



Early Recognition of Sepsis in Long-Term Care

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Objectives

Participants will be able to

- Describe one tool that could be adopted/adapted for use in their organization

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Sepsis – Magnitude of the Problem

“Sepsis is the body’s extreme response to infection. It is a life-threatening medical emergency. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.” *Centers for Disease Control and Prevention*



More than 1.5 million people get sepsis each year in the U.S.
About 250,000 Americans die from sepsis each year.

1 in 3

One in three patients who die in a hospital have sepsis.

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Sepsis - The Cost

Financial: \$23.7 billion each year in hospital costs (all payers) in 2013. #1 cost of hospitalizations and readmissions (\$2 billion).

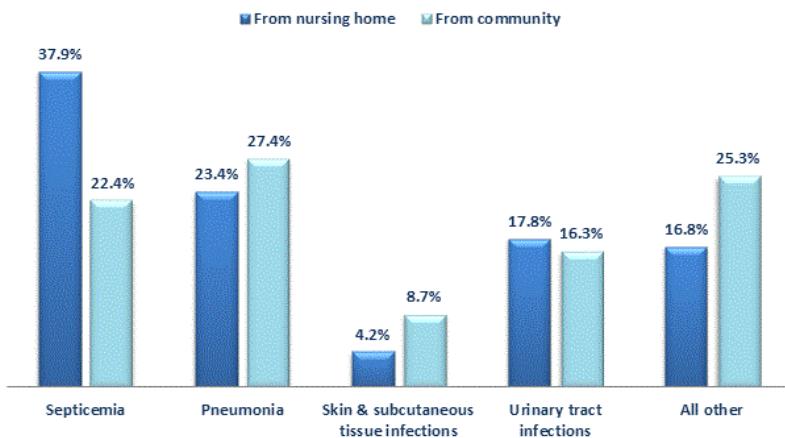
Human: Someone is diagnosed with sepsis every 20 seconds and the incidence is rising 8% every year. Someone dies from sepsis every 2 minutes.

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Admission from Skilled Nursing Facility

Figure 1. Type of infections¹ for hospital stays originating from nursing homes and community, population aged 65 and older, 2009



Healthcare Cost and Utilization Project, Statistical Brief #141

<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb141.pdf>

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Hospital Utilization for Sepsis from SNF

- Among patients admitted with septicemia as a principal diagnosis, a much higher proportion of those with a subsequent readmission had been discharged to a long-term care facility.
- In 2010, 46.8 percent of patients with a readmission were initially discharged to a long-term care facility.

Healthcare Cost and Utilization Project, Statistical Brief #161
<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb161.pdf>

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Polling Question

In the past six months have you transferred a resident with signs and symptoms of sepsis to an acute care hospital?

- Yes
- No
- Unsure



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Nevada Sepsis Coalition

- Sepsis coordinators from acute and critical access hospitals
- Sharing promising practices in identification and treatment for sepsis in the emergency department and inpatient
- Goal: improve patient outcomes by increasing adherence to the core measures (sepsis bundles)



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Partnership and Bridge

- HCA hospital sepsis coordinators contacted skilled nursing facilities in their area
 - Provide education on sepsis to the nurses
 - Improve communication with transfers
- HealthInsight facilitated identification and development of resources to support early identification and intervention for signs and symptoms of sepsis

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Polling Question

Have you been asked by a local hospital to work together on early recognition and intervention for the signs and symptoms of sepsis?

- Yes
 - No
 - Unsure



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Toolkit Location

Nursing Home Resources > Promising Practices to Address Specific Concerns > Sepsis

The screenshot shows the homepage of the HealthInsight website. At the top, there's a navigation bar with links for Home, Employee News, Nursing Home Resources, Microsoft Office Home, Home - Employee News, Log in - WBICS 2019 - , CQI 2019 Program - Con., Healthcare Quality - St., Define Time & Expense - L., My Profile - Zoom, Medication Therapy Mgmt., Online Checkin Booths..., QualityNet Enterprise Site, and Sign In. Below the navigation bar is a logo for "Quality Improvement Organizations" and the "HealthInsight" logo. The main content area has a light blue background with a grid of cards. The first card is titled "Infection Control" and lists "Infection Control and Antibiotic Stewardship", "Mobility", "Pain", "Pressure injuries", and "Sepsis". The second card is titled "Sepsis" and includes a link to "Sepsis Toolkit". The third card is titled "Sleep Hygiene". The fourth card is titled "Infection Control and Antibiotic Stewardship" and lists "Antipsychotics". To the right of the cards is a sidebar with a "Share This Page" section containing social media icons for LinkedIn, Twitter, and Email, and a "QIN-QIO Related Links" section listing various healthcare improvement initiatives.

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Education

- Nurses
- Certified Nursing Assistants
- Other staff
- Residents
- Family members and friends

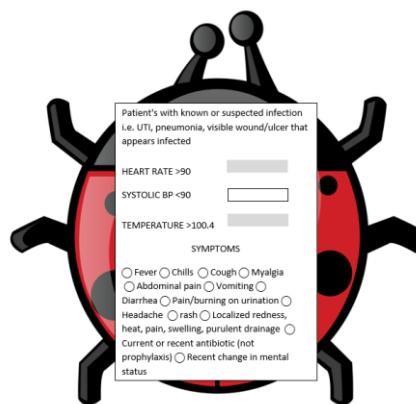
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Screening

- Vital signs
- Symptoms

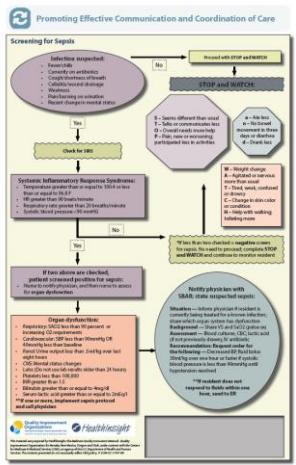
Systemic Inflammatory Response Syndrome (SIRS) CRITERIA
(STARFORUM BUG)



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Flowchart



- Signs and symptoms
 - Systemic Inflammatory Response Syndrome (SIRS)
 - STOP AND WATCH
 - Nurse assessment
 - SBAR physician notification

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Sample Protocol

- Purpose: To use a standardized, physician-approved, nursing assessment and protocol to identify sepsis as early as possible in its course in order to provide early treatment and prevent progression leading to hospitalization or death.
 - Incorporates communication expectations

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Support After Discharge

- Need to know the ongoing impact and what to expect after sepsis

LIFE AFTER SEPSIS FACT SHEET

WHAT SEPSIS SURVIVORS NEED TO KNOW

ABOUT SEPSIS

What is sepsis?

Sepsis is a complication caused by the body's overwhelming and life-threatening response to an infection, which can lead to tissue damage, organ failure, and death.

What causes sepsis?

Any type of infection that is anywhere in your body can cause sepsis. It is often associated with infections of the lungs (e.g., pneumonia), urinary tract (e.g., kidney), skin, and gut. An infection occurs when germs enter a person's body and multiply, causing illness and organ and tissue damage.

LIFE AFTER SEPSIS

What are the first steps in recovery?

After you have had sepsis, rehabilitation usually starts in the hospital by slowly helping you to move around and look after yourself, bathing, sitting up, standing with support, and walking. You will then move to a rehab center or nursing home to reduce you back to your previous level of health or as close to it as possible. Begin your rehabilitation by building up your activities slowly, and rest when you are tired.

How will I feel when I get home?

You have been seriously ill, and your body and mind need time to get better. You may experience the following physical symptoms upon returning home:

- Return to extreme weakness and fatigue
- Headaches
- General body pains or aches
- Difficulty moving around
- Dizziness
- Weight loss, lack of appetite, food not tasting normal
- Dry or itchy skin that may peel
- Brittle nails
- Hair loss

Source: Center for Disease Control and Prevention, National Institute of Health, National Institute of Standards and Technology

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Resource for Self-Management After Discharge

Signs of infection and sepsis at home			
Common infections can sometimes lead to sepsis. Sepsis is a deadly response to an infection.			
<input checked="" type="checkbox"/> Green Zone No signs of infection. Call: _____	<input type="checkbox"/> Yellow Zone Take action today. Call: _____	<input type="checkbox"/> Red Zone Take action now! Call: _____	
Are there changes in my heartbeat or breathing?	My heartbeat is as usual. • Breathing is normal for me.		
	• Heartbeat is faster than usual. • Breathing is a bit more difficult and faster than usual.		
Do I have a fever?	I have not had a fever in the past 24 hours and I am not taking medicine for a fever. Fever between 100°F to 101.4°F.		
	Fever is 105°F or greater.		
Do I feel cold?	I do not feel cold. • I feel cold and cannot get warm. • I am shivering or my teeth are chattering.		
	• Temperature is below 96.8°F. • Skin or fingernails are pale or mottled.		
How is my energy?	My energy level is as usual. I still need to do most of my usual activities.		
	• I cannot do any of my usual activities.		
How is my thinking?	Thinking feels slow or not right. My caregivers tell me I am not making sense.		
	• I do not feel well. • I have a bad cough. • My wound or IV site looks infected. • I have not urinated (peed) for 5 or more hours. When I do urinate, it burns, is painful, or smells bad.		
Are there changes in how I feel after a hospitalization, infection or change in wound or IV site?	• I feel well. • I had pneumonia, a urinary tract infection (UTI) or another infection. • I had a wound or IV site. It is healing.		
	• I do not feel sick. • My wound or IV site is painful, red, smells or has pus.		

My plan for preventing infection at home

Things I can do to prevent infection:	
<input type="checkbox"/> Wash my hands often, using soap and water, especially after touching your hands.	
<input type="checkbox"/> Stay away from people who have coughs or colds. Stay away from crowds unless your doctor says it's OK.	
<input type="checkbox"/> Get recommended vaccines (shots like flu, whooping cough and pneumonia)	
<input type="checkbox"/> Eat healthy foods and drink water	
<input type="checkbox"/> Keep my wounds or IV site clean	
<input type="checkbox"/> Have a plan for getting help when I am in the yellow zone	
Look for signs of infection:	
<input type="checkbox"/> Do a daily check up using this resource.	
<input type="checkbox"/> Report any signs of an infection in the yellow right away!	
<input type="checkbox"/> Watch for sepsis. Sepsis is a very dangerous response to an infection by your body. Sepsis can lead to tissue damage, organ failure, and death. Any one of the signs in the red zone can be a sign of sepsis. Tell your doctor "I am concerned about sepsis."	

Your care team will work with you to set goals so you can stick to your plan.

Developed by the Sutter Center for Integrated Care, 2016.

Quality Improvement Organization
 TMF
 Texas • Arkansas • Missouri • Oklahoma • Puerto Rico

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Success Story

- Silver Ridge Healthcare Center, Las Vegas NV (Covenant Care facility)
- Education provided by hospital sepsis coordinator
- Engaged regional director of clinical operations; elevated to corporate level
- Corporate-wide protocol integrated into EMR
 - Laminated flowchart distributed to all buildings
- Protocol implemented May 2018
 - By the end of August 2018, 14 residents triggered the sepsis protocol
 - 12 were successfully treated using the protocol and hospital transfer was avoided
 - Only two residents were transferred to the hospital (per the protocol)

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Polling Question

Which of these tools could you adopt/adapt for use to increase early recognition and intervention for signs and symptoms of sepsis?

- Education for nurses, CNAs, other staff, residents, family members and friends
- Screening
- Flowchart
- Protocol
- Support and self-management resource after discharge

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Visit Us Online!

HealthInsight's nursing home web pages provide many resources specific to nursing home staff.

- Sepsis Matters! Early Recognition and Management for Nursing Home and Home Health Agency Providers:
<https://healthinsight.org/nh-collaborative/nursing-home-resources#sepsis>
- Sepsis Toolkit:
<https://healthinsight.org/nh-collaborative/nursing-home-resources#sepsis-toolkit>
- Resident Safety Collaborative main page:
<http://healthinsight.org/nh-collaborative>



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Resources and References

- Healthcare Cost and Utilization Project, Statistical Brief #161,
<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb161.pdf>
- Healthcare Cost and Utilization Project, Statistical Brief #141,
<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb141.pdf>
- The recording and handouts from today's webinar will be posted on our website.

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Questions?



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We want your feedback!



- Please complete the evaluation

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Thank you for your time
and commitment!



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