Introduction
Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death, and is the seventh leading cause of death in the United States.

Sepsis:
- Affects more than one million Americans every year and kills more people in the United States than breast, lung, and colorectal cancer combined.
- 10th leading cause of death in the United States.
- The number of septic deaths has been on the rise in the United States.

In 1992, an international group of experts in the diagnosis and management of infection and sepsis published the first internationally accepted guidelines that the bedside clinician could use to improve outcomes in severe sepsis and septic shock.¹ These guidelines are known as the Surviving Sepsis Campaign (SSC) Guidelines.

Application of the SSC sepsis bundles led to sustained, continuous quality improvement in sepsis care and was associated with reduced mortality.² In 2004, an international group of experts, publishing in the journal Lancet, released the first internationally accepted guidelines that the bedside clinician could use to improve outcomes in severe sepsis and septic shock.³ These guidelines are known as the Surviving Sepsis Campaign (SSC) Guidelines.

The following methods are used to increase sepsis screening compliance:

- Weekly audit and feedback on sepsis bundle compliance by Med 2008; 36:296
- Nurse meetings, unit huddles and unit meetings based on feedback and education provided during Sepsis Alerts
- Self-directed educational activities

1. To complete Inpatient Sepsis Screenings by 10:00am and 10:00pm in ≥75% identified cases
2. To reduce Sepsis Mortality ≤15% overall
3. To reduce Sepsis Mortality ≤15% overall

Severe Sepsis Mortality Rate
- The early identification of sepsis and implementation of early evidence-based therapies have been documented to improve outcomes and decrease sepsis-related mortality.
- Inpatient Sepsis Screenings by 10:00am and 10:00pm: ≥75% not currently met or will update with 4Q data
- Inpatient Sepsis Screenings by 10:00am and 10:00pm: 75% not currently met or will update with 4Q data
- Reduced Mortality for inpatients and septic shock patients with sepsis who had sepsis screening within the past two decades. Thirty percent of all patients presenting with sepsis in the US were septic shock patients.⁴

Blind Cure: The incidence of sepsis and bacteremia in critically ill patients has been increasing in the past two decades. Thirty percent of all patients presenting with sepsis in the US were septic shock patients.⁴

Wilt-Reading The Survival of Sepsis: 5 hour Reassessment Bundle calls for an initial administration of appropriate antibiotic therapy within the first 6 hours of hospitalization or actual diagnosis of severe sepsis or shock. 150 mmol/l (50% reduction in the mortality rate.

Severe Sepsis Mortality Rate
- The early identification of sepsis and implementation of early evidence-based therapies have been documented to improve outcomes and decrease sepsis-related mortality.
- Inpatient Sepsis Screenings by 10:00am and 10:00pm: ≥75% not currently met or will update with 4Q data
- Inpatient Sepsis Screenings by 10:00am and 10:00pm: ≥75% not currently met or will update with 4Q data
- Reduced Mortality for inpatients and septic shock patients with sepsis who had sepsis screening within the past two decades. Thirty percent of all patients presenting with sepsis in the US were septic shock patients.⁴

Blind Cure: The incidence of sepsis and bacteremia in critically ill patients has been increasing in the past two decades. Thirty percent of all patients presenting with sepsis in the US were septic shock patients.⁴

Wilt-Reading The Survival of Sepsis: 5 hour Reassessment Bundle calls for an initial administration of appropriate antibiotic therapy within the first 6 hours of hospitalization or actual diagnosis of severe sepsis or shock patients with sepsis who had sepsis screening within the past two decades. Thirty percent of all patients presenting with sepsis in the US were septic shock patients.⁴