Improving Sepsis Outcomes, Accountability and Ownership

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Citation 
Mora, Daisy and Smith, Michelle, "Improving Sepsis Outcomes, Accountability and Ownership" (2022). All Publications. 4559. 
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Background

• Sepsis affects approximately 1.7 million US adults annually and potentially contributes to more than 250,000 deaths.\(^1\)
• High resource burden makes preventability of deaths from sepsis important for sepsis treatment initiatives and informing hospital resource allocation.\(^2\)
• Average length of stay (ALOS) for sepsis patients in U.S. hospitals is approximately 75% greater than for most other conditions.
• Patients 18+ diagnosed with sepsis, the Performance Improvement (PI) department identified that a lack of adherence to evidence-based sepsis management bundles (SEP-1 Early management Sepsis Bundle adherence rate 68.75%) resulted in longer ALOS (average 9.14 days).

Project Goal

The goal of this interprofessional project was to reduce ALOS for patients diagnosed with sepsis by improving adherence to evidence-based early management sepsis bundles through nurse-driven real-time ownership and accountability.

Methods of Implementation

Q3 2020, an inter-professional team, including members from PI Department, Emergency Department (ED), Pharmacy and physicians, developed an improved process that included an ED triage nurse-initiated sepsis assessment checklist (that follows patient for confirmed sepsis diagnosis).

Methods of Implementation

- Patient identified by provider as having sepsis based on sepsis criteria.
- ED triage nurse-initiated sepsis assessment checklist.
- “CODE SEPSIS” phone alert to designated team members for confirmed infection.
- PI nurse receives code sepsis alert and conducts real-time monitoring of sepsis bundle.
- PI nurse communicates to ED nurse and provider to facilitate accountability and ownership at the point of care.

Outcomes

- ED patients with sepsis age 18+ (excluding comfort measures only and COVID patients), 2-quarter pre-intervention timeframe SEP-1 average rate was 68.75% and ALOS were 10.29 and 7.42 days respectively (average 9.14 days).
- In 5-quarter post-intervention timeframe SEP-1 average rate was 85.00% and ALOS were 8.07, 8.02, 6.13, 6.59 and 6.13 days respectively (average 6.99 days).
- That represents a 23.64% improvement in SEP-1 and 23.5% (over 2 days) ALOS reduction for patients diagnosed with sepsis from pre- to post-intervention timeframe.

Outcomes

- Early Management Bundle Compliance (SEP-1) & ALOS Reduction

Discussion

Leveraging a Magnet culture of nursing excellence and interprofessional collaboration to facilitate real-time accountability and ownership of evidence-based interventions at the point of care, can result in more timely treatment of patients with sepsis, thereby reducing their LOS.

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References available upon request