




**The Impact of CNS Leadership
in Planning a
System-wide Change Process to
Improve Sepsis Care and Outcomes**

2017 NACNS Conference
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Objective and Purpose



- Describe the influential role of the CNS as sepsis coordinator for planning system-wide change to improve care and outcomes of the sepsis patient while meeting the CMS Core Measure.
- The purpose of this presentation is to show how our hospital system improved patient care and outcomes for sepsis patients while meeting the CMS Core Measure.



Deaconess Health System

- 6 Hospital Health System, serving 26 counties in tri-state area
- Acute Tertiary Care Hospital
- Multiple Clinics and Urgent Care Facilities
- Over 600 inpatient beds, including pediatric and neonatal
- Over 1500 Nurses
- Magnet Facility since 2013

Six Hospitals, more than 40 locations serving you.

 Deaconess Hospital	 Deaconess Gateway Hospital	 The Women's Hospital
 The Heart Hospital	 Deaconess Cross Pointe	 HealthSouth Deaconess



Significance and Background

- History
- Core Measure
- Quality Department Consultation
- CNO Support
- Sepsis Coordinators



Gap

- CMS initiated the Sepsis Core Measure in October 2015.
- 64 components – all or none
 - 3 hour bundle
 - 6 hour bundle
 - Shock bundle



Gap

- No benchmarks
- Need for a plan to meet the Core Measure before its initiation
- Value Based Purchasing



Planning and Preparation

- Six Sigma Workout
- Operations Team
- 3 Sepsis Coordinators and 1 Quality Analyst
- Interprofessional education
- Benchmarks and data tracking system



CNS Leadership

- 3 Spheres Impacted at our Hospital
 - Patient
 - Nursing
 - System
- Interprofessional Education
 - Bundles
 - Fluid resuscitation
 - Antibiotic Selection
- Networking
 - Multiple webinars
 - Other facilities



Sepsis Coordinator Role

- Referrals from Quality Analyst
- Chart Audits
- Follow up on OFIs
 - Discussion with Provider
 - Formal Letter to Provider
 - Notification of Manager of Nursing Unit
- Thank you letter to Providers whose care met the criteria for the Core Measure
- Lead Monthly Sepsis Operations Team Meeting



Interprofessional Collaboration and Education

- Physicians and Advanced Practice Providers
 - Meetings
 - Letters
- RN Education
 - Nursing Strategic Planning Day
 - Posters
 - PowerPoints
 - Unit Rounding
 - Unit Huddles
 - UBC Meetings



Interprofessional Collaboration and Education

- Pharmacy
- Lab
- Information Technology
- Emergency Department
- Coding
- Sepsis Week - September 2016



Issues

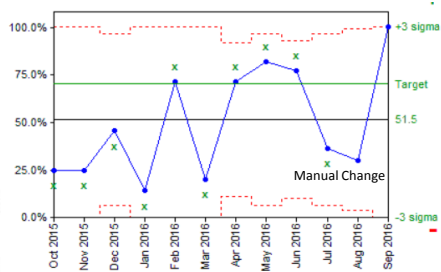
- Fluid resuscitation guidelines
- Surviving Sepsis Campaign vs CMS
- 2015 JAMA article
 - SOFA, qSOFA
- CMS manual changes



Outcomes

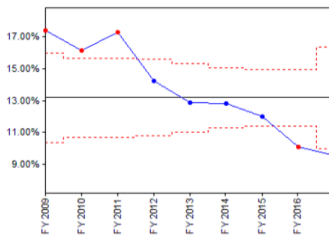
- Internal Goals
 - Monthly
 - 30%→50%→70%
 - FYTD
 - 30%→50%

Fiscal Year 2015-16

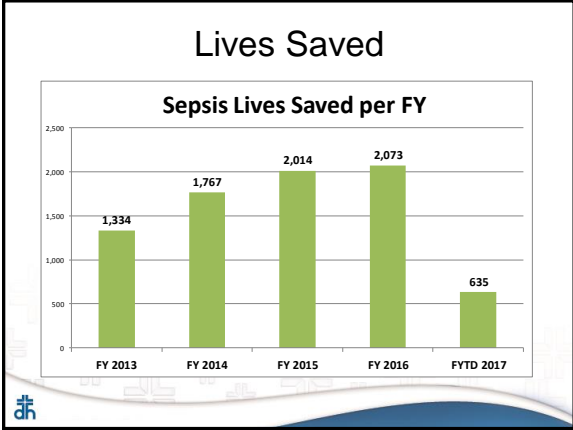


Mortality

Sepsis Any Diagnosis Mortality Rate FYTD
Facility = ALL



Period	CDB987 - Sepsis, Any Diagnosis Mortality Rate (numerator)	CDB987 - Sepsis, Any Diagnosis Mortality Rate (denominator)	Percent
FY 2017	67	702	9.54%
FY 2016	233	2306	10.10%
FY 2015	275	2289	12.01%
FY 2014	260	2027	12.83%
FY 2013	197	1531	12.87%
FY 2012	177	1246	14.21%
FY 2011	204	1180	17.25%
FY 2010	186	1154	16.12%
FY 2009	158	906	17.38%



- ## Implications for Future Practice
- Mortality Review
 - Concurrent Review
 - Consultants
 - Improve Order Set Usage
 - Tied Order of Lactate to Blood Cultures
 - Procalcitonin
 - Antimicrobial Stewardship Committee

SEPSIS CORE MEASURE

Save a life... the clock is ticking

Use Sepsis Order Sets to Meet Requirements

SEVERE SEPSIS
Within THREE hours of presentation:

- Serial lactate level measurement
- Blood cultures drawn prior to antibiotics
- Broad spectrum or other antibiotics administered

Within SIX hours of administration:

- Repeat lactate level measurement

SEPTIC SHOCK
(all of Severe Sepsis plus):

Within THREE hours of presentation:

- Receive resuscitation with 30 mL/kg of crystalloid fluid

Within SIX hours of presentation:

- Vasopressors if hypotension persists after fluid administration
- Repeat volume status and tissue perfusion assessment consisting of at least:
 - Physical exam
 - Central venous pressure measurement
 - Serial serum lactate
 - Urine output
 - Cardiorespiratory exam
 - Capillary refill assessment
 - Peripheral pulses
 - Mental status
 - Skin exam

Physicians/MNPs/PA/NPs
Documented Evidence Exam including ALL:

- Central venous pressure measurement
- Serial serum lactate
- Urine output
- Cardiorespiratory exam
- Capillary refill assessment
- Peripheral pulses
- Mental status
- Skin exam

OR Any Two of the Following:

- Central venous pressure measurement
- Serial serum lactate
- Urine output
- Cardiorespiratory exam
- Capillary refill assessment
- Peripheral pulses
- Mental status
- Skin exam

QUESTIONS? Call Sepsis Coordinators:

ED Kristina Brown	832-450-2757
ICU Kim Park	832-450-2766
Med/Surg Linda Carter	832-843-3571
Clinical Quality Lorie Harter	832-450-2747

Deaconess

Time Is Tissue. Suspect Sepsis. Save Lives!

Questions?

Contact Information

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