Sepsis and Coordination of Care

HSAG's Efforts with Sepsis within Long-Term Care Facilities (LTCFs)

Objectives

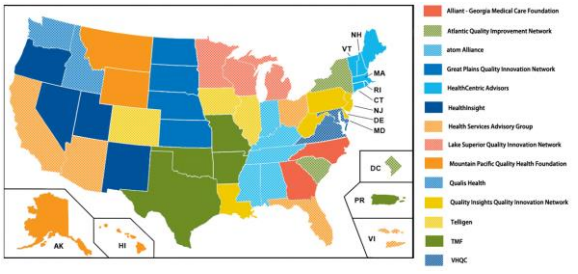
- Identify quality improvement programs that may help with sepsis efforts.
- Utilize tools and resources that may support your sepsis efforts.
- Recognize the importance of early recognition and intervention regarding sepsis in post-acute settings.

What is a QIN-QIO*?

- Funded by the Centers for Medicare & Medicaid Services (CMS)
  - QIN-QIO in each state
  - Dedicated to improving health quality at the community level
  - Ensures people with Medicare get the care they deserve, and improves care for everyone

*QIN-QIO=Quality Innovation Network-Quality Improvement Organization

New National QIN-QIO Structure



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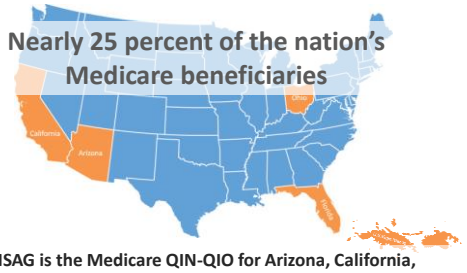
HSAG's QIN-QIO Responsibility



HSAG is the Medicare QIN-QIO for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands.

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Medical Case Review Structural Changes

CMS separated medical case review from quality improvement work creating two separate structures:

KEPRO INTELLIGENT VALUE

HSAG HEALTH SERVICES ADVISORY GROUP

Medical Case Review
Beneficiary Family Centered Care-QIOs (BFCC-QIOs)

Quality Improvement
Quality Innovation Network-QIOs (QIN-QIOs)

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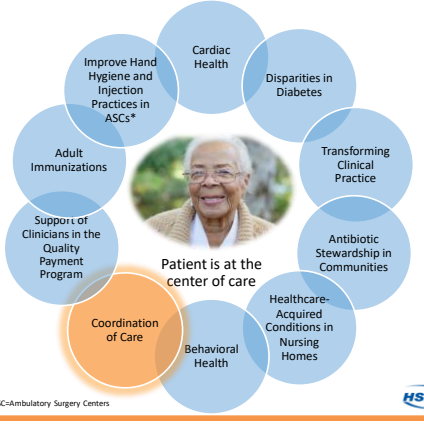
QIN-QIO Areas of Focus



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*ASC=Ambulatory Surgery Centers

Better Healthcare for Communities: Improve Coordination of Care

- Reduce hospital readmission rates for Medicare Fee-For-Service patients by 20 percent by 2019.
- Improve overall community health and support self-care of individuals in their homes.
- Reduce adverse drug events (ADEs) that contribute to patient harm as a result of the care transitions process.
- Convene community providers to collaborate on strategies for improvement in care coordination.

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What is a Hospital Readmission?

- CMS defines a readmission in this context as "an admission to a subsection(d) hospital within 30 days of a discharge from the same or another subsection(d) hospital."
- Subsection(d) hospitals, per the Social Security Act, include short-term inpatient acute care hospitals excluding critical access, psychiatric, rehabilitation, long-term care (LTC), children's, and cancer hospitals.

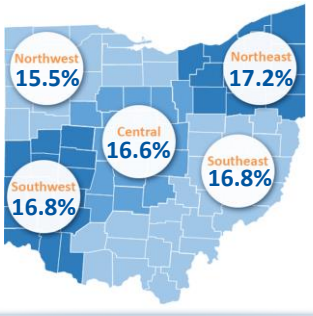
10 https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html

Why Focus on Rehospitalizations?

- Resident/patient quality of life/quality of care
- Survey and certification
- Future penalties
- Value-based payment (VBP)

11 https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html

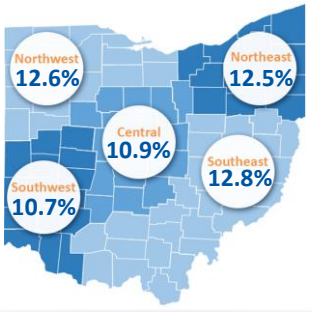
All-Cause Readmission Rates for Ohio Skilled Nursing Facility (SNF) by Region (Q1 2017–Q4 2017)



Ohio Average 16.6%

12 Source: Q1 2017 through Q4 2017 Medicare Fee-For-Service (FFS) all-cause claims data

All-Cause Readmission Rates for Ohio Home Health Agencies (HHA) by Region (Q1 2017–Q4 2017)



Ohio Average 11.9%

13 Source: Q1 2016 through Q3 2017 Medicare FFS all-cause claims data

Communities of Focus

14 Source: Q4 2016 through Q3 2017 Medicare FFS all-cause claims data

How Does Sepsis Fit Into Care Coordination?

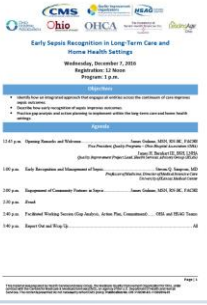
Impact of Sepsis

- Sepsis is the most expensive diagnosis, leading to readmissions costing more than $3.1 billion per year (2013 data).
- Sepsis is responsible for the most readmissions to a hospital within 30 days after a hospital visit (more that 191,000 readmissions each year).

16 *November 2015 statistical brief from the Healthcare Cost and Utilization Project (HCUP), the Agency for Healthcare Research and Quality (AHRQ), a division of the U.S. Department of Health and Human Services*

First Effort: Early Sepsis Recognition in LTC and Home Health Settings Event

- First statewide swing at sepsis
- Supported by state and federal partners
- GAP analysis completed by attendees


Early Sepsis Recognition in Long-Term Care and Home Health Settings

Wednesday, December 7, 2016
Registration: 12 Noon
Program: 1 p.m.

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Early Sepsis Recognition in LTC and Home Health Settings Event: GAP Analysis

- Recognize strengths and opportunities to improve
- Variety of categories including education, leadership, resources, and more
- Some standout results:
  - 70 percent of the attendees felt they had the resources to effectively deal with sepsis
  - Only 19 percent of the attendees performed case reviews to look for gaps in performance in regards to sepsis

Early Sepsis Recognition in Long-Term Care and Home Health Settings

Wednesday, December 7, 2016
Registration: 12 Noon
Program: 1 p.m.

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Current Approaches to Sepsis: QI Programs

- Nursing Home Reducing Readmissions Preparation Program (RRPP)
- National Nursing Home Quality Improvement Campaign (NNHQIC)

https://www.hsag.com/en/medicare-providers/states-of-service/ohio/care-coordination/nursing-home-reducing-readmissions-preparation-program/

https://www.nhqualitycampaign.org/

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Feedback From the Frontlines

Sepsis in the elderly is often hard to identify

- Symptoms commonly used to identify infection and organ dysfunction are masked in older adults with multiple comorbidities
  - SNFs and home health agencies (HHA) feel like tools and resources for the post acute areas were not readily available
  - Acute care facilities stated that the post acute partners were sending the patient when they were crashing
  - How do we get two care partners to agree on an approach?

20 Dellinger, et al. https://link.springer.com/article/10.1007%2FS00134-012-2769-8

The Ask

- SNF and HHAs
  - Provide tools that address our unique population
  - Understand our capabilities
  - Help us communicate in the same language with providers and partners
- Acute Care Facilities
  - Identify a potential Sepsis case as soon as possible
  - Intervene if the resident condition is appropriate
  - Transfer for evaluation prior to deterioration

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Educating Staff Members

Sepsis Tip Sheet

What is Sepsis?

What are the Common Infection Sites of Sepsis?

How Can I Get Ahead of Sepsis?

What are the Signs and Symptoms of Sepsis?

What Should I do If I Suspect Sepsis?

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Assessing for Subtle Changes

INTERACT II

EARLY WARNING TOOL

"Stop and Watch"

If you have identified an important change while caring for a resident today, please circle the change and discuss it with the charge nurse before the end of your shift.

Name of Resident _____

S ooms different than usual
T alks or communicates less than usual
O verall needs more help than usual
P articipated in activities less than usual

A te less than usual (Not because of dislike of food)
N
D rank less than usual

W eight change
A gitated or nervous more than usual
T ired, weak, confused, or drowsy
C hange in skin color or condition
H elp with walking, transferring, toileting more than usual

Staff_____

http://www.pathway-interact.com/

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Communicating Concerns

Post-Acute Situation Background Assessment Recommendation (SBAR) for Sepsis

Systemic Inflammatory Response Syndrome (SIRS)

Sepsis = two or more SIRS criteria and suspected or documented infection

Communicate immediately with attending provider when a patient screens positive for sepsis

Situation:

1. _____ has met **two or more** of the following SIRS criteria (circle only those that apply) and has a confirmed or suspected source of infection.
   - Temperature greater than 38^{oC} (100.4^{oF}) or less than 36^{oC} (96.8^{oF})
   - Heart rate greater than 90 beats per minute
   - Respiratory rate greater than 20 breaths per minute
   - White blood cell count (WBC) is greater than 12,000; less than 4,000 or greater than 10 percent bands

Background:

1. Patient was admitted with _____ and now has two or more **positive** SIRS criteria (see above).
2. Suspected source of infection (circle those that apply):
   - Recent surgery, trauma, or open wound(s) _____
   - Respiratory symptoms (i.e., productive cough, abnormal chest x-ray, decrease in pulse oximetry reading (SaO2) _____
   - Central line or dialysis catheter _____
   - Urinary tract infection, recent use of a Foley catheter _____
   - Unusual gastrointestinal (GI) symptoms _____
   - Other symptoms of infection _____

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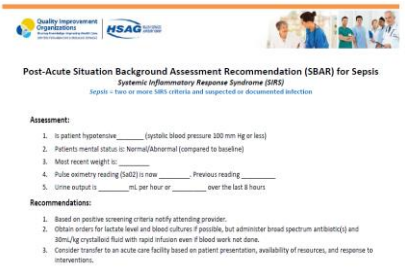
Communicating Concerns (cont.)



Post-Acute Situation Background Assessment Recommendation (SBAR) for Sepsis

Systemic Inflammatory Response Syndrome (SIRS)

Sepsis = two or more SIRS criteria and suspected or documented infection

Assessment:

1. Is patient hypotensive_____ (systolic blood pressure 100 mm Hg or less)
2. Patients mental status is: Normal/Abnormal (compared to baseline)
3. Most recent weight is: _____
4. Pulse oximetry reading (SaO2) is now _____. Previous reading _____
5. Urine output is _____mL per hour or _____ over the last 8 hours

Recommendations:

1. Based on positive screening criteria notify attending provider.
2. Obtain orders for lactate level and blood cultures if possible, but administer broad spectrum antibiotic(s) and 30mL/kg crystalloid fluid with rapid infusion even if blood work not done.
3. Consider transfer to an acute care facility based on patient presentation, availability of resources, and response to interventions.

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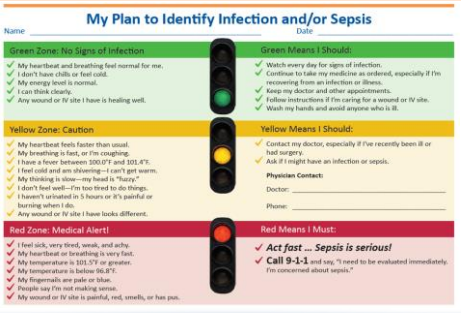
Educating Residents/Families



My Plan to Identify Infection and/or Sepsis

Name _____ Date _____

Green Zone: No Signs of Infection

- My heartbeat and breathing feel normal for me.
- I don't have chills or feel cold.
- My energy level is normal.
- I can think clearly.
- Any wound or IV site I have is healing well.

Green Means I Should:

- Watch every day for signs of infection.
- Continue to take my medicine as ordered, especially if I'm recovering from an infection or illness.
- Keep my doctor and other appointments.
- Follow instructions if I'm caring for a wound or IV site.
- Wash my hands and avoid anyone who is ill.

Yellow Zone: Caution

- My heartbeat feels faster than usual.
- My breathing is fast, or I'm coughing.
- I have a fever between 100.0°F and 101.4°F.
- I feel cold and am shivering—I can't get warm.
- My thinking is slow—my head is "fuzzy."
- I don't feel well—I'm too tired to do things.
- I haven't urinated in 5 hours or it's painful or burning when I do.
- Any wound or IV site I have looks different.

Yellow Means I Should:

- Contact my doctor, especially if I've recently been ill or had surgery.
- Ask if I might have an infection or sepsis.

Physician Contact:

Doctor: _____

Phone: _____

Red Zone: Medical Alert!

- I feel sick, very tired, weak, and achy.
- My heartbeat or breathing is very fast.
- My temperature is 101.5°F or greater.
- My temperature is below 96.8°F.
- My fingernails are pale or blue.
- People say I'm not making sense.
- My wound or IV site is painful, red, smells, or has pus.

Red Means I Must:

- ***Act fast … Sepsis is serious!***
- **Call 9-1-1** and say, "I need to be evaluated immediately. I'm concerned about sepsis."

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The Results

- Stop and watch
  - Proven effectiveness as an early intervention tool
  - Consistent implementation is crucial
    - Challenges: turnover, training, off shifts
- Situation, Background, Assessment, Recommendation (SBAR)
  - Streamlined processes
  - Education tool for clinical staff members and providers
  - Standardized communication
    - Challenges: the same
- Ohio Hospital Association Data
  - 15.5% reduction since 2014 Baseline

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Additional Resources

- HSAG Website
- Minnesota Hospital Association/ Minnesota Department of Health
- INTERACT®

Contact HSAG or go to http://www.pathway-interact.com/

https://www.hsag.com/en/medicare-providers/states-of-service/ohio/care-coordination/

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Questions

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Thank you!

This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for Ohio, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
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