

Quality Improvement of Sepsis in the Intensive Care Unit

Shelby Powell

Lakeview College of Nursing

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Travis Whisman

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Sepsis is a blood infection that can quickly start shutting down organ function and can be fatal if not treated promptly (Ahn, et al., 2023). In the United States, patients with sepsis are often treated in the intensive care unit (ICU) due to their high mortality rate (Ahn, et al., 2023). Statistics show that after a three-day period, one-third of the patients admitted with sepsis will pass away (Ahn, et al., 2023). Mohr et al., conducted a study that showed increased mortality, increased ICU stay, and ventilator duration for those who couldn't be admitted before 72 hours of the start of the blood infection (Ahn, et al., 2023). By practicing quality improvement and making changes to the plan of care, the amount of sepsis fatalities can decrease significantly. Quality improvement uses scientific evidence to enhance the patient outcome in a positive way by reducing clinical errors (QSEN, 2021). Quality and Safety Education for Nurses (QSEN) places an emphasis on knowledge, skills, and attitude in relation to patient safety and infection control strategies. As a nurse, it is imperative to learn what sepsis is, what it does to the body, and how to treat it appropriately. By using knowledge-based techniques and procedures, patient care will be improved, and their outcomes can potentially increase. Practicing QSEN and quality improvement with sepsis cases in the ICU makes for better nurses and happier and healthier patients.

Article Summary

Introduction

Ahn et al. completed a qualitative research study of hospital-onset sepsis mortality and ICU admission timing. This specific study showed the difference between patients who were admitted to the ICU with sepsis in six hours or less and those who were admitted to the ICU after

six hours. They were trying to see if the amount of time of admission and treatment had a different outcome on the patient. The study concluded that there wasn't much of a difference time-wise; however, the difference was in their lab levels. Specifically increasing in lactate levels, septic shock, mechanical ventilation, and vasopressor support (Ahn et. al., 2023).

Overview

Quality improvement of sepsis in the intensive care unit is found in the article by Ahn et. al. in regards of sending the hospital-onset sepsis patients to be treated in the ICU. Quality and Safety Education for Nurses (QSEN) holds specialized standards to improve patient outcomes and provide the best possible care for patients and their families. By being able to monitor patients with sepsis in the intensive care unit closely and admitting them for proper treatment swiftly, the length of stay (LOS) can potentially be reduced, which will increase patient outcomes.

Quality Improvement

Quality improvement care settings that can be implemented include adding more rooms and beds in the intensive care unit (ICU), according to the article by Ahn et. al, one of the most significant problems was getting patients into the ICU. There were not enough rooms or beds for the amount of people who needed to be admitted with sepsis. With a blood infection, it is essential to be quick and efficient with treatment. It is also important to have adequate staffing. By adding more beds to the ICU, more ICU specialized nurses would need to be added as well. This would have a significant financial impact on the hospital due to renovation costs as well as additional staff pay. However, adding additional nurses and more beds could potentially reduce nurse-to-patient ratios. This would give nurses fewer patients and give them more time to care

for their patients. This can lead to fewer errors, stress on nurses, and an increase in patient and family outcomes.

References

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