



**Quality Improvement
Organizations**
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CENTERS FOR MEDICARE & MEDICAID SERVICES

Great Plains

Quality Innovation Network

Sepsis in the Dakotas: Prevention, Identification, Treatment

August 20, 2024

Background

In North Dakota and South Dakota, sepsis is the #1 admission and readmission diagnosis. With sepsis, time is of the essence. For every hour of delayed treatment, the risk of death increases by between 4 and 9 percent.¹ Experts say that 80 percent of sepsis deaths could be prevented if treated in time. (National Sepsis Alliance)

Sepsis-Related Deaths on the Rise

Sepsis is the third leading cause of death in U.S. hospitals. But quick action can save lives.



- Sepsis-related deaths declined from 2000 - 2019
- Increase noted in 2019, those age 65 and older
- Further increase in 2021, same age group
- 87% of cases start outside the hospital
- About 50% of cases experience Post Sepsis Syndrome
- Review Sepsis Guidelines, updated in 2021

[Sepsis is the third leading cause of death in U.S. hospitals. But quick action can save lives. | AAMC](#)

What is Sepsis?

Sepsis, which was often called “blood poisoning,” is a life-threatening emergency that happens when your body’s response to an infection damages vital organs and, often, causes death.....[it] kills 350,000 adults each year in the United States.




[Sepsis Alliance](https://www.sepsisalliance.org/)

Sepsis Symptoms

- Symptoms
 - Low Blood Pressure
 - Low Oxygen Level
 - Low Urine Output
 - Absent Bowel Sounds
 - Confusion
 - Shortness of Breath
 - Fever
 - ‘Feel like you are going to die’


When it comes to sepsis, remember **IT'S ABOUT TIME™**. Watch for:



The acronym IT'S ABOUT TIME™ is displayed with each letter inside a red circle, connected by a horizontal line. Below each letter is a description of the symptom.

T	I	M	E™
TEMPERATURE higher or lower than normal	INFECTION may have signs and symptoms of an infection	MENTAL DECLINE confused, sleepy, difficult to rouse	EXTREMELY ILL severe pain, discomfort, shortness of breath

If you experience a combination of these symptoms: seek urgent medical care, call 911, or go to the hospital with an advocate. Ask: "Could it be sepsis?"

©2020 Sepsis Alliance sepsis.org  SEPSIS ALLIANCE

“Could I have Sepsis?”

Sepsis Recognition Opportunities

- Protocols for early recognition of Sepsis symptoms
- Protocols for action and treatment
- [Sepsis Stop and Tell Tool](#)

Sepsis is a deadly response to an infection, and ANYONE is at risk. Most people outside the medical community do not know what to look for. This guide is to help family members, visitors and others recognize the signs of sepsis. If you see these symptoms, tell a member of the healthcare team right away so they can assess and start treatment if needed.

Sepsis can be difficult to diagnose, and it is important to get the right medical care as quickly as possible.

Shivering or complains of feeling cold

Talks less than usual

Overall seems different than normal

Pain or complains of discomfort

Any complaints of a fast heartbeat

Not breathing normally (fast or cannot catch breath)

Dizzy or drowsy

Tired and complains of feeling weak

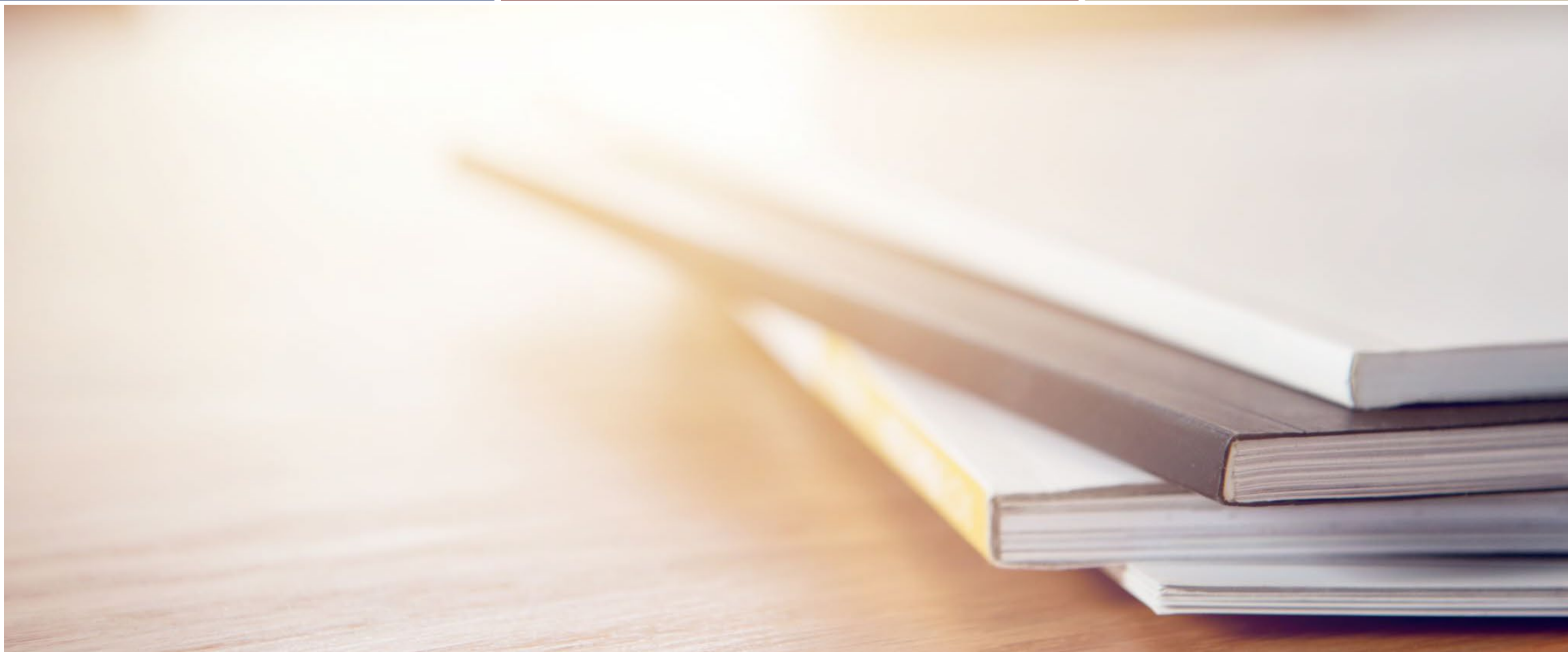
Exremely ill in appearance

Low Energy or unable to wake up

Lack of eating or drinking



A Patient Story





75 years old
No medication
No comorbidities
Never hospitalized
(besides deliveries)
Never had surgery

Healthy!

SYMPTOMS OF SEPSIS

S
E
P
S
I
S

Shivering, fever, or very cold

Extreme pain or general discomfort (“worst ever”)

Pale or discolored skin

Sleepy, difficult to rouse, confused

“I feel like I might die”

Short of breath



Watch for a combination of these symptoms. If you suspect sepsis, see a doctor urgently, CALL 911 or go to a hospital and say, “I AM CONCERNED ABOUT SEPSIS.”

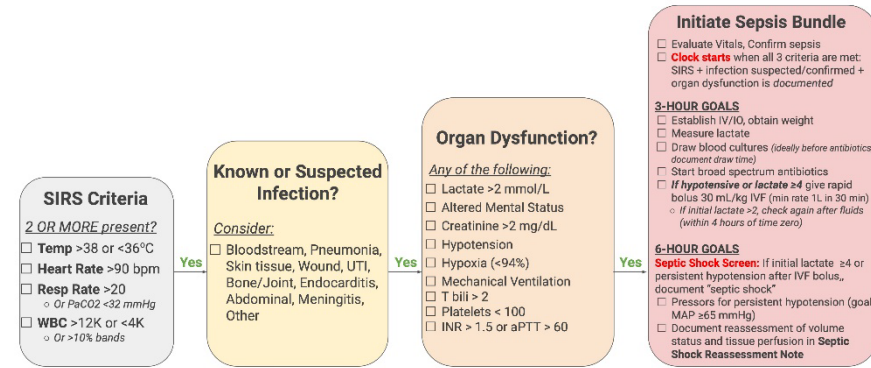
SEPSIS.ORG

**“COULD
IT BE
SEPSIS?”**

**IT'S A SIMPLE QUESTION,
BUT IT COULD SAVE LIVES.**

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SEPSIS GUIDELINE



If clinician doubts infection, please document "doubt infection", "infection unlikely", etc
 Approval in Process



Driver Diagram for the Implementation of the Managed Sepsis Protocol in the HMVSC

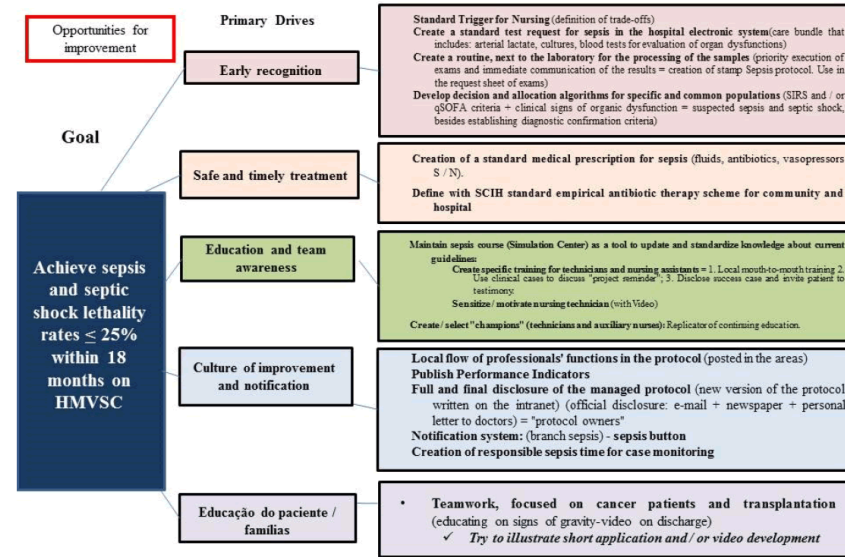
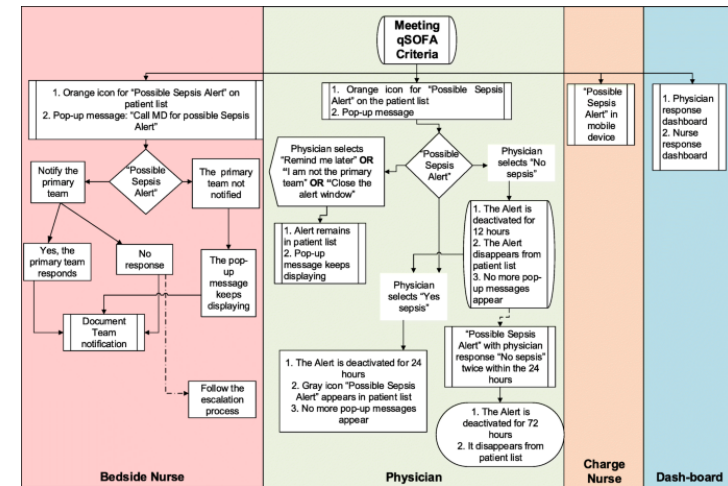
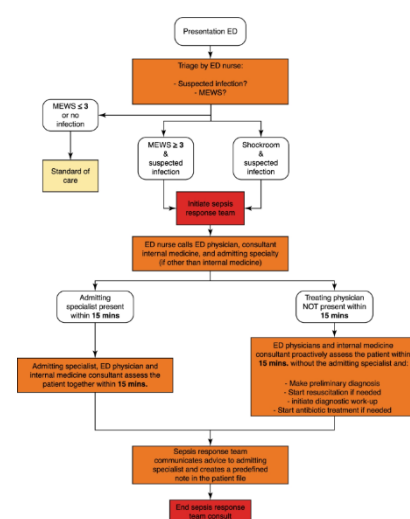
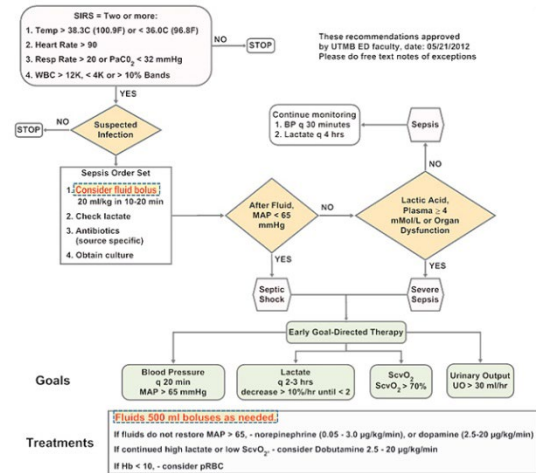


Figure 2: Flow of team roles in the activation of the managed SEPSIS protocol of HMVSC.





As many as

80% of sepsis deaths

could be prevented with **rapid diagnosis and treatment.**

When it comes to sepsis, remember:
IT'S ABOUT TIME™. Watch for:

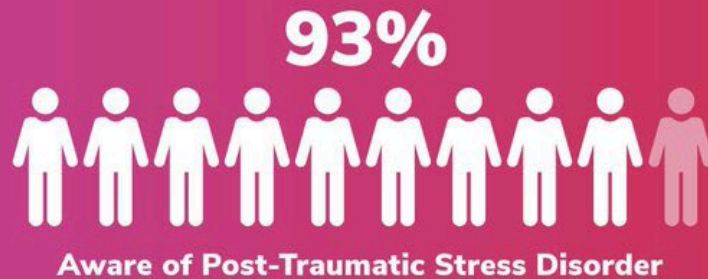
- T** **TEMPERATURE** that's abnormal
- I** Signs of an **INFECTION**
- M** **MENTAL DECLINE**
- E** Feeling **EXTREMELY ILL**

Take the time now to learn more at **sepsis.org**.



POST-SEPSIS SYNDROME AFFECTS MORE THAN HALF OF ALL SEPSIS SURVIVORS.

Many people – even those who are aware of sepsis – don't know that the debilitating psychological, emotional, and physical aftereffects exist.



Among those who are aware of sepsis, only 51% are aware of the term post-sepsis syndrome, while 93% are aware of the term post-traumatic stress disorder.



©2021 Sepsis Alliance



Avera St. Lukes Hospital Sepsis Story



Improving Sepsis Compliance at Avera St. Luke's by Utilizing an Interprofessional Collaborative Approach

Melissa Waldner, RN, BSN



Moving Health *Forward.*

Objectives

- Provide a general overview of sepsis.
- Discuss why SEP-1 compliance is important.
- Share changes ASL implemented to improve sepsis compliance.
- Provide visual data tracking sepsis compliance at ASL since changes implemented.
- Discuss challenges or barriers encountered.
- Share applicability to the rural healthcare setting and critical access hospitals.

Sepsis Definition

“Sepsis is a life-threatening condition that happens when the body’s immune system has an extreme response to an infection, causing organ dysfunction. The body’s reaction causes damage to its own tissues and organs and it can lead to shock, multiple organ failure and sometimes death, especially if not recognized early and treated promptly.” (World Health Organization, 2024)



Sepsis Facts

- Costs for acute sepsis hospitalization and skilled nursing are estimated to be \$62 billion annually.
- Sepsis is the primary cause of readmission to the hospital, costing more than \$3.5 billion each year.
- On average, 30% of patients diagnosed with severe sepsis do not survive. It is the leading cause of death in U.S. hospitals.
- More than 1.7 million people in the U.S. are diagnosed with sepsis each year, with an estimated 270,000 deaths.



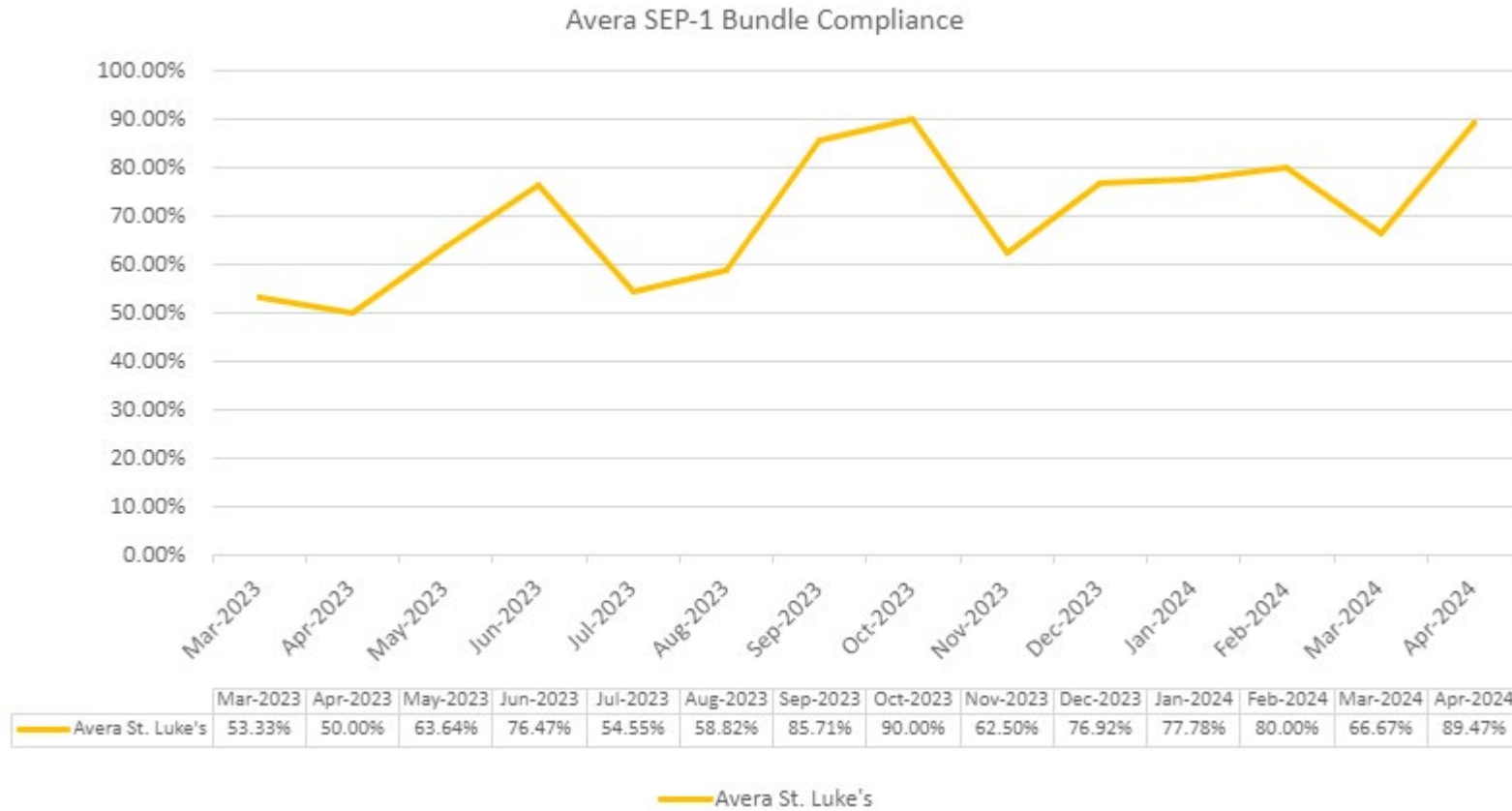
(Sepsis Alliance, 2024)

Why focus on sepsis bundle compliance?

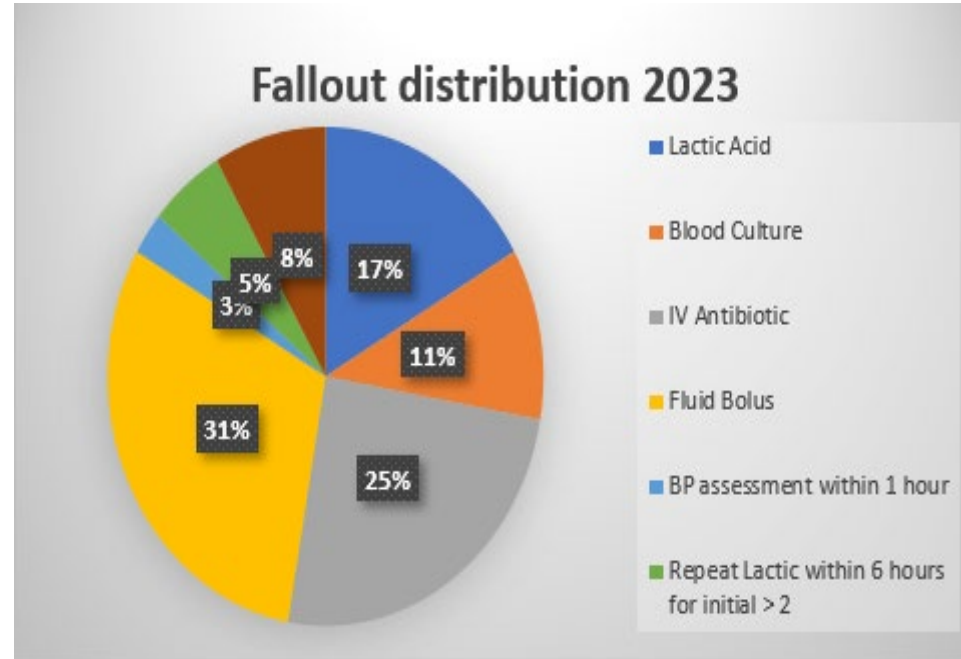
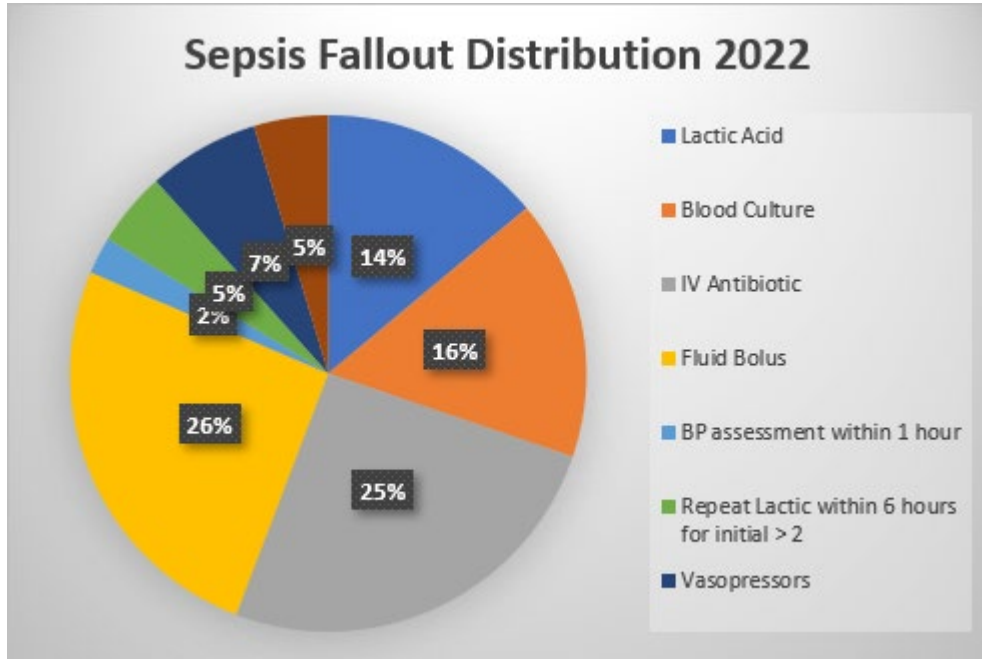


- Improve health outcomes for patients diagnosed with sepsis.
- Control healthcare costs related to sepsis treatment.
- CMS is proposing to adopt SEP-1 into its Hospital Value-Based Purchasing (VBP) Program beginning in the FY 2026 program year.
- Nationally, the average SEP-1 bundle compliance is only 50%.

Avera St. Luke's SEP-1 Bundle Compliance



Sepsis Fallout Distribution



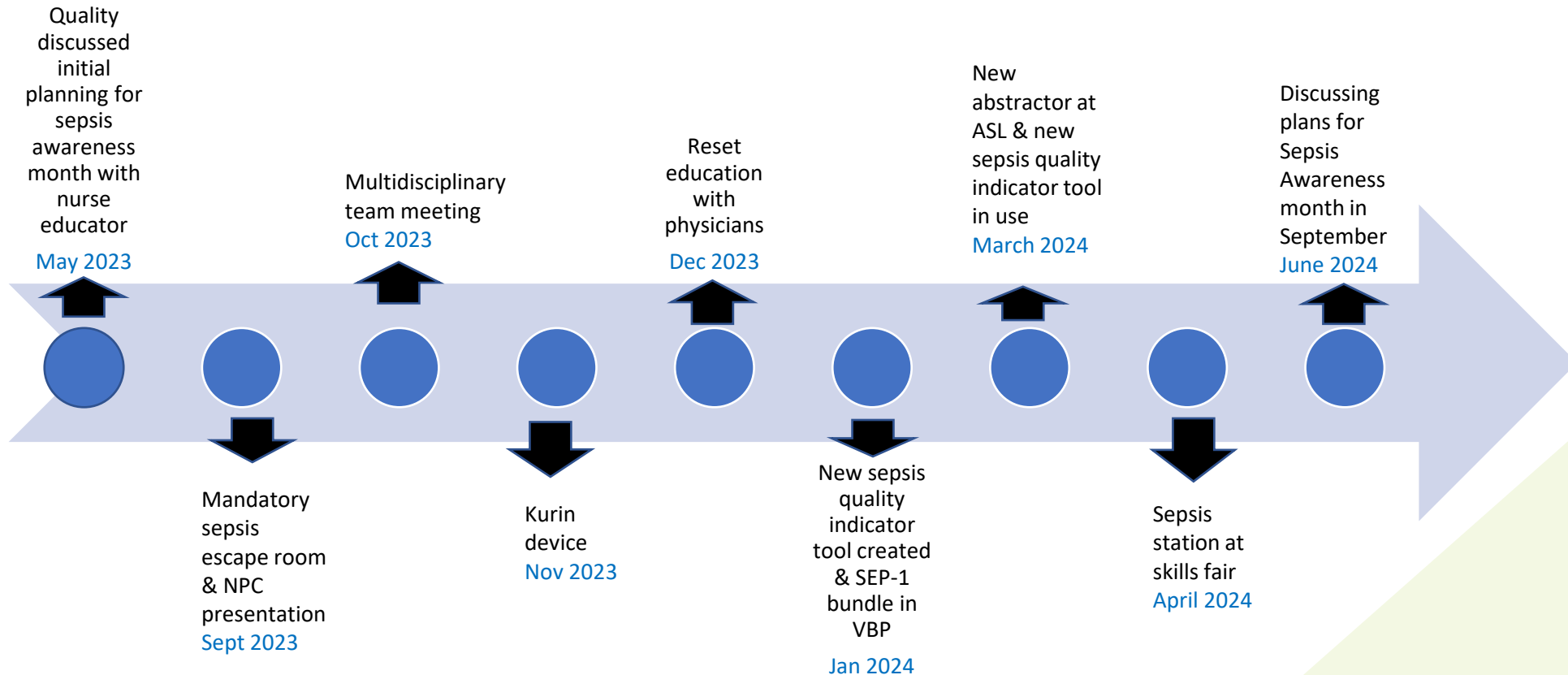
What did we identify as barriers to sepsis compliance?

- Timeliness of blood culture collection
- Hand-off communication



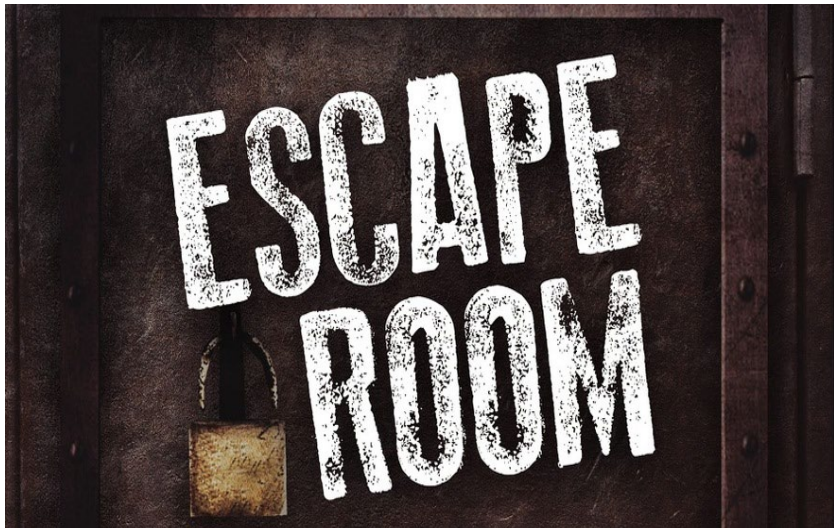
- Confusion with workflow
- Lack of utilization of order sets by providers

How did we improve compliance?



Sepsis Escape Room

- Nurse educator approached by quality to provide sepsis education
- SD Association for Nursing Professional Development (SD ANPD) referral
- Discussed the idea of the sepsis escape room at our nurse practice council
- Developed the escape room by referencing materials provided by Michelle Hofer, BSN, RN, CPHQ



Sepsis Escape Room

- Gaming is an emerging teaching methodology
- Increase in content retention
- Encourages critical thinking, strategizing, and performance under pressure
- Incorporates teamwork (TeamSTEPPS)
- Educational gaming develops active problem-based learning environments
 - Provide experiential education
 - Enhance learning
 - Stimulate interest and motivation

(Gabriel et al., 2021)

Sepsis Escape Room

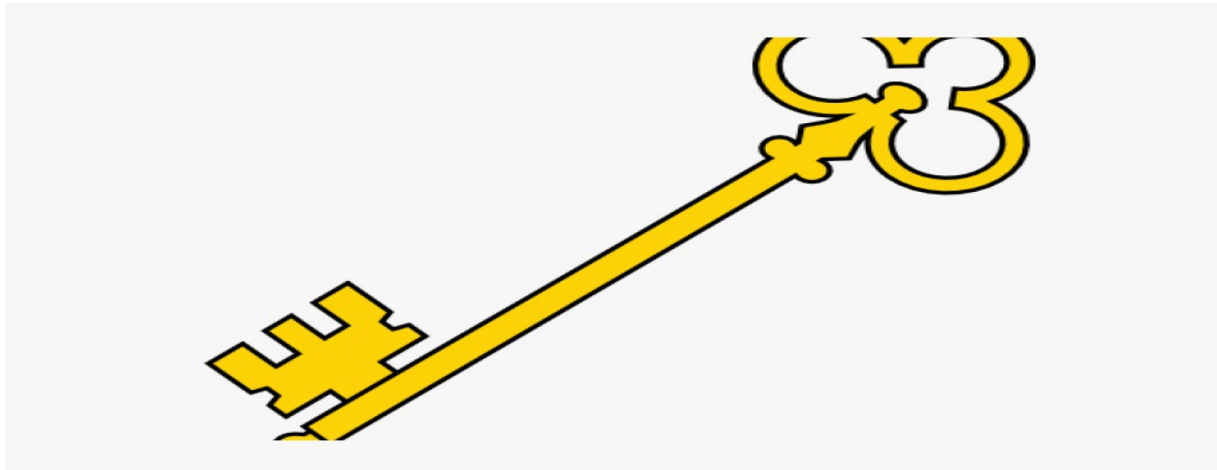
Objectives:

- Staff will identify infection screening symptoms
- Staff will identify SIRS, sepsis, severe sepsis & septic shock criteria
- Staff will follow the appropriate pathway on the sepsis quality indicator tool
- Staff will provide the patient the proper treatment protocol

Sepsis Escape Room

Overview

- Teams will work through a sepsis case study by following multiple clues to treat the patient appropriately and “break out” of the room
- The team with the fastest time will be spotlighted in daily line-up and receive a sweet surprise



Sepsis Escape Room Considerations

- Establish rules for the escape room to ensure appropriate flow
- Develop a case study
- Location
- Equipment
- Clues
- Ambiance
- Pilot testing
- Incentive
- Debrief



Blood Culture Contamination

- “Blood culture contamination is associated with increased antimicrobial use, length of stay, and hospital cost. To address this problem, blood culture diversion has been developed as an additional measure to reduce contamination to targeted goals.” (Mohajer & Lasco, 2023)
- “The estimated hospital cost for each false-positive blood culture is \$3073–\$4818, with an extended length of stay of 1–8.4 days leading to >\$1 billion in excess spending yearly.” (Mohajer & Lasco, 2023)
- ED blood culture contamination rates exceed inpatient rates due to high staff turnover, patient acuity, limited time, and insufficient training. (Mohajer & Lasco, 2023)

How to minimize contamination rates?

- Education
- Skin disinfection
- Avoid using catheters to draw blood
- Use aseptic technique
- Prepackaged blood culture kits
- Monitor contamination rates and report surveillance data to phlebotomists and nurses

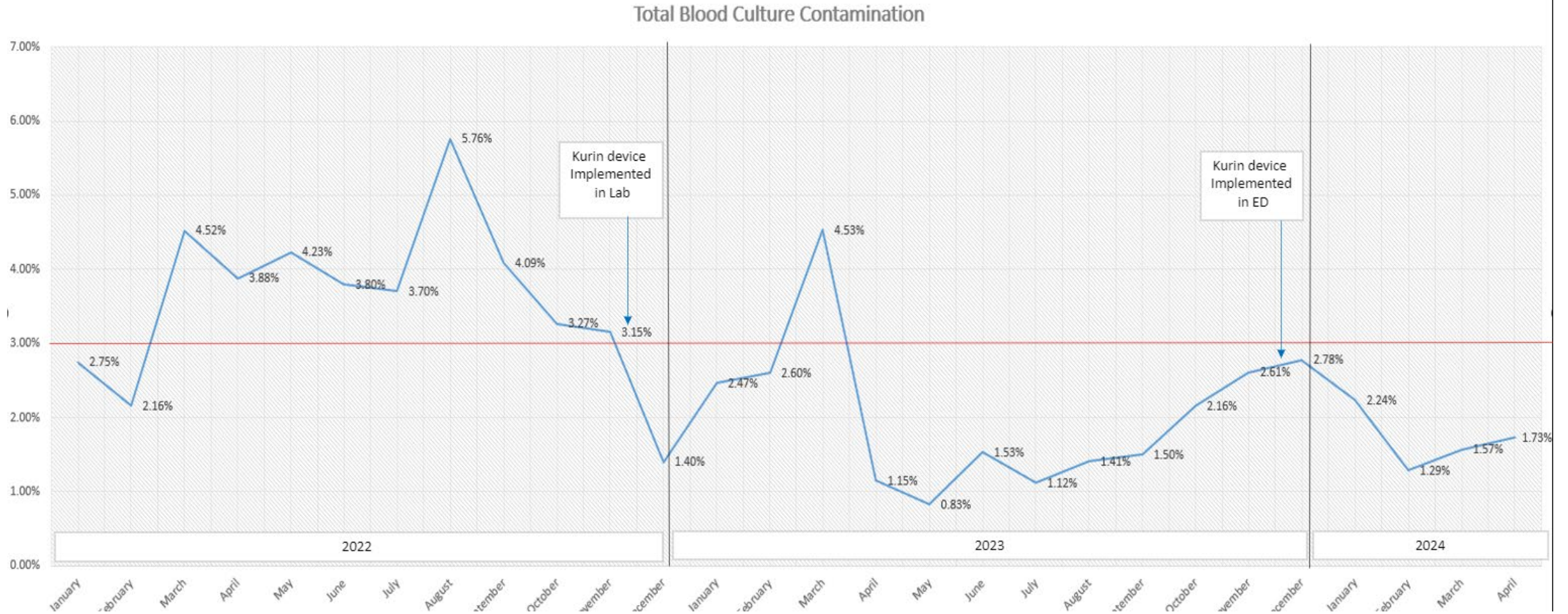
(Callado et al., 2023)

Specimen Diversion Systems

- Eliminates the first 0.15 to 1 milliliter of blood containing non-sterile skin fragments
- Improves clinical value of blood culture (reduces false-positives)
- Provides safer, more effective, and lower cost treatment.
 - Appropriate antibiotic therapy
 - Decreases length of stay
 - Combats MDROs
- Systematic literature review found diversion devices are capable of reducing blood culture contamination and identifying a true infection (Callado et al., 2023)

(Kurin, 2024)

Specimen Diversion Systems



ASL Blood Culture Contamination Rates for March 2024

- ED collections
 - Total of 44 blood cultures collected
 - 17 were documented as having used a Kurin device and 0 of those were contaminated
 - There were 3 contaminated cultures for a percentage rate of 6.8%
- Lab collections
 - Total of 213 blood cultures were collected
 - There was 1 contaminated culture for a percentage rate of 0.5%
- Total statistics
 - 4 contaminated of 257 for a percentage rate of 1.6%

Previous Sepsis Quality Indicator Tool

SEPSIS Quality Indicator Tool		Patient Label
Infection present or suspected? Infection Screening Symptoms one or more of these symptoms, continue with screening <input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Cough/Short of breath <input type="checkbox"/> Fever/Chills <input type="checkbox"/> Purulent Wound Drainage <input type="checkbox"/> Red Warm Skin <input type="checkbox"/> Painful Urination <input type="checkbox"/> No Infection Suspected		Time "Zero" is the ED Triage Time or direct admission to the floor/unit per Avera. ALWAYS continue to monitor for worsening symptoms of Sepsis – there are more orders needed in these situations!
Systemic Inflammatory Response Syndrome: two or more of the following <input type="checkbox"/> Temp <96.8, >100.9 Time: _____ <input type="checkbox"/> Heart Rate (Pulse) >90 Time: _____ <input type="checkbox"/> Respirations > 20 Time: _____ <input type="checkbox"/> WBC <4,000, >12,000 or bands >10%; Time: _____ <input type="checkbox"/> Provider Documents Sepsis in EMR _____ <input type="checkbox"/> Screening Criteria WNL – Do NOT need to continue		Sepsis unlikely, consider other underlying diagnosis but continue to monitor for sepsis
Severe Sepsis: Sepsis + Organ Dysfunction - Must be met w/in 6 hours of each other <input type="checkbox"/> Sepsis criteria met <input type="checkbox"/> Organ Dysfunction (any 1 criteria) within 6 hours of Sepsis criteria being met <ul style="list-style-type: none"> Lactic Acid > 2 ARF w/ new need for CPAP/BiPAP/Vent Support SBP<90, MAP<65 or SBP decreased by >40 points from normal Decreased Urine Output: <0.5 ml/kg/h₀ for 2 consecutive hours Total Bilirubin > 2.0 mg/dl INR > 1.5 Platelet < 100,000 <input type="checkbox"/> Provider Documents Severe Sepsis in EMR _____		1. Communicate to MD Positive Sepsis Screening _____ 2. MD places standing Sepsis order set _____ 3. Follow treatment ONE protocol for SEPI 3hr and 6hr bundles as appropriate "below" REASSESS & CONTINUE TO MONITOR!
Septic Shock: Severe Sepsis + decreased tissue perfusion OR Lactic Acid > or = 4 <input type="checkbox"/> Severe Sepsis criteria met <input type="checkbox"/> Lactic Acid > or = 4 <input type="checkbox"/> Persistent hypotension <ul style="list-style-type: none"> 2 or more consecutive low blood pressures within one hour AFTER IV fluids infused (SBP<90, MAP<65) <input type="checkbox"/> Provider Documents Septic Shock in EMR _____		1. Follow treatment ONE & TWO protocol for SEPI 3hr and 6hr bundles as appropriate "See below" REASSESS & CONTINUE TO MONITOR!
1. Treatment ONE Protocol SEPSIS/SEVERE SEPSIS/SEPTIC SHOCK (3hr and 6hr bundles)* <input type="checkbox"/> Lactic Acid Drawn (6 hours before - 3 hours after Sepsis criteria met) <input type="checkbox"/> If Lactic Acid > 2, Repeat LA if ordered within 3 hours (Repeat after highest Lactate in the time frame) <input type="checkbox"/> Blood Culture: drawn BEFORE antibiotic started (24hours before -3 hours after criteria met) <input type="checkbox"/> Broad Spectrum or other antibiotic hung AFTER blood culture drawn (Must be IV 24 hours before-3 hours after criteria met)		1. Follow treatment ONE, TWO, & THREE protocols for SEPI 3hr and 6hr bundles as appropriate "See below" REASSESS & CONTINUE TO MONITOR!
2. Treatment TWO Protocol SEVERE SEPSIS/SEPTIC SHOCK (3hr and 6hr bundles)* <input type="checkbox"/> ALL ORDERS IN TREATMENT ONE *above* <input type="checkbox"/> Initial Hypotension: 2 low BP's within 3 hrs of each other (SBP<90, MAP <65) 6 hours before or 6hrs after criteria met <input type="checkbox"/> Lactic Acid > or = 4 <input type="checkbox"/> Crystalloid IV fluids at 30 mL/kg: kg _____ x 30 =bolus dose _____ mL <ul style="list-style-type: none"> Document rate of infusion "IBW Calc Sepsis Fluid Bolus" order used ONLY for BMI > 30 *Document the order and use! Use the "Sepsis Fluid Bolus Exception" order if not giving 30mls/kg <input type="checkbox"/> Does the patient have ESRD _____ or CHF _____ (*Provider must document why fluids given were <30ml/kg*) *See back for other examples* <small>If SEVERE SEPSIS or SEPTIC SHOCK occurs 6 hours after admission, repeat LA if not done within the last 6 hours, repeat Blood Cultures if not done in the last 48 hours</small>		1. Follow treatment ONE & TWO protocol for SEPI 3hr and 6hr bundles as appropriate "See below" REASSESS & CONTINUE TO MONITOR!
3. Treatment THREE Protocol SEPTIC SHOCK (3hr and 6hr bundles)* <input type="checkbox"/> ALL ORDERS IN TREATMENTS ONE AND TWO *above* <input type="checkbox"/> Persistent hypotension present: 2 consecutive low BP's in the hour AFTER target volume of fluid given; <ul style="list-style-type: none"> Vasopressors started and given at presentation of Septic Shock Date and Time Vasopressors started: _____ <input type="checkbox"/> Volume Status/Tissue Perfusion Reassessment completed by MD or eICU in EMR (within time frame of fluid admin-6 hr after septic shock time)		1. Follow treatment ONE, TWO, & THREE protocols for SEPI 3hr and 6hr bundles as appropriate "See below" REASSESS & CONTINUE TO MONITOR!
ED Nurse: _____ Receiving Unit Nurse: _____		Bolus start time: _____ Completion time: _____ BP 1 hr. post infusion due at: _____

Crystalloid Fluid Administration: Ordering physician/APN/PA must have documented within a single note in the medical record:

January-June 2022

- A physician/APN/PA order for less than 30 mL/kg of crystalloid fluids is acceptable for the target ordered volume if all of the following criteria were met:
 - There is a physician/APN/PA order for the lesser volume of crystalloid fluids as either a specific volume (e.g. 1500 mL) or a weight-based volume (e.g., 25 mL/kg).
 - The ordering physician/APN/PA documented within a single note in the medical record all of the following:
 - The volume of fluids to be administered as either a specific volume (e.g., 1500 mL) or a weight-based volume (e.g., 25 mL/kg).
 - AND a reason for ordering a volume less than 30 mL/kg of crystalloid fluids. Reasons include and are not limited to:
 - Concern for fluid overload
 - Heart failure
 - Renal failure
 - Blood pressure responded to lesser volume
 - A portion of crystalloid fluid volume was administered as colloids (if a portion consisted of colloids, there must be an order and documentation that colloids were started or noted as given).
- Crystalloid fluid volumes ordered that are equivalent to 30 mL/kg or a lesser volume with a reason for a lesser volume specifically documented by the physician/APN/PA are the target ordered volume.
- A physician/APN/PA order for a volume of crystalloid fluids that is within 10% less than 30 mL/kg is acceptable for the target ordered volume. Documentation of a reason for a volume that is within 10% less than 30 mL/kg is not required.

Example documentation:

Physician documentation: Lactate 5.0, heart failure concerns, 20 mL/kg NS start now, then reevaluate.
 Orders: NS 0.9% IV, 20 mL/kg over 2 hours
 MAR: NS 0.9% IV 20 mL/kg, start time 1500, completed time 1700

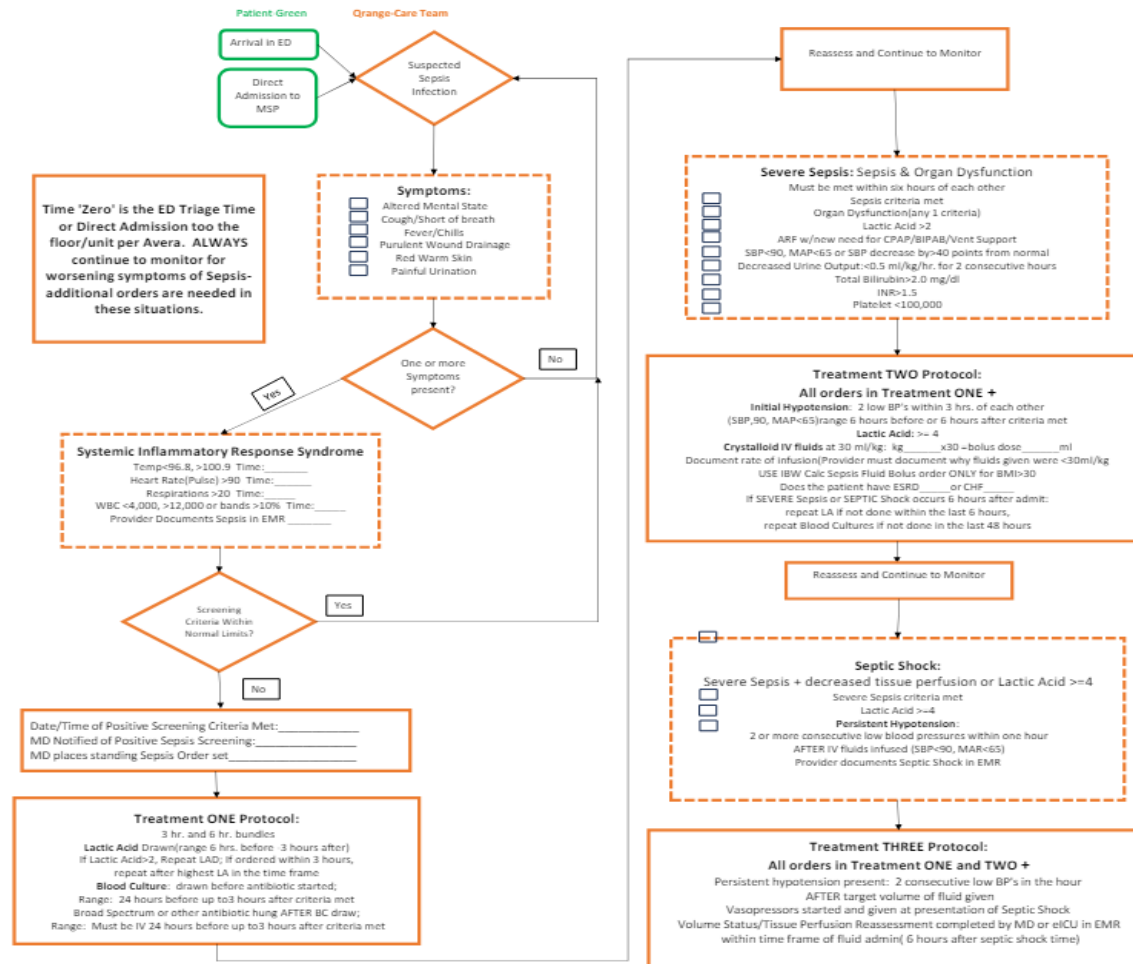
OR

Physician documentation: septic shock, renal failure, 1500 mL NS evaluate for response
 Orders: 1500 mL NS IV at 1000 mL/h₀
 MAR: IV NS 1500 mL at 1000 mL/h₀ start time 0800
 Patient weight is 74 kg, 30 mL/kg is 2220 mL



Potential Sepsis Quality Indicator Tool

SEPSIS Quality Indicator Tool

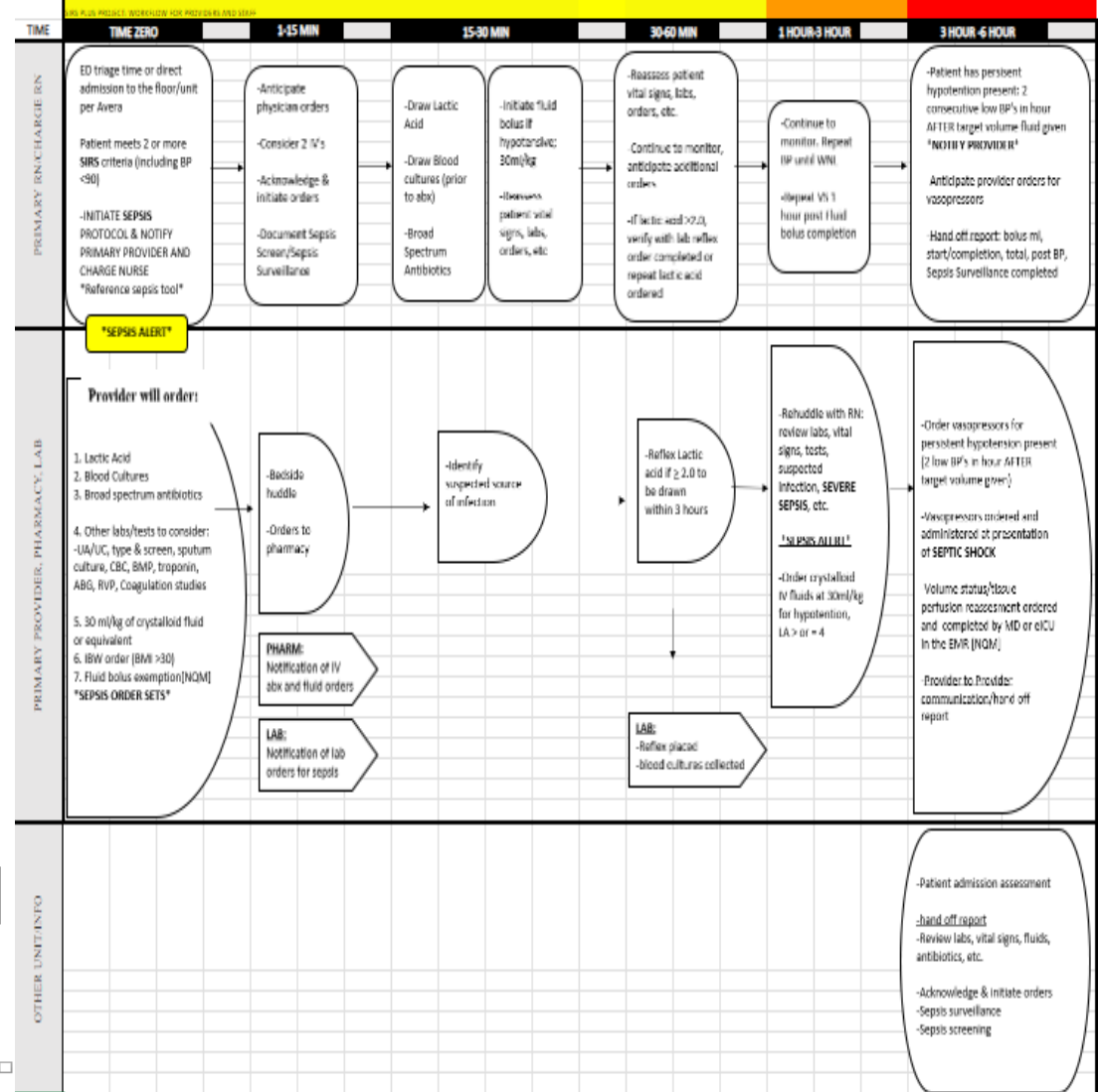


Edited Sepsis Quality Indicator Tool

SEPSIS Quality Indicator Tool		Patient Label
Infection present or suspected? Infection Screening Symptoms one or more of these symptoms, continue with screening <input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Cough/Short of breath <input type="checkbox"/> Fever/Chills <input type="checkbox"/> Purulent Wound Drainage <input type="checkbox"/> Red Warm Skin <input type="checkbox"/> Painful Urination <input type="checkbox"/> No Infection Suspected		Time "Zero" is the ED Triage Time or direct admission to the floor/unit per Avera. ALWAYS continue to monitor for worsening symptoms of Sepsis – there are more orders needed in these situations! Sepsis unlikely, consider other underlying diagnosis but continue to monitor for sepsis
Systemic Inflammatory Response Syndrome: two or more of the following <input type="checkbox"/> Temp <96.8, >100.9 Time: _____ <input type="checkbox"/> Heart Rate (Pulse) >90 Time: _____ <input type="checkbox"/> Respirations > 20 Time: _____ <input type="checkbox"/> WBC <4,000, >12,000 or bands >10%; Time: _____ <input type="checkbox"/> Provider Documents Sepsis in EMR <input type="checkbox"/> Screening Criteria WNL – Do NOT need to continue		1. Communicate to MD Positive Sepsis Screening 2. MD places standing Sepsis order set 3. Follow treatment ONE protocol for SEPI 3hr and 6hr bundles as appropriate. REASSESS & CONTINUE TO MONITOR!
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2. Treatment TWO Protocol SEVERE SEPSIS/SEPTIC SHOCK (3hr and 6hr bundles)* <input type="checkbox"/> ALL ORDERS IN TREATMENT ONE *above* <input type="checkbox"/> Initial Hypotension: 2 low BP's within 3 hrs of each other (SBP<90, MAP <65) 6 hours before or 6hrs after criteria met <input type="checkbox"/> Lactic Acid > or = 4 <input type="checkbox"/> Crystalloid IV fluids at 30 ml/kg: kg _____ x 30 =bolus dose _____ ml <ul style="list-style-type: none"> o Document rate of infusion o "IBW Calc Sepsis Fluid Bolus" order used ONLY for BMI > 30 *Document the order and use! o Use the "Sepsis Fluid Bolus Exception" order if not giving 30mls/kg <input type="checkbox"/> Does the patient have ESRD _____ or CHF _____ (*Provider must document why fluids given were <30ml/kg*) *See back for other examples* <small>If SEVERE SEPSIS or SEPTIC SHOCK occurs 6 hours after admission, repeat LA if not done within the last 6 hours, repeat Blood Cultures if not done in the last 48 hours</small>		
3. Treatment THREE Protocol SEPTIC SHOCK (3hr and 6hr bundles)* <input type="checkbox"/> ALL ORDERS IN TREATMENTS ONE AND TWO *above* <input type="checkbox"/> Persistent hypotension present: 2 consecutive low BP's in the hour AFTER target volume of fluid given; <ul style="list-style-type: none"> o Vasopressors started and given at presentation of Septic Shock Date and Time Vasopressors started: _____ <input type="checkbox"/> Volume Status/Tissue Perfusion Reassessment completed by MD or eICU in EMR (within time frame of fluid admin-6 hr after septic shock time)		

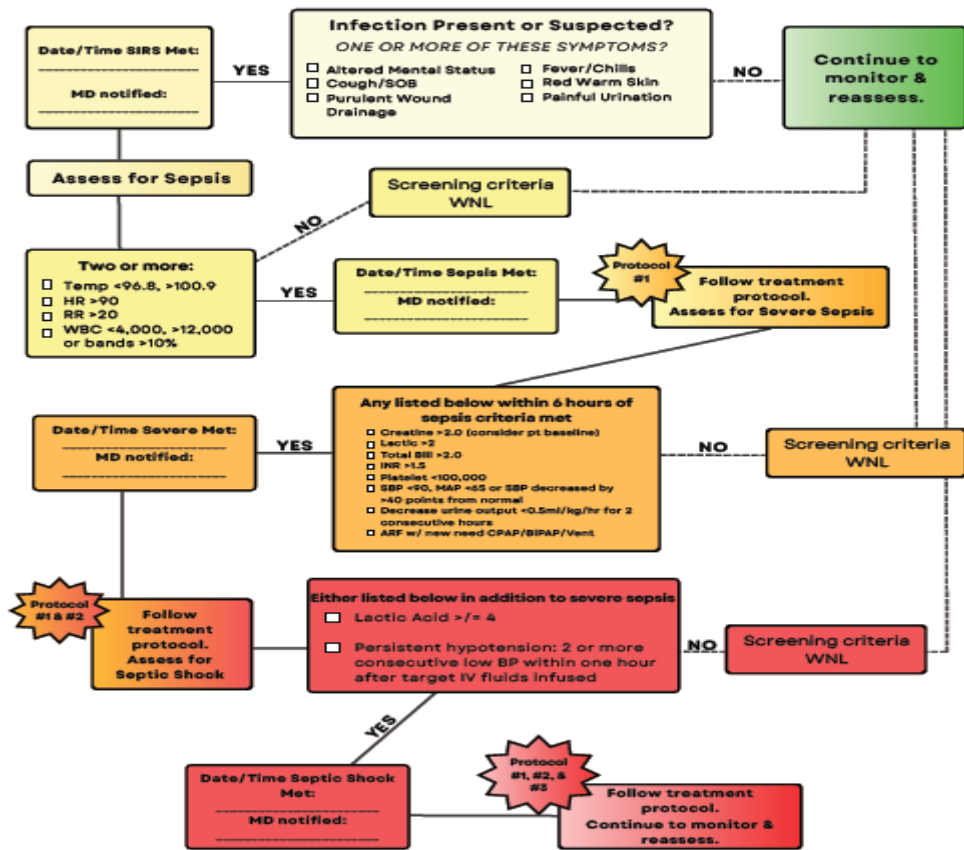
ED Nurse: _____

Receiving Unit Nurse: _____



Current Sepsis Quality Indicator Tool

SEPSIS QUALITY INDICATOR TOOL



SEPSIS PROTOCOLS

PROTOCOL # 1- SEPSIS

- Lactic Acid Drawn (3 hours after sepsis criteria met or 6 hour before)
 - If Lactic > 2, Repeat draw in 3 hours
- Blood Cultures Drawn PRIOR to antibiotics being hung (3 hours after sepsis criteria met or 24 hours before)
- IV Broad Spectrum Antibiotic (or provider order) AFTER blood cultures drawn (3 hours after sepsis criteria met or 24 hours before)
- If fluids administered prior to arrival, ensure to document amount in I&O

PROTOCOL # 2- SEVERE SEPSIS

- Complete Protocol # 1
- Provider order set: Crystalloid IV Fluid Bolus @ 30mL/kg
 - Does patient have ESRD, CSF, or concerns for overload? If so provider will consider less of a fluid bolus. Provider must document why 30mL/kg was not used.
- If Septic Shock occurs 6 hours after admission:
 - Repeat Lactile Acid draw if not done within the last 6 hours
 - Repeat Blood Culture draw if not done within the last 48 hours

KG _____ X 30 = _____
ML
START TIME: _____
COMPLETION TIME: _____
BP 1HR POST INFUSION: _____

PROTOCOL # 3- SEPTIC SHOCK

- Complete Protocols # 1 & # 2
- If persistent hypotension after target fluid volume given begin Vasopressors
 - Date & Time Started: _____
- Volume Status/Tissue Perfusion Reassessment completed by MD or eICU in EMR within 6 hours of fluid administration
- Palliative Care consult ordered

NURSING CONSIDERATIONS

- Be on the lookout for the sepsis surveillance being triggered on your patient. If triggered, follow flowsheet for sepsis screening and ensure to notify the provider.
- If labs were not drawn or antibiotic hung within timeframe, ensure to enter nursing note as to why.
- If LA >2, ensure reflex order remains in and does not get canceled.
- Ensure to chart on the septic shock reassessment within the time frame.

Challenges identified with implemented changes

- Sepsis Alert
- Escape Room
- Hand-off communication
- Order sets
- Real-time feedback



Critical Access Hospitals

Designation:

- 25 or fewer acute care inpatient beds
- Located more than 35 miles from another hospital
- Annual average length of stay 96 hours or less for acute care patients
- Provide 24/7 emergency care services



(Rural Health Information Hub, 2024)

- Poverty
- Lower education level
- Unemployment
- Lack of health insurance
- Transportation
- Poor health (chronic illness)
- Psychological distress
- Lack of providers
- Lack of resources
- Lack of exposure to high-acuity patients

(Seright & Winters, 2015)



- Sepsis screening
- Sepsis quality indicator tool
- Report quality measures
 - Decreases mortality
 - Increases guideline compliance
- Education (ongoing)
- Engage in knowledge sharing
- Infection control protocols
- Telemedicine
- Communication when transferring patients to other facilities

(Greenwood-Erickson et al., 2019)



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Thank You!



Moving Health *Forward.*

Sepsis Alliance Tools

- [Faces of Sepsis | Sepsis Alliance](#)
- [Sepsis Awareness Month Toolkit](#)
- [Sepsis Alliance Resource Hub](#)
- Help spread Sepsis Awareness Month across social media by sharing posts throughout the month! Remember to tag @SepsisAlliance and use the hashtags **#SepsisAwarenessMonth** and #SAM2024.



Questions?



Stay Connected!



Podcast: Q Tips for Your Ears

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Thank You!



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