Now is the time to achieve HEN 2.0 goals!

Agenda

• Welcome and Announcements
• Focus on Sepsis Prevention
• Data and Measures Update
• Upcoming Events, Resources
• Contact Us
Introductions

Presenters

Suzanne Fletcher, RN, CMSRN
Sepsis Coordinator
Quality & Infection Prevention
Wesley Healthcare
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Kansas Healthcare Collaborative

Congratulations!

2016 Leadership in Quality Award

The KHC Leadership in Quality Award is presented annually to a facility that reflects KHC’s vision for health care that is consistent with the Triple Aim of improving the health of populations, enhancing the experience of patients, and reducing the per capita cost of care.

Labette Health
Front row (L to R): Ashley Harlow, PharmD; Teresa DeMeritt RN MSN
APRN NFC; Rachel Merrick RN
Back row: Brian Williams FACHE, FACMPE, CEO; Kathi McKinney RN
BSN MHCL, CNO; Rebecca Helwig, RN; Kendra Tinsley, KHC Executive Director; Kurt Scott, Kammco President and CEO.

Kansas Healthcare Collaborative
2016 Leadership in Quality Awards of Merit

Holton Community Hospital
Front row (L to R): Loretta Fitzgerald, Safety Officer; Mandy Bontrager, Director of Nursing; Home Health & Hospice; Cody Utz, Director of Quality.
Back row: Kurt Scott, KaMMCO President and CEO; Sarah Gideon, Risk Manager; Brandon Speer, Nurse Manager; Kendra Tinsley, KHC Executive Director.

Phillips County Health System
(L to R) Kurt Scott, KaMMCO President and CEO; Rhonda Schurtz, Risk Manager/Quality Director; and Kendra Tinsley, KHC Executive Director.

Newton Medical Center
Front row (L to R): Karen Lehman, APRN Hospitalist; Malea Hartvickson, Director of Quality Management; Kesa Easter, Quality Specialist.
Back row (L to R): Kurt Scott, KaMMCO President and CEO; Todd Tangeman, Chief Operating Officer; Heather Porter, DCM; Justine Komin, Performance Improvement Coordinator; Jennifer Koontz, MD; Kendra Tinsley, KHC Executive Director.

Video Interviews at 2016 Summit on Quality
Announcements

Kansas PFAC Collaborative

“We are the patient experience”

Train-the-Trainer Learning Session
Held April 29, 2016
KMS/KaMMCO Conference Center, Topeka, KS

Kansas PFAC Collaborative

PFA Storytelling Workshop
Held April 28, 2016
KMS/KaMMCO Conference Center, Topeka, KS
Learning, Sharing Across the State

*Improvement leaders visit >15 hospitals this spring.*

**SEPSIS**
Wesley Healthcare, April and May

Dr. Francie Ekengren, Brett Hartkopp and Suzanne Fletcher, Wesley Healthcare, visit with Salina Regional Health Center team. What a great turnout!

**HOSPITAL-CHOICE TOPICS**
Cynosure Health, May 16-18

Cheryl Ruble, Cynosure Health, and Newman Regional Health staff take a tour of the simulation lab following their meeting with their falls and sepsis teams. A good place to brainstorm more ideas!

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**Announcements**

**KHC Poster Presentation**
Favorable results of Kansas’ statewide campaign to improve influenza immunization of health care personnel presented at NPSF Patient Safety Congress this week.

8th Annual HCP Influenza Immunization Survey

ATTENTION: Statewide survey will be conducted online during July for 2015-16 immunization season.

Goal:
100% participation by Kansas hospitals

- NHSN rights can be conferred to KHC’s HCP Immunization Group.
- Survey results and promising practices are shared annually
- Kansas HCP Immunization toolkit is available at www.khconline.org

KQIP Recommendation

KQIP recommends all Kansas hospitals use NHSN for tracking HAI and HCP Immunization.

CDC’s standardized definitions should be used to promote and assess progress.
SHIP and MBQIP

OP-27 – Influenza vaccination coverage among health care personnel

SHIP Grant Cycle 06/01/16 – 05/31/17
Facilities MUST report OP-27 via NHSN by May 15, 2017 to receive SHIP Grant monies
(aggregate based on Q4 2016 and Q1 2017)

Focus on Sepsis Prevention

Suzanne Fletcher, RN, CMSRN
Sepsis Coordinator
Quality & Infection Prevention
Wesley Healthcare
suzanne.fletcher@wesleymc.com
Objectives

- Review highlights, general themes from sepsis site visits
- Review sepsis driver diagram
- Discuss steps for implementation
- Share key tools that were well-received at site visits

Site Visit Highlights

**Successes**
- Delightful Staff
- Very Passionate about Sepsis
- Willingness to do what is needed to identify and treat septic patients
- Great ideas

**Challenges**
- Lack of administrative support
- Pushback from providers
- Lack of knowledge in creating and implementing process
- No screening tools or consistent use of them
Sepsis Driver Diagram

To reduce Sepsis by 40% by 9/2016

- Reliable Early Detection
- Implementation of 3-hour bundle for patients with severe sepsis
- Implementation of 6-hour bundle for patients with septic shock
- Provision of other supportive therapies

Primary Drivers

Secondary Drivers

- Implement a Severe Sepsis screening tool
- Adopt sepsis screening on all potentially infected patients
- Support prompt escalation and timely intervention for at-risk patients
- Measure lactate
- Obtain blood cultures prior to the administration of antibiotics
- Administer broad-spectrum antibiotics
- Administer 30mL/kg Crystalloid for hypotension or lactate levels >4mmol/L.
- Administer vasopressors
- Re-assess volume status and tissue perfusion to ensure adequate resuscitation
- Re-measure lactate
- Implement the other supportive therapies as indicated by individual patients using algorithms and/or protocols

Recommendations

- Implement your screening tool
- Mandatory screening of all ED patients at triage
- Mandatory screening of all admits
- Mandatory screening of all patients once per shift and PRN
- Develop an alert system for extra support when positive screen occurs (remember, they don’t always look sick right away)
- Plan for rapid treatment once identified
Treat Before Transfer

- Most Kansas critical access hospitals transfer to WMC
- Print forms and keep in ED
- Obtain lactate and blood cultures before antibiotics
- If antibiotics will be delayed by any more than 30 minutes, go straight to the antibiotics
- 30 ml/kg fluid bolus for hypotension or lactate greater than 4
- Contact me for case review after transfer

Every hour that passes without the first broad spectrum antibiotic, the patient's mortality rate increases by 7.6%

See full-size forms at back of handout.
Know Your Broad Spectrum Antibiotics

Top 10 Checklist: Sepsis Mortality Reduction

1. Collect and analyze sepsis mortality data.
2. Gather an interdisciplinary program planning team to develop a strategy for implementation of improvement ideas.
3. Adopt a sepsis screening tool or system in the ED and/or in one inpatient department.
Top 10 Checklist: Sepsis Mortality Reduction

4. Screen every adult patient during initial evaluation in the ED and/or once a shift in one identified inpatient department.

5. Develop an alert mechanism to provide for prompt escalation and action from care providers with defined roles and responsibilities.

6. Develop standard order set or protocol linking blood cultures and lactate lab draws (blood culture = lactate level) and ensure lactate results are available within 45 min. Consider a lactate of >4mmol/L a CRITICAL result to prompt notification.

7. Place broad-spectrum antibiotics in the ED medication delivery system to allow for antibiotic administration within 1 hour.
Top 10 Checklist: Sepsis Mortality Reduction

8. Develop an order-set or protocol for 3-hour resuscitation bundle and the 6-hour septic shock bundle that uses an “opt-out” process instead of an “opt-in” for all bundle elements with the explicit end goals of therapy and assessment of volume status.


10. Utilize a “TIME ZERO” method that also displays visual cues for the health care team for timing of interventions for the sepsis.

Time Zero Tool

Essentials to Implementing Processes and/or Interventions

- **PLAN** -
  - Determine who you need and want on your team
  - Appeal to what means most to them

- **DO** -
  - Develop your process/intervention using input from your chosen subject matter experts

- **STUDY** -
  - How will it look upon implementation

- **ACT** -
  - Education to staff
  - Implementation
  - Evaluation
Kansas HEN
Sepsis Champion LISTSERV®

To subscribe, send request to amiller@khconline.org

KHC has launched a new email LISTSERV for Sepsis. The primary goal of this LISTSERV is to provide participants an engaging community to seek and share information, practical strategies, resources and project updates in support of your continued growth in Sepsis prevention.

This statewide LISTSERV is co-moderated by hospital improvement leaders at Wesley Healthcare: Suzanne Fletcher, RN, CMSRN, market sepsis coordinator, and Brett Hartkopp, RN, BSN, market director; quality, infection prevention & safety.

More than 300 hospital participants in the Kansas and Iowa HENs!
Resources

• Video: How to Drive An Initiative, featuring Dr. Francie Ekengren, Wesley Healthcare, Wichita, KS
  https://youtu.be/cHAj6nbN_t4

• AHA/HRET HEN 2.0 Website – Sepsis page
  www.hret-hen.org/topics/sepsis.shtml
  Sign up for AHA/HRET HEN Sepsis Listserv:
  www.hret-hen.org/inc/dhtml/listserv.dhtml

• Surviving Sepsis Campaign
  www.survivingsepsis.org

• KHC website

Measures & Data Update

• HEN 2.0 Data Analytic Reports
• Coming soon: De-identified Side-by-Side Reports
• HEN 2.0 Progress to Date
Kansas HEN Data Reports:

- HEN 2.0 data analytic reports released
  - 5/24 – Final report distributed to CEO, CNO and primary/secondary HEN contacts

Coming soon:
- De-identified Side-by-Side Milestone 4 Progress Report
  - Draft complete. Expected release early June.
- HEN 2.0 Improvement Calculator
  - Updated version (6.1) now available.
HRET HEN 2.0 Milestones

- **Milestone 1:** (Nov 2, 2015)
  - Hospital Commitments

- **Milestone 2:** (Feb 8, 2016)
  - Hospital site visits
  - Baseline data

- **Milestone 3:** (Apr 29, 2016)
  - Monitoring data for all topics for the period of Oct 1, 2015 through Jan 31, 2016

- **Milestone 4:** (Aug 31, 2016)
  - Monitoring data, and hospitals reaching HEN 2.0 goals for at least 5 topics.

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**Coming Soon!**

Milestone 4 Side-by-Side Report (draft)
De-identified (anonymous)

### HEN 2.0 Milestone 4
**Side-by-Side Progress toward 40/20 Goals**
May 23, 2016

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Topics Currently Meeting Target</th>
<th>Eligible Topics</th>
<th>%</th>
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<tbody>
<tr>
<td>hospital035</td>
<td>5/5</td>
<td>100</td>
<td>88</td>
</tr>
<tr>
<td>hospital102</td>
<td>7/7</td>
<td>85</td>
<td>55</td>
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<tr>
<td>hospital039</td>
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<td>100</td>
<td>100</td>
</tr>
<tr>
<td>hospital103</td>
<td>0/0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Note: KHC will individually notify each hospital which identifier is theirs.*
Key to Milestone 4 Side-by-Side Report

- Green: A current streak of at least 3 months with zero medication events, or
- A reduction from baseline of 40% (20% for readmissions)*
- For any measure in the category. E.g., a facility with 1 of 3 ADE measures meeting the above criteria would receive a green ADE tile.

- Yellow: Reduction from baseline, but not yet achieving target (40% or 20% for readmissions)*
- For any measure in the category.

- Red: No reduction from baseline*

- Grey: No data submitted, or
- Inefficient data. Fewer than 3 monthly data points submitted, or
- Sparse data. Data is submitted, but there were too few denominator events to evaluate change over time.

- N/A: Inapplicable focus areas for certain facilities (e.g., CLABS, SSI, OI or VAD)

- Orange: Most recent submitted data more than 2 months old
- Otherwise Green measures will not be shown if stale.

*Current performance is determined by most recent 3 months of monitoring data. Baseline performance is determined by the program baseline period if available.

HEN 2.0 Improvement Calculator

- Newly updated HAB Improvement Calculator is now available (v6.1, May 2016)
- In early June, KHC will provide each Kansas HEN hospital their updated Improvement Calculator pre-populated with facility-level data.
- Contact Rob Rutherford at KHC with any questions, RRutherford@khconline.org
Kansas Hospital Engagement Network (HEN 2.0) May 25, 2016

HEN 2.0 Data and Measures Update

**All Hospitals**

- **Most Recent Month % Patients w/ Hypoglycemia (%) Improvement**
  - Mar 26: 5.77 (21%)

- **Number of Hypoglycemia Prevented to Date**
  - 139

- **Cost Savings to Date**
  - $417,000

- **Estimated Number of Hypoglycemia to Prevent in Order to be at Goal Rate by Next Month**
  - 0

**Hypoglycemia in Inpatients Receiving Insulin**

- % Patients w/ Hypoglycemia

- Preliminary Data: Kansas

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HEN 2.0 Data and Measures Update

**All Hospitals**

- **Most Recent Month Falls/1,000 Patient Days (%) Improvement**
  - Apr 26: 1.64 (75%)

- **Number of Falls Prevented to Date**
  - 0

- **Cost Savings to Date**
  - $ -

- **Estimated Number of Falls to Prevent in Order to be at Goal Rate by Next Month**
  - 36

**Falls With Injury per 1,000 Patient Days**

- Preliminary Data: Kansas
HEN 2.0: The final stretch

*We can make an impact!*

What if:
- every Kansas hospital prevented at least 1 more harm... each month... in each HAC...?

And What if:
- every other hospital in the nation did this, too?
Kansas HEN 2015-2016  
Data Submission Schedule

<table>
<thead>
<tr>
<th>Outcome &amp; Process Measures for HAcs occurring in:</th>
<th>Readmissions for index discharges in, and SSI for procedures performed in:</th>
<th>Submission Due</th>
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<tr>
<td>October, 2015</td>
<td>September, 2015</td>
<td>November 30, 2015</td>
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<tr>
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<td>March, 2016</td>
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<td>June 30, 2016</td>
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<tr>
<td>June, 2016</td>
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<td>July 31, 2016</td>
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</table>

Resources & Upcoming Events

Michele Clark, MBA, CPHQ, ABC  
Program Director  
Kansas Healthcare Collaborative  
mclark@khconline.org  
(785) 235-0763 x1321
Upcoming In-person Events
Kansas Hospital Engagement Network

**Regional PFE Workshops**

**June 23 – Topeka**
KMS KaMMCO Conference Center

**June 24 – Hays**
Sternberg Museum

Featuring national faculty and Kansas hospitals:

Tanya Lord, PhD, MPH
Director, Patient and Family Engagement
Foundation for Healthy Communities

Registration will open soon at www.khconline.org/events/event-list

**HEN 2.0 Sharing/Celebration**

**Thursday, September 15**
KMS KaMMCO Conference Center
Topeka, KS

Featuring national faculty and Kansas hospitals:

Kathy Duncan
Institute for Healthcare Improvement
with Kansas Action Leader Fellows

Tiffany Christensen and Allison Chrestensen
North Carolina Quality Center
with Kansas PFAC Collaborative

Noon briefings:
Medicare’s Mandatory Performance-based Payment Reforms

Two-part Webinar Series:

**Part 1 – Value-based Purchasing** (June 8)
Registration link:
https://datagen.webex.com/datagen/onstage/g.php?MTID=ea18ea8f42a2a92b197b02b6c7658f4b1

**Part 2 – Medicare’s Readmissions Reduction Program and Hospital-Acquired Conditions** (June 22)
Registration link:
https://datagen.webex.com/datagen/onstage/g.php?MTID=ebe01d3f31d49399117830029774e5b11

Program brochure:
HRET HEN 2.0
Action Leader Fellowship
Faculty: Institute for Healthcare Improvement

June 15 ● July 13
August 17 ● September 7

September: Showcase and sharing of improvement projects

Two tracks:

**Foundational**
11:00 a.m. to 12:00 pm

**Experienced**
12:30 to 1:30 p.m.

Register at [www.hret-hen.org/events/](http://www.hret-hen.org/events/)

More information and educational archive:
[www.hret-hen.org/engage/fellowship.shtml](http://www.hret-hen.org/engage/fellowship.shtml)

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**Wanted: Case studies, success stories**

### Categories

<table>
<thead>
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<th>Categories</th>
<th>Focus</th>
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<tbody>
<tr>
<td>Topic-specific Case Studies</td>
<td>HEN 2.0 topics – core and optional</td>
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<tr>
<td>Equity of Care</td>
<td>Hospital success stories on reducing disparities and promoting diversity and inclusion.</td>
</tr>
<tr>
<td>Patient and Family Engagement</td>
<td>HEN hospital success stories in patient and family engagement, specifically the 5 metrics.</td>
</tr>
<tr>
<td>Huddle for Care</td>
<td>Huddle for Care</td>
</tr>
</tbody>
</table>

For more information about Huddle for Care, contact Michele Clark, KHC, mclark@khconline.org.

**Huddle for Care**
Hutchinson Regional Medical Center developed a comprehensive chronic disease management program to improve patient’s quality of life. This story and associated data trends, including 137 admissions pre-program to 21 admissions post-program implementation, may be found here: [http://huddleforcare.org/design-targeted-hospital-units-to-communicate-consistently-with-patients/](http://huddleforcare.org/design-targeted-hospital-units-to-communicate-consistently-with-patients/)
HRET’s New “Up” Campaign

3-part webinar series

- Registration is now open!
  - WAKE UP on May 12 (recorded)
  - GET UP on May 26 (11 a.m.)
  - SOAP UP on June 9 (11 a.m.)
- 60-minute webinars

Register at
www.hret-hen.org/events/index.dhtml

Up Campaign highlights the role of crosscutting interventions in reducing multiple hospital-acquired conditions: shifting focus from many interventions to a few with far-reaching impact.

Featured National Webinars

HRET HEN 2.0 GET UP Webinar: Move it or Lose it
Thursday, May 26 • 11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/getup/event/registration.html

HRET HEN 2.0 Readmissions Webinar
Thursday, June 2 • 11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/readmissions20160602/event/registration.html

HRET HEN 2.0 EED Webinar
Tuesday, June 7 • 11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/eed20160607/event/registration.html

HRET HEN 2.0 SOAP UP Webinar
Thursday, June 9 • 11:00 to 12:00 p.m. CT
Pre-register at: https://hret.adobeconnect.com/soapup/event/registration.html

All times listed are Central Time (CT)
Featured National Webinars (cont’d)

HRET HEN 2.0 Hospital-acquired Pressure Ulcers Webinar
Tuesday, June 14 ● 11:00 to 12:00 p.m.
Pre-register: https://hret.adobeconnect.com/hapu/event/registration.html

HRET HEN 2.0 Fellowship #7
Wednesday, June 15 ● 11:00 to 12:00 p.m. - Foundational
Wednesday, June 15 ● 12:30 to 1:30 p.m. - Experienced
Pre-register at:
https://hret.adobeconnect.com/foundationalfellowshipwebinar/event/registration.html
https://hret.adobeconnect.com/experiencedfellowship7/event/registration.html

HRET HEN 2.0 Adverse Drug Events Webinar
Thursday, June 16 ● 11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/ade06162016/event/registration.html

HRET HEN 2.0 Ventilator-Associated Events Webinar
Thursday, June 23 ● 11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/vae20160623/event/registration.html

HRET HEN 2.0 Rural/CAH Affinity Group Webinar
Monday, June 27 ● 11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/ruralcahaffinitygroup20160627/event/registration.html

HRET HEN 2.0 C. Difficile (CDI) Webinar
Thursday, June 30 ● 11:00 to 12:00 p.m.
Pre-register at: https://hret.adobeconnect.com/cdi20160630/event/registration.html

See full list of Upcoming Events at
http://www.hret-hen.org/events/index.dhtml
(Recordings available on topic pages.)

All times listed are Central Time (CT)
New CDC Campaign

The CDC’s new *Clean Hands Count* campaign aims to improve adherence to hand hygiene recommendations, address myths and misperceptions about hand hygiene and empower patients to play a role in their care.

Additional information and resources:
- [www.cdc.gov/features/handhygiene/](http://www.cdc.gov/features/handhygiene/)
- [www.cdc.gov/handhygiene/campaign/index.html](http://www.cdc.gov/handhygiene/campaign/index.html)
Equity of Care update

- Kick off at AHA Annual on May 1 – Achieving the Goals Advertising Campaign
- Resources Available after kickoff
  - Online portal to update goals and hospital data
  - Interactive map to use for reporting purposes

#123ForEquity Toolkit
- Hospital Case Studies
- Storyboards on programs with outcomes
- Relevant articles of diversity and disparities
- Research reports

NOTE: Revolving and updated regularly

Upcoming KHC Events

**HEN 2.0 June Webinar**
Wednesday, June 22nd • 10:00 – 11:00 am
Register at: [https://cc.readytalk.com/r/lqn0wanxofw4&eom](https://cc.readytalk.com/r/lqn0wanxofw4&eom)

**HEN 2.0 July Webinar**
Wednesday, July 13th • 10:00 – 11:00 am
Register at: [https://cc.readytalk.com/r/9h8zg0zuz1x4&eom](https://cc.readytalk.com/r/9h8zg0zuz1x4&eom)

**HEN 2.0 August Webinar**
Wednesday, August 24 • 10:00 – 11:00 am
Register at: [https://cc.readytalk.com/r/6y7dmflee1un&eom](https://cc.readytalk.com/r/6y7dmflee1un&eom)

All times listed are Central Time (CT)
Thanks for all you do for your patients and for each other!

Next Kansas HEN Webinar:
Wednesday, June 22, 2016
10:00 to 11:00 a.m. CDT

Pre-register at: https://ccreadytalk.com/r/lqn0wanxofw4&eom

Your KHC Team

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Kansas Hospital Engagement Network (HEN 2.0)  May 25, 2016

Kansas Healthcare Collaborative
Severe Sepsis Antibiotic Coverage

**Broad Spectrum**
- Meropenem
- Zosyn
- Cefepime
- Ceftriaxone
- Levofloxacin
- Unasyn
- Cefazolin
- Ampicillin

**Narrow Spectrum**
- Vancomycin
- Clindamycin
- Aztreonam
- Tobramycin
- Gentamicin

**Miscellaneous**
- Azithromycin
- Metronidazole

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**GRAM (+/-)**
- Give First

**GRAM (+)**
- Give Last

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**GRAM (-)**
- Give Last

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WESLEY Healthcare
Transferring Facility **Sepsis Screening Tool**

**SIRS:** Evaluate patient for Systemic Inflammatory Response Syndrome (SIRS)

If the patient **meets two or more of the four criteria listed below** during their ED or hospital stay, the patient is **positive** for SIRS.

1. Temperature greater than or equal to 100.4 F or less than or equal to 96.8 F
2. Heart rate greater than or equal to 90 beats/minute
3. Respiratory rate greater than or equal to 20 breaths/minute
4. WBC greater than or equal to 12,000 or less than or equal to 4,000

**Infection:** Does the patient have **ANY** of the following documented or suspected Infections, High Risk Criteria or Symptoms / Exam?

**Infections:**
- Pneumonia
- UTI
- Wound infection
- Cellulitis
- Decubitus ulcers

**High Risk Criteria:**
- Nsg. Home / LTAC
- Recent surgery
- Immunocompromised
- Indwelling device
- Currently on antibiotics

**Symptoms / Exam:**
- Cough
- Shortness of breath
- Purulent wound drainage
- Urinary pain/frequency
- Abdominal pain, distension or firmness
- Stiff neck

If the answer is **yes to one of the infection questions above** and is positive for SIRS, then the patient is **positive for sepsis.**

**PROCEED TO NEXT PAGE FOR SEPSIS TREATMENT GUIDELINES.**
Transferring Facility Sepsis Treatment Bundle

Recommended Interventions for Septic Patients prior to Transfer

1. Give recommended 30ml/kg crystalloid fluid bolus for suspected hypovolemia and/or tissue hypo-perfusion (especially for lactate≥4 SBP<90 or MAP<65).

2. Draw blood cultures and cultures of other areas of suspected infection. (Do not delay antibiotics greater than 30 minutes if unable to draw cultures).

3. Draw a lactate or lactic acid level.

4. Administer a broad spectrum antibiotic (Give antibiotic prior to transport and recommended within an hour after arrival to ED).

Undifferentiated Sepsis: Antibiotic Recommendation

First Line:

- Zosyn 4.5 grams IV once given over 30 minutes, plus Vancomycin 20 mg/kg (rounded to the nearest 250mg, max 2000 mg) once given at a rate of 1000 mg/hr.

Allergic Alternative (mild-moderate penicillin allergy):

- Cefepime 1 gram once given as IV push over 3-5 minutes, plus Vancomycin 20 mg/kg (rounded to the nearest 250 mg. max 2000 mg) once given at a rate of 1000 mg/hr.

Allergic Alternative (severe penicillin allergy):

- Aztreonam 1 gram IV once as IV push over 3-5 minutes, plus Levofloxacin 750 mg once over 90 minutes, plus Vancomycin 20 mg/kg (rounded to the nearest 250 mg. max 2000 mg) once given at a rate of 1000 mg/hr.

We are committed to decreasing mortality in our septic patients. Please contact accepting provider at 316-962-3030 with any questions.