

A New Perspective on Sepsis

Provider Turned Patient Shares Insights Gained from Experience

When Henry County Medical Center Compliance Officer and Director of Quality Judy Farris, RN, presented in her hospital's Emergency Department in May 2013, she felt awful ... and annoyed. With her daughter's wedding just a month away, getting sick certainly wasn't on the schedule. As it turned out, Farris arrived at the hospital just in the nick of time.

"I was always really good about getting my husband or kids to the doctor ... but as a nurse, I tended to try to wait it out," she said with a rueful smile. After several days of dizziness and achiness, Farris finally went to a clinic over the weekend and was diagnosed with a severe urinary tract infection. Given antibiotics and told to go to the ER if she didn't begin feeling better, Farris headed home.

Things were no better the next morning. In fact, they were worse. She had been checking her blood pressure for several days because of the dizziness and knew it was low. Now, she had a high fever, as well. "Still, I didn't go to the ER. I called my primary care physician to see if I could come by the clinic, but he said go directly to the ER."

By the time Farris arrived at the hospital, her temperature had risen to 104 degrees, and she was experiencing severe nausea and dizziness, had hypersensitivity to smell, and a blood pressure reading with a systolic figure in the 90s. Luckily, the Henry County Medical Center (HCMC) team immediately inserted IV lines, got Farris on a blood pressure machine, drew blood for testing and ordered a CT of her abdomen. "Every time the blood pressure machine cycled, I'd look to see. Probably I'd been in the ER about 30 minutes when a pressure of 75/50 came up. It scared me to death," she recollected.

Farris continued, "They got the CT results back, which showed pyelonephritis – an infection in the kidney itself, not the urinary tract. That's when they determined I had severe sepsis."

With her clinical background, Farris was very aware of the high mortality rate nationally for patients with severe sepsis/septic shock. "For the first three days, I prayed incessantly – 'Please don't let me die before my daughter's wedding,'" she recalled. "About day three, I started making a turn toward improvement."

In addition to the power of prayer, Farris credits her survival to the quick action of her colleagues. "I was already getting high volume fluids. They got broad spectrum antibiotics going, which is the right thing to do," she noted. Farris added the ER team followed best practices more than two years before the Centers for Medicare and Medicaid released a sepsis management bundle aligned with the national Surviving Sepsis campaign.

After seven days in the hospital, Farris was allowed to go home only after promising to see her primary care physician weekly to monitor her recovery. Although still very weak, she walked down the aisle at her daughter's wedding. As her strength continued to grow, so did her determination to ensure each critical step of severe sepsis/septic shock diagnosis and treatment was followed for every patient, every time.

In the fall of 2014, HCMC created a multidisciplinary sepsis team co-led by Farris in the Quality Department, along with the medical directors of the

Emergency Department and Hospitalist Program. "We began working on the development of a severe sepsis/septic shock order set," she explained. In addition, an education program was launched for clinical staff, and later a scorecard was implemented to make sure staff was routinely following best practice guidelines after CMS released the sepsis bundle a year later.

The CMS management guidelines stressed the critical link between timing and survival rates in patients with severe sepsis. Within three hours of presentation, clinicians are required to measure a patient's lactate level, obtain

blood cultures prior to administering antibiotics, and administer broad spectrum antibiotics. If septic shock is present, then crystalloid should also be administered to patients with hypotension or elevated lactate levels within that three-hour timeframe. "They got it right," Farris said of her experience. "The one thing they didn't do in hindsight was get a lactic acid level." However, that step was included as part of the HCMC order set.

Having gone through the experience as a patient, Farris noted, "It does totally change your perspective as a caregiver when you realize not only how important it is to give the right care but to give it in a timely manner. You realize how all the elements of the bundle roll in together to improve a patient's chance of survival."

When the hospital's initiative launched, HCMC had a baseline severe sepsis/septic shock

mortality rate that hovered near 40 percent – high, but still significantly lower than the national mortality rate in excess of 50 percent. "Within one year, we were down to 11 percent," said Farris. "Now, we're down to 3 percent running through this year."

In addition to the hard work of staff to dramatically improve outcomes, Farris also credited the Tennessee Hospital Association for aiding in HCMC's success. "As a rural hospital, we try to implement evidence-based initiatives, but we don't always have the resources," she explained. THA provided funding assistance that allowed HCMC to participate in sepsis training from the Institute for Healthcare Improvement (IHI), which gave the Henry County clinicians access to subject matter experts across the country.

Although she has some residual effects from her near-death experience, Farris knows how lucky she was to be in the hands of a capable care team. "It was a humbling and scary experience, but it was also an eye-opening experience," she said. A passionate advocate of consistently implementing evidence-based guidelines, she concluded, "We have an opportunity in the healthcare system to improve the delivery of care to our patients. It was personal for me ... and it's personal for them."

The Tennessee Center for Patient Safety, a department of the Tennessee Hospital Association, develops and shares hospital and health system success stories and promotes best practices.



Thanks to outstanding care, Judy Farris was able to celebrate her daughter's wedding almost one month to the day of being diagnosed with severe sepsis.

