Strategic Planning TL2EO

➢ Provide one example, with supporting evidence, of an improved patient outcome associated with a goal of the nursing strategic plan.
➢ Patient outcome data must be submitted in the form of a graph with a data table.
➢ Provide a copy of the nursing strategic plan.

Decreasing Patient Mortality Associated with Sepsis

Problem
The WakeMed Sepsis Taskforce is an executive-sponsored, interdisciplinary committee that analyzes data and develops recommendations for evidence based interventions to reduce patient mortality from sepsis. The work of this taskforce supports the Nursing Strategic Plan goal of reducing sepsis mortality. (Evidence TL2EO-1, WakeMed Nursing Strategic Plan)

Sepsis mortality at WakeMed Cary Hospital was 26% for October through December 2016 (FY 2017 Q1). The task force noted that sepsis mortality rate was too high and that there were opportunities for improvement. Mortality is calculated by dividing the number of deaths from sepsis by the number of cases of severe sepsis and septic shock.

Goal Statement
The goal was to decrease patient mortality associated with severe sepsis and septic shock at WakeMed Cary Hospital.

Participants

<table>
<thead>
<tr>
<th>Name/Credentials</th>
<th>Discipline</th>
<th>Title/Role</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cindy Boily, MSN, RN, NEA-BC</td>
<td>Nursing</td>
<td>Chief Nursing Officer</td>
<td>Nursing Administration</td>
</tr>
<tr>
<td>Jennifer Elliott, MSN, APRN, ACNS-BC</td>
<td>Nursing</td>
<td>Clinical Nurse Specialist</td>
<td>Clinical Nursing Services</td>
</tr>
<tr>
<td>Meghan Kuebler, BSN, RN</td>
<td>Nursing</td>
<td>Quality Documentation Specialist</td>
<td>Quality Analytics</td>
</tr>
<tr>
<td>Amy Short, MSN, RN, NE-BC</td>
<td>Nursing</td>
<td>Director</td>
<td>Cary ED</td>
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<tr>
<td>Chris Smith, BSN, RN, CCRN</td>
<td>Nursing</td>
<td>Manager</td>
<td>Medical Intensive Care Unit and eICU</td>
</tr>
<tr>
<td>Brittany Hair, MHA, BSN, RN, CEN</td>
<td>Nursing</td>
<td>Manager</td>
<td>Apex ED</td>
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Description of Interventions
January-March 2017 (FY 2017 Q2)

- The Sepsis Taskforce analyzed data and reviewed process measures during its monthly meetings, identifying opportunities for clinical nurse education on the evidence-based sepsis bundle, early detection of sepsis clinical indicators and optimizing electronic tools for visual reminders used in the workflow.

- Jennifer Elliott, MSN, APRN, ACNS-BC, Clinical Nurse Specialist, provided education on the evidence-based sepsis bundle of care to clinical nurses working in the eICU department. Real-time process interventions were captured in the online data tool, which promoted discussions between nurses and providers to optimize care.

- Shannon Holt, PharmD, BCPS AQ-ID created and implemented a Vancomycin Alert in the Emergency Department (ED) Pyxis machines. It states: “Vancomycin should be administered as the second antibiotic, if more than one antibiotic is ordered.” This ensures the administration of the antibiotic with the fastest efficacy according to best practice guidelines.

- Elliott revised the Sepsis Best Practice Advisory (BPA) and Sepsis standing orders in the electronic medical record and educated the ED staff. The BPA
provides triggers for clinical nurses to better identify patients at high risk for sepsis.

- ED clinical nurse Catherine Snyder, RN and ED Nurse Manager Kippy Speicher, BSN, RN, CPEN created the Sepsis Toolbox to assist in tracking and monitoring the timeline for bundle elements.

**Outcome**

After the intervention period in FY 2017 Q2, the WakeMed Nursing Strategic Plan goal to reduce the sepsis mortality rate was met. Sepsis mortality at WakeMed Cary Hospital decreased from the baseline of 26% to:

- 7% in FY 2017 Q3 (April-June)
- 12% in FY 2017 Q4 (July-September)
- 18% in FY 2018 Q1 (October-December)

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**WakeMed Cary Hospital**

**Severe Sepsis and Shock Mortality Rate**

<table>
<thead>
<tr>
<th>Mortality Rate</th>
<th>FY 2017 Q1 (Oct-Dec)</th>
<th>FY 2017 Q2 (Jan-Mar)</th>
<th>FY 2017 Q3 (Apr-June)</th>
<th>FY 2017 Q4 (July-Sept)</th>
<th>FY 2018 Q1 (Oct-Dec)</th>
<th>FY 2018 Q2 (Jan-Mar)</th>
<th>FY 2018 Q3 (Apr-Jun)</th>
<th>FY 2018 Q4 (July-Sept)</th>
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<tbody>
<tr>
<td>PRE-DATA</td>
<td>26%</td>
<td>7%</td>
<td>12%</td>
<td>18%</td>
<td>14%</td>
<td>17%</td>
<td>11%</td>
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<tr>
<td>POST-DATA</td>
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<td>INTERVENTION</td>
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**Evidence TL2EO-2**

WakeMed Cary Hospital, Severe Sepsis and Shock Mortality Rate

Information on this improvement work was shared with WakeMed nurse leaders and clinical nurses at the following shared governance councils:

- System Nursing Leadership meeting, September 2017
- Clinical Nurse Council, June 2017
- Nurse Executive Council, June 2017

This work was also shared through the following poster and podium presentations:


