



# Kentucky **SEPSIS** Consortium

## Virtual Meeting

**April 25, 2024**



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

# Pediatric Sepsis Week



- Pediatric Sepsis Week April 21-27
- Maternal Sepsis Week May 12-18
- Sepsis Alliance Symposium Maternal and Neonatal Sepsis May 16
- Sepsis Alliance Symposium Sepsis in Immunocompromised Patients  
August 1
- Sepsis Awareness Month September 1-30
- Sepsis Alliance Summit September 25-26

# Consortium Steering Committee Regional – Bluegrass District



Amanda Miller, BSN,  
RN, CPHQ  
Program Manager,  
Quality and Patient  
Safety  
St. Joseph London  
CHI St Joseph Health  
System

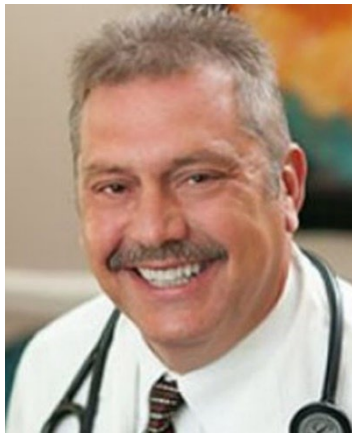


Tracy Louis MSN,  
RN-TN,  
CIC, CPPS  
AVP Infection  
Prevention  
Lifepoint Health

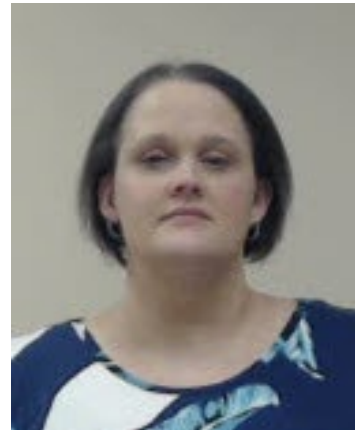


Louis Claybon,  
MD  
Physician Advisor  
St. Elizabeth  
Healthcare

# Consortium Steering Committee Regional – Cumberland District



Anthony  
Stumbo, MD  
Appalachian  
Regional Health



Christina Witt, RN  
Sepsis Nurse  
Navigator  
Ephraim  
McDowell Health



James J. Hensley  
System Director  
Infection  
Prevention  
Appalachian  
Regional  
Healthcare



Kim Elliott, RN  
Director of  
Quality/  
Sepsis  
Coordinator  
Paintsville ARH  
Hospital

# Consortium Steering Committee Regional – Ohio Valley District



Karan Shah, MD  
MMHC, FACEP  
Managing Partner,  
Physician Care  
Coordination  
Consultants (PC3)



Stacy Monarch  
Sepsis Coordinator  
Baptist Health Louisville



Danette Culver, APRN  
Clinical Nurse Specialist  
Norton Healthcare

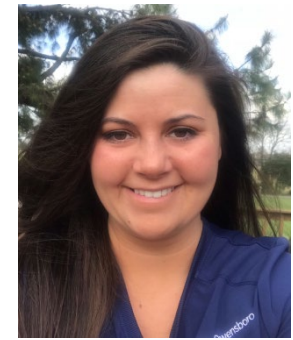
# Consortium Steering Committee Regional – Twin Lakes District



JoAshley Ross  
Sepsis Coordinator  
Baptist Health  
Paducah



Allison Rains, MD  
Emergency Department  
Baptist Health  
Paducah



Skyler Hughes,  
BSN, RN  
Sepsis Clinical  
Program Specialist  
Owensboro Health

# LTAC/Post Acute/Rehab Facilities



Nicki Shorr-Maxson, RN, BSN, CIC, CPHQ  
Manager of Quality and Safety  
Continuing Care Hospital  
CHI St Joseph Health

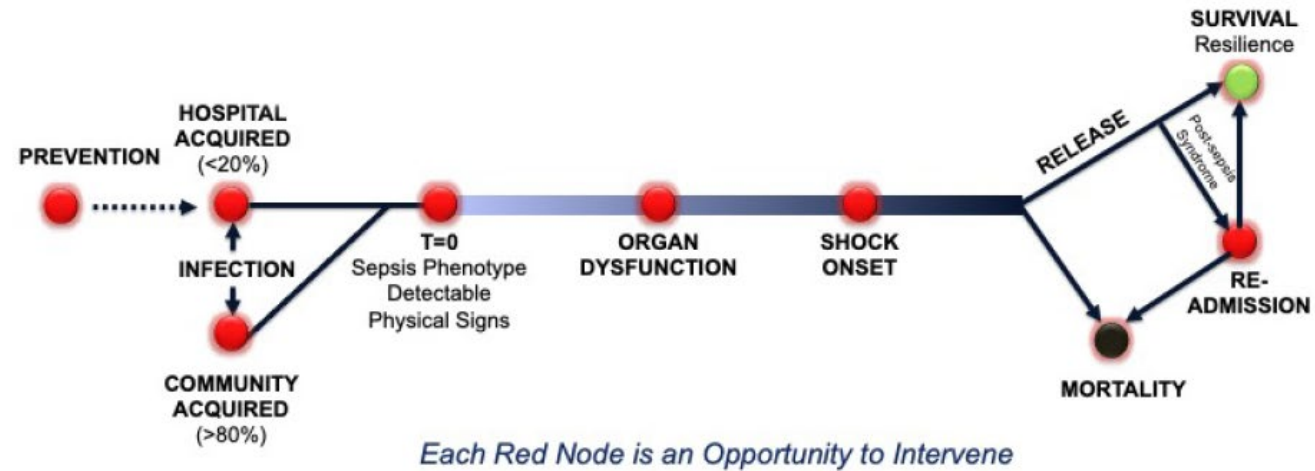
# Consortium Steering Committee Patient/Family Advocate



Darrell Raikes



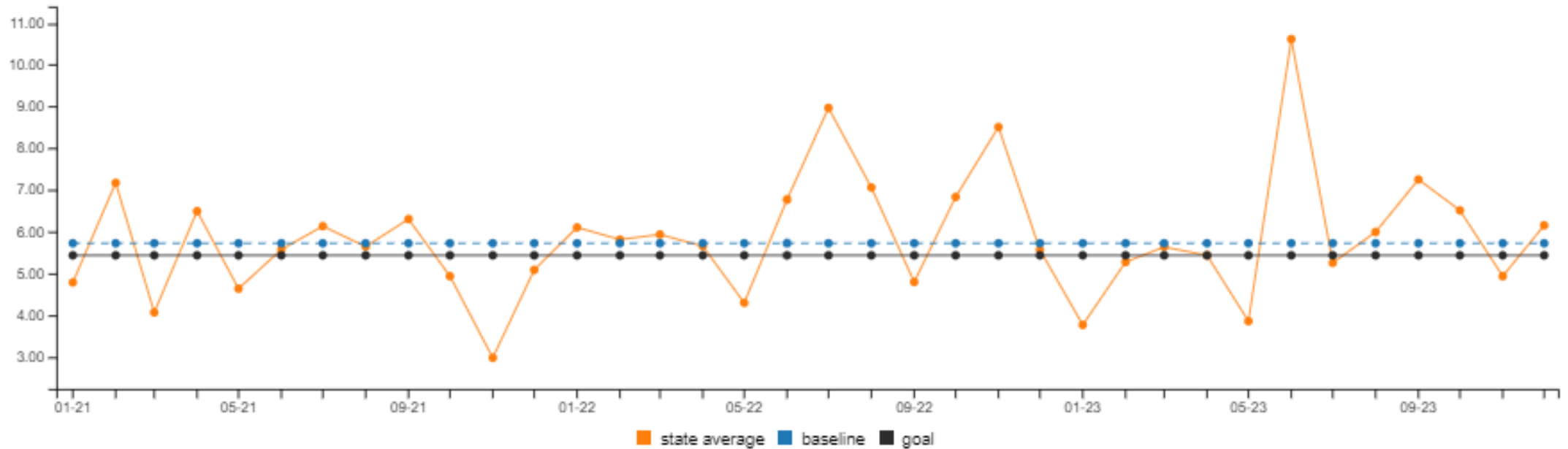
## Sepsis Intervention Points



# SEPSIS-1a Postoperative Sepsis (AHRQ - PSI 13)



Kentucky Sepsis Consortium  
SEPSIS-1a Postoperative Sepsis (AHRQ - PSI 13)  
Goal Type: Decrease

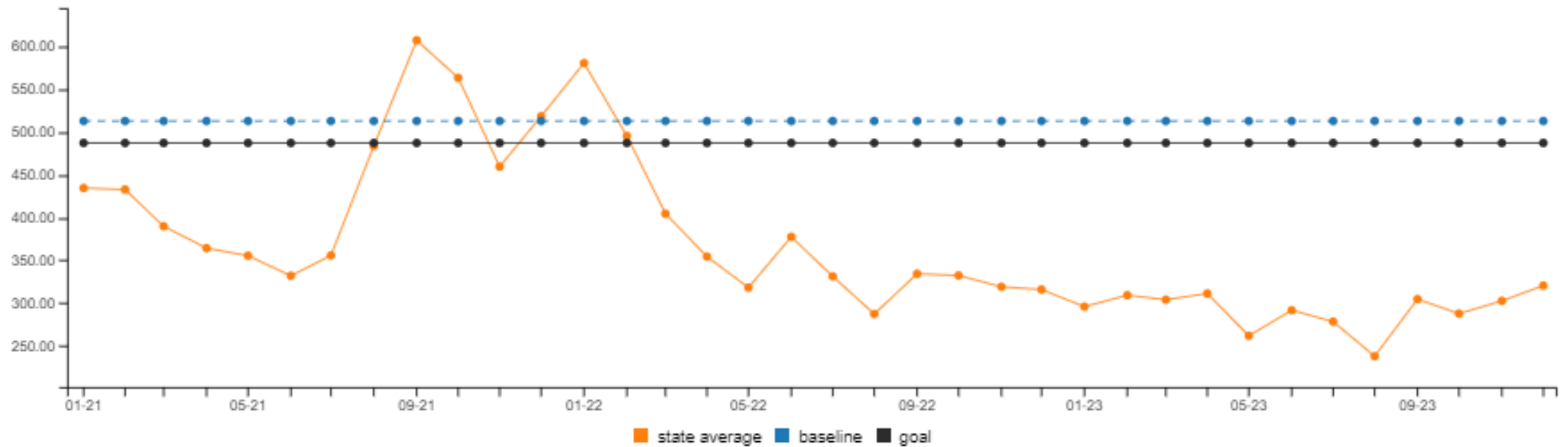


\*Claims Data

# SEPSIS-1c Hospital-Onset Sepsis Mortality Rate



Kentucky Sepsis Consortium  
SEPSIS-1c Hospital-Onset Sepsis Mortality Rate  
Goal Type: Decrease

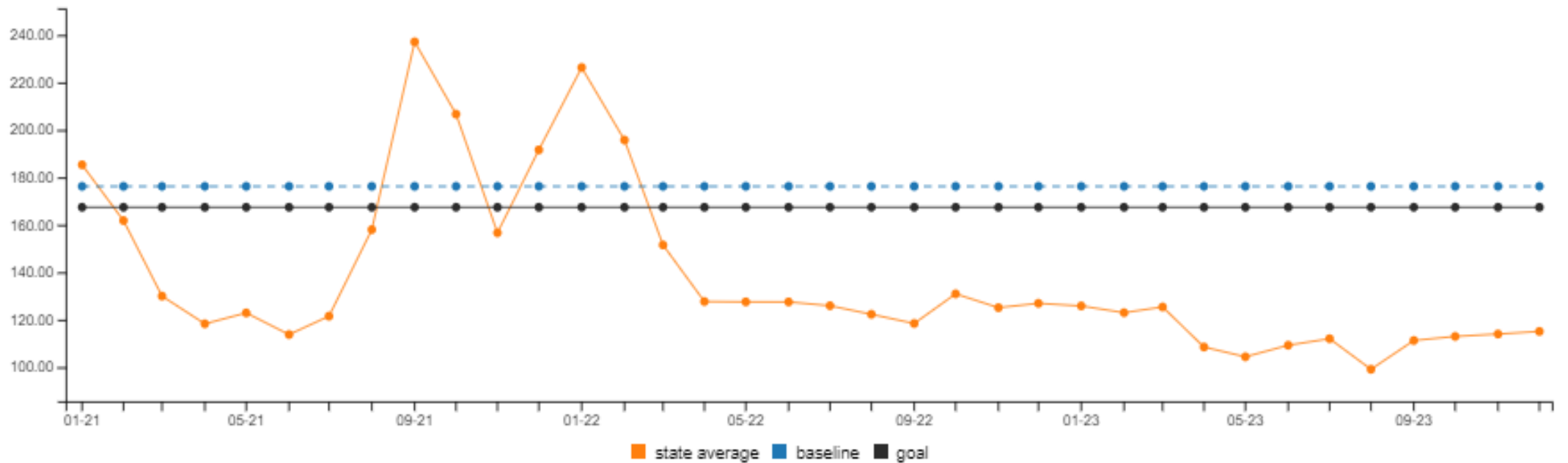


\*Claims Data

# SEPSIS-1d Overall Sepsis Mortality Rate



Kentucky Sepsis Consortium  
SEPSIS-1d Overall Sepsis Mortality Rate  
Goal Type: Decrease



Claims Data

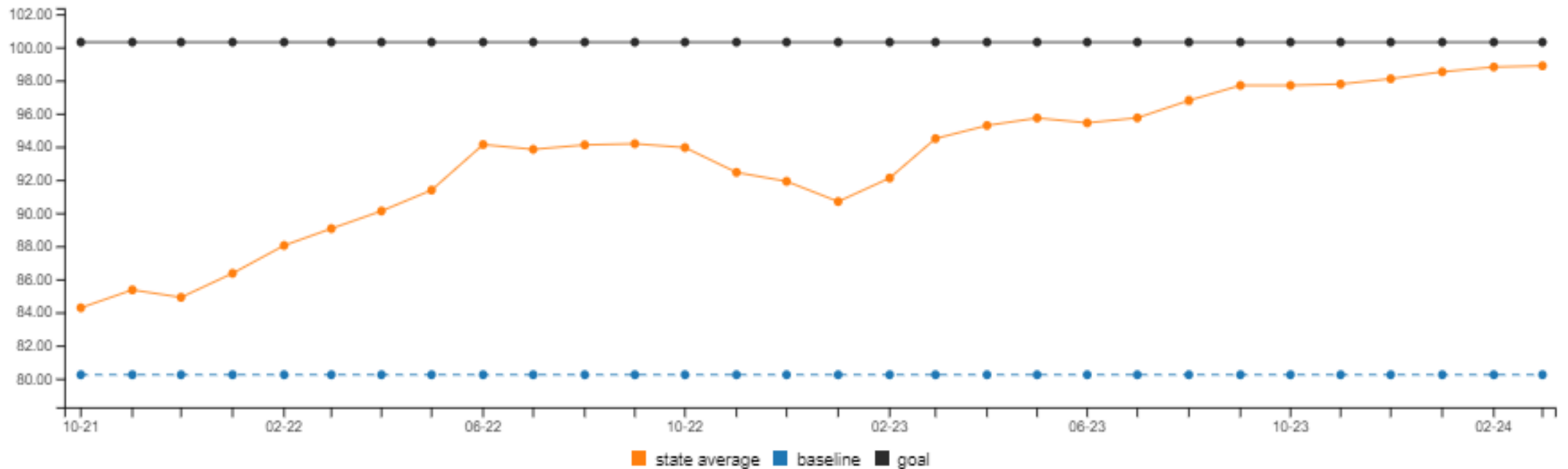
# SEPSIS-2c SEPSIS Screening Performed at Triage



Kentucky Sepsis Consortium

SEPSIS-2c SEPSIS Screening Performed at Triage

Goal Type: Increase

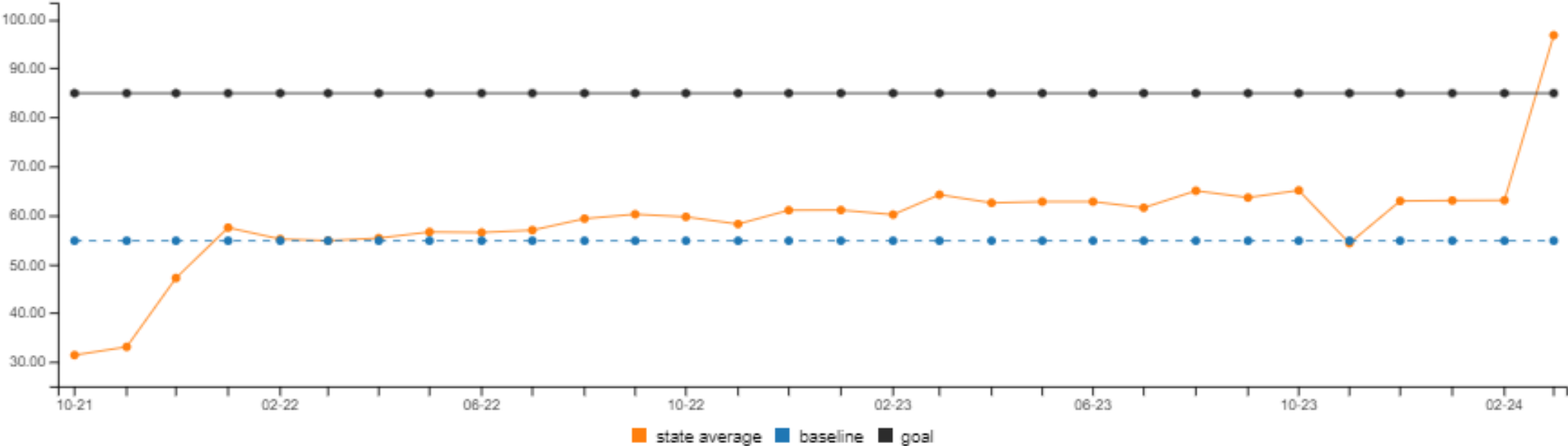


Data was pulled on 04/15/24

# SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance



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

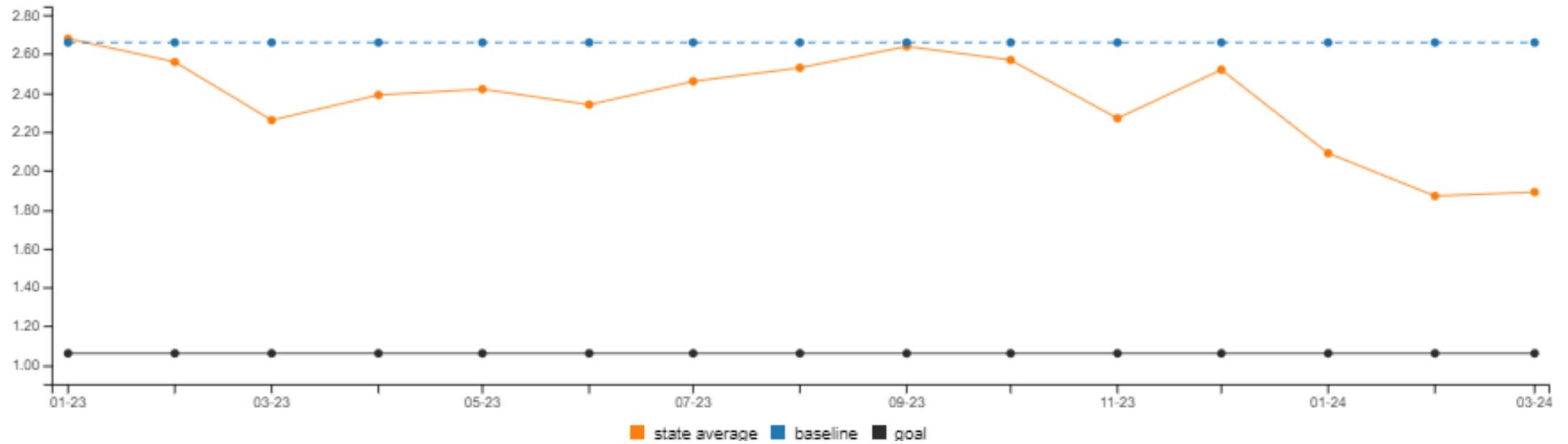


\*Data Entry Errors in Review

# SEPSIS-2e Blood Culture Contamination



Kentucky Sepsis Consortium  
SEPSIS-2e Blood Culture Contamination  
Goal Type: Decrease



# HRIP 2024 approved!

## 2024 HRIP metrics



- **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%**



# Couple of Notes



- ImmuneExpress is looking for early adopters who might want to be part of a trial on Septicyte Rapid.
  - Respond to the email I sent that has Dr. Roy Davis copied or let me know.
- The following Sepsis Consortium recordings are available on YouTube. We have PDF files of slides for a few of the others.
  - The title of the presentation on YouTube is in italics.
    - Team formation/meeting frequency and content/activities (12-8-20)
    - Antibiotic selection/algorithms (5-25-21 - *Optimizing Sepsis RECOVERY After Early Resuscitation*)
    - Process Measures – collection and reporting (7-27-21 – No title, but appears to be *Encyclopedia of Measures Walk Through*)
    - Antibiotic stewardship and sepsis (8-24-21 – *Utilizing Rapid Molecular Diagnostics to Identify Infectious Pathogens & Improve Patient Outcomes*)
    - Fluid Status assessment - passive v invasive (10-26-21 – *Change Management and Improving Sepsis Bundle Compliance*)

# Today's presentation



- **Speakers:**

- Christina Witt, RN, Sepsis Nurse Navigator from Ephraim McDowell Health
- Ashel Kruezkamp, RN, Sepsis Coordinator and Kelsey Webster, RN, ICU Nurse Manager from St Elizabeth Healthcare
- Skyler Hughes, RN, Sepsis Clinical Program Specialist from Owensboro Health

- **Topic:**

**“So....we conquered sepsis screening at triage...now what?”**

**Sepsis Huddles, Sepsis Alert, Code Sepsis and Rapid Response Systems**

- Great comment from one of our UL sepsis leaders- Have we really conquered screening? Is it complete? Is it accurate?

# 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 in/adequate 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

# Sepsis Gallery Walk



- Opportunity for IPRO HQIC hospitals to share their great work!

Dear (xxxx) ,

IPRO HQIC has recognized (BLANK HOSPITAL) is an achiever in improving Sepsis care.

We would like to spotlight your efforts and invite you to share your successful improvement work with your peers.

Using a PowerPoint outline highlighting your efforts will spread peer to peer learning across the collaborative as well as providing visibility and recognition for your organization.

We will share your work in a brief Webex discussion, creating a HQIC Library “gallery walk” allowing attendees to participate in idea sharing, and provide feedback on presentations they think represent high value strategies.

# Next Steps



- Regular schedule  
4<sup>th</sup> Thursday of each month 1-2ET\*\*
- **Next webinar:**
  - **May 23, 2024 1:00-2:00pm ET**
- **Topic: TBD**
- **Speaker:**



For questions, contact **Deb Campbell** at [dcampbell@kyha.com](mailto:dcampbell@kyha.com)  
Vice President of Clinical Strategy and Transformation