



Early Sepsis Identification at the Point of Triage

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Billings Clinic



- Community-owned health care organization
- 272 bed hospital
- Magnet Designation

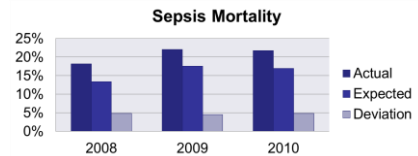


Purpose

- Sepsis is the 10th leading cause of death in the United States
- Patient's admitted with septic shock have 46% mortality rate
- Mortality increases with delay in treatment



What our data showed

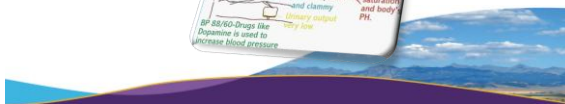
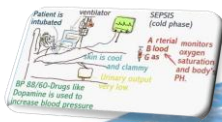


- Our actual mortality exceeded our expected mortality
- Something had to be done!



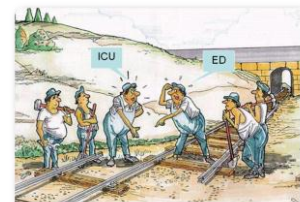
Goal

- Improve mortality
 - Early identification
 - Patient placement for treatment
 - Up to 3 patients per month were transferred to ICU within hours of admission to the hospital with Sepsis



Multidisciplinary Team

- ICU
- ED
- Pharmacy
- Med-Surg
- Informatics



Process

- ED triage
- Computerized cue
- Standard order sets
- Guidelines for patient placement
- Nursing and medical staff education

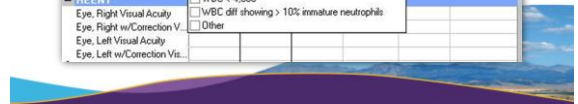
ED initial triage and screening



ED Identifier



ED 2nd Screening

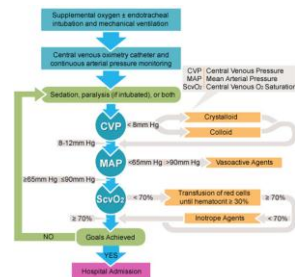


Admit to ICU

- Suspected Sepsis
- Lactate >3
- Greater than 2 organ failure



Early Treatment



Med-Surg Education

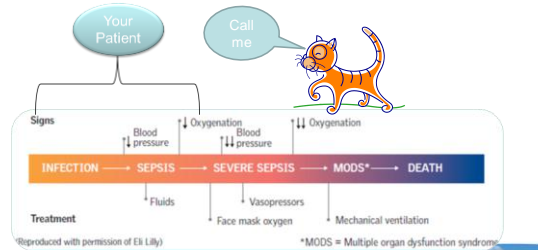


Early Identification

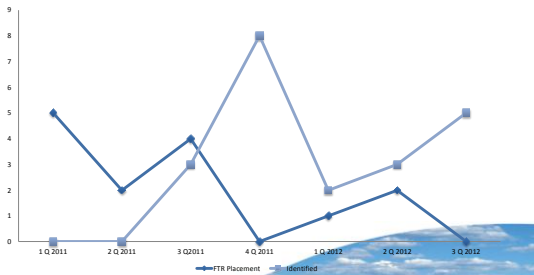
- WBC Sign**
 - Blood pressure
 - ≥ 120 or ≤ 90 mmHg
 - ≥ 100 mmHg
 - ≥ 100 mmHg
 - ≥ 100 mmHg
- Temperature**
 - ≥ 101.0 or ≤ 96.0
 - ≥ 101.0 or ≤ 96.0
 - ≥ 101.0 or ≤ 96.0
- Change in vital signs**
 - ≥ 4 or ≤ 4
 - ≥ 4 or ≤ 4
 - ≥ 4 or ≤ 4
- Other**
 - ≥ 4 or ≤ 4
 - ≥ 4 or ≤ 4
 - ≥ 4 or ≤ 4

- Mandatory Classes
- Sepsis Case Studies
- Failure to recognize individual case reviews

Med-Surg Involvement



Patient Placement and Case Identification



Latest Outcomes

