

# IPRO Community Based Sepsis: Sepsis Awareness for Long Term Care Facilities

## Non-Clinical Staff Train-the-Trainer Program

**What You Don't Know Could Kill You!**

*This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication # 12SOW-IPRO-QIN-T1-A2-23-988*



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**Thank you for your  
continued efforts  
to keep your  
residents and  
community safe**



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# Learning Objectives

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- Discuss the signs and symptoms of sepsis, the importance of early recognition and established protocols for emergent treatment.
- Discuss the importance of sepsis in the long-term care setting.
- Review the components of a turnkey Sepsis Train-the-Trainer Toolkit with materials and talking points to train all levels of staff within your facility.

# IPRO Sepsis Train-the Trainer Content Outline

- Sepsis Alliance video “SEPSIS: EMERGENCY”
- Identification of high-risk populations
- Evidence supporting community-based sepsis awareness
- Recognizing early signs/symptoms
- Treatment strategies
- SNF Care Pathway
- Sepsis Self Management Tool
- Post sepsis syndrome
- Preventative measures
- Facility based training process

**Please Go Forth & Train !**





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Please complete the  
Pre-Training  
Assessment questions  
prior to the start of the  
training session,  
thank you!

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<https://qi.ipro.org/sepsis/>

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**SEPSIS AWARENESS TRAINING  
PRE AND POST ASSESSMENT  
NON-CLINICAL STAFF**

*PLEASE COMPLETE THE FOLLOWING QUESTIONS AS DIRECTED.*  
*YOU DO NOT NEED TO PUT YOUR NAME ON THIS. IT IS COMPLETELY ANONYMOUS. THIS INFORMATION WILL BE USED TO ASSESS PARTICIPANT LEVEL OF UNDERSTANDING AND LEARNING PRE AND POST SESSION. THANK YOU!*

Please answer the questions in the section below <u>PRIOR TO</u> the start of the session.			Please answer the questions in the section below <u>AT THE END</u> of the session and hand in.		
Pre-Training Assessment	Yes	No	Post Training Assessment	Yes	No
I know what sepsis is			I know what sepsis is		
I know what some of the signs and symptoms of sepsis are			I know what some of the signs and symptoms of sepsis are		
I know what groups of people are at high risk for developing sepsis			I know what groups of people are at high risk for developing sepsis		
I know that sepsis is a medical emergency			I know that sepsis is a medical emergency		
I know what actions to take if a person has the signs and symptoms of sepsis (i.e. who to call and what to do)			I know what actions to take if a person has the signs and symptoms of sepsis (i.e. who to call and what to do)		
I know things I can do to help prevent sepsis			I know things I can do to help prevent sepsis		

I had the opportunity to have all my questions answered. Yes \_\_\_\_ No \_\_\_\_

Was this presentation informative? Yes \_\_\_\_ No \_\_\_\_

Do you have any additional questions related to sepsis? \_\_\_\_\_

Do you know someone who has had sepsis? Yes \_\_\_\_ No \_\_\_\_

Are you a sepsis survivor? \*Yes \_\_\_\_ No \_\_\_\_

\*If "Yes", would you be willing to share your story to help increase sepsis awareness? Yes \_\_\_\_ No \_\_\_\_

This material was prepared by the IPRO QIN-QIO, a partnership of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 12SOW-IPRO-QIN-TA-A4-21-305

# Sepsis

***Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs<sup>1</sup>***

**Sepsis is a leading cause of death and healthcare spending globally<sup>2,3</sup>**



1. Singer, et al. JAMA 2016;315(8) 801-810
2. Fleischmann, et al. Am J Resp Crit Care Med. 2016; 193:259-272
3. Iwashyna, et al. J Am Geriatr Soc. 2012;60:1070-1077

# Why Community Based?

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- > 87% of sepsis cases originate in the community<sup>1</sup>
- Sepsis mortality is largely preventable with early detection and appropriate treatment
- Just 58% of U.S. adults have heard of sepsis<sup>2</sup>
- Sepsis diagnosis often missed by healthcare providers
- Sepsis is the #1 reason for 30-day hospital readmissions

1. Sepsis Alliance  
2. Sepsis Alliance

# Approach

## **Educate: Sepsis is a Medical Emergency**

- **Improve sepsis care transitions between pre-hospital, acute care and post-acute healthcare and community settings**
- **Focus education on high-risk populations and the community**
- **Educate all levels of staff on early recognition of sepsis in the community**
- **Educate residents, families and care partners on signs and symptoms of sepsis**



# Sepsis Alliance *Sepsis: Emergency* Video



<https://youtu.be/DnsQ4RIXsZY?si=tv84l0019sGZzRoT>

**Sepsis: Emergency Video Available on Sepsis Alliance Website: <https://www.sepsis.org>**



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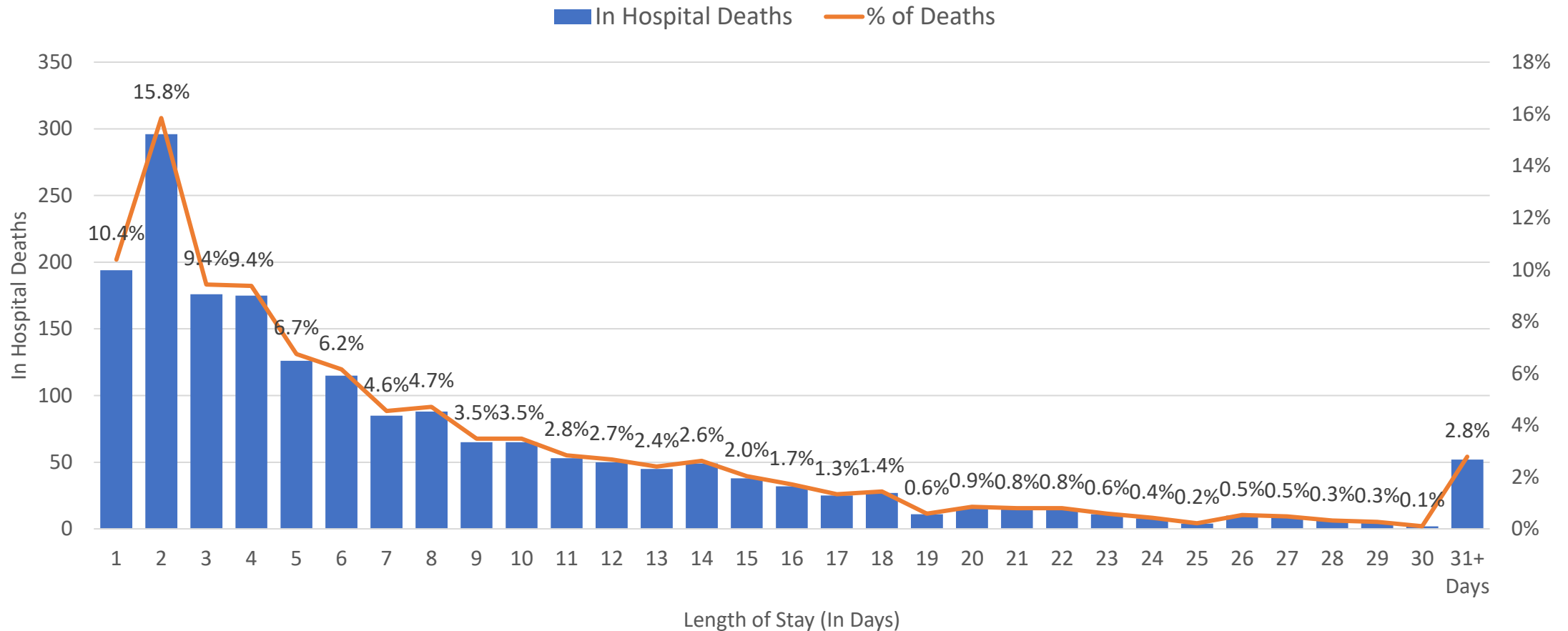
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# Sepsis Awareness is Poor

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- Sepsis is one of the most under recognized and misunderstood conditions by healthcare providers and the public
- The public needs an understandable definition of sepsis
- Clinical prompts for healthcare providers facilitate earlier identification of sepsis
- Public needs to know the signs and symptoms of sepsis and associate sepsis as a medical emergency

*In New York, over 50% of in-hospital mortality due to septicemia or severe sepsis in Medicare beneficiaries being transferred to the hospital by a nursing home facility prior to their admission, occurs within the first 6 days after admission.*

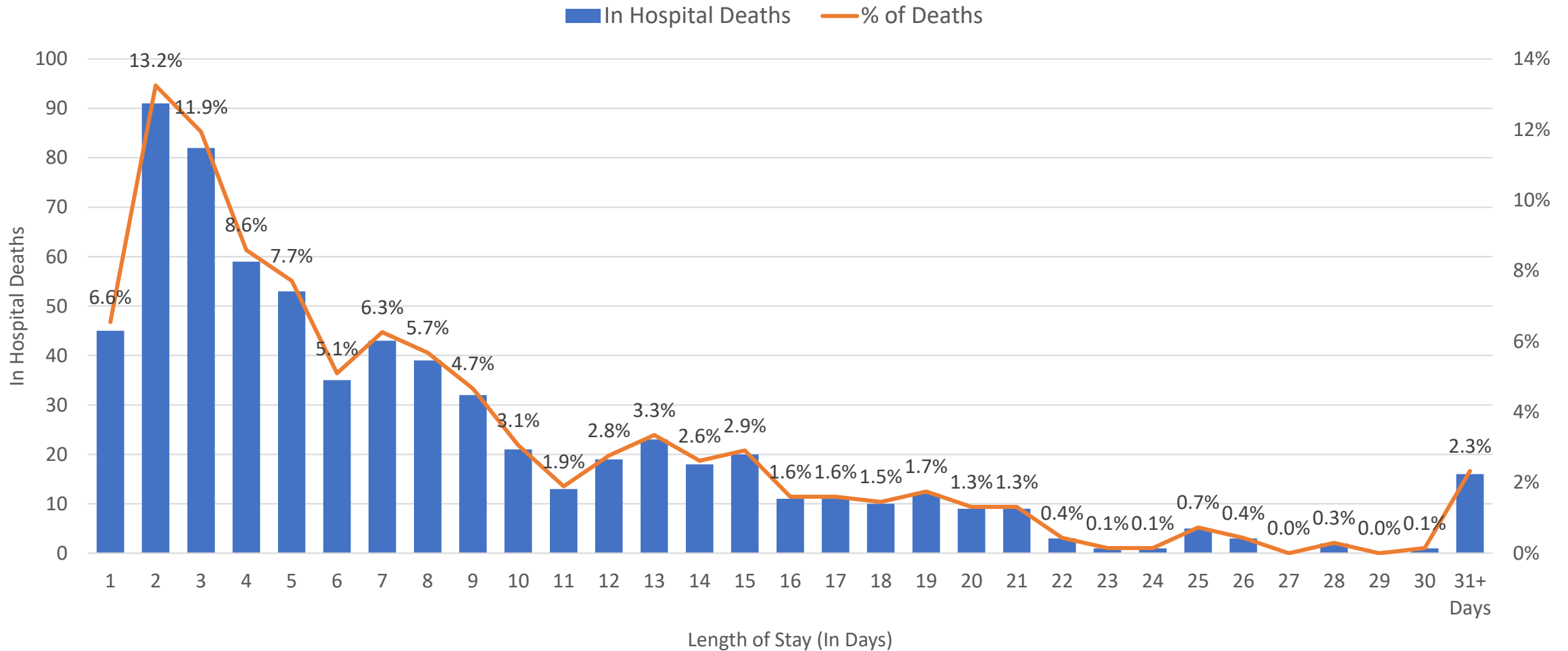


New York State Medicare Fee-For-Service Beneficiaries referred to the hospital from a SNF/ICF or health facility transfer, who did not receive Home Health Care prior to admission.

Time frame: 1/1/2022 – 12/31/2022, Medicare Fee-for-Service Part A Claims

Sepsis Hospitalizations identified through: Sepsis Primary Diagnosis was present on admission. Source of Admission to Hospital was a Physician or Clinic Referral. Facility Transfers are Excluded. Patient Disposition was Expired.

*In New York, 50% of in-hospital mortality due to septicemia or severe sepsis in Medicare beneficiaries **receiving Home Health Care** prior to their admission, occurs within the first 5 days after admission.*

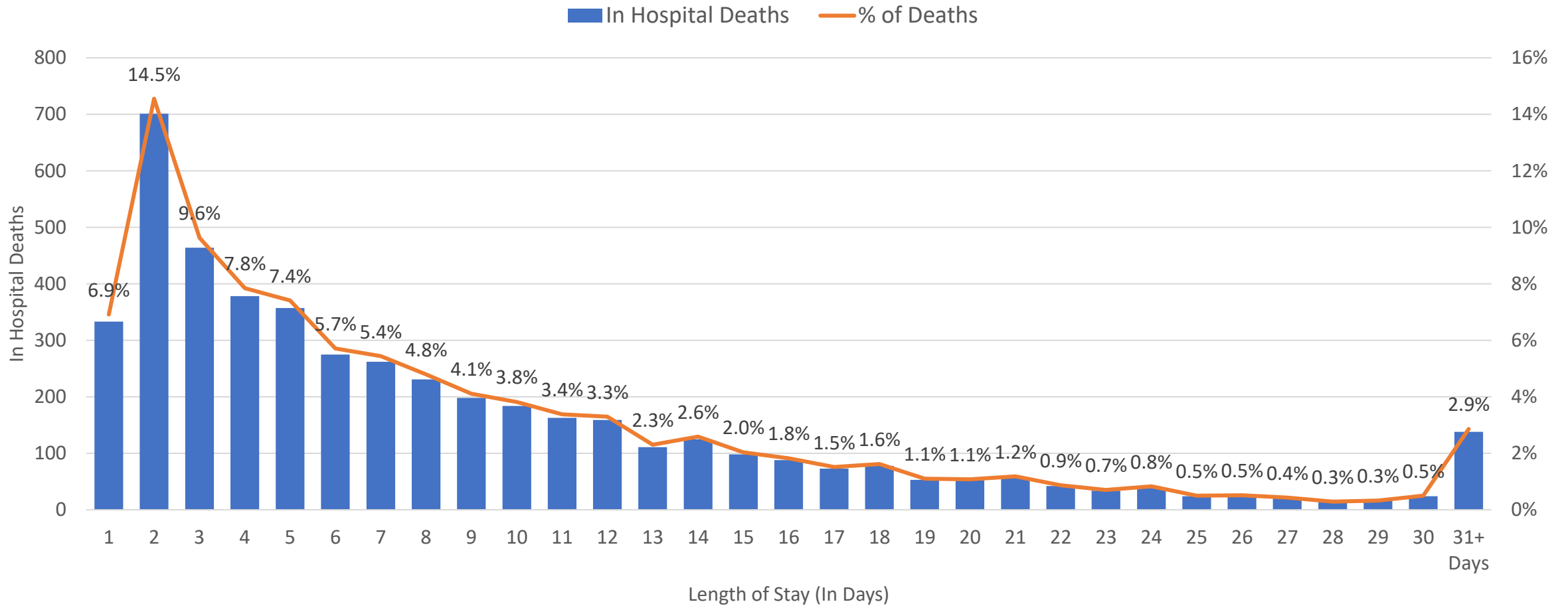


QIN-QIO Medicare Fee-For-Service Beneficiaries who Received Home Health Care Prior to Admission

Time frame: 1/1/2022 – 12/31/2022, Medicare Fee-for-Service Part A Claims

Sepsis Primary Diagnosis was present on admission. Source of Admission to Hospital was a Physician or Clinic Referral. Facility Transfers are Excluded. Patient Disposition was Expired.

*In New York, 50% of in-hospital mortality due to septicemia or severe sepsis in Medicare beneficiaries being referred directly to the hospital by a physician or clinic prior to their admission, occurs within the first 6 days after admission.*



New York State Medicare Fee-For-Service Beneficiaries referred to the hospital from a physician or clinic, who did not receive Home Health Care prior to admission.

Time frame: 1/1/2022 – 12/31/2022, Medicare Fee-for-Service Part A Claims

Sepsis Primary Diagnosis was present on admission. Source of Admission to Hospital was a Physician or Clinic Referral. Facility Transfers are Excluded. Patient Disposition was Expired.

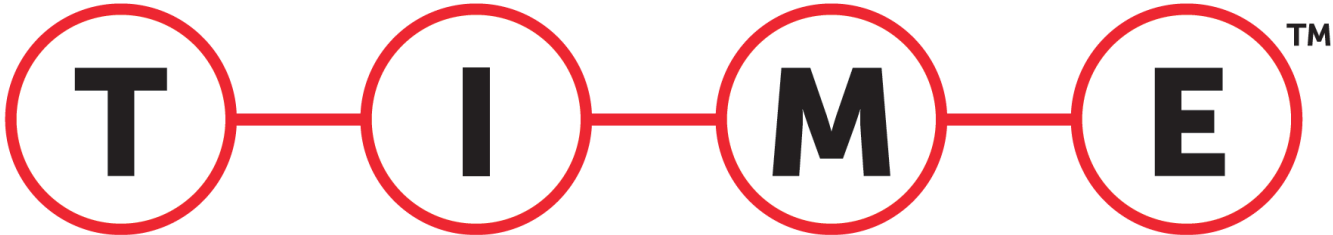
# Time to Treatment is Critical

- **Mortality increases by 8% for every hour that appropriate treatment is delayed**
  - Organ Failure
  - Tissue Damage
  - Death
- Early identification and treatment are the keys to improved outcomes



# Sepsis

When it comes to sepsis, remember **IT'S ABOUT TIME™**. Watch for:



**TEMPERATURE**  
higher or lower  
than normal

**INFECTION**  
may have signs  
and symptoms of  
an infection

**MENTAL DECLINE**  
confused, sleepy,  
difficult to rouse

**EXTREMELY ILL**  
severe pain,  
discomfort,  
shortness of breath

If you experience a combination of these symptoms: seek urgent medical care, call 911, or go to the hospital with an advocate. Ask: "Could it be sepsis?"

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[sepsis.org](https://sepsis.org)



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# Identification of Sepsis





# Sepsis Facts

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- Bacterial infections cause most cases of sepsis
- Viral (COVID, Influenza) and fungal (Candida) infections can also cause sepsis
- At least 350,000 adults who develop sepsis die during their hospitalization or are discharged to hospice
- Sepsis related deaths increased with age among adults aged 65 or over
- 1 in 3 people who die in a hospital had sepsis during that hospitalization
- Anyone can develop sepsis, the following groups of people are at higher risk; adults 65 or older, people with weakened immune systems, people with chronic medical conditions (diabetes, lung disease, cancer, kidney disease), people with recent severe illness or hospitalization, people who survive sepsis.

<https://www.cdc.gov/nchs/products/databriefs/db422.htm>

<https://www.cdc.gov/sepsis/what-is-sepsis.html>



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# Sepsis and Infection

- Sepsis is **always triggered by an infection**
- Sometimes people don't know they have an infection
- Sometimes the causative agent of the infection is not identified
- Sepsis diagnosis is sometimes missed due to various manifestations of sepsis
- **Conversely: If symptoms of sepsis exist, a source of infection should be sought**

# Early Signs of Sepsis

***Sepsis always develops from a **confirmed or suspected** infection with more than one of the following:***

- Fever, shivering, feeling very cold
- Cool extremities or mottling of skin
- Rapid heart rate
- Rapid breathing
- Shortness of breath
- Confusion or difficult to arouse
- Complaints of extreme pain
- Pale/discolored skin
- Clammy sweaty skin

# Sepsis-Associated Delirium

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- **Confusion, agitation, coma**
- **Occurs in one in every three to four patients with sepsis**
- **Mechanisms not completely understood, but neuroinflammation, altered blood flow and neurotransmission, and disruption of blood-brain barrier have been demonstrated**
- **Impairment can persist for months or longer**
- **Screening tools essential to early detection and treatment**
- **Avoid use of psychoactive drugs in management**

Atterton, B., Paulino, M. C., Pova, P., & Martin-Loeches, I. (2020). Sepsis Associated Delirium. *Medicina*, 56(5), 240. <https://doi.org/10.3390/medicina56050240>



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# Who is at Risk for Sepsis?

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## Anyone with an infection!

Those at **higher risk** for developing sepsis include:

- People 65 or older
- Infants less than 1 year old
- People with chronic illnesses: diabetes, cancer, AIDS
- People with weakened immune systems
- People recently hospitalized
- People recovering from surgery
- People who have had sepsis in the past

# Common Infectious Diseases That May Progress to Sepsis

- Pneumonia
- Skin Infections (cellulitis)
- Urinary Tract Infections
- Post-partum Endometritis
- Influenza
- *Clostridioides difficile* (*C.diff*) Enteritis
- Tick-borne Infections especially in the immunocompromised



# Hospitalizations for Sepsis Increasing

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- Increase in aging population (high-risk group)
- Increase in antibiotic resistant bacteria
- Increase in people with immunocompromising conditions

# Patients Hospitalized for Sepsis

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- Are more severely ill than those hospitalized for other conditions
- Have considerably longer lengths of stay in the hospital than those hospitalized for other conditions (median=10 days)
- Are more likely to die during hospitalization compared to those hospitalized for other conditions



# Relevance to SNFs

- **Skilled Nursing Facility providers treat and care for populations most vulnerable to sepsis**
- **Skilled Nursing Providers are a critical link to preventing, recognizing, and treating sepsis**
- **Early identification of sepsis in the SNF care setting will promote rapid treatment response either in house or referral to the next level of care**
- **Targeting sepsis as a public health concern, addresses major factors affecting: Quality of healthcare, potentially avoidable hospitalizations and cost**



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# Special Considerations for SNF Residents

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- **Urinary tract infections (UTIs) are a common source of sepsis**
  - **Elderly are more at risk for UTIs**
  - **Especially those with indwelling urinary catheters**
  - **UTI symptoms can differ from those of younger people**
    - **Confusion**
    - **Agitation**
    - **Poor motor skills or dizziness**
    - **Falling**
    - **Other behavioral changes**
- **UTIs in elderly are often mistaken for early dementia or Alzheimer's Disease (NIH)**

# Sepsis Risk Factors for Readmission

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- Older adults who were discharged to a Skilled Nursing Facility (SNF) after hospitalization for pneumonia or sepsis are susceptible to various causes of readmission including infectious, circulatory, respiratory, and genitourinary causes
- There is a need for close monitoring for infections during the early post-discharge period
- Additional interventions should be custom tailored for the individual considering their comorbidities and the risk of specific readmission diagnoses
- Improved communication strategies between hospitals and SNFs may help reduce potentially preventable hospital readmissions

Riester MR, et al. PLoS ONE. 2022;17(1):e0260664.



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# Sepsis and Readmission

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- **Study of Medicare beneficiaries found that those who survived hospitalization for sepsis, 40% were readmitted within 90 days**
- **Patients discharged after treatment for sepsis have high rates of hospital readmissions for chronic medical conditions (CHF, COPD, Acute Renal Failure)**
- **Patients > 65 years of age- reasons for readmission within 90 days**
  - **1.8% readmitted for aspiration pneumonia**
  - **11.9% readmitted for infection (sepsis, pneumonia, urinary tract infection and skin and soft tissue infection.**
  - **5.5% readmitted for CHF**
  - **3.3% readmitted for acute renal failure**

# Post Sepsis Syndrome

## Affects up to 50% of sepsis survivors

- **Post-sepsis syndrome is a condition that can result in physical and/or psychological long-term effects, such as:**
  - Impaired cognitive function-especially among older patients
  - Mobility impairments (muscle weakness)
  - Amputations
  - Hallucinations
  - Loss of self-esteem
  - Increased dependency on others
    - \*Higher risk for patients with an ICU or extended hospital stay
- **Significant Impact on Caregivers**
  - Inadequate hospital discharge education on what to expect during recovery
  - Difficulty accessing follow-up community treatment
  - Cost
  - Disruption to their lives

# Infection Prevention

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- Hand hygiene
- Limit use of urinary catheters
- Pneumococcal, influenza, COVID vaccination
- Prompt identification and isolation of residents with viral respiratory illness
- Tuberculosis screening
- Antibiotic stewardship
- Employee health
- Outbreak containment protocols
- Infection control policies and procedures

Smith, P. W., Bennett, G., Bradley, S., Drinka, P., Lautenbach, E., Marx, J., Mody, L., Nicolle, L., & Stevenson, K. (2008). SHEA/APIC Guideline: Infection prevention and control in the long-term care facility. *American Journal of Infection Control*, 36(7), 504–535.  
<https://doi.org/10.1016/j.ajic.2008.06.001>

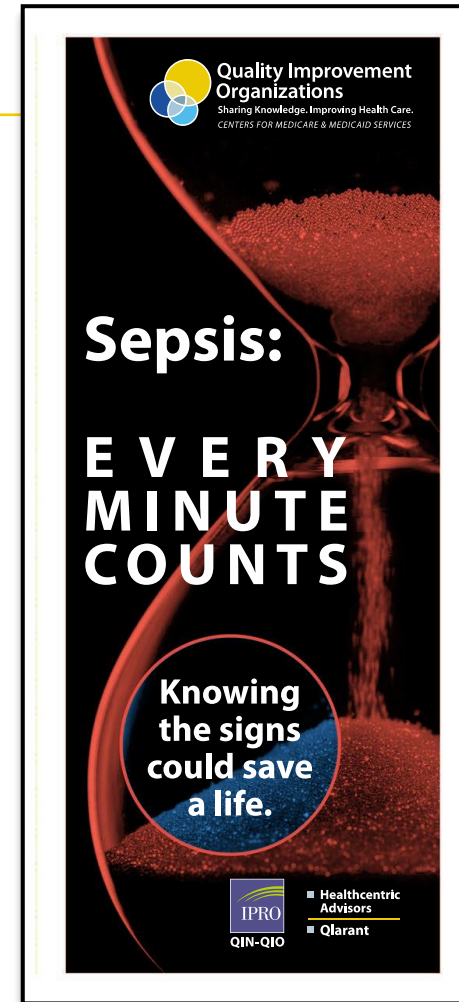


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# Preventing Sepsis

- Simple measures you can take:
  - Practice good hand hygiene
  - Try to avoid infections
  - Treat infections promptly
  - Get vaccinated!
  - Maintain good overall health
  
- Share & introduce the IPRO brochure
- “Sepsis: Every Minute Counts!”



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<https://qi.ipro.org/sepsis/>

**English & Spanish**



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Vaccines are one of the safest and most convenient ways to prevent disease and maintain good health. IPRO urges providers to remember the WAVE acronym. This encourages providers to ask: “What About Vaccines?” Every Time, at every patient encounter. Opening a dialogue about vaccines is the first step toward protecting the health and well-being of both patients and providers.

## Vaccine Recommendations

Vaccine recommendations are subject to change in response to new variants, or as new formulations become available. Check the Centers for Disease Control and Prevention (CDC) for updated recommendations regarding:

- Covid-19
- Pneumococcal disease
- Influenza
- Respiratory syncytial virus (RSV).



<https://qi.ipro.org/home/what-about-vaccines-at-every-encounter/>

– What Role do You Play?

Nursing homes, hospitals, home health agencies, physician offices, and others in the community play a vital role in educating staff, patients, residents, and families about the importance of receiving vaccines. As a trusted medical resource, clinical staff provide up-to-date, credible information as well as access to vaccines.

Here are a few ways in which nursing homes, hospitals, and community-based providers can work to promote vaccine acceptance:

- Educate your workforce, whom patients, residents, and families know and trust, to use every interaction as an opportunity to make strong recommendations to receive all recommended vaccines;
- Educate your workforce to answer questions about vaccine safety and efficacy;
- Host on-site vaccine clinics;
- Provide education to resident and family councils regarding vaccines;
- Assess vaccination status as part of the admission and discharge process and document in the medical record.

## WAVE Campaign Tools

Click for Resources

Click for Suggested Social Media Posts/Graphics and Sample Posters

Click for Videos and Podcasts



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# Every Minute Counts!

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## TREAT SEPSIS AS A MEDICAL EMERGENCY

### NOTIFY PHYSICIAN ASAP IF RESIDENT EXHIBITS THE SIGNS OF SEPSIS

- Sepsis is treatable and can be prevented from progressing to septic shock...BUT it must first be suspected!
- Early, prompt recognition and treatment improves survival rates



# IPRO Adult Sepsis Zone Tool

## English and Spanish

Patient information sheet to self-monitor for the early signs and symptoms of sepsis

Provide this for residents that have either been diagnosed with an infection or are at high risk for developing an infection

IPRO Sepsis Initiative  
<https://qi.ipro.org/sepsis/>

## Adult Sepsis Zone Tool: Early Signs & Symptoms of Sepsis

Has your healthcare provider diagnosed you with an **INFECTION**?  
You could be at risk for **SEPSIS**. Know the signs!

**What is Sepsis?** Sepsis is your body's life-threatening response to an infection anywhere in your body. Anyone can get sepsis!

### SEPSIS IS A MEDICAL EMERGENCY

#### GREEN Zone: ALL CLEAR - Feeling well

- No fever or feeling chilled
- No fast heart rate
- No increase in pain
- No confusion or sleepiness
- Easy breathing

#### RED Zone: Call your doctor or nurse immediately if you have INFECTION and...

- Fever or feeling chilled
- Fast breathing or shortness of breath
- Confusion/sleepiness (recognized by others)
- Extreme pain
- Fast heart rate
- Pale or discolored skin

If you are unable to reach your doctor or nurse,  
CALL 911 OR HAVE SOMEONE TAKE YOU TO THE EMERGENCY DEPARTMENT.

Key  
Contacts:



**ENDSEPSIS**  
The Legacy of Rory Staunton



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## Skilled Nursing Facility Care Pathway - Symptoms of Sepsis and Septic Shock

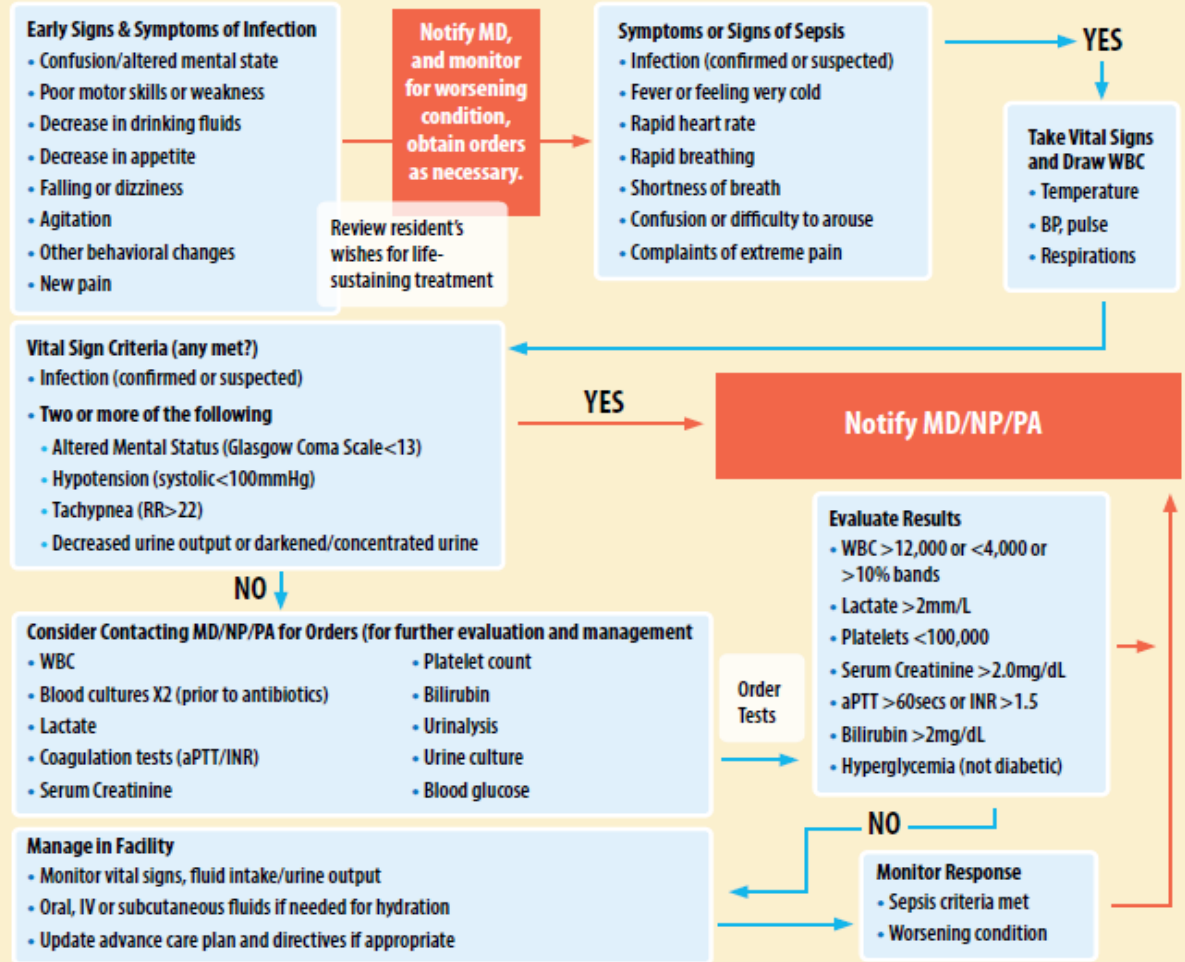
Sepsis = Infection + life-threatening organ dysfunction

Septic Shock = Sepsis + persistent hypotension despite fluid resuscitation and need for vasopressors to keep MAP >65mmhg.

Anyone with an infection is at high risk for sepsis.

Potential causes of infection that can lead to sepsis include the following:

- Pneumonia
- Pressure Ulcers
- C.Difficile Infection
- Urinary Tract Infection
- Prolonged Use of Catheters
- Chronic Conditions



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## Stop and Watch Early Warning Tool



If you have identified a change while caring for or observing a resident/patient, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

<b>S</b> <b>T</b> <b>O</b> <b>P</b> <b>a</b> <b>n</b> <b>d</b> <b>W</b> <b>A</b> <b>T</b> <b>C</b> <b>H</b>	Seems different than usual; Symptoms of new illness
	Talks or communicates less
	Overall needs more help
	Pain – new or worsening; Participated less in activities
	Ate less
	No bowel movement in 3 days; or diarrhea
	Drank less
	Weight change; swollen legs or feet
	Agitated or nervous more than usual
	Tired, weak, confused, or drowsy
Change in skin color or condition	
Help with walking, transferring, toileting more than usual	
<input type="checkbox"/> Check here if no change noted while monitoring high risk patient	

Patient/Resident

Your Name

Reported to

Date and Time (am/pm)

Nurse Response

Date and Time (am/pm)

Nurse's Name

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## Interventions to Reduce Acute Care Transfers (INTERACT) Stop & Watch Tool

[Pathway INTERACT® – Training, Tools, Licensing  
and Resources \(pathway-interact.com\)](https://pathway-interact.com)



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# seeing sepsis



Is the patient's **temperature** above 100?



Is the patient's **heart rate** above 100?



Is the patient's **blood pressure** below 100?

And does the patient just not look right? **Screen for sepsis and notify the physician immediately.**





FOR LONG-TERM CARE CERTIFIED NURSE ASSISTANTS (CNAs)

# PROTECT YOUR RESIDENTS FROM SEPSIS.

**GET AHEAD**  
OF SEPSIS

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

Sepsis is a medical emergency. You play a critical role. Protect your residents by **ACTING FAST**.

Infections put your residents at risk for a life-threatening condition called sepsis. Anyone can get an infection, and **almost any infection, including COVID-19, can lead to sepsis**. Sepsis is the body's extreme response to an infection. Sepsis happens when an infection you already have triggers a chain reaction throughout your body. **With your fast recognition, most residents survive.**

## WHAT CAUSES SEPSIS?

Bacterial infections cause most cases of sepsis. Sepsis can also be a result of other infections, including viral infections, such as COVID-19 or influenza, or fungal infections. Infections that lead to sepsis most often start in the:



Lung



Urinary tract



Skin



Gastrointestinal tract

## WHO IS AT RISK?

Anyone can develop sepsis, but some people are at higher risk for sepsis:

**65+**

Adults 65 or older



People with weakened immune systems



People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease



People with recent severe illness or hospitalization, including due to severe COVID-19



People who survived sepsis



Children younger than one

## WHAT ARE THE SIGNS AND SYMPTOMS OF SEPSIS?

A resident with sepsis might have one or more of the following signs or symptoms:



High heart rate or low blood pressure



Fever, shivering, or feeling very cold



New onset or increased confusion or disorientation



Shortness of breath



Extreme pain or discomfort



Clammy or sweaty skin

Residents with sepsis should be urgently evaluated and treated by a healthcare professional.

## SEPSIS STATS Each year:

About  
**1.7 MILLION**  
adults in America develop sepsis.

At least  
**350,000**  
adults who develop sepsis die during their hospitalization or are discharged to hospice.

**1 IN 3** PATIENTS  
who dies in a hospital had sepsis during that hospitalization.

Sepsis, or the infection causing sepsis, starts before a patient goes to the hospital in nearly  
**87% OF CASES**

## HOW CAN I GET AHEAD OF SEPSIS?

As a long-term care certified nurse assistant, you can:

- **Know sepsis signs and symptoms** to identify residents early and get them immediate treatment.
- **ACT FAST** if you suspect sepsis.
- **Prevent infections** by following infection control practices (e.g., hand hygiene, communicating signs and symptoms of infection to the healthcare professional overseeing care of the resident, cleaning and disinfection) and ensuring residents receive recommended vaccines.
- **Educate your residents and their families about:**
  - Preventing infections
  - Keeping cuts and wounds clean until healed
  - Managing chronic conditions

– Recognizing early signs and symptoms of worsening infection and sepsis and seeking immediate care if signs and symptoms are present.

**Sepsis is a medical emergency.** You play a critical role. Protect your residents by **ACTING FAST.**

## WHAT SHOULD I DO IF I SUSPECT SEPSIS?

- **Know your facility's existing guidance for diagnosing and managing sepsis.**
- **Immediately alert the healthcare professional overseeing care of the resident.**
- **Check resident progress frequently.** Treatment requires urgent medical care, usually in an intensive care unit in a hospital, and includes careful monitoring of vital signs and often antibiotics. Early and frequent reassessment of residents with sepsis should be undertaken to determine the appropriate duration and type of therapy.

To learn more about sepsis and how to prevent infections, visit [www.cdc.gov/sepsis](http://www.cdc.gov/sepsis) or call **1-800-CDC-INFO**.

**KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.**



# Talking with Residents & Families

Could this be sepsis??

- **Start the discussion by asking if they have heard of sepsis**  
*(If they have let them tell you what they know)*
- **Share key points about sepsis:**
  - **The body's overactive/often life-threatening response to an infection anywhere (skin, urine, respiratory etc.)**
  - **Anyone with an infection may be at risk for developing sepsis**
  - **Early signs and symptoms; fever/feeling cold, sleepy/confused, short of breath, rapid heart rate, decreased/dark urine**
  - **It's important that you let your caregiver know if you experience any of the above**

**Sepsis is a medical emergency!**



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# How You Can Help

- Familiarize yourself with the early signs of sepsis
- Know who is at high risk for sepsis
- Educate residents, family, friends and loved ones about the signs & symptoms of sepsis
- Be cognizant of health literacy and its implications:

**Explain information to patients in a manner they can understand**

**Teach Back Method**



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**SEPSIS AWARENESS TRAINING  
PRE AND POST ASSESSMENT  
NON-CLINICAL STAFF**

PLEASE COMPLETE THE FOLLOWING QUESTIONS AS DIRECTED.

*YOU DO NOT NEED TO PUT YOUR NAME ON THIS...IT IS COMPLETELY ANONYMOUS. THIS INFORMATION WILL BE USED TO ASSESS PARTICIPANT LEVEL OF UNDERSTANDING AND LEARNING PRE AND POST SESSION. THANK YOU!*

Please answer the questions in the section below <u>PRIOR TO</u> the start of the session.			Please answer the questions in the section below <u>AT THE END</u> of the session and hand in.		
Pre-Training Assessment	Yes	No	Post Training Assessment	Yes	No
I know what sepsis is			I know what sepsis is		
I know what some of the signs and symptoms of sepsis are			I know what some of the signs and symptoms of sepsis are		
I know what groups of people are at high risk for developing sepsis			I know what groups of people are at high risk for developing sepsis		
I know that sepsis is a medical emergency			I know that sepsis is a medical emergency		
I know what actions to take if a person has the signs and symptoms of sepsis (i.e. who to call and what to do)			I know what actions to take if a person has the signs and symptoms of sepsis (i.e. who to call and what to do)		
I know things I can do to help prevent sepsis			I know things I can do to help prevent sepsis		

I had the opportunity to have all my questions answered. Yes \_\_\_ No \_\_\_

Was this presentation informative? Yes \_\_\_ No \_\_\_

Do you have any additional questions related to sepsis? \_\_\_\_\_

Do you know someone who has had sepsis? Yes \_\_\_ No \_\_\_

Are you a sepsis survivor? \*Yes \_\_\_ No \_\_\_

\*If "Yes", would you be willing to share your story to help increase sepsis awareness? Yes \_\_\_ No \_\_\_

This material was prepared by the IPRO QIN-QIO, a partnership of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 12SOW-IPRO-QIN-TA-A4-21-305

**Please complete Post Training Assessment questions and hand in to presenter at the end of training session  
Thank you!**

**IPRO Sepsis Initiative**  
<https://qi.ipro.org/sepsis/>

# Sepsis Web-based Training & Resources

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# Staff Engagement and Anticipated Challenges

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## Training Opportunities

- New staff orientation
- Annual competency training
- Staff meetings
- Sepsis survivor lived experience sharing



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# Resources

## **CDC “Get Ahead of Sepsis Campaign”:**

<https://www.cdc.gov/sepsis/get-ahead-of-sepsis/index.html>

## **Sepsis Alliance:**

<http://www.sepsis.org/>

## **Rory Staunton Foundation:**

<https://www.patientcarelink.org/the-rory-staunton-foundation-for-sepsis/>

## **I PRO Sepsis Initiative**

<http://stopsepsisnow.org>

## **Surviving Sepsis Campaign:**

<http://www.survivingsepsis.org/Pages/default.aspx>



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# CDC Get Ahead of Sepsis Campaign



- <https://www.youtube.com/watch?v=5JvGiAFLels>

# Our Ask....Please Go Forth & Train!

## In Order To.....

- ✓ Maximize the information learned today
- ✓ Improve staff knowledge on sepsis
- ✓ Promote early identification of sepsis in residents
- ✓ Achieve improve resident outcomes related to sepsis



## Our Ask.....

- ✓ **Conduct at least one Sepsis Training for clinical staff & one for non-clinical staff within your facility**



**Discuss with Medical Director & Physicians**

**Share Sepsis Zone Tool with residents, families and all facility discharges**



## **What are you going to do by next Tuesday?**



**Schedule clinical & non-clinical staff training**

**Encourage staff to discuss with their family & friends to increase sepsis awareness**

**Add “History of Sepsis” to intake screening process**





# Voices From The Field

*There is a good response from our staff on this training, they are thankful. The material is really user-friendly. That trainer's course I attended was really a big opportunity for me and the facility. We will work on expanding Sepsis Awareness to include our residents here and their families.*

*I'd like to personally thank you for the opportunity to participate in this essential program! It has been well-received at our facility by clinical and non-clinical personnel alike.*

*Staff are surprised at the statistics regarding sepsis. Everyone has been very receptive to the education of sepsis, which I am very happy to see!*

*Trainings are going well, lots of good feedback! It actually has been pretty fascinating to me that at practically EVERY session, someone has come up to me to tell me a personal story about someone they knew who had sepsis, several who have died. Wow! The staff have been engaged and interested. Verbal feedback from staff has been positive!*

*The sepsis training is now part of our monthly orientation curriculum as well. We have had quite a few success stories since rolling out this program; the most notable was a febrile vent patient for whom we were able to avoid a hospitalization by implementing early intervention of IV fluids and antibiotics ... the symptoms were recognized by a nurse who had taken the class an hour prior!*

*As you suggested, I have made sepsis training a mandatory part of our orientation process as well as yearly competency training for all staff. I have added the pathway to all of the nurse medication carts as a quick reference as well.*



# Questions / Feedback



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# Contact Information

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**IPRO Stop Sepsis Now**

<https://qi.ipro.org/sepsis/>



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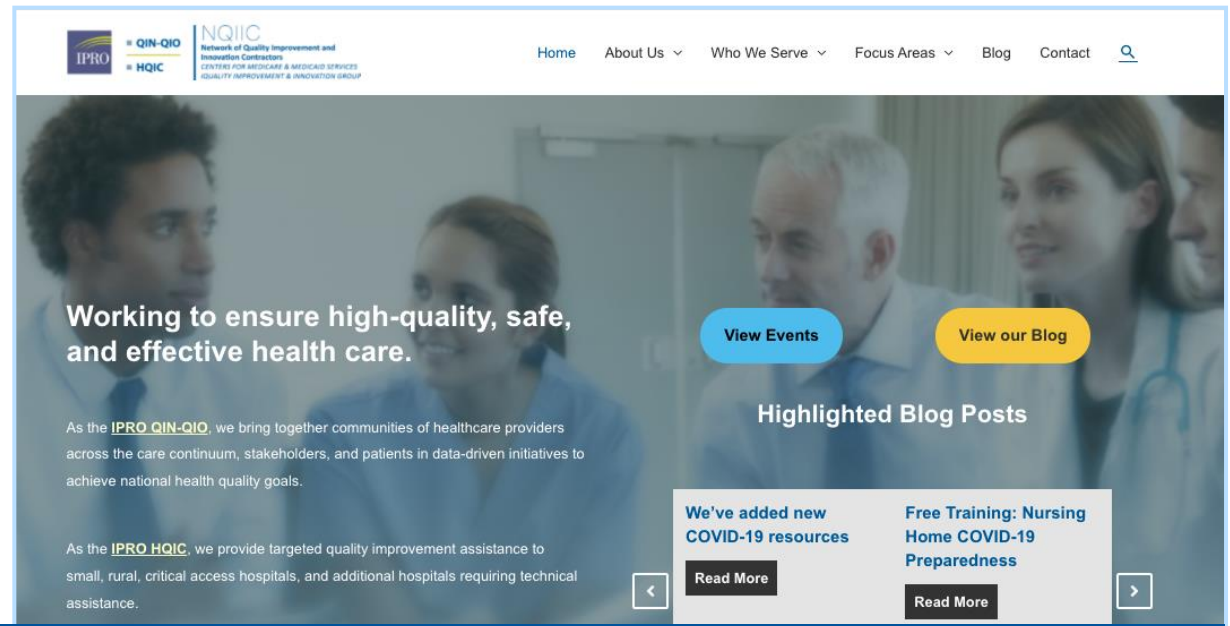
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# Learn More & Stay Connected



<https://qi.ipro.org/>



The screenshot shows the IPRO website homepage. At the top left is the IPRO logo and the NQIIC logo (Network of Quality Improvement and Innovation Contractors, Center for Medicare & Medicaid Services Quality Improvement & Innovation Group). A navigation menu includes Home, About Us, Who We Serve, Focus Areas, Blog, and Contact. The main content area features a large image of healthcare professionals with the text: "Working to ensure high-quality, safe, and effective health care." Below this is a paragraph: "As the IPRO QIN-QIO, we bring together communities of healthcare providers across the care continuum, stakeholders, and patients in data-driven initiatives to achieve national health quality goals." Another paragraph follows: "As the IPRO HQIC, we provide targeted quality improvement assistance to small, rural, critical access hospitals, and additional hospitals requiring technical assistance." On the right side, there are two buttons: "View Events" and "View our Blog". Below these is a section titled "Highlighted Blog Posts" with two entries: "We've added new COVID-19 resources" and "Free Training: Nursing Home COVID-19 Preparedness", each with a "Read More" button.

*This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication # 12SOW-IPRO-QIN-T1-A2-23-988*



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