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:
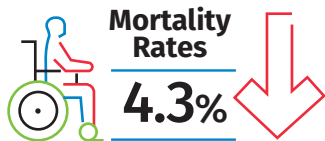
15%

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.

3↓

Adherence to evidence-based sepsis protocols decreased sepsis mortality rates 4.3% in New York and 2.9% in four control states.

Mortality Rates 4.3%

The establishment of mandatory sepsis protocols at all hospitals in New York State is estimated to have saved more than **16,000 lives between 2015 and 2019**, according to the New York State Department of Health.

Saved more than 16,000 lives

A 2021 study found that compliance with SEP-1 was associated with lower 30-day mortality and lengths of stay. Compliance reduced 30-day mortality from **22.22% to 26.28%**.

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

49% Overall Bundle Compliance 49%

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

Most Common SEP-1 Bundle Compliance Challenges
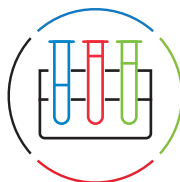
Ordering the first and second lactates

Administering antibiotics prior to blood cultures
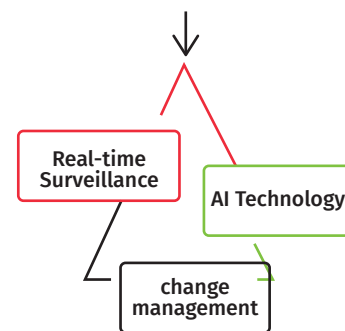
Delays in antibiotic administration

Decisions on fluid administration

Hospitals must look beyond EHRs alerts to improve bundle compliance and overall sepsis outcomes.
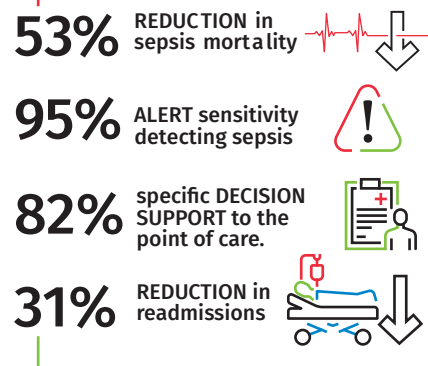
Hospitals require a comprehensive, proven solution—including point-of-care alerting, population monitoring and robust analytics informing bundle compliance and change management opportunities—to improve performance.

POC Advisor has peer-reviewed published results:

JAMIA article showed POC Advisor's triad of

Real-time Surveillance

AI Technology

change management

Surpassed EHR performance to deliver

53% REDUCTION in sepsis mortality

95% ALERT sensitivity detecting sepsis

82% specific DECISION SUPPORT to the point of care.

31% REDUCTION in readmissions

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