



UNIVERSITY HOSPITAL  
RAHWAY

ROBERT WOOD JOHNSON HEALTH SYSTEM

- Founded in 1917; licensed as a 265 bed acute care facility, with average daily census of 83
- Services include: 24 hour Emergency Room, Cardiac catheterization lab, state designated Stroke Center, Hem/Onc Center, Wound Center, Orthopedic surgery/services, Rehabilitation, Critical Care, Med/Surg/Telemetry, full diagnostic radiological services and laboratory services. The hospital also houses a sub acute unit providing rehabilitation services as a bridge to the community or home.
- Team Members: Ann Marie Shears CNO, VP Patient Services  
Tracey Hawkins Clinical Outcomes Specialists  
Eric Kleinert Manager Emergency Room  
Angela Decillis Manager 2A/2E (Med/Surg; to include Ventilator patients)  
Debbie Toth Manager Critical Care  
Elaine Picerno RN Informatics Support  
Susan Chinery Manager Laboratory Services
- Team Aim: To identify, create and implement a screening tool that captures at risk sepsis patients .
- Once identified provide timely, appropriate care and follow up consistent with evidence-based standards and protocols.
- Target time: September 2015
- Goals: 1. Identify patients at risk for sepsis utilizing the computer based screening tool
- 2. Provide for and monitor patients identified as severe sepsis/septic shock with care as designated through the 3 and 6 hour bundle/protocols.
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# Changes we tested

- Respond, Treat, Follow up
- **Educate Over and Over**
- **In response:**
- RWJUH Rahway identified the need to screen patients for sepsis in real time and as a result is developing an electronic screening tool to facilitate this action. Current screening tool in use is a paper document.
- We are currently using the paper document on 2 inpatient units : Med/Surg and Critical Care
- Emergency room physicians have implemented a sepsis order set in their documentation which includes performing a lactic acid upon arrival.
- Sepsis remains an agenda item on the monthly ED leadership meeting and Nursing forums.
- **Follow up**
- Current screening tool is being performed by an RN twice a day, one time per shift
- Managers of the units are monitoring the tools to ensure appropriate follow up.
- **Educate**
- Education to direct care giver staff is being performed to ensure communication of abnormal findings occurs in real time
- Education to ancillary staff is being performed to ensure communication of the identified abnormal findings are communicated to the direct care staff
- Education is ongoing

# Changes we tested to reach our aim

- Get ready, Seek, Confirm, Start
- Current efforts are focused on implementing the electronic document as configured. The document triggers the RN to perform the sepsis screen on patients identified with abnormal vital signs and abnormal laboratory tests as designated by the Surviving Sepsis Campaign criteria.
- This collaborative effort involves the laboratory department, the nurse's aide/attendant, unit clerk/secretary, physicians and RNs.
- Auditing of compliance with the 3 and 6 hour bundles is ongoing in real time by the unit specific Manager and retrospectively by the Clinical Outcomes Specialist.
- We are currently recruiting physician champions for our efforts.
- Nurse Educators who facilitate unit based shared governance committees maintain identifying sepsis as an agenda item

# We were surprised to learn.....

- How many cases were coded as sepsis/ septicemia/ anaerobic septicemia/ SIRS than previously realized
- Once the diagnosis is determined the difficulty in achieving continuity in care in the six hour bundle
- The gap in education that exists for all care providers in identifying and following up as defined by the Surviving Sepsis Campaign
- The limited number of champions .....

# We are wondering if next we should.....

- Automate the screening document to capture all patients on arrival and when there is a change of status in patients throughout the system
- Collaborate with our pre-hospital clients in efforts to identify potentially septic patients prior to arrival at our facility

