



Sepsis Collaborative



DATE & TIME: 4/21/2010 **Location:** CCU conference room

Team Leader: Mabel LaForgia

Champion: Dr. Garay

Members Present: See Attached Attendance list.

AGENDA	DISCUSSION	ACTION/FOLLOW UP/RESPONSIBLE PARTY
Minutes	<ul style="list-style-type: none"> Reviewed and approved 	<ul style="list-style-type: none"> Ongoing
<p>Patient Safety</p> 	<p>Review severe Sepsis/ septic Shock cases</p> <p>February: updated to reflect current data. Compared with Medical Records Coding</p> <ul style="list-style-type: none"> 21 patients met criteria during the month of January Mortality rate 14% <p>March:</p> <ul style="list-style-type: none"> 23 patients entered into the data base Current morality 39% decrease compliance with some indicators 	<p>Claudia and Mabel will start auditing Charts in the critical care division to ensure that patients are being screened appropriately</p>
<p>Clinical Quality</p> 	<p>Identify Opportunities for improvement</p> <ul style="list-style-type: none"> As Pat Posa suggested data was collected on TLC insertion and initiation of CVP monitoring. Data reflects on average 1-2hour delay in CVP monitoring due transfer and diagnostic testing from ER to Critical Care. Increase in Femoral line insertion. Dr. Schrag offered surgical residents to insert lines when Subclavian or IJ insertion is difficult. Also he offered to train Medical Residents in the OR if needed. 2 surgical mortalities were reviewed. Surgical PA to contact Mabel or Claudia to set a 	<ul style="list-style-type: none"> Chris Savkov and CNLs will reinforce the importance of transducing CVP immediately upon insertion. Christina Simeone stated she would reach out to transport RN to assist ER staff with CVP monitoring Chris Savkov will also identify whether education reinforcement is needed Claudia Garzon-Rivera to notify Chief Residents and ICU

	<p>sepsis protocol educational in-service.</p> <ul style="list-style-type: none"> • Dr. Bessette asked whether DNR patient should receive central line monitoring. It was discussed that sepsis is reversible and protocol must be followed 	Intensivists of Dr. Schrag's offer
<p>Satisfaction, Safety,</p> 	<p>Monthly Resident and Nursing Education: going well, residents and nursing compliance has increased. Invitation was extended to ED physicians. Dr Bessette stated he reviews all cases with ER physicians</p>	On-going
<p>Economic Health</p> 	<p>Medical Coding for Severe Sepsis and Septic Shock Submitted list of all patient coded with severe sepsis and Septic shock to Ariel Sales from medical records.</p>	
<p>II. Next Meeting:</p>	<p>Next meeting will be on 5/11/2010</p>	<p>The 3rd Tuesday of the month at 9am</p>
<p>Respectfully submitted by: Signature</p> <hr/> <p>Mabel LaForgia, RN, MSN, CCRN, CNL Sepsis Collaborative</p>		