

*There are approximately 750,000 new cases of sepsis annually in the United States with over 210,000 deaths. Sepsis was the most costly reason for hospitalization in 2009 at \$15.4 billion. Sepsis mortality rates are reported anywhere from 25% to upwards of 45%, making it the leading cause of death in hospitals.*

*In 2001, Dr Emanuel Rivers published a paper that demonstrated when patients receive aggressive algorithm resuscitation within the first six hours after presentation with sepsis there is a 16% decrease in mortality. In 2002, the Surviving Sepsis Campaign was formed by the Society of Critical Care Medicine and the European Society of Intensive Care Medicine. The goal of the campaign was to reduce mortality from sepsis by 25% in five years. With the first set of guidelines being published in 2004, the goal was to obtain this reduction by 2009. The sepsis bundle outlined specific guidelines for the detection, resuscitation and treatment of the septic patient and was developed to accommodate the needs of the individual hospital. They were updated and published in 2013 in the Journal of Critical Care Medicine.*

*In the fall of 2012, Clark Memorial Hospital made the decision to move forward with implementing a sepsis bundle. Leadership consulted Kathleen Vollman, MSN, RN, CCNS, FCCM, FAAN, an internationally known expert on the topic of sepsis. She visited CMH giving presentations on sepsis to administration, physicians and staff and assisting leadership in the development of a sepsis program best suited for CMH. Chart reviews were completed to obtain baseline data on treatment and mortality of patients with sepsis in our facility and a multi-disciplinary team was formed to begin the process of developing a sepsis bundle specific to our hospital. This committee started meeting in January of 2013 and met bi-weekly through November of 2013.*

*Developing the sepsis bundle was an exacting and time-consuming process. A screening tool, order sets and protocols had to be developed and specialty equipment had to be researched and purchased. A sepsis coordinator was hired to maintain data on a proactive basis, driving results through real-time data analytics. Mandatory in-services were completed for all inpatient and emergency department nurses and respiratory therapists.*

*Implementation of the sepsis bundle occurred on October 2, 2013. Sepsis mortality at CMH prior to the implementation of the sepsis bundle was 45%. Since implementation, significant improvement has been seen in all areas of the three- and six-hour bundle goals along with a 16% reduction in the sepsis mortality rate to 29%, results consistent with Dr. Rivers' 2001 study. The sepsis committee meets on a monthly basis to review compliance with the three- and six-hour bundle. All outliers are reviewed and addressed by the appropriate committee members, staff is educated on an ongoing basis and recognition in improvement of patient outcomes is celebrated throughout our hospital.*

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