



Nursing Home (NH) 7-Week Sepsis Sprint | Session 7

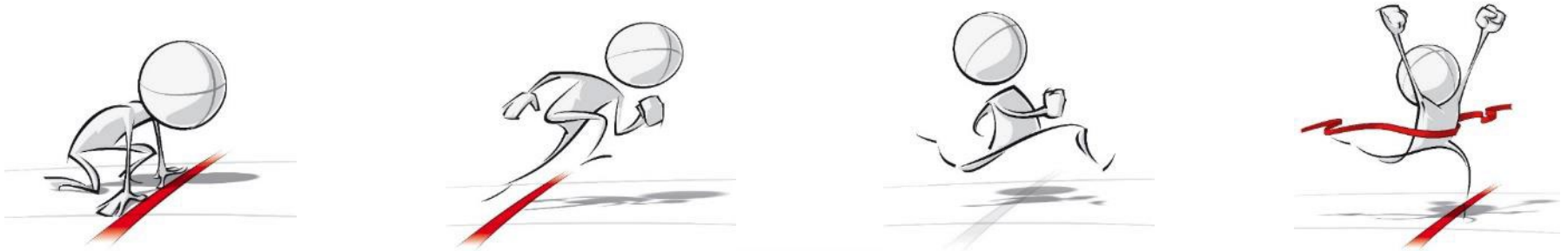
Sepsis Sprint: On Your Mark, Get Set, Go!

Wrap Up: Go!

Health Services Advisory Group (HSAG)

Reminder

- Designed for each session to build upon the previous session(s) to provide a comprehensive strategy for advancing your sepsis prevention program.
- The educational component in each session was designed for you to use to educate your team and staff about sepsis.
- Each session is recorded and available on demand for you to use in your training sessions.



Goals

1. Review the HSAG Sepsis Bundle Tools and Resources.
2. Discuss key factors to consider when launching a sepsis program.
3. Identify potential barriers and strategies to overcome them.





The Finish Line

Congratulations!



Every Great Sprint Begins With a Great Start

The sepsis sprint series has provided you with:

- Comprehensive education
- On-demand training
- Tools and resources



Putting it Into Action

Operationalizing Change



Buy-In Is Key



Leadership support



Medical director buy-in



Frontline engagement

HSAG HQIC One-Minute Elevator Speech Template

An elevator speech is a short, concise, and persuasive synopsis of your proposed project. It should be no more than one minute, or the time it takes to ride on an elevator. This template is designed to assist you in putting together your elevator speech.

Introduce yourself, your team, department, etc. Focus on credentials that are relevant to the project.

1 Introduction
10 seconds

Provide an overview of the problem or root cause, who it impacts, and the harm or poor outcome that results.

2 Problem
15 seconds

Provide a brief overview of your proposed solution and how it will correct the identified problem or root cause.

3 Solution
25 seconds

Describe your ask or request of that person, which includes what you want them to do, the role you want them to play, as well as the resources needed to implement your solution.

4 Ask
10 seconds

Team Champions

- Enthusiastic
 - Well respected
 - Formal and informal leaders
 - Committed to work together
 - Complementary personalities
-
- Multidisciplinary
 - Frontline staff
 - Don't forget your nursing assistants!
 - Topic experts



The Pushback Pitfall



What you will hear

- “Because we’ve always done it this way”
- “It’s not going to work”
- “Flavor of the month”
- “Too much work”

What you can do

- Engage your neigh-sayers
 - Make them part of the solution
- Keep communicating your vision
- Resident stories
- Keep resident well-being the focus

Communicate the Vision

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

—Deborah Hoyer



Your vision should:

- Include WIFM (What’s In It For Me)
- Get the team excited
- Motivate
- Encourage
- Celebrate quick wins
- Communicate continuous “sound bites”

Education

Nursing Home Sepsis Sprint Webinar Series



Nursing Home Sepsis Sprint—On Your Mark, Get Set, Go!

Register for the Full Webinar Series

Tuesdays, 12 noon. Lunch-and-Learn format.
Seven 30-minute quickinars (micro-learning sessions)
bit.ly/NHsepsisSprintLunchNLearn

[Access Sepsis tools and resources here.](#)



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

2. Sepsis the Silent Killer: On Your Mark!

3. Hand Hygiene—Spread the Word Not the Germs: Get Set!

4. Don't Wait Until It Is Too Late to Vaccinate: Get Set!

5. Sepsis Prevention and Screening in Nursing Homes: Get Set!

6. Post Sepsis Syndrome and Readmission: Get Set!

7. Wrap Up: Go!

- Initial education
- Teach-back method
- Ongoing education—annual training
- Orientation

We've done it for you!

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 \(PDF\)](#)

Rapid Cycle Improvement

- Start small
 - One unit or wing
 - Most engaged area
- Rapid cycle
 - Roll out each piece of the bundle
- Short test cycles
 - 30 to 90 days
 - Stick to timeline
- Monitor progress
 - Process measures
 - Accountability
- Address barriers
- Adapt, adopt, abandon
- Incorporate lessons learned
- Scale and spread



The Three “A’s” of Act

Adapt

- Some change realized
- Modify process

Adopt

- Realized expected change
- Continue process

Abandon

- No change realized
- Failure of process

Barriers/Strategies to Implementation

- Lack of staff
 - Work smarter not harder
 - Teamwork
- Knowledge deficit/lack of sepsis recognition
 - Ongoing education
 - Feedback
- Environmental barriers
 - Location of sinks
 - Alcohol-based hand sanitizer
- Inadequate supplies
 - Hand sanitizer
 - Leadership/Quality
 - Personal protective equipment (PPE)
 - Leadership/quality
 - Local County Health Department
- Inadequate ancillary services
 - Laboratory
 - Radiology
 - Pharmacy
 - Leadership/contract verbiage
- Lack of teamwork/communication
 - Education
 - Regular meetings/huddles with the team



Compliance



“What gets measured gets managed.”
—P. Drucker

One of the biggest barriers to sustainability is lack of compliance monitoring.

Process observation is key!

Sustainability

“Sustainability occurs when processes or improved outcomes last within an organization after implementation has occurred...it has become part of the organizational culture and has been maintained regardless of workforce turnover.” —AHRQ

- Planning for sustainability starts at the beginning of the quality improvement project.
- Develop a formalized sustainability or control plan.
- Ensure ongoing measuring and monitoring of compliance.
- Establish a feedback loop.
- Anticipate course correction for drift.
- Empower frontline staff.


The most difficult part of quality improvement is sustaining the gains!






Quick Overview of Sepsis Bundle


Sepsis Action Plan



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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	Evaluation of Effectiveness
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 			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: _____%

Why is an action plan important?

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

www.hsag.com/hqic-quality-series

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 \(PDF\)](#)

Risk Factor Assessment



Sepsis Risk Factors

Sepsis is the body's extreme response to an infection. It happens when an infection you already have triggers a chain reaction throughout your body and can be a life-threatening medical emergency. If a resident has had an infection and one or more of the risks below, the Sepsis Bundle | Risk Factors and Action Tool may be implemented.

- Risk**
- Compromised Immune System**
 - Unable to fight infections
- Residents With Chronic Conditions**
 - Chronic kidney disease
 - Chronic liver disease
 - Renal disease
 - Pulmonary disease
 - Diabetes
- Cancer**
 - Weaker immune system
- Previous Use of Antibiotics or Corticosteroids**
 - Weaker immune system
- > 65 Years of Age**
 - Residents who are 65 years old and older are at high risk due to presence of bacteria and weaker immune system
- Functional Limitations**
- Recurrent Hospitalizations**
- Opioid Addiction/Large Dose of Loperamide**
 - Results in constipation and impaction
 - Can result in the intestines absorbing the bacteria from the impacted material
 - The impaction can also lead to perforation within the digestive tract, causing bacteria to spread in the body
- Neglecting Signs of Infection**


References:
Frank A, Bates C, et al. The Impact of the Drug Epidemic on the Incidence of Sepsis in West Virginia. National Center for Biotechnology Information (NCBI). National Library of Medicine (NLM). *Cureus*. 2018; Oct 30. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6318118/>
Kessler K, Langdorf MI, Burns MJ. Opioid Dependent Malignerger with Self-Induced Sepsis. NCBI. NLM. *West J Emerg Med*. 2016; Nov 17. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5102610/>
Sepsis Alliance. Sepsis and IV Drug Use. 2023. <https://www.sepsis.org/sepsisand/iv-drug-use/>
Sepsis Alliance. Sepsis and Perforated Bowel. 2023. <https://www.sepsis.org/sepsisand/perforated-bowel/>

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Sepsis Bundle Risk Factors and Action Tool

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Sepsis Bundle | Risk Factors and Action Tool

Sepsis is the body's extreme response to an infection. It happens when an infection you already have triggers a chain reaction throughout your body and can be a life-threatening medical emergency. If a resident has had an infection and one or more of these risk factors, an assessment of sepsis may be advised.

Risk	Action
<input checked="" type="checkbox"/> Compromised Immune System	<ul style="list-style-type: none"> Consistently perform hand hygiene. <ul style="list-style-type: none"> Wash with soap and water or use an alcohol-based sanitizer. Encourage vaccinations. Wear appropriate personal protective equipment (PPE).
<input type="checkbox"/> Diabetes	<ul style="list-style-type: none"> Consistently perform hand hygiene. Encourage vaccinations. Conduct routine skin checks for ulcers. Maintain stable blood sugar levels. <ul style="list-style-type: none"> Adhere to a proper diet. Take all medications as ordered.
<input type="checkbox"/> Chronic Kidney/Renal Disease (Excluding End Stage Renal Disease)	<ul style="list-style-type: none"> Consistently perform hand hygiene. Encourage vaccinations. Utilize the urinary tract infection (UTI) bundle for prevention.
<input type="checkbox"/> Cancer	<ul style="list-style-type: none"> Consistently perform hand hygiene. Encourage vaccinations. Employ reverse isolation and wear appropriate PPE, as needed.
<input type="checkbox"/> Chronic Liver Disease	<ul style="list-style-type: none"> Consistently perform hand hygiene. Encourage vaccinations.
<input type="checkbox"/> Pulmonary Disease	<ul style="list-style-type: none"> Consistently perform hand hygiene. Encourage vaccinations. Utilize the pneumonia bundle for prevention.
<input type="checkbox"/> Previous Use of Antibiotics or Corticosteroids	<ul style="list-style-type: none"> Consistently perform hand hygiene. Encourage vaccinations. Wear appropriate PPE. Utilize the UTI/pneumonia bundles, if applicable.
<input type="checkbox"/> Increased Age	<ul style="list-style-type: none"> Encourage responsibility for staff to protect residents. Consistently perform hand hygiene. Practice standard precautions—assume all blood, body fluids, and environmental surfaces could be contaminated with germs.
<input type="checkbox"/> Functional Limitations	<ul style="list-style-type: none"> Utilize the UTI/pneumonia bundles, as applicable, for mobility issues. <ul style="list-style-type: none"> Provide regular opportunities for resident to empty his or her bladder. Check incontinent pads frequently. Avoid extended periods of skin exposure to urine and/or feces. Ensure proper perineal care—cleaning females from front to back/cleaning males' foreskin, if present.

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Risk	Action
<input checked="" type="checkbox"/> Functional Limitations (cont.)	<ul style="list-style-type: none"> Encourage mobility. <ul style="list-style-type: none"> Improve range of motion. Turn every 2 hours. Get out of bed, as tolerated/ordered by physician. Ambulate, as tolerated/ordered by physician. Elevate head of bed (HOB), as tolerated. Encourage deep breathing exercises.
<input type="checkbox"/> Recurrent Hospitalizations	<ul style="list-style-type: none"> Isolate infected residents. Monitor residents for Post Sepsis Syndrome.
<input type="checkbox"/> Opioid Addition/Large Dose of Loperamide	<ul style="list-style-type: none"> Monitor bowel habits closely. Provide adequate hydration. Encourage mobility, as tolerated/ordered by physician. Promote a well-balanced diet
<input type="checkbox"/> Neglecting Signs of Infection	<ul style="list-style-type: none"> Utilize the UTI/pneumonia bundles for high-risk residents. Monitor skin integrity. Monitor and report any changes in resident's condition. <ul style="list-style-type: none"> Physical/mental changes.

References:
 Frank A, Bates C, et al. The Impact of the Drug Epidemic on the Incidence of Sepsis in West Virginia. National Center for Biotechnology Information (NCBI). National Library of Medicine (NLM). Curres. 2018; Oct 30. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6318118/>
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Sepsis Screening: SBAR



Skilled Nursing Facility Sepsis Screening Tool³

Resident/Patient Name: _____ DOB: _____
 Nurse Completing Screening: _____ Date/Time: _____

1. Does resident/patient meet any of TWO of the following Systemic Inflammatory Response Syndrome (SIRS) criteria?

- Temperature: > 100.4° F or < 96.8° F
- Heart rate: > 90 beats/minute
- Respiratory rate: > 20 breaths/minute
- White blood cell count (WBC): > 12,000 K/mcL OR < 4,000 K/mcL OR > 10% bands

2. TWO SIRS criteria met?

Yes (move to question 3) No (screening complete)

Does resident/patient have a confirmed OR suspected infection?

<input type="checkbox"/> Confusion or altered mental state <input type="checkbox"/> Poor motor skills/weakness/dizziness/falling <input type="checkbox"/> Currently on antibiotics <input type="checkbox"/> Cellulitis/wound drainage <input type="checkbox"/> Cough/shortness of breath/decreased SpO ₂ <input type="checkbox"/> Change in urine (amount, color, odor, pain)	<input type="checkbox"/> Urinary tract infection (UTI) or recent urinary catheter <input type="checkbox"/> Central line or dialysis catheter <input type="checkbox"/> Decrease in drinking and/or appetite <input type="checkbox"/> Recent surgery, trauma, open wound <input type="checkbox"/> Other: _____
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3. IF NO—Stop (screening complete) —> Continue to monitor/Stop and Watch

4. If 2 and 3 are YES, then resident/patient has screened POSITIVE for possible SEPSIS. Continue to screen for severe sepsis below.

5. Are ANY of the following organ dysfunction criteria present that are NOT a chronic condition?



<input type="checkbox"/> Neurological: • ANY change in mental status	<input type="checkbox"/> Metabolic: • Serum lactate > 2.0 mmol/L	<input type="checkbox"/> Pulmonary: • RR > 20 OR need to increase O ₂ to maintain SpO ₂ > 90%
<input type="checkbox"/> Cardiac: • Systolic blood pressure (SBP) < 90mmHg • Mean arterial pressure (MAP) < 60 mmHg • > 40 mmHg decrease in SBP from baseline • Capillary refill > 3 seconds	<input type="checkbox"/> Renal: • Urine Output < 0.5ml/kg/hr for 2 hours (or < 30 ml/hr for 2 hours) • Serum creatinine increased by 0.3gm/dl in past 48 hours	<input type="checkbox"/> Gastrointestinal: • Absent bowel sounds • Diarrhea
<input type="checkbox"/> Hematologic: • Platelet count <100,000 • INR > 1.5 or PTT > 60 seconds	<input type="checkbox"/> Hepatologic: • Total bilirubin > 4mg/d	


6. IF NO, then complete Sepsis SBAR, and call MD to inform of positive sepsis screening and implement sepsis guidelines. Continue to assess/monitor for severe sepsis.

7. IF YES, the resident/patient has screened POSITIVE for SEVERE SEPSIS. Complete Sepsis SBAR and call MD to inform of positive severe sepsis screening and prepare for transfer to acute care setting.

³ Gyang E, Shieh L, et al. A Nurse-Driven Screening Tool for the Early Identification of Sepsis in an Intermediate Care Unit Setting. J Hosp Med, 2015. Feb. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4816455/>
 INTERACT. <https://pathway-interactive.com/wp-content/uploads/2021/08/15-INTERACT-SBAR-Communication-Form-2021.pdf>

5



Skilled Nursing Facility (SNF) Situation-Background-Assessment-Recommendation (SBAR) for Sepsis⁴

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

SITUATION:

_____ has screened positive for sepsis. He/she has met two or more of the following Systemic Inflammatory Response Syndrome (SIRS) criteria and has a confirmed or suspected source of infection.

Two or more SIRS criteria met (check all that apply):

- Temperature: > 100.4° F or < 96.8° F
- Heart rate: > 90 beats/minute
- Respiratory rate: > 20 breaths/minute
- White blood cell count (WBC): > 12,000 K/mcL OR < 4,000 K/mcL OR > 10% bands

Infection is confirmed or suspected (check all that apply):

<input type="checkbox"/> Confusion or altered mental state <input type="checkbox"/> Poor motor skills/weakness/dizziness/falling <input type="checkbox"/> Currently on antibiotics <input type="checkbox"/> Cellulitis/wound drainage <input type="checkbox"/> Cough/shortness of breath/decreased SpO ₂ <input type="checkbox"/> Change in urine (amount, color, odor, pain)	<input type="checkbox"/> Urinary tract infection (UTI) or recent urinary catheter <input type="checkbox"/> Central line or dialysis catheter <input type="checkbox"/> Decrease in drinking and/or appetite <input type="checkbox"/> Recent surgery, trauma, open wound <input type="checkbox"/> Other: _____
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BACKGROUND:

Resident/patient was admitted to SNF with: _____
 Allergies: _____
 Pertinent lab values: _____
 Advance directives: _____

ASSESSMENT:

Resident's/patient's mental status compared to baseline is: normal/abnormal
 Temperature: _____ Pulse: _____ Respiration: _____ Blood Pressure: _____
 SpO₂: _____ Urine output: _____ mL/hour or _____ mL over the last 8 hours
 Most recent weight: _____ kg


RECOMMENDATIONS:

1. Request STAT orders for lactate level and blood cultures (x2).
2. Request orders for broad spectrum antibiotic(s) and 30mL/kg of normal saline or lactated ringers with rapid infusion.
3. Consider transfer to an acute care facility based on resident/patient presentation and response to interventions.
 - a. Complete SNF to Emergency Department (ED) Transfer Form.


⁴ Dellinger RP, Levy MM, Rhodes A, et al. Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock: 2016. Critical Care medicine. 2013;41(2): 580-637.
 Dinger M, Deutschman, CS Seymour CW, et al. The third international consensus definitions for sepsis and septic shock: 2016. JAMA. 2016;315(8): 801-810.doi:10.1001/jama.2016.0287.

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Sepsis Screening: SBAR (cont.)



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SEPSIS SUSPECTED

Skilled Nursing Facility (SNF) to Emergency Department (ED) Transfer Handoff Form⁵

SNF/Facility: _____ Date: _____

SNF Contact Person: _____ Time First Criteria Met: _____

Patient Name: _____ DOB: _____

Advance Directive: _____

Comorbidities: _____

Check all that apply:
Two or more Systematic Inflammatory Response Syndrome (SIRS) criteria AND infection confirmed/suspected within a 6-hour window

Two or more SIRS criteria have been met:

- Temperature: > 100.4° F or < 96.8° F
- Heart Rate: > 90 beats/minute
- Respiratory Rate: > 20 breaths/minute
- White blood cell count (WBC): > 12,000 K/mcL OR < 4,000 K/mcL OR > 10% bands

Infection is confirmed or suspected:

- Confusion or altered mental state
- Poor motor skills/weakness/dizziness/falling
- Currently on antibiotics
- Cellulitis/wound drainage
- Cough/shortness of breath/decreased SpO₂
- Change in urine (amount, color, odor, pain)
- Urinary tract infection (UTI) or recent urinary catheter
- Central line or dialysis catheter
- Decrease in drinking and/or appetite
- Recent surgery, trauma, open wound
- Other: _____

Fluids and/or Antibiotics Started at SNF




FLUIDS	ANTIBIOTICS
Type of fluid:	Antibiotics given:
Time started:	Time given:
Amount given:	

Other pertinent information:

⁵ CDC. Vital signs and clinical tools. <https://www.cdc.gov/vitalsigns/pdf/2016-08-vitalsigns.pdf>, <https://www.cdc.gov/sepsis/clinicaltools/>, <https://www.cdc.gov/sepsis/pdfs/factsheet-longterm-care-sepsis-nurses-508.pdf>
 Cleveland Clinic. Sepsis Warning Transfer Log.

7

PSS Assessment Tool



Post Sepsis Syndrome (PSS) Assessment

Complete upon admission to facility with a diagnosis of sepsis or at any time after the resident had a sepsis diagnosis. If any of the below are present, further assessment is suggested as there may be the need for further evaluation and treatment to prevent hospital admission/readmission.

Signs/Symptoms

- Fever higher than 100.4 F (38 C) or less than 96.8 F (36 C)
- Shivering or very cold
- Pale discolored skin
- Pain and body aches that are worse than normal
- Nausea or vomiting
- Fast or skipping heartbeat
- Dizziness when you stand up or fainting
- Sleepiness, difficult to arouse
- Confusion
- Shortness of breath
- Redness, swelling, or drainage of pus from any wounds
- Increased pain, redness, or warmth at a site of infection
- Redness, swelling, or leaking around the area where an IV goes into your skin
- Feels 'like they are going to die'

Source:
Sepsis Alliance. PSS Letters for Healthcare Professionals and Others. January 2021.
Available at: <https://www.sepsis.org/sepsis-basics/post-sepsis-syndrome/>

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Key Take-Aways

- ✓ Use the HSAG Change Model for Sepsis Bundles.
- ✓ Get support from leadership, medical director, and frontline staff.
- ✓ Build a strong, engaged team.
- ✓ Communicate vision and build excitement.
- ✓ Resident stories! It makes it personal.
- ✓ Educate and implement the HSAG Sepsis Infection Prevention Bundle.
- ✓ Be prepared for possible barriers and strategies to overcome those obstacles.



Scenario

A new infection preventionist (IP) has been hired and is responsible to set up an infection prevention program; she does some investigation and determines that the facility has a high number of sepsis cases; therefore, sepsis infection prevention will be the first priority. Since the IP has a relationship with HSAG, she has reached out and now has the Sepsis Infection Prevention Bundle Tools.

What would be the correct order of implementation of the tools?

- A. Action plan, risk assessment, risk and action tool, SBAR, PSS assessment
- B. Risk and action tool, action plan, risk assessment, PSS assessment, SBAR
- C. Risk assessment, PSS assessment, SBAR, action plan, risk and action tool



Actionable Item?



**You have made it
to the finish line!**

What are your next steps?

Questions?





Thank you!



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