**Topic Area: SEPSIS**

*Visit the* [*HQIN Resource Center*](https://hqin.org/resource/action-plan-templates/) *to access additional action plan templates on topics including infection control, vaccination and hand hygiene.*

**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 Worksheet](https://hqin.org/resource/five-whys-worksheet/), [QAPI Fishbone Diagram](https://hqin.org/resource/qapi-fishbone-diagram/), Cause & Effect Diagram)
* Conduct a [Plan-Do-Study-Act (PDSA)](https://hqin.org/wp-content/uploads/2021/03/PDSA-Worksheet-508.pdf) to test intervention, review results and adjust actions needed

**Identify Infection Prevention and Control Gaps & Areas of Opportunity:**

* [CDC’s Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings](https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html)
* Review previous survey findings, federal and state regulations and CDC updates for long-term care facilities
* Check [CMS Quality Safety & Oversight (QSO) memos](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions)

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

**1**

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

**2**

| **Project Start/ Completion Date** | **Specific Actions & Interventions** | **Person/Team Responsible**  *\*Include QAPI Committee* | **Ongoing Monitoring & Surveillance** | **Resources & 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 | **3** |  | * [SMART Goal-Setting Worksheet (HQIN)](https://hqin.org/wp-content/uploads/2020/07/SMART-Goal-Setting-Worksheet_508.pdf) |
|  | * Identify gaps in current practice |  |  | * [Nursing Home Sepsis Gap Analysis (HQIN](https://hqin.org/resource/nursing-home-sepsis-gap-analysis/)) |
| **5** | * 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 |
|  | Provide staff education on early detection and guidance   * Residents at risk * Early signs and symptoms * Initial treatment   **5** |  |  | * [Sepsis Learning Module Series (HQIN](https://hqin.org/resource/sepsis-learning-module-series/)) * [Act Fast! Early detection of Sepsis requires fast action (HQIN)](https://hqin.org/wp-content/uploads/2021/06/Sepsis-Early-Detection-Toolkit-508.pdf) * [INTERACT Guidance on Management of Possible Sepsis (HQIN](https://hqin.org/resource/interact-guidance-on-management-of-possible-sepsis/)) * [Seeing Sepsis Long Term Care Poster (MHA)](https://www.mnhospitals.org/Portals/0/Documents/ptsafety/SeeingSepsisLTC/1.%20Seeing%20Sepsis%20-%20LTC%20Poster.pdf) * [Skilled Nursing Facility Sepsis Algorithm for Adults (HQIN)](https://hqin.org/wp-content/uploads/2021/06/Sepsis_Toolkit_snfAlgorithmFlyer_0603221_508.pdf) * [SBAR Communication for Possible Sepsis (HQIN](https://hqin.org/resource/sbar-communication-for-possible-sepsis/)) |
|  | * Implement a process to screen residents for sepsis |  |  | * [Sepsis Risk Assessment Evaluation Tool (HQIN](https://hqin.org/resource/sepsis-risk-assessment-evaluation-tool/)) |
|  | * Implement a process (standing order/protocol) for sepsis treatment |  |  | * [Skilled Nursing Facility Sepsis Algorithm for Adults (HQIN](https://hqin.org/resource/skilled-nursing-facility-sepsis-algorithm-for-adults/)) |
|  | * Provide tools |  |  | * [SBAR Communication for Possible Sepsis (HQIN](https://hqin.org/resource/sbar-communication-for-possible-sepsis/)) * [Skilled Nursing Facility Sepsis Algorithm for Adults (HQIN](https://hqin.org/resource/skilled-nursing-facility-sepsis-algorithm-for-adults/)) * [Seeing Sepsis Wallet Cards (HQIN](https://hqin.org/resource/seeing-sepsis-wallet-cards/)) * [Act Fast! Early Detection of Sepsis Requires Fast Action (HQIN)](https://hqin.org/wp-content/uploads/2021/06/Sepsis-Early-Detection-Toolkit-508.pdf) |
|  | * Educate residents and families about sepsis signs and symptoms |  |  | * [Resident and Family Guide to Understanding Sepsis (HQIN](https://hqin.org/resource/resident-and-family-guide-to-understanding-sepsis/)) * [Stop and Watch Early Warning Tool (INTERACT)](https://pathway-interact.com/wp-content/uploads/2021/08/12-INTERACT-Stop-and-Watch-Early-Warning-Tool-2021.pdf) * [Sepsis Stoplight Tool (HQIN](https://hqin.org/resource/sepsis-stoplight-tool/)) |
|  | * Establish lines of communication with your referring hospital(s)   **4** |  |  | * [Engaging Hospitals in Your Program (INTERACT)](https://pathway-interact.com/wp-content/uploads/2021/08/17-INTERACT-Engaging-Your-Hospitals_Tip-Sheet-2021.pdf) * [SNF/NF Capabilities List (INTERACT)](https://pathway-interact.com/wp-content/uploads/2021/08/18-INTERACT-SNF_NF-Capabilities-List-2021-1.pdf) * [SNF/NF to Hospital Transfer Form (INTERACT)](https://pathway-interact.com/wp-content/uploads/2021/08/19-INTERACT-SNF_NF-Hospital-Transfer-Form-06-17-2021.pdf) * [Acute Care Transfer Document Checklist (INTERACT)](https://pathway-interact.com/wp-content/uploads/2021/08/21-INTERACT-Acute-Care-Transfer-Checklist-2021.pdf) * [SBAR Communication Form (INTERACT)](https://pathway-interact.com/wp-content/uploads/2021/08/15-INTERACT-SBAR-Communication-Form-2021.pdf) |
|  | * Report findings and compliance at monthly/quarterly QAPI meeting |  |  | * [QAPI At a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home](https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapiataglance.pdf) |

**8**

**5**

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/HQI/QIN-QIO-0763-04/05/24