the floors to know if a nursing home can provide IV antibiotics or other treatment at the site.

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WHAT HAS BEEN DONE TO REDUCE READMISSION? (EXAMPLE)

POST-ACUTE PROVIDER COMMITTEE

- The Directory has been completed and distributed to the floors, ED and case managers.
- Also, what came out of our discussion is looking at our protocols for how to determine whether someone has sepsis and what treatments are needed. From this it was determined we needed to work together to educate and to assist in establishing some type of protocol for sepsis patients.
- This is where our Sepsis Team came in to assist us.

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EDUCATIONAL PERSPECTIVE

Presenters –
   Erin Scott, BSN, RN-BC
   Mae Bellanca, MSN, RN

EDUCATIONAL DESIGN

- Identified sepsis as a frequent cause of readmissions
- Majority from skilled nursing facilities and home health agencies
- Presented and discussed at Southeastern Post-acute Care Committee
- Educational program designed

TARGET AUDIENCE

- RNs and LPNs in long-tern care facilities
- RNs and LPNs in home health
- Podiatry practice attended

EDUCATIONAL OUTREACH

Hospital Education Taken "On The Road"

- Education included:
  - Prevention (tool for infection prevention)
  - Precautions
  - Communication (SBAR tool)
  - Efforts toward early recognition
  - Efforts toward early intervention

SBAR SCRIPTING TO USE TO CALL THE PHYSICIAN WITH A POSITIVE SEPSIS RISK SCREEN

Introduce	Hello Dr. _____, this is (your name) on (your unit), I'm the nurse taking care of (patient name),(patient date of birth).
Situation	I've just completed a sepsis risk screening on this patient and this patient meets positive sepsis risk screen criteria and has a confirmed infection (state location of infection) **OR** may have a suspected infection (state location of infection).
Background	Provide patient history and any additional background information as needed.
Assessment	Provide patient's current VS and physical assessment findings, pertinent and critical lab results (i.e. WBC) and any additional assessment information here.
Recommendation	Per the recommendations for a positive sepsis risk screen, can you order the sepsis order set which includes a lactate level, blood cultures x 2, and IV fluid bolus of 30mL/kg – unless contraindicated due to fluid volume overload. The patient is not currently on any antibiotics at this time. Which broad spectrum antibiotic on the order set would you like to start? (change information provided based on individual patient situations. i.e. the patient is receiving flagyl please consider making changes to an antibiotic on the sepsis order set). Would you like to order any additional orders at this time? Thank you!

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EDUCATIONAL PERSPECTIVE

Hospital Education Taken "On The Road"

Reactions from participants:

– "Good presentation"

– "Dr. Mahayri's input was a great addition to the presentation"

– "I enjoyed the presentation and learned so much"

– "Very informative and would love to have more teachings here"

**All participants met the outcome and the post-presentation self-assessment scores went up one or more point from the pre-presentation score. Also, participants included items that they learned and how they would put into practice which included labs, lactate, s/s of SIRS, not to ignore patient subtle differences, make sure equipment clean after each resident, and Scripting SBAR notification to the MD

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ADMINISTRATIVE SUPPORT

- Director of Medical Affairs

SBAR COMMUNICATION TOOL

Presenter -
   Eli DeLille, BSN, RN, CIC

SBAR CHECKLIST

DATA OVERVIEW

- Presenter –
  Denise Stephens, BSN, RN

ADMISSION DRGS

Quality Improvement Organizations — Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES | HSAG HEALTH SERVICES ADVISORY GROUP

Table 14: Top 10 Index Admission Diagnosis Related Groups (DRGs) for your hospital—Q2 2015–Q1 2016[21]

DRG	Description	N	%
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	78	5.6%
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	58	4.2%
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	56	4.0%
194	SIMPLE PNEUMONIA & PLEURISY W CC	56	4.0%
193	SIMPLE PNEUMONIA & PLEURISY W MCC	45	3.3%
291	HEART FAILURE & SHOCK W MCC	38	2.7%
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	36	2.6%
189	PULMONARY EDEMA & RESPIRATORY FAILURE	34	2.5%
518	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	33	2.4%
309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	30	2.2%

Table 15: Top 10 Readmission DRGs for your hospital—Q2 2015–Q1 2016[22]

DRG	Description	N	%
189	PULMONARY EDEMA & RESPIRATORY FAILURE	18	7.3%
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	17	6.9%
291	HEART FAILURE & SHOCK W MCC	11	4.5%
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	9	3.7%
682	RENAL FAILURE W MCC	9	3.7%
292	HEART FAILURE & SHOCK W CC	7	2.8%
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	5	2.0%
193	SIMPLE PNEUMONIA & PLEURISY W MCC	5	2.0%
293	HEART FAILURE & SHOCK W/O CC/MCC	5	2.0%
177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	4	1.6%

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SOUTHEASTERN RESULTS

Severe Sepsis & Septic Shock Report: Southeastern Ohio Regional Medical Center (022)

Severe Sepsis & Septic Shock Incidence & Mortality

Southeastern Ohio Regional Medical Center Sepsis Counts and Rates

Year/Qtr	Sepsis Incidence Rate	Sepsis Mortality Rate	All Inpatient Encounters	Encounters with Sepsis	Encounters with Sepsis - Died	Encounters with Sepsis POA	Encounters with Sepsis POA - Died	Encounters with Sepsis NOT POA	Encounters with Sepsis NOT POA - Died	Sepsis Incidence Rate - Sepsis NOT POA	Sepsis Mortality Rate - Sepsis NOT POA
2013-Q1	1.85%	35.00%	1081	20	7	14	5	6	2	0.56%	33.33%
2013-Q2	1.78%	27.78%	1013	18	5	17	4	1	1	0.10%	100.00%
2013-Q3	0.93%	50.00%	1081	10	5	9	4	1	1	0.09%	100.00%
2013-Q4	0.96%	10.00%	1044	10	1	9	1	1	0	0.10%	0.00%
2014-Q1	1.43%	14.29%	978	14	2	13	1	1	1	0.10%	100.00%
2014-Q2	0.71%	28.57%	988	7	2	6	1	1	1	0.10%	100.00%
2014-Q3	1.32%	30.77%	982	13	4	11	3	2	1	0.20%	50.00%
2014-Q4	1.30%	23.08%	998	13	3	12	2	1	1	0.10%	100.00%
2015-Q1	1.49%	26.67%	1006	15	4	12	3	3	1	0.30%	33.33%
2015-Q2	1.65%	29.41%	1028	17	5	16	5	1	0	0.10%	0.00%
2015-Q3	1.65%	12.50%	972	16	2	14	2	2	0	0.21%	0.00%
2015-Q4	4.05%	21.95%	1012	41	9	37	8	4	1	0.40%	25.00%
2016-Q1	2.58%	17.86%	1085	28	5	22	4	6	1	0.55%	16.67%
2016-Q2	2.68%	24.00%	933	25	6	20	1	5	5	0.54%	100.00%
2016-Q3	2.49%	22.73%	884	22	5	21	5	1	0	0.11%	0.00%

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LONG-TERM CARE PERSPECTIVE

Presenter –

Joy Reed, RN

LONG-TERM PERSPECTIVE

Core topics:

- Benefits of sepsis education in long-term care
- Tools used
- Unique challenges of a long-term care facility in early recognition of a patient developing sepsis
- Successes
- Components of report (verbal handoff) that need to be addressed when transferring a sepsis patient

BENEFITS OF SEPSIS EDUCATION

- Several sessions
- Dissemination of educational materials
- Placed materials at nurses' desks
- Collaborated (on ways to use materials) with:
    - Physicians
    - Nurse Practitioner
    - Director of Nursing

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TOOLS USED

- "Stop and Watch" tool – noted change in condition
- SBAR Communication tool – assessment and call to physician
- Weekly interdisciplinary meeting – review of data/opportunities for improvement

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UNIQUE CHALLENGES

- Lab draws
- Early recognition
- Recognizing the need to send a patient to the Emergency Department
- Drawing lactate
- Initiation of antibiotic
- Initiation of SBAR

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SUCCESSES

- Immediate decrease in readmissions

- Opportunities for improvement are readily known after the weekly reviews

- Improvement actions immediately implemented

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HANDOFF REPORT

- Labs
- Vital signs
- Medications
- Actions taken
- Code status

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Q & A

Please submit your questions via the Chat Box feature

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**OHA collaborates with member hospitals
and health systems to ensure a healthy Ohio**

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