

Sepsis Improvement Project

Boone County Health Center Albion, Nebraska

Process of Identifying Need

Surviving Sepsis Campaign & CDC recommend within 3 hours of presentation:

- Lactate Levels Checked
- Antibiotics Administered
- Blood Cultures Drawn

Boone County Health Center data indicated within 3 hours:

- 41% of patients' lactate levels were not checked
- 68% of patients did not receive antibiotics
- 77% did not have blood cultures drawn

Process Improvement Methods

Plan, Do, Study, Act (PDSA) was used

PLAN- Data analyzed and team assembled including: Infection Preventionist, Infection Control, Quality Assurance, CEO, CMO, Medical Director, Medical Staff, and Nursing. Many departments were consulted to determine problem and potential solutions.

DO- May 2018 new sepsis policies were implemented.

STUDY- Data was disappointing. Providers weren't using Sepsis Order Set because it caused double orders when patient had compounding issues.

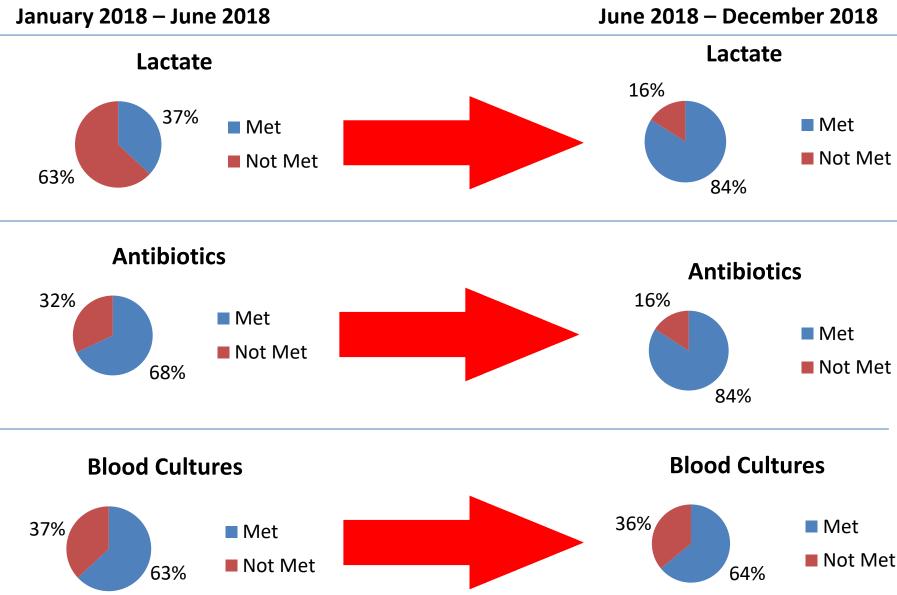
ACT- Team worked with ER and Nursing staff to create a Sepsis Add On Order Set. Providers, Nurses, Laboratory, EMS and the public were educated on sepsis as a medical emergency.

Results

Within 3 hours of presentation:

- 47% improvement in number of patients who receive lactate
- 1% improvement in blood cultures drawn
- 16% improvement in antibiotics administered
- Improved time from when order is place to initiation of order
- Culture of awareness sepsis is a medical emergency

RESULTS



Lessons Learned

Formula for success:

Teamwork: Working together we achieve more. **Time:** Don't rush into changing policies. Take time to understand what's going on and how departments are capable of improving.

Educate: For optimal buy-in and compliance, teach staff the underlying importance of projects as they relate to patient outcomes.