

IMPROVING SEPSIS MANAGEMENT IN ED HGH PROJECT 2015

PROBLEM:

During a recent audit it was found that only 22 % of the patients presenting with symptoms and signs of sepsis to ED HGH see and treat areas and Rapid Initial Assessment Area (R.I.A.M.S) receive antibiotics, blood cultures and serum lactate within 1 hour of initial vitals measurement . This can lead to increased morbidity and mortality.

AIM: To ensure that 60 % of patient presenting with signs and symptoms of sepsis to HGH see and treat and RIAMS areas receive antibiotics, blood cultures and serum lactate measurement within 1 hour by January 15 2016.”

INTERVENTION:

- Department wide education campaigns (educational sessions , emails, posters)
- Red flagging of patients with symptoms and signs of sepsis (based on inclusion criteria)
- Prioritize suspected sepsis patients with a stamp

TEAM:

- Dr Saad Salahuddin Khan
- Dr Joe Varghese Mathew
- Dr Ibrahim abu Jundi
- Mr Jebin John Augustine
- Miss Parvathy Venugopal
- Mr Jebin Moinudheen

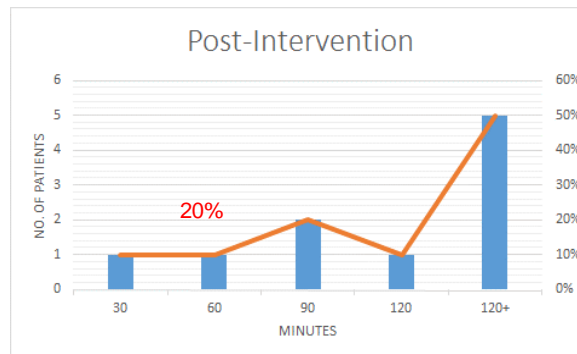
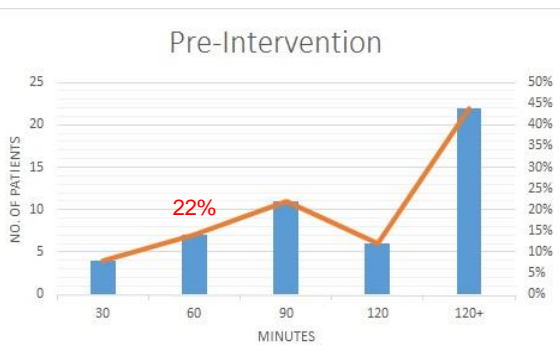
PROJECT SPONSOR:

- Professor Stephen Thomas-Chairman, ED
- Dr. Dominic Jenkins-Vice Chairman ED
- Mr. Andrew Frazer – DON - ED

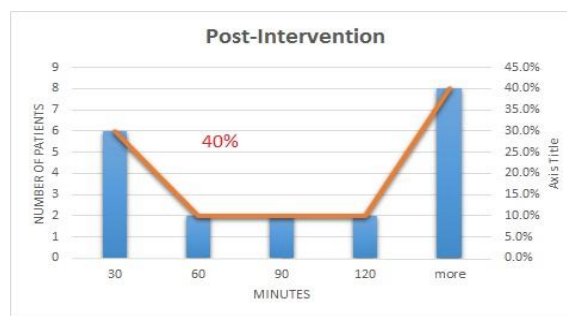
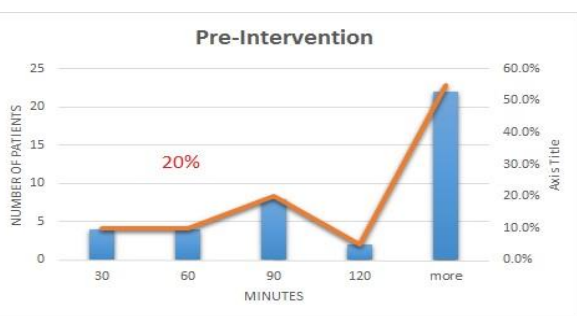
COACH

- Dr. Biju Ghafoor – Consultant - ED

Time from recording vitals to I/V antibiotics administration – See and Treat Area Patients



Time from recording vitals to blood cultures withdrawal – See and Treat Area Patients



CONCLUSIONS:

- With our current intervention of education of healthcare providers we were unable to achieve our target of 60 % patients receiving iv antibiotics, blood cultures and lactates within 60 minutes .
- More vigorous changes have to be implemented to bring about this change and these will require all stakeholders to be on board .
- Changes in the process flow map may lead to improved outcome but these require extensive changes in the infrastructure .

NEXT STEPS:

Re-audits after implementation of more extensive interventions such as

- To implement the stamping process for the suspected sepsis patients in the future.
- Provision of iv antibiotics in all areas of Emergency Department.
- Monthly rea-audit to chart improvement in patient care.
- To include other elements of the sepsis 6-1 hour bundle.