



Indiana Hospital Association's Sepsis Survey 2017

Welcome to the Indiana Hospital Association's Sepsis Survey 2017

Thank you for your participation in the Indiana Hospital Association's Sepsis Survey 2017. Your feedback is valuable and essential to helping us better serve Indiana hospitals, patients and communities.

The purpose of the sepsis survey is to gain a greater understanding of our Indiana hospitals efforts to combat sepsis. The information will be utilized by the Indiana Hospital Association's Patient Safety Center to improve their ability to act as a resource for all Indiana hospitals and make Indiana the safest state to receive health care.

All completed surveys should be scanned and e-mailed to Matt Relano at mrelano@ihaconnect.org. The survey will take 20 minutes to complete and may also be taken online at www.surveymonkey.com/r/2017IHasepsissurvey. If available, the following knowledge and information will assist you in completing the survey:

- Organization's sepsis activities
- Organization's sepsis identification and screening processes
- Organization's sepsis protocols
- Organization's sepsis bundle compliance rates (overall, 3-hour, and 6-hour)
- Organization's sepsis training

If you have any questions regarding the content of the survey, please contact Annette Handy or Rebecca Hancock.

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Demographics

1. Hospital Name

2. Your Name

3. Your Title

4. Your E-mail



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Administrative Support

5. Does your organization's senior leadership team actively support sepsis activities?

- Yes
- No
- Unknown

6. Your organization has

- A staff person solely dedicated to coordinating sepsis activities
- A staff person dedicated to coordinating sepsis activities, but with other responsibilities
- No person dedicated to coordinating sepsis activities
- Unknown
- Other (please specify)

7. Does your organization have a physician champion for sepsis?

- Yes
- No
- Unknown

8. Does your organization have a multidisciplinary team focused on sepsis? If yes, please indicate how often the team meets in the comment box.

- Yes
- No
- Unknown

If yes, how often?

9. Does your organization conduct an assessment to identify and learn from potential defects in your sepsis protocols?

- Yes
- No
- Unknown



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Sepsis Identification and Screening

10. Does your organization have a sepsis screening tool/system?

- Yes
- No
- Unknown

11. Does your organization have a separate screening tool/system for adults and children?

- Yes
- No
- Unknown

**12. Is your sepsis screening automated within your organization's Electronic Medical Record?
Please indicate your organization's system in the comment box.**

- Yes
- No
- Unknown

Electronic Medical Record system (Cerner, Epic, Meditech, etc.)

13. Is screening for sepsis, severe sepsis, and septic shock performed in the following departments at your hospital?

	Yes	No	Unknown
Emergency Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Med/Surg Departments (non-ICU units)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensive Care Unit(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perinatal/Maternal Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Departments (please list)

14. Do you screen every patient during triage in the Emergency Department?

- Yes
- No
- Unknown

15. Do you screen every patient once a shift in the inpatient departments?

- Yes
- No
- Unknown

If no, how frequently?

16. What are your biggest challenges of sepsis identification and screening?

17. Do you have a Rapid Response Team to assess patients?

- Yes
- No
- Unknown

18. Do you have a nurse driven protocol to start sepsis treatment?

- Yes
- No
- Unknown

If yes, please specify applicable departments and primary protocol elements.



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Sepsis Protocols and Treatment

19. Does your organization have sepsis protocols?

- Yes
- No
- Unknown

20. Does your organization have separate sepsis protocols for adults and children?

- Yes
- No
- Unknown

21. Does your facility have a standard sepsis management order set or protocol in the following areas/departments?

	Yes	No	Unknown
Emergency Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Med/Surg Departments (non-ICU units)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensive Care Unit(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perinatal/Maternal Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. What is your organization's overall sepsis bundle percent compliance rate? (If unknown, please put "unknown.")

23. What is your organization's overall percent compliance rate with the 3-hour sepsis bundle? (If unknown, please put "unknown.")

24. For cases that meet criteria, what is your numerator with these 3-hour sepsis bundle elements from Q1 and Q2 of 2017 combined? (If unknown, please put "unknown.")

Measure lactate level.

Obtain blood cultures prior to administration of antibiotics.

Administer broad spectrum antibiotics.

Administer 30 mL/kg crystalloid for hypotension or lactate ≥ 4 mmol/L.

25. For cases that meet criteria, what is your denominator with these 3-hour sepsis bundle elements from Q1 and Q2 of 2017 combined? (If unknown, please put "unknown.")

Measure lactate level.

Obtain blood cultures prior to administration of antibiotics.

Administer broad spectrum antibiotics.

Administer 30 mL/kg crystalloid for hypotension or lactate ≥ 4 mmol/L.

26. What are your organizations biggest challenges with the 3-hour sepsis bundle?

27. What is your organization's overall percent compliance rate with the 6-hour sepsis bundle? (If unknown, please put "unknown.")

28. For cases that meet criteria, what is your numerator with these 6-hour sepsis bundle elements for Q1 and Q2 of 2017 combined? (If unknown, please put "unknown.")

Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP).

In the event of persistent hypotension after initial fluid administration (MAP < 65 mmHg) or if initial lactate was ≥ 4 mmol/L, reassess volume status and tissue perfusion and document findings.

Reassess lactate if initial lactate was elevated.

29. For cases that meet criteria, what is your denominator with these 6-hour sepsis bundle elements for Q1 and Q2 of 2017 combined? (If unknown, please put "unknown.")

Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP).

In the event of persistent hypotension after initial fluid administration (MAP < 65 mmHg) or if initial lactate was ≥ 4 mmol/L, reassess volume status and tissue perfusion and document findings.

Reassess lactate if initial lactate was elevated.

30. What are your organization's biggest challenges with the 6-hour sepsis bundle?

31. Does your organization have broad spectrum antibiotics in a dispensing system which promotes antibiotic administration within one hour in the following locations?

	Yes	No	Unknown
Emergency Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Med/Surg Departments (non-ICU units)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensive Care Unit(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perinatal/Maternal Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Does your organization use a "time zero" method that displays visual cues for the health care team for timing of interventions for sepsis bundle (identification time)?

- Yes
- No
- Unknown

33. Does your organization track provider (MD, DO, APN) adherence to the sepsis resuscitation bundle?

- Yes
- No
- Unknown

34. Is palliative care and end-of-life planning a specified step in your sepsis protocols?

- Yes
- No
- Unknown



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Outreach and Education

35. Please share how your organization has provided outreach and education to the community regarding sepsis.

36. How often does your organization train the physicians, advanced practice nurses, and physician assistants on identifying and treating sepsis? (check all that apply)

- At orientation
- Monthly
- Quarterly
- Annually
- No formal training
- Unknown

If yes, how do you provide training?

37. How often does your organization train the nursing staff on identifying and treating sepsis? (check all that apply)

- At orientation
- Monthly
- Quarterly
- Annually
- No formal training
- Unknown

If yes, how do you provide training?

38. How often does your organization train ancillary staff on identifying and treating sepsis? (check all that apply)

- At orientation
- Monthly
- Quarterly
- Annually
- No formal training
- Unknown

If yes, how do you provide training?

39. Has your organization participated in events or utilized any of the *See It. Stop It. Survive It.* resources offered by the Indiana Hospital Association's Patient Safety Center? If so, please check all that apply.

- Sepsis awareness toolkit (magnets, flyers, fact sheet and patient materials)
- Sepsis webinars
- See It. Stop It. Survive It.* sepsis social media campaign
- World sepsis day event
- None. I have never heard of *See It. Stop It. Survive It.*
- None. I have heard of *See It. Stop It. Survive It.* , but my organization have not used these resources.

Other (please specify)