



# *Sepsis: Bringing it All Together*

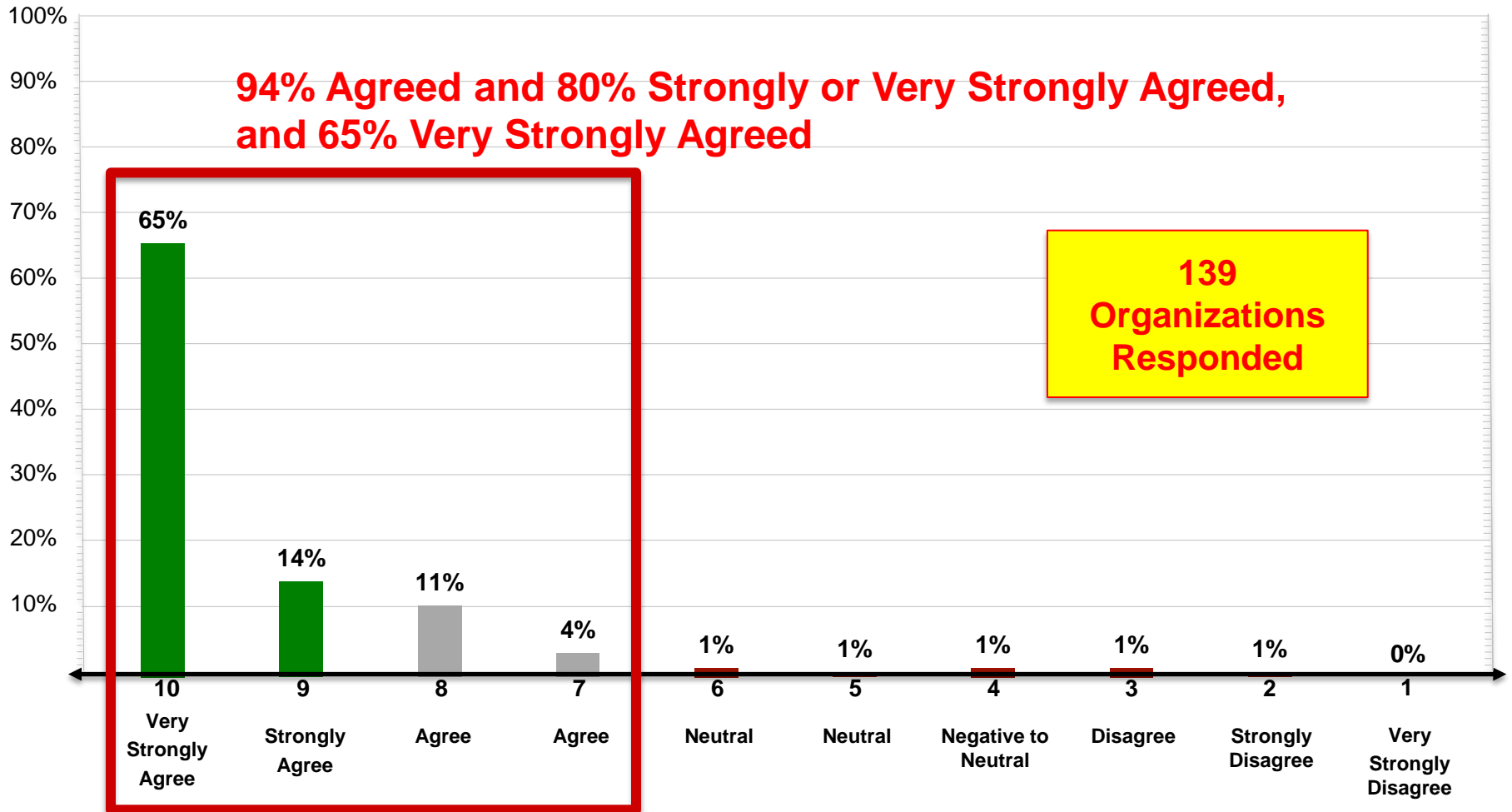
## Part 3 of Sepsis Series

August 17, 2017  
Webinar Month 105

For resource downloads go to:  
**[www.safetyleaders.org](http://www.safetyleaders.org)**

# Anonymous Survey Questions

I am interested in MORE DETAIL REGARDING SEPSIS.



Source: TMIT High Performer Webinar Series; Sepsis: Bringing it All Together: – August 17, 2017

# Specific SEPSIS TOPICS

## I would like to be FURTHER covered include:

- Pediatric sepsis
- Post sepsis syndrome - long term effects after sepsis
- Compliance with CMS requirements/core measure
- Balancing the CMS guidelines with best practice
- Qi projects
- Screening tools, alerts through EMR, early identification
- Treatment with vitamin C and thiamine
- Early recognition, clinical documentation
- CMS bundle
- Practical applications/tools
- Readmission avoidance. Outside the hospital walls. How to empower a sepsis coordinator.
- Getting administrative interest, then physician buy in
- Meeting CMS guidelines
- Early recognition after patient admitted.
- Understanding in deeper detail development of early identification resources
- Use of rapid response or sepsis nurses for daily surveillance and patient & family education, etc.
- Upcoming changes in review criteria
- Strategies to improve core measures
- Physician concerns with 30ml/kg fluid bolus
- The information that is starting to be gathered regarding the co morbidities effecting these patients after their septic shock episode. Also, are they being readmitted?
- Recognizing sepsis in the home care environment. Patient education strategies
- Fluid administration boluses for an ESRD patient.
- Abstraction for CMS
- Changing the culture to have sepsis always included in differential, not as an afterthought
- Pediatric and maternal/perinatal programs
- Evaluation and care of complex patients with organ transplant or eligible for transplant
- Early warning system nursing versus physician orders & process that also meets CMS time zero requirement. Slides very good this presentation.
- Strategies for increasing provider confidence in fluid resuscitation, particularly rural ED md with no ICU/limited RT back-up support (i.e. decision support tools/algorithms, particularly in patients with high risk of harm from over resuscitation; how to ensure care continuity with transferred sepsis patients;
- Auditing of patients and how to identify who to audit
- Sepsis education program implementation
- All
- Processes for sepsis alerts/rapid response teams in smaller hospitals <300 beds
- Crystalloid fluid administration, how to get physicians to document a focused exam
- Stratify - exclude false positives; engage physicians with alerts

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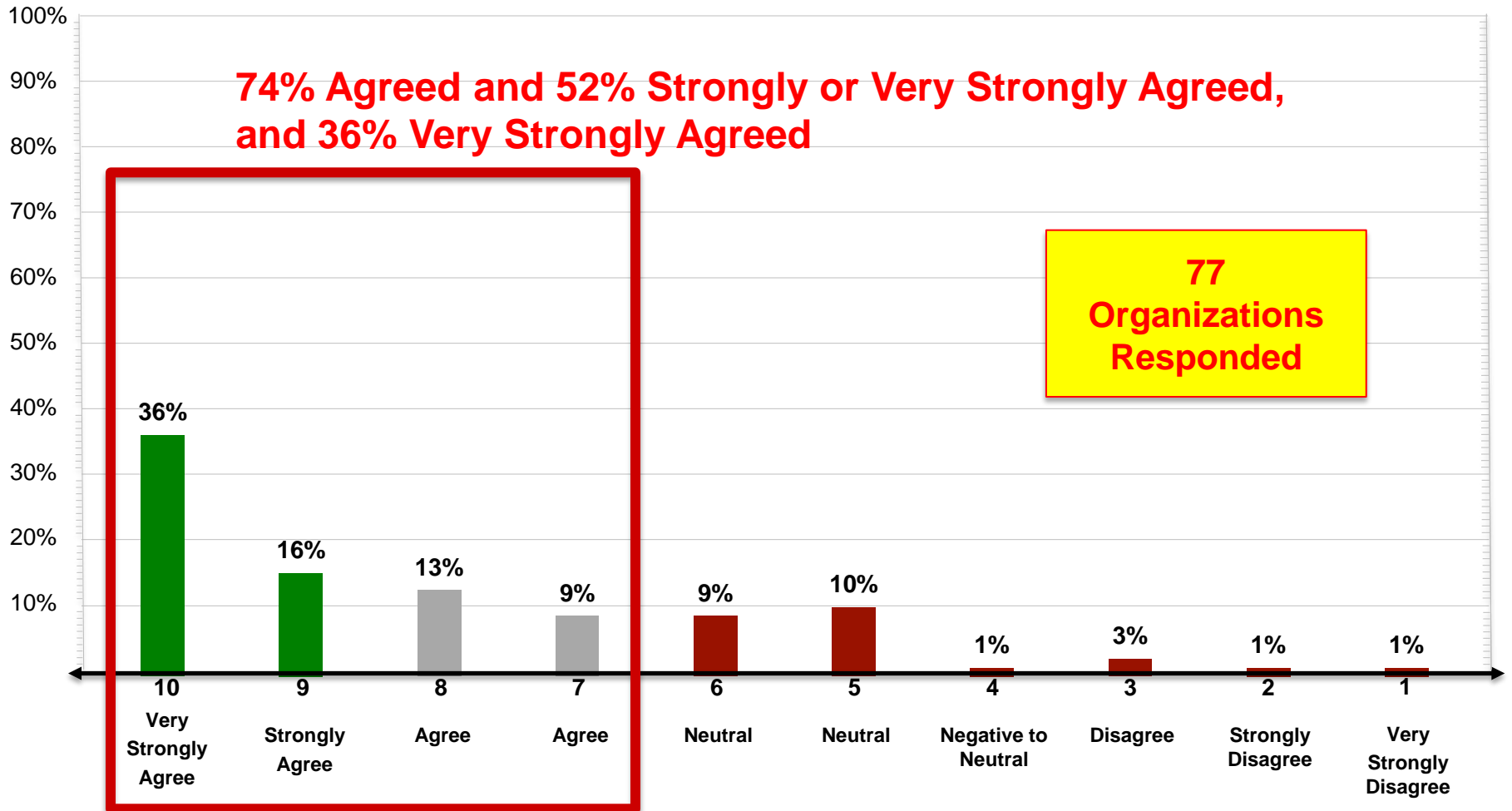
# Specific SEPSIS TOPICS

## I would like to be FURTHER covered include:

- Trauma and sepsis data
- Electronic tools in epic to assist with measure compliance
- Resolving the controversy on fluid resuscitation protocols
- More topic on opioid epidemic
- How to fine tune screening (tools tend to be too sensitive/not specific); sepsis readmission
- Quality improvement projects
- Any
- Practical implementation of screening if not EHR application is not possible.
- Core measure for sepsis
- Practical process of how to treat deteriorating patients with sepsis. In other words, how to implement a "code sepsis" (or alternative method) process. Who responds, job roles during the code, etc.
- Medications used in sepsis....ABX plus others
- Physician support, further discussion about identifying and diagnosing sepsis and then the treatment.
- Screening tools used in detail and/or bedside patient rescue
- Ed triage and direct admits for suspected sepsis patients
- Structured processes, algorithms for addressing early identification of acute care/inpatient. Sepsis.
- Fluid resuscitation
- Continued emphasis on earlier identification of sepsis; additional care recommendations

# Anonymous Survey Questions

I am interested in a webinar addressing patient safety issues regarding TRIAGE and EMERGENCY DEPARTMENT.



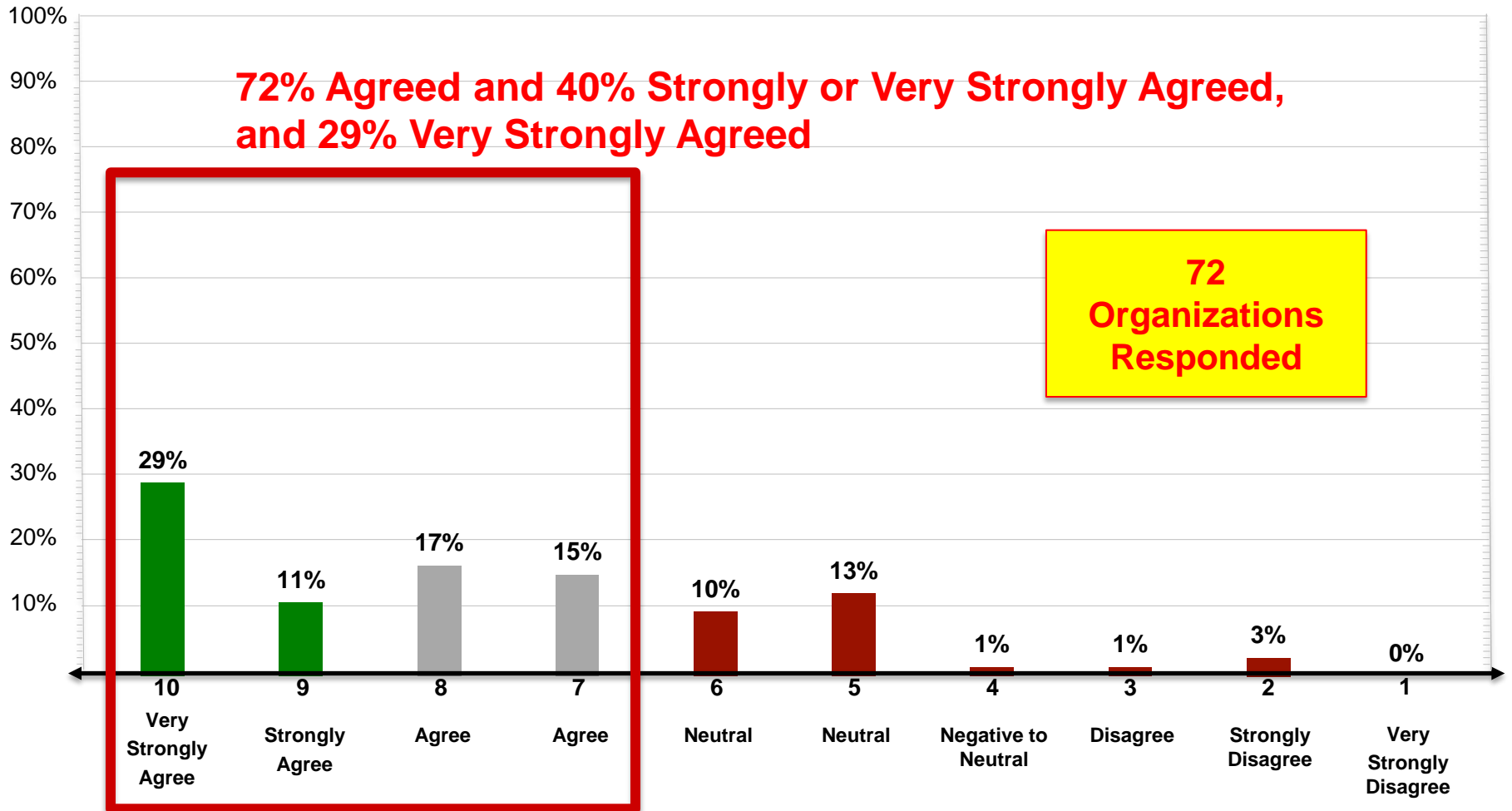
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## Specific TRIAGE and EMERGENCY DEPARTMENT I would like to be covered include:

- Sepsis ID
- Drugs causing problems for first responders
- Assessment of deteriorating patient.
- Not in the scope of my job responsibilities
- Triage tool for sepsis
- Who should initiate triage? Who is the first person to see the patient in the ED
- Physician documentation regarding sepsis/ sepsis alerts/ codes
- Sepsis screening
- Screening methods and improving compliance
- Sepsis screening: accuracy
- How to handle triage when the ED is overcrowded. Ex more critical (ESI 2) patients that you can bring in. Rapid triage versus full triage.
- All for both
- Accurate timely diagnosis vs. Time in ED metric
- Delayed diagnosis, use of physician extenders for medical screening exam, communication of acuity (need for medical exam) between triage, charge, and provider
- Assisting front line nurses to identify the most at risk patients
- Sepsis
- Any
- Sepsis screening
- Systems in place that work
- We use a screening tool in our triage department, what do other facilities use?
- Implementing diagnostic studies with suspected sepsis patients
- Triage assessments - skilled appreciative inquiry
- Updated methods of clinically acceptable but rapid assessment methods; any regulatory issues around triage; any updated impala issues

# Anonymous Survey Questions

I am interested in an update on E.H.R. RELATED SAFETY ISSUES.



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## Specific E.H.R. RELATED SAFETY ISSUES I would like to be covered include:

- Order set usage. Selling the idea of standardization.
- Documentation to meet ECQM elements
- Behavioral patients when there are very few resources.
- How do we make it work for the providers with BPA, prompts around key safety concerns
- Work-arounds or redesign?
- Workflow issues that cause vulnerability or mask the important, high risk tasks
- System enhancements to detect severe sepsis earlier
- Copy forward or paste features being used
- All, need to be aware of what you the challenges identified
- More details on sepsis care tools and advisors in the EHR
- Follow-up test results, appropriate tx, changes, PCP/specialty follow-up.
- Auto triggers for physicians making it mandatory for them to identify and address possible patient safety issues
- Documentation
- How to identify the systematic EHR-related safety issues. How to improve communication between provider types.
- General overview
- What alerts to implement that make a difference in patient outcomes. Best practice alerts and/or patient deterioration alerts. Alert fatigue.
- Copy & paste; when questioned once is enough forever? Conversion from one software vendor to another and involved errors, failures and misses
- Documentation of dates and times of treatments, diagnostic studies,
- Free form documentation vs checklist use vs blown in responses when check 'within normal limits' in program; coordination of information needed to appropriately dx & tx a patient, & how EHR input is best displayed & accessed to show the most complete picture of the pt for a treating clinician to use; any safety benchmarks associated with EHR ESP any that improve patient outcomes