Sepsis Data Sharing Checklist

Use this checklist while preparing to share data at your Quality Improvement committee meetings, board meetings, or during other opportunities to communicate about data. The aim of this checklist is to empower you to share your data with your teams, support you in feeling more comfortable discussing data, and help you engage your staff in identifying opportunities for improvement. Use the "notes" sections in the checklist below to jot down key points related to each item that you want to discuss with your teams.

**This checklist is not intended to guide clinical decision making and is for quality improvement purposes only.*

Setting the Stage for Sharing Data:

- ☐ Identify and share your improvement goal.
  - ○ By , the at will implement to improve sepsis by to benefit .

    Don't have a specific goal yet? Use this template (page 7) to get started.
- ☐ Make note of ongoing or current improvement activities that are related to the data that will be shared:
  - ○ Bundle elements in place
  - ○ Electronic Health Record (EHR) changes
  - ○ Ongoing staff education
  - ○ Policies or processes
  - ○ Other_____
- ☐ Make a list of team members involved and their expertise or relevant experience.
  - ○ Team Members:_____

Data Elements Needed for Discussion

Facility Level (Aggregate) Data

- ☐ Review measure definitions (i.e., CMS IQR definition, SEP-1 measure, etc.).

  Notes:

- ☐ Download relevant run charts. What is the measure rate? What are the numerators and denominators for each month of data?

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Notes:

☐ Identify the trendline on the run chart – is the data trending up or down? At least four data points on a run chart in the same direction = trend.
- ○ If results from data review are not trending toward goal, identify gaps using root cause analysis. Use the Five Whys Root Cause Analysis Tool.
- ○ If results from data review are trending toward goal, what needs to be done to sustain improvement? Use the Sustainability Decision Guide.

Notes:

☐ Review comparative data, is the hospital part of a peer group (i.e., CAHS, IPPS facilities, >25 beds)? How does the hospital's data compare to similar facilities?

Notes:

☐ Highlight where on the run chart an intervention was implemented to identify changes in the data because of that intervention.

Notes:

☐ Review data to determine if data entry was missed or incorrect (i.e., coding discrepancies). Consider how this might be impacting interpretation of the run chart.

Notes:

Individual Sepsis Case Data

☐ Consider relevant patient demographic information or population characteristics that are relevant to the community.

Notes:

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☐ Note which of the bundle elements are being evaluated for this case.
Notes:

☐ Note time to treat for each bundle element.
Notes:

☐ Review bundle elements successfully completed and bundle elements missed.
Notes:

☐ Note LOS/time to transfer (if applicable).
Notes:

☐ Identify at least one successful aspect of this case and give kudos to staff.
Notes:

Additional Resources

- ✓ Hospital Sepsis Program Core Elements
- ✓ Quality Improvement Principles to Improve the Care of Patients with Severe Sepsis
- ✓ Toolkit for Using AHRQ Quality Indicators for Sepsis
- ✓ Hospital Sepsis Program Core Elements: Assessment Tool (cdc.gov)
- ✓ CDC Sepsis Core Elements Assessment Tool

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