



# Kentucky **SEPSIS** Consortium

## Virtual Meeting

### February 27, 2025



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

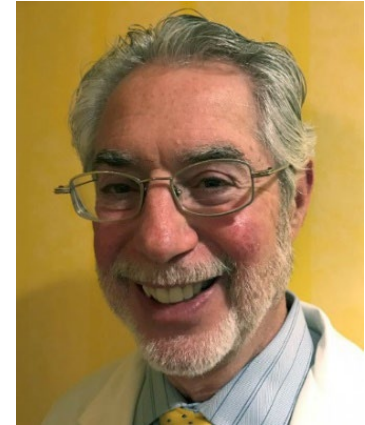
# Consortium Steering Committee Regional – Bluegrass District



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

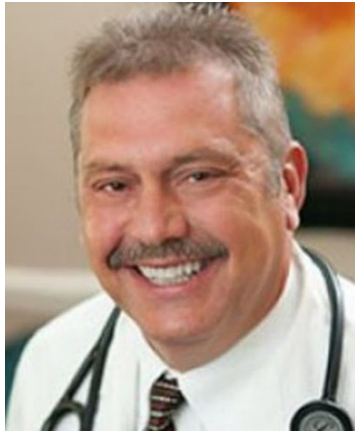


Tracy Louis MSN, RN-TN,  
CIC, CPPS  
AVP Infection Prevention  
Lifepoint Health



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



Laura E White, BA, MHA  
Performance Improvement  
Engineer  
Med Center Health  
Bowling Green

# 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



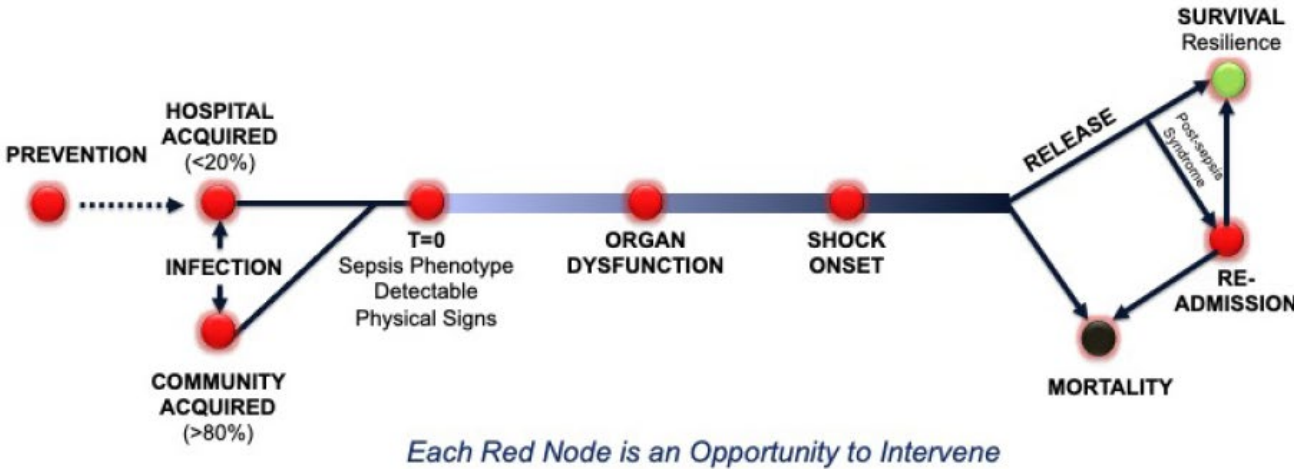
- **Continuing Care Hospital** has been a member since the inception of our sepsis initiative! They are now joined by our newest consortium members:
- **ARH Advanced Care Big Sandy**
- **ARH Advanced Care Kentucky River**
- **Commonwealth Regional Specialty Hospital**
- **ContinueCare Paducah**
- **ContinueCare 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 \(hhs.gov\)](http://DRIVE.hhs.gov)

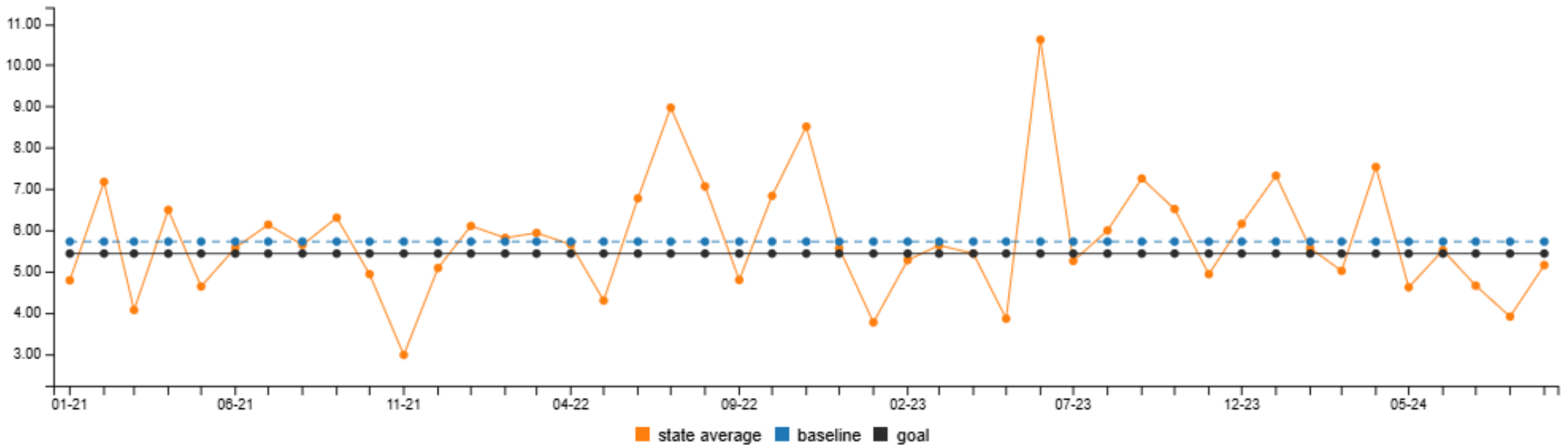
# Sepsis-1a Postoperative Sepsis (AHRQ-PSI 13)



Kentucky Sepsis Consortium

SEPSIS-1a Postoperative Sepsis (AHRQ - PSI 13)

Goal Type: Decrease



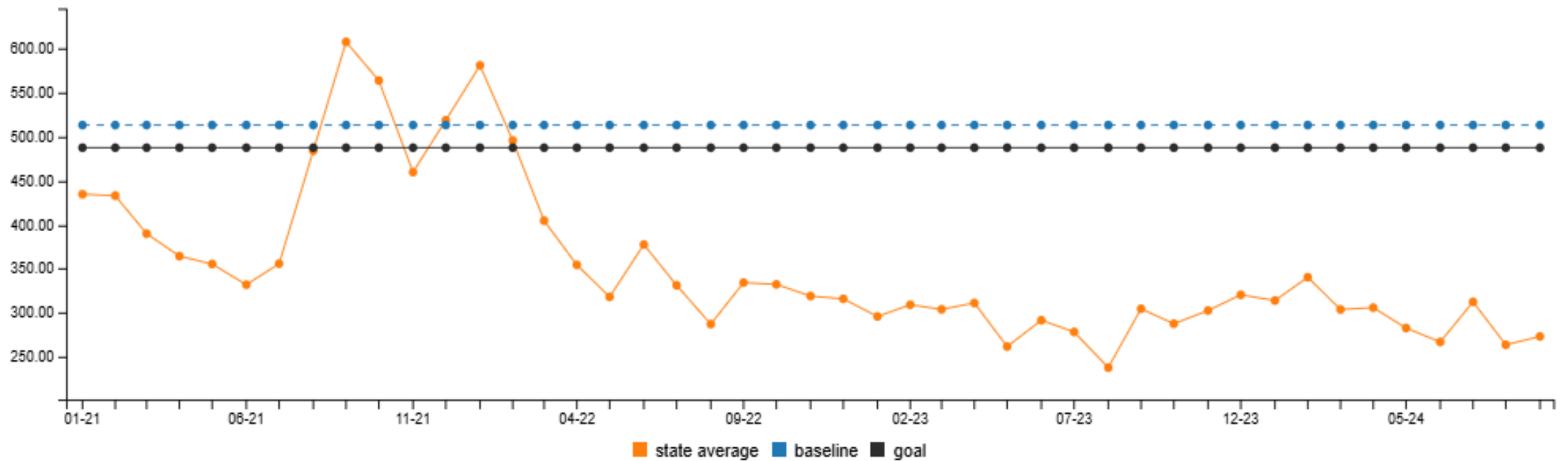
# Sepsis-1c Hospital-Onset Sepsis Mortality Rate



Kentucky Sepsis Consortium

SEPSIS-1c Hospital-Onset Sepsis Mortality Rate

Goal Type: Decrease



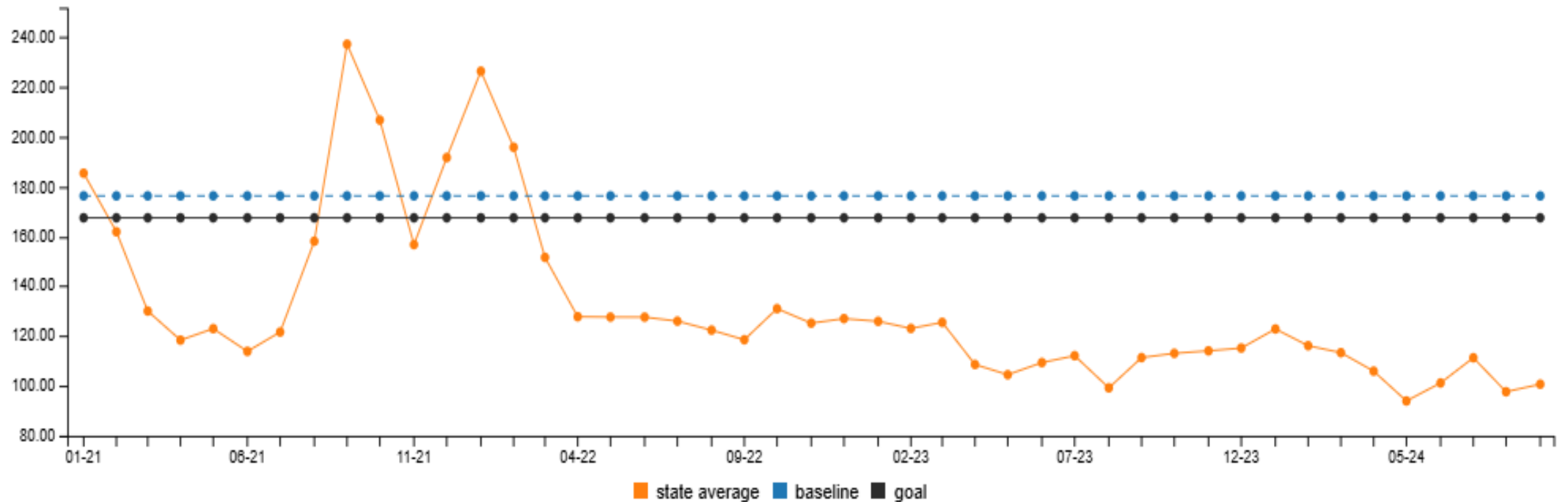


# Sepsis-1d Overall Sepsis Mortality Rate

Kentucky Sepsis Consortium

SEPSIS-1d Overall Sepsis Mortality Rate

Goal Type: Decrease



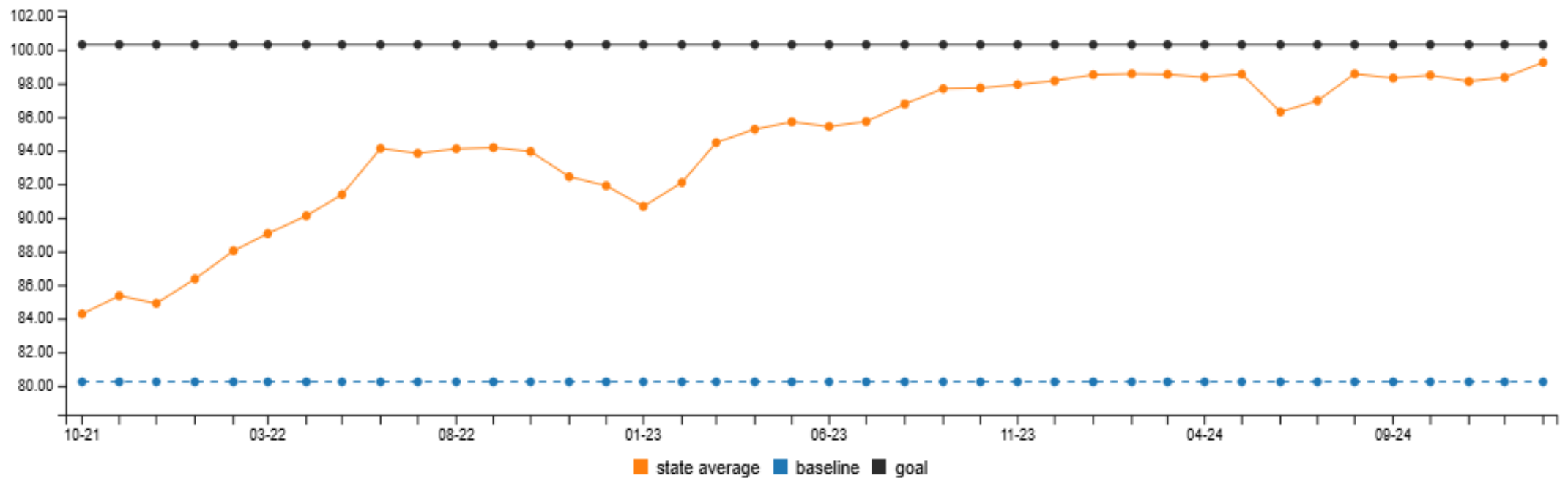


# SEPSIS-2c SEPSIS Screening Performed at Triage

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SEPSIS-2c SEPSIS Screening Performed at Triage

Goal Type: Increase

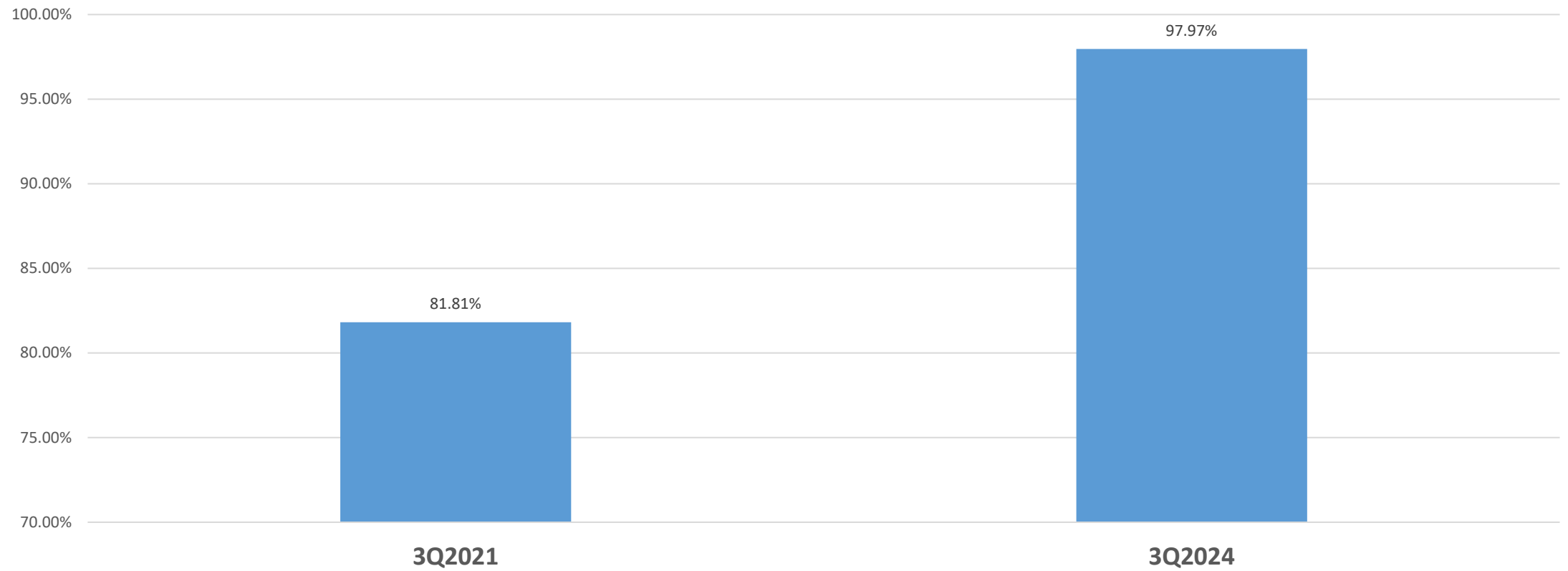


\*Data is in review

KQC Pull from 2/17/2025



## Sepsis Screening at Triage



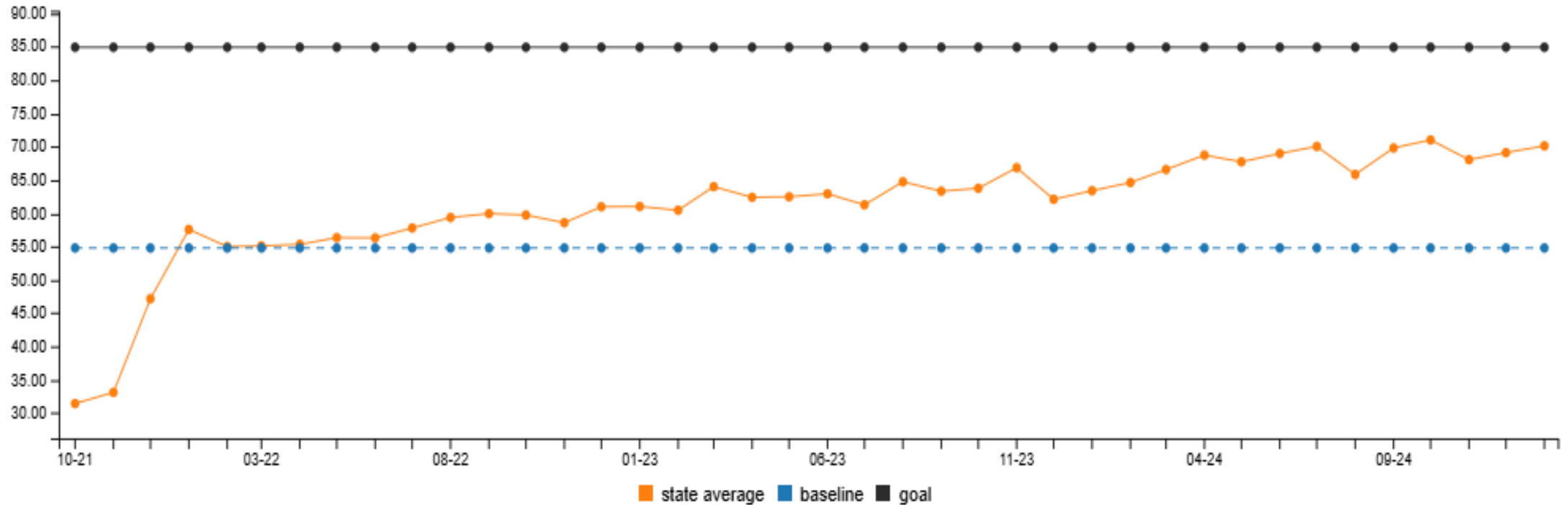
# SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance



Kentucky Sepsis Consortium

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

Goal Type: Increase

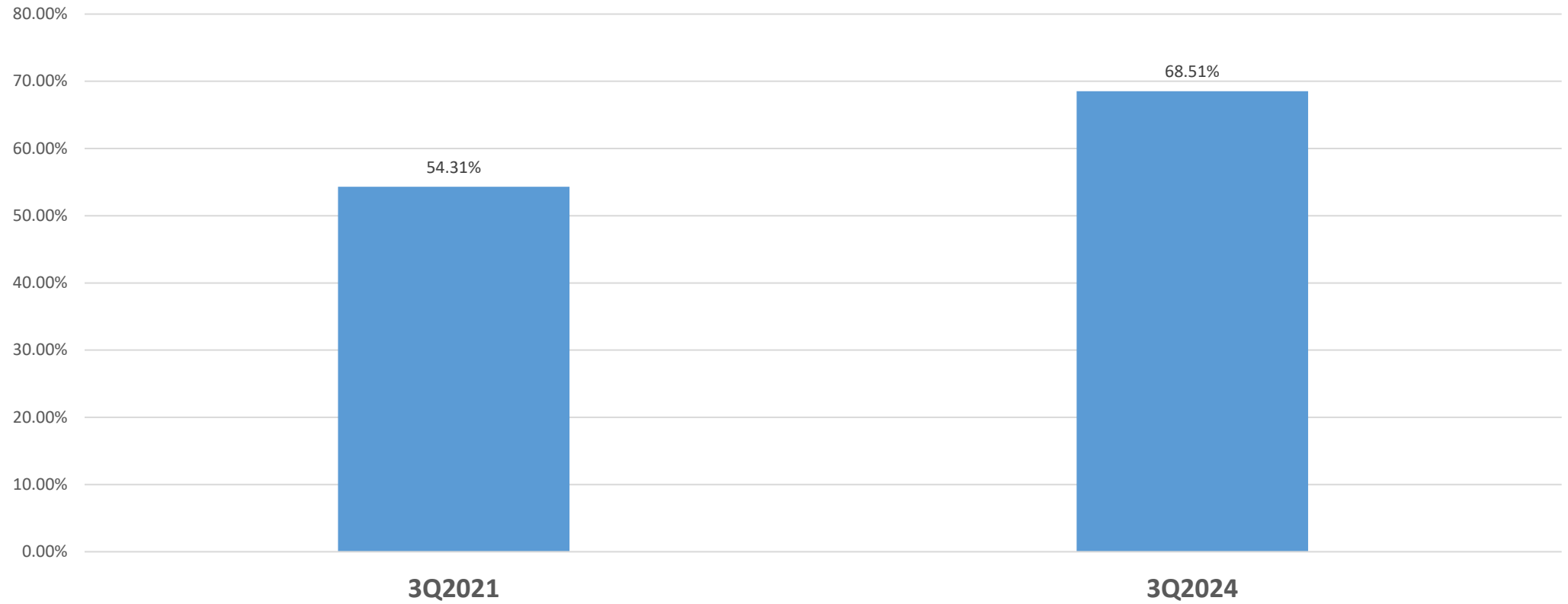


\*Data in review





## 3 & 6 Hr Bundle Compliance

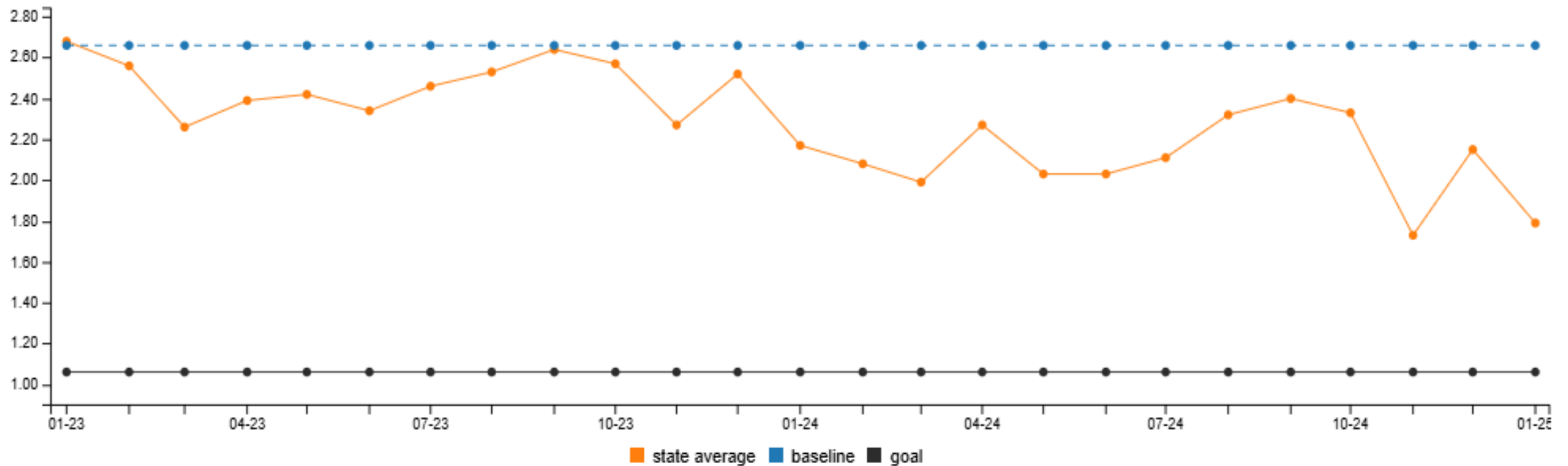


# SEPSIS-2e Blood Culture Contamination



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SEPSIS-2e Blood Culture Contamination

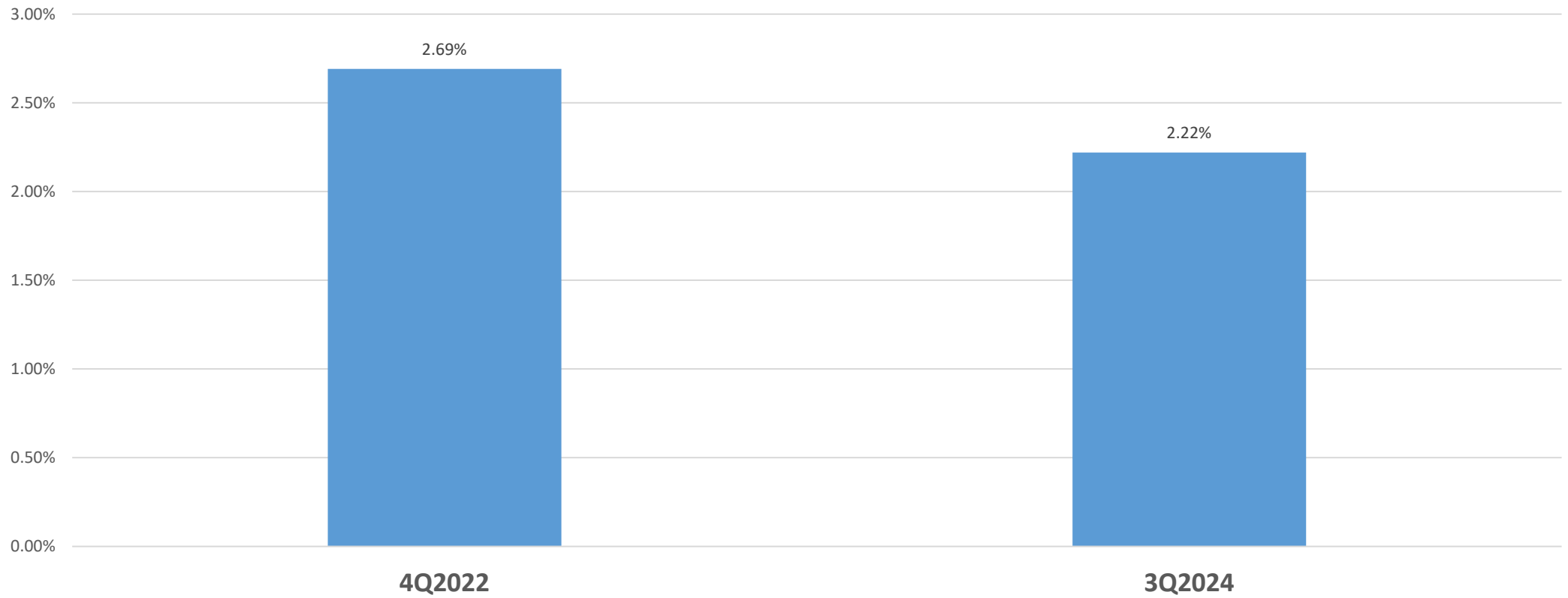
Goal Type: Decrease



\*Data is in review



## Blood Culture Contamination Rate



# Today's presentations



**Topic- Pre-hospital Sepsis Screening and Recognition**

**Speakers- Dr. Jeb Teichman**

**Families Fighting Flu**

**Laura White, PI Engineer**

**Med Center Health**

# Future topics



- Moving Upstream
  - Preventing sepsis through infection prevention
  - Preventing sepsis through promoting vaccines
  - 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
- I'm 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: March 26 , 2025 (Wednesday)\*\*\***
- **Topic:** Beyond Race and Ethnicity: Advancing Health Equity for Patients with Sepsis
- **Speaker: Moojan Rezvan, MBA**
  - Supervisor, Interpreter Services
  - Providence Health Equity Fellow
  - Medical Interpreter, Farsi (Persian)
  - Providence Mission Hospital
- 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)