

PART 5: APPENDICES

APPENDIX I: SEPSIS MORTALITY REDUCTION TOP TEN CHECKLIST

Associated Hospital/Organization: AHA/HRET HEN 2.0

Purpose of Tool: A checklist to review current or initiate new sepsis mortality reduction interventions in your facility

Reference: www.hret-hen.org

2015 Sepsis Mortality Reduction Top Ten Checklists

Process Change	In Place	Not Done	Will Adopt	Notes (Responsible And By When?)
Collect and analyze sepsis mortality data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gather a program planning team and inclusive of organizational leaders, physician champions, sepsis advisors and multidisciplinary members from the, ED, ICU and med/surg to develop a strategy for implementation of improvement ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adopt a sepsis screening tool or system in the ED and/or in one inpatient department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screen every adult patient during initial evaluation in the ED and/or once a shift in one identified inpatient department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop an alert mechanism to provide for prompt escalation and action from care providers with defined roles and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop standard order set or protocol linking blood cultures and lactate lab draws (blood culture = lactate level) and ensure lactate results are available within 45 min. Consider a lactate of > 4mmol/L a CRITICAL result to prompt notification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Place broad-spectrum antibiotics in the ED medication delivery system to allow for antibiotic administration within 1 hour (collaborate with Pharmacy and Infectious Disease Specialist for appropriate selection).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop an order-set or protocol for 3-hour resuscitation bundle and the 6-hour septic shock bundle that uses an “opt-out” process instead of an “opt-in” for all bundle elements with the explicit end goals of therapy and assessment of volume status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop a process for rapid fluid infusion of isotonic solution 30ml/kg for patients with septic shock for timely resuscitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utilize a “TIME ZERO” method that also displays visual cues for the health care team for timing of interventions for the sepsis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	