



# OHA STATEWIDE SEPSIS INITIATIVE: EARLY RECOGNITION AND TIMING OF SEPSIS CARE

April 17, 2024

# SEPSIS WEBSITE

*ohiohospitals.org/sepsis*



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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.

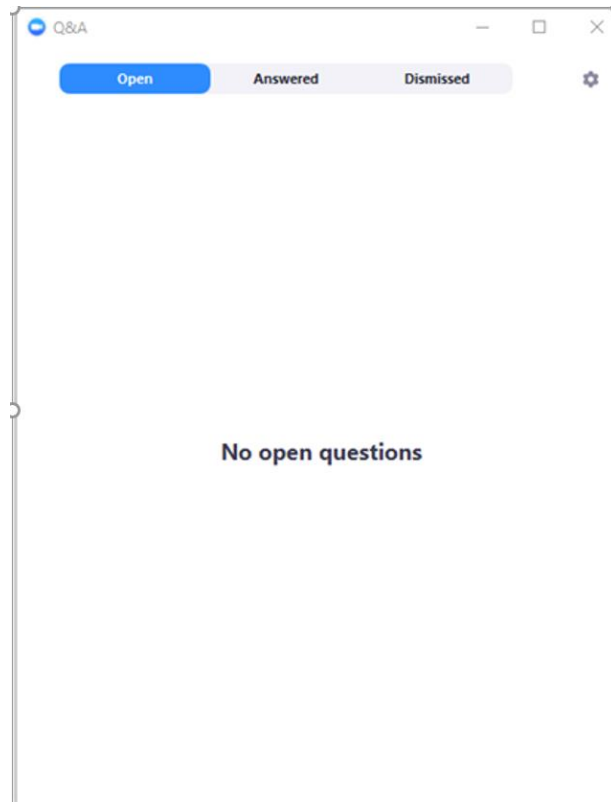
# CONTINUING EDUCATION

- The link for the evaluation of today's program is:  
<https://www.surveymonkey.com/r/Sepsis-April2024>
- 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 Frabott (Dorothy.Frabott@ohiohospitals.org)

# CONFLICT OF INTEREST

*The presenter for today's program has disclosed no potential or actual conflicts of interest.*

# *SUBMITTING QUESTIONS*





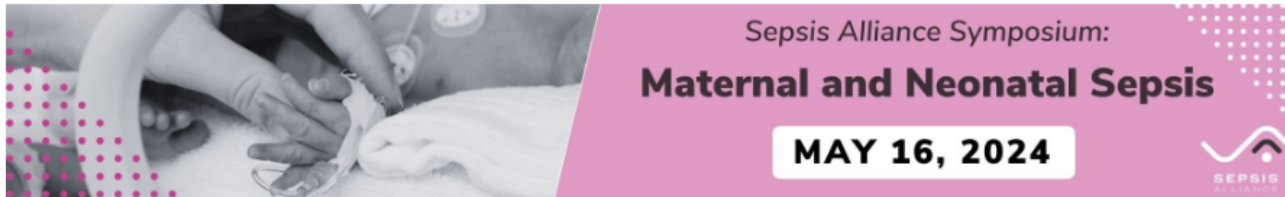
Upcoming FREE webinars and events from Sepsis Alliance:

**April 24:** [Advancements in Pediatric Sepsis Diagnosis: Introducing the Phoenix Sepsis Score](#) (RN CE credit hours)

**April 30:** [More Secrets of the CBC...Use the Diff to Make a Diff!](#) (Beckman Coulter Sponsored Webinar)

**May 16:** [Sepsis Alliance Symposium: Maternal and Neonatal Sepsis](#) (RN CE credit hours)

**May 30:** [The Impact of Rapid Diagnostics on Antimicrobial Stewardship Practices](#) (bioMérieux Sponsored Webinar)



**REGISTER TODAY!**

## Sepsis Alliance Symposium: Maternal and Neonatal Sepsis

Sepsis, an indiscriminate threat that can strike anyone regardless of their health status or age, tends to disproportionately affect certain populations. Pregnant individuals and newborns are among those at higher risk of sepsis-related complications. Sepsis accounts for at least 261,000 maternal deaths each year worldwide, accounting for approximately 11% of all maternal deaths. Across the U.S. between 2017-2019, 14.3% of pregnancy-related deaths were due to infection or sepsis. Maternal sepsis ranks as the second leading cause of maternal fatalities, and globally sepsis is the number one cause of mortality in newborns and young infants.

Maternal sepsis typically occurs when an infection takes hold in the aftermath of childbirth, whether it be at the site of a C-section incision, a tear, or another postpartum wound, occurring in the days or weeks following delivery. Any infection, such as Strep B, pneumonia, or a urinary tract infection, occurring during pregnancy or in the postpartum period, can also potentially escalate into sepsis. Infections can be passed from the birthing parent to child during pregnancy, labor, and delivery, putting the infant also at risk for developing sepsis.

It is imperative that healthcare professionals understand the unique risks that maternal and neonatal patients have regarding sepsis to efficiently and accurately assess and diagnose sepsis.

To address this issue, Sepsis Alliance is hosting the 2024 Sepsis Alliance Symposium: Maternal and Neonatal Sepsis. This live, virtual event, scheduled for May 16, 2024, will cover critical topics related to sepsis in maternal and neonatal patients, offering attendees the most up-to-date clinical knowledge and treatment recommendations for these populations. The key outcome of this half-day event is to establish the burden of sepsis in maternal and neonatal patients and improve clinical outcomes for patients affected by sepsis.

# SEPSIS ALLIANCE

## New Mission Statement

*Save lives and reduce suffering by educating the public and leading an alliance of patients, healthcare professionals, and partners committed to preventing and curing sepsis.*



# PRESENTER(S)

## **Mount Carmel Health System**

- Haley Consuegra, MSN, RN  
Regional Director, Clinical Quality
- Jullian Marsh, MS, RN  
Clinical Quality Business Partner

# INPATIENT SEPSIS ALERTS IMPACT ON NOT PRESENT ON ADMISSION SEPSIS MORTALITY RATE

**HALEY CONSUEGRA, MSN, RN-MCHS REGIONAL  
DIRECTOR, CLINICAL QUALITY MANAGEMENT**

**JILLIAN MARSH, MS, RN-MCSA QUALITY BUSINESS  
PARTNER**

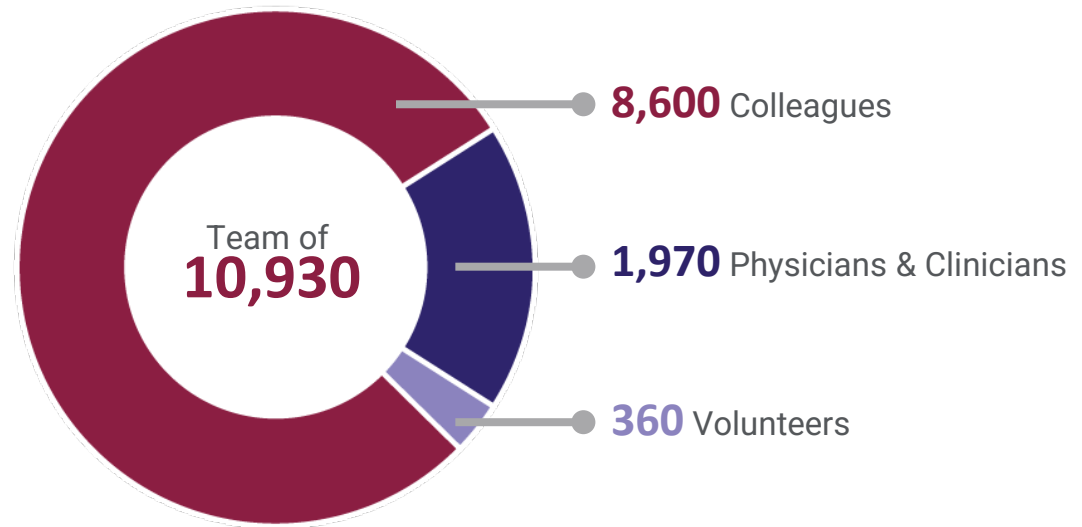


**MOUNT CARMEL**  
Clinical Quality Management

**\$146.7M**  
FY22 Community Benefit

## People-Centered Healthcare System

- Catholic Health Ministry
- A Member of Trinity Health



<b>4</b> Hospitals	<b>1</b> Rehabilitation Hospital	<b>1</b> Behavioral Health Hospital	<b>149</b> Care Sites	<b>1</b> Medicare Advantage Plan
<b>1M</b> Total patient visits	<b>24,800</b> Surgeries	<b>543,000</b> Outpatient visits	<b>55,900</b> Admissions & observations	<b>203,200</b> ED visits

“To reduce Non-present on admission Sepsis Mortality by empowering frontline colleagues and providers to activate Inpatient Sepsis Alerts.”



**Background:** A retrospective review of Not Present on Admission (NPOA) sepsis mortality cases from CY21 revealed opportunities related to delayed recognition and intervention



**Objectives:** Cultural transformation to treat sepsis as a medical emergency, promote early recognition and intervention and improve sepsis-related outcomes.



**Results:** Inpatient Sepsis Alerts improved from zero in the month of January 2022 to an average of seven per month post-intervention in 2023.



**Outcomes:** The organization's NPOA mortality rate decreased by 30% over two consecutive calendar years

- Delay in recognition of Sepsis by Providers and Nursing
- Lacked critical thinking skills in early identification of Sepsis
- Prioritized competing diagnoses
- Did not utilize Sepsis orders sets
- Lacked confidence in recognizing sepsis, leading to failure to advocate for patient

# AIM STATEMENT



Re-established Sepsis Council, recruited ER and Hospital Providers to Chair

-Multidisciplinary team: Quality, ER Providers, Hospitals, ICU Providers, Residents, Pharmacy, Frontline Nurses, RRT, Nurse leaders

-Monthly review of data, bundle outliers, and mortality cases



Met with Directors of Hospitalist Group

-Ensured by in from Key Stakeholders



Updated the MCSA Sepsis Alert Policy

-May be called by provider, RRT, Nurse

-Includes Sepsis Power Hour Algorithm



Sepsis Lunch and Learn, hosted by Hospitalist

-Overview of Sepsis disease process and expected treatment plan



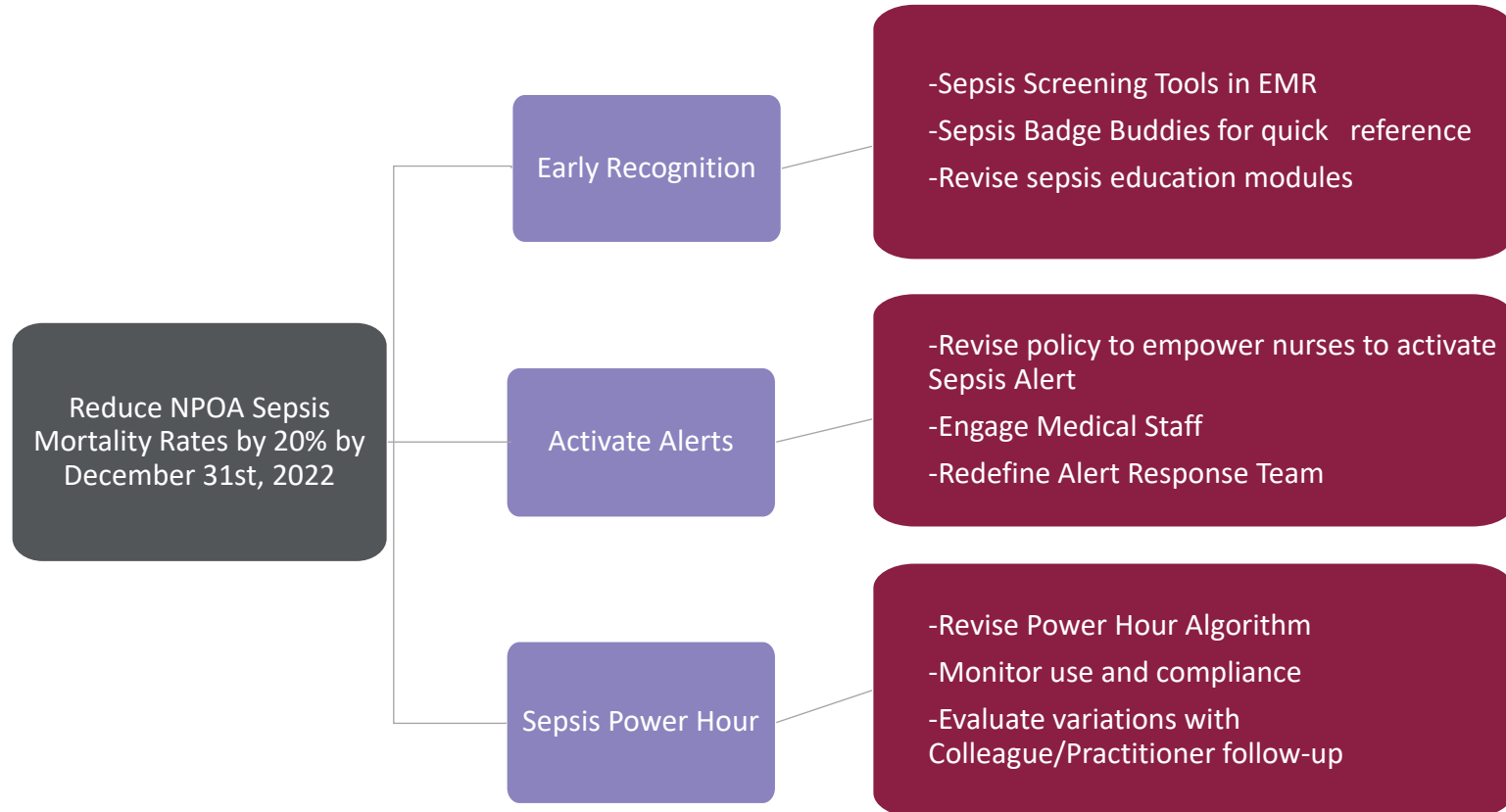
Sepsis Focus Group

-Provided frontline Nurses the opportunity to ask questions and address barriers



Sepsis Lunch and Learn, hosted by ER Provider

# TOOLS AND METHODS



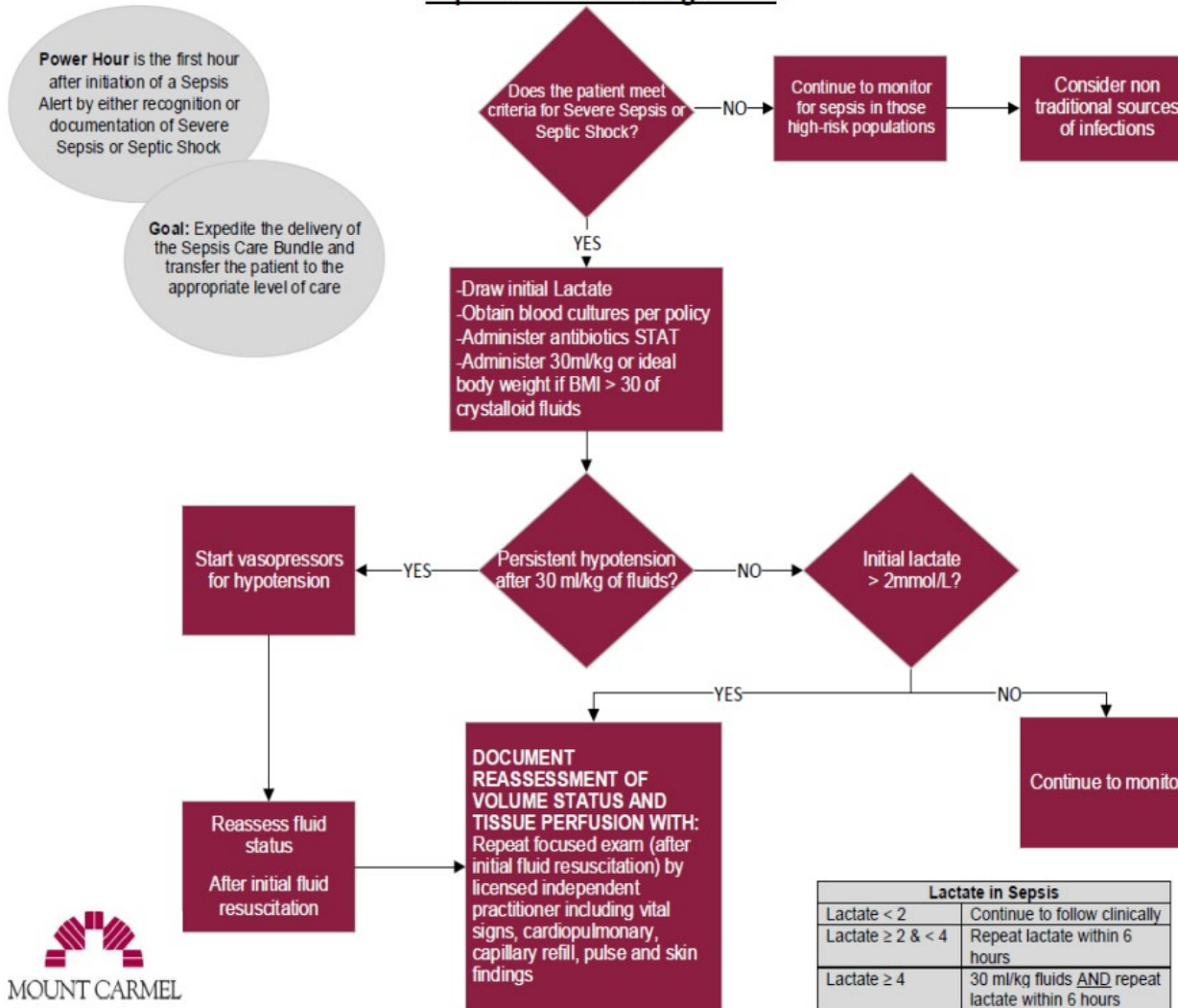
- Policy change, and inpatient sepsis focus group, and a multidisciplinary sepsis council with physician champions were implemented.
- Evidence-based practices with emphasis on SEP-1 bundle compliance was prioritized in the development of the Power Hour Algorithm.
- In addition to the resources that were developed, process champions worked to empower all care team members to activate intervention.



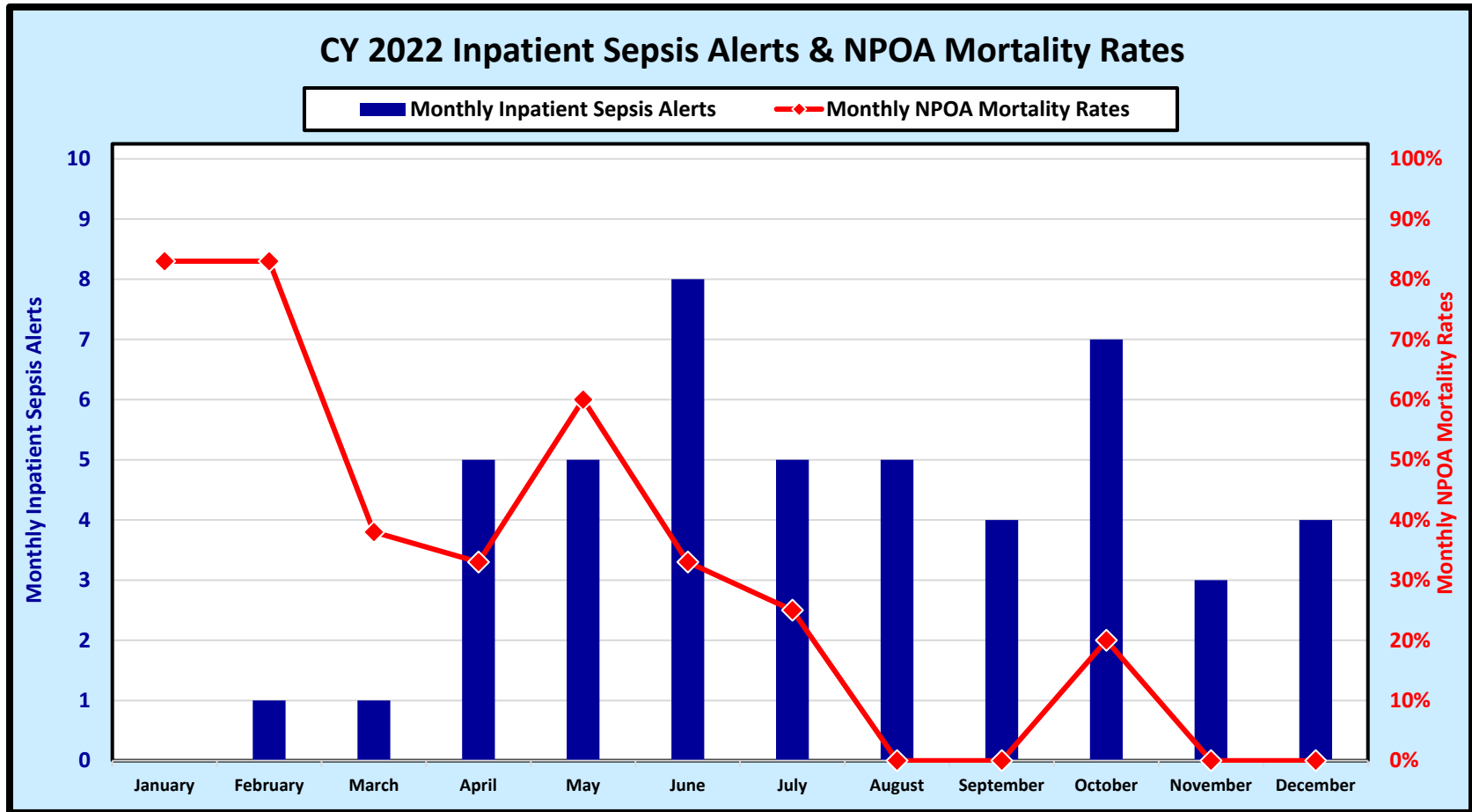
# TOOLS AND METHODS



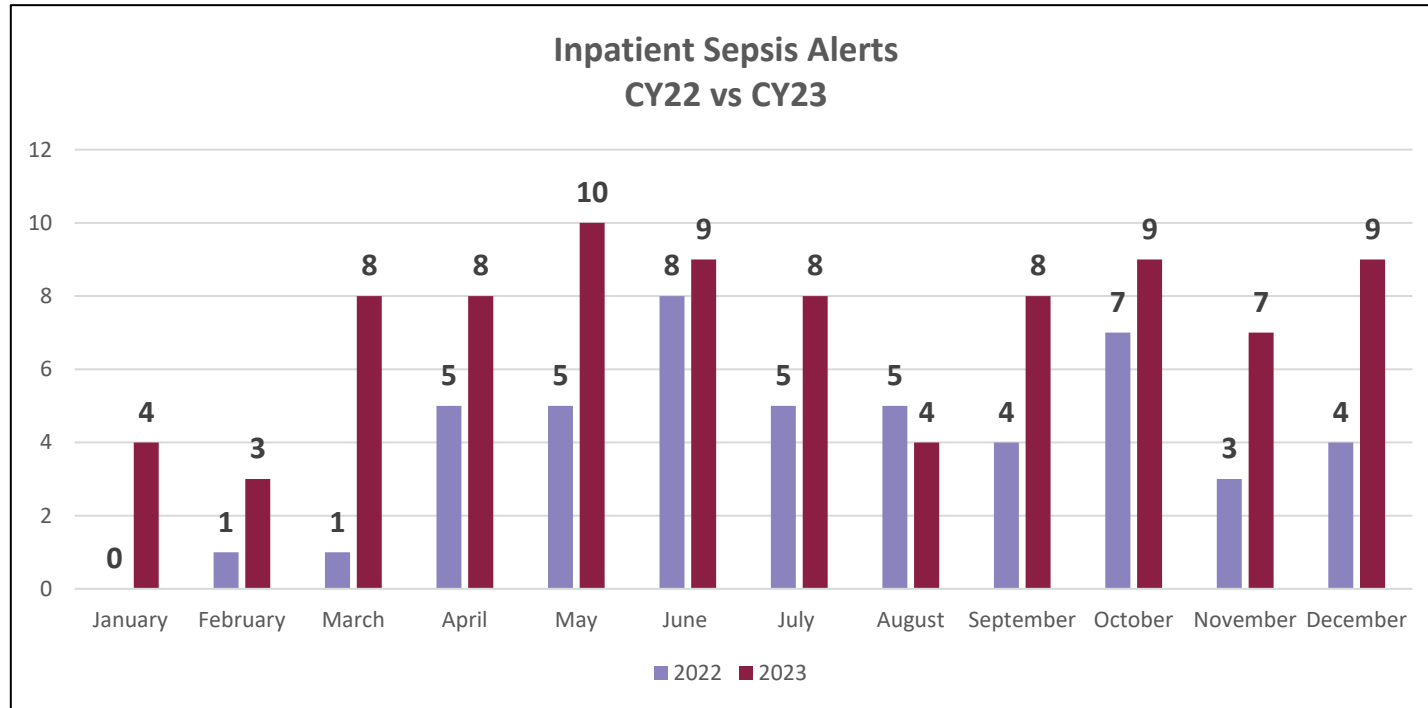
## Sepsis Power Hour Algorithm



# RESULTS-NPOA MORTALITY RATES



# INPATIENT SEPSIS ALERTS

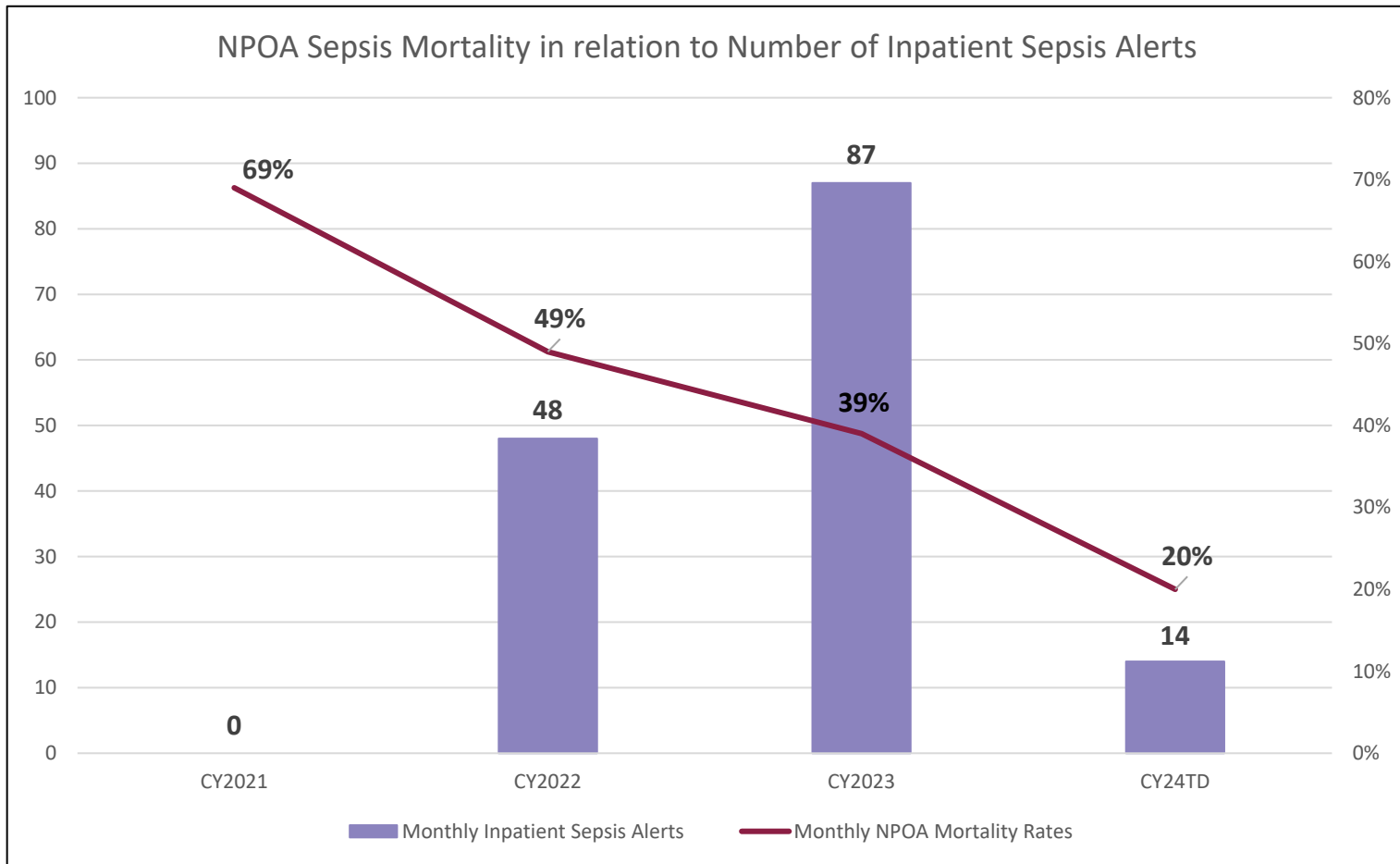


CY2021-Zero Inpatient Sepsis Alerts

C20Y22-Averaged 4 Inpatient Sepsis Alerts per month

CY2023-Averaged over 7 Inpatient Sepsis Alerts per month

# RESULTS-NPOA SEPSIS MORTALITY IN RELATION TO NUMBER OF INPATIENT SEPSIS ALERTS



Organizational culture shift to treating Sepsis as a medical emergency

Inpatient Sepsis Alerts increased from activating zero in the month of January 2022 to an average of seven per month in CY2023.

Improved identification of Severe Sepsis and Septic Shock in ER, reducing our NPOA sepsis volumes.

The organization's NPOA mortality rate decreased by over 30% over two consecutive calendar years

Improved Organization's SEP-1 Bundle Compliance

-CY2022=64.3%

-CY2023=74.4% (CMS Estimated Top Quartile)

For more info, visit  
**[mountcarmelhealth.com](http://mountcarmelhealth.com)**



**MOUNT CARMEL**  
Clinical Quality Management

# PRESENTER(S)

## UH System

- Dr. Marcia Cornell, Senior Clinical Nurse Specialist, UH Geauga MC
- Amanda Prech, Sepsis Coordinator, UH Cleveland MC
- Joanna Nagy, Sepsis Coordinator, UH Ahuja MC
- Dr. Jessica Goldstein, CMO, UH Ahuja MC
- Mark Zullo, Senior Quality Improvement Nurse, UH Cleveland MC

# Saving Lives From Sepsis

OHA Sepsis Initiative Webcast: Timing of Sepsis Care

April 17, 2024

**Marcia S. Cornell** DNP, APRN-CNS, RN, ACNS-BC, NPD-BC, CEN, TCRN, FCNS - Senior Clinical Nurse Specialist, UH Geauga Medical Center

**Jessica R. Goldstein** MD – Chief Medical Officer, UH Ahuja

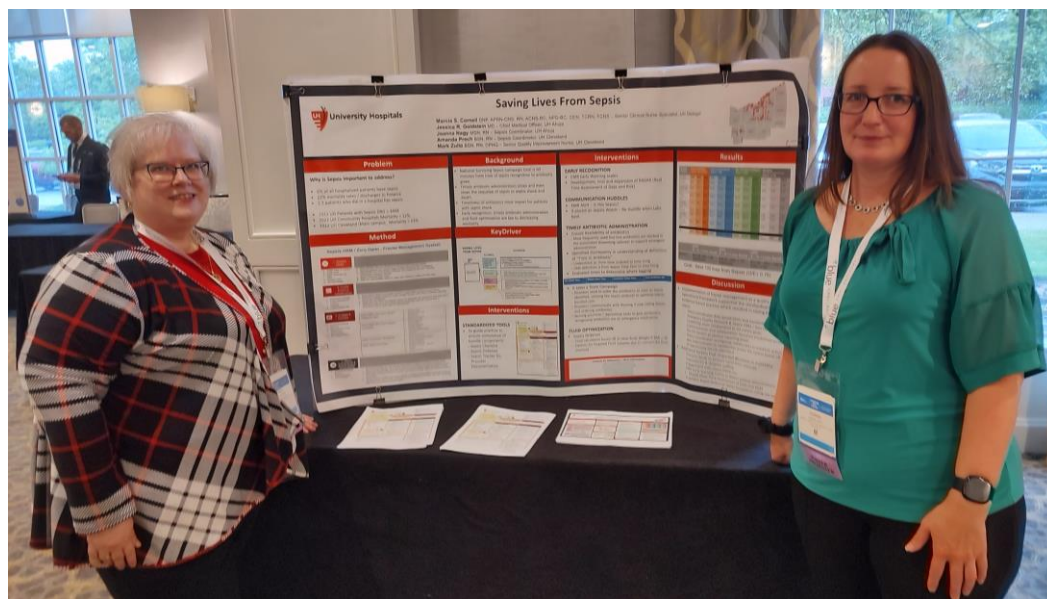
**Joanna Nagy** MSN, RN – Sepsis Coordinator, UH Ahuja

**Amanda Prech** BSN, RN – Sepsis Coordinator, UH Cleveland

**Mark Zullo** BSN, RN, CPHQ – Senior Quality Improvement Nurse, UH Cleveland







Saving Lives from Sepsis  
Ohio Hospital Association  
Sepsis Summit  
June 14, 2023

# Background

- National Surviving Sepsis Campaign Goal:
  - 60 minutes from time of sepsis recognition to antibiotic given
- Timely antibiotic administration slows and even stops the sequelae of sepsis to septic shock and death.
- Timeliness of antibiotics most important for patients with septic shock.

## Keys to decreasing mortality:

- Early recognition
- Timely antibiotic administration
- Fluid optimization



# Sepsis HRM / Zero Harm - Fractal Management System



## 1. Declare Goals

- 1. Create Sense of Urgency
  - 2. Create Goals
  - 3. Enlist Influencers and Allies
  - 4. Establish Roles
  - 5. Set Expectations
- 1. Sepsis Mortality Reduction identified as a top priority
  - 2. Decrease observed over expected sepsis mortality and improve SEP
    - 1 Compliance
  - 3. Established Leadership Team and identified administrative champions
  - 4. Sepsis Coordinator Role created
  - 5. Roles and responsibilities defined

JG



# Sepsis HRM / Zero Harm - Fractal Management System



## 2. Create Enabling Infrastructure

1. Performance Tracking
2. Project Management
3. Playbook
4. Communication Plan

1. Metrics defined and tracked via STATIT a Midas Health Analytics Solutions System
2. Operational Engineer project manager at system level      Sepsis  
Coordinator lead entity level project management
3. System level Key Driver and Playbook established      Entity level  
action plans
4. Established entity report for communicating performance metrics,  
action plans and best practices

JG



# Sepsis HRM / Zero Harm - Fractal Management System



## 3. Engage & Connect

- 1. Fractal Management Structure
- 2. Peer Learning Groups
- 3. Service Line Implementation
- 4. Site Implementation

<b>Sepsis HRM / Zero Harm System Leadership Team</b>	<ul style="list-style-type: none"> <li>• Physician Lead</li> <li>• Nursing Clinical Lead</li> <li>• Quality Lead</li> <li>• Operations Engineer</li> </ul>
<b>Sepsis HRM / Zero Harm System Committee</b>	<ul style="list-style-type: none"> <li>• Senior Leadership</li> <li>• Entity Leaders</li> <li>• Nursing Education</li> <li>• Quality Leaders</li> <li>• Operational Effectiveness</li> <li>• Pharmacy</li> </ul>
<b>Sepsis Coordinator Workgroup</b>	<ul style="list-style-type: none"> <li>• Sepsis Coordinators</li> <li>• Sepsis Quality Representatives</li> </ul>
<b>Entity Sepsis Committee</b>	<ul style="list-style-type: none"> <li>• Sepsis Coordinator</li> <li>• Nursing Leadership</li> <li>• Physician / Provider Leadership</li> <li>• Quality</li> <li>• Sepsis Champions</li> </ul>

JG



# Sepsis HRM / Zero Harm - Fractal Management System



## 4. Report Transparently & Ensure Shared Accountability

1. Define  
Accountability  
Structure

2. Regular  
Meetings

3. Give Feedback

1. Standard work grid defining responsibilities:  
Sepsis Coordinator vs Sepsis Quality Representative

2. System Leadership Committee  
Quality Representative Workgroup  
Sepsis Team

System  
Sepsis Coordinator &  
Entity

3. Roundtable discussions at System Committee meeting. Sepsis  
Coordinator workgroup discusses trends, opportunities for improvement  
and collaborates to establish action plan interventions that can be  
standardized across the system.

JG

# Key Driver Summary of 2020 – 2023

## SAVING LIVES FROM SEPSIS

### INTERVENTIONS

#### KEY DRIVERS

#### SMART AIM

SAVE 100 LIVES FROM SEPSIS \*

2024 Goal:  
Save 200+ Lives from Sepsis

Early recognition and standard huddles for patients with sepsis

Data & Quality

Fractal Management Structure

Standard System Education

Time to Antibiotic: - Goal = 60 min.  
Order set Compliance: - Goal = 75% compliance  
Compliance SEP1 Bundle - Goal= 60% compliance  
Use EMR triggers for sepsis huddle  
- Use of checklist to meet metrics  
- Use of Sepsis tracker to meet documentation requirements


- Define metrics and use STATIT Sepsis Dashboard
- Sepsis Coordinator at each entity review and pre-abstract Sepsis Alerts
- Develop interventions and action plans based off trends

- Communication structure between HRM/Zero Harm Committee, each hospital entity and quality report out meetings.
- Identify key stakeholders for inclusion in communication and meeting structure
- Standardize meeting processes
- Monthly Sepsis Coordinator collaborative meetings to share ideas and develop action plans

- Standardize education messaging across system
- Annual Resident and New Hire On-boarding Education Ongoing
- 3<sup>rd</sup> Qtr Annual Nursing Education on Sepsis
- September Sepsis Awareness Month

# Interventions: Standardized Tools

- To guide practice to ensure completion of bundle components
  - Sepsis Orderset
  - Sepsis Checklist



University Hospitals

## Adult Sepsis Checklist

Patient Label:  
Name / MRN

EMR triggered Alert / Concern for Sepsis → Determine Level of Care:  
Yellow Watcher Red Alert

Providers to utilize SEPSIS INITIAL MANAGEMENT ORDER SET

**1 SEPSIS WATCHER**

*Initiate all components of 1-Yellow: Reassess as needed!*

**RED SEPSIS ALERT / INPATIENT Notify Provider, if no response in 20 minutes, call RAPID RESPONSE**

*Initiate all components of 1-Yellow & 2 Red*

CALL SEPSIS ALERT / RAPID RESPONSE

**Potential infection + SIRS**

Within 1 Hour

DRAW STAT LABS:  
Lactate – Send STAT  
CBC / CMP  
(if not drawn in last 24 hours)

Monitor Vitals q 30min x 2 then q 1hr x 4

Re-Huddle (after labs)  
Determine needs to start antibiotics  
Blood Cultures: x 2 sites  
Goal Antibiotics < 3 hours

*Escalate Sepsis Care based on re-huddle decision*

**Escalate Care if additional criteria is met**

SEPSIS	SEPTIC SHOCK
Infection + Organ Dysfunction* and/or Lactate ≥ 2	2 MAPs < 65 or SBP's < 90 within 6 hours or Lactate ≥ 4
Suspected Source Infection: _____	
Within 1 Hour <input type="checkbox"/> Start Broad Spectrum Antibiotics (60 min goal) <input type="checkbox"/> Start IVF Bolus (60 min goal) >>>>>> <b>IF SEPTIC SHOCK</b> <small>*BCMA ALL fluids and real time bag down</small>	
Within 4 - 6 Hours <input type="checkbox"/> Collect Repeat Lactate for any result >2 2nd Lactate must be collected in ED before transfer to the floor / unit	

\* Common Organ Dysfunction: SUSPECT WITH WIDE PULSE PRESSURE (SBP-DBP), UNSTABLE VS, CONFUSION, RESP DISTRESS, REDUCED URINE

Date: \_\_\_\_\_

Time Sepsis Alert Called: \_\_\_\_\_

1 Hour = \_\_\_\_\_

3 Hour = \_\_\_\_\_

4 Hour = \_\_\_\_\_

6 Hour = \_\_\_\_\_

Targeted Fluid Strategy:  
30cc/kg ideal body weight or Target of \_\_\_\_\_ mL

BP X2 within 1 hour of IVF bolus completion

Notify provider when IVFB completed to document reperfusion exam/consult to intensivist

Monitor for Persistent Hypotension  
If 2 consecutive MAPs <65 or 2 SBP <90 in one hour of the IVF bolus completion  
 Start Vasopressor/consult intensivist

Revised: 8.10.2023

\*\*\* This checklist is not a part of the medical record \*\*\*



# Intervention: Early Recognition

- EMR Early Warning scales / Best Practice Alerts
- Development, trial and expansion of RADAR (Real Time Assessment of Data and Risk)

Physiological Parameter	Score						
	3	2	1	0	1	2	3
Respiration Rate (per minute)	≤8		9-11	12-20		21-24	≥25
SpO2 (%)	≤91	92-93	94-95	≥96			
Air or Oxygen?		Oxygen		Room Air			
Systolic blood pressure (mmHg)	≤90	91-100	101-110	≥111			≥220
Pulse (per minute)	≤40		41-50	51-90	91-110	111-130	≥131
Consciousness	AVT U			Alert			
Temperature (Celsius)	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	

Critical (1)

**⊕ Patient meets 2 or more SIRS criteria. Call Sepsis Alert (ED) or Rapid Response (Floor)**

Select Sepsis Screen Outcome to confirm, rule out, or assess if further monitoring is needed.

Document all criteria that applies for the patient.

1. No clinical risk factors of infection -> Sepsis not suspected.
2. Risk factors of infection + no organ dysfunction -> Sepsis Watcher (Yellow)
3. If a patient has risk factors for infection + **1 or more** symptoms of organ dysfunction, activate Sepsis ALERT (Red), call Rapid Response, order lactate per protocol, goal for antibiotics and fluid bolus in 60 minutes

**Contributing Factors**  
 Temp: **102.4 F** (6h max)  
 SBP: **68** (6h min)  
 Heart Rate: **136** (6h max)  
 Respiration Rate: **31** (6h max)  
 Has active antibiotic with chosen indication: **Abdominal Infection**  
 Predictive Analytics Score: High

Document Do Not Document Select Sepsis Alert (Red) and document huddle Collapse

Sepsis Huddle

Individuals Present for Huddle

Attending physician  NP/PA  Resident  Bedside RN  Family  Charge RN  Triage RN  Clinical Pharmacist  Fellow

Select Sepsis Alert (Red)

Screen Outcome

Sepsis not suspected Sepsis Watcher (Yellow) Sepsis Alert (Red)

Open Sepsis Navigator

Acknowledge Reason

Snooze for 15 minutes Not providing direct care Sepsis Protocol Already Activated

Enter Comment

Accept

# Intervention: Communication Huddles

- EMR Alert – Is this Sepsis?
  - EMR push alert
- If placed on Sepsis Watch – Re-Huddle when labs back

BestPractice Advisory - Test, Occurs

Critical (1)

### Sepsis Alert

The nurse's screening shows signs of possible sepsis. Call a rapid response or document a treatment or deferral decision. Click "Document" if you are not treating for Sepsis.

**Contributing Factors**

- Temp: **103.1 F** (6h max)
- Heart Rate: **150** (6h max)
- Respiration Rate: **39** (6h max)
- Predictive Analytics Score: High

View Care Path Information

Open Order Set Do Not Open Sepsis Initial Management (0-3 hours) Focused - IPIED [Preview](#)

Document Do Not Document Sepsis Treatment or Deferral Decisions

[Go to Sepsis navigator](#)

Acknowledge Reason

Snooze for 15 minutes Not providing direct care Sepsis protocol already activated

Accept

University Hospitals

## Adult Sepsis Checklist

Patient Label: Name / MRN

EMR triggered Alert / Concern for Sepsis → Determine Level of Care: Yellow Watcher Red Alert

Providers to utilize SEPSIS INITIAL MANAGEMENT ORDER SET

**1 SEPSIS WATCHER** Initiate all components of 1-Yellow: Reassess as needed!

**2 ED SEPSIS ALERT / INPATIENT** Notify Provider, if no response in 20 minutes, call RAPID RESPONSE. Initiate all components of 1-Yellow & 2 Red

### CALL SEPSIS ALERT / RAPID RESPONSE

**Potential infection + SIRS**

Within 1 Hour

- DRAW STAT LABS: Lactate – Send STAT CBC / CMP (if not drawn in last 24 hours)
- Monitor Vitals q 30min x 2 then q 1hr x 4
- Re-Huddle (after labs)** Determine need to start antibiotics Blood Cultures: x 2 sites Goal Antibiotics < 3 hours

Escalate Sepsis Care based on re-huddle decision

**Escalate Care if additional criteria is met**

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Suspected Source Infection: _____	
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<input type="checkbox"/> Start Broad Spectrum Antibiotics (60 min goal)	
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*BCMA ALL fluids and real time bag down	
Within 4 - 6 Hours	
<input type="checkbox"/> Collect Repeat Lactate for any result >2	
2nd Lactate must be collected in ED before transfer to the floor / unit	
<input type="checkbox"/> Targeted Fluid Strategy: 30cc/kg ideal body weight or Target of _____ mL	<input type="checkbox"/> BP X2 within 1 hour of IVF bolus completion
<input type="checkbox"/> Notify provider when IVFB completed to document reperfusion exam/consult to intensivist	
<b>Monitor for Persistent Hypotension</b>	
If 2 consecutive MAPs < 65 or 2 SBP < 90 in one hour of the IVF bolus completion	
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\* Common Organ Dysfunction: SUSPECT WITH WIDE PULSE PRESSURE (SBP-DBP), UNSTABLE VS, CONFUSION, RESP DISTRESS, REDUCED URINE

Date: \_\_\_\_\_

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1 Hour = \_\_\_\_\_

3 Hour = \_\_\_\_\_

4 Hour = \_\_\_\_\_

6 Hour = \_\_\_\_\_

Revised: 8.10.2023 \*\*\* This checklist is not a part of the medical record \*\*\*

## Intervention: Timely Antibiotic Administration

- Ensure availability of antibiotics
- “Time to Antibiotic”
  - Understood as: Time ordered to time hung
  - CMS definition: Sepsis Time Zero to time hung
- Evaluated times to determine where lagging

ED Admit Time	Sepsis Alert Time	Antibiotic Order Time	Time Antibiotic Up
---------------	-------------------	-----------------------	--------------------

- ~~What is a Team Communication of Antibiotic Order? Causes for Delay~~  

```
graph LR; A[Provider Order Antibiotic via order set] --> B[Provider Communicates Antibiotics ordered]; B --> C[Nurse prioritizes Emergency Antibiotic Administration];
```

# Intervention: Fluid Optimization

- Sepsis Orderset

## ▼ Fluid and Electrolytes

### ▼ IV Fluids

Provider needs to monitor for fluid responsiveness versus harm  
30 ml/kg crystalloid fluid required for patients with septic shock within 3 hours of presentation

- SHOCK - 30 ml/kg IBW over 2 hours
- SHOCK - Target 2000 ml
- SHOCK - Target 1500 ml
- SHOCK - Target 1000 ml
- SHOCK - Target 500 ml

sodium chloride 0.9 % bolus 500 mL (\$)   
 500 mL, intravenous, at 1,000 mL/hr, Administer over 0.5 Hours, Once, today at 1345, For 1 dose

lactated Ringer's bolus (\$\$)  
500 mL, intravenous, Administer over 0.5 Hours, Once

sodium chloride 0.9 % bolus 500 mL

Reference Links: • Micromedex • Lexi-Comp

Dose: 500 mL 250 mL 500 mL 1,000 mL 30 mL/kg

Route: intravenous intravenous

Frequency: Once Once

At: 11/28/2023 Today Tomorrow 1345

Admin Duration: 0.5 Hours 0.5 Hours 2 Hours 3 Hours 4 Hours

Reason for target volume less than 30 ml/kg if shock present: Concern for fluid overload Concern for heart failure Concern for renal failure Blood pressure responded to lesser volume Other

Admin Instructions: + Add Admin Instructions

Note to Pharmacy: + Add Note to Pharmacy

Priority: STAT Routine

Additional Order Details

Next Required

Hospital Samples	Time to Antibiotic Goal is < 60 minutes				Order set Compliance Goal is > 70%				Sep 1 Bundle Compliance Goal is > 60%				Mortality Risk-Adjusted (Vizient/Premier) Goal is < 0.76			
	2020	2021	2022	2023	2020	2021	2022	2023	2020	2021	2022	2023	2020	2021	2022	Oct 22 – Sept 23
SC = Sepsis Coordinator																
Ahuja SC since 2020	55.0	78.1	85.7	88.3	84.56	77.75	82.93	84.80	62.50	74.14	74.07	64.29	0.93	0.87	0.88	0.91
Cleveland SC since Qtr 3 2021	65.9	75.7	58.4	61.5	59.54	50.96	53.79	58.45	22.89	27.03	30.77	31.94	0.98	0.94	0.97	0.87
Elyria SC since Qtr 3 2022	59.3	85.6	80.2	66.9	54.53	62.31	68.26	75.38	45.28	46.38	53.16	46.99	0.91	1.17	0.96	0.56
Geauga SC since Qtr 2 2020	115.1	78.3	42.7	70.0	56.75	59.76	59.81	58.70	61.40	41.67	56.25	53.70	0.78	0.87	0.62	0.70
Parma SC since Qtr 4 2023	72.8	78.7	80.9	78.6	60.53	72.08	80.14	85.34	37.04	43.22	42.86	35.59	0.88	0.68	0.68	0.67
Portage SC since Qtr 3 2022	100.7	81.0	81.9	88.0	82.35	68.96	80.28	85.15	47.44	44.57	50.49	71.28	0.68	0.84	0.76	0.67
St. John SC since Qtr 3 2022	90.1	88.9	80.1	59.3	74.69	69.13	77.12	84.88	54.81	52.04	51.14	50.00	0.41	0.38	0.51	0.42
ALL	74.0	78.1	74.1	73.5	66.91	65.38	71.53	76.07	49.00	52.44	52.93	49.14	Not available	0.83	0.78	0.69

# Expected Mortality – Observed Mortality = Lives Saved

	2020	2021	2022	Oct 2022 – Sept 2023					
System	647.88 – 591 = 56.88 (O/E = 0.91)	654.08 – 549 = 105.08 (O/E = 0.83)	671.08 – 525 = 146.08 (O/E = 0.78)	549.72 – 382 = 167.72 (O/E = 0.69)					
Lives Saved	56	+	105	+	146	+	167	=	474

2024 Goal:  
Save 200+ Lives from Sepsis

# Impact Summary

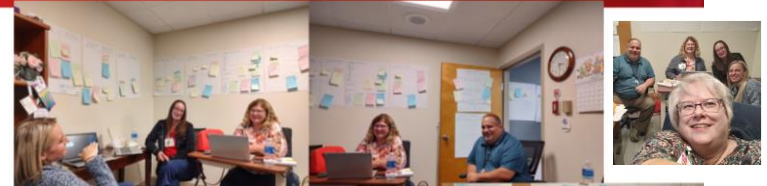
- Fractal Management as a quality operational framework
  - Adoption and penetration of sepsis coordinator role
  - Implementation of EBP with key front line processes
    - Sepsis alert with front line huddle (provider, RN, +/-pharmacy, +/- medic)
    - Timely antibiotics
    - Precision fluids
  - Communication and collaboration across quality networks
- Additional factors that impacted decrease in mortality:
  - Improved ED & Hospital staffing/reduced travel RNs/decreased ED boarding
  - Partnerships between floor teams and critical care teams (Rapid Response/ICU) to monitor patient deteriorations and facilitated antibiotics

JG

# Current Focus & Next Steps

- Reviewed CDC Sepsis Program Recommendations & Completed Gap Analysis
- Epic optimization
- Sepsis Champions
- Clinical documentation optimization
- Development & expansion of designated Rapid Response Nurses

Sepsis Epic Hack-a-Thon: Where find info for Pre-abstraction





# Thank you

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Would like to connect with other Ohio hospitals using Epic



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

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