



# SEPSIS

## awareness



WITH

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### Tell us about the work your region has done to improve sepsis mortality.

1. In 2016 we developed an interdisciplinary team.  
Within this team, there is discussion over current action plans and core measure scorecards. The focus is on “how are we doing” and “how can we improve” for our patient care. This team meets every other month.
2. We hold monthly key learnings discussion with physicians.  
We assess and work to understand fallouts regarding the SEP 1 measures.
3. We hold weekly sepsis reviews with an emergency department (ED) leader. These reviews focus on patients in the ED, and we discuss fallouts within the SEP 1 criteria. This feedback is taken to all of the providers within the ED on both campuses. These weekly meetings have been a key contributor to improving our patient care with SEP 1 measures.

### What has worked well in your approach?

Working as a TEAM. Not only are our patient safety quality department and nursing units involved with education on sepsis requirements, our administration/leaders play a huge role in helping us implement and remain on task with SEP 1 measures.

## What could be improved?

We are working on developing a more hands-on approach for our education with new nurses and with our continuous professional staff development program. Even though discussing SEP 1 measures is important and is our focus, the more the nurse performs the task, the more it will be remembered. With that said, we are wanting to have a “mock” code sepsis as part of each professional staff development series.

## What have you learned?

It takes a village! Our region has a great support system from administration and staff that take great care of our patients. But, it is not only our region, it is our System who has taken SEP 1 as a huge initiative for our patients because with this evidence-based practice, we are saving lives and promoting sepsis awareness within our communities.

## In the spirit of continuous improvement, what's next?

Our staff does a great job with recognizing and treating sepsis. We are now working on *visual cues* to help provide reminders that blood pressures are needed during the bolus and one hour after the bolus.

One of the members of our nurse practice council thought of the great idea of placing a green sticker on the bolus bags, so it could visually prompt clinicians for the need for blood pressures.

St. Mary's Centralia nursing staff came up with the idea of placing an actual sign on the vital sign monitors, so when interval vital signs are needed, those who would be taking the patient off of the monitor will see the sign and speak to nursing before the patient would be disconnected. This was a great team approach by our front line nursing staff.

We're using our Performance Boards to enhance our work. As a sepsis coordinator, we track antibiotic times on our Performance Board. We are also tracking blood pressures during and after the bolus on our Performance Board and are developing a pareto chart to help focus on *why* blood pressures are missed during this crucial time. Our ED is also focusing on antibiotic timing on their Performance Board.

## What resources do you recommend for others wanting to learn more?

Our System sepsis task force is a great place to start regarding individuals as resources. There are Epic specialists involved with the sepsis task force who have also been great in developing helpful sepsis tools within Epic, and I should add, these are **AMAZING** sepsis tools!

The Sepsis Alliance is also a great website filled with personal stories and sepsis facts. It can be found at [sepsis.org](http://sepsis.org).

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