Introduction

Sepsis is a potentially life-threatening condition caused by the body’s over-response to an infection. Early, aggressive treatment of sepsis provides the best opportunity for a healthy recovery.

Objective

Advocate BroMenn Medical Center’s (ABMC) compliance with providing and documenting the sepsis care provided in January 2018 was at 48.98% with a goal of 70%.

Approach

• A small workgroup was established with hospital and unit leaders, quality specialists, and educators. This group reviewed sepsis data each month and made decisions on how to address the changes needed in the care of the sepsis patient.

• Weekly Sepsis Huddles were held to review sepsis cases from the previous week, looking for trends or opportunities for immediate correction to current practice.

• Education for physicians was provided regarding CMS sepsis care expectations, use of sepsis order sets and documentation templates.

Approach (continued)

• Manual sepsis screening on every patient every shift was implemented. Inpatient nurses were educated on the use of the manual sepsis screening and sepsis care. While screening through the electronic medical record can be helpful, the bedside nurse’s awareness of sepsis criteria and ability to notice changes in the patient condition make the manual screening much more sensitive and specific, resulting in timely treatment of sepsis.

• Sepsis screening on obstetrics (OB) patients was initiated using CMS criteria.

• The Inpatient and ED sepsis order sets were revised to streamline the ordering of all the sepsis care elements.

• The Code Sepsis Flowsheet was updated to document the direct care of the sepsis patient and then be signed by the physician to serve as an order sheet.

• A “Code Sepsis Log” was established to assist with identification of cases.

• Quality Coordinators reviewed Code Sepsis cases in real time. The reviews were sent to care providers and their leadership to give immediate feedback of “well done” or “opportunity for improvement”.

Results

• ABMC achieved the goal of 70% compliance in the care and documentation of sepsis care by December 2018.

• This improvement in sepsis treatment compliance is felt to have contributed to the decreased number of patients requiring readmission after sepsis discharge as well as the decreased number of patient progressing to septic shock.

• The number of septic shock cases as a percent of all sepsis cases dropped 7% from December 2017 to December 2018.

Discussion

This improvement in sepsis treatment compliance is felt to contribute to the decreased number of patients requiring readmission after sepsis discharge as well as the decreased number of patient progressing to septic shock.

Implications for Practice

Nurse awareness of early sepsis signs paired with calling a Code Sepsis and use of physician order sets can help provide timely care to the sepsis patient giving them the best opportunity for a healthy recovery from sepsis.

One patient wrote a letter to our hospital president saying he knew nothing about sepsis when he was admitted, however, the nurses knew, called a Code Sepsis, and used the sepsis protocol, which he believes saved his life.

Acknowledgements

• Feedback and input from the bedside nurses helped refine the process of sepsis treatment. Nurses’ knowledge and confidence is critical in getting timely sepsis treatment implemented.

• Leadership in the small workgroup was instrumental in making decisions and achieving improvement.

• Physician feedback and input was critical in implementing changes.