

PROCESS IMPROVEMENT DISCOVERY TOOL

SEPSIS

The Process Improvement Discovery Tool is meant to help hospitals provide safer patient care by completing an assessment to identify process improvement opportunities.

Hospitals can use the results to develop specific strategies to address gaps and identify resource needs. Please complete the tool using patient charts that align with this specific topic.

Instructions:

1. If the answer to the question is "Yes", mark an X in the box to indicate that the desired process was discovered. You may check more than one box per chart.
2. The processes that are not marked with an X may indicate the most common failures and could be a priority focus.
3. Put N/A if the process is not applicable.

Minimum 5 charts/Maximum 10 charts

Note: Do NOT spend more than 20-30 minutes per chart!

PROCESS	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Screening										
Patient was screened for sepsis within 30 minutes of arrival to the emergency department?										
Inpatient sepsis screen completed at least once per shift? (N/A once sepsis identified in ED or inpt unit)										
If sepsis screen is positive, sepsis alert activated overhead with positive sepsis screen?										
3 hour bundle compliance (grey colored cells indicate HOUR 1 BUNDLE)										
Blood cultures drawn within 30 minutes of positive sepsis screen AND prior to antibiotic administration?										
Serum lactate drawn and resulted within 60 minutes of positive sepsis screen?										
Broad spectrum antibiotics initiated within 60 minutes of positive sepsis screen?										
Fluid 30ml/kg initiated within 60 minutes of positive sepsis AND completed within 180 minutes of positive sepsis screen for patients with hypotension SBP< 90mmHg and or lactate >2mmol/dL										
6 Hour Bundle Compliance (grey colored cells indicate HOUR 1 BUNDLE)										
Vasopressors administered for MAP <65mmHg?										
Repeat serum lactate drawn & resulted within 6 hours after initial elevated lactate?										
Fluid reassessment done at the end of the fluid resuscitation?										

PROCESS

	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Patient Information										
Age greater than 65 years										
# of SIRS in ED if patient came thru ED										
# of SIRS score if positive inpatient sepsis screen										
qSOFA Score in ED if patient came thru ED?										
qSOFA score if positive inpatient sepsis screen										
Was the patient admitted to ICU?										
Did the sepsis occur within 30 days of surgery?										



This material was prepared the TMF QIO and modified by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement or that product or entity by CMS or HHS. 12SOW-AHSHQIC-TO3H-21-832-07/06/21