

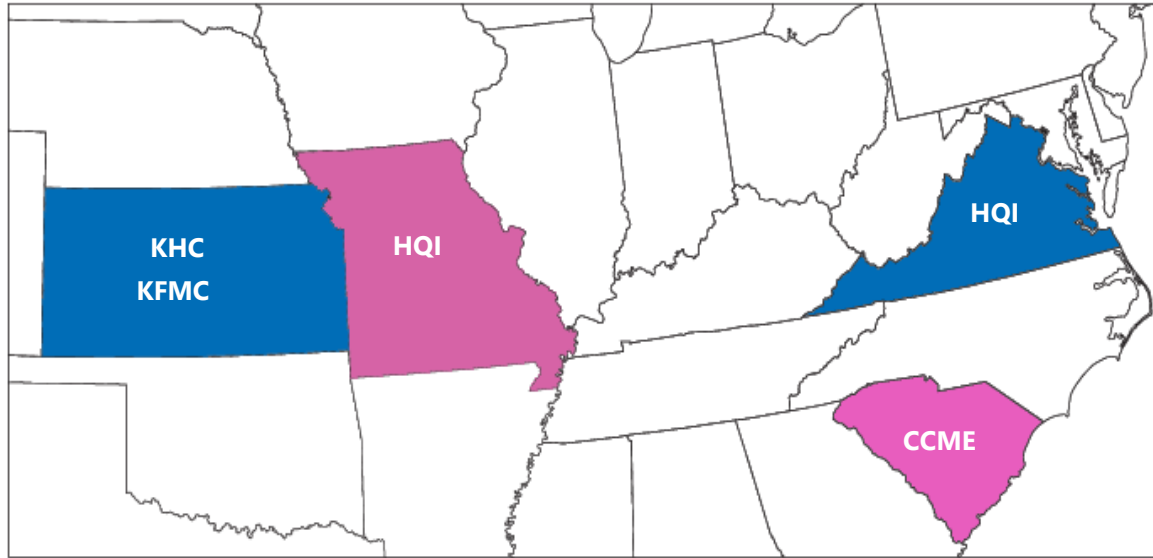


Sepsis Sprint Series

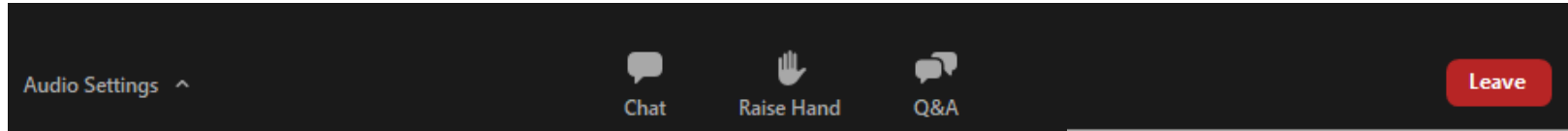
# Meeting the Challenge of Sepsis in Long Term Care: Early Recognition Tools & Resources

June 9, 2022





# Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

**Raise your hand** if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

# Your Team



**Dana Schmitz, MS, BS**  
Quality Improvement Advisor



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BSN, RN, DNS-CT**  
Quality Improvement Advisor

# Today's Objectives

- Understand the importance of recognizing the early warning signs of sepsis
- Be able to implement the Seeing Sepsis 100 Tool Kit for Early Identification and Management of Sepsis in Long-term Care
- Develop knowledge of additional infection and sepsis prevention tools and resources available to assist with recognition, communication and treatment



# The Stats on Sepsis

- More than 500 people die each day from sepsis.
- 1,700,000 people are diagnosed with sepsis every year.
- 270,000 deaths, or one death every 2 minutes, is a result of sepsis.
- People over 65 are 13 times more likely to develop sepsis **AND** they are **TWICE** as likely to die.
- Sepsis is the number one reason residents from nursing homes are admitted to hospitals.
- There is a clear need to raise public awareness of what sepsis is and that the early symptoms make it hard to detect quickly.



# Sepsis Matters!

## What is Sepsis?

“Sepsis is the body’s extreme response to an infection.

It is a **life-threatening medical emergency**. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure and death.”

## How Does Someone Become “Septic?”

- Sepsis starts as an infection that gets into the blood stream, multiplies rapidly and travels quickly through the body.
- The body responds by sending WBCs, which causes extreme inflammation.

# "Time is Tissue"

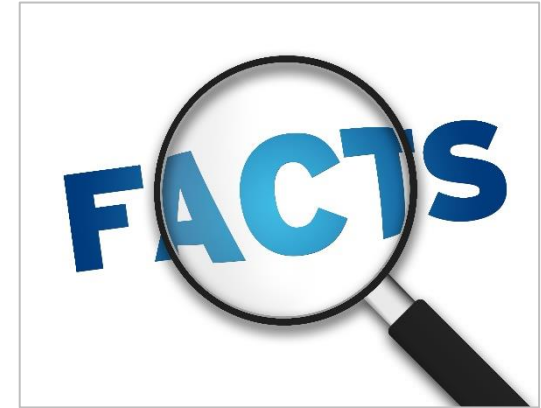
What you do, *or don't do*, in the early hours of sepsis makes all the difference.





# The Facts

- >80% of sepsis begins outside the hospital walls
- 7 out of 10 sepsis patients recently used health care services or had a chronic condition requiring frequent medical care
- 90% of adults who develop sepsis have a health condition that increases their sepsis risk
- Most common infectious organisms: E. coli, Staph aureus, strep



# Sepsis Details

- Sepsis is a leading cause for hospital readmissions
  - 1 in 5 patients is readmitted within 30 days of a hospital sepsis discharge.
- Readmission patients have had a longer hospital stay
- Costs for sepsis readmissions is higher than other diagnoses



# Sepsis Impacts Payment: Quality Measures, 5-Star Ranking & More

- Re-hospitalizations after a nursing home admission
  - Short stay admissions to your facility that are readmitted to an acute hospital within 30 days
- Emergency department visit within 30 days of admission
  - Short stay admissions that go to an acute hospital ED within 30 days of admission
- Long-stay measures that potentially relate to sepsis
  - Number of hospitalizations and emergency department visits
  - Percentage of UTIs
- Medicare Spending Per Beneficiary (MSPB) – HVBP, SNF-QRP
- Bundled payments, ACOs, shared savings



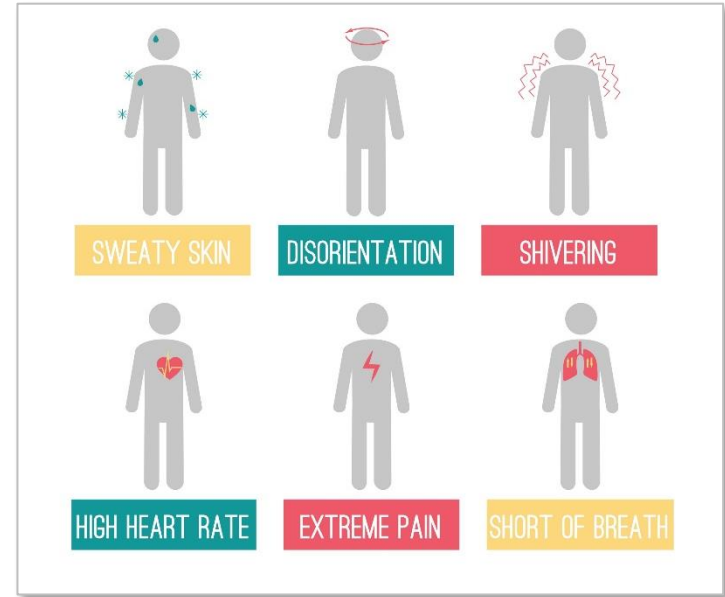
# How Do Our Residents Get Sepsis?

- There must be a source of infection
- Sepsis occurs when a localized infection (example: UTI) gets into the blood stream
- Bacteria multiplies quickly and spreads throughout the body
- Sepsis often stems from these common infections:
  - Wounds (pressure injury and surgical)
  - Pneumonia
  - UTI
  - Gastroenteritis – *C. diff*



# Be Alert to Signs & Symptoms

- Fever, shivering or feeling cold
- Extreme pain or discomfort
- Clammy or sweaty skin
- Confusion or disorientation
- Shortness of breath
- High heart rate
- Low blood pressure



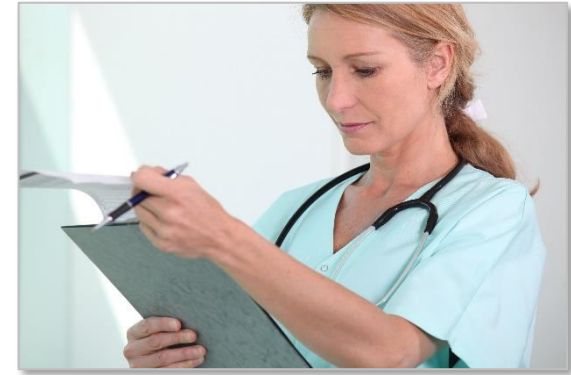
# How Can You Help?

## *Be a Resident Advocate.*

- One of the first signs of sepsis may be a **change in behavior or mentation**

The resident is *“just not right”* today

- Clues to a possible infection are in the **Vital Signs**



# Make it Easier for Staff

## “Ready to Use” Tools & Resources

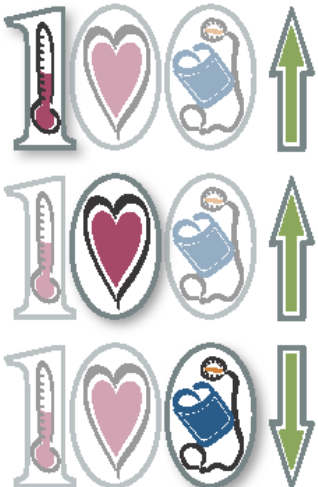
- Minnesota Hospital Association’s **Seeing Sepsis 100 Toolkit for Long Term Care**
  - Tools for early identification, treatment and transfer as needed
  - Geared toward all levels of nursing home caregivers
  - Includes resident and family guides

*Click on the following link and scroll to “Other resources” to access LTC tools*

[MHA > Quality & Patient Safety > Quality & Patient Safety Improvement Topics > Sepsis \(mnhospitals.org\)](#)

# Put a POCKET Guide in Your Pocket

## Seeing Sepsis 100 Pocket Cards



Is their **temperature** above 100?

Is their **heart rate** above 100?

Is their **blood pressure** below 100?

And does the resident just not look right? Tell the nurse, **screen for sepsis** and notify the physician immediately.


[Seeing Sepsis Cards for Long-Term Care](https://www.hqip.org/) are available for download at [hqin.org](https://www.hqip.org/)



# Seeing Sepsis 100: ACT FAST! Poster

## ACT FAST!

Early detection of SEPSIS requires fast action



If resident has suspected infection AND two or more:

- Temperature >100°F or <96.8°F
- Pulse >100
- SBP <100 mmHg or >40 mmHg from baseline
- Respiratory rate >20/SpO2 <90%
- Altered mental status

Plan for:

- Review advance directive
- Contact the physician
- Contact the family

If transferring resident to hospital:

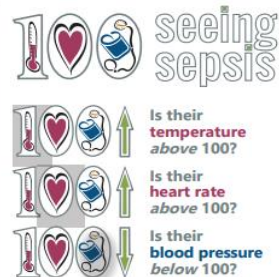
- Prepare transfer sheet
- Call ambulance
- Call in report to hospital
- Report positive sepsis screen

If resident stays in facility, consider options below that are in agreement with resident's advance directives:

- Labs: CBC w/diff, lactate level (if able)
- UA/UC, blood cultures, as able from 2 sites, not from lines
- Establish IV access for IV 0.9% @ 30ml/kg
- Administer IV, PO or IM antibiotics
- Monitor for worsening in spite of treatment, such as:
  - Urine output <400ml in 24 hours
  - SBP <90 despite IV fluids
  - Altered mental status
- Comfort care:
  - Pain control
  - Analgesic for fever
  - Reposition every 2-3 hrs
  - Oral care every 2 hrs
  - Offer fluids every 2 hrs
  - Keep family informed
  - Adjust care plan as needed
- Consider transferring to another level of care such as palliative care, hospice or hospital

**Every hour a resident in septic shock doesn't receive antibiotics, the risk of death increases 7.6%**

**Call the doctor!**



**And does the resident just not look right? Tell the nurse, screen for sepsis and notify the physician immediately.**

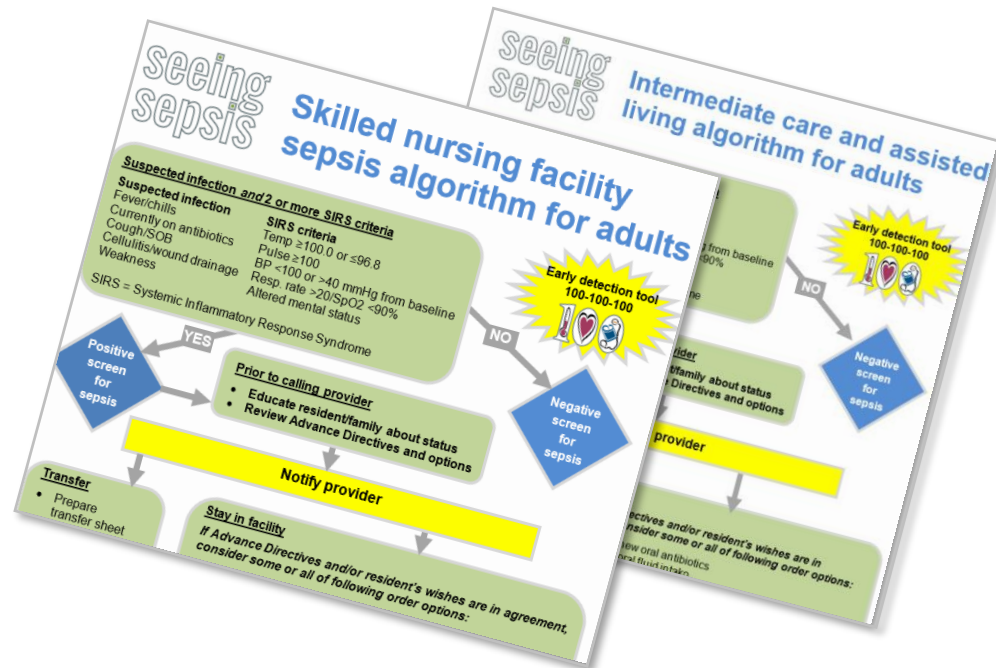
[Act Fast! Early Detection of Sepsis Requires Fast Action is available for download on \[hqin.org\]\(http://hqin.org\)](#)

# Use an Algorithm for Decision-Making

## Separate Algorithms for SNFs & ALFs

The Seeing Sepsis Toolkit includes an assessment and care algorithm to guide the nurse.

Post the algorithm in the nurses' charting area or embed in your EHR for easy reference.



[Skilled nursing facility sepsis algorithm for adults \(hqin.org\)](http://hqin.org)

[Seeing Sepsis algorithm for intermediate care and assisted living.pdf \(mnhospitals.org\)](http://mnhospitals.org)

# ACT FAST: Nursing Assessment

## If resident has suspected infection AND two or more of the following:

- Temperature  $>100^{\circ}\text{F}$  or  $< 96.8^{\circ}\text{F}$
- Pulse  $>100$
- SBP  $<100$  mmHg or  $>40$  mmHg from baseline
- Respiratory rate  $>20$  and SpO<sub>2</sub>  $<90\%$
- Altered mental status

## Plan for:

- Review advance directives
- Contact the physician
- Contact the family



# ACT FAST: Next Steps

## If transferring resident to hospital:

- Prepare transfer sheet (include COVID-19 history & vaccine status)
- Call ambulance
- Notify hospital in advance
- Report positive sepsis screening
- Ensure your procedures are clear and complete
- Review steps during in-services, especially if you have new staff

# ACT FAST: Next Steps

**If resident REMAINS in skilled nursing facility, consider options below that are in agreement with the resident's advance directives**

- Labs: CBC w/diff, lactate level (if able)
- U/A C&S, blood cultures, as able from 2 sites, not from lines
- Establish IV access and administer fluids as ordered
- Administer IV, PO or IM antibiotics as ordered

# ACT FAST: Next Steps

## Monitor for worsening despite treatment and anticipate needs

- Urine output <400ml in 24 hours
- Systolic blood pressure <90 despite IV fluids
- Altered mental status
- Pain control
- Analgesic for fever
- Reposition every 2-3 hours, oral care every 3 hours
- Offer fluids every 2 hours (as appropriate)
- Keep family informed
- Adjust care plan as needed
- Consider another level of care: palliative, hospice or hospital

# Effective Communication is Critical for Rapid Sepsis Intervention



What are you really  
trying to tell me?

I need good info to  
make good  
decisions.

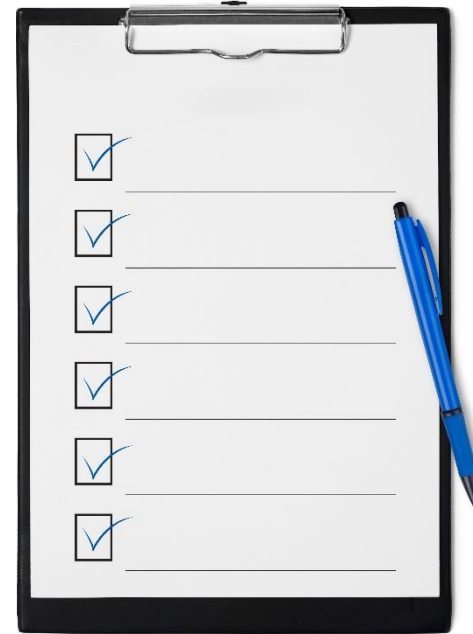
# SBAR Communication

**S**ituation

**B**ackground

**A**ssessment

**R**eview and notify



R = Recommendations (RN, Acute Care)



# There's an SBAR for Possible Sepsis

## SBAR Communication for Possible Sepsis

### SITUATION

My name is: \_\_\_\_\_  
 I'm calling from (facility): \_\_\_\_\_  
 Name of Physician/Prescriber contacted: \_\_\_\_\_  
 I need to speak with you about resident (name): \_\_\_\_\_  
 Resident Age: \_\_\_\_\_

### BACKGROUND

The resident was admitted on \_\_\_\_\_ (date) with the diagnosis of: \_\_\_\_\_  
 The resident also has the following co-morbid conditions/diagnoses: \_\_\_\_\_  
 The resident is now showing these signs of possible infection: \_\_\_\_\_  
 (describe the signs and potential source of infection)  
 This started on \_\_\_\_\_ (date)  
 The resident is currently on, or recently completed PO or IV Antibiotics:  
     • Antibiotic Name, Dose, Route: \_\_\_\_\_  
     • Antibiotic Name, Dose, Route: \_\_\_\_\_  
 The resident is allergic to: \_\_\_\_\_  
 The resident's advance care directive is \_\_\_\_\_

### ASSESSMENT (describe key findings)

My assessment of the situation is that the resident may be experiencing a new or worsening infection. Here are my findings.

Vital Signs		
Temp: _____	Heart Rate: _____	BP: _____
Respiratory Rate: _____	SpO2 % (Pulse Ox): _____	
Current Weight: _____		
Other Factors		
Blood Sugar: _____	Foley (Y/N): _____	Last BM Date: _____
Current Labs/Recent Cultures: _____		

Mental status is (changed OR unchanged) from baseline: \_\_\_\_\_  
 Possible sources of infection: \_\_\_\_\_  
 (e.g., lung sounds, wound assessment, urine characteristics, other)

### RECOMMENDATION

I am concerned that this resident may have sepsis.  
 Would you like to order any labs, IV fluids or treatments? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How often should vital signs be performed? \_\_\_\_\_  
 What vital signs parameters would initiate an immediate notification to you? \_\_\_\_\_  
 If no improvement, when would you want us to call you again? \_\_\_\_\_  
 Additional Orders received: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Before Calling the Prescriber**

*Evaluate the resident and complete this form.*

- ✓ Check vital signs; be alert for early sepsis warning signs.
- ✓ Review the resident record: recent hospitalizations, lab values, medications and progress notes.
- ✓ Note any allergies.
- ✓ Be aware of the resident's advance care wishes.


**Sepsis Early Warning Signs**


Temperature ≥ 100 F or ≤ 96.8 F  
 Heart rate ≥ 100 bpm  
 Respiratory rate ≥ 20 bpm  
 White blood cell (WBC) count ≥ 12,000 µL<sup>-1</sup> or ≤ 4,000 µL<sup>-1</sup>  
 Altered mental status  
 SpO2 (Pulse Ox) ≤ 90%  
 Decreased urine output  
 From recently drawn labs (within 24 hours)  
 Creatinine > 2 mg/dl Bilirubin > 2 mg/dl  
 Platelet count ≤ 100,000 µL  
 Lactate ≥ 2 mmol/L  
 Coagulopathy INR ≥ 1.5 or aPTT > 60 secs

- Printable or fillable form
- Sequenced information as it should be communicated to provider
- Prompts the nurse to ensure pertinent information is in one place before calling
- Completed forms can be shared with on-coming nurse/supervisor
- Can be included in resident's medical record

[SBAR Communication for Possible Sepsis | HQIN](#)

This material was prepared for Health Quality Innovation (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS.





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# Situation and Background

SITUATION	
My name is:	<input type="text"/>
I'm calling from (facility):	<input type="text"/>
Name of Physician/Prescriber contacted:	<input type="text"/>
I need to speak with you about resident (name):	<input type="text"/>
Resident Age:	<input type="text"/>
BACKGROUND	
The resident was admitted on _____ (date) with the diagnosis of:	<input type="text"/>
The resident also has the following co-morbid conditions/diagnoses:	<input type="text"/>
The resident is now showing these signs of possible infection:	<input type="text"/>
<i>(describe the signs and potential source of infection)</i>	
This started on _____ (date)	<input type="text"/>
The resident is currently on, or recently completed PO or IV Antibiotics:	
• Antibiotic Name, Dose, Route:	<input type="text"/>
• Antibiotic Name, Dose, Route:	<input type="text"/>
The resident is allergic to:	<input type="text"/>
The resident's advance care directive is	<input type="text"/>

## ASSESSMENT (describe key findings)

My assessment of the situation is that the resident may be experiencing a new or worsening infection. Here are my findings.

Vital Signs		
Temp:	Heart Rate:	BP:
Respiratory Rate:	SpO2 %(Pulse Ox):	
Current Weight:		
Other Factors		
Blood Sugar:	Foley (Y/N):	Last BM Date:
Current Labs/Recent Cultures:		

Mental status is (*changed* OR *unchanged*) from baseline:

Possible sources of infection:

(e.g., lung sounds, wound assessment, urine characteristics, other)

# Recommendation (Review and Notify)

## RECOMMENDATION

I am concerned that this resident may have sepsis.

Would you like to order any labs, IV fluids or treatments?

How often should vital signs be performed?

What vital signs parameters would initiate an immediate notification to you?

If no improvement, when would you want us to call you again?

Additional Orders received:

# INTERACT Tools

## Empower nursing assistants!

The Stop and Watch Early Warning tool, available for download, can benefit sepsis recognition and care in both the hospital and nursing home settings.

[Stop and Watch Early Warning Tool | Interact](#)

**Note: You will need to create a free account to access the INTERACT tools at [Pathway INTERACT® – Training, Tools, Licensing and Resources \(pathway-interact.com\)](#)**

**Stop and Watch Early Warning Tool**

If you have identified a change while caring for or observing a resident/patient, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

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- Seems different than usual; Symptoms of new illness
- Talks or communicates less
- Overall needs more help
- Pain – new or worsening; Participated less in activities
- Ate less
- No bowel movement in 3 days; or diarrhea
- Drank less
- Weight change; swollen legs or feet
- Agitated or nervous more than usual
- Tired, weak, confused, or drowsy
- Change in skin color or condition
- Help with walking, transferring, toileting more than usual

Check here if no change noted while monitoring high risk patient

Patient / Resident \_\_\_\_\_  
Your Name \_\_\_\_\_  
Reported to \_\_\_\_\_  
Nurse Response \_\_\_\_\_  
Nurse's Name \_\_\_\_\_

Date and Time (am/pm) \_\_\_\_\_  
Date and Time (am/pm) \_\_\_\_\_

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## 4 WAYS TO GET AHEAD OF SEPSIS

**GET AHEAD OF SEPSIS**  
KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

Infections put you and your family at risk for a life-threatening condition called sepsis. Sepsis is the body's extreme response to an infection. It is life-threatening, and without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death. Sepsis happens when an infection you already have—in your skin, lungs, urinary tract or somewhere else—triggers a chain reaction throughout your body.

Anyone can get an infection, and almost any infection can lead to sepsis.

- 1 PREVENT INFECTIONS**  
Talk to your doctor or nurse about steps you can take to prevent infections.
  - Take good care of chronic conditions
  - Get recommended vaccines
- 2 PRACTICE GOOD HYGIENE**  
Remember to wash your hands and keep cuts clean and covered until healed.
  - Handwashing
  - Keep cuts clean and covered until healed.
- 3 KNOW THE SYMPTOMS**  
Symptoms of sepsis can include any one or a combination of these:
  - Confusion or disorientation
  - Shortness of breath
  - High heart rate
  - Fever, or shivering, or feeling very cold
  - Extreme pain or discomfort
  - Clammy or sweaty skin
- 4 ACT FAST**  
Get medical care IMMEDIATELY if you suspect sepsis or have an infection that's not getting better or is getting worse.

Sepsis is a medical emergency. Time matters.

To learn more about sepsis and how to prevent infections, visit [www.cdc.gov/sepsis](http://www.cdc.gov/sepsis).



[4 Ways to Get Ahead of Sepsis is available for download](#)

# *Recognition + Intervention = Survival*


## Know your residents

- Admission assessment identifies those at high risk
- Clearly document new admits' cognitive state
- Develop criteria for identifying residents at risk
- Know your residents' wishes for treatment
- Utilize high-risk rounding tool to monitor changes
- Utilize a screening tool when residents trigger during high risk rounding



# Deeper Dive: Assess Sepsis Risk

**SEPSIS RISK ASSESSMENT EVALUATION TOOL – HEALTH QUALITY INNOVATION NETWORK**



Use this tool to evaluate your admission nursing assessment to ensure you are capturing all the critical elements that indicate a potential risk for infection/sepsis. The best way to prevent sepsis is to prevent infection and intervene early if infection does exist. You can also use this as a stand-alone screening tool; if an element is present, check the category and circle sub-headings as they apply. It can be used to identify new admissions for high-risk rounding (see instructions on last page).

	Element contained in Admission Assessment?	Element reflected in Care Plan?	Is follow up required for this element?	Your notes
<b>Skin/soft tissue</b> <ul style="list-style-type: none"> <li>All wounds to include:           <ul style="list-style-type: none"> <li>Pressure wounds/DTI</li> <li>Vascular wounds</li> <li>Surgical wounds (recent procedure)</li> <li>Diabetic wounds</li> <li>Burns (risk greater for non-healing wounds)</li> </ul> </li> </ul>				
<b>Medication Use:</b> taken within the last 30 days (or currently taking) <ul style="list-style-type: none"> <li>Sedatives</li> <li>Opioids</li> <li>Corticosteroids</li> <li>Antibiotics</li> <li>Chemotherapy agents</li> <li>Other Immunosuppressant's/immune modulators</li> </ul>				
History of infection during preceding hospital stay not specified above, specify _____				
Diabetes, particularly if poorly controlled (i.e., FS consistently over 250)				
Presence of indwelling medical device (urinary catheter, IV, feeding tube, etc.)				
Any signs of infection not addressed above: fever (above 100 F - 37.7 C), elevated respiratory rate, low blood pressure, worsening hypoxemia, mental status changes suggesting delirium (positive CAM tool)				

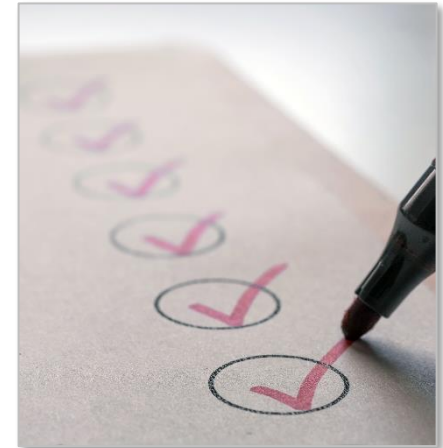
[The Sepsis Risk Assessment Evaluation Tool is available for download on \[hqin.org\]\(http://hqin.org\)](#)



# Commitment to Caring

## Components of a Successful, Sustainable Sepsis Program

1. Strong infection control policies and practices
2. Support from the top
3. Easy-to-use tools and resources
4. Documentation of resident/family wishes
5. Facility-wide education and training – ongoing
6. Engaged medical director and practitioners



# Commitment to Caring

## Knowing and documenting resident/family wishes

- Clearly document resident wishes regarding DNR, treat on site, hospitalization
  - Advance directive
  - POLST form
  - INTERACT advance care planning tools
- Know your resident's wants and make the information readily available, easily known
- Have the difficult conversations with families NOW
- Know your facility's capabilities



# Commitment to Caring

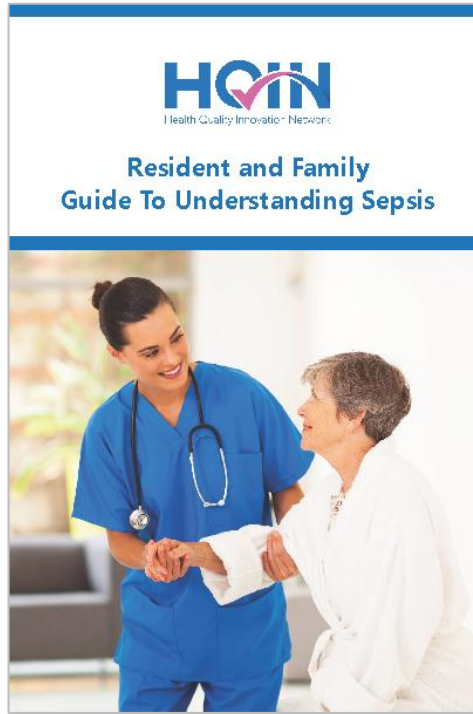
## Ongoing Facility-Wide Education and Training

Sepsis awareness, prevention and detection training

- Include in new employee orientation
- Annual competency for all caregivers
- Resident and family brochure at team meetings
- Annual refresher (Seeing Sepsis 100/100/100) and/or Stop and Watch at staff meetings – include all staff throughout facility
- Posters on nursing units







# Commitment to Caring: Resident & Family Education




The Resident and Family  
Guide to Understanding  
Sepsis is available for  
download on [hqin.org](http://hqin.org)

# Sepsis Stoplight Tool: Resident Discharge


Sepsis Stoplight Tool			
Common infections can lead to sepsis, which can be deadly. If you may have sepsis, act NOW!			
	 <b>Green Zone</b> No signs of infection.	 <b>Yellow Zone</b> Take action today. Call your doctor or nurse:	 <b>Red Zone</b> Take action now! Call or see your doctor now!
Do I have a fever?	I have not had a fever in the past 24 hours and I am not taking medication.	I have a fever between 100° F and 101.4° F	I have a fever of 101.5° F or greater
Do I feel cold?	I don't feel cold.	I feel cold.	I feel very cold.
How is my energy?	My energy is normal.	My energy is low.	My energy is very low.
How is my thinking?	My thinking is clear.	My thinking is cloudy.	My thinking is very cloudy.
Are there changes in how I feel after a hospitalization, procedure, infection or change in wound or I.V. site?	<ul style="list-style-type: none"> <li>• I don't have a new infection (UTI) or another infection</li> <li>• I had a wound or I.V. site and it's healing</li> </ul>	<ul style="list-style-type: none"> <li>• I look different</li> <li>• I haven't urinated (pee) for 5 or more hours and/or my urine (pee) burns, is cloudy, dark or smelly</li> </ul>	<ul style="list-style-type: none"> <li>• I have pus</li> <li>• I haven't urinated (pee) for 6 or more hours and/or my urine (pee) is very dark</li> </ul>
Do I need to call 911 or go to the Emergency Room?	I don't need to call 911 or my doctor. <ul style="list-style-type: none"> <li>• My heartbeat is as usual</li> <li>• My breathing is normal (for me)</li> <li>• I have not had a fever in the past 24 hours</li> </ul>	I don't need to call 911 but I will call my doctor if: <ul style="list-style-type: none"> <li>• My heartbeat is faster than usual</li> <li>• My breathing is more difficult and faster than usual</li> <li>• My home blood pressure is higher than usual</li> </ul>	<b>I will call 911 if:</b> <ul style="list-style-type: none"> <li>• My heartbeat is very fast</li> <li>• My breathing is very fast</li> <li>• My home blood pressure is 40 points (top number) lower than usual</li> <li>• I have a fever of 103.5° F or greater</li> </ul>



**Green Zone**  
No signs of infection.



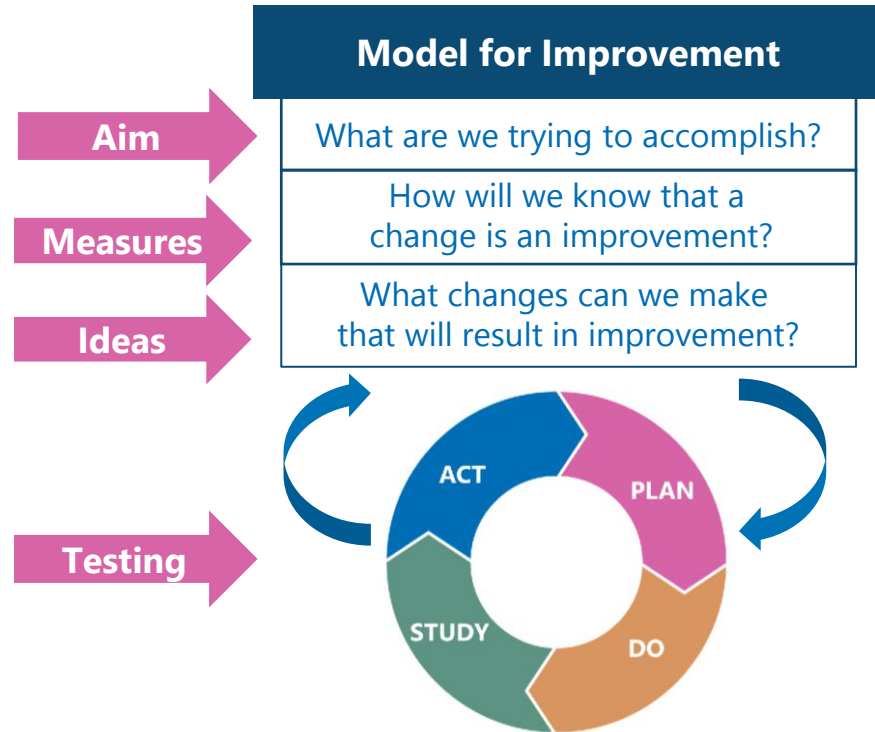
**Yellow Zone**  
Take action today.  
Call your doctor or nurse:



**Red Zone**  
Take action now!  
Call or see your doctor now!

[Sepsis Stoplight Tool \(hqin.org\)](http://hqin.org)

# QAPI: Quality Assurance Performance Improvement



[The Nursing Home Sepsis Gap Analysis is available for download on \[hqin.org\]\(http://hqin.org\)](#)

# *QAPI Example: Sepsis as a Driver of Hospital Admissions & Readmissions*

## Explore the Issue: Review of Transfers/Readmissions

### Questions to Ask



- What are our current rates for ED visits/hospital admissions/readmissions?
  - How do they compare to the state and national averages?
- **How many transfers/readmissions received a diagnosis of sepsis?**
- What critical team conversations happen after a resident is transferred?
  - How do we involve the resident/family in these conversations?
- How do we determine if the transfer (change in condition-related) was preventable or not?
- What patterns have we identified through tracking?

# Example: Conduct a PIP

## Step 1: Determine the Key Areas for Improvement:

- Complete a review of the medical records for 8-10 residents who were transferred to the emergency department or admitted to the hospital with sepsis.
  - **NOTE:** You can choose a different number or timeframe based on your facility's usual patterns of transfer and readmission. Select a meaningful amount to allow you to identify any trends.
- Study the assessment notes/documentation conducted by the nurse and other staff who cared for the resident. Review other areas, such as lab work and notes from the hospital. Note any diagnostic reasons or other data of interest (e.g., staff involved, medical director, time of day, unit, staffing pattern, etc.).
- Determine if there were missed opportunities that could have resulted in treating the resident early on or prevented the issue that led to the hospital transfer.



# Example: Conduct a PIP

**Step 2: Create a goal that focuses on the key area you have identified as needing improvement.** *Consider both knowledge and process gaps.*

## For example:

- If process is an issue, consider what kind of tools are needed to guide the nurse and other staff that provide care to ensure appropriate actions are taken at first sign of change in condition to prevent hospitalization.
  - *Seeing Sepsis 100-100-100, Stop & Watch, SBAR for Possible Sepsis, etc.*
- Consider any workflow challenges that may impact the implementation.
- Consider what type of information needs to be provided to new and current nursing staff.
- Did they know the correction action or procedure, how to perform it or who was supposed to perform it?

# *Example: Conduct a PIP*

## **Step 3: Consider all the factors that may have been involved in a transfer or readmission.**

- Identify all reasons why a transfer or readmission occurred by identifying the **Root Cause** for the problem (applying the “5 Whys” technique). Do most sepsis readmissions occur within the first few days of admission?
- Was the transfer/readmission preventable?
- Does the issue(s) stem from the facility process, staff training/education or both?
- Don't assume staff are on the same page with drivers of readmissions: impressions may differ from data. Interview staff, providers, residents and family members to learn more about what was done and what could be done better.
- Talk to your hospital partners to gather more information about the transfer or admission/readmission.

# Example: Conduct a PIP

## Step 4: Brainstorm to develop your Plan-Do-Study-Act (PDSA) cycle

- What exactly are we going to do? List action steps.
- Incorporate a post-readmission interview to incorporate resident/family caregiver input.
- Set a timeline for the PDSA process.
- Evaluate each part of the process.
  - **NOTE:** Change takes time, so ideally test for six months to make sure the process is ingrained.
- Were the results the desired outcomes?
- Is the outcome consistent with the expectations set?
- How will we know that change is an improvement?

# *Example: Conduct a PIP*

## **Step 5: Implement and evaluate your Plan-Do-Study-Act (PDSA) cycle**

- What changes to the process are we going to make based on our findings?
- How are we going to sustain all processes and continue to build a culture of safety (i.e., turnover in leadership or caregiver staff)?
- How will we communicate to all staff, residents, families and affiliations our quality-of-care improvements? (e.g., checklist)

# What Can You Do Starting Next Week?

- Start thinking: 100,100,100
  - Is the resident “just not right” today?
  - Does the resident have a possible source of infection?
- Assess high risk residents and new admissions for sepsis
- Print pocket guides and use them
- Post the ACT FAST poster at nursing stations and in break rooms
- Schedule inservice for SBAR for Possible Sepsis and keep printed forms at the nurses’ station



# Meeting the Challenge of Sepsis in LTC

## In Summary

- Sepsis is too costly, in human lives and in dollars, to be brushed off.
- Nursing centers receive high risk admissions from hospitals.
- Long term care residents are at higher risk for sepsis.
- We must embed risk screening and sepsis awareness into the fabric of our organizations.



# Next Session: Early Recognition of Sepsis

Thursday, June 16

11:00 a.m. CST | 12:00 p.m. EST



# FOR MORE INFORMATION

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