# Kentucky Sepsis Consortium

Deb Campbell, RN-BC, MSN, CPHQ, T-CHEST, CCRN alumna



# **Proposed Goal**

 To improve sepsis outcomes through collaborative learning to achieve appropriate, timely and reliable implementation of evidence based interventions.



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#### Who Should Join?



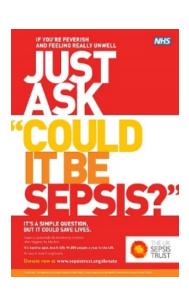
- We need <u>ALL Kentucky hospitals</u> to work together to standardize early detection and timely treatment of sepsis through
  - Engagement of multidisciplinary teams
  - Embracing of rapid cycle improvement and collaborative learning
  - Sharing process measure data
  - Overcoming complexities
  - Accelerating improvement in care processes



#### Plan of attack

- Regional kick-off meetings
- Content driven webinars
- Expertise available at the regional and state level
- Improvement coaching
- Data collection and analysis
- Recognition activities for Sepsis Awareness month- September







### **Steering Committee**

- Kentucky Hospital Association
- Deb Campbell, Quality Improvement Advisor
- Carla Donnell, Director of Quality and Health Professions
- Clinical Experts
- William Russell Judd, PharmD, BCPS Pharmacist St. Joseph Hospital
- Dana Stephens, BS, MT CIC Laboratorian, IP St. Joseph Hospital
- Louis Clabon, MD Physician Advisor St. Elizabeth Healthcare
- Clark Wheeler, RN Director of Quality Management St. Elizabeth Healthcare
- Anthony Stumbo, MD Appalachian Regional Health System
- James Hensley, RN Director-Process and Performance Hazard Regional
- James Frazier, MD Norton Healthcare
- Danette Culver, APRN Sepsis Coordinator Norton Healthcare
- JoAshley Ross, RN Sepsis Coordinator Baptist Health Paducah
- Ashley Rains, MD Emergency Department Baptist Health Paducah
- Eric Fischer, MD, CQO TJ Samson Health
- Patient/Family Advocates
- Darrell Raikes
- Tracy Rexford
- Kentucky Medical Association
- TBD





# **Proposed Metrics**

- Time from presentation to sepsis screen performed
- Time from positive screen (Time 0) to huddle/orders in place
- Time 0 to IV bolus completed (30ml/kg crystalloid for hypotension or lactate >/= 4)
- Time 0 to antibiotics (broad spectrum)
- Time 0 to lactate result available
- Blood cultures obtained prior to antibiotics Y/N
- Standing orders for sepsis bundle if patient screens positive Y/N



# Stay tuned!!

 Plan to join us as we reach new heights in reliably implementing sepsis recognition and treatment best practice!

