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## Improving ED Sepsis Bundle Compliance

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# Improving ED Sepsis Bundle Compliance

Providence St. Joseph Health



Jen Selby BSN, RN, CPEN, TCRN, CEN | Nurse Educator

# Background

- Worst performer in PSJH in sepsis mortality
- No sepsis screening = delayed recognition and diagnosis
- Non-protocolized care = High variability in treatment among providers

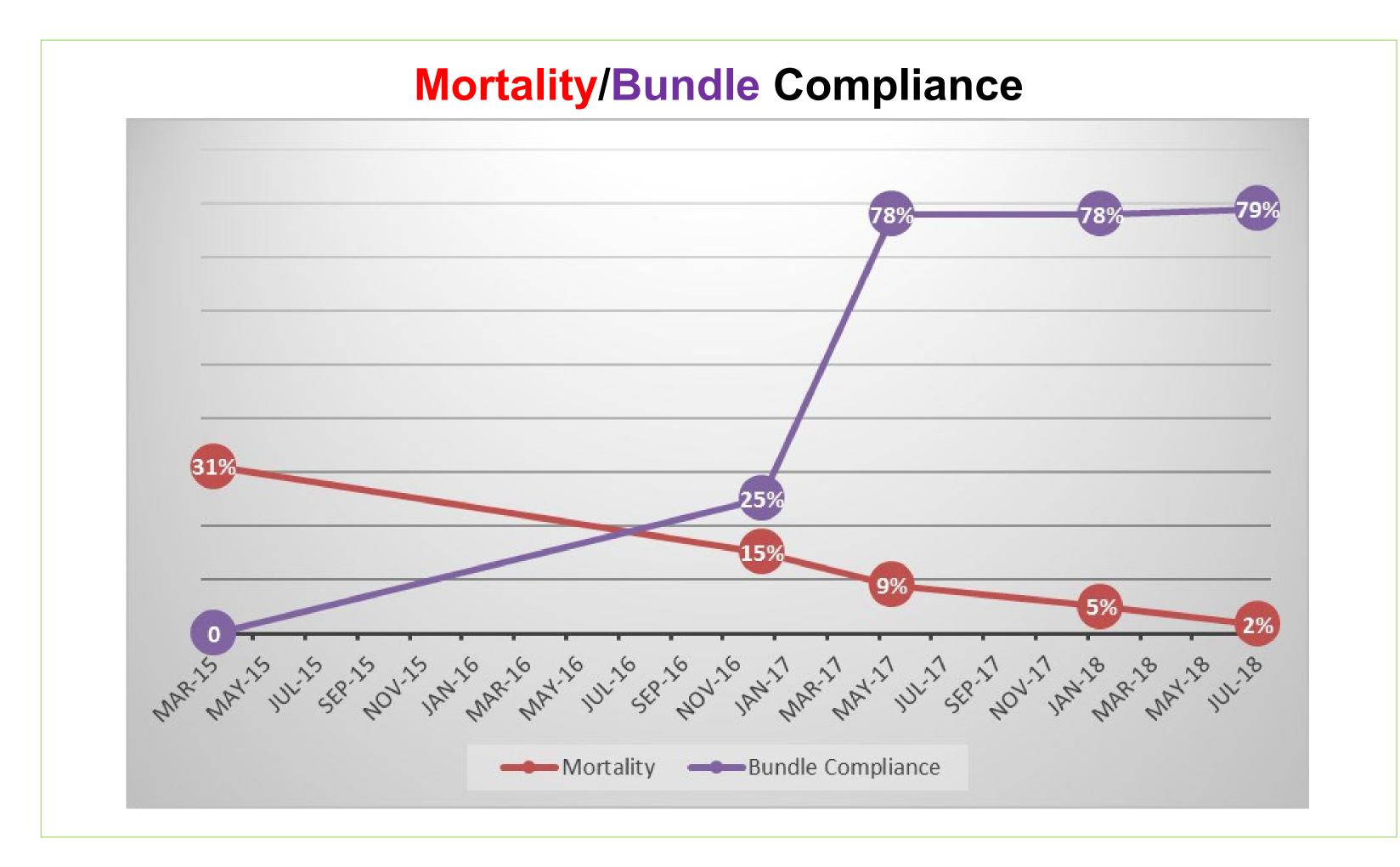
## **Actions Taken**

QI sheets to individual ED RNs re: bundle fallouts w/loop closure

"Be a yardstick of quality.	Some people aren't used to an environm - Steve Jobs	ent where excellence is	expected."
t. Name 0	Sepsis Screen Done Correctly	0 Name	0
	BCx before Abx	0 Name	0
	ABx < 3 hours	0 Name	0
	IVF Documented Correctly	0 Name	0
	3 Hour Bundle	Ulvaine	0
	(to be completed within 3 hours of Tin	me Zero)	
measure lactate level			
obtain blood cultures prio	r to administration of antibiotics		
administer broad spectrur			
administer 30ml/kg crysta	lloid for hypotension or lactate > 4		
	6 Hour Bundle		
	the he commissed within Chause of The	ne Zero)	
	(to be completed within 6 hours of Tir		
apply vasopressors (for hy MAP > 65	potension that does not respond to initial flu		nin
MAP > 65 for persistent hypotension	potension that does not respond to initial flu after initial fluid administration (MAP < 65)	uid resuscitation) to mainta	
MAP > 65 for persistent hypotension	potension that does not respond to initial fluor after initial fluid administration (MAP < 65) perfusion and document findings:	uid resuscitation) to mainta	
MAP > 65 for persistent hypotension volume status and tissue p	potension that does not respond to initial fluor after initial fluid administration (MAP < 65) perfusion and document findings:  EITHER	uid resuscitation) to mainta or initial lactate $\geq 4$ , reasse	
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MAP > 65 for persistent hypotension volume status and tissue p • repeat focused	potension that does not respond to initial fluid administration (MAP < 65) perfusion and document findings:  EITHER d exam by provider including vital signs, card pulse, and skin findings	uid resuscitation) to mainta or initial lactate $\geq 4$ , reasse	
MAP > 65 for persistent hypotension volume status and tissue p • repeat focused capillary refill,	potension that does not respond to initial fluor after initial fluid administration (MAP < 65) perfusion and document findings:  EITHER d exam by provider including vital signs, card pulse, and skin findings  OR BOTH OF THE FOLLOWING:	uid resuscitation) to mainta or initial lactate $\geq 4$ , reasse	
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## Actions Taken

- Identification of Sepsis
   Champion ICU Medical
   Director
- House-wide sepsis education to all nurses
- Creation of a mandatory sepsis checklist in the ED
- Creation of a Critical Care
   Acute Care Nurse
   Practitioner driven sepsis
   team
- Provider bundle fallout feedback to ED Medical Director
- ED nurse bundle fallout feedback to individual ED nurses via QI sheets
- Development of ED nursing sepsis standardized procedure
- Monthly interdisciplinary sepsis committee



## Results

- Sepsis screening tool used on all patients during triage in ED
- Sepsis screening tool used on all patients on arrival to inpatient unit
- Sepsis alerts sent to Sepsis ACNP
- Sepsis order sets created by Regional Sepsis Collaborative = consistent patient management
- Sepsis flag added to ED tracker board to increase recognition of positive sepsis screens