

# The importance of clinician education, buy-in and feedback in improving sepsis outcomes

## SOUTHCOAST HEALTH

Southcoast Health is a not-for-profit, community-based health system with multiple access points, offering an integrated continuum of health services throughout southeastern Massachusetts and Rhode Island. The Southcoast Health system includes three emergency departments, located at Charlton Memorial Hospital in Fall River, St. Luke's Hospital in New Bedford and Tobey Hospital in Wareham. Collectively, the three emergency departments see more than 200,000 visits each year.

### Challenge

Staff engagement, buy-in and feedback are essential ingredients to the success of any health care quality improvement initiative. These are arguably even more important in the case of sepsis care, where staff must deliver complex and compliant treatments in a time-sensitive manner. Two aspects of sepsis care are especially challenging when it comes to building physician support. The first is that compliant sepsis care involves the use of defined protocols, which have been seen by some providers as “cookbook medicine.” A second concern surrounded fluid resuscitation and the risk of putting heart failure patients into fluid overload.

### Action

In order to make progress on sepsis, the team at Southcoast Health addressed the concerns of physicians. The sepsis team used a two-pronged approach to gaining clinician buy-in. The first was clear and consistent messaging from emergency department (ED) leadership about the importance of focusing standardization of sepsis care through protocols. One of the ED medical directors, Dr. Brian Tsang, had this direct message to the physicians in his EDs regarding sepsis: “your clinical judgment isn't as good as a clinical tool that's been validated.” Sepsis treatment bundles have been tested in multiple clinical trials and shown to be effective in reducing mortality. And, just as importantly, “fluid overload is reversible as a condition, but multi-system organ failure is not.”

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While fluid overload is a real clinical concern, the group undertook steps to mitigate those risks through use of education on noninvasive assessment of cardiac output. Ongoing reinforcement of these messages helped to assuage fears as the team worked to implement the protocol.

The second strategy the team used was to bring on a new staff member, who they called a “sepsis partner,” to provide at-the-elbow support to the teams in the emergency department as they began their sepsis quality improvement work. A nurse with clinical experience was hired by the system to “work in the trenches” with the clinical teams and provide real-time education and feedback on their efforts to provide better care to sepsis patients. The nurse would review all sepsis orders to ensure that they were consistent with the sepsis treatment guidelines, identify fall-outs to see what could be improved, and answer questions on sepsis by page if the clinicians needed guidance on appropriate sepsis care. The nurse was instrumental in designing and implementing the system's sepsis Best Practice Alerts.

Having the combination of provider engagement and quality nursing operation support turned out to be critical in helping the ED teams improve their sepsis bundle outcomes. Feedback was easier to accept than if it came from a clinician just-in-time rather than by an unknown reviewer after the fact. The two-pronged approach of buy-in and real-time clinical feedback builds trust with staff by providing support on challenging cases and positive feedback on good catches.