

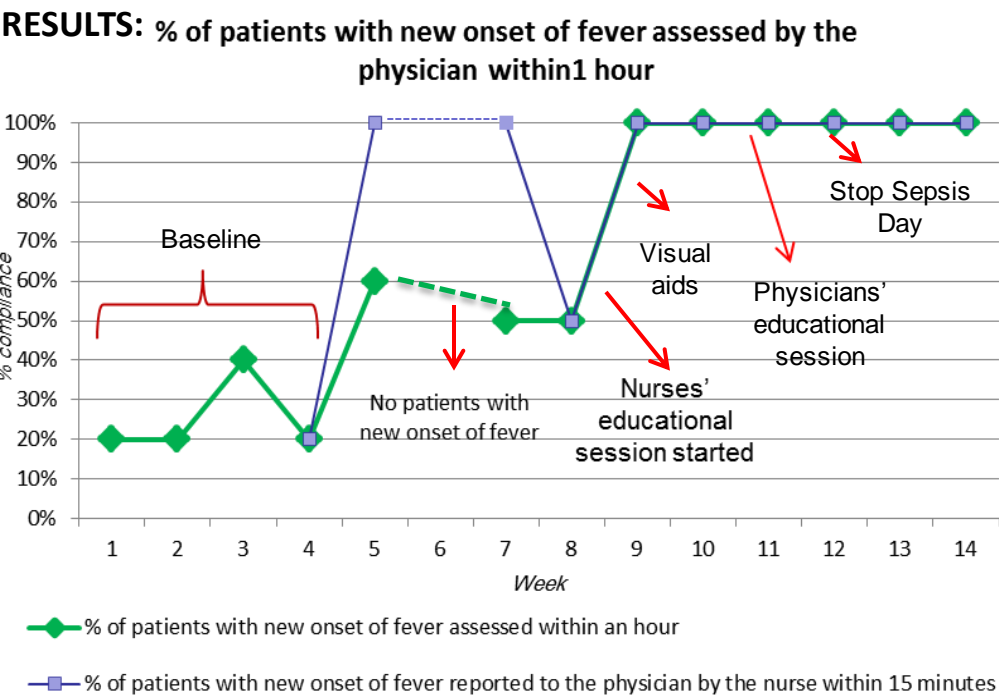
Stop Sepsis

PROBLEM: Delayed assessment of febrile patients in 5N3 adult medical patients which can lead to delayed identification and late management of possible septic patients.

AIM: To improve the percentage of patients with new onset of fever assessed by the physician within 1 hour in HGH-5N3, adult in-patient medical unit, from 20% to 40% by December 2015

- INTERVENTION:**
- Standardize the practice in assessing patients with new onset of fever
 - Education of physicians and nurses about the Sepsis Six Pathway
 - Promote awareness through “Stop Sepsis Day”
 - Visual reminders
 - Monitoring

- TEAM:**
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- PROJECT SPONSOR:**
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- COACH**
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- CONCLUSIONS:**
- Our baseline data showed the lack of awareness about the importance of sepsis, existence of its pathway and usage. Sepsis detection depends on the healthcare professional's expertise (physicians and nurses).
 - A reporting communication gap exists between physicians and nurses.
 - An educational session to the frontline staff cleared a lot of confusion and empowered the staff.
 - Through interventions, nurses' confidence in reporting, improving the communication gap.
 - The feedback for the “Stop Sepsis Day” were positive. The team was able to communicate to many frontline staff.
 - Visual aids, as reminders (cards and A4 posters) promote awareness.
 - Support from senior leaders helped in “buy in” from more staff.
 - The interventions were simple and cost-effective. And led to 100% compliance in assessing patients with new onset of
- NEXT STEPS:**
- Regular staff education and new staff orientation
 - Add other elements of the sepsis 6 pathway
 - Clinical pathway and QEWS recommendation
 - Improve SBAR communication
 - Continuous monitoring, data validation and spread