

# Transitions in Care: Preventing Sepsis-Related Readmissions

Thank you for registering and/or attending the [HQIC Webinar](#)! Quality directors and sepsis coordinators from several healthcare organizations share their experiences preventing sepsis-related readmissions. The guest speakers outline effective sepsis programs, collaborative work with long term care facilities and evidence-based practices for preventing readmissions. **Now, it is time to act!**

## Why Now

Sepsis is the body's extreme response to infection. Sepsis can occur in both bacterial and viral infections, including COVID-19. Sepsis can worsen chronic conditions and is a leading cause of death for critically ill patients. Screening plays an important role in early detection, preventing tissue damage, organ failure and death. The COVID-19 pandemic has caused an increase in critically ill patients, underscoring the importance of vigilant sepsis screening, early treatment and safe transitions of care.

## Review the Data



**SOMEONE  
DIES FROM  
SEPSIS EVERY  
TWO MINUTES**

270,000 people die from sepsis every year in the U.S. – one every two minutes – more than from prostate cancer, breast cancer, and opioid overdose combined.



**SEPSIS COSTS  
\$62 BILLION  
ANNUALLY**

Sepsis is one of the most costly conditions in the U.S., with costs for acute sepsis hospitalization and skilled nursing estimated to be \$62 billion annually.



**SEPSIS IS THE  
LEADING  
CAUSE OF  
READMISSIONS**

Sepsis is the leading cause of readmission to the hospital, with as many as 19 percent of people originally hospitalized with sepsis re-hospitalized within 30 days and about 40 percent re-hospitalized within 90 days.

## Consider Common Barriers and Solutions

Review common barriers identified during the webinar. Brainstorm ways to mitigate challenges to implementation.

- Challenges establishing communication channels between hospitals and long-term care facilities
- Uncertainty when to transfer a patient to the hospital resulting in unnecessary or delayed acute care
- Inconsistent handoff reports between transferring and accepting facilities
- Gaining provider buy-in to sepsis protocols
- Confusion around which elements of a sepsis bundle are needed to satisfy Centers for Medicare and Medicaid Services requirements
- Difficulty collecting and utilizing sepsis-related data
- Gaining leadership buy-in for a designated sepsis coordinator
- Uncertainty surrounding treating patients with fluid boluses that have conditions such as heart failure and renal disease

## Perform a Root Cause Analysis

Complete a [Root Cause Analysis \(RCA\)](#) to identify opportunities for improvement.

One of the tools used in the analysis is the [Fishbone Diagram](#). It helps identify causes and effects of an event and get to the root cause.

## Craft Your AIM Statement

Identify your organization’s goals related to the prevention of sepsis readmissions. Fill in the blanks.

»»» By *(date)*, the team at *(hospital)* will implement *(intervention)* to improve *(the problem)* by *(how much)* to benefit *(for whom)*.

AIM Example:

»»» *By December 30th, 2023, the emergency department sepsis improvement team will implement a new sepsis screening tool to be performed on all patients upon arrival to the ED to achieve at least an 80% sepsis screening rate.*

## Implement Changes with Leading Interventions and Best Practices

*Please note, this is not a comprehensive list*

Beginner	Intermediate	Expert
Implement a sepsis screening protocol in your hospital’s emergency department to increase early identification. Establish a process for ongoing assessment to catch changes that could lead to sepsis.	Develop a warm hand-off process between the transferring and receiving facilities to ensure key patient details are shared.	Establish a regional sepsis forum to foster a dialogue between hospitals and long-term care facilities for better coordinated sepsis care.
Develop a 1-hr, 3-hr, and/or 6-hr sepsis bundle that includes <a href="#">standing orders</a> for positive screens.	Identify a physician champion to serve as the liaison between the sepsis improvement committee and the clinical staff. Create a process for obtaining and sharing feedback with physicians on the treatment of sepsis patients.	Create a “Sepsis Coordinator” position at your facility. This role can help set performance goals and provide feedback to staff.

## Incorporate Health Equity and Patient and Family Engagement

- Provide education to staff on sepsis-related health disparities using the [Sepsis and Health Equity Fact Sheet](#)
- Share facts and educational tools, such as the CDC’s [How Can I Get Ahead of Sepsis](#), with local long term care facilities to aid in sepsis awareness

## Seek Guidance

Not sure how to identify your organization’s root cause? Need help getting started implementing your selected intervention? Seeking feedback on your AIM statement?

**Reach out to your HQIC clinical improvement consultant for assistance.**

## Additional Resources

- [Transitions in Care: Preventing Sepsis-Related Readmissions Presentation](#)
- [Surviving Sepsis Campaign](#)

### Centers for Disease Control and Prevention Resources

- [Sepsis Technical Resources & Guidelines](#)
- [Infection Prevention - Project Firstline](#)
- [Where Germs Live in Healthcare Interactive Infographic](#)

### Sepsis Alliance Institute Resources

- [Sepsis Alliance Institute](#)
- [Sepsis Alliance Resources](#)
- [Sepsis Alliance Education](#)

## References

<https://www.sepsis.org/references>

[https://journals.lww.com/ccmjournal/FullText/2020/03000/Sepsis\\_Among\\_Medicare\\_Beneficiaries\\_3\\_The.4.aspx](https://journals.lww.com/ccmjournal/FullText/2020/03000/Sepsis_Among_Medicare_Beneficiaries_3_The.4.aspx)

<https://jamanetwork.com/journals/jama/article-abstract/2667727?redirect=true>