RECOMMENDATIONS TO IMPROVE THE MANAGEMENT AND OUTCOMES OF **SEPSIS**

- Leadership Commitment: Dedicating the necessary human, financial and information technology resources.
- Accountability: Appointing a leader/co-leader responsible for program goals and outcomes.
- Multi-Professional Expertise: Engaging key partners throughout the healthcare system. The development of a multi-disciplinary sepsis program is critical to monitoring and improving the management and outcomes of patients/residents with sepsis.
- 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/ stakeholders.
- Education: Providing sepsis education to healthcare professionals, patients/residents and family/caregivers.



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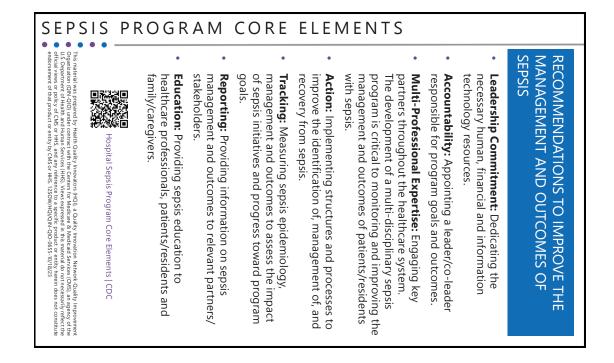
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GETTING STARTED WITH A SEPSIS PROGRAM

- Conduct a needs analysis to identify applicable regulatory or reporting requirements (e.g., Centers for Medicare & Medicaid Services).
- Establish initial goals for sepsis program based on needs analysis.

EXAMPLES OF GOALS AND MEASURES

- Reduce mortality rate of sepsis, severe sepsis and septic shock.
- Increase compliance with the bundle.

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Increase percentage of sepsis patients for whom the suspected infection source is documented.

COMPONENTS OF SEPSIS BUNDLE

- Screening for sepsis: to identify those who may be at risk for sepsis.
- Early goal-directed therapy: providing treatment early.
- **Bundled care:** providing a comprehensive approach to the care of septic patients/residents.
- Monitoring and improvement: monitoring for signs of improvement, making changes to the care plan as needed and notifying the healthcare professional overseeing care of any changes in the patient's/resident's condition.

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