

# Quality Residency Capstone

**Butler County Health Care Center**

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# Team

- The Sepsis Committee was a thought out group of individuals that bring a variety of knowledge and background to all aspects of healthcare
- DON, QI Coordinator, ED Coordinator/Nurse Educator, Infectious Disease RN, Pharmacy, Lab, Informatics Nurse, ED Medical Director, QI Physician

# AIM Statement

- What is your AIM Statement
  - Reduce the Sepsis mortality rate at BCHCC by 50% before June 30, 2023.

# Measures

- Establishing Measures
  - Monthly Sepsis QI Dashboard updated to show progress on treatment for patients diagnosed with Sepsis
  - NHA Measures Scorecard reviewed every 6 months on current Sepsis Mortality Rate for BCHCC

# Selecting Changes

- What changes can you make that will result in improvement
  - Mandatory Nursing Staff education session
  - Implementation of the Sepsis Bundle
  - Implementation of the Sepsis Nursing Protocol Order Set
  - Update staff and Sepsis Committee members monthly on progress of treatment of our patients diagnosed with Sepsis

# PDSA

- Describe your PDSA cycles
  - Plan: GAP analysis on weak areas when providing cares for septic patients. Created a Sepsis Bundle & Nursing Protocol to utilize
  - Do: Provided education to staff. Implemented and started using the Sepsis Bundle and Nursing Protocol
  - Check: Review patient charts with a diagnosis of Sepsis monthly to see if standards of care or met for these patients
  - Act: Provide current update to staff on treatment goals met or not met. Make necessary changes to our process based on feedback from staff and data gathered

# Implementing Change

- Describe your PDSA cycles
  - After reviewing patient charts and noticing areas of weakness, the focus of these particular areas was discussed and shared among nursing staff and medical staff
  - Feedback and questions from nursing staff on the usage of the Sepsis Bundle lead into some additions that will clarify what qualifies a patient for the usage of the Sepsis Bundle

# Data

Butler County Health Care Center														
2022 SEPSIS Dashboard	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	Prior YTD
Sepsis Patients: Total	5	4	0	2	2	4	2	2	0				21	15
Lactic Acid Drawn	80%	50%	na	100%	100%	100%	50%	100%	na				82%	40%
2 sets BC Prior to Antibiotics	60%	50%	na	100%	100%	50%	50%	50%	na				65%	53%
Broad Spectrum ABT Administered	100%	100%	na	100%	100%	100%	100%	100%	na				100%	87%
Time 1st ABX is started (Goal <60min)	117	125	na	159	160	24	732	204	na				217	NA
Number of septic patients who met IVF bolus criteria	2	2	na	2	0	2	1	1	na				10	NA
30 mL/kg IVF Bolus (If hypotension or original lactate is >4mmol/L)	0%	100%	na	100%	na	100%	0%	100%	na				66%	43%
Number of patients who met repeat LA criteria	4	1	na	1	1	3	1	1	na				12	NA
Repeat LA in 4-6 hrs (if initial lactate is >2mmol/L)	0%	0%	na	0%	0%	66%	0%	100%	na				23%	NA
Vasopressors Initiated	1	2	na	0	1	1	1	1	na				7	NA
<b>SCORECARD MORTALITY RATE</b> (Nebraska Goal 18.76)						16.67							16.67	44.4
**Antibiotic time listed is in minutes and is an average time.														



# Spreading Changes

- Continued monitoring of treatment of patients diagnosed with sepsis not only in the ED but also those treated within the facility
- Continue committee meetings to discuss progress and promote changes as needed
- Select areas of care that are in need of attention and focus on improving the care provided in these particular areas

# Questions?

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# References

- IHI: The Science of Improvement: How to Improve  
<http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx>
- Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.
- The Plan-Do-Study-Act (PDSA) cycle was published by W. Edwards Deming in *The New Economics for Industry, Government, and Education* [Cambridge, MA: The MIT Press; 2000]. For more on the development of the PDSA cycle and how it differs from PDCA, see: Moen RD, Norman CL. Circling back: Clearing up myths about the Deming cycle and seeing how it keeps evolving. *Quality Progress*. November 2010.