



GLOBAL DIGITAL HEALTH UNIT



Evaluating a digital sepsis alert in a multi-site hospital: a natural experiment

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Care provided by hospital staff treatment plans associated with alert

Alert recorded in patient EHR

INTERVENTION GROUP





Care provided by hospital staff

SILENT Alert recorded in patient EHR CONTROL GROUP







HAPPY STATISTICIAN

NATURAL EXPERIMENT

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Methods

Key outcomes - informed by national targets

- In-hospital mortality within 30-days
- $\Box \quad Prolonged hospital stay \geq 7 days$
- □ IV antibiotics within one hour of alert

Methodology

Inverse probability of treatment weighted multivariable logistic regression was used to adjust for confounders.

Confounders included age, comorbidities and severity.







Results

In-hospital mortality in 30 days – all patients Reduction from 6.4% to 5.1% Lower risk of death - 24% lower

Prolonged hospital stay (≥ 7 days) – patients admitted through the ED Reduction from 41.1% to 40.2 % Lower risk of extended stay - 4% lower

IV antibiotics (within one hour of the alert) – patients admitted through the ED Increase from 36.9% to 44.7% Increased chance of receiving timely antibiotics - 35% higher







Conclusion

Introduction of the sepsis alerting system is associated with improved outcomes for patients

What is the mechanism of improvement?







What is the mechanism of improvement?



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What next?



