



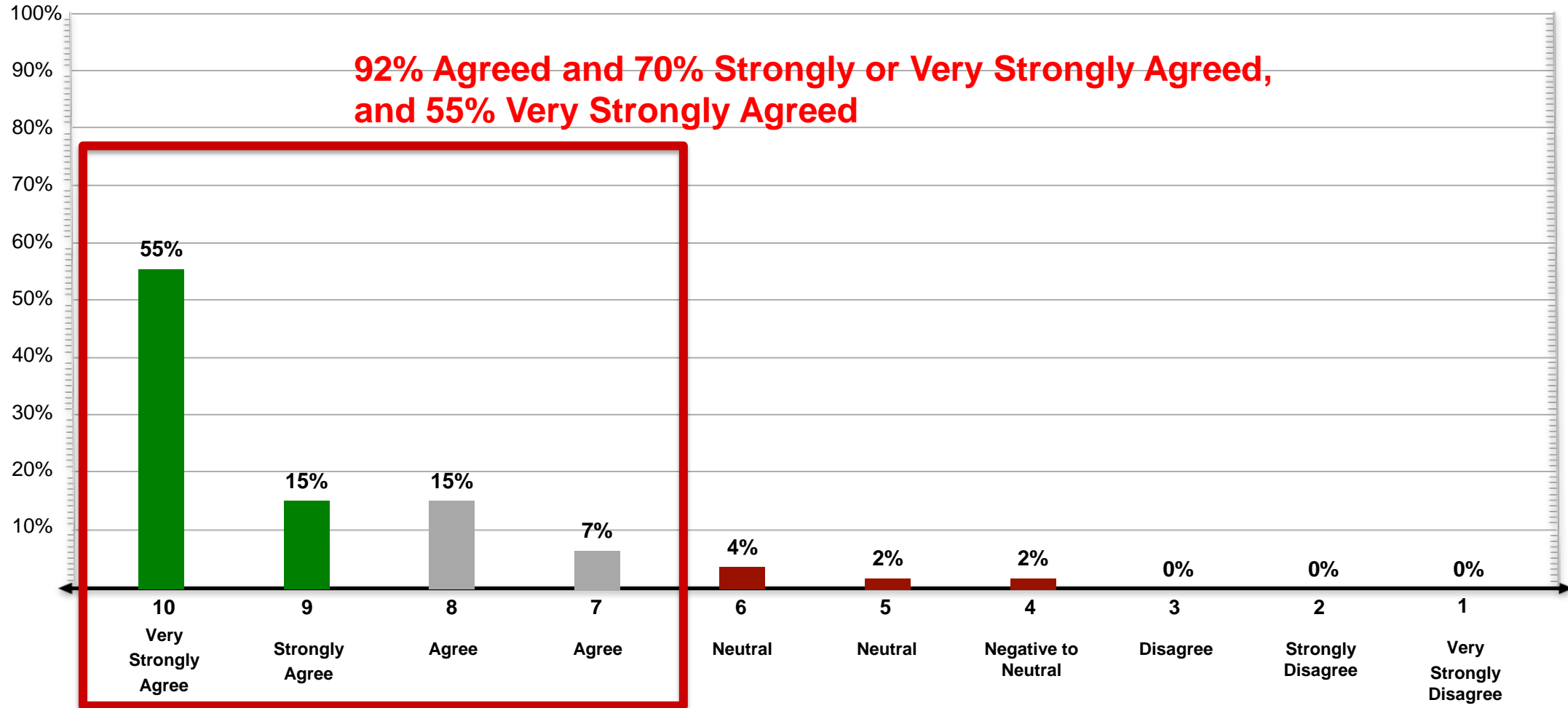
Sepsis and Triage: Maximizing Safety of Incoming Patients

**November 16, 2017
Webinar Month 108**

For resource downloads go to:
www.safetyleaders.org

Anonymous Survey Questions

I am interested in MORE DETAIL regarding:
TRIAGE OF SEPSIS PATIENTS



Source: TMIT High Performer Webinar Series; Health Information Technology: Sepsis and Triage: Maximizing Safety of Incoming Patients: – November 16, 2017

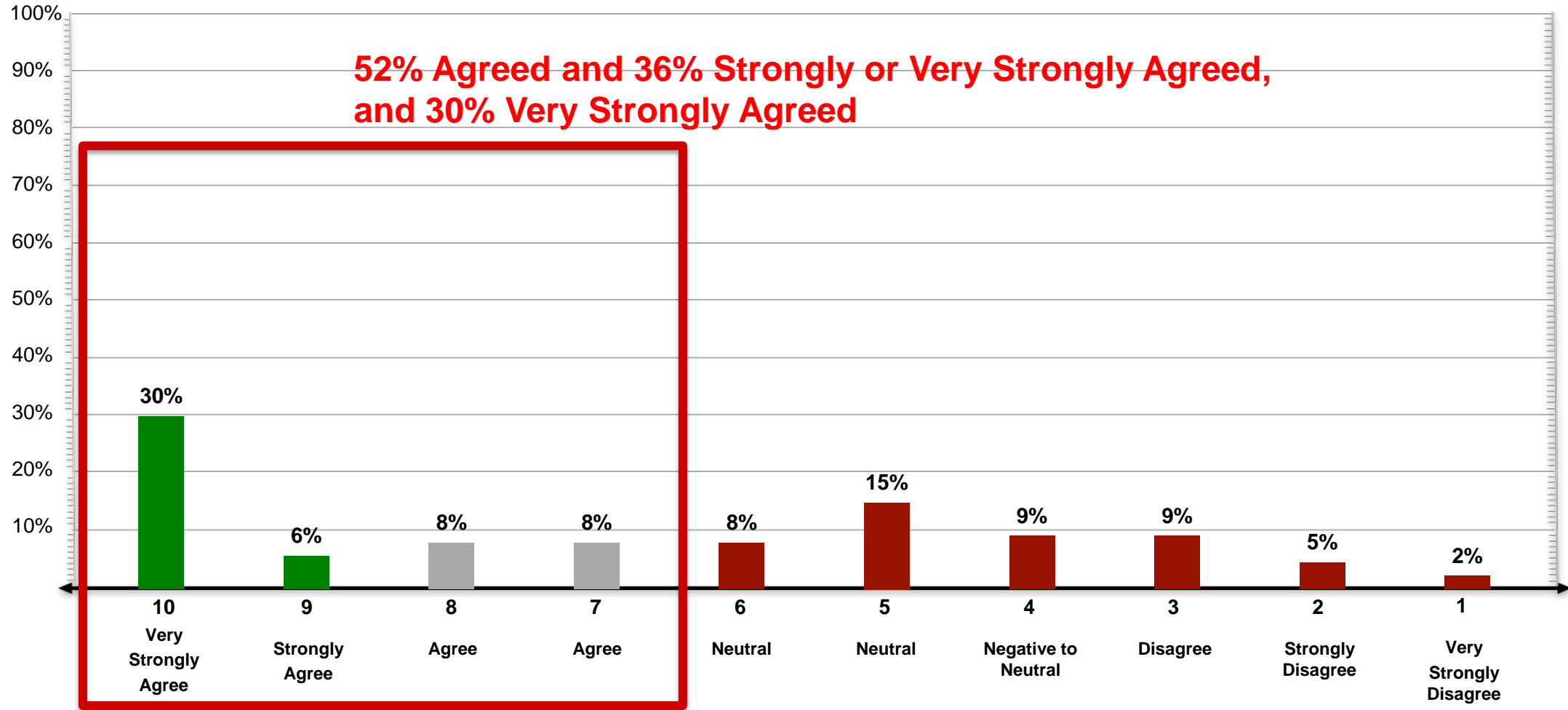
Specific TRIAGE OF SEPSIS PATIENTS

Related Information I would like to be FURTHER covered include:

- Virginia mason sepsis work
- How to triage effectively in a community hospital with limited resources
- I would like to hear more on the business plan for the triaging center
- How to manage throughput and boarding issues in ED when you hold a patient in the ED because they are unstable to go to the floor.
- Use of sepsis bundles and checklists
- Triage protocols for novice providers
- How EMS is involved and best practices. Especially rural volunteer EMS units
- Details
- Time zero verse triage time.
- N/a 2/109 (2%)
- Buy-in
- Triage from the ED
- The implementation of the communication between EMS and the hospital.
- List of criteria for admission to all units.
- Paramedicine / ems skill optimization & communications & assessments to reduce time to treatment
- Yes
- Experience levels of triage
- Use of rapid response/surveillance nurse for sepsis and other "badness" specific alert/screening criteria to ensure max. Sensitivity & specificity
- -Nurse criteria for initiating a sepsis response at ED triage
- What documentation or electronic health record contributions are in place to identify the patient's status and initiate the treatment process.
- Getting your ed providers on board to treating sepsis, severe sepsis, and septic shock
- Fluids in renal & CHF patients
- Transitions of care from ED to appropriate level of unit care
- Assessment of fluid hydration if/when boluses needed.
- I love hearing dr. Huddleston speak and lessons learned. Could you talk a little more about your screening process.
- Fluid resuscitation. Choice of vasopressors
- How can you involve the use of APN's to assist in transitioning this patient populations to avoid ICU as the default when appropriate upfront management is the most appropriate initial treatment strategy
- Triage process improvement for other community hospitals
- Significance of repeat lactic and frequency
- None 2/109 (2%)
- Importance of lactate
- Organizational structure/leadership
- Further dive into NSG process also
- Identification
- SOFA definition vs CMS accepted built in system for concurrent identification of severe sepsis
- Working together with nursing facilities for education
- The use of routine screening in the ED and inpatient environment to prevent disease progression with early recognition
- What mode of communication do you use for patients in transport that decline in route specifically when flown by helicopter? Is there a central communication line (dispatch) or do they radio the ED?
- How to educate all players in the use of systems/process "thinking" rather than old school approaches. The story and approach of Dr. Huddleston from the ground up[would be most interesting. IE the formation of the teams, education of the teams etc. COMMUNICATON verbal vs ehr/emr/ecr??
- Success with the compliance of sepsis 1 core measures 3 & 6 hour bundle as well as reduction of non present on admission sepsis
- Very interesting concept and totally agree with a admission triage center

Anonymous Survey Questions

I am interested in MORE DETAIL regarding:
MED TAC Bystander Care Program



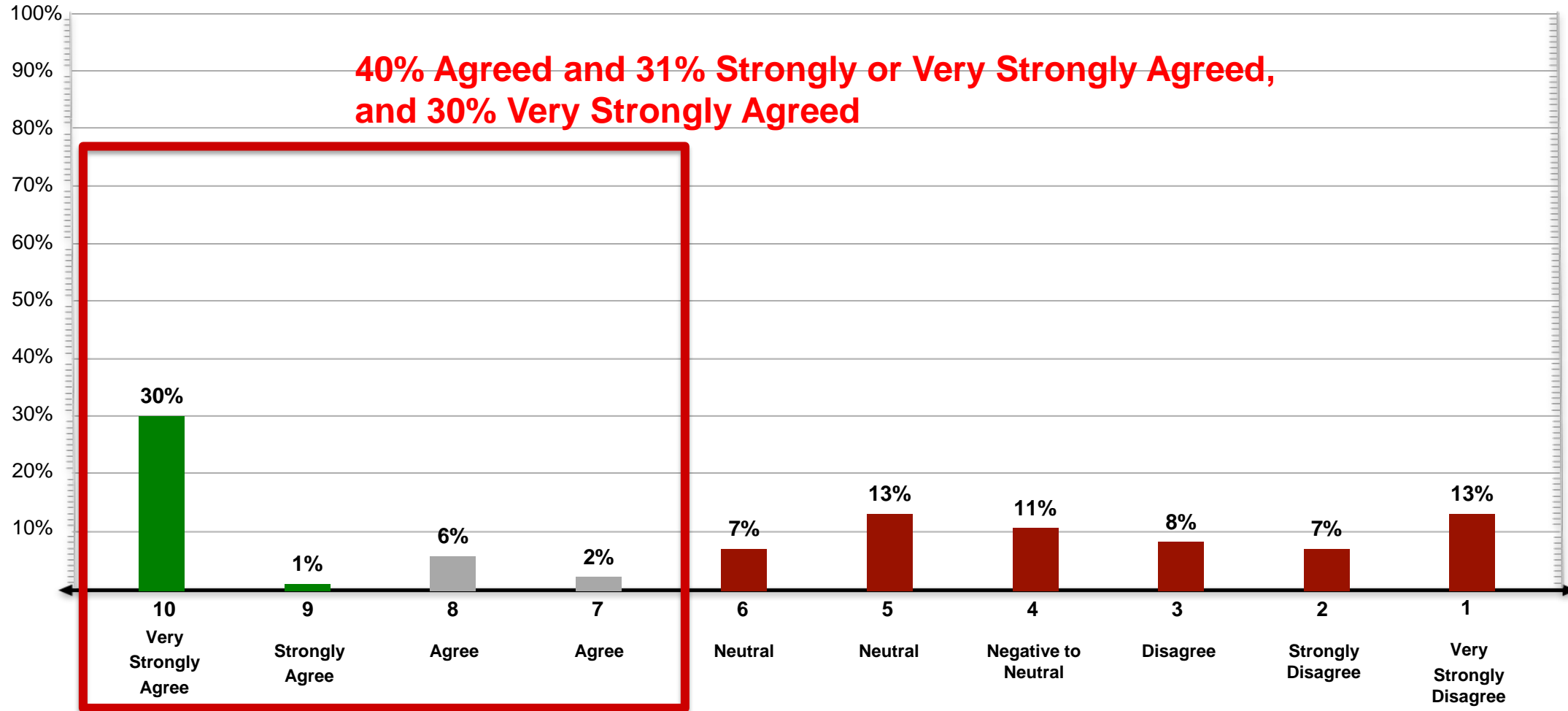
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**Specific MED TAC RELATED Information I would like to be FURTHER covered includes or
RECOMMENDED ORGANIZATIONS TO CONTACT ARE:**

- How to get training and then train the community
- Don't just stand there....Do something
- I am interested in in patient acute care
- Unsure
- Bystander responsiveness
- I would like more details and information on MED TEC related information
- Is there a standard class or handouts we can provide to the public
- St. Matthews Catholic Church, Charlotte NC, pastor Rev Patrick Hoare, largest catholic church in USA.
- All available information
- How to access training for faith organizations
- Tourniquets
- How to help/start conversations for med tac
- Multiple victims with limited resources

Anonymous Survey Questions

I am interested in MORE DETAIL regarding:
The FAITH-BASED MED TAC SECURITY WEBINAR



Source: TMIT High Performer Webinar Series; Health Information Technology: Sepsis and Triage: Maximizing Safety of Incoming Patients: – November 16, 2017

- St. Mary's Catholic church in Sherman, TX
- Diocese of Phoenix
- I would like more information on FAITH BASED MED TAC SECURITY
- St. Matthews Catholic Church, Charlotte NC, pastor Rev Patrick Hoare, largest Catholic church in USA.
- All available information.
- Hope Methodist Church, Wilmingtono Pike Rd., Dayton, OH; Far Hills Church, Clyro Rd., Dayton, OH
- Churches
- The catholic archdiocese of Shreveport/Bossier