



New York State
Partnership
for Patients



NYSPFP Sepsis Webinar

**Improving Bundle Compliance through
Coordinated Sepsis Care**

March 14, 2018

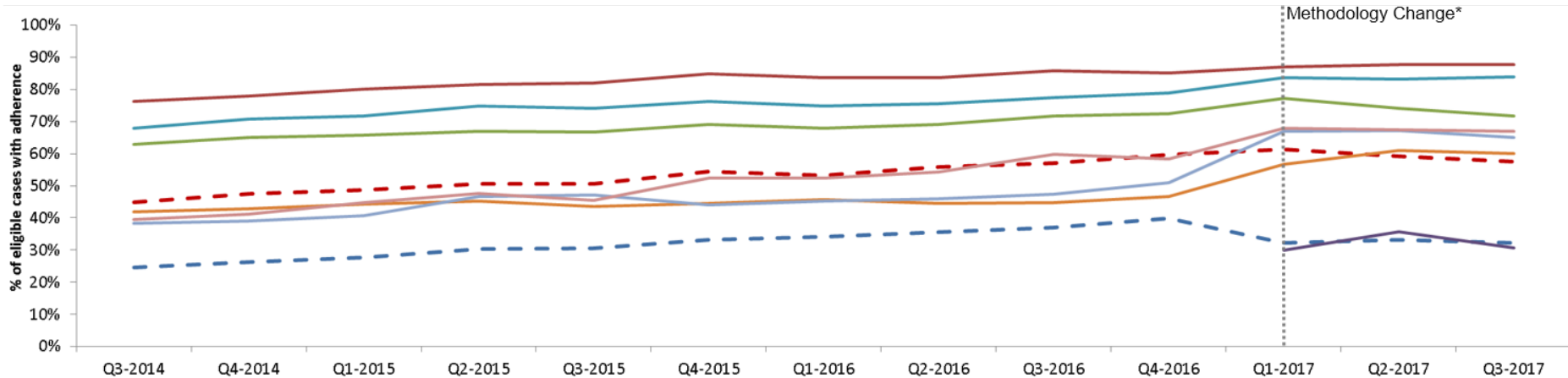


Agenda

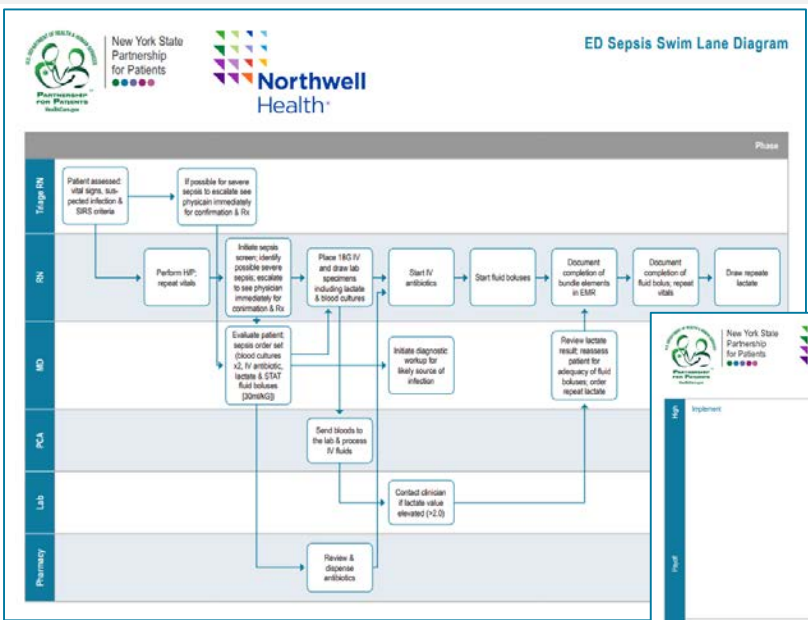
Topic	Speaker
Welcome and Introductions	NYSPFP Staff
Code Sepsis Initiatives	St. Joseph Hospital, Orange Sepsis Team <ul style="list-style-type: none">• Peter Smethurst MD• Trish Cruz BSN, RN• Gemma Seidl MSN, MPH, RN• Linda Boose-Shutes BSN, RN, CCRN• Christa Mirabel BSN, RN• Cecille Lamorena BSN, RN, CCRN
Hospital Questions and Discussion	Hospital Participants Facilitated by NYSPFP Staff
Next Steps	NYSPFP Staff



Sepsis Treatment Bundles

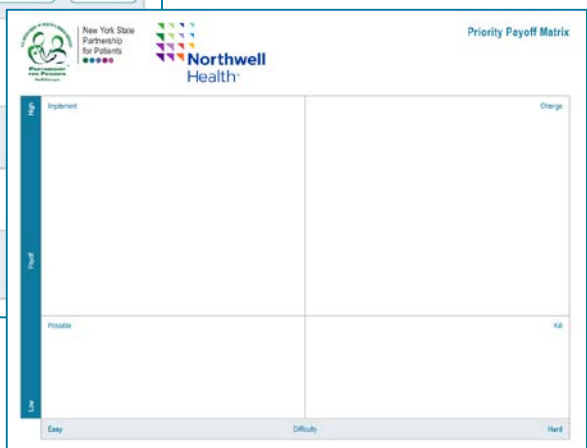


	Baseline (01/17 - 06/17)	Comparison (07/17 - 09/17)	% Change
- - 3-Hour Bundle Adherence	60.3%	57.4%	-5%
- - Composite Bundle Adherence	32.7%	32.3%	-1%
— Timely Initial Lactate Measurement	87.3%	87.8%	0%
— Timely Blood Cultures Prior to Antibiotic	75.7%	71.6%	-5%
— Timely Administration of Broad Spectrum Antibiotic	83.3%	83.9%	1%
— Timely Crystalloid Fluid Administration	58.8%	60.0%	2%
— Timely Vasopressor Administration	67.1%	65.1%	-3%
— Timely Re-measurement of Lactate	67.7%	67.1%	-1%
— Timely Fluid Assessment	32.9%	30.7%	-7%



Tools and Resources

- Improvement Science Toolkit presentation
- ED Sepsis Swim Lane Diagram
- Inpatient Sepsis Swim Lane Diagram
- Priority Payoff Matrix
- Northwell Health PDSA tool
- NYSPFP Action Planning tool



PDSA DESIGN TOOL
Plan Do Study Act

Ramp Name: _____
Ramp #: _____
Cycle #: _____
Site: _____
Filled out by: _____

PLAN – Plan for your Test of Change

ISSUE: What is the issue in your process that you will address in this PDSA?

TEST OF CHANGE: What will be changed in the current process?

METRIC: How will the team know if the Test of Change is successful?

PDSA Metric(s) Described in Detail*	Sample Size (3-10 data points)	Who is Responsible	Numeric Goal**

WW: List the steps and responsibilities that will help the team carry out the Test of Change

What are the Steps?	Who is Responsible?	When Will They Start?

FILL OUT **DO STUDY ACT** SECTIONS AFTER YOU CARRY OUT THIS **PLAN**

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Action Planning Tool

Hospital Name: _____ Initiative: _____
Administrative Champion: _____ Team Lead: _____
Lead Physician: _____ Nurse Lead: _____
Data Lead: _____ Other Team Member(s): _____

AIM Statement: _____

Consider each process change or key strategy below, and complete the worksheet components for implementing them. Add other strategies as appropriate for your hospital.

Process Change/Key Strategy	List Next Steps (How will you implement process change/key strategy?)	Resources/Stateholders available/needed? (Which departments and staff will be involved?)	Owner(s)	Completion Date (If not in place)	Measurement Strategy (What data will be used to monitor progress/track impact of changes?)

Part of these strategies were from: Health Research & Educational Trust (2013, 2014). Checklists to improve patient safety. Chicago, IL: Health Research & Educational Trust. Accessed at www.hret.org



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Question and Answer



Polling Question

- What additional topics would you like to see covered by NYSFPP in 2018? (select top 2)
 - Early Identification
 - Fluid management
 - Sepsis Readmissions
 - Electronic Medical Record clinical decision support
 - Other – please specify
-



Polling Question

- What format do you find most helpful? (select top 2)
 - Webinars
 - Coaching calls
 - In-person regional meetings - Facilitated forums for peer-to-peer sharing by hospital staff
 - In-person conference – invited presenters to share evidence based best practices
 - Live webstream conferences
 - Panel discussion (live and web streamed)
 - Video conferences
 - Other – please specify



Next Steps

- Contact your Project Manager for assistance
 - Process mapping
 - Utilizing the Improvement Science toolkit
- Watch for NYS Partnership for Patients announcements and upcoming events in your inbox