

The Daily/Weekly Huddle: UNC Health Care

Week of Oct. 12 – 16

Code Sepsis

Monday	Failure to Rescue
Tuesday	Mortality Reduction Initiatives
Wednesday	Sepsis
Thursday	Sepsis at UNC
Friday	Sepsis Resources

Thought of the Week

Vigilance and a high degree of suspicion can improve our patient outcomes and decrease our mortality rate at UNC. Research shows that patients deteriorate for 6 to 8 hours prior to a cardiac or respiratory arrest or need for transfer to a critical care unit. Epic@UNC tools, combined with our clinical experience, can help identify patients at risk for deterioration, enabling us to intervene promptly. As UNC Hospitals embarks on Code Sepsis, its sepsis reduction initiative that aims to decrease our mortality rate, it's important that all of us, including staff without direct patient care responsibility, learn more about sepsis.

Action of the Week

For staff **without** direct patient care responsibility: learn more about Code Sepsis – visit <http://news.unhealthcare.org/empnews/code-sepsis>

For staff **with** direct patient care responsibility: Monitor patient MEWS Scores, get to know how the MEWS works and learn about the pilot responses, and activate ARRT (adult rapid response team) for ARRT criteria. **Remember that nurse worry about patient condition is the most sensitive criteria for activation of the ARRT – use your gut instinct!**

Praised Performer of the Week

Choose at least one person from your team to single out for great work.

Quote of the Week

"I think health care is more about love than about most other things. If there isn't at the core of this two human beings who have agreed to be in a relationship where one is trying to help relieve the suffering of another, which is love, you can't get to the right answer here." - Don Berwick, MD, Former CEO of IHI and former administrator for CMS

Monday

Failure to Rescue

Failure to Rescue is a national problem that affects all types of patients – it is the failure to prevent clinically important deterioration from an underlying medical condition or complication of care. Healthgrades reports 128 deaths for every 1,000 patients at risk for Failure to Rescue. The goal of UNC Hospitals' Code Sepsis is to improve that statistic by using the **M**odified **E**arly **W**arning **S**core to

identify patients at risk for deterioration. Here's how MEWS works:

- It is a tool available in Epic@UNC
- It uses vital signs and urine output to generate an acuity score for each inpatient
- It helps us identify patients prior to adverse events

Tuesday

Mortality Reduction Initiatives

Recent research from Mayo Clinic has shown that the most accurate predictor of an adverse event is nurse worry. If you are worried about your patient, you are always encouraged to call the rapid response team. ***Your gut feeling is more than enough to call the rapid response team! There should never be a negative reaction to activating the Rapid Response Team. Please let your rapid response team member know if you experience a negative response.***

Wednesday

Sepsis

Sepsis is defined as 2 or more SIRS criteria plus suspected infection. It is difficult to recognize as it affects all types of patients and mimics many other conditions. If not recognized and treated promptly, sepsis can progress to severe sepsis and septic shock. The best tool for recognizing sepsis is to ask yourself and your team members, "Could this be sepsis?"

Thursday

Sepsis at UNC

UNC is working to improve sepsis care by implementing a nationally recognized care bundle in the first hour of signs and symptoms of sepsis. The bundle includes:

- Lactate
- Blood Cultures
- Antibiotics
- Fluids

This bundle is part of the newest CMS Core Measure and proven to improve outcomes when completed in the first hour. The rollout of Code Sepsis at UNC will be ongoing throughout the fall and winter, incorporating the rapid response teams and screening tools throughout all inpatient areas and the ED.

Friday

Sepsis Resources

Sepsis resources are available at <http://news.unhealthcare.org/empnews/code-sepsis> - or google "UNC Sepsis." Contact sepsisfeedbackunch@unhealth.unc.edu for any feedback. You can get involved with the implementation team by contacting your manager or rapid response team member.

