Monmouth Medical Center-Southern Campus (MMC-SC)

AIM:

Monmouth Medical Center-Southern Campus Surviving Sepsis Team is committed to accomplish a 20% reduction in the severe/septic shock mortality from 2014 to 2015 through a multifaceted approach

GOALS:

- Reduce Severe Sepsis/Septic Shock mortality by 20%
- Implement hospital wide evidenced based severe sepsis protocol
- Evaluate and implement St. John's Alert in our CIS (Cerner)
- Improve outcomes of care to 90% or better for the 3 hour bundle elements of care
- Targeted performance measures to evaluate the reduction of mortality related to sepsis

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MMC-SC Surviving Sepsis Team

Todd Butala, Pharm D	Pharmacist
Donna Cetroni, RN	Quality Coordinator/Facilitator
Johnny Larsen, MD	Medical Director ED
Jennifer Lees, RN	Assistant Director of ED
Wendy Mahne, RN	Critical Care Nurse
Peggy McGowan, RN	Clinical Educator
Marie Paskewich, RN	Administrative Director of ED
Rahil Patel, BS	Outcomes Manager
Dottie Perez, RN	Administrative Director Quality and Standards Co-Team Leader
Todd Phillips, MD	Chief Medical Officer Co-Team Leader
Charles Spellman, MD	Hospitalist
Kelly Zabriskie, RN	Director Risk and Infection Control

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CHANGES IMPLEMENTED

- Emergency Department changed the standing order for I/V fluid resuscitation to meet the 30ml/kg standard
- Lactate is ordered in the Emergency Department for patients with suspected sepsis
- Daily Mortality Report reviewed for Bundle Compliance
- Changing “Code SMART” to Code SEPSIS”
- Team meets more often than monthly during the education and implementation process

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We were surprised to learn . .

- Bolus of Crystalloid fluids was ordered in 1000ml doses and was not calculated at 30ml/kg
- Lactate Level were drawn in many cases but not all and repeat lactate levels were not being drawn
- Repeat volume status and tissue perfusion assessment was not all inclusive as recommended in the 6 hour bundle

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We are wondering if next we should . . .

- Map the process and micro-analyze the projected implementation plan to identify gaps and pitfalls prior to roll-out and full implementation of the program

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