Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

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.

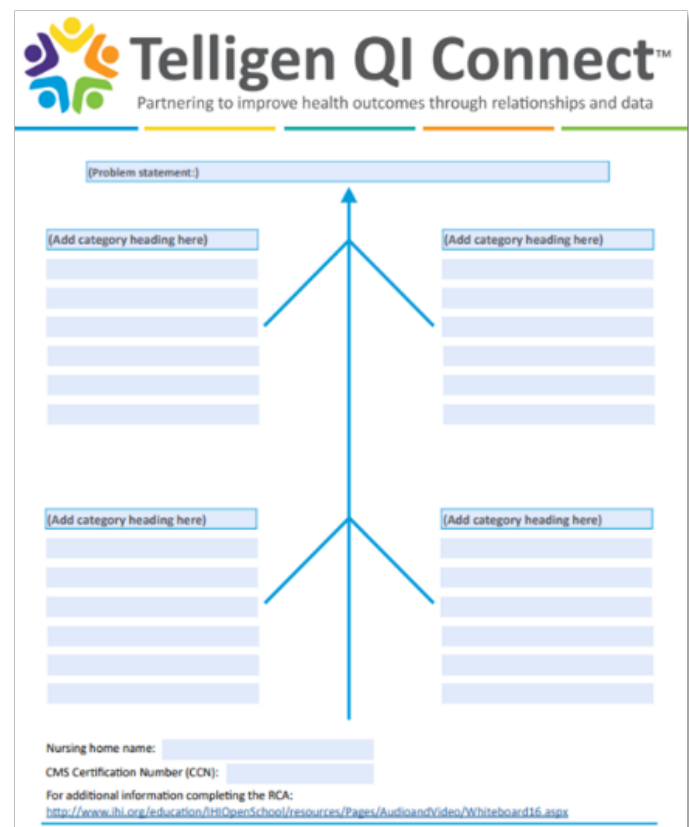## Consider Common Barriers and Solutions

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 standing orders 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

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References

https://www.sepsis.org/references

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