

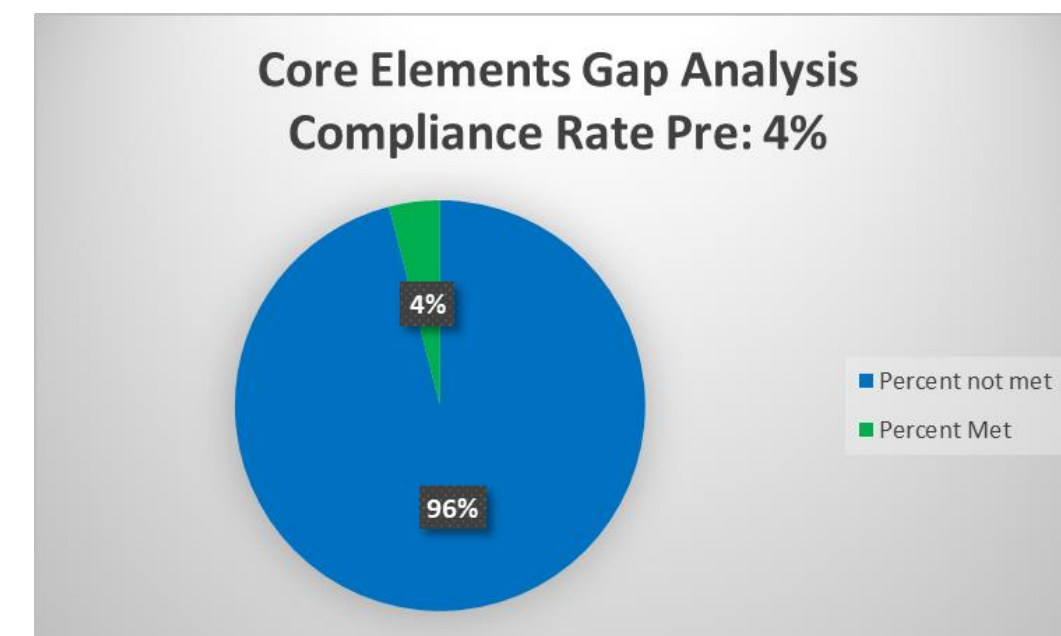
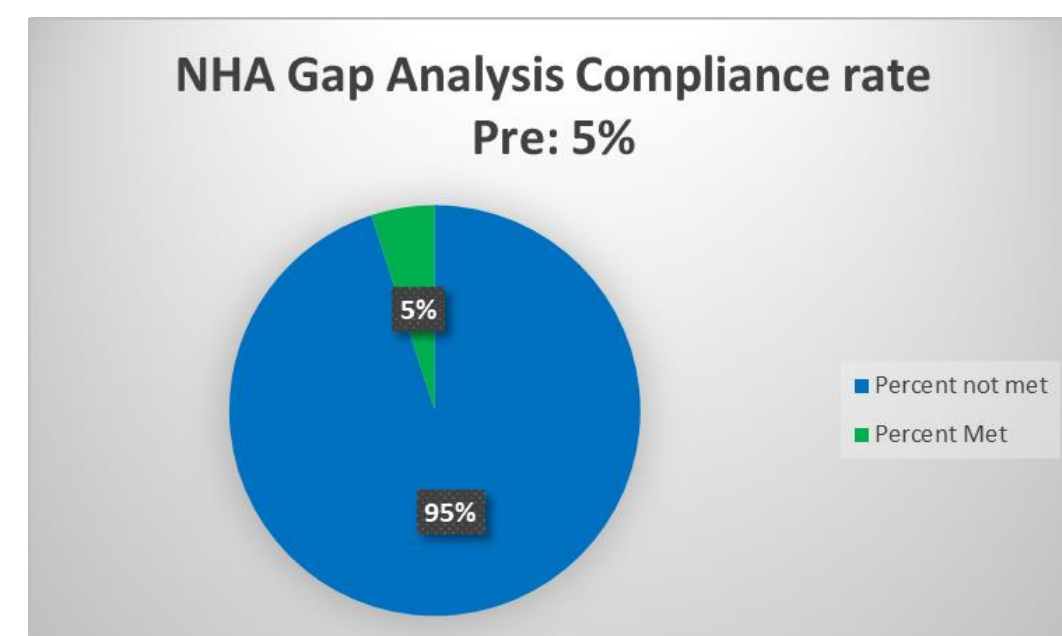
“Standardizing Sepsis Management to Elevate Quality of Care and Patient Outcomes”

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Background

- 23 Bed, Critical Access Hospital, Located in central Nebraska
- Sepsis was identified as “high risk” by Infection Prevention Risk Assessment Tool FY2023-24
- Gap Analyses Conducted
 - NHA Clinical Gap Analysis – 2/42 components met (5% compliant pre-implementation)
 - CDC Hospital Sepsis Program Core Element Assessment Tool Gap Analysis Conducted – 2/52 components met (4% compliant pre-implementation)



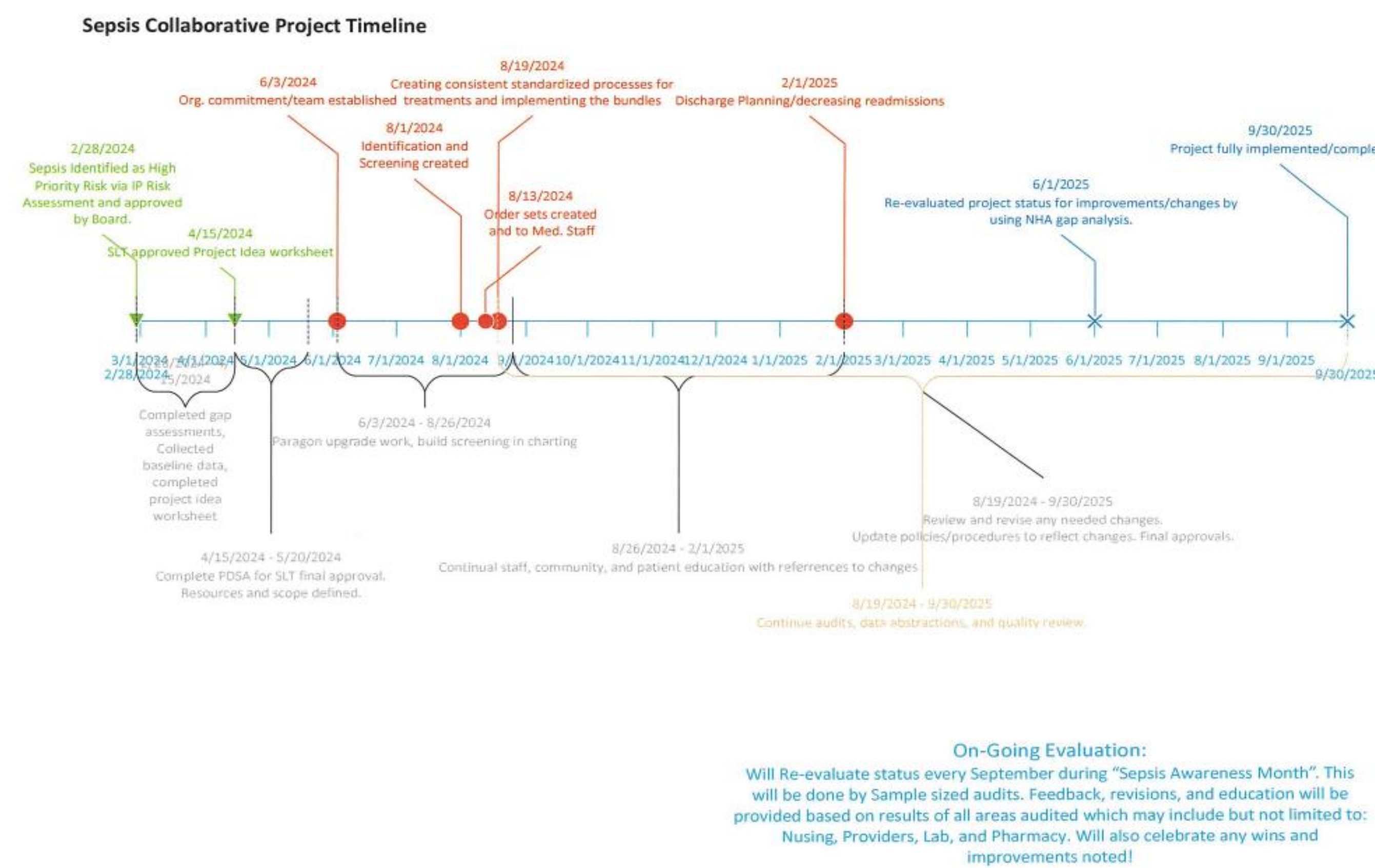
- Baseline sepsis mortality: 24% compared to Nebraska benchmark of 18.09%
- Baseline SEP-1 Bundle compliance: 47% (CY2021), 50% (CY2022), and 47% (CY2023)

Aims

- Reduce facility sepsis mortality rate to below state benchmark by 9/30/25
- Achieve SEP-1 Bundle compliance of 100% for FY2025-26 Q1 by 12/31/2025

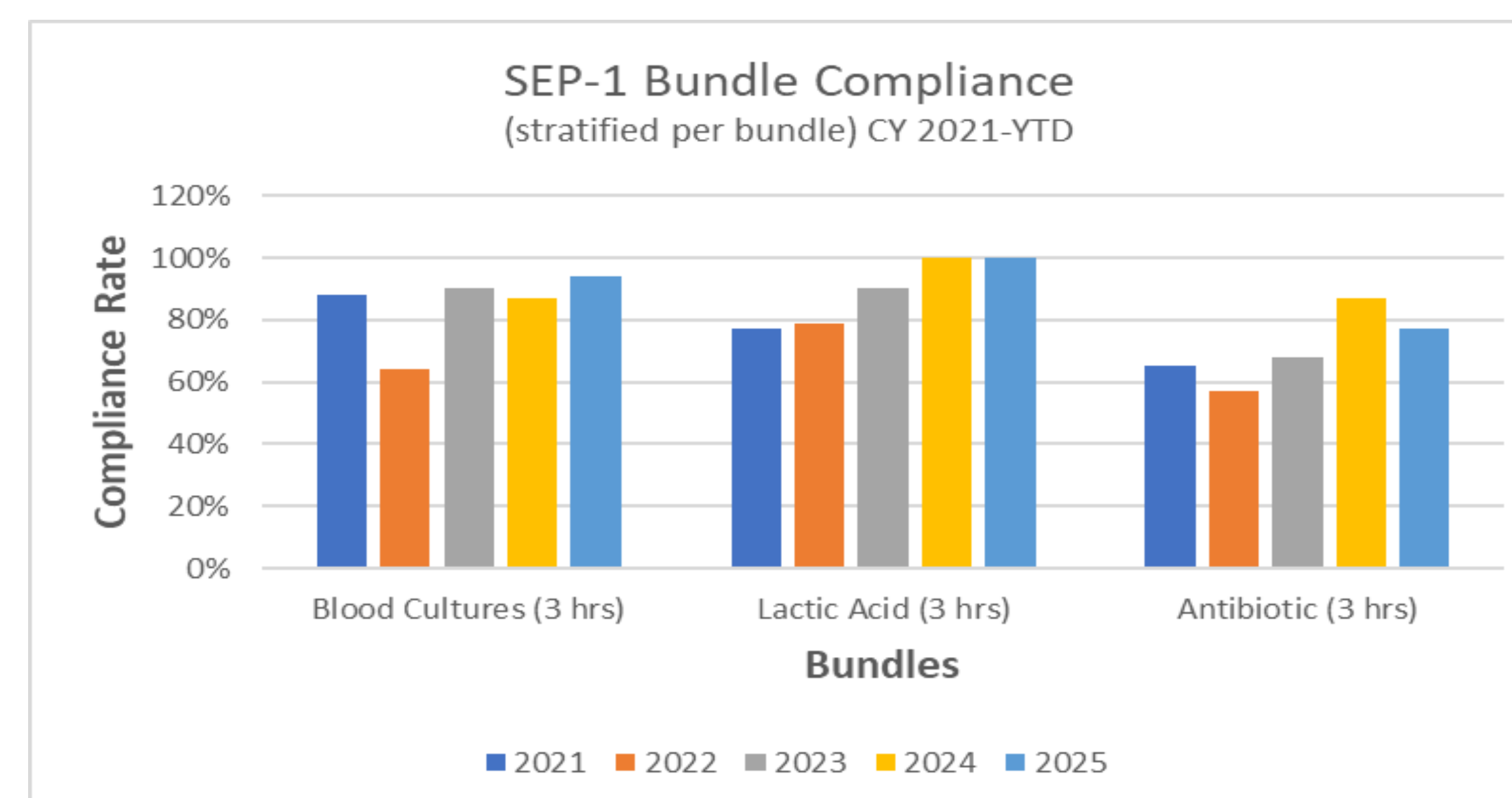
Plan

1. Formation of Sepsis Collaborative Committee – interdisciplinary approach
2. Sepsis protocol (Acute and ED) and order set development
3. EHR advancement (improved screening tools, enhanced triage documentation)
4. Implementation of sepsis-focused patient education



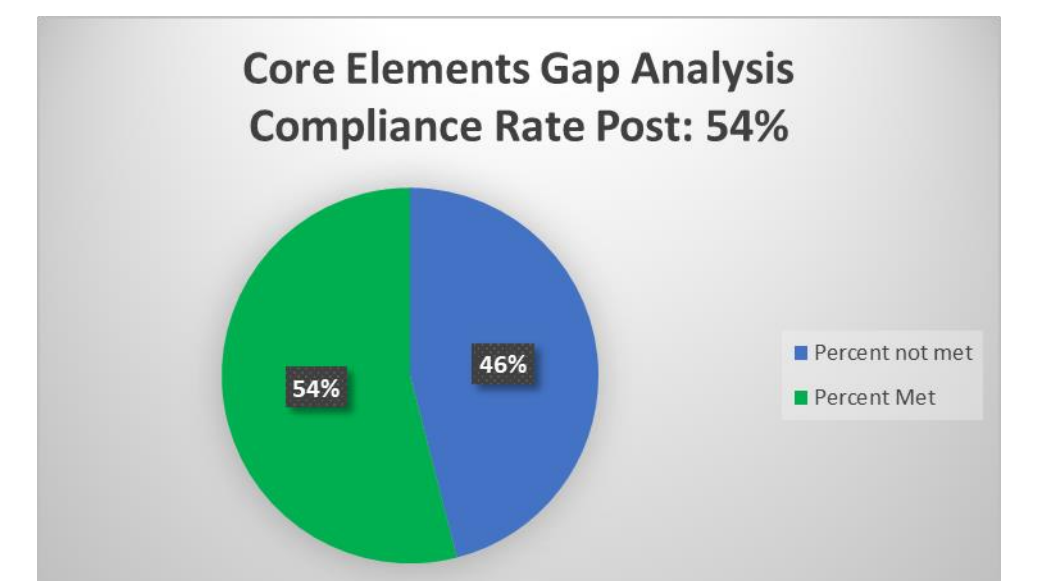
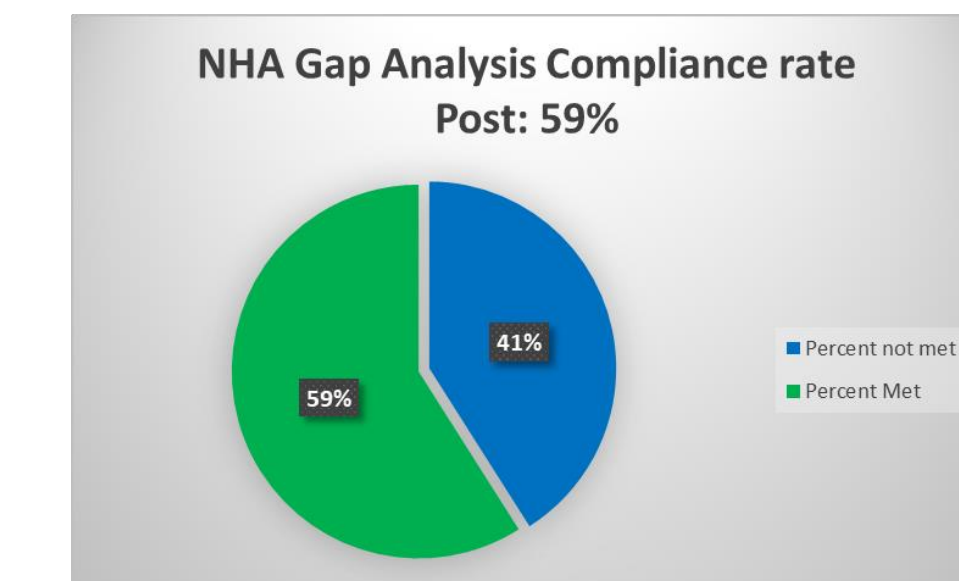
Measure

- Gap Analyses – NHA and CDC
- Retrospective chart audits conducted using SEP-1 Bundle elements
 - Tracked and reported through Pharmacy pillars, which feed up through Quality Committee and, ultimately, the Board of Directors.
- Sepsis mortality data obtained from HQIC and NHA Data & Analytics

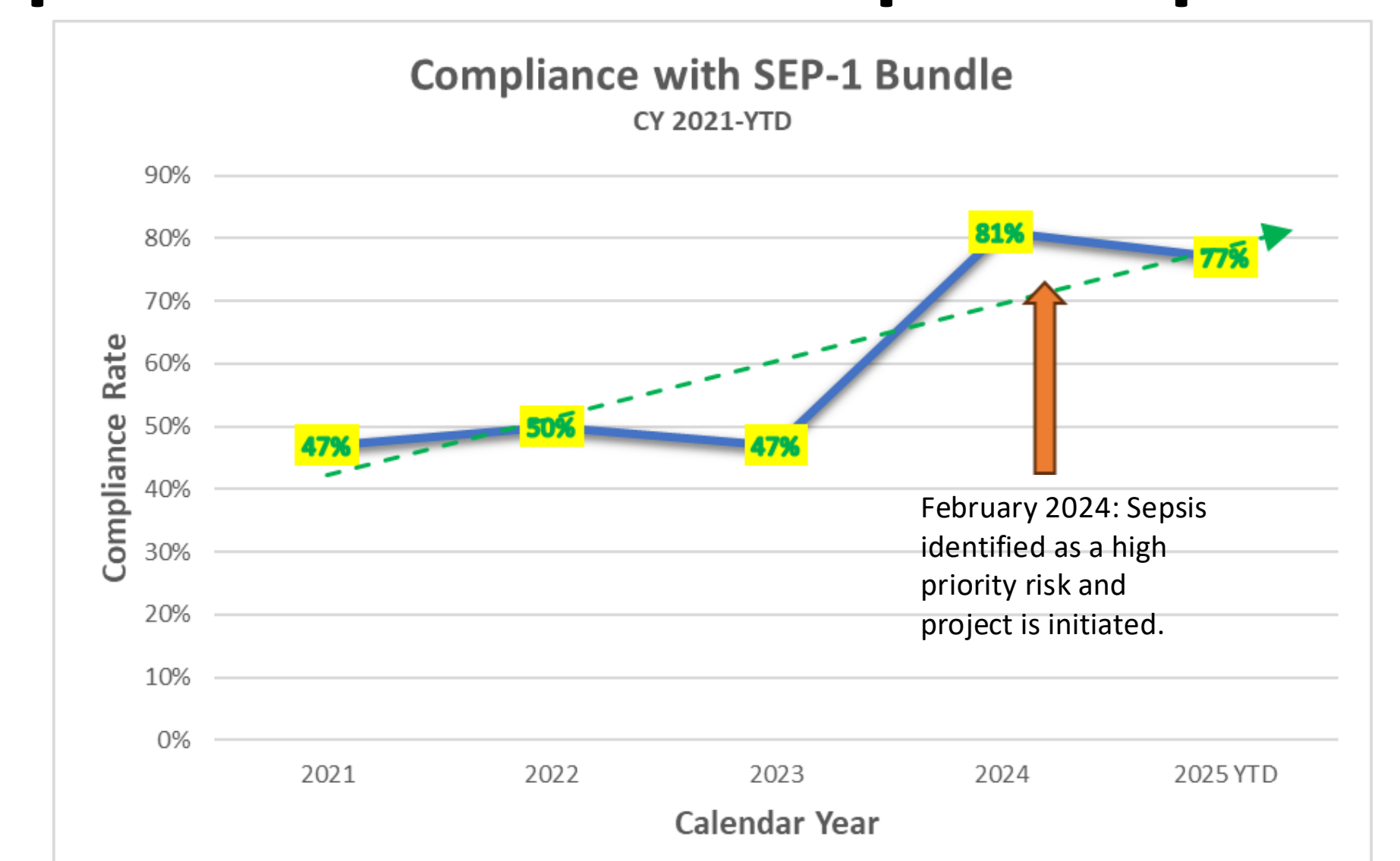


Results

- Gap Analyses Revisited
 - NHA – 59% compliant
 - CDC – 54% compliant



- Baseline mortality rate improved from 24% (CY2023 Q4) to 0% (CY2025 Q1)
- SEP-1 Bundle compliance improved to 81% for CY2024 and 77% for YTD CY2025 (see below)
- Improved sepsis recognition
- Deployed patient discharge packets tailored to sepsis information and post-sepsis care



Next Steps

- EHR optimization
- Education regarding first dosing of antibiotic in ED prior to transfer to floor (SEP-1 Bundle)

Sepsis Collaborative Committee

Chief Performance Officer, Chief Nursing Officer, Infection Preventionist, Pharmacy Manager/Antimicrobial Stewardship Lead, Quality Coordinator, Laboratory Manager, Case Management, Clinical Informaticist, Nurse Practitioner, Nursing (Acute Care and ED frontline staff)