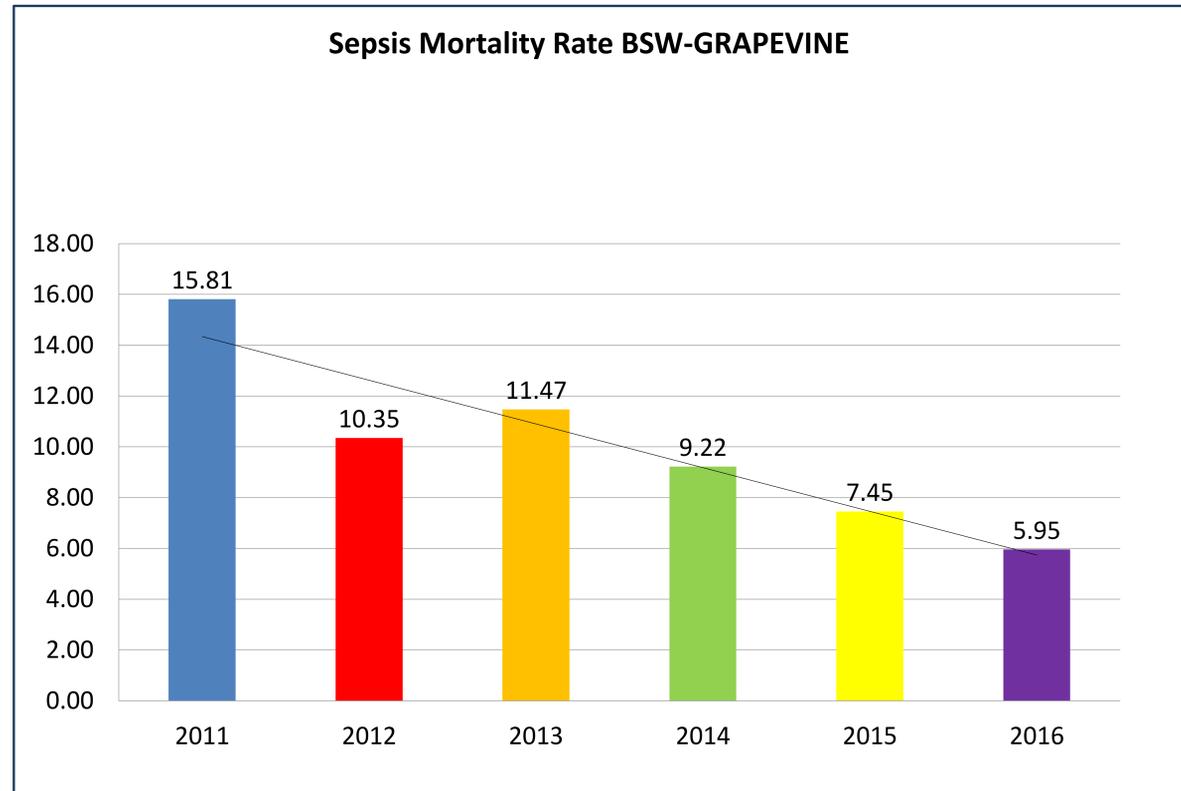


Introduction

- There are 1.6 million sepsis cases per year in the United States resulting in 700 deaths per day.
- The incidence is increasing out of proportion to growth and aging of the population.
- The estimated cost of this disease per year is over 20.3 billion dollars.
- Historically, our facility and system had a higher than average sepsis mortality rate. In 2007 the Baylor system developed initiatives which began to decrease our overall mortality.
- By 2011 the BHCS system and hospital sepsis mortality rates were equivalent. Site specific campus improvements were implemented in addition to prior system initiatives

Results



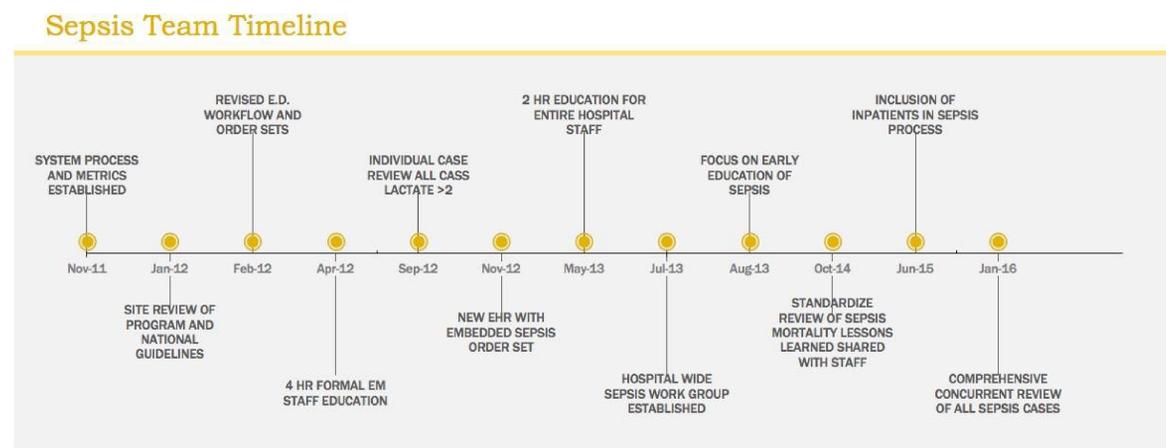
Lessons Learned

- Goal setting is a necessary first step.
- Education of staff on the importance of the project and tools for success resulted in large gains.
- Evaluation of current state was valuable to demonstrate the many opportunities for improvement
- Prior studies in our population demonstrated the average operating cost of all severe sepsis and septic shock DRGs was reduced by \$1064 from FY14 to FY15
- This result requires daily attention to the specifics of each case to ensure continued improvement

Process Improvement

- We used a standard PDCA process with completion of multiple cycles of process improvement to reach this end goal.
- The most important aspect of this process improvement is support for local data aggregation by our Healthcare Improvement department.
- Team engagement and leadership from hospital management is crucial to obtain these results.

Timeline



Conclusion

- Our 5 year mortality from Sepsis was reduced by 300%.
- This equates to approximately 100 lives saved per year.
- Sepsis process improvement is also cost effective.
- Multiple PDCA cycles, hospital wide involvement, and significant administrative support were instrumental in obtaining these results.