Sepsis Mortality Prevention to Survivorship Advisor Live Webinar
Continued Q&A with QUEST 2020 member,
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Q: Can you speak to how you achieved compliance with post resuscitation documentation to meet the core measure?
A: With IT we built documentation templates to assist the providers in remembering the required documentation elements. It isn't perfect, but it puts everything into one spot. We also incorporated screening components into admission orders if the patient had sepsis and the document is signed with the order date and time. Again, this only works if it fits into the appropriate timeframes, but it does help the providers to document the required elements.

Q: Do you sepsis screen in maternity?
A: Our Family Center and L & D department did receive training on the tool and they have the ability to use it if they suspect the patient is septic, for instance after a cesarean section. They can use the tool on a PRN basis. They do not screen BID.

Q: Have you seen any specific symptoms that we need to be alerted to in patients with mental health issues?
A: Not specifically. We do not screen on our inpatient Behavioral Health department. If the patient displays medical symptoms they are transferred to a medical floor.

Q: What EHR do you use?
A: Meditech

Q: What version of Meditech are you using?
A: Currently we are on 6.15 with another upgrade coming in a few months to 6.16.

Q: How did you get nursing buy-in for twice a day screening?
A: We used research and presentation materials from the Society of Critical Care Medicine which discusses the amount of time delayed from onset of symptoms on a med/ surg floor to the mortality component. We also had evidence of the decreased mortality from the Code Sepsis program. With that we were able to discuss patient safety and the prevention of progression of the sepsis process.

Q: What did you guys do to get provider buy in? ("We have a lot of resistance on fluid overloading patient")
A: Our Medical Executive Committee was a key in supporting the program. We still have some pushback, but it is definitely better. It hasn't been easy, but we have had very few patients that have went into fluid overload or failure as a result of the fluid boluses. After we were able to demonstrate the outcomes we were able to obtain more buy in. We present outcome and core measure data at each month's Quality Coordinating Council where our Vice Chairs all come and we present outcome information on this as special presentations at this committee.

Q: How did you run your sepsis mortality report in Premier? Which report do you use? For example: "Mortality comparison facility care science, etc.?
A: For the reports I have used Care Science, Quality advisor using different populations. I have used the individual Sepsis diagnostic codes and I have used the Sepsis Core Measure population. One includes "Simple Sepsis" and the other just severe sepsis and septic shock. I then use the Mortality O/E and peer comparison selections.

Q: Is a physician order required to implement the bundle? Or is this part of a nurse driven protocol?
A: The foundation of the labs with cultures and the first liter of fluid is nurse driven based on the positive screening tool; however, the physician is then notified and makes the decision regarding following the rest of the bundle and antibiotics.

Q: Is the RRT sepsis checklist included as part of the electronic legal medical record or is this a separate paper document?
A: The RRT checklist is not part of the EMR. It is just a checklist to be sure the elements are completed and for Quality tracking.

Q: Are smaller hospitals taking more precautions than in the past in order to know whether transferring to a larger/teaching hospital needs to be taken?
A: Not necessarily for that reason. The smaller hospitals are still expected to have core measure compliance and still have mortality to address. However, the screening tools BID has assisted the identification of sepsis and for patients that begin to decompensate has facilitated transfers to the ICU and then subsequently to an outside facility.

Q: Could you please tell us what IHI stands for?
A: The Institute for Healthcare Improvement. *www.ihi.org*

Q: What are the roles of infection preventionist in your sepsis program?
A: Our infection preventionalist is a member of our sepsis team and is consulted on patients as needed.

Q: When is the screening tool that is used BID implemented and what criteria is used to start?
A: The screening tool that is used BID starts with the inpatient admission. The patient gets a screen on admission to the inpatient floor and then at 0900 and 2100. We added a question to exclude patients if they had a surgical procedure within the previous 48 hours or were already being treated for sepsis; however, the PRN screening tool is still available if the nurse believes the patient could be septic. Without adding those exclusions there were a lot of false positives.

Q: Who was included in your peer group?
A: We use the Premier 2016 Top Performing Peer Group for comparison, Care Science Select.

Q: Regarding PCT procalcitonin as a biomarker; has Frederick considered adding this lab test as a screening tool for early identification and risk stratification for progression to septic shock an severe sepsis?

A: No, several years ago even with the pneumonia core measure that was discussed with our infection preventionalist, pulmonologist and laboratory. It is a send out test for our facility. While it is used, it isn't used as an early identification screening tool because our laboratory doesn't have the equipment to perform it in house. When asked about obtaining the equipment for the number of tests that were being performed the cost wasn't justified. This has not been discussed since then, but it could come back up.