

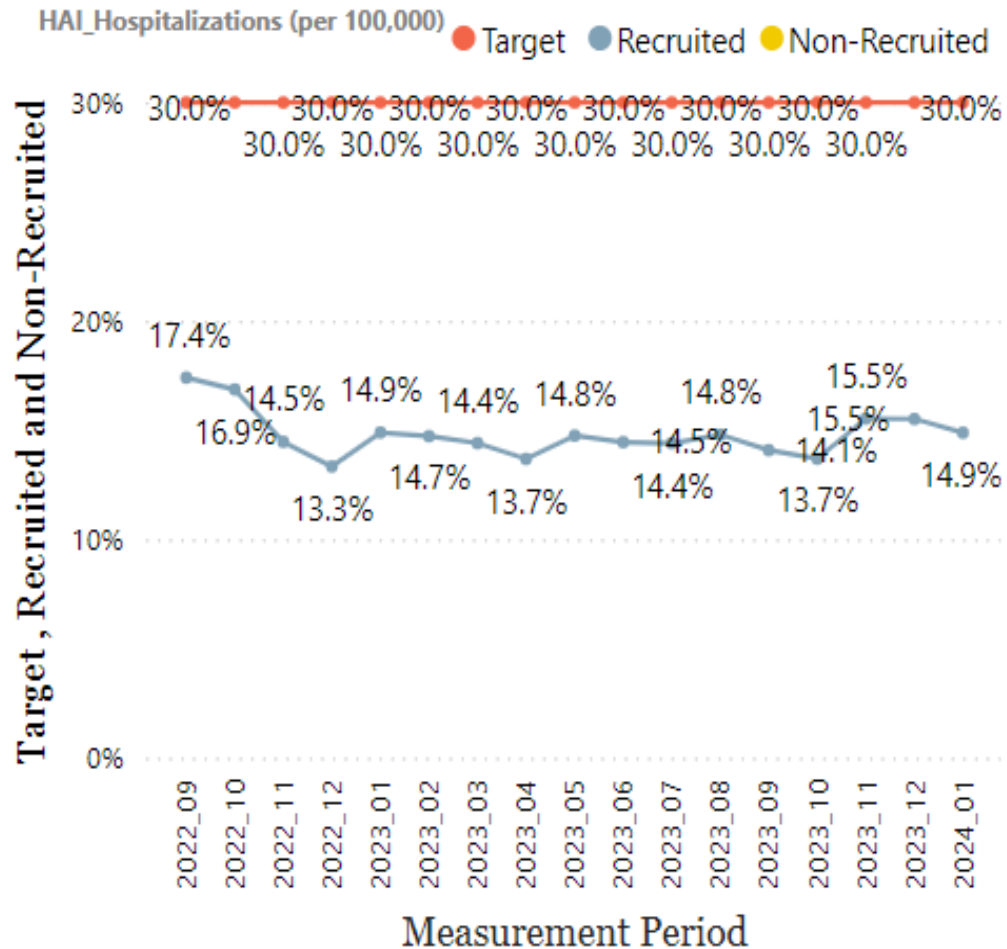
Reducing Sepsis and Healthcare-associated infections (HAI) Hospitalizations in Nursing Home Residents

NH HAI Hospitalizations

Lower % better

Relative Improvement Rate

RIR Achieved Vs Target Per Measurement Period



Numerator, Denominator and Rate Per Measurement Period

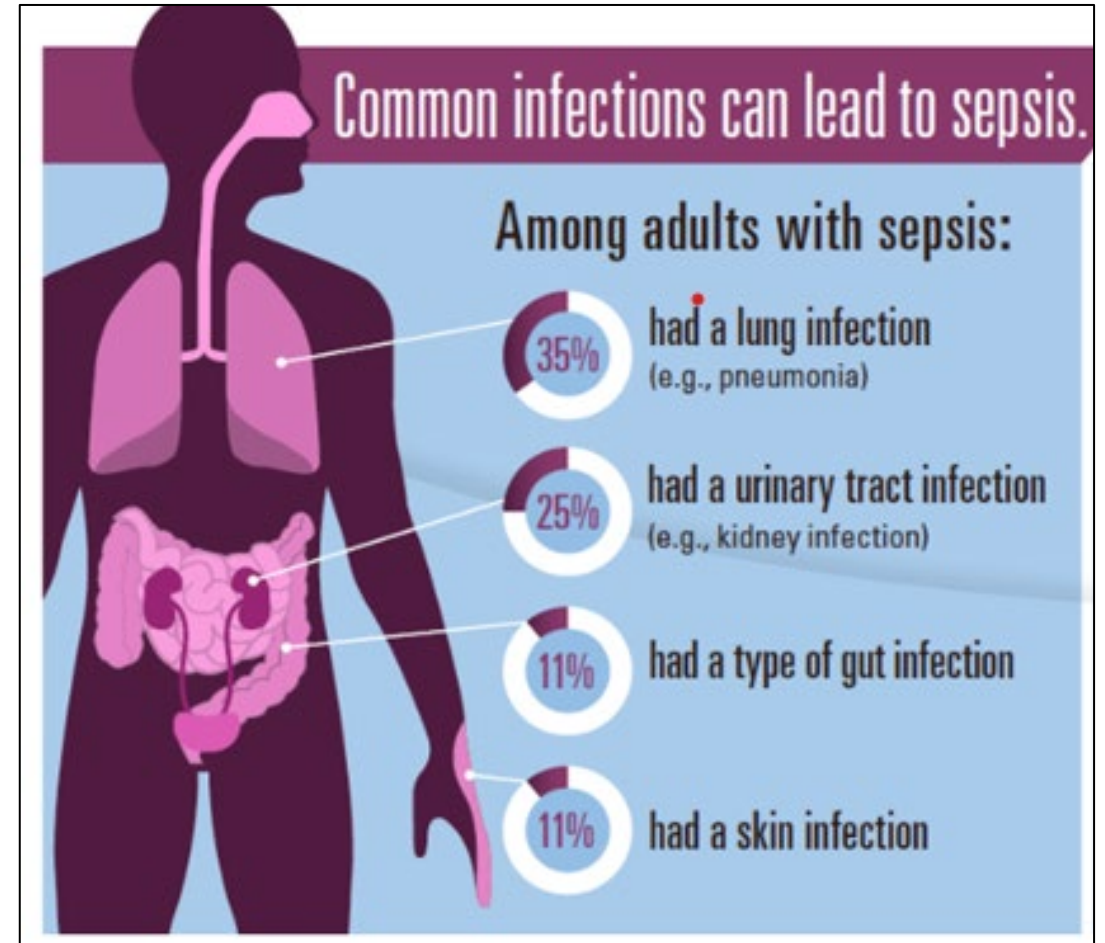
Measurement Period	Numerator	Denominator	Rate
2023_03	2977	2499251	119.12
2023_04	2994	2492415	120.12
2023_05	2943	2480669	118.64
2023_06	2939	2468606	119.06
2023_07	2931	2460477	119.12
2023_08	2906	2450693	118.58
2023_09	2916	2438859	119.56
2023_10	2926	2436081	120.11
2023_11	2865	2437256	117.55
2023_12	2860	2432373	117.58
2024_01	2908	2454987	118.45

Decrease in hospitalizations related to facility acquired infections in NHs by 30%
(Covid, Sepsis, UTI, Pneumonia)

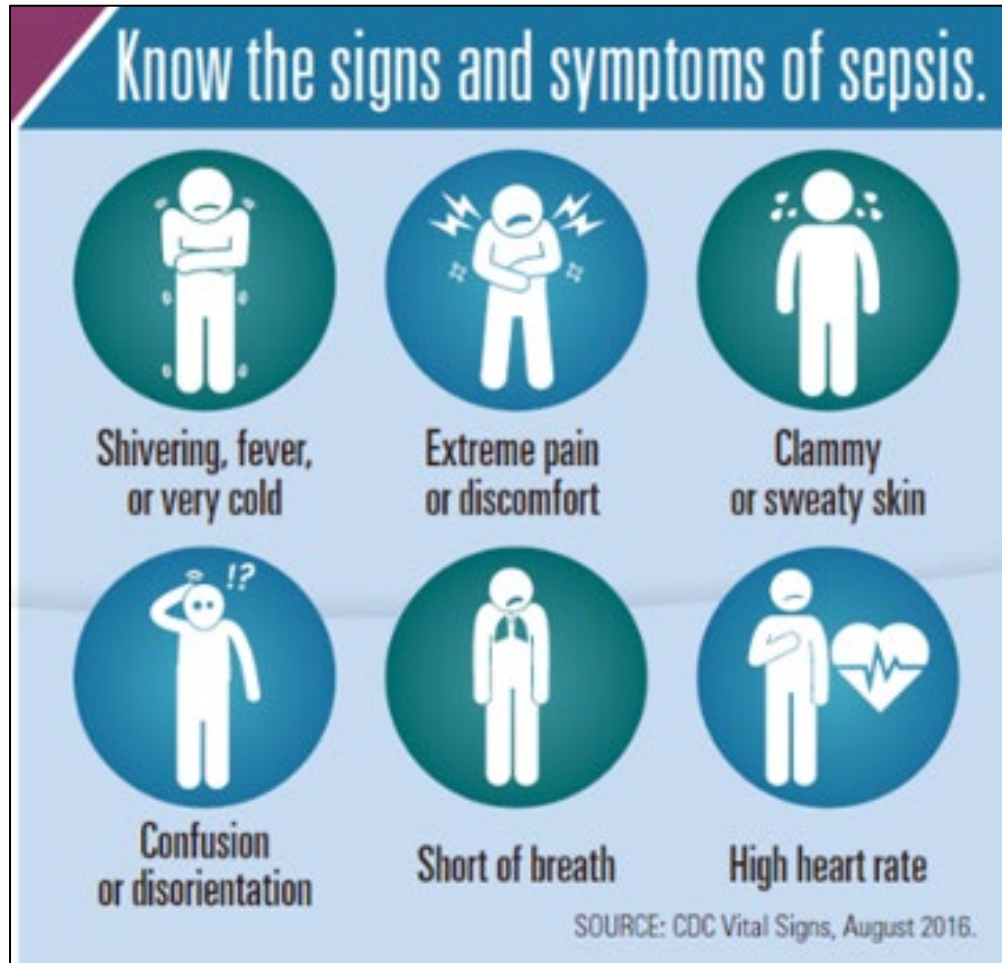
Current improvement rate 9%
Goal: 30%

Sepsis Facts

- Sepsis, or the infection causing sepsis, starts before a patient goes to the hospital in nearly **87%** of cases
- Risk factors:
 - 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



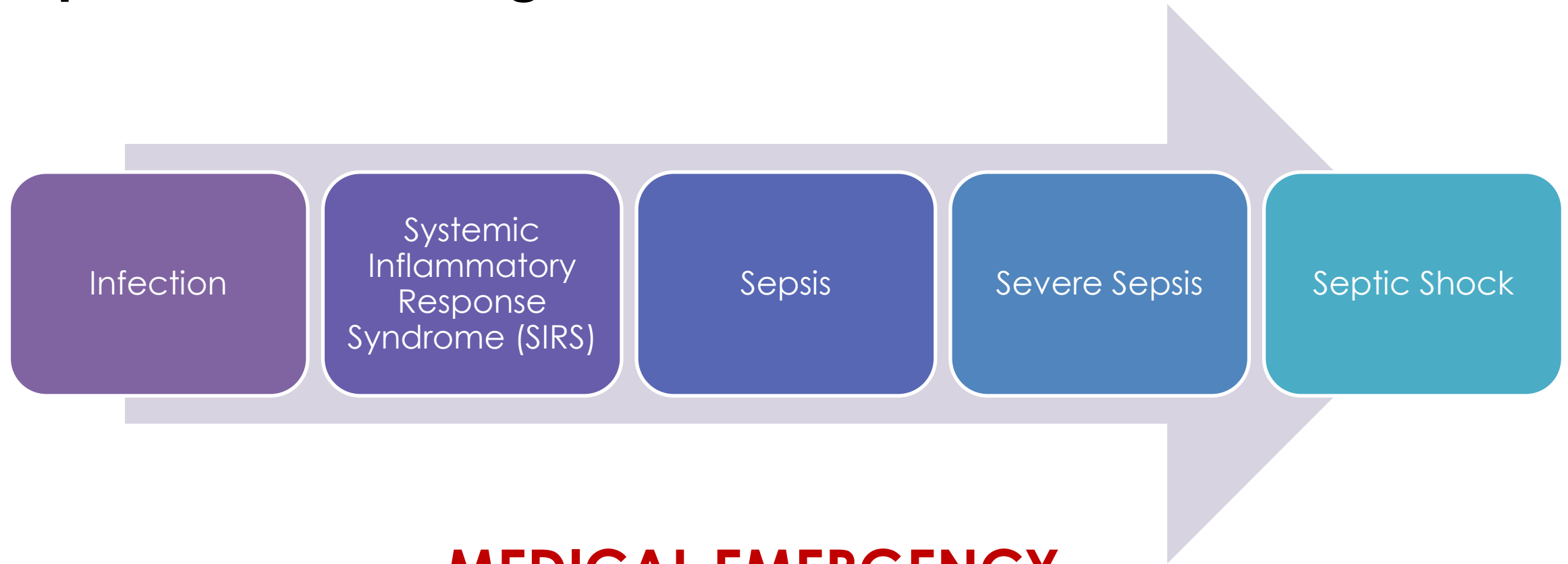
Sepsis: Signs and Symptoms



- Fever or hypothermia
- Tachycardia (> 100 heartbeats/minute)
- Tachypnea (> 20 breaths/minute)
- Altered mental status
- Hyperglycemia
- Leukocytosis (White blood cell [WBC] count > 12,000) or Leukopenia (WBC count < 4,000)
- Elevated inflammatory markers (C-reactive protein, procalcitonin)
- Hypotension (Systolic blood pressure [SBP] < 90 mmHg or a SBP decrease > 40 mmHg)
- Decrease in urine output
- Coagulation/clotting abnormalities
- Thrombocytopenia (low platelet count < 100,000)

<https://www.cdc.gov/vitalsigns/sepsis/index.html>

Sepsis: Clinical Progression

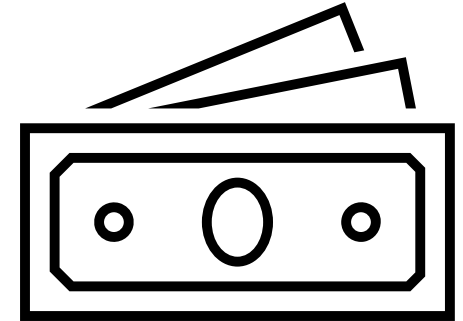


MEDICAL EMERGENCY

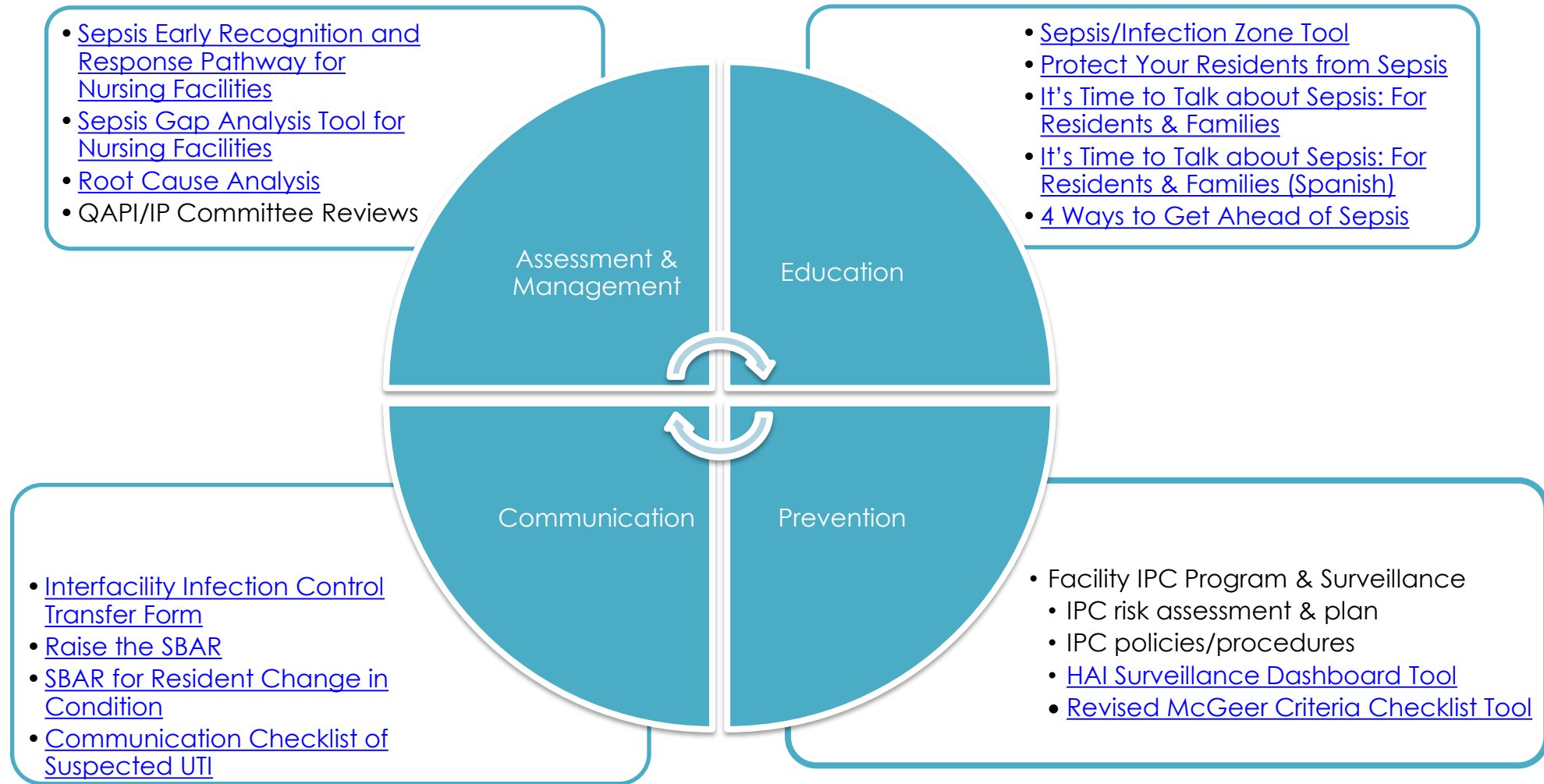
Rapid progression from infection to septic shock (multiple organ system failure) and death in as little as 12 hours

HAI and Sepsis Quality Improvement

- CMS Value-based Purchasing (VBP) Updates
 - CMS finalized the expansion of the SNF VBP program in FY 2026 and FY 2027
 - **SNF HAI Requiring Hospitalization (FY2026)**
 - Baseline year (FY2022)
 - Performance year (FY2024)
 - 10/1/2023 - 9/30/2024



Sepsis: Programmatic and Clinical Focus Areas



Sepsis Gap Assessment and Action Steps

A gap analysis is used to assess the difference between actual practice and expected performance (i.e., facility policies and procedures, regulations, or practice guidelines). It is useful to compare best practice guidelines against your currently accepted practices. It is important to assess practice through observation and audit rather than relying on policy wording alone, as practice can vary from policy.

TR - QII ID: _____ CCN: _____

Facility Name: _____ Date: _____

COMPONENTS	YES	NO	NA	COMMENTS/ACTION STEPS
Organizational Commitment and Leadership Support				
Does the facility have a sepsis program or sepsis prevention initiatives? Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your sepsis program have leadership support, including CEO, facility administrator, medical director, director of nursing, and clinical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the facility have one leader or two co-leaders responsible for sepsis initiatives or outcomes? (CDC recommends physician and nurse co-leaders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are medical staff, nursing staff and clinical leadership actively involved in sepsis prevention and management? How so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is managing sepsis aligned with the facility's quality, safety, or organizational goals, as evidenced by documented strategic plans, goals, or committee charters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the facility have a multidisciplinary team to address sepsis and share sepsis data updates provided at regular meetings (i.e., infection control committee meeting, quality assurance performance improvement meeting, antimicrobial stewardship meeting) with facility leadership, medical director, providers, and clinical and nursing staff to promote continual improvement? If yes, what is the meeting frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the team report sepsis data and outcomes to QAPI Committee regularly as evidenced by meeting minutes, data presentations, action plans, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is sepsis data shared with staff? What data? How is data shared with staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the facility provide feedback to individual clinicians regarding the care of recent residents with sepsis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is sepsis data shared with patients/families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

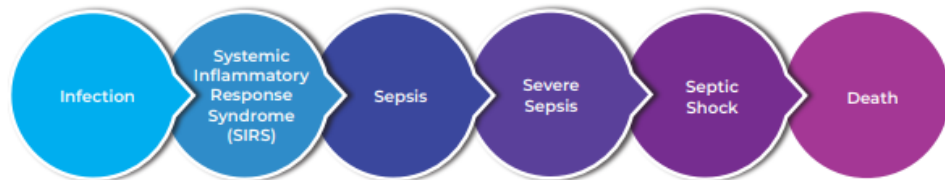
Sepsis GAP Analysis For Nursing Facilities

This sepsis gap analysis tool can help facilities assess the difference between actual practice and expected performance of sepsis prevention and management practices (i.e., facility policies and procedures, regulations, or practice guidelines). This tool can support nursing facility sepsis initiatives by identifying targeted areas for improvement.

- Organizational & leadership support
- Early screening and identification
- System design & policies
- Measurement & Continuous improvement
- Education

Sepsis Early Recognition and Response Pathway FOR NURSING FACILITIES

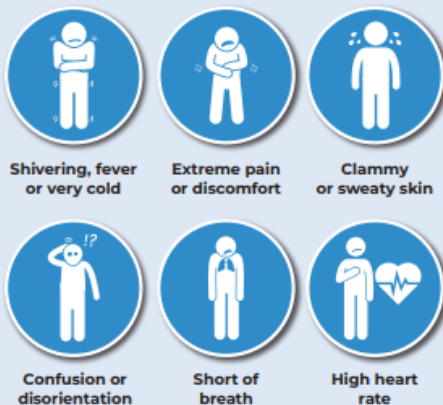
Sepsis is the body's extreme response to an infection, which happens when an infection triggers a chain reaction throughout the body. It is a **life-threatening medical emergency** that can rapidly lead to tissue damage, organ failure, and death. Anyone can get an infection, and almost any infection can lead to sepsis. When the body releases chemicals into the bloodstream to counteract an infection, it can lead to widespread inflammation, a condition known as Systemic Inflammatory Response Syndrome (SIRS). SIRS can rapidly progress to severe sepsis and septic shock, resulting in damage to multiple organ systems and subsequent death.



Pathogens such as bacteria, viruses, and fungi can cause infections that may lead to sepsis. The most common infections that cause sepsis in adults are respiratory infections, urinary tract infections, gastrointestinal infections, and skin infections. Residents with suspected sepsis should be urgently evaluated and treated by the health care team.

You play a critical role. Protect your residents by ACTING FAST when you identify signs and symptoms of sepsis.

Know the Signs and Symptoms of Sepsis



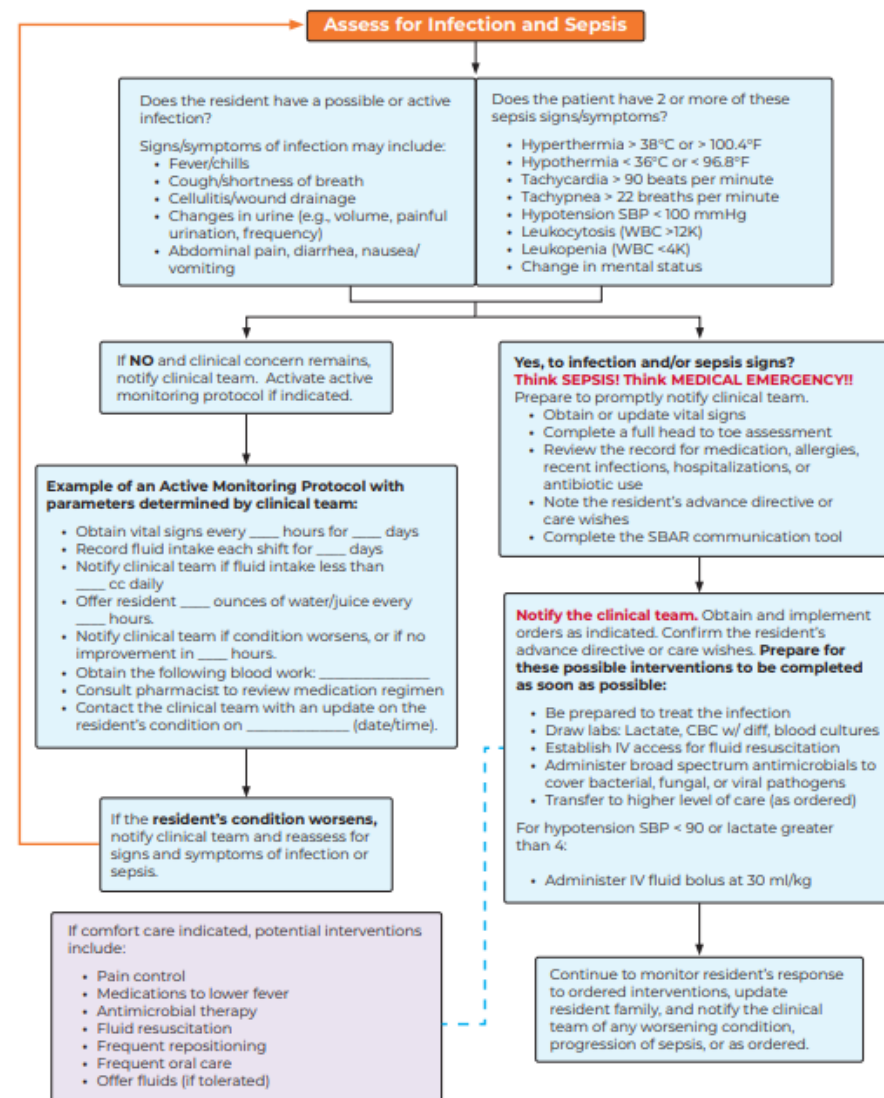
Anyone with an infection is at high risk for sepsis.

Examples of conditions that can lead to infection and sepsis include but are not limited to:

- Pneumonia
- Wounds and non-intact skin
- Urinary tract infection
- Any infection with a multi-drug resistant organism
- *C. difficile* infection
- Invasive lines or devices
- Weakened immune system
- Chronic illnesses, such as diabetes, cancer, and kidney disease
- Recent hospitalizations

Sepsis Early Recognition and Response Pathway for Nursing Facilities

The Sepsis Early Recognition and Response Pathway for Nursing Facilities is designed to help staff quickly identify signs and symptoms of an infection that could lead to sepsis. This pathway also serves as a guide for staff to promptly screen, identify, and immediately respond to sepsis with evidence-based interventions once sepsis is identified in a resident. This resource is intended for educational and quality improvement purposes to raise sepsis awareness. Before using this resource, please consult your facility's medical director and/or clinical leadership team for additional considerations and interventions.



Questions?



Thank You for Your Time!
Contact the AHS Patient Safety Team
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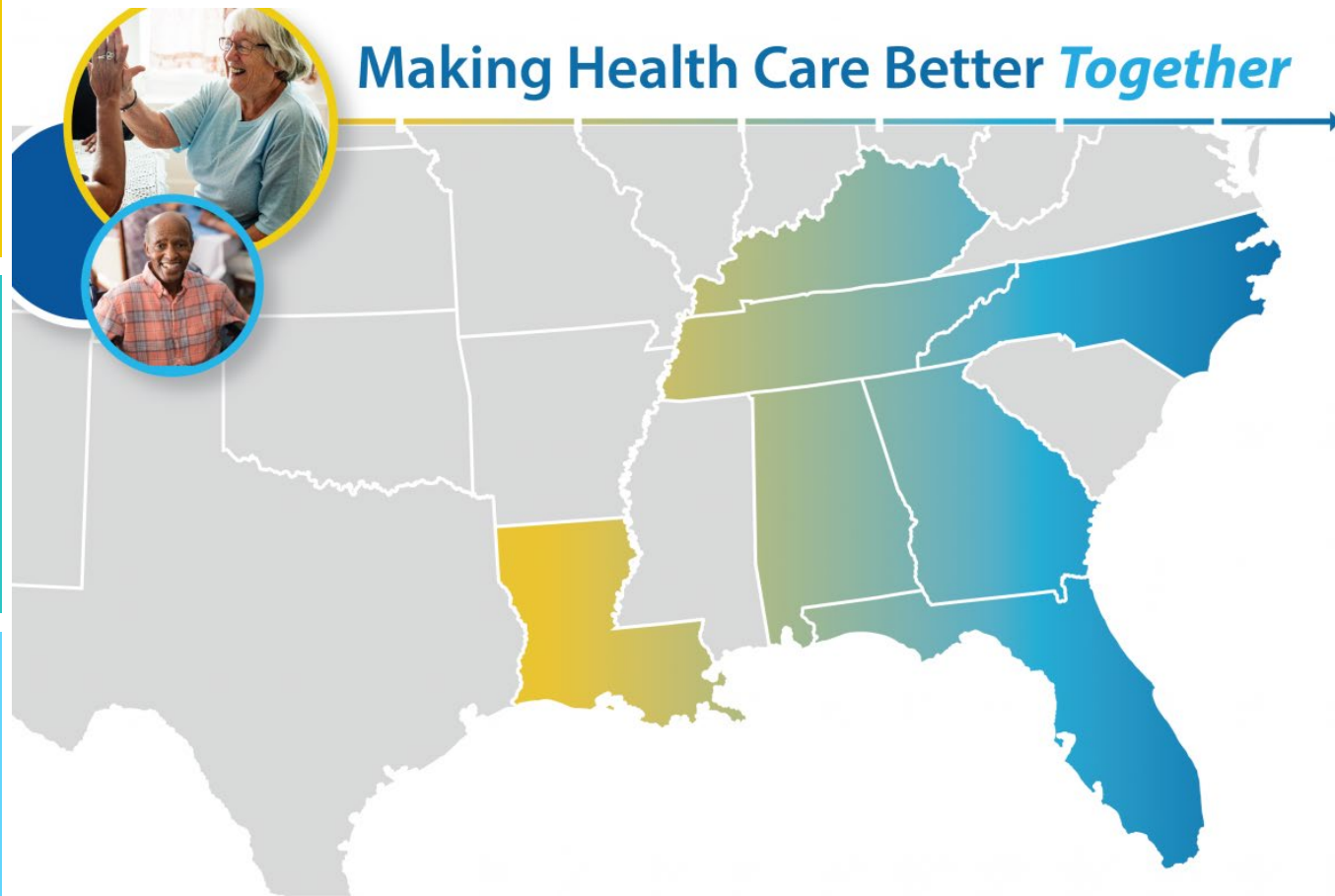


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Making Health Care Better *Together*



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