

## Sepsis Task Force Action Plan

| Action Items                                     | P/D/S/A | Responsible                         | Target Completion Date | Comments/Status  |
|--|---------|-------------------------------------|------------------------|--|
| <b>STRUCTURAL</b>                                |         |                                     |                        |  |
| Task Force Organized                             | P       | Chair                               | July 2012              | DONE   |
| Goals Established*                               | P       | Initial Meeting Attendees           | July 2012              | DONE – Reaffirm at August Meeting  |
| Meeting Scheduled Developed                      | P       | Task Force                          | August 2012            | Ongoing  |
| Established Shared Drive for Sepsis Task Force   | P       | PI Director                         | July 2012              | DONE   |
| Action Items                                     |         | Responsible                         | Target Completion Date | Comments/Status  |
| <b>DATA</b>                                      |         |                                     |                        |  |
| Baseline Metrics Determined/Collected**          | P       | Task Force                          | August 2012            | Decided to go with first qtr 2012 as baseline  |
| Baseline Metrics shared with Medical Staff       | P       | PI Director & Task Force Physicians | August 2012            | Done   |
| Ongoing Data Collection Process Defined/Assigned | P       | Sepsis Champion                     | Ongoing                | Ongoing  |
| Ongoing Data Reporting                           | S       | Sepsis Champion                     | Monthly                | Ongoing  |
| Evaluation of Outcomes after Implementation      | S       | Task Force                          | 2013                   | External Sepsis Expert to assist; 1 <sup>st</sup> quarter 2012 data compared to 1 <sup>st</sup> quarter 2013 data (likely not complete until mid-2013) |

**\*Goal(s) for Improvement: Mortality Reduction in Sever Sepsis/Septic Shock better than Keystone ICU average by 1<sup>st</sup> quarter 2013**

**\*\*Key Baseline Metrics: 30%+ 4 of 6 months (Jan-June 2012); Keystone ICU = 18%**

| <b>Action Items</b> |  | <b>Responsible</b> | <b>Target<br/>Completion<br/>Date</b> | <b>Comments/Status</b> |
|---------------------|--|--------------------|---------------------------------------|------------------------|
|---------------------|--|--------------------|---------------------------------------|------------------------|

| <b>RESEARCH/ANALYZE</b>                          |          |   |                               |                                     |
|--|----------|---|-------------------------------|-------------------------------------|
| <b>Evidenced Based Best Practices</b>            | <b>P</b> | <b>Task Force Members</b>                             | <b>Oct 12</b>                 | <b>Done</b>                         |
| <b>WMH Current Practice</b>                      | <b>P</b> | <b>Task Force Members</b>                             | <b>Oct 12</b>                 | <b>Done</b>                         |
| <b>Action Items</b>                              |          | <b>Responsible</b>                                    | <b>Target Completion Date</b> | <b>Comments/Status</b>              |
| <b>DEVELOP WMH NEW PRACTICE</b>                  |          |   |                               |                                     |
| <b>Develop Inpatient Screening Tool/Protocol</b> | <b>D</b> | <b>Inpt Nsg Directors</b>                             | <b>Oct 12</b>                 | <b>Done</b>                         |
| <b>Develop ER/Triage Screening Tool/Protocol</b> | <b>D</b> | <b>ER Director</b>                                    | <b>Oct 12</b>                 | <b>Done</b>                         |
| <b>Develop ER Orders/Protocol</b>                | <b>D</b> | <b>ER Director</b>                                    | <b>Oct 12</b>                 | <b>Done</b>                         |
| <b>Develop Inpatient Orders/Pathway</b>          | <b>D</b> | <b>PI Director /Physicians</b>                        | <b>Oct 12</b>                 | <b>Done</b>                         |
| <b>Recommend Documentation Changes</b>           | <b>D</b> | <b>Task Force/IS</b>                                  | <b>Oct 12</b>                 | <b>Done</b>                         |
| <b>Develop Physician and Nursing Training</b>    | <b>D</b> | <b>Sub Team</b>                                       | <b>Oct 12</b>                 | <b>Done</b>                         |
| <b>Action Items</b>                              |          | <b>Responsible</b>                                    | <b>Target Completion Date</b> | <b>Comments/Status</b>              |
| <b>IMPLEMENT WMH NEW PRACTICE</b>                |          |   |                               |                                     |
| <b>Forms Committee Approval</b>                  | <b>D</b> | <b>PI Director &amp; IS</b>                           | <b>Oct</b>                    | <b>After medical staff approval</b> |
| <b>Documentation/IS Changes</b>                  | <b>D</b> | <b>IS Reps</b>  | <b>Oct 12</b>                 | <b>Done</b>                         |
| <b>Physician Education</b>                       | <b>D</b> | <b>CME Committee and Sepsis Task Force Physicians</b> | <b>Oct/Nov</b>                | <b>December 13, 2012 (noon-1p)</b>  |
| <b>Nursing/Staff Education</b>                   | <b>D</b> | <b>Sub-Committee</b>                                  | <b>Commence October 29</b>    | <b>Done!</b>                        |

| <b>Action Items</b>                               | <b>P/D/S/A</b> | <b>Responsible</b>       | <b>Target Completion Date</b> | <b>Comments/Status</b>                           |
|---|----------------|--------------------------|-------------------------------|--|
| <b>EVALUATE/ACT (ADJUST)</b>                      |                |                          |                               |  |
| <b>Sepsis Expert Site Visit</b>                   | <b>S</b>       | <b>Sepsis Task Force</b> | <b>January 14th</b>           | <b>Done. Report Received.</b>                    |
| <b>Data Analysis</b>                              | <b>S</b>       | <b>Sepsis Task Force</b> | <b>Ongoing</b>                | <b>Process measures improving.</b>               |
| <b>Keystone ICU Conference – Sepsis Update</b>    | <b>S</b>       | <b>ICU Director</b>      | <b>January 2013</b>           | <b>Done. Slides/info shared with Task Force.</b> |
| <b>Determine/Implement Adjustments to Process</b> | <b>A</b>       | <b>Sepsis Task Force</b> | <b>By March 18th</b>          | <b>Update protocols with new evidence. Done.</b> |
| <b>Nursing/Staff Education #2</b>                 | <b>D</b>       | <b>Sub-Committee</b>     | <b>Weeks of March 18/25</b>   | <b>Done. Staff RNs</b>                           |
| <b>Physician Education #2</b>                     | <b>D</b>       | <b>CME/Sepsis Team</b>   | <b>June</b>                   | <b>Done. Task Force Physicians</b>               |