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Closing the Documentation Loop: Pharmacist-Led Impact on Sepsis Fluid Documentation and Quality Measures



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Background

- The Surviving Sepsis Campaign has transformed the treatment of sepsis by establishing stepwise treatment bundles to ensure appropriate care of all forms of sepsis.
- To incentivize the perfect care that the Surviving Sepsis Campaign published, CMS uses the SEP-1 metric as a quality measure to assess and reimburse hospitals based on their ability to complete this treatment algorithm accurately and in a timely fashion.
- Bundle compliance is an all or none metric. Two of the most common reasons for falling out of compliance is failure to give the correct amount of fluid or failure to document the reason for administration of less than the recommended 30 mL/kg of fluid.
- Covenant Medical Center's current SEP-1 bundle compliance thus far for calendar year 2022 is roughly 40%. Interestingly, the IV bolus compliance is also 40%, suggesting that fluid administration is a major area for improvement.
- Most sepsis patients at CMC present through the Emergency Department (ED) making it a prime unit for intervention.

Purpose

The complexity of sepsis care makes achieving an SEP-1 compliance rate of 100% a challenging goal. However, utilizing a pharmacist to reduce the most common reason for SEP-1 fall outs at our facility should significantly improve SEP-1 compliance rates.

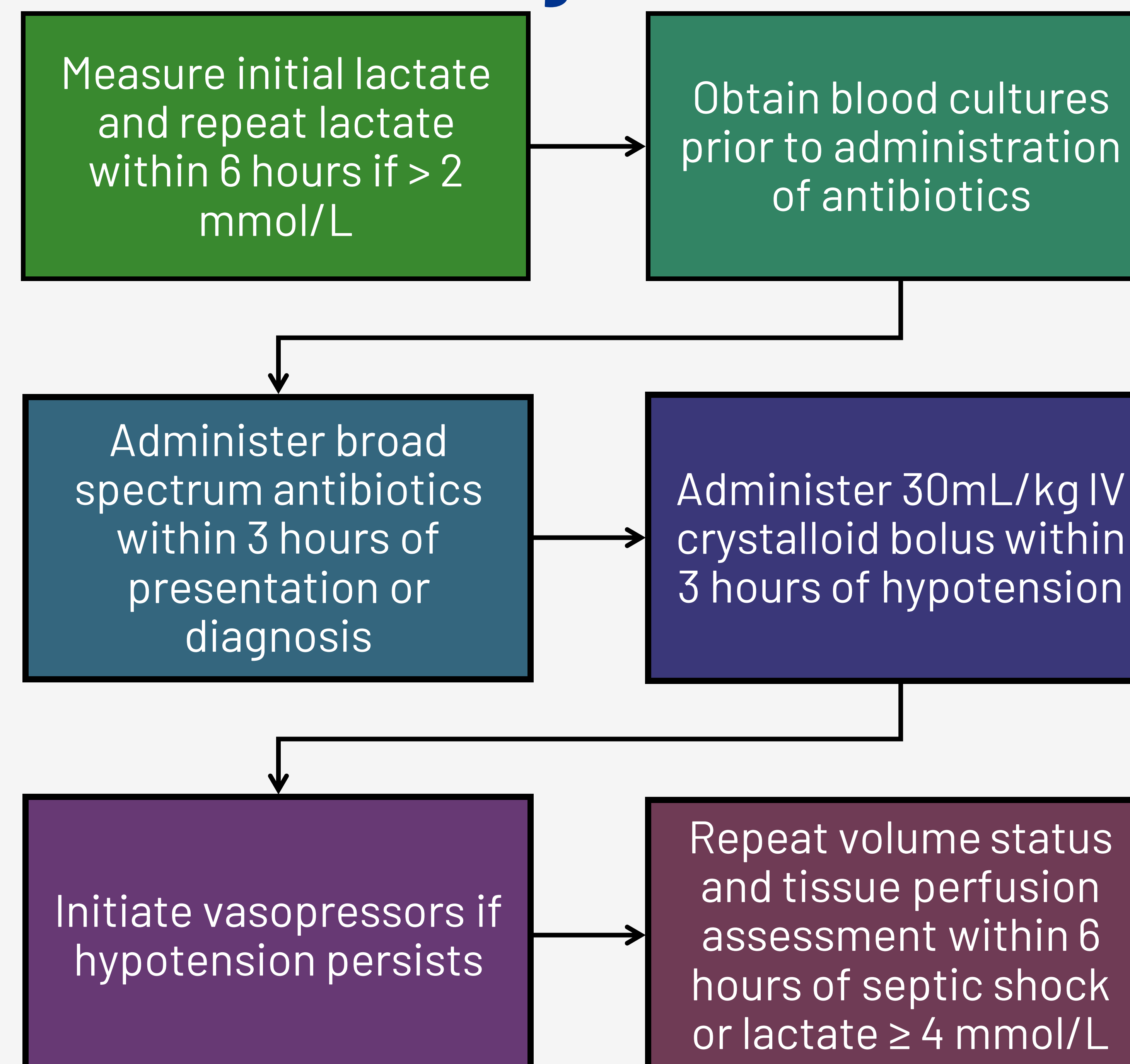
Clinical Question

Can pharmacist identification and documentation of the reason for administration of less than 30 mL/kg of IV crystalloid fluid bolus reduce SEP-1 fall out rates at Covenant Medical Center?

Intervention

Clinical pharmacists in the ED will conduct surveillance for patients meeting the diagnosis of severe sepsis or septic shock with a bed board tracker or any orders for fluid boluses. For those patients prescribed less than the recommended 30 mL/kg of fluid, the pharmacist will contact the prescriber for clarification of the total bolus amount or ask for documentation of specific reasoning. If the pharmacist intervenes before the fluid bolus is completed, they can add a comment in the fluid order itself for the provider to cosign.

SEP-1 Management Bundle



Methods

Project Design

- Retrospective pre/post chart review of SEP-1 bundle compliance

Project Timeline

- Pre-implementation: 7/2022-9/2022
- Post-implementation: 11/2022-1/2023

Statistical Analysis

- A Chi-square test will be used to compare SEP-1 compliance before and after implementation of ED pharmacist fluid documentation intervention

Inclusion Criteria

- Age \geq 18 years old to $<$ 90 years old
- Admitted to Covenant Medical Center
- Diagnosis of severe sepsis or septic shock

Exclusion Criteria

- Patients transferred from another facility
- Covid positive on admission
- Contraindication to care
- Enrollment in a clinical trial

Hypothesis

- SEP-1 compliance will improve with clinical pharmacist intervention to monitor and evaluate fluid bolus orders for sepsis patients

Results

Preliminary data suggests that when fluid resuscitation is indicated, the average prescribed volume is half of the recommended 30ml/kg (~15 mL/kg). As more data is collected, we will determine whether pharmacist intervention can reduce SEP-1 fallouts by improving appropriate IV fluid bolus volume or improving documentation.