

# Addressing the Sepsis Care Gap: A Comprehensive Assessment of Nursing Home Facility Practices



August 8, 2024

Presented by:

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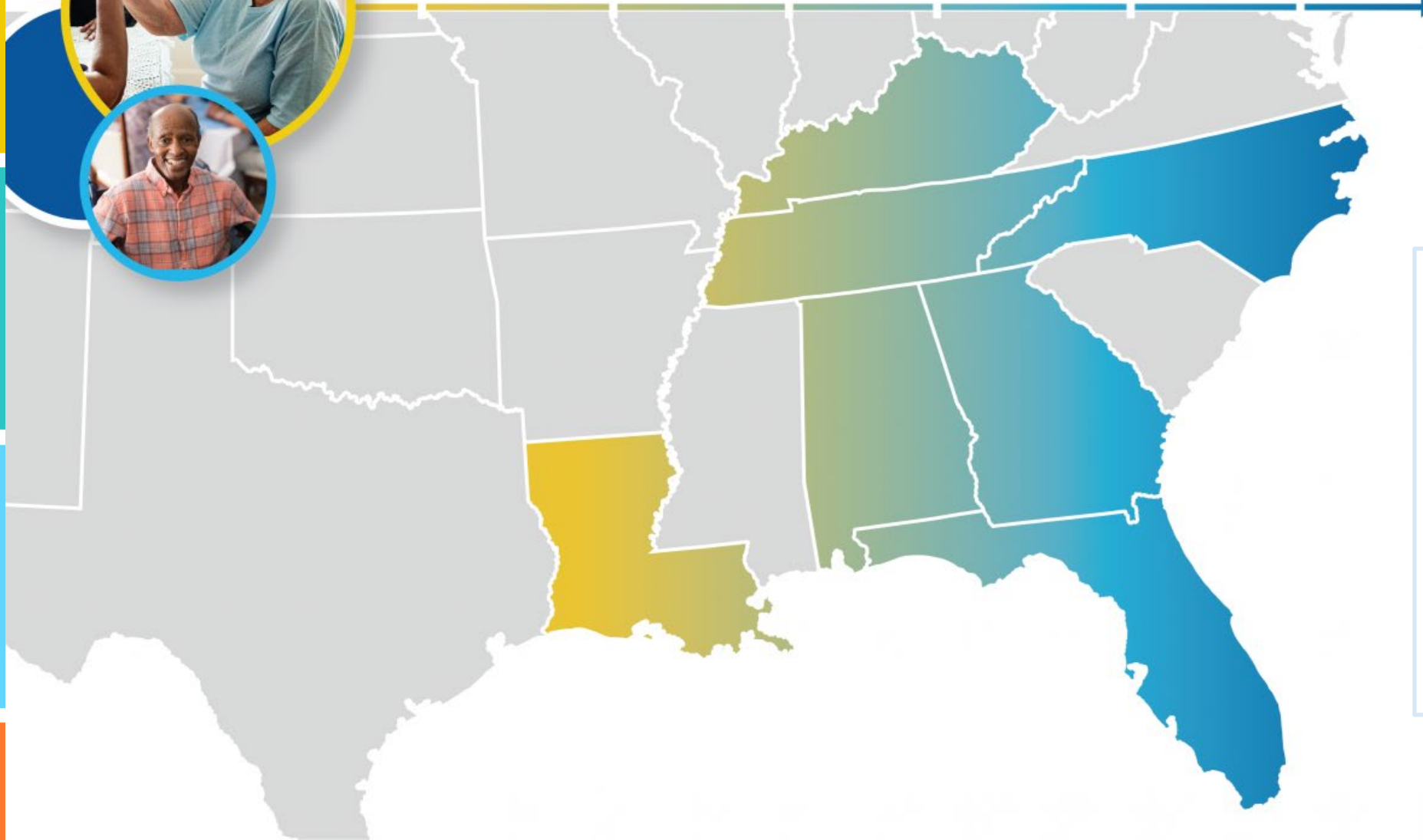
**Amy Daly**, NHA, CPHQ, Senior Quality Improvement Specialist

**Lynn Wilson**, MS, Senior Quality Improvement Specialist

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# Erica Umeakunne, MSN, MPH, APRN, CIC

## INFECTION PREVENTION SPECIALIST

Erica is an adult gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, health care administration and public health.

She was previously the interim hospital epidemiology director for a large Atlanta health care system and a nurse consultant in the Centers for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. At the CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and, most recently, the COVID-19 pandemic.

**Erica enjoys reading, traveling, family time and outdoor activities.**

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# Amy Daly, MA, LNHA, CPHQ

## SENIOR QUALITY IMPROVEMENT SPECIALIST

Amy is a licensed nursing home administrator with over 20 years of leadership and long-term care management experience. In addition to her work as a vice president of long-term care and facility administrator, she has served on the boards of the Genesee Health Facilities Association (as treasurer and education committee member) and the Genesee Health Facilities Foundation. She serves as a New York State Department of Health Informal Dispute Resolution (IDR) panel member and has been an adjunct clinical instructor of dental hygiene at Monroe Community College. Amy has a master's degree in health promotion and a bachelor's in health sciences.

[adaly@ipro.org](mailto:adaly@ipro.org)



# Lynn Wilson, MS

## SENIOR QUALITY IMPROVEMENT SPECIALIST

Lynn has over 30 years of experience with regulatory agencies for community mental health centers and nursing homes and is a nationally recognized QI leader in long-term care, behavioral health and hospice and palliative care settings. Under her leadership, behavioral health and end-of-life care practice innovations generated through frontline staff quality improvement processes have been recognized as national best practices.

[lwilson@ipro.org](mailto:lwilson@ipro.org)



# Agenda

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- Explore the facility assessment requirements
- Hear from a family member about a sepsis survivor's experience and what matters most to them
- Utilize facility Sepsis GAP Analysis For Nursing Facilities
- Align a facility assessment with sepsis care and services
- Use Tomorrow

# Icebreaker

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**Does your facility assessment include sepsis in the Diseases/conditions that you care for?**

- a) I am certain that it does
- b) It may, I will need to look
- c) I am certain it does not

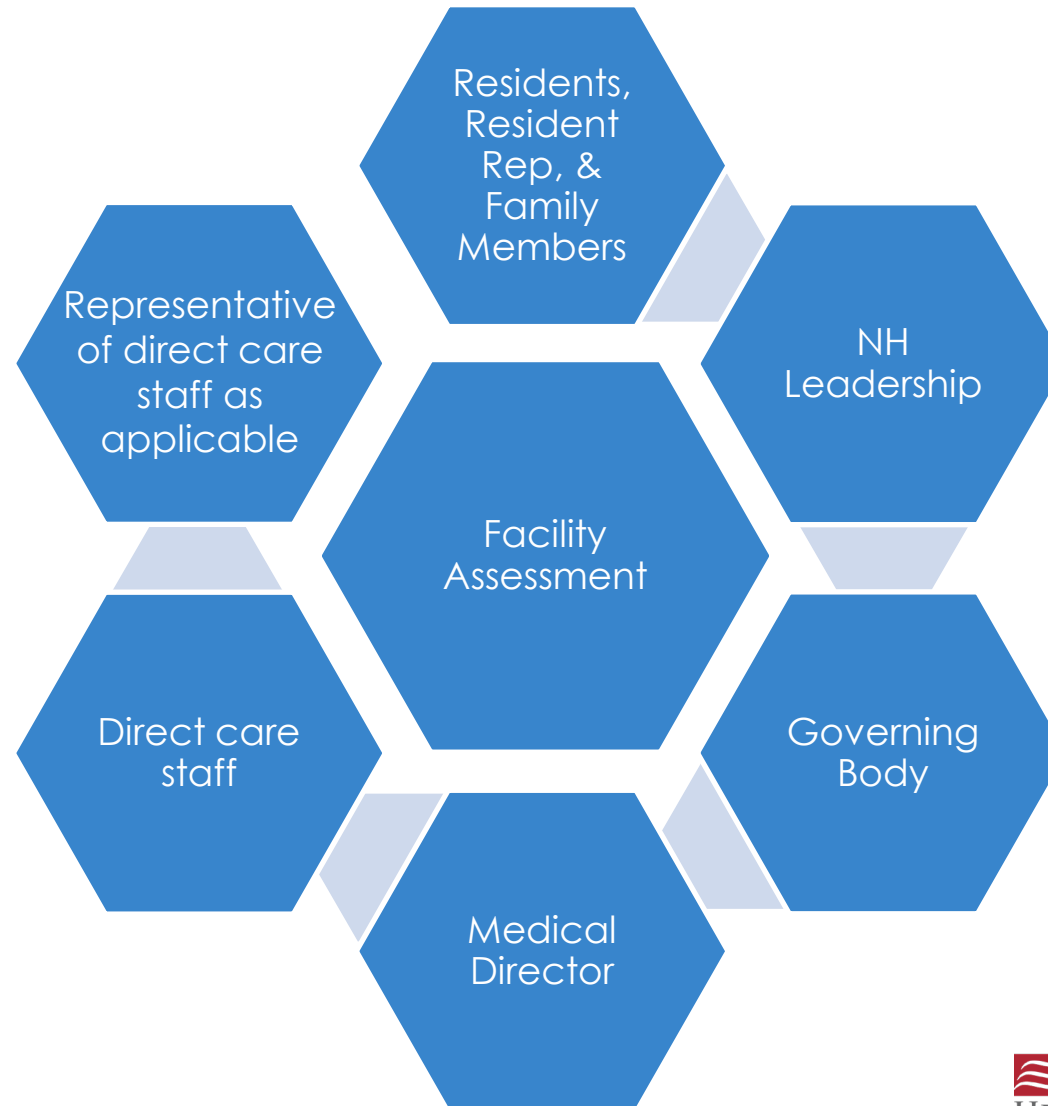
# Objectives

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- Learn from a patient about the importance of what matters most to them when care planning for sepsis risk
- Examine programmatic and clinical strategies to prevent and manage sepsis, specifically the Sepsis Gap Analysis Tool and the Sepsis Early Recognition and Response Pathway for Nursing Facilities
- Discuss how sepsis quality improvement initiatives can be integrated into the facility assessment process



# Facility Assessment Inputs



# Facility Assessment

## Resident Profile

- numbers
- diseases/conditions
- physical and cognitive disabilities
- acuity
- ethnic/cultural/religious factors that impact care

## Services and care offered

- Based on residents needs
- Types of care provided

## Facility Resources needed

- staffing plan
- staff training/education and competencies
- education and training
- physical environment
- agreements with third parties,
- health information technology resources and systems
- a facility-based and community-based risk assessment

[CMS qso-24-13-nh](#)

# Resident Profile

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- Diagnosis (infection) and trends among the current resident population and what is the percent of the population?\*

## Medication Trends:

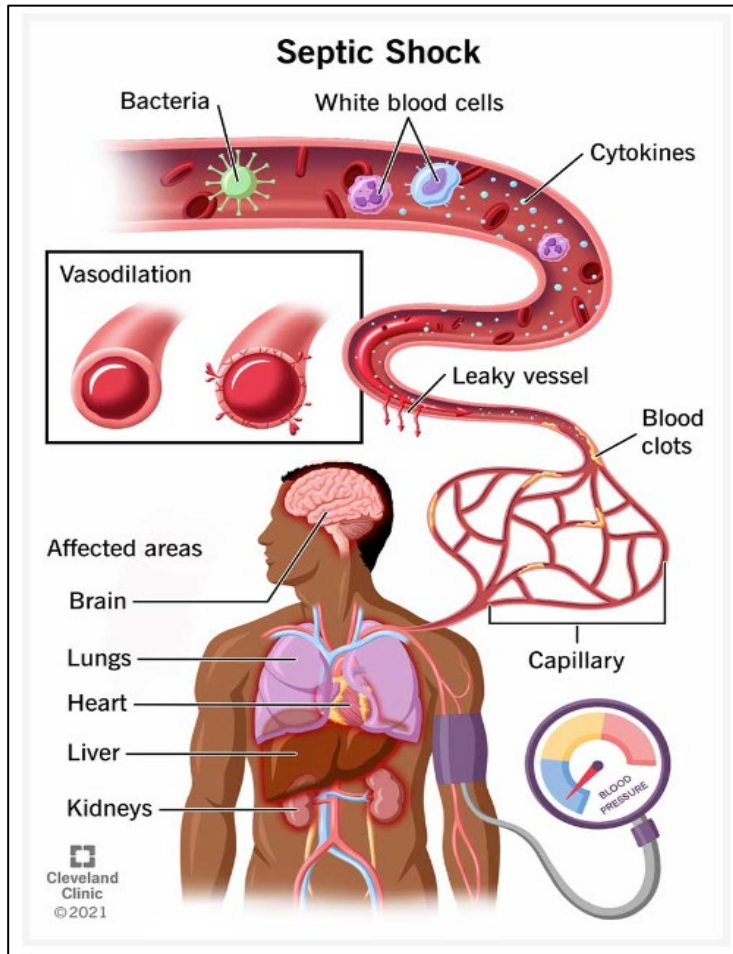
- Number of Residents with infection diagnosis \_\_\_\_\_%
- Percent of population\* \_\_\_\_\_%
- Number of residents on an antibiotics\_\_\_\_\_
- Percent of population\* \_\_\_\_\_%

- \* Number of residents/census x 100= % of population

# Surviving Sepsis: Patient/Family Experience

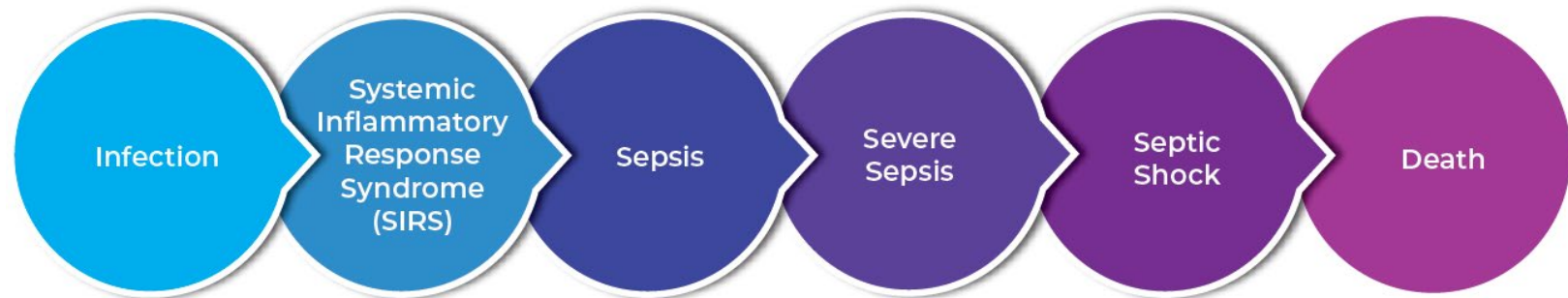
# Sepsis in Nursing Facilities

# What Is Sepsis?



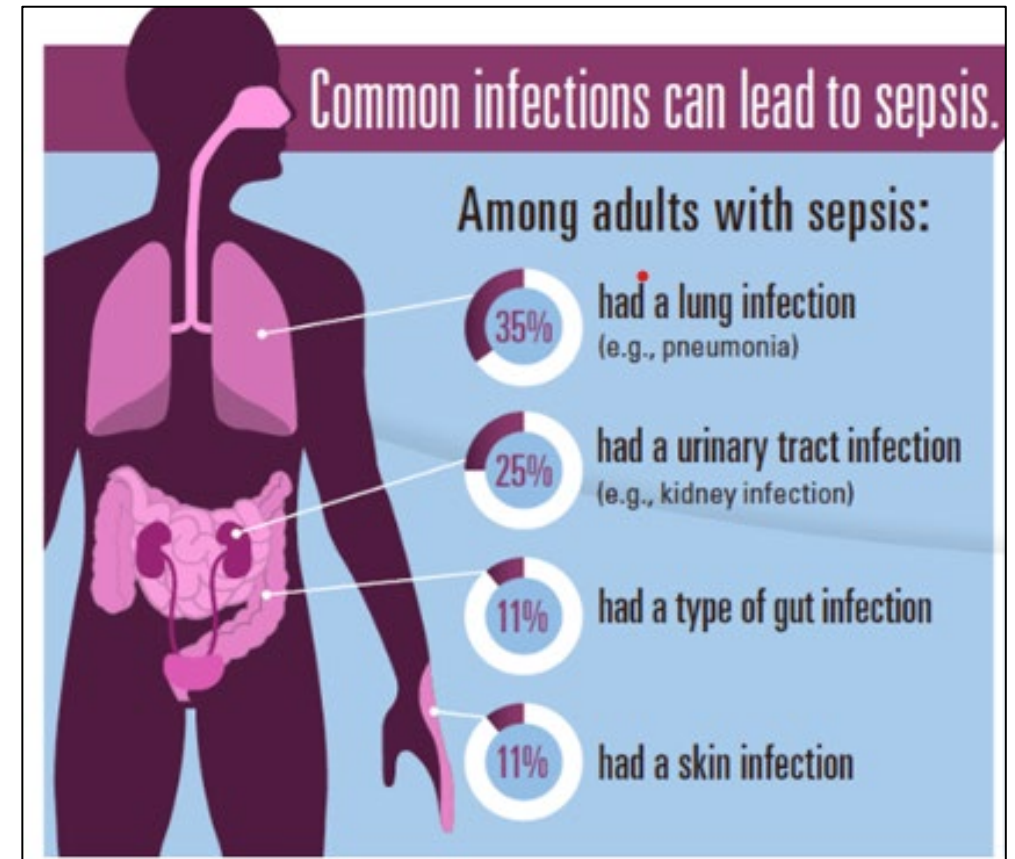
**Sepsis is the body's extreme response to an infection.**

- Happens when an infection triggers a chain reaction throughout the body
- Life-threatening medical emergency
- Rapidly leads to tissue damage, organ failure, and death



# Sepsis Facts

- At least **1.7 million** adults in America develop sepsis
- At least **350,000** adults who develop sepsis die during their hospitalization or are discharged to hospice
- **One in three** people who dies in a hospital had sepsis during that hospitalization
- Sepsis, or the infection causing sepsis, starts before a patient goes to the hospital in nearly **87%** of cases
- Risk factors:
  - Adults 65 or older
  - People with weakened immune systems
  - People with chronic medical conditions, such as diabetes, lung disease, cancer and kidney disease
  - People with recent severe illness or hospitalization, including due to severe COVID-19
  - People who survived sepsis
  - Children younger than one

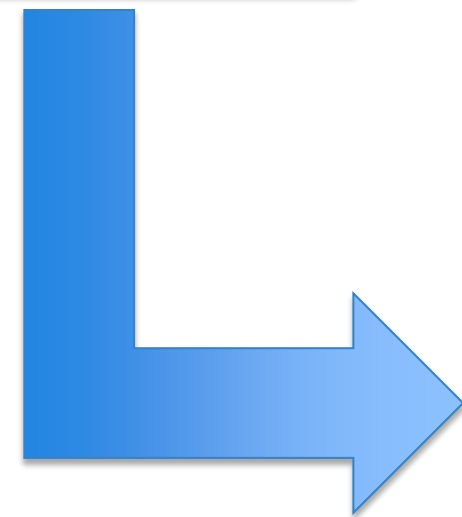
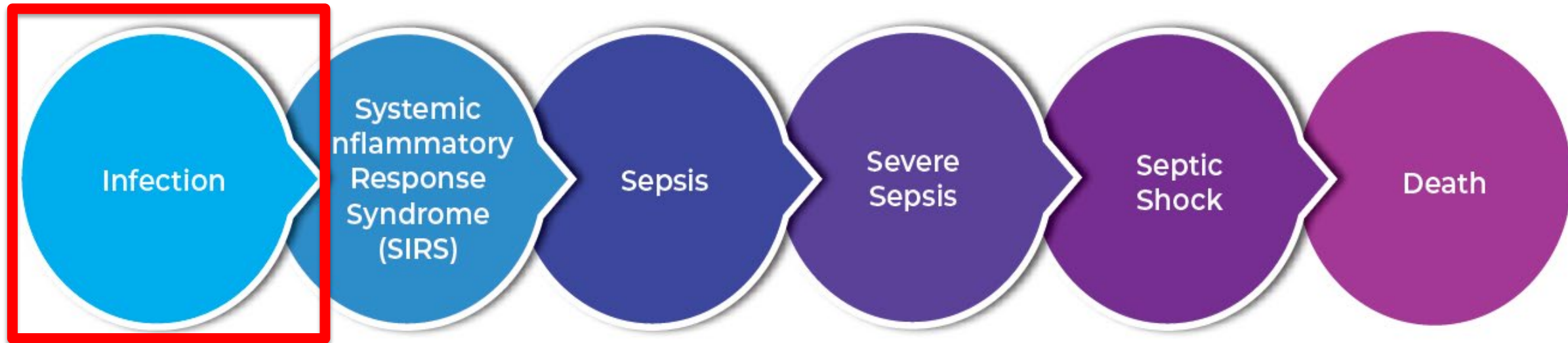


# What Types of Healthcare-Associated Infections (HAIs) Are Most Commonly Observed in Your Facility?

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- Lung infections (e.g., pneumonia)
- Urinary tract infections (e.g., kidney infection)
- Gastrointestinal (GI) infections
- Skin/wound infections
- Bloodstream infections (BSIs)
- F. One or more of the infections above





**HAI Prevention = Sepsis Prevention**

# Sepsis: Nursing Homes

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- Nursing home residents are sevenfold more likely to have a severe sepsis diagnosis compared to non-nursing home residents (Ginde et al., 2013).
- Nursing home residents with severe sepsis, compared to non-nursing home residents, had significantly higher rates of ICU admission (40% vs. 21%), hospital LOS (median seven vs. five days) and in-hospital mortality (37% vs. 15%)(Ginde et al., 2013).
- NHs need better systems to monitor residents' changing statuses and present that information to medical providers in real time, either through rapid medical response programs or telemetry (Sloane et al., 2018).
  - Documentation of one or more vital signs was absent in 26% - 34% of cases
  - Data points were missing from the record
    - 65% of cases met the criteria for sepsis

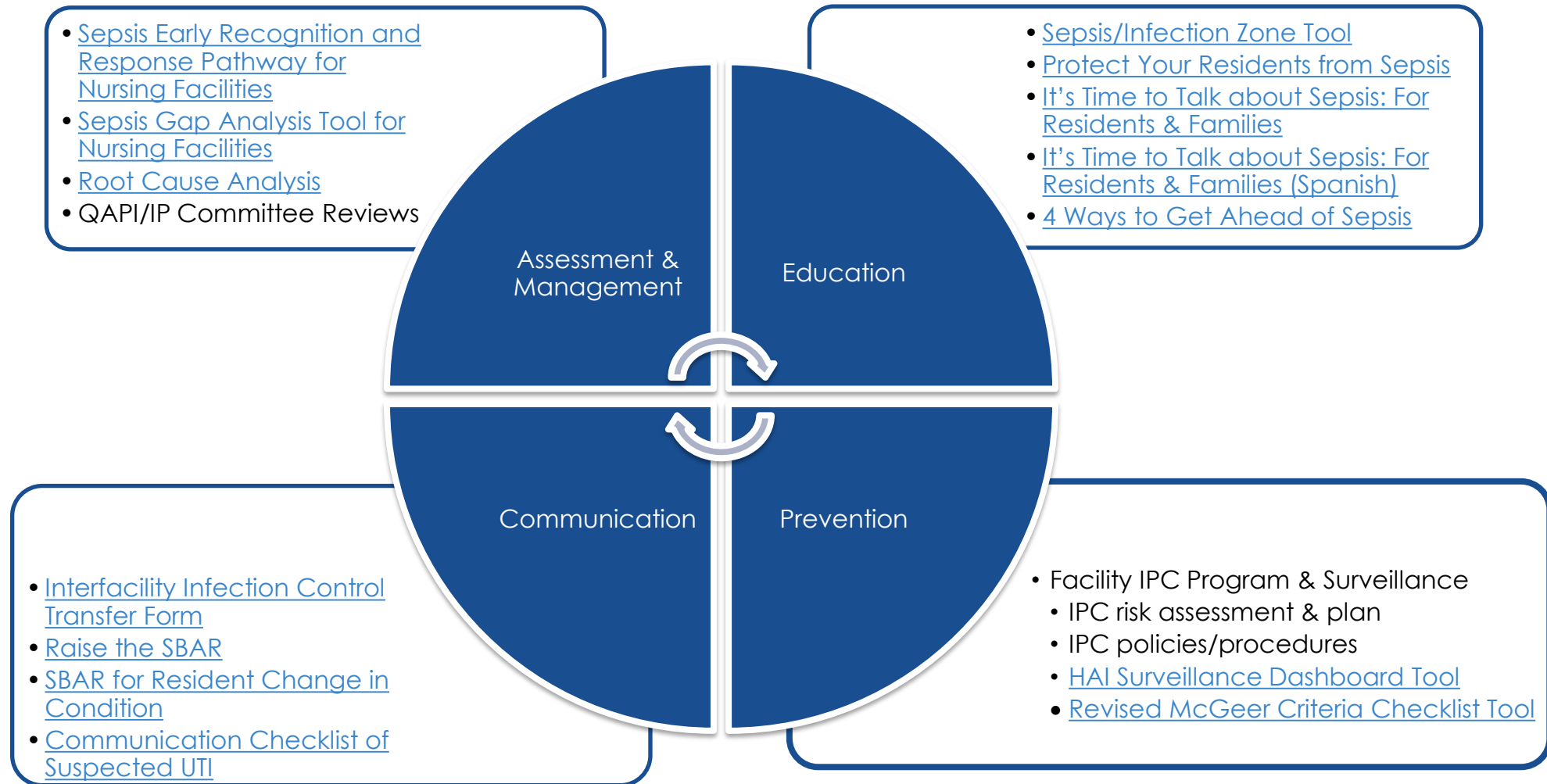
Ginde, A. A., Moss, M., Shapiro, N. I., & Schwartz, R. S. (2013). Impact of older age and nursing home residence on clinical outcomes of US emergency department visits for severe sepsis. *Journal of critical care*, 28(5), 606-611.

Sloane, P. D., Ward, K., Weber, D. J., Kistler, C. E., Brown, B., Davis, K., & Zimmerman, S. (2018). Can sepsis be detected in the nursing home prior to the need for hospital transfer?. *Journal of the American Medical Directors Association*, 19(6), 492-496.

**What are the barriers to  
sepsis identification in residents?**

**Drop your response in the Chat Box.**

# Sepsis: Programmatic and Clinical Focus Areas



## Sepsis Gap Assessment and Action Steps

A gap analysis is used to assess the difference between actual practice and expected performance (i.e., facility policies and procedures, regulations, or practice guidelines). It is useful to compare best practice guidelines against your currently accepted practices. It is important to assess practice through observation and audit rather than relying on policy wording alone, as practice can vary from policy.

TR - QII ID: \_\_\_\_\_ CCN: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

COMPONENTS	YES	NO	NA	COMMENTS/ACTION STEPS
<b>Organizational Commitment and Leadership Support</b>				
Does the facility have a sepsis program or sepsis prevention initiatives? Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your sepsis program have leadership support, including CEO, facility administrator, medical director, director of nursing, and clinical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the facility have one leader or two co-leaders responsible for sepsis initiatives or outcomes? (CDC recommends physician and nurse co-leaders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are medical staff, nursing staff and clinical leadership actively involved in sepsis prevention and management? How so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is managing sepsis aligned with the facility's quality, safety, or organizational goals, as evidenced by documented strategic plans, goals, or committee charters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the facility have a multidisciplinary team to address sepsis and share sepsis data updates provided at regular meetings (i.e., infection control committee meeting, quality assurance performance improvement meeting, antimicrobial stewardship meeting) with facility leadership, medical director, providers, and clinical and nursing staff to promote continual improvement? If yes, what is the meeting frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the team report sepsis data and outcomes to QAPI Committee regularly as evidenced by meeting minutes, data presentations, action plans, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is sepsis data shared with staff? What data? How is data shared with staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the facility provide feedback to individual clinicians regarding the care of recent residents with sepsis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is sepsis data shared with patients/families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# Sepsis GAP Analysis For Nursing Facilities

## Components

- Organizational & leadership support
- Early screening and identification
- System design & policies
- Measurement & Continuous improvement
- Education

# Organizational Commitment and Leadership

Organizational Commitment and Leadership Support			
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Is sepsis data shared with patients/families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Medical and clinical leadership prioritization of sepsis prevention and management

- Staff communication
- External and internal training
- Participation in regional, national, and international sepsis quality improvement collaboratives and initiatives
- Access to multi-disciplinary resources/support
- Dissemination of healthcare-associated infection (HAI) and sepsis outcomes

# Early Identification/Screening Risk

Early Identification/Screening/Risk			
Has the facility implemented a standard process to screen for sepsis on admission to the facility, routinely throughout their stay, and when there is a change in clinical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have standard care pathways, order sets, or processes in place for the management of sepsis that addresses:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Admission screening for sepsis risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Early recognition of sepsis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sepsis care pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Change in condition communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clinical evaluation and diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Antimicrobial selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Indications for treatment escalation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Resident & family education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the process include specific actions by a nurse when a positive screen is obtained, such as a nurse-driven protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

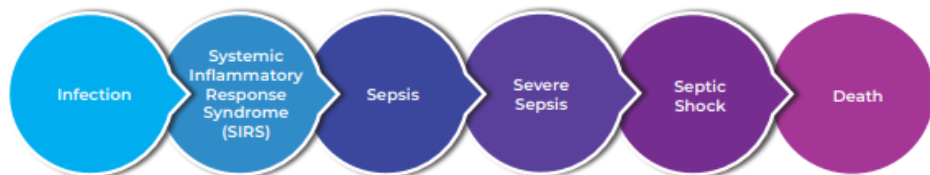
## Standardized care pathway for the identification and management of infections that lead to sepsis and sepsis

- Screening
- Clinical evaluation
- Diagnosis
- Structures and processes to facilitate prompt delivery of antimicrobials
- Fluid resuscitation
- Indications for treatment escalation
- Patient and family/caregiver education on sepsis



# Sepsis Early Recognition and Response Pathway FOR NURSING FACILITIES

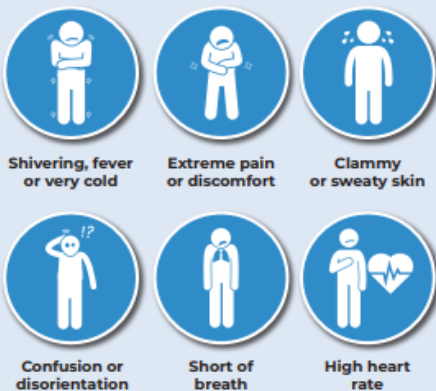
Sepsis is the body's extreme response to an infection, which happens when an infection triggers a chain reaction throughout the body. It is a **life-threatening medical emergency** that can rapidly lead to tissue damage, organ failure, and death. Anyone can get an infection, and almost any infection can lead to sepsis. When the body releases chemicals into the bloodstream to counteract an infection, it can lead to widespread inflammation, a condition known as Systemic Inflammatory Response Syndrome (SIRS). SIRS can rapidly progress to severe sepsis and septic shock, resulting in damage to multiple organ systems and subsequent death.



Pathogens such as bacteria, viruses, and fungi can cause infections that may lead to sepsis. The most common infections that cause sepsis in adults are respiratory infections, urinary tract infections, gastrointestinal infections, and skin infections. Residents with suspected sepsis should be urgently evaluated and treated by the health care team.

**You play a critical role. Protect your residents by ACTING FAST when you identify signs and symptoms of sepsis.**

## Know the Signs and Symptoms of Sepsis



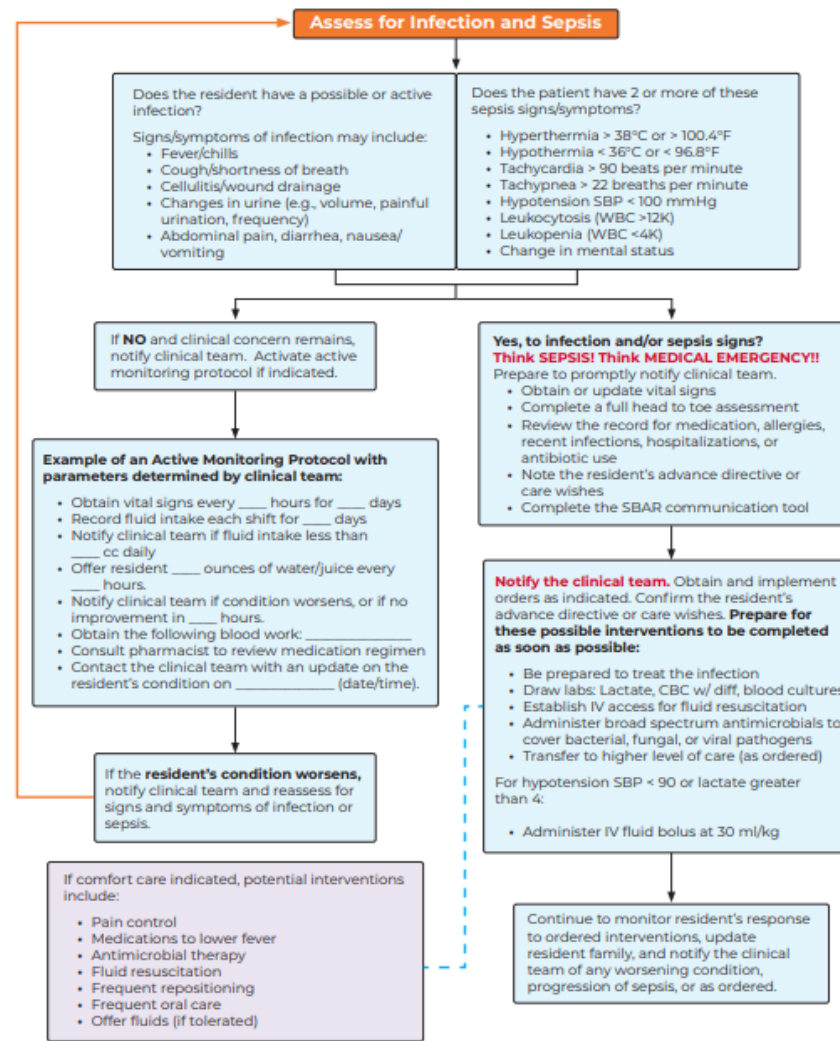
## Anyone with an infection is at high risk for sepsis.

Examples of conditions that can lead to infection and sepsis include but are not limited to:

- Pneumonia
- Wounds and non-intact skin
- Urinary tract infection
- Any infection with a multi-drug resistant organism
- *C. difficile* infection
- Invasive lines or devices
- Weakened immune system
- Chronic illnesses, such as diabetes, cancer, and kidney disease
- Recent hospitalizations

## Sepsis Early Recognition and Response Pathway for Nursing Facilities

The Sepsis Early Recognition and Response Pathway for Nursing Facilities is designed to help staff quickly identify signs and symptoms of an infection that could lead to sepsis. This pathway also serves as a guide for staff to promptly screen, identify, and immediately respond to sepsis with evidence-based interventions once sepsis is identified in a resident. This resource is intended for educational and quality improvement purposes to raise sepsis awareness. Before using this resource, please consult your facility's medical director and/or clinical leadership team for additional considerations and interventions.





# Interfacility Communication Tool

## [AHS Inter-Facility Infection Control Transfer Form \(allianthealth.org\)](http://allianthealth.org)

### Includes:

- Resident information – Name and DOB
- Sending facility information – phone, unit, name
- Sending facility contact information – RN, unit, physician, case manager, IP
- Current or history of transmissible organisms or MDROs
- Current signs and symptoms
- Current transmission-based precautions utilized
- Current or recent antibiotic treatment
- COVID-19 treatments
- Vaccination history

Inter-Facility Infection Control TRANSFER FORM			
Best practice recommendation: Complete this form prior to transfer to accepting facility. If sent with initial referral, update this form when transfer occurs. Attach copies of most recent culture reports with susceptibilities if available.			
<b>Sending Health Care Facility:</b>			
Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number
Name/Address of Sending Facility		Sending Unit	Sending Facility Phone
Sending Facility Contacts	Contact Name	Phone	Email
Transferring RN/Unit			
Transferring Physician			
Case Manager / Admin / SW			
Infection Preventionist			
Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?	Colonization or History (Check if YES)	Active Infection on Treatment (Check if YES)	
Methicillin-resistant Staphylococcus aureus (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>	
Vancomycin-resistant Enterococcus (VRE)	<input type="checkbox"/>	<input type="checkbox"/>	
Clostridioides difficile	<input type="checkbox"/>	<input type="checkbox"/>	
Acinetobacter, multidrug-resistant	<input type="checkbox"/>	<input type="checkbox"/>	
Enterobacteriaceae (e.g., E. coli, Klebsiella, Proteus) producing Extended Spectrum Beta-Lactamase (ESBL)	<input type="checkbox"/>	<input type="checkbox"/>	
Carbapenem-resistant Enterobacteriaceae (CRE)	<input type="checkbox"/>	<input type="checkbox"/>	
Pseudomonas aeruginosa, multidrug-resistant	<input type="checkbox"/>	<input type="checkbox"/>	
Candida auris	<input type="checkbox"/>	<input type="checkbox"/>	
Other, specify (e.g., lice, scabies, norovirus, influenza, COVID-19): If COVID-19, please include date of diagnosis:	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person* currently have any of the following? Check here <input type="checkbox"/> if none apply			
<input type="checkbox"/> Cough or requires suctioning	<input type="checkbox"/> Central line/PICC (Approx. date inserted _____)		
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Hemodialysis catheter		
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Urinary catheter (Approx. date inserted _____)		
<input type="checkbox"/> Incontinent of urine or stool	<input type="checkbox"/> Suprapubic catheter		
<input type="checkbox"/> Open wounds or wounds requiring dressing change	<input type="checkbox"/> Percutaneous gastrostomy tube		
<input type="checkbox"/> Drainage (source): _____	<input type="checkbox"/> Tracheostomy		

# System Design and Policies

System Design and Policies				
Sepsis order sets are in place and utilized by providers (CPOE/paper).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the facility have structures and processes in place to support effective hand-offs of residents with sepsis, such as templated notes to document sepsis diagnosis and treatment information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How does the facility identify concerns/resistance/barriers to components of bundles and developed solutions (e.g., sepsis care pathways)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you audit care plans for implementation of interventions for those identified as at risk for sepsis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Structures and processes to support effective admission/transfer hand-offs of residents with infection risks and sepsis

- Interfacility collaboration and coordination
- Admission risk assessments
- Comprehensive clinical history

## Structures and processes to prevent healthcare-associated infections and sepsis

- Facility IPC program
- Prevention Bundles
  - Urinary tract Infections
  - Respiratory tract infections (i.e., pneumonia)
  - Central line blood stream infections
  - Surgical site infections

# Measurement/Continuous Improvement

Measurement/Continuous Improvement				
Does the facility have a process for real-time monitoring of residents with early signs of sepsis? (i.e., sepsis log, electronic alert)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the facility have a concurrent review process for bundle adherence and defects review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a system to address deviations from evidence-based care processes with physicians, nurses, and other clinical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Outcome measurements

- Defining and Counting Sepsis Hospitalizations
- HAI surveillance
- Identify potential disparities

## Process outcomes

- Compliance with HAI prevention bundles and other IPC interventions
- Early infection/sepsis identification screenings
- Compliance with sepsis identification and response pathways

# Education

Education				
Do you have a sepsis early recognition training program and, which staff is required to attend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the facility provide sepsis-specific training and education in the hiring or onboarding process for healthcare staff and trainees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does hospital staff have an annual training and competency assessment for sepsis recognition and response/treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you utilize skills days for clinical staff sepsis training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the facility post information on recognition of sepsis in prominent areas for patient-facing staff (e.g., attached to vital signs machines, in staff break rooms)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What tools are used to educate staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What tools do you use to educate patients and families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your patient and family advisory council review sepsis education materials for patients and families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you provide information/education to the community? If so, list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the facility implemented tools (e. g., pocket cards, checklists, posters) to assist bedside staff with sepsis recognition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Knowledge of infections that lead to sepsis and awareness of sepsis risk

- Sepsis-specific training and education in the hiring or onboarding process for healthcare staff and trainees
- Annual sepsis education for clinical staff
- Sepsis recognition and treatment in annual nursing competencies
- Written and verbal education on sepsis to patients, families, and/or caregivers
  - Engagement with families/resident councils
- Dissemination information on recognition of sepsis in prominent areas for patient-facing staff (e.g., attached to vital sign machines, in staff break rooms)

# 4 WAYS TO GET AHEAD OF SEPSIS

GET AHEAD OF SEPSIS

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

Infections put you and your family at risk for a life-threatening condition called sepsis.

Sepsis is the body's extreme response to an infection. It is life-threatening, and without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death. Sepsis happens when an infection you already have—in your skin, lungs, urinary tract or somewhere else—triggers a chain reaction throughout your body.

Anyone can get an infection, and almost any infection can lead to sepsis.

## 1 PREVENT INFECTIONS

Talk to your doctor or nurse about steps you can take to prevent infections.



Take good care of chronic conditions



Get recommended vaccines

## 2 PRACTICE GOOD HYGIENE

Remember to wash your hands and keep cuts clean and covered until healed.



Handwashing



Keep cuts clean and covered until healed.

## 3 KNOW THE SYMPTOMS

Symptoms of sepsis can include any one or a combination of these:



Confusion or disorientation



Shortness of breath



High heart rate



Fever, or shivering, or feeling very cold



Extreme pain or discomfort



Clammy or sweaty skin

## 4 ACT FAST

Get medical care IMMEDIATELY if you suspect sepsis or have an infection that's not getting better or is getting worse.

Sepsis is a medical emergency. Time matters.

To learn more about sepsis and how to prevent infections, visit [www.cdc.gov/sepsis](http://www.cdc.gov/sepsis).



PubNo. 300419

## How can I get ahead of sepsis?

You can take specific steps to reduce your risk of sepsis, such as:

### 1 Prevent infections

Talk to a healthcare professional about steps you can take to prevent infections that can lead to sepsis, including:

- Take good care of chronic conditions.
- Get recommended vaccines, since vaccinations can prevent or reduce the severity of some infections, which can then lead to sepsis.

### 2 Practice good hygiene

- Keep hands clean.
- Keep cuts and wounds clean and covered until healed.

### 3 Know the signs and symptoms of sepsis

Healthcare professionals should immediately evaluate and treat people who might have sepsis.

### 4 Act fast

Sepsis is a medical emergency. If you or your loved one has an infection that's not getting better or is getting worse, **act fast**. Get medical care **immediately**. Ask a healthcare professional, "Could this infection be leading to sepsis?" and if you should go to the emergency room.

GET AHEAD OF SEPSIS

Learn more at [cdc.gov/sepsis](http://cdc.gov/sepsis)



Pub ID: 300408

For Patients and Families

# It's time to talk about sepsis.

Infections put you and your family at risk for a life-threatening condition called sepsis.



GET AHEAD OF SEPSIS

## 4 Ways to Get Ahead of Sepsis

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# Protect your patients from sepsis.



## How can I get ahead of sepsis?

- **Know sepsis signs and symptoms** to identify and treat patients early.
- **Act fast** if you suspect sepsis.
- **Prevent infections** by following infection control practices (e.g., hand hygiene, appropriate catheter management) and ensuring patients receive recommended vaccines.
- **Educate your patients and their families about:**
  - Preventing infections.
  - Keeping cuts and wounds clean and covered until healed.
  - Managing chronic conditions.
  - Recognizing early signs and symptoms of worsening infection and sepsis.
  - Seeking immediate care if signs and symptoms are present.



Sepsis is a medical emergency.

You play a critical role.

Protect your patients by **acting fast.**

With your fast recognition and treatment, most patients survive.

## What should I do if I suspect sepsis?

- **Know your facility's guidance for diagnosing and managing sepsis.**
- **Immediately alert the healthcare professional overseeing care of the patient if it is not you.**
- **Start antibiotics as soon as possible in addition to other therapies appropriate for the patient.** If a specific bacterial cause of sepsis is known, therapy should be targeted to optimize treatment, and broad-spectrum antibiotics might not be needed.
- **Check patient progress frequently.** Treatment requires urgent medical care, usually in an intensive care unit in a hospital, and includes careful monitoring of vital signs and often antibiotics. Early and frequent reassessment of patients with sepsis should be undertaken to determine the appropriate duration and type of therapy.



**GET AHEAD OF SEPSIS**

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

# ZONE TOOL | Sepsis and/or Infection



## GREEN Zone: Great Control

- My heartbeat and breathing feel normal for me.
- I don't have chills or feel cold.
- My energy level is normal.
- I can think clearly.
- Any wound or IV site I have is healing well.

## GREEN Zone Means I Should:



- Watch every day for signs of infection.
- Continue to take my medicine as ordered, especially if I'm recovering from an infection or illness.
- Keep my doctor and other appointments.
- Follow instructions if I'm caring for a wound or IV site.
- Wash my hands and avoid anyone who is ill.

## YELLOW Zone: Caution. Call Your Physician!

- My heartbeat feels faster than usual.
- My breathing is fast, or I'm coughing.
- I have a fever between 100.0°F and 101.4°F. I feel cold and am shivering—I can't get warm. My thinking is slow—my head is "fuzzy."
- I don't feel well—I'm too tired to do things.
- I haven't urinated in 5 hours or it's painful or burning when I do.
- Any wound or IV site I have looks different.

## YELLOW Zone Means I Should:



- Contact my doctor, especially if I've recently been ill or had surgery.
- Ask if I might have an infection or sepsis.

### Physician Contact

Doctor:

Phone:

## RED Zone: Medical Alert!

- I feel sick, very tired, weak, and achy.
- My heartbeat or breathing is very fast.
- My temperature is 101.5°F or greater.
- My temperature is below 96.8°F.
- My fingernails are pale or blue.
- People say I'm not making sense.
- My wound or IV site is painful, red, smells, or has pus.

## RED Zone Means I Should:



### Act Fast ... Sepsis is Serious!

Call 9-1-1 and say, "I need to be evaluated immediately. I'm concerned about sepsis."

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[www.alliantquality.org](http://www.alliantquality.org)

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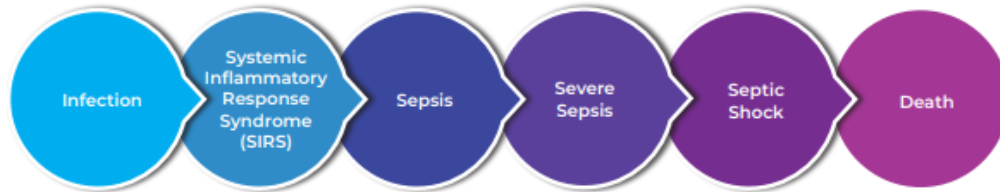
Protect Your Residents from Sepsis

Sepsis/Infection Zone Tool



# Sepsis Early Recognition and Response Pathway FOR NURSING FACILITIES

Sepsis is the body's extreme response to an infection, which happens when an infection triggers a chain reaction throughout the body. It is a **life-threatening medical emergency** that can rapidly lead to tissue damage, organ failure, and death. Anyone can get an infection, and almost any infection can lead to sepsis. When the body releases chemicals into the bloodstream to counteract an infection, it can lead to widespread inflammation, a condition known as Systemic Inflammatory Response Syndrome (SIRS). SIRS can rapidly progress to severe sepsis and septic shock, resulting in damage to multiple organ systems and subsequent death.



Pathogens such as bacteria, viruses, and fungi can cause infections that may lead to sepsis. The most common infections that cause sepsis in adults are respiratory infections, urinary tract infections, gastrointestinal infections, and skin infections. Residents with suspected sepsis should be urgently evaluated and treated by the health care team.

**You play a critical role. Protect your residents by ACTING FAST when you identify signs and symptoms of sepsis.**

## 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

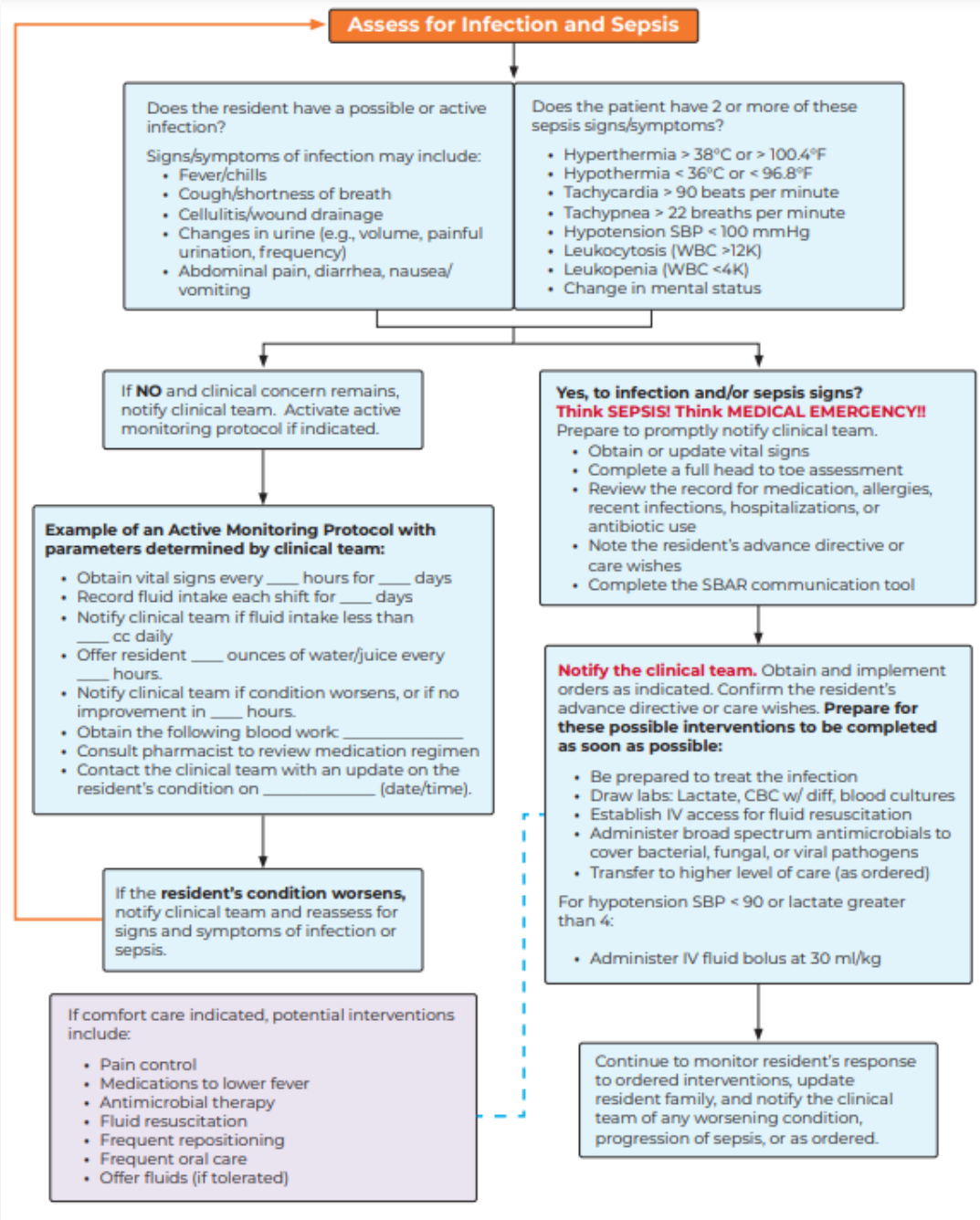
## Anyone with an infection is at high risk for sepsis.

Examples of conditions that can lead to infection and sepsis include but are not limited to:

- Pneumonia
- Wounds and non-intact skin
- Urinary tract infection
- Any infection with a multi-drug resistant organism
- *C. difficile* infection
- Invasive lines or devices
- Weakened immune system
- Chronic illnesses, such as diabetes, cancer, and kidney disease
- Recent hospitalizations

# Sepsis Early Recognition and Response Pathway for Nursing Facilities

- Guide for staff to promptly identify signs and symptoms of an infection that could lead to sepsis
- Evidence-based interventions once sepsis is identified in a resident
- Intended for educational and quality improvement purposes to raise sepsis awareness

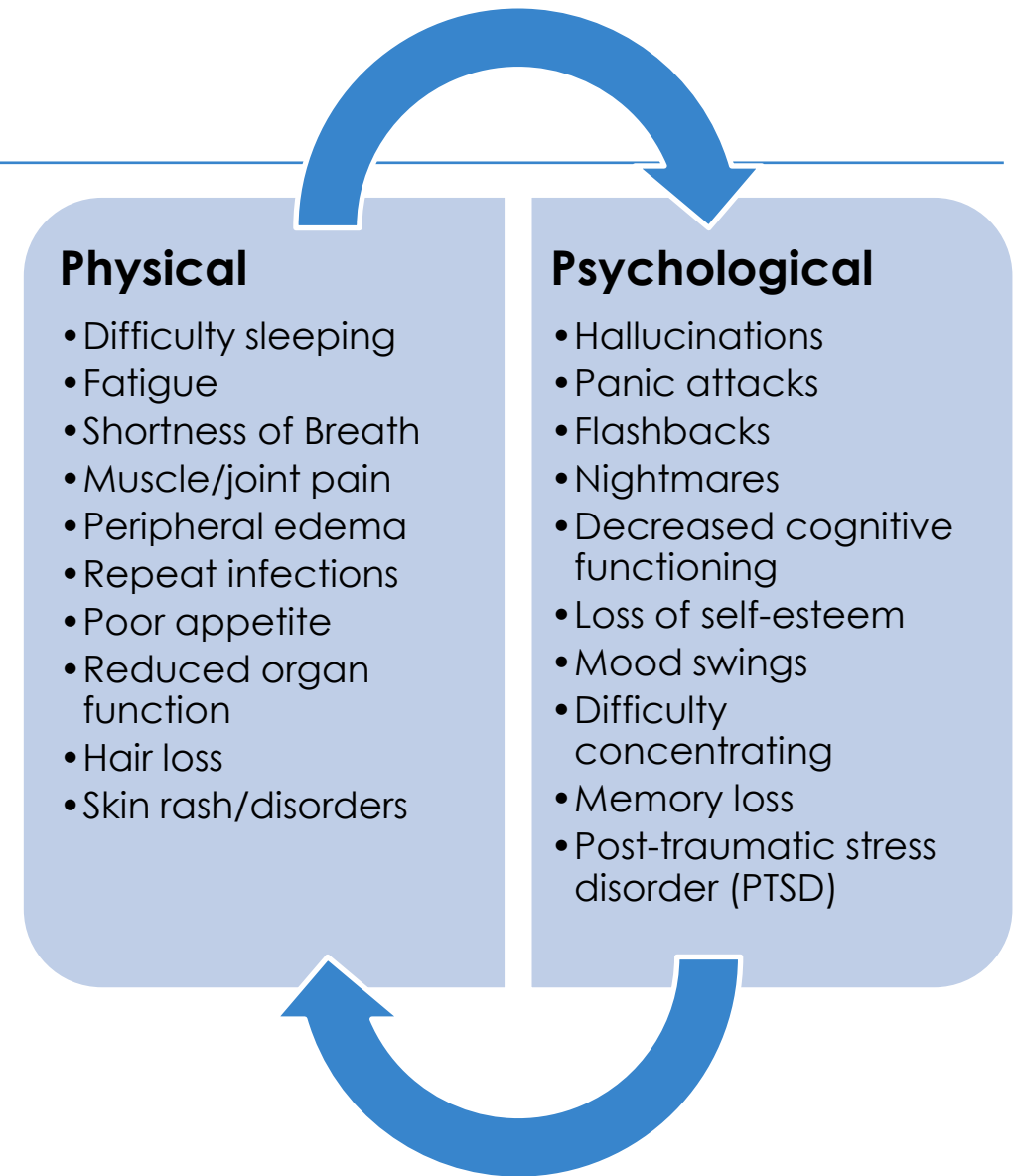


- ✓ Clinical staff educational tool
- ✓ Infection/HAI and sepsis screening tool
- ✓ Active monitoring protocol
- ✓ Clinician communication
- ✓ Potential interventions to manage sepsis or prepare for transfer
- ✓ Comfort care considerations



# Post-Sepsis Syndrome

- Condition that encompasses an array of physical and psychological-emotional symptoms following sepsis illness
- Affects up to 50% of sepsis survivors
- Significant implications for nursing facilities
  - Post-sepsis hospitalization discharge/transfer
  - Susceptible population
  - Increased risk of re-hospitalization
  - Increased risk of infections that may lead to sepsis
  - Need for heightened awareness among staff



<https://www.sepsis.org/sepsis-basics/post-sepsis-syndrome/>

# Facility Assessment: Sepsis

## Resident Profile

- Consider alignment with description in IPC plan/program
- Infection risk factors
- Sepsis risk factors
- Comorbidities
- Resident conditions/devices

## Services and Care Offered

- Daily care and hygiene
- Ventilation management
- Invasive device management
- Wound management/prevention
- Dialysis care

## Facility Resources

- Sepsis screening/treatment protocols
- Post-sepsis syndrome education/care
- Sepsis education for all staff, residents, and family
- Multi-disciplinary sepsis prevention & response
- IPC program ←
- Effective IPC surveillance
- Antimicrobial stewardship

# Use Tomorrow

- Review CMS [qso-24-13](#)
- Complete the Sepsis Gap Assessment
- Identify action steps based on your gaps
- Develop a strategy to address 1 need



Questions?



Thank You for Your Time!  
Contact the AHS Patient Safety Team  
[patientsafety@allianthealth.org](mailto:patientsafety@allianthealth.org)



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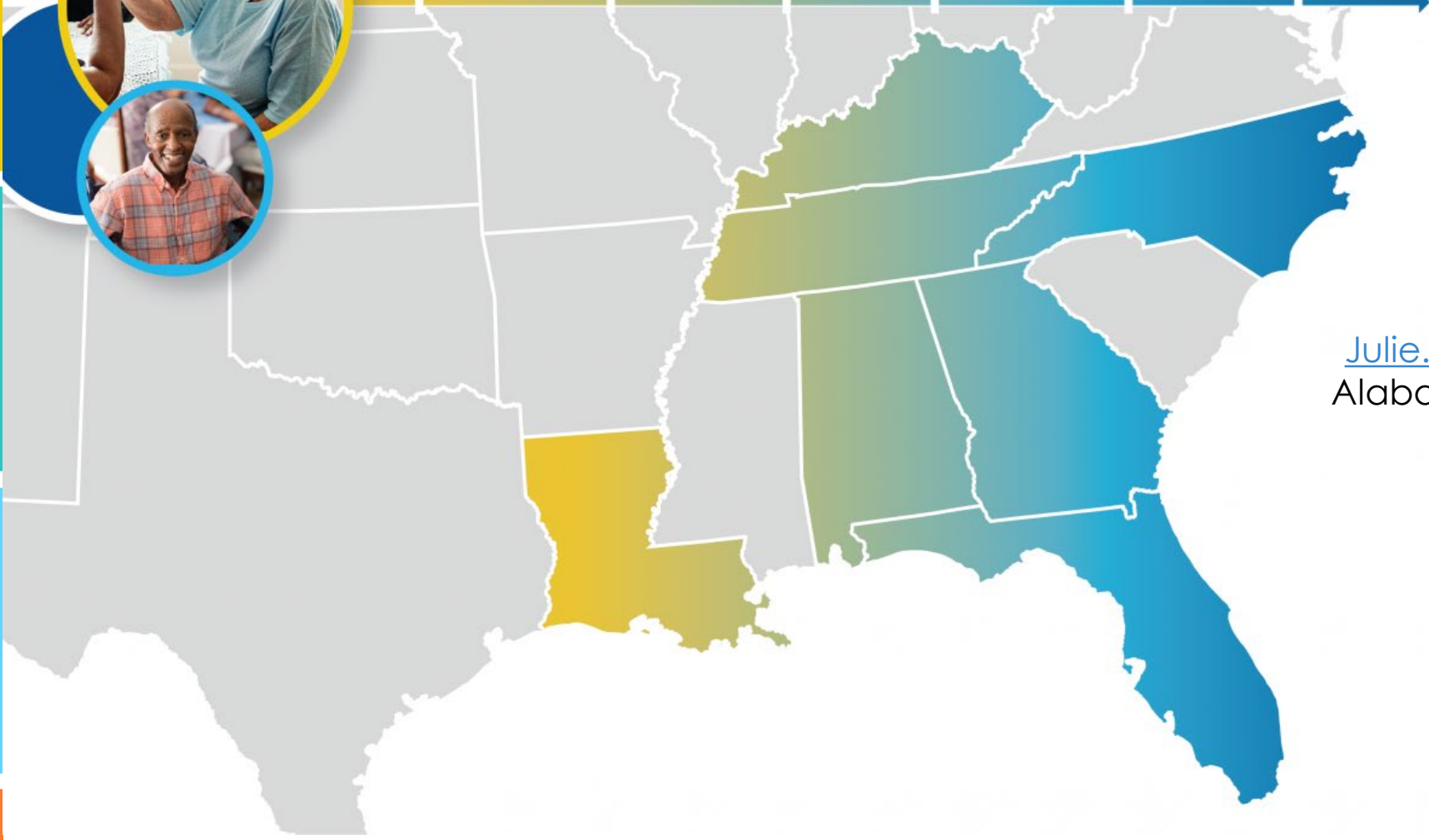


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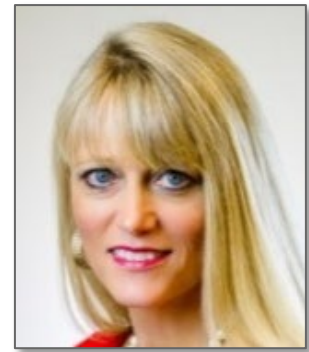


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