

Kentucky **SEPSIS** Consortium

Virtual Meeting

October 26, 2023



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

Consortium Steering Committee Regional – Bluegrass District



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Consortium Steering Committee Patient/Family Advocate

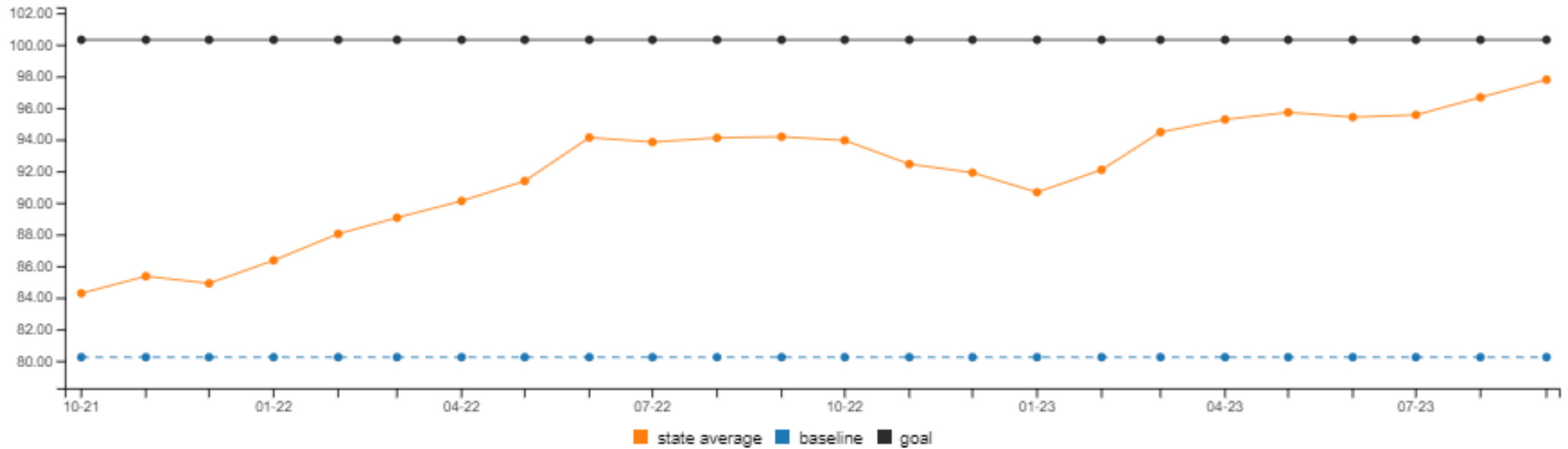


Darrell Raikes

SEPSIS-2c SEPSIS Screening Performed at Triage



Kentucky Sepsis Consortium
SEPSIS-2c SEPSIS Screening Performed at Triage
Goal Type: Increase

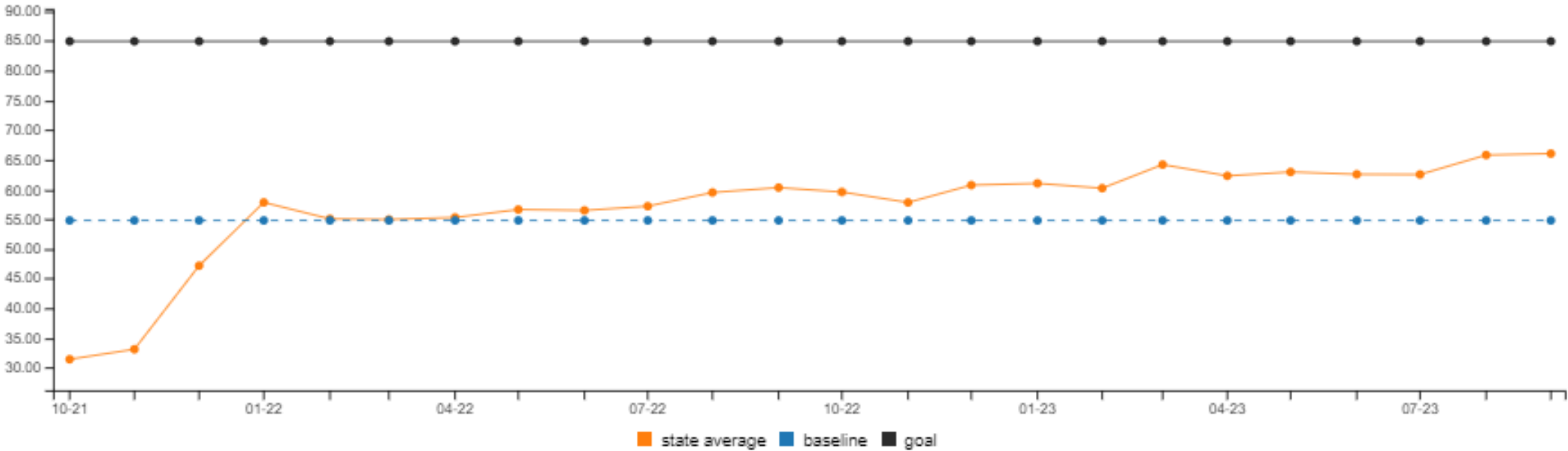


Data was pulled on 10/23/23

SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance



Kentucky Sepsis Consortium
SEPSIS-2d 3 and 6-Hour Sepsis Bundle Compliance
Goal Type: Increase



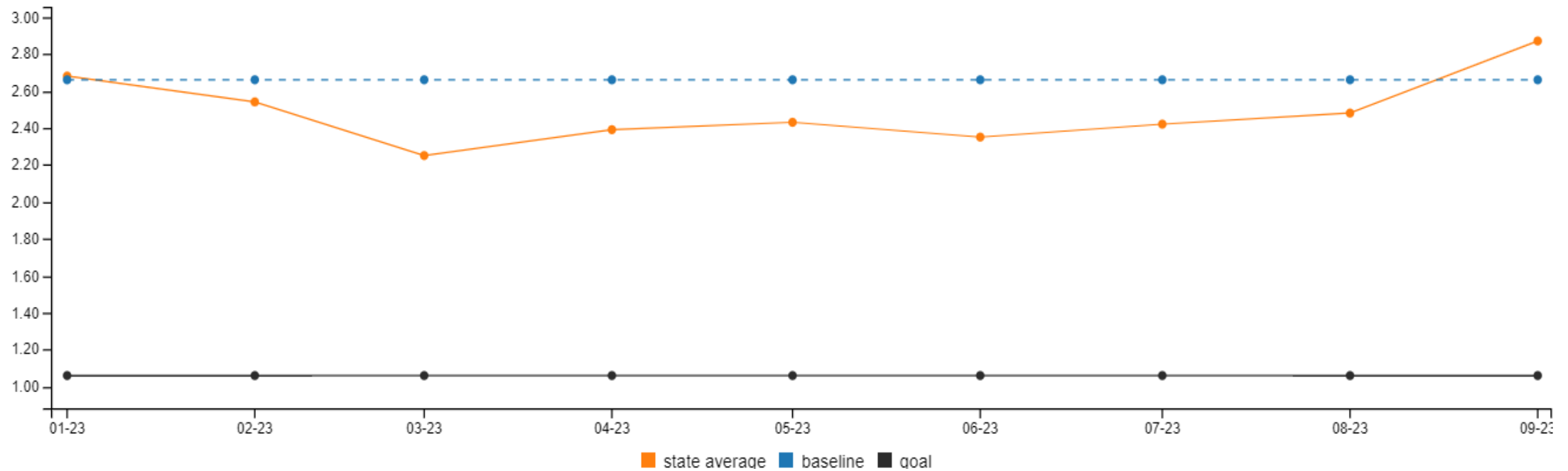
SEPSIS-2e Blood Culture Contamination



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SEPSIS-2e Blood Culture Contamination

Goal Type: Decrease



*Data entry errors, in review



Reaching Out

Quick HRIP note

- ❖ Screening- calls going out to any hospital not at 95%
- ❖ Bundle Compliance- calls beginning this week to any hospital not at least 55% compliant
- ❖ Please call Deb Campbell with questions/concerns about meeting the 2023 goals around sepsis
- ❖ **Late data is challenging our QI efforts!**
- ❖ **For those of you participating in HRIP, we are now in the measurement period (Q4 2023)! Please check to assure we are receiving your data and that you are meeting the goals!**

HRIP reminder



- **Screen 70% of eligible patients in the emergency department (ED) AND track bundle compliance 0.5%**
- **Screen 95% of eligible patients in the emergency department (ED) AND track bundle compliance 0.5%**
- **Screen 95% of eligible patients in the emergency department (ED) in Quarter 4 of CY 2023 AND in Quarter 4 of CY 2023 KY bundle adherence benchmark of 55% OR if below KY benchmark improve 25% of the Gap to KY benchmark 1.0%**

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

YES to 1, 2, + 3 = POSITIVE screen suggestive of SEVERE sepsis



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



Today's presentation



Speaker: Our speaker was unable to present as planned.

Topic:

Consortium Trajectory



- High Impact-Low Burden
 - Started with Screening in ED at triage (where most sepsis presents)- approaching sustain mode!
 - Sepsis bundle compliance data collection and quality improvement ongoing and ramping up presently. Deb is reaching out based on data, but please reach out to her if you need assistance at any time.
 - Blood culture contamination- will discuss today
- Inpatient Screening and Treatment- plans for 2024
 - When sepsis starts in the hospital->worse outcomes
 - Sepsis screening for earlier recognition
 - Recruit hospitals with inpatients who were not initially members of the consortium since they are without EDs

Blood Culture Best Practices



- Definition Clarification- please assure your laboratory is appropriately counting instances of contamination.
 - Numerator- The number of blood culture sets with growth of skin commensals without the same organism in other sets collected within 24 hours
 - Sets with this evidence of contamination which may reflect possible technique breaches should be counted despite the growth of a pathogen. They should be included in the numerator, not excluded from it.
- New metric being proposed- percent of specimens with inadequate volume
 - Use of CLSI definition of low volume (<8 ml)
 - Audit number of specimens that contain inadequate volume as a percent of the total number of specimens submitted
 - Inadequate volume may result in false negatives and delay appropriate antimicrobial therapy

Next Steps



- Regular schedule
4th Thursday of each month 1-2ET
- **Next webinar:**
 - **December 7, 2023 1-2pm ET**
 - **The New York Sepsis Experience with Foster Gesten And Kathleen Shure**



For questions, contact **Deb Campbell** at dcampbell@kyha.com
Vice President of Clinical Strategy and Transformation