

# Sepsis Quest for Excellence

York General Hospital, York, NE



# YORK GENERAL

## Background

- 25-Bed Critical Access located in York, NE
- York General also includes Home Health, Dialysis, Long Term Care, and Assisted Living
- Utilized the Nebraska Hospital Association Sepsis Toolkit, gap analysis was completed as well as audit of 2019 charts that were coded for sepsis for key times and assessments.

York General Sepsis Baseline Data Collection Tool

	Virt ID #	Virt ID #	Virt ID #	Virt ID #	Virt ID #	Virt ID #	Virt ID #	Virt ID #	Virt ID #	Virt ID #	Virt ID #	Virt ID #	Virt ID #	Virt ID #
Within 3 hours of presentation:														
• Serum Lactate														
• Blood Cultures Drawn (prior to AB)														
• Administer Antibiotics														
• Fluid resuscitation based on algorithm or order set														
• Assess volume status and perfusion assessment														
Within 6 hours of presentation:														
• Repeat serum lactate if initial is >2														
• Repeat volume status and perfusion assessment														
• Vasopressor Administration (based on hypotension needs)														
Full Set of Vital Signs per order set														
Cardiopulmonary Assessment														
Assess Cap Refill														
Peripheral pulse evaluation														
Time to decision to transfer was < 1 hour														
ED LOS < 3 hours														
Provider to Provider Hand-off with transferring facility														

## Plan

- Complete gap analysis
- Letter of commitment by Senior Leadership, Medical Staff and Board of Directors
- Create checklist and order sets
- Update policies and procedures to reflect new criteria, implement and educate on changes
- Create patient educational hand outs
- Education to be completed by all staff
- Educate the community
- Auditing of sepsis charts monthly, notify physicians via letter if there are any missed opportunities for quality care

## Results

- Order sets, screening checklists, patient education, community education, and staff education were created and implemented
- ER and Med/Surg nurses are utilizing the tool regularly
- Physicians are utilizing the sepsis order set
- Antibiotics are getting started earlier
- Procalcitonin and Lactic Acid levels are being monitored more often
- Every sepsis chart is audited

## Next Steps

- Continue quarterly monitoring and review of sepsis charts by sepsis team.
- Send out notification letters to physicians when there is a missed opportunity for optimal care.
- Assess for continued educational needs and improvements

## Team

Team Member	Role
Executive Leader - Jenny	Encourages a culture of support and understanding
Quality Leader - Tamara	Drives data collection and review to improve the quality of care
Nursing Leaders- Cheryl, Carle, Leah, Jennifer, Karrie	Understands the needs of caretakers to ensure that communication and education of nursing staff is effective.
Physician Champion - Dr. Hotovy	Drive medical decision making, educates all providers
Education Coordinator- Leah	Provides expertise in facilitation of education for all involved.
Non-Physician Provider -	Nurse practitioners and Physician Assistants are key players in healthcare and often plan a large role in rural communities
Frontline Nursing Staff -	Help understand the formalization of the program into daily work
Laboratory - Bill	Brings specialized laboratory information
Pharmacy - Cornell and Jamie	Helps understand antibiotic options and medication protocols
Infection Preventionist - Tamara	Brings expertise in the underlying infectious process
Care Management/Care Transitions - Lyndsay W.	Ensure a plan is in place for patients following a sepsis diagnosis - decrease readmission potential or long-term deficit
EMR- Clinical Analyst- Amanda	Brings expertise in the use of our EMR
Executive assistant- Angie	Supports the team through the minute taking role, facilitates meeting scheduling, meeting preparation and assists with set up of documents

## Aims

- Reduce the occurrence and mortality of sepsis in the patient population.
- Provide early recognition and intervention for the patients and residents we provide care to.

## Measure

- Utilization of sepsis checklist and order set
- Lab draw, fluid bolus, chest x-ray, vital signs completed within 1 hour of time zero
- All antibiotics initiated by 3 hours from time zero
- Second lactic acid, and vasopressors completed if needed within 6 hours of time zero
- Decision to transfer and transfer time from time zero