Hospital Sepsis Management and Practices:
Findings from the 2024 NHSN Annual Survey

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Note: This document is intended to be a government report posted directly to the CDC sepsis website to support the Hospital Sepsis Program Core Elements activities and will not be submitted to a peer review publication. Similar to other government reports, there is no author listing, but there is an acknowledgements section.

More information regarding the Hospital Sepsis Program Core Elements is available at: https://www.cdc.gov/sepsis/hcp/core-elements/index.html.

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Contents

Key Points

Question: What practices have U.S. acute care hospitals implemented to monitor and treat sepsis in 2024 after the 2023 release of the CDC Hospital Sepsis Program Core Elements?

Findings: Nationwide hospital survey results from acute care hospitals continue to show modest increases in the prevalence of and support for programs for sepsis since the 2022 National Healthcare Safety Network (NHSN) Patient Safety Annual Survey described baseline practices. However, many programs could benefit from enhancing executive sponsorship, establishing clear and measurable goals, assessing the usability of sepsis-related tools, improving access to data regarding sepsis, streamlining rapid antibiotic administration, and improving post-discharge care processes to support recovery.

Meaning: Survey results demonstrate continued progress in resourcing hospital programs for sepsis, with many opportunities to further strengthen these programs to optimize patient care.

Abstract

Importance: Programs aimed at improving the early recognition and treatment of sepsis in hospitals have demonstrated reductions in mortality, length of stay, and healthcare costs. CDC's Hospital Sepsis Program Core Elements (**https://www.cdc.gov/sepsis/hcp/core-elements/index.html**) was released in 2023 to provide guidance and best practices for programs aimed at improving patient care for sepsis.

Objective: To evaluate adoption of the key structures and practices recommended in the CDC Hospital Sepsis Program Core Elements in U.S. acute care hospitals.

Methods: All U.S. acute care hospitals enrolled in the National Healthcare Safety Network (NHSN) answered 14 questions regarding their practices and structure of programs for sepsis during calendar year 2024.

Results: Among 5,377 acute care hospitals who completed the survey, 80% reported having committees for sepsis, 60% reported sufficient dedicated time for leadership of a program for sepsis, and 71% reported sufficient resources for relevant analytics. Sixty-eight percent of hospitals tracked progress toward achieving goals set regarding sepsis, ranging from 47% among hospitals with 0-25 beds to 91% among hospitals with >500 beds. Of those hospitals screening for sepsis, more than one of the screening approaches surveyed were used by 73-75% of hospitals, and 6-7% of hospitals did not use any of the approaches surveyed. Usability or acceptability of tools to promote early recognition and treatment of sepsis were tracked by 48% of hospitals. Sixty-four percent of hospitals had immediate processing of new antimicrobial orders in patients with sepsis. Standardized processes for verbal handoff were reported by 31% of hospitals, while 32% reported standardized screening for new functional or cognitive impairment. Education of certified nursing assistants and patient care technicians regarding sepsis during onboarding and annually was reported by 23-25% of hospitals.

Conclusions: The results from NHSN Annual Survey demonstrate continued modest progress in resourcing hospital programs for sepsis in 2024, with many opportunities to strengthen programs to optimize care of patients with sepsis. Areas for improvement include securing executive sponsorship, establishing clear and measurable goals, providing dedicated time for leaders of sepsis to focus on sepsis related quality improvements, assessing the usability of tools for sepsis, improving access to data for sepsis, streamlining rapid antibiotic administration, and enhancing post-discharge care processes to support recovery.

Introduction

Hospitals that have instituted quality improvement programs focused on sepsis have demonstrated reductions in mortality, length of stay, and health care costs[1, 2]. In August 2023, the Centers for Disease Control and Prevention (CDC) released the Hospital Sepsis Program Core Elements (Sepsis Core Elements), a guide to help hospitals develop multiprofessional programs to monitor and optimize early identification, management, and outcomes of sepsis[3].

Questions regarding practices implemented by hospitals to recognize and treat sepsis were added to the CDC's National Healthcare Safety Network (NHSN)[4] Patient Safety Annual Survey[5] in 2022 to establish baseline practices and track hospitals' progress in implementing and optimizing their programs for sepsis[6]. The survey questions were expanded in 2023 and refined in 2024 to align with the practices recommended in the Sepsis Core Elements[7]. Responses to the 2024 survey questions reflect the status of implementation of the Sepsis Core Elements by each responding hospital during the first full calendar year after the release of the Sepsis Core Elements in late 2023.

Methods

All U.S. acute care hospitals are eligible to enroll in NHSN. Enrolled hospitals were required to complete the 2024 NHSN Patient Safety Component Annual Hospital Survey by March 1, 2025. Hospital staff members completed the survey electronically based on hospital practices that occurred during 2024. The survey was completed using the NHSN web-based application, with hospitals responding to 14 questions regarding their practices regarding programs for sepsis. A descriptive analysis, stratified by hospital size (number of beds), was completed based on a data set generated on June 1, 2025, using SAS (version 9.4; SAS Institute). This activity was reviewed by CDC, deemed research not involving human subjects, and was conducted consistent with applicable federal law and CDC policy.*

Results by Core Element

As of June 1, 2025, among 5,524 hospitals enrolled in the NHSN Patient Safety Component, 5,377 had completed the survey and were included in the analysis (97% completion rate) (Table 1). Of these, 4,321 hospitals (80%) reported having committees for sepsis.

Hospital Leadership Commitment

Overall, 3,237 (60%) of hospitals indicated that program leaders for sepsis were provided sufficient specified time to manage the program (Table 3), which was similar to 2023 (59%)6 but represented a modest increase since 2022 (55%)6. Sufficient time was more common among the largest hospitals (>500 beds) compared to the smallest (0–25 beds; 77% vs. 44%). Dedicated effort among program leaders varied by professional background (physician, nurse, advanced practice provider), with higher percentages of total effort among nurse and advanced

Hospital Leadership Commitment

Dedicated time for sepsis program leaders to manage the program has remained stable over the last two years and there is a critical need for improvement.

practice provider (APP) leaders, and lower total efforts among physician leaders (Table 3). Sufficient data analytics and information technology resources were provided in 3,825 (71%) of hospitals, an increase from 3,542 (67%) in 2023 and 3,408 (65%) in 2022[6,7]. Executive sponsors were reported by 3,075 (57%) of hospitals (Table 3). Sepsis was identified as a priority and communicated to hospital staff in 3,939 (73%) of hospitals (Table 3). Of the programs, 1,761 (33%) report having a coordinator for sepsis who oversees day-to-day implementation of program activities (Table 3). For each leadership question, larger hospitals more frequently indicated hospital leadership commitment than smaller hospitals.

Accountability

Committees charged with monitoring and reviewing care of patients with sepsis and/or outcomes were similarly reported among 4,321 (80%) of hospitals (Table 2), compared to 4,087 (78%) in 2023 and 3,787 (73%) in 2022[6,7]. These committees were least prevalent in hospitals with 0–25 beds (66%), and progressively more prevalent as hospital size increased (Table 2). Among 4,012 hospitals (75%) having one or two designated leaders for the program, those leaders were most frequently a nurse (80%), followed by a physician (61%), with 1,750 hospitals (44%) having both a physician and nurse leader (Table 3). Among 4,321 hospitals with committees for sepsis, 3,488 (81%) set annual goals for management of sepsis and/or outcomes (Table 2), and 3,680 (68%) of all hospitals track progress towards achieving these goals (Table 3).

Multi-Professional Expertise

Among 4,321 hospitals with committees for sepsis, representation was frequently reported from the Emergency Department (89%), Hospital Medicine (83%), and Critical Care/Intensive Care (71%) services or locations (Table 2). Antimicrobial Stewardship representatives were included in 68% of committees (Table 2), compared to 66% in 2023[6] and 55% in 2022[6]. Infectious Disease representatives were included in 46% of committees (Table 2), compared to 44% in 20237 and 45% in 20226. Most committees also included representatives from Pharmacy (76%), Laboratory (63%), and Data Analytics (59%) (Table 2).

Multi-Professional Expertise

Hospital sepsis committees have expanded since 2022, drawing broad representation across clinical, analytic, and support disciplines, reflecting growing recognition for team-based care.

Action

Hospitals reported a variety of standardized approaches to identify sepsis upon patient presentation and throughout the hospitalization, including manual screening, electronic health records-based screening, screening for clinical instability, and screening using criteria for sepsis (Table 3). More than one screening approach was used by 73-75% of hospitals, and 6-7% of hospitals did not use any of the listed approaches. Hospital guidelines or care pathways for management of sepsis were reported among 3,927 (73%) of hospitals (Table 3). Order sets for management of sepsis were reported among 4,670 (87%) hospitals, and structured templates for documentation of sepsis treatment were reported in 2,764 (51%) hospitals (Table 3). A Code Sepsis protocol for facilitating prompt recognition and team-based care of sepsis was utilized by 1,292 (24%) of hospitals (Table 3).

Hospitals used various approaches to promote rapid antimicrobial delivery, with 4,347 (81%) hospitals stocking common antimicrobials in locations outside of the pharmacy, 3,441 (64%) immediately processing new antimicrobial orders in patients with sepsis, 2,298 (43%) using orders that default to immediate administration of new antimicrobials, and 2,415 (45%) placing pharmacists onsite in key locations outside the pharmacy (Table 3).

Standardized processes for verbal handoff of sepsis treatment were reported in 1,666 (31%) hospitals (Table 3). Practices around recovery of patients with sepsis and discharge planning were variable, with 4,366 (81%) hospitals reporting medication reconciliation and optimization, 3,827 (71%) reporting screening for social vulnerability and referrals to support services, and 3,152 (59%) reporting communication of the diagnosis for sepsis and care plan to the primary care physician. Only 2,090 (39%) hospitals reported providing contact information for the hospital clinical staff to the patient to address post-discharge questions and/or troubleshoot post-discharge issues, 1,711 (32%) screened patients for new functional or cognitive impairment, and 1,628 (30%) contacted patients within 2 days of discharge (Table 3).

Tracking

Among the acute care hospitals who participated, 4,703 (87%) tracked at least one of the hospital metrics for sepsis in the survey. Of the metrics surveyed, 3,934 (73%) hospitals tracked outcomes for sepsis (e.g., mortality, length of hospitalization), 4,220 (78%) tracked treatment metrics for sepsis (e.g., time-to-antibiotics, type of antibiotic, and volume of fluid delivery), and 2,740 (51%) tracked epidemiology of sepsis (Table 3). Tracking progress towards achieving hospital goals for treatment of sepsis and/or outcomes was reported by 3,680 (68%) hospitals (Table 3). Each of these metrics notably varied by hospital size. For example, 65% of hospitals with 0-25 beds tracked treatment metrics for sepsis, compared to 91% of hospitals with >500 beds.

Regarding the use of tools for sepsis, 3,391 (63%) hospitals track the use of tools, 2,562 (48%) track the usability or acceptability of tools, and 2,558 (48%) track the impact of tools (Table 3). A similar low-to-high gradient was observed for these metrics moving from small to large hospitals. Manual chart review varied, with 2,265 (42%) of hospitals reviewing some or all hospitalizations for sepsis to influence real-time clinical care, 1,303 (24%) reviewing within 48 hours to provide feedback to individual clinicians on areas of excellence, 1,421 (26%) reviewing within 48 hours for constructive feedback to individual clinicians on areas of improvement, 3,746 (70%) reviewing to evaluate performance for quality improvement, 1,700 (32%) reviewing for other purposes, and 596 (11%) not completing routine chart reviews.

Tracking

Tracking the use and usability of tools has grown since 2023, but it remains a critical focus to ensure appropriate sepsis care and continued care team engagement.

Reporting

Data on treatment of sepsis and/or outcomes was reported to unit- or service-based leadership at varying frequencies, with 894 (17%) hospitals providing continuous reporting, 2,239 (42%) at least monthly reporting, and 843 (16%) either not reporting or reporting less often than annually (Table 3).

Reporting

Sharing data on sepsis treatment and/or outcomes within hospitals and units of hospitals remains limited across the United States.

Among hospitals that report data on treatment of sepsis and/or outcomes, 3,321 (73%) reported unit- or service-specific data, 2,487 (55%) reported clinician-specific data, 3,118 (69%) reported benchmarking or comparative data, and 2,165 (48%) reported temporal trends (Table 3).

Education

Education of hospital staff regarding early recognition and treatment of sepsis during hiring or onboarding varied by professional background, with 4,210 (78%) hospitals providing education for nurses, 3,102 (58%) for physicians, and 1,652 (31%) for trainees of various types, 1,346 (25%) for patient care technicians, and 1,268 (24%) for certified nursing assistants (Table 3). Of note, 962 (18%) hospitals did not provide education for sepsis to any professional groups during the hiring or onboarding process.

Annual education for sepsis was provided in similar proportions to hiring or onboarding education, with 4,128 (77%) hospitals reporting annual education for nurses, 3,162 (59%) for physicians, 1,370 (25%) for patient care technicians, and 1,254 (23%) for certified nursing assistants (Table 3). Of note, 1,031 (19%) hospitals did not provide annual education for sepsis to any of these professional groups.

Discussion

This survey of U.S. acute care hospitals reflects the evolving state of programs for early detection and treatment of sepsis in 2024, following the introduction of the Sepsis Core Elements by the CDC in late 2023. While the 2023 survey results likely represented a combination of pre- and post- Core Elements influence and practice, the 2024 survey represents the first year to be entirely post- Core Elements release. The results indicate continual improvements in most metrics, suggesting a positive trend in the implementation of these core elements. The survey also highlights several opportunities for further enhancing implementation across the Core Elements domains. For instance, one in five programs did not set annual goals, and nearly one in three hospitals did not track progress toward treatment or outcome goals. Establishing clear, measurable objectives is essential for improving hospitals' focus on enhancing care practices for sepsis. The framework provided by the Sepsis Core Elements can serve as a guide for hospitals working to enhance their practices in the management of sepsis.

The 2024 survey results show an increase in the prevalence of programs for sepsis and the multidisciplinary resources allocated to support them. Specifically, 80% of hospitals reported

having sepsis committees, with a significant representation from the Emergency Department (89%), Hospital Medicine (83%), and Pharmacy (76%), Antimicrobial Stewardship (68%), and Infectious Disease (46%). Likewise, the increase in the proportion of hospitals providing sufficient resources such as data analytics and information technology (from 67% in 2023 to 71% in 2024) suggests increased attention to the problem.[7] However, some important features did not demonstrate substantive progress, such as 60% of hospitals indicating that program leadership provided sufficient time to manage the program effectively (59% in 2023). An increase in dedicated time, specifically for physicians, may reduce burnout for individuals who find constraints on reaching meaningful achievements with limited time and resources.

While the use of tools for screening and treating sepsis was commonly reported, only 48% tracked the usability and impact of these tools. Users of screening tools for sepsis, including newer predictive models, have raised concerns regarding poor accuracy and alert fatigue.[8,9] While the optimal approach to screening for sepsis is not yet known, it is crucial for hospitals to understand the usability of their tools within their patient populations. Incorporating feedback from staff will be essential to refine these tools, ensuring they contribute positively to care of sepsis without distracting from other life-saving interventions. Additionally, enhancing the composition of programs for sepsis by including representatives from data analytics (59%) could contribute to a more comprehensive approach to management by integrating data-driven decision-making with clinical expertise.

Furthermore, there remains a need for improved access to usable data for sepsis, as indicated by the survey, particularly among smaller hospitals that may have limited access to analytical tools and resources. Leveraging electronic health record (EHR) systems or external analytic tools that utilize data interoperability, such as Fast Healthcare Interoperability Resources (FHIR), could help bridge this data gap. Enhanced access to data will empower hospitals to make informed decisions regarding their programs and identify areas for improvement.

There were multiple opportunities identified in the survey to streamline rapid antibiotic administration, a key feature of clinical guidelines.[10,11] Antimicrobial orders for patients with sepsis should be processed immediately to facilitate rapid administration; however, over one-third of hospitals reported that this function was lacking. Areas for improvement regarding recovery and post-discharge care for patients with sepsis were also revealed in the survey. Emphasizing standardized patient handoffs (31%), screening for functional or cognitive impairments (32%), and providing post-discharge contact information for clinical staff (39%) could be important elements for ensuring continuity of care for patients during their recovery. By focusing on these areas, hospitals may further improve the overall quality of care for sepsis patients and enhance their recovery experiences.

The creation of the Sepsis Core Elements was informed by a combination of literature review, expert opinion, and data from the Michigan Hospital Medicine Consortium. Individual hospitals have identified specific aspects of the Sepsis Core Elements as critical to their success. However, while the 2024 survey is a large step in better understanding the effects of the Sepsis Core Elements, further evaluation is still necessary to explore the relationship between their adoption and measures of successful care for sepsis, including process and outcome metrics across all hospitals.

The report's findings are accompanied by several limitations. First, hospitals provided information on the availability of various clinical services, such as Hospital Medicine, Neonatal Intensive Care, Critical Care, Obstetrics/Labor & Delivery, and Pediatrics. However, not all hospitals offer these services, making it impossible to draw conclusions about how often these services may be lacking in committees for sepsis. Additionally, while hospitals reported the frequency of sepsis education provided to healthcare worker trainees during their onboarding, it is essential to note that not every hospital has trainees, so we cannot determine how frequently education may be missing in this context. Lastly, the survey relies on self-reported data, which has not been independently verified.

Results of the 2024 NHSN Annual Survey show continued improvements in the prevalence and support for programs for sepsis across U.S. acute care hospitals. However, for hospitals significant opportunities remain to enhance leadership support for their sepsis programs, evaluate the usability of tools for sepsis, streamline antimicrobial administration, and promote processes that support patients' recovery from sepsis.

*45 C.F.R. part 46, 21C.F.R. part 56; 42 U.S.C. Sect. 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Sect. 3501 et seq.

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Tables

Table 1: Number of Hospitals that Completed a National Healthcare Safety Network, Patient Safety Component 2024 Annual Hospital Survey*†

No. of Beds	Number of Hospitals that Completed a 2024 Survey‡ n (%)
0–25	1659 (31)
26–50	619 (12)
51–100	759 (14)
101–250	1308 (24)
251–500	776 (14)
>500	256 (5)
Total	5377 (100)

* Data based on dataset frozen on June 1, 2025

† Dataset includes data from ACH (Acute Care Hospitals) and CAH (Critical Access Hospitals)

‡ 5377 hospitals completed the survey among 5524 National Healthcare Safety Network-enrolled and active hospitals (97% completion rate)

Table 2: Sepsis committee utilization, responsibilities and representation in acute care hospitals – National Healthcare Safety Network, Patient Safety Component 2024 Annual Hospital Survey*†

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Our facility has a committee charged with monitoring and reviewing sepsis care and/or outcomes[§]	4321 (80)	1090 (66)	495 (80)	618 (81)	1144 (87)	728 (94)	246 (96)

If Yes, the responsibilities of this committee include the following: (Check all that apply; check at least one)[‖¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Developing and updating hospital sepsis guidelines	3798 (88)	910 (83)	435 (88)	549 (89)	1009 (88)	666 (91)	229 (93)
Developing and updating hospital sepsis order sets	3725 (86)	889 (82)	427 (86)	537 (87)	991 (87)	647 (89)	234 (95)
Monitor and review compliance with Centers for Medicare & Medicaid SEP-1 measure.	3911 (91)	890 (82)	453 (92)	580 (94)	1076 (94)	674 (93)	238 (97)
Monitor and review effectiveness of early sepsis identification strategies	3822 (88)	890 (82)	432 (87)	554 (90)	1028 (90)	681 (94)	237 (96)
Monitoring and reviewing management of patients with sepsis	3947 (91)	959 (88)	441 (89)	566 (92)	1068 (93)	681 (94)	232 (94)
Monitor and review outcomes among patients with sepsis	3767 (87)	858 (79)	422 (85)	541 (88)	1037 (91)	670 (92)	239 (97)

Table continued on next page

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Monitor and review antimicrobial use in sepsis in conjunction with antimicrobial stewardship or infectious disease staff	2879 (67)	721 (66)	317 (64)	391 (63)	775 (68)	495 (68)	180 (73)
Providing education to hospital staff on sepsis	3962 (92)	946 (87)	445 (90)	564 (91)	1076 (94)	695 (95)	236 (96)
Setting annual goals for sepsis management and/or outcomes	3488 (81)	747 (69)	393 (79)	507 (82)	974 (85)	646 (89)	221 (90)
None of the above	12 (<1%)	6 (1)	3 (1)	0 (0)	3 (<1%)	0 (0)	0 (0)

If Yes, this program or committee includes representatives with the following backgrounds healthcare personnel: (Check all that apply; check at least one)[11¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Physician	4073 (94)	949 (87)	461 (93)	588 (95)	1116 (98)	714 (98)	245 (100)
Nurse	4175 (97)	1032 (95)	474 (96)	595 (96)	1115 (97)	716 (98)	243 (99)
Pharmacist	3455 (80)	836 (77)	385 (78)	495 (80)	930 (81)	608 (84)	201 (82)
Advanced practice provider (for example, Physician Assistant, Nurse Practitioner)	1757 (41)	402 (37)	178 (36)	246 (40)	465 (41)	321 (44)	145 (59)
Social Worker	244 (6)	61 (6)	25 (5)	31 (5)	61 (5)	45 (6)	21 (9)
Quality Improvement staff member	4052 (94)	973 (89)	465 (94)	582 (94)	1100 (96)	695 (95)	237 (96)

Table continued on next page

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Case manager	866 (20)	252 (23)	107 (22)	128 (21)	209 (18)	135 (19)	35 (14)
Microbiology staff member or Laboratory staff member	2351 (54)	558 (51)	286 (58)	345 (56)	646 (56)	400 (55)	116 (47)
Discharge planner	492 (11)	181 (17)	65 (13)	58 (9)	106 (9)	63 (9)	19 (8)
Hospital Epidemiologist or Infection prevention professional	1608 (37)	371 (34)	178 (36)	228 (37)	452 (40)	278 (38)	101 (41)
Patients/families/caregivers	146 (3)	39 (4)	17 (3)	23 (4)	29 (3)	29 (4)	9 (4)
Phlebotomist	358 (8)	59 (5)	41 (8)	58 (9)	108 (9)	64 (9)	28 (11)
Outpatient clinicians	262 (6)	73 (7)	38 (8)	43 (7)	54 (5)	38 (5)	16 (7)
None of the above	6 (<1%)	3 (<1%)	1 (<1%)	2 (<1%)	0 (0)	0 (0)	0 (0)

If Yes, this committee includes representatives from the following hospital locations or services (Check all that apply; check at least one)[‡§#]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Emergency Department	3861 (89)	877 (80)	432 (87)	554 (90)	1064 (93)	696 (96)	238 (97)
Hospital Medicine	3584 (83)	813 (75)	404 (82)	512 (83)	988 (86)	644 (88)	223 (91)
Neonatal Intensive Care	299 (7)	36 (3)	15 (3)	52 (8)	97 (8)	70 (10)	29 (12)

Table continued on next page

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Critical Care / Intensive Care (excluding Neonatal intensive care)	3057 (71)	413 (38)	318 (64)	493 (80)	969 (85)	643 (88)	221 (90)
Obstetrics/Labor and Delivery	794 (18)	130 (12)	72 (15)	128 (21)	235 (21)	169 (23)	60 (24)
Pediatrics	471 (11)	63 (6)	39 (8)	63 (10)	125 (11)	128 (18)	53 (22)
Infectious Disease	1980 (46)	403 (37)	190 (38)	290 (47)	568 (50)	378 (52)	151 (61)
Antimicrobial Stewardship	2956 (68)	810 (74)	340 (69)	399 (65)	757 (66)	489 (67)	161 (65)
Infectious Disease or Antimicrobial Stewardship°	3298 (76)	858 (79)	369 (75)	460 (74)	869 (76)	549 (75)	193 (78)
Pharmacy	3292 (76)	810 (74)	360 (73)	467 (76)	887 (78)	572 (79)	196 (80)
Laboratory	2706 (63)	675 (62)	331 (67)	398 (64)	728 (64)	445 (61)	129 (52)
Information Technology	1961 (45)	377 (35)	208 (42)	281 (45)	564 (49)	375 (52)	156 (63)
Data Analytics	2568 (59)	484 (44)	280 (57)	383 (62)	755 (66)	471 (65)	195 (79)
None of the above	51 (1)	21 (2)	5 (1)	11 (2)	9 (1)	5 (1)	0 (0)

* Data based on dataset frozen on June 1, 2025

† Dataset includes data from ACH (Acute Care Hospitals) and CAH (Critical Access Hospitals)

§ Required survey question completed by all hospitals that submitted a 2025 Annual Hospital Survey. Yes responses shown.

ǀ A conditionally required survey sub-question is triggered by the facility's distinct response to a required parent question in the survey.

¶ Hospitals may select more than one response per question.

° Hospitals that responded with either Infectious Disease or Antimicrobial Stewardship representation or both.

1 Denominator for sub-questions 53a-53c: All facilities which responded to parent question 53 ='Y'

Table 3: Sepsis program characteristics in acute care hospitals– National Healthcare Safety Network, Patient Safety Component 2024 Annual Hospital Survey*†

Our facility has one leader or two co-leaders responsible for sepsis program or committee management and outcomes.§

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Yes	4012 (75)	968 (58)	442 (71)	576 (76)	1101 (84)	694 (89)	231 (90)
No (we have no designated leaders)	1173 (22)	641 (39)	150 (24)	157 (21)	165 (13)	50 (6)	10 (4)
No (we have more than 2 leaders)	191 (4)	49 (3)	27 (4)	26 (3)	42 (3)	32 (4)	15 (6)

If yes selected in (the above question regarding sepsis leaders): What is the professional background of the sepsis program or committee leaders(s)?[2|¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Advanced practice provider (APP)	298 (7)	84 (9)	37 (8)	38 (7)	64 (6)	49 (7)	26 (11)
Nurse	3212 (80)	807 (83)	360 (81)	475 (82)	872 (79)	543 (78)	155 (67)
Physician	2442 (61)	466 (48)	258 (58)	340 (59)	713 (65)	488 (70)	177 (77)
Both Nurse and Physician	1750 (44)	335 (35)	185 (42)	252 (44)	518 (47)	355 (51)	105 (45)
None of the above	67 (2)	19 (2)	5 (1)	9 (2)	24 (2)	9 (1)	1 (<1%)

If Yes selected in (the above question regarding sepsis leaders): Did the sepsis program leader(s) participate in responding to these questions?[21]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Yes	3545 (88)	843 (87)	392 (89)	507 (88)	980 (89)	617 (89)	206 (89)
No	467 (12)	125 (13)	50 (11)	69 (12)	121 (11)	77 (11)	25 (11)

If APP selected in (the above question regarding professional background of sepsis program or committee leader[s]): What percentage of the APP leader's effort is specified for sepsis activities? If there are two APP leaders, please indicate the sum of their combined effort if it were applied towards a single APP.[31]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
0% (Sepsis activities are voluntary with no specified effort)	22 (7)	7 (8)	3 (8)	6 (16)	4 (6)	2 (4)	0 (0)
1-10%	68 (23)	29 (35)	10 (27)	5 (13)	15 (23)	6 (12)	3 (12)
11-25%	71 (24)	22 (26)	4 (11)	13 (34)	18 (28)	9 (18)	5 (19)
26-50%	24 (8)	4 (5)	3 (8)	3 (8)	4 (6)	7 (14)	3 (12)
More than 50%	79 (27)	10 (12)	11 (30)	6 (16)	18 (28)	19 (39)	15 (58)
Not specified	34 (11)	12 (14)	6 (16)	5 (13)	5 (8)	6 (12)	0 (0)

If nurse selected in (the above question regarding professional background of sepsis program or committee leader[s]): What percentage of the nurse leader's effort is specified for sepsis activities? If there are two nurse leaders, please indicate the sum of their combined effort if it were applied towards a single nurse.[4]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
0% (Sepsis activities are voluntary with no specified effort)	108 (3)	29 (4)	11 (3)	15 (3)	27 (3)	19 (3)	7 (5)
1-10%	806 (25)	364 (45)	113 (31)	98 (21)	140 (16)	70 (13)	21 (14)
11-25%	635 (20)	162 (20)	70 (19)	117 (25)	186 (21)	73 (13)	27 (17)
26-50%	452 (14)	68 (8)	50 (14)	83 (17)	153 (18)	80 (15)	18 (12)
More than 50%	859 (27)	95 (12)	65 (18)	111 (23)	279 (32)	247 (45)	62 (40)
Not specified	352 (11)	89 (11)	51 (14)	51 (11)	87 (10)	54 (10)	20 (13)

If physician selected in (the above question regarding professional background of sepsis program or committee leader[s]): What percentage of the physician leader's effort is specified for sepsis activities? If there are two physician leaders, please indicate the sum of their combined effort if it were applied towards a single physician.[5]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
0% (Sepsis activities are voluntary with no specified effort)	189 (8)	27 (6)	17 (7)	21 (6)	62 (9)	49 (10)	13 (7)
1-10%	936 (38)	228 (49)	115 (45)	140 (41)	242 (34)	148 (30)	63 (36)

Table continued on next page

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
11-25%	548 (22)	87 (19)	48 (19)	74 (22)	163 (23)	125 (26)	51 (29)
26-50%	226 (9)	35 (8)	17 (7)	34 (10)	74 (10)	49 (10)	17 (10)
More than 50%	122 (5)	9 (2)	12 (5)	11 (3)	39 (5)	44 (9)	7 (4)
Not specified	421 (17)	80 (17)	49 (19)	60 (18)	133 (19)	73 (15)	26 (15)

Facility leadership has demonstrated commitment to improving sepsis care by: (Check all that apply)[§¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Providing sepsis program leader(s) with sufficient specified time to manage the hospital sepsis program	3237 (60)	726 (44)	373 (60)	460 (61)	896 (69)	584 (75)	198 (77)
Providing sufficient resources, including data analytics and information technology support, to operate the program effectively.	3825 (71)	918 (55)	442 (71)	547 (72)	1042 (80)	648 (84)	228 (89)
Ensuring that relevant staff from key clinical groups and support departments have sufficient time to contribute to sepsis activities.	3301 (61)	793 (48)	366 (59)	478 (63)	902 (69)	573 (74)	189 (74)
Appointing a senior leader to serve as an executive sponsor for the sepsis program.	3075 (57)	630 (38)	343 (55)	439 (58)	864 (66)	587 (76)	212 (83)

Table continued on next page

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Identifying sepsis as a facility priority and communicating this priority to hospital staff.	3939 (73)	1018 (61)	443 (72)	565 (74)	1052 (80)	634 (82)	227 (89)
Having a sepsis coordinator who oversees day-to-day implementation of sepsis program activities.	1761 (33)	315 (19)	175 (28)	236 (31)	532 (41)	385 (50)	118 (46)
None of the above	773 (14)	395 (24)	96 (16)	114 (15)	122 (9)	44 (6)	2 (1)

Our facility uses the following approaches to assist in identification of sepsis upon presentation to the hospital. (check all that apply)[§¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Manual screening for clinical instability (e.g., MEWS, NEWS score)	1941 (36)	510 (31)	224 (36)	289 (38)	505 (39)	313 (40)	100 (39)
Electronic health record (EHR)-based screening for clinical instability	3402 (63)	945 (57)	354 (57)	467 (62)	876 (67)	570 (73)	190 (74)
Manual screening for sepsis criteria	2973 (55)	835 (50)	356 (58)	421 (55)	762 (58)	469 (60)	130 (51)
Electronic Health Record (EHR)-based screening for sepsis criteria	4109 (76)	1168 (70)	446 (72)	548 (72)	1045 (80)	674 (87)	228 (89)
More than one selected approach	4049 (75)	1133 (68)	446 (72)	550 (72)	1035 (79)	670 (86)	215 (84)
None of the above	324 (6)	115 (7)	48 (8)	76 (10)	72 (6)	12 (2)	1 (<1%)

Our facility uses the following approaches to assist in identification of sepsis throughout hospitalization: (check all that apply)[§¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Manual screening for clinical instability (e.g., MEWS, NEWS score)	1957 (36)	494 (30)	228 (37)	290 (38)	525 (40)	319 (41)	101 (39)
Electronic health record (EHR)-based screening for clinical instability	3324 (62)	909 (55)	352 (57)	459 (60)	856 (65)	555 (72)	193 (75)
Manual screening for sepsis criteria	2739 (51)	791 (48)	333 (54)	387 (51)	686 (52)	425 (55)	117 (46)
Electronic Health Record (EHR)-based screening for sepsis criteria	4007 (75)	1131 (68)	442 (71)	540 (71)	1029 (79)	647 (83)	218 (85)
More than one selected approach	3907 (73)	1074 (65)	431 (70)	539 (71)	1010 (77)	643 (83)	210 (82)
None of the above	371 (7)	131 (8)	52 (8)	80 (11)	87 (7)	20 (3)	1 (<1%)

Our facility uses the following approaches to promote evidence-based management of patients with sepsis: (check all that apply)[§¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Hospital guideline or care pathway for management of sepsis	3927 (73)	1089 (66)	449 (73)	535 (70)	1007 (77)	626 (81)	221 (86)
Hospital order set for management of sepsis	4670 (87)	1314 (79)	534 (86)	651 (86)	1177 (90)	742 (96)	252 (98)
Structured template for documentation of sepsis treatment	2764 (51)	621 (37)	293 (47)	397 (52)	795 (61)	487 (63)	171 (67)

Table continued on next page

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Standardized process for verbal hand-off of sepsis treatment	1666 (31)	413 (25)	204 (33)	228 (30)	449 (34)	288 (37)	84 (33)
Sepsis Response Team	781 (15)	90 (5)	86 (14)	117 (15)	254 (19)	178 (23)	56 (22)
Rapid Response Team with training in sepsis management	2505 (47)	397 (24)	236 (38)	333 (44)	784 (60)	543 (70)	212 (83)
Use of "Code Sepsis" protocol for facilitating prompt recognition and team-based care of sepsis	1292 (24)	169 (10)	115 (19)	184 (24)	432 (33)	302 (39)	90 (35)
None of the above	443 (8)	198 (12)	60 (10)	85 (11)	81 (6)	17 (2)	2 (1)

Our facility uses the following approaches to promote rapid antimicrobial delivery to patients with sepsis: (check all that apply)[§¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Stocking of common antimicrobials in locations outside the pharmacy	4347 (81)	1255 (76)	494 (80)	588 (77)	1085 (83)	689 (89)	236 (92)
Immediate processing of new antimicrobial orders in patients with sepsis	3441 (64)	966 (58)	393 (63)	465 (61)	866 (66)	560 (72)	191 (75)
Orders that default to ordering immediate administration of new antimicrobials	2298 (43)	554 (33)	232 (37)	290 (38)	643 (49)	430 (55)	149 (58)
Pharmacists on-site in key locations outside the pharmacy	2415 (45)	398 (24)	202 (33)	294 (39)	712 (54)	584 (75)	225 (88)
None of the above	441 (8)	190 (11)	61 (10)	92 (12)	84 (6)	13 (2)	1 (<1%)

Our facility uses the following approaches to facilitate recovery after sepsis hospitalization: (check all that apply)[§¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Communicating a patient's sepsis diagnosis and care plan to the patient's primary care physician	3152 (59)	972 (59)	370 (60)	442 (58)	768 (59)	460 (59)	140 (55)
Providing contact information for a clinical staff at the hospital to address post-discharge questions and/or troubleshoot post-discharge issues	2090 (39)	666 (40)	268 (43)	256 (34)	484 (37)	299 (39)	117 (46)
Contacting patients within 2 days of discharge by clinical staff to follow-up on discharge instructions, symptoms, and/or issues	1628 (30)	610 (37)	210 (34)	214 (28)	325 (25)	205 (26)	64 (25)
Screening patients for new functional and/or cognitive impairment after sepsis and referring patients to relevant evaluation or support services	1711 (32)	470 (28)	205 (33)	228 (30)	450 (34)	268 (35)	90 (35)
Reconciling and optimizing medications prior to hospital discharge	4366 (81)	1252 (75)	505 (82)	600 (79)	1100 (84)	680 (88)	229 (89)
Screening patients for social vulnerability and referring to available support services as needed	3827 (71)	1064 (64)	457 (74)	536 (71)	981 (75)	580 (75)	209 (82)
None of the above	552 (10)	209 (13)	67 (11)	104 (14)	115 (9)	47 (6)	10 (4)

Our facility uses the following approaches to ensure that all patients hospitalized with sepsis (or their family or caregivers), are educated on their diagnosis of sepsis, the underlying infection, and signs and symptoms of new infection or sepsis. (check all that apply)[§¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Direct 1:1 education on sepsis from a healthcare personnel	3272 (61)	1027 (62)	376 (61)	419 (55)	808 (62)	492 (63)	150 (59)
Written educational material about sepsis	3905 (73)	1196 (72)	440 (71)	530 (70)	964 (74)	586 (76)	189 (74)
Pre-recorded video material about sepsis	263 (5)	35 (2)	32 (5)	44 (6)	68 (5)	63 (8)	21 (8)
None of the above are used routinely	936 (17)	291 (18)	115 (19)	170 (22)	208 (16)	109 (14)	43 (17)

Our facility tracks the following hospital sepsis metrics. (check all that apply)[§¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Hospital sepsis epidemiology (e.g., number and characteristics of sepsis hospitalizations)	2740 (51)	646 (39)	311 (50)	387 (51)	725 (55)	494 (64)	177 (69)
Hospital sepsis treatment (e.g., time-to-antibiotics, type, and volume of fluid delivery)	4220 (78)	1082 (65)	479 (77)	610 (80)	1115 (85)	700 (90)	234 (91)
Hospital sepsis outcomes (e.g., mortality, length of hospitalization)	3934 (73)	905 (55)	427 (69)	558 (74)	1091 (83)	707 (91)	246 (96)
Progress towards achieving hospital goals for sepsis treatment and/or outcomes	3680 (68)	788 (47)	404 (65)	545 (72)	1048 (80)	663 (85)	232 (91)

Table continued on next page

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Use of hospital sepsis tools (e.g., how often sepsis order-set is used)	3391 (63)	760 (46)	357 (58)	484 (64)	941 (72)	628 (81)	221 (86)
Usability or acceptability of hospital sepsis tools (e.g., clinician acceptance)	2562 (48)	556 (34)	286 (46)	360 (47)	726 (56)	467 (60)	167 (65)
Impact of hospital sepsis tools (e.g., impact on sepsis alert or order-set on treatment or outcomes)	2558 (48)	516 (31)	275 (44)	365 (48)	733 (56)	485 (63)	184 (72)
None of the above	674 (13)	356 (21)	87 (14)	103 (14)	101 (8)	25 (3)	2 (1)

Describe your facility's use of manual chart review for sepsis performance evaluation and improvement.[§¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
We routinely review some or all sepsis hospitalizations to influence clinical care in real-time.	2265 (42)	564 (34)	256 (41)	346 (46)	618 (47)	370 (48)	111 (43)
We routinely review some or all sepsis hospitalization within 48 hours to provide positive feedback to individual clinicians on areas where care excelled.	1303 (24)	273 (16)	134 (22)	181 (24)	398 (30)	258 (33)	59 (23)
We routinely review some or all sepsis hospitalization within 48 hours to provide constructive feedback to individual clinicians on areas where care could be improved.	1421 (26)	282 (17)	145 (23)	198 (26)	435 (33)	289 (37)	72 (28)

Table continued on next page

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
We routinely review some or all sepsis hospitalizations to evaluate performance or to inform quality improvement work (e.g., root-cause analysis).	3746 (70)	954 (58)	412 (67)	515 (68)	1007 (77)	631 (81)	227 (89)
We review charts for other purposes.	1700 (32)	462 (28)	201 (32)	217 (29)	447 (34)	272 (35)	101 (39)
We do not complete routine chart reviews of sepsis hospitalizations.	596 (11)	304 (18)	63 (10)	95 (13)	91 (7)	36 (5)	7 (3)

Sepsis treatment and/or outcome data are reported to unit-based or service-based leadership at following frequency:[§]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Continuously (e.g., a sepsis dashboard that updates in real-time)	894 (17)	176 (11)	100 (16)	125 (16)	242 (19)	179 (23)	72 (28)
At least monthly	2239 (42)	512 (31)	241 (39)	332 (44)	630 (48)	392 (51)	132 (52)
At least quarterly	1193 (22)	406 (24)	169 (27)	171 (23)	276 (21)	137 (18)	34 (13)
At least annually	207 (4)	108 (7)	18 (3)	15 (2)	37 (3)	21 (3)	8 (3)
Not reported or reported less often than annually	843 (16)	456 (27)	91 (15)	116 (15)	123 (9)	47 (6)	10 (4)

If (the above question) has one of the following answers selected: continuously, at least monthly, at least quarterly, or at least annually] Feedback data provided to clinician and/or unit-based leadership on sepsis treatment and outcomes includes the following elements at least annually. (Check all that apply)[6 | ¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Unit-specific or service-specific data	3321 (73)	835 (69)	367 (70)	495 (77)	875 (74)	560 (77)	189 (77)
Clinician-specific data	2487 (55)	559 (46)	301 (57)	384 (60)	710 (60)	409 (56)	124 (50)
Benchmarking or comparative data (i.e., comparison to other similar units or hospitals)	3118 (69)	645 (54)	346 (66)	468 (73)	891 (75)	571 (78)	197 (80)
Temporal trends (i.e., how treatment or outcomes have changed overtime)	2165 (48)	372 (31)	232 (44)	313 (49)	641 (54)	444 (61)	163 (66)
None of the above	146 (3)	68 (6)	22 (4)	15 (2)	24 (2)	14 (2)	3 (1)

Our facility provides education on sepsis to the following groups as part of their hiring or onboarding process: (check all that apply)[§ ¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
APPs	2377 (44)	569 (34)	238 (38)	326 (43)	664 (51)	421 (54)	159 (62)
Certified nursing assistants	1268 (24)	302 (18)	147 (24)	164 (22)	361 (28)	213 (27)	81 (32)
Nurses	4210 (78)	1116 (67)	472 (76)	586 (77)	1108 (85)	694 (89)	234 (91)
Patient care technicians	1346 (25)	263 (16)	155 (25)	188 (25)	385 (29)	260 (34)	95 (37)
Physicians	3102 (58)	790 (48)	333 (54)	438 (58)	837 (64)	522 (67)	182 (71)

Table continued on next page

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
Trainees (for example, medical students, residents, nursing students)	1652 (31)	256 (15)	150 (24)	221 (29)	509 (39)	366 (47)	150 (59)
None of the above	962 (18)	488 (29)	122 (20)	141 (19)	147 (11)	50 (6)	14 (5)

Our facility provides sepsis education to the following groups at least annually, for example through lectures, staff meetings, etc.: (check all that apply)[§¶]

Survey Questions and Responses	All Hospitals 5377 (100) n (%)	No. of Beds 0–25 1659 (31) n (%)	No. of Beds 26–50 619 (12) n (%)	No. of Beds 51–100 759 (14) n (%)	No. of Beds 101–250 1308 (24) n (%)	No. of Beds 251–500 776 (14) n (%)	No. of Beds >500 256 (5) n (%)
APPs	2322 (43)	566 (34)	237 (38)	332 (44)	637 (49)	393 (51)	157 (61)
Certified nursing assistants	1254 (23)	333 (20)	146 (24)	168 (22)	340 (26)	192 (25)	75 (29)
Nurses	4128 (77)	1155 (70)	465 (75)	588 (77)	1062 (81)	653 (84)	205 (80)
Patient care technicians	1370 (25)	313 (19)	153 (25)	186 (25)	382 (29)	241 (31)	95 (37)
Physicians	3162 (59)	811 (49)	340 (55)	454 (60)	848 (65)	525 (68)	184 (72)
None of the above	1031 (19)	448 (27)	124 (20)	140 (18)	197 (15)	90 (12)	32 (13)

* Data based on dataset frozen on June 1, 2025

† Dataset includes data from ACH (Acute Care Hospitals) and CAH (Critical Access Hospitals)

§ Required survey question completed by all hospitals that submitted a 2025 Annual Hospital Survey. "Yes" responses shown.

| A conditionally required survey sub-question is triggered by the facility's distinct response to a required parent question in the survey.

¶ Hospitals may select more than one response per question.

2 Denominator for sub-questions 54a, 54b: All facilities which responded to parent question 54='Y'

3 Denominator for sub-questions 54c: All facilities which responded to parent question 54='Y' and to question 54a option "Advanced practice provider (APP)" ='Y'

[4] Denominator for sub-questions 54d: All facilities which responded to parent question 54='Y' and to question 54a option "Nurse" ='Y'

5 Denominator for sub-questions 54e: All facilities which responded to parent question 54='Y' and to question 54a option "Physician" ='Y'

6 Denominator for sub-questions 64a: All facilities which responded to parent question 64 option "continuously" ='Y' or "at least monthly" ='Y' or "at least quarterly", or "at least annually" ='Y

For more information, please contact:

Centers for Disease Control and Prevention

Phone: 1-800-CDC-INFO (232-4636)

Web Form: www.cdc.gov/info

Web: https://www.cdc.gov/sepsis/hcp/core-elements/

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