MHA Lean Six Sigma Project Summary

INITIATIVE TITLE: ***Improving our Sepsis Bundle Compliance***

ORGANIZATION NAME: ***Saint Joseph Medical Center***

ELECTRONIC MED RECORD: EPIC

PARTICIPANT / CONTACT INFORMATION

Team Leader Name	Title	Preferred contact-type email address/phone#
Teresa Collins	Chief Nursing Officer	tcollins4@primehealthcare.com

DEFINE – Problem Statement & Goal

Problem Statement:
Compliance with the Sepsis bundle declined from 86% average to 53% average. Noted that of those patients coded as "sepsis", they were not getting the repeat lactate within the first 3 hours of identification.

Goal: Reduce number of patients not getting repeat lactate by 50% within three months.

DEFINE - Initiative Scope

In Scope: Time of the repeat lactic acid when value is over 2.0
Out of Scope: Lactic acid results $\leq$ 2.0; cases that are not coded for Sepsis

DEFINE –BIG Y

Big Y is continuous – actual time in minutes. Looking at time of the repeat lactate – time zero.
Opportunities? 25 per month
Defect? 4
(drawback patient safety issue/increased mortality)
Spec Limits? The only spec limit would be the upper at 180 mins.

MEASURE - Data Collection / MSA

All cases that were coded for sepsis were reviewed and audited by both Corporate Abstractor as well as reviewed (IRR) again by Sepsis Coordinator. Sample size was 100% of cases as it was less than 30 per month.

Plenty of "A-ha" moments. Our original plan was to look at the compliance of our antibiotics but as we started to measure the data, it was clear that our true issue was our Lactic Acid compliance.

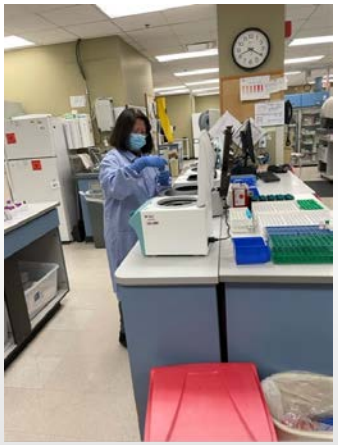
ANALYZE - Critical Xs / Root Causes Identified

- People
  - Staffing levels
- Process
  - Staff waiting for a printed label to go collect lab
  - Confusion of who is to collect
- Environment
  - Distance between lab and units
  - PPE concerns
- Machine
  - Lab equipment not working
  - Printer not producing label

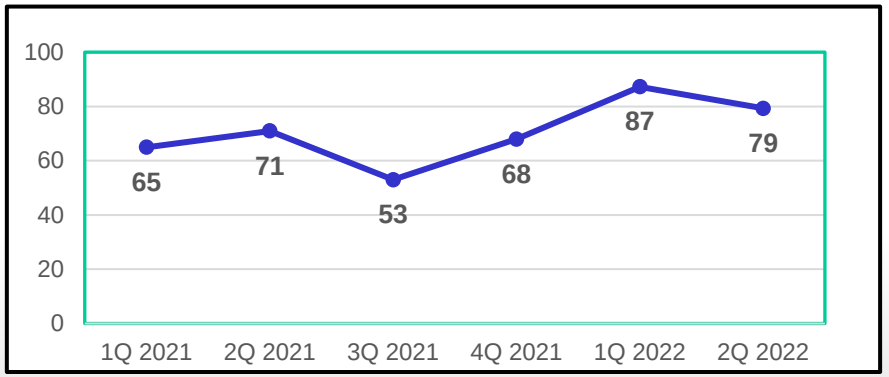
IMPROVE - What was Implemented

- New laboratory director hired and changed SOP for lab.
- Staff to collect specimen and not wait for label to print.
- Hired staff to alleviate the workload for the other staff allowing more tests to be run without delays.

IMPROVE – What was Implemented



IMPROVE – Results to Date



CONTROL – Next Steps

Keep momentum going via the Sepsis Committee.
Monthly reporting at Quality Committee.
Sepsis education to all new hires in 1st week of orientation by Sepsis Coordinator.
Daily ED huddles each shift on metrics.
Rollout plan includes continued monitoring while new lab director onboards. Project close is scheduled at this time to be June 30, 2022.
Without focus, we believe will slip backwards.

OVERALL LESSONS LEARNED

a) George and I make a good team. We are aligned and have good energy together. Our strengths compliment one another.
b) Our organization is behind in PI concepts.
c) Must dedicate time to it on calendars and drive it from accountability and follow through perspective.

Biggest Surprise: The lack of understanding how to set up formal PI projects, teams, and how to actively drive change in another way than "educate staff."

What would you do differently? Provide formal education on the front end. How to set up a PI team and project. People more concerned with the form and getting it right vs. the actual project. We do PI every day, we do not take credit for our work.

NEXT PROJECT(S)

Time Critical Diagnosis - all of them have opportunities. Door to tPA time is next for both ED and IP stroke activations. We are not meeting the < 60 min goal on tPA and are putting our primary stroke center certification at risk.

REWARD AND RECOGNITION

Deb Gunter – Sepsis Coordinator. Does great work, did not understand formal PI and how to take credit for her work.

Dr. Anne Hall – ED Provider and leads the Sepsis Committee. Very dedicated in driving positive change.

ED Staff – for their engagement in driving to outcomes.