

Acute Care Surgery Surviving Sepsis Campaign

PROBLEM: Currently, No patient admitted under ACS with inclusion criteria of SIRS with possible sepsis are getting all component of sepsis 6 pathway implemented within 1 hour.

AIM: To implement components of sepsis 6 pathway within the golden hour for early identification and initial management of patient with possible sepsis for at least 50% of ACS patients who are in SIRS admitted in 4 North 1.

INTERVENTIONS:

- Awareness sessions among nurses & residents regarding latest guidelines on sepsis.
- Modified sepsis pathway to identify & resuscitate patients in pre-sepsis or sepsis.
- Sepsis kits & stamp in the ward for ease of ordering and implementation
- Antibiotics made available in the Pyxis for decreasing order to injection time.
- Consultant to be involved when surgeons on call are occupied in OT

TEAM:

- Ms. Jocelyn Wayagwag
- Mr. Mohamed Salem
- Dr. Omer Al Yahri
- Dr. Ahmed Abutaka
- Dr. Amjad Qabbani

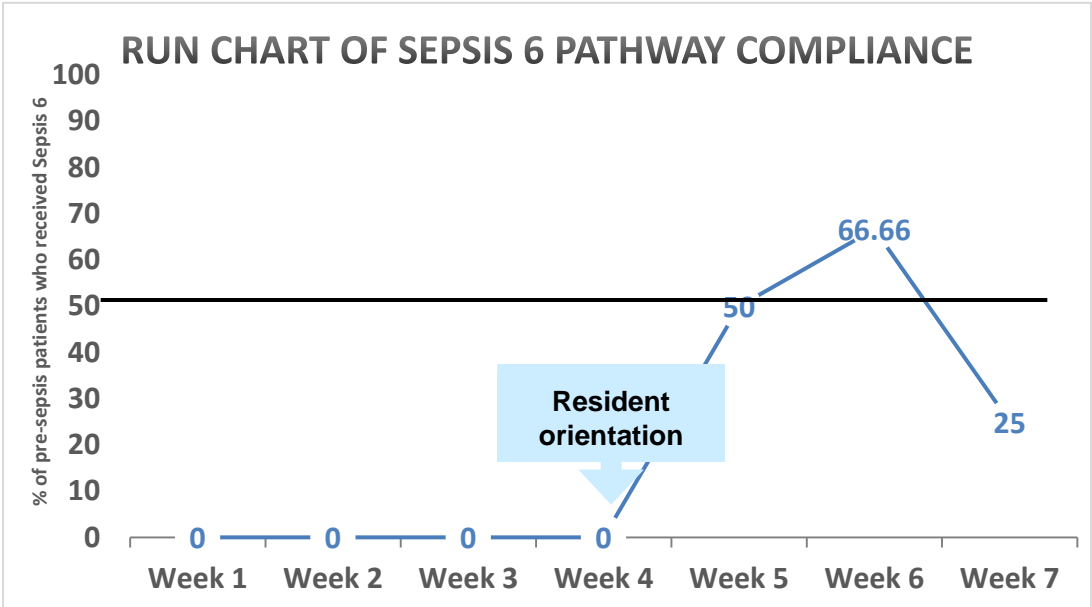
PROJECT SPONSORS:

- Dr. Dr Ahmed Zarour
- Dr. Dr Rashad Alfkey
- Mrs Amal Kamel

COACH

- Dr Biju Gafoor
- Dr Basema Al Hourri

RESULTS: Percent Compliance with Guidelines for 1st Dose of Antibiotics



CONCLUSIONS:

- Our intervention of resident and nurse education has been successful to bring the number of completed checklist above the target.
- The most omitted component in sepsis 6 was to ‘Give Oxygen’
- Cerner implementation has brought a decline in the process measure

NEXT STEPS:

- To achieve 80% compliance by June 2016
- Cerner integration by creation of public shared action packs by June 2016
- Implementation of sepsis 6 in other ACS units in GHG by July 2016
- Implementation of sepsis 6 in other surgical specialties by September 2016