

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

February 16, 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

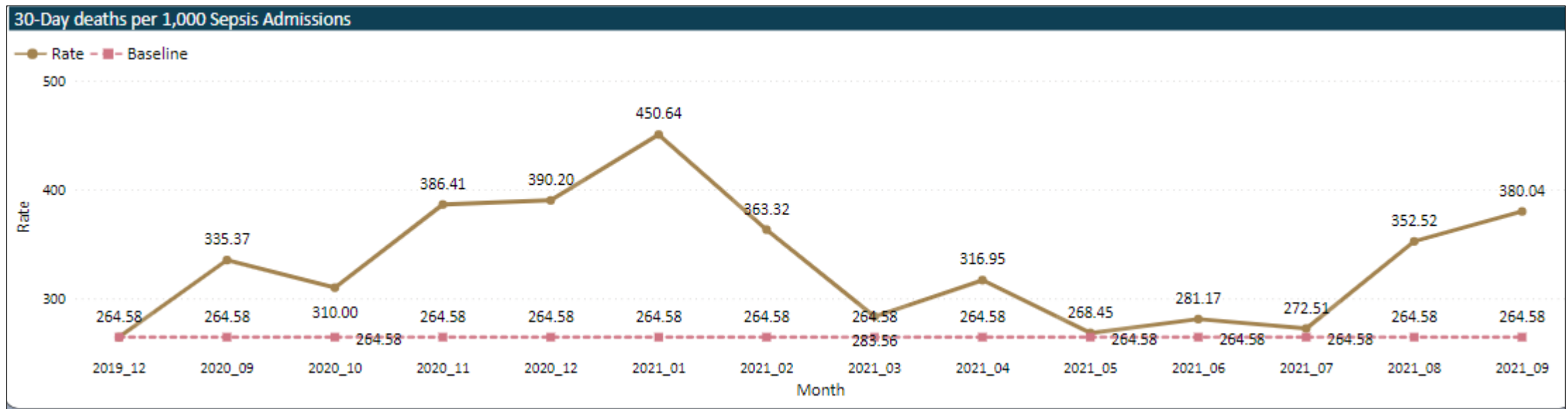
- Learn Today
 - Recap – past sessions
 - Sepsis education
 - Staff
 - Patients and families
 - Community

Sepsis – The Big Deal Reminder!

- Causes a lot of hospitalizations and deaths
 - 1.1 million cases of sepsis annually in Medicare patients in the United States.
 - 270,000 deaths every year
 - One in three patients who die in a hospital are diagnosed with sepsis
 - About 60% of Medicare inpatients with septic shock and 36% with severe sepsis die within 6 months.
- Inpatient and skilled nursing facility (SNF) estimated at \$41.5 billion
- 18-26% of sepsis patients are readmitted
- Under-recognized
- Progresses quickly

Sepsis Measures Reminder – Mortality

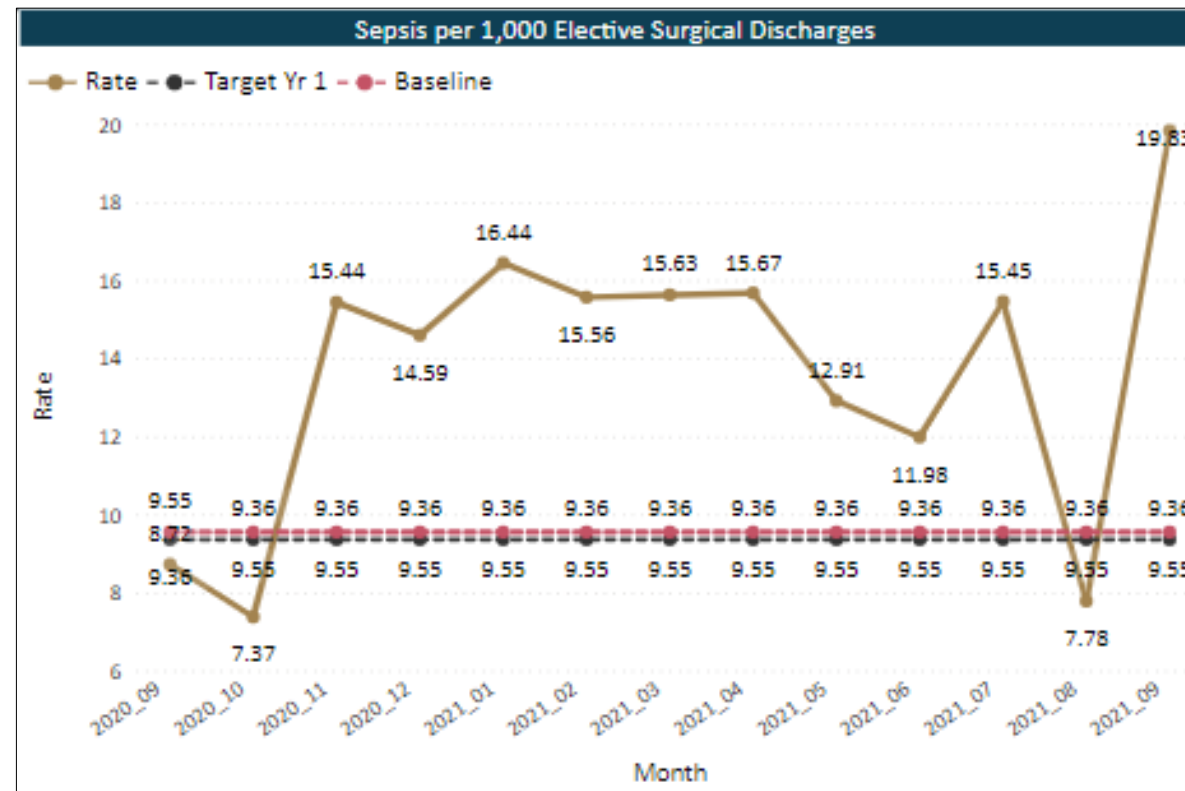
- Numerator: Number of Medicare patients who died within 30 days of being diagnosed with sepsis.
- Denominator: Number of Medicare patients admitted with a primary or secondary diagnosis of sepsis, including sepsis that is present on admission.



3999/11,709 - worsening

Sepsis Measures Reminder – Sepsis Shock

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



n154/11,486 - worsening

Person-Centered Care



Why Health Literacy Is Important in Sepsis

Under-recognized and progresses quickly!

Research suggests low health literacy contributes to sepsis readmissions and mortality due to a lack of understanding (recognition of signs/symptoms, medications, instructions). (Goodwin et al. 2015)

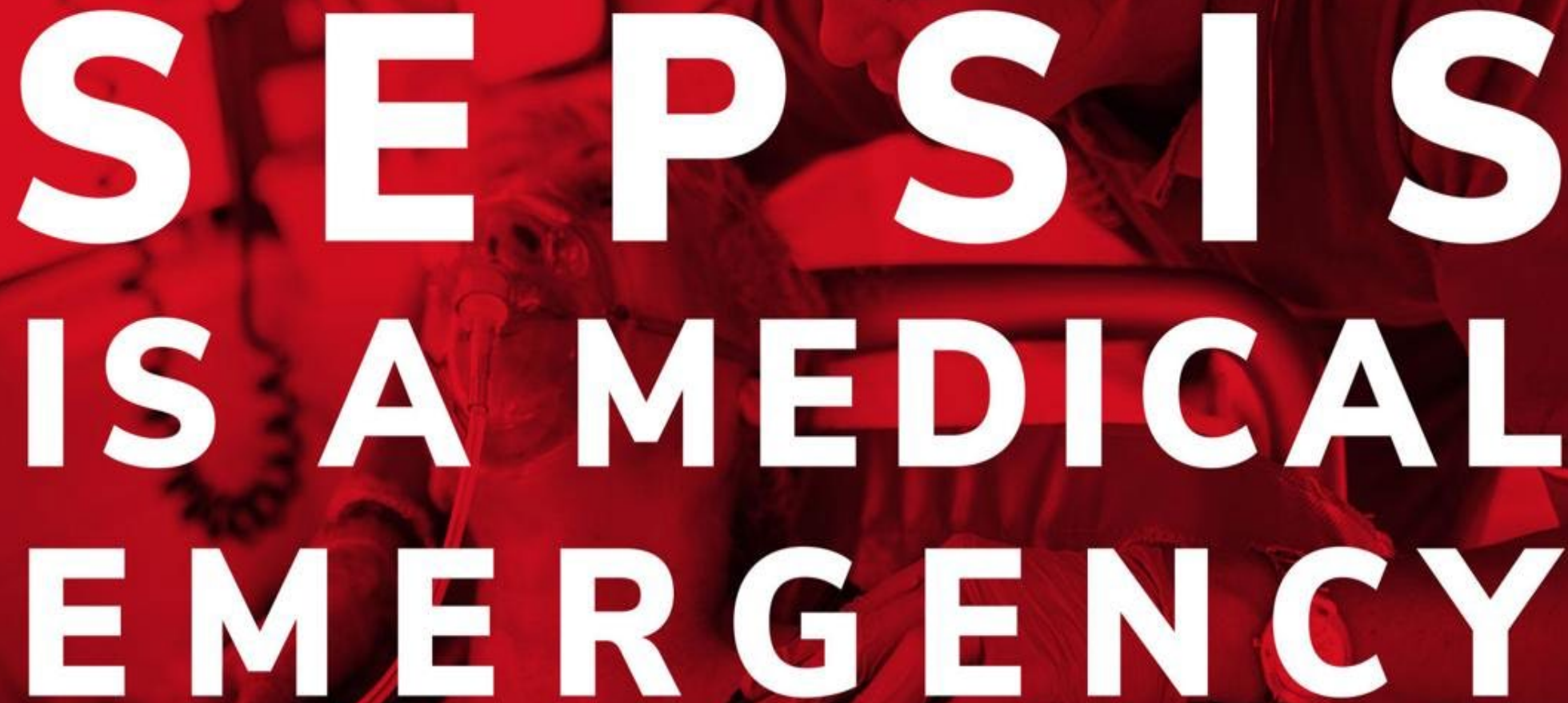
Educating people about signs and symptoms of sepsis will prompt them to seek medical care early, thus assisting those with low health literacy who may hesitate to seek care. (CMA 2017)

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.

Culture of Safety Matters

- How “we do things here.”
- Follow policies and procedures, speak up when processes don’t work.
- Your organizations’ leadership sets the stage.
- Safety culture impacts adherence to processes and staff’s ability to speak up.
- How is your facility’s staff “accepting” and acting on assessments, bundles and alerts?
- 95% of harm is systems/process issues requiring system solutions.
- The most effective solutions involve automation or forcing functions.



**SEPSIS
IS A MEDICAL
EMERGENCY**

ANY INFECTION CAN LEAD TO SEPSIS

Early Recognition

- Updated guidelines:

Recommendations 2021	Recommendation: Strength and Quality of Evidence	Changes from 2016 Recommendations
<p>2. We recommend <u>against using qSOFA compared with SIRS, NEWS, or MEWS</u> as a single-screening tool for sepsis or septic shock</p>	<p>Strong, moderate-quality evidence</p>	<p>NEW</p>

[Surviving Sepsis Campaign: International Guidelines for Mana... : Critical Care Medicine \(lww.com\)](#)

Early Recognition

Partner with your local EMS system

- Use of the sepsis screening tool by EMS improves adherence to bundles through early recognition. (Borelli et al., 2018)

It's in the NEWS! *National Early Warning Score 2*

- Six simple physiological parameters form the basis of the scoring system:
 1. Respiration rate
 2. Oxygen saturation
 3. Systolic blood pressure
 4. Pulse rate
 5. Level of consciousness or new confusion*
 6. Temperature

Clinical Staff Education

Include staff awareness/recognition of clinical deterioration.

- Situational awareness (SA): the conscious awareness of the current situation in relation to the environment.
 - Deterioration begins with subtle changes in physiological parameters with critical event following four-six hours.
 - Ability to perceive these subtle changes as cues.
- **Acute postsurgical nurses may have a decreased tendency to classify patient cues as indicators of clinical deterioration.** Nurses reported workload and time constraints as barriers hindering increased patient surveillance and fatigue, such as frequent vital sign monitoring for multiple patients and managing post-operative pain. (Orique et al. 2019)

Clinical Staff Education

- Screening and early recognition
 - Signs and symptoms: NEWS, MEWS, SIRS
- Alerts - EHR
- Act quickly – code sepsis
 - Teams in place ready to do their part
 - Bundles/order sets
- Initial education and annually

Clinical Staff Education

- Show them the data!
 - Real time
- What's falling out and why? Talk to those doing the work.
- Is there a work-flow issue?

Staff Education

- All staff members should have basic information about sepsis and sepsis awareness.

- <https://www.cdc.gov/sepsis/education/quiz.html>

or

- <https://www.sepsis.org/quiz/>

- Let's take a quiz!

Sepsis Is Under-Recognized

Healthcare providers are key to preventing infections and illnesses that can lead to sepsis.

EDUCATE patients and their families about the early symptoms of severe infection and sepsis, and when to seek care for an infection, especially those at higher risk.

REMINDE patients that taking care of chronic illnesses helps prevent infections.

ENCOURAGE infection prevention measures, such as hand hygiene and vaccination against infections.

Common infections can lead to sepsis.

Among adults with sepsis:

35% had a lung infection (e.g., pneumonia)

25% had a urinary tract infection (e.g., kidney infection)

11% had a type of gut infection

11% had a skin infection

Know the signs and symptoms of sepsis.



Shivering, fever, or very cold



Extreme pain or discomfort



Clammy or sweaty skin



Confusion or disorientation



Short of breath



High heart rate

SOURCE: CDC Vital Signs, August 2016.

Patient and Family Education

- Spot the signs!
- [For Patients and Families: Sepsis-Spot-the-Signs-Magnet](#)
- Print on plastic sheets and provide to patients to take home for their refrigerator, bathroom mirrors, etc.

**Sepsis:
SPOT THE SIGNS**

An infection with any combination of the following symptoms could mean sepsis, a medical emergency:

- Confusion or disorientation
- Fever, shivering or feeling cold
- Shortness of breath
- Fast heart rate
- Extreme pain or discomfort
- Clammy or sweaty skin

**Act fast if you suspect sepsis.
Seek medical care immediately!**

Attribution: Great Plains QIO, CDC

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

ALLIANT QUALITY
The Quality Improvement Services Group of
ALLIANT HEALTH SOLUTIONS

Community Education

- Does your facility have a community education process?
 - Tell us in the chat!

Community Education

- Ideas for community education:
 - Use the [CDC Education Resources](#) for videos, press releases, social media messages, infographics, articles and more!
- Partner with your marketing department to place information on your facility's social media websites.
 - [YouTube: 4 ways to get ahead of sepsis \(1.58 minutes\)](#)
- Share your data
- Others?

Next Session

- Session 5: March 16, 2022
 - 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


- Borrelli G, Koch E, Sterk E, Lovett S, Rech MA. Early recognition of sepsis through emergency medical services pre-hospital screening. Am J Emerg Med. 2019 Aug;37(8):1428-1432. doi: 10.1016/j.ajem.2018.10.036. Epub 2018 Oct 20. PMID: 30366742.
- Orique, SB, Despins, L, Wakefield, BJ, Erdelez, S, Vogelsmeier, A. Perception of clinical deterioration cues among medical-surgical nurses. J Adv Nurs. 2019; 75: 2627– 2637. <https://doi.org/10.1111/jan.14038>

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

March 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:

https://bit.ly/HQIC_Sepsis_Mar16

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-AHSQIN-QIO TO3 - HQIC--1493-02/10/22

ALLIANT
HEALTH SOLUTIONS

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