

#### Welcome to the Indiana Hospital Association's Sepsis Survey 2017

Thank you for your participation in the Indiana Hospital Association's Sepsis Survey 2017. Your feedback is valuable and essential to helping us better serve Indiana hospitals, patients and communities.

The purpose of the sepsis survey is to gain a greater understanding of our Indiana hospitals efforts to combat sepsis. The information will be utilized by the Indiana Hospital Association's Patient Safety Center to improve their ability to act as a resource for all Indiana hospitals and make Indiana the safest state to receive health care.

All completed surveys should be scanned and e-mailed to Matt Relano at mrelano@ihaconnect.org. The survey will take 20 minutes to complete and may also be taken online at www.surveymonkey.com/r/2017IHAsepsissurvey.

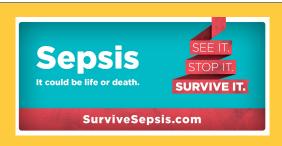
If available, the following knowledge and information will assist you in completing the survey:

- · Organization's sepsis activities
- Organization's sepsis identification and screening processes
- Organization's sepsis protocols
- Organization's sepsis bundle compliance rates (overall, 3-hour, and 6-hour)
- · Organization's sepsis training

If you have any questions regarding the content of the survey, please contact Annette Handy or Rebecca Hancock.

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(317) 423-7799



# Demographics

2. Your Name		
3. Your Title		
4. Your E-mail		



#### Administrative Support

Unknown  A staff person solely dedicated to coordinating sepsis activities  A staff person dedicated to coordinating sepsis activities, but with other responsibilities  No person dedicated to coordinating sepsis activities  Unknown  Other (please specify)  Does your organization have a physician champion for sepsis?  Yes  No  Unknown	Yes	
. Your organization has  A staff person solely dedicated to coordinating sepsis activities  A staff person dedicated to coordinating sepsis activities, but with other responsibilities  No person dedicated to coordinating sepsis activities  Unknown  Other (please specify)  Does your organization have a physician champion for sepsis?  Yes  No	No	
A staff person solely dedicated to coordinating sepsis activities  A staff person dedicated to coordinating sepsis activities, but with other responsibilities  No person dedicated to coordinating sepsis activities  Unknown  Other (please specify)  Does your organization have a physician champion for sepsis?  Yes  No	Unknown	
A staff person dedicated to coordinating sepsis activities, but with other responsibilities  No person dedicated to coordinating sepsis activities  Unknown  Other (please specify)  Does your organization have a physician champion for sepsis?  Yes  No	. Your organi	ation has
No person dedicated to coordinating sepsis activities  Unknown  Other (please specify)  Does your organization have a physician champion for sepsis?  Yes  No	A staff perso	solely dedicated to coordinating sepsis activities
Unknown Other (please specify)  Does your organization have a physician champion for sepsis?  Yes No	A staff perso	n dedicated to coordinating sepsis activities, but with other responsibilities
Other (please specify)  Does your organization have a physician champion for sepsis?  Yes  No	No person d	dicated to coordinating sepsis activities
Does your organization have a physician champion for sepsis?  Yes  No	Unknown	
Yes No	Other (pleas	e specify)
Yes No		
No No		rganization have a physician champion for sepsis?
	. Does your o	
Unknown		
	Yes	
	Yes No	
	Yes No	
	Yes No	

Yes	
○ No	
Unknown	
If yes, how often?	
9. Does your org your sepsis pro	ganization conduct an assessment to identify and learn from potential defects in tocols?
Yes	
○ No	
Unknown	



## Sepsis Identification and Screening

10. Does your org	anization have a sepsis screening tool/system?
Yes	
○ No	
Unknown	
11. Does your org	anization have a separate screening tool/system for adults and children?
Yes	
○ No	
Unknown	
-	screening automated within your organization's Electronic Medical Record? our organization's system in the comment box.
Yes	
○ No	
$\circ$	
Unknown	

at your hospital?				
	Yes	No	Unknown	N/A
Emergency Department				
Med/Surg Departments (non-ICU units)	$\bigcirc$			
Intensive Care Unit(s)				
Department of Pediatrics		$\bigcirc$	$\bigcirc$	
Perinatal/Maternal Department		$\bigcirc$		
Other Departments (please lis	st)			
Yes No	patient during t	riage in the Emerge	ncy Department?	
Yes No Unknown  15. Do you screen every				
Yes No Unknown				
Yes No Unknown  15. Do you screen every Yes				
Yes No Unknown  15. Do you screen every Yes No Unknown				
Yes No Unknown  15. Do you screen every Yes No Unknown				
Yes No Unknown  15. Do you screen every Yes No Unknown				
Yes No Unknown  15. Do you screen every Yes No Unknown  If no, how frequently?	patient once a s	hift in the inpatient	departments?	
Yes No Unknown  15. Do you screen every Yes No Unknown  If no, how frequently?	patient once a s	hift in the inpatient	departments?	
No Unknown  15. Do you screen every Yes No	patient once a s	hift in the inpatient	departments?	

	e a Rapid Respons	e Team to asses	s pauents?		
Yes					
O No					
Unknown					
18. Do you hav	e a nurse driven pı	otocol to start s	epsis treatment	?	
Yes					
○ No					
Unknown					
If yes, please spe	cify applicable departm	ents and primary pro	otocol elements.		



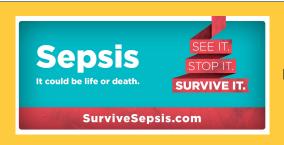
## Sepsis Protocols and Treatment

Yes				
) No				
Unknown				
0. Does your organizati	on have separa	te sepsis protocols f	or adults and childrer	1?
Yes				
No				
Unknown				
1. Does your facility ha reas/departments?	ve a standard se	epsis management o	rder set or protocol ir	n the following
ii cas/acpai tiliciits :				
	Yes	No	Unknown	N/A
Emergency Department	Yes	No	Unknown	N/A
	Yes	No O	Unknown	N/A
Department  Med/Surg  Departments (non-ICU	Yes	No O	Unknown	N/A
Department  Med/Surg Departments (non-ICU units)  Intensive Care Unit(s)  Department of	Yes	No  O	Unknown	N/A
Department  Med/Surg  Departments (non-ICU units)	Yes	No	Unknown	N/A

Measure lactate level.	17 combined? (If unknown, pleas	,	
Obtain blood cultures prio	r to administration of antibiotics.		
Administer broad spectrur	n antibiotics.		
Administer 3o mL/kg cryst	alloid for hypotension or lactate ≥4mmol/		
elements from Q1 and	et criteria, what is your <u>denomina</u> d Q2 of 2017 combined? (If unkno		•
elements from Q1 and Measure lactate level.	· · · · · · · · · · · · · · · · · · ·		•
elements from Q1 and Measure lactate level.	d Q2 of 2017 combined? (If unkno		•
elements from Q1 and Measure lactate level.	d Q2 of 2017 combined? (If unknown to administration of antibiotics.		•
elements from Q1 and Measure lactate level.  Obtain blood cultures prio	r to administration of antibiotics.	vn, please put "ur	•
elements from Q1 and Measure lactate level.  Obtain blood cultures prio	d Q2 of 2017 combined? (If unknown to administration of antibiotics.	vn, please put "ur	•
elements from Q1 and Measure lactate level.  Obtain blood cultures prio	r to administration of antibiotics.	vn, please put "ur	•
lements from Q1 and leasure lactate level.	r to administration of antibiotics.	vn, please put "ur	<u>-</u>

	iteria, what is your <u>numerator</u> with these <u>6-hour</u> sepsis bundle elements nbined? (If unknown, please put "unknown.")
Apply vasopressors (for hypoter (MAP).	nsion that does not respond to initial fluid resuscitation) to maintain a mean arterial press
	ension after initial fluid administration (MAP < 65 mmHg) or if initial lactate was ≥4mmol/L e perfusion and document findings.
Reassess lactate if initial lactate	was elevated.
Apply vasopressors (for hypoter	f 2017 combined? (If unknown, please put "unknown.") nsion that does not respond to initial fluid resuscitation) to maintain a mean arterial press
Apply vasopressors (for hypoter (MAP).	nsion that does not respond to initial fluid resuscitation) to maintain a mean arterial press
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Apply vasopressors (for hypoter (MAP).	ension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressension after initial fluid administration (MAP < 65 mmHg) or if initial lactate was ≥4mmol/Leperfusion and document findings.
Apply vasopressors (for hypoter (MAP).  In the event of persistent hypoteassess volume status and tissue	ension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressension after initial fluid administration (MAP < 65 mmHg) or if initial lactate was ≥4mmol/Leperfusion and document findings.
Apply vasopressors (for hypoter (MAP).  In the event of persistent hypoter assess volume status and tissue Reassess lactate if initial lactate	ension that does not respond to initial fluid resuscitation) to maintain a mean arterial press ension after initial fluid administration (MAP < 65 mmHg) or if initial lactate was ≥4mmol/L e perfusion and document findings.  e was elevated.
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	Yes	No	Unknown	N/A
Emergency Department				
Med/Surg Departments (non-ICU units)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Intensive Care Unit(s)				
Department of Pediatrics	$\bigcirc$	$\bigcirc$		
Perinatal/Maternal Department			$\bigcirc$	
Yes No Unknown				
No Unknown  33. Does your organizationdle?	tion track provide	r (MD, DO, APN) adl	nerence to the sepsis	resuscitation
No Unknown  33. Does your organizations bundle?  Yes	tion track provide	r (MD, DO, APN) adl	nerence to the sepsis	resuscitation
No Unknown  33. Does your organizationdle?	tion track provide	r (MD, DO, APN) adl	nerence to the sepsis	resuscitation
No Unknown  33. Does your organization bundle?  Yes No Unknown				
No Unknown  33. Does your organization bundle?  Yes No				
No Unknown  33. Does your organization bundle?  Yes No Unknown  34. Is palliative care and				
No Unknown  33. Does your organization bundle? Yes No Unknown  34. Is palliative care and Yes				
No Unknown  33. Does your organization bundle? Yes No Unknown  34. Is palliative care and Yes No				



#### Outreach and Education

	Please share how your organization has provided outreach and education to the community arding sepsis.
lega	aumy sepsis.
36. I	How often does your organization train the physicians, advanced practice nurses, and
	sician assistants on identifying and treating sepsis? (check all that apply)
	At orientation
	Monthly
	Quarterly
	Annually
	No formal training
	Unknown
If yes	s, how do you provide training?

(check all that appl	••
At orientation	
Monthly	
Quarterly	
Annually	
No formal training	
Unknown	
If yes, how do you prov	ide training?
20 Hawattan daga	varius augustiaus turaius augillaus ataff au identificiaus and turatius acunais 2 (ala
38. How often does all that apply)	your organization train ancillary staff on identifying and treating sepsis? (ch
At orientation	
│ │ Monthly	
Monthly	
Quarterly	
Quarterly Annually	
Quarterly Annually No formal training	
Quarterly Annually	
Quarterly Annually No formal training	ide training?
Quarterly Annually No formal training Unknown	ide training?
Quarterly Annually No formal training Unknown	ide training?
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Quarterly Annually No formal training Unknown	ide training?
Quarterly Annually No formal training Unknown	ide training?
Quarterly Annually No formal training Unknown	ide training?
Quarterly Annually No formal training Unknown	ide training?

	ck all that apply.	
	Sepsis awareness toolkit (magnets, flyers, fact sheet and patient materials)	
	Sepsis webinars	
	See It. Stop It. Survive It. sepsis social media campaign	
	World sepsis day event	
	None. I have never heard of See It. Stop It. Survive It.	
	None. I have heard of See It. Stop It. Survive It., but my organization have not used these resources.	
Othe	r (please specify)	