CARE Program
Sepsis Project

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Objectives

- Identify what worked to reduce and sustain the decreased mortality.
- Identify challenges in the past and present
- Identify future plans and expectations
Introduction

● O’Connor Hospital Team
  ▪ Six nursing units: ED, ICU, PCU, Ortho/Neuro, Med/Surg/Tele, Med/Surg/Oncology,
  ▪ Support departments: Quality Management, Pharmacy, Infection Prevention
  ▪ Physician champions

● Team Structure
  ▪ Unit Leads
  ▪ Unit Members
  ▪ Support Members

● Executive Sponsor
  ▪ Chief Nurse Executive
Significance to Organization

- **Aligns with Mission and Vision**
  - To serve the sick and poor

- **Major Goals**
  - Develop Nursing Leadership at the bedside
  - Utilize evidenced-based practice in care of severe sepsis patients
  - Reduce Sepsis Mortality by an additional 10% over 25% already achieved

- **Impact on the patient**
  - Improved quality of care, improved mortality, decreased length of stay and decreased cost of care
Results

CARE Project - O'Connor Hospital
Sepsis Trend by Quarter
Cases vs Mortality Rate

- Sepsis Cases
- Mortality Rate
- Mortality Rate Baseline
- Mortality Rate Goal (17.5%)
Results

CCH
Percent Mortality Per Month

- Percent per Month
- Average across all Months

Graph showing percent mortality per month from May 2011 to May 2012.
Result

OCH
Percent Lactates Per Month
- Percent per Month
- Average across all Months

OCH
Percent Antibiotics Per Month
- Percent per Month
- Average across all Months

Member, Daughters of Charity Health System
Results
Reasons for Variability

- Delays in administration of IV Antibiotics and Intravenous Fluids due to:
  - Patients going for tests to Radiology, MRI, CT
  - Patients are very ill and often require intubation and CVP insertion which takes priority
Interventions and Innovations

- Standardized sepsis screening tool incorporated into ED and inpatient computerized documentation system
- Development of sepsis policy and procedure, sepsis order protocol, nurse-driven lactate order, lactate alert, sepsis ID badge, and sepsis clock
- Hospital education for all by means of CARE fairs, CME sepsis courses, departmental newsletters, nursing newsletter, unit meetings, huddles, in-services and one-on-one teaching
Sustainability Plan

- Maintain CARE Council team structure
- Maintain current monitoring and reporting of sepsis data
- Incorporate standardized sepsis tool into all computerized documentation systems
- Incorporate sepsis care education in new hire orientation and annual nursing competencies
- Maintain engagement of all stakeholders
Support Needed

- **Key Stakeholders**
  - Physician champions, intensivists, Administration, nursing managers and nursing staff
  - Individual unit responses

- **Needs**
  - Continued support from Administrative team, all hospital associates, and physicians
Many Thanks

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- Jim Dover, CEO and President
- Judy Watland, CNO
- Brian Saavedra, ED Medical Director
- Ali Bassiri, ICU Medical Director
- All CARE Council Team Members
- O’Connor Hospital medical, nursing and ancillary staff
The CARE Council Team
Questions?

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