

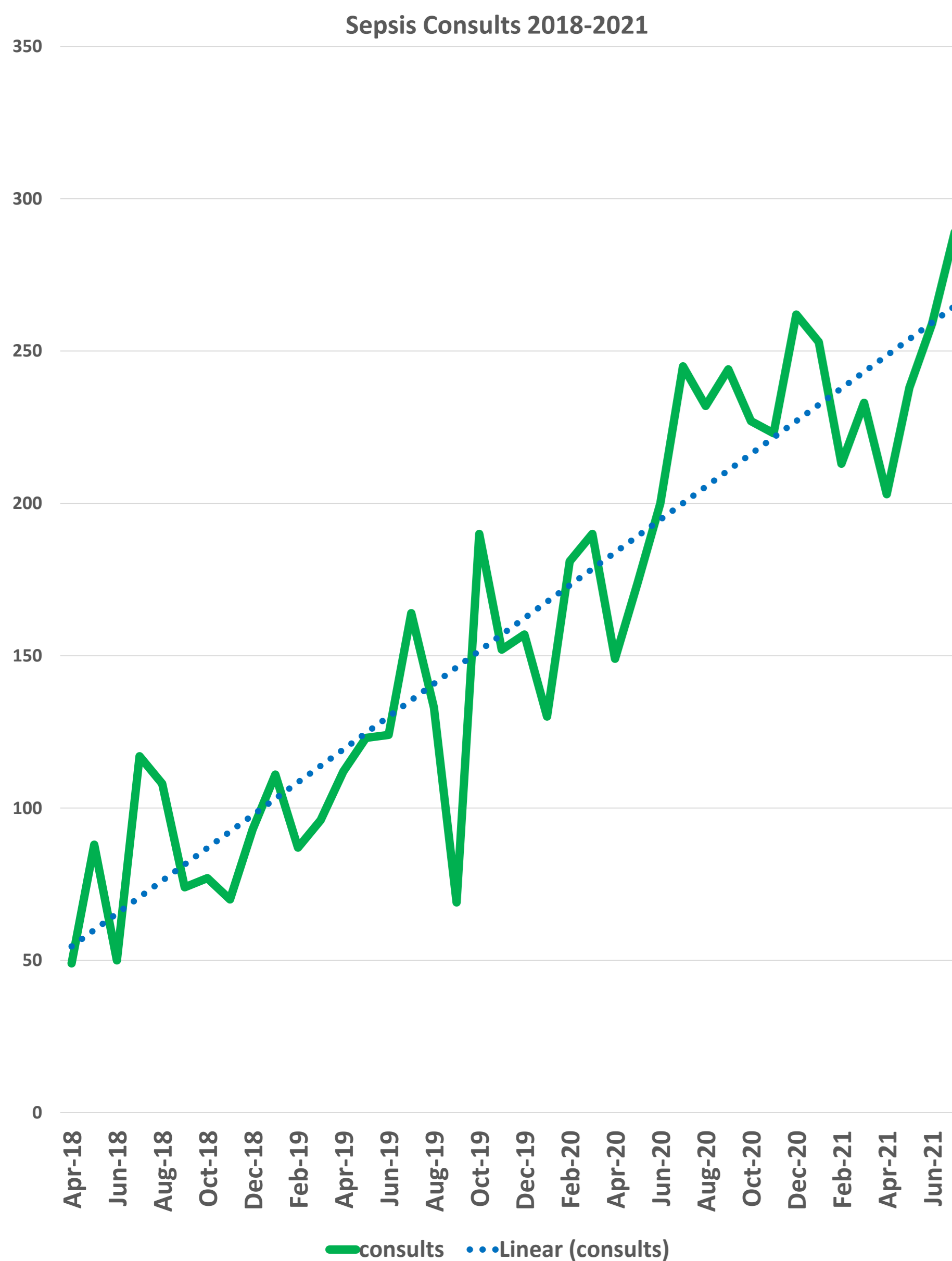
Data Abstraction for Sepsis Success

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Introduction

- Paper abstraction: Since its inception as a DSRIP project, the Sepsis Team has used pen and paper to perform all chart abstractions. Using the paper abstraction process inhibits evaluating the information for program process improvement.
- Biggest challenge: increasing number of sepsis consults placed each month.
- In FY 20-21 Sepsis has averaged 240 consults per month
- Sepsis Team performs 100% of chart abstractions



Scope

- All patients with a sepsis consult in EPIC and all patients that are a code sepsis from the Emergency Department
- Sepsis collaborated with the Emergency Department (ED) to create an Excel database housed on a shared drive. The database contains all elements of the original paper abstraction tool.

Method

In mid-April 2020 the Sepsis Team (ST) and the ED collaborated to develop a sepsis database (EDSS) to abstract all sepsis consults and code sepsis patients.

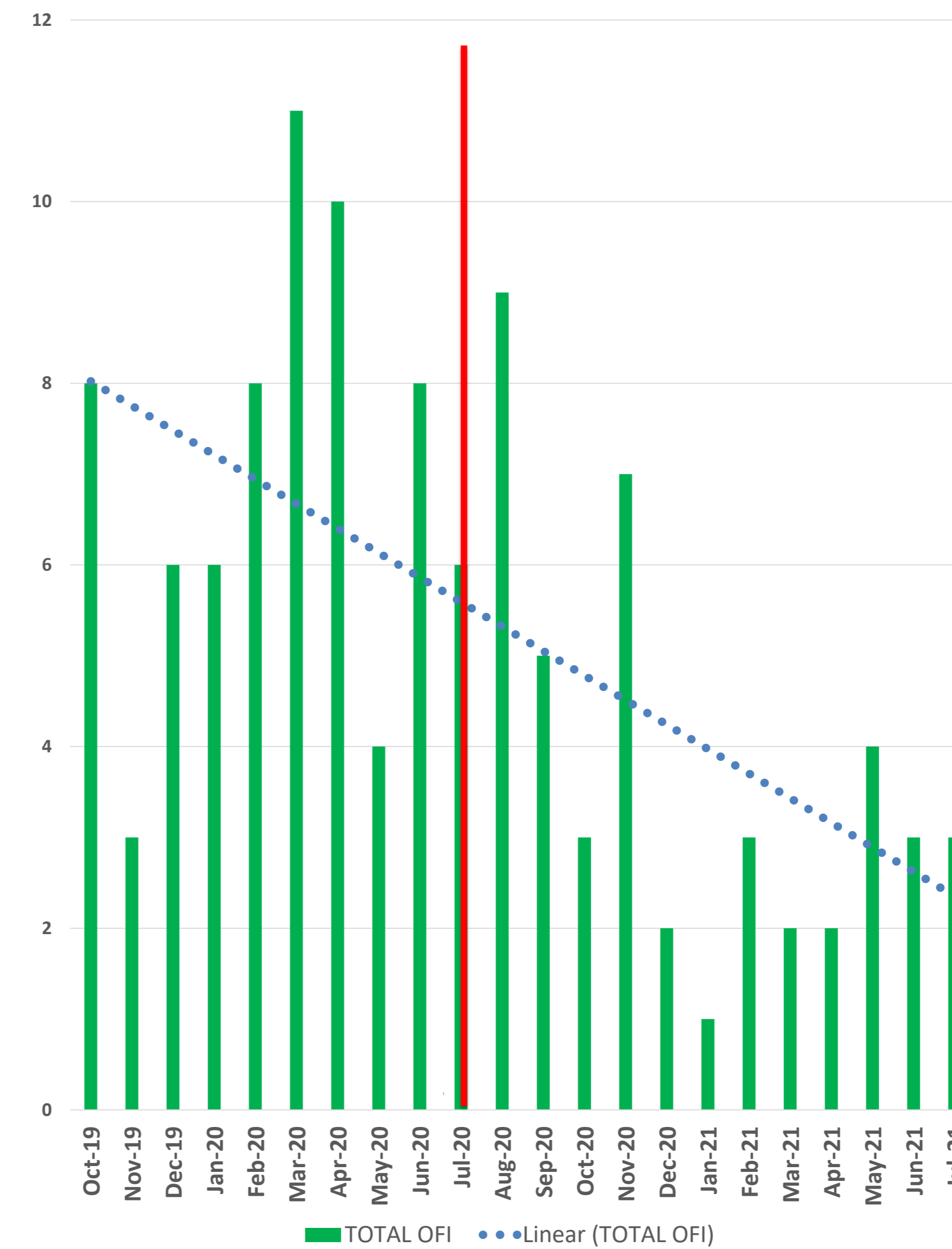
- Original database had 45 columns
- Information used by ED and ST for Quality Improvement (QI)
- Numerous revisions between May and June 2020
- July 2020 EDSS expanded to 84 columns. Provides individual feedback for ED providers and ED nursing staff
- February 2021 two additional columns added to calculate door to antibiotic and provider order to antibiotic time.

Discoveries, Challenges, Lessons

- Immediate feedback for nursing and providers was efficient and straightforward
- Communication between nursing team members was consistent
- When identifying opportunities for improvement for CMS via MIDAS, the EDSS makes it simple to determine if that occurrence was abstracted, where the information was sent and who was responsible for follow-up

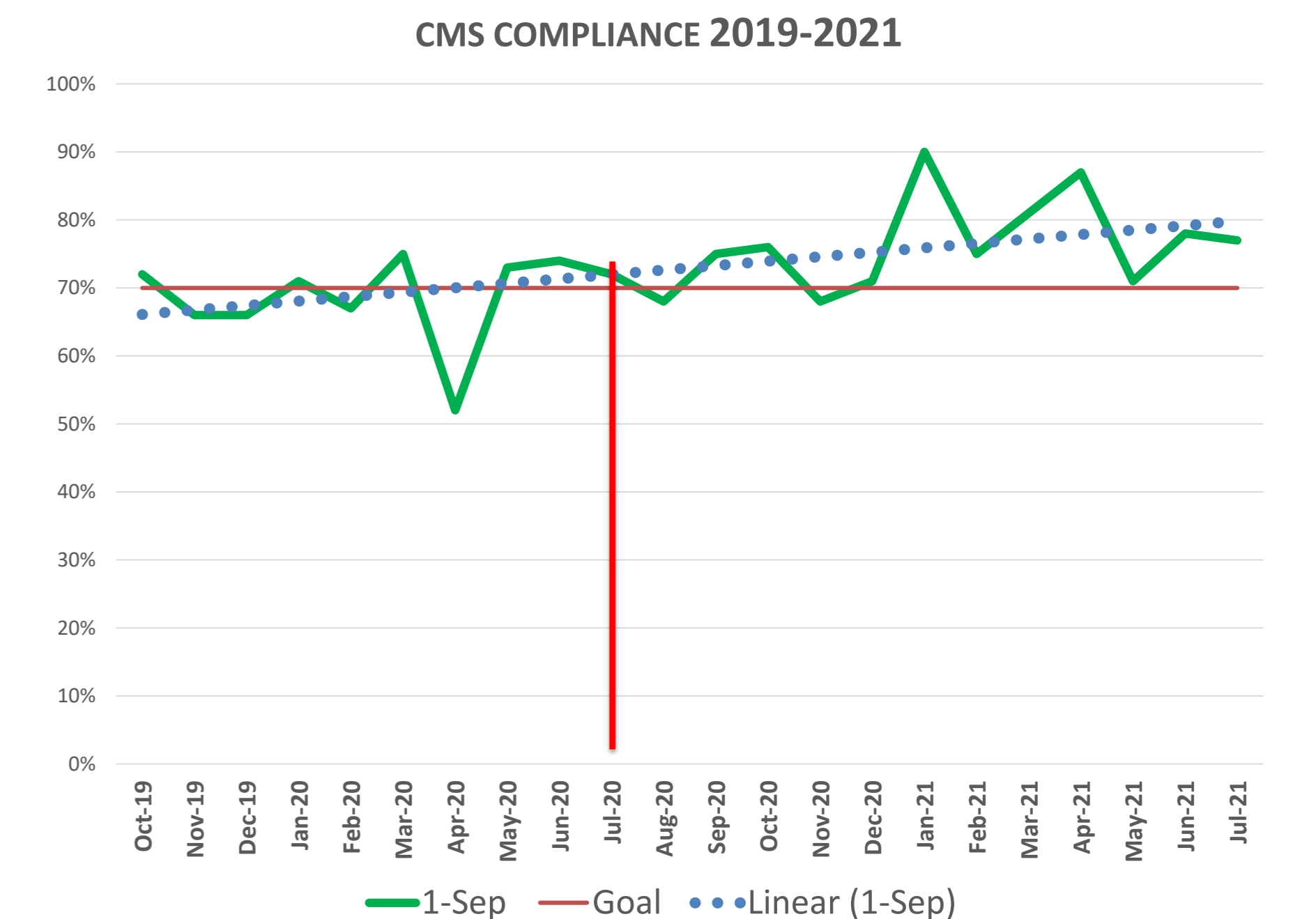
Results

ED NURSING CMS OPPORTUNITIES FOR IMPROVEMENT



Before implementation of the EDSS, the ED nursing staff had numerous CMS opportunities for improvement (OFI). After implementation, there has been a steady decrease in the number of OFI for the ED nursing staff due to timely feedback. Education and ED process improvements initiated due to the feedback provided.

Prior to implementation of the EDSS, the SEP-1 improvement was flat. After the July 2020 implementation of the EDSS, there was a slow but steady increase in the overall CMS SEP-1 measure.



Conclusions

EDSS

- Real time audit information shared with ED allows individual education.
- ED can pivot the EDSS information to determine if individual nursing staff members require reeducation or coaching.
- ST can audit the EDSS to determine if individual providers require follow up with ED leadership.
- EDSS calculates severe sepsis and septic shock to IV antibiotic order and administration
- EDSS calculates time from order to implementation for blood cultures, lab draws, IVF etc.