

Review a minimum of 5 and a maximum of 10 medical records.

## Focus:

For this review, review charts of patients who have developed sepsis, severe sepsis or septic shock post operatively (up to 10).

## Instructions:

When reviewing the medical record, if documentation is found for the process, mark “**Yes**” in the box. If documentation is not found for the process, mark “**No**”. If the process being reviewed is not applicable to the medical record, mark “**N/A**”. After completing the review of all records, note the rows with the highest number of “**No**” responses. This will identify priority focus areas for improvement.

**Note:** Do not spend more than 20-30 minutes per medical record.

**SUBMIT YOUR DISCOVERY TOOL FINDINGS WHEN COMPLETE:** Take a 2 minute survey to report your findings. By submitting your findings, you will have taken the time to identify process gaps in which to focus improvement and to guide educational activities.

**[CLICK HERE TO SUBMIT YOUR FINDINGS](#)**

# Post-Op Sepsis Process Improvement Discovery Tool

Medical Record #										
Ambulatory Pre-Operative Infection Prevention Strategies										
Patient received incentive spirometer device and instruction at time of surgery scheduling.										
Patient stopped smoking at time of surgery scheduling.										
If PT is scheduled for orthopedic surgery, patient completed 2 sessions of outpatient PT in advance of surgery. (Y/N if ortho, N/A if non-ortho surgery)										
SSI Care Bundle Compliance										
Prophylactic antibiotics were given appropriately with timely start and stop.										
Normothermia was maintained through duration of pre-op period.										
Supplemental oxygen provided pre-op, intra-op and post- op.										
Pre-op skin antisepsis was performed.										
Additional Peri-Operative Infection Prevention Strategies										
If the patient had an indwelling foley catheter, it was in place for less than 2 days <b>AND</b> foley met insertion criteria.										
If the patient had a central line, it was in place for less than 2 days <b>AND</b> met insertion criteria.										
Patient received multimodal pain therapy (non-opioids and non-medicinal) with <b>OR</b> without opioids.										

# Post-Op Sepsis Process Improvement Discovery Tool

Patient was out of bed for nutrition.										
Patient was mobilized at least 3 times/day.										
Good patient adherence of proper pulmonary toilet processes. <i>(Bedside incentive spirometer used 10x/hr while awake)</i>										
Hand Hygiene compliance in department is greater than 85%.										
SSI Rates are below benchmark.										
Patient Information										
Age greater than 65 years.										
Elective procedure performed was?										
Source of infection that led to sepsis was?										
Pt was admitted to ICU?										
How many days post-op was the sepsis identified?										

**NOTE: Patients at increased risk for sepsis are those with intra-abdominal processes, catheters, central lines, drains, renal calculi, cholelithiasis, trauma, and other lines.**

**SUBMIT YOUR DISCOVERY TOOL FINDINGS WHEN COMPLETE:** Take a 2 minute survey to report your findings. By submitting your findings, you will have taken the time to identify process gaps in which to focus improvement and to guide educational activities.

[\*\*CLICK HERE TO SUBMIT YOUR FINDINGS\*\*](#)