Clinical Variation Reduction: Sepsis, CHF & COPD

Quarterly Update

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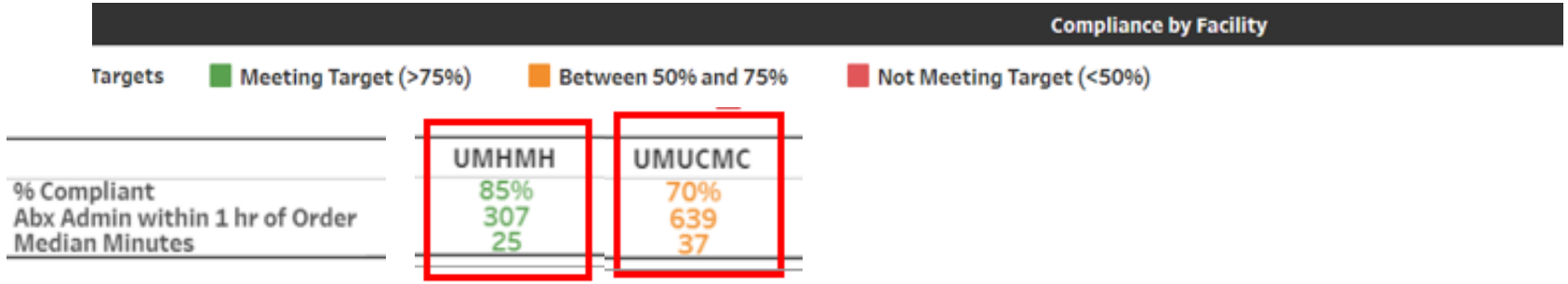
Sepsis

% of ED Patients received Antibiotics within 60 minutes of Provider order

GOAL ≥ 70%



Sepsis Timely Antibiotics- % of Antibiotics administered for ED patients within 60 minutes or order entry
Goal ≥ 70%

		July	August	September	October	November	December	January	February	March	April	May	June	Totals	
UCMC	Num.	68	62	61	77	79	69	67	64	69				200	
	Denom.	97	99	86	106	114	102	102	88	94				284	
	%	70%	63%	71%	73%	69%	68%	66%	73%	73%	#DIV/0!	#DIV/0!	#DIV/0!	**70%**	
		July	August	September	October	November	December	January	February	March	April	May	June	Totals	UCH Combined Total (AOP Metric)
HMH	Num.	32	35	34	32	33	35	23	30	40				93	
	Denom.	40	38	38	40	42	43	24	34	48				106	
	%	80%	92%	89%	80%	79%	81%	96%	88%	83%	#DIV/0!	#DIV/0!	#DIV/0!	**88%**	**75%**

Cases that met criteria for CHF Pathway & COPD Care Path (January-March 2022)

CHF Cases

	UM Upper Chesapeake Health
Grand Total	238
Jan-22	62
Feb-22	82
Mar-22	94

COPD Cases

	UM Upper Chesapeake Health
Grand Total	147
Jan-22	41
Feb-22	51
Mar-22	55

CHF Pathway

% of Patients started on the CHF Pathway

GOAL ≥ 75%

	UM Upper Chesapeake Health
Grand Total	79%
Jan-22	68%
Feb-22	82%
Mar-22	84%

Patients with Final Coded Principal Diagnosis of CHF

who were admitted during selected time frame

153

82% (125) Started on CHF Pathway

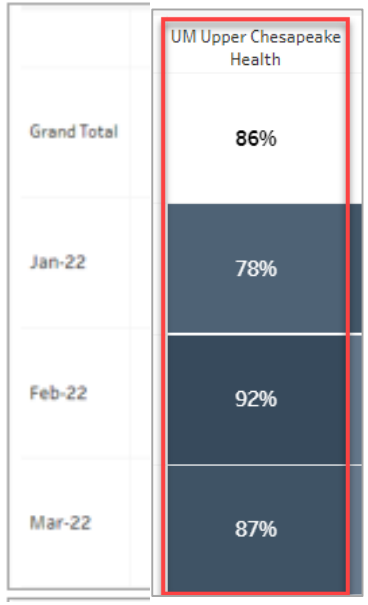
18% (28) Not Started on CHF Pathway

COPD Care Path

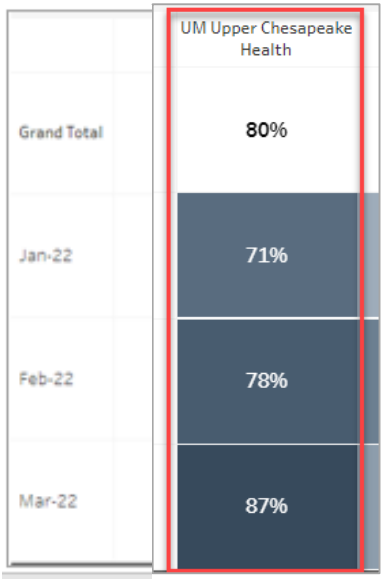
% of Patients started on the COPD Care Path (order set compliance) & Pulmonary Consults

GOAL ≥ 60%

Order set Compliance



Pulmonary Consult Compliance



Patients with Final Coded Principal Diagnosis of COPD
who were admitted during selected time frame

98

86% (84)	14% (14)
Started on Care Path	***Not*** Started on Care Path

Appendix
CHF & COPD

Pathway vs. Care Path?

- **Clinical Pathways** - Embed clinical protocol for surgery or hospitalization into Epic and track adherence and outcomes
    - Order Sets based

- **Care Paths** - Longitudinal real-time decision support with branching treatment paths
    - BPA (Best Practice Alert) based

UMMC CHF Pathway	Unit Arrival - Day 1		Day 2		Day 3		Day 4 Day prior to discharge		Day 5 Day of Discharge	
							Init		Init	
Goals/ Outcomes		Is SpO2 > 90% on RA or patient's home O2 regimen?		**CARE MANAGEMENT ONLY**: Assessment completed		**CARE MANAGEMENT ONLY**: Post-acute referrals have been made as appropriate		**CARE MANAGEMENT ONLY**: Post-acute referrals have been confirmed?		**CARE MANAGEMENT ONLY**: Post-acute referrals have been confirmed?
		Are lung sounds clear?		**CARE MANAGEMENT ONLY**: Prescription coverage evaluated (i.e. part D Medicare)		**CARE MANAGEMENT ONLY**: Referral made to High Risk Clinic (HRC)		**CARE MANAGEMENT ONLY**: Medication affordability confirmed?		**CARE MANAGEMENT ONLY**: Medication affordability confirmed?
		Does patient deny shortness of breath?		**CARE MANAGEMENT ONLY**: Support system (or support status) and home environment evaluated		**CARE MANAGEMENT ONLY**: Determined if medications can be obtained		**CARE MANAGEMENT ONLY**: Home O2/DME/Home Infusion/Home Care Confirmed?		**CARE MANAGEMENT ONLY**: Home O2/DME/Home Infusion/Home Care Confirmed?
		IV fluid intake evaluated in conjunction with provider		Is SpO2 > 90% on RA or patient's home O2 regimen?		**CARE MANAGEMENT ONLY**: Home O2/DME ordered		**CARE MANAGEMENT ONLY**: Has patient transportation been confirmed?		**CARE MANAGEMENT ONLY**: Has patient transportation been confirmed?
		Has patient met daily Diuresis Goal per order? (note: if patient is anuric/oliguric due to hemodialysis, document variance as "Hemodialysis patient")		Is Blood Pressure controlled with systolic pressure <140 mmHg and diastolic pressure <90 mmHg?		**CARE MANAGEMENT ONLY**: Transportation needs and discharge planning discussed with patient		Is SpO2 > 90% on RA or patient's home O2 regimen?		Is SpO2 > 90% on RA or patient's home O2 regimen?
		Has a STANDING weight been obtained and documented?		Have lung sounds improved or remained clear over the past day?		Is SpO2 > 90% on RA or patient's home O2 regimen?		Is Blood Pressure controlled with systolic pressure <140 mmHg and diastolic pressure <90 mmHg?		Is Blood Pressure controlled with systolic pressure <140 mmHg and diastolic pressure <90 mmHg?
		Has mobility screening been completed by RN?		Does patient deny shortness of breath?		Is Blood Pressure controlled with systolic pressure <140 mmHg and diastolic pressure <90 mmHg?		Have lung sounds improved or remained clear over the past day?		Have lung sounds improved or remained clear over the past day?
		Have OOB activities been performed based upon the patient's mobility level?		Has patient met daily Diuresis Goal per order? (note: if patient is anuric/oliguric due to hemodialysis, document variance as "Hemodialysis patient")		Have lung sounds improved or remained clear over the past day?		Does patient deny shortness of breath?		Does patient deny shortness of breath?
				Has a STANDING weight been obtained and documented?		Does patient deny shortness of breath?		Has patient met daily Diuresis Goal per order? (note: if patient is anuric/oliguric due to hemodialysis, document variance as "Hemodialysis patient")		Has patient met daily Diuresis Goal per order? (note: if patient is anuric/oliguric due to hemodialysis, document variance as "Hemodialysis patient")
				Has weight decreased at least 0.5 kg from previous weight?		Has patient met daily Diuresis Goal per order? (note: if patient is anuric/oliguric due to hemodialysis, document variance as "Hemodialysis patient")		Has a STANDING weight been obtained and documented?		Has a STANDING weight been obtained and documented?
				Has electrolyte replacement been addressed in conjunction with provider?		Has a STANDING weight been obtained and documented?		Has electrolyte replacement been addressed in conjunction with provider?		Has electrolyte replacement been addressed?
				Has a patient contact(s) been indentified and documented?		Has weight decreased at least 0.5 kg from previous weight?		Has mobility screening been completed by RN?		Has patient mobility returned to reported baseline?
				Has the Advanced Directive screening been completed and documented in the EMR?		Has electrolyte replacement been addressed in conjunction with provider?		Have OOB activities been performed based upon the patient's mobility status?		Have OOB activities been performed based upon the patient's mobility level?
				Have OOB activities progressed based upon today's Mobility status?		Has mobility screening been completed by RN?		Has patient mobility returned to reported baseline?		
						Have OOB activities been performed based upon the patient's mobility status?		Patient/Family confirms discharge planning?		
						Has patient mobility returned to reported baseline?				
						Patient/Family confirms discharge planning?				

Some Goals for the COPD Care Path

1. Use of the UMMS COPD Supplemental Order Set
2. Encourage Pulmonology consults
3. Involve Care Management to Assess medication affordability
4. Assessment of alternative diagnosis, if active hospital treatment of COPD does not resolve symptoms
5. Early medication reconciliation at discharge to allow the opportunity to assess medication affordability
6. Encourage outpatient referral for pulmonary rehab