

SEPSIS: EARLY RECOGNITION AND INTERVENTION

Immersion Project – Cohort 2

The Missouri Hospital Association is pleased to announce the opportunity for Missouri hospitals to join the **Sepsis: Early Recognition and Intervention Immersion Project – Cohort 2** through QUALITY WORKS®. Immersion projects are topic-focused, time-limited, and provide structure to implement evidence-based practices and achieve improved outcomes. Each project engages the Triple Aim framework of better health, better care and lower costs, to improve population health.

This project focuses on reducing time lapse of sepsis diagnosis through early assessment, recognition, intervention and adherence to three- and six-hour bundles, resulting in overall reduction of patient morbidity and mortality.

Addressing patient, provider and system reliability factors as they relate to each of the three-pronged strategy components is recommended.

IMPORTANT PROJECT INFORMATION

- **Project timeline: Nov. 29, 2017 – Sept. 18, 2018 (10 months)**
- **Registration: Oct. 2 – Nov. 3. Cohort 2 registration is limited to 20 Missouri hospital participants.** Complimentary registration is available for HIIN-participating hospitals through contract funds. Non-HIIN-participating hospitals can contract through QUALITY WORKS® to participate according to the fee schedule. For more information on the fee schedule, email Sherry Buschjost at sbuschjost@mhanet.com.
- Immersion projects are virtually based with monthly and as-needed support provided by an MHA project mentor. Virtual huddle webinars with input from subject matter experts and additional resources are given throughout the project, focusing efforts on implementing specific tasks necessary for successful and sustainable best practices. Participants also will receive monthly coaching calls to address hospital-specific questions, barriers and needs.
- Data relevant to the project will be collected and analyzed. Data collected through Qualaris audit tools will be used to review process measures compliance.
- Assessment, identification and diagnosis of the patient will assist in beginning early interventions to treat sepsis. These concepts and adherence to the three- and six-hour bundles are all major components of this immersion project.

“THE IMMERSION PROJECTS HAVE PROVIDED THE STRUCTURE WE NEEDED AND MANY RESOURCES TO HELP US IMPLEMENT EVIDENCE-BASED CARE PRACTICES.”

— *project participant*

PROJECT PARTICIPATION IS LIMITED. CONTACT US TODAY!

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REGISTER AT MHANET.COM AFTER OCT. 2