





Health Quality Innovation Network

HQIC Office Hours

September 14, 2023

Logistics – Zoom Meeting



To ask questions, click on the **Chat** icon. At the end of the presentation, you will also be able to unmute to ask a question verbally.

You may adjust your audio by clicking the caret next to the **Mute** icon.

Resources from today's session will be shared after the call.

Health Quality Innovation Network

Today's Presenter



Raymund Dantes, MD, MPH

Medical Advisor - National Healthcare Safety Network
Centers for Disease Control and Prevention
Associate Professor of Medicine
Emory University School of Medicine



Introduction to the CDC Core Elements of Hospital Sepsis Programs

Learning Objectives

1

Understand the scope and purpose of the CDC Core Elements of Hospital Sepsis Programs

2

Review the components of the Core Elements of Hospital Sepsis Programs

CDC Hospital Sepsis Program Core Elements

Raymund Dantes, MD, MPH

Medical Advisor - NHSN

Surveillance Branch

Division of Healthcare Quality Promotion

The Hospital Sepsis Program Core Elements is modeled after CDC's successful Antibiotic Stewardship work

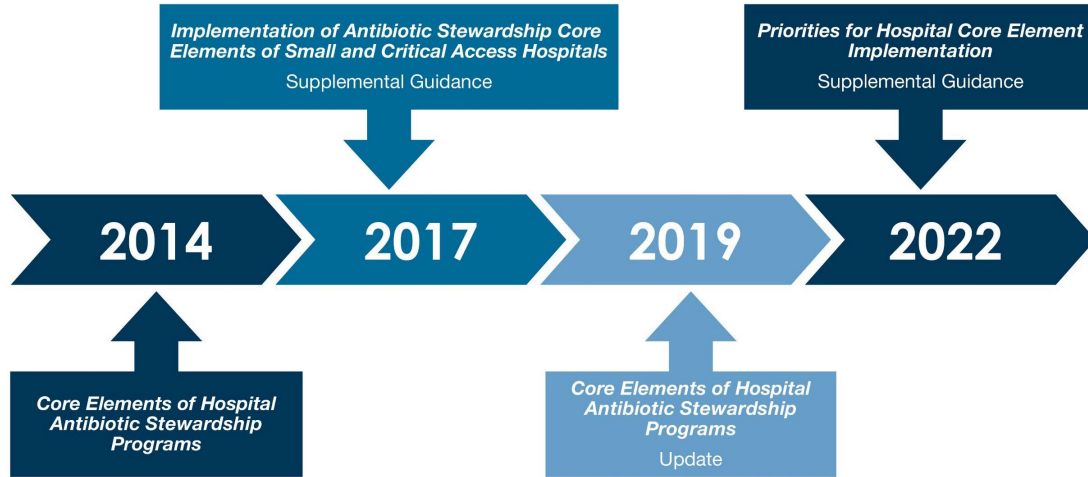


Figure. Timeline of Core Elements of Hospital Antibiotic Stewardship Programs

The Core Elements of Hospital Antibiotic Stewardship Programs: 2019

Core Elements of Hospital Antibiotic Stewardship Programs

- Hospital Leadership Commitment**
Dedicate necessary human, financial, and information technology resources.
- Accountability**
Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.
- Pharmacy Expertise (previously "Drug Expertise"):**
Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.
- Action**
Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.
- Tracking**
Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like *C. difficile* infections and resistance patterns.
- Reporting**
Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.
- Education**
Educate prescribers, pharmacists, nurses, and patients about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing.

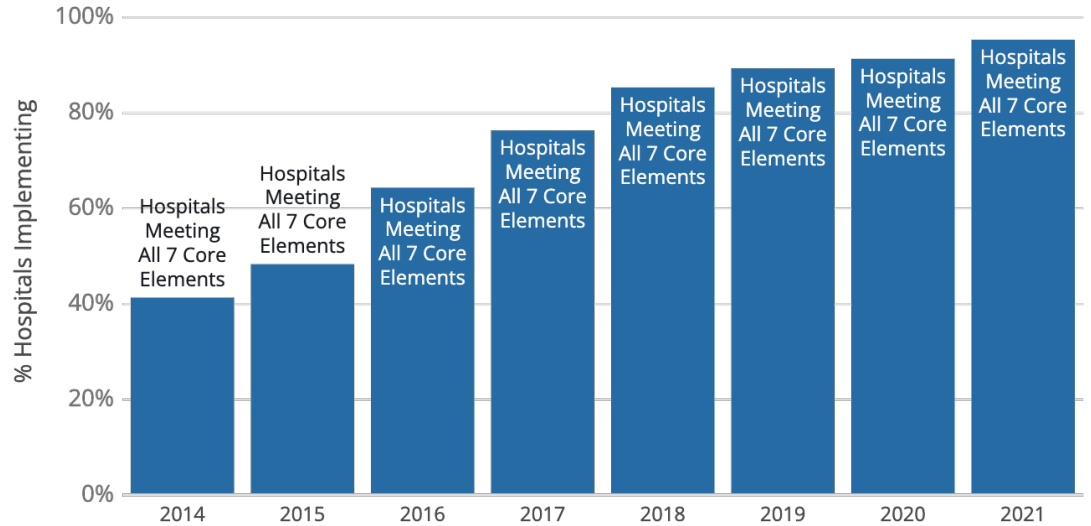
KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

CHANGES OVER TIME IN HOSPITAL ANTIBIOTIC STEWARDSHIP (AS)

CORE ELEMENT ALL 7 CORE ELEMENTS

STATE ALL STATES

This graphic shows the change over time from 2014 to 2021 in hospital implementation of antibiotic stewardship programs by state and core element.



KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

Sepsis Program Activities in Acute Care Hospitals — National Healthcare Safety Network, United States, 2022

Raymund B. Dantes, MD^{1,2}; Hemjot Kaur, MPH²; Beth A. Bouwkamp, MPH^{2,3}; Kathryn A. Haass, MPH²; Prachi Patel, MPH²; Margaret A. Dudeck, MPH²; Arjun Srinivasan, MD²; Shelley S. Magill, MD, PhD²; W. Wyatt Wilson, MD^{1,2}; Mary Whitaker, MSN²; Nicole M. Gladden²; Elizabeth S. McLaughlin⁴; Jennifer K. Horowitz⁴; Patricia J. Posa, MSA³; Hallie C. Prescott, MD⁴

Abstract

Sepsis, life-threatening organ dysfunction secondary to infection, contributes to at least 1.7 million adult hospitalizations and at least 350,000 deaths annually in the United States. Sepsis care is complex, requiring the coordination of multiple hospital departments and disciplines. Sepsis programs can coordinate these efforts to optimize patient outcomes. The 2022 National Healthcare Safety Network (NHSN) annual survey evaluated the prevalence and characteristics of sepsis programs in acute care hospitals. Among 5,221 hospitals, 3,787 (73%) reported having a committee that monitors and reviews sepsis care. Prevalence of these committees varied by hospital size, ranging from 53% among hospitals with 0–25 beds to 95% among hospitals with >500 beds. Fifty-five percent of all hospitals provided dedicated time (including assigned protected time or job description requirements) for leaders of these committees to manage a program and conduct daily activities, and 55% of committees reported involvement with antibiotic stewardship programs. These data highlight opportunities, particularly in smaller hospitals, to improve the care and outcomes of patients with sepsis in the United States by ensuring that all hospitals have sepsis programs with protected time for program leaders, engagement of medical specialists, and integration with antimicrobial stewardship programs. CDC's Hospital Sepsis Program Core Elements provides a guide to assist hospitals in developing and implementing effective sepsis programs that complement and facilitate the implementation of existing clinical guidelines and improve patient care. Future NHSN annual surveys will monitor uptake of these sepsis core elements.

Introduction

Sepsis, life-threatening organ dysfunction secondary to infection (1), contributes to at least 1.7 million adult hospitalizations and at least 350,000 deaths annually in the United States (2). Hospital quality improvement programs focused on sepsis have been associated with reductions in mortality, length of stay, and health care costs (3,4). In 2023, CDC has published the new Hospital Sepsis Program Core Elements (5) (Sepsis Core Elements), a guide to help hospitals develop

multiprofessional programs to monitor and optimize early identification, management, and outcomes of sepsis.

CDC's National Healthcare Safety Network (NHSN)* is the nation's most widely used surveillance system for tracking patient and health care personnel safety measures, such as prevention of health care-associated infections. Hospitals reporting data to NHSN are required to complete an annual survey with questions regarding patient volume, laboratory practices, patient safety practices, and facility characteristics used in risk adjustment for quality measures.† Questions regarding hospital sepsis program practices were added to the 2022 NHSN annual survey to evaluate baseline practices.

Methods

All U.S. hospitals (approximately 6,129) are eligible to enroll in NHSN (6). Enrolled hospitals were required to complete the 2022 NHSN Patient Safety Component Annual Hospital Survey by March 1, 2023. Hospital staff members completed the survey electronically, on the basis of hospital practices during 2022, using the NHSN web-based application. Responses were provided to four required questions and to three additional required questions, conditional upon responses to the initial questions. The first question asked about the presence of a committee that monitors and reviews sepsis care and outcomes (sepsis committees), followed by three conditional questions regarding the functions of and staff member representation on the committee. The following three questions asked about leadership support for sepsis-related activities, approaches to rapid sepsis identification, and sepsis management protocols. Survey respondents were instructed to consult with persons leading sepsis efforts or other local expertise as needed to accurately complete the survey. Descriptive analysis, stratified by hospital size (number of beds), was completed on a data set generated on June 1, 2023, using SAS (version 9.4; SAS Institute). This activity was reviewed by CDC and was conducted consistent with applicable federal law and CDC policy.§

* <https://www.cdc.gov/nhsn/about-nhsn/index.html>

† https://www.cdc.gov/nhsn/forms/57_103_phospsurv_blank.pdf

§ 45 C.F.R. part 46, 21C.F.R. part 56; 42 U.S.C. Sec. 241(d); 5 U.S.C. Sec. 552a; 44 U.S.C. Sec. 3501 et seq.

NEW CDC DATA

In a typical year, 1 in 3 people who dies in a hospital had sepsis during that hospitalization.

But half of U.S. hospitals provide dedicated time for sepsis program leaders.*

**2022 survey of 5,000+ hospitals*



U.S. HOSPITAL SEPSIS PROGRAM DATA, 2022



of hospitals have a sepsis committee



of hospitals provide dedicated time for sepsis program leaders



of sepsis committees involve Antibiotic Stewardship Programs

Find resources on how to optimize sepsis programs:
<https://bit.ly/SepsisCoreElements>

Purpose of Hospital Sepsis Program Core Elements

- **Provide guidance for monitoring and optimizing hospital management and outcomes of sepsis**
 - "How to build a successful hospital sepsis program"
 - Emphasis on leadership support, personnel resources, quality improvement tools and implementation science
- **Complement existing sepsis guidelines and facilitate implementation of recommended practices**
 - Additional emphasis on sepsis management throughout hospitalization and recovery
 - Intended audience is U.S. hospitals and hospital systems
 - Applicable regardless of hospital type and population

Development Team



Dr. Hallie Prescott



Dr. Raymund Dantes

U. of Michigan

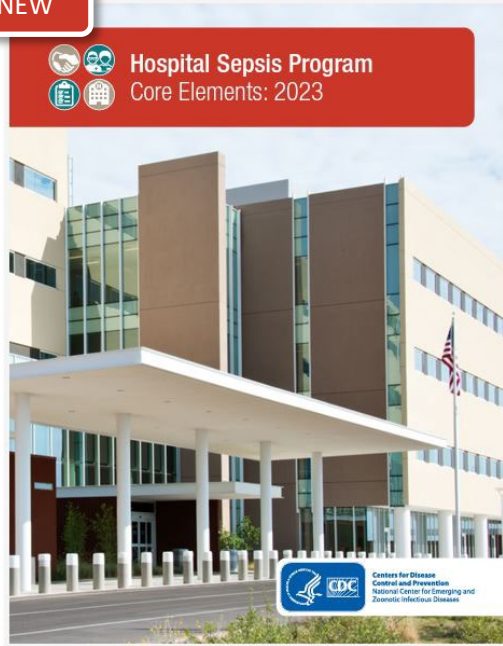
- Hallie Prescott, MD, MSc
- Elizabeth McLaughlin, RN
- Pat Posa, RN
- Jennifer Horowitz, MA

CDC

- Raymund Dantes, MD, MPH
- Arjun Srinivasan, MD
- Shelley Magill, MD, PhD
- Wyatt Wilson, MD, MSPH
- Nicole Gladden

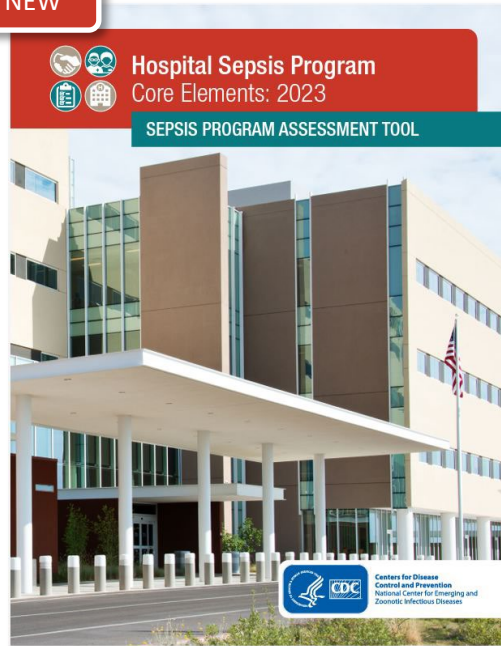
Sepsis Core Elements Materials

NEW



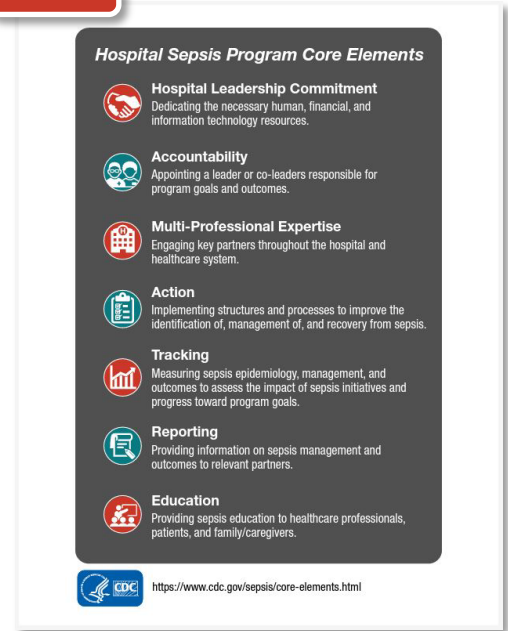
Sepsis Core Elements

NEW



Assessment Tool

NEW

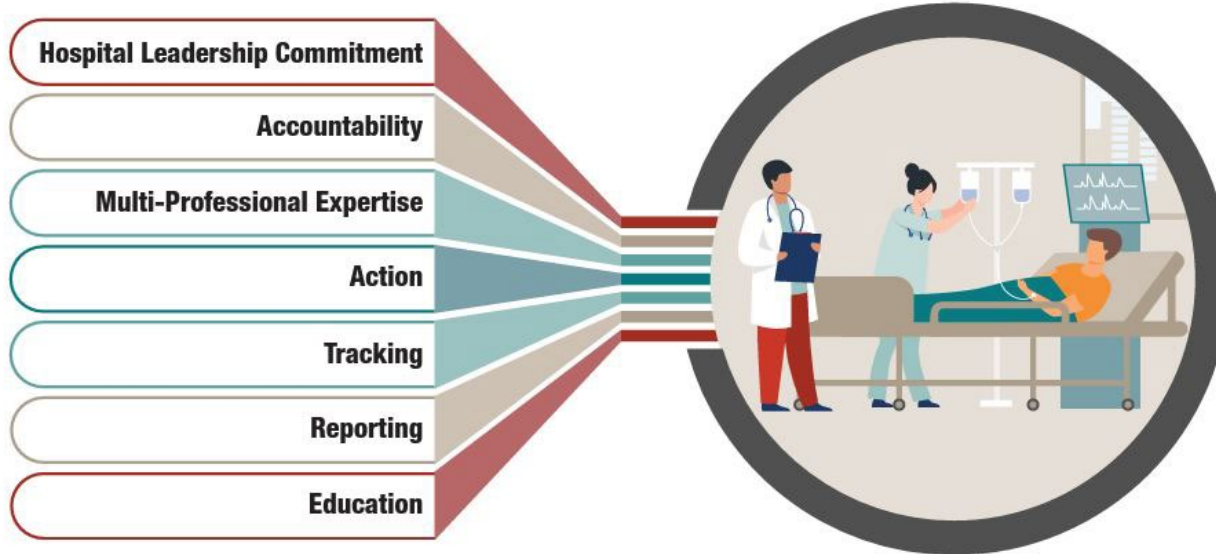


Overview Graphic

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

Hospital Sepsis Program Core Elements

Figure: Hospital Sepsis Program Core Elements



KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

Hospital Sepsis Program Core Elements

The screenshot shows a web browser window with the URL <https://www.cdc.gov/sepsis/core-elements.html#Start>. The page header includes the CDC logo and the text "Centers for Disease Control and Prevention" with the tagline "CDC 24/7: Saving Lives, Protecting People™". A search bar is located in the top right corner. The main navigation bar is blue with the word "Sepsis" in white. Below the navigation bar, the breadcrumb "CDC > Sepsis" is visible. The left sidebar contains a home icon and the word "Sepsis", followed by a list of links: "What is Sepsis?", "How is Sepsis Diagnosed and Treated?", "How Can I Get Ahead of Sepsis?", and "Technical Resources & Guidelines". The "Hospital Sepsis Program Core Elements" link is highlighted in blue. Below this link are two sub-links: "Assessment Tool" and "Resources". The main content area features the title "Hospital Sepsis Program Core Elements" and a "Print" link. A light blue callout box contains a document icon, a paragraph of text, and a "Download Print Version [PDF - 39 Pages]" link. At the bottom, three cards are displayed: "Getting Started" with a calendar icon, "Assessment Tool" with a wrench and screwdriver icon, and "Resources" with a stack of books icon.

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

[Español](#) | [Other Languages](#)

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search

Sepsis

CDC > Sepsis

[Home](#) Sepsis


- [What is Sepsis?](#)
- [How is Sepsis Diagnosed and Treated?](#)
- [How Can I Get Ahead of Sepsis?](#)
- [Technical Resources & Guidelines](#)


Hospital Sepsis Program Core Elements


- [Assessment Tool](#)
- [Resources](#)


Hospital Sepsis Program Core Elements


[Print](#)

 Hospital Sepsis Program Core Elements are essential to optimize patient care and help clinicians, hospitals, and health systems in efforts to improve the hospital management and outcomes of sepsis. Hospital Sepsis Program Core Elements outline structural and procedural components that are associated with the multidisciplinary expertise required to support the care of patients with sepsis.

 [Download Print Version \[PDF - 39 Pages\]](#)

 **Getting Started**
For hospitals or healthcare

 **Assessment Tool**
This tool provides

 **Resources**
Practical resources

Hospital Sepsis Program Core Elements



Hospital Leadership Commitment

Dedicating the necessary human, financial, and information technology resources.



Accountability

Appointing a leader or co-leaders responsible for program goals and outcomes.



Multi-Professional Expertise

Engaging key partners throughout the hospital and healthcare system.



Action

Implementing structures and processes to improve the identification of, management of, and recovery from sepsis.



Tracking

Measuring sepsis epidemiology, management, and outcomes to assess the impact of sepsis initiatives and progress toward program goals.



Reporting

Providing information on sepsis management and outcomes to relevant partners.



Education

Providing sepsis education to healthcare professionals, patients, and family/caregivers.

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.



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

Leadership Commitment

Part 1

Priority examples:

- Providing sepsis program leader(s) with sufficient dedicated time to manage the program and participate in performance evaluation and improvement activities.
- Providing resources, including data analytics and information technology support, to operate the program effectively.
- Ensuring that relevant staff from key support departments and groups have sufficient time to contribute to sepsis activities.
- Appointing a senior administrator to serve as an executive sponsor for the sepsis program to ensure the program has resources and support to accomplish its mission.
- Communicating to hospital staff that sepsis is an institutional priority

Leadership Commitment

Part 2

Additional examples:

- Communicating to the hospital staff and patients how the hospital is addressing sepsis.
- Regular meetings with leaders of the sepsis program to assess the resources needed to accomplish the hospital's goals for sepsis activities and outcomes.
- Integrating sepsis activities into other quality improvement and patient safety efforts, such as ED triage, antimicrobial stewardship, transitions of care and CMS SEP-1 reporting
- Tying incentives to the achievement of targets for sepsis care and/or outcomes.

Leadership Commitment

Part 3

Additional examples:

- Including sepsis program-related duties in job descriptions for program leaders and key support staff.
- Supporting training and education for program leaders and key support staff (e.g., attendance at sepsis meetings and quality improvement trainings).
- Supporting internal training and education on sepsis for hospital staff and trainees
- Supporting participation in region, national, and international sepsis quality improvement collaboratives and initiatives.

Accountability

Part 1

Priority examples:

- Identifying a single clinician leader or two co-leaders who will be responsible for sepsis program management and patient outcomes.
- Setting ambitious but achievable goals for improving sepsis care and patient outcomes that are informed by review of hospital practices, hospital sepsis outcomes, and updates in clinical practice guidelines.
- Assessing progress towards hospital sepsis goals at regular intervals and updating goals periodically to promote continual improvement.
- Identifying a physician and nurse leader or champion at each hospital regardless of organizational structure.

Accountability

Part 2

Additional examples:

- Including sepsis program-related activities and outcomes in annual performance reviews for sepsis program leaders.
- Identifying unit-level physician and nurse champions.
- Reporting sepsis program activities and outcomes (including key success stories) to senior leadership and/or board on a regular basis (e.g., including sepsis measures in hospital quality dashboard reports).

Multi- Professional Expertise

Priority Examples:

- **Sepsis Coordinator:** day-to-day monitoring and feedback
- **Collaboration Across Hospital Locations-** ED, wards, ICU
- **Engagement of Multi-professional Expertise-** Nursing. Providers in Emergency Medicine, Critical Care, Hospital Medicine, Other primary services. Infectious Disease, Pharmacy, Social Services
- **Ensuring Flexibility for Treatment:** Engagement of antibiotic stewardship program to ensure antibiotic recommendations are tailored to local data, review of antibiotic use to tailor therapy and stop unnecessary treatment
- **Engagement of Relevant Support Services-** persons with training in management, analytics, information technology, quality improvement

Multi- Professional Expertise

Additional Examples:

- **Ad hoc domain expertise-** case management, microbiology, phlebotomy, outpatient clinicians, hospital epidemiology, infection prevention, patients, families, caregivers, community members

Action

Part 1

Priority:

- **Standardized process to screen for sepsis** (*2021 Surviving Sepsis Campaign Guidelines strongly recommend a screening process, but not any specific tool*)
 - *Integration into clinical workflows*
 - *Ensure newer, more complex tools (e.g. machine learning) do not project bias by gender, race, ethnicity*
- **Hospital Guidelines for Managing Sepsis, including:**
 - *Screening*
 - *Clinical Evaluation*
 - *Diagnosis*
 - *Antimicrobial Selection and de-escalation*
 - *Source Control*
 - *Patient and caregiver education*
 - *Recovery-based practice (physical therapy, screening for functional, cognitive, emotional symptoms)*

Action

Part 2

Priority:

- **Hospital order-set for sepsis management**
- **Structures and processes to facilitate prompt delivery of antimicrobials:**
 - *Stocking common antimicrobials in high-use locations, such as the ED, ICU, etc.*
 - *Immediate processing of new antimicrobial orders in patients with sepsis*
 - *Sepsis order sets that default to immediate administration of new antimicrobials*
 - *Pharmacists on-site in key locations outside of pharmacy, such as ED, ICU.*
- **Structures and processes to support effective hospital hand-offs in patients with sepsis**

Action

Part 3

Additional Examples:

- **Rapid response teams trained in sepsis recognition and care**
- **“Code Sepsis” Protocol**
- **Peri-discharge evaluation to support recovery**
 - Screening for difficulty performing activities of daily living
 - Screening for swallowing dysfunction
 - Review of chronic conditions
 - Medication reconciliation and optimization
 - Screen for social vulnerability
- **Post-discharge care coordination**
 - Scheduling of follow-up tests and appointments prior to discharge, with attention to patient-centered logistics
 - Dedicated post-sepsis or post-critical illness clinic
- **Prevention of healthcare-associated infection and hospital-onset sepsis**

Tracking

Hospital Should Identify Priority Measures for Their Patients, may include:

- **Hospital sepsis epidemiology** (e.g., *present-on admission vs. hospital-onset, pathogens, specialty patient populations such as neonatal, pediatrics, maternal, oncology, etc.*)
- **Sepsis treatment** (e.g., *time to antimicrobial, time from order to administration, appropriateness of selection, blood cultures prior to antibiotics, blood culture contamination, fluid resuscitation, etc.*)
- **Sepsis outcomes** (e.g., *in-hospital mortality, discharge to hospice, post-hospital mortality, ICU admission, re-admission*)
- **Usability of hospital sepsis tools** (e.g., *use of order sets, clinician interaction with decision support tool*)
- **Structured chart review for clinician feedback and process improvement**

Reporting

Priority:

- **Regular reports to front-line clinical leadership:** Including unit-level data, temporal trends, benchmarking data when available

Additional Examples:

- **Targeted feedback to individual clinicians**
- **Real-time sepsis dashboard**

Education

Document links to a CDC resources page with both CDC and partner educational materials targeted at healthcare providers.

Priority

- Sepsis-specific training and education in on-boarding of physicians, nurses, patient technician staff

Additional

- Sepsis education in clinical staff training curricula
- Posting educational materials in prominent areas for patient-facing staff
- Hospital lectures or meetings focused on sepsis
- Sepsis recognition and treatment in annual nursing competencies
- Patient education as discussed in Action Element

Getting Started

For hospitals or healthcare systems just starting a sepsis program or those with limited resources, it may be most efficient to address the following steps first:

- Identify the sepsis program leader or co-leaders
- Secure support from hospital or healthcare system leadership
- Conduct a needs analysis to identify applicable regulatory or reporting requirements (e.g., Centers for Medicare & Medicaid Services [CMS] Severe Sepsis and Septic Shock: Management Bundle [SEP-1]), existing sepsis screening processes, treatment guidelines, and order sets. Obtain summary data on regulatory performance and use of sepsis screening tools and order sets to identify areas in need of improvement.
- Establish initial goals for sepsis program based on needs analysis.

Sepsis

CDC > Sepsis > Hospital Sepsis Program Core Elements

🏠 Sepsis

What is Sepsis?

How is Sepsis Diagnosed and Treated?

How Can I Get Ahead of Sepsis?

Technical Resources & Guidelines

Hospital Sepsis Program Core Elements

Assessment Tool

Resources

I Survived Sepsis. What's

Resources

[Print](#)

Hospital Sepsis Program Core Elements References and Resources

The Core Elements are intended to build upon the work of a number of initiatives related to sepsis that have been developed over the years. This references and resources list contains links to some practical resources that can help hospitals improve specific aspects of their sepsis programs.

Hospital-based Sepsis Screening Tool Examples

- [The UK Sepsis Trust, Clinical Tools, 2022](#) [🔗](#)

On this Page

[Screening Tool Examples](#)

[Hospital Guidelines &/or Clinical Pathways](#)

[Regulatory References](#)

[Educational Resources](#)

NHSN Annual Survey

- Four initial questions were included in the NHSN survey earlier this year
- Additional questions will be added to the next survey (January 2024) to begin to evaluate uptake of the complete Core Elements



https://www.cdc.gov/nhsn/forms/57.103_pshospsurv_blank.pdf

Timeline for the Hospital Sepsis Program Core Elements



Figure: Initial Timeline for CDC Core Elements for Hospital Sepsis Programs

Sepsis Program Activities in Acute Care Hospitals — National Healthcare Safety Network, United States, 2022

Raymund B. Dantes, MD^{1,2}; Hemjot Kaur, MPH^{2,3}; Beth A. Bouwkamp, MPH^{2,3}; Kathryn A. Haass, MPH²; Prachi Patel, MPH²; Margaret A. Dudeck, MPH²; Arjun Srinivasan, MD²; Shelley S. Magill, MD, PhD²; W. Wyatt Wilson, MD^{1,2}; Mary Whitaker, MSN²; Nicole M. Gladden²; Elizabeth S. McLaughlin⁴; Jennifer K. Horowitz⁴; Patricia J. Posa, MSA³; Hallie C. Prescott, MD⁴

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⁵ 45 C.F.R. part 46, 21C.F.R. part 56; 42 U.S.C. Sect. 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Sect. 3501 et seq.

Viewpoint

[ONLINE FIRST](#) [FREE](#)

August 24, 2023

The Centers for Disease Control and Prevention's Hospital Sepsis Program Core Elements

 Hallie C. Prescott, MD, MSc^{1,2}; Patricia J. Posa, RN, BSN, MSA, CCRN-K³; Raymund Dantes, MD, MPH^{4,5}
[Author Affiliations](#) | [Article Information](#)

JAMA. Published online August 24, 2023. doi:10.1001/jama.2023.16693



Related Articles

Sepsis, a life-threatening syndrome of acute organ dysfunction secondary to infection, is a common cause of hospitalization and death. In the US, sepsis contributes to approximately 1.7 million adult hospitalizations and more than a third of all hospital deaths.¹ In addition to being deadly, sepsis also contributes to new and worsened morbidity. Patients experience heightened risk for further health deterioration, hospital readmission, and death in the months, and even years, after the acute resolution of sepsis.² In recognition of the large global burden of morbidity and mortality from sepsis, the World Health Assembly adopted a resolution in 2017 on improving the prevention, diagnosis, and management of sepsis, including survivors' access to rehabilitation.³

This month, the Centers for Disease Control and Prevention (CDC) has released the Hospital Sepsis Program Core Elements⁴ (from here, "Sepsis Core Elements") to assist hospitals with developing multiprofessional programs to monitor and optimize management and outcomes of sepsis. The Sepsis Core Elements complement existing sepsis guidelines and facilitate implementation of best practices across a range of patient populations (adults, children, and people who are pregnant or postpartum) and in a range of hospital settings. The guidance does not provide a specific recipe for treating sepsis, but rather a "manager's guide" for developing a comprehensive program to monitor and improve outcomes from sepsis. The guidance conceptualizes sepsis performance improvement as a continual process and highlights the importance of using quality improvement tools and implementation science principles to drive ongoing improvement in sepsis management and outcomes.

Hospital Sepsis Program Core Elements Launch – August 24

- Materials release
- Live Media Briefing
- *MMWR*
- *JAMA* Viewpoint
- And more!



JAMA[®]

The Journal of the American Medical Association

MMWR

Morbidity and Mortality Weekly Report



NEW CDC DATA

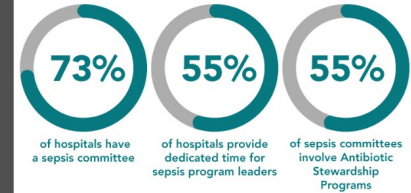
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But half of U.S. hospitals provide dedicated time for sepsis program leaders.*

*2022 survey of 5,000+ hospitals



U.S. HOSPITAL SEPSIS PROGRAM DATA, 2022



Find resources on how to optimize sepsis programs:
<https://bit.ly/SepsisCoreElements>

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

Sepsis Core Elements Coverage (Within 24 Hours)



The New York Times



Infection Control
TODAY®



MEDPAGE®
TODAY



IDSE Infectious Disease
SPECIAL EDITION



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BECKER'S
HOSPITAL REVIEW

Daily Mail



Register for & Attend Training Webinar Series



Training Webinar Series

- Dates & Topics (Tentative):
 - 10/2: Introduction to the Sepsis Core Elements & Leadership Commitment
 - Week of 10/16: Accountability & Multi-Professional Expertise
 - 11/2: Action
 - 11/16: Tracking & Reporting
 - Week of 11/30 or 12/7: Education
- Free CE (Pending)
- <https://edhub.ama-assn.org/cdc-project-firstline/by-topic>

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

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

Thank You!

A word cloud on a dark blue background with the word "Discussion" in the largest, white font at the center. Other words are arranged around it in various sizes and colors (white, orange, light blue). The words include: MEETING, Chat, DIALOG, TALK, BUSINESS, Answers, IDEAS, Communicate, SOCIAL, PROPOSAL, IDEAS, Discuss, Connection, Session, Group, INPUT, CONVERSATION, SHARE, OPERATING, QUESTIONS, Dialog, Business, Communication, PARTNERSHIP, Forum, EXPLORATION, Group, TALK, Debate, and Community.

Resources

Simple Strategies for Addressing Sepsis

- [Forming a Hospital Sepsis Improvement Committee](#)
- [Setting Patients Up For Successful Sepsis Survival](#)
- [Team Approach to Improving Sepsis Reimbursement & Reputation](#)
- [Safe Transitions of Care: Hospitals to Nursing Facilities](#)
- [Community Support & Community Support-Virginia](#)

Sepsis Fact Sheets-(add your facility logo to educate care providers & patients about sepsis care)

- [Sepsis Is A Medical Emergency-Patient & Family Education](#)
- [Health Care Providers](#)
- [Acute Care Nursing Staff](#)
- [Patient Discharge Checklist](#)
- [Transfer Communication](#)

October Office Hours

How to Recognize and Celebrate Quality Improvement

October 12, 2023
12:00 PM EST

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