

Measure Information	029	*Numerator	The upper portion of a fraction used to calculate a rate, proportion, or ratio. An action to be counted as meeting a measure's requirements.
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The measure is a series of attestations on overall program practices to improve the recognition and care of patients with sepsis.

Sum of hospital sepsis program priority examples

Domain	Priority Example	NHSN Annual Survey Question Mapping-2024
Hospital Leadership Commitment - 1	1. Our sepsis program leader(s) are given sufficient specified time to manage the hospital sepsis program	Q54 c,d,e: EITHER APP, Nurse, OR Physician with non-0% effort (EITHER 1-10%, 11-25%, 26-50%, OR More than 50%). -AND- Q55. "providing sepsis program leaders with sufficient specified time"
Hospital Leadership Commitment - 2	2. Our sepsis program is provided sufficient resources, including data analytics and information technology support, to operate the program effectively	Q55. "Providing sufficient resources, including data analytics and information technology support, to operate the program effectively."
Hospital Leadership Commitment - 3	3. Relevant staff from key clinical groups and support departments in our hospital have sufficient time to contribute to sepsis activities.	Q55. "Ensuring that relevant staff from key clinical groups and support departments have sufficient time to contribute to sepsis activities."
Hospital Leadership Commitment - 4	4. Our hospital has a senior leader (e.g., Chief Clinical Officer, Chief Medical Officer, of Chief Nursing Officer) who serves as an executive sponsor for the sepsis program.	Q55. "Appointing a senior leader to serve as an executive sponsor for the sepsis program"
Hospital Leadership Commitment - 5	5. Sepsis has been identified as a hospital priority by hospital leadership and this priority has been communicated to hospital staff.	Q55. "Identifying sepsis as a facility priority and communicating this priority to hospital staff"
Accountability - 1	14. Our hospital has a program or committee charged with monitoring/improving outcomes.	Q53. "yes"
Accountability - 2	15. Our hospital has one leader or two co-leaders responsible for sepsis program or committee management and outcomes.	Q54. "yes"
Accountability - 3	16. Our hospital sets ambitious but achievable goals at regular intervals and updates goals periodically to promote continuous improvement	Q53a. "Setting annual goals for sepsis management and/or outcomes"
Accountability - 4	17. Our hospital assesses progress towards hospital sepsis goals at regular intervals and updates goals periodically (e.g., annually) to promote continual improvement.	Q62. BOTH "Progress towards achieving hospital goals for sepsis treatment and/or outcomes", AND Q53a. "Setting annual goals for sepsis management and/or outcomes"
Accountability - 5	18. Our hospital has one physician and one nurse lead or champion to ensure physician and nursing engagement in the sepsis program.	Q54a: BOTH "Nurse" AND "Physician" are selected (at a minimum).
Multi-professional expertise - 1	22. Our hospital has a sepsis coordinator, who oversees day-to-day implementation of sepsis program activities.	Q55 - Facility leadership has demonstrated commitment to improving sepsis care by: "Having a sepsis coordinator who oversees day-to-day implementation of sepsis program activities"
Multi-professional expertise - 2	23. Clinicians and leaders from the emergency department, inpatient wards, and intensive care units are fully engaged in our hospital sepsis program activities.	Q53c. "critical care" selected if hospital has indicated ≥ 10 ICU beds in annual survey.

Multi-professional expertise - 3	24. Our hospital sepsis program includes diverse multi-disciplinary representation (e.g., antimicrobial stewardship, critical care, emergency medicine, hospital medicine, infectious diseases, nursing, other primary services [e.g., surgery, oncology, obstetrics, pediatrics], pharmacy, and social work).	Q53b. BOTH ≥4 options selected, AND 53c. ≥4 options selected
Multi-professional expertise - 4	25. Our hospital sepsis program has ongoing support from individuals with expertise and formal training in data management and analytics, information technology, and quality improvement and patient safety.	Q53c BOTH “data analytics” AND “information technology” selected.
Action - 1	27. Our hospital has implemented a standard process to screen for sepsis on presentation and throughout hospitalization.	Q56 - "Our facility uses the following approaches to assist in the rapid identification of patients with sepsis <u>upon presentation</u> to the facility". AND Q57 "Our facility uses the following approaches to assist in identification of sepsis <u>throughout hospitalization</u> "
Action - 2	28. Our hospital has a hospital guideline or a standardized care pathway for management of sepsis that addresses	Q58. “Hospital guideline or care pathway for management of sepsis”
Action - 3	29. Our hospital has order sets for the management of sepsis tailored to the patient populations served.	Q58. “Hospital order set for management of sepsis”
Action - 4	30. Our hospital has structures and processes in place to facilitate prompt delivery of antimicrobials.	Q59. ≥2 options selected (EXCEPT "None of the above").
Action - 5	31. Our hospital has structures and processes in place to support effective hand-offs of patients with sepsis, such as templated notes to document sepsis diagnosis and treatment information.	Q58. EITHER “Structured template for documentation of sepsis treatment”, OR “Standardized process for verbal hand-off of sepsis treatment”
Tracking - 1	37. Our hospital monitors hospital sepsis epidemiology, such as number of hospitalizations with community-onset sepsis, hospital-onset sepsis and septic shock.	Q62. “hospital sepsis epidemiology”
Tracking - 2	38. Our hospital monitors hospital sepsis management, such as time to antibiotic delivery and time from antibiotic order to antibiotic delivery	Q62. “hospital sepsis treatment”
Tracking - 3	39. Our hospital monitors sepsis outcomes, such as in-hospital mortality, length of hospitalization, and new discharge to a healthcare facility	Q62. “hospital sepsis outcomes”
Tracking - 4	40. Our hospital assesses use, usability, and impact of hospital sepsis tools to inform their ongoing improvement, such as use of sepsis order sets.	Q62. ALL the following: “use of hospital sepsis tools”, AND “usability or acceptability of hospital sepsis tools”, AND “impact of hospital sepsis tools”.
Tracking - 5	41. Our hospital monitors progress towards achieving hospital goals for sepsis management and/or outcomes	Q62. “Progress towards achieving hospital goals for sepsis treatment and/or outcomes”
Reporting - 1	44. Our hospital reports sepsis treatment and outcome data to nursing, physician, unit-based, and hospital leadership at routine intervals (e.g., monthly or quarterly), which include: unit-level data, trends over time, and comparative or benchmarking data (e.g., comparison to other similar units or hospitals)	Q64a . ALL OF THE FOLLOWING : “unit-specific or service-specific”, AND “benchmarking or comparative data”, AND “temporal trends”
Education - 1	47. Our hospital provides sepsis-specific training and education in the hiring or on-	IF "YES" to Teaching hospital (from page 1 of survey): Q65: BOTH “trainees” AND at least 2 non-trainee categories. IF "NO" to Teaching hospital (from page 1 of survey) Q65: ANY two non-trainee categories.

	boarding process for healthcare staff and trainees.	
Education - 2	48. Our hospital provides annual sepsis education to clinical staff.	Q66: ≥2 categories selected (except "None of the above")
Education - 3	49. Our hospital provides written and verbal sepsis education to patients, families, and/or caregivers prior to discharge.	Q61. BOTH "Written educational material about sepsis" AND EITHER "Direct 1:1 education on sepsis from a healthcare personnel" OR "Pre-recorded video material about sepsis "

Measure Performance	081	*Additional measure performance information	<p>Provide the following additional measure performance information, <u>as applicable</u>:</p> <ul style="list-style-type: none"> - Mean performance score across accountable entities in the test sample that is relevant to the intended use of the measure. - Minimum and maximum performance score for the testing sample that is relevant to the intended use of the measure. - Standard deviation of performance scores for the testing sample that is relevant to the intended use of the measure. - Passing score for the performance measure. - Performance score's defined interval, including upper and lower limit of the performance score.
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	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Mean Performance Score	15.9	0	1.4	6.0	10.0	13.1	16.1	18.5	20.0	21.5	23.0	24.9	27.0
N of Entities	5214		452	590	391	476	625	568	321	699	355	737	

The value of the 'mean performance score' in each decile is the mean of the element scores that fall in each decile range, 'N of Entities' for each decile is the number of facilities that fall in each decile range.

General Characteristics	109	*Evidence of performance gap	<p>Evidence of a performance gap among the units of analysis in which the measure will be implemented. Provide analytic evidence that the units of analysis have room for improvement and, therefore, that the implementation of the measure would be meaningful.</p> <p>If you have lengthy text add the evidence as an attachment, named to clearly indicate the related form field.</p>
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