Nurses-

Diffusing the Sepsis Bomb without the Bomb Squad

A Small Rural Site Perspective

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About Us

* On the Pacific Highway 65 kms south of Coffs Harbour (closest Rural Referral Hospital (Level 5))
* Population of 25,000 + (5,000 surrounding) in LGA increasing to 40,000+ during holiday periods.
* 4th lowest socio-economic LGA in NSW
* 65% of population over 55
* 14% Indigenous population (21% of presentations)
* 25% presentations = PAEDIATRICS …
* No paediatric ward on site
* No specialist paediatric services

About Us

* Macksville Health Campus
  * 5 bed Emergency Department (Level 3a)
    * 12,500 presentations per year (increasing) = 40pt's/day
    * 47.7% Acuity (ATS 1-3)
    * CMO/VMO model (Fly in - Fly Out)
    * NO FACEM or REGISTAR/SPECIALTIES on site
    * 1 x CMO Morning and Evening Shift (On-Call o/night 2300-0800)
    * 2.5 x RN Morning and Evening 1 x RN Night
  * 38 Bed General Medical Ward (26.6 staffed)
    * VMO GP model (no onsite Medical cover)
    * X-Ray 0900-0430 (No CT, No MRI, No U/S)
    * Onsite Pathology 0900-1530 – Basic ISTAT and Blood X Match Only
    * ONE ISTAT machine for the entire hospital
    * Limited Pharmocopia

Sepsis Kills Project

* Supported project by Clinical Excellence Commission via State Project Team and conferencing/support etc.
* Sepsis Project commenced May 2011 in 50 ED's throughout NSW…we were not one of them….

Implementation

Phase 1: Emergency Departments
A Pilot Study was undertaken in five Emergency Departments in 2010. Preliminary results in the small sample were very encouraging with median time to administration of antibiotics reduced by 50% and greatly enhanced clinician awareness of sepsis and the need for prompt recognition and treatment.

The ACI/CEC Sepsis Project team provide support to the fifty participating Level 3-6 Emergency Departments via telephone, monthly teleconferences and site visits.

Rural and remote facility implementation
Specific strategies for smaller rural and remote facilities that do not have on-site medical staff are being developed for Phases 1 and 2.

Our Story

* FACEM CHHC speaks at M&M in July 2011 to MHC staff re this "NEW" initiative on SEPSIS coming to Coffs Harbour ED
* Nursing staff attend Rural Critical Care Conference in Port Macquarie August 2011
  * Dr Tony Burrell & CEC presentation on Sepsis
  * Inspiring Nurses to think?

Are we supposed to do this to?

Our Story

I think we are ???

It's a great idea. It will be great for our patients……

"Well lets just do it"

September 2011

Implementation- Plan

* FIFO CMO model = NURSES are "the constant" so need to be the driving force….
* K.I.S.S Principle
* Education sessions for nursing staff.
* Well received and started identifying all possible **SEPSIS** patients as ATS 2.
* **SEPSIS KIT** for Antibiotics → must be accessible

Implementation

* Accessed Sepsis toolkit/resources from CEC Website
* Sepsis + Antibiotic Guidelines Laminated
* Strategically placed in Triage, Doctors Computer Station and signs around ward.
* Clinical champions (3 x CNS + NUM)

SEPSIS

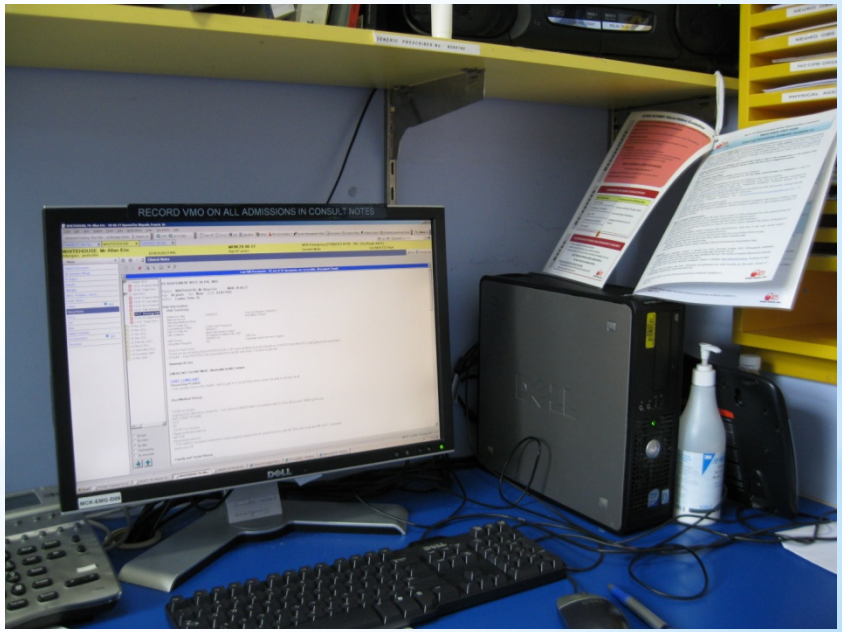
IN YOUR FACE

Sepsis Kit

* Need to be able to access readily and have it "on hand"..
* Restricted ABx (can't just leave anywhere) (Vancomycin = VRE)
* Minimal Space = small ED??? ...Where to locate???
* Majority of Drugs on Sepsis Antibiotic Guideline v 1 placed in "Lunch Box"

SEPSIS KILLS

RECOGNISE • RESUSCITATE • REFER



Sept 2011- Aug 2012

* Continue to drive Sepsis as a focus
* Not really sure what we are supposed to do ???

…… so we just followed the guidelines ……

* NO DATA COLLECTED (didn't know we had too?)
* Attend Rural Critical Care Conference in Dubbo Aug 2012
  * CEC presents sepsis project again……
    * Starting to roll this out soon statewide into smaller ED's ???
    * Discussion at Trade Show between CEC and MHC Staff about what we have been doing

WHAT????

You haven't rolled this out to OUR ED yet?"

oooops…. We've been doing it for 11 months?????

What we were doing

* Antibiotics normally well within 60min ?
* 1st Fluid initiated by Ambo's or RN's
* ATS 2 = CMO sees SEPSIS early
* We already have ED clinical pathways for ACS/STROKE etc so we just do what we do with them … SIMPLE … follow the pathway…
* ABx on hand and readily accessible
* Nurses continue to drive process
* "Sepsis Kills" ID lanyards…..

What we are doing now

* Macksville ED now included in the State Wide Data Collection set from 21st September 2012
* To date we have 65 entries
* Remember we were a **NURSE** driven process not **Medical** ("the Bomb Squad")
* Average time to ABx =

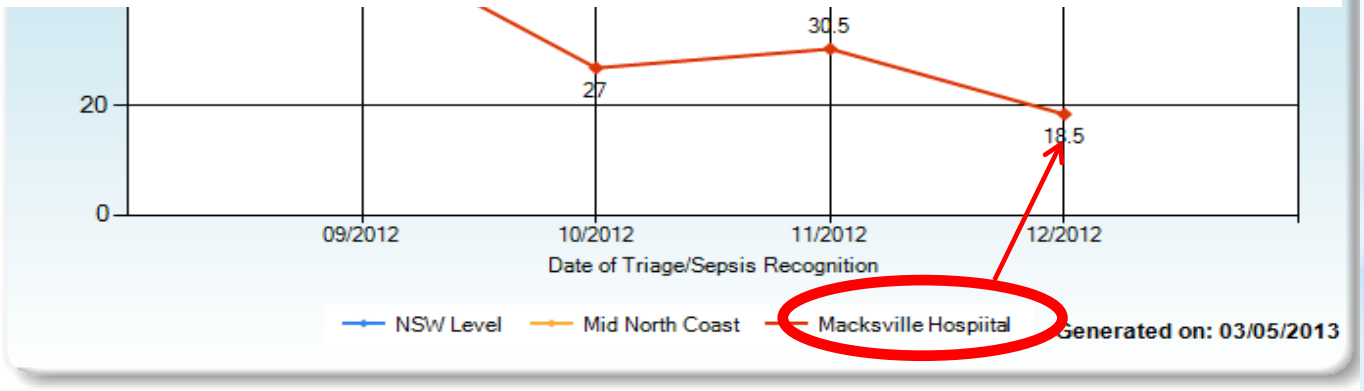
Data Collection - 1st Antibiotic

SEPSIS KILLS
RECOGNISE · RESUSCITATE · REFER

Sepsis Data Collection

Sepsis Treatment | Chart | Data Extraction | User Manual | Log Off

18.5min



State
59 min

MNC
67 min

CLINICAL EXCELLENCE COMMISSION
Clinical Excellence Commission

Paediatric Sepsis Project

PLAN

- Why do anything different ????
- Follow the guidelines….SIMPLE…
- **Nurses** to continue to LEAD
- Ensure Pathways visible IN YOUR FACE
- New **SEPSIS KIT** specifically for Kids
- Establish Referral Pathway with CHHC
  - Avg 2 hrs+ transport time (booking – destination)
  - need to expedite transfer as we do not admit paediatrics

Conclusion

* Thankyou for allowing us to share our good work with you
* Nurses can diffuse the sepsis bomb and as clinical champions we can benefit all our patients….young and old….

SEPSIS KILLS

but Nurses save lives too……

QUESTIONS ?????