

SEPSIS TEAM

ROLES AND RESPONSIBILITIES

Effective teams include members representing three different kinds of expertise within the organization: system leadership, technical expertise, and day-to-day leadership. There may be one or more individuals on the team with each kind of expertise, or one individual may have expertise in more than one area, but all three areas should be represented in order to drive improvement successfully.

Team Members:

- Physicians* (critical care, emergency department, hospitalist, infectious disease, antimicrobial stewardship)
- Nurses* (sepsis coordinator, nurse manager/director, nurse educator, CNS, bedside staff nurse- representing ED-ICU-Floor)
- Executive Sponsor*
- Pharmacist
- Respiratory Therapist
- Quality Improvement
- Data analytics
- Information Technology
- Therapies/Social work (as needed)

Roles /Responsibilities

- Team Leader: recommend having a nurse and a physician co-leading the team. The nurse lead could be the sepsis coordinator. Both should have expertise in sepsis and change management. They are responsible for engaging the team, creating shared visions, goals and moving program forward.
- Executive Sponsor: someone with executive authority who can provide liaison with other areas of the organization, serve as a link to senior management and the strategic aims of the organization, provide resources and overcome barriers on behalf of the team, and provide accountability for the team members. The Sponsor is not a day-to-day participant in team meetings and testing but should review the team's progress on a regular basis. For sepsis team recommend having Chief Clinical Officer or Chief Medical Officer as the Executive Sponsor.
- Physician Champions: (have one from ED, ICU and floor) leads the improvement in adherence to timely sepsis interventions in conjunction with the local leadership, in coordination with the institutional sepsis program. Local expert in sepsis care and advocate for improvement in bundle compliance and overall mortality rates. Share data and feedback with relevant stakeholders including individual and team performance on sepsis measures and outcomes. Serve as a clinical resource to other providers in the department related to sepsis with active involvement in case reviews. Select physicians that have sepsis expertise, committed to improving sepsis care, highly respected in his/her field, able to influence and persuade others, negotiate and take initiative as needed.
- Nurse Champions: (have a minimum of one representing each of the areas—ED, ICU and floor) Nurse sepsis champion serves as a unit resource to staff, and provides education to their units including: sharing data, review sepsis cases, identify issues and barriers to sepsis care. Work with sepsis team to identify gaps and solutions to close gaps. Serves as a clinical resource to other nurses, and works collaboratively with sepsis coordinator, educators, CNS and other local leaders. Select nurses are well respected by staff, that have some knowledge of sepsis, commitment to improving sepsis care, influential leader with ability to provide feedback/education to peers