Ensure pediatric sepsis screening across all sites
Community champions promote screening culture shift among emergency departments.

Challenge
Advocate Health Care is the 10th largest health system in the U.S., with its eight community sites receiving about 62,000 pediatric emergency department (ED) visits per year. Advocate Children’s Hospital, Oak Lawn, Illinois, is the main children’s hospital in the system, and it alone handles about the same number of ED visits.

Many smaller sites in the system had existing adult sepsis screening practices. The team at Advocate Children’s wanted to ensure pediatric sepsis screening was also taking place across all sites and to standardize sepsis practices throughout the health system.

“We made progress by creating the Pediatric Sepsis Committee with members from the children’s hospital and several community hospitals. A separate RN Practice Committee standardized practices.”

Solution
The team established nurse and physician pediatric sepsis screening champions at each location. In many cases, the champions were the same for adult and pediatric initiatives. The project started with an introduction of tabletop exercises—a high-level review of processes, responses and tools care teams can use in real-world situations.

Details
The team relied on experienced, local process experts to determine where sepsis screenings could happen, who would attend huddles and when to call a huddle. They created a standardized toolkit including:

- Education
  - Offered same content in different formats so community hospitals could determine what works best for their staff including; computer-based training modules, face-to-face training sessions, simulation days, skills days and CME/CNE offered for all opportunities.
- Screening tool with paper or EMR options.
- Pediatric sepsis order set for the ED.
- Nursing and physician documentation templates in EMR.
- Pediatric Septic Shock Clinical Guideline.
- Yearly update required on pediatric sepsis care within Advocate Health Care.

Results and Outcomes
All community hospital locations finished tabletop exercises, staff education, and implementation of screening and bundled care in 18 months. Screening for pediatric sepsis was a big culture shift for community EDs and yielded significant improvement.

- Screening compliance increased from 50% to 90%

METRICS
A data abstractor enters data for each site and compares system information:

- Uses MIDAS system database.
- 20 to 50 entries per month.

LOOKING AHEAD
Next steps for this project include:

- Incorporate the newly acquired Aurora system into the initiative.
- Develop a larger sepsis champion program that integrates sepsis champions from children’s hospital.

LESSONS LEARNED

- Involve community site champions in monthly steering committee meetings to provide communication and feedback.
- It’s beneficial to include a senior project manager who can build relationships with people at smaller community sites.

CONTACT US
Emily Dawson, M.D.
Executive Medical Director,
Performance Improvement and Peer Review
(847) 723-5150
emily.dawson@advocatehealth.org

Patty Kohn
Director, Client Relations
(913) 981-4187
patty.kohn@childrenshospitals.org

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