

Sepsis IAN Closing Webinar

MARCH 14, 2018
(PI DAY!)



GREAT LAKES
PARTNERS FOR PATIENTS

Illinois | Michigan | Wisconsin
Powered by the MHA Keystone Center

Agenda

- Finish Coaching Call reports
- 10 Steps to Sustained Improvement
“If you working too hard at it, you’re doing it wrong.”

The floor is yours!

- We will now go round robin and hear from you!
- Share with us any successes achieved or barriers you would like to troubleshoot with Maryanne Whitney, Dr. Tremain and your peers.
- Eight hospital teams = 20 minutes (**~2.5 minutes per team**)

McDonough District Hospital

Aim Statement	We will increase our bundle compliance for all adult sepsis patients from a 2016 baseline of 37% to the strategic goal of 64.03% by the end of FY2018 through a multidisciplinary team approach with the guidance of physicians including Dr. Brown, Dr. McPherson, Emergency Department Leader, Stefany Myers, ICU/Acute Leader, Connie Elting and CNO, Wanda Foster.
First Test of Change	Random Audit of Sepsis Screening tool in ED, Acute Care and ICU setting.
Is this test of change planned or did you execute it already?	Completed, next steps include creating query and building report to evaluate all screening assessments so units can use results to complete screenings. Additionally, discussing the barriers to completing screening (placement, screening itself, etc.)



Morris Hospital and Healthcare

Aim Statement	We will have 90% utilization of the 3 hour Bundle on Admitted Adult patients originating from the ED by December of 2018 with the guidance of ED Director and VP of Clinical Services.
First Test of Change	<ol style="list-style-type: none">1. Tool from triage to use upon admit2. Sepsis Huddle3. ED Physicians – education/monitoring of Documentation of “why nots”
Is this test of change planned or did you execute it already?	In progress.



Pinckneyville Community Hospital

Aim Statement	We will detect sepsis within 1 hour of presentation and treat appropriately meeting sepsis bundle criteria in 100% of our sepsis patients by June 1, 2018 with the help of Eva, CNE, Alisha, IT, Janet, Educator and Connie, IC Practitioner.
First Test of Change	<ol style="list-style-type: none"> 1. Have the IT staff move the sepsis screening tool toward the end of the nursing assessment to gain a more accurate screening score, test on the next 3 patients meeting sepsis criteria 2. Work with IT to develop an alert system to flag patients meeting criteria for sepsis. Trial it in epowerDocs in the ED, if it works well spread it to CPSI on the Medical Unit. 3. Develop an ED Physician Sepsis Champion who will order IV bolus fluids as per protocol on his next 3 severe sepsis patients, evaluate the outcome. Present outcome data to the medical staff. 4. If the patient meets criteria for the 6 hour bundle and is not transferred from the ED have the ED Physician Sepsis Champion order the repeat lactate level prior to admission so that it is not missed if the patient is admitted during the night. Obtain feedback from the ED physician and the admitting physician. 5. Do mock rapid response team call using various scenarios of patients in various stages of sepsis. Get feedback form involved staff.
Is this test of change planned or did you execute it already?	In progress.



Advocate Christ Medical Center

Aim Statement	ACMC will increase Sepsis Checklist Completion on Med/Surgical Floors to 50% Compliance by 2018Q3 and 90% Compliance by 2018Q4 with the guidance of the Director of Critical Care and VP MM/Chief Medical Officer.
First Test of Change	Cardiac Unit to pilot doing Sepsis Checklist on Admission/Transfer/and with the patient's 1st assessment within 1st 4 hour of shift. This was executed on 2/26/18 and will be completed in 2 weeks. At that time process feedback will be obtained.
Is this test of change planned or did you execute it already?	Plan: to roll out test of change to Floors after pilot completed.



Memorial Hospital- Carbondale SIU Healthcare

Aim Statement	We would like to increase our identification in our adult inpatient and improve our adherence to Sepsis treatment protocols, as well as decrease mortality by 50 % by 3/31/19.
First Test of Change	Deployment of new tools and intensive reeducation of staff.
Is this test of change planned or did you execute it already?	No-forthcoming.



HSHS Holy Family Hospital

Aim Statement	HSHS Holy Family Hospital will increase our overall sepsis bundle compliance from 55% to 75% by May 1, 2018 with guidance by the Director of Quality Improvement.
First Test of Change	A lead ED physician will utilize the Sepsis IVF order on the ED Order Sheet for his next patient that meets for needing IV fluids related to sepsis (i.e. lactate >4; SPB <90).
Is this test of change planned or did you execute it already?	It is planned.



Advocate South Suburban

Aim Statement	We will increase electronic bedside nurse documentation of sepsis screening upon admission and every 12 hours on all inpatient units by 20% in the second quarter of 2018, with the guidance of nursing leadership (unit manager).
First Test of Change	Focus on one unit (2 East – baseline 65%), then move to additional units. Mandatory routine screening every 12 hours. Previous practice/culture of screening was on RN discretion of need and nurse unawareness of electronic screening form.
Is this test of change planned or did you execute it already?	Planned - meeting on 2/28 in the afternoon.



Riverside Medical Center

Aim Statement	Increase Sepsis order set usage from 60% for January-February 2018 to 80% for patients admitted or discharged from the hospital with a sepsis diagnosis by 12/31/2018 with the leadership of Vicky Dolan, BSN, CEN Emergency Department Nurse Clinician Educator; Diane McGrath, BSN, RN, CPN 3Tele Nurse Manager; LaTivia Carr, RN, MSN, BS, NEA-BC Director of Nursing and Patient Care Services; and Dr. Keith Moss.
First Test of Change	Computerize sepsis screening process and direct nurses to next sepsis steps which may include sepsis protocol orders when Best Practice Advisory alerts.
Is this test of change planned or did you execute it already?	Planned. We have worked with or EPIC builders to better capture SIRS criteria in the Best Practice Advisory alert and computerize the next Sepsis steps. This is scheduled to be reviewed by our sepsis team March 7th.



Strategies for Sepsis Improvement

Evaluate your processes, target your improvement.

Screen every patient in ED @ triage or evaluation.

Screen inpatients every shift.

Bundle blood cultures and lactates.

Administer antibiotics within an hour.

Efficient source control.

Reassessment for those at high risk.

Clear and consistent actions after a positive sepsis screen.

Use Alerts & EMR

Enhance communication between levels of care.

10 Steps to Sustained Improvement

MARYANNE WHITNEY RN CNS MSN
STEVEN TREMAIN, MD, FACPE
IMPROVEMENT ADVISORS, CYNOSURE HEALTH
MARCH 14, 2017



GREAT LAKES
PARTNERS FOR PATIENTS

Illinois | Michigan | Wisconsin
Powered by the MHA Keystone Center

Accelerating Improvement at the Point of Care



The First Emperor: Qin

Who...

- Unified 7 warring states
- Founded the basis for modern China
- Built the Great Wall
- Standardized coins and measures

The First Emperor: Qin

How....

- Tyrannical rule
- Burned all books
- Buried 460 scholars alive
- Beheaded folks for small offenses

The First Emperor: Qin

The peasants....

- Poverty
- Famine

The nobles....

- Loss of power

The First Emperor: Qin

And then....

- Within 5 years after his death the dynasty collapsed
- Overrun by a peasant leader
- Han Dynasty started
- Lasted 400 years

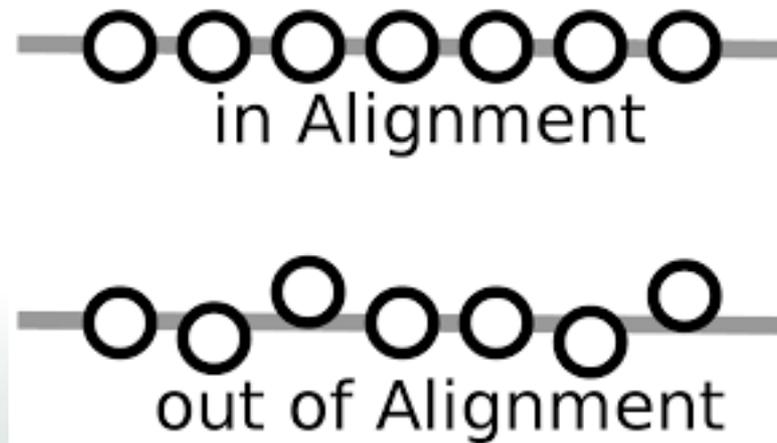
The Moral to the Story

- Change by force and decree might work if you plan to be Emperor forever!



Step #1: Align

- Is the improvement aligned with the strategic priorities of the organization?



Step #2: Engage

- Should people engage in this improvement?
- Is the improvement likely to bring success?



Step #3: Find Champions

- Are they passionate about quality and dissatisfied with the status quo?
- Do they have a natural interest in how systems affect workflow?
- Are they clinically respected by their peers and other clinical staff?
- Do they have lots of common sense and judgment?
- Are they courageous yet emotionally mature?

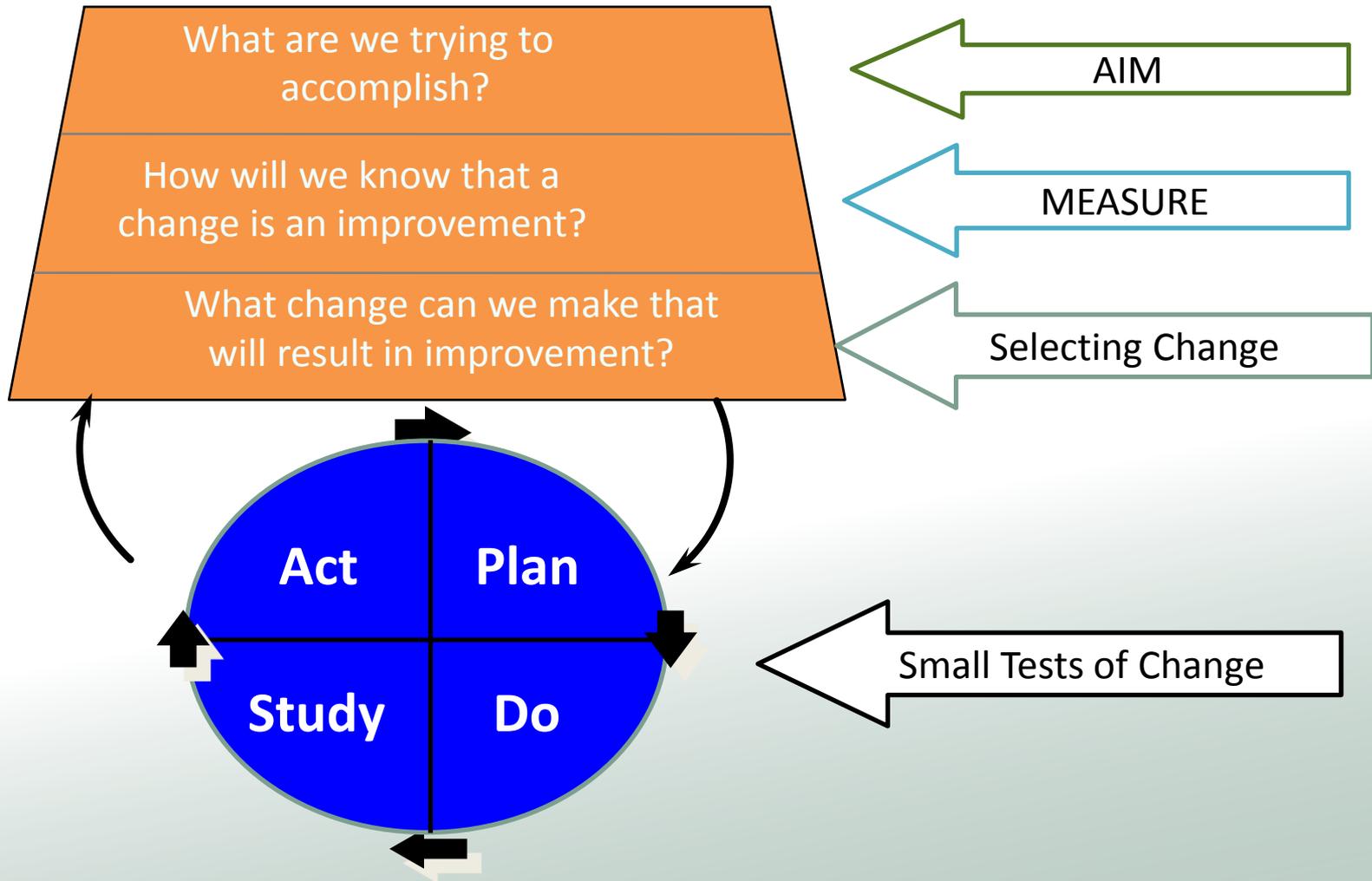


Step #4: Involve the Front Line Staff

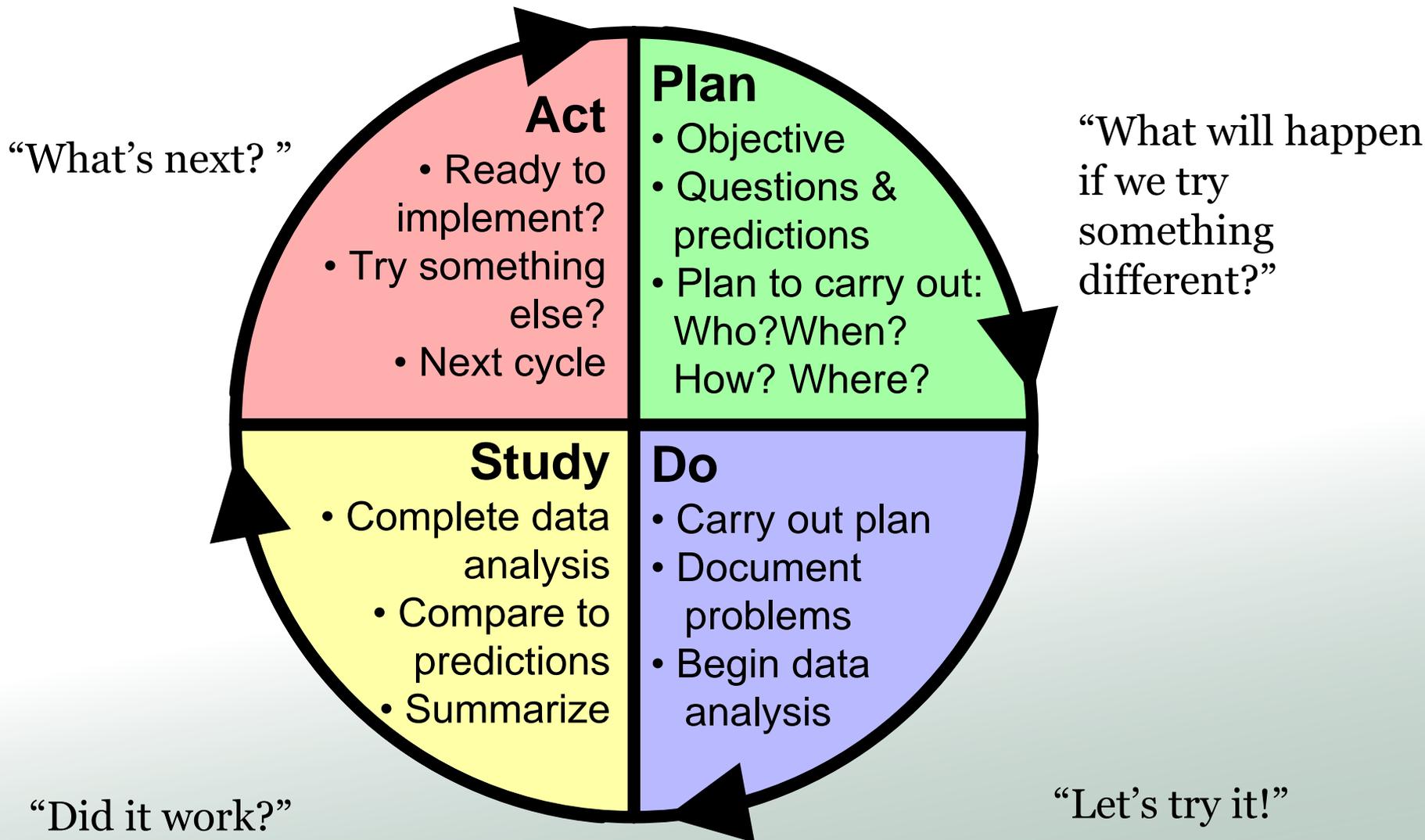
- Do their values support it?
- Do they think it is needed?
- Are they ready? (mindset, tools, training, etc)
- ***Are they involved in the design and testing?***



Step #5: Use Proven Methodology



Step #6: Test



Step #7: Measure

- Measure for Improvement all along the way
- Short cycles



Step #8: Communicate

- Is it people-oriented? (feel)
- Is it content oriented? (what)
- Is it action oriented (how, when, by whom)
- Is it time oriented?
- Will it change behaviors? (road shows, fairs, meetings, one-to-one)



Step #9: Implement

- Small scale PDSA tests have refined the change.
- Confidence exists, supported by data, that the change results in desired improvement.
- *Then* Implementation expands to a pilot unit/population.
- Learning then occurs as to what it takes to eventually spread.

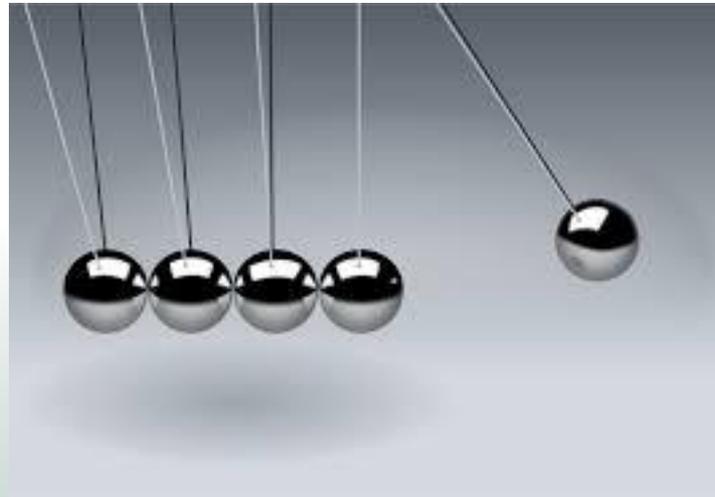


Step #10: Share!

	Centralized	Distributed
Data Collection	PI Dept	Macrodata: PI Small test of Change data: Local dept
Data Interpretation	PI Dept	All
Intervention Design	PI Dept	Local Dept
PI Dept Role	Do-er	Coach
Level of Hosp Dept Engagement	Low	High
Level of Clinician Engagement	Few	Many
Ownership	PI Dept	Everyone

SUSTAIN!

- Did you do the first 10 steps well?
- Do you still have alignment?
- Are you measuring and communicating?
- Are you still trying to do it all yourself?



Quality Epiphanies over 35 Years



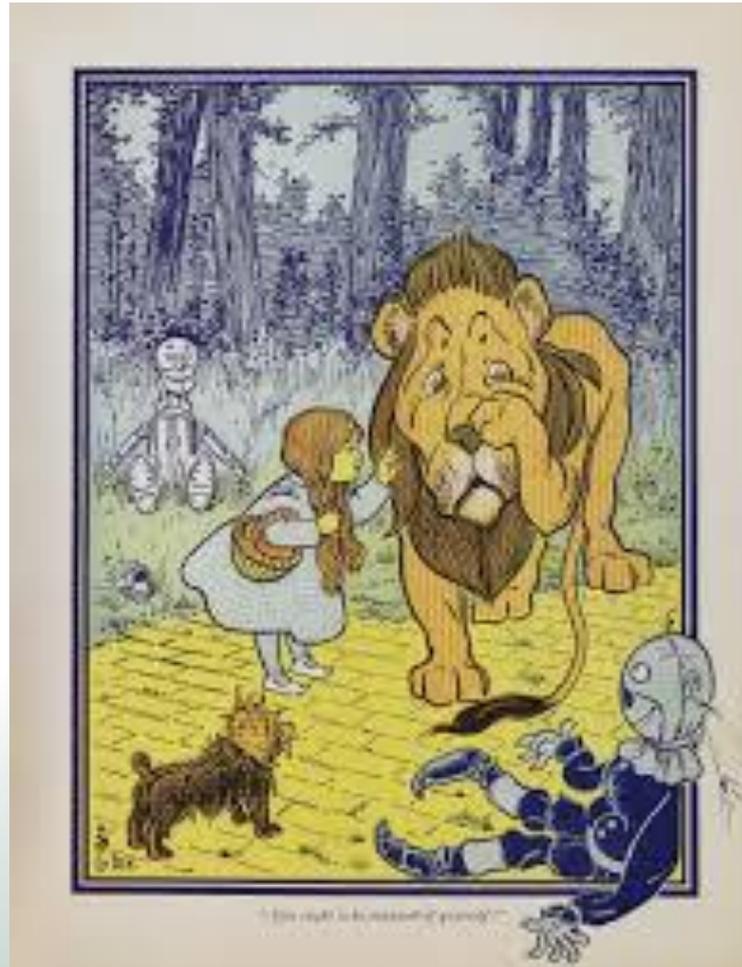
Quality Epiphany #1: 1982

- If you don't know anything, you're perfect.



Quality Epiphany #2: 1984-1987

- Go together.



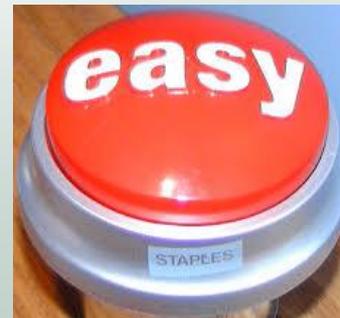
Quality Epiphany #3: Mid 1990's

- Change efforts need to align with Organizational Goals
- Leadership sets priorities and boundaries
- The Front Line designs
- Leadership supports Front Line efforts



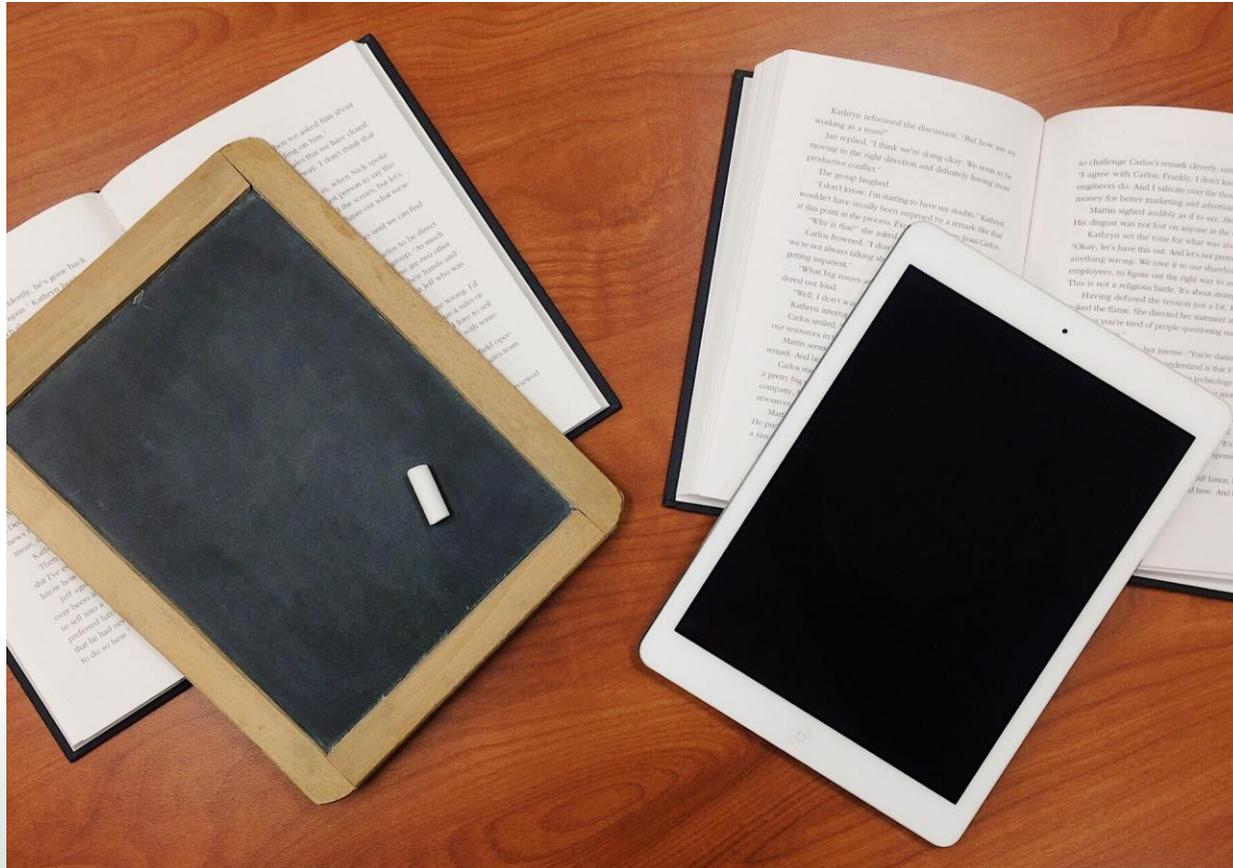
Quality Epiphany #4: 2005-2017

- 2005: The MFI is the way
- Embrace failure
- You can't figure it out in your office or in a conference room.
- Stop talking, Start testing. And test in small rapid cycles.
- Sustainment occurs due to the intrinsic nature of the design



Quality Epiphany #5: 2018 - ∞

- Always learning





“If you working too hard at it, you’re doing it wrong.”

stremain@cynosurehealth.org

mwhitney@cynosurehealth.org

Next Steps

Sepsis Resources

- [Action Packet](#) — [HRET Change](#)
 - [Package \(Sepsis\)](#) —
- Utilize your IHA team and the HIIN offerings!
- Don't hesitate to circle back with the IHA team for assistance as your Sepsis journey progresses

Thank you!

CONTACT US:

ADAM KOHLRUS (P: 217-521-1181; E: AKOHLRUS@TEAM-IHA.ORG)

BRIGETTE DEMARZO (P: 630-276-5525; E: BDEMARZO@TEAM-IHA.ORG)



GREAT LAKES
PARTNERS FOR PATIENTS