

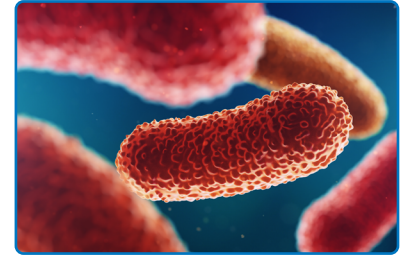
# IPRO HQIC Sepsis Change Pathway Part 1

## Exploring Sepsis Strategies Part 1: Early Identification, Patient/Family Engagement, & Disparities in Care

Thank you for registering for and/or attending the August 24, 2021 [HQIC Sepsis Webinar!](#) Hospital leaders and front-line staff from across the country attended the event. The small, rural, critical access and large urban hospital voice were 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 and a top reason for readmissions. 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.



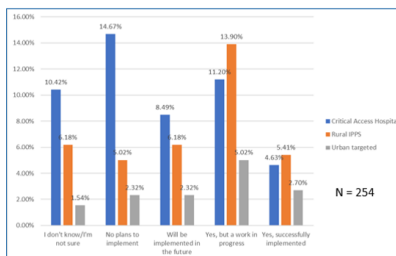
### Review the Data

IPRO HQIC Hospital Baseline Assessment Results Related to Sepsis and Health Equity

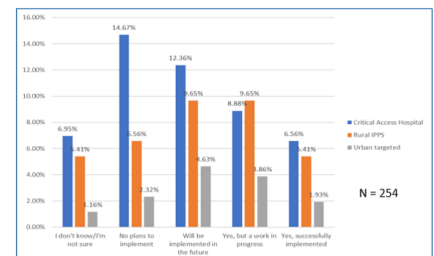
**Sepsis-related Results:** 56% of hospitals have fully implemented a process for evaluation and treatment of Sepsis and Septic Shock and over 46% would like further education and assistance on this topic.

**Health Equity-related Results:** Close to 13% of hospitals fully implement the use of data, such as REaL or SDoH, to identify gaps in care and nearly 14% regularly establish goals to reduce health disparities in any quality measures.

Does your facility use data or other means to identify gaps in care by REaL or SDoH?



Does your facility regularly establish goals to reduce health disparities in any quality measures?



Over 55% stated would like education and assistance with both

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

## Patient and Family Engagement & 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 sepsis screening and treatment. 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 December 30th, 2021, 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%.*

## Next Steps

Not sure how to identify your organization's root cause?

Need help getting started on implementing your selected intervention(s)? Seeking feedback on your Aim statement?

**Reach out to your IPRO HQIC contact for assistance.**





## References

- [Exploring Sepsis Strategies Slide Deck](#)
- [IPRO All-Cause Harm Resource](#)
- [IPRO HQIC website](#)
- [IPRO HQIC Resource Library](#)
- [CDC Clinical Tools](#)
- [Sepsis Alliance](#)
- [Surviving Sepsis Campaign](#)



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