

Blazing the Sepsis Trail – An Innovative Approach to Incentivize Emergency Department Teams to Meet Sepsis Metrics



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Background

Approximately 75,000 US children die from sepsis annually; increased levels of response and awareness are critical

Early sepsis treatment is associated with reduced mortality

To reduce Emergency Department (ED) sepsis intervention times, a pediatric medical center implemented an ED Sepsis incentive program

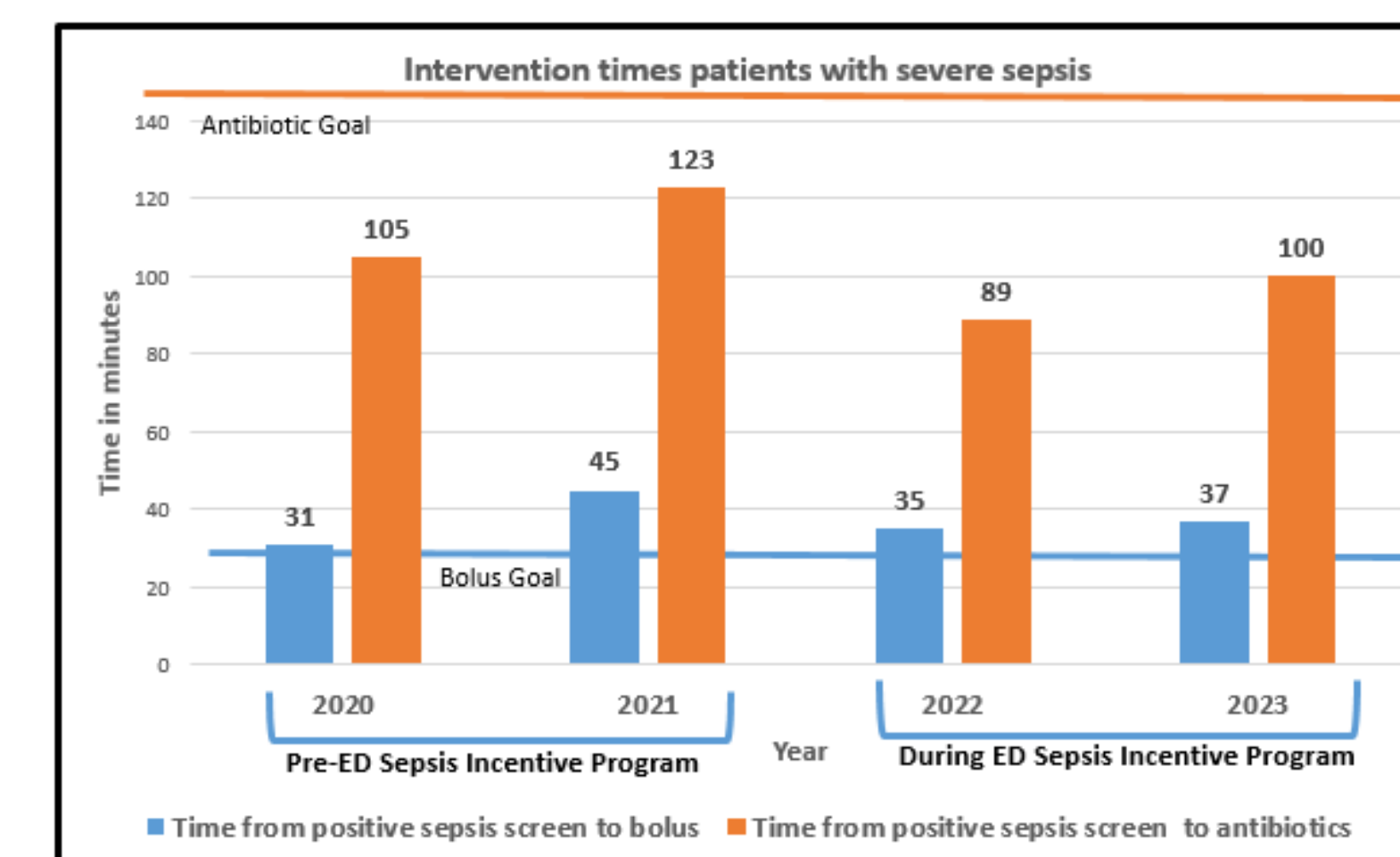
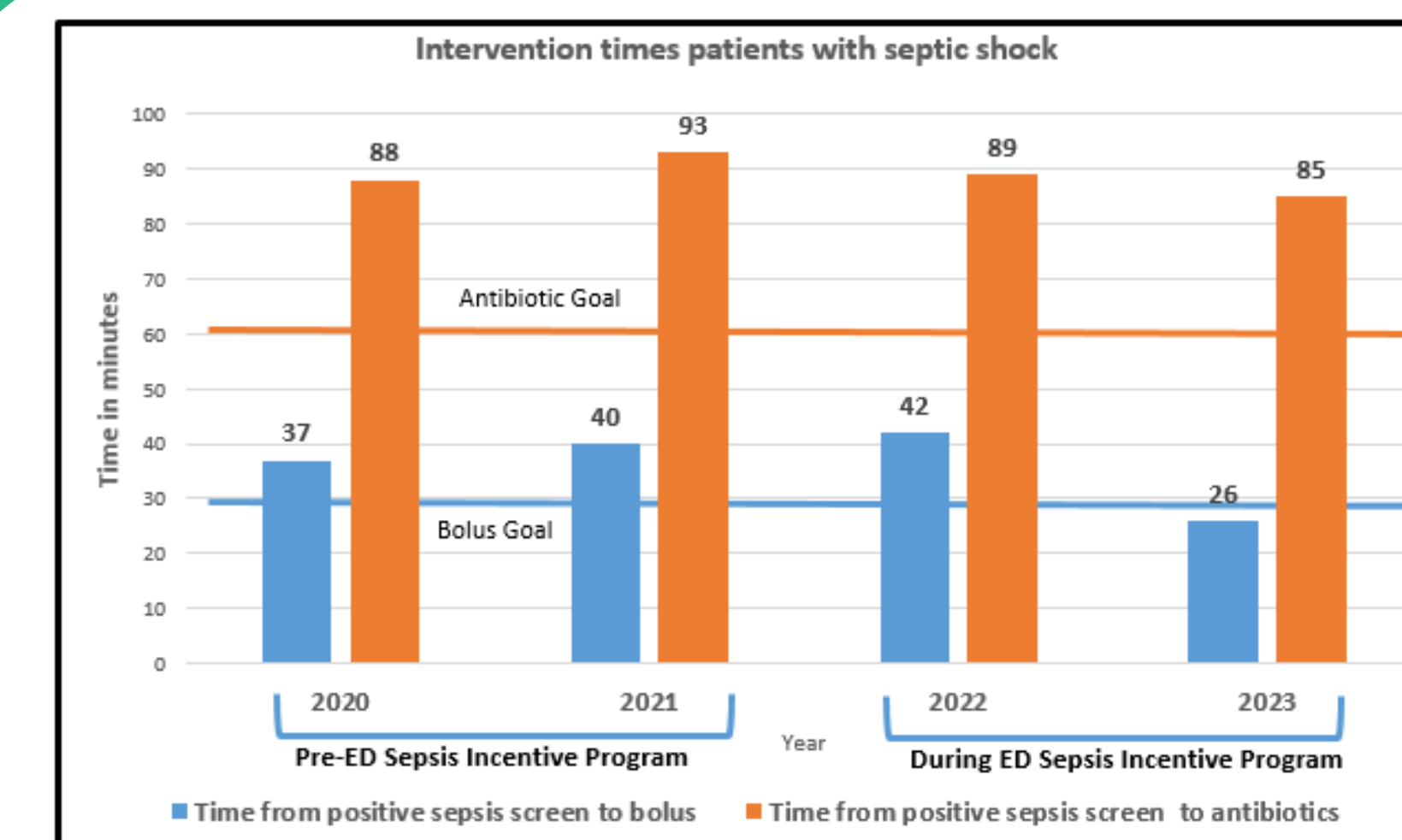
Incentive programs are used to recognize excellent care on quality metrics

According to Surviving Sepsis Campaign (SSC)

- Time from sepsis recognition to bolus should be within 30 minutes
- Antibiotics should be administered within 60 minutes for patients with septic shock and 180 minutes for patients with severe sepsis
- Upon review of bolus/antibiotic times, the ED did not meet these goals

Methods

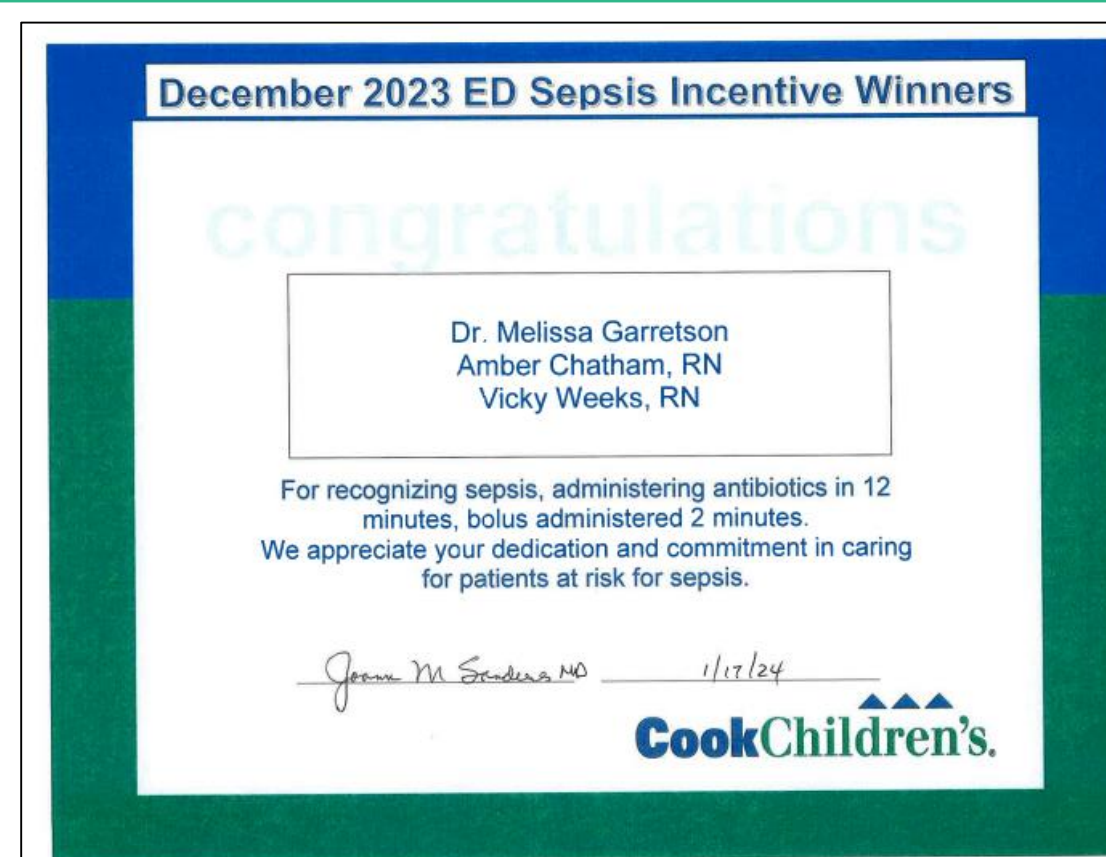
- Beginning in 2022, each month the Quality Improvement Coordinator (QIC) recognizes a multidisciplinary team as the winning ED sepsis team which may include nurse, paramedic, pharmacy, respiratory therapy, and provider
- To qualify, the team must follow sepsis pathway, administer bolus/antibiotics in the established standards and complete documentation
- The QIC and ED Nurse Manager work together to review reports and charting to determine the fastest team
- Individual recognition, including a signed certificate from the Chief Quality Officer, is emailed to members of the winning team, with recipients including their unit manager and department director
- Repeat winners receive pens/badge holders



Purpose:

The purpose of this project is two-fold:

1. Incentivize Emergency Department staff to respond timely to bolus and antibiotic interventions in patients with a positive sepsis screens
2. Improve time to bolus and antibiotics in patients who screen positive for sepsis



Results

- To date, 88 clinicians have received sepsis t-shirts; 15 have received pens/badge holders
- In patients with septic shock, the average time to bolus decreased by 16 minutes, and time to antibiotic decreased by 4 minutes
- Patients with severe sepsis saw a slight increase in bolus/antibiotic times
- Barriers to decreasing time to bolus/antibiotic in patients with severe sepsis include low starting intervention times and a larger sample size

Lessons Learned and Next Steps

- Bolus and antibiotic times are affected by the ability to obtain IV access and patient clinical status
- Time to antibiotic is largely dependent on providers
- This project spurred sepsis interest and engaged naysayers
- Continue program and quarterly meetings with ED sepsis leadership team
- T-shirt colors were limited due to supply chain constraints; subsequent order was for gray t-shirts

References available upon request
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