Improving Mortality in Septic Patients

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**Response 1**

The graph is presenting a reduction in the mortality rate with the administration of antibiotics. This portrays that rapid initiation of the antibiotics and treatment therapies within the starting few hours of the arrival can significantly reduce the mortalities in septic patients.

**Response 2**

In this case health, will help in the detection of adverse events associated with the sepsis treatment and in turn will prevent the treatment failure associated with the antibiotics. This can e achieved by providing a reminder system about when the screening test is used, medication error associated with the sepsis treatment will be reduced. It will increase the provider compliance associated with the recommendation of antibiotics. Health IT systems will increase the outcomes associated with the treatment of sepsis with an antibiotic (Chartash, Sassoon, & Muthu, 2019). The presence of sepsis alert systems in the emergency department and the intensive care unit will help in reducing the mortality associated with sepsis. Electronic sepsis surveillance will help in facilitating error-free and timely diagnosis and decision making. Sepsis is a life-threatening condition that is caused by the infection and as a result, the patient can experience organ failure, hypotension, and death so the Health It team will help in the implementation of the electronic and alert system that will offer efficient and more focused methodology in the treatment of sepsis. It would be helpful in the timely administration of antibiotics (Chartash, Sassoon, & Muthu, 2019). The delay in the documentation and the orientation of the quality care cycle. Planning of treatment and management by the staff would be delayed. Prediction of analysis and treatment services would be available with interruption (Bloom et al., 2019). It would be difficult for healthcare providers to evaluate the services delivered and to analyze the outcome of the services.

**Response 3**

The quick identification of septic tremors initiates with the obtainment of health history and direct observation of physical investigation for symptoms and signs of infection and might need attentive ultrasonography to identify more intricate physiologic appearances of tremor. Clinicians and doctors should recognize the significance of quick management of intravenous liquids and vasoactive medicines designed for restoring satisfactory circulation, and the limits of protocol-based treatment, as directed by current evidence (Bloom et al., 2019). Healthcare professionals, patient training and timely identification have resulted in a tremendous increase in the improvement of the patients. Frontline staff and input from the hospital and healthcare providers can analyze the situation and accordingly timely treatment and management of the patient can be performed to save a life (Chartash et al., 2019). Barriers such as delay in treating and managing patients, delay in administering medicines, appropriate staffing, equipment facilities and unnecessary waiting hours are preventable at the hospital facility. Process changes can significantly improve the outcomes (Bloom et al., 2019). Active and prompt treatment methodologies should be implemented to reduce the mortality rate and improve the outcome of the interventions and interferences.

**Response 4**

The benefit of health IT narrates to its capability to answer to an organization catastrophe. There are intervals when quality or safety catastrophes may occur. On these occasions, health IT can be castoff for prompt action (Chartash et al., 2019). The IT department of health can provide services related to the documentation and an orientation to the staff to facilitate by graphical representation to see the health outcome and cycle of quality care (Chartash et al., 2019). As depicted from the graphs, the healthcare provider can detect the predictable and consistent outcome by utilizing IT health services. The collection of data and understanding of the cycle of quality care can facilitate nurses and healthcare providers in terms of IT facilities. Analysis of data, assessment, and evaluation would be easy with the provision of the IT health department (Chartash et al., 2019). Barriers such as unnecessary delay, time taken by the data entry and assessing the case studies can be improved with the IT health facilities.

References

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