

*This Skill Gap Assessment was adapted for the Greater New York Hospital Association (GNYHA)/United Hospital Fund (UHF) STOP Sepsis Collaborative and published within the STOP Sepsis Toolkit with permission from NewYork-Presbyterian Hospital. Please visit the **GNYHA STOP Sepsis Resource Center** for additional information and tools.*



Greater New York Hospital Association/United Hospital Fund Quality Initiatives

## STOP SEPSIS COLLABORATIVE

### ED BASELINE 2010 (MD VERSION)

1. What is your job title?

- ED ATTENDING
- NURSE PRACTITIONER
- EM RESIDENT
- OTHER RESIDENT (PLEASE SPECIFY)

2. In your experience, what is the single greatest contributor to delays in treatment of severe sepsis and septic shock in our department?

- LACK OF RECOGNITION OF POTENTIAL SEPSIS IN TRIAGE
- DELAY IN DIAGNOSIS OF SEPSIS BY PHYSICIANS
- KNOWLEDGE DEFICIT REGARDING APPROPRIATE MANAGEMENT
- NURSING DELAYS (TIME TO COMPLETION OF ORDERS)
- PHARMACY DELAYS (E.G. PROFILING OF ZOSYN)
- LAB DELAYS
- LACK OF NECESSARY EQUIPMENT (PLEASE EXPLAIN BELOW)
- DELAY IN AVAILABILITY OF ICU BEDS
- OTHER (PLEASE EXPLAIN BELOW)

3. Would protocolized order sheets like those for pneumonia and ACS help you to manage septic patients?

- YES  NO

COMMENTS

ED Baseline 2010 (MD version) cont.

4. Which of the following would be significant barriers to the implementation of a protocolized approach similar to Rivers/Early Goal Directed Therapy (EGDT) for resuscitation of severe sepsis in our department (check all that apply)?

- LACK OF AGREEMENT WITH PROTOCOL OUTLINED BY EGDT
- CENTRAL CATHETER INSERTION
- MEASURING LACTATE
- NURSING STAFF REQUIRED TO PERFORM EGDT
- ACCESS TO PROTOCOL MEDICATIONS (PRESSORS, DOBUTAMINE)
- ACCESS TO CVP/SVCO2 MONITORING
- PHYSICAL SPACE IN THE ED
- HANDOFF BETWEEN ED AND ICU (TRANSFER OF CARE)
- OTHER (PLEASE SPECIFY)

5. When ordering blood cultures, do you also order lactate?

- ALWAYS
- SOMETIMES
- HARDLY EVER

COMMENTS

6. Studies demonstrate a correlation between arterial and venous lactate measurements of

- >90%
- 75-90%
- <70%

7. What is the minimum value of venous lactate that would concern you for severe sepsis? (Please do not enter a range.)

8. How much fluid on average would you anticipate giving the severely septic/septic shock patient during a six-hour stay in the ED? (Enter in liters; please do not enter a range.)

9. Please rate your competence in the performance of IVC ultrasound to assess fluid responsiveness in the hypotensive patient.

- VERY COMPETENT
- SOMEWHAT COMPETENT
- NOT AT ALL COMPETENT

ED Baseline 2010 (MD version) cont.

10. How often do you use vasopressors and/or dopamine for the severe sepsis/septic shock patient?

**VASOPRESSORS**

- OFTEN
- SOMETIMES
- HARDLY EVER

**DOPAMINE**

- OFTEN
- SOMETIMES
- HARDLY EVER

Which vasopressors? Always through a central line?

11. Please rate your confidence in your ability to choose appropriate antibiotics for the severely septic patient.

- VERY CONFIDENT
- SOMEWHAT CONFIDENT
- NOT AT ALL CONFIDENT

12. Are you familiar with the SIRS (systemic inflammatory response syndrome) criteria?

- YES
- SOMEWHAT
- NOT AT ALL

13. Please provide your suggestions on ways to improve our department's performance in the early recognition and treatment of severe sepsis and septic shock.



Greater New York Hospital Association/United Hospital Fund Quality Initiatives

# STOP SEPSIS COLLABORATIVE

## ED BASELINE 2010 (RN VERSION)

1. How long have you been in practice?

- 0-2 YEARS
- 2-5 YEARS
- 5-10 YEARS
- 10+ YEARS

2. In your experience, what is the single greatest contributor to delays in treatment of severe sepsis and septic shock in our department?

- LACK OF RECOGNITION OF POTENTIAL SEPSIS IN TRIAGE
- DELAY IN DIAGNOSIS OF SEPSIS BY PHYSICIANS
- KNOWLEDGE DEFICIT REGARDING APPROPRIATE MANAGEMENT
- NURSING DELAYS (TIME TO COMPLETION OF ORDERS)
- PHARMACY DELAYS (E.G., PROFILING OF ZOSYN)
- LAB DELAYS
- LACK OF NECESSARY EQUIPMENT (PLEASE EXPLAIN BELOW)
- DELAY IN AVAILABILITY OF ICU BEDS
- OTHER (PLEASE EXPLAIN BELOW)

3. How confident do you feel in your ability to recognize the following conditions in triage?

	VERY CONFIDENT	SOMEWHAT CONFIDENT	NOT AT ALL CONFIDENT
PNEUMONIA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SEVERE SEPSIS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SEPTIC SHOCK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Would protocolized order sheets like those for pneumonia and ACS help you to manage septic patients?

- YES  NO

COMMENTS

ED Baseline 2010 (RN version) cont.

5. Which of the following would be significant barriers to the implementation of a protocolized approach for resuscitation of severe sepsis in our department (check all that apply)?

- CENTRAL CATHETER INSERTION
- MEASURING LACTATE
- TIME REQUIRED TO CARRY OUT ORDERS
- ACCESS TO PROTOCOL MEDICATIONS (PRESSORS, DOBUTAMINE)
- ACCESS TO CVP/SVCO2 MONITORING
- PHYSICAL SPACE IN THE ED
- HANDOFF BETWEEN ED AND ICU (TRANSFER OF CARE)
- OTHER (PLEASE SPECIFY)

6. Do you feel that abnormal vital signs are reported to you in a timely fashion by support staff?

- YES, ALMOST ALWAYS
- SOMETIMES
- NO, HARDLY EVER

COMMENTS

7. When blood cultures are ordered, do you often also see venous lactate ordered?

- ALWAYS
- SOMETIMES
- HARDLY EVER

COMMENTS

8. Studies demonstrate a correlation between arterial and venous lactate measurements of

- >90%
- 75-90%
- <70%
- NOT SURE

9. Which is the appropriate tube for sending venous lactate?

- GOLD TOP
- GOLD TOP ON ICE
- LIGHT GREEN TOP ON ICE
- LAVENDAR TOP

10. What is the minimum value of venous lactate that would concern you for severe sepsis? (Please do not enter a range.)

ED Baseline 2010 (RN version) cont

11. How much fluid on average would you anticipate giving the severely septic/septic shock patient during a six-hour stay in the ED? (Enter in liters; please do not enter a range.)

12. How often do you use vasopressors and/or dopamine for the severe sepsis/septic shock patient?

**VASOPRESSORS**

- OFTEN  
 SOMETIMES  
 HARDLY EVER

**DOPAMINE**

- OFTEN  
 SOMETIMES  
 HARDLY EVER

Which vasopressors? Always through a central line?

13. Are you familiar with the SIRS (systemic inflammatory response syndrome) criteria?

- YES  
 SOMEWHAT  
 NOT AT ALL

14. Please provide your suggestions on ways to improve our department's performance in the early recognition and treatment of severe sepsis and septic shock.



Greater New York Hospital Association/United Hospital Fund Quality Initiatives

# STOP SEPSIS COLLABORATIVE

## ICU BASELINE 2010 (MD VERSION)

1. What is your job title?

- ICU ATTENDING
- NURSE PRACTITIONER
- CRITICAL CARE FELLOW
- RESIDENT
- INTERN
- OTHER RESIDENT (PLEASE SPECIFY)

2. In your experience, what is the single greatest contributor to delays in treatment of severe sepsis and septic shock in our department?

- KNOWLEDGE DEFICIT REGARDING APPROPRIATE MANAGEMENT
- NURSING DELAYS (TIME TO COMPLETION OF ORDERS)
- PHARMACY DELAYS (OBTAINING NEEDED MEDICATIONS)
- LAB DELAYS
- LACK OF NECESSARY EQUIPMENT (PLEASE EXPLAIN BELOW)
- DELAY IN TREATMENT IN THE ED
- DELAY IN TREATMENT ON THE FLOOR
- DELAY IN TRANSFER FROM ED
- DELAY IN TRANSFER FROM THE FLOOR
- OTHER (PLEASE EXPLAIN BELOW)

3. Would Eclipsis order sets help you to manage sepsis?

- YES  NO

COMMENTS

ICU Baseline 2010 (MD version) cont.

4. Which of the following would be significant barriers to the implementation of a protocolized approach similar to Rivers/Early Goal Directed Therapy (EGDT) for resuscitation of severe sepsis in our department (check all that apply)?

- LACK OF AGREEMENT WITH PROTOCOL OUTLINED BY EGDT
- CENTRAL CATHETER INSERTION
- MEASURING LACTATE
- NURSING STAFF REQUIRED TO PERFORM EGDT
- ACCESS TO PROTOCOL MEDICATIONS (ANTIBIOTICS)
- ACCESS TO CVP MONITORING
- ACCESS SVO2 SAT MONITORING
- HANDOFF BETWEEN ED AND ICU (TRANSFER OF CARE)
- HANDOFF BETWEEN FLOOR AND ICU NURSING DELAYS (TIME TO COMPLETION OF ORDERS)
- OTHER (PLEASE EXPLAIN BELOW)

5. When ordering blood cultures, do you also order lactate?

- ALWAYS
- SOMETIMES
- HARDLY EVER

COMMENTS

6. Studies demonstrate a correlation between arterial and venous lactate measurements of

- >90%
- 75-90%
- <70%

7. What is the minimum value of venous lactate that would concern you for severe sepsis? (Please do not enter a range.)

8. How much fluid on average would you anticipate giving the severely septic/septic shock patient during the first six hours following diagnosis? (Enter in liters; please do not enter a range.)



ICU Baseline 2010 (MD version) cont.

9. Please rate your competence in the performance of IVC ultrasound to assess fluid responsiveness in the hypotensive patient.

- VERY COMPETENT
- SOMEWHAT COMPETENT
- NOT AT ALL COMPETENT

10. How often do you use vasopressors and/or dopamine for the severe sepsis/septic shock patient?

	OFTEN	SOMETIMES	HARDLY EVER
VASOPRESSIN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOREPINEPHRINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHENYLEPHRINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DOBUTAMINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DOPAMINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which vasopressors? Always through a central line?

11. Please rate your confidence in your ability to choose appropriate antibiotics for the severely septic patient.

- VERY CONFIDENT
- SOMEWHAT CONFIDENT
- NOT AT ALL CONFIDENT

12. Are you familiar with the SIRS (systemic inflammatory response syndrome) criteria?

- YES
- SOMEWHAT
- NOT AT ALL

13. Please provide your suggestions on ways to improve our department's performance in the early recognition and treatment of severe sepsis and septic shock on the floor and in the ICU.



Greater New York Hospital Association/United Hospital Fund Quality Initiatives

# STOP SEPSIS COLLABORATIVE

## ICU BASELINE 2010 (RN VERSION)

1. How long have you been in practice?

- 0-2 YEARS  
 2-5 YEARS  
 5-10 YEARS  
 10+ YEARS

2. In your experience, what is the single greatest contributor to delays in treatment of severe sepsis and septic shock in our department?

- DELAY IN DIAGNOSIS OF SEPSIS BY PHYSICIANS  
 KNOWLEDGE DEFICIT REGARDING APPROPRIATE MANAGEMENT  
 NURSING DELAYS (OBTAINING NEEDED MEDICATIONS)  
 LAB DELAYS  
 LACK OF NECESSARY EQUIPMENT (PLEASE EXPLAIN BELOW)  
 DELAY IN TRANSFER FROM ED  
 DELAY IN TRANSFER FROM THE FLOOR  
 OTHER (PLEASE EXPLAIN BELOW)

3. How confident do you feel in your ability to recognize the following conditions?

	VERY CONFIDENT	SOMEWHAT CONFIDENT	NOT AT ALL CONFIDENT
PNEUMONIA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SEVERE SEPSIS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SEPTIC SHOCK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Would Eclipsys order sets help you to care for septic patients?

- YES  NO

COMMENTS

ICU Baseline 2010 (RN version) cont.

5. Which of the following would be significant barriers to the implementation of a protocolized approach for resuscitation of severe sepsis in our department (check all that apply)?

- MEASURING LACTATE
- TIME REQUIRED TO CARRY OUT ORDERS
- ACCESS TO PROTOCOL MEDICATIONS (ANTIBIOTICS)
- CVP MONITORING
- SVCO<sub>2</sub> MONITORING
- HANDOFF BETWEEN ED AND ICU (TRANSFER OF CARE)
- OTHER (PLEASE SPECIFY)

6. When blood cultures are ordered, do you often also see venous lactate ordered?

- ALWAYS
- SOMETIMES
- HARDLY EVER

COMMENTS

7. Studies demonstrate a correlation between arterial and venous lactate measurements of

- >90%
- 75-90%
- <70%
- NOT SURE

8. Which is the appropriate tube for sending venous lactate?

- GOLD TOP
- GOLD TOP ON ICE
- LIGHT GREEN TOP ON ICE
- LAVENDAR TOP

9. What is the minimum value of venous lactate that would concern you for severe sepsis? (Please do not enter a range.)

10. How much fluid on average would you anticipate giving the severely septic/septic shock patient during the first six hours following diagnosis? (Enter in liters; please do not enter a range.)

ICU Baseline 2010 (RN version) cont.

11. How often do you see vasopressors and/or dopamine being used for the severe sepsis/septic shock patient?

	OFTEN	SOMETIMES	HARDLY EVER
VASOPRESSIN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOREPINEPHRINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHENYLEPHRINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DOBUTAMINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DOPAMINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which vasopressors? Always through a central line?

12. Are you familiar with the SIRS (systemic inflammatory response syndrome) criteria?

- YES
- SOMEWHAT
- NOT AT ALL

13. Please provide your suggestions on ways to improve our department's performance in the early recognition and treatment of severe sepsis and septic shock.