Exploring Sepsis Strategies – Part 1: Early Identification, Patient and Family Engagement, and Disparities in Care

IPRO, Alliant, Telligen, and Compass Joint HQIC LAN Event

August 24, 2021

Please note, this event is being recorded.

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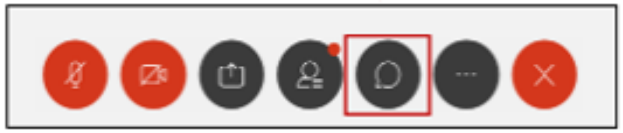

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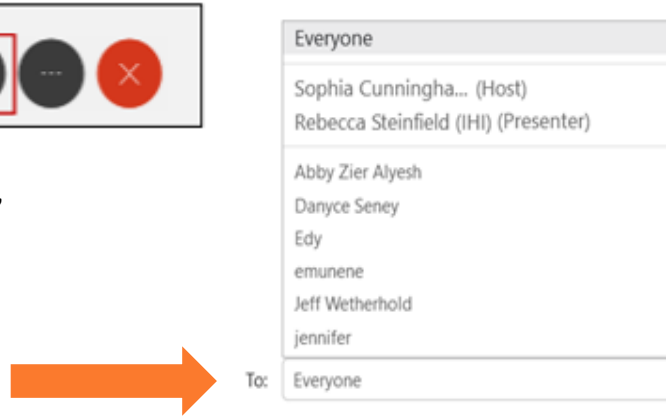

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Enter in Chat:

- Your Name
- Your Role
- Your Hospital
- Your State

Collaborating to Support Your Quality Improvement Efforts

- Healthcentric Advisors
- Qlarant
- Kentucky Hospital Association
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

Today's Agenda

- Welcome & Introductions
- Setting the Stage/Circle of Safety
- Hospital Baseline Assessment Data
- Health Equity/Disparities Lens
- Patient/Family Voice
- Hospital Story & Screening Tool
- Interactive Discussion/Facilitated Q&A
- Summation/Key Takeaways
- Wrap-up/Highlights of Upcoming Events

Exploring Sepsis Strategies: Part 1

Focus

- Importance and impact of early, equitable sepsis recognition from patient/family and healthcare provider perspectives

Learning Objectives

- Understand the interconnectedness of early identification, patient/ family engagement and disparities in care to enhance patient safety
- Learn how a sepsis screening tool was successfully implemented and achieved results in a 100-bed rural hospital using a multidisciplinary approach
- Listen to a sepsis survivor experience and how early identification may have assisted with improving care delivery and patient outcome

Welcome and Introduction of Today's Speakers

Brandy Moore, BSN, RN
Director of Quality/
Infection Control
Wagoner Community Hospital
Wagoner OK
Telligen HQIC

Sandy Cayo DNP FNP-BC
Vice President of Clinical
Performance & Transformation
New Jersey Hospital Association
IPRO HQIC

Patrice Greenawalt, RN, MS
Clinical Initiatives Manager
Oklahoma Hospital Association
Telligen HQIC

Christine LaRocca, MD
Medical Director
Telligen HQIC

Setting the Stage – IPRO HQIC Circle of Safety: All-Cause Harm Prevention Model & Resource Tool

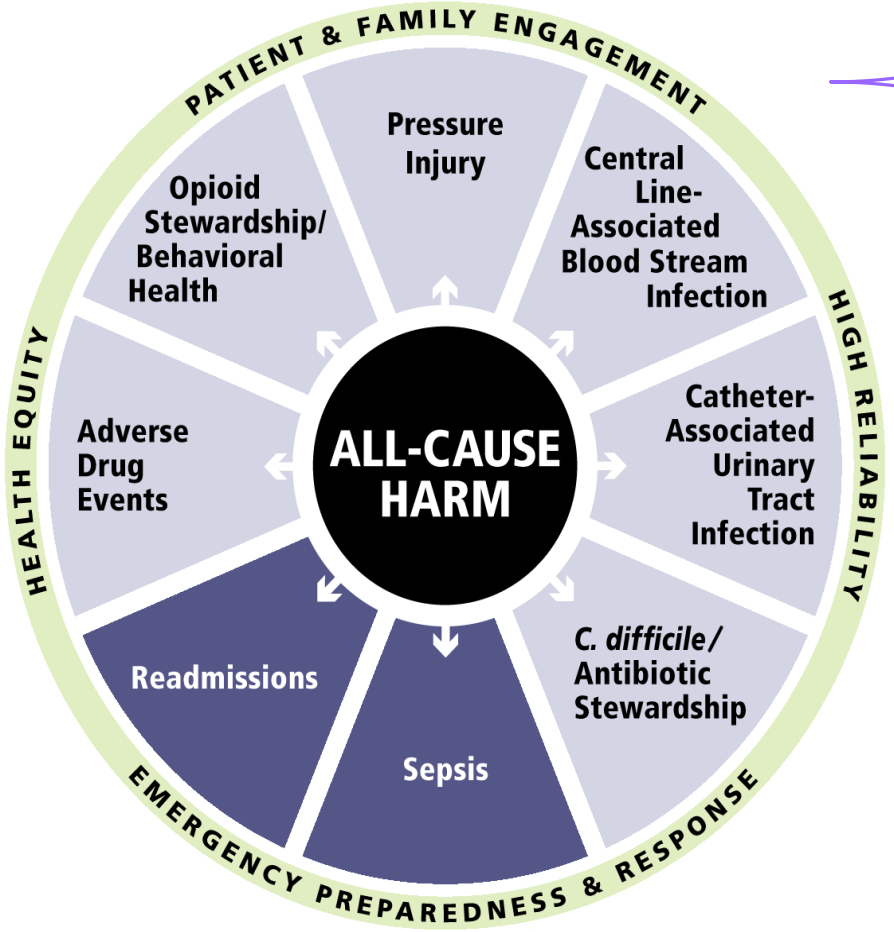
Health Equity

Collect REaL Data

Stratify quality & safety outcomes data by REaL

Identify disparate gaps in care

Take action to close gaps using targeted solutions



Patient & Family Engagement

Planning Checklists Admission

Planning Checklists Discharge

Huddles Shift Change

Accountable PFE leader

Active PFE Committee

What is Sepsis and Why Focus On It Now?

- Sepsis is the body's extreme response to an infection, including COVID-19, and is a life-threatening medical emergency
- Early detection and timely treatment are critical to prevent tissue damage, organ failure and death
- Anyone can get sepsis, know the early warning signs and act fast to help save a life
- Sepsis is a leading cause of death among critically ill people and a top reason for readmissions
- Sepsis can worsen pre-existing conditions
- Sepsis is costly to treat, fraught with human and economic costs and annual costs to hospitals to treat is estimated to be $24 billion
- September is Sepsis Awareness Month

Enter Thoughts in Chat

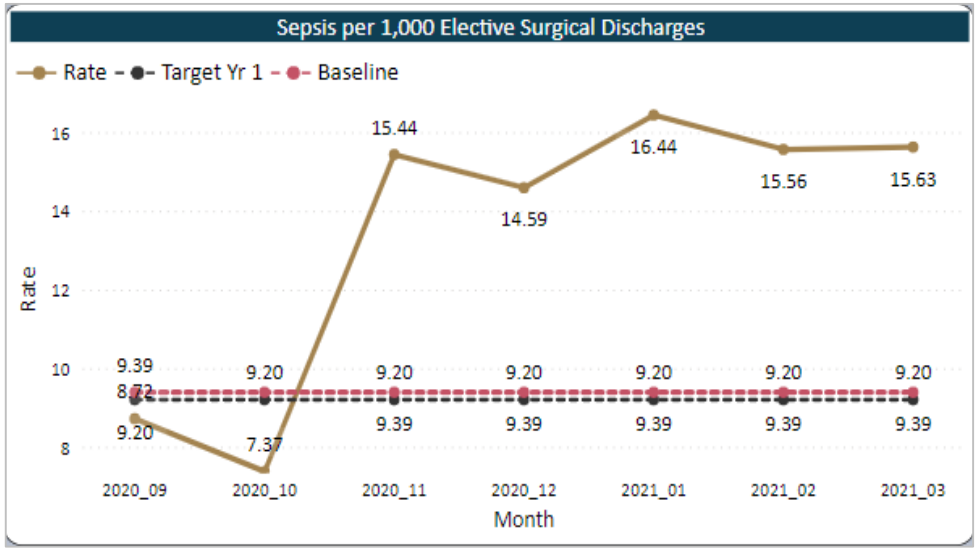
Does this resonate with you?

Have you, or someone close to you, had sepsis?

Alliant HQIC: Data

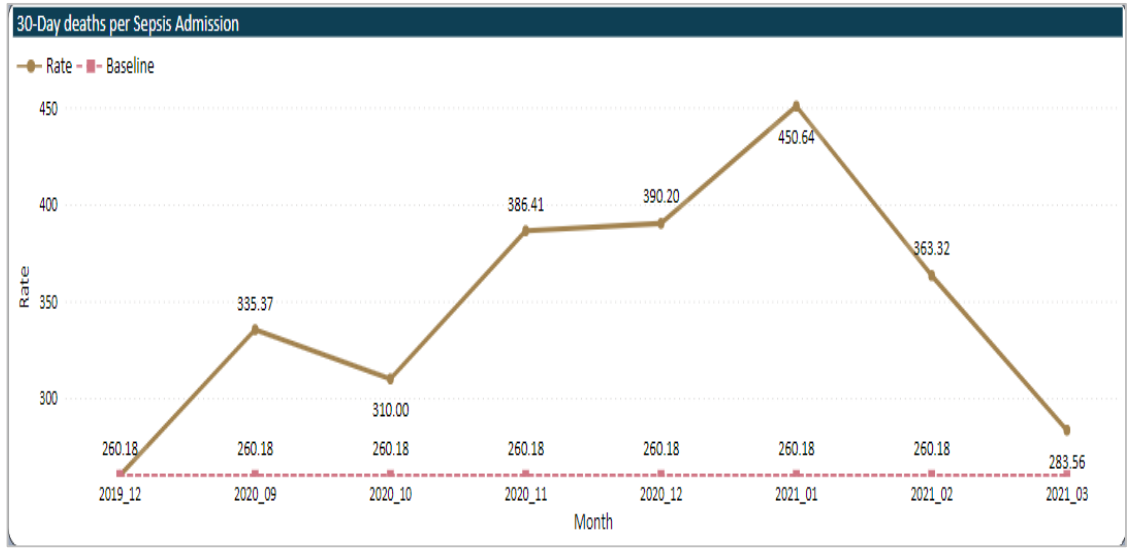
Performance data show variation over time; however, to date, we do not have improvement over baseline nor have met Year 1 goal

Post Op Sepsis and Septic Shock (PSI-13)



N=102 hospitals

30 Day Sepsis Mortality Rate



N=136 hospitals

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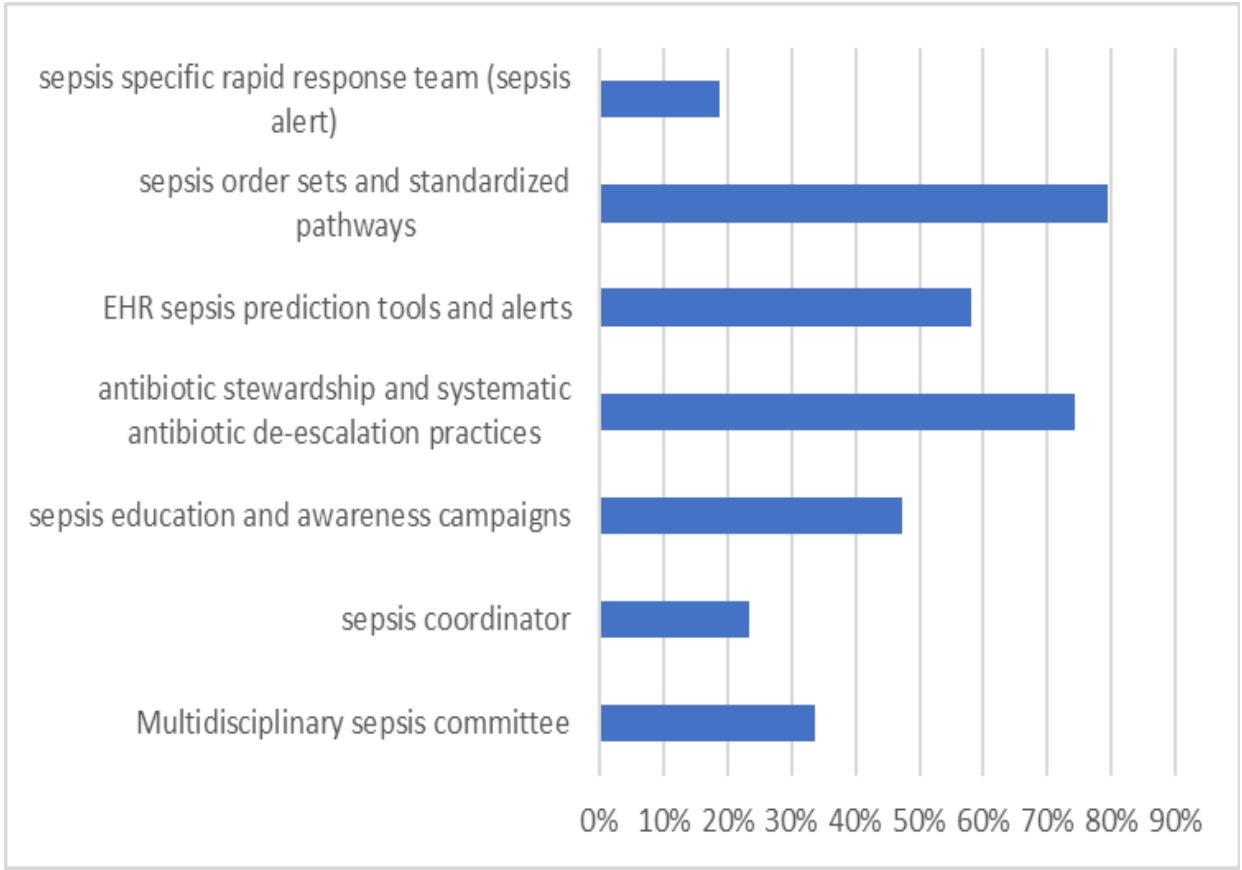
Telligen HQIC: Hospital Baseline Assessment

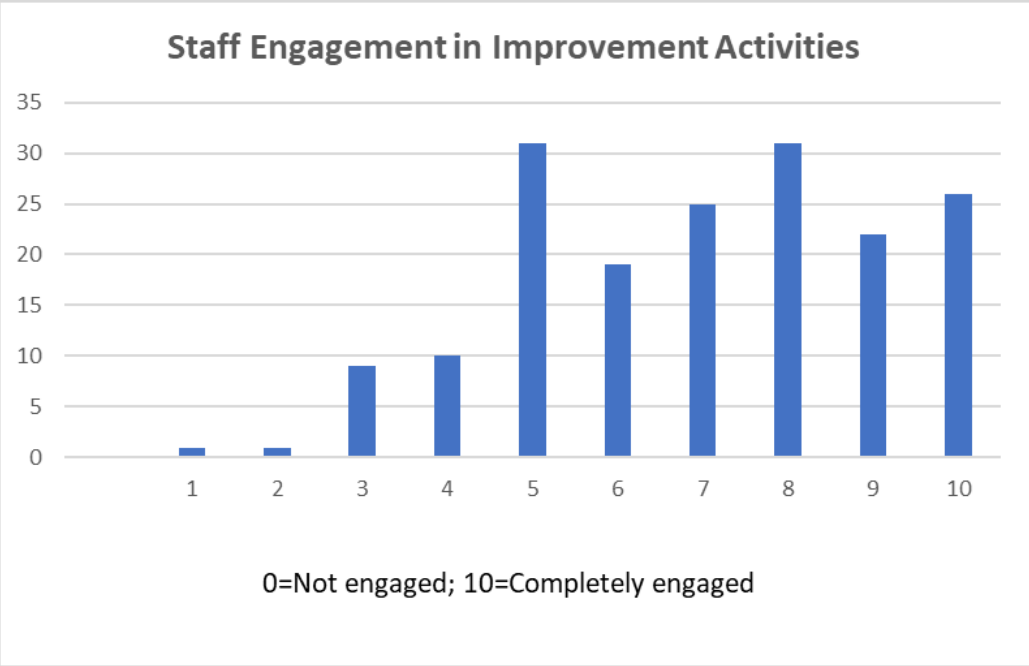
Which elements of a sepsis program does your hospital utilize?

Overview of Sepsis Assessment (HQIC Hospitals) Data from **175** HQIC Enrolled Hospitals



Telligen HQIC: Hospital Baseline Assessment

Indicate how engaged your hospital's front-line staff are with the organization's improvement efforts in this area (0=not engaged; 10=completely engaged)

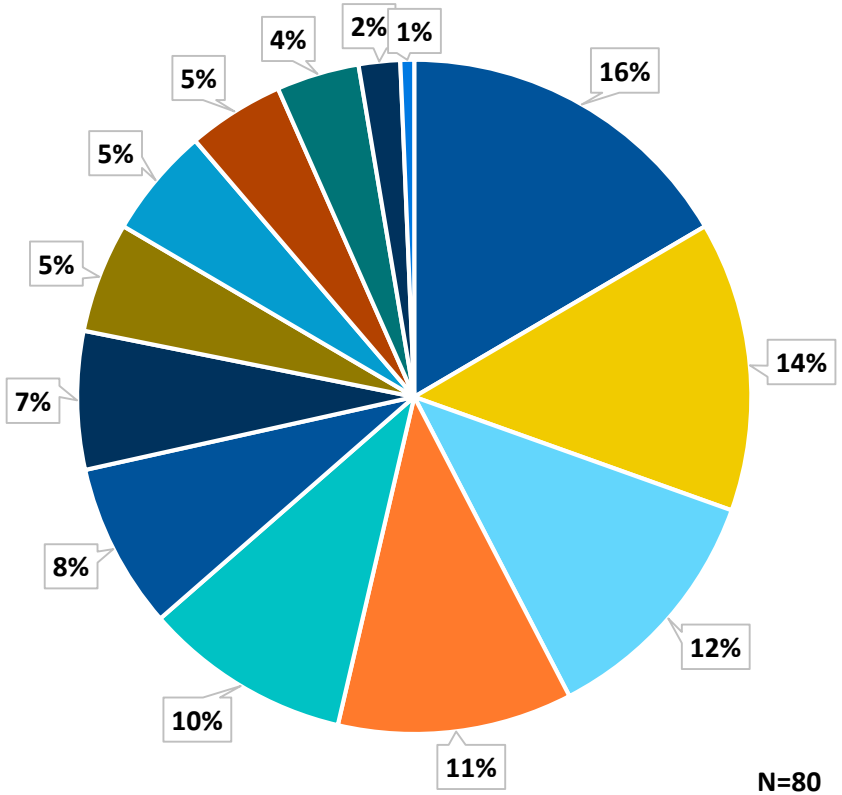


Enter your thoughts in Chat!

What are strategies you could attempt to gain staff buy-in related to sepsis quality improvement activities?

Compass HQIC: Hospital Readiness Assessment

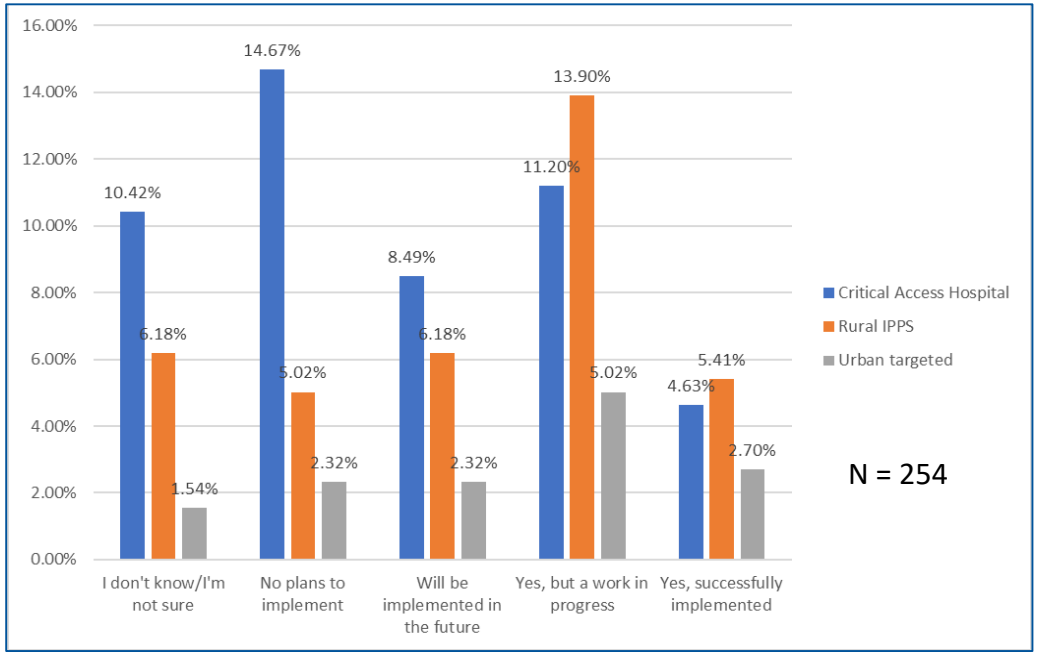
Best Practice Interventions Not Started or Needing More Information



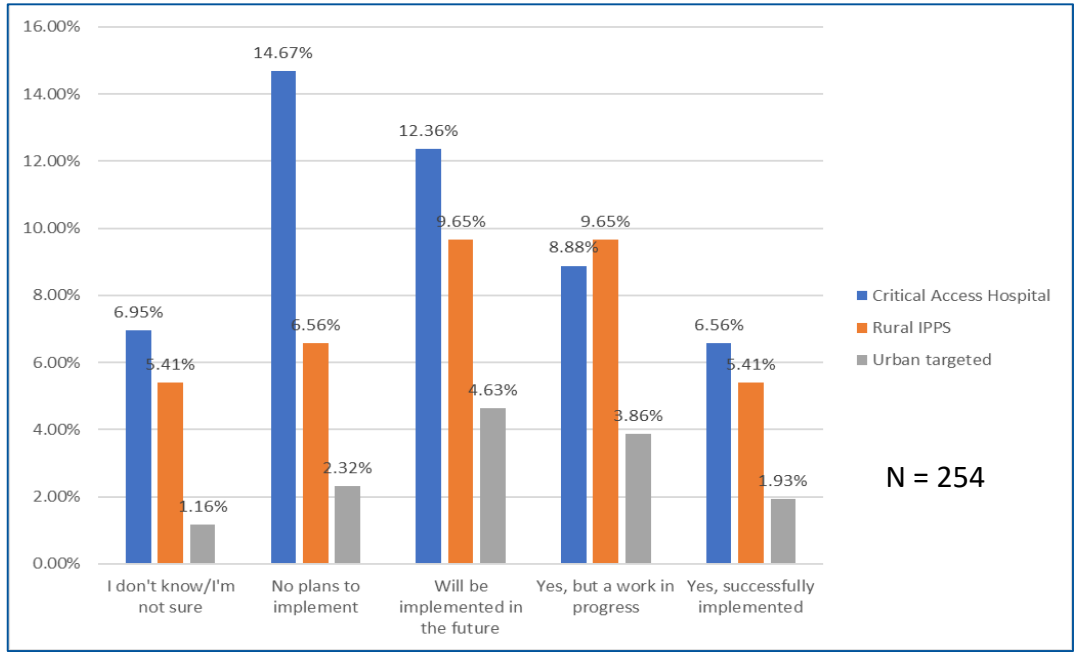
- Establish a multidisciplinary team
- Identification of strategies aimed at disparities
- Integration of patient/family engagement
- Modified Early Warning System (MEWS) early detection system
- Sepsis education on recognition, treatment, post-sepsis symptoms
- Use of 1-hour sepsis bundle
- Hand off of care
- EHR integration-use of alerts
- Use of 6-hour sepsis bundle
- Use of early detection sepsis screening tool
- Use of 3-hour sepsis bundle
- Development of standardized order sets for care
- Broad spectrum antibiotics availability in ER

IPRO HQIC: Hospital Baseline Assessment – Education

Does your facility use data or other means to identify gaps in care by REaL or SDoH?



Does your facility regularly establish goals to reduce health disparities in any quality measures?



Over 55% stated would like education and assistance with both

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RACIAL DISPARITY:
Sepsis in Vulnerable Populations

Sandy Cayo, DNP, FNP-BC
Vice President Clinical Performance and Transformation
NJHA's Health Research and Educational Trust of NJ
Lead for IPRO HQIC in NJ

Objectives

- To discuss the disparity in sepsis treatment and management among vulnerable populations
- To understand underlying causes for disparity in racial and ethnic groups related to sepsis
- To identify sustainable and evidence-based approaches to managing disparity in sepsis care

Background

Some of the most vulnerable populations at risk for developing sepsis include:

- Older adults
- Male gender
- Immunocompromised
- History of chronic conditions
- Black/African American race

Background

- Typically older age presents as a risk factor, however, sepsis impacts all ages from newborn to elderly
- Studies show specifically in neonates, insurance payer status, income, race, and gender were strong indications for increased sepsis mortality
- Despite standardization of care through evidence-based practice bundles, wide disparity among races still exist

Facts and Stats!

- One of the main drivers to disproportionate outcomes in sepsis is access to high quality care
- Vulnerable minority patients may only have access to care in more urban, safety net hospitals which have a disproportionate impact on individual outcomes
- Literature suggest indications for approaching care from an organizational and systems-level have better outcomes than an individual focus
- Population focus help mitigate sepsis among vulnerable groups

Supporting Literature

- Significant racial differences have been observed in the emergency department (ED) as well as primary and specialty care settings. A 2018 study by DiMeglio et al., found that black patients presenting to the ED received lower acuity ratings and experienced significantly longer wait times following triage compared to white patients.
- A 2015 meta-analysis found that structural racism was associated with poorer mental health, including depression, anxiety, psychological stress and other outcomes including poorer general health (Paradies et al 2015).
- Perceived discrimination can have an impact in physiological and psychological outcomes (Carlisle 2015; Sims et al 2015).

Facts and Stats: Implicit Bias

- Implicit or unconscious bias - the association of negative attitudes to individuals based on irrelevant characteristics such as race or gender - has been observed among healthcare professionals
- Little to no studies look at the role of implicit bias in the identification and management of sepsis
- Implicit bias among providers has shown to diminish relationships as well as trust among providers

Facts and Stats: *Sepsis Disparity in Post Acute*

- 25% of patients diagnosed with sepsis are transferred to post acute facilities
- Variability in care in post acute skilled nursing homes
- Black patients are more likely to be discharged home compared to White patients discharged to skilled nursing facility
- More research needed on outcomes post-discharge and readmissions among African American patients
- Insurance plays a role in management of sepsis for outcomes

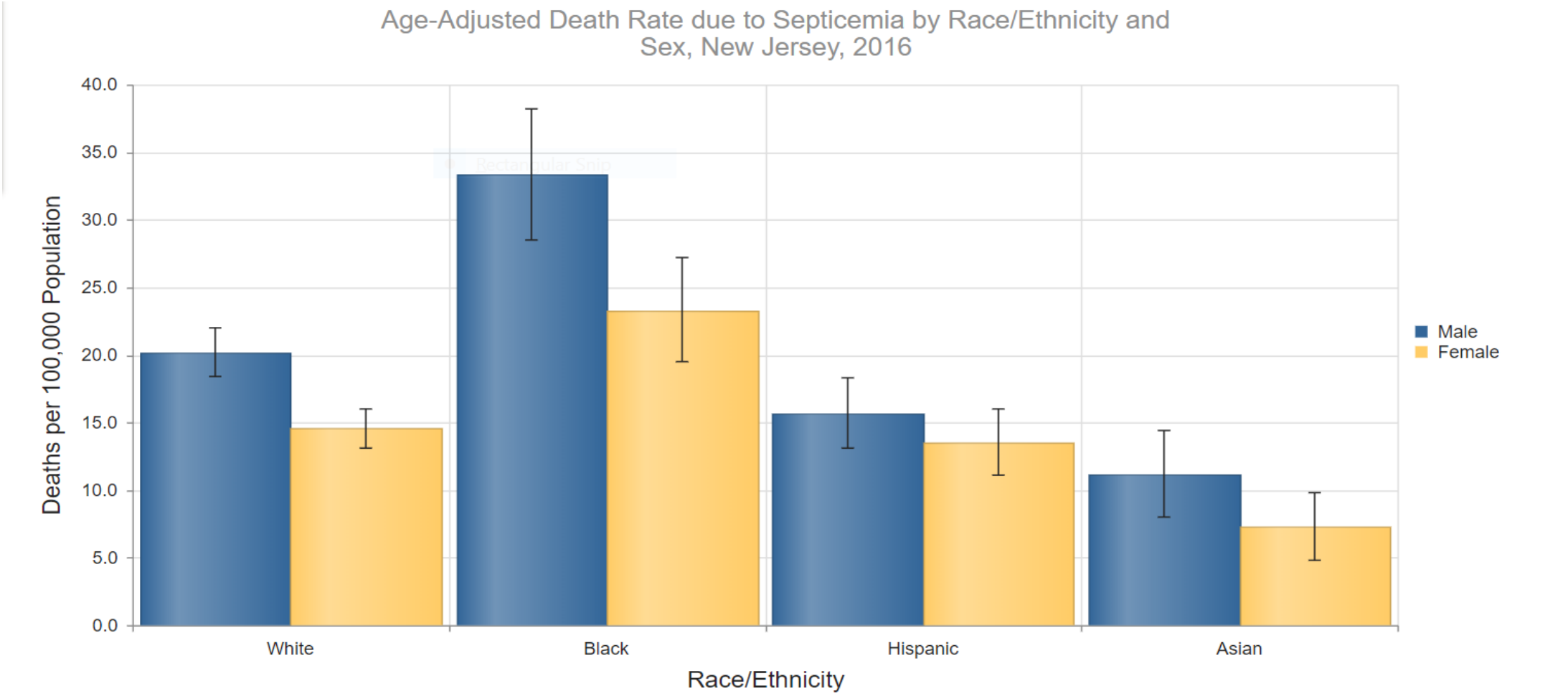
Opportunities and Innovation: *The Role of Quality*

- Quality improvement initiatives focused on underserved hospitals using REaL data
- Improving access to care and insurance enrollment for eligible patients
- Improving primary care service accessibility to patients
- Recognizing the role of EMS in sepsis care
- Home health education and training in sepsis

Social Determinants of Health, Culture & Language & Sepsis

- Social determinants of health include conditions in which people are born, grow, live, work and age
- REaL Data - using standardized categories for the variables of race, ethnicity and language
- Providing linguistically appropriate care including interpreter services

Sepsis Mortality in NJ



Next Steps: *Improving Research*

- Interventions that address the lack of inclusion of minority patients in research studies related to sepsis
- Reduce burden of chronic disease in vulnerable groups
- Minimize bias through adherence to treatment protocols and establishing standardized order sets for admission and discharge

Next Steps: Recommendations for Best Practice on Implicit Bias

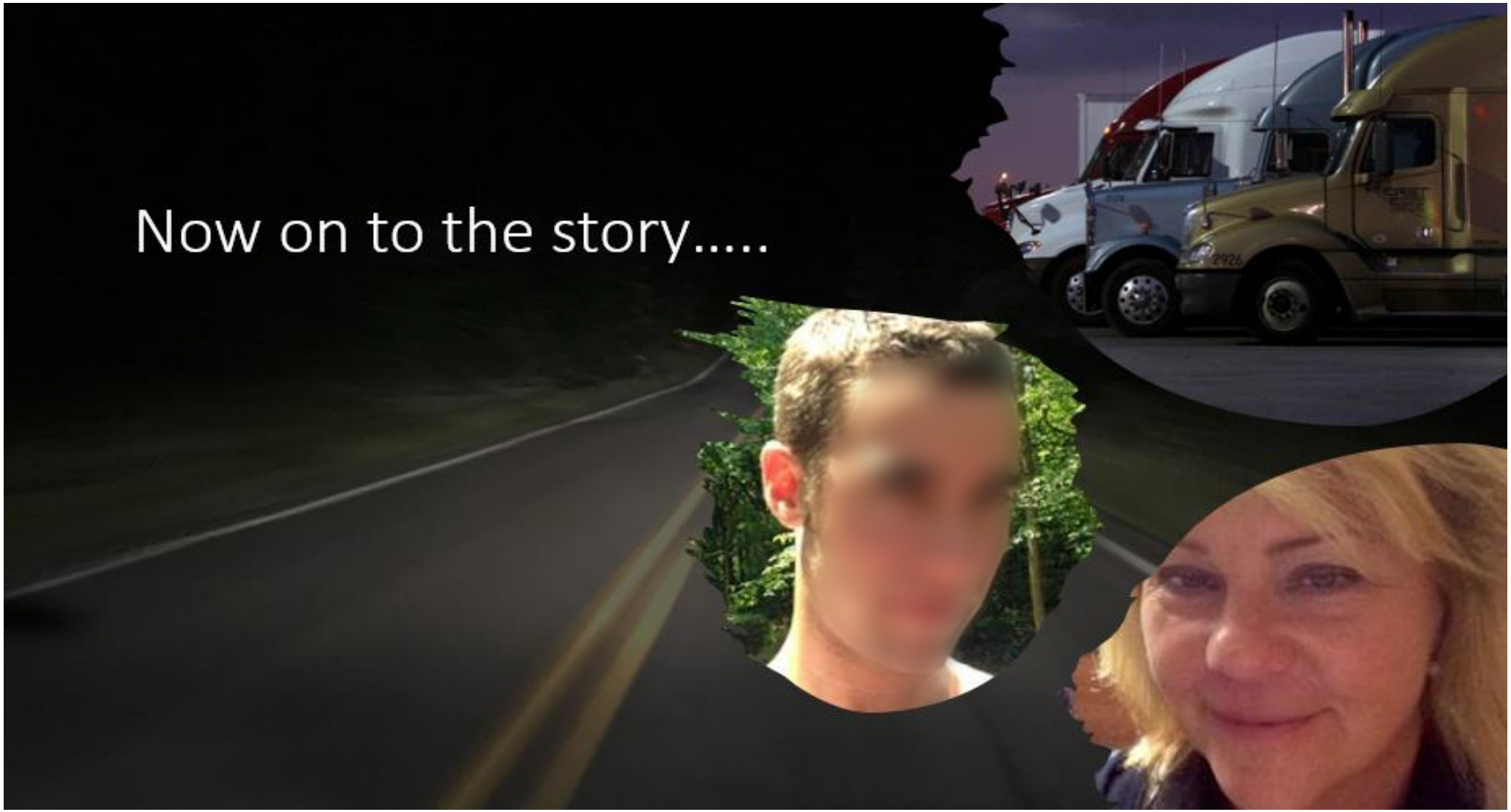
- **Stereotype replacement:** Recognizing that a response is based on stereotype and consciously adjusting the response
- **Counter-stereotypic imaging:** Imagining the individual as the opposite of the stereotype
- **Individuation:** Seeing the person as an individual rather than a stereotype (e.g., learning about their personal history and the context that brought them to the doctor's office or health center)
- **Perspective taking:** "Putting yourself in the other person's shoes"
- **Increasing opportunities for contact with individuals from different groups:** Expanding one's network of friends and colleagues or attending events where people of other racial and ethnic groups, gender identities, sexual orientation and other groups may be present
- **Partnership building:** Reframing the interaction with the patient as one between collaborating equals, rather than between a high-status and a low-status person

When Sepsis Becomes Personal:
The Story of Team Gary

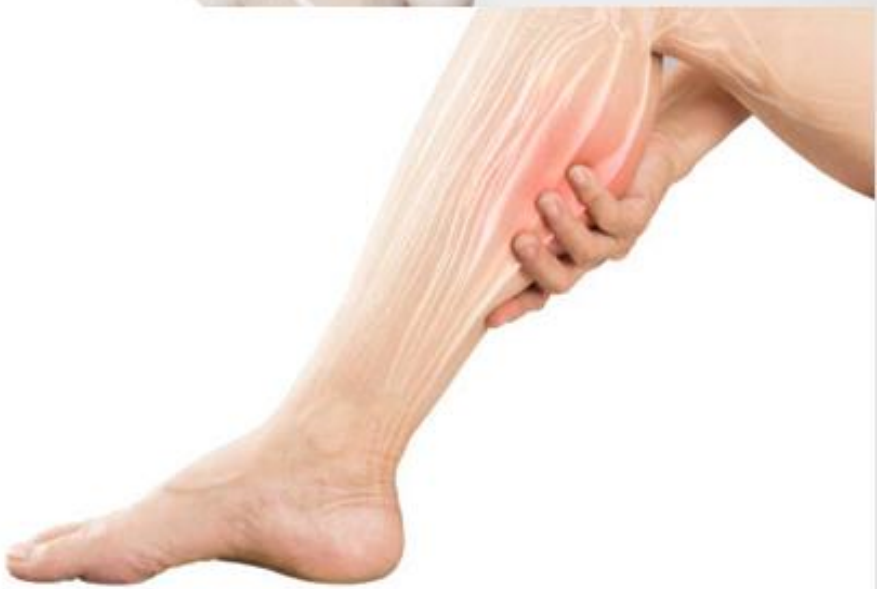
Patrice Greenawalt, RN, MS
Clinical Initiatives Manager
Oklahoma Hospital Association
Telligen HQIC
Patient/Family Voice

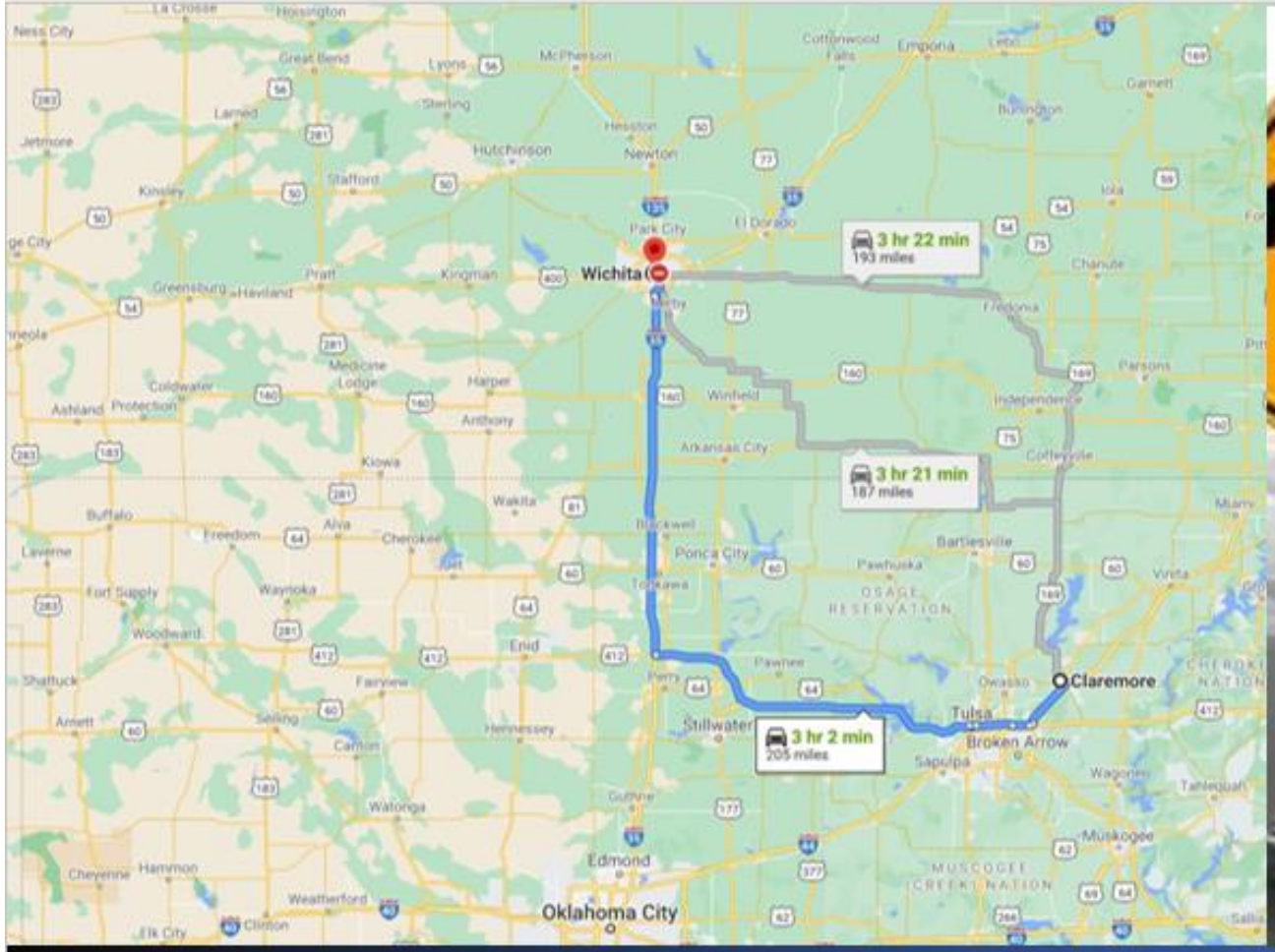
2016: The Oklahoma Sepsis Learning Collaborative

- OHA received a grant from Telligen Community Initiatives for the Collaborative
- Objectives of the Collaborative included utilization of a sepsis screening tool for inpatients age 18 and older, on participating units.
- Outcomes:
  - 228,735 patients screened on 20 participating units (13 ICU, 20 ED, 7 non-ICU, non-ED units: med surg, CCU, hospital-wide)
  - Decrease in the sepsis mortality rate by 15% for participating OK hospitals as compared to OK State Department of Health public discharge data;
  - ***Data analysis interpreted into saving 280 lives!***


Now on to the story.....

The phone call, the problem.....

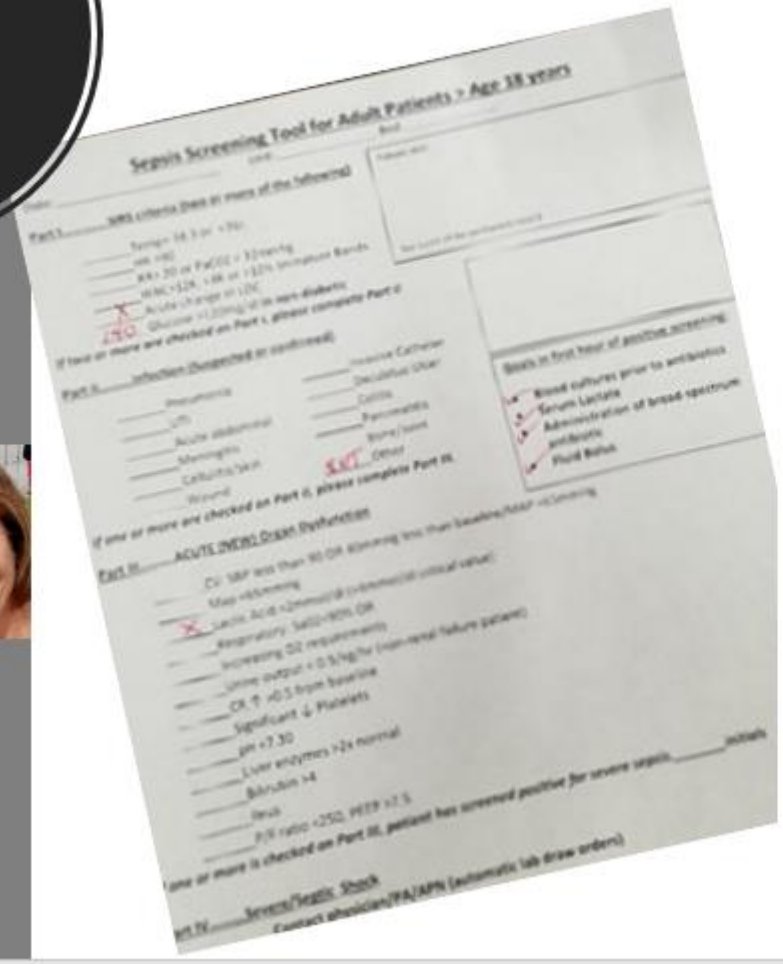




Finding Gary ……

The emergency room….

The next call….



Admit date/time: _____ **Direct Admit / ED Admit** (circle one)

VS: _____ **Chief Complaint:** _____

Part I - SIRS Criteria (two or more of the following): **Ed Findings:** _____

- ● Temp >100.9°F or <96.8°F
- ___ Pulse >90
- ___ RR >20 or PaCO2 <32mmhg
- ___ WBC >12k, <4K or >10% immature bands
- ● Acute change in LOC from baseline
- ● Glucose >120mg/dL in non-diabetic

Patient admitted with Sepsis **Yes / No** (circle one)

If Yes, stop, no need to screen

If two or more are checked in Part I, please complete Part II.

Part II - Infection (suspected or confirmed):

- ___ Pneumonia
- ___ UTI
- ___ Acute abdominal
- ___ Meningitis
- ___ Cellulitis/Skin
- ___ Wound
- ___ Invasive lines
- ___ Decubitus ulcer
- ___ Colitis
- ___ Pancreatitis
- ___ Bone/Joint
- ● Other

Goals in first hour of positive screening:
- Blood cultures prior to antibiotics
- Serum Lactate
- Admin of broad-spectrum antibiotic
- Fluid bolus

If Part I and Part II are positive, order FSBS, CBC and Lactic Acid.

_____ Physician Signature _____ Date/Time

If one or more are checked on Part II, please complete Part III.

Part III - Acute (new) Organ Dysfunction:

- ___ Increasing O_2 requirements to keep SpO_2 >90%
- ___ CR ↑ 0.5 from baseline
- ___ Platelets <100,000/µL
- ___ Bilirubin >4mg/dL
- ___ Urine output <0.5/kg/hr (non-renal failure patient)
- ___ SBP <90 (or 40mmHg less than baseline) or MAP <65mmHg
- ___ pH <7.30
- ___ Liver enzymes >2x normal
- ___ Ileus
- ● Lactic Acid >2mmol/L (>4mmol/L critical value)

If one or more are checked on Part III, patient has screened positive for severe sepsis. _____ *Initials*

Part IV - Severe/Septic Shock:

___ Contact Physician/PA/APRN-CNP (automatic lab draw orders)

Please identify screening conclusion:

___ Sepsis = Infection (or suspected) + two SIRS criteria (watch for organ dysfunction)

___ Severe Sepsis = Sepsis + one or more acute organ dysfunction (Sepsis Protocol)

● Septic Shock = Severe Sepsis + persistent hypotension despite 30mL/kg fluid bolus and/or Lactic acid >4mmol/dL (Sepsis Protocol) _____

The ICU. . . .

- Fluids
- CT Scan
- X-Rays
- EEG
- Spinal Tap
- Antibiotics
- Vancomycin
- Levophed
- Lab tests sent to Mayo Clinic

24 hours later……. Where's Mom?

3 days in ICU

Source of infection not found

Discharged to home on day 4

It's not the end of the story…..

Post discharge day 1: back to the local ED

Transferred to metro hospital and admitted for antibiotics

Discharged the day-after admission with a diagnosis!

PS: what happened BEFORE the 1st hospitalization?

Fast forward, 6 months later (NY's Eve)

An outpatient tonsillectomy.

Septic shock secondary to tonsillitis.

Healthy (and grateful) Gary!

Hospital Story

Brandy Moore, BSN, RN
Director of Quality/Infection Control
Wagoner Community Hospital
Wagoner OK
Telligen HQIC

Wagoner Community Hospital

Wagoner Community Hospital is a 100-bed hospital located in rural Wagoner County, Oklahoma. Wagoner County has a population of 81, 289 and an area of 591 square miles.

Our Sepsis Story

Multidisciplinary Sepsis Screening Action

- Rapid implementation of new screening tool
- Bedside education to physician using tools from the Surviving Sepsis Campaign website
- “Just in time” pharmacist engagement to determine IVF bolus
- Lifesaving results!

Initiating a New Sepsis Protocol

- Debrief of collaborative ED intervention experience to gain leadership buy-in for a new sepsis screening process
  - Pharmacy
  - Chief of Staff
  - Emergency Department Director
- C-suite and board leadership presentation for approval
- Staff buy-in for screening ALL patients
  - Understanding the “why”
  - Sepsis Alliance video
  - Brief education for all ED staff

Sepsis Screening Tool

Page 1 of 2 Patient Label Here:

WCH Evaluation for Sepsis Screening Tool

Instructions:

Use this tool to screen every patient for sepsis in the emergency department, on the medical surgical floors, or in the ICU (one time per shift)

1. **Is the patient's history suggestive of a new infection?** (***may check box if infection is suspected***)
   - ☐Pneumonia, empyema ☐Bone/joint infection ☐Implantable device infection
   - ☐Urinary tract infection ☐Wound infection ☐Other_____
   - ☐Acute abdominal inf. ☐Blood stream catheter infection
   - ☐Meningitis ☐Endocarditis
   - ☐Skin/soft tissue infection ___Yes ___No

2. **Are any two of the following signs and symptoms of infection both present and new to the patient?**
   - ☐Hyperthermia (>101.0°) ☐Tachypnea > 20 bpm
   - ☐Hypothermia (<96.8°) ☐Leukocytosis (WBC > 12)
   - ☐Altered Mental Status ☐Leukopenia (WBC < 4)
   - ☐Tachycardia > 90 bpm
   - ☐Hyperglycemia (plasma glucose > 140mg/dl) or 7.7 mmol/L in the absence of Diabetes ___Yes ___No

IF ANSWER IS NO TO ANY QUESTION ABOVE THEN ASSESSMENT MAY BE STOPPED; IF ANSWERS ARE YES TO BOTH QUESTIONS SUSPICION OF SEPSIS IS PRESENT, PLEASE PERFORM DUTIES BELOW AND MOVE TO QUESTION 3

- ✓ Obtain: Lactic Acid, Blood Cultures **(PRIOR to antibiotic administration),** CBC w/ Diff, Basic Chemistry labs, Bilirubin
- ✓ Start: Broad Spectrum IV Antibiotics (as ordered by physician)
- ✓ At the physician's discretion obtain: UA, chest X-Ray, amylase, lipase, ABG, CRP, CT Scan

3. **Are any of the following organ dysfunction criteria present at a site remote from the site of the infection that is NOT considered to be chronic conditions?** ***Note: in the case of bilateral pulmonary infiltrates the remote site stipulation is waived***
   - ☐SBP <90 mmHg or Map <65 mmHg or a decrease of 40 below normal for that patient
   - ☐Acute Respiratory Failure (new need for invasive or non-invasive mechanical ventilation VENT or BIPAP)
   - ☐Creatinine > 2.0 mg/dl or urine output <0.5ml/kg/hour for 2 hours
   - ☐Bilirubin > 2 mg/dl
   - ☐Platelet count < 100,000
   - ☐Lactate >2 mmol/L
   - ☐Coagulopathy (INR>1.5 or PTT > 60 secs)
   - ☐Acute lung injury with PaO2/Fio2 <250 in the absence of pneumonia as infection source ___Yes ___No

***IF SUSPICION OF SEPSIS IS PRESENT AND ORGAN DYSFUNCTION (NOT CONSIDERED TO BE DUE TO A CHRONIC CONDITION OR MEDICATION) IS PRESENT, THE PATIENT MEETS CRITERIA FOR SUSPECTED SEVERE SEPSIS AND SHOULD BE ENTERED INTO THE SEVERE SEPSIS PROTOCOL. IF DOCUMENTATION OR CONCERN OF SEPTIC SHOCK IS PRESENT PLEASE USE THE SEPTIC SHOCK PROTOCOL**

Signature:_____ Time:_____

Date:_____/_____/_____

Page 2 of 2 Patient Label Here:

WCH SEPSIS PROTOCOL

SEPSIS

At least 2 SIRS

- ☐ Temp >100.4 or < 96.8 ☐ HR > 90
- ☐ WBC > 12 or < 4 or > 10% bands ☐ RR > 20

- AND –

Confirmed or Suspected Infection

- ☐ Chest ☐ Urinary ☐ CNS (Meningitis)
- ☐ Skin ☐ Abdomen ☐ Joint
- ☐ Unknown

TIME CRITERIA MET: ☐

YES

WITHIN 1ST HOUR OF DIAGNOSIS

- ☐ Lactate Redraw at: _____
- ☐ Blood Cultures (prior to Antibiotics)
  - ☐ **Stat Broad Spectrum IV Antibiotics**
  - ☐ **Name of Antibiotic**_____

SEVERE SEPSIS

Any Features of Severe Sepsis? (i.e. End Organ Dysfunction)

- ☐ SBP < 90 or MAP < 65 or a decrease Of 40 below normal for that patient
- ☐ Acute Resp Failure – new need for Invasive or non-invasive mechanical Ventilation - VENT or BiPAP
- ☐ Creatinine > 2 or urine output < 5m./kg/hr x 2 hours
- ☐ Platelet count < 100,000
- ☐ INR > 1.5 or a PTT > 60 sec
- ☐ Lactate > 2 mmol/L
- ☐ Bilirubin > 2 mg/dl

(Do not include evidence of organ dysfunction that is considered to be due to a chronic condition or medication)

YES

WITHIN 3 HRS OF DIAGNOSIS

- ☐ Ensure that all above steps have been completed
- ☐ Fluid resuscitation with a bolus of Crystalloid Solution at: **30 ml/kg/hr.**

Name of Solution: _____

Time of infusion: _____

Amount infused: _____

(Administer even if other co-morbidities present)

- ☐ REPEAT LACTATE

** The fluid order must contain **TYPE, VOLUME & DURATION** or **ADMINISTRATION RATE.**

SHOCK

SEPTIC SHOCK

- ☐ There must be documentation of Septic Shock present
- **- PLUS -**
- ☐ Tissue hypo perfusion persisting in the hour after crystalloid fluid administration **- OR -**
- ☐ Lactate > 4 **- OR –**
- ☐ Physician/PA documentation of "Septic Shock" or suspected S.S.

YES

WITHIN 6 HOURS OF DIAGNOSIS

- ☐ Ensure that all the above steps have been completed
- ☐ Vasopressors for persistent hypotension after infusion of Crystalloid fluids
- ☐ Reassessment of volume status and tissue perfusion

Signature:_____ Time:_____

Date:_____/_____/_____

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Implementation Process

PLAN

- Team leader: Emergency Department Manager
- Subject Matter Experts: ED Manager and ED Physician Director reviewed the tool

DO

- Intervention: Implement sepsis screening tool for all patients in the ED
- Implementation: Infection control and ED Manager took 24 hr. call for questions and assistance for physicians and staff

STUDY

- Tracked implementation progress
- Identified barriers and successes via the Clinical Safety Team
- Data collection: outcomes performance on departmental scorecards

ACT

- Share the data with leadership
- Regularly evaluate effectiveness of the process

Interactive Discussion/Facilitated Q&A – Use Chat

Chat Feature Highly Encouraged

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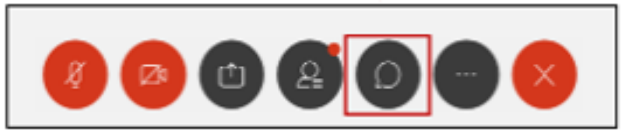

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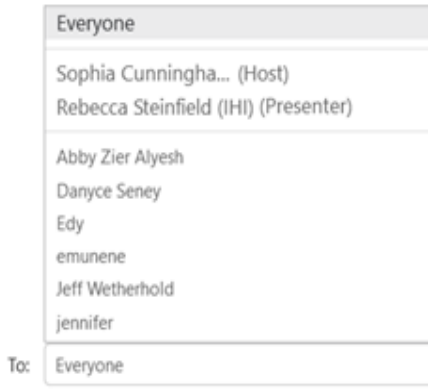

- **Enter** your **message** in the Chat Text Box, then **press Enter** on your keyboard

Enter in Chat:

- Your Thoughts
- Your Questions
- Your Concerns

Interactive Discussion: Speakers, Panelists & Attendees

- What are some **challenges, barriers** and **best practice strategies** with sepsis prevention, recognition and management **in general** and with COVID-19?
- How can HQICs **best support hospitals** going forward?
- How can hospitals **partner with patient and families** to support sepsis recognition/management?
- How do we best **identify** and **close any disparity/gaps in care** related to sepsis?
- Do you think you can **implement** any of the **strategies** you heard today by next Tuesday?

Enter in Chat:

- Your Thoughts
- Your Questions

Tools & Resources

Tools, Resources, and Links will be provided after today's event.

Suggested tools you can quickly use and adapt to drive improvement based on your identified needs:

- CDC Patient & Provider Education tools
- IPRO HQIC Circle of Safety: All-Cause Harm Prevention Resource Tool
- Wagoner Community Hospital Sepsis Screening Tool
- HQIC Change Path - Sepsis
- Sepsis Alliance Tools & Resources
  - Nursing Resources
  - Patient & Family Resources

Summation & Key Takeaways

- Sepsis is a life-threatening medical emergency: everyone has a role to play
- Treating sepsis is costly: major human & economic impact, especially with COVID-19
- Keep sepsis top of mind: stay vigilant to early warning signs & symptoms
- Anyone can get sepsis: even from simplest of infections (i.e. tonsils)
- Start sepsis screening now: early detection can save lives
- Implement key strategies & drivers to reduce sepsis-related harm & readmissions
  - Infection/sepsis prevention
  - Early, equitable detection & treatment
  - Patient & family engagement

Wrap-up & Highlights of Upcoming Events

Save the Date for Exploring Sepsis Strategies - Part 2

- **September 30, 2021 11 PT/12 MT/1 CT/2 ET**
- Registration link and flyer will be forthcoming
- Focus is on preventing harm and avoidable readmissions using effective care coordination and hand-off strategies to the next level of care provider
- Prepare for meaningful participation:
  - Implement strategies learned today and consider sharing at Part 2 event
  - Review your hospital readmission and sepsis-related data in advance

Decreasing Sepsis Mortality through Bundle Compliance

- September 14, 2021 9 PT/11 CT/12 ET
- Register Today

Sepsis Alliance Summit September 14 – 16, 2021

Thank You for Attending Today's Event

We value your input!

Please complete the brief survey after exiting event.

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HQIC & Speaker Contact Information

IPRO HQIC Team

Lynda Martin, MPA, BSN, RN, CPHQ
martinl@qlarant.com

Rebecca Van Vorst, MSPH, CPHQ
HQIC Project Manager
RVanVorst@ipro.org

View our Website

Alliant HQIC Team

Karen Holtz,
MT (ASCP), MS, CPHQ
Alliant Quality
Karen.holtz@allianthealth.org

View our Website

Telligen HQIC Team

Meg Nugent,
MHA, RN
HQIC Program Manager
mnugent@telligen.com

View our Website

Compass HQIC Team

Charisse Coulombe
Compass
Coulombec@ihconline.org

View our Website

Speakers

Brandy Moore, BSN, RN
Director of Quality/Infection Control
Wagoner Community Hospital
Wagoner OK
Telligen HQIC
bmoore@wagonerhospital.com

Sandy Cayo DNP FNP-BC
Vice President of Clinical Performance & Transformation
New Jersey Hospital Association
IPRO HQIC
scayo@njha.com

Patrice Greenawalt, RN, MS
Clinical Initiatives Manager
Oklahoma Hospital Association
Telligen HQIC
pgreenawalt@okoha.com

Christine LaRocca, MD
Medical Director
Telligen HQIC
clarocca@telligen.com