South Central HIINergy 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

South Central HIINergy Partners

Agenda

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

Welcome and opening remarks

- Agenda
- Introductions
- Announcements
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

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.
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.

Creating HIINergy together!

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Hospitals in HIIN</th>
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<tbody>
<tr>
<td>Arkansas</td>
<td>57</td>
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<tr>
<td>Kansas</td>
<td>121</td>
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<td>Louisiana</td>
<td>99</td>
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<tr>
<td>Missouri</td>
<td>73</td>
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<tr>
<td>Oklahoma</td>
<td>46</td>
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<td>Texas</td>
<td>132</td>
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<td><strong>TOTAL</strong></td>
<td><strong>528</strong></td>
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Hospital Improvement Innovation Network
We are glad you have joined us. Which is your state?
- Arkansas
- Kansas
- Louisiana
- Missouri
- Oklahoma
- Texas

Creating HIInergy together!

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

<table>
<thead>
<tr>
<th>2017 Schedule</th>
<th>Tentative HII Topics</th>
<th>State Lead</th>
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<tbody>
<tr>
<td>January 25</td>
<td>Getting Started</td>
<td>Arkansas</td>
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<tr>
<td>March 22</td>
<td>Up Campaign</td>
<td>Oklahoma</td>
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<tr>
<td>May 24</td>
<td>Patient and Family Engagement</td>
<td>Louisiana</td>
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<td>July 26</td>
<td>Transforming Care at the Bedside</td>
<td>Texas</td>
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<td>September 27</td>
<td>Equity and Diversity</td>
<td>Kansas</td>
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<tr>
<td>November 15</td>
<td>Sepsis</td>
<td>Missouri</td>
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</table>
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

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.
The Power of Nurses in Sepsis Improvement

Maryanne Whitney RN MSN CNS
Cynosure Health
South Central HIINergy
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.
Why?

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

Why?

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

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
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

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

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

Sepsis Journey at Phelps County Regional Medical Center
Sepsis: Our PI Journey

Suzanne Weckman, MSN, RN, CEN
Phelps County Regional Medical Center

Sepsis Team

- Multidisciplinary Team
  - IP physician(s)
  - ED physician(s)
  - ED Nursing
  - IP Nursing
  - Clinical Quality & Measurement
  - Nursing Clinical Education
  - Pharmacy
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

[Image of Physician Order Set]
1\textsuperscript{st} PI Project

Lactate
Repeat within 6 hours

Auto reflex of lactic acid if > 2

2\textsuperscript{nd} 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](https://youtu.be/6nqdhaz45cg)
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 diagnoses 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

1. 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.

2. Inpatient

- Inpatient nurse completes the qSOFA screening questions during admission and shift assessment.
- If negative, stop.
- ED patients are periodically reassessed for signs and symptoms of sepsis during the ED stay.
Standard Work for Nursing

Compliance with Bundle Measures

Hospital Improvement Innovation Network
Summary

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

References

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

Sepsis Initiatives at SSM Health St. Joseph Hospital Lake St. Louis

Tammy Keesey, MSN, RN
Angela Elgin, RN, MA, SANE
SSM Health St. Joseph Hospital Lake St. Louis

SSM Health
St. Joseph Hospital Lake St. Louis

Sepsis Initiatives
Meet our Team!

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

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 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)
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.

Nurse Duties: Primary & Secondary

Primary Nurse
2. Initiate the Sepsis 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.

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 Fingertip for blood glucose.

Results

Clinical outcomes for Code Sepsis

Implications for Clinical Practice

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
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<tbody>
<tr>
<td>Create accountability through continuous feedback letters (MD, RN)</td>
<td>ED Leadership, sepsis team</td>
</tr>
<tr>
<td>Closing loop of education and monitoring prompt to outlier feedback</td>
<td>ED Leadership, sepsis team</td>
</tr>
<tr>
<td>Code Sepsis flag</td>
<td>ED Leadership</td>
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<tr>
<td>Sepsis badges for staff</td>
<td>ED Leadership</td>
</tr>
<tr>
<td>Increase wide sepsis education via learning modules</td>
<td>Sepsis team</td>
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Next Steps

- Continue data review
  - Monthly Meetings
  - Chart Review
  - Peer Root Cause

- Expand the Sepsis Team
  - Add Hospitalist
  - Inpatient Considerations for Bundle Compliance

Questions?

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636-625-5340

Angela Elgin, RN, MA, SANE
Angela.Elgin@ssmhealth.com
636-755-3100
### Upcoming Events

#### Register Today

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td>November 16</td>
<td>HRET HIIN Get UP</td>
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<tr>
<td>1:00 pm - 2:00 pm</td>
<td>Register</td>
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<tr>
<td>December 12</td>
<td>Administering and Applying HAI TAP Assessments</td>
</tr>
<tr>
<td>11:00 am - 12:00 pm</td>
<td>Dial-in Number: 1-877-280-9413  Pass Code: 54567205</td>
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<tr>
<td>January 16</td>
<td>Using TAP Feedback and Resources to Prevent HAIs and Improve Patient Safety</td>
</tr>
<tr>
<td>11:00 am - 12:00 pm</td>
<td>Dial-in Number: 1-877-280-9413  Pass Code: 57426177</td>
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All times are Central Time (CT).

### 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)*
Evaluation

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

# State Contacts

<table>
<thead>
<tr>
<th>Arkansas Hospital Association</th>
<th>Missouri Hospital Association</th>
</tr>
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<tbody>
<tr>
<td>Pam Brown</td>
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<tr>
<td>501-224-7878</td>
<td>(573) 893-3700</td>
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<thead>
<tr>
<th>Kansas Healthcare Collaborative</th>
<th>Oklahoma Hospital Association</th>
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<tbody>
<tr>
<td>Michele Clark</td>
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<td>(785) 235-0763 x1321</td>
<td>(405) 427-9537</td>
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<tr>
<th>Louisiana Hospital Association</th>
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<tbody>
<tr>
<td>Michelle Smith</td>
<td>Karen Kendrick</td>
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<td>(225)928-0026</td>
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