

Daily Strategies To Use During Your **Nursing Home** Stand-Up Meetings

Series Focus: Sepsis

The following Health Quality Innovation Network resource is a four-week education series tailored for nursing home stand-up meetings aimed at **decreasing sepsis**.

The five short, concentrated evidence-based talking points in each week's lesson can easily be included in daily stand-up meetings to increase staff knowledge on relevant sepsis topics. The program is designed to empower nursing home staff with practical knowledge to foster a safe environment.

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-0802-06/06/24





Week 1: Staff Education on Sepsis

Monday

Sepsis is a Medical Emergency!

Introduce sepsis education to your team at a stand-up meeting today. Explain that each day during the next four weeks, there will be a short discussion on sepsis for the group. To begin the educational series, consider designating a sepsis champion and creating a sepsis education bulletin board for staff, residents and family members.

Ask, "Does everyone on our team know what sepsis is?"

Print the [Sepsis is a Medical Emergency](#) resource and share with the team, then post it on your educational bulletin board.

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'
 Shortness of breath

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.cdc.gov/sepsis
 *Sepsis Alliance at www.sepsis.org

SEPSIS IS A MEDICAL EMERGENCY

Quality Improvement | HCIN

Tuesday

Early detection of sepsis requires fast action!

What are the signs and symptoms of sepsis? Does your staff know how to recognize and detect sepsis early?

Review the following resources with staff and post where they can see and reference them:

ACT FAST!
 Early detection of SEPSIS requires fast action

HOIN

If a resident has unexplained changes (SIRS) two or more:

- Temperature >100°F or <98.6°F
- Pulse >100
- HR >20 bpm faster or <60 bpm from baseline
- Respiratory rate >20 breaths per minute
- Any two vital signs

Plan for:

- Monitor vitals closely
- Notify the physician
- Obtain blood cultures
- Obtain urine culture
- Obtain sputum culture
- Obtain stool culture
- Obtain wound culture
- Obtain blood cultures
- Obtain urine culture
- Obtain sputum culture
- Obtain stool culture
- Obtain wound culture

Every hour a resident in septic shock doesn't receive antibiotics, the risk of death increases 7.6%!

Call the doctor!

Seeing Sepsis

If their temperature is above 100°F

If their heart rate is above 100

If their blood pressure is below 100

And does the resident just not look right? Tell the nurse, screen for sepsis and notify the physician immediately.

ACT FAST!

What is Sepsis?

Sepsis is a life-threatening condition that occurs when the body's immune system overreacts to an infection, causing organ dysfunction and tissue damage. The body's immune system overreacts to the infection, causing the body to shut down one by one and can be deadly.

Signs and Symptoms:

- Change in mental status (confusion or disorientation)
- Change in urine
- Fast breathing or feeling cold
- High heart rate
- Low blood pressure
- Decreased blood counts
- Increased heart rate

Plan for:

- Monitor vitals closely
- Notify the physician
- Obtain blood cultures
- Obtain urine culture
- Obtain sputum culture
- Obtain stool culture
- Obtain wound culture

SEPSIS

ACT FAST! If you have an infection or wound that is not getting better or is getting worse

Seeing Sepsis

If their temperature is above 100°F

If their heart rate is above 100

If their blood pressure is below 100

And does the resident just not look right? Tell the nurse, screen for sepsis and notify the physician immediately.

[Act Fast! Early Detection of Sepsis Requires Fast Action](#)

[Sepsis Pocket Card](#)

[Seeing Sepsis Cards for Long-Term Care](#)

Wednesday

As your team is working to improve sepsis education and communication, it is important to know what to do and when. Do not delay treatment!

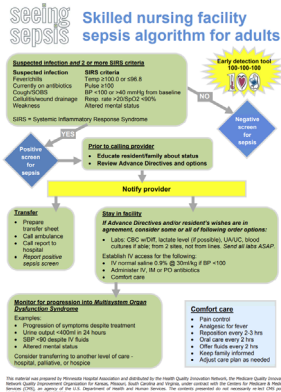
Ask these question(s):

1. How do you know what to do when sepsis is suspected?

2. Are you communicating with the physician the appropriate information?

Review the following resources with clinical staff and post at the nurse station to ensure best practices are followed and the physician is getting the information they need.

Skilled Nursing Facility Sepsis Algorithm for Adults



SBAR Communication for Possible Sepsis

Also, email this link to your nurses to watch today: [Effective Communication is Critical for Rapid Sepsis Intervention Learning Module.](#)

Thursday

The INTERACT "Stop and Watch Early Warning Tool" is a best practice for communicating a change in condition while caring for a resident.

Ask these question(s):

1. Are you using the Stop and Watch tool consistently to identify residents' change of condition?
2. Is it working well?

3. Can it be better?

Evaluate your current system for using the Stop and Watch tool. If you are not using it, consider implementing the tool now to detect early changes in resident condition. **Print and share the [Stop and Watch Early Warning Tool](#) with your staff. Discuss how it could be implemented or improved upon in your facility.**

Friday

Remember the signs of **SEPSIS**: **S**hivering, **E**xtrême pain, **P**ale skin, **S**leepiness, **"I feel like I might die,"** and **S**hortness of breath

Ask these question(s):

1. Does everyone on the team know

the signs of sepsis?

As a review of the week, share the [Post-Acute Care Facilities Sepsis Fact Sheet](#). Print and post it on the educational bulletin board.

PREVENTION

Week 2: Sepsis Prevention

Monday

Any infection puts residents at risk for sepsis. Identification of infections can be more difficult when residents have communication or cognitive deficits. Discuss symptoms that should be communicated to a resident's nurse or provider.

How are symptoms such as increased falls,

decreased oral intake, or malaise evaluated to identify possible infections?

Print the following pocket cards and share them with the team. Review the symptoms of urinary tract infections and aspiration pneumonia and discuss the methods for communicating any symptoms.

Urinary Tract Infection Surveillance Pocket Card

General Symptoms

Fever

- Single oral temp $\geq 100.4^{\circ}\text{F}$ (37.8°C), OR
- Repeated oral temp $\geq 99^{\circ}\text{F}$ (37.2°C), OR
- Repeated rectal temp $\geq 99.5^{\circ}\text{F}$ (37.5°C), OR
- Single temp $\geq 2^{\circ}\text{F}$ (1°C) from baseline from any site

Leukocytosis

- $\geq 14,000$ WBC / mm³, OR
- ≥ 10 bands, OR
- $\geq 1,500$ bands / mm³

Acute Mental Status Change

- Acute onset AND Fluctuating abnormal behavior, i.e. delirium, AND Inattention, AND Either disorganized thinking, OR altered level of consciousness

Acute Functional Decline

Report increase in baseline activities of daily living (ADL) score according to the following items:

- Bed mobility
- Transfer
- Locomotion within LTCF
- Dressing
- Toilet use
- Personal hygiene
- Eating

Each scored from 0 (independent) to 4 (total dependence)

Revised 03/2021 (added to) infection surveillance checklist.pdf

Aspiration Pneumonia Pocket Card

Aspiration pneumonia is a type of pneumonia caused by the infiltration of something other than air, such as food, saliva or other substances into the lungs. The condition is typically caused by bacteria that normally reside in the mouth or nasal passages.

Risk Factors

- Dysphagia (difficulty swallowing) can come from aging, many disorders, illnesses or damage
- Tube feeding
- Poor oral health & care
- Weakened immune system
- Alcoholism
- Frailty

Symptoms

- Bluish skin color (cyanosis) indicates worsening condition – escalate immediately
- Cough, sometimes with yellow or green sputum
- Difficulty swallowing
- Fatigue
- Fever
- Shortness of breath (dyspnea)
- Chest pain
- Halitosis (bad breath)
- Sweating
- Low oxygen levels

Revised 03/2021 (added to) infection surveillance checklist.pdf

Tuesday

Vaccination is a simple way to prevent or lessen the impact of infections. As resident advocates, you should provide residents with the knowledge and opportunity to protect themselves from diseases like pneumonia, influenza, RSV and COVID-19.

How can you make sure residents have access to information

and vaccines? How do you keep track of when vaccinations are due?

Review the [vaccination resources](#) like the one on RSV (pictured here) for patient's families, residents and family members and let them lead a conversation about vaccination.

Review HQIN's [Resident Influenza, Pneumococcal, TB Vaccination Log](#).

Consider downloading the log to assist with tracking and timing for vaccinations.

Vaccines save lives
Protect yourself from respiratory syncytial virus (RSV)

Have you had a vaccine?

The RSV vaccine can help protect you from the virus. Two RSV vaccines came out in 2023. Have you or your loved one had either one? Ask your health care office, pharmacy or someone you may have gotten a vaccine. They can check their records or the state vaccine registry. Your health can't wait. Talk with your current health care team. They can check what vaccines you should get for your best protection.

Know the facts about RSV vaccines.

The RSV vaccine is just one dose. You can take it at the same time as other vaccines. You can't get RSV from the vaccine.

What is RSV?

RSV is like having a cold with a runny, stuffy nose, sore throat and cough, but worse. RSV can also cause fever, tiredness and lack of appetite. Being 60 years of age or older is a risk factor for getting RSV. It is very contagious. People in long-term care facilities are also at risk. For some people, RSV can make them very sick with high fevers, wheezing, a bad cough, breathing fast, chest tightness, fast heartbeat and blue skin from not getting enough air. Each year, thousands of people end up in the hospital or even die from RSV.

Syncytial, the S in RSV is a type of cell found in those with RSV. This virus can be diagnosed by the symptoms and/or with a laboratory test. It can spread in the air or by touch.

Ways to prevent RSV:

- Get the RSV vaccine
- Wash your hands regularly
- Wear a mask if you have a cough or are near ill people
- Stop smoking
- Maintain a healthy diet
- Keep surfaces clean

Scan to learn more about RSV vaccination.

Together, we can make a plan for your best protection!

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Wednesday

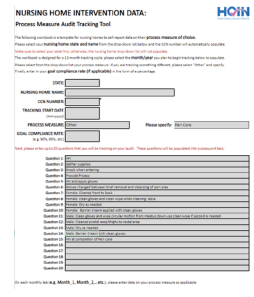
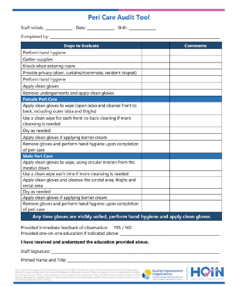
Urinary tract infections (UTIs) are one of the most common infections, but they can lead to serious complications, including sepsis. They are also often preventable. You can help prevent UTIs by proactively providing residents hydration, hygiene and help to the bathroom.

Discuss your facility's current hydration and toileting programs.

1. How do staff know which residents are participating in the programs?
2. How are residents selected for the programs?
3. How often are education and audits performed for peri-care?

Review the [Peri Care Audit](#) and [Audit Tracking](#) tools below and consider including auditing into your education.

[Peri Care Audit Tool](#)



[Peri Care Audit Tracking Tool](#)

Thursday

When you identify a possible symptom of infection or sepsis (or any concerning finding), you decide who to notify and when to do it.

How do you decide what symptoms need to be reported to a provider? Who can staff include in the decision-making process if they are unsure?

Discuss your current method for reporting symptoms to providers. Review these [INTERACT Decision Support Tools](#). You will need to register for a FREE account to access these tools. Change in condition cards and care paths can help with decision-making. Consider incorporating them into the evaluation process.

Friday

Infections that are resistant to antibiotics can be difficult to treat. Antibiotic stewardship initiatives promote responsible antibiotic use and help

preserve the effectiveness of antibiotics when they are needed. **Discuss your facility's antibiotic stewardship program with staff.**

Use the Centers for Disease Control and Prevention's (CDC) [Viruses or Bacteria: What's got you sick?](#) resource to review with (or quiz) staff about infections that are treatable with antibiotics.

Viruses or Bacteria What's got you sick?

Antibiotics are often prescribed when they are not needed for respiratory infections. Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms.

Common Respiratory Infections	Common Cause			Are Antibiotics Needed?
	Virus	Virus or Bacteria	Bacteria	
Common cold/runny nose	✓			No
Sore throat (except strep)	✓			No
COVID-19	✓			No
Flu	✓			No
Bronchitis/whooping cough (in otherwise healthy children and adults)		✓		Yes**
Middle ear infection		✓		Maybe
Sinus infection		✓		Maybe
Strep throat			✓	Yes
Whooping cough			✓	Yes

BE ANTIBIOTICS AWARE To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.

LTC Antibiotic Stewardship Resources

December 2022

Jump Start Your Antibiotic Stewardship Program (ASP)

The Centers for Disease Control and Prevention (CDC) [Core Elements of Antibiotic Stewardship for Nursing Homes](#) includes the CDC Core Elements of Hospital Antibiotic Stewardship into practical ways to initiate or expand antibiotic stewardship activities in nursing homes.

Nursing homes are encouraged to work in a step-wise fashion, implementing one or two activities to start and gradually adding new strategies from each element over time. Any action taken to improve antibiotic use is expected to reduce adverse events, prevent emergence of resistance and lead to better outcomes for residents in this setting.

- The Core Elements of Antibiotic Stewardship for Nursing Homes
- Checklist: Core Elements of Antibiotic Stewardship for Nursing Homes
- Appendix A: Policy and Practice Actions to Increase Antibiotic Use
- Appendix B: Measures of Antibiotic Prescribing, Use and Outcomes

Toolkits

The Agency for Healthcare Research and Quality (AHRQ) developed the Nursing Home Antimicrobial Stewardship Guide. The Guide includes a collection of instructions and handy materials that nursing homes can use to improve antibiotic use. Each nursing home can choose which toolkits, or parts of toolkits, best suit its needs.

- Nursing Home Antimicrobial Stewardship Guide
- Review the Antimicrobial Stewardship Toolkit Contents

The Nursing Home Antimicrobial Stewardship Modules include four tested, evidence-based toolkits to help optimize antibiotic use in nursing homes. The modules are intended to assist nursing homes develop antimicrobial programs.

- Implement, Monitor, and Sustain an Antimicrobial Stewardship Program
- Determine Whether It Is Necessary to Treat A Potential Infection with Antibiotics
- Help Caregivers Choose the Right Antibiotic
- Educate and Engage Residents and Family Members

The Minnesota Department of Health developed an Antimicrobial Stewardship Program Toolkit for Long Term Care Facilities. The core tools include: Action steps and strategies for implementing antimicrobial stewardship, an antimicrobial stewardship gap analysis, nursing staff and provider antibiotic use attitudes and beliefs survey, an antimicrobial use assessment tool, and a nursing process evaluation tool.

- Minnesota Antimicrobial Stewardship Program Toolkit for LTC Facilities

Review the [Long Term Care Antibiotic Stewardship Resources](#) and discuss what tools may strengthen your facility's antibiotic stewardship program.



Week 3: Sepsis Risk Assessment and Care Planning

Monday

Knowing your home's population is imperative to quality care and the resident assessment.

Ask these question(s):

1. Do your care plans include interventions appropriate to the level of risk such as more frequent monitoring of vital signs and mental status?
2. Is there an established care plan audit process?
3. Does the audit process include verification of intervention implementation?

Complete the [Nursing Home Sepsis Gap Analysis](#) with your team to promote knowledge of sepsis and facility gaps in care.

Nursing Home Sepsis Gap Analysis					
Element	Yes	No	N/A	Unclear	Comments
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?					
Committees					
4. Do you report on sepsis at?					
a. Quality Committee					
b. Infection Control Committee					
5. Do you share infection or sepsis data with staff? If yes, list type of data under comments.					
6. Do you share information with patients and families? If not, under comments.					
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 offer skills days for nursing assistant sepsis training?					
10. What are the tools you use to train staff, i.e. WREACT, Nursing Sepsis 100 or other? List under comments.					
a. Do you have sepsis education materials for staff?					
b. Do you have sepsis education materials for patients and families?					
Early Identification of Sepsis & Infection Risk					
11. Does your admission nursing assessment include an infection and sepsis risk assessment?					



Tuesday

Identification of risks is a vital part of the care planning process. By completing the "Sepsis Risk Assessment Evaluation Tool" our team can not only identify areas of improvement in the admission process, but also identify risk by using the tool as a stand-alone risk assessment to initiate a list for "high-risk rounding."

Ask the following question:

1. Is staff aware of the risks/signs/symptoms of sepsis?

Refer to the [Sepsis Pocket Card](#) and the [Seeing Sepsis Wallet Cards](#) from week one of this Nursing Home Stand-Up Meeting Series.

Complete the [Sepsis Risk Assessment Evaluation Tool](#), share it with your team and discuss the best way to improve the admission process. Repeat this quarterly and as needed with status changes. Consider using the results of the tool to develop a list of residents for high-risk rounding.

SEPSIS RISK ASSESSMENT EVALUATION TOOL – HEALTH QUALITY INNOVATION NETWORK



The HQT tool to evaluate your admission nursing assessment to ensure you are capturing all the critical elements that indicate a potential risk for infection/sepsis. This tool may be used to prevent sepsis, to prevent infection and intervene early if infection does exist. How to use: Use this tool 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 continued in Admission Assessment	Element reflected in care plan?	Is follow up required for this element?	Your notes
Sepsis during hospital stay preventing this admission				
History of sepsis				
Renal concerns				
<ul style="list-style-type: none"> Chronic renal failure History of stones Recent UTI Foley catheter during preceding hospital stay History of BPH or urinary retention Diabetes 				
Respiratory				
<ul style="list-style-type: none"> Current or recent upper respiratory infection History of pneumonia during preceding hospital stay Current or recent episode of flu Trauma or intubated Chronic COPD, asthma 				
Gastrointestinal				
<ul style="list-style-type: none"> 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 180 days 				

Wednesday

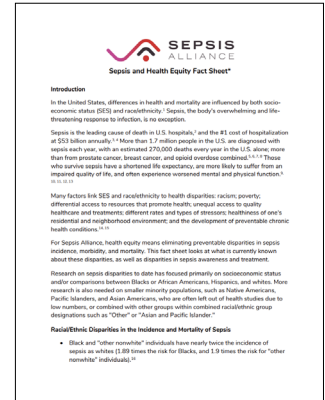
Sepsis is not specific and affects everyone, however, some people have a higher risk for sepsis, including African Americans, Hispanics, American/Alaskan Natives and Native Hawaiians.

Ask these questions:

1. What is the culture of our population?

2. Do we know what puts a patient at higher risk?
3. Is this information included in the care plan?

Review the [Sepsis and Health Equity Fact Sheet](#) to assist your team with identifying individuals who are at a higher risk due to socioeconomic status and race/ethnicity.



Thursday

The care team must have knowledge of and know how to access each resident's care plan.

Surveyors will ask staff members how and where to access the plan.

Ask these questions:

1. Does everyone on the team have access

- and know how to access the care plan?
2. How is information communicated to the Resident Care/MDS Coordinator to update the care plan?

Review with the team your process to view the care plan and reiterate effective sepsis communication.



Encourage your team to visit [HQI Academy](#) and register by clicking on "SIGNUP" in the upper right. Complete the concise form to create your account. Once logged in, you will have access to a variety of courses on the main dashboard including [Effective Communication is Critical for Rapid Sepsis Intervention](#).

Friday

Early detection of sepsis can prevent hospitalization and rehospitalization! A rehospitalization risk assessment can assist in identifying those at higher risk for sepsis.

Ask these questions:

1. What is the prior

- hospitalization pattern? What active chronic conditions does the resident have?
2. What risk factors are present?

Review the [Skilled Nursing Facility Rehospitalization Risk Assessment](#) with staff and post where they can use it as a reference.

The form is titled 'Skilled Nursing Facility (SNF) Re-Hospitalization Risk Assessment'. It includes fields for 'Date', 'Anticipated Date of Discharge', 'Resident Name', and 'Primary Physician'. Below these are sections for 'PRIOR PATTERNS - Resident has had' (with checkboxes for hospitalizations, falls, and sepsis), 'ACTIVE/CHRONIC CONDITIONS - Resident has' (with checkboxes for various medical conditions), and 'RISK FACTORS - Resident has (or is)' (with checkboxes for various risk factors). At the bottom, there is a 'Total number of boxes checked' field and a note: 'Five or more boxes checked indicates the resident is at high risk for re-hospitalization.' The form also includes logos for the Department of Health and Human Services and the Sepsis Alliance.



Week 4: Resident and Family Engagement/Education

Monday

Long-term effects can develop following a sepsis diagnosis. Discuss what sepsis survivors (and those caring for them) need to know during today's stand-up meeting.

Ask these questions:

1. Does everyone on the team know some of the possible long-term effects of sepsis?
2. What would you say to educate a resident/

family member/caregiver about life after sepsis?

Download and print the [Resident and Family Guide to Understanding Sepsis](#) and [Sepsis is a Medical Emergency Fact Sheet](#), share with the team, answer any questions, and make the resources available to family members as an educational tool/handout.

Tuesday

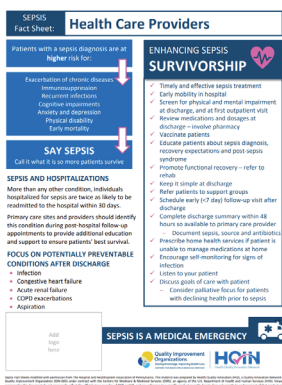
Sepsis is the body's extreme reaction to an infection. Many different types of infections can lead to sepsis, with bacterial infections being one of the most common causes.

Ask the team the following questions:

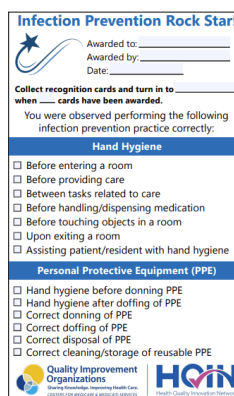
1. What can we do to help prevent sepsis?

2. What is the best way to educate residents and families regarding their role in preventing infections?

Discuss practicing good hygiene procedures, including handwashing.



Challenge each staff member to have a conversation with either a resident or a family member today about the importance of handwashing and report back.



Give a small token of appreciation to those staff members who participated in the challenge. Consider using one of our [Infection Prevention Rock Star! Cards](#) to incentivize staff.



Share HQIN's [Simple Strategies - When to Practice Hand Hygiene](#) with staff and make it available as part of your routine education curriculum on sepsis prevention.

Review the [Health Care Providers Sepsis Fact Sheet](#) and post it in all staff restrooms and sink areas to remind staff of the importance of handwashing.

Wednesday

It is important to educate residents and family members about the warning signs of sepsis, especially as they are discharged from the hospital to home or a post-acute care setting.

Ask the team to name the signs of sepsis (remind them to spell out the word sepsis

as a tip to remembering the signs):

1. Shivering
2. Extreme pain
3. Pale skin
4. Sleepiness
5. "I feel like I might die"
6. Shortness of breath

Review and discuss this brief

(3-minute) learning module with the team: [The Transition Home: Stop, Look and Listen for Sepsis](#). If you do not have a free account on HQI Academy, you will first need to register by clicking on "SIGNUP" in the upper right. Complete the concise form to create your account and then you can access the module.

Review the [Sepsis Spotlight Tool](#) from the HQI Academy learning module with staff and incorporate it into your discharge paperwork for residents.

Thursday

Accessing medical care and follow-up medical care is vitally important to early identification of sepsis and to prevent hospital readmissions for those residents who have previously had a sepsis diagnosis or who are experiencing an infection.

Print the [Seeing Sepsis Cards for Long-Term Care](#) resource and cut into individual pocket cards (there are 10 per page) and remind staff to carry this resource for quick reference.

Print the [Resident and Family Guide to Understanding Sep-](#)

[sis](#) resource and review with the staff and include it in your discharge paperwork. Discuss why it is important to share this information with family members/caregivers, so they understand how important it is to act fast when sepsis is suspected.

Friday

Discharge planning and follow up after a hospitalization or skilled nursing facility stay improves a resident's quality of life and health outcomes and aids in recovery. It also reduces the rate of unplanned readmissions. Communication and education for the resident (and family/caregivers) must

be completed by the nursing staff.

Incorporate the [Discharging a Sepsis Resident Sepsis Fact Sheet](#) into your discharge paperwork for residents.

Discuss these questions with your team:

1. Is it your facility practice to conduct follow-up calls to discharged residents?
2. If not, should you be reaching out to your former residents in 48-72 hours (about 2-3 days) post discharge to check if they are doing OK or have any questions?

At your next resident and/or family council meeting, consider reviewing this [Customizable Sepsis PowerPoint Presentation](#) with them, providing education on sepsis.