CalvertHealth

Core Measures, Sepsis and Stroke

Provider Orientation

Quality Outcomes Coordinator
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Clinical Quality Measures

Safe Use of Opioids

- Two or more concurrent opioids at discharge OR concurrent opioid and benzodiazepine at discharge
  - Exclusions – Hospice or palliative care, primary or secondary cancer diagnosis, transfer to acute care hospital or hospice referral

VTE Prophylaxis

- Patient who receive VTE prophylaxis or have documentation as to why no VTE prophylaxis was given between day of arrival to the day after admission to hospital or ICU
  - Order mechanical (Sequential Compression Device) or medical intervention on admission.
  - If contraindicated must document contraindication for mechanical and medical intervention

Perinatal Measures

- NTSV – First time moms who deliver a singleton baby by c-section
- Unexpected complications in newborns
- Severe obstetric complications

STEMI (ED)

- Fibrinolytric therapy (within 30min of arrival)

OR

- Transfer (within 45min of arrival)

OR

- Percutaneous Coronary Intervention (within 90min of arrival)

SEPSIS (SEP-3) Evaluation & Treatment

SEPSIS with ORGAN DYSFUNCTION

SIRS CRITERIA (2 or More)

☐ Temp
- >100.9
- <96.8F

☐ Heart Rate
- >90 bpm

☐ Respiratory Rate
- >20 rpm

☐ WBC
- >12,000
- <4,000
- >10% bands

AND

ORGAN DYSFUNCTION*

(MUST SPECIFY ORGAN(S))

as evidenced by:

☐ Blood Pressure
- SBP <90 mmHg
- MAP <65 mmHg
- SBP decrease by >40 mmHg

☐ Respiratory Failure
- New Need for BiPAP, CPAP, Mechanical or Invasive Ventilation

☐ Lactate >2 mmol/L

☐ Creatinine >2.0 mg/dL
- CKD: 1.5x baseline or 0.3 increase within 48hr

☐ Urine Output <0.5 mL/kg/Hr for 2 consecutive hours

☐ Total Bilirubin >2 mg/dL

☐ Platelet Count <100,000

☐ INR >1.5 or PTT >60 sec (not on anticoagulant)

☐ SOFA Score Change >2

*NOT A COMPREHENSIVE LIST OF ORGAN DYSFUNCTION S/S

SEPTIC SHOCK

Sepsis + Hypotension Requiring Vasopressor Support

SEPSIS with ORGAN DYSFUNCTION

AND

PERSISTENT HYPOTENSION REQUIRING VASOPRESSOR SUPPORT

☐ Persistent hypotension or new onset of hypotension present within one hour of target ordered volume of crystalloid fluids being completely infused requiring vasopressor support

TREATMENT REQUIREMENTS

Use Sepsis Order Sets

WITHIN 3 HOURS OF SEPSIS/ SEPTIC SHOCK IDENTIFICATION

(whichever is identified first)

☐ Draw Initial Lactate

☐ Collect Blood Culture (Prior to Abx Admin – **DO NOT DELAY ANTIBIOTICS FOR BC**)

☐ Start Broad Spectrum Antibiotics

☐ Start Crystalloid Fluids (30mL/kg for hypotension and/or Initial Lactate >4mmol/L)

WITHIN 6 HOURS OF SEPSIS/ SEPTIC SHOCK IDENTIFICATION

(whichever is identified first)

☐ Repeat Lactate (if Initial Lactate >2)

☐ Give IV Vasopressor (If hypotension does not respond to fluid resuscitation)

☐ Reassess Volume Status and Tissue Perfusion (Only if Crystalloid Fluid Administered)

*Reassessment Date/Time Must Be After Crystalloid Fluid Start

IF CRITERIA IS MET DUE TO A CONDITION NOT RELATED TO SEPSIS or SEPSIS/SEPTIC SHCOK IS RULED OUT, DOCUMENT THE RATIONALE AND TREAT BASED ON APPROPRIATE CLINICAL GUIDELINES AND JUDGEMENT

Stroke

- Designated as a Primary Stroke Center
- 4 hours annual stroke education required
  - NIHSS https://www.apexinnovations.com (free)
  - 1 additional stroke CE of your choosing
- Use the order sets to provide the standard of care for CVA/TIA patients.
  - Neurology consult (Teleneuro) is required for CVA/TIA patients and is pre-selected on order sets. Timing of neurology consult depends on LKW and clinical status
- Inpatient Quality Metrics
  - VTE prophylaxis administered by end of day 2 (mechanical or pharmacological)
  - Antithrombotic therapy administered by end of day 2 (antiplatelets and/or anticoagulants)
  - LDL level ordered (if not done in ED)
  - At Discharge
    - Prescription for intensive statin (ex. Atorvastatin ≥ 40mg, Rosuvastatin ≥ 20mg, Simvastatin 80mg)
    - Prescription for antithrombotic (ex. Aspirin, Plavix)
    - For Afib/flutter only – prescription for anticoagulant (ex. Eliquis, Xarelto, Coumdain)

Stroke: Goal Times

Door To:	Goal Time (Minutes)
ED Provider	10
CT (First Slice)	20
CT Read	40 (or 20min from CT start)
Lab Results	45
Needle (TNK)	60

Balance	Sudden loss of balance or coordination, sudden dizziness
Eyes	Sudden change in vision
Face	Sudden weakness of the face
Arms	Sudden weakness of arm or leg
Speech	Sudden difficulty speaking
Time	Activate Code Stroke

CalvertHealth

Code Stroke Workflow ICU and Inpatient

CODE STROKE call x 8222

Code Stroke Identified and Activated x 8222

Recognition of stroke like symptoms using BEFAST

CODE STROKE page activates Hospitalist, RT, Clinical Coord, and CT. Alert to ICU, Pharmacy and Charge RN.

Primary RN obtains/delegates:
-Bedside glucose test
-Full set of vital signs
-Labs labeled w/ code stroke stickers
-Accurate patient weight

Patient to CT ASAP
-Accompanied by Primary or Charge RN
-If patient unstable, provider to accompany

Identify

TeleSpecialist Notified Phone 1-888-392-1090

Clinical Coordinator or designee calls

Telespecialist (TS) Call Center **(1-888-392-1090)** provide following info-
-Hospital Name
-City/State
-Cart Name (ED or Inpatient)
- Patient Name and DOB
-Call back # 410-414-4878

*Telespecialist will appear on screen automatically, only need to ensure cart is powered **ON.**

If Telespecialist does not appear in 10 mins. Call again 1-888-392-1090

Call

Cart to Patient

Clinical Coordinator or designee obtains Telecart

Telecart is stored on Level 2 next to tele room.

Unplug cart before moving

Telecart accompanies patient to CT scan. (Connectivity may be lost in elevator, should resume automatically)

DO NOT TOUCH OR ADJUST CAMERA- camera height adjusted by grasping vertical arm and moving up and down

Assess

TeleSpecialist (TS) Assessment and Orders

Cart Positioned at foot of patient bed, adjusted as requested by TeleSpecialist (TS).

Initial NIH performed by TS w/ assistance from RN

CT Study- Telecart positioned in control room to view study as performed

Telespecialist can order additional studies and medications in Meditech

If Thrombolytics ordered Clinical Coordinator to notify ICU and pharmacy

Patient will transfer to ICU

Interventions

Thrombolytic Administration

Thrombolytics (Tenecteplase) ordered

-Patient transferred to ICU
-Accurate weight verified
-Vital signs obtained
-Tenecteplase calculation sheet completed and verified by 2 RNs
-Vascular access in place
-ICU RN to mix and administer thrombolytic (can call ED or pharmacy to assist if needed)
BP controlled per orders

Post thrombolytic care and monitoring per AHA stroke guidelines

Prepare to transfer patient to tertiary care if indicated

Thrombolytics