

Hospital Sepsis Program Core Elements Mapping and Scoring

The following table is a tool to accompany the NHSN [Hospital Sepsis Program Core Elements Line List](#) to help hospital staff to interpret results and identify action items. The table is separated into seven sections that each represent one of [CDC's Hospital Sepsis Program Core Elements](#). Each section contains the priority examples, their alignment with the variable name (Domain) in the NHSN line list report, and what questions the Domains are derived from on the [Patient Safety Component PSC Hospital Annual Survey](#). Staff can fill in their facility's total score, which Domains are currently established, as well as any action items identified to establish additional domains at the facility.

Hospital Leadership Commitment			Hospital Leadership Commitment Total Score: ___/5	
Priority Example from Hospital Sepsis Program Core Elements Program Assessment Tool	NHSN Variable Name (Domain)	2024 NHSN PSC Hospital Annual Survey Question Response(s) Required to meet Domain	Established at facility (Y/N)	If No, Action our facility can take to meet this domain
1. Our sepsis program leaders are given sufficient specified time to manage the hospital sepsis program	NHSN Leadership 1	Q54 c,d,e: Selected EITHER APP, Nurse, OR Physician with non-0% effort (EITHER 1-10%, 11-25%, 26-50%, OR More than 50%). - AND - Q55. Selected "Providing sepsis program leaders with sufficient specified time"		
2. Our sepsis program is provided sufficient resources, including data analytics and information technology support, to operate the program effectively	NHSN Leadership 2	Q55. Selected "Providing sufficient resources, including data analytics and information technology support, to operate the program effectively"		
3. Relevant staff from key clinical groups and support departments in our hospital have sufficient time to contribute to sepsis activities.	NHSN Leadership 3	Q55. Selected "Ensuring that relevant staff from key clinical groups and support departments have sufficient time to contribute to sepsis activities"		
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.	NHSN Leadership 4	Q55. Selected "Appointing a senior leader to serve as an executive sponsor for the sepsis program"		
5. Sepsis has been identified as a hospital priority by hospital leadership and this priority has been communicated to hospital staff.	NHSN Leadership 5	Q55. Selected "Identifying sepsis as a facility priority and communicating this priority to hospital staff"		

Accountability			Accountability Total Score: __/5	
Priority Example From Hospital Sepsis Program Core Elements Program Assessment Tool	NHSN Variable Name (Domain)	2024 NHSN Patient Safety Annual Survey Question Response(s) Required to meet Domain	Established at facility (Y/N)	If No, Action our facility can take to meet this domain
14. Our hospital has a program or committee charged with monitoring/improving outcomes.	NHSN Accountability 1	Q53. Selected "Yes"		
15. Our hospital has one leader or two co-leaders responsible for sepsis program or committee management and outcomes.	NHSN Accountability 2	Q54. Selected "Yes"		
16. Our hospital sets ambitious but achievable goals at regular intervals and updates goals periodically to promote continuous improvement	NHSN Accountability 3	Q53a. "Setting annual goals for sepsis management and/or outcomes"		
17. Our hospital assesses progress towards hospital sepsis goals at regular intervals and updates goals periodically (e.g., annually) to promote continual improvement.	NHSN Accountability 4	Q62. Selected BOTH "Progress towards achieving hospital goals for sepsis treatment and/or outcomes," AND Q53a. "Setting annual goals for sepsis management and/or outcomes"		
18. Our hospital has one physician and one nurse lead or champion to ensure physician and nursing engagement in the sepsis program.	NHSN Accountability 5	Q54a: Selected BOTH "Nurse" AND "Physician" (at a minimum)		

Multi-Professional Expertise			Multi-Professional Expertise Total Score: ____/4	
Priority Example From Hospital Sepsis Program Core Elements Program Assessment Tool	NHSN Variable Name (Domain)	2024 NHSN Patient Safety Annual Survey Question Response(s) Required to meet Domain	Established at facility (Y/N)	If No, Action our facility can take to meet this domain
22. Our hospital has a sepsis coordinator, who oversees day-to-day implementation of sepsis program activities.	NHSN Expertise 1	Q55. Selected "Having a sepsis coordinator who oversees day-to-day implementation of sepsis program activities"		
23. Clinicians and leaders from the emergency department, inpatient wards, and intensive care units are fully engaged in our hospital sepsis program activities.	NHSN Expertise 2	Q53c. Selected "Critical care" if hospital has indicated ≥ 10 ICU beds in annual survey.		
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).	NHSN Expertise 3	Q53b. BOTH ≥ 4 options selected, AND 53c. ≥ 4 options selected		
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.	NHSN Expertise 4	Q53c. Selected BOTH "Data analytics" AND "Information technology"		

Action			Action Total Score: ____/5	
Priority Example From Hospital Sepsis Program Core Elements Program Assessment Tool	NHSN Variable Name (Domain)	2024 NHSN Patient Safety Annual Survey Question Response(s) Required to meet Domain	Established at facility (Y/N)	If No, Action our facility can take to meet this domain
27. Our hospital has implemented a standard process to screen for sepsis on presentation and throughout hospitalization.	NHSN Action 1	Q56. For "Our facility uses the following approaches to assist in the rapid identification of patients with sepsis upon presentation to the facility", selected anything except "none of the above" AND Q57. For "Our facility uses the following approaches to assist in identification of sepsis throughout hospitalization", selected anything except "none of the above"		
28. Our hospital has a hospital guideline or a standardized care pathway for management of sepsis that addresses.	NHSN Action 2	Q58. Selected "Hospital guideline or care pathway for management of sepsis"		
29. Our hospital has order sets for the management of sepsis tailored to the patient populations served.	NHSN Action 3	Q58. Selected "Hospital order set for management of sepsis"		
30. Our hospital has structures and processes in place to facilitate prompt delivery of antimicrobials.	NHSN Action 4	Q59. ≥2 options selected (EXCEPT "None of the above").		
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.	NHSN Action 5	Q58. Selected EITHER "Structured template for documentation of sepsis treatment" OR "Standardized process for verbal hand-off of sepsis treatment"		

Tracking			Tracking Total Score: ____/5	
Priority Example From Hospital Sepsis Program Core Elements Program Assessment Tool	NHSN Variable Name (Domain)	2024 NHSN Patient Safety Annual Survey Question Response(s) Required to meet Domain	Established at facility (Y/N)	If No, Action our facility can take to meet this domain
37. Our hospital monitors hospital sepsis epidemiology, such as number of hospitalizations with community-onset sepsis, hospital-onset sepsis and septic shock.	NHSN Tracking 1	Q62. Selected “Hospital sepsis epidemiology”		
38. Our hospital monitors hospital sepsis management, such as time to antibiotic delivery and time from antibiotic order to antibiotic delivery.	NHSN Tracking 2	Q62. Selected “Hospital sepsis treatment”		
39. Our hospital monitors sepsis outcomes, such as in-hospital mortality, length of hospitalization, and new discharge to a healthcare facility.	NHSN Tracking 3	Q62. Selected “Hospital sepsis outcomes”		
40. Our hospital assesses use, usability, and impact of hospital sepsis tools to inform their ongoing improvement, such as use of sepsis order sets.	NHSN Tracking 4	Q62. Selected ALL of the following: “Use of hospital sepsis tools”, AND “Usability or acceptability of hospital sepsis tools”, AND “Impact of hospital sepsis tools”.		
41. Our hospital monitors progress towards achieving hospital goals for sepsis management and/or outcomes.	NHSN Tracking 5	Q62. Selected “Progress towards achieving hospital goals for sepsis treatment and/or outcomes”		

Reporting			Reporting Total Score: ____/1	
Priority Example From Hospital Sepsis Program Core Elements Program Assessment Tool	NHSN Variable Name (Domain)	2024 NHSN Patient Safety Annual Survey Question Response(s) Required to meet Domain	Established at facility (Y/N)	If No, Action our facility can take to meet this domain
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).	NHSN Reporting 1	Q64a. Selected ALL OF THE FOLLOWING : “Unit-specific or service-specific”, AND “Benchmarking or comparative data”, AND “Temporal trends”		
Education			Education Total Score: ____/3	
Priority Example From Hospital Sepsis Program Core Elements Program Assessment Tool	NHSN Variable Name (Domain)	2024 NHSN Patient Safety Annual Survey Question Response(s) Required to meet Domain	Established at facility (Y/N)	If No, Action our facility can take to meet this domain
47. Our hospital provides sepsis-specific training and education in the hiring or on-boarding process for healthcare staff and trainees.	NHSN Education 1	IF "YES" to Teaching hospital (from page 1 of survey): Q65: Selected BOTH “Trainees” AND at least 2 non-trainee categories. IF "NO" to Teaching hospital (from page 1 of survey) Q65: Selected ANY two non-trainee categories		
48. Our hospital provides annual sepsis education to clinical staff.	NHSN Education 2	Q66: ≥2 categories selected (except “None of the above”)		
49. Our hospital provides written and verbal sepsis education to patients, families, and/or caregivers prior to discharge.	NHSN Education 3	Q61. Selected BOTH “Written educational material about sepsis” AND EITHER “Direct 1:1 education on sepsis from healthcare personnel” OR “Pre-recorded video material about sepsis”		