Mastering Sepsis Care with Outstanding Results: APRN role in the Virtual Sepsis Unit

Lisa-Mae Williams

Baptist Health South Florida, lisamaesw@baptisthealth.net

Follow this and additional works at: https://scholarlycommons.baptisthealth.net/se-all-publications

Citation
Williams, Lisa-Mae, "Mastering Sepsis Care with Outstanding Results: APRN role in the Virtual Sepsis Unit" (2019). All Publications. 3286.
https://scholarlycommons.baptisthealth.net/se-all-publications/3286

This Conference Poster – Open Access is brought to you for free and open access by Scholarly Commons @ Baptist Health South Florida. It has been accepted for inclusion in All Publications by an authorized administrator of Scholarly Commons @ Baptist Health South Florida. For more information, please contact Carrief@baptisthealth.net.
Sepsis is a life-threatening condition caused by the body's overwhelming response to infection, which can lead to tissue damage, organ failure, amputations and death.

Early detection is key in sepsis survival.

Evidenced Based Clinical Care (EBCC) Sepsis Steering council sought to address inefficiencies in management of sepsis patients across Baptist Health South Florida (BHSF). The goal of the council was to identify workflows to harmonize and coordinate sepsis interventions in order to improve outcomes (mortality and LOS) and adherence to Center for Medicare and Medicaid Services (CMS) Sepsis bundle.

Current evidence demonstrates that increased compliance with sepsis performance bundles is associated with a 25% relative risk reduction in mortality rate.


**Methods**

The tele-ICU is a major resource that BHSF healthcare teams use to leverage limited clinical expertise to support early recognition and treatment of sepsis.

Using existing infrastructure of the tele-ICU, virtual sepsis management was incorporated into exiting workflow: Via the Virtual Sepsis Unit (VSU), APRNs optimize and support ED and inpatient sepsis management and adherence to CMS sepsis guidelines. The VSU APRNs are also a resource of specialty knowledge for providers and nurses caring for sepsis patients system-wide.

**Results**

**Care while adhering to CMS SEP 1 Bundle requires coordination by clinical experts**

Surviving Sepsis Campaign (2014) Elements:
- Sepsis-3 defines organ dysfunction as an increase in the traditional Sequential (Sepsis-related) Organ Failure Assessment (SOFA) score of 2 points or more from baseline.
- Start resuscitation early with source control, intravenous fluids and antibiotics.
- Frequent measurement of the patient's volume status is crucial throughout the resuscitation period.
- We support ongoing resuscitation to maintain lactate levels as a marker of tissue hypoperfusion.

CMS SEP-1 Bundle Elements:
- Severe Sepsis documented OR
- 2 SIRS and 1 organ dysfunction (Within 6 hours of each other)
- Within 3 hours of presentation time:
  - Initial lactate, Blood cultures prior to antibiotics
  - 30/40/hour for lactate N and/or DVT prophylaxis
  - Repeat lactate (3 hours after initial lactate)
- Within 6 hours:
  - Sepsis Fluid Resuscitation Assessment
  - Vasopressor for refractory hypotension.

**What success looks like**

- Consistent presence of Sepsis coordinators
- Streamlined workflows
- Real-time intervention for possible futile
diagnoses
- Enhanced collaboration with Providers and RNs
- Improved bedside RN proficiency with Bundle elements
- Increased level of comfort bundle
- Education of bedside clinicians
- Early positive outcomes
- Increased compliance with CMS bundle
- Decreased mortality

**Introduction**

**Ongoing multidisciplinary collaboration is a key factor in successful sepsis care.**

VSU is here to assist you with any questions. Please call 786-527-9802