Sepsis Sign-out: Communicating Sepsis Management in Interfacility Transport
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Background
Sepsis is one of the leading causes of death across the lifespan in hospitals worldwide1
- Delayed recognition and treatment is associated with early and preventable death2
- Early detection is crucial to improving patient outcomes2
- Healthcare miscommunications during transfer-of-care can result in delay in diagnosis, delay or omission of treatment, and missed or repeated testing2
- Delays and miscommunications that could significantly impact the patient with sepsis
- Standardized tools for hand-off during transitions-of-care may help reduce these miscommunications and improve nurse perception of and satisfaction with the process3

Collaborative partnerships with patient-transport teams has the potential to improve sepsis recognition during transition-of-care

Purpose & Aims
Purpose: communicate timely sepsis measures in the adult medical population at risk for sepsis being transferred between medical facilities through facilitating standardized “Sepsis Sign-out”

Aim I
To adapt and implement a hand-off communication and documentation tool

Aim II
To improve documentation of core sepsis treatment measures for each adult medical patient being transferred with a positive sepsis screen at time of transfer

Aim III
To increase satisfaction in the patient hand-off performed between interfacility transport nurses and receiving inpatient medicine nurses

Methods
Design: Quality Improvement preintervention-postintervention design
Setting: Medical transportation department within academic teaching hospital in a mid-Atlantic US

Sample:
- Transportation nurses performing interfacility transports for adult medical patients into participating units perform the intervention
- Pretest-posttest surveying with inpatient nurses
- Excludes those who do not participate with a transfer over the study period

Measures:
- Completion of tool adaptation and implementation
- Rate of compliance
- Changes in satisfaction in one question, 5-point Likert survey pre- and post-intervention

Sample Characteristics

Sample for analysis = 11 pairs

<table>
<thead>
<tr>
<th>Inpatient nurses surveyed</th>
<th>Pretest</th>
<th>Posttest</th>
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<tbody>
<tr>
<td>Pair</td>
<td>29</td>
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Intervention
Sepsis Sign-out Communication Tool
- Physical paper communication tool utilized for adult medicine patients being transferred from outside facilities into one of the participating study units (emergency & ICU)

Figure 1. Intervention Tool Example

Compliance Qualifying transfers: 32
- Tools captured: 5 (15.63%)
- Tool adapted from SSO to align with RCNS standard of care

Figure 2. Handoff Tool Compliance

Results
Satisfaction
- No statistically significant difference
- a = 0.05
- Wilcoxon signed rank test p value = 0.004

Figure 3. Change in Satisfaction Pre to Post intervention (p=0.03)

Supportive Findings | Utility & Feasibility

- Change in satisfaction from paired nurse data (n=11)
- 100% of captured tools correct testing for up to 60% indicated treatments in transit

Figure 4. Handoff is Effective (n=11)

Conclusions
- A hand-off communication and documentation tool was adapted and implemented—barriers were met with utilization
- Lack of tool utilization or compliance—difficult to deduce whether the tool has could yield clinically significant improvements
- Utility and feasibility questions utilized in post-test surveying—results did not provide persuading support for or against the hand-off tool
- Supportive data (pre- and post-test) suggest there is a clinical need for improvement in the hand-off of sepsis-perinent information for patients being transferred from outside facilities
- Findings from this study can be used to help guide the discussion of improving communication of sepsis-related information during interfacility transfers in the adult medical population

Table 1: Time of Exception

Table 2: Specialty data and frequency

References

Early-Identification-Sepsis-HospitalFloor/Download-USA