Sepsis Quest for Excellence

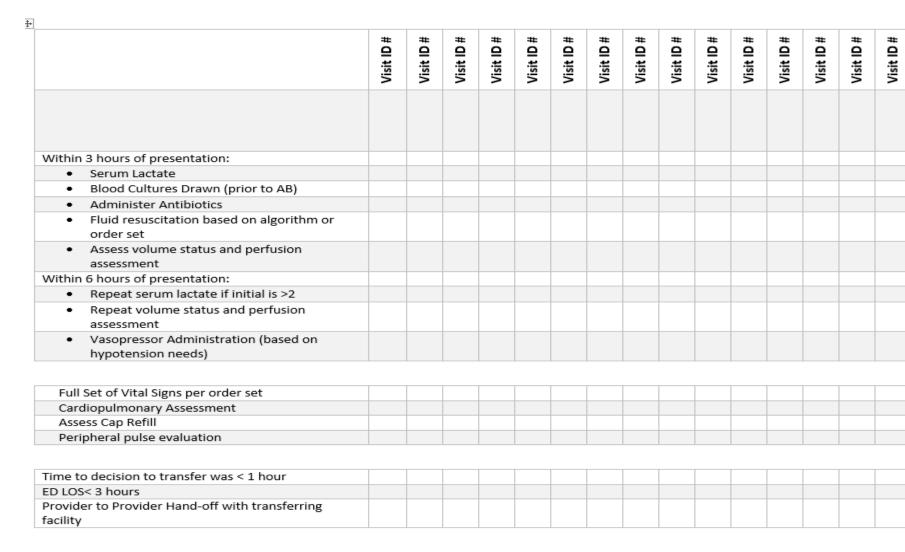
York General Hospital, York, NE

YORK GENERAL:

Background

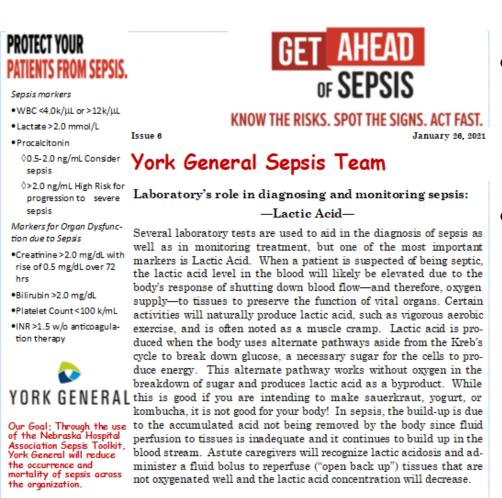
- 25-Bed Critical Access located in York, NE
- York General also includes Home Health, Dialysis, Long Term Care, and Assisted Living
- Utilized the Nebraska Hospital
 Association Sepsis Toolkit, gap
 analysis was completed as well
 as audit of 2019 charts that were
 coded for sepsis for key times
 and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

York General Sepsis Baseline Data Collection Tool



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





Next meeting date: Feb. 8th 2021

If you have any questions- please contact any members of the team

Measure

Reduce the occurrence and mortality of sepsis in the patient population.

Aims

Provide early recognition and intervention for the patients and residents we provide care to.

- 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

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

tems to be completed within 1 hour from Time Zer

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 |