HRET HIIN
Reducing Sepsis Readmissions
Virtual Event

Fishbowl Event #4
July 17, 2018
WELCOME AND INTRODUCTIONS
Poll: How did you get here?

How did you hear about today’s virtual event?

a. HRET HIIN flyer
b. HRET HIIN website
c. HRET LISTSERV
d. State hospital association
e. QIN-QIO
f. Your organization/colleague
g. Other, please specify
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Description</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>11:00 – 11:03 a.m.</td>
<td>Welcome and Introductions</td>
<td>Introduction to today’s event and agenda overview.</td>
<td>Radhika Parekh, MHA Program Manager, HRET</td>
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<td>11:03 – 11:07 a.m.</td>
<td>HRET HIIN Readmissions Data Update</td>
<td>Review the overall HRET HIIN readmissions progress to date.</td>
<td>Julia Heitzer, MS Data Analyst, HRET</td>
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<td>11:07 – 11:10 a.m.</td>
<td>Discharging Sepsis Patients</td>
<td>Discuss risk factors and best practices to ensure sepsis patients are ready for discharged.</td>
<td>Maryanne Whitney, RN, CNS, MSN Improvement Advisor, Cynosure Health</td>
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<td>11:10 – 11:50 a.m.</td>
<td>Framing the Discussion</td>
<td>The sepsis readmissions hospital teams will report back to the group in follow-up to the May 8th fishbowl by discussing lessons learned. The teams will receive active coaching to prepare for their next test of change. Key takeaways will be shared with all participants.</td>
<td>Amy Boutwell, MD, MPP Pat Teske, RN, MHA Maryanne Whitney, RN, CNS, MSN Improvement Advisors, Cynosure Health</td>
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<td>11:50 – 11:57 a.m.</td>
<td>Synthesis of Lessons Learned</td>
<td>Provide a synthesis of generalizable lessons learned for the listening audience.</td>
<td>Pat Teske, RN, MHA</td>
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<td>11:57 a.m. – 12:00 p.m.</td>
<td>Action Items and Next Steps</td>
<td>Close today’s event with action items and next steps for Fishbowl #4 on July 17th.</td>
<td>Radhika Parekh, MHA Program Manager, HRET</td>
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Overall HRET HIIN Results

Results limited to hospitals with baseline data. HRET specified 2014 as the baseline timeframe for the measure.

Data submitted to HRET as of 6/1/2018
LET’S GET FOCUSED!
FRAMING TODAY’S EVENT
Discharging a Sepsis Patient?
Risk Factors for Return

• Study showed 50% of the readmissions – unresolved or recurrent infections

• RBC transfusion, TPN and longer duration of antibiotics (main risk factors)

• Hospitalizations in prior year, length of stay

Risk factors for return

- Younger age
- Medicaid insurance, lower income, urban
- More comorbidities
  - Malignancy
  - Anemia
- Sepsis severity NOT an independent factor
- Conflicting data
  - Male gender, Black or Native American

Most important to dive into your own data!!

Clinical Considerations

• Normalization of lactate
• Development of delirium during admission
• Resolution of organ dysfunction or trending toward normalization
  – (creat, BUN, liver enzymes, etc)

• Is pt being discharged on antibiotics?
  – (narrow spectrum?)
• Is pt being discharged with drains, wounds, indwelling lines or catheters?
• Functional status
  – (compare prior to admission & discharge)
More importantly

- Worse outcomes when readmitted
  - More ICU use
  - More hospice
  - More death
- 34% in skilled care facility after discharge
- Patients spend median of 10% of days alive after discharge living in acute facility

Anne Arundel Medical Center, Maryland

• Hospital Stats
  – 380 Beds
  – Community Acute Care Hospital
  – Nationally recognized for our joint replacement center, emergency heart attack response and cancer care.
Ransom Memorial Healthcare, Kansas

Dorothy Rice
Director of Quality

Team Members: Stacy Steiner, Kelli Boetel, Laura Heyn, Cris Speaks, Dave Bowers, Kristen-Kiehl Flanary and Angie Welch

- Small PPS Hospital
  - 44 licensed beds
  - 12 bed ED/Trauma Center
  - Adult & Pediatric services
    - Medical/Surgical, OB
    - Ortho, Pulmonology, Urology, Internal Medicine, Neurology, Oncology, Cardiology & Nephrology

HIIN Readmission Graph for All Cause Readmissions within 30 Days
Research Medical Center, Missouri

Karen Hawley, RN
RN Sepsis Coordinator

Sepsis Readmissions Jan – May 2018

Hospital Stats
- 510 beds
- Acute hospital
- Level 1 Trauma Hospital, Stroke Center, STEMI Center, Behavioral Health Facility,
- Applied for TJC Sepsis Certification

All Cause Readmissions Jan – May 2018

Readmission Rate
- Jan-18: 16%
- Feb-18: 22%
- Mar-18: 23%
- Apr-18: 22%
- May-18: 3%

Goal
- Jan-18: 10%
- Feb-18: 9%
- Mar-18: 8%
- Apr-18: 6%
- May-18: 5%

Linear (Readmission Rate)
CalvertHealth Medical Center, Maryland

Teri Rice, RN, MSN, MHA

- Hospital Stats
  - 74 Licensed Acute Care
  - Non-profit Acute General Hospital

![Sepsis Readmissions Chart]

<table>
<thead>
<tr>
<th>Month</th>
<th>Sepsis Cases</th>
<th>Total Readmissions</th>
<th>All Cause</th>
<th>Sepsis to Sepsis</th>
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<tbody>
<tr>
<td>January</td>
<td>28</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>February</td>
<td>36</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>March</td>
<td>27</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>April</td>
<td>26</td>
<td>5</td>
<td>2</td>
<td>3</td>
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Sky Ridge Medical Center, Colorado

- Hospital Stats
  - 284 beds
  - Level 2 Trauma Center, Stroke Center for Excellence, Cardiopulmonary Center for Excellence, Comprehensive Spine/Joint Center
  - Supported full-time Sepsis Coordinator position since 2014

Laura Wren, BSN RN CCRN
Sepsis Coordinator

![Graph showing readmission rates](chart.png)
LESSONS LEARNED
ACTION ITEMS AND NEXT STEPS
Readmissions Resources

- Readmissions Change Package Link
- Trail Guide
- Readmissions Top Ten Checklist Link
- Readmissions Whiteboard Video Series Link
- Join the LISTSERV®
- Huddle for Care Discussion Forum https://www.huddleforcare.org/
Upcoming Readmissions Fishbowl Series Events

- Fishbowl Finale
  - August 7
  - Register [here](#)

- 11 a.m.-12 p.m. CT
Thank You!

Find more information on our website: www.hret-hiin.org

Questions or Comments: HIIN@aha.org