

Kentucky SEPSIS Consortium

Virtual Meeting September 28, 2023

Kentucky Hospital Association

The Kentucky Hospital Association Sepsis Consortium is working with hospitals statewide to reduce the morbidity and mortality caused by sepsis.

Agenda Change



Please forgive the change in the order of the agenda for today's webinar only!

Due to circumstances beyond our control, we will be reversing the order and Rochelle Beard, KHA Infection Preventionist will open the meeting with our featured speaker for today's presentation.

*****Rochelle will reserve the last 10 minutes to share our current rates and a few quick reminders.

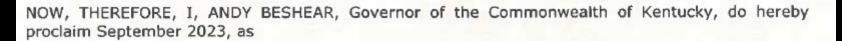


Today's presentation

Speaker: Lori Nerbonne

The Voice of the Patient

• Lori Nerbonne has been a Registered Nurse since 1981, with a clinical background in maternal-child health. Her career path changed in 2004 after her otherwise healthy mother suffered a series of post-surgical complications (including sepsis) and then died from an anticoagulant overdose in a hospital ICU. Lori will be sharing her mom's story with us today and will discuss the signs and symptoms that were missed/why she was a 'failure to rescue'.



SEPSIS KENTUCKY

SEPSIS AWARENESS MONTH

in Kentucky.



DONE AT THE CAPITOL, in the City of Frankfort the 22nd day of August, in the year of Our Lord Two Thousand Twenty-Three and in the 232nd year of the Commonwealth.

ANDY BESHEAR GOVERNOR

Michael G. Adams Secretary of State

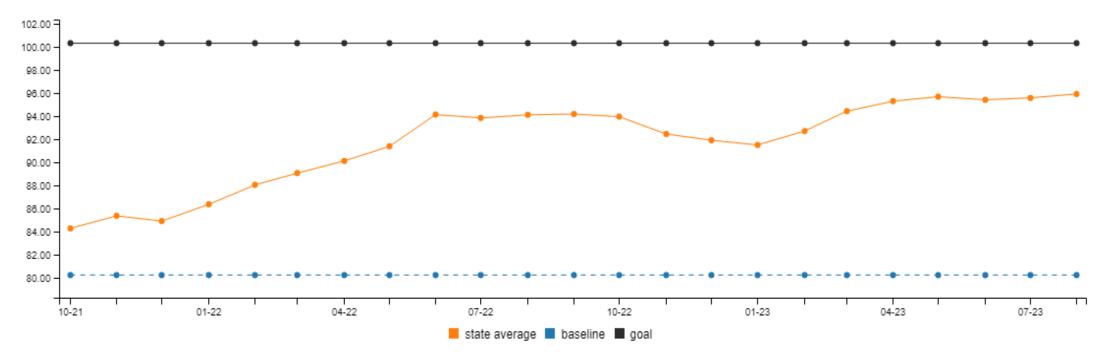


SEPSIS-2c SEPSIS Screening Performed at Triage

Kentucky Sepsis Consortium

SEPSIS-2c SEPSIS Screening Performed at Triage

Goal Type: Increase



Data was pulled on 09/21/23

*~45 hospitals reported data for August 23'

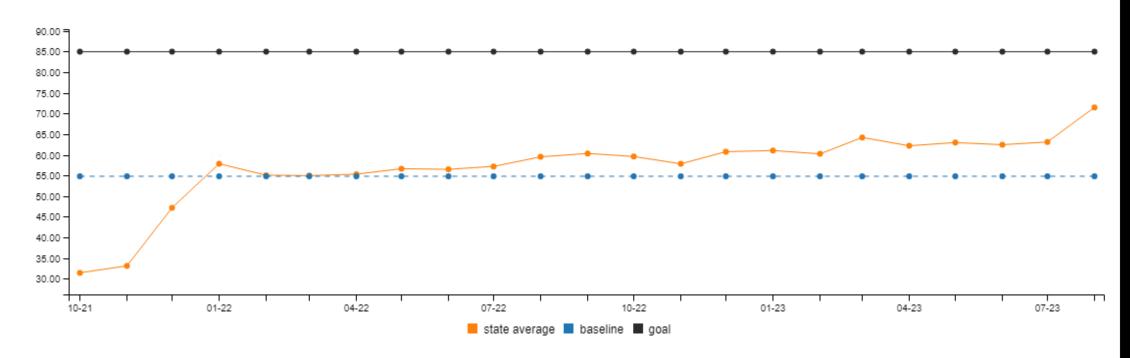


SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance

Kentucky Sepsis Consortium

SEPSIS-2d 3 and 6-Hour Sepsis Bundle Compliance

Goal Type: Increase



Data was pulled on 09/21/23

*~34 hospitals reported data for August 23'

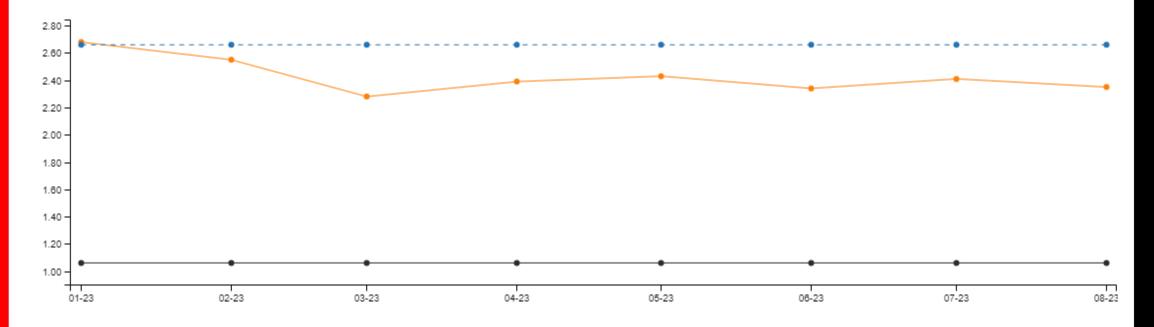
SEPSIS-2e Blood Culture Contamination



Kentucky Sepsis Consortium

SEPSIS-2e Blood Culture Contamination

Goal Type: Decrease



Data was pulled on 09/21/23

*~43 hospitals reported data for August 23'



Reaching Out

Quick HRIP note

- ❖Screening- 2nd calls have gone out to any hospital not at 95%
- ❖Bundle Compliance- calls have begun to any hospital not at least 55% compliant
- ❖ Please call Deb Campbell with questions/concerns about meeting the 2023 goals around sepsis

Sepsis Screening Tool

- 1. Suspicion of infection (Y or N)
- 2. SIRS criteria (need 2)
 - **a.** Temp >100.9 F (38.3 C) or <96.8 F (36 C)
 - **b**. HR >90 bpm
 - **c.** RR >20 bpm
 - **d.** WBC >12,000 or <4,000 or 10% bands





If YES to 1 & 2 = POSITIVE sepsis screen. Order a STAT lactic acid, blood cx x2, CBC, & CMP per protocol. Notify provider.

- 3. Organ dysfunction (need one)
 - a. SBP <90 mmHg or MAP <65 mmHg
 - **b.** SBP decreases >40 mmHg from baseline
 - c. Creatinine >2 mg/dl or urine output <0.5 ml/kg for 2 hrs
 - d. Bili >2 mg/dl
 - e. Lactate >2mmol/L
 - **f.** Platelet <100,000
 - **g.** INR >1.5 or aPTT >60 sec
 - h. Acute resp failure with new invasive/non-invasive mechanical ventilation

3-Hour Bundle

Stat lactic acid

Blood cx x2 (before ABX)

Broad spectrum ABX started

Isotonic fluid bolus 30ml/kg for: - MAP <65 mmHg

- SBP <90 mmHg

- Initial lactic acid >/= 4

6-Hour Bundle

Repeat lactic acid within 6 hrs of time zero if >2

Vasopressors to keep MAP >65 and/or SBP >90

Focused exam with fluid reassessment















- Regular schedule
 4th Thursday of each month 1-2ET
- Next webinar:
 - October 26 2023 1-2pm ET
 - Information coming soon!

For questions, contact **Deb Campbell** at dcampbell@kyha.com 502-992-4383