

Nursing Committee Minutes

Attendees: Participants: Dr. William Anderson, Dr. Aveh Bastani, Sara McGlynn, Adina Lesperance, Angela Falzarano, Deanne Boots, Dr. Steven Galens, Gladys Hill, Greg Bernardo, Kari Haefner, Kathleen Grady, Sheila Sanchez, Tania Paydawy,		Date: 2/19/15 Time Called to Order: Time Adjourned:	
		Location of Meeting:	
TOPIC	DISCUSSION	ACTIONS/RECOMMENTATIONS/FOLLOW-UP (WHO/WHAT/WHEN)	
Criteria for alert	Group discussion to define the values that are to be included in the sepsis alert build. Do we use SIRS criteria? If so how many of the criteria and which ones? Group agreed that SIRS needs to be included and choose to include 3 (temp, WBC & heart rate) to trigger the alarm. Discussion about temp range and route: Oral 96.8 - 100.4 Axillary 95.8 - 99.4 Rectal 97.8 -101.4		
	Temporal Infrared Consider lowering the low end temp in the alert but leave the current hi		

temp value as is.

Add verbiage re: appropriate temp source - <u>no axillary</u> (what is the range for PO, Axillary, rectal - describe in alert

Hospice patients? Should they be included?

Dr Bastani noted that in the pilot data the alert was identified as over sensitive for the hospice patients. There were many patients identified by the criteria that were not septic. After review of this data and input from the group, it was decided to exclude the hospice patients.

Age greater than 50? Our pre data showed that most patients that were identified as sepsis were males greater than 50 years old. Group reviewed the data and agreed that 50 should be included in the alert

Do we only include male patients?

Dr Bastani and Dr Anderson suggested that we set this as a parameter to improve the sensitivity of the alert and identification of the stroke patients. The group discussed the pros and cons of choosing just the male patients. Some concerns were raised about excluding the females. Dr Anderson stated that they could still trigger the alert if the patient was female and they met 4 other criteria. The group agreed with this decision.

Immunosuppressed patients are at increased risk. Should we include this patient population? This would be similar to the hospice patients. Group agreed to exclude this patient population. Dr Bastani agreed that this patient population was over triggered in the pilot.

The group also had concerns about patients with chronic conditions, ie. COPD.

Kathleen Grady and Kari will follow up with the IT build team and

IT Build	provide the criteria that the group has decided upon so that they can update the alert criteria in EPIC and testing of the new criteria can begin. IT will need some time to update the algorithm behinds the scene.	