



IPRO Community Based Sepsis Clinical Intervention Initiative

**Statewide Summit: Addressing Sepsis Across the Continuum
June 25, 2025**

Community Based 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

Learning Objectives



- Discuss the signs and symptoms of sepsis, the importance of early recognition and established protocols for emergent treatment.
- Discuss the importance of sepsis protocols 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 !

Why Community Based?



- > 87% of sepsis cases originate in the community¹
- Sepsis mortality is largely preventable with early detection and appropriate treatment
- Just 58% of U.S. adults have heard of sepsis²
- Sepsis diagnosis often missed by healthcare providers
- Sepsis is the #1 reason for 30-day hospital readmissions

Sepsis Awareness is Poor



- 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

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**

Patients Hospitalized for Sepsis



- 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

Time to Treatment is Critical



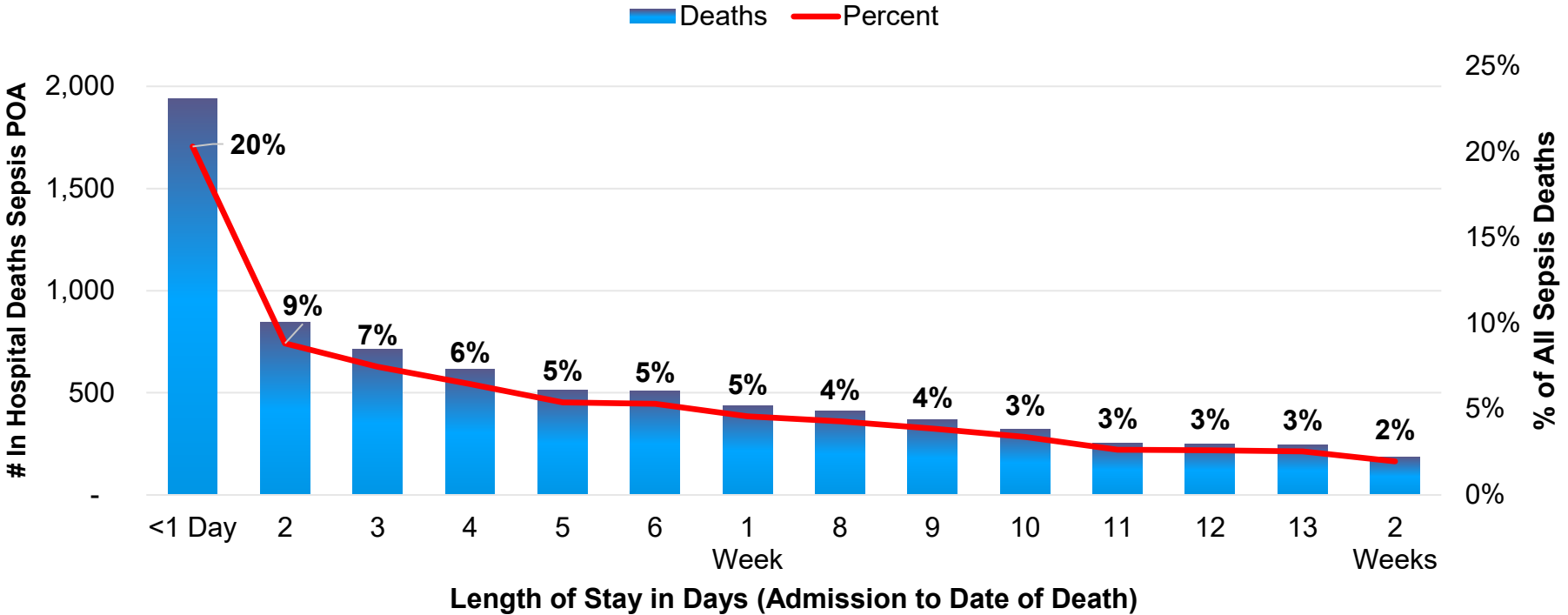
- **Mortality increases by 8% for every hour that appropriate treatment is delayed**

- Organ Failure
- Tissue Damage
- Death

- Early identification and treatment are the keys to improved outcomes

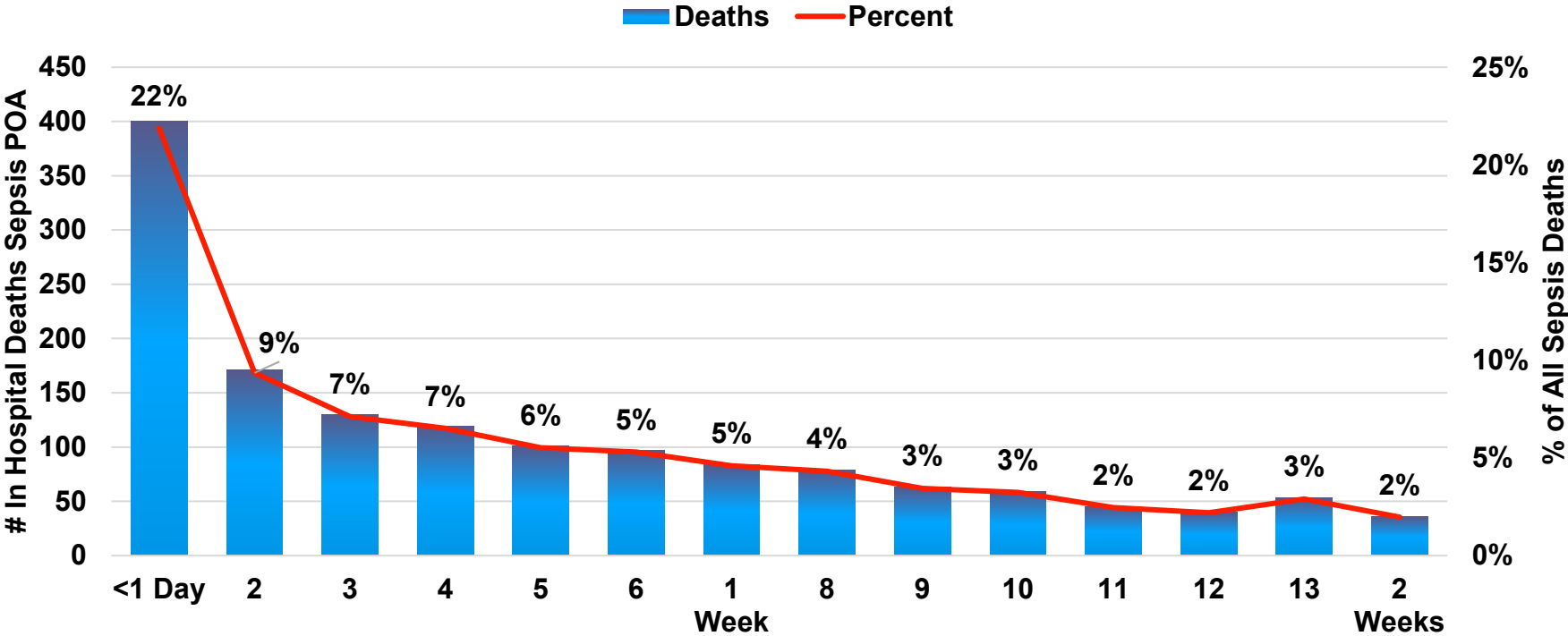


58% of NYS Medicare FFS Patients with Sepsis Die In-Hospital Within One Week of Admission



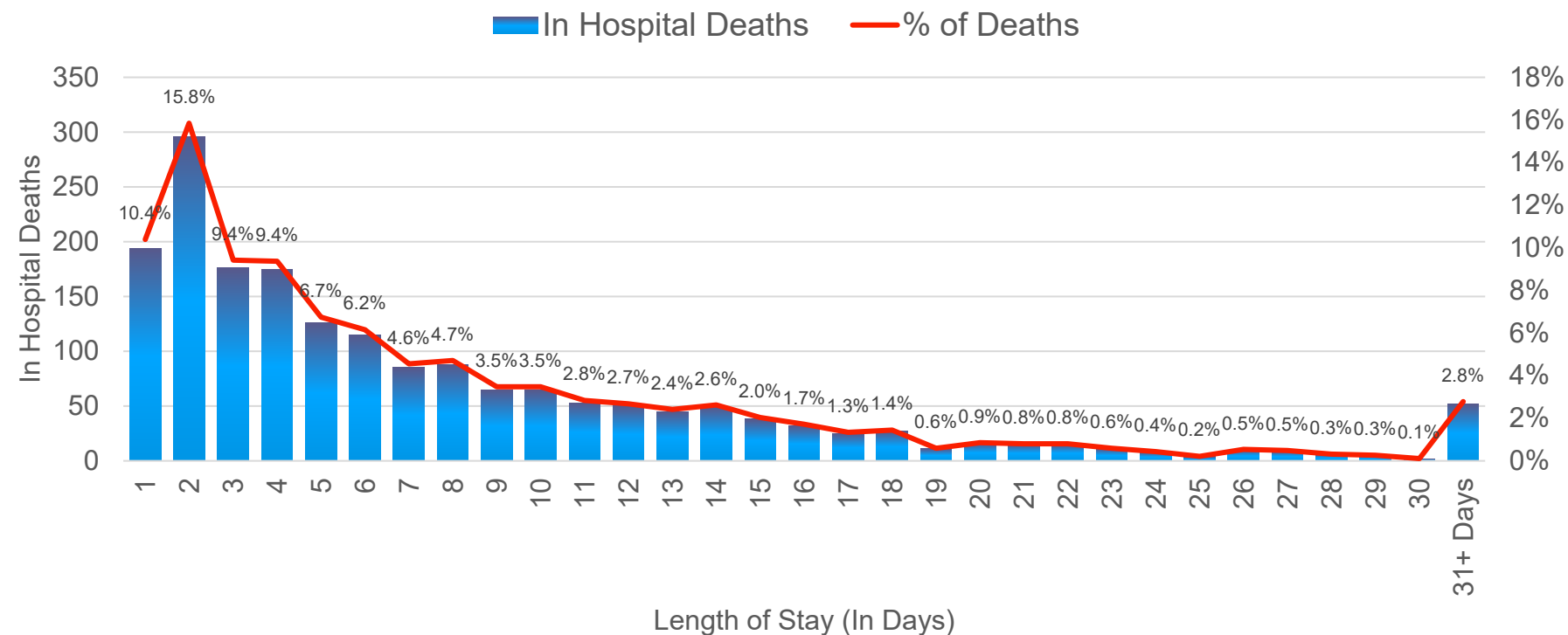
New York State Medicare Fee-For-Service Beneficiaries; NYS Hospital Admissions (Excludes Out of State Hospitals)
Time frame: 1/1/2023 – 06/30/2024, Medicare Fee-for-Service Part A Claims
Sepsis Hospitalizations identified with Sepsis diagnosis present on admission. Patient Disposition expired in hospital.
Includes all sources of admission to hospital.

60% of NYS Medicare FFS Patients with Sepsis Die In-Hospital Within One Week of Admission from a Skilled Nursing Facility



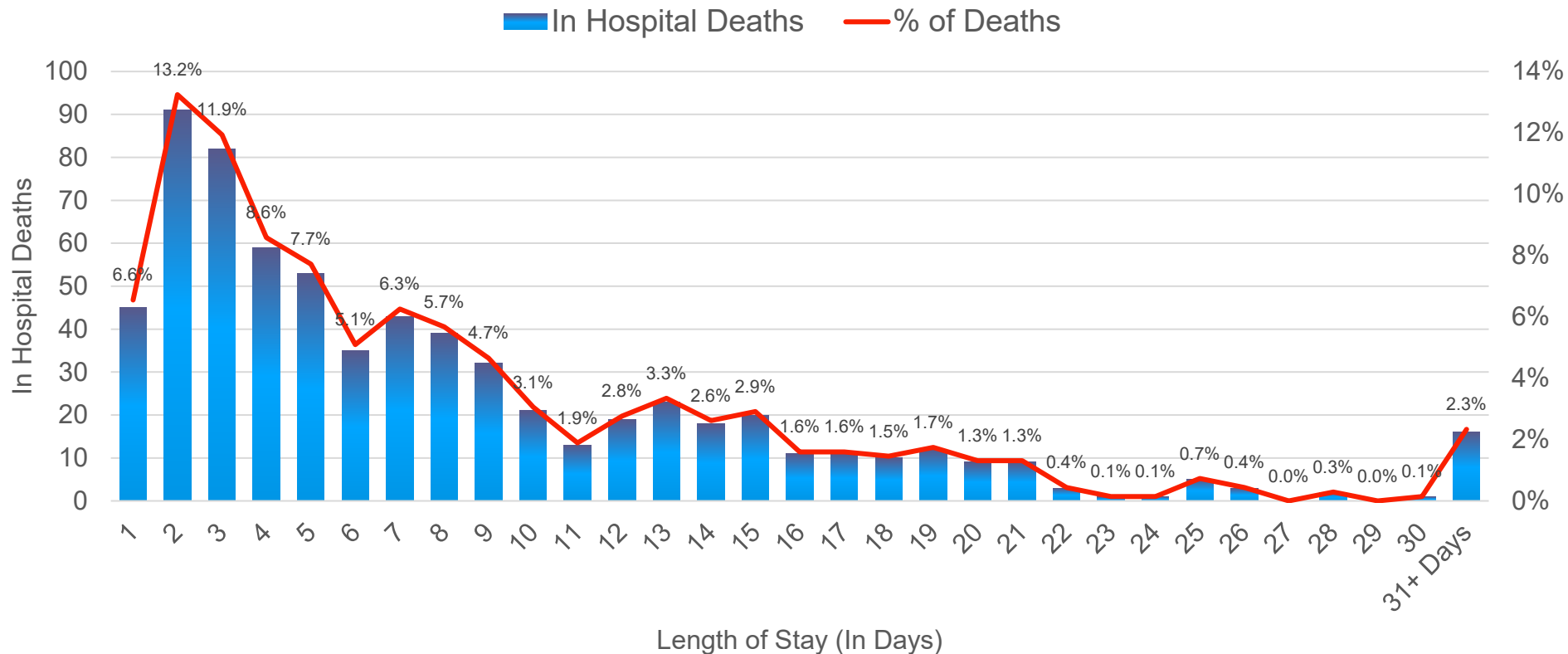
New York State Medicare Fee-For-Service Beneficiaries; NYS Hospital Admissions (Excludes Out of State Hospitals)
Time frame: 1/1/2023 – 06/30/2024, Medicare Fee-for-Service Part A Claims
Sepsis Hospitalizations identified with Sepsis diagnosis present on admission. Patient Disposition expired in hospital.
Source of Admission SNF Transfer.

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.



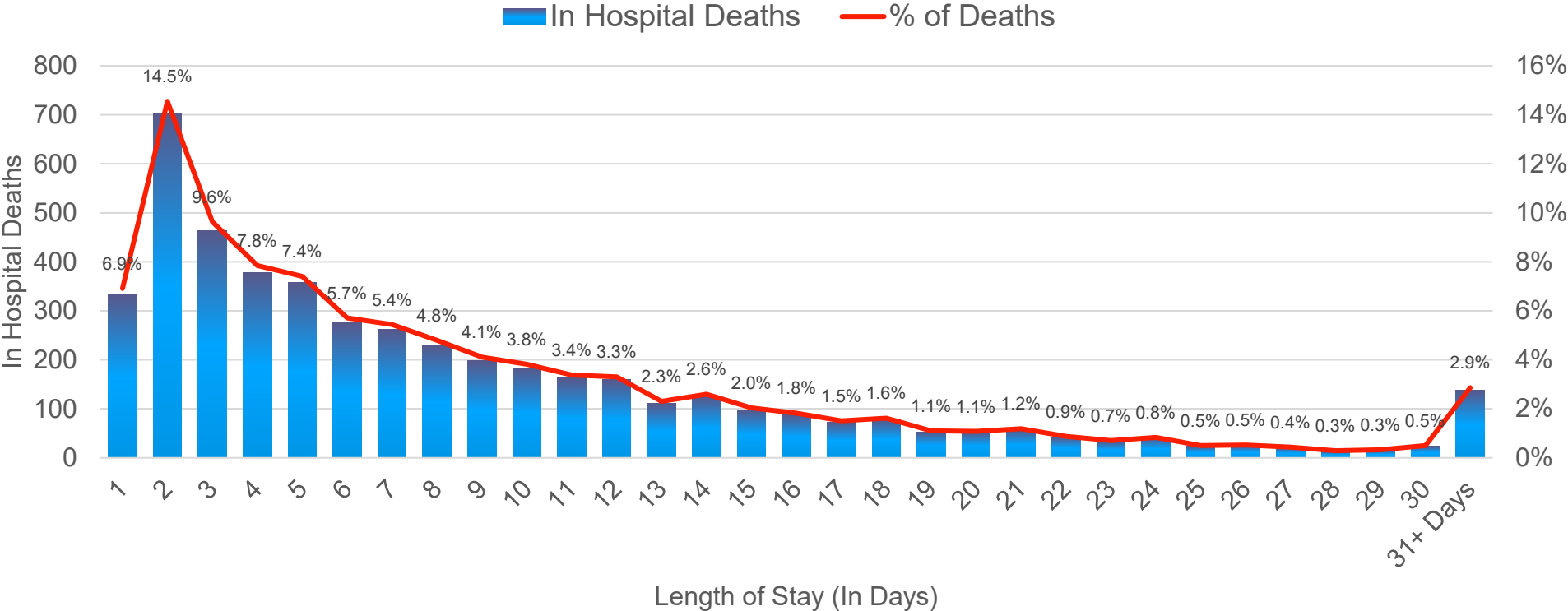
New York State Medicare Fee-For-Service Beneficiaries referred to the hospital from a SNF/ICF or health facility transfer, who did not receive Home Health Care prior to admission.
Time frame: 1/1/2022 – 12/31/2022, Medicare Fee-for-Service Part A Claims
Sepsis Hospitalizations identified through: Sepsis 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 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.

NYS Sepsis Severity and Mortality



New York								
Sepsis Severity and Mortality								
This table provides information on the coded level of sepsis severity based on ICD-10 coding on a claim. Sepsis is identified by using any diagnosis code on a claim.								
Time Period: Apr-23 - Mar-24						Expired Patients (In-hospital)		
Highest Level Of Disease Coded On Discharge Record	Admissions	Readmits Within 30 Days	Live Discharges	Readmit %	Avg LOS	Number Expired	% of Admissions Expired	Avg LOS
Sepsis only	32516	5688	30134	18.9%	9.0	2382	7.3%	11.4
Severe sepsis without septic shock	10793	1830	9654	19.0%	8.9	1139	10.6%	9.2
Severe sepsis with septic shock	14906	2080	9221	22.6%	14.3	5685	38.1%	12.2

Source: CMS Medicare FFS Paid Claims

Hospitalizations for Sepsis Increasing



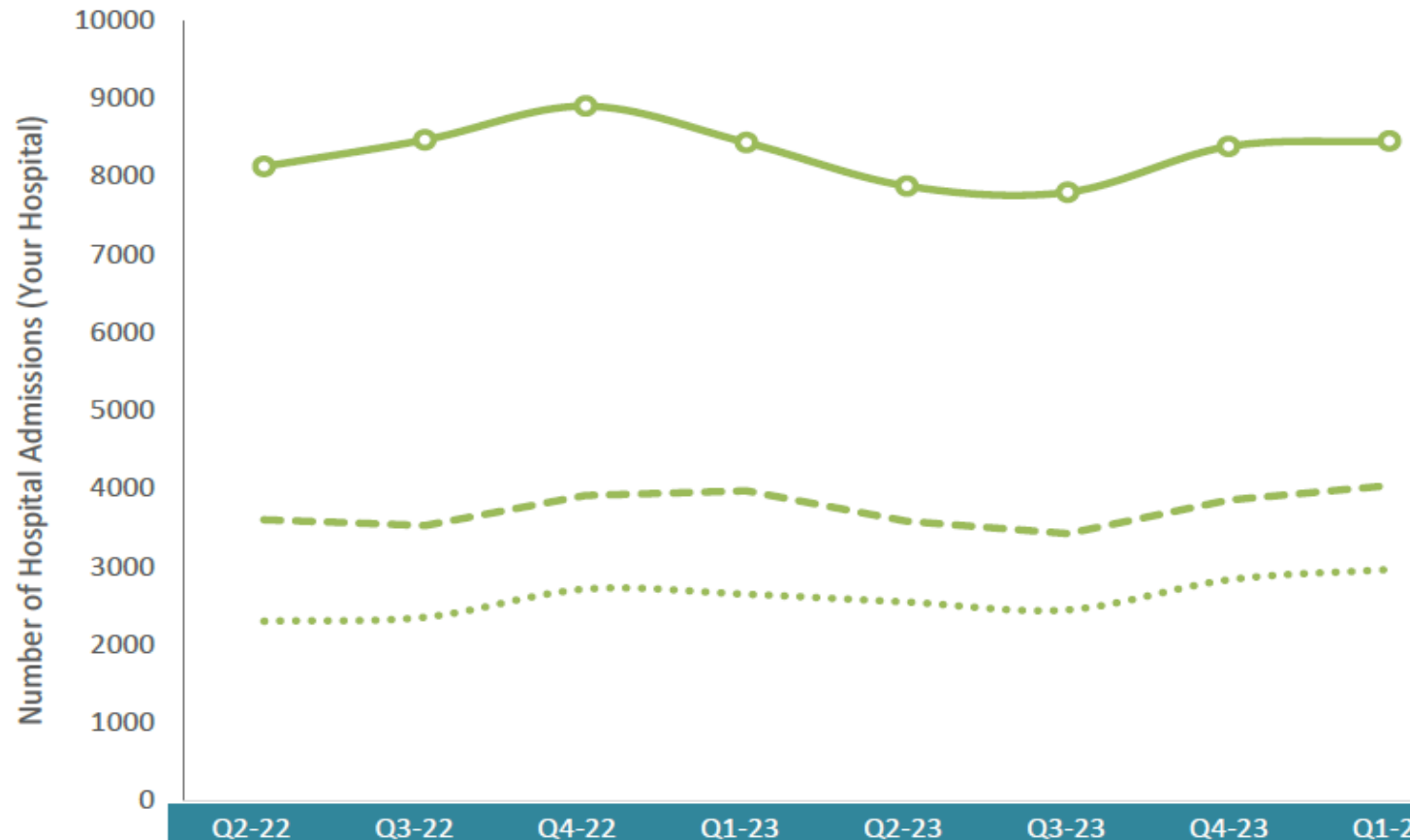
- Increase in aging population (high-risk group)
- Increase in antibiotic resistant bacteria
- Increase in people with immunocompromising conditions

NYS Sepsis Hospital Admissions by Severity

New York

Sepsis Hospital Admissions by Severity

Sepsis hospital admissions are identified by using any sepsis-related diagnosis code (primary or secondary) on a claim. Sepsis severity based on ICD-10 coding on a claim, see page 4 for definitions.



	Q2-22	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23	Q4-23	Q1-24
State (Sepsis only)	8129	8470	8901	8435	7878	7799	8385	8454
State (Sepsis w/o septic shock)	2302	2354	2714	2648	2547	2448	2833	2965
State (Sepsis w/ septic shock)	3600	3528	3911	3973	3585	3425	3856	4040

Source: CMS Medicare FFS Paid Claims

NYS All Cause 30 Day Readmissions



Time Period: Apr-2023 to Mar-2024

Index Admission: Principal Diagnosis Category (Top 10)	Number of Readmissions for Specified Diagnosis	Total Readmissions in State	Percent of Total Readmissions
Septicemia	8,349	66,543	12.5%
Heart failure	4,087	66,543	6.1%
Urinary tract infections	2,073	66,543	3.1%
Pneumonia (except that caused by tuberculosis)	1,807	66,543	2.7%
Diabetes mellitus with complication	1,661	66,543	2.5%
Cardiac dysrhythmias	1,649	66,543	2.5%
Acute and unspecified renal failure	1,609	66,543	2.4%
COVID-19	1,318	66,543	2.0%
Fluid and electrolyte disorders	1,260	66,543	1.9%
Complication of genitourinary device, implant or graft, initial encounter	1,239	66,543	1.9%

Index Admission Principal Diagnosis

Time Period: Apr-2023 to Mar-2024

Readmission: Principal Diagnosis Category (Top 10)	Number of Readmissions for Specified Diagnosis	Total Readmissions in State	Percent of Total Readmissions
Septicemia	10,144	66,543	15.2%
Heart failure	4,054	66,543	6.1%
Urinary tract infections	1,844	66,543	2.8%
Complication of other surgical or medical care, injury, initial encounter	1,746	66,543	2.6%
Pneumonia (except that caused by tuberculosis)	1,722	66,543	2.6%
Acute and unspecified renal failure	1,693	66,543	2.5%
Cardiac dysrhythmias	1,518	66,543	2.3%
Complication of genitourinary device, implant or graft, initial encounter	1,505	66,543	2.3%
Respiratory failure; insufficiency; arrest	1,455	66,543	2.2%
Diabetes mellitus with complication	1,407	66,543	2.1%

Readmission Principal Diagnosis

Source: CMS Medicare FFS Paid Claims

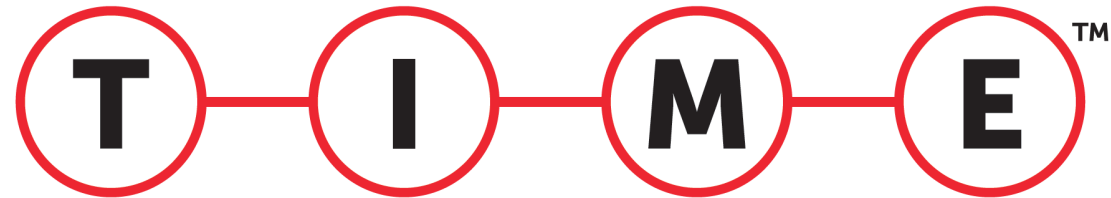
Community-Based Sepsis Tools and Resources



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



Sepsis Alliance <https://www.sepsis.org/>

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

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:



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



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Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

Notification of Change in Condition Form for Suspected Infection

A tool to help staff provide relevant information to physicians, nurse practitioners, physician assistants, or other health healthcare practitioners about a patient/resident with a suspected infection.

BEFORE CALLING THE PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN ASSISTANTS, OR OTHER HEALTHCARE PROFESSIONAL:

Examine the patient/resident and complete this form.

- Check vital signs; watch for the early warning signs of infection or sepsis.
- Review the patient's/resident's record: recent hospitalizations, lab values, medications, and progress notes.
- Note any allergies.
- Be aware of the patient's/resident's advance care wishes.
- Be aware of contents of facility E-box and IV fluids.

Provide the following information

SITUATION

- My name is []
- I'm the/a [] (your role),
at [] (facility name)
- I need to speak with you about patient/resident,
☐ Mr./ ☐ Mrs./ ☐ Ms./ ☐ Mx. (select one)
[]
- Patient/resident birthdate []
- Medical record number: []

SEPSIS EARLY WARNING SIGNS

If available, report these findings

Temperature ≥ 38.3 C (101 F) or ≤ 36 C (96.8 F)
Heart rate ≥ 90 bpm
Respiratory rate ≥ 20 bpm

White blood cell count (WBC) - $\geq 12,000$ per microliter or $\leq 4,000$ per microliter or equal to $> 10\%$ immature bands

Altered mental status
SpO2 $\leq 90\%$
Decreased urine output from recently drawn labs (within 24 hours)
Creatinine > 2 mg/dl
Bilirubin > 2 mg/dl
Platelet count $\leq 100,000$ μ L
Lactate ≥ 2 mmol/L
Coagulopathy INR ≥ 1.5 or a PTT > 60 secs

THE RESIDENT IS NOW SHOWING THE FOLLOWING CHANGES FROM BASELINE.

- The patient/resident was admitted on [] (date) with the diagnosis of [] (original condition).
- The patient/resident is now showing these signs of possible infection []

(describe the signs and potential source of infection):

Sign of possible infection	Potential source
1. []	[]
2. []	[]
3. []	[]

THE RESIDENT IS NOW SHOWING THE FOLLOWING CHANGES FROM BASELINE.

- This started on [] (date).
- The patient/resident is allergic to []
- The patient's/resident's advance care directive specifies the following:

OBSERVATIONS

Does the patient/resident meet any criteria for 100, 100, 100? If yes, inform the medical provider.

- Pulse 100 or greater [],
- Temperature 100 F or greater [],
- Systolic Blood Pressure (SBP) 100 or lower [];

— or —

Current vital signs

BP [] HR [] RR [] Temp [] SpO2 [] (on room air or supplemental O2)

- The patient/resident has voided [] (#) times in the last 8 hours.
- Mental status is (changed OR unchanged) from baseline: []
- Other physical assessment findings that may be related to possible infection or sepsis (e.g., lung sounds, wound) []
- IV Line, Foley Catheter []

MEDICAL PROVIDER RECOMMENDATION

The medical provider should confirm, clarify, and request additional information; and then work with the nurse to take appropriate action with this patient/resident.

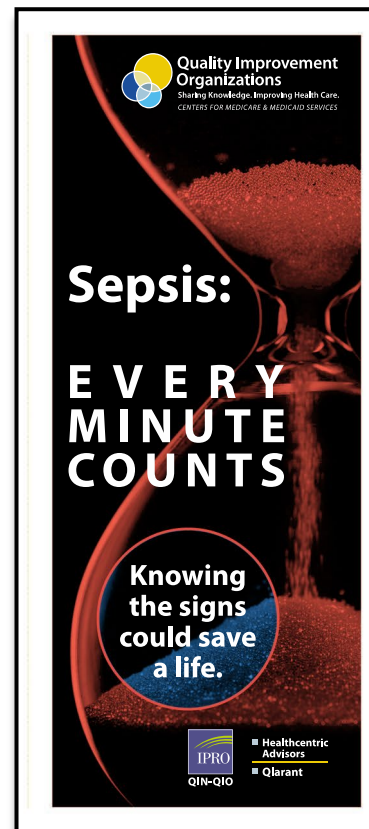
Acknowledgement: Thanks to Dallas Nelson, MD, CMD, Professor of Medicine, University of Rochester, for reviewing this material

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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



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

English & Spanish



**What
About
Vaccines?
*Every Time!***

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/>

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

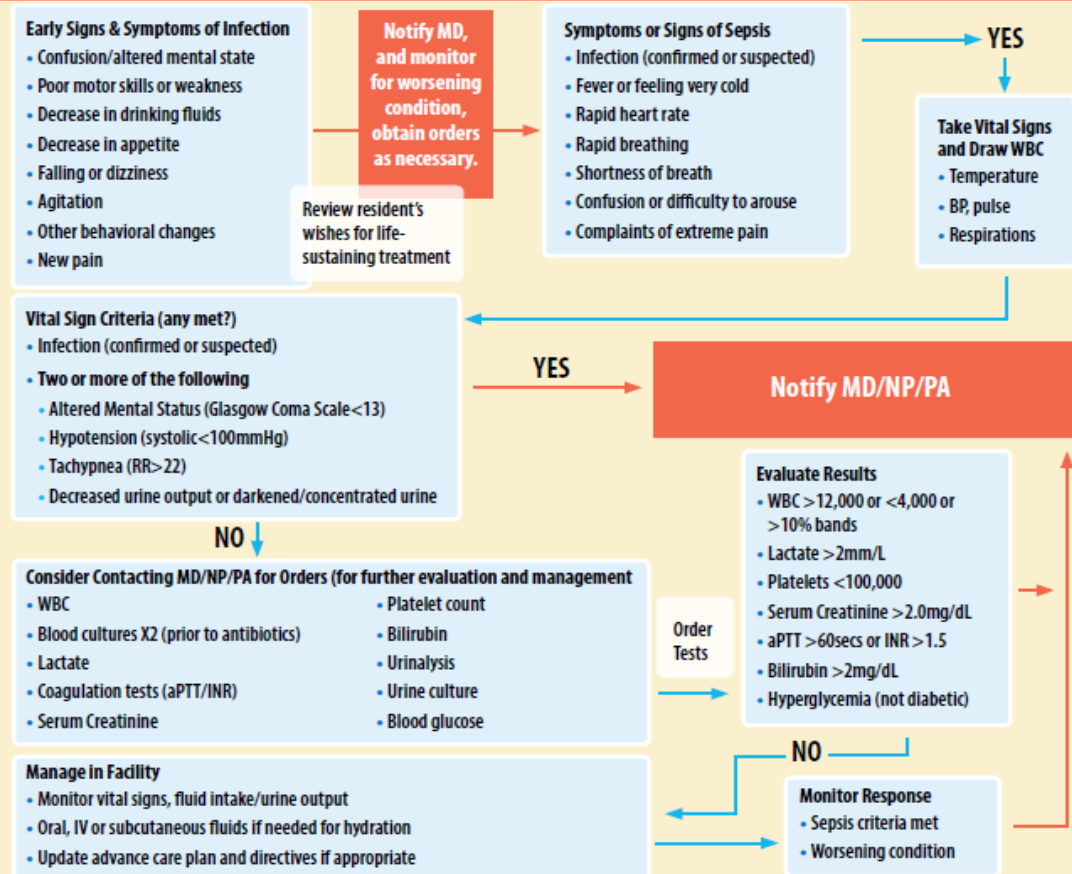
Sepsis = Infection + life-threatening organ dysfunction

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.

- S** Seems different than usual; Symptoms of new illness
T Talks or communicates less
O Overall needs more help
P Pain – new or worsening; Participated less in activities
a Ate less
n No bowel movement in 3 days; or diarrhea
d Drank less
W Weight change; swollen legs or feet
A Agitated or nervous more than usual
T Tired, weak, confused, or drowsy
C Change in skin color or condition
H Help with walking, transferring, toileting more than usual

☐ 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 \(pathway-
interact.com\)](#)

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

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

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

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 or call **1-800-CDC-INFO**.

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.



CS33106-B | 08/04/2022

STOP SEPSIS NOW



IPRO Stop Sepsis Now Website
<https://qi.ipro.org/sepsis/>

Sepsis Train-the-Trainer Tools & Resources

Patient-Facing Resources: English

- [Sepsis Brochure: Every Minute Counts! Tri-Fold Brochure](#)
- [Self-Management Zone Tool](#)
- [Sepsis and Antibiotics: What You Need to Know Tri-Fold Brochure](#)

Patient-Facing Resources: Spanish

- [Tri-Fold Brochure](#)
- [Self-Management Zone Tool](#)

Quick References for Staff: All Care Settings

- [Rapid Assessment for Early Recognition of Sepsis: Quick Reference Guide](#)
- [An Overview of HQIC Sepsis Resources Presentation](#)

Sepsis Action Plan and Change in Condition Notification

- [Quality Improvement Action Plan for Sepsis](#)
- [Notification of Change in Condition Form for Suspected](#)

Provider Training Materials: All Care Settings

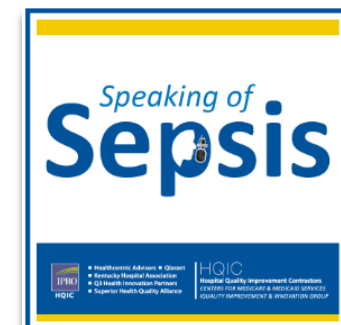
- [Training Flyer](#)
- [Instructions for Training](#)
- [Training Sign-In Sheet](#)
- [Training Evaluation](#)
- [Pre & Post Learning Assessment – Clinical](#)
- [Pre & Post Learning Assessment – Non-Clinical](#)
- [Sepsis Awareness Post-Test – Long Term Care Setting](#)
- [Sepsis Awareness Post-Test Answer Key – Long Term Care Setting](#)
- [NEW! AHRQ's Portrait of Sepsis Reveals its Alarming Human Toll](#)

Nursing Home Training Materials

- [Skilled Nursing Facility Care Pathway](#)
- [Seeing Sepsis Cards for LTC](#) – Minnesota Hospital Association
- [Sepsis Clinical Staff Training Presentation](#)
- [Sepsis Non-Clinical Staff Training Presentation](#)
- [Sepsis Care Pathway](#)



**Josh & Chelsea Woodward
Journey With Sepsis**



Community Outreach



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

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- 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...

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- 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:

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Knowing the early signs of sepsis could save a life!

- Most Americans have never heard of the term 'sepsis'.
- The mortality (death) rate for sepsis is more than eight times higher than that for patients admitted to the hospital for other conditions.
- Sepsis is one of the most under-recognized and misunderstood conditions.
- Early recognition improves survival rates and avoids complications due to sepsis.

For more information

REDUCE YOUR RISK FOR DEVELOPING SEPSIS

Preventing infections is the best way to prevent sepsis!

- Practice regular and thorough handwashing.
- Keep up-to-date with vaccinations.
- Prevent infections.
- Treat infections promptly.
- Keep open wounds clean and covered.
- Only take antibiotics as prescribed by your healthcare provider.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

This material was prepared by the IPRO QIN-QIO, a collaboration of HealthCentric Advisors, Qiantar and IPRO, serving as the Medicare Quality Improvement Network Quality Improvement Organization for the New England states: ME, NH, VT, CT, RI, MA, 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 content does not necessarily reflect CMS policy. 12500-IPRO-QIN-TA-AS-23-1219

Sepsis: EVERY MINUTE COUNTS

Knowing the signs could save a life.

HealthCentric Advisors
IPRO QIN-QIO
Qiantar

What is sepsis?

Sepsis is your body's overwhelming and life-threatening response to an infection.

Any infection, anywhere in your body, can cause sepsis. An infection is a result of germs entering the body and multiplying.

Sepsis is a MEDICAL EMERGENCY!

You may have heard of people dying from infections such as pneumonia, blood poisoning or other infections. But often the cause of death may have been sepsis!

Why haven't I heard of sepsis?

You may have heard of sepsis as a bad outcome from an infection, but the risk for sepsis is greater for:

- children age one year and younger;
- people over the age of 65;
- people with chronic illnesses such as cancer, diabetes, AIDS, and kidney or liver disease;
- people who have been recently hospitalized or are recovering from surgery;
- people suffering from a severe burn or wound; and
- people with weakened immune systems.

SEPSIS MORTALITY IS PREVENTABLE WITH EARLY DETECTION AND TREATMENT.

How do I know if I have sepsis?

There is no single sign or symptom of sepsis. Early signs of sepsis involve a combination of symptoms that can include infection (suspected or confirmed) PLUS...

- Fever or feeling chilled,
- Confusion/sleepiness,
- Fast heart rate,
- Fast breathing or shortness of breath,
- Extreme pain, and/or
- Pale or discolored skin.

*People with sepsis typically have more than one of these symptoms.

What should I do if I think I have sepsis?

Sepsis is a medical emergency. Call your doctor immediately and tell him/her that you are concerned about sepsis. He/she may instruct you to IMMEDIATELY go to your hospital's emergency department. You may be admitted to the hospital.

What should I expect if my doctor tells me I have sepsis?

If sepsis is caught early you have a chance for survival. If caught late, you have a good chance of avoiding complications.

- People with sepsis are usually in the hospital.
- Doctors will treat your infection with antibiotics.
- You will probably need to be in the hospital to have your blood tested (blood pressure, heart rate, etc.).
- You will probably be given fluids.
- You may be admitted to the intensive care unit.

SEPSIS AND ANTIBIOTICS...

WHAT YOU NEED TO KNOW

HealthCentric Advisors
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Quality Improvement Organization
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

S	E	P	S	I	S
SEPSIS: EVERY MINUTE COUNTS	17	44	50	62	SEPSIS: EVERY MINUTE COUNTS
1	22	SEPSIS: EVERY MINUTE COUNTS	SEPSIS: EVERY MINUTE COUNTS	65	76
11	SEPSIS: EVERY MINUTE COUNTS	32	46	SEPSIS: EVERY MINUTE COUNTS	88
13	SEPSIS: EVERY MINUTE COUNTS	39	SEPSIS: EVERY MINUTE COUNTS	71	82
6	27	SEPSIS: EVERY MINUTE COUNTS	54	73	SEPSIS: EVERY MINUTE COUNTS
SEPSIS: EVERY MINUTE COUNTS	24	36	57	SEPSIS: EVERY MINUTE COUNTS	84

Sepsis BINGO for Seniors

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!

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.

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!

Contact Information



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IPRO Stop Sepsis Now

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

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