

Sepsis has been defined as the immune system's overwhelming response to an infection. Sepsis has been recognized as the leading cause of death in non-coronary ICUs. More than 700 patients die daily from sepsis in the United States. The purpose of this quality improvement project was to improve the compliance with the early three-hour sepsis bundles in a critical access hospital. To improve this compliance the goals were set to develop and implement a sepsis policy for the facility, to develop stat standing orders for three-hour sepsis interventions and have these put into place, and to administer a knowledge assessment for medical/surgical nurses to be followed up with education and a post education knowledge assessment. The project used the Lewin Change Model which determined the method of sepsis care, unfroze this method, created needed change, then refroze the staff methods for sepsis care. The education improvement piece of this project was analyzed using a paired t-test statistical analysis. This analysis found that education had a positive impact upon the early intervention sepsis compliance. This project found improvement in all categories excluding the proper administration of intravenous fluid administration in patients with severe sepsis and septic shock. This area continues to require additional education for both nursing and providers. The project has added a sense of urgency for expedient care for sepsis patients to medical/surgical nurses that was lacking before this project. The quality improvement project should continue to have an impact on the early care of patients with sepsis in the immediate future.