

Sepsis Simple Strategies: Safe Transitions of Care Hospitals to Nursing Facilities

Think About It!

In older adults, sepsis is 1.96 times more likely to result in a readmission to a hospital than non-sepsis hospitalizations.

More than 40% of older patients have another hospitalization within three months of the initial sepsis, most commonly due to a repeat episode of sepsis or another infection.

Nursing home residents are over six times more likely to present with sepsis in the emergency room than non-nursing home residents. Sepsis and Long-Term Care explains some of the issues that can increase sepsis risk.

Take Action!

Collaboration and communication between care settings is vital to ensuring safe transitions of care for sepsis survivors!

Collaboration

Partner with your local nursing facilities and transport teams to:

1. Discuss your data trends related to sepsis patients.
 - How many are returning to the hospital for emergency department (ED) visits or readmissions?
 - How soon are they returning?
 - Review cases and learn from each other to conduct a root cause analysis and identify improvement opportunities with the transition or return processes.
 - The [INTERACT® QI Tool](#) can help you to organize and analyze returned patients to the hospital.
2. Discuss current transition processes for sepsis patients and prioritize improvements.
 - You can start an improvement cycle with just one patient and adjust as needed.
 - [Use this PDSA Worksheet](#)
3. Understand the nursing facility capabilities and environment as you prepare patients for the transition.
4. Consider how the hospital infection preventionist (IP) teams can assist with nursing home staff education.

Communication

- **Say Sepsis** – ensure that the receiving facility team understands that the patient is recovering from sepsis.
- Be aware that patients may be on new medications, restarting prior home medications held during their hospital stay, or changing from IV to PO for antibiotics and other medications.
- Ensure a comprehensive medication review occurs prior to transition and at admission to nursing facility.
 - [INTERACT® Medication Reconciliation Worksheet for Post-Hospital Care](#)

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Communication (continued)

- Discuss the plan of care to support the patient in the nursing home. Identify sepsis-specific risk factors and next steps.
- Share the patient's end-of-life wishes and goals of care.
- Display Health Quality Innovation Network's (HQIN) [Transfer Communication Sepsis Fact Sheet](#) to help ensure a safe transition of care.
- Share the level of patient and family understanding about sepsis and any educational needs.

Sepsis Fact Sheets (Education for Clinicians, Patients and Families)

SEPSIS Fact Sheet: Acute Care Nursing Staff

Use SBAR *Situation-background-assessment-recommendation* method of communication for clinical report to physicians

Use Teach Back for sepsis discharge instruction – use video/visual resources

Say "SEPSIS" call it what it is so more patients survive

ENHANCING SEPSIS SURVIVORSHIP

Sepsis survivors are at risk for cognitive, functional and medical disabilities

- Encourage early mobility in hospital
- Ensure medication and dosage reconciliation at time of discharge
- Educate patient and family about signs of sepsis, expectations for recovery and post-sepsis syndrome
- Listen to the patient

EMPHASIZE INFECTION PREVENTION

- Hand hygiene
- Wound care
- Vaccinations for flu, pneumonia, others
- Take medications as prescribed

SIGNS OF SEPSIS*

- Shivering
- Extreme pain
- Pale skin
- Sleepiness
- 'I feel like I might die'
- Shortness of breath

ENSURING A SUCCESSFUL DISCHARGE

- Provide self-monitoring tool for home
 - Review symptom inventory
 - Take body temperature
- Review who to call and where to go for help
- Provide an action plan
 - Identify where a patient should go for help
 - For severe symptoms, call 911
- Prior to discharge, schedule follow-up appointment (within 7 days of discharge)
- Discuss nutrition and hydration – give examples
- Call discharged sepsis patients within 48 hours to confirm:
 - Patient has medication/antibiotics
 - Patient has follow-up appointment
 - Home service has visited, if applicable
 - If there are changes in health or mood

LEARN MORE: www.sick.sepsis.org
*Sepsis Alliance at www.sepsis.org

SEPSIS IS A MEDICAL EMERGENCY

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Acute Care Nursing Staff

SEPSIS Fact Sheet: Health Care Providers

Patients with a sepsis diagnosis are at higher risk for:

- Exacerbation of chronic diseases
- Immunosuppression
- Recurrent infections
- Cognitive impairments
- Anxiety and depression
- Physical disability
- Early mortality

SAY SEPSIS

Call it what it is so more patients survive

SEPSIS AND HOSPITALIZATIONS

More than any other condition, individuals hospitalized for sepsis are twice as likely to be readmitted to the hospital within 30 days.

Primary care sites and providers should identify this condition during post-hospital follow-up appointments to provide additional education and support to ensure patients' best survival.

FOCUS ON POTENTIALLY PREVENTABLE CONDITIONS AFTER DISCHARGE

- Infection
- Congestive heart failure
- Acute renal failure
- COPD exacerbations
- Aspiration

ENHANCING SEPSIS SURVIVORSHIP

- Timely and effective sepsis treatment
- Early mobility in hospital
- Screen for physical and mental impairment at discharge, and at first outpatient visit
- Review medications and dosages at discharge – involve pharmacy
- Vaccinate patients
- Educate patients about sepsis diagnosis, recovery expectations and post-sepsis syndrome
- Promote functional recovery – refer to rehab
- Keep it simple at discharge
- Refer patients to support groups
- Schedule early (<7 day) follow-up visit after discharge
- Complete discharge summary within 48 hours so available to primary care provider
- Document sepsis, source and antibiotics
- Prescribe home health services if patient is unable to manage medications at home
- Encourage self-monitoring for signs of infection
- Listen to your patient
 - Discuss goals of care with patient
 - Consider palliative focus for patients with declining health prior to sepsis

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Health Care Providers Sepsis Fact Sheet

SEPSIS Fact Sheet: Sepsis is a Medical Emergency

AWARENESS! THE SIGNS OF SEPSIS*

- Shivering
- Extreme pain
- Pale skin
- Sleepiness
- 'I feel like I might die'
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WHAT IS SEPSIS?

Germs cause an infection that can enter your bloodstream and, if not stopped, can lead to sepsis. Sepsis is the body's extreme response to an infection, causing your organs to shut down one by one and can be deadly.

Those at highest risk for sepsis are:

- Children less than one year old
- Elderly greater than 60 years old
- Those with chronic conditions or weak immune systems
- Those with wounds or surgical incisions

WAYS TO PREVENT SEPSIS

- Wash your hands often and keep cuts and wounds clean to prevent infection
- Stay up to date on all vaccinations
- Know the signs of sepsis
- ACT FAST! If you have an infection or wound that is not getting better or is getting worse

TIME MATTERS! It's a race against the clock!

Sepsis is treatable with antibiotics if caught in time. The more time you spend without antibiotics, the less time you have to fight for your life.

Get medical care immediately and ask your health care provider "Could my infection be leading to sepsis?"

LIFE AFTER SEPSIS

More patients are surviving sepsis but many suffer from new problems:

- Memory loss
- Anxiety or depression
- Weakness and difficulty with routine tasks
- Difficulty sleeping
- Recurrent infection
- Medical setbacks from chronic conditions of the heart, lung or kidney

HOW CAN I HELP MYSELF RECOVER?

- Set small goals for yourself—like bathing
- Rest to rebuild your strength
- Eat a balanced diet
- Exercise as you feel up to it—like walking
- Surveillance helps
 - watch for signs of new or repeat infection
 - Take your temperature twice a day

LEARN MORE: www.sick.sepsis.org
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Sepsis is a Medical Emergency - Patient & Family Education

Create a free account at <http://www.pathway-interact.com> to access INTERACT® referenced tools.

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