Evidence shows that delivering sepsis care according to Sepsis Bundle improves hospitals' performance and patient outcomes.

Hospitals are under increased scrutiny, oversight, and financial pressures to improve sepsis care, outcomes and costs.

Patients who receive Sepsis bundle care have better outcomes.

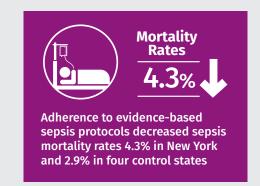
New York State required hospitals starting in 2012 to report compliance to treat severe sepsis and septic shock according to three- and six-hour sepsis "bundles". A 2019 study revealed patients treated according to protocols were:



15% less likely to die than those patients whose care did not follow the protocols



With a 3-hour bundle, **length of stay was nearly three days shorter** and with 6-hour bundle, length of stay was more than a day shorter.



Standardizing compliance with CMS SEPSIS bundles can help save lives and improve the bottom line, yet is complex to navigate.



Among hospitals reporting SEP-1 data, the average SEP-1 bundle compliance rate was only around 50%.



Ordering the first and second lactates

Most Common SEP-1 Bundle Compliance Challenges



Administering antibiotics prior to blood cultures



Delays in antibiotic administration



Decisions on fluid administration

Hospitals must look beyond EHRs alerts to improve bundle compliance and overall sepsis outcomes.

Hospitals require a comprehensive, proven solution—including point-of-care alerting, population monitoring and robust analytics informing bundle compliance and change management opportunities—to improve performance.



Learn more about how Wolters Kluwer's sepsis surveillance solution, POC Advisor, can improve sepsis outcomes.

- · Sepsis Alliance Website, Accessed on September 4, 2019
- · Barbash I, Davis B, Kahn J, National Performance on the Medicare SEP-1 Sepsis Quality Measure, Crit Care Med. 2019 Aug; 47(8): 1026–1032.
- Rhee C, Dantes R, Epstein L, et al. Incidence and Trends of Sepsis in US Hospitals Using Clinical vs Claims Data, 2009-2014. JAMA. 2017;318(13):1241-1249.
- Manaktala, Sharad, and Stephen R. Claypool. "Evaluating the impact of a computerized surveillance algorithm and decision support system on sepsis
 mortality." Journal of the American Medical Informatics Association 24.1 (2016): 88-95

