



Hospital Sepsis Program Core Elements: 2023

SEPSIS PROGRAM ASSESSMENT TOOL



**Centers for Disease
Control and Prevention**
National Center for Emerging and
Zoonotic Infectious Diseases

Hospital Sepsis Program Core Elements: Assessment Tool

The hospital sepsis program assessment tool is a companion to the CDC [*Hospital Sepsis Program Core Elements*](#). This tool provides examples of ways to implement the Core Elements. The Core Elements are intended to be an adaptable framework that hospitals can use to guide efforts to optimize sepsis care. Thus, not all examples listed in the Core Elements (and below) may be necessary and/or feasible in all hospitals.

The assessment tool can be used on a periodic basis (e.g., annually) to document current program infrastructure and activities and to help identify items that could improve the effectiveness of the sepsis program. Consider listing specific details, such as points of contacts or facility-specific guidelines with the date, in the “comments” column as reference for the hospital sepsis program.

Accessible version available at: <https://www.cdc.gov/sepsis/core-elements/assessment-tool.html>

HOSPITAL LEADERSHIP COMMITMENT	ESTABLISHED AT FACILITY	COMMENTS
1. [Priority Example] Our sepsis program leader(s) are given sufficient specified time to manage the hospital sepsis program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. [Priority Example] Our sepsis program is provided sufficient resources, including data analytics and information technology support, to operate the program effectively.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. [Priority Example] Relevant staff from key clinical groups and support departments in our hospital have sufficient time to contribute to sepsis activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. [Priority Example] Our hospital has a senior leader (e.g., Chief Clinical Officer, Chief Medical Officer, or Chief Nursing Officer) who serves as an executive sponsor for the sepsis program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. [Priority Example] Sepsis has been identified as a hospital priority by hospital leadership and this priority has been communicated to hospital staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Our hospital leadership communicates to our hospital staff and patients how our hospital is addressing sepsis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Our hospital leadership has regular meetings with leaders of the sepsis program to assess the resources needed to accomplish the hospital's goals for sepsis activities and outcomes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Our hospital sepsis program activities are integrated into other quality improvement and patient safety efforts, such as emergency department triage, antimicrobial stewardship, transitions of care, and Centers for Medicare & Medicaid Services (CMS) Severe Sepsis and Septic Shock: Management Bundle reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Our hospital staff performance incentives are tied to the achievement of targets for sepsis care and/or outcomes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Sepsis program-related duties are included in job descriptions or performance reviews for our hospital sepsis program leaders and key support staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Our hospital leadership supports external training and education for sepsis program leaders and key support staff (e.g., attendance at sepsis meetings and quality improvement trainings).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Our hospital leadership supports internal training and education on sepsis for hospital staff and trainees.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOSPITAL LEADERSHIP COMMITMENT	ESTABLISHED AT FACILITY	COMMENTS
13. Our hospital leadership supports participation in regional, national, and international sepsis quality improvement collaboratives and initiatives.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACCOUNTABILITY	ESTABLISHED AT FACILITY	COMMENTS
14. [Priority Example] Our hospital has a program or committee charged with monitoring and improving sepsis care and/or outcomes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. [Priority Example] Our hospital has one leader or two co-leaders (physician and nurse) responsible for sepsis program or committee management and outcomes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. [Priority Example] Our hospital sets ambitious—but achievable—goals for improving sepsis care and patient outcomes that are informed by review of hospital practices, hospital sepsis outcomes, and clinical practice guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. [Priority Example] Our hospital assesses progress towards hospital sepsis goals at regular intervals and updates goals periodically (e.g., annually) to promote continual improvement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. [Priority Example] Our hospital has one physician and one nurse lead or champion to ensure physician and nursing engagement in the sepsis program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Sepsis program-related activities and outcomes are included in annual performance reviews for our sepsis program leaders.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Our hospital has unit-level physician and nurse champions for sepsis activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Sepsis program activities and outcomes are reported to our senior hospital leadership and/or hospital board of directors on a regular basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MULTI-PROFESSIONAL EXPERTISE	ESTABLISHED AT FACILITY	COMMENTS
22. [Priority Example] Our hospital has a sepsis coordinator, who oversees day-to-day implementation of sepsis program activities. Note: The hospital sepsis coordinator may be the same or different individual as the lead or co-lead of the hospital sepsis program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. [Priority Example] Clinicians and leaders from the emergency department, inpatient wards, and intensive care units are fully engaged in our hospital sepsis program activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

24. [Priority Example] Our hospital sepsis program includes diverse multi-disciplinary representation (e.g., antimicrobial stewardship, critical care, emergency medicine, hospital medicine, infectious diseases, nursing, other primary services [e.g., surgery, oncology, obstetrics, pediatrics], pharmacy, and social work).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. [Priority Example] Our hospital sepsis program has ongoing support from individuals with expertise and formal training in data management and analytics, information technology, and quality improvement and patient safety.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Our hospital sepsis program has at least ad hoc involvement of case management, microbiology, laboratory medicine, phlebotomy, outpatient clinicians, hospital epidemiologists, infection preventionist, patients, families, caregivers, and community members.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ACTION	ESTABLISHED AT FACILITY	COMMENTS
27. [Priority Example] Our hospital has implemented a standard process to screen for sepsis on presentation and throughout hospitalization.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. [Priority Example] Our hospital has a hospital guideline or a standardized care pathway for management of sepsis, that addresses: <ul style="list-style-type: none"> • Screening • Clinical evaluation • Diagnosis • Antimicrobial selection • Source control • Fluid resuscitation • Indications for treatment escalation • Antimicrobial narrowing and stopping • Patient and family/caregiver education • Peri-discharge management 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. [Priority Example] Our hospital has order sets for the management of sepsis tailored to patient populations served.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. [Priority Example] Our hospital has structures and processes in place to facilitate prompt delivery of antimicrobials, including: <ul style="list-style-type: none"> • Stocking of common antimicrobials in locations outside the pharmacy • Immediate processing of new antimicrobial orders • Clinician order entry systems that default to immediate administration of new antimicrobials • Pharmacists on-site in key locations outside the pharmacy 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

31. [Priority Example] Our hospital has structures and processes in place to support effective hand-offs of patients with sepsis, such as templated notes to document sepsis diagnosis and treatment information.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Our hospital rapid response team is trained in sepsis recognition and care.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Our hospital has a “code sepsis” protocol for facilitating prompt recognition and team-based care of sepsis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Our hospital completes peri-discharge evaluations of patients after sepsis to screen for new or worsening functional limitations, cognitive impairment, post-traumatic stress disorder/anxiety symptoms, and chronic health conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Our hospital provides post-discharge care coordination and anticipatory guidance designed to optimize recovery from sepsis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Our hospital has prevention of healthcare-associated infections and hospital-onset sepsis that follow facility-based infection prevention recommendations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRACKING	ESTABLISHED AT FACILITY	COMMENTS
37. [Priority Example] Our hospital monitors hospital sepsis epidemiology, such as number of hospitalizations with community-onset sepsis, hospital-onset sepsis, and septic shock.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. [Priority Example] Our hospital monitors hospital sepsis management, such as time to antibiotic delivery and time from antibiotic order to antibiotic delivery.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
39. [Priority Example] Our hospital monitors sepsis outcomes, such as in-hospital mortality, length of hospitalization, and new discharge to a healthcare facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40. [Priority Example] Our hospital assesses use, usability, and impact of hospital sepsis tools to inform their ongoing improvement, such as use of sepsis order sets.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
41. [Priority Example] Our hospital monitors progress towards achieving hospital goals for sepsis management and/or outcomes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
42. Our hospital completes near real-time chart reviews for the purpose of clinician feedback and education.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
43. Our hospital completes chart reviews regularly for the purpose of root cause analysis and process improvement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

REPORTING	ESTABLISHED AT FACILITY	COMMENTS
44. [Priority Example] Our hospital reports sepsis treatment and outcome data to nursing, physician, unit-based, and hospital leadership at routine intervals (e.g., monthly or quarterly), which include: <ul style="list-style-type: none"> • Unit-level data • Trends over time • Comparative or benchmarking data (e.g., comparison to other similar units or hospitals) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
45. Our hospital provides feedback to individual clinicians regarding the care of recent patients with sepsis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
46. Our hospital has and maintains a live dashboard to report sepsis treatment and outcomes in real-time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION	ESTABLISHED AT FACILITY	COMMENTS
47. [Priority Example] Our hospital provides sepsis-specific training and education in the hiring or on-boarding process for healthcare staff and trainees.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
48. [Priority Example] Our hospital provides annual sepsis education to clinical staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
49. [Priority Example] Our hospital provides written and verbal sepsis education to patients, families, and/or caregivers prior to discharge.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
50. Our hospital posts information on recognition of sepsis in prominent areas for patient-facing staff (e.g., attached to vital sign machines, in staff break rooms).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
51. Our hospital holds lectures (e.g., grand rounds) or an annual meeting focused on sepsis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
52. Our hospital includes sepsis recognition and treatment in annual nursing competencies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For more information, please contact:

Centers for Disease Control and Prevention

Phone: 1-800-CDC-INFO (232-4636)

Web Form: www.cdc.gov/info

Web: <https://www.cdc.gov/sepsis/core-elements.html>

Publication Date: August 2023