

Cooper University Healthcare Sepsis Interdisciplinary Response Squad (SIRS)



AIM STATEMENT

To Co-align the CMS sepsis core measure with the hospital initiatives in early recognition and appropriate treatment of sepsis, severe sepsis and septic shock by October 2015

NJHA Action Collaborative Process Owners:

- Dr. S. Gandhi—Dir. Of Med Informatics
- Kim Hummel RN –AVP Cardiology/Medicine

Sepsis Collaborative Team:

- Nancy Davies-Hathen RN-AVP Quality-Clinical effectiveness
- Dr. Steven Trzeciak MD-Critical Care Medical Director
- Dr. Dan Fabius, MD – Hospitalist
- Christa Schorr, RN – Critical Care Research
- Melinda Rosseland, RN – Medical Informatics Analyst
- Giuseppina Szbanz RN-Clinical Director
- Pam Crabtree, RN – PI Outcomes Mgr
- Julie Smith RN – PI Outcomes Mgr

Surviving Sepsis
Campaign



Where are we now

- Review Sepsis Collaborative data results on 10N Pilot floor using the automated 24/7 screening via the EHR
- Modify the Sepsis order set to comply with New Core Measures
- Revising the RRT process to include “Code Sepsis” and EHR documentation of the RRT
- Recognized lack of documentation of sepsis for accurate measuring of sepsis population
- Review of nurse driven protocol to be taken to Med Executive Board

What	Who	When
Sepsis Order set in Production, to be updated to reflect core measure requirements (Will include required fluid administration)	Drs. Gandhi, Kirchhoff, Fabius	Go-live 3 rd Qtr. 2015
Design sepsis decision support with MedCPU	Drs. Dellinger & Gandhi	By 3 rd Qtr.
Review current Epic workflow, order set, ensure alignment with bundle specifications	Drs. Gandhi & Kirchhoff, M. Rosseland, N. Davies-Hathen, C. Schorr, P. Crabtree, S. McLean	By end of 7/15
Prepare & Provide Nursing & Physician Staff Education	P. Crabtree, I. Echevarria, Dr. Trzeciak, M. Rosseland	By end of 8/15
Epic roll out to all adult units	Drs. Kupersmith & Gandhi, M. Rosseland, L. Laphan-Morad, K. Hummel, I. Echevarria, N. Davies-Hathen, P. Crabtree	By end of 9/15

We were surprised to learn....

- **Onboarding new staff** related to sepsis educational needs
- **New Physicians** were not receptive to nurse feedback regarding sepsis patients.
- **Sepsis nursing screening process** is not hardwired despite the alert.

We were wondering if next we should....

- **Develop general sepsis** education to all new nursing staff
- **Re-engage physicians** and designate a physician champion from the hospitalist group
- **Sepsis Kickoff campaign** during sepsis awareness month

Questions?

