Early Recognition and Management of Sepsis

Meeting 2

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Early Recognition and Management of Sepsis
Overview of Training Program

• You will have 6 Webexes to do with your team and there will be 6 “Help Session” Webexes to go over barriers and any questions you may have about the content you reviewed on your own with your team
  – Need to pick a time workable for you and your team
  – Walk through action plan to implement a sepsis early identification and management program that includes a focus on infection prevention
• You will want to complete the Webex prior to the “Help Session Webex”
• Provide training and educational materials
• Defined process and outcome measures to evaluate success of the program
Roles and Responsibilities

• Each facility must have a team identified to do this work
  – Should include: medical director, DON, infection prevention nurse at a minimum
• Team work through action plan provided in specified timeframe
• Implement sepsis screening process
• Implement early management of sepsis process
• Educate staff on screening and management processes
• Assess current infection prevention practices related to PNA, UTI and CLABSI and identify on intervention to improve upon
• Collect defined process and outcome data
Early Recognition and Management of Sepsis

• Welcome
• Review of Program Objectives
  – Develop and implement an early recognition of sepsis process
  – Standardize processes for treatment of patients with early sepsis
  – Standardize processes for infection prevention of PNA, CAUTI and CLABSI
  – Decrease rate of transfer to a higher level facility
  – Decrease sepsis mortality rates
• Orientation to training materials
What We Did Last Meeting

• Overview of the program with facility roles and responsibilities
• Education on sepsis, incidence, pathophysiology, early recognition (screening) and management
• Reviewed staff education plan and resources
• Reviewed Action Plan for sepsis early recognition and management
• Defined homework
Agenda for Today’s Meeting

• Review patient education materials

• Define audit metrics for sepsis screening
## Sepsis Early Recognition Action Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Who?</th>
<th>When?</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get team together to create early recognition process</td>
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<tr>
<td>2. Get medical staff support for screening and early intervention</td>
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<td>3. Develop screening tool/process</td>
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<tr>
<td>• Define frequency</td>
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<td>4. Define content for your staff education, whom will provide education, and implementation plan for the program</td>
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<td>5. Develop patient &amp; family education process and tools</td>
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<td>6. Evaluate screening audit: define outcome and process metrics</td>
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<td>7. Develop an infection prevention education plan for PNA, UTI, and CLABSI</td>
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Patient and Family Education

- Materials from Sepsis Alliance and CDC
Audit Screening Process

• Review the audit tool
  – Evaluate if screening is being completed at the frequency that you defined
  – Evaluate if the screen is performed correctly
  – Do case review for patients who get transferred to hospital for infection or sepsis to see if:
    • Patient was screened appropriately for sepsis
    • Was appropriate treatment provided prior to going to hospital
## Sepsis Screening Audit

<table>
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<tr>
<th>Measure Name</th>
<th>Metric</th>
<th>Measure Steward</th>
<th>Data Source</th>
<th>Baseline Performance Level (Include numerator/denominator)</th>
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<td><strong>Identify residents screened for sepsis using recommended sepsis screening tool</strong></td>
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<td>Admins/DON/RN supervisors/Education/IP’s</td>
<td>NF/LTC</td>
<td>Numerator: # of res. screened for sepsis using rec. sepsis screening tool Denominator: Total # of res in facility (Collect data using daily census one day of every week)</td>
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<tr>
<td><strong>Identify residents screened correctly for sepsis using recommended sepsis screening tool</strong></td>
<td>Number of residents screened correctly for sepsis using recommended sepsis screening tool (10% sample for one day each week)</td>
<td>Admins/DON/RN supervisors/Education/IP’s</td>
<td>NF/LTC</td>
<td>Numerator: # of res. screened correctly for sepsis using rec. sepsis screening tool Denominator: # of res. in a 10% sample on one day per week (Collect data using daily census one day of every week using a 10% sample of the screened population for that day)</td>
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Process Metric Submission Process

• Define Process Metric Submission Process
  – Should initially collect data weekly, then can go to monthly when reach > 90% compliance
  – Weekly sample size should reflect average daily census
Readmission Review

- Should review each patient that is transferred to the hospital for infection or sepsis
  - Evaluate if patient screened appropriately
  - If screened positive, were the appropriate treatments initiated?
  - Why was this transfer necessary?
  - Could this transfer have been prevented? If so, how?
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     - Define frequency |        |
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| 5.   | Develop patient & family education process and tools |        |
| 6.   | Evaluate screening audit: define outcome and process metrics |        |
| 7.   | Develop an infection prevention education plan for PNA, UTI, and CLABSI |        |
Homework

• Complete steps 4-6 on action plan
  – Develop and implement education plan for all staff
  – Define go live date for screening
  – Develop and implement patient/family education plan for sepsis
  – Define audit process and collect first one

• Come prepared to share what you have done during the Round Robin at the help session webex
CNA pocket card for sepsis

INFORM NURSE IMMEDIATELY

HR↑ 90   RR↑ 20
TEMP less than 96.8 or greater than 100.9

EMERGENCY
BP <90, Severe pain, no urine, ↑ confusion, mottled skin, respiratory distress
Thank you for your participation in this important work
Questions?