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26TH CANCER NURSING & NURSE PRACTITIONERS CONFERENCE

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How many degrees do I have to have to solve the Sepsis Puzzle?

Robin Scott
USA

Background & Aim: Sepsis has been tagged as a leading cause of mortality and critical illness worldwide. In October of 2015, sepsis became a Medicare and Medicaid Core Measure. The Sepsis Core Measure defines a bundle of actions that are required within three hours after a patient is identified as having sepsis or septic shock. Not meeting core measures can have a direct impact on cost including nonpayment of sepsis-related ICD10 codes from all government agencies, in addition to monetary penalties. Our Emergency Department (ED) is taking this requirement one step further with a goal to all bundle elements initiated within 1 hour of arrival. This time goal is also congruent with current Surviving Sepsis Guidelines. In December 2015 a sepsis order set was created in the electronic health record. In addition, Best Practice Alerts (BPAs) were created to 'pop up' for both physicians and nurses. The aim was to alert clinicians when a patient met Systemic Inflammatory Response (SIRS) indicators so that order sets could be initiated in order to ensure all bundle elements were ordered and completed while in the department. In September of 2016 our department's Sepsis Mortality Index remained high at 0.94 indicating that expected vs observed deaths from sepsis were similar in number; ultimately indicating that more work needed to be done to save lives. In December 2016 a sepsis alert process was designed specifically for our department. The process can be initiated by any clinician noting SIRS criteria in a patient. The goal was to bring resources to the patients' bedside to ensure all CMS and surviving sepsis campaign elements were initiated and completed within a departmental goal of one hour. As a second layer and to reinforce sepsis process and education real-time feedback is provided to the care team on a weekly basis.

Methods: Data was collected on all sepsis alert cases from December 2016-July 2017 started during their stay. Department disposition as well as final hospital disposition was collected, along with the time minutes from 'time zero' to order and draw of lactate and blood cultures along with order time and administration time of antibiotics and fluids and total fluid administered.

Results: Sepsis Mortality Index in September 2017 fell to 0.62 indicating more lives saved because of the sepsis alert process.

Conclusion: Education about importance of interventions and mapping of new processes is essential in any new intervention. However, frequently in healthcare as the focus shifts to another process, roll out or intervention compliance with the initial subject falls. Real time follow up has enhanced the sepsis alert process and kept it on the forefront of physician and staff thought processes. New and less labor intensive reporting methods will be investigated and implemented to ensure septic patient lives continue to be saved.

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Page 89