



# Kentucky **SEPSIS** Consortium

## Virtual Meeting

**April 23, 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



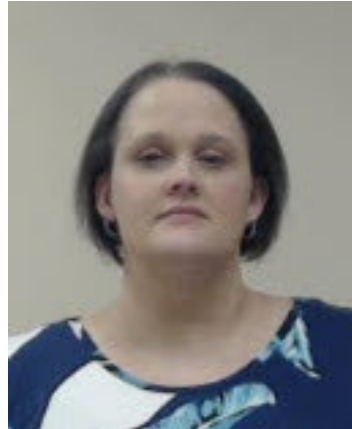
Louis Claybon, MD  
Consortium  
Consultant  
St. Elizabeth  
Healthcare

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



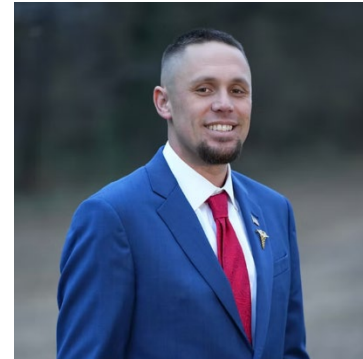
Karan Shah, MD  
MMHC, FACEP  
Managing Partner, Physician  
Care Coordination  
Consultants (PC3)

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

# Happy Pediatric Sepsis Awareness Week!



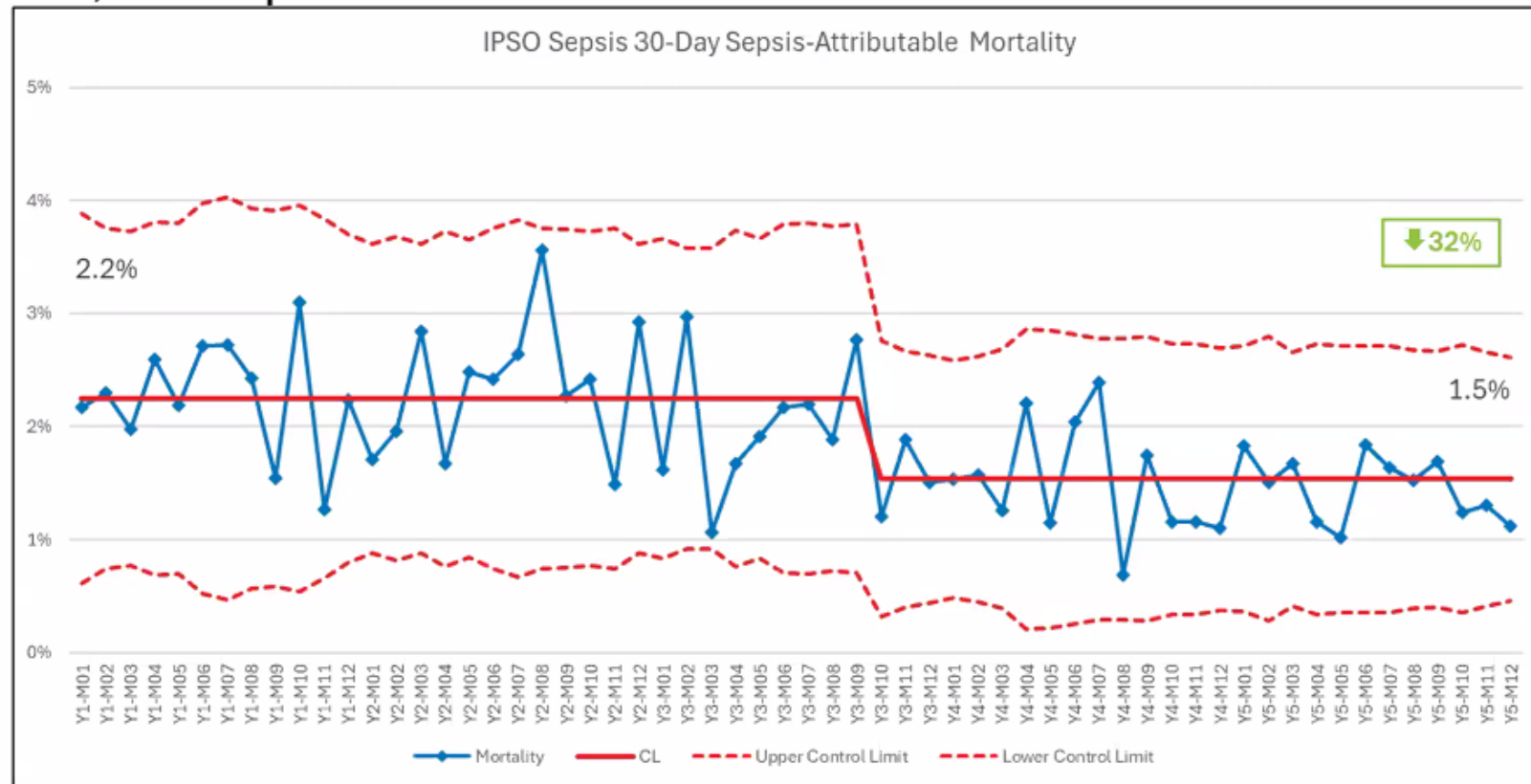
**From Evidence to Action:  
Implementing the IPSO Change  
Package in Real-World Care**



# Bundle Compliance Reduces Mortality



## Waves 1-3, Participation Years 1-5



# IPSO Change Package is on KHA website

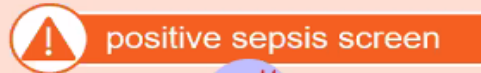


## BUNDLE COMPLIANCE SAVES LIVES

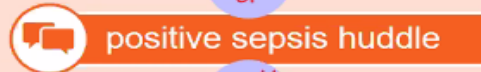


### Sepsis Recognition

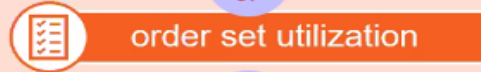
Use of one or more of the following:



and/or



and/or



AND

### Sepsis Treatment

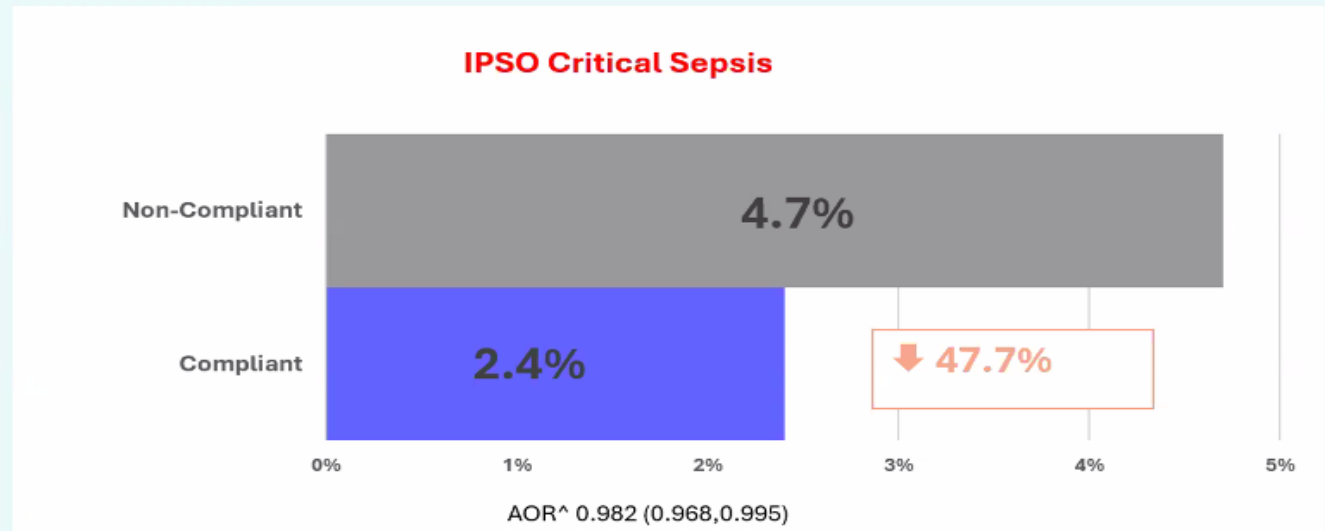
Administration of:



AND



## Association Between Bundle Compliance and 30-Day Sepsis-Attributable Mortality



<sup>^</sup> Adjusted Odds Ratio (95% CI) adjusted for age at functional time zero (FTZ), high risk conditions, positive blood culture, lactic acid > 4 mmol/L, time to surgical source control, FTZ care setting, and clustering of episodes within hospital



# 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](https://qualitynet.cms.gov/files/6852d2071a892bc8831b3f43?filename=HIQR_SpecsMan_v5.18.zip)

→ Go to 1b-AlphaDD.pdf.

# For Your Information



- The **Global Sepsis Alliance** is hosting 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](#)
  - **Note: This is being recorded**
- **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](#)



# Interesting Q and A on Time Zero

**Question:** We are looking to understand how other hospitals are capturing their time to treatment metrics. We have found there are occasions when patients have received sepsis treatment (bolus or antibiotics) before our electronic alert has been triggered, resulting in negative time to treatment values.

Should these values be incorporated into our average and median time to treatment values or excluded from these calculations?

**Answer:** In some scenarios, team members recognize sepsis and start treatment before an alert occurs, which in and of itself, is a win for the patient and the team. Thus, I don't consider the alert itself time zero for recognition as it did not trigger the team to act. Thus, we disregard the alert and look for recognition at a time when the team said, "let's start treatment" - perhaps this was a huddle or use of a sepsis order set.

- Elliot Melendez, MD, CPHQ, CPPS
- Chief, Pediatric Critical Care
- Connecticut Children's Hospital

# 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- TBD

# 2026 Sepsis Resources



- The KHA is currently enhancing our Sepsis Resource webpage to better serve our member hospitals.
- 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](mailto:bdelauder@kyha.com) or Deb Campbell at [dcampbell@kyha.com](mailto:dcampbell@kyha.com).
- We look forward to collaborating with you!

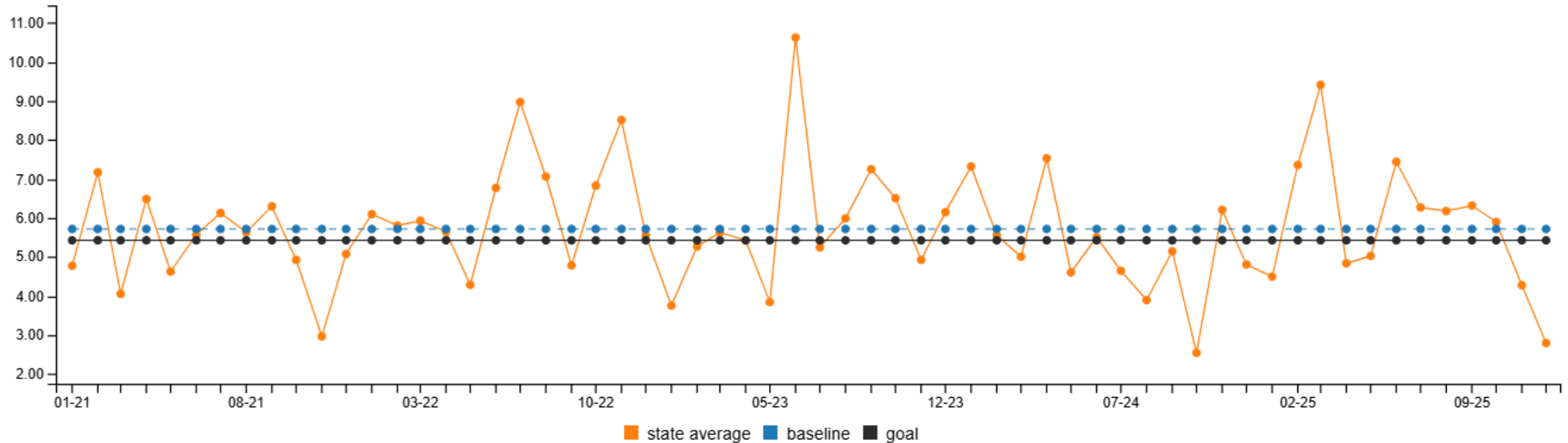
# SEPSIS-1a Postoperative Sepsis



Kentucky Sepsis Consortium (All Payor)

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

Goal Type: Decrease



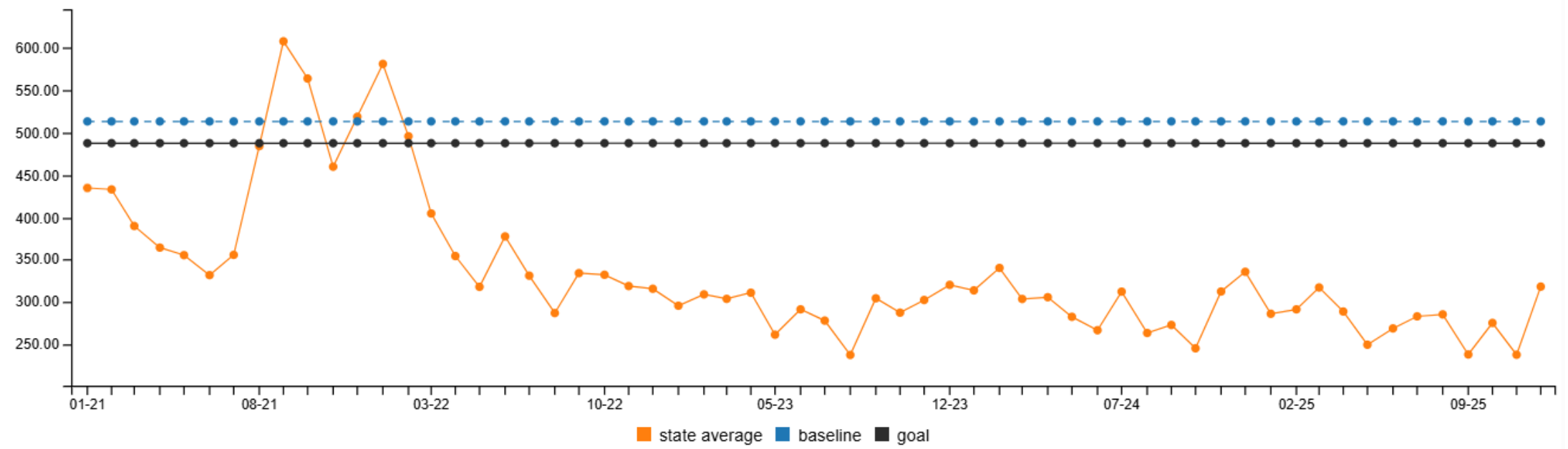
# SEPSIS-1c Hospital-Onset



Kentucky Sepsis Consortium (All Payor)

SEPSIS-1c Hospital-Onset Sepsis Mortality Rate

Goal Type: Decrease



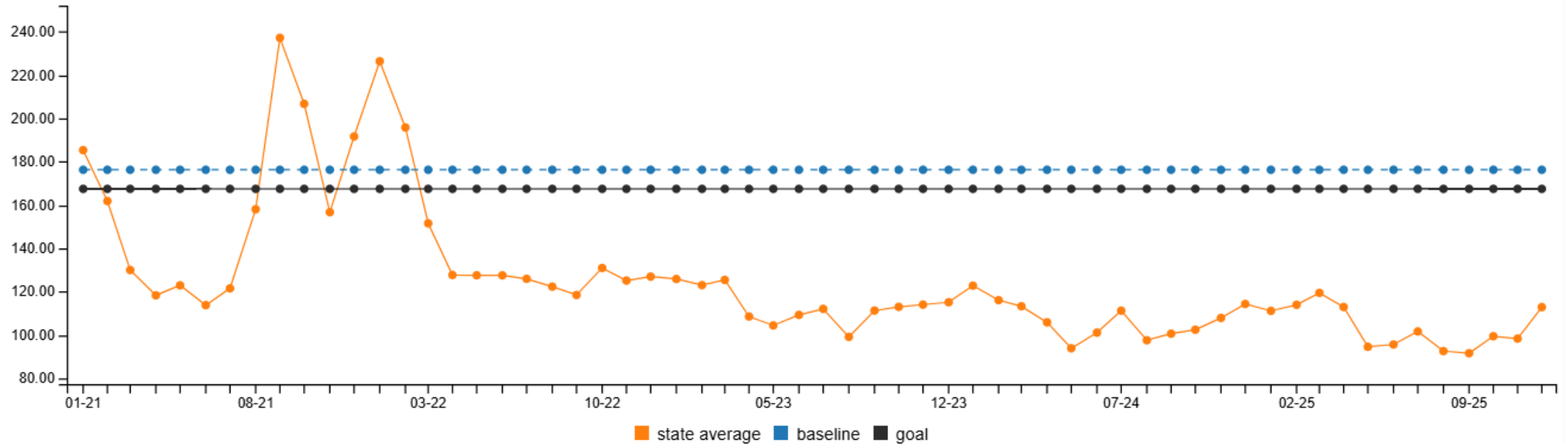
# SEPSIS-1d Overall Sepsis Mortality Rate



Kentucky Sepsis Consortium (All Payor)

## SEPSIS-1d Overall Sepsis Mortality Rate

Goal Type: Decrease



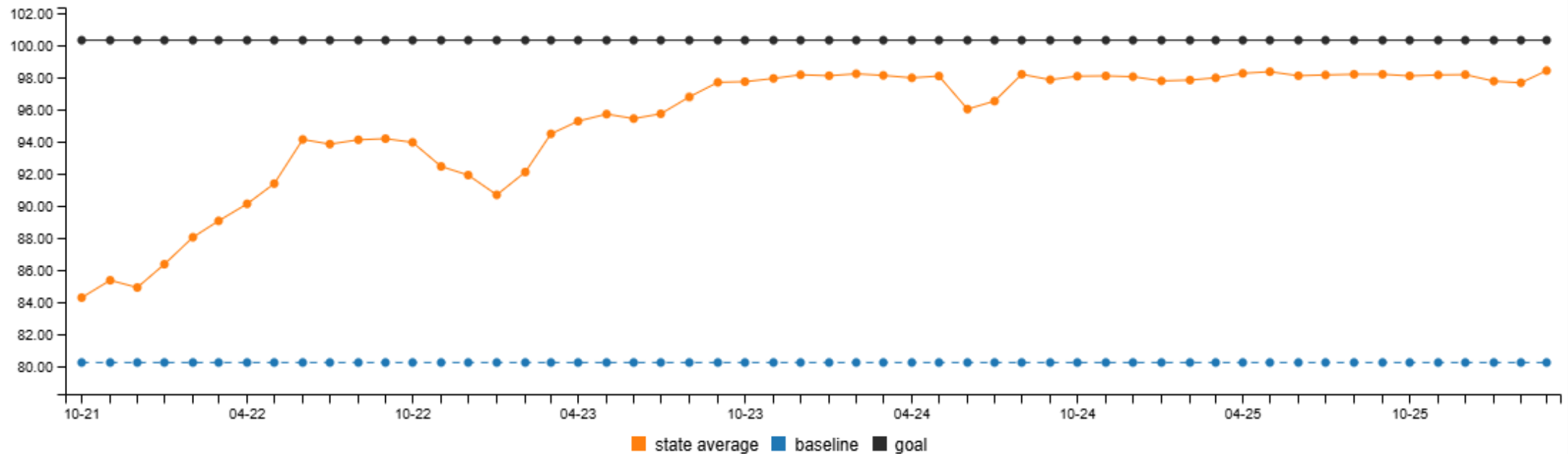
# SEPSIS-2c SEPSIS Screening Performed at Triage



Kentucky Sepsis Consortium (All Payor)

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

Goal Type: Increase



KQC Pull from 04/20/2026

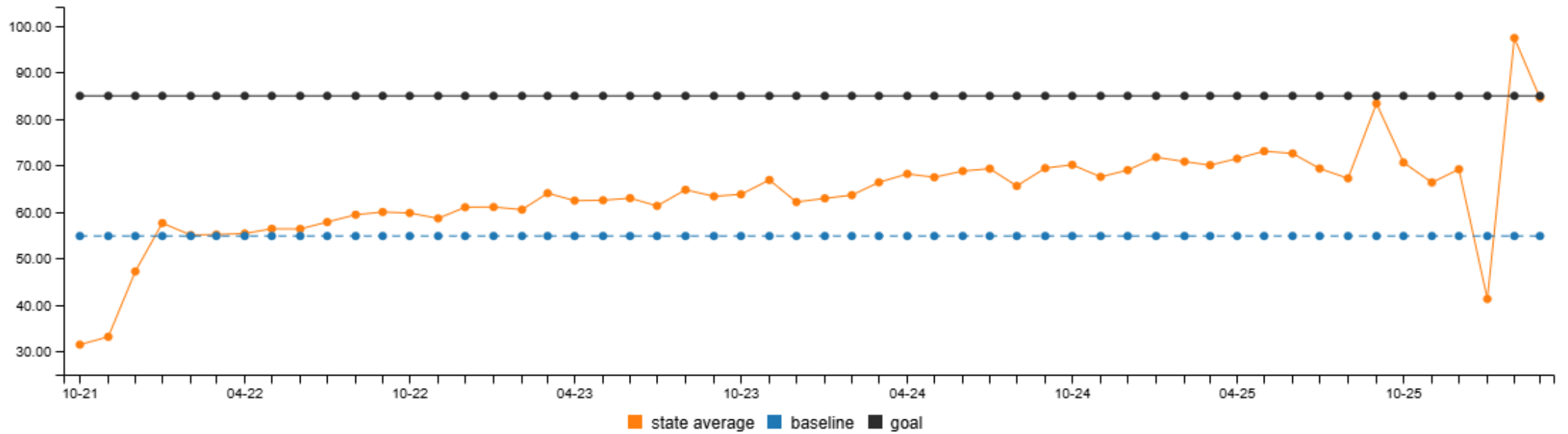
# SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance



Kentucky Sepsis Consortium (All Payor)

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

Goal Type: Increase



\*Data is in review

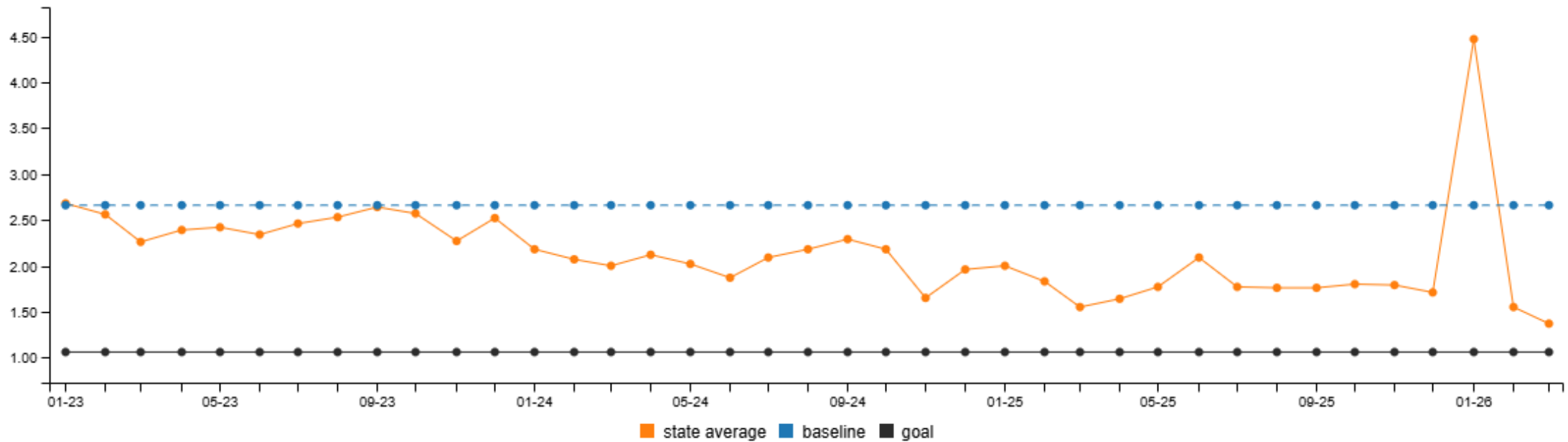
# SEPSIS-2e Blood Culture Contamination



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/>
- Please join us for the upcoming review and office hours on Blood Culture Contamination Data May 14 at 10am
  - Lab Leaders have been invited and all involved in this data collection and entry are welcome
  - June office hours date TBD

# 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

# Badge Buddy revision

>1,300 badge buddies have gone out to 16 hospitals!



## Sepsis Screening Tool

### 1. Suspicion of infection (Y or N)

### 2. SIRS criteria (need 2)

- a. Temp  $>100.9$  F (38.3 C) or  $<96.8$  F (36.0 C)
- b. HR  $>90$  bpm
- c. RR  $>20$  bpm
- d. WBC  $>12,000$  or  $<4,000$  or 10% bands

### Pregnant 20 weeks through Day 3 Post-delivery Criteria

- a. Temp  $\geq 100.4$  F (38.0 C) or  $<96.8$  F (36.0 C)
- b. HR  $>110$  bpm
- c. RR  $>24$  bpm
- d. WBC  $>15,000$  or  $<4,000$  or 10% bands

If YES to 1 & 2 = POSITIVE sepsis screen. Order a STAT lactic acid, blood cx x2, CBC, & CMP per protocol. Notify provider.

### 3. Organ dysfunction (need one)

- a. SBP  $<90$  mmHg or MAP  $<65$  mmHg  
**Pregnancy:** SBP  $<85$  mmHg or MAP  $<65$  mmHg
- b. SBP decreases  $>40$  mmHg from baseline
- c. Creatinine  $>2$  mg/dl or urine output  $<0.5$  ml/kg for 2 hrs  
**Pregnancy:** Creatinine  $>1.2$  mg/dl or urine output  $<0.5$  ml/kg for 2 hrs.
- d. Bili  $>2$  mg/dl
- e. Lactate  $>2$  mmol/L
- f. Platelet  $<100,000$
- g. INR  $>1.5$  or aPTT  $>60$  sec
- h. Acute resp failure with new invasive/non-invasive mechanical ventilation

YES to 1, 2, + 3 = POSITIVE screen suggestive of SEVERE sepsis

# Use of ICD-10 code



## **Key Aspects of Z51.A - Encounter for Sepsis Aftercare:**

- **Effective Date:** Added to the ICD-10-CM code set for FY 2025, starting Oct. 1, 2024.
- **Usage:** Used as the principal/primary diagnosis for visits focused on sepsis recovery, such as follow-up appointments, rehabilitation for impairments, or managing cognitive/physical issues.
- **Context:** Applies to patients who have survived sepsis but face high risks of readmission, recurring infections, or long-term health complications.
- **Documentation:** Often used with secondary codes to identify specific residual conditions, such as organ dysfunction or mobility issues.

# Today's presentation



- **Topic- Sepsis Screening and Response:  
A 14-Year Quality Improvement Journey**
- **Speaker- Dr. Javier Gelvez  
Director-Neuro Pediatric Intensive Care Unit  
Cook Children's Hospital  
Ft Worth, Texas**

# 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- 4<sup>th</sup> Thursday of each month 1-2ET
- Thursday, **May 28: Dr. Maureen Marra will join to discuss maternal sepsis and how the Kentucky Sepsis Consortium could partner in this work**

- [Register Online](#)

\*\*\*Don't forget to register for each call. You will receive a confirmation email which has a link to add to your calendar!

- For questions, contact **Deb Campbell** at **dcampbell@kyha.com**  
Vice President of Clinical Strategy and Transformation

