HealthONE Sepsis Program

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Conflict of Interest Disclosure Statement

We have no financial interest or other relationships with the industry relative to the topics being discussed.

Why Focus on Sepsis?

Sepsis is a medical emergency where minutes matter.

*Every hour a patient in septic shock doesn't receive antibiotics, the risk of death increases by 7.6%.

*Source: Advisory Board Company: "Why sepsis screening isn't one-size-fits-all" Expert Insight | December 11, 2013
HealthONE Sepsis Program Key Components

- Sepsis Coordinators
  - Abstractor
- Physicians & Sepsis Order Sets
- Sepsis Alert Team and Process
- Sepsis Champions
- Critical Access
- EMS and Community Physicians

A Sepsis Coordinator is...

- Educator
- Facilitator
- Data Collector
- Innovator
- Communication Specialist
- Subject Matter Expert
- Community Liaison
Facilitates The Sepsis Committee

• Engaged team led by:
  ➢ Full-time Sepsis Coordinator
  ➢ ED and CCU physician champions

• Members included:
  ➢ CNO, CMO, CFO, Pharmacy, Infection Control, ER/CCU Leadership and Educators, Inpatient Nursing, and Quality

• Administrative support and participation in monthly Sepsis meetings insured goals were met

• Monthly meetings
  ➢ Data review
  ➢ Case review
  ➢ Action planning

Sepsis Coordinator Best Practice

• Participation in multidisciplinary rounds of ICU
  ➢ Patient identification
  ➢ Real-time follow-up and education for physicians/nurses
  ➢ Concurrent data collection
  ➢ Documentation review
  ➢ Patient and family follow-up (TJC)
  ➢ Antimicrobial Stewardship
**Sepsis Coordinator Best Practice**

**Concurrent data collection**

- **Daily**
  - Positive screen review
  - Documentation review
  - Elements of EGDT
- **Weekly**
  - Review of coded discharges
  - Perception of Care follow-up
- **Monthly**
  - Dashboard review

**Sepsis Coordinator Best Practice**

- Engage and educate the Clinical Documentation Integrity Team

- Implement a bill review process
  - Identified Severe Sepsis/Septic Shock patients are placed on hold for coordinator review
  - Post coding review to confirm expected ICD-10s are included
    - If missed chart is reviewed and documentation is shared with coders.
Sepsis Coordinator Hiring

Hire for “Right Fit”- lessons learned

• Critical Care/ED background
• Promote from within- established relationships with physicians, staff, admin.
• Passion for the purpose- motivated to spearhead change

<table>
<thead>
<tr>
<th>Sepsis Coordinator Staffing Guidelines</th>
<th>Case Threshold</th>
<th>Sepsis Coordinator FTE Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td># High:</td>
<td>&gt; 450/year</td>
<td>1.0 FTE</td>
</tr>
<tr>
<td># Medium:</td>
<td>&gt; 200/year</td>
<td>0.5 FTE</td>
</tr>
<tr>
<td># Low:</td>
<td>&lt;200/year</td>
<td>0.25 FTE</td>
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</tbody>
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Physicians & Order Sets

• Identify 2 “Physician Champions” per department:
  ◦ ED
  ◦ ICU
  ◦ Med/Surg

• Standardize Order Sets
  ◦ Designed to meet 3 and 6 hour bundle elements
  ◦ Capture Core Measure requirements

• Weekly Sepsis Coordinator/Physician Champion Update and Fall Out Review
  ◦ Include Clinical Documentation Lead to follow-up on documentation opportunities

• Sepsis Core Measure Template
  ◦ Focused Shock Assessment
Sepsis Alert Team

- Sepsis Alert Policy (ED Focus)
- Team Members
  - ED Physician (directives)
  - Charge RN (core measure sheet)
  - Assigned RN (IV, fluids, etc.)
  - Lab (blood cultures, lactate)
  - Pharmacist (antibiotic delivery)
  - RT (assess)
Why Have Sepsis Champions?

Research has demonstrated that Best Practice Champions improve the dissemination of evidence-based guidelines and improve patient outcomes.


What are Sepsis Champions?

Sepsis Champions are:

- Unit based
- Educators
- Experts in sepsis recognition and treatment
- Unit role models
- Patient advocates
- Liaisons between bedside staff, sepsis coordinator, and physicians
Sepsis Champion Expectations

• Foster and encourage communication between medical team members on cases
• Help follow-up and reinforce education- symptoms, treatment, nomenclature and documentation
• Attend Rapid Responses on unit while working
• Discuss sepsis stories in team huddles
• Provide feedback to peers on sepsis cases
• Communicate with Sepsis Coordinator areas for improvement
• Attend other Sepsis-related events upon request
• Be proactive!

CHALLENGES

• Critical access early sepsis identification
  ❖ Provided referring facilities education and tools for early identification
• Physician, Resident, RN turnover demands continued education regarding early sepsis identification
Sepsis Class for EMS Providers—July, 25 2016

50 EMS attendees!
**Ongoing Education**

- New Hire Orientation
- Regular education on patient care units
- Physician documentation
- Patient and family

**Sustaining Multidisciplinary Engagement**

- Consistent Sepsis Coordinator visibility
- Hardwired processes
- Tools for success
  - Daily lactate report
  - ICU Multidisciplinary Rounding Sheet
  - Sepsis Algorithm
  - Core Measure Checklist
  - Concurrent Review Worksheet
  - Sepsis Alert Tracking Sheet
  - Quick Reference for dictation/coding
  - Lactate Report
  - Sepsis Report - monitor admitting diagnosis
CONTINENTAL DIVISION – Sepsis Trends 1Q2014 – 4Q2016

Key Initiatives:
- Onboarded Sepsis Coordinators
- Standardized Sepsis Order Sets
- Implemented Sepsis Alerts
- Developed a Sepsis Champions Program
- Expanded to community outreach/training

Key Results:
2015 Over 2014
- 152 additional lives saved
- $7.3 M savings
- > 12 ROI on Sepsis Coordinators

2016 Over 2015
- 146 additional lives saved
- $3.5 M Savings

Core Measure Challenge
- Blood cultures before antibiotics
- Recheck lactate before 6 hour window
- 30ml/kg fluid bolus
- Focused exam assessment
A Patient Story: Arnold

- 85 year old
- Heart Rate-145
- Temperature- 103.5
- Respiratory rate-28, shallow
- Altered mental status, somnolent
- Productive cough
- Severe abdominal pain
- Type 2 Diabetes, hypertension
- 911 called
THANK YOU