



# Engaging Hospital Leaders in Sepsis Prevention, Identification, and Management

## Implementation Toolkit Society of Critical Care Medicine Diagnostic Excellence Program

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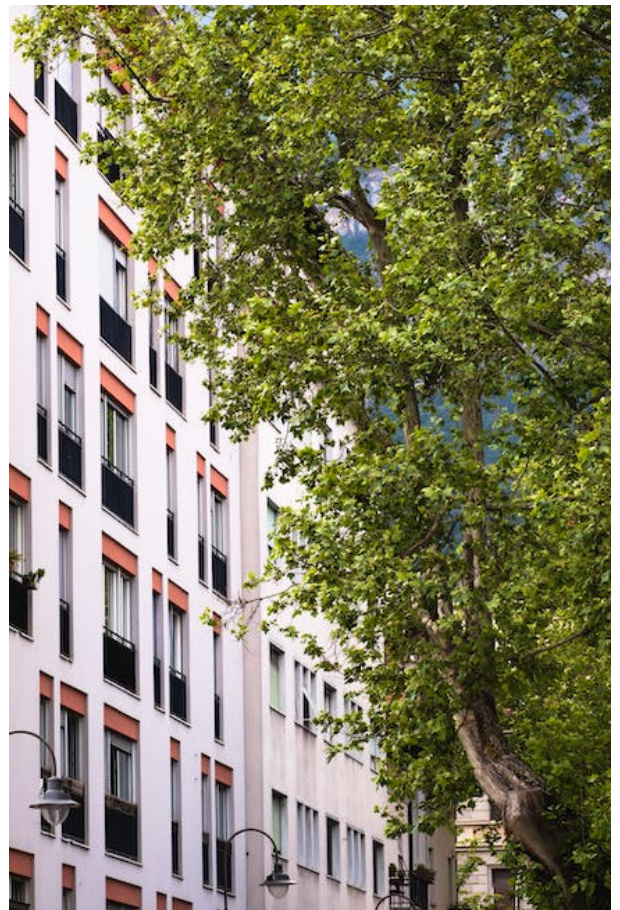


# Background

In the United States, there are approximately 1.7 million sepsis hospitalizations annually.<sup>1</sup> As many as one in two hospital deaths is associated with sepsis.<sup>2</sup> The economic burden of sepsis in hospitals ranks highest of all disease state admissions,<sup>3</sup> accounting for more than \$40 billion annually in Medicare costs alone.<sup>4</sup>

Because a hospital's fiscal health and reputation are directly affected by sepsis and septic shock, it is essential to engage hospital leadership in analyzing and addressing the impact of sepsis through prevention, early identification, and management.

Numerous barriers can prevent hospital leaders from implementing evidence-based practices to address sepsis, including the inability to envision how recent evidence applies in local hospital contexts.<sup>5</sup>



This toolkit is designed to outline a multifaceted approach to engaging hospital leaders in sepsis prevention, identification, and management and to provide tools and resources for doing so.

# Engaging Hospital Leaders

Effective engagement of hospital leaders in sepsis prevention, identification, and management follows a multistep process involving<sup>5</sup>:

1) Establishing a mandate for change that aligns with overall hospital objectives

2) Cultivating trust with hospital leaders by involving key opinion leaders and engaging with governing bodies

3) Creating a stakeholder-driven vision of the future that builds on local hospital strengths

Each of these steps can be facilitated by<sup>5</sup>:

1. effective communication strategies, such as policy briefs
2. resources to facilitate change, such as digital educational materials



For example, policy briefs could be presented to hospital leaders highlighting cost-effective opportunities for informatic streamlining to improve sepsis prevention, identification, and management.

Some tools for developing effective communication strategies and resources to facilitate change are shown on the next page.

# Implementation Strategies

Here are some resources recommended by Society of Critical Care Medicine (SCCM) subject matter experts to help you engage hospital leaders in sepsis prevention in your ICU:

## Tools



- Compass. The Message Box. <https://www.compassccicomm.org/leadership-development/the-message-box/>
- Centers for Disease Control and Prevention. Polaris. Resources for Writing Briefs. <https://www.cdc.gov/policy/polaris/training/writing-briefs/index.html>
- Magee JF. Decision trees for decision-making. Harvard Business Review. July 1964. <https://hbr.org/1964/07/decision-trees-for-decision-making>

## Literature



- Bell F. *Harmonization of Group Perspectives: A Case Study of Clinical Practice Guideline Implementation at a Large Regional Health Authority*. Dissertation. University of Northern British Columbia; 2022. Accessed July 10, 2023. <https://unbc.arcabc.ca/islandora/object/unbc%3A59333>
- Farrah K, McIntyre L, Doig CJ, et al. Sepsis-associated mortality, resource use, and healthcare costs: a propensity-matched cohort study. *Crit Care Med*. 2021 Feb 1;49(2):215-227.
- Lavis JN, Oxman AD, Moynihan R, Paulsen EJ. Evidence-informed health policy 1 - synthesis of findings from a multi-method study of organizations that support the use of research evidence. *Implement Sci*. 2008 Dec 17;3:53.

## Learning



- U.S. Department of Veteran Affairs. Health Economics Resource Center. Cost-effectiveness analysis seminar series. Accessed July 10, 2023. <https://www.herc.research.va.gov/include/page.asp?id=seminars>
- Society of Critical Care Medicine. Engaging healthcare leaders in sepsis prevention and progression. Webcast. July 26, 2023. [sccm.org/Education-Center/Webcasts/Engaging-Healthcare-Leaders-in-Sepsis-Prevention](https://sccm.org/Education-Center/Webcasts/Engaging-Healthcare-Leaders-in-Sepsis-Prevention)

# Learn More



SCCM Diagnostic Excellence Program  
Using Education and Technology for Accurate and  
Rapid-Cycle Sepsis Diagnosis  
[sccm.org/diagnosticexcellence](https://sccm.org/diagnosticexcellence)



[support@sccm.org](mailto:support@sccm.org)



## References

1. Rhee C, Dantes R, Epstein L, et al; CDC Prevention Epicenter Program. Incidence and trends of sepsis in US hospitals using clinical vs claims data, 2009-2014. *JAMA*. 2017 Oct 3;318(13):1241-1249.
2. Liu V, Escobar GJ, Greene JD, et al. Hospital deaths in patients with sepsis from 2 independent cohorts. *JAMA*. 2014 Jul 2;312(1):90-92.
3. Paoli CJ, Reynolds MA, Sinha M, Gitlin M, Crouser E. Epidemiology and costs of sepsis in the United States: an analysis based on timing of diagnosis and severity level. *Crit Care Med*. 2018 Dec;46(12):1889-1897.
4. Buchman TG, Simpson SQ, Sciarretta KL, et al. Sepsis among Medicare beneficiaries: 1. The burdens of sepsis, 2012-2018. *Crit Care Med*. 2020 Mar;48(3):276-288.
5. Sarkies MN, Bowles KA, Skinner EH, Haas R, Lane H, Haines TP. The effectiveness of research implementation strategies for promoting evidence-informed policy and management decisions in healthcare: a systematic review. *Implement Sci*. 2017 Nov 14;12(1):132.

## Disclaimer

This toolkit is for educational purposes only. The Society does not recommend or endorse any specific test, physician, product, procedure, opinion, or other information that may be mentioned.