CRITICAL RESPONSE

tigerconnect

How Hospitals Can Reduce Sepsis Mortality by Up to 40%

Timely sepsis intervention is critical – in one study, a one-hour decrease in response time reduced mortality by 35% for patients with septic shock.[1] Faster response times and team collaboration lead to improved initial bundle compliance, which decreases costs by $7159 per patient.[2]

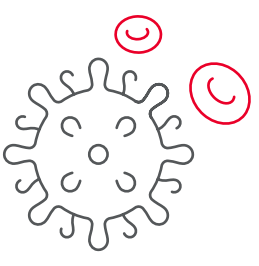
See how hospitals using TigerConnect for sepsis response workflows have been able to reduce sepsis mortality by 30-40%.

A TYPICAL HOSPITAL WORKFLOW

VS.

THE TIGERCONNECT WORKFLOW

Positive Sepsis Alert from the EHR



ACTIVATE SEPSIS RESPONSE TEAM

Nurse calls operator to initiate a Code Sepsis.

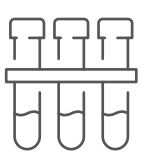
Operator pages sepsis team via broadcast page, overhead page, or phone call.

INITIAL TREATMENT AND SEPSIS BUNDLE COMPLIANCE

Nurse initiates sepsis protocol and stat order for lactate and blood culture.

Nurse calls lab for stat orders.

Phlebotomist responds to room, draws blood, and transports to lab.



Lab tech completes lactate level.

Lab tech calls patient floor and reports results to RN.

TEAM RESPONSE AND TREATMENT

Sepsis team responds to page and assesses the patient.

If the patient meets criteria, sepsis team pages the sepsis provider.

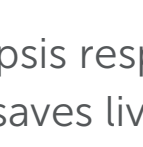
Sepsis provider responds to room.

Sepsis provider evaluates and treats the patient.

Sepsis provider documents treatment according to hospital protocol.

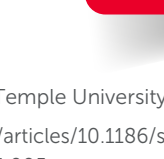
HAND OFF

Handoff given to the patient's nurse.



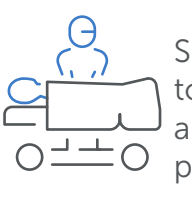
If needed, sepsis provider or nurse calls the attending provider with updates. May need to leave a message for return call.

If the attending provider calls back, the call is routed to the sepsis provider or nurse and the workflow ends.



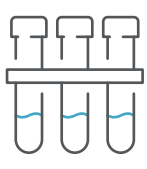
ACTIVATE SEPSIS RESPONSE TEAM

EHR alert automatically activates the sepsis team in TigerConnect. A group chat with patient demographics and relevant clinical data is automatically created.



INITIAL TREATMENT AND SEPSIS BUNDLE COMPLIANCE

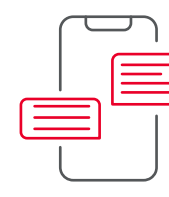
Nurse initiates sepsis protocol and stat order for lactate & blood culture in the EHR, automatically triggering a TigerConnect notification to the phlebotomist.



Phlebotomist responds to room, draws blood, and transports to lab.

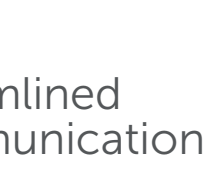
Lab tech completes lactate level and results are sent automatically to the nurse via TigerConnect.

TEAM RESPONSE AND TREATMENT



Sepsis team responds to TigerConnect alert and assesses the patient.

Team adds the sepsis provider to team message. If the patient meets criteria, sepsis team adds the sepsis provider to the message.



Sepsis provider responds to room.

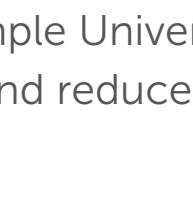
Sepsis provider evaluates and treats patient.

Sepsis provider documents according to hospital protocol.

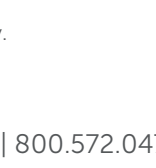
HAND OFF

Handoff given to the patient's nurse.

If needed, the sepsis provider or nurse messages attending provider with updates and the workflow ends.



Streamlined communication **improves response times** and **decreases sepsis mortality.**



A TYPICAL HOSPITAL WORKFLOW

80+ Minutes

VS.

THE TIGERCONNECT WORKFLOW

37+ Minutes

The value of faster sepsis response cannot be understated – for sepsis patients, saving time saves lives. See how Temple University Health System reduced sepsis mortality by 30-40% and reduced costs by over $130,000 annually with TigerConnect.

Read Case Study

Outcomes based on client data from Temple University Health System. Results may vary.

1. https://ccforum.biomedcentral.com/articles/10.1186/s13054-021-03883-0
2. https://doi.org/10.1016/j.jcrc.2017.04.005