

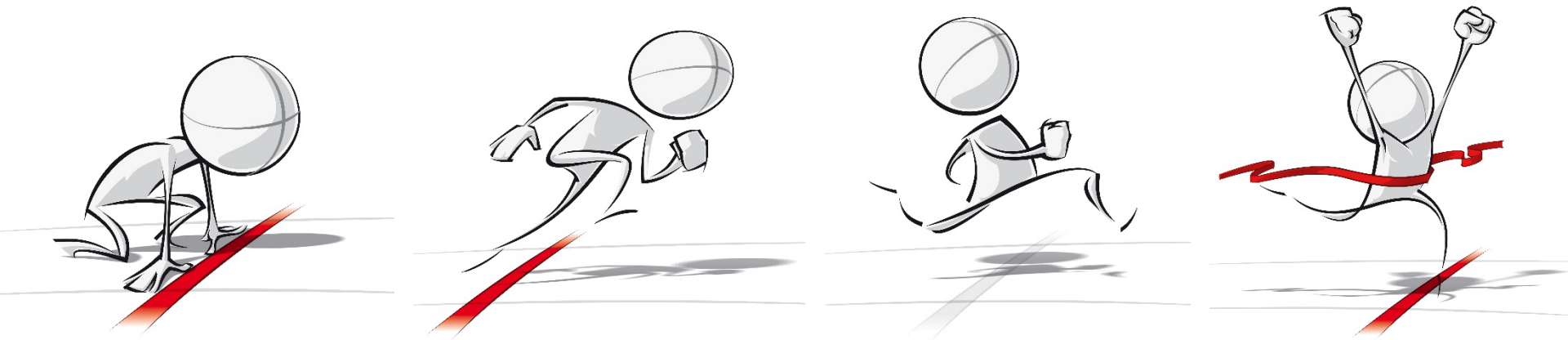


Nursing Home (NH) Seven-Week Sepsis Sprint | Session 1

Sepsis Sprint Kick-Off: On Your Mark, Get Set, Go!

Health Services Advisory Group

Sepsis Sprint



On Your Mark—Get Set—Go!

What's A Sprint

- 7-week rapid-cycle sessions
- Peer group with all NHs
- Education
- Roll out of “Sepsis Bundle”
- Implementation guidance by subject matter experts



- Lunch-and-Learn format
- Quickinars—30 minute micro-learning sessions
- Interaction encouraged

Don't Miss A Step in the Sprint!

Sepsis Kick-Off: On Your Mark, Get Set, Go!	September 26, 2023
Sepsis, the Silent Killer: On Your Mark!	October 3, 2023
Hand Hygiene—Spread the Word Not the Germs: Get Set!	October 10, 2023
Don't Wait Until It's Too Late To Vaccinate: Get Set!	October 17, 2023
Sepsis Prevention and Screening in NHs: Get Set!	October 24, 2023
Post-Sepsis Syndrome and Readmissions: Get Set!	October 31, 2023
Wrap Up: Go!	November 7, 2023

Goals

1. Review current data and identify the incidence of sepsis and sepsis-related admissions, readmissions, and mortalities.
2. Discuss why it is important for NHs to have a robust sepsis prevention program.
3. Create an action plan that will guide your journey during this sepsis sprint and beyond.



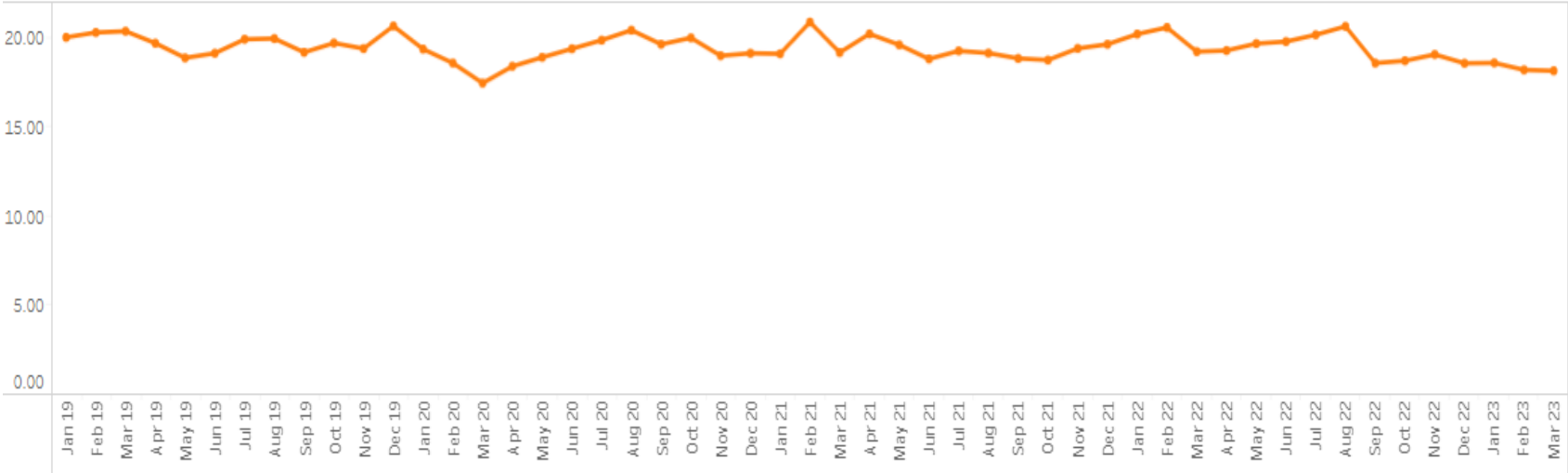


Here's What The Data Shows....



Sepsis Readmissions Rates

30-Day All-Cause Sepsis Related Readmission Rates To Hospital From All Settings



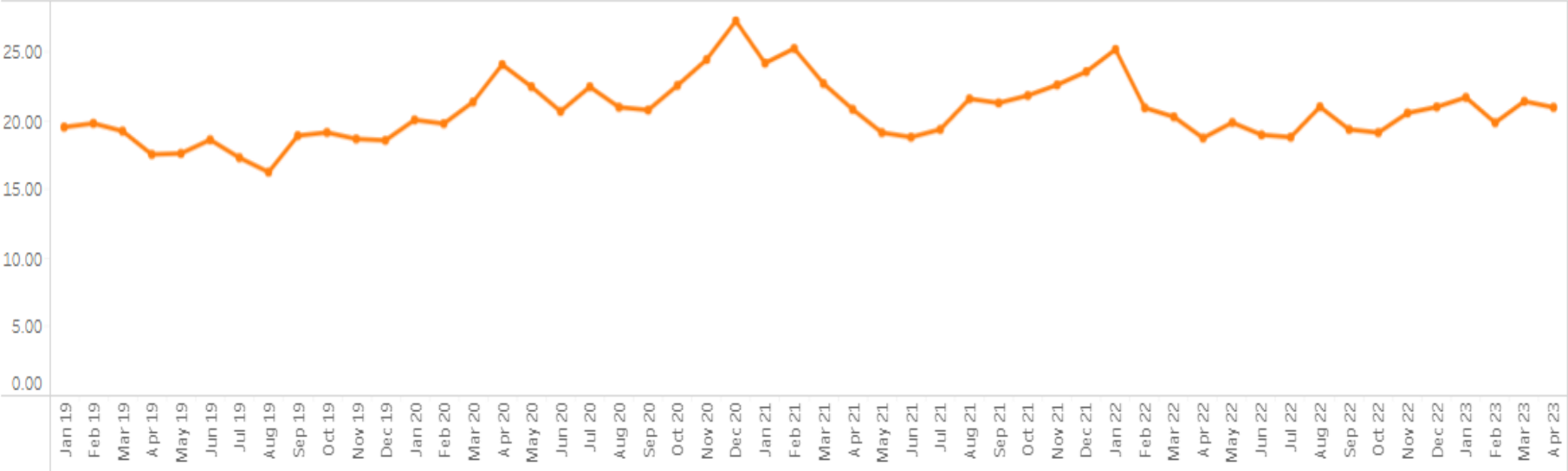
Performance = 19.06%
(4/1/2022 – 3/31/2023)

2019 Baseline = 19.72%

Despite the focus on sepsis and multiple initiatives, sepsis readmissions remain consistently high.

Sepsis Mortality (Excluding COVID)

30-Day Hospital Sepsis Mortality Rate



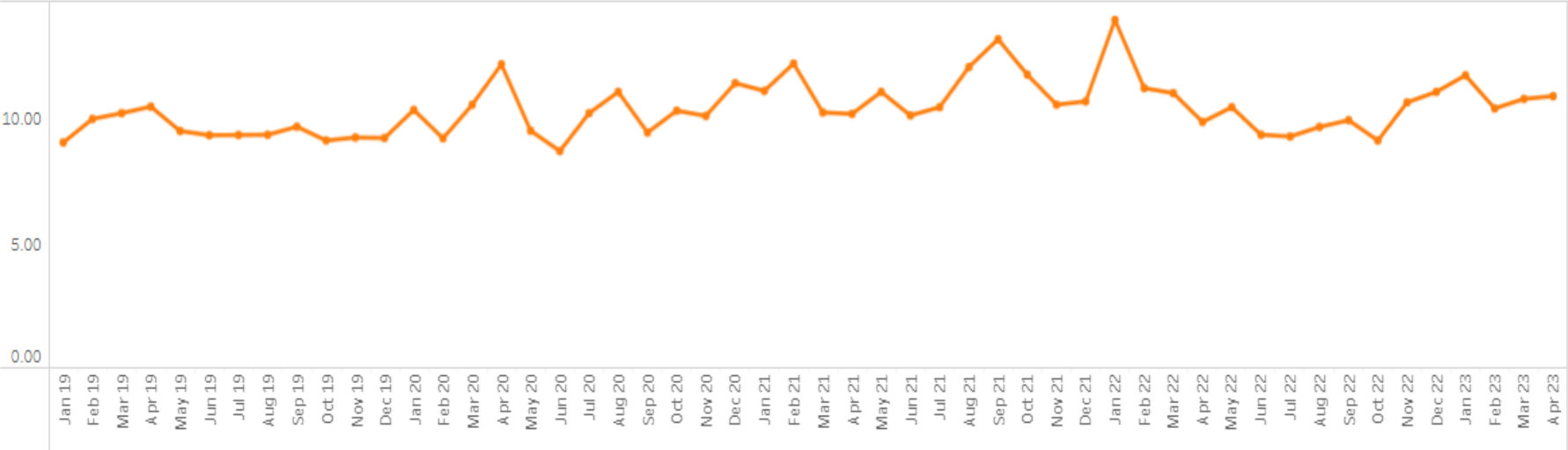
Performance = 20.22%
(4/1/2022 – 3/31/2023)

2019 Baseline = 18.43%

While many infection-related outcome rates are close to pre-pandemic baseline, sepsis mortality rates remain high and exceed baseline.

Overall Sepsis—Not POA* (Excluding COVID)

Hospital Sepsis Rates



Performance = 10.26
(4/1/2022 – 3/31/2023)

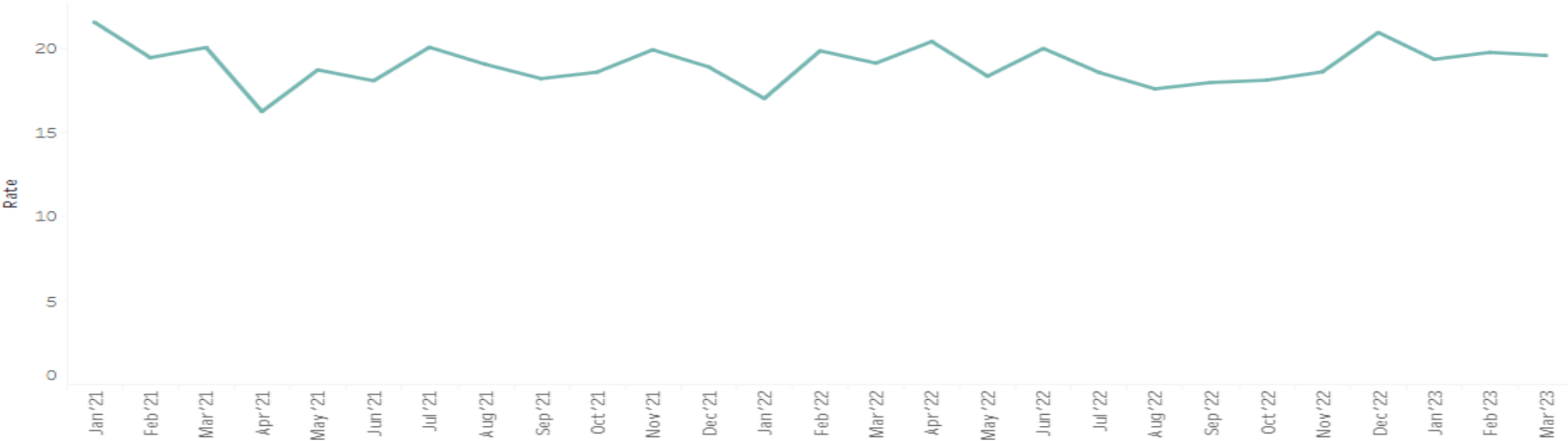
2019 Baseline = 9.52

Rate per admissions

Inpatient sepsis rates also remain higher than the pre-pandemic baseline

AZ NH Sepsis Readmissions

30-Day Sepsis Readmission Rates From NHs to Hospitals



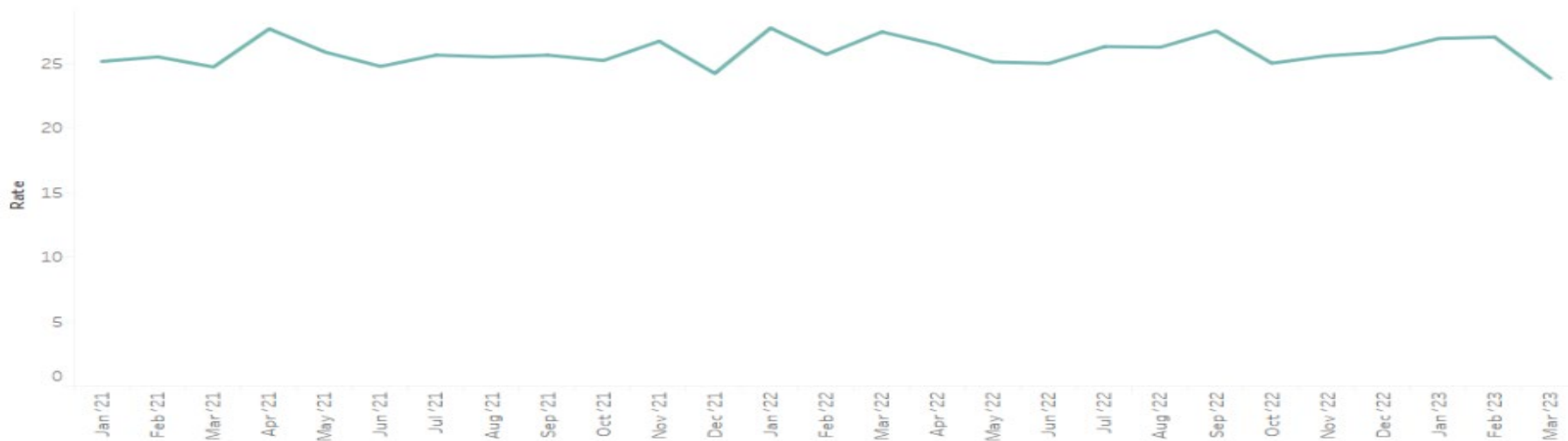
Performance = 19.10%
(4/1/2022 – 3/31/2023)

2021 Baseline = 19.00%

Sepsis readmission rates have remained unchanged from baseline to the current performance period

CA NH Sepsis Readmissions

30-Day Sepsis Readmission Rates From NHs to Hospitals



Performance = 25.91%
(4/1/2022 – 3/31/2023)

2021 Baseline = 25.58%

Almost ¼ of NH residents who have been hospitalized with **sepsis**, will be readmitted within 30 days.

AZ NH Pneumonia Readmission Rate

30-Day Pneumonia Readmission Rates From NHs to Hospitals



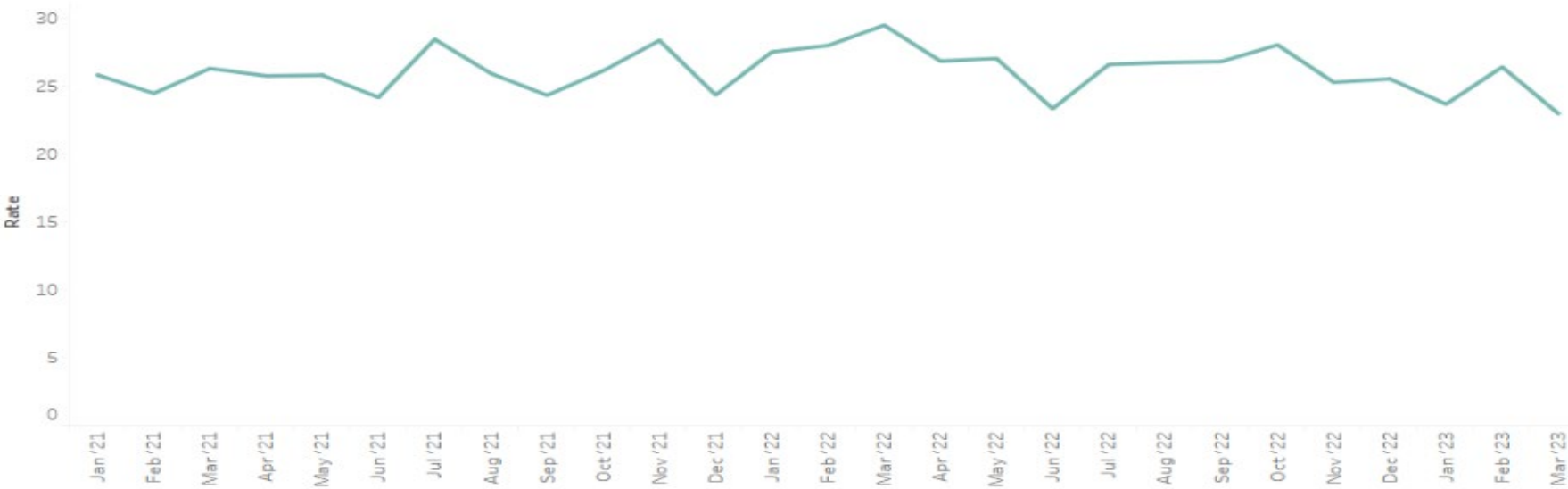
Performance = 21.95%
(4/1/2022 – 3/31/2023)

2021 Baseline = 22.92%

There is a slight improvement for pneumonia readmissions rates—0.97% reduction

CA NH Pneumonia Readmission Rate

30-Day Pneumonia Readmission Rates From NHs to Hospitals



Performance = 25.58%
(4/1/2022 – 3/31/2023)

2021 Baseline = 25.85%

Over ¼ of NH residents who have been hospitalized with pneumonia, will be readmitted within 30 days.



Why Sepsis?

Sepsis Statistics



- Someone dies of sepsis every two minutes
- 1.7 million persons a year are diagnosed with sepsis
- Sepsis is the leading diagnosis for hospital admissions and readmissions
- Over \$38 million a year is spent on sepsis
- Most healthcare settings lose money on every sepsis case
- 50% bundle compliance
 - Late identification
 - Delays in treating
 - Not following Sep. 1, CMS timeline

The Silent Killer—Sepsis

- Adults aged 65 and older were 5 times more likely to develop severe sepsis.
- 14% of NH residents develop severe sepsis.
- 40% of NH residents with severe sepsis will require an ICU admission.
- 37% of NH residents with severe sepsis will die.



Why Sepsis Programs Fail

- **Inability to identify sepsis accurately without causing alert fatigue**
 - Many conditions mimic sepsis resulting in late identification and delayed treatment
- **Late or error-prone delivery of the bundle**
 - Key steps are delayed or missed without sepsis management tools that track care and monitor bundle compliance in real-time
- **Disjointed programs do not sync people, teams, cultures, and processes**



Integrated Team Approach



- Obtain executive support and buy-in
- Identify project leader
- Identify champions
- Form your Multidisciplinary Team
 - Leadership
 - Nursing (Nurses and Nursing Assistants)
 - Medical Director
 - Dietary
 - Respiratory Therapy
 - Physical Therapy
 - Environmental Services

Resource Check

HSAG Quality and Safety Series

1. Team Forming

Quality Series: Team Forming

Download the [Team Forming Slides \(PDF\)](#)

View the [Team Forming Quickinar Recording](#)

Team Forming Tools to Download

- [Forming a Team Template \(PDF\)](#)
- [Forming a Team Template \(Microsoft Word\)](#)
- [Team Meeting Schedule Template \(PDF\)](#)
- [Team Meeting Schedule Template \(Microsoft Word\)](#)
- [Team Meeting Agenda Template \(PDF\)](#)
- [Team Meeting Agenda Template \(Microsoft Word\)](#)
- [Team Meeting Notes Template \(PDF\)](#)
- [Team Meeting Notes Template \(Microsoft Word\)](#)

2. Buy-In

Quality Series: Buy-In

Download [The Challenge of Buy-In PowerPoint \(PDF\)](#)

View the [Challenge of Buy-In Quickinar Recording](#)

Buy-In Tool to Download

- [One-Minute Elevator Speech Template \(PDF\)](#)

3. Organizational Readiness

Quality Series: Organizational Readiness

Download the [Organizational Readiness Slides \(PDF\)](#)

View the [Organizational Readiness Quickinar Recording](#)

Organizational Readiness Tool to Download

[Action Plan Template \(PDF\)](#)

www.hsag.com/hqic-quality-series

How To Begin?

- Pilot on one unit
 - Rapid Cycle Improvement
 - Adapt—Adopt—Abandon
- Scale and Spread
 - One unit at a time



5. Rapid-Cycle Improvement

Quality Series: Rapid-Cycle Improvement

[Rapid-Cycle Improvement Slides \(PDF\)](#)

[Rapid-Cycle Improvement Quickinar Recording](#)

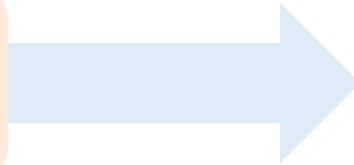
Rapid-Cycle Improvement Tools to Download

- [Critical to Quality Tree](#) fillable template (PDF)
- [Critical to Quality Tree](#) template (Word doc)
- [SMART Goals](#) fillable template (PDF)
- [SMART Goals](#) template (Word doc)

www.hsag.com/hqic-quality-series

Changing the Way We Think

Reactive



Proactive

Create a Culture Change

- Engage through vision
- Clear direction and purpose
- Convey passion and enthusiasm
- Encourage collaboration—something bigger than yourself
- Persuasion rather than authority
- Frequent, consistent communication and transparent feedback

Final Words on Communication



“You communicate vision through little conversational nuggets and consistent daily sound bites—not speeches.”

“When vision is communicated well and repeatedly, people get inspired by their involvement because they discover their own vision in yours.”

Education Component

- Initial Education
 - Use the recorded session for the Sepsis Sprint
- Teach Back Method
 - Designed for resident education, but very effective for staff education!
- Ongoing Education
 - Orientation
 - Annual Mandatory Education

6 Teach-Back

[About Teach-Back \(PDF\)](#)

1. [Plain Language Terms \(PDF\)](#)
2. [Teach-Back Sentence Starters \(PDF\)](#)
3. [Teach-Back Flyers for Self-Training \(PDF\)](#)
4. [Reminder to Use Teach-Back \(posters\) \(PDF\)](#)
5. [Teach-Back Training Flyer \(template\) \(PDF\)](#)
6. [Teach-Back Employee Competency Validation \(PDF\)](#)

10. Teach-Back: A Strategy to Impact Health Literacy

Tuesday, July 5, 2022

This presentation will discuss teach-back as a tool to address health literacy.

[Event Recording](#)

[HSAG PowerPoint Presentation](#)

[AHRQ PowerPoint Presentation](#)

Objectives:

- Discuss the role and value of teach-back to improve care coordination.
- Discuss teach-back resources.
- Identify strategies/steps for implementing teach-back in your facility.

Sepsis Action Plan



Infection Prevention and Control Post-Acute Plan Prioritized Risks, Goals, Strategies, and Implementation Healthcare-Associated Infections (HAIs) Sepsis

Nursing Home Name: _____ CCN*: _____ Date: _____

Goal: The percentage of HAI Sepsis will decrease by _____ % by _____ (date)

Topic	Root Cause	Strategies	Implementation	Internal Nursing Home Goals
Area of Concern	Survey Findings	Action	Responsible Person(s)	Date of Completion
HAI Sepsis	High rate of HAI Sepsis	<ol style="list-style-type: none"> Review and update policies and procedures to reflect current evidence-based practices. Identify sepsis prevention champions for each area/unit. Conduct education with teach-back for staff, including nurses and nursing assistants. This includes: <ul style="list-style-type: none"> Pathophysiology of Sepsis. Clinical signs and symptoms of Sepsis Risk factors of Sepsis. Prevention bundles. Use the Sepsis Risk Form to identify residents that are high risk. Implement the prevention bundle for 		
				100% of policies and procedures updated. 100% of the staff received education for Sepsis and prevention bundles. _____% of the residents were screened for risk of Sepsis. _____% of the residents had implementation of the Sepsis bundle. Perform _____ audits/week. Compliance goal: _____%

16. Action Planning

Quality Series: Action Planning

[Action Planning Slides](#) (PDF)

[Action Planning Recording](#)

Action Planning Tools to Download

- [Action Plan Template](#) (Word)
- [Action Plan Template](#) (PDF)

Why Is An Action Plan Important?

- Step-by-step plan to achieve a goal
- Tool to design, assign, and track implementation of an initiative

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Key Take-Aways

- ✓ Get leadership buy-in—project sponsor
- ✓ Get support from the medical director
- ✓ Identify the project leader
- ✓ Identify the unit champion(s)
- ✓ Pick your pilot unit(s)
- ✓ Start your education

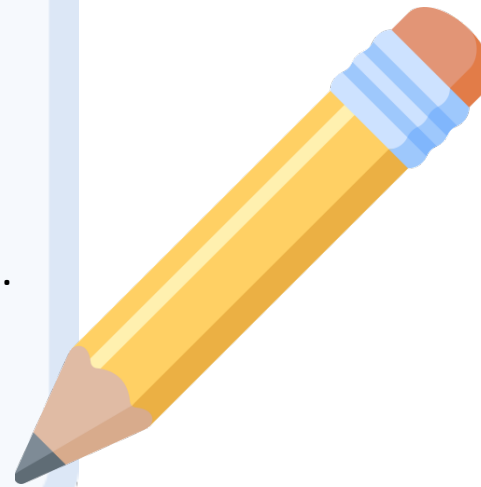


Scenario

Joan is a nurse working on a skilled care unit in a NH. She has noticed that several of the residents have recently been transferred to the hospital with new onset confusion, tachycardia, hypotension, and elevated temperature. She suspects sepsis is the underlying cause. She has also noticed an increase in severe urinary tract infections and thinks these patients may be developing urosepsis.

Joan brings this up at a staff meeting and requests more education and training on sepsis.

As the IP or charge nurse, what would you do first?



Actionable Item?



What will you do?
Before the next session,
what is one thing you
can commit to doing?

Questions?



Join Us For The Next Session

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Thank you!



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