



HOME CARE & HOSPICE

CONFERENCE AND EXPO

Tuesday, October 15, 2019 2:30 PM

704 Sepsis in the Home Care Setting



Sepsis in the Home Care Setting

Tuesday October 15, 2019

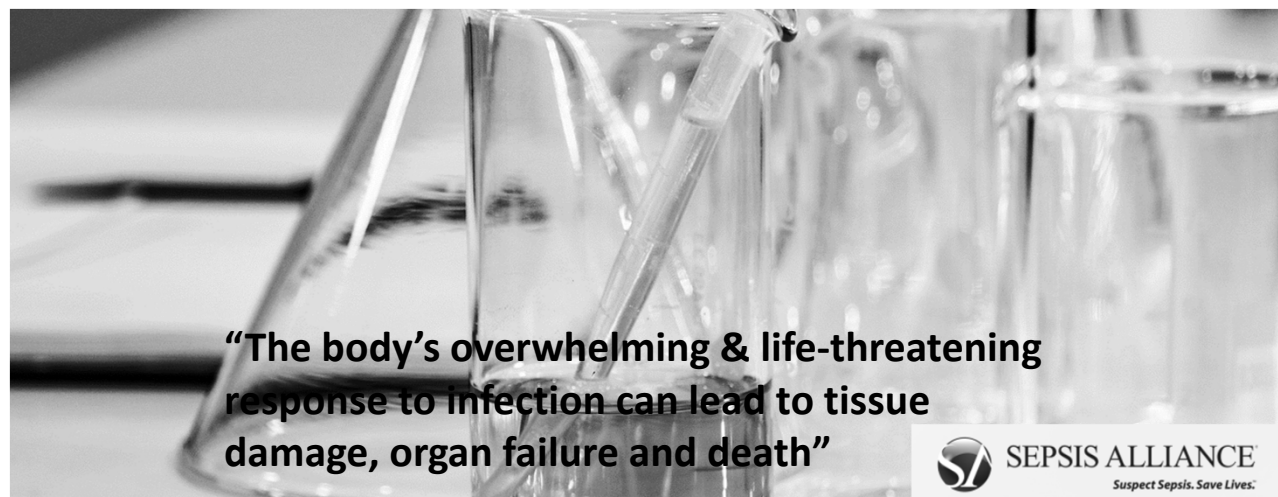
**Cheryl Adams, MBA, BSN, RN
Mark Bassett, MAS, BSN, RN**

Just Like Heart Attack & Stroke

- **Sepsis is a medical emergency and can happen to anyone.**
- **Suspect Sepsis.
SAVE LIVES**



So.....What IS Sepsis?



“The body’s overwhelming & life-threatening response to infection can lead to tissue damage, organ failure and death”



SEPSIS ALLIANCE
Suspect Sepsis. Save Lives.

Critical Sepsis Facts and Relevance to Home Health and Health Reform (Excerpt from US CDC)

Epidemiology of Sepsis

- Sepsis most often occurs in people:
 - Over the age of 65, or infants less than one year of age.
 - With chronic diseases (such as diabetes) or weakened immune systems.
- Sepsis is most often due to infections of the lung, urinary tract, skin, or gut.
- Common germs that cause sepsis are *Staphylococcus aureus*, *E. coli*, and some types of *Streptococcus*.
- Healthy people can develop sepsis from an infection, especially if not treated properly.

**GET AHEAD
OF SEPSIS**

Critical Sepsis Facts and Relevance to Home Health and Health Reform (Sepsis Alliance)

- 1.7 million cases each year in the U.S.
- 270,000 deaths each year –more than breast cancer, prostate cancer and AIDS – *combined*.
- Every 2 minutes someone in the US dies of sepsis.
- Takes more children than cancer – 18 kids each day.
- Every 20 seconds someone is hospitalized with sepsis.
- #1 cause of death in U.S. hospitals.
- #1 driver of readmission to a hospital (30 days).
- #1 cost of hospitalization - \$27B/yr.

What Sepsis is NOT!

- Sepsis is not blood poisoning
- Sepsis is not an infection
- Sepsis is not contagious
- Sepsis is not rare

Early Identification at Home

WHO
is at risk

What
is sepsis &
what are the
symptoms

Where
to seek
medical
attention

When
to seek
medical
attention



How
to get
help

Progression of Sepsis





SEPSIS ALLIANCE

Suspect Sepsis. Save Lives.

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



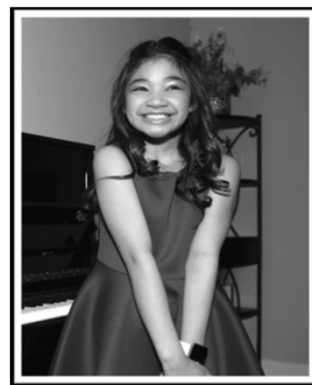
EXTREMELY ILL
"I feel like
I might die,"
severe pain or
discomfort

Faces of Sepsis



Sepsis and Celebrities

- Mohammad Ali – 2006
- Patty Duke –2016
- Jim Henson – 2010
- Mary-Louise Parker –
Survived
- Pope John Paul II – 2005
- Chris Young – Survived
- Angelica Hale - Survived



Action Items:

- Develop your process(es)
 - ✓ Align with workflows
 - ✓ Screen patients every visit/encounter
 - ✓ Evaluate failures – including comorbid disease management



2012

2014

2016

2018

- Educate
 - ✓ Ensure staff are adequately trained on infection prevention practices
 - ✓ Staff on the symptoms of sepsis, key clinical interventions & how to implement the screening process
 - ✓ Patients & their loved ones on the symptoms and infection prevention practices. Incorporate into daily and discharge teaching.

Overview of Sepsis Screening Tool From NY HCA

- The comprising instruments (shown in the ensuing slides) include:
 - ✓ A patient screen to be completed by home health clinicians;
 - ✓ An algorithm for clinical follow-up to the screen findings;
 - ✓ A protocol for standardized clinical use of the screen and algorithm; and
 - ✓ A patient education “zone” tool.
- The sepsis tool has been designed to sync with hospital sepsis requirements.

Lorem Ipsum
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The image displays two documents from NY HCA related to sepsis screening in home care. On the left is the 'Home Care Services Adult Sepsis Screening Tool' form, which includes sections for patient information, screening questions (1-3), and instructions for follow-up and interventions. On the right is the 'Home Care Sepsis Tool Algorithm' flowchart, which starts with a 'Home Visit' and 'Review completion of Adult Sepsis Screening Assessment for each home visit'. It then branches into three screening questions: 1. 'Does the patient have a suspicion for infection?', 2. 'Does the patient have 2 or more systemic criteria present for Sepsis?', and 3. 'Is there at least one new Sepsis related organ dysfunction criteria present?'. The algorithm leads to 'FOLLOW-UP' and then 'INTERVENTIONS' based on the patient's answers to these questions. The HCA logo is visible at the bottom left of the algorithm document.

Home Care Services Adult Sepsis Screening – SBAR Form

Patient's Name: _____
Medical Record #: _____
Date Completed: _____

1 Does the patient's history, physical examination, or other findings suggest an infection? Yes No

If Yes, specify source of infection ← and select one or more suspected sites or potential source of infection?

<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Active treatment
<input type="checkbox"/> Urinary tract infection	<input type="checkbox"/> Implanted device infection
<input type="checkbox"/> Acute abdominal infection	<input type="checkbox"/> Endocarditis
<input type="checkbox"/> Meningitis	<input type="checkbox"/> Recent Chemotherapy/immunocompromised
<input type="checkbox"/> Bone or joint infection	<input type="checkbox"/> Wound infection or skin infection
<input type="checkbox"/> Bloodstream catheter infection	<input type="checkbox"/> Other source of infection (describe) _____

2 Are any 2 (or more) of the following systemic criteria present? Yes No If yes, check all that apply:

<input type="checkbox"/> Fever (oral temperature >38.3° C [100.9° F] or hypothermia (core temperature <36.0° C [96.8° F])	<input type="checkbox"/> Tachycardia (heart rate or pulse >90 beats/minute)
	<input type="checkbox"/> Tachypnea (respirations >20 breaths/minute)

3 Is at least one new (since the last screen) sepsis-related organ dysfunction criteria present from the following list? Yes No
If yes, check all that apply:

Neurological	Cardiovascular
<input type="checkbox"/> New onset acutely altered mental status/difficult to arouse	<input type="checkbox"/> New onset hypotension (systolic blood pressure <90 or decreases by >40 mm Hg)
Lung	<input type="checkbox"/> New onset pale/discolor
<input type="checkbox"/> New onset saturation <90% by pulse oximetry, on supplemental oxygen SPO2 other than baseline	Pain
Kidney	<input type="checkbox"/> New onset pain/general discomfort
<input type="checkbox"/> New onset urine output decreased from the patient's baseline with adequate fluid intake (and not due to ESRD)	

If the answers to questions 1, 2, and 3 above are all "No", then STOP. Screening is complete for this visit.

FOLLOW-UP

The Patient Meets Criteria for Infection

If the answer to #1 is yes and the answer to #2 and #3 are no educate the patient on signs and symptoms of Sepsis.

The Patient Meets Criteria for MD Notification

If the answer to question #3 is "Yes" and answers to questions #1 and/or #2 are "No", then notify MD of your findings and document.

The Patient Meets Criteria for Sepsis

If the answer to questions #1 and #2 are "yes", but the answer to question #3 is "no", then the patient meets criteria for sepsis. Document your findings, notify the provider and obtain MD order to draw CBC.

The Patient Meets Criteria for SEVERE Sepsis

If the answer to questions #1, #2, and #3 are all "yes," then the patient meets screening criteria for severe sepsis. Document your findings, notify the provider and have patient transported to emergency department for evaluation.

INTERVENTIONS

Check all that apply:

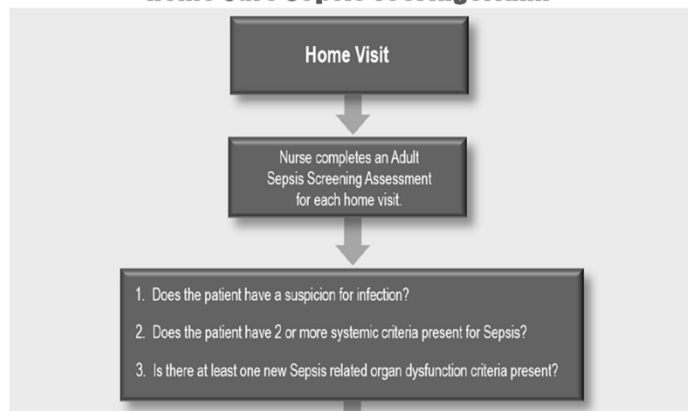
- The interventions in the Sepsis Protocol are clinically contraindicated (provider determination) the patient has been educated on the signs and symptoms of Sepsis.
- The patient has advanced directives in place at this time which precludes any of the protocol interventions (e.g., an order in place for "comfort measures only"). Education has been completed with the patient and/or caregiver on symptom management of Sepsis.
- The patient or surrogate declined or is unwilling to consent to protocol interventions. Provider has been notified of the decision not to receive acute intervention. Education has been completed with the patient and/or the caregiver as to the risks and benefits of declining intervention.
- The patient has met all criteria for severe sepsis and requires immediate intervention, MD notified, patient to be transported to emergency department, and report called to the receiving emergency department.
- The patient meets Sepsis criteria, MD notified, antibiotics initiated, and next skilled nursing visit to be completed within 24 hours.

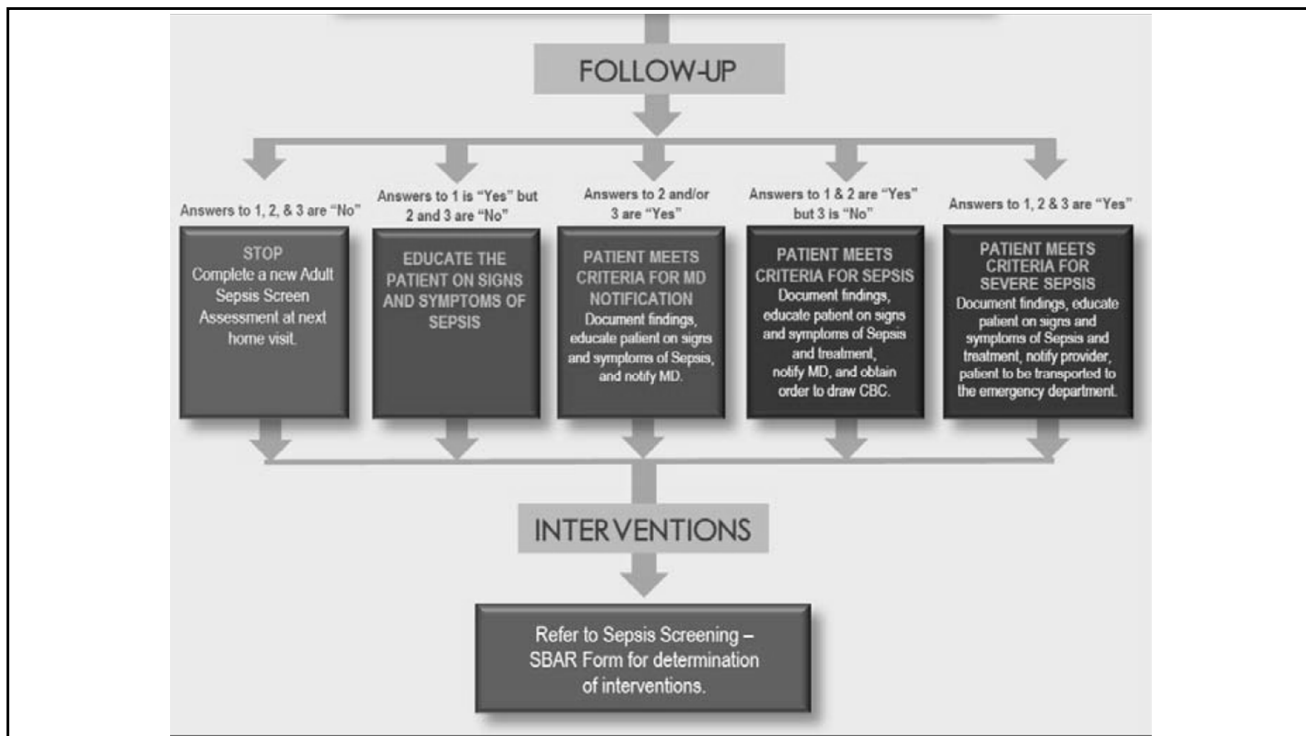
Time criteria met and provider notified: _____
Date/Time

Provider Notified: _____
Provider's Name

Signature: _____, RN

Home Care Sepsis Tool Algorithm





Patient Education "Zone Tool"

EARLY SIGNS AND 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!

Signs and Symptoms of Sepsis
Watch for a combination of **INFECTION** + fever or feeling chilled, confusion/sleepiness, fast heart rate, fast breathing or shortness of breath, extreme pain and pale/dischored skin.

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 experience 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.

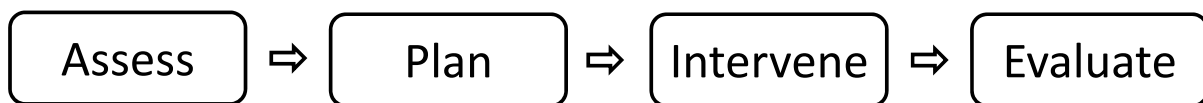
Key Contacts:

Quality Improvement Organizations
Partnership for Safer Health Care
www.qio.org

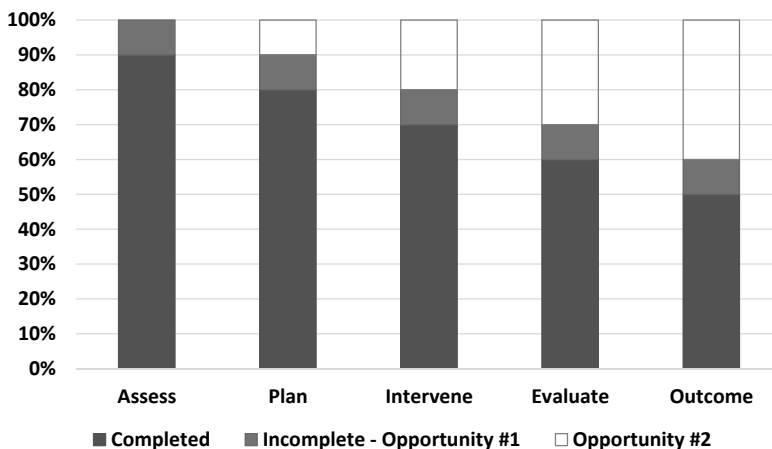
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Clinical Process Performance

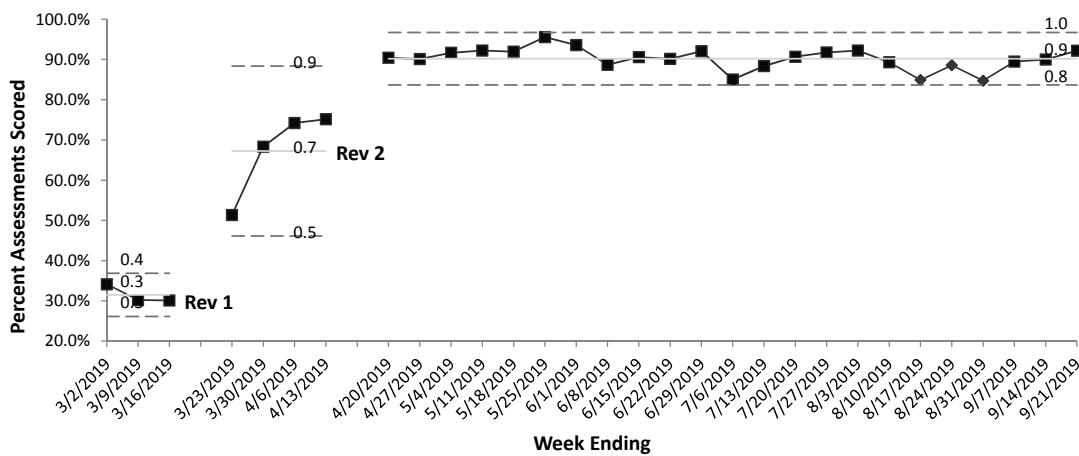
Steps in the Basic Clinical Process



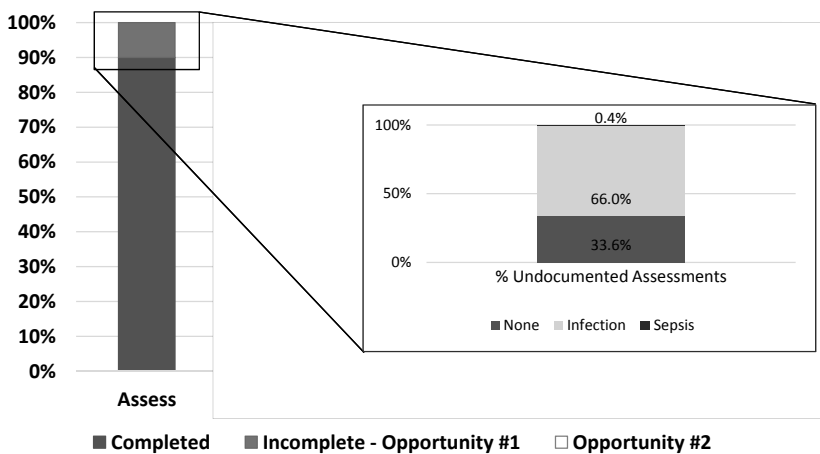
Conceptual Clinical Process Performance Model



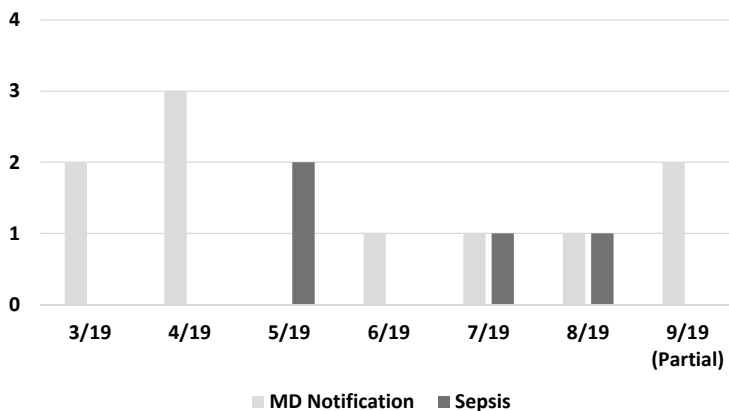
Percentage of Visits with Scored Assessments



What Happens When an Assessment is Missed?



Priority Sepsis Events by Month

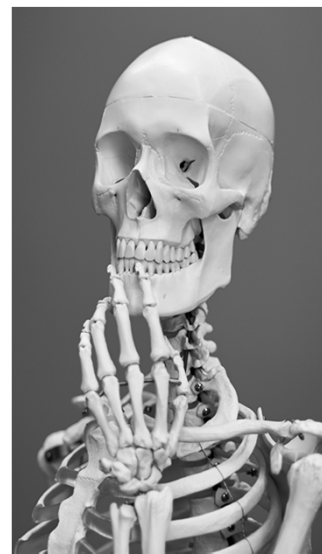


Sepsis Process Performance Snapshot		Sparta Home Health			
Week Ending		Sepsis Care Process Performance Measures			
Measure	Status	#	# Met	Score	Target
1. % Nursing Visits Screened	●	194	176	90.7%	95.0%
2. % Patients screened > L1	●	176	1	0.6%	
3. % Postive Screens Addressed	●	1	1	100.0%	100.0%
4. % Visits severe sepsis (Lev 4)	●	176	0	0.0%	0.0%

5/21/2019

Recap: Key Points about Sepsis Screening Tool

- Screening is to be completed at SOC, ROC, and every visit.
- The interventions are recommended interventions and not a substitute for treatment, consultation or direction from a physician or authorizing practitioner.
- If clinicians choose to order tests/interventions not listed on the tool, they need to document at bottom of the screen tool (or “refer to nurse note” and document on nurse note the intervention that was ordered).
- Patient/public education component is significant.



Action Items

- Learn more about sepsis at the **NEW** Sepsis Institute!! - www.SepsisInstitute.org
- Learn more about the New York Assessment Tool - <https://stopsepsisathomeny.org/>
- Consider Promoting Sepsis Awareness Month next September
<https://www.sepsis.org/get-involved/sepsis-awareness-month/>



The Sepsis Institute: *the one-stop-shop for excellence in sepsis care*

- **Sepsis Alliance** is the first and leading sepsis organization in the U.S.
- **The Sepsis Institute (TSI)** is an online learning platform created by Sepsis Alliance that offers healthcare providers high quality, evidence-based sepsis education and training for healthcare providers across the continuum of care.
 - Training modules, webinars, and resources
- **Sepsis: Home Health Care** is a training module for home healthcare providers that covers sepsis identification, treatment, risk factors, screening tools, and features a sepsis survivor who shares their personal experience.



To learn more and join *The Sepsis Institute*, please visit
www.SepsisInstitute.org.





- Stop Sepsis at Home, an initiative of the Home Care Association of New York, created the nation's first sepsis assessment tool, algorithm and protocol designed for home health clinicians, applicability to other community health setting and providers. The initiative has been adopted by home health providers serving 55 out of 62 counties in New York, with the remaining counties planning to adopt it.
- The Home Care Association of New York was honored as a Sepsis Hero and the recent Gala.

<https://www.sepsis.org/sepsis-heroes/>

Questions? Need More Information?

- Cheryl@spartahospital.com
- mark_bassett@meditech.com
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