



It's HUDDLE Time! A Sepsis Team Based Approach

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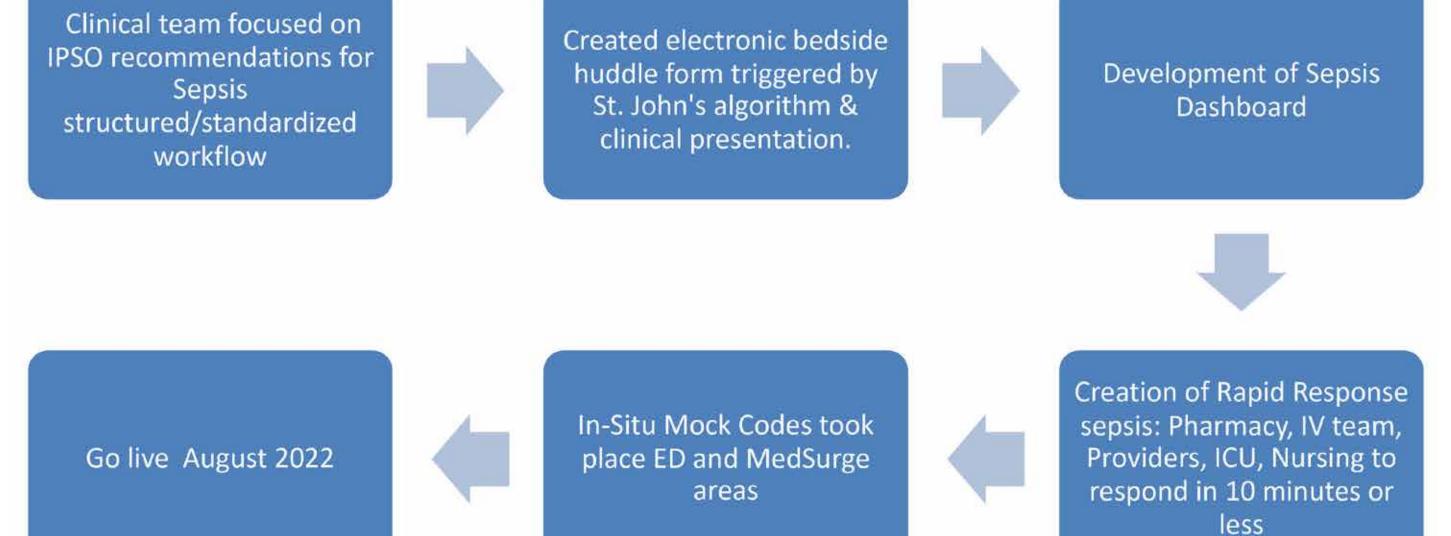
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Background

• 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.

Methods/Implementations

Clinical team focused on



- 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.

PDSA

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PLAN

• Pathway creation by a focused clinical team and validated through the clinical effectiveness program.

• Electronic bedside huddle.

DO

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

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.

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.

Results

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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.

References

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- Heather E. Hsu, Francisca Abanyie, Michael S.D. Agus, A (2019) National Approach to Pediatric Sepsis Surveillance. Pediatrics December 2019; 144 (6): e20191790. 10.1542/peds.2019-1790
- Singer M, Deutschman CS, Seymour CW, et al. The Third International Consensus



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• ED compliance with sepsis huddle =100% • Time of antibiotic administration 1 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%.

