

Challenge sepsis. Change lives.

Improving Pediatric Sepsis Outcomes

Expedite triage for patients at highest risk for sepsis

Units partner to accelerate treatment for immunocompromised patients who arrive through the emergency department.

Challenge

Valley Children's Hospital in Madera, California, needed a process to expedite triage of patients with signs of severe sepsis and those who are immunocompromised or at high risk to develop sepsis. The organization wanted to quickly treat these patients to decrease environmental exposure and door-to-antibiotic time while increasing patient and family satisfaction.

“Our decision to triage patients in the emergency department increased volume. To support that change and provide effective care, we wanted to standardize medical procedures and streamline the process patients encounter when they arrive.”

Solution

In the early stage of addressing the challenge, oncology unit staff direct-admitted patients to the oncology floor, but discovered a potential to miss patients who needed to go to the PICU instead. The organization switched to route these high-risk patients through the emergency department (ED) to determine the most appropriate care location. They took steps to expedite patient processing, but a gap in providing the best care still existed. To answer the resulting increase in ED patient volume, staff focused on streamlining the front-end process. The hospital developed the Lightning Pass process based on a plan originally created at Boston Children's Hospital.

Details

- Phase one: Standardize procedure to allow RNs to access port, draw labs and initiate fluids prior to provider assessment. Stock ED Pyxis with the top two antibiotics. Oncology gives ED an early notification to expect patient arrival. A gap remained, even with these procedures in place.
- Phase two: Partner with oncology unit, nurse navigators, and oncology acute care security to distribute Lightning Pass placard for families to present at ED security checkpoint. Security notifies the triage nurse and the patient is immediately assessed, prioritized and placed on protective precautions. The Lightning Pass contains registration information and is good for one year

Results and Outcomes

- Decreased average door-to-antibiotic time by 20 - 40 minutes, even during surge times.
- Zero whole system measure codes on the oncology unit.
- Zero hospital-acquired sepsis mortalities.

METRICS

The hospital uses these tools to measure information:

- Monthly reporting with a scorecard disseminated to staff.
- Celebrate successes.
- IPSO template reporting.

LOOKING AHEAD

Next steps for this project include:

- A deeper dive into outliers to identify further process improvement.
- Add information on the back of the Lightning Pass in the event patients need to seek care in a different ED.

LESSONS LEARNED

- Engage key stakeholders early.
- New learners can cause delays in the process.
- Work with marketing to brand Lightning Passes.
- Review EMR platform for ease of screening and data collection.

Cauryn Updegraff, M.S.N, RN
Director, Emergency and Trauma Services
(559) 353-8121
cupdegraff@valleychildrens.org

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