

Intro

Hospital Sepsis Program Core Elements: Assessment Tool

The hospital sepsis program assessment tool is a companion to the [CDC Hospital Sepsis Program Core Elements](#). The Core Elements are intended to be an adaptable framework that hospitals can use to guide efforts to optimize sepsis care. WSHA is asking hospitals to take this assessment to determine the current state of sepsis programs in every hospital in Washington State. We have also added a few questions about equity, disparities, and hospital priorities. At the end of each section there is a place for comments or clarifications about any of the questions that were in that section. These comments are optional.

Completing this survey will help WSHA to plan learning events and initiatives to help improve patient outcomes. The survey will take approximately 15-20 minutes to complete.

Results of the survey will be used by WSHA only to aid us in planning sepsis work in the future and **will not be shared with DOH or any other regulatory bodies.**

Contact **Rosemary Grant** with any questions regarding survey content at rosemaryg@wsha.org or (206) 216-2516. If you have questions about how to use the survey instrument, please contact **Celenia Lugo** at celenial@wsha.org or (206)-577-1847.

We appreciate your time and commitment to improving care for patients in Washington!

Please list the Name(s) and Email Address(s) of the best sepsis contact(s) at your facility or facilities?

Contact Name

Email Address

Best Sepsis Contact(s):

Contact Name

Email Address

Best Sepsis Contact(s):

Are you submitting a survey for a System or Hospital?

- System
- Hospital

Select Your System Name:

Select your Hospital Name:

Respondent Name:

Respondent Email Address:

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Section 1 - Demographics

Section 1 - Q1. Our hospital performs a learning needs assessment on each patient which considers the patient's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations or barriers to communication.

- Yes
- No

Section 1 - Q2. Our hospital assesses whether patients can understand important documents, educational materials, and surveys.

- Yes
- No

Section 1 - Q3. Our hospital is partnering with the community to increase awareness of sepsis, including prevention and signs/symptoms of infection.

- Yes
- No

Section 1 – Q4. Our hospital involves community representatives in its planning processes around sepsis education.

- Yes
- No

Section 1 – Q5. Our hospital stratifies sepsis measures by patient demographics to detect disparities in sepsis care.

- Yes
- No

Section 1 – Q6. Hospitals in Washington have shared different priorities for improving sepsis care in their facilities.

Please classify the following list of sepsis-related initiatives into the following categories: More important, Less important, Already Implemented well at our facility, and Does Not Apply.

	More Important	Less Important	Already Implemented	Does Not Apply
Improving SEP-1 Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditing sepsis cases and giving feedback to providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing/implementing a sepsis policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Code Sepsis in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Code Sepsis in Inpatient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sepsis Screening system in EMR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	More Important	Less Important	Already Implemented	Does Not Apply
Faster identification of sepsis not-POA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dedicated "sepsis nurses"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient and family education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sepsis payment denials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AI capabilities for sepsis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building a sepsis committee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse-initiated sepsis protocols	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening scores for sepsis deterioration (MEWS, SIRS, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Best practices for transferring septic patients to a higher level of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equity in sepsis care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient and family engagement in sepsis program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-sepsis syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal/infant sepsis screening and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sepsis identification in other special populations (oncology, surgical, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 1 – Q7. Please list your hospital's top 3 sepsis priorities

Section 1 - (Optional) please provide additional comment or context to any of the questions answered above:

Section 2 - Hospital Leadership Commitment

Section 2 - Q8. Our sepsis program leader(s) are given sufficient specified time to manage the hospital sepsis program.

- Yes
- No

Section 2 - Q9. Our sepsis program is provided sufficient resources, including data analytics and information technology support, to operate the program effectively.

- Yes
- No

Section 2 - Q10. Relevant staff from key clinical groups and support departments in our hospital have sufficient time to contribute to sepsis activities.

- Yes
- No

Section 2 - Q11. Our hospital has a senior leader (e.g., Chief Clinical Officer, Chief Medical Officer, or Chief Nursing Officer) who serves as an executive sponsor for the sepsis program.

- Yes
- No

Section 2 - Q12. Sepsis has been identified as a hospital priority by hospital leadership and this priority has been communicated to hospital staff.

- Yes
- No

Section 2 - Q13. Our hospital's leadership communicates how our hospital is addressing sepsis to our hospital staff and patients.

- Yes
- No

Section 2 – Q14. Our hospital leadership has regular meetings with leaders of the sepsis program to assess the resources needed to accomplish the hospital’s goals for sepsis activities and outcomes.

- Yes
- No

Section 2 – Q15. Our hospital sepsis program activities are integrated into other quality improvement and patient safety efforts, such as emergency department triage, antimicrobial stewardship, transitions of care, and Centers for Medicare & Medicaid Services (CMS) Severe Sepsis and Septic Shock: Management Bundle reporting.

- Yes
- No

Section 2 – Q16. Our hospital staff performance incentives are tied to the achievement of targets for sepsis care and/or outcomes.

- Yes
- No

Section 2 – Q17. Sepsis program-related duties are included in job descriptions or performance reviews for our hospital sepsis program leaders and key support staff.

- Yes
- No

Section 2 - Q18. Our hospital leadership supports external training and education for sepsis program leaders and key support staff (e.g., attendance at sepsis meetings and quality improvement trainings).

- Yes
- No

Section 2 - Q19. Our hospital leadership supports internal training and education on sepsis for hospital staff and trainees.

- Yes
- No

Section 2 - Q20. Our hospital leadership supports participation in regional, national, and international sepsis quality improvement collaboratives and initiatives.

- Yes
- No

Section 2 - (Optional) please provide additional comment or context to any of the questions answered above:



Section 3 - Accountability

Section 3 - Q21. Our hospital has a program or committee charged with monitoring and improving sepsis care and/or outcomes.

- Yes
- No

Section 3 - Q22. Our hospital has one leader or two co-leaders (physician and nurse) responsible for sepsis program or committee management and outcomes.

- Yes
- No

Section 3 - Q23. Our hospital sets ambitious—but achievable—goals for improving sepsis care and patient outcomes that are informed by review of hospital practices, hospital sepsis outcomes, and clinical practice guidelines.

- Yes
- No

Section 3 - Q24. Our hospital assesses progress towards hospital sepsis goals at regular intervals and updates goals periodically (e.g., annually) to promote continual improvement.

- Yes
- No

Section 3 - Q25. Our hospital has one physician and one nurse lead or champion to ensure physician and nursing engagement in the sepsis program.

- Yes
- No

Section 3 - Q26. Sepsis program-related activities and outcomes are included in annual performance reviews for our sepsis program leaders.

- Yes
- No

Section 3 - Q27. Our hospital has unit-level physician and nurse champions for sepsis activities.

- Yes
- No

Section 3 - Q28. Sepsis program activities and outcomes are reported to our senior hospital leadership and/or hospital board of directors on a regular basis.

- Yes
- No

Section 3 - (Optional) please provide additional comment or context to any of the questions answered above:

Section 4 - Multi-Professional Expertise

Section 4 - Q29. Our hospital has a sepsis coordinator, who oversees day-to-day implementation of sepsis program activities.

**Note: The hospital sepsis coordinator may be the same or different individual as the lead or co-lead of the hospital sepsis program.*

- Yes
- No

Section 4 - Q30. Clinicians and leaders from the emergency department, inpatient wards, and intensive care units are fully engaged in our hospital sepsis program activities.

- Yes
- No

Section 4 - Q31. Our hospital sepsis program includes diverse multi-disciplinary representation (e.g., antimicrobial stewardship, critical care, emergency medicine, hospital medicine, infectious diseases, nursing, other primary services [e.g., surgery, oncology, obstetrics, pediatrics], pharmacy, and social work).

- Yes
- No

Section 4 - Q32. Our hospital sepsis program has ongoing support from individuals with expertise and formal training in data management and analytics, information technology, and quality improvement and patient safety.

- Yes
- No

Section 4 - Q33. Our hospital sepsis program has at least ad-hoc involvement of case management, microbiology, laboratory medicine, phlebotomy, outpatient clinicians, hospital epidemiologists, infection preventionist, patients, families, caregivers, and community members.

Yes

No

Section 4 - (Optional) please provide additional comment or context to any of the questions answered above:

Section 5 - Action

Section 5 - Q34. Our hospital has implemented a standard process to screen for sepsis on presentation and throughout hospitalization.

Yes

No

Section 5 - Q35. Our hospital has a hospital guideline or a standardized care pathway for management of sepsis, that addresses:

	Yes	No
Screening	<input type="radio"/>	<input type="radio"/>
Clinical Evaluation	<input type="radio"/>	<input type="radio"/>
Diagnosis	<input type="radio"/>	<input type="radio"/>

	Yes	No
Antimicrobial Selection	<input type="radio"/>	<input type="radio"/>
Source Control	<input type="radio"/>	<input type="radio"/>
Fluid Resuscitation	<input type="radio"/>	<input type="radio"/>
Indications for treatment escalation	<input type="radio"/>	<input type="radio"/>
Antimicrobial narrowing and stopping	<input type="radio"/>	<input type="radio"/>
Patient and family/caregiver education	<input type="radio"/>	<input type="radio"/>
Peri-discharge management	<input type="radio"/>	<input type="radio"/>

Section 5 - Q36. Our hospital has order sets for the management of sepsis tailored to patient populations served.

- Yes
- No

Section 5 - Q37. Our hospital has structures and processes in place to facilitate prompt delivery of antimicrobials, including:

	Yes	No
Stocking of common antimicrobials in locations outside the pharmacy	<input type="radio"/>	<input type="radio"/>
Immediate processing of new antimicrobial orders	<input type="radio"/>	<input type="radio"/>
Clinician order entry systems that default to immediate administration of new antimicrobials	<input type="radio"/>	<input type="radio"/>

Pharmacists on-site in key locations outside the pharmacy

Yes

No

Section 5 - Q38. Our hospital has structures and processes in place to support effective hand-offs of patients with sepsis, such as templated notes to document sepsis diagnosis and treatment information.

- Yes
- No

Section 5 - Q39. Our hospital rapid response team is trained in sepsis recognition and care.

- Yes
- No

Section 5 - Q40. Our hospital has a “code sepsis” protocol for facilitating prompt recognition and team-based care of sepsis.

- Yes
- No

Section 5 - Q41. Our hospital completes peri-discharge evaluations of patients after sepsis to screen for new or worsening functional limitations, cognitive impairment, post-

traumatic stress disorder/anxiety symptoms, and chronic health conditions.

- Yes
- No

Section 5 - Q42. Our hospital provides post-discharge care coordination and anticipatory guidance designed to optimize recovery from sepsis.

- Yes
- No

Section 5 - Q43. Our hospital has prevention of healthcare-associated infections and hospital-onset sepsis that follow facility-based infection prevention recommendations.

- Yes
- No

Section 5 - (Optional) please provide additional comment or context to any of the questions answered above:

Section 6 - Tracking

Section 6 - Q44. Our hospital monitors hospital sepsis epidemiology, such as number of hospitalizations with community-onset sepsis, hospital-onset sepsis, and septic shock.

- Yes
- No

Section 6 - Q45. Our hospital monitors hospital sepsis management, such as time to antibiotic delivery and time from antibiotic order to antibiotic delivery.

- Yes
- No

Section 6 - Q46. Our hospital monitors sepsis outcomes, such as in-hospital mortality, length of hospitalization, and new discharge to a healthcare facility.

- Yes
- No

Section 6 - Q47. Our hospital assesses use, usability, and impact of hospital sepsis tools to inform their ongoing improvement, such as use of sepsis order sets.

- Yes
- No

Section 6 - Q48. Our hospital monitors progress towards achieving hospital goals for sepsis management and/or outcomes.

- Yes
- No

Section 6 - Q49. Our hospital completes near real-time chart reviews for the purpose of clinician feedback and education.

- Yes
- No

Section 6 - Q50. Our hospital completes chart reviews regularly for the purpose of root cause analysis and process improvement.

- Yes
- No

Section 6 - (Optional) please provide additional comment or context to any of the questions answered above:



Section 7 – Reporting

Section 7 – Q51. Our hospital reports sepsis treatment and outcome data to nursing, physician, unit-based, and hospital leadership at routine intervals (e.g., monthly or quarterly), which include:

	Yes	No
Unit-level data	<input type="radio"/>	<input type="radio"/>
Trends over time	<input type="radio"/>	<input type="radio"/>
Comparative or benchmarking data (e.g. comparison to other similar units or hospitals)	<input type="radio"/>	<input type="radio"/>

Section 7 – Q52. Our hospital provides feedback to individual clinicians regarding the care of recent patients with sepsis.

- Yes
- No

Section 7 – Q53. Our hospital has and maintains a live dashboard to report sepsis treatment and outcomes in real-

time.

- Yes
- No

Section 7 - (Optional) please provide additional comment or context to any of the questions answered above:

Section 8 - Education

Section 8 - Q54. Our hospital provides sepsis-specific training and education in the hiring or on-boarding process for healthcare staff and trainees.

- Yes
- No

Section 8 - Q55. Our hospital provides annual sepsis education to clinical staff.

- Yes
- No

Section 8 - Q56. Our hospital provides written and verbal sepsis education to patients, families, and/or caregivers prior to discharge.

- Yes
- No

Section 8 - Q57. Our hospital posts information on recognition of sepsis in prominent areas for patient-facing staff (e.g., attached to vital sign machines).

- Yes
- No

Section 8 - Q58. Our hospital holds lectures (e.g., grand rounds) or an annual meeting focused on sepsis.

- Yes
- No

Section 8 - Q59. Our hospital includes sepsis recognition and treatment in annual nursing competencies.

- Yes
- No

Section 8 - (Optional) please provide additional comment or context to any of the questions answered above: