Emergency Department Collaborative Care Council Process Change Project: Sepsis Treatment and Documentation

Paige Petito MSN, RN, NYSAFE & Laurence Gupiteo MSN, RN, AGPCNP
Staten Island University Hospital Emergency Department

Introduction

Sepsis is a potentially life-threatening condition frequently encountered in the emergency department (ED). Sepsis is defined “as the body's extreme response to an infection" (CDC 2024). As nurses, early recognition and treatment of sepsis is paramount for improving patient outcomes.
In addition to the early recognition and treatment of sepsis, proper and timely documentation of adherence to the sepsis core measures is directly linked to the reimbursement for the care of these individuals.
Hence, failure to provide and document timely and appropriate care in sepsis may result in increased morbidity, mortality and decreased revenue.

Background

The care of the septic patient in the ED includes a three and a six hour "bundled" approach to care which includes the implementation of several elements of care as well as the specific documentation of these interventions.
The national benchmark for compliance with sepsis documentation is 60%, the average for New York is 54%. Prior to the implementation of this project, we were well below the national average

PICO

Emergency department nurses **(P),** Implementation of a sepsis documentation checklist **(I),** Not using a checklist **(C),** Improve sepsis documentation **(O)**

Implementation

Led by our collaborative care council, ED nursing, leadership and providers regularly met to discuss barriers to practice.
As a result, a sepsis checklist was developed to assist both our nurses and providers in improving our sepsis bundle compliance.
All ED staff were provided education on the use of our newly developed checklist as well as the three and six- hour sepsis bundle requirements.
Data was extracted and reported by our PI coordinator on a monthly basis

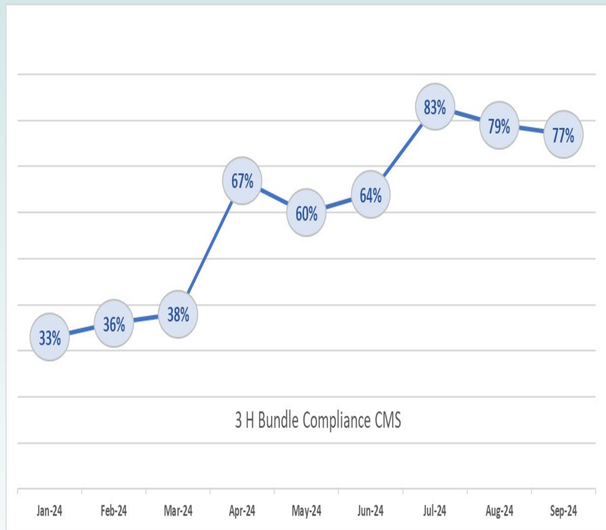
CHARGE: CONFIRM ORDER SET USE, 2 labels-One ofr this checklist, one for the Log and Give the checklist to the Primary RN
PRIMARY: Complete these tasks and RETURN THIS CHECKLIST CHARGE RN

TIME ZERO: _____ **(To be determined by Provider)**

		PROVIDER		RN
IVF		**ORDERED** 30cc/kg Bolus Sepsis order set **DOCUMENTED** Exclusion		**DOCUMENTED** Weight & Height **SCANNED** IVF/**GIVEN**
BLOOD CULTURES		**ORDERED** Two sets		**DOCUMENTED BLOOD CULTURES** Draw time, ED flowsheet. **(prior to antibiotics)**
ANTIBIOTICS		**ORDERED**		**SCANNED/GIVEN**
LACTATE		**ORDERED**		**DOCUMENTED LACTATE** **CHECK LACTATE SPECIFICALLY** Draw time, ED flowsheet
REASSESSMENT		**DOCUMENTED** ED provider note		**DOCUMENTED** Repeat Vitals X 2 within 1H after bolus COMPLETION
REPEAT LACTATE		**ORDERED, UNLESS SEPSIS ORDER SET**		**DOCUMENTED** Draw time ED flowsheet

Outcomes

Education and the use of the checklist began in April 2024 and is ongoing.



Conclusion

The implementation of the sepsis documentation checklist in the ED has demonstrated significant improvements in clinical documentation compliance. This new approach not only facilitates better clinical outcomes by ensuring timely and accurate treatment of sepsis but also improves our reimbursement rate. Moving forward, it is imperative that we continue to improve the care we provide as well as our timely documentation.

References

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