



After implementation, we noted improvement in appropriately timed serum lactate, 88.6% versus 70.8% ($p = .008$) with no significant improvements in blood cultures, antibiotic administration, or mortality” MacMillan et al (2018).

Abstract:

Severe sepsis and septic shock cause significant morbidity and mortality with health care costs approximating \$17 billion annually. The Surviving Sepsis Campaign 2012 recommended time-sensitive care bundles to improve outcomes for patients with sepsis. At our community teaching hospital, a review of sepsis management for patients admitted to a medical intensive care unit (ICU) between December 2015 and March 2016 found 70.8% compliance with timing of lactate draw, 65.3% compliance for blood cultures, and 51.4% compliance with antibiotic administration recommendations. Thus, a quality improvement initiative to improve detection and time to bundle completion for ICU-level patients was designed. Previous studies suggest that utilization of sepsis alert systems and sepsis response teams in the emergency department setting is associated with improved compliance with recommended sepsis bundles and improved hospital mortality. Therefore, a “sepsis alert” protocol was implemented that used both an electronic alert and an overhead team alert that mobilized nursing, pharmacy, phlebotomy, and a senior internal medicine resident to bedside. In addition, a template to document sepsis diagnosis and bundle adherence was created. After implementation, we noted improvement in appropriately timed serum lactate, 88.6% versus

70.8% ($p = .008$) with no significant improvements in blood cultures, antibiotic administration, or mortality.

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Impact of fluid balance on sepsis outcomes

How to manage intravenous fluid therapy in sepsis

Reference:

MacMillan, A., Rudinsky, D., Han, G., Elliott, J.O. and Jordan, K. (2018) Multidisciplinary Approach to Improve Sepsis Outcomes. *Journal for Healthcare Quality*. November 2nd. .

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