

Sepsis Gap Analysis and Action Steps

COMPONENTS	YES	NO	NA	Action Steps
Organizational Commitment/ Team				
Physician and nursing leadership participate in action planning for sepsis initiatives				
Multidisciplinary team in place and monthly meetings (providers, nursing, quality, care management, etc)from various care areas, ED, ICU, Med Surg, Perinatal, peds				
Executive sponsor receives regular data reports and provides feedback				
Sepsis Team is part of/ reports to Critical care or quality structure in hospital				
Managing sepsis is aligned with hospital's quality, safety or organizational goals				
Baseline data collection completed for process and outcome data				
Dedicated Sepsis resource/ Sepsis Coordinator				
Dedicated Sepsis Resource in place (in comments identify title)				
FTE allocation/ time commitment to sepsis role				
Site/ sites supported				
Other responsibilities in the role				
Identification/ Screening				
Early alert or warning system/process in place in the ED or describe triggers for sepsis screening:				
ED				
ICU				
INPATIENT UNITS				
PERINATAL				
PEDIATRICS				
Is a screening process completed consistently as designed?				
All ED patients are screened/ assessed for sepsis in triage?				
All ICU patients are screened/ assessed for sepsis upon admission and every shift – describe process				
All med surg patients are screened/ assessed for sepsis upon admission and every shift – describe process				
All OB patients are screened/ assessed for				

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sepsis upon admission and every shift – describe process				
All pediatric patients are screened/ assessed for sepsis upon admission and every shift – describe process				
Does the process include specific actions by nurse when a positive screen is obtained?				
Rapid Response Team (RRT) process in place for sepsis If yes describe process in comments, if no describe response expectations to positive screening or sepsis identification				
Implementing the Bundles				
Sepsis order sets are in place and utilized by providers (CPOE/Paper)				
Sepsis provider documentation tools are in place and utilized to meet SEP-1 requirements				
Communication between physician and nurses related to diagnosis and treatment plan specific for sepsis; handoffs readily incorporate appropriate sepsis language				
Appropriate utilization of central lines; adequate skill and resource to place them when clinical criteria met				
Able to get lactate levels in one hour or less Able to get antibiotics in one hour for ICU, 3 hours for ED				
Process in place for reassessment of volume status and tissue perfusion for septic shock patients				
Identify resistance/barriers to components of bundles and developed solutions (fluid resus, blood cultures before antibiotics, repeat lactate, etc.)				
Measurement/Continuous Improvement				
Define real time method for tracking patients (i.e., severe sepsis patient log)				
Define concurrent review process for core measure and core measure defect review process				
Sepsis Coordinator rounds in clinical areas to answer questions and ensure appropriate implementation of the bundles				
Provide a sample of topics for the team meeting				

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Do you have a process to address deviations from evidence based care processes with physicians, nurses, and other clinical staff				
Education				
Provider Education completed – Define in status column				
Nursing Education completed – Define is status column				
General Sepsis Education – Define in column				
Tools to assist bedside staff have been implemented (i.e., algorithm, clinical pathway, pocket cards, etc.)				
	Additional Comments:			