

# Improving Patient Care with a Sepsis Coordinator

*the heart of healing*





CareOregon's Care Support and System Innovation (CSSI) program provided financial support of the Sepsis Coordinator position

Support organizations for projects and initiatives that improve health care delivery and outcomes.

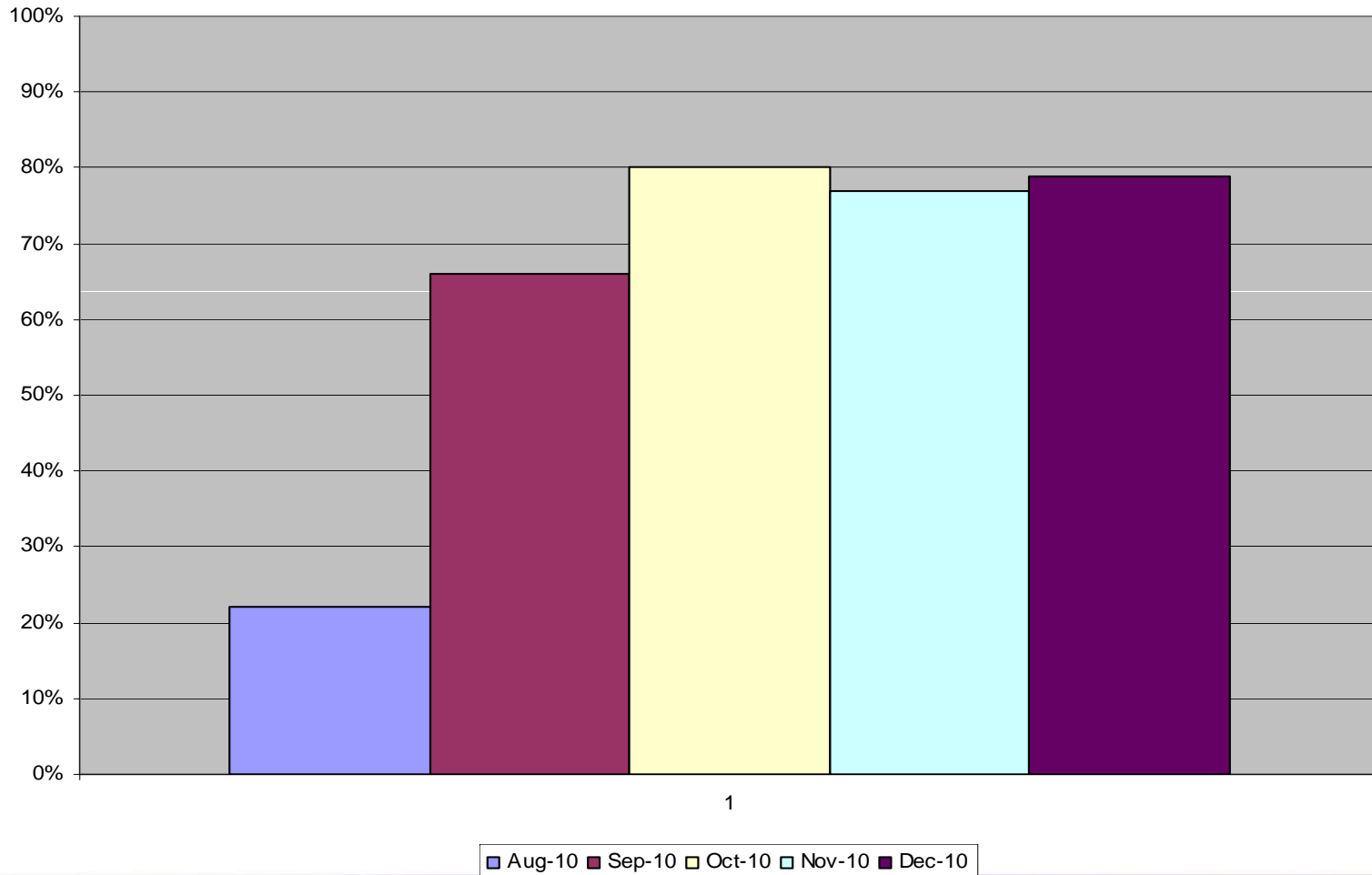
# Aims

- Reduce inpatient sepsis mortality by 25% over the next 3 years, 2010 – 2013
- Increase sepsis bundle compliance for all patients with suspected sepsis by 25% over the next 3 years
- Early recognition and treatment of all septic patients by the health care team

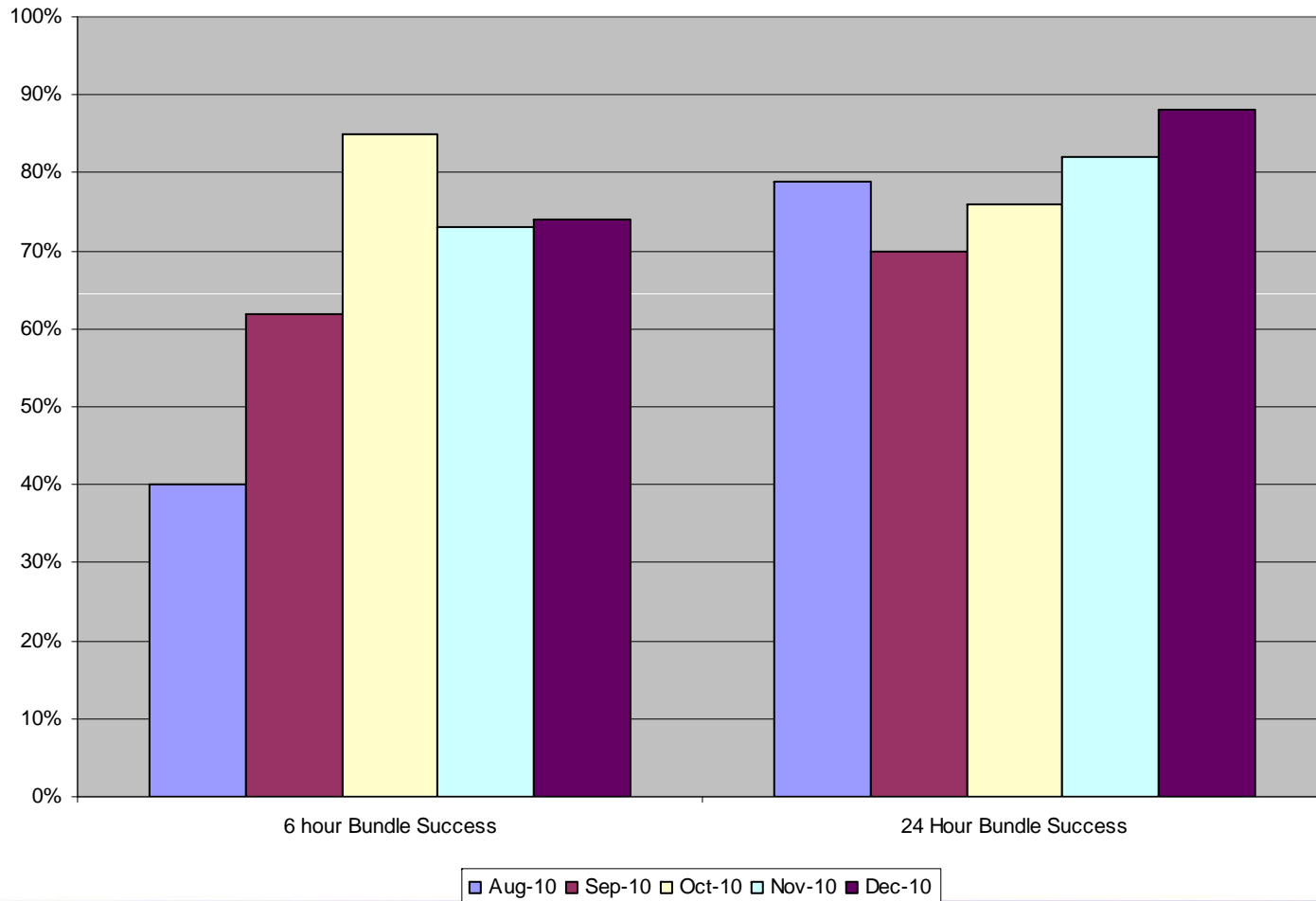
# Objectives

- Improve staff awareness of sepsis and best practices (sepsis bundles)
- Identify and remove barriers to timely initiation of antibiotic therapy in the Emergency Department
- Decrease inpatient mortality rates for patients with severe sepsis and septic shock
- Improve glycemic control for patients with severe sepsis and septic shock

## ED Sepsis Screen Compliance

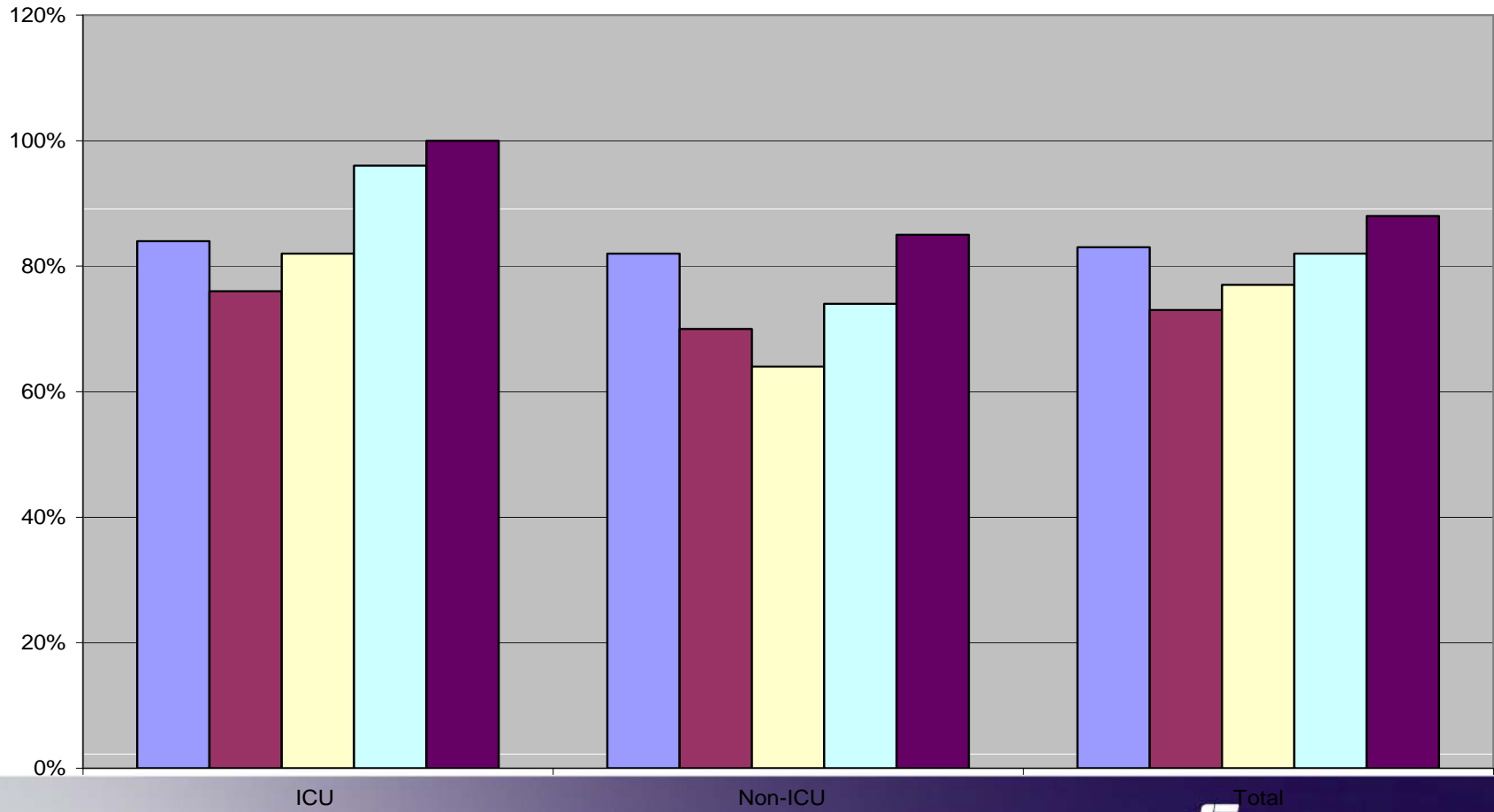


## Convenience Sample Bundle Compliance



# Results/ Outcomes

## Glycemic Control



*the heart of healing*

■ Aug-10 ■ Sep-10 ■ Oct-10 ■ Nov-10 ■ Dec-10



**Salem Health**

# Next Steps

- Increase community awareness of sepsis and the need to access health care system with early S/S of sepsis
- Improve ED to antibiotic time. Goal is 100% of patients will receive antibiotic within 3 hours of entry into the ED
- 8
- Finalize the Non-ICU Physician Orderset and educate medical and nursing staff on use



# Lessons Learned

- Half of patients admitted with probable severe sepsis or septic shock are not admitted to the ICU. It is critical that staff education on EGDT include all hospital staff and clinical areas
- Glycemic control and timing of antibiotic therapy are the most frequently missed opportunities in bundle compliance. Effective efforts to improve EGDT and decrease sepsis related mortality need to focus on these bundle elements.