AIM	PRIMARY DRIVERS		SECONDARY DRIVERS
Reduce Sepsis Morbidity and Mortality	1	EARLY IDENTIFICATION OF SEPTIC PATIENTS	Timely triage Timely notification to, and assessment by, nurse and physician Early and repeated lactate measurements Create an environment of teamwork, leadership and communication
	2	ENSURING SEPSIS BEST PRACTICES IN THE ED	Early aggressive administration of IV fluids Early administration of IV antibiotics Blood cultures taken before IV antibiotics are given Thorough education of staff
	3	SEAMLESS TRANSITIONS	Effective transition with in-patient units Improve communication to in-patient care providers

PRIMARY DRIVER	SECONDARY DRIVERS	CHANGE IDEAS
1 **Early Identification of Septic Patients**	TIMELY TRIAGE	Review SIRS criteria and the importance of early sepsis identification with all triage nurses
		Standardize triage screening tool for identification of sepsis
		Ensure proper documents/references/posters at triage
	TIMELY NOTIFICATION TO, AND ASSESSMENT BY, NURSE AND PHYSICIAN	Develop mechanism to notify physician and nurse of potential sepsis patient; a sticker or other visible clue on their charts, overhead page, direct communication
		Incorporate the use of communication systems such as “Code Sepsis” paging system, whiteboards, verbal and environmental cues, electronic bed boards
	EARLY AND REPEATED LACTATE MEASUREMENTS	Standardize order set for sepsis and link orders for lab so if blood culture is ordered, a serum lactate is ordered simultaneously (electronic order sets and defaults if possible)
		Work with lab to ensure that when initial blood work is taken that a venous blood gas is taken to measure lactate and results to clinician within 30 minutes (need access to arterial blood gas machine or point of care lactate device)
		Encourage a “culture of lactate” where any team member (MD, RN, RT) is empowered to check early and often
	CREATE AN ENVIRONMENT OF TEAMWORK, LEADERSHIP AND COMMUNICATION	Work with lab to ensure that when initial blood work is taken that a venous blood gas is taken to measure lactate and results to clinician within 30 minutes (need access to arterial blood gas machine or point of care lactate device)
		Encourage a “culture of lactate” where any team member (MD, RN, RT) is empowered to check early and often

PRIMARY DRIVER	SECONDARY DRIVERS	CHANGE IDEAS
2 **Ensuring Sepsis Best Practices In The ED**	EARLY AGGRESSIVE ADMINISTRATION OF IV FLUIDS	Nurse initiated order sets and resuscitation
		Have sepsis kits including antibiotics, lab draw supplies, IV tubing and fluids for easy access available in the ED
		Start IV fluids, lab work, antibiotics before getting a bed if no beds available
		Establish a standard that all potentially septic patients receive a 1 litre crystalloid bolus with emphasis on hanging the second litre and documenting the times these are done
		Develop a protocol for escalated care for those patients that remain hypotensive despite fluid bolus
	1. BLOOD CULTURES TAKEN BEFORE IV ANTIBIOTICS ARE GIVEN 2. EARLY ADMINISTRATION OF ANTIBIOTICS	Adopt sepsis pre-printed orders for your department and place in patient charts
		Decide on antibiotic choices according to suspected source of infection (discuss with local infectious disease, pharmacy and microbiology specialists). Ensure there is a trigger system to alert for blood culture draw.
	THOROUGH EDUCATION OF STAFF	Process map the patient's journey and processes relating to sepsis. Use the process map to identify and eliminate bottlenecks in your process
		Establish educational sessions – consider using E2E educational slide sets and lectures/videos on www.evidence2excellence.ca . Establish on-going education (eg. educational rounds including M&M rounds; newsletter; case examples and report cards; updates on new sepsis issues)
		Sepsis education in ALL new staff orientation including physicians and students
		Set up forums for communicating with smaller community hospitals OR to larger hospitals. Consider setting up coordinated rounds with rural sites to discuss management and transfer issues

PRIMARY DRIVER	SECONDARY DRIVERS	CHANGE IDEAS
3 Seamless Transitions	EFFECTIVE TRANSITION WITH IN-PATIENT UNITS	Develop standardized tools for handovers and transition points for all staff
	IMPROVE COMMUNICATION TO IN-PATIENT CARE PROVIDERS	Develop “pull” strategy with ICU
		Ensure that early communication with ICU is seamless. Have ICU involved in discussions on when they should be contacted and how to expedite the transfer of care to them when required
		Ensure receiving agencies/physicians have all the information that they require for a smooth transition of care