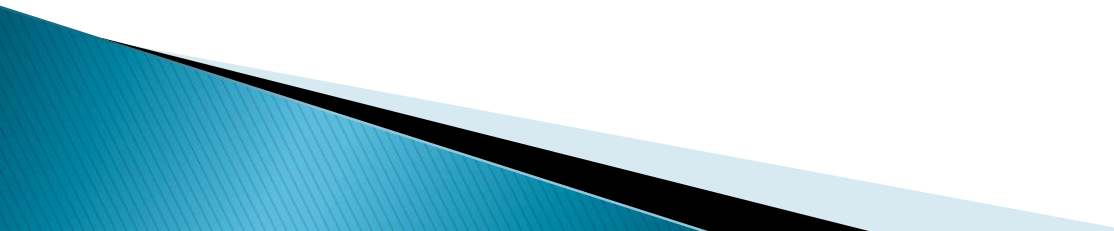# New Jersey Sepsis Learning Action

July 16, 2015
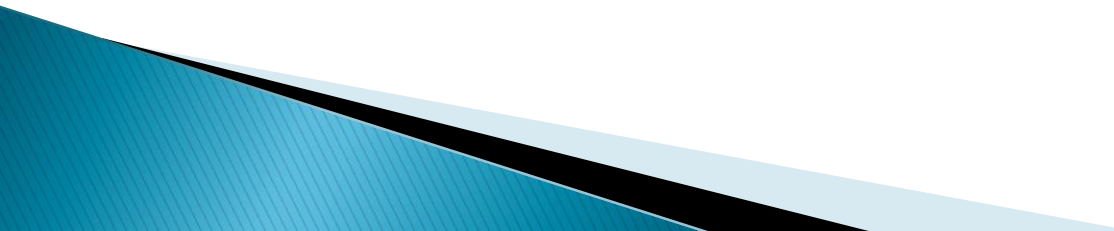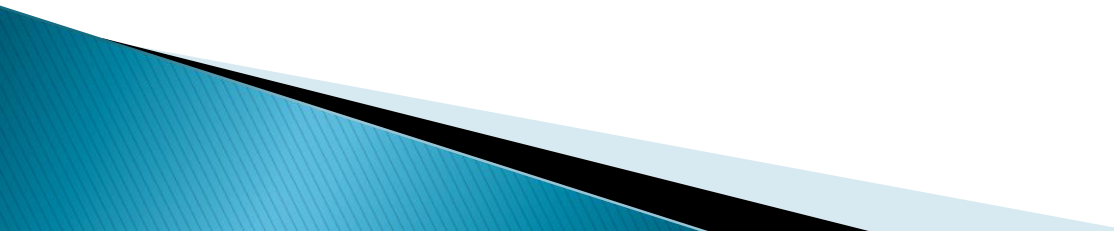
The Valley Health System

The Valley Hospital

- 451 Bed community hospital Bergen County, NJ.

- All inpatient units.

- Multidisciplinary Team: RNs representing Quality, RRT, Infection Control, Education, Unit Champion RNs, Unit based APNs, Emergency Service Coordinator, Information Systems, Respiratory Therapy, MD Intensivists, Infectious Disease MD, and Administration.

Our team aim:

- Provide our patients with the highest quality of care with early sepsis identification

- Currently… Knowledge assessment of frontline staff provide education on early identification and treatment of sepsis.

- Near Future…Hope to accomplish…Expanding this education to clinical staff throughout the institution.

We aim to achieve this ...

▸ By…December 2015!

▸ **Specific, Measurable goals:**
  - Education compliance
  - Decreased mortality rate
  - Surveillance Tracker Module
  - Verify validation coding

Changes we tested:

▸ **Respond, Treat, Follow Up**
  · Assess staff understanding of sepsis definitions, recognition and treatment bundles.
  · Develop educational materials for staff on units.
  · Identify additional resources to assist in identification of patients, data collection and bundle compliance.

▸ **Seek Confirm, Start**
  · Unit Based Advanced Practice RNs to assist in all aspects of collaboration.
  · Rapid Response Team RN will consult with Unit based Charge RN to identify potentially septic patients.
  · New EMR documentation- issues create challenges for tracking. Dashboard in testing & validation.
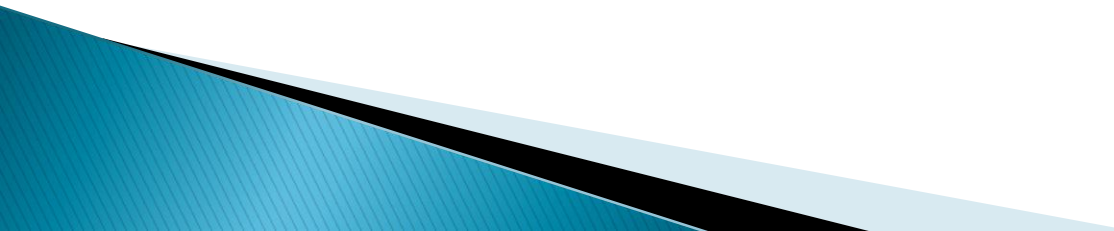
Changes we tested to reach our aim

▸ Get Ready

• Development of Surveillance tracker in EMR.

• Assessment screens to be included in new EMR documentation.

▸ Seek, Confirm, Start

• Roll out of education to all frontline staff by Unit based APNs

We were surprised to learn....

- How useful the previous EMR surveillance trackers were in tracking and extracting patient data.

- As useful as the tracker was…it did not aid in the frontline staff in becoming more proficient in recognizing sepsis triggers.

We are wondering if next we should…

- Go back to basics.

- Develop a sepsis screening tool to increase awareness and make the connection.

- Use the surveillance tracker to extract data for RRT RN to identify patients and follow up daily.