

HQIC Patient Safety: Sepsis

Welcome!

- All lines are muted, so please ask your questions in Q&A.
- Please actively participate in polling questions that pop up on the lower right-hand side of your screen.
- Please be aware that this event will be recorded.

We will get started shortly!

HQIC Sepsis



Rhonda Bowen, BSHS, CIC, CPPS, CPHQ, CPHRM

Amy Ward, MS, BSN, RN, CIC

January 19, 2022

 **ALLIANT**
HEALTH SOLUTIONS

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

Making Health Care Better *Together*

COLLABORATORS:

Alabama Hospital Association
Alliant Health Solutions
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza

Hospital Quality Improvement

Welcome from all of us!



HAI Reduction Co-Leads



Amy Ward, MS, BSN, RN, CIC **INFECTION PREVENTION SPECIALIST**

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths.

Contact: Amy.Ward@Allianthealth.org



Rhonda Bowen, BSHS, CIC, CPPS, CPHQ, CPHRM **SENIOR IMPROVEMENT ADVISOR, PATIENT SAFETY**

Rhonda has worked in rural and critical access hospitals for over 30 years and directed patient safety, quality and infection prevention and control for the past 14 years. She is passionate about all aspects of patient safety and infection prevention and control, especially the effects of health literacy and organizational safety culture on patient outcomes.

Contact: RBowen@Comagine.org

Learning Objectives

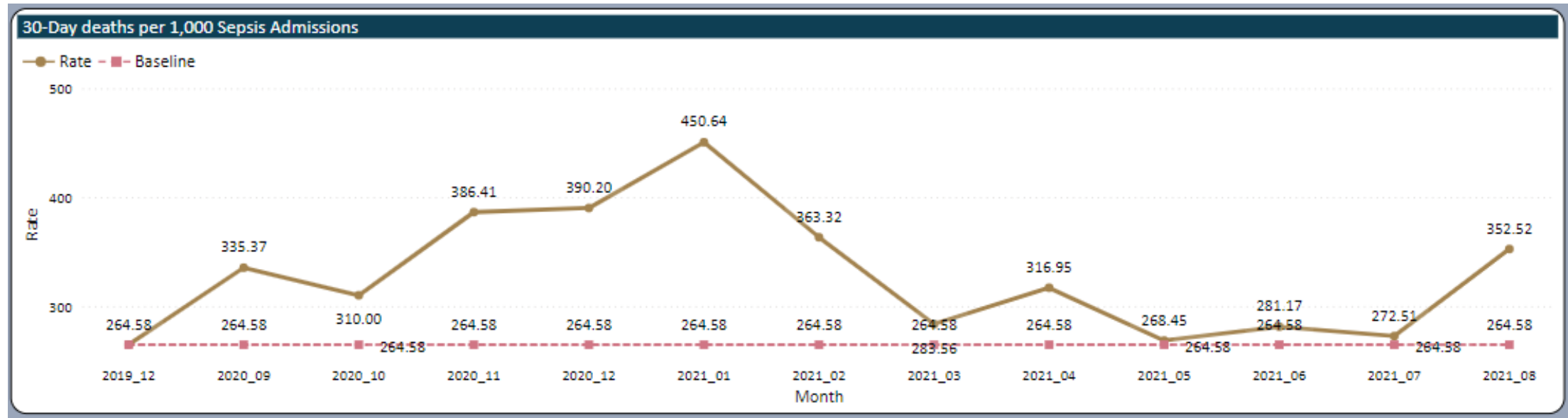
- Learn Today
 - Health literacy and its importance in sepsis.
 - Organizational culture and patient safety.

Review of Sepsis – The Big Deal Reminder!

- Over 1.1 million Medicare sepsis cases annually in the United States
- Contributes to 270,000 deaths every year
 - 1 in 3 patients who die in a hospital is diagnosed with sepsis
- 6-month mortality rate: About 60% for septic shock and 36% for severe sepsis among inpatient Medicare patients
- Medicare inpatient and skilled nursing facility (SNF) admissions are estimated at \$41.5 billion
- <https://www.healthleadersmedia.com/clinical-care/new-data-sepsis-prevalence-and-costs-astonished-dhhs-researcher>
- 18-26% of sepsis patients are readmitted

Sepsis Measures Reminder – Mortality

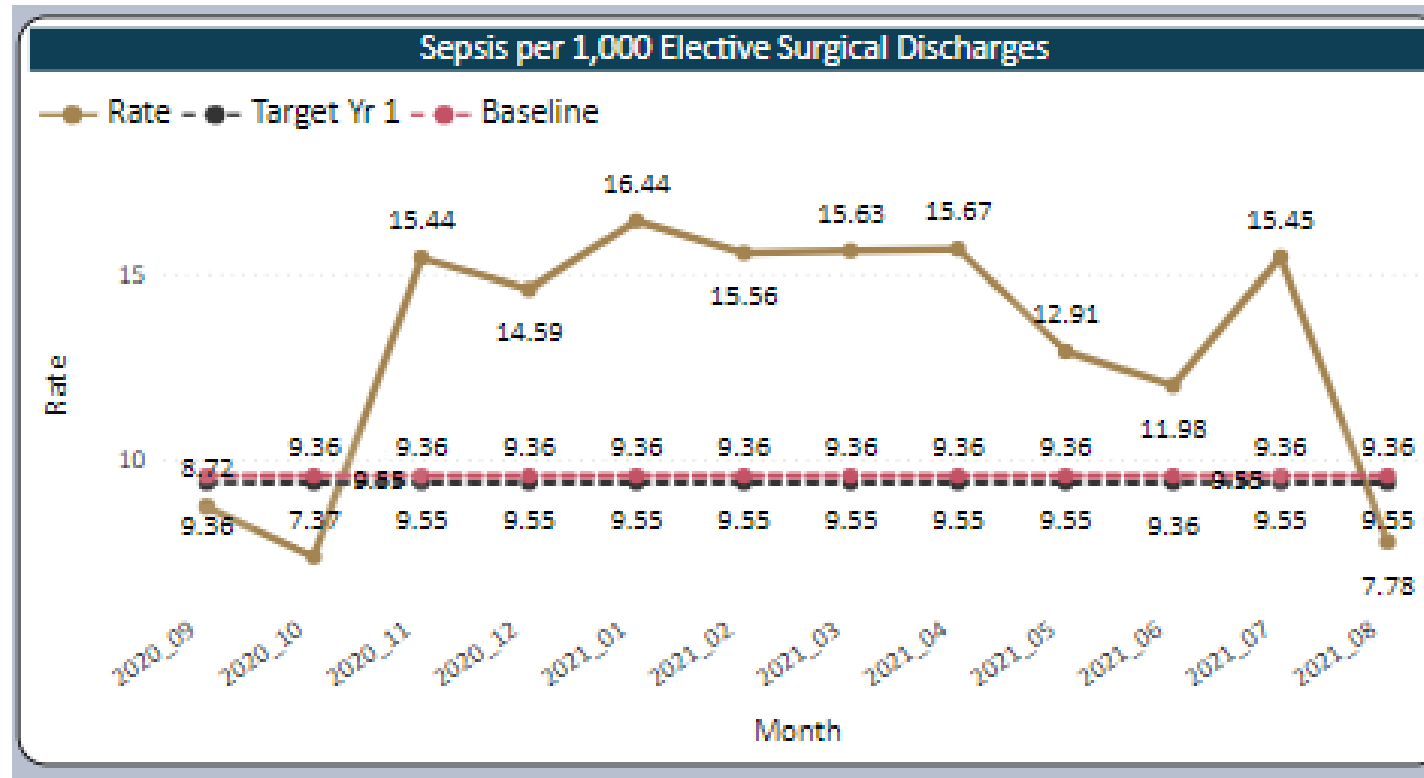
- Numerator: Number of Medicare patients who died within 30 days of being diagnosed with sepsis.
- Denominator: Number of Medicare patients who were admitted with a primary or secondary diagnosis of sepsis, including sepsis present on admission.



3660/10,817 worsening

Sepsis Measures Reminder – Sepsis Shock

- Numerator: Post-operative sepsis cases, secondary diagnosis.
- Denominator: Elective surgical discharges of persons over age of 18.



n = 140/10,780 - improving

Person-Centered Care



What Is Health Literacy?

- “The degree to which individuals have the capacity to:
 - obtain
 - process
 - and understand – basic health information and services needed to make appropriate health decisions.”
- “Health literacy is about communication and understanding.”
 - Helen Osborne, MEd, OTR/L Health Literacy Expert

Why Health Literacy Is Important in Sepsis

- Research suggests low health literacy is a contributor to sepsis readmissions and mortality due to lack of understanding (recognition of signs/symptoms, medications, instructions). (Goodwin et al. 2015)
- Educating people about signs and symptoms of sepsis will prompt them to seek medical care early, thus assisting those with low health literacy who may hesitate to seek care. (CMA 2017)

Why Focus on Health Literacy?

patients with low
HEALTH LITERACY...



Are more likely to visit an
EMERGENCY ROOM



Have more
HOSPITAL STAYS



Are less likely to follow
TREATMENT PLANS



Have higher
MORTALITY RATES

www.cdc.gov/phpr



Who Is Vulnerable to Health Literacy Issues?

- Elderly – over the age of 65
- Minority populations
- Immigrant populations
- Low-income populations



*The single biggest problem
in communication is the illusion
that it has taken place.*

George Bernard Shaw

Examples of Limited Health Literacy's Impact on Health

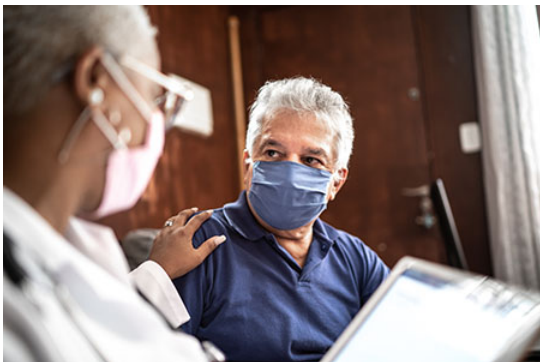
- Persons with limited health literacy experience poorer:
 - Outcomes
 - Ability to demonstrate taking medications appropriately
 - Ability to interpret labels and health messages
 - Overall health status in seniors
- Limited health literacy is associated with:
 - Increased prevalence and severity of chronic illness
 - Higher prevalence of hospitalization
 - Higher risk of mortality for seniors
 - Lower use of screening/preventive health care services

AHRQ Health Literacy Interventions and Outcomes, Update, March 2011

Health Literacy Is Not About Education Level

- Patients with limited health literacy often have poor
 - Understanding medical “language”
 - Common disease concepts
- Asking about education level only measures years in school – not literacy skills.
- Well-educated and highly literate people report difficulty understanding their provider’s communication due to medical jargon and physiology concepts.

B.D. Weiss, AMA, (2007)



Nearly **9 out of 10 adults** have difficulty using the everyday health information routinely available in our healthcare facilities...

Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. (2006)

It's About Understanding

HCAHPS patient satisfaction survey questions such as:

- How often did nurses and doctors explain things in a way you could understand?
- I had a good understanding of the things I was responsible for in managing my health.
- Before giving you any new medicine, did hospital staff describe possible side effects in a way you could understand?
- I clearly understood the purpose for taking each of my medications.

Effective Communication Strategies

Greet people and introduce yourself.

1. Start with a positive tone, such as “Good morning, Mr. /Ms. Smith.”
 - Perceived by patients as courteous and respectful.
2. Sit down or squat to eye level if no chair is available.
 - Patients feel more cared for and listen more carefully.
3. Let the patient speak first and tell their story.
4. Speak slowly.
5. Use plain language.
 - When you have to use a medical term, explain it in common words.



Effective Communication Strategies (continued)

6. Show or draw pictures.
 - Visual images are more easily remembered than letters and words.
7. Limit the amount of information and repeat it.
 - Helps patient recall.
8. Ordering of information
 - Explain the most important information first and last. Studies show people tend to remember best what they hear first and last. Martin, L. R., Haskard-Zolnierrek, K. B., & DiMatteo, M. R.,(2010)
9. Encourage note-taking.
 - Provide pen and paper. Ask the patient to take notes before and during their visit to help them recall their visit and instructions.



Effective Communication Strategies (continued)

10. Use “teach-back.”

- Ask the patient to repeat back to you in their own words what they need to know (how they will take their medication, what the medication is for, how they will take care of their surgical wound, how much exercise, how much water is “plenty,” etc.).
- If the patient can’t explain it correctly—assume **you** did not provide the information in a way the patient can understand—try another approach.

11. Create a shame-free environment and encourage questions.

- “I know I’ve covered a lot of information. What questions do you have?”
- Open-ended questions encourage interaction. Patients are not likely to let you know they don’t understand as they don’t want to be perceived as stupid or feel stupid.



Weiss, B. D., (2007)

Culture of Safety



Leadership – key to culture, models behaviors, supports a safe and learning environment.

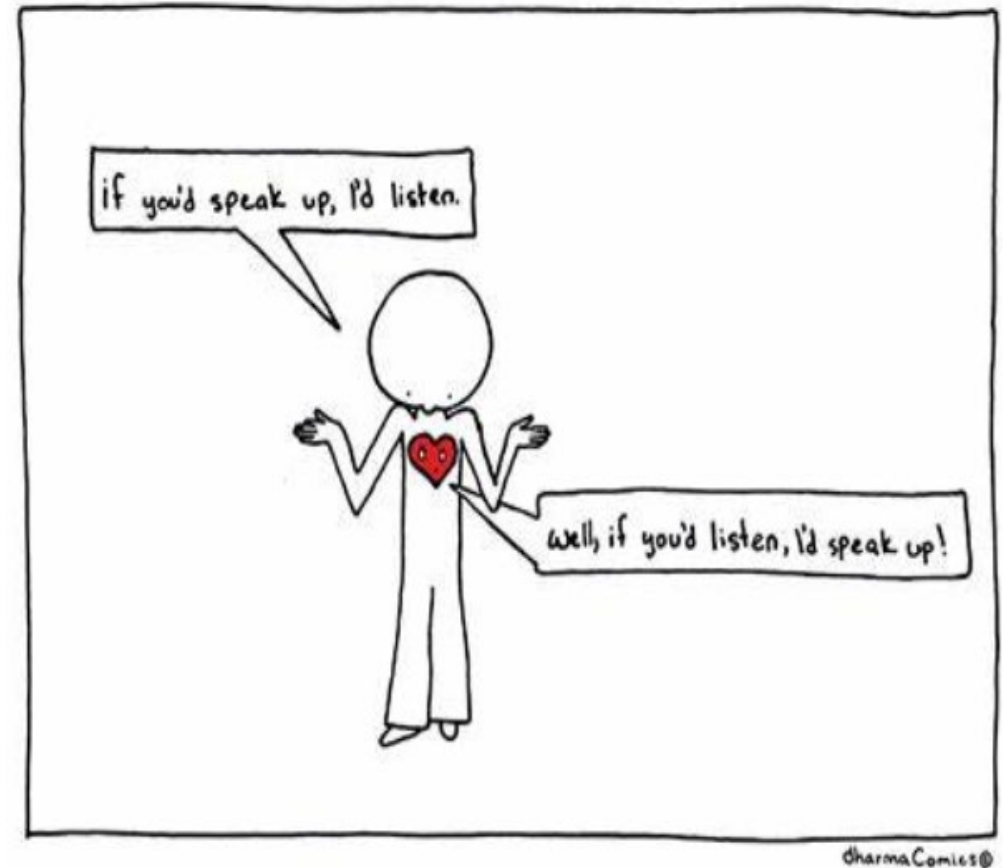
[Leading a Culture of Safety: A Blueprint for Success](#)

[Free From Harm: Accelerating Patient Safety Improvement Fifteen Years after To Err is Human](#)

Culture of Safety

All staff:

- Are empowered to speak up.
- Recognize unsafe behaviors and conditions.
- Work together and encourage collaboration and respectful, effective communication
- Are expected to listen
- Report errors, near misses



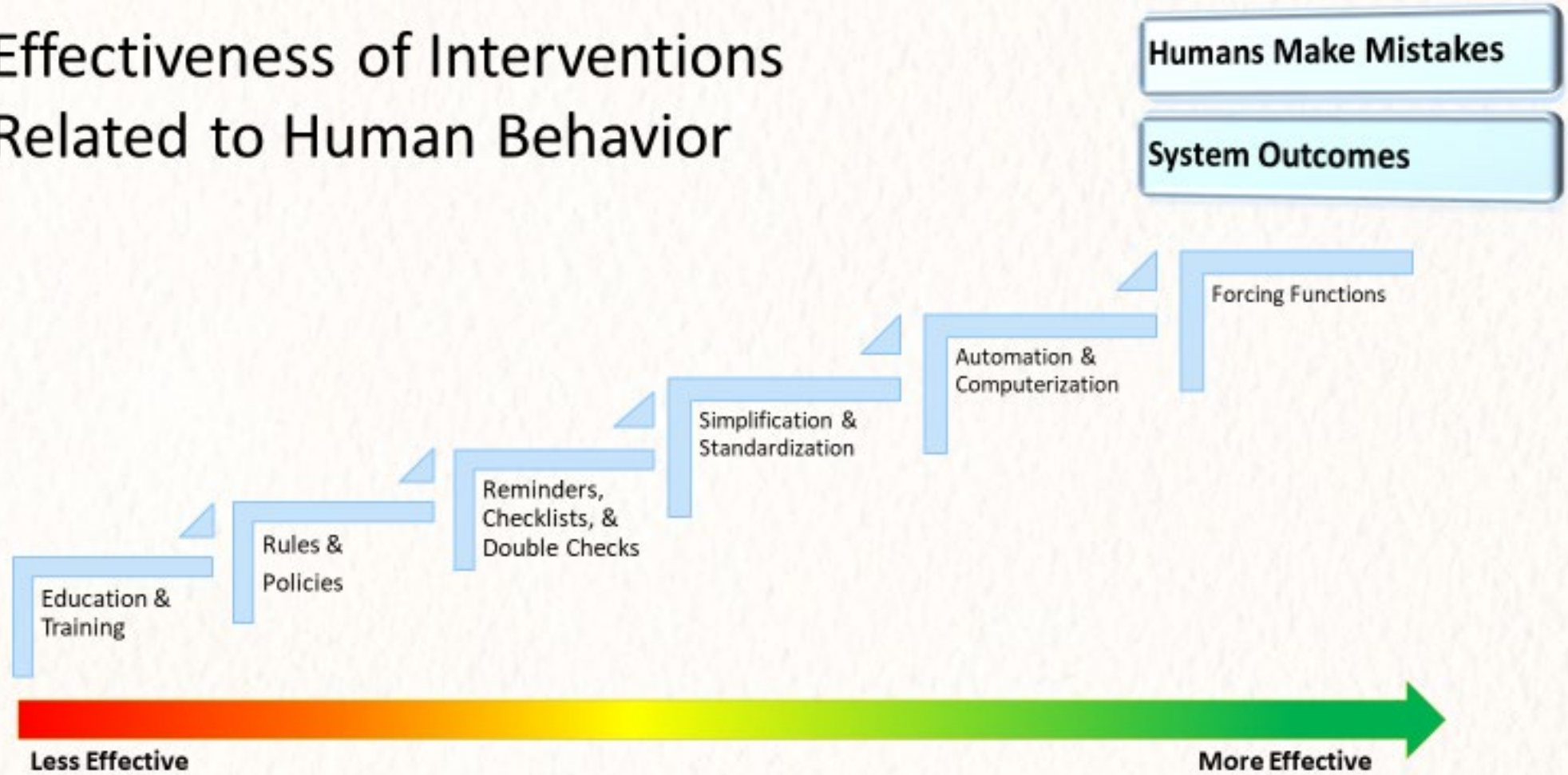
How Does a Culture of Safety Impact Sepsis?

- The TRANSFORM Patient Safety Project, Improving Outcomes on Inpatient Units, found that hospital-acquired severe sepsis and septic shock decreased from 1.78 to 0.64 per 1000 discharges.
- Acute respiratory failure decreased from 2.44 to 0.43 per 1000 discharges.
- The researchers concluded there is an association between improved outcomes and safety culture.

Does Your Facility Have Safety Absolutes?

- What are safety absolutes?
- How do safety absolutes apply to sepsis?
- Chat in your ideas!

Effectiveness of Interventions Related to Human Behavior



Cafazzo & St-Cyr, 2012

Key Takeaways – Health Literacy

- Health literacy is about communication and understanding!
- Literacy is one of the strongest predictors of health status.
- You can't measure health literacy by years in school.
- Community and hospital demographics of elderly and low-income patients may significantly impact health literacy.
- Use plain language and teach-back.



How will this change what you do? Please tell us in the chat box.

Key Takeaways – Safety

- Your organizations' leadership sets the stage.
- Safety culture impacts adherence to processes and staff's ability to speak up.
- 95% of harm is systems/process issues requiring system solutions.
- The most effective solutions involve automation or forcing functions.

**How will this change what you do?
Please tell us in the chat box.**



Next Sessions

- These sessions are for YOU and may change based on your needs and feedback!
- Session 4: Staff and patient education
- Session 5: Discussion: Share your successes and challenges



Resources

- [AHRQ PSI 13 Postoperative Sepsis Rate.pdf](#)
- [Hospital Toolkit for Adult Sepsis Surveillance - CDC](#)
- [Sepsis Early Recognition and Treatment Tool](#)
- [Alliant Hospital Quality Improvement Website](#)
- [Alliant HQIC Sepsis Coaching Package](#)
- [Alliant Sepsis Gap Assessment Tool](#)
- [For Patients and Families: Sepsis-Spot-the-Signs-Magnet](#)
- [Alliant Infection Prevention Tools](#)
- [Alliant Postop Sepsis Process Discovery Tool](#)
- [Alliant Sepsis Process Discovery Tool](#)

References


- [Goodwin et al. Frequency, Cost and Risk Factors of Readmission among Sepsis Survivors](#)
- [The quadruple burden of sepsis | CMAJ](#)
- [The TRANSFORM Patient Safety Project](#)

Questions?



Email us at HospitalQuality@allianthealth.org or call us at 678-527-3681.

HQIC Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce *C. diff* in all settings



Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

Upcoming Events

February 16, 2022



Sepsis

12:00 p.m. Eastern, 10:00 a.m. Mountain, 9:00 a.m. Pacific

Amy Ward and Rhonda Bowen

Event registration and information:

www.quality.allianthealth.org

Making Health Care Better *Together*

COLLABORATORS:

Alabama Hospital Association
Alliant Health Solutions
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza

Hospital Quality Improvement



@alliantqio



@AlliantQIO

Thank you for joining us! How did we do today?

Alliant Health Solutions



AlliantQIO



This material was prepared by Alliant Health Solutions (AHS), the Hospital Quality Improvement Contractor (HQIC) 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 document 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. Publication No. 12SOW-AHS TO3 - HQIC--1330-01/12/22

 **ALLIANT**
HEALTH SOLUTIONS

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
IQUALITY IMPROVEMENT & INNOVATION GROUP