

# Sepsis 5 Rights Rounds: A QI Project

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## Background

- Rising sepsis-related hospitalizations with prolonged LOS in US.
- Sepsis is the #1 DRG in our setting.
- Evidence** suggests that interprofessional rounds improve outcomes among non-sepsis patients.
- We **added afternoon interprofessional "Sepsis 5 Rights Rounds" (S5RR)** to existing morning rounds
- Focus of S5RR** = right patient, place, time, level of care, & plan of care
- Members of S5RR** Unit case manager, nurse manager, charge nurse, sepsis coordinator, MD champion

## Purpose of QI

To measure whether adding evidence-based interprofessional sepsis rounds (S5RR) impacts QI-tracked outcomes on inpatient sepsis unit.

## Methods

Compared already collected QI data for septicemia/severe sepsis without ventilation >96 hrs. & with (DRG 871) & without (DRG 872) complications/comorbidity:

- 12 months pre-S5RR:** data for LOS, 30-day readmission, time to discharge, & observed/expected (O/E) mortality data
- 11 months of post-S5RR:** Same data

## Results

Means compared. **Decreasing means met regional goals.**  
**LOS** DRG 871 rose (6.06 to 6.43) & **fell** for DRG 872 (3.82 to 3.69); **O/E mortality** fell for DRG 871 (0.69 to 0.51) & DRG 872 (0.85 to 0); **30-day readmissions** fell for DRG 871 (13.89 to 12.71) & rose for DRG 872 (9.09 to 11.36); **Time to discharge** fell for DRG 871 (5.79 to 5.48) & DRG 872 (5.06 to 4.35).

## Discussion

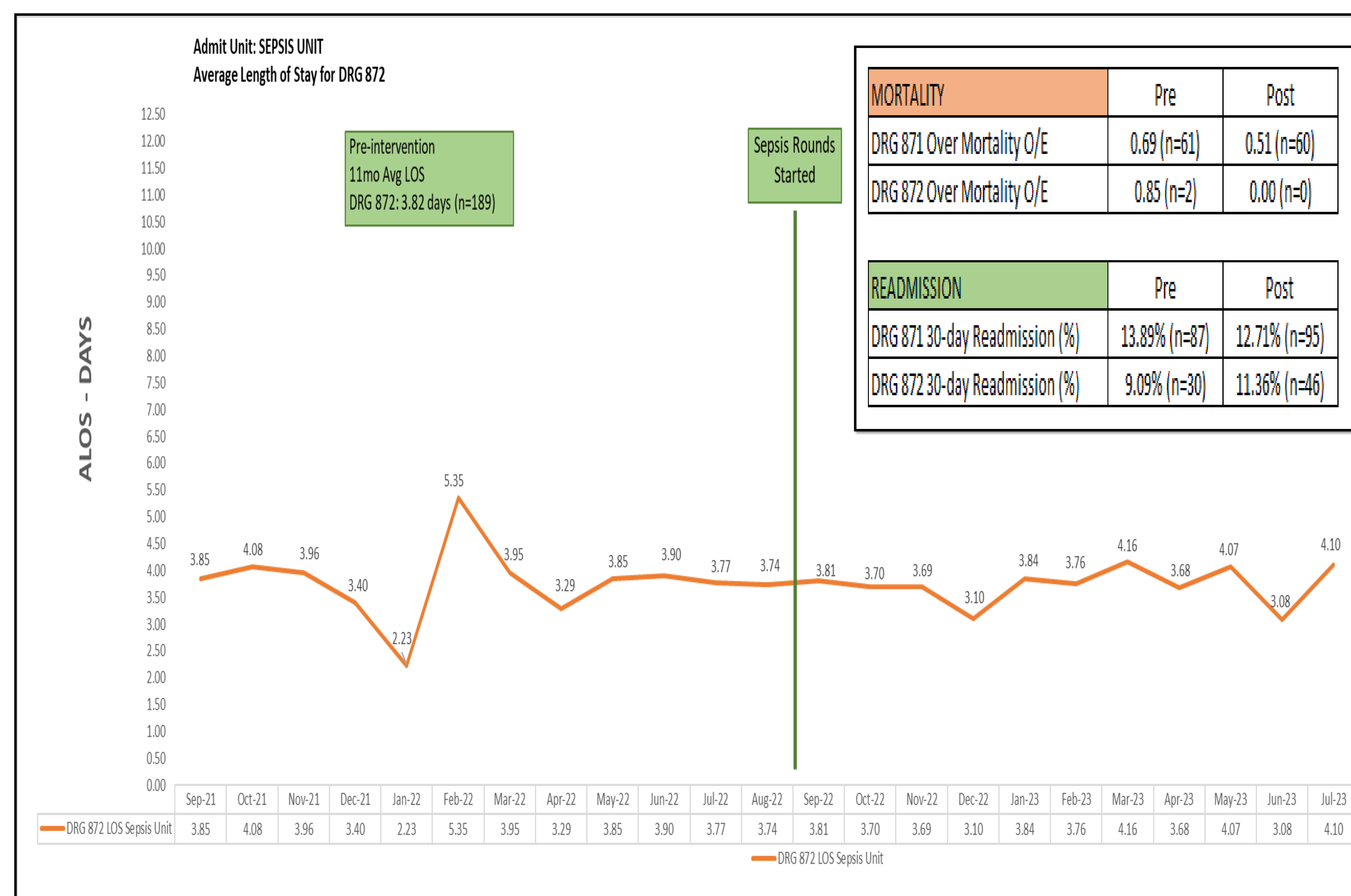
- 6 of 8 outcomes met regional goals even without MD champion attendance
- 6 improvements lowered costs: LOS (DRG 871), O/E mortality (both DRGs), readmission (DRG 871) and discharge time (both DRGs)
- More work required to meet goals for 2 indicators: LOS (DRG 871 and readmission (DRG 872))

## Implications for Practice

- Continue S5RR & inviting MD attendance
- Continue QI monitoring
- Other settings might use S5RR to achieve similar goals

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