

When the spheres of influence merge: Creating and maintaining quality process improvement for the septic patient population

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Objectives

- Visualize the impact of the CNS on influencing change
- Understand the importance of cross-functional teams in the success of program implementation

No financial disclosures or conflicts of interest to disclose



Piedmont at a glance

Making a positive difference in every life we touch

Who We Are

Healthcare marked by compassion and sustainable excellence in a progressive environment, guided by physicians, delivered by exceptional professionals, and inspired by the communities we serve. Piedmont is a not-for-profit, community health system comprised of the following entities:

- Piedmont Athens Regional Medical Center
- Piedmont Atlanta Hospital
- Piedmont Fayette Hospital
- Piedmont Henry Hospital
- Piedmont Mountsides Hospital
- Piedmont Newnan Hospital
- Piedmont Newton Hospital
- Piedmont Heart Institute
- Piedmont Physicians
- Piedmont Clinic
- Piedmont Healthcare Foundation



PHC Sepsis Team

- CNS/Sepsis Coordinator
- System CMO
- Entity CMO
- Medical Dir. of Critical Care
- Medical Dir. of Emergency Services
- Lead Hospitalist
- Advanced Practice Providers
- STAT Team Nurses
- ED Nursing
- Critical Care nursing
- Informatics
- Business Intelligence
- Lab
- Pharmacy
- Infectious Disease
- Antimicrobial Stewardship
- Coding/Billing
- Core Measure Abstractor
- Other Subject Matter Experts



Sepsis Team Goals

Achieve 60% 3- hour bundle compliance

Process measures:

- Order set utilization (80% compliance)
- Nurse response to the Best Practice Advisory (3 or less cancellations before first acknowledge)



**Nursing = Screening
Physicians = Diagnosing**

**Key question:
Does your patient have a new or
worsening infection??**



Lessons Learned

- The screening is more complicated than we anticipated
- Alert fatigue is real
- Data validation is key
- Phased implementation



Time to reboot



Identify the Problem & Set Goals

Problem Statement

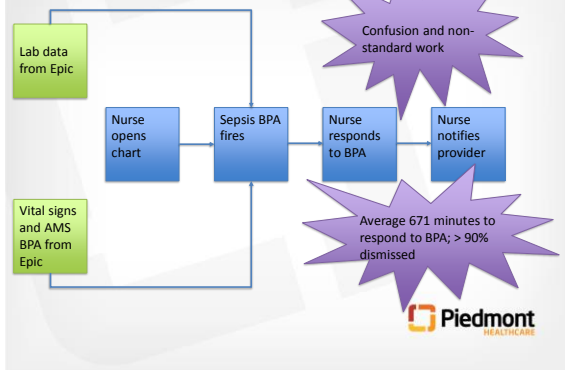
The sepsis Best Practice Advisory (BPA) is being cancelled 90% of the time. This causes a false elevation in the total number of alerts the nurse sees, resulting in the perception of alert fatigue.

Goals & Targets

- Reduce the percentage of cancelled orange and red sepsis BPA alerts from 90% to less than 70% by December 31, 2016.
- Reduce the total number of alerts by 50% by December 31, 2016.



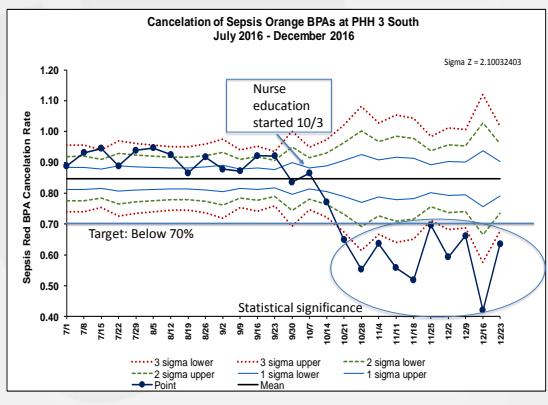
Understanding Current State

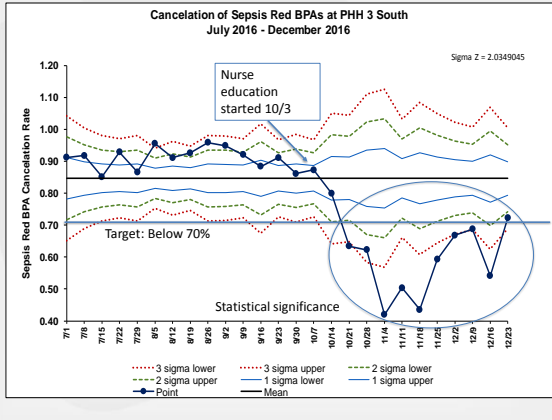


What did we do?

- Provided targeted education to nursing staff
 - Sepsis is an emergency
 - Screening process
- Clarified standard work for alert response
- Gave manager access to the data to monitor improvement







Lessons Learned

- Clarification of standard work resulted in a significant decrease in the number of cancelled alerts for both the red and orange BPAs
- The same education also resulted in a 70% reduction in the total number of sepsis BPAs which will significantly reduce the alert fatigue phenomenon
- Involving those who do the work can drastically improve compliance with the initiative
- Periodic audits/check-ins are necessary to sustain the gain



Looking ahead

- Alignment with Sep-3 and SSC 2016 guidelines
 - Screening
 - Treatment
 - Monitoring
- What to do with “presumed sepsis” patients