

## Objective

To assure that evidence based high quality Sepsis Care is being provided to our patients leading to the best outcomes possible.

## Background

- It was noted through data review that we were having a high number of Sepsis deaths compared to the other hospitals in the HQIC.
- There were ten sepsis related deaths in the years of 2021 and 2022.

## Actions Taken

- Our physician director has since taught our midlevel hospitalists about resolving diagnoses at discharge so that the diagnosis the patient may have had on admission is either verified or resolved.
- Since recognizing this problem in early 2022, we've only had two deaths related to Sepsis. They were reviewed by our physician. One case was transitioned to comfort measures and should have been coded as such. The other case involved a patient who was offered transfer to a higher level of care and refused. The physician reviewer felt that even a transfer to a higher level of care would have likely not changed this patient's outcome.

# Montgomery County Memorial Hospital – Red Oak, Iowa

## SEPSIS MORTALITY

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## Metrics

**DURING OUR PROJECT WE DECREASED SEPSIS MORTALITY BY 80%**

**SEVERE SEPSIS AND SEPTIC SHOCK 3-HOUR MANAGEMENT BUNDLE COMPLIANCE THROUGHOUT PROJECT MAINTAINED AT 96.4% COMPLIANCE**



**Montgomery County Memorial Hospital + Clinics**

## Analysis

- The ten deaths were carefully reviewed by a team including our physician director of inpatient services in March 2022.
- It was found that Sepsis care was being provided according to best practices but the patients in this timeframe all had chronic conditions (cancer, renal disease, heart disease) that made them decide to transition to comfort care when even the best treatment practices didn't improve their conditions. These cases all listed Sepsis in their list of diagnoses at the time of death which would lead one to believe that our Sepsis care was substandard. Our review shows it was quite good.
- There were also some cases that were thought to be Sepsis on admission but after work up were ruled out but the diagnosis given to them on admission carried through to the coding at the time of their death.

## Next Steps

- Mortality review is completed each month by the physician director of our inpatient services.
- Ongoing education continues with the midlevel hospitalists on resolving diagnoses at the time of death to assure that cases are coded properly. Careful attention is given to Sepsis Care to assure we are giving the best care possible.
- Our EMR offers a Sepsis Advisor feature which guides the practitioner to order the correct interventions whenever SIRS criteria are triggered.