

Hillcrest Hospital Cushing Sepsis Improvement Program

Our hope is that by sharing these first small successes, our staff will be inspired to maintain momentum. We have more work to do, and new goals to achieve.



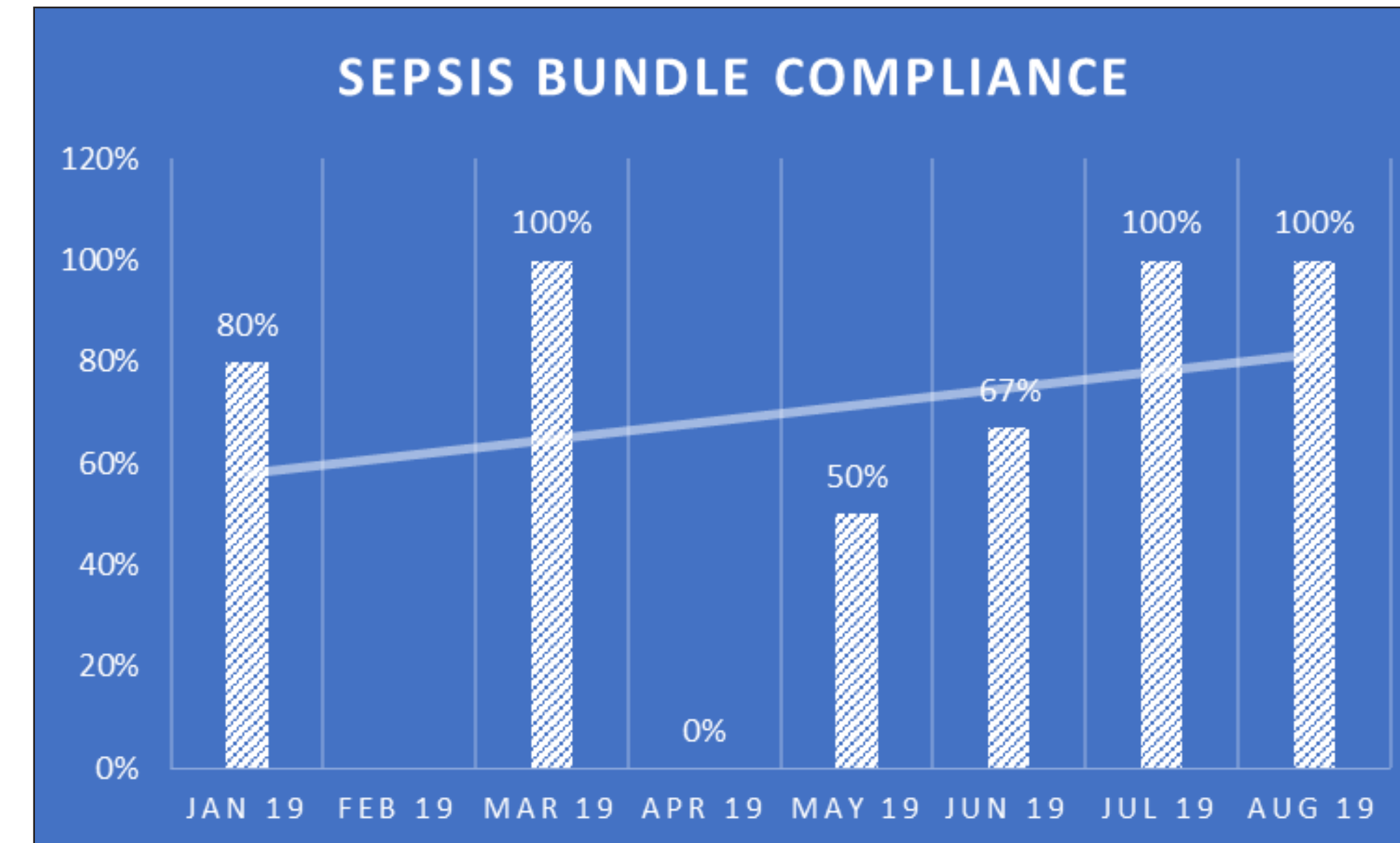
Hillcrest Hospital Cushing is a 99-bed, acute care hospital in Payne County.

Goal

Increase Sepsis Bundle compliance implementation to 80% by the end of 2019.

Problem Statement

1. Mortality rate from sepsis increased in 2nd quarter of 2018.
2. Sepsis bundle compliance rate was 13% on CMS Hospital Compare.
3. Antibiotics were administered before blood cultures were obtained.
4. Practitioners were resistant to practice change and new protocol order sets.



Outcomes

Sepsis bundle compliance rates increased from an average of 50% in 2018 to 70% YTD 2019.

GET AHEAD OF SEPSIS

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

SEPSIS = SIRS + infection
SEVERE SEPSIS = Sepsis + Organ dysfunction
SEPTIC SHOCK = Severe Sepsis + refractory hypotension

Act Urgently to notify provider and assess for organ dysfunction

Encephalopathy: somnolence, confusion, delirium
Acidosis: Lactate level >2mmol/L
Coagulation: Platelet count <100,000 μ L
Lung: arterial hypoxemia PaO₂/FIO₂<300
Liver: Bilirubin \geq 2mg/dL and \leq 10 mg/dL

Could it be sepsis?

New or suspected infection + one or more of the following warning signs in an adult:

Body temperature: >38°C or <36°C
Heart rate: >90 beats per minute
Tachypnea: manifested by a respiratory rate >20 breaths per minute or a PaCO ₂ of <32 mmHg
White blood cell count: >12,000/mm ³ or <4,000/mm ³ , or the presence of >10% immature neutrophils

Circulation: Hypotension with systolic blood pressure <90 mmHg OR mean arterial pressure (MAP) <65 mmHg
Renal: Urine output <0.5ml/kg/hr for at least 2 hours despite fluid resuscitation OR creatinine increase of \geq 0.5mg/dL in the last 72 hours

Interventions

1. Interdisciplinary team formed.
2. Alerts integrated into EMR.
3. Staff/physicians trained in evidence-based sepsis protocol/order sets.
4. Paper screening tool implemented.
5. Educational tools provided to staff.
6. Patient records audited for compliance.

Team Members



Dr. Randall Chapman; Daniel Johnson, RN; Renee Russell; Kim Johnson, RN; Stephane Orsini, RN; Tina Petersen, RN; Tien Nguyen; Melinda Watson, RN.

*Not Pictured: Allan Hale and Gala Horn, RN.