



# Kentucky **SEPSIS** Consortium

## Virtual Meeting

### January 23, 2025



*The Kentucky Hospital Association Sepsis Consortium is working with hospitals statewide to reduce the morbidity and mortality caused by sepsis.*

# Consortium Steering Committee Regional – Bluegrass District



Amanda Miller, BSN,  
RN, CPHQ  
Program Manager,  
Quality and Patient  
Safety  
St. Joseph London  
CHI St Joseph Health  
System



Tracy Louis MSN,  
RN-TN,  
CIC, CPPS  
AVP Infection  
Prevention  
Lifepoint Health

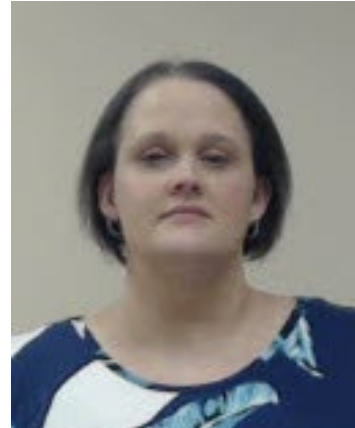


Louis Claybon,  
MD  
Physician Advisor  
St. Elizabeth  
Healthcare

# Consortium Steering Committee Regional – Cumberland District



Anthony  
Stumbo, MD  
Appalachian  
Regional Health



Christina Witt, RN  
Sepsis Nurse  
Navigator  
Ephraim  
McDowell Health



James J. Hensley  
System Director  
Infection  
Prevention  
Appalachian  
Regional  
Healthcare



Kim Elliott, RN  
Director of  
Quality/  
Sepsis  
Coordinator  
Paintsville ARH  
Hospital

# Consortium Steering Committee Regional – Ohio Valley District



Karan Shah, MD  
MMHC, FACEP  
Managing Partner,  
Physician Care  
Coordination  
Consultants (PC3)



Stacey Monarch  
Sepsis Coordinator  
Baptist Health Louisville

# Consortium Steering Committee Regional – Twin Lakes District



JoAshley Ross  
Sepsis Coordinator  
Baptist Health  
Paducah



Allison Rains, MD  
Emergency Department  
Baptist Health  
Paducah



Skyler Hughes,  
BSN, RN  
Sepsis Clinical  
Program Specialist  
Owensboro Health

# LTAC/Post Acute/Rehab Facilities



Nicki Shorr-Maxson, RN, BSN, CIC, CPHQ  
Manager of Quality and Safety  
Continuing Care Hospital  
CHI St Joseph Health



# Consortium Steering Committee Patient/Family Advocate



Darrell Raikes



# HRIP Metrics- Medicaid Only?

- CMS is intent on moving metrics to Medicaid only
- We are working on the 2026 preprint now.
- Sepsis Bundle
  - Create a report
  - Make this part of the case review
  - Continue to review all patients' cases
  - If you are able to review a sample per CMS, you would pull the Medicaid patients from that sample only as opposed to all
- Blood Culture Contamination- very mixed responses on this.
  - It would be wise to look into how this might be able to be done





# LTAC signees

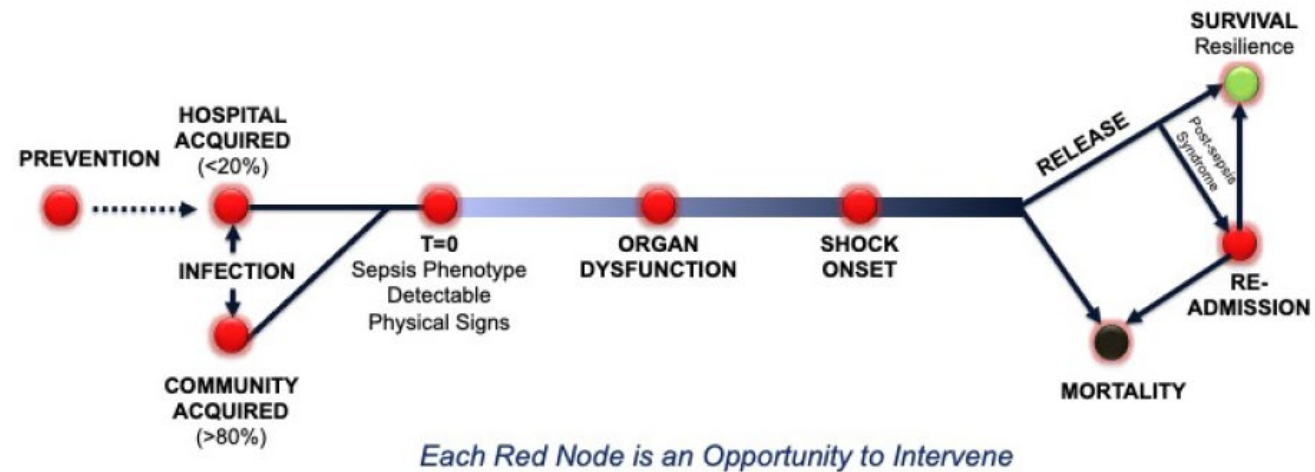
- Continuing Care Hospital has been a member since the inception of our sepsis initiative! They are now joined by our newest consortium members:
- ARH Advanced Care Big Sandy
- ARH Advanced Care Kentucky River
- Commonwealth Regional Specialty Hospital
- ContinueCare Paducah
- ContinueCare Madisonville
- Kindred Hospital Louisville
- Kindred Hospital Louisville at Jewish Hospital

Welcome! We look forward to engaging with you around this important topic!

# Reminder of Opportunity Points



## Sepsis Intervention Points



[DRIVE \(hhs.gov\)](https://www.hhs.gov/drive)

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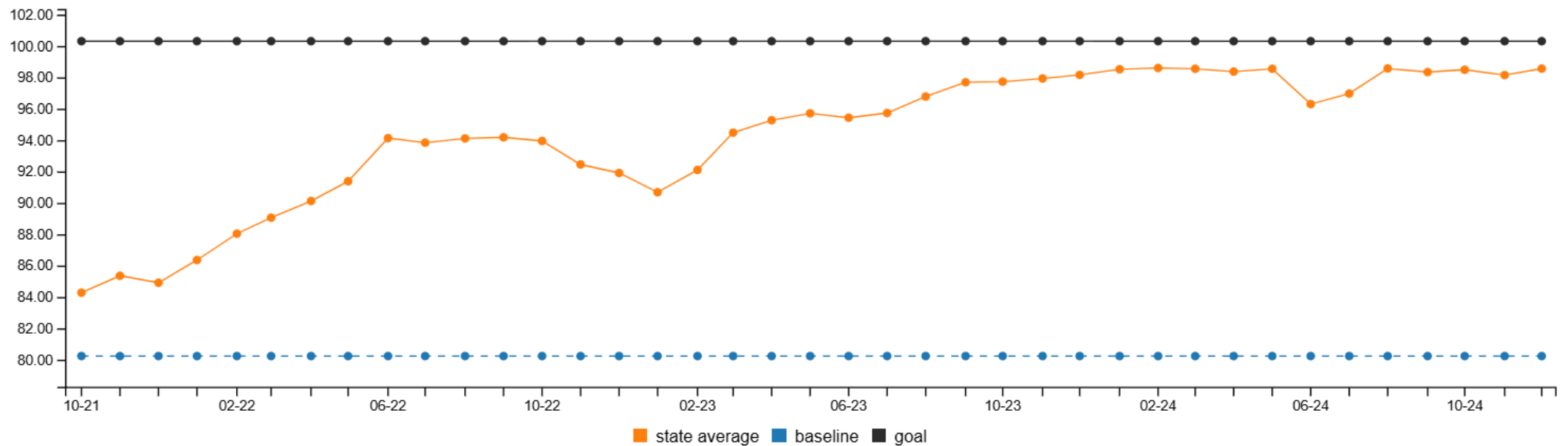
# SEPSIS-2c SEPSIS Screening Performed at Triage



Kentucky Sepsis Consortium

SEPSIS-2c SEPSIS Screening Performed at Triage

**Goal Type:** Increase

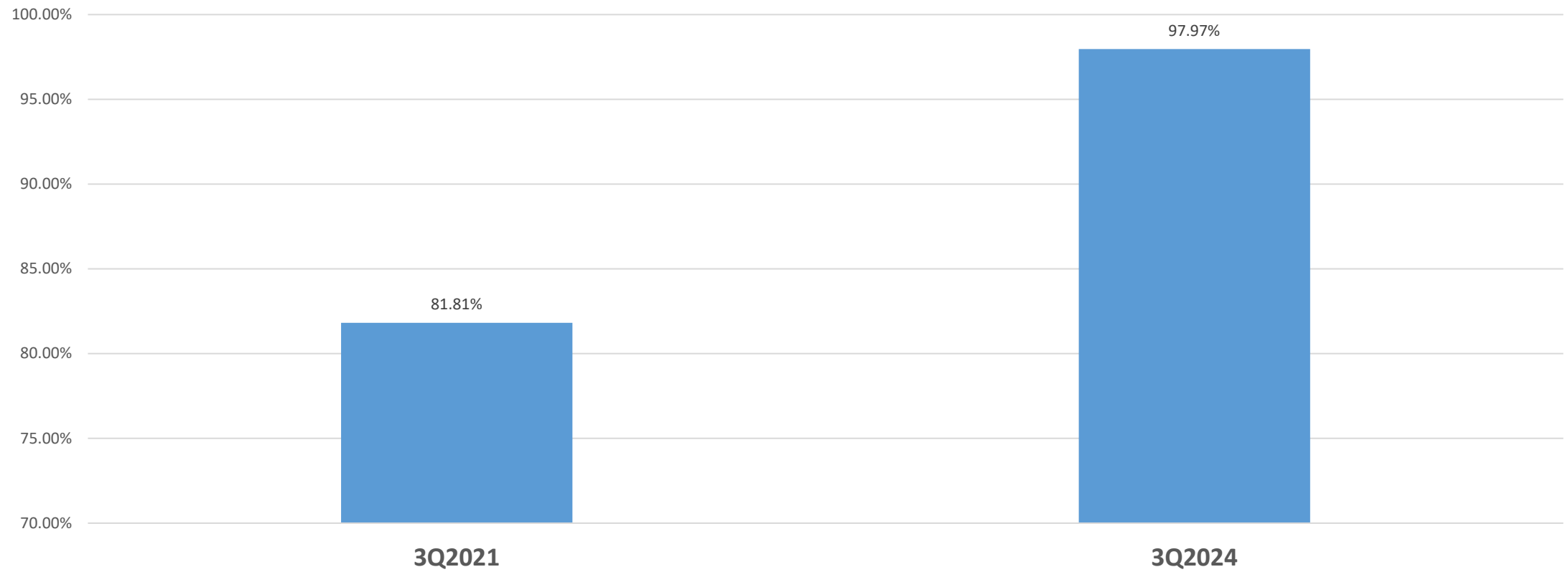


\*Data is in review

KQC Pull from 1/16/2025



## Sepsis Screening at Triage



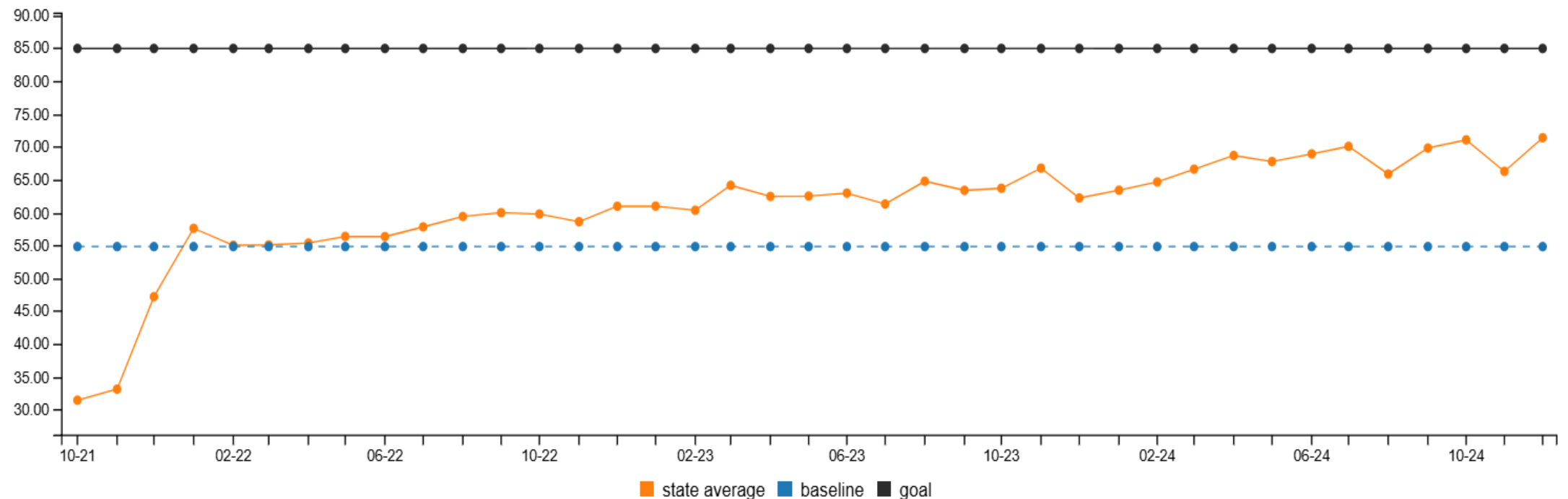
# SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance



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SEPSIS-2d 3 and 6-Hour Sepsis Bundle Compliance

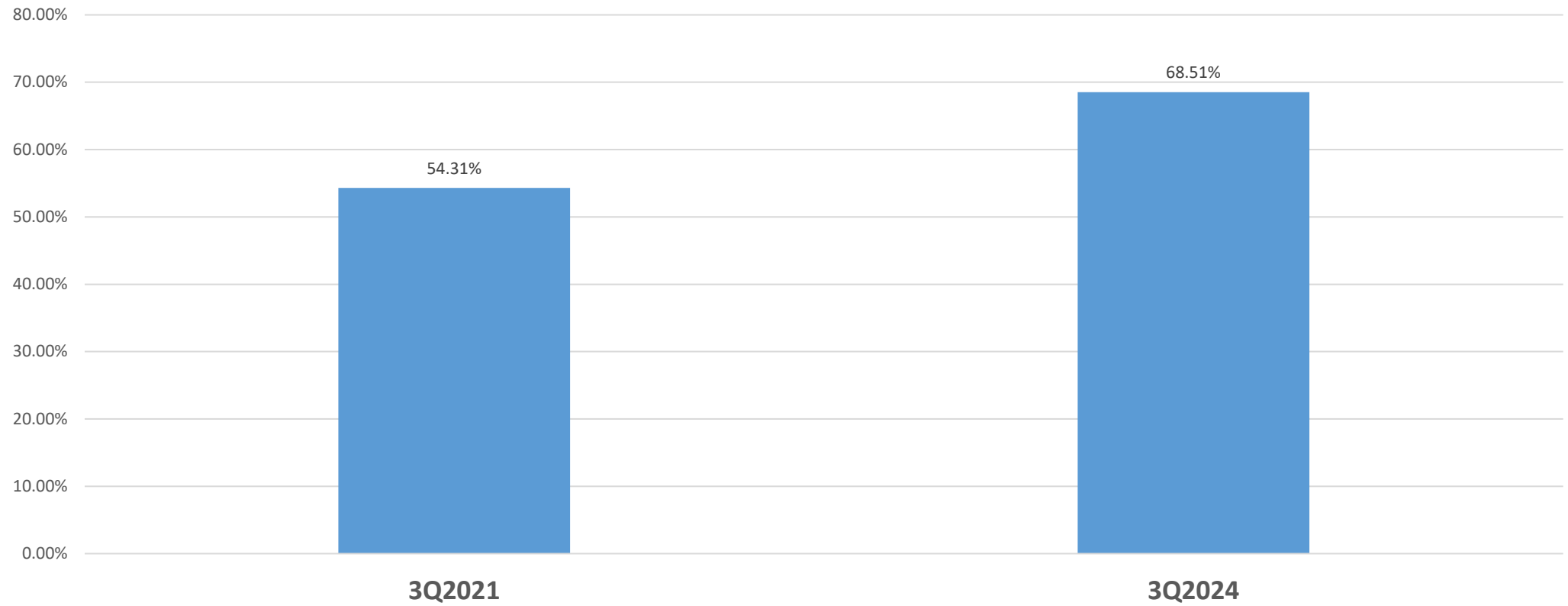
Goal Type: Increase



\*Data in review



## 3 & 6 Hr Bundle Compliance



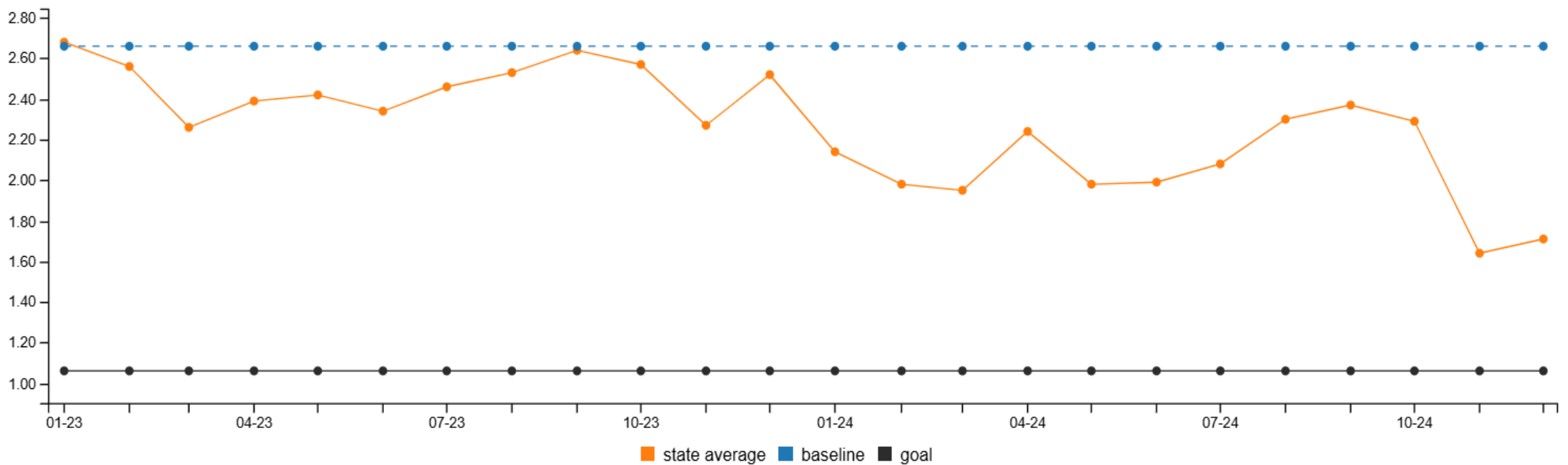
# SEPSIS-2e Blood Culture Contamination



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SEPSIS-2e Blood Culture Contamination

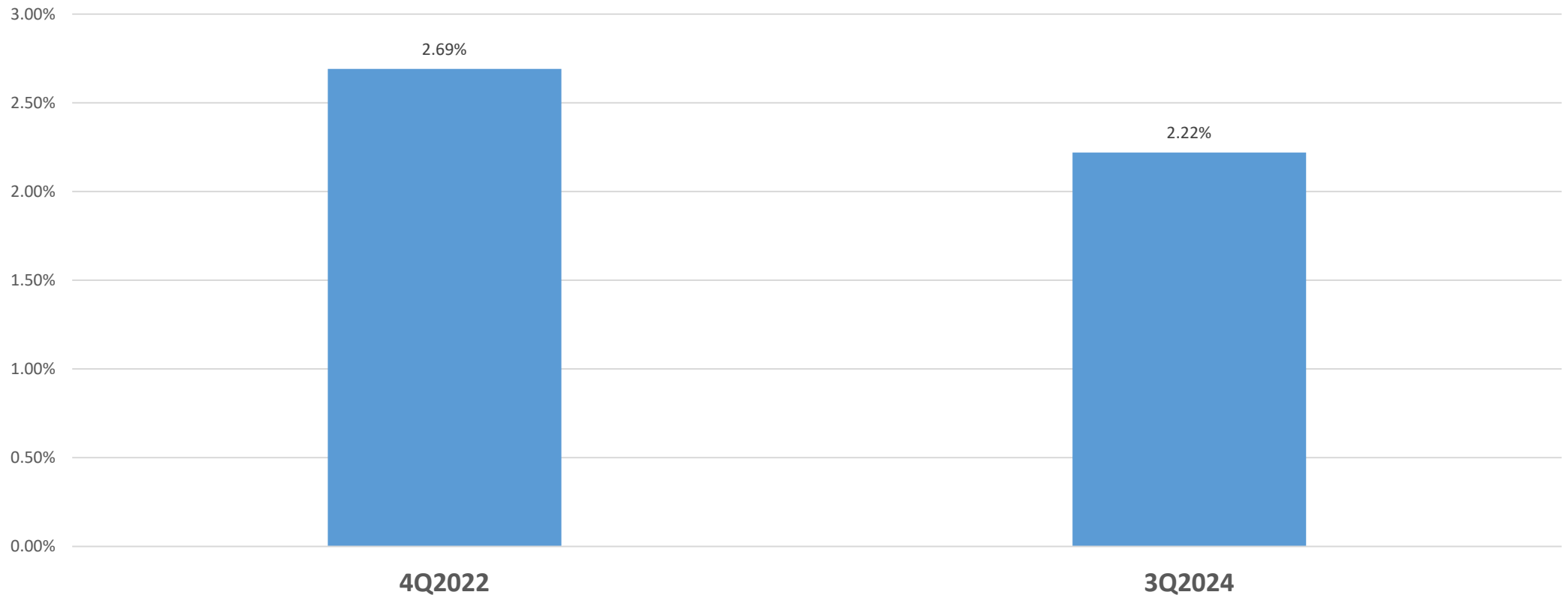
**Goal Type:** Decrease



\*Data is in review



## Blood Culture Contamination Rate



# Today's presentations



**Topic- Blood Cultures: how we improved our rates - barriers/successes**

**Speakers- Hospital teams who have made improvement**

# Who is drawing these specimens?



- Survey of sepsis POCs on whether nurses only, phlebotomists only or some combination draw specimens for blood cultures.
  - Phlebotomist only- 7
  - Nurses only- 1
  - Some combination of the above plus maybe others- 6
- Other interesting comments
- The recommendation I found is “staff trained specifically on preventing contamination during specimen collection.”



# Questions to Run On

1. Rate improvements/failures/successes/barriers
2. Model for blood draws- phlebotomists only, nurses only, some combination
3. Diversion devices
4. Other interventions
5. Specimen Volume efforts
6. Anything else you think is germane to the topic of BC contamination

# Future topics



- Moving Upstream
  - Preventing Sepsis
  - Educating our families and the community
- Bundle Review and QI
  - Process Discovery Tool use
- We Are Screening, but Are We Doing It Accurately? (In Urgent Care?)
- Rapid Response Mechanisms
- Expansion of Blood Culture Specimen Collection Metrics- appropriate volumes
- Rapid Molecular Diagnostics
  - [More than one-third of all in-hospital deaths are attributed to sepsis](#), making it the [leading cause of death in U.S. hospitals](#).
- Going Home- Help Me Not Come Back (Functional and Cognitive Impairment Assessment at DC)

# Next Steps



- Regular schedule  
4<sup>th</sup> Thursday of each month 1-2ET\*\*
- **Next: February 27 , 2025**
- **Topic: Sepsis Screening Pre-Hospital (Urgent Care) (EMS?)**
- Speakers:



For questions, contact **Deb Campbell** at [dcampbell@kyha.com](mailto:dcampbell@kyha.com)  
Vice President of Clinical Strategy and Transformation

# Antibiotic Stewardship



- A randomized controlled trial conducted in the United Kingdom found that a procalcitonin (PCT)-guided monitoring protocol safely reduced antibiotic duration in critically ill sepsis patients compared with standard care, according to a [study](#) published yesterday in *JAMA*.
- But C-reactive protein (CRP)-guided protocols did not.





### Study links discharge settings to sepsis readmissions

A study published in the American Journal of Critical Care found that 23.6% of sepsis survivors are readmitted to the hospital within 30 days, with sepsis often being the cause. Patients discharged to skilled nursing facilities or home health care had the highest readmission rates. Researchers used the Medical Information Mart for Intensive Care database and assessed the status of 7,107 adults. Full Story: Healio (free registration) (10/3)