Rapid-cycle Improvement Program
Sepsis Assessment

EQIC
EASTERN US QUALITY
IMPROVEMENT COLLABORATIVE

WHAT IS THIS TOOL?

This assessment allows hospitals to identify opportunities for improvement to reduce the risk of a patient developing sepsis. Use this tool to interview unit-based staff and compare current practices with recommended evidence-based best practices.

WHO SHOULD USE THIS TOOL?

Hospital-based quality improvement teams focused on reducing sepsis.

ASSESSMENT PROCESS:

- Review the hospital's internal policies and protocols.
- Review electronic medical records for selected patients to evaluate the presence of documented assessments and interventions.
- Complete the assessment with unit-based staff from multiple hospital areas to ensure that unit-to-unit variation is accounted for in any hospital-wide action plans developed as a result of the assessment.
- Review responses with your EQIC project manager for additional guidance and next steps.

EVIDENCE-BASED PRACTICE	PRACTICE IN PLACE?	NOTES
ORGANIZATIONAL STRUCTURE AND CULTURE		
An interdisciplinary team or committee focused on sepsis prevention meets regularly.	Yes No	
This team reports to the hospital quality improvement committee or board of directors.	Yes No	
The hospital has identified an executive sponsor.	Yes No	
There are designated unit-based champions across the hospital.	Yes No	
The hospital has a performance improvement program in place.	Yes No	
Policies/protocols have been developed and updated with current guidelines/evidence-based recommendations.	Yes No	
New treatments, equipment designed to assist with treatment and prevention are frequently evaluated.	Yes No	
Patient stories are shared with frontline staff and board members.	Yes No	
DATA COLLECTION AND REPORTING		
Rates are tracked regularly.	Yes No	
Rates are delineated by unit location.	Yes No	
The hospital uses a standardized reporting mechanism (i.e., dashboard) to track incidence and outcomes.	Yes No	
Data are shared with clinicians, frontline staff and key stakeholders.	Yes No	
STAFF EDUCATION		
Staff that receive education and training on sepsis prevention strategies include *(check all that apply)*:	Providers Frontline staff Clinical support staff Transport staff Environmental staff	

EVIDENCE-BASED PRACTICE	PRACTICE IN PLACE?		NOTES
STAFF EDUCATION (CONTINUED)			
Staff education about sepsis prevention and treatment is provided:	At orientation Annually Other; describe: _____		
A sepsis educator or champion is available to staff at all times for questions and real-time education.	Yes	No	
A patient and family advisory council or another committee with patient representation is involved in sepsis education.	Yes	No	
EARLY IDENTIFICATION AND TIMELY TREATMENT			
A sepsis screening tool (i.e., Systemic Inflammatory Response Syndrome, National Early Warning Score or Modified Early Warning System) is used.	Yes	No	
All patients suspected of having or presenting signs of sepsis are screened.	Yes	No	
An early alert warning system is utilized in: • ED; • ICU; and/or • Med/Surg unit.	Yes Yes Yes	No No No	
Code Sepsis or Sepsis Rapid Response Team is activated when sepsis is suspected and/or a patient demonstrates signs of imminent clinical deterioration in: • ED and/or • inpatient units.	Yes Yes	No No	
SEPSIS CARE BUNDLE IMPLEMENTATION AND COMPLIANCE			
The Hour-1 bundle is implemented upon sepsis/septic shock recognition.	Yes	No	

EVIDENCE-BASED PRACTICE	PRACTICE IN PLACE?	NOTES
SEPSIS CARE BUNDLE IMPLEMENTATION AND COMPLIANCE (CONTINUED)		
Our hospital consistently performs the following sepsis care bundle processes:		
Measure lactate level.* *Re-measure lactate if initial lactate elevated (> 2 mmol/L) upon presentation.	Always Sometimes Never	
Obtain blood cultures before administering antibiotics upon presentation.	Always Sometimes Never	
Administer broad-spectrum antibiotics within one hour of recognition of sepsis/shock.	Always Sometimes Never	
Begin rapid administration of 30 mL/kg of intravenous crystalloid fluid for hypotension or lactate level of 4 mmol/L or greater.	Always Sometimes Never	
Administer vasopressors if hypotensive during or after fluid resuscitation to achieve a mean arterial pressure of > 65 mm Hg.	Always Sometimes Never	
Additional fluid administration beyond initial resuscitation is guided by frequent reassessment of hemodynamic status.	Always Sometimes Never	
Sepsis QI plan includes evidence-based principles/approaches (e.g., Plan-Do-Study-Act) to track interventions and monitor ongoing progress.	Yes No	
A sepsis coordinator (or other role) rounds in clinical areas to ensure appropriate implementation of the bundle elements and answer questions.	Yes No	
Tools are available to assist frontline staff (i.e., algorithm, clinical pathway, pocket/badge cards, documentation aids and communication tools).	Yes No	

EVIDENCE-BASED PRACTICE	PRACTICE IN PLACE?	NOTES
ORDER SETS		
Sepsis standard order sets are in place and used consistently by providers.	Always Sometimes Never	
Clinician documentation includes appropriate information (e.g., definitions of sepsis, severe sepsis, septic shock, time zero, treatment bundle components with a timeline for meeting requirements).	Always Sometimes Never	
Lab testing is available and timely: • Lab lactic acid turnaround time is 30 minutes or less. • Point-of-care lactate testing is available. • Resources are available for a potential increase in blood cultures.	Yes No Yes No Yes No	
Antimicrobial stewardship strategies are used to achieve optimal duration of therapy (e.g., de-escalation protocols).	Yes No	
HANDOFF COMMUNICATION		
Handoffs of care readily incorporate the status of bundle element treatment.	Always Sometimes Never	
Handoffs of care readily incorporate appropriate sepsis language (e.g., systemic inflammatory response syndrome criteria met, suspected source of infection, most recent patient assessment, recommendations).	Always Sometimes Never	
GOALS OF CARE AND DISCHARGE PLANNING		
Sepsis education is provided to patients, families and care partners (i.e., verbal and printed/written materials).	Yes No	
Goals of care are documented and discussed with the patient and family.	Yes No	
Care planning includes tailored interventions appropriate to the level of care (i.e., high-risk rounding, increased frequency of monitoring and reassessment).	Yes No	

EVIDENCE-BASED PRACTICE	PRACTICE IN PLACE?		NOTES
GOALS OF CARE AND DISCHARGE PLANNING (CONTINUED)			
Principles of palliative care are integrated into the treatment plan as appropriate.	Yes	No	
Discharge summary includes: • Information about the ICU stay, sepsis and related diagnoses, key treatments (e.g., mechanical ventilation, dialysis).	Yes	No	
• Common impairments, including post-ICU/post-sepsis syndrome prior to discharge.	Yes	No	
• New impairments, follow-up with clinicians able to support and manage new and long-term sequelae.	Yes	No	
HEALTH EQUITY CONSIDERATIONS			
A screening process is in place for assessing health-related social needs.	Yes	No	
Appropriate referrals are made.	Yes	No	
Care team identifies specific patient population(s) and considers demographic variables (i.e., race, ethnicity, language, social needs) when developing and targeting interventions to reduce health disparities.	Yes	No	

THIS TOOL IS BASED ON:

Selected Best Practices and Suggestions for Improvement, PSI 13: Post-Operative Sepsis. Toolkit for Using the AHRQ Quality Indicators. Content last reviewed March 2017. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/qitoolkit/combined/d4j_combo_psi13-sepsis-bestpractices.pdf

Evans, et al. Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021. Critical Care Medicine 49(11):p e1063-e1143, November 2021. | DOI: 10.1097/CCM.0000000000005337. https://journals.lww.com/ccmjournal/Fulltext/2021/11000/Surviving_Sepsis_Campaign__International.21.aspx

Sepsis and Health Equity Fact Sheet. Sepsis Alliance. https://cdn.sepsis.org/wp-content/uploads/2021/01/Sepsis-and-Equity-Fact-Sheet-2021-1-25.pdf

Early Identification of Sepsis on the Hospital Floors: Insights for Implementation of the Hour-1 Bundle. Surviving Sepsis Campaign. Society of Critical Care Medicine. Accessed February 22, 2023. https://www.sccm.org/getattachment/SurvivingSepsisCampaign/Resources/Implementation-Guide/Surviving-Sepsis-Early-Identify-Sepsis-Hospital-Floor.pdf