CMS 2024 Quality Conference

Resilient and Ready Together

Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

Building a Strong Core for Sepsis Program Success

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Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

Kendra Cooper, MSN-HCQ, RN, CPHQ

Consulting Manager, Health Quality Innovators

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LEARNING OBJECTIVES

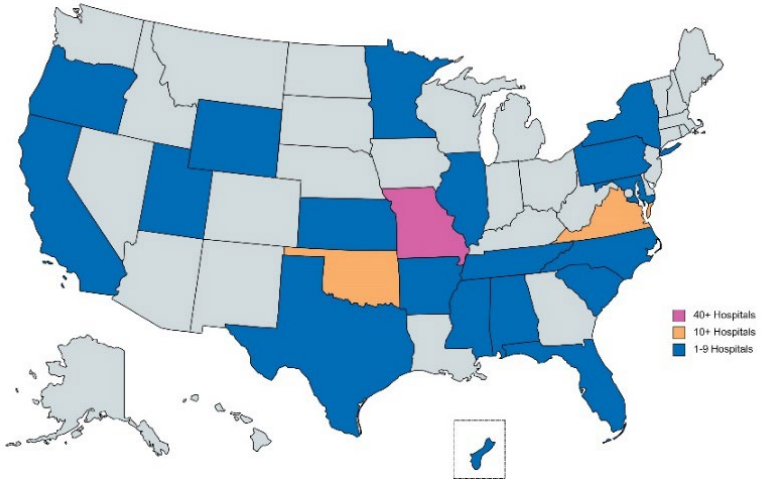
- Share hospital challenges with sepsis care delivery
- Identify top interventions, tools and resources HQI's HQIC hospitals implemented with success
- Describe the components of the core elements of hospital sepsis programs

Sepsis Background – Sense of Urgency

- Sepsis is a **life-threatening condition** caused by the body's response to infection, which can lead to **tissue damage, organ failure, amputations and death**.
- In the United States, **sepsis** is the leading cause of hospitalization and mortality.
- 75% of the **201,092 deaths** that occur each year are among persons **aged 65 and over**.[1]
- Delivery of sepsis care is **complex** and compounded by **resource restraints** in hospitals that are small, rural and serve disadvantaged populations.

About Health Quality Innovators (HQI)

- Non-profit, funded by CMS since 1984 to help providers improve care and outcomes and deliver QI assistance
- Staffed by health care QI experts who understand your setting of care and the challenges you face



Hospital Distribution – 23 States

59	Critical access	**3**	Rural emergency
60	Acute care	**71**	Rural

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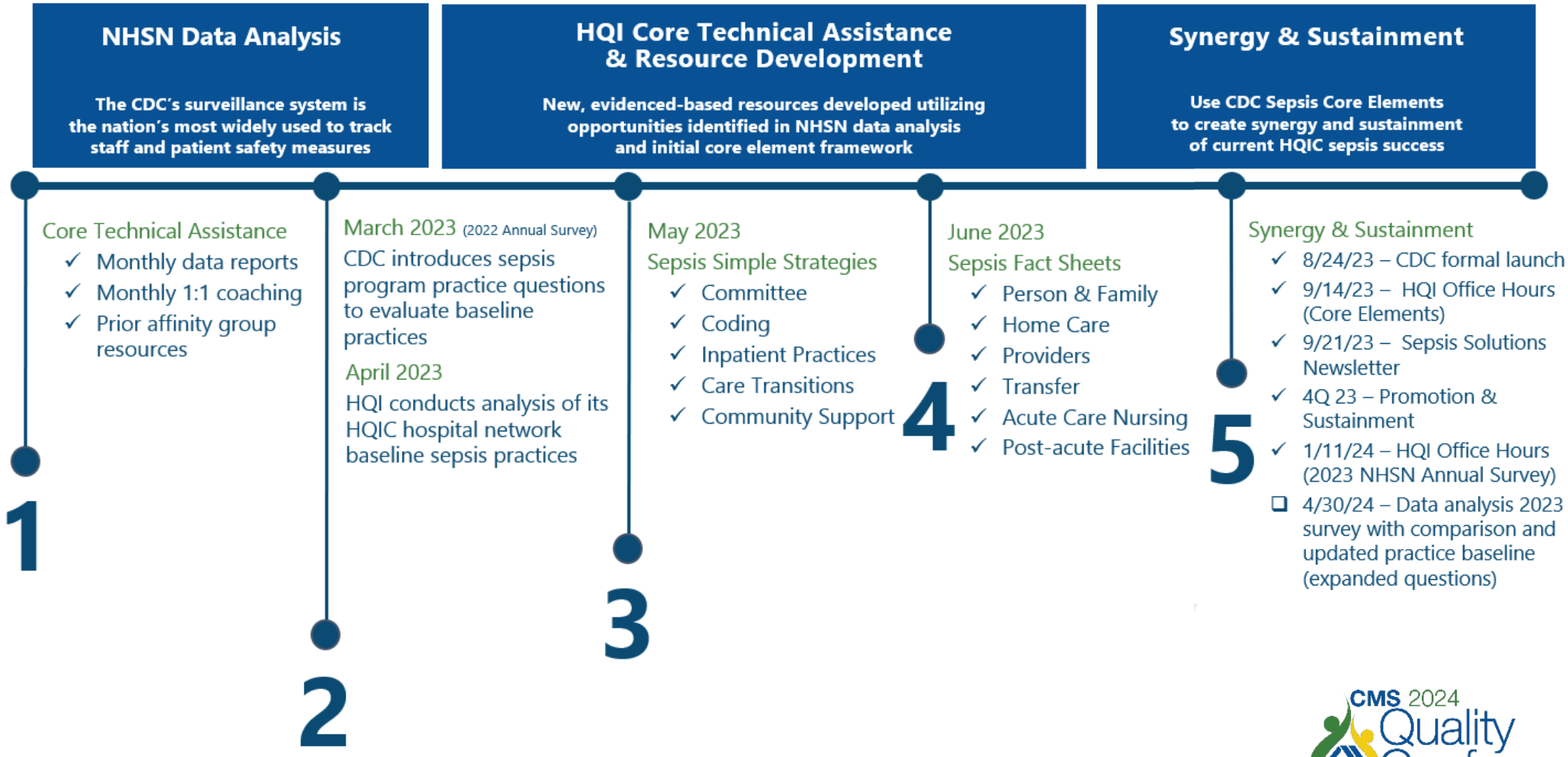
Hospital Challenges

- Pandemic disrupted established or planned structures and processes to support optimal sepsis care (e.g., committee, screening)
- Lack of knowledge of hospital protocols for sepsis care due to staff turnover
- Lack of knowledge and resource constraints for implementation of sepsis screening and early treatment in critical access hospitals
  - CMS Sepsis (SEP-1) Bundle not mandatory for CAHs
- Wide variability in standardized clinical workflow to meet CMS Sepsis (SEP-1) Bundle elements (e.g., antibiotic timing, fluid administration)
- Sepsis is a top principal diagnosis leading to 30-day readmissions

Sepsis Success Takes Time & Synergy



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HQI HQIC Network Results

2022 NHSN Safety Component – Annual Survey (Sepsis Management)

76% have a **sepsis committee**

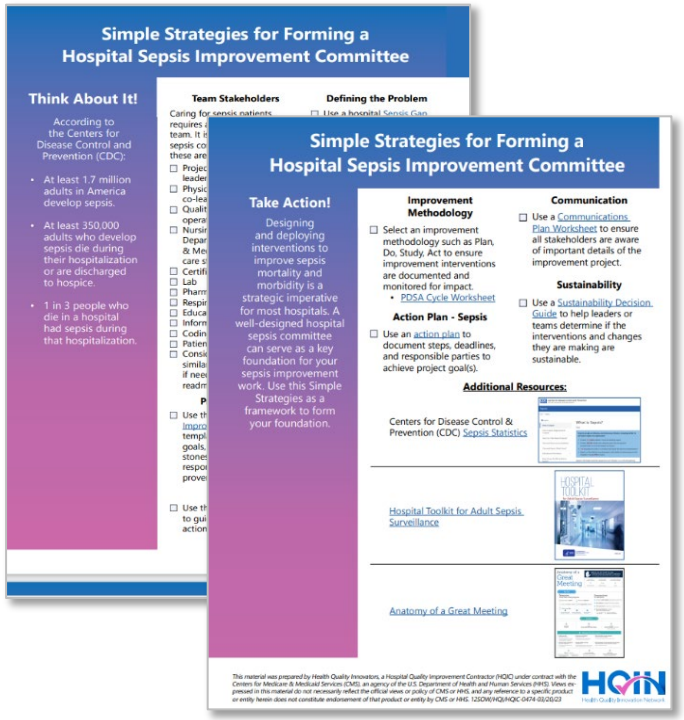
71% **communicate** to staff about sepsis

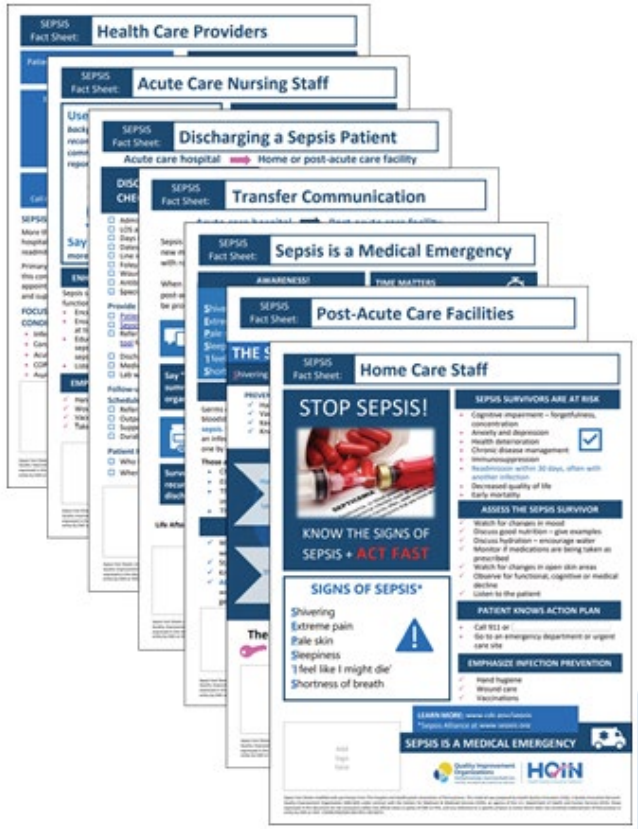
67% utilize a committee to address **sepsis identification and management**

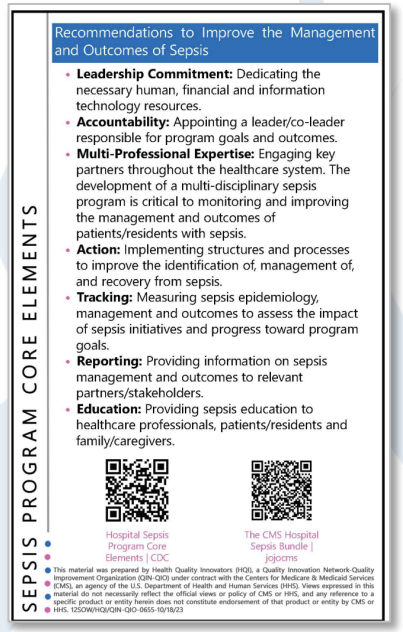
64% demonstrated **leadership commitment** for allocating resources to support sepsis efforts

3 4 5

Resources (1)







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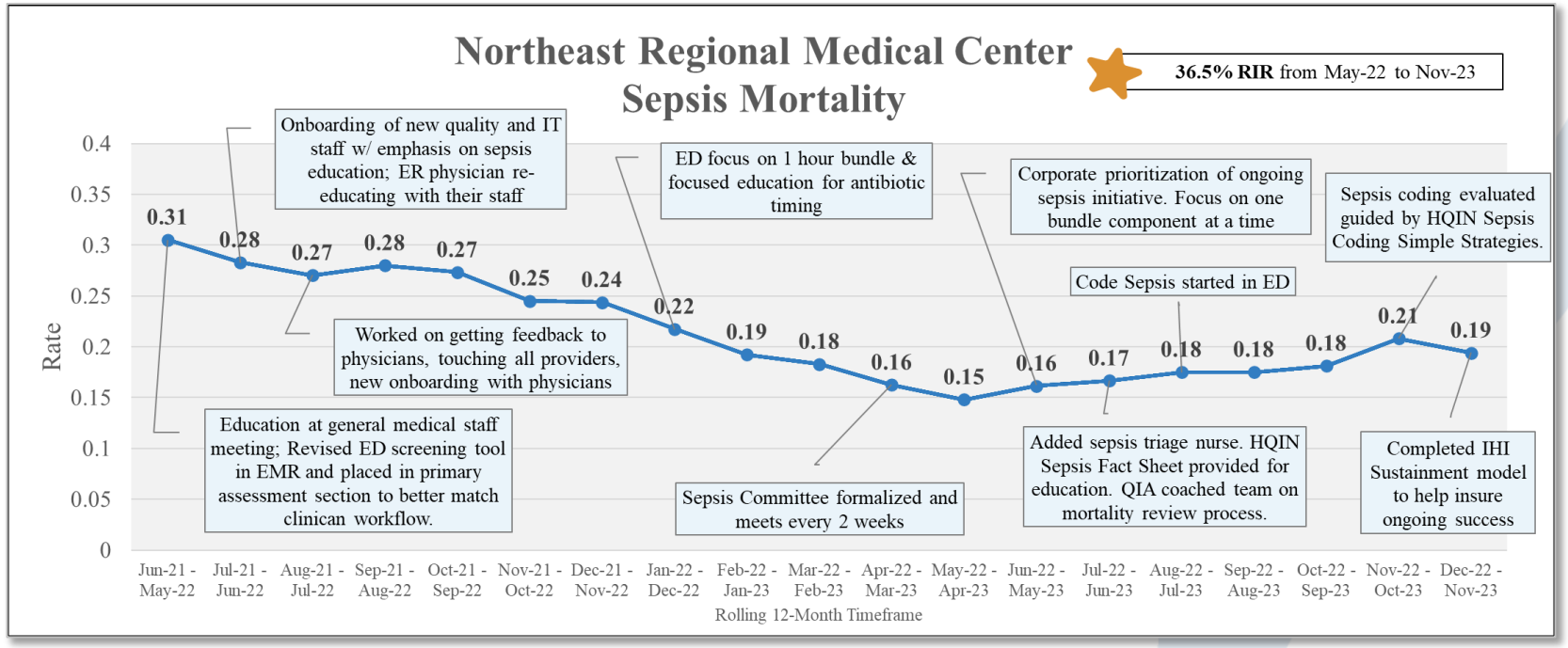
Sepsis Success: 100-Bed Hospital



Total Harms Avoided*	Total Lives Saved	Estimated Cost Savings*
-	17.9	$711,756.80

**Since the 30-Day Sepsis Mortality measure calculates total deaths among Medicare beneficiaries, only lives saved can be generated for this measure.*

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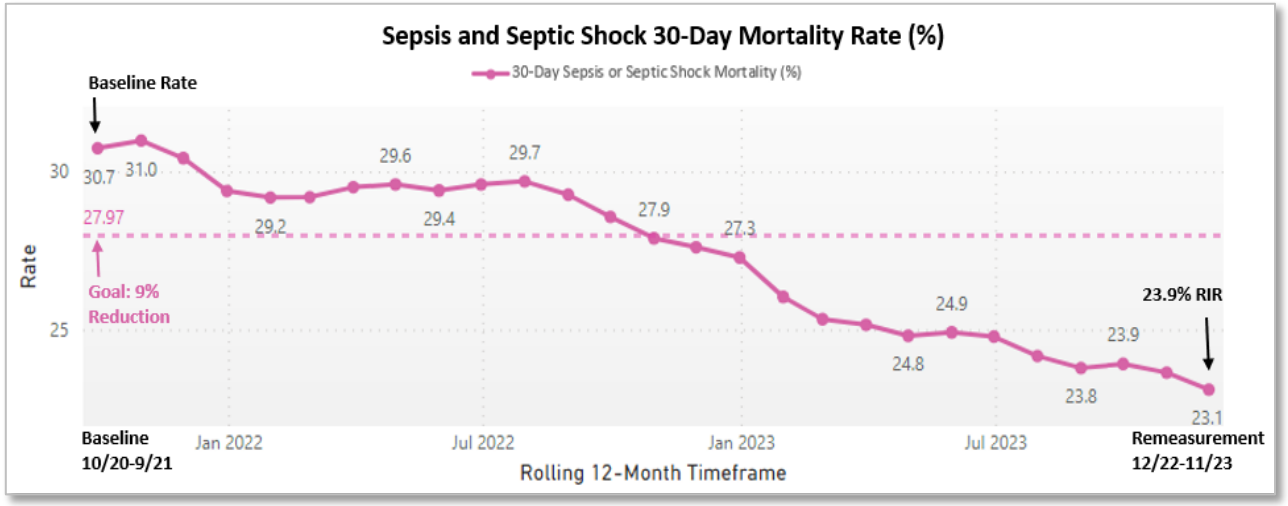
Sepsis Success: HQI HQIC Network



23.9% RIR

relative improvement rate

663 lives saved

Baseline: 10/2020 to 9/2021

Remeasurement: 12/2022 to 11/2023

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Health Quality Innovation Network

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Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

Building the Foundation of a Strong Hospital Sepsis Program to Optimize Patient Care and Improve Outcomes Part Two: IPRO HQIC

COMMUNITIES

FAMILIES

INDIVIDUALS

RESILIENT

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Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

Rebecca Boll, MSPH, CPHQ

Senior Director, IPRO

CarlaLisa Rovere-Kistner, LCSW, CPHQ, CCM

Quality Improvement Specialist, IPRO

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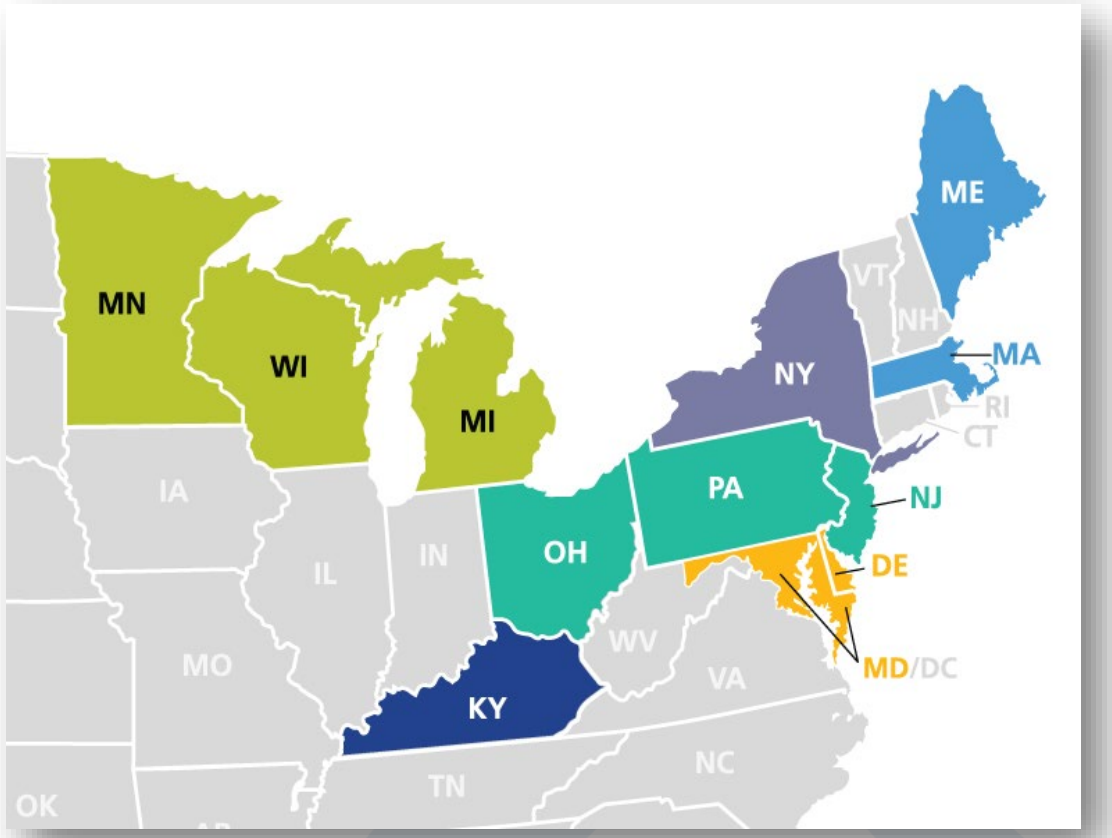
Agenda (1)

- Building a roadmap to success.
- Utilizing a data-driven approach to improve sepsis mortality.
- Implementing successful strategies and resources in IPRO HQIC hospitals.

IPRO HQIC

- A federally funded Medicare Hospital Quality Improvement Contractor (HQIC)
- 272 Hospitals
- 12 States
- IPRO collaborates with organizations to provide technical assistance to hospitals

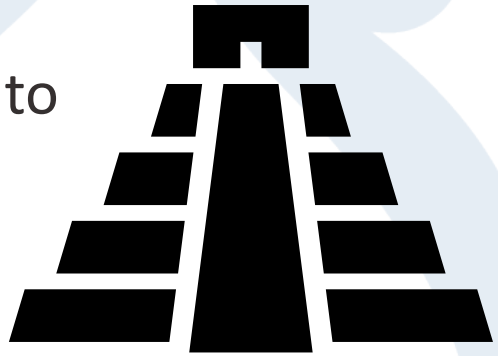


- IPRO
- Healthcentric Advisors
- Kentucky Hospital Association
- Qlarant
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

American Institutes for Research (AIR)

Building IPRO's Roadmap to Reduce Sepsis

- What are some **challenges, barriers, and best practice strategies** for reducing sepsis mortality?
- How can IPRO **best support hospitals** going forward?
- What **gaps in resources** can we fill?
- How can hospitals **partner with patients & families** to support improvement in sepsis mortality?
- How do we best **identify and close any disparity/gaps in care** related to sepsis mortality?



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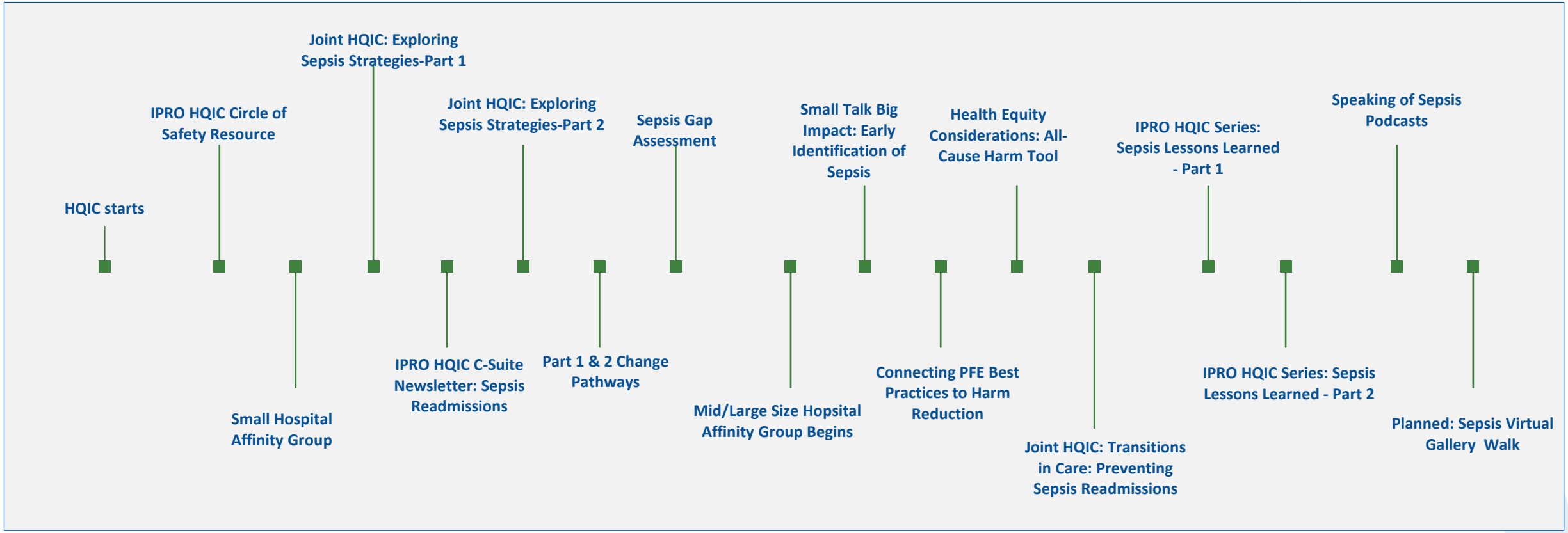
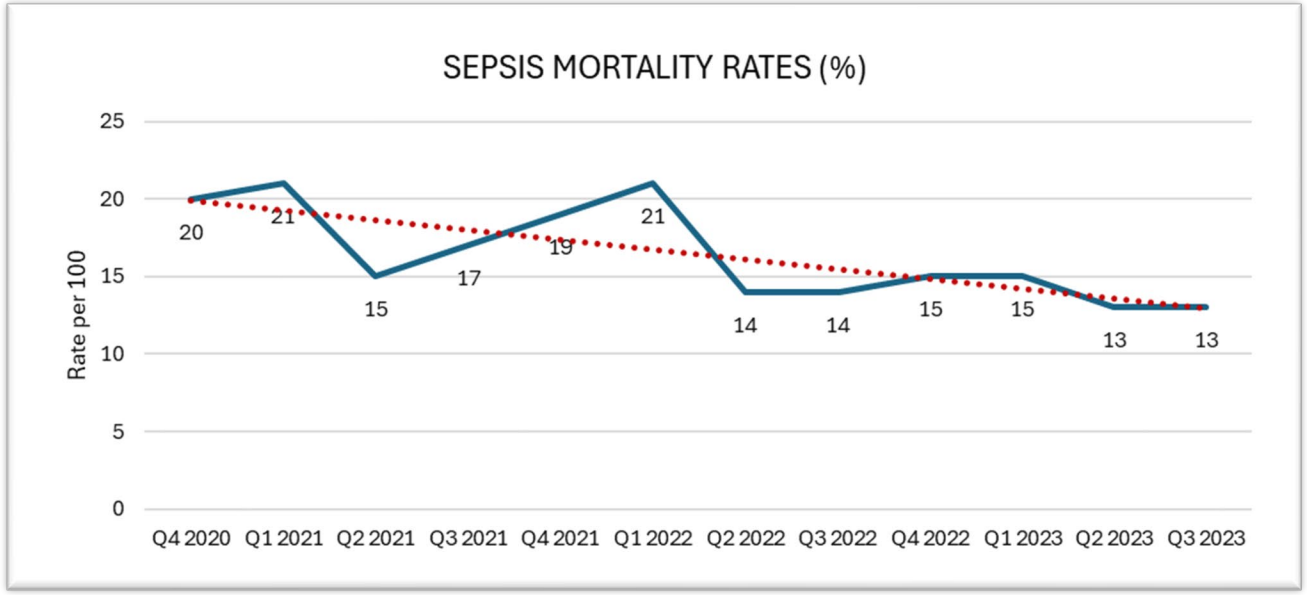
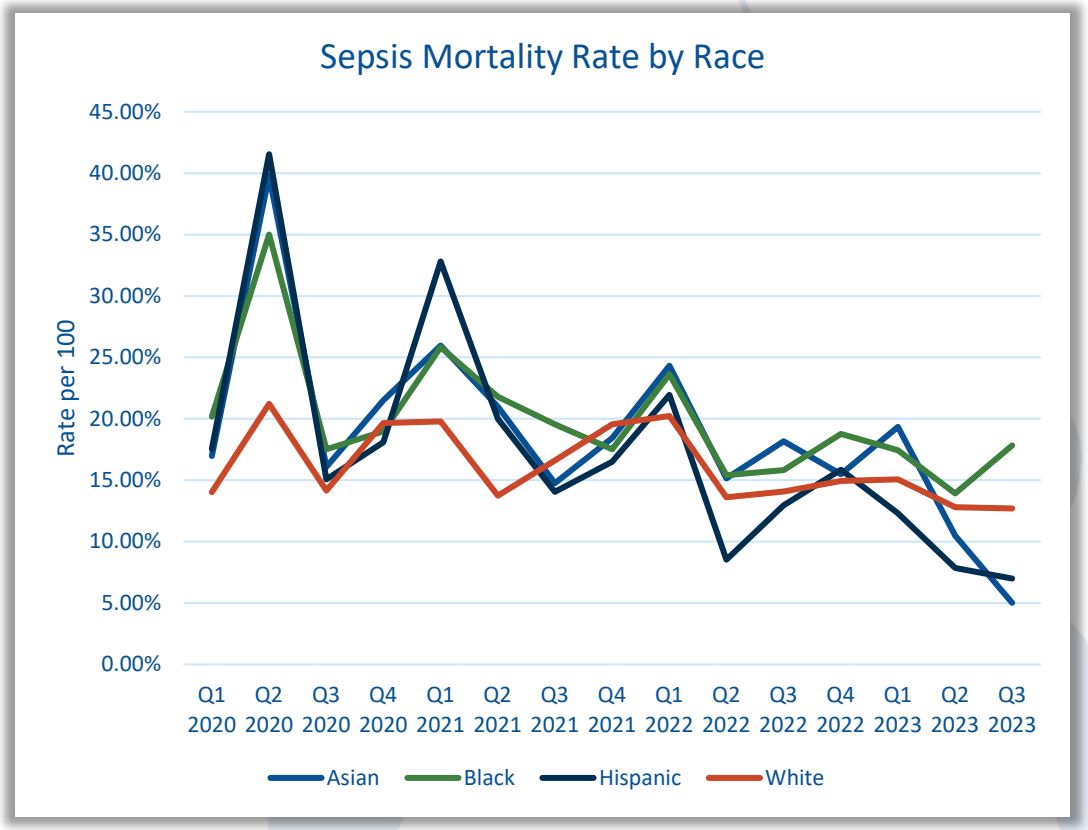
IPRO's Sepsis Technical Assistance Timeline



Reach whomever you can, whenever you can, wherever you can!

IPRO HQIC Sepsis Mortality Improvement (n=271)

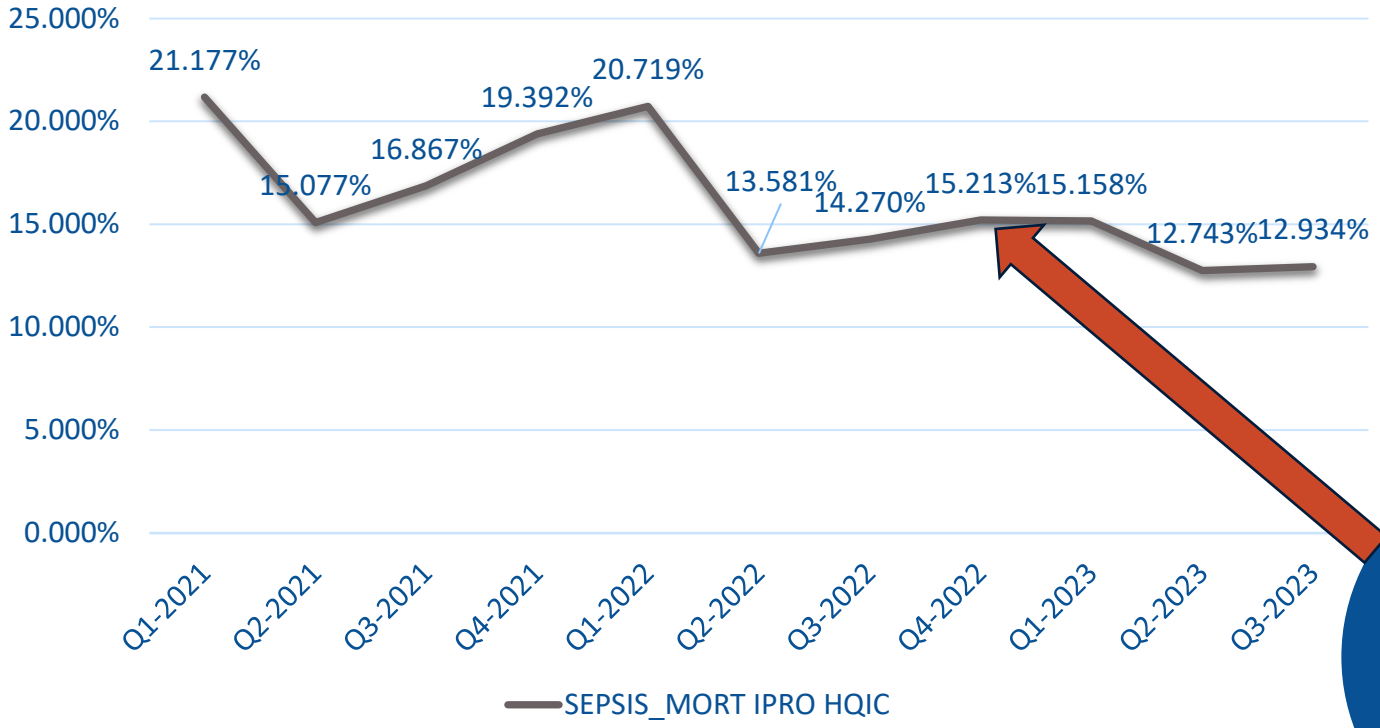




Baseline: 10/2020 – 9/2021
Remeasurement: 10/2022 – 9/2023
Relative Improvement Rate: 22.97%

Data source: Medicare FFS Administrative Claims

SEPSIS MORTALITY IPRO HQIC 2021 - PRESENT



Gap Assessment and Action Planning

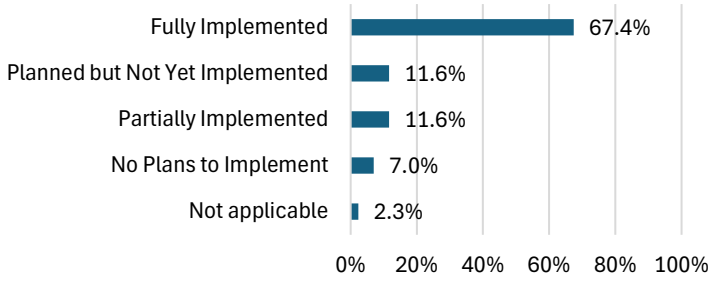
- **Promote Collaboration: Affinity Groups**
  - Small/ CAH
  - Mid/Large
- **Drive Excellence: Sepsis Miniseries**
  - Clinical Excellence
  - Operational Excellence
- **Expand Outreach: Mix Media**
  - LANs
  - Podcasts
  - Gallery Walk

Sepsis Gap Assessment High Value Focus Areas

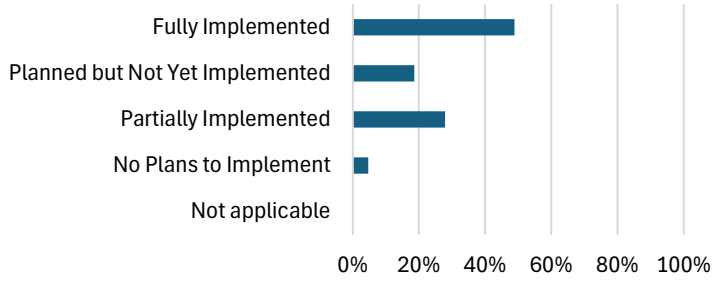
Standards for Hospital Sepsis Care	% Not Fully Implemented IPRO HQIC Gap Assessment
Consistently use a “time zero” method for tracking the timing of interventions	**63%**
Rapid Response Team (RRT) or sepsis alert process is in place for new sepsis identification	**72%**
Process in place to document interval from time of positive sepsis screening to time of antibiotic administration	**72%**
Utilization of real-time method for tracking sepsis patients	**78%**
Process in place to monitor and identify concerns and barriers to bundle implementation	**62%**
Designated Sepsis Lead/Coordinator regularly rounds in clinical areas	**84%**
Data are stratified to identify disparities to facilitate improvements in health equity	**91%**
Explicit sepsis communication handoffs are utilized between health care staff for diagnosis and treatment plan	**82%**
Sepsis data are shared with patients/families	**81%**
Mandatory annual training on sepsis early recognition for providers	**75%**
Patient and family education process defined and tools developed to assist with implementation	**78%**

Sepsis Gap Assessment Results Rural/Urban Hospitals (n=43)

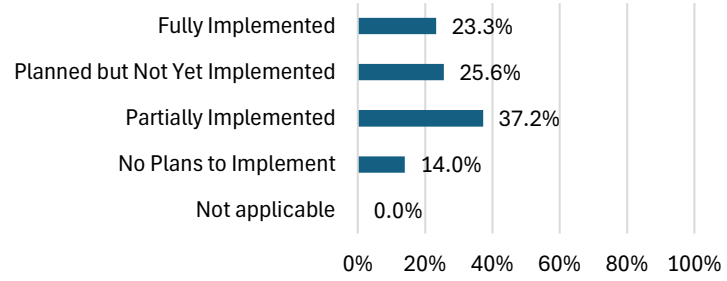
Designated sepsis lead/sepsis coordinator or other position in place that is accountable for sepsis program activities



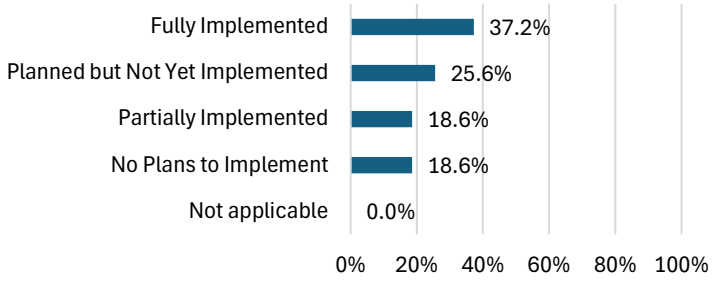
Process in place to monitor and identify concerns and barriers to bundle implementation



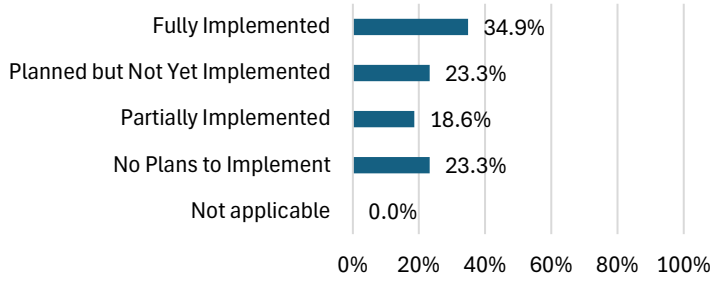
Explicit sepsis communication handoffs are utilized between health care staff for diagnosis and treatment plan



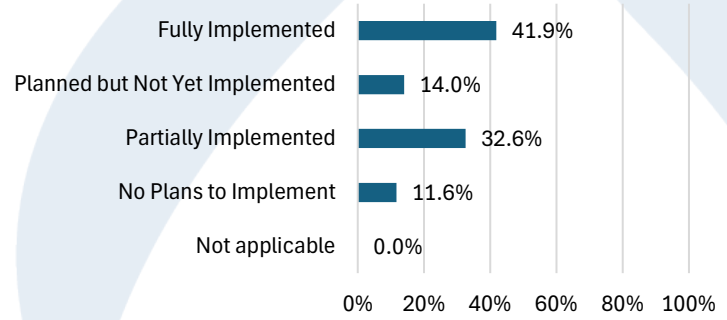
Rapid Response Team (RRT) or sepsis alert process is in place for new sepsis identification



Process in place to document interval from time of positive sepsis screening to time of antibiotic administration



Consistently use a 'time zero' method for tracking the timing of interventions



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Mid/Large Size Hospitals Affinity Group

- Modeled after Small Hospital Affinity Group
- 6 Sessions
- Led by Program Staff with Sepsis SMEs
- Process Discovery Tool
- Badge Buddies/Best Practice Alerts
- Peer Learning
- National Experts

Driving Clinical Excellence

- ✓ Sharing “high value” improvement tips for accelerating SEP-1 Bundle elements
- ✓ Discussing options to improve clinical decision support
- ✓ Distributing materials queueing staff on timing and handoffs
- ✓ Highlighting use of rapid response teams on inpatient units
- ✓ Advocating case reviews
- ✓ Shifting paradigm to include health disparities in assessing risk

Sepsis Mini-Series

- Created based on Affinity Group Feedback
- Distilled recommended content from accumulated learning
- Combined didactic and panel discussion styles
- Highlighted organizational success stories:
  - Baptist Health Louisville
  - Mass General

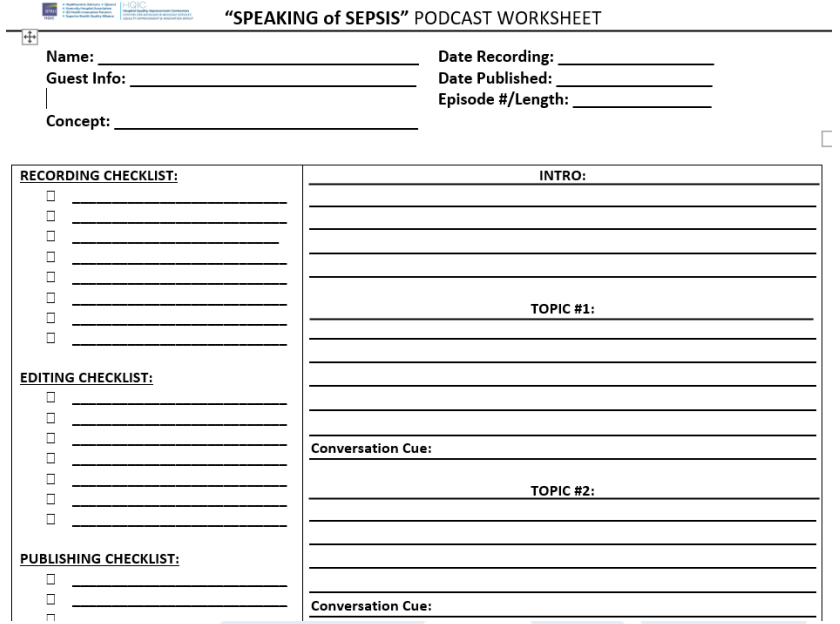
Driving Operational Excellence:

- ✓ Advocating Leader Champions
- ✓ Highlighting ROI of Sepsis Coordinator
- ✓ Revisiting organizational “wins”, e.g., STEMI/Stroke programs to reduce door to antibiotic time
- ✓ Recommending expansion of multidisciplinary sepsis team
- ✓ Reinforcing role of patients and families
- ✓ Harnessing Health Equity data

Podcasts

Episodes Include:

- ❑ Leadership
- ❑ Rapid Identification and Response
- ❑ Provider/Staff Education
- ❑ Role of the Sepsis Coordinator
- ❑ Infection Preventionist and Sepsis
- ❑ Physician Mentoring /Peer Support
- ❑ Patient/Family Engagement/Health Disparities



"SPEAKING of SEPSIS" PODCAST WORKSHEET

Name: _____ Date Recording: _____
Guest Info: _____ Date Published: _____
Episode #/Length: _____
Concept: _____

RECORDING CHECKLIST:
- ☐ _____
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INTRO:

TOPIC #1:

Conversation Cue:

TOPIC #2:

Conversation Cue:

Link:
IPRO HQIC PODCASTS

Rapid Identification and Response
Speaker: Carrie Addy, R.N. Sepsis Coordinator
Adena Health System
Chillicothe, OH

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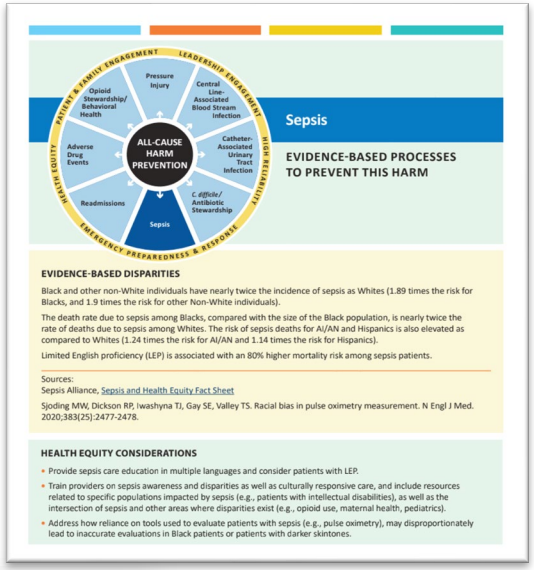
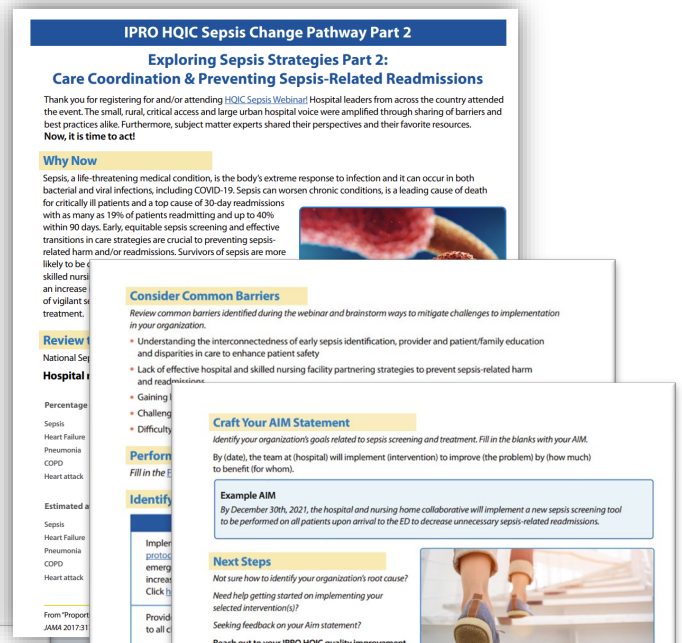
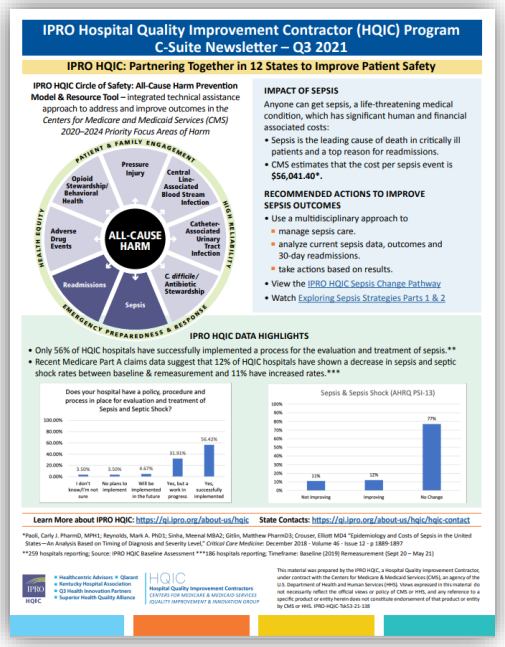
Next Steps: Sepsis Virtual Gallery Walk

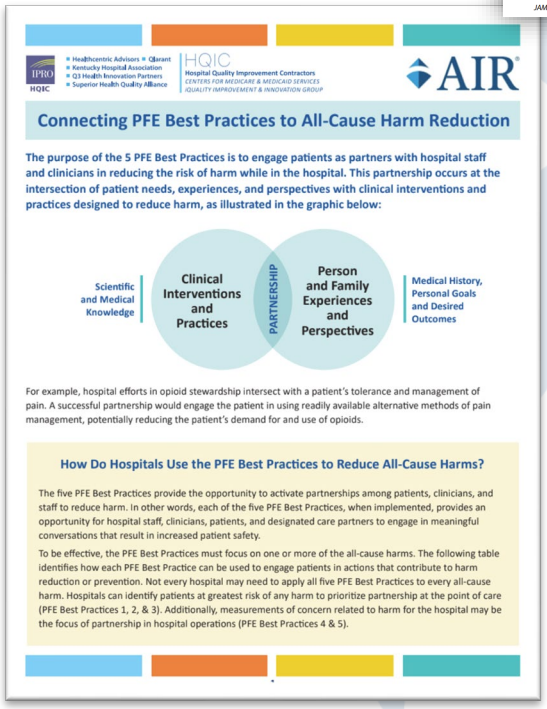
- What did you do (summarize your project steps):
  - Collecting and using data
  - Quality tools used
  - Intervention or change implemented
  - How staff/patients were involved in your work
- Your Results:
  - How did the intervention(s) change/improve processes (include staff experience)?
  - What impact did this work have on patient experience?
  - Were there any health equity considerations?
  - What is your plan to sustain improvement over time?
- The Opportunity:
  - Why was this issue important?
  - What were your patients experiencing?
  - How was this affecting your staff?

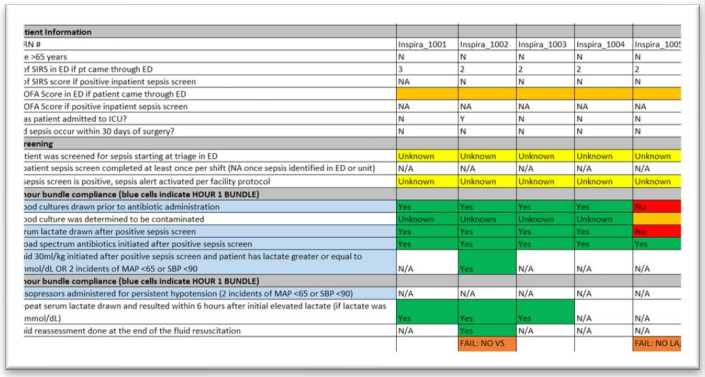
Sepsis Resources











HQIC Resource Library

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Resources (2)

IPRO

- Sepsis Resources
- Sepsis: Lessons Learned
- Exploring Sepsis Strategies Part 1: Early Identification, Patient and Family Engagement, and Disparities in Care
- Exploring Sepsis Strategies Part 2: Care Coordination
- Transitions in Care: Preventing Sepsis-Related Readmissions

Sepsis Alliance

- Sepsis and Health Equity Fact Sheet
- Racial Equity in Sepsis Care Matters
- National Sepsis Group Adopts Health Equity Pledge
- Training: Closing the Gap: Sepsis Care in Underserved Communities
- Training: Developing Systems for Rural Sepsis Care
- Training: No More Stalling: Accelerating Patient Safety and Health Equity in the Wake of COVID-19

Journal Articles

- Factors Underlying Racial Disparities in Sepsis Management
- Health Disparities and Sepsis: a Systematic Review and Meta-Analysis on the Influence of Race on Sepsis-Related Mortality
- Inclusion Of Social Determinants Of Health Improves Sepsis Readmission Prediction Models
- Mitigating Structural Racism To Reduce Inequities In Sepsis Outcomes: A Mixed Methods, Longitudinal Intervention Study
- On Race, Human Variation, And Who Gets And Dies Of Sepsis

Health Equity

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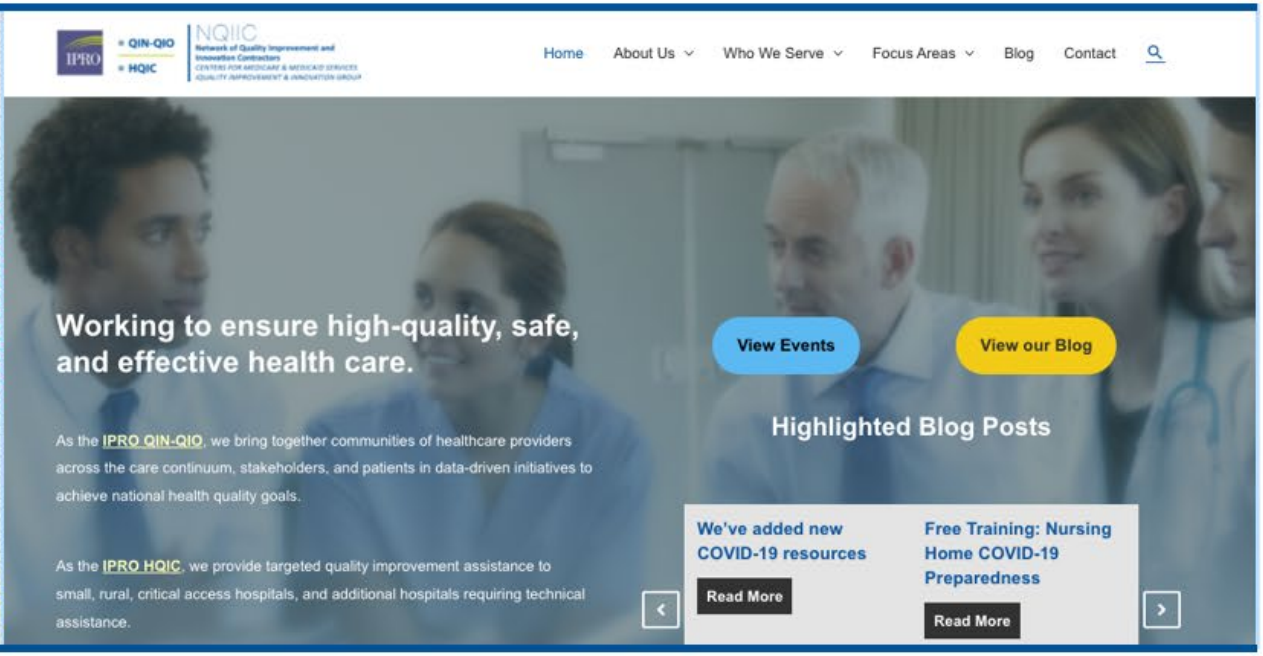
https://qi.ipro.org/



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Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

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Building the Foundation of a Strong Hospital Sepsis Program to Optimize Patient Care and Improve Outcomes Part Three: IHC Compass HQIC

Charisse Coulombe, MS, MBA, CPHQ, CPPS

Director, Hospital Quality Initiatives

Iowa Healthcare Collaborative

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Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

Charisse Coulombe

MS, MBA, CPHQ, CPPS

Director, Hospital Quality Initiatives

IHC Compass HQIC

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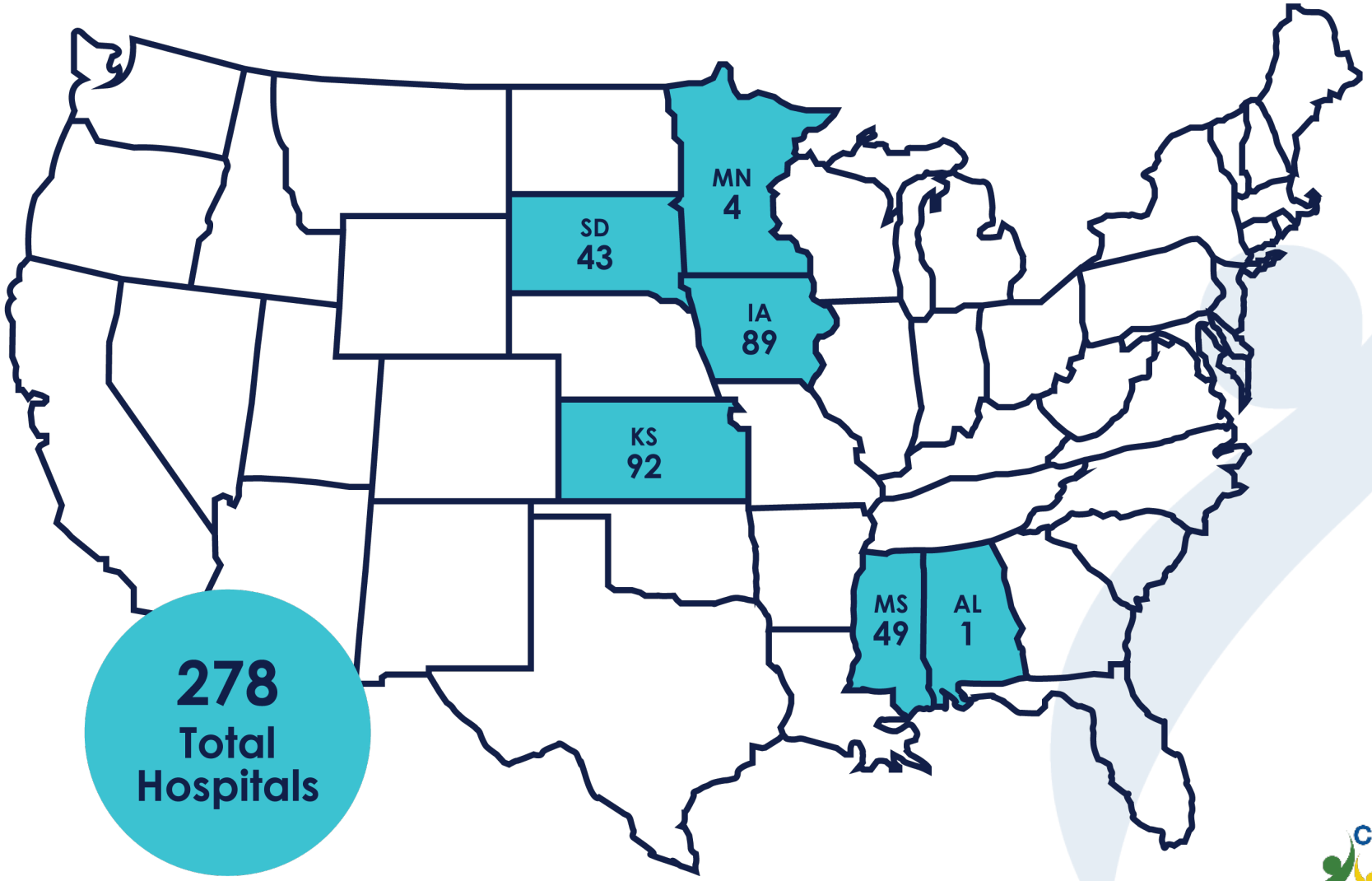
Agenda (2)

- Review successful strategies to reduce sepsis mortality
- Explore promising practices for overcoming challenges that affect the provision of care
- Learn how the IHC Compass HQIC was able to reduce sepsis mortality over a three-year period.

Compass HQIC Network



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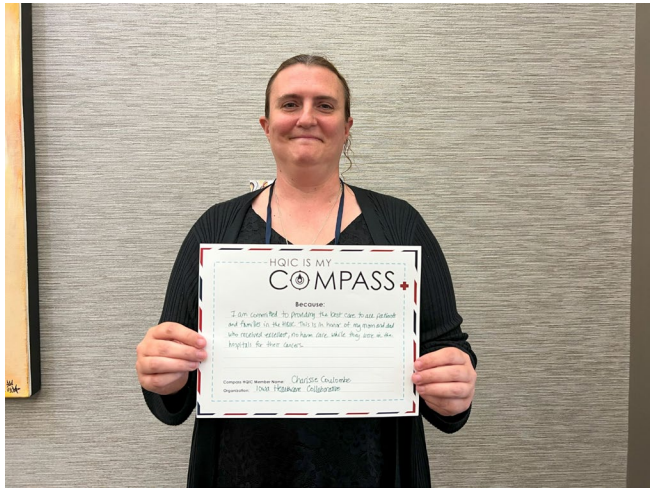
Overview of IHC Compass HQIC Campaigns in Support of Sepsis/Sepsis Mortality Reduction

- HQIC is my Compass
- QI Workplan - SMART goals for Sepsis
- 1:1 technical assistance
- Resources shared:
  - Sepsis Mortality Toolkit
  - Partnership: Sharing resources between HQICs

HQIC is My Compass



"HQIC is My Compass because I am committed to providing the best care to all patients and in the HQIC. This is in honor of my mom and dad who received excellent, no harm care while they were in the hospitals for their cancers."
Compass HQIC Member Name: Charisse Coulombe
Organization: Iowa Healthcare Collaborative

"HQIC is My Compass because everyone deserves quality care when under our care. I do this for my family so they will live their best lives"

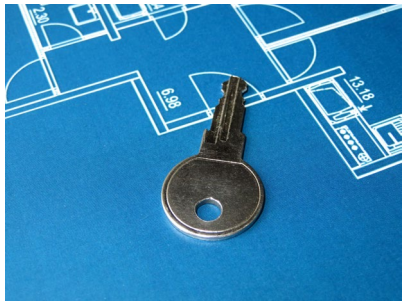
"HQIC is My Compass because as a mother, wife, daughter granddaughter, rural community member and nurse, I value safe high-quality care. I believe al patients in the HQIC deserve the same level of care my family has been fortunate to receive."
Compass HQIC Member Name: Amanda Donlon
Organization: Iowa Healthcare Collaborative

QI Workplan

- Reviewed and updated each year by the hospitals
- 100 Compass HQIC hospitals selected Sepsis/Sepsis Mortality as one of their goals
- An example of a Sepsis/Sepsis Mortality SMART (specific, measurable, achievable, relevant, timely) goal:
  - The sepsis team will review 100 percent of sepsis mortality cases within 14 days and provide recommendations to the clinicians to be implemented by August 31, 2024

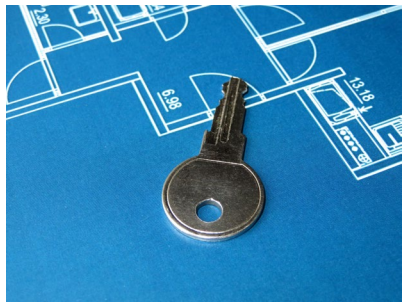
1:1 Technical Assistance

- Each hospital in the Compass HQIC is assigned a Clinical Improvement Consultant/Quality Improvement Advisor
- There is a designated Subject Matter Expert for Sepsis that provides information/education to all hospitals in the Compass HQIC



Keys to Success

- Provide 1:1 education regarding the link between sepsis bundle compliance and decrease in sepsis mortality
  - Physician and clinical education provided on documentation of advanced directive prior to arrival and sepsis task force working with coders to develop a process to capture this code
- Implement chart audits and feedback to staff and physicians in real time
- Monitor sepsis bundle compliance with an >80% compliance and have implemented nursing staff and physician education annually



Keys to Success

- Review patient level data and assess where most of the sepsis mortality cases are coming from (e.g. LTC, ED)
- Work with coders to assure use of Z66 ICD-10 code (Do Not Resuscitate) with the qualifier POA (Yes)
- Review sepsis charts with sepsis team
- Share resources including the Sepsis Mortality Toolkit, Sepsis Acute Care Roadmap and the CDC Sepsis Core Elements
- Encourage sepsis physician champions

Partnerships Between HQICs (1 of 2)
Sepsis Mortality Toolkit – HSAG

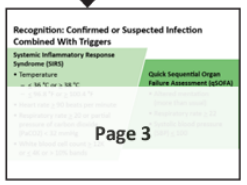
HSAG HQIC

Improving the Sepsis 30-Day Mortality Metric

	Description
Numerator	All-cause deaths within 30 days of the start of the index admission
Denominator	Index admissions with a principal diagnosis of sepsis
Denominator Exclusions	Exclude against medical advice (AMA), hospice patients, and transfers during hospital stay
Rate Calculation	Numerator/Denominator
Data Source(s)	Medicare Fee-For-Service Part A claims; Beneficiary Identification Code (BIC)
Baseline Period	Calendar year (CY) 2019

Recognize Sepsis Early

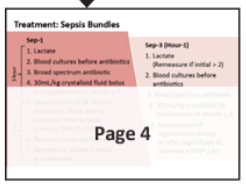
Screen patients for sepsis in the emergency department (ED), on admission, every shift, and with a change in condition.



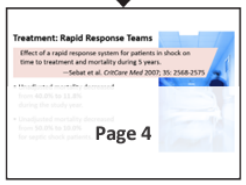
Utilize sepsis alerts.

Treat Sepsis Immediately

Consistently utilize standardized order sets based upon the sepsis bundles.



Deploy a rapid response team to assist with rapid treatment of sepsis.

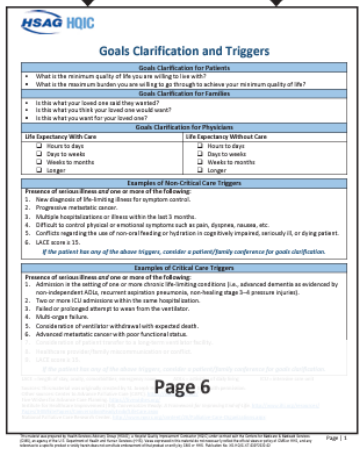


Ensure the most-utilized antibiotics are readily available in patient care areas.

Hospice Referral for End of Life

Hold a patient/family conference for goals clarification based upon triggers or clinician experience.

Consistently utilize standardized order sets for hospice referrals.



HSAG HQIC

Goals Clarification and Triggers

Goals Clarification for Patients
• What is the minimum quality of life you are willing to live with? • What is the maximum burden you are willing to go through to achieve your minimum quality of life?
Goals Clarification for Families
• Is this what your loved one said they wanted? • Is this what you think your loved one would want? • Is this what you want for your loved one?
Goals Clarification for Physicians

Life Expectancy With Care	Life Expectancy Without Care
❑ Hours to days ❑ Days to weeks ❑ Weeks to months ❑ Longer	❑ Hours to days ❑ Days to weeks ❑ Weeks to months ❑ Longer

Examples of Non-Critical Care Triggers

Presence of serious illness *and* one or more of the following:

1. New diagnosis of life-limiting illness for symptom control.
2. Progressive metastatic cancer.
3. Multiple hospitalizations or illness within the last 3 months.
4. Difficult to control physical or emotional symptoms such as pain, dyspnea, nausea, etc.
5. Conflicts regarding the use of non-oral feeding or hydration in cognitively impaired, seriously ill, or dying patient.
6. LACE score ≥ 15.

If the patient has any of the above triggers, consider a patient/family conference for goals clarification.

Examples of Critical Care Triggers

Presence of serious illness *and* one or more of the following:

1. Admission in the setting of one or more chronic life-limiting conditions (i.e., advanced dementia as evidenced by non-independent ADLs, recurrent aspiration pneumonia, non-healing stage 3–4 pressure injuries).
2. Two or more ICU admissions within the same hospitalization.
3. Failed or prolonged attempt to wean from the ventilator.
4. Multi-organ failure.
5. Consideration of ventilator withdrawal with expected death.
6. Advanced metastatic cancer with poor functional status.
7. Consideration of patient transfer to a long-term ventilator facility.
8. Healthcare provider/family miscommunication or conflict.
9. LACE score ≥ 15.

If the patient has any of the above triggers, consider a patient/family conference for goals clarification.

LACE = length of stay, acuity, comorbidities, emergency room ADLs = activities of daily living ICU = intensive care unit

Sources: This material was originally created by St. Joseph Hospital Orange, CA. Used with permission.
Other sources: Center to Advance Palliative Care (CAPC). https://www.capc.org/
Five Wishes for Advance Care Planning. https://fivewishes.org/
Institute for Healthcare Improvement (IHI). *Conversation Ready: A Framework for Improving End-of-Life.* http://www.ihi.org/resources/Pages/IHIWhitePapers/ConversationReadyEndofLifeCare.aspx
National Palliative Care Research Center. http://www.npcrc.org/content/26/Palliative-Care-Organizations.aspx

Partnerships Between HQICs (2 of 2)
Sepsis Strategies Change Path

Exploring Sepsis Strategies Part 1:
Early Identification, Patient and Family Engagement (PFE), and Disparities in Care

Change Pathway

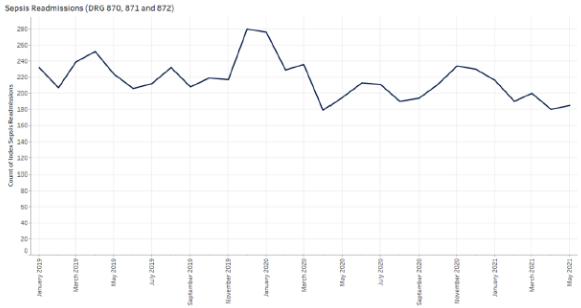
Thank you for registering for and/or attending the HQIC Sepsis Webinar! Hospital leaders from across the country attended the event. The small, rural, and critical access voice was amplified through sharing of barriers and best practices alike. Furthermore, subject matter experts shared their perspectives and their favorite resources. **Now, it is time to act!**

Why Now

Sepsis is the body's extreme response to infection. Sepsis can occur in both bacterial and viral infections, including COVID-19. Sepsis can worsen chronic conditions and is a leading cause of death for critically ill patients. Screening plays an important role in early detection of sepsis, which prevents tissue damage, organ failure, and death. The COVID-19 pandemic has resulted in an increase in critically ill patients, underscoring the importance of vigilant sepsis screening and early treatment.

Review the Data

Compass HQIC Sepsis Diagnosis Related Group (DRG) Data



This graph shows the date of index sepsis admission from January 2019 to May 2021 for IA, SD, and MS.
870 – Sepsis with MV >96 Hours
871 – Sepsis without MV >96 hours with MCC
872 – Sepsis without MV >96 hours without MCC

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Consider Common Barriers

Review common barriers identified during the webinar and brainstorm ways to mitigate challenges to implementation in your organization.

- Gaining provider buy-in to sepsis protocols
- Confusion surrounding fluid bolus orders
- Uncertainty around which elements of a sepsis bundle are needed to satisfy CMS requirements
- Difficulty collecting and utilizing sepsis-related data
- Disparities in sepsis protocols by hospital department

Perform A Root-Cause Analysis

Fill in the Five Whys template to identify the cause of your facility's specified pressure injury problem.

Identify Promising Practices

Beginner	Intermediate	Expert
+ Implement a sepsis screening protocol in your hospital's emergency department to increase early identification. Click here to view an example. + Provide annual sepsis education to all clinical staff.	+ Develop a 1-hr sepsis bundle that includes standing orders for positive screens. + Develop a tracking tool and monitor time from presentation to screening performed and documented.	+ Integrate sepsis screening and clinical decision support into your facility's EHR. + Stratify sepsis data using race, ethnicity, age, and language (REAL) categories to direct QI efforts toward underserved populations.

PFE and Health Equity Promising Practices

- Share sepsis patient stories with staff to create awareness and prompt buy-in to screening protocol
- Provide education to staff on sepsis-related health disparities using the sepsis and health equity fact sheet
- Share facts and educational tools with local long term care facilities to aid in sepsis awareness in older adults. Begin collaborative discussions on the impact of sepsis on readmissions.

Craft Your AIM Statement

Identify your organization's goals related to prevention hypoglycemic adverse drug events. Fill in the blanks with your AIM.

By (date), the team at (hospital) will implement (intervention) to improve (the problem) by (how much) to benefit (for whom).
Example AIM

By January 28th, 2022, the emergency department sepsis improvement team will implement a new sepsis screening tool to be performed on all patients upon arrival to the ED to increase the department's sepsis screening rates by 20%.

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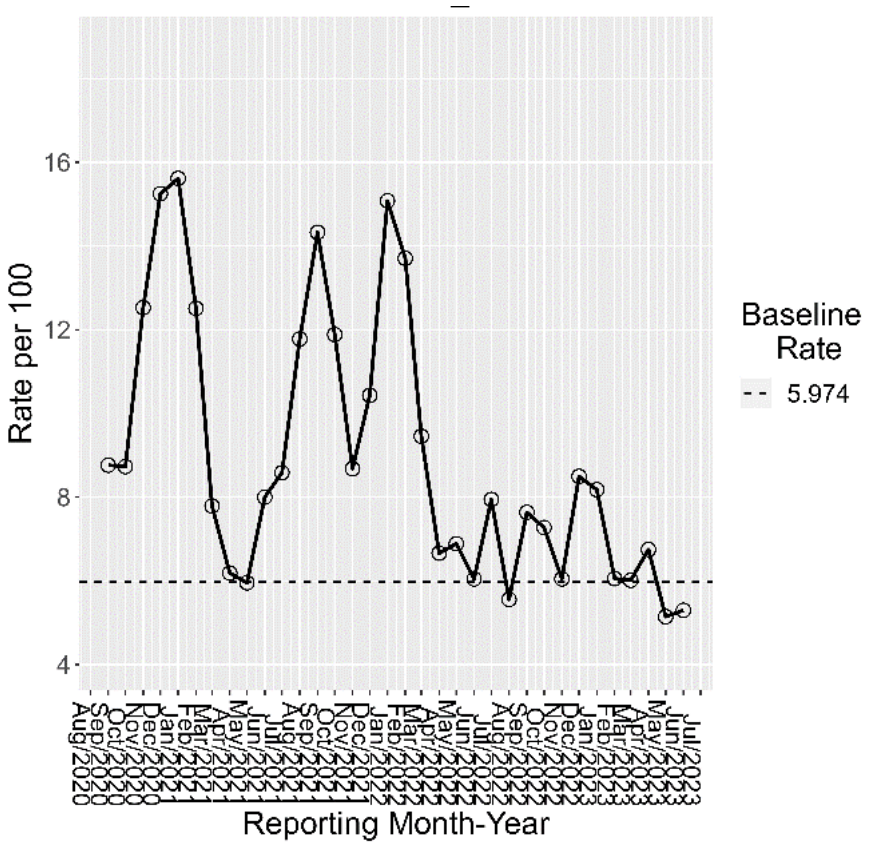
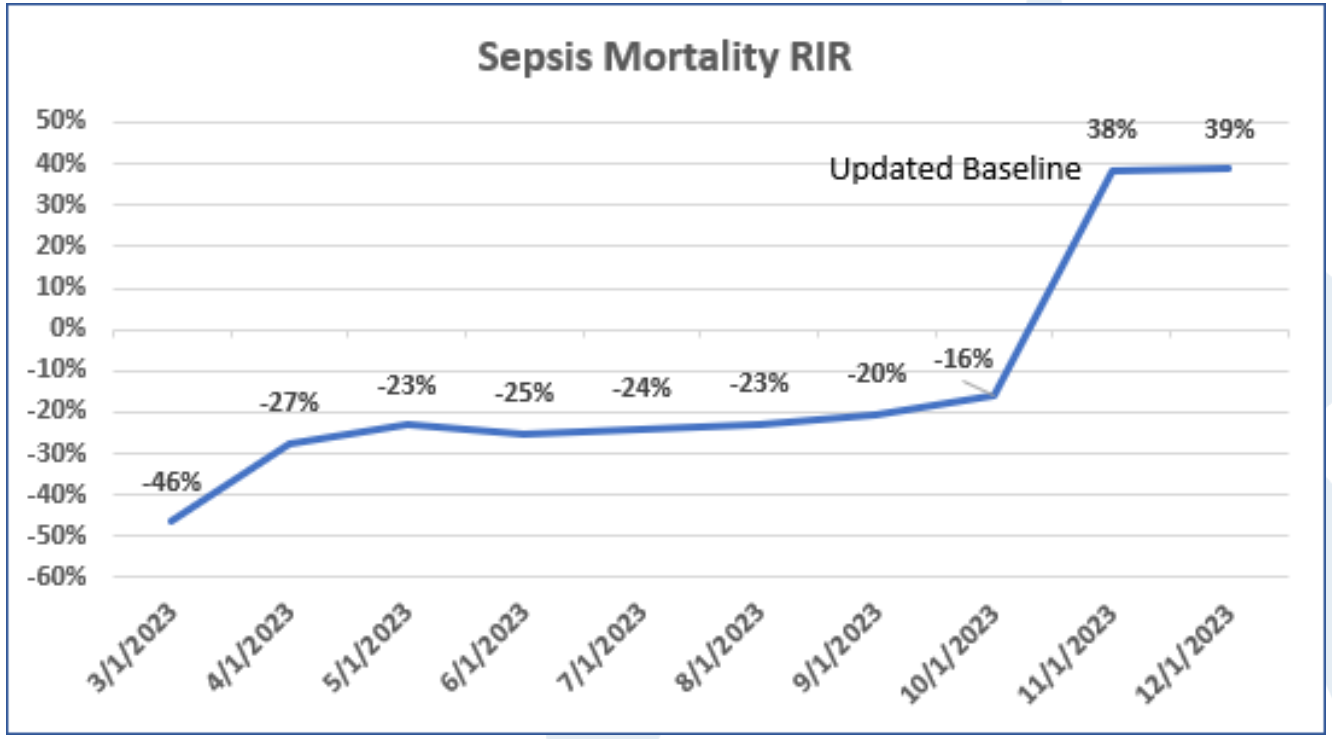
Hospital Specific Activities throughout the IHC Compass HQIC

- Two Kansas hospitals participated in a sepsis bootcamp hosted by the KU Care Collaborative
- Kansas continues to collaborate with the KU Care Collaborative to provide Sepsis technical assistance and refresher education to the HQIC hospitals.
- CICs shared the Sepsis update in November 2023: CDC Sepsis Core Elements Series. This series breaks down the core elements of sepsis to help healthcare facilities implement, monitor, and optimize sepsis programs and outcomes. CDC developed the Sepsis Core Elements to achieve further improvements in sepsis care throughout hospitalization and after discharge.
- One hospital developed a Sepsis “Minute to Win It” game for staff providing prizes for the winners

Compass HQIC Sepsis Mortality Trends





CMS 2024 Quality Conference
Resilient and Ready Together

Patient/Family Impact

- Many levers are being utilized to reduce sepsis and sepsis mortality in the hospital
- The impact to patients and their families
  - Patients with sepsis have ongoing mortality beyond short-term end points, and survivors consistently demonstrate impaired quality of life [1]
- With the work that CMS has done across the care continuum of healthcare, sepsis patients and their families can be assured they are getting the best quality of care while they are in the hospital.

[1] Winters et al, Long term mortality and quality of life in sepsis. A systematic review. Critical Care Medicine 38:5, 2010

Questions?

CMS 2024 Quality Conference
Resilient and Ready Together

Thank you!

- Hospital Quality Innovators (HQI)
- Iowa Healthcare Collaborative (IHC)
- Island Peer Review Organization (IPRO)