HQIN
Health Quality Innovation Network

Partnership to Prevent Sepsis

8/18/2022

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Health Quality Innovation Network

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HEALTH QUALITY INNOVATORS

The Carolinas Center for Medical Excellence

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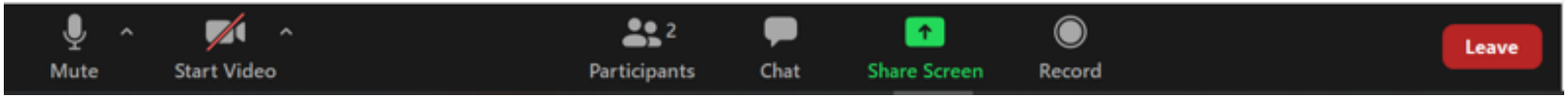
Logistics – Zoom Meeting



To ask questions, click on the **Chat** 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 the caret next to the **Mute** icon.

Your HQIN Team

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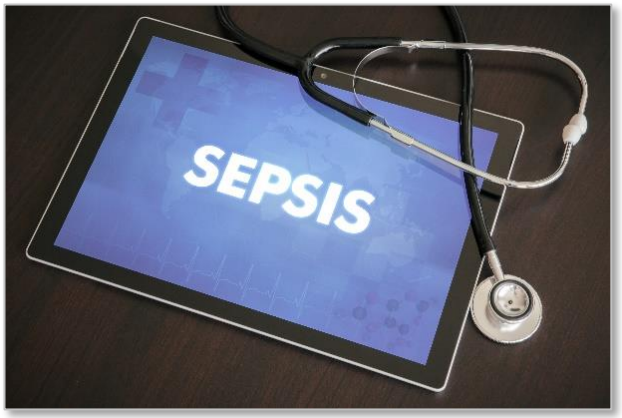
Cindy Warriner, BS, RPh, CDCES, Senior Consultant Pharmacist

Agenda

1. Discuss the Impact of Sepsis
2. Introduce Partnership to Prevent Sepsis
3. Quality Improvement Process
4. Building Your Team
5. Next Steps

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



Source: Cleveland Clinic Consult QD

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

Source: Nursing Home Compare Technical Users' Guide

Goals of Partnership to Prevent Sepsis

1. Create a culture to prevent sepsis through leadership commitment
2. Implement infection prevention strategies such as hand hygiene, vaccinations and antibiotic stewardship that reduce infections that lead to sepsis
3. Improve processes for identifying and treating infections
4. Implement/improve processes for early recognition of sepsis
5. Implement/improve processes for treatment of residents with early sepsis
6. Engage and educate families and caregivers who can help identify the early signs of infection/sepsis
7. Establish/enhance partnerships and collaborative relationships with referring hospital(s)

Our Commitment

- Prepare data reports and facilitate analysis
- Provide consultation by qualified quality improvement professionals and subject matter experts
- Share best practices and evidence-based tools and resources
- Develop and facilitate collaboration
- Provide expertise and practical assistance

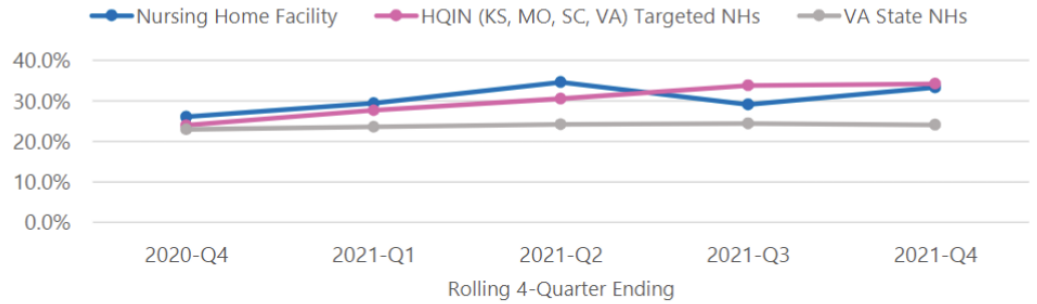
SAMPLE Sepsis Report

SEPSIS SPRINT SERIES TARGETED NURSING HOME SUMMARY

Table 1. Nursing Home Readmit and ED Visit Rates by Rolling 4-Quarter Periods

Rolling 4-Quarter Ending	2020-Q4	2021-Q1	2021-Q2	2021-Q3	2021-Q4
# of Inpatient discharges to NH with principal DX of sepsis	23	17	26	24	24
# of Readmissions from NH following inpatient sepsis discharge	6	5	9	7	8
# of ED visits from NH following inpatient sepsis discharge	2	0	3	5	5
NH Sepsis Readmit Rate	26.1%	29.4%	34.6%	29.2%	33.3%
NH Sepsis ED Visit Rate	8.7%	0.0%	11.5%	20.8%	20.8%

Figure 1. Nursing Home Readmits Within 30 Days of Sepsis Inpatient Discharge



SAMPLE Sepsis Report, continued

Figure 2. Nursing Home ED Visits Within 30 Days of Sepsis Inpatient Discharge

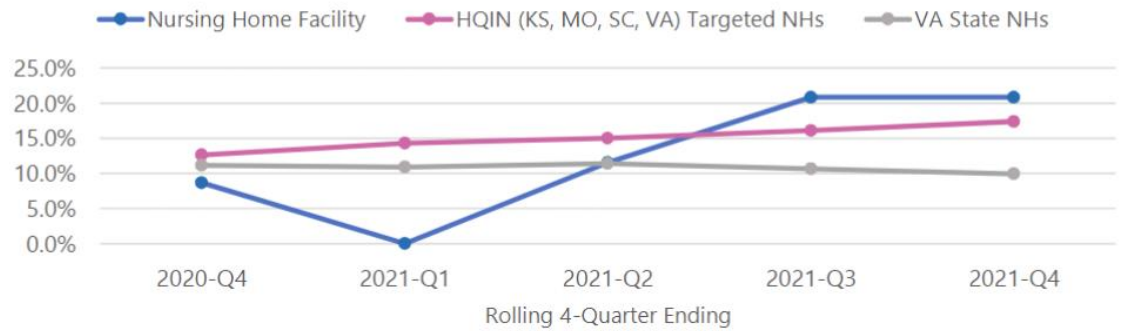
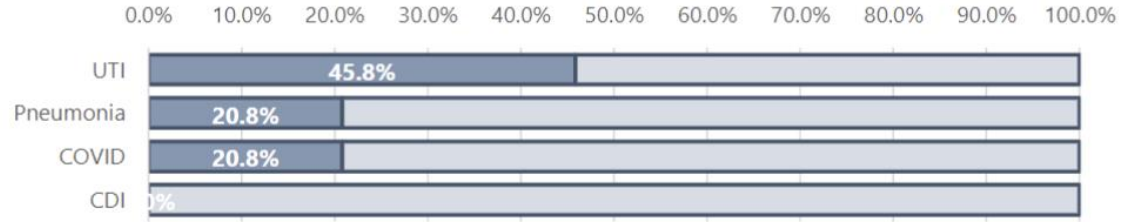


Figure 3. % of Inpatient discharges to NH with a principal diagnosis of sepsis that had a secondary diagnosis of UTI, Pneumonia, COVID, or CDI



What Should You Do?

- Build your team
- Complete the Sepsis Gap Analysis
- Establish lines of communication with your referring hospital(s)
- Participate in Partnership to Prevent Sepsis Affinity Groups
- Utilize QAPI process to drive improvement

Build Your Team

- Sepsis champion
- Administrator
- DON
- IP
- CNA
- Medical director/clinician
- Resident/family representative

Nursing Home Sepsis Gap Analysis

- Focus on operation processes and systems
- Pre-admission
- Admission transfer from hospital with sepsis diagnosis

Element	Yes	No	N/A	Unsure	Comments
Early Identification of Sepsis & Infection Risk					
11. Does your admission nursing assessment include an infection and sepsis risk assessment?	☐	☐	☐	☐	
12. Do you audit the admission nursing assessment to ensure it is completed?	☐	☐	☐	☐	
13. If infection/sepsis risk is triggered on assessment, do you care plan the level of infection/sepsis risk?	☐	☐	☐	☐	

The Nursing Home Sepsis Gap Analysis is available for download on hqin.org

Nursing Home Sepsis Gap Analysis

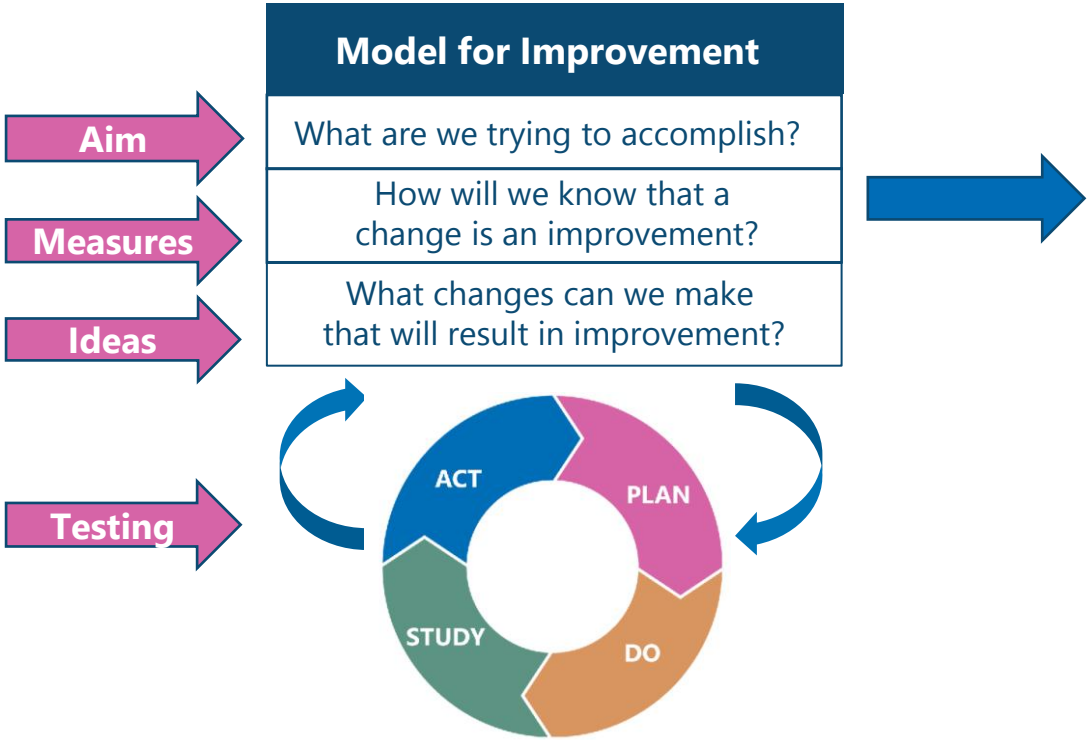
- Focus on improving staff knowledge
- Create a pathway to strengthen sepsis readmission programs

Leadership Support				
1. Do you have a sepsis program? If yes, please describe in comments				
2. Does your sepsis program have leadership support, i.e. administrator, medical director, medical staff, clinical staff?				
3. Is your medical staff actively involved in sepsis prevention?				

Education				
7. Do you have a sepsis early recognition training program?				
a. If No, do you need assistance setting up a training program?				
8. Does nursing staff have an annual competency for sepsis?				
9. Do you utilize skills days for nursing assistant sepsis training?				

The Nursing Home Sepsis Gap Analysis is available for download on hqin.org

QAPI Process



SMART Goal

- **S**pecific
- **M**easurable
- **A**ttainable
- **R**elevant
- **T**ime bound

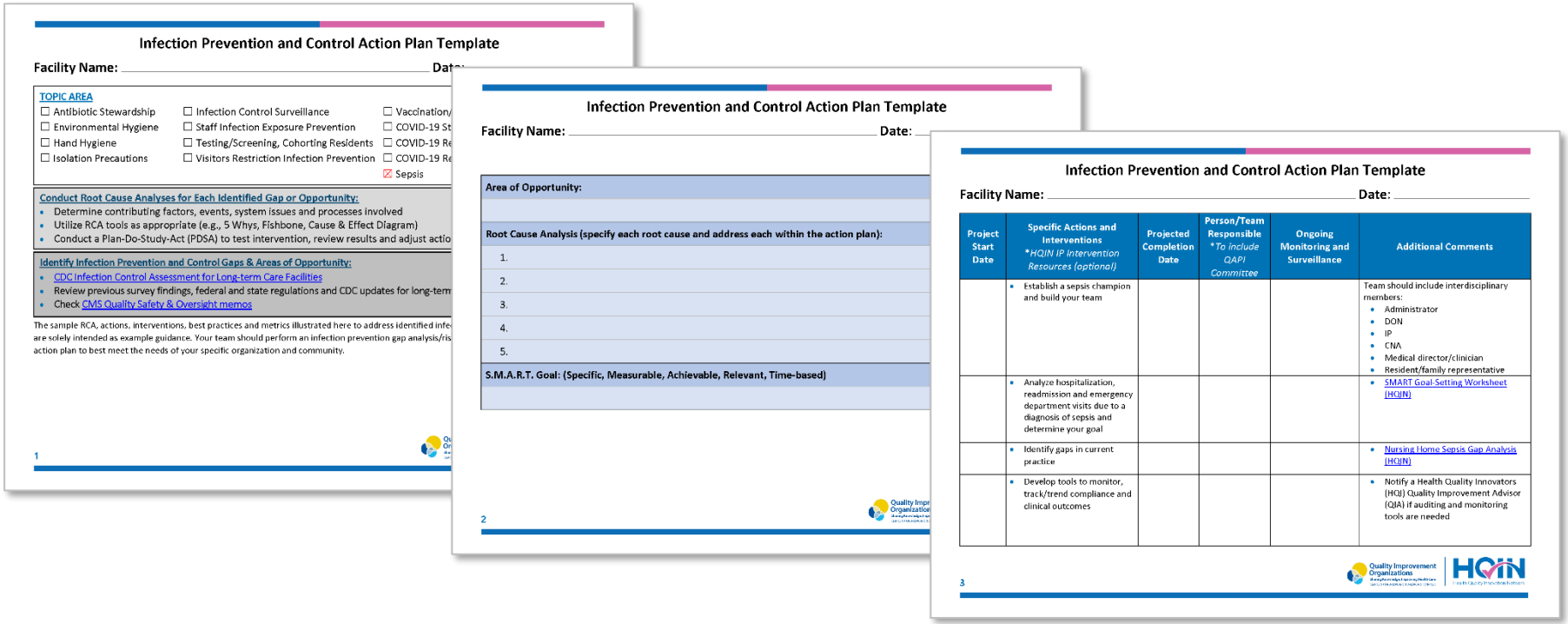
Five Whys Tool for Root Cause Analysis

- Develop a clear, specific problem statement
- The team facilitator asks why the problem happened and records the team response
- If the answer provided is a contributing factor to the problem, the team keeps asking "Why?" until there is agreement from the team that the root cause has been identified
- It often takes three to five whys, but it can take more than five!

Problem statement	One sentence description of event or problem
Why? ⇨	
Why? ⇨	
Why? ⇨	
Why? ⇨	
Why? ⇨	
Root Cause(s)	1. 2. 3. To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?

Keep going until the team agrees the root cause has been identified

Sepsis Action Plan



Infection Prevention and Control Action Plan Template

Facility Name: _____ Date:

TOPIC AREA

- ☐ Antibiotic Stewardship
- ☐ Environmental Hygiene
- ☐ Hand Hygiene
- ☐ Isolation Precautions
- ☐ Infection Control Surveillance
- ☐ Staff Infection Exposure Prevention
- ☐ Testing/Screening, Cohorting Residents
- ☐ Visitors Restriction Infection Prevention
- ☐ Vaccination/
- ☐ COVID-19 St
- ☐ COVID-19 Re
- ☐ COVID-19 Re
- ☒ Sepsis

Conduct Root Cause Analyses for Each Identified Gap or Opportunity:

- Determine contributing factors, events, system issues and processes involved
- Utilize RCA tools as appropriate (e.g., 5 Whys, Fishbone, Cause & Effect Diagram)
- Conduct a Plan-Do-Study-Act (PDSA) to test intervention, review results and adjust actio

Identify Infection Prevention and Control Gaps & Areas of Opportunity:

- CDC Infection Control Assessment for Long-term Care Facilities
- Review previous survey findings, federal and state regulations and CDC updates for long-term
- Check CMS Quality Safety & Oversight memos

The sample RCA, actions, interventions, best practices and metrics illustrated here to address identified infe
are solely intended as example guidance. Your team should perform an infection prevention gap analysis/ris
action plan to best meet the needs of your specific organization and community.

1

Infection Prevention and Control Action Plan Template

Facility Name: _____ Date: _____

Area of Opportunity:
Root Cause Analysis (specify each root cause and address each within the action plan):
1.
2.
3.
4.
5.
S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)

2

Infection Prevention and Control Action Plan Template

Facility Name: _____ Date: _____

Project Start Date	Specific Actions and Interventions *HQIN IP Intervention Resources (optional)	Projected Completion Date	Person/Team Responsible *To include QAPI Committee	Ongoing Monitoring and Surveillance	Additional Comments
	• Establish a sepsis champion and build your team				Team should include interdisciplinary members: • Administrator • DON • IP • CNA • Medical director/clinician • Resident/family representative
	• Analyze hospitalization, readmission and emergency department visits due to a diagnosis of sepsis and determine your goal				• SMART Goal-Setting Worksheet (HQIN)
	• Identify gaps in current practice				• Nursing Home Sepsis Gap Analysis (HQIN)
	• Develop tools to monitor, track/trend compliance and clinical outcomes				• Notify a Health Quality Innovators (HQI) Quality Improvement Advisor (QIA) if auditing and monitoring tools are needed

3

Discussion
DIALOG
MEETING
Chat
TALK
BUSINESS
Answers
IDEAS
Communicate
SOCIAL
PROPOSAL
IDEAS
Discuss
Connection
Session
Group
INPUT
CONVERSATION
SHARE
OPERATING
QUESTIONS
EXPLORATION
Community
Group
Dialog
Business
TALK
Debate
Communication
PARTNERSHIP
Forum

Next Steps

- Form a sepsis team
  - Identify a sepsis champion as the point of contact for the partnership
- Complete the Nursing Home Sepsis Gap Analysis
- Share completed analysis by emailing to LTC@hqin.solutions
- Attend next month's Partnership to Prevent Sepsis session
- Reach out to the HQIN team with questions or assistance needs

Next Session:
Early Screening Strategies

Thursday, September 15
11:30 a.m. CST | 12:30 p.m. EST

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FOR MORE INFORMATION

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