

# Sepsis: Essential Resources for Prevention and Care



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## WHY IS THIS IMPORTANT?<sup>1</sup>

Sepsis, the body's overwhelming response to infection often leading to organ failure, is one of the most common causes of inpatient mortality. Sepsis affects almost 2 million patients annually and contributes to almost 300,000 deaths each year. It is the number one cost of hospitalization in the U.S. (estimated to be \$62 billion annually for acute sepsis hospitalization and skilled nursing alone). The average cost per hospital stay for sepsis is double the average cost per stay across all other conditions and often requires post-hospitalization rehabilitation. Many patients make a full recovery after sepsis; however, some patients require amputations, experience decreased cognitive function, sleep disturbances or ongoing respiratory or kidney dysfunction. The myriad of lingering symptoms following a sepsis infection is known as Post-Sepsis Syndrome (PSS). Sepsis is also the primary cause of readmission to the hospital, costing more than \$3.5 billion each year.

## BACKGROUND<sup>2</sup>

Sepsis is the body's extreme response to infection. It can occur in both bacterial and viral infections, including COVID-19. Sepsis can worsen chronic conditions, such as chronic obstructive pulmonary disease (COPD), diabetes and kidney disease, and is a leading cause of death for critically ill patients. Screening plays an important role in early detection, prevention of 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. Research has shown that American Indian/Alaska Native population in the U.S. are 60% more likely to die from sepsis and Black/African American patients are 60% more likely to experience severe sepsis than white patients.

The prevalence of sepsis highlights the critical need for quality improvement in healthcare. By addressing root causes, providers can develop targeted strategies to mitigate risks. Implementing evidence-based guidelines, enhancing patient monitoring and ensuring continuous education for healthcare professionals are essential steps to reduce these events and promote safer, more effective care.

## PREPARING FOR CHANGE

The [Plan-Do-Study-Act \(PDSA\)](#) cycle provides a sound framework for quality improvement. Plan by mapping the current process to identify gaps, identifying who will be involved, and confirming what resources may be needed. Do the work by implementing a change or intervention and collecting data on the results as you go. Study the data – were the desired results achieved? Act on the results – accept or adjust the implemented change. Alongside this framework, Telligen recommends utilizing its comprehensive [Quality Improvement Workbook](#) which provides valuable resources to support your team's quality improvement efforts. Additionally, Telligen quality improvement facilitators developed the change pathway tool – a topic-specific, step-by-step guide to quality improvement, created using evidence-based practice resources and guidelines. For additional information and resources, visit Telligen's [hospital resources page](#)

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<sup>1</sup> <https://sam.gov/api/prod/opps/v3/opportunities/resources/files/1c1717fa2aa41b3b82c60c03f4c6ae5/download?&status=archived&token=>

<sup>2</sup> <https://www.telligenqconnect.com/resource/transitions-in-care-preventing-sepsis-related-readmissions-change-pathway/>

# SEPSIS

## CHANGE PATHWAY

The change pathway tool is a topic-specific, step-by-step guide to quality improvement. The change pathway is created using evidence-based practice resources and guidelines. Key quality improvement activities such as formulating an aim statement, conducting a root cause analysis and identifying interventions are included in each guide. Interventions are outlined as beginner, intermediate and expert so that you may explore opportunities for improvement that meet your needs.

- [Change Pathway – Sepsis Care in 2022: Identification + Management Strategies to Optimized Patient Outcomes Change Pathway](#)
- [Change Pathway – Transitions in Care: Preventing Sepsis Related Readmissions Change Pathway](#)

## RESOURCES

[CDC – Clinical Tools for Sepsis](#)

[Society of Critical Care Medicine – Sepsis Resources](#)

[CDC – Hospital Toolkit for Adult Sepsis Surveillance](#)

[Surviving Sepsis Campaign – Surviving Sepsis Campaign: Guidelines](#)

[CDC – Hospital Sepsis Program Core Elements](#)

[Telligen – Implementing an Antibiotic Stewardship Program Resource Package](#)

[Sepsis Alliance – Education](#)

[Telligen – Sepsis Data Sharing Checklist](#)

[Sepsis Alliance – Fact Sheets](#)

## RECORDINGS AND SLIDE DECKS

Exploring Sepsis Strategies

- Part 1 – [Slides](#) and [Change Pathway](#) and Part 2 – [Slides](#) and [Change Pathway](#)

Sepsis Care in 2022: Identification and Management Strategies to Optimize Patient Outcomes – [Slides](#), [Sepsis Core Measure Checklist](#) and [Severe Sepsis Checklist for Adults](#)

[Sepsis Coding Presentation](#)

Sepsis Learning Collaborative 2024 – Collaborating to Reduce Sepsis Mortality & Improve Care Coordination

- Session 1: Leadership, Accountability and Multiprofessional Expertise – [Slides](#) and [Recording](#)
- Session 2: Action – [Slides](#) and [Recording](#)
- Session 3: Tracking and Reporting – [Slides](#) and [Recording](#)
- Session 4: Education – [Slides](#) and [Recording](#)

Sustainable Sepsis Systems – [Slides](#) by IHC

## EFFECTIVENESS CHECKS

1. Audit for the specific change you were aiming for.
2. Collect and analyze the data.
3. Share findings, opportunities and successes with staff, leadership and if possible, with patients.

**Based on your data findings, if the change seen did not lead to the desired improvement, re-evaluate the root cause and consider launching another PDSA cycle.**