

Sepsis Nurse and Provider Case Review



Harborview Medical Center
Sepsis Program

As you may be aware, Harborview Medical Center participates in the CMS measure sepsis bundle known as SEP-1 and have implemented screening systems and order sets in the acute care setting.

SEP-1 elements to be completed in three hours:

- Lactate collection
- Blood cultures (prior to antibiotics)
- Broad spectrum antibiotics
- 30 mL/kg crystalloid fluids for hypotension

SEP-1 elements to be completed within six hours for patients in septic shock after volume resuscitation :

- Repeat lactate if initial lactate >2.0
- A documented focused reassessment
- Vasopressors for persistent hypotension

Harborview's compliance with the measure is approximately 48% which is slightly lower than the national average (49%). Our colleagues at Valley and Northwest Hospital have implemented a system of near-real-time feedback on the care of septic patients to providers and this has shown an increase in compliance with the SEP-1 bundles at these facilities. We hope that providing feedback to providers here at Harborview will show similar increases in compliance.

At Harborview in acute care we also have created a sepsis order set (SOS). We would like to encourage acute care providers to use it when placing orders for sepsis as well as for when an RN suspects sepsis but you assess the patient and are not concerned for sepsis. If you are NOT concerned for sepsis please check the "nursing communication order-sepsis" box. If you ARE concerned for sepsis please check the items you'd like to order in the order set.

Enclosed is case-specific data of a recent patient you were involved with during the three and six hour bundle window. Please note that we are aware that sometimes providing good clinical care doesn't "meet the bundle" and according to even the authors of the measure, 100% compliance is not realistic for every patient. However, we hope that providing this feedback will encourage bundle compliance in all appropriate patients. We are also including information about time to ICU transfer from suspected sepsis as well as time to rapid response (if applicable).

This is an educational letter only and does not require a reply. If you do have any questions or concerns, please contact us!

Thank you for caring for our complex patients,

David Carlbom and Rosemary Grant

Questions: Contact us! 206-774-4876 or sepsis@uw.edu