

South Central HIIergy Partners

Six states partnering for quality and patient safety
through the Hospital Improvement Innovation Network

SEPSIS: Nursing and Front-Line Staff Empowerment for Early Identification and Prompt Treatment

November 15, 2017



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Welcome and opening remarks

- Agenda
- Introductions
- Announcements



Hospital Improvement
Innovation Network
November 15, 2017

South Central HIIergy Partners Agenda

November 15, 2017

- Welcome and overview
- Nursing empowerment
- Hospital feature:
 - Phelps County Regional Medical Center
 - SSM Health St. Joseph Lake St. Louis
- Resources for sepsis
- Upcoming events and opportunities
- Q&A, next steps
- Contact us

Introducing . . .



Jessica Stultz, MHA, BSN, RN, CPHQ, CPPS
Director of Clinical Quality
Missouri Hospital Association

Maryanne Whitney, RN, CNS, MSN
Improvement Advisor
Cynosure Health



Suzanne Weckman, MSN, RN, CEN
Time Critical Diagnosis Coordinator
Phelps County Regional Medical Center

Tammy Keesey, MSN, RN
Director of Emergency
SSM Health St. Joseph Lake St. Louis



Angie Elgin, RN, MA, SANE
ED Sepsis Champion
SSM Health St. Joseph Lake St. Louis



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Webinar features

- We encourage everyone to utilize the chat box to give a response or to ask a question.
- The presentation handout can be downloaded from the pod below. Highlight the file and then click download.

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Purpose



The South Central HIINergy Partners is a group of six geographically proximal state hospital associations (SHA) that have partnered together to create synergy and an enriched virtual learning experience for participating HIIN hospitals as we work together with shared aims in achieving a 20% reduction in all-cause harms and a 12% reduction in all-cause readmissions.

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Creating HIINergy together!

State	Number of Hospitals in HIIN
Arkansas	57
Kansas	121
Louisiana	99
Missouri	73
Oklahoma	46
Texas	132
TOTAL	528

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**Let's hear
from you**



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**We are glad you have joined us.
Which is your state?**

- ☐ Arkansas
- ☐ Kansas
- ☐ Louisiana
- ☐ Missouri
- ☐ Oklahoma
- ☐ Texas

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Creating HIINergy together!

Bi-monthly HIINergy webinars take place on 4th Wednesdays from 10 to 11 a.m. CT.

2017 Schedule	Tentative HIIN Topics	State Lead
January 25	Getting Started	Arkansas
March 22	Up Campaign	Oklahoma
May 24	Patient and Family Engagement	Louisiana
July 26	Transforming Care at the Bedside	Texas
September 27	Equity and Diversity	Kansas
November 15	Sepsis	Missouri

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A Recap of “the most useful thing presented” in:**The New Frontier in Quality and Patient Safety:****Equity and Diversity****HIINergy Webinar held September 27, 2017**[View recording here.](#) | [Handout here](#)

**Wow, so glad we have people caring for people
who really want to find out how we can best help
each other.**

Culture integration**Real scenarios and processes****Ethnic disparities****Thought it was all good**

**The idea for surveying patients to learn why they
were using the ED during non-emergent situations**

Specific ideas on how to measure your program's success

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Polling Question

Select any new action you took after participating in
September 27 HIINergy webinar:

- ▶ My organization took the #123forEquity Challenge
- ▶ My organization collects REAL data
- ▶ My organization uses REAL data to make changes
- ▶ My organization offered or utilizes scripting phrases to find out what matters to the patient
- ▶ I shared webinar information with others
- ▶ Dag nab it! I missed this webinar. I will watch the recording.

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<p>SEPSIS: Nursing and Front-Line Staff Empowerment for Early Identification and Prompt Treatment</p>  <p>Hospital Improvement Innovation Network November 15, 2017</p>	<p>South Central HIINergy Partners November 15, 2017</p> <p>The Power of Nurses in Sepsis Improvement</p> <p>Maryanne Whitney, RN, CNS, MSN Improvement Advisor Cynosure Health</p> <p>11</p>
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<p>The Power of Nurses in Sepsis Improvement</p> <hr/> <p>Maryanne Whitney RN MSN CNS Cynosure Health South Central HIINergy</p> <p>HRET HEALTH RESEARCH & EDUCATIONAL TRUST</p> <p>ARKANSAS • KANSAS • LOUISIANA • MISSOURI • OKLAHOMA • TEXAS</p> <div></div>
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Role of Nurses in Sepsis

Is it ONLY assessment/recognition?

- **Current literature search- Yes,**

BUT....

The role of the RN can be so much greater!

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Why?

Nurses are often the first healthcare providers to interact with and assess the patient who presents with sepsis.



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Why?

Nursing is often a more stable, consistent group than physicians, e.g., residents and fellows rotations.



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Why?

Nurses are almost always employees as opposed to medical providers who may be contract staff.



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Where are you with?

- Screening
 - ✓ **Do your nurses have a sepsis screen? ED? Inpt?**
- Alerts
 - ✓ **Can the triage nurse (or first on the scene) call a “code sepsis” if that is appropriate?**
- RRT

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Where are you?

- Order sets/Protocols/ Checklists
 - ✓ **Can the nurse initiate an order set/protocol?**
 - ✓ Draw blood cultures, lactates, etc.
 - ✓ Start an IV, fluid bolus
 - ✓ Can the nurse mix antibiotics in urgent situations?
- Huddles
 - ✓ **Can the nurse instigate a sepsis huddle?**
- Care pathways
- Checklists

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Overview

Share nursing empowered protocols!

Considerations:

- **EDs and ICUs tend to allow more interventions initially by nurses than less high acuity areas**
 - ▶ How do we empower nurses in the med surg wards?
- **Develop protocols to push action on nursing scope and patient criteria v. having to wait for a physician to arrive, assess and order interventions**

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Summary

- **Processes which allow nurses to perform to the full extent of their scope of practice is optimal for early recognition and timely treatment for patients with sepsis**

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Resources

Implications of the New International Sepsis Guidelines for Nursing Care

Am J Crit Care May 2013 22:212-222; doi:10.4037/ajcc2013158

<http://www.sepsis.org/medical-professionals/nurses/>

<http://www.survivingsepsis.org/Resources/Pages/Protocols-and-Checklists.aspx>

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The graphic features the HRET logo in the top left corner. The main text 'SEPSIS MORTALITY REDUCTION' is displayed in large, bold, white letters on a blue background. To the right, a medical monitor shows vital signs, including a heart rate of 51. A blue banner in the top right corner reads '2017 UPDATE'. Below the main text are three white chevron symbols '>>>'. The bottom of the graphic has a green bar with the text 'ARKANSAS • KANSAS • LOUISIANA • MISSOURI • OKLAHOMA • TEXAS'.



mwhitney@cynosurehealth.org

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and Front-Line
Staff
Empowerment
for Early
Identification
and Prompt
Treatment**

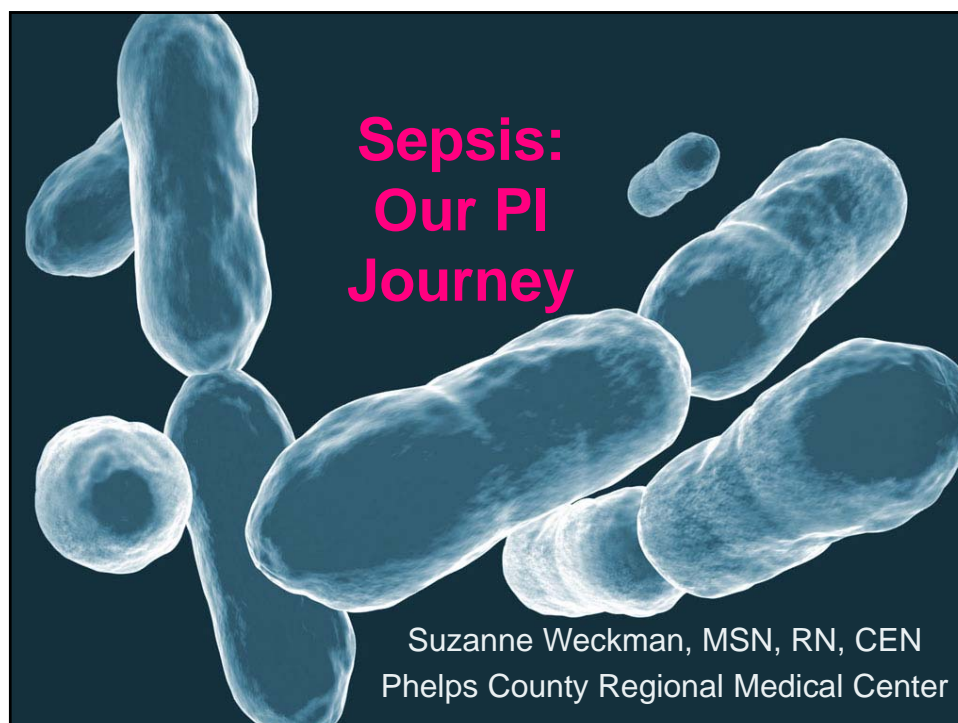


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**Sepsis Journey at
Phelps County Regional
Medical Center**

Suzanne Weckman, MSN, RN, CEN
Time Critical Diagnosis Coordinator
Staff Development Coordinator
Phelps County Regional Medical Center



Physician Education

- Sepsis Bundle Core Measures
 - Documentation of:
 - source of infection
 - SIRS criteria
 - Signs of organ dysfunction
 - Timely orders
 - Initial lactate
 - Antibiotic ordered
 - Blood cultures (prior to antibiotics)
 - IV fluid resuscitation (if shock present)

Physician Order Set

The screenshot shows a medical order set interface titled "Sepsis-Standard". It includes a list of orders with checkboxes and a "Done" button at the bottom.

Order	Frequency	Qty
+ Admission	(1/2)	
<input checked="" type="checkbox"/> + Placement Status Order	10/20 H	Qty: 1
<input type="checkbox"/> + Placement Status Order	10/20 H	Qty: 1
+ Vital Signs and Measures	(5/8)	
<input checked="" type="checkbox"/> + Intake and Output	10/20 H	
<input checked="" type="checkbox"/> + Telemetry	10/20 H	
<input checked="" type="checkbox"/> + Measure Weight	10/20 H	
<input checked="" type="checkbox"/> + Measure Weight	10/20 H	
<input checked="" type="checkbox"/> + Notify Physician Urgent	10/20 H	
<input type="checkbox"/> Arterial Catheter Monitoring	10/20 H	
<input type="checkbox"/> Central Venous O2 Sat Monitor	10/20 H	
<input type="checkbox"/> Central Venous Pressure Monitor	10/20 H	
+ Diet	(0/0)	
+ General Care	(3/3)	
<input checked="" type="checkbox"/> + Foley Catheter	10/20 H	
<input checked="" type="checkbox"/> + Message to Nursing	10/20 H	

1st PI Project

Lactate

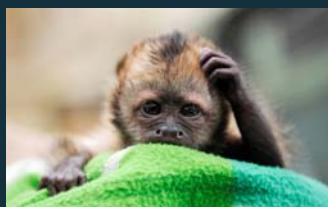
Repeat within 6 hours



Auto reflex of lactic acid if > 2

2nd PI Project

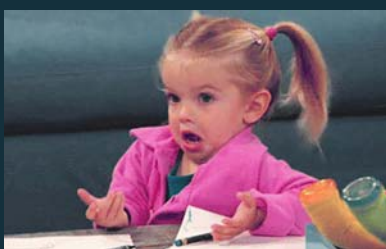
- Physician Documentation



- What to document?

What are we still missing?

- Blood cultures prior to antibiotics
- Sepsis identified/diagnosed after admission


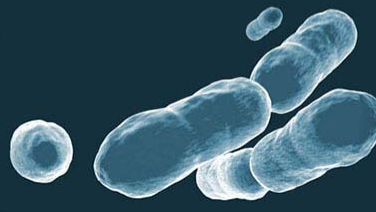


Nursing Education

- <https://youtu.be/6nqdhaz45cg>



Nursing Documentation

Admission Assessment

05/26 1056 COK

00000018325 TEST.PROBLEM LIST

Severe Sepsis Screening Questions

Quick qSOFA risk: If 2/3=YES: Notify Shift Manager immediately

1. New/Worsened Altered Mentation

2. Respiratory Rate over 20

3. Systolic B/P under 100

Shift Manager Notified

Reviewed By: _____

Patient Noted

Severe Sepsis Screening Tool

05/26 1051 COK

00000018325 TEST.PROBLEM LIST

The Shift Manager completes the severe sepsis screening tool

1. Are there signs/symptoms of infection? _____

2. Are there signs/symptoms of systemic inflammatory response syndrome (SIRS)? _____

3. Are there signs/symptoms of organ dysfunction (severe sepsis)? _____

If 2/3=YES: Notify the Provider Immediately

If 3/3=YES: Call a URT

Policy

Purpose: To define the process for early recognition and timely delivery of treatment for adults presenting with sepsis. Sepsis is a time sensitive disease, similar to acute myocardial infarction and stroke, and should be treated urgently. This process is designed for rapid intervention.

Policy: A "Sepsis Alert" will be initiated at the determination of the provider or based on the sepsis screening questions [qSOFA score].

A "Sepsis Alert" may be initiated for adult patients with diagnosis of sepsis or septic shock.

This policy excludes patients who are on comfort/hospice care; as directed per patient wishes; or no evidence of suspected or actual infection.

Definition: Sepsis is a life-threatening organ dysfunction due to a dysregulated host response to infection. Note: Severe sepsis has been removed from definition since sepsis has a mortality rate of 10% or higher, making the condition severe.

Septic Shock is a subset of sepsis in which particularly profound circulatory, cellular and metabolic abnormalities substantially increase mortality

NOTE: Definitions obtained from HRET Sepsis and Septic Shock Change Package and JAMA February 2016

Procedure:

A. Identification and Recognition

- Emergency Department (ED)
 - Patients presenting to ED are screened by the Triage Nurse for sepsis using the qSOFA score. The screening questions are as follows: 1. New/Worsened Altered Mentation; 2. Respiratory Rate over 20; 3. Systolic B/P under 100; 4. Provider notified.
 - ED patients are periodically reassessed for signs and symptoms of sepsis during the ED stay.
- Inpatient
 - Inpatient nurse completes the qSOFA screening questions during admission and shift assessment. If negative stop. The screening questions are as follows: 1. New/Worsened Altered Mentation; 2. Respiratory Rate over 20; Systolic B/P under 100.

Standard Work for Nursing

Standard Work

PHILIPS COUNTY REGIONAL MEDICAL CENTER

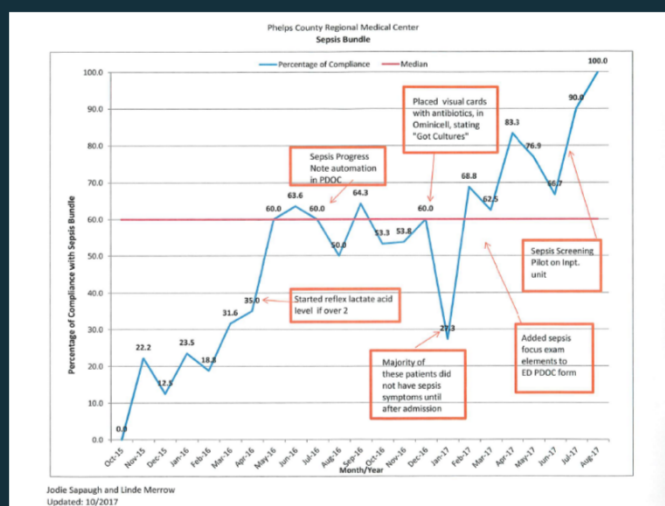
Sepsis Screening Process by Nursing

Date: _____

Description	Task
<p>1. Nurse completes the qSOFA screening during admission and daily assessment. Negative qSOFA stop here. If positive go to step 2.</p>	

<p>3. To _____ the calling you with a Sepsis Alert. Your patient meets severe sepsis criteria (if state criteria patient not from the Sepsis Screening). (Make sure you have a recent set of vital signs prior to calling the physician)</p>	<p>4. Primary fills calls the physician to communicate data from the Sepsis Screening. Adequately new orders. If no new orders given, continue to the next step.</p>
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Compliance with Bundle Measures



Summary

- Sepsis Team
- Focused on Process Improvement
- Multidisciplinary
- Ongoing

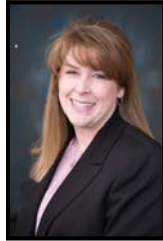
References

- McClelland, H., & Moxon, A. (2014). Early identification and treatment of sepsis. *Nursing Times*, 110(4). 14-17. Retrieved from www.nursingtimes.net.
- Parry, N.M. (2017). Sepsis: qSOFA more accurate than previous criteria in ED. *Medscape*. Retrieved from <https://www.medscape.com/viewarticle/874688>
- Rhodes, A., Evans, L.E., Alhazzani, W., Levy, M.M., Antonelli, M., Ferrer, R., . . . Dellinger, R.P. (2017). Surviving sepsis campaign: International guidelines for management of sepsis and septic shock: 2016. *Society of Critical Care Medicine*, 45(3). 486-552. doi: 10.1097/CCM.0000000000002255
- Saint Joseph Mercy Health System. 2012. *Patient units severe sepsis screening tool*. St. Joseph Mercy Health System.
- Sepsis Alliance. (2017). Nurses suspect sepsis educational video [video]. Retrieved from <https://youtu.be/6nqdhaz45cg>

<p>SEPSIS: Nursing and Front-Line Staff Empowerment for Early Identification and Prompt Treatment</p>  <p>Hospital Improvement Innovation Network November 15, 2017</p>	<p>South Central HII Nergy Partners November 15, 2017</p> <p>Sepsis Initiatives at SSM Health St. Joseph Hospital Lake St. Louis</p> <p>Tammy Keesey, MSN, RN Angela Elgin, RN, MA, SANE</p> <p>SSM Health St. Joseph Hospital Lake St. Louis</p> <p>39</p>
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<p>SSM Health St. Joseph Hospital Lake St. Louis</p>  <p>Sepsis Initiatives</p> <p>SSM-Health</p> <p>40</p>

Meet our Team!



Tammy Keesey, MSN, RN
Director of Emergency and
Trauma Services, Intensive
Care and Stroke Services



Angela Elgin, RN, MA, SANE
ED Sepsis Champion, SJ-LSL

*Coordinator Sepsis Bag
Project

Sepsis Team

J. Attewell, MD, ICU Director

G. Folkert, MD, ED Director

K. Fowler, MD, VPMA

A. Dennis, RN, ED Team Leader

M. Limberg, RN, ICU Team Leader

E. Stearn, RN, ICU Sepsis Champion

Sepsis Initiatives

Code Sepsis

- Paging to the team
- EMS arrivals called from the field

Sepsis “Bags”

- Grab and Go initiative
- Blood Culture Contamination control

So...what is in a Sepsis Bag???



- 2 Gallon zip lock bag full of everything a nurse needs to “start” the Sepsis work up!

Process Roll Out

Change is hard!

- Buy-in was not immediate
- Nurses have a hard time changing “habits”
- Slight changes to bag contents to reflect actual process
- Standard Work created
 - Goals and parameters set (antibiotic administration times, etc)

LSL ED CODE SEPSIS

	TIME
CODE SEPSIS CALLED	_____
BLOOD CULTURES X 2 COMPLETED	_____
LACTIC ACID (Initial)	_____
LACTIC ACID #2	_____
LACTIC ACID #3	_____
FLUID RESUSCITATION	_____
ANTIBIOTICS #1	_____
ANTIBIOTICS #2	_____
ANTIBIOTICS #3	_____

Standard Work

Paramedic:

1. Start an IV in the antecubital space.
2. Draw all labs including the lactic acid.
3. Draw first set of blood cultures.
4. Obtain two (2)bags of fluids from Pyxis.
5. Start IV fluids

Unit Secretary:

1. Page **Code Sepsis** to ED Staff.
2. Place Sepsis Card in assigned room.
3. Place Sepsis time line card on outside of Patient door or on Patient Board in room.

ED Tech:

1. Obtain IV pump and take the assigned room.
2. Place patient on monitor, set vitals to 15 min. intervals.
3. Obtain first set vital signs and temperature (if not already done).
4. Place patient into a gown.
5. Obtain EKG
6. Obtain **Fingerstick** for blood glucose.

Nurse Duties: Primary & Secondary

Primary Nurse

1. Complete the patient assessment & obtain patient weight.
2. Initiate the Septic Orders (if physician not present).
3. Documentation

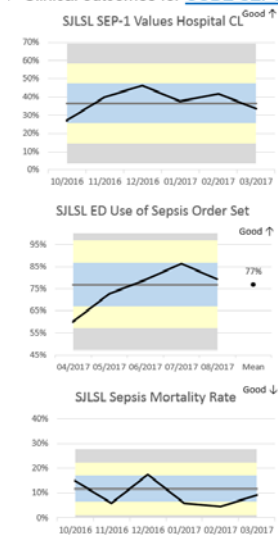
Secondary Nurse

1. Start second IV.
2. Draw second set of blood Cultures.
3. Other duties as needed.

Physician at bedside
Assess and Evaluate within 30 minutes.

Results

Clinical outcomes for **CODE SEPSIS**



Implications for Clinical Practice

Action	Owner
Create accountability through sending outlier letters (MD, RNs) COMPLETE	ED leadership, sepsis team
Closing loop of education and monitoring response to outlier feedback PENDING	ED leadership, sepsis team
Code Sepsis Bag COMPLETE	ED leadership
Sepsis Badges for staff COMPLETE	ED leadership
House wide sepsis education via learning modules PENDING	Sepsis team

Next Steps

- Continue data review
 - Monthly Meetings
 - Chart Review
 - Peer Root Cause
- Expand the Sepsis Team
 - Add Hospitalist
 - Inpatient Considerations for Bundle Compliance

Questions?

Tammy M. Keeseey, MSN, RN

Tammy.keeseey@ssmhealth.com


636-625-5340

Angela Elgin, RN, MA, SANE

Angela.Elgin@ssmhealth.com

636-755-3100

Upcoming Events



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Register Today

Date/Time	Topic
November 16 <small>1:00 pm - 2:00 pm</small>	HRET HIIN Get UP Early Mobility Matters: In & Out of the ICU Register
December 12 <small>11:00 am - 12:00 pm</small>	Administering and Applying HAI TAP Assessments Dial-in Number: 1-877-280-9413 Pass Code: 54567205
January 16 <small>11:00 am - 12:00 pm</small>	Using TAP Feedback and Resources to Prevent HAIs and Improve Patient Safety Dial-in Number: 1-877-280-9413 Pass Code: 57426177

All times are Central Time (CT).

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Reminders

- Data through October 2017 (September for Readmissions)
Due by November 30
(November 20 for Missouri hospitals)
- Operational Metrics
Due by December 1
(November 22 for Missouri hospitals)

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together



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Evaluation

Your feedback is very important to us! Please take 2-3 minutes to evaluate this webinar:

November: <https://www.surveymonkey.com/r/HIINergy-11-15-17>

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State Contacts

Arkansas Hospital Association Pam Brown pbrown@arkhospitals.org 501-224-7878	Missouri Hospital Association Jessica Stultz jstultz@mhanet.com (573) 893-3700
Kansas Healthcare Collaborative Michele Clark mclark@khconline.org (785) 235-0763 x1321	Oklahoma Hospital Association Patrice Greenawalt pgreenawalt@okoha.com (405) 427-9537
Louisiana Hospital Association Michelle Smith msmith@lhaonline.org (225)928-0026	Texas Hospital Association Karen Kendrick kkendrick@tha.org (512)465-1091

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