Sepsis Initiative Gap Analysis

* 1. Facility:			
* 2. Contact Name:			
* 3. Contact Email:			
* 4. Do you have a sepsis screening tool/system? O Yes No			
* 5. Screening for sepsis, severe sepsis, and septic sh departments:	ock is performed at our hospita	al in the following	
	Y	res No	
Emergency Department	(0 0	
Medical/Surgical Department	(0 0	
Intensive Care Unit	(0 0	
Other (explain in "other" comment field)	(0 0	
Other Departments (please specify)			
* 6. Screening Frequency:	Y	∕es No	
We screen every adult patient during triage in the Emergency De	epartment (0 0	
We screen every adult patient once a shift in the inpatient depart	ment (0 0	
* 7. Have an "Alert" mechanism to provide for prompt roles and responsibilities. O Yes No	escalation and action from care	providers with defined	

* 8. Have a standard sepsis order set or protocol					
O Yes					
O No					
* 9. Our hospital consistently performs the following within 3 hours					
	Yes	No			
Measure lactate level	0	0			
Obtain blood cultures prior to administration of antibiotics	0	0			
Administer broad spectrum antibiotics	0	0			
Administer 30 mL/kg crystalloid for hypotension or lactate ≥4mmol/L	0	0			
* 10. Our hospital performs the following within 6 hours					
	Yes	No			
Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥65 mmHg	0	0			
In the event of persistent hypotension after initial fluid administration (MAP < 65 mmHg) or if initial lactate was ≥4 mmol/L, re-assess volume status and tissue perfusion and document findings according to Table 1 (below for reference)	0	0			
Remeasure lactate if initial lactate was elevated	0	0			
TABLE 1: Reference DOCUMENT REASSESSMENT OF VOLUME STATUS AND TISSUE PERFUSION WITH: Either: -Repeat focused exam (after initial fluid resuscitation) by licensed independent practitioner including vital signs, cardiopulmonary, capillary refill, pulse and skin findings Or two of the following: -Measure CVP -Measure ScvO2 -Bedside cardiovascular ultrasound -Dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge					
* 11. Cultures are obtained before antimicrobial therapy is initiated if such cultures delay (>45 minutes) in the start of antimicrobial(s) administration. O Yes No	do not cause sig	nificant			

one hour in the following locations:			
		Yes	No
Emergency Department		0	0
Inpatient Department		0	0
* 13. Use a "time zero" method that displays visual cursepsis bundle (identification time)	es for health care team fo	r timing of interv	entions for
○ Yes ○ No			
○ No			
* 14. Does your hospital track clinician adherence to the	ne sepsis resuscitation bu	ndle?	
O Yes			
O No			
* 15. How often do you have meetings between the El	D and ICU to discuss sep	sis related activi	ties?
O More than once a month	O Approximately once a qu	uarter	
O Approximately once a month	O We do not currently have	e these meetings	
Other (please specify)			
* 16. Are these meetings specifically for sepsis review	?		
O Yes			
O No, but they are a part of a larger committee (e.g. Critical Ca	re, Quality, etc)		
O No			
* 17. Goals of care and prognosis are being discussed and families	I with patients (if consciou	ıs and able to ur	nderstand)
O Yes			
O No			
* 18. Goals of care are being incorporated into treatment principles where appropriate	ent and end-of-life plannin	ıg, utilizing pallia	itive care
Yes			
○ No			

* 12. Have broad spectrum antibiotics in a dispensing system which permits antibiotics administration within