



NICHE CONFERENCE

Piloting a Super SIRS Best Practice Alert (BPA) on Medical Inpatient Units

Dartmouth-Hitchcock Medical Center
Lebanon, NH

APRIL 21, 2017
NYU NEW YORK UNIVERSITY

PODIUM PRESENTER:
 Mary Catherine Rawls MS, BSN, RN-BC, CNL, FGNLA
 Clinical Specialist for Medicine and NICHE Coordinator



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Objectives



By the end of this presentation the learner will be able to:

- Identify electronic measures developed to assist the clinical staff in the early recognition of sepsis.
- Discuss strategies used to support the clinical staff when initiating the IP Sepsis Initiation Nursing Per Protocol.


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Tertiary Care Academic Medical Center
Comprehensive Cancer Center
Level 1 Trauma Center
CHaD (Children's Hospital at Dartmouth
Magnet@ Journey
Joint Commission accredited
396 beds
8,700 employees
2,000 RNs and APRNs
Inpatient Admissions: 26,304

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Medical Unit Characteristics

2 units, 3 floors
60 patients: 1 East: 35 pts., private and semi-private rooms
2, 3 East: 25 patients, all private rooms
Ages 19 to 97, majority over 65 y.o.
#1 DRG: Sepsis
Other diagnosis: Renal failure, Pneumonia, GI bleed, Pancreatitis, Alcohol
Withdrawal, Hepatitis, Cystic Fibrosis, Anemia, Hyper/Hypokalemia,
Cellulitis, Hypoxia, Endocarditis, COPD Exacerbation, Pulmonary
Emboli, Effusions, Drug Overdose, DM, HTN

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Modified SUPER SIRS Criteria:


When an RN or LNA enters Vital Signs into the medical record that meet
SUPER SIRS criteria, a **BPA** will fire:

Criteria: Suspected Infection + 2 other data points:

Temp <36°C or > 38.3°C RR >24 HR >120
SBP <90 mmHg New, unexplained altered mental status


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LNA's Best Practice Alert (BPA)

Best Practice Advisory - Alert, Wounds



⚠️ Patient's vitals meet Super SIRS criteria and could be concerning for sepsis. Please notify the RN immediately.


The following actions have been applied:

Sent: This advisory has been sent via In Basket

Acknowledge Reason


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RN's Best Practice Alert (BPA)

Best Practice Advisory - ZZA01SC01TY, Inks



⚠️ Your patient meets Sepsis criteria. Please initiate IP Sepsis Protocol. (BPA 1172)


The following actions have been applied:

Sent: This advisory has been sent via In Basket

Acknowledge Reason

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Option Suppression of BPA

Will begin assessment
 4 hours suppression
 Frequency of assessment increased
 1 hour suppression
 Will place order set
 1 hour suppression
 Patient off unit
 4 hours suppression
 Not a part of the immediate care team
 4 hours suppression

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RN Actions

- Notify Provider: Discuss w/Team initiation of protocol
- Call Life Safety:
- Start the protocol/initiate order set: Uncheck interventions not desired
After discussion- Blood cultures, fluid
- Discuss your interventions to update the charge nurse
- If WB Lactate results are 2.0 or greater, order a repeat WB lactate in 3 hours
CMS collecting this data
Lactate article in each conference room
Protocol in process of revision

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Nursing Team Notification:

- Clinical Specialists (2) pagers go off:
Page will say:
SUPER SIRS, Patient name, MRN, Room number
Charge Nurse and RN Unit Supervisor pagers alert
- Clinical Specialist's come to the bedside and support the assessment of this patient to begin the protocol:
Hands on, listen to lungs, take pulses, review labs
Support starting the bundle
Discuss situation with medical team, if needed

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High Level Outcomes

- 4 Weeks:
Between November 2 and December 2, 2015
- 43 patients had the BPA fire having met criteria
- 278 alerts fired: Number of times an LNA or RN went into that chart
5-6 alerts/patient
RN, Charge RN, 2 Clinical Nurse Specialists, Life Safety

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Pilot Results

- 27% - Were actually Septic (12 patients)
Met CMS criteria for sepsis
- 37% - Protocol initiated, documented (16 patients)
23% - 10 nurses initiated protocol through BPA
- 72% - Met "USEFUL" definition (31 patients)
Useful: Any action real or potential by either RN or MD that would have benefitted the patient
- 13% - Super SIRS could be explained by another event or another source (6 patients)
First walk in hall, increase in pain, known AF
- 19% - **REQUIRED** a higher level of care (8 patients)
May not have been septic but received care earlier due to a change in condition

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MISSED OPPORTUNITIES

- 37% - **Nothing was done at the time** (16 patients)
MD deferred:
Auditors are reviewing the provider's documented reasons for not doing an intervention
Ask questions why
Sample RN note: Dr. Brown does not want to give the patient fluids because pt. has an EF of 11%; will continue to monitor.
Weekend or holiday
Reasons unknown – patient deteriorated post BPA
No documentation

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Other Outcomes (43 patients)

- Average patient day until BPA fires is 5.6 days
Those admitted with sepsis fired earlier
- 1, 2, 3 East nursing staff are champions of this program!
They were the inpatient BPA pioneers
They influenced BPA changes
They grew in their confidence
They increased their knowledge regarding sepsis
They increased their assertiveness in team communications
They advocated for their patients
They are exemplars of TEAM CARE

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Learning Outcome:

MOST COMMON

criteria for Super SIRS alert firing?

LEAST COMMON

criteria for Super SIRS alert firing?



Answers:

MOST COMMON

criteria for Super SIRS alert firing?

Respirations

LEAST COMMON

criteria for Super SIRS alert firing?

Fever



BPA Triggering Details for 43 Patients:

1. High RR = 33
2. High HR = 22
3. Low BP = 9
4. T <36.0°C = 7
5. T >38.3°C = 5
