

TOOLKIT: SKILL GAP ASSESSMENTS FOR ED PHYSICIANS

This tool was adapted with permission from the Greater New York Hospital Association/United Hospital Fund Quality Initiatives STOP Sepsis Collaborative.

1. What is your job title?

ED ATTENDING

EM RESIDENT

OTHER (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)

Please explain:

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

YES

NO

Comments:

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%

< 75%

NOT SURE

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

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.