



# PATIENT & FAMILY ENGAGEMENT: THE VOICE OF THE SEPSIS PATIENT AND CAREGIVER

March 16, 2022

# SEPSIS WEBSITE

*[ohiohospitals.org/sepsis](http://ohiohospitals.org/sepsis)*



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## Sepsis

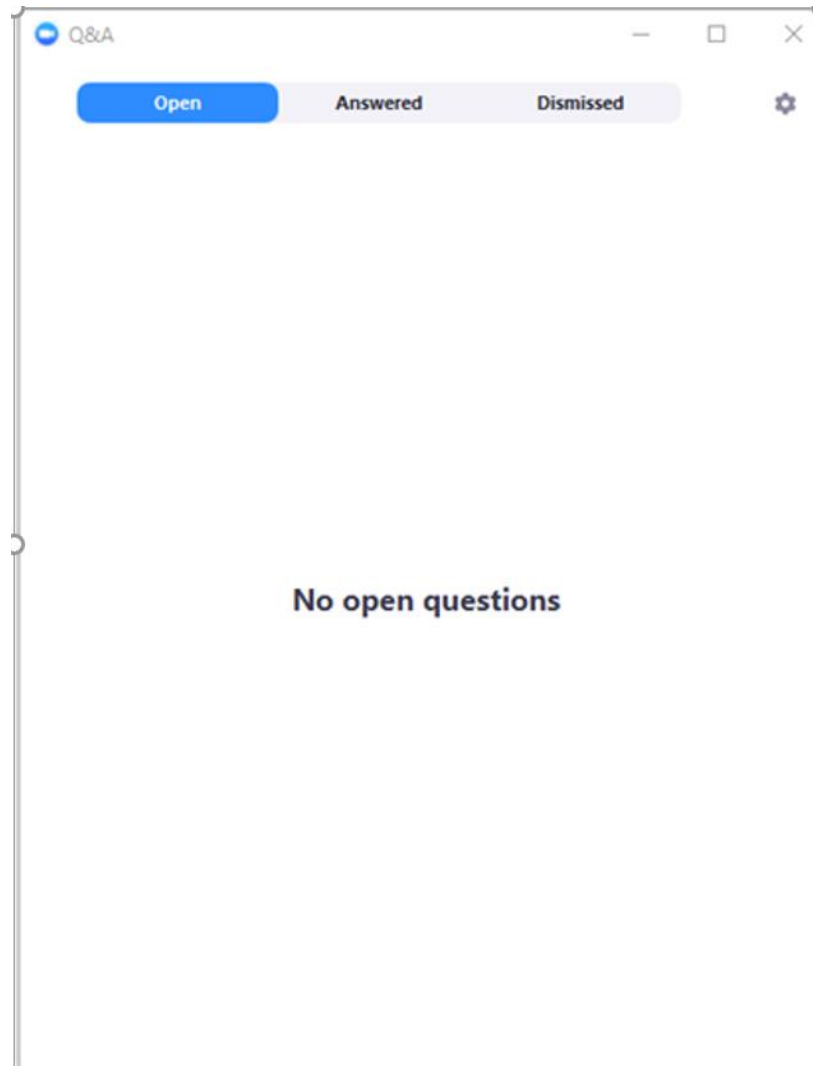
Reducing Sepsis Mortality in Ohio Through Early Recognition, Appropriate Intervention

The OHA Board of Trustees identified reducing sepsis mortality in Ohio as one of the key focus areas for OHA and Ohio hospitals. Sepsis is the body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure and death. In other words, it's your body's over active and toxic response to an infection. Sepsis impacted an estimated 41,000 Ohioans in 2017. Early recognition and treatment can reduce the morbidity and mortality of sepsis.

# CONTINUING EDUCATION

- The link for the evaluation of today's program is:  
<https://www.surveymonkey.com/r/Sepsis-March2022>
- Please be sure to access the link, complete the evaluation form, and request your certificate. The evaluation process will remain open **two weeks** following the webcast. Your certificate will be emailed to you when the evaluation process closes after the 2-week process.
- If you have any questions, please contact Dorothy Aldridge (Dorothy.Aldridge@ohiohospitals.org)

# SUBMITTING QUESTIONS



# PRESENTER



Rebecca Hancock, Ph.D., RN, CNS, CCRC  
Quality & Patient Safety Advisor  
Indiana Hospital Association  
Indianapolis, IN



# Indiana Patient Safety Center

of the Indiana Hospital Association

## Patient & Family Engagement: The Voices of Sepsis Patients & Caregivers

Ohio Hospital Association

March 16, 2022

***Rebecca Hancock, PhD, RN, CNS, CCRC***

***Quality & Patient Safety Advisor***

***Indiana Hospital Association***

getting worse couldn't feel legs extreme joint pain unwell  
stomach distension weight loss disoriented severe abdominal pain **crippling pain**  
**unable to eat** hallucinations symptoms never recovered freezing  
stopped breathing **low blood pressure** low potassium rash  
delusions gasping for air end stage renal failure no bowel movement falling  
diverticulitis cold or flu-like agony **pain** shock faintness incarcerated hernia  
TURP cold weak muscles flu-like panicking felt worried hard to arouse  
organs shutting down cold shivering infection left lung infection  
pulmonary embolism bug bites slurring words cold lik emotional  
unable to move comfortably feel legs **SEPSIS** coded confused dizziness  
not moving very sick **drainage** vomiting not feeling well  
urine infection pale not talking feeling alone coma excruciating pain  
**difficulty breathing** shaking **fever** pneumonia anemia UTI  
hemorrhaging energy fatigue cough unsteady blood pressure water infection  
**confusion** Ovarian cancer scared not eating bowel blockage caregiver upset  
kidney infection stomach extension **high heart rate** weakness felt warm and cold  
distressed organs swelling shaking violently feeling body shutting down urinary tract infection  
unable to walk unstable blood pressure, heart rate, breathing diverticula unable to do anything  
fistula unresponsive

# Sepsis Victim: ML



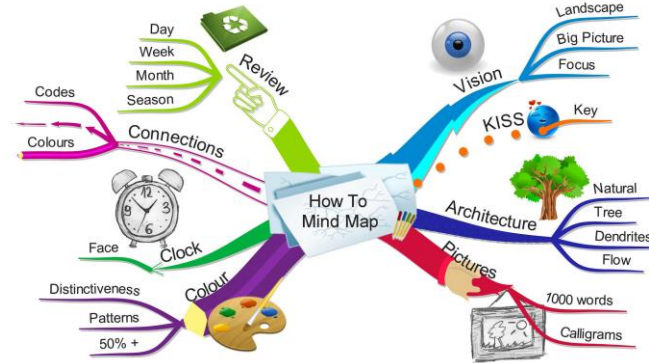
- ▶ Because our mum had been a sufferer of rheumatoid arthritis for 24 years the GPs who visited her assumed mum was suffering a flare up. This was not the case. Unfortunately, mum was not assessed by any of the GPs and was left in severe pain for a week before being admitted as a 999 call. Mum had all the signs of sepsis but sadly these were missed.
- ▶ The paramedics who attended her however knew instinctively what the problem was and admitted her to hospital.
- ▶ If the health professionals had educated themselves in the symptoms of sepsis and better still educated our mother and her family of the risks she faced with infection we might have saved her.



# Objectives

- *Describe differences in SIRS criteria and patients' and caregivers' descriptors of sepsis symptoms*
- *State patient sepsis self-management strategies and characteristics that may mask symptoms*
- *Identify domains of sepsis patient and family education*
- *Describe importance of education in pre- and post-acute care for sepsis*
- *Describe applications of patient and family engagement strategies for sepsis patients and caregivers*

# How did this happen?



Contents lists available at ScienceDirect

**Social Science & Medicine**

journal homepage: [www.elsevier.com/locate/socscimed](http://www.elsevier.com/locate/socscimed)



Using the life course perspective to study the entry into the illness trajectory: The perspective of caregivers of people with Alzheimer's disease

Normand Carpentier<sup>a,\*</sup>, Paul Bernard<sup>b</sup>, Amanda Grenier<sup>c</sup>, Nancy Guberman<sup>d</sup>



# History: Sepsis Inpatient Guidelines

- ▶ 2001 drotrecogin alfa (Xigris) Eli Lilly approved by FDA
- ▶ 2004: Sepsis Guidelines **1<sup>st</sup>** edition
- ▶ 2007: Sepsis Alliance founded
- ▶ 2008: Sepsis Guidelines **2<sup>nd</sup>** Edition
- ▶ 2011: drotrecogin alfa (Xigris) FDA approval withdrawn due to bleeding side effects and unable to duplicate results
- ▶ 2012: Sepsis Guidelines **3<sup>rd</sup>** Edition (Dellinger et al., 2013)
- ▶ 2015: Inpatient compliance monitored by Centers for Medicare & Medicaid
- ▶ 2016: Sepsis Guidelines **4<sup>th</sup>** Edition (Rhodes et al., 2017)
- ▶ 2017: Hospital guideline compliance nationwide, 47%
- ▶ 2018: Hospital compliance published on publicly available Hospital Compare website
- ▶ 2021: Sep-3 Sepsis Guidelines, **5<sup>th</sup>** Edition

# Population and systems based approaches for sepsis prevention

Kempker et al. *Critical Care* (2018) 22:116  
<https://doi.org/10.1186/s13054-018-2048-3>

Critical Care

COMMENTARY

Open Access

## Sepsis is a preventable public health problem

Jordan A. Kempker<sup>1\*</sup>, Henry E. Wang<sup>2</sup> and Greg S. Martin<sup>1</sup>



### Abstract

There is a paradigm shift happening for sepsis. Sepsis is no longer solely conceptualized as problem of individual patients treated in emergency departments and intensive care units but also as one that is addressed as public health issue with population- and systems-based solutions. We offer a conceptual framework for sepsis as a public health problem by adapting the traditional model of primary, secondary, and tertiary prevention.

## Primary Prevention of Infections and Sepsis Onset

Immunization

Hygiene

Public Awareness

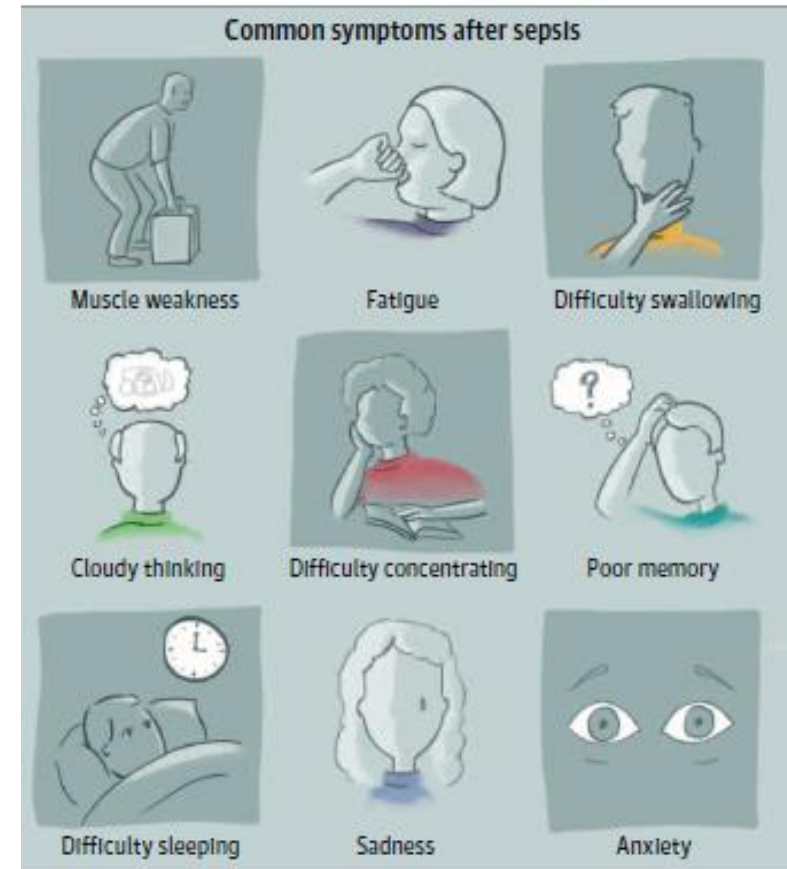
Antibiotic Prophylaxis

Manage Risk Factors

Dialysis Center participation in NHSN, CDC database for tracking infections?

(Kempker et al, 2018)

- **Impairments:**
  - Average 1-2 new functional limitations (e.g. inability to bathe)
  - 3 fold increase in mod-severe cognitive impairment
  - High prevalence of anxiety (32%), depression (29%), PTSD (44%) (Prescott, 2018)



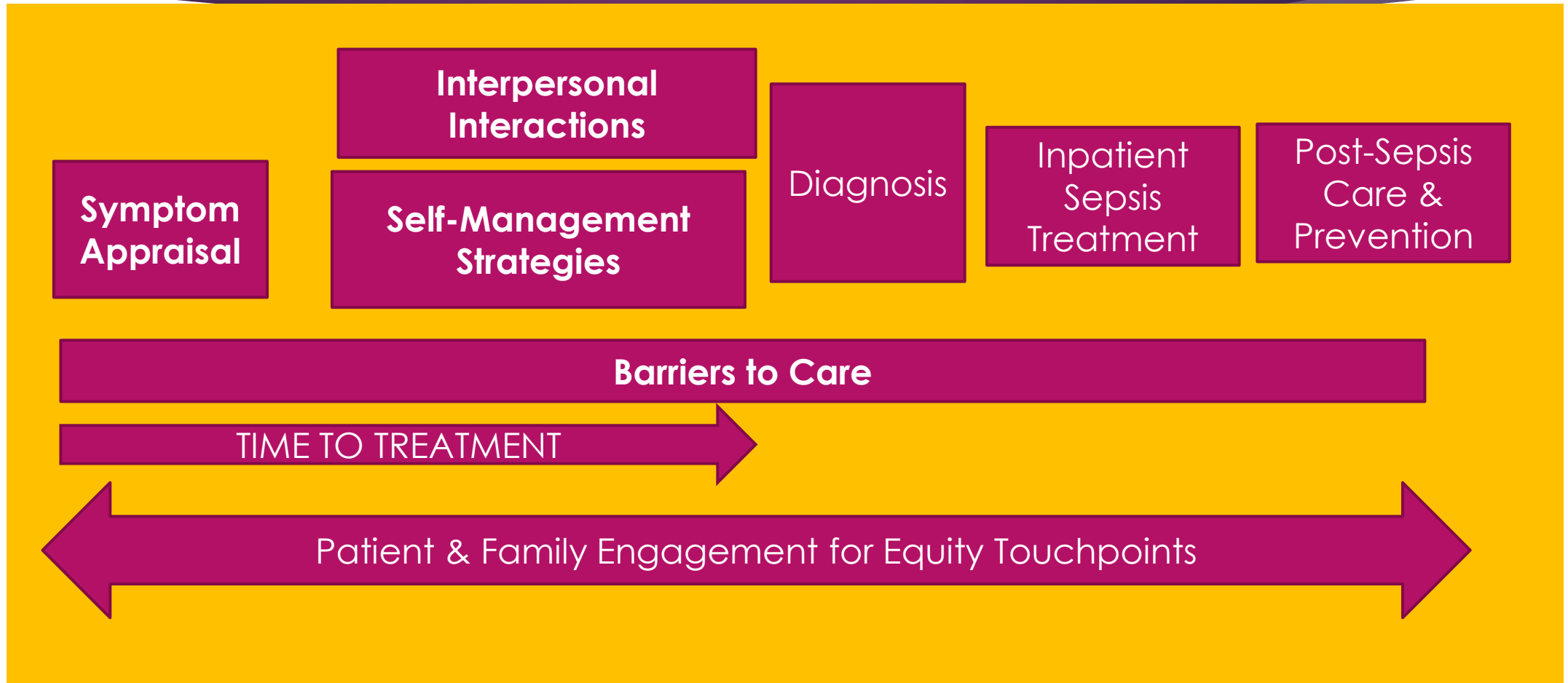


# Connect to Purpose: Sepsis Recovery



- THE REALITY OF THE SEPSIS EXPERIENCE & HEALTHCARE OPPORTUNITIES IN RECOVERY-Suzanne's Story

# Patient & Family Engagement Opportunities



# Review of Qualitative Literature: Barriers

- ▶ **Pre-Acute** neutropenic patients & delays-qualitative interviews (Clarke et al. 2015)
  - ▶ Patients not taken seriously by medical staff
  - ▶ Patient denial
  - ▶ Poor provider-patient communication
  - ▶ Patient fear of hospital & wishing symptoms would pass
  - ▶ Mis-attribution of symptoms
- ▶ **Post-acute** interviews (Gallop et al., 2015)
  - ▶ Lack of appropriate education and healthcare providers/services
- ▶ **Awareness:** Multi-national German Sepsis Helpline (Rubulotta et al. 2009)
  - ▶ Lack of knowledge of sepsis and symptoms



# Most Common Sources of Sepsis



Up to 22% sources unknown  
(Kumar et al, 2006)

## Pediatric

Respiratory (57.2%)

Genitourinary (21.6%)

Device (9.3%)

Abdominal (8.4%)

Wound / soft tissue (2.9%)



## All Adult

Respiratory (44%)

Genitourinary (21%)

Abdominal (21%)

Skin (6%); Wound (4%); Catheter (4%)

## Older Adult

Urinary (44%)

Respiratory (33%)

Abdominal (16%)

Skin or soft tissue (7%)

(Ruth et al, 2014; Kumar et al, 2006; Levy 2010; EISOHL et al, 2008 )

# Risk Factors for Sepsis

- *Recent UTI, pneumonia or operative event*
- *Diabetes*
- *Immunosuppressive therapy*
- *Elective surgery*
- *Chronic renal failure*
- *Alcohol abuse*
- *Functional status change*
- *Non-modifiable factors: age (very old or young), gender (M>F), race (B>W)*

(Kumar et al, 2006; Torres et al, 2004; Englert & Ross, 2015)

# Sepsis Signs & Symptoms

## SYMPTOMS OF SEPSIS

- S** Shivering, fever, or very cold  
**E** Extreme pain or general discomfort (“worst ever”)  
**P** Pale or discolored skin  
**S** Sleepy, difficult to rouse, confused  
**I** “I feel like I might die”  
**S** Short of breath



Watch for a combination of these symptoms. If you suspect sepsis, see a doctor urgently, CALL 911 or go to a hospital and say, “I AM CONCERNED ABOUT SEPSIS.”

SEPSIS.ORG

- ▶ Suspected or worsened infection with
  - ▶ Low blood pressure
  - ▶ Fever
  - ▶ Hypothermia
  - ▶ Heart rate over 90 bpm
  - ▶ Respiratory rate over 20 bpm
  - ▶ Significant edema
  - ▶ Hyperglycemia in absence of diabetes
  - ▶ Altered mental status?



(Dellinger et al., 2013)

# Research Goals

- ▶ Describe the processes and barriers for older adults when seeking care for sepsis.
- ▶ Determine interventions to shorten time to treatment (duration from first symptom to treatment)

# Specific Aims of the Research

## Describe:

- 1) **Signs and symptoms** that older adults with sepsis and their CGs consider bothersome enough to seek care;
- 2) **Self-management strategies** that are attempted before care is sought in the ED;
- 3) **Interactions** between older adults, their CGs, and health care providers from the time of symptom identification at home to when emergency care is sought; and
- 4) **Barriers** encountered by older adults with sepsis and their CGs in seeking care in the ED.

# Interview Questions- Community Acquired Sepsis

**Please tell me about your loved one's underlying health condition.**

**Tell me about the first time when you noticed something might be wrong before the hospitalization for sepsis**

**Tell me about the time when you first thought your loved one might need medical care.**

**Tell me about when you thought you might need to go the ER**

**Tell me about your decision to go to the ER (Additional probes as needed).**

**Tell me about anyone you talked to about how he was feeling or your decision to go the ER?**

**Based on your experiences, what advice would you give others about seeking healthcare for symptoms of sepsis?**

**Is there anything else you would like me to know so I can better understand how to work with those who are experiencing the early symptoms of sepsis at home?**

# Symptom Appraisal

## *Sepsis Symptoms and Risk Factors*

Sepsis Symptoms Observed and Experienced by Nurses		
Case Study 1: Jane	Case Study 2: Betsy	Case Study 3: Theresa
Caregiver Observations	Caregiver Observations	Patient Experiences
<ol style="list-style-type: none"> <li>1. Shaking cold</li> <li>2. Decreased urine output</li> <li>3. Listlessness</li> <li>4. Confusion</li> <li>5. † Hard to arouse</li> <li>6. Fatigue</li> <li>7. † Excessive sleep</li> <li>8. Weakness</li> <li>9. Dehydration</li> <li>10. Decreased appetite</li> <li>11. Really tired</li> <li>12. “not feeling good”</li> <li>13. Scared</li> <li>14. Almost passed out</li> </ol>	<ol style="list-style-type: none"> <li>1. Not feeling well</li> <li>2. Fever</li> <li>3. Sweaty</li> <li>4. Decreased energy</li> <li>5. Decreased Parkinsonian movements</li> <li>6. Decreased appetite</li> <li>7. † Lethargy</li> <li>8. Eyes “wouldn’t light up”</li> <li>9. “Just not himself”</li> <li>10. History of aspiration pneumonia</li> </ol>	<ol style="list-style-type: none"> <li>1. Surgical site drainage</li> <li>2. Back pain with inspiration</li> <li>3. Nausea</li> <li>4. Feeling of generalized discomfort</li> <li>5. Feeling <u>really bad</u></li> <li>6. Unable to get out of bed</li> <li>7. † Fever</li> <li>8. Headache “like the top of my head coming off”</li> <li>9. Low blood pressure</li> <li>10. Vomiting</li> <li>11. Heart rate 100</li> </ol>

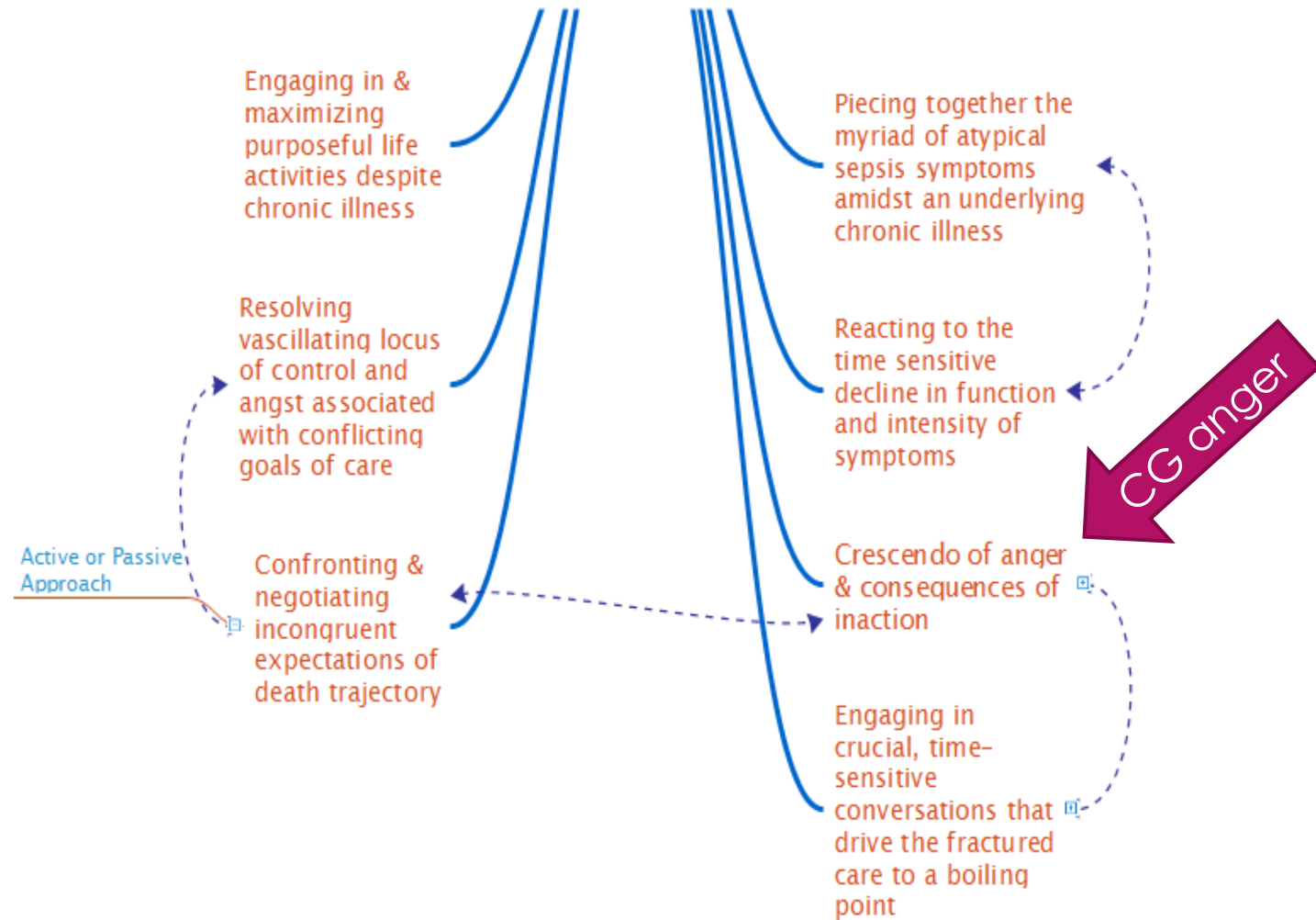
I started feeling generalized discomfort, wouldn't call it pain.... I got to feeling really bad and couldn't get out of bed



# Conceptual Model from Interviews

## Interactions: Nurses Negotiating Sepsis Care

### Caregiving Roller Coaster: Rites of Passage & Negotiated Care for Sepsis

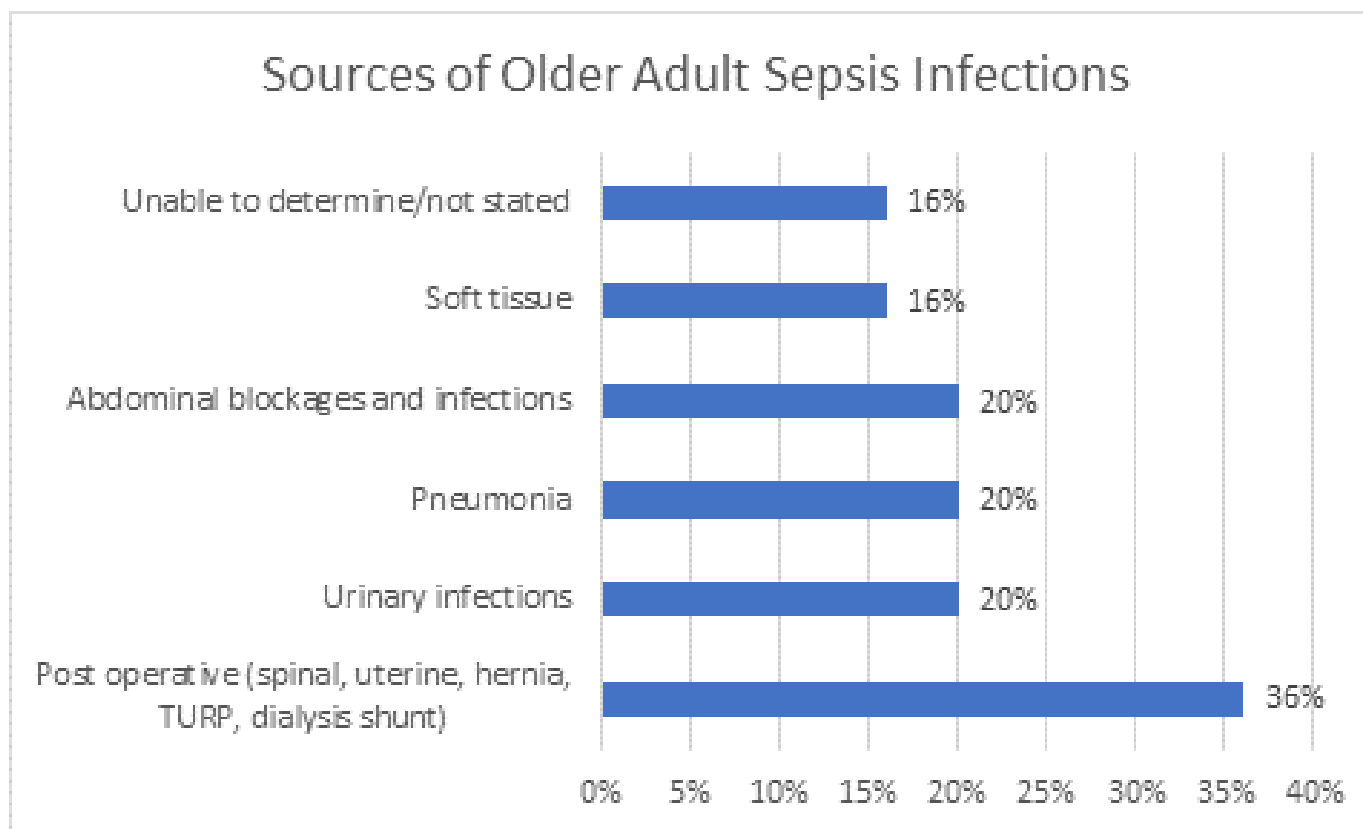




# Faces of Sepsis™ Sample

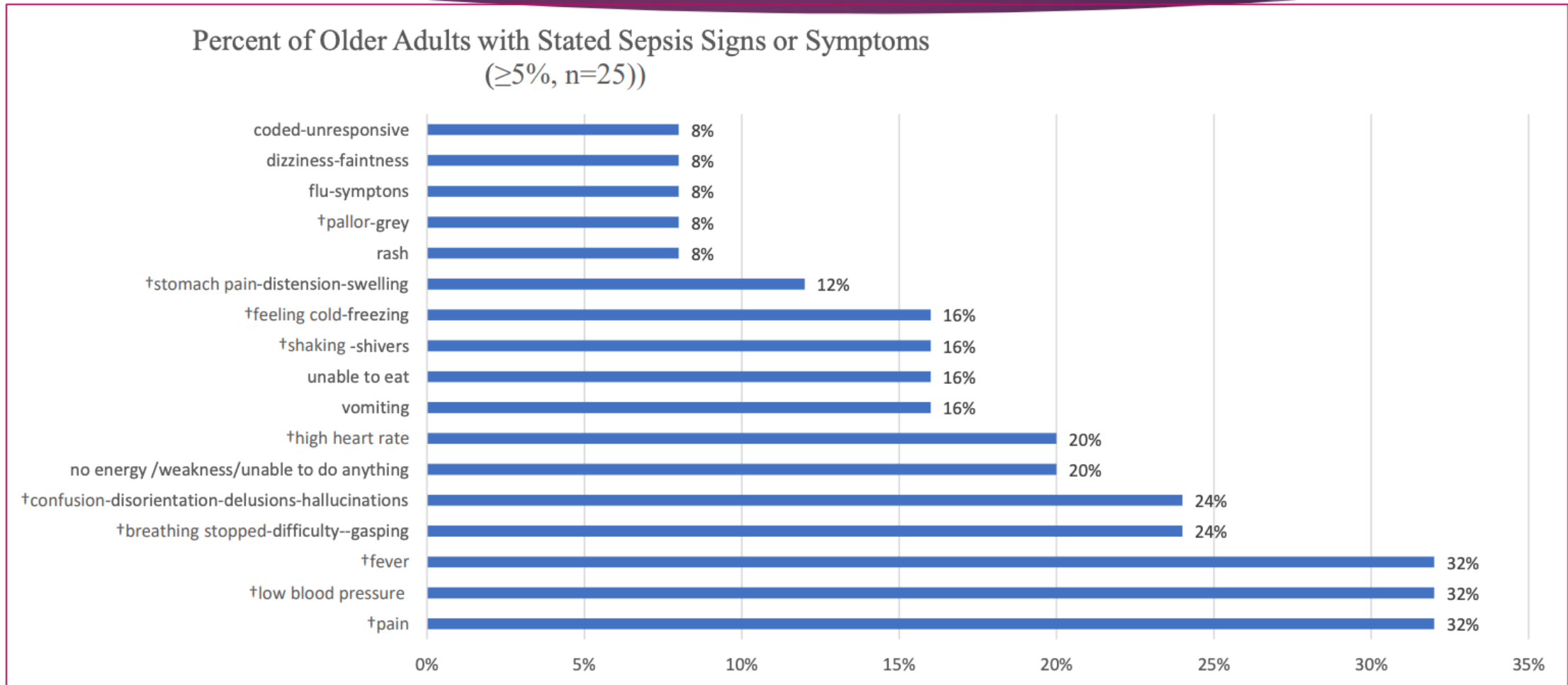
- ▶ Inclusion Criteria
  - ▶ Posted after October 2015
  - ▶ Older adults identified by stated age or contextual clues
  - ▶ Patient residing at home prior to diagnosis

# Sources of Sepsis



← Agonizing, crippling pain

# Rebecca Hancock's findings-Faces of Sepsis™



† typical signs, symptoms or sepsis precursors

# Self-Management Strategies: interventions when reacting to decline

- ▶ Self-medication for fever, pain, nausea
- ▶ Wound vac maintenance
- ▶ Ingesting fluids
- ▶ Information seeking--googling septicemia
- ▶ Medical attention seeking



I got sicker, but I was trying to think, "If I lie real still and drink plenty of fluids and take the ibuprofen, I'll get to feeling better"

"Treated the pain with the usual antacids and Tylenol and tried to go back to sleep"

# Patient-Caregiver-Healthcare Provider Vacillating Locus of Control

"I was appalled with that 'pneumonia is Parkinson's friend' because I wasn't going to buy that...we don't have to have him die of sepsis or be in that much pain and suffering"



"I had to request that and almost demand wound cultures and then I had to almost demand they put him on antibiotics"



"Quite frankly, he saved my life, because with my blood pressure going down even more, it could have been a bad scene if I hadn't gotten adequate care, but he did a fabulous job."



# Emergent Themes

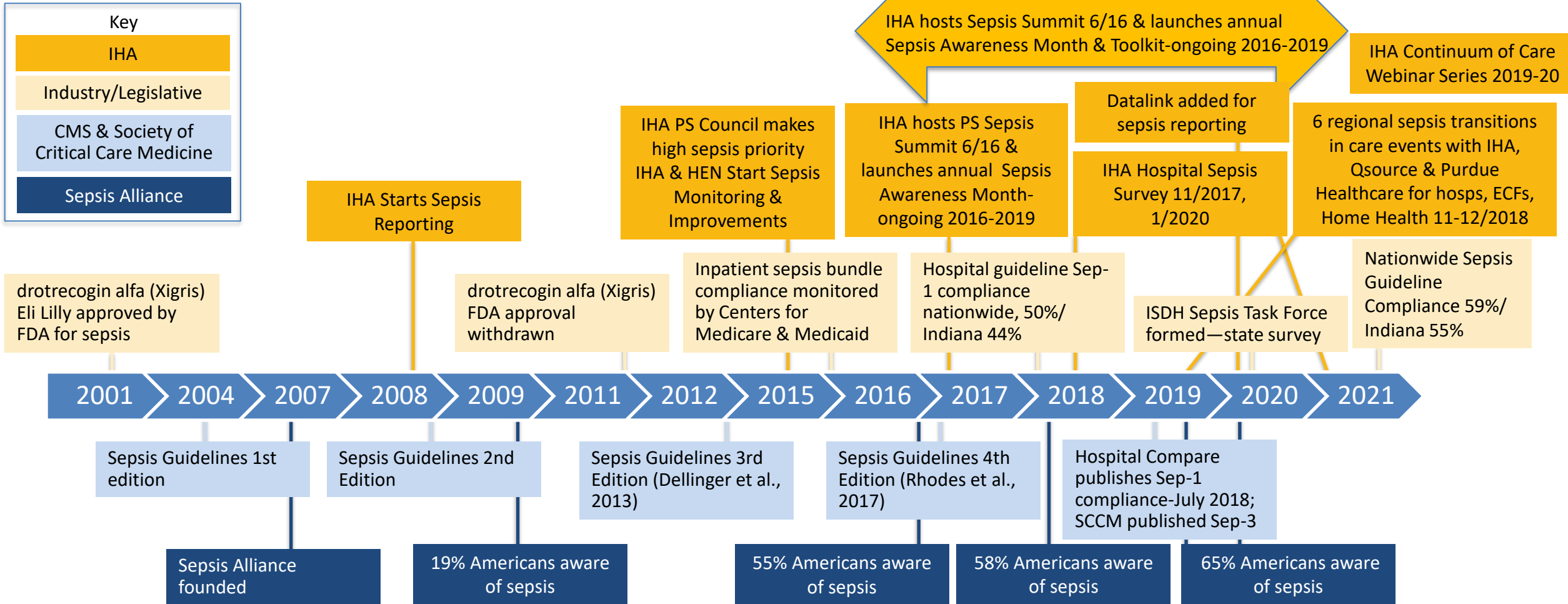
- ▶ Transitions (avg 3.3; range 1-7)
- ▶ Grief & Anger
- ▶ Gratitude
- ▶ Quality of Life

"We are truly Blessed that she is still alive and will take whatever struggles GOD gives us and we thank GOD every day for Blessing us with our beautiful mother and grandmother"

"I realize how fortunate I have been after reading about so many losses and what other survivors experienced. Thank all of you for sharing. I hope I can help someone through recuperation."



# History: Sepsis Inpatient Guidelines & IHA Work

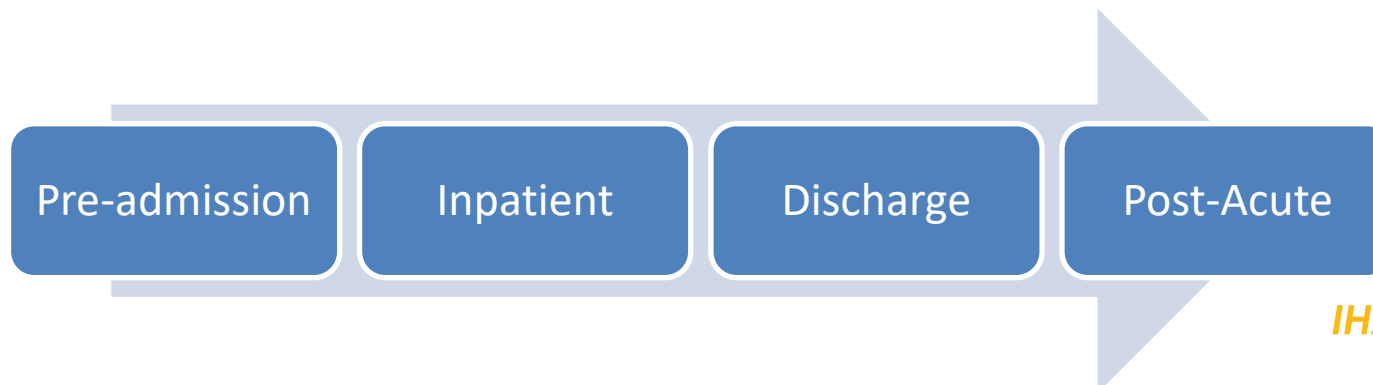


# Patient & Family Engagement

1. *Admission Checklist process is in place for planned admissions*
2. *Shift Change huddles and bedside reporting engages the family and caregivers*
3. *Discharge Planning Checklist process in place*
4. *Hospital has a designated PFE lead or department*
5. *There is an active PFE Committee or other Committees where patients are represented and report to the*

## *\*Patient & Family Engagement for Equity:*

*Representative ethnic diversity for quality assessment and improvement is essential (e.g. patient family advisors, data collection/validation/analysis)*





# Indiana IHA Sepsis Survey

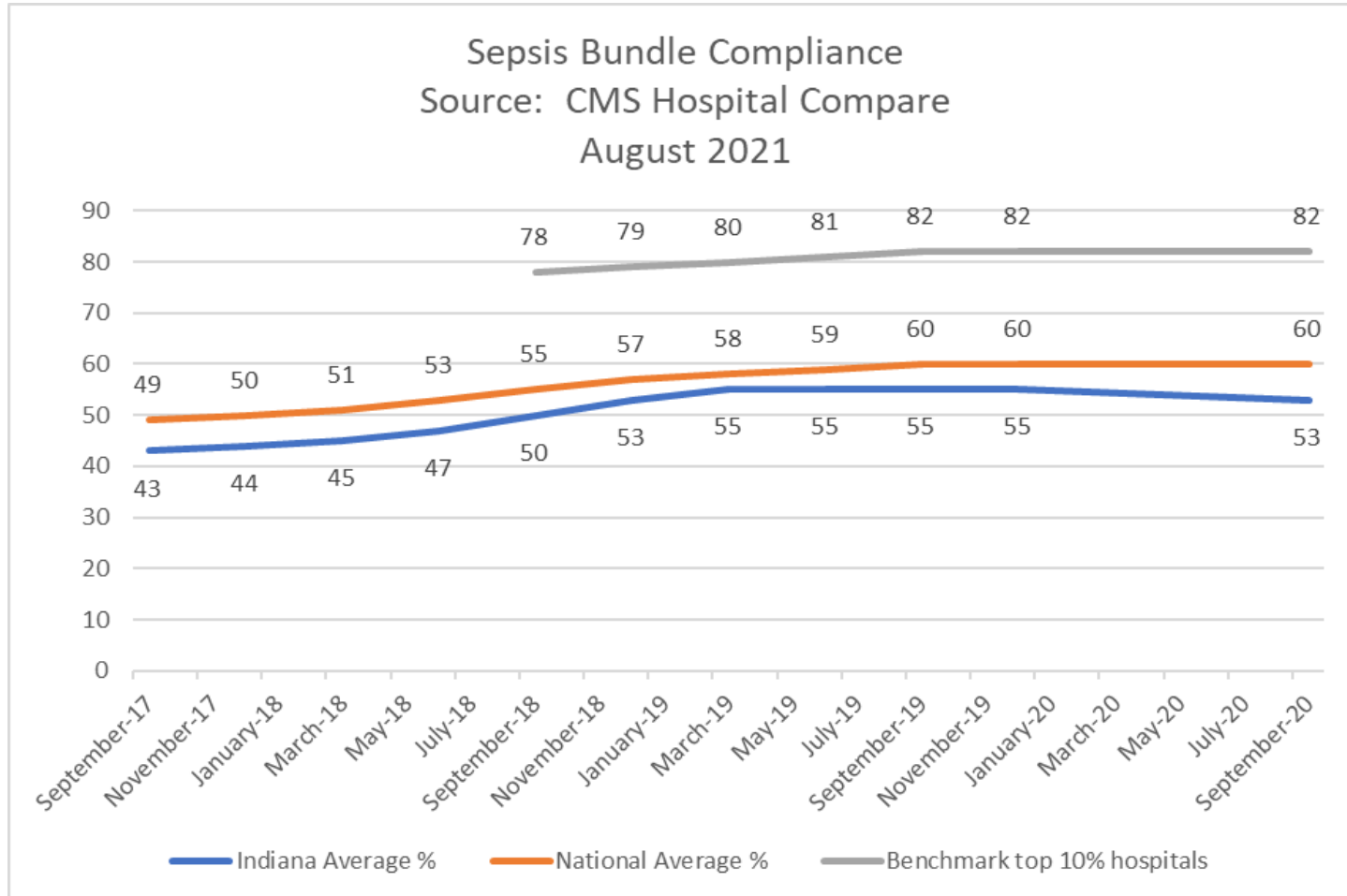
*digital copy in excel or word*

Primary Drivers	Check if present	Check if needs improvement	Sepsis Care Processes	
			Secondary Drivers	
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	Senior leadership support	
	<input type="checkbox"/>	<input type="checkbox"/>	Board of Directors actively support sepsis activities	
	<input type="checkbox"/>	<input type="checkbox"/>	Staff person with dedicated time to coordinate sepsis activities	
	<input type="checkbox"/>	<input type="checkbox"/>	Sepsis physician champion	
	<input type="checkbox"/>	<input type="checkbox"/>	Multi-disciplinary Sepsis Team	
	<input type="checkbox"/>	<input type="checkbox"/>	Process of Care Gap Assessment Process	
Screening	<input type="checkbox"/>	<input type="checkbox"/>	Utilizing sepsis screening tool or process in all patient care departments	
	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Department screening every adult patient during initial eval	
	<input type="checkbox"/>	<input type="checkbox"/>	Automated EMR sepsis screening with early warning system	
	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric screening process if applicable	
	<input type="checkbox"/>	<input type="checkbox"/>	SIRS screening process	
	<input type="checkbox"/>	<input type="checkbox"/>	qSOFA use for sep-3 criteria & insurers	
	<input type="checkbox"/>	<input type="checkbox"/>	Adult inpatient screening every shift, likely automated	
	<input type="checkbox"/>	<input type="checkbox"/>	Sepsis screening process for acute changes in patient condition	
Interventions	<input type="checkbox"/>	<input type="checkbox"/>	Electronic aids for sepsis timed treatments	
	<input type="checkbox"/>	<input type="checkbox"/>	Rapid Response Team or process for prompt escalation and action from care providers	
	<input type="checkbox"/>	<input type="checkbox"/>	Nurse driven protocol to start treatment	
	<input type="checkbox"/>	<input type="checkbox"/>	Standardized sepsis guideline-based initial order set	
	<input type="checkbox"/>	<input type="checkbox"/>	3 hour sepsis bundle element success	time zero identification
	<input type="checkbox"/>	<input type="checkbox"/>		blood cultures prior to antibiotic administration
	<input type="checkbox"/>	<input type="checkbox"/>		measure initial lactate
	<input type="checkbox"/>	<input type="checkbox"/>		administer proper antibiotics within 3 hours
	<input type="checkbox"/>	<input type="checkbox"/>		administer required fluid bolus
	<input type="checkbox"/>	<input type="checkbox"/>		septic shock tissue perfusion re-assessment
	<input type="checkbox"/>	<input type="checkbox"/>		initiate vasopressors
	<input type="checkbox"/>	<input type="checkbox"/>	measure repeat lactate	
	<input type="checkbox"/>	<input type="checkbox"/>	Code sepsis for prompt escalation from care providers	
<input type="checkbox"/>	<input type="checkbox"/>	Palliative care of end of life planning as specified step in sepsis care		
Metrics	<input type="checkbox"/>	<input type="checkbox"/>	Collecting and analyzing sepsis mortality trends	
	<input type="checkbox"/>	<input type="checkbox"/>	Analysis of post-op sepsis cases	
	<input type="checkbox"/>	<input type="checkbox"/>	Analysis of sepsis bundle compliance trends	
Documentation & Feedback	<input type="checkbox"/>	<input type="checkbox"/>	Routine audit of MD, DO, APRN sepsis guideline compliance and feedback on deviations	
	<input type="checkbox"/>	<input type="checkbox"/>	Clinical documentation specialist participating in coding and chart documentation improvements	
Education	<input type="checkbox"/>	<input type="checkbox"/>	Focus on sepsis staff education in daily safety huddles &/or interdisciplinary rounds	
	<input type="checkbox"/>	<input type="checkbox"/>	Routine education for nursing staff on sepsis screening and treatment	
	<input type="checkbox"/>	<input type="checkbox"/>	Education for physicians, APRNs, PA's for identifying and treating sepsis	
	<input type="checkbox"/>	<input type="checkbox"/>	Ancillary staff education on identifying and treating sepsis (e.g. dietary, EVS, CNA's)	
	<input type="checkbox"/>	<input type="checkbox"/>	Community outreach and education for sepsis signs and symptoms	
	<input type="checkbox"/>	<input type="checkbox"/>	Standardized sepsis patient discharge education materials	

# Process vs Outcomes

Process	Outcomes
Sepsis Bundle Compliance	Sepsis Mortality
See IHA State Survey Domains of Processes & Outcomes	Hospital Onset Sepsis Mortality
Driver Diagrams	Sepsis Readmissions
	AHRQ PSI 13: Post –Op Sepsis Rate (PSI-13)
	AHRQ PSI 04-D: Death rate among surgical patients with serious treatable conditions-sepsis
	Sepsis Bundle Compliance

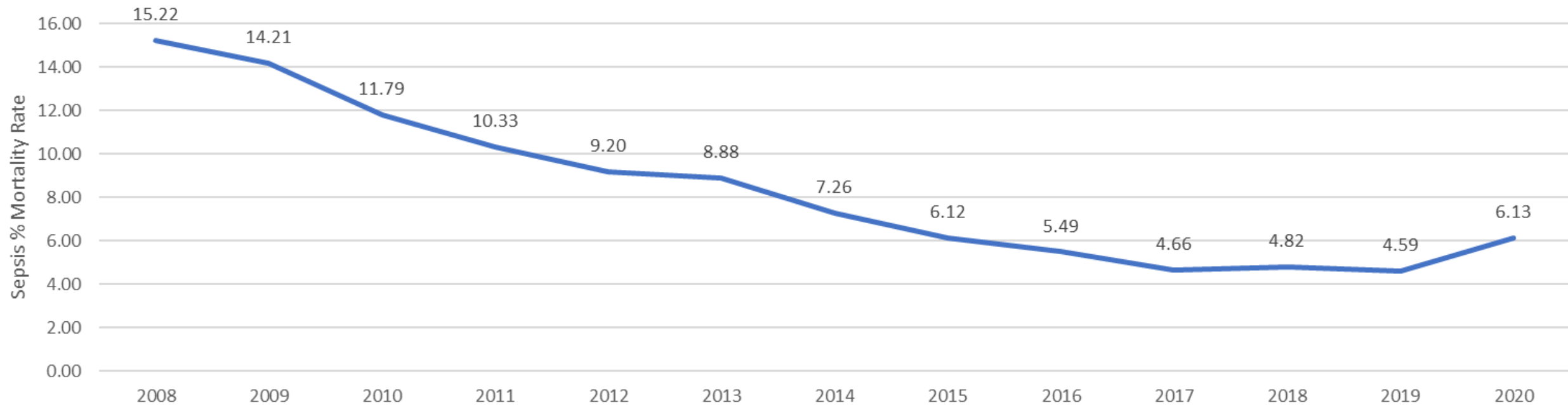
# Sep-1 Bundle Average Compliance Trend- Indiana vs Nation: Oct 19-Sep 20



- Indiana ranked 49/56 states and principalities—ahead of VT, RI, and PR
- Range for Indiana hospitals 21-89% Compliance
- Range for National hospitals 21-94%

# Indiana Septicemia Mortality

Sepsis Mortality Rate  
Indiana Hospital Association  
APR DRG 720 excluding palliative  
2008-2020



# Hospital Workgroup Goals / Objectives

## Goals

- Goal of  $\geq 81\%$  sepsis bundle compliance or 10% increase for Indiana hospitals by Sept 2021.
- ✓ Focused work with low bundle compliance / high sepsis mortality hospitals through June 2021
- ✓ Sharing of state sepsis survey innovations for PI with state and hospital specific PI through June 2021
- ✓ Develop state sepsis toolkit library for education, screening & interventions by Dec 2020
- ✓ Expand metrics in IHA Datalink reporting platform September 2020

## Hospitals' Specific Goals?



Oral Hygiene?  
Hydration?  
Bundle  
Compliance?  
Mortality?

Resume LTC & Community  
Education Goals

# Hospital Sepsis Resources

- *See It. Stop It. Survive It Annual Sepsis Toolkit*
  - 100 First Aid Kits
  - 50 table tents
  - 250 magnets
  - Mouthwash
  - Toothbrushes





SEPTEMBER: SEPSIS AWARENESS MONTH

# IHA Clinical Webinar Library

## 2021 IHA Clinical Webinar Series - 2 - 2:30 p.m. ET (Click link to register)

- Sep. 8 [Work of Champions: Toolkit Resources and State of the State & COVID-19 Impact](#)  
Rebecca Hancock, PhD, RN, CNS, IHA Patient Quality & Safety Advisor
- Sep. 15 [Voice of Leaders: Tools for Success](#)  
Maryanne Whitney, RN,CNS, MSN, Cynosure Improvement Advisor
- Sep. 22 [Voice of Champions: Hospital Successes](#)  
Invited Hospital Champions
- Sep. 29 [Voice of Sepsis Survivors: NEW Sepsis Discharge Education and Surviving Sepsis](#)





# New Sepsis Patient Discharge Education 2021


**Indiana Patient Safety Center**  
of the Indiana Hospital Association

SEPTEMBER: SEPSIS AWARENESS MONTH

**New**  
**Patient & Family Sepsis Discharge Education**

Download and share the new IHA Sepsis Patient & Family Discharge Education with discharge planners and nurses in ICU and other units to share with patients and families. Use patient and family engagement bedside huddles as time to educate on sepsis awareness, recovery, prevention, and treatment. Help your patients and families know what to expect during the post-acute continuum of care! Be sure to download both the English and Spanish versions!

[Patient & Family Sepsis Discharge Education \(English\)](#)  
[Patient & Family Sepsis Discharge Education \(Spanish\)](#)



SEE IT. STOP IT. SURVIVE IT.

IHA Sepsis Patient and Family Discharge Education

**Indiana Patient Safety Center**  
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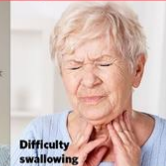






For more information, visit [SurviveSepsis.com](http://SurviveSepsis.com)

SEE IT. STOP IT. **SURVIVE IT.**  
I am a sepsis survivor, what now?

What can I do to improve my recovery?

Caregiver Instructions for Patients Recovering from Sepsis





**Common Symptoms After Sepsis**

 Muscle weakness	 Fatigue	 Difficulty swallowing
 Poor memory	 Difficulty concentrating	 Sadness
 Anxiety	 Cloudy thinking	 Difficulty sleeping





**Indiana Patient Safety Center**  
of the Indiana Hospital Association

SEE IT. STOP IT. **SURVIVE IT.**





**Red Zone - I Have New or Worsening Symptoms: Declining**

 My temperature feels extremely hot or cold. Skin may be flushed or pale. Fingernails may be pale or blue.	 I am confused or people tell me I am not making sense.	 Heartbeat is VERY FAST (> 100) AND my blood pressure (top number) is less than 100.	 Breathing is very fast (greater than 22 breaths per minute).
<b>Act Right Now:</b> <input type="checkbox"/> Call your doctor immediately or activate emergency response. (911)			

**Yellow Zone - I Have 2 or More Symptoms = Stable**

 I feel cold and cannot get warm (shivering).	 My thinking feels slower or not right.	 Heartbeat is FASTER than normal (> 100) or my blood pressure (top number) is less than 100.	 Breathing is more difficult and faster than usual.
<b>Take Action:</b> <input type="checkbox"/> Take daily medications as instructed. <input type="checkbox"/> Get more rest. <input type="checkbox"/> Contact my doctor about these changes.			

**Green Zone - My Good Days - Improving**

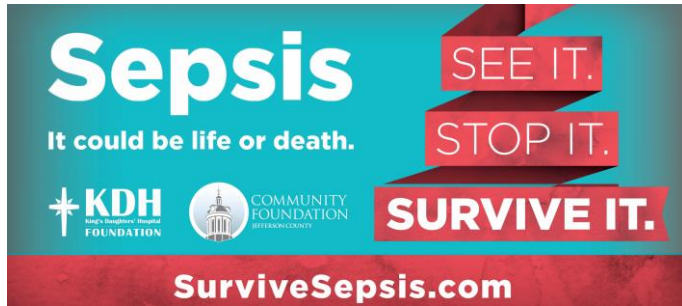
 My temperature feels normal	 Thinking is clear.	 Heartbeat is NOT elevated (< 100) or home blood pressure is NOT low (top number greater than 100).	 Breathing is normal for me.
<b>Good Job!</b> <input type="checkbox"/> Take daily medications as instructed. <input type="checkbox"/> Eat healthy diet. <input type="checkbox"/> Wash hands often and avoid sick people. <input type="checkbox"/> Build up activity slowly and rest when tired.			

Recovery and Prevention



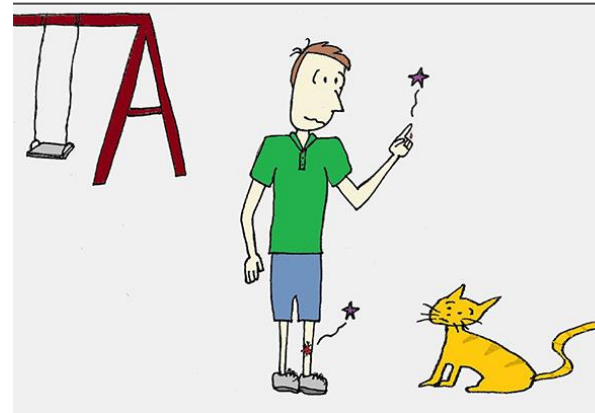
# Sepsis Awareness Month

- *Show us what you're doing to celebrate!*



Kings Daughter's Sepsis Team is having a superhero poster challenge, billboard, and a walk to raise awareness of sepsis in their community.

If you get a cut or a scrape, be sure to tell an adult as soon as possible.



Clark Memorial is using material from the Rory Staunton Foundation to create a children's coloring book.

Franciscan Munster!



Putnam County educates & proclaims Sepsis Awareness Day!

- *Tag Indiana Hospital Association in your social media posts and send your pictures to [chutchens@IHAConnect.org](mailto:chutchens@IHAConnect.org) so we can post on our website*



# Sepsis Awareness Month



St. Catherine's



Community Munster



St. Mary's Medical Center



Franciscan Health Indianapolis

# Sepsis Across the Continuum

## Sepsis Topical Conversations & Best Practice Sharing

Monthly IHA Office Hour

2<sup>nd</sup> Tuesday, 11a.m. -12p.m. EST

November 12: [Sepsis Bundle Compliance](#)

<https://zoom.us/j/467670260>

Phone +1 646 558 8656

Meeting ID: 467 670 260

December 10: **Screening**

<https://zoom.us/j/762464469>

Phone +1 646 558 8656

Meeting ID: 762 464 469

January 14: **Post-Sepsis Syndrome & Readmissions**

<https://zoom.us/j/577595555>

Phone +1 646 558 8656

Meeting ID: 577 595 555F

February 11: **Prevention**

<https://zoom.us/j/227228146>

Phone +1 646 558 8656

Meeting ID: 227 228 146



[www.survivesepsis.com](http://www.survivesepsis.com)

2019 IHA Sepsis Toolkit & webinar recordings & podcasts

2018 Preventing Hospital Acquired Non-Vent Pneumonia – Dr. JoAnn Brooks

[IHAconnect.org/Quality-Patient-Safety](http://IHAconnect.org/Quality-Patient-Safety)

# Additional Resources

- *Bi-Monthly Office Hours*
- *September Webinar Series*
- *Quarterly sharing of Regional Bundle Compliance from Hospital Compare dataset*
- *IHA Member Datalink Hospital & State Sepsis Mortality Trends & Benchmarks*
- *2020 State Survey of Sepsis Hospital Needs - Processes & Outcomes*

# Implications for PFE in Sepsis Care

- ▶ Listen to patient & caregiver & **allow advocacy—CGs seek care > patients**
- ▶ Improve outcomes with **sepsis guidelines through earlier diagnosis**
- ▶ Warn staff and patients of **life after sepsis syndrome with grief**
- ▶ Beware of **mental status changes as risk factor** for sepsis
- ▶ **Early access to ED** to identify **source of infection**
- ▶ Consider **medications that mask fever**, tachycardia, pain during assessment (e.g. CV meds & pain meds)—only 32% had fever
- ▶ Listen to patient & caregiver & **allow advocacy—CGs seek care > patients**
- ▶ Improve outcomes with **sepsis guidelines through earlier diagnosis**
- ▶ Warn staff and patients of **life after sepsis syndrome with grief**
- ▶ Beware of **mental status changes as risk factor** for sepsis
- ▶ **Early access to ED** to identify **source of infection**
- ▶ Consider **medications that mask fever**, tachycardia, pain during assessment (e.g. CV meds & pain meds)—only 32% had fever
- ▶ Research patient transfer optimization, time to treatment reductions for EMS, qualitative data analysis of narratives



Next: Patient & Family Focused Sepsis  
Screening Tool?

# Patient Interviews

## Community Acquired Sepsis Questions (includes long term care)

- 1. Please tell me about you or your loved one's underlying health condition.**
- 2. Tell me about the first time when you noticed something might be wrong before the hospitalization for sepsis**
- 3. Tell me about the time when you first thought your loved one might need medical care.**
- 4. Tell me about when you thought you might need to go the ER**
- 5. Tell me about your decision to go to the ER (Additional probes as needed).**
- 6. Tell me about anyone you talked to about how he was feeling or your decision to go the ER?**
- 7. Based on your experiences, what advice would you give others about seeking healthcare for symptoms of sepsis?**
- 8. Is there anything else you would like me to know so I can better understand how to work with those who are experiencing the early symptoms of sepsis at home?**



## Faces of Sepsis™ Quotes from Survivors: Struggle & Gratitude

“Knowing my body, I realized that something was horribly wrong with me. I called an ambulance and asked the EMT’s to transport me to the hospital I go for my medical care. By the time I arrived at the Emergency Room, my fever was 103.9. I don’t remember much of what went on in that room in the Emergency Department that night”

“My Infectious Disease Doctor told me that when I had the shakes, coldness and shivering that a bacteria was invading my body and if that ever happened again I should go directly to the emergency room. Education is every with sepsis. I know that my Doctor saved my life.”

## Quotes from families of victims: Grief

"We can send people to another planet but we can't fix something that seems so simple....I miss her terribly Screw you sepsis."

"I know my entire family struggles every day with "what ifs" - had we only known the signs of Sepsis, this would have had a very different outcome."

"I share this story in hopes that people realize the importance of getting a second opinion when "something just doesn't feel right" with your body or medically. ...RIP Mom and with this story, maybe we can save a life! Peace to all!"

# Sepsis & PFEE Resources

- [\*AHRQ Guide to Patient and Family Engagement\*](#)
- [\*IHI Resources in PFEE\*](#)
- *Case Study Sharing (sepsis team, unit or hospital)*
- [\*CMS PERSON & FAMILY ENGAGEMENT STRATEGY\*](#)
- [\*Sepsis Alliance Speaking to Families Resources\*](#)

# Discussion

- ▶ What are your PFEE needs related to sepsis?
- ▶ What resources?
- ▶ What outcomes?
- ▶ What processes?

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# QUESTIONS



# APRIL WEBCAST

## **Creating Pockets of Excellence: Improving Sepsis Care Through Multi-Disciplinary Collaboration and Physician Champions**

April 20, 2022

11:30 am – 12:30 pm

Summa Health System

## OHA collaborates with member hospitals and health systems to ensure a healthy Ohio

James Guliano, MSN, RN, NPD-BC, NEA-BC, FACHE  
Vice President, Operations & Chief Clinical Officer  
[James.Guliano@ohiohospitals.org](mailto:James.Guliano@ohiohospitals.org)

Dorothy Aldridge, BA, MBA  
Coordinator, Clinical Programs  
[Dorothy.Aldridge@ohiohospitals.org](mailto:Dorothy.Aldridge@ohiohospitals.org)

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### Ohio Hospital Association

155 E. Broad St., Suite 301  
Columbus, OH 43215-3640

T 614-221-7614  
[ohiohospitals.org](http://ohiohospitals.org)



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