



The Roadmap to Success:

Sepsis for Critical Access Hospitals



Preparing for Your Journey



Any successful journey begins with planning and preparation. Three key areas should be addressed before beginning any quality improvement or patient safety initiative.



Leadership Commitment

The success of a project can be determined by the level of commitment and support from leadership. It is important for hospital leaders to communicate a consistent, frequent message in support of the project. The executive project champion can establish accountability, dedicate resources, and break through barriers.



Project Champion

It is important to have a person(s) who is a significant influence with frontline staff, physicians, and other key personnel. Frequently, we think of a physician as a champion as they are instrumental in garnering provider buy-in and practice change. However, depending on the project, it can be any key personnel with the authority and skills to influence change, lead by example, and assist in essential messaging of the goals and vision for a project.



Multidisciplinary Project Team

The project team should consist of representatives from key areas throughout your facility with the skills, knowledge, and experience in their fields of expertise. A team member should possess strong communication skills, have a collaborative mindset, and show a commitment to change. It is vital to **have representation from frontline staff who will be impacted most by the change**. It is also important to keep the size of your team manageable. Remember, a team can have ad hoc members whose role is to provide expertise in a specific area for a short period of time.

For more information on team forming, access the following resources at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Team Forming
- Quality Improvement Workbook

Sepsis Basics—Step

1

Rationale:

Recruit executive sponsorship and charter a multidisciplinary Quality and Safety Team that addresses high-risk conditions such as sepsis. Quickly and efficiently identifying and treating sepsis is complex, requiring input from many specialties and points of view. Sepsis can be overt or subtle, it is important to know the signs and symptoms, as well as what is expected when signs/symptoms are identified. Sepsis is complex condition requiring consistent systemic vigilance, evaluation, and communication across care units and settings.

Strategies to Implement	Tools and Resources
<input type="checkbox"/> Recruit executive sponsorship and charter a multidisciplinary Quality and Safety Team that includes a focus on diagnosis and rapid treatment of sepsis.	<ul style="list-style-type: none">• Sepsis Alliance. This organization is dedicated to creating a world where no one is harmed by sepsis: www.sepsis.org
<input type="checkbox"/> Develop and implement education for providers and staff (e.g., scenario-based, didactic, self-learning, online, simulation labs, hybrid combinations, etc.). <ul style="list-style-type: none">• Include post-sepsis syndrome in the education.• Develop SMART* goals for diagnosis, rapid treatment, bundle compliance, and readmission prevention. <p>*SMART = specific, measurable, attainable, relevant, time-bound</p>	<ul style="list-style-type: none">• Sepsis Alliance. Sepsis prevention methods: https://www.sepsis.org/sepsis-basics/prevention/• Sepsis Alliance. Sepsis and other associated conditions: https://www.sepsis.org/sepsis-basics/sepsis-and/• Centers for Disease Control and Prevention (CDC). Life After Sepsis Fact Sheet (Post-Sepsis Syndrome): https://www.cdc.gov/sepsis/pdfs/life-after-sepsis-fact-sheet.pdf• Sepsis Alliance. What Is Post-Sepsis Syndrome? https://www.sepsis.org/sepsis-basics/post-sepsis-syndrome/• Health Services Advisory Group (HSAG). SMART Goals Worksheet: www.hsag.com/hqic-quality-series.

Sepsis Clinical Care—Step 2

Rationale:

Develop and implement standardized tools for clinicians to assist with quickly and efficiently identifying and treating sepsis. *Time is Tissue*. Sepsis is a medical emergency and can lead to tissue damage, organ failure, and death. Delays in treatment increase the likelihood of patient death.

Strategies to Implement	Tools and Resources
<input type="checkbox"/> Use sepsis screening tools on admission, at every shift, and with changes in clinical condition.	<ul style="list-style-type: none"> • Sepsis Alliance. This organization is dedicated to creating a world where no one is harmed by sepsis: www.sepsis.org
<input type="checkbox"/> Develop and implement standardized order sets with tailored (organ system/likely pathogen) antibiotics. <ul style="list-style-type: none"> • Use your hospital antibiogram in combination with Infectious Diseases Society of America (IDSA) guidelines https://www.idsociety.org/. 	<ul style="list-style-type: none"> • Surviving Sepsis Campaign. Tools and Education: https://www.sccm.org/SurvivingSepsisCampaign/Resources • Surviving Sepsis Campaign. Adult Treat Before Transfer Sepsis Screening Tool: https://www.sccm.org/getattachment/c11934bd-d1f9-4c37-add4-f7b583c25e9d/attachment.aspx
<input type="checkbox"/> Develop and implement nurse-directed standardized protocol/ checklist to ensure the One-Hour Sepsis Bundle elements are instituted emergently. <p>One-Hour Sepsis Bundle:</p> <ol style="list-style-type: none"> 1. Measure lactate. 2. Draw blood cultures x 2 before antibiotics. 3. Administer broad spectrum antibiotics for likely pathogen. 4. Contingency for repeat lactate if initial > 2 mmol/L. 5. Contingency for rapid administration of 30 mL/kg crystalloid for hypotension or lactate \geq 4 mmol/L. 6. Contingency for vasopressors during or after fluid resuscitation to maintain a mean arterial pressure \geq 65 mm Hg. 	<ul style="list-style-type: none"> • Best Practice—Fluid Resuscitation: Use visual management for fluid resuscitation. Hang all the required bags of fluid on the IV pole. As each new bag is spiked, keep the old bags hanging. Anyone needing to know what the total 30mL/kg was and/or how far along the patient is in his/her resuscitation can simply look at the IV pole.
<input type="checkbox"/> Consider standardized checklists for use with telemedicine.	

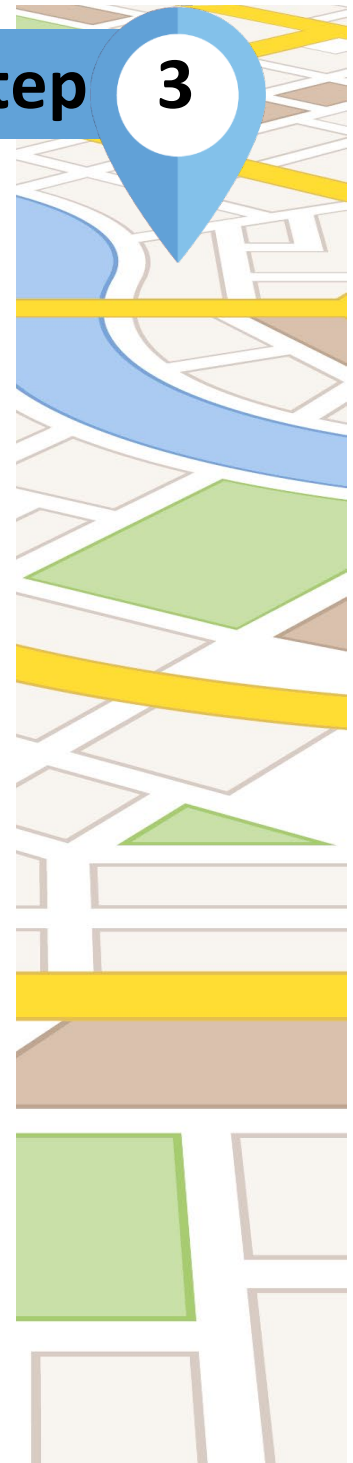
Engage and Involve the Patient and Family—Step

3

Rationale:

Include the patient/family in the patient’s care where possible.

	Strategies to Implement	Tools and Resources
<input type="checkbox"/>	Educate the patient/family regarding diagnosis, source of infection, treatments given, and what they can expect next.	<ul style="list-style-type: none">• Sepsis Alliance: www.sepsis.org• Agency for Healthcare Research and Quality (AHRQ). Working With Patient and Families as Advisors: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf• HSAG. Teach-Back: https://www.hsag.com/medicare-providers/care-coordination/teach-back/
<input type="checkbox"/>	Use teach-back for all patient/family education.	
<input type="checkbox"/>	Include patient/family in shift huddles, bedside reporting, and/or multidisciplinary rounds.	
<input type="checkbox"/>	Consider giving the family member a “job,” such as reminding the nurse when the next lactate is due.	
<input type="checkbox"/>	Include a patient family advisor (PFA) on your Quality and Safety Committee.	

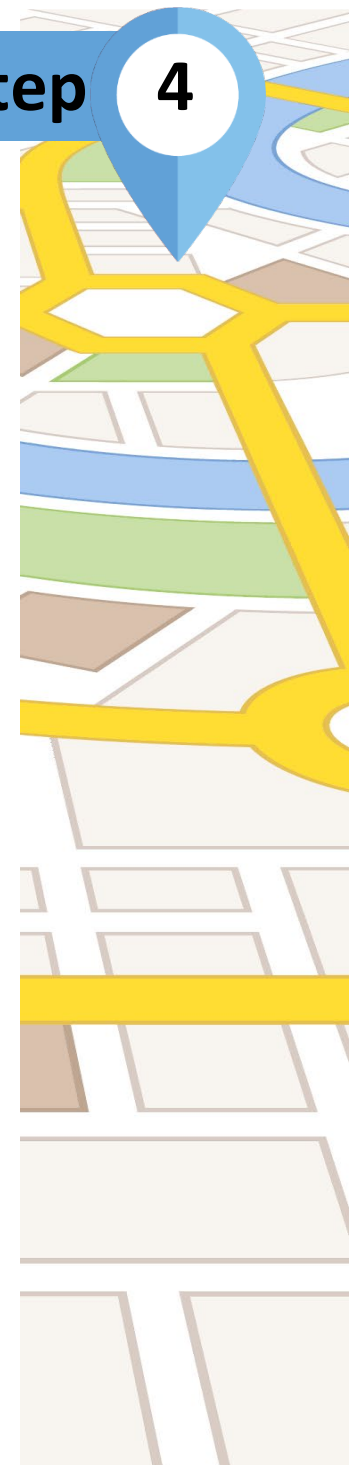


Post-Sepsis Syndrome and Readmission Prevention—Step

4

Rationale:

Assess risk for readmission. Focus on transitional interventions for patients identified as at risk for readmission to reduce the probability for subsequent hospital admissions.



Strategies to Implement	Tools and Resources
<p><input type="checkbox"/> Discuss sepsis readmissions during your multidisciplinary Quality and Safety Team meeting.</p> <ul style="list-style-type: none"> • Develop and implement post-sepsis syndrome education for providers and staff (e.g., scenario-based, didactic, self-learning, online, simulation labs, hybrid combinations, etc.). • Begin discharge planning on day of admission. • Use tools to identify patients at risk for readmission (e.g., HOSPITAL score, 8Ps Project BOOST tool, LACE* score, etc.). • Assess with patient/family/caregivers the patient’s risk for post-discharge falls, adverse drug events, disease-process exacerbation, post-sepsis syndrome, etc. • Address health literacy and disparities. • Use teach-back for all patient/family education. • Consider providing patients with a phone number they can call if they have questions post-discharge. • Perform readmission interviews to determine the patient’s reason for readmission and why you think the patient was readmitted. • Partner with the community. (e.g., emergency medical services [EMS], skilled nursing facilities [SNFs], home health, hospice, senior centers, homeless shelters, etc.) 	<ul style="list-style-type: none"> • Sepsis Alliance: www.sepsis.org • CDC. Life After Sepsis Fact Sheet (Post-Sepsis Syndrome): https://www.cdc.gov/sepsis/pdfs/life-after-sepsis-fact-sheet.pdf • HSAG. HQIC Readmission Roadmap to Success: https://www.hsag.com/globalassets/hqic/hqic_readmission_roadmap_508.pdf. • HSAG. Sepsis Zone Tool: https://www.hsag.com/hqic/tools-resources/zone-tools/ • HSAG. 5 Whys Worksheet: www.hsag.com/hqic-quality-series. • ASPIRE. Readmission Review Tool: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/medicaidreadmitguide/mcaidread_tool2_readm_review.docx • ASPIRE. Whole-Person Care Transitional Planning Tool: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/medicaidreadmitguide/mcaidread_tool9_trans_care.docx
<p><input type="checkbox"/> Promote early mobility to decrease the risk of pressure injuries, venous thromboembolism (VTE), and pneumonia while improving overall recovery.</p> <ul style="list-style-type: none"> • Consider a standardized procedure for getting patients out of bed at least four times per day. This may be up in a chair or ambulation, as appropriate for each patient. 	<ul style="list-style-type: none"> • HSAG. Teach-Back: https://www.hsag.com/medicare-providers/care-coordination/teach-back/ <p>* HOSPITAL = hemoglobin, oncology, sodium, procedure, index type, admissions past 12 mos., length of stay BOOST = Better Outcomes to Optimize Safe Transitions LACE = Length of stay, Acuity of admission, Comorbidities, Emergency department visit in last 6 months</p>

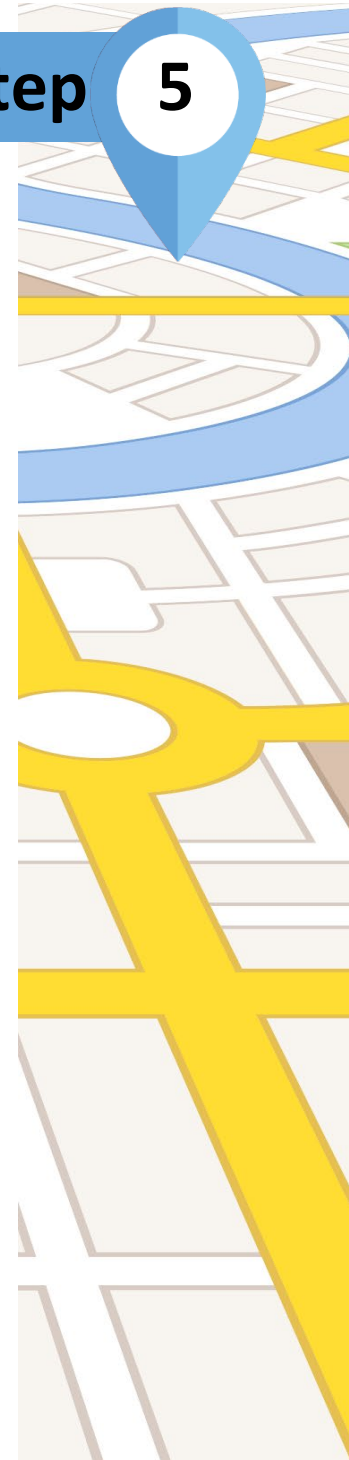
Ensuring Your Process Is Stable—Step

5

Rationale:

Monitor processes and outcomes with immediate feedback to stakeholders and course correct as needed.

Strategies to Implement	Tools and Resources
<input type="checkbox"/> Review records from patients with sepsis for compliance to your facility's protocols, with immediate feedback to stakeholders if deviations from protocols are identified. Perform root cause analysis or 5 whys for all deviations.	<ul style="list-style-type: none">Centers for Medicare & Medicaid Services (CMS). Hospital Inpatient Quality Reporting (IQR) Program: (Download Specification Manuals): https://qualitynet.cms.gov/inpatientHSAG. 5 Whys Worksheet: www.hsag.com/hqic-quality-series.HSAG. 7-Day Readmission Checklist and Audit Tool Instructions: https://www.hsag.com/globalassets/care-coordination/arizona/7dayaudittoolinstructions_508.pdf
<input type="checkbox"/> Share sepsis data with stakeholders. <ul style="list-style-type: none">Consider incentives for providers to use standardized tools (e.g., individual or group contracts, Ongoing Professional Practice Evaluations [OPPEs], etc.).Consider incentives for staff to adhere to standard protocols (e.g., individual- or department-level performance appraisal, celebrations, etc.).Consider a management incentive program based upon sepsis outcomes.	



Your Final Destination



Now that you've reached your destination, it is important that your efforts are not futile. One of the most challenging aspects of quality improvement and change is sustaining the gains. These key tactics will help you ensure ongoing success.



Ensuring Your Process Is Stable

Most projects involve monitoring of both process and outcome measures. These data play an important role in identifying when you've achieved change. It is important to review your data to identify and address special cause variation; recognize positive trend changes (six to eight data points at or above goal); and achieve predictable, consistent results. Remember: *"Every system is perfectly designed to get the results it gets."*—W.E. Deming

For more information on data, variation, and change, access the following resources at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Data, Variation, and Change



Control Plan/Sustainability Plan

A control or sustainability plan is a method for documenting the key elements of quality control that are necessary to assure that process changes and desired outcomes will be maintained. At a minimum, this plan should include ongoing monitoring of process steps that are critical to quality, frequency of monitoring, sampling methodology, and corrective actions if there is noted variation.

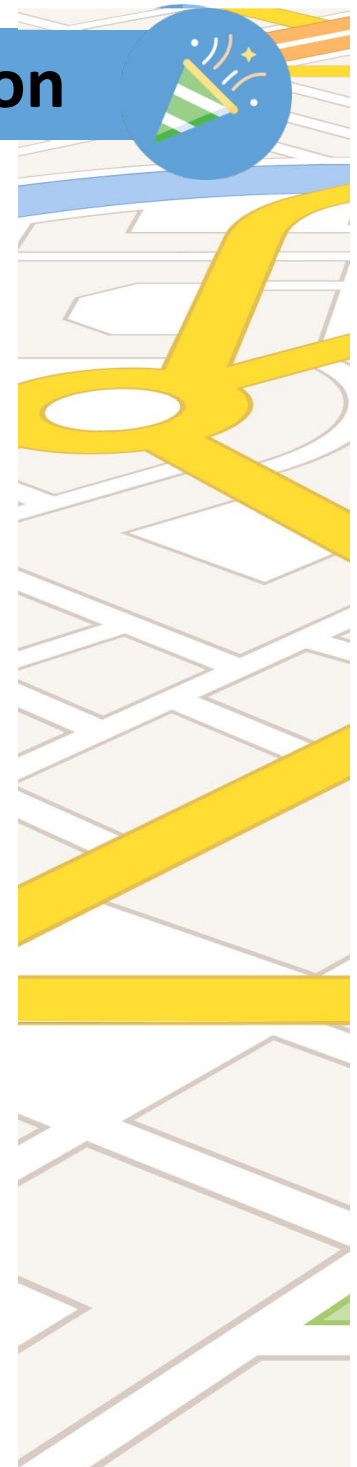
For more information on control and sustainability plans, access the following resources at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Control and Sustainability Plans



Project Hand-Off

Depending on the size of your facility and resources that are available, it may be necessary to hand off your project to a "process owner." A process owner is a person or department responsible for monitoring a process and sustaining the changes according to the control or sustainability plan. The person or department should be the entity that will most significantly experience the gains of the improved process or project.



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