



Sepsis: Acute Care Part 2

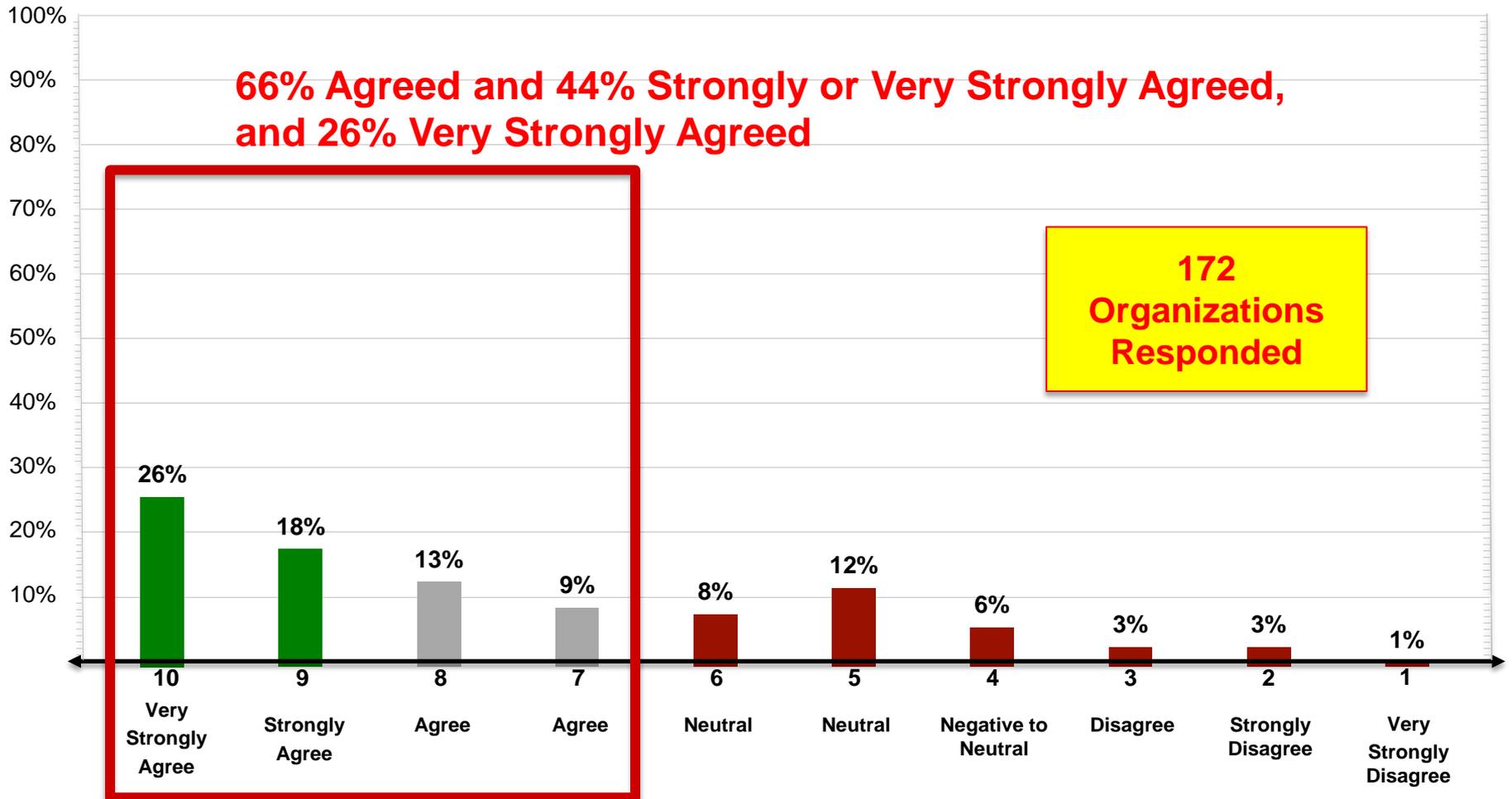
**Pragmatic Sepsis Care For Providers:
Aligning evidence, guidelines, mandates
and policy to inform your daily practice.**

June 15, 2017
Webinar Month 103

For resource downloads go to:
www.safetyleaders.org

Anonymous Survey Questions

I am interested in MORE DETAIL ON Opioid O.D. and Drug Diversion Issues



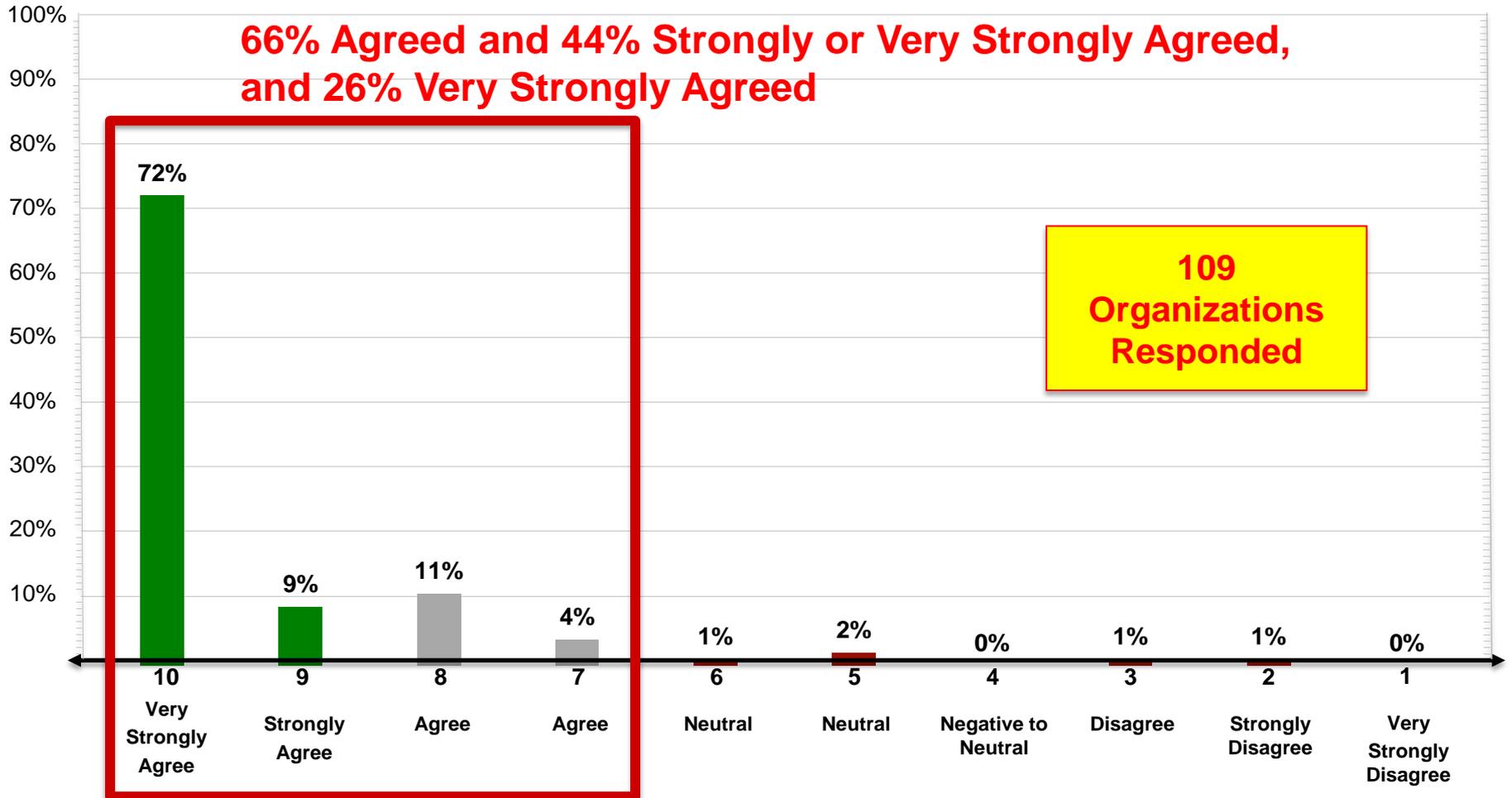
Source: TMIT High Performer Webinar Series; Pragmatic Sepsis Care For Providers – June 15, 2017

OPIOID OVERDOSE Patient Safety topics I would like to be covered include:

- Prevention/management
- Recovery and prevention.Safety for caregivers.
- Keeping staff, patients, visitors safe in the hospital
- Drug diversion in hospitals
- Age range most commonly impacted by opioid overdose.
- Demographics - who are the people overdosing on opioids?
- How to communicate critical issues between op providers and ip providers
- How do we treat patient's pain/ discomfort who are addicted to opioids but also having pain.
- Combo drugs in od patient
- What meds are being used to replace fentanyl and heroin addictions.
- Community partnerships in rural health for opioid overdose, family engagement, workforce support (e.G. Ems)
- Alternate pain modalities while still addressing pain
- Chronic pain options; discussions with patients
- Methods of how to deal with pt using or attempting to use opioids (illegally) while hospitalized for other medical reasons
- How to determine an appropriate dose when opioids are necessary.
- How to implement a training program for people to learn how to recognize and save an overdose victim
- Any and all education appreciated
- What would be a good quality measure for opioid utilization that would decrease adverse events
- More sepsis, opioid overdose
- Use of narcan
- Public awareness
- Hospitals role in controlling the opioid prescriptions being dispensed.
- Older adult addiction vs drug seeking to supplement income

Anonymous Survey Questions

I am interested in MORE DETAIL REGARDING SEPSIS.



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Specific SEPSIS TOPICS

I would like to be FURTHER covered include:

- Metrics
- Countermeasures for improvement of bundles
- Process metrics - how to get the EMR to provide mindful data to clinicians
- Concurrent methods of abstracting time zero using technology
- Evidence based support for antibiotics within 1 hour and provider discretion in fluid resuscitation
- Identification on inpatient units, treatment outside the ICU and ED
- Engaging medical staff in sepsis care
- Follow up sepsis assessments, including fluids
- Fluid administration
- Perspectives on fluid resuscitation in HF and CKF
- Dynamic fluid status assessment
- Early recognition of sepsis - for ED triage nurses
- Patient coding: using SOFA and new definitions,
- Bridging the divide between ED and critical care providers
- Precoalition use in screening and antibiotic stewardship
- What to abstract from the patient chart. Template to use to collect meaningful data. We struggle with formatting an abstraction tool.
- Data regarding usefulness/outcomes of screening for early identification of screening for inpatients and frequency of these screenings
- Early recognition of sepsis, sepsis screening tools, vit C administration for septic shock
- At-home intervention and recognition
- How to get providers to look at records so that they are not "well it wasn't obvious so we can't criticize" - ingraining the "what if was your mom?" "Look to reviews.
- How have other organizations improved their sepsis measures? Are there tools through your EHR you have used, home grown tools, etc.
- How do we tie ABX stewardship in office, urgent care, and ED dealing with earlier dx with sepsis
- We struggle with the most appropriate steps followed to prevent septic shock, in particular fluid management-no so much amount but when in patient presentation
- Fluids vs. Overload
- Best ways to screen for sepsis
- Readmissions and different presentations between young and older, male versus female, nursing home patients.
- Fluids, antimicrobial stewardship
- How to determine sepsis in the older population who do not always have fever, or strong lab values immediately.
- Implementing a sepsis detection and treatment program to identify sepsis early and intervene appropriately.

Specific SEPSIS TOPICS I would like to be FURTHER covered include:

- Pathophysiology of sepsis
- We have heard from physicians on the sepsis issues, but my program is run by the ACNS and we have the same or better results. How about highlighting that these issues are addressed by other team members.
- Bands
- Supportive information to share with MDs/staff for buy in. How is train being rolled out for MD and staff for pt safety and meeting the CMS/TJC measures SEP-1
- Using predictive analytics for sepsis
- Id sepsis on time
- Documentation of tissue perfusion by providers.
- Role for patients/family members
- EMR tools to help identify sepsis, severe sepsis, or shock
- Any updates, new ideas
- More nursing considerations and advice to get physician buy in regarding sepsis identification and documentation.
- Post operative and readmissions treatment of patients with sepsis. Recognition and reluctance to call the patient sepsis
- Relative importance on saving lives of early identification and initial treatment (this month) vs continued monitoring and recognition of sepsis as infection evolves and may occur later in stay (last month). What is happening to CMS measures for sepsis? What is happening with NQF on sepsis measures? Are these measures going to be simplified? For data abstractors of CMS measures, much effort is being expended on calculating fluids down to the millimeter. Seems nit picky and too much focus on details.
- Failure to rescue-id or system culture?
- Discuss more on the early identification and what is done with that information until the shock needs treatment stage
- Strategies to meet core measure compliance, improving physician buy in with meeting core measures,

When we fully complete our Sepsis Series, The FUTURE NEW WEBINAR TOPICS I WANT COVERED include:

- Stroke
- I don't have a suggestion
- VTE prevention
- Enhanced recovery in surgery
- Respiratory failure prevention
- Violence in healthcare settings
- Warning systems for early identification of patients who are deteriorating, E.G. Repertory failure, shock, altered mental status. Also- how to address fixation bias.
- Nancy fink looking at the transition from the ED to ICU and how orders are reviewed and carried out when using EMRs. Are colloids better than normal saline? Thanks.
- Care coordination for compels medical patients and seniors;
- Ingraining cultures of safety
- Above ABX selection and stewardship
- Hypo and hyperglycemia management in hospitalized patient and in the ED
- Opioids, patient/public perception of safe pain management
- System failures and how to solve.
- MDRO's; strokes; OB evidence based care.
- The necessity of having good nutrition for hospitalized patients? How to recognize there is a nutritional problem in the critical ill patient.
- Any topics are appreciated
- Study on high band
- As many as we can get
- Patient safety in relation to EHR use
- OPOID OVERDOSE
- HCAPS - getting to "always" for patient satisfaction scores
- Recovery of patients after surgery, readmissions,