



# Kentucky **SEPSIS** Consortium

## Virtual Meeting

**May 28, 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



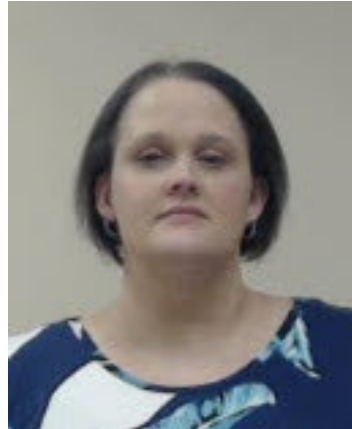
Louis Claybon, MD  
Consortium  
Consultant  
St. Elizabeth  
Healthcare

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



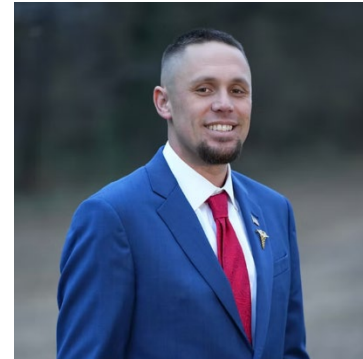
Karan Shah, MD  
MMHC, FACEP  
Managing Partner, Physician  
Care Coordination  
Consultants (PC3)

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

# 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 was recorded and is available now.**
- **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**
  - 1 hour monthly
  - 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- Wednesday, June 10 at 2pm ET

# 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!

# FDA clears first AI-based early warning system for sepsis



- The Food and Drug Administration (FDA) has cleared an artificial intelligence (AI)-based sepsis detection system for approval.
- The Targeted Real-Time Early Warning System, developed by researchers at Johns Hopkins University and commercialized by Bayesian Health, integrates electronic health records with advanced clinical AI to continuously monitor patients and flag sepsis up to 48 hours before a clinician suspects it. A [2022 study](#) of more than 764,000 patient encounters at five US hospitals found that when clinicians acted on the tool's alerts, sepsis patients were 18% less likely to die in the hospital.
- Sepsis occurs when the body's immune system has an overwhelming reaction to an infection, causing a rapid chain of events leading to tissue damage, organ failure, and death. At least 1.7 million US adults and more than 18,000 US children develop sepsis each year, and at least 350,000 adults and more than 1,800 children who develop the condition die during their hospitalization.
- **A 'needle-in-a-haystack problem'**
- Effective treatment and better patient outcomes for sepsis rely on catching it early, which can be difficult because sepsis symptoms, including fever and increased heart rate, are common in other medical conditions. Each hour of delayed treatment can reduce survival by 8%.
- Company officials say the platform is the first FDA-cleared, AI-based device that detects sepsis before clinical suspicion.
- "Catching sepsis before a clinician suspects it is a needle-in-a-haystack problem," Neri Cohen, MD, PhD, head of clinical enterprise at Bayesian Health, said in a [company press release](#). "Missing a single case is catastrophic, and that demands a level of precision most AI can't meet, even tools that look promising in preliminary studies."
- The receipt of FDA 510(k) clearance means the agency has deemed the device is "substantially equivalent" to a device that's already on the market.

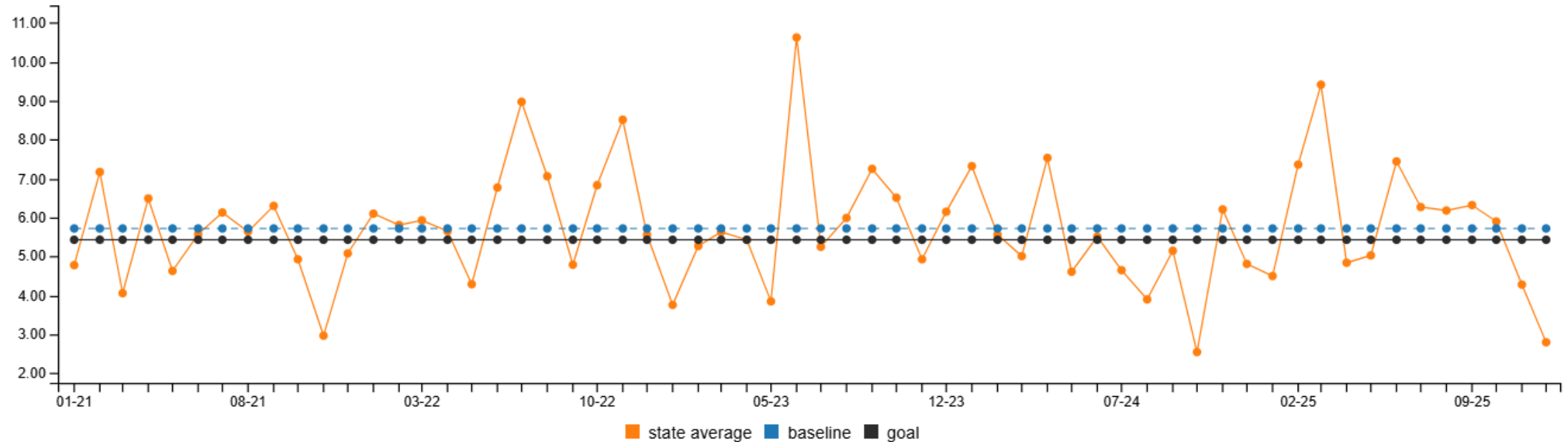
# SEPSIS-1a Postoperative Sepsis



Kentucky Sepsis Consortium (All Payor)

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

Goal Type: Decrease



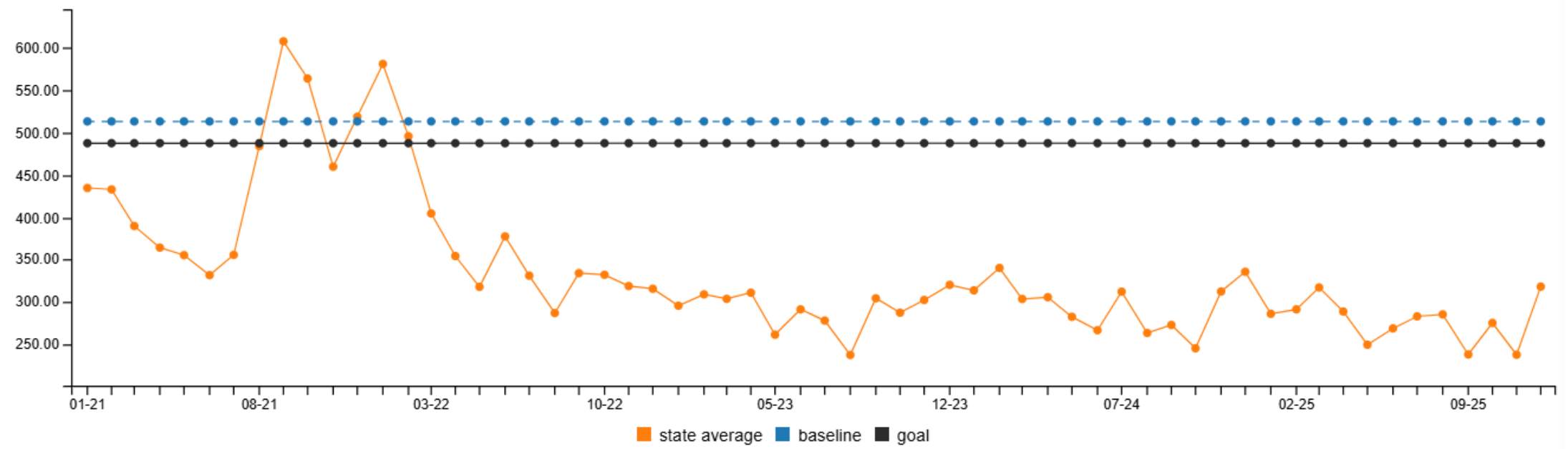
# SEPSIS-1c Hospital-Onset



Kentucky Sepsis Consortium (All Payor)

SEPSIS-1c Hospital-Onset Sepsis Mortality Rate

Goal Type: Decrease



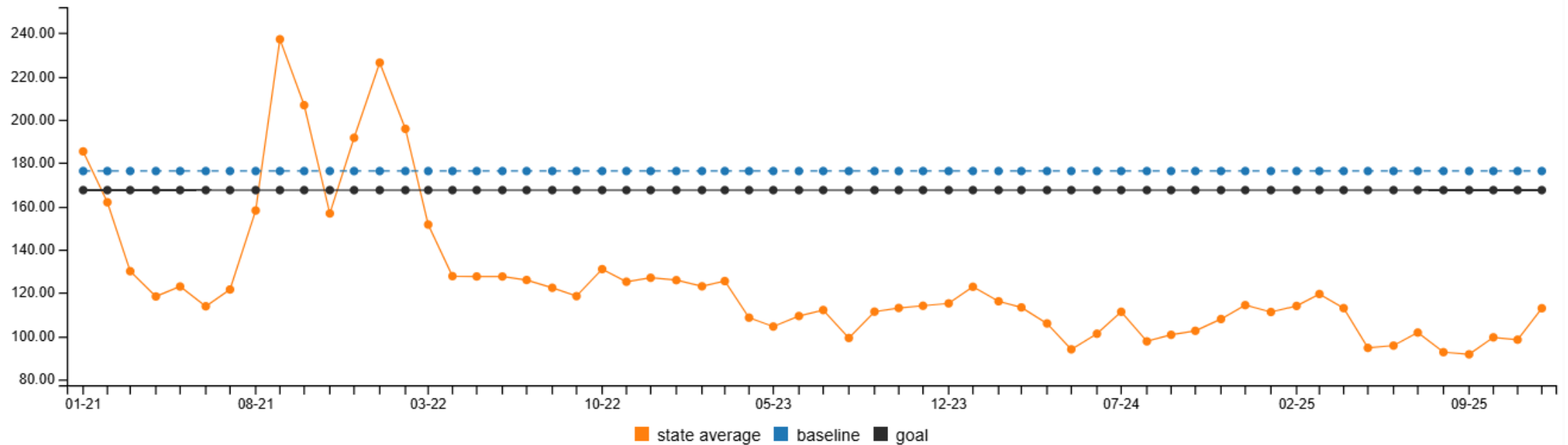
# SEPSIS-1d Overall Sepsis Mortality Rate



Kentucky Sepsis Consortium (All Payor)

## SEPSIS-1d Overall Sepsis Mortality Rate

Goal Type: Decrease





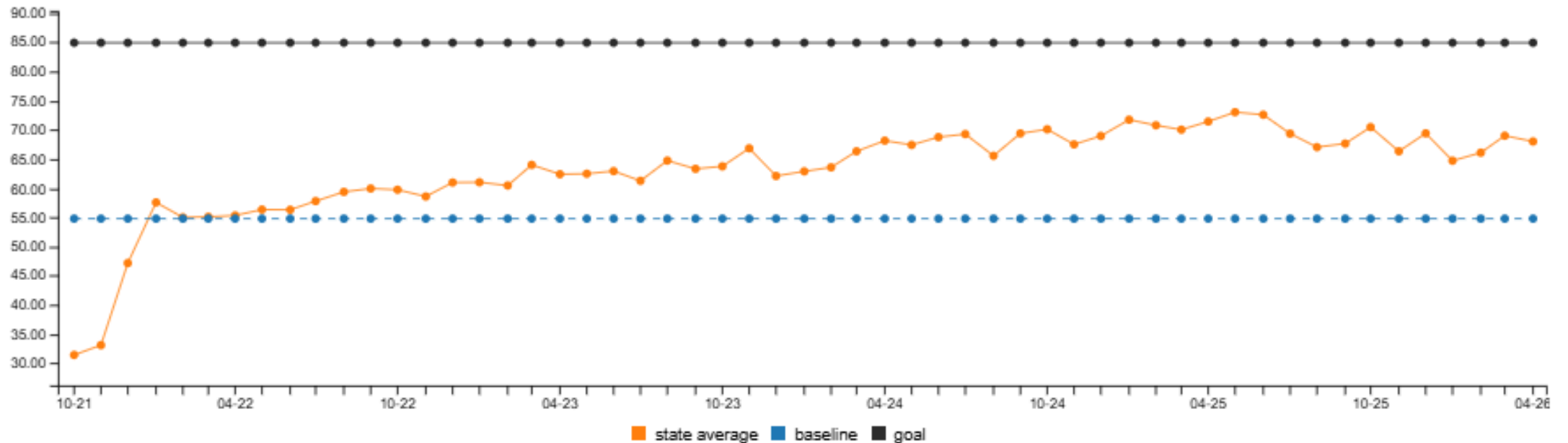
# SEPSIS-2d 3 & 6 Hour Sepsis Bundle Compliance



Kentucky Sepsis Consortium (All Payor)

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

Goal Type: Increase



\*Data is in review

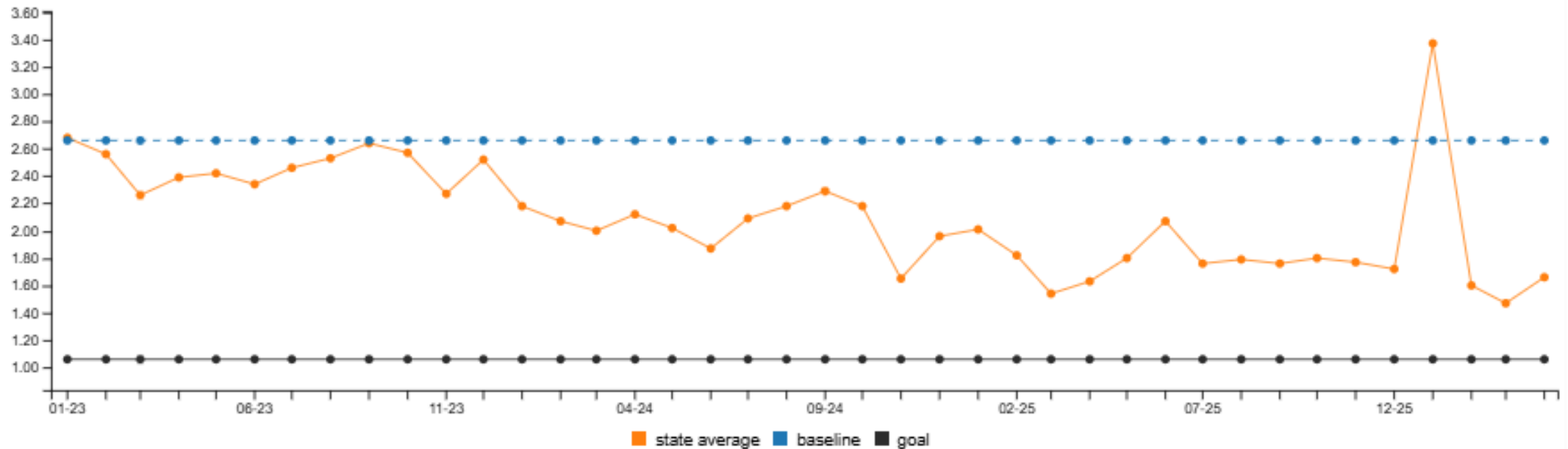
# SEPSIS-2e Blood Culture Contamination



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/>
- Hope you were able to attend Part 1 Review and Office Hours on Blood Culture Contamination Data on May 14
- **Please join us for our PART 2 on Tuesday, June 16 at 11am ET**
  - Lab Leaders have been invited and all involved in this data collection and entry are welcome
  - July office hours date TBD

# 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

# Maternal Sepsis: Recognition, Rapid Response, and Recovery

## Sepsis Alliance 5/11/26



**FIGURE 1**  
**Sepsis in Obstetrics Score**

Variable	High abnormal range				Normal	Low abnormal range			
	+4	+3	+2	+1		+1	+2	+3	+4
Score					0				
Temperature (°C)	>40.9	39-40.9		38.5-38.9	36-38.4	34-35.9	32-33.9	30-31.9	<30
Systolic Blood Pressure (mmHg)					>90		70-90		<70
Heart Rate (beats per minute)	>179	150-179	130-149	120-129	≤119				
Respiratory Rate (breaths per minute)	>49	35-49		25-34	12-24	10-11	6-9		≤5
SpO <sub>2</sub> (%)					≥92%	90-91%		85-89%	<85%
White Blood Cell Count (/μL)	>39.9		25-39.9	17-24.9	5.7-16.9	3-5.6	1-2.9		<1
% Immature Neutrophils			≥10%		<10%				
Lactic Acid (mmol/L)			≥4		<4				

Scoring template for S.O.S., a sepsis scoring system designed specifically for obstetric patients.

S.O.S., Sepsis in Obstetrics Score; SpO<sub>2</sub>, blood oxygen saturation.

Albright. *The Sepsis in Obstetrics Score. Am J Obstet Gynecol* 2014.



- <https://www.miaim.org/patients/>

# Today's presentation



- **Topic- Maternal Sepsis: Partnering to Improve Care for this Unique Population**

- **Speaker- Dr. Maureen Marra  
Physician Advisor  
Medical Staff Quality**



**Quality and Outcomes Management  
Department- Baptist Health Louisville**



# Proposed Questions for Maternal Sepsis Review

- Dr. Maureen Marra and I met regarding the OB Sepsis Sub-Committee of the KyMMM Task Force
- Were there earlier signs of infection that could have allowed earlier antibiotic therapy? (i.e. chorioamnionitis)
- Did the patient receive the facility standard antibiotic prophylaxis including any of the following, if indicated?
  - GBS prophylaxis?
  - Cesarean delivery prophylaxis?
  - Third- or fourth-degree laceration prophylaxis?
  - Preterm pre-labor rupture of membranes less than 34 weeks?
- Did the patient require second-line prophylactic antibiotic therapy due to antibiotic allergies?

# 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
- \*\*Note: There will not be a monthly Sepsis Consortium call in June
- Next call- July 23 1:00pm ET Topic- TBA

- [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](mailto:dcampbell@kyha.com)  
Vice President of Clinical Strategy and Transformation

