



Be the Change You Want to See in the World of Sepsis

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- Our Story
- Building Your Team
- Implementing Change
- What Helped Us
- Questions





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Our Story

The Sepsis Stigma

“What is sepsis and how do you treat it?”

- Ask around... no two people will give you the same answer
- **Most physicians were describing *Septic Shock* when they talked about Sepsis. This made early identification difficult.**
- By the time physicians saw “Sepsis” we were already passed the 3 hour bundle.
- As our compliance got better, our mortality did too.



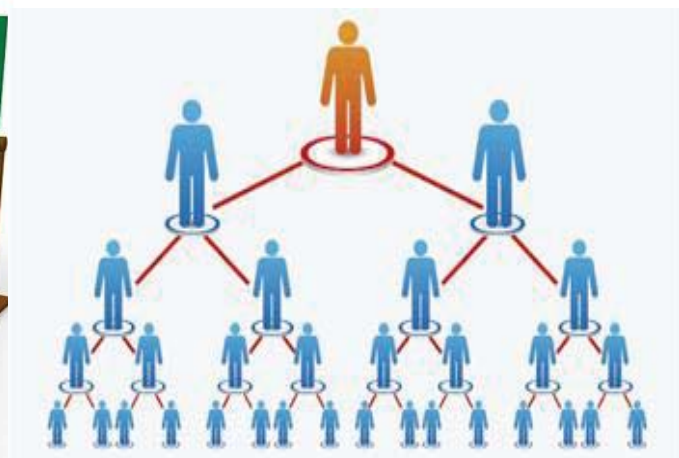
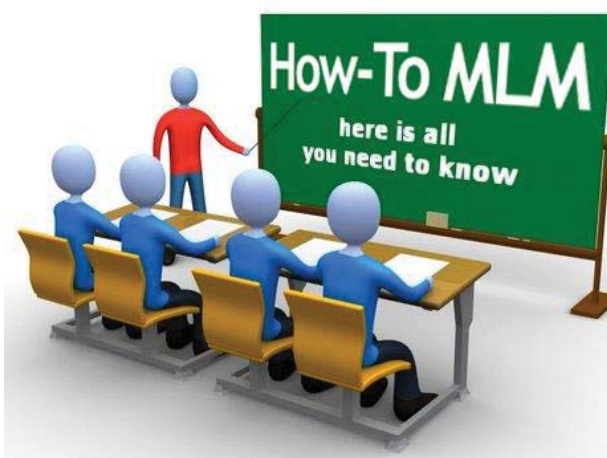


Our Story

- Start broad then narrow
- Driven by data
- Small team, big decisions
- Increasingly changing our PI needs
- Other variables to consider:
 - Where was time zero?
 - Where did the patient fail the measure?
 - Which shift?
 - Naughty and Nice list



Building Your Team





Building Your Team

Find Your “Why”

- Why implement change? Why is it important?
What drives you?

Be Specific

- KEEP IT PATIENT FOCUSED
- If you start with CMS, you will lose them
- Have the research handy



Building Your Team

Social Media Rules:

- Be Authentic
- Follow, Comment, Like, etc.
 - Make NONE of it sepsis related
 - Regular conversations
 - Find out what you have in common
- Frequent contact with people
 - Rounds > Meetings





Building Your Team

It's all about relationships and customer service!

- Listen to your customer/team member (sepsis related)
- Ask Questions
 - What do they need to make their job easier?
 - What makes them upset?
 - What are the problems?
 - What are the solutions?
 - **What can I do to support you?**



Building Your Team

Recruit Team Members

- Vision Boards and Wish Lists
- You want busy people, they get stuff done.
- Team members will be your sepsis champions
- What is in it for them?
 - Conversations that start this way are more natural, efficient, and interactive.
 - Why do you think he/she would be great for this?
 - They have a gift to share!





Building Your Team

Patience is key

- How do you eat an elephant? One bite at a time.

You have two jobs:

- The job you are currently doing
- Improving the job you are currently doing



Building Your Team

Handling Objections:

- Don't get defensive
- Don't go into convincing mode
- Sprinkle in the research
- No is okay! Sometimes it means, "Not right now." Leave the door open.
 - We have 2 physician liaisons who aren't officially on the sepsis team but love to chat about sepsis items to improve.





Building Your Team

Our Team

- ER and ICU Director
- ICU Nurse Practitioner
- 2 ER Physicians
- 2 ER Managers
- 2 ER Pharmacists
- 2 Pulmonologists



Implementing Change

One person can absolutely make a difference!

- Have mercy on the ER
 - Everything is on fire
 - Listen to your customer (i.e. No paper)
- Communicate and Educate
 - What tools/resources are provided?
 - 2 BB, pocket card, poster check list, poster bundle list, follow-up letter, **KUDOS** Card, buttons, SAM, emails, rounds, newsletters, CME





Implementing Change



Olathe Health Adult Sepsis Screening Tool

- Does the patient have a suspected/confirmed infection?
 - Acute Abdominal Infection: Bowel Necrosis/ C diff
 - Altered Mental Status
 - Device Associated Infection
 - Endocarditis
 - Kitchen or Suspected Infection or Recent Abx Use
 - Meningitis
 - Pneumonia: Acute COPD exacerbation
 - Skin, Soft Tissue, Bone, or Joint Infection
 - UTI
 - Wound Infection AND/OR abscess, necrosis
- If suspicion of infection exists, assess for 2 or more SIRS criteria
 - Temperature > 38.3 C or < 36.0 C
 - Tachycardia > 90 beats/min
 - Respirations > 20
 - WBC > 12K or < 4K or Bands > 10%
- If suspicion of infection and 2 or more SIRS criteria are present, suspect Sepsis
 - Check Rapid-Lactate
 - Follow up lactate within 4hrs if 1st was > 2.0
 - Obtain Blood Cultures
 - Notify Physician
 - Administer Ordered Broad Spectrum Antibiotics
 - Assess for Organ Dysfunction
 - Consider Activation of Medical Response Team (MRT) or 1673)
- Assess for organ dysfunction criteria present not considered to be a documented, chronic condition:
 - Acutely Altered Mental Status
 - Bilirubin > 2.0, AST > 95, ALP > 80
 - Coagulopathy: INR > 1.5 or a PTT > 40 sec or Platelet Count < 100K
 - Creatinine > 2.0 or 1.0 x from baseline
 - Hypotension: SBP < 90 or MAP < 65 or SBP ↓ by > 40
 - Lactate > 2.0
 - New need for invasive or non-invasive ventilation (CPAP/ BiPAP)
 - PaO₂/FIO₂ < 300 or SpO₂ < 88% or FIO₂ > 2L/NC
 - U/O < 0.5ml/kg/hr for > 2 hrs or < 150ml/24 hrs
- If lactate is > 4.0 with Sepsis or hypotension persists after a fluid bolus, CRITERIA MET FOR SEPTIC SHOCK; requires ICU admission consideration
 - Complete Crystalloid Fluid Resuscitation of 30ml/kg
 - Consider Initiation of Vasopressor Support
 - Repeat Volume Status & Tissue Perfusion Assessment with **SOBEA A OR B**
- Complete Sepsis PowerPlan
 - OPTION A:** RN Documented, ScvO₂, CVP
 - OPTION B:** Physician/PA/PNP Documented, Physician Focused Exam (2 point review)

Send questions about sepsis recognition and/or mgt to: katherine.rucker@olathehealth.org
(Continued on Reverse)

04/22/2018 09:25 Sepsis
 04/22/2018 05:46 CDT WBC = 18.97 thousand, [Greater than or equal to 12] 04/22/2018 08:32 CDT HR = 96 bpm [Greater than or equal to 96]
 04/22/2018 05:46 CDT Lactic Acid = 2.4 mmol/L, [Greater than or equal to 2.1]

Documentation required within 30 minutes of SIRS/Sepsis alert.

If the Physician/Provider should be notified, please select "Yes" below and document who was notified, the date/time, and the outcome if applicable.
 If the SIRS/Sepsis alert does not warrant a notification to the Physician/Provider, please select "No" below and document the reason why a notification wasn't performed.

Physician/Provider Notified?
 Yes No

Physician/Provider Informed of Alert
 Lawson, Em O MD

Date/Time Alert Reported
 04/22/2018 06:38

Physician/Provider Notified Outcome
 Orders received
 No new orders received
 Other:

Physician/Provider NOT Notified Reason
 Physician/Provider is aware
 Treatment already initiated
 Patient reassessed and no longer meets criteria
 Not clinically relevant
 Vital sign(s) in error
 Other:

Please review patient chart for previous alerts and documentation to determine if additional physician/provider notification is appropriate.

3 Hour Bundle Checklist

Blood culture within the last 48 hours
 Lactic acid
 Broad spectrum antibiotic (after blood culture drawn)
 30mL/kg NS or LR bolus for hypotension (Syst < 90 or MAP < 65 or lactate > 4)
 Other:



Implementing Change

Who to contact?

- Katie, Katie the Sepsis Lady
- Contact info is on the back of every BB
- Pager, email, work phone, cell phone, carrier pigeon...

Networking

- We can all be awesome at sepsis!
- What are other people doing in their facilities?





Implementing Change

Make it a competition

- Do you know anyone more competitive than an ICU or ER nurse?
- Sepsis Hero board
- Wheel of Sepsis
- Rewards. Again, what's in it for them?



What Helped Us

Let's get right into the good stuff...

I CAN HELP YOU PASS THE FLUID BOLUS!





What Helped Us

- ECC bolus order:
 - One single order
 - Kg x 30mL calculated for physician
- EMS IVF:
 - Algorithm: EMS → Fluids → Amount/Type/Rate → Communication Order → Physician signs
- MAP Color Change:
 - Low BP has a color change in Cerner, MAP did not
 - SO MUCH TRAINING!!



What Helped Us

- Non-Invasive Hemodynamic Monitoring
 - CHF, low EF, advanced age: USE IT!
 - Basically any reason that you can come up with that would fluid overload the pt
 - There is a conversation between ER and Pulm or Renal doctors (This is NEW!)
 - When in doubt, go to the unit after bolus
 - ALWAYS do what is best for the patient!





What Helped Us

The second biggest challenge...

The Repeat Lactic Acid

It's not the task, it's the timing



What Helped Us

IT driven reflex lactic acid order:

- The rule is triggered when the result is verified.
- The 4 hour reflex is based on the original requested start date/time.

Example:

- Order requested to be drawn at 12:00pm
- Result verified at 12:22pm
- New Order placed to be drawn at 4:00pm.





What Helped Us

Feedback

- Concurrent reviews
- Retro abstractions with feedback
- Assigning responsibility
 - Everyone wants to do a great job
 - They don't know what they don't know
 - Make each follow-up a case review



What Helped Us

Pharmacy got involved

- 10 hours a day there is a pharmacist physically sitting in the ER with the physicians and nurses
- IVF bolus champion
- Antibiotic liaison (help fight the vanc-first habit)
- And, I say this lovingly, they are research junkies!





Resources

- The Sepsis Alliance
 - www.sepsis.org
- CDC
 - www.cdc.gov/sepsis
- Surviving Sepsis
 - www.survivingsepsis.org
- CMS Guidelines



Questions?



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