



CREATING POCKETS OF EXCELLENCE: IMPROVING SEPSIS CARE THROUGH MULTI-DISCIPLINARY COLLABORATION AND PHYSICIAN CHAMPIONS

April 20, 2022

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Sepsis

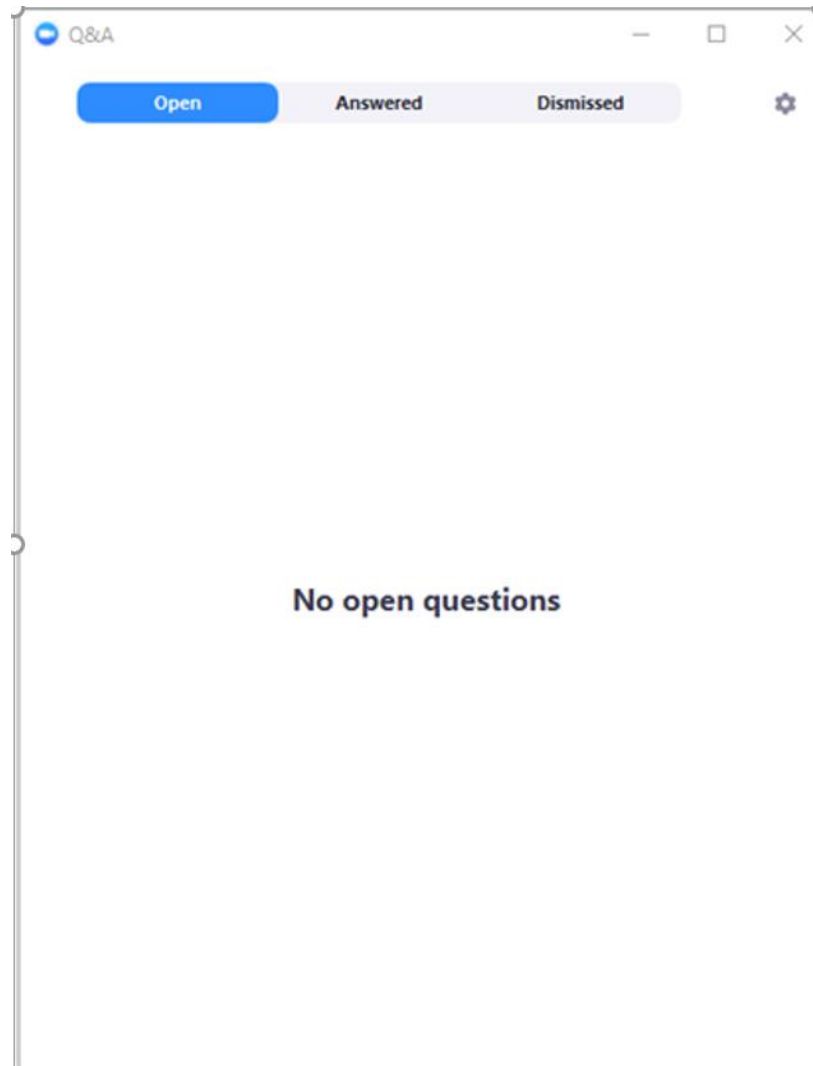
Reducing Sepsis Mortality in Ohio Through Early Recognition, Appropriate Intervention

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.

CONTINUING EDUCATION

- The link for the evaluation of today's program is:
<https://www.surveymonkey.com/r/Sepsis-April2022>
- 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)

SUBMITTING QUESTIONS



PRESENTER



Michelle Evans, RN, MSN, APRN, NP-C
Advanced Practice Provider Program
Coordinator I – Sepsis Program Coordinator
Summa Health

Creating Pockets Of Excellence:

*Improving Sepsis Care Through Multi-Disciplinary
Collaboration and Physician Champions*



Summa Health System

1005 total registered beds

>7800 employees

136,836 annual ED visits

3 campuses:

- Akron (AKA City Hospital)
 - Level 1 Trauma Center
 - 3 ICUs = 78 beds
- Barberton
 - 220 beds
- St. Thomas Behavioral Health

Freestanding 24-hour EDs - Green and Wadsworth-Rittman

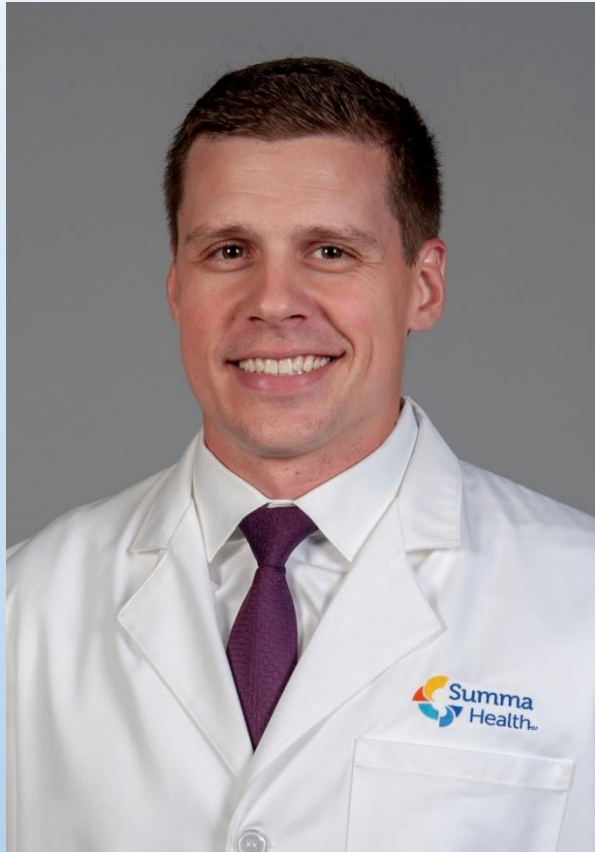
Rehab Hospital - Akron Campus

5 Urgent Cares

Ambulatory Surgery Center - Medina



Panel: Summa's Sepsis Team



Quentin Reuter, MD
Emergency Medicine
CDU Medical Director
Core Faculty



Mike Chandler, MD
Critical Care / Pulmonary Medicine
Critical Care Medical Director
Core Faculty

Panel: Summa's Sepsis Team



Gwendolyn Hughes, MD, FACP
Medical Director of Nutritional Support Services
Proceduralist & Hospitalist of Critical Care



Cameron "Spike" McCorcle, MD
Core Faculty – Internal Medicine Residency;
Clinical Teaching Faculty within the Internal
Medicine Residency

Panel: Summa's Sepsis Team

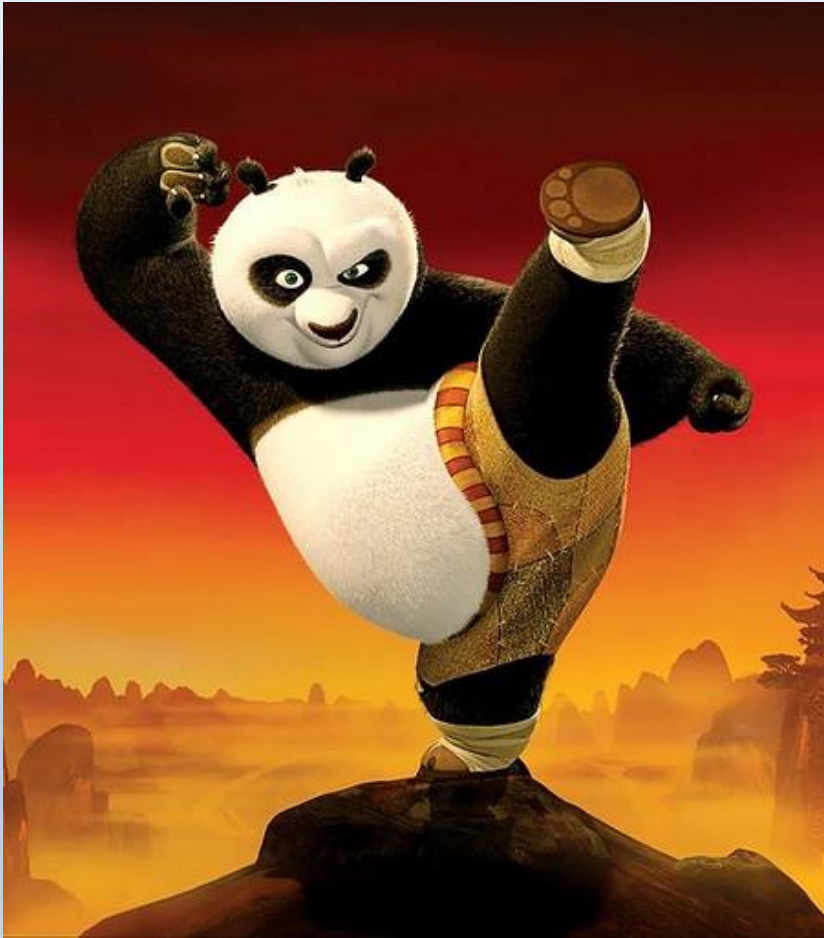


Michelle Evans, MSN, RN, APRN, NP-C
Advanced Practice Provider Program Coordinator I
Sepsis Program Coordinator

Where to start?????



Improving Sepsis Care: Pockets Of Excellence



- Many facets, huge undertaking (*especially during a pandemic!*)
- Began with areas with highest rate of sepsis cases / sickest patients
- Goal: Improve sepsis care where it makes biggest impact, create pockets of excellence in these areas

Summa's Sepsis Program

- Formally created January, 2021
- Dedicated Coordinator – APRN, 1.0 FTE
- Integrated prior work done by ICU, ED, and Quality
- Summa sepsis definition/diagnosis and program charter
- System-wide Sepsis Multi-Disciplinary Committee
- Issue-specific team meetings/huddles during month
- Strong analytics team support - data-base development
- Heavy focus on educating & monitoring compliance
- Weekday review of all concerning patients

Summa Sepsis Definitions and Diagnosis

	Simple Sepsis	Severe Sepsis	Septic Shock
Definition	<p>SIRS Criteria <i>Must have at least 2:</i> Temp >100.4 or <96.8, HR >90, RR >20, WBC >12,000 or >4,000, bands >10%</p> <p>AND/OR</p> <p>Epic sepsis alert fires</p> <p>+</p> <p>Confirmed or Suspected Infection</p>	<p>Meets Simple Sepsis Criteria plus:</p> <p>Lactate > 2</p> <p>AND/OR</p> <p>Signs of Organ Dysfunction (SBP <90 or MAP <65, altered mental status, increasing creatinine, decreased urine output, bilirubin >2, INR >1.5, platelets <100,000, increased oxygen demand)</p>	<p>Meets Simple Sepsis and Severe Sepsis Criteria plus:</p> <p>Lactate > or = to 4 at presentation</p> <p>OR</p> <p>Hypotension / Organ Dysfunction persists and/or Lactate > or = 4 after fluids</p>
Treatment	<p>USE SEPSIS ORDER SET!!</p> <ul style="list-style-type: none"> • STAT Lactate Level • STAT Blood Cultures • Antibiotics within 1 hour • Source Control • Assess for Organ Dysfunction • Document Using: .SEPSISCOREMEASURE phrase 	<p>In addition to Simple Sepsis Interventions:</p> <ul style="list-style-type: none"> • Repeat lactate level <u>within 6h</u> if initial result >2 • Administer 30 ml/kg fluid bolus over 30-60 minutes <ul style="list-style-type: none"> ◦ May give lesser amount per IBW or for advanced CHF/advanced renal disease if documented (Use .SEPSISCOREMEASURE) 	<p>In addition to Simple and Severe Sepsis Interventions:</p> <ul style="list-style-type: none"> • Begin Vasopressors • Must document sepsis reassessment within 6h of shock using .SEPSISCOREMEASURE or .SUMMASEPSISREEVALNOTE

Summa Sepsis Program Charter - 2021

Summa Health System Sepsis Program Charter

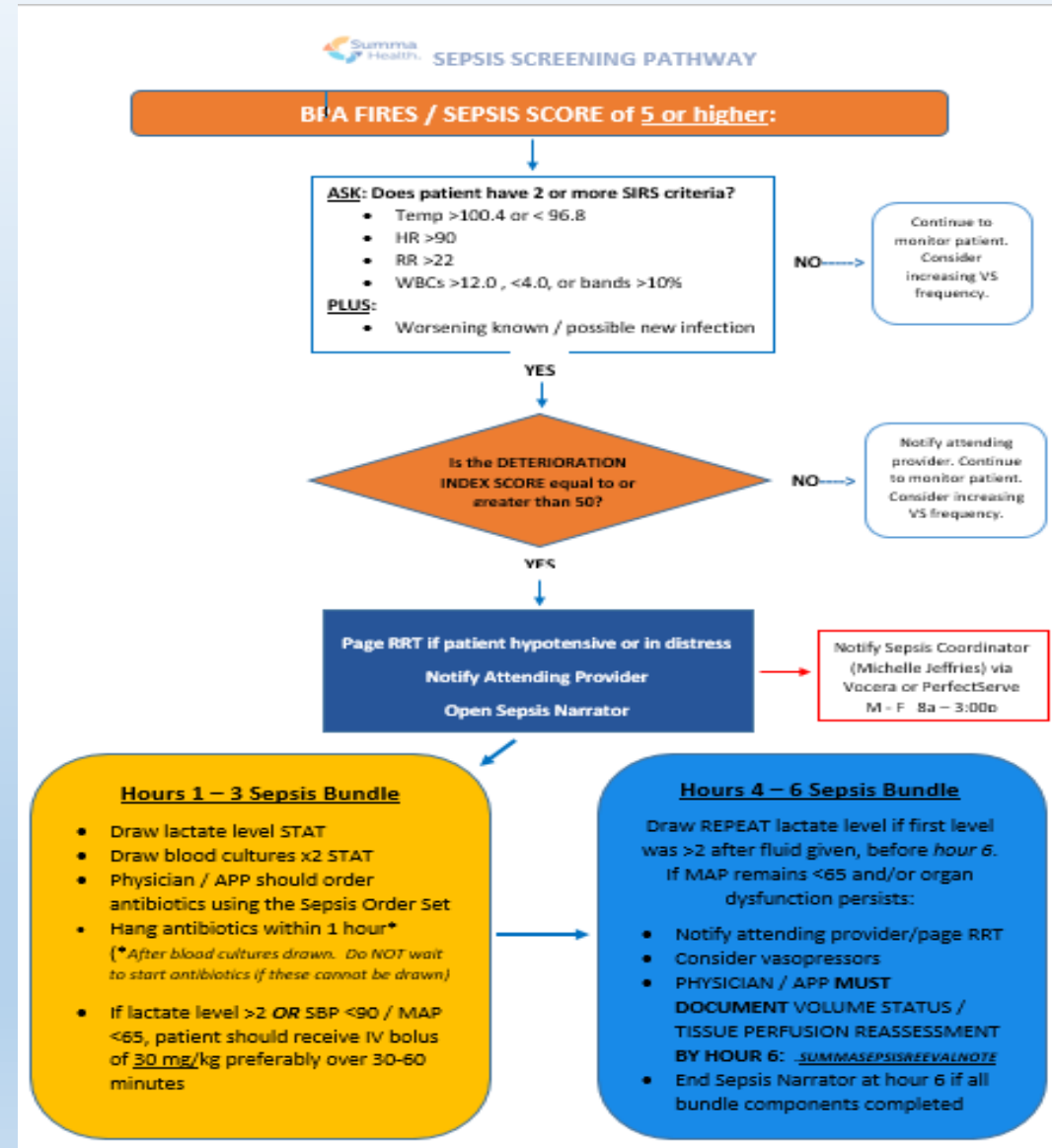
Mission:	Summa Health aspires to be the leading Sepsis Care health system in the Northeastern Ohio area. We will aim for the best outcomes for our septic patient population by incorporating national guidelines and evidence-based care into our treatment plans.	
Problem Statement:	Severe sepsis and septic shock are considered a medical emergency by the CDC and other major organizations. Millions of Americans are affected yearly with at least one in four dying from the syndrome; the incidence continues to increase. Similar to acute myocardial infarction or stroke, research has indicated that the speed of appropriate interventions administered during the initial and most critical hours after presentation greatly influences and improves outcomes. Ref: Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock: <i>Critical Care Medicine Journal</i> , 2017 (45)3: 486-560.	
Committee Facilitators and Members	<p>Facilitators: Dr. Brad Martin Michelle Jeffries, CNP (Program Coordinator)</p> <p>Team Members: Medical Director, ED Medical Director, ICU Medical Director, Trauma/Surgery Assistant Medical Director, Operations Sepsis Physician Lead, ED CNO (ACH, Barberton) VP of Nursing (ACH) Director, Quality Improvement Director, Quality Analytics Director HIM-Outpatient System Director, Bundled Care Manager, HIM-System Admin.</p>	<p>Lead Quality and Clinical Analyst Unit Directors, ICU, ED (ACH) Unit Directors, ICU, ED (Barberton) Lead APP, ICU CNS, ICU, Med/Surg (ACH, Barberton) Senior Quality Improvement Engineer Clinical Documentation Improvement RN Supervisor, ED Clinical Coordinator RN Physician Representatives: ED, ICU, Hospitalists, Cardiology</p>
Committee Facilitators and Members Roles	<p>The Program Coordinator will develop plans, policies, and procedures based on the most current evidence and present to the committee for discussion and approval. Will facilitate movement toward and implementation of best practices for sepsis care. Will serve as a resource to the hospital system and community.</p> <p>Dr. Martin will serve as committee chair, provide guidance and support to the Program Coordinator, and serve as a liaison between the medical staff and the committee.</p> <p>Committee members will attend scheduled meetings, engage in endeavors to improve patient outcomes, and provide ideas and feedback.</p>	
Scope:	Severe sepsis / Septic shock patients in ED, ICU, and inpatient units within the Summa Health System - Akron and Barberton campuses. Target Population: Adults age 18 and older.	

Summa Health System Sepsis Program Charter

Goals / Objectives:	<ul style="list-style-type: none"> Obtain Disease Specific Certification through The Joint Commission Reduce Sepsis mortality Reduce Sepsis LOS Improve percentage of patients who receive appropriate care for severe sepsis / septic shock
Performance Targets and Measures:	<ul style="list-style-type: none"> Measure 1: Consistently decrease Observed/Expected Mortality to ≤ 1.0 by the quarter 4 of 2021. Measure 2: Consistently decrease Observed/Expected LOS to ≤ 1.08 by the end of 2021. Measure 3: Consistently achieve $\geq 75\%$ compliance with use of Sepsis Order Sets for all areas (ED, ICU, and other inpatient units) by quarter 4 of 2021. Measure 4: Increase compliance with 3 and 6 hour bundle sets for Severe Sepsis and Septic Shock to $\geq 60\%$ by quarter 4 of 2021. <i>Includes:</i> <ol style="list-style-type: none"> initial lactate level drawn within 3 hours of meeting criteria. Blood cultures drawn within 3 hours of meeting criteria AND prior to receiving antibiotics. Antibiotics within 24 hours prior or 3 hours of meeting criteria. 30 mL/kg of crystalloid fluid for hypotension (MAP < 65 mmHg) or lactate > 4 within 3 hours of meeting criteria. Repeat lactate level done if initial level > 2 within 6 hours Provider reassessment of tissue perfusion documented within 6 hours
Business Case:	Septic patients have a high rate of mortality, higher LOS, increased use of resources, and likelihood of complications (including post-discharge). Summa seeks to improve outcomes for these patients, including decreasing LOS and mortality.
Milestones:	<ul style="list-style-type: none"> Action plan: <ul style="list-style-type: none"> Step 1: Develop the sepsis program infrastructure <ul style="list-style-type: none"> Complete evaluation of baseline data / gap analysis Implement Sepsis Alert Team Policy / procedure by June 1st, 2021 Solidify Program Charter goals and measures Step 2: Reduce process variation. Provide staff awareness education <ul style="list-style-type: none"> Pilot: 6-West and 4-North. Staff education 2/24-3/8/2021. Pilot date 3/10/2021 through 4/7/2021 (4 weeks). Complete house-wide education on understanding of early sepsis recognition and intervention by May 31st, 2021 Goal date for house-wide "go-live": June 1st, 2021 Develop consistent procedure for transition from ED to inpatient units by (date pending completion of Pilot/inpatient education) Step 3: Obtain Sepsis Certification: The Joint Commission. Goal Year: 2022 Long-term: Patient/Family education and post-discharge follow-up

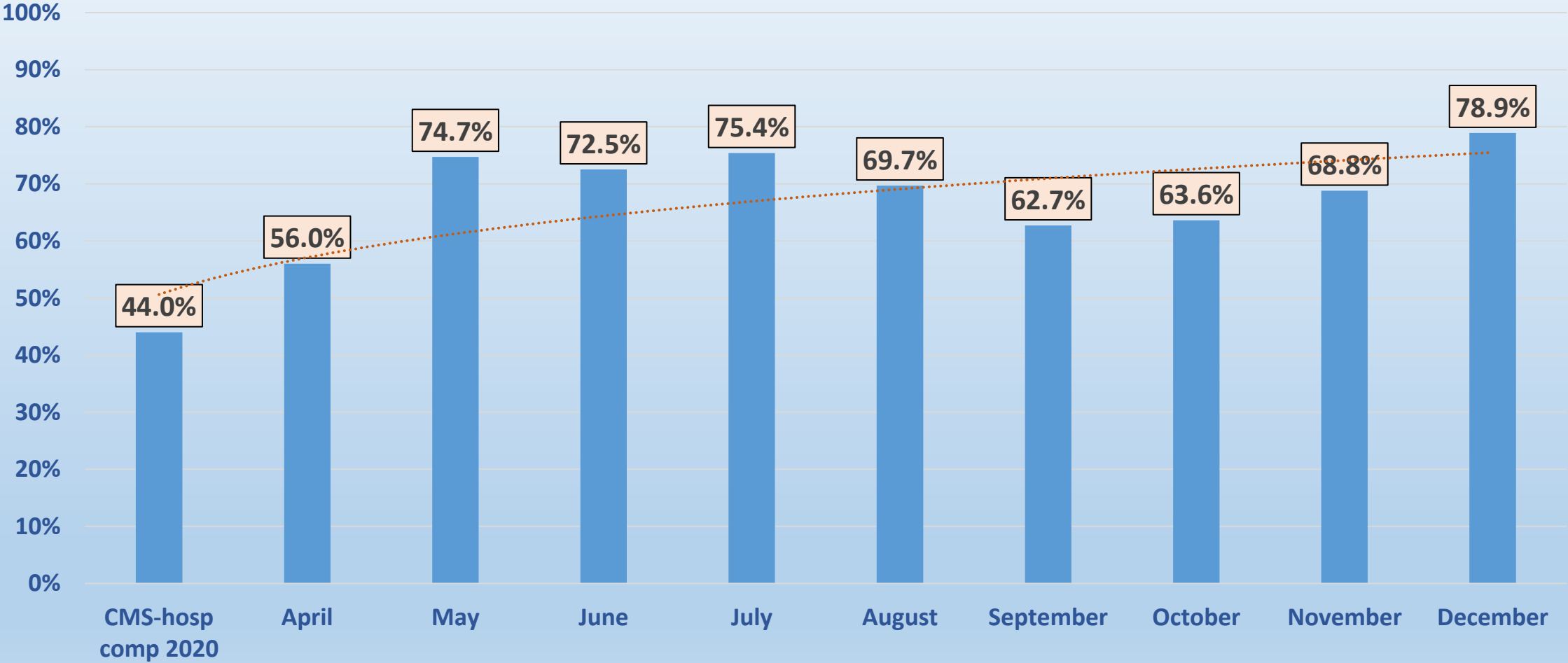
Summa's Sepsis Program

- Nursing education: Learning Management System (HealthStream™), in-person (ICU, pilot floors)
- Developed nursing pathway in beginning
 - Piloted on 2 inpatient units
 - Not successful, brought to light need to investigate sepsis “Best Practice Alert” processes



Summa: Bundle Compliance, 2021

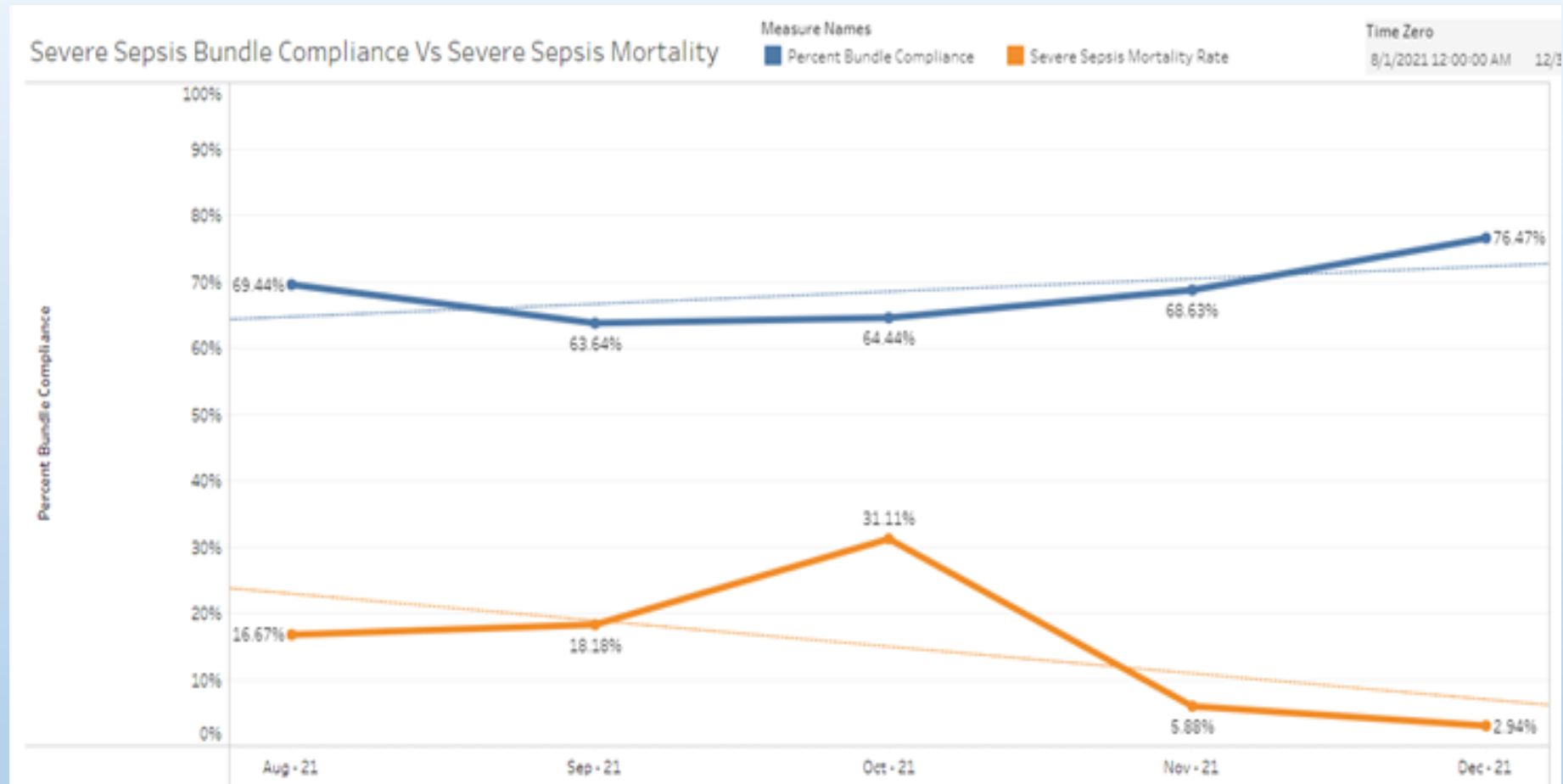
**National AVG = 57%
State AVG = 51%*





■ Severe Sepsis / Septic Shock Combined

**CMS Hospital Compare as of 3/21/22*

Summa Bundle Utilization vs Sepsis Mortality

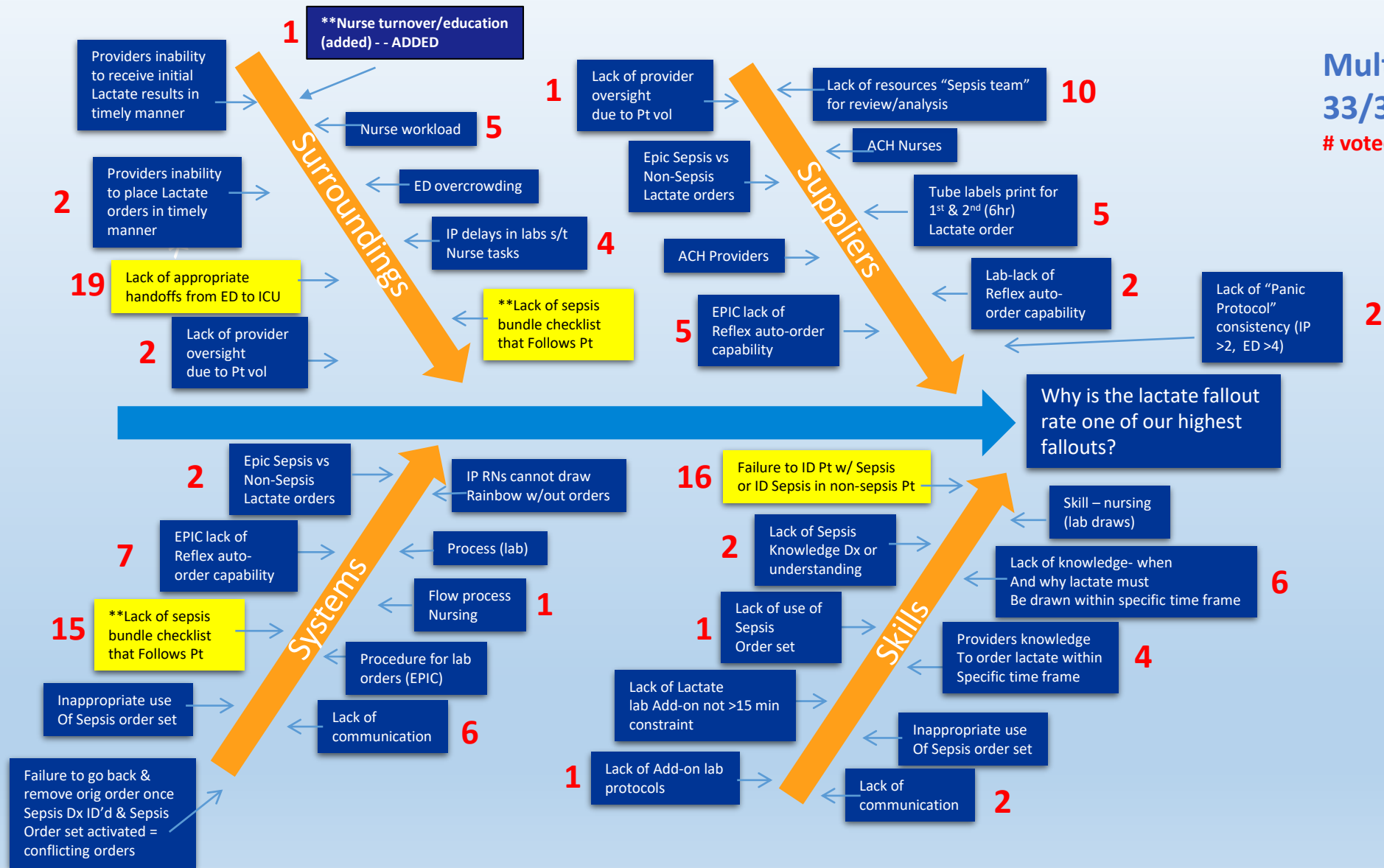


- August - December 2021
-  Compliance =  Mortality

Lean Six Sigma Project: Repeat Lactate Compliance

- Repeat lactates = biggest fall-out
- Project Improvement Project
- Sponsors: CNO, Medical Quality Director
- Team of key players including physicians, bedside RNs, lab, data team, CNS/RN educators (ICU/ED)
- Issues identified
- Currently transitioning from “Analyze” phase to trial (ED-ICU)

LSS Ishikawa Diagram – Lactate Labs 6hr Fallout



Unexpected Challenges

Pandemic: significant challenge due to higher patient acuity, staffing, ED boarding / overcrowding

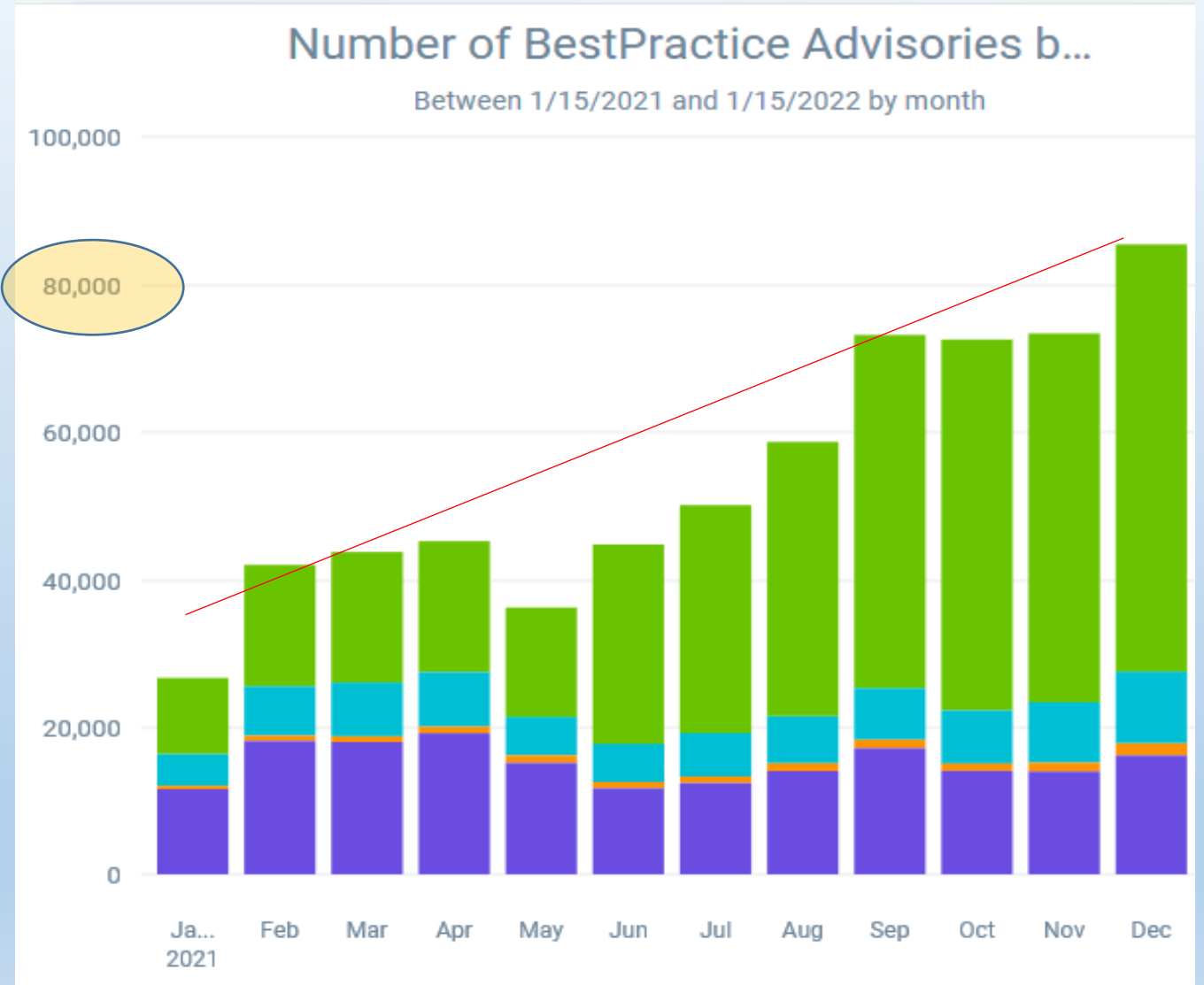
- Nursing: high turnover / Agency
- Slowed education
- ED = increased fall-outs
- Sepsis alerts significantly increased!



BPA's during COVID Surges

- Michigan study In JAMA* noted significant increase in sepsis BPAs
- Summa's data analyzed
- Found same results
- Decision to suppress BPAs temporarily

*Ref: Wong, A., et. al. Quantification of Sepsis Model Alerts in US Hospitals Before and After the COVID-19 Pandemic. JAMA Open Network. Nov. 19, 2021.



Emergency Department

Sepsis Physician Champion: Dr. Quentin Reuter

- Began formal sepsis team /process Fall, 2020
- Re-Education, rolled out again March 29th, 2021
- Trialed use of “Sepsis Team” responders
- Epic “SmartPhrase”, ED fever/sepsis order set, pocket reference card
- Pandemic greatly affected ED flow / created new challenges

Emergency Department

- Regular Sepsis Committee attendance
- Monthly updates in ED Departmental meetings
- Regular dialogue between coordinator, Dr. Reuter, Nurse educator, ED staff (providers, residents, nurses)
- ED physicians/APPs receive feedback via emails outlining fall-outs, celebrating passes
- Advocate for optimal sepsis care in ED, contact for ED providers/residents, address issues

Critical Care

Sepsis Physician Champions: Drs. Mike Chandler & Gwen Hughes

- Manage Cardiothoracic, Neurocritical Care and Medical ICUs
- Early education for all residents upon Medical ICU rotation start
- Pocket reference card, Epic sepsis “SmartPhrases”, Sepsis order sets
- Weekday manual review of patients for sepsis by RN
- Review Sepsis cases via email: fall-outs and successes alike
- Regular Sepsis Committee attendance

Monthly Resident Education



□

Pocket Reference Card

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FRONT

SEPSIS MANAGEMENT
<p>Use sepsis order set (General or Focused) for ALL patients. Document using Epic Sepsis SmartPhrase: .SEPSISCOREMEASURE</p> <p>3-HOUR BUNDLE: Must be done within 3 hours of sepsis presentation time (time zero), but preferably within 1 hour:</p> <ul style="list-style-type: none"> • STAT lactate, sepsis • STAT blood cultures • Administer antibiotics <p>If SBP <90, MAP <65, or lactic acid >2:</p> <ul style="list-style-type: none"> ◦ Give 30 ml/kg bolus using <u>crystalloid</u> fluid (LR preferred). <i>Blood products excluded.</i> ◦ May give less fluid in for acute/chronic CHF, Renal disease Stage IV/V/ESRD, or per IBW. May give albumin as part of fluids. Lessor amounts and/or albumin <u>must</u> be documented (<i>included in Epic Sepsis SmartPhrase and sepsis order set</i>). <p>6-HOUR BUNDLE:</p> <ul style="list-style-type: none"> • Repeat lactate level within 6 hours of sepsis presentation time if initial is >2 • Assess for shock. Document septic shock <u>only</u> if SBP <90 / MAP <65 and/or lactic acid >4 within one hour <u>after</u> fluid • FOR SHOCK: <ul style="list-style-type: none"> ◦ Consider additional fluid challenge, central line, and/or pressors for persistent hypotension <ul style="list-style-type: none"> ▪ DO NOT DELAY PRESSORS: Utilize low-concentration peripheral pressors (via peripheral line) if necessary ◦ Perform / document sepsis reevaluation within 6 hours of <u>shock</u> presentation time using <u>one</u> of following: <ul style="list-style-type: none"> ▪ Physical exam: MUST INCLUDE: VS, cap refill, peripheral pulses, skin, and cardiopulmonary exam (use .SEPSISCOREMEASURE or .SUMMASEPSISREVALNOTE in Epic SmartPhrases) ▪ Bedside US documenting cardiovascular volume exam

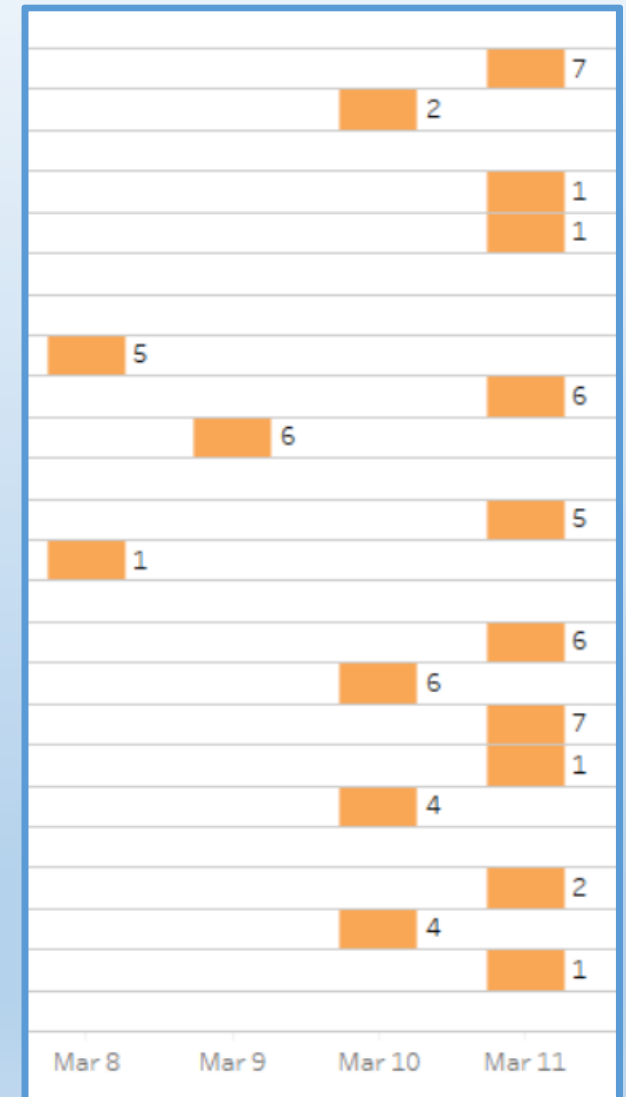
Critical Care

Sepsis Physician Champions: Drs. Mike Chandler & Gwen Hughes

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- Early education for all residents upon Medical ICU rotation start
- Pocket reference card, Epic sepsis “SmartPhrases”, Sepsis order sets
- Weekday manual review of patients for sepsis by RN
- Review Sepsis cases via email: fall-outs and successes alike
- Regular Sepsis Committee attendance

Critical Care

- **ICE-T: ICU Clinical Evaluation & Triage Team**
 - Responds to various teams, including Sepsis
 - Evaluate in ED or inpatient to assure bundle compliance *(if ICU involved)*
- Exploring Sepsis Dashboards: Efficient/Broad Management
 - Including tracking bundle completion
- Communication “dotphrases”
 - Track daily communication with families



Residencies and Inpatient

Sepsis Physician Champion: Dr. Spike McCorcle

- Case review of inpatient - non-ICU cases
- Communication with individual providers regarding sepsis cases
- Incorporation of sepsis/protocol education into established resident didactics
- Regular Sepsis Committee attendance
- Working to eliminate controllable “fall-outs” via education, optimization of our new LIS integration, and improving communication

Bundle Compliance: Order Set/SmartPhrase Use

Increased compliance observed with higher use!



Epic Sepsis SmartPhrase - .SEPSISCOREMEASURE

SEP-1 CORE MEASURE DATA

SIRS Criteria	Sepsis Criteria	Severe Sepsis Criteria	Septic Shock Criteria
<p>Must meet 2:</p> <p><input type="checkbox"/> Temperature > 100.4 F (38 C) or < 96.8 F (36 C)</p> <p><input type="checkbox"/> HR > 90</p> <p><input type="checkbox"/> RR > 22</p> <p><input type="checkbox"/> WBC > 12 or < 4 or 10% bands</p>	<p>Must be confirmed or suspected to move forward with diagnosis of sepsis.</p> <p><input checked="" type="checkbox"/> Infection Confirmed or Suspected.</p> <p><input type="checkbox"/> No infection present. Patient does not meet criteria for Sepsis.</p>	<p>Must meet 1:</p> <p><input type="checkbox"/> Lactate > 2 or</p> <p><input type="checkbox"/> Signs of Organ Dysfunction:</p> <ul style="list-style-type: none"> - SBP < 90 or MAP < 65 - Altered mental status - Creatinine > 2 or increased from baseline - Urine Output < 0.5 ml/kg/hr. - Bilirubin > 2 - INR > 1.5 - Platelets < 100,000 - Acute Respiratory Failure as evidenced by new need for NIPPV or mechanical ventilation <p><input type="checkbox"/> No criteria met for Severe Sepsis.</p>	<p>Must meet 1:</p> <p><input type="checkbox"/> Lactate > 4 after fluid bolus administration or</p> <p><input type="checkbox"/> SBP < 90 or MAP < 65 for at least two readings in the first hour after fluid bolus administration</p> <p><input type="checkbox"/> No criteria met for Septic Shock.</p>
<p>@IPVITALS(6:3048001087:1::1:0)@</p> <p>@LABRCNT(WBC:3,LACTA:3,CREATININE:3,BILITOT:3,INR:3,PLT:3)@</p>			

Sepsis Identified at {HPI MILITARY HOURS:20204}.

Fluid Resuscitation Rational: {Fluid Resuscitation:36114}

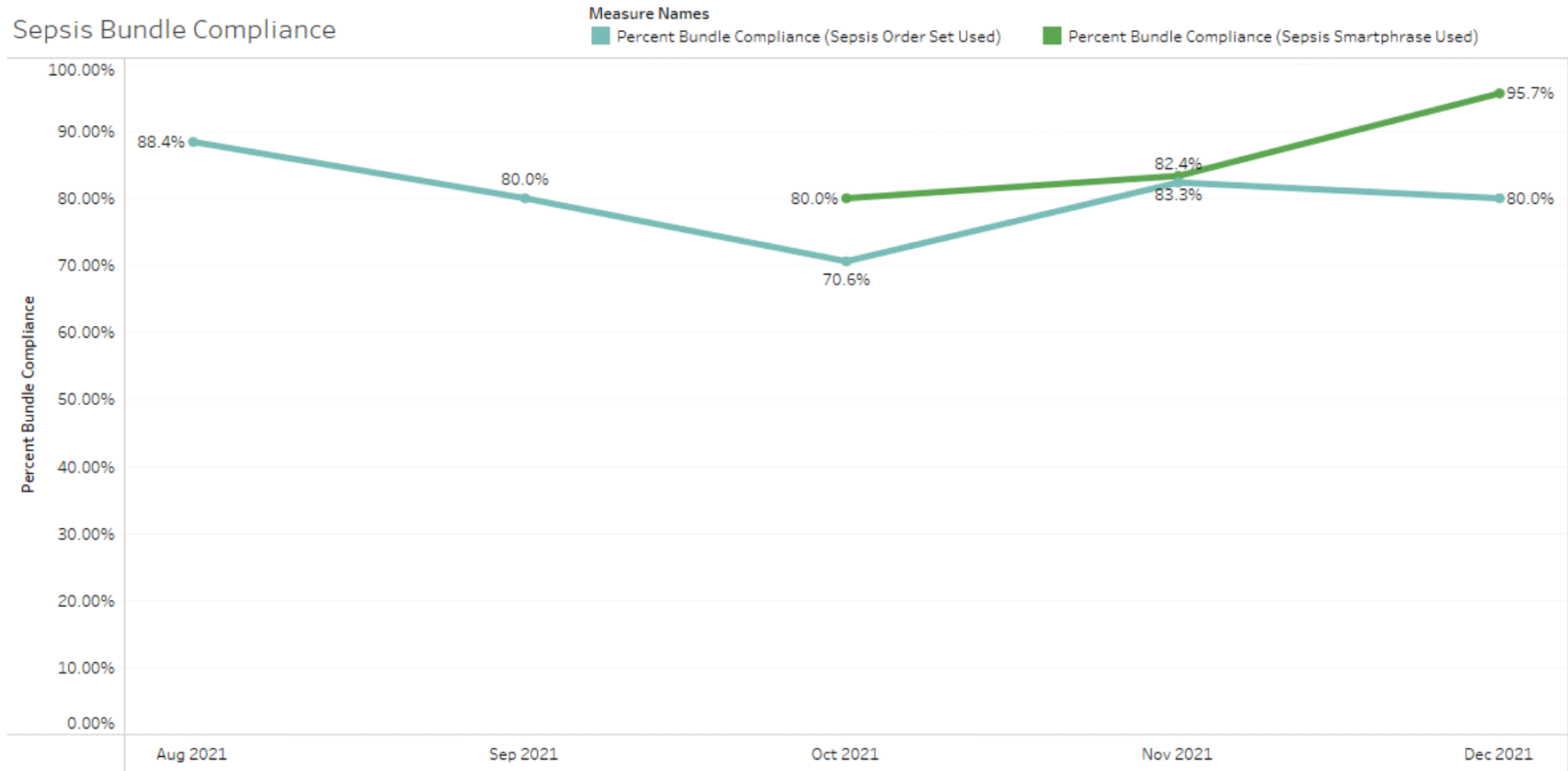
Infection Source: {Infection Source:37458}

{Reassessment Exam:36586}

@ESIGN@

Bundle Compliance and Order Set Use Correlation

Blue line:
order set
Green line:
phrase



	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
Bundle Compliance (Sepsis Order Set Used)	61	40	36	42	28
Order Set Used	69	50	51	51	35
Percent Bundle Compliance (Sepsis Order Set Used)	88.4%	80.0%	70.6%	82.4%	80.0%
Bundle Compliance (Sepsis Smartphrase Used)			16	40	22
Sepsis Smart Phrase Use			20	48	23
Percent Bundle Compliance (Sepsis Smartphrase Used)			80.0%	83.3%	95.7%

Example: Positive Email

Dr. Smith,

The sepsis team evaluates sepsis cases to determine compliance with SEP-1 core measures. I wanted to thank you for the *excellent* care on a recent case (Name, MRN, DOS). The patient met criteria for severe sepsis, and all sepsis bundle interventions were completed within the required time frame, thanks to your diligence. We especially appreciated your concise documentation using the .SEPSISCOREMEASURE phrase.

Thank you for your ongoing dedication and commitment to improving sepsis care at Summa. If we can help in any way or you have questions, please let us know.

Example: Educational Email

Dr. Smith,

The sepsis team evaluates sepsis cases to determine compliance with the Sep-1 core measures. A recent case (Name, MRN, DOS) was found to have fallen out for the following reasons:

- Repeat lactate level was not ordered in ED and not ordered/drawn until the patient was in the ICU. The initial lactate was 2.4 at 1534; repeat level was drawn at 0040 (10/28). Initial lactates greater than 2.0 must be repeated within 6 hours of time zero.

We also recommend using the .SEPSISCORE MEASURE smart phrase as this helps delineate sepsis type and assists with approved documentation.

We acknowledge your excellent care otherwise and we thank you for your ongoing commitment to improving sepsis care at Summa. If we can help in any way, please let us know.

Current Projects & Future Goals

Much work to be done!!!

- Next phase of Lean Six Sigma Lactate Project
- Epic Sepsis BPA rebuild
- Process for capturing/treating NPOA (*Not Present On Admission*) sepsis
- Medical and sub-specialty provider education (outside of ED/ICU)
- Resume nursing education
- EMS education
- Patient education program
- September: Sepsis Awareness Month: System-wide and community event
 - Developing award for outstanding staff

Current Projects & Future Goals

- Wish-List: Sepsis Dashboard and “Mission-Control” Center
- Post-Sepsis Care Clinic
- Community outreach – Skilled Nursing Facilities, Area Agency on Aging
- Begin sepsis care improvement - Barberton Campus
- Joint Commission certification!

Increasing Sepsis Care Compliance – *Tips!*

- Focus on areas with largest sepsis population first
- Engage physician(s) from these areas committed to improving sepsis care to champion the sepsis initiative
- Involve leadership and key players
- Strategically educate - continuously!
- Find tools that work for the providers/nurses in your facility
- “Tweak” as you go
- Improvement will come even if slowly...baby steps are better than no steps!

Questions???



Questions?

Please feel free to email us:

evansmi@summahealth.org

Thank you for your attention!

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

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HelpingOhioHospitals



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www.youtube.com/user/OHA1915