



Kentucky **SEPSIS** Consortium

Virtual Meeting

July 24, 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

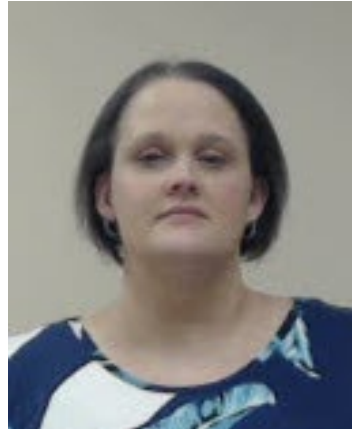


Louis Claybon, MD
Physician Advisor
St. Elizabeth
Healthcare

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

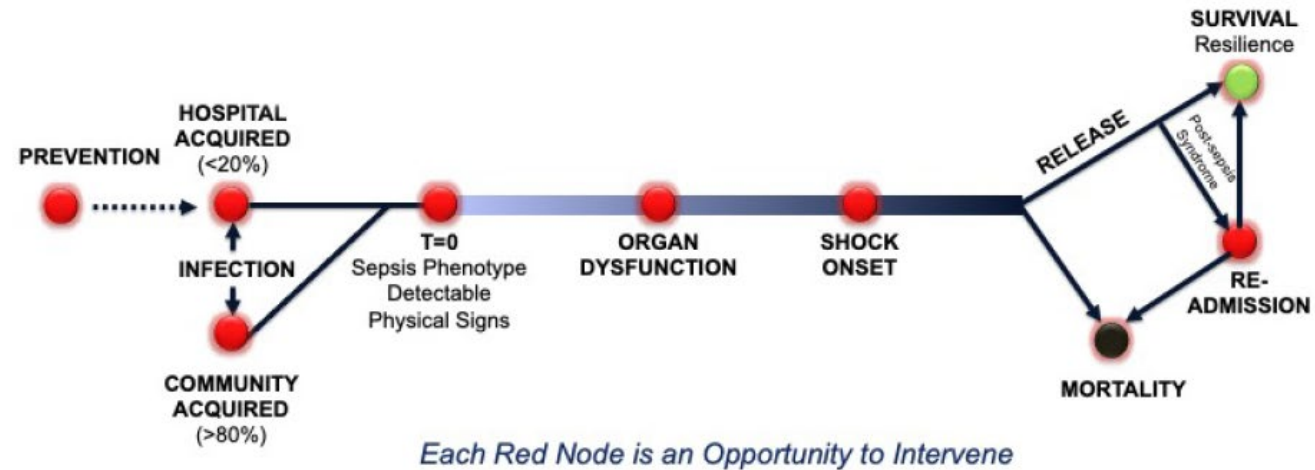


Darrell Raikes

Reminder of Opportunity Points



Sepsis Intervention Points



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

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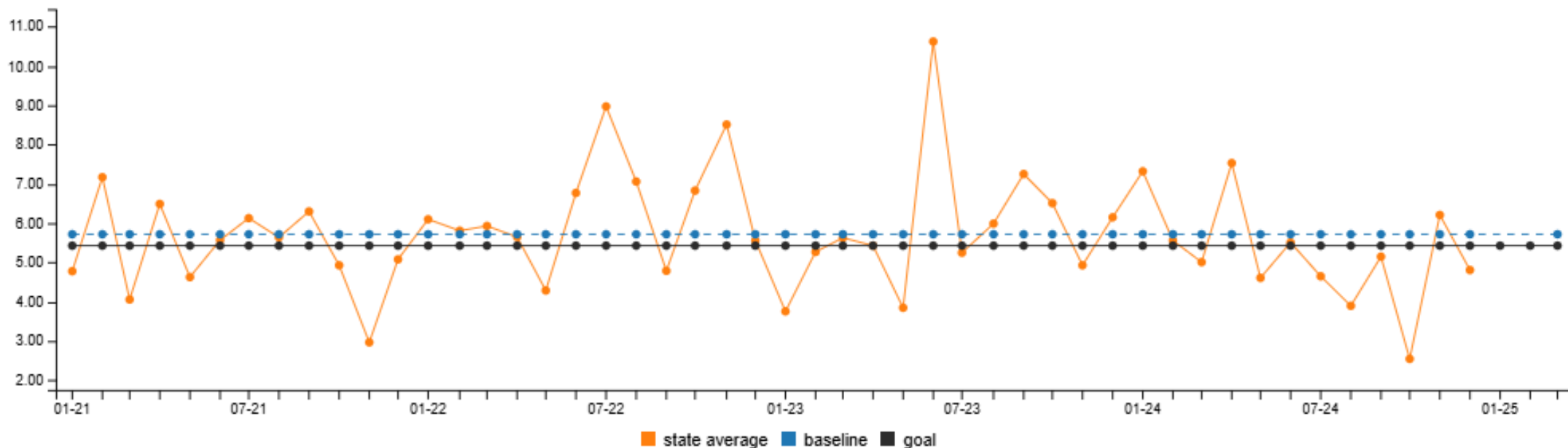
Sepsis-1a Postoperative Sepsis (AHRQ-PSI 13)



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

Goal Type: Decrease



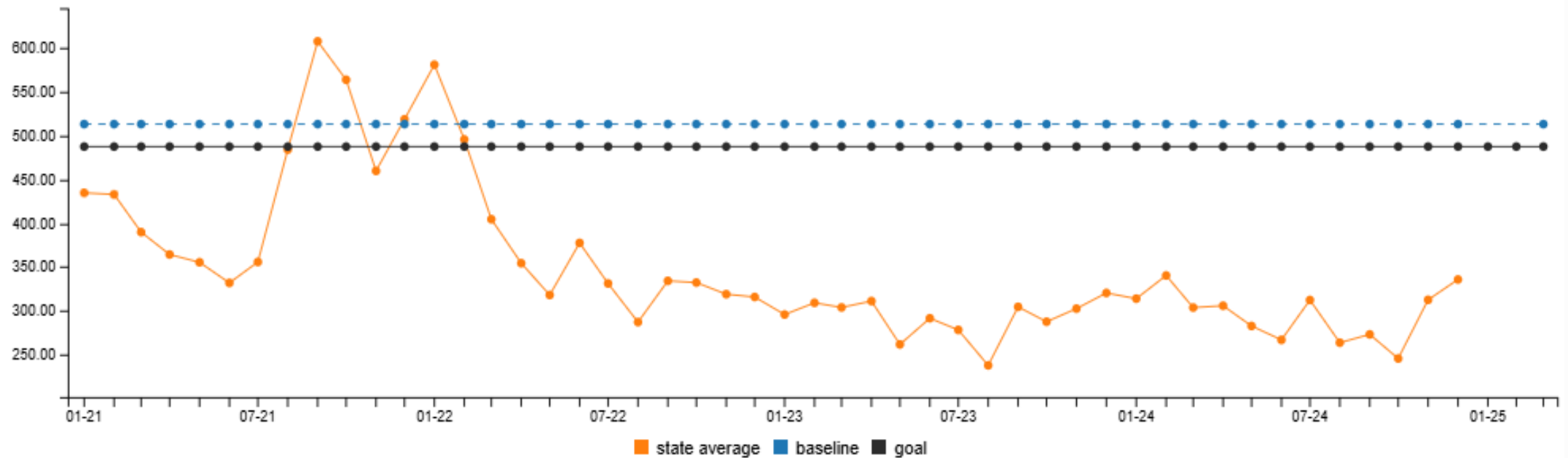
Sepsis-1c Hospital-Onset Sepsis Mortality Rate



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SEPSIS-1c Hospital-Onset Sepsis Mortality Rate

Goal Type: Decrease



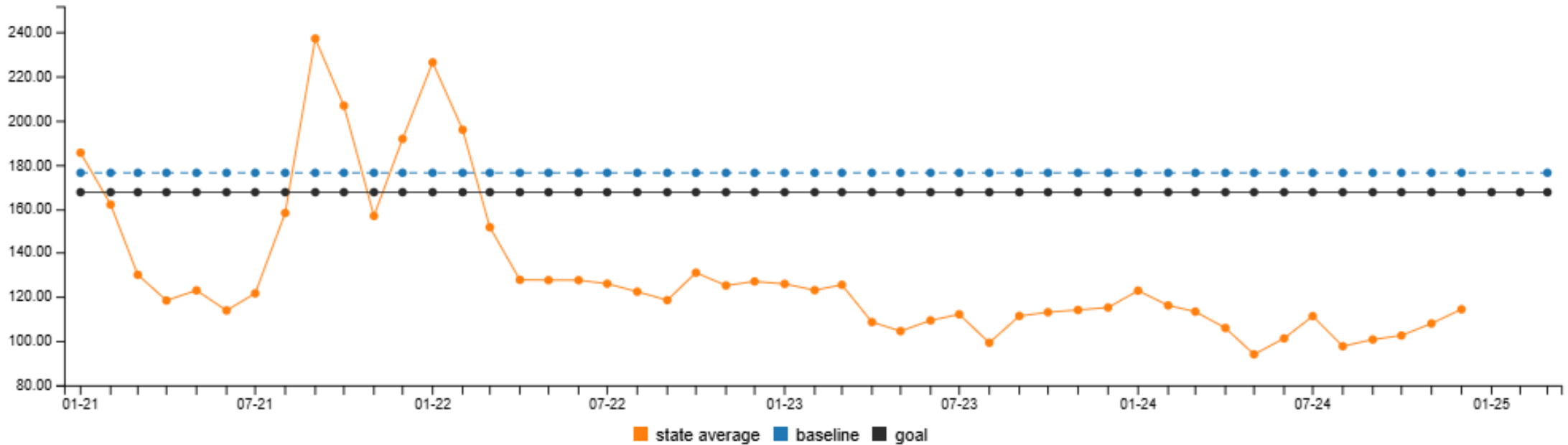
Sepsis-1d Overall Sepsis Mortality Rate



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SEPSIS-1d Overall Sepsis Mortality Rate

Goal Type: Decrease



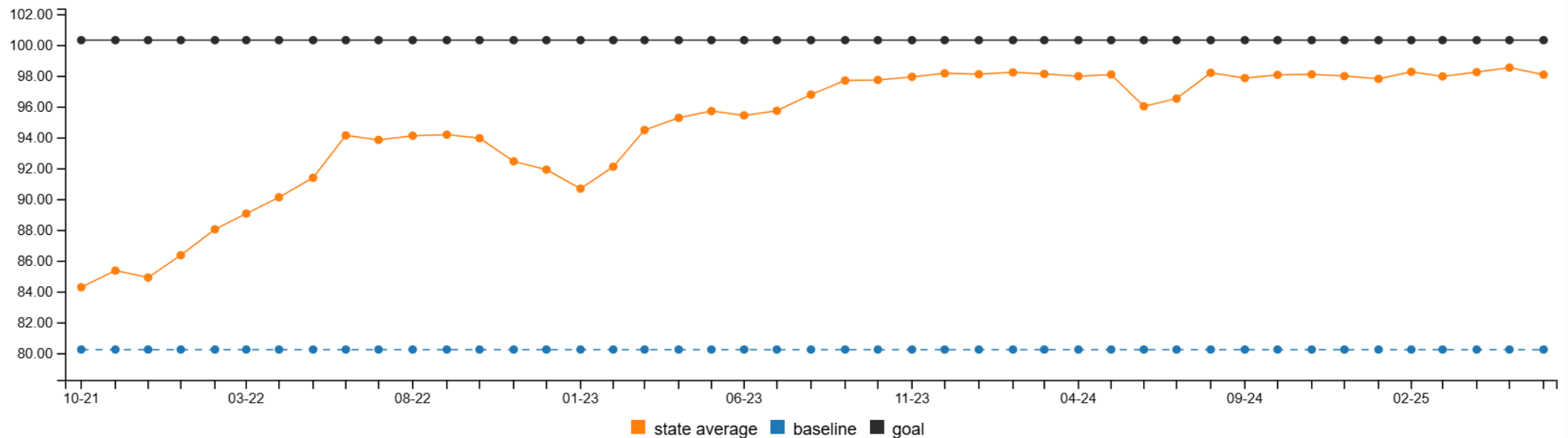
SEPSIS-2c SEPSIS Screening Performed at Triage



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SEPSIS-2c SEPSIS Screening Performed at Triage

Goal Type: Increase



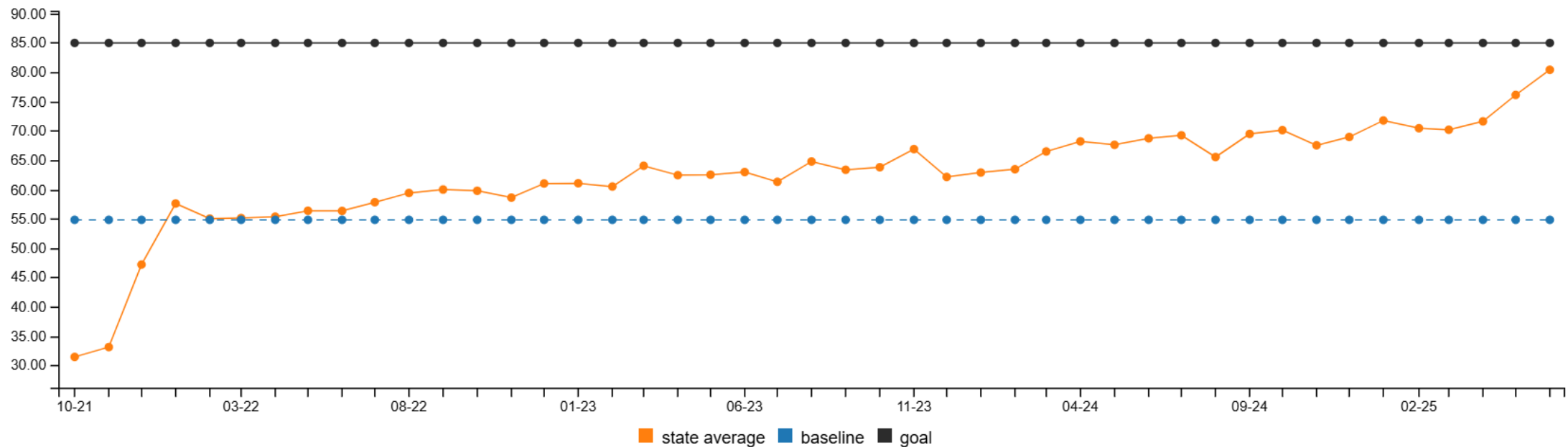
SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance



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

Goal Type: Increase



*Data in review

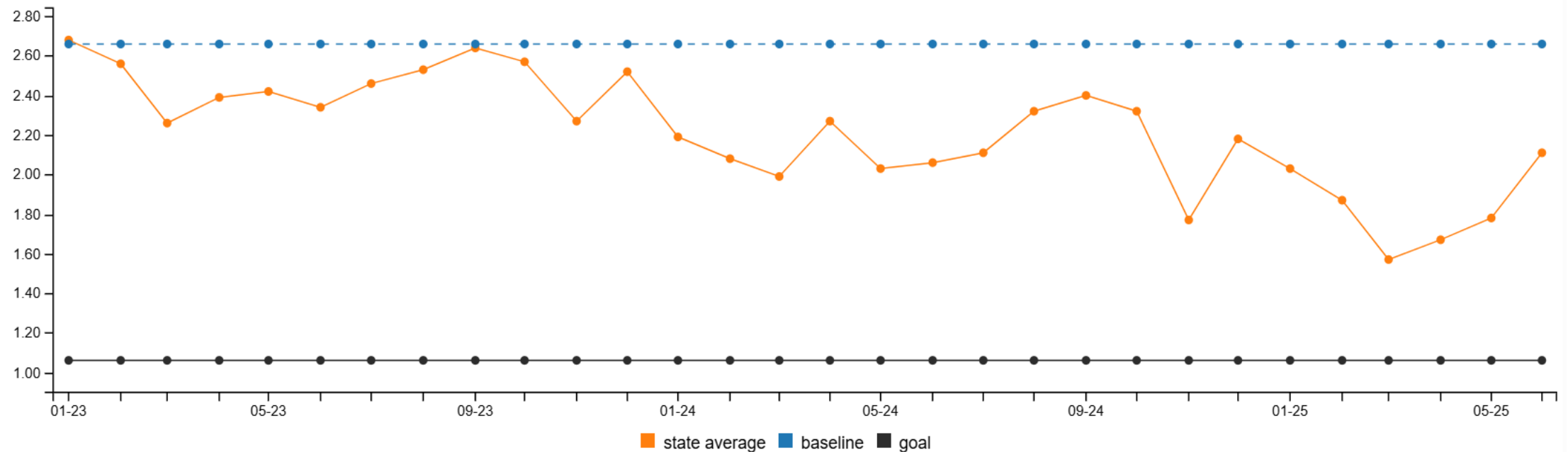
SEPSIS-2e Blood Culture Contamination



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SEPSIS-2e Blood Culture Contamination

Goal Type: Decrease



*Data is in review

Protecting HRIP- outcomes we are sharing



- 98% of ED patients are being screened for sepsis
- Those screening positive are receiving timely treatment. Early recognition and treatment under HRIP has saved an estimated \$417M - \$1.1 Billion in costs from 2002-2004.

Sepsis Awareness Month



- We will apply for a proclamation again this year!
- We have posters, badge buddies and ribbons that we can send upon request!
 - Please email Pamela Smith to let us know what (and how many) you would like.
 - psmith@kyha.com
- Pls consider sharing what you are planning on our next call.
 - Let me know so I can make sure to block time for this!



Colleague Question

- Now that we are Sepsis Certified with The Joint Commission we want to make sure we are keeping up with the current Surviving Sepsis Guidelines and transition to 1 hour antibiotic times. We started tracking this data in April to get a baseline, but I am interested to see what others are doing. Does anyone have a goal for their number of patients that receive antibiotics within one hour? How much does it differ from their baseline? Any help you can offer would be great.
- *Christina Witt, RN*
- Lead Performance Improvement Reviewer, Sepsis Nurse Navigator
Ephraim McDowell Health

Today's presentations

Topic- Our Survivor Champion Story

Speaker- Darrell Raikes



New Opportunities



- **LTAC onboarding** ongoing- working on metric adjustments for this facility type
- **CMS Sepsis Case Abstraction Office Hours**
 - 30 minutes monthly
 - Deb Campbell and Billie Delauder will take questions and walk through complex cases
 - Billie has years of experience and will lead the case reviews and answer your questions
- **TARGET: Whoever at your facility abstracts the cases for CMS data or participates in that process**

Future topics



- Moving Upstream
 - Preventing sepsis through infection prevention- one data point that isn't moving!
 - Preventing sepsis through promoting vaccines
 - Educating our families and the community
- Staffing as a component of compliance barriers?
- 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
4th Thursday of each month 1-2ET
- **Next: August 28, 2025**
- **Topic: Rapid Diagnostics**
- **Speaker: TBD**
- For questions, contact **Deb Campbell** at **dcampbell@kyha.com**
Vice President of Clinical Strategy and Transformation

