



HEALTHGRADES®

## CASE STUDY

Ochsner Medical Center  
New Orleans, LA

*“My partners at first did not believe that we had a problem. They felt we were providing good care by starting some antibiotics and fluids and turning the case over to the ICU. But our actual mortality was getting worse than our predicted mortality. Having a physician on the HealthGrades consultant team was critical. It provided instant credibility, speaking with the physician I could tell that she was speaking my language.”*

— DR ERIK SUNDELL, MD.

ASSOCIATE MEDICAL DIRECTOR, DEPARTMENT  
OF EMERGENCY MEDICINE, OCHSNER



# PHYSICIAN ENGAGEMENT KEY TO REDUCING SEPSIS MORTALITY

## Physician Champions and Multidisciplinary Teams Work Together to Dramatically Reduce Sepsis-Related Deaths

Rapid cycle tests of change, implemented by multidisciplinary teams became the heart of the strategy to reduce sepsis-related deaths at Ochsner Medical Center (OMC) in New Orleans, LA. HealthGrades consultants identified two physician quality champions to act as team leaders: Dr. Leo Seoane of the Critical Care Department and Dr. Erik Sundell in the Emergency Department.

Hospital representatives were then identified from the following departments: nursing, medical informatics, performance improvement, clinical pharmacy, nutrition, respiratory, nursing education, and nursing informatics.

An early, critical decision point for the teams was determining who would insert the central line. There was concern that treatment goals would be delayed if someone other than the ED physicians were responsible for line placement. So Dr. Sundell trained all ED doctors in the PreSep catheter insertion technique and validated their competency. All ED nurses were trained in monitoring the values. The Critical Care Department decided that a fellow would respond to the ED to help get patient treatment started in a timely manner.

The next critical step in the process was developing an evidence-based order set to drive standardized, evidence-based care. Just two months after the initial multidisciplinary meeting – the first draft order set was ready for review and feedback. In addition, comprehensive data collection on every single case of sepsis was undertaken. For each case in which the patient’s goals were not met within 6 hours, personal feedback was provided to the attending physician by Dr. Sundell or Dr. Seoane.

The value of this type of personal and timely feedback cannot be under-estimated. Rapid communication of the data to all involved physicians and nurses truly was a key component of success.

The entire multidisciplinary team continues to meet monthly, and a subgroup also meets monthly to review metrics on goal attainment, antibiotic timeliness, and order set usage.

Within six months, OMC had achieved the following outcomes:

- ▶ 38% reduction in risk-adjusted mortality
- ▶ 57% reduction in raw mortality



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