



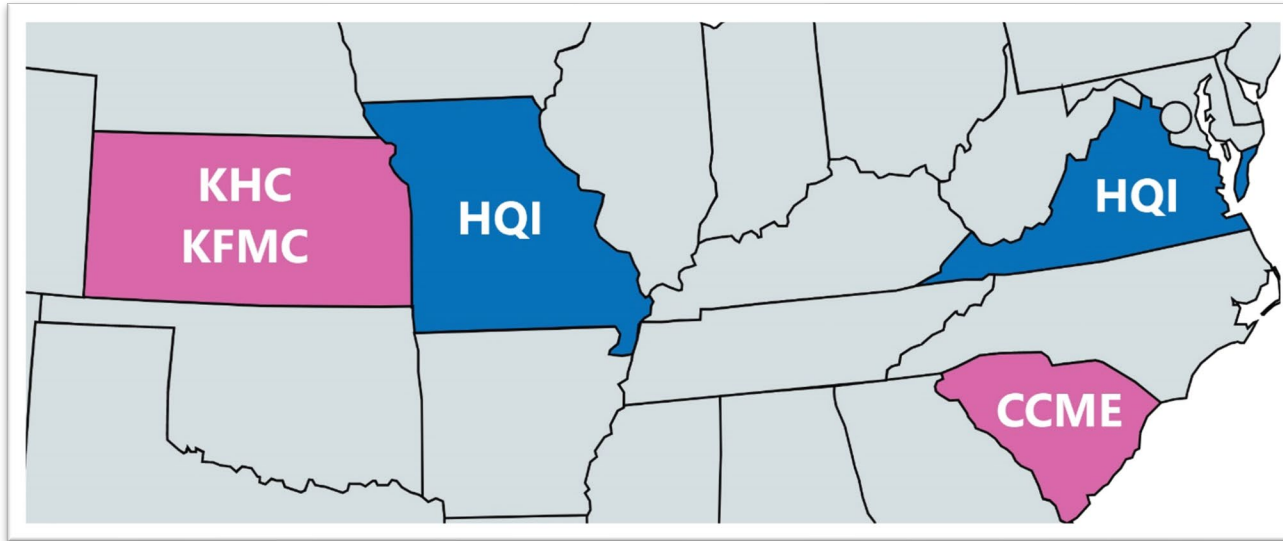


Health Quality Innovation Network

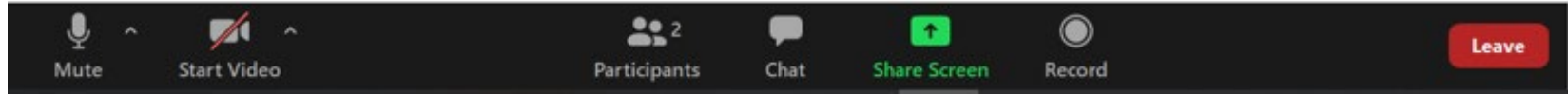
# Partnership to Stop Sepsis

10/20/2022

# Health Quality Innovation Network



# 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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HQIN Consultant



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# Sepsis Risk Assessment Tool

# Objectives

- Discuss the benefits of implementing a sepsis risk assessment and rounding tool.
- Participate in a real-world case study that shows how to move risk assessment from theory into practice.
- Discuss best practices on how to successfully implement the risk assessment and rounding tool.



# Past Sepsis Webinars

## Sepsis Sprint Series

- 6/9/22: [Meeting the Challenge of Sepsis in Long Term Care: Early Recognition Tools & Resources](#)
- 6/16/22: [Early Recognition of Sepsis](#)
- 6/23/22: [Sepsis Risk Assessment and Person-Centered Care Planning](#)
- 6/30/22: [Meeting the Challenge of Sepsis in Long Term Care: Reducing Sepsis Readmissions with QAPI](#)
- 7/7/22: [Reduce Readmissions/ED Visits with Team Communication](#)



# Past Sepsis Webinars, continued

## Partnership to Stop Sepsis

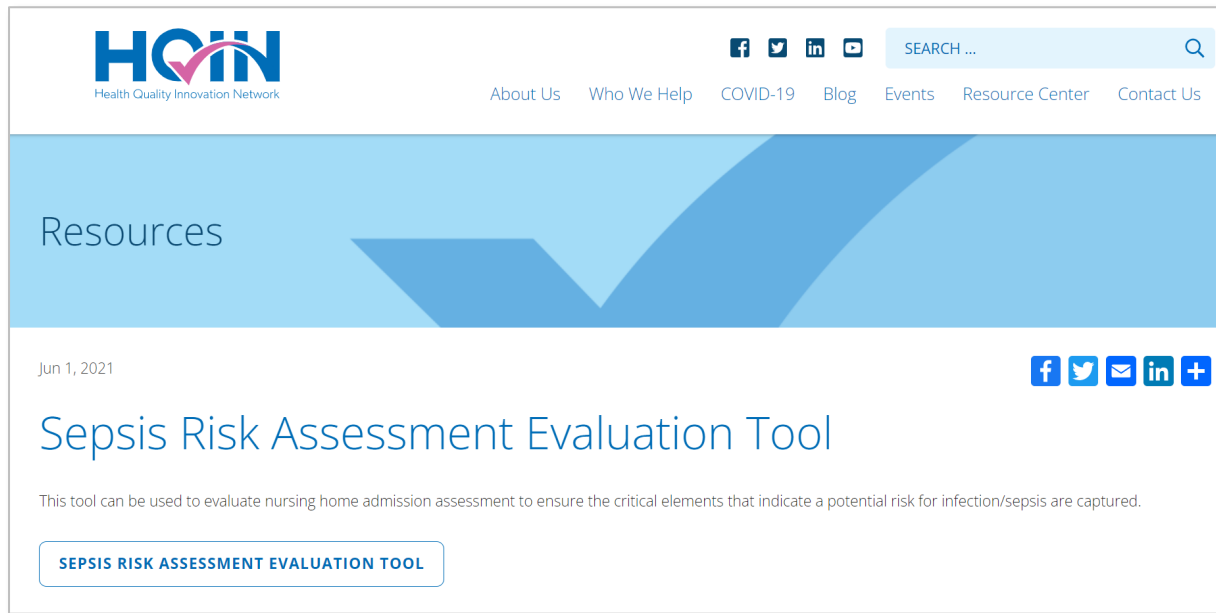
- 8/18/22: [Partnership to Prevent Sepsis](#)
- 9/15/22: [An Approach to Early Sepsis Screening in Nursing Homes: The 100-100-100 Tool](#)

# 100-100-100 Rule Review

- Is their temperature above 100?  
(What is their baseline?)
- Is their blood pressure below 100?  
(What is their baseline?)
- Is their pulse rate above 100?  
(What is their baseline?)
- Are they not acting like their baseline mental status?
- **Risks of delayed sepsis identification:** Death, discomfort, hospitalization, decreased function, death of tissue or prolonged organ damage, general decline, profound illness, devastating hospital costs



# Sepsis Risk Assessment Evaluation Tool



[Sepsis Risk Assessment Evaluation Tool | HQIN](#)

# Sepsis Risk Assessment Evaluation Tool

## 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
Sepsis during hospital stay preceding this admission			
History of sepsis			
Renal concerns <ul style="list-style-type: none"> <li>Chronic renal failure</li> <li>History of stones</li> <li>Recent UTI</li> <li>Foley catheter during preceding hospital stay</li> <li>History of BPH or urinary retention</li> <li>Dialysis</li> </ul>			
Respiratory <ul style="list-style-type: none"> <li>Current or recent upper respiratory infection</li> <li>History of pneumonia during preceding hospital stay</li> <li>Current or recent episode of flu</li> <li>Trach or intubated</li> <li>Chronic: COPD, asthma</li> </ul>			
Gastrointestinal <ul style="list-style-type: none"> <li>CDI infection- current or during recent hospital stay</li> <li>Recent GI surgery or procedure</li> <li>Chronic inflammatory bowel disease</li> <li>Any history of diarrhea/vomiting or gastroenteritis within the past 48 hours</li> </ul>			

## 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/immune modulators</li> </ul>			
History of infection during preceding hospital stay not specified above, specify _____			
Diabetes, particularly if poorly controlled (i.e., F5 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)			

## 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).

History of immunodeficiency autoimmune diseases such as LUPUS or rheumatoid arthritis, post splenectomy, HIV with low CD4 count Specify \_\_\_\_\_

Element contained in Admission Assessment?	Element reflected in Care Plan?	Is follow up required for this element?	Your notes
Resident Placed on High Risk Rounding Tool?			

Enter Date

# Tool Instructions

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



### Instructions for use as a stand-alone screening tool:

Use this tool to help identify residents who may be at risk for sepsis. It includes the sources of infection that frequently lead to sepsis: lungs (respiratory), gut (gastrointestinal), urinary tract and skin/tissue. Weakened immune systems, chronic illnesses, indwelling devices, invasive procedures and certain medications also increase risk. Suggested columns include: element present on admission; new occurrence, existing resident; follow up required- Specify; Notes

There is no “magic” number of indicators that defines the level; each can lead to sepsis. How does the resident look? These elements will guide you in determining *how* you will monitor a new admission or resident. One way is to use *The High Risk Rounding Tool* (courtesy of Genesis) to further monitor and observe the resident. Rounding may be daily or Q-Shift depending on your observation of the resident and the number of risk factors. Identified risk factors can also be used to modify the resident’s care plan and provide information to share with the practitioner.

**Mitigating risk  
by organized  
assessment**

# Can This Patient Be Admitted?

## Pre-Admission Use of the Sepsis Risk Tool

- Was there an infection pre-admission that wasn't treated? Review records you have, recent lab work, chest X-ray.
- If there was sepsis or an infection while in the hospital, has it been properly treated with evidence of resolution?
- Do you have access to the records you need? Call the hospital, using your best resources.
- What are the vital signs and trends? Do family members or staff report different mentation or function?

Does the facility have the capability to quickly respond to sepsis and treat? (Including IV fluids, stat antibiotics, access to lab/X-ray assessment)

# Patient: Mrs. Upstone

80 years old, hx arthritis, GERD, came in for a hip replacement. She hasn't done as well as expected so she is sent to your facility for rehabilitation despite plans to go home. You review her labs and note she had evidence of a possible UTI preoperatively that doesn't seem to be treated. She was not treated for sepsis in the hospital.



**Identify her risks in Chat**

# Risks and Red Flags

- Major surgery to hip
- Surgical site
- Possible pre-op UTI
- Didn't do as well as expected
- Likely operative foley
- Age
- What else?





# Use the Sepsis Risk Tool on Admission

## 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
Sepsis during hospital stay preceding this admission			
History of sepsis			

**Mrs. U. should  
be on routine  
resident  
rounding by/on  
the next day:  
Use the Sepsis  
Risk Assessment  
Tool on rounds**

	Element contained in Admission Assessment?	Element reflected in Care Plan?	Is follow up required for this element?	Your notes
<b>Renal concerns</b> <ul style="list-style-type: none"> <li>• Chronic renal failure</li> <li>• History of stones</li> <li>• Recent UTI</li> <li>• Foley catheter during preceding hospital stay</li> <li>• History of BPH or urinary retention</li> <li>• Dialysis</li> </ul>			✓	
<b>Respiratory</b> <ul style="list-style-type: none"> <li>• Current or recent upper respiratory Infection</li> <li>• History of pneumonia during preceding hospital stay</li> <li>• Current or recent episode of flu</li> <li>• Trach or intubated</li> <li>• Chronic- COPD, asthma</li> </ul>				
<b>Gastrointestinal</b> <ul style="list-style-type: none"> <li>• CDI infection- current or during recent hospital stay</li> <li>• Recent GI surgery or procedure</li> <li>• Chronic Inflammatory bowel disease</li> <li>• Any history of diarrhea/vomiting or gastroenteritis within the past <u>48 hours</u></li> </ul>				

# Mrs. Upstone: Next-Level Thinking

- Do any notes indicate that Mrs. Upstone had a foley catheter during hospitalization?
- Could Mrs. Upstone have had antibiotics during or after surgery to treat something?
- Have you assessed any issues other than her obvious surgical site, surgery or possible UTI? Consider intubation during surgery, medications and fluids received, etc.



# Skin Risk and Medication Risk

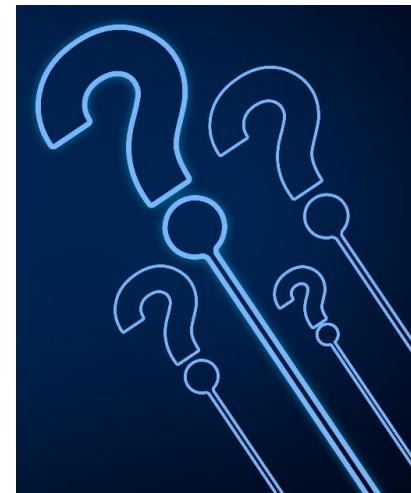
<p>Use this tool to evaluate your admission nursing assessment to ensure you are capturing all the critical elements that indicate a potential risk for infection/sepsis. The best way to prevent sepsis is to prevent infection and intervene early if infection does exist. You can also use this as a stand-alone 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).</p>				
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<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>	✓		✓	

	Element contained in Admission Assessment?	Element reflected in Care Plan?	Is follow up required for this element?	Your notes
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.)				✓ on
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)				
History of immunodeficiency autoimmune diseases such as LUPUS or rheumatoid arthritis, post splenectomy, HIV with low CD4 count Specify_____				
Resident Placed on <b>High Risk Rounding Tool?</b>	Enter Date			

# Polling Question

Where and when is your highest risk?

- A. We see sepsis within a week of a hospital admission
- B. We see sepsis with pneumonia
- C. We see sepsis with UTI
- D. Sepsis seems to follow surgery
- E. We aren't sure if a patient has sepsis until they have gone back to the hospital



With careful screening before and during admission, Mrs. Upstone improved and returned home.



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

# Discussion



# **Next Session: Audit, Measure and Feedback for Success**

**Thursday, November 17, 2022  
11:30 a.m. CST | 12:30 p.m. EST**



# FOR MORE INFORMATION

Call 877.731.4746 or visit [www.hqin.org](http://www.hqin.org)

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