

Sepsis Risk Assessment and Person-Centered Care Planning



* Health Quality Innovation Network















Logistics – Zoom Webinar





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

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

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Your Team





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Brenda GrovesQuality Improvement
Advisor





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In today's session, we will:

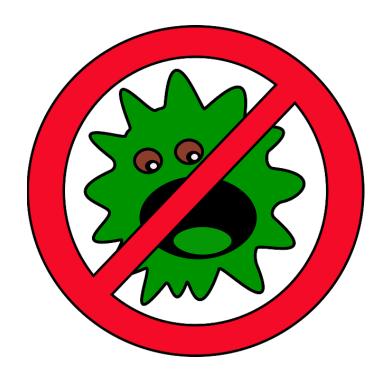
- Discuss how risk management can enhance your sepsis prevention program
- Review the importance of personcentered care planning for sepsis prevention







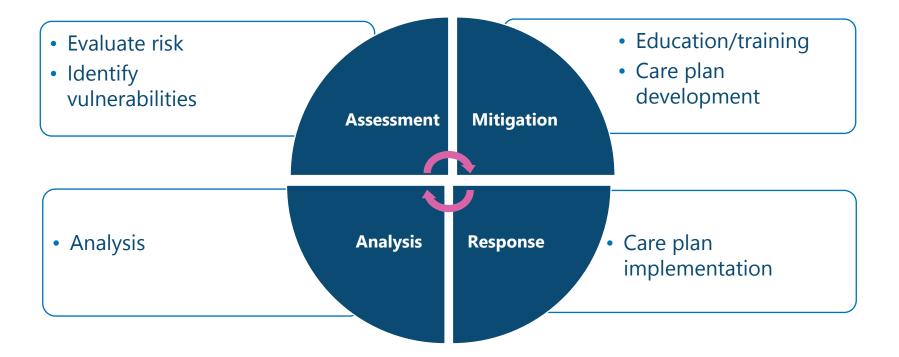
Sepsis prevention is only possible by preventing infections





Risk Management









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.





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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 Use this tool to evaluate your admission nursing assessment to ensure you are capturing Is follow Your notes all the critical elements that indicate a potential risk for infection/sepsis. The best way reflected in to prevent sepsis is to prevent infection and intervene early if infection does exist. contained in Admission Care Plan? required You can also use this as a stand-alone screening tool; if an element is present, check the for this category and circle sub-headings as they apply. It can be used to identify new admissio for high-risk rounding (see instructions on last page). 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 Respiratory Current or recent upper respiratory Infection History of pneumonia during preceding hospital stay · Current or recent episode of flu Trach or intubated 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





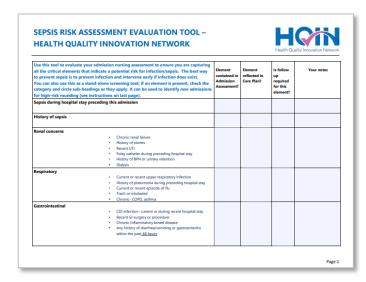
Identifying Residents' Risk Factors

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







Mitigation: Education, Training and Care Plan Development





Training: Policy and Procedures

- Develop and implement an evidencebased 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

SITUATION			Prescriber
My name is:			Evaluate the resident
	cility):		and complete this form.
	th you about resident (no		for early sepsis warning
Resident Age:			signs.
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	desistant on Ad	ate) with the diagnosis of:	recent hospitalizations, la
The resident was a	amitted on(a	ate/ with the diagnosis of:	values, medications and progress notes.
The resident also h	has the following co-mor	rbid conditions/diagnoses:	
			 Note any allergies.
The resident is now	v showing these signs of	possible infection:	
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	and potential source of inte (date)	coony	
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		ripleted FO of IV Altibiotics.	Temperature ≥ 100 F or ≤96
The resident is alle			Heart rate ≥ 100 bpm
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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





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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



What is Sepsis?

Sepsis is a very serious illness. It occurs when the body's response to infection rapidly spreads from its original site. Sepsis can quickly impact vital organs and tissues causing permanent damage or even death.

Why should I be concerned?

- 270,000 Americans die from Sepsis each vear
- 270,000 Americans die from Sepsis each year
 Sepsis is the leading cause of hospital admissions from nul.
- 15-50% of the people who are admitted to acute care hos are diagnosed with Sepsis, die
- Quick recognition of infections and the early warning signs leads to earlier treatment and the prevention of Severe Ser

How do you get Sepsis?

Sepsis can happen to anyone and can occur from even a min Not every infection leads to Sepsis. Many people can have infection, pneumonia, or a wound (sore) and the infection s localized in the area where it first occurred. When the infect localized, people usually recover normally and do not devel

In cases where Sepsis develops, the body's response to the ir does not stay localized in the area where it first occurred and to attack normal tissue and organs. When Sepsis begins to a organs, it is called Severe Sepsis.

Groups of people most likely to get Sepsis:

- · People over 65
- · Babies under one year
- People who have suffered burns, trauma or have wounds
- People with catheters
- People with chronic illnesses such as kidney disease, cance liver conditions or AIDS
- People with weakened immune systems such as those rece treatments which diminish the body's ability to fight infect.

Can you prevent Sepsis?

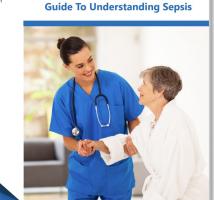
Preventing infection is one of the best ways to stop Sepsis from occurring. Clean all scrapes and wounds and wash your hands before touching open areas or providing care to a loved one. Handwashing is key to preventing the spread of infection.

The best way to prevent Severe Sepsis is through early detection. This includes identifying infections early and obtaining prompt treatment.



The Health Quality Innovation Network (HOIN) brings together organizations and individuals who are making health care better for millions of Americans through funding provided by the Centers for Medicare & Medicaid Services Quality Improvement Organization Forgram. Members include providers, community-based organizations, health care associations and families in Kansas, Missouri, South Carolina and Virting Carolina and Virtin

To learn more about our initiatives, visit: www.HQIN.org or call 877.731.4746



Resident and Family

The Resident and Family
Guide to Understanding
Sepsis is available for
download on hqin.orq



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



SIS RISK ASSESSI	MENT EVALUATION TOOL –			Heal	SEPSI	RISK ASSESSMENT TH QUALITY INNO	T EVALUATION TO VATION NETWOR	K OOL-	Health Quality Innovation Network	
ALTH QUALITY	ission nursing assessment to ensure you are capturing to a potential risk for infection/sepsis. The best way section and intervene early if infection does exist. Such and intervene early if infection does exist. One screening tool; if an element is present, check the one screening tool; if an element is present, and the supply. It can be used to identify new admission as they apply. It can be used to identify new admission as they apply.	Element contained in Admission Assessment?	Element reflected in Care Plan?	is folks up requir for thi eleme	HEAL	-Risk Rounding T		REASON	FOLLOW UP	
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Renal concerns	Chronic renal failure History of stones Recert UTI Foley catheter during preceding hospital stay History of BPH or unimary retention Dialysis Current or recent upper respiratory infection Control of precent upper respiratory infection	stav		_						
Respiratory	Current or recent episode of tsu Trach or intubated Chronic-COPD, asthena	-+			-					
Gastrointestinal	CD infection current or Recent Gaurgery or procedure Chronic Inflammatory bowed disease Any bistory of diarrhea/vomiting or gastroen within the past <u>48 hours</u>	eritis								Page 5



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







FOR MORE INFORMATION

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From HQIN:



To all essential care giving teams supporting residents and families,

Thank you for attending

