

Sepsis Management: How a Health System Advanced Nursing Practice from a New York State Law

Introduction

On July 19th, 2023, New York State (NYS) Governor Hochul signed the Non-Patient Specific Orders bill #A6030C- Paulin/S6886 Rivera into law. Previously, Registered Nurses (RNs) in NYS were permitted to perform Non-Patient Specific Orders for vaccinations, Tuberculin PPD testing, HIV/Hepatitis C testing, and emergency treatment of opioid overdose and anaphylaxis. This most recent bill specifies the ability for RNs to independently perform additional procedures: (1) electrocardiograms for signs and symptoms of an acute cardiac syndrome, (2) point of care blood glucose for change in mental status / symptoms of hypoglycemia (3) pregnancy testing prior to imaging studies, operative procedures and/or use of anesthesia that can harm pregnant individuals, and (4) performance of lab testing and intravenous lines for patients that meet severe sepsis and septic shock criteria. This legislation enables registered nurses in NYS to optimize and hasten patient care that may otherwise be delayed and aligns with the more autonomous nursing practices in much of the United States.

The Mount Sinai Health System (MSHS) swiftly moved the new law into clinical practice. In late May 2024, the team implemented an RN Sepsis Order Set for patients with concern for sepsis identified during the Emergency Department

(ED) Triage process. This work was spearheaded through the leadership of the Health System's Sepsis Committee and System Nursing Education and Professional Practice, which consisted of Leadership, Nurses, Physicians, Informaticists, Pharmacists, and Process Improvement experts.

The MSHS is located in New York City and Nassau County, New York and is comprised of eight EDs. Six of the eight EDs were involved in this initiative, and collectively the six EDs have an annual visit volume of approximately 550,000 patients and range from large academic medical centers to community hospital settings. Four of the six EDs were awarded the prestigious Emergency Nurses Association (ENA) Lantern Award, two are part of American Nurses Credentialing Center (ANCC) Magnet designated hospitals, five are American College of Emergency Physicians (ACEP) Geriatric Bronze certified, and one Silver. Varying ED sites are 911 STEMI receiving, Thrombectomy capable, and two Level II trauma centers.

Engagement

To socialize, plan, and seek design input from the clinical ED RNs, several focus groups occurred via zoom with participation from all sites. The Focus group participants were comprised of ED Nurse Leaders, Educators, and Clinical Staff Nurses

with experience ranging from 20 years to new graduates.

Focus group participants were given information on the new law and rallied at the notion of expanding their nursing practice. The groups discussed the current state of sepsis care and helped design new workflows that optimized communication of the nursing order from the triage RN to the provider and nursing teams assuming the patients care. Proposed elements of the nursing order-set were reviewed, and the RNs advocated for additional labs to be included. Lastly, the group reviewed the build within our Electronic Health Record (EHR) which included nursing order triggers, workflow logic, redundancy prevention, and visual displays. Ultimately, the nurses in the focus groups approved and endorsed the final workflow for which they actively participated in designing.

Design

In the MSHS EDs, the pre-existing informatics infrastructure included a pop-up notification (Best Practice Advisory (BPA)) for triage nurses indicating when a patient had at least two vital signs meeting Systemic Inflammatory Response Syndrome (SIRS) criteria. This prior state alerted RNs that the patient was at risk of sepsis and prompted them to notify a provider to evaluate the patient and enter sepsis orders if appropriate.



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