The Ascension Way
Leading With
Quality and Safety
Surviving and Healing After Sepsis

Ascension
Welcome and opening remarks

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The Ascension Way: Surviving and Healing After Sepsis

Our calling to reduce sepsis mortality

Any one of us could be touched by sepsis.

The young and healthy are not spared.

The most vulnerable are most at risk.

For every case of sepsis, there is a person, a family and a story.

Sepsis is present in 6% of all US hospitalizations and is associated with high mortality in the inpatient setting.

At Ascension, sepsis cases account for approximately 35,000 adult discharges per year.

While overall mortality at Ascension hospitals is less than 2%, sepsis mortality in adults with MSDRGs 870, 871 and 872 combined is approximately 10%.

There were an estimated 1.7 million sepsis cases nationwide in 2014 and 270,000 deaths.

Our aspiration ...

Let’s show what’s truly possible if we work together to **take on sepsis, the Ascension way.**

This is our **first, large national effort** to mobilize our shared approach to quality, safety and engagement – **the Ascension way** – to move the needle on an urgent clinical priority.

With the vast expertise present within our ministries, across all disciplines, we will **advance this work as One Ascension.**
The Ascension Way: Surviving and Healing After Sepsis

One Ascension, working together

System-level partners

Collaborators:
- Sepsis Advisory Committee
- Therapeutic Affinity Group (TAG)
- Ascension Antimicrobial Stewardship Committee (AHAS)
- Ascension Clinical Research Institute (ACRI)
- Ascension Quality and Safety Committee (AQSC)

Leadership support (informed on goals and actions):
- Ascension Clinical Leadership Council (ACLCC)
- Care Excellence Committee (CEC)
- Clinical Integration Committee (CIC)
- Clinical Leadership Informatics Council (CLIC)
- Chief Nursing Officer Advisory Council (CNOAC)

Ministry Market-level sepsis teams

Ministry Market sepsis lead: Chief quality officer

Chief clinical officers, chief medical officers, chief nursing officers: engage teams, build capacity, promote accountability and provide support
Together, we will take on sepsis, the Ascension way

**Objective and goals**

**Objective:**
To improve the process of preventing, identifying and managing sepsis for the persons we serve, grounded in key principles of the Ascension way – high reliability, enhanced experiences and reduction of care variation.

**Process goals**
- Improvement in early sepsis identification and recognition
- Improvement in sepsis care bundle compliance

**Outcome goals**
- Reduction in unwarranted care variation in managing sepsis
- Reduction in mortality for the adult population with sepsis
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Together, we will take on sepsis, the Ascension way

Our success will depend on the partnership and engagement of multidisciplinary teams across our System, collaborating to adopt an evidence-based approach to optimize sepsis care by reducing unwarranted care variation.

By consistently following best practices every time and for every person, we advance health equity and deliver high-quality outcomes and superior experiences for all those we serve.

Reliable early detection  Implementing the treatment bundle for persons with sepsis  Reducing unwarranted variation in managing sepsis  Preventing hospital-acquired sepsis
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Together, we will take on sepsis, the Ascension way

At the heart of the Ascension way is the engagement and involvement of persons and families. The person is at the center of everything we do. Persons and families are vital partners in the early identification of sepsis.

For every case of sepsis, there is a person, a family and a story.

Mrs. Smith has end-stage renal disease and receives hemodialysis three times weekly. After returning home from her latest dialysis session, she tells her husband she is just not feeling well. She reports feeling chilled and short of breath. She seems a little confused. Her husband takes her to the emergency department, where she is diagnosed with sepsis and possible pneumonia. She is admitted to the medical unit after a sputum culture is taken, and a broad-spectrum beta-lactam antibiotic is initiated. Mrs. Smith does not show clinical improvement after two days, and blood cultures are drawn. The blood cultures grow methicillin-resistant *Staphylococcus aureus*, and vancomycin is initiated. She is diagnosed with a dialysis catheter-related infection. Unfortunately, Mrs. Smith continues to deteriorate and passes away on her sixth day of hospitalization.

Lesson to learn:
Correct diagnosis and compliance with the hour-1 sepsis bundle, including obtaining blood cultures, may have saved Mrs. Smith’s life.
Together, we will take on sepsis, the Ascension way

• Our teams will work together, aided by the resources of **high reliability** and AIM4Excellence®, to reach our goals.

• Our providers and associates will have a **consistent voice** and **active role** in local efforts through leader rounding and daily huddles.
New definitions, new bundle, renewed urgency
New definitions, new bundle, renewed urgency

New sepsis definitions

The new Sepsis-3 definitions:

**Sepsis** is defined as life-threatening organ dysfunction due to a dysregulated host response to infection.

**Septic shock** is a subset of sepsis in which underlying circulatory and cellular/metabolic abnormalities are profound enough to substantially increase mortality. The terms “severe sepsis,” “sepsis syndrome” and “septicemia” were deemed redundant or overly narrow and are not included in the new definitions.⁴

In 2016, new sepsis definitions and early warning signs were released by the European Society of Intensive Care Medicine and the Society of Critical Care Medicine in the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3).

New definitions, new bundle, renewed urgency

**Hour-1 Surviving Sepsis Campaign Bundle of Care**

The new bundle places even more emphasis than previous versions on the need to **begin resuscitation and treatment immediately.**

| Measure lactate level. | Obtain blood cultures before administering antibiotics. | Administer appropriate antibiotics. | Begin rapid administration of 30 ml/kg crystalloid, preferably normal saline or lactated ringers, for hypotension or lactate $\geq 4$ mmol/L. | Apply vasopressors, preferably norepinephrine, if person is hypotensive during or after fluid resuscitation to maintain mean arterial pressure $\geq 65$ mm Hg. |

**TIME ZERO**

The time of triage in the ED or, if presenting from another care area, from the earliest chart documentation consistent with all elements of sepsis or septic shock, as determined through chart review.

[www.survivingsepsis.org](http://www.survivingsepsis.org)
New definitions, new bundle, renewed urgency

Be ready to ask, ‘Could it be sepsis?’

Early detection of sepsis is critical. Prompt treatment gives the persons you care for their best chance to survive sepsis and heal, preventing further progression of end-organ damage.

The signs and symptoms of sepsis, however, are not always clear. Maintain a high level of suspicion that sepsis could be behind acute changes in condition, especially in persons at higher risk.

Be vigilant in watching for changes in a person’s condition. And not only for a drop in blood pressure or rise in fever! Altered mentation can be a warning sign, especially in elderly persons.
New definitions, new bundle, renewed urgency

Our persons and families are vital partners

- At the heart of Ascension’s approach to partnering with persons and families is **listening with empathy to make a human connection** and **truly hear the voices of those we serve**.

- **Family members are the experts** when it comes to knowing what is normal and what is not normal for their loved one.

- **Encourage family members to speak up** if something just doesn’t seem right.

- If a family member voices a concern, **take action** and keep families in the loop on how you’re addressing the concern.
The Ascension way to reduce sepsis mortality in FY19
The Ascension way to reduce sepsis mortality in FY19

A commitment to improved quality in sepsis care

• Our goal is to **reduce adult sepsis mortality** by **10%** and save more than **350 lives**.

• We have the potential to avoid wasting millions of dollars in healthcare expenditures as we **reduce unwarranted variation** and **promote appropriate utilization**.
The Ascension way to reduce sepsis mortality in FY19

What if we can save 350 lives?

... the lives of 350 persons we are called to serve

... the loved ones of countless family members and friends

... maybe even someone you love
On a national level, we’re developing tools and resources to support this urgent work

- **Standardized order sets**, implemented in all electronic health record (EHR) platforms, to help to ensure best practices are used for every person every time.

- A robust **sepsis education and socialization program**, which will include educational and promotional materials for both care teams and persons and families, such as videos, e-learning modules, posters, etc. These materials will be rolled out in the coming months to support your efforts in the units and on the ground.

- A **sepsis toolkit** that addresses sepsis in a holistic way.
The Ascension way to reduce sepsis mortality in FY19

Sepsis toolkit

At the heart of the Ascension way is the engagement and involvement of persons and families. This priority is present throughout the toolkit and the focus of a dedicated chapter, which ties the Ascension Person and Family Engagement Model specifically to sepsis care.

AIM4Excellence®
Ascension Improvement Model for Excellence

Throughout the toolkit, you’ll find action steps, many of which ask you to develop and implement processes and workflows. These action steps will link to a chapter on high reliability and AIM4Excellence, which offers guidance and resources to support your success in creating effective, highly reliable processes and enhanced teamwork.
First steps for Ministry Market leaders and teams

- Establish multidisciplinary **Ministry Market-level teams**, led by the **chief quality officer**, with representation of appropriate facilities.
- Use the **sepsis toolkit** to help identify how your team will partner with all associates whose work touches persons with sepsis, from clinical teams to supporting services.
- Talk at townhalls, medical staff meetings, clinics, Ascension Medical Group.
- Highlight the sepsis effort in leader rounding and huddles.
The Ascension way to reduce sepsis mortality in FY19

Ongoing actions for Ministry Market leaders and teams

• **Reinforce the message** of the urgency of improving sepsis outcomes in all huddles and townhalls.

• **Hardwire mechanisms for early identification of sepsis** by healthcare providers, including working with persons and families as partners.

• **Promote adoption of Ascension standardized order sets** to manage sepsis based on source of infection.

• Partner with Infection Prevention to **reduce the risk of infection** (prevent hospital-onset sepsis).

• Engage **rapid response teams** to include sepsis as part of the evaluation of persons they are called to see.

• Connect teams to the resources of **high reliability** and **AIM4Excellence**, including the **daily management system**, to improve processes.
The Ascension way to reduce sepsis mortality in FY19

The national Care Excellence team will provide support

- Hold a kickoff call for Ministry Market sepsis teams in early August.
- Engage health ministries with highest opportunities to reduce mortality and care variation.
- Conduct regular calls with teams to update on progress and address gaps.
- Visit Ministry Markets with highest opportunities.
The Ascension way to reduce sepsis mortality in FY19

Reducing adult sepsis mortality by 10% will save lives

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357 lives saved