

Simple Strategies for Forming a Hospital Sepsis Improvement Committee

Think About It!

According to the Centers for Disease Control and Prevention (CDC):

- At least 1.7 million adults in America develop sepsis.
- At least 350,000 adults who develop sepsis die during their hospitalization or are discharged to hospice.
- 1 in 3 people who die in a hospital had sepsis during that hospitalization.

Team Stakeholders

Caring for sepsis patients requires an interdisciplinary team. It is important that your sepsis committee represent all these areas.

- Project sponsor- Executive leader
- Physician Champion to lead/ co-lead
- Quality -co-lead (day to day operations)
- Nursing-Emergency Department & Inpatient (ICU & Medical-Surgical) direct care staff
- Certified Nursing Assistant
- Lab
- Pharmacy
- Respiratory Therapy
- Education
- Information Technology
- Coding
- Patient/Family member
- Consider integrating with a similar, existing committee if needed (e.g., quality, readmissions).

Project Charter

- Use this [Performance Improvement Project Charter](#) template to clearly establish goals, scope, timing, milestones and team roles and responsibilities for an improvement project.

Agenda

- Use this [agenda template](#) to guide data driven and action-oriented meetings.

Defining the Problem

- Use a hospital [Sepsis Gap Analysis](#) to identify gaps in clinical care best practice processes.
- Conduct a Gemba walk to observe processes where they occur
- Identify root causes and contributing factors for your problem (e.g., mortality, readmissions, bundle non-compliance) using a [Fishbone Diagram](#) or a [Five Why's](#) template.
- Use a [Priority Matrix](#) to address which root cause to address first.

Goal Setting and Improvement Measurement

- [Smart Goal Setting Worksheet](#)
- Work with your HQIC Quality Improvement Advisor (QIA) to monitor monthly sepsis metrics
 - Review (near real-time) sepsis patient chart for compliance to:
 - Sepsis bundle - SEP-1 by role
 - Order set usage
 - Adherence to sepsis protocols (e.g., sepsis alerts, care plans)
- Share data with key stakeholders

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Take Action!

Designing and deploying interventions to improve sepsis mortality and morbidity is a strategic imperative for most hospitals. A well-designed hospital sepsis committee can serve as a key foundation for your sepsis improvement work. Use this Simple Strategies as a framework to form your foundation.

Improvement Methodology

- Select an improvement methodology such as Plan, Do, Study, Act to ensure improvement interventions are documented and monitored for impact.
 - [PDSA Cycle Worksheet](#)

Action Plan - Sepsis

- Use an [action plan](#) to document steps, deadlines, and responsible parties to achieve project goal(s).

Communication

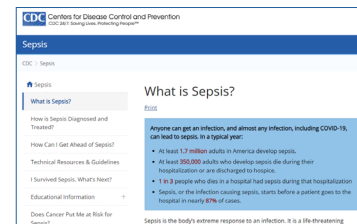
- Use a [Communications Plan Worksheet](#) to ensure all stakeholders are aware of important details of the improvement project.

Sustainability

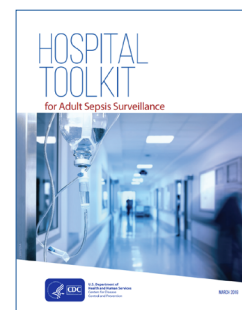
- Use a [Sustainability Decision Guide](#) to help leaders or teams determine if the interventions and changes they are making are sustainable.

Additional Resources:

Centers for Disease Control & Prevention (CDC) [Sepsis Statistics](#)



[Hospital Toolkit for Adult Sepsis Surveillance](#)



[Anatomy of a Great Meeting](#)

