



Kentucky **SEPSIS** Consortium

Virtual Meeting

March 26, 2026



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



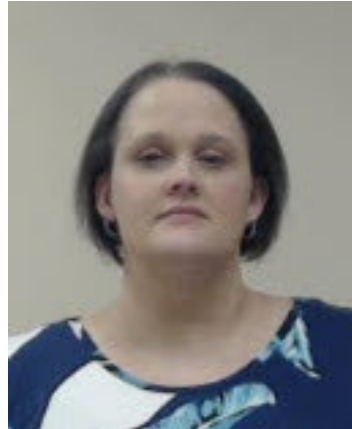
Louis Claybon, MD
Consortium
Consultant
St. Elizabeth
Healthcare

Laurel Merritt
Clinical Improvement
Director
Lifepoint Health

Consortium Steering Committee Regional – Cumberland District



Fadi Al Akhrass, MD
Medical Director-
Infectious Diseases and
Sepsis Committee
Pikeville Medical
Center



Christina Witt, RN
Sepsis Nurse Navigator
Ephraim McDowell
Health



James J. Hensley
System Director
Infection Prevention
Appalachian Regional
Healthcare



Beth Cassady, BSN, RN
Performance
Improvement
Sepsis Coordinator
Pikeville Medical Center

Consortium Steering Committee Regional – Ohio Valley District



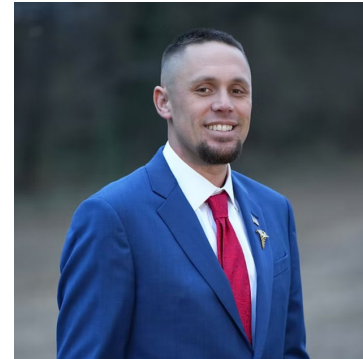
Karan Shah, MD
MMHC, FACEP
Managing Partner, Physician
Care Coordination
Consultants (PC3)

Vacant

Consortium Steering Committee Regional – Twin Lakes District



JoAshley Ross
Sepsis Coordinator
Baptist Health
Paducah



Wes Pate, 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



A Note to the LTACs...

Kentucky Sepsis Consortium Encyclopedia of Measures (**EoM**) for Calendar Year (CY) 2026

Sepsis Consortium EoM 2026 → pg. 13, under the heading of: Sepsis Bundle – 3 Hour

LTACH only: <https://qualitynet.cms.gov/inpatient/specifications-manuals#tab1>

→ <https://qualitynet.cms.gov/#tab1>

→ https://qualitynet.cms.gov/files/6852d2071a892bc8831b3f43?filename=HIQR_SpecsMan_v5.18.zip

→ Go to 1b-AlphaDD.pdf.

Shining a Light on Pediatric Sepsis



- April's Sepsis Alliance theme is ***Shining a Light on Pediatric Sepsis***. In April, we focus on one of the most heartbreaking and urgent aspects of the sepsis crisis: its impact on children. Pediatric sepsis can strike suddenly, progress rapidly, and change lives forever. Start thinking about how you'll honor Pediatric Sepsis Week now, and get more tools at PediatricSepsisWeek.org.

Recently published stats



Nearly 1 in 5 Pediatric Hospital Deaths in the U.S. Involve Sepsis

([MedpageToday](#)) More than 18,000 non-neonatal sepsis cases occur annually in U.S. kids, and nearly one in five pediatric in-hospital deaths involve sepsis, researchers estimated based on findings of a retrospective cohort study.

Among nearly 4 million U.S. pediatric hospitalizations from 2016-2023 analyzed, over 51,000 cases of sepsis were identified (average incidence 1.3%), reported Chanu Rhee, MD, MPH, of Harvard Medical School in Boston, and Scott Weiss, MD, of Nemours Children's Hospital in Wilmington, Delaware.

In-hospital mortality for the pediatric sepsis cases reached 10.1%, and sepsis was involved in 17.8% of the hospitalizations that resulted in death, according to findings presented at the [Society of Critical Care Medicine](#) annual meeting in Chicago and simultaneously published in [JAMA](#).

The researchers derived their estimates after developing the Pediatric Sepsis Event (PSE) definition -- which was adapted from the [2024 Phoenix criteria](#) and requires presumed infection with concurrent organ dysfunction -- as a CDC framework for tracking sepsis in children. The tool can be used with routine electronic health care (EHR)-captured surveillance data.

For the study they used Epic Cosmos records from 245 health systems across 50 states from 2016-2023 and HCA Healthcare records from 146 hospitals across 20 states from 2018-2023 on children ages 30 days or older admitted as inpatients or who died in the emergency department.

They identified 3,926,809 pediatric hospitalizations and 51,542 sepsis encounters, including 61.6% with shock. Community-onset sepsis comprised 72.6% of cases. In-hospital mortality was 4% for cases without septic shock and 14% for septic shock cases.

Incidence of sepsis was highest among infants, at 1.8%, and decreased among older age groups (1% among those ages 12-17 years). Cases were more common among boys (1.4% vs 1.2% in girls) but mortality was similar.

Mortality was highest in infants (11.1%) and adolescents (11.7%), and higher in hospital-onset (11.4%) versus community-onset (9.6%) cases. *<More information in [Full Story](#)*

For Your Information



- The **Global Sepsis Alliance** will host the **6th World Sepsis Congress** on **April 22–23, 2026**, as a **free, fully virtual global event**. Focused on “Universal Sepsis Care for Newborns, Children, and Women,” the congress highlights the need to improve sepsis prevention and care for disproportionately affected populations. Sessions will cover clinical advances, health-system strategies, equity, research, policy, and patient experiences. [6th World Sepsis Congress: Universal Sepsis Care for Newborns, Children, and Women](#)
- **Sepsis Alliance: Unite for Sepsis Symposium** will be **June 11–12, 2026**, for the second annual Unite for Sepsis Symposium—a cross-disciplinary event focused on advancing innovation in sepsis prevention, diagnosis, treatment, and recovery. This year’s program will gather clinicians, researchers, technologists, policymakers, and advocates to explore emerging science, share practical strategies, and spark collaboration that drives real-world impact. [Sepsis Alliance Presents: Unite for Sepsis Symposium](#)

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- TBA

2026 Sepsis Resources



- The KHA is currently enhancing our Sepsis Resource webpage to better serve our member hospitals.
- As we look ahead to 2026, we invite you to share any Sepsis-related resources, tools, or best practices that could benefit your peers across the state. Your contributions help strengthen our collective efforts in improving patient care.
- If you have questions, need assistance, or would like to submit materials, please reach out to: Billie Delauder at bdelauder@kyha.com or Deb Campbell at dcampbell@kyha.com.
- We look forward to collaborating with you!

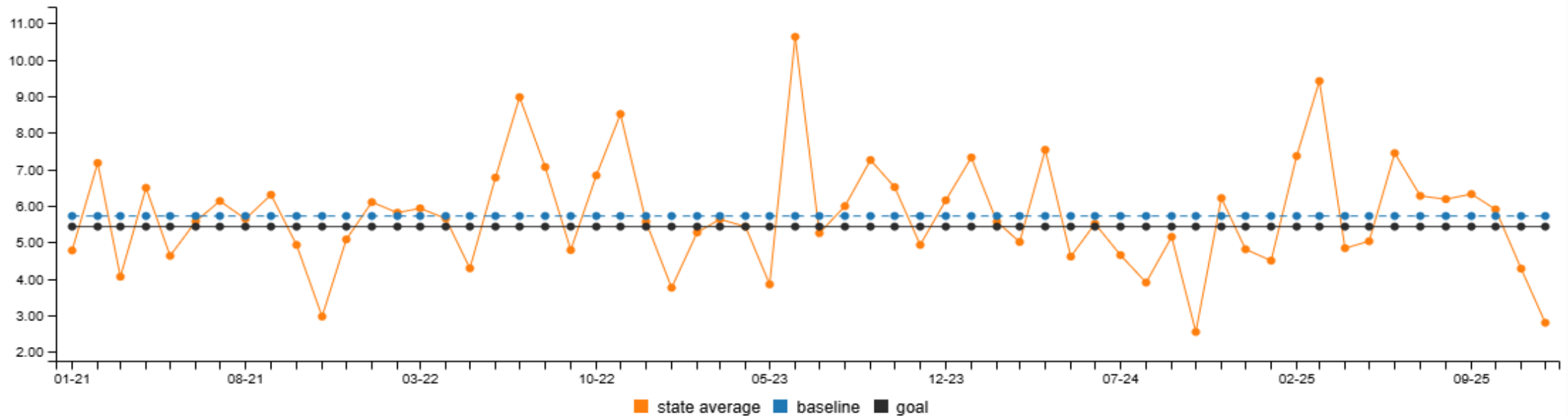
SEPSIS-1a Postoperative Sepsis



Kentucky Sepsis Consortium (All Payor)

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

Goal Type: Decrease



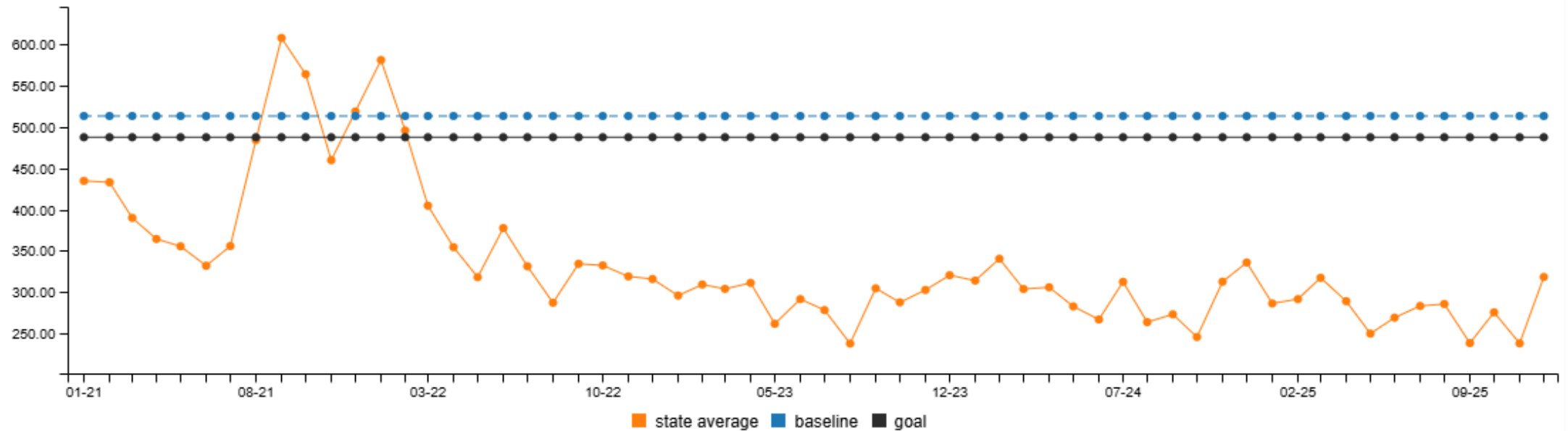
SEPSIS-1c Hospital-Onset



Kentucky Sepsis Consortium (All Payor)

SEPSIS-1c Hospital-Onset Sepsis Mortality Rate

Goal Type: Decrease



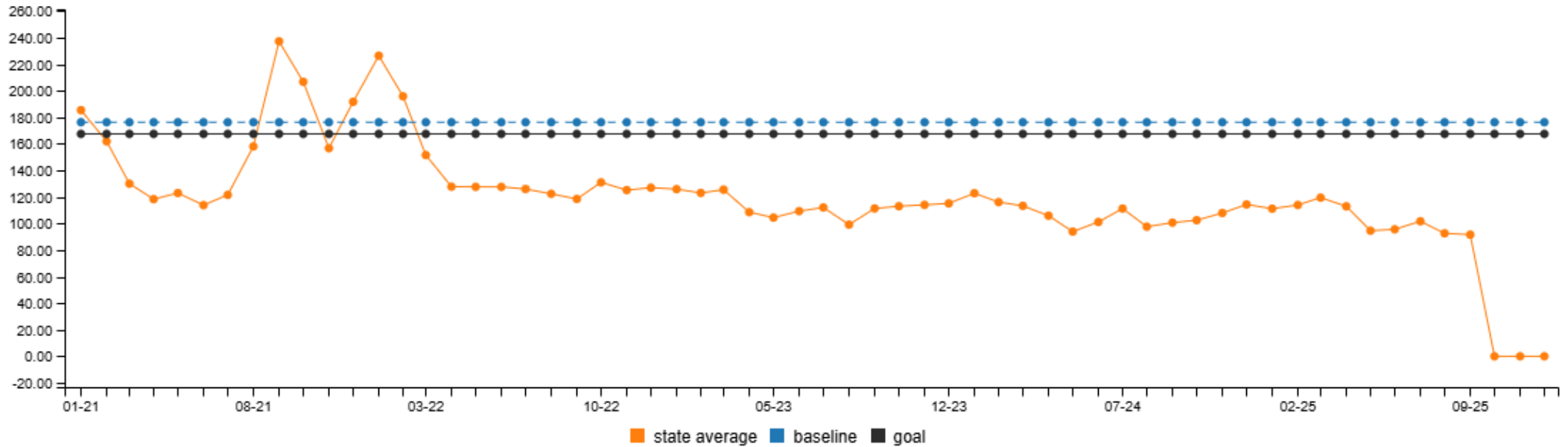
SEPSIS-1d Overall Sepsis Mortality Rate



Kentucky Sepsis Consortium (All Payor)

SEPSIS-1d Overall Sepsis Mortality Rate

Goal Type: Decrease



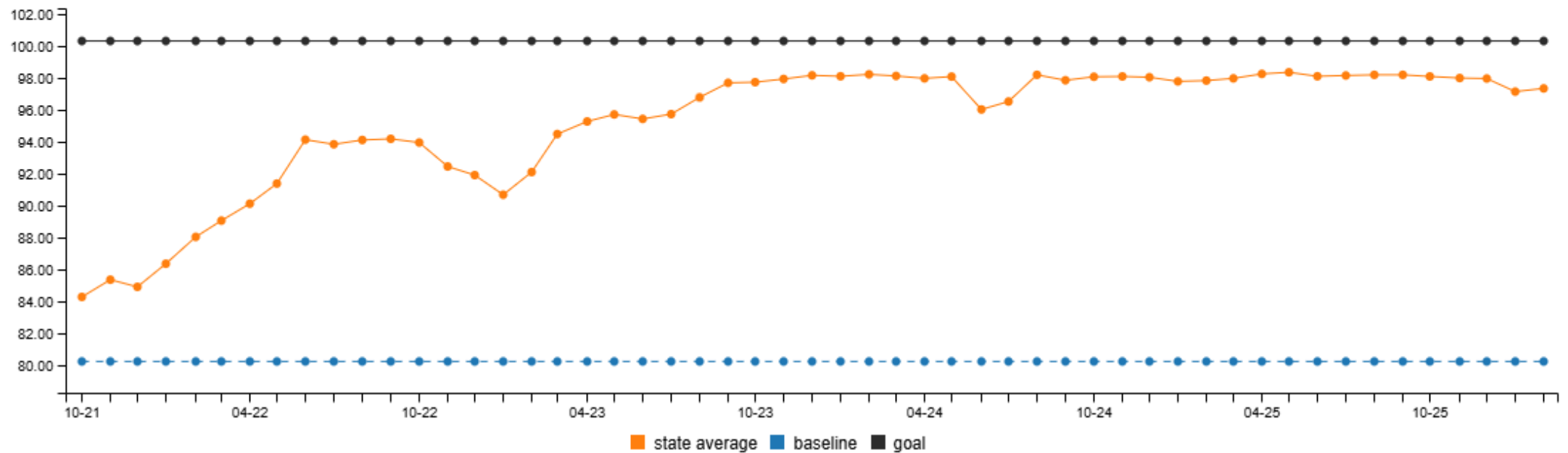
SEPSIS-2c SEPSIS Screening Performed at Triage



Kentucky Sepsis Consortium (All Payor)

SEPSIS-2c SEPSIS Screening Performed at Triage (all payor)

Goal Type: Increase



KQC Pull from 03/25/2026

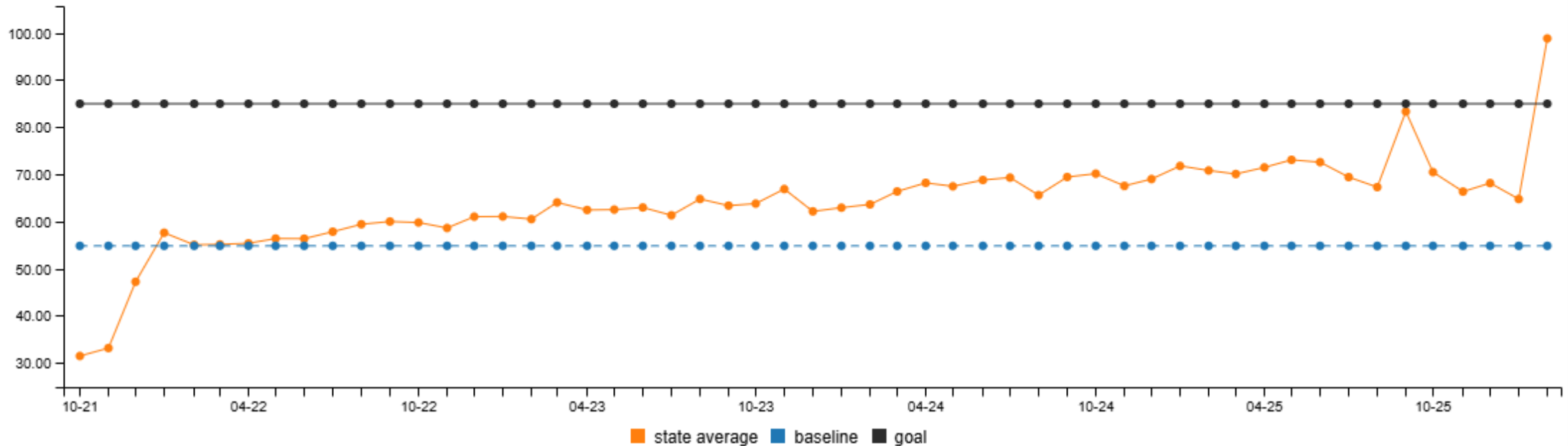
SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance



Kentucky Sepsis Consortium (All Payor)

SEPSIS-2d 3 and 6-Hour Sepsis Bundle Compliance (all payor)

Goal Type: Increase



*Data is in review

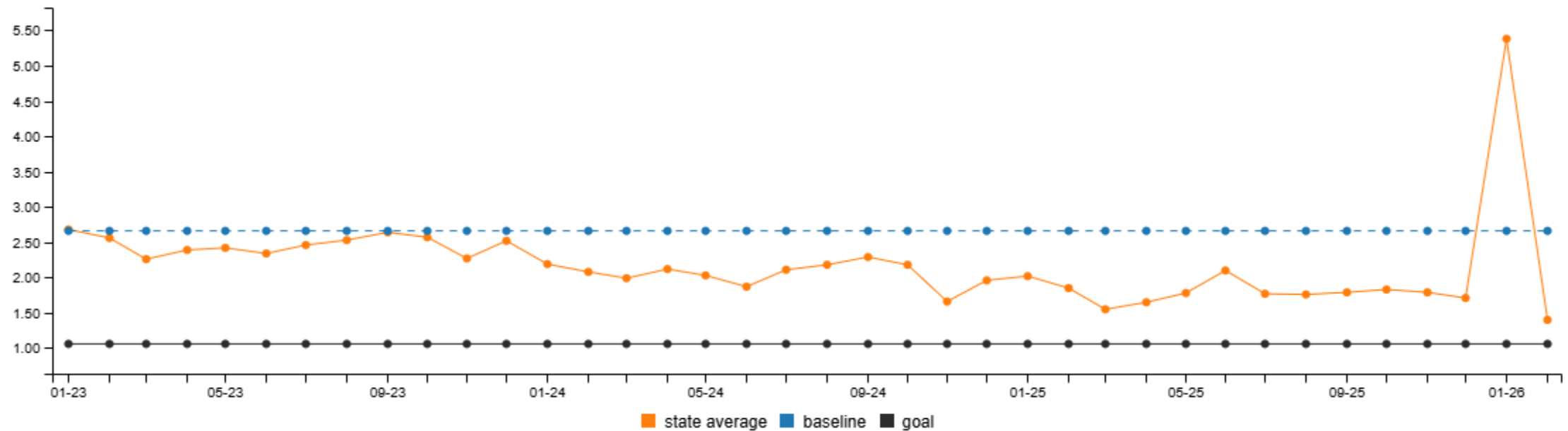
SEPSIS-2e Blood Culture Contamination



Kentucky Sepsis Consortium (All Payor)

SEPSIS-2e Blood Culture Contamination (all payor)

Goal Type: Decrease



*Data is in review

Finds from the Recent Emails and Calls



- Sep-1 Bundle data- remember to exclude the exclusions from your denominator
- Review the blood culture contamination numerator and denominator definitions in the EOM and also see resources that will help with our newest metric.
- The past webinar on the topic would also be very helpful.
- (October 2025) <https://www.khaquality.com/programs/sepsis/past-events-sepsis/>

Quarter 4 Congratulations!!



- The following hospitals have met the Sepsis Consortium Bundle Compliance goal of 85%. Amazing accomplishment!!

UofL Health - Mary and Elizabeth Hospital
Jackson Purchase Medical Center
UK St. Claire
Harrison Memorial Hospital
UofL Health - Shelbyville Hospital
Meadowview Regional Medical Center
Jennie Stuart Health (JSMC)
Pikeville Medical Center
Casey County Hospital
Centerpoint Health-Versailles (Bluegrass Community)
CHI Saint Joseph East
Deaconess Union County Hospital
Jane Todd Crawford Hospital
Kentucky River Medical Center
Livingston Hospital and Healthcare Services
McDowell ARH Hospital
T. J. Health Columbia
The Medical Center at Caverna
The Medical Center at Scottsville
Three Rivers Medical Center

Today's presentation



• Topic-

Hospital-Onset Bacteremia and Fungemia (HOB) Rates and Quality Outcomes

• Speakers-

- **Tammy Johnson, RN, BS, CPM**

Associate Vice President, National Clinical Strategy and Customer Relations

Magnolia Medical

- **Deb Campbell, MSN, RN, CPHQ**

VP Clinical Strategy and Transformation

KHA



Stubborn Metric Post-Op Sepsis

** Strategies



- Data review for rates of post-op sepsis via KQC
- Data review for rates of HAIs that we have in KQC
- Collecting rates INFORMALLY of HAIs we don't currently have in KQC
- Questions:
 - When your Sepsis Committee meets, do you review and gather what infection led to the sepsis?
 - Do you track/trend this data?
 - Have your HAIs improved over time?
 - How do those rates compare to other hospitals?
 - Has there been any drift in previous improvements?

Post-Op Sepsis- Strategies



- Pre-op bundles in place
 - What do they consist of?
- Decolonization
 - Universal
 - Only MRSA colonized patients
 - All surgeries
 - Certain surgeries
- Topic specific webinars
- Individual coaching upon request and as appropriate

Future topics



- More on that stubborn metric and how to approach for the coming year
- Inpatient screening data collection
- Survey on ISDDs coming soon!
- Rapid Molecular Diagnostics
- We Are Screening, but Are We Doing It Accurately? (In Urgent Care?) (EMS?)
- Moving Upstream
 - Preventing sepsis through promoting vaccines
 - Educating our families and the community
- Staffing as a component of compliance barriers?
- 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
- **April 23: Kentucky Sepsis Consortium Webinar**
- [Register Online](#)
- **May 28: Kentucky Sepsis Consortium Webinar**
- [Register Online](#)
- For questions, contact **Deb Campbell** at dcampbell@kyha.com
Vice President of Clinical Strategy and Transformation

