Health Quality Innovation Network

Sepsis Risk Assessment and Person-Centered Care Planning

June 23, 2022

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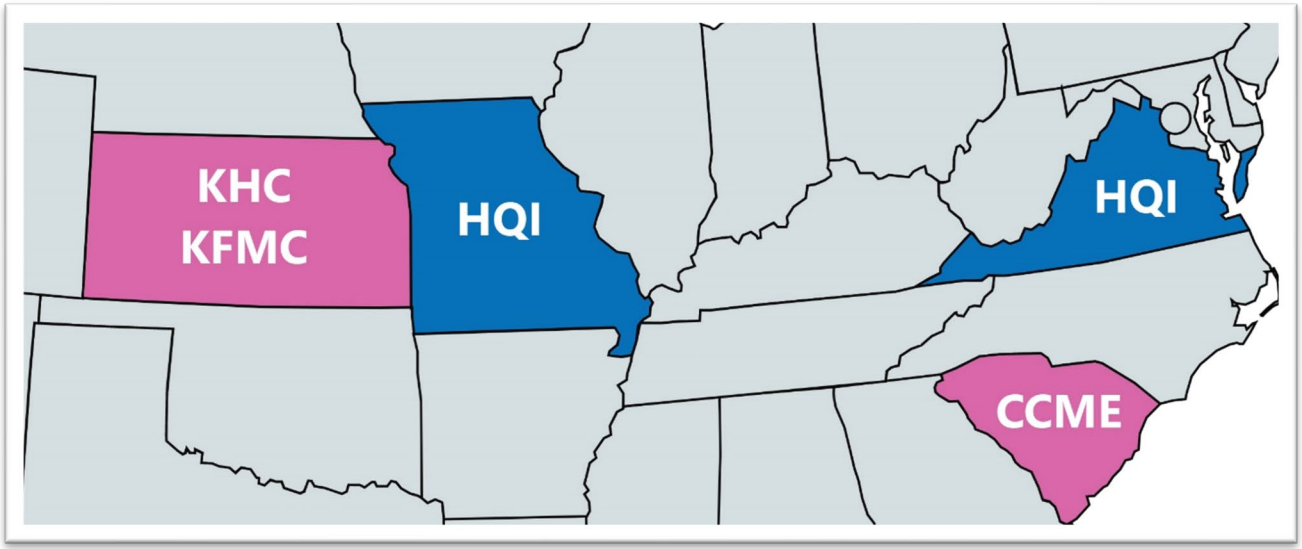

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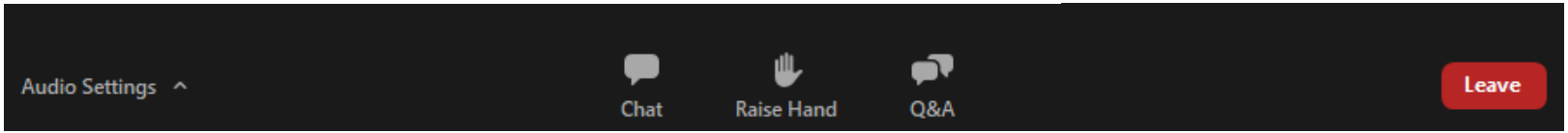

To ask a question, click on the **Q&A** icon.

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

Allison Spangler, BSN, RN, RAC-CT,QCP
Quality Improvement Advisor

Brenda Groves
Quality Improvement Advisor

Learning Objectives

In today's session, we will:

- Discuss how risk management can enhance your sepsis prevention program
- Review the importance of person-centered care planning for sepsis prevention

Sepsis prevention is only possible by preventing infections

Risk Management

- Evaluate risk
- Identify vulnerabilities

- Education/training
- Care plan development

- Analysis

- Care plan implementation

Assessment: Evaluating and Identifying Risks

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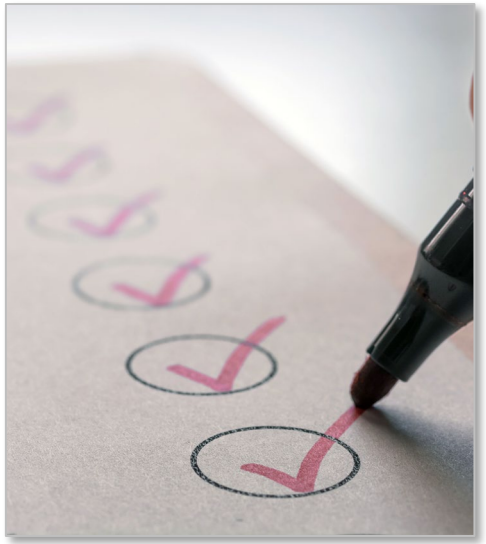
Sepsis Risk Factors

Risk factors that predispose elderly to an increased incidence of sepsis:

- Preexisting co-morbidities and drugs for chronic illnesses
- Pre-admission functional status
- Malnutrition
- Endocrine deficiency
- Aging
- Other risk factors
  - Increased risk for colonization by gram-negative organisms
  - Frequent or recurrent hospitalizations
  - Urinary catheterizations
  - Poor functional status
  - Medication use

Pre-Admission Practices

- Assess for any current infections and how they are being managed/treated
- Review the type of antibiotics being used, the route they are being administered, how long they have been used and the stop date
- Obtain any recent or pending laboratory (e.g., culture) or radiology results
  - If the results are not yet available, establish a process to obtain and review the results



Pre-Admission Practices, continued

- Notify the infection preventionist and enter applicable information in the facility infection surveillance and tracking system
- Ensure *appropriate* room placement of resident
  - Provide resident requiring transmission-based precautions a single room when possible
  - Use evidence-based guidelines for making decisions about resident placement
- Ensure appropriate equipment is available and set up prior to admission

Polling Question

Does your IDT meet prior to an admission to review the transfer paperwork and ensure necessary resources and supplies are available to meet the resident's needs?

A. Yes

B. No

Want to share successful strategies? Please type your responses in Q&A.

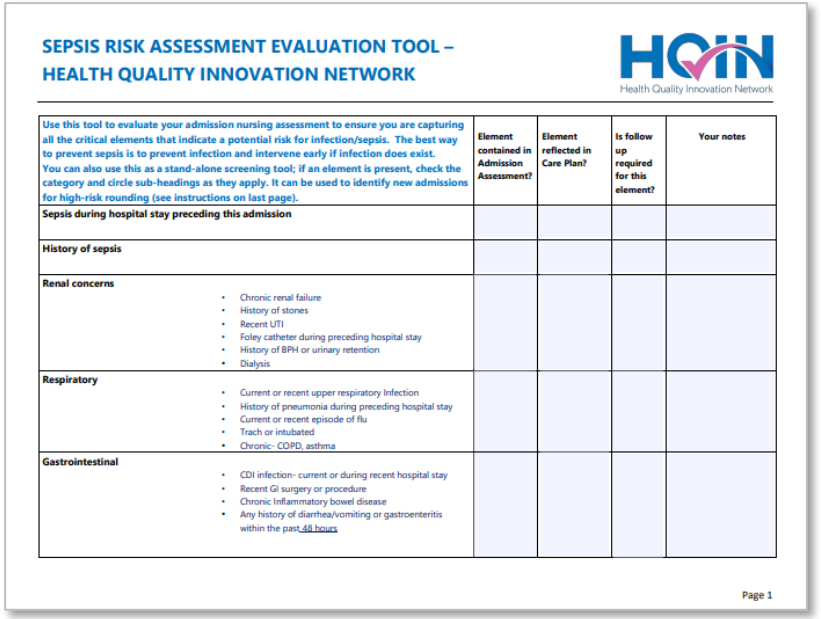
Admission Practices

- Complete a comprehensive risk assessment
- Review any antibiotic use for appropriateness
  - Review with physician/practitioner and/or pharmacist as needed
  - Establish a plan for an antibiotic time-out, reassessment of antibiotic, stop date of antibiotic
- Review cultures for a final result and ensure the culture result will be obtained if the final result is not available yet
- Assess the need for and appropriately provide vaccinations
  - Use standing orders for assessment and administration of these vaccines

Sepsis Risk Assessment Evaluation Tool

Use this tool:

- To evaluate your admission nursing assessment for critical elements
- As a stand-alone screening tool
- To identify new admissions for high-risk rounding



SEPSIS RISK ASSESSMENT EVALUATION TOOL – HEALTH QUALITY INNOVATION NETWORK

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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
Sepsis during hospital stay preceding this admission				
History of sepsis				
Renal concerns • Chronic renal failure • History of stones • Recent UTI • Foley catheter during preceding hospital stay • History of BPH or urinary retention • Dialysis				
Respiratory • Current or recent upper respiratory infection • History of pneumonia during preceding hospital stay • Current or recent episode of flu • Trach or intubated • Chronic- COPD, asthma				
Gastrointestinal • CDI infection- current or during recent hospital stay • Recent GI surgery or procedure • Chronic Inflammatory bowel disease • Any history of diarrhea/vomiting or gastroenteritis within the past 48 hours				

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The Sepsis Risk Assessment Evaluation Tool is available for download on hqin.org

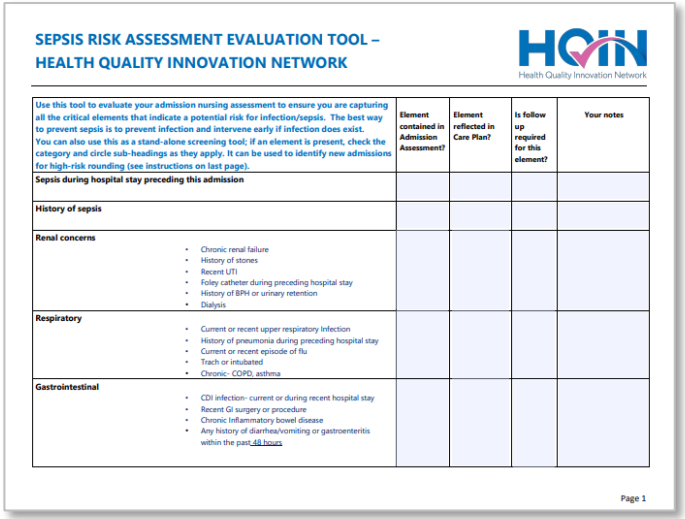
Identifying Residents' Risk Factors

This tool includes the sources of infection that frequently lead to sepsis:

- Gastrointestinal disease/impairments
- Renal disease/impairments
- Respiratory disease
- Skin and soft tissue

This tool also addresses:

- Diabetes
- Immunodeficiency
- Indwelling medical catheters
- Medication regimen
- Previous or current infection



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Mitigation: Education, Training and Care Plan Development

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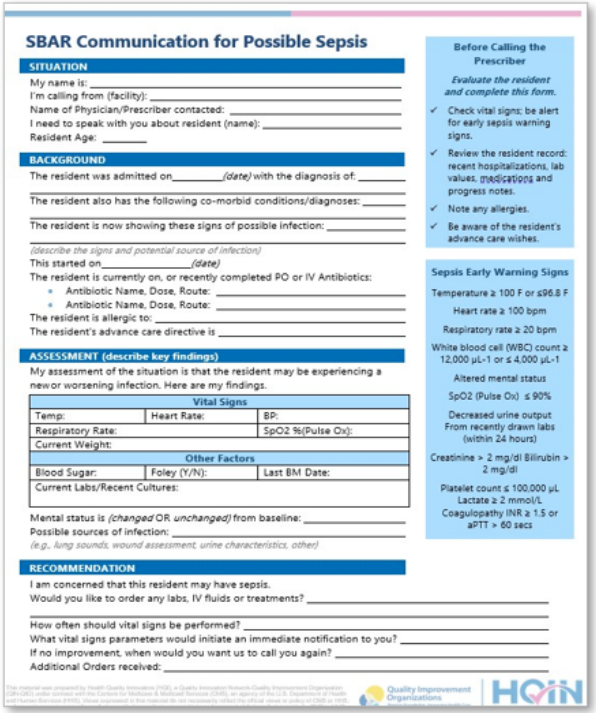
Training: Policy and Procedures

- Develop and implement an evidence-based infection prevention and control program
- Use ‘care paths’ or decision tools to guide nurses in monitoring signs and symptoms of infection
- Use standardized communication tools (e.g., SBAR) to communicate information to the physician



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-1 or ≤ 4,000 µL-1
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

Education and Training

Ongoing Facility-Wide Education and Training

Sepsis awareness, prevention and detection training

- 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

Care Plan Components

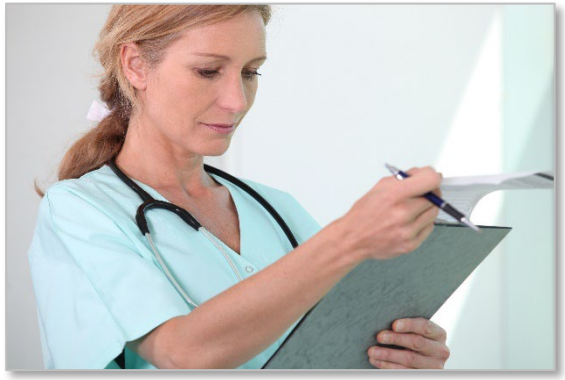
With any new/suspicion of infection:

- Ensure infection prevention and control nurse is notified and involved
- Notify resident and family members of infection, treatment plan and transmission-based precautions (if necessary)
- Ensure appropriate radiology/labs/culture obtained to confirm infection **and** ensure a final result is obtained
- Ensure appropriate initiation of antibiotics
- Ensure appropriate room and roommate
- Ensure appropriate signage, equipment and supplies are available
- Update the plan of care and nursing assistant assignment sheet with any interventions

Individual Considerations for Care

Things to consider:

- What is the resident's cognitive status?
  - What is their baseline?
  - Are they capable of reporting healthcare concerns or changes?
- Is the resident compliant with current treatment plans?
  - Do they understand their treatment plan?
- What is the resident's preferences for care?
  - What are their advanced directives?



Patient and Family Education

[The Resident and Family Guide to Understanding Sepsis is available for download on hqin.org]

Implementation and Response

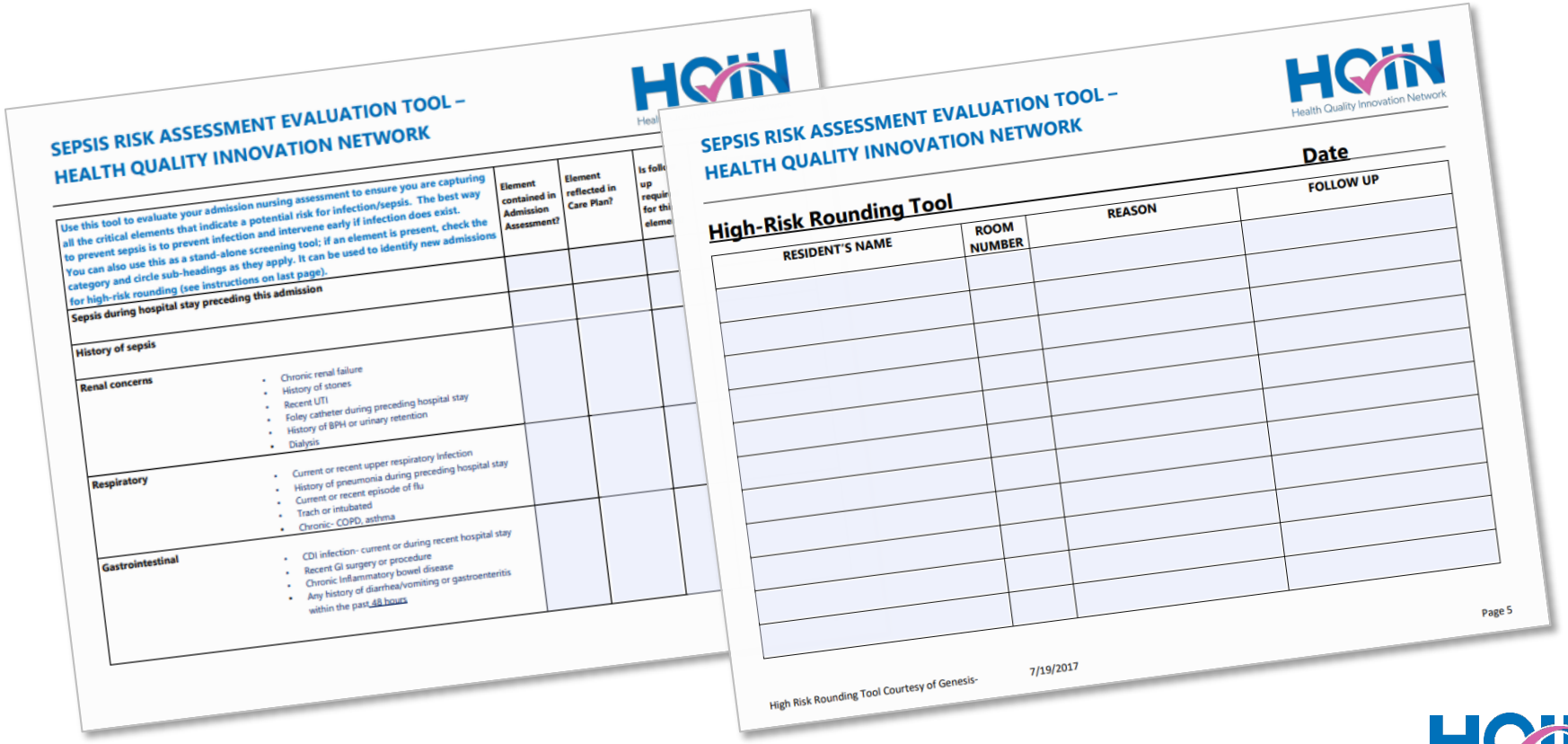
Organizational Strategies

- At daily stand up/IDT meeting, review new infections, antibiotic use, precautions and interventions
- Add infections, antibiotic use, precautions and interventions to the 24-hour report and ensure this information is reviewed with all staff at shift change
- Enter applicable information in the facility's surveillance plan and tracking program

Environmental Strategies

- Make soap and water and alcohol-based hand sanitizers readily available throughout the facility to support hand hygiene expectations for staff, residents and families
- Ensure handling of linens to avoid contamination of air, surfaces and persons
- Ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned and disinfected and that single-use items are properly discarded
- Use floor, counter and furniture surfaces that can be thoroughly cleaned

HQIN High Risk Rounding Tool



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High-Risk Rounding Tool

Date

RESIDENT'S NAME	ROOM NUMBER	REASON	FOLLOW UP

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High Risk Rounding Tool Courtesy of Genesis- 7/19/2017

Analysis:
Sepsis and QAPI

Continuous Quality Improvement

- Conduct audits on practices of hand hygiene, use of gloves and other personal protective equipment (including donning and doffing), and environmental and equipment cleaning and disinfection
- Define other practices that will be audited (e.g., point of care testing, urinary catheter maintenance, wound care, central venous catheter maintenance)
- Provide audit results to staff
- Map out infections in the building, current and over time, to observe trends, containment or spread, and to assist in decision making for potential resident placement
- Use color coding or other indicators for easy visualization of the types and locations of resident infections

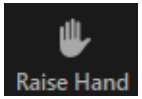
In Summary

Recognition + Intervention = Survival

Know your residents

- Assess at admission to identify those at high risk
- Clearly document new admits' cognitive status
- 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

Questions? Comments?



Raise your hand to verbally ask a question

Type a question by clicking the **Q&A** icon

Don't hesitate to ask a question after the webinar is over.
Email **LTC@hqi.solutions** *or your HQIN Quality Improvement Advisor.*

Next Session:
Reducing Sepsis Readmissions with QAPI

Thursday, June 30
11:00 a.m. CST | 12:00 p.m. EST

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FOR MORE INFORMATION

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From HQIN:

To all essential care giving teams supporting residents and families,

Thank you for attending