Topic: Prevention of Post Op Sepsis

Focus: Post Op Patients

Kick off
December 20, 2018
## Agenda

**HRET HIIN SEPSIS SNAP**  
**POST OP SEPSIS PREVENTION**  
December 20th, 2018 | Virtual | 12:30pm – 1:30pm, CT

<table>
<thead>
<tr>
<th>Time</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>2:30pm -</td>
<td>Welcome and Introductions</td>
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<tr>
<td>12:40 pm</td>
<td>Kristin L. Proulx, MPH, CQIA, CHES</td>
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<td>12:40 pm -</td>
<td>Kristin L. Proulx, MPH, CQIA, CHES Senior Program Manager</td>
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<td>12:50 pm</td>
<td>Why Post Op Sepsis SNAP? Likely suspects for Post Op Sepsis in the literature</td>
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<td>1:00 pm</td>
<td>SSI bundle contributors</td>
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<td>1:00 pm -</td>
<td>Maryanne Whitney Improvement Advisor</td>
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<td>Cynosure Health</td>
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<td>1:00 pm -</td>
<td>Maryanne Whitney Improvement Advisor</td>
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<td>Steve Tremain Improvement Advisor</td>
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<td>1:00 pm</td>
<td>Cynosure Health</td>
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<td>1:00 pm</td>
<td>Tara Bristol Rouse, MA Patient and Family Engagement Project Consultant</td>
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<td>1:10- 1:20pm</td>
<td>Tell Us about you and what you found? What procedures contribute to Post Op Sepsis in your hospital? What were common sources of post op sepsis?</td>
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<td>1:20 pm -</td>
<td>SNAP Hospitals</td>
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<td>1:30 pm</td>
<td>Next Steps Upcoming virtual events Expectations</td>
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<td>1:20 pm</td>
<td>Kristin L. Proulx, MPH, CQIA, CHES Senior Program Manager</td>
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What is a SNAP?

Safety Network to Accelerate Performance

Voluntary learning networks
  • Approximately 20 hospitals

Emerging best practices related to HIIN topics

The ‘next best practice’ developed during a SNAP will be disseminated to all HRET HIIN hospitals.
Why Post Op Sepsis SNAP?

- Sepsis remains one of the leading causes of death in the United States and postoperative sepsis accounts for approximately one-third of all sepsis cases.
- Postoperative sepsis is on the rise despite a decrease in overall sepsis mortality, and it creates a significant clinical and resource burden to our hospitals.
- Much time has been spent capturing the incidence of post op sepsis; now it is time to prevent it. We need your help.
Key Elements of Post Op Sepsis Prevention

- Adherence to the SSI Bundle
- Understand who is at risk:
  - procedures, source
  - Engage patient and families
- Screen for risk factors
- Discover interventions to prevent post op sepsis.
Current Understanding of Post Op Sepsis

Surgical procedures with greatest risk for postoperative sepsis
- Esophageal
- Pancreatic
- Gastric procedures

Surgical procedures with greatest risk for mortality if sepsis developed
- Thoracic
- Adrenal
- Hepatic procedures
Optimize patients preoperatively

- Incentive spirometer device and instruction at time of surgery scheduling
- Smoking cessation at time of surgery scheduling
- 2 sessions of outpatient PT in advance of orthopedic procedures
SSI Bundle

- Prophylactic antibiotics administered appropriately with timely start and stop
- Normothermia maintained through duration of peri-op period
- Supplemental oxygen provided pre-op, intra-op and post-op
- Pre op skin antisepsis performed
# Discovery & Tracking Tool

**Post Op Sepsis SNAP Process Improvement Discovery & Tracking Tool (Minimum 5 charts/Maximum 10 charts to begin) Then EVERY post op sepsis case after start of SNAP**

*Note: Do NOT spend more than 20-30 minutes per chart!*

Instructions: (1) Enter Y or N in each box for each chart. Then identify which rows have the most “N’s” to find process improvement opportunities. (2) The processes with the most common failures could be a priority focus. (3) Review the charts for 72 hours prior to the VAE.

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<thead>
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<th>PROCESS</th>
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<td><strong>Ambulatory Pre-Operative Infection Prevention Strategies</strong></td>
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<td>Patient received incentive spirometer device and instruction at time of surgery scheduling?</td>
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<td>Patient stopped smoking at time of surgery scheduling?</td>
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<td>Patient completed 2 sessions of outpatient PT in advance of orthopedic surgery (Y/N if ortho, N/A if non-ortho surgery)</td>
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<td><strong>SSI Care bundle compliance</strong></td>
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<td>Prophylactic antibiotics were given appropriately with timely start and stop?</td>
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<td>Normothermia was maintained through duration of peri op period?</td>
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<td>Supplemental oxygen provided pre op, intra op and post op?</td>
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<td>Pre op skin antisepsis was performed</td>
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<td><strong>Additional Peri-Operative Infection Prevention Strategies</strong></td>
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<td>Pt had an indwelling foley less than 2 days AND Foley met insertion criteria?</td>
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<td>Pt had a central line less than 2 days AND central line met insertion criteria?</td>
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<td>Pt received multimodal pain therapy (non narcotics and non medicinal) with or without opioids?</td>
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<td>Pt was out of bed for nutrition?</td>
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<td>Pt was mobilized at least 3 times/ day?</td>
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<td>Good patient adherence of proper pulmonary toilet processes (Bedside incentive spirometer used 10x/hr while awake)</td>
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<td>SSI Rates are below benchmark</td>
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<td>Elective procedure performed was?</td>
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<td>Source of infection that led to sepsis was?</td>
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<td>Pt was admitted to ICU?</td>
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<td>How many days post op was the sepsis identified?</td>
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Measures

- Post Op Sepsis Rate
  - Numerator: Number of Post Op Sepsis cases/ month
  - Denominator: Number of elective cases performed/month

Please note: This is not final
What did you find?
New Ideas
Vision for PFE

Hospitals and other health care providers achieving quality and safety goals by fully engaging patients and their families, determining what matters most to them in every situation, and partnering with them to make improvements to all aspects of care.
PFE Metrics

Point of Care
- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

Policy & Protocol
- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

Governance
- Patient and family on hospital governing and/or leadership board (Metric 5)
PFE Metrics

**Point of Care**
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**Front Line Staff**

**Leadership**

**Board/C-Suite**
**Timeframe**

- **December**
  - Recruitment
  - Enrollment
  - Kick off
  - Submit discovery tool
  - Track each post op sepsis case
  - Complete tracking tool
  - Improvement advisor/subject matter expert technical assistance call as needed

- **Monthly**
  - Wrap up
  - Lessons learned document (best practices developed).
  - Share learnings with HRET HIIN hospitals.

- **March**
Anticipated Workload

- Peer-sharing and transparency during monthly check-in calls.
- Monthly internal hospital team meeting to precede SNAP check-in call (~45-60 minutes).
- Test post op discovery and tracking tool failures in between check-in calls (4-8 hours/month).
- Team leader to oversee monitoring and data submission as well as prepare for and follow up after calls to keep team on track and moving forward with action plans (4-8 hours/month).
- Champions, and those with key individual responsibilities, to communicate with constituencies (2-4 hours/month).
- Submit baseline data at the beginning of the SNAP and continuously submit monitoring data throughout the duration of the SNAP.
Support Team

- Performance improvement subject matter expert
  - Maryanne Whitney RN MSN CNS
  - Dr. Steve Tremain MD CEP FACPE

- Project managers
  - Jessica Claudio
www.hret-hiin.org

**SNAP**

Safety Networks to Accelerate Performance (SNAP) are voluntary learning networks that will address emerging best practices related to HIIN topics. Early-adopter hospitals will set forth bold aims and test new practices using effective measurements and our experienced improvement infrastructure to develop interventions that can be disseminated to all HRET HIIN hospitals. HRET will be conducting several SNAPs throughout the HIIN contract that vary in topic and duration.

If you know or if you are an early-adopter hospital and would be interested in contributing to a new knowledge base, please submit an application and join us!

**The first SNAP topic:** Enhanced Recovery After Surgery (ERAS) focusing on colorectal surgery

A recent study showed that ERAS programs reduced the need for hospital stays by about 30 percent, or more than two days, after major surgery. ERAS protocols are multimodal perioperative care pathways designed to achieve early recovery after surgical procedures by maintaining preoperative organ function and reducing the profound stress response following surgery.

**Download The SNAP Flyer**

**HRET HIIN SNAP: ERAS Informational Call**

*February 2, 2017 2:00pm - 3:00pm CT*

Register Today

Who is eligible to apply?

Expectations of participating hospitals:

How to apply?
Next steps!

- Today, December 20, 2018
  - Kick off
- January 16, 2019
- February 13, 2019
- March 6, 2019
Any questions?