Hospital Israelita Albert Einstein, located in Sao Paulo, Brazil, is one of the most prestigious private hospitals in Latin America, with 700 operational beds. The hospital has an intensive care unit (ICU) with 41 beds, 2 step-down units with 64 beds, and 1 coronary unit with 20 beds. It is accredited as a stroke center by the International Joint Commission.

Since 2005, Hospital Israelita Albert Einstein has taken part in the Surviving Sepsis Campaign. This worldwide effort aims to reduce sepsis mortality by 25% in 5 years in participating institutions. Sepsis is a systemic response to known or suspected infections and presents many signs and symptoms, which are nonspecific but together have a high sensitivity for that diagnosis.

Signs and symptoms of sepsis can vary in intensity from mild fever of short duration to septic shock, the most lethal form of the disease. Given the range and severity of the disease, early identification and treatment of the most severe forms are the keys for reducing mortality. The professionals who work daily in the treatment of these patients should be adequately trained on all issues related to the process of care. We organized a sepsis group that is dedicated to training health care staff (eg, physicians, residents, and nurses) to recognize signs and symptoms of sepsis and to deliver the 6-hour sepsis resuscitation care bundle.

This sepsis group is a multidisciplinary team that includes physicians, nurses, and respiratory therapists from the ICU, step-down units, and emergency department. We have monthly meetings for case discussion, brainstorming, and proposals to improve adherence to the sepsis bundle at all levels of the hospital. We have also developed a 1-week training program called "Keep Your Eyes on Sepsis" to address the incidence of sepsis and especially the signs and symptoms and the 6-hour sepsis care bundle. This training program became necessary as mortality rates for sepsis at the hospital nearly doubled from 2009 to 2010, increasing from 16% to 46%. Some evidence shows that educational programs are associated with improved bundle care and lower hospital mortality rates. This training was essentially an educational program that included daily 30-minute lectures, quizzes, and realistic simulation. Posters outlining the key features for recognizing sepsis were distributed throughout the hospital and reminders were sent by e-mail and institutional intranet.

The daily lectures addressed the definition and recognition of sepsis and the goals of the 6-hour resuscitation bundle. This program stimulated and facilitated discussions on this subject during multidisciplinary rounds. Additionally, a flyer was distributed to the staff listing the signs and symptoms of sepsis, severe sepsis, and septic shock and the measures in the 6-hour sepsis resuscitation care bundle. Also, simulation was used as an educational tool. Simulation can provide a more realistic and interactive learning environment and promotes exercise in real-time judgment, communication,
improvement was achieved. Compliance with resuscitation measures improved from 15% to 23% after the educational program. The mortality rate was reduced from 30% before the intervention to 16% after the intervention. The training goal was to improve recognition and early management of patients with severe sepsis and septic shock outside the ICU.

The 6-hour sepsis bundle guides treatment on the basis of the best evidence for improving survival. We believe the implementation of this strategy will improve our staff’s compliance with the sepsis packages and reduce mortality in our patients with severe sepsis and septic shock.

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