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AN EICU/ICU COLLABORATIVE TO REDUCE SEPSIS MORTALITY

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Sepsis costs over 20 billion dollars annually to treat making it the most expensive diagnosis for hospitals to treat, and carries with it an average mortality rate of 45%. The electronic intensive care unit/ intensive care unit (eICU/ICU) collaborative project was developed to improve sepsis mortality at Sutter Solano from 41.2% to the system-wide goal of 18.8% over the course of a year by implementing two technologies. The first was the onboarding of the non-invasive cardiac output monitoring (NICOM) technology by Sutter Solano to guide and fulfill the 6-hour bundle compliance for septic shock resuscitation. The other technology was the activation and enhancement of the core measure manager (CMM) high-quality data surveillance technology by the eICU to screen all patients at Sutter Solano for early identification and treatment of sepsis and septic shock. After twelve months of quality improvement measures including education, training, implementation, enhancement, tracking and treatment management; the dashboards revealed Solano's sepsis/septic shock mortality rate dropped from 41.2% to 6.1%. Nurses and physicians need to recognize that central venous pressure (CVP) is no longer a recommended or accepted measure of hemodynamic stability. The latest evidence-based practice supports NICOM in conjunction with passive leg raise (PLR) as a foundational guideline for fluid resuscitation. The clinical nurse leader (CNL), as systems analyst and risk anticipator, must manage information as well as the care environment to improve quality patient outcomes in the presence of evolving knowledge and the ever-changing healthcare system.

Biography

Laura Maples is an accomplished Critical Care Nurse, having recently completed her RN Masters in Clinical Nurse Leadership from University of San Francisco in May 2017. In addition to her formal education and training, she has a solid 20-year history of hands on experience in ICUs and 10 years working in the eICU, a system-wide quality oversight unit providing in-time critical care interventions for all critical care patients throughout the system. She has on boarded hospitals to the eICU system and performed system-wide quality improvement programs utilizing telemedicine. Further, her ability to build, facilitate, and laterally integrate multidisciplinary care to provide improved quality outcomes for patients and influence positive change has been repeatedly proven.

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