785. Identifying Opportunities to Improve Adherence to Sepsis Care Guidelines Compliance

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Session: 69. What's New in Clinical Practice?
Thursday, October 3, 2019: 12:15 PM

Background. Sepsis—a life-threatening organ dysfunction caused by a dysregulated host response to infection—is a major public health burden and is considered a leading cause of preventable death. Although sepsis care guidelines have been established by the Surviving Sepsis Campaign, improved compliance monitoring and analytics are required for sustainable improvement in clinical processes and patient outcomes. Using the Optum Pan-Therapeutic (PanTher) electronic medical record database, we developed granular process measures and a data analytics toolkit to measure compliance with sepsis care guidelines and provide insight into areas for improvement.

Methods. We identified 15,421 episodes of adult patients in January-June, 2017 with sufficient evidence of suspected sepsis. Episodes qualified if they: (1) met at least two of the quick Sequential Organ Failure Assessment (qSOFA) clinical criteria, (2) had a blood culture order initiated, and (3) had a serum lactate order. For these 15,421 episodes, we obtained the timestamps of antibiotics order and administration, blood culture order and collection, and when at least two of the qSOFA criteria were first met. Based on Surviving Sepsis Campaign care protocols for suspected Sepsis, we measured compliance for the timeliness of antibiotics administration and blood culture collection using a threshold of 3 hours after when the qSOFA criteria were first met.

Results. Compliance of the antibiotics administration and blood culture collection measures were found in 7,647/10,343 (74%) episodes and 1,219/1,530 (80%) episodes, respectively. The median times from when the qSOFA criteria were first met to antibiotics administration and blood culture collection were 77 minutes and 5 minutes, respectively.

Conclusion. We have developed new process measures and a data analytics toolkit to monitor compliance rates and identify episodes where sepsis protocols are not followed according to sepsis care guidelines. These noncompliant episodes are opportunities for care providers to identify root causes of noncompliance and proactively work toward improved adherence to sepsis care guidelines.

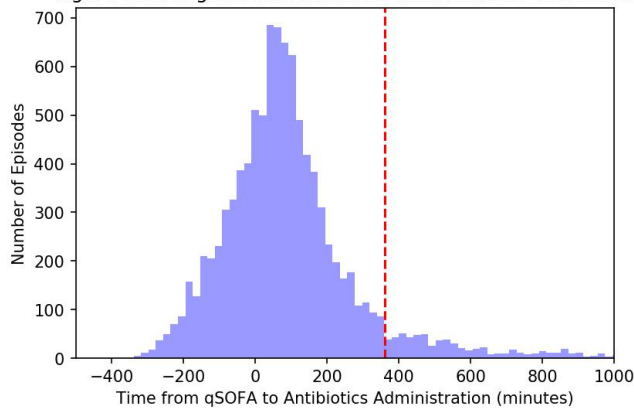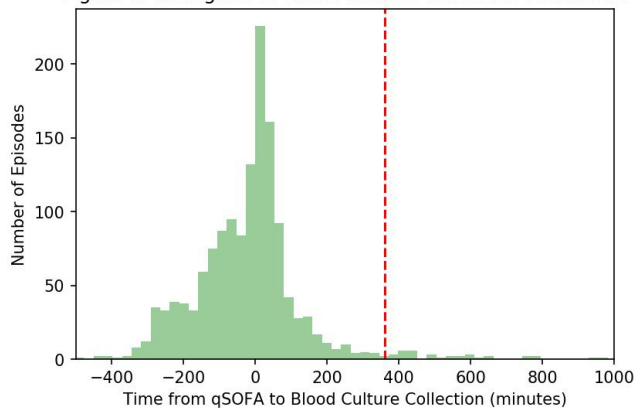Figure 1. Histogram of Antibiotics Administration Timeliness

Figure 2. Histogram of Blood Culture Collection Timeliness

Disclosures. All authors: No reported disclosures.

786. Improving Access by Prescreening Self-Referred Patients to an Infectious Disease Clinic

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Session: 69. What's New in Clinical Practice?
*Thursday, October 3, 2019: 12:15 PM*

Background. Studies show that 35% of patients obtaining care in a specialty clinic are self-referred, of these, 60% do not have a PCP. Frequent changing of physicians without provider referral contributes to high costs and healthcare inefficiencies. Many subspecialty clinics do not require provider referral for access, so-called: 'self-referral'; becoming an issue when patients discern a need for a subspecialty that does not align with their disease process. The Infectious Disease (ID) Department of the Cleveland Clinic Main Campus began prescreening all self-referred patients in July 2016. (Figure 1) We reviewed this process after sustained implementation.

Methods. Retrospective cohort study examining "self-referred" patients (lacking an internal referral order) to the ID Clinic from December 2016–October 2018. Grouped patients by chief complaint using system-based categories, subsequently reviewed records received for prior workup and identified if they had been seen by a specialist or received antibiotics in the past 6 months prior to visit. Those seen in our department were evaluated for: (1) additional workup ordered (2) if antibiotics were prescribed, and (3) referral to another specialty.

Results. 1449 patients self-referred. By prescreening them, waiting time for appointment fell from >40 to 13 days, no-shows steadily drop from 11% to 8%. We audit 105 (40%) of patients seen, most common reasons for referral: Skin 19 (18%), Bone/Joint 18 (17%), Concern for Lyme Disease 16 (15%). 73% had been previously seen by a subspecialty; majority by ID. 75% received antibiotics in the past 6 months. After the visit, 53% had new work up ordered, 21% were prescribed antibiotics and 26% patients were referred to another specialty.

Conclusion. Prescreening self-referred patients contributed to improved access to subspecialty care and decreased"no-show' appointments. The majority of self-referred patients had previous evaluation, frequently by the specialty being requested.

Figure 1: Patient self-referral scheduling process.
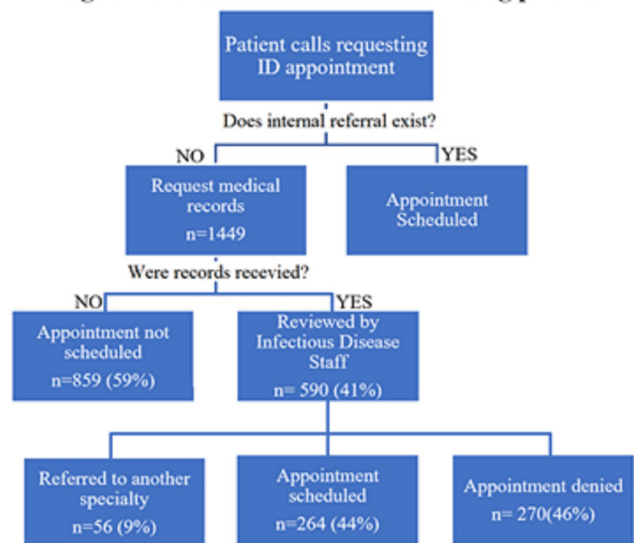
Disclosures. All authors: No reported disclosures.

787. Improving ED Sepsis Care

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Session: 69. What's New in Clinical Practice?
Thursday, October 3, 2019: 12:15 PM

Background. Sepsis is a severe, life-threatening illness in response to an infection from the body's immune system. Sepsis can progress rapidly, causing hypotension, organ failure, and death. Mortality from severe forms of sepsis and septic shock range between 20% to 50%, but with appropriate and timely treatment, mortality decreases to 5%-10%. Before completing the Improving ED Sepsis Care project, there was only 18% and 12% compliance with the CMS 3 and 6-hour core measure bundles, respectively, within the Ochsner Main Campus Emergency Department.

Methods. A multi-disciplinary team followed Lean methodology for process improvement. The failure to identify sepsis patients as high acuity in triage was a key root causes identified. There was also a need to simplify the process and workflow to facilitate antibiotic administration and resuscitation. A triage tool called "Code Sepsis" was created to allow for early identification of severe forms of sepsis, to ensure an appropriate ESI score, and to dedicate immediate attention from staff. A provider order set was created that included the necessary lab work standardized antibiotics.

Results. 3-hour bundle compliance increased from 18% to 90% following the intervention. Improvements were noted in time to antibiotic administration, volume