

Adoption Pathways: Ochsner Health

Advancing Sepsis Care Through AI-Driven Detection and Workflow Integration

Ochsner Health, a leading health system serving Louisiana and the Gulf South, implemented an Epic-embedded, AI-driven approach to sepsis detection and management across its hospitals. By combining predictive analytics with workflow integration and strong clinical collaboration, the system achieved a 20% reduction in risk-adjusted sepsis mortality while improving consistency of care across sites.

The Opportunity

Sepsis has long been a clinical priority at Ochsner Health, given its impact on patient outcomes and the need for rapid, coordinated intervention. As with many health systems, the challenge was not awareness but ensuring that early recognition and evidence-based treatment occurred consistently across settings.

Ochsner identified an opportunity to further strengthen performance by improving early detection, reducing variation in care and supporting clinicians with more timely and actionable insights.

Although existing protocols and initiatives were in place, opportunities remained to enhance reliability, particularly in recognizing sepsis earlier in the patient journey and ensuring consistent execution of care pathways.

With an increased focus on quality outcomes and systemwide performance, Ochsner set out to build a more integrated, scalable approach that could support clinicians and improve outcomes across its diverse network of hospitals.



The Approach

Ochsner developed a systemwide sepsis program that integrates predictive analytics directly into clinical workflows, allowing for earlier detection and prevention. This program is supported through multidisciplinary collaboration and enables continuous improvement in sepsis mitigation and management.

The approach included four key elements:

01 Predictive model embedded in the EHR
An AI-driven model analyzes real-time patient data within Epic to identify patients at risk for sepsis earlier in their clinical course.

03 Coordinated care model
Standardized protocols and additional monitoring resources support front-line teams by helping them identify and escalate high-risk patients across care settings.

02 Workflow-integrated tools
Sepsis screenings, alerts, timers and standardized order sets are embedded into emergency and inpatient workflows to enable timely, consistent action.

04 Systemwide collaboration and feedback
Clinical, quality and operational teams collaborate to review performances, share learnings and refine workflows based on front-line experiences.

This combination of workflow design and predictive insight helped translate early detection into reliable clinical action across the system.

Outcomes & Impact

Ochsner's approach resulted in meaningful improvements in both outcomes and care delivery.

The health system achieved a 20% reduction in risk-adjusted sepsis mortality, reflecting earlier recognition and more consistent intervention. The following improvements were observed across multiple sites, demonstrating the ability to scale the approach effectively:

More consistent, reliable care delivery

Stronger alignment to evidence-based protocols improved execution of key interventions, with earlier identification enabling more timely treatment and fewer escalation events.

Increased clinician engagement and adoption

Embedding tools into workflows made it easier for care teams to act, driving strong adoption and consistent use across settings.

These results highlight how aligning predictive analytics with clinical workflows can strengthen performance while supporting clinicians in delivering high-quality care.

Implementation

Ochsner implemented this approach through a phased rollout designed to support adoption and scalability across a diverse health system.

01

Pilot, refine, then scale

Initial deployment in select sites enabled workflow refinement and front-line feedback before broader expansion.

02

Staged across care settings

Emergency departments focused on early identification and rapid action, while inpatient settings emphasized ongoing monitoring and timely escalation.

03

Multidisciplinary execution

Clinical, quality and technical teams worked in close coordination to align tools with real-world workflows and clinician needs.

04

Continuous performance-driven improvement

Regular data reviews enabled teams to identify opportunities and iteratively refine workflows.

05

Sustained clinician engagement

Ongoing involvement of care teams ensured the solution remained practical and consistently adopted.

Why It Scales

Ochsner's model is designed for scalability across a range of care settings.

By leveraging capabilities already available within the EHR, the approach can be implemented without introducing new stand-alone systems. Standardized tools such as alerts, order sets, and workflow prompts provide a consistent foundation for adoption.

At the same time, the model allows for flexibility at the local level, enabling teams to adapt workflows to their specific environment while maintaining overall alignment.

Embedding support directly into clinical workflows reduces reliance on manual processes and increases the likelihood of sustained use.

The approach is applicable across both large hospitals and community settings, making it relevant for health systems with diverse footprints and resources.



How to Start Tomorrow

Hospitals and health systems looking to strengthen sepsis performance can take practical, proven steps drawn from Ochsner's experience:

- **Start with one high-impact workflow and make risk visible**
First, focus on a priority area, such as ED sepsis identification. Then, identify key delays and surface both risk and required actions in clinician-facing views, such as patient lists or dashboards.
- **Activate and embed EHR tools into that workflow**
Turn on available risk indicators, alerts, and order sets, and integrate them directly into existing workflows to minimize extra steps and reduce resistance.
- **Engage front-line clinicians and build peer champions**
Involve physicians and nurses early in reviewing workflows, and use respected peers to reinforce adoption and credibility across teams.
- **Track a small set of process measures and review regularly**
Focus on two or three time-based metrics, such as time to antibiotics or order set use, and use them to identify gaps and drive early improvement.
- **Establish a multidisciplinary team and iterate quickly**
Bring together clinical, quality and IT leads to review data weekly, identify barriers and make targeted workflow adjustments based on real-world use.

“We started to focus on process measures because the outcomes will follow. You can't argue with what you're seeing in terms of results.”

– Teresa Arrington, director of system quality & performance improvement

Want Help Bringing This Solution to Your Organization?

This solution is part of the West Health Accelerator at AHA's Health Research & Educational Trust, a national initiative helping hospitals adopt and scale proven solutions to improve patient safety, clinical outcomes and workforce efficiency.

Hospitals can implement approaches like this through Accelerator collaboratives, where peer organizations work together with expert support to drive measurable improvement.

Join the movement and get involved at nationalaccelerator.org