Sepsis Gap Assessment and Action Steps

A gap analysis is a tool used to assess the difference between actual practice and expected performance. It is useful to compare best practice guidelines against your currently accepted practices. It is important to assess practice through observation and audit rather than relying on if a policy is in place, as practice can vary from policy.

COMPONENTS	YES	NO	NA	COMMENTS/ACTION STEPS
Organizational Commitment and Leadership Support				
Do you have a sepsis program? Describe	☐	☐	☐	
Does your sepsis program have leadership support including CEO, Medical Staff, Nursing, Clinical Staff, Governing Board?	☐	☐	☐	
Is medical staff, nursing staff and clinical leadership actively involved in sepsis prevention and management?	☐	☐	☐	
Managing sepsis is aligned with hospital's quality, safety, or organizational goals (strategic plan)	☐	☐	☐	
Multidisciplinary team in place and regular meetings (providers, nursing, quality, care management, etc.) from various care areas, ED, ICU, Med Surg, Perinatal, Peds	☐	☐	☐	
Team reports to Medical Staff, Quality and Infection Control Committees	☐	☐	☐	
Sepsis data is shared with staff? What data?	☐	☐	☐	
Sepsis data is shared with patients/families?	☐	☐	☐	
Dedicated Sepsis Resource/Sepsis Coordinator				
Dedicated Sepsis Resource in place (identify who)	☐	☐	☐	
FTE allocation/ time commitment to sepsis role Including data abstraction, reporting, communication coordination - define	☐	☐	☐	
Other role responsibilities	☐	☐	☐	
Early Identification/Screening/Risk				
Early alert or warning system/process in place or describe triggers for sepsis screening:	☐	☐	☐	
• ED (assessed/screened in triage)	☐	☐	☐	
• ICU	☐	☐	☐	
• Inpatient Units (Med Surg)	☐	☐	☐	
• Perinatal	☐	☐	☐	
• Pediatrics	☐	☐	☐	

All inpatients in each unit are screened/assessed for sepsis upon **admission and each shift:**	☐	☐	☐	
· ED	☐	☐	☐	
· ICU	☐	☐	☐	
· Inpatient Units (Med Surg)	☐	☐	☐	
· Perinatal	☐	☐	☐	
· Pediatrics	☐	☐	☐	
Does the process include specific actions by nurse when a positive screen is obtained such as a nurse driven protocol	☐	☐	☐	
Rapid Response Team (RRT) process in placefor sepsis: If yes describe in comments, if no describe response expectations to positivescreening 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	☐	☐	☐	
Process in place for reassessment of volume status and tissue perfusion for septic shockpatients	☐	☐	☐	
Identify concerns/resistance/barriers to components of bundles and developed solutions (fluid resuscitation, blood cultures before antibiotics, repeat lactate, etc.)	☐	☐	☐	
Are there barriers to optimization of fluid based on hemodynamics?	☐	☐	☐	
Is time to antibiotic within 1 hour of sepsis recognition?	☐	☐	☐	
Do you audit care plans for implementation of interventions for those identified at risk?	☐	☐	☐	
Measurement/Continuous Improvement				
Real time method for tracking patients (i.e., severe sepsis patient log, electronic alert)	☐	☐	☐	
Concurrent review process for bundle adherence and defects review	☐	☐	☐	
Process to address deviations from evidence based care processes with physicians, nurses, and other clinical staff	☐	☐	☐	

Education				
Do you have a sepsis early recognition training program and which staff is required to attend?	☐	☐	☐	
Does hospital staff have an annual competency assessment for sepsis?	☐	☐	☐	
Do you utilize skills days for clinical staff training?	☐	☐	☐	
What tools are used to educate staff?	☐	☐	☐	
What tools do you use to educate patients and families?	☐	☐	☐	
Does your patient and family advisory council review sepsis education materials for patients and families?	☐	☐	☐	
Do you provide information/education to the community? If so, list.	☐	☐	☐	
Tools to assist bedside staff have been implemented (i.e., algorithm, clinical pathway, pocket cards, etc.)	☐	☐	☐	
	Additional Comments:			

REFERENCES:
Sepsis Coordinator Network **Gap Analysis Tool**
HQIN **Hospital Sepsis Gap Analysis**

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