



Sepsis for Skilled Nursing Facilities (SNFs)

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Health Services Advisory Group (HSAG)

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Quality Improvement Innovation Portal (QIIP): Assessments and Data Dashboard



Assessments	Reports	Hospital Dashboards	Nursing Home Dashboards	Interventions	Administration
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Quality Improvement Innovation Portal

For questions, please contact QIIPsupport@hsag.com.

Assessments

Reports

Hospital Dashboards

Nursing Home Dashboards

Interventions



QIIP Care Transitions Assessment

SNF Pain/Opioids

SNF Care Transitions

SNF ADE

SNF Quality Score

SNF Antibiotics

Care Transitions

Work with your department leadership team to complete the following assessment. Each item relates to care transition elements that should be in place for a program to improve care transitions within your facility. This Care Transitions Implementation Assessment is supported by published evidence and best practices including, but not limited to, The Joint Commission (TJC), National Quality Forum (NQF), Project RED (Re-Engineered Discharge from the Agency for Healthcare Research and Quality [AHRQ]), Project BOOST (Better Outcomes to Optimize Safe Transitions from the Society of Hospital Medicine), and the Care Transitions Model ([CTM®] also known as the Coleman Model). Select the level of implementation status on the right for each assessment item.

Download Assessment 

To understand the rationale and references for each question, click

A. Care Continuum

B. Discharge Planning

C. Quality Improvement of Care Transitions

Open Response

Care Transitions

Skilled Nursing Facility (SNF) Care Transitions Assessment



Facility Name: _____ CCN: _____ Assessment Date: _____ Completed by: _____

Work with your department leadership team to complete the following assessment. Each item relates to care transition elements that should be in place for a program to improve care transitions within your facility. This Care Transitions Implementation Assessment is supported by published evidence and best practices including, but not limited to, the Joint Commission (TJC), National Quality Forum (NQF), Project RED (Re-Engineered Discharge from the Agency for Healthcare Research and Quality [AHRQ]), Project BOOST (Better Outcomes to Optimize Safe Transitions from the Society of Hospital Medicine), and the Care Transitions Model ([CTM®] also known as the Coleman Model). Select the level of implementation status on the right for each assessment item. Once this form is complete, please go online and enter your answers.

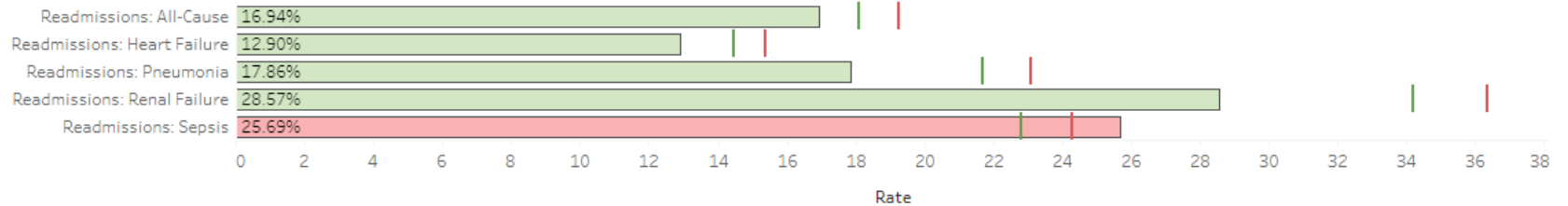
Assessment Items	Not implemented/ no plan	Plan to implement/ no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
A. Care Continuum					
1. Your facility uses a mechanism for bi-directional feedback with acute care partners to address transition communication gaps of key clinical information during resident transfers (e.g., discharge summary, outstanding tests/lab results, medication list discrepancies). ⁱ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your facility regularly meets with acute care partners to identify and review care transition plans of: ⁱⁱ					
a. Super-utilizers (residents with four admissions in one year— or —six emergency department visits within one year).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 30-day acute care readmissions of residents on high-risk medications (anticoagulants, opioids, antidiabetics, and antipsychotics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your facility monitors the timeliness of provider (medical director, SNFist, etc.) response for resident change-of-condition events. ⁱⁱⁱ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your facility uses a risk stratification tool to identify residents who are high risk for readmission to the hospital. ^{iv}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Discharge Planning					
5. Your facility provides focused case management for residents at high risk for readmissions to coordinate care addressing: ^v					
a. Ability to pay for medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Scheduling of physician follow-up visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Transportation to follow-up visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QIIP Sepsis Readmissions Summary Data

Summary

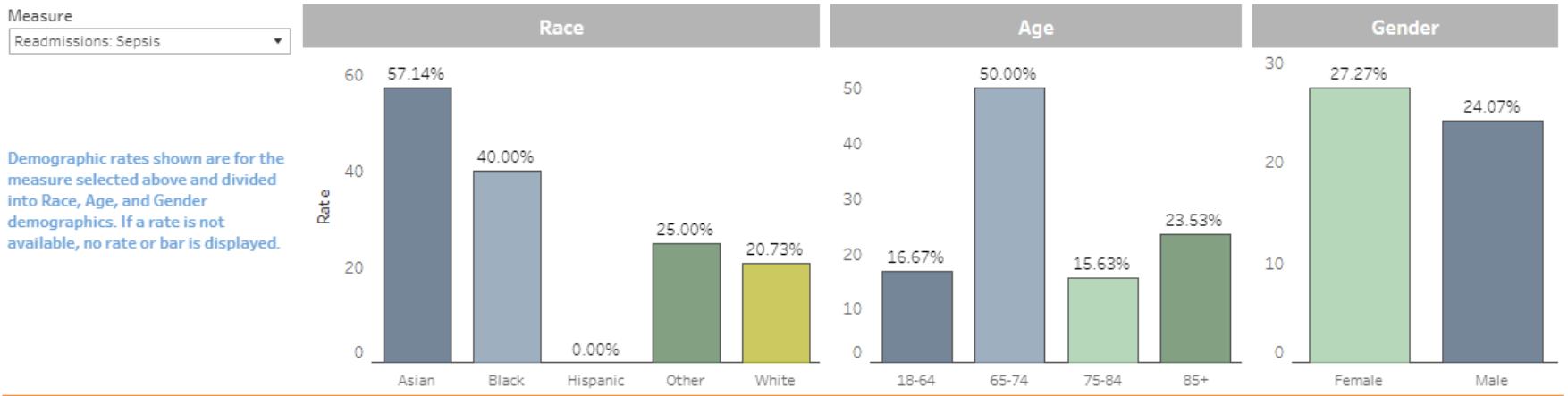
Nursing Home:
 Measure Category:

Measure Progress - CA Test Facility - 111112



Met Performance Goal
Improvement but Goal Not Met
No Improvement
N/A

Demographics

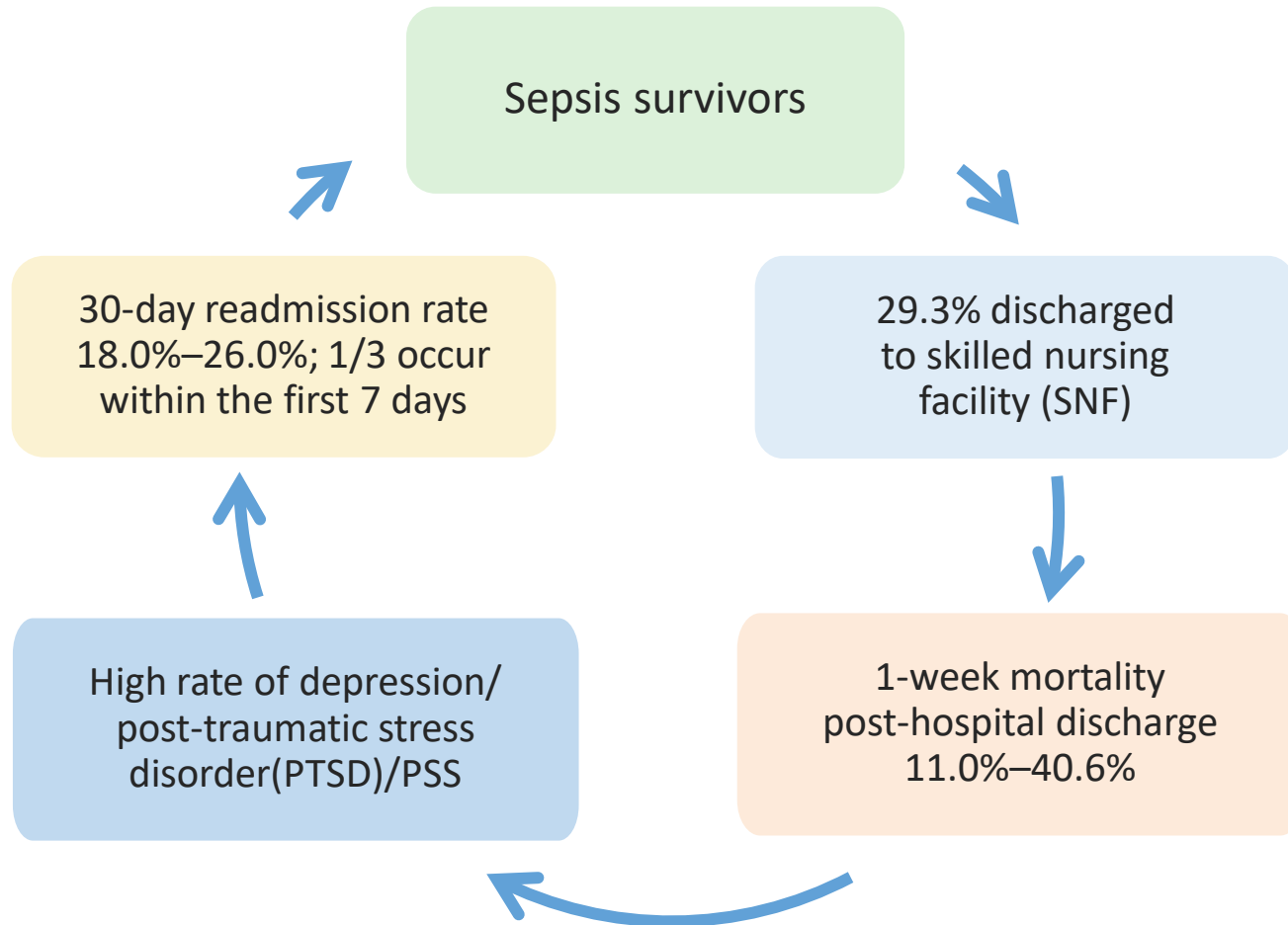




Sepsis for SNFs

Trish Cruz

Surviving Sepsis



Goodwin AJ, and Ford DW. Readmissions among sepsis survivors: Risk factors and prevention. Clin Pulm Med 2018.

www.ncbi.nlm.nih.gov/pmc/articles/PMC6141202

Lee JT, et al. Trends post-acute care use after admissions for sepsis. Ann Am Thorac Soc 2020.

www.ncbi.nlm.nih.gov/pmc/articles/PMC6944346/#:~:text=Of%201%2C640%2C433%20hospital%20discharges%20after,%2C%20and%202.5%25%20to%20IRFs.

Sepsis Alliance. www.sepsis.org/sepsis-basics/post-sepsis-syndrome

Objectives

- Define sepsis.
- Recognize basic sepsis pathophysiology.
- Describe the sepsis bundle.
- Implement sepsis early recognition and treatment protocols.
- Recognize post-sepsis syndrome (PSS).



Sepsis Definition

- Sepsis is a life-threatening organ dysfunction caused by a dysregulated host response to infection.¹
- Sepsis is a medical emergency. It is not infection; it is the body's overwhelming and life-threatening response to infection. Sepsis can lead to tissue damage, organ failure, and death.



Simple Sepsis Pathophysiology



Simplified Sepsis Pathophysiology

Body invaded by pathogen



Immune response



Vasodilation, capillary leak, blood clotting



Decreased blood flow to organs



Metabolic acidosis



Septic shock



Multi-organ failure

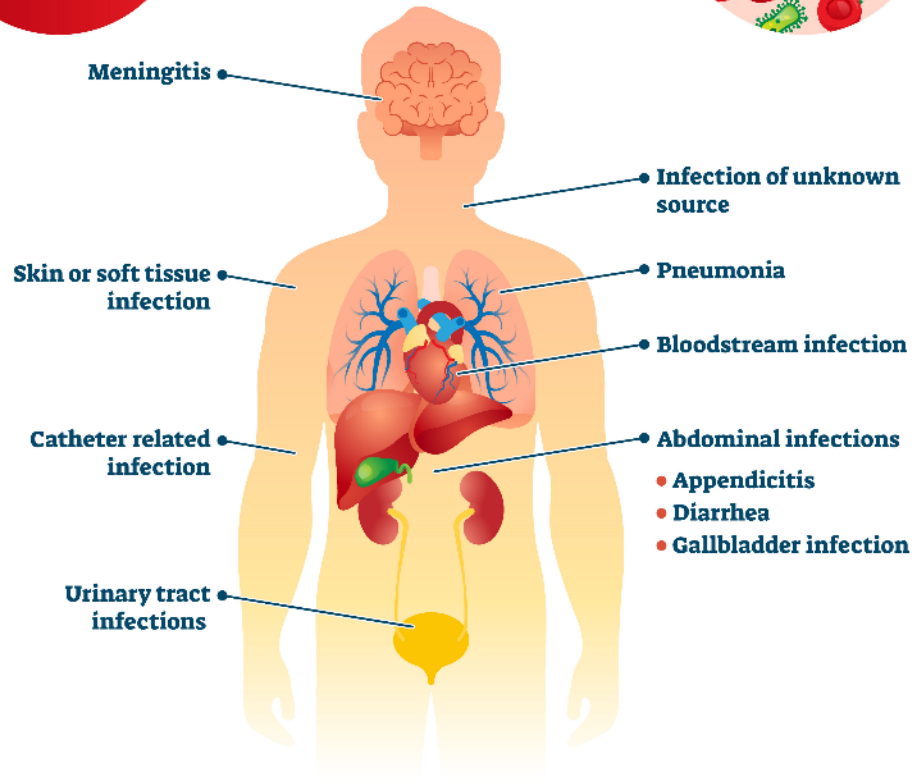
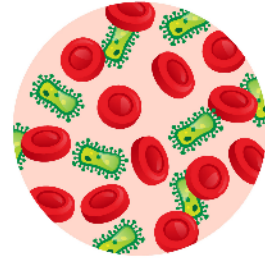


Death



SEPSIS

Sepsis is a potentially life-threatening condition caused by the **body's response** to an infection





Early Recognition and Rapid Treatment



Recognition: Confirmed or Suspected Infection Combined With Triggers (2 or More From Either Tool)

Systemic Inflammatory Response Syndrome (SIRS)

- Temperature
 - $\leq 36\text{ }^{\circ}\text{C}$ or $\geq 38\text{ }^{\circ}\text{C}$
 - $\leq 96.8\text{ }^{\circ}\text{F}$ or $\geq 100.4\text{ }^{\circ}\text{F}$
- Heart rate ≥ 90 beats per minute
- Respiratory rate ≥ 20 or partial pressure of carbon dioxide (PaCO_2) < 32 mmHg
- White blood cell count $\geq 12\text{K}$, or $\leq 4\text{K}$, or $> 10\%$ bands

Quick Sequential Organ Failure Assessment (qSOFA)

- Altered mentation (more than usual)
- Respiratory rate ≥ 22
- Systolic blood pressure (SBP) ≤ 100

Treatment: Sepsis Bundle Project (SEP)

SEP-1

- 3 hour
1. Lactate
 2. Blood cultures before antibiotics
 3. Broad-spectrum antibiotic
 4. 30mL/kg crystalloid fluid bolus for hypotension or lactate ≥ 4
- 6 hour
5. Vasopressors (if BP does not respond to fluids and to maintain mean arterial pressure [MAP] ≥ 65)
 6. Reassess tissue perfusion
 7. Remeasure lactate if initial was elevated

SEP-3 (Hour-1)

1. Lactate
(Remeasure if initial > 2)
2. Blood cultures before antibiotics
3. Broad-spectrum antibiotic
4. 30 mL/kg crystalloid for hypotension or lactate ≥ 4
5. Vasopressors if hypotension during or after rapid fluids to maintain a MAP ≥ 65

Antibiotics

- Every hour delay of appropriate antibiotics = 7.6% lower survival.¹
 - In the first 12 hours, there is a 1% mortality rate increase per each 5-minute delay.²
- Draw blood cultures first.
- Administer broad-spectrum antibiotics covering the most likely pathogen.
- ***Time is tissue***
 - *The same way **time is muscle** for STEMI³ and **time is brain** for stroke.*



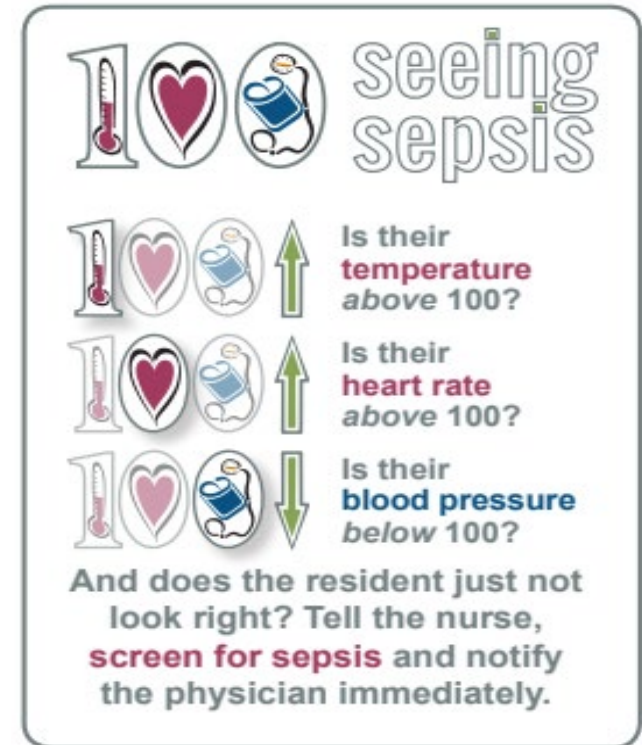
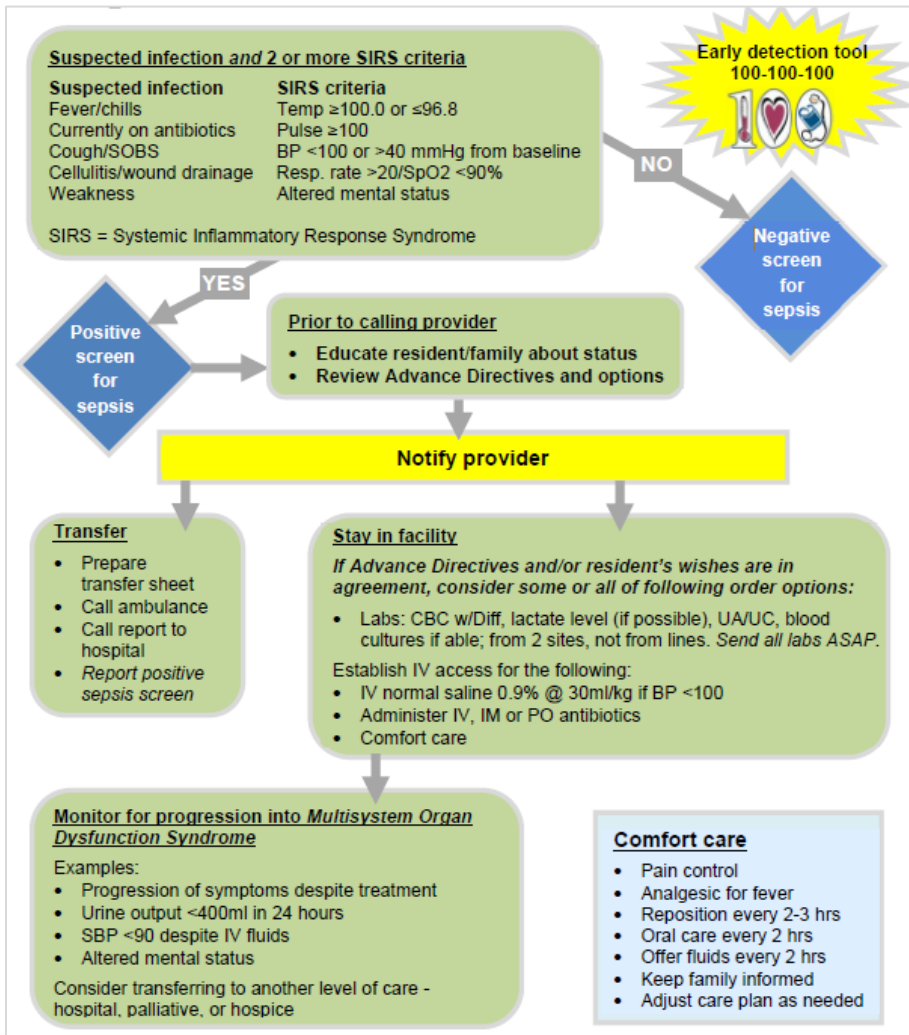
1 Kumar et al. *CritCare Med*2006; 34: 1589-96.

2 Funk and Kumar, *CritCare Clinics*2011; 53-76.

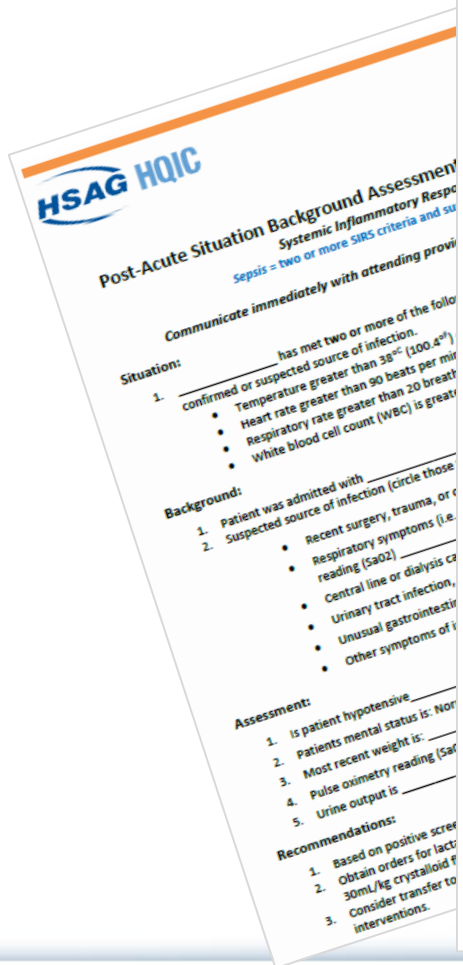
3 STEMI = ST-segment elevation myocardial infarction

O'Brien, J. *Sepsis: A Medical Emergency*. Ohio Health. April 24, 2017.

Seeing Sepsis: SNF Sepsis Algorithm for Adults



HSAG Post-Acute Sepsis SBAR



Post-Acute Situation Background Assessment Recommendation (SBAR) for Sepsis Systemic Inflammatory Response Syndrome (SIRS) Sepsis = two or more SIRS criteria and suspected or documented infection

Communicate immediately with attending provider when a patient screens positive for sepsis

Situation:

- _____ has met two or more of the following SIRS criteria (circle only those that apply) and has a confirmed or suspected source of infection.
 - Temperature greater than 38°C (100.4°F) or less than 36°C (96.8°F)
 - Heart rate greater than 90 beats per minute
 - Respiratory rate greater than 20 breaths per minute
 - White blood cell count (WBC) is greater than 12,000; less than 4,000 or greater than 10 percent bands

Background:

- Patient was admitted with _____ and now has two or more positive SIRS criteria (see above).
- Suspected source of infection (circle those that apply):
 - Recent surgery, trauma, or open wound(s) _____
 - Respiratory symptoms (i.e., productive cough, abnormal chest x-ray, decrease in pulse oximetry reading (SaO2) _____
 - Central line or dialysis catheter _____
 - Urinary tract infection, recent use of a Foley catheter _____
 - Unusual gastrointestinal (GI) symptoms _____
 - Other symptoms of infection _____

Assessment:

- Is patient hypotensive _____ (systolic blood pressure 100 mm Hg or less)
- Patients mental status is: Normal/Abnormal (compared to baseline)
- Most recent weight is: _____
- Pulse oximetry reading (SaO2) is now _____ Previous reading _____
- Urine output is _____ mL per hour or _____ over the last 8 hours

Recommendations:

- Based on positive screening criteria notify attending provider.
- Obtain orders for lactate level and blood cultures if possible, but administer broad spectrum antibiotic(s) and 30mL/kg crystalloid fluid with rapid infusion even if blood work not done.
- Consider transfer to an acute care facility based on patient presentation, availability of resources, and response to interventions.



PSS

Sepsis

PSS Symptoms

Physical

- Insomnia, difficulty getting to sleep or staying asleep
- Disabling muscle and joint pain
- Fatigue, lethargy
- Shortness of breath (SOB)
- Swelling of limbs
- Repeat infections
- Poor appetite
- Hair loss
- Skin rash
- Reduced organ function (kidney, liver, heart)

Psychological

- Nightmares, vivid hallucinations, and panic attacks
- Flashbacks
- Poor concentration
- Decreased mental (cognitive) function
- Loss of self-esteem and self-belief
- Depression
- Mood swings
- Memory loss
- PTSD

PSS SBAR

Situation: Resident/patient has symptoms of PSS.

Background: A large percentage of sepsis survivors and their families experience PSS symptoms.

Assessment: The patient is experiencing the following symptoms:

Physical

- Insomnia, difficulty getting to sleep or staying asleep
- Disabling muscle and joint pain
- Fatigue, lethargy
- SOB
- Swelling of limbs
- Repeat infections
- Poor appetite
- Hair loss
- Skin rash
- Reduced organ function (kidney, liver, heart)

Psychological

- Nightmares, vivid hallucinations, and panic attacks
- Flashbacks
- Poor concentration
- Decreased mental (cognitive) function
- Loss of self-esteem and self-belief
- Depression
- Mood swings
- Memory loss
- PTSD

Recommendation: “I think this patient has PSS. Please consider a referral/consult for counseling or physical therapy.”

PSS Interventions

- Understand the potential for PSS.
 - Communicate with the provider.
 - Sometimes letting your patient know he or she is not alone helps healing.
 - Provide an opportunity for your patient to talk.



Sepsis Prevention

If you prevent infection, then you cannot get sepsis.



Common Sources

SEPSIS

- Respiratory
- Urinary tract
- Gut
- Skin



Sepsis Prevention

If you prevent infection, then you cannot get sepsis

- Perform hand hygiene.
 - Ensure patients have the opportunity to wash hands before eating, after toileting, and after coughing or sneezing. (This may mean keeping hand sanitizer or wipes at the bedside.)
- Avoid Foleys and central lines as much as possible.
- Stay up-to-date with vaccines.
 - Flu, COVID-19, chicken pox, shingles, pneumonia, tetanus, etc.
- Provide proper wound care.
 - Wash hands before touching an open wound, use clean gloves if possible.
 - Follow doctors' orders regarding wound care.
 - Watch for signs and symptoms of infection: redness, warmth, increased pain, and/or discharge from wound.
 - Do not pop blisters.
- Encourage mobility.
 - Ensure adequate pain control.
 - Promote ambulation or at least out of bed multiple times per day.
- Maintain oral care.
- Use pressure injury prevention measures.

Pledge for Clean Hands

To Help Keep Each Other Safe

As a resident of this facility it is okay for me to speak up for clean hands.

Washing your hands for at least 20 seconds is the most effective way to prevent the spread of diseases like the flu, cold, and COVID-19.

When should I wash my hands?

Before:

- Touching your eyes, nose, or mouth
- Leaving the bathroom

Before and after:

- Eating
- Leaving your room

After:

- Blowing your nose, coughing, or sneezing
- Touching common surfaces and objects such as bed rails, remote controls, or the phone
- Touching garbage



When should I ask others to wash their hands?

Before:

- Entering and leaving the room
- Leaving the bathroom

Before and after:

- Your team provides personal care such as treating a cut or wound
- Receiving medications
- Handling equipment
- Close contact with others

After:

- They blow their nose, cough, or sneeze

Your healthcare team supports this effort and cares about your health. Speak up and remind us to keep our pledge for clean hands.



This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Network Quality Improvement Organization for Arizona and California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. IQN-12504H-NC-13113020-01.

Source: Centers for Disease Control and Prevention, When and How to Wash Your Hands. Accessed December 3, 2020. Available at: <https://www.cdc.gov/handwashing/when-how-handwashing.html#toc>

Compromiso de lavado de manos

para mantenernos todos a salvo

Como paciente de este centro, puedo hablar a favor del lavado de manos.

Lavarse las manos durante por lo menos 20 segundos es la manera más eficaz de prevenir la propagación de enfermedades como la gripe, el resfrío y la COVID-19.

¿Cuándo debería lavarme las manos?

Antes de:

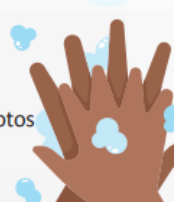
- Tocarse los ojos, la nariz o la boca
- Salir del baño

Antes y después de:

- Comer
- Salir de su habitación

Después de:

- Sonarse la nariz, toser o estornudar
- Tocar superficies y objetos comunes, como barandillas de camas, controles remotos o el teléfono
- Tocar basura



¿Cuándo debería pedirle a otras personas que se laven las manos?

Antes de:

- Entrar y salir de la habitación
- Salir del baño

Antes y después de:

- Que su equipo de atención personal durante el tratamiento una cortadura o un vendaje
- Recibir medicamentos
- Manipular equipo
- Un contacto estrecho con otras personas

Después de:

- Que ellos se suenen la nariz, tosan o estornuden

Su equipo de atención médica apoya esta iniciativa y se preocupa por su salud. Diga lo que piensa y recuérdenos nuestro compromiso de lavado de manos.



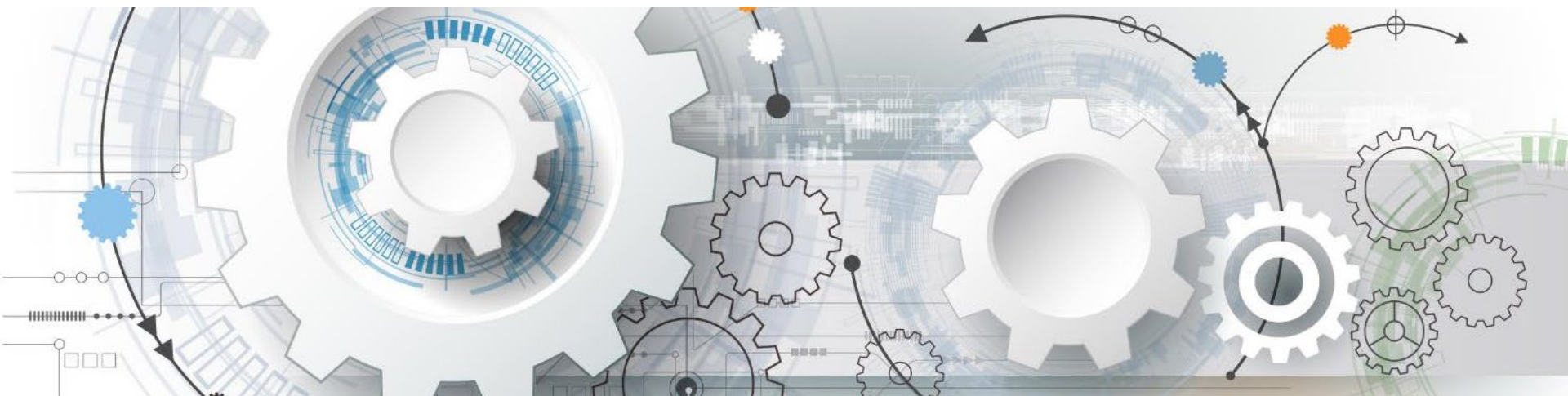
This material was prepared by Health Services Advisory Group (HSAG), an agency of the U.S. Department of Health and Human Services, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. HS-HQIC-IP-2020-0221-01.

Source: Centros para el Control y la Prevención de Enfermedades, Cuidado y cómo lavarse las manos. Se accedió por última vez el 2 de diciembre de 2020. Disponible en: <https://www.cdc.gov/handwashing/when-how-handwashing.html>



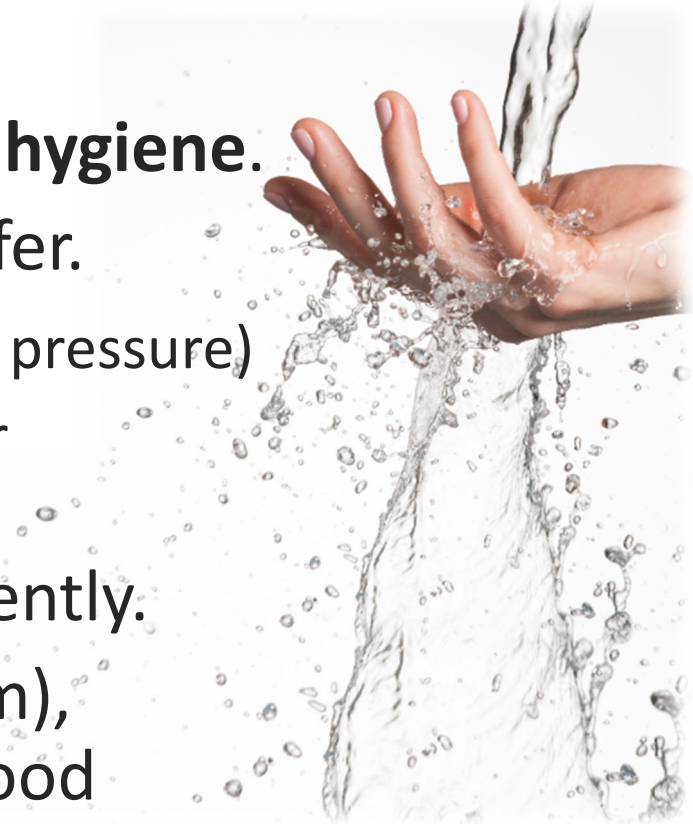


Putting It All Together



Recommendations—Part 1

- **Always suspect sepsis.**
- **Hand hygiene, hand hygiene, hand hygiene.**
- Prioritize early care over early transfer.
- 100s (↑temperature/↑heart rate/↓blood pressure)
 - Screen patients for sepsis if ≥ 2 100s or patient just does not seem right.
- Use standardized order sets consistently.
- Administer tailored (by organ system), broad-spectrum antibiotics **after** blood cultures and within **1 hour** of sepsis recognition.
- Have antibiotics readily available.



Recommendations—Part 2

- Use the sepsis bundles.
- Develop a sepsis checklist and use it consistently.
- Develop templates for physician and staff documentation.
- Employ visual management for fluid resuscitation.
 - All bags (full, empty, and in between) hung on IV pole. Everyone can see how far the patient is in his or her fluid resuscitation.
- Transfer report to include:
 - Sepsis time zero (the time the patient had 2 or more SIRS criteria with a known or suspected infection).
 - Sepsis care provided thus far with times.

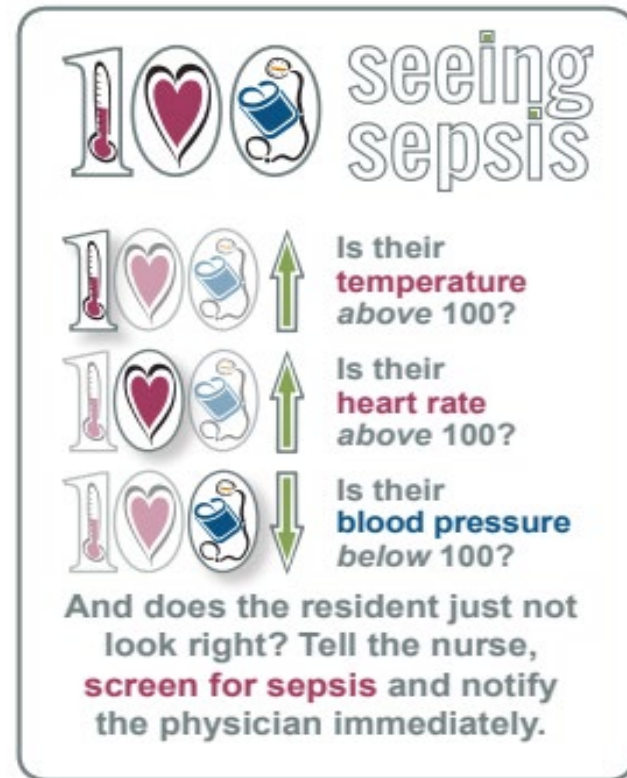
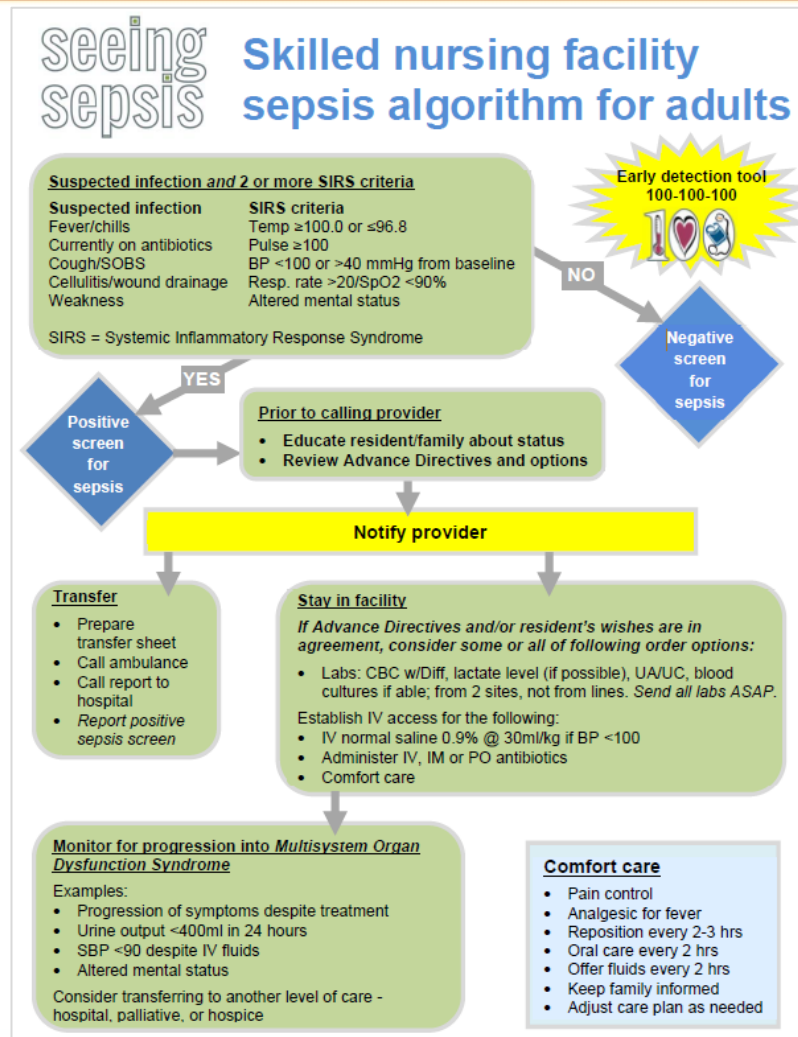




HSAG Tools and Resources



Seeing Sepsis SNF Algorithm



SNF Sepsis Care Kit



Skilled Nursing Facility Sepsis Care Kit



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Patient Education Zone Tools

Patient Education Tools

Health Services Advisory Group (HSAG) developed downloadable zone tools for patients, created to assist patients and caregivers in managing a variety of common health conditions. Zone tools help patients recognize and understand the symptoms of their disease and how to respond at various stages, with sections for: Green Zone—All Clear; Yellow Zone— Caution; Red Zone—Medical Alert.

These one-page self-management tools, each in English and in Spanish, can be used across all healthcare settings, in or out of the hospital, in nursing homes, and with home health agencies. The tools can be used while teaching patients and given to the patient or caregiver to take home.

Zone tool topics available at:

<http://www.hsag.com/zone-tools>

- Asthma
- Blood Thinner
- COPD
- COVID-19
- Diabetes
- Heart Disease
- Heart Failure
- Medications
- Pneumonia
- Sepsis
- Stroke
- Total Hip Replacement
- Total Knee Replacement
- Urinary System



Additional Tools and Resources



Tools and Resources

1. HSAG. Simple Sepsis Pathophysiology.
www.hsag.com/globalassets/hqic/hqicsimplesepsispathophysiology.pdf
2. Sepsis Alliance. Post Sepsis Syndrome.
www.sepsis.org/sepsis-basics/post-sepsis-syndrome
3. CDC. Life After Sepsis fact sheet.
www.cdc.gov/sepsis/pdfs/life-after-sepsis-fact-sheet.pdf
4. Minnesota Hospital Association. Seeing Sepsis tools.
www.mnhospitals.org/Portals/0/Documents/ptsafety/SeeingSepsisLTC/1.%20Seeing%20Sepsis%20-%20LTC%20Poster.pdf
5. Betsy Lehman Center for Patient Safety. Seeing Sepsis algorithm for SNFs. betsylehmancenterma.gov/assets/uploads/SepsisLTSS-SeeingSepsisAlgorithm.pdf
6. HSAG. Post Acute Sepsis SBAR.
www.hsag.com/globalassets/hqic/hsaghqic_sepsissbar.pdf

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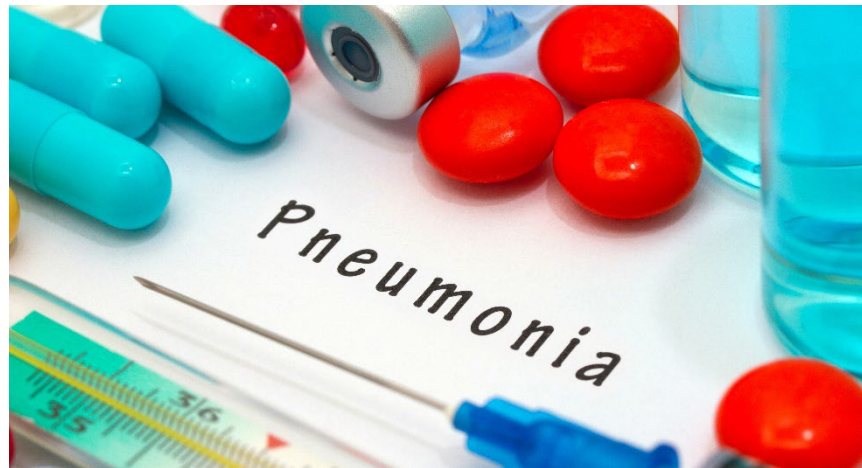
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Our Next Care Coordination Quickinar

Preventing Pneumonia Readmissions
Tuesday, October 3, 2023 | 11 a.m. PT

bit.ly/cc-quickinars3



Care Coordination Quickinar Series



Register for Phase 3: Continuation of the Care Coordination Series
August 2023–May 2024 (Sessions 21–28).
bit.ly/cc-quickinars3

21. SNF 2.0 INTERACT, Using Stop and Watch, and SBAR



22. Sepsis Readmission Prevention



23. Preventing Pneumonia Readmissions



24. Preventing UTI Readmissions



25. Readmission Incentive and Penalty Programs, HRRP, WQIP, VBP



26. Readmissions Performance Improvement Project (PIP)



27. Readmissions and End-of-Life



28. Readmissions and Post-Discharge Follow Up



Long-Term Care: 7-Week Sepsis Sprint

30-minute quickinars—*Lunch n' Learn* format
Every Tuesday, 12 noon–12:30 p.m. (PT)

1. September 26—Sepsis Kick-Off: On Your Mark, Get Set, Go!
2. October 3—Sepsis the Silent Killer
3. October 10—Hand Hygiene: Spread the Word Not the Germs
4. October 17—Don't Wait Until It Is Too Late to Vaccinate
5. October 24—Sepsis Prevention and Screening in Long-Term Care
6. October 31—Post Sepsis Syndrome and Readmission
7. November 7—Wrap Up: Go!

Register today at: bit.ly/NHsepsisSprintLunchNLearn

Questions?





Thank you!

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