Bridging the Gap for Sepsis as a Core Measure:
A Gap Analysis for Early Sepsis Recognition, Management, and Reporting

Using the following scales, evaluate your processes for recognizing the early indicators of sepsis and improving patient outcomes by following Surviving Sepsis Campaign (SSC) 2012 treatment guidelines. Assess whether current processes for tracking and improving your performance are effective. If you’re not quite there yet, make incremental changes toward this goal by trying the suggestions offered, using the provided tools or by customizing them to suit your needs.

1. Has your organization implemented any of the SSC 2012 guidelines for recognizing and treating sepsis?

<table>
<thead>
<tr>
<th>None</th>
<th>Partially</th>
<th>Fully implemented</th>
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Need help getting there?
- Review current protocols and standardized order sets to identify areas in need of updates.
- Form a team to identify the barriers to implementation. Include physicians in the team as a key stakeholder group.

2. Does your organization screen for sepsis?

<table>
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<tr>
<th>Never</th>
<th>Partial</th>
<th>Always</th>
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Need help getting there?
- Identify the barriers to standardized screening.
- Use the sepsis screening tool. Adapt it to your own needs, if necessary, or create a new screening tool using the SSC sepsis criteria.
- Include sepsis screening on your Daily Goals checklist. Use the Daily Goals Worksheet (with sepsis

Resources:
- Tools and Tactics
- Managing Sepsis Conditions: A Sample Protocol
- Screening for Sepsis: Identifying Patients at Risk

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- Screening for Sepsis: Identifying Patients at Risk
- Daily Goals Worksheet
screening criteria) or customize your own.

3. Are nurses in your organization empowered to obtain a serum lactate based on a positive sepsis screening?

Need help getting there?
- Develop a protocol that empowers nurses to obtain a serum lactate when:
  - Patients screen positive for sepsis
  - Blood cultures are ordered for any patient
- In lieu of a protocol, work with your clinical information systems team to create automatic triggers in the electronic order entry system to draw lactate levels for:
  - Patients admitted with a diagnosis of fever, pneumonia, or UTI
  - Patients having blood cultures obtained for possible infection

Resources:
- Tools and Tactics
- Breaking Through Barriers: Effectively Communicating Sepsis Conditions
- Managing Sepsis Conditions: A Sample Protocol

4. Does your organization have processes in place to monitor and analyze key sepsis performance indicators?

Need help getting there?
- Identify processes to gather data, including:
  - Volume of patients with sepsis, severe sepsis, or septic shock
  - Sepsis mortality rate, length of stay, and average cost to treat
  - Assessment of lactate level in patients who screen positive for sepsis
  - Blood cultures
  - Antibiotics within the first hour
  - Fluid therapy to maintain BP and hemodynamics

Resources:
- Sepsis Update: Early Identification and Management (webinar)
- Live Q&A: Do Your Sepsis Practices Measure Up? (webinar)
- Identify who/how you will analyze date for use in process improvement and for reporting purposes.

5. **Do nurses outside the ICU follow a standard process to activate a rapid response team when sepsis is suspected?**

   ![Never] ![Always]

**Need help getting there?**

- If such a team does not exist, consider creating a sepsis response team (similar to a stroke team) that can spring into action when sepsis is suspected anywhere in the organization.
- If a rapid response team already exists, review its protocol to ensure that sepsis is included.
- Offer education to units outside the ICU, such as obstetrics, orthopedics, burn, or wound center to raise awareness about the importance of early recognition of sepsis.
- Consider implementing a system such as the Modified Early Warning System.

**Resources:**

- Tools and Tactics
- Breaking Through Barriers