



Kentucky **SEPSIS** Consortium

Virtual Meeting
March 26, 2025



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



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



Tracy Louis MSN, RN-TN,
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Appalachian Regional
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Consortium Steering Committee Regional – Ohio Valley District



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



Stacey Monarch
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Baptist Health Louisville

Consortium Steering Committee Regional – Twin Lakes District



JoAshley Ross
Sepsis Coordinator
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Paducah



Allison Rains, MD
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Skyler Hughes, BSN, RN
Sepsis Clinical Program
Specialist
Owensboro Health



Laura E White, BA, MHA
Performance Improvement
Engineer
Med Center Health
Bowling Green

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

HRIP Metrics- Medicaid Only?

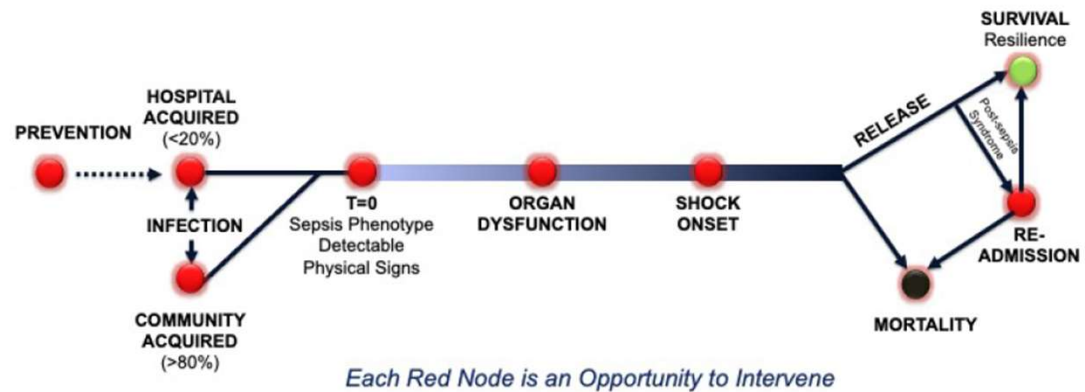


- CMS is intent on moving metrics to Medicaid only
- We are working on the 2026 preprint now.
- Sepsis Bundle
 - Create a report
 - Make this part of the case review
 - **Continue to review all patients' cases**
 - If you are able to review a sample per CMS, you would pull the Medicaid patients from that sample only as opposed to all
- Blood Culture Contamination- very mixed responses on this.
 - It would be wise to look into how this might be able to be done

Reminder of Opportunity Points



Sepsis Intervention Points

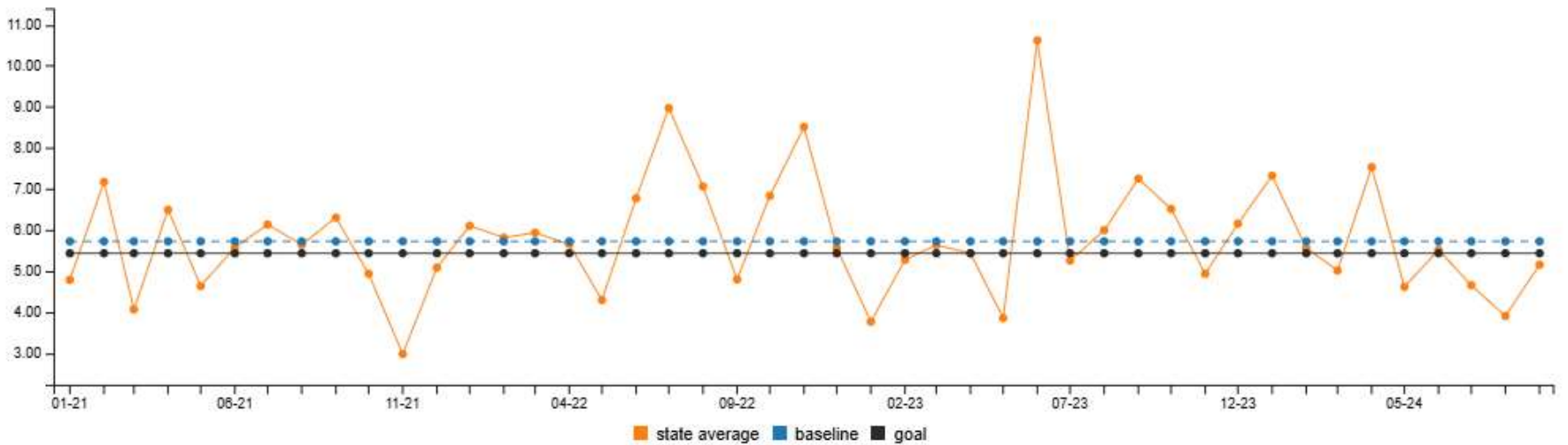


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Sepsis-1a Postoperative Sepsis (AHRQ-PSI 13)



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



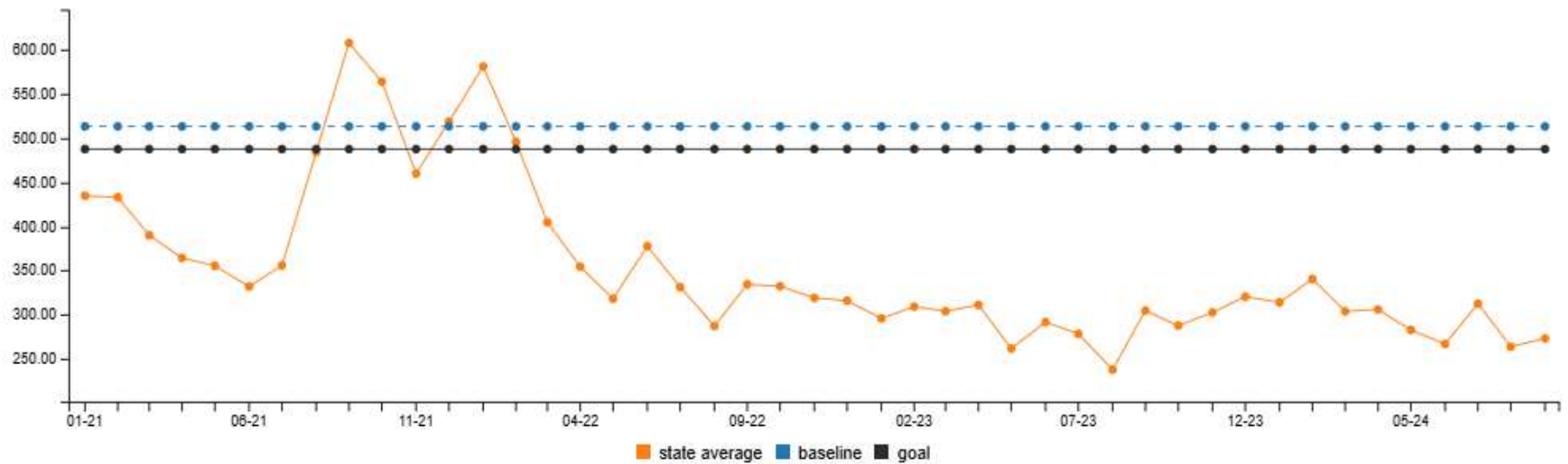
Sepsis-1c Hospital-Onset Sepsis Mortality Rate



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SEPSIS-1c Hospital-Onset Sepsis Mortality Rate

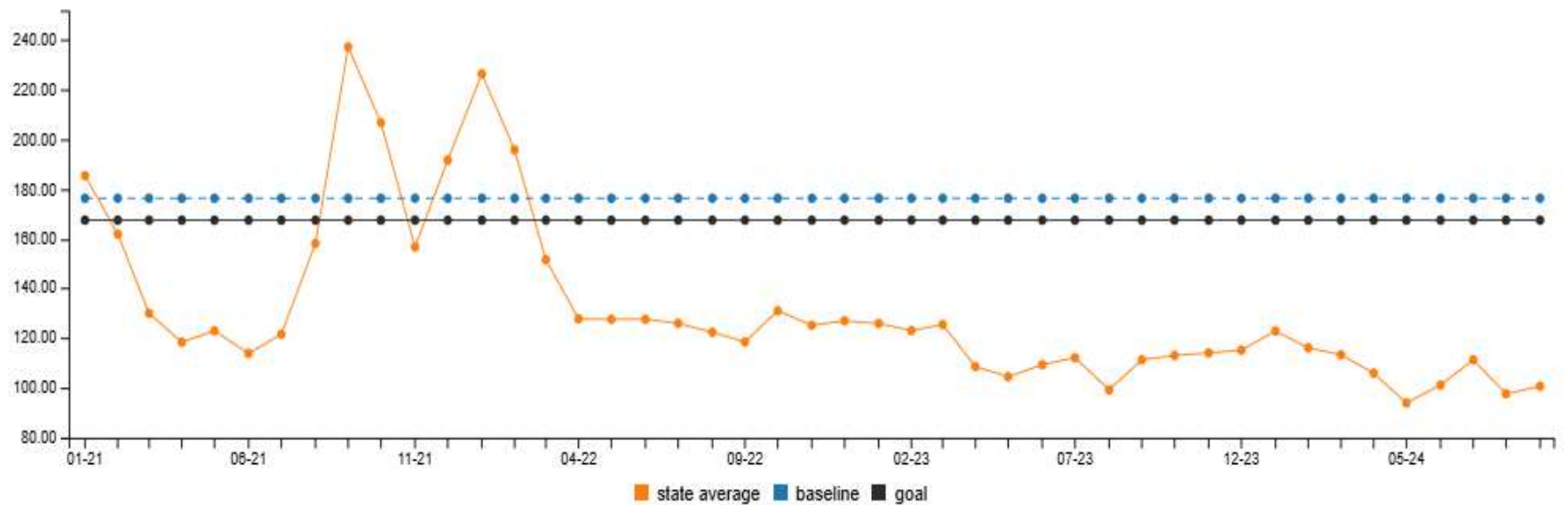
Goal Type: Decrease



Sepsis-1d Overall Sepsis Mortality Rate



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



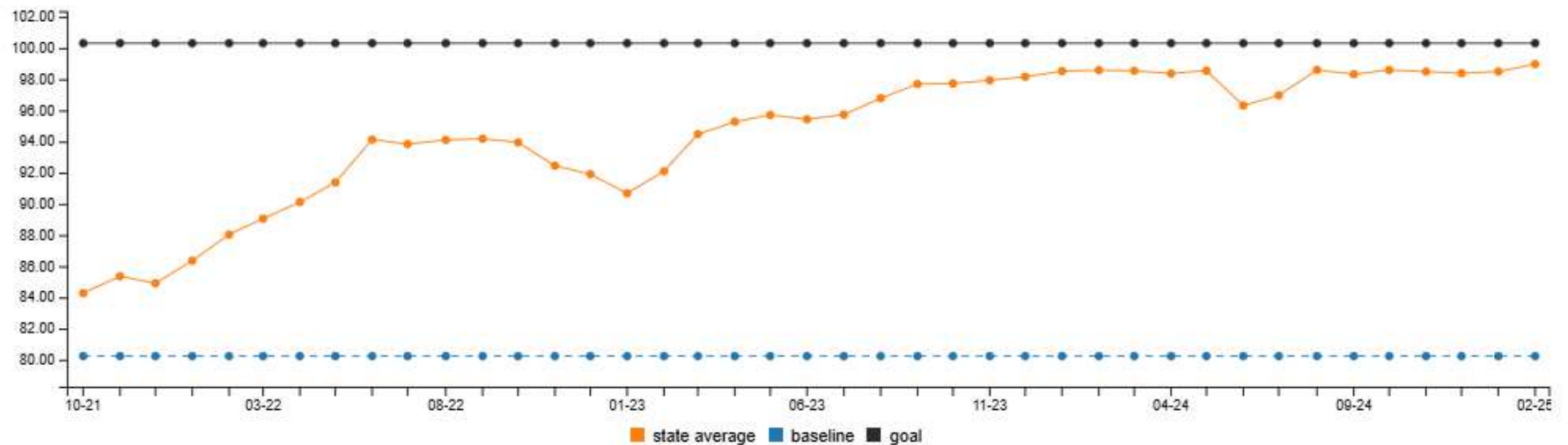
SEPSIS-2c SEPSIS Screening Performed at Triage



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SEPSIS-2c SEPSIS Screening Performed at Triage

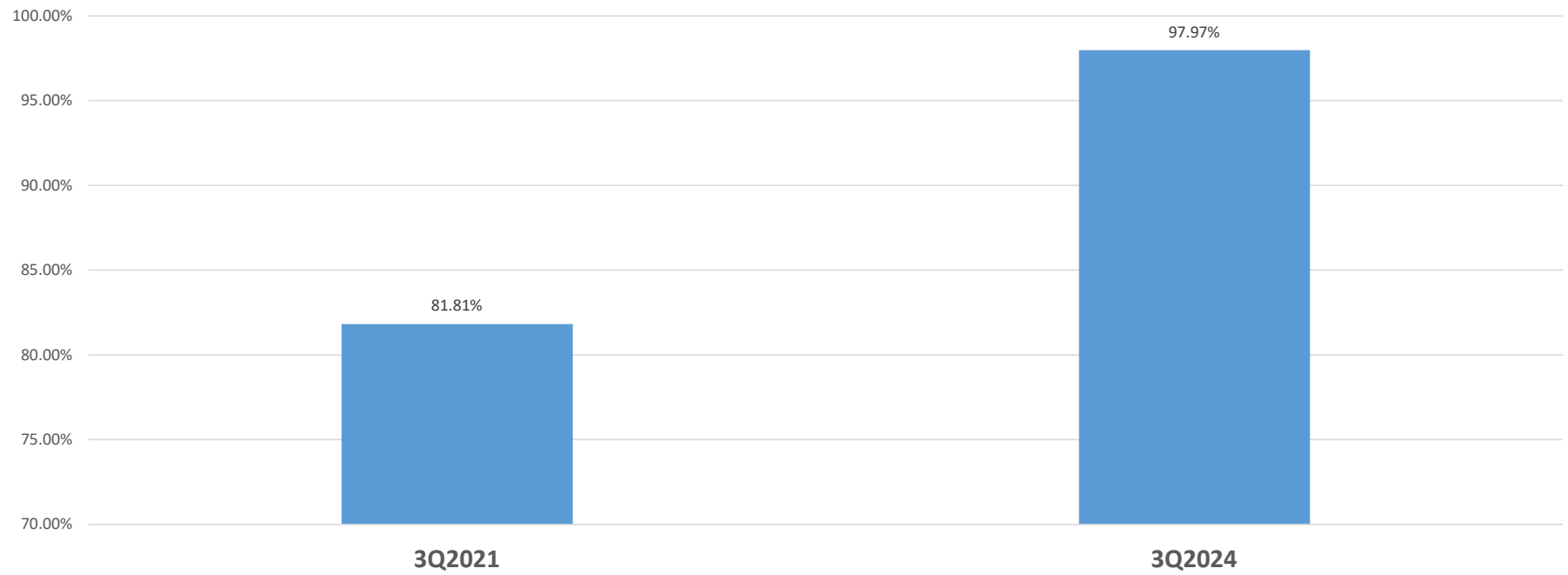
Goal Type: Increase



*Data is in review
KQC Pull from 3/24/2025



Sepsis Screening at Triage



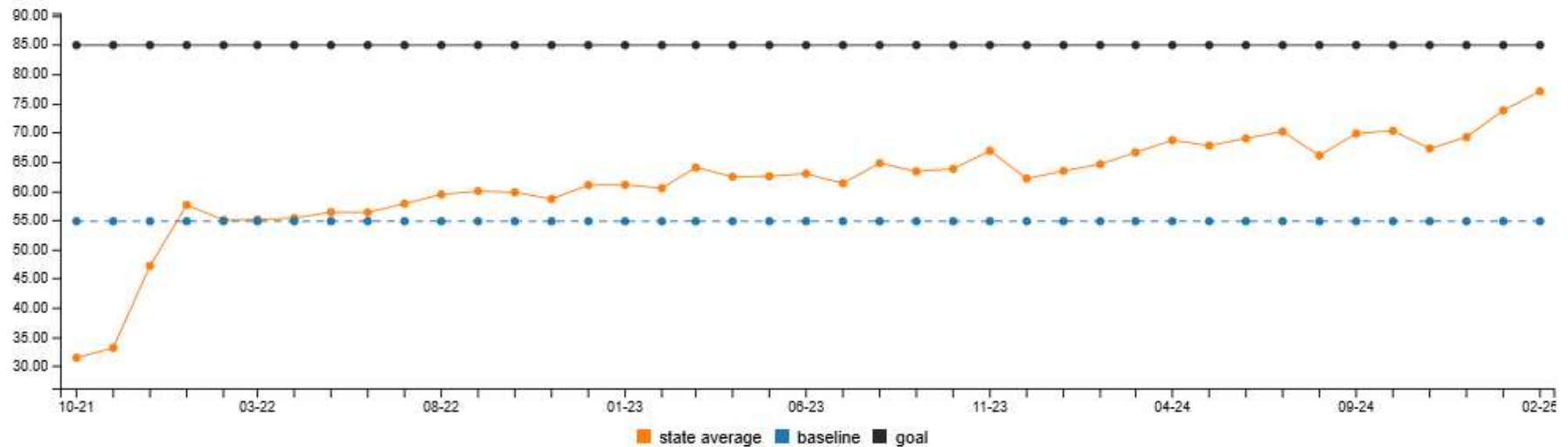
SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance



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

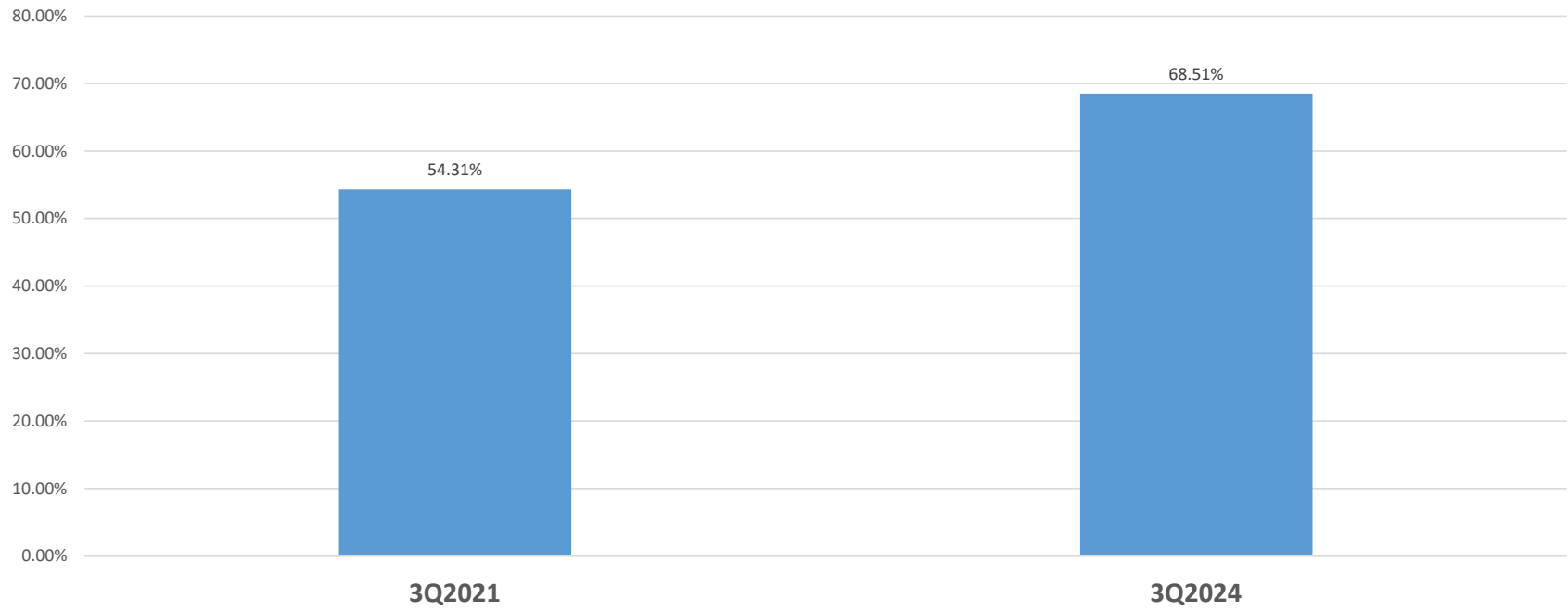
Goal Type: Increase



*Data in review



3 & 6 Hr Bundle Compliance



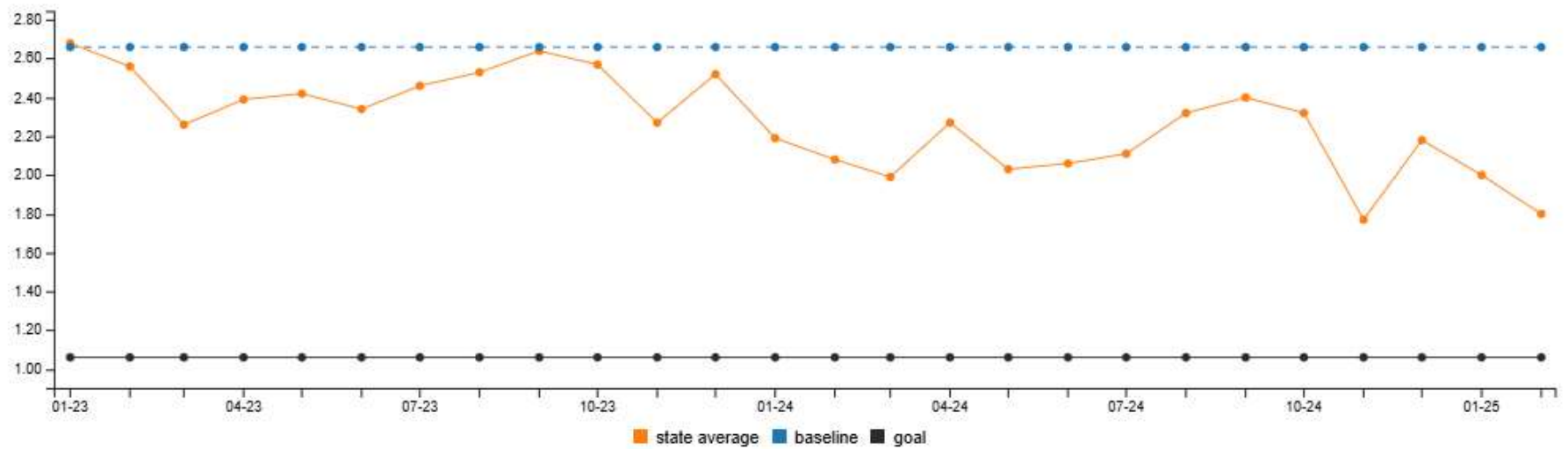
SEPSIS-2e Blood Culture Contamination



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SEPSIS-2e Blood Culture Contamination

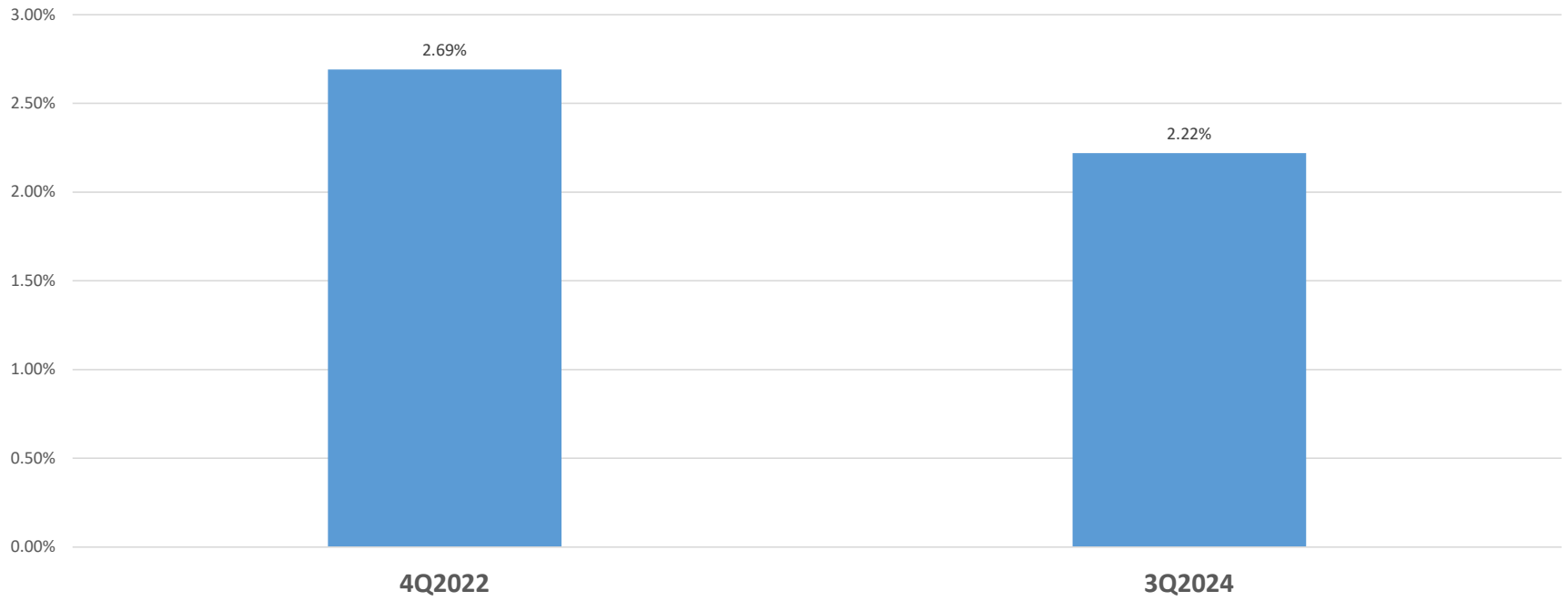
Goal Type: Decrease



*Data is in review



Blood Culture Contamination Rate



Today's presentations



Topic- Beyond Race and Ethnicity:

Advancing Health Equity for Patients with Sepsis

Speakers- Moojan Rezvan, MBA and Emily Cusick, RN



Future topics



- Moving Upstream
 - Preventing sepsis through infection prevention
 - Preventing sepsis through promoting vaccines
 - Educating our families and the community
- Bundle Review and QI
 - Process Discovery Tool use
- We Are Screening, but Are We Doing It Accurately? (In Urgent Care?)
- Rapid Response Mechanisms
- Expansion of Blood Culture Specimen Collection Metrics- appropriate volumes
- Rapid Molecular Diagnostics
- I'm Going Home- Help Me Not Come Back (Functional and Cognitive Impairment Assessment at DC)

Next Steps



- Regular schedule
4th Thursday of each month 1-2ET
- **Next: April 24 , 2025**
- **Topic: Bundle Compliance Review and use of PDT (process discovery tool)**
- **Speaker: TBA**
- For questions, contact **Deb Campbell** at dcampbell@kyha.com
Vice President of Clinical Strategy and Transformation



Antibiotic Stewardship



- A randomized controlled trial conducted in the United Kingdom found that a procalcitonin (PCT)-guided monitoring protocol safely reduced antibiotic duration in critically ill sepsis patients compared with standard care, according to a [study](#) published yesterday in *JAMA*.
- But C-reactive protein (CRP)-guided protocols did not.



Study links discharge settings to sepsis readmissions

A study published in the American Journal of Critical Care found that 23.6% of sepsis survivors are readmitted to the hospital within 30 days, with sepsis often being the cause. Patients discharged to skilled nursing facilities or home health care had the highest readmission rates. Researchers used the Medical Information Mart for Intensive Care database and assessed the status of 7,107 adults. Full Story: [Healio](#) (free registration) (10/3)