



BAPTIST HEALTH®

BH Paducah

Tammy Brown, RN
Quality and PI Manager



About Us...Baptist Health Paducah



About Us...Baptist Health Paducah

- Located in Paducah, Kentucky
- Key part of community since area churches supported the opening of Western Baptist Hospital in 1953. (Renamed facility approximately 4 years ago)
- Approximately 2,000 employees, alternates with marine industry as region's largest employer.
- Main campus covers eight square blocks, plus off-site outpatient rehab, occupational medicine, primary care, imaging and lab.
- Comprehensive services include: Accredited chest pain center, ACE accredited – Cath Lab, Accredited comprehensive cancer care, Medical and surgical weight loss management, and Wound care
- Region's only: Pathway to Excellence facility, Neonatal Intensive Care Unit, Certified Advanced Primary Stroke Center, Center of Excellence in Minimally Invasive Gynecology, and da Vinci robotic surgery, and 3-D mammography and stereotactic radiosurgery linear accelerator



The Issue....

- Lower sepsis bundle compliance rates contributing to higher sepsis mortality rates
- Sepsis is very challenging – difficult to identify

The Goal....

- Decrease sepsis mortality rates by improving sepsis bundle compliance rates $\geq 50\%$



BAPTIST HEALTH®

Strategies for Success

- Transparent data
 - Provider buy-in
 - Sepsis Physician Champion
 - Targeted ED & Hospitalists
 - Provider sepsis scorecards
- Root cause analysis drilldown
- Education, Education, Education
 - Develop education plan
 - Sepsis bundle boot camp
- Case review timelines
- Sepsis Team meeting bi-weekly
- Abstracting 100% of sepsis cases



Transparent Data

- Began trending sepsis bundle compliance rates monthly for 7/1/16 – current
- Began trending for each bundle component % of outliers
- Root cause drilldown conducted on every outlier
- Compared sepsis bundle compliance rates to sepsis mortality, sepsis readmission, and sepsis length of stay rates
 - Very quickly identified with our own data strong relationship between sepsis bundle compliance rates and mortality, readmission and length of stay
 - Developed graphs to display both rates to visually show relationship



Sepsis Education Plan

Group	Who	Mode / Tools	Topics	Length	When
Providers	ED Physicians	Provider sessions: 2-3 at a time: * Handouts * PowerPoint	(1) Sepsis data overview (2) Case Review (3) SEP-1 Bundle Guidelines (version 5.2a) with outlier data (4) Provider related documentation (5) Communication - handoff & nursing related	15-20 minutes	Started 5/8/17
	ED APRN/PA			15-20 minutes	Last update 7/25/17
	Hospitalist Physicians	Provide updates as necessary and f/u education at monthly meetings		TBD	TBD
	Hospitalist APRN/PA			1 hour	5/26/2017
	PCP - Admitting (other than Hospitalists)	Low priority - very few cases			
	ID Physicians	Intial meeting to review sepsis data and education			
BHP Directors By: Tammy B. Kim W.	ED ICU / CCU Inpatient Respiratory Radiology Lab	Called Director's meeting (see list) * PowerPoint * Handout - education timeline	(1) Sepsis data overview (2) Case Review (3) Education plans w/timeline (4) Educational tools	1 Hour	6/6/2017
Coordinators or Supervisors (Serve as sepsis champions for their units) By: Tammy B. Freda T.	ED Inpatient Respiratory Radiology Lab	Sepsis Bundle Bootcamp * PowerPoint * Handouts * EPIC screen shots	(1) Sepsis data overview (2) Case Review (3) SEP-1 Bundle Guidelines (version 5.2a) with outlier data (4) Early Identification (re-screening) (5) Educational tools (6) Nursing required documentation (7) Communication - handoff & physician related (8) EPIC sepsis reports	2.5 Hours (2.0 CE's)	7/19/17 7/24/17 7/27/17
Charge Nurses (Serve as sepsis champions for their units) (Should include relief CN's) By: Tammy B. Freda T.	ED ICU / CCU Inpatient Respiratory Radiology	Sepsis Bundle Bootcamp * PowerPoint * Handouts * EPIC screen shots	(1) Sepsis data overview (2) Case Review (3) SEP-1 Bundle Guidelines (version 5.2a) with outlier data (4) Early Identification (re-screening) (5) Educational tools (6) Nursing required documentation (7) Communication - handoff & physician related	2.5 Hours (2.0 CE's)	7/19/17 7/24/17 7/27/17




Provider Education

- One on one education with each ED provider (physicians, APRN, & PA)
- Group education with Hospitalists
- Group education with ID physicians
- Standing agenda item for quarterly Hospitalist & ED joint medical group meetings

- Coordinators, Supervisors, Charge Nurses (including relief charge nurses)
- Mandatory training
- 2.5 Hours
- Nursing received 2.0 CEU's
- Trained 109 SEPSIS CHAMPIONS!
- Each champion received their own “dog tags” with “SEPSIS CHAMPION” engraved on back
- Agenda included:
 - Background – “why” important
 - Pre-test
 - Progression of sepsis with pathophysiology and CMS guidelines
 - Example case scenarios along with progression
 - Group activity
 - Post-test
 - Discussion of development of tools & further education


SEPSIS BUNDLE BOOT CAMP





SEPSIS BUNDLE BOOTCAMP

July 2017



I. Introduction

- a. Background
- b. Current State
 - i. Relationship of bundle utilization to survival
 - ii. EPIC Myths
- c. Importance of EARLY identification
- d. Stories about our patients

II. Pretest on Sepsis Cases

- a. Critical Care/ED Case (hourly vitals)
 - i. When does patient meet SIRS/Simple Sepsis/Severe Sepsis
- b. Inpatient Case (vitals every 4 hours/MEWS BPA)
 - i. When does patient meet SIRS/Simple Sepsis/Severe Sepsis
- c. Non-Sepsis Case (vitals meet but no infection)

III. Initial Population

IV. SIRS Criteria

- a. Definition and Pathophysiology
- b. Importance of Vital Signs
 - i. Documentation of Respirations
 - ii. Accurate Blood Pressure
 - iii. MAP
 - iv. Accurate Temp
 - v. Actual Weight vs. Stated Weight
 - vi. Follow-up on vital sign changes
- c. CMS Rules related to SIRS vital signs

V. Simple Sepsis

- a. Definition and Pathophysiology
- b. Types of Infection
- c. CMS Rules related to Infection

VI. Severe Sepsis

- a. Definition and Pathophysiology
- b. Criteria for Organ Dysfunction
- c. CMS Rules related to Severe Sepsis

VII. Septic Shock

- a. Definition and Pathophysiology
- b. Criteria for Shock
- c. CMS Rules related to Septic Shock

VIII. Treatment of Sepsis

- a. Bundle Components – How to meet & related outliers
 - i. Initial Lactate Level
 - ii. Blood Cultures
 - iii. Antibiotic selection and administration
 - iv. Repeat Lactate Level
 - v. Initial Hypotension and Fluid Bolus administration/ documentation
 - vi. Persistent Hypotension
 - vii. Vasopressors
 - viii. Focused Exam


IX. Group Activity

- a. Small groups – review 3 cases

X. Post-Test on Initial Sepsis Cases

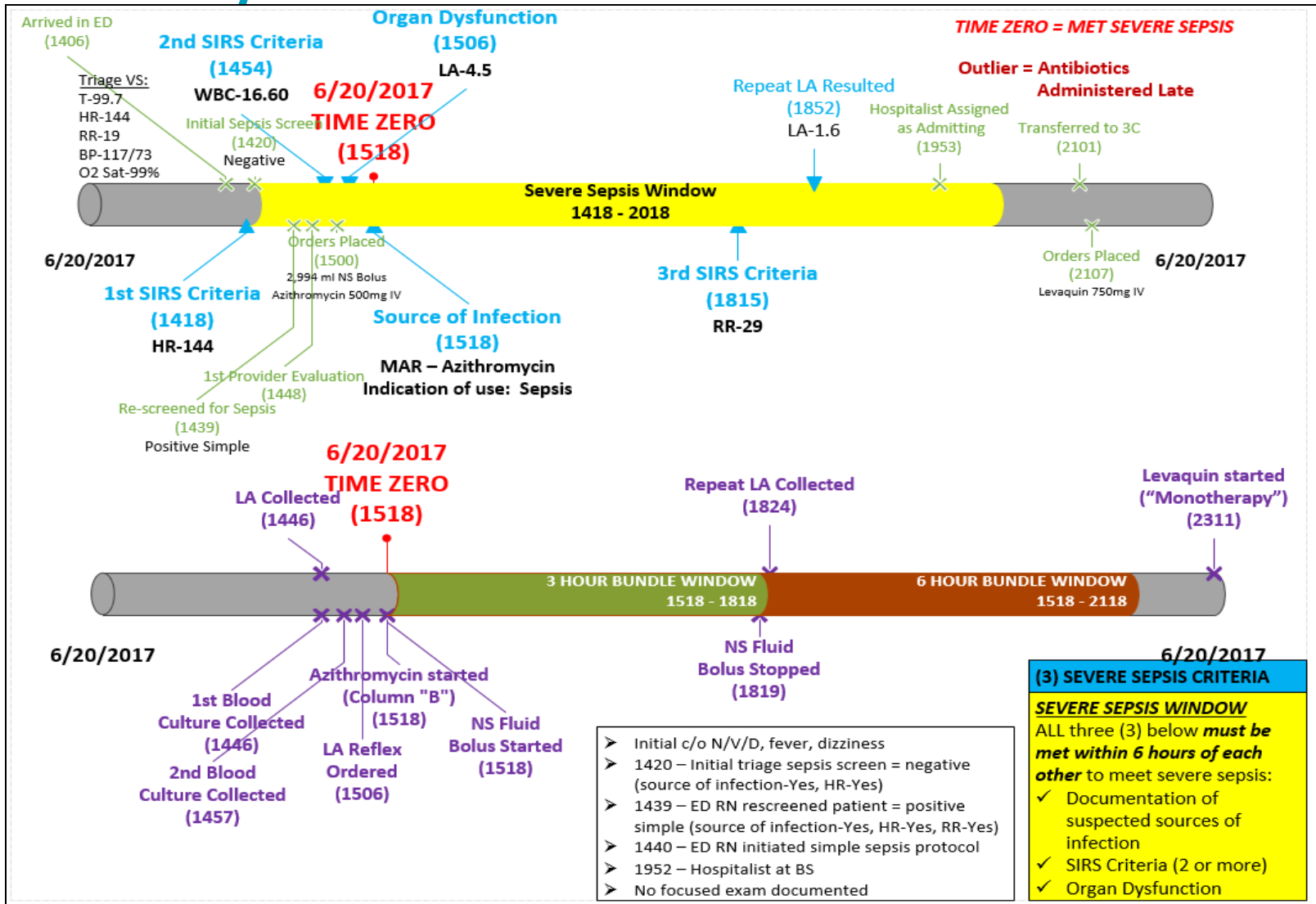
XI. Where are we going?

- a. BHP Goals
- b. Discussion of Tools



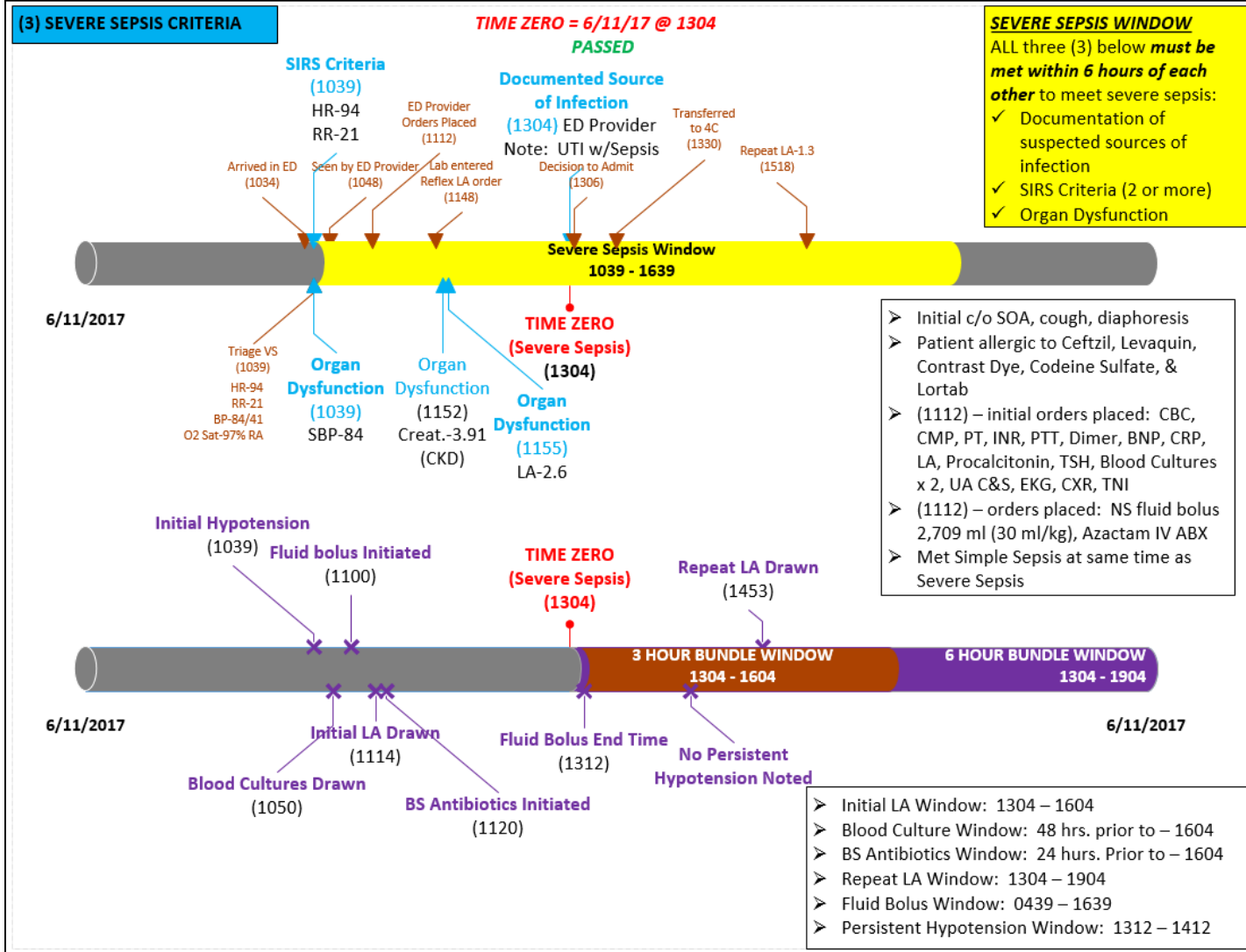


Case Study – Antibiotics Administered Late





Case Study – Passed





Provider Sepsis Scorecards

Emergency Department

_____ 2017

Responsible Clinician	% Attributed	Total Cases	Sepsis Passed		Sepsis Failed	
			# Cases Passed	Pass Rate	# Cases Failed	Fail Rate
Overall						

Responsible Clinician	Severe Sepsis Fail				Septic Shock Fail			
	Initial Lactate Level	Blood Cultures	Antibiotic Admin	Repeat Lactate Level	Crystalloid Fluids	Vasopressor Admin	Persistent Hypotension	Focused Exam
Overall								



Currently Piloting Sepsis Huddles

- Utilizing “real-time” report in EPIC
- Quality helping identify patients that meet criteria with ED Educator
- Huddle with Charge Nurse & Primary Care Nurse – establish timeline & interventions that have been completed
- Huddle with provider
- Goal:
 - Reinforce education
 - Initiated by ED Charge Nurse
 - Improve sepsis communication between nursing and providers
 - Develop into “CODE SEPSIS”

Questions?