

Hillary Spangler

Title: Family Sepsis Outpatient Education

Background: Sepsis is a leading cause of morbidity and mortality, affecting close to 26 million individuals worldwide. With appropriate recognition and treatment, sepsis is frequently survivable. There have been many recent efforts to increase provider knowledge about sepsis, decrease time-to-recognition, time-to-treatment, and increase survival. However, there have been few efforts in the way of outpatient education of at-risk patients. The literature suggests that earlier outpatient recognition may be the key in decreased time-to-treatment. Therefore, there appears to be a role for outpatient sepsis-recognition education, particularly in at-risk populations.

Methods: A quality improvement team was formed, involving physicians and nurses in pediatric hematology-oncology and critical care, sepsis survivors, and parents of children who have had sepsis. Through an iterative process of repeated PDSA cycles over the period of two weeks, team members identified the best time to deliver educational material. A brochure on sepsis symptoms was given to each family at check-in by the front desk staff at the UNC Hematology-Oncology. A visual reminder was provided to the front desk staff that improved uptake of the new process.

Patients were also given a pre/post-assessment regarding understanding of sepsis, how to contact a provider, and overall Need a different word. Don't think you comprehend a design of brochure design. Sepsis knowledge questions were presented on a 5-point Likert scale (Strongly Disagree to Strongly Agree), overall comprehension questions were free response, and the patient was asked to rank survey difficulty on a scale 1 (very easy) to 5 (very difficult).

Results:

By the third day of brochure administration, the front desk distributed XX brochures to *** patients (n=***) out of XX. . A visual reminder was provided after Day 1 of administration for front desk staff. This increased percent of distribution to XX. Brochure administration decreased during times of high patient volume Suggesting competing demands. Overall, participants (n=24) completing the pre-/post-assessment had an overall increase in sepsis knowledge and reported easy understanding of the brochure.

Conclusion:

Brochure administration was found to be reliable with front desk staff administration Need a marker of reliability (xx/XX above) ; a visual cue (reminder sign) and the willingness of the front desk staff to participate patient education appeared be contributory. I think I would focus on Competing demands. This isn't really a balancing measures. A balancing measure would be the percent who didn't get their new patient information filled out because of this brochure. Balancing measures included increased paperwork for new patients, often decreasing survey administration during influxes of new patients/high traffic times. The improved sepsis knowledge after our brief exposure suggests that this population could benefit from sepsis education and repeated exposure to the material. Next steps include providing sepsis education brochures at each clinic visit and adding a section for patient questions,, simplifying assessments of understanding for more accurate measures of sepsis knowledge, and assessing 30-day retention of knowledge with possible

repeated exposures to information (at subsequent clinic visits) as part of a larger research study.

Note: I think you need to make clear this is beta testing of the survey and the processing surrounding brochure administration, patient understanding and retention.