MOBILE SEPSIS TEAMS: TIME IS OF THE ESSENCE

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No Disclosures to Report
LEARNING OBJECTIVES

• Compare and contrast the outcomes between using an evidenced based clinical pathway versus a mobile sepsis team in early identification of sepsis in a community hospital

• Describe the utilization of inpatient mobile sepsis teams and how they affect hospital length of stay, morbidity, and mortality in a community hospital
FACILITY OVERVIEW

COMPRISED OF:

- 595 beds
- 800+ Physicians
- 2000+ staff

SERVICES INCLUDE:

- Emergency services
  - Level II Trauma Center
  - TJC Sepsis Certification
- Neuroscience and Neurosurgery
  - TJC Primary Stroke Certification
- Surgery
- Women’s and Children’s services with Level III NICU
- Wound Treatment Center
- Oncology Services
- Cardiovascular Care
SEPSIS PROGRAM EVOLUTION

• Began reviewing/collecting sepsis data in 2014
• Sepsis Program Coordinator committed to role January 2015
  • Multi-disciplinary team formed
  • Evidence-based order sets created
  • Point of care (POC) testing implemented in ED
  • Multidisciplinary ICU rounds
  • Updated Rapid Response Team (RRT) criteria
  • Robust education plan rolled out
  • Collaborate with EMS for prehospital notification
  • Data utilized to improve processes
• Awarded Disease Specific Certification – Sepsis by The Joint Commission June 2016
OVERALL PROGRESS TO DATE
-SEVERE SEPSIS-

Mortality
3-Hour Bundle Compliance
FINANCIAL IMPLICATIONS

Average ICU Length of Stay (LOS) vs. Average Length of Stay (LOS)

- **Average ICU Length of Stay (LOS)**
- **Average Length of Stay (LOS)**

Data points for 2014 Q1 to 2016 Q2 are shown on the graph.
LESSONS LEARNED

- This is a team effort
- Leadership support
- Buy-in from all physicians and staff
- Sustainable education plan
- Feedback to providers
- Must be real time and data driven
- Patience
FUTURE PROGRAM ENHANCEMENTS

- Nurse-driven Protocol
  - Implemented June 1, 2016
- Community Outreach
  - Coordinate with:
    - EMS
    - Area Urgent/Emergency Care Centers
    - Area Nursing Homes
LEARNING ASSESSMENT

1) Sepsis is a major contributor to:
   a) Hospital length of stay
   b) Mortality
   c) Hospital costs
   d) All of the above
1) Standardized evidence-based order sets aid in increased sepsis bundle compliance, thereby reducing sepsis-related mortality?

a) True

b) False
QUESTIONS/COMMENTS?