



Improving Sepsis Survival

Collaboration Requirements and Transparency

To have the greatest impact on sepsis mortality, hospitals must work collaboratively. Participants are expected to share successes, challenges, experiences, and ideas during all facilitated events such as face-to-face meetings, calls, and webinars. Senior staff and/or clinician involvement is required.

To foster peer-to-peer learning, the following will be **tracked at the hospital-level and shared across all teams and team members in the cohort.**

- Attendance at Sepsis Summit 1 meeting, April 14, 2015 (in-person meeting)
- Attendance on calls and webinars: monthly from May 2015 to January 2016, transitioning to quarterly from March 2016 to March 2017
- Submission status of the following items:
 - Hospital implementation
 - Monthly outcome data
 - Quarterly status report
- Content and data from the following required items:
 - Hospital implementation plan
 - Sepsis mortality rate (outcome data)*
 - Quarterly status report, including data trends of internally tracked measures*
- Attendance at Sepsis Summit 2 meeting, Fall 2016 (in-person meeting)

These data are **NOT Patient Safety Work Product and therefore can be shared among participants of this initiative.*

Implementation Components

Each participating hospital will be required to implement four core components to reduce sepsis mortality. For each component, teams will be able to select the measures to track internally. Participants will be required to share hospital-level reports and trends of those measures as part of the quarterly “status report” submissions.

Organizational-level progress on implementation of these components, as well as data trends for measures tracked within each component, will be shared with all participants to promote peer-to-peer learning.

Core Component	Purpose
Sepsis Screening Tool (at minimum in the Emergency Department)	Early detection
Mobilization of Resources, e.g., response team	Early and consistent mobilization of staff to treat
Sepsis Order Set	Consistent, timely, and intensive treatment
Coordination of Care Plan	Consistent care during transfers