

IMPROVING SEPSIS CARE IN A CRITICAL ACCESS HOSPITAL

TEAM

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BACKGROUND

- Sepsis is a life-threatening condition where there is systemic organ dysfunction secondary to an infection
- More than 210,000 people die nationally from this condition and the critical access hospital environment is not immune
- Data is reported to our Hospital Quality Improvement Contractor measuring compliance with an evidence-based 3-hour bundle that has been shown to decrease mortality associated with the disease
- Data for both a 3- and 6- hour bundle is also reported to CMS

GOAL

- Provide consistent and high-quality care to patients with sepsis including both those who are admitted to the Sturgis Hospital and those who are transferred to a higher level of care by following the CMS Management Bundle.
- CMS Severe Sepsis and Septic Shock Management Bundle
 - 3 Hour**
 - Obtain an Initial Lactic Acid Level
 - Blood Cultures Drawn Prior to Antibiotic
 - Administer Broad-Spectrum Antibiotics
 - Within three hours of Septic Shock: Resuscitation with 30 mL/kg crystalloid fluids
 - Within three hours of Initial Hypotension: Resuscitation with 30 mL/kg crystalloid fluids
 - 6 Hour**
 - Repeat lactate level measurement if the initial lactate is elevated
 - Vasopressors are administration
 - Repeat volume status and tissue perfusion assessment

ACTION

- Formal Performance Improvement Project initiated using "Plan, Do, Check, Act" methodology
- Physician and nurse peer feedback on opportunities identified in chart reviews, including those that are not reported (e.g. vital sign monitoring)
- Physician and nurse peer feedback on great care
- Continued participation and collaboration with system and Hills markets sepsis team
- Regular reporting of data to medical and nursing staff
- Targeted education during department meetings
- Inclusion of Sturgis Urgent Care Services
- Creation of reference sheets for Emergency Department and for Urgent Care Services
- Continued measurement and participation in HQIC database as well as CMS reporting for patients admitted to the Sturgis Hospital

IMPACT

- Clear demonstration of improvement in both the 6-hour and the 3-hour bundle for patients admitted to the Sturgis Hospital, with the 3-hour bundle at 100% for 5 months in a row
- Demonstrates that through collaboration, data monitoring, sharing and feedback, strong improvements can be achieved
- Supports our organizational priority to deliver high quality care
- Patients in the Sturgis community are directly impacted
- This project also impacts patients who are transferred to higher levels of care, such as to the Rapid City Hospital or Spearfish Hospital

NEXT STEPS

- Continued work on the 6-hour sepsis bundle
- There are still identified opportunities with patients transferring to a higher level of care
- We can use what we learned through this project to help influence future projects at our hospital

RESULTS

