

Sepsis Process Improvement Discovery & Tracking Tool (Minimum 5 charts/Maximum 10 charts to begin)

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

Instructions: (1) Enter Y or N in each box for each chart. Then identify which rows have the most "N's" to find process improvement opportunities. (2) The processes with the

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? (Y, N, N/A)

3 hour bundle compliance (green colored cells indicate HOUR ONE 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 pts with hypotension SBP< 90 and or lactate >2mmol/dL (Y, N, N/A)

6 Hour Bundle Compliance

Vasopressors administered for MAP <65mmHg?

Repeat serum lactate drawn & resulted within 6 hours after initial elevated lactate draw?

Fluid reassessment done at the end of the fluid resuscitation?

Pt Information

Age Greater than 65 years

of SIRS in ED if pt came thru ED

of SIRS score if positive inpatient sepsis screen

qSOFA Score in ED if pt 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?