Enhancing Communication Between Nurses and Physicians on Patients with Sepsis

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Abstract

Problem: The condition of sepsis is life-threatening, and its severity increases when there are delays in interventions. Communication challenges exist on medical-surgical units and are major contributors to poor management of patients with sepsis. Ineffective communication among health care team members continues to threaten patients’ health outcomes. The purpose of this project was to implement a standardized form of communication between nurses and physicians of patients with sepsis.

Methods: An observational descriptive design with a retrospective chart review. A quality improvement PDSA cycle was used to implement an SBAR communication instrument.

Results: A total of 16 medical records (N=16) were analyzed. In 2021, the first set of vital signs and antibiotic administration time after sepsis bundle activation improved, but were not statistically significant from the 2020 times (t(14)=1.54, p=.147; t(14)=1.66, p=.119, respectively). However, the blood culture acquisition time significantly improved in 2021, with an improvement of 28-minutes (t(14)=4.57, p<.001). Regardless, all bundle times were improved from the time of sepsis bundle activation.

Implications for practice: Improved times for sepsis bundle acquisitions was clinically significant as all times improved. The implementation of an SBAR communication instrument may have influenced bundle activation times.

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