



Kentucky **SEPSIS** Consortium

Virtual Meeting

October 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



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AVP Infection Prevention
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Consortium Steering Committee Regional – Cumberland District



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Health



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Hospital

Consortium Steering Committee Regional – Ohio Valley District



Karan Shah, MD
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Care Coordination
Consultants (PC3)



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Baptist Health Louisville

Consortium Steering Committee Regional – Twin Lakes District



JoAshley Ross
Sepsis Coordinator
Baptist Health
Paducah



Allison Rains, MD
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Skyler Hughes, BSN, RN
Sepsis Clinical Program
Specialist
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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

Today's Agenda



- Data Review
- Sepsis Alliance Summit notes
- Blood culture specimens
 - Clarification of surveillance v. clinical definitions
 - Specimen quality
- Reminders of upcoming work
 - Continued work on bundle compliance!
 - Our stubborn metric- how to approach

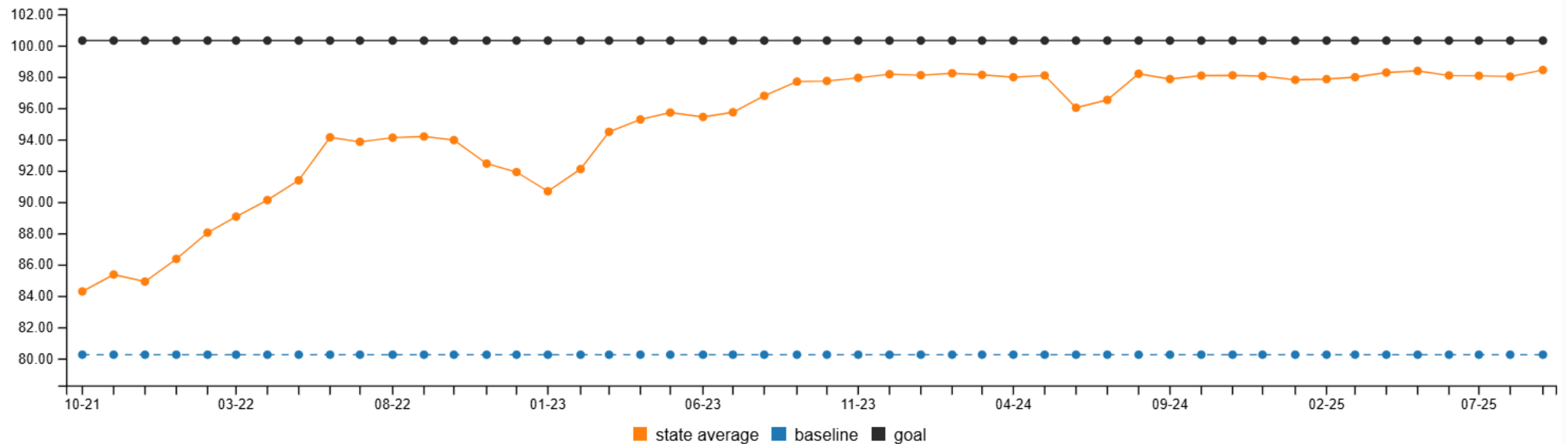
SEPSIS-2c SEPSIS Screening Performed at Triage



Kentucky Sepsis Consortium

SEPSIS-2c SEPSIS Screening Performed at Triage

Goal Type: Increase



KQC Pull from 10/23/2025

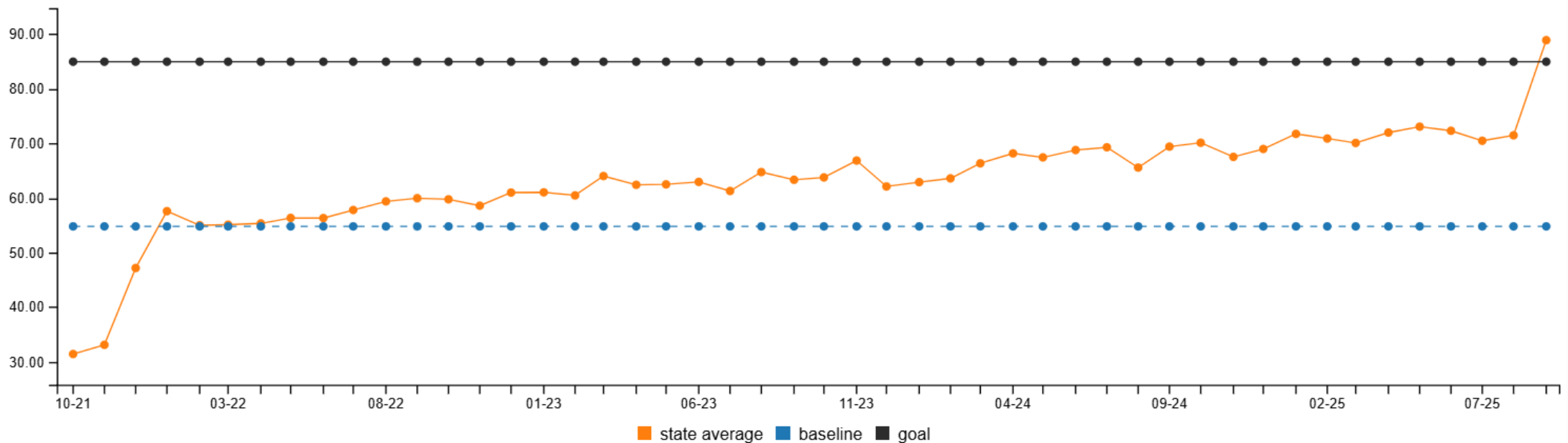
SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance



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

Goal Type: Increase



*Data in review, data entry errors found

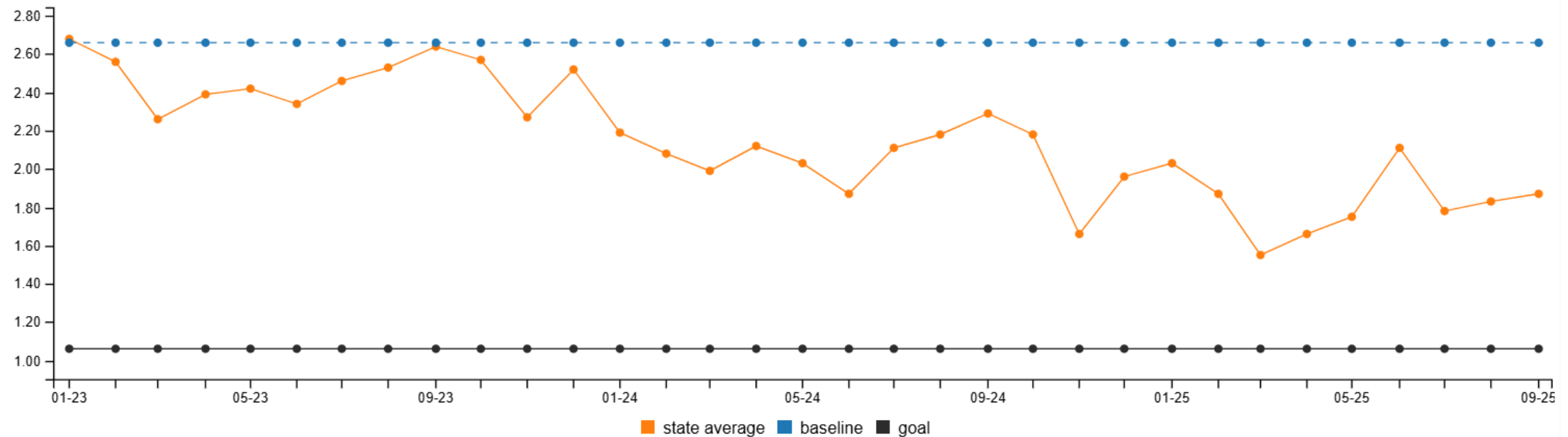
SEPSIS-2e Blood Culture Contamination



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SEPSIS-2e Blood Culture Contamination

Goal Type: Decrease



*Data is in review

Sepsis Alliance Points worth repeating



- As we do more work related to eCQMs, remember that the definitions that will likely be used for this are NOT to be adopted as sepsis recognition tools/definitions.
 - SEP-1/2 is still the gold standard for early recognition and reduced morbidity and mortality
- More studies on LR being significantly preferable to NS relative to mortality
- Great explanation and “how-to” on Passive Leg Raise to assess stroke volume...and some new technology to do that non-invasively
- Strong association between “bedbound at transfer out of ICU” and mortality
- Increased admissions, increased readmissions and increased cost
- Only 37% are DC’ed home. Leading cause of hospitalizations and in-hospital deaths.

Today's presentation



•Topic

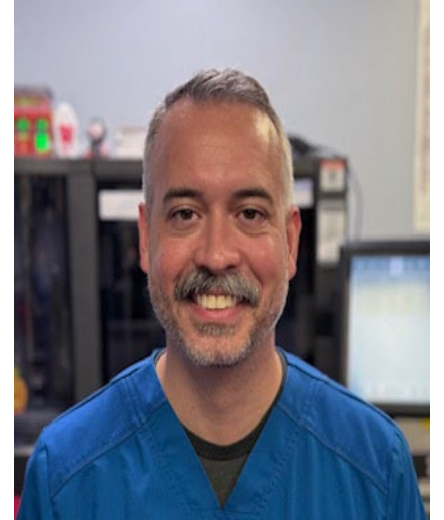
- Blood culture specimens
 - Clarification of surveillance v. clinical definitions
 - Specimen quality

Speakers- Alan Junkins



Chief of Microbiology, Norton Healthcare

Levi Petrey



Microbiology Supervisor MBA, MLS(ASCP)CM



New Opportunity Reminder

- **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**
- Next date- November 12, 2025 10:00am ET
- Pikeville Medical Center Sepsis Symposium- November 15

Next Steps



- Regular schedule 4th Thursday of each month 1-2ET
- **(HOLIDAY SCHEDULE ADJUSTMENT)**
- **Next:** : December 11 1pm ET
 - New Sepsis Certification Celebration- Pikeville Medical Center
 - Challenges and Solutions in the Sepsis Certification Journey
- For questions, contact **Deb Campbell** at **dcampbell@kyha.com**
Vice President of Clinical Strategy and Transformation

