



Comprehensive Sepsis Program in the Oncology Emergency Department

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Background

To meet the sepsis guidelines, it is essential that patients presenting to the emergency department have timely identification and management of sepsis. The Emergency Department at the University of Texas MD Anderson Cancer Center has implemented a multidisciplinary approach to address suspected sepsis patients that arrive to the emergency department. The sepsis program includes: an electronic health record best practice advisory, interdisciplinary text alert and overhead page. The program also includes an interdisciplinary team which reviews all sepsis cases that do not meet the sepsis bundle.

Methods

The sepsis program is comprised of two main components: recognition and delineation of resources and sepsis review.

Recognition:

If the patient meets two mSIRS criteria the sepsis BPA is triggered. Upon trigger of the BPA or based on clinical judgement the triage RN initiates the sepsis parameter orders and activate the sepsis response by both overhead page and interdisciplinary text message.

Review:

Bi-monthly Sepsis Pulse Check meetings enable case discussion with the interdisciplinary team. Before each meeting, nurses review all sepsis fallouts from the preceding week and share findings with nursing leadership, assigned physician reviewers and pharmacist. Nurses present cases during meetings, fostering interdisciplinary collaboration for improvements. This allows the team to work together to identify gaps in care and follow up on any changes that are needed.

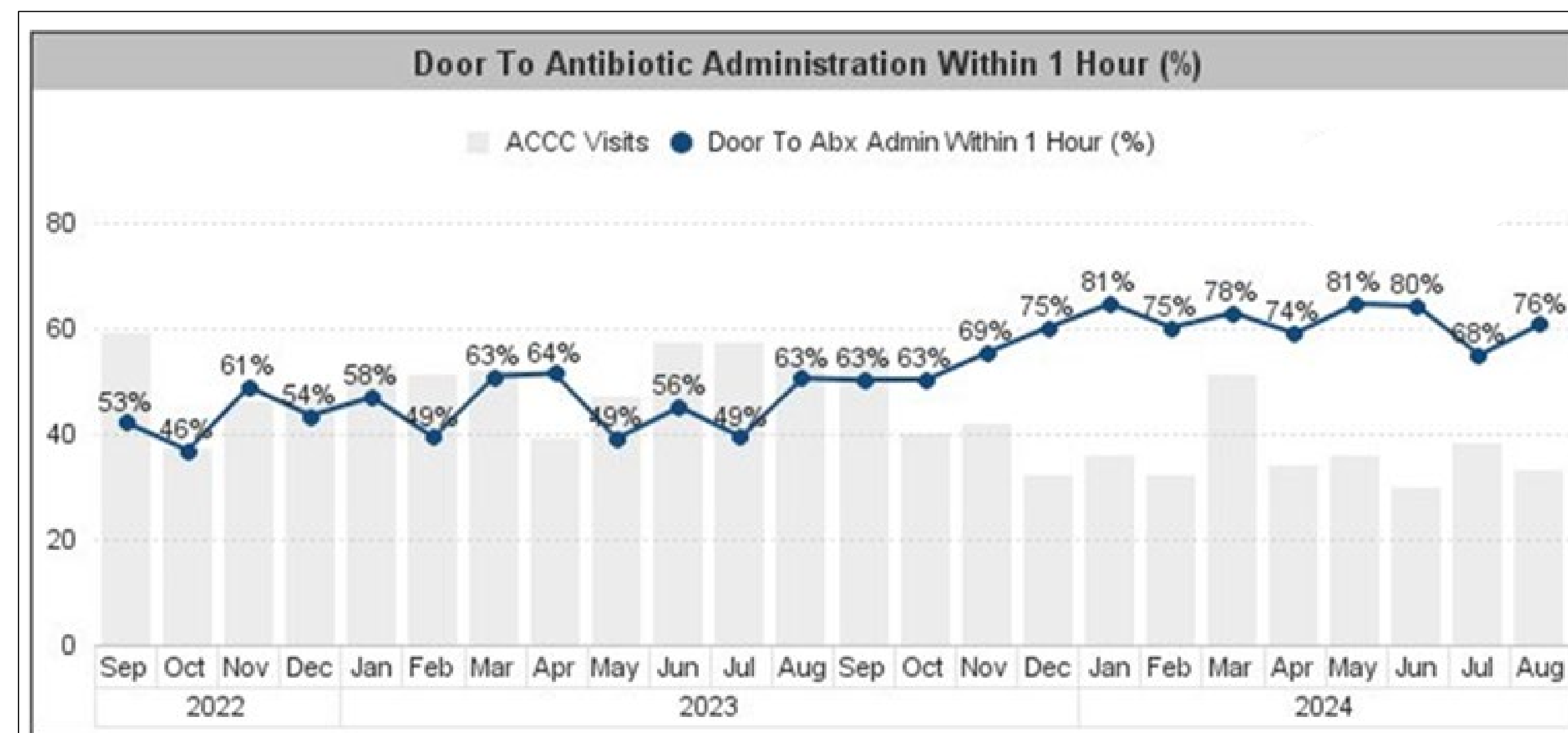


Figure 1. Door to antibiotic administration within 1 hour compliance

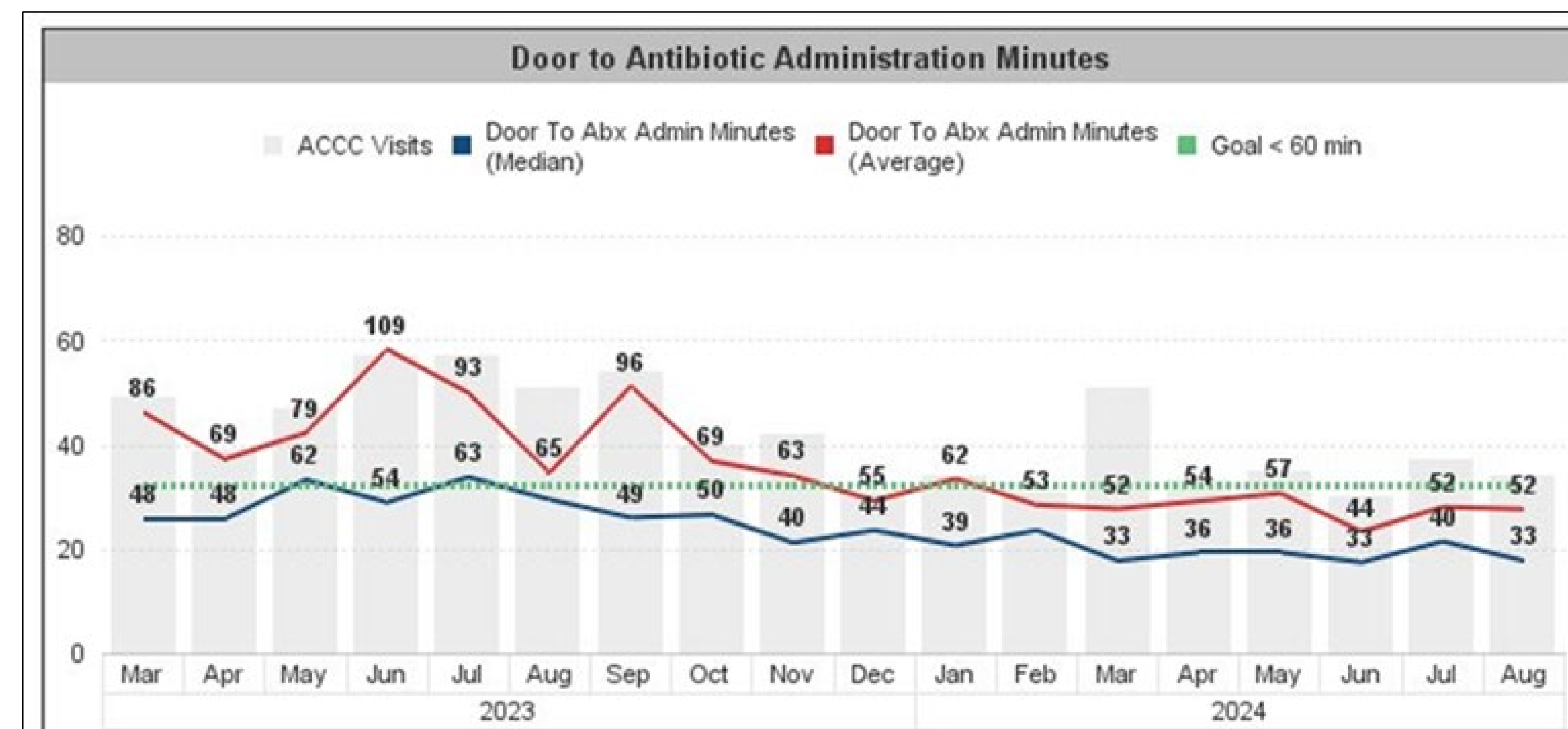


Figure 2. Door to antibiotic administration average and median

Results

Enhancing nurses' roles in the cancer sepsis program has improved sepsis management. Our institution has maintained the lowest sepsis mortality index compared to comprehensive cancer centers in the United States. The department has improved door to antibiotic administration within one hour compliance from fiscal year 2023 to 2024 (mean from 55% to 73.8%). Mean door to antibiotic time decreased from 87 minutes to 59 minutes. The department compliance to antibiotics from arrival to administration in sixty minutes increased throughout the fiscal year 2024. The department also had one hundred percent compliance for door to antibiotic time within three hours in three months out of the fiscal year. This being the first time the department has achieved one hundred percent compliance with the three-hour metric.

Conclusions

The Sepsis Program highlights the value of quality improvement in emergency care, enabling early sepsis detection, timely interventions, and efficient team coordination. Ongoing reviews drive process enhancements and improve patient outcomes.

References

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- Delawder, J. M., & Hulton, L. (2020). An interdisciplinary code sepsis team to improve sepsis-bundle compliance: A Quality Improvement Project. *Journal of Emergency Nursing*, 46(1), 91–98. <https://doi.org/10.1016/j.jen.2019.07.001>



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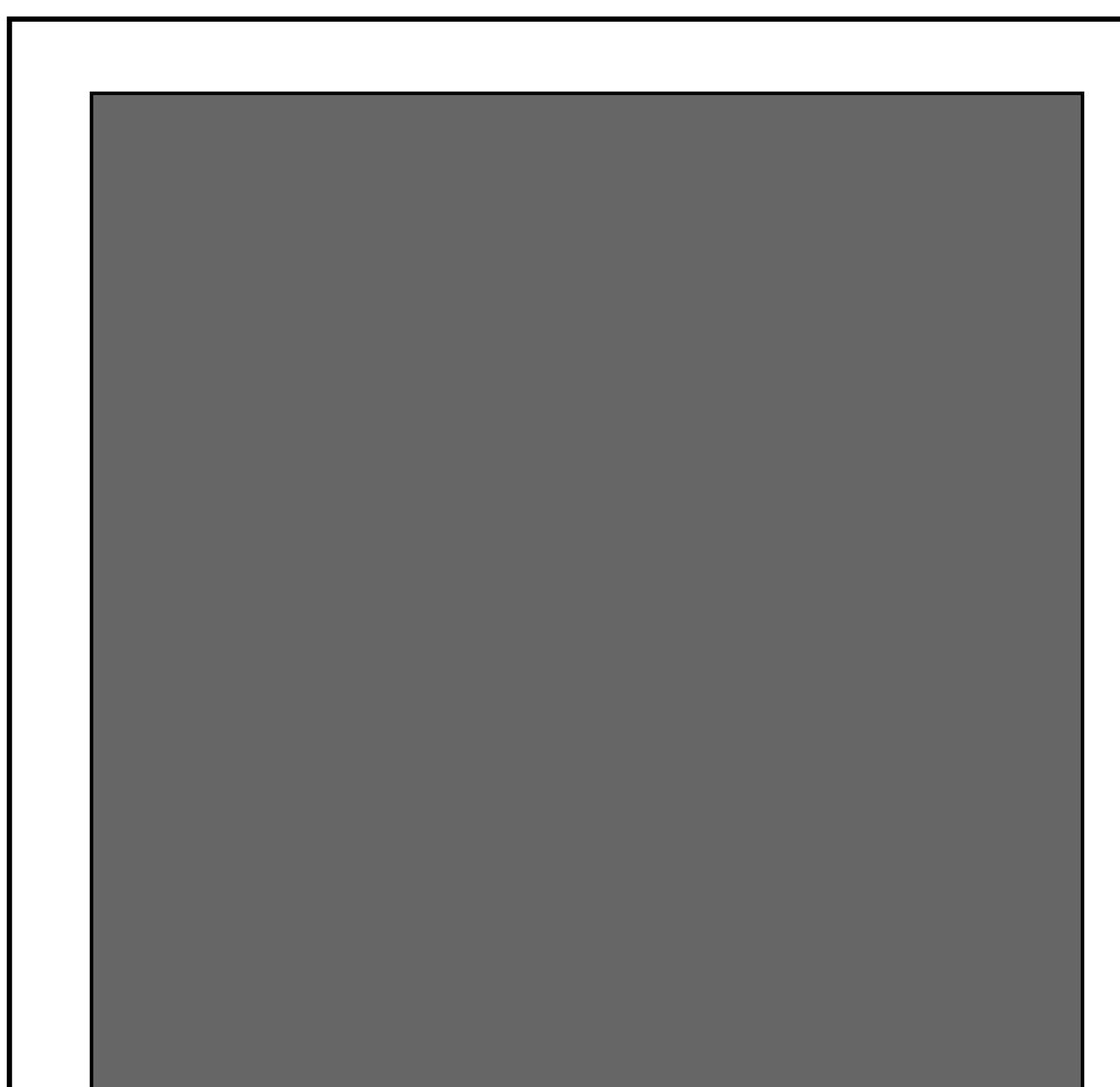


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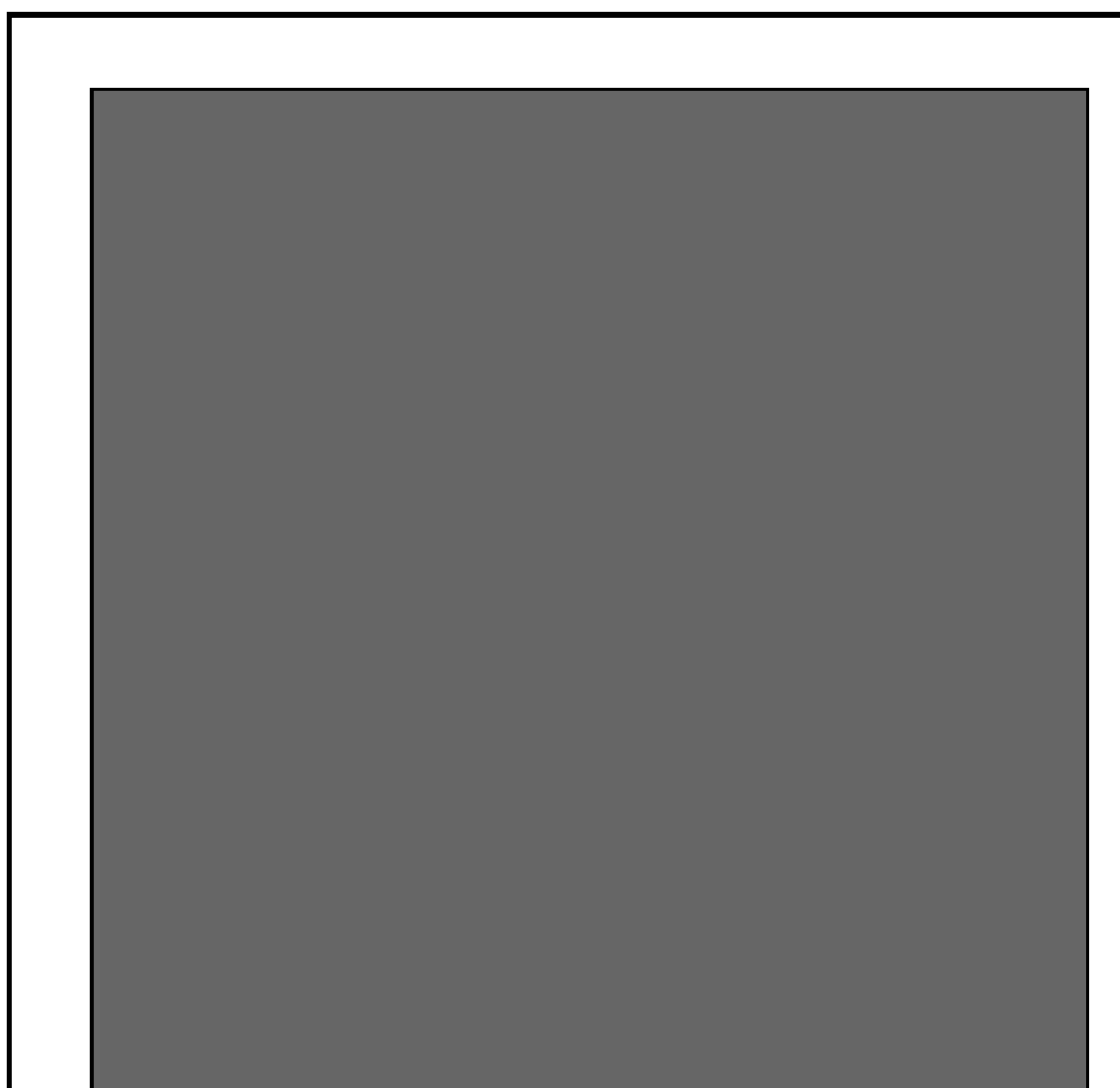


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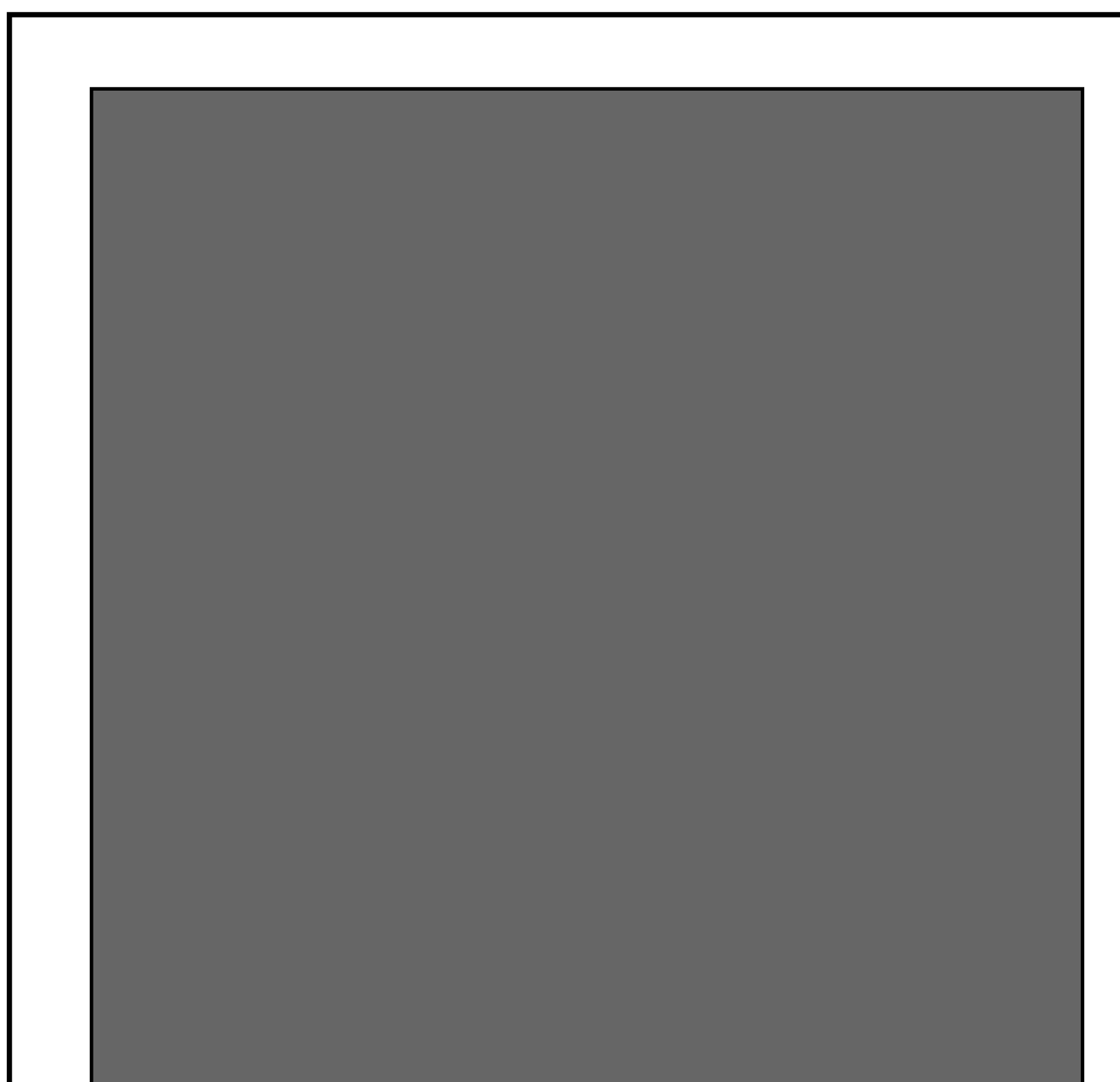


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