

**Nicklaus
Children's
Hospital**

It's H U D D L E Time! A Sepsis Team Based Approach

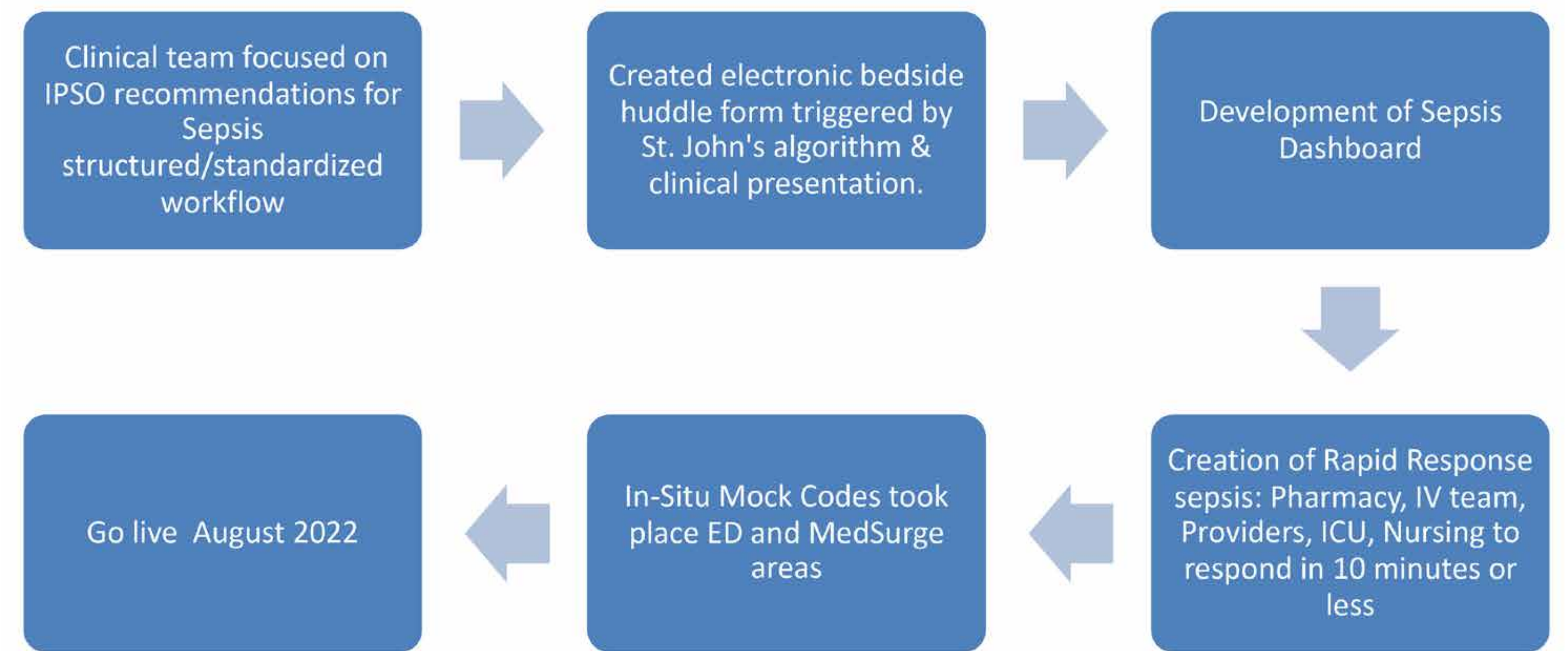
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Background

- The purpose of this quality improvement project was to develop a standardized approach aimed at Improving Pediatric Sepsis Outcomes (IPSO), prompting recognition and early sepsis intervention through an interdisciplinary, family-centered bedside huddle upon identification of an at-risk patient.
- Sepsis affects 10-20% of hospitalized children and is a leading cause of death amongst pediatric patients. Literature shows 8% of cases are not properly diagnosed during Emergency Department (ED) visits and due to the acute care approach, also missed in the inpatient areas.
- Without a reliable standardized approach, increased morbidity and mortality rates can be expected.

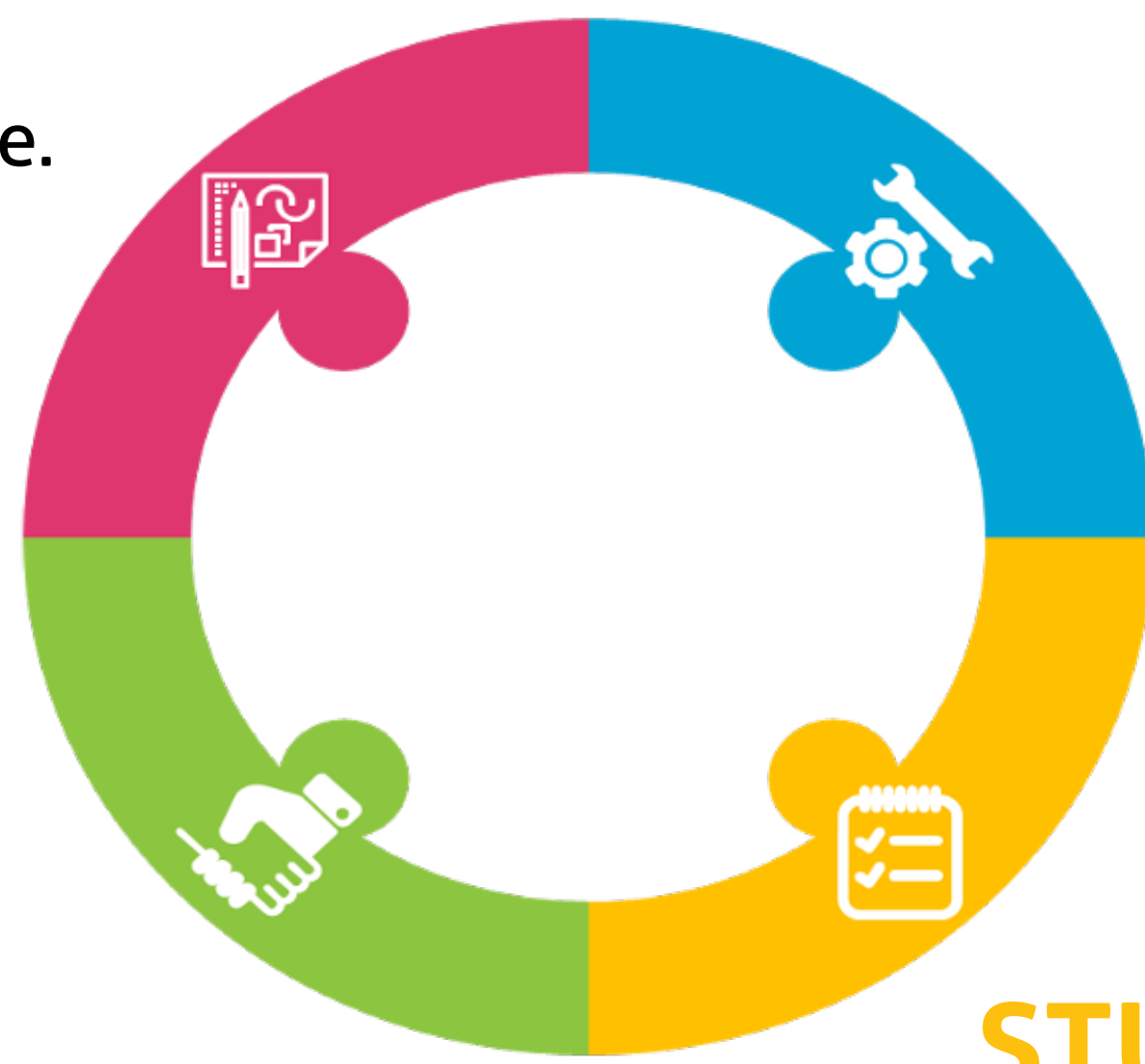
Methods/Implementations



PLAN

- Pathway creation by a focused clinical team and validated through the clinical effectiveness program.
- Electronic bedside huddle.

PDSA



DO

- In-situ mock codes
- RRT sepsis: deliver bolus and IV abx <60mins.

ACT

- Proven successful at timely recognizing at risk-patients
- IPSO recognition
- Improvements to ensure proficiency, sustainably and positive patient outcome.

STUDY

- Live Dashboard
- ED 100%
- Abx administration improved 50%
- Decrease transfers to higher level of care
- Compliance with sepsis huddle improved.

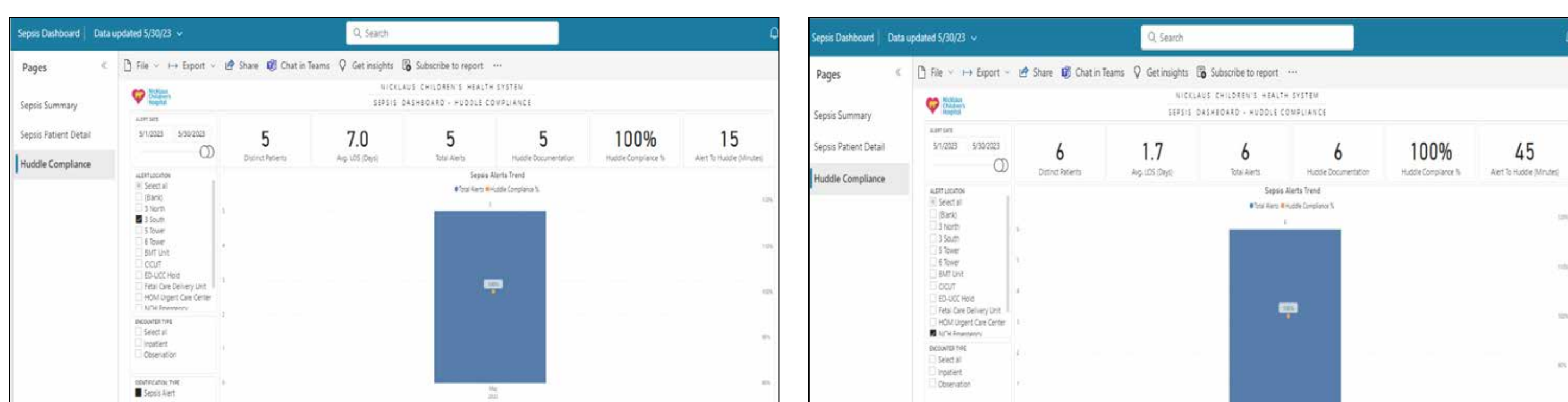
Conclusion

- The sepsis huddle has proven successful at supporting timely recognition of at-risk patients to ensure prompt intervention to maximize patient's positive outcome.
- The organization was recognized by IPSO as ranked top performer and most improved.
- Continuous improvements are in place to ensure process efficiency, sustainability and positive patient outcomes.

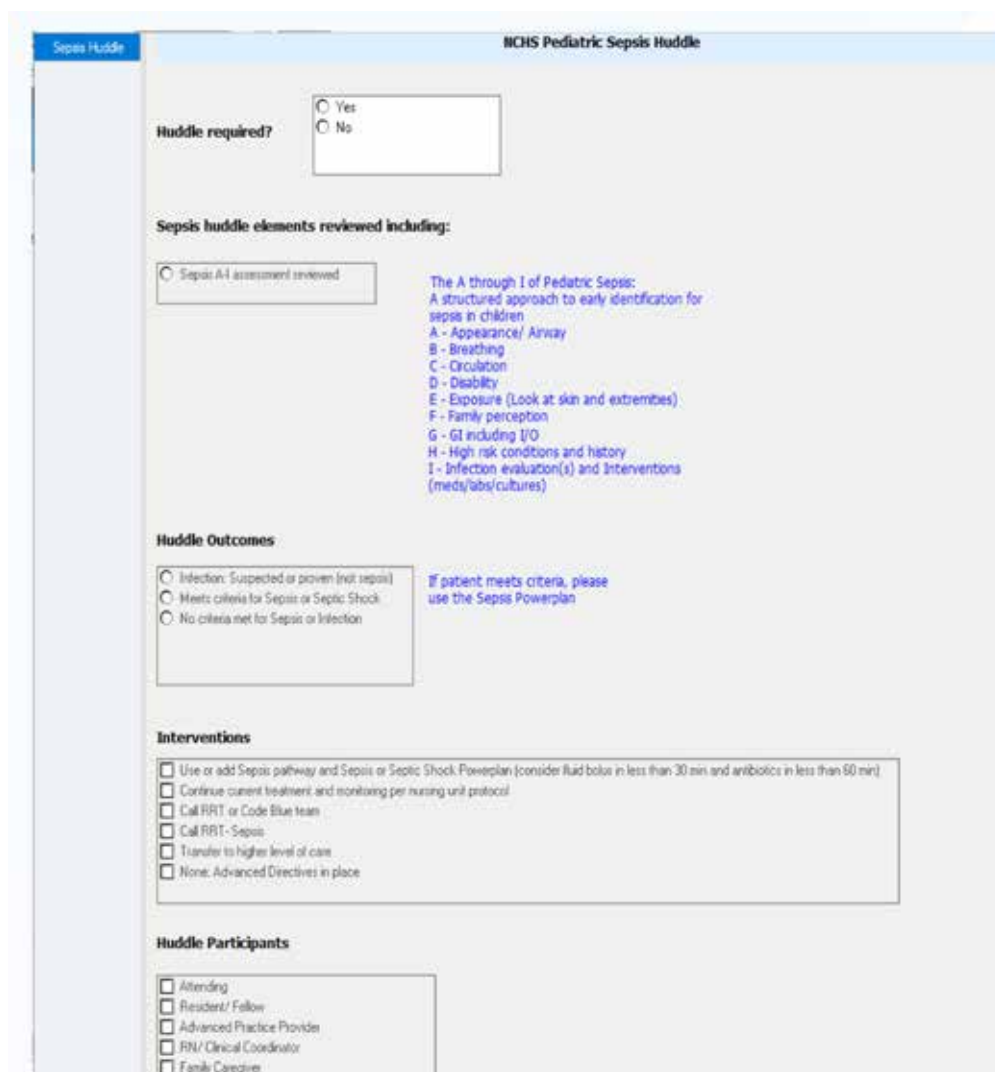
Practice Implications

- Ongoing review of sepsis dashboard for opportunities.
- Amazing Sepsis Care Committee, comprised of an interdisciplinary team with a focus and aim on delivering exceptional patient care and improving compliance with huddle completion, time to antibiotics and fluid bolus, in the ED, Med Surg and ICU areas.

Results



- ED compliance with sepsis huddle =100%
- Time of antibiotic administration ↑ 50% Med surge areas, ↓ transfers to higher level of care by 80%. Compliance with the sepsis huddle has improved by 31% with a year-to-date compliance of 80%.



References

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- Eisenberg MA, Balamuth F. (2022) Pediatric sepsis screening in US hospitals. *Pediatr Res.* 2022 Jan;91(2):351-358. doi: 10.1038/s41390-021-01708-y. Epub 2021 Aug 20. PMID: 34417563; PMCID: PMC8378117.
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