

Creating a decentralized sepsis education program

BRIGHAM AND WOMEN'S HOSPITAL

Brigham and Women's Hospital is a 793-bed teaching hospital of Harvard Medical School with 150 outpatient practices and over 1,200 physicians. The emergency department sees over 60,000 patient visits each year.

The Brigham Health Sepsis Task Force began meeting in October 2015 and knew from the start that educating staff about sepsis would be an important part of their early work. The first thing the group decided to do was design a short "needs assessment" survey to get a better understanding of baseline knowledge about sepsis among key clinical staff. Together, they created a 10-question interdisciplinary survey about sepsis that was sent to all nurses and key provider groups. Over a thousand individuals participated in the survey, which gave the task force a rich understanding of current knowledge about sepsis as well as areas where more education might be needed.

The second thing the group did was create a decentralized dissemination strategy, an "education tree," which provided a structure for sharing centralized messages with staff via department leaders. In this way, the sepsis task force could decide on a key message, create centralized materials to support the message, and then ask local leaders to share the materials with their respective groups. This helped to ensure that all staff received the same message, but in a way that was tailored to them and could be supported and reinforced by local leadership. The first message to go out through the education tree was the answer key to the original survey questions along with a rationale for the answers.

Once the education tree was established, the task force was able to use it to reinforce recommended sepsis

care, disseminate hospital sepsis performance data, and demonstrate new tools created to facilitate proper sepsis care. For example, in February 2018 when Partners Healthcare rolled out the new sepsis Best Practice Advisories (BPAs) for EPIC, the task force used the tree to notify all clinicians about their creation. Multiple modalities of communication (email, posters and a video) were created with the Partners Sepsis Committee to explain the clinical criteria causing the advisories to appear and to outline the expected clinician response to the advisories. The task force then sent the materials to local leadership in each service line with a date to disseminate to staff.

Now three years in, the process continues to evolve. In 2018, the team developed a comprehensive education plan which outlined key sepsis education themes for the year and a system to track which clinicians have received the sepsis education. This helps to identify education gaps and direct future educational initiatives.

Overall, the BWH team offers several take-home lessons for others to consider:

- Having a local leader deliver your message is more powerful than getting a centralized email from hospital leadership.
- Bringing hospital performance data that shows a need for improvement increases educational initiative buy-in from front line clinicians.
- Providing feedback on real-time sepsis cases can reinforce with staff optimal sepsis care practice.